



# THE BEACON

OFFICIAL QUARTERLY PUBLICATION OF THE AMBULANCE HISTORICAL SOCIETY OF VICTORIA

*Chas Martin O.A.M. Ambulance Victoria Museum*



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*Proudly Preserving Our State Ambulance History*

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### ***Chas Martin O.A.M. Ambulance Victoria Museum - Contacts***

Curator – Ralph Casey: Ph: 0438 980 006 E: [Ralph.Casey@ambulance.vic.gov.au](mailto:Ralph.Casey@ambulance.vic.gov.au)  
Asst. Curator – Terry Brooks: Ph: 0416 760 310 E: [fordprefect1948@gmail.com](mailto:fordprefect1948@gmail.com)  
Hon Treasurer – Darrell Rintoule: Ph: 0419 559 550 E: [drintoule@bigpond.com](mailto:drintoule@bigpond.com)  
Hon Secretary – David Cawte: Ph: 0408 592 318 E: [secretaryahsv@gmail.com](mailto:secretaryahsv@gmail.com)

#### Committee:

Gary Dole – Ph: 0413 371 783 Bill Redpath – Ph: 0419 937 927  
Peter Dent – Ph: 0427 508 888 Graham (Buddy) Holley – Ph: 0408 017 406  
The Beacon Honorary Editor – Peter Dent. Honorary Graphic Design – Barb Dent

Phone: (P.) 0427 508 888 – (B.) 0417 290 946 Email: [vintambos@bigpond.com](mailto:vintambos@bigpond.com)

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***You don't have to be an Ambo!*** to be an ***Ambulance Victoria Museum Member.***

**All** interested persons are welcome to join as members at our **subsidised** AHSV rate of **\$10.00 PA\*** (\$30.00-3yrs) \* **Includes 4 x quarterly Beacons PA,** \* **Free museum admission for family and friends**

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**Front Cover:** Circa early 1960s, a Chrysler Royal 'Highback' ambulance leaving VCAS Latrobe Street Headquarters, (note the 'Rams Head' Dodge ambulance garaged at the rear of the Chrysler RH side). The Chrysler ambulance was the epitome of patient and crew comfort, with superb road performance. The power train was a V8 petrol engine, auto transmission. This vehicle was only paralleled by the replacement Ford Galaxy/Fairlane 'Highback' petrol V8 auto ambulances. – (Where are these vehicles now?) The window fitted with Venetian blinds was originally part of the Latrobe Street ground floor control room, before the facility was moved to the first floor of Latrobe Street H.Q.

## Curator's Report



**Hello everyone**, I hope that you and your family have survived the winter period, escaping all the colds, flu, and other nasties. And also no doubt like all of us we now are looking for the warmer weather.

Our museum operates as usual each Monday; however, thanks to *Col Evans' wife Wendy*, we now have more data information as a reporting feature. This has shown a considerable increase in the number of tours through our doors. We prefer to limit these tours to days other than Mondays, apart from those that are significant to the museum, Monday being our workshop maintenance day. These are interesting statistics that assist us with our planning of tours and other activities around them. At the end of my report I have attached the statistics from the data collated by Wendy, to show our progress. Also, thank you to Col Evans.

Col is our booking agent. Also kudos to the current presenters who give their time to suit the occasion to facilitate this entertaining ambulance production.

Our Committee is currently considering the possibility of opening our museum for general public access on a trial basis, we will look at seasonal opportunities such as during late Spring and Summer. Initially, public access would be one Sunday morning every month from approx. 1000hrs to 1400hrs. allowing us to showcase our state ambulance history to a wider audience. At present, our museum, which houses a unique collection of the state's vintage ambulances, equipment, and memorabilia, is not accessible to the general public.

This is due to human resourcing with volunteers, if we were able to attract volunteers to attend the museum for about four hours on a "when available" roster basis, this could be overcome. The ideal hours would be say, approximately 1000/1100hrs to 1400/1500hrs, and this time framing would provide popular visiting access for those out and about. Also, depending on the volunteer uptake, the time commitment would only be about once every two months, or as a volunteer is available. This is a great opportunity to join and mix with a great group of people and be part of our impressive ambulance history. In another volunteer avenue, we are also urgently seeking people to assist in our archiving area, the duties are library record keeping and computer-listed donated equipment and memorabilia.

If we were to turn back the clock 20 years to 2005/6 when Chas Martin, at the request of then CEO *Greg Sassella*, began our Ambulance Victoria Museum at Thomastown in a small vacant panel-beaters' premises. Then, if we pick up on that journey right now, who could ever have envisaged the ultimate success that would be the outcome? A museum showcasing 26 immaculately restored vintage ambulances, and a wealth of vintage ambulance equipment, memorabilia and history, attracting domestic and international visitors.

I have special pleasure in my report to enlighten readers that our highly respected and esteemed museum member *Peter Leek* recently celebrated his 90<sup>th</sup> Birthday. Peter serves as our museum elder and has been an integral, pioneering member of both the AHSV and our museum since its inception. Peter's sister Susan brought Pete into the museum. We were honoured by his short visit and everyone was pleased to see him. The infamous "*Shut that dog up*" (Kelpie Max) could not be with him. Editor Pete Dent has added an article on Peter Leek further into this Beacon.

Wendy Evans' statistical breakdown of our museum group attendances references the following results from visitor feedback; In terms of obtaining knowledge of museum tour availability, approx. 60% attained this information from word of mouth, 10% from a prior visit, and 15% for both our Website and other sources. Booking a museum tour was easy and rated as 'excellent'. Wendy shared a feedback form, which led to enthusiastic questions and positive, helpful comments. Wendy has collated these comments to put forward to the tour's group for appropriate action. Thank you for your initiative and time with this Wendy, and to Col.

Life, much like our museum, is filled with meaningful memories, rich stories, and valued friendships.

Ralph Casey, ASM.

Curator/ Manager.

# The Story of the Ford Fairlane Ambulance, and Ambulance Officer Peter Briscoe

**Foreword;** *This is a moving story, written by John and Maryann Clancy, assisted by Doug Dawson. The account truly highlights 'Man's compassion for Man. Also the context demonstrates humanity, camaraderie, and empathy, to the highest pinnacle. And, by sheer chance at a Regional vintage vehicle event, the location of the ambulance featuring in this story was discovered. A special vehicle meant to bring some final comfort and peace to an ambulance colleague bravely confronting his mortality. As well, the story brings to light the boundless effort that others will extend themselves to accomplish a desired outcome for another. Every person that contributed in some manner to this wonderful expression of kindness can take pride.* Ed.

Peter Briscoe commenced his ambulance Career at the Peninsula Ambulance Service, Frankston in 1967. Soon after he was rostered to a 1964 Compact Ford Fairlane Ambulance, known as Car 3. Peninsula had six of these particular models built by Weber Coachbuilders of Frankston Vic. John Clancy, who had transferred to Peninsula Ambulance Service in 1968, stated that this model ambulance was very popular with front line personnel. And also that Car 3 was the only ambulance built that had a metal body. The remaining five ambulances were of fibreglass construction. However, in 1969 the Peninsula Ambulance Service decommissioned Car 3 due to the vehicle's age and mileage.

At the time of decommissioning, Peter Briscoe was working night shift, and at the completion of his shift, Car 3 was to be taken into the workshop to be stripped and sold. At the late part of Peter's night shift, he received a non-urgent clinical case locally to the Peninsula. In this era there was a strip of road going into Dromana known as the "mad mile". In Peter's words, "This is the last time Car 3 will ever be driven as an ambulance, and I must see what it can do!" Being early morning, Peter had the road to himself, so foot to the floor, the ambulance speedo reached 117 mph ( approx.190Km/h) and now Peter's curiosity was satisfied!

Peter is a jovial person with a very quick sense of humour and always the life of the party. He is held in high regard by his peers, and a very competent paramedic. In 1973, he was selected to be a member of the first MICA team to commence operations on the Peninsula. After 6 years of service, in 1979, Peter transferred to Echuca, and after 30 years of service, he retired from ambulance in 1997.

Fast forward now to circa 2020, John Clancy was part of the team from the A.V. Ambulance Museum to take a fleet of vintage ambulances to display at a Euroa 'Show and Shine Event'. Whilst all the ambulances at the event were on display, a car enthusiast, by the name of Mark struck up a conversation with John Clancy. John had driven the vintage 1968 Fairlane on the day to Euroa where Mark was attending the event. Mark was a Ford man and said that he had a couple of compact Fairlane ambulances as well as many other cars on his property at Maldon. Ironically Mark mentioned that he could see the word 'Peninsula' in the faded paint on one of his vehicles.

John mentioned the conversation that he had with Mark at Euroa to Chas Martin. OAM. Chas was the AV Museum curator at that time. It was common knowledge that Chas was always on the lookout for unique vintage ambulances to add to the museum fleet.

John Clancy contacted a good friend Ian Gardner, who had spent many years as a mechanic in the workshop at the Peninsula Ambulance Service in Frankston. Ian began his career as an apprentice, during which he developed extensive expertise in Ford vehicles.

John and Ian arranged an appointment with Mark to inspect the compact Ford Fairlane and travelled to his property in Maldon. On the property were many older vehicles in various states of disrepair and scattered throughout the paddocks, and amongst them was a compact model Fairlane ambulance!

Ian immediately recognised that this was Car 3 from Peninsula days, as it had a metal body. Peninsula Ambulance Service was the only service in the state of Victoria to have had this particular design of the body.

The old ambulance was looking very depleted with rusty faded parts and faded paint from its various years of standing in the elements. However, one could still read the faded words 'Peninsula' on the side of the rusty body. Sadly though, many parts were missing, including the motor and the transmission.

It was explained to Mark that restoration of this old ambulance would be a project beyond the AV museum's capability. However, they would show the photos to Chas Martin and that he would make contact with him.

Mark was a friendly bloke, he showed John and Ian around his property, which alone was worth the trip to Maldon. On return John showed pictures to Chas. His reply was “*it would have been a beauty but it's too far gone*”. Chas mentioned it to Doug Dawson, and wondered if he would be interested in buying Car 3?

Doug Dawson began his ambulance career in 1972 as an ambulance cadet with Peninsula Ambulance Service, obtaining the rank of Station Officer Grade 2. Doug was a very competent officer both on the road and in communications. Doug restores vintage ambulances and operates a large patient transport service contract for Ambulance Victoria.

Ian and John met Doug and told him the story of Car 3 and showed him the pictures. Doug immediately said, “I'll buy it!” It was arranged to collect Car 3 with Doug and his son Tom next day. Doug invited both Ian and John along, but unfortunately Ian could not make it on the day. The pickup was smooth; Tom arranged a large four-wheel trailer behind his Ford Ranger.

Doug Dawson and Peter Briscoe have had a lasting friendship to this day since they first met at Peninsula Ambulance all those years ago in 1972. Ironically, in the same year that Doug purchased Car 3, Peter was diagnosed with Bowel Cancer which came with a poor life expectancy. For the past five years Peter has been treated regularly with chemotherapy, and recently Peter was told further chemotherapy treatment was no longer possible, and that he only has a matter of months to live.

Over the past five years, Peter and his wife Patti certainly have been burdened with many of life's serious challenges. The very week that Peter received his terminal cancer diagnosis, Patti collapsed with a cervical stroke. Patti now lives in a Care facility in Bendigo where she is close to her family for support. Peter then moved back to Echuca, where he lives close to his son Paul. Peter regularly sees Patti. Our supporting thoughts are always with both Patti and Peter.

As Peter prepared for major cancer surgery over five years, the surgeon explained what would be removed during the procedure. Peter typically quick witted said. “I don't care what you take Doc, but don't “take my sense of humour”. The surgeon, equally as quick, responded. “We don't do humour ectomeres at this hospital!” To this day Peter has not lost his sense of humour. Over the past years Peter would say to Doug that; “*You better get Car 3 finished, as I would like to have my last ride in it, seeing that I was the person to drive it as an ambulance on its last ride*” Doug said to Peter. ‘*Don't go anywhere. You'll get your wish.*’



***Patti and Peter in happier times.***

Doug immediately went to his car restorers, who are *Martin, Roxy, Lou and Chris* of Muscle Car Garage. Doug explained Peter's situation and asked them to pause the current restoration work and prioritise Car 3. The next day, Doug and Tom loaded Car 3 onto Doug's tow truck and delivered it to the restorers. The team there have been enthusiastic to complete this special project, particularly having been told the reason of its urgency.

Doug's immediate task now is to source parts for the project, which require everything from interior, drive train, down to the last chrome strip. Astutely, Doug sourced a fully restored compact Ford Fairlane sedan from NSW and had it shipped down to the restorers at Seaford. Doug did not have the heart to tell the previous owner the reason as to why he wanted this immaculate looking car. The AV museum has donated a combination siren, red light to help assist with Doug's project. This type of siren was used specifically on Peninsula Ambulance Fairlanes in the 1960s.

At the time of writing this story, Peter had just completed five daily trips to Bendigo Hospital for radiotherapy treatment to his lungs. He was driven by *Phil Heard*, a friend, who was as a cadet at the Peninsula Ambulance Service. It is hoped in time, that this treatment will have a positive effect in relieving Peter's shortness of breath.

The team of restorers have made extraordinary progress in the three months to date since working on this special project. The running gear is fitted, the interior is nearing completion, including the original design of

the hood lining and the vehicle is to be spray-painted this coming week in its original colour. The original number plates have been sourced, which will certainly complete the project.

We commend Doug and his son Tom for their extraordinary commitment and efforts to fulfil Peter's wishes after his passing. His request is to convey his ashes in Car 3 to his final resting place in the peaceful Buddhist temple in Bendigo.  
John and Maryann Clancy

*“ Do unto others as you would have them do unto yourself”*



The Muscle Car Garage restoration team, R-L Martin, Lou, Roxy, Chris, and S.O.S Car 3 is in the background, being worked on by the crew.



This is one of the MAS Ford Falcon District Car Fleet around 1989, generally used for administration purposes or back up for road ambulance crews.

## Editor's Desk.

**I don't know** about readers South of the Murray River, but for us across the river here North, this winter has been a drawn out chiller and complemented here with freezing snow winds blowing from the snowy mountains, as cold as a Mother in law's kiss. Barb and I are lucky with a wood heater and a split system, that is, until we get our power bill! although solar does offset this to a degree. Anyway as age progresses, and both of us endure the associated aches and pains etc. we refuse to be cold, regardless of cost. Although going to print, the Jonquils and Cootamundra Wattles are in full splendour, heralding the beginning of Spring!

Museum Curator/ Manager Ralph Casey and the dedicated museum crew continue to notch up success after success. Our team is not only attracting local interest, but international visitors as well. The more recent in this category is a delegation from Hong Kong Ambulance that visited our museum on 21 July 2025. Hong Kong Ambulance follows last year's visit by a Singapore Ambulance delegation. There is so much of interest on display, vintage ambulances, equipment, memorabilia, and history boards. Additionally, an era comparison of our Victorian Ambulance Service can be made with those of other countries.

Like many of our museum crew, and certainly our late curator *Chas Martin*, I have a vision (or a pipe dream) that at some stage in the time I may have left, that we may extend our museum capacity. This would allow us to showcase more exhibits and accept retired AV Air Wing aircraft, both fixed wing and rotary. And also have the ability to display our unique Leyland Vintage Disaster Bus, what a draw card these would be! If history is not recorded and preserved, it may no longer be accessible in the future This actually did occur with our Police counterparts, and the VicPol museum, resulting in a loss of historical police cars, and equipment. Conversely, the Ambulance Museum of our NSW Ambulance Service counterparts, located at Temora NSW, have the aircraft that I have mentioned on display for visitors' enjoyment, and Ambulance Air Wing history.

I would like to steal a few lines from my Editor's report for Barb and myself, and I would hope without creating too much boredom. On the 10<sup>th</sup> of July 2025 Barb and I proudly celebrated our Diamond Wedding Anniversary with family and friends at Albury. We met at a country dance at the Wandin North Hall in 1961, Barb a tender 14 yrs of age, and myself 15 yrs old. Four years later, on the 10<sup>th</sup> of July 1965, we married at St Johns Church of England at Blackburn, aged 18 and 19 yrs respectively. Our marriage has been an incredible journey, although not without the significant challenges that can occur in most lives, particularly raising a family. At these times of challenge we drew on each other's strengths and met the issue full on with the best of our resources. Throughout our entire marriage we have been each other's best mate in every aspect, undertaking all activities, including recreational, together. We were blessed with three healthy and great children, *Craig, Paul, and Natalie*. We have always been a very close family, supporting each other over the years. Also, both of us are sincerely grateful to have been granted a life span to achieve this significant milestone, as sadly many other dedicated couples are not so fortunate. From my end, Barb has always been my rock, my inspiration, and my *"Background Angel."* The foundation of these happy years of our marriage has been built on a small quotation, which I would like now to share with you.



*"Don't walk before me, I may not follow"      "Don't walk behind me, I may not lead"*  
*"Just walk beside me and be my friend!"* *Author Unknown*

As Editor of The Beacon, dealing with our proud state ambulance history, from time to time I receive emails and phone calls of varied topics from readers. One contribution received revolved around the destruction of our historic service records in 1993 - 1995. Sadly, many of these records dated back to our VCAS inception in 1915/16 until the date of their destruction. This particular contribution suggests a possibility for former colleagues to falsely claim participation in a significant ambulance incident or notable case, potentially in the absence of proof previously contained in these records. My response to this comment is that; *"I have absolute trust and faith in my ambulance colleagues' character and integrity"* Also, on the other hand, if a person has knowledge in regard to this loss of our records, then this in itself could be the catalyst for some persons, possibly cynically frustrated 'Wannabe's.' to question our history, and seemingly unaware that it is far better to be a *'Hasbeen'* than a *'Nevawasa!'*

As always, keep safe, keep well, and keep smiling!

Pete and Barb.

## Workshop Roundup, In, Out and About, Winter 2025

**Winter time**, and the cessation of most of the Regional events hopefully gives our workshop crew time to catch up on the vehicle maintenance projects. These are the problems that normally occur with the ‘Old Girls’ through the summer months travelling distances to and from events. Winter does bring to light vehicle battery weaknesses. Although that said, there is a number of our AV museum crew who love to ‘keep the flag flying’ even through the cold and wet winter months. Whether this be ‘One Up’ or ‘Three or Four Up’ somewhere in the state there will be people very keen to have the opportunity to physically see, touch, and feel ambulances of yesteryear, as well as have this history imparted to them. So, crew members like Doc. Brooks, Gary Dole, Ralph Casey, David Cawte, Buddy Holley, Ross Junor, Col Evans, and anyone I have missed, collect a vintage ambulance, push the starter button and head off. How great is it to have dedication and enthusiasm like this in an organisation?

**Workshop:** Bill Redpath is still entangled in the maze of “spaghetti” that is the 1965 Humber's wiring. Bill has now literally spent weeks sorting the wiring behind the dash rewiring, so the wood grain dash can be re-fitted for the last time.

Our 2006 Mercedes Sprinter is due back after a heater and temperature issue, and the Sprinter is also to receive a service.

Ralph has been doing wiring repairs on the GMC. We have several other vehicles needing our TLC, however, other Museum duties have developed, and this restricts our workshop schedule. With the limited resources of just two mechanics, ( Bill and Gary) and myself, time does not permit us to address all issues. Even given that Ralph, as well as the full on Curator/Manager role, still takes the odd unit home to work on maintenance issues, as does Gary and Bill at times. So really, it’s ‘hats off’ to these blokes, and all others that give so much to our museum.

We are waiting to bring the Leyland Disaster Bus into our workshop for inspection due to a leak at one of the air tanks being detected a couple of weeks ago. There is a possibility that this leak may only be just a jammed air valve that we can free up, and if this is not the case, we will outsource repairs at the truck workshop opposite our museum. This business repaired a compressor in the Leyland Bus and also fitted new airbag suspension units for us at ‘Mates Rates’ which was a great price, and saving for the museum. Each workshop job is viewed as long term, this is because as the workshop crew is undermanned, and we do not want to get frustrated, as well as burn out our dedicated crew of volunteers.

By Terry (Doc) Brooks

On Friday September 12, 2025, approximately 350 school children – Prep to year 6 will converge at the **Georges Road Primary School**, in Shepparton. This special event is under the umbrella of ‘Sports COPPS’ an initiative of VicPol designed to break down barriers and strengthen community bonds with local police. Sports COPPS recognises the importance of positive relationships, proactive programs and strategic partnerships which contribute to and foster a safer community, particularly at the grass roots level of sport. Sworn and unsworn police members and stakeholders from the Shepparton Proactive Policing Unit- Victoria Police Soccer Club Basketball Players- Football Australia- Bully Australia Zero Foundation -Shepparton South Soccer club- Notre Dame Sports Academy- FRV- Victoria Police Historical Society- CFA, Easty Fire Trucks, and Ambulance Victoria Museum vintage ambulances, will be represented. This is a wonderful initiative by Victoria Police, and voluntary contributors to ensure the event’s success.



2nd Left: David Cawte - 1st Right: Phil Nestor Monash University Display Table

Replica MICA Vehicle 208

With sincere thanks to Phil Nestor and David Cawte, we have taken our AV museum show to the Monash University, Frankston Paramedic Campus, to enlighten the soon to be paramedics. This initiative has given paramedic students some visibility on how it was in the early days of ambulance. Our visits have been very successful and also have been acknowledged by tutors as most worthwhile. Once again this activity highlights the value of preserving our state ambulance history, and the demand for it in many avenues.

**Museum Curator/manager** Ralph Casey received an email from the Executive Officer, *Kristy Rudd* of the Shepparton Heritage Centre. Kristy advised that her organisation was setting up an “Early era Shepparton Emergency Services” display at the Heritage Centre. Subsequently management sought our contribution of items of interest, commensurate to this period of Regional Ambulance operation, to complement this initiative. Kristy and her cohort came to our AV museum at Bayswater to inspect our large and varied range of equipment and memorabilia, in order select the items that would complement the pending display at the Shepparton Heritage Centre. A diverse range of items were selected and will be delivered to the Heritage Centre at Shepparton by Gar Dole and Pam.

**Our Grand** aged gentleman of the AHSV Ambulance Museum, *Peter Leek* has been encountering health problems and had a rough time for a period. But the “British Bulldog” shone through and Pete bounced back! He joined VCAS in 1970, after serving in the London Ambulance Service, and prior to this he was a London bus driver. He remained with VCAS/MAS for 35 years, his service recognition featured on ‘Ambulance World’ magazine front cover, with Peter and then CEO Greg Sassella. Pete also is a long serving and pioneering member of our AHSV Chas Martin OAM, Ambulance Victoria Museum. He assisted Chas Martin in the infancy of the museum at Thomastown in 2005/6. Peter saw the original Thomastown AV Museum take shape and continued as an active volunteer after our move to Bayswater. Also, Peter was an asset during the 1986 Leyland Disaster Bus restoration project, and at the time his bus driving skills were put to an acid test. This involved driving the 44 passenger capable bus from the Vic. S.W coast to Bayswater. A precarious undertaking after the vehicle had lay deteriorating in a paddock for 15 years, also not a mean feat by any standard! On July 26, 2025, Peter celebrated his 90<sup>th</sup> Birthday with family at the Epping RSL Club, of which he is a member. His 90<sup>th</sup> Birthday celebration attracted a very large gathering of friends and associates, including the Scouting fraternity. At this function *Col Evans and Darrell Rintoule* presented Peter with a silver framed photo. The photo featured Pete in his element at the wheel of our Leyland Disaster Bus. The presentation of the framed photo, together with Darrell and Col’s visit, made his day! The frame’s inscription plate read “*From your mates at the museum*”



A proud Peter Leek

Although Peter Leek will not be a volunteer at our museum as often as before, he will always remain fondly recalled, and highly respected. Also, Peter will be titled our “Gentleman Statesman” of the Chas Martin (OAM), AV Museum, the Monica being a legacy of his own endeavours.

**We posted** a request on Signal 8 for a qty of the old red and white checker hat bands for our museum and a special request for a presentation to a long term regional member’s retirement. We received an excellent response for this item, many thanks to *Clive Butler* who provided a qty of the requested checker bands to assist our museum. And also *Jason Learmonth* for sending two Akubra red and white checker bands. Thank you both for your response and donating this needed item and thank you Signal 8 for carrying out this request post.

***PTSD is not a “Stigma” it is “Recognition”  
held in a perspective of admiration, respect, and gratitude.***

***It is also testimony of those who have gone forward to the front line,  
often where many others may fear to tread.*** P.K.Dent

## Letters, Phone, and Telegrams.

I received an email from Regional paramedic *Bruce Anders*. Bruce raised a very interesting issue. This was in regard to the Covid period, and AV participation. Bruce presented a very interesting perspective that has not previously been raised with me. He brought to light the variation and mix of ambulance and non-ambulance personnel running together at the peak period of Covid, in the Melbourne Metropolitan area. Highlighted was the performance of non-ambulance personnel and the adaptability of our AV paramedics to work with these volunteers during Covid. I fully agree that this topic should be formally documented, as Bruce emphasised, since the pandemic was a monumental moment in our ambulance history. I am happy via The Beacon to source and record this extremely important sector of our history, with the assistance of contributors that took part. Subsequently, if any paramedics and non-ambulance participants involved during the Covid period would like to share their personal accounts for publication, please contact me. [vintambos@bigpond.com](mailto:vintambos@bigpond.com) or on mobile **0427 508 888**. Contributions may be anonymous. Also, I will assist, or edit as required, accounts with any contribution. This AV operation was a pivotal ambulance feat, and the detail belongs in our ambulance history and to the people of Victoria.



**John Blossfelds** and I keep regular contact. I called John recently to see how he was travelling, as previously stated at 93 years of age he is a marvel. Each phone conversation that I have with John raises a variation of our ambulance history ranging in the period from the early 1950s through to the mid-1990s. Also I always get a really good laugh with John's narration of some of the "goings on" at Footscray Depot when he was S/O there. John's recall is incredible, and here is a classic case again that if this ambulance history is not captured and recorded it will be lost forever. Many of the topics that John brings to light are far before my time of 1965 onwards, and it is our history that I am unaware of. So John, being the passionate person that he is in regard to his former 40 years' service with his experiences and observations, at present is working with me in an endeavour to record this unique knowledge in a notable effort. This is, that he is writing these memoirs free hand, then sending his work to Barb and me to process for publication in The Beacon. And from there, into the safe keeping of our AHSV/ Museum records, as custodians. Also, there is more kudos to John Blossfelds selfless effort, and that is our Beacon readership receives this history first hand. Also currently, due to a recent initiative by AV Media, the last 2 year's issues of The Beacon are being posted on the AV website. These issues are for all accessing the website to read. Also, these back copy Beacons will be complemented by each new quarterly edition as it is published. I am most grateful to John for sharing his priceless knowledge to be recorded into our ambulance history for current readers and for future generations to access.

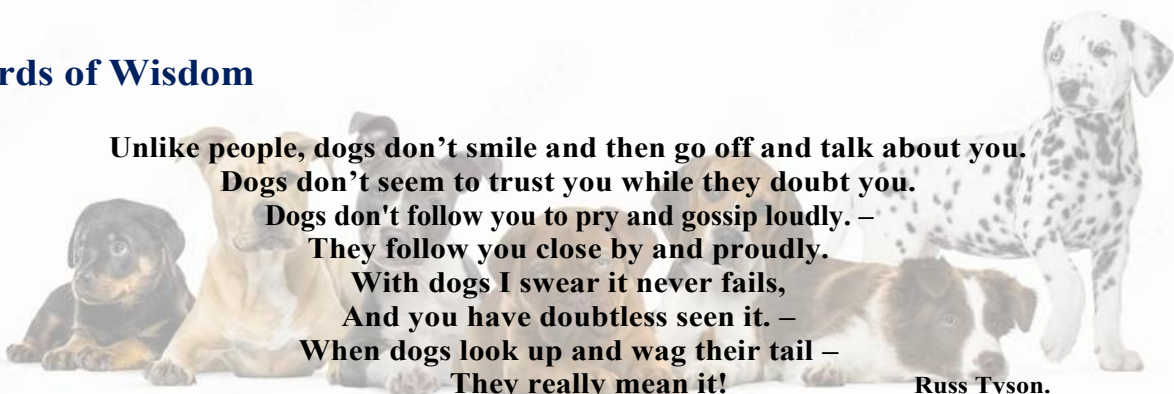


**An old Ambo** friend of mine who is very quick on the uptake, recently had a G.P. appointment at a local Albury Doctors' group. On his arrival at the clinic, he reported to reception for his appointment, stating only the appointment time and his name. The receptionist, seeking clarification, curtly asked, "*You are here to see which doctor?*" he replied "*yes!*"



I often cast my mind back to my old running colleague in the 1960/70s, and afterwards developer and Curator of our AHSV/AV Museum, *Charlie (Chas) Martin*. There was never a dull moment crewing with Charlie on the road, and occasionally in Comms. In latter museum times we would speak daily on the phone, recalling this, that, old colleagues, and other issues. Those who knew him throughout the years, one can never forget Charlie's manner of speech when making a point in conversation "*Oh Golly Gosh! or, 'Goodness Gracious!'*"

## Words of Wisdom



**Unlike people, dogs don't smile and then go off and talk about you.  
Dogs don't seem to trust you while they doubt you.  
Dogs don't follow you to pry and gossip loudly. –  
They follow you close by and proudly.  
With dogs I swear it never fails,  
And you have doubtless seen it. –  
When dogs look up and wag their tail –  
They really mean it!**

**Russ Tyson.**

## A Comparison - Hong Kong Ambulance Service 1984

Prior to 1952 the Hong Kong Ambulance Service was under the direction and control of the Hong Kong Medical and Health Department. However, due to many problems, not the least of which were organisational, in 1953 it was placed under the control and direction of the Hong Kong Fire Service.



*British built Ambulance of the Hong Kong Service.*

The service operated 14 ambulances for about one million people, with officers working 24 hours on duty followed by 24 hours off, totalling approximately 72 hours per week. The Ambulance operated out of fire stations located at various points throughout the territory utilising British built vehicles based on Austin cab and chassis components.

This period was known as "The Era of Ambulance": however, the need for change and advancement was recognised in 1965. It was then the Legislative Council of Hong Kong agreed to establish Ambulance stations. Also to implement additional reforms that resulted in the establishment of a rank structure. The commencement in 1966 of a Training program to bring all employees up to a minimum of St. John Certificate standard was put into practice.

The population at that time was three million and the service's fleet had increased to 25 vehicles based on the VW van concept. In 1973 the standard British Ambulance constructed on a Ford Transit cab and chassis and powered by a V6 engine was introduced. This type of vehicle, fitted with automatic transmission, was still in use in 1984. At that time the Hong Kong Ambulance Service was an autonomous body operated under the broad control of the Fire Services Ordinance.

There were 16 established Ambulance stations from which 198 Ambulance vehicles were deployed. The vehicles were manned 24 hours a day on a five watch system, with one watch on duty overnight, two watches during daylight hours, with the other two watches off duty. The crew of a Hong Kong Ambulance consisted of three men, and the entire operational complement of the service was 1,677 officers, with support staff of 124 people.

Unlike Singapore and many U.S. paramedic units, an Ambulance officer in Hong Kong did not progress to that position via the Fire Brigade. A recruit was hired and trained as an Ambulance officer solely for Ambulance duties in the same way as all officers in Australia. Every Ambulance officer of the Hong Kong service received three weeks' driver training regardless of the length of time he had held a licence. Also, unlike most Ambulance services, a recruit could be inducted without a licence.

Since the introduction of the St. John standard in 1966, the service forged ahead with advanced training and senior officers were sent to England to study training and training methodology.

Training courses undertaken included the following: Initial Ambulance aid recruits 12 weeks, Ambulance aid proficiency Part One 2 weeks, Ambulance aid proficiency Part Two 1 week. At that time, the Service recorded approximately 800 calls each day, this equated to an annual increase of approximately 10% per year.

In addition to its fleet of motor vehicles, the service had the assistance of the Hong Kong Police Launches and the Royal Hong Kong Auxiliary Air Force. With the assistance of the Air Force this also gave access to helicopters when and if required. However, one of the most interesting innovations was the introduction of an Ambulance motorcycle in 1982. This concept, which was unknown in Australia, became necessary due to traffic congestion, flooding, and landslides, which caused excessive and life threatening delays. In a one time trial, both the



*A view of the interior of the Ambulance showing the roominess.*

motorcycle and a conventional Ambulance were despatched simultaneously and the motorcycle arrived 36 minutes prior to the car. It is easy then to imagine the outcome of a serious accident or illness with this type of delay.

The control area and communications system in use by the Hong Kong Ambulance Service in 1984 then was a controller's dream and equalled or surpassed any other in the world. It was a computer aided system which eliminated all the guess work out of job allocation and vehicle availability. This system optimised vehicle deployment and response times to achieve maximum efficiency. The control room was divided into two sections, one covering fire control and the other Ambulance. Each section was completely separate and operators were not required to mix or change roles. Each worked exclusively for the service in which they were trained.



*The Hong Kong motorcycle which has revolutionised response times in adverse conditions.*

The Ambulance control consisted of four consoles, one of which is for a supervisory or overload function. The remaining three consoles each were responsible for one of the following sections of Hong Kong: - Hong Kong Island, 2. - Kowloon, 3. - New Territories.



*One of the three computerised ambulance control panels in operation at the Kowloon Control Room of the Hong Kong Fire Department.*

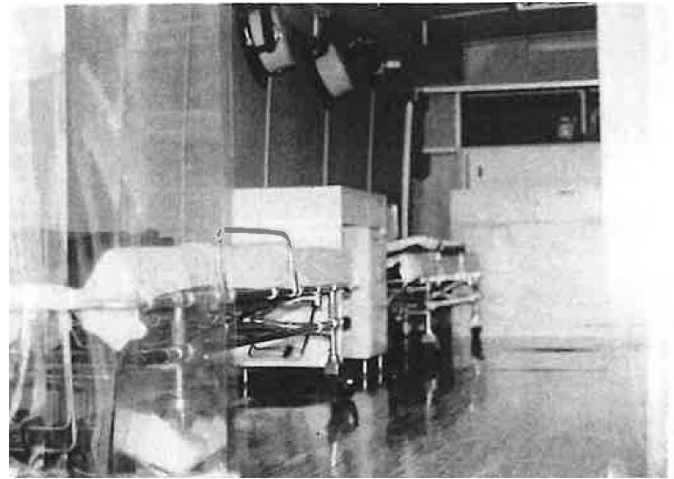
departed scene, and arrived at destination, the attendant notified control by again punching specific code numbers into the vehicle's transceiver. The system needed to be seen to be believed, and because of encoding of both transceiving equipment and the base computer, a minimum of voice transmission was required.

Of special interest was the mobile casualty treatment centre which is often despatched independently. This is in addition to other Ambulance vehicles when required to the scene of fires or major incidents where a number of casualties may require attention. The mobile centre is in fact a large van that is equipped with four beds which have an operating theatre style lighting over each bed, allowing a doctor to operate on a patient if necessary. The lights are powered by a generator carried on the vehicle because of battery drain. It is basically a limited casualty section on wheels where patients can be stabilised prior to transport.

The equipment carried on the normal Ambulance vehicles operated by the Hong Kong service included extensive resuscitation and respiration gear. Carrying this equipment perhaps was influenced initially by Fire Service requirements. No drugs are carried and infusion and intubation is not practiced. In fact, no infusion gear is carried on the vehicles as the Ambulance officers are not permitted to infuse a patient. This was dictated due to the distance to hospitals being relatively short, thus generally negating the need for this practice to be carried out. Analgesia in the form of Entonox is carried together with oxygen, both fixed and portable. The resuscitation gear includes an Air Viva and portable oxygen set with combination suction apparatus. General equipment consists of wooden splints, air splints, a first aid kit, backboard, and cervical collars.

Equipment does not include any type of traction splint and surprisingly no lifting frame or similar type of scoop stretcher which is a universal and standard item in Australian Ambulance equipment lists. Although a wide variety of items instead are carried on the vehicles including stretcher poles and canvasses, ropes, gloves, wet weather gear and a small kit of light wrecking tools.

The interior of the vehicles are roomy and well laid out with two aluminium "York" stretchers as standard equipment. The wall-to-wall dimensions are sufficient to allow ample work space between the stretchers and walk-through access to the driving compartment. They appear to be quite suitable for the Ambulance role, particularly as distance travelled to cases is not very high and roads are first class. A combination of traffic density, short distances and low maximum speed limits would guarantee a much better vehicle life span than could be expected in Australia.



**The interior of the Mobile Casualty Treatment Centre. It is fitted with four stretchers and overhead lights.**

The 1984 working conditions of members employed by the Hong Kong Ambulance Service were exceptionally good when viewed in the overall scene in Hong Kong. An Ambulance man could expect to earn approximately HK \$3,000 per month which equated at the then exchange rate of 7.11:1, as about \$105 Australian a week.

Hours of work are 48 per week worked in two shifts of 12 hours each on the following basis:

Day Shift 0830 hrs. – 2030 hrs. Night Shift 2030 hrs. – 0830 hrs. The roster worked on these times rotated as follows: D, D, D, N, OFF, OFF, D, D, N, OFF, OFF, Etc.

No shift penalties as such were paid for working nights or weekends, but all Ambulance men working on shift were paid a subsistence allowance at the rate of \$7.50 to \$13 HK per shift. Annual leave from the first to tenth year of service is nine days p.a. and 18 days p.a. thereafter, with a maximum of 27 days being earned by officers on reaching a certain salary scale point. Sick leave has no fixed time limit but depends on the type of illness suffered, while an officer who becomes ill or who is injured on the job is normally paid at full rates for six months.

One most important factor which would have been welcome in Australia was the provision of accommodation to most married officers. In Victoria, transferring officers were frequently confronted with a situation when an officer took up an appointment in another location in the state. And then faced the difficulty of finding suitable accommodation for himself and his family. In this regard Hong Kong was light years ahead of most other countries. This initiative reflected the important concern placed on the welfare of the Community by the Ambulance Service, and the official government recognition of that role.

Source, with appreciation: Emergency Care Australia.

**Footnote:**

*By sheer coincidence, I had been researching and writing the above piece on the Hong Kong Ambulance Service 1984. However, due to an unrelated phone call between Curator Ralph Casey and myself, I casually mentioned this pending article. The reason being that Ralph and Chris's daughter and Grandies reside in Hong Kong. In a surprise response, Ralph stated that a visit to our AV Museum by a Hong Kong Ambulance Service delegation was imminent and this was entirely unknown to me. Subsequently, with the tyranny of distance restricting my attendance to meet with the representatives, it was resolved on Ralph's suggestion that we give the Hong Kong Ambulance delegation a draft copy of this article to read. And a request, after reading and absorbing the content, to respond detailing the contrast of their ambulance service currently, as opposed to 1984. Ralph particularly requested notable ambulance development over the years, and also an outline of their ambulance operation in today's Hong Kong environment.*

*We hope to bring readers this response from our Hong Kong visitors in the next 'Spring' Beacon edition.*

## A.L.S. - Jumping The Hurdles

*This account was provided by Bruce Anders, a former regional and MAS paramedic with Ambulance Victoria. Based on Bruce's statement, I agree that this article is pertinent to our Victorian Ambulance history and should be appropriately recorded. The account from Bruce is virtually unabridged apart from minor grammatic and punctuational correction. Also Bruce's opinion in this regard may draw further comment from others. Publishing Bruce Anders' account is in accordance with the free speech policy of The Beacon, and as such, this will apply to any further contribution on this subject matter. Ed.*

Hello Peter

Further to our contact originating from the post on Signal 8, and this topic, I thought I would put together and post a little more detailed information regarding the introduction of Advanced Life Support (ALS) and its introduction into Ambulance Victoria. It is a story I believe that has not been told before and it would be a shame if it was relegated to just memories, so Thank You for your interest in the subject.

I must state here though that the following is from my perspective as a frontline Ambo only, so I was not privy to all the decisions made behind the scenes from a political, industrial or even medical viewpoint.

I joined the then RAV Western Region (now Grampians Region) from the NT Ambulance Service in 1997. Western Region was operating an ALS system whereby us Ambos could intubate patients in arrest and also put in a cannula and put up fluids. We were not allowed to administer any drugs at all via IV. We did have MICA at the time in Ballarat, but not out in the branches. This ALS protocol operated under the direction of Mark Fitzgerald, then head of the Emergency Dept. at Ballarat base Hospital. Mark started this concept because bringing MICA to Ballarat, and other rural areas, was challenging at the time. Also he wanted the ambos working at the branches, some of which were in quite remote areas, to have some form of advanced airway care. The program continued to operate even after MICA was introduced into Ballarat, with the MICA crews being very supportive.

It was understood that if you transferred to another region, you would not be able to take these skills with you, as was the case naturally when I transferred to MAS. Dave Garner was our Clinical Educator at the time and may be able to provide more detail as may Mark if you can track him down. It would certainly be worth trying to obtain any details, as this program was arguably the birth of ALS into Victoria. ALS training had been listed as one of the claims in at least 2 EBAs that I can remember. It never progressed, being always one of the first claims to go. It is important to state that it was indeed desired by the road crews and not just an ambit claim. I can only assume it always got knocked on the head as we had MICA and AV management could therefore see no need for ALS. Also I imagine the logistics and costs of training everyone would be a huge burden AV did just not want. The cynic or realist in me also thinks that some of our MICA-centric management at the time saw ALS as a possible threat to the expansion of MICA and the resourcing provided to it. Of course this was proved not to be the case. Fast forward to the election of the Bracks Government and it was announced as part of their Ambulance Policy that all AV Ambos would be getting trained in Advanced Life Support skills. Steve McGhie would be the best person to contact regarding this, but I believe the story went that Labor were not expecting to win at all, and Kennet would be returned. To this end Labor had no actual policy regarding Ambulance prepared.

In a bit of a panic the minister approached Steve, Rod and the Union, (the then AEA) and Steve pretty just handed them our log of claims which of course included ALS. Steve would of course need to verify this, which I am sure he would be happy to, given it would not have happened without his and Rod Morris's efforts. The next hurdle of course was introducing it to the staff. The situation was further complicated by AV's apparent lack of enthusiasm for its introduction, resulting in a prolonged period of inactivity. Eventually, AV announced the implementation of a "fast track" program to be managed through MUCAPS. I think Andrea Wyatt may have been involved with this although my memory fails me here. To be fair to AV though I imagine there was a lot of paddling going on under the surface as Clinical Education staff would have had to decide what skills would be allowed and then come up with training packages. No mean feat I imagine. Eventually a scope of practice came out and I remember that we all had to get ten cannulations witnessed and signed off by MICA/CSOs before being classed as "unsupervised". The theory was delivered by way of CEP days.

This proved to be quite difficult. While most MICA were supportive, some gave excuses for not allowing patient cannulation, which my colleagues and I found disappointing. This was around the 2004 period. AV must have also been getting frustrated as a bulletin came out saying a CSO witnessed cannulation on a mannequin would also be accepted as would taking bloods at a hospital, an RN being able to sign you off. The nurses must have loved this as all us ambos would of course offer to take blood as soon as we got the patient

through the doors! The next thing I can remember is the number of witnessed cannulations being dropped to 3 and suddenly those few CSOs who had until then been reluctant to sign ambos off now finding any excuse under the sun to cannulate patients. I can vividly recall a CSO (who shall remain nameless) getting me to pop a 16g in an elderly ladies hand around the corner from St.Vincent's Hospital as that would complete my sign offs.

I can only assume that the Health Minister had put a rocket up AV as suddenly things were moving along very quickly. As for those people on the "fast track" program, Well, the course was halted as by that stage us "normal" ambos had all moved past them, so much for being fast tracked. The other thing was that in these early days, there was no requirement that you actually use your ALS skills on a patient, even if they would benefit from them. The guidelines stating that if you did not feel confident in ALS, you could just treat as per normal. These days, you would quite rightly get a rollicking from a MICA crew if they rolled up and you had not treated the patient to your skill level! My memory eludes me on whether it was mandatory that you had to in fact do ALS. Certainly when I transferred back to Grampians in 2011 there were still a couple of BLS Paramedics, but they were very much in the minority, only numbering two.

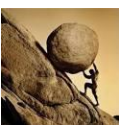
There are of course many missing details of the program here Peter, and I would suggest also contacting Ron Lazones who should also be able to remember a few things. And Georgie and Gavin Hall, as they were around in those days. It would be interesting to hear from former managers and Clinical staff as to the logistics of getting it delivered to us staff as well. At the end of the day ALS came to Victoria quite by happenchance whereas the introduction of MICA, also hard fought for, seemed to have a few more on side from AV. I often wonder at what stage we would have got ALS if it wasn't for all the above things lining it. It would certainly have been quite a few years later I think, possibly introduced when training went University based. Advanced Life Support is now the base line qualification for all Paramedics in Australia. We in Victoria were certainly a bit late to the party. However, I think the story of its introduction here is an important chapter in Victorian Ambulance history. I hope you are able to chase up many more details. Please don't hesitate to contact me by email or phone if I can be of any further assistance.

Best regards  
Bruce Anders.  
Paramedic with AV 1997-2023

## Women Paramedics in Victoria

**I am always** seeking variations of our state ambulance history; this is particularly so in case a very important part of our integral history may be omitted without knowledge of it. As ambulance personnel have changed through the decades, so has the content of our history. Until Victorian legislation permitted female paramedics in 1987, the focus on ambulance operations naturally has been solely male, and also the documentation of the challenges, trials, tribulations, tears, joys, and notable incidents of our profession. Now almost 40 years have passed since the introduction of female paramedics, I am looking to balance history by capturing our female ambulance history. My objective is to create an informative account of women in our Ambulance Services. The intended piece will record the challenges experienced by current and former female paramedics and also focus on family women endeavouring to balance a demanding Emergency Service career, and at the same time, raise children, and maintain family requirements. As opposed to earlier years when our ladies' role was supporting partners only. Women front line paramedics are special females, truly worthy of recognition in our ambulance history. Confidential contributions are now being sought and will be sincerely appreciated. Please Email me at [vintambos@bigpond.com](mailto:vintambos@bigpond.com) Mob. 0427 508 888. Pete.

## Courage



***A strong woman knows that she has strength enough for the journey,  
But a woman of strength knows that it is in the journey where she  
will become strong!***

## YesterYear

**Before drink driving** became illegally 'low key' in 1966, prior to introduction of the 'breathalyser', offenders of "*Drive under the influence of alcohol*" were brought to trial before a judge. The evidence relied upon police having had the driver undertake physical and skill tests, examples were: "Walking a straight line of some 30 feet in distance without weaving, staggering, or falling over! and other tests such as "standing on one foot," "walking toe to heel". Also, "Copying (writing) part of the alphabet," "drawing around a 20c coin etc". However, with the availability of the breathalyser units, 'Drink Driving' became increasingly illegal and legislated in Victoria. Momentum grew and more police were trained in the use of the breathalyser. This step forward in road safety potentially saved thousands of lives in later years. Drug driving in this era was not an issue as the drug problem commenced in the 1960s and was isolated to the substance LSD (lysergic acid diethylamide) and not in common use.



**The 1<sup>st</sup> of February 1966** heralded the end of Victoria's infamous "*Six O'clock Swill*" as it was then known. This date also marked the long awaited introduction of 10 O'clock closing of hotels in Victoria. Later on this day, a group of off-duty Ambos from Ringwood Depot welcomed the new legislation in at Daisy's Hotel in East Ringwood. Afterwards each of us found ourselves in trouble with the fairer sex, arriving home later, and noticeably more hydrated than the usual 6 O'clock hotel closing time. The term "Six O'clock Swill" was coined due to the following reasons. Many employees did not finish work until 5 pm. Subsequently drinkers had limited time to get to a Pub and have an 'after work' beer prior to closing time. Also, soon after arriving at the hotel, at 5-45 pm the publican would call "*last drinks before 6 pm*", although a 15 minute grace period applied for patrons to finish their beers and other drinks by 6.15 pm, then patrons must then compulsorily leave the hotel premises. So, with this drink warning, blokes would rush to the bar and order say four more beers each. These were normally lined up on the bar, then rapidly consumed (swilled) to comply with the 6.15 pm deadline, often policed.

By 6:30 pm, most people were driving home, and the MCAs began soon after that. Ambulance crews, whether at a depot or on the road, typically received continuous MCA calls for the next two or three hours. Police and Hospital Casualty Departments typically were prepared for this period as well. This unwelcome onset was exacerbated from Thursday evening until Saturday evening, as hotels were not permitted to trade on Sunday. However, there was an exception to this law (or loop hole) called "Bonafide Travellers". This law required patrons to travel a nominated distance, from memory this was 30 miles from their home to a hotel on Sunday, verify distance and 'sign in.' Then, the hotel mandatorily offered a 'Family' meal, to be consumed by the traveller. Meeting his requirement fulfilled the law and made the purchase of "In-house only alcohol" legal. Of course this legislation was subject to various diversions by both hotel and patrons. Finally, on one Sunday afternoon an entire family of five were killed in an MCA while travelling from a 'Bonafide' hotel to home. Consequently, the 'Bonafide Traveller' legislation was virtually summarily repealed. Although NSW hotels had closed at 10 pm for a number of years, several referendums for 10 pm hotel closing legislation in Victoria had failed. This raises a fair and equitable question, "turning down 10pm closing in Victoria came at what cost"? I can attest to the road trauma that accompanied "The Six O'clock Swill" "which was virtually eliminated with the introduction of 10-pm hotel closing in Victoria. Of course there were still MCAs due to alcohol consumption at hotels, however, this new state licencing law saved lives and road trauma from that point on. And also at the same time the law initiated a more sedate social, and responsible drinking pattern in our state. The alcohol related MCA cases that still occurred post 6 pm closing, were spread out in terms of times. This assisted with ambulance availability and coverage of cases, rather than the 2-4 hour daily mayhem.



**In the 1940s/50s**, and into the 1960s the only across the counter analgesic was Aspirin. Aspirin was marketed in tablet and powder form. Aspirin tablets were Aspro, and the powders were Bex, Vincents, and others that I cannot recall, each tablet or powder was 300 mg. In this era a problem of serious overuse developed, the main consumers were women on home duties, as was the case in this era. However, the substance abuse was certainly not isolated to housewives, many people were using aspirin unnecessarily for any ailment or perceived purpose. In some cases this amounted to nothing more than use as a relaxant, with consumption of Aspirin being well in excess of 12 tabs or powders daily. I have always pondered what effect this amount of aspirin would have on a person's blood coagulation, liver, kidneys, and stomach lining, also, whether there was a dependency factor developed? Any reader light on this issue is most welcome!

***A society grows great when old men plant trees knowingly that the shade they shall never sit in.***  
*Greek Proverb*

## The Southern Aurora Violet Town Train Crash 1969



Approaching 0700 hrs on February 7, 1969 the luxury each-way Sydney to Melbourne sleeper passenger train, the Southern Aurora carrying 192 passengers and 22 crew was travelling comfortably at its 70 mph (110 km/h) cruise speed toward its Melbourne destination. Passengers aboard had awoken and many were obtaining breakfast in the buffet car, others were still in bed enjoying the sun rising over the North East Victoria country landscape passing through Violet Town on this Summer morning. However, none of the passengers

were aware that their train driver *John Bowden* was either dead or comatose at the controls and had been for some six miles (10ks) or more. Also, his second, the train fireman *Mervyn Coulthard* was not in his dedicated position with the driver to stop the train in an acute medical emergency such as this. Due to driver Bowden's collapse. CTC – Centralised Control Melbourne had instructed a moving cross of the Southern Aurora and Goods train 4281 at the Violet Town siding (loop). This was that the south-bound Southern Aurora reduce speed and remain on the main line allowing North-bound Goods 4281 time to enter the loop (or railway siding) at Violet Town to effect the moving crossing of the two trains. When accomplished each train was to resume their individual travel to set destinations. However, as the driver of the Aurora was potentially dead and the fireman not in position to be aware of this not taking place, the Aurora travelled at full speed of 110 km/h through the Violet Town change-over point. This did not give Goods train 4281 time to reach and exit into the Violet Town loop and complete the crossing.

Goods 4281, unaware that this arrangement for crossing had not taken place, proceeded normally to Violet Town at 50 mph. On approaching Violet Town, Goods 4281 assistant driver *Arnfried Brendecke* suddenly saw



Aurora's headlight on the distant side of Violet Town and saw the Aurora come into view at Violet Town still travelling at full speed towards them. Brendecke yelled the warning, driver *Rosevear* applied the emergency brakes flashing his headlight at the Aurora with no response and, realising a crash was unavoidable, both men of Goods 4281 parted. Rosevear assisting Brendecke to jump out from the fireman's (R.H.) side of the train and Rosevear attempted to shield himself in the walkway of the engine compartment. A combination of near 1500 tonnes of locomotive (S.A. – 641T) (4281 – 854T) collided head-on at an estimated impact

speed of 172 km/h (107mph). The ensuing result was catastrophic, with the impact noise of the collision heard for miles from the crash point. Brendecke, the 4281 fireman who had jumped from his train and lay injured on the ground stated: *"On impact the Aurora locomotive seemed to rise about 30 feet in the air and climb up on the Goods locomotive causing an instant explosion and the train caught fire on impact."* He witnessed a carriage rise in the air and fall within 2 feet (600 mm) of his body. A locomotive landed approximately 6 feet (1800 mm) from him. Car 10 landed 150 feet (45 m) from the point of collision. Another witness, a south-bound motorist observed the actual collision. He reported: *"There was a tremendous noise shock wave. A goods wagon rose high in the air with other sections of the train. There was dust and smoke."* Immediately after the collision the wrecked Goods 4281, then on fire, made contact with the residue of spilled diesoline beneath the locomotives igniting through the wreckage of both trains sending a column of black smoke 100 feet in the air. Trapped and injured passengers screamed for help, others who were free of the wreckage wandered dazed around the area beside the train wreckage. The carnage before all witnessing eyes was one of absolute disbelief, shock and despair.



## The Rescue Operations:

Violet Town policeman, First Constable Jack Knowles received a call at approximately 0708 hrs. On arrival, he stated that the heat fire from the two crashed and mangled trains prevented him from approaching within 200 feet of the wreckage. Magnificent efforts by many with disregard to personal safety, were carried out at this disaster, the Euroa fire truck (the 1960s Austin pictured) was soon on the scene and at work. Locals rallied instantly to assist, many rescuers sustained injuries, local Doctor Dunn from Euroa played an outstanding role in treating the injured, setting aside his personal safety and entering the burning carriages as did others. Many suffered P.T.S.D. at later intervals from the trauma encountered that day. Victoria Police, Rural Ambulance Services Victoria, Goulburn Valley Ambulance Service, (GVAS) and North East Victoria and District Ambulance Service NEVDAS, C.F.A., Civil Defence, (now SES), St John Ambulance and the local community and doctors. All are to be commended for their professional and selfless efforts on the day of the dreadful collision.

## Ambulance Participation

**Editor's Note:** At the time of the Southern Aurora crash, Ambulance Service Victoria had a diverse structure consisting of 15 regional services and the Melbourne and Metropolitan Service, V.C.A.S. (16 Services) each service having their own board of management, a dedicated area of service, regional superintendent and personnel. This diversity also included individual communication networks within their district of operation as opposed to today's communication technology with the State ambulance service as one body with all state-wide communications directed from one control point. Also, at this point of time the Hume Highway from Sydney to Melbourne was single lane and fixed wing Air Ambulance was in its infancy.

## Extract from the original 1969 report from Goulburn Valley Ambulance Service:

### Report on Ambulance Activities in Dealing with Railway Accident at Violet Town on 7<sup>th</sup> February, 1969

*At 7-10 a.m. our Euroa Branch advised Headquarters control that there had been a railway accident on the Melbourne – Sydney line half a mile south of Violet Town; the Euroa ambulance left at 7-09 a.m. and would soon be on the scene. As it was understood that the Southern Aurora was involved, Euroa asked that arrangements be made to provide additional ambulances.*

*The Superintendent was informed of the situation and, acting on a prearranged plan, the Senior Station Officer collected prepared disaster kits (containing quantities of dressings, bandages, etc.) and left for the scene in an ambulance with an attendant. The other Headquarters Station Officer took over Headquarters control and the Superintendent became overall co-ordinator. All staff were recalled to duty and the Shepparton Division of St. John Brigade advised that its Rescue Squad could be required.*

*When the first car to reach the area reported the extent of the accident and the likely numbers of casualties involved, additional ambulances were immediately dispatched from Seymour and Shepparton, and the Shepparton Rescue Squad left for the scene. We were informed that a total of seven North Eastern ambulances were at that time on their way to the scene as a result of separate calls to Wangaratta and Benalla.*

*At the scene, the crew of the first car, with a doctor from Euroa assisted trapped people from the train, applied any urgent treatment required, and started sorting the patients into priorities for movement from the area. Other passengers, railway employees and local residents assisted with this work which was proceeding well when the Senior Station Officer from Headquarters and the other ambulances arrived.*

*It should be noted here that wreckage of five passenger carriages, both locomotives, several goods trucks and much of the freight from the goods train was strewn over a very large area. There were fires burning in parts of the wreckage making it impossible to approach closely.*

*It was during this period that several casualties were taken from the scene by passing motorists and admitted to the Euroa or Benalla hospitals. Because authorities at the scene were not told of this, they assumed these people to be still in the wreckage and wasted valuable time in an effort to locate them.*

*The Senior Station Officer, with the assistance of Superintendent Shadlow who had travelled to the area, further organised the scene and a casualty clearing centre was established at the local Shire Hall approximately half a mile from the wreckage. A radio link between the scene and the Shire Hall was established by placing an ambulance at each position. Communications to Headquarters control at*



*Shepparton was arranged by telephone from the Shire Hall and radio through our Euroa Base Station. A more accurate estimate of the number of casualties requiring ambulance transport was then given to Headquarters by telephone.*

*Although the telephone system subsequently became seriously overloaded and we were forced to rely on the radio (which did not work well due to the location of the accident) we were fortunate that most of the urgent matters had, by that time, been dealt with.*

*The doctor then went to the clearing centre and, together with two more local doctors, nursing sisters and other helpers, treated all casualties arriving from the scene. Some ambulances formed a shuttle service between the scene and the clearing centre while others cleared patients from the centre to hospitals when priorities had been decided.*

*Meanwhile, Headquarters control had alerted the hospitals in the area and obtained the numbers of beds available, the type of patient each hospital could take, and the situation regarding medical staff.*

*An ambulance was placed at Mooropna Base Hospital with a radio operator and a runner, to assist with the passing of messages between Headquarters control and the Hospital and organise the unloading of vehicles. Other cars were moved around the Region and normal service provided throughout the period.*

*All messages received were recorded and passed on to the appropriate authority where necessary. A resources chart was developed and maintained.*

*With the exception of two trapped persons, all living casualties had been taken from the scene by 8-53 a.m. (the trapped patients were eventually freed and taken to hospital at 10-45 a.m.) The clearing centre was cleared of patients and ceased operations at 10 a.m. and all casualties were admitted to the various hospitals by*

*11-15 a.m.*

*Eight bodies were taken from the scene during the morning by the local undertaker and moved to Melbourne. When the remaining body was released from the wreckage at 5-30 p.m. it was taken to Melbourne by ambulance as requested by police officials.*

*At the peak of the operations, a total of fifteen ambulances were involved although three of them were being used as communications vehicles. A total of 2,674 miles were travelled by the ambulances in dealing with the accident.*

*Due to the co-operation and assistance given to us by our neighbouring Services at Wangaratta and Echuca, we were able to deal with the accident without difficulty. At no time were the ambulance services, hospitals, or medical services in the area greatly extended and we believe that many more casualties could have been handled by the local facilities.*

*D.R. Wilson*

*Superintendent/ Secretary*

*Goulburn Valley Ambulance Service*

#### **Fatalities on the Southern Aurora**

**Mrs Mary Josephine King, Guildford, NSW.**

**Mrs Nora Evelyn Newell, Doveton, Vic.**

**Miss Lorna Newell, Doveton, Vic.**

**Mrs Kathleen Vider, Michelton, Qld.**

**Miss Doris Lily May Reddick, North Bendigo, Vic.**

**Mr Frederick Joseph McKenzie, Conductor.**

**Mr John (Jack) Bowden, Driver**

**Mr Allen Keith Wilson, Lidcombe, NSW. Electrician in the power van.**

#### **Fatality on the Goods Train**

**Mr Laurence Norman Rosevear, Driver.**

#### **Persons injured - 117**

7th March, 1969

Mr. V. Sheather,  
 Superintendent,  
 Shepparton Police,  
 High Street,  
SHEPPARTON

Dear Sir,

re: Railway Accident Violet Town - 7th February 1969

Further to our recent discussions relating to the above accident, I would like to make the following comments with regard to the activities of police and ambulance personnel at the scene -

1. There seemed to be no one police officer in charge of other members of the Force or the co-ordination of participating organisations. This caused serious lack of co-operation between the police and ambulance officers.
2. Many of our staff made the comment that they were obstructed by individual members of the Police Force and on occasions, were asked to do something by one policeman which was forbidden by another. This ultimately led to some confusion.
3. As there was little or no control over private traffic and sightseers, ambulances were not able to move freely either at the scene or at the Violet Town town hall. Had the usual traffic control been implemented by police officers, the evacuation of the casualties would have proceeded in a much more orderly and efficient way.
4. We received many calls from the Victorian Civil Ambulance Service Headquarters Melbourne asking for information for Police Headquarters. We believe that it would have been much more efficient for Police Headquarters to have contacted us direct. As it was, many of the messages were so garbled that we were unable to give any useful information.

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7th March, 1969

Mr. V. Sheather.

I trust these comments are of assistance to you in discussions with other officers of your Department. We would be happy to participate in further conferences if it would assist in developing a system of operation which would ensure that the usual spirit of co-operation which exists between ambulance and police officers, is maintained in major accidents such as that which occurred at Violet Town.

Yours faithfully,



(D. R. Wilson)  
Superintendent/Secretary

## Coronial Enquiry:

In June 1969 Melbourne Coroner, Mr H. (Harry) W. Pascoe, after conducting his hearing in April 1969, handed down his finding. No mechanical defects contributed to the accident and that driver Bowden aged 54 years was either dead or comatose prior to the crash and had been for an appreciable time. It also established Bowden had cardio vascular disease for which he was taking medication for some years prior. This gave rise to Bowden's fitness to drive a locomotive. The medical practitioner that conducted Bowden's annual medical review stated to the enquiry that Bowden had not disclosed that he was taking cardiac medication for Angina, and that, had he been aware of this fact, he would not have passed Bowden fit to drive a locomotive. The Coroner contemplated committing the fireman and the guard of the Southern Aurora to trial, on a charge of manslaughter. Mr Pascoe thought extremely negligent, and that the responsible approach to either one in the discharge of their duties was derelict. He stated that had either employee obeyed the rules, the collision, deaths, injuries and loss of trains could have been avoided. In conclusion, he recommended a finding of misadventure. The loss of nine lives and injuries to 117 other passengers as a result of the accident is tragic, however it is a general consensus that it is a miracle that more deaths and injury did not occur.

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## NOTE:

## VL3RS

*VL3RS, was the radio call sign for Victorian Civil Ambulance Service. (VCAS). To maintain this historic radio call sign I will keep VL3RS in reader's minds by using it in conjunction with 'Ambo Humour.' This segment will now be known as VL3RS-AmboHumour, and optional reading. I am always between a rock and a hard place with the humour segment. Going on feedback, most readers want it for a chuckle, and a few are offended! So, if you look for this call sign VL3RS it will be discretely located for only those wishing to read this content.*

## VL3RS. – Ambo Humour

A recent post on *Signal 8* raised the topic of "PR, wind and ambulance crews". This post brought to mind a case reported on the '*Ambo Grapevine*' in the 1960s, well prior to our brave lady Ambos, and it is probable that only 'Ancients' like myself will remember this incident, also the story may have been 'pumped up' or even B.S. Although I am reasonably sure that it was not, as I can attest to the Ambo wind factor on duty, and particularly in winter on night shift. In order to steal a few hours' sleep a couple of stretchers from ambulances placed on the mess room floor, with the two bar electric radiator heater sufficed. However, often your running mate's noise factor in slumber, consisting of wind and snoring, drove you out and onto a stretcher in the rear of a cold ambulance to seek rest. That said, and relying solely on my recall, I will endeavour to outline the said incident as best possible, with no guarantees of absolute accuracy. The situation that occurred centred around a robust and large stature A/O stationed at a Metropolitan depot. This Ambo was a 'master of the art' at the wind issue, much to the displeasure of his running mates. Also, it seemed that he regarded being a 'Bugle Bum' as his given right, anywhere, anytime, that needed to be practiced to perfection, and nothing less than self-indulgence. Anyway, on this particular shift he was in fine form, to his colleague's annoyance, and suffering the unpleasant consequences, driving with the window down. Thankfully the crew were not transporting a patient or going to a job. With great gusto, and intensity, the A/O, engaged in a rhythm of continuous practice of the wind art, championing the cause enroute. It is believed that he got carried away, and in a bold attempt to accomplish a new level, it was then that disaster struck, big time! Much more than flatulence was forthcoming, and his trousers ended up a dreadful mess. His off sider immediately stopped the ambulance and consigned his partner to the back of the Chrysler Royal and closed the doors. He then returned to the cabin and closed off the glass sliding windows in the Chrysler Royal cabin bulkhead in an attempt to isolate the accompanying odour. With the initial 'accident' now in hand the incident was far from being resolved. The ambulance crew were now unable to respond to a call, rendering the ambulance out of service, and control needed to be advised of this ASAP. In this era no mobile phones existed, as such the officer could hardly use the 2 way radio to advise control of their dire predicament, due to his mate having ----- himself. Also his radio call would have gone out to all cars on that channel so, the only discrete alternative was to locate a public telephone box and call control to report the matter. With a telephone box located, he called in and discussed the situation with the control room duty D/O. A decision was then made to return the dysfunctional A/O to his residence some distance away. This would be to enable him to shower and obtain a spare pair of service trousers. After returning the accident victim to his home, and with their shift nearing an end, a further decision was made not to wait for the victim to shower and re-dress. The A/O remained at home, and his colleague went on and completed the shift 'one up' probably peacefully and contented. So, 'Fait Accompli', and hopefully a lesson learned. However, it can never be dismissed that this fellow may well have imagined he was *Mohamed Ali* and was inspired by 'The roar of the ring'.

## Bringing The Beacon to Life!

In 2014 our Museum re-located to Bayswater from small former panel shop premises at Thomastown. This move established today's impressive Ambulance Victoria Museum. After relocating to Bayswater, the new building housed fifteen restored vintage ambulances along with equipment and memorabilia; today, there are 28 vintage vehicles. The next step was to raise public awareness and boost visitor numbers and museum membership. Despite the existence of promotional materials and a website, the need for a regular publication was still identified as essential. This publication would carry our ambulance history and museum activities and also be an attraction to potential museum members.

In 2016 Chas Martin approached me in regard to bringing to life a regular AHSV newsletter. I came back with a recommendation that we initially publish a quarterly newsletter. Charlie requested that this publication be made available exclusively in hard copy format in keeping with his commitment to provide a publication to our aging former ambulance members, as many may not be computer literate. With this initiative accepted, the birth of The Beacon was about to begin and Barb and I began to work to this end.

Firstly, we needed to establish a suitable name for the publication. Many titles were tossed around, and finally Barb, our son, and I came up in agreement of 'The Beacon', representative of the domed ambulance rotating emergency beacon and synonymous to the Service in the 1960s -1990s. Following this a publication 'Masthead' needed to be designed, and this was to be a significant element and the window of the project. Subsequently the task fell to our younger son Paul a professional commercial writer. Paul came up with the final and permanent perpetual design as is seen in today's publication.

With this first stage complete, Barb and I headed to Officeworks in Albury, armed with an indicative budget agreed to by Chas Martin. Chas developed our museum from scratch starting in 2006. He was then the Hon. Curator. (2006- passing in 2022.) To commence this newsletter undertaking Barb and I had only our private laptop computer and a standard A4 inkjet printer to begin with, so a considerable complement of equipment was required to establish and print this embryo publication. My previous experience in this field proved helpful and Barb is computer literate, and also familiar with the electronics side of the project. After discussing our immediate needs with the Officeworks 'expert' salesperson, we purchased a Brother duplex A3 reverse inkjet printer. Also, A3 paper, ancillary items, and also a long-arm manual stapler to staple the copies by hand after each were printed.

The stapling part of the operation was to be handballed to me, supposedly a privilege due to my outstanding technical ability and experience or more so my capability in manual labour. And, notwithstanding the paramount importance of intellect and precision required for this role, I was humbled! Later down the track, I couldn't help but feel there may have been a degree of misrepresentation by Barb in awarding me this coveted privilege! Arms full, Barb and I returned home, and Barb immediately went about setting up the newly acquired equipment in our study (*which became and still is our AHSV printing department*). Observing Barb undertaking this incredible role I expediently acquired extensive electronic knowledge. I was eager to expend this newly gained technical prowess in full. In doing so, I proudly plugged our new printer into the power point at the wall and turned on the switch to assist Barb with the complex computer/printer project..

We were now set up to compose the publication content, type it, format it, add images etc. and, when this was complete, print the product. Suddenly, there was a reality check! Where do I get this content to go into The Beacon? After a while, ideas emerged and I came up with enough script for an eight-page edition for our first attempt published on *January 01, 2017*. After two or three weeks or more of sourcing content, designing and typing, then laying out artwork etc. we were ready to do our first printing run. In a very short timeframe, we established that the performance of this A3 printer was not quite "as stated" by the salesperson. 'A couple of minutes each print', actually turned out to be about six and a half minutes a print! and that was only two x A3 sheets of paper printed both sides (8 printed pages P.P.). Also, this monumental achievement was notwithstanding paper jams, ink smudges, all thrown in together with poor print quality, and so on. During this period, approximately 125 copies of The Beacon were produced for the inaugural publication.

However, the upside of the slow printing process was that I did not have to contend with hand stapling multiple copies. After three long days and a few bottles of red, the final printed and stapled product was packed and shipped off to Chas Martin in Melbourne for posting out to members. It was then we planned to take the next quarterly issue to a 12 printed page publication. Sourcing interesting content had become a degree easier; however, our printing problems remained the major drawback. At this point it became abundantly clear that if we were to continue with The Beacon project then we needed to investigate alternative printing facilities, either in house or by exterior means. Providing The Beacon to our membership quickly became popular, subsequently creating a need for the publication content to increase by four printed page increments per quarter. This soon eventuated to 20 A4 pages, then 24, A4 pages of news, events, and ambulance history.

At this time Tony Walker was AV CEO, and Tony came out in full support of The Beacon initiative. As such, he appointed Danielle North, then the AV Chief of Staff to be my liase, Danielle was followed by C.o.S Kerryn Douglas. With The Beacon initiative now a reality we began the process of sourcing alternative printing facilities. As it turned out a solution arose by sheer chance. At this time I was a Board Member of a cross border organisation. At an ensuing Board meeting financial approval was sought for a new commercial-grade photocopier for the main office. This organisation edited and printed various publications for their members and clients. Subsequently, I raised a question as to the disposal of the unit to be replaced, and in return I was advised it would be sold by tender.

At the termination of the board meeting, I went to the main office and inspected the unit. It was a *Ricoh* large commercial photocopier which looked as though it could do anything except fly. The machine was recently serviced and had all toner cartridges replaced for \$600. The end result was that I purchased this unit for A.H.S.V at \$500 plus \$200 freight to our home office. When the copier was delivered it took pride of place, standing in absolute grandeur in our study! I stood both in awe and trepidation as to how Barb could navigate this array of buttons, flashing lights, and mysteries, and then set it all up to communicate with our laptop computer. Barb being Barb, she moved directly into this task, I contemplated the most prudent way to assist her with my computer programming skills (and to preserve my sanity). Subsequently, I jumped into our 4WD with my fishing rod and drove out to nearby Lake Hume for an hour or so fishing.

With the set up competently completed by Barb, we were ready to do our first print on this Ricoh wonder machine! resulting in the inaugural 20-page edition of The Beacon. This was just 12 months down the track from The Beacon's creation. We set the printing module at 25 copies of 5 x A3 sheets, 20 printed pages then x 200 copies, and began printing. A fast, smooth quality result ensued at approximately two minutes or less a complete copy ready for Barb to fold and for yours truly to hand staple the 200. Also, the print quality was excellent. So has been the continuing journey of this printing project of The Beacon, a team effort of just two of us. Barb and me in our different roles, mine writing, sourcing content, designing, tea boy, (and stapling). Barb's role typing, artwork, layout design, folding, 'technical chief' and anything else needed.

Setting aside printing and technical problems, I think the biggest hurdle we faced in this process of publishing The Beacon was the provision of a varied range of articles and stories to utilise in the content. I have always contemplated the bounty of our hidden ambulance history, and there must be so many priceless experiences and stories out there that are untold. However, this precious ambulance history may never be recorded and shared by others due to the human aging process. So sadly, this ambulance is history lost forever, the same applies to photographs and other historic memorabilia. Nevertheless, individuals continue to discover and contribute to the Beacon, enabling this history to be documented and preserved for future generations. The people involved in this endeavour will know to whom I am referring without personally naming each one. In addition to this, I have always maintained that "*Today's Events are Tomorrow's History*" also that certain items you may think are irrelevant may well be a treasured and sought after history gem for others.

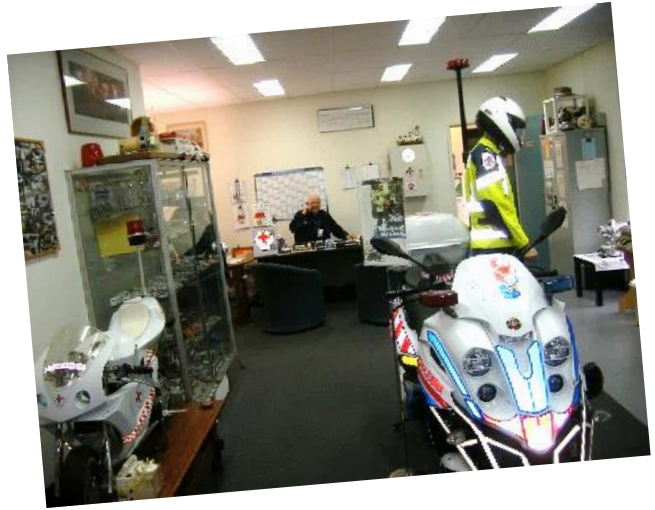
On the reverse side of the coin, communications arising with various people via The Beacon are priceless. These contacts restore our faith in the fact that there are still many people who value our proud ambulance history and heritage. On many occasions this contact can be on-going and within itself create a story for publication, then regular contact develops between us. This is also not to mention the friendly associations that are established while sourcing articles for The Beacon, particularly with our Emergency Service counterparts and this includes a variation of other persons and organisations, as well as other ambulance services, and readers overseas. (*Note: In 2023, AHSV/AV Museum provided Barb and I with a sparkling brand new Canon commercial copier that both folds and staples each copy!*)

The criterion that we applied when creating the Beacon was that it be edited in free-will, factual only content, with the primary objective of preserving our ambulance history albeit good, bad, or indifferent. Also, that this publication would always remain free of political, religious, sexual, racial, and personal inflammatory views of others, together with highlighting the critical requirement of humour, which is so important in our chosen profession! In summary, bringing this publication to life has been a pleasant challenge, recapturing and publishing much of our precious lost or destroyed ambulance history. The on-going process of this search is that "*One door closes and another opens*" Each edition has delivered a satisfying outcome for Barb and me; And despite the occasional hiccup it has also created an enjoyable and worthwhile pastime for us both. Although, more importantly it illustrates what you can achieve with determination. And far from least, we are most grateful for all who have assisted, supported, and befriended us over this eight year journey.

*Well, there it is. 'The Story of The Beacon', hardly a world-first shattering news item, but hopefully one of some interest and for our Victorian Ambulance History.*

Pete & Barb Dent.

# Our Museum Today



**“Capturing and Preserving our State Ambulance History”**

