

P4 TRAFFIC COLLISION REPORT

ALL INFORMATION SUPPLIED WITHOUT PREJUDICE

AC09143

T.A.B.

TIME 0630		DATE 07.12.85		DAY 1. SUN 3. TUE 5. THU 7. SAT <input checked="" type="checkbox"/> 2. MON 4. WED 6. FRI			LATE REPORT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PARTICULARS EXCHANGED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
No. VEH 2		No. KILLED 1		No. INJ 5		MUNIC. GUNNING		NEAREST STATION GUNNING		SCENE # 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>					
STREET HUME		TYPE H.W.Y.		TOWN SUBURB JERRAWA CRK		INTERSECTION YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<p>SKETCH (SHOW NORTH POINT WITH ARROW)</p>							
KMS METRES 0.00		OF JERRAWA CRK.		CLASS " 2		SPEED LIMIT 100						TRAFFIC LIGHTS " BOX No. _____		SURFACE " 1. SEALED <input type="checkbox"/> 2. UNSEALED <input type="checkbox"/> 3. WET <input type="checkbox"/> 4. DRY <input checked="" type="checkbox"/> 5. SNOW/ICE <input type="checkbox"/>	
INTERSECTION TYPE " 6		FEATURES " 1. STRAIGHT <input checked="" type="checkbox"/> 2. CURVE <input type="checkbox"/> 3. CREST <input type="checkbox"/> 4. LEVEL <input checked="" type="checkbox"/> 5. GRADE <input type="checkbox"/> 6. BRIDGE <input type="checkbox"/> 7. TUNNEL <input type="checkbox"/> 8. ROADWORKS <input type="checkbox"/> 9. LEVEL CROSSING <input type="checkbox"/> 10. TRAFFIC DENSITY " 1. LIGHT <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. HEAVY <input type="checkbox"/>		1. ON 3. NIL <input checked="" type="checkbox"/> 2. OFF <input type="checkbox"/>		1. PEDESTRIAN CROSS <input type="checkbox"/> 2. STOP SIGN " <input type="checkbox"/> 3. GIVE WAY <input type="checkbox"/> 4. POLICE <input checked="" type="checkbox"/> 5. NIL <input type="checkbox"/>						VIEW " 1. OPEN <input type="checkbox"/> 2. OBSCURED <input type="checkbox"/>		LIGHTING " 1. ON 3. NIL <input checked="" type="checkbox"/> 2. OFF <input type="checkbox"/> 4. DAWN " <input type="checkbox"/> 5. DAYLIGHT <input checked="" type="checkbox"/> 6. DUSK <input type="checkbox"/> 7. DARKNESS <input type="checkbox"/>	
IF COLLISION AT DRIVEWAY INDICATE IF VEH 1 ENTERING 2 LEAVING <input type="checkbox"/>		STREET No _____		PROPERTY NAME _____		TYPE OF PREMISES 1. RESID <input type="checkbox"/> 2. INDUST 3. RETAIL 4. RURAL <input type="checkbox"/>									
No. 1		1 VEHICLE 2 OBJECT 3 PEDESTRIAN 4 ANIMAL <input checked="" type="checkbox"/>		No. 2		1 VEHICLE 2 OBJECT 3 PEDESTRIAN 4 ANIMAL <input type="checkbox"/>									
DRIVER BAYLISS CHRISTINE M		ADDRESS CHUM CREEK RD NEALESVILLE		DRIVER MIKLEVIC STEVEN		ADDRESS 35 ANDERSON RD KINGS LANGLEY									
LIC No. 2063526		STATE CLASS TYPE EXPERIENCE		LIC No. 92032C		STATE CLASS TYPE EXPERIENCE									
D.O.B. 22.07.50		SEAT BELT " 1. WORN <input checked="" type="checkbox"/> 2. NOT WORN <input type="checkbox"/> 3. NOT FITTED <input type="checkbox"/>		D.O.B. 29.08.62		SEAT BELT " 1. WORN <input type="checkbox"/> 2. NOT WORN <input checked="" type="checkbox"/> 3. NOT FITTED <input type="checkbox"/>									
BREATH TEST 1. POS <input type="checkbox"/> 2. NEG <input checked="" type="checkbox"/> 3. NO TEST <input type="checkbox"/>		REASON NO TEST INJURIES		BREATH TEST 1. POS <input type="checkbox"/> 2. NEG <input checked="" type="checkbox"/> 3. NO TEST <input type="checkbox"/>		REASON NO TEST INJURIES									
OWNER (USE OF DRIVER) O/P		ADDRESS _____		OWNER (USE OF DRIVER) O/P		ADDRESS _____									
REG No. ACT 592		STATE YEAR MAKE NISSAN SKYLIN		REG No. MB 705		STATE YEAR MAKE FORD LOSER									
BODY BOON		LOAD _____		BODY BOON		LOAD _____									
TOWED " 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>		DAMAGE CODE EXTENSIVE		TOWED " 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>		DAMAGE CODE EXT									
VEH LIGHTS " 1. ON <input checked="" type="checkbox"/> 2. OFF <input type="checkbox"/>		NUMBER OF OCCUPANTS 4		VEH LIGHTS " 1. ON <input checked="" type="checkbox"/> 2. OFF <input type="checkbox"/>		NUMBER OF OCCUPANTS 2									
STREET OF TRAVEL " HUME HIGHWAY		DIRECTION N		STREET OF TRAVEL " HUME HIGHWAY		DIRECTION S									
SUMMARY DRIVER VEH 1 TRAV AROUND RIGHT CURVE, LEFT CONTRA, TRAVELLED ONTO INCORRECT SIDE OF HIGHWAY & COLLIDED WITH V2.															
RESP. PARTY BAYLISS		POLICE ACTION No. 10		REF. NO. 907		REMARKS NEG DML									
WITNESS NAME _____		ADDRESS _____		WITNESS NAME _____		ADDRESS _____									
INJURY No. 1 FROM VEHICLE No. 1		NAME BAYLISS VANESSA		INJURY No. 2 FROM VEHICLE No. 1		NAME BAYLISS CHRISTINE M									
ADDRESS _____		Born 14/10/64		ADDRESS _____		Born 14/10/64									
1. MALE <input checked="" type="checkbox"/> 2. FEM. <input type="checkbox"/>		AGE 1		1. MALE <input checked="" type="checkbox"/> 2. FEM. <input type="checkbox"/>		AGE 35									
SEAT BELT/HELMET <input type="checkbox"/>		HELMET TYPE _____		SEAT BELT/HELMET <input type="checkbox"/>		HELMET TYPE _____									
INJURIES INTERNAL / FRACT NECK		INJURIES FRACT MANDIBL		INJURIES FRACT PELVIS		INJURIES FRACT PELVIS									
HOSP " YASS		1. TREAT <input type="checkbox"/> 2. ADMIT <input type="checkbox"/>		HOSP " YASS		1. TREAT <input type="checkbox"/> 2. ADMIT <input checked="" type="checkbox"/>									
BLOOD #1 _____		1. POS <input type="checkbox"/>		BLOOD #1 _____		1. POS <input type="checkbox"/>									

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AMB

TIME 0630		DATE 071285		DAY 1. SUN 3. TUE 5. THU 7. SAT 2. MON 4. WED 6. FRI		LATE REPORT YES <input type="checkbox"/> NO <input type="checkbox"/>		PARTICULARS EXCHANGED YES <input type="checkbox"/> NO <input type="checkbox"/>	
No. VEH 2		No. KILLED 1		MUNIC GUNNING		NEAREST STATION		SCENE # 1 YES <input type="checkbox"/> VISITED 2. NO <input type="checkbox"/>	
STREET NUM6 HIGHWAY		TOWN SUBURB JERRAWA CRK		INTERSECTION YES <input type="checkbox"/> NO <input type="checkbox"/>		TYPE			
200 KMS METRES		OF JERRAWA CRK		TYPE					
CLASS " 1. FREEWAY 2. HIGHWAY 3. TRUNK 4. MAIN 5. OTHER		SPEED " LIMIT 100		TRAFFIC LIGHTS " BOX No. 1. ON 3. NIL 2. OFF		SURFACE " 1. SEALED 2. UNSEALED 3. WET 4. DRY 5. SNOW/ICE			
INTERSECTION TYPE 1. X 2. Y 3. T 4. MULTIPLE 5. ROUNDABOUT 6. NOT INTERSECTION		FEATURES " 1. STRAIGHT 2. CURVE 3. CREST 4. LEVEL 5. GRADE 6. BRIDGE 7. TUNNEL 8. ROADWORKS 9. LEVEL CROSSING		PEDESTRIAN CROSS 1. 2. STOP SIGN 3. GIVE WAY 4. POLICE 5. NIL		VIEW " 1. OPEN 2. OBSCURED			
TRAFFIC DENSITY " 1. LIGHT 2. MEDIUM 3. HEAVY		WEATHER " 1. FINE 2. RAINING 3. OVERCAST 4. FOG 5. SNOWING 6. OTHER		LIGHTING " 1. ON 3. NIL 2. OFF 4. DAWN 5. DAYLIGHT 6. DUSK 7. DARKNESS		SKETCH (SHOW NORTH POINT WITH ARROW)			
IF COLLISION AT DRIVEWAY INDICATE IF VEH 1. ENTERING 2. LEAVING		STREET No		PROPERTY NAME		TYPE OF PREMISES 1. RESID 2. INDUST 3. RETAIL 4. RURAL			
No. 1 VEHICLE 2 OBJECT 3 PEDESTRIAN 4 ANIMAL		No. 1 VEHICLE 2 OBJECT 3 PEDESTRIAN 4 ANIMAL		DRIVER BAYLISS		DRIVER MIKLECIC			
ADDRESS		ADDRESS		POST CODE		POST CODE			
LIC. No. STATE CLASS TYPE EXPER. IENCE YRS. MTHS		LIC. No. STATE CLASS TYPE EXPER. IENCE YRS. MTHS		D.O.B.		D.O.B.			
SEAT BELT " 1. WORN 2. NOT WORN 3. NOT FITTED		HELMET 4. OPEN 5. FULL FACE 6. NOT WORN		SEAT BELT 1. WORN 2. NOT WORN 3. NOT FITTED		HELMET 4. OPEN 5. FULL FACE 6. NOT WORN			
BREATH TEST 1. POS 2. NEG 3. NO TEST		REASON NO TEST		ANALYSIS 0.		BREATH TEST 1. POS 2. NEG 3. NO TEST		REASON NO TEST	
OWNER (USE O/D IF DRIVER)		OWNER (USE O/D IF DRIVER)		ADDRESS		ADDRESS			
REG No. STATE YEAR MAKE		REG No. STATE YEAR MAKE		BODY LOAD WEIGHT 1. UNDER 4.5 TONNE 2. OVER 4.5 TONNE		BODY LOAD WEIGHT 1. UNDER 4.5 TONNE 2. OVER 4.5 TONNE			
TOWED " 1. YES AWAY 2. NO		DAMAGE CODE		TOWED " 1. YES AWAY 2. NO		DAMAGE CODE			
VEH. LIGHTS 1. ON 2. OFF		NUMBER OF OCCUPANTS		SPEED KPH		VEH. LIGHTS 1. ON 2. OFF		NUMBER OF OCCUPANTS	
STREET OF TRAVEL		DIRECTION		STREET OF TRAVEL		DIRECTION			
SUMMARY		SUMMARY		RESP PARTY		POLICE ACTION (INC. INF. NOTICE No.)			
WITNESS NAME		WITNESS NAME		ADDRESS		ADDRESS			
INJURY No. 5 FROM VEHICLE No. 2		NAME MIKLECIC STEVEN		ADDRESS 35 ANDERSON RD		INJURY No. 6 FROM VEHICLE No. 2		NAME MIKLECIC ANITA	
ADDRESS 35 ANDERSON RD		KINGS LANGLEY NSW.		ADDRESS 35 ANDERSON RD		KINGS LANGLEY NSW.			
1. MALE 2. FEM 1. AGE 23		EJECTED 1. YES 2. NO 2. POSITION D		1. MALE 2. FEM 1. AGE 19		EJECTED 1. YES 2. NO 2. POSITION LF			
SEAT BELT/HELMET 1. HELMET TYPE CHILD RES. WORN 1. YES 2. NO		SEAT BELT/HELMET 1. HELMET TYPE CHILD RES. WORN 1. YES 2. NO		INJURIES ABDOMINAL.		INJURIES FOOT CLAVICUS / RIBS		ABRASIONS.	
HOSP " MASS / CANBERRA		1. TREAT 2. ADMIT		HOSP " MASS		1. TREAT 2. ADMIT			
BLOOD SAMP No. 1. POS 2. NEG		ANALYSIS 0.		BLOOD SAMP No. 1. POS 2. NEG		ANALYSIS 0.			

P4 TRAFFIC COLLISION REPORT

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AC09145

B.

TIME 0630		DATE 07/28/85		DAY 1. SUN 3. TUE 5. THU 7. SAT <input checked="" type="checkbox"/> 2. MON 4. WED 6. FRI		LATE REPORT YES <input type="checkbox"/> NO <input type="checkbox"/>		PARTICULARS EXCHANGED YES <input type="checkbox"/> NO <input type="checkbox"/>			
No. VEH 2		No. KILLED 1		No. INJ 5		MUNIC. GUNNING		NEAREST STATION			
STREET HUME HIGHWAY		TOWN SUBURB JERRAWA CREEK		INTERSECTION YES <input type="checkbox"/> NO <input type="checkbox"/>		SCENE VISITED 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>					
200 KMS METRES <input type="checkbox"/>		No. OF JERRAWA CREEK		TYPE							
CLASS " 1. FREEWAY <input type="checkbox"/> 2. HIGHWAY <input type="checkbox"/> 3. TRUNK <input type="checkbox"/> 4. MAIN <input type="checkbox"/> 5. OTHER <input type="checkbox"/>		SPEED " LIMIT <input type="checkbox"/> KPH		TRAFFIC LIGHTS " BOX No. <input type="checkbox"/> 1. ON 3. NIL <input type="checkbox"/> 2. OFF <input type="checkbox"/>		SURFACE " 1. SEALED <input type="checkbox"/> 2. UNSEALED <input type="checkbox"/> 3. WET <input type="checkbox"/> 4. DRY <input type="checkbox"/> 5. SNOW/ICE <input type="checkbox"/>					
INTERSECTION TYPE " 1. X <input type="checkbox"/> 2. Y <input type="checkbox"/> 3. T <input type="checkbox"/> 4. MULTIPLE <input type="checkbox"/> 5. ROUNDABOUT <input type="checkbox"/> 6. NOT INTERSECTION <input type="checkbox"/>		FEATURES " 1. STRAIGHT <input type="checkbox"/> 2. CURVE <input type="checkbox"/> 3. CREST " <input type="checkbox"/> 4. LEVEL <input type="checkbox"/> 5. GRADE <input type="checkbox"/> 6. BRIDGE " <input type="checkbox"/> 7. TUNNEL <input type="checkbox"/> 8. ROADWORKS <input type="checkbox"/> 9. LEVEL CROSSING <input type="checkbox"/>		1. PEDESTRIAN CROSS. <input type="checkbox"/> 2. STOP SIGN " <input type="checkbox"/> 3. GIVE WAY <input type="checkbox"/> 4. POLICE <input type="checkbox"/> 5. NIL <input type="checkbox"/>		VIEW " 1. OPEN <input type="checkbox"/> 2. OBSCURED <input type="checkbox"/>					
1. DIVIDED " <input type="checkbox"/> 2. NOT DIVIDED <input type="checkbox"/>		TRAFFIC DENSITY " 1. LIGHT <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. HEAVY <input type="checkbox"/>		WEATHER " 1. FINE <input type="checkbox"/> 2. RAINING <input type="checkbox"/> 3. OVERCAST <input type="checkbox"/> 4. FOG <input type="checkbox"/> 5. SNOWING <input type="checkbox"/> 6. OTHER <input type="checkbox"/>		LIGHTING " 1. ON 3. NIL <input type="checkbox"/> 2. OFF <input type="checkbox"/> 4. DAWN " <input type="checkbox"/> 5. DAYLIGHT <input type="checkbox"/> 6. DUSK <input type="checkbox"/> 7. DARKNESS <input type="checkbox"/>				SKETCH (SHOW NORTH POINT WITH ARROW)	
IF COLLISION AT DRIVEWAY INDICATE IF VEH 1. ENTERING 2. LEAVING <input type="checkbox"/>		STREET No		PROPERTY NAME		TYPE OF PREMISES 1. RESID <input type="checkbox"/> 2. INDUST 3. RETAIL 4. RURAL <input type="checkbox"/>					
No. 1 VEHICLE 2 OBJECT 3 PEDESTRIAN 4 ANIMAL <input type="checkbox"/>		No. 1 VEHICLE 2 OBJECT 3 PEDESTRIAN 4 ANIMAL <input type="checkbox"/>		DRIVER " BAYLISS		DRIVER MIKLEUC					
ADDRESS		ADDRESS		POST CODE		POST CODE					
LIC No. <input type="checkbox"/>		STATE CLASS TYPE EXPERIENCE YRS MTHS <input type="checkbox"/>		LIC No. <input type="checkbox"/>		STATE CLASS TYPE EXPERIENCE YRS MTHS <input type="checkbox"/>					
D.O.B. <input type="checkbox"/>		SEAT BELT " 1. WORN <input type="checkbox"/> 2. NOT WORN <input type="checkbox"/> 3. NOT FITTED <input type="checkbox"/>		HELMET 4. OPEN <input type="checkbox"/> 5. FULL FACE <input type="checkbox"/> 6. NOT WORN <input type="checkbox"/>		D.O.B. <input type="checkbox"/>		SEAT BELT 1. WORN <input type="checkbox"/> 2. NOT WORN <input type="checkbox"/> 3. NOT FITTED <input type="checkbox"/>		HELMET 4. OPEN <input type="checkbox"/> 5. FULL FACE <input type="checkbox"/> 6. NOT WORN <input type="checkbox"/>	
BREATH TEST 1. POS <input type="checkbox"/> 2. NEG <input type="checkbox"/> 3. NO TEST <input type="checkbox"/>		REASON NO TEST		ANALYSIS 0.		BREATH TEST 1. POS <input type="checkbox"/> 2. NEG <input type="checkbox"/> 3. NO TEST <input type="checkbox"/>		REASON NO TEST		ANALYSIS 0.	
OWNER (USE O/D IF DRIVER)		OWNER (USE O/D IF DRIVER)		ADDRESS		ADDRESS					
REG No		STATE YEAR MAKE		REG No		STATE YEAR MAKE					
BODY LOAD WEIGHT 1. UNDER 4.5 TONNE <input type="checkbox"/> 2. OVER 4.5 TONNE <input type="checkbox"/>		BODY LOAD WEIGHT 1. UNDER 4.5 TONNE <input type="checkbox"/> 2. OVER 4.5 TONNE <input type="checkbox"/>		TOWED AWAY 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>		TOWED AWAY 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>		DAMAGE CODE		DAMAGE CODE	
VEH. LIGHTS 1. ON <input type="checkbox"/> 2. OFF <input type="checkbox"/>		NUMBER OF OCCUPANTS		SPEED KPH		VEH. LIGHTS 1. ON <input type="checkbox"/> 2. OFF <input type="checkbox"/>		NUMBER OF OCCUPANTS		SPEED KPH	
STREET OF TRAVEL		DIRECTION <input type="checkbox"/>		STREET OF TRAVEL		DIRECTION <input type="checkbox"/>					
SUMMARY											
RESP PARTY				POLICE ACTION (INC. INF. NOTICE No.)							
WITNESS NAME						WITNESS NAME					
ADDRESS						ADDRESS					
INJURY No. 3 FROM VEHICLE No. 1						INJURY No. 4 FROM VEHICLE No. 1					
NAME BAYLISS ALEXANDER						NAME BAYLISS JEAN PAUL					
ADDRESS HEALESVILLE						ADDRESS HEALESVILLE					
1. MALE <input type="checkbox"/> 2. FEM <input type="checkbox"/>		AGE 15		EJECTED 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>		POSITION LR		1. MALE <input type="checkbox"/> 2. FEM <input type="checkbox"/>		AGE 42	
SEAT BELT/HELMET <input type="checkbox"/>		HELMET TYPE <input type="checkbox"/>		CHILD RES. WORK 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>		SEAT BELT/HELMET <input type="checkbox"/>		HELMET TYPE <input type="checkbox"/>		CHILD RES. WORK 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	
INJURIES HEAD - FRACT LEFT ARM						INJURIES BI LAT FRACT BOTH LEGS HEAD INT					
HOSP YASS / CONSERVA				1. TREAT <input type="checkbox"/> 2. ADMIT <input checked="" type="checkbox"/>		HOSP YASS / CONSERVA				1. TREAT <input type="checkbox"/> 2. ADMIT <input checked="" type="checkbox"/>	
BLOOD SAMP. No.		1. POS <input type="checkbox"/> 2. NEG <input type="checkbox"/>		ANALYSIS 0.		BLOOD SAMP. No.		1. POS <input type="checkbox"/> 2. NEG <input type="checkbox"/>		ANALYSIS 0.	
TIME OF DEATH		DATE OF DEATH		TIME OF DEATH		DATE OF DEATH					