10000/119/119
(5268, 5303)

20/219/219
(5268, 5303)

ACCIDENTS
March 1944 - October 1945

IN REPLY REFER TO
FILE NO. 310-General(Accident, Automobile)
JFH:eml

16

THE FOREIGN SERVICE
OF THE
UNITED STATES OF AMERICA

AIR MAIL

EMBASSY
AMERICAN CONSULATE
(Consular Section)
Rome, October 1, 1945

Captain Steve Riggio, AGD,
L & A Officer, ACI,
APO 394, U. S. Army.

Dear Captain Riggio:

In conformity with our telephone conversation today, I have pleasure in enclosing a copy of a letter to the United States Claims Service, Regional Office VI, APO 512, U. S. Army, together with a copy of a memorandum mentioned therein regarding the accident to the automobile (ACI, USA, No. 9), which is owned by the United States Government and is assigned to the Consular Section of the Embassy.

In connection with this matter I refer to your first indorsement to the communication to you dated September 18, 1945, from the United States Claims Service.

Sincerely yours,

J. F. Huddleston
American Consul

Enclosures:

From American Embassy to
U. S. Claims Service,
October 1, 1945;

Memorandum dated September
27, 1945.

530

310-General (Accidents, Automobile)
JFH:sml

16A

EMBASSY
XXXXXXXXXXXX
(Consular Section)
Rome, October 1, 1945

United States Claims Service,
Regional Office VI,
APO 512, U. S. Army.

Sirs:

I refer to your communication dated September 18, 1945 (RFC.929) of which a copy is enclosed and in this connection, I enclose also a copy of a memorandum dated September 27, 1945 regarding the accident to the automobile (ACI USA, No. 9) which is owned by the United States Government and is assigned to the Consular Section of the Embassy.

Very truly yours,

J. F. Huddleston
American Consul

Enclosures:

From United States Claims Service, September 18, 1945;

Memorandum from American Embassy, September 27, 1945.

AMERICAN EMBASSY, Rome
(Consular Section)
September 27, 1945

168

MEMORANDUM

Subject: Accident to Automobile assigned to the Consular Section of the American Embassy, which occurred on August 11, 1945.

On Saturday, August 11, 1945, the chauffeur of this Consular Section, Fortunato Meniconcini, was ordered by Vice Consul Robert A. Griggs to take him to the entrance of the church of St. John Lateran. According to his statement, he was driving through Viale Manzone (about 5 p.m.) preceded by another automobile, behind which there was a man on a bycicle. The three vehicles were proceeding in the same direction on the right hand side of the street. Suddenly, and without making any signal, the cyclist turned to the left and in so doing barred the street to the chauffeur of the Embassy's car.

In order to avoid hitting the cyclist, the chauffeur turned sharply to the left but the cyclist who had not had time to clear the automobile, hit the right hand fender of the automobile with the front wheel of his bycicle. With the assistance of other persons, the cyclist, who complained of pains in his right leg, was helped into the automobile and taken to the Policlinico Hospital by Meniconcini. Meniconcini, knowing that Vice Consul Griggs was waiting for him, and not wishing to waste any further time, left the hospital without ascertaining the extent of the injuries, which he felt were not serious.

JFH:sml

5301

15

ADVISORY COUNCIL FOR ITALY
Office of the R & A Officer
APO 394 U S Army

25 June 1945

Subject: Investigation of Accident

To : Commanding Officer, 2675th Regiment, AC.

1. In accordance with existing regulations request that an accident between U S Army Chevrolet No.164436 and U S Army Carryall No.20161926 be investigated by proper authority.

2. The accident occurred at 4:00 PM, 19 June 1945 in Rome, Italy, Via Lenio and Via Aurora.

3. Attached are all pertinent papers concerning the accident.

Inclosures:

1. MP Report made by Pfc. Koslo, 281 MP Co.
2. WD Form No. 26 prepared by driver of Chevrolet.
3. Statement of civilian witness with english translation.
4. Statement of Chevrolet driver with english translation.

STEVE RIGGIO,
Captain, AGD,
L&A officer,
AFX

5300

154

Rome, 24 June 1945

I, undersigned POLITI Renato, son of the late Ottorino, owner of a shop situated in Via Lazio 20, having by chance found myself at the door of my shop, I assisted at the automobilistic accident that happened, at the corner of Via Lazio and Via Aurora, between a military vehicle, private type, and an American small truck, and I can testify what I saw, as follows.

The vehicle was going regularly at the right side of Via Lazio, and at the moment that it was going to cross the street, it blew the claxon, but at the same time from Via Aurora a small truck came out which, without blowing the claxon was going to cross the street: The driver of the other car put on his brakes (proof of which was seen on the street) while the chauffeur of the truck, who was not ready to brake (as was shown, by the lack of marks on the street) hauled the other car for about 5 meters with his right mud-guard.

This I declare in good faith; as an old driver of motorcars, I can state that the chauffeur of the private car by his prompt action, averted what could have been a very bad accident.

s/ POLITI Renato

Rome, Via Milazzo 23 - Via Lazio 20.

5299

The Chauffeur 2nd Class
said "Mustapha"

Rome, 18 June 1945

153

To Captain REGGIO.

I have the honour to inform you of the accident that took place on the 16th of June 45 at 15.30; I was coming from Via Lazio, going towards Via Porta Pinciana at 15 miles an hour, arriving at the heighth of the Via Aurora I blew my claxon, a Dodge going at high speed came along the Via Aurora, I put on my brakes, the Dodge hit me on my left with his bumpard and pushed me for five yards. I called the police who made an examination of what I have stated above and of which you, my Captain, will judge.

Devoted Said

(Follows declaration in English).

14

ADVISORY COUNCIL FOR ITALY
Office of the Liaison & Adm. Officer
APO 394 U S Army

25 Nov. 1944

Subject: Investigation of Accident.

To : Claims Commission, PBS, APO 782, U S Army.

1. In accordance with Natousa Circular # 100, 30 May 1943, the following report is rendered:

a. At about 4:20 PM, 17 November 1944, U S Army Chevrolet # 161677 was proceeding from Naples to Rome. Just beyond the town of Averan, a cyclist swerved left for no reason at all and came immediately in front of said vehicle. The car came to an immediate halt, however, the cyclist suffered leg injury. An MP road patrol had the cyclist taken to a hospital. WD form is herewith attached.

b. NAME OF DRIVER, Driver 2d Class George Bitoun, 1741, French Army, attached for duty to the Advisory Council for Italy, APO 394, c/o PM, U S Army.

c. PASSENGERS: 3 Members of the YUGOSLAV DELEGATION of the Advisory Council for Italy.

d. The victim was later known to be CAPUTO, Corrado, Via Armando Diaz, Teverola, Italy.

e. Report of driver and statement show accident due to neglect of cyclist.

f. The investigating officer finds that the accident and injury to one, CAPUTO, Corrado, was due to no fault of the vehicle or the driver.

3. EXTRACT OF MP REPORT ON FILE WITH MP STATION AVERSA:
"THE ARMY STAFF CAR WAS GOING NORTH WHEN A BYCICLE RIDER SUDDENLY AND FOR NO APPARENT REASON TURNED OUT INTO HIS PATH".

4. The undersigned was investigating officer.

STEVE RIGGIO,
Captain, AGD,
I & A Officer, ACI.

5297

17. Was an investigation m[illegible] by a [illegible]liceman (civil or military)? M.P. U.S. [illegible] If so, state
Name Aversa Poste No.
Precinct or station
18. Names and addresses of persons other than driver in Government car:
4 persons of Yugoslav Royal Delegation
19. Names and addresses of other witnesses:
Mr. Ristic - Consul Yugoslav of Naples

[signature]
(Signature of driver)

I certify that the above report was delivered to me on the 18th day of November, 1944 at 8:00 o'clock

Steve Reggio
(Signature of officer in charge)
Capt. A.C.
(Official title)
L & A off. AC. 1.
(Government department or establishment)

NOTE.—This report should be attached to report of Investigating Officer.

10—1810 U. S. GOVERNMENT PRINTING OFFICE

Standard Form No. [illegible]
Approved by the Presi[dent]
June 10, 1927

DRIVER'S REPORT—ACCIDENT
MOTOR TRANSPORTATION

INSTRUCTIONS TO DRIVERS

In case of injury to person or damage to property:
A. Stop car and render such assistance as may be needed.
B. Fill out this form, ON THE SPOT, so far as possible.
C. Deliver this report promptly to your immediate superior.

Failure to observe these instructions will result in disciplinary action.

1. Name of Government driver: Ritan[illegible] Georges
2. Stationed at [illegible] Piazza [illegible] Savella
3. Make and type of Government vehicle
4. Service number USA, [illegible] 161677
5. Name and address of owner of other vehicle (or owner of property damaged) Via [illegible] [illegible]
6. Name and address of driver of other vehicle Caputo Corrado
7. License of other vehicle: State
No.
8. Place of accident: City Aversa
Street Aversa a Capua

10—1810

9. Date of accident 17 Nov. 194[illegible] Hour 16 M. 20

10. Names and addresses of persons injured; nature of injuries: Caputo Corrado fu Armando Dietz 2 a Teramo Leg Broken - Grazed face

11. Describe damage to Government vehicle Hed lamps Broken Dent in Hood

12. Describe damage to privately owned vehicle, or other property: Bicyclette damage

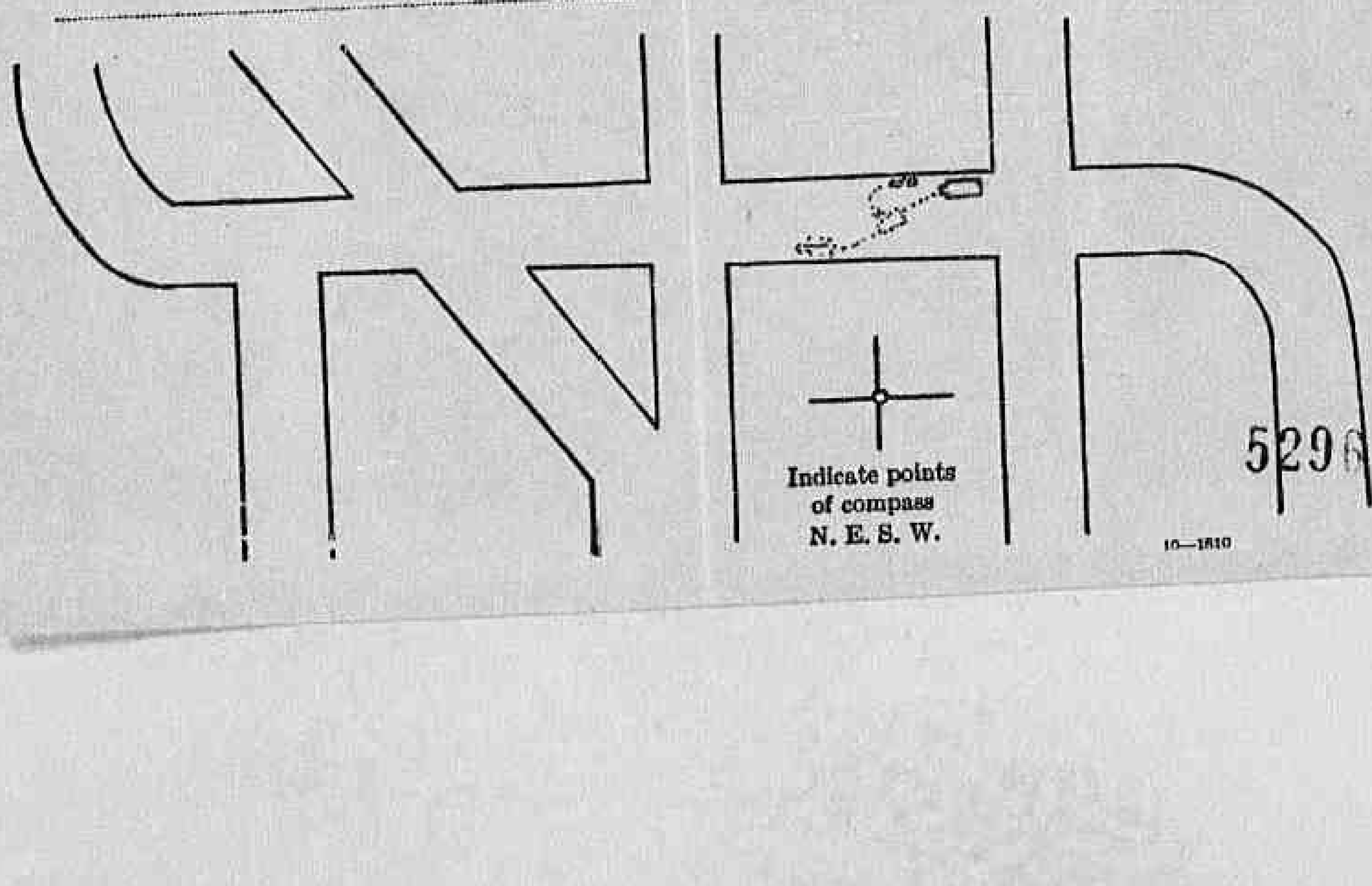
13. What signal was given by each driver prior to accident? Horn Blown

16P

14. State condition of light, weather, and roadway: Clear - Dry

15. Explain how accident happened: Report attached

16. Label streets and indicate measurements; show the position of each vehicle at the time of the accident and show by dotted lines the course of each vehicle just before and just after the collision.



5296

10—1810

13

APO 394
16 November 1944

Subject: Investigation of Accident.

To : Liaison & Adm. Officer, ACI.

1. In accordance with Natousa Circular #100, 30 May 1943, the following report is rendered:

a. At about 11:00 AM, 6 November 1944, Driver 2d Class Mustapha Said, French Army, attached for duty to the Advisory Council for Italy, was driving U S Army Chevrolet #162014, having started fromthe Russian Embassy on via Cassia #5 with Dept.Lieut. Golubev, Russian Army, with Villa Abamalek, via Aurelia Antica as its destination.

b. At the first intersection from starting point, approx. 50 yards, Car #162014 collided with civilian vehicle carrying Rome Target 67079. The civilian vehicle came from a minor street (via SoumaCampgna). The army car came to a halt. The civilian car hit the Chevrolet and bounced off to the left forward corner of the intersection. Occupants of US Army vehicle were shaken-up but not hurt. The civilian had a slight gash on the left temple and left the scene immediately for medical aid.

c. Investigation shows negligence on part of civilian driver (RENATO PANETUZZI).

5 Incls:
(1)WD Form 26.
(2)Det Order # 4.
(3)Driver Said's Statement.
(4)Statement Capt.Lt. Golubev
(5)Statement Italian Driver.

BERTRAM M. LE VIEN,
1st Lieut., CAV.
Investigating Officer.

1st Ind.

LIAISON & ADM. OFFICE, Advisory Council for Italy, APO 394 U S Army, 16 Nov. 1944.

To: Claims Commission, PBS.

FORWARDED.

5295

5 Incls. a/c.

SR

STEVE RIGGIO,
Captain, AGD,
L & A Officer,
A C I

APO 394
16 November 1944

13

Subject: Investigation of Accident.

To : Liaison & Adm. Officer, ACI.

1. In accordance with Natousa Circular #100, 30 May 1943, the following report is rendered:

a. At about 11:00 AM, 6 November 1944, Driver 2d Class Mustapha Said, French Army, attached for duty to the Advisory Council for Italy, was driving U S Army Chevrolet #162014, having started fromthe Russian Embassy on via Gaeta #5 with Capt.Lieut. Colubev, Russian Army, with Villa Abamalek, via Aurelia Antica as its destination.

b. At the first intersection from starting point, approx. 50 yards, Car #162014 collided with civilian vehicle carrying Rome Target 67079. The civilian vehicle came from a minor street (via SommaCampgna). The army car came to a halt. The civilian car hit the Chevrolet and bounced off to the left forward corner of the intersection. Occupants of US Army vehicle were shaken-up but not hurt. The civilian had a slight gash on the left temple and left the scene immediately for medical aid.

c. Investigation shows negligence on part of civilian driver (RENATO PANETUZZI).

4 Incls:
(1)WD Form 26.
(2)Det Order # 4.
(3)Driver Said's Statement.
(4)Statement Capt.Lt. Golubev
(5)Statement Italian Driver.

BERTRAM M. LE VIEN,
1st Lieut., CAV.
Investigating Officer.

1st Ind.

LIAISON & ADM. OFFICE, Advisory Council for Italy, APO 394 U S Army, 16 Nov. 1944.

To: Claims Commission, PBS.

FORWARDED.

5291

5 Incls. n/c.

Car #162014 collided with civilian vehicle carrying Rome Target 67079. The civilian vehicle came from a minor street (via SommaCampgna). The army car came to a halt. The civilian car hit the Chevrolet and bounced off to the left forward corner of the intersection. Occupants of US Army vehicle were shaken-up but not hurt. The civilian had a slight gash on the left temple and left the scene immediately for medical aid.

c. Investigation shows negligence on part of civilian driver (RENATO PANETUZZI).

5 Incls:
(1)WD Form 26.
(2)Det Order # 4.
(3)Driver Said's Statement.
(4)Statement Capt.Lt. Golubev
(5)Statement Italian Driver.

BERTRAM M. LE VIEN,
1st Lieut., CAV.
Investigating Officer.

1st Ind.

LIAISON & ARM. OFFICE, Advisory Council for Italy, APO 394 U S Army, 16 Nov. 1944.

To: Claims Commission, PBS.

FORWARDED.

529

5 Incls. n/c.

STEVE RIGGIO,
Captain, AGD,
I & A Officer,
A C I

17. Was an investigation made by a policeman (civil or military)? ..... If so, state

Name ..... No. .....

Precinct or station .....

18. Names and addresses of persons other than driver in Government car: Capt Lt Golouber

.....

.....

.....

19. Names and addresses of other witnesses:

.....

.....

.....

Said Ugolaspia
(Signature of driver)

I certify that the above report was delivered to me on the 6th day of November 19 44 at 1145 o'clock A.M.

Stan Hagin
(Signature of officer in charge)

Capt Ord Dept
(Official title)

HQ AAF - ACA
(Government department or establishment)

NOTE.—This report should be attached to report of Investigating Officer.

10—1810

Standard Form No. 94
Approved by the Treasury Department
June 10, 1927

DRIVER'S REPORT—ACCIDENT
MOTOR TRANSPORTATION

INSTRUCTIONS TO DRIVERS

In case of injury to person or damage to property:

A. Stop car and render such assistance as may be needed.
B. Fill out this form, ON THE SPOT, so far as possible.
C. Deliver this report promptly to your immediate superior.

Failure to observe these instructions will result in disciplinary action.

1. Name of Government driver: SAID

2. Stationed at Rome

3. Make and type of Government vehicle CHEV SEDAN

4. Service number 162014

5. Name and address of owner of other vehicle (or owner of property damaged) RENATO RANETUZZI

6. Name and address of driver of other vehicle 6 VIA GIOMMACAMPAGNA

7. License of other vehicle: State ROMA No. 67079

8. Place of accident: City ROME Street VIA MELITARE

10—1810

9. Date of accident 4/11/44 19 Hour 11:00 A.M.

10. Names and addresses of persons injured; nature of injuries:
Renato Panetuzzi.
slight gash left temple.
(Via Mendotone)

11. Describe damage to Government vehicle
Left front fender and radiator cover of Jive.

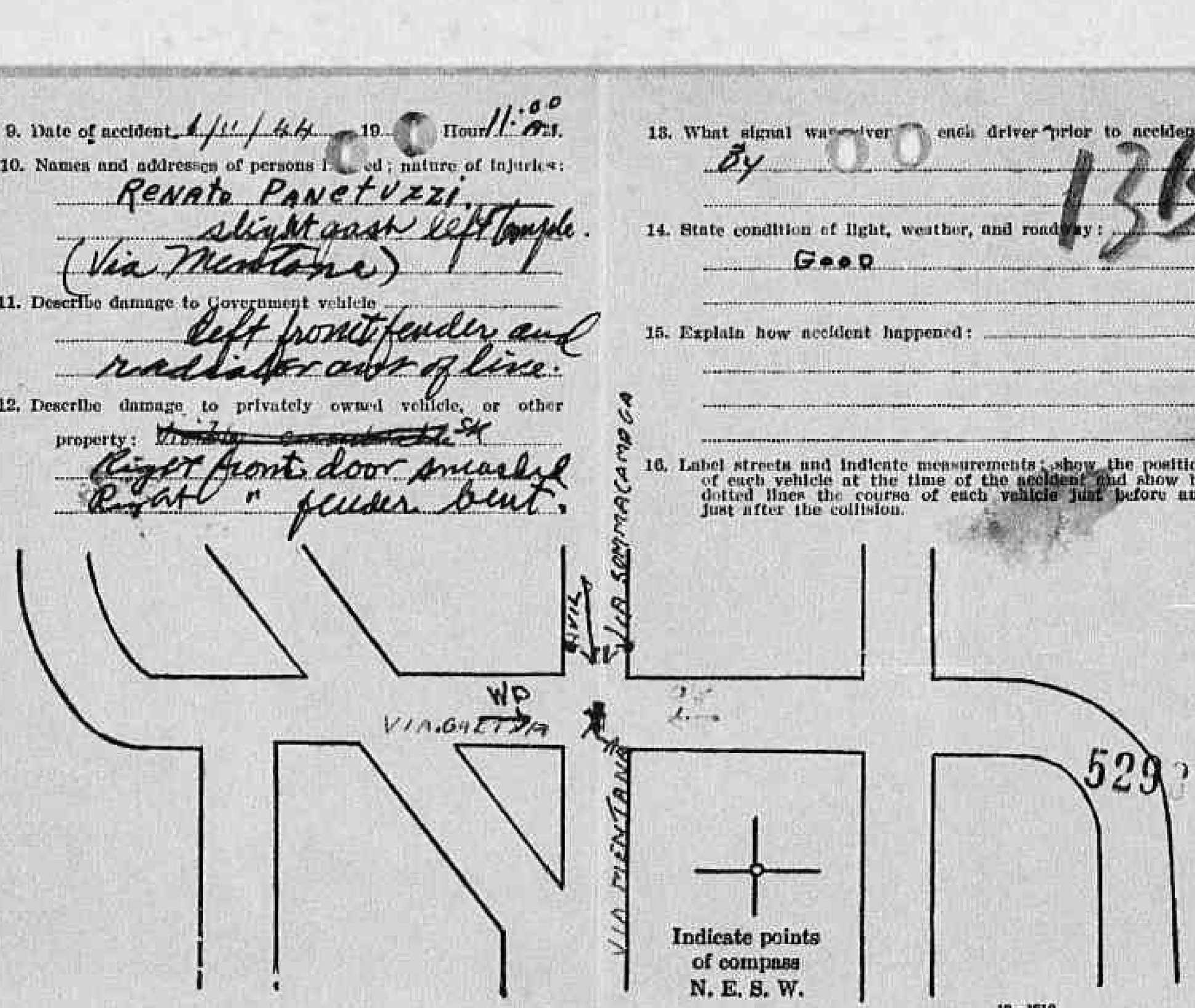
12. Describe damage to privately owned vehicle, or other property: ~~Private automobile~~ Sic
Right front door smashed
Rear " fender bent.

13. What signal was given by each driver prior to accident?
By

14. State condition of light, weather, and roadway:
Good

15. Explain how accident happened:

16. Label streets and indicate measurements; show the position of each vehicle at the time of the accident and show by dotted lines the course of each vehicle just before and just after the collision.



10—1810

130

7 November 1944.

TO WHOM IT MAY CONCERN:

STATEMENT OF SAID MUSTAPHA ON ACCIDENT

On November 6, 1944 at 11:00 AM, I left the Russian Embassy at Via Gaeta # 5, with Capt. Lieut. Golubev, Russian Army, headed for Villa Abamalek, 50 yards beyond starting point, I arrived at the intersection of Via Gaeta and a street marrying names of Via Mentana and Via sommacompagna. I was still in second gear, I blew my horn, a vehicle came speeding down Via Sommacompagna, I applied my brakes, the other driver did not blow his horn and was unable, due to his speed to stop. He hit my left front fender and bounced off to the curb on the opposite side. I was at a complete stop when the other vehicle struck my vehicle.
I filled out WD Form # 26, carried my vehicle to the garage and then reported to my commanding officer. I do not know the extent of damages to either vehicles.

Mustapha Said
MUSTAPHA SAID, 5299
2930, French Army.

THE ABOVE WAS SWORN TO BEFORE ME THIS SEVENTH DAY OF NOVEMBER NINETEEN HUNDRED AND FORTY FOUR.

Stato Maggiore

Gaeta and a street carrying names of Via Montana and Via Sommacompagna. I was still in second gear, I blew my horn, a vehicle came speeding down Via Sommacompagna, I applied my brakes, the other driver did not blow his horn and was unable, due to his speed to stop. He hit my left front fender and bounced off to the curb on the opposite side. I was at a complete stop when the other vehicle struck my vehicle.

I filled out WD Form # 26, carried my vehicle to the garage and then reported to my commanding officer. I do not know the extent of damages to either vehicles.

Mustafha Said
MUSTAPHA SAID, 5299
2930, French Army.

THE ABOVE WAS SWORN TO BEFORE ME THIS SEVENTH DAY OF NOVEMBER NINETEEN HUNDRED AND FORTY FOUR.

Steve Riggio
Steve Riggio,
Captain, AGD,
L & A Officer.

12

COPY

REPORT

To:- THE OFFICER COMMANDING
III PROVOST COMPANY.

Sir,

I have to report that at ROME on the 28 Aug. 44, at about 20.30 hrs. acting on instructions received from CPL. RAYNOR (ORDERLY SERGEANT), I proceeded to VIA PORTA PINCIANA, where it was reported that an accident had occured.

On arrival there I saw a (FRENCH DRIVER) namely J. BOCQUILLION attached to the LIAISON SECTION, ALLIED ADVISORY COUNCIL, 30 PIAZZA MONTE SAVELLO, ROME, who through the aid of an interpreter informed me that his vehicle No. 5100899 W.D. HILLMAN P.U. had been involved in an accident with an AMERICAN JEEP (Statement attached).

On making enquiries as to the AMERICAN JEEP and driver I was informed by:- Mr. BENTON of the BRITISH HIGH COMMISSION OFFICE, that he had arrived at the scene of the accident shortly after it had occured, and had obtained the following particulars of the AMERICAN DRIVER:- S/SGT. SINKLER. 34 ANTI-TANK. 135 U.S. ARMY. JEEP, No. 2086603.

S/SGT. SINKLER informed Mr. BENTON that he would fetch his Captain and return, but failed to do so.

Accompanied by J/ BOCQUILLION, I proceeded to the LIAISON SECTION, ALLIED ADVISORY COUNCIL, 30 PIAZZA MONTE SAVELLO, where I saw the officer i/c namely Capt. RIGGIO, U.S. ARMY and informed him of the accident.

529/

Capt. RIGGIO informed me that he would arrange to have the vehicle removed by the 34th. AMERICAN ORDINANCE.

Damage to 5100899 HILLMAN P.U.:-
FRONT AXLE BROKEN.
OFF SIDE MUDGUARD SMASHED.

ROME.
28 AUG. 44.

W. LANCASTER SGT.
III PROVOST COMPANY.
C.M. POLICE.

COPY

12A

STATEMENT.

On 20 Aug. 44, I was coming down VIA PORTA PINCIANA on the way to the EDEN HOTEL. At the corner of VIA PORTA PINCIANA and VIA LUDOVISI, I stopped to allow another vehicle to pass, which was coming up VIA PORTA PINCIANA.

When the road had cleared, the young English Lady who was sitting next to me, put out her hand from the left door to indicate a turn. I had reached the middle of the VIA PORTA PINCIANA, with car turned completely, when suddenly on my right, I saw a JEEP coming up VIA PORTA PINCIANA at full speed. I blew the horn, but too late. The JEEP could not avoid me and hit my right fender carrying in off. He tore off the fender and twisted the axle.

ROME.
28 AUG. 44.

J. BOCQUILLION.
at 21,30 hrs. driver of
truck HILLMAN No. 5100899.

5290

00 00

11

Conseil consultatif
des affaires Italiennes
Office de Liaison et d'Administration

22 Juillet 1944.

Col. James R. HEGGS , Liaison Officier

à

M. Le Commandant Base 901/83

+ Fait retour à dater de ce jour du Conducteur de 2ème classe AFRIQUE FEO , matricule 327 .

MOTIF : n'a occasionné des dégats matériels à plusieurs véhicules qui lui avaient été confiés .

Demande un nouveau conducteur en remplacement .

JAMES R. HEGGS
Col. C.A.C.
Officier de Liaison et Administrateur .

52 83

T R A N S L A T I O N

To: the Prefect of the Province of
Avellino

I the undersigned Raphael Gaita, residing at Pianodardine, a section of this City, inform you that on the morning of May 4th, a great misfortune befell my family.

A child of mine, named Ciro, while going out from the house to go to school, was hit by a motor-car, with licence # 202114753, and was killed on the spot.

As was also verified by the witnesses who happened to be present- Testa Dario and Ernest d'Alfonso, residing in the Comune of Montefredane- and Joseph Iandiorio, son of the late Pallegrino, also residing at Montefredane, contrada Arcella, it seems that we cannot excuse the carelessness of the driver, who drives at an excessive speed, thus losing control of the vehicle and making it impossible to prevent accidents.

On the other hand we must also consider that the accident took place on the limits of the national road, which is very wide, and should in any case, have permitted the driver an easy deviation in sight of the poor boy.

At any rate, I was informed that the car belongs to a Jugoslav Minister, who was also in the car and could witness how the serious accident occurred. I certainly have no intentions of taking legal steps, which would only augument my sorrow, and also in consideration of the very important position of the person who was in the car.

Yet, this person, in his equity and uprightnesses, must also keep into account and value the enormous damage caused by this accident to a whole family.

I am a poor labourer father of six children, struggling hard for a living, whose best hope was his son 10 year old- the oldest of the boys, since the others are much younger- who could have shortly been a means support and have efficiantly contributed to bear the wights that life imposes. 0287

The grief that struck me is immense and gives no respite either to me or to the other members of my family, but at the same time- owing to my bad conditions, and especially in the interest of my other children. I must ask for an indemnity for damages.

And as I know that Y Excellency has also been informed of the fact by the before mentioned person who was in the car, rather than

thinking of taking legal action, I should wish- primarily that this person who, as I said, seems to be a Jugoslav Minister, be informed and make known what his intentions are regarding the serious misfortune that occurred on the 4th instant, grieving the whole district, which sympathized and loved the poor invested boy.

Avellino, May 19, 1944

116

ADVISORY COUNCIL OF ITALY.
Office of the Liaison & Adm. Officer

20 May 1944.

Subject: Investigation of Accident.

To : Claims Commission, P. B. 3.

1. In accordance with Natousa Circular # 100, 30 May 1943, the following report is rendered:

a. At 10:30 AM, 4 May 1944, U. S. Command Car # 20294759, was proceeding toward Bari. In the Town of Pianordine, a boy came running from the side of the road toward the middle, (boy later known to be CIRO GAITA). At 9 meter distance the boy was seen and brakes applied. The car stopped 7 meters beyond the scene of the accident. WD Form 26 is herewith attached.

b. NAME OF DRIVER: Driver 2d Class LOUIS LORENZINI, French Army, attached to Advisory Council of Italy, APO 394, c/o PM.

c. PASSENGER IN VEHICLE: MR. MILOJE D. SMILJANIC, Royal Yugoslav Government, member of Yugoslav Delegation of the Advisory Council of Italy.

d. The victim was later known to be on his way to school. He was pronounced dead shortly after the accident. (See attached reports).

2. Attached hereto is report from Driver and Passenger and copy of report made by local Italian authorities at Pianordine.

3. No witnesses were available at scene except passenger in vehicle.

4. The investigating officer finds that the accident and cause of death of one, Ciro Gaita, age 10, was due to no fault of the vehicle or the driver. The victim was at fault directly. The undersigned was the investigating officer.

5287

JAMES E. REGIS,
Lt Col., C A C,
Liaison & Adm. Officer,
A. C. I.

ATTACHED: WD Form 26 and
reports as listed
in basic comm.

NAPLES, ITALY

10 May 1944

11C

AFFIDAVIT

I, Driver 2d Class Louis Lorenzino _____, report the following to Lt Col JAMES E. REGIS, CAC, Liaison & Administrative Officer, Advisory Council of Italy:

WHILE ON DUTY DRIVING MR. MILOJE D. SMILJANITCH, YUGOSLAV MINISTER FROM NAPLES TO BARI, WE PASSED THE VILLAGE PIANORDINE ABOUT FIVE (5) KM FROM AVELLINO. THE ROAD WAS CLEAR OF TRAFFIC. I WAS PROCEEDING AT A SPEED OF THIRTYFIVE (35) MILES PER HOUR. A BOY OF ABOUT EIGHT YEARS OF AGE, I PRESUME HE WAS RIDING TO THE RIGHT SIDE OF THE ROAD BETWEEN THE TREES, SUDDENLY CROSSED THE ROAD WITHOUT TAKING NOTICE OF THE TRAFFIC. I APPLIED MY BREAKS RAPIDLY. I SWERVED TO THE LEFT OF ROAD TO AVOID HITTING HIM WITH THE RISK OF ENDANGERING OUR OWN LIVES, THE INCIDENT WAS UNAVOIDABLE, THE BOY WAS STRUCK IN THE HEAD BY MY CAR. I STOPPED MY CAR AT A DISTANCE OF TEN METERS. THE BREAKS WERE USED STRONGLY AND MY CAR WAS ALMOST TURNED TO THE OPPOSITE DIRECTION. WE PICKED UP THE VICTIM. COVERED HIM AND CARRIED HIM TO THE NEAREST HOSPITAL (BRITISH MILITARY HOSPITAL) A MEDICAL CAPTAIN PRONOUNCED HIM DEAD. THE BOY'S FATHER WHO WAS WITH US ASKED US TO TAKE THE VICTIM HOME. THIS WE DID. WE DROVE TO AVELLINO; INFORMED THE MILITARY AUTHORITIES OF THE ACCIDENT. PROPER REPORT WAS MADE. MR. SMILJANITCH GAVE THEM HIS ADDRESS IN CASE OF ANY FURTHER INFORMATION WHICH MIGHT BE NEEDED. THE FATHER WAS VERY DEPRESSED BY THE ACCIDENT, HE WAS UNAPPROACHABLE. THIS ACCIDENT OCCURRED AT 10:30 AM, 4 May 1944. MR. SMILJANICH WILL RETURN TO SEE THE FAMILY. x x END x x

528

X X X X

I CONFIRM THAT THE ACCIDENT DID OCCUR AS IS STATED ABOVE AND THAT THE DRIVER WAS NOT RESPONSIBLE FOR THE ACCIDENT NOR WAS HE ABLE TO AVOID IT.

_____

SWORN TO BY ME, THIS TENTH DAY OF MAY, NINETEEN HUNDRED FORTY-FOUR

STEVE RIGGIO
1st Lt AGD

Army Form A.1678
(Revised August 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312/1940

Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

10

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date	Time	Place	Surname of Service Driver	No. of Service Vehicle
	6/3/44	1035	County PONTICO	Lombardo	

B. OTHER VEHICLE	Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van	Make	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. / or Policy No.
		HUMBER		519452		

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	UNKNOWN.	NONE	UNKNOWN	

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury: Slight / Serious / Fatal	Hospital (if known)
	1. NONE		NONE		Slight / Serious / Fatal	NONE
	2.				Slight / Serious / Fatal	
	3.				Slight / Serious / Fatal	

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx	Occupation
	1.				
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE	(In greatest detail possible)	Can be seen at
	NONE	Telephone

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG						
	SHEEP	DOG						

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone... Landlord / Tenant

civilian or in Armed Forces. If the latter, give Service, number and Unit.

1. NONE		NONE		Slight / Serious / Fatal	NONE	
2.				Slight / Serious / Fatal		
3.				Slight / Serious / Fatal		

F. WITNESSES Name, address etc., of every person present must be obtained.

	Name	Address	Telephone	Age (approx)	Occupation
1.					
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible) — Can be seen at

NONE

(Note any previous defects)

H. INJURY TO ANIMALS

HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG						Telephone
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Landlord / Tenant
				Telephone

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.						Branch	

K. LIGHTS

DAYLIGHT / NIGHT	Service Vehicle	Other Vehicle	WARNING	UNNECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
	NOT LIT	NOT LIT				

L. SPEED OF VEHICLE

Service	Other	NON BUILT UP AREA	Traffic	ROAD SURFACES				TRAFFIC LIGHTS / TRAFFIC SIGNS	Visibility
m.p.h.	m.p.h.		LIGHT / DENSE	DRY / WET	GOOD / FAIR / BAD	STRAIGHT / BEND / CROSS ROADS			CLEAR / FOGGY / RAIN

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ..... Address .....

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act. 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

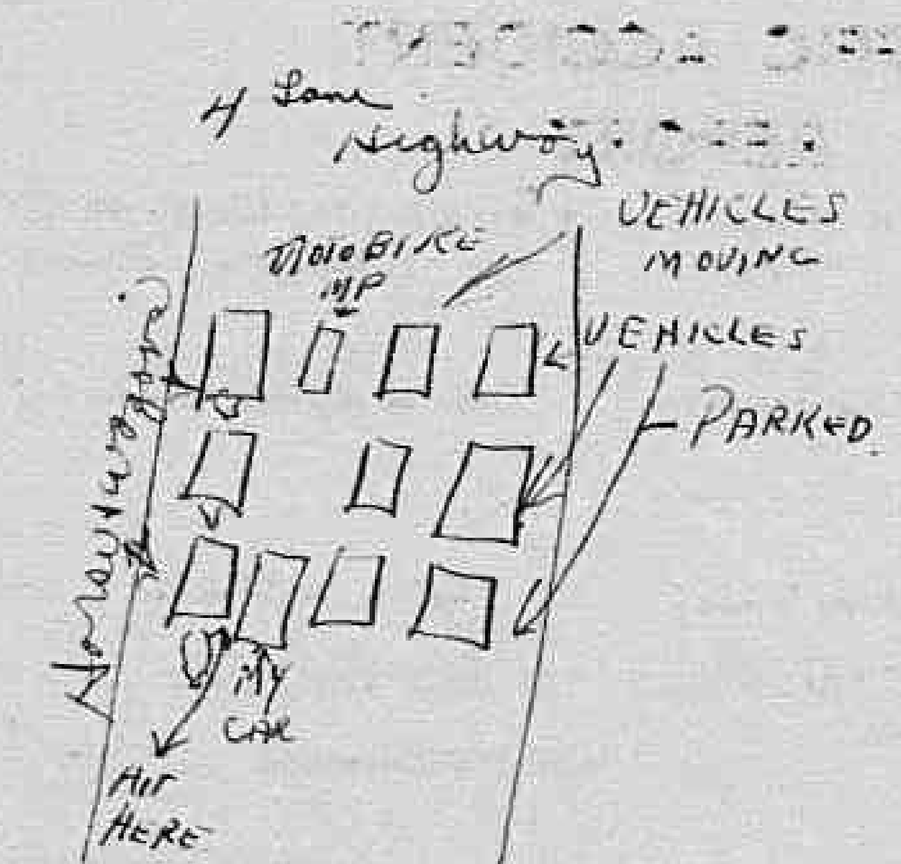
	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.



From perforation at bottom to top of page is 1 foot.

Wt. 45909/886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
	Rank P.F.C. Civilian Occupation Vito Lombardo			Civilian ..... Service		26	

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle
	If a motor-cycle, were all those on it wearing crash helmets ? ..... (See A.C.I. 2287/1941)						

P. JOURNEY	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident.
	If none signed, reason must be given in Driver's Statement	Serial No. ..... Date	From NAPLES To POMIGLIO	DRIVING FOR COL. REGIS.		

6 ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 6/3/44 194 Driver's Signature P.F.C. Vito Lombardo W.
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
		VILLA Reginetta	11584		Col Regis

R. HIRED VEHICLE See A.C.I. ..... para.	Hired through	Contractor's Name & Address	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. ..... or Policy No.	Rate of Hire per day
	ADVISORY COUNCIL (R.A.S.C. Unit)	Telephone			

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	REAR LEFT FENDER MINOR DAMAGES.	Will probably be repaired by :—	No. of Vehicles on charge to Unit

VEHICLE

If a motor-cycle, were all those on it wearing crash helmets ?..... (See A.C.I.2287/1941)

HAND DRIVE

P. JOURNEY

Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident.
If none signed, reason must be given in Driver's Statement	Serial No..... Date	From NAPLES To POMIGLIO	DRIVING FOR COL. REGIS.		

6 Ins. I

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 6/3/44 194 Driver's Signature Pte. Vito Lombardo W.

(This must be in Driver's handwriting, not typed).

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
	VILLA Reginetta	11584		Col Regis

R. HIRED VEHICLE See A.C.I..... para.....

Hired through	Contractor's Name & Address	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No..... or Policy No.....	Rate of Hire per day
ADVISORY COUNCIL (R.A.S.C. Unit)	Telephone.....			

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED

REAR LEFT FENDER
MINOR DAMAGES.

(In greatest detail)

Will probably be repaired by :—

(Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit

T.

I certify that the Service Vehicle was being driven	ON DUTY	NOT ON DUTY	Name of Officer who gave authorty for issue of A.F.G.3518	NOT ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame

T.2.

It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTI-GATION	Place / Date / Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
	Put cross to those required.		References are to Sections overleaf.														

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

V. First Copy sent to A.D. Claims.....Comd.

on 194

Y. Second Copy sent to next Higher Authority, namely :

.....

on 194

Z. Disciplinary Action Approved

.....194

Signature of Brigade or other Commander.

.....194

Signature of Divisional Commander.

.....194

Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

Army Form A3676
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I.1312/1940

Cross out those words in ITALICS which do not apply.

9

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date	Time	Place / County	Surname of Service Driver	No. of Service Vehicle
	27 Mar	11 h	Via des Mille		

B. OTHER VEHICLE	*Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van*	Make	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy / No.
		Ford	4	71036		

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	F/LT Holcroft. HOLCROFT	/	40 ASP. RAF	

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
	1.				*Slight Serious Fatal*	
	2.				*Slight Serious Fatal*	
	3.				*Slight Serious Fatal*	

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. [illegible] George	[illegible]	461	[illegible]	Soldat
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE	(In greatest detail possible) (Note any previous defects)	Can be seen at / Telephone
	Tordu par choc avant	

H. INJURY TO ANIMALS	*HORSE / COW / POULTRY / PIG / SHEEP / DOG*	How many	*LED / STRAYING*	Condition	Injuries	IT *was not / will not have to be* KILLED	NAME & ADDRESS of OWNER or OCCUPIER

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone *Landlord / Tenant*

528

number and Unit. 3. | | | | Slight / Serious / Fatal

F. **WITNESSES** Name, address etc., of every person present must be obtained.

	Name	Address	Telephone	Age approx.	Occupation
1.	[illegible] Sapper	[illegible]	461		[illegible]
2.	[illegible]				
3.					

G. **APPARENT DAMAGE TO OTHER VEHICLE** (In greatest detail possible)

Take par chee waint

Can be seen at

(Note any previous defects)

Telephone

H. **INJURY TO ANIMALS**

HORSE	COW	How many	LED	Condition	Injuries
POULTRY	PIG		STRAYING		
SHEEP	DOG				

IT was not will not have to be KILLED

NAME & ADDRESS of OWNER or OCCUPIER

I. **DAMAGE TO PROPERTY**

Nature of Property	Exact Location	Damage

Property is NOT requisitioned

5283

Telephone.....

Landlord | Tenant

J. **POLICEMAN**

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.....						Branch	

K. **LIGHTS**

DAYLIGHT	Service Vehicle	Other Vehicle	WARNING		NOT GIVEN BY ME	NOT GIVEN BY OTHER
~~NIGHT~~	~~NOT~~ LIT	~~NOT~~ LIT		~~USE~~ NECESSARY		

L. **SPEED OF VEHICLE**

Service	Other		Traffic	ROAD SURFACES				TRAFFIC	Visibility
15 m.p.h.	m.p.h.	~~NOT~~ BUILT UP AREA	LIGHT ~~DENSE~~		DRY ~~WET~~	~~GOOD~~ FAIR BAD	STRAIGHT BEND CROSS ROADS	~~TRAFFIC LIGHTS~~ TRAFFIC SIGNS	CLEAR ~~FOGGY~~ ~~RAIN~~

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. .....

Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

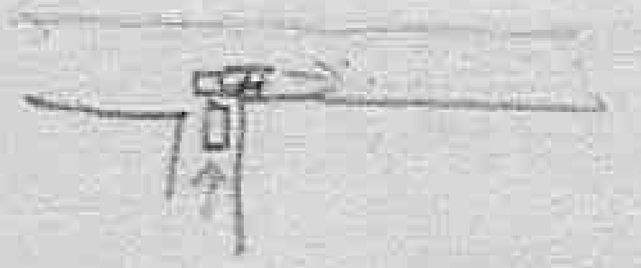
	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

RAF 7105

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.



Wt 45808/806 2/43 51-6292

From perforation at bottom to top of page is 1 foot.

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) Rank Civilian Occupation	Number	Unit	Driving Experience Years Mths. Civilian Service	Date of entry into Service	Age	Rate of Pay per day	
O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle	
	If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I.2287/1941)							
P. JOURNEY	Army Form G3518 was signed by If none signed, reason must be given in Driver's Statement	A.F.G.3518 Serial No. Date	Journey From To	Nature of Duty		UN-LOADED	Map reference of scene of accident	

6 ins. I

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date .....194 *Driver's Signature* .....
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command

R. HIRED VEHICLE See A.C.I. ..... para	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. ..... or Policy No.	Rate of Hire per day
S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	(In contract details)		Will probably be repaired by :— (Name of Repair Shop or Garage)		No. of Vehicles on charge to Unit

C. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	*RIGHT LEFT* HAND DRIVE	Present Location of Vehicle
	If a motor-cycle, were all those on it wearing crash helmets ? ..... (See A.C.I. 2287/1941)						

P. JOURNEY	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
	If none signed, reason must be given in Driver's Statement	Serial No. ..... Date	From ..... To			

6 ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date ..... 194 *Driver's Signature* .....
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command

R. HIRED VEHICLE See A.C.I. ..... para.	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. ..... or Policy No.	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	(In greatest detail)	Will probably be repaired by :— (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit

T. I certify that the Service Vehicle was being driven	*ON DUTY*	*NOT ON DUTY*	Name of Officer who gave authorty for issue of A.F.G.3518	*NOT* ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	*COURT OF INQUIRY* *INVESTI-GATION*	Place Date ..... Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
	Put cross to those required. References are to Sections overleaf.																

W. IT IS *NOT* INTENDED TO HOLD { *A COURT OF INQUIRY* / *AN INVESTIGATION.*

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

V. First Copy sent to A.D. Claims ..... Comd.

on 194

Y. Second Copy sent to next Higher Authority, namely :

.....

on 194

Z. Disciplinary Action Approved

..... 194
Signature of Brigade or other Commander.

..... 194
Signature of Divisional Commander.

..... 194
Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

Army Form A.3678
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312/1940

Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

4

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date	Time	Place / County	Surname of Service Driver	No. of Service Vehicle
	27-5-44	1200	Via de Mille.	Hewitt	5794514

B. OTHER VEHICLE	Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van	Make	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. / or Policy No.
		Ford		71036		

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	F/Lt. Bulcroft.	Nil.	HQ. A.S.P. R.A.F.	

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury (Slight / Serious / Fatal)	Hospital (if known)
	1.				Slight / Serious / Fatal	
	2.				Slight / Serious / Fatal	
	3.				Slight / Serious / Fatal	

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. Soldat Gadeau Georges	86 Via Crispi	11461	31	French Soldier
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE	(In greatest detail possible)	Can be seen at
	Left hand side of front bumber beat (Damage Negligable).	

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG						528
	SHEEP	DOG						

Telephone

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned

Telephone Landlord / Tenant

give Service number and Unit.	2.				Slight / Serious / Fatal	
	3.					

F. WITNESSES Name, address etc., of every person present must be obtained.

	Name	Address	Telephone	Age approx.	Occupation
1.	Soldier Jackson George	86 Ida Crescent	11461	31	French Soldier
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE

(In greatest detail possible)

Left hand side of front bumper bent.
(Damage Negligible).

Can be seen at

(Note any previous defects)

Telephone

H. INJURY TO ANIMALS

HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED
POULTRY	PIG		STRAYING			
SHEEP	DOG					

NAME & ADDRESS of OWNER or OCCUPIER

528

Telephone ..... Landlord / Tenant

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.						Branch	

K. LIGHTS

DAYLIGHT ~~NIGHT~~	Service Vehicle ~~NOT LIT~~	Other Vehicle ~~NOT LIT~~	WARNING	~~UN~~ NECESSARY	~~NOT~~ GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service	Other	NON BUILT UP AREA	Traffic	ROAD SURFACES					Visibility
15 m.p.h.	m.p.h.		LIGHT ~~DENSE~~	DRY	~~WET~~	~~GOOD~~ FAIR ~~BAD~~	STRAIGHT BEND CROSS ROADS	~~TRAFFIC LIGHTS~~ ~~TRAFFIC~~ SIGNS	CLEAR ~~FOGGY~~ ~~RAIN~~

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. .....

Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

Insert here Initials of Command

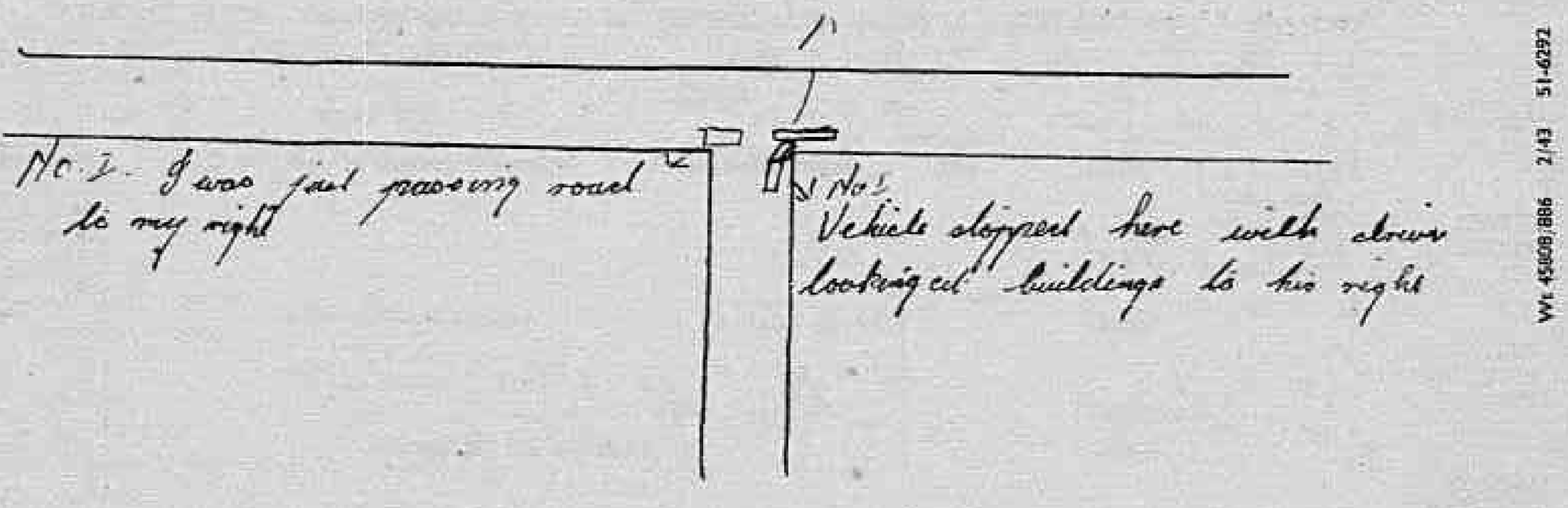
	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.



From perforation at bottom to top of page is 1 foot.

VWt 45608/886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) Rank Civilian Occupation	Number	Unit	Driving Experience Years Mths. Civilian Service	Date of entry into Service	Age	Rate of Pay per day	

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT LEFT HAND DRIVE	Present Location of Vehicle

If a motor-cycle, were all those on it wearing crash helmets ? ..... (See A.C.I. 2287/1941)

P. JOURNEY	Army Form G3518 was signed by If none signed, reason must be given in Driver's Statement	A.F.G.3518 Serial No. Date	Journey From To	Nature of Duty	UN-LOA-DED	Map reference of scene of accident

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date ..... 194 Driver's Signature A Vernon

(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command

R. HIRED VEHICLE See A.C.I. ..... para.	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. ..... or Policy No.	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD		Will probably be repaired by :—	No. of Vehicles on charge to Unit

SERVICE or HIRED VEHICLE | capacity | HAND DRIVE

If a motor-cycle, were all those on it wearing crash helmets ? ..... (See A.C.I.2287/1941)

P. JOURNEY	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
	If none signed, reason must be given in Driver's Statement	Serial No. ..... Date	From ..... To			

6 ins.

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date ..... 194 *Driver's Signature* .....

(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command

R. HIRED VEHICLE See A.C.I. ..... part	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. ..... or Policy No.	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	(In greatest detail)	Will probably be repaired by :— (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit

T. I certify that the Service Vehicle was being driven	ON DUTY	NOT ON DUTY	Name of Officer who gave authority for issue of A.F.G.3518	NOT ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place Date ..... Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3

Put cross to those required. References are to Sections overleaf.

W. IT IS *NOT* INTENDED TO HOLD { *A COURT OF INQUIRY* / *AN INVESTIGATION.*

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

V. First Copy sent to A.D. Claims ..... Comd.
on 194

Y. Second Copy sent to next Higher Authority, namely :
.....
on 194

Z. Disciplinary Action Approved
..... 194
Signature of Brigade or other Commander.

..... 194
Signature of Divisional Commander.

..... 194
Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

Army Form A3676
(Revised August 1942)
To be carried in an addressed envelope by every driver.
A.C.I.1312/1940

Cross out those words in ITALICS which do not apply.

7

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date	Time	Place / County	Surname of Service Driver	No. of Service Vehicle
	27-5-44	1200	Via De Mille	Apruche	5794514.

B. OTHER VEHICLE	*Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van*	Make	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy No.
		Ford		71036	———	

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	F/Lt. Aulcroft.	Nil	40 A.S.P. R.A.F.	

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
	1.				*Slight Serious Fatal*	
	2.				*Slight Serious Fatal*	
	3.				*Slight Serious Fatal*	

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. Solari Giuliana George	86 Via Crispi	11461	31	French Soldier.
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE	(In greatest detail possible) (Note any previous defects)	Can be seen at / Telephone
	Left hand side of front bumper bent. (Damage negligible)	

H. INJURY TO ANIMALS	*HORSE / COW / POULTRY / PIG / SHEEP / DOG*	How many	*LED / STRAYING*	Condition	Injuries	IT *was not / will not / have to be* KILLED	NAME & ADDRESS of OWNER or OCCUPIER
							5279

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property *is NOT* requisitioned	Telephone / *Landlord / Tenant*

J. Name | Police Station | He did … A statement … | ROAD … | Name | Association | He did …

Unit.	3.			Slight / Serious / Fatal	
F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. Soldier Gudeau George	86 Via Crispi	11461	31	French Soldier
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE (In greatest detail possible)

Left hand side of front bumper bent.
(Damage negligible)

(Note any previous defects)

Can be seen at

Telephone

H. INJURY TO ANIMALS	HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG		STRAYING				
	SHEEP	DOG						5279

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant

J. POLICEMAN	Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
	No.						Branch	

K. LIGHTS	DAYLIGHT ~~NIGHT~~	Service Vehicle ~~NOT LIT~~	Other Vehicle ~~NOT LIT~~	WARNING	~~UN-~~NECESSARY	~~NOT~~ GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE	Service 15 m.p.h.	Other m.p.h.	~~NON~~ BUILT UP AREA	Traffic LIGHT ~~DENSE~~	ROAD SURFACES	DRY ~~WET~~	~~GOOD~~ FAIR ~~BAD~~	STRAIGHT BEND CROSS ROADS	~~TRAFFIC LIGHTS~~ ~~TRAFFIC SIGNS~~	Visibility CLEAR ~~FOGGY~~ ~~RAIN~~

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ....

Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

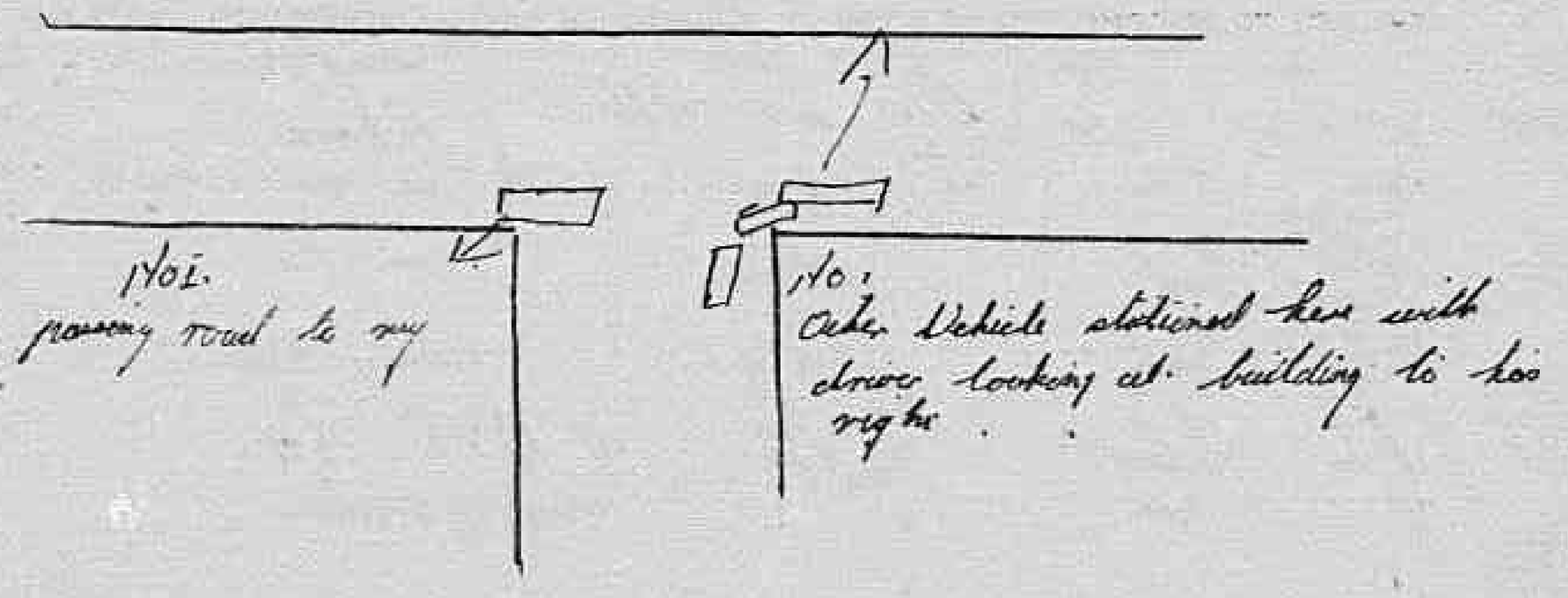
Insert here Initials of Command

SERVICE DRIVER	Name Apache	Rank 2nd Class	Number 327	Unit Advisory Council	Vehicle No. 5794574	Code
ACCIDENT	Date 27-5-44	Time 1200	Place Via De Nobile		This slip is handed you for your convenience and is not to be taken as an admission of liability. [Please Turn Over.	

Use this space for SKETCH and particulars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



VWt 45808/886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N.	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
SERVICE DRIVER	Leon Abrich.	327	Advising Council of Italy	Civilian ..... Service		25	
	Rank Civilian Occupation						

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle
SERVICE or HIRED VEHICLE							

If a motor-cycle, were all those on it wearing crash helmets ?..... (See A.C.I. 2287/1941)

P.	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
JOURNEY	If none signed, reason must be given in Driver's Statement	Serial No..... Date	From Frascati Delegates To Harris	moving for French Delegates		

6 Ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 27. May 1944. Driver's Signature.....
(This must be in Driver's handwriting, not typed).

Q.	Name	Address	Telephone	Unit's file reference	Command
UNIT	Advising Council	Villa Reginetta Via Nomentana	11534		

R. HIRED VEHICLE See A.C.I..... para.....	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone.....	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No..... or Policy No.....	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or		Will probably be repaired by :—	No. of Vehicles on charge to Unit
	Right rear door damaged window cracked of said door.		

or HIRED VEHICLE | HAND DRIVE

If a motor-cycle, were all those on it wearing crash helmets ? ..... (See A.C.I. 2287/1941)

P. JOURNEY	Army Form G3518 was signed by If none signed, reason must be given in Driver's Statement	A.F.G.3518 Serial No. ..... Date	Journey From Friedenau Delegates To Harpers	Nature of Duty moving for Friends Delegates	UN-LOADED	Map reference of scene of accident

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 27. May 1944. Driver's Signature .....
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name Advising Council	Address Villa Reginetta Via Manzoni	Telephone 11534	Unit's file reference	Command

R. HIRED VEHICLE See A.C.I. ..... para.	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. ..... or Policy No.	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	Right rear door damaged window crushed of said door. (In greatest detail)	Will probably be repaired by :— (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit

T. I certify that the Service Vehicle was being driven	ON DUTY	NOT ON DUTY	Name of Officer who gave authority for issue of A.F.G.3518	NOT ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
	Put cross to those required.		References are to Sections overleaf.														

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

V. First Copy sent to A.D. Claims ..... Comd.
on 194

Y. Second Copy sent to next Higher Authority, namely :
.....
on 194

Z. Disciplinary Action Approved
..... 194
Signature of Brigade or other Commander.

..... 194
Signature of Divisional Commander.

..... 194
Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

Army Form A3675
(Revised August, 1942)
To be carried in an addressed envelope by every driver
A.C.I. 1312, 1940

Cross out those words in ITALICS which do not apply.

Copy 6

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date	Time	Place	Surname of Service Driver	No. of Service Vehicle
	30/9/44	1100	NAPLES ROAD. ROUTE 6. County	VINCENT	5194575

B. OTHER VEHICLE	Lorry / ~~Motor-Car~~ / ~~Motor-Cycle~~ / ~~Bicycle~~ / ~~Horse-Van~~	Make	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. / or Policy No.
	—	AMERICAN TRUCK.	—	—	U.S. ARMY.	—

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	—	—	—	—

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone
	U.S. ARMY.	C.M.F.	—

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.		Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
	1.	—	—	—	—	Slight / ~~Serious~~ / ~~Fatal~~	—
	2.	—	—	—	—	~~Slight~~ / ~~Serious~~ / ~~Fatal~~	—
	3.	—	—	—	—	~~Slight~~ / ~~Serious~~ / ~~Fatal~~	—

F. WITNESSES Name, address etc., of every person present must be obtained.		Name	Address	Telephone	Age approx.	Occupation
	1.	Mr SMILJANIC	YUGOSLAV MINISTRY.	—	—	MINISTER FOR YUGOSLAVIA.
	2.	—	—	—	—	
	3.	—	—	—	—	

G. APPARENT DAMAGE TO OTHER VEHICLE	(In greatest detail possible)	Can be seen at
	NOT KNOWN	—

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE / ~~SHEEP~~	COW / ~~PIG~~	How many	~~LED~~ / STRAY	Condition	Injuries	IT ~~was not will not have to be~~ KILLED	NAME & ADDRESS of OWNER or OCCUPIER
	~~POULTRY~~	~~PIG~~ / ~~DOG~~	—	~~STRAY~~ / ~~DOG~~	—	—		3270

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is ~~NOT~~ requisitioned	Telephone ... Landlord / Tenant
	—	—	—		—

PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	1.	—	—	—	—	Slight / Serious / Fatal	—
	2.	—	—	—	—	Slight / Serious / Fatal	—
	3.	—	—	—	—	Slight / Serious / Fatal	—

F. WITNESSES Name, address etc., of every person present must be obtained.

	Name	Address	Telephone	Age approx.	Occupation
1.	Mr SMILJANIC	YUGOSLAV MINISTRY.	—	—	MINISTER FOR YUGOSLAVIA.
2.	—	—	—	—	
3.	—	—	—	—	

G. APPARENT DAMAGE TO OTHER VEHICLE

(In greatest detail possible)

NOT KNOWN

Can be seen at —

(Note any previous defects)

Telephone —

H. INJURY TO ANIMALS

HORSE	COW	How many	LED	Condition	Injuries	IT was not / will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG	—	STRAYING	—	—		3270
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned
—	—	—	

Telephone ..... Landlord / Tenant

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No..... —	—				—	Branch ..... —	

K. LIGHTS

DAYLIGHT	Service Vehicle	Other Vehicle	WARNING	UN-NECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
[redacted]	NOT LIT	NOT LIT				

L. SPEED OF VEHICLE

Service	Other	NON BUILT UP AREA	Traffic	ROAD SURFACES			STRAIGHT	TRAFFIC LIGHTS / TRAFFIC SIGNS	Visibility
Signed Not Known — m.p.h.	Not Known m.p.h.		[redacted] LIGHT		WET	[redacted] BAD	[redacted]		CLEAR [redacted]

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ..... Address .....

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

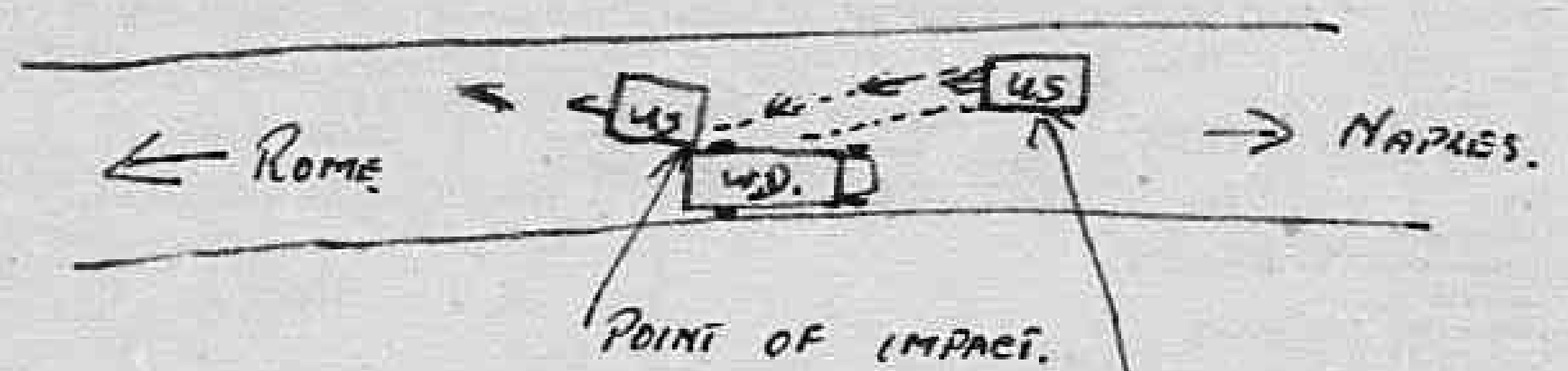
	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

From perforation at bottom to top of page is 1 foot.

Use this space for SKETCH and pa[illegible]rs for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.



AMERICAN TRUCK BEFORE SKIDDING ON GREASY ROAD.
— " —
AMERICAN TRUCK DID NOT STOP.

Wt. 45809/886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) VINCENT. MICHELE. Rank / Civilian Occupation	Number -	Unit A.A.C.I.	Driving Experience Years Mths. Civilian Service ½	Date of entry into Service	Age 23	Rate of Pay per day -	
O. SERVICE or HIRED VEHICLE	No. of Service Vehicle 5194515	Type of Bodywork SALOON.	Load capacity 6 STR	Make HUMBER.	H.P.	RIGHT ■ HAND DRIVE	Present Location of Vehicle 30 PIAZZA MONTE SAVELLO.	
	If a motor-cycle, were all those on it wearing crash helmets ? ..... (See A.C.I. 2287/1941)							
P. JOURNEY	~~Army Form C2518~~ was signed by U.S. WD 48 SGT ADLANI. If none signed, reason must be given in Driver's Statement	A.F.G.3518 Serial No. ..... Date 30/9/44	Journey From ROME To NAPLES.	Nature of Duty CONVEYING PERSONS.	■ LOADED	Map reference of scene of accident /		

6 ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 2/10/44 194 Driver's Signature Vincent Michele
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name A.A.C.I.	Address 30 PIAZZA MONTE SAVELLO. ROME.	Telephone 566193	Unit's file reference AAC4/30/1	Command ROME ALLIED AREA COMMAND
R. HIRED VEHICLE See A.C.I. ..... para. ..... /	Hired through / (R.A.S.C. Unit)	Contractor's Name & Address / Telephone	Name & Address of Insurance Co. (if applicable) /	Insurance Cert. No. ..... / or Policy No.	Rate of Hire per day /
S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	LEFT HAND REAR MUDWING DAMAGED. (Insurance details)		Will probably be repaired by :— 353 Coy. (ARMY) R.A.S.C. (Name of Repair Shop or Garage)		No. of Vehicles on charge to Unit 9

SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
	5194515	SALOON.	6 STR	HUMBER.		■	30 PIAZZA MONTE SAVELLO.

If a motor-cycle, were all those on it wearing crash helmets ? ..... (See A.C.I.2287/1941)

P. JOURNEY

~~Army Form C.2518~~ was signed by	A.F.G.3518	Journey	Nature of Duty	LOADED	Map reference of scene of accident
U.S. WD 48 SGT ADLAMI.	Serial No. ..... Date 30/9/44	From ROME To NAPLES.	CONVEYING PERSONS.	■	—

If none signed, reason must be given in Driver's Statement

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 2/10/44 194 Driver's Signature [signature] (This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	A.A.C.I.	30 PIAZZA MONTE SAVELLO. ROME.	566193	AAC/30/1	ROME ALLIED AREA COMMAND

R. HIRED VEHICLE See A.C.I. ..... para.	Hired through	Contractor's Name & Address	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. ..... or Policy No.	Rate of Hire per day
	— (R.A.S.C. Unit)	— Telephone	—	—	—

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED		Will probably be repaired by :—	No. of Vehicles on charge to Unit
	LEFT HAND REAR MUDWING DAMAGED. (In greatest detail)	353 Coy. (ARMY) R.A.S.C. (Name of Repair Shop or Garage)	9

T. I certify that the Service Vehicle was being driven	ON DUTY	~~NOT~~ OFF DUTY	Name of Officer who gave authority for issue of ~~A.F.G.3518~~ W.D. FORM 48	ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame
			CAPT REGGIO. US. ARMY	■	NIL	—

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
	Put cross to those required.		References are to Sections overleaf.														

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 2/9/ 1944
All copies should be signed and dated.

V. First Copy sent to A.D. Claims ..... Comd.
on 194

Y. Second Copy sent to next Higher Authority, namely :
.....
on 194

Z. Disciplinary Action Approved
..... 194
Signature of Brigade or other Commander.

..... 194
Signature of Divisional Commander.

..... 194
Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

5

Re ACCIDENT W/D VEHICLE M 5[illegible]5[illegible]5

Whilst proceeding from Rome to Naples on 30/9/44. I was stationary and an American truck travelling in the direction of ~~[illegible]~~ Rome skidded into my car and damaged left hand rear mudguard. The American truck did not stop.

Signed [illegible]

Name of Motorcyclist Pte Smiljanic. Nationality Yugoslavia.

5A

Army Form A3676
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I.1312/1940
Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT.	Date.	Time	Place. County	Surname of Service Driver	No. of Service Vehicle.
	30/9/44	11.00h	NAPLES. ROUTE 6.	VINCENT	M. 3794575

B. OTHER VEHICLE.	Lorry / ~~Motor Car~~ / ~~Motor Cycle~~ / ~~Bicycle~~ / ~~Horse Van~~	Make	H.P.	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. / or Policy No.
		AMERICAN TRUCK	Not Known Year —	Not Known	—	—

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	Not Known		Not Known	—

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone
	U.S. ARMY	Not Known	—

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
1.	—	—	—	—	Slight / Serious / Fatal	—
2.	NIL	—	—	—	Slight / Serious / Fatal	—
3.	—	—	—	—	Slight / Serious / Fatal	—

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
1.	Mr SMILJANIC	YUGOSLAV MINISTRY. ROME	—	—	MINISTER FOR YUGOSLAVIA.
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible): Not Known.

Can be seen at: —

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE	COW	How many	LED	Condition	Injuries	If was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER	Telephone
	POULTRY	PIG	/	STRAYING	/				
	SHEEP	DOG							

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant
	/	/	-		

3.

F. WITNESSES Name, address etc., of every person present must be obtained.

Name	Address	Telephone	Age approx.	Occupation
1. Mr SMILJANIC	YUGOSLAV MINISTRY. ROME	—	-	MINISTER FOR YUGOSLAVIA.
2.				
3.				

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible) — Can be seen at

NOT KNOWN. —

(Note any previous defects)

H. INJURY TO ANIMALS

HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG		STRAYING				
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No. NIL	—				NIL	—	

Telephone Landlord | Tenant — Branch

K. LIGHTS

DAYLIGHT	Service Vehicle	Other Vehicle	WARNING	UN-NECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
[illegible]	NOT LIT	NOT LIT				

L. SPEED OF VEHICLE

Service	Other	NON BUILT UP AREA	Traffic LIGHT	ROAD SURFACES	WET	BAD	STRAIGHT	TRAFFIC LIGHTS	Visibility
Stationary m.p.h.	Not Known m.p.h.		[illegible]		[illegible]	[illegible]	[illegible]	TRAFFIC SIGNS	CLEAR [illegible]

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. .....

Address .....

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by work or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene

Insert here Initials of Command

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

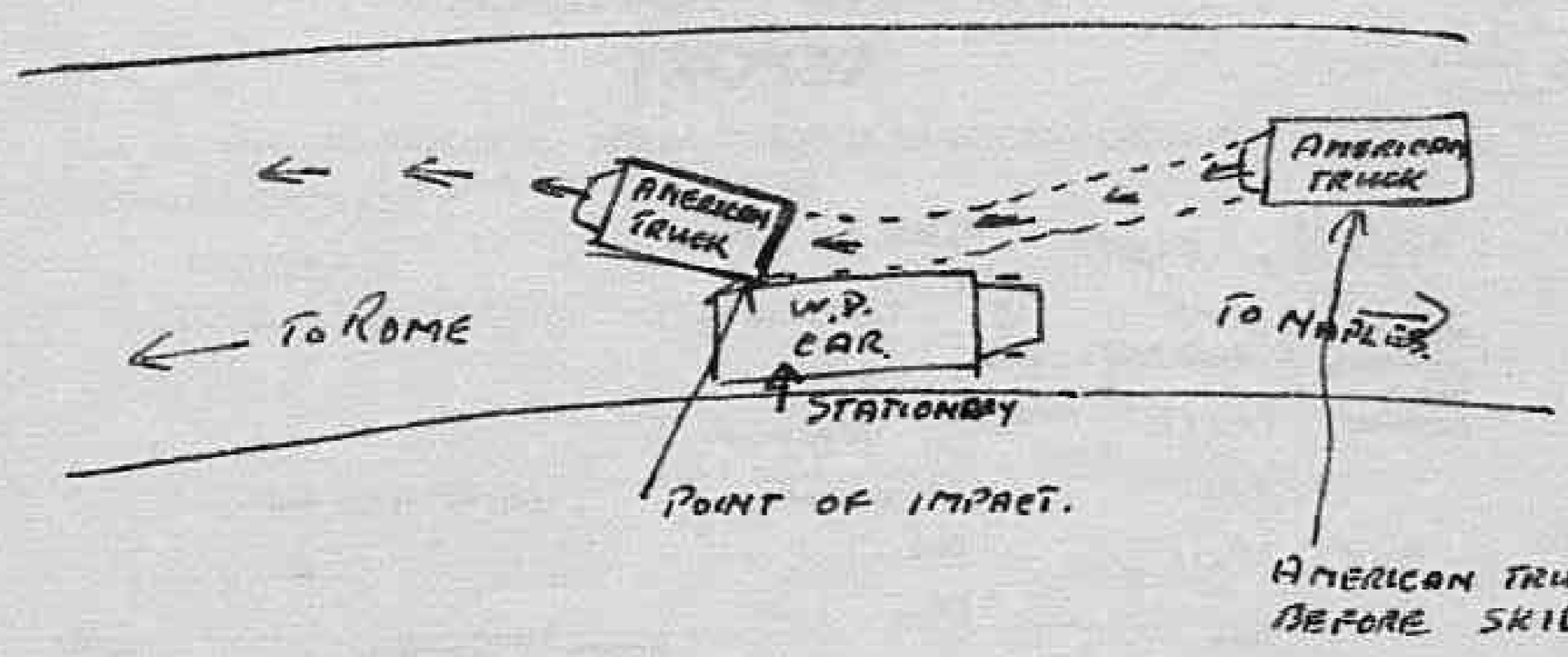
[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.

Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



AMERICAN TRUCK DID NOT STOP.

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day	
	VINCENT MICHELE. Rank FRENCH Civilian Occupation —	—	ADVISORY COUNCIL OF ITALY	Civilian 1 - Service 2 -	-	23	—	
O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P	RIGHT HAND DRIVE	Present Location of Vehicle	
	M.5194515	SALOON	6 STR	HUMBER.			WORKSHOPS 353 Coy. (ARTY) RASC.	
	If a motor-cycle, were all those on it wearing crash helmets ?		(See A.C.I.2287/1941)					
P. JOURNEY	~~Army Form G.1518~~ was signed by U.S. W.D. FORM 48 SGT ADLANI. If none signed, reason must be given in Driver's Statement	~~A.F.G.1818~~ W.D. FORM 48 Serial No — Date 30/9/44	From ROME To NAPLES.	Journey	Nature of Duty CONVEYING PERSONNEL.	LOADED	Map reference of scene of accident NOT KNOWN	

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal advisor. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 2/10/1944 Driver's Signature V. Michel Vincent (This must be in Driver's handwriting, not typed)

O. UNIT	Name	Address	Telephone	Unit's file reference	Command	
	ADVISORY COUNCIL OF ITALY.	30 PIAZZA. MONTE SAVELLO. ROME.	566193	AAC/30/1	ROME ALLIED AREA.	
R. HIRED VEHICLE See A.C.I. para. /	Hired through / (R.A.S.C. Unit)	Contractor's Name & Address / Telephone /	Name & Address of Insurance Co. (if applicable) /	Insurance Cert. No. / or Policy No.	Rate of Hire per day /	
S. DAMAGE TO SERVICE or HIRED VEHICLE	LEFT HAND REAR MUDWING DAMAGED		Will probably be repaired by :— 353 Coy. (ARTY) RASC.		No. of Vehicles on charge to Unit 2	

	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.		Present Location of Vehicle
SERVICE or HIRED VEHICLE	M.5194515	SALOON	6 STR	HUMBER.		RIGHT HAND DRIVE	WORKSHOPS 353 Coy. (ARTY) R.A.S.C.

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I.2287/1941)

P. JOURNEY

~~Amplaform G3518~~ was signed by U.S. W.D. FORM 48 SGT ADLANI. If none signed, reason must be given in Driver's Statement

A.F.G.1918 W.D. FORM 48 Serial No. — Date 30/9/44

Journey From	To	Nature of Duty	LOADED	Map reference of scene of accident
ROME	NAPLES.	CONVEYING PERSONNEL.		NOT KNOWN

6 ins. I

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 2/10/1944 Driver's Signature Richard Vincent (This must be in Driver's handwriting, not typed)

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	ADVISORY COUNCIL OF ITALY.	30 PIAZZA. MONTE SAVELLO. ROME.	566193	AAC/30/1	ROME ALLIED AREA.

R. HIRED VEHICLE See A.C.I. para.	Hired through (R.A.S.C. Unit)	Contractor's Name & Address / Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day
	/	/	/	/	/

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	(in greatest detail)	Will probably be repaired by :— (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit
	LEFT HAND REAR MUDWING DAMAGED.	353 Coy. (ARTY) R.A.S.C.	9.

T. I certify that the Service Vehicle was being driven	ON DUTY	~~NOT ON DUTY~~	Name of Officer who gave authority for Issue of ~~A.F.G.3518~~ W.D. FORM 48.	ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame
			CAPT REGGIO.		NIL	—

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of Injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
	Put cross to those required. References are to Sections overleaf.																

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility
(Only to be completed on copy sent to H. her Authority)

X. Punishment awarded

U. Signature of O.C. Unit [signature] Disciplinary Action Approved

Date 2/9/1944 194

All copies should be signed and dated → Signature of Brigade or other Commander

V. First Copy sent to A.D. Claims Comd. on 194 194

Y. Second Copy sent to next Higher Authority, namely : on 194 Signature of Divisional Commander. 194

Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland to : 2, Malone Park, Belfast.)
Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.
Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic Act liability only ; (iv) the amount of the excess (if any).

Copy 4

I was returning to Piazza
Mont Savello with my vehicle
Humber N° 5794556 at about
21·30h. 3/11/44. and was
crossing the Via Dell Impero.
from Piazza Cavetta and
was almost across the
Via Dell Impero when I felt
a bump at the rear of
my vehicle. I immediately
stopped but the other vehicle
which had hit me drove
off before I could get
any particulars. It was
dark and my vehicle was
lit. I am not sure
but I think the driver of
the other vehicle was a Military
Policeman. Signed Borsi. F.

527

Army Form A3676
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I.1312 1940
Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A.	Date.	Time	Place.	Surname of Service Driver	No. of Service Vehicle.
ACCIDENT.	3/11/44	21·30	Junction of Road from Via Cavour & Via Del Impero. County	BONSI.	3794336.

B.	Lorry / ~~Motor Car~~ / ~~Motor Cycle~~ / ~~Bicycle~~ / ~~Horse Van~~	Make	H.P.	Registration No.	Name and address of Insurance Co.	Insurance Certificate
OTHER VEHICLE.		NOT KNOWN	Year —	—	—	No. / or Policy No. /

C.	Name	Driving Licence	Address and Occupation	Telephone
DRIVER OF OTHER VEHICLE	NOT KNOWN.	Date / No.	/	/

D.	Name	Address and Occupation	Telephone
OWNER OF OTHER VEHICLE	NOT KNOWN	—	—

E.	Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	1. MIL	/	/	/	*Slight / Serious / Fatal*	/
	2.				*Slight / Serious / Fatal*	
	3.				*Slight / Serious / Fatal*	

F.	Name	Address	Telephone	Age approx.	Occupation
WITNESSES Name, address etc., of every person present must be obtained.	1. /	—	—	—	—
	2.				
	3.				

G. (in greatest detail possible) — Can be seen at

APPARENT DAMAGE TO OTHER VEHICLE: NOT KNOWN. /

(Note any previous defects) — Telephone 527 /

H.	HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
INJURY TO ANIMALS	POULTRY	PIG		STRAYING				
	SHEEP	DOG						

I.	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant
DAMAGE TO PROPERTY	/	/	/		/

Police Station — A — Name — Association

If the latter, give Service, number and Unit. 2. 3.

Fatal / Slight / Serious / Fatal

F. WITNESSES Name, address etc., of every person present must be obtained.

Name	Address	Telephone	Age approx.	Occupation
1.				
2.				
3.				

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible) — Can be seen at

Not Known.

(Note any previous defects)

Telephone 527!

H. INJURY TO ANIMALS

HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG		STRAYING				
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord	Tenant

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.						Branch	

K. LIGHTS

NIGHT	Service Vehicle	Other Vehicle	WARNING	UNNECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
	LIT	LIT				

L. SPEED OF VEHICLE

Service	Other	BUILT UP AREA	Traffic	ROAD SURFACES	DRY	GOOD	CROSS ROADS	TRAFFIC LIGHTS / TRAFFIC SIGNS	Visibility
5 m.p.h.	Not Known m.p.h.		LIGHT						CLEAR

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ..... Address .....

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by work or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene

Insert here Initials of Command

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place
ACCIDENT			

This slip is handed you for your convenience and is not to be taken as an admission of liability.

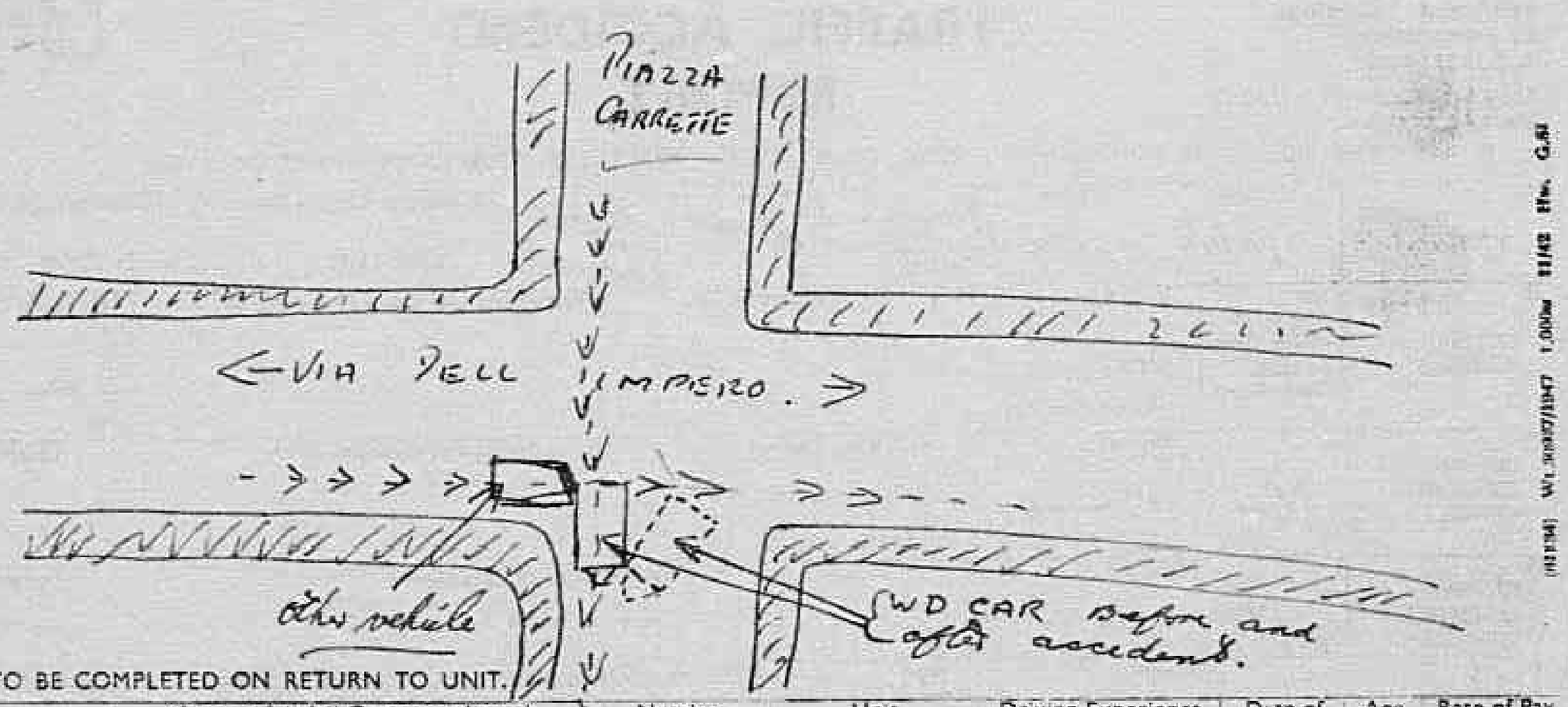
[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.

Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



TO BE COMPLETED ON RETURN TO UNIT.

N.	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
SERVICE DRIVER	BONSI. FRANCO. Rank ITALIAN Civilian Occupation	—	ALLIED ADVISORY COUNCIL.	Civilian 2 / — Service —	—	21	80 LIRA.

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
SERVICE ~~or HIRED~~ VEHICLE	5194556	SALOON	6 SEATER	HUMBER. 24		[redacted]	30 PIAZZA MONTE SAVELLO.

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 2287/1941)

P. JOURNEY	Army Form [redacted] 48 was signed by	~~Particulars~~ W.D. FORM 48	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
W. D.	W. ENGLISH. If none signed, reason must be given in Driver's Statement	Serial No — Date 3/11/44	From RUSSIAN DEL. To PIAZZA MONTE SAVELLO	OFFICIAL BUISNESS		—

6 ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 4/11/ 194 4 Driver's Signature BONSI. F.

(This must be in Driver's handwriting, not typed).

Q.	Name	Address	Telephone	Unit's file reference	Command
UNIT	ALLIED ADVISORY COUNCIL.	30 PIAZZA MONTE SAVELLO. ROME.	566193	AACI/4/1	RAC

R. HIRED VEHICLE See A.C.I. para	Hired through (R.A.S.C. Unit)	Contractor's Name & Address / Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day
	—	—	—	—	—

S.		Will probably be repaired by :—	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or HIRED VEHICLE and/or	Right hand rear mudwing dented. Wheel Disc bent	353 Coy (RASC) (ARTY)	1

Rank ITALIAN Civilian Occupation COUNCIL. Service

O. SERVICE ~~or HIRED~~ VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
5194556	SALOON	6 SEATER	HUMBER.	24		30 PIAZZA MONTE SAVELLO.

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I.2287/1941)

P JOURNEY — W.D. Army Form ~~48~~ was signed by W. ENGLISH. (If none signed, reason must be given in Driver's Statement)

W.D. FORM 48 Serial No. — Date 3/11/44

Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
From RUSSIAN DEL. To PIAZZA MONTE SAVELLO	OFFICIAL BUISNESS		—

6 ins. I declare that the above particulars and my signed statemant are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 4/11/ 194 4 Driver's Signature BONSI. F. (This must be in Driver's handwriting, not typed).

O. UNIT

Name	Address	Telephone	Unit's file reference	Command
ALLIED ADVISORY COUNCIL.	30 PIAZZA MONTE SAVELLO. ROME.	566193	AACI/4/1	RASC

R. HIRED VEHICLE See A.C.I. para.

Hired through (R.A.S.C. Unit)	Contractor's Name & Address / Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED

Right hand rear mudwing dented. Wheel Disc bent

(In greatest detail)

Will probably be repaired by :— 353 Coy (RASC) (ARTY)

(Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit: 9.

T. I certify that the Service Vehicle was being driven ON DUTY / ~~NOT ON DUTY~~

Name of Officer who gave authority for issue of ~~W.D. 48~~ W.D. 48. CAPT. RIGGIO.

ON ITS ~~AUTHORIZED~~ ROUTE

Number of previous accidents in which Driver has been : concerned Nil | to blame —

T 2. It is essential that A.D. Claims furnish me with

Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3

Put cross to those required. References are to Sections overleaf.

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility
(Only to be completed on copy sent to Higher Authority)

X. Punishment awarded

Italian Civilian Driver.

U. Signature of O.C. Unit

Date 194

All copies should be signed and dated.

V. First Copy sent to A.D. Claims Comd. on 194

Y. Second Copy sent to next Higher Authority, namely : or 194

Z. Disciplinary Action Approved 194

Signature of Brigade or other Commander 194

Signature of Divisional Commander 194

Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland to : 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged the following information should be given :—(i) the name and address of the Insurance Company : (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic Act liability only ; (iv) the amount of the excess (if any).

Statement By Bonar. F. 3

I was returning to Piazza Mario Savello with my vehicle Number No 5191536 at about 21.30h on 3/11/44. and was crossing the via Dell Impero from Piazza Cavette and was almost across the Via Dell Impero, when I felt a bump at the rear of my vehicle I immediately stopped and the other vehicle which had hit me drove off before I could get any particulars. It was dark and my vehicle was not damaged. I was not sure, but I think the driver of the other vehicle was a military Policeman.

Signed 5273

Bonar Thomas

3A

Army Form A3676
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312/1940

Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT.	Date.	Time	Place. County —	Surname of Service Driver	No. of Service Vehicle.
	3/11/44	21.30	JUNCTION OF ROAD FROM VIA CAVOUR TO VIA DELL IMPERO.	BONSI.	5194556.

B. OTHER VEHICLE	Lorry / ~~Motor Car~~ / ~~Motor Cycle~~ / ~~Bicycle~~ / ~~Horse Van~~	Make	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. / or Policy No.
		NOT KNOWN	—	—	—	—

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	NOT KNOWN	—	—	—

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone
	NOT KNOWN	—	—

E. INJURED PERSONS State whether civilian or in Armed Forces, if the latter, give Service, number and Unit.		Name	Age (approx.)	Address and Occupation	Telephone	Injury Slight / Serious / Fatal	Hospital (if known)
	1.						
	2.	NIL	—	—	—	—	—
	3.						

F. WITNESSES Name, address etc., of every person present must be obtained.		Name	Address	Telephone	Age approx.	Occupation
	1.					
	2.	—	—	—	—	—
	3.					

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible) — Can be seen at

NOT KNOWN. —

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IT was not will not have to be KILLED	Telephone NAME & ADDRESS of OWNER or OCCUPIER
	—	—	—	—	—	—	—	5272
	POULTRY	PIG						
	—	—						
	SHEEP	DOG						
	—	—						

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisi-
	—	—	—	—

number and Unit. 3. Fatal

F. WITNESSES Name, address etc., of every person present must be obtained.

	Name	Address	Telephone	Age approx.	Occupation
1.					
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible) — Can be seen at

No; Known.

(Note any previous defects)

H. INJURY TO ANIMALS

HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IT was not will not have to be KILLED
POULTRY	PIG					
SHEEP	DOG					

Telephone NAME & ADDRESS of OWNER or OCCUPIER

527

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned

Telephone Landlord | Tenant

J. POLICEMAN

Name / No.	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association / Branch	He did NOT see accident

K. LIGHTS

DAYLIGHT / NIGHT	Service Vehicle LIT	Other Vehicle LIT	WARNING	UN NECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service	Other		Traffic	ROAD SURFACES				TRAFFIC LIGHTS / TRAFFIC SIGNS	Visibility
5. m.p.h.	Not Known m.p.h.	BUILT UP AREA	LIGHT	DRY		GOOD	CROSS ROADS		CLEAR

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ..... Address .....

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						
ACCIDENT	Date	Time		Place		

This slip is handed you for your convenience and is not to be taken as an admission of liability.

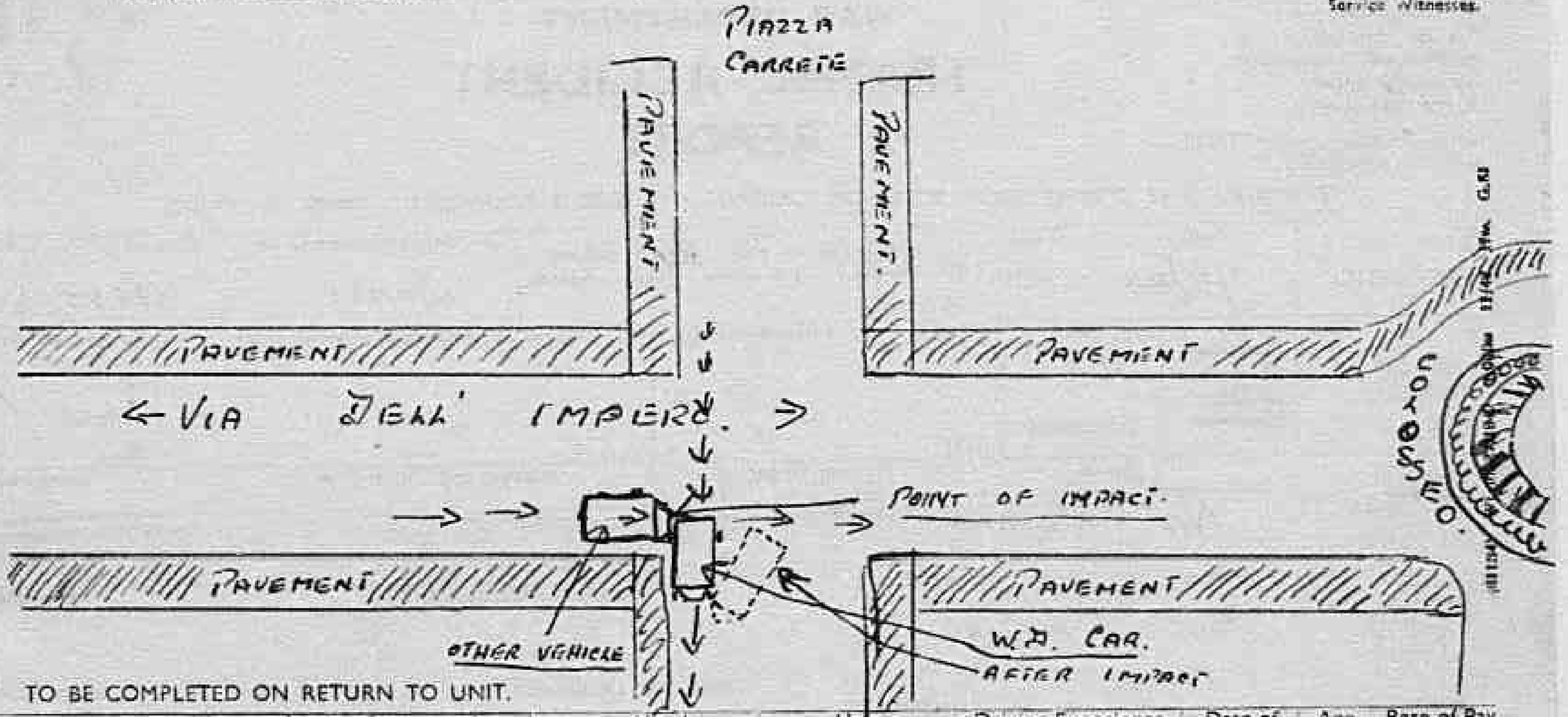
[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.

Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



TO BE COMPLETED ON RETURN TO UNIT.

N.	Name in full (all Christian Names)	Number	Unit	Driving Experience	Date of entry into Service	Age	Rate of Pay per day
SERVICE DRIVER	BONSI. FRANCO.	—	ALLIED ADVISORY COUNCIL	Years 2 Mths 4 Civilian Service —	/	21	80 LIRA
	Rank ITALIAN. ~~Civilian Occupation~~						

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
SERVICE or HIRED VEHICLE	5194556.	SALOON	6 SEATER	HUMBER. 24			30 PIAZZA MONTE SAVELLO. ROME.
	If a motor-cycle, were all those on it wearing crash helmets?			(See A.C.I. 2287/1941)			

P.			Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
JOURNEY	U.S. Army Form [redacted] was signed by 48. W. ENGLISH.	[redacted] WD FORM 48 Serial No. — Date 3/11/44	From RUSSIAN DELEGATION PIAZZA. To MONTE SAVELLO	OFFICIAL BUISNESS		/
	If none signed, reason must be given in Driver's Statement					

6 ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal advisor. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 4/11/ 1944 Driver's Signature Bonsi Franco

(This must be in Driver's handwriting, not typed).

Q.	Name	Address	Telephone	Unit's file reference	Command
UNIT	ALLIED ADVISORY COUNCIL FOR ITALY.	30 PIAZZA MONTE SAVELLO. ROME.	566193.	AACI/4/1	ROME AREA COMMAND.

R.	Hired through	Contractor's Name & Address	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. / or Policy No.	Rate of Hire per day
HIRED VEHICLE See A.C.I. ... para. ...	/ (R.A.S.C. Unit)	/ Telephone	/	/	/

S.		Will probably be repaired by :—	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or HIRED	RIGHT HAND REAR MUDWING DENTED and Door Bent.	353 Coy. (RASC) (ARTILLERY)	

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / HAND DRIVE	Present Location of Vehicle
	5194556.	SALOON	6 SEATER	HUMBER.	24		30 PIAZZA MONTE SAVELLO. ROME.

if a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I.2237/1941)

P. JOURNEY	U.S. Army Form [redacted] was signed by	[redacted] WD FORM 48. Serial No. —	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
	48. W. ENGLISH.	Date 3/11/44	From RUSSIAN DELEGATION PIAZZA. To MONTE SAVELLO	OFFICIAL BUISNESS		/

If none signed, reason must be given in Driver's Statement

6 ins.

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 4/11/ 1944 Driver's Signature [signature] (This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	ALLIED ADVISORY COUNCIL FOR ITALY.	30 PIAZZA MONTE SAVELLO. ROME.	566193.	AACI/4/1	ROME AREA COMMAND.

R. HIRED VEHICLE See A.C.I. para	Hired through (R.A.S.C. Unit)	Contractor's Name & Address / Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day
	/	/	/	/	/

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	(In greatest detail)	Will probably be repaired by :— (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit
	RIGHT HAND REAR MUDWING DENTED, wheel Dese Bent.	353 Coy. (RASC) (ARTILLERY)	9.

T. I certify that the Service Vehicle was being driven	ON DUTY	NOT ON DUTY	Name of Officer who gave authority for issue of [redacted] W.D. 48.	ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame
		X	CAPT RICCIO.	[redacted]	NIL	/

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of Injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
	/	/	/	/	-	/	-	-	/		/	/			/	/	

Put cross to those required. References are to Sections overleaf.

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded
ITALIAN CIVILIAN DRIVER.

U. Signature of O.C. Unit

Date 4/11/1944
All copies should be signed and dated.

V. First Copy sent to A.D. Claims Comd.
on 194

Y. Second Copy sent to next Higher Authority, namely :
on 194

Z. Disciplinary Action Approved
194

Signature of Brigade or other Commander
194

Signature of Divisional Commander
194

Signature of Corps Commander

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland to : 2, Milone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic Act liability only ; (iv) the amount of the excess (if any).

Statement Re Accident

I was proceeding with my vehicle. Number 5194515 along the Via Eliana and came to the junction of Corso Trento, I blew my horn and proceeded to cross the Corso Trento, when a Utility car driven by Lt Pande came along and could not get out of the way to the left and greasy surface of the road. Thereby hitting my vehicle on the front right hand mudguard.

Signed

5271

Army Form A3576
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312/1940

Cross out those words in ITALICS which do not apply.

Copy 9A

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT.	Date.	Time	Place.	Surname of Service Driver	No. of Service Vehicle.
	28/11/44	15·45	~~County~~ CORSO TRIESTE ROMIE.	MICHEL	5194515

B. OTHER VEHICLE.	~~Lorry~~ Motor Car ~~Motor Cycle~~ ~~Bicycle~~ ~~Horse Van~~	Make	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy No.
		UTILITY 2 STR	10 / —	5244508.	W. D.	/

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	LT C.W. TINDER.	/	76 SECTION. SPECIAL INVESTIGATION BRANCH C.M.P.	—

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone
	W. D.	—	/

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
	1. /			/	*Slight Serious Fatal*	/
	2. NIL	/	/	/	*Slight Serious Fatal*	/
	3. /			/	*Slight Serious Fatal*	/

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. MR MIRKO RASHNITZEER.	YUGOSLAV DELEGATION. ROME.	878078	/	SECRETARY.
	2. —		/	/	

G. APPARENT DAMAGE TO OTHER VEHICLE	(in greatest detail possible)	Can be seen at
	SLIGHT DENT IN MUDWING.	24 VIA PILOTA ROME.

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE /	COW /	How many	LED STRAYING	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG						
	SHEEP	DOG						

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord	Tenant
	/	/	/	/		5270

J.	Name	Police Station	A	Name	Association

give Service, number and Unit.

2.

3.

Slight / Serious / Fatal

F. WITNESSES Name, address etc., of every person present must be obtained.

Name	Address	Telephone	Age approx.	Occupation
1. MR MIRKO RASHNIZEER.	YUGOSLAV DELEGATION. ROME.	878078		SECRETARY.
2.				
3.				

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible)

SLIGHT DENT IN MUDWING.

Can be seen at 24 VIA PILOTTA ROME.

Telephone —

(Note any previous defects)

H. INJURY TO ANIMALS

HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IT was not / will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG						
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord	Tenant
					527

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.						Branch	

K. LIGHTS

DAYLIGHT / ~~NIGHT~~	Service Vehicle	Other Vehicle	WARNING	~~USE~~ NECESSARY	~~USED~~ GIVEN BY ME	~~USED~~ GIVEN BY OTHER
	NOT LIT	NOT LIT				

L. SPEED OF VEHICLE

Service	Other	~~NON~~ BUILT UP AREA	Traffic: LIGHT / DENSE	ROAD SURFACES	~~DRY~~ WET	~~GOOD~~ FAIR ~~BAD~~	~~STRAIGHT~~ BEND CROSS ROADS	~~TRAFFIC LIGHTS~~ TRAFFIC SIGNS	Visibility: ~~CLEAR~~ ~~GOOD~~ RAIN
15 m.p.h.	15 m.p.h.								

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ..... Address .....

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by work or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place
ACCIDENT			

This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service witnesses.

From perforation at bottom to top of page is 1 foot.

(81184) Wt. 28827/1947 1,600m 11/48 Hw. G.&S.

TO BE COMPLETED ON RETURN TO UNIT.

N.	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
SERVICE DRIVER	MICHEL. VINCENT Rank FRENCH Civil Requisition	434	ADVISORY COUNCIL FOR ITALY	Civilian 3 / – Service	1942	28	12/-

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle
SERVICE ~~or HIRED~~ VEHICLE	M. 5194515	SALOON.	6 SEATER	HUMBER.			353 Coy. R.A.S.C. (ARTY) WORKSHOPS.

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I.2287/1941)

P.	~~Army Form G.3518~~ was signed by	~~A.F.G.3518~~	Journey	Nature of Duty	LOADED	Map reference of scene of accident
JOURNEY	W.D. " 48 W. ENGLISH. If none signed, reason must be given in Driver's Statement	W.D. 48. ~~Serial No.~~ Date 28/11/44	From ROME To AREA.	OFFICIAL BUISNESS		—

6 ins.

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 28/11/1944 Driver's Signature M. Vincent (This must be in Driver's handwriting, not typed).

Q.	Name	Address	Telephone	Unit's file reference	Command
UNIT	ADVISORY COUNCIL FOR ITALY	44 VIA DI- CROCIFERI. ROMA.	62255	ACI/1/28	ROME ALLIED AREA

R.	Hired through	Contractor's Name & Address	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day
HIRED VEHICLE See A.C.I. para.	(R.A.S.C. Unit)	Telephone			

S.		Will probably be repaired by :—	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE ~~or HIRED~~ VEHICLE	LEFT HAND FRONT MUDWING DAMAGED. " " RUNNING BOARD " " " FRONT WHEEL "	353 Coy. R.A.S.C. (ARTY)	0

~~SERVICE or HIRED~~ VEHICLE | M. 5194515 | SALOON. | Capacity 6 SEATER | HUMBER. | HAND DRIVE | 353 Coy. R.A.S.C. (ARTY) WORKSHOPS.

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 2287/1941)

P. JOURNEY

~~Army Form G3518~~ was signed by W.D. " 45 W. ENGLISH. If none signed, reason must be given in Driver's Statement

~~A.F.G.3518~~ W.D. 45. ~~Serial No.~~ Date 28/11/44

Journey: From ROME To AREA.

Nature of Duty: OFFICIAL BUISNESS

~~LOAD~~ LOADED

Map reference of scene of accident: —

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal advisor. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 28/11/1944 Driver's Signature [signature] (This must be in Driver's handwriting, not typed).

O. UNIT | Name: ADVISORY COUNCIL FOR ITALY | Address: 44 VIA DI - CROCIFERI. ROMA. | Telephone: 62255 | Unit's file reference: ACI/1/28 | Command: ROME ALLIED AREA

R. HIRED VEHICLE (See A.C.I. para.) | Hired through (R.A.S.C. Unit) | Contractor's Name & Address / Telephone | Name & Address of Insurance Co. (if applicable) | Insurance Cert. No. or Policy No. | Rate of Hire per day

S. DAMAGE TO SERVICE ~~or HIRED~~ VEHICLE ~~and or LOAD CARRIED~~

LEFT HAND FRONT MUDWING DAMAGED.
" " RUNNING BOARD "
" " FRONT WHEEL "

(In greatest detail)

Will probably be repaired by :— 353 Coy. R.A.S.C. (ARTY)

(Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit: 9.

T. I certify that the Service Vehicle was being driven: ON DUTY / ~~NOT ON DUTY~~

Name of Officer who gave authority for issue of ~~A.F.G.3518~~ W.D. 45. CAPT RICCIO.

~~NOT~~ ON ITS AUTHORIZED ROUTE

Number of previous accidents in which Driver has been : concerned 1 . to blame NIL.

T.2. It is essential that A.D. Claims furnish me with

Police Report	Inquest Depositions	Statements of Injured Persons E.1 E.2 E.3	Statements of Witnesses F.1 F.2 F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of injured E.1 E.2 E.3	Of Witnesses F.1 F.2 F.3
					/	/	—	

Put cross to those required. References are to Sections overleaf.

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility (Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 28/11/1944 All copies should be signed and dated.

V. First Copy sent to A.D. Claims Comd. on 194

Y. Second Copy sent to next Higher Authority, namely : on 194

Z. Disciplinary Action Approved 194

Signature of Brigade or other Commander 194

Signature of Divisional Commander. 194

Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :— THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland to : 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic Act liability only ; (iv) the amount of the excess (if any).

Army Form A.2678
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312/1940

Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

1

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date: 26/4/45	Time: 15-00	Place: Via Valle Giulia. County	Surname of Service Driver: [redacted] Pike.	No. of Service Vehicle: 5194556.

B. OTHER VEHICLE	~~Lorry~~ ~~Motor-Car~~ ~~Motor-Cycle~~ Bicycle ~~Horse-Van~~	Make: Globia	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. / or Policy No.

C. DRIVER OF OTHER VEHICLE	Name: Marcello De Colombo	Driving Licence Date / No.	Address and Occupation: 96 Via Germanico	Telephone: —
D. OWNER OF OTHER VEHICLE	Name: as above		Address and Occupation: as above	Telephone: —

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury: Slight [redacted] / Slight Serious Fatal / Slight Serious Fatal	Hospital (if known)
	1. [redacted]					
	2. as above Civilian		as above			Hil
	3.					5[illegible]

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. Coloma	Via Francesco Crispi 64	486904		
	2. Rosebba				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE (In greatest detail possible)

Front badly twisted
Front wheel twisted.
Pedal broken

Can be seen at as above. address.

H. INJURY TO ANIMALS (Note any previous defects)

HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG		STRAYING				
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone: Landlord / Tenant

J. Name | Police Station | A | Name

Declassified E.O. 12356 Section 3.3/NND No. 785016

2032

Name, address etc., of every person present must be obtained.			
1. Belvane	Via Francesco Crispi		
2. Roseabba	64	486904	
3.			

G. APPARENT DAMAGE TO OTHER VEHICLE (In greatest detail possible) — Frame badly twisted. front wheel twisted. Pedal broken (Note any previous defects)

Can be seen at: as above address. Telephone

H. INJURY TO ANIMALS

HORSE	COW	How many	LED	Condition	Injuries	IT was not / will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG		STRAY-ING				
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisi-tioned	Telephone
				Landlord / Tenant

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.						Branch	

K. LIGHTS

DAYLIGHT	Service Vehicle	Other Vehicle	WARNING	NECESSARY	GIVEN BY ME	NOT GIVEN BY OTHER
[redacted]	NOT LIT	NOT LIT		[redacted]	[redacted]	

L. SPEED OF VEHICLE

Service	Other	NON BUILT UP AREA	Traffic	ROAD SURFACE				TRAFFIC LIGHTS	Visibility
10 m.p.h.	10 m.p.h.		LIGHT [redacted]	DRY [redacted]	FAIR [redacted]	[redacted] CROSS ROADS BEND		TRAFFIC SIGNS	CLEAR [redacted]

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. .... Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

SERVICE	Name	Rank	Number	Unit	Vehicle No.	Code
DRIVER						
ACCIDENT	Date	Time		Place		

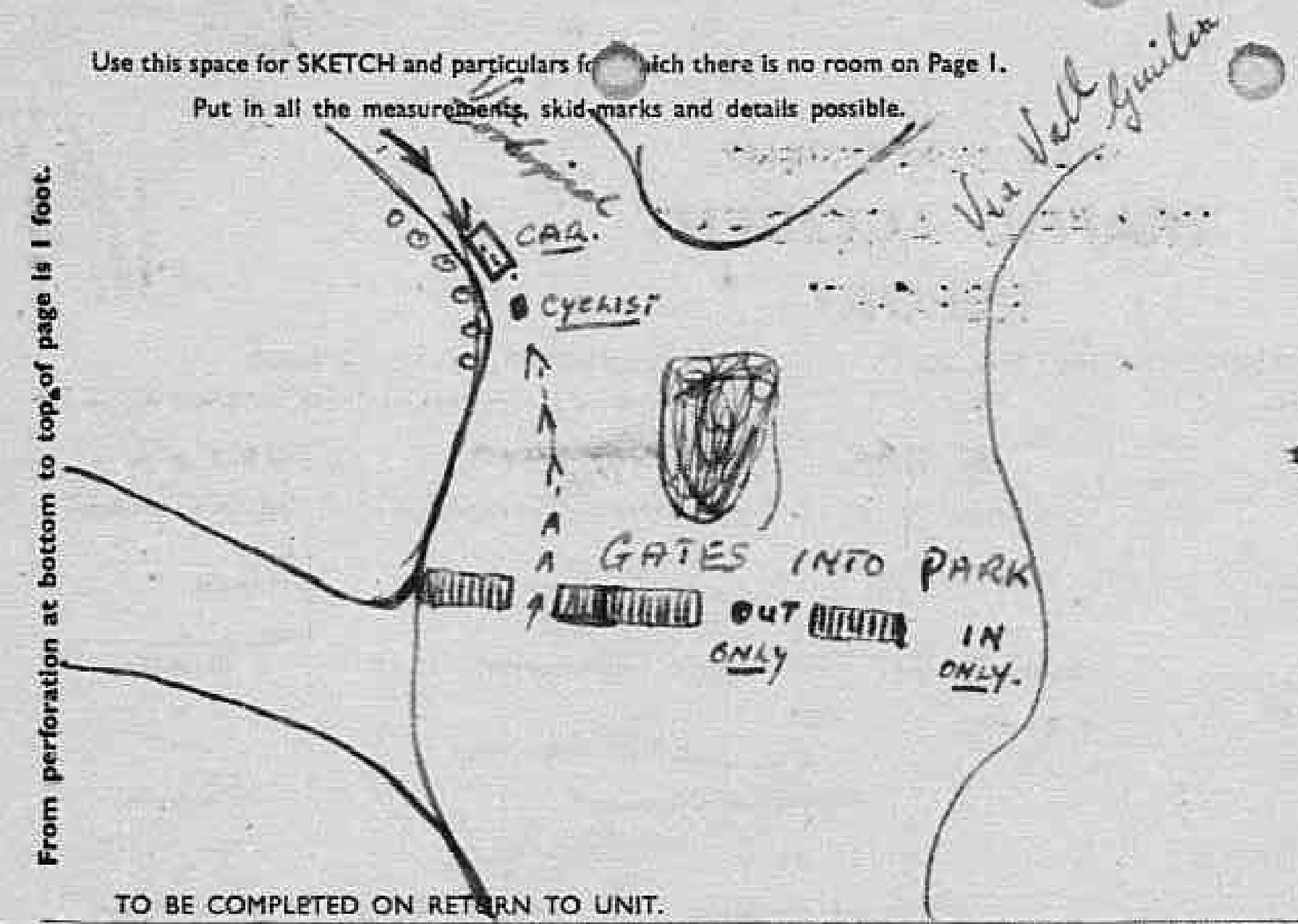
This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



Wt 45908/886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) Rank Civilian Occupation	Number	Unit	Driving Experience Years Mths. Civilian Service	Date of entry into Service	Age	Rate of Pay per day
	Daniello Ret	—	advisory council for Italy				
O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
	5194556	Saloon	6 Seats	Humber	29		44 Via Di Gracchi
	If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 2287/1941)						
P. JOURNEY	~~Army Form B 118~~ was signed by	Serial No.	Journey From	To	Nature of Duty	LOADED	Map reference of scene of accident
	WD FORM 48	AND 48					
	If none signed, reason must be given in Driver's Statement	Date 26/4/45	Rome	Caserta	Official Business		

Ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be deemed necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at any date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date ..... 19 Driver's Signature .....
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	Advisory Council, Col Italy	44 Via Di Gracchi	66521	AC1/1/26	Rome area

R. HIRED VEHICLE See A.C.I. para.	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD		Will probably be repaired by :—	No. of Vehicles on charge to Unit
	Negligable	N/A	9

SERVICE or HIRED VEHICLE	Reg. No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
	5194556	Saloon	6 seats	Humber	29		44 Via De Gracchi

If a motor-cycle, were all those on it wearing crash helmets ?..... (See A.C.I. 2287/1941)

P. JOURNEY	Army Form [redacted] was signed by	A.F.G. 3518	Journey	Nature of Duty	LOADED	Map reference of scene of accident
	WD Form 48 [signature] If none signed, reason must be given in Driver's Statement	W.D. 48 Serial No.— Date 26/4/45	From [illegible] To " Consulate	Official Business		

Ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be deemed necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at any date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date..... 194 Driver's Signature.....
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	Advance Command Cor Italy	44 Via De Gracchi	65521	AC1/1/26	Rome area

R. HIRED VEHICLE See A.C.I. para.....	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone.....	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No..... or Policy No.....	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	(In greatest detail)	Will probably be repaired by :— (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit
	Rear Gable	N/A	8

T. I certify that the Service Vehicle was being driven	ON DUTY	NOT ON DUTY	Name of Officer who gave authority for issue of A.F.G.3518	ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame
			Capt Riggio			

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
	Put cross to those required.		References are to Sections overleaf.														

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

Nil.

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

V. First Copy sent to A.D. Claims..... Comd.
on 194

Y. Second Copy sent to next Higher Authority, namely :
.....
on 194

Z. Disciplinary Action Approved
..... 194
Signature of Brigade or other Commander.

..... 194
Signature of Divisional Commander.

..... 194
Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

2035

... to be handed to driver involved (or police officer) to fill in and return to Service driver.

Date Data Datum	14/4/45	Time Ora Zeit	14.30	Place Luogo Ort	PIAZZA EPIRO			
				Parish of (Comune di) (Bezirk)			Provincia di	
Civilian Vehicle Veicolo Civile Ziviler Wagen	Type Art	TRAM	H.P. C.V. Pferde-stärke	ELECT	Make Marca Marke	—	Year Anno Jahr	—
	No. Numero Nr.	2045	Insurance Co. Compagnia d'Assicurazione Versicherungs-Gesellschaft					
Civilian Driver Conducente Civile Ziviler Fahrer	Name Nome Name	COLASANTI ERNESTO.	Address and Profession Indirizzo e Mestiere Anschrift und Beruf	VIA APPIA 37 TRAM DRIVER.	Telephone Telefono Fernsprecher	—	Driving Licence Permesso di Condurre Führerschein No. Nr. — Date Datum —	
Owner of Vehicle Proprietario del Veicolo Besitzer des Wagens	Name Nome Name	A.T.A.A.	Address Indirizzo Anschrift	[redacted]	Telephone Telefono Fernsprecher		Profession Mestiere Beruf	

	Names Nomi Namen	Address and Profession Indirizzo e Mestiere Anschrift und Beruf	Telephone Telefono Fernsprecher	Age Età Alter	Sex Sesso Geschlecht	Injury Danno Beschädigung
Injured Persons Persone Colpite Beschädigte Personen	1					L Slight Leggero Leicht
	2					G Grave Grave Schwer
	3					F Fatal Fatale Tödlich

	Names Nomi Namen	Address Indirizzo Anschrift	Telephone Telefono Fernsprecher	Profession Mestiere Beruf
Witnesses Testimonianze Zeugen	1			
	2			
	3			

Damage to Vehicle Danno al Carro Beschädigung des Wagens		(See over) (Rivergi) (Bitte wenden)

Part B.

	Date Data Datum	Time Ora Zeit	Place Luogo Ort
Accident Accidente Unfall	10/4/45	1430	Parish of (Comune di) (Bezirk) Provincia di

	Number Matricola	Rank Grado Dienstgrad	Name Nome Name	No. of Service Vehicle Numero del Carro Militare Nr. des militärischen Fahrzeuges
Service Driver Conducente Militare Militärischer Führer	[illegible]	Civilian	De Lalio.	5-194514

5268

Army Form A3681 (ENG-IT)
To be carried by every driver instead of:—
R.N.—Form D354
Army—A.F. A3676
R.A.F.—Form 446

TRAFFIC ACCIDENT SLIP

INSTRUCTIONS TO DRIVER

1. In the event of an accident, tear this Slip along the perforation.
2. Hand this part (Part A) to the civilian involved, or to the police officer, if any, in order that he may fill in the information required overleaf and below and return it to you. Make sure that he does this.
3. Fill in Part B and hand it to the civilian involved or to the police officer.
4. You must not disclose your unit or make a statement to the police or to anyone else.
5. You must not make use of the Accident Slip at the foot of A.F. A3676 (Revised August, 1942) or of R.A.F. Form 446.
6. Report the accident immediately on your return to your unit.

Animals or Property damaged
Animali o Beni danneggiati
Tiere oder Eigentum beschädigt

/

Owner Proprietario Besitzer	Name Nome e soprannome Vor-und Zuname	Address Indirizzo Anschrift
A.T.A.G.		
Police Officer Ufficiale Polizist	Name Nome e soprannome Vor-und Zuname No.(Nr.)	Address Indirizzo Anschrift

Sketch of Accident
Schizzo dell'Accidente
Skizze des Unfalls

Speeds: Service vehicle ..... Other vehicle .....
Velocità: Veicolo Militare ..... Altro Veicolo .....
Geschwindigkeit: Militärisches Fahrzeug ..... Anderes Fahrzeug .....

A.F. A3681 Part II B

1. Il civile che conduce il veicolo o quel nell'acciedente è richiesto a riempire e ritornare la soprascritta forma al conducente militare.
2. Il dare di questa carta non ammette che vi sarà compensazione. Se la persona danneggiata crede che è intitolato a ricevere compensazione fornirebbe tutti i particolari dell'accidente alla Polizia ed anche deve spedire una domanda per via di posta, avendo cura nal indicare tutti i particolari apparenti all'altro lato di questa forma.
3. Se qualchedung è stato fatto male, il nome, l'indirizzo, l'età, il mestiere e nota dei mali devono essere indicati. Anche si deve includere un indirizzo o luogo dove si può esaminare il colpito.
4. Se qualche carro è stato danneggiato, si darà la segiente informazione.
   1. Il nome e l'indirizzo della compagnia assicurante.
   2. Numero sulla assicurazione.
   3. Luogo per ispettare il veicolo.

Il Presidente
No. 4 Claims Commission

1. Der zivile Fahrer oder die im Unfall betreffende Person soll dieses Formular unter Rueckgabe dem militaerischen Fahrer ausfuellen.
2. Die Ueberreichung des Formulars berechtigt keineswegs eine Entschaedigung. Wenn der Beschaedigte glaubt, er sei zu einer Entschaedigung berechtigt, so soll er den auf der Rueckseite dieses Formulars befindlichen Fragebogen ausfuellen. Das ausgefuellte Formular soll der Polizei uebergeben werden; auch ein schriftliches Ersuchen ist durch Post zu befoerden.
3. Im Falle wo persoenlicher Schaden gelitten wird, so muessen Name, Alter, Beruf und Beschreibung der Beschaedigungen notiert werden, sowie die Adresse wo der Beschaedigte untersucht werden kann.
4. Im Falle wo ein Wagen beschaedigt wird, so soll die folgende Auskunft gegeben werden:
   1. Name und Adresse der Versicherungs-Gesellschaft.
   2. Nummer des Versicherungsscheins.
   3. Wo der Wagen besichtigt werden kann.

Der Praesident
No. 4 Claims Commission


2037

10000 / 119 / 119
(5268, 5303)

119 / 119
(5268, 5303)

ACCIDENTS
March 1944 - October 1945

IN REPLY REFER TO
FILE NO. 310-General(Accidents, Automobils)
JFH:eml

16

THE FOREIGN SERVICE
OF THE
UNITED STATES OF AMERICA

AIR MAIL

EMBASSY
AMERICAN CONSULATE
(Consular Section)
Rome, October 1, 1945

Captain Steve Riggio, AGD,
L & A Officer, ACI,
APO 394, U. S. Army.

Dear Captain Riggio:

In conformity with our telephone conversation today, I have pleasure in enclosing a copy of a letter to the United States Claims Service, Regional Office VI, APO 512, U. S. Army, together with a copy of a memorandum mentioned therein regarding the accident to the automobile (ACI, USA, No. 9), which is owned by the United States Government and is assigned to the Consular Section of the Embassy.

In connection with this matter I refer to your first indorsement to the communication to you dated September 18, 1945, from the United States Claims Service.

Sincerely yours,

J. F. Huddleston
American Consul

Enclosures:

From American Embassy to
U. S. Claims Service,
October 1, 1945;

Memorandum dated September
27, 1945.

310-General (Accidents, Automobile)
JFH:eml

164

EMBASSY
XXXXXXXXXXXX
(Consular Section)
Rome, October 1, 1945

United States Claims Service,
Regional Office VI,
APO 512, U. S. Army.

Sirs:

I refer to your communication dated September 18, 1945 (RFC.929) of which a copy is enclosed and in this connection, I enclose also a copy of a memorandum dated September 27, 1945 regarding the accident to the automobile (ACI USA, No. 9) which is owned by the United States Government and is assigned to the Consular Section of the Embassy.

Very truly yours,

J. F. Huddleston
American Consul

Enclosures:

From United States Claims Service, September 18, 1945;

Memorandum from American Embassy, September 27, 1945.

AMERICAN EMBASSY, Rome
(Consular Section)
September 27, 1945

MEMORANDUM

Subject: Accident to Automobile assigned to the Consular Section of the American Embassy, which occurred on August 11, 1945.

On Saturday, August 11, 1945, the chauffeur of this Consular Section, Fortunato Moniconcini, was ordered by Vice Consul Robert A. Griggs to take him to the entrance of the church of St. John Lateran. According to his statement, he was driving through Viale Manzone (about 5 p.m.) preceded by another automobile, behind which there was a man on a bycicle. The three vehicles were proceeding in the same direction on the right hand side of the street. Suddenly, and without making any signal, the cyclist turned to the left and in so doing barred the street to the chauffeur of the Embassy's car.

In order to avoid hitting the cyclist, the chauffeur turned sharply to the left but the cyclist who had not had time to clear the automobile, hit the right hand fender of the automobile with the front wheel of his bycicle. With the assistance of other persons, the cyclist, who complained of pains in his right leg, was helped into the automobile and taken to the Policlinico Hospital by Moniconcini. Moniconcini, knowing that Vice Consul Griggs was waiting for him, and not wishing to waste any further time, left the hospital without ascertaining the extent of the injuries, which he felt were not serious.

JFH:sml

15

ADVISORY COUNCIL FOR ITALY
Office of the R & A Officer
APO 394 U S Army

25 June 1945

Subject: Investigation of Accident

To : Commanding Officer, 2675th Regiment, AC.

1. In accordance with existing regulations request that an accident between U S Army Chevrolet No.164436 and U S Army Carryall No.20164926 be investigated by proper authority.

2. The accident occurred at 4:00 PM, 19 June 1945 in Rome, Italy, Via Lazio and Via Aurora.

3. Attached are all pertinent papers concerning the accident.

Inclosures:

1. MP Report made by Pfc. Koski, 284 MP Co.
2. WD Form No. 26 prepared by driver of Chevrolet.
3. Statement of civilian witness with english translation.
4. Statement of Chevrolet driver with english translation.

STEVE ALEXIO,
Captain, AGD,
L&A Officer,
ACI

154

Rome, 24 June 1945

I, undersigned POLITI Renato, son of the late Ottorino, owner of a shop situated in Via Lazio 20, having by chance found myself at the door of my shop, I assisted at the automobilistic accident that happened, at the corner of Via Lazio and Via Aurora, between a military vehicle, private type, and an American small truck, and I can testify what I saw, as follows.

The vehicle was going regularly at the right side of Via Lazio, and at the moment that it was going to cross the street, it blew the clazon, but at the same time from Via Aurora a small truck came out which, without blowing the clazon was going to cross the street: The driver of the other car put on his brakes (proof of which was seen on the street) while the chauffeur of the truck, who was not ready to brake (as was shown, by the lack of marks on the street) hauled the other car for about 5 meters with his right mud-guard.

This I declare in good faith; as an old driver of motorcars, I can state that the chauffeur of the private car by his prompt action, averted what could have been a very bad accident.

s/ POLITI Renato

Rome, Via Milazzo 25 - Via Lazio 20.

5293

158

The Chauffeur 2nd Class
said "Mustapha"

Rome, 18 June 1945

To Captain REGGIO.

I have the honour to inform you of the accident that took place on the 18th of June 45 at 15.30; I was coming from Via Lazio, going towards Via Porta Pinciana at 15 miles an hour, arriving at the heighth of the Via Aurora I blew my claxon, a Dodge going at high speed came along the Via Aurora, I put on my brakes, the Dodge hit me on my left with his bumpard and pushed me for five yards. I called the police who made an examination of what I have stated above and of which you, my Captain, will judge.

Devoted Said

(Follows declaration in English).

14

ADVISORY COUNCIL FOR ITALY
Office of the Liaison & Adm. Officer
APO 394 U S Army

25 Nov. 1944

Subject: Investigation of Accident.

To : Claims Commission, PBS. APO 782. U S Army.

1. In accordance with Natousa Circular # 100. 30 May 1943, the following report is rendered:

a. At about 4:20 PM. 17 November 1944. U S Army Chevrolet # 161677 was proceeding from Naples to Rome. Just beyond the town of Aversa, a cyclist swerved left for no reason at all and came immediately in front of said vehicle. The car came to an immediate halt, however. the cyclist suffered leg injury. An MP road patrol had the cyclist taken to a hospital. WD form is herewith attached.

b. NAME OF DRIVER. Driver 2d Class George Bitoun. 1741. French Army. attached for duty to the Advisory Council for Italy. APO 394. c/o PM. U S Army.

c. PASSENGERS: 3 Members of the YUGOSLAV DELEGATION of the Advisory Council for Italy.

d. The victim was later known to be CAPUTO. Corrado. Via Armando Diaz. Teverola. Italy.

e. Report of driver and statement show accident due to neglect of cyclist.

2. The investigating officer finds that the accident and injury to one. CAPUTO. Corrado. was due to no fault of the vehicle or the driver.

3. EXTRACT OF MP REPORT ON FILE WITH MP STATION AVERSA:
"THE ARMY STAFF CAR WAS GOING NORTH WHEN A BYCICLE RIDER SUDDENLY AND FOR NO APPARENT REASON TURNED OUT INTO HIS PATH".

4. The undersigned was investigating officer.

STEVE RIGGIO.
Captain. AGD.
L & A Officer. ACI.

5297

17. Was an investigation made by a policeman (civil or military)? M.P. U.S. If so, state
Name Peters Pirate No. .....
Precinct or station .....

18. Names and addresses of persons other than driver in Government car:
Ufficiali of Yugoslav
Royal Delegation

19. Names and addresses of other witnesses:
Sig. Raiste - Consul Yugoslav
of Naples

Filiberg
(Signature of driver)

I certify that the above report was delivered to me on the 18th day of November, 19 44
at 8:00 o'clock .....

Stew Reggies
(Signature of officer in charge)
Capt AAF
(Official title)
Ltr Staff - AC.I.
(Government department or establishment)

NOTE.—This report should be attached to report of Investigating Officer.

10—1810

U. S. GOVERNMENT PRINTING OFFICE

Standard Form No. 30
Approved by the President
June 10, 1927

DRIVER'S REPORT—ACCIDENT
MOTOR TRANSPORTATION

INSTRUCTIONS TO DRIVERS

In case of injury to person or damage to property:
A. Stop car and render such assistance as may be needed.
B. Fill out this form, ON THE SPOT, so far as possible.
C. Deliver this report promptly to your immediate superior.

Failure to observe these instructions will result in disciplinary action.

1. Name of Government driver:
Filiberg Georges

2. Stationed at Via Principe di Piemonte Napoli

3. Make and type of Government vehicle .....

4. Service number USA, [illegible] 16177

5. Name and address of owner of other vehicle (or owner of property damaged) Via Leonardo Bianchi
4° 2 a Posillipo

6. Name and address of driver of other vehicle
Capurso Corrado

7. License of other vehicle: State .....
No. .....

8. Place of accident: City Vienna
Street Presso a Capua

10—1810

Declassified E.O. 12356 Section 3.3/NND No. 785016

9. Date of accident 17 Nov. 194_ Hour 16 M. 20

10. Names and addresses of persons injured; nature of injuries:
Caputo Corrado - via Armando Diaz n°2 a Teverola
Leg Broken - Grazed face

11. Describe damage to Government vehicle
Hed lamp Broken
Dent in Hood

12. Describe damage to privately owned vehicle, or other property: Bicyclette damage

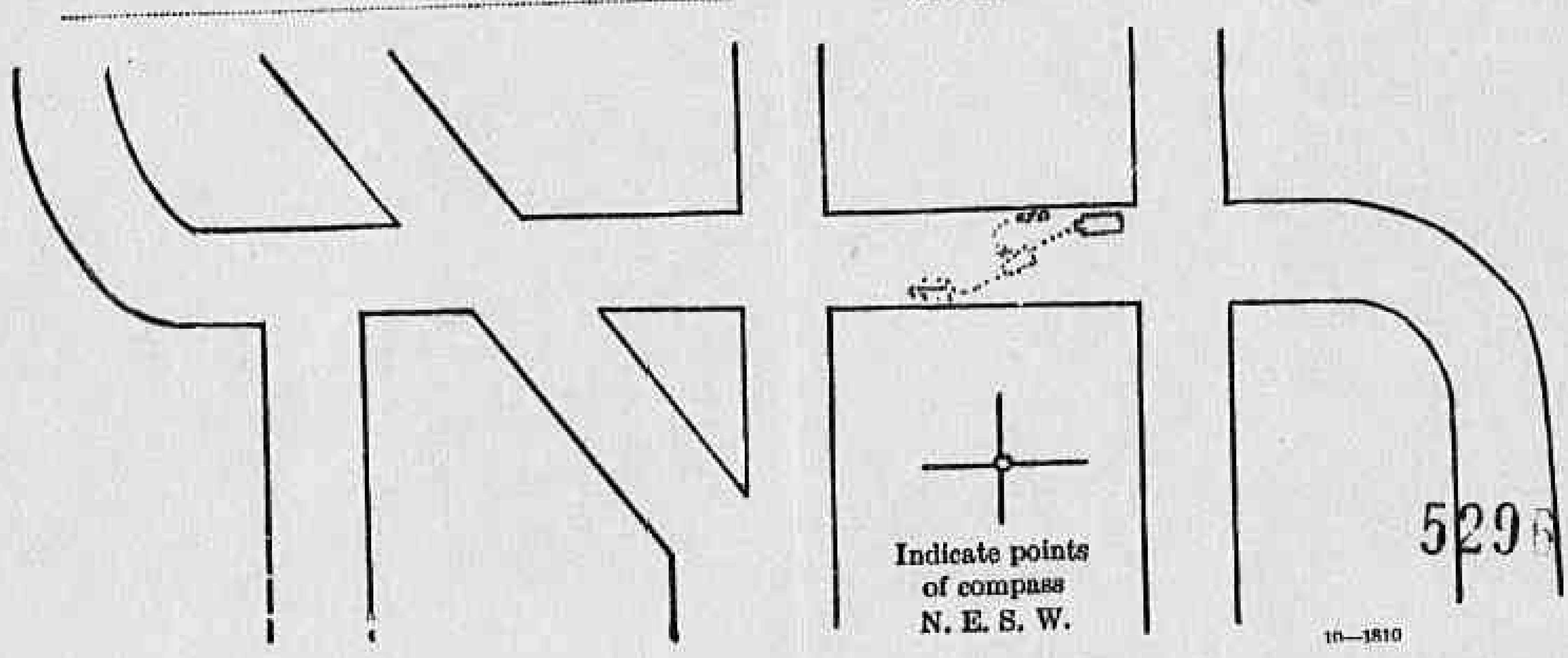
13. What signal was given each driver prior to accident?
Horn Blown

16P

14. State condition of light, weather, and roadway:
Clear - Dry

15. Explain how accident happened:
Report attached

16. Label streets and indicate measurements; show the position of each vehicle at the time of the accident and show by dotted lines the course of each vehicle just before and just after the collision.



5296

10—1810

APO 394
16 November 1944

13

Subject: Investigation of Accident.

To : Liaison & Adm. Officer, ACI.

1. In accordance with Natousa Circular #100, 30 May 1943, the following report is rendered:

a. At about 11:00 AM, 6 November 1944, Driver 2d Class Mustapha Said, French Army, attached for duty to the Advisory Council for Italy, was driving U S Army Chevrolet #162014, having started fromthe Russian Embassy on via Gaeta #5 with Capt.Lieut. Golubev, Russian Army, with Villa Abamalek, via Aurelia Antica as its destination.

b. At the first intersection from starting point, approx. 50 yards, Car #162014 collided with civilian vehicle carrying Rome Target 67079. The civilian vehicle came from a minor street (via SommaCampgna). The army car came to a halt. The civilian car hit the Chevrolet and bounced off to the left forward corner of the intersection. Occupants of US Army vehicle were shaken-up but not hurt. The civilian had a slight gash on the left temple and left the scene immediately for medical aid.

c. Investigation shows negligence on part of civilian driver (RENATO PANETUZZI).

5 Incls:
(1)WD Form 26.
(2)Det Order # 4.
(3)Driver Said's Statement.
(4)Statement Capt.Lt. Golubev
(5)Statement Italian Driver.

BERTRAM M. LE VIEN,
1st Lieut., CAV.
Investigating Officer.

1st Ind.

LIAISON & ADM. OFFICE, Advisory Council for Italy, APO 394 U S Army, 16 Nov. 1944.

To: Claims Commission, PBS.

FORWARDED.

5295

5 Incls. n/c.

in its destination.

b. At the first intersection from starting point, approx. 50 yards, Car #162014 collided with civilian vehicle carrying Rome Target 67079. The civilian vehicle came from a minor street (via SommaCampgna). The army car came to a halt. The civilian car hit the Chevrolet and bounced off to the left forward corner of the intersection. Occupants of US Army vehicle were shaken-up but not hurt. The civilian had a slight gash on the left temple and left the scene immediately for medical aid.

c. Investigation shows negligence on part of civilian driver (RENATO PANETUZZI).

5 Incls:
(1)WD Form 26.
(2)Det Order # 4.
(3)Driver Said's Statement.
(4)Statement Capt.Lt. Golubev
(5)Statement Italian Driver.

BERTRAM M. LE VIEN,
1st Lieut., CAV.
Investigating Officer.

1st Ind.

LIAISON & AMM. OFFICE, Advisory Council for Italy, APO 394 U S Army, 16 Nov. 1944.

To: Claims Commission, PBS.

FORWARDED.

5295

5 Incls. n/c.

STEVE RIGGIO,
Captain, AGD.
L & A Officer.
A C I

File-

APO 394
16 November 1944

Subject: Investigation of Accident.

To : Liaison & Adm. Officer, ACI.

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c. Investigation shows negligence on part of civilian driver (RENATO PANETUZZI).

5 Incls:
(1)WD Form 26.
(2)Det Order # 4.
(3)Driver Said's Statement.
(4)Statement Capt.Lt. Golubev
(5)Statement Italian Driver.

BERTRAM M. LE VIEN,
1st Lieut., CAV.
Investigating Officer.

1st Ind.

LIAISON & ADM. OFFICE, Advisory Council for Italy, APO 394 U S Army, 16 Nov. 1944.

To: Claims Commission, PBS.

FORWARDED. 529

5 Incls. n/c.

STEVE RICCIO.

as to destination.

b. At the first intersection from starting point, approx. 50 yards. Car #162014 collided with civilian vehicle carrying Rome Target 67079. The civilian vehicle came from a minor street (via SommaCampgna). The army car came to a halt. The civilian car hit the Chevrolet and bounced off to the left forward corner of the intersection. Occupants of US Army vehicle were shaken-up but not hurt. The civilian had a slight gash on the left temple and left the scene immediately for medical aid.

c. Investigation shows negligence on part of civilian driver (RENATO PANETUZZI).

5 Incls:
(1)WD Form 26.
(2)Det Order # 4.
(3)Driver Said's Statement.
(4)Statement Capt.Lt. Golubev
(5)Statement Italian Driver.

BERTRAM M. LE VINE.
1st Lieut., CAV.
Investigating Officer.

1st Ind.

LIAISON & AMM. OFFICE, Advisory Council for Italy. APO 394 U S Army. 16 Nov. 1944.

To: Claims Commission, PBS.

FORWARDED.

529/

5 Incls. n/c.

STEVE RIOCIO.
Captain, AGD.
L & A Officer.
A C I

17. Was an investigation made by a policeman (civil or military)? ..... If so, state

Name ..... No. .....

Precinct or station .....

18. Names and addresses of persons other than driver in Government car: Capt Lt Jolcouber

19. Names and addresses of other witnesses:

Said Ufficiale
(Signature of driver)

I certify that the above report was delivered to me on the 6th day of November 10 44 at 1145 o'clock A.M.

Stan Higgins
(Signature of officer in charge)

Capt CE
(Official title)

1 T A Off - A.C.A.
(Government department or establishment)

NOTE.—This report should be attached to report of Investigating Officer.

10—1810

Standard Form No. 94
Approved by the Treasury Department
June 10, 1927

DRIVER'S REPORT—ACCIDENT
MOTOR TRANSPORTATION

INSTRUCTIONS TO DRIVERS

In case of injury to person or damage to property:

A. Stop car and render such assistance as may be needed.
B. Fill out this form, ON THE SPOT, so far as possible.
C. Deliver this report promptly to your immediate superior.

Failure to observe these instructions will result in disciplinary action.

1. Name of Government driver: SAID

2. Stationed at Rome

3. Make and type of Government vehicle CHEV SEDAN

4. Service number 162014

5. Name and address of owner of other vehicle (or owner of property damaged) RENATO RANETUZZI

6. Name and address of driver of other vehicle 6 VIA GIOVANNI CAMPAGNA

7. License of other vehicle: State ROMA No. 67079

8. Place of accident: City ROME Street VIA NOMENTANA

10—1810

9. Date of accident 6/11/44 10 Hour 11:00 A.M.

10. Names and addresses of persons I[illegible]ed; nature of injuries:
Renato Panetuzzi,
slight gash left temple.
(Via Mercatone)

11. Describe damage to Government vehicle
Left front fender and
radiator cover dented.

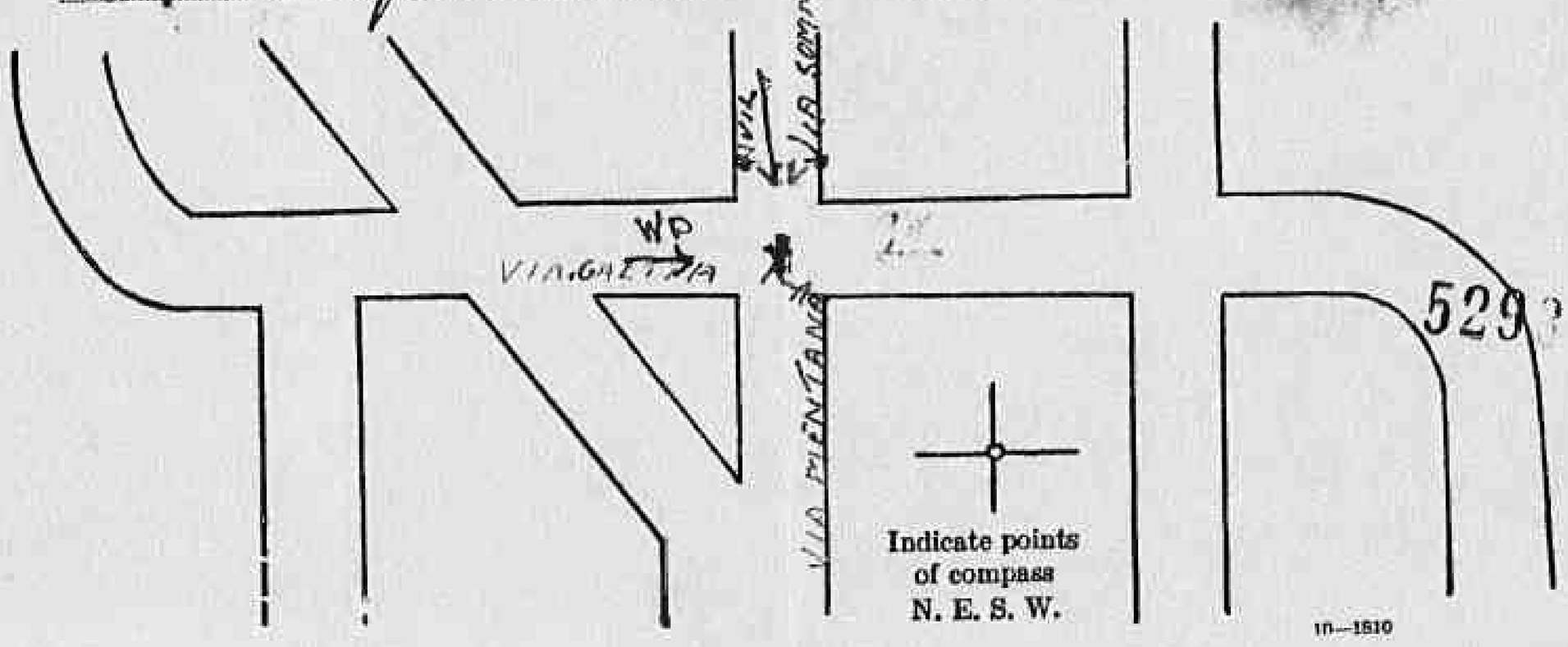
12. Describe damage to privately owned vehicle, or other property:
Right front door smashed
Right " fender bent,

13. What signal was given by each driver prior to accident?
By [illegible]

14. State condition of light, weather, and roadway:
Good

15. Explain how accident happened:

16. Label streets and indicate measurements; show the position of each vehicle at the time of the accident and show by dotted lines the course of each vehicle just before and just after the collision.



10—1510

130

7 November 1944.

TO WHOM IT MAY CONCERN;

STATEMENT OF SAID MUSTAPHA ON ACCIDENT

On November 6, 1944 at 11:00 AM, I left the Russian Embassy at Via Gaeta # 5, with Capt. Lieut. Golubev, Russian Army, headed for Villa Abamalek, 50 yards beyond starting point, I arrived at the intersection of Via Gaeta and a street carrying names of Via Montana and Via sommacompagna. I was still in second gear, I blew my horn, a vehicle came speeding down Via Sommacompagna, I applied my brakes, the other driver did not blow his horn and was unable, due to his speed to stop. He hit my left front fender and bounced off to the curb on the opposite side. I was at a complete stop when the other vehicle struck my vehicle.
I filled out WD Form # 26, carried my vehicle to the garage and then reported to my commanding officer. I do not know the extent of damages to either vehicles.

Mustapha Said

MUSTAPHA SAID, 5299
2930, French Army.

THE ABOVE WAS SWORN TO BEFORE ME THIS SEVENTH DAY OF NOVEMBER NINETEEN HUNDRED AND FORTY FOUR.

50 yards beyond starting point, I arrived at the intersection of Via Gaeta and a street warrying names of Via Montana and Via sommacompagna. I was still in second gear, I blew my horn, a vehicle came speeding down Via Sommacompagna, I applied my brakes, the other driver did not blow his horn and was unable, due to his speed to stop. He hit my left front fender and bounced off to the curb on the opposite side. I was at a complete stop when the other vehicle struck my vehicle.
I filled out WD Form # 26, carried my vehicle to the garage and then reported to my commanding officer. I do not know the extent of damages to either vehicles.

Mustapha Said
MUSTAPHA SAID, 5299
2930, French Army.

THE ABOVE WAS SWORN TO BEFORE ME THIS SEVENTH DAY OF NOVEMBER NINETEEN HUNDRED AND FORTY FOUR.

Steve Riggio
Steve Riggio,
Captain, AGD,
L & A Officer.

III/PRO/12/2012

12

COPY

REPORT

To:- THE OFFICER COMMANDING
III PROVOST COMPANY.

Sir,

I have to report that at ROME on the 28 Aug. 44, at about 20.30 hrs. acting on instructions received from CPL. RAYNOR (ORDERLY SERGEANT), I proceeded to VIA PORTA PINCIANA, where it was reported that an accident had occured.

On arrival there I saw a (FRENCH DRIVER) namely J. BOUQUILLION attached to the LIAISON SECTION, ALLIED ADVISORY COUNCIL, 30 PIAZZA MONTE SAVELLO, ROME, who through the aid of an interpreter informed me that his vehicle No. 5100899 W.D. HILLMAN P.U. had been involved in an accident with an AMERICAN JEEP (Statement attached).

On making enquiries as to the AMERICAN JEEP and driver I was informed by:- Mr. BENTON of the BRITISH HIGH COMMISSION OFFICE, that he had arrived at the scene of the accident shortly after it had occured, and had obtained the following particulars of the AMERICAN DRIVER:- S/SGT. SINKLER. 34 ANTI-TANK. 135 U.S. ARMY. JEEP. No. 20866603.

S/SGT. SINKLER informed Mr. BENTON that he would fetch his Captain and return, but failed to do so.

Accompanied by J/ BOUQUILLION, I proceeded to the LIAISON SECTION, ALLIED ADVISORY COUNCIL, 30 PIAZZA MONTE SAVELLO, where I saw the officer i/c namely Capt. RIGGIO, U.S. ARMY and informed him of the accident.

5297

Capt. RIGGIO informed me that he would arrange to have the vehicle removed by the 34th. AMERICAN ORDINANCE.

Damage to 5100899 HILLMAN P.U.:-
FRONT AXLE BROKEN.
OFF SIDE MUDGUARD SMASHED.

ROME.
28 AUG. 44.

W. LANCASTER SGT.
III PROVOST COMPANY.
C.M. POLICE.

COPY

STATEMENT.

124

On 20 Aug. 44, I was coming down VIA PORTA PINCIANA on the way to the EDEN HOTEL. At the corner of VIA PORTA PINCIANA and VIA LUDOVISI, I stopped to allow another vehicle to pass, which was coming up VIA PORTA PINCIANA.

When the road had cleared, the young English Lady who was sitting next to me, put out her hand from the left door to indicate a turn. I had reached the middle of the VIA PORTA PINCIANA, with car turned completely, when suddenly on my right, I saw a JEEP coming up VIA PORTA PINCIANA at full speed. I blew the horn, but too late. The JEEP could not avoid me and hit my right fender carrying in off. He tore off the fender and twisted the axle.

ROME.
28 AUG. 44.

J. BOCQUILLION.
at 21,30 hrs. driver of
truck HILLMAN No. 5100899.

5299

Conseil consultatif
des affaires Italiennes
Office de liaison et d'Administration

22 Juillet 1944.

Col. James N. REEVES , Liaison Officier

à

M. Le Commandant Base 901/3

+ Fait retour a dater de ce jour du Conducteur de 2eme classe ARMEE 120 , matricule 327 .

MOTIF : m'a occasionne des degats materiels a plusieurs vehicules qui lui avaient ete confies .

Demande un nouveau conducteur en remplacement .

JAMES N. REEVES
Col. C.A.C.
Officier de liaison et Administrateur .

52 89

TRANSLATION

To: the Prefect of the Province of
Avellino

I the undersigned Raphael Gaita, residing at Pianodardine, a section of this City, inform you that on the morning of May 4th, a great misfortune befell my family.

A child of mine, named Ciro, while going out from the house to go to school, was hit by a motor-car, with licence # 202147S3, and was killed on the spot.

As was also verified by the witnesses who happened to be present- Testa Dario and Ernest d'Alfonso, residing in the Comune of Montefredane- and Joseph Iandiorio, son of the late Pellegrino, also residing at Montefredane, contrada Arcella, it seems that we cannot excuse the carelessness of the driver, who drives at an excessive speed, thus losing control of the vehicle and making it impossible to prevent accidents.

On the other hand we must also consider that the accident took place on the limits of the national road, which is very wide, and should in any case, have permitted the driver an easy deviation in sight of the poor boy.

At any rate, I was informed that the car belongs to a Jugoslav Minister, who was also in the car and could witness how the serious accident occurred. I certainly have no intentions of taking legal steps, which would only augment my sorrow, and also in consideration of the very important position of the person who was in the car.

Yet, this person, in his equity and uprightnesses, must also keep into account and value the enormous damage caused by this accident to a whole family.

I am a poor labourer father of six children, struggling hard for a living, whose best hope was his son 10 year old- the oldest of the boys, since the others are much younger- who could have shortly been a means support and have efficiently contributed to bear the weights that life imposes.

0287

The grief that struck me is immense and gives no respite either to me or to the other members of my family, but at the same time- owing to my bad conditions, and especially in the interest of my other children. I must ask for an indemnity for damages.

And as I know that Y Excellency has also been informed of the fact by the before mentioned person who was in the car, rather than

thinking of taking legal action, I should wish- primarily that this person who, as I said, seems to be a Jugoslav Minister, be informed and make known what his intentions are regarding the serious misfortune that occurred on the 4th instant, grieving the whole district, which sympathised and loved the poor invested boy.

Avellino, May 19, 1944

118

ADVISORY COUNCIL OF ITALY.
Office of the Liaison & Adm. Officer

20 May 1944.

Subject: Investigation of Accident.

To : Claims Commission, P. B. S.

1. In accordance with Natouse Circular # 100, 30 May 1943, the following report is rendered:

a. At 10:30 AM, 4 May 1944, U. S. Command Car # 20294759, was proceeding toward Bari. In the Town of Pianordine, a boy came running from the side of the road toward the middle. (boy later known to be CIRO GAITA). At 9 meter distance the boy was seen and brakes applied. The car stopped 7 meters beyond the scene of the accident. WD Form 26 is herewith attached.

b. NAME OF DRIVER: Driver 2d Class LOUIS LORENZINI, French Army, attached to Advisory Council of Italy, APO 394, c/o PM.

c. PASSENGER IN VEHICLE: MR. MILOJE D. SMILJANIC, Royal Yugoslav Government, member of Yugoslav Delegation of the Advisory Council of Italy.

d. The victim was later known to be on his way to school. He was pronounced dead shortly after the accident. (See attached reports).

2. Attached hereto is report from Driver and Passenger and copy of report made by local Italian authorities at Pianordine.

3. No witnesses were available at scene except passenger in vehicle.

4. The investigating officer finds that the accident and cause of death of one, Ciro Gaita, age 10, was due to no fault of the vehicle or the driver. The victim was at fault directly. The undersigned was the investigating officer.

5287

JAMES E. HEGIS,
Lt Col., C A C,
Liaison & Adm. officer,
A. C. I.

ATTACHED: WD Form 26 and
reports as listed
in basic comm.

NAPLES, ITALY

10 May 1944

11C

AFFIDAVIT

I, Driver 2d Class Louis Lorenzino _____, report the following to Lt Col JAMES E. REGIS, CAC, Liaison & Administrative Officer, Advisory Council of Italy:

WHILE ON DUTY DRIVING MR. MILOJE D. SMILJANITCH, YUGOSLAV MINISTER FROM NAPLES TO BARI, WE PASSED THE VILLAGE PIANORDINE ABOUT FIVE (5) KM FROM AVELLINO. THE ROAD WAS CLEAR OF TRAFFIC. I WAS PROCEEDING AT A SPEED OF THIRTYFIVE (35) MILES PER HOUR. A BOY OF ABOUT EIGHT YEARS OF AGE, I PRESUME HE WAS RIDING TO THE RIGHT SIDE OF THE ROAD BETWEEN THE TREES, SUDDENLY CROSSED THE ROAD WITHOUT TAKING NOTICE OF THE TRAFFIC. I APPLIED MY BREAKS RAPIDLY, I SWERVED TO THE LEFT OF ROAD TO AVOID HITTING HIM WITH THE RISK OF ENDANGERING OUR OWN LIVES, THE INCIDENT WAS UNAVOIDABLE, THE BOY WAS STRUCK IN THE HEAD BY MY CAR. I STOPPED MY CAR AT A DISTANCE OF TEN METRES. THE BREAKS WERE USED STRONGLY AND MY CAR WAS ALMOST TURNED TO THE OPPOSITE DIRECTION. WE PICKED UP THE VICTIM, COVERED HIM AND CARRIED HIM TO THE NEAREST HOSPITAL (BRITISH MILITARY HOSPITAL) A MEDICAL CAPTAIN PRONOUNCED HIM DEAD. THE BOY'S FATHER WHO WAS WITH US ASKED US TO TAKE THE VICTIM HOME. THIS WE DID. WE DROVE TO AVELLINO, INFORMED THE MILITARY AUTHORITIES OF THE ACCIDENT. PROPER REPORT WAS MADE. MR. SMILJANITCH GAVE THEM HIS ADDRESS IN CASE OF ANY FURTHER INFORMATION WHICH MIGHT BE NEEDED. THE FATHER WAS VERY DEPRESSED BY THE ACCIDENT, HE WAS UNREACH- 5283
ABLE. THIS ACCIDENT OCCURRED AT 10:30 AM. 4 May 1944. MR. SMILJANICH WILL RETURN TO SEE THE FAMILY. x x END x x

X X X X

I CONFIRM THAT THE ACCIDENT DID OCCUR AS IS STATED ABOVE AND THAT THE DRIVER WAS NOT RESPONSIBLE FOR THE ACCIDENT NOR WAS HE ABLE TO AVOID IT.

_____

SWORN TO BY ME, THIS TENTH DAY OF MAY, NINETEEN HUNDRED FORTY-FOUR

STEVE RIGGIO
1st Lt AGD

Army Form A.3679
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312/1940

Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

10

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date: 6/3/44	Time: 10 35	Place: County POMIGLIO	Surname of Service Driver: Lombardo	No. of Service Vehicle:

B. OTHER VEHICLE	*Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van*	Make: HUMBER	H.P. / Year	Registration No.: 519524	Name and address of Insurance Co. / Insurance Certificate No. ..... or Policy No. .....

C. DRIVER OF OTHER VEHICLE	Name: UNKNOWN.	Driving Licence Date: NONE No.	Address and Occupation: UNKNOWN	Telephone:
D. OWNER OF OTHER VEHICLE	Name:		Address and Occupation:	Telephone:

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury *Slight / Serious / Fatal*	Hospital (if known)
	1. NONE		NONE		*Slight / Serious / Fatal*	NONE
	2.				*Slight / Serious / Fatal*	
	3.				*Slight / Serious / Fatal*	

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1.				
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE

(In greatest detail possible)

NONE

Can be seen at

(Note any previous defects)

Telephone

H. INJURY TO ANIMALS

HORSE	*COW*	How many	*LED / STRAYING*	Condition	Injuries	IT *was not / will not have to be* KILLED
POULTRY	*PIG*					
SHEEP	*DOG*					

NAME & ADDRESS of OWNER or OCCUPIER

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is *NOT* requisitioned

Telephone ..... *Landlord* / *Tenant*

J. POLICEMAN	Name	Police Station	He did NOT see	A statement was taken	ROAD PATROL	Name	Association	He did NOT

give Service, number and Unit.	2.				Slight Serious Fatal		
	3.						

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx	Occupation
	1.				
	2.				
	3.				

G. (In greatest detail possible) — Can be seen at

APPARENT DAMAGE TO OTHER VEHICLE: NONE

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG		STRAYING				
	SHEEP	DOG						

Telephone

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant

J. POLICEMAN	Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
	No.						Branch	

K. LIGHTS	DAYLIGHT NIGHT	Service Vehicle NOT LIT	Other Vehicle NOT LIT	WARNING	UNNECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE	Service m.p.h.	Other m.p.h.	NON BUILT UP AREA	Traffic LIGHT DENSE	ROAD SURFACES DRY WET	GOOD FAIR BAD	STRAIGHT BEND CROSS ROADS	TRAFFIC LIGHTS TRAFFIC SIGNS	Visibility CLEAR FOGGY RAIN

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. .....

Address .....

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

Insert here Initials of Command

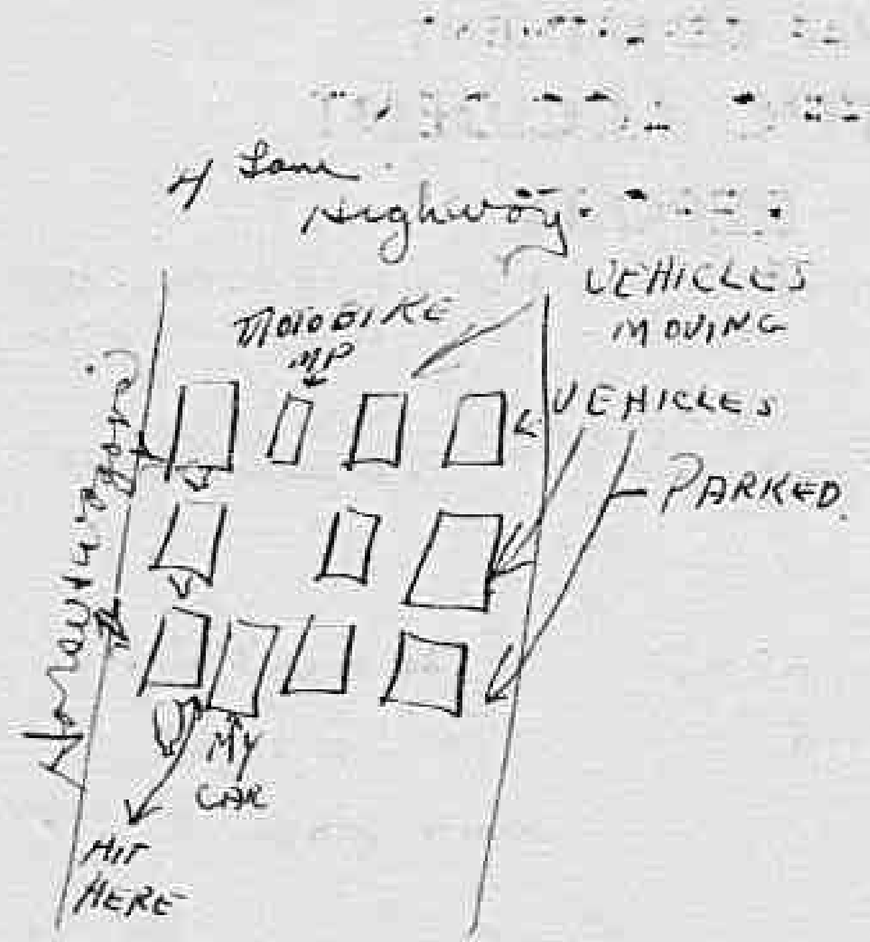
SERVICE DRIVER	Name	Rank	Number	Unit	Vehicle No.	Code

ACCIDENT	Date	Time	Place	This slip is handed you for your convenience and is not to be taken as an admission of liability.
				[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



W1 45808/886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
	P.F.C. Vito Lombardo			Civilian Service		26	
	Rank / Civilian Occupation						

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle

If a motor-cycle, were all those on it wearing crash helmets ?..... (See A.C.I.2287/1941)

P. JOURNEY	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident.
	If none signed, reason must be given in Driver's Statement	Serial No..... Date	From NAPLES To POMIGLIANO	DRIVING FOR COL. REGIS.		

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 6/3/44 , 194 Driver's Signature P.F.C. Vito Lombardo W.
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
		VILLA Reginetta	11584		Col Regis

R. HIRED VEHICLE See A.C.I..... para.....	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone.....	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No..... or Policy No.....	Rate of Hire per day
	ADVISORY COUNCIL				

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED		Will probably be repaired by :—	No. of Vehicles on charge to Unit
	REAR LEFT FENDER MINOR DAMAGES.		
	(In greatest detail)	(Name of Repair Shop or Garage)	

SERVICE or HIRED VEHICLE | capacity | LEFT HAND DRIVE

If a motor-cycle, were all those on it wearing crash helmets ?..... (See A.C.I.2287/1941)

P. JOURNEY

Army Form G3518 was signed by ____ If none signed, reason must be given in Driver's Statement

A.F.G.3518 Serial No..... Date .....

Journey From NAPLES To POMIGLIANO

Nature of Duty DRIVING FOR COL. REGIS.

UN-LOADED

Map reference of scene of accident.

6 Ins. I

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 6/3/44 194 Driver's Signature Pfc Vito Lombardo W.

(This must be in Driver's handwriting, not typed).

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
	VILLA Reginetta	11584		Col Regis

R. HIRED VEHICLE See A.C.I..... para.....

Hired through	Contractor's Name & Address	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No..... or Policy No.....	Rate of Hire per day
ADVISORY COUNCIL (R.A.S.C. Unit)	Telephone.....			

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED

REAR LEFT FENDER MINOR DAMAGES.

(In greatest detail)

Will probably be repaired by :— (Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit

T. I certify that the Service Vehicle was being driven

ON DUTY	NOT ON DUTY	Name of Officer who gave authorty for issue of A.F.G.3518	NOT ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame

T.2. It is essential that A.D. Claims furnish me with

Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3

Put cross to those required. References are to Sections overleaf.

W. IT IS *NOT* INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility.

(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 194

All copies should be signed and dated.

V. First Copy sent to A.D. Claims.....Comd.

on 194

Y. Second Copy sent to next Higher Authority, namely :

.....

on 194

Z. Disciplinary Action Approved

.....194

Signature of Brigade or other Commander.

.....194

Signature of Divisional Commander.

.....194

Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

Army Form A3676
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I.1312/1940

Cross out those words in ITALICS which do not apply.

9

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date: 27 Mai	Time: 1911	Place / County: Vinc des Milles [illegible]		Surname of Service Driver:		No. of Service Vehicle:
B. OTHER VEHICLE	*Lorry* *Motor Car* *Motor Cycle* *Bicycle* *Horse Van*	Make: Ford	H.P.: + / Year:	Registration No.: 71036	Name and address of Insurance Co.:		Insurance Certificate No. .... or Policy No. ....
C. DRIVER OF OTHER VEHICLE	Name: F/LT [illegible]		Driving Licence Date: .... No.:	Address and Occupation: 40 ASP. RAF			Telephone:
D. OWNER OF OTHER VEHICLE	Name:		Address and Occupation:				Telephone:

E. INJURED PERSONS	Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	1.				*Slight* *Serious* *Fatal*	
	2.				*Slight* *Serious* *Fatal*	
	3.				*Slight* *Serious* *Fatal*	

F. WITNESSES	Name	Address	Telephone	Age approx.	Occupation
Name, address etc., of every person present must be obtained.	1. [illegible]	[illegible]	[illegible] 461	[illegible]	[illegible]
	2. [illegible]				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE	(In greatest detail possible) [illegible] avant (Note any previous defects)	Can be seen at / Telephone

H. INJURY TO ANIMALS	*HORSE* *COW* *POULTRY* *PIG* *SHEEP* *DOG*	How many	*LED* *STRAYING*	Condition	Injuries	IT *was not* *will not* *have to be* KILLED	NAME & ADDRESS of OWNER or OCCUPIER
I. DAMAGE TO PROPERTY	Nature of Property	Exact Location		Damage		Property is NOT requisitioned	528 Telephone .... *Landlord* | *Tenant*

J.	Name	Police Station	He did NOT	A statement	ROAD PATROL	Name	Association	He did NOT see

...rvice number and Unit.	3.			Slight / Serious / Fatal	
F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. [illegible]	[illegible]	[illegible] 461	[illegible]	[illegible]
	2. [illegible]				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE — (In greatest detail possible) [illegible handwriting] (Note any previous defects) — Can be seen at ... Telephone

H. INJURY TO ANIMALS	HORSE	COW	How many	LED	Condition	Injuries	IT was not / will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG		STRAYING				
	SHEEP	DOG						

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	528 Telephone ... Landlord / Tenant

J. POLICEMAN	Name No.	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association Branch	He did NOT see accident

K. LIGHTS	DAYLIGHT ~~NIGHT~~	Service Vehicle ~~NOT~~ LIT	Other Vehicle ~~NOT~~ LIT	WARNING	~~UN~~NECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE	Service 15 m.p.h.	Other m.p.h.	~~NON~~ BUILT UP AREA	Traffic LIGHT ~~DENSE~~	ROAD SURFACES	DRY ~~WET~~	~~GOOD~~ FAIR ~~BAD~~	STRAIGHT BEND CROSS ROADS	~~TRAFFIC LIGHTS~~ ~~TRAFFIC SIGNS~~	Visibility ~~CLEAR~~ ~~FOGGY~~ ~~RAIN~~

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. .... Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

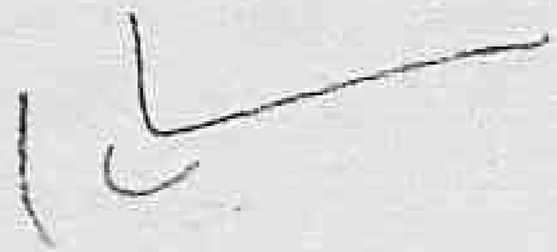
SERVICE DRIVER	Name	Rank	Number	Unit	Vehicle No.	Code
ACCIDENT	Date	Time	Place		This slip is handed you for your convenience and is not to be taken as an admission of liability.	

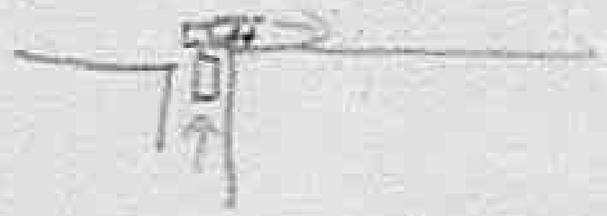
[Please Turn Over.

Use this space for SKETCH and parti[cu]lars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

R.A.F 71 03

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.





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W1-45800|886 2/43 51-6392

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) Rank Civilian Occupation	Number	Unit	Driving Experience Years Mths. Civilian ..... Service	Date of entry into Service	Age	Rate of Pay per day	
O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	*RIGHT LEFT* HAND DRIVE	Present Location of Vehicle	
	If a motor-cycle, were all those on it wearing crash helmets ?.....(See A.C.I.2287/1941)							
P. JOURNEY	Army Form G3518 was signed by If none signed, reason must be given in Driver's Statement	A.F.G.3518 Serial No..... Date	Journey From ..... To	Nature of Duty		*UN-LOA-DED*	Map reference of scene of accident	

6 ins.

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date.....194 *Driver's Signature*.....
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command

R. HIRED VEHICLE See A.C.I. ..... para.....	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone.....	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No..... or Policy No.....	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD		Will probably be repaired by :— (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle
	If a motor-cycle, were all those on it wearing crash helmets ? .....(See A.C.I.2287/1941)						

P. JOURNEY	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
	If none signed, reason must be given in Driver's Statement	Serial No. ..... Date	From ..... To			

6 lns. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date.....194 *Driver's Signature*.....
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command

R. HIRED VEHICLE See A.C.I. ..... para.	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone.....	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No..... or Policy No.....	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	(In greatest detail)	Will probably be repaired by :— (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit

T. I certify that the Service Vehicle was being driven	ON DUTY	NOT ON DUTY	Name of Officer who gave authorty for issue of A.F.G.3518	NOT ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place ..... Date..... Time.....	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
	Put cross to those required		References are to Sections overleaf.														

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

V. First Copy sent to A.D. Claims.....Comd.
on 194

Y. Second Copy sent to next Higher Authority, namely :
.....
on 194

Z. Disciplinary Action Approved
..... 194
Signature of Brigade or other Commander.

..... 194
Signature of Divisional Commander.

..... 194
Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

Army Form A3674
(Revised August 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312 1940

Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

4

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date	Time	Place (County)	Surname of Service Driver	No. of Service Vehicle
	27-5-44	1200	Vie de Mille.	Hewitt	578+514

B. OTHER VEHICLE	*Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van*	Make	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. / or Policy No.
	.....	Ford		71036		

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	F/Lt. Rulecroft.	Nil.	HQ A.S.P. R.A.F.	

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury *Slight / Serious / Fatal*	Hospital (if known)
	1.				*Slight / Serious / Fatal*	
	2.				*Slight / Serious / Fatal*	
	3.				*Slight / Serious / Fatal*	

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. Sdtlm. Jadeau George	86 Via Crispi	11461	31	French Soldier
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE	(in greatest detail possible)	Can be seen at
	Left hand side of front bumber bent (Damage Negligable).	
	(Note any previous defects)	Telephone

H. INJURY TO ANIMALS	*HORSE*	*COW*	How many	*LED / STRAYING*	Condition	Injuries	IT *was not / will not have to be* KILLED	NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	*PIG*						528
	SHEEP	*DOG*						

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone *Landlord / Tenant*

Name	Police Station		A	Name	Association

If the latter, give Service, number and Unit.	2.				Fatal / Slight / Serious / Fatal	
	3.					

F. WITNESSES Name, address etc., of every person present must be obtained.

	Name	Address	Telephone	Age approx.	Occupation
1.	Sdlm Gadaw George	86 Via Crispi	11461	31	French Soldier
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE

(In greatest detail possible)

Left hand side of front bumber bent (Damage Negligable).

Can be seen at

(Note any previous defects)

H. INJURY TO ANIMALS

HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IT was not will not have to be KILLED
POULTRY	PIG					
SHEEP	DOG					

Telephone

NAME & ADDRESS of OWNER or OCCUPIER

528

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned

Telephone ..... Landlord / Tenant

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.						Branch	

K. LIGHTS

DAYLIGHT ~~NIGHT~~	Service Vehicle ~~NOT LIT~~	Other Vehicle ~~NOT LIT~~	WARNING	~~UN~~ NECESSARY	~~NOT~~ GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service	Other		Traffic	ROAD SURFACES					Visibility
15 m.p.h.	m.p.h.	NON BUILT UP AREA	LIGHT ~~DENSE~~	DRY	~~WET~~	~~GOOD~~ FAIR ~~BAD~~	STRAIGHT BEND CROSS ROADS	~~TRAFFIC LIGHTS~~ ~~TRAFFIC~~ SIGNS	CLEAR ~~FOGGY~~ ~~RAIN~~

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. .....

Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

Insert here Initials of Command

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

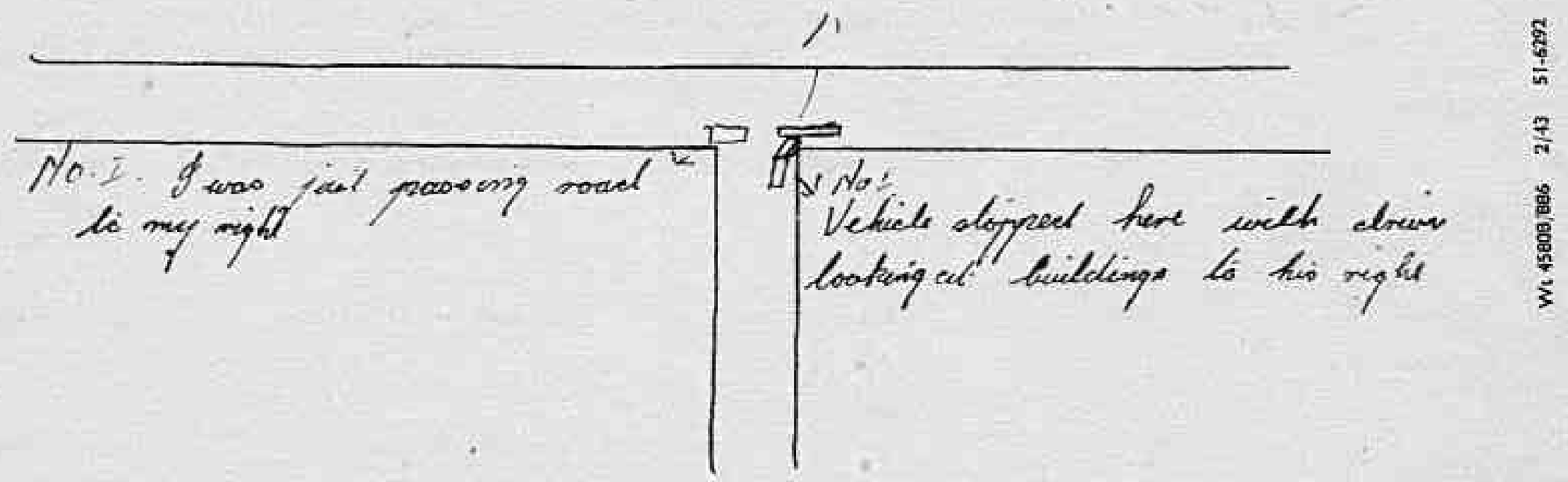
	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



W1 45800/886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) Rank Civilian Occupation	Number	Unit	Driving Experience Years Mths. Civilian ..... Service	Date of entry into Service	Age	Rate of Pay per day	

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle	
	If a motor-cycle, were all those on it wearing crash helmets ?.....(See A.C.I.2287/1941)							

P. JOURNEY	Army Form G3518 was signed by If none signed, reason must be given in Driver's Statement	A.F.G.3518 Serial No..... Date	Journey From ..... To	Nature of Duty	UN-LOA-DED	Map reference of scene of accident

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date.....194 *Driver's Signature* A Vaughan
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command

R. HIRED VEHICLE See A.C.I. ..... para.....	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone.....	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No..... or Policy No.....	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD		Will probably be repaired by :—	No. of Vehicles on charge to Unit

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle

If a motor-cycle, were all those on it wearing crash helmets ? ..... (See A.C.I. 2287/1941)

P. JOURNEY	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
	If none signed, reason must be given in Driver's Statement	Serial No..... Date	From ..... To			

6 Ins. I

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date ..... 194 *Driver's Signature* .....

(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command

R. HIRED VEHICLE See A.C.I. ..... para.....	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone.....	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No..... or Policy No.....	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	(In greatest detail)	Will probably be repaired by :— (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit

T. I certify that the Service Vehicle was being driven	*ON DUTY*	*NOT ON DUTY*	Name of Officer who gave authorty for issue of A.F.G.3518	*NOT* ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	*COURT OF INQUIRY* / *INVESTI-GATION*	Place ..... Date ..... Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
	Put cross to those required		References are to Sections overleaf.														

W. IT IS *NOT* INTENDED TO HOLD { *A COURT OF INQUIRY* / *AN INVESTIGATION.*

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

V. First Copy sent to A.D. Claims..... Comd.
on 194

Y. Second Copy sent to next Higher Authority, namely :
.....
on 194

Z. Disciplinary Action Approved
..... 194
Signature of Brigade or other Commander.

..... 194
Signature of Divisional Commander.

..... 194
Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

Army Form 43678
(Revised August 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312, 1940

Cross out those words in ITALICS which do not apply.

7

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date: 27-5-44	Time: 1200	Place: Via De Mille, County	Surname of Service Driver: Apache	No. of Service Vehicle: 5794514

B. OTHER VEHICLE	Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van	Make	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy No.
		Ford		71036		

C. DRIVER OF OTHER VEHICLE	Name: F/Lt. Anderson	Driving Licence Date / No.: Nil.	Address and Occupation: 40 A.S.P. RAF	Telephone
D. OWNER OF OTHER VEHICLE	Name	Address and Occupation		Telephone

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury (Slight / Serious / Fatal)	Hospital (if known)
	1.				Slight / Serious / Fatal	
	2.				Slight / Serious / Fatal	
	3.				Slight / Serious / Fatal	

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. Eddie Judeau George	86 Via Tonipi	11461	31	French Soldier.
	2.				
	3.				

G.	(In greatest detail possible)	Can be seen at
APPARENT DAMAGE TO OTHER VEHICLE	Left hand side of front bumper bent. (Damage Negligible)	Telephone
	(Note any previous defects)	

H. INJURY TO ANIMALS	HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IT was not / will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG						5279
	SHEEP	DOG						

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone ..... Landlord / Tenant

J.	Name	Police Station	He did / A statement	ROAD	Name	Association	He did

Declassified E.O. 12356 Section 3.3/NND No. 785016

Armed Forces. If the latter, give Service, number and Unit.

2. ..... Serious / Fatal .....

3. ..... Slight / Serious / Fatal .....

F. WITNESSES Name, address etc., of every person present must be obtained.

	Name	Address	Telephone	Age approx.	Occupation
1.	Edelin Jackson George	86 Vico Corigni	11461	31	French Subject.
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE

(In greatest detail possible)

Left hand side of front bumper bent. (Damage Negligible)

(Note any previous defects)

Can be seen at

Telephone

H. INJURY TO ANIMALS

HORSE	COW	How many	LED / STRAYING	Condition	Injuries
POULTRY	PIG				
SHEEP	DOG				

IT was not / will not have to be KILLED

NAME & ADDRESS of OWNER or OCCUPIER

5270

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage

Property is NOT requisitioned

Telephone ..... Landlord / Tenant

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.....						Branch	

K. LIGHTS

DAYLIGHT / ~~NIGHT~~	Service Vehicle ~~NOT LIT~~	Other Vehicle ~~NOT LIT~~	WARNING	~~UNNECESSARY~~	~~NOT~~ GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service	Other	~~NON~~ BUILT UP AREA	Traffic LIGHT / ~~DENSE~~	ROAD SURFACES	DRY / ~~WET~~	~~GOOD~~ FAIR / ~~BAD~~	STRAIGHT BEND CROSS ROADS	~~TRAFFIC LIGHTS~~ / ~~TRAFFIC SIGNS~~	Visibility CLEAR / ~~FOGGY~~ / ~~RAIN~~
15 m.p.h.	m.p.h.								

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. .....

Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER	Aprosio	2nd Class	327.	Advisory Council	5790574	

	Date	Time	Place
ACCIDENT	27-5-44	1200	Via Dr Vallis

This slip is handed you for your convenience and is not to be taken as an admission of liability.

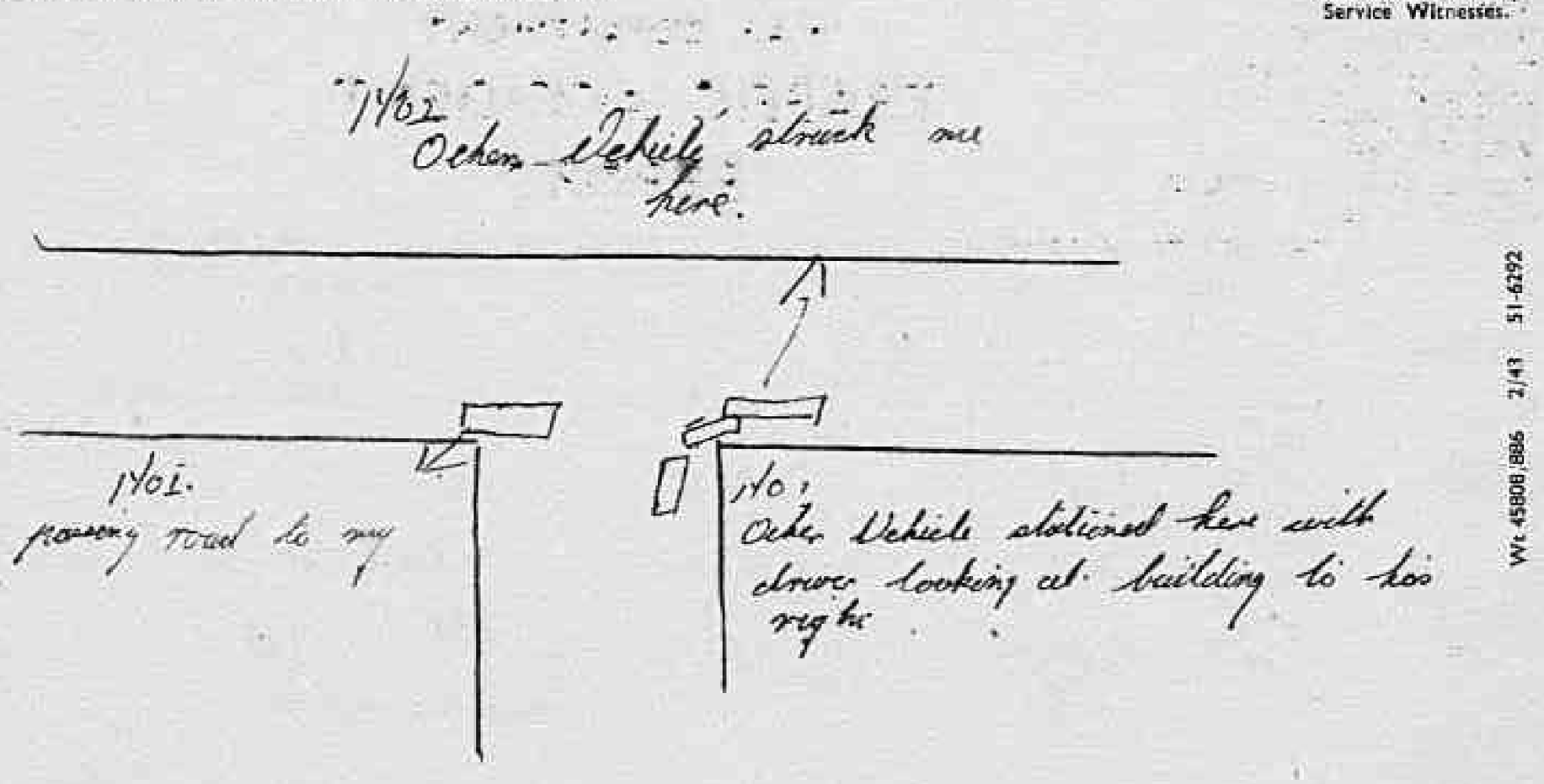
[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.

Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



Wt. 45808/886 2/41 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N.	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
SERVICE DRIVER	Leon Abrinck.	327	Advisory Council of Italy	Civilian ..... / 1 Service		25	
	Rank / Civilian Occupation						

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle
SERVICE or HIRED VEHICLE							

If a motor-cycle, were all those on it wearing crash helmets ?..... (See A.C.I.2287/1941)

P.	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
JOURNEY	If none signed, reason must be given in Driver's Statement	Serial No..... Date	From Frisenh. Delegation To Naples	Driving for French Delegation		

6 ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 27. May 1944. Driver's Signature.....

(This must be in Driver's handwriting, not typed).

Q.	Name	Address	Telephone	Unit's file reference	Command
UNIT	Advisory Council	Villa Rosinetta - Via Manzoni	11534		

R. HIRED VEHICLE See A.C.I. ..... para.	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone.....	Name & Address of Insurance Co. (If applicable)	Insurance Cert. No..... or Policy No.....	Rate of Hire per day

S.		Will probably be repaired by :—	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or HIRED VEHICLE	Right rear door damaged window cracked of said door.		

SERVICE or HIRED VEHICLE — Capacity — LEFT HAND DRIVE

If a motor-cycle, were all those on it wearing crash helmets ? ..... (See A.C.I.2287/1941)

P. JOURNEY

Army Form G3518 was signed by ..... If none signed, reason must be given in Driver's Statement

A.F.G.3518 Serial No. ..... Date .....

Journey From French Delegates To NAPLES

Nature of Duty wiving for French Delegates

UN-LOADED

Map reference of scene of accident

6 ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 27 May 1944. Driver's Signature .....

(This must be in Driver's handwriting, not typed).

Q. UNIT

Name: Advising Council

Address: Villa Regina Elena Manzoni

Telephone: 11584

Unit's file reference

Command

R. HIRED VEHICLE See A.C.I. ..... para. .....

Hired through (R.A.S.C. Unit)

Contractor's Name & Address ..... Telephone .....

Name & Address of Insurance Co. (if applicable)

Insurance Cert. No. ..... or Policy No. .....

Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED

Right rear door damaged window cracked of said door.

(In greatest detail)

Will probably be repaired by :—

(Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit

T. I certify that the Service Vehicle was being driven — ON DUTY / NOT ON DUTY

Name of Officer who gave authority for issue of A.F.G.3518

NOT ON ITS AUTHORIZED ROUTE

Number of previous accidents in which Driver has been : concerned / to blame

T.2. It is essential that A.D. Claims furnish me with

Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3

Put cross to those required. References are to Sections overleaf.

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

V. First Copy sent to A.D. Claims ..... Comd.
on 194

Y. Second Copy sent to next Higher Authority, namely : .....
on 194

Z. Disciplinary Action Approved

..... 194
Signature of Brigade or other Commander.

..... 194
Signature of Divisional Commander.

..... 194
Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

Army Form A3678
(Revised August, 1942)
To be carried in an addressed envelope by every driver
A.C.I. 1312/1940

Cross out those words in ITALICS which do not apply

Copy 6

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date: 30/9/44	Time: 11·00	Place: NAPLES ROAD. ROUTE 6. County	Surname of Service Driver: VINCENT	No. of Service Vehicle: 5194515

B. OTHER VEHICLE	Lorry / ~~Motor-Car~~ / ~~Motor-Cycle~~ / ~~Bicycle~~ / ~~Horse-Van~~	Make: AMERICAN TRUCK.	H.P. / Year: —	Registration No.: —	Name and address of Insurance Co.: U.S. ARMY.	Insurance Certificate No. —; or Policy No. —

C. DRIVER OF OTHER VEHICLE	Name: —	Driving Licence Date —; No. —	Address and Occupation: —	Telephone: —
D. OWNER OF OTHER VEHICLE	Name: U.S. ARMY.		Address and Occupation: C.M.F.	Telephone: -

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
	1. —	—	—	—	~~Slight~~ / ~~Serious~~ / Fatal	—
	2. —	—	—	—	~~Slight~~ / ~~Serious~~ / Fatal	—
	3. —	—	—	—	~~Slight~~ / ~~Serious~~ / Fatal	—

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. MR SMILJANIC	YUGOSLAV MINISTRY.	-	—	MINISTER FOR YUGOSLAVIA.
	2. —	—	—	—	
	3. —	—	—	—	

G. APPARENT DAMAGE TO OTHER VEHICLE	(In greatest detail possible) NOT KNOWN (Note any previous defects)	Can be seen at — Telephone

H. INJURY TO ANIMALS	HORSE / POULTRY / SHEEP	COW / PIG / DOG	How many	LED / STRAYING	Condition	Injuries	IT was not / will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER 5270

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage
	—	—	—

Property is NOT requisitioned

Telephone ..... Landlord / Tenant

J.	Name	Police Station	He did	A statement	ROAD	Name	Association	He did

If the latter, give Service, number and Unit.	2.				Slight / Serious / Fatal		
	3.						

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. Mr SMILJANIC	YUGOSLAV MINISTRY.			MINISTER FOR YUGOSLAVIA.
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE

(In greatest detail possible) — Can be seen at

NOT KNOWN

(Note any previous defects) — Telephone

H. INJURY TO ANIMALS	HORSE / POULTRY / SHEEP	COW / PIG / DOG	How many	LED / STRAYING	Condition	Injuries	IT was not / will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	NAME & ADDRESS of OWNER or OCCUPIER
					Telephone ..... Landlord / Tenant

J. POLICEMAN	Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
	No.....						Branch	

K. LIGHTS	DAYLIGHT	Service Vehicle	Other Vehicle	WARNING	UN-NECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
	[redacted]	NOT LIT	NOT LIT				

L. SPEED OF VEHICLE	Service	Other	NON BUILT UP AREA	Traffic	ROAD SURFACES				TRAFFIC LIGHTS	Visibility
	Signed Not Known	Not Known		LIGHT		WET	BAD	STRAIGHT [redacted]	TRAFFIC SIGNS	CLEAR [redacted]
	m.p.h.	m.p.h.		[redacted]						

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. .....

Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

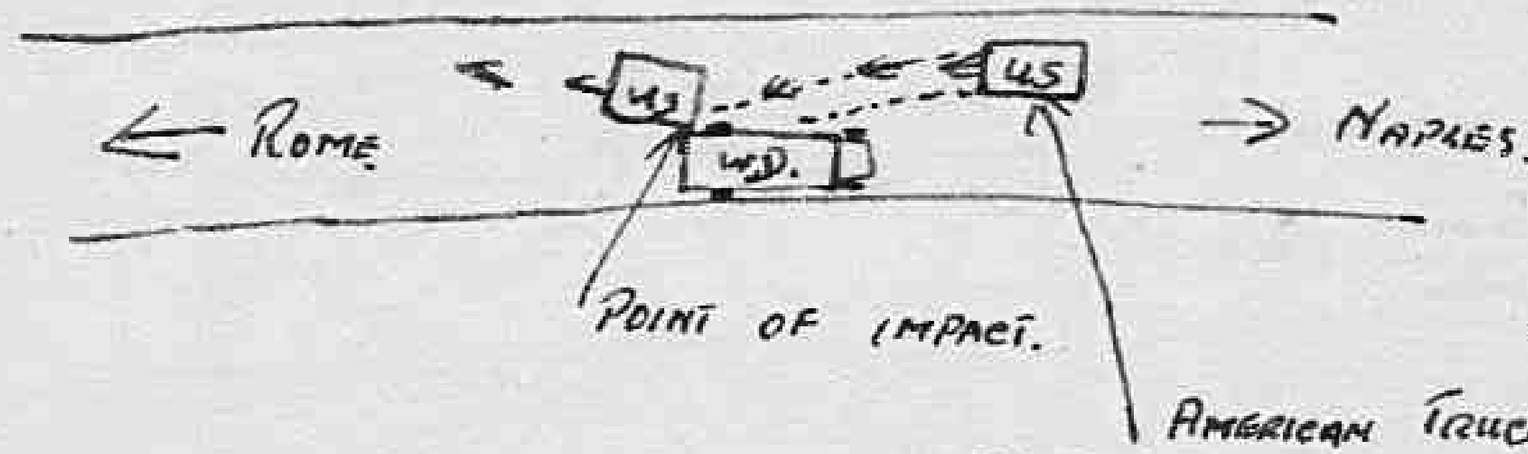
	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

ACCIDENT	Date	Time	Place	This slip is handed you for your convenience and is not to be taken as an admission of liability.
				[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



AMERICAN TRUCK BEFORE SKIDDING ON GREASY ROAD.

— " —

AMERICAN TRUCK DID NOT STOP.

Wt 45600/886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) VINCENT. MICHELE. Rank / Civilian Occupation	Number –	Unit A.A.C.I.	Driving Experience Years / Mths. Civilian / Service 1/2	Date of entry into Service	Age 23	Rate of Pay per day –

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle 5194515	Type of Bodywork SALOON.	Load capacity 6 STR	Make HUMBER.	H.P.	RIGHT ● HAND DRIVE	Present Location of Vehicle 30 PIAZZA MONTE SAVELLO.

If a motor-cycle, were all those on it wearing crash helmets ?..... (See A.C.I.2287/1941)

P. JOURNEY	~~Army Form C.2518~~ was signed by U.S. WD 48 Sgt ADLANI. If none signed, reason must be given in Driver's Statement	A.F.G.3518 Serial No..... Date 30/9/44	From ROME To NAPLES.	Nature of Duty CONVEYING PERSONS.	● LOADED	Map reference of scene of accident /

6 ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 2/10/44 194 Driver's Signature Vincent Vincenzo
(This must be in Driver's handwriting, not typed)

Q. UNIT	Name A.A.C.I.	Address 30 PIAZZA MONTE SAVELLO. ROME.	Telephone 566193	Unit's file reference AAC/30/1	Command ROME ALLIED AREA COMMAND

R. HIRED VEHICLE See A.C.I. para. /	Hired through / (R.A.S.C. Unit)	Contractor's Name & Address / Telephone /	Name & Address of Insurance Co. (if applicable) /	Insurance Cert. No. / or Policy No.	Rate of Hire per day /

S. DAMAGE TO SERVICE or HIRED VEHICLE	LEFT HAND REAR MUDWING DAMAGED.	Will probably be repaired by :— 353 Coy. (ARTY) RASC	No. of Vehicles on charge to Unit

or HIRED VEHICLE	5194515	SALOON.	6 STR	HUTTER.	DRIVE	MONTE SAVELLO.

If a motor-cycle, were all those on it wearing crash helmets ?..... (See A.C.I.2287/1941)

P. JOURNEY	~~Army Form C2518~~ was signed by US. WD 48 SGT ADLANI. If none signed, reason must be given in Driver's Statement	A.F.G.3518 Serial No..... Date 30/9/44	Journey From ROME To NAPLES.	Nature of Duty CONVEYING PERSONS.	LOADED	Map reference of scene of accident

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 2/10/44 194 Driver's Signature ..... (This must be in Driver's handwriting, not typed).

Q. UNIT	Name A.A.C.I.	Address 30 PIAZZA SAVELLO. MONTE ROME.	Telephone 566193	Unit's file reference AAC/30/1	Command ROME ALLIED AREA COMMAND

R. HIRED VEHICLE See A.C.I. para. /	Hired through / (R.A.S.C. Unit)	Contractor's Name & Address / Telephone	Name & Address of Insurance Co. (if applicable) /	Insurance Cert. No. / or Policy No.	Rate of Hire per day /

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	LEFT HAND REAR MUDWING DAMAGED. (In greatest detail)	Will probably be repaired by :— 353 Coy. (ARMY) R.A.S.C. (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit 9

T. I certify that the Service Vehicle was being driven	ON DUTY	~~NOT~~ ON DUTY	Name of Officer who gave authority for issue of ~~A.F.G.3518~~ W.D. FORM 48 CAPT REGGIO. US. ARMY	ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned NIL	to blame —

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place Date Time	Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
	Put cross to those required.		References are to Sections overleaf.														

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 2/9/ 1944
All copies should be signed and dated.

V. First Copy sent to A.D. Claims ..... Comd.
on 194

Y. Second Copy sent to next Higher Authority, namely :
.....
on 194

Z. Disciplinary Action Approved
..... 194
Signature of Brigade or other Commander.

..... 194
Signature of Divisional Commander.

..... 194
Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

5

Re ACCIDENT WD VEHICLE M 51 .515

Whilst proceeding from Rome to Naples on 30/9/44. I was stationary and an American truck travelling in the direction of Rome skidded into my car and damaged left hand rear mudguard. The American truck did not stop.

Signed [illegible]

Name of Motorcar. Mr Smiljanic. Mexicali for Yugoslavia.

Army Form A3676
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312/1940

Cross out those words in ITALICS which do not apply.

5A

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT.	Date.	Time	Place. County	Surname of Service Driver	No. of Service Vehicle.
	30/9/44	11.00h	NAPLES. ROUTE 6.	VINCENT	M. 3794515

B. OTHER VEHICLE.	Lorry / ~~Motor Car~~ / ~~Motor Cycle~~ / ~~Bicycle~~ / ~~Horse Van~~	Make	H.P. Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy No.
		AMERICAN TRUCK	NOT KNOWN	NOT KNOWN	—	—

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	NOT KNOWN	/	NOT KNOWN	/

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone
	U.S. ARMY	NOT KNOWN	—

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury (Slight / Serious / Fatal)	Hospital (if known)
	1. —	—	—	—	Slight / Serious / Fatal	—
	2. NIL	—	—	—	Slight / Serious / Fatal	—
	3. —	/	—	/	Slight / Serious / Fatal	—

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. MR SMILJANIC	YUGOSLAV MINISTRY. ROME	—	—	MINISTER FOR YUGOSLAVIA.
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE	(in greatest detail possible)	Can be seen at
	NOT KNOWN.	—

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE	COW	How many	LED	Condition	Injuries	If was not will not have to be KILLED	Telephone NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG	/	STRAYING	/			
	SHEEP	DOG						

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisi-
	/	/	/	

If the latter, give Service, number and Unit.	2. —	—	—	Slight / Serious / Fatal	—
	3.				

F.	Name	Address	Telephone	Age approx.	Occupation
WITNESSES Name, address etc., of every person present must be obtained.	1. Mr Smiljanic	Yugoslav Ministry. Rome	—	—	Minister for Yugoslavia.
	2.				
	3.				

G. (in greatest detail possible) — Can be seen at

APPARENT DAMAGE TO OTHER VEHICLE: Not Known. — —

(Note any previous defects)

H.	HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER — Telephone
INJURY TO ANIMALS	POULTRY	PIG	/	STRAYING	/			
	SHEEP	DOG						

I.	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant
DAMAGE TO PROPERTY	/	/	/		

J.	Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
POLICEMAN	Nil	—	/		/	Nil	—	
	No.						Branch	

K.	DAYLIGHT	Service Vehicle	Other Vehicle	WARNING	UN-NECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
LIGHTS	~~NIGHT~~	NOT LIT	NOT LIT				

L.	Service	Other	NON BUILT UP AREA	Traffic	ROAD SURFACES			STRAIGHT AHEAD / CROSS-ROADS	TRAFFIC LIGHTS / TRAFFIC SIGNS	Visibility
SPEED OF VEHICLE	Stationary m.p.h.	Not Known m.p.h.		LIGHT		WET	BAD			CLEAR / ~~FOGGY~~ / ~~MIST~~

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ..... Address .....

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by work or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

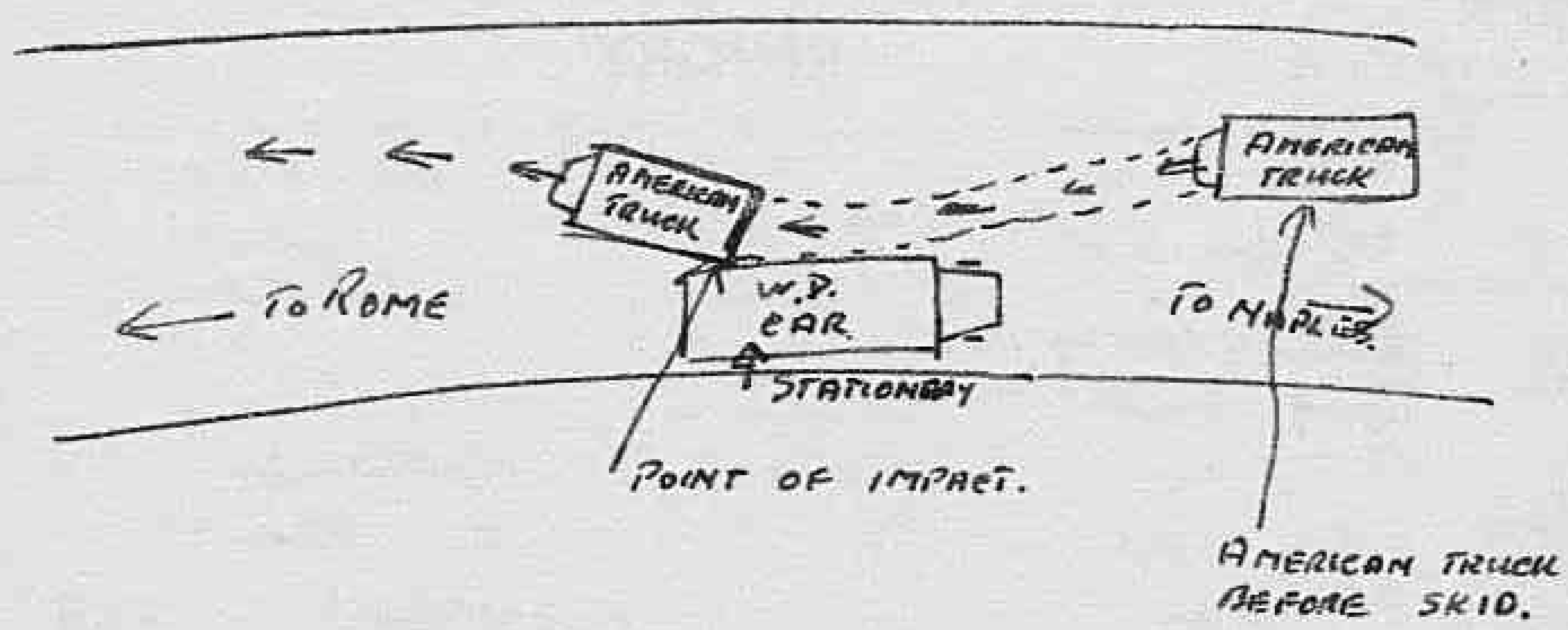
[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.

Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



AMERICAN TRUCK DID NOT STOP.

(81136) Wt 30827/1847 1,000M 11/42 Bw. G.51

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names): VINCENT MICHELE. Rank FRENCH Civilian Occupation —	Number: —	Unit: ADVISORY COUNCIL OF ITALY	Driving Experience Years / Mths. Civilian 1 -; Service 2 -	Date of entry into Service: -	Age: 23	Rate of Pay per day: —	
O. SERVICE or HIRED VEHICLE	No. of Service Vehicle: M.5194515	Type of Bodywork: SALOON	Load capacity: 6 STR	Make: HUMBER.	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle: WORKSHOPS 353 Coy. (ARTY) RASC.	
	If a motor-cycle, were all those on it wearing crash helmets?			(See A.C.I. 2287/1941)				
P. JOURNEY	~~Army Form G3518~~ U.S. W.D. FORM 48 was signed by SGT ADLANI. (If none signed, reason must be given in Driver's Statement)	~~A.F.G.3518~~ W.D. FORM 48 Serial No. — Date 30/9/44	Journey From ROME To NAPLES.	Nature of Duty: CONVEYING PERSONNEL.	~~[illegible]~~ LOADED	Map reference of scene of accident: NOT KNOWN		

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 2/10/1944 Driver's Signature Michel Vincent
(This must be in Driver's handwriting, not typed)

Q. UNIT	Name: ADVISORY COUNCIL OF ITALY.	Address: 30 PIAZZA. MONTE SAVELLO. ROME.	Telephone: 566193	Unit's file reference: AAC/30/1	Command: ROME ALLIED AREA.
R. HIRED VEHICLE See A.C.I. .... para. .... /	Hired through: — (R.A.S.C. Unit)	Contractor's Name & Address: Telephone /	Name & Address of Insurance Co. (if applicable): —	Insurance Cert. No. .... or Policy No. /	Rate of Hire per day: —

S. Will probably be repaired by :— No. of

Declassified E.O. 12356 Section 3.3/NND No. 785016

SERVICE or HIRED VEHICLE	M.5194515	SALOON	Capacity 6 STR	HUMBER.	HAND DRIVE	WORKSHOPS 353 Coy. (ARTY) R.A.S.C.	

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I.2287/1941)

P. JOURNEY	~~Army Form C.3518~~ was signed by U.S. W.D. FORM 48 SGT ADLANI. If none signed, reason must be given in Driver's Statement	~~A.F.C.3518~~ W.D. FORM 48 Serial No. — Date 30/9/44	Journey From ROME To NAPLES.	Nature of Duty CONVEYING PERSONNEL.	LOADED	Map reference of scene of accident NOT KNOWN

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 2/10/1944 Driver's Signature Michel Vincent

(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	ADVISORY COUNCIL OF ITALY.	30 PIAZZA. MONTE SAVELLO. ROME.	566193	AAC/30/1	ROME ALLIED AREA.

R. HIRED VEHICLE See A.C.I. para. ✓	Hired through ✓ (R.A.S.C. Unit)	Contractor's Name & Address ✓ Telephone	Name & Address of Insurance Co. (if applicable) ✓	Insurance Cert. No. ✓ or Policy No.	Rate of Hire per day ✓

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	Will probably be repaired by :—	No. of Vehicles on charge to Unit
LEFT HAND REAR MUDWING DAMAGED. (In greatest detail)	353 Coy. (ARTY) R.A.S.C. (Name of Repair Shop or Garage)	9.

T. I certify that the Service Vehicle was being driven	ON DUTY	~~NOT ON DUTY~~	Name of Officer who gave authority for issue of ~~A.F.C.3518~~ W.D. FORM 48.	ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been : concerned	to blame
			CAPT REGGIO.		NIL	—

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of Injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3

Put cross to those required. References are to Sections overleaf.

W. IT IS NOT INTENDED TO HOLD ~~A COURT OF INQUIRY~~ / ~~AN INVESTIGATION.~~

Opinion of Officer commanding Unit as to responsibility
(Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit [signature] Date 2/9/1944

All copies should be signed and dated.

Z. Disciplinary Action Approved 194

Signature of Brigade or other Commander

V. First Copy sent to A.D. Claims Comd. on 194

Signature of Divisional Commander. 194

Y. Second Copy sent to next Higher Authority, namely : ..... on 194

Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland to: 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic Act liability only ; (iv) the amount of the excess (if any).

Copy 4

I was returning to Piazza
Mont Savello with my vehicle
Humber No 5794536 at about
21·30h. 3/11/44. and was
crossing the Via Dell Impero.
from Piazza Caerite and
was almost across the
Via Dell Impero when I felt
a bump at the rear of
my vehicle. I immediately
stopped but the other vehicle
which had hit me drove
off before I could get
any particulars. It was
dark and my vehicle was
lit. I am not sure
but I think the driver of
the other vehicle was a Military
Bleaman. Signed Bonsi. F.

527

Army Form A3676
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312/1940
Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT.	Date. 3/11/44	Time 21·30	Place. Junction of Road from Via Cassino & Via Dell Inferno. County		Surname of Service Driver BONSI.	No. of Service Vehicle. 3194336.
B. OTHER VEHICLE.	Lorry ~~Motor Car~~ ~~Motor Cycle~~ ~~Bicycle~~ ~~Horse Van~~	Make NOT KNOWN	H.P. — Year	Registration No. —	Name and address of Insurance Co. —	Insurance Certificate No. / or Policy No.
C. DRIVER OF OTHER VEHICLE	Name NOT KNOWN.	Driving Licence Date / No.	Address and Occupation /			Telephone /
D. OWNER OF OTHER VEHICLE	Name NOT KNOWN		Address and Occupation —			Telephone —

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
	1. NIL	/	/	/	*Slight / Serious / Fatal*	/
	2.				*Slight / Serious / Fatal*	
	3.				*Slight / Serious / Fatal*	

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. /				
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible) — Can be seen at NOT KNOWN.

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED	Telephone 527 / NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG	-	STRAYING				
	SHEEP	DOG						

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT repairable

number and Unit. | 3. | | | Fatal

F. WITNESSES Name, address etc., of every person present must be obtained.

	Name	Address	Telephone	Age approx.	Occupation
1.					
2.					
3.					

(in greatest detail possible) Can be seen at

G. APPARENT DAMAGE TO OTHER VEHICLE: Not Known.

(Note any previous defects) Telephone 527/

H. INJURY TO ANIMALS

HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG		STRAYING				
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.						Branch	

K. LIGHTS

	Service Vehicle	Other Vehicle	WARNING	UN-NECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
NIGHT	LIT	LIT				

L. SPEED OF VEHICLE

Service	Other	BUILT UP AREA	Traffic	ROAD SURFACES			CROSS ROADS	TRAFFIC LIGHTS / TRAFFIC SIGNS	Visibility
5 m.p.h.	Not Known m.p.h.		LIGHT		DRY	GOOD			CLEAR

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ..... Address .....

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by work or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

Date	Time	Place

ACCIDENT

This slip is handed you for your convenience and is not to be taken as an admission of liability.

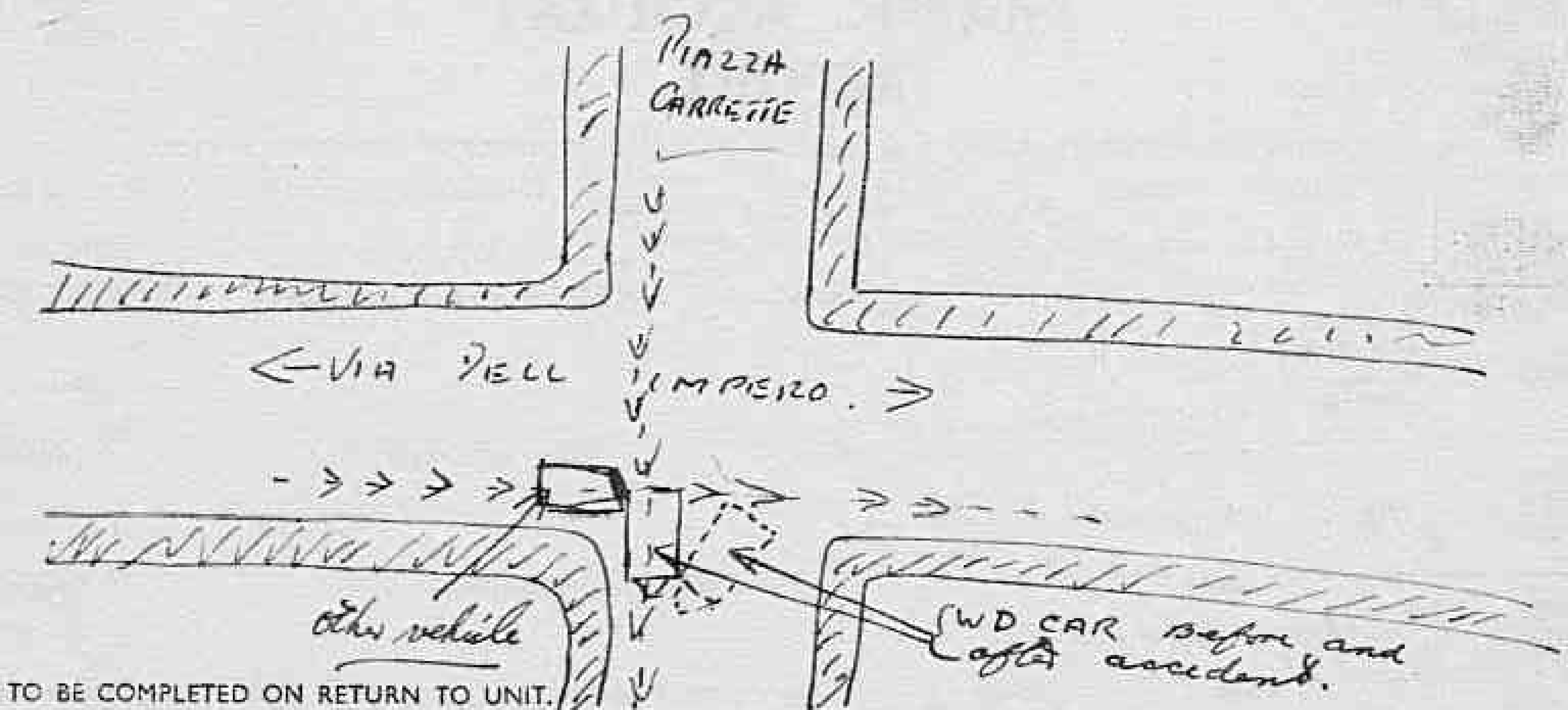
[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.

Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



(81134) Wt 38027/1847 1,000M 11/42 Hw. G.51

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
	BONSI. FRANCO. Rank ITALIAN Civilian Occupation	—	ALLIED ADVISORY COUNCIL.	Civilian 2 — / Service —	—	21	80 LIRA.

O. SERVICE ~~or HIRED~~ VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
	5194556	SALOON	6 SEATER	HUMBER.	24		30 PIAZZA MONTE SAVELLO.

if a motor-cycle, were all those on it wearing crash helmets ! (See A.C.I. 2287/1941)

P. JOURNEY	W.D. Army Form 48 was signed by	W.D. FORM 48 Serial No.	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
	W. ENGLISH. (If none signed, reason must be given in Driver's Statement)	— Date 3/11/44	From RUSSIAN DEL. To PIAZZA MONTE SAVELLO	OFFICIAL BUISNESS		—

6 ins.

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 4/11/ 1944 Driver's Signature BONSI. F.

(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	ALLIED ADVISORY COUNCIL.	30 PIAZZA MONTE SAVELLO. ROME.	566193	AACI/4/1	RAAC

R. HIRED VEHICLE See A.C.I. para.	Hired through	Contractor's Name & Address	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day
	— (R.A.S.C. Unit)	— Telephone	—	—	—

S. DAMAGE TO SERVICE or HIRED		Will probably be repaired by :—	No. of Vehicles on charge to Unit
	Right hand rear mudwing	353 Coy (RASC)	

Rank ITALIAN Civilian Occupation

O. SERVICE ~~or HIRED~~ VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
5194556	SALOON	6 SEATER	HUMBER. 24			30 PIAZZA MONTE SAVELLO.

if a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I.2287 /1941)

P. JOURNEY

W. I. Army Form ~~W.~~ 48 was signed by W. ENGLISH.

If none signed, reason must be given in Driver's Statement

~~A.F.W.5518~~ W.D. FORM 48 Serial No. —

Date 3/11/44

Journey	Nature of Duty	UNLOADED	Map reference of scene of accident
From RUSSIAN DEL. To PIAZZA MONTE SAVELLO	OFFICIAL BUISNESS		—

6 ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 4/11/ 194 4 Driver's Signature BONSI. F. (This must be in Driver's handwriting, not typed).

O. UNIT	Name	Address	Telephone	Unit's file reference	Command
	ALLIED ADVISORY COUNCIL.	30 PIAZZA MONTE SAVELLO. ROME.	566193	AACI/4/1	RAAC

R. HIRED VEHICLE See A.C.I. para.	Hired through (R.A.S.C. Unit)	Contractor's Name & Address / Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day
	—	—	—	—	—

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED (In greatest detail): Right hand rear mudwing dented. Steel Desc Send

Will probably be repaired by :— 353 Coy (RASC) (ARTY) (Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit: 9.

T. I certify that the Service Vehicle was being driven ON DUTY / ~~NOT~~ OFF DUTY

Name of Officer who gave authority for issue of ~~A.F.W.5518~~ WD 48. CAPT RIGGIO.

ON ITS AUTHORIZED ROUTE

Number of previous accidents in which Driver has been : concerned: NIL; to blame: —

T.2. It is essential that A.D. Claims furnish me with

Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of Injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3

Put cross to those required. References are to Sections overleaf.

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility (Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

Italian Civilian Driver.

U. Signature of O.C. Unit

Date 194

All copies should be signed and dated.

V. First Copy sent to A.D. Claims Comd. on 194

Y. Second Copy sent to next Higher Authority, namely : or 194

Z. Disciplinary Action Approved 194

Signature of Brigade or other Commander

194

Signature of Divisional Commander.

194

Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :— THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland to : 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company : (ii) the number of the Policy : (iii) whether this is comprehensive, third party only or Road Traffic Act liability only : (iv) the amount of the excess (if any).

Statement By Bonet. F. 3

I was returning to Piazza Mario Savello with my vehicle Number N° 5194536 ~~and~~ at about 21.30 h on 3/11/44. and was crossing the via Dell. Impero from Piazza Cavette and was almost across the Via Dell Impero, when I felt a bump at the rear of my vehicle I immediately stopped but the other vehicle which had hit me drove off before I could get any particulars. It was dark and my vehicle was ~~not~~ damaged. I was not sure, but I think the driver of the other vehicle was a military Policeman.

Signed 5273

Bonet Franco

3A

Army Form A3676
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312/1940

Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT.	Date.	Time	Place.	Surname of Service Driver	No. of Service Vehicle.
	3/11/44	21.30	JUNCTION OF ROAD FROM VIA CASILIA TO VIA DELL IMPERO. County —	BONSI.	5194556.

B. OTHER VEHICLE.	Lorry / ~~Motor Car~~ / ~~Motor Cycle~~ / ~~Bicycle~~ / ~~Horse Van~~	Make	H.P.	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy No.
		NOT KNOWN	Year —	—	—	—

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	NOT KNOWN	—	—	—

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone
	NOT KNOWN	—	—

E. INJURED PERSONS State whether civilian or in Armed Forces. if the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury *Slight Serious Fatal*	Hospital (if known)
	1. NIL	/	/	/	*Slight Serious Fatal*	/
	2.				*Slight Serious Fatal*	
	3.				*Slight Serious Fatal*	

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1.				
	2. /	—	—	—	—
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE	(in greatest detail possible)	Can be seen at
	NOT KNOWN.	—

H. INJURY TO ANIMALS	HORSE /	COW /	How many	LED / STRAYING	Condition	Injuries	IT was not will not have to be KILLED	Telephone NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG						527?
	SHEEP	DOG						

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant
	/	—	—	—	

PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	1.					Serious Fatal
	2. NIL	/	/	/		Slight Serious Fatal
	3.					Slight Serious Fatal

F.	Name	Address	Telephone	Age approx.	Occupation
WITNESSES Name, address etc., of every person present must be obtained.	1.				
	2. /	/	/	/	/
	3.				

G. (in greatest detail possible) Can be seen at

APPARENT DAMAGE TO OTHER VEHICLE: Not Known. /

(Note any previous defects)

H.	HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED
INJURY TO ANIMALS	POULTRY	PIG		STRAYING			
	SHEEP	DOG					

Telephone NAME & ADDRESS of OWNER or OCCUPIER: 527?

I.	Nature of Property	Exact Location	Damage	Property is NOT requisitioned
DAMAGE TO PROPERTY	/	/	/	/

Telephone Landlord / Tenant

J.	Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
POLICEMAN	No. /	/				/	Branch /	

K.	Service Vehicle	Other Vehicle	WARNING			
LIGHTS	~~DAYLIGHT~~ NIGHT	LIT	LIT		UN NECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER

L.	Service	Other		Traffic	ROAD SURFACES					
SPEED OF VEHICLE	5. m.p.h.	Not Known m.p.h.	BUILT UP AREA	LIGHT	DRY	GOOD	STRAIGHT BEND CROSS ROADS	TRAFFIC LIGHTS TRAFFIC SIGNS	Visibility CLEAR FOGGY

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ..... Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by work or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene

Insert here Initials of Command

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place
ACCIDENT			

This slip is handed you for your convenience and is not to be taken as an admission of liability.

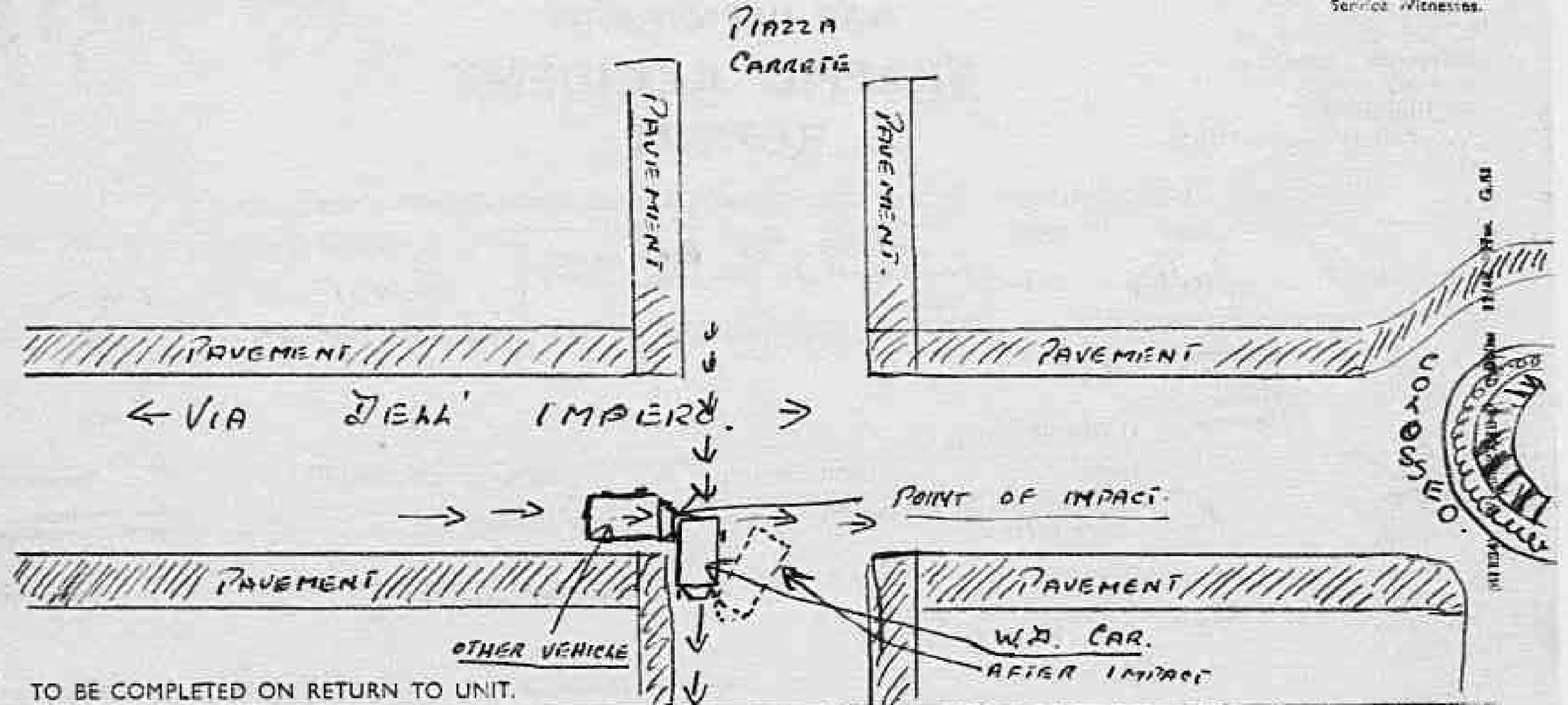
[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.

Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.



TO BE COMPLETED ON RETURN TO UNIT.

N.	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
SERVICE DRIVER	BONSI. FRANCO. Rank ITALIAN. ~~Civilian Occupation~~	—	ALLIED ADVISORY COUNCIL	Civilian Service 24 / —	/	21	80 LIRA

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle
SERVICE or HIRED VEHICLE	5194556.	SALOON	6 SEATER	HUMBER.	24		30 PIAZZA MONTE SAVELLO. ROME.

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 2287/1941)

P.			Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
JOURNEY	U.S. Army Form [redacted] 48. was signed by W. ENGLISH. If none signed, reason must be given in Driver's Statement	W.D. FORM 48. Serial No. — Date 3/11/44	From RUSSIAN DELEGATION PIAZZA. To MONTE SAVELLO	OFFICIAL BUISNESS	/	/

6 ins.

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal advisor. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 4/11/ 1944 Driver's Signature [signature] (This must be in Driver's handwriting, not typed).

O.	Name	Address	Telephone	Unit's file reference	Command
UNIT	ALLIED ADVISORY COUNCIL FOR ITALY.	30 PIAZZA MONTE SAVELLO. ROME.	566193.	AACI/4/1	ROME AREA COMMAND.

R.	Hired through	Contractor's Name & Address	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day
HIRED VEHICLE See A.C.I. para	/ (R.A.S.C. Unit)	/ Telephone	/	/	/

S.		Will probably be repaired by :—	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or HIRED VEHICLE	RIGHT HAND REAR MUDWING DENTED, wheel Disc Bent.	353 Coy. (RASC) (~~Artillery~~)	9

O. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	Mar.	HAND DRIVE	
5194556.	SALOON	6 SEATER	HUMBER. 24			30 PIAZZA MONTE SAVELLO. ROME.

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I.2287/1941)

P. JOURNEY

U.S. Army Form [redacted] was signed by 48. W. ENGLISH.
If none signed, reason must be given in Driver's Statement

WD FORM 48. Serial No. —
Date 3/11/44

Journey	Nature of Duty	UNLOADED	Map reference of scene of accident
From RUSSIAN DELEGATION PIAZZA. To MONTE SAVELLO	OFFICIAL BUSINESS		/

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 4/11/ 1944 Driver's Signature [signature] (This must be in Driver's handwriting, not typed).

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
ALLIED ADVISORY COUNCIL FOR ITALY.	30 PIAZZA MONTE SAVELLO. ROME.	566193.	AACI/4/1	ROME AREA COMMAND.

R. HIRED VEHICLE See A.C.I. para.....

Hired through (R.A.S.C. Unit)	Contractor's Name & Address / Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day
/	/	/	/	/

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED

RIGHT HAND REAR MUDWING DENTED, wheel Disc Bent. (In greatest detail)

Will probably be repaired by :— 353 Coy. (RASC) (ARTILLERY) (Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit: 9.

T. I certify that the Service Vehicle was being driven

ON DUTY / ~~NOT ON DUTY~~ X

Name of Officer who gave authority for issue of ~~Authority~~ WD. 48. CAPT. RIGGIO.

~~ON~~ ON ITS AUTHORIZED ROUTE

Number of previous accidents in which Driver has been concerned: NIL; to blame: /

T.2. It is essential that A.D. Claims furnish me with

Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at
/	/	/	/		-	-	-	/

Put cross to those required. References are to Sections overleaf.

COURT OF INQUIRY / INVESTIGATION — Place / Date / Time

Of injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3
/					/

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility
(Only to be completed on copy sent to Higher Authority).

U. Signature of O.C. Unit

Date 4/11/1944
All copies should be signed and dated.

Z. Disciplinary Action Approved

19..

Signature of Brigade or other Commander

19..

Signature of Divisional Commander

19..

Signature of Corps Commander

V. First Copy sent to A.D. Claims Comd.

on 194

Y. Second Copy sent to next Higher Authority, namely :

on 194

X. Punishment awarded ITALIAN CIVILIAN DRIVER.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland to : 1, Malone Park, Belfast.)
Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.
Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company : (ii) the number of the Policy : (iii) whether this is comprehensive, third party only or Road Traffic Act liability only : (iv) the amount of the excess (if any).

Statement Re Accident

I was proceeding with my vehicle Number 5194513 along the Via Oliana and came to the junction of Corso Trento, I blew my horn and proceeded to cross the Corso Trento, when a Utility car driven by Lt Ponder came along and cancel me to stop owing to the wet and greasy surface of the road. Thereby hitting my vehicle on the front left hand mudwing.

SIGNED

Army Form A3576
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I. 1312/1940
Cross out those words in ITALICS which do not apply.

Copy 9A

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT WRITE ON BACK.

A. ACCIDENT.	Date.	Time	Place.	Surname of Service Driver	No. of Service Vehicle.
	28/11/44	15·45	~~County~~ CORSO TRIESTE ROME.	MICHEL	5194575

B. OTHER VEHICLE	~~Lorry~~ Motor Car ~~Motor Cycle~~ ~~Bicycle~~ ~~Horse Van~~	Make	H.P. / Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy No.
		UTILITY 2 STR	10 —	5244508.	W. D.	/

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	LT C.W. TINDER.		76 SECTION. SPECIAL INVESTIGATION BRANCH C.M.P.	—

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone
	W. D.	—	—

E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name	Age (approx.)	Address and Occupation	Telephone	Injury *Slight Serious Fatal*	Hospital (if known)
	1. —			/		/
	2. MIL	/	/	/		/
	3. —			/		/

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age approx.	Occupation
	1. MR MIRKO RASHNITZEER.	YUGOSLAV DELEGATION. ROME.	878078	/	SECRETARY.
	2. —				

G. APPARENT DAMAGE TO OTHER VEHICLE	(In greatest detail possible)	Can be seen at
	SLIGHT DENT IN MUDWING.	24 VIA PHOTTA ROME.
	(Note any previous defects)	Telephone —

H. INJURY TO ANIMALS	HORSE /	COW /	How many	LED / STRAYING	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
	POULTRY	PIG						
	SHEEP	DOG						

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT requisitioned	
	/	/	/	/	527

Telephone Landlord — Tenant

If the latter, give Service, number and Unit.

2.

3.

Sl. or Serious / Fatal

F. WITNESSES Name, address etc., of every person present must be obtained.

Name	Address	Telephone	Age approx.	Occupation
1. MR MIRKO RASHMITZEER.	YUGOSLAV DELEGATION. ROME.	878078		SECRETARY.

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible)

SLIGHT DENT IN MUDWING.

Can be seen at 24 VIA PHOTTA ROME.

Telephone —

(Note any previous defects)

H. INJURY TO ANIMALS

HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED
POULTRY	PIG		STRAYING			
SHEEP	DOG					

NAME & ADDRESS of OWNER or OCCUPIER

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned

Telephone Landlord / Tenant

527

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.						Branch	

K. LIGHTS

DAYLIGHT ~~NIGHT~~	Service Vehicle	Other Vehicle	WARNING	~~GIVEN~~ NECESSARY	~~NOT~~ GIVEN BY ME	~~NOT~~ GIVEN BY OTHER
	NOT LIT	NOT LIT				

L. SPEED OF VEHICLE

Service	Other	~~NON~~ BUILT UP AREA	Traffic	ROAD SURFACES	~~DRY~~ WET	~~GOOD~~ FAIR ~~BAD~~	~~STRAIGHT BEND~~ CROSS ROADS	~~TRAFFIC LIGHTS~~ ~~TRAFFIC SIGNS~~	Visibility ~~CLEAR~~ RAIN
15 m.p.h.	15 m.p.h.		LIGHT DENSE						

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ..... Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

Use this space for SKETCH and particulars for which there is no room on Page 1.
Put in all the measurements, skid-marks and details possible.

This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.

(41154) Wt. 30627/1047 1,000m 11/42 Hw. G.81

TO BE COMPLETED ON RETURN TO UNIT.

	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
N. SERVICE DRIVER	MICHEL. VINCENT Rank FRENCH CIVILIAN Description	434	ADVISORY COUNCIL FOR ITALY	Civilian 3 / - Service	1942	28	12/-

	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle
O. SERVICE ~~or HIRED~~ VEHICLE	M. 5194515	SALOON.	6 SEATER	HUMBER.			353 Coy. R.A.S.C. (ARTY) WORKSHOPS.

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I.2287/1941)

	~~Army Form G.3518~~ was signed by	~~A.F.G.3918~~	Journey	Nature of Duty	LOADED	Map reference of scene of accident
P. JOURNEY	W.D. " 48 W. ENGLISH. If none signed, reason must be given in Driver's Statement	W.D. 48. ~~Serial No.~~ Date 28/11/44	From ROME To AREA.	OFFICIAL BUISNESS		—

6 ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 28/11/1944 Driver's Signature M. Vincent (This must be Driver's handwriting, not typed).

	Name	Address	Telephone	Unit's file reference	Command
Q. UNIT	ADVISORY COUNCIL FOR ITALY	44 VIA DI- CROCIFERI. ROMA.	62255	AC1/1/28	ROME ALLIED AREA

	Hired through	Contractor's Name & Address	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day
R. HIRED VEHICLE See A.C.I. para.	(R.A.S.C. Cmn.)	Telephone			

		Will probably be repaired by :—	No. of Vehicles on charge to Unit
S. DAMAGE TO SERVICE VEHICLE	LEFT HAND FRONT MUDWING DAMAGED. " RUNNING BOARD "	353 Coy. R.A.S.C. (ARTY)	

~~or HIRED~~ VEHICLE M. 5194515 SALOON. 6 SEATER TOURER. DRIVE (ARTY) WORKSHOPS.

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I.2287/1941)

P. JOURNEY

~~Army Form G3518~~ was signed by W.D. " 48 W. ENGLISH. If none signed, reason must be given in Driver's Statement

~~A.F.C.3518~~ W.D. 48. ~~Serial No~~ Date 28/11/44

Journey: From ROME To AREA.

Nature of Duty: OFFICIAL BUISNESS

~~LOADED~~ LOADED

Map reference of scene of accident: —

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

* Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 28/11/1944 Driver's Signature [signature] (This must be in Driver's handwriting, not typed)

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
ADVISORY COUNCIL FOR ITALY	44 VIA DI - CROCIFERI. ROMA.	62255	AC1/1/28	ROME ALLIED AREA

R. HIRED VEHICLE See A.C.I. para.....

Hired through (R.A.S.C. Unit)	Contractor's Name & Address / Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day

S. DAMAGE TO SERVICE ~~or HIRED~~ VEHICLE ~~and/or LOAD CARRIED~~

LEFT HAND FRONT MUDWING DAMAGED.
" " RUNNING BOARD "
" " FRONT WHEEL "
(In greatest detail)

Will probably be repaired by :— 353 Coy. R.A.S.C. (ARTY) (Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit: 9.

T. I certify that the Service Vehicle was being driven ON DUTY / ~~NOT~~ OFF DUTY

Name of Officer who gave authority for issue of ~~A.F.C.3518~~ W.D. 48. CAPT RIGGIO.

~~NOT~~ ON ITS AUTHORIZED ROUTE

Number of previous accidents in which Driver has been : concerned 1 to blame NIL.

T.2. It is essential that A.D. Claims furnish me with

Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of Injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3

Put cross to show required. References are to Sections overleaf.

W. IT IS NOT INTENDED TO HOLD ~~A COURT OF INQUIRY~~ / ~~AN INVESTIGATION.~~

Opinion of Officer commanding Unit as to responsibility (Only to be completed on copy sent to Higher Authority).

X. Punishment awarded

U. Signature of O.C. Unit

Date 28/11/1944 All copies should be signed and dated.

V. First Copy sent to A.D. Claims Comd. on 194

Y. Second Copy sent to next Higher Authority, namely : on 194

Z. Disciplinary Action Approved 194

Signature of Brigade or other Commander 194

Signature of Divisional Commander. 194

Signature of Corps Commander.

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland to : 2, Malone Park, Belfast.)
Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.
Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic Act liability only ; (iv) the amount of the excess (if any).

Declassified E.O. 12356 Section 3.3/NND No. 785016

Army Form A3678
(Revised August, 1942)
To be carried in an addressed envelope by every driver.
A.C.I.1312/1940

Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

THIS SIDE TO BE COMPLETED AT SCENE OF ACCIDENT. IF SPACE IS INSUFFICIENT, WRITE ON BACK.

A. ACCIDENT	Date: 26/4/45	Time: ~~[illegible]~~ 15.00	Place: Via Valle Giulia; County		Surname of Service Driver: ~~[illegible]~~ Pike	No. of Service Vehicle: 5194556.
B. OTHER VEHICLE	~~Lorry~~ ~~Motor Car~~ ~~Motor Cycle~~ Bicycle ~~Horse Van~~	Make: Globia	H.P.: — ; Year	Registration No.: —	Name and address of Insurance Co.: —	Insurance Certificate No. or Policy No.: —
C. DRIVER OF OTHER VEHICLE	Name: Marcello De Colombore	Driving Licence Date: — No.	Address and Occupation: 96 Via Germanico			Telephone: —
D. OWNER OF OTHER VEHICLE	Name: as above	Address and Occupation: as above!				Telephone: —
E. INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	Name: 1. ~~[illegible]~~ 2. as above civilian 3.	Age (approx.)	Address and Occupation: as above	Telephone	Injury: Slight	Hospital (if known): Nil —
F. WITNESSES Name, address etc., of every person present must be obtained.	Name: 1. Calvane Roseabba 2. 3.	Address: Via Francesco Crispi 64	Telephone: 486904	Age approx.	Occupation	
G. APPARENT DAMAGE TO OTHER VEHICLE	(In greatest detail possible) Frame badly twisted, front wheel twisted. Pedal broken				Can be seen at: as above address.	
H. INJURY TO ANIMALS	HORSE / COW / POULTRY / PIG / SHEEP / DOG	How many	LED / STRAYING	Condition (Note any previous defects)	Injuries	IT was not / will not have to be KILLED; Telephone; NAME & ADDRESS of OWNER or OCCUPIER
I. DAMAGE TO PROPERTY	Nature of Property —	Exact Location —	Damage —		Property is NOT requisitioned	Telephone

5269

Name, address etc., of every person present must be obtained.

1. ....
2. Roseabba — 64 — 486904
3. ....

G. APPARENT DAMAGE TO OTHER VEHICLE

(In greatest detail possible)

Frame badly twisted
Front wheel turns.
Pedal broken

Can be seen at as above. address.

(Note any previous defects)

Telephone

H. INJURY TO ANIMALS

HORSE	COW	How many	LED	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG		STRAYING				
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	
				Telephone Landlord / Tenant

J. POLICEMAN

Name	Police Station	He did NOT see accident	A statement was NOT made to him	ROAD PATROL	Name	Association	He did NOT see accident
No.....						Branch	

K. LIGHTS

DAYLIGHT	Service Vehicle	Other Vehicle	WARNING			
[redacted]	NOT LIT	NOT LIT		NECESSARY	GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service	Other		Traffic	ROAD SURFACE				TRAFFIC LIGHTS / TRAFFIC SIGNS	Visibility
10 m.p.h.	10 m.p.h.	NON BUILT UP AREA	LIGHT [redacted]		DRY [redacted]	FAIR	[redacted] ROADS BEND		CLEAR [redacted]

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. .....

Address .....

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.

(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

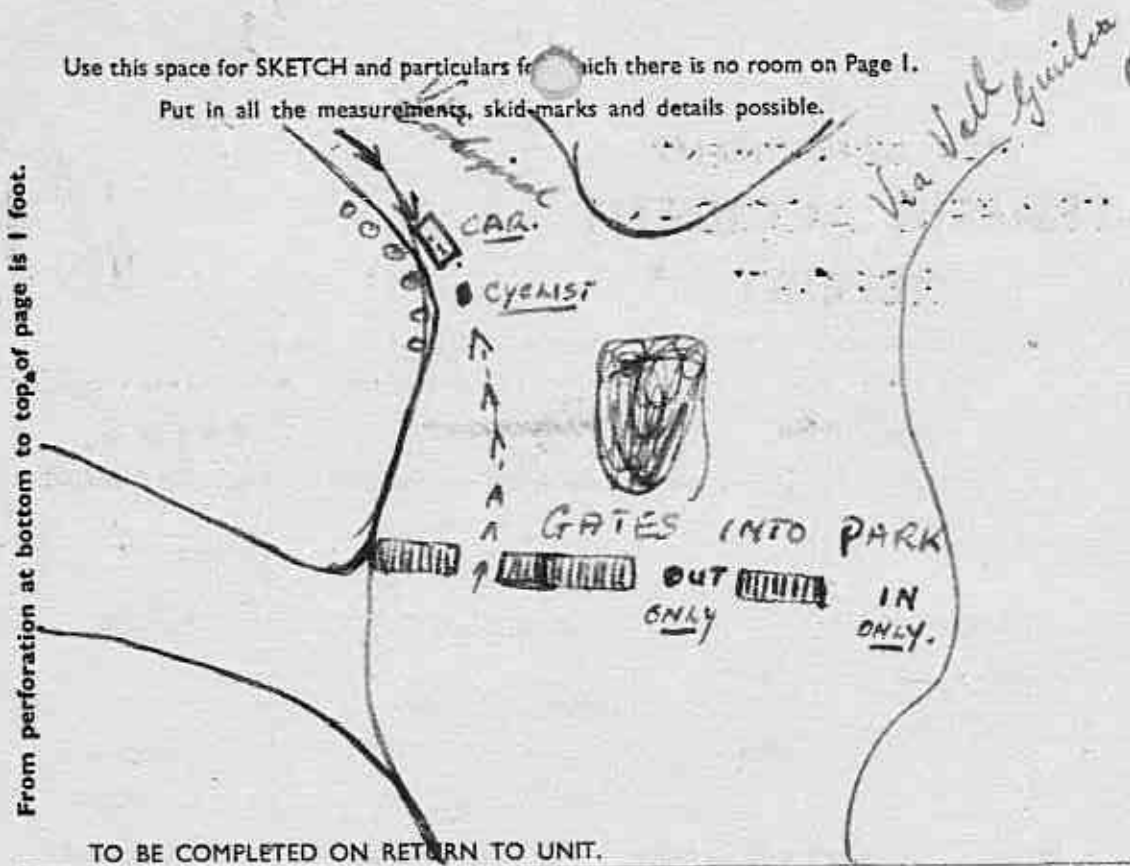
This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene.

Insert here Initials of Command

SERVICE DRIVER	Name	Rank	Number	Unit	Vehicle No.	Code
ACCIDENT	Date	Time		Place	This slip is handed you for your convenience and is not to be taken as an admission of liability. [Please Turn Over.	

Use this space for SKETCH and particulars for which there is no room on Page 1.

Put in all the measurements, skid-marks and details possible.



This Report must be accompanied by the signed statements of the Driver and any Service Witnesses.

From perforation at bottom to top of page is 1 foot.

W4-45909/886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) Danillo Rei Rank Gunner Civilian Occupation	Number –	Unit advisory counsel for Italy	Driving Experience Years Mths. Civilian ..... Service	Date of entry into Service	Age	Rate of Pay per day

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle 5194556	Type of Bodywork Saloon	Load capacity 6 seats	Make Humber	H.P. 29	RIGHT HAND DRIVE	Present Location of Vehicle 44 Via Del Governo

If a motor-cycle, were all those on it wearing crash helmets ?..... (See A.C.I.2287/1941)

P. JOURNEY	~~Army Form [illegible]~~ was signed by WD FORM 48 [signature] If none signed, reason must be given in Driver's Statement	A.[illegible] WD 48 Serial No. ..... Date 26/4/45	Journey From Via Del Governo To ~~a~~ Casale	Nature of Duty Official Business	LOADED

Map reference of scene of accident

Ins. 1

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally ~~as to what may be considered necessary~~ in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable ~~at any time~~, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date ..... 194 Driver's Signature .....
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name Advisory Council Staff Italy	Address 44 Via Del Governo	Telephone 66521	Unit's file reference ACI/1/26	Command Rome area

R. HIRED VEHICLE See A.C.I. ..... para.	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. ..... or Policy No.	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or		Will probably be repaired by :—	No. of Vehicles on charge to Unit
	Negligible	N/A	8

0372

P. JOURNEY

~~Army Form~~ [redacted] was signed by	~~A.F.G.3518~~	Journey	Nature of Duty	LOADED	Map reference of scene of accident
W3 FORM 48 (signature) If none signed, reason must be given in Driver's Statement	AWD 48 Serial No. — Date 26/4/45	From [illegible] To " [illegible]	Official [illegible]		

Ins. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable ... date, after the facts have been fully investigated by the Treasury Solicitor*.

*Or the War Department Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date ....194 Driver's Signature ....

(This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	Advisory Council Ctl 9724	44 [illegible]	66521	ACI/1/26	Rome area

R. HIRED VEHICLE See A.C.I. ...... para.	Hired through (R.A.S.C. Unit)	Contractor's Name & Address Telephone	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. ...... or Policy No.	Rate of Hire per day

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	(In greatest detail)	Will probably be repaired by :— (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit
	Negligible	N/A	8

T. I certify that the Service Vehicle was being driven	ON DUTY	NOT ON DUTY	Name of Officer who gave authority for issue of A.F.G. 3518	[redacted] ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been: concerned	to blame
		✓	Capt. Riggio		—	—

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1 | E.2 | E.3	Statements of Witnesses F.1 | F.2 | F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place ...... Date ...... Time	Of injured E.1 | E.2 | E.3	Of Witnesses F.1 | F.2 | F.3
	Put cross to those required.		References are to Sections overleaf.						

W. IT IS *NOT* INTENDED TO HOLD {A COURT OF INQUIRY / AN INVESTIGATION.

Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

V. First Copy sent to A.D.

Claims ....Comd.

on 194

Y. Second Copy sent to next Higher Authority, namely :

....

on 194

Z. Disciplinary Action Approved

..................194

Signature of Brigade or other Commander.

..................194

Signature of Divisional Commander.

..................194

Signature of Corps Commander.

X. Punishment awarded

Nil.

- - - - - - - - - - - - - - - - - - - -

Any correspondence concerning this accident should give all the particulars set out on the other side of this slip and be addressed to :—
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LONDON, W.1. (In Northern Ireland; 2, Malone Park, Belfast.)

Should any person have been injured, full particulars should be given together with the address at which the person could be examined if necessary.

Should a vehicle have been damaged, the following information should be given :—(i) the name and address of the Insurance Company ; (ii) the number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traffic liability only ; (iv) the amount of the excess (if any).

0373

... Part A. ... Driver(s) ... involved (or police officer) to fill in and return to Service driver.

Accident Accidente Unfall	Date Data Datum 10/4/45	Time Ora Zeit 14-30	Place Luogo Ort PIAZZA EPIRO Parish of (Comune di) (Bezirk)			Provincia di	
Civilian Vehicle Veicolo Civile Ziviler Wagen	Type Art TRAM	H.P. C.V. Pferde-stärke ELECT	Make Marca Marke —	Year Anno Jahr —	No. Numero Nr. 2045	Insurance Co. Compagnia d'Assicurazione Versicherungs-Gesellschaft	
Civilian Driver Conducente Civile Ziviler Fahrer	Name Nome Name COLASANTI ERNESTO.	Address and Profession Indirizzo e Mestiere Anschrift und Beruf VIA APPIA 37 TRAM DRIVER.		Telephone Telefono Fernsprecher —	Driving Licence Permesso di Condurre Führerschein No. — Nr.	Date — Datum	
Owner of Vehicle Proprietario del Veicolo Besitzer des Wagens	Name Nome Name A.T.A.A.	Address Indirizzo Anschrift ~~VIA APPIA~~		Telephone Telefono Fernsprecher	Profession Mestiere Beruf		
Injured Persons Persone Colpite Beschädigte Personen	Names Nomi Namen 1 2 3	Address and Profession Indirizzo e Mestiere Anschrift und Beruf		Telephone Telefono Fernsprecher	Age Età Alter	Sex Sesso Geschlecht	Injury Danno Beschädigung L Slight Leggero Leicht G Grave Grave Schwer F Fatal Fatale Tödlich
Witnesses Testimonianze Zeugen	Names Nomi Namen 1 2 3	Address Indirizzo Anschrift		Telephone Telefono Fernsprecher	Profession Mestiere Beruf		
Damage to Vehicle Danno al Carro Beschädigung des Wagens					(See over) (Rivergi) (Bitte wenden)		

Part B.

Accident Accidente Unfall	Date Data Datum 10/4/45	Time Ora Zeit 1430	Place Luogo Ort Parish of (Comune di) (Bezirk)		Provincia di
Service Driver Conducente Militare Militärischer Führer	Number Matricola Nr. [illegible]	Rank Grado Dienstgrad Civilian	Name Nome Name De Sabo.	No. of Service Vehicle Numero del Carro Militare Nr. des militärischen Fahrzeuges T 194514	

5268