

YEARS MONTH DAY HOURS YEARS MONTH DAY HOURS
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FLYING EXPERIENCE **6 September 1944** PILOT'S NAME _____ HOURS FLYING EXPERIENCE _____

NAME AND RANK OF PILOT **HOLDING, M. A., Ens.**
 SERVICE AND GROUP _____
 ORGANIZATION **V7-WO**
 DATE OF PILOT RATING _____ FLYING EXPERIENCE (YEARS) _____
 HRS. THIS MODEL LAST 3 MOS _____ TOTAL HOURS _____
 PREVIOUS ACCIDENT RECORD _____
 INJURIES _____

LOCATION _____
 PURPOSE OF FLIGHT _____
 FLYING OR LANDING CONDITIONS _____

NAME AND RANK OF OTHER PERSONNEL _____ (NA)

ANALYSIS
Mid-air collision

AIRCRAFT CLASS _____
 MODEL AND NUMBER **F6F-3 #58723**

DAMAGE	A	B	C	D	E	M	REMARKS
AIRCRAFT	X						Strike.
ENG. 1							
ENG. 2							
ENG. 3							
ENG. 4							
ENG. 5							
ENG. 6							

NATURE OF ACCIDENT _____
 PERCENTAGE EACH CAUSE _____

U. S. NAVY
 BUREAU OF AERONAUTICS AIRCRAFT TROUBLE ANALYSIS
 FORM N. NAV. 220-2

MISCELLANEOUS INFORMATION

SERVICE

PILOT'S GROUP

SUBJECT

FLYING OR LANDING CONDITIONS

LOCATION OF ACCIDENT

DATE

AIRCRAFT CLASS _____ NATURE _____
 AIRCRAFT CLASS _____ NATURE _____
 AIRCRAFT CLASS _____ NATURE _____