

TYPE OF A/C		CAUSES OF ACCIDENTS										ENGINE FAILURE			
PILOT		OTHERS		AIRFRAME FAILURE										ENGINE FAILURE	
UNIT No.6 S.F.T.S., Dunnville, Ont.		COM. # 1		PLACE 40 miles north of Joliette, Que.				DATE 12-3-43		TIME 1800		H.O. FILE 1100-27-8			
A/C TYPE Harvard II		No. 2708		CRASH CAT. C 3		SE x ME		DAY x NIGHT							
NAME			RANK	No.	DUTY	INJURIES			SERIOUS						
Woolley, S.K.			P/O	J21021	FI	Nil			FATAL	INJURY					
Hastings, E.J.			CPL	R54394	Pass	Nil									
								SERIAL No.							
TYPE A/F & ENGINE		No.	EXTENT OF DAMAGE	REPORT FORM	SERIAL No.	DATE	HOURS FLOWN BY PILOTS								
Harvard II		2708					INST	NIGHT	ON TYPE		TOTAL		LAST 6 MOS.		
Wasp S3H1		4434	Serious						DUAL	SOLO	DUAL	SOLO			
SIGNAL No & DATE		UNIT No. & DATE		COM. No. & DATE		REPORT		FILE		DATE					
A3017		13-3-43													

CATEGORY
 TYPE OF ENGINE
 TYPE OF A/C

MISCELLANEOUS
 CAUSES
 STAGE OF FLIGHT

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N A T I O N A L B E R E A C C I D E N T

INJURY
 FATAL
 STATRY
 FLIGHT
 TAKEOFF
 LANDING
 TAXIING
 PRIMARY
 LNDT/D
 OTHER
 ALG SURF
 DRKNS.
 WEATHER
 INSTS
 HAND O.
 PRIMARY
 UMDTD
 MISCEL
 ENG. CONTS.
 AIRSCREW A.
 EYG STR
 LUB'N SYS.
 IGNIT SYS.
 COOL SYS.
 FUEL SYS.
 PRIMARY
 UMDTD
 MISCEL
 ENGINE MOUNT.
 ENGINE OR HULL
 TAIL SKID OR R.
 FUSE OR HULL
 FLOATS
 LAND GEAR
 W. STRUTS
 STAB. SURFS.
 MOV. SURFS.
 FL. CONTS.
 PRIMARY
 OTHERS
 FLT. CONTR.
 INSTRUCT.
 MISCEL
 INEXP NCE
 NEG NCE
 TECH
 JU.

DUTY ON WHICH ENGAGED:

COURT OF INQUIRY, INVESTIGATING OFFICER

Ferrying aircraft.

OR COMMANDING OFFICER'S REPORT:

D-14.

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

While ferrying A/C from 6 S.F.T.S. to Montreal, P.Q., pilot flew off course. Shortage of gasoline and being lost necessitated precautionary landing which was made wheels up.

COMPOSITION:

RECOMMENDATIONS:

PRIMARY CAUSE:

52. Lost and no gas.

17. Forced Landing

ACTION TAKEN:

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

Log Book endorsed "Carelessness".

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

~~24. Carelessness.~~

25. Petrol Shortage.

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____