

## **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**

Vehicle Proprietor(s):

Address:

Email:

### **Section 2: Vehicle & Driver Details**

Hackney or Private Hire:

Plate Number:

Plate Expiry:

Registration Number:

Make and Model:

Colour:

Driver:

Badge Number:

### **Section 3: Accident Details**

Date:

Time:

Location:

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Weather:

Accident Circumstances - Please describe how the accident occurred including details of all vehicles involved:

Photos taken at scene: Yes / No

## **Section 4: Reporting Details**

Reported to police: Yes / No

Incident Number:

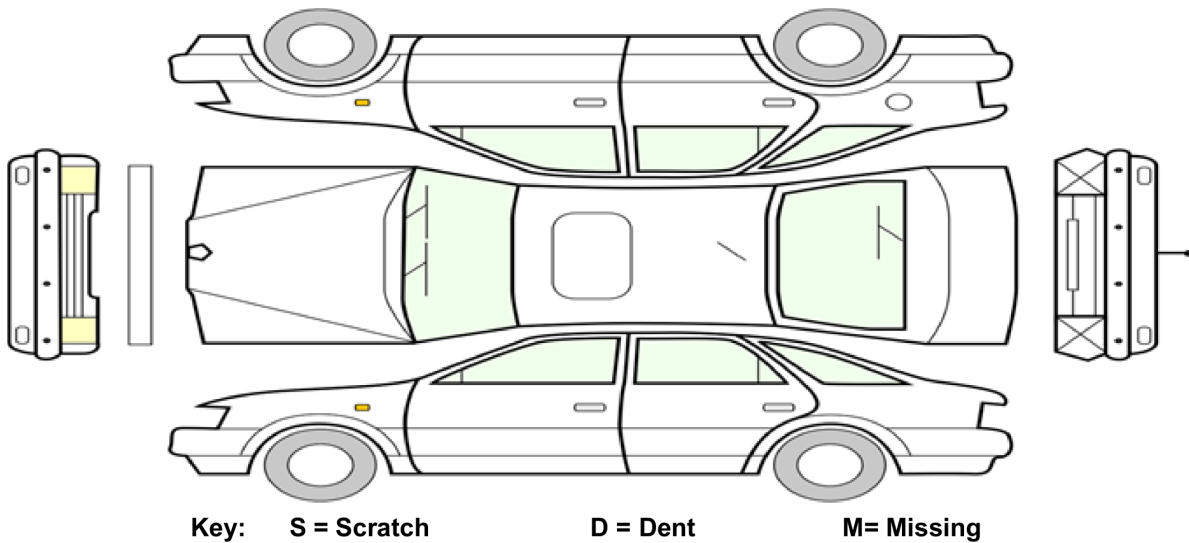
## **Section 5: Vehicle Damage Details**

Was the vehicle recovered or driveable following the incident?

Please provide details of the vehicles current location and any Recovery/Storage company.

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Accident Sketch - Please mark the areas damaged in the accident on your vehicle in the below diagram:



Mileage at time of accident:

Damages and Severity - Please describe the damages in each marked area, including its severity:

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## **FOR OFFICE USE ONLY:**

Inspection comments:

## **Section 6: Injury Details**

Were you (or the driver if completed by anyone other than the driver) injured? Yes / No

If yes, please describe injuries sustained and if ability to drive was affected:

Time off work: Yes / No

Medical advice sought: Yes / No

Were any passengers present in the vehicle at the time of the incident? Yes / No

Passenger name:

Passenger address:

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Did the passenger(s) appear to be or report any injuries? Please provide details:

Was an ambulance called to the scene? Yes / No

## **Section 7: Other Vehicle Details**

Registration, Make and Model:

Other vehicle driver name:

Other vehicle driver address:

Other vehicle driver contact details:

Did the other vehicle contain have any passengers? Yes / No

Did the other driver, or their passenger(s), appear to be or report any injuries? Please provide details:

Please provide details of further vehicles and individuals overleaf.

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## **Section 8: Replacement Vehicle**

Has provision been sought for a replacement vehicle? Yes / No

Replacement vehicle provider (including telephone):

Replacement Vehicle Registration, Make and Model:

Date of commencement:

### **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.

Signed:

Date:

### **Please return this form to:**

Licensing Section

Denbighshire County Council

PO Box 62

Ruthin

LL15 9AZ

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## FOR OFFICE USE ONLY:

Decision:

NFA            Suspend            Refer Retest            7 days            \_ days

Other

Suspension notice number:

Further comments:

Inspectors Signature:

Date:

Additional Notes: