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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="1">PILOT</td> <td colspan="1">OTHERS</td> <td colspan="10">AIRFRAME FAILURE</td> <td colspan="10">ENGINE FAILURE</td> </tr> <tr> <td colspan="32" style="text-align: center;">CAUSES OF ACCIDENTS</td> </tr> <tr> <td colspan="2">UNIT</td> <td colspan="2">Regina</td> <td colspan="2">COM.</td> <td colspan="2">4</td> <td colspan="2">PLACE</td> <td colspan="2">M.A.</td> <td colspan="2">DATE</td> <td colspan="2">2-3-42</td> <td colspan="2">TIME</td> <td colspan="2">1515</td> </tr> <tr> <td colspan="2">15 E.F.T.S.</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">H.Q. FILE</td> <td colspan="2">1100-11-1</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">A/C TYPE</td> <td colspan="2">Tiger Moth</td> <td colspan="2">No.</td> <td colspan="2">1101</td> <td colspan="2">CRASH CAT.</td> <td colspan="2">C-1</td> <td colspan="2">SE</td> <td colspan="2">x</td> <td colspan="2">ME</td> <td colspan="2">x</td> <td colspan="2">DAY</td> <td colspan="2">NIGHT</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></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="4">INJURIES</td> <td colspan="4">SERIOUS</td> </tr> <tr> <td colspan="4">Mcelgunn J. L.</td> <td colspan="2">LAC</td> <td colspan="2">R94970</td> <td colspan="2">PP</td> <td colspan="4">Uninjured</td> <td colspan="2">FATAL</td> <td colspan="2">INJURY</td> <td colspan="4"></td> </tr> <tr> <td colspan="4"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="4"></td> <td colspan="4">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">TigerMoth 1101</td> <td colspan="2">Engine 2159</td> <td colspan="2">G.Mjr.</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">INST.</td> <td colspan="2">NIGHT</td> <td colspan="2">ON TYPE</td> <td colspan="2">TOTAL</td> <td colspan="2">LAST 6 MOS.</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">224</td> <td colspan="2">3/3/42</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">7</td> <td colspan="2">3</td> <td colspan="2">33</td> <td colspan="2">26</td> <td colspan="2"></td> <td colspan="4"></td> </tr> <tr> <td colspan="2">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 | | Regina | | COM. | | 4 | | PLACE | | M.A. | | DATE | | 2-3-42 | | TIME | | 1515 | | 15 E.F.T.S. | | | | | | | | | | | | H.Q. FILE | | 1100-11-1 | | | | | | A/C TYPE | | Tiger Moth | | No. | | 1101 | | CRASH CAT. | | C-1 | | SE | | x | | ME | | x | | DAY | | NIGHT | | | | | | | | | | NAME | | | | RANK | | No. | | DUTY | | INJURIES | | | | SERIOUS | | | | Mcelgunn J. L. | | | | LAC | | R94970 | | PP | | Uninjured | | | | FATAL | | INJURY | | | | | | | | | | | | | | | | | | | | CARD SERIAL No. | | | | TYPE A/F & ENGINE | | No. | | EXTENT OF DAMAGE | | REPORT FORM | | SERIAL No. | | DATE | | HOURS FLOWN BY PILOTS | | | | | | | | | | TigerMoth 1101 | | Engine 2159 | | G.Mjr. | | | | | | | | INST. | | NIGHT | | ON TYPE | | TOTAL | | LAST 6 MOS. | | | | | | 224 | | 3/3/42 | | | | | | | | | | 7 | | 3 | | 33 | | 26 | | | | | | | | 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 | | Regina | | COM. | | 4 | | PLACE | | M.A. | | DATE | | 2-3-42 | | TIME | | 1515 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 E.F.T.S. | | | | | | | | | | | | H.Q. FILE | | 1100-11-1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A/C TYPE | | Tiger Moth | | No. | | 1101 | | CRASH CAT. | | C-1 | | SE | | x | | ME | | x | | DAY | | NIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | RANK | | No. | | DUTY | | INJURIES | | | | SERIOUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mcelgunn J. L. | | | | LAC | | R94970 | | PP | | Uninjured | | | | FATAL | | INJURY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | CARD SERIAL No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE A/F & ENGINE | | No. | | EXTENT OF DAMAGE | | REPORT FORM | | SERIAL No. | | DATE | | HOURS FLOWN BY PILOTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TigerMoth 1101 | | Engine 2159 | | G.Mjr. | | | | | | | | INST. | | NIGHT | | ON TYPE | | TOTAL | | LAST 6 MOS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 224 | | 3/3/42 | | | | | | | | | | 7 | | 3 | | 33 | | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNAL No. & DATE | | UNIT No. & DATE | | | | COM. No. & DATE | | | | REPORT | | | | FILE | | | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATURE OF ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CAUSES
 MISCELLANEOUS
 FLIGHT
 STAGE OF

HAND Q
 INSTS.
 WEATHER
 DRKNS.
 ALG SURF.
 OTHER
 UND/TD
 PRIMARY
 TAXIING
 LANDING
 TAKE-OFF
 FLIGHT
 STAB TRV
 FATAL
 INJ.
 INJURY
 3RD.
 5th

UND/TD
 PRIMARY

UND/TD
 PRIMARY

DUTY ON WHICH ENGAGED:

Taxing.

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

**A/C stuck in snow-on breaking
free ran into another drift-
turned up on nose.**

DATE:

COMPOSITION:

R. H. T
TBG/PCT

RECOMMENDATIONS:

PRIMARY CAUSE:

~~Ground crew failed to remove
snow from in front of wheels-
student failed to hold control column
back.~~

ACTION TAKEN:

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

H. O. Key

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

RECORDED BY

DATE

CHECKED BY

DATE