



BRISBANE CITY COUNCIL
TRANSPORT DEPARTMENT

TELEPHONE
FB 0201

BOX 81 B, G.P.O.
BRISBANE

TELEGRAPHIC
AND CABLE
ADDRESSES
"CIVICUS"

ADDRESS ALL
COMMUNICATIONS
TO THE MANAGER

WD/MS

IN REPLY PLEASE QUOTE:

CORONATION DRIVE
BRISBANE

6th February, 1956

Mr. L.J. Denmead,
Branch Tramways Supt.,
Electricity Supply Dept.,
1 - 7 Wendouree Parade,
BALLARAT.

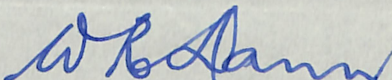
Dear Sir,

You will find enclosed two prints
of DC Bogey Car, also two accident report
forms.

I am pleased to oblige and hope
these are satisfactory.

Am looking forward to seeing you
later in the year.

Yours faithfully,


Traffic Manager.

BRISBANE CITY COUNCIL — DEPT. OF TRANSPORT ACCIDENT REPORT — FORM No. 1

N.B.—This report is furnished for the information of the Council's Solicitors, and must be treated as Strictly Private and Confidential.

INSTRUCTIONS (important)

Employees must report every accident to any individuals or to or in connection with any car or vehicle belonging to the Council or any other company or person, which occurs on or within 14 paces or steps of the tracks, cars belonging to the Brisbane City Council, no matter how trivial it may seem, or even if the person states he has received no injury. They must at once obtain all the facts connected with the accident, the names and addresses of persons who met with the accident, and of all witnesses whether on or off the car. If any policeman should be present they must take their names and numbers, and in any case it is important to get as many witnesses as possible. All the addresses must be obtained in full; with district, street, and name of house, or, if it has none, then its vicinity to some cross street, or hotel or other business. The most important duty of employees in case of accident is to secure the names and addresses of the largest number of most intelligent and reliable witnesses. In case of serious personal accident, when persons who saw the accident will not give their names, some employee of the Council should stay with the witness and follow him until he finds the accurate name and address.

Employees after having an accident, of any kind whatever, must report same verbally to the first Inspector they meet, and also report the same at once by telephone to the Head Office during business hours, or to the Inspectors' Office, North Quay, when the Head Office is closed.

Accident reports must be filled out in ink and handed to the Depot Master before the conductor and motorman leave after turning in the car.

Employees must not under any circumstances tell anyone who their witnesses are in any case of accident, or make any statement with reference to the accident, except an official of the Council or the Police.

Conductors will fill in the diagram on the fourth page of this blank, showing the exact location of car or cars, vehicles or persons connected with the accident, namely, naming streets and cross streets.

1.	TRAM BUS TROLLEY BUS	} No..... Date..... 19..... Time.....	a.m.
	Bus Regn. No. Q.....		p.m.
2.	PROCEEDING FROM.....	To.....	
3.	EXACT PLACE OF ACCIDENT.....		

TRAM/BUS CREW (Block Letters)	
4. MOT./BUS DRIVER.....	Badge No..... Depot.....
5. CONDUCTOR.....	Badge No..... Depot.....
6. WHAT TIME DID YOU TAKE OVER THIS Tram : Bus : Trolley Bus :.....a.m.....p.m.....	

7. SPEED OF TRAM in miles per hour—
 (i) When Brake was applied..... (ii) At instant of accident.....

8. GRADE : *Down Grade : Level Grade : Up Grade :
 (*Cross out not required)

9. AT INSTANT OF ACCIDENT :
 (i) BRAKE WAS { On / Off (ii) POWER WAS { On / Off (iii) CONTROLLER WAS { Forward / Reverse

10. WHAT DISTANCE did Tram/Bus run after :
 (i) Brake was applied ?.....paces. (ii) Power was reversed ?.....paces.

11. HOW FAR did Tram/Bus run after striking object ?.....paces.

12. MEASURED by.....In the presence of.....

13. WERE BRAKES of Tram : Bus : Trolley Bus : IN GOOD ORDER ? Ans.....
14. IF BRAKES WERE FAULTY, was defect reported earlier, and to whom ?.....

FOR ANSWERS TO THE FOLLOWING QUESTIONS, PLEASE TICK IN SQUARE APPLICABLE

15. STATE OF WEATHER: Fog Clear Cloudy Drizzling Rain Light Rain
 Heavy Rain

16. Dawn Daylight Dusk Night

17. CONDITION OF TRACK: Dry Wet Greasy Leaves Other :—.....

INJURED PERSONS :

Name :	Address :	Extent of Injury :
1.
2.
3.
4.
5.
6.

Were Injured persons removed from place of accident? If so, by whom and where to?.....
.....

If person injured is an employee of Tramways Department, did he cease work in consequence of the accident?..... If so, at what hour?.....

State probable duration of disablement.....

IMPORTANT: If the employee does cease work as a result of this accident after this report has been submitted, he must advise Staff Office, Department of Transport.

PARTICULARS OF OTHER VEHICLE CONCERNED.

Regn. No. Q..... Make and Type of Vehicle.....

Nature and full extent of damage, if any.....
.....

Direction in which vehicle was going at time of accident.....

Estimated Speed at which it was travelling.....

Name and address of Owner of Vehicle.....

Name and address of Driver of Vehicle.....

DAMAGE TO TRAM/BUS, TROLLEY BUS, if any.....

NO. OF PASSENGERS ON TRAM/BUS, TROLLEY BUS.....

Names and addresses of witnesses, with position on Car, or Street (every effort must be made to obtain these).

(Address during business hours preferable.)

Name :	Address :
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PLEASE ANSWER THIS QUESTION :

State approximate distance of front of Tram : Bus : Trolley Bus : to other vehicle or object when danger first became apparent :.....

GIVE GENERAL DESCRIPTION OF ACCIDENT :

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IMPORTANT :

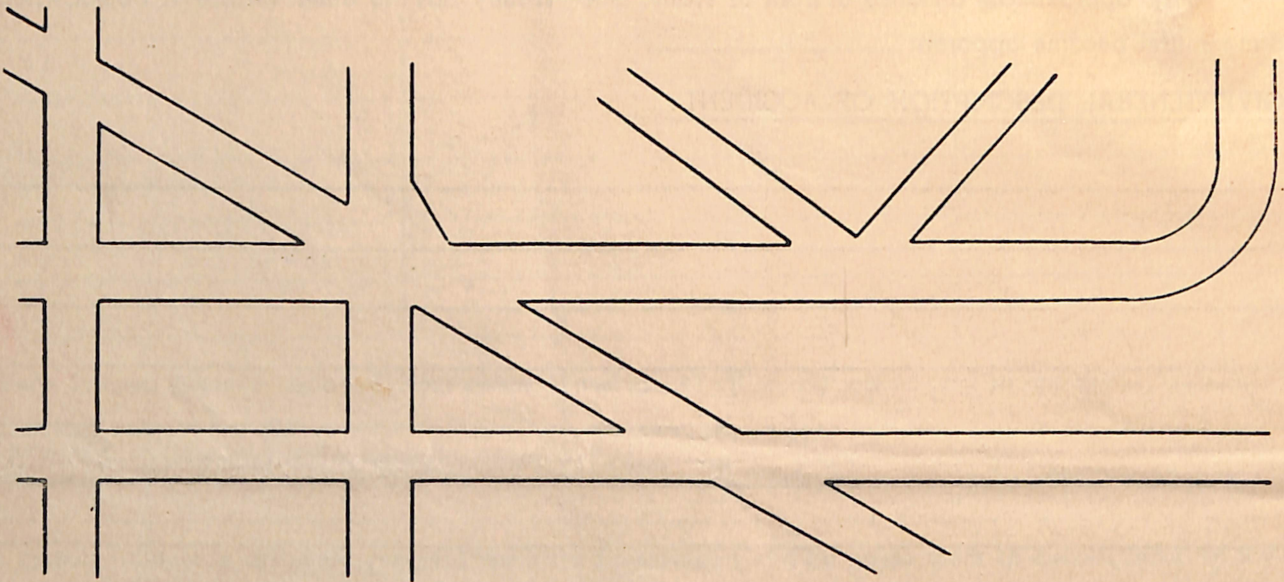
1. In the case of a person falling, out, inside, boarding or alighting, please mark with X on Dept. vehicle plan on back of this report, point from where fall occurred.
2. In the case of collision, please mark situation of damage on vehicle plans on back of this report.

Accident reported verbally to Inspector.....at.....
.....
" " " " Police, Name.....at.....

Police No..... Station.....

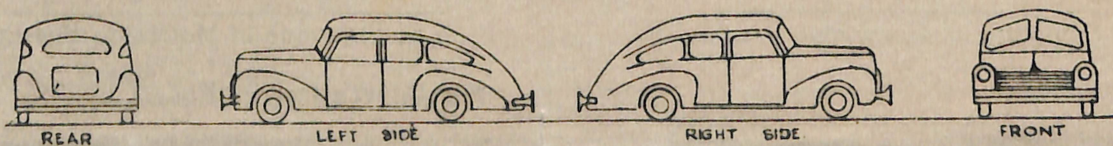
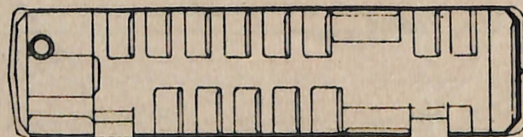
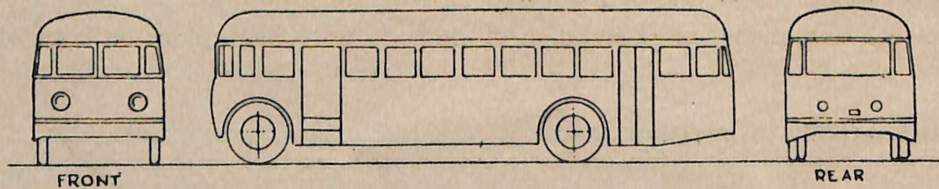
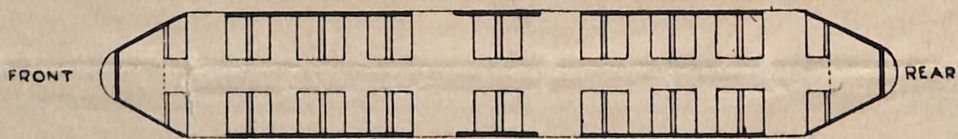
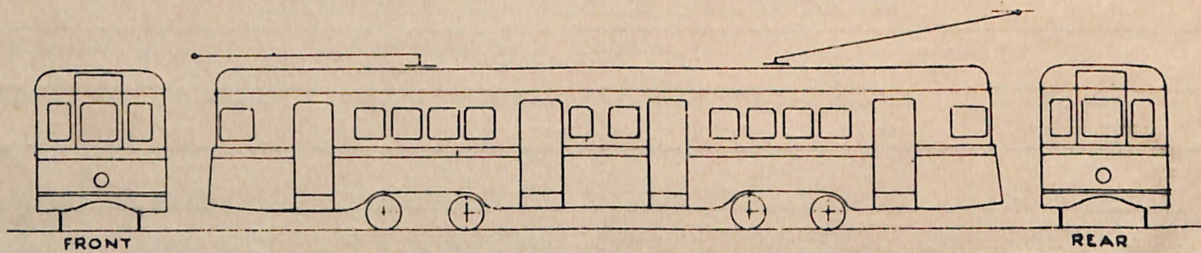
Signature of Conductor..... Signature of Motorman/Bus Driver.....
Bus Driver's License No.....
Expiry Date.....

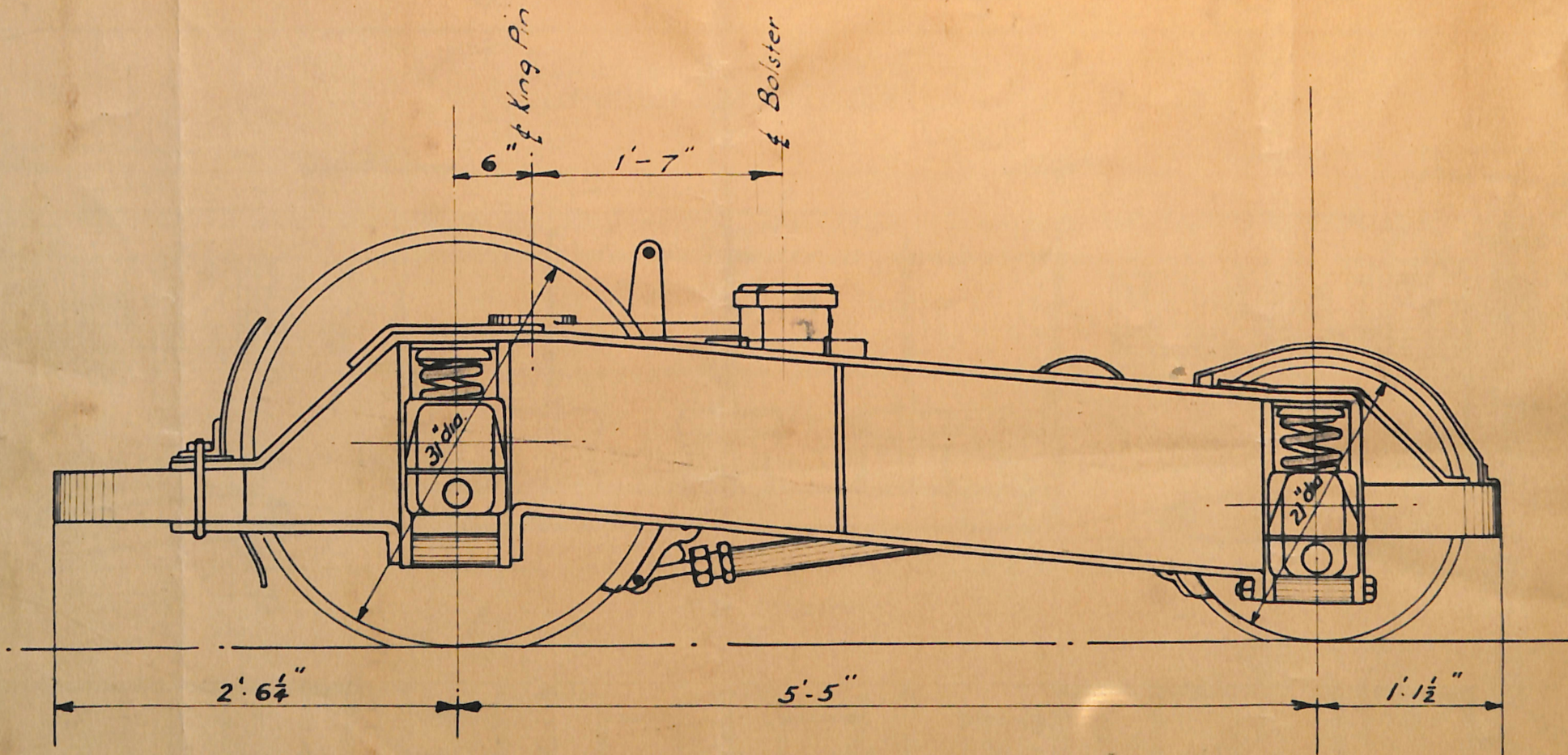
— SKETCH —



The Conductor or Bus Driver will fill in the above diagram, showing the exact location of Tram or Bus, and other vehicle, or persons concerned in the accident. Give names of streets and cross streets and show with arrows the direction in which each vehicle was travelling.

IMPORTANT — Mark the point of impact on the Tram or Bus, and on the other Vehicle.





LONG WHEELBASE TRUCK
scale: 1" = 1' 0"

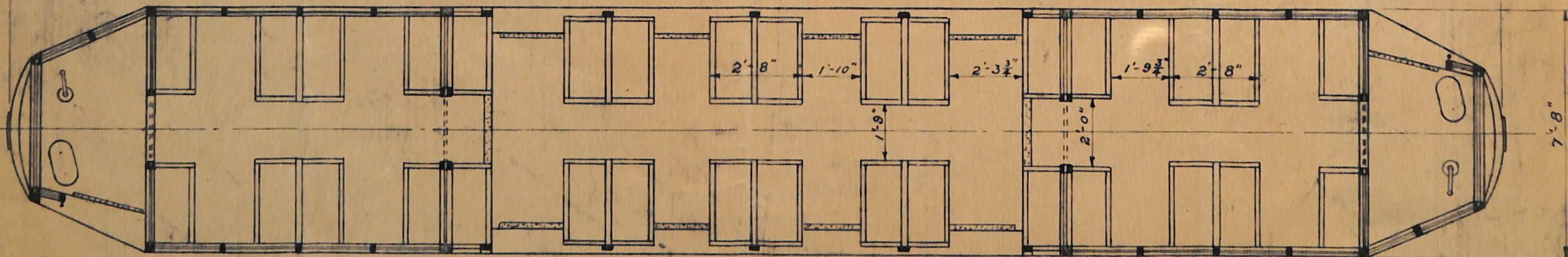
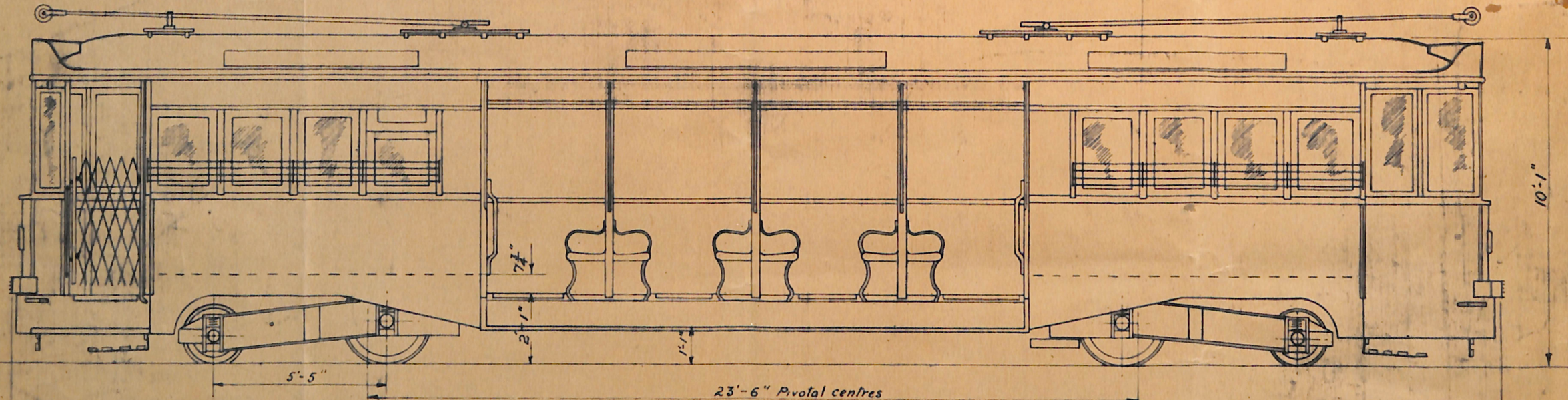
B/T/S
 Revised with H.H.
 10/2/56.
 [Signature]

23-117

23-109

Re

BRISBANE CITY COUNCIL
TRAMWAYS DEPARTMENT



64 SEAT DROP CENTRE CAR

23-159

Revised 1937

Scale :- 1/4" = 1'-0"

C. J. D.
11-10-37
Drawing No 2887