



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 05/25/2017	TIME OF ACCIDENT 5:26 <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 11th St. and Mission St.		CITY San Francisco	COUNTY San Francisco	STATE ZIP CODE CA 94103
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input type="checkbox"/> Pedestrian <input checked="" 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			
LICENSE PLATE NUMBER n/a	VEHICLE IDENTIFICATION NUMBER n/a		STATE VEHICLE IS REGISTERED IN n/a	
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input type="checkbox"/> Pedestrian <input checked="" 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 n/a		POLICY NUMBER n/a		
COMPANY NAIC NUMBER n/a		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)

GM Cruise LLC

ADDRESS CITY STATE ZIP CODE

CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property

PROPERTY DAMAGE

Scratch on rear bumper.

PROPERTY OWNER'S NAME

Same as above

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") was traveling northbound on 11th Street in San Francisco in autonomous mode, turning left onto Mission Street in the outer of two left turn lanes. During the turn, a vehicle in the inner of the two left turn lanes began to cut in front of the Cruise AV. The Cruise AV braked, and a bike that had been closely crossing behind the rear of the Cruise AV ran into the back of the Cruise AV. Police were not present or called to the scene.

None of the occupants of the Cruise AV were injured. The Cruise AV occupants observed that the cyclist scraped his knee. At the time, the cyclist stated an intention to seek medical evaluation, but declined to seek emergency assistance. There was a minor scratch on the AV, and the bicycle had no visible damage.

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

TELEPHONE NUMBER

()

SIGNATURE

X 

DATE SIGNED

06/02/2017