

SYDNEY TRAMWAY MUSEUM

ACCIDENT REPORT FORM

JULY 2010

SYDNEY TRAMWAY MUSEUM
Accident Report Form

Please print answers in block letters in the spaces provided or cross out whichever does not apply.

NOTE: This form must also be used when a tram derailment occurs.

1. Date and Time of Accident

Day _____ Date _____ Exact time _____ AM / PM

2. Location of Accident (*Street Name, Nearest Intersection, Landmarks, Kilometre Mark, etc*)

3. Type of Accident

Tram Ahead Collision Road Vehicle Pedestrian Level Crossing OTHER

If OTHER type of accident, give brief description _____

4. STM Vehicle Details

STM Vehicle No. _____ Type: _____

Crew position at time of accident: Driver _____ Conductor _____

End from which vehicle was being driven (No.1 or No. 2) _____

5. Other Vehicle / Pedestrian Details

TRAM CAR BUS TRUCK BICYCLE MOTOR CYCLE OTHER _____

Registration No. _____ State _____ Make _____ Colour _____

Name of driver of other vehicle / pedestrian _____

Address _____

_____ Postcode _____

6. Speed

Speed when vehicle/pedestrian first seen STM Vehicle _____ kph VEHICLE/PEDESTRIAN _____ kph

Speed on impact STM Vehicle _____ kph VEHICLE/PEDESTRIAN _____ kph

Direction of travel STM Vehicle _____ VEHICLE/PEDESTRIAN _____

7. Distance

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How far was the other vehicle / pedestrian away from you?

When first seen by you? _____ Metres

When it entered your path? _____ Metres

When you applied your brakes? _____ Metres

8. Brakes

Were brakes applied by you? YES NO BEFORE IMPACT AFTER IMPACT

Which brakes were applied?

AIR BRAKE HAND BRAKE 1ST EMERGENCY 2ND EMERGENCY 3RD EMERGENCY 4TH EMERGENCY

Gong/Horn sounded? YES NO

9. Insurance

Did you see previous damage on vehicle involved? YES NO

If yes, give details

Did the driver say if the vehicle was insured? YES NO

If yes, what was the name of the company? _____

10. Other STM Vehicles

Were other STM vehicles (rail or road) nearby? YES NO

If yes, give details (vehicle number, driver's name, etc.)

11. 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

If yes, state how and when _____

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12. Drug and Alcohol

Alcohol Test of STM personnel involved? YES/NO NEGATIVE POSITIVE
 Details _____

Alcohol Test of Other Driver(s) involved? YES/NO NEGATIVE POSITIVE
 Details _____

Drug Test of STM personnel involved? YES/NO NEGATIVE POSITIVE Details _____

Drug Test of Other Driver(s) involved? YES/NO NEGATIVE POSITIVE Details _____

Details of Person Carrying Out Drug & Alcohol Assessment _____

13. Witnesses

Give details of all witnesses to the accident, favourable or unfavourable:

NAME	ADDRESS	PHONE	AGE	SEX	Location at time of accident
1					
2					
3					
4					
5					

14. Emergency Services in Attendance

Police YES NO Officer's name: _____ No. _____ Station _____

Ambulance YES NO Officer's name: _____ Ambulance No. _____

Fire Brigade YES NO Fire truck number _____

Other YES NO Details _____

15. Injured Persons

Give details of all injured persons:

Name	Address	Phone	Age	Sex
1				
2				
3				
4				

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5				
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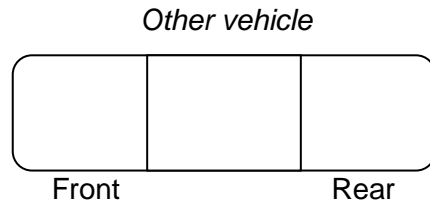
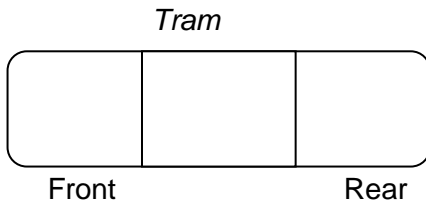
Location of injured person at time of accident	Nature of injuries	How did they leave the scene
1		
2		
3		
4		
5		

16. Damage

STM Vehicle damaged? YES / NO If yes, give details _____

Other vehicle damaged? YES / NO If yes, give details _____

Mark the point of impact with an X:



17. Conditions at Time of Accident

Track		Road
	Good	
	Bad	
	Wet	
	Dry	
	Leaves	
	Greasy	
	Frosty	

Track Grade: Level Up Grade Down Grade

Road Grade: Level Up Grade Down Grade

Lighting: **STM Vehicle Lights** OFF ON Headlights 1 End Headlights 2 End

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Street Lights OFF ON

18. Conversation

Did you speak to the person(s) involved after the accident? YES NO

If yes, state what was said, giving the exact words used if you remember them, and any admissions they made or if they said they were to blame, or if they said they were not injured:

19. Other Details

Describe the accident in your own words, saying what you saw, what you heard, what you did, and any other details you consider important:

20. Diagram

Draw a diagram of the accident scene, showing the positions of all vehicles and any injured persons at the point of impact, and the direction of travel.

Report completed by:

Name: _____ Position: _____

Signature: _____ Date: _____ Member No.: _____

Rail Safety Manager:

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Signature: _____ Date: _____ Member No.: _____

Verbal Notification to OTSI: YES NO Date _____ Time _____

Written Notification to OTSI: YES NO Date _____ Time _____

Verbal Notification to ITSr: YES NO Date _____ Time _____

Written Notification to ITSr: YES NO Date _____ Time _____

Investigation Convened: YES NO Details _____

Occurrence No.: _____

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