

TYPE OF A/C		CAUSES OF ACCIDENTS										MISCELLANEOUS																			
UNIT # 11 E.F.T.S. Cap de Madeleine		COM. 3		PLACE 5 miles N.W. of Cap de Madeleine						DATE 12-12-40 TIME 0830				H.Q. FILE																	
A/C TYPE Finch II		No. 4611		CRASH CAT. A		SE X ME		DAY X NIGHT		CAUSES																					
NAME		RANK		No.		DUTY		INJURIES		SERIOUS																					
Holstein- Rathlow		Cdr.		---		FI		Serious		FATAL INJURY																					
Clarke, H.S.		LAC		R56310		PP		Serious		CARD SERIAL No.																					
TYPE A/F & ENGINE		No.		EXTENT OF DAMAGE		REPORT FORM		SERIAL No.		DATE		HOURS FLOWN BY PILOTS																			
Finch II		4611		Total								INST. NIGHT ON TYPE TOTAL LAST 6 MOS.																			
Kinner												DUAL SOLO DUAL SOLO																			
SIGNAL No. & DATE		UNIT No. & DATE		COM. No. & DATE		REPORT		FILE		DATE		STAGE OF FLIGHT																			
114 12-12-40		48 12-12-40										LANDING TAKE-OFF FLIGHT STATRY FATAL INJ. SBD.																			
NATURE OF ACCIDENT																															

TECH.
DISOB.
NEG'VE
INEXP'VE
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'TD
PRIMARY
FUEL SYS.
COOL SYS.
IGNIT. SYS.
LUB'N SYS.
ENG. STR.
AIRSCREW A.
ENG. CONTRS.
MISCEL.
UND'TD
PRIMARY

PILOT
OTHERS
AIRFRAME FAILURE
ENGINE FAILURE

UNIT # 11 E.F.T.S.
Cap de Madeleine

A/C TYPE
Finch II

NAME
Holstein- Rathlow
Clarke, H.S.

TYPE A/F & ENGINE
Finch II
Kinner

SIGNAL No. & DATE
114 12-12-40

NATURE OF ACCIDENT

MISCELLANEOUS

STAGE OF FLIGHT

JUN 31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
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3
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1

19
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17
16
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12
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8
7
6
5
4
3
2
1

DUTY ON WHICH ENGAGED: **Dual instruction.**

COURT OF INQUIRY, INVESTIGATING OFFICER

ILOC/AOC/ADM/I

Practicing forced landings.

OR COMMANDING OFFICER'S REPORT:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

Stalled during gliding turn and forced landing.

COMPOSITION:

RECOMMENDATIONS:

PRIMARY CAUSE:

ACTION TAKEN:

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

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____