

TYPE OF A/C		PILOT		OTHERS		AIRFRAME FAILURE				ENGINE FAILURE			
TYPE OF ENGINE		UNIT		COM.		PLACE				DATE		TIME	
CATEGORY		9 E.F.T.S. St. Catharines		1		North of Vineland, 1/4 mile out in lake Ontario.				28-7-42		1205	
		A/C TYPE		No.		CRASH CAT.		SE		ME		DAY NIGHT	
		Tiger Moth		3986		/		x				x	
		NAME		RANK		NO.		DUTY		INJURIES		SERIOUS	
		Allen F.D.		LAC.		R137316		P.P.		Slightly injured.		FATAL INJURY	
												1	
												CARD SERIAL No.	
		TYPE A/F & ENGINE		No.		EXTENT OF DAMAGE		REPORT FORM		SERIAL No.		DATE	
		Tiger Moth 3986		Totally.									
		Gypsy Major 89283/2440		Totally.									
												HOURS FLOWN BY PILOTS	
												INST. NIGHT	
												ON TYPE TOTAL	
												DUAL SOLO DUAL SOLO	
												LAST 6 MOS	
												9 2 26 40 27 40	
		SIGNAL No. & DATE		UNIT No. & DATE		COM. No. & DATE		REPORT		FILE		DATE	
		A-125 28-7-42											
		NATURE OF ACCIDENT											

CAUSES OF ACCIDENTS
 MISCELLANEOUS
 STAGE OF FLIGHT
 UND'TO
 PRIMARY
 TACKLING
 TAKE-OFF
 FLIGHT
 STATRY
 FATAL
 INJURY
 HAND O.
 INSTS.
 WEATHER
 DRKNS.
 AL'G SURF.
 OTHER
 UND'TO
 PRIMARY
 TAXYING
 LANDING
 TAKE-OFF
 FLIGHT
 STATRY
 FATAL
 INJURY

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DUTY ON WHICH ENGAGED:

Routine training flight sequences
8-22.

COURT OF INQUIRY, INVESTIGATING OFFICER

OR COMMANDING OFFICER'S REPORT:

INVESTIGATING OFFICER'S REPORT

DATE: 29-7-42 to 6-8-42.

COMPOSITION:

100/A 2/ 50/A 1/4
F/O Mc Donald S. (C5552) No. 9 E.F.T.S. St. Catharines,
Ont.

RECOMMENDATIONS:

A further emphasis by all instructors on proper procedure in pulling A/C out of spin; supplemented by lecture by Supervisory Staff.

ACTION TAKEN:

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

CONCLUSIONS OF A.I.B.

Pupil pilot carrying out spins failed to use proper recovery methods with the result that A/C spun into Lake Ontario.

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

~~A/C crashed into Lake Ontario.~~

~~Excitement on part of pupil. He unquestionably failed to follow proper procedure to pull aeroplane out of spin.~~

19. Out of control

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____