

Accident Report Form

Please note if the damaged vehicle is unlikely to be repaired before the expiry date of the vehicle licence YOU MUST NOTIFY THE LICENSING SECTION IMMEDIATELY

Driver Details – Who was driving the vehicle

Full Name:	
Address:	
Driver Badge Number:	D

Vehicle Details

Vehicle Licence Number:	
Registration:	
Expiry Date of Licence:	

Accident Details

Date and Time of Accident:	
Location of Accident:	
Details of the Accident <i>Please use separate sheet if necessary.</i>	
Were you carrying passengers at the time of the Accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was anyone Injured? <i>driver or passenger</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'YES' to above question, please detail Injuries and to who <i>Please use separate sheet if necessary.</i>	

Return complete form to: Licensing Section, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN
 Email: Licensing@huntingdonshire.gov.uk
 VehaccidentV1 - 27072022

Were the Police involved	Yes <input type="checkbox"/> No <input type="checkbox"/> Incident Number:
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Vehicle Damage Details

Please describe all damage to the vehicle <i>Please use separate sheet if necessary.</i>	
Where is this vehicle now?	
Does the vehicle require a garage repair?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'YES' to above question, please state which Garage	
Will you require an Insurance vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature: _____

Date: _____