



Report of Accident to Hackney Carriage / Private Hire Vehicle

Any accident involving a Licensed Hackney Carriage or Private Hire Vehicle must be reported to The Council's Licensing Services within 72 hours.

0	Proprietor of Vehicle Details
Nam	e:
Addr	ess:
Telep	phone Number:
0	Vehicle Details
Plate	e No and zone:-
	
Hack	ney Carriage / Private Hire* Registration No:
Make	9:
Mode	əl:
Colo	ur:
€	Driver Details at the time of Accident
Nam	e:
Drive	ers Badge No:
Addr	ess:
4	Date and Time of Accident
Date	·
Time	<u>r</u>
Wea	ther conditions:
Were	e vehicle lights in use? Licensed Vehicle YES / NO* Other Vehicle YES / NO*

Section Section of Accident Give precise details of the incident, including road name and position in road.
O Details of Other Vehicle(s) involved (if any) Give precise details, including Registration Number, Make, Model and colour, and details of driver of other vehicle.
Details of Damage to Licensed Vehicle
Please tick the following box which applies to the damaged vehicle:
 ☐ Cosmetic Damage (See note 1 below) ☐ Mechanical Damage (See note 2 below) ☐ Both cosmetic and mechanical damage
Note 1

If the vehicle has cosmetic damage the vehicle must be produced to the Licensing Service to be inspected. At this time the vehicle proprietor will be advised of the necessary action (i.e timescale for repair). It may be necessary that plate is returned to the office pending repairs.

Note 2

If the vehicle has incurred mechanic damage the vehicle must be booked into a garage for full repair (not temporary repair) immediately. Once the repair work has been carried out the proprietor of the vehicle must produce written evidence of repair to the Licensing Service. It may be necessary that the plate is returned to the office pending satisfactory written evidence of repair.
9 Passengers
Give names and addresses of all passengers being carried at the time of the accident and details of any injuries sustained (continue on an additional sheet if necessary):
Name:
Address:
Injuries Sustained:
Name:
Address:
Injuries Sustained:
Police Attendance
Did the Police attend the Accident? YES / NO*
Officers No:
Incident No:
Are any Proceedings pending? YES / NO*
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•	Reported by
Name:	
Signed	: Date:
Licensi	rm, when completed, should be returned to: ng Services, Public Protection and Business Support, Cornwall Council, Higher Trenant Road, ridge, Cornwall PL27 6TW
Please	use the space below to show on a plan the position of the vehicles at the time of the accident:

FOR OFFICE USE ONLY: Vehicle Inspection Details	
> Cosmetic damage	
Details of Damage:	
Repair due by:	
Plate retained? Yes/No	
Vehicle re-inspected following repair (date and signature of Officer):	
Plate returned: Yes/No Date:	
Mechanical damage	
Details of damage:	
Plate retained: Yes/No	
Vehicle booked in at garage? Yes/No Name of Garage:	

Vehicle re-inspected following repair (date and signature of Officer):

Written evidence from garage of repair received? Yes/No