

## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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AVT NUM	IBER					
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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.

ZOOX, Inc  BUSINESS NAME  ZOOX  TREET ADDRESS  OTY  STATE  ZIP CODE  STATE  STATE  ZIP CODE  STATE  ZIP CODE  STATE  ZIP CODE  STATE  ZIP CODE  STATE  STATE  ZIP CODE  STATE  ZIP CODE  STATE  STATE  STATE  ZIP CODE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  DATE OF BIRTH  STATE  S		224, Sacramento, CA 94						toling Diamon, 1.0.
ZOOX, Inc  SUBJECTS NAME  ZOOX  ( )  STREET ADDRESS  CITY  STATE OF ACCIDENT INFORMATION  SECTION 2.— ACCIDENT INFORMATION  SECTION 2.— ACCIDENT INFORMATION  SECTION 2.— ACCIDENT INFORMATION  SECTION 2.— ACCIDENT INFORMATION  SECTION 3.— TIME OF ACCIDENT  TOWN STATE  TOWN STA	SECTION 1 — MANUE	ACTURER'S INFORMA	TION			A CONTRACTOR OF THE CONTRACTOR		
SECTION 2—ACCIDENT INFORMATION:  STREET ADDRESS  OTTY  STATE ZIP GODE  SECTION 2—ACCIDENT INFORMATION:  STREET ADDRESS  OTTY  STATE ZIP GODE  SECTION 2—ACCIDENT INFORMATION:  STATE DIP GODE  SECTION 2—ACCIDENT INFORMATION:  STATE DIP GODE  MAKE MODEL HIghlander Hi	MANUFACTURER'S NAME		The second second		No. 10 10 10 10 10 10 10 10 10 10 10 10 10		AVT NUMBEI	R
SECTION 2—ACCIDENT INFORMATION:  STREET ADDRESS  OTTY  STATE ZIP GODE  SECTION 2—ACCIDENT INFORMATION:  STREET ADDRESS  OTTY  STATE ZIP GODE  SECTION 2—ACCIDENT INFORMATION:  STATE DIP GODE  SECTION 2—ACCIDENT INFORMATION:  STATE DIP GODE  MAKE MODEL HIghlander Hi	Zoox, Inc							
SECTION 2—ASCIDENT INFORMATION:  STORE 21P CODE  SECTION 2—ASCIDENT INFORMATION:  STORE 21P CODE  SECTION 2—ASCIDENT INFORMATION:  STORE 21P CODE  CA 94111  NUMBER OF VEHICLES INVOLVED  NUMBER OF VEHICLES INVOLVED  STORE 21P CODE  NUMBER OF VEHICLES INVOLVED  STORE 21P CODE  NUMBER OF VEHICLES INVOLVED  STORE 22P CODE  NUMBER OF VEHICLES INVOLVED  STORE DATE OF BIRTH  DOTTOR HUMBER  POLICY PRIVATE  STORE DATE OF BIRTH  TO  SECTION 3—OTHER PARTY SINFORMATION  VEHICLE VEAR  MODEL  NISSIAN ALITIMA  NISURANCE COMPANY NAVE OR SURFETY COMPANY AT TIME OF ACCIDENT  POLICY PRIVATE  POLICY PRIVATE  POLICY PRIVATE  POLICY PRIVATE  STORE VEHICLE IS REGISTERED IN  NISURANCE COMPANY NAVE OR SURFETY COMPANY AT TIME OF ACCIDENT  POLICY PRIVATE  STORE VEHICLE IS REGISTERED IN  NISURANCE COMPANY NAVE OR SURFETY COMPANY AT TIME OF ACCIDENT  POLICY PRIVATE  STORE VEHICLE IS INVOLVED  22  STORE VEHICLE IS INVOLVED  23  STORE VEHICLE IS INVOLVED  24  STORE OF SIRTH  NUMBER  POLICY PRIVATE  NUMBER  STORE COMPANY NAME OR SURFETY COMPANY AT TIME OF ACCIDENT  POLICY PRIVATE  POLI	BUSINESS NAME						TELEPHONE	NUMBER
SECTION 2— ACCIDENT INFORMATION:    AM	Zoox						( )	
MODEL   MAKE   MAKE   MODEL   MAKE   MAKE   MODEL   MAKE   MAKE   MAKE   MODEL   MAKE   M	STREET ADDRESS		CITY				STATE	ZIP CODE
MODEL   MAKE   MAKE   MODEL   MAKE   MAKE   MODEL   MAKE   MAKE   MAKE   MODEL   MAKE   M								
DOPYZ7/2017	SECTION 2 — ACCIDE	NI INFURNATION						
COUNTY   STATE   ZIP CODE	DATE OF ACCIDENT			AR				
ADDRESS/LOCATION OF ACCIDENT  Intersection Green St. & Battery St.  San Francisco  San Francisco  CA 94111  NUMBER OF VEHICLES INVOLVED IN	09/27/2017	I □ AM ☑ PM	ղ 2016		Toyota			
Intersection Green St. & Battery St.    Involved in	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER					CTATE VEHI	OLE IS REGISTERED IN
Intersection Green St. & Battery St.    Involved in	ADDRESS/LOCATION OF ACCIDENT		CITY		COUNTY		STATE	ZIP CODE
Vehicle		Battery St.	San Fran	ncisco	San F	rancisco	CA	94111
Was:   Stopped in Traffic the Accident:   Bicyclist   Other   2 DRIVER LIGENSE NUMBER   STATE   DATE OF BIRTH    NSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT   POLICY NUMBER    POLICY NUMBER   POLICY PERIOD    FROM   TO    SECTION 3 = OTHER: PARTY'S INFORMATION    FROM   TO    FROM   TO    FROM   TO    FROM   TO    STATE VEHICLE IS REGISTERED IN    NUMBER OF VEHICLES INVOLVED    2		····						
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)  DRIVER LIGENSE NUMBER  DRIVER LIGENSE NUMBER  STATE  DATE OF BIRTH  TO  SECTION 3 — OTHER: PARTY'S INFORMATION  ZEHICLE YEAR  MODEL  NISSAN Altima  JICENSE PLATE NUMBER  VEHICLE IDENTIFICATION NUMBER  VEHICLE IDENTIFICATION NUMBER  VEHICLE IS REGISTERED IN  NUMBER OF VEHICLES INVOLVED  WAS: Stopped in Traffic the Accident: Bicyclist Other  2  DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)  DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)  DRIVER'S POLICY PERIOD  DOMPANY NAIC NUMBER  POLICY PERIOD	venicle Michael				[] Other		2	
NSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT  POLICY NUMBER  POLICY PERIOD FROM TO  SECTION 3 — OTHER: PARTY'S INFORMATION  VEHICLE YEAR 2017 NISSAN Altima VEHICLE YEAR 2017 VEHICLE UDENTIFICATION NUMBER  STATE VEHICLE IS REGISTERED IN  Vehicle Was: Stopped in Traffic the Accident: Bicyclist Other 2 SRIVER'S FULL NAME (PIRST, MIDDLÉ, LAST) DRIVER LICENSE NUMBER  NSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT POLICY NUMBER POLICY PERIOD	DRIVER'S FULL NAME (FIRST, MIDDLE	LAST)	Diagram.	RIVER LICENSE NUM	BER			DATE OF BIRTH
POLICY PERIOD FROM TO  SECTION 3 — OTHER PARTY'S INFORMATION  VEHICLE YEAR 2017 Nissan Altima  JOENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER  Vehicle I Moving Involved in He Accident: Bicyclist Other 2  DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)  DRIVER LICENSE NUMBER  POLICY PERIOD  POLICY PERIOD  POLICY PERIOD  POLICY PERIOD  TO  TO  TO  TO  TO  TO  TO  TO  TO		,						
SECTION 3 — OTHER PARTY'S INFORMATION  /**PHICLE YEAR 2017 Nissan Altima	INSURANCE COMPANY NAME OR SU	RETY COMPANY AT TIME OF ACCIDE	NT P	OLICY NUMBER				
SECTION 3 — OTHER PARTY'S INFORMATION  /**PHICLE YEAR 2017 Nissan Altima			1.					
SECTION 3 — OTHER: PARTY'S INFORMATION  //EHICLE YEAR 2017 Nissan Altima  LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER  Vehicle Moving Involved in Pedestrian Was: Stopped in Traffic the Accident: Bicyclist Other  DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)  NSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT  POLICY PERIOD  POLICY PERIOD	COMPANY NAIC NUMBER		Pi	OLICY PERIOD				· · · · · · · · · · · · · · · · · · ·
SECTION 3 — OTHER PARTY'S INFORMATION  VEHICLE YEAR  2017 Nissan Altima  Vehicle Involved in Involved			l <sub>F</sub>	ROM		TO		
MODEL 2017 Nissan Altima  Vehicle Vehicle Identification number  Number of vehicles involved number number number number  Number of vehicles involved number n								
Nissan Altima  Vehicle V Moving Involved in Pedestrian Was: Stopped in Traffic the Accident: Bicyclist Other 2  Stopped in Traffic the Accident: Period Other State vehicles involved Driver License number State Office State Off	SECTION 3 + OTHER	PARTY'S INFORMATION	ON		""""""""""			
STATE VEHICLE IS REGISTERED IN	VEHICLE YEAR	MODEL				ter groupe groups the desire action to	1470 HINN NO. 185 E.P.	
Vehicle       ☑ Moving       Involved in the Accident:       ☐ Pedestrian       NUMBER OF VEHICLES INVOLVED         was:       ☐ Stopped in Traffic       the Accident:       ☐ Bicyclist       ☐ Other       2         DRIVER LICENSE NUMBER       STATE       DATE OF BIRTH         NSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT       POLICY NUMBER         POLICY PERIOD	2017	Nissan Altima						
Was: Stopped in Traffic the Accident: Bicyclist Other 2  DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) DRIVER LICENSE NUMBER  NSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT POLICY NUMBER  COMPANY NAIC NUMBER  POLICY PERIOD	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	Ĭ				STATE VEH	CLE IS REGISTERED IN
Was: Stopped in Traffic the Accident: Sicyclist Other 2  DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) DRIVER LICENSE NUMBER  NSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT POLICY NUMBER  COMPANY NAIC NUMBER  POLICY PERIOD	Vehicle 7 Movin	a Involve	d in	] Pedestrian		· · · · · ·	NUMBER O	F VEHICLES INVOLVED
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)  DRIVER LICENSE NUMBER  STATE  DATE OF BIRTH  DESCRIPTION  NSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT  POLICY NUMBER  POLICY PERIOD			ident:	Bicvelist	Other		2	
COMPANY NAIC NUMBER POLICY PERIOD	DRIVER'S FULL NAME (FIRST, MIDDLE						STATE	DATE OF BIRTH
	INSURANCE COMPANY NAME OR SU	RETY COMPANY AT TIME OF ACCIDE	NT P	OLICY NUMBER	,			
FROM TO	COMPANY NAIC NUMBER							
			į F	ROM		TO		

Additional information attached.

SECTION 4 — INJURY/DEATH, PROP	ERTY DAMAGE:				24 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
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		- Listania	STATE	ZIP CODE
CHECK ALL THAT APPLY  Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☑ Property
PROPERTY DAMAGE Driver's side door, driver's side passenger de	oor damaged.				
PROPERTY OWNER'S NAME ZOOX, Inc.				TELEPHO	NE NUMBER
STREET ADDRESS	CITY		<del></del>	STATE	ZIP CODE
WITNESS NAME				TELEPHO	NE NUMBER
STREET ADDRESS	CITY			STATE	ZIP CODE
WITNESS NAME				(	NE NUMBER
STREET ADDRESS	CITY			STATE	ZIP CODE
☐ Additional Information attached.				•	
SECTION 5 — ACCIDENT DETAILS	DESCRIPTION				
☐ Autonomous Mode ☐ Conventio	nal Mode				
A Nissan Altima made a left turn into a Zoc collision occurred while the Zoox AV was tright-of-way. The driver of the Nissan Altin Zoox AV. The police were called, but citing	raveling straight, east na was distracted whe	bound, through an it turned into	n the intersection at l and collided with the	Battery and Green	Streets with the
•					
					•
☐ Additional information attached.					
SECTION 6 - CERTIFICATION					
I certify (or declare) under penalty o	of perjury under th	ne laws of th	e State of Califo	rnia that the fo	regoing is true and
I further certify that I am the authoriz	ed Administrator o	of the progra	m for the above r	named employe	er.
PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRIN					ONE NUMBER
Jesse Levinson, Chief Technology Officer SIGNATURE				DATE SI	
X				10/05	5/2017