Name: Date:

|  |
| --- |
| **Write an incident report** |
| **Content coverage**This activity includes a scenario that needs to be read out to the student – the information included in the scenario provides the detail for the student to complete an Incident Report.  |
| **Instructions to assessor**Student must: * read over the form that will need to be completed
* listen to the details of the accident
* take detailed notes from the information the assessor reads
* Complete the Driver Incident Report using their notes.
 |

# Write an incident report

It is Thursday 23rd of August, 2013 and you are driving a freight train number N367 from your base deport in Seymour, to Melbourne – a trip of 112 km. You depart on schedule at 14:25. You are driving south along the main line and coming up to a bi-directional section and the signals direct you west. You are travelling at the normal track speed of 95km/h. You are approximately 14.5 kilometres from Seymour at 14:55 when you see a crew of maintenance workers and a vehicle on the track ahead! Oh no! You immediately apply the emergency breaks and sound your horn.

The crew quickly runs from the line but a vehicle remains parked on the track. You are able to stop the train about 25 metres from the vehicle, and luckily, no-one is hurt and there is no damage to the train, the track or the vehicle.

You feel shaken and get out of the cab to check that everyone is OK. You advise your manager of this incident at 15:05. At 15:10 you hear your manager give the signaller an instruction to set the bi-directional section of the track to East. The maintenance crew moved their vehicle off the track so that you could clear the bi-directional section and resume your trip to Melbourne at 15.15.

|  |  |  |
| --- | --- | --- |
| **REGION TRAINS** | **Driver Incident Report** | ***Incident No:****(To be completed by Manager)* |
| F5–479–2.2013.V1 | *This report must be completed prior to finishing shift.* |
| **Driver’s name:** |  |
| **Depot:** |  |
| **Train number:** |  |
| **Contact number:** |  |
| **Details of incident** |
| ***Date*** | ***Time*** | ***Location from*** | ***Location to*** | ***Cause*** |
|  |  |  |  |  |
| **Incident description** |
|  |
| **Incident reported:** | 🞏 Yes 🞏 No  | **Reported to:** | Line Manager |
| **Driver’s signature:** |  |
| *Submit form to manager as soon as possible. Next review date*  |