

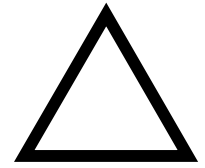
# REPORT OF AN ACCIDENT CAUSING DAMAGE TO A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE



Listening Learning Leading

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976  
TOWN POLICE CLAUSES ACT 1847

This form is to be used by the proprietor of a Hackney Carriage or Private Hire Vehicle to report an accident. This is required by Section 50(3) of the Local Government (Miscellaneous Provisions) Act 1976 which states:



“Without prejudice to the provisions of section 170 of the Road Traffic Act 1988, the proprietor of a hackney carriage or of a private hire vehicle licensed by a district council shall report to them as soon as reasonably practicable, and in any case within seventy-two hours of the occurrence thereof, any accident to such hackney carriage or private hire vehicle causing damage materially affecting the safety, performance or appearance of the hackney carriage or private hire vehicle or the comfort or convenience of persons carried therein.”

## Section 1: Incident Details

When did the accident occur?

Date:

Time:

Where did the accident occur:

Give a brief account of the accident:

Has the accident been reported to the Police?

YES  NO

What is the URN number:

Who attended at the scene of the accident:

Police / Highways Agency / Ambulance / Fire Authority / Other

If Other, please give details:

## Section 2: Vehicle Details

Make:

Model:

Colour:

Registration of Vehicle:

Plate No:

Give full details of the damage to the licensed vehicle:

Who was the driver:

Badge Number of the driver:

Do you intend to use the vehicle in a damaged condition once the Council have inspected the vehicle and given permission?

Where can your vehicle be inspected if this is required?

Did any passengers suffer personal injury or damage to their property? If so, give details:

Did any other person suffer personal injury as a result of the accident?

YES  NO

If YES, please give details

Please state the name and address of the Repairer/Body Shop carrying out the repairs to the vehicle:

### Section 3: Licensed Proprietor's Details

Full Name:			
	<i>First Name</i>	<i>Middle Name</i>	<i>Surname</i>
Permanent Address:			
Home Telephone Number:			
Mobile Telephone Number:			
Email Address:			

### Section 4: Additional Information

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SIGNATURE \_\_\_\_\_

PRINT NAME:

DATE:

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**WARNING:** 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 the licence may be refused.

This report should be returned to the Licensing Team, South Oxfordshire District Council, 135 Eastern Avenue, Milton Park, Abingdon OX14 4SB as soon as reasonably practicable, and in any case within 72 hours of the occurrence of the accident.

(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. If the driver or proprietor of the licensed vehicle is convicted of any offence as a result of proceedings arising out of the accident, the Council must be informed of such conviction immediately.)

#### Contact Licensing Department

By Post: Licensing Team, South Oxfordshire District Council, 135 Eastern Avenue, Milton Park, Abingdon OX14 4SB

Telephone Enquiries: 01235 422556

Email: [licensing@southoxon.gov.uk](mailto:licensing@southoxon.gov.uk)

Website: [www.southoxon.gov.uk/licensing](http://www.southoxon.gov.uk/licensing)