

To Be Returned TO
 Compensation (Personal
 Injuries) Section

19
 1/P

AIREACHT AIRGID.

An Roinn.

NÁ CUIRTEAR ÉANTUAIRISC AR AN GCLÚDACH SO.

Tá annso, leis,

Military Archives
 Member of I.R.B.
 injured in
 action

(R)

An Uimhir.

An Gnó.

597/682

SPECIAL PERIOD,
 (NON-DECREE).

*James Swifté,
 Castlebar*

An Uimhir ag Aireacht
 Eile.

Do cuireadh chun	Dáta.	Do cuireadh chun	Dáta.	Do cuireadh chun	Dáta.

*Military Service
 Pensions Collection*

Telegrams:—"SMITH, SOLICITOR, CASTLEBAR."

1/P

JOHN J. SMITH,
SOLICITOR.

CASTLEBAR,
CO. MAYO,

DUBLIN OFFICE:
205 GREAT BRUNSWICK ST.

18th. November 1923

7 College Street.

See File
1/P/123

Dear Sir,

I act for James Swift of this town who was injured by gun fire in action between the British and Irish Forces.

I will be glad if you will let me have the necessary forms to enable me make application for a Gratuity or a Pension to him.

Please let me hear from you as soon as possible.

Yours faithfully,

John J. Smith

The Secretary,
Ministry of Defence,
Army Pensions Department,
34 Molesworth Street,
DUBLIN.

Military Pensions Collection

no trace

COMPENSATION (PERSONAL INJURIES) COMMITTEE.

INJURIES SUSTAINED PRIOR TO 11th July 1921.

Application No. 300

Military Archives

1. Name and address of Applicant:

James Swifte,

County Home, Castlebar,

Co. Mayo.

2. Name and address of person injured:

Same as above.

3. Date of injury:

19th May 1921.

4. Place of injury:

Kilmeena, Westport.

5. Person or persons who caused the injury:

British Police (R.I.C.) and Black and Tans.

6. Description of the circumstances in which the injury was inflicted:

On the 19th May 1921 Applicant took part in an attack on British Forces at Kilmeena, Westport, Co. Mayo and owing to gun fire from British Forces sustained injuries set out in paragraph 11., which is as follows:-

"Owing to injury I could not work for 12 months. Since then I have been driving a motor ambulance for County Home at £2.16.0. per week"

Military Service Pensions Collection

200

A. PERSONAL INJURIES FORM.

FOR USE BY APPLICANTS FOR COMPENSATION IN RESPECT OF INJURIES PERSONALLY SUSTAINED BY THEM.

Éin-fhreagra ar an litir seo, is mar seo ba chóir, é stiúradh.

(Any reply to this communication should be addressed to.

An Rúnaidhe,

fé'n uimhir seo :
(and the following number quoted) :

COISTE UM CHÚITEAMH (DÍOGHBHÁIL PHEARSANTA),
(Compensation (Personal Injuries) Committee),

Coiste um Chúiteamh
(Díoghbháil Phearsanta)
2 - JUN 1923
(Compensation [Personal Injuries] Committee)

125 Sráid Bhagóid Íoch,
(125 Lower Baggot Street),
Baile Átha Cliath.

.....19.....

A CHARA,

I am directed by the Compensation (Personal Injuries) Committee to forward herewith a Form of Application for Compensation ; and to request you to return this Form, by post, with your replies as soon as possible to this Office.

I am to inform you that answers to the queries on the Form will constitute the basis of your the applicants application and if, on investigation, any of the statements are ascertained to have been falsely made within your the applicant's knowledge, the Committee may recommend that no compensation shall be awarded.

On receipt of this Form, with particulars of the claim set out therein, the Committee, if it is considered necessary, will inform you of the time and place fixed for the hearing of the case.

Extracts from the terms of reference to the Committee showing the classes of cases with which it will deal are enclosed.

Mise, le meas,

D. P. SHANAGHER,

Rúnaidhe.

To

Military Service Pensions Collection

1. Name of Applicant in full..... James² Swift
2. Age of Applicant on last birthday..... 21 years
3. Present postal address of the Applicant..... County Home Castlebar
Co. Mayo
4. Address of the Applicant at the date
of the injury (if other than above)..... Spencer St. Castlebar
Co. Mayo

5. Full particulars of the injury sustained by applicant, setting out clearly :

- (a) The date and time of the injury..... 19th May 1921; 4 pm
- (b) The place where the injury was received..... Kilmeena Westport
- (c) The person or persons who caused the injury..... British Police (B.I.C)
and Black and Tans.

(d) The circumstances in detail under which the injury was received :

On 19th May 1921 applicant took part in an attack on British Forces at Kilmeena Westport County Mayo and owing to gun fire from British Forces sustained injuries set out in Paragraph 11.

6. Under which sub-paragraph (1, 2 or 3) of paragraph 1 of the Terms of Reference does the Applicant ask to be paid compensation? Sub-par. (2)

Give particulars of the circumstances which bring the Applicant within the particular sub-paragraph?

7. Give full particulars of :

- (a) The nature and extent of the injury..... Three toes amputated and foot operated on in other parts
- (b) The medical or/and hospital treatment received..... medically treated by Dr. Madden and Thornton also Dr. MacFenniss Crossmolina; and Co. Infirmary Castlebar

8. Was the Applicant (a) totally or (b) partially incapacitated by the injury? If so, for how long in each case? (a) Totally 12 months; (b) 3 months partially

Has Applicant certificates of medical gentlemen or others showing the nature and period of disablement? If so, please attach the certificates.....

10. Give full particulars of the Applicant's employment or profession with amount of salary or wages prior to the date of injury. *motor driver and also in charge of transport in messrs Javin Bros. Castlebar; £5 per week*

11. Give full particulars of the Applicant's employment or profession, with amount of salary or wages since date of the injury. (If there has been no employment, it should be stated and the reasons given) *owing to injury I could not work for 12 months; since then I have been driving a motor ^{ambulance} car for County Home at £2:16:0 per week.*

12. Give particulars of any compensation or other monies paid to the Applicant in consequence of the injury:

(a) By his employer or anyone on his behalf under the Workmen's Compensation Act..... *none*

(b) By any Society under the National Health Insurance Act..... *none*

(c) By the White Cross or other relief organisation..... *none*

(d) By any other person or body..... *none*

13. Is the Applicant eligible for any award under any law making provision for Army pensions?..... *none*

14. Did the Applicant obtain a decree under the Criminal Injuries Acts in respect of the injury? If so, give date and particulars of decree: *no.*

15. Has the British Government undertaken liability in respect of the injury?..... *no.*

16. State amount of compensation applied for, with particulars of how the total is made up:

£500. at a loss of years salary, and also at loss of three toes which tell greatly against me in employment.

17. Names and addresses of witnesses, if any, whom the Applicant desires to be called to bear out the above statement. (The Committee reserves to itself the right of determining whether the Applicant or any of the witnesses shall be called or not.)

John Chambers Newantrim St. Castlebar

Thos. Moloney, Braggagh, Balla "

Signature of Applicant: *James Swift*

Dated this *17th* day of *May* 19*23*