

|                    |     |       |       |                           |        |                     |         |                 |           |                 |         |                       |           |               |             |                |        |                     |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
|--------------------|-----|-------|-------|---------------------------|--------|---------------------|---------|-----------------|-----------|-----------------|---------|-----------------------|-----------|---------------|-------------|----------------|--------|---------------------|---------|-------|-------------|-------------|-------------|----|--------------|---------------|------------|----|-------------|----|--------|----|---------------|----|-----------------|----|---------------|----|---------|----|--------|----|---------|----|-----------|---|-----------|---|-------------|---|------------|---|-----------|---|-------------|---|--------------|---|---------|---|--------|---|---------|----|---------|----|--------|----|---------|----|--------|----|------------|----|-------|----|--------|----|---------|----|---------|----|---------|---|----------|---|--------|---|--------|---|-------|---|------|---|------|---|------|---|------|---|
| 32                 | JU. | 31    | TECH. | 30                        | DISOB. | 29                  | NEG'NCE | 28              | INEXP'NCE | 27              | MISCEL. | 26                    | INSTRUCT. | 25            | FLT. CONTR. | 24             | OTHERS | 23                  | PRIMARY | 22    | FL. CONTRS. | 21          | MOV. SURFS. | 20 | STAB. SURFS. | 19            | W. STRUTS. | 18 | LAND. GEAR. | 17 | FLOATS | 16 | FUSE. OR HULL | 15 | TAIL SKID OR W. | 14 | ENGINE MOUNT. | 13 | MISCEL. | 12 | UND'TD | 11 | PRIMARY | 10 | FUEL SYS. | 9 | COOL SYS. | 8 | IGNIT. SYS. | 7 | LUB'N SYS. | 6 | ENG. STR. | 5 | AIRSCREW A. | 4 | ENG. CONTRS. | 3 | MISCEL. | 2 | UND'TD | 1 | PRIMARY | 19 | HAND.Q. | 18 | INSTS. | 17 | WEATHER | 16 | DRYNS. | 15 | AL'G SURF. | 14 | OTHER | 13 | UND'TD | 12 | PRIMARY | 11 | TAXYING | 10 | LANDING | 9 | TAKE-OFF | 8 | FLIGHT | 7 | STATRY | 6 | FATAL | 5 | INJ. | 4 | 3RD. | 3 | 2ND. | 2 | 1ST. | 1 |
| TYPE OF A/C        |     | PILOT |       | OTHERS                    |        | CAUSES OF ACCIDENTS |         |                 |           |                 |         |                       |           |               |             | ENGINE FAILURE |        |                     |         |       |             |             |             |    |              | MISCELLANEOUS |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| UNIT               |     | COM.  |       | PLACE                     |        |                     |         |                 |           |                 |         |                       |           | DATE          |             | TIME           |        | CAUSES              |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| High River, Alta.  |     | 4     |       | Relief Aerodrome 4 mi. W. |        |                     |         |                 |           |                 |         |                       |           | 1950-10-30    |             | 1:30           |        | H.O. FILE 100-10-30 |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| A/C TYPE           |     | No.   |       | CRASH CAT.                |        | SE                  |         | ME              |           | DAY             |         | NIGHT                 |           | MISCELLANEOUS |             |                |        |                     |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| Tiger Moth         |     | 4083  |       | C                         |        | X                   |         |                 |           | X               |         |                       |           |               |             |                |        |                     |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| NAME               |     |       |       | RANK                      |        | No.                 |         | DUTY            |           | INJURIES        |         |                       |           | SERIOUS       |             |                |        |                     |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| Hastings, J.F.     |     |       |       | LAC                       |        | 1106574             |         | P.              |           | Uninjured.      |         |                       |           | FATAL         |             | INJURY         |        |                     |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
|                    |     |       |       |                           |        |                     |         |                 |           | CARD SERIAL No. |         |                       |           |               |             |                |        |                     |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| TYPE A/F & ENGINE  |     | No.   |       | EXTENT OF DAMAGE          |        | REPORT FORM         |         | SERIAL No.      |           | DATE            |         | HOURS FLOWN BY PILOTS |           |               |             |                |        |                     |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| T. Moth            |     | 4083  |       | Slight                    |        |                     |         |                 |           |                 |         | INST.                 |           | NIGHT         |             | ON TYPE        |        |                     |         | TOTAL |             | LAST 6 MOS. |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
|                    |     |       |       |                           |        |                     |         |                 |           |                 |         | 4                     |           | Nil           |             | 27 16          |        | 27 16               |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| P. Major           |     | 7088  |       | Nil                       |        |                     |         |                 |           |                 |         |                       |           |               |             |                |        |                     |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| SIGNAL No. & DATE  |     |       |       | UNIT No. & DATE           |        |                     |         | COM. No. & DATE |           |                 |         | REPORT                |           |               |             | FILE           |        |                     |         | DATE  |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| E 472 13-10-51     |     |       |       |                           |        |                     |         |                 |           |                 |         |                       |           |               |             |                |        |                     |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |
| NATURE OF ACCIDENT |     |       |       |                           |        |                     |         |                 |           |                 |         |                       |           |               |             |                |        |                     |         |       |             |             |             |    |              |               |            |    |             |    |        |    |               |    |                 |    |               |    |         |    |        |    |         |    |           |   |           |   |             |   |            |   |           |   |             |   |              |   |         |   |        |   |         |    |         |    |        |    |         |    |        |    |            |    |       |    |        |    |         |    |         |    |         |   |          |   |        |   |        |   |       |   |      |   |      |   |      |   |      |   |

DUTY ON WHICH ENGAGED:

Solo practice.

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

RL70

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

Practicing landing - applied brakes coarsely to avoid striking boundary.

DATE:

COMPOSITION:

*L M / JANT / JANT / JANT*

RECOMMENDATIONS:

Nil

PRIMARY CAUSE:

Applied brakes too coarsely.

ACTION TAKEN:

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

Nil

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

Aircraft turned over.

RECORDED BY \_\_\_\_\_

DATE \_\_\_\_\_

CHECKED BY \_\_\_\_\_

DATE \_\_\_\_\_