

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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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 — MAN	UFACTURER'S INFORMATI	ON			
MANUFACTURER'S NAME	AVT NUMBER				
GM Cruise LLC					
BUSINESS NAME				I ELEFHUNE NUMBER	
Cruise	1.				
STREET ADDRESS .	C	ITY		STATE ZIP CODE	
SECTION 2 - ACCI	DENT INFORMATION				
DATE OF ACCIDENT	TIME OF ACCIDENT VEHICLE YEAR MAKE		MAKE	MODEL	
03/23/2017	10: 36 AM PM 2	2017	Chevrolet	Bolt	
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	*	STATE VEHICLE IS		
ADDRESS/LOCATION OF ACCIDE	NT C	ITY	COUNTY	STATE ZIP CODE	
was:	pped in Traffic the Accide	ent: 🗌 Bicyclist 🏻 🛭	Other	2	
DRIVER'S FULL NAME (FIRST, MI	pped in Traffic the Accide DDLE, LAST) R SURETY COMPANY AT TIME OF ACCIDENT	POLICY PERIOD FROM		STATE DATE OF BIRTH	
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Additional information attached.

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