

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			
19770203005	Feb 03 1977	1520	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					IFR			
d. Night Vision		e. Fire		f. Fluid Spillage		g. Field Training		
		NONE		No				
12. Flight Data								
a. Emergency		Duration		Phase of Operation				
		0		G - CRUISE				
		AGL	KIAS	Weight		Overgross		
b. Termination		Duration		Phase of Operation				
		AGL	KIAS	Weight		Overgross		
13. Type Event								
01 - Precautionary Landing								
14. Accident Cause Factors			Human Error		Material Failure		Environmental	

	UNKNOWN	DEFINITE	NO
15. Summary			
TRANSMISSION PRESS GAUGE DROPPED A ZERO. AIRCRAFT WAS LANDED. FAILURE OF SWITCH, ROTARY OIL PRESS.			
16. COMPONENT AND PART FAILURE/MALFUNCTION DATA			
Major Component Information			
a. Nomenclature	b. Type/Design/Series	c. Part Number	d. NSN
INSTRUMENTS			
Part Information			
a. Nomenclature	c. Part Number	d. NSN	e. MFG Code
SWITCH	114ES2354	5930009232560	77272
g. Cause Failure		Functional Group	
Material	Maintenance	Design	Manufacture
DEFINITE ROLE	NONE		08 - INSTRUMENTS 19 - TRANSMISSION OIL PRESSURE
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
<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		
	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
Person # 2	c. Grade	d. Sex	e. Duty		
	W2		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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