

## 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 09/12/2017	TIME OF ACCIDENT 11:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR 2016	MAKE Chevrolet	MODEL Bolt	
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN	
ADDRESS/LOCATION OF ACCIDENT Folsom Street and 11th Street		CITY San Francisco	COUNTY San Francisco	STATE CA	ZIP CODE 94103
<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 checked="" type="checkbox"/> Bicyclist <input type="checkbox"/> Other		NUMBER OF VEHICLES INVOLVED 1	
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	MODEL				
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN	
<b>Vehicle was:</b> <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic		<b>Involved in the Accident:</b> <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Bicyclist <input type="checkbox"/> Other		NUMBER OF VEHICLES INVOLVED 1	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) n/a		DRIVER LICENSE NUMBER n/a		STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT n/a		POLICY NUMBER n/a			
COMPANY NAIC NUMBER		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

Wire for sensor pulled off of vehicle; scratch on rear passenger side.

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"), operating in conventional mode, was involved in an incident while traveling eastbound on Harrison Street between 12th and 11th Streets. The Cruise AV's driver observed a cyclist traveling in the wrong direction toward the Cruise AV. The cyclist was waving his hands and swerving severely; he appeared to be intoxicated. The driver brought the Cruise AV to a complete stop. The cyclist continued weaving toward the Cruise AV, collided with the Cruise AV's front-right bumper, and fell over. After getting to his feet, the cyclist picked up his bike and deliberately hit the bike's front tire into the passenger side of the Cruise AV. He then pulled on a sensor on the Cruise AV's rear, passenger-side, causing minor damage. With the cyclist off to the side of the vehicle, the driver of the Cruise AV slowly pulled away from the interaction. Police were not present or called to the scene.

☒ 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

Kevin Chu, Associate Director, AV Engineering

TELEPHONE NUMBER

( )

SIGNATURE

X 

DATE SIGNED

09/19/2017