

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
TYPE OF A/C		CAUSES OF ACCIDENTS																MISCELLANEOUS													
TYPE OF ENGINE		CAUSES																STAGE OF FLIGHT													
CATEGORY		NATURE OF ACCIDENT																													
PILOT		AIRFRAME FAILURE																ENGINE FAILURE													
OTHERS																															
UNIT		COM.				PLACE				DATE				TIME																	
CAP DE LA MADELEINE, P. C. No. 3						AERODROME				6-8-41				0745																	
A/C TYPE		No.				CRASH CAT.				SE		ME		DAY		NIGHT															
FINCH		4618				C 3				X				X																	
NAME				RANK		NO.		DUTY		INJURIES				SERIOUS																	
RUMER, M.L.				LAC		R79354		P		UNINJURED				FATAL		INJURY															
TYPE A/F & ENGINE		No.		EXTENT OF DAMAGE		REPORT FORM		SERIAL No.		DATE		HOURS FLOWN BY PILOTS																			
FINCH KENNER		4618 1585/6227 N11		Slight								INST.		NIGHT		ON TYPE		TOTAL		LAST 6 MOS.											
																8: 30		8: 30													
SIGNAL No. & DATE		UNIT No. & DATE				COM. No. & DATE				REPORT				FILE				DATE													
632		6-8-41																													

MISCELLANEOUS
 CAUSES
 STAGE OF FLIGHT

HAND Q.
 INSTS.
 WEATHER
 DRINKS
 AL-G SURF.
 OTHER
 UND/TD
 PRIMARY
 TAXIING
 LANDING
 TAKE-OFF
 FLIGHT
 STARTRY
 FATAL
 INJ.
 INJURY 3RD.
 INJURY 5.
 INJURY 2.
 INJURY 1.

DUTY ON WHICH ENGAGED:

SGLD PRACTICE

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

Monthly Accident Return R.170.

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

COMPOSITION:

LH/PSMIA

AIRCRAFT LANDED NOT DIRECTLY INTO WIND
AND WING TIP HIT THE GROUND. **Landing
out of wind.**

RECOMMENDATIONS:

PRIMARY CAUSE:

LANDED OUT OF WIND - INEXPERIENCED PILOT

ACTION TAKEN:

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

Log Book endorsed in accordance with C.A.P. 100.

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

WING TIP HIT THE GROUND

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____