BlackpoolCouncil

LICENSING SERVICE

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 licence holder / driver is required to use this form to report the accident. Details must be accurate and complete.

Details of	Accident:							
Time	Date	Road/Plac	ce		Τον	wn/City		
Brief Des	cription of	Incident						
Vehicle o	letails:							
Hackney (Private Hi	Carriage or	Hackney	Private Hire	Registration number				
Licence n				Licence expiry date				
Name of D					Driver'	s Badge		
time of ac	cident:				numbe	er:		
Vehicle L	icence Ho	lder (details o	of one vehicle	e licence holder must be com	npleted):			
Full Name	:							
Home Ade	dress:							
Telephon	e number:			Mobile Number:				
Indicate	the damage	ed area(s) o	f your vehi	cle using the key below				
		\frown			-			
6	WING	$\left(\right)$		10	()	10	
		ADLIGHTS	Doc	DR DOOR	REA	AR LIGHTS	DNI	
	01		12		17		011	
BUMPER		BONNET	WINDSC	ROOF	MOONIN	SPARE)		PER
PH I			CREEN			BOOT		BUM
I	05	ADLIGHTS	12		1_			
	WING	ADEIGHIS	DOC	DOOR	REA	R LIGHTS	711	
		()			(WING		
					-			
PLEASE N	ARK ONLY	THE DAMA	GE THE VEF	ICLE HAS SUFFERED AS	A RESUL	T OF THE A	CCIDENT	
(Key: S=	Scratch D=	= Dent M= Mi	ssing)					

Blackpool 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. Visit <u>www.blackpool.gov.uk/businessandlicensing</u> for information about licensing

Describe damage to license	ed vehicle: i.e. severe damage, superficial etc
Front:	Driver's side:
Rear:	Passenger side:
Your Vehicle	i
Injuries to self?	Other vehicles involved?
(Yes/No)	(Yes/No)
Injuries to passengers? (Yes/No)	
Contact name and address	of passengers:
Passenger 1	Passenger 2
Name & Address	Name & Address

Third Party Vehicle		
Describe damage to third party vehicle	: i.e. severe damage, superficial etc	
Front:	Driver's side:	
Rear:	Passenger side:	
Third Party Vehicle Details		
Registration	Proprietor	
Address of Proprietor		
Injuries to driver? (Yes/No)	Injuries to passengers? (Yes/No)	
Contact name and address of passeng	ers:	
Passenger 1 Name & Address	Passenger 2 Name & Address	

Was the accident reported to the Police? (Yes/No)	
If yes, what is the reference number the Police gave you?	

Is your vehicle	e is off the road? (Yes/No)	
Give full address where the vehicle is being kept:		
Telephone:		

The vehicle is still being driven:
You must contact licensing and arrange for the vehicle to be inspected
Telephone: 01253 478333

Warning:

Failing to provide the required information or providing false or incorrect information may result in prosecution.

Declaration:

I (name) ______ am the vehicle licence holder / driver of the above vehicle and declare that the above information is true. I understand that it is a criminal offence to make a false statement or omit any material particular from this document.

When completed, deliver this form to:

Blackpool Council Licensing Service Municipal Buildings, Corporation Street Blackpool, FY1 1NA

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