

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 LICENSING OFFICE, WATERFALL LANE, CRADLEY HEATH. B64 6RL

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Accident on (date)			in accordar	olved in a Road Traffic nce with Condition 6 of kney Carriage Vehicle
The vehicle details	s are as follo	ws:		
HC/PH Vehicle Licence No.	Make	Model	Colour	Registration No.
Please specify the	nature of th	e damage to	the vehicle:	
Were there any pa	•			ne accident? If yes, cheir injuries.
Did you the driver	sustain any	injuries?		
Please confirm the what happened:	e location an	d time of the a	accident, and	a brief description of
Signed:	Date:			