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TYPE OF A/C																	CAUSES OF ACCIDENTS																
PILOT																	OTHERS																
AIRFRAME FAILURE																	ENGINE FAILURE																
UNIT Conv. Tr. Sqdn.																	COM. 3																
Rockcliffe, Ont.																	PLACE Rockcliffe Aerodrome																
DATE 29-1-42																	TIME 1050																
H.Q. FILE 1100-74-22																																	
A/C TYPE Norseman Battle Norseman																	No. 2479-7422-D 2477																
CRASH CAT. C C C																	SEX M M M																
ME																	DAX X X																
NIGHT																																	
NAME																	RANK																
No.																	DUTY																
Injuries																	SERIOUS																
FATAL																	INJURY																
CARD SERIAL NO.																																	
TYPE A/F & ENGINE																	No.																
EXTENT OF DAMAGE																	REPORT FORM																
SERIAL No.																	DATE																
HOURS FLOWN BY PILOTS																																	
INST.																	NIGHT																
ON TYPE																	TOTAL																
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LAST 6 MOS.																																	
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SIGNAL No. & DATE																	UNIT No. & DATE																
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NATURE OF ACCIDENT																																	

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DUTY ON WHICH ENGAGED:

COURT OF INQUIRY, INVESTIGATING OFFICER
OR COMMANDING OFFICER'S REPORT:

10/27

Circuits and landings.

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

COMPOSITION:

R170
TCA/TCT
NR/AF
NR/AF

Pilot taxied battle aircraft approximately 160 yards in straight line striking both Norseman aircraft which were parked along edge of aerodrome damaging starboard wing tip and port leading edge and flap of Battle, also fuselage of Norseman 2479.

RECOMMENDATIONS:

Nil

~~Error in judgment on part of pilot~~

9. Collision

ACTION TAKEN:

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

Nil

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

~~Battle aircraft struck the two Norseman.~~

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____