

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 Drive.ai, Inc.		AVT NUMBER
BUSINESS NAME Drive.ai, Inc.		TELEPHONE NUMBER ()
STREET ADDRESS	CITY	STATE ZIP CODE

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 01/29/2018	TIME OF ACCIDENT <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2016	MAKE Nissan	MODEL NV200 Taxi
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN	
ADDRESS/LOCATION OF ACCIDENT E Reed St. and S 2nd St.		CITY San Jose	COUNTY Santa Clara	STATE ZIP CODE CA 95113
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 Const. Equipment	NUMBER OF VEHICLES INVOLVED 1		
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	MODEL
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
STATE VEHICLE IS REGISTERED IN	
Vehicle was: <input 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	
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

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 Drive.ai test vehicle was being manually driven (conventional mode) for data collection in downtown San Jose at around 3:30pm on Monday 1/29. The vehicle was traveling southwest on Reed St. near 2nd St at the time of the incident. The right lane was blocked off by some construction equipment. Due to driver error, the front right section of the NV200 impacted a stationary piece of construction equipment at 17 mph. The front right corner of the test vehicle sustained damage; the piece of construction equipment was not damaged. There were no injuries as a result of the incident.

☐ 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

Fred Rosenzweig, Chief Operating Officer

TELEPHONE NUMBER

()

SIGNATURE

DATE SIGNED

X