

TYPE OF ACCIDENT

UNIT 11 E.F.T.S. COM. PLACE

Cap de la Madeleine 3 M.A.

DATE 1-3-43 TIME 1730

H.O. FILE 1100-45-77

A/C TYPE No. CRASH CAT. SE ME DAY NIGHT

Fleet Finch 11 4577 C X ME X

CAUSES OF ACCIDENTS

NAME	RANK	No.	DUTY	INJURIES	SERIOUS
Meehan	Lac.	R171431	PP	NIL.	FATAL INJURY

MISCELLANEOUS CAUSES

TYPE A/F & ENGINE No. EXTENT OF DAMAGE REPORT FORM SERIAL No. DATE

Finch 4577 Slightly Kinner 6158/1509 NIL.

STAGE OF FLIGHT

SIGNAL No & DATE	UNIT No & DATE	COM. No & DATE	HOURS FLOWN BY PILOTS				LAST 6 MOS
			INST	NIGHT	ON TYPE	TOTAL	

NATURE OF ACCIDENT

SIGNAL No & DATE	UNIT No & DATE	COM. No & DATE	REPORT	FILE	DATE

TYPE OF ACCIDENT

TYPE OF ENGINE

CATEGORY

ENGINE FAILURE

CAUSES

STAGE OF FLIGHT

MISCELLANEOUS

FLIGHT

INJURY

STATRY

FATAL

LANDING

TAKE-OFF

TAXING

PRIMARY

UND/TO

OTHER

ALG SURF

DRKNS

WEATHER

INSTS

HAND Q

61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 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

TECH. DISOB. NEG/NCPE INEX/NCPE MISCEL. INSTRUCT. FLT. CONTR. OTHERS. PRIMARY FL CONTRS. MOV. SURFS. STAB. SURFS. W. STRUTS. LAND. GEAR FLOATS. FUSE. OR HULL. TAIL SKID OR W. ENGINE MOUNT. MISCEL. UND/TO. PRIMARY FUEL SYS. COOL SYS. IGNIT. SYS. LUB'N SYS. ENG STR. AIRSCREW A. ENG CONTS. MISCEL. UND/TO. PRIMARY

NATURE OF ACCIDENT

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

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

DUTY ON WHICH ENGAGED:

First solo.

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

D-14

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

Student on first solo, made a heavy landing, damaged oleo leg slightly.

DATE:

COMPOSITION:

LH/PS/114/VB/11 ✓

RECOMMENDATIONS:

PRIMARY CAUSE:

~~40. Heavy landing - flying into ground.~~

4. Heavy.

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ACTION TAKEN:

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

Nil.

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

~~25. Inexperience.~~

34. *use stick*

34

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____