

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											
JU.	TECH.	DISOB.	NEG'NCE	INEXP'NCE	MISCEL.	INSTRUCT.	FLT. CONTR.	OTHERS	PRIMARY	FL. CONTS.	MOV. SURFS.	STAB. SURFS.	W. STRUTS	LAND. GEAR	FLOATS	FUSE. OR HULL	TAIL SKID OR	ENGINE MOUNT.	MISCEL.	UNDTD	PRIMARY	FUEL SYS.	COOL SYS.	IGNIT. SYS.	LUB'N SYS.	ENG. STR.	AIRSCREW A.	ENG. CONTS.	MISCEL.	UNDTD											
TYPE OF A/C	PILOT		OTHERS		AIRFRAME FAILURE										ENGINE FAILURE																										
CAUSES OF ACCIDENTS																		MISCELLANEOUS																							
UNIT	#7 E.F.T.S.		COM.	1		PLACE	Windsor Airport.										DATE	11-1441		TIME	1630		HANDO.																		
A/C TYPE	Windsor, Ont.		No.	4534		CRASH CAT.	D		SE	X		ME			DAY	X		NIGHT			INSTS.		WEATHER		DRINKS		ALG SURF.		OTHER												
TYPE OF ENGINE	NAME		RANK	No.		DUTY		INJURIES				SERIOUS		FATAL		INJURY		CARD SERIAL No.		UNDTD		PRIMARY		TAXYING		LANDING		TAKE-OFF		FLIGHT		STATIONARY		FATAL		INJ.		3RD		5th	
	Dwyer, D.		Sgt	R56270		FI		Uninjured																																	
	Nisbet, J.F.		LAC	R78108		PP		Uninjured																																	
CATEGORY	TYPE A/F & ENGINE	No.	EXTENT OF DAMAGE		REPORT FORM	SERIAL No.	DATE	HOURS FLOWN BY PILOTS										LAST 6 MOS.		FLIGHT																					
	Finch	4534	V. Slight					INST.	NIGHT	ON TYPE		TOTAL						STAGE OF FLIGHT																							
										DUAL	SOLO	DUAL	SOLO																												
	SIGNAL No. & DATE	UNIT No. & DATE		COM. No. & DATE		REPORT		FILE		DATE																															
	54	14-1-41		19		14-1-41																																			
NATURE OF ACCIDENT																																									

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DUTY ON WHICH ENGAGED:

COURT OF INQUIRY, INVESTIGATING OFFICER TCO/PCT ✓
OR COMMANDING OFFICER'S REPORT:

Practice flying- dual instruction

DATE:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

COMPOSITION:

Taxiing aircraft struck cone.

RECOMMENDATIONS:

PRIMARY CAUSE:

ACTION TAKEN:

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

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

RECORDED BY _____ DATE _____

CHECKED BY _____ DATE _____