

PILOT		OTHERS		AIRFRAME FAILURE				ENGINE FAILURE					
CAUSES OF ACCIDENTS													
UNIT 39 S.F.T.S.		COM.	PLACE		DATE		TIME						
Swift Current		4	1 mile North of Swift Current		29-7-42		0545		FILE 1300-AJ982				
A/C TYPE		No.		CRASH CAT.		SE	ME	DAY	NIGHT				
Harvard 11		AJ982		A		I	I						
NAME			RANK	No.	DUTY	INJURIES			SERIOUS				
Snell F.W. DFC			F/LT	39349	F.I.	Slightly injured.			FATAL	INJURY			
CARD SERIAL No.													
TYPE A/F & ENGINE		No.	EXTENT OF DAMAGE	REPORT FORM	SERIAL No.	DATE	HOURS FLOWN BY PILOTS						
Harvard 11 AJ982		Total					INST.	NIGHT	ON TYPE		TOTAL		LAST 6 MOS.
Wasp 12175/A262245		Total								DUAL	SOLO	DUAL	SOLO
SIGNAL No & DATE		UNIT No. & DATE		COM. No & DATE		REPORT		FILE		DATE			
A-80		29-7-42											
NATURE OF ACCIDENT													

CAUSES
 MISCELLANEOUS
 STAGE OF FLIGHT
 HAND Q.
 INSTS.
 WEATHER
 DRKNS.
 ALG SUPT.
 OTHER
 UND'TD
 PRIMARY
 TAXIING
 LANDING
 TAKE-OFF
 FLIGHT
 STRATRY
 FATAL
 INJ
 3RD
 5
 2

TYPE OF A/C

TYPE OF ENGINE

CATEGORY

32
 31
 30
 29
 28
 27
 26
 25
 24
 23
 22
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 1

DUTY ON WHICH ENGAGED:

Weather test.

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:



INVESTIGATING OFFICER'S REPORT

NATURE OF ACCIDENT OR STAGE OF INCIDENT:

DATE: 30-7-42.

COMPOSITION:

12CO/POL/PC2

S/L COOPER W.C.S. No. 59 S.F.T.S.

PILOT FLEW LOW OVER THE CITY OF SMITH CURRENT. THE A/C FLEW SO LOW THAT IT STRUCK AND DAMAGED TELEPHONE WIRES IN THE CITY. PILOT WAS FORCED TO LAND WHICH HE DID, WHEELS UP.

RECOMMENDATIONS:

action

Severe disciplinary ~~against~~ against the officer concerned.

PRIMARY CAUSE:

UNAUTHORIZED LOW FLYING.

22. Collision Obstructions

22

ACTION TAKEN:

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

CONCLUSIONS OF A.I.B.

A/C CRASH LANDED AFTER PORT WING WAS DAMAGED BY STRIKING TELEPHONE WIRES WHILE THE PILOT WAS DELIBERATELY ENGAGING IN UNAUTHORIZED LOW FLYING OVER A SMALL CITY.

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

Aircraft hit telegraph pole.

AND LANDED WITH WHEELS UP.

42. Unauthorized Low Flying

RECORDED BY _____ DATE _____

CHECKED BY _____ DATE _____