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C.14 |            |  |  |  | SE |  | ME X |  |  | DAY X |    |  | NIGHT  |  | NAME |    |  |  |          |  |  |  |  |  | RANK |              | No. |  |  | DUTY |  |  | INJURIES |  |  |     |  | SERIOUS |  | Bater, J.E. |       |  |  |     |  |  |  |  |  | FO |  | J10974 |  |  | FI |  |  | Nil |  |  |  |  | FATAL | INJURY | Kerr, R.A. |  |  |  |  |  |  |  |  |                 | FO |  | J11260 |  |  | FI |  |  | Slightly |  |  |  |  |  | I | Weston, R.A. |  |  |  |  |  |  |  |  |  | Sgt |                | R75124 |  |  | Pass. |  |  | Nil |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | CARD SERIAL NO. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TYPE OF ENGINE |  |  |  |  |  |  |  |  |  | STAGE OF FLIGHT |  |  |  |  |  |  |  |  |  |  |  | TYPE A/F & ENGINE |  |  |  |  |  |  |  |  |  | No. |  | EXTENT OF DAMAGE |  | REPORT FORM | SERIAL No. | DATE | HOURS FLOWN BY PILOTS |  |  |  |  |  |  |  |  |  | Crane #8117 Slightly |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | INST. |  | NIGHT |  | ON TYPE |  | TOTAL |  | LAST 6 MOS. |  | L/LB 22030/8092 Nil. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 22031/8093 Nil. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | SIGNAL No. & DATE |  |  |  |  | UNIT No. & DATE |  |  |  |  | COM. No. & DATE |  |  |  |  | REPORT |  |  | FILE |  | DATE |  | A.29 15.4.43 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NATURE OF ACCIDENT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TYPE OF A/C  |  |  |  |  |                 |  |  |  |  | CAUSES OF ACCIDENTS         |  |                  |  |             |              |      |                       |          |       | MISCELLANEOUS |         |  |                 |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <td colspan="5">UNIT #3 S.F.T.S.<br/>Calgary</td> <td colspan="5">COM. #4 TC</td> <td colspan="5">PLACE M.A.</td> <td colspan="5">DATE 14.4.43</td> <td colspan="5">TIME 1615</td> </tr> <tr> <td colspan="5">A/C TYPE Crane I</td> <td colspan="5">No. 8117</td> <td colspan="5">CRASH CAT. C.14</td> <td colspan="2">SE</td> <td colspan="3">ME X</td> <td colspan="3">DAY X</td> <td colspan="2">NIGHT</td> </tr> <tr> <td colspan="10">NAME</td> <td colspan="2">RANK</td> <td colspan="3">No.</td> <td colspan="3">DUTY</td> <td colspan="5">INJURIES</td> <td colspan="2">SERIOUS</td> </tr> <tr> <td colspan="10">Bater, J.E.</td> <td colspan="2">FO</td> <td colspan="3">J10974</td> <td colspan="3">FI</td> <td colspan="5">Nil</td> <td colspan="1">FATAL</td> <td colspan="1">INJURY</td> </tr> <tr> <td colspan="10">Kerr, R.A.</td> <td colspan="2">FO</td> <td colspan="3">J11260</td> <td colspan="3">FI</td> <td colspan="5">Slightly</td> <td colspan="1"></td> <td colspan="1">I</td> </tr> <tr> <td colspan="10">Weston, R.A.</td> <td colspan="2">Sgt</td> <td colspan="3">R75124</td> <td colspan="3">Pass.</td> <td colspan="5">Nil</td> <td colspan="1"></td> <td colspan="1"></td> </tr> <tr> <td colspan="10"></td> <td colspan="2"></td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="5"></td> <td colspan="2">CARD SERIAL NO.</td> </tr> <tr> <td colspan="10"></td> <td colspan="2"></td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="5"></td> <td colspan="2"></td> </tr> </table>  |  |  |  |  |                 |  |  |  |  | UNIT #3 S.F.T.S.<br>Calgary |  |                  |  |             | COM. #4 TC   |      |                       |          |       | PLACE M.A.    |         |  |                 |        | DATE 14.4.43 |  |  |  |  | TIME 1615 |  |             |  |  | A/C TYPE Crane I |  |  |  |  | No. 8117 |  |                     |  |  | CRASH CAT. C.14 |  |  |  |  | SE |  | ME X          |  |  | DAY X |  |  | NIGHT |  | NAME |  |  |  |   |  |  |  |  |  | RANK |  | No. |  |                             | DUTY |  |  | INJURIES |            |  |  |  | SERIOUS |            | Bater, J.E. |  |  |  |              |  |  |  |  |           | FO |  | J10974 |  |                  | FI |  |  | Nil |          |  |  |  | FATAL | INJURY          | Kerr, R.A. |  |  |  |    |  |      |  |  |       | FO |  | J11260 |  |      | FI |  |  | Slightly |  |  |  |  |  | I    | Weston, R.A. |     |  |  |      |  |  |          |  |  | Sgt |  | R75124  |  |             | Pass. |  |  | Nil |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  | CARD SERIAL NO. |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     | TYPE OF ENGINE |        |  |  |       |  |  |     |  |  | STAGE OF FLIGHT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| UNIT #3 S.F.T.S.<br>Calgary  |  |  |  |  | COM. #4 TC      |  |  |  |  | PLACE M.A.                  |  |                  |  |             | DATE 14.4.43 |      |                       |          |       | TIME 1615     |         |  |                 |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A/C TYPE Crane I   |  |  |  |  | No. 8117        |  |  |  |  | CRASH CAT. C.14             |  |                  |  |             | SE           |      | ME X                  |          |       | DAY X         |         |  | NIGHT           |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME   |  |  |  |  |                 |  |  |  |  | RANK                        |  | No.              |  |             | DUTY         |      |                       | INJURIES |       |               |         |  | SERIOUS         |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bater, J.E.  |  |  |  |  |                 |  |  |  |  | FO                          |  | J10974           |  |             | FI           |      |                       | Nil      |       |               |         |  | FATAL           | INJURY |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kerr, R.A.   |  |  |  |  |                 |  |  |  |  | FO                          |  | J11260           |  |             | FI           |      |                       | Slightly |       |               |         |  |                 | I      |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Weston, R.A.   |  |  |  |  |                 |  |  |  |  | Sgt                         |  | R75124           |  |             | Pass.        |      |                       | Nil      |       |               |         |  |                 |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |                 |  |  |  |  |                             |  |                  |  |             |              |      |                       |          |       |               |         |  | CARD SERIAL NO. |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |                 |  |  |  |  |                             |  |                  |  |             |              |      |                       |          |       |               |         |  |                 |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TYPE A/F & ENGINE  |  |  |  |  |                 |  |  |  |  | No.                         |  | EXTENT OF DAMAGE |  | REPORT FORM | SERIAL No.   | DATE | HOURS FLOWN BY PILOTS |          |       |               |         |  |                 |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Crane #8117 Slightly   |  |  |  |  |                 |  |  |  |  |                             |  |                  |  |             |              |      | INST.                 |          | NIGHT |               | ON TYPE |  | TOTAL           |        | LAST 6 MOS.  |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| L/LB 22030/8092 Nil.   |  |  |  |  |                 |  |  |  |  |                             |  |                  |  |             |              |      |                       |          |       |               |         |  |                 |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22031/8093 Nil.  |  |  |  |  |                 |  |  |  |  |                             |  |                  |  |             |              |      |                       |          |       |               |         |  |                 |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNAL No. & DATE  |  |  |  |  | UNIT No. & DATE |  |  |  |  | COM. No. & DATE             |  |                  |  |             | REPORT       |      |                       | FILE     |       | DATE          |         |  |                 |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A.29 15.4.43   |  |  |  |  |                 |  |  |  |  |                             |  |                  |  |             |              |      |                       |          |       |               |         |  |                 |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NATURE OF ACCIDENT   |  |  |  |  |                 |  |  |  |  |                             |  |                  |  |             |              |      |                       |          |       |               |         |  |                 |        |              |  |  |  |  |           |  |             |  |  |                  |  |  |  |  |          |  |                     |  |  |                 |  |  |  |  |    |  |               |  |  |       |  |  |       |  |      |  |  |  |   |  |  |  |  |  |      |  |     |  |                             |      |  |  |          |            |  |  |  |         |            |             |  |  |  |              |  |  |  |  |           |    |  |        |  |                  |    |  |  |     |          |  |  |  |       |                 |            |  |  |  |    |  |      |  |  |       |    |  |        |  |      |    |  |  |          |  |  |  |  |  |      |              |     |  |  |      |  |  |          |  |  |     |  |         |  |             |       |  |  |     |  |  |  |  |  |    |  |        |  |  |    |  |  |     |  |  |  |  |       |        |            |  |  |  |  |  |  |  |  |                 |    |  |        |  |  |    |  |  |          |  |  |  |  |  |   |              |  |  |  |  |  |  |  |  |  |     |                |        |  |  |       |  |  |     |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |  |     |  |                  |  |             |            |      |                       |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |       |  |         |  |       |  |             |  |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                   |  |  |  |  |                 |  |  |  |  |                 |  |  |  |  |        |  |  |      |  |      |  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

3534

EL. STR. AIR. SEW. A. ENG. PARTS. MISCEL. UNDTD. PRIMARY. HAND O. INSTS. WEATHER. DRKNS. ALG SURF. OTHER. UNDTD. PRIMARY. TAXIING. LANDING. TAKEOFF. FLIGHT. STATRY. FATAL. INJ. 3RD. 5. 2. 1.

✓

DUTY ON WHICH ENGAGED:

Bombing exercise.

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

14/PSHA/USA D-14

COMPOSITION:

Pilot doing elevator type precautionary, allowed air speed to become too low, and when hit by a sudden gust of wind, A/C stalled at 12' and control could not be gained until wheel was torn off. Pilot gained control, went around again and made crash landing

Increased air speed for precautionary landings, on gusty days should be 10 m.p.h. higher than

PRIMARY CAUSE: with the other wheel retracted. **normal.**

32. Pilot error.

ACTION TAKEN:

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

Personally admonished by the C.I. and log book endorsed for Gross Carelessness.

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

35. Cross winds and gusts.

34. Wheels up landing.

22. Stalling

RECORDED BY

DATE

CHECKED BY

DATE