

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 1st Avenue, MS D405, Sacramento, CA 95818

SECTION 1 — MANUFACTURER'S INFORMATION

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

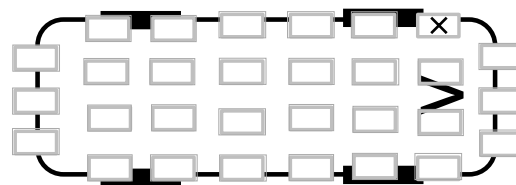
SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT 06/24/2023	TIME OF ACCIDENT 11:08 ☐ AM ☒ PM	VEHICLE YEAR 2023	MAKE Cruise	MODEL AV
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN CA		
ADDRESS/LOCATION OF ACCIDENT 676 Tennessee St	CITY San Francisco	COUNTY San Francisco	STATE CA	ZIP CODE 94107
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 Sedan		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN	
Vehicle was: ☐ Moving ☐ Stopped in Traffic	Involved in the Accident: ☐ Pedestrian ☐ Bicyclist ☐ Other _____	NUMBER OF VEHICLES INVOLVED	
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 driverless autonomous mode, was traveling southbound on Tennessee Street between Mariposa Street and 18th Street when it approached a Lexus Sedan that was stopped in the middle of the road between the Cruise AV's lane of travel and opposite lane of travel. As the Cruise AV passed the stopped Lexus Sedan on the right, the passenger of the Lexus Sedan opened their front passenger side door, making contact with the Cruise AV's lower front driver side bumper fascia. This caused damage to the Cruise AV's lower front driver side bumper fascia and front driver side wheel opening molding. The driver of the Lexus Sedan left the scene without exchanging information. There were no reported injuries.

☐ Additional information attached.

Print

Clear Form

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 CITED ☐ YES ☐ NO
	B. CLOUDY	☐	☐	B. PROCEEDING STRAIGHT	☒	☐	
	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 CITED ☐ YES ☐ NO
	E. DARK – STREET LIGHTS NOT FUNCTIONING*	☐	☐	M. OTHER UNSAFE TURNING	☐	☐	
	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

Greg Dieterich

SIGNATURE

X

TELEPHONE NUMBER

()

DATE SIGNED