Rossendale Borough Council, Licensing & Enforcement Unit, The Business Centre, Futures Park, Newchurch Road, Bacup, OL13 OBB

Tel: 01706 217 777 (Option 7)

Email: <u>licensing@rossendalebc.gov.uk</u>
Web: www.rossendale.gov.uk/taxi



## **Hackney Carriage and Private Hire Driver Licenses**

#### Notification of accident

The proprietor of a hackney carriage shall report to the Council in writing as soon as reasonably practicable, and in any case within 72 hours of the occurrence thereof, any accident to such hackney carriage causing damage materially affecting the safety, performance or appearance of the hackney carriage or the comfort or convenience of persons carried therein. Compliance with this condition does not exempt the proprietor from his statutory liability to report accidents to the police.

#### Reporting accidents where the vehicle is off the road or dangerous

To report an accident where the vehicle is off the road or is dangerous to drive, please complete this accident and notification form and return it with the front and rear taxi plates to the Licensing department.

Upon receipt of the notification of accident, the vehicle will be suspended. Once the vehicle has been repaired, you should contact the Licensing department to arrange for a vehicle inspection and the return of your plates. To arrange for return of your plates, please email the licensing department at <a href="licensing@rossendalebc.gov.uk">licensing@rossendalebc.gov.uk</a> and notify us that you have previously reported an accident and wish to have your plates returned. You should also advise at this stage whether or not you have had another MOT and Rossendale Test done. Vehicles which have had an MOT and Rossendale Test done after the accident will not generally require a further vehicle inspection.

# Reporting accidents where you or a garage repair shop believe that the vehicle is safe to drive

To report this kind of accident, please complete this accident and notification form and send it to the Licensing department by email <a href="mailto:licensing@rossendalebc.gov.uk">licensing@rossendalebc.gov.uk</a> or by post.

Upon receipt of this notification, the Licensing department will contact you to arrange for a vehicle inspection. Please be aware that this vehicle inspection is mandatory and necessary and failure to attend will result in a £35 re-booking fee and the immediate suspension of your vehicle.

### Hackney Carriage and Private Hire 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, all sections must be completed and front and rear plate must be returned.

| Details of Accident:   |            |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
|--|------------|----------|----------------|---------------------|---|------------------------|--|---|---|--|--|--|--|--|
| Time   | Date       | Road/P   | Place          | Town/City           |   |                        |  |   |   |  |  |  |  |  |
|  |            |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
| Brief Description of Incident  |            |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
|  |            |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
| Vehicle details:   |            |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
| Hackney Carriage or Private Hire:  |            | Hackney  | Private Hire   | Registration number |   |                        |  |   |   |  |  |  |  |  |
| Licence number:  |            |          | l              |                     | ı |                        |  | I | I |  |  |  |  |  |
| Name of Driver at time of accident:  |            |          |                |                     |   | Driver's Badge number: |  |   |   |  |  |  |  |  |
| Vehicle Licence Holder (details of one vehicle licence holder must be completed):                                      |            |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
| Full Name:   |            |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
| Home Add   | ress:      |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
| Email Add  | ress:      |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
| Telephone  | number:    |          | Mobile Number: |                     |   |                        |  |   |   |  |  |  |  |  |
| Indicate the damaged area(s) of your vehicle using the key below   |            |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
| WING DOOR DOOR REAR LIGHTS  BONNET ROOF BOOT  HEADLIGHTS DOOR DOOR REAR LIGHTS  WING DOOR DOOR WING  WING WING WING    |            |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
| PLEASE MARK ONLY THE DAMAGE THE VEHICLE HAS SUFFERED AS A RESULT OF THE ACCIDENT  (Key: S= Scratch D= Dent M= Missing) |            |          |                |                     |   |                        |  |   |   |  |  |  |  |  |
| (Ney: 3=   | SCIAICH DE | Dent MI= | wiissiiig)     |                     |   |                        |  |   |   |  |  |  |  |  |

Rossendale Council will use your information within the Data Protection Act.

Describe damage to licensed vehicle: i.e. severe damage, superficial etc

| Front:  |                                     | Driver's side:                   |                                  |           |  |  |  |  |  |  |  |  |
|---|-------------------------------------|----------------------------------|----------------------------------|-----------|--|--|--|--|--|--|--|--|
| Rear:   |                                     | Passenger side:                  |                                  |           |  |  |  |  |  |  |  |  |
| Your Vehicle  |                                     |                                  |                                  |           |  |  |  |  |  |  |  |  |
| Injuries to self?<br>(Yes/No)   |                                     | Other vehicles in (Yes/No)       | Other vehicles involved? Yes/No) |           |  |  |  |  |  |  |  |  |
| Injuries to passengers?<br>(Yes/No)   |                                     |                                  | •                                |           |  |  |  |  |  |  |  |  |
| Contact name and address  | of passengers:                      |                                  |                                  |           |  |  |  |  |  |  |  |  |
| Passenger 1<br>Name & Address   |                                     | Passenger 2<br>Name & Address    |                                  |           |  |  |  |  |  |  |  |  |
| Name & Address  |                                     | Name & Address                   |                                  |           |  |  |  |  |  |  |  |  |
|   |                                     |                                  |                                  |           |  |  |  |  |  |  |  |  |
| Third Party Vehicle   |                                     |                                  |                                  |           |  |  |  |  |  |  |  |  |
| Describe damage to third party vehicle: i.e. severe damage, superficial etc   |                                     |                                  |                                  |           |  |  |  |  |  |  |  |  |
| Front:  |                                     | Driver's side:                   | Driver's side:                   |           |  |  |  |  |  |  |  |  |
| Rear:   |                                     | Passenger side:                  |                                  |           |  |  |  |  |  |  |  |  |
| Third Party Vehicle Details   |                                     |                                  |                                  |           |  |  |  |  |  |  |  |  |
| Registration  |                                     | Proprietor                       |                                  |           |  |  |  |  |  |  |  |  |
| Address of Proprietor   |                                     |                                  |                                  |           |  |  |  |  |  |  |  |  |
| Injuries to driver?<br>(Yes/No)   |                                     | Injuries to passengers? (Yes/No) |                                  |           |  |  |  |  |  |  |  |  |
| Contact name and address  | of passengers:                      |                                  | ·                                |           |  |  |  |  |  |  |  |  |
| Passenger 1   |                                     | Passenger 2                      |                                  |           |  |  |  |  |  |  |  |  |
| Name & Address  |                                     | Name & Address                   |                                  |           |  |  |  |  |  |  |  |  |
| Was the accident reported   | to the Police? (Vec/Ne)             |                                  |                                  |           |  |  |  |  |  |  |  |  |
|   | e number the Police gave yo         | ou?                              |                                  |           |  |  |  |  |  |  |  |  |
|   |                                     |                                  |                                  |           |  |  |  |  |  |  |  |  |
| Is your vehicle is off the  |                                     | The vehicle                      | is still being driven:           |           |  |  |  |  |  |  |  |  |
| Give full address where the   | e vehicle is being kept:            | The Lice                         | ensing Unit will contact         | ct you to |  |  |  |  |  |  |  |  |
|   |                                     | — make a                         | in appointment to hav            | ve your   |  |  |  |  |  |  |  |  |
| Telephone:  |                                     |                                  | vehicle inspected.               | •         |  |  |  |  |  |  |  |  |
| relephone.  |                                     |                                  |                                  |           |  |  |  |  |  |  |  |  |
| Warning:<br>Failing to provide the required in  | nformation or providing false or in | ncorrect 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:   | Signed: Dated:                      |                                  |                                  |           |  |  |  |  |  |  |  |  |
| When completed, deliver this form to:  Rossendale Borough Council, Licensing & Enforcement Unit, The Business Centre, Futures Park, Newchurch Road, Bacup, OL13 0BB   |                                     |                                  |                                  |           |  |  |  |  |  |  |  |  |