

Reference:

## Hackney Carriage and Private Hire Vehicle Accident Report Form

### Sections 50(3) Local Government (Miscellaneous Provisions) Act 1976

If a licensed vehicle is damaged, and that damage affects the safety, performance and appearance of the licensed vehicle or the comfort or convenience of persons carried then the accident MUST be reported in writing within 72 hours of the accident. The vehicle's proprietor is required to use this form to report the accident. Details must be accurate and complete.

#### Section 1: Organisation Details

<b>Vehicle Proprietor(s)</b>			
<b>Address</b>			
<b>Email</b>		<b>Telephone</b>	

#### Section 2: Vehicle & Driver Details

<b>Hackney or Private Hire</b>			
<b>Plate Number</b>		<b>Plate Expiry</b>	
<b>Registration Number</b>		<b>Colour</b>	
<b>Make &amp; Model</b>			
<b>Driver</b>		<b>Badge Number</b>	

#### Section 3: Accident Details

<b>Date</b>		<b>Time</b>	
<b>Location</b>			
<b>Weather</b>			
<b>Accident Circumstances</b>			
<i>Please describe how the accident occurred including details of all vehicles involved</i>			
<b>Photos taken at scene?</b>	Yes / No		

#### Section 4: Reporting Details

<b>Reported to police?</b>	Yes / No
<b>Incident Number</b>	

#### Section 5: Vehicle Damage Details

Reference:

<b>Was the vehicle recovered or driveable following the incident?</b>	
<b>Please provide details of the vehicles current location and any Recovery/Storage company.</b>	

**Section 5: Vehicle Damage Details (Continued)**

<b>Accident Sketch</b>	
<i>Please mark the areas damaged in the accident on your vehicle in the below diagram:</i>	
<p style="text-align: center;"><b>Key:    S = Scratch                      D = Dent                      M = Missing</b></p>	
<b>Mileage at time of accident</b>	
<b>Damages &amp; Severity</b>	
<i>Please describe the damages in each marked area, including its severity:</i>	

**FOR OFFICE USE ONLY:**

<b>Inspection Comments</b>	
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**Section 6: Injury Details**

<b>Were you (or the driver if completed by anyone other than the driver) injured?</b>	Yes / No
<b>If yes, please describe injuries sustained and if ability to drive was affected</b>	
<b>Time off work?</b>	Yes / No
<b>Medical advice sought?</b>	Yes / No

Reference:

<b>Were any passengers present in the vehicle at the time of the incident?</b>	Yes / No
<b>Passenger name</b>	
<b>Passenger address</b>	
<b>Did the passenger(s) appear to be or report any injuries? Please provide details</b>	
<b>Was an ambulance called to the scene?</b>	Yes / No

**Section 7: Other Vehicle Details**

<b>Registration, Make and Model</b>	
<b>Other vehicle driver name</b>	
<b>Other vehicle driver address</b>	
<b>Other vehicle driver contact details</b>	
<b>Did the other vehicle contain have any passengers?</b>	Yes / No
<b>Did the other driver, or their passenger(s), appear to be or report any injuries? Please provide details</b>	

\*Please provide details of further vehicles and individuals overleaf.

**Section 8: Replacement Vehicle**

<b>Has provision been sought for a replacement vehicle?</b>	Yes / No
<b>Replacement vehicle provider (including telephone)</b>	
<b>Replacement Vehicle Registration, Make &amp; Model</b>	
<b>Date of commencement:</b>	

**Declaration:**

*I believe that the facts stated in this accident report form are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth*

<b>Signed:</b>		<b>Date:</b>	
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*Insert details of where to return the completed form here.*

**FOR OFFICE USE ONLY:**

Reference:

Decision	NFA	<input type="checkbox"/>	Suspend	<input type="checkbox"/>	Refer Retest	<input type="checkbox"/>	7 days	<input type="checkbox"/>	<input type="text" value="___"/> days	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Suspension Notice Number	<input type="text"/>
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Further Comments	<input type="text"/>
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Inspectors Signature	<input type="text"/>	Date:	<input type="text"/>
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**Additional Notes:**