

ACCIDENT REPORT FORM

Hackney Carriage Vehicle Private Hire Vehicle

Plate number:

Registration mark:

Proprietors name and address:

Drivers name and address:

Date of Accident:

Time of Accident:

Location of Accident:

Damage to vehicle:

Was the driver/ passenger injured? Yes No

If yes please give details of any injuries sustained

Other vehicles involved:

Drivers name and address:

Was the driver/ passengers injured? Yes No

If yes please give details of any injuries sustained

Name of address of any witnesses:

Name of Solicitor/ Accident Management Company:

Details of hire vehicle:

Plate number	Registration mark	Mark and Model

Proprietors Signature:

Date:

Drivers Signature:

Date:

FOR OFFICE USE ONLY

Vehicle examination details:

Date vehicle examined:

Details of damage to vehicle:

Photographs taken: Yes No

Section 68 Notice served: Yes No

If yes please give reason

Vehicle inspected by:

Date: