STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
*A Public Service Agency*

# 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 1st Avenue, MS D405, Sacramento, CA 95818

## SECTION 1 — MANUFACTURER'S INFORMATION

| MANUFACTURER'S NAME | AVT NUMBER |
|---|---|
| Zoox, Inc. dba Zoox Labs, Inc. | |
| **BUSINESS NAME** | **TELEPHONE NUMBER** |
| Zoox | ( ) |
| **STREET ADDRESS** / **CITY** | **STATE** / **ZIP CODE** |

## SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

| DATE OF ACCIDENT | TIME OF ACCIDENT | VEHICLE YEAR | MAKE | MODEL |
|---|---|---|---|---|
| 02/07/2023 | 02:28 ☐ AM ☒ PM | 2016 | Toyota | Highlander |

| LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | STATE VEHICLE IS REGISTERED IN |
|---|---|---|
| | | CA |

| ADDRESS/LOCATION OF ACCIDENT | CITY | COUNTY | STATE | ZIP CODE |
|---|---|---|---|---|
| 2nd Street and Folsom Street Intersection | San Francisco | San Francisco | CA | 94107 |

**Vehicle was:** ☒ Moving ☐ Stopped in Traffic

**Involved in the Accident:** ☐ Pedestrian ☐ Bicyclist ☒ Other Vehicle

NUMBER OF VEHICLES INVOLVED: 2

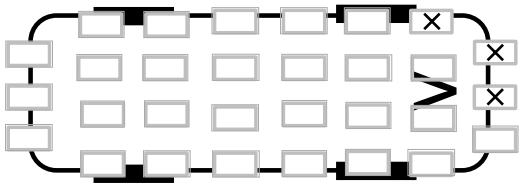
| DRIVER'S FULL NAME (*FIRST, MIDDLE, LAST*) | DRIVER LICENSE NUMBER | STATE | DATE OF BIRTH |
|---|---|---|---|
| | | CA | |

| 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**





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

| VEHICLE YEAR | MODEL | |
|---|---|---|
| LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | STATE VEHICLE IS REGISTERED IN |

**Vehicle was:** ☒ Moving ☐ Stopped in Traffic

**Involved in the Accident:** ☐ Pedestrian ☐ Bicyclist ☒ Other Vehicle

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

**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

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

A Zoox vehicle in autonomous mode was making a right turn to travel southwest onto 2nd Street from Folsom Street from lane 1 when Vehicle 2 crossed from lane 3 into the Zoox vehicle's lane and made contact with the Zoox vehicle's front sensors before making the right turn. Vehicle 2 did not stop before leaving the scene. No information was exchanged. There were no injuries and the police were not called.

☐ **Additional information attached.**

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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 | X | X | A. STOPPED | | | A. CVC SECTIONS VIOLATED |
| | B. CLOUDY | | | B. PROCEEDING STRAIGHT | | | CITED ☐ YES ☐ NO |
| | C. RAINING | | | C. RAN OFF ROAD | | | |
| | D. SNOWING | | | D. MAKING RIGHT TURN | X | X | |
| | E. FOG/VISIBILITY | | | E. MAKING LEFT TURN | | | |
| | F. OTHER | | | F. MAKING U TURN | | | B. VISION OBSCUREMENT ☐ |
| | G. WIND | | | G. BACKING | | | C. INATTENTION* ☐ |
| | **LIGHTING** | | | H. SLOWING/STOPPING | | | D. STOP & GO TRAFFIC ☐ |
| | A. DAYLIGHT | X | X | I. PASSING OTHER VEHICLE | | | E. ENTERING/LEAVING RAMP ☐ |
| | B. DUSK – DAWN | | | J. CHANGING LANES | | X | F. PREVIOUS COLLISION ☐ |
| | C. DARK –STREET LIGHTS | | | K. PARKING MANUEVER | | | G. UNFAMILIAR WITH ROAD ☐ |
| | D. DARK – NO STREET LIGHTS | | | L. ENTERING TRAFFIC | | | H. DEFECTIVE WEH EQUIP |
| | E. DARK –STREET LIGHTS NOT FUNCTIONING* | | | M. OTHER UNSAFE TURNING | | X | CITED ☐ YES ☐ NO |
| | **ROADWAY SURFACE** | | | N. XING INTO OPPOSING LANE | | | |
| | A. DRY | | | O. PARKED | | | I. UNINVOLVED VEHICLE ☐ |
| | B. WET | | | P. MERGING | | | J. OTHER* ☐ |
| | C. SNOWY – ICY | | | Q. TRAVELING WRONG WAY | | | K. NONE APPARENT ☐ |
| | D. SLIPPERY (MUDDY, OILY, ETC.) | | | R. OTHER* | | X | L. RUNAWAY VEHICLE ☐ |
| | **ROADWAY CONDITIONS** ( MARK 1 TO 2 ITEMS) | | | **TYPE OF COLLISION** | | | |
| | 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 | TELEPHONE NUMBER |
|---|---|
| John Maddox, Senior Director, Safety Policy and Strategy | ( ) |
| **SIGNATURE** | **DATE SIGNED** |
| **X** | 02/16/2023 |



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