Melbourne and Motropolitan Transways Board

FORM 3/396

<u>COLLISIONS – TRAMS</u> TRAFFIC EMPLOYEES ACCIDENT REPORT

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DEPOT	DATE RECEIVED IN HEAD OFFICE		DEPOT	CODE No.
	TRAFFIC DEPARTMENT			
	TRAFFIC PERSONNEL OFFICER	PAY FOR REPORT		***************************************
	CLAIMS BRANCH			
FE: USE INK/BALL POINT PE	N AND PRINT ANSWERS OR TICK IN APPRO	PRIATE BOXES	·	
		FROM No. 1 END		
Л.M.T.B. VEHICLE AND		No. 2 END		
RAM No. 996 ROUTE N	No. 42 DESTINATION MON	T ALBERT		UP
				DOWN
	I AMS.		3456	TERMINUS TABLE No. 1
DATE & TIME OF ACCI	DENT FRIDAY,	DAY DATE	/19 EX	(ACT 10.15 ME
·	DENT FRIDAY,			(ACT 10.15 ME
PLACE OF ACCIDENT	WWmun anaryou op	n De Kist en	ST POL	.E No123
PLACE OF ACCIDENT COTHAM CONDITIONS AT TIME	XX INTERSECTION OR E RD. NEAREST STREET	n De Kist en	ST POL	ACT 10.15 ME 123
PLACE OF ACCIDENT COTHAM CONDITIONS AT TIME	XX INTERSECTION OR E RD. NEAREST STREET	n De Kist en	ST POL	.E No P No
COTHAM COTHAM CONDITIONS AT TIME TRAM TRACK GOOD BAD WET DRY (On DEBRIS Track)	MX INTERSECTION OR E RD. NEAREST STREET AXX OF ACCIDENT	GGLINGTON	ST POL XXX XXXE STO	.E No
PLACE OF ACCIDENT COTHAM CONDITIONS AT TIME TRAM TRACK GOOD BAD WET DRY (On	MX INTERSECTION OR E RD. NEAREST STREET AXX OF ACCIDENT OAD WEATHER WET DRY	VISIBILITY GOOD BAD	ST POL PASS STO PASS STO ROAD GRAD LEVEL UPGRADE DOWN GRAD	.E No
PLACE OF ACCIDENT COTHAM CONDITIONS AT TIME TRAM TRACK GOOD BAD BAD BAD BAD BAD BAD BAD BAD BAD BA	MX INTERSECTION OR E RD. NEAREST STREET AXX OF ACCIDENT OAD WEATHER WET DRY	VISIBILITY GOOD BAD	ST. POL XXX STC XXX STC ROAD GRAD LEVEL UPGRADE	.E No

5 OTHER VEHICLES INVOLVED IN COLLISION

REG. No.	DRIVER'S NAME	ADDRESS (Attach List if Necessary)	Age	Sex	Sob-	DAMAGE DETAILS
AKY483	J.BREMNER	31 Disraeli Street, KEW	41	1		Rear nearside
7.1017						tail light and
						bumper bar.
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IF DRIVER NOT THE OWNER, STATE OWNER'S NAME	
ADDRESS	REG. No.

COLLISIONS - TRAMS

NAME	ADD	RESS (Attach	List if Necessa	ry)	Age	Sex		NATURE (OF INJURY	
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./		•••••						•••••	•••••	
TRAM DAMAGED	YES	IE VEC CI	VE DETAILS	Suc	нт	ρ	21817 /	Damacs	÷	
MARK POINT OF IMPACT (NO (X) ON APPROI							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	······	•••••
"Z" CLASS TRA			"W" CLA			_	•	Front	CAR OR TRUCK	Re
(P		Erant							<u> </u>	
Front		Front						Front	SEI	
Moto	ON?	e attempt	ting rig	ht han	d t	urn	in fro	ont of t	ram.	:
		e attempt	ting rig	ht han	d tı	urn	in fro	ont of t	ram.	
AFTER ACCIDENT DID AMBULANCE ATTENI	r vehicle	3 IF YES A	MBULANCE N	lo		-				
AFTER ACCIDENT	r vehicle	IF YES AI	MBULANCE N	lo	SON	LEAV	E?			• • • • • • • • • • • • • • • • • • • •
AFTER ACCIDENT DID AMBULANCE ATTEND?	r vehicle	IF YES AI IF NO - H	MBULANCE N HOW DID INJU	lo	SON	LEAV	E?			-
AFTER ACCIDENT DID AMBULANCE ATTEND? DID POLICE ATTEND? REPORTED TO POLICE LATER ON? WAS RADIO CENTRE	r vehicle Preserved to the preserved to	IF YES AI IF NO - F IF YES -	MBULANCE N HOW DID INJU NAME	JO	SON I	LEAV	E?ADGE No.	ATION	STATION TIME a.m./p.m,	
AFTER ACCIDENT DID AMBULANCE ATTEND DID POLICE ATTEND? REPORTED TO POLICE LATER ON? WAS RADIO CENTRE NOTIFIED? DID M.M.T.B. OFFICER	r vehicle YES NO YES NO YES NO YES NO YES NO YES	IF YES AI IF NO - F IF YES IF YES IF YES	MBULANCE N HOW DID INJU NAME NAME	JOJRED PER	SON I	LEAV	E?ADGE No.	ATION	STATION TIMEa.m./p.m	a.m.
AFTER ACCIDENT DID AMBULANCE ATTEND DID POLICE ATTEND? REPORTED TO POLICE LATER ON? WAS RADIO CENTRE NOTIFIED? DID M.M.T.B. OFFICER ATTEND?	r vehicle Preserved to the preserved to	IF YES AI IF NO - F IF YES - IF YES IF YES IF YES	MBULANCE N HOW DID INJU NAME NAME BY WHOM	Jo	SON I	LEAV	E?ADGE No.	ATION	STATION	a.m.
AFTER ACCIDENT DID AMBULANCE ATTEND DID POLICE ATTEND? REPORTED TO POLICE LATER ON? WAS RADIO CENTRE NOTIFIED? DID M.M.T.B. OFFICER	r vehicle YES NO YES NO YES NO YES NO YES NO	IF YES AI IF NO - F IF YES - IF YES IF YES IF YES	MBULANCE N HOW DID INJU NAME BY WHOM	JOJRED PER	SON I	LEAV	E?ADGE No.	ATION	STATION TIMEa.m./p.m	a.m.

Melbourne and Metropolitan Tramways Board

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

P	PRIVATE AND CONFIDENTIAL.	
	RECEIVED BY DEPOT MASTER	RECEIVED CLAIMS BRANCH
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_ 	NOTE: USE INK/BALL POINT PEN AND PRINT ANSWERS OR TICK IN A	APPROPRÍATE BOXES.
و	DATE & TIME OF ACCIDENT	
	F	RIDAY DAY DATE 11, 7, 19 80 EXACT 10.15 EXECT
٦	1	
נ	J PLACE OF ACCIDENT IN COTHAM RD INTERSECTION OR	POLE No
	IN COTHAM RD. INTERSECTION OR NEAREST STREET	AWEX STOP No
2	CREW POSITION AT TIME OF ACCIDENT	
	DRIVER CABIN CONDU	word Middle of Tram
7	7	JCTOR/ASS
3]	PASSENGER LOAD (APPROX. NO.) 60-70	
	7	
1	J SPEED TRA	AM 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
5	DISTANCE AWAY	
	HOW FAR WAS OTHER VEHICLE OR PEDESTRIAN AWAY FROM YO	ati
	WHEN FIRST SEEN BY YOU App	rox 3 M.
	WHEN ENTERED YOUR PATH App	rox 6 M.
_	WHEN BRAKES APPLIED App	rox 4 M.
	BRAKES	
	WERE BRAKES APPLIED? WHICH BRAKES USED NO	BEFORE IMPACT
	WHICH BRAKES USED. NO "Z" CLASS	"W" CLASS
	SERVICE BRAKE EMERGENCY BRAKE (PEDAL TO FLOOR)	AIR BRAKE APPLIED FIRST EMERGENCY
	DEAD MAN PEDAL OPERATED SAND USED MANUALLY	FOURTH EMERGENCY GONG SOUNDED
	GONG SOUNDED HOW FAR DID TRAM TRAVEL AFTER IMPACT?	ROX. INETER
7	1	· · · · · · · · · · · · · · · · · · ·
L	INSURANCE DID YOU SEE PREVIOUS DAMAGE ON THE VEHICLE?	
		YES NO
	IF YES STATE WHERE AND HOW MUCH DID DRIVER SAY HE WAS INSURED?	STATE INSURANCE
	IF YES – NAME OF COMPANY	L I NO
~	1 125 / / / / / COMP 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	OTHER TRAMWAY VEHICLES	
	WERE OTHER TRAMWAY VEHICLES NEARBY?	YES
	IF YES - GIVE FULL PARTICULARS (NO., NAME, ETC.)	563 Run K41 Driver Kennedy No.779.
1		
J	WARNING DID YOU GIVE WARNING OF DANGER?	YES IF YES STATE HOW AND WHEN?
		NO TIME

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

20	SOGRIETY	COURSIONS - TRASIS		e . 🏡					
teranego d	WAS OTHER DRIVER/PEDESTRIAN/PE	RSONS IN COMPANY SOBER? YES							
		NO [V] ?							
21	WITNESSES ·								
	(GIVE ALL AVAILABLE DETAILS OF A	LL WITNESSES AVAILABLE, FAVORABLE OR UNFAVO	ORABLE)						
	NAME	ADDRESS	Age Sex	POSITION OF WITNESS					
	Mrs.A. Keneally	5/61 Albion St, Surrey Hills	50s F	Front nearside					
				saloon					
	Mr. E. Thomas	156 Cotham Rd, Kew.	45 M	Offside footpath					
		·							
22	PLAN								
	ON APPROPRIATE PART OF LOCATIO	N PI AN							
	SHOW TRAM AND OTHER VEHICLE OF SHOW DIRECTION BY ARROWS, NAME	R PERSON.	•						
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		1		ARROW T					
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- 1		NO		\ \ \ \					
		GEINGTON	\ \	`					
}		LE COTHEM RO.		\ \ \ \ _					
		>== <							
				/ / \ \					
<u>—</u>									
23	CONVERSATION								
	DID YOU SPEAK TO PERSON(S)		YES NO						
	IF YES, STATE WHAT WAS SAI PERSON(S) SAID THEY THEMSE	D, GIVING ACTUAL WORDS USED IF YOU REMEMBE LVES TO BLAME OR NOT INJURED.	R THEM, AN	Y ADMISSIONS MADE OR IF					
•••									
•••		Details Only.	***************************************						
			••••••	••••••					
	GENERAL DESCRIPTION								
24	DESCRIBE THE ACCIDENT IN YOUR ANY FURTHER DETAILS YOU CONS	. OWN WORDS SAYING WHAT YOU SAW, WHAT YOU E IDER IMPORTANT.	iEARD, WHA	F YOU DID AND GIVING					
	On route to City	a motor vehicle overtook tram o	on nears:	ide and suddenly					
•••		nd stopped intending to make a ri							
•••				***************************************					
•••	indicator operating before stopping, I immediately applied 1st emergency brake when I realized his intention, unfortunately in the short distance I had, I was								
•••		ion. Names and Addresses were ex							
•••									
•••		ice, Radio Centre was not notifie							
	siight paint damage to	tram and I did not require a cha	ngeover	n					
•••									
			••••••••						
			• • • • • • • • • • • • • • • • • • • •						

GIGNATURE 10 BE SIGNED AND DATED BY EMPLOYEE MAKING REPORT.

DRIVER

CONSULT M. 1234 DATED 11 7 19 2