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 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: Proprietor Details

Vehicle Proprietor(s) Name		
Address		
Email		**Telephone**	

Section 2: Vehicle & Driver Details

Hackney or Private Hire			
Plate Number		**Plate Expiry**	
Registration Number		**Colour**	
Make & Model			
Driver		**Badge Number**	

Section 3: Accident Details

Date		**Time**	
Location			
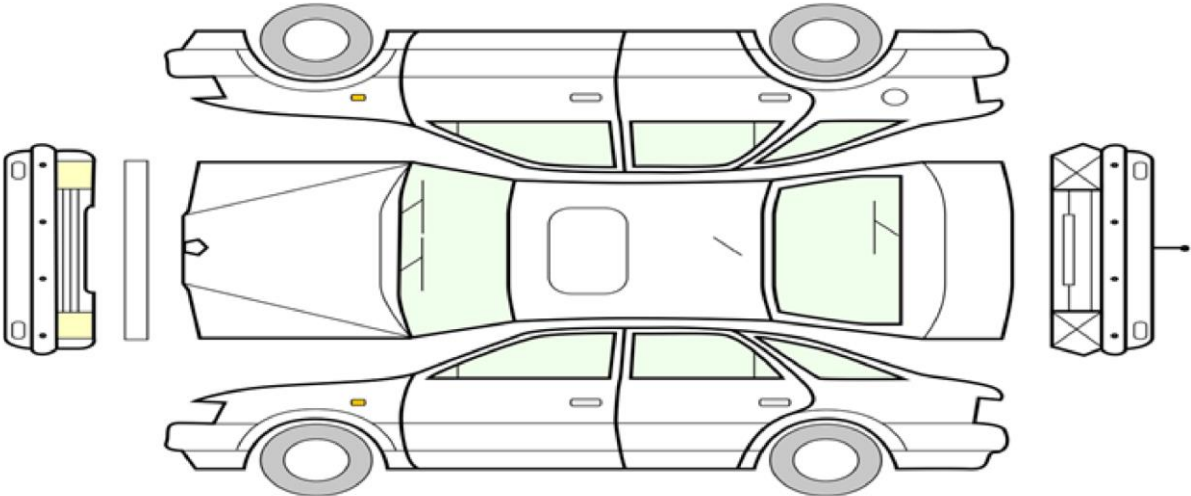
Section 4: Reporting Details

Reported to police?	Yes / No
Incident Number	

Section 5: Vehicle Damage Details

Was the vehicle recovered or driveable following the incident?	

Section 5: Vehicle Damage Details (Continued)

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

Key: S = Scratch   D = Dent   M= Missing

Mileage at time of accident	

Damages & Severity
Please describe the damages in each marked area, including its severity:

FOR OFFICE USE ONLY:

Inspection Comments	

Section 6: Injury Details

Were you (or the driver if completed by anyone other than the driver) injured?	Yes / No
If yes, please describe injuries sustained and if ability to drive was affected	

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 believe that the facts stated in this accident report form are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth

Signed:		Date:	

Please return this form via email to taxilicensing@sheffield.gov.uk

FOR OFFICE USE ONLY:

Decision	NFA		Suspend		

Suspension Notice	Attached suspension notice

Further Comments	

Inspectors Name & Signature		Date:	

Additional Notes: