NO. 94-106

TRAIN 257

PAPAKURA STATION

5 MARCH 1994

ABSTRACT

On 5 March 1994, as Train 257 approached Papakura Station the train crew noticed an individual sitting on the edge of the platform. The person did not respond to the train's warning horn and received serious injury from which he died later the same day.

TRANSPORT ACCIDENT INVESTIGATION COMMISSION

RAIL ACCIDENT REPORT NO. 94-106

Train Type and Number:	Freight, 257
Locomotive:	DC 4277
Date and Time:	5 March 1994, 0045 hours
Location:	Papakura Station 647.02 km NIMT
Type of Occurrence:	Collision with person on station.
Persons on Board:	Crew: 2
Injuries:	Crew: Nil Others#: 1 Fatal
Nature of Damage:	Nil
Information Sources:	Witness statements NZRL Reports
Investigator in Charge:	R Chippindale

#Person sitting on edge of platform.

1. NARRATIVE

1.1 Train 257 was a Westfield to Te Rapa Freight, with a gross weight of 358 tonnes and length of 270 m. There were two Locomotive Engineers on board seated on opposite sides of the cab.

1.2 Approximately 250 m from the northern end of Papakura Station the Locomotive Engineer not driving, noticed a person sitting on the edge of the platform. He drew the other Locomotive Engineer's attention to him immediately and sounded the locomotive's horn. The driving Locomotive Engineer applied emergency braking immediately and sounded the horn again.

1.3 The man sitting on the edge of the platform lay back but did not respond to the train's approach in any other way. He was struck by the locomotive and sustained serious head and leg injuries from which he died about 18 hours later.

1.4 The train, which was travelling at approximately 55 km/h when the man was first sighted, stopped some 200 m past the point of impact.

1.5 It was established that the victim had been drinking at a nearby hotel prior to the accident.

2. FINDINGS

2.1 The train was being operated normally prior to the accident.

2.2 The Locomotive Engineers were keeping a good lookout and took the correct action promptly when the person was seen to be too close to the track.

2.3 It was impossible for the Locomotive Engineer who was driving to stop the train in the space available.

2.4 The victim's failure to move out of the way of the train was probably due to the effects of imbibing alcohol.

29 June 1994

M F Dunphy
Chief Commissioner