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**ACCIDENTS SHOULD BE NOTIFIED USING THIS FORM**

**\* \* \* \* \* \* W I T H I N 72 H O U R S \* \* \* \* \* \***

**TOWN POLICE CLAUSES ACT, 1847 AND 1889**

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

**ACCIDENT REPORT**

Name of Proprietor

Address of Proprietor

Name of Driver at time of Accident

Drivers Badge Number

Expiry Date

Vehicle Registration Number

Hackney Carriage Plate Number / Private Hire Plate Number

**Details of Accident**

Date Time

Place

Brief Description of Accident

Number of Passengers in Vehicle

Injuries Sustained

Were Police Informed? **YES/NO** If YES, state:

Date Time

Station

Extent of Damage to Vehicle

Signed Date

**This form when completed should be returned to:**

Taxi Licensing

Tamworth Borough Council

Marmion House, Lichfield Street, Tamworth, Staffordshire, B79 7BZ

Tel: 01827 709445, Fax: 01827 709 434, Email: publicprotection@tamworth.gov.uk

January 2016

**FOR OFFICE USE ONLY**

Vehicle Inspected by

Date

Is Vehicle Roadworthy YES / NO

Repairs to be completed by (date)

Final Inspection by

Date PASS / FAIL