

UNCLASSIFIED

| ABBREVIATED AVIATION ACCIDENT REPORT (AAAR) | | | | | | | | |
|---|----------------------|---------------------|----------------------------|----------------------------|----------------|-------------------|---------------------------|-------------|
| Source | PRAM | | | | | | | |
| 1. Case Number | 1a. Date of Accident | 1b. Time | 1c. Aircraft Serial Number | 2a. Classification | 2b. Category | | | |
| 19790723015 | Jul 23 1979 | 0600 | 7015009 | E | | | | |
| 3. Type of Aircraft | 4. Period Of Day | 5. No Acft Involved | 6. Nearest Installation | | | | | |
| CH47C | DAWN | 1 | - | | | | | |
| 7. Accident Location | | a. On Post | b. On Airfield | d. TEXAS | | | | |
| 8. Organization Involved in Accident | | | | | | | | |
| Unit | UIC7 | UIC6 | UIC5 | UIC4 | UIC3 | UIC2 | Army Headquarters Element | Station |
| WCBJAA | | | | | WH3QFF | WAT4FF | W3YBAA | 48396 |
| 34SUPBN | | | | | 6CAVBDE | 3 CORP | FORSCOM | FT HOOD, TX |
| 9. Organization Accountable for Accident | | | | | | | | |
| WCBJAA | | | | | WH3QFF | WAT4FF | W3YBAA | 48396 |
| 34SUPBN | | | | | 6CAVBDE | 3 CORP | 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 | | | | |
| No | \$0 | 0 | \$0 | \$0 | | | | |
| f. Civilian Damage | | g. Injury | | h. Total This Aircraft | | i. Total Accident | | |
| \$0 | | \$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 | | A - STARTING ENGINE/RUN-UP | | | | |
| b. Termination | | Duration | | Phase of Operation | | Weight | | Overgross |
| | | AGL | | KIAS | | Weight | | Overgross |
| 13. Type Event | | | | | | | | |
| 01 - Precautionary Landing | | | | | | | | |
| 14. Accident Cause Factors | | | Human Error | Material Failure | Environmental | | | |

| | | | |
|---|---|--|---|
| | UNKNOWN | DEFINITE | NO |
| 15. Summary | | | |
| DURING INITIAL RUNUP, RPM 245, APU SWITCH TURNED TO OFF POSITION, NO 1 AND 2 GENERATORS, NO 1 AND 2 TRANSFORMER RECTIFIERS, RIGHT FUEL BOOST ANN NO 2 HYD CAUTION LIGHTS ILLUM. ABBREVIATED SHUT DOWN COMPLETED. NO 1 AND 2 GENERATOR SHAFTS SHEARED. AFT TRANSMISSION WILL BE SUBMITTED FOR TEARDOWN ANALYSIS THRU EIR TEARDOWN PROGRAM. | | | |
| 16. COMPONENT AND PART FAILURE/MALFUNCTION DATA | | | |
| Major Component Information | | | |
| a. Nomenclature | b. Type/Design/Series | c. Part Number | d. NSN |
| e. MFG Code | f. Part Serial No | | |
| ROTOR AND XMSN | | | |
| Part Information | | | |
| a. Nomenclature | c. Part Number | d. NSN | e. MFG Code |
| f. Part Serial No | | | |
| TRANSMISSION | 114D220011 | 1615006211852 | 77272 |
| g. Cause Failure | | Functional Group | |
| Material | Maintenance | Design | Manufacture |
| DEFINITE ROLE | NONE | | |
| | | 04 - ROTOR AND TRANSMISSION 05 - MAIN TRANSMISSION | |
| | | -- | |
| Type Failure | | Cause Failure | |
| 374 - INTERNAL FAILURE | | 999 - UNDETERMINED | |
| | | | |
| 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 | <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 | | | |
| | | W3 | | | | PC - PILOT IN COMMAND | | | |
| f. SVC | | | | g. UIC | | h. Role | | i. On Controls | |
| O - OTHER | | | | WCBJAA | | 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 | | | |
| Person # 2 | | c. Grade | | d. Sex | | e. Duty | | | |
| | | W3 | | | | PI - PILOT | | | |
| f. SVC | | | | g. UIC | | h. Role | | i. On Controls | |
| O - OTHER | | | | WCBJAA | | 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 | | | | | | | | | |

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