



## 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 10/18/2017	TIME OF ACCIDENT 4:06 <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 17th St & Folsom St	CITY San Francisco	COUNTY San Francisco	STATE CA	ZIP CODE 94110	
Vehicle was: <input type="checkbox"/> Moving <input checked="" type="checkbox"/> Stopped in Traffic	Involvement in the Accident: <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 2013	MODEL Subaru Impreza				
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN	
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involvement in the Accident: <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 _____			

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

Minor scratch on rear left bumper

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 autonomous mode, was involved in a collision while heading west on 17th Street as it traversed the intersection with Folsom Street. As the Cruise AV passed through the intersection, a scooter came up from behind the Cruise AV and used the right-turn only lane to pass the Cruise AV on its passenger side. The scooter entered the Cruise AV's lane in front of the AV, and in response the Cruise AV stopped. At the same time, an oncoming Subaru Impreza attempted to turn left from 17th Street to Folsom Street northbound. As the Subaru turned behind the Cruise AV, the Subaru clipped the rear, driver's-side corner of the Cruise AV. The parties proceeded out of the traffic lane and exchanged information. 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

10/25/2017