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, Occupational Licensing Branch, P.O. Box 932342, MS: L224, Sacramento, CA 94232-3420

SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME	AVT NUMBER
GM Cruise LLC	
BUSINESS NAME	**TELEPHONE NUMBER**
Cruise	( )
STREET ADDRESS / **CITY**	**STATE** **ZIP CODE**

SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE YEAR	MAKE	MODEL
11/24/2018	9:48 ☑ AM ☐ PM	2019	Chevrolet	Bolt

LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN
		CA

ADDRESS/LOCATION OF ACCIDENT	CITY	COUNTY	STATE	ZIP CODE
Pine St. and Battery St.	San Francisco	San Francisco	CA	94104

Vehicle was:	☑ Moving ☐ Stopped in Traffic	Involved in the Accident:	☐ Pedestrian ☐ Bicyclist ☐ 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 ____

Describe Vehicle Damage

☐ UNK ☐ NONE ☐ MINOR
☑ MOD ☐ MAJOR

Shade in Damaged Area
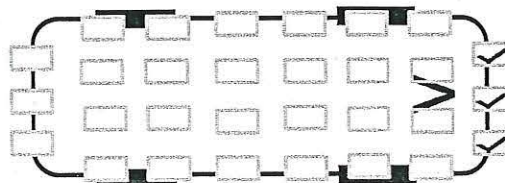
SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR	MODEL		
2008	328i		

LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN
		CA

Vehicle was: ☑ Moving ☐ Stopped in Traffic

Involved in the Accident: ☐ Pedestrian ☐ Bicyclist ☐ 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 autonomous vehicle (" Cruise AV"), operating in conventional mode, was traveling westbound on Pine Street and entered the intersection at Battery Street when another vehicle, traveling southbound through a red light, made contact with the right front corner of the Cruise AV, causing damage to the Cruise AV' s front bumper. The driver and one of the passengers of the Cruise AV suffered minor injuries. The driver of the other vehicle was not injured and police were not called.

☐ Additional information attached.

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

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

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
Kevin Chu, Associate Director of AV Engineering

TELEPHONE NUMBER
(   )

SIGNATURE
X

DATE SIGNED
12/3/2018

OL 316 (REV. 2/2017) WWW