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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TECH. DISOB. NEG-NCE INEXP-NCE 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. UN'DTD PRIMARY FUEL SYS. COOL. SYS. IGNIT. SYS. LUP'N SYS. ENG. STR. AIRSCREW A. ENG. CONTRS. MISCEL. UN'DTD PRIMARY | | | | | | | | | | | | | | | | | 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF A/C | | | | | | | | | | | | | | | | | TYPE OF ENGINE | | | | | | | | | | | | | | | | | CATEGORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PILOT | | | | | | | | | | | | | | | | | OTHERS | | | | | | | | | | | | | | | | | AIRFRAME FAILURE | | | | | | | | | | | | | | | | | ENGINE FAILURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT 10 E.F.T.S. Pendleton?Ont | | | | | | | | | | | | | | | | | COM. 3 | | | | | | | | | | | | | | | | | PLACE One mile N.W. of Pendleton, Ont | | | | | | | | | | | | | | | | | DATE 9-12-42 TIME 0950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A/C TYPE Tiger Moth | | | | | | | | | | | | | | | | | No. 8945 | | | | | | | | | | | | | | | | | CRASH CAT. NA | | | | | | | | | | | | | | | | | SE X ME DAY X NIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | RANK | | | | | | | | | | | | | | | | | No. | | | | | | | | | | | | | | | | | DUTY | | | | | | | | | | | | | | | | | INJURIES | | | | | | | | | | | | | | | | | SERIOUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Campbell, K.R. | | | | | | | | | | | | | | | | | LAC | | | | | | | | | | | | | | | | | RL56733 | | | | | | | | | | | | | | | | | PP | | | | | | | | | | | | | | | | | Uninjured | | | | | | | | | | | | | | | | | FATAL INJURY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE A/F & ENGINE | | | | | | | | | | | | | | | | | No. | | | | | | | | | | | | | | | | | EXTENT OF DAMAGE | | | | | | | | | | | | | | | | | REPAIR SERIAL No. | | | | | | | | | | | | | | | | | DATE | | | | | | | | | | | | | | | | | HOURS FLOWN BY PILOTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T.Moth | | | | | | | | | | | | | | | | | 8945 | | | | | | | | | | | | | | | | | Nil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | INST. NIGHT ON TYPE TOTAL LAST 6 MOS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gypsy Mjr | | | | | | | | | | | | | | | | | 89635/1496 Nil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNAL No. & DATE | | | | | | | | | | | | | | | | | UNIT No. & DATE | | | | | | | | | | | | | | | | | COM. No. & DATE | | | | | | | | | | | | | | | | | REPORT | | | | | | | | | | | | | | | | | FILE | | | | | | | | | | | | | | | | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATURE OF ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MISCELLANEOUS CAUSES | | | | | | | | | | | | | | | | | STAGE OF FLIGHT | | | | | | | | | | | | | | | | | UN'DTD PRIMARY TAXING LANDING TAKE-OFF FLIGHT STAIRY FATAL INJ. 3RD. INJURY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Incident

DUTY ON WHICH ENGAGED:

Solo flight

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

On takeoff engine failed at end of runway, elevation 175 feet, airspeed, 65, and pilot was forced to land in convenient field to determine cause. Landing was successful

DATE:

COMPOSITION:

RECOMMENDATIONS:

PRIMARY CAUSE:

Engine failed - may have been caused by ice or water - no technical failure involved.

ACTION TAKEN:

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

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____