

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
19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1													
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
19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1													
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
19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1													

TYPE OF ACCIDENT	PILOT	OTHERS	AIRFRAME FAILURE				ENGINE FAILURE				
CAUSES OF ACCIDENTS	UNIT 9 E.F.T.S.		COM.	PLACE			DATE	TIME			
	St-Catharines, Ont. 1			Aerodrome			20-8-41	11.25			
	A/C TYPE		No.	CRASH CAT.		SE	ME	DAY	NIGHT		
	Finch		4609	C.2		X		X			
NAME	RANK	No.	DUTY		INJURIES		SERIOUS				
Aris, E.R.W.	LAC	656321	P.		Uninjured		FATAL	INJURY			
							CARD SERIAL No.				
TYPE A/F & ENGINE	No.	EXTENT OF DAMAGE	REPORT FORM	SERIAL No.	DATE	HOURS FLOWN BY PILOTS					
Finch	4609	Slight				INST.	NIGHT	ON TYPE		TOTAL	LAST 6 MOS.
Kinner	1569/6220 Nil							DUAL	SOLO	DUAL	SOLO
								9	1	9	1
SIGNAL No & DATE	UNIT No & DATE	COM. No & DATE		REPORT	FILE	DATE					
A.95	20-8-41										
NATURE OF ACCIDENT											

CAUSES
 MISCELLANEOUS
 FLIGHT
 STAGE OF

UNDTD
 PRIMARY
 HAND Q.
 INSTS.
 WEATHER
 DRINKS
 AL & SURF.
 OTHER
 UNDTD
 PRIMARY
 TAKING
 LANDING
 TAKE OFF
 FLIGHT
 STATRY
 FATAL
 INJ.
 3RD.
 5
 2
 3
 4
 5
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 7
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 19

DUTY ON WHICH ENGAGED:

Routing training flight

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

After landing aircraft swung to right pilot failed to correct swing and aircraft turned over on its back.

DATE:

Monthly Accident Return.

COMPOSITION:

23/12/55

RECOMMENDATIONS:

PRIMARY CAUSE:

Failure of pilot to correct swing due to inexperience.

ACTION TAKEN:

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

Pupil pilot was given further instruction on landing.

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

Aircraft stalled at fifty feet and landed heavily.

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____