

**ABBREVIATED AVIATION ACCIDENT REPORT (AAAR)**

<b>Source</b>	FINAL							
<b>1. Case Number</b>	<b>1a. Date of Accident</b>	<b>1b. Time</b>	<b>1c. Aircraft Serial Number</b>	<b>2a. Classification</b>			<b>2b. Category</b>	
19780612005	Jun 12 1978	1415	7015009	C			FLIGHT	
<b>3. Type of Aircraft</b>	<b>4. Period Of Day</b>	<b>5. No Acft Involved</b>	<b>6. Nearest Installation</b>					
CH47C	DAY	1	48461 - KINGSVILLE, TX					
<b>7. Accident Location</b>		a. Off Post	b. Not On Airfield	d. TEXAS				
<b>8. Organization Involved in Accident</b>								
<b>Unit</b>	<b>UIC7</b>	<b>UIC6</b>	<b>UIC5</b>	<b>UIC4</b>	<b>UIC3</b>	<b>UIC2</b>	<b>MACOM</b>	<b>Station</b>
WCBJAA					WH3QFF	WAT4FF	W3YBAA	48396
34SUPBN					6CAVBDE	3 CORP	FORSCOM	FT HOOD, TX
<b>9. Organization Accountable for Accident</b>								
WCBJAA					WH3QFF	WAT4FF	W3YBAA	48396
34SUPBN					6CAVBDE	3 CORP	FORSCOM	FT HOOD, TX
<b>10. Estimated Accident Cost</b>								
<b>a. Total Loss</b>	<b>b. Aircraft Damage</b>	<b>c. Man Hrs</b>	<b>d. Man Hrs Cost</b>	<b>e. Other Mil Damage</b>			<b>f. Civilian Damage</b>	
No	\$1743	75	\$0	\$0			\$0	
<b>g. Injury</b>		<b>h. Total This Aircraft</b>		<b>i. Total Accident</b>				
\$0		\$1743		\$1743				
<b>11. General Data</b>								
<b>a. Mission</b>				<b>S/M</b>	<b>b. Flight Plan</b>		<b>c. Data Recorder</b>	
S - SERVICE					VFR			
<b>d. Night Vision</b>		<b>e. Fire</b>		<b>f. Fluid Spillage</b>		<b>g. Field Training</b>		
		NONE		No				
<b>12. Flight Data</b>								
<b>a. Emergency</b>		<b>Duration</b>		<b>Phase of Operation</b>				
		.6		-				
		<b>AGL</b>	<b>KIAS</b>	<b>Weight</b>		<b>Overgross</b>		
			100	35000				
<b>b. Termination</b>		<b>Duration</b>		<b>Phase of Operation</b>				
		.9		G - CRUISE				
		<b>AGL</b>	<b>KIAS</b>	<b>Weight</b>		<b>Overgross</b>		
				34725				
<b>13. Type Event</b>								
36 - Equipment Loss/Dropped		-		-				

Object			
<b>14. Accident Cause Factors</b>		<b>Human Error</b>	<b>Material Failure</b>
		SUSPECTED	NO
<b>15. Summary</b>			
SUMMARY: AFTER ONE FLIGHT OF 2.5 HOURS AND .6 HOURS INTO SECOND FLIGHT #1 TUNNEL COVER POPPED OPEN AD LOCKED IN THE OPEN POSITION #2 TUNNEL COVER SEPARATEED FROM HE AIRCRAFT.			
<b>16. COMPONENT AND PART FAILURE/MALFUNCTION DATA</b>			
No Component/Part Data			
<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>
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>20. WIRE STRIKE DATA</b>			
<b>a. Wire Strike</b>	<b>b. WSPS Installed</b>	<b>c. WSPS Engaged</b>	
<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	
<b>d. WSPS Cut Wire</b>	<b>e. WSPS Functioned</b>	<b>f. Wires Struck</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Number wires</b>	<b>Dia.(inches)</b>
		0	
<b>21. PERSONNEL DATA</b>			
<b>Person # 1</b>	<b>c. Grade</b>	<b>d. Sex</b>	<b>e. Duty</b>
	E6	MALE	GM - GENERAL MECHANIC
<b>f. SVC</b>	<b>g. UIC</b>	<b>h. Role</b>	<b>i. On Controls</b>

A - ACTIVE ARMY		WCBJAA	S - SUSPECTED	<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		3	8	3
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	MALE	PC - PILOT IN COMMAND	
f. SVC		g. UIC	h. Role	i. On Controls
A - ACTIVE ARMY		WCBJAA	S - SUSPECTED	<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		7	7	3
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 # 3	c. Grade	d. Sex	e. Duty	
	E5	MALE	GM - GENERAL MECHANIC	
f. SVC		g. UIC	h. Role	i. On Controls
A - ACTIVE ARMY		WCBJAA	S - SUSPECTED	<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		7	7	3
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 # 4	c. Grade	d. Sex	e. Duty	
	O1	MALE	PI - PILOT	
f. SVC		g. UIC	h. Role	i. On Controls
A - ACTIVE ARMY		WCBJAA	S - SUSPECTED	<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		7	7	3
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
<b>22. IMPACT/PROTECTIVE/ESCAPE/SURVIVAL/RESCUE DATA</b>				
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
<b>24. FINDINGS AND RECOMMENDATIONS</b>				
<b>Findings</b>				
#2 TUNNEL COVER (DOOR ACCESS NSN 1560-00-150-2707) SEPERATED FROM AIRCRAFT IN FLIGHT DAMAGING HF ANTENNA WIRE 8 EA ANTENNA MOUNTS AND PPNCTURING FUSELAGE SKIN. TUNNEL COVER WAS NOO RECOVERED AND MATERIAL FAILURE CANNOT BE POSITIVELY ELIMINATED AS A FACTOR. CE FAILED				

TO PROPERLY SECURE #1 & #2 TUNNEL COVERS IAW D CO 34TH SPT BN SOP ANNEX B, APPENDIX 1. P FAILED TO INSURE THAT DRIVE SHAFT FAIRING WAS SECURE IAW TM 55-1520-227-10 FIG 3-1 PG 3-4 AND TM 55-1520-227-10CL ITEMS 22 & 27 PAGE N-59 DEPARTURE DELAYS AND LAST MINUTE MISSION CHANGES CONTRIBUTED TO INCOMPLETE PREFLIGHT INSPECTION.

**Recommendations**

THAT PERFORMANCE OF RELATIVELY INEXPERIENCED CE'S BE CLOSELY MONITORED BY ALL SUPERVISORS INCLUDING PIC'S. THAT AVIATORS BE CAUTIONED TO PAY DETAILED ATTENTION TO EACH ITEM ON THE AIRCRAFT CHECKLIST. THAT LAST MINUTE CHANGES AND DEPARTURE DELAYS BE MINIMIZED BY COMMANDERS AT ALL LEVELS.