



City of Houston Vehicle for Hire Accident Reporting Form

Company Name: _____

Company Address and Phone Number: _____

HLL/CSS Number: _____

VIN of Vehicle in Accident: _____

License Plate of Vehicle in Accident: _____

Date and Time of Accident: _____

Location of Accident: _____

Cause of Accident or Description of Accident: _____

Was Accident Report to Police Department? _____ If Yes, which Department? _____

Approximate Amount of Damage: _____

Any Passengers in Company Vehicle: _____ Yes _____ No If Yes, How Many? _____

Any Injuries: _____

Any Additional Information: _____

CITY OF HOUSTON ORDINANCE REQUIRES FORM TO BE SUBMITTED WITHIN 5 DAYS OF THE ACCIDENT.

Please fax your accident report to 832-395-9632 or email to houstontaxifedback@houstontx.gov