

Office Use

Date Form Received:	
Inspection Carried out or Not Required:	
Officer:	
Any other notes:	



Hackney Carriage and Private Hire Vehicle Road Traffic Collision 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		Telephone	

Section 2: Vehicle & Driver Details

Plate Number	HCV	PHV	Plate Expiry	
Registration Number			Make and Model	
Driver at time of RTC			Badge Number	

Section 3: Accident Details

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

Section 4: Reporting Details

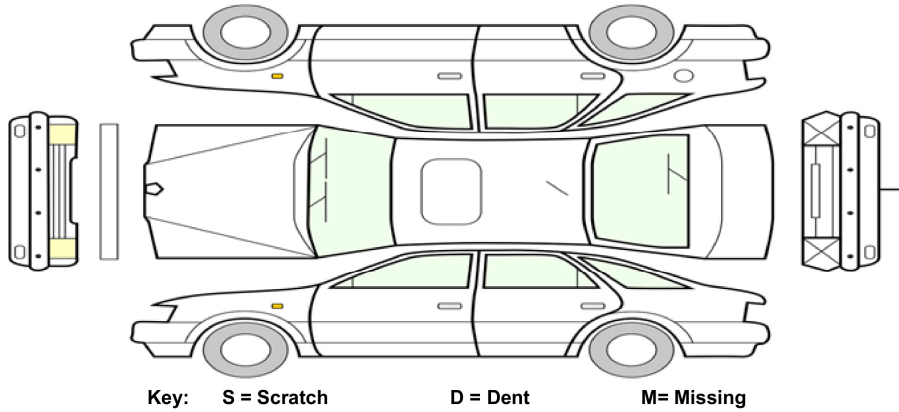
Reported to police?	Yes / No
Incident Number	

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.	
Mileage at time of accident	
Damages & Severity	
<i>Please describe the damages in each marked area, including its severity:</i>	

Accident Sketch

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



Do you intend to continue using the vehicle as a HCV/ PHV in this condition? (ie. prior to repair)	Yes / No
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Section 6: Injury Details

Was the driver of the vehicle 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(s) name	
Passenger(s) address	
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 any passengers?	Yes / No	If yes, how many?	
Did the other driver, or their passenger(s), appear to be or report any injuries? Please provide details			

Section 8: Replacement Vehicle

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

Declaration:

I understand that the information given in this form is information which is reasonably required by an authorised officer to perform his duties. I understand that if I make a statement which is false or misleading, I commit a criminal offence. I declare that, to the best of my knowledge, the information I have given is complete and true.

Signed:		Date:	
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