



APP REF:

### **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 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 current legislation to report details of the accident to the Council with 72 hours 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.

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

<b>4) Give a brief description of the accident below:</b>
<b>PLEASE MARK ONLY THE DAMAGE THE VEHICLE HAS SUFFERED AS A RESULT OF THE ACCIDENT</b>
<b>Describe damage to licensed vehicle: i.e. severe damage, superficial etc</b> Front: Rear: Driver's side, Passenger side:
<b>5) Describe how the accident happened and include road/place/nearest junction</b>
<b>Time:</b> <span style="margin-left: 150px;"><b>Date:</b></span>

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

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7) Injuries to passengers? Yes/No	Injuries to self? Yes/No	Does it affect your ability to drive? Yes/No (give brief details)
Other vehicles involved? Yes/No	Give address of third parties:-	
8) Was the accident reported to the Police? Yes/No If yes, what is the reference number the Police gave you?		

**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 the vehicle examiners at Network Warrington and arrange for the vehicle to be inspected. Telephone: 01925 623 623

**10) 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 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, please e-mail the completed and signed form to:- [taxidrivers@warrington.gov.uk](mailto:taxidrivers@warrington.gov.uk) or deliver/post it to Licensing Section, Regulatory Services, East Annexe, Town Hall, Sankey|Street, Warrington, Cheshire, WA1 1UH.

Office Use Only:				
Receipt logged	Insurance received	Currently Licensed	Vehicle Inspected	Stop Notice/Suspension
Vehicle Examination Officer				
Additional comments				

Warrington Borough Council will use your information within the Data Protection Act. Any disclosures or sharing of information will only take place where required or permitted by law.