IL2

|  |  |
| --- | --- |
| sandwell_mbc_col | **SANDWELL METROPOLITAN BOROUGH COUNCIL**Licensing Office, Waterfall Lane,Cradley Heath. B644 6RL |

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976**

**ROAD TRAFFIC ACCIDENT REPORT FORM**

I am writing to report that the following vehicle has been involved in a Road Traffic Accident on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in accordance with Condition 6 of my Private Hire Vehicle Licence and condition 8 of my Hackney Carriage Vehicle Licence.

The vehicle details are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HCV/PHVLicence 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 details of the injuries (This includes passengers that are being carried as part of any contract work including school/looked after children contracts).

Did you the driver sustain any injuries? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm the location and time of the accident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please supply pictures showing damage to the vehicle one of which must show the vehicle registration number**

Signed Date

Please return by post to address above or by email to: taxi\_licensing@sandwell.gov.uk