

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
PILOT		OTHERS		AIRFRAME FAILURE										ENGINE FAILURE																	
CAUSES OF ACCIDENTS																															
UNIT 14 S.F.T.S. Aylmer, Ont.				COM. 1		PLACE Aerodrome										DATE 12-8-41		TIME 17.00													
A/C TYPE Harvard				No. 3197		CRASH CAT. C.2		SE X		ME		DAY X		NIGHT		H.Q. FILE 1100-21-C7															
NAME				RANK		No.		DUTY		INJURIES				SERIOUS																	
Arnason, A.				P/C		J5221		P.		Uninjured				FATAL		INJURY															
Wilson, W.J.				LAC		R89851		PP		Uninjured																					
														CARD SERIAL No.																	
TYPE A/F & ENGINE		No.		EXTENT OF DAMAGE		REPORT FORM	SERIAL No.	DATE		HOURS FLOWN BY PILOTS																					
Harvard		3197		SLIGHT						INST.	NIGHT	ON TYPE		TOTAL		LAST 6 MOS.															
WASP SH1		9623/4753		NIL						31	13	130		275		174															
SIGNAL No. & DATE				UNIT No. & DATE				COM. No. & DATE				REPORT		FILE		DATE															
NATURE OF ACCIDENT																															

TYPE OF A/C

TYPE OF ENGINE

CATEGORY

MISCELLANEOUS CAUSES

STAGE OF FLIGHT

UND'TD
 PRIMARY
 HAND.O.
 INSTS.
 WEATHER
 DRKNS.
 AL'G SURF.
 OTHER
 UND'TD
 PRIMARY
 TAXING
 LANDING
 TAKE-OFF
 FLIGHT
 STRATRY
 FATAL
 INJ.
 3RD.
 4.
 5.
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DUTY ON WHICH ENGAGED:

Dual circuits and landings.

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

Aircraft stalled on landing
dropped right wing.

INSTRUCTOR ALLOWED PUPIL TO LEVEL
OFF TOO HIGH AND LET AIRSPEED DROP
CAUSING RIGHT WING TO STALL AND HIT
GROUND.

PRIMARY CAUSE:

ERROR IN JUDGMENT ON THE PART OF THE
INSTRUCTOR, LEVELLED OFF TOO HIGH AND
LET AIRSPEED DROP

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

MONTHLY ACCIDENT RETURN.

DATE:

COMPOSITION:

RECOMMENDATIONS:

ACTION TAKEN:

(A) DISCIPLINARY (B) TECHNICAL (C) OTHER

C.I. INTERVIEWED INSTRUCTOR.

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____