



## REPORT OF TRAFFIC COLLISION INVOLVING AN AUTONOMOUS VEHICLE

<b>DMV USE ONLY</b>	
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		AVT NUMBER
Zoox, Inc		
BUSINESS NAME		TELEPHONE NUMBER
Zoox		( )
STREET ADDRESS	CITY	STATE ZIP CODE

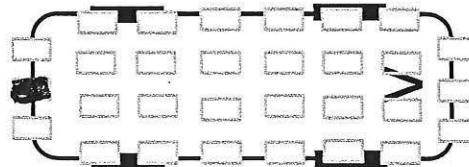
### SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT 08/11/2018	TIME OF ACCIDENT 03:38 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2017	MAKE Toyota	MODEL Highlander
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN CA
ADDRESS/LOCATION OF ACCIDENT Moscow St & France Ave	CITY San Francisco	COUNTY San Francisco	STATE CA	ZIP CODE 94112
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input checked="" type="checkbox"/> 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 _____			

#### Describe Vehicle Damage

UNK     NONE     MINOR  
 MOD     MAJOR

#### Shade in Damaged Area



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

VEHICLE YEAR 2004	MODEL Honda, Civic		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN CA	
Vehicle was: <input type="checkbox"/> Moving <input checked="" type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unoccupied	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

Damage to rear bumper

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

On Saturday, August 11th at 3:38 PM PST a Zoox vehicle, operated in manual mode, was reversing at <1 mph when its rear bumper made contact with a stationary and unoccupied vehicle, causing minor damage to the other vehicle's bumper. There were no injuries.

Additional information attached.

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 <input type="checkbox"/> YES <input type="checkbox"/> 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				
G. WIND				G. BACKING	✓		B. VISION OBSCUREMENT <input type="checkbox"/>	
LIGHTING				H. SLOWING/STOPPING			C. INATTENTION* <input type="checkbox"/>	
A. DAYLIGHT	✓	✓		I. PASSING OTHER VEHICLE			D. STOP & GO TRAFFIC <input type="checkbox"/>	
B. DUSK – DAWN				J. CHANGING LANES			E. ENTERING/LEAVING RAMP <input type="checkbox"/>	
C. DARK –STREET LIGHTS				K. PARKING MANUEVER			F. PREVIOUS COLLISION <input type="checkbox"/>	
D. DARK – NO STREET LIGHTS				L. ENTERING TRAFFIC			G. UNFAMILIAR WITH ROAD <input type="checkbox"/>	
E. DARK –STREET LIGHTS NOT FUNCTIONING*				M. OTHER UNSAFE TURNING			H. DEFECTIVE WEH EQUIP  CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROADWAY SURFACE				N. XING INTO OPPOSING LANE				
A. DRY	✓	✓		O. PARKED		✓		I. UNINVOLVED VEHICLE <input type="checkbox"/>
B. WET				P. MERGING				J. OTHER* <input type="checkbox"/>
C. SNOWY – ICY				Q. TRAVELING WRONG WAY			K. NONE APPARENT <input type="checkbox"/>	
D. SLIPPERY (MUDGY, OILY, ETC.)				R. OTHER*			L. RUNAWAY VEHICLE <input type="checkbox"/>	
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  
Jesse Levinson, Chief Technology Officer

TELEPHONE NUMBER  
(      )

SIGNATURE

X

DATE SIGNED

8/20/18