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
04/11/2023	11:19 ☒ AM ☐ PM	2017	Toyota	Highlander

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

ADDRESS/LOCATION OF ACCIDENT	CITY	COUNTY	STATE	ZIP CODE
Kearny Street and Commercial Street Intersection	San Francisco	San Francisco	CA	94108

Vehicle was: ☐ Moving ☒ Stopped in Traffic

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

NUMBER OF VEHICLES INVOLVED: 2

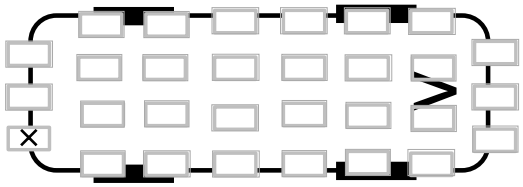
DRIVER'S FULL NAME (*FIRST, MIDDLE, LAST*)	DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
		CA	

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 E-Scooter

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*)

None

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 autonomy was proceeding northbound on Kearny Street in stop-and-go traffic through an active construction zone. At the same time, an e-scooter traveling near the right curb was passing other slow traffic behind the Zoox vehicle. Before the e-scooter could also pass the Zoox vehicle on the right, the e-scooter weaved away from the curb, seemingly to avoid a drainage grate, and came within a close following distance behind the Zoox vehicle. As the Zoox vehicle came to a stop again for traffic ahead the e-scooter rider did not stop, and the e-scooter made contact with the right rear tail light of the Zoox vehicle. The e-scooter rider remained upright, did not stop to exchange information, and immediately rode off while the Zoox vehicle was still stopped. There were no injuries and police were not called. The damage to the Zoox vehicle was limited to a cracked tail light lens.

☐ **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	X		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	X	X	I. PASSING OTHER VEHICLE		X	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. XING INTO OPPOSING LANE			
	A. DRY	X	X	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		X	
	B. LOOSE MATERIAL ON ROADWAY			B. SIDE SWIPE			
	C. OBSTRUCTION ON ROADWAY*			C. REAR END	X		
	D. CONSTRUCTION – REPAIR ZONE	X	X	D. BROADSIDE			
	E. REDUCED ROADWAY WIDTH	X	X	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	TELEPHONE NUMBER
John Maddox, Senior Director, Safety Policy and Strategy	( )
SIGNATURE	**DATE SIGNED**
X	04/12/2023

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