

**Nevada Transportation Authority  
TAXICAB ACCIDENT REPORT FORM**

Must be reported to the NTA no more than 24 business hours after accident as required by NAC 706.3749  
(Submit the completed report with any exhibits to the NTA)

<b>Carrier Name:</b>												
<b>CPCN#:</b>												
<b>Date of Accident:</b>				<b>Time of Accident:</b>								
<b>Driver's Name:</b>												
<b>Location of Accident:</b>												
<b>Vehicle Identification:</b>		<b>Unit #:</b>						<b>License Plate:</b>				
<b>VIN:</b>												
<b>Post Accident Drug Testing</b>		<b>Yes</b>		<b>No</b>		<b>Citation(s) Issued to Driver?</b>		<b>Yes</b>		<b>No</b>		
<b>Vehicle(s) Towed from Scene?</b>		<b>Yes</b>		<b>No</b>		<b>Injuries resulting in transport to hospital?</b>		<b>Yes</b>		<b>No</b>		
<i>If driver was subject to Post Accident drug testing – please provide a copy of the results to the Authority as soon as received.</i>												
<b>Photographs of damage to the vehicle provided?</b>						<b>Yes</b>		<b>No</b>				
<b>Is the vehicle being removed from service permanently?</b>						<b>Yes</b>		<b>No</b>				
<i>*If yes, the NTA taxi plate must be returned to the Authority-Unless being transferred to a new vehicle.</i>												
<b>Is the vehicle being removed from service for repairs?</b>						<b>Yes</b>		<b>No</b>				
<b>If Yes, Carrier understands that they must bring the vehicle to the NTA for inspection prior to returning it to service?</b>										<i>Check √ Box</i>		
<b>Comments:</b>												
<b>Carrier Representative (Printed Name):</b>								<b>Title:</b>				
<b>Carrier Representative (Signature):</b>												
<b><u>NTA Office Use Only:</u></b>												
<b>If driver was drug tested, were the results provided and reviewed by the reporting investigator?</b>								<b>Yes</b>		<b>No</b>		
<b>Reviewed by:</b>												
<b>Investigator Name:</b>												
<b>Signature</b>												
<b>Date</b>												
<b>NTA carrier database updated</b>		<b>Yes</b>		<b>No</b>		<b>Date</b>				<b>Initials</b>		
<i>Submit all reports to the Chief of Enforcement when completed.</i>												

Please attach this page on the front of your exhibits. Do not enclose original or copies within folders, ring binders, or other binding devices. The preferred format for submitting this report with exhibits is use of a single staple or binder clip. Please insert labeled tabs between exhibits.

**Please submit the completed report to:**

Southern Nevada:  
Nevada Transportation Authority  
3300 West Sahara Avenue  
Suite 200  
Las Vegas, NV 89102  
[nta@nta.nv.gov](mailto:nta@nta.nv.gov)

Northern Nevada:  
Nevada Transportation Authority  
1755 East Plumb Lane  
Suite 229  
Reno, NV 89502  
[nta@nta.nv.gov](mailto:nta@nta.nv.gov)

Office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday, excluding holidays.  
Please contact us if you have any questions or need additional assistance.

**Southern Nevada:**

Telephone.....702 486-3303  
General Information....Extension 66403  
Fax Number.....702 486-2590

**Northern Nevada:**

Telephone.....775 687-9790  
Fax Number.....775 688-2802