

32	JU.	TECH.	DISOB.	RES.WCE	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.	UND/TD	PRIMARY	FUEL SYS.	COOL SYS.	IGNIT. SYS.	LUB'N SYS.	ENG. STR.	AIRSCREW A.	ENG. CONTRS.	MISCEL.	UND/TD	PRIMARY	HANDO.	INSTS.	WEATHER	DRKNS.	ALG SURF.	OTHER	UND/TD	PRIMARY	TAXIING	LANDING	TAKE-OFF	FLIGHT	STAT'RY	FATAL	INI.	3RD	5	25	26	27	28	29	30	31	32
PILOT		OTHERS		AIRFRAME FAILURE												ENGINE FAILURE																																									
CAUSES OF ACCIDENTS																																																									
UNIT # 2 E.F.T.S.		COM. 2		PLACE Near Murillo, Ont.												DATE 27-1-41		TIME 12 30																																							
Ft. William, Ont.		13 miles from Ft. William		H.O. FILE		A/C TYPE		No.		CRASH CAT.		SE		ME		DAY		NIGHT																																							
Tiger Moth		4214		B		I		I		I		I		I		I		I																																							
NAME				RANK		No.		DUTY		INJURIES				SERIOUS																																											
Daniel, H.G.				LAC		R80048		P		Slight				FATAL		INJURY																																									
														1																																											
														CARD SERIAL No.																																											
TYPE A/F & ENGINE		No.		EXTENT OF DAMAGE		REPORT FORM		SERIAL No.		DATE		HOURS FLOWN BY PILOTS																																													
T. Moth		4214		Serious								INST. NIGHT		ON TYPE		TOTAL		LAST 6 MOS.																																							
Gipsy				Serious										DUAL SOLO		DUAL SOLO																																									
SIGNAL No. & DATE		UNIT No. & DATE		COM. No. & DATE		REPORT		FILE		DATE		NATURE OF ACCIDENT																																													
364		27-1-41		57		27-1-41																																																			

Information lacking

DUTY ON WHICH ENGAGED:

Solo practice.

COURT OF INQUIRY, INVESTIGATING OFFICER
OR COMMANDING OFFICER'S REPORT:

NATURE OF ACCIDENT AND STAGE OF FLIGHT:

DATE:

COMPOSITION:

RECOMMENDATIONS:

PRIMARY CAUSE:

ACTION TAKEN:

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

SECONDARY CAUSE OR CONTRIBUTING FACTORS:

RECORDED BY _____

DATE _____

CHECKED BY _____

DATE _____