

32	JUL	TECH.	DISOB.	NEG/ICE	INEXP/ICE	MISCEL.	INSTRUCT.	FLT. CONTR.	OTHERS	PRIMARY	FL. CONTRS.	MOV. SURFS.	STAB. SURFS.	W. STRUTS	LAND GEAR	FLOATS	FUSE OR HULL	TAIL SKID OR W.	ENGINE MOUNT.	MISCEL.	UND/TD	PRIMARY	FUEL SYS.	COOL SYS.	IGNIT SYS.	LUB'N SYS.	ENG. STR.	AIRCREW A.	ENG. CONTRS.	MISCEL.	UND/TD	PRIMARY	HAND Q.	INSTS.	WEATHER	DRKNS.	ALG SURF.	OTHER	UND/TD	PRIMARY	TAXING	LANDING	TAKE-OFF	FLIGHT	STRATRY	FATAL	INJ.	3RD	5	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 <b>4 S.F.T.S. Saskatoon, Sask No. 2</b>		COM.		PLACE <b>Osler Aerodrome</b>										DATE <b>22-9-41</b>		TIME <b>1010</b>																																																																			
A/C TYPE <b>Crane</b>		No. <b>7706</b>		CRASH CAT. <b>7 c 10</b>		SE		ME <b>X</b>		DAY <b>X</b>		NIGHT		H.Q. FILE <b>1100-77-6</b>																																																																					
NAME <b>Vinish, G.A.</b>			RANK <b>LAC R87321 P</b>		No.		DUTY		INJURIES <b>Uninjured</b>				SERIOUS FATAL INJURY																																																																						
CARD SERIAL No.																																																																																			
TYPE A/F & ENGINE		No.		EXTENT OF DAMAGE		REPORT FORM		SERIAL No.		DATE		HOURS FLOWN BY PILOTS																																																																							
<b>Crane</b>		<b>7706</b>		<b>Slight.</b>								INST. NIGHT		ON TYPE		TOTAL		LAST 6 MOS																																																																	
<b>Jacobs</b>		<b>950/21099</b>		<b>Slight</b>								12 -		10 8		42 41																																																																			
<b>Jacobs</b>		<b>951/21100</b>		<b>Slight.</b>																																																																															
SIGNAL No. & DATE <b>D226 22-9-41</b>				UNIT No. & DATE				COM. No. & DATE				REPORT				FILE				DATE																																																															
NATURE OF ACCIDENT																																																																																			

MISCELLANEOUS CAUSES  
 STAGE OF FLIGHT

UND/TD  
 PRIMARY  
 HAND Q.  
 INSTS.  
 WEATHER  
 DRKNS.  
 ALG SURF.  
 OTHER  
 UND/TD  
 PRIMARY  
 TAXING  
 LANDING  
 TAKE-OFF  
 FLIGHT  
 STRATRY  
 FATAL  
 INJ.  
 3RD  
 5

DUTY ON WHICH ENGAGED:

**Circuits and landings**

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

**Aircraft swung on takeoff and undercarriage sheared off.**

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

**Monthly Accident Return.**

DATE:

COMPOSITION:

*05/02/53*

RECOMMENDATIONS:

PRIMARY CAUSE:

**Inexperience on part of the pilot.**

ACTION TAKEN:

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

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

**Swinging on takeoff**

RECORDED BY \_\_\_\_\_

DATE \_\_\_\_\_

CHECKED BY \_\_\_\_\_

DATE \_\_\_\_\_