STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

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	AVT NUMBER
WeRide Corp	
BUSINESS NAME	**TELEPHONE NUMBER**
WeRide.ai	( )
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**

SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE YEAR	MAKE	MODEL
05/01/2023	11:41 ☒ AM ☐ PM	2023	NISSAN	LEAF

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

ADDRESS/LOCATION OF ACCIDENT	CITY	COUNTY	STATE	ZIP CODE
Bay St and Columbus Ave	San Francisco	San Francisco	CA	94133

Vehicle was: ☐ Moving ☒ Stopped in Traffic

Involved in the Accident: ☐ Pedestrian ☐ Bicyclist ☐ Other _____

NUMBER OF VEHICLES INVOLVED: 1

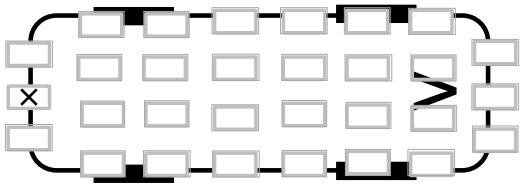
DRIVER'S FULL NAME (*FIRST, MIDDLE, LAST*)	DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
		CA	

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



OL 316 (REV. 7/2020) **WWW**

Print Clear Form

SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR	MODEL	
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

On Monday May 1st at 11:41am a Weride autonomous vehicle (Vehicle 1) was in Autonomous Mode stopped at the intersection of Bay St towards Columbus Ave appropriately yielding to a illegally U turning skateboard on Bay St North to South direction in front of the AV (Vehicle 1). While yielding, a bicyclist was coming from behind our AV (Vehicle 1) head was turned left possibly looking for cross traffic. When the cyclist turned his head forward, it was too late to react in time to our stopped vehicle(Vehicle 1) with the given distance and speed they were traveling at in which the cyclist collided with our vehicle (Vehicle 1). Our Weride safety officer immediately disengaged and hand signaled to the bicyclist to pull over to the closest safe place to park as to not obstruct traffic. As our safety officer parked and got out of the car to check on the bicyclist, the bicyclist was already on in motion on his bicycle and "fist bumped" our safety officer while passing by him and leaving the scene without exchanging any information.

☐ **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	X		A. CVC SECTIONS VIOLATED
	B. CLOUDY	X	X	B. PROCEEDING STRAIGHT		X	CITED ☐ YES ☒ NO
	C. RAINING			C. RAN OFF ROAD			
	D. SNOWING			D. MAKING RIGHT TURN	X		
	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	X	X	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	X	X	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		X	
	B. LOOSE MATERIAL ON ROADWAY			B. SIDE SWIPE			
	C. OBSTRUCTION ON ROADWAY*			C. REAR END	X		
	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	X	X	H. OTHER*		X	

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	TELEPHONE NUMBER
HUAZHONG NING, VP OF ENGINEERING	( )
SIGNATURE	**DATE SIGNED**
X	05/04/2023

Print Clear Form