



## Licensing Department

### Private Hire and Hackney Carriage Vehicle Accident Report Form

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

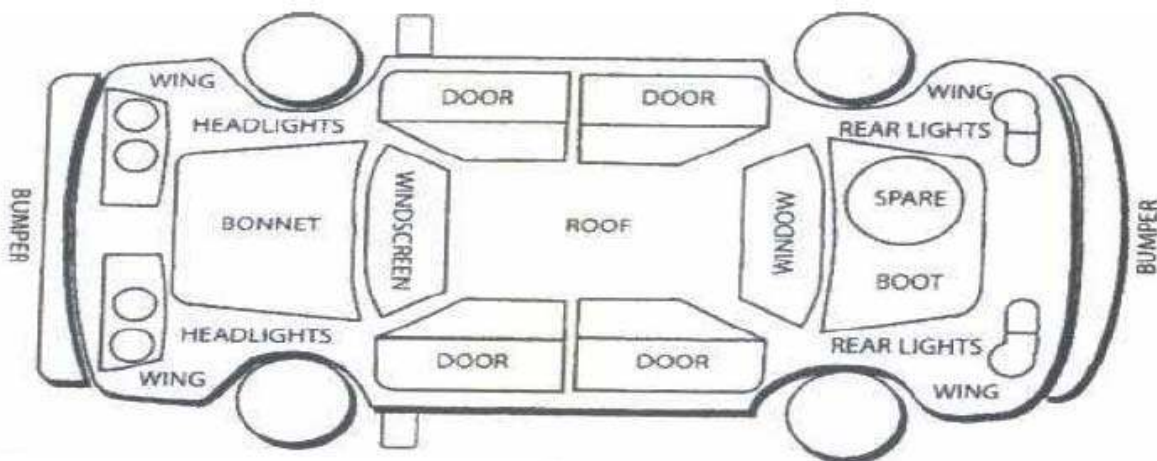
If a licensed vehicle is damaged, and that damage affects the safety, performance and appearance of the licensed vehicle or the comfort or convenience of persons carried, then the accident MUST be reported in writing within 72 hours of the accident. The vehicle's licence holder/driver is required to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

<b>Details of accident:</b>			
<b>Time</b>	<b>Date</b>	<b>Road/Place</b>	<b>Town/City</b>
<b>Brief description of incident:</b>			

<b>Vehicle details:</b>			
<b>Hackney Carriage or Private Hire: (Please tick)</b>	<b>Hackney</b>	<b>Private Hire</b>	<b>Registration number:</b>
<b>Licence number:</b>			<b>Licence expiry date:</b>
<b>Name of driver at time of accident:</b>			<b>Driver's badge number:</b>

<b>Vehicle licence holder (details of one vehicle licence holder must be completed):</b>			
<b>Full name:</b>			
<b>Home address:</b>			
<b>Telephone number:</b>		<b>Mobile number:</b>	

Indicate the damaged area(s) of your vehicle using the key below



PLEASE MARK ONLY THE DAMAGE THE VEHICLE HAS SUFFERED AS A RESULT OF THE ACCIDENT  
( Key - S=Scratch, D=Dent, M=Missing)

<b>Describe damage to licensed vehicle: i.e.severe damage, superficial etc</b>			
<b>Front:</b>		<b>Driver's side:</b>	
<b>Rear:</b>		<b>Passenger side:</b>	
<b>Your vehicle:</b>			
<b>Injuries to self? (Yes/No &amp; details of injuries)</b>		<b>Other vehicles involved? (Yes/No)</b>	
<b>Injuries to passengers? (Yes/No &amp; details of injuries)</b>			
<b>Contact name and address of passengers:</b>			
<b>Passenger 1 Name &amp; Address</b>		<b>Passenger 2 Name &amp; Address</b>	

<b>Third Party Vehicle</b>			
<b>Describe damage to third party vehicle: i.e. severe damage, superficial etc</b>			
<b>Front:</b>		<b>Driver's side:</b>	
<b>Rear:</b>		<b>Passenger side:</b>	
<b>Third party vehicle details</b>			
<b>Registration:</b>		<b>Proprietor/owner:</b>	
<b>Address of Proprietor/owner:</b>			
<b>Injuries to driver? (Yes/No &amp; details of injuries)</b>		<b>Injuries to passengers? (Yes/No &amp; details of injuries)</b>	
<b>Contact name and address of passengers:</b>			
<b>Passenger 1 Name &amp; Address</b>		<b>Passenger 2 Name &amp; Address</b>	

<b>Was the accident reported to the Police? (Yes/No)</b>	
<b>If yes, what is the reference number the Police gave you?</b>	

<b>Is your vehicle off the road? (Yes/No)</b>	
<b>Give full address where the vehicle is being kept:</b>	
<b>Contact telephone number:</b>	

<b>Is the vehicle still being driven: (Yes/No)</b>	
<b>YOU MUST CONTACT LICENSING AND ARRANGE FOR THE VEHICLE TO BE INSPECTED.</b>	
<b>TELEPHONE NUMBER: 01254 380616/380140</b>	

**WARNING:**

Failing to provide the required information or providing false or incorrect information may result in prosecution.

**DECLARATION:**

I, (name) \_\_\_\_\_ am the vehicle licence holder/driver of the above vehicle and declare that the above information is true. I understand that it is a criminal offence to make a false statement or omit any material particular from this document.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

When completed, deliver this form to: Licensing Department, Hyndburn Borough Council, Scaitcliffe House, Ormerod Street, Accrington, Lancashire, BB5 0PF

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.