



## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

|               |
|---------------|
| ADMV/AVE-0010 |
| 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, Occupational Licensing Branch, P.O. Box 932342, MS: L224, Sacramento, CA 94232-3420

| SECTION 1 — MANUFACTURER'S INFORMATION  |  |      |                             |
|---|--|------|-----------------------------|
| MANUFACTURER'S NAME<br><b>Zoox, Inc</b> |  |      | AVT NUMBER                  |
| BUSINESS NAME<br><b>Zoox</b>            |  |      | TELEPHONE NUMBER<br>( . . ) |
| STREET ADDRESS                          |  | CITY | STATE ZIP CODE              |

| SECTION 2 — ACCIDENT INFORMATION  |  |   |                                |                                   |
|---|--|---|--------------------------------|-----------------------------------|
| DATE OF ACCIDENT<br><b>January 18, 2018</b>   | TIME OF ACCIDENT<br><b>9:43</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM   | VEHICLE YEAR<br><b>2016</b>             | MAKE<br><b>Toyota</b>          | MODEL<br><b>Highlander</b>        |
| LICENSE PLATE NUMBER  | VEHICLE IDENTIFICATION NUMBER  |   | STATE VEHICLE IS REGISTERED IN |                                   |
| ADDRESS/LOCATION OF ACCIDENT<br><b>Pacific Ave. and Sansome St.</b>                                   |  | CITY<br><b>San Francisco</b>            | COUNTY<br><b>San Francisco</b> | STATE ZIP CODE<br><b>CA 94111</b> |
| <b>Vehicle</b> <input type="checkbox"/> Moving <input checked="" type="checkbox"/> Stopped in Traffic | <b>Involved in the Accident:</b> <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input checked="" type="checkbox"/> Other <u>Vehicle</u> | NUMBER OF VEHICLES INVOLVED<br><b>2</b> |                                |                                   |
| 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<br>FROM _____ TO _____    |                                |                                   |

| SECTION 3 — OTHER PARTY'S INFORMATION   |  |   |                     |
|---|--|---|---------------------|
| VEHICLE YEAR<br><b>2016</b>   | MODEL<br><b>Hyundai, Accent</b>  |   |                     |
| LICENSE PLATE NUMBER  | VEHICLE IDENTIFICATION NUMBER  | STATE VEHICLE IS REGISTERED IN          |                     |
| <b>Vehicle</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 checked="" type="checkbox"/> Other <u>Vehicle</u> | NUMBER OF VEHICLES INVOLVED<br><b>2</b> |                     |
| 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<br>FROM _____ TO _____    |                     |

Additional information attached.



**SECTION 4 - INJURY/DEATH - PROPERTY DAMAGE**

NAME (FIRST, MIDDLE, LAST)

Zoox, Inc.

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

Driver's side, rear bumper and sensor

PROPERTY OWNER'S NAME

Zoox, Inc.

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 Hyundai rear-ended a stationary Zoox autonomous vehicle ("Zoox AV") that was operating in Autonomous Mode when struck. The collision occurred while the Zoox AV was traveling westbound on Pacific Avenue, intending to make a right turn at a green light onto Sansome St. The Zoox AV had slowly decelerated from a low speed and stopped, waiting for a pedestrian to clear the intersection, when the Hyundai's front, passenger-side bumper made contact with the Zoox AV's driver-side rear bumper and sensor. At the time of collision, the Hyundai was traveling at just under 4 MPH and was slightly accelerating towards the Zoox AV prior to impact.

 Additional information attached.**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

Jesse Levinson, Chief Technology Officer

TELEPHONE NUMBER

( )

SIGNATURE

**X**

DATE SIGNED

1/25/2018