

TYPE OF A/C		OTHERS		AIRFRAME FAILURE					ENGINE FAILURE						
CAUSES OF ACCIDENTS		PILOT		OTHERS		AIRFRAME FAILURE					ENGINE FAILURE				
UNIT	20 E.F.T.S.		COM.	PLACE		DATE	24-9-42		TIME	1000					
Oshawa, Ontario		# 1	Main Airpore			H.Q. FILE	1100-59-5								
A/C TYPE	Tiger Moth		No.	5905		CRASH CAT.	SE	ME	DAY	NIGHT					
NAME		RANK	No.	DUTY	INJURIES		SERIOUS								
Domigan, L.J.		LAC	1560197	P.P.	Uninjured.		FATAL	INJURY							
							CARD SERIAL No.								
TYPE A/F & ENGINE		No.	EXTENT OF DAMAGE	REPORT FORM	SERIAL No.	DATE	HOURS FLOWN BY PILOTS								
E. Moth		5905	Seriously.				INST.	NIGHT	ON TYPE		TOTAL		LAST 6 MOS.		
Gypsy Major 85675/7831		Slightly.							DUAL	SOLO	DUAL	SOLO			
SIGNAL No. & DATE		UNIT No. & DATE		COM. No. & DATE		REPORT	FILE		DATE						
A 306 24-9															
NATURE OF ACCIDENT															

CAUSES
 MISCELLANEOUS
 STAGE OF FLIGHT

UNINJURED
 PRIMARY
 HAND Q.
 INSTS
 WEATHER
 DRAINS
 ALG SURF.
 OTHER
 UNDET'D
 PRIMARY
 TAKING
 LANDING
 TAKE-OFF
 FLIGHT
 STATIONARY
 FATAL
 INJ.
 BRD.
 INJURY

JU.
 TECH.
 DISOB.
 NEG-NCE
 INEXP-NCE
 MISCEL.
 INSTRUCT.
 FLT CONTR.
 OTHERS
 PRIMARY
 FL CONTRS.
 MOV. SURFS.
 STAB. SURFS.
 W. STRUTS
 LAND. GEAR
 FLOATS
 FUSE. OR HULL
 TAIL SKID OR W.
 ENGINE MOUNT
 MISCEL.
 UNDET'D
 PRIMARY
 FUEL SYS.
 COOL SYS.
 IGNIT. SYS.
 LUB'N SYS.
 ENG. STR.
 AIRSCREW A.
 ENG. CONTRS.
 MISCEL.

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TYPE OF ENGINE
 CATEGORY

DUTY ON WHICH ENGAGED:

COURT OF INQUIRY, INVESTIGATING OFFICER

Sole sequences 6-7-9-16.

OR COMMANDING OFFICER'S REPORT:

R.170

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

LS/105

COMPOSITION:

Aircraft ground looped severely.
Cartwheeled on wing tip and came to rest on back.

RECOMMENDATIONS:

PRIMARY CAUSE:

~~Pilot error.~~

Swing

2

ACTION TAKEN:

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

Student given thorough check by A.C.F.I., additional dual and return to training.

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

~~A/C ground looped, cartwheeled on wing tip and came to rest on back.~~

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____