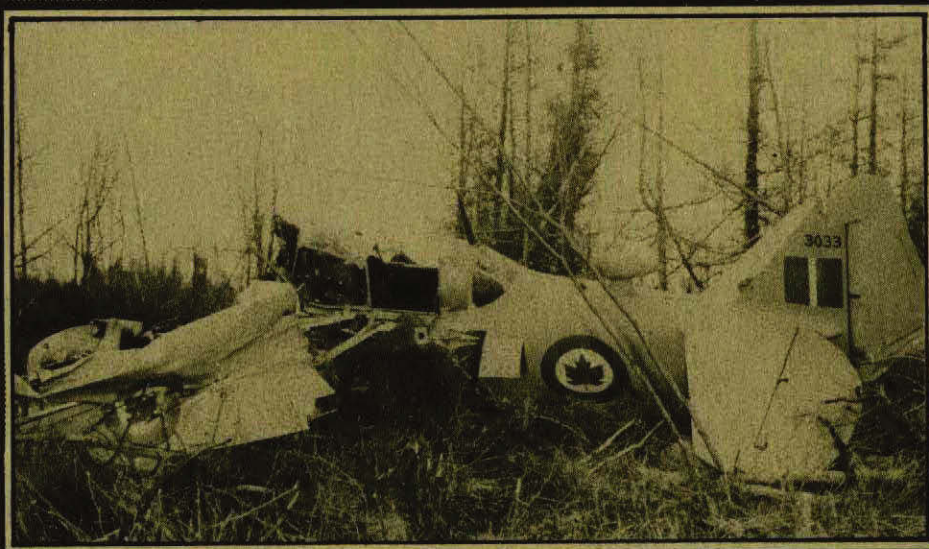


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CRASH COMMENT



APRIL MAY JUNE 1951



ISSUED BY
ACCIDENT INVESTIGATION BRANCH
R.C.A.F. HEADQUARTERS OTTAWA ONT

Lest we feel hard done by



**OPERATING CONDITION - UNSURFACED
TAXI-STRIP STANLEY FLYING SCHOOL
Nº 17 E.F.T.S. - B.C.A.T.P. - 15 JUNE 1941.**

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FOREWORD

Our job in the Royal Canadian Air Force is to develop and maintain the most efficient fighting force possible with the resources at our disposal. If we do that, we will be making the best possible contribution to the maintenance of peace throughout the world.



The RCAF is to be equipped with the best aircraft, armament, radar and other equipment to fulfill its role. It therefore becomes the responsibility of every member of the force to ensure that all equipment, whether used in the air, on the tarmac or in a radar station, is operated efficiently; that it is maintained at a high standard of serviceability; and that it is conserved to the utmost. Needless waste by accident, carelessness, negligence or lack of knowledge can detract seriously from our capability.

We must always remember, too, that a possible aggressor may have equipment equally as good as our own. At least he will consider that his equipment is comparable to ours or otherwise he would not take any action which could lead to hostilities. Such being the case, the only advantages we may have will be in efficiency of operation and the proficiency of our personnel.

Quality of personnel, skill at trade, the ability to abide by regulations and to apply good judgement and common sense are all factors which have an influence on the efficiency with which tasks or missions are accomplished. The experiences of peacetime and of two wars in the air have shown that Canadians do possess the basic quality required. To ensure proper skill at trade we have set high standards of training and have adhered to them. Usually, therefore, it will be found that accidents, whether in the air, in the workshop or in the kitchens, are due either to the attempt to do something for which a person is unqualified, disregard of regulations, the lack of good judgement or simply the failure to use plain common sense.

Accidents cost money, time, material and often lead to injury and, regrettably, to loss of life.

Remember that the accident rate is a measure of the efficiency of our Air Force.

Reduce accidents and you raise the capability of the RCAF.

(A.L. James) A/V/M
Air Officer Commanding
Air Defence Command



Although this issue of "Crash Comment" should be concerned with those subjects pertaining to spring and early summer, by the time it gets through the production and printing mills, winter will be approaching those units which rate northern allowance.

With the advent of the winter season we feel that some thought should be directed to some of the causes of the seasonal rise in the accident rate.

Listed below are a few of the seasonal hazards which crews may encounter, with their possible results and preventative action.

* Hazard - Taxying

Possible Results - Most runways and taxiing strips are seldom completely clear of snow, consequently braking action is inefficient. The result is increased stopping distances and turning radii.

Preventive Action - Slow, cautious taxiing, allowing more room on ground manoeuvres.

* Hazard - Landing on icy runways.

Possible Results - Inability to come to a full stop on the runway.

Preventive Action - When runways are reported as icy and braking action poor, the best action is to over-fly or to proceed to an alternate. If, however, landing is imperative, preventive action must be incorporated in the approach. The object of the approach will be to land right on the button of runway at the lowest possible speed.

NOTE: The pilot must be satisfied that his approach will put the aircraft on the runway at the button and at minimum approach speed. Unless the position of the aircraft indicates beyond a doubt that this can be accomplished, the pilot should take overshoot action for a second attempt.

(ii)

* Hazard - Patches of ice on a runway that is otherwise bare.

Possible Results - Brakes - excessive wear.
Tires - flat spots - blowing.
Uneven braking resulting in swing or ground loop.

Preventive Action - The most dangerous phase of this hazard is the landing run. Imagine the excessive strain and wear on brakes and tires when a large aircraft, wheels locked solid on ice, hits a bare spot on the runway. The preventive action for the landing run is again in the approach, landing in such a manner as to reduce the necessity for braking to a minimum. When brakes are used, try to judge their application so that the brakes are applied on the bare spots and released on the icy spots.

* Hazard - Engine operating procedures - power settings.

Possible Results - Over-boosting.
AIB investigations have revealed that over-boosting is the cause of many engine failures although the engine might not be operating under excessive power conditions when the failure occurs. These failures are seldom the result of violent over-boosting but from continuous running at horse-powers higher than those recommended. Many pilots use the same power settings summer or winter regardless of pressure altitude or outside air temperature and thus in many cases during the winter may be unknowingly over-boosting their engines.

Preventive Action - Select an approved cruising horse-power.
- Using density altitude, compute the power settings required to produce your pre-selected horse-power.

NOTE: Take-off power settings must be watched closely during cold weather operations.

* Hazard - Take-off from slush-covered runways.

Possible Results - Freezing of the undercarriage in the "up" position.

Preventive Action - Leave the undercarriage extended for a short period after take-off to allow the slipstream to blow off as much slush as possible.
- Retract the undercarriage for climb and when cruising altitude is reached exercise the undercarriage to break ice which may be forming.

(iii)

NOTE: If the climb is going to be prolonged, it is advisable to exercise the undercarriage at an intermediate altitude, possibly at 5,000 or 7,000 feet.

* Hazard - Freezing of brakes.

Frequently, blowing snow or deep snow comes into contact with warm brake drums while taxiing and/or during after landing braking. If, after parking, the brakes are left locked, it greatly increases the chances of frozen brakes.

Possible Results - Damage to brakes.
- Unnecessary delays.

Preventive Action - Slow taxiing, using as little braking action as possible, and when parking make sure chocks are used and parking brakes released.

Special attention should be given to the following items on all pre-flight checks:

See that all frost, snow, slush and ice have been removed from airframe surfaces.

Ensure that all control hinges are free of ice or slush and are operative through their full travel.

Check de-icer and anti-icer equipment.

See that chocks are used and properly placed to guard against slippage on engine run-up.

During the winter months units may encounter many hazards that have not been listed. Units may experience many seemingly insignificant incidents that are rectified in time to prevent them from becoming real accidents. If such an incident occurs, take steps to ensure that the remedial action becomes known. This may prevent the recurrence of a similar accident.



- 1 My sons, hear the advice of the Great-Grandfather and forsake not the laws of those who fly safely.
- 2 For the days of my life are legion, and I have instructed much youth of the land in the ways of an aeroplane in the air.
- 3 Verily, men do foolish things thoughtlessly, knowing not why; but an aeroplane doeth nought without reason.
- 4 Let not the familiarity with aeroplanes breed contempt, lest thou become exceeding careless at a time when great care is necessary to thy well being.
- 5 A wise pilot scenteth trouble afar off and avoideth a forced landing in waste places.

- 6 My sons, obey the law and observe prudence. Spin thou not lower than 1500 Cubits, nor stunt above thine own domicile; for the hand of the law is heavy and reacheth far and wide throughout the land.
- 7 Incur not the wrath of those in authority by breaking their rules, for he who maketh the wrong circuit shall be cast into outer darkness, and whoso flyeth low over football games shall be forever damned.
- 8 As the telephone operator who giveth the wrong number, so is he who extolleth his exploits in the air.
- 9 For I have watched him do his stuff on the ground. Lo, for an hour I have heard him talk of himself till he thinketh he is the best pilot ever.
- 10 He is like unto a woman who knoweth not how to say good-bye on the telephone, and the truth is not in him.
- 11 Though he be as honest as the day in all else, yet will he lie about his aerial adventures. His chest protrudeth and he maketh other men weary.
- 12 He doeth enlarge upon the dangers of his adventures, but in my sleeve shall be heard the tinkling of silvery laughter.
- 13 Let not thy prowess in the air persuade thee that others cannot do even as thyself, for he that showeth off in public places is an abomination unto his fellow pilots.
- 14 More praiseworthy is he who taxieth into another machine whilst watching the damsel who hath observed his prowess in the air.
- 15 Beware of the man who taketh off without looking behind him, for there is no health in him. Verily, I say unto you, his days are numbered.
- 16 My sons, another student shall come unto thee, saying: "Hearken not unto the words of thy Great-Grandfather for he doteth; list to me whilst I tell how thou shouldst do so-and-so"
- 17 But a little knowledge is oft-times of great danger and thou knowest full well that my teachings are founded on much experience.
- 18 Clever men take the reproofs of their instructors in the same wise as one will jest with another, confessing their dumbness and regarding themselves with humour.

- 19 Yet they try again, profiting by wise counsels and take offence at naught that is said. For whoso hearkeneth unto his precepts shall fly safely, and shall be quite free from fear of trouble.
- 20 A reproof entereth more into a pilot of sense than one hundred complaints unto a fool.
- 21 Knoweth thou a pilot who criticiseth not another's flying? I say unto you that there is not one who cannot point out another's faults and advise him what he should do.
- 22 Better is a dancing partner with two left feet, than he who laggeth behind in a formation, and keepeth not his appointed place, for his leader thinketh wild thoughts.
- 23 As a wet dog who shaketh himself beside thee, so also is a pilot who usurpeth thy rightful place when landing in a formation.
- 24 Though the leader taketh thee over the city at low altitudes, having no regard for thy personal safety, yet will thou follow him closely, but on the ground wilt thou revile him after.
- 25 As a plate of soup that is cold, yea, even as a kiss from thine own sister, so also is a flight without objective, it lacketh a kick.
- 26 As a postage stamp which lacketh glue, so are words of caution to a fool, they stick not, going in at one ear and out at the other, for there is nought to stop them.
- 27 Beware that thou leave not the switches "ON" when leaving thy aeroplane, lest the mark of Cain be upon thee.
- 28 My son, hearken unto my teachings and forsake not the laws of prudence, for the reckless shall not inhabit the earth for long.



ACCIDENT RESUMÉ



VAMPIRE

* NO. 1 -- CHECK YOUR EQUIPMENT PLEASE !!!

The pilot was detailed for a high level cross-country. He pin-pointed himself at his first turning point and started the second leg of the journey. Shortly afterward he tried to use his radio compass but could get no results. He turned for base on his ETA and tried to contact the Homer with no results. Eventually the pilot decided to force land as his fuel was low. He picked a nearby airfield but unfortunately he had to land wheels-up as the field was covered with pools of water and was badly cut up.

The pilot did not check his radio compass nor did he contact the Homer prior to take-off. The radio compass, incidentally, was found serviceable after the accident.

The pilot was reprovved by his CO.

* NO. 2 -- WE WERE LUCKY.

The pilot had just completed take-off when the tower notified him that his nose wheel had broken off. He completed his exercise and returned to base, making a successful wheels-down landing with minimum damage to the aircraft.

The failure was caused by the tie bolt breaking, which in turn, was either caused by over-tightening or failure of the nose wheel fork.

A pat on the back to the pilot.

* NO. 3 -- TOO LOW - TOO CLOSE.

On an air-to-ground firing exercise, a piece of shrapnel struck the leading edge of the wing.

Misinterpretation of existing armament orders caused the pilot to be too low on the exercise.

* NO. 4 -- MAINTENANCE

An improper installation of a hollow windscreen caused it to explode at 15,000 feet. The warrant officer in charge of maintenance was reproved by his CO.

Windscreens of this type are no longer approved and are to be replaced by the solid type.

* NO. 5 -- UNDER AND OVER

There were five cases of misjudgment on landings:

- four pilots allowed their air speed to drop and undershot.
- one approached too fast and overshot.

At one unit the pilots have been warned that under certain wind conditions pilots should use powered approaches.

*Stretching your luck often
shortens your life.*



* NO. 6 -- QUITE THE RIDE?



The pilot of this aircraft coming in high on the approach decided to overshoot. He immediately retracted the dive brakes and opened the throttle to fully open. He noticed a small increase in power but as the acceleration was slow he retracted wheels and flaps. Realizing that the aircraft performance was abnormal, he selected the emergency fuel system but no improvement was noted. As a crash landing was inevitable, the pilot left the power on in hopes that he could clear the I.L.S. hut but he was still unlucky. The aircraft touched the ground, skipped and went through the hut (the cement wall is 11 inches thick) coming to rest in a field a short distance beyond.

The pilot was only superficially injured. Injuries were reduced to a minimum because of the protective helmet the pilot was wearing.

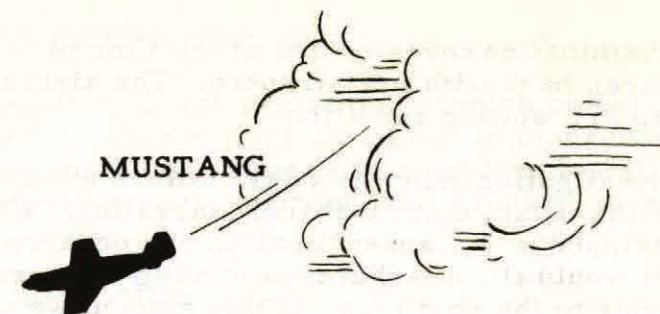
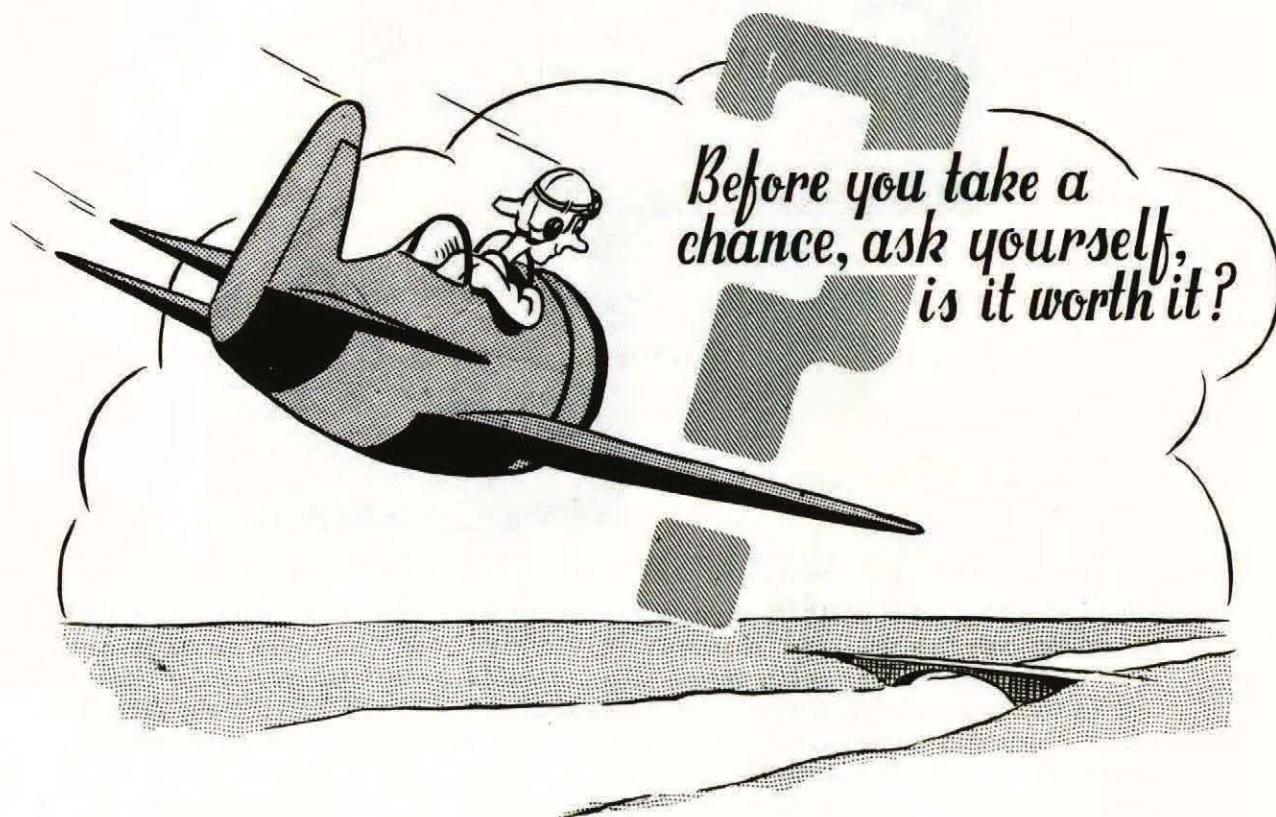
The power failure was caused by a compressor stall which, in turn, was caused by selecting emergency fuel under full throttle with an engine RPM of less than 80%.

The results of the Command investigation are not known as yet.

* NO. 7 -- WE'RE SORRY TOO

The pilot, returning from a training exercise taxied his aircraft into another parked aircraft.

The pilot was found guilty of negligence, awarded a reprimand and penal deduction of \$20.00.



* NO. 8 -- A FATAL FORCED LANDING



The aircraft in question was one of a formation of eight making an operational flight and was flying as blue leader. Shortly after take-off the formation leader noticed deteriorating weather conditions ahead and altered course, letting down to remain VFR. At this time the blue leader asked any member in his section who heard him to waggle their wings. This would indicate that the pilot thought his receiver was unserviceable. At this point blue section climbed through cloud to between layers, blue leader then pulled up sharply, broke away to port, and disappeared through a thin spot in the undercast. Blue 3 and 4 were under the impression that blue leader was gliding down at this time. Through a hole in the overcast, an eye witness saw the aircraft break away and heard the engine sound rise and fall three times with sputterings between power bursts.

Examination revealed that at the time of impact the aircraft was in a steep bank with low airspeed. The aircraft struck first on one wing tip in a stalled condition.

Investigation indicated power failure but strip reports failed to disclose any cause, other than fuel starvation. When the carburetor was stripped a collapsed float in the de-aerating chamber was found. This would allow carburetor venting of approximately 18 gallons per hour to the port tank. If this amount were pumped out, the fuselage tank would have been nearly empty at the time of the accident. The fuel selector valve was found in the right-hand combat tank position in spite of the fact that no combat tanks were fitted. The selector, however, was so badly bent that it is not possible to tell whether this was a result of improper selection or of the crash. Taking the pilot's experience into account, it is presumed the latter was the case.

Eye witnesses state that the weather at the time of the crash was from 1 - 200 feet ceiling with vis 1/4 - 1/2 mile in fog. Hardly fit weather for a successful forced landing.

"Command", in their remarks on the investigation, point out that although it did not contribute to this accident, poor judgment was used in carrying out this particular flight in view of prevailing weather conditions.

If a forced landing in the bush is unavoidable, it is suggested that:

- * A flap down stall landing be carried out on the tree tops.
- * Head-on collision with large trees be avoided.
- * Fuel "off".
- * Switches "off".
- * Harness tight and locked back.
- * Canopy "open" (or jettisoned).
- * Long range tanks "jettisoned".
- * The head be protected by the arms after first impact.

* NO. 9 -- CAUSE UNKNOWN

The aircraft took off streaming greyish smoke or vapour. At approximately 700 feet the pilot asked for an emergency landing. In an effort to avoid the hangars the pilot stretched his glide stalling in from 75 feet. The aircraft bounced and crashed in an inverted position.

The pilot was killed.

From evidence obtained, including a strip of the engine, no cause for the engine power failure can be determined, nor can any relation between the vapour seen and the subsequent crash be found. It is believed that vapour seen may have been:

- (a) An improperly cleared engine.
- (b) A blow-off of the glycol header tank or,
- (c) An external leak in the coolant system.

The cause of this accident remains "obscure".

* NO. 10 -- PLUG TROUBLE

The pilot of this aircraft increased RPM to climbing power and experienced a power failure. During the descent, partial power was obtained but with very rough running. The throttle was closed and a successful wheels-down forced landing was carried out.

A full scale engine test was carried out on the ground and a spark plug with cracked insulation which broke down at 55" of boost was found.

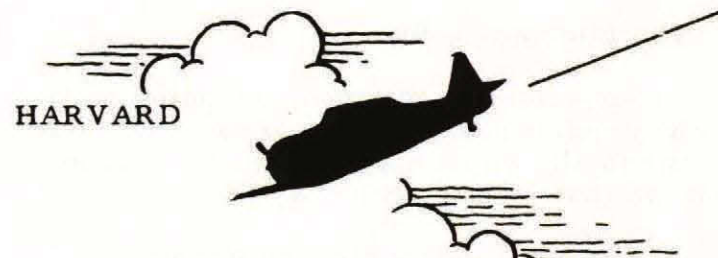
* NO. 11 -- A BROKEN SELECTOR

The pilot experienced what he thought was a blown tire during a landing run. The undercarriage was apparently not fully lowered because the aircraft completed the landing run on its belly. The investigating officer found a broken undercarriage selector and because of this a proper down selection was not made.

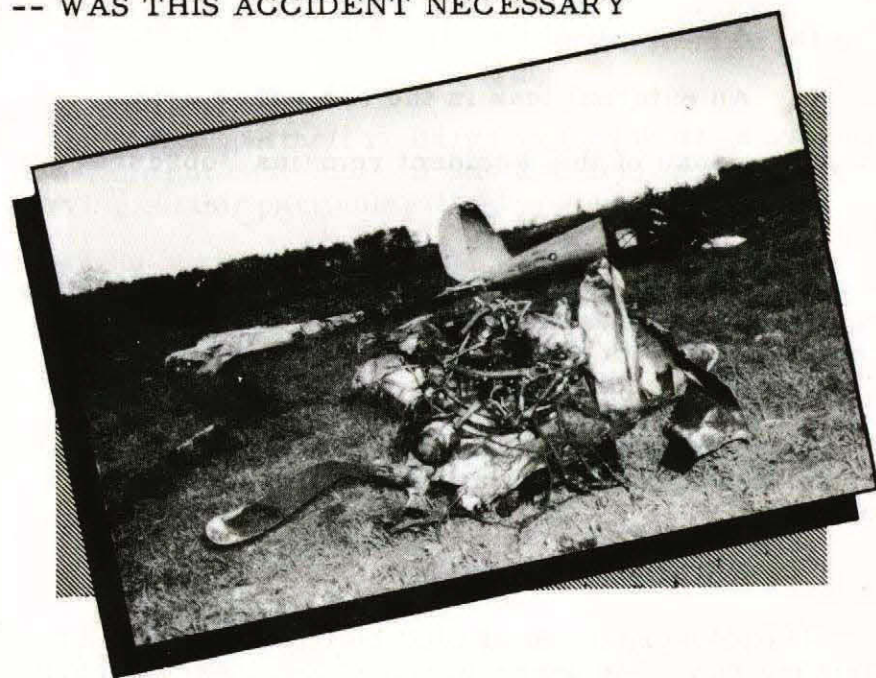
- Eye witnesses said that the wheels were not fully extended.
- Flying control has been asked to assist by visually checking aircraft, especially in marginal weather conditions.

* NO. 12--TOO CLOSE FOR COMFORT

On break-away from the target on an air-firing exercise, this aircraft was hit by two .5 bullets from the #2 aircraft. Amendment List #9 to CAP 437 limits the linear distance between two aircraft on the same target to 600 yards.



* NO. 13 -- WAS THIS ACCIDENT NECESSARY



A pupil pilot was authorized to do solo practice including spins, steep turns, forced landings, etc.

Three witnesses saw the aircraft at an extremely low altitude. It appeared to dive toward them and struck some trees as it attempted to pull up.

A fatal accident was the result.

Command, in their comments on the investigation, feel that evidence pointing to breaches of flying regulations is not conclusive and that the cause of the accident must remain obscure.

* NO. 14 -- HEADS UP

Two pilots ferrying aircraft experienced a little difficulty in breaking formation. Two forced landings, resulting in "C" class crashes were the outcome of this accident. It has not been clearly established which one, or possibly both, had their heads buried in the cockpit.

We have heard the expression "up and locked" but this time it would appear to be "down and locked".

* NO. 15 -- COCKPIT CHECKS ARE IMPORTANT

Following an overshoot by a student, the fuel warning light came on. The pilot changed tanks twice but could not re-start. He carried out a wheels-down forced landing.

The student was criticized for his engine handling and for a wheels-down forced landing. (He forgot to raise his undercarriage on the overshoot).

* NO. 16 -- NOT ENOUGH POWER

The pilot could not maintain power and returned to base using a maximum obtainable 14" of boost. Investigation found that the taper pin attaching the throttle lever to the butterfly had sheared and dropped out. The holes in actuating arms were enlarged allowing movement between the throttle arm and pin.

MAINTENANCE?

* NO. 17 -- AUTHORIZED LOW FLYING?

Two pilots at an O.T.U. were briefed to carry out one hour flying to consist of instrument G.C.A. and low flying. During the low flying practice, the aircraft stalled at an altitude below which it should have been.

These pilots had both been briefed and warned about contra-vention of flying orders. However, youth must have its fling, although unfortunately, one lad was killed, another injured and the aircraft written off.

The net result is depicted on the cover.

* NO. 18 -- HEAP BIG SMOKE

On a solo flight, a student suddenly found his cockpit filling with smoke. The hood was opened to clear the cockpit of smoke, fire extinguisher pulled and a wheels-up forced landing carried out.

Investigation found a blown fuse in the main ignition circuit caused by a loose washer found in the switch box assembly.

* NO. 19 -- ONE OLEO EXTENDED

The pilot of this aircraft, after selecting undercarriage down prior to landing, noted that the port leg had not extended. He was forced to land the aircraft in this manner as the starboard leg would not retract.

Investigation found that the locking pin was jammed in the forward position. This was caused by improper alignment of the locking pin and slot. The pin had become burred and eventually jammed.

MAINTENANCE?

* NO. 20 -- ENGINE FAILURE

Engine failure in the air caused the aircraft to be forced landed.

Due to complete internal break-up of the engine, it was impossible to determine the cause of the engine failure.

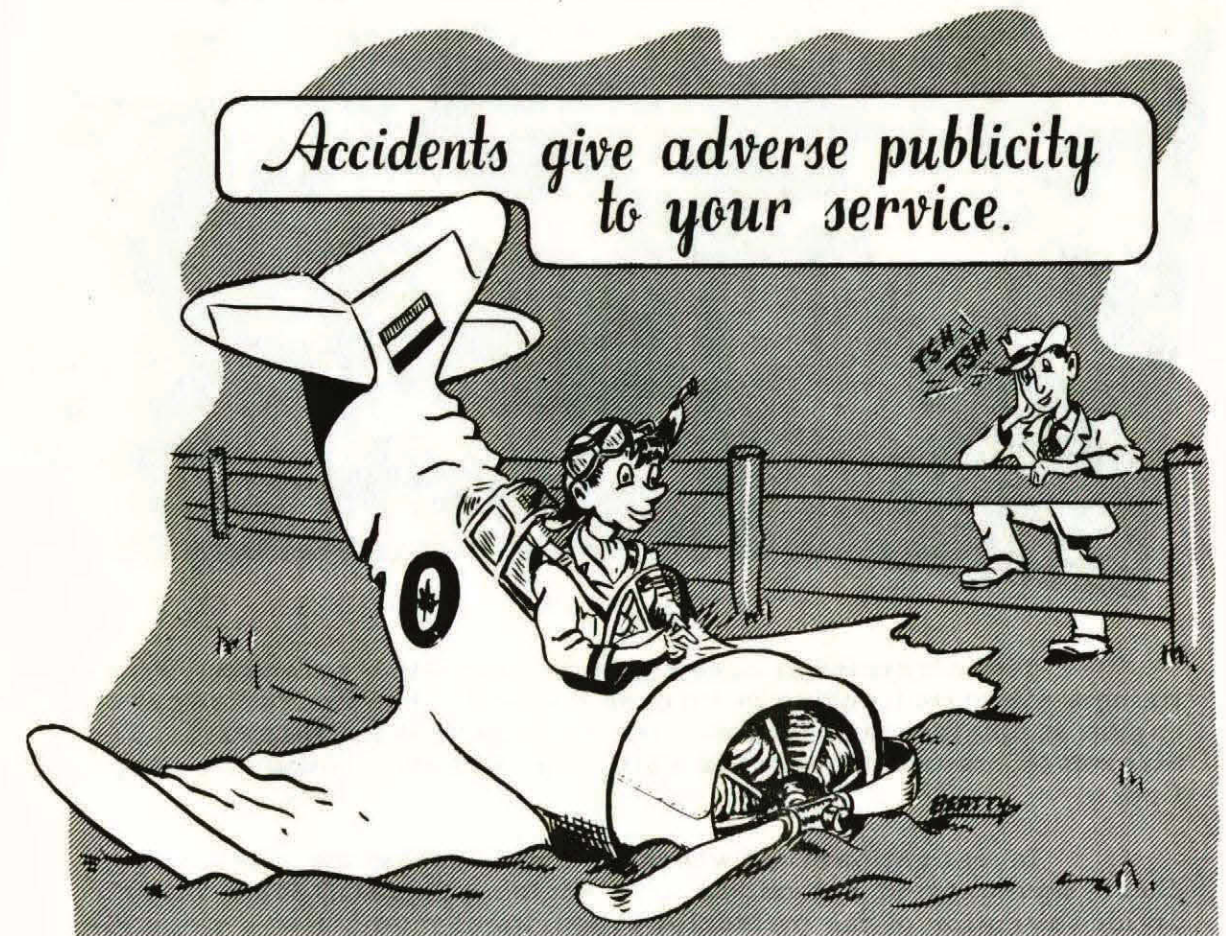
A strip test is being carried out to try and ascertain just which piece failed first.

QUARTERLY HARVARD STATISTICS

In this quarter there were 55 reportable flying and ground accidents involving Harvard aircraft. These were broken down as follows:

- 16 - Ground Loops
- 6 - Nose Up
- 6 - Damaged in Taxi Accidents
- 4 - Rocker Box Failures
- 24 - Miscellaneous

Only the cream of the miscellaneous accidents are summarized. However, we don't want those pilots not mentioned in the above resume to feel smug because the majority of the above accidents were caused by, you guessed it, Pilot Error.



EXPEDITOR



* NO. 21 -- IT COULD HAVE BEEN MUCH WORSE



This aircraft was carrying out a touch-and-go landing, practicing a simulated engine failure on take-off. The instructor cut an engine at 300 feet, and then carried on filling out the test card. The aircraft continued to descend until it struck the ground and caught fire.

Investigation of the wreckage indicates that the single engine check was carried out on the live engine. The AOC feels that the divided attention of the instructor at a critical moment was a contributing factor.

An immigrant farm-hand who was 300 yards from the scene of the crash was instrumental in saving the lives of two of the occupants. When he arrived the aircraft was on fire. The instructor, who was seriously injured and dazed, had escaped through a hole in the side of the aircraft, and one student whose clothing was on fire was attempting to escape. This farmer then beat the fire out with his bare hands and assisted the student out of the aircraft. On learning that there was another student in the aircraft, he returned to the burning wreckage, again beat out the flames with his hands, cut the safety belt and dragged the student to safety. This man's prompt action was, doubtless, instrumental in saving two men from being badly burned and probable fatality.

* NO. 22 -- WE DON'T KNOW EITHER

This aircraft skipped on landing. As weight came back on the undercarriage, the undercarriage motor kept on operating, the wheels retracted and the aircraft settled to the runway. The undercarriage warning light was green and no horn sounded on closing the throttle.

A loose washer was found in the undercarriage relay which bore evidence of having been burned by an electrical short. Experts giving evidence before the Board of Inquiry, do not consider this would cause the undercarriage motor to operate.

* NO. 23 -- WHOA!!!

Landing at an unfamiliar aerodrome the pilot overshot, bounced, and could not stop in the space remaining. The aircraft ran off the end of the runway into a rock pile.

The pilot was reprimanded by his CO as it was apparent that the cause of this accident was pilot error, although his inexperience on type may have contributed to the accident.

* NO. 24 -- EASY ON THE BRAKES!!!

Two accidents of a similar nature are reported.

While taxiing, the pilot applied the brakes harshly. As a result, the tail lifted and then fell heavily, with the result that the tail wheel structure collapsed.



* NO. 25 -- AN UNUSUAL BREAK-UP



This aircraft and crew were briefed to do a navigation training exercise. The aircraft reported over the first turning point giving an ETA for base. This was the last transmission from the crew. A search for the aircraft was initiated and five days later the aircraft was found. The crew had all been instantly killed.

Investigation disclosed that a mid-air break-up occurred. The reduction gear housing failed, the propeller broke loose and struck the aircraft and as a result the port wing came off.

Investigators found that none of the occupants were wearing parachute harnesses although both harnesses and parachutes were carried in the aircraft. This is contrary to CAP 100, 417 (2) which says the wearing of parachutes is compulsory.

We agree that with the limited time available and the aircraft out of control it would be difficult to bail-out. It is possible that, had the crew been wearing their parachute harness and had the parachutes been available, lives may have been saved.

* NO. 26 -- NO OIL

Following take-off and climb, the oil pressure started to fluctuate and then dropped to zero. The RPM on this engine could not be adjusted and the propeller was feathered. An SE landing was made.

Investigation found that all oil had syphoned out through the breather.

Cause obscure.

* NO. 27 -- INADVERTENT FEATHERING

One engine feathered automatically in flight and could not be unfeathered. A metal particle was found in the CSU. This particle had apparently escaped the de-sludging carried out on the P-400 prior to this incident.

* NO. 28 -- MAINTENANCE

After landing, one engine refused to respond to the throttle. Examination indicated that an improper bolt had been used in the throttle linkage when the unit had installed the engine, and that this bolt had not been fastened properly.

The case against the airman was dismissed for lack of evidence.

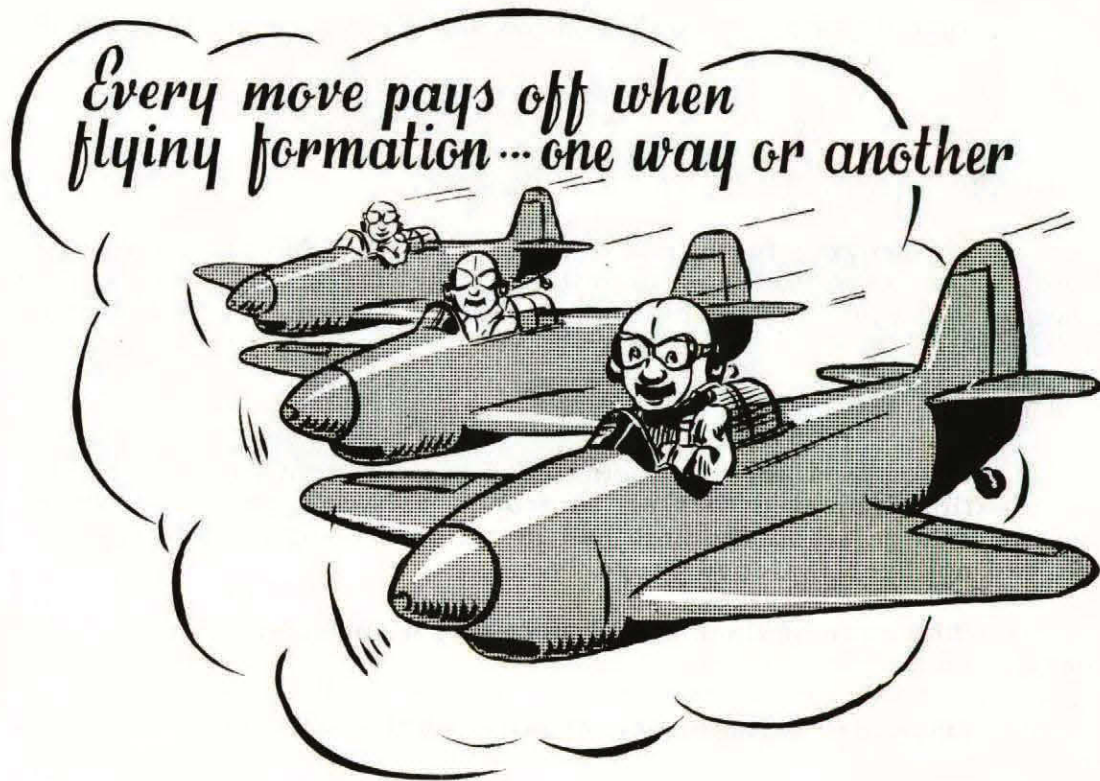
Improper maintenance usually results in trouble for someone.

* NO. 29 -- FORMATION TROUBLE

Two of the nine aircraft practising formation flying were involved in a mid-air collision. The wing tip of one struck the elevator and stabilizer of another aircraft. Both aircraft were able to land safely.

There was some criticism of the briefing prior to flight in that no specific separation between aircraft was mentioned. Definite instructions in pilots' orders have now been made at the unit.

This is one incident which could have been an accident, and a messy one at that.

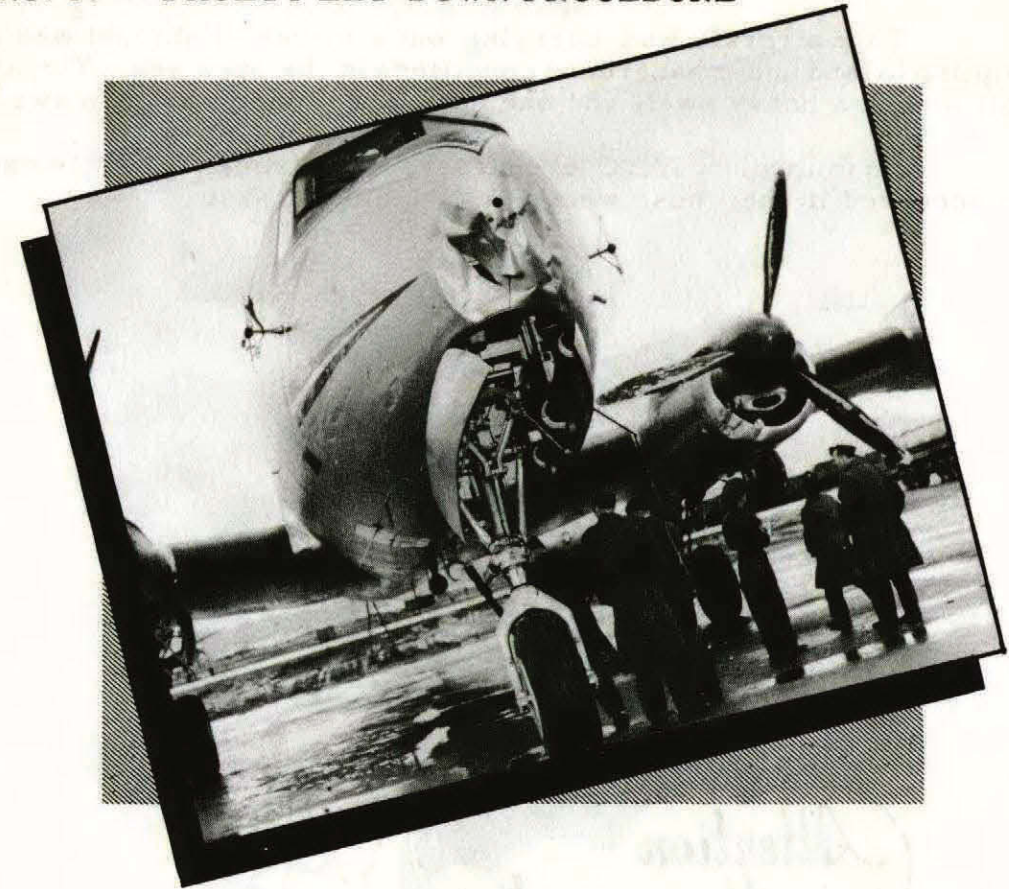


Every move pays off when flying formation... one way or another

NORTH STAR



* NO. 30 -- FAULTY LET-DOWN PROCEDURE



While carrying out a let-down under IFR conditions on a radio beacon, the aircraft struck tree tops at an indicated altitude of 3400 feet. This resulted in damage to nose section, ring cowling and oil cooler, nose wheel doors, loop antennae and fuselage.

One engine was feathered and an emergency radar and GCA let-down was safely carried out.

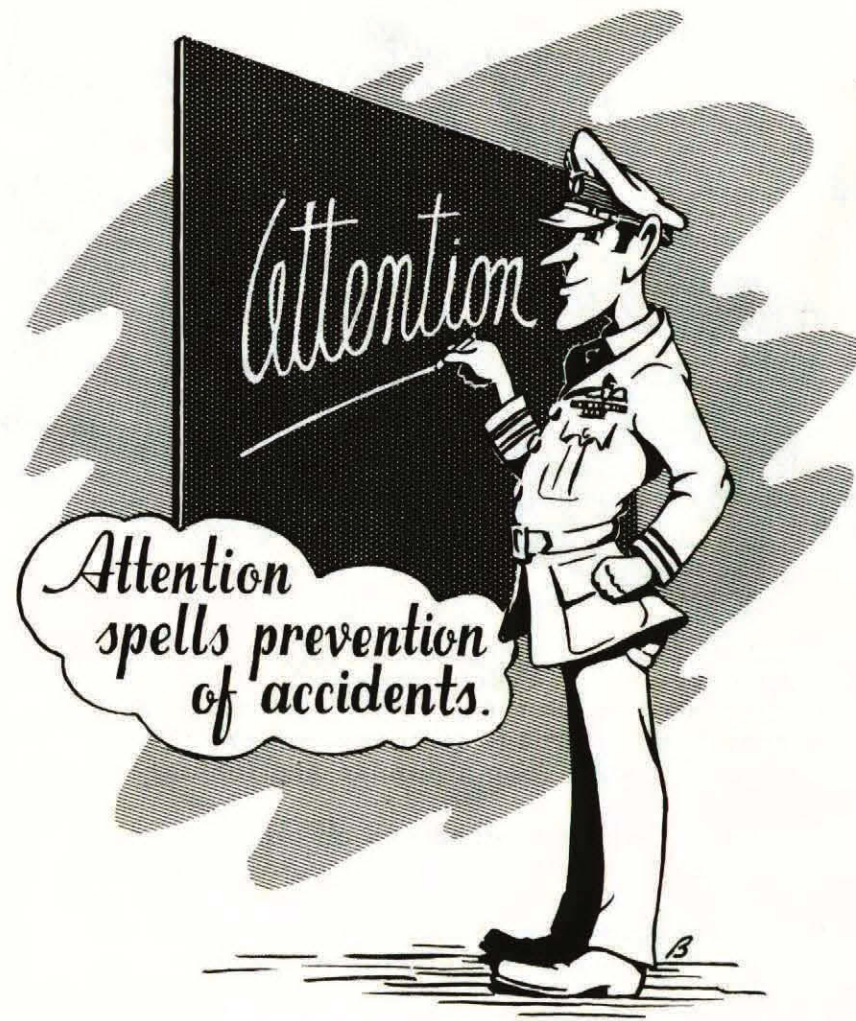
A faulty let-down procedure was the cause of this near accident. There was no distance limitation on the outboard leg.



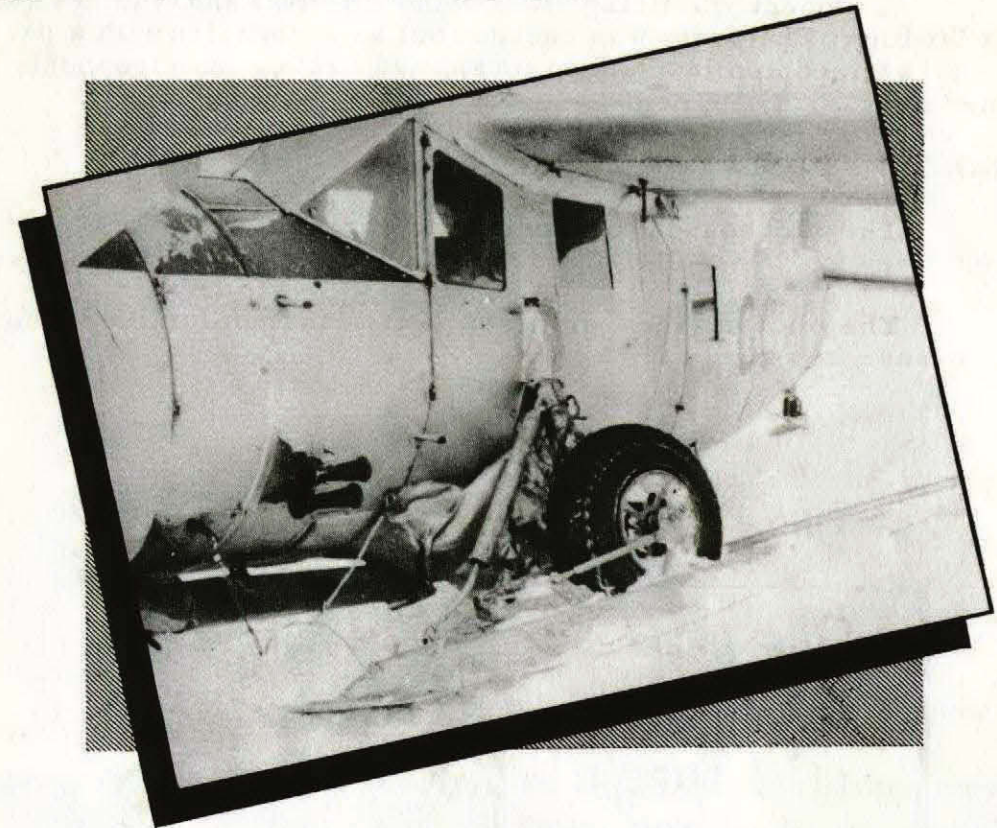
* NO. 31 -- QUICK THINKING

This aircraft was carrying out a mercy flight and was attempting to land under hazardous conditions in the open sea. The aircraft struck a heavy swell and one nose wheel door was torn away.

An immediate JATO take off saved the aircraft and little damage occurred in the "nose wheel-up" landing at base.

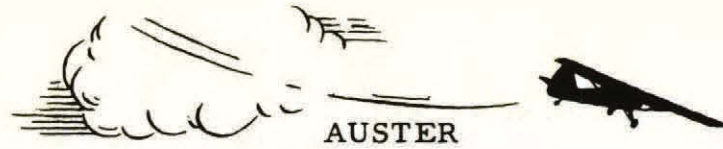


* NO. 32 -- NORTHERN OPERATIONS



This aircraft had made a normal smooth landing on skis and the speed had dropped to approximately 30 knots when the aircraft suddenly veered to the left. The pilot held the aircraft straight with rudder until the port undercarriage completely collapsed. The only other damage was to the propeller.

The landing and take-off prior to the accident had been made on a rough strip which may have been instrumental in the oleo leg collapsing although a faulty weld at the cluster joint is the more probable cause of the accident.



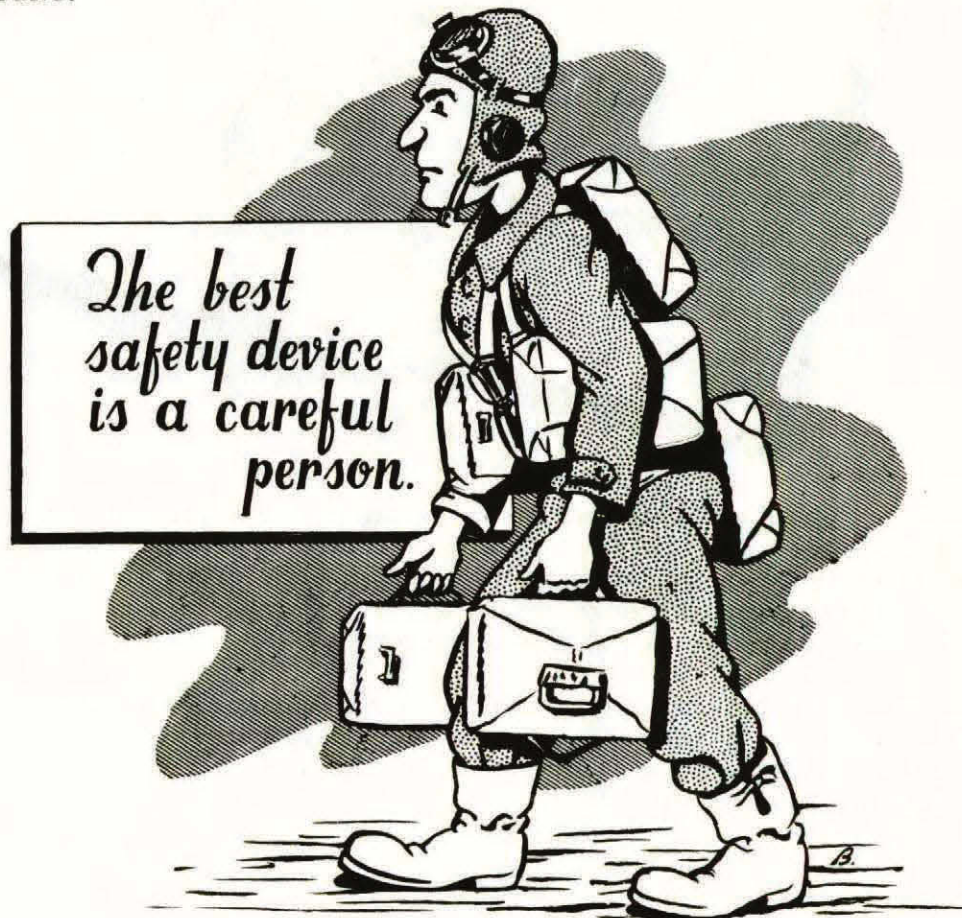
* NO. 33 -- CROSS WIND LANDING

A student practicing cross-wind take-offs and landings swung on a landing. The swing was checked but as a collision with a parked aircraft seemed imminent, the pilot applied brakes too vigorously and turned over.

* NO. 34 -- HEEL, TOE ETC.

The pilot bounced on landing and, through harsh use of brakes, nosed up.

The pilot was inexperienced on type and not familiar with the heel brake.



COMMENDATORY ENDORSEMENT

The Editor of "Crash Comment" takes pleasure in publishing the following "Commendatory Endorsement" received during this quarter.

17293 F/O R.H. Annis

"On 24 Jul 51 F/O Annis was pilot of a Vampire aircraft on a navigational cross-country exercise. A flame-out occurred due to technical failure when the aircraft was throttled back for the descent. Although this pilot had only 8 hours 40 minutes on type, he successfully carried out a wheels-down landing at a strange aerodrome without damage to his aircraft".

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