

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976 ROAD TRAFFIC ACCIDENT REPORT FORM

*** Important Information ***

- If at any time the vehicle is involved in an accident, however minor, the driver must inform the Licensing Office of this fact as soon as possible and in any event within 1 working day in writing. An accident report form (available from the Licensing Office and website) must then be completed and submitted to the Licensing Office within 72 hours of the accident occurring (except in exceptional circumstances when the report must be made as soon as possible after the 72 hours deadline an example of an exceptional circumstance would be that the driver is incapacitated due to the accident and physically unable to make the notification).
- If you have not sent the correct photographs showing the road traffic accident damage including your vehicle registration plate in the photographs, the information will not be accepted.
- You <u>must</u> attach the **photographs** to the email when sending notification of your Road Traffic Accident.
- You <u>must</u> also email the Vehicle Damage Assessment Form that you obtain from the insurers.
- If you are hiring a vehicle with a Hire Company, any information about your Road Traffic Accident will not be accepted by them. YOU as the driver must inform our office.
- Failing to provide all the information and completion of this form will delay in you receiving the correct documents.
- Please return by post to the above address or by email to taxi licensing@sandwell.gov.uk

To complete this form in PDF, please ensure you have selected the Edit/Fill & Sign/Type Text option on your PDF application on your device.



SANDWELL METROPOLITAN BOROUGH COUNCIL

Taxi Licensing Office,
Council House Oldbury,
Freeth Street, PO Box 2374, B69 3DE

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Accident on (date) _			in accordance	ed in a Road Traffic with Condition 6 of ey Carriage Vehicle
The vehicle details are as follows:				
HC/PH Vehicle Licence No.	Make	Model	Colour	Registration No.
Please specify the nature of the damage to the vehicle:				
Were there any passengers in the vehicle at the time of the accident? If yes, please confirm if they were injured and provide details of their injuries.				
Did you the driver sustain any injuries?				
Please confirm the location and time of the accident, and a brief description of what happened:				
Signed:	Date:			