



Vehicle Accident Report

Local Government (Miscellaneous Provisions) Act 1976

Section 50(3) Notification



Stratford-on-Avon District Council

Licensing, Environmental Services, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX
 Telephone: 01789 260211 Facsimile: 01789 260808 Minicom: 01789 260747 Website: www.stratford.gov.uk

Without prejudice to the provisions of section 25 of the Act of 1972, 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.

- If you are completing this form by hand please write clearly in block capitals
- In all cases ensure that your answers are inside the boxes and written or typed in black ink
- Please keep a copy of the completed form for your records

Section A - The Notifier

Badge Number	<input type="text"/>	Tick if not a licensed driver	<input type="checkbox"/>
Full Name	<input type="text"/>		
Home Address	<input type="text"/>		
Postcode	<input type="text"/>	<input type="text"/>	
Telephone Number	<input type="text"/>		
Mobile Number	<input type="text"/>		
Email Address	<input type="text"/>		
Date of Birth (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>
Driver Information (please tick)	I was driving the vehicle when the accident happened		<input type="checkbox"/>
	The person below was driving the vehicle when the accident happened		<input type="checkbox"/>

Section B - The Driver

Badge Number	<input type="text"/>
Full Name	<input type="text"/>
Home Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email Address	<input type="text"/>
Date of Birth (DD/MM/YYYY)	<input type="text"/>

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Section C - The Vehicle

Vehicle Registration Number:

Plate Number:

Licence Type (please tick)

Private Hire

Hackney Carriage

Make of Vehicle:

Model

Colour

Operators Name

Section D - The Accident

Date of Accident (DD/MM/YYYY)

 / /

Time of Accident (24 hour clock)

 :

Lighting (please tick)

Day Light

Night Time

Street Lighting Present (please tick)

Yes

No

Street Lighting On

Yes

No

Road Conditions (please tick)

Road Dry

Road wet

Road Contaminated

Road with Snow

Road with Ice

Road Name and Number

Name of the Nearest Road Junction

Were pictures taken of the scene (please tick)

Yes

No

Picture attached

Yes

No

Where are the pictures saved

Independent Witness 1 Name

Witness 1 contact number

Independent Witness 2 Name

Witness 2 contact number

Does the vehicle remain on the road? (please tick)

Yes

No

Has the vehicle been removed to the local Repairers /Garage

Yes

No

If yes give the Garage name

Garage location

Garage contact number

Brief description of how the accident happened

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Section E - Sketch of the collision scene

Complete a sketch of the collision scene on this grid and include the road layout and the final resting place of the vehicles

Show vehicles like this



Show direction of Travel like this



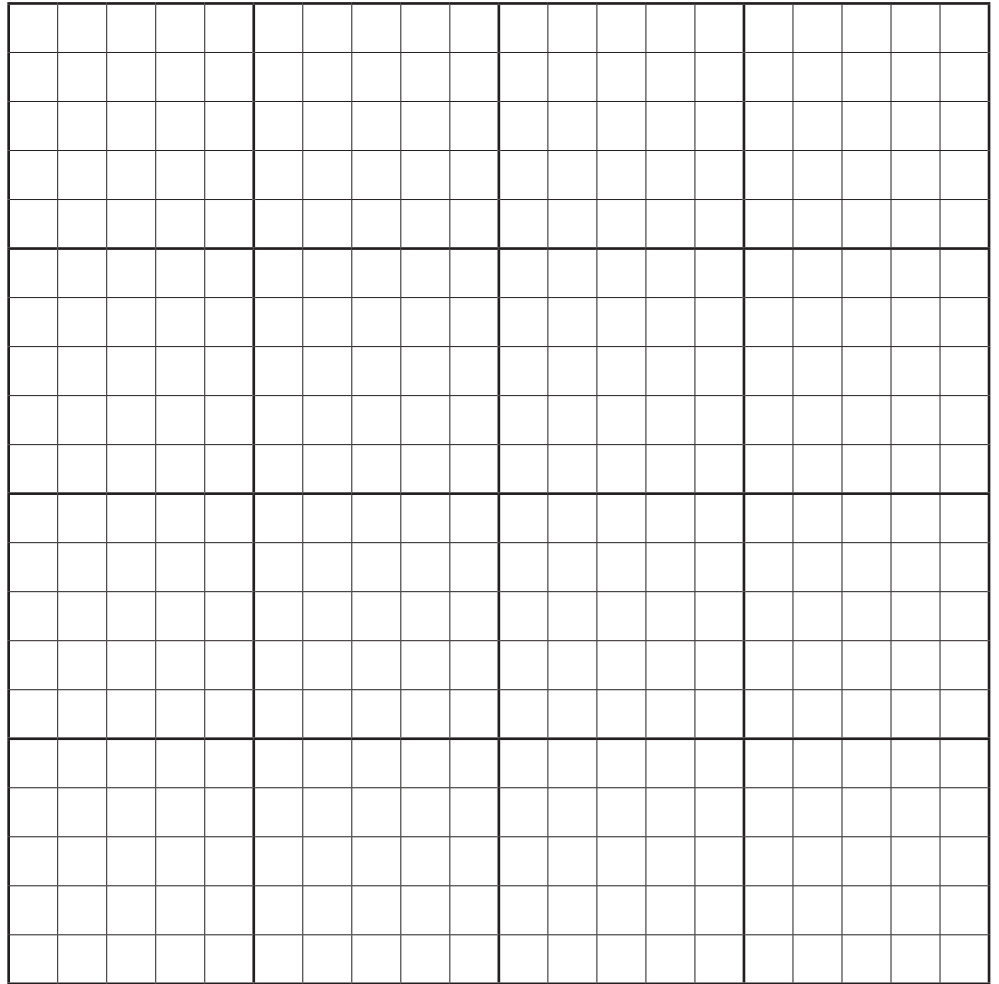
Show point of impact like this



Show Kerb like this and Indicate road names



Show Pedestrians like this



Section F - Vehicle damage

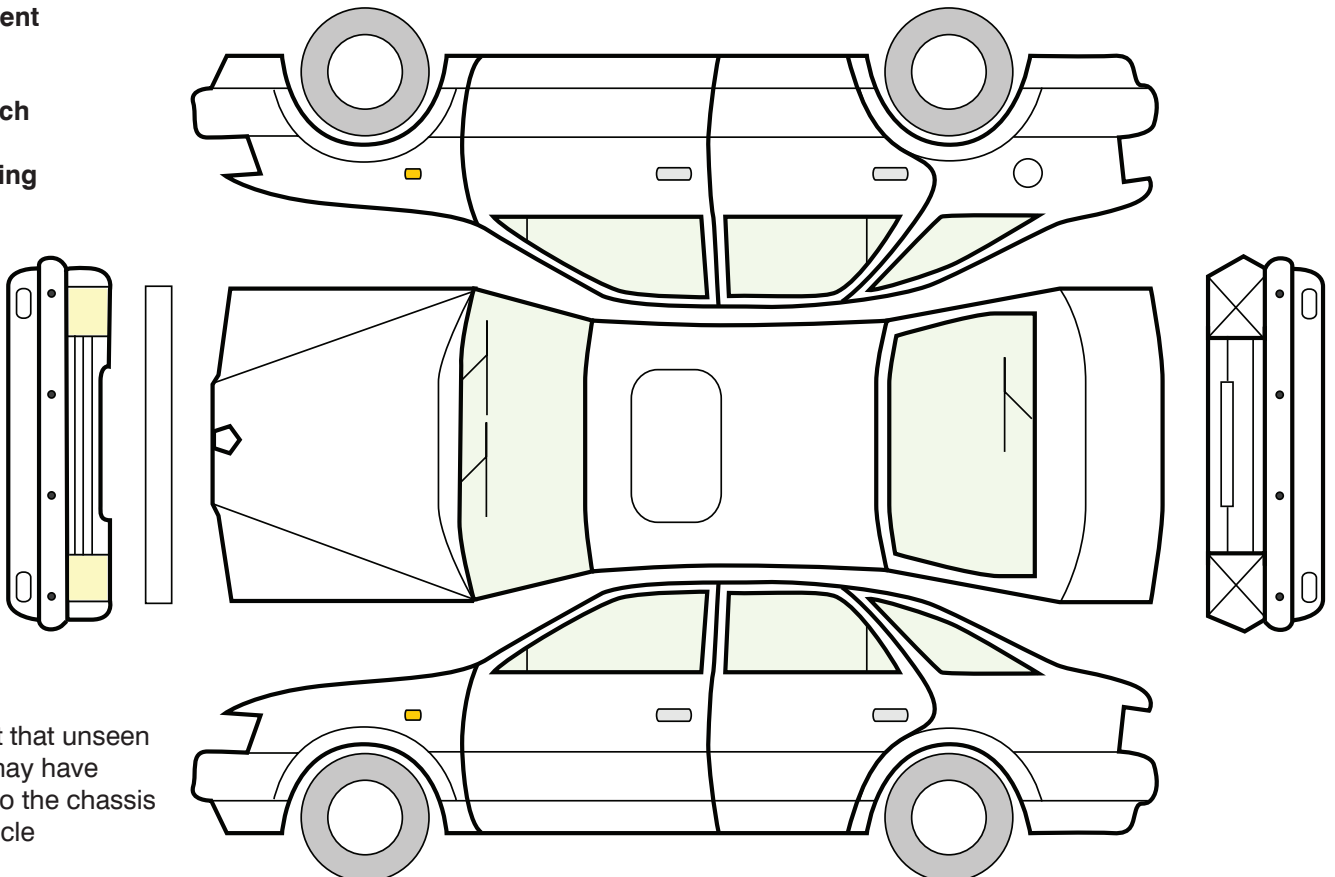
Please mark only the damage the vehicle has suffered as a result of this accident

KEY

S = Scratch

D = Dent

M = Missing



Please note that unseen damage may have occurred to the chassis of the vehicle

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Section G - Injury to the Driver

Was the driver injured as a result of this accident (please tick) Yes No

How many days has the driver been absent from work as a direct result of the injuries

Briefly describe any injuries

Have these injuries been confirmed by your GP or another medical professional? Yes No

If so who has confirmed your injuries?

Do these injuries affect your ability to safely drive a vehicle? Yes No

Section H - Injury to Others

How many passengers were in the vehicle when the accident happened

Who were the passengers? (please tick) Friends or family Customers

Were any passengers injured as a result of this accident (please tick) Yes No

Name (if known)	Brief description of resulting injuries

Section I - Investigative Bodies

Was the accident reported to the Police? (please tick) Yes No

If Yes, what is the reference number the Police gave you?

Will the accident be investigated by your insurance company? (please tick) Yes No

If Yes, what is your claim reference number?

Section J - Base Notification

Have you informed your base operator of this accident? (please tick) Yes No

Section K - Applicant Declaration and Caution

In making this notification, I confirm the following

- (a) The information given is true to the best of my knowledge.
- (b) I/We understand that it is a criminal offence to make a false statement or omit any material particular from this document.

Use of your information

The information Stratford-on-Avon District Council holds about you is used for the purpose of assessing your eligibility for a licence and for the administration of any licence issued to you in accordance with Local Government (Miscellaneous Provisions) Act 1976, Town Police Clauses Act 1847 and any other relevant legislation.

We may collect information about you from other sources in order to process your application. Your personal data may be passed to other authorities or agencies, including other council departments, benefits agencies and the police, where we have a statutory duty to do so or where we consider the disclosure is justified and it is allowed under the Data Protection Act 1998.

After an accident, insurance agencies and investigators often ask us for information about the accident and whether the vehicle and driver are licensed with us. If you would like to give us express permission to disclose relevant information, and speed up the processing of any claim you make, please tick here.

(Please be aware that even if you do not give us permission, we may still disclose the information where we consider the disclosure is justified and it is allowed under the Data Protection Act 1998)

Signature

PRINT NAME

Date of Signing DD/MM/YYYY

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	2	0	<input type="text"/>	<input type="text"/>
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Section L - FOR OFFICE USE ONLY

**** Add 9NC action to MAU vehicle licence record ****

Date Submitted DD/MM/YYYY

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	2	0	<input type="text"/>	<input type="text"/>
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Receiving Officer Initials

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Has the vehicle been inspected? (please tick)

Yes

No

Inspecting Officer Initials

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is the vehicle suspended? (please tick)

Yes

No

Is the notification within the statutory period? (if No, refer to CPO)

Yes

No

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