

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
PILOT		OTHERS		AIRFRAME FAILURE										ENGINE FAILURE																	
CAUSES OF ACCIDENTS																															
UNIT CENTRAL FLYING										COM.		PLACE										DATE 29-4-41		TIME 11:10							
SCHOOL TRENTON ONTARIO										I		AERODROME TRENTON ONTARIO										H.Q. FILE									
A/C TYPE		HARVARD I		No.		1339		CRASH CAT.		C2		SE		ME		DAY		NIGHT													
												X				X															
NAME				RANK		No.		DUTY		INJURIES				SERIOUS																	
NELSON W.J.A.				P/O		J4932		P		UNINJURED.				FATAL		INJURY															
BOWHAY S.L.				P/O		54744		PASS		UNINJURED																					
														CARD SERIAL NO.																	
TYPE A/F & ENGINE		No.		EXTENT OF DAMAGE		REPORT FORM		SERIAL No.		DATE		HOURS FLOWN BY PILOTS																			
HARVARD		1339		SERIOUS								INST.		NIGHT		ON TYPE				TOTAL		LAST 6 MOS.									
WASP 53H1		Y144/4671		NIL												DUAL		SOLO		DUAL		SOLO									
																100		150		150											
SIGNAL No. & DATE				UNIT No. & DATE				COM. No. & DATE				REPORT				FILE				DATE											
NATURE OF ACCIDENT																															

CAUSES
 MISCELLANEOUS
 STAGE OF FLIGHT
 HAND O.
 INSTS.
 WEATHER
 DRKINS.
 ALG SURF.
 OTHER
 UNDTD
 PRIMARY
 TAXING
 LANDING
 TAKE-OFF
 FLIGHT
 STAYRY
 FATAL
 INJ.
 3RD.

DUTY ON WHICH ENGAGED:

FLYING TRAINING.

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

FLEET A/C CONVERGED ON HARVARD A/C 1339
PILOT TURNED TO RIGHT TO AVOID COLLISION
A/C MADE WHEEL LANDING AND BOUNCED - A/C
STALLED WITH RESULT STARBOARD WING STRUCK
GROUND.

PRIMARY CAUSE:

CONTROL COLUMN BROUGHT BACK TOO ABRUPTLY

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

AIRCRAFT STALLED AND STRUCK GROUND.

COURT OF INQUIRY, INVESTIGATING OFFICER
OR COMMANDING OFFICER'S REPORT:

LH/PSHL

DATE:

MONTHLY ACCIDENT RETURN.

COMPOSITION:

RECOMMENDATIONS:

ACTION TAKEN:

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

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____