[redacted] Declassified E.O. 12065 Section 3-402/3303 No. 785020

ACC

10000|120|4521

CP/48/A

A

10000/120/4521 CP/48/A

COURTS OF INQUIRY

(2415
2428)

Ap. 11, 1946 May 7, 1946

Subject:- Court of Inquiry

Ref. A/1 [illegible]
Tel. Catania 14016

7 May 46

11 BIU

T/10688090 Dvr. Poulton J.A. R.A.S.C.

Reference your letter C[illegible]/48 dated 21 April 46.

Herewith proceedings of the a/m Court of Inquiry returned from HQ 3 District instructing no further action in this matter.

Capt RA,
Garrison Adjutant,
British Troops Sicily.

SAW/CS

20190. Wt.W.3514/1904. 600,000. 10/42. K.P.H., Ltd. 66-0710. Forms A 2/64.

Army Form A 2.

*N.B.—The Form being applicable to any Board, Committee, or Court of Inquiry, this blank to be filled in accordingly.

The proceedings should be signed by the President and by each Member of the Board, etc.

Attention is particularly drawn to the Rules for Courts of Inquiry contained in Rules of Procedure 124–125A, and especially to Rule 125A(B); also to paragraph 764, et seq., King's Regulations, 1940.

PROCEEDINGS of a* Court of Inquiry

assembled at H.Q. 11. B.L.U. Palermo.

on the 15th April 1946.

by order of Major R.E. Hector MVO. MC.

GII 11. B.L.U.

for the purpose of determining the responsibility whereby No. T/[illegible] Dvr. Poulton J.A. of 11 B.L.U. was involved in a traffic accident

PRESIDENT.

Major. T. Goodacre General List

MEMBERS.

Captain A. R. Murray. R.A.S.C.

IN ATTENDANCE.

The Court having assembled pursuant to order, proceed to examine evidence

2427

5 April 1946.

Sir,

On the 5th April 1946 at approx 12.00 hrs I was returning to H.Q. on M/C No. C1452436 having been to Palermo Airport.

On approaching the junction at Via Cavour and Via Ruggero Settimo the Italian police agent on point duty seeing my signal called me forward. As I had just passed the policeman a small delivery truck driven by Amoroso Ignazio, and which had been travelling in the opposite direction to me, turned sharply to the left with the intention of turning into Via Cavour.

I braked sharply and seeing I could not stop in time I accelerated in an effort to avoid a collision but without success.

The truck hit the left hand side of my motorcycle knocking me off and doing damage to the motorcycle.

I estimate my speed after accelarating at approx 15 M.P.H.

T/10688090
Dvr. J.A. Poulton.

30190. WLW31314/1974. 600,000. 10/42. K. & H. Ltd. Gp27/10. Forms A 2064.

Army Form A 2.

*Note.—The Form being applicable to any Board, or Committee, or Court of Inquiry, this blank to be filled in accordingly.

The proceedings should be signed by the President and by each Member of the Board, etc.

Attention is particularly drawn to the Rules for Courts of Inquiry contained in Rules of Procedure 124-125A, and especially to Rule 125A(B); also to paragraph 764, et seq., King's Regulations, 1940.

PROCEEDINGS of a* Court of Inquiry

assembled at H.Q. 11 B.L.U. Palermo

on the 15th April 1946.

by order of Major R.E. Hector M.V.O. M.C.

G II 11 B.L.U.

for the purpose of determining the responsibility whereby No. T/10688090 Dvr. Poulton J.A. of 11 B.L.U. was involved in a traffic accident

PRESIDENT.

Major T. Goodacre, General List

MEMBERS.

Captain F.A. Murray, R.A.S.C.

IN ATTENDANCE.

The Court having assembled pursuant to order, proceed to examine evidence

2425

1st Witness.

Agent of Public Safety Remo Sambucioni having been duly sworn states.

At about 12 o'clock on 5th April 1946 I was on traffic control duty at the junction of Via Cavour and Via Ruggero Settimo, Palermo, when I saw approaching from the left an Allied motorcyclist.

I signalled him to continue as the road was clear and held up my hands to stop traffic in Via Cavour. At the same time a civilian motor car was approaching from the opposite direction to the motorcyclist. The driver of this vehicle gave no signal that he was intending to turn into Via Cavour. At the time that the motorcyclist was passing my control point the civilian car suddenly turned left passing in front of me to enter Via Cavour. The motorcyclist had no time to stop and a collision occurred.

1st Question.

Was the driver of the car correct in turning as he did?

Answer. No he was wrong in that he did not signal his intention to turn and secondly he was wrong in that he should have passed round my control point.

Signed Sambucioni Remo

2nd Witness. 2124

Amoroso Ignazio, Industrialist of No 55 Via Ricasoli Palermo having been duly sworn states.

At about 12 midday on the 5th April 1946 I was driving a small truck along Via Ruggero Settimo in the direction of Via Cavour. It was my intention to turn left into Via Cavour. As I approached the junction I signalled by extending my left hand to the Police Agent who was controlling the traffic. He signalled me on and I turned left to enter Via Cavour. At this time I saw a motorcyclist approaching from the opposite direction. He appeared to be approaching past so I applied my brakes and stopped. The Motorcyclist applied his brakes but collided with my front right hand mudguard and fell over.

1st Question. Why did you pass in front of the Police Agent instead of passing round him on the right.

Answer. Before the war we used to pass round the police but since the war things are confused and as I had seen others pass on that side I did the same.

2nd Question. In stopping did you give sufficient room for the motorcyclist to have passed.

Answer. Yes.

3rd Question. What was the position of the motorcyclist when you began to turn.

Answer. About 50 metres away.

4th Question. Can you estimate the speed of the motorcycle.

Answer. I should say sixty kilometres.

Signed Amoroso Ignazio

1st Witness recalled.

Question. Can you estimate the speed of the motorcyclist when you signalled him to continue.

Answer. A moderate speed about 25 kilometres.

Signed Sambucioni Remo

2123

3rd Witness.

T/10688090 Dvr. Poulton J.A. 11 B.L.U. having been duly sworn states.

At about 12 midday on the 5th April 1946 I was returning to HQ from the Palermo Airport. I was passing along Via Ruggero Settimo and approaching the junction of Via Cavour. There was an Italian Police Agent on point duty at the cross roads. I signalled to him my intention to go straight ahead over the crossing and he signalled me to continue. At the time I did not notice any other traffic at the crossing. I had just passed the Police Agent when I caught a glimpse out of the corner of my eye of a small load carrying truck cutting across my path to enter into Via Cavour. I could see that he was entering

directly in my path so I applied my brakes hard. I then saw that I should not stop so I attempted to "rev" my engine and swerve out of his way. I did not succeed and the front of the truck struck the side of my motorcycle and knocked me over. I had not noticed this vehicle approaching the policeman or any signal of the intention to turn. From the point that my machine was struck I am of the opinion that the car driver who was turning to the left swung further to the left and then to the right.

1st Question. Were you wearing goggles at the time.

Answer. Yes.

2nd Question. Can you estimate your speed at the time you approached the crossing.

Answer. I had changed gear down and estimate my speed at 10 m.p.h.

Signed Poulton J.A.

The Court having taken and examined evidence are of the opinion that Driver Poulton was in no way to blame insomuch that he had right of way having been signalled to proceed by the Police Agent on traffic control duty, but consider that more care and attention to other traffic on the road should have been taken.

President: T.Goodsere Major, G.L.

Member : F.A.Murray Capt., R.A.S.C.

Army Form A3421
(Revised September 1943)
To be carried in an addressed envelope by every driver.
A.C.I. 1212/1940
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 5/4/46	Time nearest 12.00	Place Via Cavour, Via R. Settimo, Palermo		Surname of Service Driver POULTON	No. of Service Vehicle C.1452436.
B. OTHER VEHICLE	Motor Car	Make FIAT.	H.P. / Year	Registration No. 8939 PA.	Name and address of Insurance Co. NIL	Insurance Certificate No. — or Policy No. —
C. DRIVER OF OTHER VEHICLE	Name AMOROSO IGNAZIO.		Driving Licence Date 20/9/1915. No. 35519	Address and Occupation BUILDING CONTRACTOR. 55 VIA RICASOLI.		Telephone 12551. 18600.
D. OWNER OF OTHER VEHICLE	Name AS ABOVE			Address and Occupation AS ABOVE.		Telephone AS ABOVE.

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 independent witness must be obtained)	Name	Address	Telephone	Age approx.	Occupation
1.	See Para. J.				—
2.		—	—		
3.					

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

NONE.

(Note any previous defects)

Can be seen at: Telephone 2421

H. INJURY TO ANIMALS — Horse / Cow / Poultry / Pig / Sheep / Dog — How many — Led / Straying — Condition — Injuries — It will not / will not have to be KILLED — NAME & ADDRESS of OWNER or OCCUPIER — (struck through)

I. DAMAGE TO PROPERTY — Nature of Property — Exact Location — Damage — Property is / NOT requisitioned — Telephone — Landlord / Tenant — (struck through)

J. POLICEMAN	Name RENO SAMBUCIONI. No. —	Police Station PORRAZZI.	He did [redacted] see accident	A statement was / NOT made to him	ROAD PATROL (struck through)	Name	Association	Branch	He did NOT see accident

K. LIGHTS	DAYLIGHT	Service Vehicle NOT LIT	Other vehicle NOT LIT	WARNING	UNNECESSARY	NOT GIVEN BY ME	DID NOT SEE IF GIVEN BY OTHER

OTHER VEHICLE	Make FIAT	8939 PA. Year	NIL	No. of Policy — No. —
C. DRIVER OF OTHER VEHICLE	Name AMONOLO IGNAZIO	Driving Licence Date 20.9.1945. No. 35519	Address and Occupation BUILDING CONTRACTOR. 55 VIA RICASOLI.	Telephone 12551. 19600.
D. OWNER OF OTHER VEHICLE	Name AS ABOVE		Address and Occupation AS ABOVE.	Telephone AS ABOVE.

E. INJURED PERSONS State whether Civilian or of Armed Forces; if the latter, give Service, number and Unit	Name	Age (Nearest)	Address and Occupation	Telephone	Injury	Hospital (if known)
1.						
2.						
3.						

F. WITNESSES (name, address, etc., of every civilian present must be obtained)	Name	Address	Telephone	Age	Occupation
1.	See Para. J.				
2.					
3.					

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

NONE.

(Note any previous defects)

Can be seen at 2421 Telephone

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

J. DAMAGE TO PROPERTY: Nature of Property — Exact Location — Damage — Property is NOT repairable / Telephone — Landlord / Tenant

J. POLICEMAN	Name RENO SAMBUCIONI. No. —	Police Station PERAZZI.	He did [redacted] see accident	A statement was NOT made to him	ROAD PATROL	Name	Association / Branch	He did NOT see accident

K. LIGHTS	DAYLIGHT	Service Vehicle NOT LIT	Other Vehicle NOT LIT	WARNING	UNNECESSARY	NOT GIVEN BY ME	DID NOT SEE IF GIVEN BY OTHER

L. SPEED OF VEHICLE	Service 15 m.p.h.	Other NOT KNOWN. m.p.h.	BUILT UP AREA	Traffic LIGHT	ROAD SURFACES	DRY	GOOD / BAD	STRAIGHT / BEND / CROSS ROADS	TRAFFIC LIGHTS / TRAFFIC SIGNS	Visibility CLEAR / FOGGY / RAIN

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. [illegible] Address

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Drivers:—

(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, obtain 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 [illegible] 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 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.

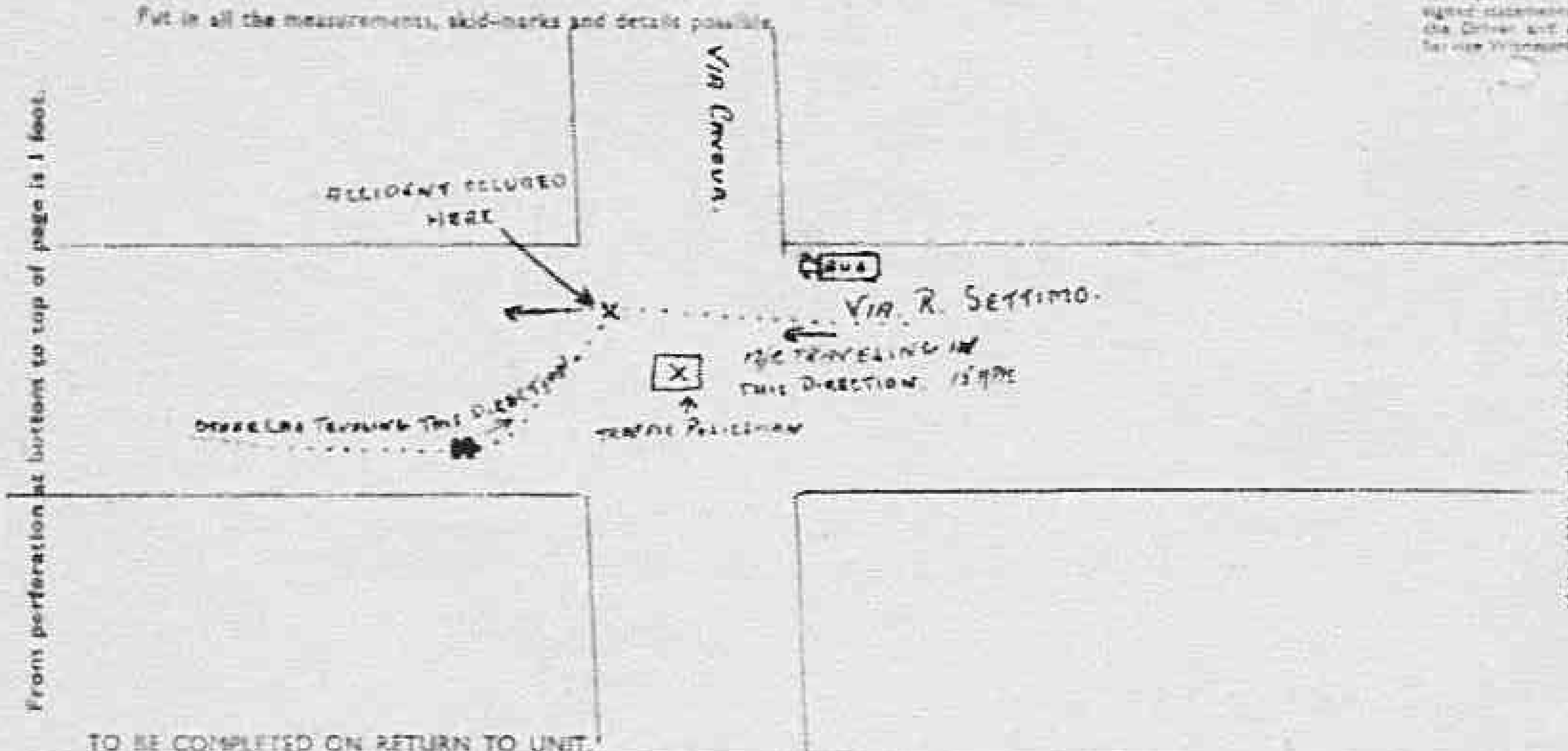
This Accident Slip must be given to the other person involved or to the Police Officer, if one appears on the scene. Insert here Initials of Counterfoil

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

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

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

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



TO BE COMPLETED ON RETURN TO UNIT.

N. 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
	JOHN ALFRED POULTON	T/ 10680090	H.R.L.U. / C.M.F.	Civilian 2 / 6; Service 4 / 2	26-2-42	23	6/3.
	Rank DVR. Civilian Occupation STAGE ELECTR.						

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
	C1452436.	SOLO. M/CYCLE.		B.S.A.	500 c.c.		UNIT.

If a motorcycle, were all those on it wearing crash helmets YES (See A.C.I. 1131/43)

P. JOURNEY	Army Form G3518 was signed by	A.F. G3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
	PTE RAINBOW. (If none signed, reason must be given in Driver's Statement.)	Serial No. 91; Date 5/4/46	From UNIT; To AIRPORT & RET.	D.R. DUTIES.		

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 12 April 1946 Driver's Signature [signature]
(This must be in Driver's handwriting, not typed.)

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	11 British Reception Unit	C.M.F.	Palermo 10673	CP/35	2 District.

R. HIRED VEHICLE	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
Front forks, Handlebars, Foot rest, Foot brake pedal, clutch lever, Front mudguard & stays bent. Front and rear wheels buckled. Speedometer broken. Headlamp broken. Chain case dented. Frame out of line.	471 Coy. R.A.S.C. (MT Workshops) Catania	4

T. I certify that the Service Vehicle was	ON DUTY	NOT ON DUTY	Name of Officer who gave authority for issue of A.F. G3518	ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been: concerned / to blame
		X	Major S. E. SNEEZUM	~~NOT~~ ON ITS AUTHORIZED ROUTE	1 / 1

From perforation at bottom

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names)	Number	Unit	Driving Experience	Date of entry into Service	Age	Rate of Pay per day
	JOHN ALFRED POULTON	T/10681040	11 B.L.U. / PT.M.IA.	Civilian 2 yrs 6 mths; Service 4 yrs 2 mths	26.2.42	23	6/3
	Rank Dvr. Civilian Occupation STAGE ELECTN.						

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT/LEFT HAND DRIVE	Present Location of Vehicle
	C.4452436	Solo M/CYCLE		B.S.A.	500 c.c.		UNIT

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

P. JOURNEY	Army Form G3518 was signed by	A.F. G3518	Journey	Nature of Duty	LOADED	Map reference of scene of accident
	Dvr RAINBOW (If name signed, reason must be given in Driver's Statement)	Serial No. 31; Date 6/4/46	From UNIT; To RIETCT 1 BCT.	D.R. DUTIES		

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 12 April 1946 Driver's Signature J A Poulton (This must be in Driver's handwriting, not typed.)

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	11 British Liaison Unit	C.M.F.	Palermo 10643	CP/35	3 District

R. HIRED VEHICLE	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
	Front forks, Handlebars, foot rests, foot brake pedal, Clutch lever, Front mudguard & stays bent. Front and rear wheels buckled. Speedometer broken, Head lamp broken. Chain case dented. Frame out of line.	471 Coy. R.A.S.C. (See Rift Workshops) Catania	4

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. G3518: Major S.A. SNEEZUM	~~NOT~~ ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been: concerned 1; to blame ~~NIL~~ 1.

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 in Boxes 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.)

Civilian driver to blame.

U. Signature of O.C. Unit [signature] Maj. Date 12 - Apr 1946
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:—

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: 5/4/46	Time: Approx 12.00	Place: Via Cavour and R.Settimo; County: PALERMO	Surname of Service Driver: POULTON	No. of Service Vehicle: C1452436
B. OTHER VEHICLE	~~Lorry~~ Motor Car ~~Motor Cycle~~ ~~Bicycle~~ ~~Horse Van~~	Make: FIAT	H.P.: ; Year:	Registration No.: 8939 PA.	Name and address of Insurance Co.: NIL — Insurance Certificate No. --; or Policy No. --
C. DRIVER OF OTHER VEHICLE	Name: AMOROSO Ignazio	Driving Licence Date 20.9.15 No. 35519	Address and Occupation: Building Contractor 55 Via Ricasoli		Telephone: 12551 and 18600
D. OWNER OF OTHER VEHICLE	Name: as above		Address and Occupation: as above		Telephone: as above

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.	See para J				
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible): NONE
(Note any previous defects)
Can be seen at:
Telephone:

H. INJURY TO ANIMALS: HORSE / COW / POULTRY / PIG / ~~SHEEP~~ / DOG; How many; LED / STRAYING; Condition; Injuries; If ~~was not~~ / ~~will not~~ / have to be KILLED

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

NAME & ADDRESS of OWNER or OCCUPIER; Telephone; Landlord / Tenant

J. POLICEMAN	Name: Remo SAMBUCIONI; No.	Police Station: PORRAZZI	He did ~~NOT~~ see accident	A statement was NOT made to him	ROAD PATROL	Name	Association; Branch	He did NOT see accident

K. LIGHTS: DAYLIGHT | Service Vehicle NOT | Other Vehicle NOT | WARNING | UN-NECESSARY | ~~NOT~~ GIVEN BY ME | DID NOT SEE IF GIVEN BY OTHER

2.1.0

OTHER VEHICLE	Motor Car ~~Motor Cycle Tractor Bicycle Horse-drawn~~	FIAT	Year	8939 PA.	MIL	No. -- or Policy No. --

C. DRIVER OF OTHER VEHICLE	Name: AMOROSO Ignazio	Driving Licence: Date 20.9.15 No. 35519	Address and Occupation: Building Contractor 55 Via Ricasoli	Telephone: 12551 and 18600
D. OWNER OF OTHER VEHICLE	Name: as above		Address and Occupation: as above	Telephone: as above

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.	See para J				
2.					
3.					

G. APPARENT DAMAGE TO OTHER VEHICLE

(in greatest detail possible) NONE

Can be seen at: [illegible]

(Note any previous defects)

Telephone

H. INJURY TO ANIMALS

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

I. DAMAGE TO PROPERTY

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

J. POLICEMAN

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

K. LIGHTS

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

L. SPEED OF VEHICLE

Service	Other		Traffic	ROAD SURFACES					Visibility
Approx 15 m.p.h.	NOT known m.p.h.	~~NON~~ BUILT UP AREA	LIGHT ~~DENSE~~	DRY ~~WET~~	GOOD ~~ICY SNOWY MUDDY~~ ~~BAD~~	~~HUMP BACK~~ BEND CROSS ROADS	~~TRAFFIC LIGHTS~~ ~~NONE~~ ~~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. 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.

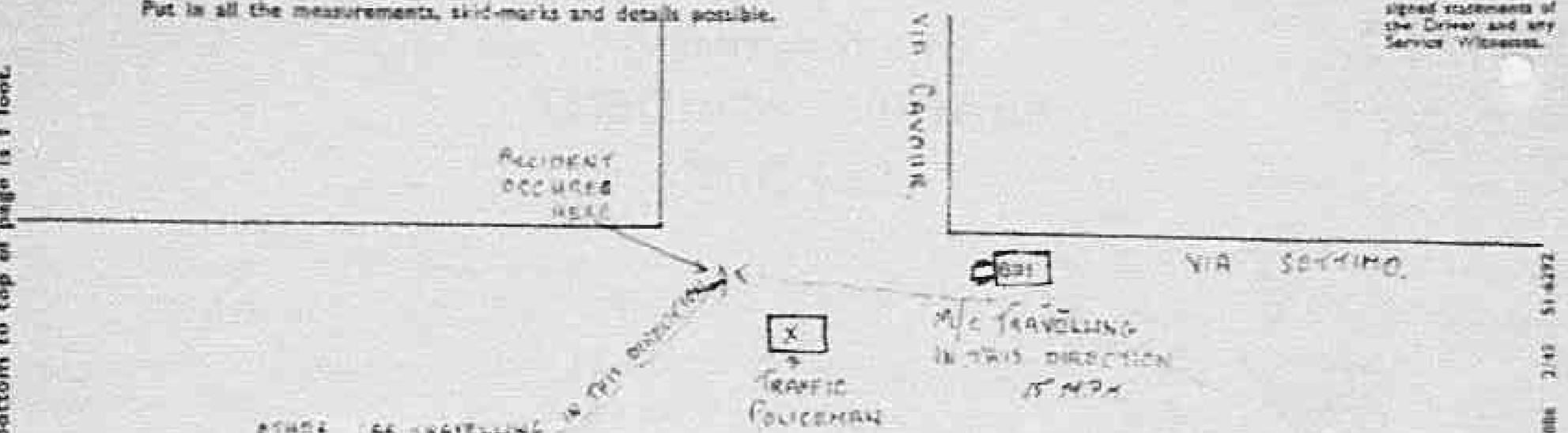
Insert here initials of Commander

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

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

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

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



TO BE COMPLETED ON RETURN TO UNIT.

N.	Name in full (all Christian Names)	Number	Unit	Driving Experience Years	Mths.	Date of entry into Service	Age	Rate of Pay per day
SERVICE DRIVER	John Alfred Poulton Rank Dvr. Civilian Occupation Stage Eleten.	T/ 10688090	11 BLU MMIA	Civilian 2 Service 4	6 2	26.2.42	23	6/3

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	C1452436	Solo M/cycle		B.S.A.	500 c.c.		Unit

If a motor-cycle, were all those on it wearing crash helmets? Yes (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	Dvr. RAINBOW If none signed, reason must be given in Driver's Statement	Serial No. 31 Date 5.4.46	From Unit To Airport & Ret.	D.R. Duties		

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 12.April 1946 Driver's Signature J A Coates
(This must be in Driver's handwriting, not typed).

Q.	Name	Address	Telephone	Unit's file reference	Command
UNIT	11 British Liaison Unit	C.M.F.	Palermo 10673	CP/35	3 District.

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

S.		Will probably be repaired by :—	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	Front forks, Handlebars, Foot rests, Foot brake pedal, Clutch lever, Front mudguard & stays bent, Front and rear wheels buckled, Speedometer broken, Head lamp broken, Chain case dented. Frame out of line. (In greatest detail)	771 Coy. RASC (Stn Tpt) Wkshps Catania (Name of Repair Shop or Garage)	4

T.			Name of Officer who gave authority for issue of A.F.G.3518		Number of previous accidents in which Driver has been :-	
I certify that the Service Vehicle was being driven	ON DUTY	NOT on the Driver	Major S.D. SNEESUM	ON ITS AUTHORIZED ROUTE	concerned 1	to blame 1

Declassified E.O. 12065 Section 3.5(c)/NNDB No. 788020

From perforation at bottom

POSSE (AA TRAFFICS)

TRAFFIC POLICEMAN

1ST M.P.

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	John Alfred Poulton Rank Dvr. Civilian Occupation Stage Eleton.	T/ 10688090	11 BLU MMIA	Civilian 2 Service 4	6 2	26.2.42	23	6/3

	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	C1452436	Solo M/cycle		B.S.A.	500 c.c.		Unit

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

	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
P. JOURNEY	Dvr. RAINBOW If none signed, reason must be given in Driver's Statement	Serial No. 31 Date 5.4.46	From Unit To Airport & Ret.	D.R. Duties		

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's Law Agent in Scotland or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date 12.April 1946 Driver's Signature J A Poulton
(This must be in Driver's handwriting, not typed).

	Name	Address	Telephone	Unit's file reference	Command
Q. UNIT	11 British Liaison Unit	C.M.P.	Palermo 10673	CP/35	3 District.

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

		Will probably be repaired by :—	No. of Vehicles on charge to Unit
S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	Front forks. Handlebars, Foot rests, Foot brake pedal, Clutch lever, Front mudguard & stays bent, Front and rear wheels buckled, Speedometer broken. Head lamp broken. Chain case dented. Frame out of line. (In greatest detail)	771. Coy. RASC (Stn Tpt) Wkshps Catania (Name of Repair Shop or Garage)	4

			Name of Officer who gave authority for issue of A.F.G.3518		Number of previous accidents in which Driver has been concerned	to blame
T. I certify that the Service Vehicle was being driven	ON DUTY	~~NOT on DUTY~~	Major S.E. SNEEZUM	~~NOT~~ ON ITS AUTHORIZED ROUTE	1	1

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

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

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

Civilian driver to blame.

X. Punishment awarded

U. Signature of O.C. Unit [signature] Date 12 Apr 1946
All boxes should be signed and dated.

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

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

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

194
Signature of Divisional Commander

194
Signature of Corps Commander

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

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

Army Form A686 (ENG-IT)
To be carried by every driver instead of—
R.N.—Form D352
Army—A.F. A367
R.A.F.—Form 44

Part A

TRAFFIC ACCIDENT SLIP

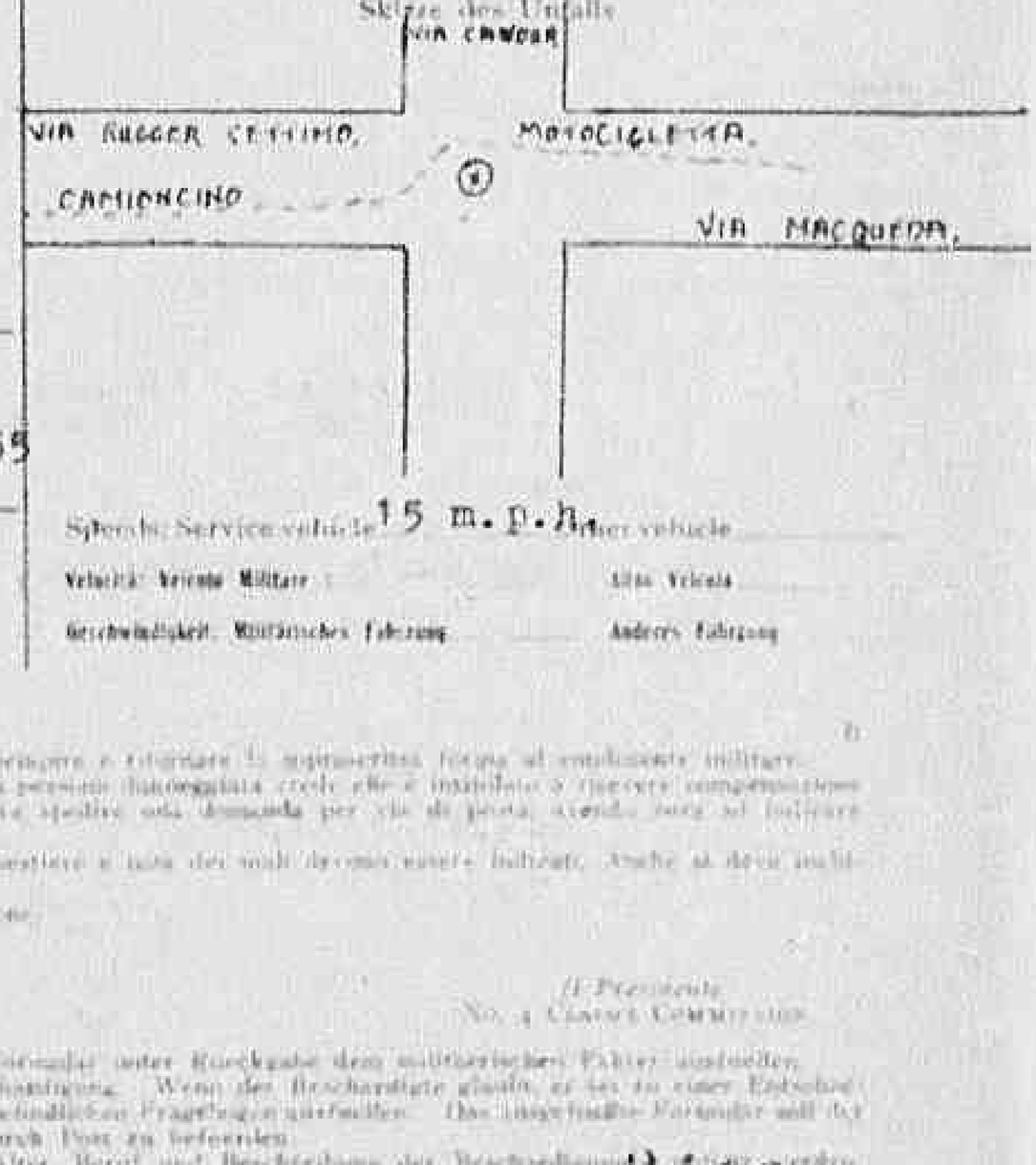
INSTRUCTIONS TO DRIVER

1. In the event of an accident tear this Slip along the perforation.
2. Hand this part (Part A) to the civilian involved, or to the police officer, if any, in order that he may fill in the information required overleaf and before and return it to you. Make sure that he does this.
3. Fill in Part B and hand it to the civilian involved or to the police officer.
4. You must not disclose your and or make a statement to the police or to anyone else.
5. You must not make use of the Accident Slip at the foot of A.F. A2456 (Revised August, 1942) or of R.A.F. Form 44.
6. Report the accident immediately on your return to your unit.

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

Motocicletta No. C1452436
Fiat 508 No.8939

Sketch of Accident
Schizzo dell'Accidente
Skizze des Unfalls



Owner Proprietario Besitzer	Name Nome e soprannome Vor und Zuname	Address Indirizzo Anschrift
Amoroso Ignazio	Amoroso Ignazio	Via Ricasoli,55
Police Officer Ufficiale Polizist	Name Nome e soprannome Vor und Zuname No.(Nr.)	Address Indirizzo Anschrift

Speed: Service vehicle 15 m.p.h. other vehicle
Velocità: Veicolo Militare Altro Veicolo
Geschwindigkeit: Militärisches Fahrzeug Anderes Fahrzeug

A.F. A686 Part B

1. Il civile che conduce il veicolo o quel rimasto coinvolto è richiesto a firmare e riportare la soprascritta forma al suddetto militare.
2. Il dare di questa carta non ammette che vi sarà compensazione. Se la persona interessata crede che è intitolato a ricevere compensazione [illegible] tutti i particolari dell'accidente alla Polizia ed anche sarà spedita una domanda per via di posta, avendo cura di indicare tutti i particolari apparenti all'altro lato di questa forma.
3. Se qualcheduno è stato fatto male, il nome [illegible] veicolo e luce dei soli devono essere indicati. Anche se deve indicare un indirizzo o luogo dove si può esaminare il colpito.
4. Se qualche cavo è stato danneggiato, si darà la seguente informazione:
   1. Il nome e l'indirizzo della compagnia assicurante
   2. Numero nella assicurazione
   3. Luogo per ispezione il veicolo.

Il Presidente
No. 4 Claims Commission

1. Der rechte Fahrer oder die im Unfall verwickelte Person soll dieses Formular unter Rückgabe dem militärischen Führer aushändigen.
2. Die Unterzeichnung des Formulars verpflichtet keinerlei Entschädigung. Wenn der Beschädigte glaubt, er hat ein Anrecht auf Entschädigung, so sollte er den auf der Rückseite dieses Formulars befindlichen Fragebogen ausfüllen. Das ausgefüllte Formular soll den Papieren beigefügt werden, auch ein schriftliches Ersuchen ist durch Post zu befördern.
3. Im Falle wo persönlicher Schaden gelitten wird, so müssen Name, Alter, Beruf und Beschreibung des Beschädigten angegeben werden, sowie die Adresse wo der Beschädigte untersucht werden kann.
4. Im Falle wo ein Wagen beschädigt wird, so soll die folgende Auskunft angeben werden:
   1. Name und Adresse der Versicherungsgesellschaft
   2. Nummer des Versicherungsscheines
   3. Wo der Wagen besichtigt werden kann.

Der Präsident
No. 4 Claims Commission

2419

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

Part A. *To be completed in duplicate involved use police officers to report in and return to Service driver.*

Accident Accidente Unfall	Date Data Datum: 5.4.46	Time Ora Zeit: 11.00	Place Luogo Ort: Parish of (Comune di) (Bezirk) Palermo			Province di Palermo			
Civilian Vehicle Veicolo Civile Ziviles Wagen	Type Art: 508	H.P. C.V. Forza cavalli	Make Marca Marke: Fiat	Year Anno Jahr:	No. Numero Nr.: 8939	Insurance Co. Compagnia d'Assicurazione Versicherungs-Gesellschaft			
Civilian Driver Conducente Civile Ziviler Fahrer	Name Nome Name: Amoroso Ignazio		Address and Profession Indirizzo e Mestiere Anschrift und Beruf: Via Ricasoli, 55, Industriale			Telephone Telefono Fernsprecher: 12551	Driving License Permesso di Guidare Führerschein No. 6465 Nr. 592 Date Data Datum: 18.9.915		
Owner of Vehicle Proprietario del Veicolo Besitzer des Wagens	Name Nome Name: Amoroso Ignazio		Address Indirizzo Anschrift: Via Ricasoli, 55			Telephone Telefono Fernsprecher: 12551	Profession Mestiere Beruf: Industriale		
Injured Persons Persone Colpite Verletzte Personen	Names Nomi Namen: 1 2 3		Address and Profession Indirizzo e Mestiere Anschrift und Beruf			Telephone Telefono Fernsprecher	Age Età Alter	Sex Sesso Geschlecht	Injury Danno Beschädigung: L Slight Leggero Leicht; G Grave Grave Schwer; F Fatal Fatale Todlich
Witnesses Testimoniane Zeugen	Names Nomi Namen: 1 Sambucioni Remo 2 3		Address Indirizzo Anschrift: Corso Camillo Finocchiaro Aprile, 192			Telephone Telefono Fernsprecher	Profession Mestiere Beruf: Agente P.S.		
Damage to Vehicle Danno al Carro Beschädigung des Wagens	Paraurti, parafanghi, danneggiati leggermente						(See over) (Riverga) (Bitte wenden)		

Accident Accidente Unfall	Date Data Datum: 5.4.46	Time Ora Zeit: 11.00	Place Luogo Ort: Parish of (Comune di) (Bezirk) Palermo		Province di Palermo	Part B.
Service Driver Conducente Militare Militärischer Fahrer	Number Nr. Matricola: T/10688090	Rank Grado Dienstgrad: Dvr.	Name Nome Name: Poulton J.A.		No. of Service Vehicle Numero del Carro Militare Nr. des militärischen Fahrzeuges: C1452436	

Army Form A366 (ENGLT)
To be carried by every driver instead of:—
RN.—Form D.854
Army—A.F. A.365B
RAF.—Form 446

Part A

TRAFFIC ACCIDENT SLIP

INSTRUCTIONS TO DRIVER

1. In the event of an accident, tear this Slip along the perforation.
2. Hand this part (Part A) to the civilian involved, or to the police officer, if any, in order that he may fill in the information required overleaf and below and return it to you. Make sure that he does this.
3. Fill in Part B and hand it to the civilian involved or to the police officer.
4. You must not disclose your unit or make a statement to the police or to anyone else.
5. You must not make use of the Accident Slip at the foot of A.F. A.367C (Revised August 1942) or of R.A.F. Form 446.
6. Report the accident immediately on your return to your unit.

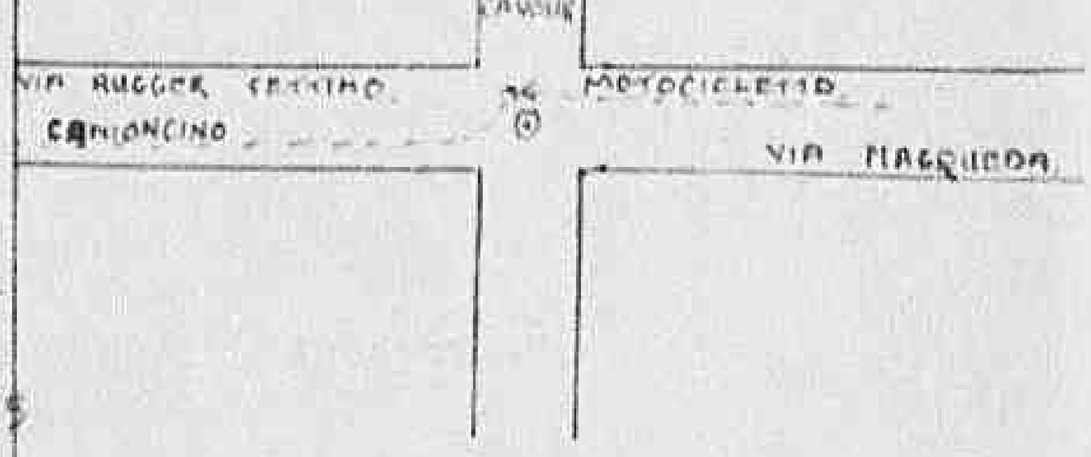
Animals or Property damaged
Animali o Beni danneggiati
Tiere oder Eigentum beschädigt

Motocicletta No. 01452436
Fiat 508 No.8939

Owner Proprietario Besitzer	Name Nome e cognome Vor-und Zuname	Address Indirizzo Anschrift
Amoroso Ignazio	AMOROSO Ignazio	Via Ricnnoli,59

Police Officer Ufficiale Polizist	Name Nome e cognome Vor-und Zuname No.(Nr.)	Address Indirizzo Anschrift

Sketch of Accident
Schizzo dell'Accidente
Skizze des Unfalls



Speed: Service vehicle 15 m.p.h. per veloce
Velocità: Veicolo Militare — Altre veicoli
Geschwindigkeit: Militärisches Fahrzeug — Anderes Fahrzeug

A.F. A366 Part B

1. Avete che condurre il veicolo e quel nell'incidente è richiesto a riempire e rimettere la seguente forma al conducente indicato.
2. Il dare di questa carta non importa che vi sarà compensazione. Se la persona danneggiata crede che è intitolato a ricevere compensazione, potrebbe dare tutti i particolari dell'accidente alla Polizia ed anche deve ricevere una domanda per via di posta. Avendi cura di indicare tutti i particolari apparenti all'altro lato di questa forma.
3. Se qualcheduno è stato fatto male, il nome, l'indirizzo, l'età, il mestiere e sede del male devono essere indicati. Anche si deve ogni dove un indirizzo e luogo dove si può esaminare il colpito.
4. Se qualche cosa è stato danneggiato, si dare la seguente informazione:
   1. Il nome e l'indirizzo della compagnia assicurante.
   2. Numero della assicurazione.
   3. Luogo per ispettare il veicolo.

Il Conducente
No. 1 Corps Commando

1. Der erste Fahrer oder die im Unfall betroffene Person soll dieses Formular unter Beachtung dem militärischen Fahrer aushändigen.
2. Die Ueberreichung des Formulars berechtigt keineswegs zur Entschädigung. Wenn der Beschädigte glaubt, er sei zu einer Entschädigung berechtigt, so soll er den auf der Rückseite dieses Formulars befindlichen Fragebogen ausfüllen. Das ausgefüllte Formular soll der Polizei übergeben werden; auch ein schriftliches Ersuchen ist durch Post zu befördern.
3. Im Falle an persönlicher Schaden gelitten wird, ist unseren Name, Alter, Beruf und Beschreibung der Beschädigten [illegible] sowie die Adresse an der Beschädigte untersucht werden kann.
4. Im Falle an ein Wagen beschädigt wird, so soll die folgende Auskunft erteilen werden:
   1. Name und Adresse der Versicherungsgesellschaft.
   2. Nummer des Versicherungsscheins.
   3. Wo der Wagen besichtigt werden kann.

Der Fahrzeuge
No. 1 Corps Commando

2.18

Part A. *To be noted to civilian involved (or police officer) to ... in and return to Service driver.*

Accident Accidente Unfall	Date Data Datum 5.4.46	Time Ora Zeit 11.00	Place Luogo Ort Parish of (Comune di) (Bezirk) Palermo			Provincia di Palermo	
Civilian Vehicle Veicolo Civile Ziviles Wagen	Type Art 508	H.P. C.V. Pferde-stärke	Make Marca Marke Fiat	Year Anno Jahr	No. Numero Nr. 8939	Insurance Co. Compagnia d'Assicurazione Versicherungs-Gesellschaft	
Civilian Driver Conducente Civile Ziviler Fahrer	Name Nome Name Ancroco Ignazio		Address and Profession Indirizzo e Mestiere Anschrift und Beruf Via Ricasoli, 55, Industriale		Telephone Telefono Fernsprecher 12551	Driving Licence Permesso di Condurre Führerschein No. 6465 Date Data 18.9.915 Rilasciato da Ufficio	
Owner of Vehicle Proprietario del Veicolo Besitzer des Wagens	Name Nome Name Ancroco Ignazio		Address Indirizzo Anschrift Via Ricasoli, 55		Telephone Telefono Fernsprecher 12551	Profession Mestiere Beruf Industriale	
	Names Nomi Namen		Address and Profession Indirizzo e Mestiere Anschrift und Beruf		Telephone Telefono Fernsprecher	Age Età Alter	Sex Sesso Geschlecht
Injured Persons Persone Colpite Beschädigte Personen	1 2 3						

Injury Degree Beschädigung
L) Slight Leggera Leicht
G) Grave Grave Schwer
F) Fatal Fatale Tödlich

Witnesses Testimonianze Zeugen	Names Nomi Namen 1 Scabuzioni Remo 2 3	Address Indirizzo Anschrift Corso Camillo Finocchiaro Aprile, 197	Telephone Telefono Fernsprecher	Profession Mestiere Beruf Agente P.S.
Damage to Vehicle Danno al Carro Beschädigung des Wagens	Paraurti, parafanghi, danneggiati leggermente			(See over) (Riverso) (Bitte wenden)

Part B.

Accident Accidente Unfall	Date Data Datum 5.4.46	Time Ora Zeit 11.00	Place Luogo Ort Parish of (Comune di) (Bezirk) Palermo		Provincia di Palermo	
Service Driver Conducente Militare Militärischer Fahrer	Number Matricola Nr. T/10688090	Rank Grado Dienstgrad Dvr.	Name Nome Name Poulton J.A.	No. of Service Vehicle Numero del Carro Militare Nr. des militärischen Fahrzeuges C1632436		

Subject : Court of Inquiry.

11 British Liaison Unit
Tel. 10673 PALERMO
CF/48.

21 Apr 46

To : Officer Commanding,
British Troops Sicily.

T/10638090 Dvr. Poulton J.A. R.A.S.C.

Herewith Original and Duplicate copies of Court of Inquiry proceedings in respect of the above for your information, and onward transmission to H.Q. 3 District.

S.S. [illegible],
Major,
D.A.A. & Q.M.G.

SEC/RA
C.M.P.

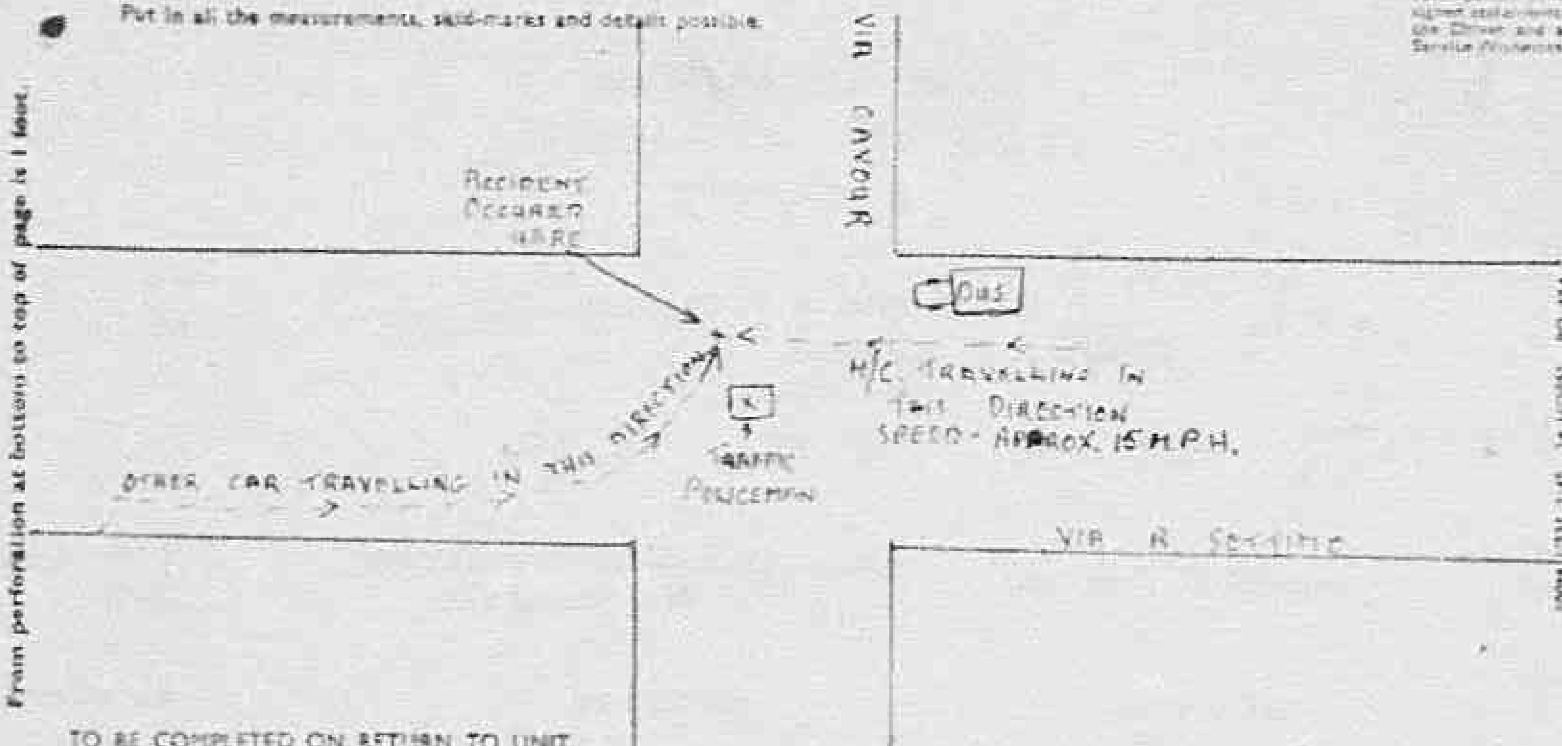
2417

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

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

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

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



TO BE COMPLETED ON RETURN TO UNIT.

N.	Name in full (all Christian Names)	Number	Unit	Driving Experience (Years / Mths.)	Date of entry into Service	Age	Rate of Pay per day
SERVICE DRIVER	John Alfred POULTON	T/ 10688090	11 BLU MMIA	Civilian 2 / 6; Service 4 / 2	26.2.42	23	6/3
	Rank Dvr Civilian Occupation Stage Electon						

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	C1452436	Solo M/cycle		B.S.A.	500 c.c.		Unit

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

P.	Army Form G3518 was signed by	A.F. G3518	Journey	Nature of Duty	UN-LOAD-ED	Map reference of scene of accident
JOURNEY	Dvr. RAINBOW (If none signed, reason must be given in Driver's Statement)	Serial No. 31 Date 5.4.46	From Unit To Airport & Ret.	D.R. Duties		

A.F.W. 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 Crown Crown Solicitor for Northern Ireland, as the case may be.

Date 12 April 1946 Driver's Signature J.A. Poulton (This must be in Driver's handwriting, not typed.)

S.	Name	Address	Telephone	Unit's file reference	Command
UNIT	11 B.L.U.	C.M.F.	Palermo 10673	CP/35 116	3 District

R. HIRED VEHICLE See A.C.I.	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.		Will probably be repaired by:—	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	Front forks. Handlebars, Foot rests, Foot brake pedal, Clutch lever, Front mudguard and stays bent. Front and rear wheels buckled. Speedometer broken. Head lamp broken. Chain case dented. Frame out of line. (in greatest detail)	771. Coy. RASC (Stn Tpt) Wkshps Catania (Name of Repair Shop or Garage)	4

T.			Name of Officer who gave authority for issue of A.F. G3518		Number of previous accidents in which Driver has been: concerned / to blame
I certify that the Service Vehicle was being driven	ON DUTY	~~NOT~~ ON DUTY	Major S.E. SNEEZUM	~~NOT~~ ON ITS AUTHORIZED ROUTE	1 / 1

From perforation at bottom

DRIVER CAR TRAVELLING IN THIS DIRECTION > | TRAFFIC POLICEMAN

SPEED - APPROX 15 M.P.H.

VIA R. SPLAINE

TO BE COMPLETED ON RETURN TO UNIT.

	Name in full (all Christian Names)	Number	Unit	Driving Experience Years	Driving Experience Miles	Date of entry into Service	Age	Rate of Pay per day
N. SERVICE DRIVER	John Alfred POULTON Rank Dvr Civilian Occupation Stage Electcn	10688090	11 BLU MMIA	Civilian 2 Service 4	6 2	26.2.42	23	6/3

	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	C1452436	Solo M/cycle		B.S.A.	500 c.c.		Unit

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

	Army Form G1518 was signed by	A.F. G1518	Journey	Nature of Duty	Dtv. LOADED	Map reference of scene of accident
P. JOURNEY	Dvr. RAINBOW (If name signed, reason must be given in Driver's Statement)	Serial No. 31 Date 5.4.46	From Unit To Airport &Ret.	D.R. Duties		

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 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 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 12 April 1946 Driver's Signature [signature] (This must be in Driver's handwriting, not typed.)

	Name	Address	Telephone	Unit's file reference	Command
R. UNIT	11 B.L.U.	C.M.F.	Palermo 10673	CP/35[illegible]16 3	District

	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. HIRED VEHICLE See A.C.I. para					

		Will probably be repaired by—	No. of Vehicles on charge to Unit
T. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED (in greatest detail)	Front forks.Handlebars,Foot rests,Foot brake pedal, Clutch lever, Front mudguard and stays bent.Front and rear wheels buckled.Speedometer broken.Head lamp broken. Chain case dented. Frame out of line.	771.Coy.RASC (Stn Tpt)Wkshps Catania (Name of Repair Shop or Garage)	4

U. 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. G1518: Major S.E. SHEESUM	~~NOT~~ ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been concerned: 1	to blame: 1

V. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons F.1	F.2	F.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place / Date / Time	Of Injured F.1	F.2	F.3	Of Witnesses F.1	F.2	F.3
	Put cross to those required.		Reference are to Forms 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 cars sent to Higher Authority.)

Civilian Driver to blame

X. Punishment awarded:—

Date 20 April 1946 Signature [signature] Rank

All copies should be signed and dated.

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

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

Disciplinary Action Approved 194

Signature of Brigade or other Commander 194

Signature of Divisional Commander 194

Signature of Corps Commander

Reclassified R.O. 12081 Section 3-(d)/WVRC No. 28022

Army Form A.M.24
(Revised September, 1940)

To be carried in an addressed envelope by every driver. A.C.I. 1311/1940

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: 5/4/46	Time: Approx 12.00	Place: Via Cavour & R.Settimo PALERMO	Surname of Service Driver: POULTON	No. of Service Vehicle: C1452436	
B. OTHER VEHICLE	Make: FIAT	Year:	Registration No.: 8939 PA.	Name and address of insurance co.: NIL	Insurance Certificate No. -- or Policy No. --	
C. DRIVER OF OTHER VEHICLE	Name: AMOROSO Ignazio		Driving Licence Date: 20.9.15 No. 35519	Address and Occupation: 55 Via Ricasoli Building Contractor	Telephone: 12551 and 18600	
D. OWNER OF OTHER VEHICLE	Name: as above			Address and Occupation: as above	Telephone: as above	

E. INJURED (PERSONS killed or injured in the latter, a bicycle counts as a vehicle)

	Name	Age (Approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
1.					State serious fatal	
2.					State serious fatal	
3.						

F. WITNESSES (name, address, etc., of every person present, not injured)

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

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

APPARENT DAMAGE TO OTHER VEHICLE: NIL.

(Note any previous defects)

H. INJURY TO ANIMALS: Name | Cow | Horse | Mule | Pig | Poultry | Dog | Straying | Cause | Injuries | If was not will not have to be KILLED | NAME & ADDRESS of OWNER or OCCUPIER | Telephone

I. DAMAGE TO PROPERTY: Name & address of Property | Exact Location | Damage | Property is not required | Telephone Landlord | Tenant

J. POLICEMAN: Name: SAMBUCIONI Remo | Police Station: PORRAZZI | He did not see accident | A statement will NOT | ROAD PATROL | Name | Appointment | Branch | He did NOT see accident

K. LIGHTS: DAYLIGHT | Own vehicle: NOT | Other vehicle: NOT | WARNING | NOT GIVEN | DID NOT SEE

Classified E.O. 12065 Section 3-402/NNDC No. 28620

OTHER VEHICLE — FIAT — 8939 PA. — NIL — No. of Policy -- — No. --

C. OWNER OF OTHER VEHICLE

Name	Driving Licence	Address and Occupation	Telephone
AMOROSO Ignazio	Date 20.9.15 No. 35519	Building Contractor 55 Via Ricasoli	12551 and 18600

D. DRIVER OF OTHER VEHICLE

Name	Address and Occupation	Telephone
as above	as above	as above

E. INJURED PERSONS

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

F. WITNESSES

	Name	Address	Telephone	Age	Occupation
1.	See para J				
2.					
3.					

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

NIL.

(Note any previous defects)

H. INJURY TO ANIMALS

I. DAMAGE TO PROPERTY — Property is NOT requisitioned

J. POLICEMAN

Name	Police Station	Road Patrol Name	Association
SAMBUCIONI Remo	PORRAZZI		

He did NOT see accident

K. LIGHTS — DAYLIGHT — Service Vehicle NOT LIT — Other Vehicle NOT LIT — WARNING — UNNECESSARY — GIVEN BY ME — DID NOT SEE IF GIVEN BY OTHER

L. SPEED OF VEHICLE — Service: Approx 15 m.p.h. — Other: NOT Known — BUILT UP AREA — Traffic LIGHT — ROAD SURFACE — DRY — GOOD — CROSS ROADS — Visibility CLEAR

M. I GAVE THE ACCIDENT SLIP BELOW TO

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Drivers —

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

Subject : Traffic Accident.

11 British Liaison Unit

Tel. 10673 PALERMO
CP/18.

21 April 46.

To : H.Q. 3 District,
(Claims & Hiring).

T/106838090 Dvr. POULTON J.A. R.A.S.C.

Herewith AF's A3676 and A3681 in respect of the above, together with copy of Dvr. Poulton's statement.

S.E. SNEZUM,
Major,
D.A.A. & Q.M.G.

SES/RR
C.M.P.

2415

TRANSLATION

11 British Liaison Unit
Tel. 18372 PALERMO
CP/48

(14)

Subject: Court of Inquiry

11 April 46.

To : AMOROSO Ignazio
Via Ricasoli,55
PALERMO

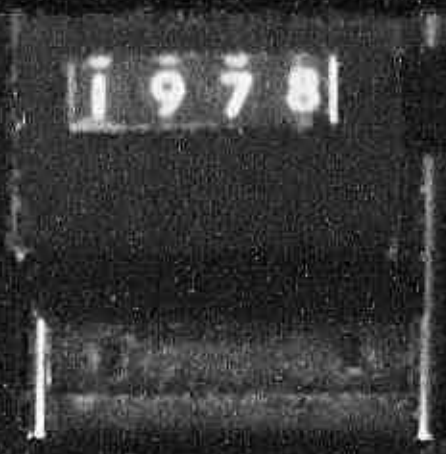
A Court of Inquiry will be held at this H.Q. on Monday 15.April 46. to enquire into damage sustained to motor-cycle No. C1452436 on 5.April.

Will you please arrange to be present at this H.Q. at 10.30 hrs 15.April for the purpose of inquiring into the accident in which you were involved.

Will you please complete the enclosed form and return it here on the 15.Apr.46.

s/Maj.R.E.Hector.

2414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