

RECEIVED 000

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY	
AVT NUMBER	
NAME	

Instructions: Please print within the spaces and boxes on this form. If you need to provide additional information on a separate piece of paper(s) or you include a copy of any law enforcement agency report, please check the box to indicate "Additional Information Attached."

- Write **unk** (for unknown) or **none** in any space or box when you do not have the information on the other party involved.
- Give insurance information that is complete and which correctly and fully identifies the **company** that issued the insurance policy or surety bond, or whether there is a certificate of self-insurance.
- Place the National Association of Insurance Commissioners (NAIC) number for your Insurance or Surety Company in the boxes provided. The NAIC number should be located on the proof of insurance provided by you company or you can contact your insurer for that information.
- Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc) that you saw was injured or complained of bodily injury or know to be deceased.
- Record in the **PROPERTY DAMAGE** line any damage to telephone poles, fences, street signs, guard post, trees, livestock, dogs, buildings, parked vehicles, etc., including a description of the damage.
- Once you have completed this report, please mail to: Department of Motor Vehicles, Occupational Licensing Branch, P.O. Box 932342, MS: L224, Sacramento, CA 94232-3420

SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME Cruise Automation, Inc.		AVT NUMBER	
BUSINESS NAME Cruise Automation, Inc.		TELEPHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 01/08/2016	TIME OF ACCIDENT 1:41 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2012	MAKE Nissan	MODEL Leaf
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN	
ADDRESS/LOCATION OF ACCIDENT 7th and Bryant		CITY San Francisco	COUNTY San Francisco	STATE ZIP CODE CA 94103
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involvement in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	NUMBER OF VEHICLES INVOLVED 2		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT		POLICY NUMBER		
COMPANY NAIC NUMBER		POLICY PERIOD FROM TO		

SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR Unk	MODEL Toyota Prius
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
STATE VEHICLE IS REGISTERED IN	
Vehicle was: <input type="checkbox"/> Moving <input checked="" type="checkbox"/> Stopped in Traffic	Involvement in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other
NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	
DRIVER LICENSE NUMBER	
STATE DATE OF BIRTH	
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT	
POLICY NUMBER	
COMPANY NAIC NUMBER	
POLICY PERIOD FROM TO	

☐ Additional information attached.



SECTION 4 - INJURY/DEATH, PROPERTY DAMAGE

NAME (FIRST, MIDDLE, LAST)

ADDRESS

CITY

STATE

ZIP CODE

CHECK ALL THAT APPLY ☐ Injured ☐ Deceased ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Property

NAME (FIRST, MIDDLE, LAST)

ADDRESS

CITY

STATE

ZIP CODE

CHECK ALL THAT APPLY ☐ Injured ☐ Deceased ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Property

PROPERTY DAMAGE

PROPERTY OWNER'S NAME

TELEPHONE NUMBER

()

STREET ADDRESS

CITY

STATE

ZIP CODE

WITNESS NAME

TELEPHONE NUMBER

()

STREET ADDRESS

CITY

STATE

ZIP CODE

WITNESS NAME

TELEPHONE NUMBER

()

STREET ADDRESS

CITY

STATE

ZIP CODE

☐ Additional information attached.**SECTION 5 - ACCIDENT DETAILS - DESCRIPTION**☐ Autonomous Mode ☒ Conventional Mode

A Cruise Nissan Leaf autonomous vehicle ("Cruise AV") was in autonomous mode traveling north at approximately 20 miles per hour in the right lane of 7th Street. The vehicle began moving within its lane to the left, and then began correcting to the right, at which point the driver decided to take over manual control. After taking over manual control, the operator did not change the path of the vehicle and collided with an unoccupied Toyota Prius that was parallel parked on 7th Street approximately 20 feet before the intersection with Bryant Street. The Prius sustained minor visible damage to the front left quarterpanel area. The Cruise AV sustained minor visible damage to the front right quarterpanel area. There were no injuries.

☐ Additional information attached.**SECTION 6 - CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that I am the authorized Administrator of the program for the above named employer.

PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE

TELEPHONE NUMBER

Kyle Vogt, CEO

SIGNATURE

DATE SIGNED

X

01/13/2016