

THIS IS A COPY THE ORIGINAL HAS BEEN CLOSED FOR <u>66 YEARS UNDER FOI</u> EXEMPTION No. <u>40</u>

44, La Vrangue Estate, St. Peter Port, Guernsey, C.I. November 14th. 1964. H

Dear Sir,

I was imprisoned in CAEN prison in France, also in VILLE-NEAUVE, ST. GEORGES near Paris, and eventually found myself, along with three of my fellow Officers, Ex. P.C. Ex.P/SGT. And Ex.P.C. In AUGSBURG prison, Germany. From where we found ourselves in a forced Labour Camp at Neudffingen. The Majority in this Camp were French Political Prisoners. We were forced to work on German Railways during the years. 1942/43/44/45.

HNP

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Under brutal and savage treatment by Fanatical Nazi Guards, tortures which words cannot describe. I understand that you have knowledge of the vicious treatment endured by us during those terrible years.

Sir,

I was freed by the American Forces at the end of May 1945, at LANDBERG, I was in a shocking state, a mere skeleton just over 7Stones in weight. I was removed to an American Field Hospital where I was given Blood Transfusions and saved from death by wonderful nursing after 2 to 3 weeks, I was moved by stretcher in a "Red Cross" train to the American Hospital in Nancy France, where I was kept and nursed back to health for another 4 weeks. I was then still a stretcher case, flown by military plane to Swindon in Wiltshire, then on to St. Margarets Hospital Swindon, I Was. a patient there for 4 to 5 weeks. I was then still a stretcher case removed by ambulance and train to Bristol, Surrey, where I received further treatment at Kingston.

I was repatriated back to my home in Guernsey on November 1945.

Even after 20 years I still relive those terrible days, also my health is badly affected. My lungs and my legs.

You asked me Sir,

If I would help contact the others who were sent to Germany. I have seen **Homomorphic** whose husband was in our camp, he was Brutally Murdered by a savage attack with a pick-axe. I have advised her to send in a claim.

I have also discovered that Ex P/sgt moved moved to America to rejoin his wife. I have written to him and trust he will claim in due Course.

Thanking you in anticipation of your help.

Charles & Friend

Smith

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I remain Yours faithfully,

THIS IS A COPY THE ORIGINAL HAS BEEN CLOSED FOR <u>60</u> YEARS UNDER FOI EXEMPTION No. <u>40</u> FORM A for use by surviving victims of Nazi persecution

### APPLICATION FOR REGISTRATION AS A BRITISH VICTIM OF NAZI PERSECUTION

N.B.—1. Before completing this form it is important to read carefully the attached Notes for Guidance and then to answer all questions fully.

2. Please attach all documentary evidence to the form. All documents sent will be returned.

3. All applications must be received before the 31st of July, 1965.

4. Acceptance of an application for registration does not constitute a right to participate in the distribution.

SECTION ONE-IDENTITY	
Surname FRIEND	
Other names CHARLES ALBERT	
Address Lie LA VITANGUE	
ST PETER BAT GUERNSEY CZ	•

#### SECTION TWO-NATIONALITY

1. How did you acquire British nationality? (Please write YES opposite the method that applies and delete the others)

(a) By birth?  $\gamma = S$  (If so, please attach birth certificate)

(c) By naturalisation ?......(If so, please attach certificate)

(d) By some other method ?.....(If so, please give full details)

2. If you are not British by birth what was your previous nationality ?....

Do you still retain that nationality?....

If not, when and how did you lose it ?..... (Please attach all documentary evidence)

20048-2 4618-2 (2)

#### 3. If you are a dual-national-

(a) Where were you ordinarily resident on the 9th of June, 1964?....

(Please attach all available evidence, e.g., receipts for rent or rates, &c.)

(b) Have you been in Crown Service under Her Majesty's Government in the United Kingdom? (If so, please give full details and dates)

(c) Are you the holder of a British passport? (If so, please give number and full details)

#### SECTION THREE—PERSECUTION

- 1. Please give, on a separate sheet, the following details of your imprisonment:
  - (a) Name of camp or other place of detention, its situation, its general conditions and régime;
  - (b) Dates of imprisonment and of release; prison number; reasons for imprisonment and circumstances in which it arose;
  - (c) If you are suffering permanent disability as a result of treatment received during your imprisonment please give full details of its nature and cause;
  - (d) Any other information you consider useful and relevant. (Please attach all documentary evidence)
- 2. Have you at any time received any payment in respect of this persecution? <u>No</u> (If YES please give full details)

I HEREBY DECLARE that all the above statements are to the best of my knowledge and recollection true in all particulars.

Signature Charles 9 Friend

Date 14.14 14 1964



BOARD OF TRADE Finance Division Enemy Property Branch

BUNHILL ROW,

GAVRELLE HOUSE,

Our reference: P. 48982 Your reference: LONDON, E.C.I MONARCH 407IExt 117

RECEN 8th September, 1964.

Attention of Miss M. Heaton

Dear Department,

# 105/2004 14NP 920

P/Sgt. CHARLES FRIEND

I am forwarding herewith our file No. P. 48982 on which is a letter from the above named person to which you may care to reply. I am also enclosing our file No. RC. **\$7835** on which there is correspondence relevant to Sgt. Friend's deprivation of liberty and ill-treatment during the war years. The applicant has been informed that his letter has been passed to you.

Please return our files in due course.

Yours ever,

Enemy Property Branch.

(B. H. Martin.)

The Foreign Office, Claims Dept., Room 311, Charles House, Regent Street, London, W.1.

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E), (Name) E), (Address) N State Nation	Firm or Company (Owner of Property) CHIMLES ALBERT FRIEND O. II. BRAYE ROAD VALE SUERNSSY. SHANNEL TELF ality where other than British BRITISH 3. J. Friend Date Date		*When this form is lod, the capacity in which stated (e.g., Secretary or of Firm.) If the form behalf of the owner by the capacity and autho acts should be indicate address of the owner.	the signatory acts st. Director of Company, is completed and lo another body or in prity in which the
(2) Situation of Property.	(3) ° Nature of loss or damage with date and cause so far as known.	(4) Statement as to evidence together with any other exp it is desired to o	lanatory remarks	Estimated value lost or amount sustant
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To the Controller General, Trading with the Enemy Dept. (Treasury & Board of T	(Name)(Address) N	Firm or Company (Owner of Property) CHIMALES ABBRIT FRIEND O. 11. BRAYE ROAD	
24, KINGSWAY, London, W.(C.	a State Nation	VALE GUERNSEY. CHANNEL ISW ality where other than British BRITISH 3. J. Friend Date Date	
(1) Description of Property (in summarised form).	(2) Situation of Property.	(3) Nature of loss or damage with date and cause so far as known.	Statement as to together with any it is d
1 SUITCASE (LARDE) I KIT BAG. CONTAINING THE FOLLOWING 1 OVER COAT, 2 SUITS, 1 SPORTE COAT		I WAS INFORMED BY THE LABOUR CAMP COMMANDER OF NEUOFFINGEN CAMP GERMANY. THAT ALL BELONGING, WERE TOTALL DESTROYED. WHEN AUSOCENS WAS HEAVILY RAIDED FROM THE MITS	I WISH TO S THE PROPERTY LOST. WAS TO ME AT S BY MY NOTHER BET
LAIR GREY FLAMLES. 4 SHIRTS, 2 PAIRS SHOES, I WOOLEN POLOVER, I LERT MER GERMIN, 5 PAIR SOGNE, / TRILBY HAT, 2 SLEEPING SUITS, 1 PAIR	FROM ME AT AUGSBENS PRISON SERMANY U.J.Z	while by the	N.Z - E41 E75-

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(4) Statement as to evidence together with any other ex it is desired to	(3) Nature of loss or damage with date and cause so far as known.	(2) Situation of Property.	(1) Description of Property (ne summation form)
			B SETT UNDERWEAR, 6 THES, SILVER WRIST WATCH, GOLD SIGNET RING, CIGARETTE LIGHTER, I GIGARETTE CASE. LEATHER WALLET. CONTRINKS
			PHOTO GUARDS AND LETTERS, MAN CONT PAIN DUALES, ACKTIER DECK.

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## FOREIGN OFFICE

	APPLICATION FOR COMPENSATION FOR DISABLEMENT
	RESULTING FROM NAZI PERSECUTION
	AD- DIN
/	FOREIGN OFFICE, Claims Department,
(	Charles House,
	HNP Go 5 Lower Regent Street,
	London, S.W.1.
Da	te of issue of form MAI 1966
Du	
Ref	erence HN9/920
	NOTE.—The particulars given by the applicant on this form will be checked from official records
	Name FRIEND CHARLES ALBERT
1.	(Surname first in BLOCK CAPITALS)
2.	(a) Permanent address 444 LA VIZAN GUE ST PETER PORT
	(b) Present address (if different) <u>CUERNSEY</u> <u>CIISLES</u>
3.	Date of birth AUGUST 4TH 1914
4.	National Insurance Number
5.	If you served in the Armed Forces, please give particulars of last period of service:
υ.	
	(a) Unit or Ship(b) Rank(c) Official No
6	Have you at any time claimed or been granted any pension, gratuity or allowance for injury or
0.	disablement sustained as a soldier, sailor, airman, member of the Mercantile Marine, fishing,
	disablement sustained as a soldier, sailor, airman, member of the Mercantile Marine, fishing, pilotage or light vessel service, Home Guard, or for a war injury sustained as a civilian? (Yes or No)
	(Yes or No) If so, please give particulars of the award and, if known, the
	reference on the official notification
7.	Have you received any payment in respect of any injury sustained since 1945? If so, please give
	particulars
	No
8.	What is the nature of the wound, injury or disease for which you claim? ( Lun C-S.)
	SUFER WITH BREATHING
9.	
9.	If a wound or injury give a brief account of where and how it was inflicted
	If a wound or injury, give a brief account of where and how it was inflicted
	If a wound or injury, give a brief account of where and how it was inflicted
10	
10.	If a disease, when and where did you first begin to suffer from it?
10.	
	If a disease, when and where did you first begin to suffer from it? FORCED LASSCUR CAMP? $CERMANI/$
10. 11.	If a disease, when and where did you first begin to suffer from it? FORCED LABOUR CAM? $CERMAN'/$
	If a disease, when and where did you first begin to suffer from it? FORCED LABOUR CAM? $CERMAN'/$
	If a disease, when and where did you first begin to suffer from it? FORCED LABOUR CAM? CERMANN, Did you suffer from the condition claimed or anything like it before your subjection to Nazi persecution? $AS = A \sqrt{04NC}$ Solice OIFFCER WAS IDD ENCENT IT
	If a disease, when and where did you first begin to suffer from it? FORCED LABOUR CAM? CERMANN, Did you suffer from the condition claimed or anything like it before your subjection to Nazi persecution? $AS = A \sqrt{OUNC}$ Solice OITTOER WAS IDD ENCENT IT Do you claim that your disability—
11.	If a disease, when and where did you first begin to suffer from it? FORCED LABOUR CAM? CERMANN, Did you suffer from the condition claimed or anything like it before your subjection to Nazi persecution? $AS = A \sqrt{04NC}$ Solice OIFFCER WAS IDD ENCENT IT
11.	If a disease, when and where did you first begin to suffer from it? FORCED LABOUR CARP CERMANN Did you suffer from the condition claimed or anything like it before your subjection to Nazi persecution? AS A YOUNG SOLICE OIFFER WAS 100 EN CENT IT Do you claim that your disability— (a) Was caused by Nazi persecution? $Y \equiv S$
11.	If a disease, when and where did you first begin to suffer from it? FONCED LARGCUN CAM? CERMIANI / Did you suffer from the condition claimed or anything like it before your subjection to Nazi persecution? AS A YOUNG JOLICE OITTOER WAS IDD VENCENT IT Do you claim that your disability—
11.	If a disease, when and where did you first begin to suffer from it? FORCED DARCHA CAMP CERMIANI Did you suffer from the condition claimed or anything like it before your subjection to Nazi persecution? AS A YOUNG SOLICE OIFFER WAS IDD FOR CENT IT Do you claim that your disability— (a) Was caused by Nazi persecution? $Y \equiv S$
11. 12.	If a disease, when and where did you first begin to suffer from it? FORCED LABOUR CAM? CIERMIANI Did you suffer from the condition claimed or anything like it before your subjection to Nazi persecution? $AS \land V OUNC OLICE OITTCER WAS IDD ENCENT IT Do you claim that your disability— (a) Was caused by Nazi persecution? (b) Although existing previously was made worse by Nazi persecution?$
<ol> <li>11.</li> <li>12.</li> <li>13.</li> </ol>	If a disease, when and where did you first begin to suffer from it? FONCED LARSCHA CAMP. CERMIANI / Did you suffer from the condition claimed or anything like it before your subjection to Nazi persecution? AS A YOUNG JOLICE OITTEER WAS IDD DEA CENT IT Do you claim that your disability— (a) Was caused by Nazi persecution? $Y = S$ (b) Although existing previously was made worse by Nazi persecution? Please give the full name and address of your present doctor (private or N.H.S.) $PRIVATE$
<ol> <li>11.</li> <li>12.</li> <li>13.</li> </ol>	If a disease, when and where did you first begin to suffer from it? FORCED LABOUR CAM? CERMIANI Did you suffer from the condition claimed or anything like it before your subjection to Nazi persecution? AS A YOUNG SOLICE OITTEER WAS IND BER CENT IT Do you claim that your disability— (a) Was caused by Nazi persecution? (b) Although existing previously was made worse by Nazi persecution?
	Ref 1. 2. 3. 4. 5. 6. 7. 8.

14. Please give below particulars of any medical treatment you have obtained.

If living overseas, state your address in the United Kingdom at the time of any medical treatment in the United Kingdom.

Full names and addresses of doctors and hospitals	Nature of illness	Dates of admission or first attendance	Dates of discharge or last attendance
<ul> <li>(1) DOCTORS <ul> <li>Any doctor (private or N.H.S.)</li> <li>if different from the doctor named at 13 above.</li> <li>(a) Before your subjection to Nazi persecution:</li> </ul> </li> </ul>			
(b) Since your subjection to Nazi persecution :			
(2) HOSPITALS (see Note below) (a) <b>Define</b> your subjection to Nazi persecution: AHEDICAN MLLITANY HOSPITAL T	PARALYSIS MALAUTRITION FOACTURED SHOULDERS TRANCE 1. P	HNI- 97# 1945	HAY 2381 1945
WINFORD ON THO PAED IC HOSPITAL STRATTON WILTS WINFORD ON THO PAED IC HOSPITAL HEAR BRISTOL KINGSTON COUNTY HOSPITAL HANGE TON - ON-THAMES	AS ABOVE 1 P	2390 HAY 1945 JEANE 6TH ARBUST 45	JONE 674 1945 AUGUST 1945 SEPTEMBER 194
PRINCESS ELIZABETH HOSPITAL GUERNSET	REEDING BOUTLS	28 <sup>74</sup> F=3 1949 7 W==KS ConVALESCE	//snell

NOTE.—Give the name and address of each hospital (but not of the hospital doctors) and add "I.P." or "O.P." to indicate whether the treatment was "in-patient" or "out-patient". If you are at present receiving hospital treatment, show this at (2)(b): the entry in the last column should be "Not yet completed".

15. Add here any further statement you wish to make in support of your claim. If this space is insufficient and a separate sheet is used this should be signed and dated by you and securely attached to this form.

IN THE WINTER OF 1944-45, WHILE WORKING ON GERMAN RAILWAY LINES (FONCED LAROUR) I COLLAPSED WITH PNEUMONIA. AND THE FOLLOWING DAY WAS REMOVED TO THE PRISON HOSPITAL. WHENE I RECEVED GOOD THEATHENT. I SUFFER WITH MY CHEST. I CHANT MY LYNCS CHAVE OOD THEATHENT. I SUFFER WITH MY CHEST. I CHANT MY LYNCS CHAVE BEEN DAWARED. I HAVE RECEIVED MEDICAL THEATHENT. X. NAY SHOWED LUNGS DECLARATION CLOUDED NOTE-Before signing the Declaration place and

NOTE.—Before signing the Declaration please make sure that the questions have been answered correctly (dashes or ticks are not sufficient). This will save correspondence and delay.

I HEREBY DECLARE that to the best of my knowledge and belief the answers to the questions of this form are true and complete. I HEREBY AUTHORISE the doctors and hospitals named to make the relevant medical records available at the request of the Foreign Office to help the consideration of my claim for compensation as a victim of Nazi persecution. I ALSO CONSENT to other Government Departments supplying extracts from any records which are held by them and which are required by the Foreign Office in dealing with this claim.

harles 9. Friend

(Usual signature of applicant)

Date MAY 20Th

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