

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 01/02/2018	TIME OF ACCIDENT 9:27 <input type="checkbox"/> AM <input checked="" 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 Valencia St. & 16th St	CITY San Francisco	COUNTY San Francisco	STATE CA	ZIP CODE 94103
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input type="checkbox"/> Pedestrian <input 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
Vehicle was: <input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other			NUMBER OF VEHICLES INVOLVED 1
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) unk	DRIVER LICENSE NUMBER unk		STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT unk		POLICY NUMBER unk		
COMPANY NAIC NUMBER unk		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

Left rear tail light damage

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

This statement is amended from the original filed on 1/10/2018 to correct the phrase "sustained some damage to its right rear light" by replacing the phrase with "sustained some damage to its left rear light".

A Cruise autonomous vehicle ("Cruise AV"), operating in autonomous mode, was involved in a collision while making a right hand turn from northbound Valencia Street onto 16th Street. The Cruise AV was stopped at a green light in between crosswalks of Valencia Street and 16th Street, waiting for pedestrians to cross over 16th Street. A different pedestrian from the southwest corner of Valencia and 16th ran across Valencia Street, against the "do not walk" symbol, shouting, and struck the left side of the Cruise AV's rear bumper and hatch with his entire body. There were no injuries but the Cruise AV sustained some damage to its left rear light. The police were not called.

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

1/25/2018