



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 GM Cruise LLC		AVT NUMBER
BUSINESS NAME Cruise		TELEPHONE NUMBER ()
STREET ADDRESS	CITY	STATE ZIP CODE

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 06/28/2017	TIME OF ACCIDENT 11:48 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR 2017	MAKE Chevrolet	MODEL Bolt
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN		
ADDRESS/LOCATION OF ACCIDENT Montgomery St. (southbound) at Post St.	CITY San Francisco	COUNTY San Francisco	STATE CA	ZIP CODE 94104
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 checked="" type="checkbox"/> Other	Van		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 n/a	MODEL Ford Transit	STATE VEHICLE IS REGISTERED IN		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	NUMBER OF VEHICLES INVOLVED 2		
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 checked="" type="checkbox"/> Other	Van		DATE OF BIRTH n/a
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) n/a	DRIVER LICENSE NUMBER n/a	STATE na	DATE OF BIRTH n/a	
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT n/a	POLICY NUMBER n/a			
COMPANY NAIC NUMBER n/a	POLICY PERIOD FROM _____ TO _____			

Additional information attached.



SECTION 4 — INJURY/DEATH, PROPERTY DAMAGE

NAME (FIRST, MIDDLE, LAST)

GM Cruise LLC

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

Small (<1") scratch on rear bumper.

PROPERTY OWNER'S NAME

GM Cruise LLC

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 autonomous vehicle ("Cruise AV") was involved in a collision on Montgomery Street at Post Street. The Cruise AV was the lead car stopped at a red light. When the light turned green, the Cruise AV began moving forward. Shortly thereafter, with the Cruise AV traveling at <1 mph, a van closely following behind ran into the back of the Cruise AV. Police were not present or called to the scene. The driver of the van left the scene without stopping to identify herself to the Cruise AV driver or passengers.

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

Sasha Ostojic, Sr. VP of Engineering

TELEPHONE NUMBER

()

SIGNATURE

X 

DATE SIGNED

06/30/2017