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PILOT		OTHERS		AIRFRAME FAILURE				ENGINE FAILURE			
CAUSES OF ACCIDENTS											
UNIT #34 E.F.T.S. Assiniboia		COM. 4		PLACE M.A.				DATE 27.5.43		TIME 0315	
A/C TYPE Cornell II Cornell II		NO. 10625-D 10619		CRASH CAT. C.1½ C.10		SE X		ME		DAY NIGHT X	
NAME		RANK		NO.		DUTY		INJURIES		SERIOUS	
1. Hopkins		Sgt		1258126		FI		Nil (10625)		FATAL INJURY	
2. Denley, D.		LAC		1601063		PP		Nil (10619)		FATAL INJURY	
3. Stott, D.		LAC		1581698		PP		Nil (10625)		FATAL INJURY	
TYPE A/F & ENGINE		No.		EXTENT OF DAMAGE		REPORT FORM		SERIAL No.		DATE	
Cornell 10625		10625		Slight							
Ranger 6-440-C5		27488				Nil				1. 28 102 15 166 127 647	
Cornell 10619		10619		Serious						3. 7 5 35 34 47 34	
Ranger 6-440-C5		27477				Nil				2. 7 5 38 44 37 44	
SIGNAL No. & DATE		UNIT No. & DATE		COM. No. & DATE		REPORT		FILE		DATE	
A.111 28.5.43											

TECH
DISBR
NEE/CE
INSTR/MC
MISCEL
INSTRUCT
FLT. CONTR.
OTHERS
PRIMARY
FL. CONTR.
MOV. SURFS.
STAB. SURFS.
W. STRUTS
LAND. DEAR
FLOATS
TUSE OR HULL
TAIL SWID OR H.
ENGINE MOUNT.
MISCEL
UND TD
PRIMARY
FUEL SYS.
C.O.L. SYS.
IGN. SYS.
LUB. SYS.
ENG. STR.
AIRSCREW A.
ENG. CONTR.
MISCEL
UND TD
PRIMARY
HAND O.
INSTS.
WEATHER
DRKNS.
ALG SURF.
OTHER
UND TD
PRIMARY
TAXIING
LANDING
TAKE-OFF
FLIGHT
STAIRY
FATAL
INJ.
3RD.

NATURE OF ACCIDENT

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DUTY ON WHICH ENGAGED:

Training.

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

D-14 # 34.

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

COMPOSITION:

Pilot states that he taxied A/C # 10625 into A/C #10619. He failed to see A/C #10619, Until he felt A/C #10625 hit something. He states 10619 was parked without lights.

TCA / PCT / XLM
TCA / XA

RECOMMENDATIONS:

PRIMARY CAUSE:

3. Hitting other aircraft.

9. COLLISIONS

ACTION TAKEN:

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

(A) Pilot of 10625 severely admonished.
A.C.P. severely admonished.

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

~~33. Technical defect.~~

~~32. Pilot error.~~

~~Partial failure of lights on a/c 10619,
due to weak batteries.~~

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____