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|--|----|----|----|----|-------|----|----|----|----|---------------------------|----|----|----|----|---|----|----|----|----|--|----|----|----|----|------------------------------|----|----|----|----|------------------------|----|-------------|----|----|-----------------------|----|----|----|----|-------------------|----|----------------|----|----|--------|----|----|----|----|----|----|------------------|----|----|----|----|----|----|----|----|----|-----------------|----|----|----|----|----|----|----|----|----|----------------------|----|----|----|----|----|----|----|----|----|----------------------|----|----|----|----|----|----|----|----|----|----------------------|----|----|----|----|----|----|-----|--|--|----------------------|--|--|--|--|--|--|--|--|--|--------|--|------|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|---------|--|------------------------|--|--|--|--|---------------------|--|--|--------|--|--|--|-------------------------------|--|--|--|--|--|-----------|--|--|--|----------------------|--|--|--|--|--|-------|--|--|--|-----------------------------|--|--|--|--|----------------|-------|--|--|--|----|--|--|--|--|-----|---------|--|--|--|-------------------|--|--|--|--|--------------------------------|--------|--|--|--|--|--|--|--|--|---------------------------|---------|--|--|--|-----|--|--|--|--|------------------|----------|--|--|--|------------------------------|--|--|--|--|--|--------|--|--|--|---------|--|--|--|--|-------|---------|--|--|--|--------|--|--|--|--|---|-------|--|--|--|--|--|--|--|--|--------------------------|------|--|--|--|---|--|--|--|--|-------------|------|--|--|--|------------|--|--|--|--|------|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|-------|--|--|--|--|---------|--|--|--|--|-------|--|--|--|--|-------------|--|--|--|--|----|--|--|--|--|----|--|--|--|--|----|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|------|--|--|--|--|------|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="10">PILOT</td> <td colspan="10">OTHERS</td> <td colspan="10">AIRFRAME FAILURE</td> <td colspan="10">ENGINE FAILURE</td> </tr> <tr> <td colspan="32">CAUSES OF ACCIDENTS</td> </tr> <tr> <td colspan="10">UNIT 31 S.F.T.S. Kingston, Ontario # 1</td> <td colspan="10">COM.</td> <td colspan="10">PLACE Main aerodrome, Kingston</td> <td colspan="5">DATE 26-1-42</td> <td colspan="7">TIME 1135</td> </tr> <tr> <td colspan="10">A/C TYPE Harvard II</td> <td colspan="10">No. AJ 655</td> <td colspan="5">CRASH CAT. OCY 10</td> <td colspan="5">SE X</td> <td colspan="5">ME</td> <td colspan="5">DAY</td> <td colspan="5">NIGHT X</td> </tr> <tr> <td colspan="10">NAME Boniface, H. G.</td> <td colspan="5">RANK A/L/A 2540</td> <td colspan="5">No.</td> <td colspan="5">DUTY P</td> <td colspan="10">INJURIES Uninjured</td> <td colspan="5">SERIOUS</td> <td colspan="5">FATAL</td> <td colspan="5">INJURY</td> </tr> <tr> <td colspan="10">TYPE A/F & ENGINE Harvard Wasp S3HI</td> <td colspan="5">No. AJ 655 184</td> <td colspan="5">EXTENT OF DAMAGE Slightly Nil</td> <td colspan="5">REPORT FORM</td> <td colspan="5">SERIAL No.</td> <td colspan="5">DATE</td> <td colspan="10">HOURS FLOWN BY PILOTS</td> </tr> <tr> <td colspan="5">INST.</td> <td colspan="5">NIGHT</td> <td colspan="5">ON TYPE</td> <td colspan="5">TOTAL</td> <td colspan="5">LAST 6 MOS.</td> </tr> <tr> <td colspan="5">40</td> <td colspan="5">38</td> <td colspan="5">68</td> <td colspan="5">63</td> <td colspan="5"></td> </tr> <tr> <td colspan="10">SIGNAL No. & DATE C7 26-1-42</td> <td colspan="10">UNIT No. & DATE</td> <td colspan="10">COM. No. & DATE</td> <td colspan="5">REPORT</td> <td colspan="5">FILE</td> <td colspan="5">DATE</td> </tr> <tr> <td colspan="32">NATURE OF ACCIDENT</td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PILOT | | | | | | | | | | OTHERS | | | | | | | | | | AIRFRAME FAILURE | | | | | | | | | | ENGINE FAILURE | | | | | | | | | | CAUSES OF ACCIDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | UNIT 31 S.F.T.S. Kingston, Ontario # 1 | | | | | | | | | | COM. | | | | | | | | | | PLACE Main aerodrome, Kingston | | | | | | | | | | DATE 26-1-42 | | | | | TIME 1135 | | | | | | | A/C TYPE Harvard II | | | | | | | | | | No. AJ 655 | | | | | | | | | | CRASH CAT. OCY 10 | | | | | SE X | | | | | ME | | | | | DAY | | | | | NIGHT X | | | | | NAME Boniface, H. G. | | | | | | | | | | RANK A/L/A 2540 | | | | | No. | | | | | DUTY P | | | | | INJURIES Uninjured | | | | | | | | | | SERIOUS | | | | | FATAL | | | | | INJURY | | | | | TYPE A/F & ENGINE Harvard Wasp S3HI | | | | | | | | | | No. AJ 655 184 | | | | | EXTENT OF DAMAGE Slightly Nil | | | | | REPORT FORM | | | | | SERIAL No. | | | | | DATE | | | | | HOURS FLOWN BY PILOTS | | | | | | | | | | INST. | | | | | NIGHT | | | | | ON TYPE | | | | | TOTAL | | | | | LAST 6 MOS. | | | | | 40 | | | | | 38 | | | | | 68 | | | | | 63 | | | | | | | | | | SIGNAL No. & DATE C7 26-1-42 | | | | | | | | | | UNIT No. & DATE | | | | | | | | | | COM. No. & DATE | | | | | | | | | | REPORT | | | | | FILE | | | | | DATE | | | | | NATURE OF ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PILOT | | | | | | | | | | OTHERS | | | | | | | | | | AIRFRAME FAILURE | | | | | | | | | | ENGINE FAILURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAUSES OF ACCIDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT 31 S.F.T.S. Kingston, Ontario # 1 | | | | | | | | | | COM. | | | | | | | | | | PLACE Main aerodrome, Kingston | | | | | | | | | | DATE 26-1-42 | | | | | TIME 1135 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A/C TYPE Harvard II | | | | | | | | | | No. AJ 655 | | | | | | | | | | CRASH CAT. OCY 10 | | | | | SE X | | | | | ME | | | | | DAY | | | | | NIGHT X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME Boniface, H. G. | | | | | | | | | | RANK A/L/A 2540 | | | | | No. | | | | | DUTY P | | | | | INJURIES Uninjured | | | | | | | | | | SERIOUS | | | | | FATAL | | | | | INJURY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE A/F & ENGINE Harvard Wasp S3HI | | | | | | | | | | No. AJ 655 184 | | | | | EXTENT OF DAMAGE Slightly Nil | | | | | REPORT FORM | | | | | SERIAL No. | | | | | DATE | | | | | HOURS FLOWN BY PILOTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INST. | | | | | NIGHT | | | | | ON TYPE | | | | | TOTAL | | | | | LAST 6 MOS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | 38 | | | | | 68 | | | | | 63 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNAL No. & DATE C7 26-1-42 | | | | | | | | | | UNIT No. & DATE | | | | | | | | | | COM. No. & DATE | | | | | | | | | | REPORT | | | | | FILE | | | | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATURE OF ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="10">TYPE OF A/C</td> <td colspan="10">TYPE OF ENGINE</td> <td colspan="10">CATEGORY</td> <td colspan="10">STAGE OF FLIGHT</td> </tr> <tr> <td colspan="10">MISCELLANEOUS CAUSES</td> <td colspan="10">MISCELLANEOUS CAUSES</td> <td colspan="10">MISCELLANEOUS CAUSES</td> <td colspan="10">MISCELLANEOUS CAUSES</td> </tr> <tr> <td colspan="10">HAND-O</td> <td colspan="10">INSTS.</td> <td colspan="10">WEATHER</td> <td colspan="10">DRYNS.</td> </tr> <tr> <td colspan="10">ALG SURF.</td> <td colspan="10">OTHER</td> <td colspan="10">UNDTD</td> <td colspan="10">PRIMARY</td> </tr> <tr> <td colspan="10">TAXING</td> <td colspan="10">LANDING</td> <td colspan="10">TAKE-OFF</td> <td colspan="10">FLIGHT</td> </tr> <tr> <td colspan="10">STRATRY</td> <td colspan="10">FATAL</td> <td colspan="10">INJ.</td> <td colspan="10">3RD.</td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF A/C | | | | | | | | | | TYPE OF ENGINE | | | | | | | | | | CATEGORY | | | | | | | | | | STAGE OF FLIGHT | | | | | | | | | | MISCELLANEOUS CAUSES | | | | | | | | | | MISCELLANEOUS CAUSES | | | | | | | | | | MISCELLANEOUS CAUSES | | | | | | | | | | MISCELLANEOUS CAUSES | | | | | | | | | | HAND-O | | | | | | | | | | INSTS. | | | | | | | | | | WEATHER | | | | | | | | | | DRYNS. | | | | | | | | | | ALG SURF. | | | | | | | | | | OTHER | | | | | | | | | | UNDTD | | | | | | | | | | PRIMARY | | | | | | | | | | TAXING | | | | | | | | | | LANDING | | | | | | | | | | TAKE-OFF | | | | | | | | | | FLIGHT | | | | | | | | | | STRATRY | | | | | | | | | | FATAL | | | | | | | | | | INJ. | | | | | | | | | | 3RD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF A/C | | | | | | | | | | TYPE OF ENGINE | | | | | | | | | | CATEGORY | | | | | | | | | | STAGE OF FLIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MISCELLANEOUS CAUSES | | | | | | | | | | MISCELLANEOUS CAUSES | | | | | | | | | | MISCELLANEOUS CAUSES | | | | | | | | | | MISCELLANEOUS CAUSES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAND-O | | | | | | | | | | INSTS. | | | | | | | | | | WEATHER | | | | | | | | | | DRYNS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALG SURF. | | | | | | | | | | OTHER | | | | | | | | | | UNDTD | | | | | | | | | | PRIMARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAXING | | | | | | | | | | LANDING | | | | | | | | | | TAKE-OFF | | | | | | | | | | FLIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STRATRY | | | | | | | | | | FATAL | | | | | | | | | | INJ. | | | | | | | | | | 3RD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DUTY ON WHICH ENGAGED:

COURT OF INQUIRY, INVESTIGATING OFFICER

Taxing after landing.

OR COMMANDING OFFICER'S REPORT:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

R170

Pupil pilot applied brakes sharply causing tail to left and airscrew tips struck ground.

COMPOSITION:

T.M./A.V./1001/200 ✓

RECOMMENDATIONS:

Nil

PRIMARY CAUSE:

~~Excessive application of brakes.
Carelessness on part of the pupil in
that he applied his brakes too harshly
when taxiing.~~

ACTION TAKEN:

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

- (1) Interview with C.O.
- (2) Log book endorsed "Carelessness".

H. Atter

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

~~Aircraft tipped up on nose damaging
the airscrew.~~

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____