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
06/01/2022	01:15 ☐ 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
Pacific Ave., Kearny St., Columbus Ave. Intersectio	San Francisco	San Francisco	CA	94113

Vehicle was: ☒ Moving ☐ Stopped in Traffic

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

NUMBER OF VEHICLES INVOLVED: 2

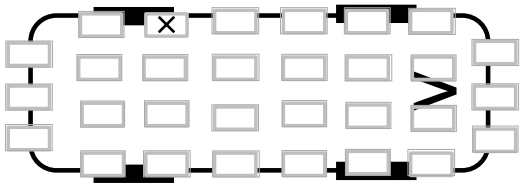
DRIVER'S FULL NAME (*FIRST, MIDDLE, LAST*)	DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
		CA	

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



OL 316 (REV. 7/2020) **WWW**

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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 EScooter

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 _____

☐ **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 proceeding westbound with the right of way on a green traffic light at the six way intersection of Pacific Ave., Keary St., and Columbus Ave., when a person operating an electric scooter ran a red light and proceeded northbound into the intersection. The scooter made contact with the left rear quarter panel of the Zoox vehicle, at which time the Zoox vehicle had disengaged from autonomous mode. The Zoox vehicle pulled over, and police and emergency services arrived at the scene. Zoox is submitting this updated report to correct a previous reporting error in the injury field and to update for additional information received in August 2022. This update provides complete information for this incident.

☐ **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	X	X	CITED ☐ YES ☐ NO
	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			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*			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	X	X	
	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	05/04/2023

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