



**CITY OF AUSTIN
AUSTIN TRANSPORTATION DEPARTMENT
Motor Vehicle Accident Report Form**

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: _____