

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		COM.		PLACE										DATE		TIME																	
120 RR S		WAC		Port Alice										11-3-42		1820																	
Goal Harbour		WAC		Port Alice										H.Q. FILE		1100-9-12																	
A/C TYPE		No.		CRASH CAT.										SE	ME	DAY	NIGHT																
Stranraer		912		C										I	I																		
NAME		RANK		No.		DUTY		INJURIES						SERIOUS																			
Addington W.P.		FLT/PT		02336		P		Uninjured.						FATAL		INJURY																	
Laird		F/SGT.				WAG.		N																									
Howard		DPL.				WAG.		N																									
Beaching		CPT.				AFM		N																									
Whidden		SGT.				AFM		N																									
Steele		SGT.				AFM		N																									
Roberts		SGT.				AFM		N																									
Sturgeon & Bushman						Pass.		N																									
TYPE A/F & ENGINE		No.		EXTENT OF DAMAGE		REPORT FORM		SERIAL No.		DATE		HOURS FLOWN BY PILOTS																					
Stranraer 912												INST. NIGHT		ON TYPE				TOTAL		LAST 6 MOS.													
														DUAL SOLO		DUAL SOLO																	
SIGNAL No & DATE		UNIT No & DATE				COM. No & DATE				REPORT		FILE		DATE																			
A-163		15-3-42																															
NATURE OF ACCIDENT																																	

MISCELLANEOUS CAUSES

STAGE OF FLIGHT

HAND Q.
 INSTS.
 WEATHER
 DRKNS.
 ALG SURF.
 OTHER
 UND'TD
 PRIMARY
 TAXING
 LANDING
 TAKE-OFF
 FLIGHT
 STAFFY
 FATAL
 INJURY
 3RD.

19
 18
 17
 16
 15
 14
 13
 12
 11
 10
 9
 8
 7
 6
 5
 4
 3
 2
 1

DUTY ON WHICH ENGAGED:

A/C on emergency flight. Bushman
with severed finger to Fort Alice
hospital.

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

Cause of accident -taxiing too
great a speed - hit dock.

COURT OF INQUIRY. INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

DATE:

COMPOSITION:

RECOMMENDATIONS:

PRIMARY CAUSE:

9

ACTION TAKEN:

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

9. Collision

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

RECORDED BY _____ DATE _____

CHECKED BY _____ DATE _____