

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

|                     |                        |  |                  |  |  |  |                  |  |                            |  |      |  |                             |  |                  |  |                 |  |                |  |             |  |      |  |  |  |  |
|---------------------|------------------------|--|------------------|--|--|--|------------------|--|----------------------------|--|------|--|-----------------------------|--|------------------|--|-----------------|--|----------------|--|-------------|--|------|--|--|--|--|
| TYPE OF ACCIDENT    | PILOT                  |  | OTHERS           |  | AIRFRAME FAILURE                           |  |                  |  |                            |  |      |  | ENGINE FAILURE              |  |                  |  |                 |  |                |  |             |  |      |  |  |  |  |
| CAUSES OF ACCIDENTS | UNIT <b>1 S.F.T.S.</b> |  | COM. <b>2</b>    |  | PLACE <b>Grenora, North Dakota, U.S.A.</b> |  |                  |  |                            |  |      |  | DATE <b>29-5-42</b>         |  | TIME <b>0230</b> |  |                 |  |                |  |             |  |      |  |  |  |  |
|                     | Weyburn, Sask.         |  |                  |  |  |  |                  |  |                            |  |      |  | H.Q. FILE <b>1100-65-87</b> |  |                  |  |                 |  |                |  |             |  |      |  |  |  |  |
| A/C TYPE            | <b>Anson</b>           |  | No. <b>6587</b>  |  | CRASH CAT. <b>D</b>                        |  |                  |  |                            |  |      |  | SE                          |  | ME <b>x</b>      |  | DAY             |  | NIGHT <b>x</b> |  |             |  |      |  |  |  |  |
| NAME                | <b>McLean</b>          |  | RANK <b>CPL.</b> |  | No. <b>657951</b>                          |  | DUTY <b>P.P.</b> |  | INJURIES <b>Uninjured.</b> |  |      |  |                             |  |                  |  | SERIOUS         |  |                |  |             |  |      |  |  |  |  |
|                     |                        |  |                  |  |  |  |                  |  |                            |  |      |  |                             |  |                  |  | FATAL           |  | INJURY         |  |             |  |      |  |  |  |  |
|                     |                        |  |                  |  |  |  |                  |  |                            |  |      |  |                             |  |                  |  | CARD SERIAL No. |  |                |  |             |  |      |  |  |  |  |
|                     |                        |  |                  |  |  |  |                  |  |                            |  |      |  |                             |  |                  |  |                 |  |                |  |             |  |      |  |  |  |  |
| TYPE A/F & ENGINE   | <b>Anson</b>           |  | No. <b>6587</b>  |  | EXTENT OF DAMAGE                           |  | REPORT FORM      |  | SERIAL No.                 |  | DATE |  | HOURS FLOWN BY PILOTS       |  |                  |  |                 |  |                |  |             |  |      |  |  |  |  |
|                     |                        |  |                  |  |  |  |                  |  |                            |  |      |  | INST.                       |  | NIGHT            |  | ON TYPE         |  | TOTAL          |  | LAST 6 MOS. |  |      |  |  |  |  |
|                     |                        |  |                  |  |  |  |                  |  |                            |  |      |  |                             |  |                  |  | DUAL            |  | SOLO           |  | DUAL        |  | SOLO |  |  |  |  |
|                     |                        |  |                  |  |  |  |                  |  |                            |  |      |  |                             |  |                  |  |                 |  |                |  |             |  |      |  |  |  |  |
| SIGNAL No. & DATE   | <b>A-46</b>            |  | <b>30-5-42</b>   |  | UNIT No. & DATE                            |  |                  |  | COM. No. & DATE            |  |      |  | REPORT                      |  | FILE             |  | DATE            |  |                |  |             |  |      |  |  |  |  |
| NATURE OF ACCIDENT  |                        |  |                  |  |  |  |                  |  |                            |  |      |  |                             |  |                  |  |                 |  |                |  |             |  |      |  |  |  |  |

MISCELLANEOUS CAUSES

STAGE OF FLIGHT

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

UND'TD  
 PRIMARY  
 HAND O.  
 INSTS.  
 WEATHER  
 DRKNS.  
 AL'G SURF.  
 OTHER  
 UND'TD  
 PRIMARY  
 TAXING  
 LANDING  
 TAKE-OFF  
 FLIGHT  
 STATRY  
 FATAL  
 INJ.  
 3RD.  
 INJURY

DUTY ON WHICH ENGAGED:

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

**Forced landed at Grenora, North  
Dakota, U.S.A.**

COMPOSITION:

RECOMMENDATIONS:

PRIMARY CAUSE:

ACTION TAKEN:

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

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

RECORDED BY \_\_\_\_\_

DATE \_\_\_\_\_

CHECKED BY \_\_\_\_\_

DATE \_\_\_\_\_