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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" style="text-align:center">CAUSES OF ACCIDENTS</td> </tr> <tr> <td colspan="4">UNIT # 1 S.F.T.S.</td> <td colspan="2">COM.</td> <td colspan="14">PLACE</td> <td colspan="2">DATE 14-4-41</td> <td colspan="2">TIME 09:50</td> </tr> <tr> <td colspan="4">Camp Borden, Ont.</td> <td colspan="2">1</td> <td colspan="14">Camp Borden, Ontario.</td> <td colspan="4">H.Q. FILE</td> </tr> <tr> <td colspan="4">A/C TYPE Harvard</td> <td colspan="2">No. 2817</td> <td colspan="2">CRASH CAT. C.5</td> <td colspan="2">SE X</td> <td colspan="2">ME</td> <td colspan="2">DAY X</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="6">INJURIES</td> <td colspan="2">SERIOUS</td> </tr> <tr> <td colspan="4">Hastie, F.S.</td> <td colspan="2">LAC</td> <td colspan="2">R71914</td> <td colspan="2">P.</td> <td colspan="6">Uninjured</td> <td colspan="2">FATAL</td> <td colspan="2">INJURY</td> </tr> <tr> <td colspan="16"></td> <td colspan="2">CARD SERIAL No.</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">Harvard</td> <td colspan="2">2817</td> <td colspan="2">Slight</td> <td colspan="2">R170</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">INST.</td> <td colspan="2">NIGHT</td> <td colspan="4">ON TYPE</td> <td colspan="2">TOTAL</td> <td colspan="2">LAST 6 MOS.</td> </tr> <tr> <td colspan="2">Wasp S3H</td> <td colspan="2">8479/4338</td> <td colspan="2">Nil</td> <td colspan="2">R170</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">DUAL</td> <td colspan="2">SOLO</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="32" style="text-align:center">NATURE OF ACCIDENT</td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PILOT | | OTHERS | | AIRFRAME FAILURE | | | | | | | | | | | | ENGINE FAILURE | | | | | | | | | | | | CAUSES OF ACCIDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | UNIT # 1 S.F.T.S. | | | | COM. | | PLACE | | | | | | | | | | | | | | DATE 14-4-41 | | TIME 09:50 | | Camp Borden, Ont. | | | | 1 | | Camp Borden, Ontario. | | | | | | | | | | | | | | H.Q. FILE | | | | A/C TYPE Harvard | | | | No. 2817 | | CRASH CAT. C.5 | | SE X | | ME | | DAY X | | NIGHT | | NAME | | | | RANK | | No. | | DUTY | | INJURIES | | | | | | SERIOUS | | Hastie, F.S. | | | | LAC | | R71914 | | P. | | Uninjured | | | | | | FATAL | | INJURY | | | | | | | | | | | | | | | | | | CARD SERIAL No. | | TYPE A/F & ENGINE | | No. | | EXTENT OF DAMAGE | | REPORT FORM | | SERIAL No. | | DATE | | HOURS FLOWN BY PILOTS | | | | | | | | | | Harvard | | 2817 | | Slight | | R170 | | | | | | INST. | | NIGHT | | ON TYPE | | | | TOTAL | | LAST 6 MOS. | | Wasp S3H | | 8479/4338 | | Nil | | R170 | | | | | | | | | | | | DUAL | | SOLO | | | | SIGNAL No. & DATE | | | | UNIT No. & DATE | | | | COM. No. & DATE | | | | REPORT | | | | FILE | | | | DATE | | | | NATURE OF ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PILOT | | OTHERS | | AIRFRAME FAILURE | | | | | | | | | | | | ENGINE FAILURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAUSES OF ACCIDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT # 1 S.F.T.S. | | | | COM. | | PLACE | | | | | | | | | | | | | | DATE 14-4-41 | | TIME 09:50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Camp Borden, Ont. | | | | 1 | | Camp Borden, Ontario. | | | | | | | | | | | | | | H.Q. FILE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A/C TYPE Harvard | | | | No. 2817 | | CRASH CAT. C.5 | | SE X | | ME | | DAY X | | NIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | RANK | | No. | | DUTY | | INJURIES | | | | | | SERIOUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hastie, F.S. | | | | LAC | | R71914 | | P. | | Uninjured | | | | | | FATAL | | INJURY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | CARD SERIAL No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE A/F & ENGINE | | No. | | EXTENT OF DAMAGE | | REPORT FORM | | SERIAL No. | | DATE | | HOURS FLOWN BY PILOTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harvard | | 2817 | | Slight | | R170 | | | | | | INST. | | NIGHT | | ON TYPE | | | | TOTAL | | LAST 6 MOS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wasp S3H | | 8479/4338 | | Nil | | R170 | | | | | | | | | | | | DUAL | | SOLO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNAL No. & DATE | | | | UNIT No. & DATE | | | | COM. No. & DATE | | | | REPORT | | | | FILE | | | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATURE OF ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CAUSES
 MISCELLANEOUS
 STAGE OF FLIGHT

UND'TD
 PRIMARY
 HAND Q.
 INSTS.
 WEATHER
 DRINKS.
 AL'G SURF.
 OTHER
 UND'TD
 PRIMARY
 TAXIING
 LANDING
 TAKE-OFF
 FLIGHT
 STATIONARY
 FATAL
 INJ.
 3RD.

DUTY ON WHICH ENGAGED:

Instrument Flying

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

Landing across wind, and aircraft
groundlooped.

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

LS/PSS/WWC

Monthly Accident Report

DATE:

COMPOSITION:

RECOMMENDATIONS:

Dual in against wind landing.

PRIMARY CAUSE: Inexperience.

Pilot failed to keep aircraft
straight after landing against
wind.

ACTION TAKEN:

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

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

RECORDED BY

DATE

CHECKED BY

DATE