

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

TYPE OF A/C	PILOT		OTHERS		AIRFRAME FAILURE										ENGINE FAILURE									
CAUSES OF ACCIDENTS	UNIT 6 S.F.T.S.		COM. 1		PLACE Aerodrome										DATE 12-8-41		TIME 16.50							
	Dunnville, Ont.		1		Aerodrome										H.Q. FILE 1100-34-15									
A/C TYPE	Yale		No. 3415		CRASH CAT. C.1		SE X		ME		DAY X		NIGHT											
NAME	RANK		No.		DUTY		INJURIES		SERIOUS															
Cox, E.C.	F/L		C1509		F.I.		Uninjured		FATAL		INJURY													
Smith, E.S.	LAC		R88692		P.P.		Uninjured																	
TYPE OF ENGINE	No.		EXTENT OF DAMAGE		REPORT FORM		SERIAL No.		DATE		INST.		NIGHT		ON TYPE		TOTAL		LAST 5 MOS.					
Yale	3415		Slight								15		2		18 150		24 365							
Wright	18680/15030 N11				Cox E.C.-----		Smith E.S.-----				5		-		8 -		33 28							
CATEGORY	SIGNAL No & DATE		UNIT No & DATE		COM. No & DATE		REPORT		FILE		DATE													
A423	12-8-41																							
NATURE OF ACCIDENT																								

MISCELLANEOUS CAUSES
 HAND Q.
 INSTS.
 WEATHER
 DRKNS.
 ALG SURF.
 OTHER
 UND TD
 PRIMARY
 TAXIING
 LANDING
 TAKE-OFF
 FLIGHT
 STATRY
 FATAL
 INJ.
 3rd.

) DUTY ON WHICH ENGAGED:

) **Map Reading.**

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

) NATURE OF ACCIDENT AND STAGE OF FLIGHT:

) **Ground Loop**

DATE:

Monthly Accident Return.

COMPOSITION:

RECOMMENDATIONS:

) PRIMARY CAUSE:

) **Failed to check swing.**

ACTION TAKEN:

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

) SECONDARY CAUSE OR CONTRIBUTING FACTORS:

) **Aircraft ground looped.**

RECORDED BY

DATE

CHECKED BY

DATE