

# Blackpool Council

## LICENSING SERVICE

### Horse Drawn Hackney Carriage Vehicle Accident Report Form

#### Sections 50(3) Local Government (Miscellaneous Provisions) Act 1976

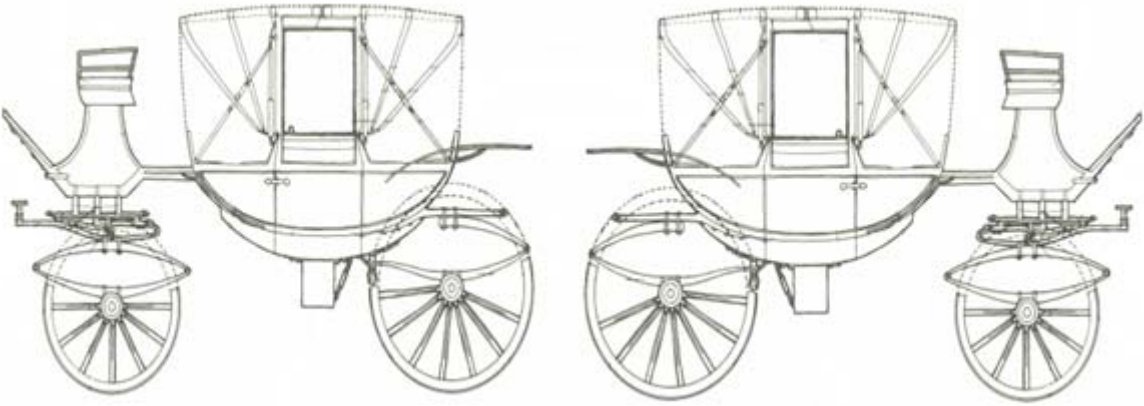
If a licensed vehicle is damaged, and that damage affects the safety, performance and appearance of the licensed vehicle or the comfort or convenience of persons carried then the accident MUST be reported in writing within 72 hours of the accident. The vehicle's licence holder / driver is required to 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	Plate number	Plate expires	Driver's badge number:	
Name of Driver at time of accident:				

Vehicle Proprietor			
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)

<b>Describe damage to licensed vehicle: i.e. severe damage, superficial etc</b>			
<b>Front:</b>		<b>Driver's side:</b>	
<b>Rear:</b>		<b>Passenger side:</b>	
<b>Your Vehicle</b>			
<b>Injuries to self? (Yes/No)</b>		<b>Other vehicles involved? (Yes/No)</b>	
<b>Injuries to passengers? (Yes/No)</b>			
<b>Contact name and address of passengers:</b>			
<b>Passenger 1 Name &amp; Address</b>		<b>Passenger 2 Name &amp; Address</b>	

<b>Third Party Vehicle</b>			
<b>Describe damage to third party vehicle: i.e. severe damage, superficial etc</b>			
<b>Front:</b>		<b>Driver's side:</b>	
<b>Rear:</b>		<b>Passenger side:</b>	
<b>Third Party Vehicle Details</b>			
<b>Registration</b>		<b>Proprietor</b>	
<b>Address of Proprietor</b>			
<b>Injuries to driver? (Yes/No)</b>		<b>Injuries to passengers? (Yes/No)</b>	
<b>Contact name and address of passengers:</b>			
<b>Passenger 1 Name &amp; Address</b>		<b>Passenger 2 Name &amp; Address</b>	

<b>Was the accident reported to the Police? (Yes/No)</b>	
<b>If yes, what is the reference number the Police gave you?</b>	

<b>Is your vehicle is off the road? (Yes/No)</b>	
<b>Give full address where the vehicle is being kept:</b>	
<b>Telephone:</b>	

<b>The vehicle is still being driven:</b>	
You <b>must</b> contact licensing and arrange for the vehicle to be inspected Telephone: 01253 478333	

**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, deliver this form to: Blackpool Council Licensing Service  
Municipal Buildings, Corporation Street  
Blackpool, FY1 1NA