

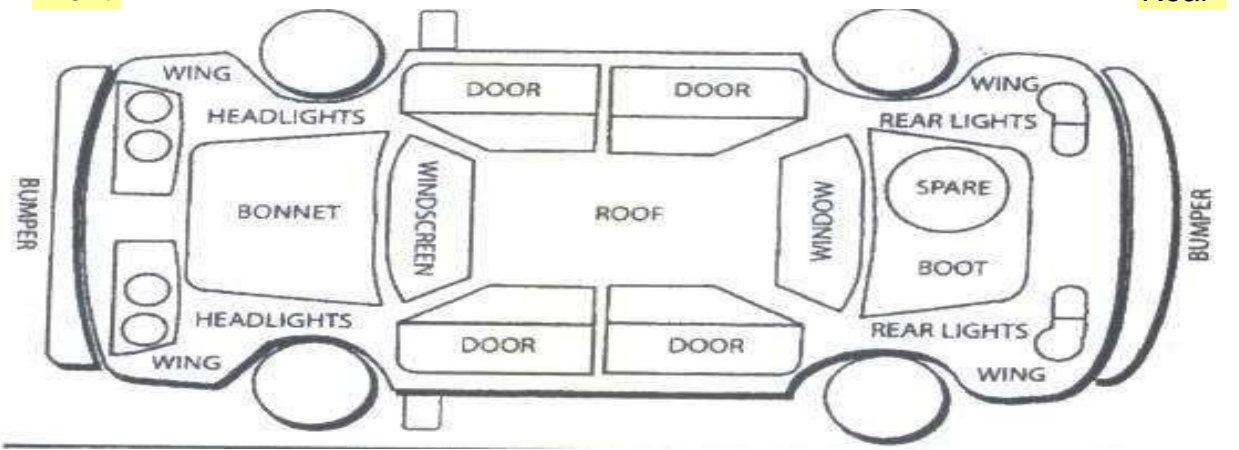
## Hackney Carriage and Private Hire Vehicle Accident Report Form

### 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.

1) Full Name of Vehicle Proprietor/s:		Address:	
		Tel:	
2) Hackney or Private Hire	Plate number	Plate expires	Registration number
3) Driver at time of accident		Driver's badge No:	

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

Front	Rear
	
<b>Key - S= Scratch    D= Dent    M= Missing</b>	
<b>PLEASE MARK ONLY THE DAMAGE THE VEHICLE HAS SUFFERED AS A RESULT OF THE ACCIDENT</b>	
Describe damage to licensed vehicle: i.e. severe damage, superficial etc Front: Rear: Driver's side, Passenger side:	

#### 5) Describe how the accident happened and include road/place/nearest junction

Time:	Date:

<b>6) Simple sketch of accident showing position of vehicles on the road and location</b>

<b>7) Injuries to passengers?</b> Yes/No	<b>Injuries to self?</b> Yes/No	<b>Does it affect your ability to drive?</b> Yes/No (give brief details)
<b>Other vehicles involved?</b> Yes/No	<b>Give address of third parties:-</b>	

<b>8) Was the accident reported to the Police?</b> Yes/No If yes, what is the reference number the Police gave you?
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**9) Present situation (  tick the statement which is true):**

The vehicle is off the road: <input type="checkbox"/>
Give full address where the vehicle is being kept: _____ _____
Telephone:-

The vehicle is still being driven: <input type="checkbox"/>
You <b>must</b> contact licensing and arrange for the vehicle to be inspected. Telephone: 01772 906910.

<b>10) Insurance:</b> You <b>must</b> attach to this form a copy of the <b>motor insurance certificate</b> which shows the above vehicle was insured at the time of the accident. <i>Failing to provide the required information or providing false or incorrect information may result in prosecution.</i>
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**Declaration:**

I/we am/are the proprietor/s of the vehicle mentioned at 1 overleaf and declare that the above information is true. I/we understand that it is a criminal offence to make a false statement or omit any material particular from this document.
Proprietor Signature 1:.....Date:.....
Proprietor Signature 2:.....Date:.....

**When completed, deliver this form to Preston City Council, Licensing Services, Town Hall, Lancaster Road, Preston, PR1 2RL**

*Preston City Council will use your information in a manner compatible with the GDPR. Any disclosures or sharing of information will only take place where permitted by law. For further information please see our privacy notice at: <http://www.preston.gov.uk/thecouncil/data-protection-and-freedom-of-information/privacy-notice/>*