

Hackney Carriage and Private Hire Vehicle Accident Report Form

Sections 50(3) Local Government (Miscellaneous Provisions) Act 1976 and Council Hackney Carriage/Private Hire Licensing policy requirements (point 58)

In the event of an accident (or criminal damage) involving a licensed vehicle which causes damage materially affecting the **safety, performance or appearance of the vehicle or the comfort or convenience of potential passengers**, the proprietor shall notify the Council, in writing, as soon as reasonably practicable. Under normal circumstances, the Council would regard a notification made by no later than 5:00pm on the next working day to have been made as soon as reasonably practicable. In all cases, the proprietor is required under the current Policy to report details of the accident in writing to the Council with 72 hours (3 days) of the accident.

The proprietor must comply with any reasonable request to produce the vehicle for inspection at a specified location within the area of the Council so that its fitness / roadworthiness can be assessed.

The vehicle's proprietor is required to use this form to report the accident. Details must be accurate and complete. Failure to report an accident may be treated as a breach of licence conditions.

1) Full Name of Vehicle Proprietor/s:		Address:	
		Tel:	
2) Hackney or PHV	Plate No.	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	
Key - S= Scratch D= Dent M= Missing			
PLEASE MARK ONLY THE DAMAGE THE VEHICLE HAS SUFFERED AS A RESULT OF THE ACCIDENT			

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:

6) Notification of accident if vehicle in Collision with unattended vehicle or if damage caused to property

If your vehicle was in a collision with a parked/unattended vehicle or caused damage to Someone else's property etc. Did you make contact with the owner?

Yes/No

If Yes, did you exchange details? Yes/No

If no, did you leave your contact details? Yes/No

If no did you make contact later? Yes/No If Yes, state Time and Date:

7) Simple sketch of accident showing position of vehicles on the road and location

<p>8) Injuries to passengers? Yes/No</p>	<p>Injuries to self? Yes/No</p>	<p>Does it affect your ability to drive? Yes/No (give brief details)</p>
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<p>Other vehicles involved? Yes/No</p> <p>Did you exchange details? Yes/No</p>	<p>Give address of third parties:</p> <p>Post Code: _____</p>
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9) Was the accident reported to the Police? Yes/No

Date & time: _____

If yes, what is the reference number the Police gave you? _____

10) Was the accident reported to your insurance company? Yes/No

Date & time: _____

Insurance Claim Reference Number: _____

11) 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 Number: _____

The vehicle is still being driven: <input type="checkbox"/>
You should contact the Licensing Team to discuss whether the vehicle needs to be inspected before you continue to carry passengers. Telephone: 01629 761345 or e-mail us at: licensing@derbyshiredales.gov.uk

11) Insurance:

You **must** attach to this form a copy of the **motor insurance certificate** which shows the above vehicle was insured at the time of the accident. *Failing to provide the required information or providing false or incorrect information may result in enforcement action.*

Declaration:

I/we am/are the proprietor/s of the vehicle detailed on page 1 of this document and declare that all of the information provided is true.

I/we understand that it is a criminal offence to make a false statement or omit any relevant information from this document.

Proprietor Signature 1:.....Date:.....

Proprietor Signature 2:.....Date:.....

When completed fully, you can email the form to: licensing@derbyshiredales.gov.uk or

Hand-deliver/post it to Licensing Team, Regulatory Services, Derbyshire Dales District Council, Town Hall, Matlock, Derbyshire, DE4 3NN

If delivering it by hand please mark your envelope **For Urgent Attention of the Licensing Team** and please ask for a dated and signed receipt.

All personal information provided to Derbyshire Dales District Council will be held and treated in confidence in accordance with the Data Protection Act 1998. It will only be used for the purpose for which it was given and may be shared with other Council departments or third party organisations.