

## REPORT OF TRAFFIC ACCIDENT 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, Occupational Licensing Branch, P.O. Box 932342, MS: L224, Sacramento, CA 94232-3420

### SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME <b>Zoox, Inc</b>		AVT NUMBER
BUSINESS NAME <b>Zoox</b>		TELEPHONE NUMBER (     )
STREET ADDRESS	CITY	STATE     ZIP CODE

### SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT <b>09/27/2017</b>	TIME OF ACCIDENT <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR <b>2016</b>	MAKE <b>Toyota</b>	MODEL <b>Highlander</b>
LICENSE PLATE NUMBER		VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT <b>Intersection Green St. &amp; Battery St.</b>		CITY <b>San Francisco</b>	COUNTY <b>San Francisco</b>	STATE     ZIP CODE <b>CA     94111</b>
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 type="checkbox"/> Other _____			NUMBER OF VEHICLES INVOLVED <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 FROM _____ TO _____		

### SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR <b>2017</b>	MODEL <b>Nissan Altima</b>			
LICENSE PLATE NUMBER		VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN
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 type="checkbox"/> Other _____			NUMBER OF VEHICLES INVOLVED <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 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 door, driver's side passenger door damaged.

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 Nissan Altima made a left turn into a Zoox autonomous vehicle ("Zoox AV") that was operating in conventional mode when struck. The collision occurred while the Zoox AV was traveling straight, eastbound, through the intersection at Battery and Green Streets with the right-of-way. The driver of the Nissan Altima was distracted when it turned into and collided with the driver's side passenger door of the Zoox AV. The police were called, but citing a lack of injury, did not respond to the scene.

☐ 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

10/05/2017