ACC

10000/135/453

10000/135/453

M.T. ACCIDENTS, IAF
JULY - DEC. 1946

2066

HEADQUARTERS

U.S.2 Claims Commission
and
No.2 Directorates of Hirings and Disposals (Fixed Assets)

A.P.C. S.551
C. M. F.

HQ Allied Commission
Air Forces Sub-Commission
A.P.C. S.551
C.M.F.

2CHD/342/5

28 Dec 46

Subject:- Injuries to Capt.FOSCHI Piero.

We are sending you copy of a report of an accident involving the a/n Pilot, established by Ministero dell'Aeronautica and in pursuance of a request made by that office.

A.F.H.Q.
819/MT.

(S.I. BASKIN)
Major,
for Brigadier,
V.P.C.C. and D. of Hgs. and Disposals.

10/mp
Tel.65335
Sigs Address:
No.2 Claims and Hirings, ROME.

Copy to:- Ministero dell'Aeronautica - Your [illegible] dated
ROMA. 5 Nov 46 refers.

Sent.

6B.

RELAZIONE COMPILATA DAL DIRETTORE DELLA DIREZIONE SERVIZI IN MERITO ALL'INCIDENTE MOTOCICLISTICO AVVENUTO SULLA STRADALE CHE VA DA BELLARIA A RIMINI, FRA IL MOTOCICLO BENELLI 250 A.M. 46032 E UN AUTOCARRO TEDESCO.-

Il giorno 26 luglio 1946 il Capitano A.A.r.n.Pil.FOSCHI Piero si recava per servizio a Rimini essendo indisposto il motociclista addetto. Il Capitano Foschi Piero utilizzava per tale viaggio la Motocicletta Benelli 250 A.M. 46032.

Giunto alle ore 16.30 nei pressi di Rimini si trovava improvvisamente la strada interrotta da un autocarro tedesco che provenendo a forte velocità dalla direzione opposta piegava improvvisamente sulla sinistra per immettersi in una via laterale. Il Capitano Foschi allo scopo di evitare l'investimento accelerava la marcia per portarsi all'estremità di destra della strada.

Nel fare tale manovra urtava contro un paracarro che provocava la di lui caduta.

Il Capitano Foschi riportava lesioni e fratture di varie entità per cui fu necessario, dopo una sommaria medicazione sul luogo, il suo ricovero all'Ospedale C.R.I. (Putti). L'Aviere di Governo FARINELLA Giordano che il Cap.Foschi portava a bordo del motociclo rimaneva invece illeso.

Danni di lieve entità al motociclo.

Da quanto emerge lo scrivente ritiene che la responsabilità di quanto occorso debba attribuirsi esclusivamente al conducente l'automezzo tedesco perchè marciando da opposta direzione provocava con la sua improvvisa manovra di deviamento a sinistra la brusca sterzata del motociclo militare che dava luogo all'incidente.

Il conducente l'automezzo tedesco doveva usare la norma prudenziale di sincerarsi che nessun altro automezzo provenisse dalla direzione opposta prima di iniziare il suddetto deviamento, e eventualmente

Il giorno 26 luglio 1946 il Capitano A.A.r.n.Pil.FOSCHI Piero si recava per servizio a Rimini essendo indisposto il motociclista addetto. Il Capitano Foschi Piero utilizzava per tale viaggio la Motocicletta Benelli 250 A.M. 46032.

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Nel fare tale manovra urtava contro un paracarro che provocava la di lui caduta.

Il Capitano Foschi riportava lesioni e fratture di varie entità per cui fu necessario,dopo una sommaria medicazione sul luogo,il suo ricovero all'Ospedale C.R.I. (Putti).L'Aviere di Governo FARINELLA Giordano che il Cap.Foschi portava a bordo del motociclo rimaneva invece illeso.

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Il conducente l'automezzo tedesco doveva usare la norma prudenziale di sincerarsi che nessun altro automezzo provenisse dalla direzione opposta prima di iniziare il suddetto deviamente,o eventualmente fare i segnali direzionali di prammatica.-

IL DIRETTORE
Ten.Col.Pil.Umberto Gobbetti

SL/sl

COMANDO [illegible]

AUTOREPARTO

RELAZIONE SULL'INCIDENTE MOTOCICLISTICO AVVENUTO IL 26.7.46 A RIMINI MOTOCICLO BENELLI 250 A.M. 46032 CONDUCENTE CAP.A.A. r.n. PILOTA

F O S C H I P I E R O

Il giorno 26.7.46 alle ore 16,30 la motocicletta Benelli 250 A.M.á 46032 pilotata dal Cap.A.A.r.n.Pilota FOSCHI Piero e con a bordo l'Av. di Governo FARINELLA Giordano mentre percorreva la strada che va da Bellaria a Rimini si trovava la strada tagliata,nel suo senso di marcia,da un autocarro tedesco,che provenendo a forte velocità dalla opposta direzione, ~~a sinistra~~ piegava improvvisamente sulla sinistra per imbucare una via laterale.

Il Capitano FOSCHI, non potendo fermare la moto, allo scopo di evitare l'investimento con l'autocarro citato, accelerava il motociclo portandosi sull'estremo limite destro della strada, e superava l'automezzo. Urtava però in questa manovra contro un paracarro per cui perduto l'equilibrio cadeva.

Nella caduta l'Aviere FARINELLA rimaneva illeso, mentre il conducente Capitano FOSCHI Piero riportava lesioni e fratture di varia entità per cui dopo una medicazione sul luogo veniva trasportato a Bologna e ricoverato all'Ospedale della C.R.I. (PUTTI) -. (Vedi allegati referti medici).

In ottemperanza alle vigenti disposizioni si segnala quanto segue:

a) - L'incidente si è verificato in Rimini il giorno 26/7/1946 alle ore 16,30.

b) - L'incidente si è determinato per evitare l'investimento con autocarro tedesco che, senza segnalazioni alcuna, provenendo dal senso opposto di marcia, tagliava bruscamente la strada per entrare in una via laterale.

c) - Condizioni atmosferiche ottime, cielo ~~buono~~, fondo stradale asfaltato.

d) - Il motociclo era Pilotato dal Capitano A.A.r.n. Pilota S.P.E. FOSCHI Piero, che aveva presa la moto essendo indisposto il motociclista addetto, e che si doveva recare per servizio a Rimini.

e) - Danni al motociclo come da allegato verbale di perizia.

Bologna,li 1 Settembre 1946

Visto

Ten. Col. [illegible]

IL COMANDANTE DEL REPARTO

Lucci

Il giorno 26.7.46 alle ore 16,30 la motocicletta Benelli 250 A.M.s 46032 pilotata dal Cap.A.A.r.n.Pilota FOSCHI Piero e con a bordo l'Av. di Governo FARINELLA Giordano mentre percorreva la strada che va da Bellaria a Rimini si trovava la strada tagliata,nel suo senso di marcia,da un autocarro tedesco,che provenendo a forte velocità dalla opposta direzione, a quella piegava improvvisamente sulla sinistra per imbucare una via laterale.

Il Capitano FOSCHI, non potendo fermare la moto, allo scopo di evitare l'investimento con l'autocarro citato, accelerava il motociclo portandosi sull'estremo limite destro della strada, e superava l'automezzo. Urtava però in questa manovra contro un paracarro per cui perduto l'equilibrio cadeva.

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e) - Danni al motociclo come da allegato verbale di perizia.

Bologna,li 1 Settembre 1946

Visto

Ten.Col. A.A.r.n. GIORGIO SAPORITA

(Comandante del Reparto Aviazione Bologna)

IL COMANDANTE DEL REPARTO

(Ten. Col. [illegible])

Lucci

D I C H I A R A Z I O N E

Io sottoscritto Capitano Pilota FOSCHI Piero dichiaro quanto segue:

- Il giorno 26 Luglio 1946 alle ore 16,30 circa mi recavo a Rimini per prendere accordi con l'Ufficio Comunale di Rimini circa la sistemazione delle tende a Bellavia ed il pagamento eventuale della tassa per le tende stesse.

Data dell'indisposizione dell'unico motociclista di servizio al Distaccamento prendevo in sua sostituzione l'Aviere FARINELLA Giordano.

Dopo un percorso di circa 300 metri dal Distaccamento mentre percorrevo a velocità ridotta il Lungomare per condurmi a Rimini, un camion tedesco che perveniva dalla direzione opposta a velocità elevata girava rapidamente alla sua sinistra senza alcun segnale per imbucare una strada secondaria. Il camion mi ha tagliato nettamente la strada quando distava da me 5 o 6 metri.

Avendo calcolato che non mi rimaneva spazio sufficiente pr fermare la moto acceleravo la moto riuscendo a precedere l'automezzo. In detta manovra sempre per evitare la collisione mi dovevo buttare tutto sulla destra,ed,urtavo così colla pedagliera destra e la leva della messa in moto contro un paracarro.

La leva della messa in moto che per l'urto si era abbassata tornando nella posizione normale mi colpiva violentemente nella legione del malleolo peroneale destro producendomi una ferita lacero contusa.- Per il dolore della ferita instintivamente alzavo bruscamente la gamba che urtando contro il supporto della leva del cambio mi procurava la frattura della rotula destra del ginocchio. - Il camion proseguiva la sua corsa senza che l'autista si curasse dell'incidente.- Solo più tardi dalle ricerche effettuate dall'Aviere Farinella potevo identificare i dati dell'automezzo

quanto segue:

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Visto.
Ten. Col. A.A.r.n. GIORGIO SAPORITA

In fede
Capitano A.A.r.n. FOSCHI Piero

2073

C H I A R A Z I O N E

Io sottoscritto Aviere di Governo FARINELLA Giordano, in forza al locale Presidio Aeronautico, a richiesta del Comando Autoreparto dichiaro quanto segue:

Il giorno 20 corrente , stavo consumando il I° pasto del giorno nella mensa del Distaccamento A.M. di Bellariva, dove mi trovavo in gita ricreativa allorchè il Capitano Pilota FOSCHI Piero di cui sono attendente mi avvertì di tenermi pronto per partire con lui in motocicletta. Verso le ore 17 circa infatti come da preavviso l'Ufficiale mi prese a bordo della motocicletta di servizio Benelli 250,e partii. Mentre percorreva il Viale di cui non so precisare il nome,che dal paesino di Bellariva conduce a Rimini,non tenendo una andatura dai 50 ai 60 Km. orari un camion allento,pilotato da un soldato tedesco,che procedeva sullo stesso viale in senso inverso proprio sul punto d'incrociare col motociclo senza fare il regolamentare segnale di svolta,girava improvvisamente a sinistra tagliando così,la strada all'Ufficiale in seguito a ciò l'Ufficiale venutosi a trovare nella difficile situazione di non potersi nè arrestare,nè proseguire senza essere investito usciva fuori strada andando a sbattere con la gamba destra contro un palo di cemento,producendosi una ferita alla coscia e la frattura della rotula del ginocchio destro.

Io rimasi fortunatamente illeso,poichè resomi conto del pericolo riuscii a buttarmi dal motociclo.Non so per quali ragioni viaggiasse l'Ufficiale, la località ove egli si sarebbe dovuto recare ed il motivo per il quale preferì portarmi con lui. Dopo l'incidente, l'Ufficiale venne raccolto dappersona che non conosco ed in macchina trasportato all'Ospedale di Rimini io ritornai al Distaccamento informando subito dell'accaduto il Sergente Maggiore Orsi Sottufficiale più elevato in grado presente al Reparto il quale dispose il ritiro del motociclo a mezzo dell'Aviere Aiuto Autista [illegible] Mario.

Non sono in grado di precisare l'entità dei danni riportati dallo stesso motociclo, ma credo che essi non debbono essere di grande importanza non ho altro da aggiungere ed infine di quanto dichiarato mi sottoscrivo.

Av. Gianella Giovanni

Bologna, li 31 Luglio 1946

Visto

f.a.

1736

D I C H I A R A Z I O N E

Io sottoscritto Av. Aiuto Autista ZUFFOLI Ilario, in forza al Presidio Aeronautico di Bologna, a richiesta del Comando dello Autoreparto, dichiaro quanto segue:

" Il giorno 19 corrente sono stato comandato di recarmi dal Presidio locale al Distaccamento A.M. (Aeronautica Militare) di Bellariva, dove sono distaccati una cinquantina di militari dello stesso Presidio, per gita ricreativa.

Nell'occasione mi è stata data in consegna dal locale Autoreparto la motocicletta Benelli 250, che ho caricata nell'autocarro 626 A.M. col quale ho viaggiato da Bologna a Bellariva.

La suddetta motocicletta serviva a disimpegnare servizi relativi alle necessità del Distaccamento.

Il giorno 26 corrente, verso le ore 13,30 circa, dopo aver effettuato con la sopraddetta motocicletta un servizio di mensa, ho collocato la stessa nel cortile della palazzina del Centro Radio di quel Distaccamento e mi sono ritirato nel mio letto, perché affetto da malessere febbrile.

Verso le ore 18 dello stesso giorno 26, ho saputo dall'Av. FARINELLA che, il Capitano FOSCHI Pietro, era stato vittima di un incidente motociclistico.

In questa occasione mi sono reso conto che l'incidente si era verificato con la Motocicletta Benelli 250, che l'Ufficiale aveva preso dal posto ove io l'avevo lasciata, a mia insaputa.

Non sono in grado di precisare la località nella quale l'Ufficiale si sarebbe recato, né lo scopo del suo viaggio. Al ritiro del Motociclo incidentato ho provveduto io, ed ho potuto constatare che esso presentava i seguenti danni: cambio guasto- manubrio e pedivelle di messa in moto contorti- tubo di scarico staccato- scato

1735

Autoreparto, dichiaro quanto segue:

" Il giorno 18 corrente sono stato comandato di recarmi dal Presidio locale al Distaccamento A.M. (Aeronautica Militare) di Bellariva, dove sono distaccati una cinquantina di militari dello stesso Presidio, per ciità ricreativa.

Dell'occasione mi è stata data in consegna dal locale Autoreparto la motocicletta Benelli 250, che ho caricata nell'autocarro 626 A.M. col quale mi sono recato da Bologna a Bellariva.

La suddetta motocicletta serviva a disimpegnare servizi relativi alle necessità del Distaccamento.

Il giorno 25 corrente, verso le ore 15,30 circa, dopo aver effettuato con la soprraddetta motocicletta un servizio di mensa, ho collocato la stessa nel cortile della palazzina del Centro Radio di quel Distaccamento e mi sono ritirato nel mio letto, perché affetto da malessere febbrile.

Verso le ore 18 dello stesso giorno 26, ho saputo dall'Av. FARINELLA che, il Capitano FOSCHI Pietro, era stato vittima di un incidente motociclistico.

In questa occasione mi sono reso conto che l'incidente si era verificato con la Motocicletta Benelli 250, che l'Ufficiale aveva preso dal posto ove io l'avevo lasciata, a mia insaputa.

Non sono in grado di precisare la località nella quale l'Ufficiale si sarebbe recato, né lo scopo del suo viaggio. Al ritiro del motociclo incidentato ho provveduto io, ed ho potuto constatare che esso presentava i seguenti danni: cambio cuasto- manubrio e pedivelle di messa in moto contorti- tubo di scarico staccato- scatola delle puntine platinate ammaccata- altri guasti di poca entità.

Non ho altro da aggiungere e in fede mi sottoscrivo.

1735

BOLOGNA, li 1.8.45 Visto

Ten. Col. A.A.r.n. GIORGIO SAFFIOTTI

Av. Zaffinetti Aldo

PRESIDIO AERONAUTICO BOLOGNA
INFERMERIA

Bologna li 3 agosto 1946

AL COMANDO PRESIDIO REGIONALE AERONAUTICO
B O L O G N A

Prot. 601/4/460

OGGETTO: Dichiarazione medica relativa Capitano Pil.in S.P.A. FOSCHI Pietro

e per conoscenza:
NUCLEO 2° Z.A.T. - Sezione di Sanità -
P A D O V A

Il giorno 27 del mese u.sc. ho visitato al Centro Ortopedico " Putti " il Capitano Pil. in S.P.A. FOSCHI Piero, di questo Presidio.

Egli aveva l'arto inferiore destro immobilizzato in un apparecchio gessato.

Dall'esame della lastra radiografica eseguitagli prima della gessatura e della dichiarazione del medico curante ho diagnosticato all'ufficiale in oggetto una " FRATTURA COMPOSTA DELLA SECONDA DIAFISI E UNA FERITA LACERO - CONTUSA ALLA REGIONE MALLEOLARE DELLA STESSA GAMBA ".

Il Capitano ha riferito che mentre viaggiava in motocicletta sulla strada di Rimini per evitare una collisione con un autocarro tedesco, sbandava con la moto urtando contro un ostacolo non ben precisabile, riportava le lesioni suddette.

Tali lesioni sono guaribili in giorni 45 a.c; e non possono menomare l'idoneità del Capitano al suo servizio militare.

(Magg. med. ... Dr. Giuseppe)

Visto

OGGETTO: Dichiarazione medica relativa Capitano Pil. in S.P.E. [illegible]CCHI Pietro

e per conoscenza:

NUCLEO [illegible] S.A.T. - Sezione di Sanità -

PADOVA

Il giorno 7 del mese u.sc. ho visitato al Centro Ortopedico " Putti " il Capitano Pil. in S.P.E. [illegible] Piero, di questo Presidio.

Egli aveva l'arto inferiore destro immobilizzato in un apparecchio gessato.

Dall'esame della lastra radiografica eseguita gli prima della ingessatura e della dichiarazione del medico curante ho diagnosticato all'ufficiale in oggetto una " FRATTURA COMMINUTA DELLA ROTULA DESTRA E UNA FERITA LACERO - CONTUSA ALLA REGIONE [illegible] DELLA STESSA GAMBA ".

Il Capitano ha riferito che mentre viaggiava in motocicletta sulla strada di Rimini per evitare una collisione con un autocarro tedesco, sbandava con la moto urtando contro un ostacolo non ben precisabile, riportava le lesioni suddette.

Tali lesioni sono guaribili in giorni 45 s.c.; e non possono menomare l'idoneità del Capitano al suo servizio militare.

IL DIRIGENTE IL SERVIZIO SANITARIO
(Magg. med. C.S.A. DEL [illegible] Dr. Giuseppe)
[signature]

Visto
Ten. Col. [illegible] SARTORI [illegible]
([illegible])
[signature]

C O P I A

Bologna,li 2 Agosto 1946

CENTRO ORTOPEDICO E MUTILATI "PUTTI"

B O L O G N A

OSPEDALE N. 46 DELLA CROCE ROSSA ITALIANA

OGGETTO: Referto medico.-

Si dichiara che si trova cstì ricoverato il Capitano Pilota FOSCHI Piero, per frattura della rotula D. e ferita lacero abia regione del malleolo peroneale D.-

Il Capitano FOSCHI è immobilizzato in apparecchio gessato (ginocchiera con piede) . Ed è guaribile in gg.45 s.c.

IN fede

Dott. Gian Luigi OGGIONI

COMANDO
AUTOREPARTO

P.....C.....C.

IL COMANDANTE DELL'AUTOREPARTO
(Ten. [illegible])

CENTRO ORTOPEDICO E MUTILATI "PUTTI"

B O L O G N A

OSPEDALE N. 46 DELLA CROCE ROSSA ITALIANA

OGGETTO: Referto medico.-

Si dichiara che si trova cstì ricoverato il Capitano Pilota FOSCHI Piero, per frattura della rotula D. e ferita lacero abia regione del malleolo peroneale D.-

Il Capitano FOSCHI è immobilizzato in apparecchio gessato (ginocchiera con piede) . Ed è guaribile in gg.45 s.c.

IN fede

Dott. Gian Luigi OGGIONI

COMANDO ... BOLOGNA AUTOREPARTO

P.....C.....C.

IL COMANDANTE DELL'AUTOREPARTO

(Ten. ...)

Visto

Ten. Col. ... Comandante

-134

COMANDO PRESSO AERONAUTICA
SARDEGNA
AUTOREPARTO

V E R B A L E DI P E R I Z I A

relativo ai danni subiti dal Motociclo Benelli 250 A.M. 46032 -

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Nell'incidente avvenuto il giorno 27.6.46 il Motociclo Benelli 250 targato A.M.46032 ha riportato i seguenti danni :

- 1) Distorsione alla forcella anteriore e manubrio -
- 2) Rottura dell'asse del mozzo ruota posteriore -
- 3) Rottura degli attacchi di sostegno della scatola del cambio -
- 4) Rottura bulloni sostegno parafango posteriore e deformazione pedali poggiapiedi posteriori -
- 5) Batteria Accumulatori fuori uso.-

I danni di cui sopra, dati i prezzi praticati sulla piazza di Bologna importano sia per la mano d'opera, come per i lavori, che per la sostituzione dei materiali occorrenti, una spesa di circa lire 3.500.-

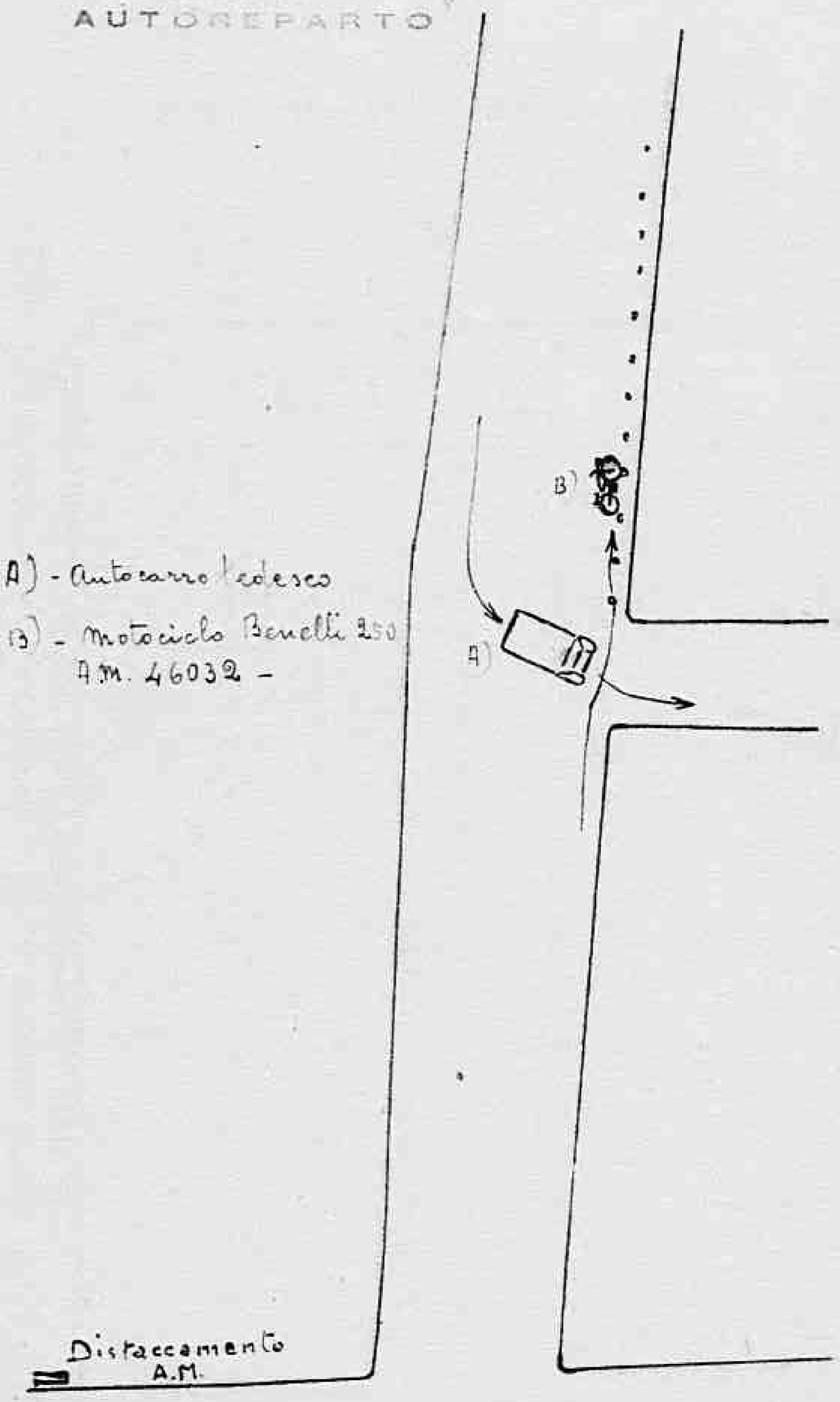
Bologna, li 1.9.46

IL COMANDANTE DELL'AUTOREPARTO
(Ten. AA r. s. Dr. Ruggero Locchi)

Visto
Il Ten. Col. A.A.r.s.
I.A.

173

COMANDO STESSO AUTO
BOLOGNA
AUTOREPARTO

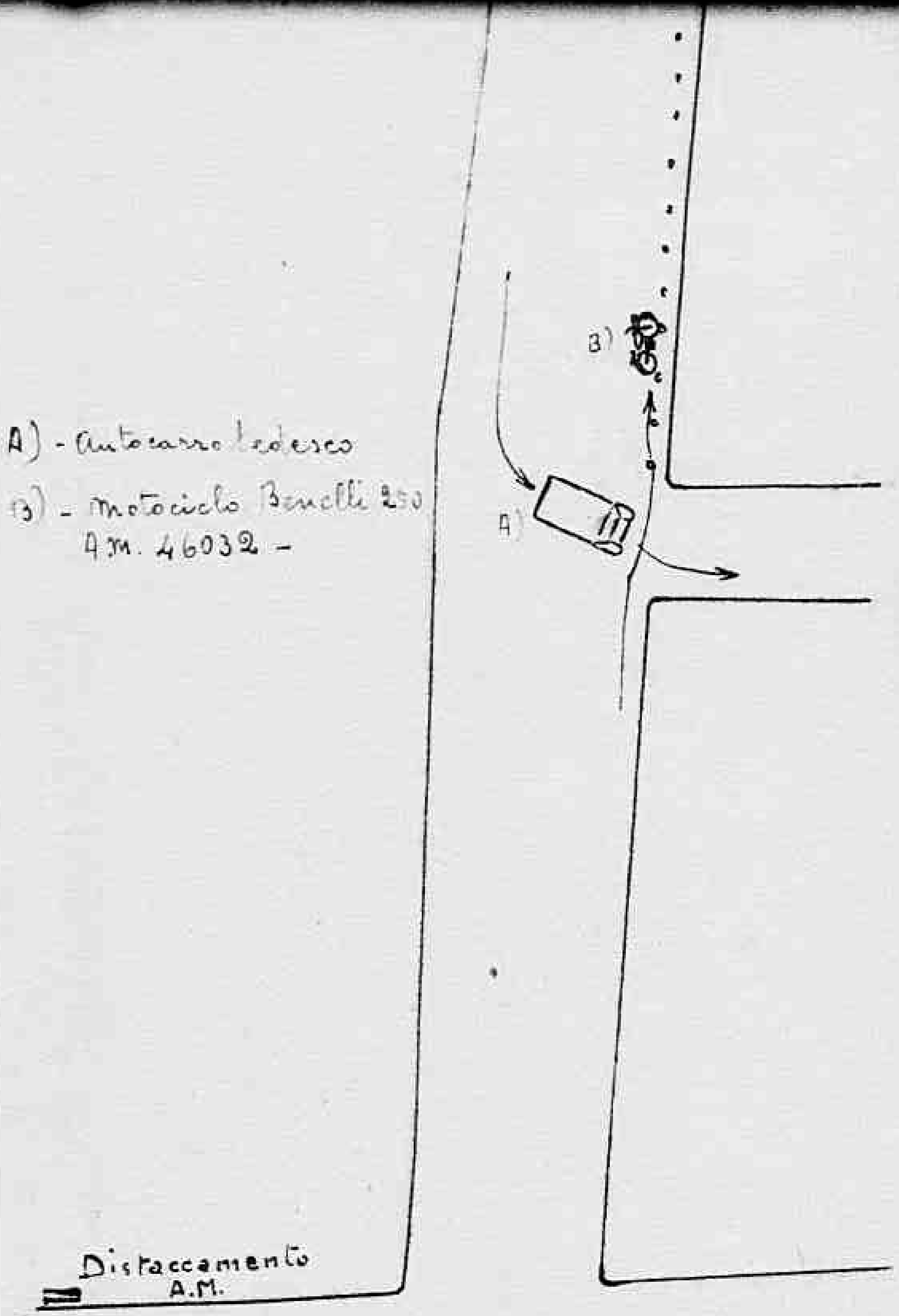


A) - Autocarro tedesco

B) - Motociclo Benelli 250
A.M. 46032 -

1731

2083



1731

Visto

Ten. Col. A.A. r.n. [illegible] SATORI
([illegible])

IL COMANDANTE DELL'AUTOREPART
(Ten. A.A. r.s. aut. Roberto [illegible])

2084

From : Air Forces Sub Commission. Allied Commission. Rome.

To : R.A.A.C. Provost Marshal.

Date : 3rd December, 1946.

Ref : AFSC/879/M.T.

Enclosed herewith for your information is copy of a report on an automobile accident involving Av.Sc. INTIMARINO, I.A.F. , and KROZE GUBITARA, Polish Forces.

2. It is requested tha t suitable action may be taken by your section.

S.M. LEGAT, FLT/O.
AIR VICE MARSHAL.
DIRECTOR.
AIR FORCES SUB COMMISSION.

1730

4A
(T)

From : Air Ministry. Cabinet of the Minister.

To : A.F.S.C., A.C., Rome.

Date : 20th November, 1946.

Ref. : 30508/3521 Coll.

M.T. accident. Report.

At 19.30 on the 25th of October the "Balilla" A.M. 1376, passenger car from Cavour Barracks, driven by Av. Sc. Domenico INTILARINO and Carabiniere Alfonso MARINO as passenger, was overtaken in Via Ostiense by an allied truck 3676.

This truck had about 40 Polish ORs aboard and the driver a Pole.

The allied truck, not having enough room while overtaking, grazed slightly the Italian car, wrenching away the door handles from the port side.

Upon the representation made by Av. Sc. INTILARINO, the Polish driver, MROZ Gusitara obviously drunk, hit the Av. Sc. on the face, wounding him on the lips. The incident was stopped by the arrival of Polish M.P. who arrived aboard a Jeep.

The above is mentioned for your information

by order
Chief of Cabinet

TRANSLATED BY SGT. RYAN.

At 19,30 on the 25th of October the 'Balilla' A.M. 1376, passenger car from Cavour Barracks, driven by Av. Sc. Domenico INTIMARINO and Carabiniere Alfonso MARINO as passenger, was overtaken in Via Ostiense by an allied truck 3676.

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The above is mentioned for your information

by order
Chief of Cabinet

TRANSLATED BY SGT. RYAN.

1729

6A Mod. 815

Roma 20 NOV. 1946 XXIV

Ministero dell'Aeronautica

STATO GABINETTO DEL MINISTRO

Divisione
Prot. N° 30508 / Allegati 3121 Cab.

Risposta al foglio N° del

Al L' A. F. S. C.
(Tramite Ufficio Collegamento)

- R O M A -

OGGETTO Segnalazione di incidente

Alle ore 19,30 del 25 ottobre c.a., l'autovettura " Balilla " targata A.M. 1376, dell'autoreparto Caserma Cavour, pilotata dall'aviere scelto autista Domenico INTIMARINO, con a bordo il Carabiniere Alfonso MARINO, nel percorrere la via Ostiense, veniva sorpassata da un autocarro alleato, targato 3676.-

Detto autocarro, pilotato da un militare polacco, recava a bordo circa 40 militari della stessa nazionalità.-

La macchina alleata, non avendo sufficiente spazio per passare, strisciava leggermente quella italiana, asportandole la maniglia degli sportelli situati al lato sinistro.- 1178

[redacted] -

Alle rimostranze dell'aviere scelto INTIMARINO, l'autista polacco, certo KROZE Gubitura - non meglio identificato- evidentemente in istato di ubriachezza, sferrava alcuni pugni al viso dell'aviere, producendogli una piccola lesione al labbro inferiore. -

[redacted] fine militari polacchi, sopra-

ST/DE GABINETTO DEL MINISTRO

- R O M A -

Divisione Prot. N.° 30508 / 312 Col. Allegati   Risposta al f.° N.° del

OGGETTO Seganalazione di incidente

Alle ore 19,30 del 25 ottobre c.a., l'autovettura " Balilla " targata A.M. 1376, dell'autoreparto Caserma Cavour, pilotata dall'aviere scelto autista Domenico INTIMARINO, con a bordo il Carabiniere Alfonso MARINO, nel percorrere la via Ostiense, veniva sorpassata da un autocarro alleato, targato 3676.-

Detto autocarro, pilotato da un militare polacco, recava a bordo circa 40 militari della stessa nazionalità.-

La macchina alleata, non avendo sufficiente spazio per passare, strisciava leggermente quella italiana, asportandole la maniglia degli sportelli situati al lato sinistro.- 1728

[redacted] -

Alle rimostranze dell'aviere scelto INTIMARINO, l'autista polacco, certo KROZE Gubitara - non meglio identificato- evidentemente in istato di ubriachezza, sferrava alcuni pugni al viso dell'aviere, producendogli una piccola lesione al labbro inferiore. -

All'incidente ponevano fine militari polacchi, sopraggiunti poco dopo a bordo di una jeep. -

Tanto si segnala per gli accertamenti del caso

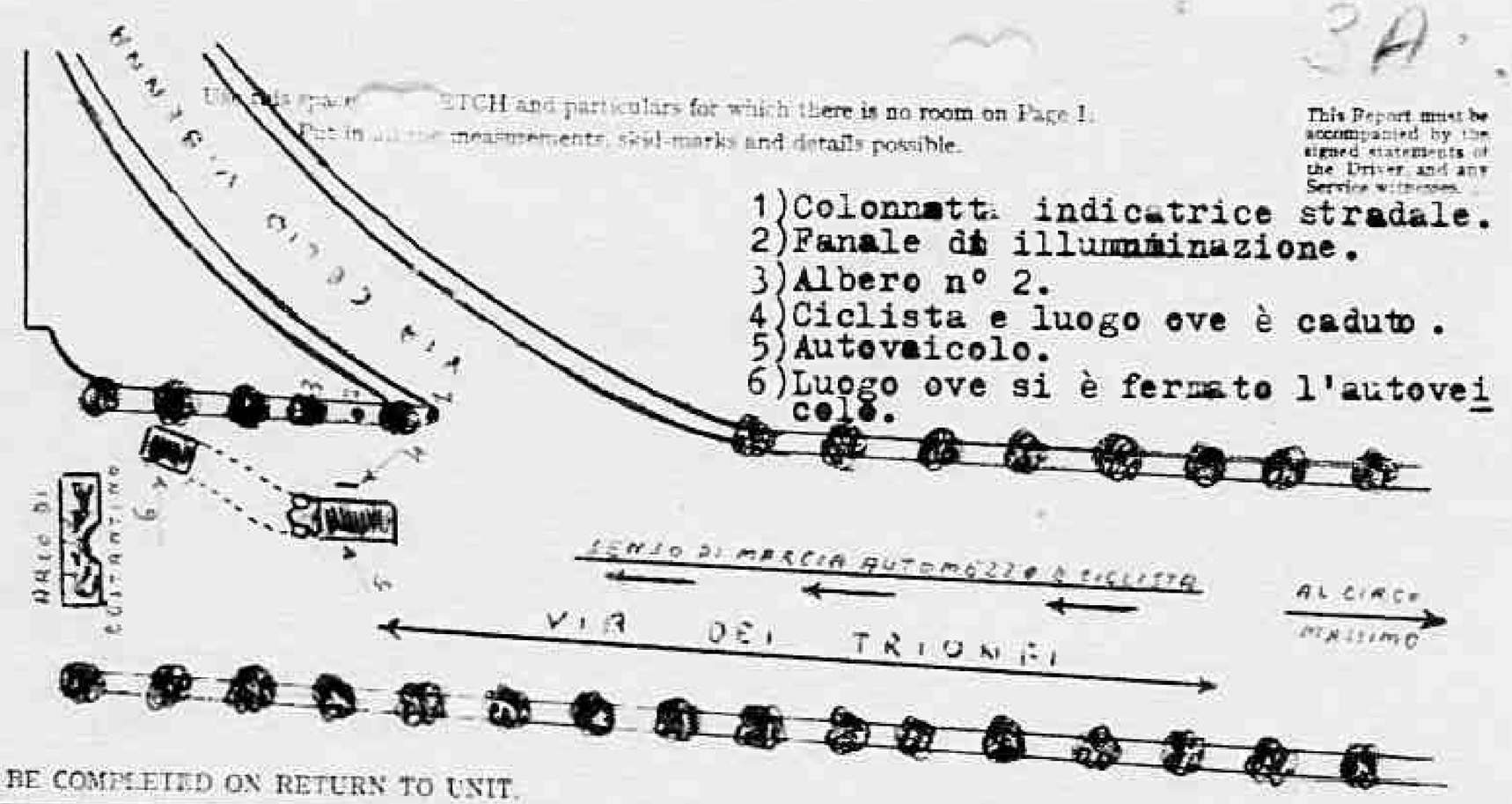
d'ordine
IL CAPO DI GABINETTO
[signature]

From perforation at bottom to top of page is 11 foot.

3A.

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

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



1) Colonnatta indicatrice stradale.
2) Fanale di illuminazione.
3) Albero n° 2.
4) Ciclista e luogo ove è caduto.
5) Autoveicolo.
6) Luogo ove si è fermato l'autoveicolo.

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER

Name in full (all Christian Names): PETITTI NICOLA
Number:
Unit: AFSC.STC. -ROME-
Rank: AIRMAN Civilian Occupation: FITTER
Driving Experience: Civilian Years — Mths —; Service 3 Mths 4
R.A.F. Mustering or Branch:
Tested in Driving: Date; Place
Date of entry into Service: 29-9-42 Date of Birth: 30-12-24 Rate of pay per day:

C. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle
L - 5264532	METAL	3.T.	DODGE	95		IN THE UNIT

Chassis No. 01035034
If a motor-cycle, were all those on it wearing crash helmets?

P. JOURNEY

Form 658, 793 or 925 signed by: S. PALMERI Sgt.
If none signed, reason must be given in Driver's Statement.
Form No. 658 Serial No. in F.814 0554 Date 20-10-46
Journey: From ROME To ARBA
Nature of duty: PETROL TRAFSIORT
LOADED / UNLOADED

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the Air Ministry if they so desire to instruct the Treasury Solicitor * to act on my behalf in any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the Air Ministry 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 Solicitor in Scotland to the Air Ministry or the Chief Crown Solicitor for Northern Ireland, as the case may be.

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

Q. UNIT

Name	Address	Telephone	Unit's file reference	Com-mand	Group
AFSC.S.& T.C.	ROME	760934			

R. HIRED VEHICLE

Contractor's Name and Address	Name and Address of Insurance Co. (If applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day	See A.M.O. A 475/1942 para. 21
Telephone				

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

Will probably be repaired by:— (Name of Repair Shop or Garage).
In greatest detail.
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 Form 658, 793 or 925: P. JACULLI L/T

~~NOT~~ ON ITS AUTHORIZED ROUTE

See A.M.O. A 475/1942 para. 16

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

T.2 It is essential that A.D.

Police Report	Inquest Depositions	Statements of Injured Persons: F.1	F.2	F.3	Statements of Witnesses: F.1	F.2	F.3	A.D. Claims to arrange	COURT OF ENQUIRY	Place	Of Injured: F.1	F.2	F.3	Of Witnesses: F.1	F.2	F.3

From

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER

Name in full (all Christian Names)	Number	Unit	Driving Experience Years	Miles	R.A.F. Mustering or Branch	Tested in Driving
PETITTI NICOLA		HPSC.STC. -ROME-	Civilian [illegible]	[illegible]		Date
Rank AIRMAN Civilian Occupation FITTER			Service 2	4		Place

Date of entry into Service 28-9-42 Date of Birth 30-12-24 Rate of pay per day

C. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle
1 - 5264532	METAL	3.T.	DODGE	85		IN THE UNIT

Chassis No. 21035034

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

P. JOURNEY

Form 658, 793 or 925 signed by: S. JACULLI Sgt.
If none signed, reason must be given in Driver's Statement.

Form No. 658 Serial No. in F.814 5954 Date 26-10-46

Journey: From ROME To AREA

Nature of duty: PETROL TRANSPORT

LOADED / UNLOADED

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the Air Ministry if they so desire to instruct the Treasury Solicitor * to act on my behalf in any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the Air Ministry 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 Solicitor in Scotland to the Air Ministry or the Chief Crown Solicitor for Northern Ireland, as the case may be.

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

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command	Group
HPSC.S.& T.C.	ROME	760934			

R. HIRED VEHICLE

Contractor's Name and Address	Name and Address of Insurance Co. (If applicable)	Insurance Cert. No. or Policy No.	Rate of Hire per day	See A.M.O. A.475/1942 para. 21
Telephone		//	£ 7/6	

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

In greatest detail.

Will probably be repaired by:—

(Name of Repair Shop or Garage).

No. of Vehicles on charge to Unit

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

Name of Officer who gave authority for issue of Form 658, 793 or 925: P. JACULLI L/T

~~NOT~~ ON ITS AUTHORIZED ROUTE

See A.M.O. A.475/1942 para. 16

Number of previous accidents in which Driver has been: concerned [illegible] to blame [illegible]

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
[illegible]	[illegible]						

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

A.D. Claims to arrange attendance at

COURT OF ENQUIRY / 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 Superior Authority)

No responsability as concernes the driver.

X. Punishment awarded

Suspended from driving untill decision of I.A.M.

U. [signature]

Signature of Officer Commanding Unit

..... 194

All copies should be signed and dated.

Z. Disciplinary Action Approved

..... 194

Air Officer Commanding

No. ..... Group

V. First Copy sent to A.D. Claims at:

..... on 194

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

..... 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: 129 University Street, 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).

Wt. 10811/O.155 225m. 5/44 D.P.W. 51-8650

875/ IAF.

Form 448
(Revised May, 1942)
(" May, 1944)

To be carried in an addressed envelope by every driver.
A.M.O. A.475/1942
Cross out those words in ITALICS which do not apply.

ROYAL AIR FORCE
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
	29-10-46	14,20	VIA DEI TRIONFI-ROMA- County	PETITTI Nicola	I-5264538

B. OTHER VEHICLE	~~Lorry~~ ~~Staff 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	Address and Occupation	Telephone
	CICCARELLI SALVATORE	// No. //		

D. OWNER OF OTHER VEHICLE	Name	Address and Occupation	Telephone
	THE SAME		

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. CICCARELLI Salvatore				~~Slight~~ Serious ~~Fatal~~	S. GIOVANNI
	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
	PQUIRINI Felice	Cpt. Dep. P.C.L.-A.M.-ROME-			
	MATTEUCCI Carlo	Mars." " " "			
	GARGANI Virgilio	Mars. O.G.R.A.-A.M.-ROME-			

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

(Note any previous defects)

H. INJURY TO ANIMALS	~~HORSE~~	~~COW~~	How many	~~KILLED~~ STRAYING	Condition	Injuries	If *was not will not have to be* KILLED	NAME AND ADDRESS OF OWNER OR OCCUPIER Telephone
	~~POULTRY~~	~~PIG~~						
	~~SHEEP~~	~~DOG~~						

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

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

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

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

C. DRIVER OF OTHER VEHICLE	Name: CICCARELLI SALVATORE	Driving Licence: Date // No. //	Address and Occupation			Telephone
D. OWNER OF OTHER VEHICLE	Name: THE SAME	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	CICCARELLI Salvatore				~~Slight~~ Serious ~~Fatal~~	S. GIOVANNI
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
	PONTIERI Felice	Cpt. Dep. P.O.L.-A.M.-ROME-			
	MATTEUCCI Carlo	Mars." " " "			
	GARGANI Virgilio	Mars. C.G.R.A.-A.M.-ROME-			

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

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE	COW	How many	Condition	Injuries	If was not will not have to be KILLED	Telephone NAME AND ADDRESS OF OWNER OR OCCUPIER
	~~POULTRY~~	PIG		~~TED~~			
	~~SHEEP~~	DOG		~~STRAY~~ ING			

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

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

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

L. SPEED OF VEHICLE	Service	Other	~~NON~~ BUILT UP AREA	Traffic	ROAD SURFACES				TRAFFIC LIGHTS	Visibility
	15 m.p.h.	m.p.h.		LIGHT ~~DENSE~~	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 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 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, 1939. If you are not returning to your Station 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

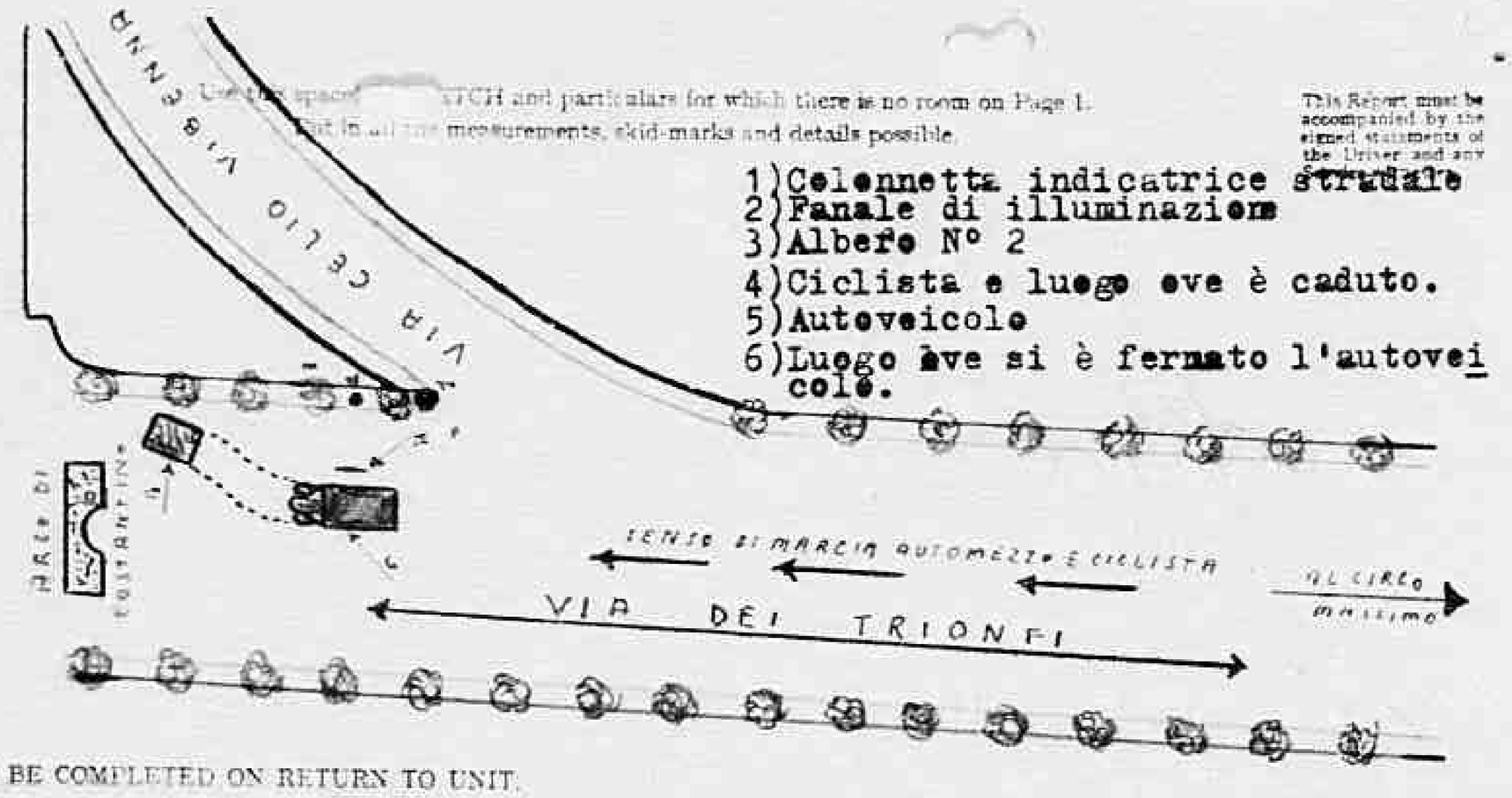
Insert here initials of Command

	Name	Rank	Number	Station	Vehicle No.	Code
SERVICE DRIVER	PETITTI NICOLA	AIRM.		AFSC. SE T.C.	15262532	

ACCIDENT	Date	Time	Place	
	20-10-46	14,20	VIA DEI TRIONFI -ROMA-	This slip is handed you for your convenience and is not to be taken as an admission of liability.

[PLEASE TURN OVER

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



1) Colonnetta indicatrice stradale
2) Fanale di illuminazione
3) Albero N° 2
4) Ciclista e luogo ove è caduto.
5) Autoveicolo
6) Luogo ove si è fermato l'autoveicolo.

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

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

TO BE COMPLETED ON RETURN TO UNIT.

S. SERVICE DRIVER	Name in full (all Christian Names) PETRINI FIDIA ADRIANO	Number	Unit AFSC.STC. -RCAF-	Driving Experience: Civilian Years [illegible] Mths [illegible]; Service 2 Years 4 Mths	R.A.F. Mustering or Branch	Tested in Driving: Date / Place	
	Rank [illegible] Civilian Occupation PITTER						
	Date of entry into Service 20-6-42 Date of Birth 20-12-24 Rate of pay per day						

G. SERVICE or HIRED VEHICLE	No. of Service Vehicle 1 - 5264532	Type of Bodywork METAL	Load capacity 3 cwt.	Make DODGE	H.P. 95	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle IN THE UNIT
	Chassis No. 21055034 If a motor-cycle, were all those on it wearing crash helmets?						

E. JOURNEY	Form 658, 793 or 925 signed by S. PALERMI Sgt. If none signed, reason must be given in Driver's Statement.	Form No. [illegible] Serial No. in F.814 [illegible] Date 20-10-46	Journey From ROME To AREA	Nature of duty PETROL TRANSPORT	LOADED / UNLOADED

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the Air Ministry if they so desire to instruct the Treasury Solicitor * to act on my behalf in any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the Air Ministry 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 Solicitor in Scotland to the Air Ministry or the Chief Crown Solicitor for Northern Ireland, as the case may be.

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

Q. UNIT	Name AFSC.S.& T.C.	Address ROME	Telephone 76334	Unit's file reference	Command	Group

R. HIRED VEHICLE	Contractor's Name and Address / Telephone	Name and Address of Insurance Co. (If applicable).	Insurance Cert. No. // or Policy No.	Rate of Hire per day //	See A.M.O. A.475/1942 para. 21

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

T. I certify that the Service Vehicle was being driven	ON DUTY	NOT ON DUTY	Name of Officer who gave authority for issue of Form 658, 793 or 925 F. JACUILLI L/T	NOT ON ITS AUTHORIZED ROUTE	See A.M.O. A.475/1942 para. 16	Number of previous accidents in which Driver has been concerned	to Date	

U. It is essential that A.D. Claims furnish	Police Report	Inquest Depositions	Statements of Injured Persons			Statements of Witnesses			A.D. Claims to arrange attendance	COURT OF ENQUIRY / INVESTI-	Place / Date	Of Injured			Of Witnesses		
			E.1	E.2	E.3	F.1	F.2	F.3				E.1	E.2	E.3	F.1	F.2	F.3

TO BE COMPLETED ON RETURN TO UNIT.

S. SERVICE DRIVER

Name in full (all Christian Names): PIETRO PISCIA
Rank: DRIVER
Civilian Occupation: FITTER
Number:
Unit: AFSC.STC. ROSE
Driving Experience — Civilian: Years —, Mths. —; Service: Years 2, Mths 4
R.A.F. Mustering or Branch:
Tested in Driving — Date: Place:
Date of entry into Service: 20-3-42 Date of Birth: 22-12-24 Rate of pay per day:

O. SERVICE or HIRED VEHICLE

No. of Service Vehicle: T - 5261932
Chassis No.: 21033094
Type of Bodywork: METAL
Load capacity: 3 cwt.
Make: DODGE
H.P.: 85
RIGHT / LEFT HAND DRIVE:
Present Location of Vehicle: IN THIS UNIT
If a motor-cycle, were all those on it wearing crash helmets?

P. JOURNEY

Form 658, 793 or 925 signed by: J. PALUMBI Sgt.
If name signed, rank must be given in Driver's Statement.
Form No.: —
Serial No. in F.814: —
Date: 20-10-16
Journey — From: ROSE To: AREA
Nature of duty: PETROL TRANSPORT
LOADED / UNLOADED

6 mm.

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the Air Ministry if they so desire to instruct the Treasury Solicitor * to act on my behalf in any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the Air Ministry 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 Solicitor in Scotland to the Air Ministry or the Chief Crown Solicitor for Northern Ireland, as the case may be.

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

Q. UNIT

Name: AFSC.S.& T.C.
Address: ROSE
Telephone: 76036
Unit's file reference:
Command:
Group:

R. HIRED VEHICLE

Contractor's Name and Address: —
Telephone .....
Name and Address of Insurance Co. (If applicable): —
Insurance Cert. No. —
or Policy No. —
Rate of Hire per day: —
See A.M.O. A.475/1942 para. 21

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

In greatest detail.

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

No. of Vehicles on charge to Unit

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

Name of Officer who gave authority for issue of Form 658, 793 or 925: T. JACOLI L/T

NOT ON ITS AUTHORIZED ROUTE

See A.M.O. A.475/1942 para. 18

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

U.2 It is essential that A.D. Claims furnish me with: Police Report —; Inquest Depositions —; Statements of Injured Persons E.1 E.2 E.3; Statements of Witnesses F.1 F.2 F.3

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

A.D. Claims to arrange attendance at: COURT OF ENQUIRY / 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 Superior Authority)

No responsability as concernes the driver.

X. Punishment awarded

Suspended from driving until decision of I.A.M.

L. Signature of Officer Commanding Unit

194
All copies should be signed and dated.

Z. Disciplinary Action Approved

194
Air Officer Commanding

No. ..... Group

V. First Copy sent to A.D. Claims at: .....

on 194

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

..... 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: 123 University Street, 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).

Wt. 10811/O.156 225m. 5/44 D.P.W. 51-8650

Form 446
(Revised May, 1942)
(" May, 1944)

To be carried in an addressed envelope by every driver.
A.M.O. A.175/1942
Cross out those words in ITALICS which do not apply.

ROYAL AIR FORCE
TRAFFIC ACCIDENT REPORT

(This side to be completed at scene of accident.) (If space is insufficient, write on back.

A. ACCIDENT	Date 20-10-46	Time 14,20	Place VIA DEI TRIONFI-ROMA- County		Surname of Service Driver PETITTI Nicola	No. of Service Vehicle I-5264532
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 CIOCARELLI SALVATORE	Driving Licence Date // No. //	Address and Occupation			Telephone
D. OWNER OF OTHER VEHICLE	Name THE SAME		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. CIOCARELLI Salvatore					S. GIOVANNI
	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. PATRIZIA Felice	Cpt. Pen. P.S.I.-A.M.G.-ROMA-			
	2. PATRUCCI Carlo	Maro. " " " "			
	3. BERGAMI Virgilio	Maro. C.C.R.A.-A.M.G.-ROMA-			

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

(Note any previous defects)

H. INJURY TO ANIMALS	HORSE	COW	How many	KILLED	Condition	Injuries	If not will not have to be KILLED	NAME AND ADDRESS OF OWNER OR OCCUPIER
	POULTRY	PIG		STRAYING				
	SHEEP	DOG						

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

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

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

L. SPEED OF	Service	Other		Traffic	ROAD	DRY	GOOD	STRAIGHT	TRAFFIC LIGHTS	Visibility
			NON							

OF OTHER VEHICLE	SALVATORE	Date // No. //	

D.	Name	Address and Occupation	Telephone
OWNER OF OTHER VEHICLE	THE SAME		

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

F. WITNESSES	Name	Address	Telephone	Age (approx.)	Occupation
Name, address etc. of every person present must be obtained.	1. [illegible] Felice	Cpt. Dep. [illegible] -ROME-			
	2. [illegible] Carlo	Pers. " " " "			
	3. [illegible] Virgilio	Pers. [illegible] -ROME-			

G. APPARENT DAMAGE TO OTHER VEHICLE — (In greatest detail possible) — 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	Name and Address of Owner or Occupier — Telephone

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

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT.

Instructions to Driver.

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

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires 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 Station within 24 hours, report the accident to the nearest Police Officer or Station.

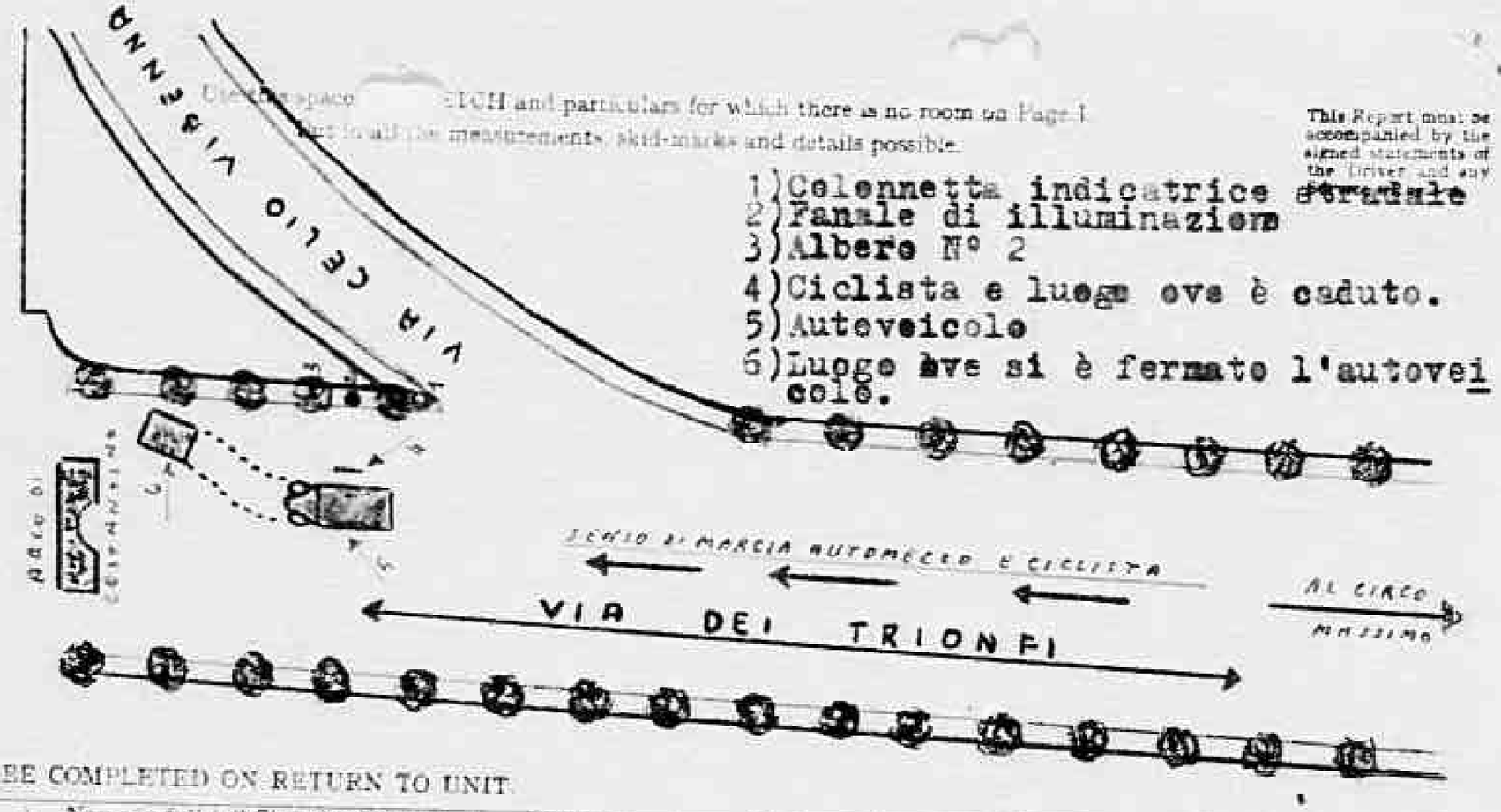
THIS ACCIDENT SLIP MUST BE GIVEN TO THE OTHER PERSON INVOLVED OR TO THE POLICE OFFICER, IF ONE APPEARS ON THE SCENE. *Insert here initials of Command*

SERVICE DRIVER	Name: PETITTI NICOLA	Rank: [illegible]	Number	Station: AFSO. [illegible] T.C.	Vehicle No. [illegible]	Code
ACCIDENT	Date: 29-10-46	Time: 14,20	Place: VIA DEI TRIONFI -ROMA-	This slip is handed you for your convenience and is not to be taken as an admission of liability. [PLEASE TURN OVER		

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

Use this space for SKETCH and particulars for which there is no room on Page 1. Show as much detail as possible, including measurements, skid-marks and details possible.

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



TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER

Name in full (all Christian Names)	Number	Unit	Driving Experience Years	Mths.	R.A.F. Mustering or Branch	Tested in Driving
PETITTI NICOLA		AFSC.STO. -ROME-	Civilian			Date
Rank AIRMAN Civilian Occupation PITTER			Service 2	4		Place

Date of entry into Service 28-6-42 Date of Birth 20-12-24 Rate of pay per day

O. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / LEFT HAND DRIVE	Present Location of Vehicle
I - 5064532	METAL	3.T.	DODGE	95		IN THE UNIT

Chassis No. 91035034 If a motor-cycle, were all those on it wearing crash helmets?

P. JOURNEY

Form 658, 793 or 925 signed by	Form No.	Journey	Nature of duty	
S. PALMERI Sgt.	658 6954	From ROME	PETROL	LOADED
If not signed, reason must be given in Driver's Statement.	Serial No. in F.813	To AREA	TRANSPORT	UNLOADED
	Date 23-10-43			

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the Air Ministry if they so desire to instruct the Treasury Solicitor * to act on my behalf in any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the Air Ministry 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 Solicitor in Scotland to the Air Ministry or the Chief Crown Solicitor for Northern Ireland, as the case may be.

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

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

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command	Group
AFSC.STO. -ROME-	ROME	76034	1179		

R. HIRED VEHICLE

Contractor's Name and Address	Name and Address of Insurance Co. (if applicable)	Insurance Cert. No // or Policy No.	Rate of Hire per day	See A.M.O. A.473/1942 para. 21
Telephone			//	

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

In greatest detail.	Will probably be repaired by :— (Name of Repair Shop or Garage).	No. of Vehicles on charge to Unit

T. I certify that the Service Vehicle was being driven

ON DUTY	NOT ON DUTY	Name of Officer who gave authority for issue of Form 658, 793 or 925	NOT ON ITS AUTHORIZED ROUTE	See A.M.O. A.473/1942 para. 16	Number of previous accidents in which Driver has been : concerned	to blame
		P. JACUILLI I/T				

U. It is essential that A.D.

Police Report	Inquest Depositions	Statements of Injured Persons F.1	F.2	F.3	Statements of Witnesses F.1	F.2	F.3	A.D. Claims to arrange	COURT OF ENQUIRY Place	Of Injured F.1	F.2	F.3	Of Witnesses F.1	F.2	F.3

TO BE COMPLETED ON RETURN TO UNIT

E. SERVICE DRIVER

Name in full (all Christian Names): PITITI NICOLA
Number:
Unit: AFSC. STC. -ROME-
Rank: AIRMAN
Civilian Occupation: FITTER
Driving Experience — Years / Mths. — Civilian: — / — ; Service: 2 / 4
R.A.F. Mustering or Branch:
Tested in Driving — Date: — Place:
Date of entry into Service: 28-9-42 Date of Birth: 30-12-14 Rate of pay per day:

G. SERVICE or HIRED VEHICLE

No. of Service Vehicle: I - 5264532
Chassis No. 91036034
Type of Bodywork: METAL
Load capacity: 8 CWT.
Make: DODGE
H.P.: 95
RIGHT / LEFT HAND DRIVE:
Present Location of Vehicle: IN THE UNIT
If a motor-cycle, were all those on it wearing crash helmets?

F. JOURNEY

Form 658, 793 or 925 signed by: S. PALERI Sgt.
If none state reason must be given in Driver's Statement.
Form No. 658 Serial No. in F.81 5554 Date 20-10-46
Journey: From ROME To AREA
Nature of duty: PETROL TRANSPORT
LOADED / UNLOADED

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the Air Ministry if they so desire to instruct the Treasury Solicitor * to act on my behalf in any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the Air Ministry 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 Solicitor in Scotland to the Air Ministry or the Chief Crown Solicitor for Northern Ireland, as the case may be.

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

Q. UNIT

Name: AFSC.S.& T.C.
Address: ROME
Telephone: 76034
Unit's file reference: 1129
Command:
Group:

R. HIRED VEHICLE

Contractor's Name and Address: —
Telephone:
Name and Address of Insurance Co. (If applicable): —
Insurance Cert. No. — or Policy No.:
Rate of Hire per day: //
See A.M.O. A.475/1942 para 21

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

In greatest detail.
Will probably be repaired by:— (Name of Repair Shop or Garage).
No. of Vehicles on charge to Unit

T. I certify that the Service Vehicle was being driven: ON DUTY / ~~NOT ON DUTY~~
Name of Officer who gave authority for issue of Form 658, 793 or 925: P. JACUILLI L/T
~~NOT~~ ON ITS AUTHORIZED ROUTE
See A.M.O. A.475/1942 para. 16
Number of previous accidents in which Driver has been: concerned — to blame —

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

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

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

A.D. Claims to arrange attendance at: COURT OF ENQUIRY / 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 Superior Authority)

No responsability as concernes the driver.

X. Punishment awarded
Suspended from driving untill decision of I.A.M.

U. Ten Jacuill.
Signature of Officer Commanding Unit
..... 194
All copies should be signed and dated.

Z. Disciplinary Action Approved
..... 194
Air Officer Commanding
No. ..... Group

V. First Copy sent to A.D. Claims at: .....
on 194

Y. Second Copy sent to next Superior Authority, namely: .....
..... 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: 129 University Street, 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).

Wt. 10811/O.156 225m. 5/44 D.P.W. 51-3650

Form 445
(Revised May, 1942)
(" May, 1944)

To be carried in an addressed envelope by every driver.
A.M.O. A.475/1942
Cross out those words in ITALICS which do not apply.

ROYAL AIR FORCE

TRAFFIC ACCIDENT REPORT

(This side to be completed at scene of accident.) (If space is insufficient, write on back.

	Date	Time	Place	Surname of Service Driver	No. of Service Vehicle
A. ACCIDENT	21-10-46	14,20	VIA DEI TRIONFI-ROMA- County	PETITTI Nicola	I-528[illegible]32

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

	Name	Driving Licence	Address and Occupation	Telephone
C. DRIVER OF OTHER VEHICLE	CICCARELLI SALVATORE	Date 11 No. 11		

	Name	Address and Occupation	Telephone
D. OWNER OF OTHER VEHICLE	THE SAME		

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

	Name	Address	Telephone	Age (approx.)	Occupation
F. WITNESSES Name, address etc., of every person present must be obtained.	1. GUERINI Felice	Cpt. Dep. P.O.L.-A.M.-ROME-			
	2. MATTEUCCI Carlo	Cars," " " "			
	3. GARGANI Virgilio	Cars. O.G.R.A.-A.M.-ROME-			

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

(Note any previous defects) — Telephone

			How many		Condition	Injuries	If *was not will not have to be* KILLED	NAME AND ADDRESS OF OWNER OR OCCUPIER
H. INJURY TO ANIMALS	*HORSE*	*COW*		*LED* / *STRAYING*				
	POULTRY	*PIG*						
	SHEEP	*DOG*						

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

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

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

	Service	Other		Traffic						Visibility
L. SPEED OF VEHICLE	15		*NON* BUILT UP	*LIGHT*	ROAD *SURFACE*	*DRY*	*GOOD* *REPAIR*	*STRAIGHT* *BEND*	*TRAFFIC LIGHTS*	*CLEAR*

OF OTHER VEHICLE: SALVATORE — Date 11 — No. 11 — Telephone

D. OWNER OF OTHER VEHICLE — Name: THE SAME — 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	CICCARELLI Salvatore				Slight / Serious / Fatal	S. GIOVANNI
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
QUIRINI Felice	Cpt.Dep.F.O.I.-R.M.-ROME-			
MATTEUCCI Carlo	Mars." " " "			
GARGANI Virgilio	Mars. O.G.R.A.-A.M.-ROME-			

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

H. INJURY TO ANIMALS

Animal	How many		Condition	Injuries	It was not / will not / have to be KILLED	Telephone / NAME AND ADDRESS OF OWNER OR OCCUPIER
HORSE / COW / POULTRY / PIG / SHEEP / DOG	—	LED / STRAYING	—	—		

I. DAMAGE TO PROPERTY

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

J. POLICEMAN

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

K. LIGHTS

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

L. SPEED OF VEHICLE

Service	Other		Traffic	Road Surfaces					Visibility
15 m.p.h.	— m.p.h.	NON BUILT UP AREA	LIGHT / DENSE	ROAD SURFACES	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

Instructions to Driver.

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT.

(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 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 Station 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: PETITTI BICOLA	Rank: AIRM.	Number: —	Station: AFSC.[illegible] T.C.	Vehicle No. 152[illegible]32	Code
ACCIDENT	Date: 29-10-46	Time: 14,20	Place: VIA DEI TRIONFI -ROMA-		This slip is handed you for your convenience and is not to be taken as an admission of liability.	

[PLEASE TURN OVER

2A

41 Claims and Hirings,
ROME. Tel: 56571.
CH/41/C/24.
6 Sep 46.

SUBJECT: Traf Accident 26.8.46.

Headquarters,
No.2 Claims Commission and No.2 Directorates of
Hirings and Disposals (Fixed Assets).

Not to ...

The attached RAF for 446 in respect of an accident on 26.8.46 involving vehicle No. RAF 5985 on charge to Air Forces Sub. Commission, Allied Commission is forwarded for necessary action.

879
8/77

D.L. JONES.
Lieut. Colonel,
A.D.Claims and Hirings,

CG/TT.
Copy to: Air Forces Sub.Commission, Allied Commission.
(Please submit the statements of the driver of the RAF vehicle and all witnesses to Headquarters, Claims Commission,).

1121

1A

Form 445
(Revised May, 1942
" May, 1944

To be carried in an addressed envelope by every driver.
A.M.O. A.373/1942
Cross out those words in ITALICS which do not apply.

ROYAL AIR FORCE

TRAFFIC ACCIDENT REPORT

(This side to be completed at scene of accident.) (If space is insufficient, write on back.

A.	Date	Time	Place	Surname of Service Driver	No. of Service Vehicle
ACCIDENT	25-3-45	10,30	IDROSCALO OSTIA County	STARA GINO	

B.		Make	H.P.	Registration No	Name and address of Insurance Co.	Insurance Certificate
OTHER VEHICLE	[illegible] Private / Hire / Home Van	==	== Year	==		No. or Policy No.

C.	Name	Driving Licence	Address and Occupation	Telephone
DRIVER OF OTHER VEHICLE		Date == No.	FABRI PINO -PIAZZA CESAREA CONSALDI Nº 25 -LIDO OSTIA	

D.	Name	Address and Occupation	Telephone
OWNER OF OTHER VEHICLE		THE SAME	

E.	Name	Age (approx.)	Address and Occupation	Telephone	Injury	Hospital (if known)
INJURED PERSONS state whether civilian or in Armed Forces. If the latter, give Service, Number and Unit.	Av. STARA GINO		AV. AFSC.S&T.C. ROME		*Slight* ~~Serious~~ *Fatal*	
	5 ACANFORA F.		" " " "		*Slight* *Serious* *Fatal*	
	" TOZZI PIETRO		" " " "			
	" BAGANTE MARIO		" " " "			
	Sg. FABRI PINO 3		V.Cesarea C.25-OSTIA-		*Slight* ~~Serious~~ *Fatal*	

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

G.	(In greatest detail possible)	Can be seen at
APPARENT DAMAGE TO OTHER VEHICLE	ONE FRAME OF THE VEHICLE SMASHED	
	(Note any previous defects)	Telephone [illegible]

H.	HORSE	COW	How many	LED, STRAYING	Condition	Injuries	If dies or will not have to be KILLED	NAME AND ADDRESS OF OWNER OR OCCUPIER
INJURY TO ANIMALS	POULTRY	PIG	==		==			
	~~Sheep~~	~~Dog~~						

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

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

K.	DAYLIGHT	Service Vehicle	Other Vehicle	WARNING	UNNECESSARY	NOT GIVEN BY ME	NOT GIVEN BY OTHER
LIGHTS	~~ARTIFICIAL~~	NOT LIT	NOT LIT				

L.	Service	Other		Traffic	ROAD SURFACES	DRY	GOOD FAIR BAD	STRAIGHT ~~LEVEL~~ ~~CROSS ROADS~~	TRAFFIC LIGHTS	Visibility
SPEED OF VEHICLE	30		~~RURAL~~ BUILT UP AREA	LIGHT		~~WET~~			TRAFFIC	CLEAR ~~FOGGY~~

VEHICLE — No. CONSALDI Nº 25 -LIDO OSTIA

D. OWNER OF OTHER VEHICLE — Name | Address and Occupation: THE SAME | 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)
Av. STARA GINO		AV. AFSC.S&T.C. ROME		Slight / ~~Serious~~ / ~~Fatal~~	
3 ACANFORA F.		" " " "		Slight / Serious / Fatal	
" TOZZI PIETRO		" " " "			
" BAGANTE MARIO		" " " "			
Sg. FABRI PINO		V.Cesarea C.25-OSTIA-		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

ONE FRAME OF THE VEHICLE SMASHED

(Note any previous defects) — Telephone 12 11

H. INJURY TO ANIMALS

HORSE	~~COW~~	How many	LED / STRAYING	Condition	Injuries	If still not until not have to be KILLED	NAME AND ADDRESS OF OWNER OR OCCUPIER
POULTRY	PIG	==		==			
~~DOGS~~	~~SHEEP~~						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT registered	NAME AND ADDRESS OF OWNER OR OCCUPIER
==	==	==		Telephone: Landlord / Tenant

J. POLICEMAN

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

K. LIGHTS

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

L. SPEED OF VEHICLE

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

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

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT.

Instructions to Driver.

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

(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires 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 Station within 24 hours, report the accident to the nearest Police Officer or Station.

THIS ACCIDENT SLIP MUST BE GIVEN TO THE OTHER PERSON INVOLVED OR TO THE POLICE OFFICER, IF ONE APPEARS ON THE SCENE — *Insert here initials of Commanding Officer*

	Name	Rank	Number	Station	Vehicle No.	Code
SERVICE DRIVER	STARA GINO	Av.		AFSC. S&TC.	RAF.59854	

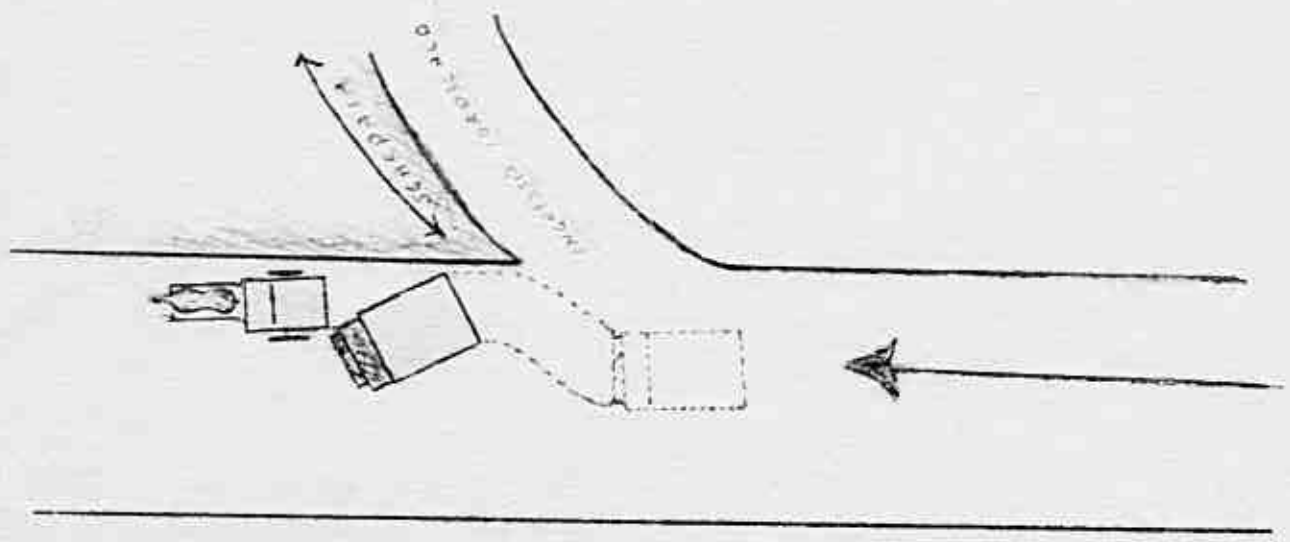
	Date	Time	Place	
ACCIDENT	26-8-46	10,30	IDROSCALO LIDO OSTIA	This slip is handed you for your convenience and is not to be taken as an admission of liability.

[PLEASE TURN OVER

Use this space for SKETCH and particulars for which there ... om on Page 1.
Put in all the measurements, skid-marks and details possible.

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

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



TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names) STARA Cino	Number	Unit AFSC.STC. ROME	Driving Experience Years / Mths: Civilian 1 / 2; Service 2 / 3	R.A.F. Mustering or Branch	Tested in Driving: Date; Place	
	Rank Airman Civilian Occupation DRIVER						
	Date of entry into Service 3-4-43 Date of Birth 13-9-923 Rate of pay per day						

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle RAF.59854 Chassis No. 59854	Type of Bodywork METAL	Load capacity 3 T.	Make FORD	H.P. 95	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle IN THE UNIT
	If a motor-cycle, were all those on it wearing crash helmets?						

P. JOURNEY	Form 658, 793 or 925 signed by P. JACULLI L/T. (If none signed, reason must be given in Driver's Statement.)	Form No. 658 Serial No. in F.S.I4 3127 Date 26-3-45	Journey From ROME To OSTIA	Nature of duty MATERIAL TRANSPORT	~~LOADED~~ UNLOADED

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the Air Ministry if they so desire to instruct the Treasury Solicitor * to act on my behalf in any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the Air Ministry 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 Solicitor in Scotland to the Air Ministry or the Chief Crown Solicitor for Northern Ireland, as the case may be.

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

Q. UNIT	Name AFSC.STC.	Address ROME	Telephone 760334	Unit's file reference	Command	Group

R. HIRED VEHICLE	Contractor's Name and Address Telephone	Name and Address of Insurance Co. (If applicable).	Insurance Cert. No. ..... or Policy No.	Rate of Hire per day	See A.M.O. A.475/1942 para. 21

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	BUMPER BAR UNVELDED (In greatest detail)	Will probably be repaired by:— THE UNIT (Name of Repair Shop or Garage).	No. of Vehicles on charge to Unit 47

T. I certify that the Service Vehicle was being driven	ON DUTY	~~OFF DUTY~~	Name of Officer who gave authority for issue of Form 658, 793 or 925 P. JACULLI L/T.	~~NOT~~ ON ITS AUTHORIZED ROUTE	See A.M.O. A.475/1942 para. 16	Number of previous accidents in which Driver has been concerned ==	to blame ==
T.2 It is essential that A.D.	Police Report	Inquest Depositions	Statements of Injured Persons F.1 / F.2 / F.3	Statements of Witnesses F.1 / F.2 / F.3	A.D. Claims to arrange	COURT OF ENQUIRY Place	Of Injured F.1 / F.2 / F.3	Of Witnesses F.1 / F.2 / F.3

From

TO BE COMPLETED ON RETURN TO UNIT.

S.	Name in full (all Christian Names)	Number	Unit	Driving Experience Years	Mths	R.A.F. Mustering or Branch	Tested in Driving
SERVICE DRIVER	STARA Gino		AFSC. STC. ROME	Civilian 1	2		Date
	Rank Airman Civilian Occupation DRIVER			Service 3	3		Place
	Date of entry into Service 2-4-42 Date of Birth 13-9-923 Rate of pay per day						

C.	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT / ~~LEFT~~ HAND DRIVE	Present Location of Vehicle
SERVICE or HIRED VEHICLE	RAF.59854 Chassis No. 59854	METAL	3 T.	FORD	95		IN THE UNIT
	If a motor-cycle, were all those on it wearing crash helmets?						

P.	Form 658, 793 or 925 signed by	Form No.	Journey	Nature of duty	~~DAMAGED~~
JOURNEY	P. JACULLI L/T	Serial No. in F.814 5324/3	From ROME	MATERIAL TRANSPORT	UNLOADED
	If none signed, reasons must be given in Driver's statement.	Date 25-3-45	To OSTIA		

0 ins.

I declare that the above particulars and my signed statement are true in every respect. I hereby authorize the Air Ministry if they so desire to instruct the Treasury Solicitor * to act on my behalf in any proceedings which may be instituted against me arising out of the above traffic accident. Further, I authorize the Air Ministry 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 Solicitor in Scotland to the Air Ministry or the Chief Crown Solicitor for Northern Ireland, as the case may be.

Date ..... 194 Driver's Signature .....
(This must be in Driver's handwriting, and typed).

Q.	Name	Address	Telephone	Unit's file reference	Command	Group
UNIT	AFSC. STC.	ROME	759934			

R.	Contractor's Name and Address	Name and Address of Insurance Co. (If applicable).	Insurance Cert. No. or Policy No.	Rate of Hire per day	See A.M.O. A.475/1942 para. 21
HIRED VEHICLE	Telephone				

S.		Will probably be repaired by:—	No. of Vehicles on charge to Unit
DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	BUMPER BAR UNWELDED	THE UNIT	47
	In greatest detail.	(Name of Repair Shop or Garage).	

T.			Name of Officer who gave authority for issue of Form 658, 793 or 925	~~NOT~~ ON ITS AUTHORIZED ROUTE	See A.M.O. A.475/1942 para. 16	Number of previous accidents in which Driver has been: concerned ==	to blame ==
I certify that the Service Vehicle was being driven	ON DUTY	~~OFF DUTY~~	P. JACULLI L/T				

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 ENQUIRY / 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 Superior Authority)

Accident is not due to the capacity of the driver.

X. Punishment awarded

Suspended by driving

U. [signature] CAPT. JACULLI

Signature of Officer Commanding Unit.

27 - 8 45

All copies should be signed and dated.

Z. Disciplinary Action Approved

..... 194

Air Officer Commanding

No. ..... Group.

V. First Copy sent to A.D. Claims at:

on 194

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

..... 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: 109 University Street, 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).

Wt. 10811/O.156 225m. 5/44 D.P.W. 51-1652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