

COLLISIONS - TRAMS
TRAFFIC EMPLOYEES ACCIDENT REPORT

DEPOT	DATE RECEIVED IN HEAD OFFICE	DEPOT CODE No.
	TRAFFIC DEPARTMENT	
	TRAFFIC PERSONNEL OFFICER	
	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. 996 ROUTE No. 42 DESTINATION MONT ALBERT UP
 DRIVER JACOB No. 1234 DOWN
 CONDUCTOR ~~KYS~~ WILLIAMS No. 3456 TERMINUS
 TABLE No. 103

2 DATE & TIME OF ACCIDENT FRIDAY, DAY DATE 11 / 7 / 80 EXACT TIME 10.15 A.M. ~~P.M.~~

3 PLACE OF ACCIDENT

IN COTHAM ~~KX~~ INTERSECTION OR NEAREST STREET EGGLINGTON ~~ST~~ POLE No. 123
~~RD.~~ ~~AVE.~~ STOP No. _____

4 CONDITIONS AT TIME OF ACCIDENT

<p>TRAM TRACK</p> <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> BAD <input type="checkbox"/> WET <input type="checkbox"/> DRY (On DEBRIS Track) <input type="checkbox"/> GREASY <input type="checkbox"/> FROSTY	<p>ROAD</p> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>WEATHER</p> <input type="checkbox"/> WET <input checked="" type="checkbox"/> DRY	<p>VISIBILITY</p> <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> BAD	<p>ROAD GRADE</p> <input checked="" type="checkbox"/> LEVEL <input type="checkbox"/> UPGRADE <input type="checkbox"/> DOWN GRADE
LIGHTING				
<p>TRAM</p> <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF <input type="checkbox"/> HEADLIGHTS NO. 1 END <input type="checkbox"/> HEADLIGHTS NO. 2 END	<p>STREET</p> <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	<p>TIME OF DAY</p> <input checked="" type="checkbox"/> DAWN <input 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	Sob-er?	DAMAGE DETAILS
<u>AKY483</u>	<u>J. BREMNER</u>	<u>31 Disraeli Street, KEW</u>	<u>41</u>	<u>M.</u>	<u>YES</u>	<u>Rear nearside tail light and bumper bar.</u>

IF DRIVER NOT THE OWNER, STATE OWNER'S NAME _____

ADDRESS _____ REG. No. _____

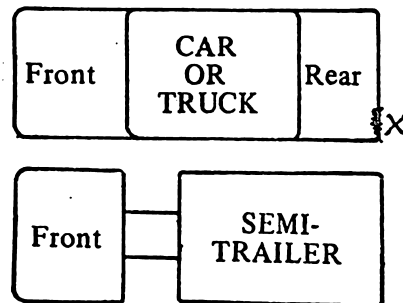
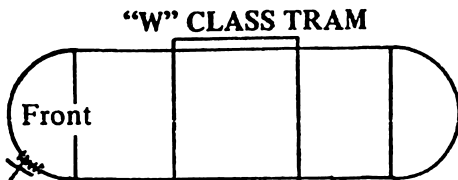
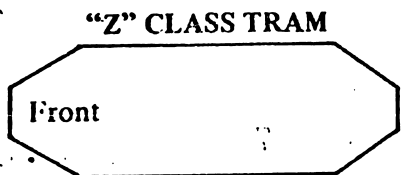
COLLISIONS - TRAMS

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
/	/			/
/	/			/
/	/			/
/	/			/
/	/			/
/	/			/
/	/			/
/	/			/
/	/			/

7 TRAM DAMAGED YES NO IF YES GIVE DETAILS SLIGHT PAINT DAMAGE

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



WHAT CAUSED COLLISION?

Motor vehicle attempting right hand turn in front of tram.

8 AFTER ACCIDENT

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

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

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

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

DID M.M.T.B. OFFICER ATTEND? YES NO IF YES NAME _____ No. _____

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

SIGNED M. JACOB. *M. Jacobs*

DRIVER
 CONDUCTOR
 ATTENDANT

No. 1234 Date 11/7/19 80

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
 FRIDAY DAY DATE 11 / 7 / 19 80 EXACT TIME 10.15 A.M.

11 PLACE OF ACCIDENT
 IN COTHAM ~~RD.~~ INTERSECTION OR NEAREST STREET EGGLINGTON ST. ~~AVEX~~
 POLE No. 123 STOP No.

12 CREW POSITION AT TIME OF ACCIDENT
 DRIVER DRIVERS CABIN CONDUCTOR/~~KS~~ Middle of Tram

13 PASSENGER LOAD (APPROX. NO.) 60-70

14 SPEED

	TRAM	VEHICLE/PEDESTRIAN
SPEED WHEN VEHICLE/PEDESTRIAN FIRST SEEN	Approx 40 KM.	60 Approx. KM.
SPEED ON IMPACT	Approx 8 KM.	NIL KM.
DIRECTION OF TRAVEL	South	South/West

15 DISTANCE AWAY
 HOW FAR WAS OTHER VEHICLE OR PEDESTRIAN AWAY FROM YOU

WHEN FIRST SEEN BY YOU	Approx 3 M.
WHEN ENTERED YOUR PATH	Approx 6 M.
WHEN BRAKES APPLIED	Approx 4 M.

16 BRAKES

WERE BRAKES APPLIED? YES NO

WHICH BRAKES USED. "Z" CLASS

SERVICE BRAKE
 EMERGENCY BRAKE (PEDAL TO FLOOR)
 DEAD MAN PEDAL OPERATED
 SAND USED MANUALLY
 GONG SOUNDED

"W" CLASS

AIR BRAKE APPLIED
 FIRST EMERGENCY
 FOURTH EMERGENCY
 GONG SOUNDED

HOW FAR DID TRAM TRAVEL AFTER IMPACT? APPROX. 1 METER

17 INSURANCE

DID YOU SEE PREVIOUS DAMAGE ON THE VEHICLE? YES NO

IF YES STATE WHERE AND HOW MUCH STATE INSURANCE

DID DRIVER SAY HE WAS INSURED? YES NO

IF YES - NAME OF COMPANY

18 OTHER TRAMWAY VEHICLES

WERE OTHER TRAMWAY VEHICLES NEARBY? YES NO

IF YES - GIVE FULL PARTICULARS (NO., NAME, ETC.) TRAM 563 Run K41 Driver Kennedy No.779.

19 WARNING DID YOU GIVE WARNING OF DANGER? YES NO

IF YES STATE HOW AND WHEN? NO TIME

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

