

|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    |                 |  |  |  |
|---------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------|----|------------------|-----------------------|-------------|------------|-----------------|----------|-----------------------|--------|-----------------|---------------|------------------------|------|----|-----------------|--|--|--|
| 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 |                 |  |  |  |
| TYPE OF A/C                     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | CAUSES OF ACCIDENTS |    |                  |                       |             |            |                 |          |                       |        |                 | MISCELLANEOUS |                        |      |    |                 |  |  |  |
| UNIT 3 (C.A.C.)<br>Patricia Bay |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | COM.<br>W.A.C.      |    |                  | PLACE<br>Patricia Bay |             |            |                 |          | DATE<br>13-5-41       |        | TIME<br>18:50   |               | H.O. FILE<br>1100-4-28 |      |    |                 |  |  |  |
| A/C TYPE<br>Lysander            |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | No.<br>428          |    |                  | CRASH CAT.<br>A       |             | SE<br>X    | ME              | DAY<br>X | NIGHT                 |        | CAUSES          |               |                        |      |    |                 |  |  |  |
| NAME                            |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | RANK                |    | No.              |                       | DUTY        |            | INJURIES        |          |                       |        | SERIOUS         |               |                        |      |    |                 |  |  |  |
| Brooks L.W.                     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | F/O                 |    | C2649            |                       | P           |            | Uninjured.      |          |                       |        | FATAL           |               | INJURY                 |      |    |                 |  |  |  |
| Howard P.                       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | A/Cpl.              |    | 12077            |                       | O.C.        |            | Uninjured.      |          |                       |        |                 |               |                        |      |    |                 |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        | CARD SERIAL No. |               |                        |      |    |                 |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    |                 |  |  |  |
| TYPE A/F & ENGINE               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | No.                 |    | EXTENT OF DAMAGE |                       | REPORT FORM | SERIAL No. | DATE            |          | HOURS FLOWN BY PILOTS |        |                 |               |                        |      |    |                 |  |  |  |
| Lysander                        |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 428                 |    | TOTAL            |                       |             |            | INST.           | NIGHT    | ON TYPE               |        | TOTAL           |               | LAST 6 MOS.            |      |    |                 |  |  |  |
| Persous                         |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 21515/2015          |    |                  |                       |             |            | 1455            | 650      | 110:00                |        | 347:05          |               | 116:05                 |      |    |                 |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    |                 |  |  |  |
| CATEGORY                        |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | SIGNAL No. & DATE   |    |                  | UNIT No. & DATE       |             |            | COM. No. & DATE |          |                       | REPORT |                 | FILE          |                        | DATE |    | STAGE OF FLIGHT |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  | A399 14-5-41          |             |            |                 |          |                       |        |                 |               |                        |      |    | UNDTD           |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | PRIMARY         |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | HAND O.         |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | INSTS.          |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | WEATHER         |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | DRKNS.          |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | ALG SURF.       |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | OTHER           |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | UNDTD           |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | PRIMARY         |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | TAXING          |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | LANDING         |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | TAKE-OFF        |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | FLIGHT          |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | FATAL           |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | INJ.            |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | 3RD.            |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | INJURY          |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | RAF             |  |  |  |
|                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                     |    |                  |                       |             |            |                 |          |                       |        |                 |               |                        |      |    | 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              |  |  |  |

DUTY ON WHICH ENGAGED:

Army Cooperation

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

Left wheel brake failed to hold  
and aircraft ground-looped.

DATE:

COMPOSITION:

LS/UBF

RECOMMENDATIONS:

PRIMARY CAUSE:

Failure of left wheel brake to  
hold.

ACTION TAKEN:

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

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

Aircraft ground-looped.

U/C FAILED A/C WENT  
OVER ON ONE WING.

RECORDED BY

DATE

CHECKED BY

DATE