Section 13-2-307 (D) of the Austin City Code requires a franchise holder to “submit to the department a report on any accident involving the operation of a taxicab that results in death or injury to a person or damage to a vehicle or other property exceeding $500. The franchise holder shall submit the report on a form prescribed by the department not later than the 15th day of the month following the day of the accident”.

NOTE: In lieu of preparing and submitting this report form, the company may forward a copy of the police report filed.

Date of Accident:______________________________ Time of Accident_____________________
Location of Accident:_____________________________________________________________________
Police Agency Investigation:_______________________________________ Police Report #:______________

TAXI VEHICLE INVOLVED
Taxicab Company Name:______________________________ Cab #:_______________
Year Model:_______________ Make:__________________________ Model________________________
                   Ford, Chevy, etc.       Crown Vic, Caprice, etc.
VIN#______________________________________________________________ License Plate #__________
Driver Name:____________________________________________________________________________ Damage: $__________

OTHER VEHICLE INVOLVED
Year Model:_______________ Make:__________________________ Model________________________
                   Ford, Chevy, etc.       Crown Vic, Caprice, etc.
VIN#______________________________________________________________ License Plate #__________
Driver Name:____________________________________________________________________________ Damage: $__________

OTHER PROPERTY DAMAGED
____________________________________________________________________________ Damage: $__________

CASUALTIES
Name:________________________________________________________________________Person Killed?__________
Describe Injuries:________________________________________________________________________

Company Representative Signature________________________________________________ Date:__________