

ROYAL CANADIAN AIR FORCE

OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR  
SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM

Archives

N.B.—To be rendered in accordance with the Instructions on Pages 3 and 4

1. Name FULLER (Surname) CLAYTON HOWARD (Christian Names in Full)

Rank AC-2 Number 1.265767 Unit (K.T. Course) (K.T.S.)

Date and time of accident 31-7-44, 7 a.m. Place of accident Parade Square (exact locality)

2. Short statement by injured person of the circumstances of the injury (see Instruction 6). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see Instructions 7 and 9).

While on station parade I fainted and struck my chin on the ground.

(Sgd) C.H. Fuller

N.B.—See Instruction 4 before completing the following Section.

3. (a) Type and R.C.A.F. No. of Aircraft

(b) Name of Pilot of Aircraft

(c) Number in Aircraft, including Pilot

(d) Crash occurred while: *taking off* *in air (collision)*  
*landing* *stationary* *forced landing*  
(strike out those not applicable)

(e) Weather

(f) In case of non-fatal crash does individual recall all events immediately preceding and following crash?

(g) Number of flying hours of person reported on: Dual Solo

(h) Duty: *instructor* *pupil* *aircrew* *passenger other (specify)*  
(Strike out those not applicable)

4. (a) Description of injuries:—Fracture of right ramus of the lower jaw just anterior to the condyle

(b) Are the injuries serious or of such a nature that they might be the exciting cause of disability later? Yes

(c) Whether admitted to hospital or Sick in Quarters? Hospital

Give name of hospital. Frederick, C.A.F. S.L.

(d) How long before initial treatment was given? One hour

Date 31 Aug 44 Signature of Medical Officer Sgt. J.H. Smith R/L