



# Incident Investigation Report

**INCIDENT NUMBER:** 023397

## PERSONAL DETAILS

**Business Unit** Gympie QAS Station

**Surname**

s.47(3)(b)

**Payroll No.** s.47(

**First Name**

**Other (ie. contractor)**

**Residential Address**

**Contact No:**

**Email**

**Gender**

**Date of Birth**

**Preferred Language**

## EMPLOYMENT DETAILS

s.47(3)(b)

## INCIDENT DETAILS

**Incident Date** s.11/2013

**Incident Time** 12:00

**Brief Description of Incident**

RTC while responding to Code 1

**Where Incident Occurred**

Travel - enroute to emergency scene (eg responding to code)

**Physical Address Where Incident Occurred**

Cnr Monkland St and Bruce H'Way

**Suburb** Gympie

**Post Code** 4570

**What were you doing at the time?**

**Detailed Description of Incident:**

Travelling South through controlled intersection, responding to a Code 1 case. Ambulance stopped and then proceeded with caution through intersection on a red light. Ambulance w. struck on the Passenger rear wheel by a station wagon travelling west through the intersection. The impact caused the ambulance to roll onto its driver side and slide through the remainder of the intersection. s.47(3)(b)

s.47(3)(b)

**Body Location of Injury**

s.47(3)(b)

## WITNESS DETAILS

**INCIDENT NUMBER:** 023397

**PERSON COMPLETING THIS FORM (if different from the injured / exposed person)**

Surname

First Name

Contact No.

Email

Position Title

**SUPERVISOR DETAILS (of the injured / exposed person)**

Surname Sachs

First Name Wayne

Contact No. 07 5480 5480

Email wayne.sachs@dcs.qld.gov.au

Position Title Officer in Charge Gympie Station

**DETAILS OF TREATMENT**

s. 47(3)(b)

**RELATED INCIDENTS**

**ATTACHMENTS**

**Attachment Type** Content/JPEG Image  
**Date Attached** s. /11/2013  
**Description** Ambulance Fleet No s. 4 Photo 3 - Accident s. 1113 at Gympie.jpg  
**File Name** Ambulance Fleet No Photo 3 - Accident 1113 at Gympie.jpg  
**File Type** JPEG Image

**Attachment Type** Content/JPEG Image  
**Date Attached** s. /11/2013  
**Description** Ambulance Fleet No s. 4 Photo 2 - Accident s. 1113 at Gympie.jpg  
**File Name** Ambulance Fleet No Photo 2 - Accident 1113 at Gympie.jpg  
**File Type** JPEG Image

**Attachment Type** Content/JPEG Image  
**Date Attached** s. /11/2013  
**Description** Ambulance Fleet No s. 4 Photo 1 - Accident s. 1113 at Gympie.jpg  
**File Name** Ambulance Fleet No Photo 1 - Accident 1113 at Gympie.jpg  
**File Type** JPEG Image

**CLASSIFICATION**

**Person with Ownership of the Investigation**

**Name** Broomfield, Chris

**Email** chris.broomfield@dcs.qld.gov.au

**Contact No.** 07 5420 9997

**Investigating Officer**

**Name** Sachs, Wayne

**Email** wayne.sachs@dcs.qld.gov.au

**Contact No.** (07) 5480 5480

**Investigation Due Date** 19/12/2013

**Person Responsible for Investigation Review**

**Name** Broomfield, Chris

**Email** chris.broomfield@dcs.qld.gov.au

**Contact No.** 07 5420 9997

**Classification**

**Incident Class** s.47(3)(b) **Incident Classification** Class C

**Has an external agency been notified of the incident?** Yes

**Has an external investigator been engaged for this incident as per WHS Incident Classification and Action Guide?** No

**Agencies Notified**

**Agency** Qld Police Service

**INVESTIGATION**

**What task was being performed at the time of the incident?**

Ambulance vehicle was travelling Code 1 through intersection when another vehicle collided into vehicle on left passenger side, causing vehicle to roll onto the driver's side

**Describe the damage or injuries sustained:**

s.47(3)(b)

**Provide detailed location information:**

Intersection of the Bruce Highway and Monkland Street, Gympie

**Describe any other circumstances leading to the incident:**

Ambulance moving through intersection and proceeding with caution through a red light, when collision occurred

**Provide a detailed description of the incident (ie. sequence of events):**

Ambulance proceeding on a Code 1 response. Ambulance stopped and proceeded with caution through red light when it was struck on left hand side and overturned from impact of vehicle it collided with

**Summarise the process used to conduct the investigation:**

Personal interview of officers

**Incident from**

**Incident to**

s./11/2013

s./11/2013

**Equipment**

**Equipment Type**

QAS - Vehicles

**Make & Model**

Mercedes Benz 318/319 Acute Single

**Asset / Vehicle Regn**

s.47(3)

**Serial / Unit No.**

s.47(3)

**Comments**

s.47(3)(b)

**Causes & Contributing Factors**

**INCIDENT NUMBER:** 023397

**Category**

Conditions - Visibility

**Causes and Contributing Factors**

Obscured

**Other Causes and Contributing Factors**

Proceeding code 1 through controlled intersection through a red light, after first stopping and proceeding with caution

**RECOMMENDATIONS**

**Immediate Actions Taken**

**Immediate Actions Taken To Control the Hazard and Reduce the Risk**

**Category**

**Priority**

s.47(3)(b)

**Further Actions Required**

**Further Actions Required to Control the Hazard and Reduce the Risk**

**Category**

**Priority**

s.47(3)(b)

**Actions**

<b>Action No.</b>	062216	<b>Date Assigned</b>	s.11/2013	<b>Status</b>	Closed	<b>Status Date</b>	s./11/2013
<b>Action Type</b>	s.47(3)(b)	<b>Due Date</b>	30/12/2013				
<b>Category</b>							
<b>Started On</b>		<b>Completed On</b>					
<b>Priority</b>	High						

<b>Assigned By</b>	Sachs, Wayne	<b>On Behalf Of</b>	
<b>Assigned To</b>	Sachs, Wayne	<b>Action By</b>	Sachs, Wayne
<b>Responsible</b>	Sachs, Wayne	<b>Closed By</b>	Broomfield, Chris

**Action to be Taken** s.47(3)(b)

**Description** s.47(3)(b)

**Comments**

**Person with Ownership of Investigation**

**Have you allocated all recommended actions from the investigation?** Yes

**CLOSE OUT**

**Investigating Officer**

**Name** Sachs, Wayne **Email** wayne.sachs@dcs.qld.gov.au

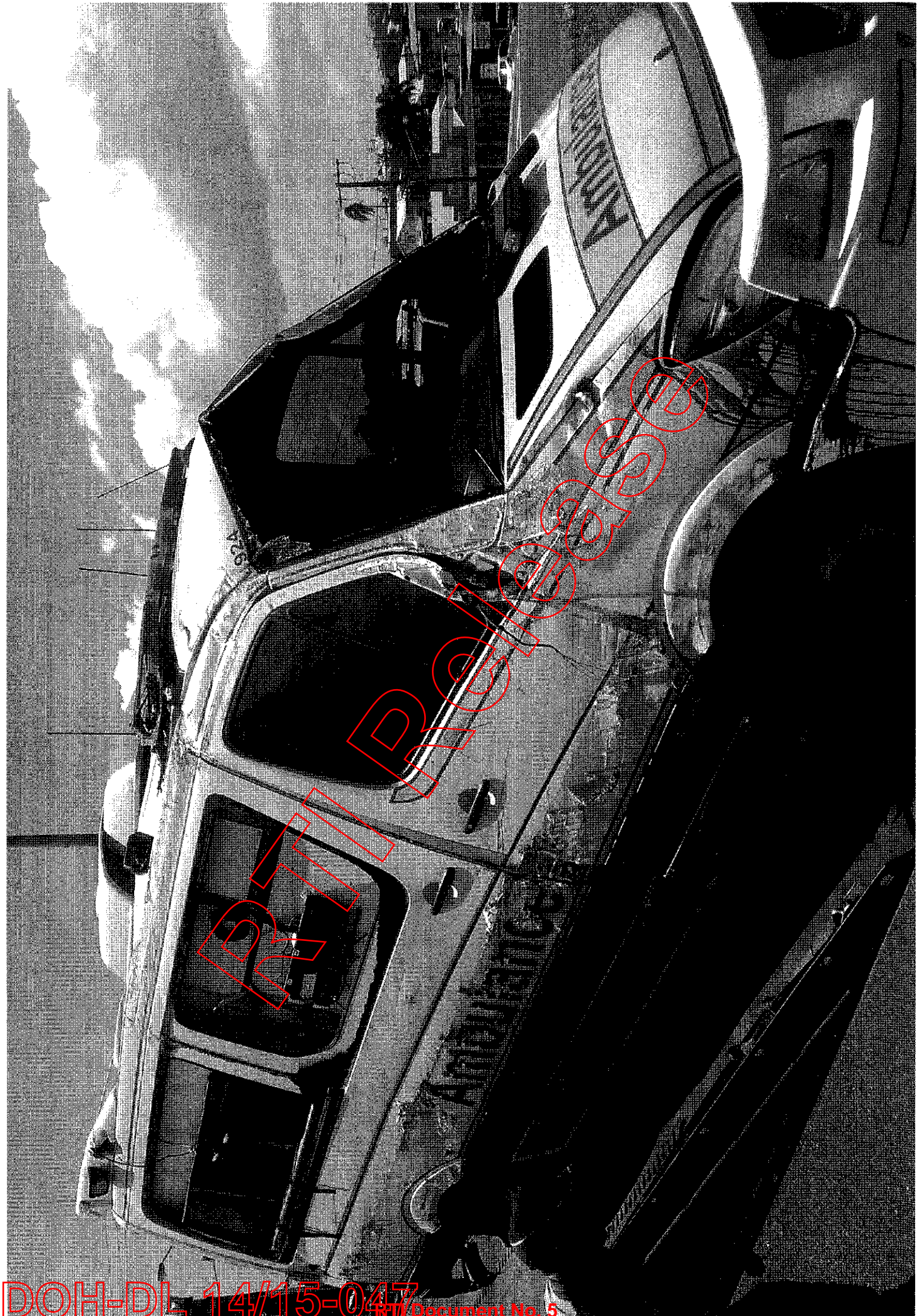
**Contact No.** (07) 5480 5480

**Conclusion**

16/12/2013

**Time** 18:45













DOH-DL 14/15-047

BTI Document No. 7





# Incident Investigation Report

**INCIDENT NUMBER:** 023410

## PERSONAL DETAILS

**Business Unit** Gympie QAS Station

**Surname** s.47(3)(b)  
**First Name**  
**Residential Address**  
**Contact No:**  
**Email**  
**Gender**  
**Date of Birth**

**Payroll No.** s.47(3)

**Other (ie. contractor)**

**Preferred Language**

## EMPLOYMENT DETAILS

s.47(3)(b)

## INCIDENT DETAILS

**Incident Date** s.11/2013

**Incident Time** 12:00

**Brief Description of Incident** responding code 1 other vehicle hit ambulance rolled over

**Where Incident Occurred** Travel - enroute to emergency scene (eg responding to code)

**Physical Address Where Incident Occurred** cnr bruce hwy and monkland st

**Suburb** Gympie **Post Code** 4570

**What were you doing at the time?** driving

**Detailed Description of Incident:** s.47(3)(b)

## Body Location of Injury

s.47(3)(b)

## WITNESS DETAILS

s.47(3)(b)



**INCIDENT NUMBER: 023410**

First Name

Surname

Telephone No.

s.47(3)(b)

Email

s.47(3)(b)

Statement

**PERSON COMPLETING THIS FORM (if different from the injured / exposed person)**

Surname

First Name

Contact No.

Email

Position Title

**SUPERVISOR DETAILS (of the injured / exposed person)**

Surname Sachs

First Name wayne

Contact No. 0754805477

Email wayne.sachs@dcs.qld.gov.au

Position Title oic

**DETAILS OF TREATMENT**

s.47(3)(b)

**RELATED INCIDENTS**

**ATTACHMENTS**

Attachment Type Content/JPEG Image  
Date Attached s/11/2013  
Description Ambulance Fleet No s.47 Photo 3 - Accident s 1113 at Gympie.jpg  
File Name Ambulance Fleet No Photo 3 - Accident 1113 at Gympie.jpg  
File Type JPEG Image

Attachment Type Content/JPEG Image  
Date Attached s/11/2013  
Description Ambulance Fleet No s.47 Photo 2 - Accident s 1113 at Gympie.jpg  
File Name Ambulance Fleet No Photo 2 - Accident 1113 at Gympie.jpg  
File Type JPEG Image

Attachment Type Content/JPEG Image  
Date Attached s/11/2013  
Description Ambulance Fleet No s.47 Photo 1 - Accident s 1113 at Gympie.jpg  
File Name Ambulance Fleet No Photo 1 - Accident 1113 at Gympie.jpg  
File Type JPEG Image

**CLASSIFICATION**

**Person with Ownership of the Investigation**

**Name** Broomfield, Chris **Email** chris.broomfield@dcs.qld.gov.au  
**Contact No.** 07 5420 9997

**Investigating Officer**

**Name** Sachs, Wayne **Email** wayne.sachs@dcs.qld.gov.au  
**Contact No.** (07) 5480 5480 **Investigation Due Date** 19/12/2013

**Person Responsible for Investigation Review**

**Name** Broomfield, Chris **Email** chris.broomfield@dcs.qld.gov.au  
**Contact No.** 07 5420 9997

**Classification**

**Incident Class** s.47(3)(b) **Incident Classification** Class C

**Has an external agency been notified of the incident?** Yes

**Has an external investigator been engaged for this incident as per WHS Incident Classification and Action Guide?** No

**Agencies Notified**

**Agency** Qld Police Service

**INVESTIGATION**

**What task was being performed at the time of the incident?**

Officers were responding Code 1 through a controlled intersection. Ambulance slowed to walking speed against a red light, started to accelerate through the intersection, when a vehicle on the left hand side collided with the side of the ambulance tipping it over

**Describe the damage or injuries sustained:**

s.47(3)(b)

**Provide detailed location information:**

Cnr of Bruce Highway and Monkland street Gympie

**Describe any other circumstances leading to the incident:**

Proceeding through intersection when collision occurred

**Provide a detailed description of the Incident (ie. sequence of events):**

Proceeding through intersection when ambulance struck on left hand side by another vehicle, causing vehicle to overturn

**Summarise the process used to conduct the investigation:**

Discussion with officers, SHE reports

**Incident from** s/11/2013 **Incident to** s/11/2013

**Equipment**

**Equipment Type** QAS - Vehicles **Make & Model** Mercedes Benz 318/319 Acute Single  
**Asset / Vehicle Regn** s.47(3) **Serial / Unit No.** s.47(3)(b)  
**Comments** s.47(3)(b)

**INCIDENT NUMBER:** 023410

**Causes & Contributing Factors**

**Category**

**Causes and Contributing Factors**

s.47(3)(b)

**Other Causes and Contributing Factors**

Driver stopped at red light, however proceeded through on red light, which resulted in collision with another vehicle

**RECOMMENDATIONS**

**Immediate Actions Taken**

**Immediate Actions Taken To Control the Hazard and Reduce the Risk**

**Category**

**Priority**

s.47(3)(b)

**Further Actions Required**

**Further Actions Required to Control the Hazard and Reduce the Risk**

**Category**

**Priority**

s.47(3)(b)

**Actions**

**Action No.** 062229 **Date Assigned** s/11/2013 **Status** Closed **Status Date** s/11/2013  
**Action Type** s.47(3)(b) **Due Date** 23/12/2013  
**Category**  
**Started On** **Completed On**  
**Priority** High

**Assigned By** Sachs, Wayne **On Behalf Of**  
**Assigned To** **Action By**  
**Responsible** **Closed By** Broomfield, Chris

**Action to be Taken** s.47(3)(b)

**Description**

**Comments**

**Person with Ownership of Investigation**

**Have you allocated all recommended actions from the investigation?** Yes

**CLOSE OUT**

**Investigating Officer**

**Name** Sachs, Wayne **Email** wayne.sachs@dcs.qld.gov.au

**Contact No.** (07) 5480 5480

**Conclusion**

**Date** 10/12/2013 **Time** 16:41

**Outcome** 5. Administrative

**INCIDENT NUMBER: 023410**

**Person Responsible for Investigation Review**

**Name** Broomfield, Chris

**Email** chris.broomfield@dcs.qld.gov.au

**Contact No.** 07 5420 9997

**Has the investigation been reviewed and completed to the appropriate standard (as per the WHS Incident Classification and Action Guide)?** Yes

**Comments**

Officers were proceeding on Code 1 and were involved in collision with another vehicle while proceeding through controlled intersection against a red light. Vehicle stopped/ slowed and proceeded with caution. Passenger in ambulance was looking at MDT at the time of accident. Driver accelerated to move through and vehicle was subsequently struck on the left hand side by another vehicle, tipping the ambulance on its right side.

s.47(3)(b)

s.47(3)(b)

Significant damage to unit s.

Queensland Police on scene - Traffic Report Number QP 1301465740

RTI Release





RETIRED





REPRODUCTION

ANTHONY'S









# Incident Investigation Report

**INCIDENT NUMBER:** 023940

## PERSONAL DETAILS

**Business Unit** Bundaberg QAS Station

**Surname**

s.47(3)(b)

**Payroll No.**

s.47(3)(b)

**First Name**

**Other (ie. contractor)**

**Residential Address**

**Contact No:**

**Email**

**Gender**

**Date of Birth**

**Preferred Language**

## EMPLOYMENT DETAILS

s.47(3)(b)

**Comments** QP14000662141

## INCIDENT DETAILS

**Incident Date** s/01/2014

**Incident Time** 15:20

**Brief Description of Incident**

Car crash - ambulance vs car with trailer

**Where Incident Occurred**

Travel - enroute to emergency scene (eg responding to code)

**Physical Address Where Incident Occurred**

Cnr Hummok and Elliott Heads Rd

**Suburb** Woongarra

**Post Code** 4670

**What were you doing at the time?**

**Detailed Description of Incident:**

s.47(3)(b)

## Body Location of Injury

s.47(3)(b)





**Date Attached** 19/02/2014  
**Description** s.47(3) med cert 2014 01 s  
**File Name** med cert 2014 01 s.pdf  
**File Type** Adobe Acrobat Document

**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** 19/02/2014  
**Description** Driver Review Panel 2014 02 13  
**File Name** Driver Review Panel 2014 02 13.pdf  
**File Type** Adobe Acrobat Document

**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** 19/02/2014  
**Description** Vehicle details  
**File Name** Vehicle details.pdf  
**File Type** Adobe Acrobat Document

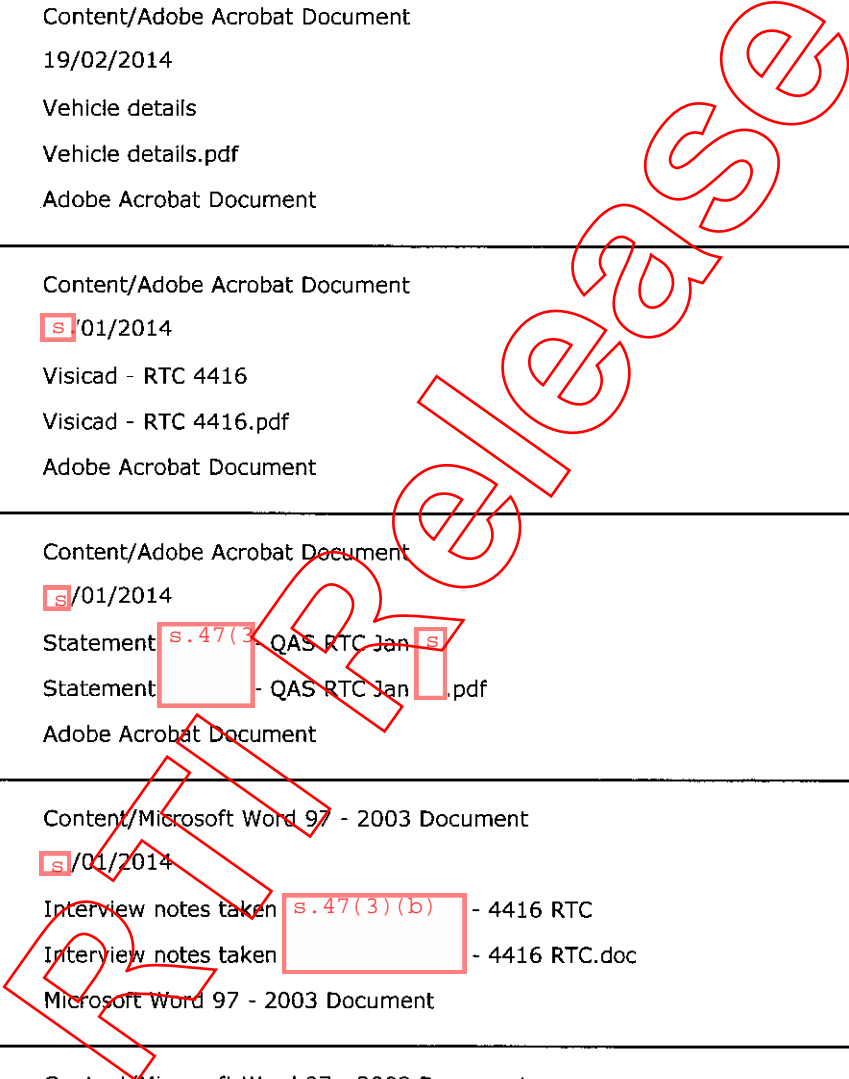
**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** s/01/2014  
**Description** Visicad - RTC 4416  
**File Name** Visicad - RTC 4416.pdf  
**File Type** Adobe Acrobat Document

**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** s/01/2014  
**Description** Statement s.47(3) QAS RTC Jan s  
**File Name** Statement - QAS RTC Jan s.pdf  
**File Type** Adobe Acrobat Document

**Attachment Type** Content/Microsoft Word 97 - 2003 Document  
**Date Attached** s/01/2014  
**Description** Interview notes taken s.47(3)(b) - 4416 RTC  
**File Name** Interview notes taken - 4416 RTC.doc  
**File Type** Microsoft Word 97 - 2003 Document

**Attachment Type** Content/Microsoft Word 97 - 2003 Document  
**Date Attached** s/01/2014  
**Description** QAS Ops Statement - Incident Statement s.47(3)(b)  
**File Name** QAS Ops Statement - Incident Statement .doc  
**File Type** Microsoft Word 97 - 2003 Document

**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** s/01/2014  
**Description** Visicad - Stinger  
**File Name** Visicad - Stinger.pdf



**File Type** Adobe Acrobat Document

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**Attachment Type** Content/Microsoft Word 97 - 2003 Document

**Date Attached** [s]/01/2014

**Description** Interview notes taken [s.47(3)(b)] - 4416 RTC

**File Name** Interview notes taken [ ] - 4416 RTC.doc

**File Type** Microsoft Word 97 - 2003 Document

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**CLASSIFICATION**

**Person with Ownership of the Investigation**

**Name** Shelley, Terry **Email** Terence.Shelley@dcs.qld.gov.au

**Contact No.** 40977966

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**Investigating Officer**

**Name** Taylor, Peta **Email** Peta.Taylor@dcs.qld.gov.au

**Contact No.** 0741997409 **Investigation Due Date** 21/02/2014

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**Person Responsible for Investigation Review**

**Name** Sapir, Ron **Email** ron.sapir@dcs.qld.gov.au

**Contact No.** 4131 5959

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**Classification**

**Incident Class** [s.47(3)(b)] **Incident Classification** Class B

**Has an external agency been notified of the incident?** No

**Has an external investigator been engaged for this incident as per WHS Incident Classification and Action Guide?** No

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**Agencies Notified**

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**INVESTIGATION**

**What task was being performed at the time of the incident?**

Responding to Code 1 at Elliott Heads

**Describe the damage or injuries sustained:**

Unit [s.4] - Mercedes Sprinter 519: 457 MDI - passenger side front corner damage to panel, light bull bar, rear vision mirror and side rear panel damage. Other vehicle rolled over onto passenger side.

[s.47(3)(f)]

**Provide detailed location information:**

Cnr Humock Road and Elliott Heads Road, Bundaberg

**Describe any other circumstances leading to the incident:**

**Provide a detailed description of the incident (ie. sequence of events):**

**INCIDENT NUMBER: 023940**

Responding to a Code 1 case at Elliott Heads on 15/01/14 under lights and sirens, mid afternoon. s.47(3)(b) was driving the vehicle. s.47(3)(b) was the passenger and was referring to the CPM to s.47(3)(b) that they were attending. Coming up to a crossroads, the vehicle with trailer in front slowed and moved to the centre of the road, s.47(3)(b) believed it slowed to let s. pass as it was not indicating to turn. s.47(3)(b) moved to the right side of the road to pass, the vehicle turned into the ambulance and they collided. s.47(3)(b) drove the ambulance off the road and stopped, the other vehicle flipped onto its left side. s.47(3)(b) Bystanders directed traffic. s.47(3)(b) Visicad Reports of RTC and Stinger incidents attached.

**Summarise the process used to conduct the investigation:**

Statements taken from s.47(3)(b) and s.47(3)(b) by Terry Shelley, Acting OIC Burnett Coast. Initial interviews with s.47(3)(b) and s.47(3)(b), individually, conducted by Terry Shelley and Martin Kelly SOS.

**Incident from** \_\_\_\_\_ **Incident to** \_\_\_\_\_

**Equipment**

<b>Equipment Type</b>	QAS - Vehicles	<b>Make &amp; Model</b>	Mercedes Benz 518 / 519 Acute Twin
<b>Asset / Vehicle Regn</b>	s.47(3)(b)	<b>Serial / Unit No.</b>	s.47(3)(b)
<b>Comments</b>			

**Causes & Contributing Factors**

<b>Category</b>	<b>Causes and Contributing Factors</b>
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s.47(3)(b)

Conditions - Weather	Overcast
Conditions - Lighting	Daylight
Conditions - Visibility	Clear

**Other Causes and Contributing Factors****RECOMMENDATIONS****Immediate Actions Taken****Immediate Actions Taken To Control the Hazard and Reduce the Risk**

<b>Category</b>	<b>Priority</b>
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s.47(3)(b)

**Further Actions Required****Further Actions Required to Control the Hazard and Reduce the Risk**

<b>Category</b>	<b>Priority</b>
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**Actions**

<b>Action No.</b>	062933	<b>Date Assigned</b>	s/01/2014	<b>Status</b>	Closed	<b>Status Date</b>	s/01/2014
<b>Action Type</b>	s.47(3)(b)	<b>Due Date</b>	14/02/2014				
<b>Category</b>							
<b>Started On</b>		<b>Completed On</b>	14/02/2014				
<b>Priority</b>	Medium						



**Assigned By** Taylor, Peta **On Behalf Of**  
**Assigned To** Tenthly, Rick **Action By**  
**Responsible** **Closed By** Taylor, Peta  
**Action to be Taken** s. 47(3)(b)

**Description** s. 47(3)(b)

**Comments**

**Person with Ownership of Investigation**

**Have you allocated all recommended actions from the investigation?** Yes

**CLOSE OUT**

**Investigating Officer**

**Name** Taylor, Peta **Email** Peta.Taylor@dcs.qld.gov.au  
**Contact No.** 0741997409

**Conclusion**

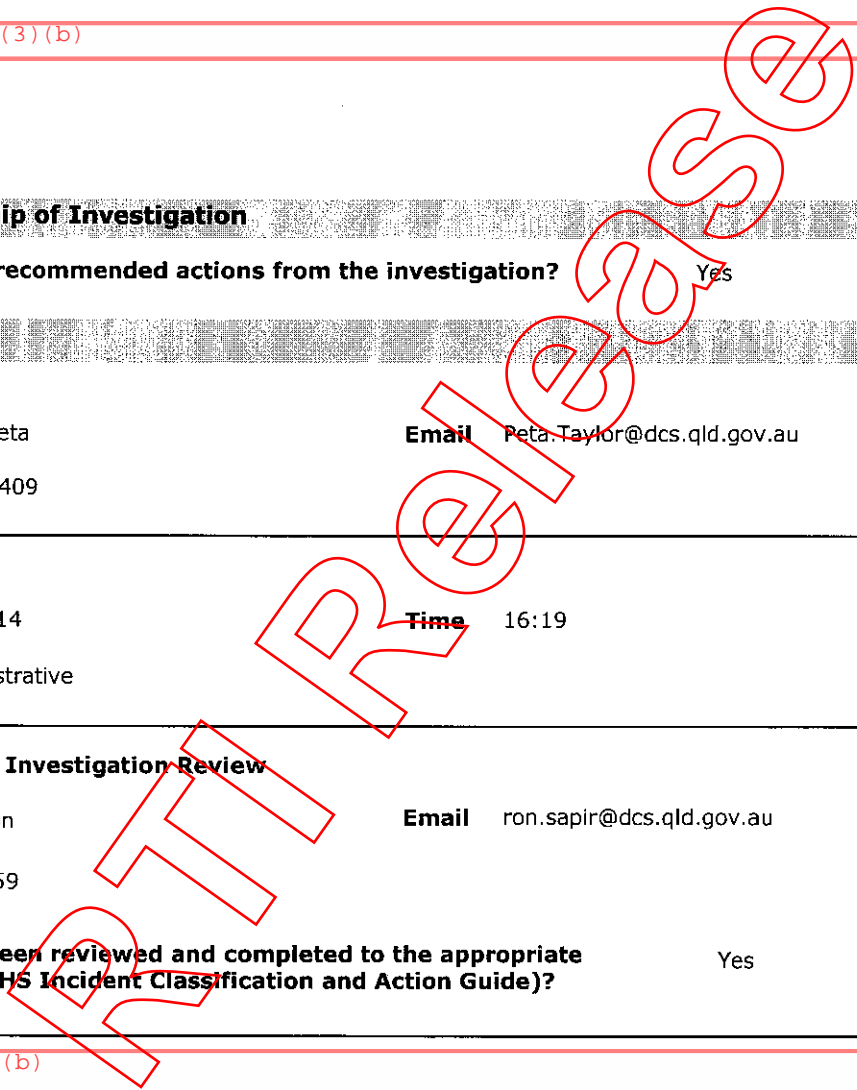
**Date** 19/02/2014 **Time** 16:19  
**Outcome** 5. Administrative

**Person Responsible for Investigation Review**

**Name** Sapir, Ron **Email** ron.sapir@dcs.qld.gov.au  
**Contact No.** 4131 5959

**Has the investigation been reviewed and completed to the appropriate standard (as per the WHS Incident Classification and Action Guide)?** Yes

**Comments** s. 47(3)(b)





Pages 22 through 35 redacted for the following reasons:

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s.47(3)(b)

RTI Release





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# Motor Vehicle/ Traffic Incident Investigation Report

**QUEENSLAND AMBULANCE SERVICE – (REGION)**

**Authority**

Ambulance Service Act 1991  
QAS Driving Code - V1.1 (valid to 14/02/10)  
QAS Code of Conduct  
QAS Motor Vehicle Policy 4.5.1  
QAS Motor Vehicle Incidents Procedure 4.5.1.3  
QAS Operational Circular 04/05

Investigating Officer to complete and forward to Area Director within 24 hours. If incomplete – mark as "Interim Report"

Driver of QAS vehicle to complete the appropriate Insurance form.

Please review check list on back page before leaving scene, and again before submitting the report.

Date	s. - 1-15				
Time	1525 hrs				
Location	CNR HUMMOCK RD, ELLIOT HEADS QD				
Tasking	Code 1 <input checked="" type="checkbox"/>	Code 2 <input type="checkbox"/>	Code 3 <input type="checkbox"/>	Code 4 <input type="checkbox"/>	Returning from Incident / Non Case <input type="checkbox"/>
Incident Number	5088411				

<b>QAS VEHICLE DETAILS</b>	
Unit Number	s.47(3)(b)
Registration Number	
Station	Birdsberg
Make	Mercedes
Model	Sprinter 519 CDI
<input type="checkbox"/> Sedan	<input type="checkbox"/> Management Vehicle <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Support Vehicle
Driver	s.47(3)(b)
Second Officer	
Other Occupants	Nil

<b>OTHER VEHICLE DETAILS</b>	
Registration Number	(A) s.47(3)(b) (B)
Make	Trailer
Model	
Colour	
Driver	
Other Occupants	Nil

<b>BRIEF DETAILS OF VEHICLE DAMAGE</b>	
QAS:	(2) Front Bumper, Front Q Panel
	(2) Mirror
	(2) Side Rear module TOP → bottom
Other Vehicle:	Roll over multiple intrusion (2)



**BRIEF DETAILS OF OCCUPANT INJURY**

**QAS:** s.47(3)(b)

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**Other Vehicle:** \_\_\_\_\_

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**PROPERTY DAMAGE**

**Details:** [Property/Owner/Damage] *na*

**DRIVER DETAILS**

	QAS Vehicle	Other Vehicle [A]	
<b>Name</b>	s.47(3)(b)	<b>Name</b>	s.47(3)(b)
<b>Station</b>		<b>Address</b>	
<b>Rank</b>			
<b>Medal Number</b>			
<b>Telephone</b>		<b>Telephone</b>	
<b>DOB</b>		<b>DOB</b>	
<b>License Number</b>		<b>License Number</b>	
<b>Class</b>			
<b>Expiry Date</b>			
<b>Driving Experience</b>			

**DRIVER DETAILS**

	Other Vehicle [B]	Other Vehicle [C]	
<b>Name</b>		<b>Name</b>	
<b>Address</b>		<b>Address</b>	
<b>Telephone</b>		<b>Telephone</b>	
<b>DOB</b>		<b>DOB</b>	
<b>License Number</b>		<b>License Number</b>	

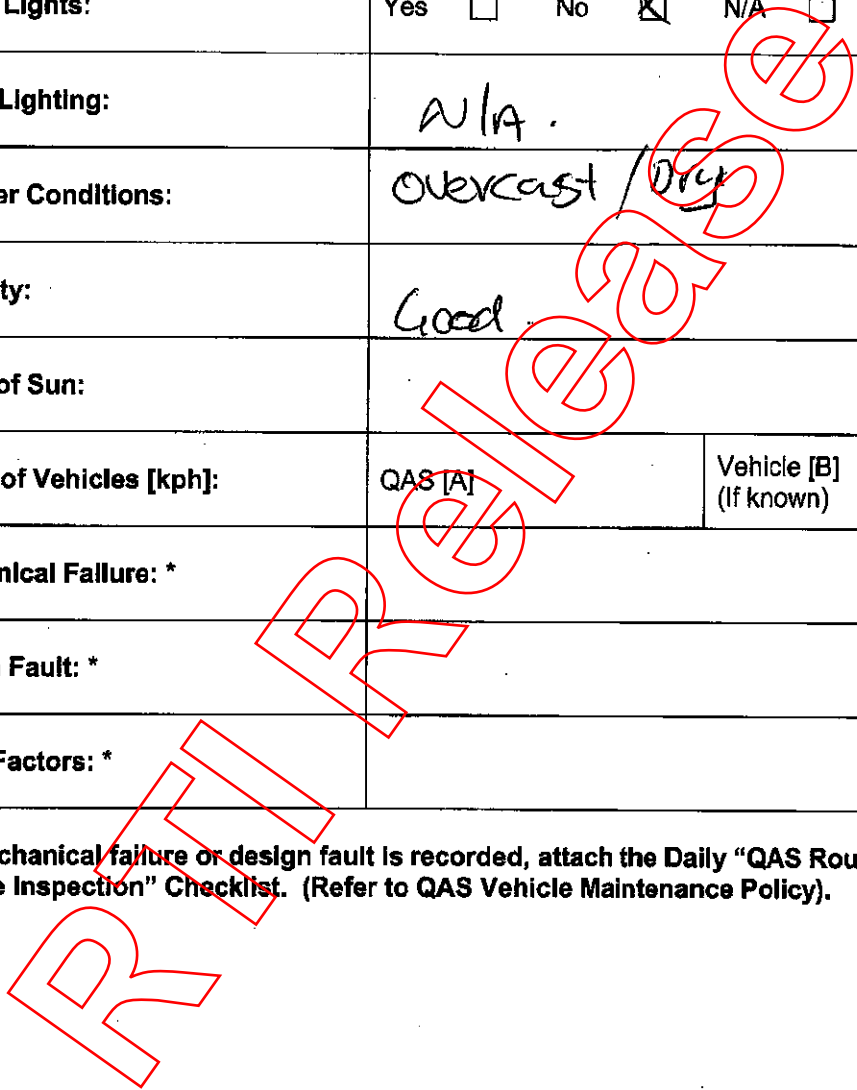




**ROAD AND WEATHER CONDITIONS / OTHER CONTRIBUTING FACTORS**

Repair / Condition of Road surface:	Bitumen	
Road Signs:	Present	
Traffic Lights:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
Street Lighting:	N/A	
Weather Conditions:	Overcast / Dry	
Visibility:	Good	
Angle of Sun:		
Speed of Vehicles [kph]:	QAS [A]	Vehicle [B] (If known)
Mechanical Failure: *		
Design Fault: *		
Other Factors: *		

If a mechanical failure or design fault is recorded, attach the Daily "QAS Routine Vehicle Inspection" Checklist. (Refer to QAS Vehicle Maintenance Policy).







"Reversing Vehicles" complied with?			

**QAS NOTIFICATION**

Time reported to Regional Communication Centre:	1529MS
Date:	s.4 -1-14
Time reported to Duty Officer:	1529MS
Time Reported to Area Director:	1529MS

**POLICE NOTIFICATION**

Police Officer	DALE LOCKE
Station	BACGRA
Service Number	28228
Telephone	41591444
Attended Location	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
s.47(3)(b)	

Draw sketches showing the position of the vehicles and direction of travel. Indicate the details of all road signs and markings.

Sketch plan of accident in the space

Persons

Your Vehicle

Other Vehicle

**SYMBOLS FOR PLAN**

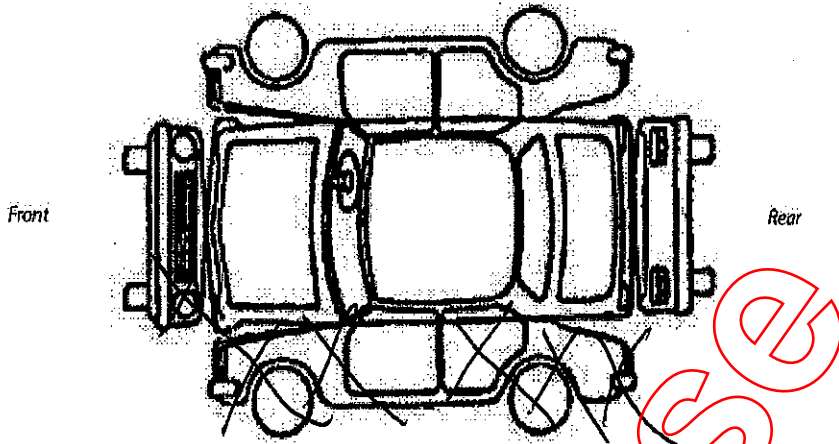
Traffic Lights

Stop Sign

Give Way Sign

Please show the Name(s) and width(s) of street(s) in metres

Please indicate on the diagram below, the area of damage to your vehicle.





**SALIENT FACTS – Statements below**

SEE ATTACHED.

RTI RELEASES

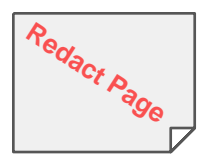




**CHECKLIST**

<b>Interim Report – Accident Involving QAS Vehicle/s</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Statements from Officers</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Statement from Witness</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Map – Location of accident</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Workplace, Health &amp; Safety Reports</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Quotation – Repairs [Number submitted <u>1</u>]</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Photographs of Accident site &amp; Vehicles</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Insurance claim – Lumley's</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Copy faxed to QAS Regional Workshops</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Communications Centre Supervisor/Tactician Report</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Communication Centre Log</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RTI Released



Pages 47 through 48 redacted for the following reasons:

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s.47(3)(b)

RTI Release



### Vehicle 4416

<b>Type of Vehicle</b>	Mercedes-Benz Sprinter 519CDi Modular Dual Stretcher	
<b>Year of Manufacture</b>	06/2010	
<b>VIN No</b>	s. 47(3)(b)	
<b>Registration</b>		
<b>Odometer</b>	89996	25/11/2013
<b>Conversion Details</b>	ETT #39829	
<b>Date of Build</b>	07/2011	
<b>Mobile Phone</b>		
<b>Pager</b>	Cap Code	Pager Number
<b>Satellite Phone</b>	Not Applicable	
<b>MDT</b>	Not Applicable	
<b>Damage, Wear and Tear</b>	Multiple scratches to sides of module, scrapes to tailgate, gash and minor	
<b>~ Other Information</b>	deformity to bull bar.	
<b>Service Due</b>	90 000	

Equipment List	Serial Number	Other Numbers	Service Date	Date of Manufact
LifePak 12	33416434	BTS X1002505	...	2005
Stretcher - Stryker 6100-31	080340167	Asset # AQ0180	Due 09/2013	...
Stair Chair - Stryker 6252	110439563	Asset #MI000240	...	12/2010
Oxy Viva Regulator	...	...	Due 02/2014	...
D Size Oxy Regulator 1	...	BTS X1021383	Due 02/2014	...
D Size Oxy Regulator 2	...	BTS X1021382	Due 02/2014	...
Donway Splint - Adult	202389	BTS X1002499	Due 03/2013	...
Donway Splint - Paed	302069	BTS X1004230	Due 07/2012	...

RECEIVED



Pages 50 through 51 redacted for the following reasons:

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s.47(3)(b)

RTI Release







# Incident Investigation Report

**INCIDENT NUMBER:** 023941

## PERSONAL DETAILS

**Business Unit** Bundaberg QAS Station

**Surname** s.47(3)(b)

**Payroll No.** s.47

**First Name**

**Other (ie. contractor)**

**Residential Address**

**Contact No:**

**Email**

**Gender**

**Date of Birth**

**Preferred Language**

## EMPLOYMENT DETAILS

s.47(3)(b)

## INCIDENT DETAILS

**Incident Date** s./01/2014

**Incident Time** 15:20

**Brief Description of Incident**

Car crash. ambulance vs car with trailer

**Where Incident Occurred**

Travel - enroute to emergency scene (eg responding to code)

**Physical Address Where Incident Occurred**

Corner of Elliott heads road and Hummok rd

**Suburb** Woongarra

**Post Code** 4670

**What were you doing at the time?**

front passanger

**Detailed Description of Incident:**

s.47(3)(b)

**Body Location of Injury**

s.47(3)(b)

**WITNESS DETAILS**

**PERSON COMPLETING THIS FORM (if different from the injured / exposed person)**

Surname  
First Name  
Contact No. Email  
Position Title

**SUPERVISOR DETAILS (of the injured / exposed person)**

Surname Shelley  
First Name Terence  
Contact No. s.47(3)(b) Email terence.shelley@ambulance.qld.gov.au  
Position Title OIC Burnett Coast

**DETAILS OF TREATMENT**

s.47(3)(b)

**RELATED INCIDENTS**

**ATTACHMENTS**

**CLASSIFICATION**

**Person with Ownership of the Investigation**

Name Shelley, Terry Email Terence.Shelley@dcs.qld.gov.au  
Contact No. 40977966

**Investigating Officer**

Name Taylor, Peta Email Peta.Taylor@dcs.qld.gov.au  
Contact No. 0741997409 Investigation Due Date s.01/2014

**Person Responsible for Investigation Review**

Name Tenthly, Rick Email rick.tenthly@dcs.qld.gov.au  
Contact No. (07) 4131 5956

**Classification**

Incident Class s.47(3)(b) Incident Classification Class B

Has an external agency been notified of the incident? No

Has an external investigator been engaged for this incident as per WHS Incident Classification and Act No



**Agencies Notified**

**INVESTIGATION**

**What task was being performed at the time of the incident?**

**Describe the damage or injuries sustained:**

REFER TO INCIDENT 023940 for details - s.47(1)

**Provide detailed location information:**

**Describe any other circumstances leading to the incident:**

**Provide a detailed description of the incident (ie. sequence of events):**

**Summarise the process used to conduct the investigation:**

**Incident from**

**Incident to**

**Equipment**

**Causes & Contributing Factors**

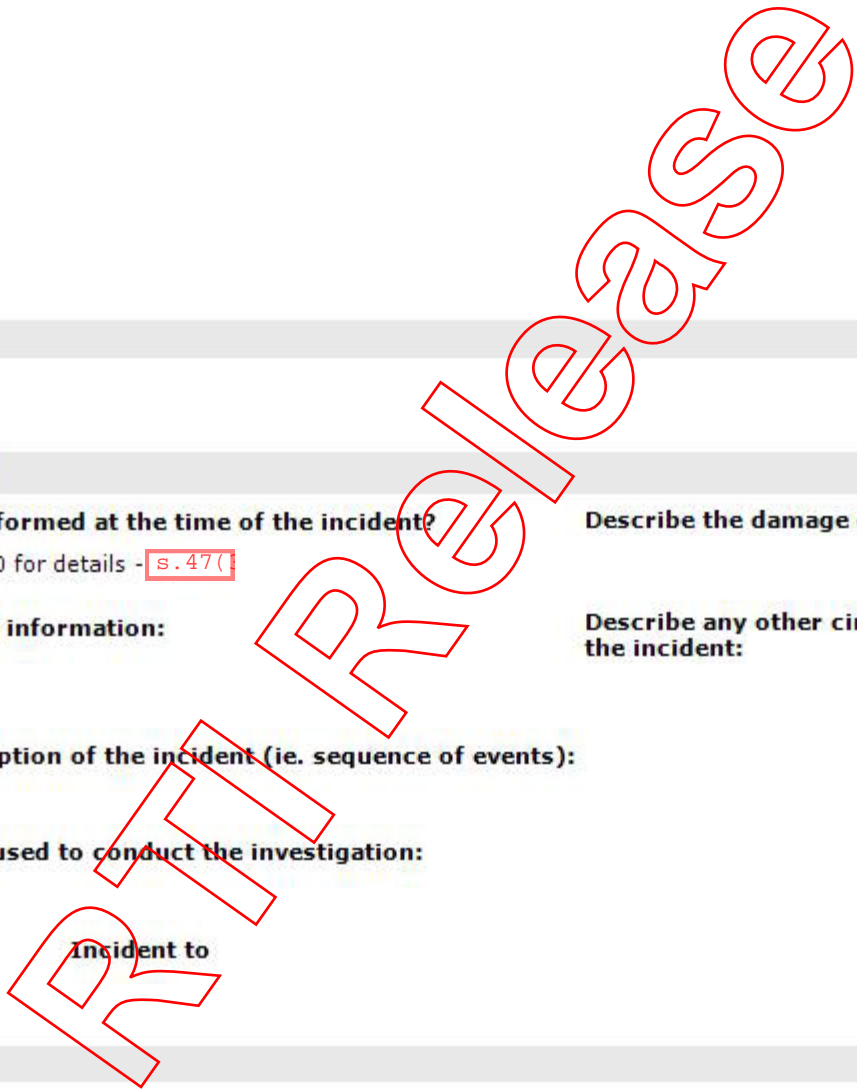
**Category**

**Causes and Contributing Factors**

**Other Causes and Contributing Factors**

**RECOMMENDATIONS**

**Immediate Actions Taken**



**Immediate Actions Taken To Control the Hazard and Reduce the Risk**

Category	Priority
----------	----------

**Further Actions Required****Further Actions Required to Control the Hazard and Reduce the Risk**

Category	Priority
----------	----------

**Actions****Person with Ownership of Investigation**

Have you allocated all recommended actions from the investigation?

**CLOSE OUT****Investigating Officer**

<b>Name</b>	Taylor, Peta	<b>Email</b>	Peta.Taylor@dcs.qld.gov.au
<b>Contact No.</b>	0741997409		

**Conclusion**

<b>Date</b>	<input type="text" value="01/2014"/>	<b>Time</b>	16:16
<b>Outcome</b>	5. Administrative		

**Person Responsible for Investigation Review**

<b>Name</b>	Tenthy, Rick	<b>Email</b>	rick.tenthy@dcs.qld.gov.au
<b>Contact No.</b>	(07) 4131 5956		

Has the investigation been reviewed and completed to the appropriate standard (as per the WHS Incident Classification and Action Guide)? **Comments** All details for this case are recorded against Incident 023940.

RTIR released



# Incident Investigation Report

**INCIDENT NUMBER:** 024408

## PERSONAL DETAILS

**Business Unit** Deception Bay QAS Station

**Surname** s.47(3)(b)  
**First Name**  
**Residential Address**  
**Contact No:**  
**Email**  
**Gender**  
**Date of Birth**

**Payroll No.** s.47(3)

**Other (ie. contractor)**

**Preferred Language**

## EMPLOYMENT DETAILS

s.47(3)(b)

## INCIDENT DETAILS

**Incident Date** s/02/2014

**Incident Time** 14:00

**Brief Description of Incident** Passenger of QAS vehicle involved in RTC

**Where Incident Occurred** Travel - enroute to emergency scene (eg responding to code)

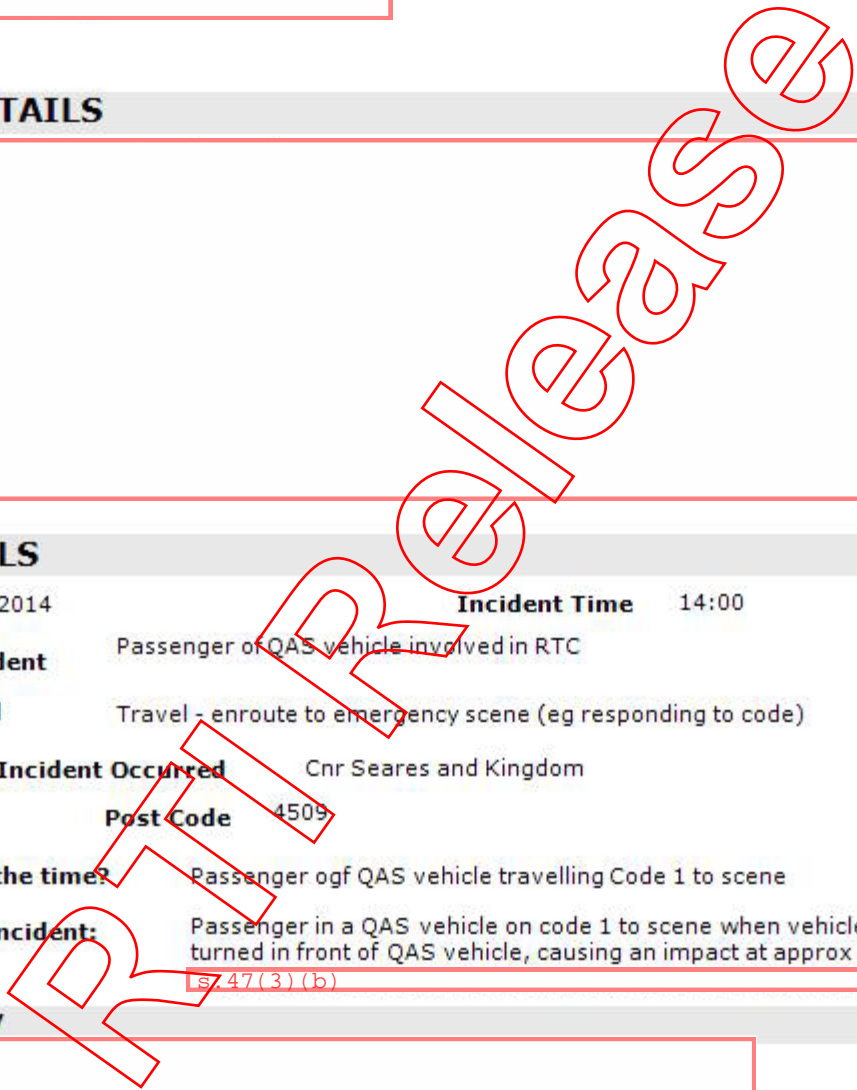
**Physical Address Where Incident Occurred** Cnr Seares and Kingdom

**Suburb** Mango Hill **Post Code** 4509

**What were you doing at the time?** Passenger of QAS vehicle travelling Code 1 to scene

**Detailed Description of Incident:** Passenger in a QAS vehicle on code 1 to scene when vehicle in front failed to pull over and turned in front of QAS vehicle, causing an impact at approx 60km/hr. s.47(3)(b)  
s.47(3)(b)

**Body Location of Injury**  
s.47(3)(b)





**WITNESS DETAILS**

**First Name** \_\_\_\_\_ **Surname** \_\_\_\_\_  
**Telephone No.** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Statement** \_\_\_\_\_

**First Name** s.47(3)(b) **Surname** s.47(3)  
**Telephone No.**  **Email** \_\_\_\_\_  
**Statement** \_\_\_\_\_

**PERSON COMPLETING THIS FORM (if different from the injured / exposed person)**

**Surname** Darlington  
**First Name** Darren  
**Contact No.** s.47(3)(b) **Email** darren.darlington@ambulance.qld.gov.au  
**Position Title** A OIC

**SUPERVISOR DETAILS (of the injured / exposed person)**

**Surname** Darlington  
**First Name** Darren  
**Contact No.** s.47(3)(b) **Email** darren.darlington@ambulance.qld.gov.au  
**Position Title** A OIC

**DETAILS OF TREATMENT**

s.47(3)(b)

**RELATED INCIDENTS**

**ATTACHMENTS**

**CLASSIFICATION**

**Person with Ownership of the Investigation**

**Name** OIC, Deception Bay QAS Station **Email** qasdeceptionbay.oic@dcs.qld.gov.au  
**Contact No.** \_\_\_\_\_

**Investigating Officer**

**Name** OIC, Deception Bay QAS Station **Email** qasdeceptionbay.oic@dcs.qld.gov.au  
**Contact No.** \_\_\_\_\_ **Investigation Due Date** \_\_\_\_\_

**Person Responsible for Investigation Review**

**Name** Eva, Tim **Email** timothy.eva@dcs.qld.gov.au

**Classification**

**Incident Class**

s.47(3)(b)

**Incident Classification**

Class B

**Has an external agency been notified of the incident?**

N/A

**Has an external investigator been engaged for this incident as per WHS Incident Classification and Action Guide?**

N/A

**Agencies Notified**

**INVESTIGATION**

**What task was being performed at the time of the incident?**

Passenger of QAS emergency vehicle enroute Code 1

**Describe the damage or injuries sustained:**

s.47(3)(b)

**Provide detailed location information:**

Cnr Seares and Kingdom St, North Lakes

**Describe any other circumstances leading to the incident:**

**Provide a detailed description of the incident (ie. sequence of events):**

Passenger in a QAS vehicle on code 1 to scene when vehicle in front failed to pull over and turned in front of QAS vehicle, causing an impact at approx 60km/hr s.47(3)(b)

**Summarise the process used to conduct the investigation:**

Face to face

**Incident from**

**Incident to**

**Equipment**

**Equipment Type**

QAS - Vehicles

**Make & Model**

Mercedes Benz 318/319  
Acute Single

**Asset / Vehicle Regn**

s.47(3)

**Serial / Unit No.**

s.47

**Comments**

**Causes & Contributing Factors**

**Category**

**Causes and Contributing Factors**

s.47(3)(b)

Other Causes and Contributing Factors

RECOMMENDATIONS

Immediate Actions Taken

Immediate Actions Taken To Control the Hazard and Reduce the Risk

Category Priority

s.47(3)(b)

Further Actions Required

Further Actions Required to Control the Hazard and Reduce the Risk

Category Priority

s.47(3)(b)

Actions

Action No. 063401 Date Assigned Status Closed Status Date s/02/2014
Action Type s.47(3)(b) Due Date
Category
Started On Completed On
Priority Medium

Assigned By OIC, Deception Bay QAS Station On Behalf Of
Assigned To Action By
Responsible Closed By Eva, Tim

Action to be Taken Passenger in a QAS vehicle on side 1 to scene when vehicle in front failed to pull over and turned in front of QAS vehicle, causing an impact at approx 60km/hr. s.47(3)(b)

Description s.47(3)(b)

Comments

Person with Ownership of Investigation

Have you allocated all recommended actions from the investigation? Yes

CLOSE OUT

Investigating Officer

Name OIC, Deception Bay QAS Station Email qasdeceptionbay.oic@dcs.qld.gov.au

Contact No.



**Conclusion**

**Date** 21/03/2014 **Time** 11:43

**Outcome** s.47(3)(b)

**Person Responsible for Investigation Review**

**Name** Eva, Tim **Email** timothy.eva@dcs.qld.gov.au

**Contact No.** s.47(3)(b)

**Has the investigation been reviewed and completed to the appropriate standard (as per the WHS Incident Classification and Action Guide)?** Yes

**Comments**

RTI Release



# Incident Investigation Report

**INCIDENT NUMBER:** 024880

## PERSONAL DETAILS

**Business Unit** Bundaberg QAS Station

**Surname**  
**First Name**  
**Residential Address**  
**Contact No:**  
**Email**  
**Gender**  
**Date of Birth**  
**Preferred Language**

s.47(3)(b)

**Payroll No.** s.47(3)  
**Other (ie. contractor)**

## EMPLOYMENT DETAILS

s.47(3)(b)

## INCIDENT DETAILS

**Incident Date** s/04/2014

**Incident Time** 21:43

**Brief Description of Incident** QAS VEHICLE hit by high speed vehicle

**Where Incident Occurred** Travel - enroute to emergency scene (eg responding to code)

**Physical Address Where Incident Occurred** CNR of Heaps and Barolin Street

**Suburb** Bundaberg **Post Code** 4670

**What were you doing at the time?** Responding to a Code 2A case

**Detailed Description of Incident:** s.47(3)(b)

## Body Location of Injury

s.47(3)(b)

## WITNESS DETAILS

**First Name** s.47(3)(b)

**Surname** s.47(3)

Telephone No. s.47(3)(b)

Email s.47(3)(b)

Statement

**PERSON COMPLETING THIS FORM (if different from the injured / exposed person)**

Surname

First Name

Contact No.

Email

Position Title

**SUPERVISOR DETAILS (of the injured / exposed person)**

Surname D'ARCY

First Name Helen

Contact No. s.47(3)(b)

Email helen.d'arcy@ambulance.qld.gov.au

Position Title Duty Officer/CSO

**DETAILS OF TREATMENT**

s.47(3)(b)

**RELATED INCIDENTS**

**ATTACHMENTS**

**CLASSIFICATION**

**Person with Ownership of the Investigation**

Name Vanderberg, Roy

Email roy.vanderberg@dcs.qld.gov.au

Contact No.

**Investigating Officer**

Name Taylor, Peta

Email Peta.Taylor@dcs.qld.gov.au

Contact No. 0741997409

Investigation Due Date s.'04/2014

**Person Responsible for Investigation Review**

Name Sapir, Ron

Email ron.sapir@dcs.qld.gov.au

Contact No. 4131 5959

**Classification**

Incident Class s.47(3)(b)

Incident Classification Class C



Has an external agency been notified of the incident? No

Has an external investigator been engaged for this incident as per WHS Incident Classification and Action Guide? No

**Agencies Notified**

**INVESTIGATION**

**What task was being performed at the time of the incident?**

Please refer to Incident 024881 for Accident Investigation.

**Describe the damage or injuries sustained:**

**Provide detailed location information:**

**Describe any other circumstances leading to the incident:**

**Provide a detailed description of the incident (ie. sequence of events):**

**Summarise the process used to conduct the investigation:**

**Incident from Incident to**

**Equipment**

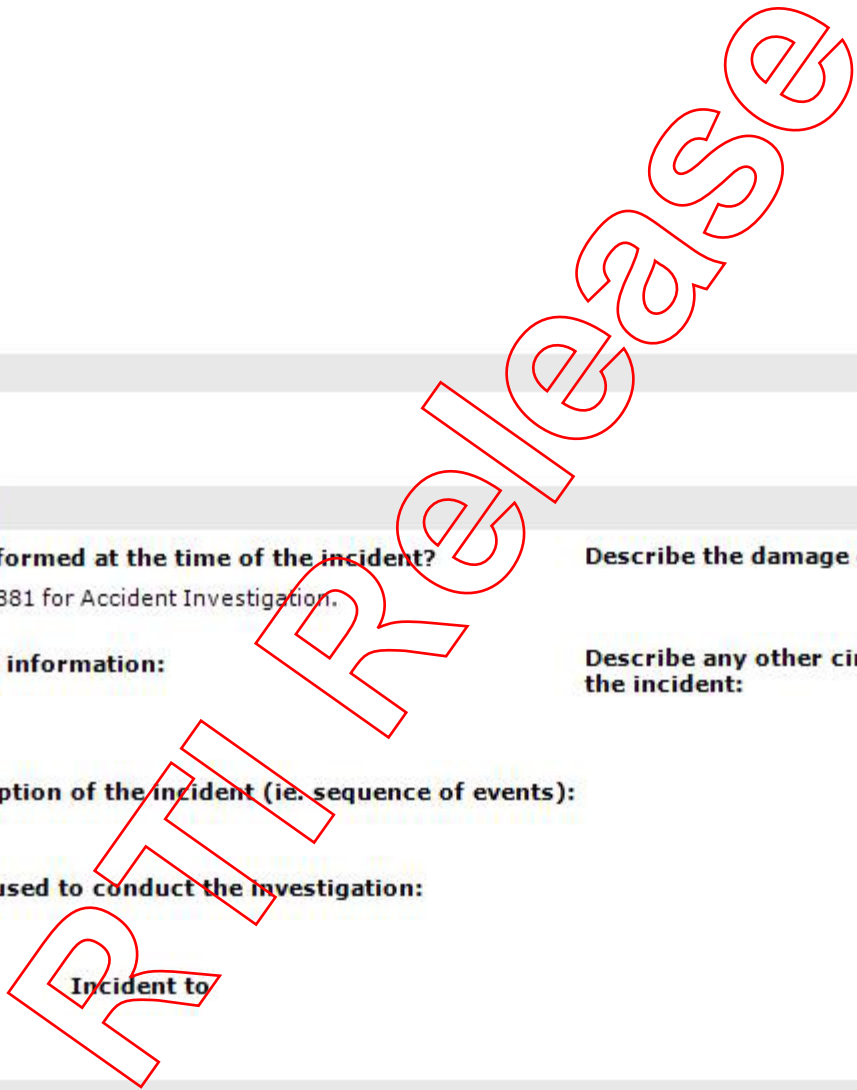
**Causes & Contributing Factors**

**Category Causes and Contributing Factors**

**Other Causes and Contributing Factors**

**RECOMMENDATIONS**

**Immediate Actions Taken**



**Immediate Actions Taken To Control the Hazard and Reduce the Risk**

Category

Priority

**Further Actions Required****Further Actions Required to Control the Hazard and Reduce the Risk**

Category

Priority

**Actions****Person with Ownership of Investigation**

Have you allocated all recommended actions from the investigation?

Yes

**CLOSE OUT****Investigating Officer****Name** Taylor, Peta**Email** Peta.Taylor@dcs.qld.gov.au**Contact No.** 0741997409**Conclusion****Date** 16/05/2014**Time** 15:01**Outcome** 5. Administrative**Person Responsible for Investigation Review****Name** Sapir, Ron**Email** ron.sapir@dcs.qld.gov.au**Contact No.** 4131 5959

Has the investigation been reviewed and completed to the appropriate standard (as per the WHS Incident Classification and Action Guide)?

Yes

**Comments****RTI Release**



# Incident Investigation Report

**INCIDENT NUMBER:** 024881

## PERSONAL DETAILS

**Business Unit** Bundaberg QAS Station

**Surname** s.47(3)(b)

**Payroll No.** s.47(3)

**First Name**

**Other (ie. contractor)**

**Residential Address**

**Contact No:**

**Email**

**Gender**

**Date of Birth**

**Preferred Language**

## EMPLOYMENT DETAILS

s.47(3)(b)

## INCIDENT DETAILS

**Incident Date** s/04/2014

**Incident Time** 21:43

**Brief Description of Incident** QAS vehicle hit by high speed vehicle.

**Where Incident Occurred** Travel - enroute to emergency scene (eg responding to code)

**Physical Address Where Incident Occurred** Corner of Barolin st and Heaps st

**Suburb** Avenell Heights **Post Code** 4670

**What were you doing at the time?** Driving to a Code 2A (no emergency lights or siren)

**Detailed Description of Incident:** s.47(3)(b)

## Body Location of Injury

s.47(3)(b)



s. 47(3)(b)

WITNESS DETAILS

First Name: s. 47(3)(b) Surname: s. 47(3)(b) Telephone No.: Email: Statement:

PERSON COMPLETING THIS FORM (if different from the injured / exposed person)

Surname: First Name: Contact No.: Email: Position Title:

SUPERVISOR DETAILS (of the injured / exposed person)

Surname: D'ARCY First Name: HELEN Contact No.: s. 47(3)(b) Email: helen.d'arcy@ambulance.qld.gov.au Position Title: CSO/DO

DETAILS OF TREATMENT

s. 47(3)(b)

RELATED INCIDENTS

ATTACHMENTS

Attachment Type: Content/Adobe Acrobat Document Date Attached: s. 04/2014 Description: Email R/Vanderberg Police Case No File Name: Email R/Vanderberg Police Case No..pdf File Type: Adobe Acrobat Document

Attachment Type: Content/Adobe Acrobat Document Date Attached: s. 04/2014 Description: Email s. 47(3) 2014 04 s File Name: Email 2014 04 .pdf File Type: Adobe Acrobat Document

Attachment Type: Content/Adobe Acrobat Document

**Date Attached** s. 04/2014  
**Description** Unit s. 4 Accident Investigation 2014 04 s.  
**File Name** Unit Accident Investigation 2014 04 .pdf  
**File Type** Adobe Acrobat Document

**CLASSIFICATION****Person with Ownership of the Investigation**

**Name** Vanderberg, Roy **Email** roy.vanderberg@dcs.qld.gov.au

**Contact No.****Investigating Officer**

**Name** Taylor, Peta **Email** Peta.Taylor@dcs.qld.gov.au  
**Contact No.** 0741997409 **Investigation Due Date** s. 04/2014

**Person Responsible for Investigation Review**

**Name** Sapir, Ron **Email** ron.sapir@dcs.qld.gov.au

**Contact No.** 4131 5959**Classification**

**Incident Class** s. 47(3)(b) **Incident Classification** Class C

**Has an external agency been notified of the incident?** No

**Has an external investigator been engaged for this incident as per WHS Incident Classification and Action Guide?** No

**Agencies Notified****INVESTIGATION****What task was being performed at the time of the incident?**

Driving Code 2 to scene

**Describe the damage or injuries sustained:**

Front end damage to Unit s. 4

**Provide detailed location information:**

Intersection Heaps Street and Barlin Street Bundaberg

**Describe any other circumstances leading to the incident:****Provide a detailed description of the incident (ie. sequence of events):**

Driving to scene, allegedly intoxicated person drove into Unit s. 47

**Summarise the process used to conduct the investigation:**

Investigation undertaken by Helen D'Arcy - photographs, questioning - Report attached

**Incident from****Incident to****Equipment**

**Equipment Type** QAS - Vehicles

**Make & Model**

Mercedes Benz 318/319  
Acute Single

**Asset / Vehicle Regn** s.47(3)

**Serial / Unit No.**

**Comments**

**Causes & Contributing Factors**

Category	Causes and Contributing Factors
Conditions - Visibility	Clear
Conditions - Weather	Clear
Conditions - Surface	Sealed
Conditions - Lighting	Night Lighting
Conditions - Surface	Dry

**Other Causes and Contributing Factors**

**RECOMMENDATIONS**

**Immediate Actions Taken**

**Immediate Actions Taken To Control the Hazard and Reduce the Risk**

Category	Priority
----------	----------

**Further Actions Required**

**Further Actions Required to Control the Hazard and Reduce the Risk**

Category	Priority
----------	----------

s.47(3)(b)

**Actions**

<b>Action No.</b>	063912	<b>Date Assigned</b>	s./04/2014	<b>Status</b>	Closed	<b>Status Date</b>	s./04/2014
<b>Action Type</b>	s.47(3)(b)	<b>Due Date</b>	/04/2014				
<b>Category</b>							
<b>Started On</b>		<b>Completed On</b>					
<b>Priority</b>	Medium						

<b>Assigned By</b>	Taylor, Peta	<b>On Behalf Of</b>	
<b>Assigned To</b>	Armstrong, Tony	<b>Action By</b>	
<b>Responsible</b>	Armstrong, Tony	<b>Closed By</b>	Armstrong, Tony
<b>Action to be Taken</b>	s.47(3)(b)		

**Description** s.47(3)(b)

**Comments**

**Person with Ownership of Investigation**

**Have you allocated all recommended actions from the investigation?** Yes



**CLOSE OUT**

**Investigating Officer**

**Name** Taylor, Peta **Email** Peta.Taylor@dcs.qld.gov.au  
**Contact No.** 0741997409

**Conclusion**

**Date** 16/05/2014 **Time** 15:01  
**Outcome** 5. Administrative

**Person Responsible for Investigation Review**

**Name** Sapir, Ron **Email** ron.sapir@dcs.qld.gov.au  
**Contact No.** 4131 5959

**Has the investigation been reviewed and completed to the appropriate standard (as per the WHS Incident Classification and Action Guide)?** Yes

**Comments**

RTI Release



# Motor Vehicle Accident Claim Form

## Section 1 Please Complete All Areas

Region	Select LASN	WIDE BAY	
Area	BUNDABERG		
Station	BUNDABERG		
Fleet No	s. 47(3)(b)	Rego No	s. 47(3)(b)
Vehicle Make	Select Vehicle Make	MERC	
Vehicle Type	Select Vehicle Type	SPRINTER	
Regional Contact	Coordinator Operational Readiness		
Regional Contact Phone	Select LASN		
Regional Contact Fax	Select LASN		

## Section 2 Drivers Details

s. 47(3)(b)

## Section 3 Drug and Alcohol

s. 47(3)(b)

## Section 4 Tasking - Immediately Prior

Case No:	5314981	Response Code	Select	LA.
Nature of Case	s. 47(3)(b)			
Emergency Warning Devices in Use?	Select	NO		
If Yes, List Devices Used?	Select			
Time Incident Reported to Communication Centre	2145			
Was the Vehicle Reversing at Time	Y/N	N		
Was the Second Officer Supervising	Y/N	N/A.		

## Section 5 Accident

Date	s. 4	4-14	Time	2145
Address of Accident:	OUR HEAPS ST & BARDON ST AVENUE HEIGHTS			
Weather Conditions at Time of Accident	FINE			
Road Surface	Select	BITUMEN		
Accident Reported to Police	Select	YES		
Police Station Name	BUNDABERG			
Any Police Action Pending	Select	NO.		
If Yes, What against Whom				
Speed at Time of Accident	58 km.			
Other Vehicle If Known	HIGH SPEED			

## Section 9 Description of Accident

How Accident Occurred: s. 47(3)(b)

s. 47(3)(b)

## Section 6 Driver of Other Vehicle

s. 47(3)(b)

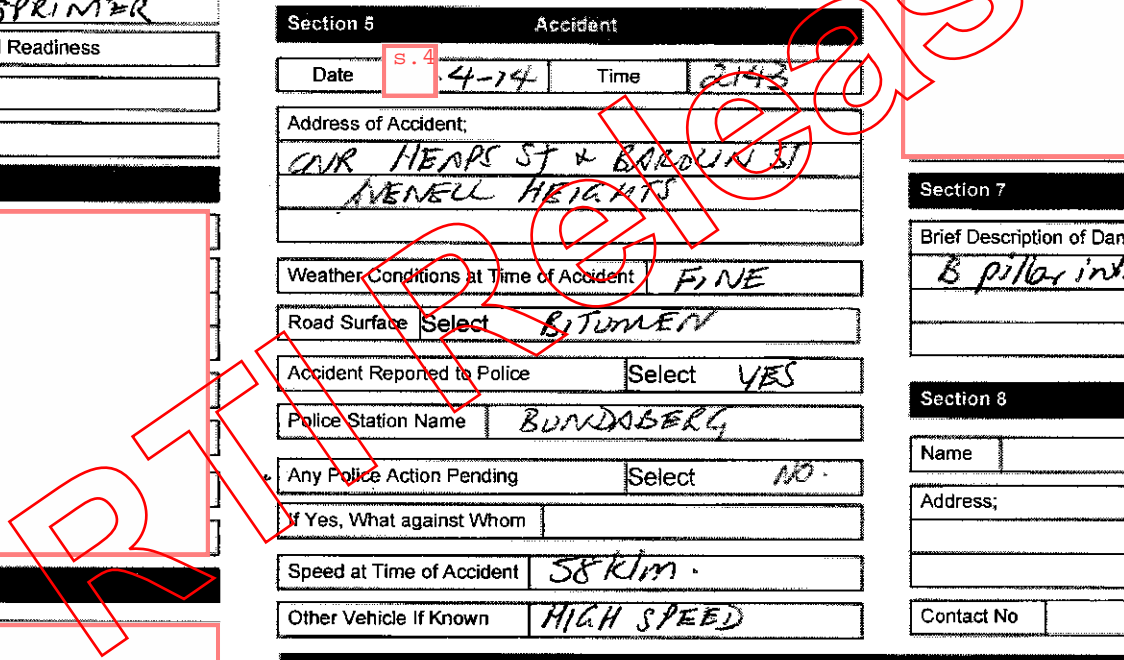
## Section 7 Damage to Other Vehicle

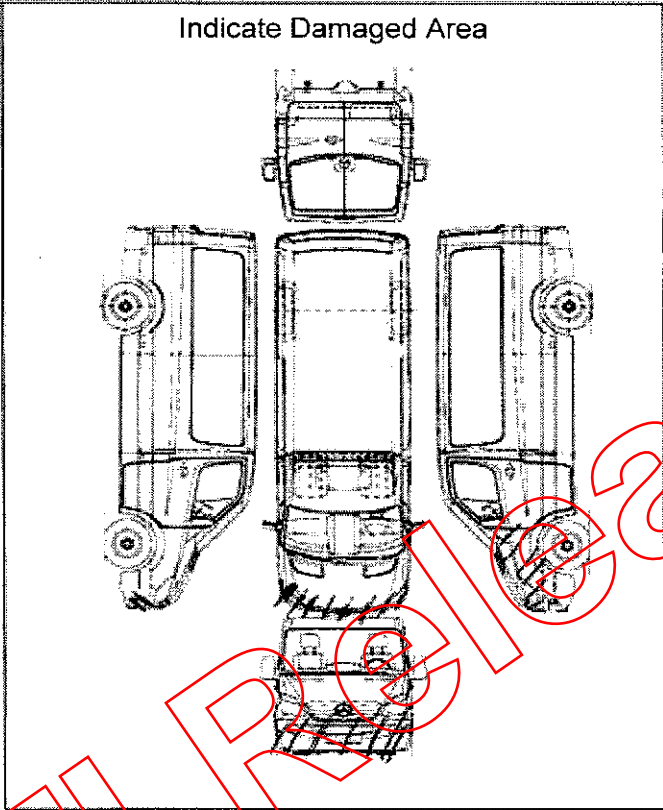
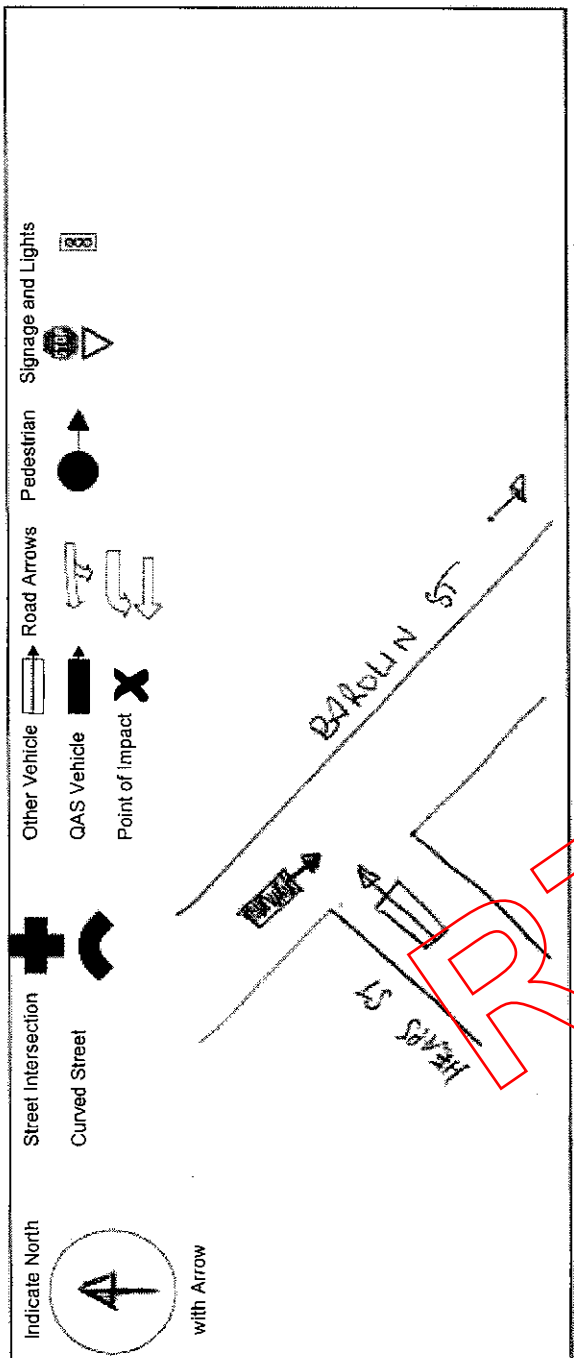
Brief Description of Damage:


B pillar intrusion 1 side vehicle

## Section 8 Witness to Accident

Name	
Address;	
Contact No	



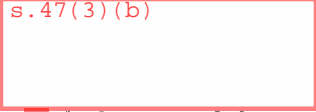


 Queensland Ambulance Service  
Motor Vehicle Accident  
Claim Form

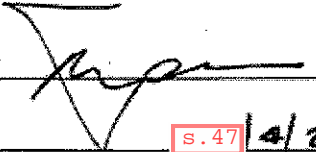
This Motor Vehicle Accident Claim form must be completed for all incidents involving an ambulance vehicle or equipment generally stored in the vehicle.



I declare that the accident particulars are true in every respect.

Signature of Driver   
Date 14/14

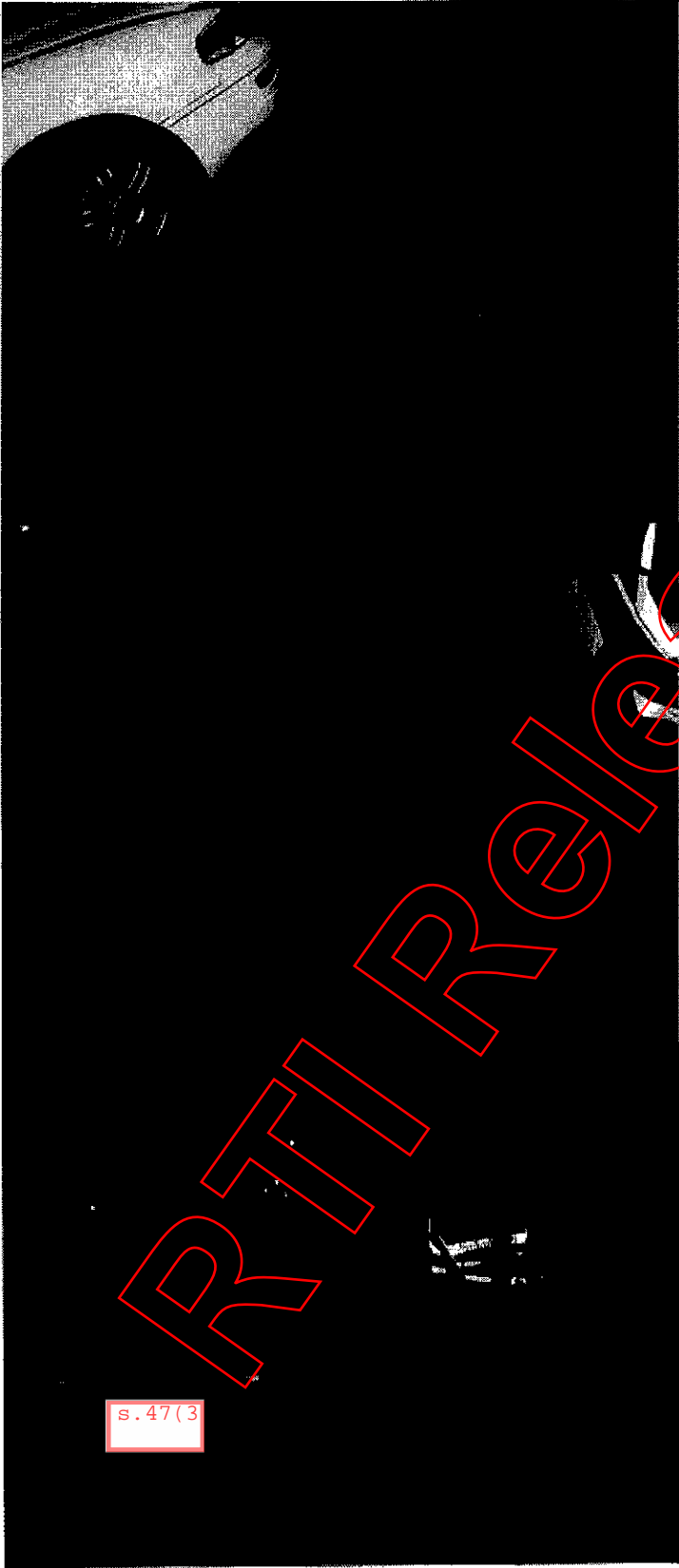
The information is, to the very best of my knowledge and belief, true in every respect.

Signature of Regional Manager   
Date 14/2014

The issue of the form must not be taken as an admission of liability  
OMMISSION OF RELEVANT INFORMATION MAY DELAY CLAIM







s.47(3)









Guidance

s. 4

RTI Release



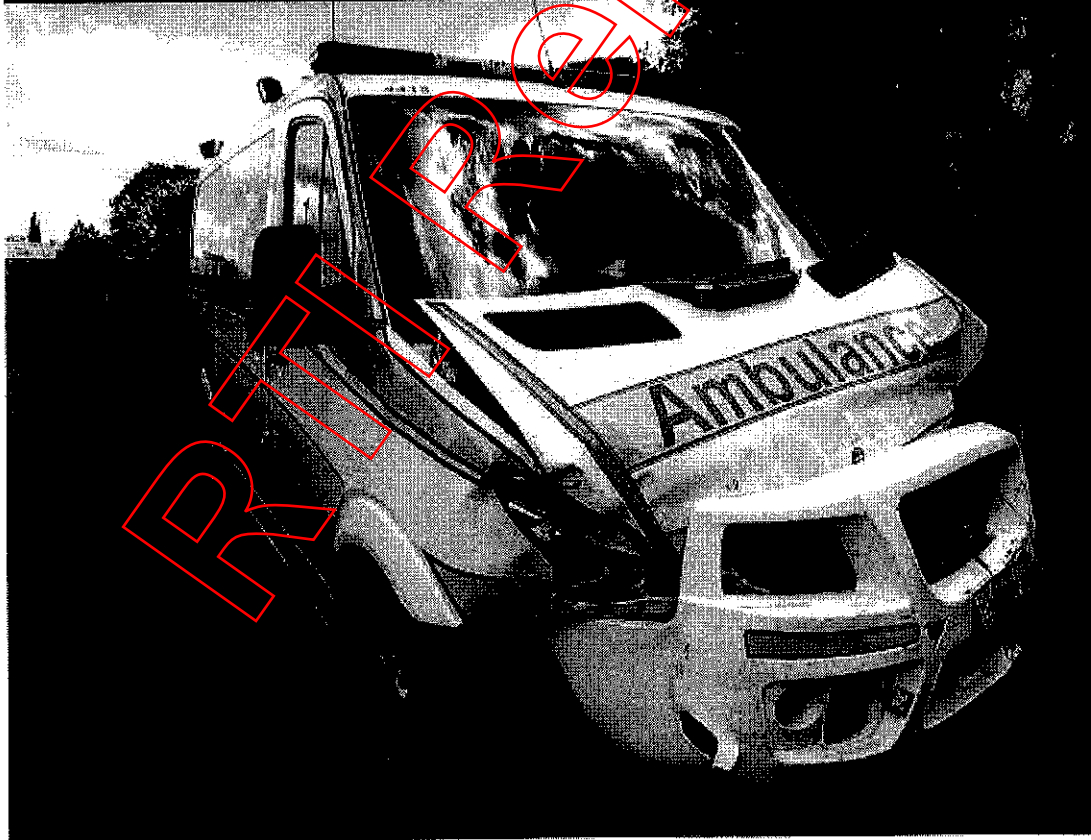
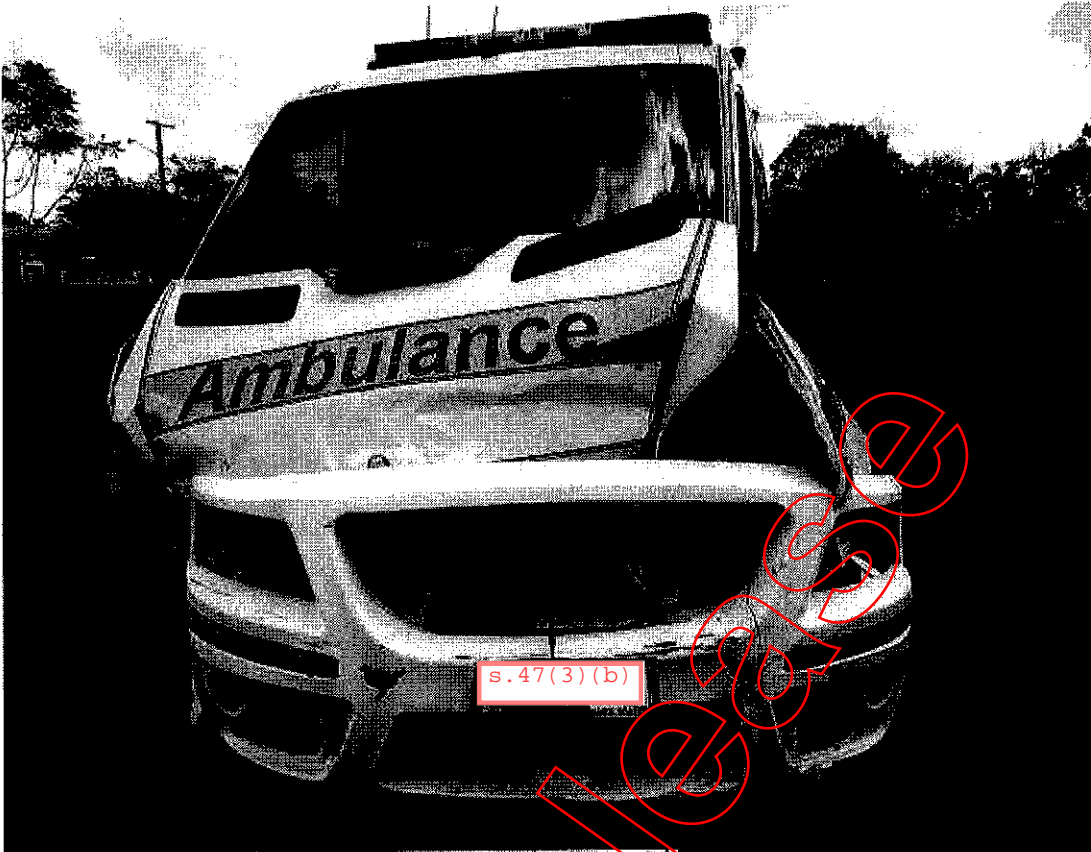




RTI Released







RTI 15015



RTI Released



---

# Motor Vehicle/ Traffic Incident Investigation Report

## QUEENSLAND AMBULANCE SERVICE – (REGION)

### Authority

Ambulance Service Act 1991  
QAS Driving Code - V1.1 (valid to 14/02/10)  
QAS Code of Conduct  
QAS Motor Vehicle Policy 4.5.1  
QAS Motor Vehicle Incidents Procedure 4.5.1.3  
QAS Operational Circular 04/05

Investigating Officer to complete and forward to Area Director within 24 hours. If incomplete – mark as "Interim Report"

Driver of QAS vehicle to complete the appropriate Insurance form.



Please review check list on back page before leaving scene, and again before submitting the report.

Date	s. -4-74				
Time	2256				
Location	QAS Burnaby Park				
Tasking	Code 1 <input type="checkbox"/>	Code 2 <input checked="" type="checkbox"/>	Code 3 <input type="checkbox"/>	Code 4 <input type="checkbox"/>	Returning from Incident / Non Case <input type="checkbox"/>
Incident Number	5314981				

<b>QAS VEHICLE DETAILS</b>			
Unit Number	s. 47(3)(b)		
Registration Number			
Station	BUNDABERG		
Make	MERC		
Model	SPRINTER		
<input type="checkbox"/> Sedan	<input type="checkbox"/> Management Vehicle	<input checked="" type="checkbox"/> Ambulance	<input type="checkbox"/> Support Vehicle
Driver	s. 47(3)(b)		
Second Officer			
Other Occupants	NONE		

<b>OTHER VEHICLE DETAILS</b>		
	A	B
Registration Number	s. 47(3)(b)	
Make		
Model		
Colour		
Driver		
Other Occupants		

<b>BRIEF DETAILS OF VEHICLE DAMAGE</b>	
QAS:	Front end damage from R side of bullbar high speed impact. → shifted to left front passenger door would not open
Other Vehicle:	B pillar passenger side intrusion

**BRIEF DETAILS OF OCCUPANT INJURY**

QAS: s. 47(3)(b)

s. 47(3)(b)

Other Vehicle: s. 47(3)(b)

s. 47(3)(b)

**PROPERTY DAMAGE**

Details: [Property/Owner/Damage]

**DRIVER DETAILS**

	QAS Vehicle	Other Vehicle [A]	
Name	<span style="border: 1px solid red; padding: 2px;">s. 47(3)(b)</span>	Name	<span style="border: 1px solid red; padding: 2px;">s. 47(3)(b)</span>
Station	QAS Burdoby	Address	
Rank	<span style="border: 1px solid red; padding: 2px;">s. 47(3)(b)</span>	Telephone	
Medal Number	<span style="border: 1px solid red; padding: 2px;">s. 47(3)(b)</span>	DOB	
Telephone		License Number	
DOB			
License Number			
Class			
Expiry Date			
Driving Experience			

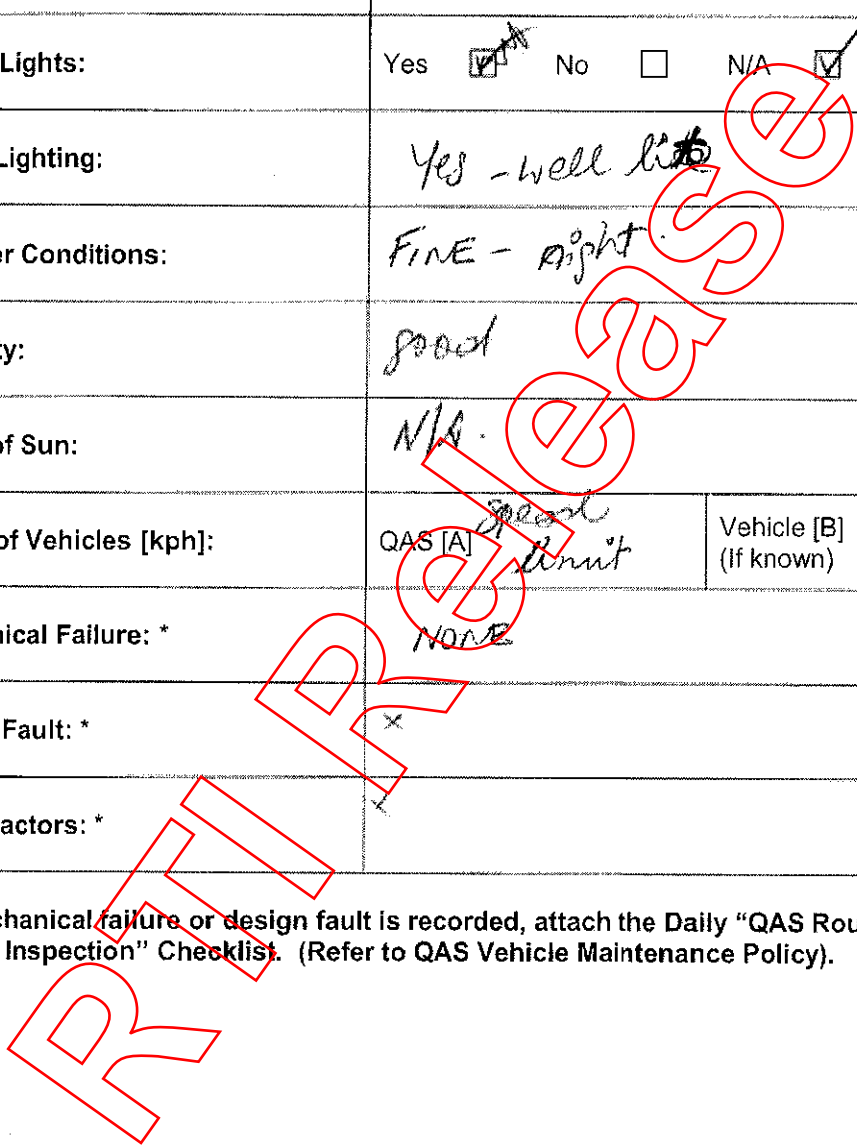
**DRIVER DETAILS**

	Other Vehicle [B]	Other Vehicle [C]	
Name		Name	
Address		Address	
Telephone		Telephone	
DOB		DOB	
License Number		License Number	

**ROAD AND WEATHER CONDITIONS / OTHER CONTRIBUTING FACTORS**

Repair / Condition of Road surface:	good	
Road Signs:	visible	
Traffic Lights:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Street Lighting:	Yes - well lit	
Weather Conditions:	FINE - night	
Visibility:	good	
Angle of Sun:	N/A	
Speed of Vehicles [kph]:	QAS [A] <sup>speed</sup> limit	Vehicle [B] (If known) high speed.
Mechanical Failure: *	NONE	
Design Fault: *	x	
Other Factors: *		

If a mechanical failure or design fault is recorded, attach the Daily "QAS Routine Vehicle Inspection" Checklist. (Refer to QAS Vehicle Maintenance Policy).





**AMBULANCE OFFICER DRIVING HISTORY**

s.47(3)(b)

RTI Release

"Reversing Vehicles" complied with?			
-------------------------------------	--	--	--

**QAS NOTIFICATION**

Time reported to Regional Communication Centre:	2145
Date:	8-4-14
Time reported to Duty Officer:	2201.
Time Reported to Area Director:	

**POLICE NOTIFICATION**

Police Officer	Jamie INGRAM
Station	
Service Number	
Telephone	
Attended Location	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

s. 47(3)(b)

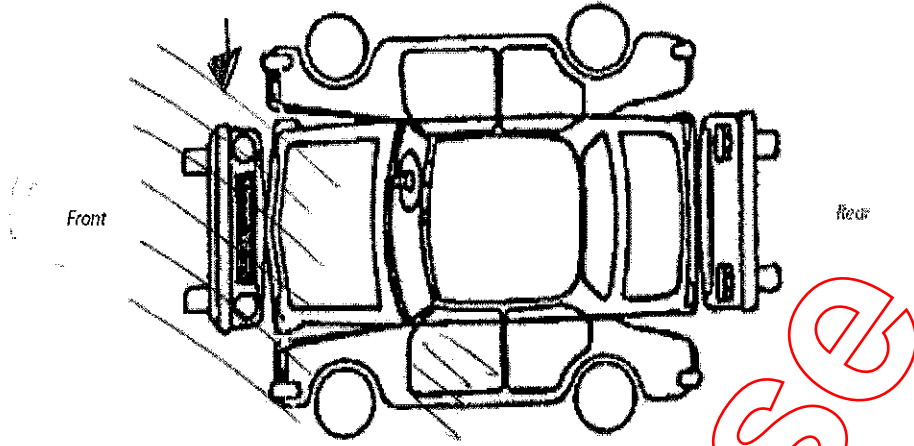
Draw sketches showing the position of the vehicles and direction of travel. Indicate the details of all road signs and markings.

Sketch plan of accident in the space

SYMBOLS FOR PLAN			
Witness	○ →	Traffic Lights	Ⓜ
Your Vehicle	■ →	Stop Sign	Ⓢ
Other Vehicle	□ →	Give Way Sign	ⓐ

Please show the Name(s) and width(s) of street(s) in metres

Please indicate on the diagram below, the area of damage to your vehicle.





Pages 90 through 93 redacted for the following reasons:

-----  
s.47(3)(b)

RTI Release



**Peta Taylor**

---

**Subject:** FW: Bundaberg Unit involved in serious RTC - Unit s.47 - 05315033

**Importance:** High

**From:** Rick Tenthly

**Sent:** Saturday, s April 2014 11:26 PM

**To:** Craig Emery

**Cc:** Russell Bowles; Ron Sapir

**Subject:** Bundaberg Unit involved in serious RTC - Unit s.47 05315033

**Importance:** High

Good Evening Gents

Just preliminary advice

Bundaberg unit responding code two along Barolin Street in Avenell Heights (Bundaberg) was involved in a RTC with another vehicle earlier on this evening at about 2145hrs.

The collision occurred as a result of another vehicle entering Barolin Street from Heaps Street which failed to stop at a stop sign or give way to the unit. QPS advise that unit was traveling at a high rate of speed when it passed immediately to the front of the QAS unit. The vehicle was "T-Boned" by the ambulance at normal road speed.

The ambulance was severely damaged and uncontrollable, coming to a rest against a light pole. The other vehicle was also severely damaged and left the road way coming to a halt in a vacant block.

s.47(3)(b)

The incident is under review by local QPS - Scenes of Crimes and Crash Investigators etc

s.47(3)(b)

A crash report is currently being prepared by the Senior Operations Supervisor and a more detailed brief will be forwarded later.

Kind regards

**Rick Tenthly**

Manager Operations & Resource Readiness

Wide Bay LASN | Queensland Ambulance Service | Department of Health



RTI Release

**Peta Taylor**

---

**From:** Roy Vanderberg  
**Sent:** Tuesday, April 2014 5:12 PM  
**To:** Rick Tenthly; Peta Taylor; Paul Schultz  
**Subject:** FW: Departmental crash Saturday 4/2014

**Kind Regards**

*Roy Vanderberg*

Roy Vanderberg | Officer In Charge | Bundaberg Station,

Wide Bay Local Ambulance Service Network, Queensland Ambulance Service | Department of Health

E: [QasLasnWideBayBundabergOic@ambulance.qld.gov.au](mailto:QasLasnWideBayBundabergOic@ambulance.qld.gov.au) or [roy.vanderberg@ambulance.qld.gov.au](mailto:roy.vanderberg@ambulance.qld.gov.au) | P: 07 4131 5925 | M: [s.47\(3\)\(f\)](#) | A: PO Box 108, 307 Bourbong Street, Bundaberg, Queensland, 4670



Great state. Great opportunity.

Customers first | Ideas into action | Unleash potential | Be courageous | Empower people

**TOGETHER EVERYONE ACHIEVES MORE**

---

**From:** [Yates.Laura@police.qld.gov.au](mailto:Yates.Laura@police.qld.gov.au) [mailto:[Yates.Laura@police.qld.gov.au](mailto:Yates.Laura@police.qld.gov.au)]  
**Sent:** Monday April 2014 4:15 PM  
**To:** Roy Vanderberg  
**Subject:** Departmental crash Saturday 4/2014

Hi Roy,

Crash report details are:

QP1400461321

Traffic Crash - With Injury [1410] Barolin Street i/a Heaps Street, Walkervale. Car vs Ambulance. Unit 1: [s.47\(3\)\(b\)](#)

[s.47\(3\)\(b\)](#) Unit 2: [s.47\(3\)\(b\)](#)

Regards

Laura Yates  
Constable 26858  
Bundaberg Station  
(07) 41539111  
[Yates.Laura@police.qld.gov.au](mailto:Yates.Laura@police.qld.gov.au)

\*\*\*\*\*  
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\*\*\*\*\*

RTI Release





# Incident Investigation Report

**INCIDENT NUMBER:** 025269

## PERSONAL DETAILS

**Business Unit** QAS Central Staff Development Unit

**Surname** s.47(3)(b)  
**First Name**  
**Residential Address**  
**Contact No:**  
**Email**  
**Gender**  
**Date of Birth**

**Payroll No.** s.47(3)

**Other (ie. contractor)**

**Preferred Language**

## EMPLOYMENT DETAILS

s.47(3)(b)

## INCIDENT DETAILS

**Incident Date** s/05/2014

**Incident Time** 16:30

**Brief Description of Incident**

RTA - impact passenger wheel (other veh took right-of-way off QAS)

**Where Incident Occurred**

Travel - enroute to emergency scene (eg responding to code)

**Physical Address Where Incident Occurred**

Gladstone road outside of Ultra Tune

**Suburb** Rockhampton

**Post Code** 4700

**What were you doing at the time?**

Code 1 to s.47(3)(b)

**Detailed Description of Incident:**

s.47(3)(b)

**Body Location of Injury**

s.47(3)(b)

## WITNESS DETAILS

**First Name**

s.47(3)

**Surname**

s.47

Telephone No.

Email

Statement

**PERSON COMPLETING THIS FORM (if different from the injured / exposed person)**

Surname

s.47(3)(b)

First Name

Contact No.

Email

s.47(3)(b)

Position Title

**SUPERVISOR DETAILS (of the injured / exposed person)**

Surname

Osborne

First Name

Phillip

Contact No.

s.47(3)(b)

Email

phillip.osborne@ambulance.qld.gov.au

Position Title

Manager Clinical Education

**DETAILS OF TREATMENT**

s.47(3)(b)

**RELATED INCIDENTS**

**ATTACHMENTS**

Attachment Type

Content/Outlook Item

Date Attached

04/06/2014

Description

Corro 04.06.14 - Reallocate to Brad Rolfe to investigation and finalise

File Name

025269 (Date [S] 05.14) SHE Workflow Automatic Notification - Incident Not Closed .msg  
Outlook Item

File Type

Attachment Type

Content/Microsoft Word 97 - 2003 Document

Date Attached

[S] /05/2014

Description

Corro [S].05.14 - Take 2 reflection form returned

File Name

025269 Take 2 Reflection.doc

File Type

Microsoft Word 97 - 2003 Document

Attachment Type

Content/Outlook Item

Date Attached

[S] /05/2014

Description

Corro [S] 05.14 - Request completion of Take 2 Reflection form

File Name

025269 SHE Incident - Take 2 Reflection completion request.msg

File Type

Outlook Item

**CLASSIFICATION**

**Person with Ownership of the Investigation**

**Name** Coombs, Steven

**Email** steven.coombs@dcs.qld.gov.au

**Contact No.** (07) 49 386 826

**Investigating Officer**

**Name** Rolfe, Bradley

**Email** bradley.rolfe@dcs.qld.gov.au

**Contact No.** 49386826

**Investigation Due Date** 06/06/2014

**Person Responsible for Investigation Review**

**Name** Knott, Selena

**Email** selena.knott@ambulance.qld.gov.au

**Contact No.** 4938 4843

**Classification**

**Incident Class**

s.47(3)(b)

**Incident Classification**

Class C

**Has an external agency been notified of the incident?**

No

**Has an external investigator been engaged for this incident as per WHS Incident Classification and Action Guide?**

No

**Agencies Notified**

**INVESTIGATION**

**What task was being performed at the time of the incident?**

Officer was the passenger in ERV responding to Code 1 case

**Describe the damage or injuries sustained:**

s.47(3)(b)

**Provide detailed location information:**

Gladstone road, Rockhampton

**Describe any other circumstances leading to the incident:**

Nil

**Provide a detailed description of the incident (ie. sequence of events):**

another vehicle drove into the passenger side of the ERV striking the front passenger side front quarter panel of the ambulance vehicle

**Summarise the process used to conduct the investigation:**

Phone calls, statements.

**Incident from**

s. /05/2014

**Incident to**

s. /05/2014

**Equipment**

**Causes & Contributing Factors**

**Category**

**Causes and Contributing Factors**

**Other Causes and Contributing Factors**

**INCIDENT NUMBER:** 025269

**RECOMMENDATIONS**

**Immediate Actions Taken**

**Immediate Actions Taken To Control the Hazard and Reduce the Risk**

**Category** **Priority**

s.47(3)(b)

**Further Actions Required**

**Further Actions Required to Control the Hazard and Reduce the Risk**

**Category** **Priority**

**Actions**

**Action No.** 064685 **Date Assigned** 05/06/2014 **Status** Closed **Status Date** 11/06/2014  
**Action Type** s.47(3)(b) **Due Date**  
**Category**  
**Started On** 05/06/2014 **Completed On** 10/06/2014  
**Priority** Low

**Assigned By** Knott, Selena **On Behalf Of**  
**Assigned To** Rolfe, Bradley **Action By** Rolfe, Bradley  
**Responsible** Rolfe, Bradley **Closed By** Knott, Selena

**Action to be Taken** s.47(3)(b)

**Description** s.47(3)(b)

**Comments**

**Person with Ownership of Investigation**

**Have you allocated all recommended actions from the investigation?** Yes

**CLOSE OUT**

**Investigating Officer**

**Name** Rolfe, Bradley **Email** bradley.rolfe@dcs.qld.gov.au

**Contact No.** 49386826

**Conclusion**

**Date** 10/06/2014 **Time** 08:10

**Outcome** 5. Administrative

**Person Responsible for Investigation Review**

**Name** Knott, Selena **Email** selena.knott@ambulance.qld.gov.au

**Contact No.** 4938 4843

**Has the investigation been reviewed and completed to the appropriate standard (as per the WHS Incident Classification and Action Guide)?** Yes



Comments

s. 47(3)(b)

RTI Release

**Jason Kløver**

---

**From:** Selena Lennon  
**Sent:** Wednesday, S May 2014 10:10 AM  
**To:** s.47(3)(b)  
**Cc:** Phil Osborne  
**Subject:** 025269 SHE Incident - Take 2 Reflection completion request  
**Attachments:** Take 2 Reflection Check List V.3- 2014.doc; 025269 incident S.05.14 RTA.pdf

Hi s.47(  
In relation to your SHE Incident of s.05.14, would you please complete the attached Take 2 Reflection form and return to this office with a cc to your OIC.

Cheers  
*Selena Lennon*  
HRO / WH&S Advisor  
Central Queensland LASN  
Queensland Ambulance Service  
Department of Health

***A near miss reported today, is the accident that does not happen tomorrow***

Email: [selena.lennon@ambulance.qld.gov.au](mailto:selena.lennon@ambulance.qld.gov.au)  
Office: (07) 4938 4923 Fax: (07) 4938 4737  
Address: PO Box 1531, Rockhampton Q 4700

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Cheers  
*Selena Lennon*  
HRO / WH&S Advisor  
Central Queensland LASN  
Queensland Ambulance Service  
Department of Health

***A near miss reported today, is the accident that does not happen tomorrow***

Email: [selena.lennon@ambulance.qld.gov.au](mailto:selena.lennon@ambulance.qld.gov.au)  
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RTI Release

# **Take "2" - Reflection Check List**

Your feedback is vital in providing our LASN with information about the risks and hazards our Paramedics are encountering, and enable us to identify how we can eliminate, or put a control around the risk to provide better safety for yourself and your workmates.

<b>Station</b>	<b>Name</b>
<b>Nature of Injury</b>	
<b>Nature of case</b>	
<b>Environmental Conditions</b> <i>(Day/Night, Wet/Dry, House/Road etc)</i>	
<b>Did you take "2" prior to the activity that led to your injury</b>	<input type="checkbox"/> Was it safe to do this? <input type="checkbox"/> Did I consider all the risks and options? <input type="checkbox"/> Did I have the potential to be injured if I did this? <input type="checkbox"/> Was this the safest way to perform this action?
<b>What did you determine?</b> <i>(What was the root cause, and Potential for injury?)</i>	
<b>In hindsight, what would you do differently next time to prevent your injury</b>	

RTI Release

Details about the personal information held by DCS are outlined in the DCS Information Privacy Plan. You can view a copy of this plan online. The plan details the steps this department will take to address its obligations under the *Information Privacy Act 2009*.





# Notification of Incident Reported

INCIDENT NUMBER: 025269

## PERSONAL DETAILS

Business Unit QAS Central Staff Development Unit

Surname s.47(3)(b)

Payroll No. s.47(3)

First Name

Other (ie. contractor)

Residential Address

Contact No.

Email

Gender

Date of Birth

Preferred Language

## EMPLOYMENT DETAILS

s.47(3)(b)

## INCIDENT DETAILS

Incident Date s/05/2014

Incident Time 16:30

Brief Description of Incident Car Accident

Where incident occurred Travel enroute to emergency scene (eg responding to code)

Physical Address Where Incident Occurred Gladstone road outside of Ultra Tune

Suburb Rockhampton Post Code 4700

What were you doing at the time? Code 1 to s.47(3)(b)

Detailed Description of Incident:

s.47(3)(b)

Body Location of Injury

s.47(3)(b)

## WITNESS DETAILS

INCIDENT NUMBER: 025269

PERSON COMPLETING THIS FORM (if different from the injured / exposed person)

s.47(3)(b)

SUPERVISOR DETAILS (of the injured / exposed person)

Surname Osborne

First Name Phillip

Contact No. s.47(3)(b)

Email phillip.osborne@ambulance.qld.gov.au

Position Title Manager Clinical Education

DETAILS OF TREATMENT

s.47(3)(b)

ATTACHMENTS

RTI Release

# Take "2" - Reflection Check List

Your feedback is vital in providing our LASN with information about the risks and hazards our Paramedics are encountering, and enable us to identify how we can eliminate, or put a control around the risk to provide better safety for yourself and your workmates.

<b>Station</b>	<b>Name</b>
<b>Nature of Injury</b>	s.47(3)(b)
<b>Nature of case</b>	Road traffic accident
<b>Environmental Conditions</b> <i>(Day/Night, Wet/Dry, House/Road etc)</i>	Fine, sunny day on a congested road
<b>Did you take "2" prior to the activity that led to your injury</b>	<input checked="" type="checkbox"/> Was it safe to do this? <input checked="" type="checkbox"/> Did I consider all the risks and options? <input checked="" type="checkbox"/> Did I have the potential to be injured if I did this? <input checked="" type="checkbox"/> Was this the safest way to perform this action?
<b>What did you determine?</b> <i>(What was the root cause, and Potential for injury?)</i>	Going code one there is always a potential for accidents. On this occasion the other drive failed to give way to the emergency vehicle.
<b>In hindsight, what would you do differently next time to prevent your injury</b>	s.47(3)(b)

Please

Details about the personal information held by DCS are outlined in the DCS Information Privacy Plan. You can view a copy of this plan online. The plan details the steps this department will take to address its obligations under the *Information Privacy Act 2009*.

## Jason Kluver

---

**From:** Selena Lennon  
**Sent:** Wednesday, 4 June 2014 12:03 PM  
**To:** Bradley Rolfe  
**Subject:** 025269 (Date [s.47(3)(b)] 05.14) SHE Workflow: Automatic Notification - Incident Not Closed :  
**Attachments:** 025269 incident [s.47(3)(b)] 05.14 RTA.pdf; 025269 Take 2 Reflection.doc

Hi Brad, as [s.47(3)(b)], would you please investigate this incident as a priority so that SHE can be updated and closed asap.

Cheers  
**Selena Lennon**  
HRO / WH&S Advisor  
Central Queensland LASN  
Queensland Ambulance Service  
Department of Health

***A near miss reported today, is the accident that does not happen tomorrow***

Email: [selena.lennon@ambulance.qld.gov.au](mailto:selena.lennon@ambulance.qld.gov.au)  
Office: (07) 4938 4923 Fax: (07) 4938 4737  
Address: PO Box 1531, Rockhampton Q 4700

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---

**From:** Steven Coombs  
**Sent:** Monday, 2 June 2014 9:13 AM  
**To:** Selena Lennon  
**Cc:** Michelle Baxter  
**Subject:** FW: SHE Workflow: Automatic Notification - Incident Not Closed : Incident No 025269

We will have to go in and have a look at this [s.47(3)(b)]

Steve

Steve Coombs | **Executive Manager - Operations** |  
| Central Qld LASN | Queensland Ambulance Service | Department of Health |





PO Box 1531 Rockhampton QLD 4700 |

M: s.47(3)(b) | P: (07) 4938 4757 | @: [steven.coombs@ambulance.qld.gov.au](mailto:steven.coombs@ambulance.qld.gov.au) |

---

**From:** SHE Venus Workflow [<mailto:shesupportteam@emergency.qld.gov.au>]

**Sent:** Monday, 2 June 2014 12:03 AM

**To:** Steven Coombs

**Subject:** SHE Workflow: Automatic Notification - Incident Not Closed : Incident No 025269

Please be advised Incident No: 025269  
Has not been closed by:

- Lennon, Selena (Person Responsible for The Investigation Review) and
- Osborne, Phil within the required time frames.

Please ensure that the investigating officer named is advised that the Incident has not been progressed.

If this Incident is not progressed within 5 days, a further email reminder will escalate to the next management level. Thank you. SHE Administrator

---

Your SHE username is **scoombs**

If you would like to obtain a new password, click [here](#).

RTI Release



# Notification of Incident Reported

INCIDENT NUMBER: 025269

## PERSONAL DETAILS

Business Unit QAS Central Staff Development Unit

Surname

First Name

Residential Address

Contact No.

Email

Gender

Date of Birth

Preferred Language

Payroll No.

Other (ie. contractor)

## EMPLOYMENT DETAILS

## INCIDENT DETAILS

Incident Date

Incident Time 16:30

Brief Description of Incident Car Accident

Where incident occurred Travel - enroute to emergency scene (eg responding to code)

Physical Address Where Incident Occurred Gladstone road outside of Ultra Tune

Suburb Rockhampton Post Code 4700

What were you doing at the time? Code 1 to

Detailed Description of Incident:

Body Location of Injury

## WITNESS DETAILS

INCIDENT NUMBER: 025269

PERSON COMPLETING THIS FORM (if different from the injured / exposed person)

s.47(3)(b)

SUPERVISOR DETAILS (of the injured / exposed person)

Surname Osborne

First Name Phillip

Contact No. s.47(3)(b)

Email phillip.osborne@ambulance.qld.gov.au

Position Title Manager Clinical Education

DETAILS OF TREATMENT

s.47(3)(b)

ATTACHMENTS

RTI Release

# Take "2" - Reflection Check List

Your feedback is vital in providing our LASN with information about the risks and hazards our Paramedics are encountering, and enable us to identify how we can eliminate, or put a control around the risk to provide better safety for yourself and your workmates.

<b>Station</b>	<b>Name</b>
<b>Nature of Injury</b>	s. 47(3)(b)
<b>Nature of case</b>	Road traffic accident
<b>Environmental Conditions</b> <i>(Day/Night, Wet/Dry, House/Road etc)</i>	Fine, sunny day on a congested road
<b>Did you take "2" prior to the activity that led to your injury</b>	<input checked="" type="checkbox"/> Was it safe to do this? <input checked="" type="checkbox"/> Did I consider all the risks and options? <input checked="" type="checkbox"/> Did I have the potential to be injured if I did this? <input checked="" type="checkbox"/> Was this the safest way to perform this action?
<b>What did you determine?</b> <i>(What was the root cause, and Potential for injury?)</i>	Going code one there is always a potential for accidents. On this occasion the other drive failed to give way to the emergency vehicle.
<b>In hindsight, what would you do differently next time to prevent your injury</b>	s. 47(3)(b)

Please

Details about the personal information held by DCS are outlined in the DCS Information Privacy Plan. You can view a copy of this plan online. The plan details the steps this department will take to address its obligations under the *Information Privacy Act 2009*.





# Incident Investigation Report

**INCIDENT NUMBER:** 025630

## PERSONAL DETAILS

**Business Unit** Hervey Bay QAS Station

**Surname**

s.47(3)(b)

**Payroll No.**

s.47(3)

**First Name**

**Other (ie. contractor)**

**Residential Address**

**Contact No:**

**Email**

**Gender**

**Date of Birth**

**Preferred Language**

## EMPLOYMENT DETAILS

s.47(3)(b)

## INCIDENT DETAILS

**Incident Date** s./06/2014

**Incident Time** 19:52

**Brief Description of Incident**

Single Vehicle RTC

**Where Incident Occurred**

Travel - enroute to emergency scene (eg responding to code)

**Physical Address Where Incident Occurred**

Cnr of Augustus BLVD and Burrum-heads-Pialba Rd

**Suburb** Urraween

**Post Code** 4655

**What were you doing at the time?**

Front passenger in vehicle

**Detailed Description of Incident:**

s.47(3)(b)

## Body Location of Injury

s.47(3)(b)

**INCIDENT NUMBER:** 025630

s.47(3)(b)

**WITNESS DETAILS**

**First Name**

s.47(3)(b)

**Surname**

s.47(3)(b)

**Telephone No.**

**Email**

**Statement**

**PERSON COMPLETING THIS FORM (if different from the injured / exposed person)**

s.47(3)(b)

**SUPERVISOR DETAILS (of the injured / exposed person)**

**Surname**

Jones

**First Name**

Nigel

**Contact No.**

s.47(3)(b)

**Email**

Nigel.Jones@ambulance.qld.gov.au

**Position Title**

Acting Officer In Charge

**DETAILS OF TREATMENT**

s.47(3)(b)

**RELATED INCIDENTS**

**ATTACHMENTS**

**Attachment Type**

Content/Adobe Acrobat Document

**Date Attached**

s/06/2014

**Description**

s.47(3) medical certificate

**File Name**

medical certificate.pdf

**File Type**

Adobe Acrobat Document

**Attachment Type**

Content/Adobe Acrobat Document

**Date Attached**

s/06/2014

**Description**

2014 06 s Email - s.47( med certs

**File Name**

2014 06 s Email - med certs.pdf

**File Type**

Adobe Acrobat Document

**INCIDENT NUMBER:** 025630

**CLASSIFICATION**

**Person with Ownership of the Investigation**

**Name** Jones, Nigel

**Email** nigel.jonesqas@dcs.qld.gov.au

**Contact No.** 41244215

**Investigating Officer**

**Name** Taylor, Peta

**Email** Peta.Taylor@dcs.qld.gov.au

**Contact No.** 0741997409

**Investigation Due Date** 31/07/2014

**Person Responsible for Investigation Review**

**Name** Sapir, Ron

**Email** ron.sapir@dcs.qld.gov.au

**Contact No.** 4131 5959

**Classification**

**Incident Class**

s.47(3)(b)

**Incident Classification**

Class C

**Has an external agency been notified of the incident?**

Yes

**Has an external investigator been engaged for this incident as per WHS Incident Classification and Action Guide?**

No

**Agencies Notified**

**INVESTIGATION**

**What task was being performed at the time of the incident?**

Refer to Incident Investigation attached to Incident 025631 s.47(3)(b) s.47 was the passenger

**Describe the damage or injuries sustained:**

**Provide detailed location information:**

**Describe any other circumstances leading to the incident:**

**Provide a detailed description of the incident (ie. sequence of events):**

**Summarise the process used to conduct the investigation:**

**Incident from**

**Incident to**

**Equipment**

**Causes & Contributing Factors**

**Category**

**Causes and Contributing Factors**

**Other Causes and Contributing Factors**

**RECOMMENDATIONS**

**INCIDENT NUMBER: 025630**

**Immediate Actions Taken**

**Immediate Actions Taken To Control the Hazard and Reduce the Risk**

Category Priority

**Further Actions Required**

**Further Actions Required to Control the Hazard and Reduce the Risk**

Category Priority

**Actions**

Action No. 064822 Date Assigned Status Closed Status Date  /06/2014  
Action Type  Due Date  
Category  
Started On Completed On  
Priority

Assigned By Taylor, Peta On Behalf Of  
Assigned To Action By  
Responsible Closed By Sapir, Ron  
Action to be Taken

Description  
Comments As per Driver Review Panel

**Person with Ownership of Investigation**

Have you allocated all recommended actions from the investigation? Yes

**CLOSE OUT**

**Investigating Officer**

Name Taylor, Peta Email Peta.Taylor@dcs.qld.gov.au  
Contact No. 0741997409

**Conclusion**

Date  /06/2014 Time 12:30  
Outcome 5. Administrative

**Person Responsible for Investigation Review**

Name Sapir, Ron Email ron.sapir@dcs.qld.gov.au  
Contact No. 4131 5959

Has the investigation been reviewed and completed to the appropriate standard (as per the WHS Incident Classification and Action Guide)? Yes

**Comments**





Pages 118 through 119 redacted for the following reasons:

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s.47(3)(b)

RTI Release



# Incident Investigation Report

**INCIDENT NUMBER:** 025631

## PERSONAL DETAILS

**Business Unit** Hervey Bay QAS Station

**Surname**

s.47(3)(b)

**Payroll No.**

s.47(3)

**First Name**

**Other (ie. contractor)**

**Residential Address**

**Contact No:**

**Email**

**Gender**

**Date of Birth**

**Preferred Language**

## EMPLOYMENT DETAILS

s.47(3)(b)

## INCIDENT DETAILS

**Incident Date** s/06/2014

**Incident Time** 19:52

**Brief Description of Incident**

Single vehicle RTC

**Where Incident Occurred**

Travel - enroute to emergency scene (eg responding to code)

**Physical Address Where Incident Occurred**

Augustus Blvd

**Suburb** Urraween

**Post Code** 4655

**What were you doing at the time?**

Driving the ambulance

**Detailed Description of Incident:**

s.47(3)(b)

## Body Location of Injury

s.47(3)(b)

**INCIDENT NUMBER:** 025631

**WITNESS DETAILS**

First Name

s.47(3)(b)

Surname

s.47(3)

Telephone No.

Email

Statement

**PERSON COMPLETING THIS FORM (if different from the injured / exposed person)**

Surname

s.47(3)(b)

First Name

Contact No.

Email

s.47(3)(b)

Position Title

**SUPERVISOR DETAILS (of the injured / exposed person)**

Surname

JONES

First Name

Nigel

Contact No.

s.47(3)(b)

Email

nigel.jones@ambulance.qld.gov.au

Position Title

Acting Officer In Charge

**DETAILS OF TREATMENT**

s.47(3)(b)

**RELATED INCIDENTS**

**ATTACHMENTS**

Attachment Type

Content/Adobe Acrobat Document

Date Attached

s/06/2014

Description

Email - R Tenthly - Safe Driving Alert

File Name

Email - R Tenthly - Safe Driving Alert.pdf

File Type

Adobe Acrobat Document

Attachment Type

Content/Adobe Acrobat Document

Date Attached

s/06/2014

Description

Tool Box Talk Road user management

File Name

Tool Box Talk Road user managment.pdf

File Type

Adobe Acrobat Document

Attachment Type

Content/Adobe Acrobat Document

Date Attached

s/06/2014

Description

Vehicle\_Code\_of\_Practice

File Name

Vehicle\_Code\_of\_Practice.pdf

File Type

Adobe Acrobat Document

DOH-DL 14/15-047

**INCIDENT NUMBER: 025631**

**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** 22/07/2014  
**Description** Driver Review Panel 2014 07 13  
**File Name** Driver Review Panel 2014 07 13.pdf  
**File Type** Adobe Acrobat Document

**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** [S]/06/2014  
**Description** Wide Bay LASN Safety Alert - Safe Driving 2014 06  
**File Name** Wide Bay LASN Safety Alert - Safe Driving 2014 06.pdf  
**File Type** Adobe Acrobat Document

**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** [S]/06/2014  
**Description** [S.4] Medical Certificate  
**File Name** [S.4] Medical Certificate.pdf  
**File Type** Adobe Acrobat Document

**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** [S]/06/2014  
**Description** 2014 06 [S] Email - [S.47] med certs  
**File Name** 2014 06 [S] Email - [S.47] med certs.pdf  
**File Type** Adobe Acrobat Document

**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** [S] 06/2014  
**Description** Accident Investigation Report Unit [S.4] Hervey Bay  
**File Name** Accident Investigation Report Unit [S.4] Hervey Bay.pdf  
**File Type** Adobe Acrobat Document

**Attachment Type** Content/Microsoft Word Document  
**Date Attached** [S]/06/2014  
**Description** Pictures - Unit [S.4] Hervey Bay  
**File Name** Pictures - Unit [S.4] Hervey Bay.docx  
**File Type** Microsoft Word Document

**Attachment Type** Content/Adobe Acrobat Document  
**Date Attached** [S] 06/2014  
**Description** Complete Insurance Claim  
**File Name** Complete Insurance Claim.pdf  
**File Type** Adobe Acrobat Document

**CLASSIFICATION**

Person with Ownership of the Investigation

DOH-DL-14/15-047



**INCIDENT NUMBER:** 025631

**Name** Searle, Darrell

**Email** darrell.searle@ambulance.qld.gov.au

**Contact No.** 0741244215

**Investigating Officer**

**Name** Taylor, Peta

**Email** Peta.Taylor@dcs.qld.gov.au

**Contact No.** 0741997409

**Investigation Due Date** 31/07/2014

**Person Responsible for Investigation Review**

**Name** Sapir, Ron

**Email** ron.sapir@dcs.qld.gov.au

**Contact No.** 4131 5959

**Classification**

**Incident Class**

s.47(3)(b)

**Incident Classification**

Class C

**Has an external agency been notified of the incident?**

Yes

**Has an external investigator been engaged for this incident as per WHS Incident Classification and Action Guide?**

No

**Agencies Notified**

**INVESTIGATION**

**What task was being performed at the time of the incident?**

Refer to attached Accident Investigation

**Describe the damage or injuries sustained:**

**Provide detailed location information:**

**Describe any other circumstances leading to the incident:**

**Provide a detailed description of the incident (ie. sequence of events):**

**Summarise the process used to conduct the investigation:**

**Incident from**

**Incident to**

**Equipment**

**Equipment Type**

QAS - Vehicles

**Make & Model**

Mercedes Benz 318/319  
Acute Single

**Asset / Vehicle Regn**

s.47(

**Serial / Unit No.**

**Comments**

**Causes & Contributing Factors**

**Category**

**Causes and Contributing Factors**

Conditions - Weather

Overcast

**INCIDENT NUMBER:** 025631

s. 47(3)(b)

Conditions - Visibility Clear  
Conditions - Lighting Night Lighting  
Conditions - Surface Dry

**Other Causes and Contributing Factors**

**RECOMMENDATIONS**

**Immediate Actions Taken**

**Immediate Actions Taken To Control the Hazard and Reduce the Risk**

Category Priority

**Further Actions Required**

**Further Actions Required to Control the Hazard and Reduce the Risk**

Category Priority

**Actions**

Action No. 064821 Date Assigned s. /06/2014 Status Closed Status Date s. /06/2014  
Action Type s. 47(3)(b) Due Date 11/07/2014  
Category  
Started On Completed On  
Priority High

Assigned By Taylor, Peta On Behalf Of  
Assigned To Action By  
Responsible Closed By Sapir, Ron

Action to be Taken s. 47(3)(b)

Description s. 47(3)(b)  
Comments

**Person with Ownership of Investigation**

Have you allocated all recommended actions from the investigation? Yes

**CLOSE OUT**

**Investigating Officer**

Name Taylor, Peta Email Peta.Taylor@dcs.qld.gov.au  
Contact No. 0741997409

**Conclusion**

Date 01/07/2014 Time 09:10  
Outcome 5. Administrative

RTI Release

**INCIDENT NUMBER:** 025631

**Person Responsible for Investigation Review**

**Name** Sapir, Ron

**Email** ron.sapir@dcs.qld.gov.au

**Contact No.** 4131 5959

**Has the investigation been reviewed and completed to the appropriate standard (as per the WHS Incident Classification and Action Guide)?**

Yes

**Comments**

s. 47(3)(b)

RTI Release



Pages 126 through 127 redacted for the following reasons:

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s.47(3)(b)

RTI Release





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# Motor Vehicle/ Traffic Incident Investigation Report

## QUEENSLAND AMBULANCE SERVICE – (REGION)

### Authority

Ambulance Service Act 1991  
QAS Driving Code - V1.1 (valid to 14/02/10)  
QAS Code of Conduct  
QAS Motor Vehicle Policy 4.5.1  
QAS Motor Vehicle Incidents Procedure 4.5.1.3  
QAS Operational Circular 04/05

Investigating Officer to complete and forward to Area Director within 24 hours. If incomplete – mark as “Interim Report”

Driver of QAS vehicle to complete the appropriate Insurance form.

Please review check list on back page before leaving scene, and again before submitting the report.

Date	s. June 2014				
Time	1942 hrs				
Location	Augustus Blvd near Burrum Heads Rd				
Tasking	Code 1 <input checked="" type="checkbox"/>	Code 2 <input type="checkbox"/>	Code 3 <input type="checkbox"/>	Code 4 <input type="checkbox"/>	Returning from Incident / Non Case <input type="checkbox"/>
Incident Number	5506930				

<b>QAS VEHICLE DETAILS</b>	
Unit Number	s. 47(3)(b)
Registration Number	
Station	Hervey Bay
Make	Mercedes Sprinter
Model	319
<input type="checkbox"/> Sedan	<input type="checkbox"/> Management Vehicle <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Support Vehicle
Driver	s. 47(3)(b)
Second Officer	
Other Occupants	Nil

<b>OTHER VEHICLE DETAILS</b>		
	A	B
Registration Number		
Make		
Model		
Colour		
Driver		
Other Occupants		

<b>BRIEF DETAILS OF VEHICLE DAMAGE</b>	
QAS:	Vehicle rolled onto right side causing significant panel damage. Right side windows and windscreen smashed. Possible right A, B + C pillar damage with right side tyres + rims damaged
Other Vehicle:	n/a

**BRIEF DETAILS OF OCCUPANT INJURY**

QAS: s.47(3)(b)

s.47(3)(b)

Other Vehicle: n/a

**PROPERTY DAMAGE**

Details: [Property/Owner/Damage]

**DRIVER DETAILS**

	QAS Vehicle	Other Vehicle [A]	
Name	<span style="border: 1px solid red; padding: 2px;">s.47(3)(b)</span>	Name	
Station	Hervey Bay	Address	
Rank	<span style="border: 1px solid red; padding: 2px;">s.47(3)(b)</span>		
Medal Number		Telephone	
Telephone		DOB	
DOB		License Number	
License Number			
Class			
Expiry Date			
Driving Experience			

**DRIVER DETAILS**

	Other Vehicle [B]	Other Vehicle [C]	
Name		Name	
Address		Address	
Telephone		Telephone	
DOB		DOB	
License Number		License Number	





**ROAD AND WEATHER CONDITIONS / OTHER CONTRIBUTING FACTORS**

Repair / Condition of Road surface:	Sealed, some loose gravel + water	
Road Signs:	Clearly marked, good condition	
Traffic Lights:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
Street Lighting:	Directly above intersection	
Weather Conditions:	Overcast	
Visibility:	Normal night visibility, no fog or rain	
Angle of Sun:	n/a	
Speed of Vehicles [kph]:	QAS [A] $\approx$ 30kmph	Vehicle [B] (if known) n/a
Mechanical Failure: *	Nil	
Design Fault: *	Nil	
Other Factors: *	Nil	

If a mechanical failure or design fault is recorded, attach the Daily "QAS Routine Vehicle Inspection" Checklist. (Refer to QAS Vehicle Maintenance Policy).

REFUSED

**AMBULANCE OFFICER DRIVING HISTORY**

s. 47(3)(b)

RTI Release

"Reversing Vehicles" complied with?			
-------------------------------------	--	--	--

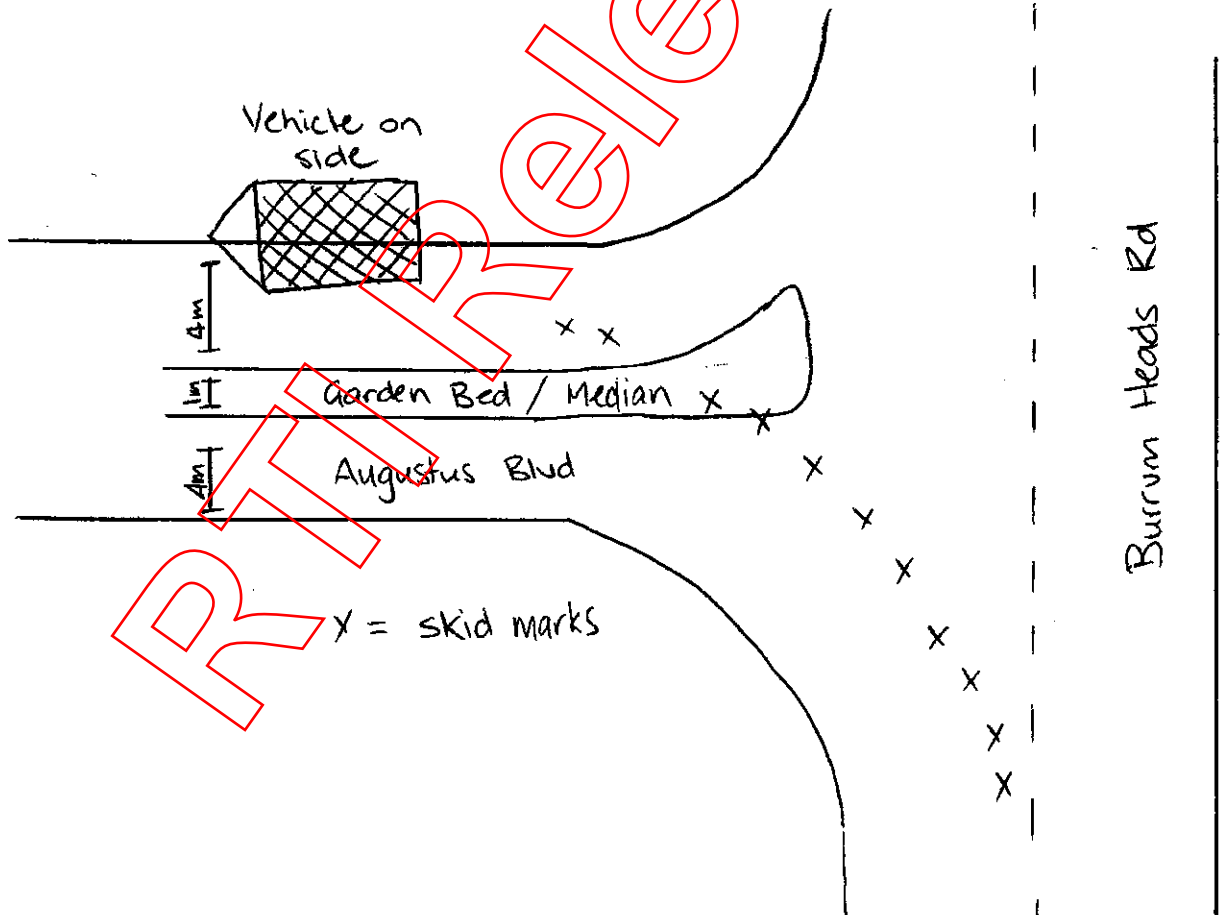
**QAS NOTIFICATION**

Time reported to Regional Communication Centre:	1952 hrs
Date:	5/06/2014
Time reported to Duty Officer:	1958 hrs
Time Reported to Area Director:	1958 hrs

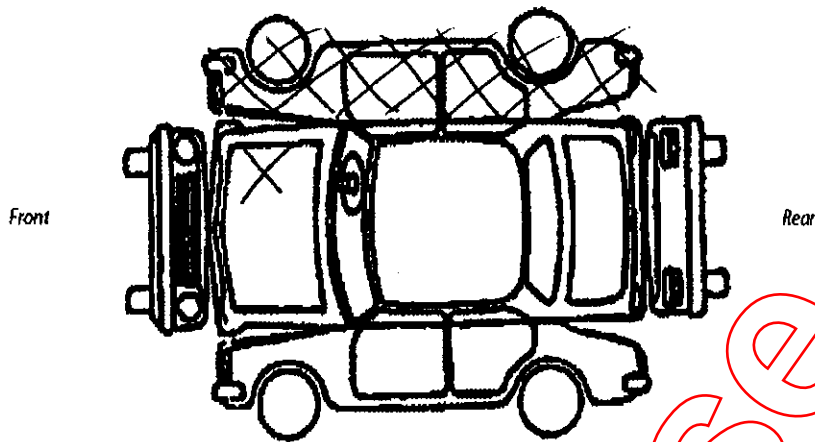
**POLICE NOTIFICATION**

Police Officer	Senior Constable M. Green		
Station	Hervey Bay		
Service Number			
Telephone	41285333	Accident Report	GP 1400789186
Attended Location	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
s.47(3)(b)			

Draw sketches showing the position of the vehicles and direction of travel. Indicate the details of all road signs and markings.



Please indicate on the diagram below, the area of damage to your vehicle.



- \* Smashed windscreen
- \* Extensive panel damage to drivers side
- \* Damage to internal cupboards.

RTI Release





Pages 136 through 137 redacted for the following reasons:

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s.47(3)(b)

RTI Release

**CHECKLIST**

<b>Interim Report – Accident involving QAS Vehicle/s</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Statements from Officers</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Statement from Witness</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Map – Location of accident</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Workplace, Health &amp; Safety Reports</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Quotation – Repairs [Number submitted _____]</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Photographs of Accident site &amp; Vehicles</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Insurance claim – Lumley's</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Copy faxed to QAS Regional Workshops</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Communications Centre Supervisor/Tactician Report</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Communication Centre Log</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RTI Released



Pages 139 through 146 redacted for the following reasons:

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s.47(3)(b)

RTI Release

# Claim Form Completion

## Section 1

Type in the Area, Station and Select the appropriate Vehicle make and type via the drop down boxes.

Type in the vehicles fleet and registration number.

All areas within this section are to be completed.

## Section 2

Type in your Name, Address, Pay Number, Date of Birth, Age, Licence Number and Expiry Date, along with your driving experience.

All areas within this section are to be completed.

## Section 3

There are drop down boxes and free text areas within this selection.

If you answered yes to any of the questions you must complete the details and result area.

## Section 4

This section represents the vehicle movements before the incident. There are drop down and free text areas within this section and they are self explanatory. If the incident was as a result of non response activities place a brief explanation within the "Nature of Case" area.

All areas within this section are to be completed.

## Section 5

This section provides information relating to date, time, address, weather and attending QPS activities. You may not be able to obtain the relevant QPS information at the time of the incident and therefore in the free text areas place "Unknown".

All areas within this section are to be completed.

## Section 6

This section provides information relating to the drivers of the other vehicles. If you are unable to obtain the required information at the scene you should make every effort to obtain this information from QPS and QFS if attending at a later time. If more than one driver is involved record the relevant information on the back of the form.

## Section 7

This section requires a brief description of the damage to the other vehicles. For example minor damage to the front left guard, bumper and door.

You do not have to make judgements relating to cost or write-off status.

## Section 8

This section provides details of any persons who witnessed the incident. If there is more than one witness, record their details on the back of the form.

When recording information on the back of the claim form please indicate what that information relates to. E.g. Driver of vehicle 2 etc.

## Section 9

This section requires a brief description of how the incident occurred. It should contain factual information and not assumptions or blame.

If you need to add more information please continue on the back of the form. Remember this is meant to be a brief explanation.

## Page 2

This page requires you to draw in the street, intersection, road layout etc within the Diagram Area.

It also requires you to shade in the areas damaged on your vehicle.

There is a declaration in which you are required to sign.

## Diagram of Accident

This will give a visual account of the incident and where possible use the symbols provided. If you need to add other symbols please use legible hand indicated symbols.

## Damage to Vehicle

Shade in the areas damaged on the vehicle. This represents an approximation of the damaged/sustained.

Do not include damage that was not as a direct result of the accident.

## Declaration

The declaration represents the information provided is true and correct.

At this point you should review the claim form to ensure all areas have been completed and the information represents the incident.

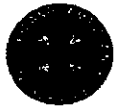
Sign and date.

## Completion

Upon completion submit your claim to your manager for processing.

RTI RELEASED





# Motor Vehicle Accident Claim Form

## Section 1 - Please Complete All Areas

Region **Wide Bay**  
 Area **Fraser Coast**  
 Station **Hervey Bay**  
 Fleet No **s.47** Rego No   
 Vehicle Make **Mercedes**  
 Vehicle Type **316 4X2**  
 Vehicle Manufacture Year **2012**  
 Finance - Vehicle not subject to finance  
 Goods and Services Tax (ITC Entitlement 100%)  
 ABN   
 Regional Contact **Coordinator Operational Readiness**  
 Phone **s.47(3)(b)** Fax

## Section 2 - Drivers Details

**s.47(3)(b)**

## Section 3 - Drug and Alcohol

**s.47(3)(b)**

## Section 4 - Tasking - Immediately Prior

Case No: **5506960** Response Code **Code 1**  
 Nature of Case **Short of Breath 6C01**  
 Emergency Warning Devices in Use? **Yes**  
 If Yes, List Devices Used? **All emergency devices**  
 Time Incident Reported to Communication Centre **1952**  
 Was the Vehicle Reversing at Time? **No**  
 Was the Second Officer Supervising? **Y/N**

## Section 5 - Accident

Date **13/06/2014** Time **1952**  
 Address of Accident: **Augustus Blvd near corner of Burrum Heads Road**  
 Weather Conditions at Time of Accident **Overcast**  
 Road Surface **Sealed**  
 Accident Reported to Police **Yes**  
 Police Station Name **Hervey Bay**  
 Police Report Number   
 Any Police Action Pending **Y/N**  
 If Yes, What against Whom   
 Speed at Time of Accident **approx. 30kmph**  
 Other Vehicle If Known

## Section 9 - Description of accident

Detailed Description of Accident  
**s.47(3)(b)**

## Section 6 - Driver of other vehicle

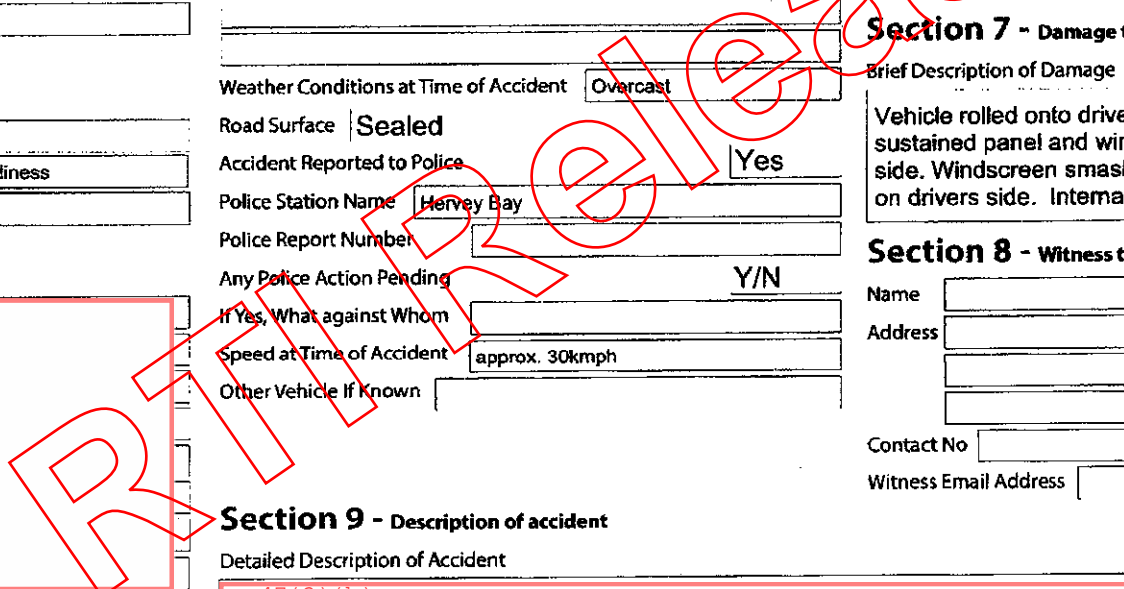
Name   
 Address   
 D.O.B  Age   
 Licence No  Expiry Date   
 Name of Registered Owner   
 Contact Phone   
 Make of vehicle   
 Registration No   
 Name of Insurance Company

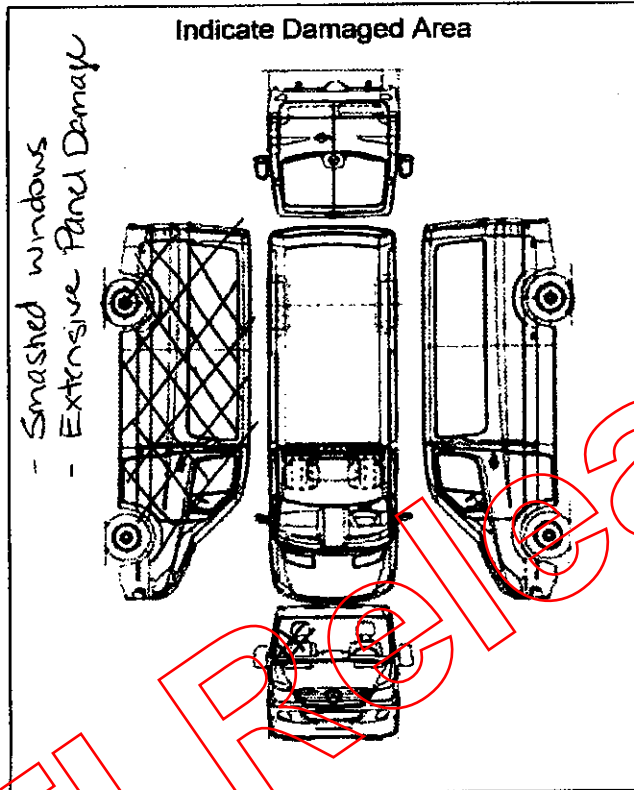
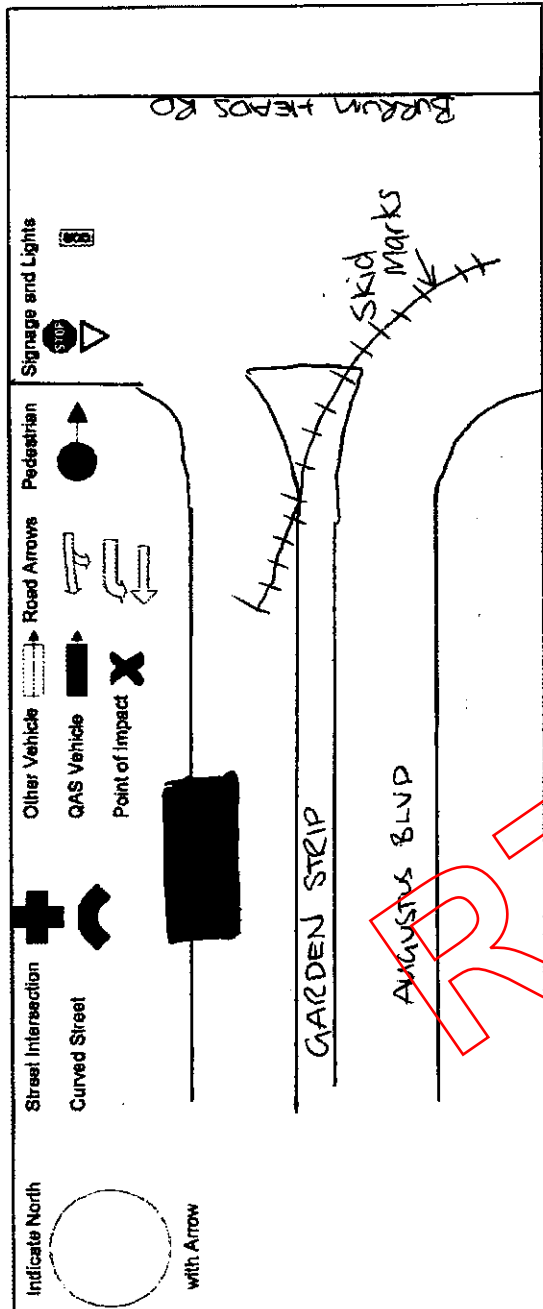
## Section 7 - Damage to Other Vehicle

Brief Description of Damage  
**Vehicle rolled onto drivers side while turning. Vehicle sustained panel and window damage along the drivers side. Windscreen smashed. Wheels and tyres damaged on drivers side. Internal cabinets broken from mounts.**

## Section 8 - Witness to Accident

Name   
 Address   
 Contact No   
 Witness Email Address





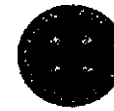
**Declaration**

I declare that the accident particulars are true in every respect.

Signature of Driver S: 47 (3) Date S: 1/06/14

The information is, to the very best of my knowledge and belief, true in every respect.

Signature of Regional Manager \_\_\_\_\_ Date \_\_\_\_\_



**Motor Vehicle Accident Claim Form**

This Motor Vehicle Accident Claim form must be completed for all incidents involving an ambulance vehicle or equipment generally stored in the vehicle.



**Contacts**

New Claims Lodgement: Email: [viplodgements@lumley.com.au](mailto:viplodgements@lumley.com.au)  
Phone: 1300 LUMLEY (1300 586 539)

Existing Claims Management: Email: [motorclaims@lumley.com.au](mailto:motorclaims@lumley.com.au)  
Phone: 1300 LUMLEY (1300 586 539)  
Fax: 02 9248 1135

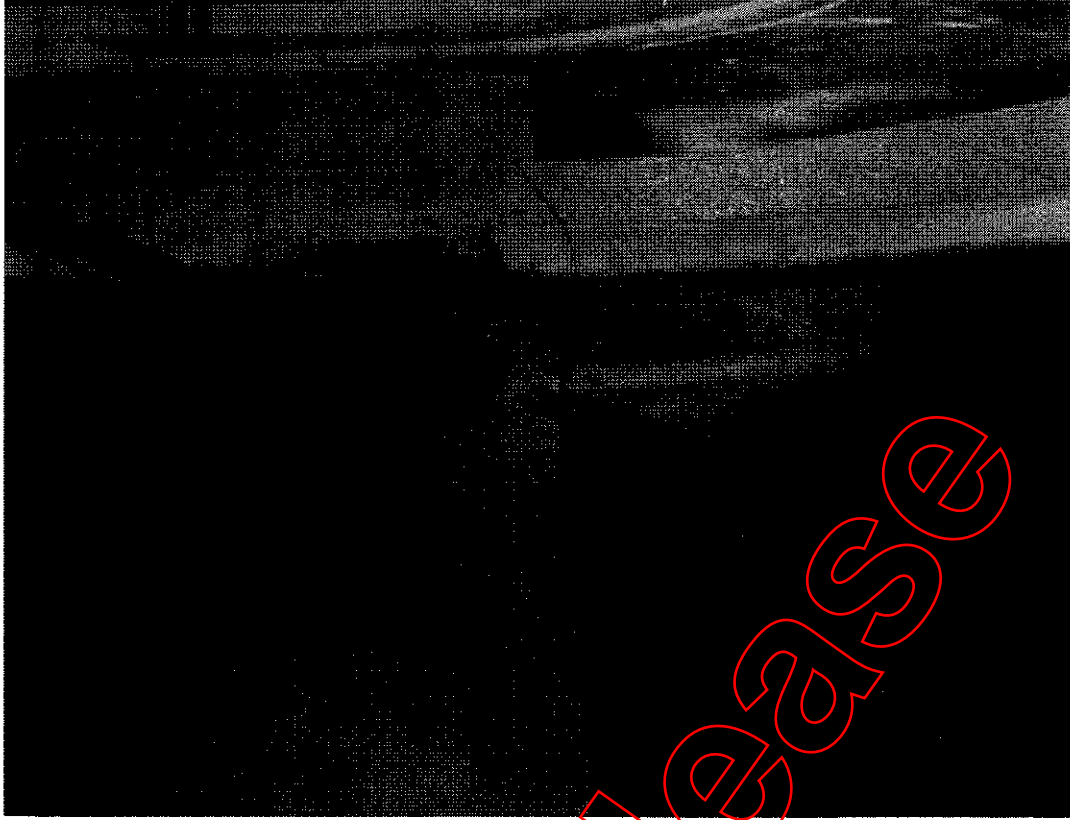
Mailing Address: Lumley House, Level 9, 309 Kent Street, Sydney NSW 2000

Postal Address: PO Box Q338, QVB POST SHOP, NSW 1230

The issue of the form must not be taken as an admission of liability-  
OMMISSION OF RELEVANT INFORMATION MAY DELAY CLAIM



RTI Release





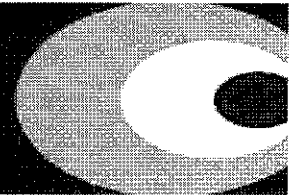


# Wide Bay LASN Tool Box Talk

Operational

Date: 06.2014

The tool box talk is designed to be short, concise and to the point. Format your information to summarize 5 dot points in 3 minutes.



If you can demonstrate compliance with these then the principles of vicarious liability would usually apply

Topic: Transport Operations [Road User Management] Act 1995 .

Purpose: To familiarize all Officers who are drivers of Emergency vehicles of the regulations covering them whilst driving on a emergency response

Resources Required: NIL

### Opening Statement

Exemptions for drivers of emergency vehicles a provision of this regulation does not apply to the driver of an emergency vehicle if the circumstances listed below are being adhered to

### Additional Points

The authorizing environment for all QAS operations and activities consist of .

- 1/ Legislation.
- 2/ Departmental policies and procedures .
- 3/ Directions from authorised officers [ie supervisors and managers]

Make your self fully aware of all Road use management Road Rules regulation 2009

### Main Subject

The Driver is taking REASONABLE CARE and it is reasonable that the provision should not apply.

If the vehicle is a motor vehicle that is moving ---- the vehicle at the time is displaying a red flashing light or sounding an alarm.

This does not apply to Dangerous driving or driving with a BAC of 0.05% or greater.

The offence of Dangerous Driving is now a criminal offence and not a traffic offence and normally is a mandatory 6 months cancellation of holding a drivers licence.

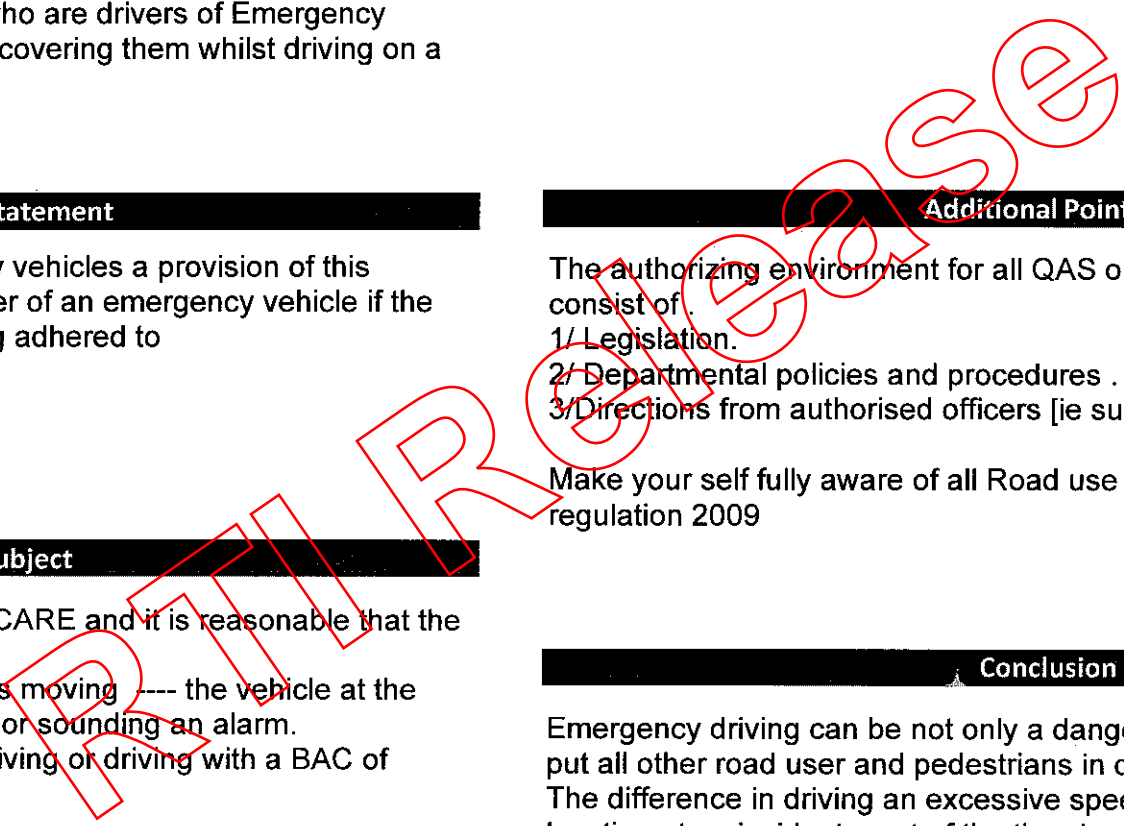
In Civic matters a finding of negligence will be supported if a breach of duty of care can be demonstrated.

The involvement in a traffic crash which occurs as a direct result of exercising the privileges extended to emergency vehicles drivers may call in question the drivers obligation to "take reasonable care "

### Conclusion

Emergency driving can be not only a danger to ourselves but can also put all other road user and pedestrians in danger.

The difference in driving an excessive speed and a reasonable in locating at an incident most of the time is very minimal You are far more beneficial in providing the normal high standard of care if you arrive safely



**Peta Taylor**

---

**From:** Rick Tenthly  
**Sent:** Tuesday, 18 June 2014 3:30 PM  
**To:** QAS LASN Wide Bay OIC's  
**Subject:** Safe Driving Safety Alert  
**Attachments:** Vehicle\_Code\_of\_Practice.pdf; Wide Bay LASN Safety Alert - Safe Driving 2014 06.pdf

All

Please take the time to discuss the attached safety alert with all of your staff. The frequency and severity of QAS collisions in our LASN is really quite alarming. We are all too aware of the implications associated with road trauma and the fact that serious crashes / collisions are always avoidable and never "accidents".

Please deal with this matter directly and professionally – if we continue to experience the type and frequency of QAS RTC's that we are currently seeing it is sadly a matter of time until someone is severely injured or worse.

Kind regards

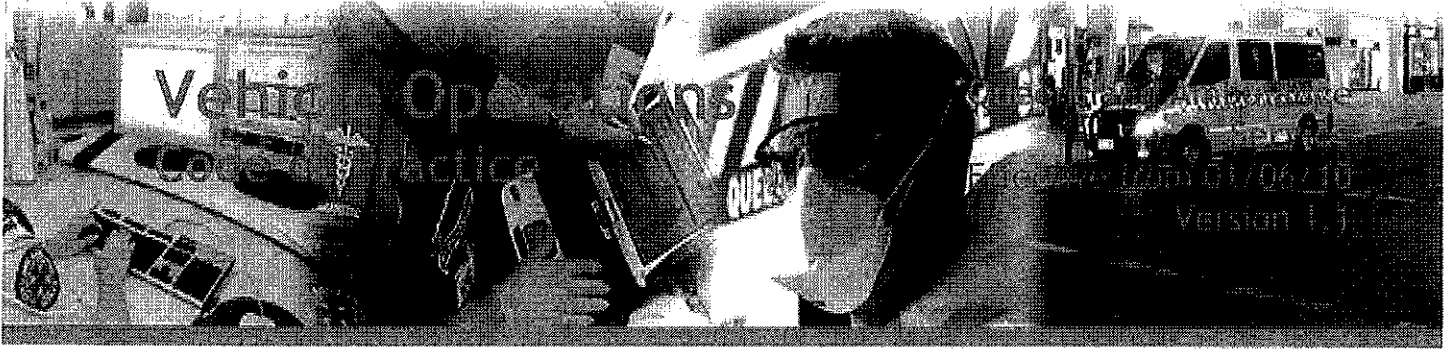
**Rick Tenthly**

Manager Operations & Resource Readiness

Wide Bay LASN | Queensland Ambulance Service | Department of Health

E: [Rick.Tenthly@dcs.qld.gov.au](mailto:Rick.Tenthly@dcs.qld.gov.au) | P: 07 4199 7402 | PO Box 103 Bundaberg Qld 4670

RTI RELEASED



## 1.0 Purpose

The purpose of this Code of Practice is to specify the driving and operating standards and requirements of Queensland Ambulance Service (QAS) vehicles in emergency and non-emergency situations.

## 2.0 Application

This policy applies to all Ambulance Officers as defined within the Ambulance Service Act 1991.

## 3.0 Overview

The information contained in the Vehicle Operations Code of Practice establishes the minimum driving standards for QAS officers when driving QAS vehicles.

All staff should be aware that their behaviour as a professional driver is on display to the community when driving an ambulance vehicle and as such should be an example to other motorists at all times.

The driver of an ambulance vehicle on the road in an emergency is afforded with certain privileges and exemptions not provided to other road users which should not be taken lightly. In emergency situations the driver behaviour demonstrated must always reflect a high level of diligence and consideration of the safety and well being of patients, passengers, other road users and the community. The driver of an ambulance vehicle must be cognisant of the duty of care that they have to other road users at all times.

Exemptions for Emergency Vehicles under the Queensland Road Rules does not however preclude third parties from pursuing charges under the Queensland Criminal Code or Transport Operations Act for more serious offences or civil litigation where injuries or damage has been sustained as a result of driving an ambulance vehicle.

## 4.0 References

The following documents provide the key references for the development of this Code of Practice.

- a. *Ambulance Service Act 1991*
- b. *Criminal Code Act 1899*
- c. *Transport Operations (Road Use Management) Act 2005*
- d. *Transport Operations (Road Use Management – Road Rules) Regulation 2009*  
(Queensland Road Rules)
- e. *Workplace Health and Safety Act 1995*
- f. *Road Rules 2008 NSW (Road Rules)*
- g. QAS Driver Review Panels
- h. Workplace Health and Safety Policy
- i. Department of Transport and Main Roads - <http://www.tmr.qld.gov.au/>



## 5.0 Drivers license

All drivers of QAS vehicles must hold a current Queensland Driver's Licence for the appropriate class of vehicle they may be called upon to drive.

Any Officer that has their licence revoked or suspended or other restriction applied, or becomes that aware their licence may be revoked suspended or have a restriction that may affect the performance of their duties, is to immediately inform their direct supervisor.

## 6.0 Legislative Requirements

The Queensland Road Rules gives emergency vehicles the right of way over other traffic and exemption from certain traffic, stopping and parking restrictions. These exemptions are conditional and only apply when a vehicle is involved in an emergency response using warning devices (code one) **and the driver is taking reasonable care** or where it is reasonable that the provisions of the Queensland Road Rules should not apply.

The *Ambulance Service Act 1991*, Part 6 also requires other road users, to the extent practicable, to give clear and uninterrupted passage to any ambulance vehicle with warning devices activated.

At all other times drivers of ambulance vehicles must obey the Queensland Road Rules.

## 7.0 Speed Limit

About one third of all crashes resulting in injury occur on local streets. Every single kilometre per hour over the speed limit not only affects whether a crash happens, but how severe it is. In some cases, this could mean the difference between life and death.

The faster a vehicle is travelling, the longer it takes to stop. A car travelling at 50 km/h can stop 12–16 m sooner than one travelling at 60 km/h. This means that by the time a car travelling at 50 km/h has stopped under emergency braking, another car braking from 60 km/h would still be travelling at about 40 km/h.

Speed: 50 km/h — stopping distance: 42 m

Speed: 60 km/h — stopping distance: 56 m

### 7.1 Obeying the speed limit

Clause 20 of the Queensland Road Rules states that a driver must not drive at a speed over the speed limit applying to the driver for the length of road where the driver is driving.

### 7.2 Speed limit where not sign posted

Clause 25 of the Queensland Road Rules states if a speed limit sign does not apply to a length of road and the length of road is not in a speed limited area, school zone or shared zone, the speed limit applying to a driver for the length of road is the default speed limit.

The default speed limit applying to a driver for a length of road is—

- (a) for a road in a built-up area — 50km/h; or
- (b) for a road that is not in a built-up area — 100km/h.

### 7.3 School zone speed limits

School zones have been introduced to reduce traffic speed near schools during the times children normally use or cross the road. Zones are identified by signs which are displayed on either side of the approach to the school and show the speed limit and the times during which it applies.

Speed limits which generally apply in school zones are:

- 40 kilometres per hour (km/h) in all areas where the existing limit is 50/60/70 km/h.
- 60 km/h in all areas where the existing limit is 80 km/h.





- 60 km/h or 80 km/h in areas where the speed limit is 90/100 km/h, depending on the amount of pedestrian activity on or near the road.
- 80 km/h in all areas where the existing limit is 110 km/h.

Drivers of ambulance vehicles must exercise extreme care and diligence when travelling through school zones or where there is a high level of pedestrian traffic.

#### 7.4 Penalties for speeding

The offence of driving over the speed limit attracts demerit points and these points will be recorded against your traffic history. Further information on the penalties and demerit points can be accessed at the Department of Transport and Main Roads website located at <http://www.tmr.qld.gov.au/Safety/Driver-guide/Speeding/Fines-and-demerit-points.aspx>

#### 7.5 Double demerit points

In Queensland, additional demerit points apply all year for repeat offenders. Additional demerit points are allocated for certain second or subsequent driver seatbelt offences, motorbike helmet offences and offences for speeding more than 20 kilometres per hour (km/h) over the speed limit, that are committed within one year after the first offence.

You do not necessarily have to commit the same type of offence a second or subsequent time to be allocated additional demerit points. A second or subsequent offence only needs to be within the same offence group for you to accumulate additional demerit points.

Further information on the additional demerit points offences, the number of additional demerit points that have been set for each offence, and examples of how additional demerit points are allocated, can be accessed at the Department of Transport and Main Roads website located at <http://www.tmr.qld.gov.au/Licensing/Licence-demerit-points/Additional-demerit-points.aspx>

### 8.0 Careless Driving

Whilst exemption of the Queensland Road Rules applies to QAS Emergency Vehicles on Code 1 responses the provision of clause 83 of the Transport Operations (Road Use Management) Act 1995 for careless driving of a motor vehicles still applies to the driver. The act states "Any person who drives a motor vehicle on a road or elsewhere without due care and attention or without reasonable consideration for other persons using the road or place is guilty of an offence. The maximum penalty is 40 penalty units or 6 months imprisonment.

### 9.0 Dangerous Driving

Whilst exemption of the Queensland Road Rules applies to QAS Emergency Vehicles on Code 1 responses the provision of clause 328A of the Criminal Code Act for dangerous operation of a vehicle still applies to the driver. The provision states a person who operates, or in any way interferes with the operation of, a vehicle dangerously in any place commits a misdemeanour. The maximum penalty is 200 penalty units or 3 years imprisonment.

If however the driver at the time of committing the offence is adversely affected by an intoxicating substance or is excessively speeding the maximum penalty is increased to 400 penalty units and 5 years imprisonment. This penalty is further increased to 14 years imprisonment on conviction if the driver causes the death of or grievous bodily harm to another person in these circumstances.

Excessive speeding is defined in the Criminal Code Act as meaning driving or operating a vehicle at a speed more than 40km/h over the speed limit applying to the driver under the Transport Operations (Road Use Management) Act 1995.



## 10.0 Driving Interstate

QAS officers located near state/territory borders may, at times, be required to drive QAS vehicles interstate. This is always to be done in compliance with the road rules and regulations for that particular state/territory. For example the NSW Road Rules provide certain exemptions to emergency vehicles which are similar to the Queensland Road Rules.

QAS will provide the necessary advice where required to officers who may be required to drive in another state/territory.

## 11.0 Traffic and Parking Infringements

Traffic infringements issued under the Queensland Road Rules are the responsibility of the driver unless they are operating as an emergency vehicle (Code 1) as defined under this Code of Practice and the Transport Operations (Road Use Management – Road Rules) Regulation 2009.

Fixed speed camera and red light camera infringements incurred whilst not deployed on a response under emergency driving conditions (Code 1) are the responsibility of the driver. QAS will identify the driver of the QAS vehicle and provide their details to Queensland Transport to permit direction of the infringement to the Officer concerned. Infringements will also be reviewed as part of the Driver Review Panel process to assess the safe operation of the vehicle according to the prevailing circumstances.

Drivers of QAS vehicles shall observe applicable stopping and parking restrictions where possible in the performance of their duties except in the circumstances where the driver is taking reasonable care and where it is reasonable that the stopping or parking restriction should not apply to perform the duties of their position. The driver is personally responsible for penalties and/or payment of fines for any infringement incurred where it is deemed reasonable by QAS that the stopping or parking restriction should have been observed.

In particular, drivers of QAS vehicles should not park in handicap, no stopping, no standing, no parking, bus or similar restricted parking zones unless operating as an emergency vehicle or it is considered essential to the provision of patient care. Drivers should be cognisant of the need for compliance with Queensland Road Rules generally, as a public example of expected professional driver behaviour when operating QAS vehicles.

## 12.0 Warning Devices

Driving in emergency situations will only be undertaken in QAS vehicles specifically equipped for that purpose. Such vehicles are to have affixed approved audible and visual warning devices. When driving in emergency conditions (Code 1), either an audible or visual warning device, or both are to be activated, provided that both warning devices are to be activated when approaching and entering a controlled intersection.

Situations may vary where it is inappropriate to use a warning device such as; when a sustained high level of noise may cause harm to people, livestock is in close proximity to the roadway or when passing competitions that involve livestock.

Discretion must be applied for responding Code 1 when environments deem it inappropriate to use audible devices, especially after hours. However, visual warning devices must still be used in these emergency conditions. Drivers must manage this situation with diligence if audible devices are not activated.

## 13.0 Authorised Use of Vehicles

QAS owned or operated vehicles are only to be used as duly authorised by the appropriate controlling authority. Unauthorised use of QAS vehicles is not permitted and may result in disciplinary action against the officer involved.

## 14.0 Response Codes and Driving Precedence Codes

Response codes and driving precedence codes have been established to enable officers to rapidly identify the driving and response priority requirements in any situation. The following are the authorised codes for the QAS:

- a. Response Codes - Response codes are used when QAS officers are responding to any request for ambulance assistance. Response codes are as follows.
  - Code 1 - Immediate response
  - Code 2 - Undelayed response
  - Code 3 - Routine response
  - Code 4 - Routine response
- b. Driving precedence is the method of driving ambulance vehicles when transporting patients to medical facilities according to the case priority that has been allocated and can only be either of the following:
  - i. under emergency driving conditions (Code 1); or
  - ii. obeying normal traffic rules and regulations (Code 2/3/4).

### 14.1 Code 1 Response

Code 1 is an immediate response under lights and/or siren (incident is potentially life threatening). Ambulance officers may only be asked to respond Code 1 in vehicles affixed with adequate warning devices and equipped for such purposes. Ambulance officers responding under Code 1 driving conditions are creating circumstances that have the potential to cause danger to persons, property and other road users.

In all circumstances the prevailing weather and road conditions will take place and drivers must drive to safe conditions at the time. Although **conditional exemptions** exist from established road rules and regulations, vehicles responding in these situations must be driven in a way to minimise any potential danger and **shall not drive in a dangerous manner or without due care and attention, or in a manner which would unnecessarily place other road users, persons or property at risk.**

Driver Review Panels will assess whether or not driving met the criteria and was safe in circumstances where a breach of the Queensland Road Rules has been reported. Operation of an ambulance vehicle at excessive speed or an unsafe manner will result in disciplinary action.

Although a Code 1 response indicates that an ambulance is required at an incident as soon as possible, the important criteria to be observed is that the vehicle and attending crew arrive at the scene in a safe and capable condition.

### 14.2 Code 2 Response

A Code 2 response is an undelayed response for ambulance assistance. In a Code 2 response, dispatched officers are required to drive in accordance with established road rules and regulations and prevailing road and traffic conditions. Although the situation may not be life threatening, the condition of the patient is such that the patient and relatives would be relieved by the presence of an ambulance and trained officers. There are to be no unnecessary delays when responding in Code 2 situations.

Should circumstances exist, such as heavy traffic, which may cause an unacceptable delay in arriving at the scene, the Communications Centre is to be advised and upgrading of the response code considered.

### 14.3 Code 3 and 4 Response

A Code 3 or 4 response is a routine response and is normally used for booked ambulance transports or administrative tasks. Driving in these circumstances will be in accordance with established traffic rules and regulations and prevailing road and traffic conditions.

## 15.0 Safety

### 15.1 Driver Responsibilities

QAS officers are reminded of the legal requirement (called 'Jet's Law') introducing a mandatory requirement for holders of drivers' licences to report to Queensland Transport any long-term or permanent condition that may affect their ability to drive safely as soon as the condition develops or as soon as there is an adverse change to an existing condition.

The driver of a QAS vehicle undertaking urgent duty driving must consider:

- a. the real or potential danger to ambulance, members of the public or people in the subject vehicle;
- b. the volume of road and pedestrian traffic in the area;
- c. weather and road surface conditions and features of the locality; and
- d. fatigue management and mitigation strategies.

### 15.2 Passenger Responsibilities

A member who is a passenger in an ambulance vehicle undertaking urgent duty driving will, where possible:

- a. assist with the risk assessment and notify the driver of perceived/identified risks to the safety of the occupants of the ambulance vehicle or members of the public;
- b. assist with radio communication as required; and
- c. may, when senior in rank, direct termination of the urgent duty driving where the purpose for the driving is outweighed by one or more of the criteria referred in driver responsibilities.

## 16.0 Vehicle Movement

Ambulance vehicles must be completely stopped before Officers exit that vehicle. At no time is an Ambulance vehicle to be in motion with any door open.

## 17.0 Vehicle Lighting

Vehicle headlights are to be used in accordance with the Queensland Road Rules at night and in poor visibility. An ambulance vehicle at an emergency situation when parked at the roadside shall have all warning lights illuminated and headlights extinguished. There may be situations, however, when it is necessary to have headlights turned on e.g. to provide further illumination at the scene. Headlights must be on in the dimmed position when stationary to avoid blinding on coming traffic or pedestrians.

Vehicles responding to a Code 1 situation are required to have headlights illuminated during both daylight and dark hours.

Vehicles fitted with illuminated 'ambulance' signs are required to have those signs illuminated when driving during hours of darkness.

## 18.0 Mobile Phone Use

Drivers of QAS vehicles are not to use hand held mobile phones while the vehicle is moving or is stationary but not parked.



## 19.0 Seat Belt Use

Drivers of ambulance vehicles are to wear seat belts at all times while in control of the vehicle.

Further information on the penalties and demerit points can be accessed at the Department of Transport and Main Roads website located at <http://www.tmr.qld.gov.au/Licensing/Licence-demerit-points.aspx>

Officers who are passengers must wear seat belts unless absolutely required for the purposes of patient care.

Patients are to be secured with the restraints provided for that purpose.

## 20.0 Red Traffic Lights, Stop and Give Way Signs:

Officers are to stop QAS vehicles at red traffic lights or stop signs.

After stopping, officers may proceed against a red light or stop sign only during a Code 1 response, provided that the officer has taken reasonable care to ensure that the intersection or crossing is visually cleared with all potential lines of traffic or pedestrians accounted for and that it is safe to proceed.

Similarly during a Code 1 response, QAS vehicles are to approach give way signs with caution slowing the vehicle to a safe speed and only proceeding after the intersection is visually cleared with all potential lines of traffic accounted for and the driver deciding that it is safe to proceed.

## 21.0 Reversing Vehicles:

Unless patient care is adversely affected, drivers of QAS vehicles who are required to reverse a vehicle must ensure that another person is available to guide the driver during all reversing manoeuvres.

If another officer is not available, the driver shall alight from the vehicle and inspect the area wherein the vehicle is to be reversed. Particular attention is to be paid to blind spots and that area immediately behind the vehicle.

This provision applies to vehicles fitted with a reversing camera. This device is a reversing aid however must not be relied upon if a second officer is available. Drivers must be aware that the distance of objects viewed in the camera screen can be deceptive when reversing.

## 22.0 Accidents Involving QAS Vehicles:

An accident involving a QAS vehicle is any accident that causes damage to property, persons or to a QAS vehicle. All accidents involving QAS vehicles / cycles are to be immediately reported to the Communications Centre who will record the event on form OHS-VA2. The following information is to be provided.

- a. Location of accident/incident.
- b. Condition of all personnel on board the vehicle.
- c. The number and type of injuries sustained.
- d. Advice of other vehicles involved or property damage.
- e. Use the SHE-System to complete online incident and hazard forms and exchange driver information.
- f. Note relevant environmental details for investigation purposes.

Officers shall remain at or near the scene of the incident and immediately render such assistance as the driver can to the injured person, until relieved by a senior officer or advised otherwise by attending police. Under no circumstances shall any officer make any statement or admission of the incident to any other party.

Should an accident occur whilst proceeding on a Code 1 response to an incident, and only minor damage has been sustained which does not reduce the vehicle's operational capacity and no person has been injured, the ambulance vehicle may continue on the initial response only after:

- a. the vehicle has stopped and the driver has exchanged all relevant details with other parties;
- b. the officer has received approval from the Communications Centre to continue; and
- c. motor vehicle accident reporting procedures are applied as contained in the Vehicle Accidents policy.

For injuries to employees or patients see Occupational Health and Safety Incident Reporting and Investigations.

## 23.0 Alcohol and Drugs:

QAS officers are not to take charge, attempt to put in motion, or drive any QAS vehicle whilst under the influence of any intoxicating liquor, dangerous or restricted drug or any other substances which has the capacity to adversely affect their patient care skills, work performance or driving ability.

Prior to attendance at work or undertaking any driving duties, officers on prescribed courses of medication should seek advice from a medical practitioner as to any effect or impairment that medication may have on the officer's ability to perform his/her duties, including the driving of ambulance vehicles in emergency situations.

No QAS officer rostered on for duty, or is 'on-call' to perform overtime work in relation to emergency situations during a specified period of time outside normal rostered hours shall drive or take charge of any QAS vehicle whilst the concentration of alcohol in the officer's blood exceeds Zero mg of alcohol per 100mL of blood.

## 24.0 Vehicle Fires:

Should a fire occur in a QAS vehicle, the following actions are to be undertaken.

- a. Stop the vehicle and turn the ignition off.
- b. Remove all patients and passengers from the vehicle.
- c. Advise the Communications Centre who will contact the fire service and supervisor.
- d. Ensure oxygen and other gases are turned off (if fire permits).
- e. Fight fire, if possible, by directing extinguisher at the seat of the fire.
- f. Notify fire service of the quantity of compressed gasses on board.
- g. Maintain adequate safe distances for all persons.

Officers are not to place themselves in danger whilst fighting fires. If there is considered risk involved in fighting the fire, then the area should be evacuated.

Officers are also warned that when fighting engine compartment fires, the bonnet should only be raised sufficiently to allow the fire extinguisher to be directed at the fire. If bonnets are fully opened, the fire will be fuelled and will increase the potential for an explosion.

## 25.0 Compressed Gases:

Officers must be aware of the potential for compressed gasses and the high risk of oxygen enriched vehicle compartments to explode when fires are present. It is imperative that all compressed gas cylinders are fully turned off when not in direct use for patient care.

## 26.0 Toxic Fumes:

Officers should be aware that some burning materials might produce toxic fumes that could be potentially dangerous to themselves, their patients or bystanders.



## 27.0 Conclusion:

The driving of QAS vehicles is always to be undertaken in the interest of the safety of patients, passengers, and other road users. QAS officers have a duty of care when driving and manoeuvring vehicles, irrespective of the degree of emergency involved in any response. The speed of vehicles will, in all instances, be governed by prevailing road and traffic conditions and regard for the safety and well being of all other road users.

## 28.0 Associated Topics:

- OH and S Incident Reporting and Investigation Vehicle Accidents
- Vehicle and Equipment Fault Reporting Policy
- [http://desportal/content/Policies\\_and\\_Procedures/Operational/Vehicles\\_and\\_Equipment/Mechanical\\_Fault\\_Reporting.jsp](http://desportal/content/Policies_and_Procedures/Operational/Vehicles_and_Equipment/Mechanical_Fault_Reporting.jsp)

## 29.0 Policy Assistance Contact:

Business Unit	Contact Details
Director Operations (Regional Liaison) Office of the Deputy Commissioner	(07) 3247 8183

## 30.0 Approval:

Officer	Signature
David Melville APM Commissioner Queensland Ambulance Service	 1 1 9 1 2 0 1 0

RTI REQUEST



# Wide Bay LASN Safety Alert



**SAFETY Alerts** aim to effectively and rapidly disseminate information to all staff about workplace health and safety matters that require **immediate action** to prevent the re-occurrence of the incidents.

**Subject/Issue: SAFE DRIVING**

**Issued by:** LASN Director

**Background:**

Another serious traffic crash over the weekend has occurred which had the potential of seriously injuring or killing one or more of our paramedics.

This is not the first incident in the past 12 months within the Wide Bay LASN that may have had serious implications for the occupants of the vehicle or for members of the public.

Wide Bay LASN statistics for the past 12 months:

3 Vehicles involved in crashes that were destroyed – **potential for 6 QAS Officers plus members of the public to be injured or killed.**

Numerous occurrences of damage to vehicles caused by lack of due care and attention while reversing and manoeuvring vehicles around streets, colliding with other road users, hospitals, residences and the Station – **potential for serious injury to Paramedics and the public.**

56 Traffic Infringements for speeding – 28 of these were for speeds 20kms or more over the speed limit. Some up to 40kms or more over the speed limit – **significant potential for serious injury or death to Paramedics and the public.**

**ARRIVE SAFELY TO YOUR PATIENT WITHOUT RISK TO YOURSELF, YOUR PARTNER OR THE COMMUNITY!**

**Action required:**

Review of the QAS Vehicle Operations Code of Practice (attached).

**All officers to review the below information**

All staff to ensure they undertake a review of the QAS Vehicle Operations Code of Practice.

**Responsibilities**

**Paramedics**

To ensure compliance with above practice.

**OIC**

1. To review the QAS Vehicle Operations Code of Practice with all officers.



2. Discussion of the following points with staff:

- Driving an Ambulance does not mean that we are immune to accidents
- When driving Code 1, don't just expect people to give way, ensure that you give appropriate notice with the siren before entering the intersection and wait until all vehicles stop before proceeding.
- As we all know, 'D' for Danger doesn't start when you arrive on scene!!
- Drive to 80% of yours, and your vehicles capability (remember, you drive a van!) In poor weather conditions, adjust your speed accordingly.
- Some vehicles such as the modular units, do not have ABS braking aids, know your vehicle before you drive it.
- Use smooth steering inputs as opposed to sharp erratic steering, it not only will assist with your vision, but your navigators too. When driving code 2, leave the recommended three second space in front of your vehicle.
- Use the UBD and plan ahead instead of being stressed when the GPS takes you the long way
- Don't let yourself become distracted, for every second you take your eyes off the road, you travel 22 meters.
- Use a guide when reversing, remember it is policy.
- When a guide is unavailable, ensure that you have positioned your mirrors so that the ground is visible in the 'blind spot' mirror. This will give you approximately 120 degree visibility to the rear of the ambulance; the reverse camera overlaps the mirrors.



Pages 165 through 166 redacted for the following reasons:

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s.47(3)(b)

RTI Release

**RTI 2532 – POST APPLICATION DOCUMENT**

**Total Number of collisions involving QAS vehicles**

<b>Financial Year Incident 'Recorded'</b>	<b>Number of Incidents 'Reported'</b>
<b>2011-12</b>	<b>255</b>
<b>2012-13</b>	<b>279</b>
<b>2013-14</b>	<b>328</b>

**Total Number of Safety Health and Environment (SHE) Incident Reports Logged by Paramedics**

<b>Financial Year Incident 'Recorded'</b>	<b>Number of Incidents 'Reported'</b>
<b>2011-12</b>	<b>17</b>
<b>2012-13</b>	<b>5</b>
<b>2013-14</b>	<b>10</b>

RTI Release