

## REPORT OF TRAFFIC COLLISION 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, Autonomous Vehicles Branch, 2415 1<sup>st</sup> Avenue, MS D405, Sacramento, CA 95818

### SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME AutoX Technologies, Inc.	AVT NUMBER
BUSINESS NAME AutoX	TELEPHONE NUMBER ( )
STREET ADDRESS	CITY STATE ZIP CODE

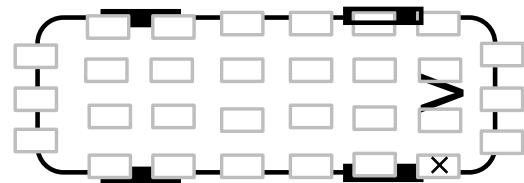
### SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT 02/05/2025	TIME OF ACCIDENT 06:31 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2020	MAKE Chrysler	MODEL Pacifica
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN CA		
ADDRESS/LOCATION OF ACCIDENT 2132 Kingsbury Cir	CITY Santa Clara	COUNTY Santa Clara	STATE CA	ZIP CODE 95054
<b>Vehicle was:</b> <input checked="" type="checkbox"/> Moving <input 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			

#### Describe Vehicle Damage

☐ UNK ☐ NONE ☒ MINOR  
☐ MOD ☐ MAJOR

#### Shade in Damaged Area



### SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR 2021	MODEL Honda Accord		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN CA	
<b>Vehicle was:</b> <input type="checkbox"/> Moving <input 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 _____	

☐ Additional information attached.

### SECTION 4 — INJURY/DEATH, PROPERTY DAMAGE

NAME (FIRST, MIDDLE, LAST)			
ADDRESS	CITY	STATE	ZIP CODE
<b>CHECK ALL THAT APPLY</b> <input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Property			
NAME (FIRST, MIDDLE, LAST)			
ADDRESS	CITY	STATE	ZIP CODE
<b>CHECK ALL THAT APPLY</b> <input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Property			
PROPERTY DAMAGE			
PROPERTY OWNER'S NAME		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

On Feb 5, 2025 at 06:31 PM PT, the blind spot sensor pod of our autonomous vehicle (AV) made contact with a parked passenger car on 2132 Kingsbury Cir, Santa Clara, CA.

The AV was making a right turn along the Kingsbury Cir, traveling at 16 mph. Due to an inaccurate map version downloaded on the AV causing the AV to drive close to the parked vehicles on the side of the street, the safety driver disengaged the AV. After disengagement, the right side sensor pod of the AV made contact with the left side rear view mirror of a passenger vehicle parked on the side of the Kingsbury Cir. At the time of the impact, the AV's Level 4 ADS was not engaged and the safety driver was operating the AV in manual mode. Both vehicles sustained minor damage.

☐ Additional information attached.

Print

Clear Form

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE							
	WEATHER (MARK 1 to 2 ITEMS)	VEH 1	VEH 2	MOVEMENT PRECEDING COLLISION	VEH 1	VEH 2	OTHER ASSOCIATED FACTOR(s) (MARK ALL APPLICABLE)
	A. CLEAR			A. STOPPED		X	A. CVC SECTIONS VIOLATED  CITED <input type="checkbox"/> YES <input type="checkbox"/> NO
	B. CLOUDY	X	X	B. PROCEEDING STRAIGHT			
	C. RAINING			C. RAN OFF ROAD			
	D. SNOWING			D. MAKING RIGHT TURN	X		
	E. FOG/VISIBILITY			E. MAKING LEFT TURN			
	F. OTHER			F. MAKING U TURN			B. VISION OBSCUREMENT <input type="checkbox"/>
	G. WIND			G. BACKING			C. INATTENTION* <input type="checkbox"/>
	<b>LIGHTING</b>			H. SLOWING/STOPPING			D. STOP & GO TRAFFIC <input type="checkbox"/>
	A. DAYLIGHT			I. PASSING OTHER VEHICLE			E. ENTERING/LEAVING RAMP <input type="checkbox"/>
	B. DUSK – DAWN			J. CHANGING LANES			F. PREVIOUS COLLISION <input type="checkbox"/>
	C. DARK –STREET LIGHTS	X	X	K. PARKING MANUEVER			G. UNFAMILIAR WITH ROAD <input type="checkbox"/>
	D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC			H. DEFECTIVE WEH EQUIP  CITED <input type="checkbox"/> YES <input type="checkbox"/> NO
	E. DARK –STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			
	<b>ROADWAY SURFACE</b>			N. XINGINTOOPPOSINGLANE			
	A. DRY	X	X	O. PARKED			I. UNINVOLVED VEHICLE <input type="checkbox"/>
	B. WET			P. MERGING			J. OTHER* <input type="checkbox"/>
	C. SNOWY – ICY			Q. TRAVELING WRONG WAY			K. NONE APPARENT <input checked="" type="checkbox"/>
	D. SLIPPERY (MUDDY, OILY, ETC.)			R. OTHER*			L. RUNAWAY VEHICLE <input type="checkbox"/>
	<b>ROADWAY CONDITIONS</b> ( MARK 1 TO 2 ITEMS)			<b>TYPE OF COLLISION</b>			
	A. HOLES, DEEP RUT*			A. HEAD-ON			
	B. LOOSE MATERIAL ON ROADWAY			B. SIDE SWIPE	X	X	
	C. OBSTRUCTION ON ROADWAY*			C. REAR END			
	D. CONSTRUCTION – REPAIR ZONE			D. BROADSIDE			
	E. REDUCED ROADWAY WIDTH			E. HIT OBJECT			
	F. FLOODED*			F. OVERTURNED			
	G. OTHER*			G. VEHICLE/PEDESTRIAN			
	H. NO UNUSUAL CONDITIONS	X	X	H. OTHER*			

## 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

Jewel Li, Chief Operating Officer

TELEPHONE NUMBER

( )

SIGNATURE

X

DATE SIGNED