



## 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 01/28/2018	TIME OF ACCIDENT 10:55 <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 Duboce Ave & Mission St	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 type="checkbox"/> Bicyclist <input type="checkbox"/> 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 _____			

### SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR	MODEL unk	VEHICLE YEAR	MAKE	MODEL
LICENSE PLATE NUMBER unk	VEHICLE IDENTIFICATION NUMBER unk	STATE VEHICLE IS REGISTERED IN unk		
<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 type="checkbox"/> Bicyclist <input type="checkbox"/> Other	NUMBER OF VEHICLES INVOLVED 2		
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

Small scratch on passenger side front window

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 manual mode, was stopped behind a taxi on Duboce Avenue just past Guerrero. The driver of the taxi exited his vehicle, approached the Cruise AV, and slapped the front passenger window, causing a scratch. There were no injuries and 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

02/06/2018