

**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	
19811211007	Dec 11 1981	1030	7015009	E				
3. Type of Aircraft	4. Period Of Day	5. No Acft Involved	6. Nearest Installation					
CH47C	DAY	1	48396 - FT HOOD, TX					
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
WCBJD0				WCBJAA	WH3QFF	WAT4FF	W3YBAA	48396
D CO				34SUPBN	6CAVBDE	3 CORPS	FORSCOM	FT HOOD, TX
9. Organization Accountable for Accident								
WCBJD0				WCBJAA	WH3QFF	WAT4FF	W3YBAA	48396
D CO				34SUPBN	6CAVBDE	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	
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		D - TAKEOFF/CATAPULT/LAUNCH				
		AGL	KIAS		Weight		Overgross	
b. Termination		Duration		Phase of Operation				
		2.3		-				
		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 TAKEOFF, CREWCHIEF NOTICED HYDRAULIC LEAK IN VICINITY OF AFT TRANSMISSION. LOCALLY MANUFACTURED HYDRAULIC LINE FITTING CRACKED. LINE HYDRAULIC REPLACED.					
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
HYDRAULIC SYSTEM					
Part Information					
a. Nomenclature		c. Part Number	d. NSN	e. MFG Code	f. Part Serial No
HOSE ASSY		MS27371H0300	4720009230618	96906	
g. Cause Failure			Functional Group		
Material	Maintenance	Design	Manufacture	06 - HYDRAULIC 08 - OTHER	
DEFINITE ROLE	NONE			02 - PLUMBING 24 - PULLEY	
Type Failure			Cause Failure		
190 - CRACKED			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			
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		IP - INSTRUCTOR PILOT		
f. SVC		g. UIC	h. Role	i. On Controls	
O - OTHER		WCBJD0	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		WCBJD0	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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