

ABBREVIATED AVIATION ACCIDENT REPORT (AAAR)

Source		FINAL						
1. Case Number	1a. Date of Accident	1b. Time	1c. Aircraft Serial Number	2a. Classification		2b. Category		
19740826010	Aug 26 1974	1930	7015009	E				
3. Type of Aircraft	4. Period Of Day	5. No Acft Involved	6. Nearest Installation					
CH47C	DUSK	1	-					
7. Accident Location		a. Off Post	b. On Airfield	d. TEXAS				
8. Organization Involved in Accident								
Unit	UIC7	UIC6	UIC5	UIC4	UIC3	UIC2	MACOM	Station
WAAVD0			WAAVAA	WAGEFF	W0VCAA	WAT4FF	W3YBAA	48396
D CO			227AVBN	1CAVDIV	HOOD	3 CORPS	FORSCOM	FT HOOD, TX
9. Organization Accountable for Accident								
WAAVD0			WAAVAA	WAGEFF	W0VCAA	WAT4FF	W3YBAA	48396
D CO			227AVBN	1CAVDIV	HOOD	3 CORPS	FORSCOM	FT HOOD, TX
10. Estimated Accident Cost								
a. Total Loss	b. Aircraft Damage	c. Man Hrs	d. Man Hrs Cost	e. Other Mil Damage		f. Civilian Damage		
No	\$0	0	\$0	\$0		\$0		
g. Injury		h. Total This Aircraft		i. Total Accident				
\$0		\$0		\$0				
11. General Data								
a. Mission				S/M	b. Flight Plan		c. Data Recorder	
S - SERVICE					VFR			
d. Night Vision		e. Fire		f. Fluid Spillage		g. Field Training		
		NONE		Yes				
12. Flight Data								
a. Emergency		Duration		Phase of Operation				
		0		G - CRUISE				
		AGL	KIAS		Weight		Overgross	
b. Termination		Duration		Phase of Operation				
		AGL	KIAS		Weight		Overgross	
13. Type Event								
01 - Precautionary Landing		-			-			
14. Accident Cause Factors			Human Error		Material Failure		Environmental	
			UNKNOWN		NO		NO	
15. Summary								

NO 2 ENGINE OIL PRESSURE CAUTION LIGHT ILLUMINATED WITH NO LOSS OF PRESSURE INDICATION ON GAUGE MAIN COULD NOT DUPLICATE.\

16. COMPONENT AND PART FAILURE/MALFUNCTION DATA

No Component/Part Data

17. ENVIRONMENTAL

a. General	(1) <input type="checkbox"/> IMC	(2) <input type="checkbox"/> VMC	(3) <input type="checkbox"/> Unknown
b. Environmental Conditions			
1. Weather Conditions		2. Other Conditions	
(a) Hail	<input type="checkbox"/>	(a) Animals	<input type="checkbox"/>
(b) Sleet	<input type="checkbox"/>	(b) Fowl	<input type="checkbox"/>
(c) Fog	<input type="checkbox"/>	(c) Surface	<input type="checkbox"/>
(d) Drizzle	<input type="checkbox"/>	(d) Noise	<input type="checkbox"/>
(e) Rain	<input type="checkbox"/>	(e) Chemicals	<input type="checkbox"/>
(f) Snow	<input type="checkbox"/>	(f) Radiation	<input type="checkbox"/>
(g) Lightning	<input type="checkbox"/>	(g) Glare	<input type="checkbox"/>
(h) Thunderstorm	<input type="checkbox"/>	(h) FOD	<input type="checkbox"/>
(i) Gusty Winds	<input type="checkbox"/>	(i) Temperature	<input type="checkbox"/>
(j) Freezing Rain	<input type="checkbox"/>	(j) Vibration	<input type="checkbox"/>
(k) Other	<input type="checkbox"/>	(k) Dust	<input type="checkbox"/>
c. Aircraft Icing	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	d. Turbulence	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

19. MOON ILLUMINATION DATA

a. Above Horizon	b. Visible	c. Degrees Above Horizon	d. Percent Illumination	e. Clock Position
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

20. WIRE STRIKE DATA

a. Wire Strike	b. WSPS Installed	c. WSPS Engaged		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes		
d. WSPS Cut Wire	e. WSPS Functioned	f. Wires Struck		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number wires	0	Dia.(inches)

21. PERSONNEL DATA

Person # 1	c. Grade	d. Sex	e. Duty	
	W2		PC - PILOT IN COMMAND	
f. SVC		g. UIC	h. Role	i. On Controls
A - ACTIVE ARMY		WAAVD0	U - UNKNOWN	<input type="checkbox"/> No <input type="checkbox"/> Yes
j. Lab Test		k. Hrs Slept 24	l. Hrs Worked 24	m. Hrs Flown 24
<input type="checkbox"/> Yes <input type="checkbox"/> No				
n. RL		o. FAC	p. Injury	q. MTDS Total Flt Hrs
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	-	0

22. IMPACT/PROTECTIVE/ESCAPE/SURVIVAL/RESCUE DATA		
a. Aircraft Space Compromised	b. Escape/Survival Difficulties	c. Protective/Restraint Equip Functioned
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24. FINDINGS AND RECOMMENDATIONS		
Findings		
Not Reported		
Recommendations		
Not Reported		