



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 12/07/2017	TIME OF ACCIDENT 9:34 <input checked="" type="checkbox"/> AM <input 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 Oak St & Fillmore St		CITY San Francisco	COUNTY San Francisco	STATE ZIP CODE CA 94117
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 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 1996	MODEL Honda S90
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
STATE VEHICLE IS REGISTERED IN CA	
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 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

Long scuff on passenger side of the vehicle

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 in heavy traffic, was involved in a collision while traveling east on Oak Street just past the intersection with Fillmore Street. The Cruise AV was traveling in the center of three one-way lanes. Identifying a space between two vehicles (a minivan in front and a sedan behind) in the left lane, the Cruise AV began to merge into that lane. At the same time, the minivan decelerated. Sensing that its gap was closing, the Cruise AV stopped making its lane change and returned fully to the center lane. As the Cruise AV was re-centering itself in the lane, a motorcycle that had just lane-split between two vehicles in the center and right lanes moved into the center lane, glanced the side of the Cruise AV, wobbled, and fell over. At the time of the collision, the Cruise AV was traveling with the flow of traffic at 12mph, while the motorcycle was traveling at approximately 17mph. The motorcyclist got up and walked his vehicle to the side of the road, where the parties exchanged information. 911 was called pursuant to Cruise policy. The motorcyclist reported shoulder pain and was taken to receive medical care, and a police report was taken.

As reported in Traffic Collision Report #170989746, the motorcyclist was determined to be at fault for attempting to overtake and pass another vehicle on the right under conditions that did not permit that movement in safety in violation of CVC 21755(a).

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

12/14/2017

Additional Information for OL316- Additional Witness