10000 | 120 | 1912

ACC

10000 | 120 | 1912 Camp Q14/1 Traffic Accidents Repots - War Department

Opened Oct 18, 1944. Closed Sept 17, 1945 1st COVER

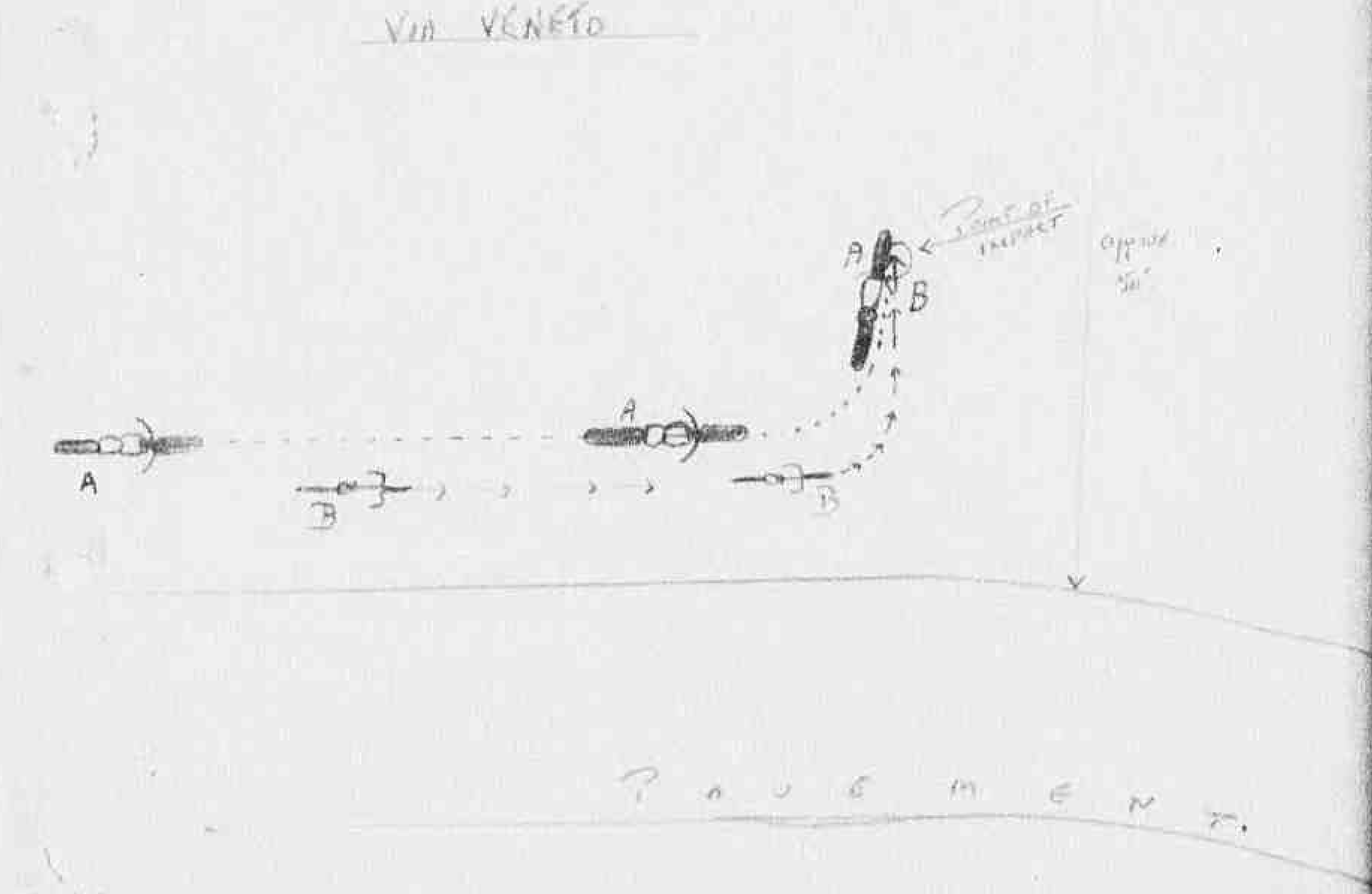
Oct 1944. Sept 1945

SKETCH PLAN
NOT TO SCALE.

A = SGT CURRIE - TRIUMPH Nº 888637.
B = UNKNOWN CIVILIAN BICYCLIST.

Rome 13 Sep 45 — E.P. Sharpe Cpl [illegible]

PAVEMENT 7781



284 A

2360

TRANSMITTAL SLIP.

SUBJECT:- Traffic Accident - Via Veneto.

To:- HQ., MMIA, Rome.
DAD, 53 Claims & Hirings, CMF.

Ref:- PM/PS/3/7/2539.

The attached report by Cpl. SHRAGER -, 290 Pro Coy, dated 14 Sep 45,

is/~~xxx~~ forwarded for

Information — REMARKS:
Necessary action please —
Investigation & report —
Perusal & return please —
Onward transmission —

Date:- 17 SEP 1945

Signature: Capt.
for Lt-Col.
Provost Marshal.
(J. A. Pike).

7780

REPORT 20/16/3/51

To: THE OFFICER COMMANDING
200 PROVOST COMPANY.
C.M.P. POLICE.

Sir,

With reference to D.I.R. Nº 2306 of the 28th of August 1945 concerning an accident which took place in Via Veneto at about 1640 hrs., whereby a British Sergeant was knocked from his m/c and injured. Enquiries have been made into this case with the following results.

At the date and time in question

Nº 3660762 Sgt. CURRIE C.
att. M.M.I.A. in Rome

was riding his Triumph motorcycle No. C 888637 down the right hand side of Via Veneto towards the Piazza Barberini. A little further ahead of him he saw a civilian girl cyclist, also riding in the same direction as himself. He sounded his horn and commenced to pass her. Just as his front wheel came level with her rear wheel the girl suddenly swung sharply left right across Sergeant Currie's front. The Sergeant swerved also to the left in an endeavour to get round her but the girl , who had certainly seen him by then, must have lost her head, for instead of braking and stopping she continued her swerve and inclined more and more towards the motor cycle. Sergt. Currie continued his swerve more sharply right over to the centre of the road and at the point where they were both nearly stopped, the girl fell on to his handlebars, forcing his machine down to the ground.

Sergt. Currie sustained abrasions to his left leg and arm and his machine sustained only a bent footrest. A Dott. Sancho del Grossi of No 41 Viale Parioli, Rome, came to his assistance and sent for an ambulance. Whilst this was going on the girl got up and rode her bicycle away, this before Sergt. Currie could obtain her name and

just as his front wheel came level with her rear wheel the girl suddenly swung sharply left right across Sergeant Currie's front. The Sergeant swerved also to the left in an endeavour to get round her but the girl , who had certainly seen him by then, must have lost her head, for instead of braking and stopping she continued her swerve and inclined more and more towards the motor cycle. Sergt. Currie continued his swerve more sharply right over to the centre of the road and at the point where they were both nearly stopped, the girl fell on to his handlebars, forcing his machine down to the ground.

Sergt. Currie sustained abrasions to his left leg and arm and his machine sustained only a bent footrest. A Dott. Sancho del Grossi of No 41 Viale Parioli, Rome, came to his assistance and sent for an ambulance. Whilst this was going on the girl got up and rode her bicycle away, this before Sergt. Currie could obtain her name and address. Another witness to the incident was a No. 31195421 Pfc W. WALSH of the 751st Tank Bn. US Army, Lake Garda. This NCO was apparently only in transit and left Rome that day for his Unit.

Dott. Del Grossi is in Turin at the moment and is not expected to return for some weeks. In view of this, therefore, the case has been closed as it stands. Sergt. Currie assures me that he is quite certain that no one took this girls particulars for him, everyone being more occupied with attending to him and getting the motorcycle out of the middle of the road.

Rome.
14 Sep 45

E.B. Shrager
Corporal.
300 PROVOST COY. C.M.POLICE.
(E.B. SHRAGER).

7779

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: 27/6/45 — Time: 12.30 — Place: BRACCIANO — County: [illegible] — Surname of Service Driver: TOMLEY — No. of Service Vehicle: 25905621

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.: — Year:

C DRIVER OF OTHER VEHICLE — Name: — Driving Licence Date: — No.: — Address and Occupation: — 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	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.					
2.					
3.					

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

APPARENT DAMAGE TO OTHER VEHICLE

H INJURY TO ANIMALS — (Note any previous defects)

HORSE	COW	How many	LED	Condition	Injuries	IT 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 requisitioned	Telephone

Declassified E.O. 12065 Section 3-402/NNDC No. 785020

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

2.
3.

Fatal
Slight
Serious
Fatal

I

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

C (in greatest detail possible) Can be seen at

APPARENT DAMAGE TO OTHER VEHICLE

(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 NAME & ADDRESS of OWNER or OCCUPIER
	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				Name	Association	
POLICEMAN		He did NOT see accident	A statement was NOT made to him	ROAD PATROL			He did NOT see accident
No.						Branch	

K

	Service Vehicle	Other Vehicle					
LIGHTS	DAYLIGHT ~~NIGHT~~	~~NOT LIT~~	NOT LIT	~~PARKING~~	~~UN-NECESSARY~~	~~NOT GIVEN BY ME~~ 77	~~NOT GIVEN BY OTHER~~

L

	Service	Other		Traffic						Visibility
SPEED OF VEHICLE	25 m.p.h.	— m.p.h.	NON BUILT UP AREA	LIGHT ~~DENSE~~	ROAD SURFACES	DRY ~~WET~~	~~ICY~~ FAIR BAD	STRAIGHT ~~BEND~~ ~~CROSS ROAD~~	~~TRAFFIC~~ LIGHTS TRAFFIC SIGNS	CLEAR ~~FOG~~ ~~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	Ernest Tomlin	Gunner	11258290	RMIA	25905621	

	Date	Time	Place
ACCIDENT	27/6/40	12·30	Braccano

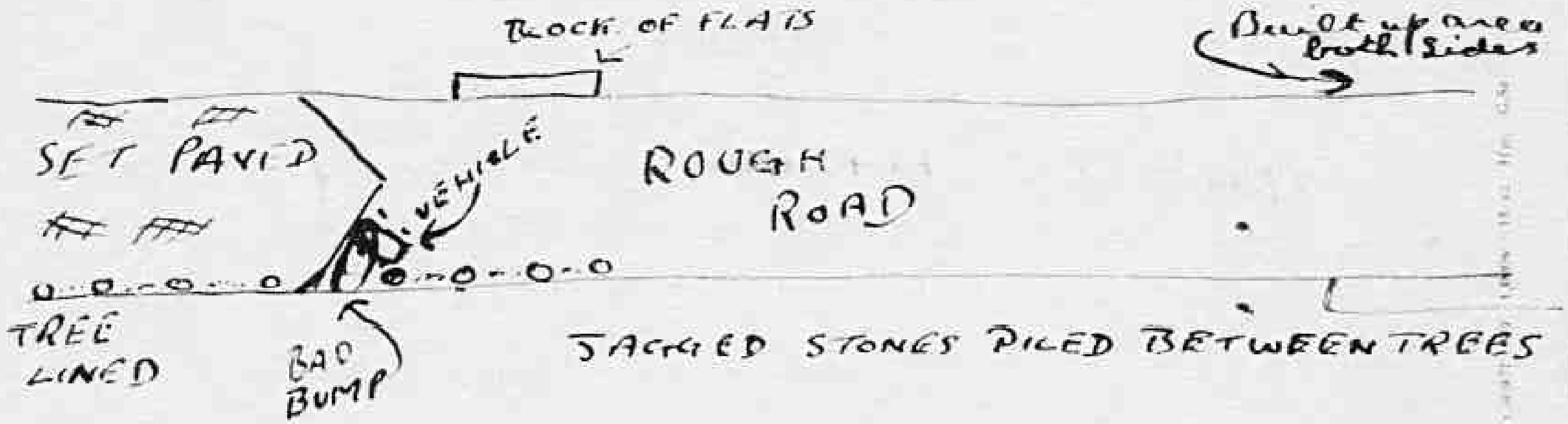
This slip is handed you for your convenience and is not to be taken as an admission of liability.

Please Turn Over

Declassified E.O. 12065 Section 3-402/NND No. 785020

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 Witnesses.



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

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
SERVICE DRIVER	ERNEST TOMLEY	1125280	MMIA	Service 3	10	14-8-41	39	6/-

Rank SUMNER Civilian Occupation

	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	R.H.D.	Present Location of Vehicle
SERVICE or HIRED VEHICLE	Z5905621	STEEL	8 cwt	CHEVROLET	28	HAND DRIVE	WORKSHOPS 1767 Independent RASC

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 2227/1941)

	Army Form G3518 was signed by	A.F.G. 3518	Journey	Nature of Duty	U.V. LOADED	Map reference of scene of accident
JOURNEY	Major Newton (if not signed, reason must be given in Driver's Statement)	Serial No.	From Rome	Officers		
		Date 27/6/43	To Bracciano	Duty	YES	

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 30/6/43 194 Driver's Signature Ernest Tomley
(This must be in Driver's handwriting, not typed).

	Name	Address	Telephone	Unit's file reference	Command
UNIT	MMIA	ROME	843381		RAAC

	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. 2014)	(R.A.S.C. Unit)	Telephone			

DAMAGE TO SERVICE or HIRED VEHICLE: TORN SPRINGS (FRONT) DAMAGED SUMP

Will probably be repaired by —

No. of Vehicles on charge to Unit

Declassified E.O. 12065 Section 3-402/NNDC No. 785020

DRIVER

Rank SUMNER Civilian Occupation Service 3 10 14-8-44 39 6/-

C. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
Z 5905621	STEEL	8 cwt	CHEVROLET	28		WORKSHOPS 1767 Independent RASC

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

P. JOURNEY

Army Form G3518 was signed by	A.F.G. 3518	Journey	Nature of Duty	U.N. LOADED	Map reference of scene of accident
Major Newton (If missing, reason must be given in Driver's Statement)	Serial No.	From Rome	Officers Duty	YES	
	Date 27/4/45	To Bracciano			

I declare that the above particulars and my signed statement are true in every respect. I hereby authorise the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf in 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 30/4/45 194 Driver's Signature Ernest Thomas
(This must be in Driver's handwriting, not typed).

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
HQ 1A	ROME	843381		RAAC

R. HIRED VEHICLE (See A.C.I. 2237/1941)

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

TORN SPRINGS (FRONT)
DAMAGED SUMP
FRONT BUMPER BENT
NEAR SIDE WING DAMAGED
TYRE CUT IN TWO PLACES BY STONES

Will probably be repaired by — (Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit

T.1. 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. 3519: Capt Craig M.T.O.

NOT ON ITS AUTHORIZED ROUTE

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

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

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

For items to above required. References are to persons 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 in case sent to higher Authority)

X Punishment awarded

Z Disciplinary action approved

Signature of U.C. Unit

Date 194
All copies should be signed and dated

194

Signature of Brigade or other Commander

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

on 194

194

Signature of Divisional Commander

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

on 194

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 made by Jennie E. Tomlay
125 8290 RH attached NMIP

Sir

On the 27th June 1945 I was travelling along Via Principale Bracciano with a vehicle Chevrolet 8 cwt No Z 5905621 on the left paved part of the road, and was nearing the rough part, when the steering wheel wobbled there was also a clanking noise, I immediately started to brake, with the wheel still wobbling I hit a bad hollow at the start of the rough part of the road with my near side front wheel. The action of the front wheel dropping into the hollow caused the vehicle to turn sharply to the right, hitting a tree at the side of the road (The right hand side of the road at that part is tree lined) my speed was about 25 miles per hour when the wobble started. The road has a slight gradual incline which goes steeper about 100 yards further on where the area is built up both sides of the road. The result of the impact caused; Torn front springs. Damaged Bump. Front Bumper bar bent, near

P.T.O

2

Side being damaged, and tyre cut in two places by jagged stones picked between tracks.

11258290 Gunner E. Tomlay

SUBJECT:- Traffic Accident -
9 May 1945.

Land Forces Sub Comm. A.C.
(M.M.I.A.).
ST/3020

28 May 1945.

D.A.D. Claims & Hirings
5S Claims & Hirings, CMF.

Copy to:- Camp Commandant, MMIA.

Reference your 53/30509/A/A dated 19 May 1945.

1. Forwarded herewith AFA 3676 and statement by driver in regard to traffic accident which occurred on 9 May 1945.

2. Delay in forwarding is regretted.

Capt. RASC,
Transport Officer,
Land Forces Sub Comm. A.C.
(M.M.I.A.).

JC

7777

COPY

M.T.O.
M.M.I.A.
C.M.F.

Sigmn. Taplin G
No 2598312

SUBJECT: Traffic Accident.

Sir,

Whilst on duty in the "Corso Vittorio Emmanuele" on the 9th May, I was involved in an accident with a civilian car, a "FIAT (508)" registration No 3238CNA.

The a/m car, driven by a native, "Tagliaferri Gustavo", was approaching the "Piazza Chiesa Nuova" from the direction of "Ponte Vittorio Emmanuele", at a speed I judged to be 30 m.p.h., when suddenly and without warning whatsoever, it turned sharply 'Left', making for the "Piazza", directly in my intended path of travel. Evasive action being impossible, I set my m/c "Triumph 350 c.c." C:5426264 to fall on its left side, myself, scribing an arc through the air with my body over the roof of the car. The left front wing of the car struck the brake rod of the m/c breaking open a security weld on the pivot-spindle. The civilian driver immediately tried to make an escape but I jumped on the running-board of the car, opened the door and pulled him out and detained him pending the arrival of the Military Police.

I inspected the car together with Major CALVELEY R. Signals S.O.R. SIGS. this Hq, but could find no damage that could have been caused by the impact. I suffered no personal injury.

The driver himself was not injured but I tore his shirt-collar in the act of apprehending him. On the arrival of the Italian and British Police, he was taken into custody.

The incident occurred at 1055 hours on the 9th May 1945.

s/ G. Taplin Sigmn.
M.M.I.A. SIGNALS. C.M.F.

Army Form A3676
(Revised September, 1943)
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: 9/5/45	Time: 1055	Place: ROME (County)	Surname of Service Driver: TAPLIN	No. of Service Vehicle: C/5426264	
B. OTHER VEHICLE	~~Lorry~~ Motor Car ~~Motor Cycle~~ ~~Bicycle~~ ~~Horse-van~~	Make: Fiat	H.P. / Year	Registration No.: 32360NA	Name and address of Insurance Co.: - - - - - -	Insurance Certificate No. / or Policy No. /
C. DRIVER OF OTHER VEHICLE	Name: Tagliaferri Gustavo	Driving Licence Date / No /	Address and Occupation			Telephone
D. OWNER OF OTHER VEHICLE	Name: Vincenzo Valentino	Address and Occupation: Napoli Capopichino				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	- -	- - - - - - - - - - -	- - -	Slight -	- - - - - -
	2.				Serious	
	3.				Fatal	
					Slight Serious Fatal	
					Slight Serious Fatal	

F. WITNESSES Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age (approx.)	Occupation
	1. NONE	- - - - - - - - -	- - -	- -	- - -
	2.				
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible): NONE — Can be seen at: - - - - - -

H. INJURY TO ANIMALS (Note any previous defects)

HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER	Telephone
POULTRY	PIG							
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	A statement was	ROAD PATROL	Name	Association	He did N. Take
	Via Stuart						

Declassified E.O. 12065 Section 3-402/NNDC No. 785020

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

1. NONE
2.
3.

Slight (unless Fatal) | Serious (unless Fatal)

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

	Name	Address	Telephone	Age approx.	Occupation
1.	NONE	- - - - - - - - -	- - -	- -	- - -
2.					
3.					

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

NONE

- - - - - - -

H. **INJURY TO ANIMALS** (Note any previous defects) — Telephone

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

I. **DAMAGE TO PROPERTY**

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone
				5475

Landlord | Tenant

J. **POLICEMAN**

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

K. **LIGHTS**

DAYLIGHT	Service Vehicle	Other Vehicle	WARNING	UN-NECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
XXXX	NOT LIT	NOT LIT				

L. **SPEED OF VEHICLE**

Service	Other	NON BUILT UP AREA	Traffic	ROAD SURFACES	DRY	GOOD	STRAIGHT	TRAFFIC LIGHTS	Visibility
20 m.p.h.	30 m.p.h.		~~LIGHT~~ DENSE		XXX	XXXX XXX	XXXX XXXXXXX	TRAFFIC SIGNS	CLEAR XXXXX XXXX

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						

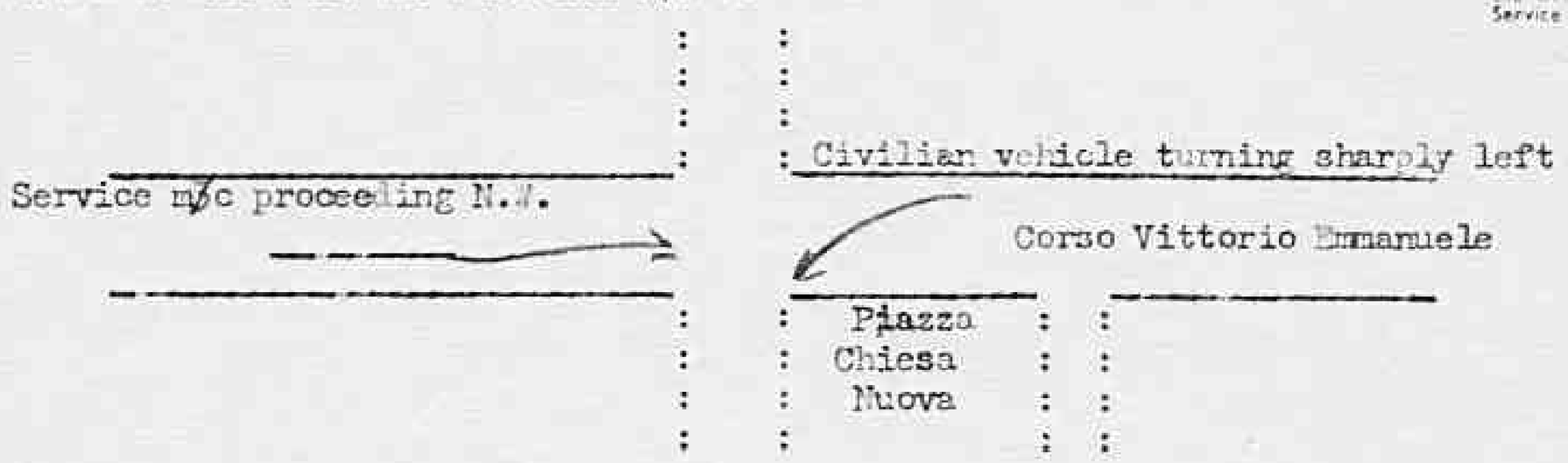
	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

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.

W¢ 32135/1383 5/43 760m C.B.&S.Ltd 46-227

Declassified E.O. 12065 Section 3-402/NNDC No. 185020

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	
	Gilbert Thomas James Taplin Rank Sgmn Civilian Occupation Elec.	2548312	M.M.I.A. SIGNALS	Civilian 3 / 1 Service 4 / 1	28/4/41	23	6/9	
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	
	C/5426264	M/C		Triumph	350 c.c.		UNIT	
	If a motor-cycle, were all those on it wearing crash helmets? YES (See A.C.I. 1133/43)							
P. JOURNEY	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	Unit LOADED	Map reference of scene of accident		
	R.C. J. LUCAS If none signed, reason must be given in Driver's Statement	Serial No. 27 Date May 45	From HQ To HQ AS DETAILED	CONVOY				

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 in 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 9/5/45 1945 Driver's Signature [signature] (To be in Driver's handwriting, not typed.)

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command	
	M.M.I.A.	C.M.F.	489081 Ext 557	SI/3020	A.F.H.Q.	
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			Will probably be repaired by :— Since repaired at		No. of Vehicles on charge to Unit	

DRIVER — Rank Sgmn — 2543512 — Civilian Occupation Elec. — SIGNALS — Civilian Service 3 4 1 — Service 28/4/41 — 23 — 6/9

Q. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle
C/5426264	M/C		Triumph	350 c.c.		UNIT

If a motor-cycle, were all those on it wearing crash helmets? YES (See A.C.I. 11/3/43)

P. JOURNEY

Army Form G3518 was signed by	A.F.G. 3518	Journey	Nature of Duty	Unit LOADED	Map reference of scene of accident
R.C. J. LUCAS (If none signed, reason must be given in Driver's Statement)	Serial No. 27 Date May 45	From HQ To HQ AS DETAILED	CONVOY		

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 in 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 9/5/45 1945 Driver's Signature [signature] (This must be in Driver's handwriting, not typed.)

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
K.K.I.A.	C.M.F.	489081 Ext 557	ST/3020	A.F.H.Q.

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

Handle Bars Bent
Broken Weld on Footbrake Pivot
(in greatest detail)

Will probably be repaired by :— Since repaired at "Super Garage" (Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit 45

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: Capt. Craig, R.A.S.C.

~~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

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

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

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] Capt. for Major, D.A.A.G.

Date 28 May 1945
All copies should be signed and dated.

V. First Copy sent to A.D. Claims, H.Q. Comd. on 28 May 1945

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).

SUBJECT:- Traffic Accident -
20 April 1945.

Land Forces Sub Comm. A.C.
(M.M.I.A.).
SE/3020

26 April 45.

D.A.D. Claims & Hirings,
53 Claims & Hirings. C.M.F.

Copy to:- Camp Commandant, MMIA.

1. Forwarded herewith is AFA3676, and statements by Driver P.C. MARRON, and Lt.Col. HOWARD in regard to traffic accident which occurred on 20 April 1945.

Capt. RASC.
Transport Officer,
Land Forces Sub Comm. A.C.
(M.M.I.A.).

JC

7774

STATEMENT BY Lt.Col. H.A.C. HOWARD

On 20 April 45 I was in vehicle no.M560133 driven by Gio MARRON Gren Gio.

We were driving down Via PO at about 20 MPH when a light civilian truck came out of Via Giovanni SCAMMATI, on our right.

The driver never stopped on entering a major road and although he could easily have done so failed to stop hitting our vehicle on the offside rear mudguard.

Only prompt evasive action by Gio MARRON prevented a worse accident.

H.A.C. Howard
H Col.

H.A.C. HOWARD
Lt.Col.

STATEMENT OF EVIDENCE
RE ACCIDENT

At 1440 hrs p.m., on 20 April 1945, I was driving W.D. Ford No. M 1560133, along Via Po accompanied by Lt.Col. H.A.C. Howard L.O. M.M.I.A. On passing x-roads, noted on Accident Report, a civilian lorry (Fiat), approached the Via Po. As I was more than halfway across the x-roads, I swung hard to my left to avoid the Fiat from striking me. The Fiat never stopped, until it struck my rear off-side mudguard causing a dent which has since been repaired. The damage to the Fiat was slight. Hub cap on front rear side wheel previously cracked, was broken off and slight dent in rear side front wing, also previously dented. Lt.Col. Howard took all particulars from civilian driver.

sd/ [illegible] [illegible] [illegible]

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	20-4-45	14.40	County Via Po	Marron P.C.	M 1560133

B.	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.
OTHER VEHICLE	Lorry	Fiat		C.S. 1443	Assicurazione Torino	

C.	Name	Driving Licence Date / No.	Address and Occupation	Telephone
DRIVER OF OTHER VEHICLE	Rizzo Alverico		Rossano Cosenza 74 Via Giovanni Di Bulgaria	404120

D.	Name	Address and Occupation	Telephone
OWNER OF OTHER VEHICLE	As above	As above	As above

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.				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. Lt.Col. HAC Howard	H.Q. M.M.I.A. C.M.F.	47802		L.O. MMIA
	2.				
	3.				

G.	(in greatest detail possible)	Can be seen at
APPARENT DAMAGE TO OTHER VEHICLE	Near side wing dented - previously damaged Near side Hub cap cracked previously - now broken	Above address (c)
	(Note any previous defects)	Telephone

H.	HORSE	COW	How many	LED	Condition	Injuries	IT was not well 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	
DAMAGE TO PROPERTY	NIL	NIL	NIL		7772 Telephone Landlord / Tenant

	Name	Police Station		Name	Association

Declassified E.O. 12065 Section 3-402/NNRC NO. 185020

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

Name	Address	Telephone	Age (approx.)	Occupation
1. Lt.Col. HAC Howard	H.Q. M.M.I.A. C.M.F.	47802		L.O. MMIA
2.				
3.				

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

Near side wing dented - previously damaged

Near side Hub cap cracked previously - now broken

Can be seen at: Above address (c)

(Note any previous defects)

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
NIL	NIL	NIL		7772

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 ~~XXXX~~ — Service Vehicle NOT LIT — Other vehicle NOT LIT — WARNING not heard — ~~XXX~~ NECESSARY — ~~XXXX~~ GIVEN BY ME — NOT GIVEN BY OTHER ?

L. SPEED OF VEHICLE — Service 20 m.p.h. m.p.h. — Other 15 m.p.h. m.p.h. — ~~XXX~~ BUILT UP AREA — Traffic LIGHT ~~XXXX~~ — ROAD SURFACES — DRY ~~XXX~~ — GOOD ~~XXX~~ BAD ~~XXX~~ — ~~XXXXXXX~~ ~~XXXX~~ CROSS ROADS — TRAFFIC LIGHTS / TRAFFIC SIGNS — Visibility CLEAR ~~XXXX~~ ~~XXXX~~

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 classed 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 involve or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police withing 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						

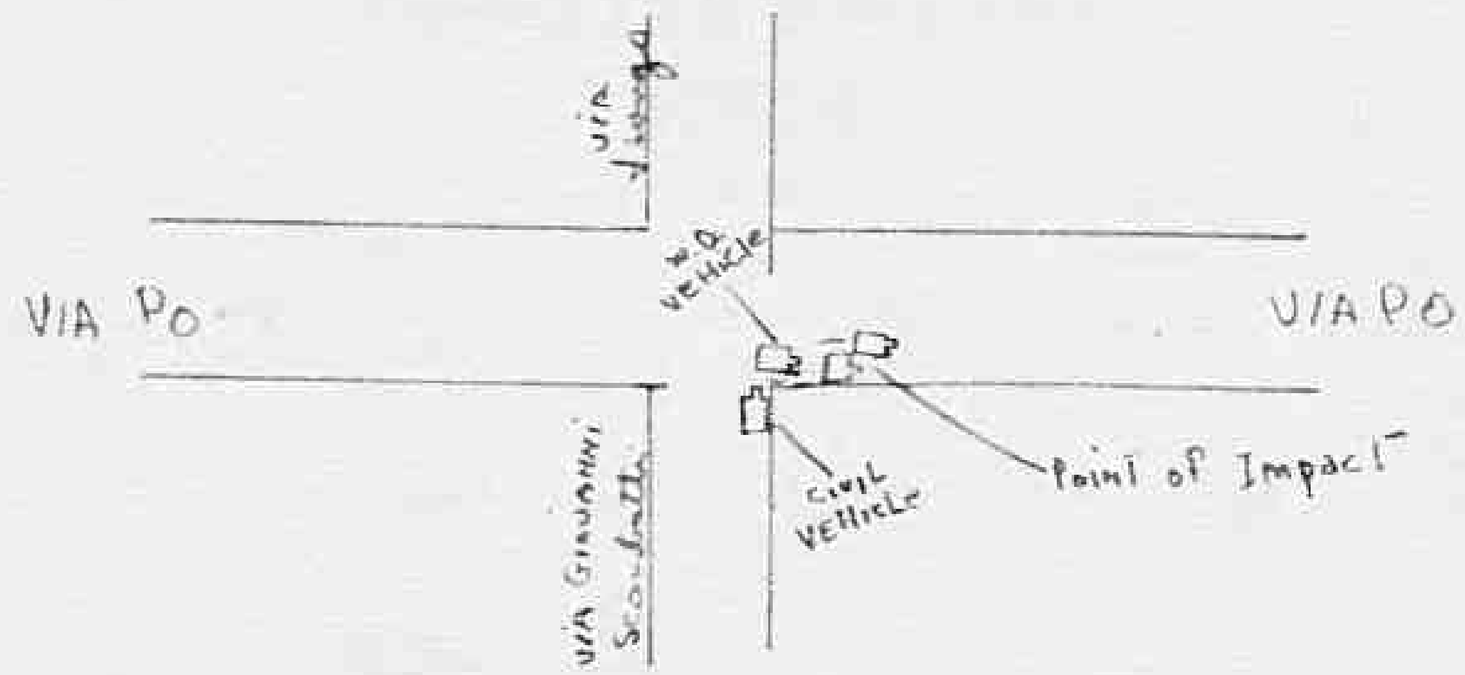
	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

(Please Turn Over.

Declassified E.O. 12065 Section 3-402/NNDC No. 785020

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

Use this space for SKETCH and particulars 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.

PSSN/491 1:44 50,000

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) **Marron Patrick Charles** Rank **Gdsm** Civilian Occupation	Number	Unit **Grenadier Guards**	Driving Experience Years / Miles: Civilian 17 3; Service 9 6	Date of entry into Service **3-9-39**	Age **50**	Rate of Pay per day **5-6.**	
O. SERVICE or HIRED VEHICLE	No. of Service Vehicle **M 1560133**	Type of Bodywork **Utility**	Load capacity **6 Seater**	Make **Ford**	H.P. **30**	RIGHT/~~LEFT~~ HAND DRIVE	Present Location of Vehicle	
P. JOURNEY	If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 2287/1941)							
	Army Form G3518 was signed by **Lt.Col. H.A.C. Howard** If none signed, reason must be given in Driver's Statement	A.F.G.3518 Serial No. Date	Journey From **Rome** To **Areas**	Nature of Duty **Officer on Duty**	UN-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 **20-4-45** 1945 Driver's Signature P.C. Marron Gdsm
(This must be the driver's handwriting not typed)

O. UNIT	Name **M.M.I.A.**	Address **C.M.F.**	Telephone **489081 Ext 557**	Unit's file reference **ST/3020**	Command **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	**Rear off side mudguard dented**		Will probably be repaired by:— **Super-Garage**		No. of Vehicles on charge to Unit	

Declassified E.O. 12065 Section 3-402/NSDC No. 185020

P.	Army Form G5518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
JOURNEY	Lt.Col. H.A.C. Howard (If none signed, reason must be given in Driver's Statement)	Serial No. / Date	From Rome / To Areas	Officer on Duty		

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 20-4-45 1945 Driver's Signature P.C. Harrison Gunn (This must be in Driver's handwriting and not typed.)

O. UNIT	Name	Address	Telephone	Unit's file reference	Command
	M.M.I.A.	C.M.F.	489081 Ext 557	ST/3020	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)	Will probably be repaired by:— Super-Garage (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit
	Rear off side mudguard dented		52

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
			Lt.Col. HAC Howard	NOT	NIL

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons F.1 F.2 F.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 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 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.

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
	12/12/44	17-55hrs	County	ORR,	M 4615673

B. OTHER VEHICLE	Lorry / Car / Bus / Motor Cycle	Make	H.P.	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy No.
		Dodge	2 Year	Z 5627090		

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	KALLMAN	/	29, Army Field Survey Depot (RE) (Rear Pal)	

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone
	29 Army Field Survey	Depot (RE) Rear (Pal)	

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	Cpl; Cresswell	HQ, A.C.			Fitter
	2					
	3.					

G. APPARENT DAMAGE TO OTHER VEHICLE	(in greatest detail possible)	Can be seen at
	Slight dent in Petrol tank " " to running b oard " " to door	29 Army Field Survey Depot RE Rear Pal
	(Note any previous defects)	Telephone

H. INJURY TO ANIMALS	HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IF 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 requisi-	Telephone

Declassified E.O. 12065 Section 3-402/NNDC NO. 785020

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

	Name	Address	Telephone	Age approx.	Occupation
1.	Cpl; Cresswell	HQ, A.C.			Fitter
2.					
3.					

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

Slight dent in Petrol tank
" " to running b oard
" " to door

Can be seen at
29 Army Field Survey Depot RE
Rear Pal

(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~~ NIGHT	Service Vehicle ~~NOT~~ LIT	Other Vehicle ~~NOT~~ LIT	WARNING	~~USED~~ NECESSARY	~~NOT~~ GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service	Other		Traffic	ROAD SURFACES					Visibility
10 m.p.h.	35 m.p.h.	~~NOT~~ BUILT UP AREA	LIGHT ~~NOT~~	~~DRY~~ WET	~~DRY~~ ~~WET~~ BAD	~~NOT~~ BEND CROSS ROADS	~~NOT~~		~~GOOD~~ ~~FAIR~~ 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 withing 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						

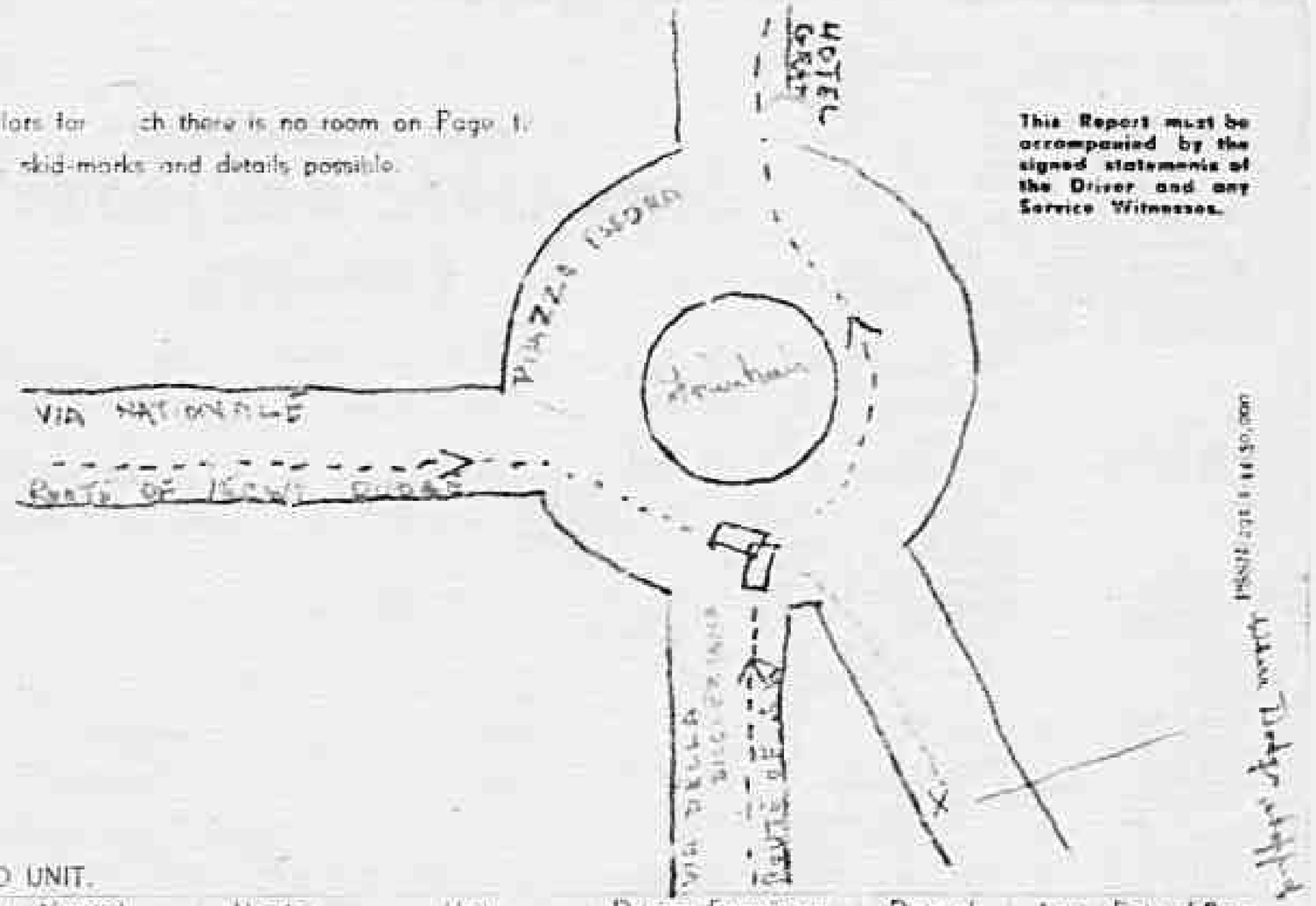
	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

(Please Turn Over.

Declassified E.O. 12065 Section 3-402/NNDC No. 785020

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

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.

TO BE COMPLETED ON RETURN TO UNIT.

N.	Name in full (all Christian Names)	Number	Unit	Driving Experience Years	Driving Experience Mths.	Date of entry into Service	Age	Rate of Pay per day
SERVICE DRIVER	Rank ORR, Civilian Occupation Peter, L/Cpl;	T/43949	M.M.I.A.	Civilian 17 Service 5	6	1/9/39	39	7/=

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.		Present Location of Vehicle
SERVICE or HIRED VEHICLE	M 4615673	Ford Station Wagon	/	Ford	30	RIGHT HAND DRIVE	ROME
	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	Sjt: Hughes H. If name signed, reason must be given in Driver's Statement	Serial No. 76 Date 10/12/44	From Billets (O.Rs) To HQ M.M.I.A.	Officers detail	/	/

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 13/12/44 194 Driver's Signature [signature] (This must be a Driver's handwriting not typed.)

O.	Name	Address	Telephone	Unit's file reference	Command
UNIT	M.M.I.A.	Super Garage, ROME	843381	M.T. Dept;	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.		Will probably be repaired by: —	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or hired vehicle	N/S Front wing badly damaged Bumper bar bracket broken Radiator crushed. Head lamp glass broken	353 RASC Coy W/S	44

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: Sjt; Hughes H. (If none signed, reason must be given in Driver's Statement)

A.F.G.3518 Serial No. 76 Date 10/12/44

Journey: From Billets (O.Rs) To HQ M.M.I.A. Officers detail

Nature of Duty

UN-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 13/12/44 194 Driver's Signature Fisher Dvr. (This must be in Driver's handwriting not typed.)

O. UNIT

Name	Address	Telephone	Unit's file reference	Command
M.M.I.A.	Super Garage, ROME	243381	M.T. Dept;	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

N/S Front wing badly damaged
Bumper bar bracket broken
Radiator smashed. Head lamp glass broken
(In greatest detail)

Will probably be repaired by:—
353 RASC Coy
W/S
(Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit 44

T. I certify that the service Vehicle was being driven ~~ON DUTY~~ ~~OFF DUTY~~ Name of Officer who gave authority for issue of A.F.G.3518: Capt; Craig, (M.T. Off.) ~~ON ITS AUTHORIZED ROUTE~~

Number of previous accidents in which Driver has been concerned: Nil; 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
Put cross in those required.		References are to Serials 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 194 (All copies should be signed and dated)

Z. Disciplinary Action Approved 194

Signature of Brigade or other Commander

194

Signature of Divisional Commander

194

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

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 liability only; (iv) the amount of the excess (if any).

Declassified E.O. 12065 Section 3-402/NNRC NO. 1195020

CHARGE

Army Form B 252
See King's Regulations

Regiment
Battery / Squadron / Troop or Company

MILITARY MISSION ITALIAN ARMY

CHARGE against No. T/439469 Rank 4/CPL

Name ORR P.

Place ROME Date of Offence 12/12/1944

OFFENCE Sec 40 A.A. 40.O.A.S. Conduct to the prejudice of good order & military discipline in that he at Rome on the 12th December 1944 was involved in an accident while driving U.S. Vehicle No. M.461.5673

Names of Witnesses:

T/76517 Sgt. Hughes H.

Signature of O.C. Battery, Squadron, Troop or Company

Punishment Awarded: Released without prejudice to re-arrest - FFFH

By whom Awarded: F. H. Hughes Capt

15/12/44

Adjutant.

P.M.S. 188 - 850,000 - 11/43

CHARGE

Army Form B 252
(See King's Regulations)

RASC — Regiment

ATT. MILITARY MISSION ITALIAN ARMY — Battery / Squadron / Troop or Company

CHARGE against No. T/[illegible] Rank L/CPL.

Name ORR P.

Place ROME Date of Offence 12/12/44

OFFENCE Did commit A.A. conduct to the prejudice of good order & military discipline in that he at Rome on the 12th December 1944 while driving a Vehicle No. M 2615673 was involved in an accident whereby damage was caused to the said a Vehicle

Names of Witnesses :—

1st Lt. R.M. Adams R.C.

Documentary

Signature of O.C. Battery, Squadron, Troop or Company: P.J. Hare Lt Col

Punishment Awarded: Admonished

By whom Awarded: P.J. Hare Lt Col

15/1/45 Adjutant.

P.T.O.

20188 Wt.W3124/P61 2,000,000 10/42. K. & H., Ltd. 46/87/47

C o p y

STATEMENT OF CPL. CRASWELL HQ A.C. FITTER 6852657

Sir,

On the evening of Dec. 12th 44 at approx 1755 hrs. I was a passenger in the back of DODGE No. 4613482, which was proceding up Via Diocleziano.

I saw a ~~passenger~~ a Ford station waggin No 4615673 proceeding in the opposite direction, As he started to pull out into the piazza Esedra a Dodge 15 cwt come from the direction of Via Nazionale and struck the Ford on the nearside front wing.

The 15 cwt travelled approx 30 yds before stopping and in my opinion was travelling at an excessive speed.

In the Field
19/12/44

s/ R.H. CRASWELL

R.H. CRASWELL CPL.

STATEMENT OF CPL. CRASWELL HQ A.C. FITTER 6852657

Sir.

On the evening of Dec. 12th 44 at approx 1755 hrs. I was a passenger in the back of DODGE No 4613482, which was proceeding up Via Diocleziano.

I saw a passenger a Ford station waggin No 4615673 proceeding in the opposite direction. As he started to pull out into the piazza Esedra a Dodge 15 cwt come from the direction of Via Nazionale and struck the Ford on the nearside front wing.

The 15 cwt travelled approx 30 yds before stopping and in my opinion was travelling at an excessive speed.

In the Field
19/12/44

R.H. CRASWELL CPL.

Subject Accident

On the evening of the 12th Dec at 1755 hrs I was proceeding on detail along Via Della Terme Di Diocletyanno in the direction of A.F.S. HQ and I was halfway across the road towards the fountain which forms a roundabout I saw very small side lights of a truck on my left side which came straight on in my path I stopped as we collided but the truck carried on for about 40 yards before coming to a standstill I may add that I had all my lights on and that I did all in my power to avoid the collision

Signed Peter Van Hepl

CIVILIAN TRANSPORTATION

WORK ORDER
ORDINE DI LAVORO

SUPER GARAGE
ALLIED CONTROL COMM.

WORK ORDER NO
Ordine di lavoro N.

ORGANIZATION
Unità

TEL. NO.
Telefono N°

FOR
Per

DATE
Data

TYPE & NO. OF VEHICLE
Tipo e N° del veicolo

WORK TO BE DONE
Lavoro da eseguire

(MAINT CLERK)
L'impiegato addetto

WORK DONE
Lavoro eseguito

COST OF PARTS
Costo delle parti

(INSPECTED BY)
ispezionato da

(MECH PERFORMING REPAIRS)
Meccanico che esegnisce i ripari

DATE RELEASED
Data di ritorno

ENTRIES MADE ON REGISTER
Annotazioni fatte sul registro

TALLY IN
CONTROLLO

WORK ORDER NO
Ordine di lavoro No.

DATE
Data

1944

SUPER GARAGE - ACC

MAINT CLERK
L'impiegato addetto

COPY

On the 12/12/44. I was driving my 15cwt vehicle, taking Cpl. SELIGMAN to the Central N.I. Room in ROME.

At about 1800 hrs. I was passing around Pza. ESEDRA with a speed of about 22MPH following a vehicle in front of mine. Suddenly from a side street on my right hand side emerged a Staff Car in a considerable speed and struck my vehicle on the right side, causing considerable damage to the door, petrol tank and running board.

His head lights which were very strong made it impossible for me to calculate his distance from my vehicle and therefore I could not take any action when he approached.

Cpl. Seligman who was i/c of the trip took the other's particulars and we drove off.

Signed (-) : T/160971 Peter KAILMANN.

On the 12th of Dec. 44 Driver KAILMANN was driving me to the Central N.I. Room ROME. At 1800 hrs. as we passed around the Pza. ESEDRA circle a Staff Car came out of a side-street on our right side in a considerable speed running straight into the right side of our truck, causing damage to both cars. Nobody was injured. I took the particulars of the Staff Car Driver who was on his own in the Staff Car. I gave my particulars to him and drove off.

7766

I reported the matter to my Officer Commanding.

These are the particulars about the L/C driving the Staff Car:

Name : Peter SEE L/C
No. : T/13949
Unit : H.Q. I.A. 78th DIVISION
Vehicle No.: M. 4615673

Signed (-) : G. SELIGMAN Cpl. R.E.

APPENDIX "A"

Ref : VEH/9/102

NEGLECT / MISUSE AND DAMAGE REPORT

O.C. Military Mission 33 (M.M.I.S.)

1. Vehicle No. M.4615673 on your charge has been received in this Workshops damaged by accident.

2. The damage is : Chassis twisted. Extensive damage to body. Radiator smashed.

3. The assessed cost of damage not due to fair wear and tear including labour charges and cost of materials is :

Total £ 45 : 0 : 0

Field.
15 Dec 44
T/EP/GRL

Capt 7765
O.i/c Workshops.
353 Company R.A.S.C.(Artillery).

Tel.Ext. 333

Z C

HEADQUARTERS ALLIED COMMISSION
APO 394
G-1 (B)

REFERENCE : G-1B/12/A

20 December 1944.

SUBJECT : Traffic Accident.

ST

TO : ADST, Land Forces Sub Commission,(M.M.I.A.)
P.W. Allied Commission.

20/12

24

Reference your ST/38/3 dated 17 Dec 44, statement by Cpl. Cromwell is forwarded as requested.

BY COMMAND OF REAR ADMIRAL STONE.

/av.

T/O

G-1 (B)
HQ., ALLIED COMMISSION

"S & T" MMIA.

Recd 21 Dec

File ST/ 98/8

Statement Please
To each Record Copy
and Two Duplicate

7764

SUBJECT:- Traffic Accident.

Land Forces Sub Comm. A.C.
(M.M.I.A.).
51/93/6

7 Dec 44.

HQ Allied Commission.

1. May a statement by Cpl Cresswell please be forwarded to this Mission, concerning a traffic accident between Ford 6 seater No. M.615673 and Dodge 15 cwt Z5627090 were involved at about 1755 on 12 Dec 44 in PIAZZA BORGHI, Rome.

2. Cpl Cresswell is a fitter in your garage and is alleged to have been a witness.

3. His statement is awaited in order that the case against the driver can be settled without further delay.

B.L. PERCEVAL.
Lt.Col. RASC,
ADST, Land Forces Sub Comm. A.C.
(M.M.I.A.)

RJH/jc

7763

SUBJECT:- Traffic Accidents.

Land Forces Sub Comm. A.C.
(M.M.I.A.).
SZ/98/8

17 Dec 44.

O.C. 29 Army Field Survey Depot RE
(Rear Pnl)

1. Please find attached a statement by T/43949, L/Cpl ORR. P. RASC, of this Mission, on a traffic accident which happened in ROME at 1755 hrs on 12 Dec 44, in which WD Vehicle M4615673 was involved with a Dodge 25627090 driven by Dvr KALDMAN, RE.

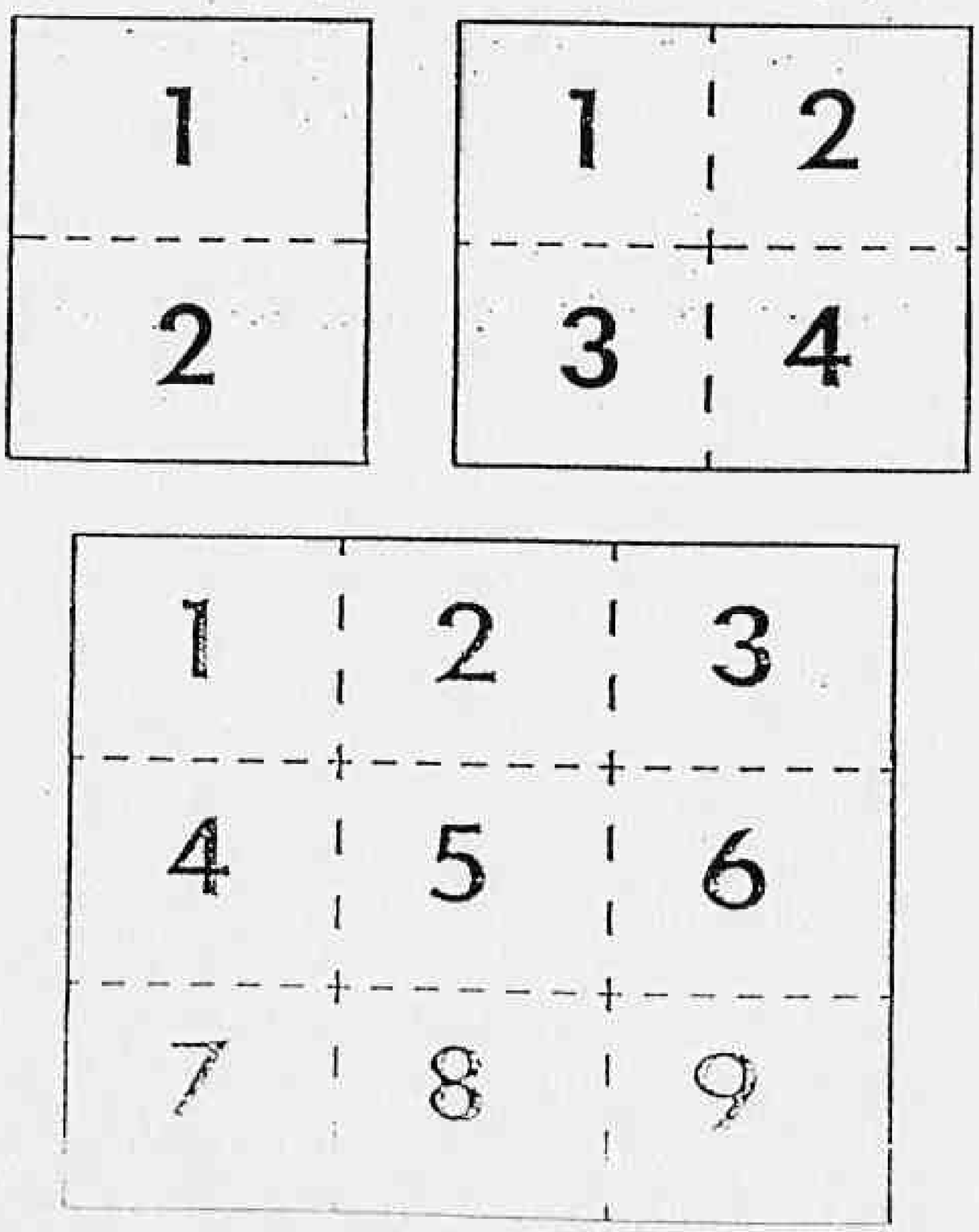
2. May a statement by Dvr KALDMAN please be sent to this Mission in order that the case may be cleared as far as we are concerned.

B.L.PERCEVAL.
Lt.Col. RASC,
ADST, Land Forces Sub Comm. A.C.
(M.M.I.A.).

RJH/jc

MAPS AND CHARTS TOO LARGE TO FILM
ON ONE EXPOSURE ARE FILMED CLOCKWISE
BEGINNING IN THE UPPER LEFT CORNER,
LEFT TO RIGHT, AND TOP TO BOTTOM.

SEE DIAGRAMS BELOW.



1924

COMMODITY: (AVENA)

	STOCK STATE SHEET. PERIOD ____ to ____ DEPOT	Opening Balances			Received in Decade		Issued in Decade	
		Amount in Lbs.	No. of Rations Scale « B ».	No. of Days at Average Feeding Strength	Amount in Lbs	No. of Rations Scale « B ».	Amount in Lbs	No. of Rations Scale
1	Taranto main depot							
2								
3								
4	Naples bulk depot							
5	Avellino							
6	Aversa							
7	Benevento							
8	Caserta							
9	Nola							
10	Salerno							
11								
12								
13	Totals in district.							
14								
15								
16	Bari bulk depot							
17	Barletta							

	Received in Decade		Issued in Decade		Remaining Balances		
	Amount in Lbs	No. of Rations Scale « B ».	Amount in Lbs	No. of Rations Scale	Amount in Lbs	No. of Rations Scale « B ».	No. of Days at Average Feeding Strength

15								
16	Bari bulk depot							
17	Barletta							
18	Bernalda	1357	155					
19	Canosa di Puglia	4926	681	61 4/5			1491	20
20	Gioia del Colle	13570	1871	93 1/2			956	13
21	Locorotondo							
22	Molfetta							
23	Monopoli							
24	Potenza	56116	4981	415			476	
25	~~Campobasso~~ Campobasso	631	86	8	1986	274	863	1
26	Trani							
27								
28	Bari				101567	14009		
29	Totals in district.	56652	7912		103553	14283	3789	5
30								
31								
32	Lecce bulk depot							
33	Brindisi	16460	2206	17			8160	11
34	Galatina							
35	Maglie							
36	Otranto							
37	S. Pancrazio Salentino	8857	1221	12				
38	Tricase							
39	Zollino							
40	Lecce presid.	22045	3040	5 1/2				
41	Taranto				4172	575	2317	3
42	Totals in district.	47545	6557		4172	575	10497	14
43								
44								
45	Catanzaro bulk depot							
46	Castrovillari							
47	Cosenza							

					1397	193	
/5			1491	206	3447	475	43
2			956	132	12614	1739	87
3			476	65	35340	4915	409
3	1986	274	866	120	1751	240	22
	101567	14009			101567	14009	17
	103553	14283	5799	524	156418	21571	
			8180	1128	8470	1168	8
					9850	1221	12
					22045	3040	6
	4172	575	2317	319	1855	256	1 1/2
	4172	575	10497	1447	41220	5685	

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: 16 12 44 — Time: 1600 — Place: HOTEL REX — County: ROME — Surname of Service Driver: JOHNSTON — No. of Service Vehicle: W5669187

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.

C. DRIVER OF OTHER VEHICLE — Name — Driving Licence Date / No. — Address and Occupation — 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.						
2.						
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 7739 — Telephone — (Note any previous defects)

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

I. DAMAGE TO PROPERTY — Nature of Property: WALL — Exact Location: HOTEL REX, ROME — Damage: TO WALL SLIGHT — Property is NOT requisitioned — Telephone: Landlord / Tenant

Name — Police Station — A — Name — Association — He did

Declassified E.O. 12065 Section 3-402/NNDC No. 785020

If the latter, 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.					
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible) Can be seen at 7759

(Note any previous defects).

Telephone

H. INJURY TO ANIMALS

HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IT was not still 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
WALL	HOTEL REX ROME	TO WALL SLIGHT			

J. POLICEMAN

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

K. LIGHTS

DAYLIGHT ~~WENT~~	Service Vehicle NOT LIT	Other Vehicle ~~NOT~~ LIT	WARNING	UNNECESSARY	~~NOT~~ GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

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

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 Commd

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

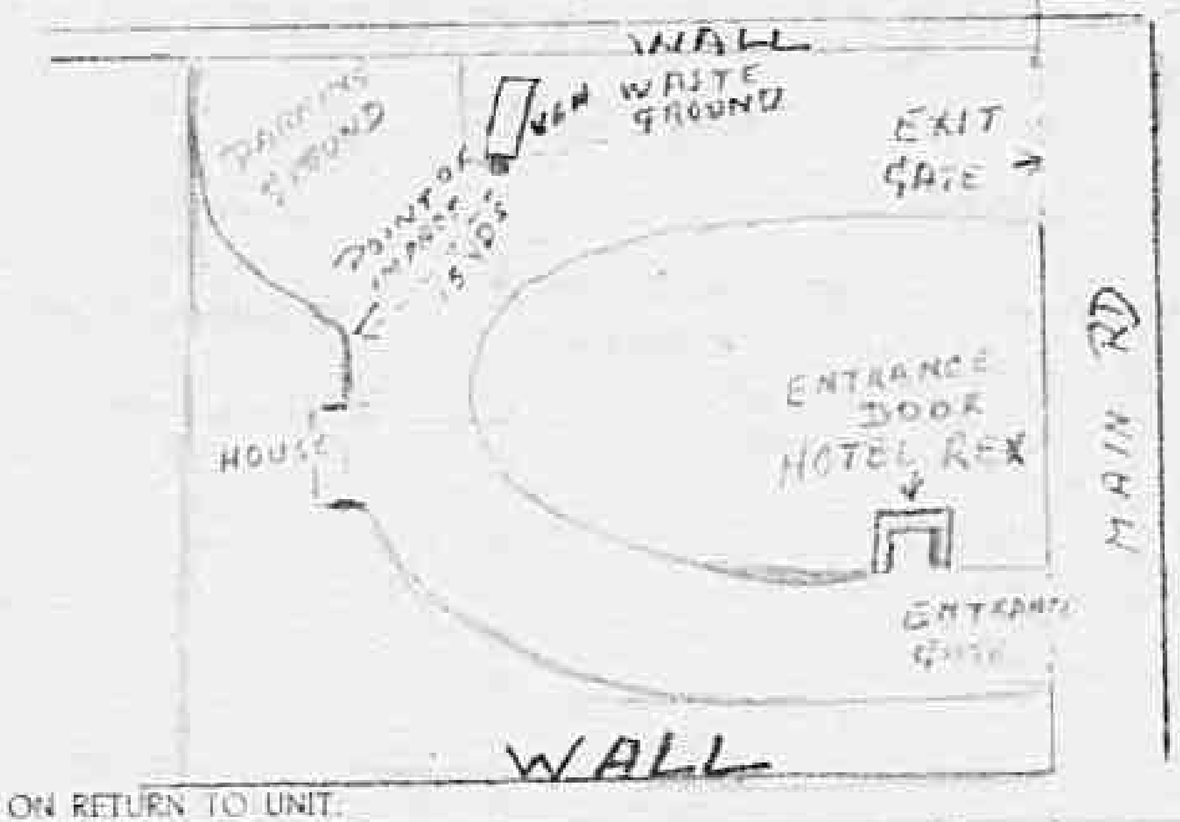
	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	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.**

Declassified E.O. 12065 Section 3-402/NSDC No. 785020

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

Use this space for SKETCH and particulars 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.

3

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	PTE JOHNSTON THOMAS Rank / Civilian Occupation	14530283	33 M.M.L.A. ROME	Civilian NIL NIL Service 2 YEARS	4/2/43	20	4/-

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	LEFT HAND DRIVE	Present Location of Vehicle
SERVICE or HIRED VEHICLE	M.566187	OPEN	4x4	JEEP			353 RASC COY IN/SHOPS ROME

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 9987, 1941)

P.	Army Form G.3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
JOURNEY	NOT SIGNED (If none signed, reason must be given in Driver's Statement)	Serial No. 87 Date 10/12/44	From To			

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 17-12-44 194 Driver's Signature J. Johnston
(This must be in Driver's handwriting, not typed.)

Q.	Name	Address	Telephone	Unit's file reference	Command
UNIT	33 M M L A.	SUPER GARAGE PIAZZA VERDI. ROME	843381	M.T. (1)	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.		Will probably be repaired by	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or hired	CHASSIS DISTORTED BUMPER BAR BENT	353 RASC COY WORKSHOPS	4/4

Declassified E.O. 12065 Section 3-402/NNDC No. 785020

JOURNEY

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

Serial No. 81

Date 10/12/44

From

To

LOADED

Place 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 17-12-44 194 Driver's Signature J. Johnston.

(This must be in Driver's handwriting and signed.)

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	33 M M I.A.	SUPER GARAGE PIAZZA VERDI. ROME	843381	M.T. (1)	ROME AREA

R. HIRED VEHICLE See A.C.I. para	Hired through (P.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

CHASSIS DISTORTED
BUMPER BAR BENT
RADIATOR GRILL DAMAGED

(In greatest detail)

Will probably be repaired by —

353 ASC COY WORKSHOPS ROME

(Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit 44

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 CAPT. CRAIG.

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

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 19/12/1944

All copies should be signed and dated

Z. Disciplinary Action Approved

194

Signature of Brigade or other Commander

194

Signature of Divisional Commander

194

Signature of Corps Commander

X. Punishment awarded ordered to pay one pound towards cost of repairing the vehicle.

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

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

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 liability only; (iv) the amount of the excess (if any).

Declassified E.O. 12065 Section 3-402/NNDG NO. 785020

Subject:- Accident.

Statement of PTE. Johnston. T.

Sir,

On the afternoon of Saturday the 16th of December. I proceded to the Hotel Rex to pick up some wood and laundry, on the orders of Major Papineau. I Asked Pte Dougal to move my vehicle and he told me that he could not drive, I informed him that I would show him how to drive and he got into the driving seat and I sat opposite. I put the vehicle into neutral, and started up the engine. Pte Dougal had his foot on the clutch, and I put the vehicle into 2nd gear, and I then told him to release his foot slowly from the clutch, which he apparently did, but the vehicle jerked and Pte Dougal's foot stipped, he tried to depress the clutch again but his foot on the accelerator and before I could take control, the vehicle collided with the wall.

This is a true statement and bears my segnature thus

7757

Signed T. JOHNSTON.

To:- C.C.
Claims and Hiri ,
RAAC.

Land Forces Sub-Comm. A.C.
(Military Mission I ian Army.)
C.M.F.

19th December 44

Herewith traffic accident report in respect of 'JEEP'
No M.5668187 Driver Pte; Johnston T. (14530283)

Captain, Camp Comdt;
Military Mission Italian Army

Field.

7758

STATEMENT by 2938214 Pte; Dougal. J. (Camerons)

Re ACCIDENT (Jeep No M5668187)

"On Saturday afternoon December 16th 44, in the yard rear of the Albergo "REX", Pte Johnston T. asked me to drive his car round to the front of the Albergo. (The car was a 'JEEP' No M 5668187.) I told Pte Johnston I did not know anything about cars, to which he replied "he would show me how to drive". I told him I was not interested in cars but he insisted on showing me how to drive. While I was sitting in the car, Pte Johnston was trying to explain to me what to do and before I knew what had happened the car had started off and Pte Johnston turned the steering wheel and the car struck the wall.

Signature J. Dougal

Date 18/12/44

Army Form A3676
(Revised August, 1942)
To be carried on 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: 21/12/44	Time: 10.05 hrs.	Place: Corso Umberto County Roma	Surname of Service Driver: Brickles	No. of Service Vehicle: M 5661660

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

C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation	Telephone
	Mallento Roberto		14, Viale Corizia Roma	

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone
	Mallento Roberto	14, Viale Gorizia Roma	

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.	Mallento	30	14, Viale Gorizia		Slight / Serious / Fatal	S. Spirito
	2.	Roberto		ROME		Slight / Serious / Fatal	Roma
	3.					Slight / Serious / Fatal	

F. WITNESSES Name, address etc., of every person present must be obtained.		Name	Address	Telephone	Age approx.	Occupation
	1.	Capt. Hyde	M.M.I.A.	478571		Camp Commandant M.M.I.A.
	2.					
	3.					

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible): Buckled back wheel (Note any previous defects) — Can be seen at: 14, Viale Gorizia Rome — Telephone

H. INJURY TO ANIMALS	HORSE	COW	How many	LED / STRAYING	Condition	Injuries	If was not well and had 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

J.	Name	Police Station		A		Name	Association	He did

Declassified E.O. 12065 Section 3-402/NSDC NO. 785020

# the latter, give Service number and Unit.	2. Roberto 3.		ROME		Fatal Slight Serious Fatal	Rome

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

	Name	Address	Telephone	Age approx.	Occupation
1.	Capt. Hyde	M.M.I.A.	478571		Camp Commandant M.M.I.A.
2.					
3.					

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

Buckled back wheel

(Note any previous defects)

Can be seen at 14, Viale Gorizia Rome

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
				7755	

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		Traffic	ROAD SURFACES						Visibility
20 m.p.h.	m.p.h.	~~BUILT UP~~ AREA	LIGHT ~~HEAVY~~	DRY	WET	GOOD ~~FAIR~~ ~~BAD~~	STRAIGHT ~~BEND~~ ~~CROSSROADS~~	~~TRAFFIC~~ ~~LIGHTS~~ ~~NONE~~		CLEAR ~~FOGGY~~ ~~DARK~~

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 involve 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.

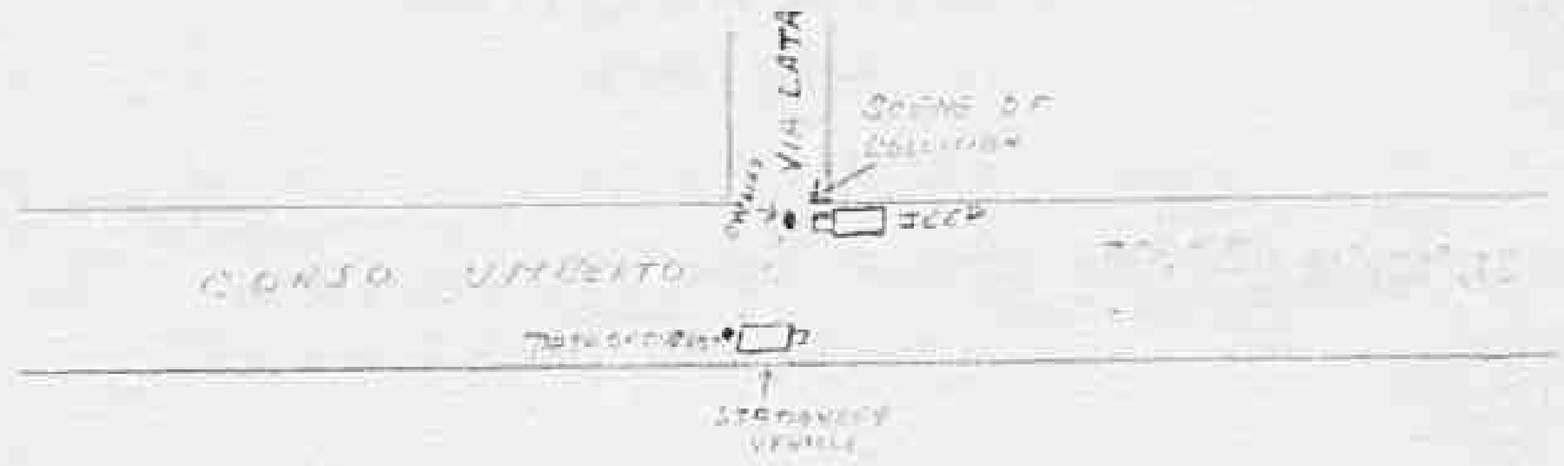
(Please Turn Over.

Declassified E.O. 12065 Section 3-402/NNDC No. 185020

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

Use this space for SKETCH and particulars 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.



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	Brickles Harry Rank Civilian Occupation	3658296	MMIA	Civilian — Service —	3	18/4/40	24	6/6

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	LEFT HAND DRIVE	Present Location of Vehicle
SERVICE or HIRED VEHICLE	M 5661660 If a motor-cycle, were all those on it wearing crash helmets?		1/4 Ton	Willys JEEP (See A.C.I. 2297/1941)	17		M.M.I.A.

P.	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
JOURNEY	Sgt. HUGHES If none signed, reason must be given in Driver's Statement	Serial No. 11 Date 21/12/44	From HQ Rome as To HQ detailed	drawing pay for unit		

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 21/12 1944 Driver's Signature H Brickles.
(This must be in Driver's handwriting not typed)

Q.	Name	Address	Telephone	Unit's file reference	Command
UNIT	M.M.I.A.	Super Garage, Rome.	843381	M.T.I.	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		Will probably be repaired by: —	No. of Vehicles on charge to Unit
	Damage to service vehicle- nil		

Declassified E.O. 12065 Section 3-402/NNDC No. 183020

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 unable to be signed, reason must be given in Driver's Statement)	A.F.G.3518 Serial No.	Journey	Nature of Duty	UNLOADED	Map reference of scene of accident
	Sgt. HUGHES	11 Date 21/12/44	From HQ Rome as drawing pay To HQ detailed for unit			

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 21/12. 1944 Driver's Signature H Brickler

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

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	M.M.I.A.	Super Garage, Rome.	843381	M.T.I.	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
	Damage to service vehicle- nil		

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
			Capt. BAXTER		Nil	Nil

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons F.1 F.2 F.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 in those required.		References are to Sections overleaf.						

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

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 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 liability only; (iv) the amount of the excess (if any).

C O P Y

Statement made by 3658296 Pte H.Brickles M.M.I.A. regarding W.D. vehicle No. 5661660 involved in accident on 21/12/44 in Corso Umberto, Rome.

On the morning of the 21th Dec. 1944 at 10,05 hrs.I was proceeding along the Corso Umberto, Rome, in the direction of the Victor Emmanuel monument in Jeep No. M. 5661660 with Capt. Hyde, Camp Commandant M.M.I.A. as passenger. My speed was approx. 20 M.P.H. and as I was about to pass Via Lata, a civilian cyclist by name Ballento Roberto, 14, Viale Gorizia, Rome, came out from behind a stationary vehicle on the opposite side of the road, and crossed the road in any path making for Via Lata. I immediately applied my brakes and stopped the Jeep at the moment of impact with the bicycle, but I knocked the bicycle on to the civilian's right leg. Whilst he was being helped into the Jeep by some Italian civilians, I made a note of the names of streets and details of the accident, and then took the civilian to the S. Spirito hospital. As Capt. Hyde's journey was of importance, I conveyed him to his office, and immediately afterwards reported the accident to the Orderly Sergeant of Military Police at Near Scotland Yard.

I then took a L/Cpl. of Military Police to S. Spirito Hospital to find out the extent of the civilian's injuries and we were informed that he had sustained a fractured right leg.

7754

Lata. I immediately applied my brakes and stopped the Jeep at the moment of impact with the bicycle,but I knocked the bicycle on to the civilian's right leg. Whilst he was being helped into the Jeep by some Italian civilians, I made a note of the names of streets and details of the accident,and then took the civilian to the S. Spirito hospital. As Capt.Hyde's journey was of importance, I conveyed him to his office, and immediately afterwards reported the accident to the Orderly Sergeant of Military Police at Near Scotland Yard.

I then took a L/Cpl. of Military Police to S. Spirito Hospital to find out the extent of the civilian's injuries and we were informed that he had sustained a fractured right leg.

Afterwards, the Military Policeman visited the Hospital to obtain a statement from the civilian.

7754

s/ 3558296 Pte H. Brickles

R.A.M.I.A.

COPY

REPORT.

111/PRO/12a/151.

TO: The Officer Commanding
111 Provost Company.

Sir,

I have to report, that at ROME on the 21st DECEMBER 1944 at about 1115 hrs, I was on duty at COMPANY"HQ", when No. 3658296 PTE BRICKLES. MILITARY MISSION to CIVILIAN ARMY.C.M.F. informed me that he had been involved in an accident with an ITALIAN CIVILIAN, who was riding a bicycle and that the civilian was now detained in SANTO SPIRITO CIVIL HOSPITAL LUNGOTEVERE SASSIA.

PTE BRICKLES stated that he was driving a JEEP No.M.5661650 and that CAPT.HYDE M.M.I.A. was travelling as a passenger at the time of the accident. He completed A.F.A. 3676 (Accident Report) on the spot.

I proceeded to SANTO SPIRITO CIVIL HOSPITAL accompanied by PTE BRICKLES there I obtained a MEDICAL CERTIFICATE and a statement made by ROBERTO MALLENTI of 14 VIALE GORIZIA, he being the civilian involved in the accident.

I was informed that the bicycle is now at the CIVILIANS home address.

I obtained a statement from PTE BRICKLES and examined his A.F.G. 3518 (Work Ticket) which I found to be in order. I then allowed him to proceed.

s/ S.J. OST.

S.J.Ost 775 SGT.
111 PROVOST COMPANY.

ROME
21st Dec.44

STATEMENT.

STATEMENT MADE BY;- PTE.H. BRICKLES. (BRICKLES)
No. 3658296. MILITARY MISSION to
ITALIAN ARMY. C.M.F.

Sir,

At about 1005 hrs on 21st DEC.44. I was proceeding along CORSO UMBERTO in the direction of the VICTOR EMMANUEL MONUMENT with CAPT. HYDE. M.M.I.A. as passenger in JEEP No.M.5661060.

Whilst passing VIA LATA at approx 20.M.PLH. a cyclist, by name ROBERTO MALLENTI, 14, VIA LEGORIZIA suddenly appeared from behind a stationary vehicle on the opposite side of the road and made to go down VIA.LATA. I immediately applied my brakes, but the cyclist hesitated and almost fell off his bicycle. I hit his back wheel as the JEEP stopped and knocked the bicycle on to his right leg. At the moment of impact the front wheel of the bicycle was just touching the pavement. Helped by ITALIAN civilians he was placed in the JEEP and I immediately took him to the SANTO SPIRITO civilian hospital.

I then took CAPT. HYDE to his office and directly afterwards reported the accident to the ORDERLY SERGEANT of MILITARY POLICE at NEW SCOTLAND YARD.

Damage to JEEP. Nil.
Damage to Bicycle. Back wheel buckled.
Injuries to Civilian. See attached Hospital Report.
I filled in A.F.A. 2076 (Accident Form) on the spot.

ROME.
21st Dec.44.

H. Brickles. PTE.
MILITARY MISSION
ITALIAN ARMY.

STATEMENT.

Made by MALLENZI ROBERTO.

I the undersigned MALLENZI ROBERTO living in No.14 VIALE GORIZIA state the following;-

On the 21st DEC.44. at about 0930 hrs, I was crossing CORSO UMBERTO near the "GIORNALE DI ITALIA" building, when an ALLIED JEEP [illegible] ran into me.

I filled in A.F.A. 3676 (Accident Form) on the spot.

ROME.
21st Dec.44.

H. Brickles. PTE.
MILITARY MISSION
ITALIAN ARMY.

STATEMENT.

Made by MALLENZI ROBERTO.

I the undersigned MALLENZI ROBERTO living in No.14 VIALE GORIZIA state the following;-

On the 21st DEC.44. at about 0930 hrs, I was crossing CORSO UMBERTO near the "GIORNALE DI ITALIA" building, when an ALLIED JEEP coming from PIAZZA COLONNA ran into me.

I fell from my bicycle and broke my right leg.

7752

ROME.
22nd Dec.44.

(SIGNED) MALLENZI ROBERTO.

Statement in the case in which Vehicle (Jeep No. 5651660) on charge to M.M.L.A. was involved in an accident at Rome on 21.12.44, driven by No.3658896 Pte Brickles. H.

Statement made by Capt G.F Hyde Pioneer Corps.
Comp Comdt M.M.L.A.

At Rome on the morning of 21.12.44 at approx 10.05 hrs I was a passenger in the above vehicle and had visited the Area Cashier to draw money for O.Rs for payments on 21.12.44. When proceeding along Corso Umberto in the direction of Piazza Venezia, when almost opposite Via LATA a civilian named ROBERTO MALLENTI riding a bicycle suddenly appeared from behind a vehicle and crossed the Corso Umberto road making for Via Lata.

Pte Brickles braked but his car caught the back wheel of the cyclist throwing the civilian to the ground. In company with Pte Brickles the civilian was immediately taken to SANTO SPIRITO HOSPITAL. ROME. where it was reported he was suffering from a broken right leg.

G.F. Hyde
Captain.

ROME.
21.12.44

Subject:- Traffic Accident

SW/ 98/8

22 Dec.44

LAND FORCES SUB COMM A.C.(MAIA)
ROME
Tel: 489081 EXT 526

To:- D.A.P.M.,
Rome Allied Area Command.

1. An accident occurred in Corso Umberto on 21 Dec.44 at about 10,05 hrs, in which a "Jeep" No M.5661660 on charge to this HQ. ran into and broke the leg of a cyclist named Mallenti Roberto.-

2. The driver contacted one of your N.C.Os. at " New Scotland Yard", and I believe he, the N.C.O. took a statement from the cyclist.-

3. Would you please forward in triplicate, any statement the civilian might have made together with a statement from the N.C.O. if the knows anything further, in order that this case may be disposed of.-

B.L. PERCEVAL.
Lt.Col. RASC,
ADST, Land Forces Sub Comm A.C.(MAIA)

RJB/ag.

7750

OFFICE OF THE PROVOST MARSHAL
ROER AREA ALLIED COMMAND
Tel 478813 - 478675-6

SUBJECT:- Traffic Accident.

Our Ref:- Pro/3/564.

Date 24 Dec 44.

ADJT,
Land Forces Sub-Commission,
Allied Commission (BELA).

Reference your ST/98/3 dated 22 Dec 44.

1. Copies of relative correspondence were forwarded under this office reference Pro/3/564 dated 23 Dec 44, to your H.Q. and D.A.D. Civil Affairs.

2. Further copies thereof are forwarded herewith.

Capt.
for Lt. Col.
Provost Marshal.
(Alan Charlton).

AKC/cpl.

Encl:- Report by I/CPL. OST, S.J. - 111 Provost Coy.
Statement by PTE BRIDGES - R.M.P.A.
" " MATENZI ROBERTO.

779

STATEMENT.

STATEMENT MADE BY:- PTE.H. BRICALLS. (BRICKLE)
No. 3058296. MILITARY POLICE to
ITALIAN ARMY. C.M.P.

Sir,

At about 1005 hrs on 21st DEC.... I was proceeding along CORSO UMBERTO in the direction of the VICTOR EMMANUEL MONUMENT with CAPT. RYDE. C.M.P.A. as passenger in JEEP No.M.5081060.

Whilst passing VIA DATA at approx 20.M.P.H. a cyclist, by name ROBERTO MARIENTI. 14. VIA IMPERIA suddenly appeared from behind a stationary vehicle on the opposite side of the road and came to go down VIA.DATA. I immediately applied my brakes, but the cyclist hesitated and almost fell off his bicycle. I hit his back wheel as the JEEP stopped and knocked the bicycle on to his right leg. At the moment of impact the front wheel of the bicycle was just touching the pavement. Helped by ITALIAN civilians he was placed in the Jeep and I immediately took him to the SANTO STEFANO civilian hospital.

I then took CAPT. RYDE to his office and directly afterwards reported the accident to the ORDERLY SERGEANT of MILITARY POLICE at NEW "SCOTLAND Yard.

Damage to JEEP. Nil.
Damage to bicycle.back wheel buckled.
Injuries to Civilian. See attached Hospital Report.
I filled in A.F.A. 26/6 (Accident Form) on the spot.

H.Q.M.G.
21st Dec.44.

H. Brinkley. PTE.
MILITARY POLICE
ITALIAN ARMY.

STATEMENT.

Made by ROBERTO MARIENTI.

I the undersigned ROBERTO MARIENTI living in No.14 VIA IMPERIA state the following:-

On the 21st DEC.44. at about 0930 hrs, I was crossing CORSO UMBERTO near the "GIORNALE DI ITALIA" building, when an ARMY JEEP coming from PIAZZA COLONNA ran into me.

ROME.
21st Dec.44.

H. Qrtrs. PTZ.
MILITARY MISSION
ITALIAN ARMY.

STATEMENT.

made by MAJOR D.I ROBERTS.

I the undersigned MARCHESE ROBERTO living in No.14 VIALE GORIZIA state the following;-

On the 21st DEC.44. at about 0530 hrs, I was crossing CORSO UMBERTO near the "GIORNALE DI ITALIA" building, when an ALLIED JEEP coming from PIAZZA COLONNA ran into me.

I fell from my bicycle and broke my right leg.

ROME.
22nd Dec.44.

(SIGNED) MARCHESE ROBERTO.

77'8

PM/RA/PF 3

Transmittal Slip.

TO. Capt Leonardt

REF N. PRO/15/5/56/4

Subject Traffic Accident

From: Office of the Provost Marshal,
Roma Allied Area Command

To: — PM. HQ AAI.
PM. U. S. Forces
DPM. 3 District.
DPM. R A F
APM. Canadian Corp.
APM. U. D. F.
G. 1 (Br) RAAC.
Chief of Public Safety.
HQ. A. C. C.
Commandant French Forces HQ.
D. A. D. CLAIMS.
OC. 111 Provost Coy
OC 'T' Provost Coy.
OC 76 Section, S. I. B.
OC. 76 Coy CMP. (TC)

M.M.I.F.

For information
Necessary action, please
Investigation & report
Note & forward as indicated
Perusal and return please
For report
For report & completion
Forwarded
Remarks

Date 23 DEC 1944

Signature

Provost Marshal.
(Alan Charlton)

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 21/12/44	Time 10,05 hrs	Place Corso Umberto County Rome		Surname of Service Driver Brecklis	No. of Service Vehicle M5661660
B. OTHER VEHICLE	~~Lorry~~ ~~Motor Car~~ ~~Motor Cycle~~ Bicycle ~~Other Type~~	Make	H.P. Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy No.
C. DRIVER OF OTHER VEHICLE	Name Mallento Roberto		Driving Licence Date No.	Address and Occupation 14, Via Legorizia Rome		Telephone
D. OWNER OF OTHER VEHICLE	Name Mallento Roberto			Address and Occupation 14, Via Legorizia Rome		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.	Mallento Roberto	30	14 Via Legorizia Rome		~~Slight~~ ~~Serious~~ ~~Fatal~~ Slight Serious Fatal Slight Serious Fatal	S. Spirito Rome
2.						
3.						

F. WITNESSES Name, address etc., of every person present must be obtained	Name	Address	Telephone	Age approx.	Occupation
1.	Capt. Hyde	M. M. I. A.	41857		Camp Commandant M.M.I.A.
2.					
3.					

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

Buckled back wheel

(Note any previous defects)

Can be seen at 14 Via Legorizia, Rome 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	77 ii Telephone Landlord	Tenant

Name	Police Station		Name	Association

Declassified E.O. 12065 Section 3-402/NNDC NO. 785020

D. OWNER OF OTHER VEHICLE	Name: Mallento Roberto	Address and Occupation: 14. Via Leggarizia. Rome		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.	Mallento Roberto	30	14 Via Leggarizia Rome		Slight ~~Serious~~ ~~Fatal~~	S. Spirito Rome
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.	Capt Hyde	M. M. I. A.	47857/1		Camp Commandant M.M.I.A.
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible): Buckled back wheel

(Note any previous defects)

Can be seen at: 14, Via Leggarizia. Rome. 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	77.6 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	Other	~~BUILT UP~~ AREA	Traffic LIGHT ~~CONTROL~~	ROAD SURFACES	DRY ~~WET~~	GOOD ~~FAIR~~ ~~BAD~~	STRAIGHT ~~BEND~~ ~~ROAD JUNCTION~~	~~NORMAL~~ ~~HEAVY~~ ~~LIGHT~~	Visibility CLEAR ~~GOOD~~ ~~DARK~~
	~20 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.

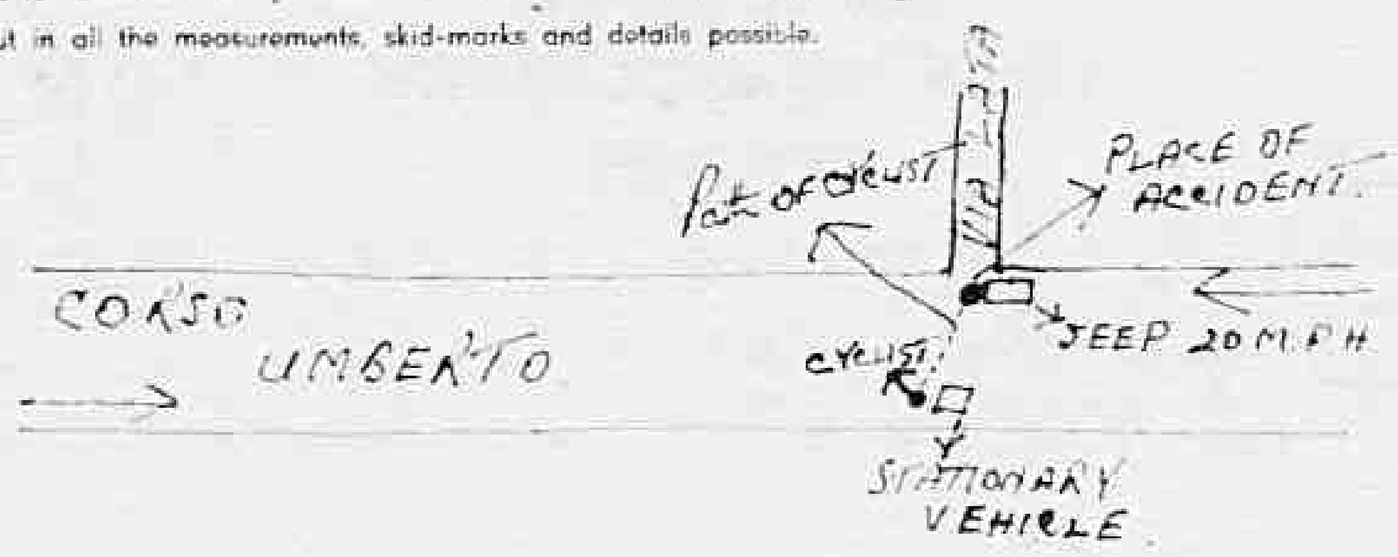
(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 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.

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

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

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.

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	BRICKLES HARRY	358296	M.M.I.A.	Civilian —	—			
	Rank PTE Civilian Occupation CLERK			Service —	3	18/4/40	24	6/6

	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.		Present Location of Vehicle
O. SERVICE or HIRED VEHICLE	M5661660		4 Ton	WILLYS JEEP	17	~~SECRET~~ LEFT HAND DRIVE	M.M.I.A.
	If a motor-cycle, were all those on it wearing crash helmets?			(See A.C.I. 2287/1941)			

	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
P. JOURNEY	Sgt. HUGHES	Serial No. 11	From 46 Base	Driving Jeep		
	If none signed, reason must be given in Driver's Statement	Date 21/12/44	To A/ Detailed	for Unit		

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 21/12/44 1944 Driver's Signature H. Brickles.
(This must be in Driver's handwriting, not typed.)

	Name	Address	Telephone	Unit's file reference	Command
O. UNIT	M.M.I.A.	Super Garage, Rome	84381	M.T.1.	Non-C 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. Unit)	Telephone			

		Will probably be repaired by: —	No. of Vehicles on charge to Unit
S. DAMAGE TO SERVICE or hired vehicle and/or	Damage to Service vehicle - nil		

ISSN 291 1-44 50,000

DRIVER — Rank Pte Civilian Occupation CLERK — Civilian Service — 3 — Service 18/4/40 — 24 — per day 6/6

O. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	LEFT HAND DRIVE	Present Location of Vehicle
M 561660		4 Ton	WILLYS JEEP	17		M.M.I.A.

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

P. JOURNEY

Army Form G 3518 was signed by	A.F.G. 3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
Sgt. HUGHES (If alone signed, reason must be given in Driver's Statement)	Serial No. 11 Date 21/12/44	From 46 Base To A.D. detailed	driving pool for duit		

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 21/12/44 1944 Driver's Signature J. Brickles

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

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
M.M.I.A.	Super. Garage, Rome	54331	M.T.1.	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

Damage to Service Vehicle – Nil (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: Capt. Baxter

~~NOT~~ ON ITS AUTHORIZED ROUTE

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

T.2. It is essential that A.D. Claims furnish me with (Put cross in those required. References are to Sections overleaf.)

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

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

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

I am of the opinion that there is no blame attaching to the driver

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

Declassified E.O. 12065 Section 3-402/NNBC NO. 785020

REPORT. .111/PRO/12a/151.

TO; The Officer Commanding
111 Provost Company.

Sir,

I have to report, that at ROME on the 21st DECEMBER 1944 at about 1115 hrs, I was on duty at COMPANY."HQ", when No.3658296 PTE BRICKLES. MILITARY MISSION to ITALIAN ARMY. C.M.F. informed me that he had been involved in an accident with an ITALIAN CIVILIAN, who was riding a bicycle and that the civilian was now detained in SANTO SPIRITO CIVIL HOSPITAL LUNG TOVERE SASSIA.

PTE BICKLES stated that he was driving a JEEP No.M.5661600 and that CAPT. HYLE.M.E.I.A. was travelling as a passenger at the time of the accident. He completed A.F.A.3676 (Accident Report) on the spot.

I proceeded to SANTO SPIRITO CIVIL HOSPITAL accompanied by PTE. BRICKLES there I obtained a MEDICAL CERTIFICATE and a statement made by ROBERTO MALIENTI of 14 VIA LEGORNIA, he being the civilian involved in the accident.

I was informed that the bicycle is now at the CIVILIANS home address.

I obtained a statement from PTE.BRICKLES and examined his A.F.G. 3518 (Work Ticket) which I found to be in order. I then allowed him to proceed.

ROME.
21st Dec.44.

S.J. Cpt. L/CPL.
111 PROVOST COMPANY.

77'5

Copy

STATEMENT.

Made by MALLENZI ROBERTO.

I the undersigned MALLENZI ROBERTO.living in No.14 VIALE GORIZIA state the following:-

On the 21st Dec. 44 at about 0930 hrs, I was crossing CORSO UMBERTO near the "GIORNALE DI ITALIA " building, when an ALLIED JEEP coming from PIAZZA COLONNA ran into me.

I fell from my bicycle and broke my right leg.

(SIGNED) MALLENZI ROBERTO.

ROME.
22nd Dec. 44.

Statement in the case in which Vehicle (Jeep No. 566166 on charge to M.M.L.A. was involved in an accident at Rome on 21.12.44, driven by No.36588098 Pte Brickles. H.

Statement made by Capt G.F Hyde Pioneer Corps.
Jeep Condt M.M.L.A.

At Rome on the morning of 21.12.44 at approx 10.05 h I was a passenger in the above vehicle and had visited the Area Cashier to draw money for O.Rs for payments on 21.12.44 When proceeding along Corso Umberto in the direction of Piaz Venezia, when almost opposite Via LATA a civilian named ROBERTO MALLENTI riding a bicycle suddenly appeared from behind a vehicle and crossed the Corso Umberto road making f Via Lata.

Pte Brickles braked but his car caught the back wheel of the cyclist throwing the civilian to the ground. In company with Pte Brickles the civilian was immediately ta to SANTO SPIRITO HOSPITAL. ROME. where it was reported he was suffering from a broken right leg.

ROME.
21.12.44

Captain

7713

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: 12/7/44	Time: 1100 hrs	Place: County: Rome	Surname of Service Driver: MILLER	No. of Service Vehicle: Z 48324&8	
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.
C. DRIVER OF OTHER VEHICLE	Name	Driving Licence Date / No.	Address and Occupation			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 / Slight / Serious / Fatal / Slight / Serious / Fatal)	Hospital (if known)
	1. Meronzi, G. Battista.	11 yrs.	Viale Grulio, Cesare No 78, Rome			Italian Red Cross No 3 Leonina, Rome.
	2.					
	3.					

F. WITNESSES. Name, address etc., of every person present must be obtained.	Name	Address	Telephone	Age (approx.)	Occupation
	1. Pte E.G. McAhon	Coy D 803 M.P. Bn. (USA)			Soldiers
	2. Capt. E.L. Monck-Mason.	R.A.S.C.			
	3.				

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible) (Note any previous defects) — Can be seen at: 7742 — 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 required/owned	Telephone: Landlord / Tenant

J. Military POLICEMAN	Name	Police Station	He did / did not see accident	A statement was / was NOT	ROAD PATROL	Name	Association	He did / did NOT see accident
	Edward, G. Mc Ahon.	Coy D 803 M.P.						

Unit | 3. | Fatal

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

	Name	Address	Telephone	Age approx	Occupation
1	Pte E.G. McAhon	Coy D 803 M.P. Bn. (USA)			Soldiers
2	Capt. E.L.	R.A.S.C.			
3	Monck-Mason.				

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

Can be seen at

7742

Telephone

(Note any previous defects)

H. INJURY TO ANIMALS

HORSE	COW	How many	LED	Condition	Injuries	IT was not still out 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	Telephone Tenant

J. Military POLICEMAN

Name	Police Station	He did ~~NOT~~ see accident	A statement was NOT made to him	ROAD PATROL	Name	Association / Branch	He did NOT ~~see~~ accident
Edward, G. Mc Ahon. No. 37716599	Coy D 803 M.P. Bn. (USA)						

K. LIGHTS

DAYLIGHT ~~WHICH~~	Service Vehicle	Other Vehicle	WARNING	UNNECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
	NOT LIT	NOT LIT				

L. SPEED OF VEHICLE

Service	Other	~~NOW~~	Traffic	ROAD SURFACES				TRAFFIC LIGHTS	Visibility
10 m.p.h.	— m.p.h.	BUILT UP AREA	LIGHT DENSE		DRY ~~WET~~	GOOD ~~FAIR~~ ~~BAD~~	STRAIGHT ~~BEND~~ ~~CROSS ROADS~~	TRAFFIC SIGNS	CLEAR ~~FROST~~ ~~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 involve 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						

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.

Declassified E.O. 12065 Section 3-402/NNDC NO. 785020

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

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.

ISSN/2[illegible]

TO BE COMPLETED ON RETURN TO UNIT

	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Miles	Date of entry into Service	Age	Rate of Pay per day
N. SERVICE DRIVER	FREDERICK MILLER	2/2[illegible]0	M.M.A.S.	Civilian 23 / Service 0	22/4/38	44	7/6

	Rank	Civilian Occupation	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
O. SERVICE or HIRED VEHICLE	PTE.		4.40 32440	Load Carrying	15cwt	DODGE	20	—	ROME

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

	Army Form G3518 was signed by	A.F.G. 3518 Serial No.	Journey	Nature of Duty	U.N. LOADED	Map reference of scene of accident
P. JOURNEY	Capt. B. L. Peack Mason (If more signed, reason must be given in Driver's Statement)	Date 12/7/44	From ROME To Civitavecchia	Passenger Conveyance		

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 14.12.44 194 Driver's Signature J. Miller Sgt (This must be in Driver's handwriting not typed)

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

	Hired through (K.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
R. HIRED VEHICLE See A.C.I. para					

		Will probably be repaired by :—	No. of Vehicles on charge to Unit
S. DAMAGE TO SERVICE	N.I.		

Declassified E.O. 12065 Section 3-402/NND No. 785020

VEHICLE 4-4032440 Lead Carrying 15cwt DODGE 25 DRIVE ROME
(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
Capt. E. L. Monck Mason (If none signed, reason must be given in Driver's Statement)	Serial No. Date 12/7/44	From ROME To Civitavecchia	Passenger Conveyance		

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 14/7/44 194 Driver's Signature F. Miller Sgt
(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: NIL (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: Capt E L Monck Mason — NOT ON ITS AUTHORIZED ROUTE

Number of previous accidents in which Driver has been: concerned / 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.)

U. Signature of O.C. Unit — Date 18/10/44. 194 — All copies should be signed and dated

V. First Copy sent to A.D. Claims D.A.D. Comd. on 18/10/44 194

Y. Second copy sent to next Higher Authority, namely R.A.A.C. on 18/10/44 194

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

X. Punishment awarded

Driver has not been charged.

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 liability only; (iv) the amount of the excess (if any).

Statement re. Traffic Accident.

W.D. Vehicle :- Dodge 4 x 2 15-cwt G.S. Truck. No. T 4832448.

Driver :- No. T/2648020 Sjt Miller, F. (RASC)

Sir,

At approximately, 10.55.hrs. on 12th July 44, I was on duty driving a Dodge No T 4832448 accompanied by Capt. E.L. Monck-Mason, R.A.S.C. We were proceeding down the Piazza Della Ditta Leonina. On both sides of the road W.D. transport was parked very close together. Suddenly a child ran from between two of the vehicles into the right hand side front wing of my vehicle. (Driving side) I immediately applied my brakes and stopped almost dead, my speed was approx. 10 m.p.h. when I applied my brakes. I made to get out of the vehicle to see the result of the impact when civilians in the vicinity motioned to me that my front wheel was on the child's foot. I pulled away about one foot, and then got down out of the cab and found that the child's foot was crushed. An American M.P. Pte R.G. McMahon was at the scene of the accident and accompanied by him I took the child in my vehicle to the hospital.

I am,
Your obedient servant,

T/2648020 F Miller Sjt. (RASC)

Statement by Captain E.L. Monck-Mason, R.A.S.C. regarding Traffic Accident, which occurred on 12th July 1944, at CITTA LEONIA.

I was a passenger in Vehicle No 4832448, driven by Sjt Miller. This vehicle was proceeding at a speed of not more than 10 m.p.h. along a narrow road between two rows of stationary vehicles.

A small boy suddenly rushed out in front and became trapped by his foot under the right side front wheel. Sjt Miller immediately applied brakes and reversed. In my opinion Sjt Miller was in no way to blame. The injured boy was immediately conveyed to an Italian hospital to which an American M.P. directed us.

Full details of names and addresses were exchanged there, and Sjt Miller completed A.F. A 3676 which was handed to Captain Baxter, Transport Officer, M.M.I.A.

(Signed) E.L.MONCK-MASON, R.A.S.C.

Field.
6th October 1944.

7740

APPENDIX "A"

Ref : VEH/9/402

NEGLECT / MISUSE AND DAMAGE REPORT

O.C. Military Mission 33 (M.M.I.S.)

1. Vehicle No. M.4615673 on your charge has been received in this Workshops damaged by accident.

2. The damage is : Chassis twisted. Extensive damage to body. Radiator smashed.

3. The assessed cost of damage not due to fair wear and tear including labour charges and cost of materials is :

Total £ 45 : 0 : 0

Field.
15 Dec 44
T.E.F/G.R.

Capt.
O.i/c Workshops.
353 Company R.A.S.C.(Artillery).

7739

Statement by No. T/26[illegible]8020 W/Sjt Miller F. (RASC) re submission of Traffic Accident Report (A.F. A. 3676) in respect of an accident in which vehicle No Z 4832[illegible]8, driven by the above N.C.O. was involved.

Sir,

I certify that I handed in the traffic accident report (A.F. A. 3676) to Captain J.R. Baxter, R.A.S.C. at Headquarters, Military Mission Italian Army, on the 16th July, 1944.

I am,
your obedient servant,

T/26[illegible]8020 F. Miller .....SGT.
R.A.S.C.

Field,
18th October 1944.

77[illegible]8

Subject:- Traffic Accident

Military Mission Italian Army,
Central Mediterranean Force.

To:- D.A.D. Claims & Salvage,
Rome.

Ref No Corp/C/4 (M)

15th October 1944.

Reference your letter 53/40712/15/A dated 31st August 1944.

Vehicle No T 48[illegible]48 Dvr:- P/25[illegible]020 Pte Miller, P. (RASC)

1 Herewith traffic accident report (A.F. A 3676) in respect of an accident in which the above vehicle was involved on 12 July 44.

2 Delay in submission is regretted owing to it being understood that accident report was submitted by the M.T. Section of this unit on 16th July 44.

Captain, Corp Cmdt.,
Mil. Miss. Italian Army.

Field.
AFR.

Copy to:- G-1 (Br),
Headquarters,
Rome Allied Area Command,
C.M.F.

7737

Army Form A2476
(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
12/7/44	11-00	County RoME	MILLER?	4832448

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.
	Year			

C. DRIVER OF OTHER VEHICLE

Name	Driving Licence Date / No.	Address and Occupation	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	Hospital (if known)
1.	Megonzi, G. Battista	II	Niale Grulio, Cesare No 78, ROME.		Slight / Serious / Fatal	Italian Red Cross No 3 Leonina, ROME.
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.	Pte E.G.McAhon,	Coy D. 803. M.P. Bn.			Soldiers
2.	Capt, E.L.Monck-Mason	R.A.S.C. M°M.I.A. C.M.F.			"
3.					

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

(Note any previous defects)

H. INJURY TO ANIMALS

HORSE	COW	How many	LED / STRAYING	Condition	Injuries	IF will not will not have to be KILLED	Telephone 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

J. Military. Name: Edward G. [illegible] — Police Station: Coy D. — He did / A statement / ROAD — Name — 7776 — He did

Declassified E.O. 12065 Section 3-402/NNDC No. 785020

Unit

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

	Name	Address	Telephone	Age (approx.)	Occupation
1.	Pte E.G.McAhon,	Coy D. 803. M.P. Bn.			Soldiers
2.	Capt; E.L.Monck-Mason	R.A.S.C. M°M.I.A. C.M.F.			"
3.					

G. (In greatest detail possible) Can be seen at

APPARENT DAMAGE TO OTHER VEHICLE

(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 registered	Telephone Landlord	Tenant

J. POLICEMAN — Name: Military. Edward G. Mcahon — No. 3771659 — Police Station: Coy D. 803 M.P. Batt; — He did [redacted] see accident — A statement was NOT made to him — ROAD PATROL — Name — 77th — Branch — He did NOT see accident

K. LIGHTS

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

L. SPEED OF VEHICLE

Service	Other		Traffic	ROAD SURFACES				TRAFFIC LIGHTS	Visibility
10 m.p.h.	m.p.h.	BUILT UP AREA	LIGHT	DRY	[redacted]	FAIR	STRAIGHT	[redacted] MAKING 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.

(c) Report the accident immediately on your return. If you have been unable to give the Account 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.

Declassified E.O. 12065 Section 3-402/NSDC NO. 785020

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

a. Put in all the measurements, [illegible] 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 inch.

W6 17668/1563 750,000 2/42 R. & L. 11/5348

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) Rank / Civilian Occupation	Number	Unit	Driving Experience: Civilian Service	Years	Months	Date of entry into Service	Age	Rate of Pay per day
	Frederick MILLER SGT:	T/2648020	M.M.I.A.		15 6	— —	22/4/38	44	7/6

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
	Z4832448	Load Carrying	15cwt	DODGE			ROME

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.	From	Nature of Duty		Un-LOADED	Map reference of scene of accident
	Capt; E.L. Monck-Mason,	12/7/44	ROME.	Passenger Conveyance			
		Date	To	Civrtavecchia			

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 14/7/44 194 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 :—	No. of Vehicles on charge to Unit

Declassified E.O. 12065 Section 3-402/NNDC NO. 785020

SERVICE or HIRED VEHICLE: 24832448 — Load Carrying — Capacity: 15 cwt — DODGE — HAND DRIVE: ROLE

(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: Capt; E.L. Monck-Mason. (If none signed, reason must be given in Driver's Statement.) — A.F.G.3518 Serial No. — Date: 12/7/44 — Journey From: ROME. To: Civrtavecchia — Nature of Duty: Passenger Conveyance — UN-LOADED — Map reference of scene of accident

6 (a) 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 14/7/44 194 — 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 (F.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 COMMISION, 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).