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JU.	TECH.	DISOB.	NEG NCE	INEXP NCE	MISCEL.	INSTRUCT.	FLT. CONTR.	OTHERS	PRIMARY	FL. CONTR.	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. CONTR.	MISCEL.	UND TD							
PILOT		OTHERS		AIRFRAME FAILURE										ENGINE FAILURE																							
CAUSES OF ACCIDENTS																																					
UNIT 14 S.F.T.S.						COM.		PLACE						DATE 29-10-41		TIME 1135																					
Aylmer, Ont.						1		Main aerodrome.						H.Q. FILE 1100-32-4																							
A/C TYPE Harvard				No. 3204		CRASH CAT. C-1/2		SE X		ME		DAY X		NIGHT																							
NAME				RANK		No.		DUTY		INJURIES						SERIOUS																					
Waterhouse, J.				BAC		408215		P.		Uninjured.						FATAL INJURY																					
														CARD SERIAL No.																							
TYPE A/F & ENGINE		No.		EXTENT OF DAMAGE		REPORT FORM.		SERIAL No.		DATE		HOURS FLOWN BY PILOTS																									
Harvard 3204		Wasp S3HI 9590 4720 (Airscrew)										INST. NIGHT		ON TYPE		TOTAL		LAST 6 MOS																			
														DUAL SOLO		DUAL SOLO		57																			
SIGNAL No. & DATE				UNIT No. & DATE				COM. No. & DATE				REPORT				FILE				DATE																	
A93 30-10-41																																					
NATURE OF ACCIDENT																																					
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DUTY ON WHICH ENGAGED:

Sequence 7

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

R 170

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

a/c started to ground loop pilot applied rudder and brake stopping ground loop but causing a/c to tip upon its nose.

DATE:

2 M / 3 / 1968 / USP ✓

COMPOSITION:

RECOMMENDATIONS:

PRIMARY CAUSE:

Nil

Coarse application of brake in stopping ground loop but causing a/c to tip upon its nose allowing airscrew to strike runway.

ACTION TAKEN:

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

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

Aircraft tipped on nose damaging airscrew.

Nil

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____