Horsham District Council, Licensing Team
Parkside, Chart Way
Horsham, West Sussex RH12 1RL Tel: 01403 215407
Email: licensing@horsham.gov.uk
Web: https://www.horsham.gov.uk/licensing/taxi-and-private-hire

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.

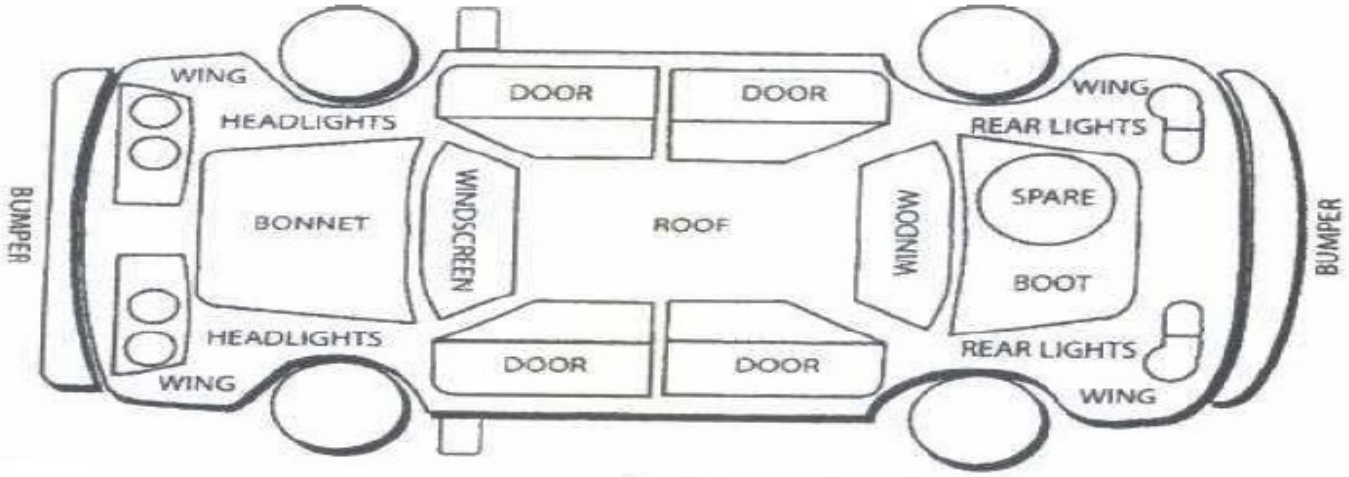
Details of Accident:			
Time	**Date**	**Road/Place**	**Town/City**

Brief Description of Incident

Vehicle details:											
Hackney Carriage or Private Hire:	Hackney	Private Hire	**Registration number**								
Licence number:			**Licence expiry date**								
Name of Driver at time of accident:				**Driver's Badge number:**							

Vehicle Licence Holder (details of one vehicle licence holder must be completed):			
Full Name:			
Home Address:			
Telephone number:		**Mobile Number:**	

Indicate the damaged area(s) of your vehicle using the key below



PLEASE MARK ONLY THE DAMAGE THE VEHICLE HAS SUFFERED AS A RESULT OF THE ACCIDENT

(Key: S= Scratch D= Dent M= Missing)

Describe damage to licensed vehicle: i.e. severe damage, superficial etc			
Front:		**Driver's side:**	
Rear:		**Passenger side:**	

Your Vehicle			
Injuries to self? (Yes/No)		**Other vehicles involved? (Yes/No)**	
Injuries to passengers? (Yes/No)			
Contact name and address of passengers:			
Passenger 1 Name & Address		**Passenger 2 Name & Address**	

Third Party Vehicle (If more than one vehicle involved please use additional sheets to supply this information for each 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		**Driver**	
Address of Driver			
Injuries to driver? (Yes/No)		**Injuries to passengers? (Yes/No)**	
Contact name and address of passengers:			
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 off the road? (Yes/No)	
Give full address where the vehicle is being kept:	
Telephone:	

The vehicle is still being driven for hire and reward? (Yes/No)	
The Licensing Unit will contact you to make an appointment to have your vehicle inspected.	

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.

Signed: _____ **Dated:** _____

When completed, please forward form to: licensing@horsham.gov.uk OR deliver / post to Horsham District Council, Licensing Team, Park House, North Street, Horsham, West Sussex, RH12 1RL

Horsham District 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 https://www.horsham.gov.uk/licensing/taxi-and-private-hire for information about licensing