

RESTRICTED

REPORT OF MAJOR ACCIDENT

ARMY AIR FORCES

REPORT OF MAJOR ACCIDENT

Use this form in accordance with AAF Reg. 02-14 and "Aircraft Accident Investigator's Handbook" issued by Office of Civilian Defense, War Department.

Fill in all spaces except where otherwise indicated.

If additional space is needed, use additional sheets and identify by letter and subsection number.

| ACTION PERIODICALLY WHEN RECEIVED | DATE | RECORDED BY ACCIDENT INVESTIGATOR | |
|---|-------|--|-------|
| | | 11-4 | 12-29 |
| FORM 14 RECEIVED | 12-31 | | |
| SEARCHED BY | 1-1 | | |
| INDEXED BY | | | |
| COPIED BY | 1-3 | | |
| FILED BY | | | |
| | | No. AIRCRAFT INVOLVED | |

Section A—GENERAL INFORMATION

1. PLACE OF ACCIDENT—State, County, Nearest Town, Distance and Direction from Home.

UNKNOWN

Nearest Army Airfield, Distance and Direction from Home.

UNKNOWN

| | | | | |
|--|---|----------|-------------------|-----------|
| 2. WAS COLLISION WITH OTHERS AIRCRAFT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 3. AF Nos. OF AIRCRAFT INVOLVED (Please repeat Form 14 for each aircraft) | DATE | HIGHAND TIME ZONE | TIME |
| UNKNOWN | 45-89338 | 1 Nov 46 | T.O. 0054Z | DAY/NIGHT |

Section B—AIRCRAFT

| | | | |
|-----------------------------|-----------------|---------------|---|
| 1. AIRCRAFT NO. 45-89338 | 2. TYPE B-17 | 3. MODEL G | 4. NAME BRANCH Eschborn Army Air Base, Germany |
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|----------------------------------|-----------------------------|------------------|--------------------------------|------------------------|
| 4. AIR FORCE OR COMMAND USAFE | BUNCOMBAND Troop Carrier | WING 51st TOW | GROUP NO. AND TYPE 51st TCG | DEPARTMENT 15th PCS |
|----------------------------------|-----------------------------|------------------|--------------------------------|------------------------|

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| 5. DATE OF MANUFACTURE 1943 | TOTAL HOURS 184:50 | DATE LAST OVERHAUL NONE | OVERHAULERS AND DEPOT OR SUB-DEPOT Overhaul and Depot or Sub-depot | MONTHS SINCE OVERHAUL NONE |
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6. Attach detailed statement of technical factors which caused or contributed to the accident, including any unusual circumstances and giving reasons for

Section C—OPERATOR (Name of operator and date of commission)

| | | | | | | | |
|-----------------------|----------------------|---------------------|--------------|--------------|----------------|-----------|-----------|
| 1. LAST NAME Urban | FIRST NAME Hudson | MIDDLE INITIAL H | GRADE Col | BRANCH AC | AFN 0-19467 | Unit X | Age 24 |
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| 2. ATTACHED STATION Hq E ATSF | AF OR COMMAND USAFE | BUNCOMBAND Troop Carrier | WING 51st | GROUP NO. AND TYPE HQ | DEPARTMENT HQ |
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| 3. ASSIGNED STATION Hq E ATSF | AF OR COMMAND USAFE | BUNCOMBAND Troop Carrier | WING 51st | GROUP NO. AND TYPE HQ | DEPARTMENT HQ |
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| 4. AERONAUTICAL RATING? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | PRESIDENT RANKING Command Pilot | DATE RECEIVED Oct 1945 | 5. NORMAL DUTY GRADE AC of S. Traffic |
|---|------------------------------------|---------------------------|--|

Section D—OPERATOR'S FLYING EXPERIENCE (including civilian)

| | | | | |
|-------------|------------------------------|---------------------------------|--|--|
| FLYING TIME | 1ST PILOT OR SOLO STUDENT | OTHER PILOT OR OTHER STUDENT | PIR IN FORM 8 AND 9 ONLY IF OPERATOR WAS INVOLVED IN FLYING OR MADE FLIGHT IN CIR, OTU, etc. | 6. AAF SERVICE PREVIOUSLY ATTENDED AND DATES |
|-------------|------------------------------|---------------------------------|--|--|

| | | | | |
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| 1. TOTAL HOURS 2771 | 541 | 8. TRAINING CLASS NO. AND STATION, OTU, COTU, ETC. | 7. INSTRUMENT RATING | Randolph AAF Oct '34 (Basic and Primary) |
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| 2. HOURS TIME TYPE 430 | 182 | Not applicable | LAST CLASS STATION | Kelly AAF July '35 (Advance) |
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| 3. HOURS TIME MODEL 430 | 128 | 9. PHASE AND NUMBER OF TIME PHASE | LAST CLASS STATION | AAYPS (4 Eng) Hendricks AAF Sebring; Fla March '44 |
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| 4. HOURS LATE IN DAYS 21 | 24:45 | 10. INSTRUMENT RATING | LAST CLASS STATION | Sebring; Fla March '44 |
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| 5. HOURS LATE IN DAYS 5:40 | 5:45 | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION |
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| 6. HOURS LATE IN HOURS Unknown | Unknown | LAST CLASS STATION | DATE 20 Jan 46 | LAST CLASS STATION |
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| 7. ACTUAL CIVILIAN HOURS 72:55 | 100 | 11. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | LAST CLASS STATION | LAST CLASS STATION |
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| 12. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 13. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 14. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 15. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 16. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 17. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 18. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 19. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 20. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 21. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 22. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 23. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 24. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 25. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 26. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 27. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 28. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 29. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 30. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 31. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 32. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 33. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 34. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 35. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 36. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 37. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 38. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 39. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 40. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 41. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 42. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 43. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 44. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 45. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 46. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 47. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 48. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 49. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 50. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 51. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 52. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 53. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 54. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 55. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 56. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 57. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 58. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 59. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 60. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 61. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 62. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 63. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 64. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 65. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 66. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 67. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 68. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 69. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 70. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 71. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 72. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 73. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 74. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 75. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 76. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 77. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 78. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 79. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 80. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 81. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 82. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 83. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 84. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 85. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 86. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 87. WAS OPERATOR ON INSTRUMENTS AT TIME OF ACCIDENT OR IMMEDIATELY THEREAFTER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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| 88. INSTRUMENT RATING | TYPE White | DATE 20 Jan 46 | LAST CLASS STATION | LAST CLASS STATION |
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Section F—DAMAGE

Describe briefly the extent of the damage which occurred. (If no damage, write "None." If aircraft is missing, write "Missing." If aircraft was totally wrecked, no notes.)

1. TO AIRCRAFT

UNKNOWN

44 feet per foot Westing

2. TO ENGINES

UNKNOWN

4

4

3. TO PROPELLER

UNKNOWN

4

4

4. TO PRIVATE PROPERTY (EXPLAIN ON ATTACHMENTS)

UNKNOWN

Section G—POWER PLANT FAILURE

UNKNOWN

(Use this section of the form if power plant failure was a contributing cause factor in the accident. This must be signed by engineering officer)

1. DURATION OF POWER PLANT LAST TAKE-OFF
Unknown

| | (1) | (2) | (3) | (4) |
|---|----------------|----------------|----------------|----------------|
| 2. ENGINE MODEL | PW R1820-97 | PW R1820-97 | PW R1820-97 | PW R1820-97 |
| 3. ENGINE NO. | SW 032281 | SW 024553 | SW 032441 | SW 032260 |
| 4. ENGINE-HOURS SINCE LAST MAJOR OVERHAUL | 184:50 | 184:50 | 184:50 | 184:50 |
| 5. DEPOT OR SUB-DEPOT PERFORMING OVERHAUL | New Engine | New Engine | New Engine | New Engine |
| 6. TOTAL ENGINE-HOURS | 184:50 | 184:50 | 184:50 | 184:50 |
| 7. PROPELLER MODEL | Hamilton Hydro | Hamilton Hydro | Hamilton Hydro | Hamilton Hydro |
| 8. PROPELLER-HOURS SINCE MAJOR OVERHAUL | 184:50 | 184:50 | 184:50 | 184:50 |

9. STATEMENT OF OPERATOR, IF AVAILABLE, ON BEHAVIOR OF POWER PLANT AND MANIPULATION OF CONTROLS IMMEDIATELY BEFORE FAILURE

MISSING AIRCRAFT

10. STATEMENT OF ENGINEERING OFFICER, MECHANIC, AND OTHERS AS TO WHAT FAILED AND PROBABLE REASONS WHY

MISSING AIRCRAFT

11. OCTANE RATING OF FUEL

Unknown

100 Octane MISSING

Signature H—AIRFRAME, LANDING GEAR, OR OTHER MATERIAL

(Use this section if material failure was a contributing cause factor in the accident. This must be signed by engineering officer)

1. DESCRIBE THE MATERIAL FAILURE, INCLUDING STATEMENT OF KIND OF FLIGHT AT THE TIME OF FAILURE AND ALL FACTORS WHICH MIGHT HAVE CONTRIBUTED TOWARD THE FAILURE

UNKNOWN
(AIRCRAFT MISSING)

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ENGINEERING OFFICER
(Name, Grade, and Station)



Section I—SPECIAL EQUIPMENT

(Use this section if special equipment—parachutes, radio, dinghies, oxygen equipment, life extinguishers, etc.—was a contributing cause factor in the accident for any reason including failure, misuse, or by reason of not being in the plane)

1. DESCRIBE HOW THE SPECIAL EQUIPMENT CONTRIBUTED TO THE ACCIDENT OR TO ITS RESULTS

248-100-023

Aircraft Missing

Section J—AIRPORT AND FACILITIES AND AIRWAYS

(On this section if the airport or its facilities or airways facilities were a contributing factor to the accident, either directly or indirectly, check one or more boxes)

L. REPORT

UNKNOWN (Aircraft Missing)

Section K—WEATHER (This must be signed by weather officer of the reporting office)**1. WHAT WAS THE WEATHER AT THE TIME AND PLACE OF THE ACCIDENT?**

Instrument Weather along Flight Path.

2. IF WEATHER WAS A FACTOR IN THE ACCIDENT, STATE HOW AND ATTACH COPY OF WEATHER REPORT

Whether weather was a factor is unknown (Aircraft Missing, a weather report is attached.)

WEATHER OFFICER
(Name, Grade, and Station) →

See inclosures #3 & 4. (ptg)

Section L—GENERAL INFORMATION**1. If Error on the Part of Someone Other Than the Operator Was a Factor, State How**

UNKNOWN (Aircraft Missing)

**2. What Was the Minimum
MAINTAINABLE PERSONNEL PROFICIENCY (Night)**2. Day Pilot Captain Pilot
Chamberlain UNKNOWN This No**3. Were There Any Violations of Orders or Requirements? (Yes/No)**

UNKNOWN (Aircraft Missing)

4. Extraordinary Actions Taken or Contemplated

NONE

| 4. Kind of Clearance (Check Form 2) | From | To | On Local | Number of Last Dispatch Carrickdichino AAB |
|-------------------------------------|--------|--------|----------|---|
| IFR | Naples | London | | |

**7. Is UR Form 54 Has Been Submitted on Any Particular Involved in this Accident, Give UR No.
and Date**

No.

Date

ENCLURE FULLY AND ATTACH COPY

NOT
MISSING
SUBMITTED
ACKDAPT/PA

Section M—DESCRIPTION OF THE ACCIDENT

I. TELL IN NARRATIVE FORM, IN AS MUCH DETAIL AS NECESSARY, EVERYTHING THAT IS KNOWN ABOUT THE ACCIDENT. DO NOT GO OVER EVERYTHING THAT MAY HAVE CONTRIBUTED TOWARD THE ACCIDENT. EXCLUDE RECOMMENDATIONS FOR ACTION TO PREVENT SIMILAR ACCIDENTS, AND ACTION TAKEN.

B-17G Number 43-39336 departed Campidichino Army Air Base, Naples, Italy, on an IFR clearance for Bovingdon, England, by way of Gorgona Island, Istres, Lyon and Paris, at 0054Z, 1 November 1946. Campidichino tower gave the aircraft take-off instructions and a normal take-off was made. The aircraft contacted the tower five minutes after take-off for a radio check. The aircraft again contacted the tower a short time later and reported its position as, "Fifteen miles out." Request clearance from tower frequency." Campidichino tower granted tower clearance and no further known contact was made with the aircraft by any station.

Inclosures explain the extent of the search and record the final abandonment order.

II. RECOMMENDATIONS

1. That Radio Operator maintain continual communications with ground stations as a safety factor in the possible event of emergencies.
2. That night flights be attempted in the E.A. only under CPM or mild inst. Conditions.

III. ACTION TAKEN

1. Night XC flights for this command have been discontinued.

4-
580
248
ACCIDENT INVESTIGATING BOARD FORM REPORTING STATION. EACH MEMBER MUST SIGN.

Signature:

| | | | |
|------------------------------------|--|---|---------------------------|
| Name _____ GRADE _____ Major | ORGANIZATION _____ Headquarters Sq EADS Cpt. | Name _____ GRADE _____ 01291713 Head. Sq EADS | Name _____ GRADE _____ |
| Name _____ GRADE _____ Major | ORGANIZATION _____ Headquarters Sq EADS Cpt. | Name _____ GRADE _____ 017956132 Head. Sq EADS | Name _____ GRADE _____ |
| Name _____ GRADE _____ Major | ORGANIZATION _____ Headquarters Sq EADS Cpt. | Name _____ GRADE _____ 017956132 Head. Sq EADS | Name _____ GRADE _____ |