

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															
PILOT																	OTHERS										AIRFRAME FAILURE										ENGINE FAILURE									
CAUSES OF ACCIDENTS																																														
UNIT 5 E.F.T.S.																COM.				PLACE				DATE 29-12-41				TIME 1600																		
High River, Alta.																4				5 mi. S.E. High River.				H.Q. FILE 1700-4090																						
A/C TYPE Tiger Moth																No. 4090				CRASH CAT. A				SE X		ME		DAY X		NIGHT																
NAME																RANK				No.				DUTY				INJURIES				SERIOUS														
McLaughlin, K.K.																LAC				R110966				P.				Killed				FATAL		INJURY												
																												1																		
																												CARD SERIAL NO.																		
TYPE A/F & ENGINE																No.				EXTENT OF DAMAGE				REPORT FORM				SERIAL No.				DATE				HOURS FLOWN BY PILOTS										
																T. Mott				4090				Total												INST.		NIGHT		ON TYPE		TOTAL		LAST 6 MOS.		
																G. Major				-----												W11		W11		13		4		13		4				
SIGNAL No. & DATE																UNIT No. & DATE				COM. No. & DATE				REPORT				FILE				DATE														
M418																29-12-41																														
NATURE OF ACCIDENT																																														

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 HAND Q.
INSTS.
WEATHER
DRKNS.
ALG SURF.
OTHER
UND TD
PRIMARY
TAXING
LANDING
TAKE-OFF
FLIGHT
STAIRY
FATAL
INI.
3rd.
2
1
 MISCELLANEOUS
UNTD
PRIMARY
ENG. CONTS.
AIRSCREW A.
LUB'N SYS.
IGNIT. SYS.
COOL SYS.
FUEL SYS.
UNTD
MISCEL.
CAUSES
STAGE OF FLIGHT

DUTY ON WHICH ENGAGED:

Solo flying practice.

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

Court of Inquiry

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

Aircraft crashed and burned.

DATE:

COMPOSITION:

INA

RECOMMENDATIONS:

PRIMARY CAUSE:

Nil

ACTION TAKEN:

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

Nil

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____