ACC 10000/120/6135 A/7 (5 BLU FILE) ACCIDENTS + INJURIES

Opened Oct. 7, 1945 - Closed Mar. 12, 1946
From Oct. 1945 - TO: Mar. 1946

) ACCIDENTS + INJURIES

6468
6503

ed Oct. 7, 1945 - Closed Mar. 12, 1946
rom Oct. 1945 - TO Mar. 1946

Army Form A3676
(Revised August, 1942)
To be carried in an addressed envelope by every driver
A.C.I. 2119/43
Cross out those words in ITALICS which do not apply.

84.
A 18/4

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
9th March 46	1730	Alto di Montecchio County VICENZA	Giambra Salvatore	M 5662690

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		NIL		

C. DRIVER OF OTHER VEHICLE

Name	Driving Licence Date / No.	Address and Occupation	Telephone
	Date NIL No.		

D. OWNER OF OTHER VEHICLE

Name	Address and Occupation	Telephone
	NIL	

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.	Giambra Salvatore	28	4 Territorial HQ		~~Slight~~ ~~Serious~~ ~~Fatal~~	Civil Hospital Montecchio Mag.
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.	Bianchi Giovanni	Calle della Madonna 564	27435	56	butcher
2.	Bianchi Rino	"	"	26	"
3.	Barcarolo Rina	Alto di Montecchio Casa Cantoniera		35	caretaker

G. APPARENT DAMAGE TO OTHER VEHICLE (In greatest detail possible) (Note any previous defects)

NIL

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	NIL			
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone Landlord / Tenant
	NIL			6503

J. POLICEMAN

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

K. LIGHTS

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

L. SPEED OF VEHICLE

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

M. GIVE THE ACCIDENT SUB BELOW TO M

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

No.

D. OWNER OF OTHER VEHICLE — Name: — Address and Occupation: NIL — 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.	Giambra Salvatore	28	4 Territorial HQ		~~Slight~~ ~~Serious~~ X ~~Fatal~~	Civil Hospital Montecchio Mag.
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.	Bianchi Giovanni	Calle della Madonna 564	27436	56	butcher
2.	Bianchi Rino	" " " "	"	26	"
3.	Barcarolo Rina	Alto di Montecchio Case Cantonieri 35			caretaker

G. (In greatest detail possible)

APPARENT DAMAGE TO OTHER VEHICLE — NIL

(Note any previous defects)

H. INJURY TO ANIMALS — HORSE / COW / How many / LED / Condition: NIL / 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: NIL / Property is NOT requisitioned / Telephone 6503

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

K. LIGHTS — DAYLIGHT ~~NIGHT~~ X / Service Vehicle NOT LIT / Other Vehicle NOT LIT / WARNING / UNNECESSARY / NOT GIVEN BY ME / NOT GIVEN BY OTHER

L. SPEED OF VEHICLE — Service 20 m.p.h. / Other nil m.p.h. / NON BUILT UP AREA / Traffic ~~LIGHT~~ ~~CONE~~ X / ROAD SURFACE: ~~SNOW~~ ~~ICE~~ X WET / ~~GOOD~~ X FAIR ~~BAD~~ / STRAIGHT ~~ROAD~~ ~~CROSS ROADS~~ X / TRAFFIC ~~LIGHTS~~ X TRAFFIC SIGNS / Visibility ~~CLEAR~~ X ~~FOGGY~~ X ~~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.

(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

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER	Giambra Salvatore	Sgt.	Mj	4 Admin Tpr	M 5662690	

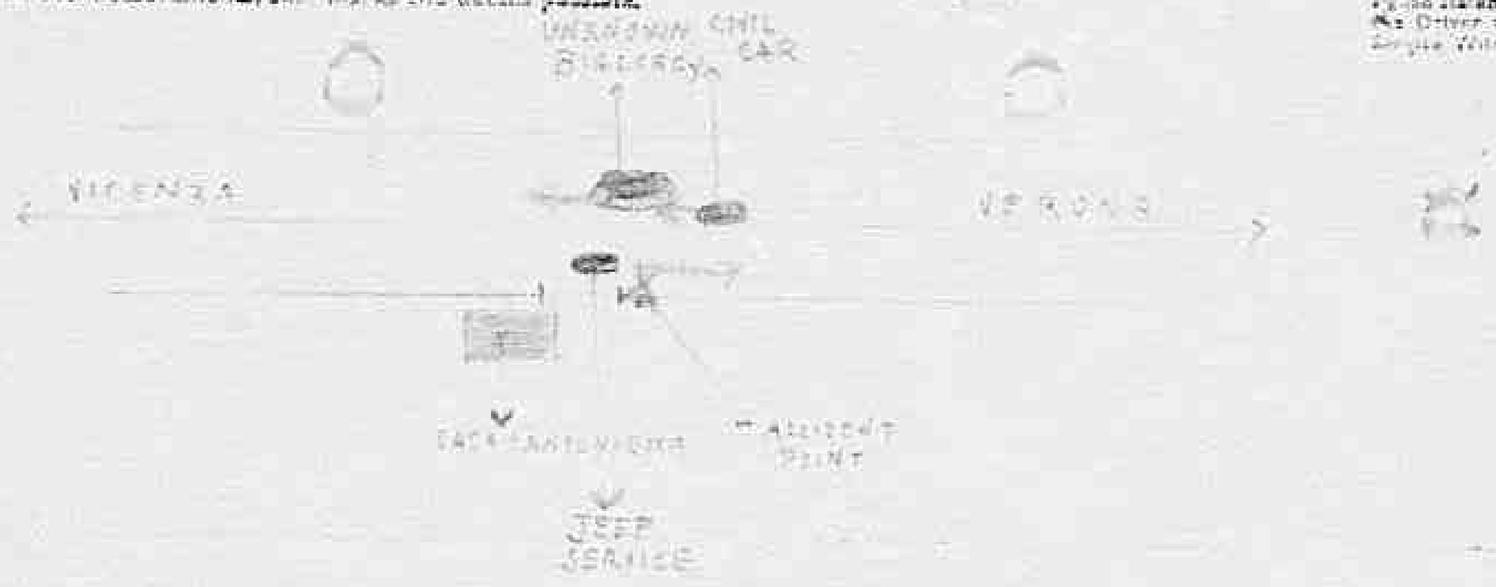
ACCIDENT	Date	Time	Place
	9 March 46	1730	Alto di Montecchio-Vicenza

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.

ROUTE - 11



This Report must be accompanied by the signed statements of (1) Driver and (2) Other Witnesses.

From perforations at bottom to top of page 11 feet.

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) Giambra Salvatore	Number	Unit 4 Admin Tpr. Coy	Overseas Service (Appropriate Years / Months) Civilian Service 8	Date of entry into Service Feb 39	Age 27	Rate of Pay per day 7d
	Rank	Civilian Occupation					

O. SERVICE ~~HIRED~~ VEHICLE	No. of Service Vehicle K 5662690	Type of Bodywork Jeep	Load capacity 5 cwt.	Make Ford	H.P. 60	~~RIGHT~~ LEFT HAND DRIVE	Present Location of Vehicle Marghera Galvani 8
	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 2/Lt. Cherin Silvan	A.F.C.3518 Serial No. 20	Journey From Mestre	Nature of Duty Liaison	UNLOADED	Map reference of scene of accident
	If none signed, reason must be given in Driver's Statement.	Date Mar 46	To Verona			

I declare that the above particulars and my signed statement are true in every respect, thereby 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 15-4-46 Driver's Signature Giambra Salvatore (This must be in Driver's handwriting, not typed).

Q. UNIT	Name 4 B.L.U	Address Via Galvani 8-Marghera	Telephone 51268	Unit's file reference 22	Command

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

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	Windscreen glass broken-R/S bent-Steer damaged- R/S wheel buckled	Will probably be repaired by :— REME Mestre	No. of Vehicles on charge to Unit 1
	(In granular detail)	(Name of Repair Shop or Garage)	

T. I certify that the Service Vehicle was being driven	ON DUTY	~~NOT~~ ON DUTY	Name of Officer who gave authority for issue of A.F.C.3518 Major J.N. WATSON	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 X	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.)

U. Signature of O.C. Unit

Z. Disciplinary Action Approved

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

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
Giambra Salvatore		4 Admin Fpr. Coy	Civilian Service 8	Feb 39	27	70

Rank — Civilian Occupation —

O. SERVICE ~~HIRED~~ VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	~~XXX~~ LEFT HAND DRIVE	Present Location of Vehicle
M 5562690	Jeep	5 cwt.	Ford	60		Marghera Galvani 8

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

P. JOURNEY

Army Form G3519 was signed by	A.F.G.2518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
2/Lt. Cherin Silvano (If none signed, reason must be given in Driver's Statement.)	Serial No. 20 Date Mar 46	from Mestre To Verona	Liaison		

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 15-4/ 46 Driver's Signature Giambra Salvatore (This must be in Driver's handwriting, not typed)

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
4 B.L.U	Via Galvani 8-Marghera	51268	22	

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

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

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

Windscreen glass broken-R/S bent-Steer damaged- R/S wheel buckled (In greatest detail)

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

No. of Vehicles on charge to Unit: 1

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.3519 Major J.N.WATSON 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
X								

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).

This was due to wet road service and inexperience of driver with a jeep.

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 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).

R E P O R T

TO: THE OFFICER COMMANDING
6th (Br) Armoured Divisional Provost Coy.

SIR,

I have to report that at PADUA on Saturday 9 March 46 at about 2000hrs. I was on duty at this HQ when Pte WILSON 477 Coy RASC, reported that he had recovered a Jeep No 5662090 from the VERONA - VICENZA road.

It had gone a steep embankment and the body was badly damaged. This vehicle had no identification marks or serial numbers. Pte WILSON deceided to bring it to 477 Coy RASC at PADUA. An italian officer approached him prior to taking the Jeep away and stating he was the owner requested Pte WISON to convey the Jeep into PADUA. On arrival at this Unit Pte WILSON reported to his M.S.M. who instructed him to take the Jeep to the Military Police HQ.

The only documents on the vehicle was an AB 412. Statement from Pte WILSON and co-driver of the recovery vehicle are attached to this report.

On Wednesday 13th March 46 an italian officer Lt. CHERIN SILVANO 5 B.L.U. VENICE came to this HQ accompanied by Major WATSON and identified the jeep as being his. His statement is attached.

Receipt for Jeep and AB 412 attached.

2065904 J. HAYES L/CPL
C.M. POLICE

PADUA
12 MARCH 46

6802

A/S/ GROUP OF N.C.O. SUBMITTING THIS REPORT IS 29 C.

It had gone a steep embankment and the body was badly damaged. This vehicle had no identification marks or serial numbers. Pte WILSON decided to bring it to 477 Coy RASC at PADUA. An italian officer approached him prior to taking the Jeep away and stating he was the owner requested Pte WILSON to convey the Jeep into PADUA. On arrival at this Unit Pte WILSON reported to his M.S.M. who instructed him to take the Jeep to the Military Police HQ.

The only documents on the vehicle was an AB 412. Statement from Pte WILSON and co-driver of the recovery vehicle are attached to this report.

On Wednesday 13th March 46 an italian officer Lt. CHERIN SILVANO 5 B.L.U. VENICE came to this HQ accompanied by Major WATSON and identified the jeep as being his. His statement is attached.

Receipt for Jeep and AB 412 attached.

4

2065904 J. HAYES L/CPL
C.M. POLICE

PADUA
12 MARCH 46

6502

A/S/ GROUP OF N.C.O. SUBMITTING THIS REPORT IS 29 C.

MILITARY POLICE H.Q.
PADUA

STATEMENT OF :

N° 10585707 DVR. ROSS R.G. A.S. 43
W/S Ptn 477 COY RASC
6th Br. Armoured Division.

On Saturday 9 March 46 I Drv. ROSS R.G. was proceeding towards PADUA accompanied by Pte WILSON R.G. in ALBION B/D N°600937 on the Main Padua - Verona road approx. 1630 hrs. I saw a jeep down a steep bank, with a number of civilians gathered round it. Pte WILSON stopped our vehicle and we went over to inquire what had happened. There were no military personnel with the jeep and we gathered from the civilians that the drivers of the jeep had been removed to hospital accompanied by an Italian Officer we decided to recover the vehicle and whilst doing so an Italian officer arrived and said that the jeep was the property of his unit and asked us to convey the jeep to RASC Service Station, PADUA. Giving us his address he then left saying he was going on to VERONA (He was on foot). We then brought the jeep into PADUA and reported it to our M.S.M. on return to our location.

Sgd: T/10585707 Dvr
Dvr. ROSS R.G.

I have read over the above statement and it is correct and true.

Sgd: T/10585707
Dvr. ROSS R.G.

6501

MILITARY POLICE H/Q
PADUA

STATEMENT OF: Lt. CHERIN SILVANO
5 B.L.U. Liaison Officer VENICE

On the evening of 9th March 46 about 1800 hrs. I was riding in a jeep N° 5662690 driven by Sgt. Major GIAMBRA SALVATORE when at a location Alto di Montecchio near Tavernelle on the Vicenza - Verona road, on my way to Verona at a speed approx. 40 MPH. It was raining, and I was cleaning the windscreen, a big lorry was coming in towards me, suddenly I noticed my driver swerve to the right the jeep swerded and roched violently and struck the mile stone with force, the mile stone was knocked out of the ground. The jeep turned three somersaults and finished in a ditch. The ditch was approx. 6 feet deep. I didn't report serious injury but only a bruise on my tigh. The driver was seriously injuried and was x conveyed the Civilian Hospital. I do not know the name of the hospital but it is near the scene of the accident, where he was detained. Before taking him to the hospital, I made arrangement with a civilian to watch my vehicle whilst I was away.

After I had returned to my vehicle from the hospital I saw a recovery vehicle belonging to 477 COY RASC PADUA, who recovered the jeep and instructed him to recover the jeep to Padua as my unit is in Venice. I gave the driver of the recovery vehicle my particulars.

I then proceeded to Verona to perform my duty.

Signed : S.Ten. SILVANO CHERIN

I have read over the above statement, it is true.

Signed : S.Ten. SILVANO CHERIN

on the Vicenza - Verona road, on my way to Verona at a speed approx. 40 MPH. It was raining, and I was cleaning the windscreen, a big lorry was coming in towards me, suddenly I noticed my driver swerve to the right the jeep swerded and roched violently and struck the mile stone with force, the mile stone was knocked out of the ground. The jeep turned three somersaults and finished in a ditch. The ditch was approx. 6 feet deep. I didn't report serious injury but only a bruise on my thigh. The driver was seriously injuried and was x conveyed the Civilian Hospital. I do not know the name of the hospital but it is near the scene of the accident, where he was detained. Before taking him to the hospital, I made arrangement with a civilian to watch my vehicle whilst I was away.

After I had returned to my vehicle from the hospital I saw a recovery vehicle belonging to 477 COY RASC PADUA, who recovered the jeep and instructed him to recover the jeep to Padua as my unit is in Venice. I gave the driver of the recovery vehicle my particulars.

I then proceeded to Verona to perform my duty.

Signed : S.Ten. SILVANO CIBRIN

I have read over the above statement, it is true.

Signed : S.Ten. SILVANO CIBRIN

I have witnessed the signing of the above statement.

Signed : J Hayes.

OSPEDALE CIVILE
MONTECCHIO MAGGIORE

Li 20.3.46.

Il Sergente maggiore Giambra Salvatore fu Filippo d'a. 27. Autista della M.M.I.A.-L.O. a Marghera è stato qui medicato il 9 c.m. ambulatoriamente per ferite lacero contuse alla mano Sin. e abrasioni al viso riportate in seguito ad incidente automobilistico –

f. Andreotto

OSPEDALE CIVILE DI MONTECCHIO MAGGIORE

6499

IL PRIMARIO

DICHIARAZIONE

Dichiaro sotto la mia personale responsabilità che subito dopo l'incidente stradale avvenuto il giorno 9.3.46 alle ore 17.30, il S.Tenente CHERIN SILVANO mi ha incaricata di sorvegliare la detta macchina alfine di impedire ogni eventuale furto di materiali da parte dei civili.

Dato che al S.Ten.CHERIN ed al Serg.Magg. GIAMBRA sono stati dati gli immediati aiuti di pronto soccorso con il ricovero all'ospedale vicino ed io ho continuamente sorvegliato la jeep,dichiaro che dal momento dell'allontanamento dei due,implicati nell'incidente, sino all'arrivo dei soldati inglesi,coinciso quasi con il ritorno del S.Ten CHERIN,il quale ha preso subito contatto con detti soldati consegnandola jeep in loro custodia per esser rimorchiata a Padova,nessun furto di materiale o di altri pezzi di ricambio era avvenuto.

6498

In fede mi firmo

Data 20-7-46

Barbaro Rosina montecch.

DICHIARAZIONE

Dichiaro sotto la mia personale responsabilità che subito dopo l'incidente stradale avvenuto il giorno 9.3.46 alle ore 17.30, il S.Ten. CHERIN SILVANO mi ha incaricato di sorvegliare la detta macchina alfine di impedire ogni eventuale furto di materiali da parte dei civili.

Dato che al S.Ten. CHERIN ed al Serg. Magg. CIAMERA sono stati dati gli immediati aiuti di pronto soccorso con il ricovero all'ospedale vicino ed io continuamente ho sorvegliato la jeep, dichiaro che dal momento dell'allontanamento dei due implicati nell'incidente, sino all'arrivo dei soldati inglesi, coinciso quasi con il ritorno del S. Ten. CHERIN, il quale ha preso subito contatto con detti soldati consegnandola in loro custodia per essere rimorchiata a Padova, nessun furto di materiale o di altri pezzi di ricambio era avvenuto.

In fede mi firmo

Data 14.3.46

Bianchi Cristanni
Riolto 77. Venezia

6497

Accident.

A67

6a. Liter, Udine

Ufficio T.A.V.

6720/Tav/V.

4 Jan. 46.

To: 5 BLU.

The following report is forwarded to you for information

At about 1500 hrs on 14 Dec in Via Mussa; Mogliano Veneto (Treviso Province) whilst one Allies truck was towing another Allies truck, ~~both belonging to~~ in order to get it started (evidently the battery was flat) the second truck suddenly started up & the hook which had been attached to its radiator for towing came loose & hit with some force a civilian youth named MUSARAGNO Ettorino di Vittorio (19 yrs of age) who was walking at the side of the road.

Both the vehicles belonged to 241 Coy RASC (1167), who are billeted in the village, & were being driven by Italian drivers serving with that unit.

The youth was taken to the hospital suffering from fracture of the skull, paralysis of right facial nerve & laceration of the left parietal region.

It was not found possible to identify the drivers owing to the opposition of the O.C. of the Allied Unit, to whom the commander of the local Carabinieri had turned for assistance.

We report this incident in case Blu may might believe it opportune to take up the question.

6496

By Order.

5/5

1st

At about 1500 hrs [illegible]

Province) whilst one Allied truck was towing another Allied truck, ~~both belonging to~~ in order to get it started (evidently the battery was flat) the second truck suddenly started up & the hook which had been attached to its radiator for towing came loose & hit with some force a civilian ~~&~~ youth named MUSARAGNO Ettorino fu Vittorio (19 yrs of age) who was working ~~on~~ at the side of the road.

Both the vehicles belonged to 241 Coy RASC (1167), who are billeted @ the village, & were being driven by Italian drivers serving with that unit.

The youth was taken to the hospital suffering from fracture of the skull, paralysis of right facial nerve & laceration of the left parietal region.

It was not found possible to identify the drivers owing to the opposition of the O.C. of the Allied Unit, to whom the commander of the local Carabinieri had turned for assistance.

We report this incident in case BLU may might believe it opportune to take up the question.

BIF
NA

By Order.
Chief of Staff.
Col. P. Pasquini

ZR/bp

COMANDO MILITARE TERRITORIALE DI UDINE

UFFICIO T.A.V.

N. 6720 di prot. Tav/V Udine, lì -4 GEN. 1948

Oggetto: Incidente automobilistico.

AL 5° BRITISCH LIAISON UNIT

S E D E

^^^^^^^^

Si porta a conoscenza di codesto Reparto di Collegamento quanto segue :

Il 14 dicembre alle ore 15 circa, in via Mussa in Mogliano Veneto (prov.di Treviso), due autocarri alleati appartenenti al 241 Coy RASC 1167, di stanza nello stesso paese, ambedue guidati da autisti italiani in servizio presso il precitato reparto, mentre manovravano a traino per mettere in moto uno degli automezzi (evidentemente con le batterie scariche), per l'improvisa ripresa del motore dell'autocarro trainato, il gancio attaccato al radiatore dello stesso si staccava dal suo alloggiamento, ed andava a colpire violentemente il giovane MUSARAGNO Ettorino di Vittorio d'anni 19 residente a Mogliano Veneto, che stava lavorando nel suo campo, posto al margine della strada.

Il giovane veniva ricoverato nell'Ospedale per commozione cerebrale, paralisi del nervo facciale destro e ferita lacero contusa alla regione parietale sinistra con prognosi riservata.

Non si è potuto procedere all'identificazione degli autisti a causa dell'opposizione del Comandante il reparto alleato al quale s'era rivolto il comandante la locale stazione CC.RR.-.

Quanto sopra si rappresenta, nell'eventualità che codesto Reparto di Collegamento ritenga opportuno interessarsi della quistione.

d'ordine
IL CAPO DI STATO MAGGIORE

N. 6720 di prot. Tav/V

Udine, lì 4 GEN 1946

Oggetto: Incidente automobilistico.

AL 5° BRITISCH LIAISON UNIT

S E D E

^^^^^^^^

Si porta a conoscenza di codesto Reparto di Collegamento quanto segue :

Il 14 dicembre alle ore 15 circa, in via Mussa in Mogliano Veneto (prov.di Treviso), due autocarri alleati appartenenti al 241 Coy RASC 1167, di stanza nello stesso paese, ambedue guidati da autisti italiani in servizio presso il precitato reparto, mentre manovravano a traino per mettere in moto uno degli automezzi (evidentemente con le batterie scariche), per l'improvvisa ripresa del motore dell'autocarro trainato, il gancio attaccato al radiatore dello stesso si staccava dal suo alloggiamento, ed andava a colpire violentemente il giovane MUSARAGNO Ettorino di Vittorio d'anni 19 residente a Mogliano Veneto, che stava lavorando nel suo campo, posto al margine della strada.

Il giovane veniva ricoverato nell'Ospedale per commozione cerebrale, paralisi del nervo facciale destro e ferita lacero contusa alla regione parietale sinistra con prognosi riservata.

Non si è potuto procedere all'identificazione degli autisti a causa dell'opposizione del Comandante il reparto alleato al quale s'era rivolto il comandante la locale stazione CC.RR.-.

Quanto sopra si rappresenta, nell'eventualità che codesto Reparto di Collegamento ritenga opportuno interessarsi della quistione.

d'ordine
IL CAPO DI STATO MAGGIORE
(Col. P. Pasquini)

SUBJECT:- Trn Tc Accident.

5 British Liaison Unit,
C.M.F.
A/7/7
6 Jan 46.

64 D.A.D.,
Claims and Hirings, Milan.

Reference our A/7/5 dated 21 Dec 45.

1. Herewith attached the statement of CANDIDO Orlando which we were unable to obtain before as the s/n soldier went on leave before statement could be taken from him.

2. The accident in question was with a Jeep No 566!786 on charge to this Unit

Udine
PaS/Fa

J.M. Johnston Major,
for. DAA & QMG.

6434

SUBJECT: Traffic A ident.

S&T Officer
5 B.L.U. c/o 86 Area
ST/22
29 Dec. 1945

DAQMG 5 B.L.U.

Reference telephone conversation of todays date (Major SLLBY - Capt. TRELEAVEN)

Attached is statement made by driver of Jeep relating to accident on journey from UDINE to MESTRE. No other witness is available.

Full extent of damage cannot yet be established but it is known that the right hand side bumper is badly bent - right hand front spring broken - and chassis is bent. Workshops are endeavouring to effect the necessary repairs.

Further details with regard to progress of repairs to this Jeep and also the other one will be forwarded as soon as possible.

Capt. RASC.
Land Forces Sub Comm. AC MMIA.

6493

RELAZIONE SUL. SERVIZIO SVOLTO DALL'AUTIERE L O I FRANCESCO IN MESTRE

Io sottoscritto autiere LOI Francesc del V° B.L.U. del Comando Militare Terr/le di Udine dichiara :

- di essere partito da Udine il giorno 28/12/45 a bordo di una "JEEP" diretto a Mestre con l'ordine di presentarmi al V° B.L.U. di detta località.

Mi predeva la "JEEP " guidata dall'autiere MATTA Rino il quale aveva ricevuto l'ordine di indicarmi la strada fino a Mestre e di ricondurmi quindi ad Udine.

Giunti a Treviso, essendosi interposta un'altra macchina fra la "JEEP" da me pilotata e quella dell'autiere MATTA, persi di vista in sucitato autiere nè mi fu più possibile riprendere il contatto con lui.

Da Treviso avvalendomi di informazioni chieste lungo il percorso, giunsi a Mestre alle ore 16.

Giunto a Mestre mi presentai a vari Comandi Alleati allo scopo di ottenere informazioni circa l'esatta dislocazione del V° B.L.U.-

Nessuno seppe indicarmi ove il detto Comando si trovasse; mentre giravo per Mestre alla ricerca del V° B.L.U., all'altezza del Cavalcavia, per schivare un ciclista che si era spostato verso il centro della strada onde evitare di essere investito dalla Filovia che stava soppraggiungendo, fui costretto ad effettuare una brusca sterzata che mi portò a cozzare con la macchina contro un paracarro.

L'incidente avvenne circa alle ore 20. Nel cozzo la parte destra del paraurti della macchina si piegò ed altrettanto dicesi della balestra destra.

Non essendomi riuscito di trovare il V° B.L.U. mi recai a pernottare presso una Sezione di Sanità del R. Esercito di stanza in Mestre riprometteandomi di iniziare il mattino seguente le ricerche del predetto ente Alleato, al quale mi presentai il mattino seguente alle ore 9.

AUTIERE MATTA RINO
L O I FRANCESCO

Loi Francesco

6492 -

5

SUBJECT:- Traffic Accident.

5 British Liaison Unit,
C.M.F.
A/T/5
21 Dec 45.

84 D.A.P.,
Claims and Hirings, Milan.

Herewith please find Traffic Accident Report in respect of Jeep No 5661786 on charge to this Unit, which occurred on the 2 Dec 45. Copy of the report to you by the owner of the Civilian Car is attached.

I have had to write to Bergamo in order to obtain evidence of the Italian Soldiers, passengers in the Jeep, hence the delay. One of these, CABIN Orlando, is unobtainable due to his being on leave.

I am not allowed to write to the civilian concerned in the accidentwho says that he holds documents supporting his allegations. Accordingly it is not possible for me to assess the case properly. Will you please obtain evidence from him in order that the case may be completed.

The Jeep has since been repaired.

FHS/fc

for Major,
DAA & QMG.

ARMY FORM 2436 (Small)

MESSAGE FORM

Register No. 4

Call | Sel. No. | Time | Message Instructions

ABOVE THIS LINE FOR SIGNALS USE ONLY

FROM: Designation | Date-Time of Origin

TO: For Action

(W) For Information (INFO)

Message Instructions | CIR

Originator's No.

6491

THIS MESSAGE MAY BE SENT AS WRITTEN BY ANY MEANS { EXCEPT / WIRELESS }

Signed

DECLASSIFIED TO BE INTERCEPTED OR TO FALL INTO ENEMY HANDS. THIS MESSAGE MUST BE SENT IN CIPHER

Signed

ORIGINATOR'S INSTRUCTIONS
DEGREE OF PRIORITY

Time	System	Op
THI or TOR		
Time cleared		

1817

CHARGE

Army Form B 252
(See Kr. Regulations)

3

5 BRITISH LIAISON UNIT. Regiment

..... Battery / Squadron / Troop or / Company

CHARGE against No. 1912514 Rank Spr.

Name LEWIS. P.

Place UDINE Date of Offence 30/11/45

OFFENCE Sec 40 (AA) Neglect to the prejudice of good order and military discipline, in that he on the 30 Nov 45, whilst driving a military vehicle, was involved in an accident with a horse drawn cart.

Names of Witnesses :—

Documentary

Signature of O.C. Battery, Squadron, Troop or Company } H. Blenkhorne Major.

Punishment Awarded } Case dismissed.

By whom Awarded } Major H. Blenkhorne 6th 5 Bde

Adjutant.

30071. Wt.W44859/132. 1,500,000. 1/42. K. & H., Ltd. G657/47.

6 4 DTP.

ARMY FORM C2136 (Small)

MESSAGE FORM

Register No. 29

Call	Srl. No.	Priority	Transmission Instructions
	0920 40		A/MBSF

ABOVE THIS LINE FOR SIGNALS USE ONLY

FROM (A) Originator: S BLU

Date - Time of Origin: 071440A

For Action: CAPT SMITH S BLU BERGAMO

TO

(W) For Information (INFO)

Office Date Stamp: ARMY B- 9XII.45 ER SIGNALS

Message Instructions: QSH — GR: 11

Originator's No.

By [illegible] [illegible] [illegible] of [illegible]

[illegible] [illegible] of JEEP SMASH

See attached [illegible] 6489

P.T.O.

THIS MESSAGE MAY BE SENT AS WRITTEN BY ANY MEANS { EXCEPT .... WIRELESS	IF LIABLE TO BE INTERCEPTED OR TO FALL INTO ENEMY HANDS, THIS MESSAGE MUST BE SENT IN CIPHER	ORIGINATOR'S INSTRUCTIONS DEGREE OF PRIORITY
SIGNED	SIGNED	

Time	System	Op.
THI or TOR 0814A	F	
Time cleared 1835	[illegible]	[illegible]

3637 GHQP

Oggetto. Bergamo 2. 12. 1945

Dichiara.

Io sottoscritto Geniere Bassoci Antonio dichiaro di essere stato presente allo scontro successo sulla rotabile Milano, Bergamo in località Cascina Moretina, alle ore cinque e minuti cinquanta meridiane. Trovandomi a bordo di una Gibs. che veniva da Milano guidata da un Sergente Inglese, mentre si camminava sui quaranta chilometri orari data la fitta nebbia, sulla detta e venuta a scontrarsi una autovettura mille e cento guidata

Dall'Autista civile Giuponi Giovanni Antonio
il quale manifestava segni di ubriachezza perchè
sembrava una cosa assolutamente impossibile
chiedevi che la macchina nella quale mi trovavo
era non più distante di venti centimetri dal
ciglio della strada, infatti con grande velocità
la qui la millecento si trovava ~~e tutta~~
si è capovolta per due volte consecutive
uscendo fuori della rotabile.

In Fede Finamatto. Geniere.

Barocu Antonio

CHARGE

Army Fo: B 252
(See King's Regulations)

5 [illegible] LIAISON UNIT ..... Regiment

..... Battery / Squadron / Troop or / Company

CHARGE against No. 1913514 Rank Spr

Name LEWIS. E!

Place MAINE Date of Offence 2 Dec 45

OFFENCE Sec 40 (AA) Neglect to the prejudic of good order and military discipline, in that he, on the 2nd Dec 45, whilst driving a military vehicle, was involved in an accident with a civilian motor car.

Names of Witnesses :—

DOCUMENTARY

Signature of O.C. Battery, Squadron, Troop or Company } Commanded for Charles evidence [illegible]

Punishment Awarded } Released without prejudice to re-mustering. 12 Dec 45 – (until battle evidence is [illegible])

By whom Awarded }

Adjutant.

30245 Wt.W4837/1056. 1,250,000. 2/43. K. & H., Ltd. G657/47

P.T.O.

6487

GIOVANNI G I U P P O N I

M I L A N O

Via Fracastoro n.1

Milano, 4 dicembre 1945.

C L A I M S & H I R I N G S

M I L A N O

e per conoscenza al 5° REPARTO COLLEGAMENTO BRITANNICO
Comando Territoriale
U D I N E

Portiamo a conoscenza di codesto Ufficio che domenica 2 corrente, alle ore 18, sull'autostrada Milano-Bergamo (in località Cavenago Brianza) la macchina militare targa 5661786 dipendente dal 5°Reparto Collegamento Britannico, investiva la macchina Fiat 1100 targa CR-11343 di proprietà del sottoscritto, rovesciandola fuori strada e danneggiandola gravemente.

L'incidente, come fanno testimonianza le persone presenti sul luogo, è esclusivamente dovuto al guidatore della macchina militare suddetta. Il sottoscritto si tiene a completa disposizione del competente ufficio per fornire tutti gli schiarimenti necessari a comprovare quanto sopra, e tiene la macchina a disposizione per l'eventuale perizia dei danni.

Distinti saluti.

Giupponi Giovanni

6486

3

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: 30/11/45 | Time: 1400 hrs | Place: CASTELFRANCO. County | Surname of Service Driver: LEWIS | No. of Service Vehicle: 5662061

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

C. DRIVER OF OTHER VEHICLE — Name: DALE FRATE | Driving Licence Date / No. | Address and Occupation: SALVAROSA (CASTELFRANCO) PEASANT | Telephone

D. OWNER OF OTHER VEHICLE — Name: DALE FRATE. | Address and Occupation: SALVAROSA (CASTELFRANCO) PEASANT | 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.	DIKE FRATE	SALVAROSA (CASTELFRANCO)		50	PEASANT
2.	GALLEGA JOHN	52 B.A.O. C.M.F		28	SOLDIER.
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 | POULTRY | PIG | SHEEP | DOG | How many | LED | STRAYING | Condition | Injuries | IT was not / will not have to be KILLED | Telephone NAME & ADDRESS of OWNER or OCCUPIER

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

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

K. LIGHTS — DAYLIGHT ~~NIGHT~~ | Service Vehicle: NOT LIT | Other Vehicle: NOT LIT | WARNING | UNNECESSARY | NOT GIVEN BY ME | NOT GIVEN BY "OTHER"

L. SPEED OF VEHICLE — Service: 20 | Other | NON BUILT UP AREA | Traffic: LIGHT | ROAD SURFACES: DRY / WET | GOOD / ~~FAIR~~ / ~~BAD~~ | STRAIGHT / ~~BEND~~ / ~~CROSS ROADS~~ | ~~TRAFFIC LIGHTS~~ / TRAFFIC | Visibility: CLEAR / FOGGY

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

D. OWNER OF OTHER VEHICLE

Name	Address and Occupation	Telephone
DALE FRATE	SANDROSH (CASTELFRANCO) PEASANT	

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.	DALE FRATE	SANDROSH (CASTELFRANCO)		50	PEASANT
2.	GALLEOA. JOHN	52. B.K.U. C.M.F		28	SOLDIER.
3.					

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

NIL.

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

L. SPEED OF VEHICLE

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

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

Insert here Initials of Command

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

SERVICE DRIVER	Name	Rank	Number	Unit	Vehicle No.	Code

ACCIDENT — Date ..... Time ..... Place .....

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

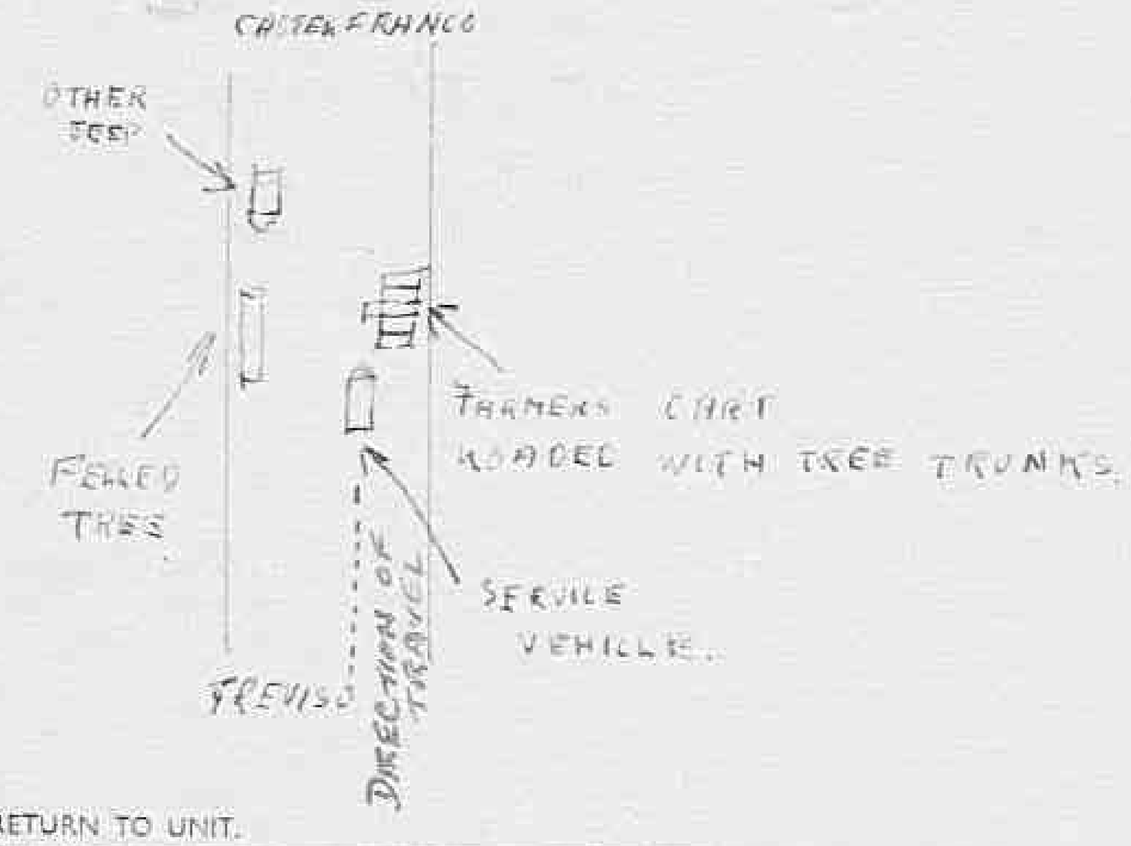
(Please Turn Over.

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

Put in all the measurements, s[illegible]marks and details possible.

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

From perforation on bottom to top of page is 8 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
	LEWIS. PHILIP.	1912514	5 B.A.U C.M.F	Civilian NIL Service 2 YRS.	8/11/40	30	7/3
	Rank L/Cpl/Sgt Civilian Occupation SEAMEN						

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
	5662690	G.S.	5 cwt	WILLYS JEEP. (See A.C.I. 2287/1941)	14		R.E.M.E. 52. B.A.U. C.M.F.
	If a motor-cycle, were all those on it wearing crash helmets?						

P. JOURNEY	Army Form G.1518 was signed by	A.F.G.3518	Journey	Nature of Duty	UNLOADED	Map reference of scene of accident
	MAJOR. N. HOPE-JOHNSTONE	Serial No. 42.	From UDINE	LEAVE		
	If none signed, reason must be given in Driver's Statement	Date 16/11/45	To BERGAMO	PERSONNEL		

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

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

Date 20/11/ 1945 Driver's Signature P. Lewis (This must be in Driver's handwriting, not typed).

Q. UNIT 5 B.A.U	Name LEWIS. PHILIP	Address 5. B.A.U C.M.F	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: WINDSCREEN BROKEN. SUPERSTRUCTURE AND CANVAS HOOD TORN OFF BODY. (In greatest detail)

Will probably be repaired by:— M.E. BERGAMO D.I.V. (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: Major. H.I.N.H. Johnstone ON ITS AUTHORIZED ROUTE

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

T.2. It is essential that A.D. Claims furnish me with: Police Report; Inquest Depositions; Statements of Injured Persons E.1 E.2 E.3; Statements of Witnesses F.1 F.2 F.3; A.D. Claims to arrange attendance at 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.

T.1. Point of Impact

Front

REVISED DIRECTIVE

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

KEWIS. PHILIP. 1912514 5 B.L.U C.M.F

Rank LAC/Sgt Civilian Occupation SEAMEN — Civilian Nil Service 5 yrs. — 8/11/40 — 30 — 7/3

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

5662 E90 — G.S. — 5 cwt — WILLYS JEEP — 14 — RIGHT HAND DRIVE — R.E.M.E. 52 B.L.U. C.M.F.

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 | UNLOADED | Map reference of scene of accident

MAJOR. N. HOPE-JOHNSTONE — Serial No. 42 — From JOINE — LEAVE — PERSONNEL

If none signed, reason must be given in Driver's Statement — Date 30/11/43 — To BERSHNO

Q. 1. I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the War Department if they so desire to instruct the Treasury Solicitor* to act on my behalf if any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the War Department and the Treasury Solicitor* to take such action as may be considered proper and generally to do what may be considered necessary in my interests by the Treasury Solicitor* in his capacity as my Solicitor and legal adviser. This retainer includes my authority to admit liability if deemed advisable at a later date, after the facts have been fully investigated by the Treasury Solicitor*.

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

Date 20/11/ 194 5 Driver's Signature P. Lewis (This must be in Driver's handwriting, not typed).

Q. 5 — Name | Address | Telephone | Unit's file reference | Command

UNIT B.L.U — KEWIS. PHILIP. — 5. B.L.U C.M.F

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

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

WINDSCREEN BROKEN. SUPERSTRUCTURE AND CANVAS HOOD TORN OFF BODY. — M.E. KESHNO LIV

(In greatest detail) (Name of Repair Shop or Garage)

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: Major. H.I.N.H. Johnstone — ~~NOT~~ ON ITS AUTHORIZED ROUTE — Number of previous accidents in which Driver has been : concerned: Nil; to blame: Nil

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

Put cross to those required. Reference 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 considered 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).

Declassified E.O. 12065 Section 3-402/NNDC 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.	Time	Place.	County	Surname of Service Driver	No. of Service Vehicle.
30-11-45.	1400 hrs.	CASTEL FRANCO		LEWIS	566 0061

B. OTHER VEHICLE. *Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van*

Make	H.P.	Year	Registration No.	Name and address of Insurance Co.	Insurance Certificate No. or Policy No.

C. DRIVER OF OTHER VEHICLE

Name	Driving Licence Date / No.	Address and Occupation	Telephone
DALE FRATE.		SALVAROSA (CASTELFRANCO) PEASANT	

D. OWNER OF OTHER VEHICLE

Name	Address and Occupation	Telephone
DALE FRATE	SALVAROSA (CASTELFRANCO) PEASANT	

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.	DALE FRATTE.	SALVAROSA (CASTELFRANCO)		50	PEASANT
2.	GHAKE?? JOHN	59 B.L.O. C.M.F.		28	SOLDIER
3.					

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

(Note any previous defects)

H. INJURY TO ANIMALS *HORSE COW POULTRY PIG SHEEP DOG* — How many — *LED STRAYING* — Condition — Injuries — IT *was not will not have to be* KILLED — 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 — No. — Police Station — He did *NOT* see accident — A statement was *NOT* made to him — ROAD PATROL — Name — Association — Branch — He did *NOT* see accident

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

L. SPEED OF VEHICLE — Service 20 m.p.h. — Other — m.p.h. — NON BUILT UP AREA — Traffic *LIGHT* ~~DENSE~~ — ROAD SURFACES *DRY* ~~WET~~ — *GOOD* ~~FAIR~~ ~~BAD~~ — *STRAIGHT* ~~BEND~~ ~~CROSS ROADS~~ — ~~TRAFFIC LIGHTS~~ 6684 — TRAFFIC — Visibility *CLEAR* ~~FOGGY~~

No. (CASTELFRANCO) PENSANT

D. OWNER OF OTHER VEHICLE

Name	Address and Occupation	Telephone
DALE FRATE	SALVAROSA (CASTELFRANCO) PENSANT	

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.	DALE FRATTE	SALVAROSA (CASTELFRANCO)		50	PENSANT
2.	GALLEGO JOHN	52 B.L.U. C.M.F.		28	SOLDIER
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	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

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	

Telephone Landlord / Tenant

K. LIGHTS

	DAYLIGHT / NIGHT	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			STRAIGHT / BEND / CROSS ROADS	TRAFFIC LIGHTS / TRAFFIC SIGNS	Visibility
20 m.p.h.	m.p.h.		LIGHT / DENSE	DRY / WET	GOOD / FAIR / BAD				CLEAR / FOGGY / RAIN

6484

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

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

Insert here Initials of Command

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

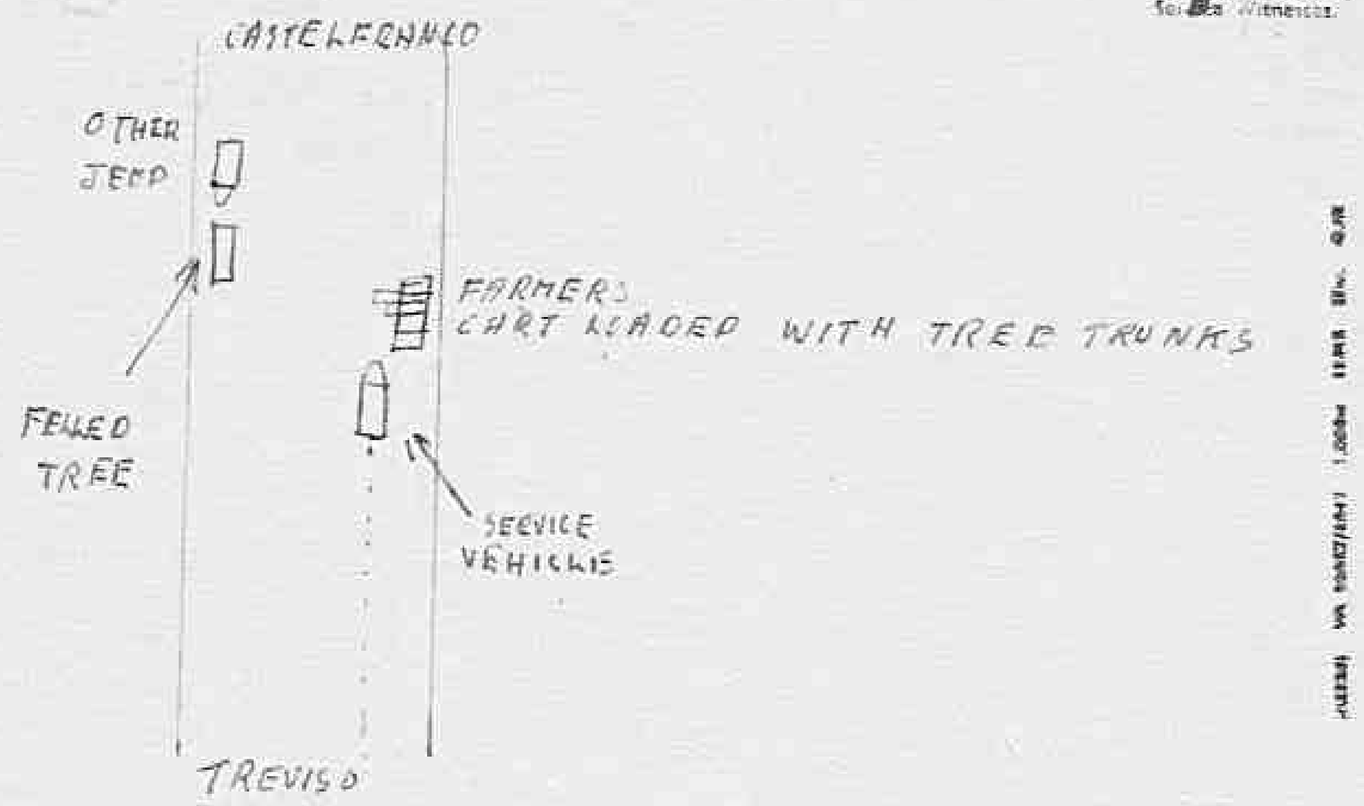
This slip is handed you for your convenience and is not to be taken as an admission of liability.

[Please Turn Over.

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

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

From perforation at bottom to top of page is 8 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
LEWIS. PHILIP	1919514	5 B.L.U. C.M.F.	Civilian NIL Service 2 yrs		8/11/40	30	7/3

Rank L/H/W/1st Civilian Occupation SEAMAN.

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
566 690	G.S.	5 cwt	WILLYS JEEP	14	LEFT HAND DRIVE	R.E.M.E. 52 B.L.U.

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

P. JOURNEY

Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
MAJOR. N. HOPE-JOHNSTONE.	Serial No. 42	From ODINE	LEAVE		
If none signed, reason must be given in Driver's Statement	Date 30/11/45	To BERGAMO	PERSONNEL		

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 30/11/ 1945 Driver's Signature F. Lewis
(This must be in Driver's handwriting, not typed).

R. UNIT 5 B.L.U. C.M.F.

Name	Address	Telephone	Unit's file reference	Command
LEWIS. PHILIP	5 B.L.U. C.M.F.			

A. 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: WINDSCREEN BROKEN SUPERSTRUCTURE AND CANVAS HOOD TORN OFF BODY. ~~PERSONNEL KILLED~~ (In greatest detail)

Will probably be repaired by :— M.E. LESNANO. DIV. (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: MAJOR. HHOPE-JOHNSTONE

~~NOT~~ ON ITS AUTHORIZED ROUTE

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

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

Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at

Put cross in space 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

C.A. U. Signature of C.O. Units — L. Disciplinary action approved

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

From 4

TREVISO

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
LEWIS. PHILIP	1919514	5 B.L.U. C.M.F.	Civilian Nil Service 2 YRS		5/11/40	30	7/3

Rank L/A/C/SGT Civilian Occupation SEAMAN.

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
566 690	G.S.	5 CWT	WILLYS JEEP	14		R.E.M.E. 52. B.L.O

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

P. JOURNEY

Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UNF LOADED	Map reference of scene of accident
MAJOR. N. HOPE-JOHNSTONE.	Serial No. 22	From ODINE	LEAVE		
If none signed, reason must be given in Driver's Statement	Date 20/11/45	To BERGAMO	PERSONNEL		

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 20/11/ ..... 1945 Driver's Signature L. Lewis

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

Q. 5 UNIT B.L.U C.M.F

Name	Address	Telephone	Unit's file reference	Command
LEWIS. PHILIP	5 B.L.U. C.M.F.			

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

WINDSCREEN BROKEN
SUPERSTRUCTURE AND CANVAS HOOD TORN OFF BODY.

PERSONNEL NIL. (in greatest detail)

Will probably be repaired by :—
M.E.
LESNANO. DIV.
(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.3519
MAJOR. HHOPE-JOHNSTONE

NOT ON ITS AUTHORIZED ROUTE

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

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

Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3

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

A.D. Claims to arrange attendance at

COURT OF INQUIRY / INVESTIGATION — Place — Date Time

Of Injured E.1	E.2	E.3	Of Witnesses F.1	F.2	F.3

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

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

X. Punishment awarded

U. Signature of U.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, Milons 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: 30-11-45 | Time: 1400 hrs | Place: CASTEL-FRANCO, County | Surname of Service Driver: LEWIS. | No. of Service Vehicle: 566061.

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

C. DRIVER OF OTHER VEHICLE | Name: DALE FRATE | Driving Licence Date / No. | Address and Occupation: SALVAROSA (CASTELFRANCO) PEASANT | Telephone

D. OWNER OF OTHER VEHICLE | Name: DALE FRATE | Address and Occupation: SALVAROSA (CASTELFRANCO) PEASANT. | 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.	DALE FRATTE	SALVAROSA CASTELFRANCO		50	PEASANT.
2.	GALLESA JOHN.	52. B.L.U. C.M.F		29	SOLDIER.
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 / POULTRY / PIG / SHEEP / DOG* | How many | *LED / STRAYING* | Condition | Injuries | *IT was not / will not have to be KILLED* | Telephone NAME & ADDRESS of OWNER or OCCUPIER

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

6403

L. SPEED OF VEHICLE | Service: 20 m.p.h. | Other: m.p.h. | *NON BUILT UP AREA* | Traffic: *LIGHT / DENSE* | ROAD SURFACES: *DRY / WET* | *GOOD / FAIR / BAD* | *STRAIGHT / BEND / CROSS ROADS* | *TRAFFIC LIGHTS / TRAFFIC SIGNS* | Visibility: *CLEAR / FOGGY / RAIN*

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

D. OWNER OF OTHER VEHICLE	Name		Address and Occupation			Telephone	
	DALE ERATE.		SALVAROSA (CASTELFRANCO)			PEASANT.	
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. DALE ERATTE	SALVAROSA CASTELFRANCO		50	PEASANT.
	2. SALLEJA JOHN.	52. B.L.U. C.M.F		28	SOLDIER.
	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	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

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

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

6483

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

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

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

Insert here Initials of Command

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place
ACCIDENT			

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

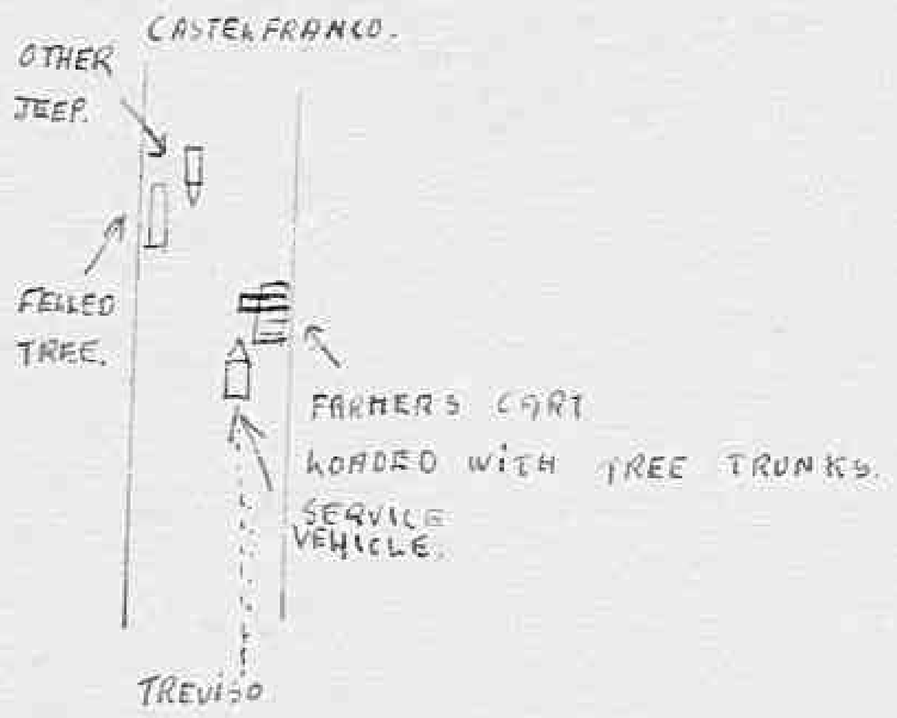
[Please Turn Over.

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

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

This Report must be accompanied by the signed statements of the driver and any [illegible] witnesses.

From pavement 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): LEWIS. PHILIP. Number: 1912514 Unit: 5 B.L.U CMF. Rank: L/M/V/Sgt Civilian Occupation: SEAMAN. Driving Experience Years / Mths: Civilian Nil / Services 2 yrs. Date of entry into Service: 8/11/40. Age: 30. Rate of Pay per day: 7/3

O. SERVICE or HIRED VEHICLE — No. of Service Vehicle: 562690. Type of Bodywork: G.S. Load capacity: 5 cwt. Make: WILLYS JEEP. H.P.: 14. RIGHT / LEFT HAND DRIVE. Present Location of Vehicle: R.E.M.E. 52. B.L.U.

If a motor-cycle, were all those on it wearing crash helmets?

P. JOURNEY — Army Form G3518 was signed by: MAJOR. N. HOPE JOHNSON. If none signed, reason must be given in Driver's Statement. A.F.G.3518 Serial No. 42 Date 30/11/45. Journey From: UDINE To: BERGAMO. Nature of Duty: ~~UNIT~~ LEAVE PERSONNEL. ~~UN~~ LOADED. Map reference of scene of accident:

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

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

Date 30 Nov. 1945. Driver's Signature: P. Lewis (This must be in Driver's handwriting, not typed).

Q. UNIT 5 B.L.U. CMF — Name: LEWIS PHILIP. Address: 5 B.L.U. C.M.F. Telephone. Unit's file reference. Command.

R. HIRED VEHICLE See A.C. [illegible] — 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 — WINDSCREEN BROKEN. SUPERSTRUCTURE AND CANVAS HOOD TORN OFF BODY. ~~PERSONAL KIT~~ (In greatest detail). Will probably be repaired by:— M.E. KESNANO DIV. (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: MAJOR. N.I HOPE-JOHNSTONE. NOT ON ITS AUTHORIZED ROUTE. Number of previous accidents in which Driver has been concerned: NIL. to blame.

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

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

(A COURT OF INQUIRY) (J) Signature of O.C. Unit (Y) Unnecessary words erased

From [illegible] TREVISO

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	LEWIS. PHILIP.	1912514	5 B.K.U CMF.	Civilian NIL. Service 2 yrs.		8/1/40	30	7/3

Rank L/Sjt/Cpl/Sgt Civilian Occupation SCHMAN

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	566240	G.S.	5 CWT	WILLYS JEEP.	14		R.E.M.E. 52. B.K.U

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

P.	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	~~UN~~ LOADED	Map reference of scene of accident
JOURNEY	MAJOR. N. HOPE JOHNSTON	Serial No. 42	From UDINE	~~UNOFF.~~		
	If not signed, reason must be given in Driver's Statement	Date 30/11/45	To BERGAMO	LEHVE PERSONNEL		

6 HQ. 1

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

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

Date 30 Nov. 1945 Driver's Signature P. Lewis (This must be in Driver's handwriting, not typed).

O.	Name	Address	Telephone	Unit's file reference	Command
5 UNIT B.K.U. CMF	LEWIS PHILIP	52 B.K.U. C.M.F.			

K. 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	WINDSCREEN BROKEN. SUPERSTRUCTURE AND CANVAS HOOD TORN OFF BODY. ~~PERSONAL KIT~~ (In greatest detail)	M.E. KESNANO DIV. (Name of Repair Shop or Garage)	

T.			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
I certify that the Service Vehicle was being driven	ON DUTY	NOT ON DUTY	MAJOR. N. HOPE-JOHNSTONE	NOT ON ITS AUTHORIZED ROUTE	NIL	

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

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

Subject: Traffic Accident.

To: OC 5 British Liaison Unit,
CMF.

Sir,

Whilst proceeding from UDINE to TARCENTO on 30 Nov 45 I was involved in a traffic accident between UDINE and CASTELMANCO. I was proceeding along the road which leads to CASTELMANCO at a speed of approx 20 mph and on my right side of the road: on my right and in front of me was a farmer's cart loaded with tree trunks, whilst on the left side of the road was a large tree that had just been felled. I attempted to pass the farmer's cart, and at the same time a jeep came from behind the tree that was lying on the side of the road. I swerved to avoid the jeep, and a tree trunk which was projecting from the cart caught my windscreen, shattering the glass and shearing the superstructure and the canvas hood from the body of my vehicle. The occupants of the other jeep (2 WO's) observed what had happened, but failed to stop.

5 Dec 45. (signed) L. Davis

Subject: Traffic Accident.

52 British Liaison Unit,
C&F.
19 Nov 45.

A9/12/355

DAD,
84 Claims and Hirings.

Attached AF A3676 and statement is forwarded for disposal action please.

(H. FERRO) Major,
DAA&QMG.

0481

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: 18. 11.45 1925 Time: Place: County: Bergamo Surname of Service Driver: Dizoy A. No. of Service Vehicle: 5860072

B. OTHER VEHICLE. Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van / Trailer — Make: — H.P.: Year: — Registration No.: No of Then 34 — 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.					*Slight / Serious / Fatal*	
2.					*Slight / Serious / Fatal*	
3.					*Slight / Serious / Fatal*	

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

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

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

Front slightly damaged.

(Note any previous defects)

H. INJURY TO ANIMALS HORSE / COW / POULTRY / PIG / SHEEP / DOG — How many: — LED / STRAYING — Condition: — Injuries: — IT *was not / will not have to be* KILLED — 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: Branch: He did *NOT* see accident

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: 5 m.p.h. — Other: 5 m.p.h. — NON BUILT UP AREA — Traffic: LIGHT — ROAD SURFACES: DRY / WET — GOOD / FAIR / BAD — STRAIGHT / BEND / CROSS ROADS — TRAFFIC LIGHTS: TRAFFIC — Visibility: CLEAR / FOGGY

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

No.

D. OWNER OF OTHER VEHICLE

Name | Address and Occupation | Telephone

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

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

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

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

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

APPARENT DAMAGE TO OTHER VEHICLE

Front slightly damaged.

(Note any previous defects)

H. INJURY TO ANIMALS

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

Telephone
NAME & ADDRESS of OWNER or OCCUPIER

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. 45 | Branch

K. LIGHTS

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

L. SPEED OF VEHICLE

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

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

Insert here Initials of Command

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

	Date	Time	Place
ACCIDENT			

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

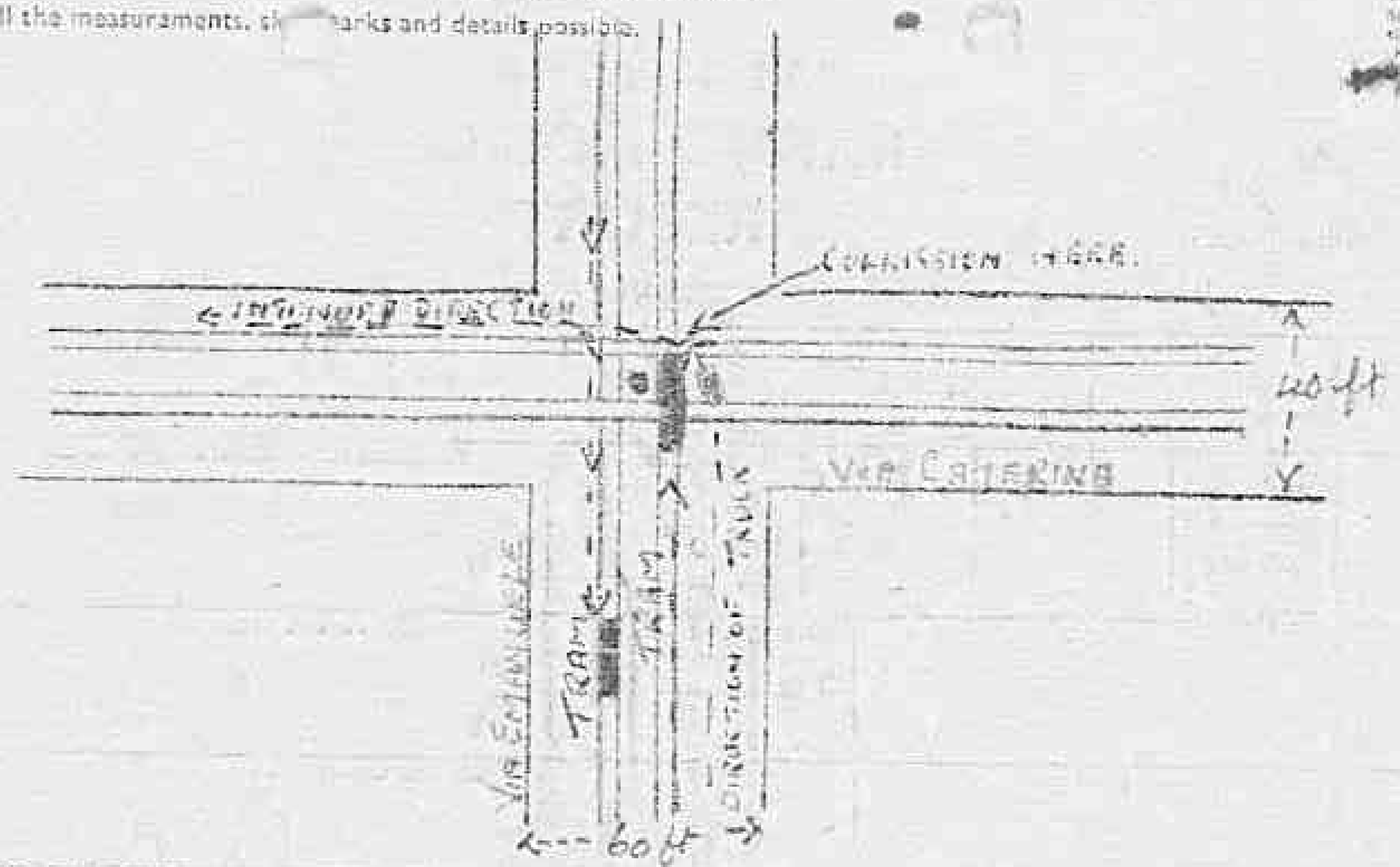
[Please Turn Over.

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

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

This Report must be accompanied by the signed statements of the Driver and ... 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): Dixey A. Rank Sgt Civilian Occupation	Number 5581968	Unit 52 BLU	Driving Experience Years Mths Civilian Service O	Date of entry into Service 5.2.35.	Age 31	Rate of Pay per day
O. SERVICE or HIRED VEHICLE	No. of Service Vehicle 5860072	Type of Bodywork Metal	Load capacity 15 cwt	Make Ford	H.P.	RIGHT HAND DRIVE	Present Location of Vehicle Unit lines

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

P. JOURNEY	Army Form GJ518 was signed by Sgt Deering S. (If none signed, reason must be given in Driver's Statement)	A.F.G.3518 Serial No 44 Date 13.11.45	Journey From Via Crispi To DADOS Dump	Nature of Duty Returning clothing to stores	LOADED. Map reference of scene of accident

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

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

Date 16 Nov 45 .....194 Driver's Signature Sgt Dixey A (This must be in Driver's handwriting, not typed)

Q. UNIT 52 BLU	Name Dixey A.	Address 52 British Liaison Unit	Telephone 2452	Unit's file reference	Command 52 Area
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	Nil Clothing and Malarial equipment being returned to Stores. (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: Sgt Deering S.	~~NOT~~ ON ITS AUTHORIZED ROUTE	Number of previous accidents in which Driver has been: concerned one / to blame nil

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

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

From C

---60 ft →

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	Dixey A.	5381968	52 BLU	Civilian 0 / Service 6	5.2.35.	31	
	Rank Sgt — Civilian Occupation						

O.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle
SERVICE or HIRED VEHICLE	5380072	Petrol	15 cwt	Ford		RIGHT HAND DRIVE	Unit lines

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

P.	Army Form G3519 was signed by	A.F.G.3518	Journey	Nature of Duty	L.O.A. / D.E.D.	Map reference of scene of accident
JOURNEY	Sgt Deering S.	Serial No. 44	From Via Crispi	Returning clothing to stores	N/A	
	If none signed, reason must be given in Driver's Statement	Date 13.11.45	DADOS Depot			

Q. and R. 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 13 Nov 45 ..... 194 Driver's Signature Sgt Dixey A

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

O.	Name	Address	Telephone	Unit's file reference	Command
UNIT	52 BLU	Dixey A. 52 British Liaison Unit	2452		52 Area

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.		Will probably be repaired by :—	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	Nil Clothing and Material equipment being returned to Stores. (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: Sgt Deering S.		~~NOT~~ ON ITS AUTHORIZED ROUTE		(Name of Repair Shop or Garage)		Number of previous accidents in which Driver has been : concerned: one / to blame: nil			

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

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 reference to Higher Authority)

A1. I have been unable to obtain corroborative evidence of Sgt. Dixey's statement or to contact the carabiniere in question I must hold Sgt. Dixey ~~responsible~~ to blame. The damage is practically negligible and was due either to an error of judgement or a mistaken signal.

X. Punishment awarded

Admonished.

U. Signature of O/C Unit [signature]

Date 19 Nov 194[illegible]

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

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

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

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

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: 2/12/45 | Time: 1600 hrs | Place: Halo Dadu, County MILAN – BERGAMO | Surname of Service Driver: LEWIS | No. of Service Vehicle: 5[illegible]708

B. OTHER VEHICLE — ~~Lorry~~ / Motor Car / ~~Motor Cycle~~ / ~~Bicycle~~ / ~~Horse-drawn~~ | Make: FIAT 1100 | Year: | R.P. | Registration No: CR. 11343. | Name and address of Insurance Co. | Insurance Certificate No. / or Policy No.

C. DRIVER OF OTHER VEHICLE — Name: GIOVANNI GIOPPONI | Driving Licence: Date / No. | Address and Occupation: VIA FRASCATORO No 1 MILANO | Telephone

D. OWNER OF OTHER VEHICLE — Name: GIOVANNI GIOPPONI | Address and Occupation: VIA FRASCATORO No 1 MILANO. | 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.	Sgt. P. Luis 19155[illegible]	36	S.B.A.F. (Soldier)		~~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.	SHEIN CALVARD	HQ. REGNANO DIV			SERGEANT
2.	BARRONI ANTONIO	HQ REGNANO DIV			SOLDIER
3.					

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

Left front light wheel torn off
Left front side panel smashed
Windscreen smashed

(Note any previous defects)

H. INJURY TO ANIMALS — Telephone

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 required	Telephone Landlord / Tenant

J. POLICEMAN

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

K. LIGHTS

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

L. SPEED OF VEHICLE

Service	Other		Traffic							
15 m.p.h.	50-55 m.p.h.	NON BUILT UP AREA	LIGHT ~~DENSE~~	ROAD SURFACES	~~DRY~~ WET	GOOD ~~FAIR~~ ~~BAD~~	STRAIGHT ~~BEND~~ ~~CROSS ROADS~~	~~TRAFFIC LIGHTS~~ ~~TRAFFIC SIGNS~~	Visibility CLEAR ~~GOOD~~ ~~POOR~~

M.

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

1842

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

D. OWNER OF OTHER VEHICLE	Name: GIOVANNI GIOPPONI	No. / Address and Occupation: VIA FRASCATORO No 1 MILANO.	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. Spr F Lucia 191454	30	S. Bill. (Soldier)		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	Occupation
	1. CABIN CALHALO	HQ LEGNANO DIV		22	SOLDIER
	2. BARRONI ANTONIO	HQ LEGNANO DIV			SOLDIER
	3.				

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

Left hand front wheel torn off
Left hand side coach work buckled
Windscreen smashed

(Note any previous defects) — Can be seen at — Telephone

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

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

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

K. LIGHTS	~~DAYLIGHT~~ NIGHT	Service Vehicle ~~NOT~~ LIT	Other Vehicle ~~NOT~~ LIT	WARNING	UN-NECESSARY	NOT GIVEN BY ME	64 NOT GIVEN BY OTHER

L. SPEED OF VEHICLE	Service 15 m.p.h.	Other 50-55 m.p.h.	NON BUILT UP AREA	Traffic LIGHT ~~DENSE~~	ROAD SURFACES	~~DRY~~ WET	GOOD ~~FAIR~~ ~~BAD~~	STRAIGHT ~~BEND~~ ~~CROSS ROADS~~	~~TRAFFIC LIGHTS~~ ~~TRAFFIC SIGNS~~	Visibility CLEAR ~~FOGGY~~ ~~RAIN~~

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

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

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

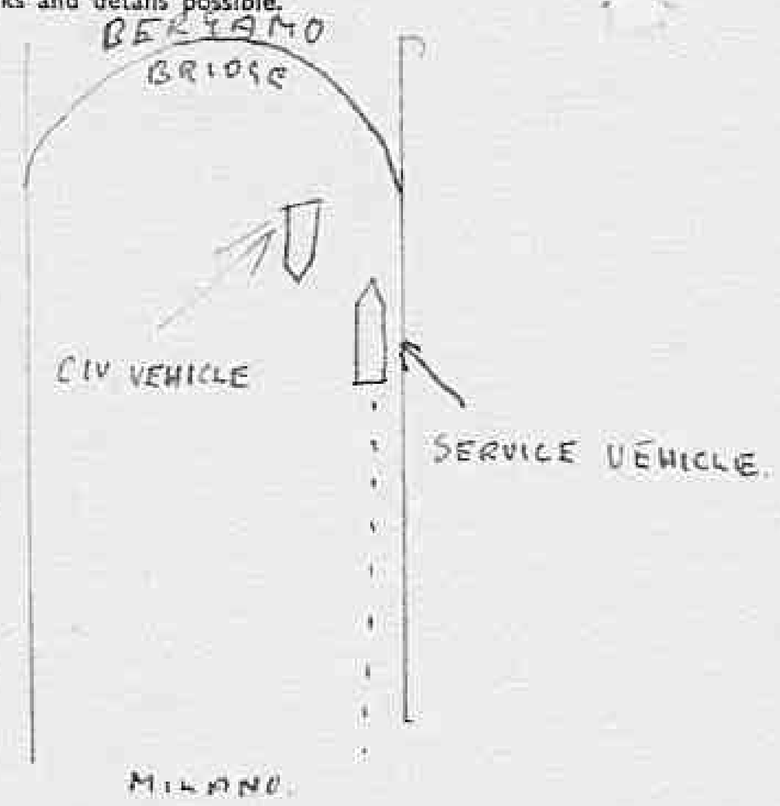
[Please Turn Over.

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

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

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

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



Wt 45808/1886 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
	Rank SPR Civilian Occupation SEAMAN	191654	B.H.Q.	Civilian N.A. / Service 2 yrs	8/1/40	30	7/3

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
	5861736	G.S	5 cwt	Willys Jeep	14		M.E Sect Legnano. Div

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
	Sub. Conductor W. Lyon R.A.O.C.	Serial No.	From BERGAMO	LEAVE AND		
	If none signed, reason must be given in Driver's Statement	Date 2/12/45	To MILANO RETURN.	RELEASE PERSONNEL		

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

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

Date 6/12/45 1945 Driver's Signature P. Lewis

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

Q. UNIT B.H.Q.	Name	Address	Telephone	Unit's file reference	Command
	LEWIS P.	5 B.H.Q. VOINE.			

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	front left wheel torn off mudguard (left) smashed (In greatest detail)	Will probably be repaired by :— M.E. Sect Legnano. Div (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
			Sub. Conductor Lyon. W. R.A.O.C.		ONE. / NIL

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

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

1. A COURT OF INQUIRY — U. Signature of O.C. Unit — 2. Disciplinary Action Approved

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

From pe

MILANO.

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	Lewis PHILIP Rank SPR Civilian Occupation SEAMAN	1916544	5 B.H.U.	Civilian N.K. Service 2 YRS	8/1/40	30	7/3

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	5860 786 If a motor-cycle, were all those on it wearing crash helmets ? (See A.C.I. 2287/1941)	G. S	5 cwt	Willys Jeep	4		M.E Sect. Legnano. Pio

P.	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
JOURNEY	Sub. Conductor W. Dyson R.A.O.C. If none signed, reason must be given in Driver's Statement	Serial No. Date 2/12/45	From BERGAMO To MAIRN. RETURN.	LEAVE AND RELEASE PERSONNEL		

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 5/12/45 1945 Driver's Signature P. Lewis
(This must be in Driver's handwriting, not typed).

Q.	Name	Address	Telephone	Unit's file reference	Command
UNIT 5 B.L.U.	LEWIS P.	5 B.H.U. VOINE.			

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.			No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	front left wheel torn off mudguard (left) buckled (In greatest detail)	Will probably be repaired by :— M.E. Sect Legnano. Pio (Name of Repair Shop or Garage)	

T.			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
I certify that the Service Vehicle was being driven	ON DUTY	~~NOT~~ ON DUTY	Sub. Conductor Lyon. W. R.A.O.C.	~~NOT~~ ON ITS AUTHORIZED ROUTE	ONE.	NIL

T.2.	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
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 / 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).

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

STATEMENT

Subject:-Traffic Accident

Sir

Whilst proceeding from Milan to Bergamo on the 2 Dec 45 I was involved in a traffic accident on the Autostrada between Milan and Bergamo.

Owing to the fact that I had a very dim headlight I was proceeding at not more than 15 MPH and also the ground was wet. I was travelling on the right hand side of the road and as near to the kerb as possible, when I saw a car approaching with very brilliant headlights the car was being driven in a very erratic manner and as I was on my right side of the road I had no fear of an accident, the car came towards me and at the last moment tried to avoid me but caught my left hand front wheel and sheared it from the axle, it then turned over and came to rest in the left ditch at the side of the road, none of the occupants of the civilian car were injured whereas I suffered a severe blow on my left forearm rendering it useless for a few days.

I remonstrated with the driver of the civilian car who's speech was not very coherent and who smelt strongly of drink, in my opinion he was well under the influence of alchoholic liquor.

I had on board my vehicle two Italian Soldiers of this HQ who are prepared to corroborate this statement.

6 Dec 45

Signed. P. Lucas...

Sgt

(1913514) driver of MT vehicle
No. 5661786

Translation of Statement

[illegible], 2/Dec/45.

I, the undersigned-GENIERE BARRONI ANTONIO-was present at the collision which took place on the Milan-Bergamo Autostrada in the region of [illegible] at 1750 hrs(on 2/Dec/45). I was in a Jeep driven by an English sergeant, which was coming from Milan. We were travelling at about forty km per hour owing to the thick fog. Fiat 1500 driven by GIOVANNI GI[illegible] crashed into us, he showed signs of drunkeness as it appeared to me absolutely impossible that he should crash into us because the vehicle on which I was travelling was not more than twenty centimetres from the edge of the road. In fact the high speed at which the 1500 was travelling caused it to turn over twice and it finished up off the road.

Signed In Faith

GENIERE BARRONI ANTONIO.

0477

TRANSLATION

Subject:-Traffic Accident.

Giovanni Giupponi
Via Frascotoro No 1
Milano. 4 Dec 45

No 5 Brit Liaison Unit.

We wish to bring to the notice of the above office, that on Sunday 2 Dec 45 at 1800 hrs that an accident occured between a military vehicle No 5661786 of the 5 B.L.U. and Fiat 1100 No CR 11343 the property of the undersigned, and which suffered grave damage.

The accident which can be testified by the persons present at the scene of the accident was the fault of the driver of the Military Vehicle. The undersigned has all the necessary documents to prove the above statement, and is holding the machine for the eventuel estimate of the damage.

Signed.
Giovanni Giupponi

6486

Statement by Sgt Dixon A.

On the 18 Nov 45 I was returning to the billets from the NAAFI Dump and had arrived at the cross roads of via Emanuele and via Caterina where I wished to turn left across the line of traffic.

I waited for the signal of the policeman on point duty. I started to turn left across the road but again halted to allow a tram to pass down the via Emanuele in the direction of the station.

When it was clear of the cross roads I began to move forward veering left into the via Caterina. As I did so I realised that a tram was coming up from the station and behind me and that I was turning directly across in front of it so did my best to swing my vehicle back on its original direction, that was up the via Emanuele but did not quite clear the tram, the bumper of my vehicle did slight damage to the front of the tram. The policeman on duty made no attempt to stop me as I began to turn.

After taking the number of both policeman and tram-driver, both vehicles being able to proceed, I then left the scene of the accident and proceeded back to the billets.

Date 18 Nov 45

Signed Sgt Dixon A.

Army Form B 252
(See King's Regulations)

CHARGE

1 R & BUCKS ..... Regiment

52 BRITISH LIAISON UNIT ..... Battery / Squadron / Troop or Company

CHARGE against No. 5381968 Rank SGT

Name DIXEY A

Place BERGAMO Date of Offence 16 Nov 45

OFFENCE Sec 40 (a.i) Neglect to the prejudice of good order and military discipline,

in that on the 16 Nov 45, when driving a military vehicle, was involved in an accident with an Italian tram

Names of Witnesses :—

Documentary

Signature of O.C. Battery, Squadron, Troop or Company } [signature illegible] Major

Punishment Awarded } Admonished

By whom Awarded } W.C. Langston 6424

19 Nov. 45. Adjutant.

P.T.O.

30188. Wt.W3137/4/1961. 2,000,000 10/42. S. & H., Ltd. G657/47.

Statement by Sgt Dixey A.

On the 16 Nov 45 I was returning to the billets from the DADOS Dump and had arrived at the cross roads of via Emanuele and via Caterina where I wished to turn left across the line of traffic.

I waited for the signal of the policeman on point duty. I started to turn left across the road but again halted to allow a tram to pass down the via Emanuele in the direction of the station.

When it was clear of the cross roads I began to move forward veering left into the via Caterina. As I did so I realized that a tram was coming up from the station and behind me and that I was turning directly across in front of it so did my best to swing my vehicle back on its original direction, that was up the via Emanuele but did not quite clear the tram, the bumper of my vehicle did slight damage to the front of the tram. The policeman on duty made no attempt to stop me as I began to turn.

After taking the numbers of both policeman and tram-driver, both vehicles being able to proceed, I then left the scene of the accident and proceeded back to the billets.

Date 16 Nov 45

Signed Sgt Dixey A.

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

Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

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

A. ACCIDENT.	Date. 16. 11.45	Time 1225	Place. County Bergano		Surname of Service Driver Dixey A.	No. of Service Vehicle 5200072

B. OTHER VEHICLE.	Lorry / Motor Car / Motor Cycle / Bicycle / Horse Van / Trailer	Make -	H.P. Year -	Registration No. No of Tran 34	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.					

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: Front slightly damaged.

(Note any previous defects)

H. INJURY TO ANIMALS	*HORSE* / *POULTRY* / *SHEEP*	*COW* / *PIG* / *DOG*	How many	*LED / STRAYING*	Condition	Injuries	IT *was not / will not have to be* KILLED	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. 45						Branch 6432	

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

SPEED OF VEHICLE	Service	Other	*NON-BUILT-UP AREA*	Traffic *LIGHT*	ROAD SURFACES	*DRY / WET*	*GOOD / FAIR / BAD*	*STRAIGHT / BEND / CROSS-ROADS*	*TRAFFIC LIGHTS / TRAFFIC*	Visibility *CLEAR / FOGGY*
	5	5								

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

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

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

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

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

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

Front slightly damaged.

H. INJURY TO ANIMALS (Note any previous defects)

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

I. DAMAGE TO PROPERTY

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

J. 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. 45						Branch 642	

K. LIGHTS

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

L. SPEED OF VEHICLE

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

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

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

Insert here initials of Command

SERVICE DRIVER	Name	Rank	Number	Unit	Vehicle No.	Code

ACCIDENT — Date ..... Time ..... Place .....

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

[Please Turn Over.

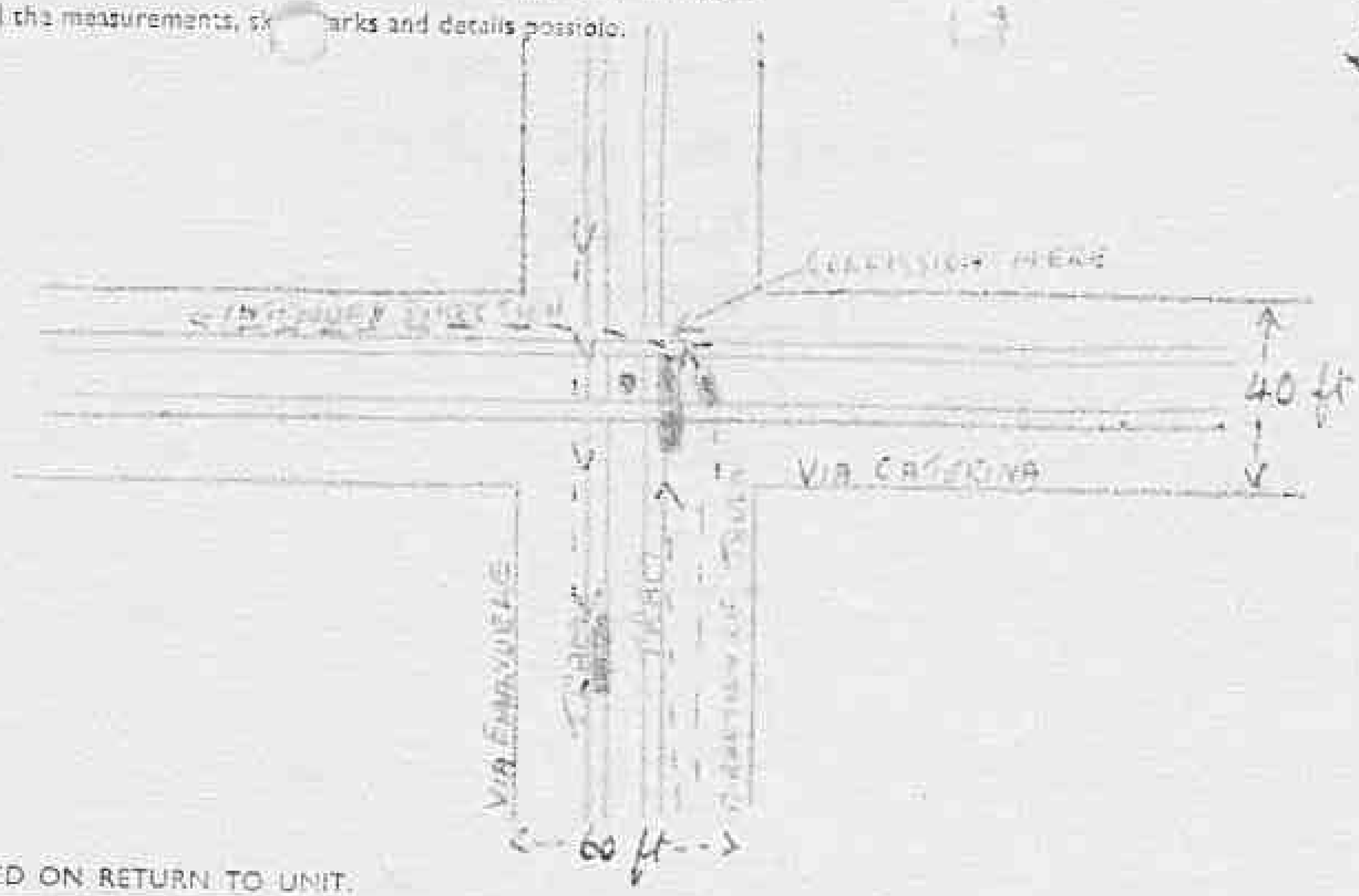
Declassified E.O. 12065 Section 3-402/NNDG NO. 785020

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

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

Put in all the measurements, sk[illegible]arks and details possible.

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



TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER
Name in full (all Christian Names): Dixey A.
Rank: Sgt
Civilian Occupation:
Number: 5581966
Unit: 52 BLU
Driving Experience: Civilian Service 0
Date of entry into Service: 5.2.35.
Age: 51
Rate of Pay per day:

O. SERVICE or HIRED VEHICLE
No. of Service Vehicle: 5880072
Type of Bodywork: Metal
Load capacity: 15 cwt
Make: Ford
H.P.:
RIGHT ~~LEFT~~ HAND DRIVE
Present Location of Vehicle: Unit lines
If a motor-cycle, were all those on it wearing crash helmets? (See A.C.I. 2237/1941)

P. JOURNEY
Army Form G3519 was signed by: Sgt Deering S.
(If none signed, reason must be given in Driver's Statement)
A.F.G.3518 Serial No. 44
Date 18.11.45
Journey From Via Crispi DADOS Dump
Nature of Duty: Returning clothing to stores
~~UN~~LOADED
Map reference of scene of accident:

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

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

Date 18 Nov 45 194

Driver's Signature Sgt Dixey A
(This must be in Driver's handwriting, not typed).

Q. UNIT 52 BLU
Name: Dixey A.
Address: 52 British Liaison Unit
Telephone: 2458
Unit's file reference:
Command: 50 Area

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

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED
Nil
Clothing and Malarial equipment being returned to Stores.
(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 DUTY~~ ON ITS AUTHORIZED ROUTE
Name of Officer who gave authority for issue of A.F.G.3518: Sgt Deering S.
Number of previous accidents in which Driver has been: concerned one; to blame nil

T.1. 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 as those required. References are to Sections overleaf.

C.A. COURT OF INQUIRY

W.O. 1,500m [illegible] G.51

<— 60 ft —>

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
Dixey A.	5551968	58 BLU	Civilian Service	5.2.35.	31	
Rank Sgt 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
8230072	Metal	15 cwt	Ford			Unit lines

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

P. JOURNEY

Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	LOA DEO	Map reference of scene of accident
Sgt Deering S. (If none signed, reason must be given in Driver's Statement)	Serial No. 44 Date 18.11.45	From Via Crispi BADOS Dump	Returning clothing to stores		

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 18 Nov 45 194   Driver's Signature Sgt Dixey A (This must be in Driver's handwriting, not typed)

Q. UNIT

Unit	Name	Address	Telephone	Unit's file reference	Command
58 BLU	Dixey A.	58 British Liaison Unit	2458		58 Area

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

Nil

Clothing and Malarial equipment being returned to Stores. (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

Name of Officer who gave authority for issue of A.F.G.3518: Sgt Deering S.

Number of previous accidents in which Driver has been: concerned — one; to blame — nil

T.1. It is essential that A.D. Claims furnish me with

Police Report	Inquest Depositions	Statements of Injured Persons E1 E2 E3	Statements of Witnesses F1 F2 F3	A.D. Claims to arrange attendance at	COURT OF INQUIRY / INVESTIGATION	Place	Date / Time	Of Injured E1 E2 E3	Of Witnesses F1 F2 F3

Put cross as shown required. References are to Section 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)

As I have been unable to obtain corroborative evidence of Sgt Dixey's statement or to contradict the [illegible] I must hold Sgt Dixey to blame. The damage in question is practically negligible and was due either to an error of judgement or a mistaken signal.

X. Punishment awarded

Admonished.

U. Signature of O.C. Unit [signature] Lt Col

Date 19 Nov 1945

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).

213

SUBJECT:- Traffic Accident

52 British Liaison Unit
G.H.Q.
12 Oct 45

To:- D.A.D.,
84 Claims & Hirings

AQ/12/213

The attached accident report and statements in respect of accident at Bergamo on 7 Oct 45 are forwarded for disposal action please.

(H.FERRO) Major.
for DAAG(MG).

/WN.

6471

orm A3274
August, 1942)
carried in an
ssed envelope
every driver.
.I.1312/1940

oss 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: 7. 10. 45 | Time: 2050 | Place: County BERGAMO | Surname of Service Driver: DICKEY | No. of Service Vehicle: 5493231

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

C. DRIVER OF OTHER VEHICLE — Name: BONALUMI Battista | Driving Licence: Date ..... No. - | Address and Occupation: Redona via Martinella No 19 Bergamo - Verniciatore. | 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.	Bonalumi Battista.	45	Redona via Martinella No 19 Bergamo - Verniciatore.		~~Slight~~ ~~Serious~~ ~~Fatal~~	Ospedale Maggiore Bergamo
2.					Slight Serious Fatal	
3.					Slight Serious Fatal	

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

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

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible): Slight damage to cycle. (Note any previous defects) | Can be seen at

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

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

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

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

L. SPEED OF VEHICLE — Service 15 m.p.h. | Other - m.p.h. | ~~NOT~~ BUILT UP AREA | ~~TWILIGHT~~ LIGHT ~~DARK~~ | ROAD SURFACES | DRY ~~WET~~ | ~~GOOD~~ FAIR ~~BAD~~ | ~~STRAIGHT~~ BEND CROSS ROADS | TRAFFIC ~~LIGHTS~~ SIGNS | Visibility CLEAR ~~FOGGY~~ RAIN

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

Bonaluni Battista No ...

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation: Bergamo - Verniciatore.		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
1.	Bonaluni Battista.	45	Redona via Martinella No 10 Bergamo - Verniciatore.	Slight / Serious / Fatal: Slight
2.				Slight / Serious / Fatal: Serious
3.				Slight / Serious / Fatal: Fatal

Hospital (if known): Ospedale Maggiore Bergamo

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

G. APPARENT DAMAGE TO OTHER VEHICLE (in greatest detail possible): Slight damage to cycle.

Can be seen at

(Note any previous defects)

H. INJURY TO ANIMALS

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

NAME & ADDRESS of OWNER or OCCUPIER

Telephone

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned

Telephone Landlord | Tenant

J. FOLICEMAN

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

K. LIGHTS

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

L. SPEED OF VEHICLE

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

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

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

Insert here initials of Commanding

SERVICE DRIVER	Name	Rank	Number	Unit	Vehicle No.	Code

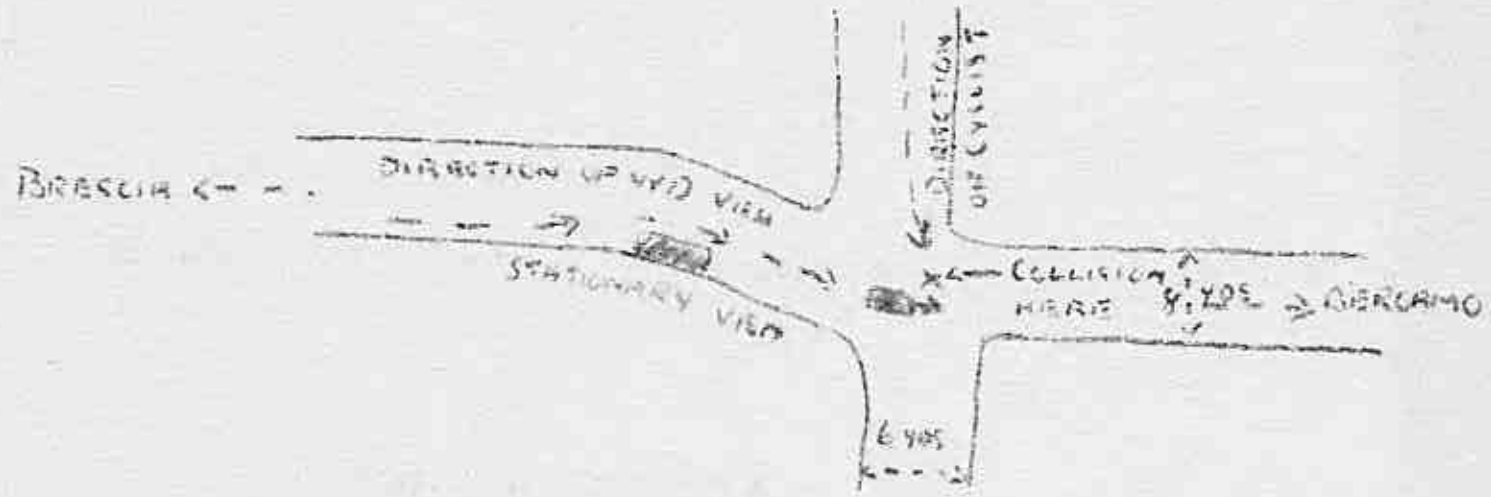
ACCIDENT	Date	Time	Place	This slip is handed you for your convenience and is not to be taken as an admission of liability

[Please Turn Over.

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

This R... accomp... signed ... the Driv... Service...

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



Wt 45008/885 2/43 51-6292

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names)	Number	Unit	Driving Experience Years / Mths.	Date of entry into Service	Age	Rate of Pay per day
	Rank Civilian Occupation			Civilian Service 9	15.2.35	31	9/9

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

If motor-cycle, were all those occupying crash helmets worn? (See A.C. 12287 (1941))

P. JOURNEY	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
	If none signed, reason must be given in Driver's Statement	Serial No.	From			
		Date 8 Oct	To [illegible]	Recovery		Unit lines

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 7 Oct 45. 194 Driver's Signature [signature] (This must be in Driver's handwriting, not typed).

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	52 BLU	BERGAMO	2452	A3676	2 DIST

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

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

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
			Lt Brockmeyer J.		NIL	NIL

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

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

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / A DEPOSITION } U. Signature of O.C. Unit Z. Disciplinary Action taken

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

From

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	Civilian Occupation	538198	52 BLU	Civilian / Service 9	15.2.35	31	9/2

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

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

	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOA-DED	Map reference of scene of accident
P. JOURNEY	If none signed, reason must be given in Driver's Statement	Serial No. / Date 3	From / To 1960	Recovery		

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 7 Oct 45. 194 Driver's Signature (This must be in Driver's handwriting, not typed).

	Name	Address	Telephone	Unit's file reference	Command
Q. UNIT	52 BLU	BERGAMO	1452	A3676	2 DIST

	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 CARRIED	Damage - NIL Unloaded. (In greatest detail)	(Name of Repair Shop or Garage)	

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 NIL	to blame NIL

T.2. It is essential that A.D. Claims furnish me with	Police Report	Inquest Depositions	Statements of Injured Persons E.1	E.2	E.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange attendance at	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).

In view of the statement of the injured man I can only assume that Sgt Dixon the driver of the 15 cwt truck was not in any way to blame. No other witnesses of the accident are available.

Case dismissed.

X. Punishment awarded

U. Signature of O.C. Unit
Date 10 Oct 1945
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).

RGE

Army Form B 252
(See King's Regulations)

52 British Liaison Unit, CMF. — Regiment (Battery / Squadron / Troop or / Company)

CHARGE against No. 5381988 ~~6~~ 68 Rank Sgt

Name Dixey A.

Place Bergamo Date of Offence 7 Oct 45

OFFENCE WOAS he became involved ~~in an~~ in an accident with a civilian on a cycle, whilst driving a WD Vehicle. Section 40.

Names of Witnesses:—

Signature of O.C. Battery, Squadron, Troop or Company) John M Beaumont Lt. A/Camp Cdt.

Punishment Awarded) Case dismissed.

By whom Awarded) [illegible] Capt.

Adjutant.

10 Oct. 45.

P.T.O.

COPY OF

STATEMENT BY BONALUMI BATTISTA OF REDONA.

I, the undersigned, Bonalumi Battista, son of Guiseppe resident in Redona, declare that I exonerate from all responsibility- civil and penal - the English Driver Sgt Dixey A., 52 BLU, CMF, as regards to the motor accident on 7 Oct 45, at 2050 hrs, in which I was injured.

Signed BONALUMI BATTISTA.

Certified true translation of statement in my presence.
[illegible]
Legal Officer

Statement by 6581968 Sgt Dixey A. 52 BLU, CMF.

On the 7 Oct 45 at 0090 hrs I was driving along the road from Brescia to Bergamo. When near a cross road I pulled out to pass a stationary vehicle and had just got back to the right side of the road, previous to passing over the cross roads. When nearly over, a cyclist came from the road on my left at a very fast speed and collided with my vehicle. He was injured, so I did the best I could for him and then took him to the Ospedale Maggiore, Bergamo.

The front wheel of cycle and the front forks were damaged.

Signed- Sgt Dixey. A.

Date 7 Oct 45

6462

1864