

# 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     |                   |                           |             |
| 19800902012                                 | Sep 02 1980          | 1045                | 7015009                    | E                          |                  |                   |                           |             |
| 3. Type of Aircraft                         | 4. Period Of Day     | 5. No Acft Involved | 6. Nearest Installation    |                            |                  |                   |                           |             |
| CH47C                                       | DAY                  | 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                               |   |                                      |
| <b>15. Summary</b>   |   |                       |                                  |   |                                      |
| DURING HIT CHECK PILOT MOVED NUMBER TWO ENGINE CONDITION LEVER TO GROUND, ACTUATOR WOULD NOT RESPOND, ENGINE WAS SHUT DOWN WITH FIRE CONTROL HANDLE. INTERNAL FAILURE OF NUMBER TWO ENGINE N1 CONTROL BOX. |   |                       |                                  |   |                                      |
| <b>16. COMPONENT AND PART FAILURE/MALFUNCTION DATA</b>   |   |                       |                                  |   |                                      |
| <b>Major Component Information</b>   |   |                       |                                  |   |                                      |
| <b>a. Nomenclature</b>   | <b>b. Type/Design/Series</b>  | <b>c. Part Number</b> | <b>d. NSN</b>                    | <b>e. MFG Code</b>  | <b>f. Part Serial No</b>             |
| ENGINE   | T55L11ASA   | 200102009             | 2840003989671                    | 91547   |                                      |
| <b>Part Information</b>  |   |                       |                                  |   |                                      |
| <b>a. Nomenclature</b>   |   | <b>c. Part Number</b> | <b>d. NSN</b>                    | <b>e. MFG Code</b>  | <b>f. Part Serial No</b>             |
| BOX ASSY   |   | 114ES2831             | 2995001505915                    | 77272   |                                      |
| <b>g. Cause Failure</b>  |   |                       | <b>Functional Group</b>          |   |                                      |
| <b>Material</b>  | <b>Maintenance</b>  | <b>Design</b>         | <b>Manufacture</b>               | 03 - ENGINE/POWER PLANT 19 - CONTROLS                               |                                      |
| DEFINITE ROLE  | NONE  |                       |                                  | 00 - 07 - SEVEN   |                                      |
| <b>Type Failure</b>  |   |                       | <b>Cause Failure</b>             |   |                                      |
| 374 - INTERNAL FAILURE   |   |                       | 999 - UNDETERMINED               |   |                                      |
| <b>17. ENVIRONMENTAL</b>   |   |                       |                                  |   |                                      |
| <b>a. General</b>  | (1) <input type="checkbox"/> IMC                                    |                       | (2) <input type="checkbox"/> VMC |   | (3) <input type="checkbox"/> Unknown |
| <b>b. Environmental Conditions</b>   |   |                       |                                  |   |                                      |
| <b>1. Weather Conditions</b>   |   |                       | <b>2. Other Conditions</b>       |   |                                      |
| (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"/>  |                                      |
| <b>c. Aircraft Icing</b>   | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                       | <b>d. Turbulence</b>             | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |                                      |
| <b>19. MOON ILLUMINATION DATA</b>  |   |                       |                                  |   |                                      |
| <b>a. Above Horizon</b>  | <b>b. Visible</b>   |                       | <b>c. Degrees Above Horizon</b>  | <b>d. Percent Illumination</b>                                      | <b>e. Clock Position</b>             |
| <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 |  |                       |
| 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   |   | 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                     |
| Person # 2   | c. Grade   | d. Sex  | e. Duty  |  |                       |
|  | W3   |   | IP - INSTRUCTOR 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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