ACC

10000/120/1913

10000/120/1913 Camp/Q/4/1 Traffic Accident Reports 2nd Cover

Opened Feb 25, 1946 - Closed March 4, 1946

Feb - Mar 1946

4687

Comb

TRANSMITTAL SLIP

OFFICE OF THE PROVOST MARSHAL
BASE AREA ALLIED COMMAND
Tel: 47867

SUBJECT:- Theft of WD Vehicle.

Ref: PM/TS/ 3/2/28

TO:- P.S.L.O., att.RAAC.
HQ, M.M.I.A., Rome.
DAD., 53 Claims & Hirings.

The attached Military Police report ref:- 200/9/3/211 dated 28 Feb 46 together with copy statements & sketch plan.

is/are forwarded for

Information _____ REMARKS _____

Necessary action please _____

Investigation & report _____

Formal & return please _____

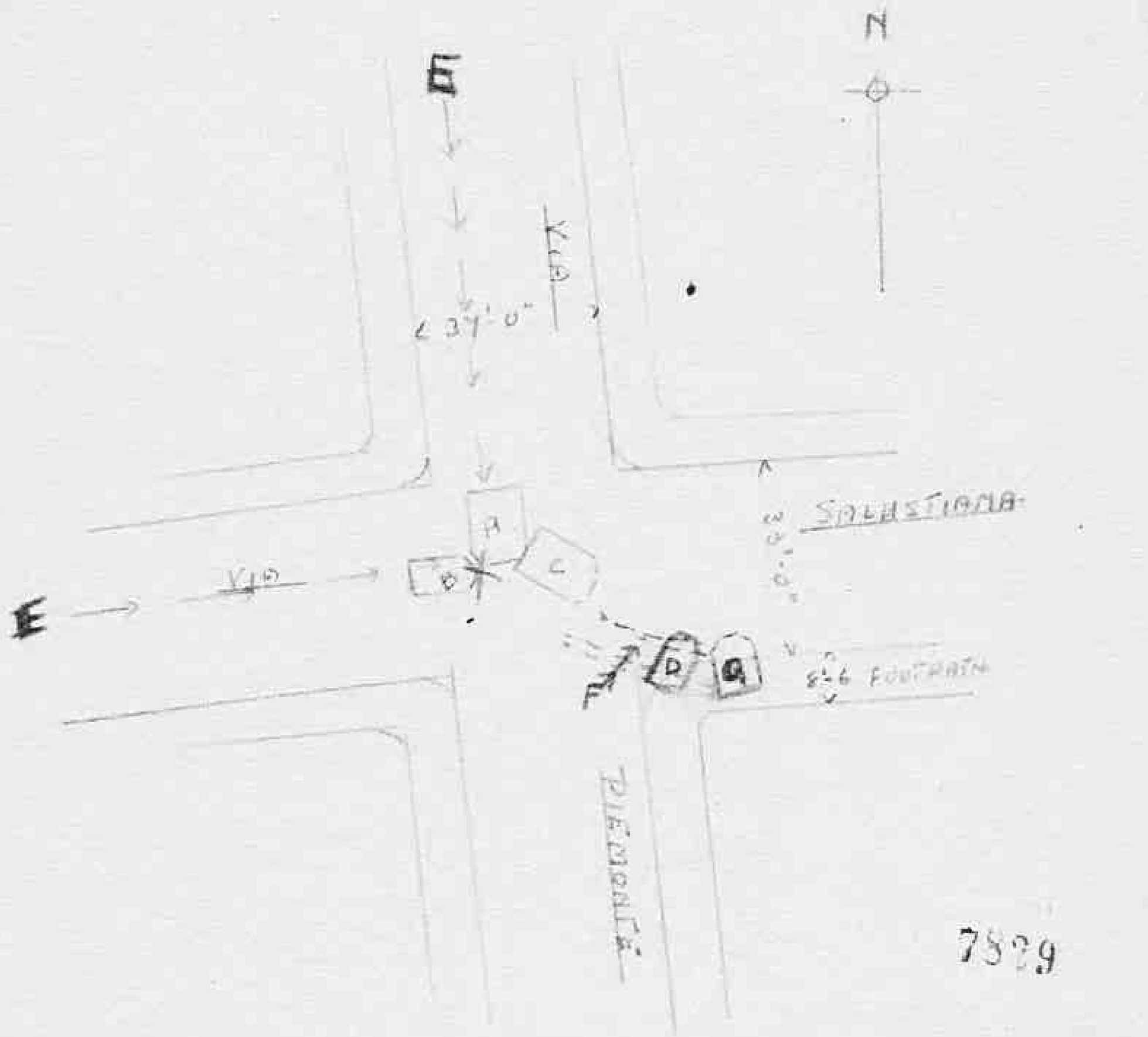
Onward transmission _____

Date:- 4 Mar 46.

Signature: _____ Capt.
For Lt-Col.
Provost Marshal
(J.V.Rowe).

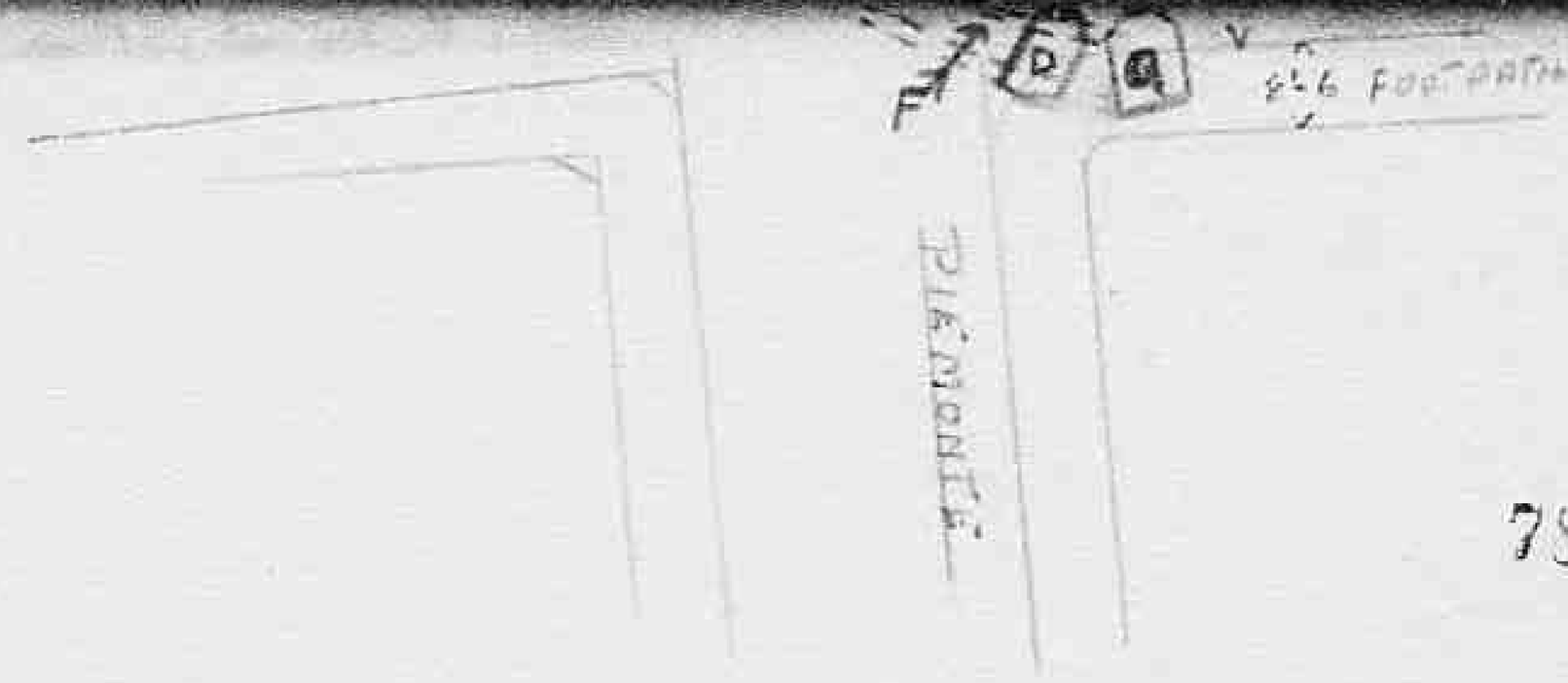
7830

SKETCH PLAN OF SCENE FOR DECID. 1



A | APPROX POSITION OF SALOON BEFORE FOLLI
B | " " JEEP " "

7829



A APPROX POSITION OF SALOON BEFORE FALL:
B " " " JEEP " "
C " " SALOON AFTER "
D " " JEEP " "
E DIRECTION OF TRAVEL
F SKID MARKS 14'-0
G POSITION OF JEEP ON ITS ARRIVAL

ROME
25 FEB 1946

J. E. Nelson Cpl
C.M. POLICE

R E P O R T 200/9/3/211

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

Sir,

I have to report, that at ROME on the 28th. Feb. 1946 at about 2145 hrs., I was on Duty as V.M.C.O., accompanied by L/Cpl.COLLINS R. 182 Provost Coy. in Via XX Settembre when I was informed that an accident had occurred at the junction of Via Sallustiana and Piemonte.

I immediately proceeded to the scene, where a collision had occurred between

BIANCHI SAL: N° ROMA 4
6351

on charge to Mil. Miss. Italian Army, driven by

1946885 Dvr. TYLER J.W. M.M.I.A. H.Q.

and a

WILLYS JEEP 4x4 N° M5632429

driven by, civilian:

MASINI GIOVANNI
37 Via Leonina ROME

who was being held by 3248732 Dvr. MATHIESON G. M.M.I.A. H.Q. 10604949 Dvr. NEEDHAM T. M.M.I.A. and 140384 Sgn. ROBERTSON A. Att. Public Relations, who stated that the above named civilian attempted to run away after the accident.

Posting L/Cpl. COLLINS at the scene, I conveyed the civilian and three witnesses to the Central Police Station, where I was informed the Jeep had been stolen from outside the EDEN Hotel and was on charge to Mr. TALBOT, Reuters News ROME. On questioning MASINI, he stated that he had arranged to sell the Jeep to a person known to him as GIOVANNI at 2200 hrs. in Piazza VIDMS. Accompanied by two Civil Police, 3 witnesses and prisoner I proceeded there, and attempted to contact the person but was unable, after 3/4 hr. search of the vicinity. I returned to Central Police Station. MASINI GIOVANNI was handed over to the Civil Police. J.1 submitted. R.E.M.E. (638 W/S) were informed and instructed to collect the JEEP. Mr.TALBOT [illegible] of action taken. On returning to the scene of the [illegible] M5631 to be collected

WILLYS JEEP 4x4 N° M5632429

driven by, civilian:

MASINI GIOVANNI
37 Via Leonina ROME

who was being held by 3248732 Dvr. MATHIESON G. M.M.I.A. H.Q. 10564949 Dvr. NEEDHAM T. M.M.I.A. and 140384 Sgn. ROBERTSON A. Att. Public Relations, who stated that the above named civilian attempted to run away after the accident.

Posting L/Cpl. COLLINS at the scene, I conveyed the civilian and three witnesses to the Central Police Station, where I was informed the Jeep had been stolen from outside the EDEN Hotel and was on charge to Mr. TALBOT, Reuters News ROME. On questioning MASINI, he stated that he had arranged to sell the Jeep to a person known to him as GIOVANNI at 2200 hrs. in Piazza VIDAE. Accompanied by two Civil Police, 3 witnesses and prisoner I proceeded there, and attempted to contact the person but was unable, after 3/4 hr. search of the vicinity. I returned to Central Police Station. MASINI GIOVANNI was handed over to the Civil Police. J.1 submitted. R.E.M.P. (638 W/S) were informed and instructed to collect the JEEP. Mr.TALBOT also informed of action taken. On returning to the scene of the accident Dvr. TYLER had arranged for his car N°6351 to be collected and taken to Super Garage Piazza VERDI.

Statements of witnesses (3), Dvr. TYLER and Mr. TALBOT attached, also sketch plan of accident.

The visible damage to the JEEP N°5632429:

Front left tyre punctured - Rear axle adrift

The visible damage to the Saloon Car N°6351:

Radiator caved in - Head lamps smashed

Both front mudguards bent.

Roads were in good condition and dry. Street lighting very good.

RAAC
28th. February 1945

F. A. Nelson Cpl.
C.M.P. Police
(J. NELSON)(36)

Copy Statement
by: Dvr. NEEDHAM T/10664949 R.A.S.C.

I Dvr. NEEDHAM was walking near the Garage when saw a car, so I stop him and it was Dvr. TYLER, and I said would you mind giving me and my Pal a lift, and he say, jump in will we set off down the road in which the driver car was in third gear, and we were going slow, the driver gave warning with his lights, when we came to a cross road we saw a jeep coming at a speed, we pull up as we could, but the jeep ran into us which sent him on the kerb, we got out to see that if he were alright, when he got in and got away we ran for him, and we ask him were he had got it, we knew it was stolen because of the chain so one of the boys went for the Police and left it in there hands.

Signed: J. Dvr. NEEDHAM
to my best of knowledge
state this to be true.

7597

Copy Statement
by: Dvr. MATHIESON 3248732 H.L.I.

I Dvr. MATHIESON was walking near the garage when I saw Dvr. TYLER blowing up his tyre and asked him for a lift back to the Hotel, he said yes, I said where are you going he said back to the Car Park, on our way back we had an accident, the other hit the front of the car, it must have been travelling at about 45 miles an hour, we got out of the car and went to take down notes when the Italian got up ran to the jeep and started to drive away. TYLER ran after it and stoped him, we brought him back to the accident, and once more he get away, so we ran after him, we managed to get him, he went to hit TYLER, TYLER hit him back, we got him back to the car and looked him in, and waited for the Police.

I Driver MATHIESON to my best of knowledge state this to be true

Signed : J. MATHIESON
3248732 H.L.I.

7826

COPY STATEMENT
By: 140384 SIGMN. A. ROBERTSON
MED. W/T SECTION
H.Q. PUBLIC RELATIONS C.M.F.

I was walking along Via Sullustiana towards Piazza Barberini at approximately 2125 hours of 28th. February 1946 when about 40 yards from Via Piemonte I heard a car horn sound and noticed that a Saloon Car coming along Via Piemonte was about to cross Via Sullustiana. As the car started crossing, a Jeep came up Via Sullustiana travelling at high speed. Unable to pull up in time, the Jeep hit the saloon car on the right hand side of the Bonnet. I saw the driver thrown out of the jeep which then came on to mount the pavement about 20 yards in front of me and stop.

I ran towards the driver of the Jeep, an Italian civilian, who got on his feet, picked up his hat and immediately jumped into the Jeep. By this time the occupants of the saloon car - British Personnel had arrived at the Jeep and naturally wanted to take particulars. The Italian was reluctant to give any and said he was all right. In view of the fact that the Jeep had at least a flat tyre - noticable without close inspection - this seemed rather suspicious.

Before anything more could be done the Jeep made off and one of the British soldiers from the saloon car gave chase. He caught hold of the rear end of the Jeep and, after it had travelled up Via Sullustiana some 200 yards, he managed to climb aboard and stop the Jeep.

I then told one of the other occupants of the saloon car that I would bring the Military Police and ran to the Piazza Barberini where a patrol car can generally be found. None being there at the time, I phoned the American Military Police HQ. from the Barberini Cinema and they sent a Radio Patrol car which picked me up and took me to the scene of the accident.

On arrival I discovered that the British MP'S were already on the scene and had the matter in hand.

close inspection - this seemed rather suspicious.

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On arrival I discovered that the British MP'S were already on the scene and had the matter in hand.

Signed: A. ROBERTSON.
140384 SIGMN. A ROBERTSON
MED. W/T SECTION
HQ PUBLIC RELATIONS C.M.F.

7825

opy Statement. By: J.H.C. ALBOT

I left Jeep N°5632429 outside the EDEN Hotel at approximately 2015 hrs. on the evening of Feb. 28, 1946. A stout chain was round one spoke of the steering wheel and fixed to a bracket at the end of the dash board with a padlock. In addition an auxiliary switch to the engine, situated on the floor near the clutch pedal, was also switched off.

At approximately 2135 I left the Eden Hotel to find that the Jeep had disappeared. After enquiries among the Hotel staff and the solitary driver at that time outside the Hotel, as to whether anything unusual had been noted, I got in touch with the British Military Police and reported the loss of the vehicle.

Signed: J.H.C. TALBOT
Reuters Correspondent
16 Via LUDOVISI ROME

March. 1, 1946

Copy Statement
by: Dvr. TYLER J.W. 1946885

I Dvr. TYLER J.W. 1946885, driver of Bianchi Car N°6351 had finished work with Col. GILMORE at 8.30. I then went back to my billet to get a cup of tea, I then put the car away in the car park, but I drove out again because I remembered the back tyre was very soft, so I went up to the garage to get all my tyres checked, on my way back I picked up Dvr. MATHIESON & Dvr. NEEDHAM and proceeded on my way back to the car park, passing the 2nd. cross & put about to cross the third one, the Jeep simply came from no-where & came in contact with the front of my car, I got out of the car and went to see if the driver of the other car was alright, but before I could say Jack Robinson he was driving his Jeep away.

I ran after the Jeep and managed to grab hold of the back, getting a firm hold I climbed into the back, I managed to stop it, but I grabed hold of the driver because he was about to run away again, and brought him back to the scene of the accident. Driver NEEDHAM & the Italian driver were sitting in the Jeep, me & MATHIESON was just about to start taking down particulars when he was off again he had kicked Driver NEEDHAM and made a ran for it so me and MATHIESON started to run after him, I saw another Italian coming up the road so I shouted out to him to stop the other fellow, and he joined in the chase he caught hold of him, and held him till I got to him, when I got hold of him he swong his fist at me so I hit back at him & once more brought him back to the scene.

The two witnesses that saw the accident went for the Police in the meantime we locked him in the car, and waited for the Police in the meantime I asked this Italian why he keeped runing away, and I said have you stole that Jeep & he said Yes and fast then the American Police came on the scene and two minutes after the British Police were there & took down all particulars.

I certify that this statement is true to the best of my knowledge.

Sir I am your Obedt. servant

Signed: J.W. TYLER
R.E.

again he had kicked Driver NEEDHAM and made a ran for it so me and MATHIESON started to run after him, I saw another Italian coming up the road so I shouted out to him to stop the other fellow, and he joined in the chase he caught hold of him, and held him till I got to him, when I got hold of him he swong his fist at me so I hit back at him & once more brought him back to the scene.

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I certify that this statement is true to the best of my knowledge.

Sir I am your Obedt. servant

Signed: J.W. TYLER
R.E.

7824

Rome, 4-4-46.

TO : CAMP. COMMANDANT- M.T.O.-MMIA-
from: 6214445 S/Sgt. PEEK.

Subject : Statement in reference to accident involving WD vehicle N° 5662893.

Sir,

I was the driver of the Jeep WD. N° 5662893 which had the accident on 31.3.36.

I was returning from Castel Fusano and on the way back along Viale Africa at about 17.00 hrs. and my speed was about 25 M.P.H.

I was following an amirican G.M.C. I sounded my horn to overtake him,and then he must have swerved over to the left, for I heard Sgt. Westerman shout look out, and I think I swerved to the left, and then things happened suddenly, and my mind was confused.

I think I was sitting in the road but I was up immediately for I, put a pillow under Pte Marshall's head, and went to a house to telephone.

I was the driver of the Jeep WD. N° 5662893 which had the accident on 31.3.36.

I was returning from Castel Fusano and on the way back along Viale Africa at about 17.00 hrs. and my speed was about 25 M.P.H.

I was following an amirican G.M.C. I sounded my horn to overtake him,and then he must have swerved over to the left, for I heard Sgt. Westerman shout look out, and I think I swerved to the left, and then things happened suddenly, and my mind was confused.

I think I was sitting in the road but I was up immediately for I, put a pillow under Pte Marshall's head, and went to a house to telephone.

The G.M.C. stopped but when I came out of the house it had gone.

Signed.....

7823

Army Form A3676
(Revised September, 1943)
To be carried in an addressed envelope by every driver.
A.C.I. 1312 1949

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: 31.3.46. Time: 9AM or 1700. Place: ROME. Surname of Service Driver: PEEK. No. of Service Vehicle: 5662893

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

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

D. OWNER OF OTHER VEHICLE — Name: AS ABOVE. 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. (in greatest detail possible) — Can be seen at

APPARENT DAMAGE TO OTHER VEHICLE: NONE.

H. INJURY TO ANIMALS (Note any previous defects)

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

Telephone NAME & ADDRESS of OWNER or OCCUPIER

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

Telephone Landlord | Tenant

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

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

2.

3.

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.					
2.					
3.					

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

APPARENT DAMAGE TO OTHER VEHICLE

NONE.

H. INJURY TO ANIMALS

(Note any previous defects)

HORSE | COW | How many | LED | Condition | Injuries | IT was [not] will not have to be KILLED

FOWL | PIG | STRAYING

SHEEP | DOG

Telephone NAME & ADDRESS of OWNER or OCCUPIER

I. DAMAGE TO PROPERTY

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

J. POLICEMAN

Name | Police Station | He did NOT see accident | A statement was NOT made to him | ROAD PATROL | Name | Telephone: Landlord / Tenant Association | He did NOT see accident

No. | Branch

K. LIGHTS

DAYLIGHT [NIGHT] | Service Vehicle [NOT] LIT | Other Vehicle [NOT] LIT | WARNING NONE | NECESSARY | [NOT] GIVEN BY ME | NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service: 25 m.p.h. | Other: m.p.h.

[NOT] BUILT UP AREA

Traffic LIGHT [DENSE]

ROAD SURFACES: DRY [WET] | FAIR [SLIPPERY]

[STRAIGHT] [ROAD] CROSS ROADS

TRAFFIC [NOT] TRAFFIC LIGHTS

TRAFFIC SIGNS

Visibility CLEAR [FOGGY] [RAINY]

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

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

Insert here Initials of Command

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

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

[Please Turn Over.

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 Service Witnesses.

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

(12181) Wt. 19155/2784 7/44 W. S. S. Ltd. 51-0586.

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
PEEK. EDWARD	621 4445	M.M.I.17.	Civilian 1	—			
Rank S/SGT. Civilian Occupation DRIVER			Service 4	—	22·3·46	24	8/4

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
S662893	OPEN. JEEP.	5 CWT.	WILLYS JEEP	16		REME. W.S.

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 1133/43)

P. JOURNEY

Army Form G3518 was signed by	A.F.G.3518 Serial No.	Journey	Nature of Duty	~~OFF~~ LOADED	Map reference of scene of accident
S/SGT. PEEK.		From OSTIA	RECREATIONAL		
If one signed, reason must be given in Driver's Statement	Date 31·3·46	To ROME.	P/RTY.		

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 31·3· 1946 Driver's Signature PEEK. S/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

Will probably be repaired by :—

No. of Vehicles on charge to Unit

Reclassified R.O. 12/85 Section 3-4(2)/MMBC No. 185020

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 1133/43)

P. JOURNEY — Army Form G3518 was signed by S/SGT. PEEL. If none signed, reason must be given in Driver's Statement. A.F.G.3518 Serial No. — Date 31-3-46. Journey From OSTIA To ROME. Nature of Duty RECREATIONAL DIRTY. LOADED. Map reference of scene of accident.

6 lines

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 31-3- 1946 Driver's Signature G Peel S/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 (A.S.C. Unit) | Contractor's Name & Address, Telephone | Name & Address of Insurance Co. (if applicable) | Insurance Cert. No. or Policy No. | Rate of Hire per day

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

(in greatest detail)

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 Sessions overleaf.

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

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

U. Signature of O.C. Unit

Date 194

All copies should be signed and dated.

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

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

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

X. Punishment awarded

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

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

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

Army Form A3676
(Revised 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: 31.3.40 — Time: APROX 1700 — Place: ROME. — Surname of Service Driver: PEEK. — No. of Service Vehicle: 5662893

B. OTHER VEHICLE (Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van) — Make: DETAILS NOT KNOWN AS OTHER VEHICLE MADE OFF — County H.P. — Registration No. — Name and address of Insurance Co. — Insurance Certificate No. or Policy No.

C. DRIVER OF OTHER VEHICLE — Name: AS ABOVE — Year — Driving Licence Date — No. — Address and Occupation — Telephone

D. OWNER OF OTHER VEHICLE — Name: AS ABOVE — Address and Occupation — Telephone

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

	Name	Age (approx.)	Address and Occupation	Telephone	Injury (Slight / Serious / Fatal)	Hospital (if known)
1.					Slight / Serious / Fatal	
2.					Slight / Serious / Fatal	
3.					Slight / Serious / Fatal	

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

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

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

APPARENT DAMAGE TO OTHER VEHICLE — NONE

H. INJURY TO ANIMALS — HORSE / COW / POULTRY / PIG / SHEEP / DOG — How many — LED / STRAYING — Condition (Note any previous defects) — Injuries

I. DAMAGE TO PROPERTY — Nature of Property — Exact Location — Damage — IT was not will not have to be KILLED — Property is NOT requisitioned — NAME & ADDRESS of OWNER or OCCUPIER — Telephone — Telephone — Landlord / Tenant — Association

J. — Name — Police Station — He did / He did NOT see — A statement — ROAD — Name

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

If the latter, give Service number and Unit

2.

3.

Serious Fatal

Slight Serious Fatal

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

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

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

APPARENT DAMAGE TO OTHER VEHICLE

NONE

(Note any previous defects)

H. INJURY TO ANIMALS

HORSE COW How many LED Condition Injuries IT was not will not have to be KILLED

POULTRY PIG STRAYING

SHEEP DOG

Telephone NAME & ADDRESS of OWNER or OCCUPIER

I. DAMAGE TO PROPERTY

Nature of Property Exact Location Damage Property is NOT requisitioned

Telephone Landlord | Tenant

J. POLICEMAN

Name Police Station He did NOT see accident A statement was NOT made to him ROAD PATROL Name Association He did NOT see accident

No. Branch

K. LIGHTS

	Service Vehicle	Other Vehicle				
DAYLIGHT ~~NIGHT~~	~~NOT LIT~~	~~NOT LIT~~	WARNING NONE	~~WAS~~ NECESSARY	7 NOT GIVEN BY ME	1 ~~NONE~~ GIVEN BY OTHER

L. SPEED OF VEHICLE

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

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

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

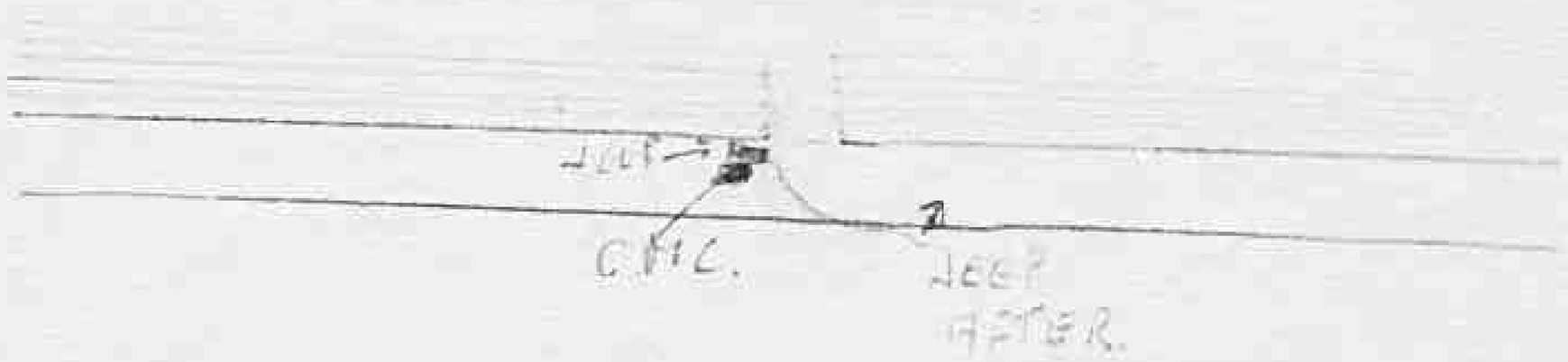
Insert here initials of Command

	Name	Rank	Number	Unit	Vehicle No	Code
SERVICE DRIVER						
ACCIDENT	Date	Time	Place		This slip is handed you for your convenience and is not to be taken as an admission of liability.	

[Please Turn Over.

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

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



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

TO BE COMPLETED ON RETURN TO UNIT.

	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	PEEK. EDWARD. Rank S/SGT Civilian Occupation DRIVER	6245445	M.Y.I.A.	Civilian 1	—			
				Service 4	—	22.7.40	24	8/4

	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	~~RIGHT~~ LEFT HAND DRIVE	Present Location of Vehicle
O. SERVICE or HIRED VEHICLE	5662893	OPEN JEEP.	5 CWT.	WILLYS JEEP.	16		REIVE. V/S.

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 1133/43)

	Army Form G3518 was signed by	A.F.G.3518 Serial No.	Journey	Nature of Duty	~~UN~~-LOADED	Map reference of scene of accident
P. JOURNEY	S/SGT. PEEK. If none signed, reason must be given in Driver's Statement	Date 31.3.46	From OSTIA. To ROME.	RECREATIONAL PARTY		

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 31.3. 1946 Driver's Signature [signature] S/SGT.
(This must be in Driver's handwriting, not typed.)

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

	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 LOAD			

6 ins

112161 WW. 18155-2794 24321 7/44 W. & S. Ltd. 51-8686.

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

Service 4 — 22420 6/4

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
5662893	OPEN JEEP.	5 CWT.	WILLYS JEEP.	16		REYE. V/S.

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 1133/43)

P. JOURNEY

Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	~~ON~~ LOADED	Map reference of scene of accident
S/SGT. PEEK.	Serial No. —	From OSTIA.	RECREATIONAL PARTY		
If one signed, reason must be given in Driver's Statement	Date 31.3.46	To ROME.			

E. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they to 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 31.3.1946 Driver's Signature [signature] S/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. Units)	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 specified.

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.

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

on 194

194

Signature of Divisional Commander.

X. Punishment awarded

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 : 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).

Office of the Provost Marshal

Rome Allied Area Command

APO 794 USA

Tel 470680

Ref: PM/30.

To:- Camp Commandant

M.M.I.A.

....

<u>Lt Cvdr GIORGI [illegible]</u>

4 FEB 1946

1173

2 FEB 1946

Camp

The attached delinquency report preferred by the United States Military Police against the above named soldier is forwarded herewith for necessary action.

The same procedure as for a British ~~AF B.252~~ Report should be followed.

[signature] Capt

for Lt.Col.,
Provost Marshal.

7820

RRDS/794/1M/11-94.

OFFICE OF THE AMERICAN PROVOST MARSHAL
Headquarters Rome Area MTOUSA
APO - 794

Case No. 3067 Date 31 Jan 46

Subject : Delinquency Report. District Central

To : Commanding General, Headquarters Rome Area MTOUSA

Giorgi	Achirede		Civilian	
(Last Name)	(First Name)	(M. I.)	(Grade)	(ASN)

M.L.	A/C			Rome
(Co. or Detachment)	(Bn.)	(Regt.)	(Army)	(APO)

Time of Arrest 1245 Place of Arrest Piazza Barberini

Details of Offense - Give full data as to name, rank, ASN, Org. and APO of OTHERS involved in same delinquency (Continue on reverse side if necessary)

Driving in wrong direction on one way roadway.

Witnesses

Cpl. Bernard Curtis	281st M.P. Co	794
(Name)	(Organization)	(APO)

Apprehended by Sgt. Harold Machmeister	281st M.P. Co.	794
(Name)	(Organization)	(APO)

Disposition of Offender Released at scene
(Personal effects listed on reverse side)

For the American Provost Marshal:

PM File No. 8499

KENNETH C. ANDERSON 0-511.9
Captain C.M.P.
Traffic Officer

OFFICE OF THE AMERICAN PROVOST MARSHAL
Headquarters Rome Area MTOUSA
APO -- 794

Case No. 3007 Date 31 Jan 46

Subject : Delinquency Report. District Central

To : Commanding General, Headquarters Rome Area MTOUSA

Giorgi	Aokinede		Civilian	
(Last Name)	(First Name)	(M. I.)	(Grade)	(ASN)

M.I. A/C				Rome
(Co. or Detachment)	(Bn.)	(Regt.)	(Army)	(APO)

Time of Arrest 1245 Place of Arrest Piazza Barberini

Details of Offense -- Give full data as to name, rank, ASN, Org. and APO of OTHERS involved in same delinquency (Continue on reverse side if necessary)

Driving in wrong direction on one way roadway.

Witnesses

Cpl. Bernard Curtis	28lst M.P. Co	794
(Name)	(Organization)	(APO)

Apprehended by Sgt. Harold Nachmeister 28lst M.P. Co. 794
(Name) (Organization) (APO)

Disposition of Offender Released at scene
(Personal effects listed on reverse side)

For the American Provost Marshal:

Kenneth C. Anderson 7318
KENNETH C. ANDERSON
Captain C.M.P.
Traffic Officer

PM File No. 3499

OFFICE OF THE AMERICAN PROVOST MARSHAL
Headquarters Rome Area, MTOUSA
APO 794, U S Army

Case No. 7007

Date 31 Jan 46

Time 1245

Arresting MP's Statement

I, Sgt. Harold Hachmeister ASN 36706260 Org: 281st M.P. Co.
having been warned of my rights under the 24th A.W. by _____
do hereby make the following statement voluntarily:

Case of: Ackimede Giorgi ASN Civ. Org: M.I.A. A/C

OFFENSE: (14) Driving in wrong direction on one way roadway.

I Sgt. Harold Hachmeister while on M/C patrol on the 31 Jan. 46 about 1245 on ~~Piazza~~ Piazza Barberini I saw an English 1500 cwt #590580 going the wrong way around the Piazza. I stopped him and I gave the driver, Ackimede Giorgi A TV and released him at the scene.

Signed: Sgt. Harold Hachmeister

Sgt. Harold Hachmeister

36706260

Subscribed and sworn to before me this 31 day of January 1946

at Rome, Italy.

Name: KENNETH C7 ANDERSON

Title: Captain C.M.P.

Summary Court

7517

TICKET N.° 9

Traffic Violation Report

Butesh

~~28~~ 31 Jan 46
Date

ACKIMEDE GIURGI - ASN
Name of offender

Civil
Grade

M.M.I.A. (LFSC) A/C
Organization

Rome
APO

Buick CHEV. 5965-897
Type and number of vehicle

14
Offense committed
See reverse side

1245
Time

MMIA - A/C
Vehicle markings

PIAZZA BARBERINI
Place of offense

Cpl. Curtis
Witnesses

Sgt. Hochmeister
Name of arresting officer or M.P.

(Over

TRAFFIC VIOLATIONS

(DRIVING)

1. Failure to observe traffic signs and signals
2. Making prohibited left, right or U turn.
3. Failing to yield right of way
4. Blocking traffic by slow driving
5. Driving on left side of roadway or on wrong side of divided streets.
6. Driving in wrong lane.
7. Following to closely
8. Turning at intersection from wrong lane in street
9. Failing to yield right of way to emergency vehicles
10. Failure to signal for turn or stop.
11. Driving on sidewalk.
12. Driving with view obstructed
13. Driving through barriers
14. Driving in wrong direction on one-way roadway.
15. Exceeding authorized speed

(PARKING)

16. Parking in prohibited place or safety zone
17. Violating personnel loading capacity.
18. Parked in alley or blocking roadway
19. Double parked, illegally parked, or otherwise illegally placed
20. Unattended vehicle not properly left.
21. Parking on wrong side of street.

(MISCELLANEOUS)

22. Violating head or tail light regulation
23. Bad brakes
24. Broken glass
25. Illegal backing
26. No driver's license.
27. No dispatch slip

(OTHER VIOLATIONS)

28.
29.
30.

Subject : Traffic Accident.

LAND FORCES SUB COMM.A.C.
M.M.I.A.
R O M E

16 January 45

To : Capt.Pragnall A.H. Staff Capt."Q".

From : Major Bradley Inniske D.A.Q.M.G.

1. At about 1550 on the 14 Jan 45. I was being driven from CAIERTA to ROME, by Pte. Bocker (Buffs) in an 8 cwt. H.U.P. At about approximately the 117th kilometre stone from Rome the vehicle went into a skid through, in my opinion, no fault of the driver. The vehicle was at this time traveling at about 25 m.p.h.on a wet road.

2. After skidding for about 50x to 60x the vehicle"side-swiped" a tree on the off-side of the road,bounced back across the road, turning round completely as it did so. It then left the road on the near side and turned over in a side road. A sketch map is appended.

3. Both the driver and myself were uninjured . No damage was done to private property. The vehicle suffered severe damage to the back axle, rear springs, propellor shaft and batteries.

1. At about 1650 on the 14 Jan 43. I was being driven from CASERTA to ROME, by Pte. Booker (Buffs) in an 8 cwt. H.U.P. At about approximately the 117th kilometre stone from Rome the vehicle went into a skid through, in my opinion, no fault of the driver. The vehicle was at this time traveling at about 25 m.p.h.on a wet road.

2. After skidding for about 50x to 60x the vehicle"side-swiped" a tree on the off-side of the road,bounced back across the road, turning round completely as it did so. It then left the road on the near side and turned over in a side road. A sketch map is appended.

3. Both the driver and myself were uninjured . No damage was done to private property. The vehicle suffered severe damage to the back axle, rear springs, propellor shaft and batteries.

4. I reported the accident to the R.E.M.E. recovery post at VELLETRI who towed the vehicle in. The driver was left on guard over the vehicle.

E.W. Bradley Capt Major

E.W. BRADLEY,
Major IMMIcks
M. M. I. A.

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: 6.4.46 — Time: 09.30 — Place: ROME — County: ROUTE 2 — Surname of Service Driver: WHITTEN — No. of Service Vehicle: M.1532387

B. OTHER VEHICLE — W.D. P.U. — Lorry / Car / Motor Cycle / Bicycle / Horse Van — Make: AUSTIN P.U. — H.P.: 10 — Year — Registration No.: M.S.394795 — Name and address of Insurance Co. UNIT: 4 A.F.H.Q. PRINTING PRESS, NAPLES. — Insurance Certificate No. or Policy No.

C. DRIVER OF OTHER VEHICLE — Name: LT COL. TACEY — Driving Licence Date / No. — Address and Occupation: AS ABOVE — Telephone

D. OWNER OF OTHER VEHICLE — Name: W.D. — 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.	MAJOR CASTELL	SAME ADDRESS			
2.					
3.					

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

APPARENT DAMAGE TO OTHER VEHICLE: FRONT N/S MUD-WING DENTED

(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. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant
				7915

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

OWNER OF OTHER VEHICLE — W. D.

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

	Name	Age (approx.)	Address and Occupation	Telephone	Injury (Slight / Serious / Fatal)	Hospital (if known)
1.					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.	Sgt. CASTELL	SAME ADRESS			
2.					
3.					

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

FRON N/S MUD-WING DENTED

(Note any previous defects)

H. INJURY TO ANIMALS

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

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant
				7515

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	UN-NECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
	NOT LIT	NOT LIT			STOP LIGHT	

L. SPEED OF VEHICLE

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

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. L/CPL. CASTELL 4 AFNO. PRINTING PRESS. NAPLES. 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.

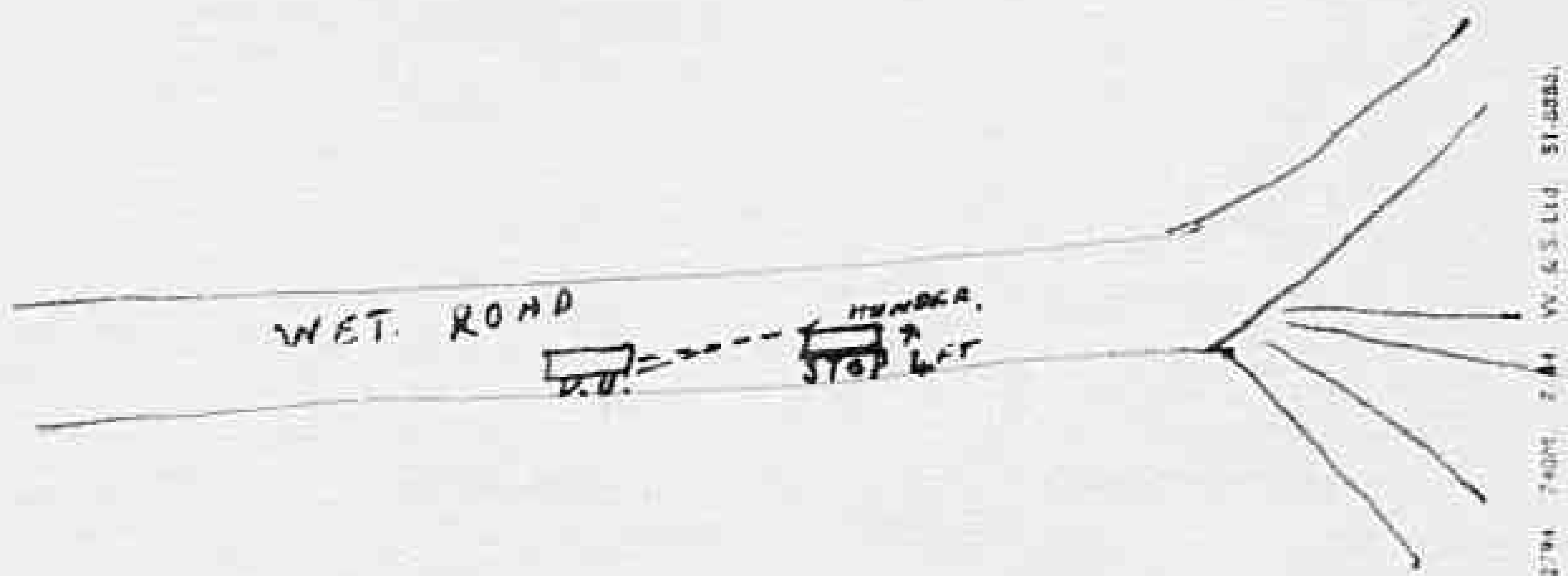
Insert here initials of Command

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

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

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

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



(12183) Wt. 19155 2/94 740M 2/44 W. & S. Ltd. 51-0880.

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names): DONALD WHITTEN	Number: 5592147	Unit: H.Q. M.M.I.A.	Driving Experience (Years / Mths.): Civilian 2 / 5; Service 2 / 2	Date of entry into Service: 19-3-42	Age: 23	Rate of Pay per day: 6/9
	Rank: DVR. Civilian Occupation: DVR.						

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle: M.1532387	Type of Bodywork: SALOON	Load capacity: 4 PERSONS	Make: HUMBER	H.P.: 28	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle: H.Q. M.M.I.A.

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 1133/43)

P. JOURNEY	Army Form G3518 was signed by: S/Sgt. PEEK (If none signed, reason must be given in Driver's Statement)	A.F.G.3518 Serial No. 25; Date 6-4-46	Journey From: ROME; To: BRIGADIER'S VILLA	Nature of Duty: COLLECT BGS	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 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 6-4-46 1946 Driver's Signature [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 ... Will probably be repaired by — | No. of Vehicles on charge to Unit

From

TO BE COMPLETED ON RETURN TO UNIT.

112103. W.

N. SERVICE DRIVER

Name in full (all Christian Names)	Number	Unit	Driving Experience Years	Driving Experience Months	Date of entry into Service	Age	Rate of Pay per day
DONALD WHITTEN	5592149	H.Q. M.M.I.A.	Civilian 2	5	14.3.42	23	6/9
Rank DVR Civilian Occupation DVR			Service 4	2			

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
M 1532387	SALOON	4 PERSONS	HUMBER	25		H.Q. M.M.I.A.

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 1133/43)

P. JOURNEY

Army Form G3518 was signed by A.F.G.3518

	Serial No.	Journey From	To	Nature of Duty	UN-LOADED	Map reference of scene of accident
S/Sgt PEEK	25	ROME	BRIGADIER'S VILLA	COLLECT BGS		

If none signed, reason must be given in Driver's Statement. Date 6-4-46

6. 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 6-4-46 1946 Driver's Signature [signature] (This must be in Driver's handwriting, not typed.)

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command

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

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

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED (In greatest detail)

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

No. of Vehicles on charge to Unit

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

Name of Officer who gave authority for issue of A.F.G.3518

NOT ON ITS AUTHORIZED ROUTE

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

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

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

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

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

X. Punishment awarded

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

A.F.S.

Tel. No. VALJEAN 146.

02B/R1/61.

27 Jan 45.

To:- Military Mission Italian Army,
Rome.

CAMP

SUBJECT :- 2681 Italian Pioneer Coy.

A letter has been received at this HQ from GHQ 2nd Echelon MEF, with regard to letters sent from MEF to the above mentioned unit.

It is known that the above unit is now disbanded, but may enquiries please be made with regard to 02B MEF's request for AFB 282 in respect of 1412831 P/WOII(Bdr.) MONK H (R.A. Field).

For your information Bdr Monk has proceeded on release.

Brig
DAG.
GHQ 2nd Echelon.

CMF.

RCME AREA ALLIED COMMAND
OFFICE OF THE SURGEON
APO 794 US ARMY

RECEIVED 13 Jan 46.

Subject: Medical Examination on Release Ref: Med(Br) 722/ 95

To: ~~OC Ital (Br) General Hospital~~ / O. i/c Central MI Room, RCME.
Camp Commandant, Military Mission Italian Army.

Copy to: (Ref your Camp/By/138 dated ? ✓)

1.

Camp

1. Herewith 1 A.F(s) W.3149 for personnel in A/S Release Group No. 26 received from the above unit.

2. Please arrange medical examination in direct communication with O.C. Unit. On completion of examination, please return this letter suitably endorsed.

For the SURGEON :

J.R.MACLEOD.
MAJOR RAMC.,
DADMS.

10 Jan 46.

783

TEL NO:- VALJEAN 147

028/R3/AS1/BUF235

3 Dec 45

H.Q.,
N.M.I.A.,
Land Forces Sub Commission (A.C.)

Subject:- 6245937 Pte Long R. THE BUFFS

Information has been received that the a/n soldier is serving with "505 Italian Battalion ".

May this please be confirmed and details of present employment of this man be supplied in order that records at this H.Q. may be completed.

RECEIVED 6/12/45. 603

for Brigadier
D.A.G.
G.H.Q. 2nd Echelon C.M.F.

Field
P.

To:- Camp Commandant

OFFICE OF THE PROVOST MARSHAL
ROME AREA ALLIED COMMAND
Tel 470813 - 478675-6

Camp

SUBJECT:- DISCIPLINE - ORs. Ref:- PM/30/

1. REPORTS. Herewith offence report(s) submitted by the Military Police.

2. FRAMING OF CHARGES. Responsibility for framing of charges is laid down in ACI 1911/41. (GRO 999/44.)

3. EVIDENCE. Attention is also directed to ACI 1311/41 as to the circumstances requiring the attendance of CMP witnesses, should the evidence be in dispute. GRO 999/44.

4. DISPOSAL. Attention is drawn to GRO 999/44.

5. REASONS FOR ACTION TAKEN. Reasons for lenient action should also be attached. KR 1940 para 562 (b).

6. The AF B252 or explanation under para 5 above should NOT be returned to PROVOST or Officer i/c Military Police originating the charge. KR 1940 para 562 (b).

H. Leslie Knapp 7511
for Lt Col.
Provost Marshal.
Rome Area Allied Command.

Date:- 18 DEC 1945

Rome, 15.3.46=

TO :M.T.O.-Cpt.Pragnell
M.M.I.A.-From N°142I9346 dvr. BOSWELL

SUBJECT: Statement in reference to W.D. vehicle N°1510429-Ford.

Sir,

On 14.3.46; at apprix 14.50 hrs., I was proceeding along one of the park roads in the Villa Borghese near the Zoo, at a speed of 20 M.P.H., when a child ran out in front of the car and I had to brake sharply to avoid him. I would have had the situation well in hand, but the road was wet, and very slippery, and the car made a semi-circular skid and hit one of the trees lining the road, head on. (See diagram) the child was not involved and made off. The front of the car was damaged some-what, but was towable, and I informed the Garage and was towed in.

Signed. [signature]

Sir,

on 14.3.46; at apprix 14.50 hrs., I was proceeding along one of the park roads in the Villa Borghese near the Zoo, at a speed of 20 M.P.H., when a child ran out in front of the car and I had to brake sharply to avoid him. I would have had the situation well in hand, but the road was wet, and very slippery, and the car made a semi-circular skid and hit one of the trees lining the road, head on. (See diagram) the child was not involved and made off. The front of the car was damaged some-what, but was towable, and I informed the Garage and was towed in.

Signed.....

78:0

8

Army Form A36/A
(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: 14·3·46. Time: 15·30 Place: County: VILLA BOURGESE. ROUTE. Surname of Service Driver: Number of Service Vehicle: 1310424.

B. OTHER VEHICLE. Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van — Make: Year: H.P.: 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	Hospital (if known)
1.		4			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

(Note any previous defects) Telephone

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

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

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

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

(Note any previous defects)

H. INJURY TO ANIMALS

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

I. DAMAGE TO PROPERTY

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

J. POLICEMAN

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

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	NOW BUILT UP AREA	Traffic LIGHT ~~DENSE~~	ROAD SURFACES	~~DRY~~ WET	~~GOOD~~ FAIR BAD	~~STRAIGHT~~ ~~LEVEL~~ ~~CROSS ROADS~~	TRAFFIC LIGHTS / TRAFFIC SIGNS	Visibility ~~CLEAR~~ FOG / RAIN
20 Mph	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.

(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 at once 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 Commanding Officer

	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.

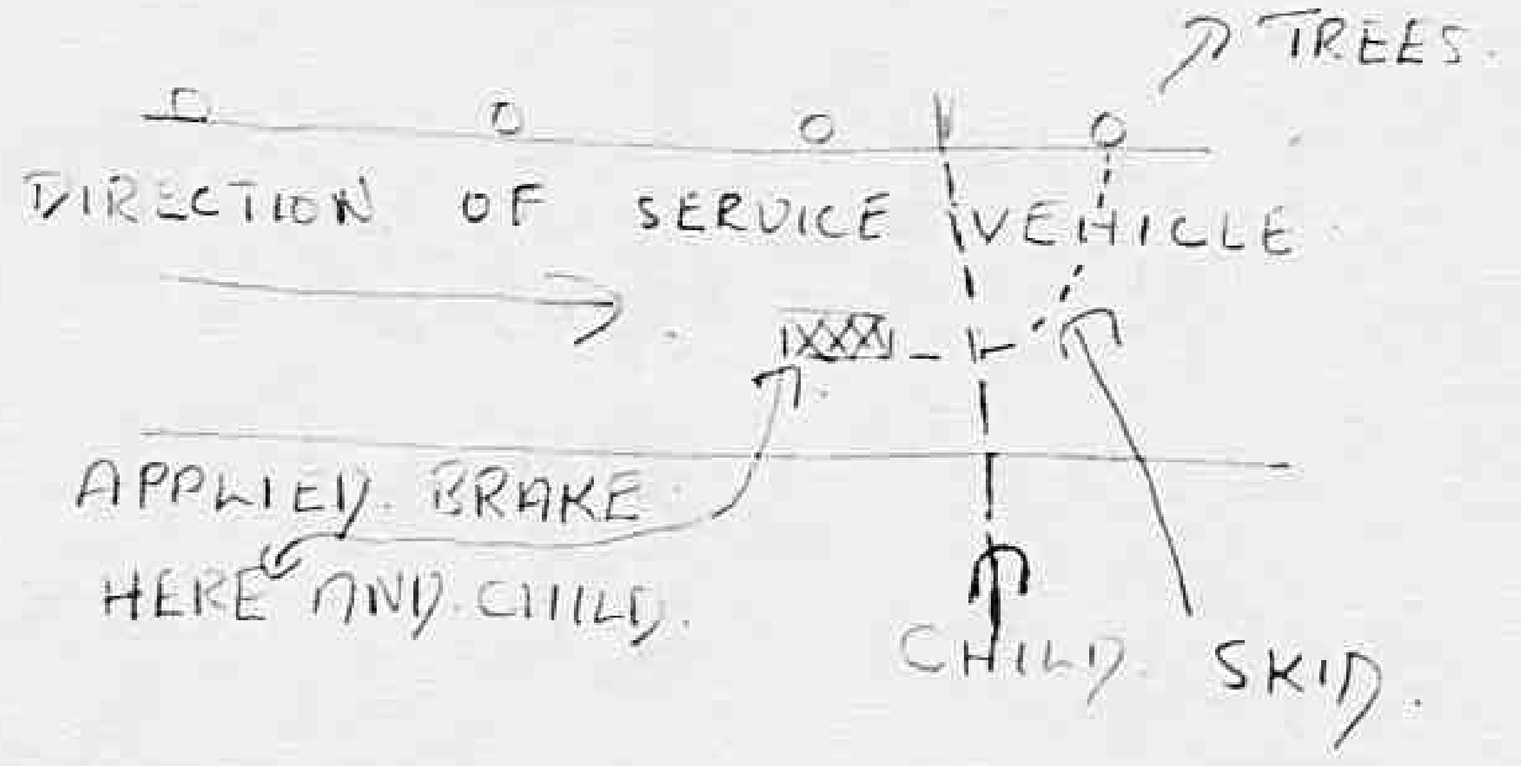
[Please Turn Over.

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

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

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

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



W.L. (Overprinter) 750,000 4/43 H. & T. 6—1944

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
BOSWELL. WALTER. KENNETH	1429[illegible]	R/NORFOLKS	Civilian 14 4 11. Service 3 4 11.	20.8.42.	22.	6/4.

Rank PTE. Civilian Occupation

O. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load Capacity	Make	H.P.	RIGHT / HAND DRIVE	Present Location of Vehicle
1510429.	STAFF CAR. 4x2.	4 cwt.	FORD.	28.	HAND DRIVE	SUPER GARAGE 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 Serial No.	Journey From	Nature of Duty	UNLOADED	Map reference of scene of accident
If none signed, reason must be given in Driver's Statement.	Date	To ARMY.		YES.	

6 (III) 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 14.3.46. 194 Driver's Signature K.W. Boswell. (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

Will probably be repaired by :—	No. of Vehicles on charge to

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

O. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle
1510429.	STAFF. CAR. 4x2.	4 H.	FORD.	28.		SUPER GARAGE ROME.

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 2207/1941)

P. JOURNEY

Army Form G3518 was signed by ____ A.F.G.3518 Serial No. ____ Date ____ (If none signed, reason must be given in Driver's Statement)

Journey From	To	Nature of Duty	UN-LOADED	Map reference of scene of accident
ROME.	AREA.		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 14.3.46. 194 Driver's Signature [signature] (This must be in Driver's handwriting, not typed).

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

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

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

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 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 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).

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. 14·3·46	Time 15:30	Place. VILLE BOURGES & County ROUTE			Surname of Service Driver BOSWELL	No. of Service Vehicle 1510429.
B. OTHER VEHICLE	Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van	Make	H.P.	Registration No.	Year	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.				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

(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

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

give Service number and Unit.

3.

Slight / Serious / Fatal

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

	Name	Address	Telephone	Age (approx.)	Occupation
1.					
2.					
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	IT was not will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG		STRAYING				
SHEEP	DOG						

Telephone

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone

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	

Landlord / Tenant

K. LIGHTS

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

L. SPEED OF VEHICLE

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

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

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

Insert here Initials of Command

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

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

[Please Turn Over.

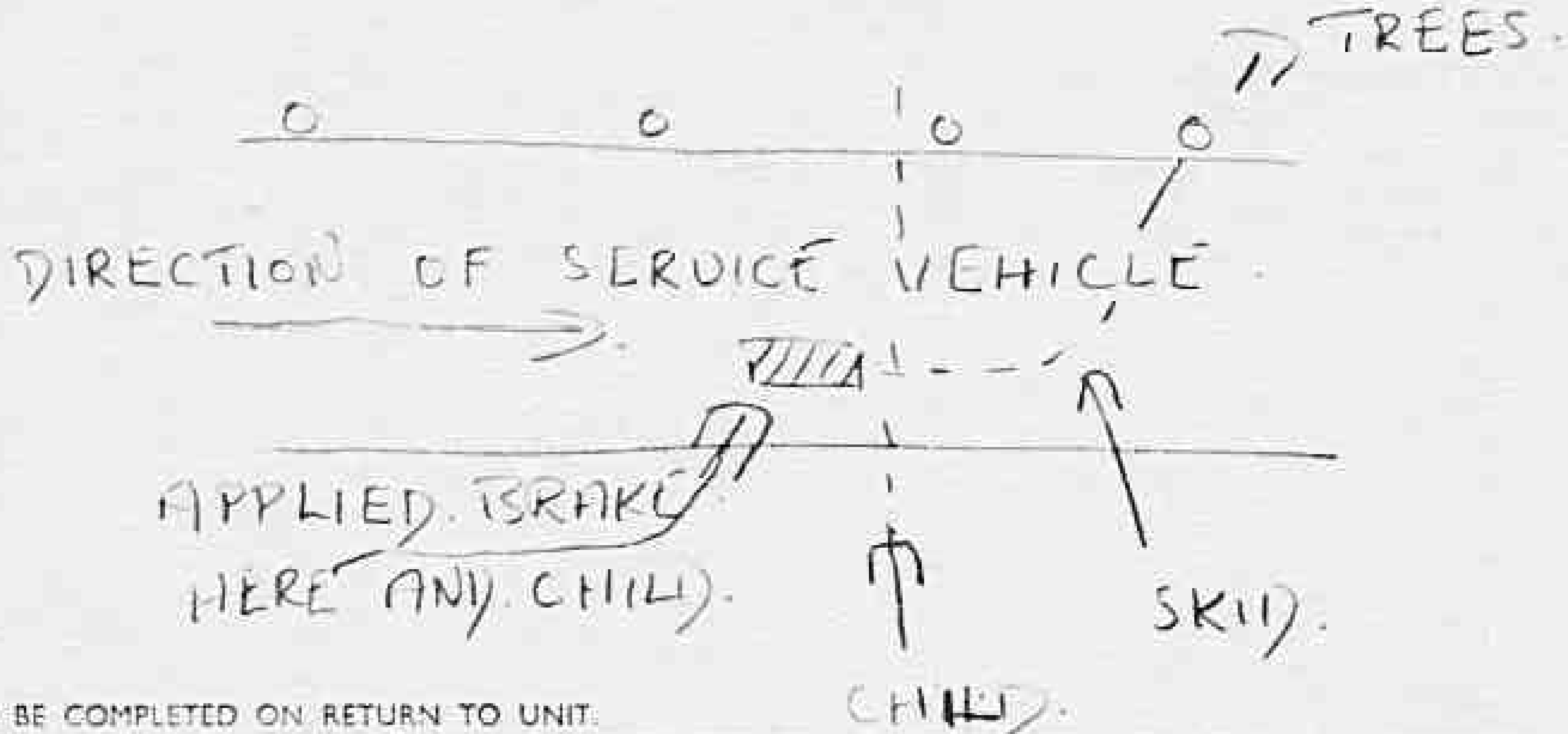
Declassified E.O. 12065 Section 3-402/NSDC No. 785020

Use this space for SKETCH and particul[illegible] 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.t. 17898/1868 750,000 8/45 H.&T.L. 51-8544

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
BOSWELL WALTER KENNETH	14219546	R/NORFOLKS.	Civilian 4 1/2 [illegible] Service 3 [illegible]	20.8.42	22.	6/4.

Rank PTE. Civilian Occupation

O. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle
1510429.	STAFF CAR 4x2	¼ ton	FORD.	28		SUPER GARAGE 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
If none signed, reason must be given in Driver's Statement.	Serial No. / Date	From ROME. To AREA.		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 14. 3. 46. 194 Driver's Signature W.K. Boswell

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

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
M.T.I.A. C.E.F.S.C.				

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

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

S. DAMAGE TO SERVICE [illegible]

Will probably be repaired by :—

No. of Vehicles on charge to

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
15101129	STAFF CAR 4x2	4 CWT	FORD	23		SUPER GARAGE HQ MF

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

P. JOURNEY

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

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 14·3·46 194 Driver's Signature [signature] (This must be in Driver's handwriting, not typed).

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
MGIA NEFSC.				

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

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

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. Punishments 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).

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

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: 25/10/43	Time: 16.30 hours	Place: North of Ireng County on Florence Road	Surname of Service Driver: GURNEY	No. of Service Vehicle: M. 433	
B. OTHER VEHICLE	~~Lorry~~ Motor Car ~~Motor Cycle~~ ~~Bicycle~~ ~~Horse Van~~	Make: NIL	H.P. / Year: 30 -	Registration No.: —	Name and address of Insurance Co.: —	Insurance Certificate No. — or Policy No. —
C. DRIVER OF OTHER VEHICLE	Name: NIL		Driving Licence Date — No. —	Address and Occupation: —		Telephone: —
D. OWNER OF OTHER VEHICLE	Name: NIL			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.	Pte Matheison Khedi grazcnam				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.	NIL	NIL			
3.					

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

(Note any previous defects) — Telephone

H. INJURY TO ANIMALS

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

Telephone

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned
NIL			

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

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

2.

3.

Serious / Fatal / Slight / Serious / Fatal

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

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

G. APPARENT DAMAGE TO OTHER VEHICLE

(In greatest detail possible) — Can be seen at

NIL

(Note any previous defects)

H. INJURY TO ANIMALS

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

IT was not will not have to be KILLED

NAME & ADDRESS of OWNER or OCCUPIER

NIL

Telephone

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage
NIL		

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
NIL							

No. Branch

K. LIGHTS

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

L. SPEED OF VEHICLE

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

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

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.

Number	Unit	Vehicle No.	Code

Place

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

(Please Turn Over.

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

Use this space for SKETCH and particu[lars] 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.

Vehicle was steered slightly right then left ~~and~~ to correct, skidded and went off road down bank and was stopped on ploughed field, front axle buckled.

W.t 45808/886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER

Name in full (all Christian Names)	Number	Unit	Driving Experience Years	Mths.	Date of entry into Service	Age	Rate of Pay per day
Capt W. J. A. Geary	105023	5 HQ 2nd Eche	Civilian 6	—			
Rank / Civilian Occupation			Service 6	—	1939	33	10/6

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
M 433	Staff car	—	Fordson	28		21 Indian Tpt Recovery Coy

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

P. JOURNEY

Army Form G3518 was signed by	A.F.G. 3518	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
Capt McBride (If none signed, reason must be given in Driver's Statement)	Serial No. 12 / Date 25/10/45	From Rome To Florence	Officers	—	—

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.

6 ins. 1

Date 24/10/45 194 Driver's Signature [signature] Capt (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	Contractor's Name & Address	Name & Address of Insurance Co. (if applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day
(R.A.S.C. Unit)	Telephone			

S. DAMAGE TO SERVICE

Will probably be repaired by :—

No. of Vehicles on

SERVICE or HIRED VEHICLE	Type of Bodywork	Load capacity	Make	H.P.	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle
M 433	Shaffler	—	Fordson	28		21 Indian Base Rec Coy

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 Cpl Rutherford (If none signed, reason must be given in Driver's Statement)

A.F.G.3518 Serial No. 12 Date 25/10/45

Journey From Rome To Florena

Nature of Duty Officers

UN-LOADED —

Map reference of scene of accident —

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 24/10/45 194 Driver's Signature [signature] Capt

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

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

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

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

T. I certify that the Service Vehicle was being driven	ON DUTY	~~NOT~~ ON DUTY	Name of Officer who gave 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
THE SECRETARY, CLAIMS COMMISSION, WING HOUSE, PICCADILLY, LOND

Should any person have been injured, full particulars should be given together with the

Should a vehicle have been damaged, the following information should be given :— (
number of the Policy ; (iii) whether this is comprehensive, third party only or Road Traff

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

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	Time	Place	Surname of Service Driver	No. of Service Vehicle
DEC 21	1600	County NAPLES	JONES	45'65'020

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	3194-528		

C. DRIVER OF OTHER VEHICLE

Name	Driving Licence Date / No.	Address and Occupation	Telephone
Sgt MORGAN 6 E			10140 NAPLES

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.	BRIG. F.G FIELD FISHER	D.J.A.G. OFFICE c/o HQ 56 AREA B.M.F			
2.					
3.					

G. (in greatest detail possible)

APPARENT DAMAGE TO OTHER VEHICLE: NONE

Can be seen at: 31-94 SIGNALS NAPLES

(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. Nature of Property — Exact Location — Damage — Property is

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

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

1.

2.

3.

Serious 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.	BDE. T.C. FIELD FISHER	D.J.A.G. OFFICE 40 HQ 56 AREA B.M.F			
2.					
3.					

G. (in greatest detail possible)

APPARENT DAMAGE TO OTHER VEHICLE: NONE — Can be seen at 31-94 SIGNALS NAPLES

(Note any previous defects)

H. INJURY TO ANIMALS

		How many	Condition	Injuries	IT 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 Landlord / Tenant

J. POLICEMAN

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

K. LIGHTS

	Service Vehicle	Other Vehicle				Branch	
DAYLIGHT ~~NIGHT~~	NOT ~~LIT~~	NOT ~~LIT~~	WARNING NO	UN-NECESSARY	~~NOT~~ GIVEN ~~BY ME~~	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service	Other		Traffic	ROAD SURFACES					Visibility
15 m.p.h.	5 m.p.h.	~~NOT~~ BUILT UP AREA	LIGHT ~~DENSE~~	DRY ~~WET~~	GOOD ~~FAIR~~ ~~BAD~~	STRAIGHT BEND ~~CROSS-ROADS~~	~~TRAFFIC~~ LIGHTS ~~TRAFFIC~~ SIGNS		CLEAR ~~MISTY~~ ~~RAIN~~

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr.

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Address:

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 Commd

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER	JONES GT	GNR	1722050	M.M.I.A		

ACCIDENT	Date	Time	Place	
	DEC 21	16.00	SEA FRONT NAPLES	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, road 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.

I was proceeding along the sea front at Naples, and was about to pass a U.S. army lorry which was parked at the side of the road, when he went to make a U TURN and ran into my side. I could not advoid it.

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) THOMAS GWILYM JONES	Number 1122058	Unit M.M.I.A.	Driving Experience Civilian Service 10 Years 5 Mths	Date of entry into Service NOV 1940	Age 34	Rate of Pay per day 6/1

Rank GNR Civilian Occupation

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle 4565025	Type of Bodywork SALOON	Load capacity	Make FORD	H.P.	~~LEFT~~ RIGHT HAND DRIVE	Present Location of Vehicle

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 1133/43)

P. JOURNEY	Army Form G3518 was signed by Col. PIDSLEY (If none signed, reason must be given in Driver's Statement)	A.F.G.3518 Serial No. 7 Date 21 Dec.	From ROME To NAPLES	Nature of Duty OFFICERS DUTIES	~~UNLOADED~~ 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 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 Dec 27 1943 Driver's Signature Thos Jones.

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

Q. UNIT	Name JONES G.T.	Address M.M.I.A R.A.A.C 2 M.F.	Telephone BW381	Unit's file reference	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 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

SERVICE or HIRED VEHICLE: 4565025 | SALOON | capacity | FORD | HAND DRIVE

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 1133/43)

P. JOURNEY: Army Form G3518 was signed by Col. PIDSLEY | A.F.G.3518 Serial No. 7 Date 21 DEC. | Journey From ROME To NAPLES | Nature of Duty OFFICERS DUTIES | LOADED | Map reference of scene of accident

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

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 Dec 27 1943 Driver's Signature [signature] (This must be in Driver's handwriting, not typed.)

Q. UNIT: Name JONES G.T. | Address M.M.I.A R.A.O.C. 2 MF | Telephone BW381 | Unit's file reference | Command RAOC

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

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

(in greatest detail)

T. I certify that the Service Vehicle was being driven ~~ON DUTY~~ / ~~OFF~~ ON DUTY | Name of Officer who gave authority for issue of A.F.G.3518: CAPT PRAGNELL | ~~OFF~~ ON ITS AUTHORIZED ROUTE | Number of previous accidents in which Driver has been: concerned NONE, to blame NONE

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

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

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

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

X. Punishment awarded

U. Signature of O.C. Unit

Date 194 All copies should be signed and dated.

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

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

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

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

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

Army Form A3676
(Revised 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: 14/12/45. Time: 10-10 11.11. Place: VIA FLAMINIA. County: ROME. Surname of Service Driver: DECAVE. No. of Service Vehicle: 5905855

B. OTHER VEHICLE — ~~Lorry~~ Motor Car ~~Motor Cycle~~ ~~Bicycle~~ ~~Horse Van~~. Make: MERCEDES BENZ. H.P.: 14. Year. Registration No. Name and address of Insurance Co. Insurance Certificate No. — or Policy No. —

C. DRIVER OF OTHER VEHICLE — Name: DVR. DALY. Driving Licence Date — No. —. Address and Occupation: HQ. 2. A.A. BDE. ROME. Telephone: 878000

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.	DVR. DALY	25	HQ. 2. A.A. BDE.	878000	~~Slight~~ Serious	NONE
2.	—	—	—	—	~~Slight~~ Serious	—
3.	—	—	—	—	~~Slight~~ Serious	—

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

	Name	Address	Telephone	Age	Occupation
1.	~~PTE~~ TYLER	H.Q. 17 M.I.A.L.F.S.C.	843381	26	DRIVER
2.	LUCIDI	H.Q. 17 M.I.A. L.F.S.C.	843381	32	—
3.					

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

APPARENT DAMAGE TO OTHER VEHICLE

DOOR ON RIGHT HAND SIDE SMASHED IN DRIVING SEAT SLIGHTLY TORN

(Note any previous defects)

H. INJURY TO ANIMALS

		How many		Condition	Injuries	If not will not have to be KILLED	Telephone NAME & ADDRESS of OWNER or OCCUPIER
~~HORSE~~	COW		LED				
POULTRY	PIG		STRAYING				
SHEEP	DOG						
Nature of Property		Exact Location		Damage		Property is NOT requisitioned	Telephone Landlord / Tenant Association

I. DAMAGE TO PROPERTY

Police Station — A — Name — He did

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

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

2.

3.

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

	Name	Address	Telephone	Age	Occupation
1.	[illegible] IYNER	H.Q. 17 M.I.A L.F.S.C.	8×3321	26	DRIVER
2.	LUCIDI	H.Q. M.M.I.A. L.F.S.C.	8×3321	32	" "
3.					

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

APPARENT DAMAGE TO OTHER VEHICLE

DOOR ON RIGHT HAND SIDE SMASHED IN
DRIVING SEAT SLIGHTLY TORN

(Note any previous defects)

H. INJURY TO ANIMALS

~~HORSE~~ COW How many LED Condition Injuries ~~It~~ was not will not have to be KILLED

POULTRY PIG STRAYING

SHEEP DOG

Telephone NAME & ADDRESS of OWNER or OCCUPIER

I. DAMAGE TO PROPERTY

Nature of Property Exact Location Damage Property is NOT requisitioned

Telephone Landlord / Tenant

J. POLICEMAN

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

K. LIGHTS

DAYLIGHT	Service Vehicle	Other Vehicle				
~~NIGHT~~	~~NOT LIT~~	~~NOT LIT~~	NO WARNING	UNNECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service	Other		Traffic	ROAD SURFACES					Visibility
5 m.p.h.	45 m.p.h.	~~NON~~ BUILT UP AREA	LIGHT	~~DRY~~	~~GOOD~~	~~STRAIGHT~~	~~STREET LIGHTS~~		CLEAR
			~~DENSE~~	WET	~~FAIR~~ ~~BAD~~	~~BEND~~ CROSS ROADS	TRAFFIC SIGNS		~~FOGGY~~ RAIN

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

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

Insert here Initials of Commandg

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER	DECAVE	DVR	—	HQ MM III (L.F.S.C.)	5905 F.S.	

	Date	Time	Place
ACCIDENT	14/2/45	10.10 A.M.	VIA FLAMINIA

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

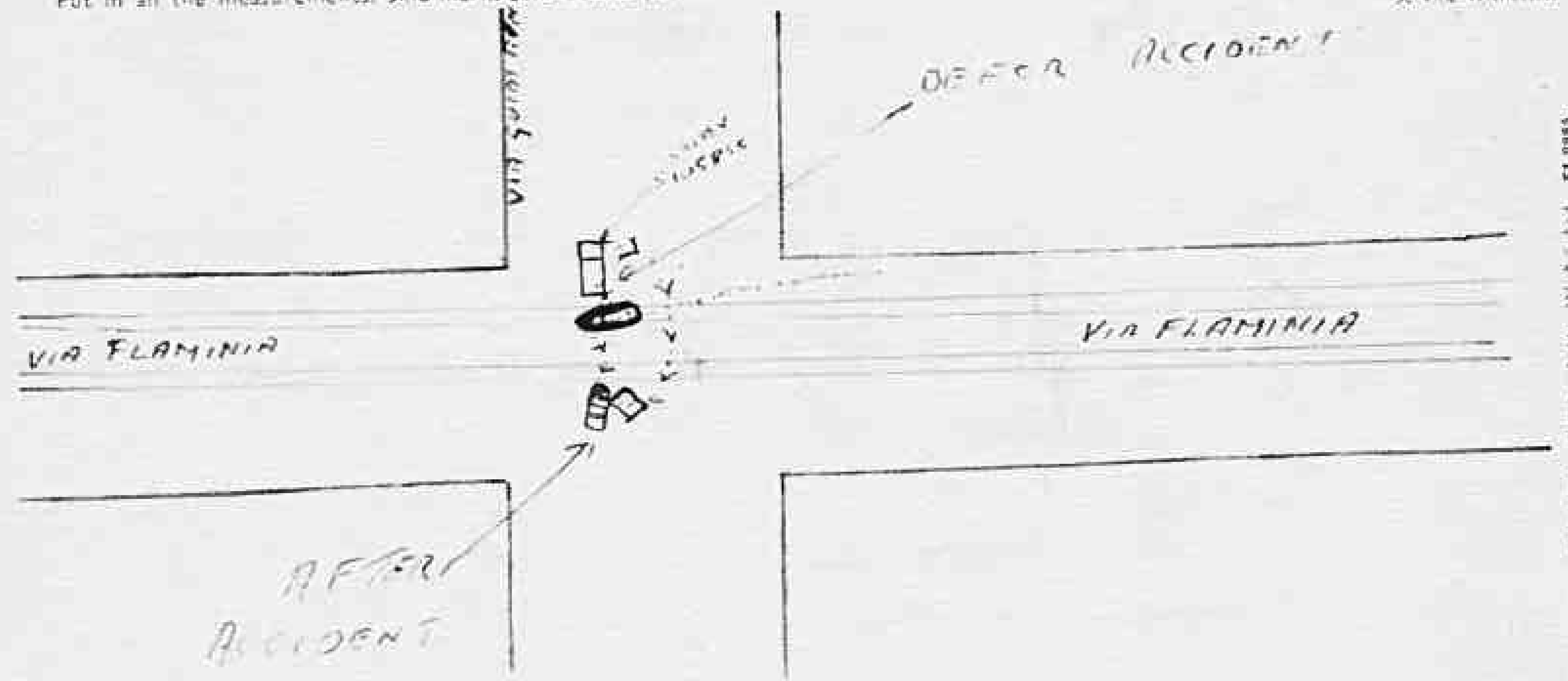
[Please Turn Over.

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

Use this space for SKETCH and particulars of 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.



112183 Wt. 19155 2794 7/44 W. & S. Ltd. 51-8885.

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names): Pvt DECAVE	Number: —	Unit: HQ. MILIA. A.F.S. C.	Driving Experience Years 5 Mths 6; Civilian / Service	Date of entry into Service	Age 22	Rate of Pay per day 290 LIRE
	Rank	Civilian Occupation					
O. SERVICE or HIRED VEHICLE	No. of Service Vehicle: 5905855	Type of Bodywork: PERSONNEL	Load capacity: 8 cwt	Make: CHEV	H.P. 27	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle: ROME

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 1133/43)

P. JOURNEY	Army Form G3518 was signed by A.F.G.3518: CPL. MC BRIDE.	Serial No. 27	Journey From GARAGE	Nature of Duty: TUNING and BRINGING BACK PERSONNEL	UN-LOADED	Map reference of scene of accident
	If none signed, reason must be given in Driver's Statement	Date 14/4/45 To ROME			

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*.

6 ins.

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

Date 14/4/ 1945 Driver's Signature [signature] (This must be in Driver's handwriting, not typed.)

Q. UNIT	Name: DECAVE	Address: HQ MILIA AFSC	Telephone	Unit's file reference	Command: 2 HAC
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	OFFSIDE WING OFF SCRATCHED		Will probably be repaired by: GARAGE		No. of Vehicles on charge to Unit

SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	~~LEFT~~ RIGHT HAND DRIVE	Present Location of Vehicle
	5905855	PERSONNEL	8 cwt	CHEV	27		ROME

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 1133/43)

P. JOURNEY

Army Form G3518 was signed by: CPL. MCBRIDE. (If none signed, reason must be given in Driver's Statement)

A.F.G. 3518 Serial No. 27 | Date 14/4/45

Journey From GARAGE To ROME Area BANGOR, BAR DEPARTMENT

Nature of Duty: TOWING and

UNLOADED

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 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 necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*

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

Date 4/4/ 1945 Driver's Signature G. J. Cave Fma (This must be in Driver's handwriting, not typed.)

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
DECAVE	HQ. MIT. IA. AFE	X 93331		2 A A S

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

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

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

OFFSIDE WING PAINT SCRATCHED OFF (In greatest detail)

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

No. of Vehicles on charge to Unit: 32

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 — NONE

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

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

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

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

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

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

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

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

Z. Disciplinary Action Approved 194

Signature of Brigade or other Commander 194

Signature of Divisional Commander 194

Signature of Corps Commander

X. Punishment awarded

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).

Io sottoscritto DE CAVE Enzo, il giorno 14 dicembre 1945, dopo uscito dell'8° Autocentro alle ore 10.00 con la macchina Chevrolet 5905855 mi trovavo sulla Via Guido Reni, all'incrocio con la Via Flaminia, proveniente da Ponte Milvio, a grande velocità una macchina Mercedes guidata da un soldato inglese m'investiva sul parafango anteriore sinistro, nell'urto la macchina investitrice, la macchina Mercedes ha subito danni allo sportello destro, la macchina Chevrolet investita non ha subito alcun danno, in questa macchina si trovavano due autisti civili e un soldato inglese.

Firmato De Cave Enzo

Roma, 19-12-45=

7864

STATEMENT OF EVIDENCE

By Captain E.A.G. BALFOUR, Scots Gds., MMIA - Witness of accident to Ford No. CAF/M/5667915.

At about 18.30 hours on 2nd December, 1945 I was travelling as passanger in Ford No CAF/M/5667915, driven by Cpl. PIDGEON, on the way from NAPLES to ROME. It was dark and we were driving with headlights. The roads were dry.

About 3 miles outside of ROME, on Route 7, we were travelling at approximately 40 m.p.h. on the right of the road when two men suddenly ran across from the other side of the road and flung themselves across the front of the car. They were apparently running to catch a tram. The driver braked as soon as he saw them and the car stopped in about three yards, but we struck the two men - one on each wing.

In my opinion the driver acted with the utmost possible speed and is in no way to blame for this accident.

Signed.....

Date: 3. Dec. 45.

7803

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: 14 JAN 46. Time: 16.50. Place: A/F Fondi — TERRACINA. 117 kl from Rome. Surname of Service Driver: Brooker. H. No. of Service Vehicle: 2590892.

B. OTHER VEHICLE — Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van. Make. County. 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 (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.	MAJOR. E.W. BRADLEY.	M.F.H.A. A.C. C.M.F.	47810 3. Rome.	27	officer
2.					
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	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 Landlord. Tenant.

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

number and Unit

3.

Slight / Serious / Fatal

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

Name	Address	Telephone	Age (approx.)	Occupation
1 MAJOR, E.W. BRADLEY.	M.M.I.A. A.C. C.M.F.	478103. Rome.	27	officer
2.				
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	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 Landlord / Association	Tenant
			~~requisitioned~~		

J. FOLICEMAN

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

K. LIGHTS

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

L. SPEED OF VEHICLE

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

7862

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr.

Address:

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

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

Insert here Initials of Command

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

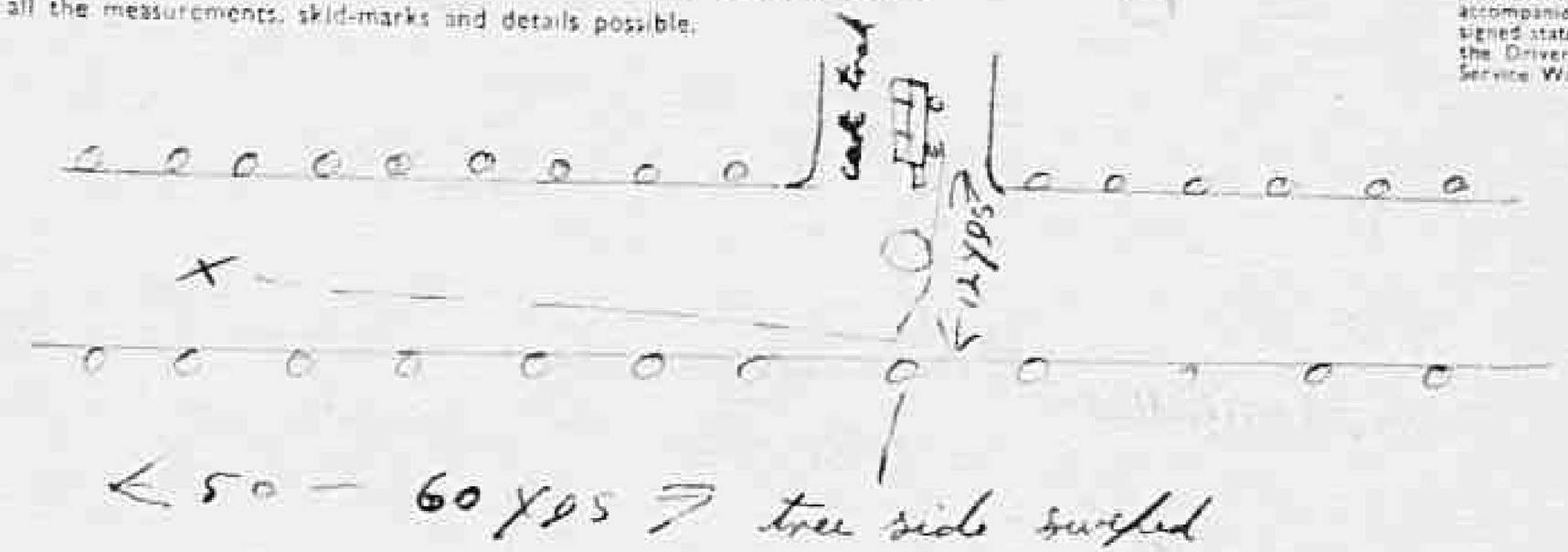
	Date	Time	Place	
ACCIDENT				This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

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 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.

112182. Wt. 19155/2791. 740M. 7/44. W. & S. Ltd. SF-8004.

TO BE COMPLETED ON RETURN TO UNIT

N. SERVICE DRIVER — Name in full (all Christian Names): Brooker Henry George. Number: 6288548 Unit: Buffs. Rank: Civilian Occupation: Driving Experience Years / Mths.: Civilian Service 2 6 Date of entry into Service: 15-9-39 Age: 26. Rate of Pay per day: 7/6.

O. SERVICE or HIRED VEHICLE — No. of Service Vehicle: Z5905842 Type of Bodywork: 4 x 4 Load capacity: 8 cwt Make: Chev. H.P. RIGHT ~~LEFT~~ HAND DRIVE. Present Location of Vehicle: If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 1133/43)

P. JOURNEY — Army Form G3518 was signed by: Major Bradley. (If none signed, reason must be given in Driver's Statement) A.F.G.3518 Serial No. 3 Date 12 — 1946. Journey From: Naples. To: Rome. Nature of Duty: Personnel. UNLOADED. 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 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 16 — 1 — 1946 Driver's Signature: Brooker H. (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

6 Hts.

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

SERVICE or HIRED VEHICLE | No. of Service Vehicle: Z5905892 | Type of Bodywork: 4 x 4 | Load capacity: 8 cwt | Make: Chev. | H.P | RIGHT-LEFT HAND DRIVE | Present Location of Vehicle: Service 2 6 15-9-37 — 11 6.

P. JOURNEY — If a motor-cycle, were all those on it wearing crash helmets? | Army Form G3518 was signed by: Major Bradley. (If none signed, reason must be given in Driver's Statement) | A.F.G.3518 Serial No. 3 | Date 12 - 1 - 46. | Journey From: Naples. To: Rome. Leghorn. | Nature of Duty | UN-LOADED | Map reference of scene of accident

6 ins.

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf 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 necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer to do what may be considered proper and generally 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 16 — 1 — 1946 Driver's Signature: Bradley 4. (This must be in Driver's handwriting, not typed.)

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

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

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

T. I certify that the Service Vehicle was being driven — ON DUTY / NOT ON DUTY | NOT ON ITS AUTHORIZED ROUTE

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 — Date, Time, Place | Number of previous accidents in which Driver has been concerned / to Blame — 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 Coind. on 194

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

on 194

Z. Disciplinary Action Approved

194 Signature of Brigade or other Commander

194 Signature of Divisional Commander

194 Signature of Corps Commander

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

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

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

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

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: 14 JAN 46 | Time: 16.50 | Place: Rd FONDI – TERRACINA | County: 117 KL from Rome. | Surname of Service Driver: Brooker H. | No. of Service Vehicle: 2590892

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 License 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.					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.	MAJOR. E.W. BRADLEY.	M.M.I.A. A.C. C.M.F.	478103 Rome	27	officer
2.					
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			Property is NOT requisitioned	
SHEEP	DOG						

I. DAMAGE TO PROPERTY — Nature of Property | Exact Location | Damage | Telephone Landlord / Tenant

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

If the latter, give Service, number and Unit.

2.

3.

Signs Services Found

Signs Services Found

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

	Name	Address	Telephone	Age (approx.)	Occupation
1.	MAJOR. E.W. BRADLEY.	M.M.I.A. A.C. C.M.F.	478103 Rome	27	officer
2.					
3.					

G. (In greatest detail possible)

Can be seen at

APPARENT DAMAGE TO OTHER VEHICLE

(Note any previous defects)

H. INJURY TO ANIMALS

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

STRAYING

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant NAME & ADDRESS of Association

J. POLICEMAN

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

K. LIGHTS

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

L. SPEED OF VEHICLE

Service	Other	NON-BUILT UP AREA	Traffic	ROAD SURFACES				TRAFFIC LIGHTS	Visibility
25 m.p.h.	m.p.h.	NO.	LIGHT / DENSE	DRY / WET	GOOD / BAD	STRAIGHT / BEND / CROSS ROADS		TRAFFIC SIGNS	CLEAR / DUSK / RAIN

M. I GAVE THE ACCIDENT SLIP BELOW TO Hr.

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Address

Instructions to Driver.

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

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

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

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

Insert here Initials of Command

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place
ACCIDENT			

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

[Please Turn Over.

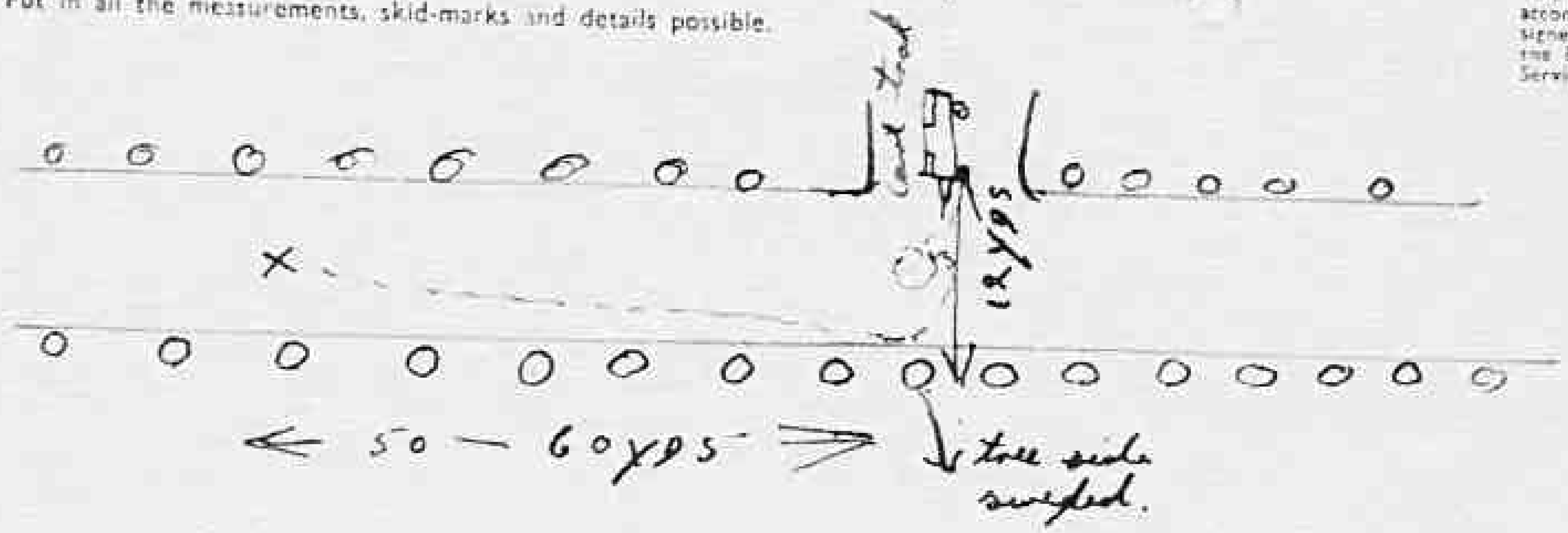
Declassified E.O. 12065 Section 3-402/NNBC NO. 185020

Use this space for SKETCH and particulars of 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.



113183 Wt. 19155 2714 740M 7/44 W. & S. Ltd. 51-0886.

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
Brooker Henry George	6288548	Buffs.	~~Civilian~~ Service 2 6	15-9-39	26	7/6

Rank — Civilian Occupation

O. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle
Z5905892	4 x 4	8 cwt	Chev			

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 1133/43)

P. JOURNEY

Army Form G3518 was signed by MAJOR Bradley (If none signed, reason must be given in Driver's Statement)

A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
Serial No. 3. Date 12-1-46	From Naples. To Rome.	Personell.		

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 16 - 1 — 1946 Driver's Signature Brooker H (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

Will probably be repaired by — No. of Vehicles on charge to Unit

SERVICE or HIRED VEHICLE	Registration No.	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / ~~LEFT~~ HAND DRIVE	Present Location of Vehicle
	25905892	4 x 4	8 cwt	Chev			

P. If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 1133/43)

Army Form G3518 was signed by A.F.G.3518

JOURNEY	Name	Serial No.	Journey From	Journey To	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
	MAJOR Bradley	3.	Naples.	Rome.	Personnel.		

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

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 16 — 1 — 1946 Driver's Signature Bradley M

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

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

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

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

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

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

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

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

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

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

X. Punishment awarded

U. Signature of O.C. Unit

Date 194
All copies should be signed and dated.

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

on 194

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

on 194

Z. Disciplinary Action Approved

194
Signature of Brigade or other Commander.

194
Signature of Divisional Commander

194
Signature of Corps Commander

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

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

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

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

Rome, 17.1.46-

SUBJECT : Accident Report -
Drv. BROCKER.

1. I was proceeding along route 7 on monday 14.1.46 in Chevrolet N° 5905892 conveying Maj. BRADLY as passenger on an authorised journey on a wet road, which was straight, and during good visibility the vehicle developed a skid, and to the best of my ability I was unable to prevent the vehicle striking a tree on the right edge of the road, this caused the vehicle to swerve to the opposite side of the road and overturn. Niether Maj. BRADLY my passenger, nor myself suffered injury.

Signed ..... Drv.

7850

Subject : Traffic Accident.

LAND FORCES SUB COMM.A.C.
M.M.I.A.
R O M E

16 January 46

To : Capt.Pragnell 4.H. Staff Capt."Q".

From : Major Bradley Innisks D.A.Q.M.G.

1. At about 1650 on the 14 Jan 45. I was being driver from CASERTA to ROME, by Pte. Booker (Buffs) in an 8 cwt. H.U.P. At about approximately the 117th kilometre stone from Rome the vehicle went into a skid through, in my opinion, no fault of the driver. The vehicle was at this time traveling at about 25 m.p.h.on a wet road.

2. After skidding for about 50x to 60x the vehicle"side-swifed" a tree on the off-side of the road,bounced back across the road, turning round completely as it did so. It then left road on the near side, turned over in a side road. A sketch map is appended.

3. Both the driver and myself were uninjored . No damage was done to privete property. The vehicle suffered severe damage to the back axle, rear springs, propellor shaft and batteries.

4. I reported the accident to the R.E.M.E. recovery

1. At about 1650 on the 14 Jan 45. I was being driven from CASERTA to ROME, by Pte. Booker (Buffs) in an 8 cwt. H.U.P. At about approximately the 117th kilometre stone from Rome the vehicle went into a skid through, in my opinion, no fault of the driver. The vehicle was at this time traveling at about 25 m.p.h.on a wet road.

2. After skidding for about 50x to 60x the vehicle"side-swiped" a tree on the off-side of the road,bounced back across the road, turning round completely as it did so. It then left the road on the near side and turned over in a side road. A sketch map is appended.

3. Both the driver and myself were uninjored . No damage was done to private property. The vehicle suffered severe damage to the back axle, rear springs, propellor shaft and batteries.

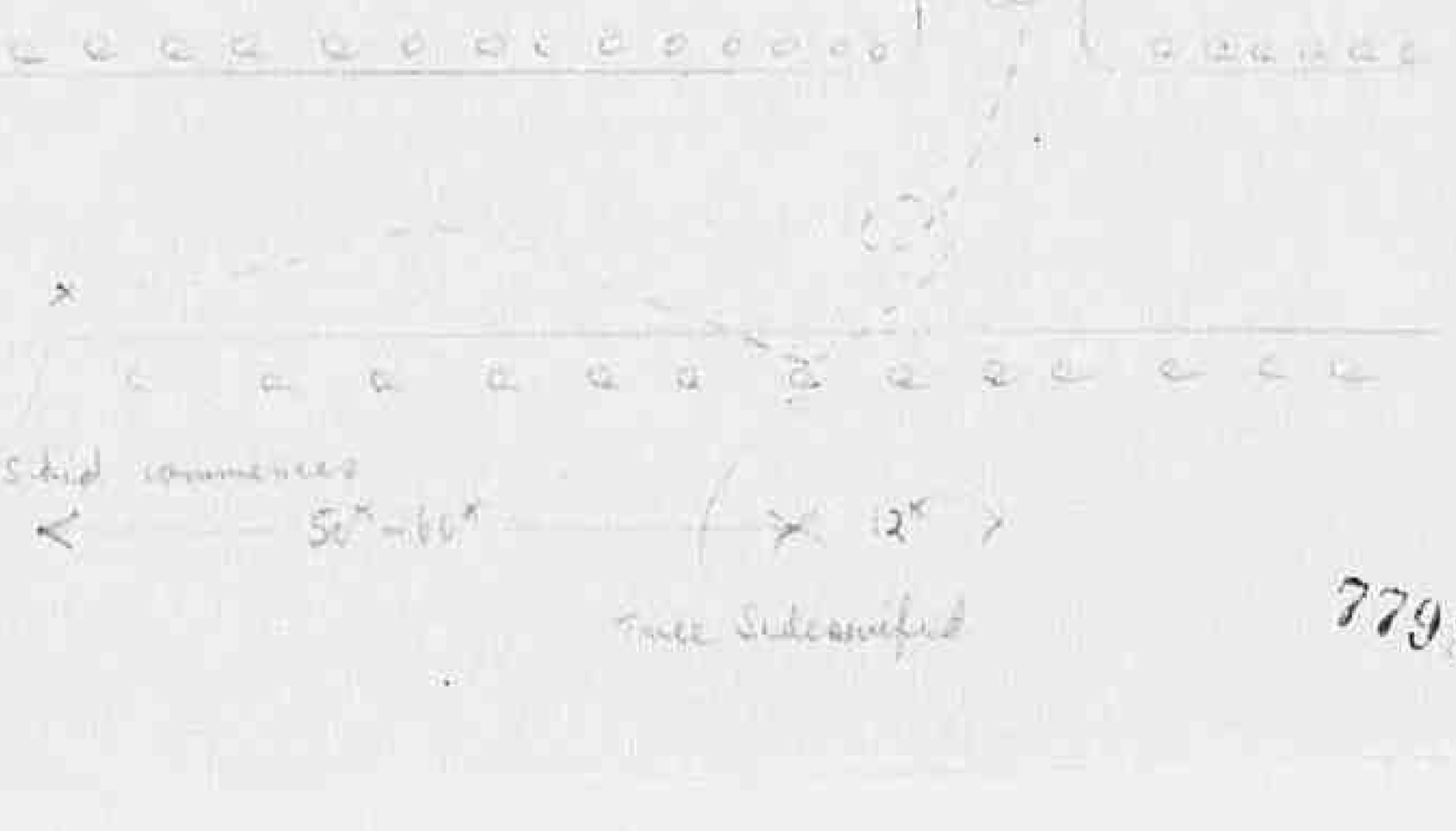
4. I reported the accident to the R.E.M.E. recovery post at VELLETRI who towed the vehicle in. The driver was left on guard over the vehicle.

279

Elv Bradley Major

E.W. BRADLEY,
Major Inniskg
M. M. I. A.

Appendix



STATEMENT OF EVIDENCE

By Captain E.A.G. BALFOUR, Scots Gds., MMIA - Witness of accident to Ford No. CAP/M/5667915.

At about 18.30 hours on 2nd December, 1945 I was travelling as passanger in Ford No CAP/M/5667915, driven by Cpl. PIDGEON, on the way from NAPLES to ROME. It was dark and we were driving with headlights. The roads were dry.

About 3 miles outside of ROME, on Route 7, we were travelling at approximately 40 m.p.h. on the right of the road when two men suddenly ran across from the other side of the road and flung themselves across the front of the car. They were apparently running to catch a tram. The driver braked as soon as he saw them and the car stopped in about three yards, but we struck the two men - one on each wing.

In my opinion the driver acted with the utmost possible speed and is in no way to blame for this accident.

Signed.....Capt.....

Date:....3.Dec.45

S T A T E M E N T

At 6-30 P.M. on the second of december 1945, I was proceeding from Naples to Rome, driving car N°-M.5664915 and accompanied by Cpt. E. BALFOUR of 'M.M.I.A.', just after I had passed Ciampino Airport, about three kilo metres from the outskirts of Rome, two civilians suddenly appeared in the light of my Headlamps. Running obliquely across the road, apparently intent on stopping a tram, which was just moving off from a tram stop. I immediately applied my brakes and swerved as far as possible to the right, but was un able to avoid hitting the men.

Signed

L.C. C. PIDGEON
N° 6914923

7796

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: 2/12/45 — Time: 6.30PM — Place: ROUTE 7 NEAR ROME — Surname of Service Driver: PIDGEON — No. of Service Vehicle: M566491 S

B. OTHER VEHICLE — Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van — Make — Year — County — H.P. — 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	Hospital (if known)
1.	ADRIANI ANGELO	40	BARTOLOMEO PLATINA 5 ROME.	—	Slight / Serious / Fatal	PIO ISTITUTO DI S. SPIRITO. ROME.
2.	MARINELLI FILIPPO	40	BORGATA DEL TRULLO.	.	Slight / Serious / Fatal	PIO ISTITUTO DI S. SPIRITO. ROME.
3.			COSTANZA CIANO (MAGLIANA).	—	Slight / Serious / Fatal	

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

	Name	Address	Telephone	Age	Occupation
1.	LUCIA LUIGI	PIAZZA PAOLO DIACONO 6.	—	35	
2.	BALFOUR, EUSTACE. CAPT. (BR)	"A." MESS, VIA ASMARA. 11. RMC	886312	25	ARMY OFFICER (BR).
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible) — Can be seen at — Telephone — (Note any previous defects)

H. INJURY TO ANIMALS

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

I. DAMAGE TO PROPERTY — Nature of Property — Exact Location — Damage — Property NOT requisitioned — NAME & ADDRESS of OWNER or OCCUPIER — Telephone — Landlord / Tenant Association

J. POLICEMAN — Name — Police Station — He did NOT see accident — A statement was NOT — ROAD PATROL — Name — He did NOT see accident

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

If the latter give Service number and Unit.

2. MARINELLI FILIPPO 2/0 BORGATA DEL TRULLO. COSTANZA CIANO (MAGLIANA).
3.

PIO ISTITUTO DI S. SPIRITO. ROME.

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

	Name	Address	Telephone	Age	Occupation
1.	LUCIA LUIGI	PIAZZA PAOLO DIACONO 6.		35	
2.	BALFOUR, EUSTACE. (CAPT.(BR)	"A." MESS, VIA ASMARA. II. ROME	886312	25	ARMY OFFICER (BR).
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 | IT ~~was~~ will not have to be KILLED | Telephone NAME & ADDRESS of OWNER or OCCUPIER

POULTRY | PIG | STRAYING | Property

SHEEP | DOG

I. DAMAGE TO PROPERTY

Nature of Property | Exact Location | Damage | 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.

K. LIGHTS

~~DAYLIGHT~~ NIGHT | Service Vehicle ~~LIT~~ | Other Vehicle NOT LIT | WARNING | UNNECESSARY | Branch NOT GIVEN BY ME | NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service 35 m.p.h. | Other m.p.h. | NON BUILT UP AREA | Traffic LIGHT ~~CONTROL~~ | ROAD SURFACES | DRY ~~WET~~ | ~~GOOD~~ FAIR ~~BAD~~ | STRAIGHT ~~BEND~~ ~~CROSS ROADS~~ | ~~TRAFFIC LIGHTS~~ ~~TRAFFIC SIGNS~~ | Visibility CLEAR ~~FOGGY~~ ~~RAIN~~

795

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	PIDGEON-C.	L/CPL	6914923	M.M.I.U.(L.F.S.C).	566915	—

	Date	Time	Place
ACCIDENT	2/12/45	6.30PM	ROUTE 7. NEAR ROME.

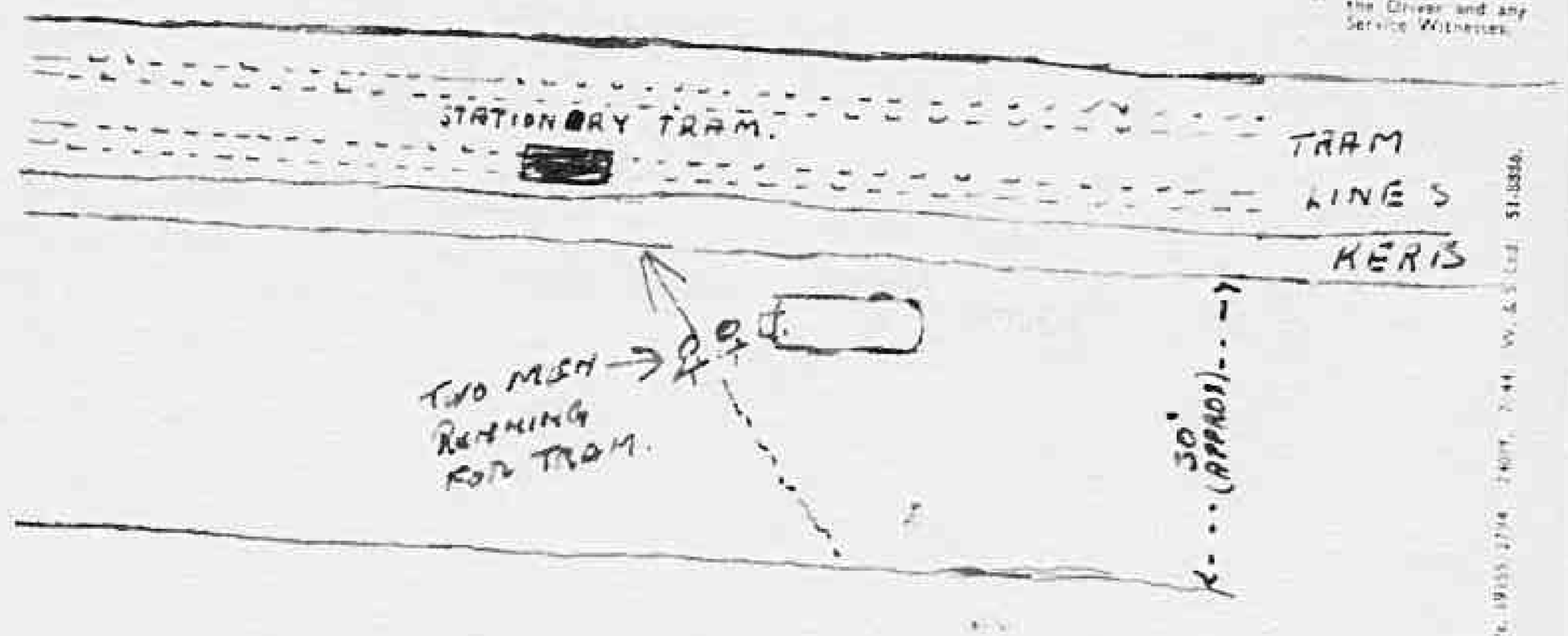
This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

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

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.

112/43. Wt. 19455/2744. 240M. 2/44. W. & S. Ltd. 51-0856.

N. TO BE COMPLETED ON RETURN TO UNIT

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
PIDGEON, CHARLES HENRY.	6914923	M.M.I.A (L.F.S.C.)	Civilian 16	—	12.10.39	27	7/4

Rank L/CPL Civilian Occupation PRINTER.

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
M.566491 5	SALOON.	4 PERSONS.	FORD	30		11, VIA ASMARA, ROME.

P. JOURNEY

If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 1133/43)

Army Form G3518 was signed by A.F.G.3518

Name	Serial No.	Journey From	To	Date	Nature of Duty	~~LOADED~~ LOADED	Map reference of scene of accident
A.R.C. SOUTHBY, Lt/Col.	70	NAPLES	ROME.	2.12.45	OFFICER'S DUTIES.		—

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

6. 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 3.12.45 194— Driver's Signature 2/6 C Pidgeon (This must be in Driver's handwriting, not typed)

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
M.M.I.A. (L.F.S.C.).				R.A.C.

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

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

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

L/H Headlamp smashed and L/H front wing dented.

Will probably be repaired by — No. of Vehicles on charge to Unit

No. 1. REPAIR UNIT (ITALIAN) ROME.

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

P. SERVICE or HIRED VEHICLE: M.566491 S | SALOON. | capacity 4 PERSONS. | FORD | 30 | LEFT HAND DRIVE | 11, VIA ASMARA, ROME.

If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 1133/43)

JOURNEY: Army Form G3518 was signed by A.F.G.3518 A.R.C. SOUTHBY, Lt Col. Serial No. 70 (If none signed, reason must be given in Driver's Statement) Date 2.12.45

Journey From	To	Nature of Duty	LOADED	Map reference of scene of accident
NAPLES	ROME.	OFFICER'S DUTIES.	—	—

6 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 3.12.45 Driver's Signature A.R.C. Pidgeon (This must be in Driver's handwriting, not typed.)

Q. UNIT: Name M.M.I.A. (L.F.S.C.). Address — Telephone — Unit's file reference — Command R.A.A.C.

R. HIRED VEHICLE (See A.C.I. para.): Hired through (R.A.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: L/H Headlamp smashed and L/H front wing dented. (in greatest detail)

Will probably be repaired by — No. 1. REPAIR UNIT (ITALIAN) ROME. (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: M.T.O. ~~NOT~~ ON ITS AUTHORIZED ROUTE

Number of previous accidents in which Driver has been concerned: NONE; to blame: —

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

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

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

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

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

X. Punishment awarded

U. Signature of O.C. Unit

Date 194 All copies should be signed and dated.

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

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

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

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

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

Army Form A3679
(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. 21/3/46.	Time 0935	Place. FLORENCE (FIRENZE) TUSCANA.		Surname of Service Driver GAMBI	No. of Service Vehicle 5905871
B. OTHER VEHICLE	Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van: BICYCLE	Make	County H.P.	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy No.
C. DRIVER OF OTHER VEHICLE	Name: FERDINANDO CINELLI fu DELFINO.		Driving Licence Date / No.		Address and Occupation: PIAZZA S. CROCE, 21 FLORENCE (FIRENZE	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.	Ferdinando Cinelli fu Delfino	—	Not Known (Italian civilian	—	Slight / Serious / Fatal	Not Taken home seriously injured Bruised leg only.
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 Lamb.	British Military Personell M.M.I.A. (L.F.S.C)	—		
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE (In greatest detail possible) Bicycle slightly damaged Front wheel buckled — Can be seen at

(Note any previous defects)

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

I. DAMAGE TO PROPERTY	Nature of Property	Exact Location	Damage	Property is NOT reported	Telephone
	Bottled Milk		Several bottles broken		

J. POLICEMAN	Name	Police Station	He did NOT see	A statement was	ROAD PATROL	Name	Association	He did NOT see

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

1. Pte Despic — Not Known (Civilian) — Fatal / Slight / Serious / Fatal — Bruised leg only.
2. — Fatal / 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 Lamb.	British Military Personell M.M.I.P. (L.F.S.C)			
2.					
3.					

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

Bicycle slightly damaged
Front wheel buckled

(Note any previous defects)

H. INJURY TO ANIMALS

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

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT registered	Telephone	Landlord	Tenant
Bottled Milk		Several bottles broken				

J. 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
No								

K. LIGHTS

DAYLIGHT	Service Vehicle	Other Vehicle	WARNING				
~~NIGHT~~	NOT LIT	NOT LIT		UNNECESSARY	NOT GIVEN BY ME	2794	NOT GIVEN BY OTHER

L. SPEED OF VEHICLE

Service	Other		Traffic	ROAD SURFACES					Visibility
5 m.p.h.	0 m.p.h.	~~BUILT UP AREA~~	LIGHT ~~DENSE~~		DRY ~~WET~~	GOOD ~~FAIR~~ ~~BAD~~	STRAIGHT ~~BEND~~ ~~CROSS ROADS~~	TRAFFIC LIGHTS / TRAFFIC SIGNS	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.

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

This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene — *Insert here initials of Command*

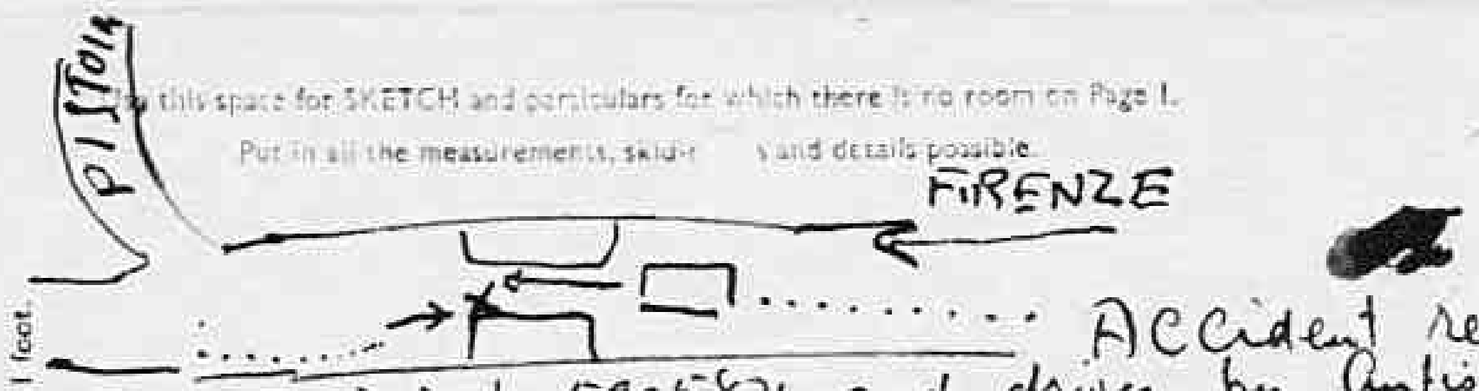
	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

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

[Please Turn Over.

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

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



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

From perforation at bottom of page is 1 feet.

Accident report concerning Chev. WD No 5905871 and driven by Antiste Gambi, Bruno 21/3/46 at 0935 on the Florence Pistoia road.

Con la macchina ero già entrato nel tratto del tunnel unico e quasi alla fine del tratto il Sig.r Franchi Bruno in bicicletta è uscito dalla parte opposta. La mia macchina la conducevo alla velocità di circa 5 miglia orari.

In fede
Gambi Bruno

Service Vehicle not damaged

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	GAMBI BRUNO Rank: EMPLOYED CIVILLIAN. Civilian Occupation	—	—	Civilian Service			—

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle
SERVICE ~~or HIRED~~ VEHICLE	5905871	H.U.P.	8 cwt.	Chevrolet	25.?		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	Capt Lamb If not signed, reason must be given in Driver's Statement.	Serial No.	From Milan	Others		
		Date	To Florence.	Routine.		

6 lines

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 25/3/46 194 Driver's Signature GAMBI BRUNO (Gambi Bruno)
(This must be in Driver's handwriting, not typed).

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

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

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

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

VEHICLE — DRIVE

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

P. JOURNEY

Army Form G3518 was signed by: Capt Lamb.
If more signed reason must be given in Driver's Statement.

A.F.G. 3518 Serial No. Date

Journey: From Milan To Florence.

Nature of Duty: Officers Touring.

UNLOADED

Map reference of scene of accident

Q. 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 25/3/46 194 Driver's Signature GAMBI B RUMO (Guido Bruno)
(This must be in Driver's handwriting, not typed).

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

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

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

T. I certify that the Service Vehicle was being driven — ON DUTY / NOT ON DUTY — Name of Officer who gave 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.

Y. 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

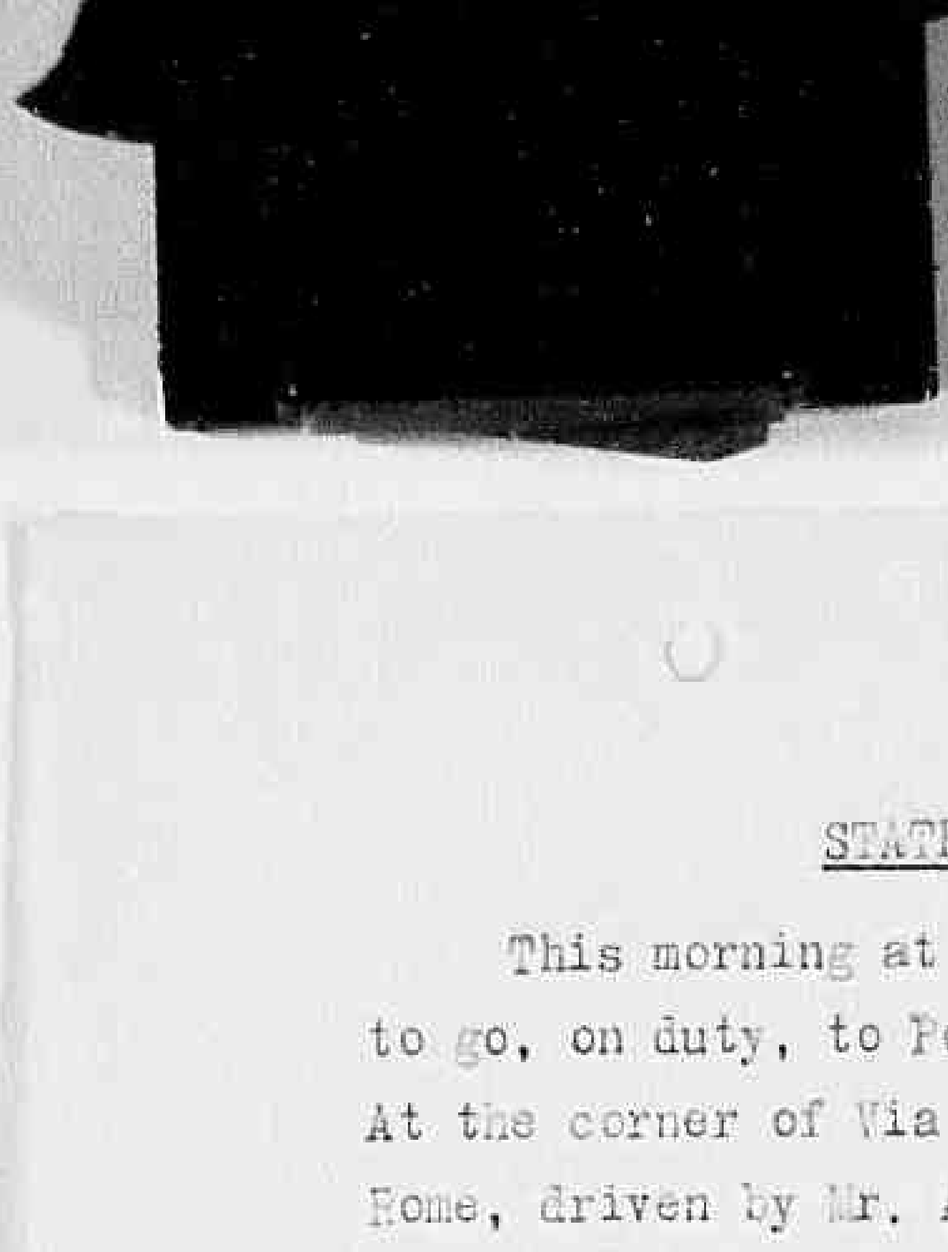
Signature of Corps Commander.

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 : 5 Malone Park, Belfast).

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

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

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



STATEMENT BY GAMBI BRUNO

This morning at 10 o'oclock I left the Super Garage to go, on duty, to Ponte Vittorio passing by Via Pinciana. At the corner of Via Puccini, a car Fiat 1100, Target Nº.62065 Rome, driven by Mr. Allegrezza Elvidio, who lives in Via 24 Maggio Nº.14 was there stationed.

As I was directed towards Porta Pinciana and there being a street on my left hand when I reached the standing vehicle I blew the horn several times, but all of a sudden I saw the above mentioned car crossing the street to change direction. It was impossible for me to stop, so I drove straight to the left side of the road, but the vehicle clashed against the right side of my car hitting the door.

Rome, 3/10/45

Signed: Gambi Bruno

Roma 5-10-945

3/10/45.

Statement by Rfm Spiek. C.
5624573.

Concerning an accident between the W.D vehicle, in which I was a passenger, and which was being driven by a Civilian, Gambi, Bruno, and a civilian vehicle

We were driving along Via Pisciano in a P.U (W.D. No 5288-368) at a normal speed (estimated at 20 mph) and were overtaking a civilian car, which was stationary and parked in a normal manner flush with the curb, on the right-hand side of the road. As we were almost abreast, the vehicle started and turned immediately, and without

at a normal speed (estimated at 20 mph) and were overtaking a civilian car, which was stationary and parked in a normal manner flush with the curb, on the right-hand side of the road. As we were almost abreast, the vehicle started and turned immediately, and without warning out into the stream of traffic and across it at right angles with the intention, no doubt of turning up the road on the left hand side of Via Pinciana which ran away from the main road at right angles.

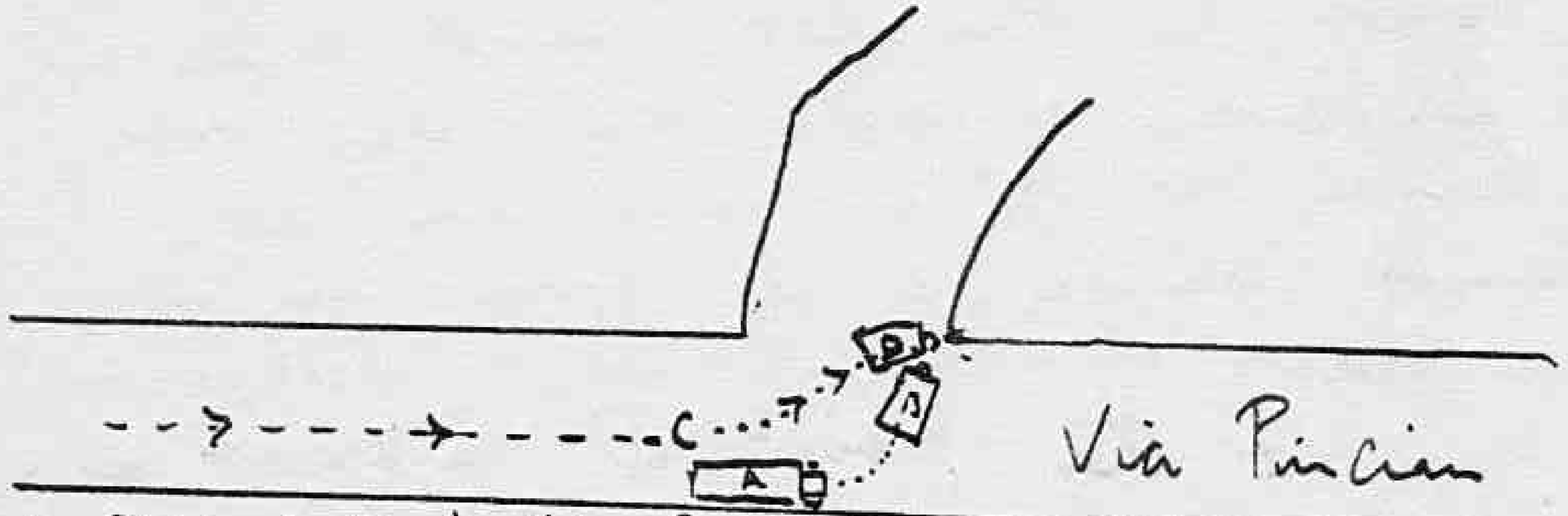
Gambi made and effort to swing even wider of the turning vehicle so that at the point of impact, our vehicle was almost in the gutter on the left hand side of the road. We had, in fact, got our front

2 wheels pas the front of the car
so that our P.C. was struck in
the middle of the door on the
right hand side by the front
left hand wing & wheel of the car.
I would point out that on
alighting & passing round the
vehicle the civilian car was
then displaying a rather insignific-
ant traffic-indicator at the back
(left hand side). Being the passenger
I was not so intent on the road
as I perhaps would have been
had I been driving. Nevertheless
I did not see the traffic indicator
and neither did the driver, and I
think there is a strong possibility
that it was put in position after
the bump

P.C. Spill.

I was not as intent on the road as I perhaps would have been had I been driving. Nevertheless I did not see the traffic indicator and neither did the driver, and I think there is a strong possibility that it was put in position after the bump

R. Ann Speir R. C.
562457 3.



A Approximate position of civilian car before the bump
B " " " course of vehicle leading to it
C " " of our vehicle when car starts to turn
D. " " at point of impact

Milano 22 Marzo 1946

DICHIARAZIONE

Il sottoscritto Ferdiando Cinelli fu Delfino abitante in Piazza S.Croce 21 Firenze dichiara quanto segue:

il giorno 21 Marzo 46 transitava a bordo della macchina inglese Car 5905871 M.M.I.A. per la rotabile che conduce da Firenze al= l'autostrada quando, circa 400 metri prima dell'imbocco dell'au= tostrada stessa un ciclista si imbatteva nella macchina, la quale per fortuna procedeva molto lentamente. Il Conducente della mac= china Autista Gambi Bruno era alla sua mano, mentre il ciclista, per un'interruzione che ostruiva metà della strada, si trovava oltre al centro della strada, fuori mano.

Ferdinando Cinelli

7791

Roma 25 - 3 - 1946

Il giorno 21 - 3 - 46 alle ore 9.35 circa transitando con il bar (Nr 5905871) sulla linea Firenze - Pistoia a circa 400 metri dall'inizio dell'Autostrada Firenze - Pistoia vi è un passaggio a senso unico perche vi sono dei lavori in corso, vi giunto rallentai e veduto libero il passaggio, portando una velocità di circa 5 miglia oraria mi accinsi a percorrere il breve tratto di circa 30 metri senonchè quando ero quasi al termine di detto tratto un ciclista che portava sul vei colo del latte e della verdura, volle avventurarsi a passare prima che io terminassi il suddetto tratto, ma non fidando della sua abilità di ciclista, veduto che non poteva proseguire si arrestò, appoggiandosi con la mano destra alla palizzata che era alla sua destra e con la sinistra sostenendo il manubrio, ma il velocipede gli di sterzò con la ruota anteriore venne ad urtare alla pedana della macchina sul lato destro, cadde, mi fermai e insieme al Capt Lam e altro passeggero salito con il Capitano a Firenze, lo soccorremmo e lo conducemmo in una località prossima, ove in una farmacia fu fatto visitare da un Dottore locale, che lo riscontrò una escoriazione leggera alla coscia sinistra. Per ordine dell'Ufficiale che accorse a bordo lo conducemmo al proprio domicilio sito in Signa (Firenze) e [illegible]

ciclista, veduto che non poteva proseguire si arrestò, appoggiandosi con la mano destra alla palizzata che era alla sua destra e con la sinistra sostenendo il manubrio, ma il velocipede gli di storzo con la ruota anteriore venne ad urtare alla pedana della macchina sul lato destro, cadde, mi fermai e insieme al Capt Lam e altro passeggero salito con il Capitano a Firenze, lo soccorremmo e lo conducemmo in una località prossima, ove in una farmacia fu fatto visitare da un Dottore locale, che le riscontrò una escoriazione leggera alla coscia sinistra. Per ordine dell'Uff. ficiale che accedo a tordo lo conducemmo al proprio domicilio sito in Fornacelle (P. Firenze) Ernesto Giannini Il ciclista si chiama Franchi Bruno di Fraldesco di anni 51.

Unisco al presente la relazione del Sig. Ciulli Ferdinando Domiciliato in Piazza S. Croce 21 Firenze e del Capt. Lam.

In fede d'quanto sopra

Gamba Bruno

Statement of Evidence.

On the 21st March 46, I was a passenger in the WD vehicle 5905871 driven by Sig "Sandi" the Italian driver employed by HQ MA. Rome.

We had left Florence + were bound for Milan, when at approx 0930 hours, whilst passing under a bridge on the autostrada, outside Florence, the car in which I was travelling hit a civilian cyclist, damaging his bicycle + fracturing his left leg.

The car at the time was slowed down to about 5 m.p.h. As far as I could see, the accident occurred because the cyclist, who had his bicycle laden with cans of milk + vegetables, did not stop in sufficient time to clear the bridge + to get out of the way, he leant with his cycle + to get out of the way, he leant with his cycle + put his arm against a pole under the bridge + lost his balance.

Sgt Sambi was sent to Alamein, as he took all necessary precautions when passing under a bridge under repair, it slowed down to 5 m.p.h.

(There was only room for one vehicle at the time, to pass this bridge.

22/3/46.

C. Holland Capt.

M.G.I.A.

STATEMENT BY PECCHIOLI GOFFREDO

Coming from Piazza Cavour passing through Via Crescenzio, when, near Via Tacito, a car coming in full speed collided against my car damaging the right side mudguard and pushed me on the left pavement of Via Crescenzio.

Although I tried hard to avoid the accident giving full speed to my car, it was quite impossible to escape the collision owing to the high rate of velocity the other car was going at. I was therefore slightly injured in my head and the doctor on duty at S. Spirito Hospital declared me recovered within 7 days.

Rome, 3 October 1945

Signed: Pecchioli Goffredo

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.

		Date	Time	Place	Surname of Service Driver	No. of Service Vehicle
A.	ACCIDENT	2/10/45	2,45	Piazza Cavour – Rome County	Pecchioli Goffredo	5643109

		Make	H.P.	Registration No.	Name and Address of Insurance Co.	Insurance Certificate No. or Policy No.
B.	~~Lorry~~ ~~Motor Car~~ ~~Motor Cycle~~ ~~Bicycle~~ ~~Horse Van~~	1005 Fiat	1005	R M. 12138	—	
	OTHER VEHICLE		Year			

		Name	Driving Licence	Address and Occupation	Telephone
C.	DRIVER OF OTHER VEHICLE	Unknown	Date No.	Via Boezio ?	

		Name	Address and Occupation	Telephone
D.	OWNER OF OTHER VEHICLE			

		Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
E.	INJURED PERSONS State whether civilian or in Armed Forces. If the latter, give Service, number and Unit.	1 Civilian: Pecchioli Goffredo	23	Piazzale degli 8 uomini driver		~~Slight~~ ~~Serious~~ Fatal	
		2				~~Slight~~ ~~Serious~~ Fatal	
		3				~~Slight~~ ~~Serious~~ Fatal	

		Name	Address	Telephone	Age approx.	Occupation
F.	WITNESSES Name, address etc., of every person present must be obtained.	1 Cerrito Girolamo – Via dei Sangnigna 2			45	unknown
		2				
		3				

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

APPARENT DAMAGE TO OTHER VEHICLE

(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
H.	INJURY TO ANIMALS	POULTRY	PIG	/	STRAYING				
		SHEEP	DOG						

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

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

1 [illegible] ... 45 [illegible]
2
3

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

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 2236 Landlord / Tenant
—		—		

J. POLICEMAN

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

K. LIGHTS

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

L. SPEED OF VEHICLE

Service	Other		Traffic	ROAD SURFACES					Visibility
15 m.p.h.	30 m.p.h.	~~NON~~ BUILT UP AREA	~~Traffic~~ LIGHT ~~DENSE~~		DRY ~~WET~~	GOOD FAIR BAD	STRAIGHT BEND CROSS ROAD	TRAFFIC LIGHTS TRAFFIC SIGNS	CLEAR FOGGY RAIN

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

Insert here Initials of Command

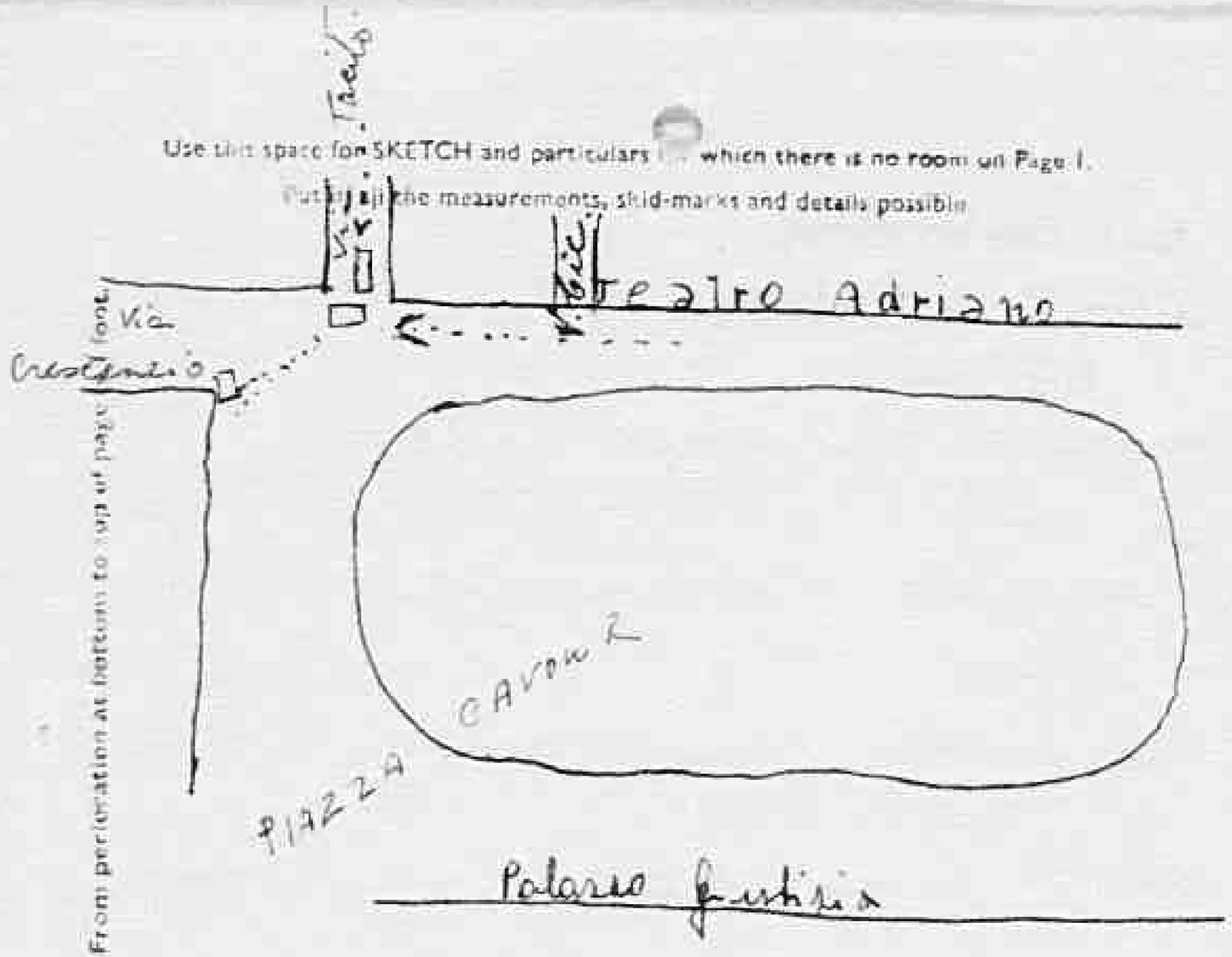
This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene

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

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

(Please Turn Over

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



This Report must be accompanied by the signed statements of the Driver and any Civilian 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
SERVICE DRIVER	Pecchioli Goffredo			Civilian Service:			
	Rank:	Civilian Occupation:					

	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / HAND DRIVE	Present Location of Vehicle
SERVICE or HIRED VEHICLE	5643109			Lancia Aprilia	16	RIGHT HAND DRIVE	N°1. Repair unit

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

	Army Form G3518 was signed by	A.F.G. 3518	Journey	Nature of Duty	U.V. LOADED	Up to tolerance of scene of accident
JOURNEY	Capt. Limb	Serial No.	From A C		Yes	—
	If name signed, reason must be given in Driver's Statement	Date 2/10/45	To his home			

6 and 7. 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 2/10/1945 Driver's Signature Pecchioli Goffredo (This must be in Driver's handwriting, not typed)

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

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

S. Will probably be repaired by :— No. of

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

or HIRED VEHICLE	5643109	Capacity	Lancia Aprilia	16	HAND DRIVE	No. 1 Repair unit

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

JOURNEY	Army Form G3518 was signed by Capt. Limb	A.F.G. 3518 Serial No.	Journey From AC	Nature of Duty	UN-LOADED	Sip reference of scene of accident
	If none signed, reason must be given in Driver's Statement	Date 2/10/45	To his home	—	Yes	—

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 necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer to do what may be considered proper and generally includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

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

Date 2/10/1945 Driver's Signature Pecchioli Goffredo (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. ...)	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: awaiting estimate of damage from workshops (In greatest detail)

Will probably be repaired by — No. 1 repair unit Italian (Name of Repair Shop or Garage)

No. of Vehicles on charge to Unit: 48

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
	Yes				—	—

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

HEADQUARTERS,
No. 2 Claims Commissn)
and
No. 2 Directorate of Hirings and Disposals (Fixed Assets),
A.P.O. 534, C.M.F.

To: ...P.S.... Ref: CCI/CLMS/M/295.

...HQ. M.M.I.A.... Date: 15/5/46

...ROME...

CMF

Subject: Traffic Accident - File No. 40304/10.

Date: ..4. MARCH 46...

Place: ...ROME...

MD Dvr. No: ...ITALIAN...

Rank: ...Pte... Name: ...LA MARRA, ENZO

MD Veh. No: ...2.590607....

1. It has been reported that a vehicle stated to be on charge to your Unit was involved in a Traffic Accident, details of which are given above.

2. Please render relevant A.F. A.3675 and statements by M.D. driver and any witnesses in accordance with GRO 96/44.

E.J. [illegible]
Major,
for Brigadier,
V.P.C.C. and D. of Hgs. and Disposals.

Rome, 15.1.46-

To M.K.I.A.-
'M.T.O.'

Statement by L/Cpl. Reeve 5056484-

I L/Cpl. Reeve 5056484 on 11/1/46 was order to go to R.S.D. on my there I met with a bad greasy rd. on approaching the cross rds, I got into a skid, seeing quite a number of persons waiting for the tram, I thought it best not to apply my brakes but keep it as far away from the people as possible, in which case when I did turn it, the back end came round and hit the other truck.

Signed .....

pv.

RESTRICTED

The information given in this document is not to be communicated, either directly or indirectly, to the Press or to any person not authorized to receive it.

[1175]

ARMY COUNCIL INSTRUCTION
No. 1175 of 1945

Circulated down to Companies, Batteries and Equivalent Units

THE WAR OFFICE,
6th October, 1945.

1175. Travelling.—Conditions Governing the Provision of Entitled Passages by Sea for Certain Families to Proceed Overseas from the United Kingdom.

1. With the end of hostilities it may be possible to provide, as from the 1st October, 1945, a limited number of passages for military families and the families of War Department civilian staff who wish to proceed from the United Kingdom to join their husbands in certain overseas commands. It must be stressed that the demand for passages to all parts of the world will greatly exceed the supply for a long time to come, and entitlement to a passage does not mean that there may not be considerable delay before a passage can be provided. The conditions under which such passages will be provided are set out in this A.C.I., and particular attention is drawn to paras. 2 and 7 below.

2. The following families only will be eligible for passages under this A.C.I.:—

(*a*) Those of officers and other ranks of the Regular Army.

(*b*) Those of other military and all civilian personnel who have contracted to serve overseas for a minimum tour of two years, or until general demobilization.

(*c*) In extreme compassionate cases, when the husband is a chronic invalid and it is confirmed by a medical board that

(i) he is likely to have to remain in his present location for at least 12 months; and

(ii) his wife's presence will be of material assistance towards his well-being or recovery.

The families of locally commissioned officers and locally enlisted other ranks who have proceeded to the United Kingdom at public expense under the war-time Python and Lilop schemes are excluded from the terms of this A.C.I.

3. Passages will normally be allotted to those qualified under para. 2 in accordance with the following priorities:—

(*a*) *Priority* 1.
When the family's presence in the overseas command is considered by the War Office to be necessary for official reasons.

(*b*) *Priority* 2.
Cases covered by para. 2 (*c*) above.

(*c*) *Priority* 3.
When the husband is serving overseas and has not less than 12 months still to serve in his present command.

In the case of Priorities 2 and 3 above, passages will be granted at present only to the following commands:—

Austria.
Bermuda.
Canada.
East Africa.
Gibraltar.
India.
Italy.
Malta.
Middle East.
North Africa.
North Caribbean Area.
South Africa.
South Caribbean Area.
United States of America.
West Africa (excluding children).

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This list will be varied from time to time, fresh areas being added in the light of prevailing circumstances and with the agreement of the G.O.C.-in-C. concerned.

4. Passages granted under this A.C.I. will be at the public expense. In cases where families, which would have been eligible under the conditions of this A.C.I. had it been in force, proceeded overseas with War Office permission but at private expense on or after 19th June, 1944, and up to the date of this A.C.I., their passage money, subject to the adjustment of married allowances for the period of the voyage, may, at the discretion of the War Office only, be refunded on submission of a claim to the War Office (Q.(M) 1 (*a*)).

5. The grant of a passage under this A.C.I. will carry entitlement to a return passage from the overseas command to which an outward passage is granted or from any other command to which an entitled passage may subsequently have been provided. This entitlement will normally terminate when the officer, other rank or War Department civilian ceases to serve or is posted home.

6. Officers and other ranks and War Department civilian staff whose families proceed overseas from the United Kingdom to join them after the date of this A.C.I., not having been allotted a passage under this A.C.I., will not be entitled to reimbursement of passage money, nor will they be eligible for a return passage to the United Kingdom at the public expense under the terms of para. 5 above. In addition their entitlement to allowances will normally be at the standard rates admissible in the United Kingdom and not at any special rates appropriate to overseas commands.

7. No application will be considered unless the local military authority is satisfied that there is suitable accommodation available for a family at the station concerned.

8. The officer, other rank or civilian will apply in accordance with the form shown in the Appendix hereto, which will be forwarded by his C.O. or the head of his establishment, as the case may be, through the usual channels to the appropriate command headquarters.

Applications which are recommended by the G.O.C.-in-C. concerned will be submitted as follows:—

(*a*) In the case of substantive colonels and above (late of the Cavalry, R.A.C., R.A., R.E., Royal Signals, Infantry and R.A.S.C.) and of officers holding graded Staff appointments, made under M.S. authority, to the War Office (M.S. 1).

(*b*) In the case of officers other than those in sub-para. (*a*) above, to the appropriate Personnel branch of the War Office.

(*c*) In the case of other ranks to the appropriate O. i/c records.

(*d*) In the case of War Department civilian staff to the War Office (C.4).

9. It is emphasized that persons who are granted passages under this A.C.I. must, before embarkation, satisfy the ordinary requirements of travel overseas by obtaining passports, visas and any necessary permits. Applications for such documents will not necessarily be met by the authorities concerned just because the grant of a passage under this A.C.I. has been approved.

10. A.C.I. 1196 of 1944 is hereby *cancelled*.

(*A summary of this A.C.I. is No.* 167 *in the series "Notice Board Information".*)

13/General A/821 (Q.(M) 1 (*a*)).

6 GERMAN INDEPENDENT WORKSHOP PLATOON.
C. M. F.
Tel. 886378.

Camp.

SUBJECT:- Trade Testing. 621/445. Cpl Peek E. R. Irish Rifles.

File Ref:-BC/611/70
Date:- 25 Feb. 46.

Land Forces Sub Comm. A.C.
Military Mission Italian Army.
APO. 50551.

Ref your Camp 1/70 dated 23 Feb 46. It was arranged that this NCO should report to this workshop daily for carrying out work to to enable an assessment of his mechanical knowledge to be made

During this period however, he only spent about three half days in this shop, and it is therefore not possible to pass a considered opinion. If he will report to this workshop for a full week as arranged, a much better opinion can be gained.

W. Smith Capt.

WS/mr.

W. Smith, Capt.
Commanding Br. Cadre to 611 German Independent W/S. Pl.

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