2087

Unclassified E.O. 12356 Section 3.3/NND No. 785021

ACC AG122/TD4 10000/148/2218 ACC
JUL

10000/168/2218

ACCIDENTS - VEHICLES
JUL. 1944

Copy to Lib 122/4

KJM/rg

HEADQUARTERS
ALLIED CONTROL COMMISSION
Transportation Sub-Commission
APO 394

Our reference : ACC Tn/123/19.
Date : 5 July '44.

TO : Economic Section.
HQ. ACC.

SUBJECT : Accident / Personnel.

1. On the 3rd July 44. 6346861 - Cpl. Evernden R.F. (RW Kent). one of the drivers assigned to this Sub-Commission was returning in jeep No. - M. 515505 from duty at Bari.

2. At approximately 1330 hours he had passed through Benevento in the direction of Avellino enroute to Naples when a vehicle stated to be driven by an Indian at excessive speed hit the jeep causing same to turn two complete somersaults.

3. Cpl. Evernden was rendered unconscious and did not recover until he had been taken to the M.I. room at Benevento. The exact state of his injuries has as yetnot been diagnosed, he has now been removed to the 2nd New Zealand Hospital at Caserta for an X Ray report.

4. No statement can yet be obtained from Cpl. Evernden and there are no C.M.P. or other police reports on the accident. The Indian driver cannot at present be traced as it is alleged he immediately drove off after the accident and there is no evidence at present that will lead to the identification of the vehicle.

5. A driver Smith, of Cancello, who was a witness of the accident, left full particulars as to himself and where he can be located, at the M.I. Room at Benevento, but unfortunately the paper on which the details were written has been lost by the M.I. personnel. Efforts are being made however, to trace the sheet of paper in question and details will be submitted through the usual channels immediately the Corporal is in fit state to make a statement.

6. Arrangements have been made by this unit to bring damaged jeep to Naples.

L.E. VINING,
Lieut-Colonel,
Director, Transportation Sub-Commission, ACC.

3916

Army Form A3616
(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.

122/2

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

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

A. ACCIDENT — Date: 19 JUNE 44 | Time: 1315 | Place: ROUTE Nº 7 - 9 Km NORTH OF ITRI | County: | Surname of Service Driver: VINING | No. of Service Vehicle: 713868

B. OTHER VEHICLE — Lorry / Motor Car / ~~Motor-Cycle~~ / ~~Bicycle~~ / ~~Horse Vehicle~~: G.M.C. 2+ ton | Make | H.P.: - | Year | Registration No.: FRENCH USA | Name and address of Insurance Co.: 401823 4122831 | Insurance Certificate No. or Policy No.: -

C. DRIVER OF OTHER VEHICLE — Name: BRAHIM BEN MESSAOUD 1081 | Driving Licence Date: - No.: - | Address and Occupation: 32 ESCADRON DU TRAINING | 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	Occupation
1.	Pte.Harold I.FRANK (USA)	1 Batt. 180 Inf.Intelligence			32908525
2.	Major R.J. MOLE	Transportation Sub-Commission, HQ ACC. APO 394.			
3.	Gusmn. T. TICKETT.	do.			

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

(Note any previous defects) — Telephone

H. INJURY TO ANIMALS

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

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

J. POLICEMAN — Name: | No.: | Police Station: Nil | 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 | Other | NON BUILT UP AREA | Traffic: LIGHT | ROAD SURFACES: DRY / WET | GOOD / FAIR / BAD | STRAIGHT / BEND / CROSS ROADS | TRAFFIC LIGHTS / TRAFFIC SIGNS | Visibility: CLEAR / FOGGY / RAIN

VEHICLE	Bicycle-Horse-Cart	2+ ton	Year -	USA	4122831	Policy No. -

C. DRIVER OF OTHER VEHICLE	Name: BRAHIM BEN MESSAOUD 1081	Driving Licence Date - No. -	Address and Occupation: 32 ESCADRON DU TRAINING	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.	Pte.Harold I.FRANK (USA)	1 Batt. 180 Inf.			Intelligence 32908525
2.	Major E.J. MOLE	Transportation Sub-Commission,			HQ ACC. APO 394.
3.	Gdsmn. T. TUCKETT,	do.			

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

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

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

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

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

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

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

Address 3945

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver

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

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

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

Insert here initials of Command

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

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

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

[Please Turn Over.

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

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

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

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

Wt 45808/886 2/43 51-6292

Declassified E.O. 12356 Section 3.3/NND No. 785021

2092

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
WINING, Leonard Edward	83262	Tn.S.C. ACC	Civilian 30 1 — Service 10 —	1910	56	43/-

Rank ……… Civilian Occupation ………

O. SERVICE or HIRED VEHICLE

No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle
713868	Saloon	4 Str.	FORD	30		7Km. North of ITRI. Will be moved to ACC Shops, Naples.

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
E.J. MOLE	Serial No. 1 Date June 44	From ROME NAPLES To ………	Tour of Inspection	No	62548035

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

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. The 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 June 44 194 Driver's Signature [illegible] Lieut-Colonel.

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

Q. UNIT

Name	Address	Telephone	Unit's file reference	Command
TRANSPORTATION SUB-COMMISSION, HQ ACC., APO 394.		NAPLES 53466	ACC Tn/122	57 AREA

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

Hired through	Contractor's Name & Address	Name & Address of Insurance Co.	Insurance Cert. No. or Policy No.	Rate of Hire per day
XXXXXXXXXXXXX (R.A.S.C. Unit)	XXXXXXXXXXXXXXXX Telephone………	XXXXXX (If applicable) XXXXX	XNoXXXXXXX or Policy No………	XX per day X

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

Front new side wing badly buckled
Front shock absorbers broken
Front axle track rods, stub axles bent
Spare wheel badly dented
Back of body badly dented.

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

No. of Vehicles on charge to Unit: 5

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: E.J. MOLE

~~XXX~~ ~~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.

2093

Declassified E.O. 12356 Section 3.3/NND No. 785021

From perforation

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER	Name in full (all Christian Names): VINING, Leonard Edward	Number: 63262	Unit: Tn.S.C. ACC	Driving Experience (Years / Mths.): Civilian 30 / —; Service 10 / —	Date of entry into Service: [illegible]10	Age: 56	Rate of Pay per day: 43/-
	Rank	Civilian Occupation					

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle: 713368	Type of Bodywork: Saloon	Load capacity: 4 Str.	Make: FORD	H.P.: 30	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle: 7Km. North of ITRI. Will be moved to ACC Shops.	

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: E.J. MOLE	A.F.G.3518 Serial No. 1; Date June 44	Journey From ROME To NAPLES	Nature of Duty: Tour of Inspection	UN-LOADED: No	Map reference of scene of accident: 62548035
	If none signed, reason must be given in Driver's Statement					

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. The 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 June 44 ..194 Driver's Signature [illegible] Lieut-Colonel.
(This must be in Driver's handwriting, not typed).

Q. UNIT	Name / Address: TRANSPORTATION SUB-COMMISSION, HQ ACC., APO 394.	Telephone: NAPLES 53466	Unit's file reference: ACC Tn/122	Command: 57 AREA	

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

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	Front new side wing badly buckled Front shock absorbers broken Front axle track rods, stub axles bent Spare wheel badly dented Back of body badly dented. (In greatest detail)	Will probably be repaired by:— Workshops ACC. (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit: 5

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: E.J. MOLE	~~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)

U. Signature of O.C. Unit [illegible]
20 June 44
Date ..194
All copies should be signed and dated.

V. First Copy sent to A.D. Claims 57 AREA Comd.
on 20 June 44 ..194

Y. Second Copy sent to next Higher Authority, namely:
20 June 44
on ..194

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

X. Punishment awarded

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

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

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

122/1

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

Cross out those words in ITALICS which do not apply.

WAR DEPARTMENT
TRAFFIC ACCIDENT REPORT

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

A. ACCIDENT	Date: 21 MAY 44	Time: 0915 hrs	Place: Vittorio Emanuele; County: Naples	Surname of Service Driver: RICKNER	No. of Service Vehicle: M. 5100781
B. OTHER VEHICLE	Lorry ~~Motor Car~~ ~~Motor Cycle~~ ~~Bicycle~~ ~~Horse Van~~	Make: 2½ ton G.M.C.; Year	H.P.	Registration No.: 803566	Name and address of Insurance Co.: ------N/A--------- ; Insurance Certificate No. ____ or Policy No. ____
C. DRIVER OF OTHER VEHICLE	Name: EARL JACOBSEN	Driving Licence Date ____ No. ____	Address and Occupation: 319 SERVICE CENTRE	Telephone: N/K	
D. OWNER OF OTHER VEHICLE	Name: ------	Address and Occupation: --------U.S. FORCES--------------	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.	-------------------		N I L -------------------		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.	-------------	N I L ---------------			
3.					

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

BENT GASOLINE DOOR

(Note any previous defects)

Can be seen at: 319 SERVICE CENTRE

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXN.I.L.XXXXXXXXXXXXXXXX

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 ____

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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: 5 — Other: 30 — ~~NON~~ BUILT UP AREA — Traffic: LIGHT — ROAD SURFACES: DRY ~~WET~~ — GOOD ~~FAIR~~ ~~BAD~~ — ~~STRAIGHT~~ ~~BEND~~ CROSS ROADS — ~~TRAFFIC LIGHTS~~ TRAFFIC — Visibility: CLEAR ~~FOGGY~~

2095

C. DRIVER OF OTHER VEHICLE — Name: EARL JACOBSEN — Driving Licence: Date ______ No. ______ — Address and Occupation: 319 SERVICE CENTRE — Telephone: N/K

D. OWNER OF OTHER VEHICLE — Name / Address and Occupation: ------ --------U.S. FORCES---------------- — 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.		---N I L---		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.	---N I L---			
3.				

G. APPARENT DAMAGE TO OTHER VEHICLE
(In greatest detail possible)
BENT GASOLINE DOOR
(Note any previous defects)
Can be seen at: 319 SERVICE CENTRE
Telephone

H. INJURY TO ANIMALS

HORSE	COW	How many	LED	Condition	Injuries	IT was not / will not have to be KILLED	NAME & ADDRESS of OWNER or OCCUPIER
POULTRY	PIG		STRAY-ING	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXXXX
SHEEP	DOG						

I. DAMAGE TO PROPERTY

Nature of Property	Exact Location	Damage	Property is NOT requisitioned	Telephone
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXN.I.L.XXXXXXXXXXXXXX				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
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						Branch ______	
No. ______							

K. LIGHTS

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

L. SPEED OF VEHICLE

Service	Other		Traffic						Visibility
5 m.p.h.	30 m.p.h.	~~NON~~X BUILT UP AREA	LIGHT / ~~DENSE~~X	ROAD SUR-FACES	DRY / ~~WET~~X	GOOD / ~~FAIR~~X / ~~BAD~~X	~~STRAIGHT~~X / ~~BEND~~X / CROSS ROADS	~~TRAFFIC LIGHTS~~XX / TRAFFIC ~~SIGNS~~XX	CLEAR / ~~FOGGY~~XX / ~~RAIN~~XX

M. I GAVE THE ACCIDENT SLIP BELOW TO Mr. ______ Address ______ 391

MAKE SKETCH ON BACK WHILE ON SCENE OF ACCIDENT

Instructions to Driver
(a) You must not admit liability by word or deed, or even discuss the question of blame, nor must the Service personnel with you.
(b) Should a Police Officer appear on the scene, await his permission before continuing your journey. If he requires the location of your Unit or a statement from you or any Service personnel, this may be given to him, but only to him and out of the hearing of any other person. If your unit has a closed address you should, when giving the Police Officer its location, inform him that it must not be disclosed by him.
(c) Report the accident immediately on your return. If you have been unable to give the Accident Slip below to the other person involved or to a Police Officer, you must inform your Commanding Officer of this so that he may report the accident to the Police within 24 hours in accordance with Section 22 of the Road Traffic Act, 1930. If you are not returning to your Unit within 24 hours, report the accident to the nearest Police Officer or Station.

Insert here Initials of Command

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

	Name	Rank	Number	Unit	Vehicle No.	Code
SERVICE DRIVER						

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

Use this space for SKETCH and par[illegible]ars 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 41/3030/886 2m 3/43 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
	RICKNER ARTHUR Rank PTE Civilian Occupation Munition Worker	6147197	7 Tp tn A.C.C.	Civilian 6 1 Service 4	2 Jul 40	29	4/9

O. SERVICE or HIRED VEHICLE	No. of Service Vehicle	Type of Bodywork	Load capacity	Make	H.P.	RIGHT ~~LEFT~~ HAND DRIVE	Present Location of Vehicle
	M. 5100781	P.U.	8 cwt	HILIMAN	10		Transportation Sub-Commissio

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

P. JOURNEY	Army Form G3518 was signed by	A.F.G.3518	Journey	Nature of Duty	UN-LOADED	Map reference of scene of accident
	Major Mole R.E. If none signed, reason must be given in Driver's Statement	Serial No. 2 Date May 44	From Naples To Local	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 22 MAY/44 194 Driver's Signature .....

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

Q. UNIT	Name	Address	Telephone	Unit's file reference	Command
	TRANSPORTATION SUB-COMMISSION	A.P.O. 394	Vapour 53466		57 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
	XXXXXXXXXXX (R.A.S.C. Unit)	Telephone.....	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED	Radiator honeycomb broken. N/S wing bla-dly bent Headlamp dented. Chassis proba-bly twisted (In greatest detail)	Will probably be repaired by :— Workshops A.C.C. (Name of Repair Shop or Garage)	No. of Vehicles on charge to Unit 5

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
			Major Mole R.E.		NONE

T.2. 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	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
	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX			XXXXXXXXX			XXXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX			XXXXXXXXX		
	Put cross to those required. References are to Sections overleaf.										Date..... Time.....						

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

U. Signature of O.C. Unit

Z. Disciplinary Action Approved

194

2097

TO BE COMPLETED ON RETURN TO UNIT.

N. SERVICE DRIVER
Name in full (all Christian Names): RICKNER ARTHUR
Number: 6147197
Unit: S.C. Tp tn A.C.C.
Rank: PTE
Civilian Occupation: Munition Worker
Driving Experience: Civilian 6 Years; Service 4 Years
Date of entry into Service: 2 Jul 40
Age: 29
Rate of Pay per day: 4/9

O. SERVICE or HIRED VEHICLE
No. of Service Vehicle: M. 5100781
Type of Bodywork: P.U.
Load capacity: 8 cwt
Make: HILLMAN
H.P.: 10
~~LEFT~~ RIGHT HAND DRIVE
Present Location of Vehicle: Transportation Sub-Commission
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: Major Mole R.E.
If none signed, reason must be given in Driver's Statement
A.F.G.3518 Serial No. 2 Date May 44
Journey From Naples To Local
Nature of Duty: PERSONNEL.
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 22 MAY/44 194 Driver's Signature [signature]
(This must be in Driver's handwriting, not typed).

6 ins.

Q. UNIT
Name: TRANSPORTATION SUB-COMMISSION
Address: A.P.O. 394
Telephone: Vapour 53466
Unit's file reference:
Command: 57 AREA

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

S. DAMAGE TO SERVICE or HIRED VEHICLE and/or LOAD CARRIED
Radiator honeycomb broken. N/S wing badly bent Headlamp dented. Chassis probably twisted
(In greatest detail)
Will probably be repaired by :— Workshops A.C.C.
(Name of Repair Shop or Garage)
No. of Vehicles on charge to Unit: 5

T. I certify that the Service Vehicle was being driven ON DUTY ~~NOT ON DUTY~~ ON ITS AUTHORIZED ROUTE ~~NOT~~
Name of Officer who gave authority for issue of A.F.G.3518: Major Mole R.E.
Number of previous accidents in which Driver has been: concerned NONE; to blame

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

W. IT IS NOT INTENDED TO HOLD { A COURT OF INQUIRY / AN INVESTIGATION.
Opinion of Officer commanding Unit as to responsibility.
(Only to be completed on copy sent to Higher Authority).

U. Signature of O.C. Unit
Date 194
All copies should be signed and dated.

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

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

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

X. Punishment awarded

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

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

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

From perforation

2098