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|--|----|-------------|----|------------------|----|-------------------|----|-----------------------|----|-------------------------|----|------------------------|----|------------------|----|-----------------|----|-------------|----|------|----|----|----|----|----|----|----|----|----|----|----|-------|--|--------|--|------------------|--|--|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|---------------|--|-------------------|--|--|--|---------------------|--|--|--|------------------|--|--|--|----------------------------|--|--|--|-----------------|--|--|--|-----------------------|--|--|--|-------------|--|----|--|-----|--|-------|--|------|--|--|--|------|--|-----|--|------|--|----------|--|--|--|---------|--|--|--|-----------------------|--|--|--|------------|--|------------------|--|-----------|--|-------------------|--|--|--|-------|--|--------|--|---------------------|--|--|--|------------|--|----------------|--|-----------|--|-------------------------|--|--|--|--|--|----------|--|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------|--|-----|--|------------------|--|-------------|--|------------|--|------|--|------------------------|--|--|--|--|--|--|--|--|--|------------------------|--|-------------|--|--|--|--|--|--|--|--|--|-------------|--|---------|--|-------|--|-------------|--|-------------------------------|--|------------|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|-------------------|--|--|--|-----------------|--|--|--|-----------------|--|--|--|--------|--|--|--|------|--|--|--|------|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">PILOT</td> <td colspan="2">OTHERS</td> <td colspan="12">AIRFRAME FAILURE</td> <td colspan="12">ENGINE FAILURE</td> </tr> <tr> <td colspan="32">CAUSES OF ACCIDENTS</td> </tr> <tr> <td colspan="4">UNIT 2 FIS</td> <td colspan="2">COM. 4</td> <td colspan="4">PLACE M.A.</td> <td colspan="4">DATE 17-7-42</td> <td colspan="4">TIME 1100</td> </tr> <tr> <td colspan="4">A/C TYPE Tiger Moth</td> <td colspan="4">No. 4222</td> <td colspan="4">CRASH CAT. NIL</td> <td colspan="2">SE I</td> <td colspan="2">ME</td> <td colspan="2">DAY</td> <td colspan="2">NIGHT</td> </tr> <tr> <td colspan="4">NAME</td> <td colspan="2">RANK</td> <td colspan="2">No.</td> <td colspan="2">DUTY</td> <td colspan="4">INJURIES</td> <td colspan="4">SERIOUS</td> </tr> <tr> <td colspan="4">MacKenzie D.D.</td> <td colspan="2">P/O</td> <td colspan="2">GB1354015</td> <td colspan="2">FI</td> <td colspan="4">Uninjured.</td> <td colspan="2">FATAL</td> <td colspan="2">INJURY</td> </tr> <tr> <td colspan="4">Lednc M.M.B.</td> <td colspan="2">AO1</td> <td colspan="2">R143320</td> <td colspan="2">OC</td> <td colspan="4">Slightly injured</td> <td colspan="2"></td> <td colspan="2">1</td> </tr> <tr> <td colspan="16" rowspan="2" style="text-align: center; vertical-align: middle;"><u>NAFA</u></td> <td colspan="4">CARD SERIAL NO.</td> <td colspan="4"></td> </tr> <tr> <td colspan="4"></td> <td colspan="4"></td> </tr> <tr> <td colspan="2">TYPE A/F & ENGINE</td> <td colspan="2">No.</td> <td colspan="2">EXTENT OF DAMAGE</td> <td colspan="2">REPORT FORM</td> <td colspan="2">SERIAL No.</td> <td colspan="2">DATE</td> <td colspan="10">HOURS FLOWN, BY PILOTS</td> </tr> <tr> <td colspan="2">Tiger Moth 4222</td> <td colspan="2">NIL.</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">INST. NIGHT</td> <td colspan="2">ON TYPE</td> <td colspan="2">TOTAL</td> <td colspan="2">LAST 6 MOS.</td> </tr> <tr> <td colspan="2">Gypsy Major 87050/7230</td> <td colspan="2">NIL</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">NA</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="4">SIGNAL No. & DATE</td> <td colspan="4">UNIT No. & DATE</td> <td colspan="4">COM. No. & DATE</td> <td colspan="4">REPORT</td> <td colspan="4">FILE</td> <td colspan="4">DATE</td> </tr> <tr> <td colspan="4">A-371 18-7-42</td> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4"></td> <td colspan="4"></td> </tr> <tr> <td colspan="32">NATURE OF ACCIDENT</td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PILOT | | OTHERS | | AIRFRAME FAILURE | | | | | | | | | | | | ENGINE FAILURE | | | | | | | | | | | | CAUSES OF ACCIDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | UNIT 2 FIS | | | | COM. 4 | | PLACE M.A. | | | | DATE 17-7-42 | | | | TIME 1100 | | | | A/C TYPE Tiger Moth | | | | No. 4222 | | | | CRASH CAT. NIL | | | | SE I | | ME | | DAY | | NIGHT | | NAME | | | | RANK | | No. | | DUTY | | INJURIES | | | | SERIOUS | | | | MacKenzie D.D. | | | | P/O | | GB1354015 | | FI | | Uninjured. | | | | FATAL | | INJURY | | Lednc M.M.B. | | | | AO1 | | R143320 | | OC | | Slightly injured | | | | | | 1 | | <u>NAFA</u> | | | | | | | | | | | | | | | | CARD SERIAL NO. | | | | | | | | | | | | | | | | TYPE A/F & ENGINE | | No. | | EXTENT OF DAMAGE | | REPORT FORM | | SERIAL No. | | DATE | | HOURS FLOWN, BY PILOTS | | | | | | | | | | Tiger Moth 4222 | | NIL. | | | | | | | | | | INST. NIGHT | | ON TYPE | | TOTAL | | LAST 6 MOS. | | Gypsy Major 87050/7230 | | NIL | | | | | | | | | | | | NA | | | | | | SIGNAL No. & DATE | | | | UNIT No. & DATE | | | | COM. No. & DATE | | | | REPORT | | | | FILE | | | | DATE | | | | A-371 18-7-42 | | | | | | | | | | | | | | | | | | | | | | | | NATURE OF ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PILOT | | OTHERS | | AIRFRAME FAILURE | | | | | | | | | | | | ENGINE FAILURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAUSES OF ACCIDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT 2 FIS | | | | COM. 4 | | PLACE M.A. | | | | DATE 17-7-42 | | | | TIME 1100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A/C TYPE Tiger Moth | | | | No. 4222 | | | | CRASH CAT. NIL | | | | SE I | | ME | | DAY | | NIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | RANK | | No. | | DUTY | | INJURIES | | | | SERIOUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MacKenzie D.D. | | | | P/O | | GB1354015 | | FI | | Uninjured. | | | | FATAL | | INJURY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lednc M.M.B. | | | | AO1 | | R143320 | | OC | | Slightly injured | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>NAFA</u> | | | | | | | | | | | | | | | | CARD SERIAL NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TYPE A/F & ENGINE | | No. | | EXTENT OF DAMAGE | | REPORT FORM | | SERIAL No. | | DATE | | HOURS FLOWN, BY PILOTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tiger Moth 4222 | | NIL. | | | | | | | | | | INST. NIGHT | | ON TYPE | | TOTAL | | LAST 6 MOS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gypsy Major 87050/7230 | | NIL | | | | | | | | | | | | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNAL No. & DATE | | | | UNIT No. & DATE | | | | COM. No. & DATE | | | | REPORT | | | | FILE | | | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-371 18-7-42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATURE OF ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CAUSES
 MISCELLANEOUS
 STAGE OF FLIGHT
 HAND.O.
 INSTS.
 WEATHER
 DRKNS.
 AL'G SURF.
 OTHER
 UN'D/TD
 PRIMARY
 TAXING
 LANDING
 TAKE-OFF
 FLIGHT
 STATRY
 FATAL
 INJ.
 3RD. &

DUTY ON WHICH ENGAGED:

Hand swinging of airscrew.

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

INVESTIGATING OFFICER'S REPORT

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

**Engine started while swinging
airscrew, striking ACl Leduc on
right arm.**

DATE:

COMPOSITION:

RECOMMENDATIONS:

PRIMARY CAUSE:

~~**Airman failed to step clear of
airscrew as engine started.**~~

24. Prop

ACTION TAKEN:

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

24

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

~~**Swinging airscrew struck ACl Leduc
on right arm.**~~

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____