

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 Zoox, Inc.	AVT NUMBER
BUSINESS NAME Zoox	TELEPHONE NUMBER ()
STREET ADDRESS	CITY STATE ZIP CODE

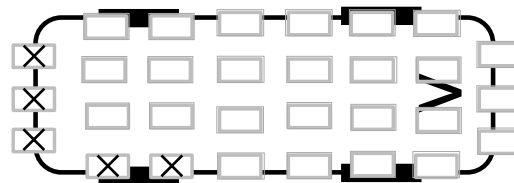
SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT 02/19/2026	TIME OF ACCIDENT 9:28 ☐ AM ☒ PM	VEHICLE YEAR 2019	MAKE Toyota	MODEL Highlander
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN CA		
ADDRESS/LOCATION OF ACCIDENT Broadway and 2nd St	CITY Santa Monica	COUNTY Los Angeles	STATE CA	ZIP CODE 90401
Vehicle was: ☒ Moving ☐ Stopped in Traffic	Involved in the Accident: ☐ Pedestrian ☐ Bicyclist ☒ Other Passenger Vehicle	NUMBER OF VEHICLES INVOLVED 2		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER	STATE CA	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	MODEL Jeep Wrangler		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN	
Vehicle was: ☒ Moving ☐ Stopped in Traffic	Involved in the Accident: ☐ Pedestrian ☐ Bicyclist ☒ Other <u>Passenger Car</u>	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 (Vehicle 1) in autonomous mode was traveling southeast on 2nd Street, preparing to change lanes to the right to turn onto Broadway in Santa Monica, when it was hit on the right rear corner (rear bumper, hatch, right rear wheel, and right rear quarter panel) by an SUV (Vehicle 2). The Zoox vehicle stopped facing southwest on Broadway, with the front of Vehicle 2 still engaged with the right rear of the Zoox vehicle. The Zoox vehicle sustained severe rear damage, including damage to data recording systems. Vehicle 2 had major damage to its front end. Airbags deployed in both vehicles, and they were towed from the scene. Police and emergency responders arrived to assist, and the driver of vehicle 2 was detained. The Zoox vehicle operator and two passengers reported soreness and a headache after the collision.

☐ 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	☐	☐	A. CVC SECTIONS VIOLATED CITED ☐ YES ☐ NO
	B. CLOUDY	☐	☐	B. PROCEEDING STRAIGHT	☐	☒	
	C. RAINING	☐	☐	C. RAN OFF ROAD	☐	☐	
	D. SNOWING	☐	☐	D. MAKING RIGHT TURN	☐	☐	
	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	☐	☐	I. PASSING OTHER VEHICLE	☐	☐	E. ENTERING/LEAVING RAMP ☐
	B. DUSK – DAWN	☐	☐	J. CHANGING LANES	☒	☐	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 CITED ☐ YES ☐ NO
	E. DARK –STREET LIGHTS NOT FUNCTIONING*	☐	☐	M. OTHER UNSAFE TURNING	☐	☐	
	ROADWAY SURFACE			N. XINGINTOOPPOSINGLANE	☐	☐	
	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*	☐	☐	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	☐	☐	
	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	☒	☒	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

Stephen A. Ridella, Safety Planning & Regulatory Reporting Director

TELEPHONE NUMBER

()

SIGNATURE

X

DATE SIGNED

2/27/2026