

MELBOURNE AND METROPOLITAN TRAMWAYS BOARD

# REPORT OF ACCIDENT TO EMPLOYEE

Details to be reported by an injured employee as soon as possible after an accident.

To The Claims Superintendent \_\_\_\_\_ Branch \_\_\_\_\_

Surname \_\_\_\_\_ Christian Names \_\_\_\_\_ Age \_\_\_\_\_  
(Please use block letters)

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Married or Single \_\_\_\_\_ Depot \_\_\_\_\_ Pay Roll or Cap No. \_\_\_\_\_

Present Occupation \_\_\_\_\_ Experience in Present Occupation \_\_\_\_\_ Length of Service \_\_\_\_\_

Car or Bus No. \_\_\_\_\_ Table No. \_\_\_\_\_ Route \_\_\_\_\_ UP DOWN.

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.

Exact Place of Accident \_\_\_\_\_

Nature and Extent of Injury \_\_\_\_\_

What were you doing when the accident occurred \_\_\_\_\_

What caused the accident \_\_\_\_\_

FULL DESCRIPTION OF ACCIDENT \_\_\_\_\_

Witnesses to accident \_\_\_\_\_

I certify that the above information is true and correct.

Date \_\_\_\_\_ Signature of Employee \_\_\_\_\_

If you are absent from work for more than one working day you must report to the Board's Medical Officer as soon as possible, and prior to resuming duty.

**FOR OFFICE USE ONLY**

When was the injury first reported

Time	Date	By Whom	To Whom	Position

Did Employee receive medical attention \_\_\_\_\_ If so, Name of Doctor or Hospital \_\_\_\_\_

Date ceased work \_\_\_\_\_ Time ceased \_\_\_\_\_ a.m. p.m. Time lost \_\_\_\_\_ hrs \_\_\_\_\_ mins.

Date resumed work \_\_\_\_\_ Rostered Days Off. \_\_\_\_\_ W/Ending \_\_\_\_\_

Rostered days off for week of ceasing work \_\_\_\_\_

If before or after duty, state starting or finishing time \_\_\_\_\_

Probable duration of absence \_\_\_\_\_

Signature of Officer-in-Charge \_\_\_\_\_

Date \_\_\_\_\_

S.A.I. notified _____
Doctor notified _____
Book & Page No. _____

ORIGINAL of this report must be forwarded to Claims Branch, Head Office, as soon as possible. It is not necessary for the reverse side to be completed on the Claims Branch copy. The reverse side of the carbon copy of this form is to be completed (as per instructions set out) and forwarded to Safety Officer, Preston Workshops.

# ACCIDENT INVESTIGATION

ACCIDENTS MUST BE INVESTIGATED IMMEDIATELY and this report completed and despatched on the following day to the Safety Officer. (It will then generally be known whether the accident is to be classified as "Lost Time" or "Minor")

LOST TIME

PLEASE INDICATE TYPE OF ACCIDENT  
(For statistical purposes a "Lost Time" accident is one in which the employee is absent for one or more complete shifts.)

MINOR

## ACTION TAKEN OR SUGGESTED TO PREVENT RECURRENCE

Foremen or Supervisors should record the action taken under their own authority, or the action they suggest should be taken, to prevent similar accidents in view of their particular knowledge of the circumstances.

## COMMENT BY FOREMAN OR SUPERVISOR

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Signed \_\_\_\_\_

Date \_\_\_\_\_

## COMMENT BY SECTION ENGINEER OR DEPOT MASTER

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Signed \_\_\_\_\_

Date \_\_\_\_\_

## INSTRUCTION BY DEPARTMENT OR BRANCH HEAD

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Signed \_\_\_\_\_

Date \_\_\_\_\_

In completing AGENCY of accidents, reference should be made to the list below and a tick placed in the appropriate square as this information is essential in the work of accident prevention.

### 1. AGENCY OF ACCIDENT

Machinery – Plant in Operation

Manual Handling

Objects Falling or Flying

Vehicles

Harmful Contacts

Others

Tools – Hand and Power

Falling or Striking Against

# Melbourne and Metropolitan Tramways Board

FORM 3/396

## COLLISIONS - TRAMS TRAFFIC EMPLOYEES ACCIDENT REPORT

FOLIO:

DEPOT	DATE RECEIVED IN HEAD OFFICE		DEPOT CODE No.
COND. SCHOOL	TRAFFIC DEPARTMENT		
	TRAFFIC PERSONNEL OFFICER	PAY FOR REPORT	
	CLAIMS BRANCH		

NOTE: USE INK/BALL POINT PEN AND PRINT ANSWERS OR TICK IN APPROPRIATE BOXES

DRIVEN FROM No. 1 END   
No. 2 END

**1** M.M.T.B. VEHICLE AND CREW

TRAM No. 790 ROUTE No. 64 DESTINATION EAST BRIGHTON UP   
 DRIVER P. FRENCH No. 3113 DOWN   
 \* CONDUCTOR/ESS No. \_\_\_\_\_ TERMINUS   
 TABLE No. 85

**2** DATE & TIME OF ACCIDENT \_\_\_\_\_ DAY DATE \_\_\_\_\_ / \_\_\_\_\_ /19 EXACT TIME 2:10 ~~AM~~ P.M.

**3** PLACE OF ACCIDENT

IN HAWTHORN ~~ST~~ RD. INTERSECTION OR ARTHUR ST. POLE No. 8  
~~AVE~~ ~~NEAREST STREET~~ ~~RD.~~ STOP No. \_\_\_\_\_

**4** CONDITIONS AT TIME OF ACCIDENT

TRAM TRACK <input type="checkbox"/> GOOD <input type="checkbox"/> BAD <input checked="" type="checkbox"/> WET <input type="checkbox"/> DRY (On DEBRIS Track) <input type="checkbox"/> GREASY <input type="checkbox"/> FROSTY	ROAD <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	WEATHER <input type="checkbox"/> WET <input checked="" type="checkbox"/> DRY	VISIBILITY <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> BAD	ROAD GRADE <input type="checkbox"/> LEVEL <input type="checkbox"/> UPGRADE <input checked="" type="checkbox"/> DOWN GRADE
		LIGHTING TRAM <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF STREET <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF HEADLIGHTS NO. 1 END HEADLIGHTS NO. 2 END	TIME OF DAY <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK	

**5** OTHER VEHICLES INVOLVED IN COLLISION

REG. No.	DRIVER'S NAME	ADDRESS (Attach List if Necessary)	Age	Sex	Sup-er?	DAMAGE DETAILS
<u>ABC410</u>	<u>W. WOODS</u>	<u>45 GLENHUNTLY RD. EASTERNWICK</u>	<u>25</u>	<u>M</u>	<u>YES</u>	<u>RADIATOR LIGHTS &amp; MUDGUARDS WRECKED</u>

IF DRIVER NOT THE OWNER, STATE OWNER'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ RIG. No. \_\_\_\_\_

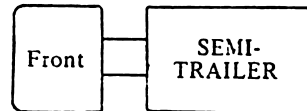
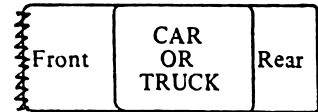
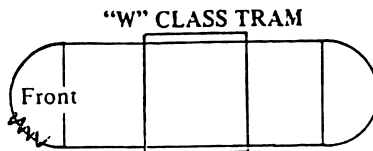
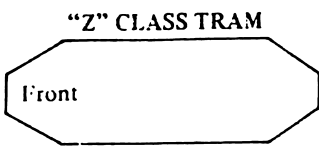
COLLISIONS - TRAMS

**6 INJURED PERSONS** (GIVE DETAILS OF ALL PERSONS INJURED WHETHER PASSENGERS IN TRAM, PASSENGERS OR DRIVER OF OTHER VEHICLE OR PEDESTRIANS.)

NAME	ADDRESS (Attach List if Necessary)	Age	Sex	NATURE OF INJURY
W. WOODS	SEE NO. 5	25	M	CHEST & L/ARM

**7 TRAM DAMAGED**  YES  NO IF YES GIVE DETAILS .....

MARK POINT OF IMPACT (X) ON APPROPRIATE VEHICLE AND SHOW DAMAGE AREA (wavy)



WHAT CAUSED COLLISION?

CAR DID NOT GIVE WAY AT INTERSECTION AND DROVE INTO SIDE OF TRAM.

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**8 AFTER ACCIDENT**

DID AMBULANCE ATTEND?  YES IF YES AMBULANCE No. 18  
 NO IF NO - HOW DID INJURED PERSON LEAVE? .....

DID POLICE ATTEND?  YES IF YES - NAME ..... BADGE No. .... STATION .....

REPORTED TO POLICE LATER ON?  YES IF YES NAME ..... BADGE No. .... STATION ..... TIME a.m./p.m.  
 NO

WAS RADIO CENTRE NOTIFIED?  YES IF YES BY WHOM CONDUCTOR AT WHAT TIME? 2.15 p.m.  
 NO

DID M.M.T.B. OFFICER ATTEND?  YES IF YES NAME INS.P. JONES No. 19  
 NO

**9 SIGNATURE**  
TO BE SIGNED AND DATED BY EMPLOYEE MAKING REPORT.

\* SIGNED .....  DRIVER  CONDUCTOR  CONDUCTRESS No. .... Date ...../19.....

Depot Masters must see that accident reports are fully and properly made out and forward Form 3/396 per Traffic Department to Claims Superintendent.

# Melbourne and Metropolitan Tramways Board

FORM 3/397

## COLLISIONS - TRAMS

FOLIO:

### TRAFFIC EMPLOYEES REPORT TO LEGAL ADVISER

THIS REPORT IS FURNISHED SOLELY FOR THE OPINION AND ADVICE OF THE BOARD'S SOLICITORS AND MUST BE TREATED AS PRIVATE AND CONFIDENTIAL.

RECEIVED BY DEPOT MASTER	RECEIVED CLAIMS BRANCH

NOTE: USE INK/BALL POINT PEN AND PRINT ANSWERS OR TICK IN APPROPRIATE BOXES.

**10** DATE & TIME OF ACCIDENT

\* ..... DAY DATE ...../...../19 EXACT TIME 2.10 ~~AM~~ P.M.

**11** PLACE OF ACCIDENT

IN HAWTHORN <sup>ST. RD.</sup> ~~AVE.~~ INTERSECTION OR NEAREST STREET ARTHUR <sup>ST. RD.</sup> ~~AVE.~~ POLE No. 8 STOP No. ....

**12** CREW POSITION AT TIME OF ACCIDENT

DRIVER CABIN CONDUCTOR/ESS REAR SALOON

**13** PASSENGER LOAD (APPROX. NO.)

25

**14** SPEED

	TRAM	VEHICLE/PEDESTRIAN
SPEED WHEN VEHICLE/PEDESTRIAN FIRST SEEN	KM.	KM.
SPEED ON IMPACT	KM.	KM.
DIRECTION OF TRAVEL	<u>SOUTH</u>	

**15** DISTANCE AWAY

HOW FAR WAS OTHER VEHICLE OR PEDESTRIAN AWAY FROM YOU

WHEN FIRST SEEN BY YOU	M.
WHEN ENTERED YOUR PATH	M.
WHEN BRAKES APPLIED	M.

**16** BRAKES

WERE BRAKES APPLIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WHICH BRAKES USED. "Z" CLASS SERVICE BRAKE <input type="checkbox"/> EMERGENCY BRAKE (PEDAL TO FLOOR) <input type="checkbox"/> DEAD MAN PEDAL OPERATED <input type="checkbox"/> SAND USED MANUALLY <input type="checkbox"/> GONG SOUNDED <input type="checkbox"/> HOW FAR DID TRAM TRAVEL AFTER IMPACT? .....	<input checked="" type="checkbox"/> BEFORE IMPACT <input type="checkbox"/> AFTER IMPACT "W" CLASS AIR BRAKE APPLIED <input type="checkbox"/> FIRST EMERGENCY <input type="checkbox"/> FOURTH EMERGENCY <input type="checkbox"/> GONG SOUNDED <input type="checkbox"/>
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**17** INSURANCE

DID YOU SFE PREVIOUS DAMAGE ON THE VEHICLE?  YES  NO

IF YES STATE WHERE AND HOW MUCH .....

DID DRIVER SAY HE WAS INSURED?  YES  NO

IF YES - NAME OF COMPANY STATE INSURANCE

**18** OTHER TRAMWAY VEHICLES

WERE OTHER TRAMWAY VEHICLES NEARBY?  YES  NO

IF YES - GIVE FULL PARTICULARS (NO., NAME, ETC.) .....

**19** WARNING DID YOU GIVE WARNING OF DANGER?

YES  NO  IF YES STATE HOW AND WHEN? .....

DID OTHER VEHICLE/PEDESTRIAN GIVE WARNING OF DANGER? YES  NO


COLLISIONS - TRAMS

20 SOBRIETY

WAS OTHER DRIVER/PEDESTRIAN/PERSONS IN COMPANY SOBER? YES  NO

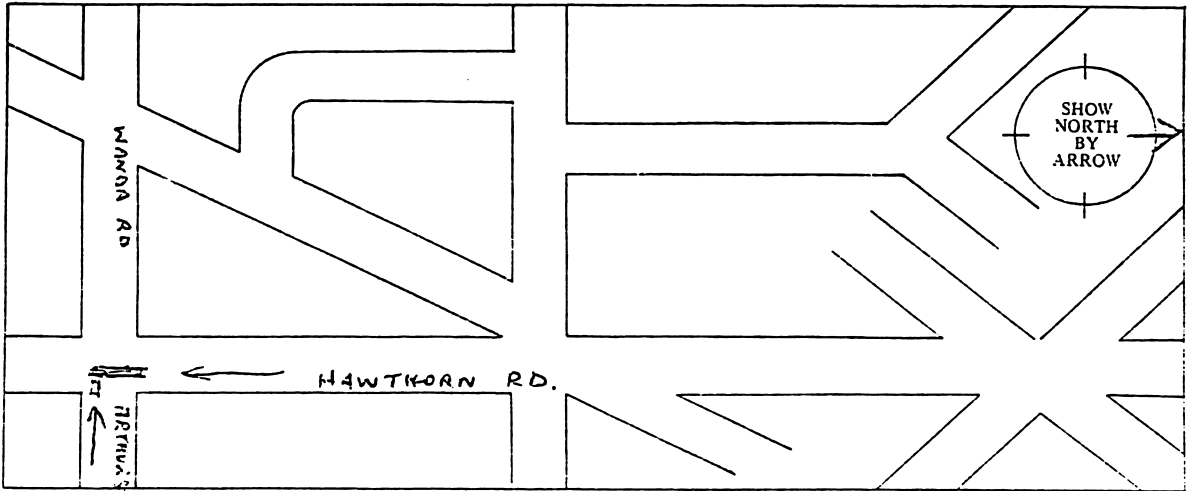
21 WITNESSES

(GIVE ALL AVAILABLE DETAILS OF ALL WITNESSES AVAILABLE. FAVORABLE OR UNFAVORABLE)

NAME	ADDRESS	Age	Sex	POSITION OF WITNESS
R. BROWN	107 KOOYONG RD. MALVERN	40	F	FRONT SALOON NEAR SIDE
F. WHITE	600 DANDENONG RD. MALVERN	M	35	CENTRE SECTION NEAR SIDE

22 PLAN

ON APPROPRIATE PART OF LOCATION PLAN SHOW TRAM AND OTHER VEHICLE OR PERSON. SHOW DIRECTION BY ARROWS. NAME STREETS.



23 CONVERSATION

DID YOU SPEAK TO PERSON(S) INVOLVED AFTER ACCIDENT? YES  NO

IF YES. STATE WHAT WAS SAID. GIVING ACTUAL WORDS USED IF YOU REMEMBER THEM. ANY ADMISSIONS MADE OR IF PERSON(S) SAID THEY THEMSELVES TO BLAME OR NOT INJURED.

.....  
 .....  
 .....

24 GENERAL DESCRIPTION

DESCRIBE THE ACCIDENT IN YOUR OWN WORDS SAYING WHAT YOU SAW, WHAT YOU HEARD, WHAT YOU DID AND GIVING ANY FURTHER DETAILS YOU CONSIDER IMPORTANT.

I WAS CONDUCTING TRAM 790 AND AS IT CROSSED THE ARTHUR ST INTERSECTION CAR ABC 410 TRAVELLING WEST IN ARTHUR ST ENTERED THE INTERSECTION AND COLLIDED WITH THE SIDE OF THE TRAM. THE DRIVER WAS INJURED SO I RANG RADIO CENTRE AND REQUESTED AN AMBULANCE.

I OBTAINED WITNESSES, ONE OF WHOM, MR BROWN STATED THAT THE CAR HAD ENTERED THE INTERSECTION WITHOUT SLOWING DOWN. INSP JONES ARRIVED ON THE FOLLOWING TRAM AND WE RESUMED SERVICE.

25 SIGNATURE - TO BE SIGNED AND DATED BY EMPLOYEE MAKING REPORT.

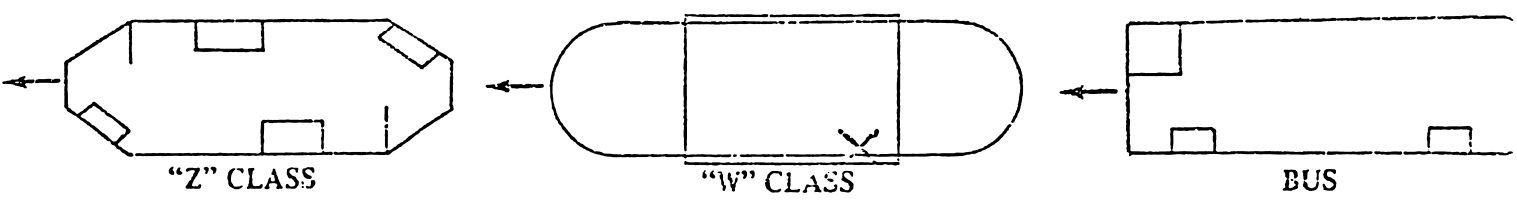
SIGNED ..... DRIVER  CONDUCTOR  No. .... DATED ...../...../19.....  
 CONDUCTRESS

Depot Masters must see that accident reports are tully and properly made out and forward Form 3:397 to Claims Superintendent



FALLS - TRAMS & BUSES

**6** LOCATION OF FALL OR INJURY IN TRAM OR BUS  
SHOW PLACE WHERE PERSON FELL OR WAS INJURED WITH "X"



**7** BEFORE FALL OR INJURY WAS PERSON

SEATED	<input type="checkbox"/>	BOARDING	<input type="checkbox"/>
STANDING	<input checked="" type="checkbox"/>	ALIGHTING	<input checked="" type="checkbox"/>
WALKING INSIDE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
TRAM/BUS			

**8** AFTER ACCIDENT

DID AMBULANCE ATTEND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	AMBULANCE No. <u>45</u>
DID M.M.T.B. OFFICER ATTEND?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO	HOW DID INJURED PERSON LEAVE? .....
DID POLICE ATTEND?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES	NAME ..... BADGE NO. .... STATION .....
REPORTED TO POLICE LATER ON?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES	NAME ..... BADGE NO. .... STATION ..... TIME a.m/p.m. ....
WAS RADIO CENTRE NOTIFIED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	BY WHOM <u>CONDUCTOR</u> AT WHAT TIME <u>2:35</u> p.m.

**9** SIGNATURE  
TO BE SIGNED AND DATED BY EMPLOYEE MAKING REPORT.

\*  
SIGNED .....

<input type="checkbox"/>	DRIVER	No.	Date .....
<input type="checkbox"/>	CONDUCTOR		
<input type="checkbox"/>	CONDUCTRESS		

Depot Masters must see that accident reports are fully and properly made out and forward Form 3/194 per Traffic Department to Claims Superintendent.



## Melbourne and Metropolitan Tramways Board

### FALLS - TRAMS AND BUSES

FORM 3/395

TRAFFIC EMPLOYEES REPORT TO LEGAL ADVISER

FOLIO:

THIS REPORT IS FURNISHED SOLELY FOR THE OPINION AND ADVICE OF THE BOARD'S SOLICITORS AND MUST BE TREATED AS PRIVATE AND CONFIDENTIAL.

RECEIVED BY DEPOT MASTER	RECEIVED CLAIMS BRANCH

NOTE: USE INK/BALL POINT PEN AND PRINT ANSWERS OR TICK IN APPROPRIATE BOXES.

\* **10** DATE & TIME OF ACCIDENT ..... DAY DATE ...../...../19 EXACT TIME 2:30 ~~AM~~ P.M.

**11** PLACE OF ACCIDENT IN BRIDGE <sup>ST. RD.</sup> ~~RD.~~ <sup>AVE.</sup> INTERSECTION OR NEAREST STREET COPPIN <sup>ST. RD.</sup> ~~RD.~~ <sup>AVE.</sup> POLE No. 25 STOP No. 25

**12** CREW POSITION - AT TIME OF ACCIDENT  
 DRIVER IN CABIN CONDUCTOR/ESS REAR SALOON

**13** PASSENGER LOAD (APPROX. NO.) 30

**14** SPEED:- AT TIME OF FALL OR ACCIDENT  
 MOVING  
 STATIONARY  
 STARTING TO MOVE  
 STOPPING  
 GIVE SPEED 10 KM P.H.

**15** BRAKES:- WERE BRAKES APPLIED?  
 YES  NO  
 BEFORE ACCIDENT  AFTER ACCIDENT  
 WHICH BRAKES APPLIED  NORMAL (SERVICE)  EMERGENCY

IF EMERGENCY BRAKES APPLIED - GIVE REASON .....  
 WERE BRAKES APPLIED TO AVOID RISK OF COLLISION WITH ANOTHER VEHICLE  YES  NO

IF YES, GIVE ALL POSSIBLE DETAILS OF OTHER VEHICLE  
 TYPE (CAR, S/WAGON, VAN, TRUCK, M/CYCLE, ETC.) .....  
 MAKE/MODEL .....  
 REGISTRATION NO. ....  
 COLOR .....  
 FURTHER DETAILS .....

**16** OTHER TRAMWAY VEHICLE  
 WERE OTHER TRAMWAY VEHICLES NEARBY  YES  NO IF YES, GIVE FULL PARTICULARS CAR 675 N. SALWYN

**17** WITNESSES (GIVE ALL AVAILABLE DETAILS OF ALL AVAILABLE WITNESSES, FAVORABLE OR UNFAVORABLE)

NAME	ADDRESS	Age	Sex	POSITION OF WITNESS
MR. R. WEBBER	10 THROUGH RD. BURWOOD			HDM CENTRE SECTION
MR. J. WATTS	17 WARRIGAL RD. BURWOOD			HSM REAR SALOON

COMMENTS BY WITNESSES? MR WEBBER SAID THAT MR GLEESON SEEMED TO BE IN A HURRY TO LEAVE THE TRAM

FALLS - TRAMS AND BUSES

18 CONVERSATION

DID YOU SPEAK TO PERSON INVOLVED AFTER ACCIDENT?

YES  
 NO

IF YES, STATE WHAT WAS SAID, GIVING ACTUAL WORDS USED IF YOU REMEMBER THEM. ANY ADMISSIONS MADE OR IF PERSON SAID THEY THEMSELVES TO BLAME OR NOT INJURED.

I ASKED MR. GLEESON WHY HE DIDNT WAIT UNTIL THE TRAM STOPPED AND HE REPLIED THAT HE THOUGHT IT HAD STOPPED

19 SOBRIETY

WAS PERSON SOBER

YES   
NO

20 GENERAL DESCRIPTION - DESCRIBE THE ACCIDENT IN YOUR OWN WORDS SAYING WHAT YOU SAW, WHAT YOU HEARD, WHAT YOU DID AND GIVING ANY FURTHER DETAILS YOU CONSIDER IMPORTANT.

I WAS IN CHARGE OF TRAM 630 TRAVELLING EAST IN BRIDGE RD WHEN THE TRAM SLOWED DOWN TO MAKE A STOP AT COPPIN ST. MR GLEESON MOVED DOWN ON TO THE STEP AT REAR EXIT. I CALLED OUT "WAIT TILL THE TRAM STOPS". HE SAID NO NEED, STEPPED OFF THE MOVING TRAM AND FELL TO THE ROADWAY. HE APPEARED TO HAVE BROKEN HIS LEFT ARM.

I RANG RADIO CENTRE AND ASKED FOR AN AMBULANCE WHICH TOOK MR GLEESON TO THE ALFRED HOSPITAL

HE STATED IN FRONT OF THE WITNESSES THAT HE THOUGHT THE TRAM WAS STOPPED

SERVICE RESUMED . 2.43 PM

21 SIGNATURE

TO BE SIGNED AND DATED BY EMPLOYEE MAKING REPORT



SIGNED .....

DRIVER  
 CONDUCTOR  
 CONDUCTRESS

No. .... DATE / /19