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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 | | | | | | | | | | | | | | | |
| PILOT | | | | | | | | | | | | | | | | | OTHERS | | | | | | | | | | AIRFRAME FAILURE | | | | | | | | | | ENGINE FAILURE | | | | | | | | | |
| CAUSES OF ACCIDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT 124 (F) Sqn. 2341 Rockcliffe, Ont. | | | | | | | | | | | | | | | | | PLACE # 3 Auxiliary Airport Sunstrum | | | | | | | | | | DATE 15-7-42 TIME 1315 | | | | | | H.Q. FILE 1100-23-51 | | | | | | | | | | | | | |
| A/C TYPE Lysander | | | | | | | | | | | | | | | | | No. 2351 | | | | | | CRASH CAT. C2 | | | | | | SE X | | ME | | DAY | | NIGHT X | | | | | | | | | | | |
| NAME Owen, D.H. | | | | | | | | | | | | | | | | | RANK SGT. | | | No. 1313798 | | | DUTY | | | | | | INJURIES UNINJURED | | | | | | SERIOUS FATAL INJURY | | | | | | | | | | | |
| TYPE A/F & ENGINE Lysander 2351 | | | | | | | | | | | | | | | | | No. | | | | | | EXTENT OF DAMAGE | | | | | | REPORT FORM | | | | | | SERIAL No. | | | | | | DATE | | | | | |
| SIGNAL No. & DATE A795 15-7-42 | | | | | | | | | | | | | | | | | UNIT No. & DATE Winnipeg. | | | | | | COM. No. & DATE | | | | | | REPORT | | | | | | FILE | | | | | | DATE | | | | | |
| NATURE OF ACCIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CAUSES
 MISCELLANEOUS
 STAGE OF FLIGHT
 HAND Q.
 INSTS.
 WEATHER
 DRKNS.
 ALG SURF.
 OTHER
 UNDTD
 PRIMARY
 TAXING
 LANDING
 TAKE-OFF
 FLIGHT
 STATRY
 FATAL
 INJ.
 3RD.
 INJURY

7-6-42
 15-7-42

DUTY ON WHICH ENGAGED:

COURT OF INQUIRY, INVESTIGATING OFFICER

Ferrying.

OR COMMANDING OFFICER'S REPORT:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

Engine cutting out while in flight.

COMPOSITION:

SFE/700/E3/NS/NSK

Aircraft landed without damage.

RECOMMENDATIONS:

PRIMARY CAUSE:

ACTION TAKEN:

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

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____