

**REPORT OF AN ACCIDENT CAUSING DAMAGE TO A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE**

**Section 50(3) Local Government (Miscellaneous Provisions) Act 1976**

If a licensed vehicle has been involved in an accident, the proprietor must report this to us within 72 hours. It is a legal requirement that the proprietor of the vehicle submits this form, not the driver, however the proprietor will require information from the driver of the vehicle at the time in order to complete details of the accident.

Please note: If you knowingly or recklessly make any false statement or omit any material information on this form, you may be prosecuted for an offence and your licence may be revoked. Please also note this report does not remove the responsibility of the driver to report an accident to the Police as required by the Road Traffic Act 1988, nor the requirement for any licence holder to notify the Council of any criminal proceedings arising out of the accident.

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| Section 1: Details of vehicle proprietor | |
| Full Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

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| Section 2: Details of driver at time of accident (if different from above) | |
| Full Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Badge number: |  |

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| Section 3: Details of licensed vehicle involved in accident | | | |
| Make and model: |  | | |
| Registration number: |  | Plate number: |  |

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| Section 4: Accident Details | | | | | |
| When did the accident occur? | | | | | |
| Date: |  | | | Time: |  |
| Where did the accident occur? Include exact location including road name: | | | | | |
|  | | | | | |
| Has the accident been reported to the Police? Yes  No  If yes, provide URN: | | | | | |
| Has the accident been reported to your insurer? Yes  No | | | | | |
| Registration number(s) of any other vehicle(s) involved: | | | | | |
| Give a brief account of the accident: | | | | | |
|  | | | | | |
| Give full details of the damage to the vehicle: | | | | | |
| You must also submit at least one photo of the damage to the vehicle with this form | | | | | |
| Do you intend to use the vehicle in a damaged condition once the Council have inspected the vehicle and given permission? Yes  No | | | | | |
| Please state the name and address of the repairer/body shop carrying out the repairs to the vehicle: | | | | | |
|  | | | | | |
| Did any person suffer personal injury or damage to their property as a result of this accident?  Yes  No  If yes, please give full details: | | | | | |
|  | | | | | |
| **Full name of person completing form** | | |  | | |
| Signature | |  | | | |
| Date | |  | | | |

This form should be submitted to the Licensing Team by email to [licensing@southoxon.gov.uk](mailto:licensing@southoxon.gov.uk). An officer will contact you once they have reviewed this form and will arrange for an inspection of the vehicle if required.