

## REPORT OF TRAFFIC COLLISION 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, Autonomous Vehicles Branch, 2415 1<sup>st</sup> Avenue, MS D405, Sacramento, CA 95818

### SECTION 1 — MANUFACTURER'S INFORMATION

|                                   |                         |
|-----------------------------------|-------------------------|
| MANUFACTURER'S NAME<br>Cruise LLC | AVT NUMBER              |
| BUSINESS NAME<br>Cruise           | TELEPHONE NUMBER<br>( ) |
| STREET ADDRESS                    | CITY STATE ZIP CODE     |

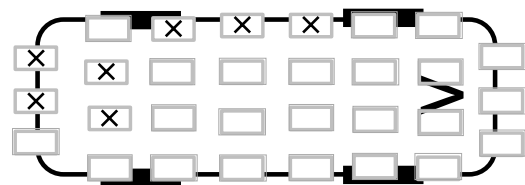
### SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

|                                                                                                            |                                                                                                                                        |                          |                |                                      |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|--------------------------------------|
| DATE OF ACCIDENT<br>08/18/2023                                                                             | TIME OF ACCIDENT<br>12:19 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM                                           | VEHICLE YEAR<br>2023     | MAKE<br>Cruise | MODEL<br>AV                          |
| LICENSE PLATE NUMBER                                                                                       | VEHICLE IDENTIFICATION NUMBER                                                                                                          |                          |                | STATE VEHICLE IS REGISTERED IN<br>CA |
| ADDRESS/LOCATION OF ACCIDENT<br>3401 26th St                                                               | CITY<br>San Francisco                                                                                                                  | COUNTY<br>San Francisco  | STATE<br>CA    | ZIP CODE<br>94110                    |
| <b>Vehicle was:</b> <input type="checkbox"/> Moving <input checked="" type="checkbox"/> Stopped in Traffic | <b>Involved in the Accident:</b> <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other |                          |                | NUMBER OF VEHICLES INVOLVED<br>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<br>FROM TO |                |                                      |

#### Describe Vehicle Damage

☐ UNK ☐ NONE ☐ MINOR  
☐ MOD ☒ MAJOR

#### Shade in Damaged Area



### SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

|                                                                                                                  |                                                                                                                                                       |                                      |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| VEHICLE YEAR<br>2021                                                                                             | MODEL<br>Charger                                                                                                                                      |                                      |
| LICENSE PLATE NUMBER                                                                                             | VEHICLE IDENTIFICATION NUMBER                                                                                                                         | STATE VEHICLE IS REGISTERED IN<br>CA |
| <b>Vehicle was:</b><br><input checked="" type="checkbox"/> Moving<br><input type="checkbox"/> Stopped in Traffic | <b>Involved in the Accident:</b><br><input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Bicyclist<br><input type="checkbox"/> Other _____ | NUMBER OF VEHICLES INVOLVED<br>2     |
| DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)                                                                         | DRIVER LICENSE NUMBER                                                                                                                                 | STATE<br>DATE OF BIRTH               |
| INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT                                                     | POLICY NUMBER                                                                                                                                         |                                      |
| COMPANY NAIC NUMBER                                                                                              | POLICY PERIOD<br>FROM _____ TO _____                                                                                                                  |                                      |

☐ Additional information attached.

### SECTION 4 — INJURY/DEATH, PROPERTY DAMAGE

|                                                                                                                                                                                                                                                   |      |                         |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|----------|
| NAME (FIRST, MIDDLE, LAST)                                                                                                                                                                                                                        |      |                         |          |
| ADDRESS                                                                                                                                                                                                                                           | CITY | STATE<br>CA             | ZIP CODE |
| <b>CHECK ALL THAT APPLY</b> <input checked="" type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Property |      |                         |          |
| NAME (FIRST, MIDDLE, LAST)                                                                                                                                                                                                                        |      |                         |          |
| ADDRESS                                                                                                                                                                                                                                           | CITY | STATE                   | ZIP CODE |
| <b>CHECK ALL THAT APPLY</b> <input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Property            |      |                         |          |
| PROPERTY DAMAGE                                                                                                                                                                                                                                   |      |                         |          |
| PROPERTY OWNER'S NAME                                                                                                                                                                                                                             |      | TELEPHONE NUMBER<br>( ) |          |
| STREET ADDRESS                                                                                                                                                                                                                                    | CITY | STATE                   | ZIP CODE |
| WITNESS NAME                                                                                                                                                                                                                                      |      | TELEPHONE NUMBER<br>( ) |          |
| STREET ADDRESS                                                                                                                                                                                                                                    | CITY | STATE                   | ZIP CODE |
| WITNESS NAME                                                                                                                                                                                                                                      |      | TELEPHONE NUMBER<br>( ) |          |
| STREET ADDRESS                                                                                                                                                                                                                                    | CITY | STATE                   | ZIP CODE |

☐ Additional information attached.

### SECTION 5 — ACCIDENT DETAILS - DESCRIPTION

☒ Autonomous Mode ☐ Conventional Mode

A Cruise autonomous vehicle ("AV"), operating in driverless autonomous mode, was at a complete stop in response to a red light on eastbound 26th Street at the intersection with Mission Street. As the AV was proceeding after the light turned green, a Dodge Charger traveling southbound on Mission Street failed to stop for the red light, entered the intersection, and made contact with the AV, damaging the front and rear driver side and rear bumper fascia of the AV. Police and Emergency Medical Services (EMS) were called to the scene. The AV was towed from the scene. The passenger of the Dodge Charger was assessed by medical personnel at the scene and was not transported by EMS.

☐ Additional information attached.

Print

Clear Form

| ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE |                                                   |                                     |                                     |                                 |                                     |                                     |                                                                                                      |
|-------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------|
|                                                                                     | WEATHER<br>(MARK 1 to 2 ITEMS)                    | VEH<br>1                            | VEH<br>2                            | MOVEMENT PRECEDING<br>COLLISION | VEH<br>1                            | VEH<br>2                            | OTHER ASSOCIATED FACTOR(s)<br>(MARK ALL APPLICABLE)                                                  |
|                                                                                     | A. CLEAR                                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | A. STOPPED                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | A. CVC SECTIONS VIOLATED<br><br>CITED<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                                                                                     | B. CLOUDY                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | B. PROCEEDING STRAIGHT          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                                                      |
|                                                                                     | C. RAINING                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | C. RAN OFF ROAD                 | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | D. SNOWING                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | D. MAKING RIGHT TURN            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | E. FOG/VISIBILITY                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | E. MAKING LEFT TURN             | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | F. OTHER                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | F. MAKING U TURN                | <input type="checkbox"/>            | <input type="checkbox"/>            | B. VISION OBSCUREMENT <input type="checkbox"/>                                                       |
|                                                                                     | G. WIND                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | G. BACKING                      | <input type="checkbox"/>            | <input type="checkbox"/>            | C. INATTENTION* <input type="checkbox"/>                                                             |
|                                                                                     | <b>LIGHTING</b>                                   |                                     |                                     | H. SLOWING/STOPPING             | <input type="checkbox"/>            | <input type="checkbox"/>            | D. STOP & GO TRAFFIC <input type="checkbox"/>                                                        |
|                                                                                     | A. DAYLIGHT                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | I. PASSING OTHER VEHICLE        | <input type="checkbox"/>            | <input type="checkbox"/>            | E. ENTERING/LEAVING RAMP <input type="checkbox"/>                                                    |
|                                                                                     | B. DUSK – DAWN                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | J. CHANGING LANES               | <input type="checkbox"/>            | <input type="checkbox"/>            | F. PREVIOUS COLLISION <input type="checkbox"/>                                                       |
|                                                                                     | C. DARK – STREET LIGHTS                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | K. PARKING MANUEVER             | <input type="checkbox"/>            | <input type="checkbox"/>            | G. UNFAMILIAR WITH ROAD <input type="checkbox"/>                                                     |
|                                                                                     | D. DARK – NO STREET LIGHTS                        | <input type="checkbox"/>            | <input type="checkbox"/>            | L. ENTERING TRAFFIC             | <input type="checkbox"/>            | <input type="checkbox"/>            | H. DEFECTIVE WEH EQUIP<br><br>CITED<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO   |
|                                                                                     | E. DARK – STREET LIGHTS NOT FUNCTIONING*          | <input type="checkbox"/>            | <input type="checkbox"/>            | M. OTHER UNSAFE TURNING         | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | <b>ROADWAY SURFACE</b>                            |                                     |                                     | N. XING INTO OPPOSING LANE      | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | A. DRY                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | O. PARKED                       | <input type="checkbox"/>            | <input type="checkbox"/>            | I. UNINVOLVED VEHICLE <input type="checkbox"/>                                                       |
|                                                                                     | B. WET                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | P. MERGING                      | <input type="checkbox"/>            | <input type="checkbox"/>            | J. OTHER* <input type="checkbox"/>                                                                   |
|                                                                                     | C. SNOWY – ICY                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | Q. TRAVELING WRONG WAY          | <input type="checkbox"/>            | <input type="checkbox"/>            | K. NONE APPARENT <input type="checkbox"/>                                                            |
|                                                                                     | D. SLIPPERY (MUDDY, OILY, ETC.)                   | <input type="checkbox"/>            | <input type="checkbox"/>            | R. OTHER*                       | <input type="checkbox"/>            | <input type="checkbox"/>            | L. RUNAWAY VEHICLE <input type="checkbox"/>                                                          |
|                                                                                     | <b>ROADWAY CONDITIONS</b><br>( MARK 1 TO 2 ITEMS) |                                     |                                     | <b>TYPE OF COLLISION</b>        |                                     |                                     |                                                                                                      |
|                                                                                     | A. HOLES, DEEP RUT*                               | <input type="checkbox"/>            | <input type="checkbox"/>            | A. HEAD-ON                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                                                                      |
|                                                                                     | B. LOOSE MATERIAL ON ROADWAY                      | <input type="checkbox"/>            | <input type="checkbox"/>            | B. SIDE SWIPE                   | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | C. OBSTRUCTION ON ROADWAY*                        | <input type="checkbox"/>            | <input type="checkbox"/>            | C. REAR END                     | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | D. CONSTRUCTION – REPAIR ZONE                     | <input type="checkbox"/>            | <input type="checkbox"/>            | D. BROADSIDE                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | E. REDUCED ROADWAY WIDTH                          | <input type="checkbox"/>            | <input type="checkbox"/>            | E. HIT OBJECT                   | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | F. FLOODED*                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | F. OVERTURNED                   | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | G. OTHER*                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | G. VEHICLE/PEDESTRIAN           | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |
|                                                                                     | H. NO UNUSUAL CONDITIONS                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | H. OTHER*                       | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                                                                      |

## 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

Todd Brugger, VP Global Markets

SIGNATURE

**X**

TELEPHONE NUMBER

( )

DATE SIGNED  
08/24/2023