STATEMENT OF 1stLt. (b) (6) [redacted] CONCERNING VMFA-115 ACCIDENT 2-65A OF 26 OCTOBER 1965, F-4B BUNO. 151998, 149410 PILOTS TEROW AND MC HALE

(b) (6), (b) (5)

[redacted]

SPECIAL HANDLING REQUIRED IN ACCORDANCE WITH PARA. 66, OPNAVINST. P3750.6E

CERTIFIED TRUE COPY:

(b) (6) [redacted] USMC

ENCLOSURE (1)

STATEMENT OF SSgt (b) (6) [redacted] CONCERNING VMFA-115 ACCIDENT
2-65A OF 26 OCTOBER 1965, F-4B BUNO. 151998, 149410 PILOTS TEBOW AND MC HALE

(b) (6), (b) (5)

[redacted]

CERTIFIED [redacted] COPY:

(b) (6) [redacted]

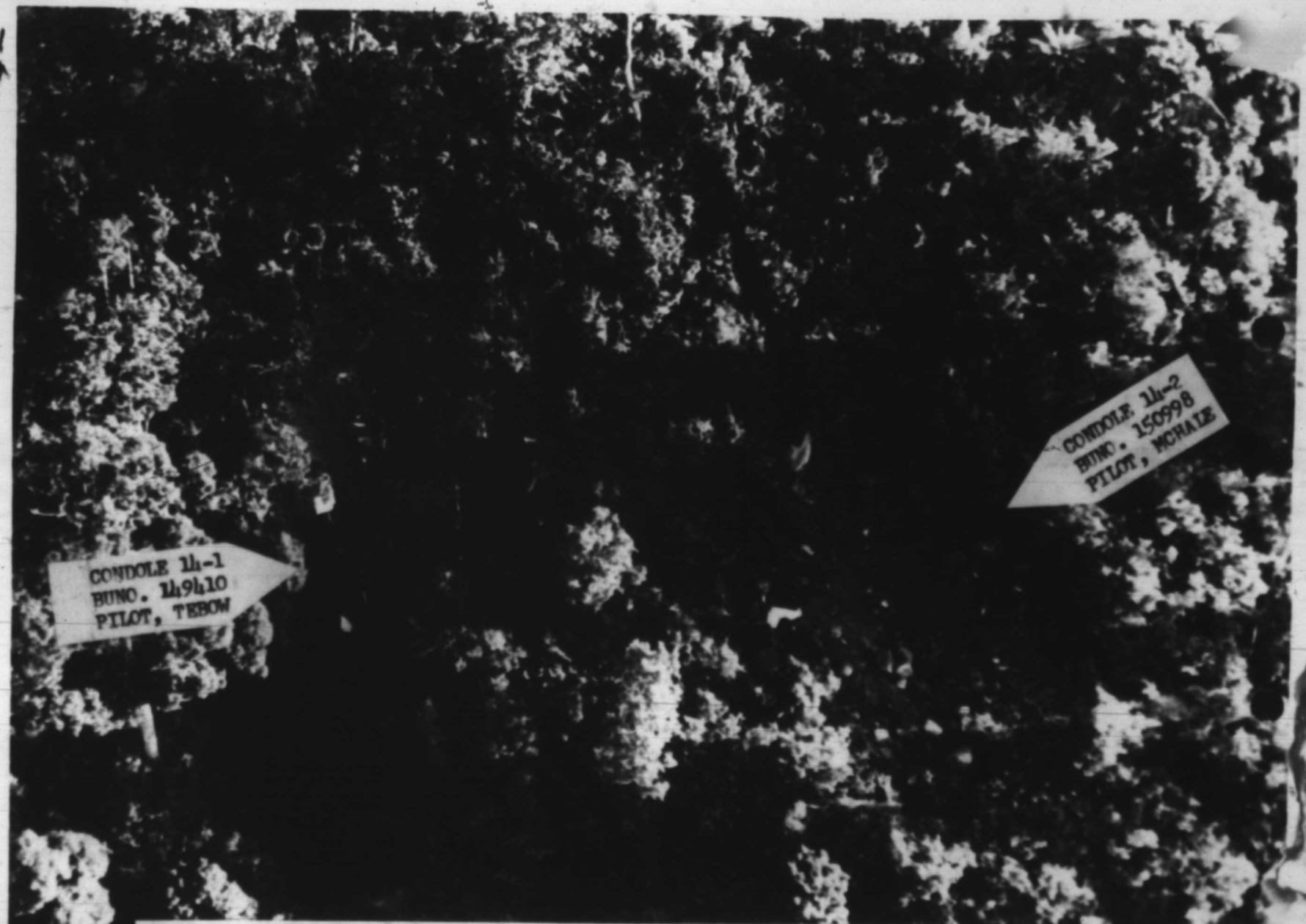
USMC

(b) (6) [redacted]

SSgt USAF

ENCLOSURE (2)

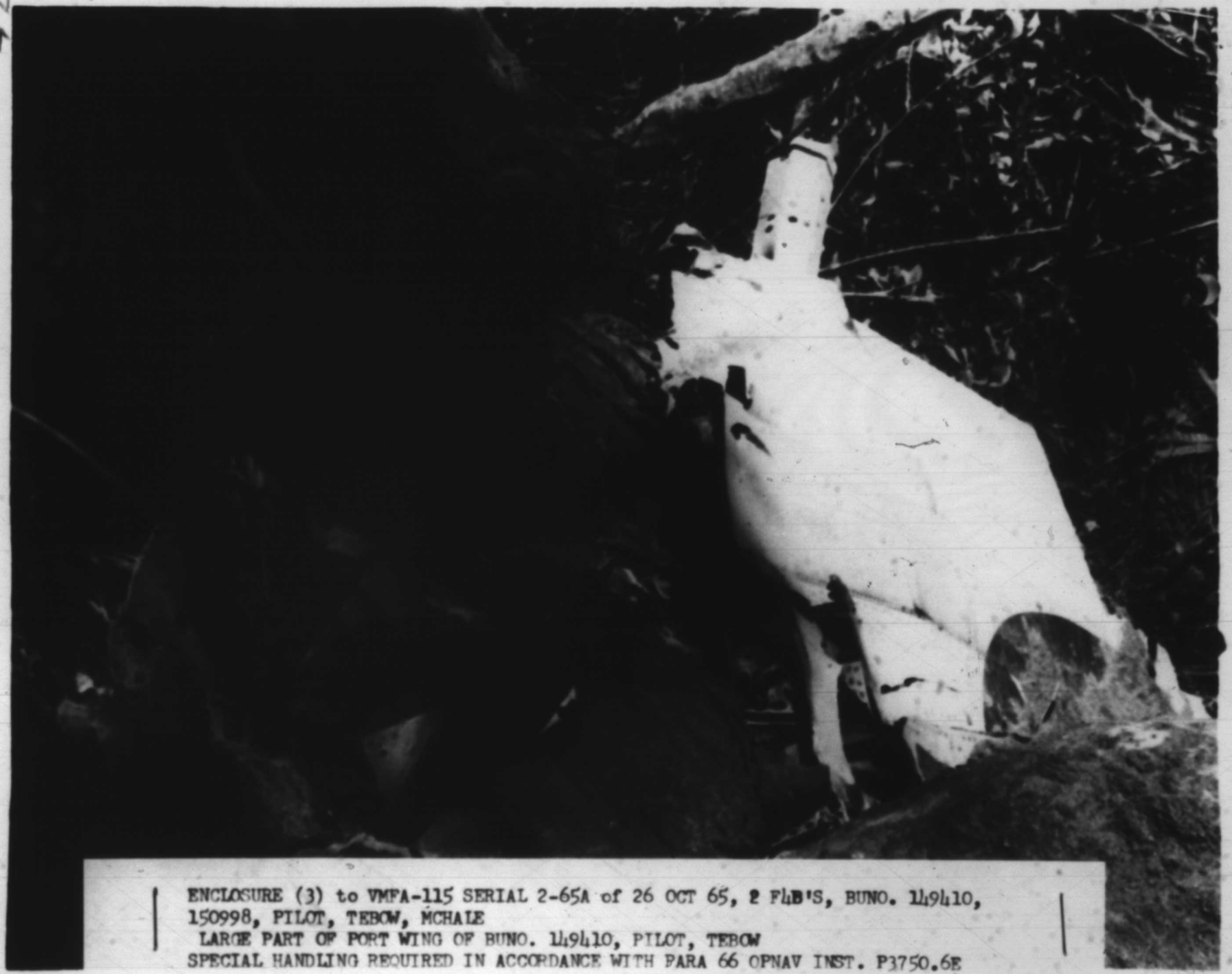
SPECIAL HANDLING REQUIRED IN ACCORDANCE WITH PARA. 66, OPNAVINST. P3750.6E



ENCLOSURE (3) to VMFA-115 serial 2-65A of 26 Oct 65, 2 F-4B's, BuNo. 149410, 150998 Pilot TEBOW and MCHALE
View of impact area.
SPECIAL HANDLING REQUIRED IN ACCORDANCE WITH PARA 66 OPNAV INST P3750.6E

ENCLOSURE (3) to VMFA-115 SERIAL 2-65A of 26 OCT 65, 2 F4B'S, BUNOS. 149410, 150998, PILOTS, TEBOW, MCHALE
VIEW of CRATER and VERTICAL STABILIZER OF BUNO. 150998, PILOT, MCHALE
SPECIAL HANDLING REQUIRED IN ACCORDANCE WITH PARA 66 OPNAV INST P3750.6E

N ↑



ENCLOSURE (3) to VMFA-115 SERIAL 2-65A of 26 OCT 65, 2 F4B'S, BUNO. 149410, 150998, PILOT, TEBOW, MCHALE
LARGE PART OF PORT WING OF BUNO. 149410, PILOT, TEBOW
SPECIAL HANDLING REQUIRED IN ACCORDANCE WITH PARA 66 OPNAV INST. P3750.6E

MEDICAL OFFICER'S REPORT OF A/C A[illegible]ENT, INCIDENT, OR GROUND ACCIDENT - PA[illegible]

OPNAV FORM 3750-8 (REV. 5-63) — SPECIAL HANDLING REQUIRED - See OP[illegible]NST 3750.6E for instructions. — OPNAV REPORT 3750-7

SECTION A - IDENTIFICATION

1. FROM (Name and mailing address of activity)	2. MOR NUMBER	3. LEAVE BLANK
VMFA-115, MAG-11, 1st. MAW, c/o FPO San Francisco 96601	8-65	

4. TYPE OF MISHAP	5. TIME & ZONE	6. DATE	7. GEOGRAPHICAL LOCATION
[X] ACCIDENT [ ] GROUND ACCIDENT [ ] INCIDENT	2148 J	10-26-65	Monkey Mountain, DaNang

8. MODEL A/C	9. BUNO	10. NO. OF OCCUPANTS	11. DAMAGE CODE	12. UNIT OPERATING A/C
F4B	150998	2	Strike	VMFA-115

13. INDIVIDUALS INVOLVED USE ADDITIONAL SHEETS IF REQUIRED NAME (Last, first and middle initial)	14. UNIT TO WHICH ATTACHED	15. RANK/RATE	16. FILE/SERV. NO. DESIGNATOR	17. DUTY ASSIGNMENT ABOARD A/C	17. DUTY ASSIGNMENT AT MISHAP	18. DATE OF LAST PHYSICAL	19. PHYSICALLY QUALIFIED FOR FLIGHT	20. BRANCH OF SERVICE	21. INJURY CODE	22. DISPOSITION
A. McHale, John B.	VMFA-115	1st/Lt	(b) (6)	A	A	5/65	Yes	USMC	A	A
B. Gandebien, William R.	VMFA-115	1st/Lt	(b) (6)	I	I	10/65	Yes	USMC	A	A
C.										
D.										

23. CLARIFICATION OF ITEMS 13-22 WHEN NECESSARY

24. MODEL-OTHER A/C IF INVOLVED	25. BUNO	26. NO. OF OCCUPANTS	27. UNIT OPERATING A/C	28. DAMAGE CODE	29. MOR NO.
F4B	150630	2	VMFA-115	Strike	3-65

30. NARRATIVE ACCOUNT OF MISHAP (Use additional 8 1/2 x 11 sheets if required)

See attached Addendum

31. PRIMARY CAUSE FACTOR ASSIGNED BY ACCIDENT BOARD

32. CONTRIBUTING CAUSE FACTOR ASSIGNED BY ACCIDENT BOARD

33. POSSIBLE CAUSE FACTOR ASSIGNED BY ACCIDENT BOARD

34. HAVE ALL FINDINGS, CONCLUSIONS, & RECOMMENDATIONS BEEN MADE AVAILABLE TO THE A/C ACCIDENT BOARD? IF NO, EXPLAIN. YES [X] NO [ ]

35. REPORT PREPARATION CHECK LIST

[X] ALL PARTS OF FORM COMPLETED [X] DRAWINGS SKETCHES, PHOTOS [ ] SURVIVOR NARRATIVES [X] WITNESS STATEMENTS [X] CONCLUSIONS & RECOMMENDATIONS [ ] REQUIRED COPIES FURNISHED

36. REPORT FILED BY (Name & signature of medical officer)	DATE	37. FORWARDED (Name & signature of appointing authority)	DATE
(b) (6) (b) (6) LT MC USN	11-02-65		

OP-05F

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963—696-435

ADDENDUM to Section A, Item 30 of MOR 4-65

(b) (6), (b) (5)

[redacted]

SPECIAL HANDLING REQUIRED IN ACCORDANCE WITH PARA.66, OPNAVINST. P3750.6E

MEDICAL OFFICER'S REPORT OF A/C A[illegible]NT, INCIDENT, OR GROUND ACCIDENT - PAG[illegible]

OPNAV FORM 3750-6A (REV. 3-63) — SPECIAL HANDLING REQUIRED. — See OP[illegible]INST 3750.6E for instructions. — OPNAV REPORT 3750-7

SECTION B - FACTORS CONTRIBUTING TO OR RELATING TO MISHAP BY PHASE OF MISHAP *(List in order in accordance with Section B of inst.)*

1. FACTORS	2. PHASE OF MISHAP (See code at right) A	E	S	R
(b) (5) [redacted]				

PHASE CODE: A - ACCIDENT; E - ESCAPE/EGRESS; S - SURVIVAL; R - RESCUE

FACTOR WEIGHT: M - MAJOR; C - CONTRIBUTING; D - QUESTIONABLE OR POSSIBLE

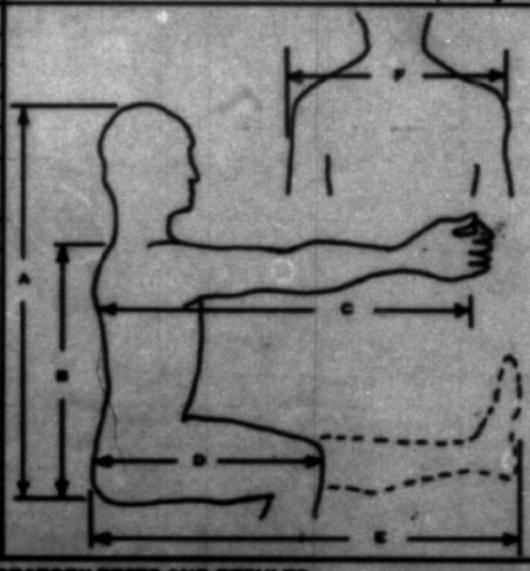
SECTION C AIR CREW DATA

1. FLIGHT TIME LAST 30 DAYS (All models)	20.8
2. FLIGHT TIME LAST 24 HOURS (All models)	1.1
3. NO. FLIGHTS LAST 24 HOURS (Include present flight)	1.0
4. TIME AT CONTROLS THIS FLIGHT	1.1
5. TOTAL FLIGHT TIME ALL MODELS	5.2

FLIGHT TIME THIS MODEL	6. TOTAL	7. LAST 30	8. 90 DAYS	9. 180 DAYS
	128	20.8	38.3	48.5

10. NO. GROUNDINGS PAST YEAR	None
11. NO. DAYS GROUNDED PAST YEAR	None
12. DATES AND TYPES OF PRIOR MISHAPS	None
13. NO. HRS. IN A DUTY STATUS LAST 24 HRS.	15
14. DIRECTION FACING AT TIME OF MISHAP	forward
15. LOCATION AT TIME OF MISHAP	Front seat

SECTION D ANTHROPOMETRIC DATA (Compare with health record)



AGE	22
HEIGHT	IN.
WEIGHT	LB.
A. SITTING HEIGHT	IN.
B. TRUNK HEIGHT	IN.
C. FUNCTIONAL REACH	IN.
D. BUTTOCK - KNEE	IN.
E. LEG LENGTH	IN.
F. SHOULDER WIDTH (BIDELTOID)	IN.

16. LABORATORY TESTS AND RESULTS

SPECIMEN		TEST PERFORMED	RESULTS	SPECIMEN	TEST PERFORMED	RESULTS
BLOOD	1.			TISSUE: (CBS)		
	2.			MUSCLE		
	3.			VISCERA		
URINE				OTHER:		
G.I. CONTENT						

17. X-RAY RESULTS

MOR NO.	MODEL A/C	BUNO	IDENTIFICATION OF INDIVIDUAL
4-65	F4B	150998	A

NAME OF INDIVIDUAL: McHale, John B.

OP-097

U. S. GOVERNMENT PRINTING OFFICE: 1963—[illegible]

MEDICAL OFFICER'S REPORT OF A/C ACCIDENT, INCIDENT, OR GROUND ACCIDENT - PART I

OPNAV REPORT 3750-7

OPNAV FORM 3750-88 (REV. 3-63)

SPECIAL HANDLING REQUIRED — *See OPNAVINST 3750.6E for instructions.*

SECTION E

INDIVIDUAL CHRONOLOGICAL DATA

SEE PAGE 8 PARA. 10 OF INSTRUCTION

TO BE COMPLETED ON PLANE COMMANDER, PILOT, CO-PILOT, OTHER INDIVIDUAL IN CONTROL OF AIRCRAFT AT TIME OF MISHAP, AND/OR INDIVIDUAL CAUSING THE MISHAP

USE LOCAL TIME AND BRIEFLY RECORD ACTIVITY WITHIN EACH COLUMN

TIME	48 HOURS PRIOR TO MISHAP
10-25-65	
0730	Breakfast
0900	CO's office, informed of transfer to 542
1115	Lunch
1145- on	Rest of day relaxed, slept
10-26-65	
0600	Arose
0630	Breakfast
0700 - 1200	Hot pad one hour standby
1130	Lunch
1200 - 1815	Hot pad 5 min. standby
1830	Supper
1945	Brief
2045	Take off
2148	Crash

TIME	
ACCIDENT PHASE	
ESCAPE PHASE	
SURVIVAL PHASE	

TIME OF RESCUE

BOB NO.	MODEL A/C	BUNO	IDENTIFICATION OF INDIVIDUAL
4-65	F4B	150998	A

NAME OF INDIVIDUAL

McHale, John B.

OP-607

☆ U. S. GOVERNMENT PRINTING OFFICE: 1965—[illegible]

MEDICAL OFFICER'S REPORT OF A/C A[illegible]ENT, INCIDENT, OR GROUND ACCIDENT - PA[illegible]

OPNAV REPORT 3750-7

OPNAV FORM 3750-8C (REV. 3-63)

SPECIAL HANDLING REQUIRED - See OPNA[illegible]ST 3750.6E for instructions.

SECTION F — **PATHOLOGICAL DATA** — *(Refer to Section F of instructions.)*

1. INJURY CODE AND DISPOSITION: A - A

2. PRE-EXISTING PHYSICAL DEFECTS: None

3. UNCONSCIOUSNESS: ☐ NO ☐ YES DURATION:

4. DROWNED ☐ 5. ASPHYXIATED ☐ 6. SHOCK ☐ MILD ☐ MODERATE ☐ SEVERE 7. EXPOSURE ☐ MILD ☐ MODERATE ☐ SEVERE 8. EXTENT OF CARBONIZATION

9. IF ADMITTED TO SICK LIST, GIVE DIAGNOSIS

10. PLACE OF HOSPITALIZATION

11. GROUNDED? IF YES, GIVE REASON ☐ NO ☐ YES

12. DURATION *(See instruction)*

13. PRIMARY CAUSE OF DEATH: Multiple Injuries, Extreme

14. SECONDARY CAUSE OF DEATH

15. AUTOPSY CONDUCTED BY: ☐ PATHOLOGIST, MEDICAL OFFICER PRESENT ☐ PATHOLOGIST, MEDICAL OFFICER NOT PRESENT ☐ MEDICAL OFFICER

16. ☐ PROTOCOL ATTACHED ☐ WILL BE FORWARDED

17. WAS "AUTOPSY MANUAL, NAVMED P5065" USED? ☐ YES ☐ NO

18. IF NO AUTOPSY CONDUCTED, GIVE REASON: Insuffient unidentifable remains

19. INJURIES	PHASE SUSTAINED A	E	S	R	CAUSE AND MECHANISM *(If unknown, theorize)*
Multiple Injuries, Extreme	X				Impact

20. REMARKS

(b) (6) [redacted]

MOR NO.	MODEL A/C	BUNO	IDENTIFICATION OF INDIVIDUAL
4-65	F4B	150998	A

NAME OF INDIVIDUAL: McHale, John B.

OF-057

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963—[illegible]

MEDICAL OFFICER'S REPORT OF ACCIDENT, INCIDENT, OR GROUND ACCIDENT — PAGE 5 OPNAV REPORT 3750-7

OPNAV FORM 3750-5F (REV. 3-63) SPECIAL HANDLING REQUIRED. *See OPNAV INST 3750.6E for instructions*

SECTION G ESCAPE, PERSONAL AND SURVIVAL EQUIPMENT

LIST AND CODE IN ACCORDANCE WITH SECTION G OF INSTRUCTION: PHASE CODES: A-ACCIDENT/MISHAP E-ESCAPE/EGRESS PHASE S-SURVIVAL R-RESCUE PHASE

1. EQUIPMENT DESCRIPTION INCLUDING SPECIFIC MODEL DESIGNATION	2. MODIFICATION	3. REQUIRED	4. AVAILABLE	5. NEED	6. USED	7. FAILED	8. REMARKS (Explain failure, loss, and/or difficulty encountered. Use additional 8x10½ plain paper if needed.)
Helmet,Pilots Protective		Yes	A				
Oxygen Mask, A13A		Yes	A				
Regulator,Mask Mounted 226-20004-3		Yes	A				
Coveralls,Summer Flying		Yes	A				
Coveralls,Anti-G		Yes	A				
Gloves,Leather Summer		Yes	A				
Boots,Flying		Yes	A				
Torso Harness Assy. MA-2		Yes	A				
Life Preserver MK-3C		Yes	A				
Vest,Survival SV-1		Yes	A				
Parachute,MBEU4004PA		Yes	A				
Kit,Survival,Seat Pan Assy. 210009		Yes	A				
Pararaft, PK-2		Yes	A				
Deslater Kit		Yes	A				
4 ea Day/Night Distress Signals MK13 MOD 0		Yes	A				
Mirrow,Signaling		Yes	A				
4 ea Dye Markers		Yes	A				
Rations		Yes	A				

SECTION H NARRATIVE OF ESCAPE/EGRESS, SURVIVAL AND RESCUE PHASES

Receiver, Transmitter PRC-49	Yes	A
Knife,Survival,Pocket	Yes	A
Knife and Sheath	Yes	A
Light,Marker,Aviation	Yes	A
Pen Gun Flare Kit MK-79	Yes	A
Compass, Pocket Type	Yes	A
Whistle	Yes	A
Sunburn Ointment	Yes	A
Sponge	Yes	A
Type I Nylon Cord	Yes	A
Seek 1 and 2	Yes	A
.38 Pistol and Tracer Ammo	Yes	A

MOR NO.	MODEL A/C	BUNO	IDENTIFICATION OF INDIVIDUAL
4-65	F4B	150998	A

NAME OF INDIVIDUAL

McHale, John B.

OP-057 ☆ U. S. GOVERNMENT PRINTING OFFICE: 1963—606-429

MEDICAL OFFICER'S REPORT OF A[illegible] ACCIDENT, INCIDENT, OR GROUND ACC[illegible]NT — PAGE 6 OPNAV REPORT 3750-7

OPNAV FORM 3750-06 (REV. 2-63) SPECIAL HANDLING R[illegible]ED. *See OPNAV INST 3750.6E for instructions*

SECTION I DETAILS OF ESCAPE/EGRESS/SURVIVAL PHASES REFER TO SECTION I OF INSTRUCTIONS

1. TOPOGRAPHY OF INDIVIDUAL'S LANDING SITE

☐ WATER ☒ LAND ☐ OTHER

2. TYPE OF EGRESS

☐ EJECTION ☐ BAILOUT ☐ UNDERWATER ☐ NORMAL ☐ OTHER *(State type)*

S	E		REMARKS
	X	3. NOT ATTEMPTED	
		4. ATTEMPTED	
		5. ACCOMPLISHED	
		6. THRU CANOPY	
YES	NO	EGRESS DIFFICULTIES	IF YES, EXPLAIN DIFFICULTIES
		7. PRIOR TO EGRESS	
		8. DURING EGRESS	
		9. SUBSEQUENT TO EGRESS	

10. GIVE TYPE AND MODEL OF EJECTION SEAT USED

11. METHOD OF FIRING SEAT ☐ PRIMARY ☐ SECONDARY ☐ OTHER

12. SEQUENCE OF EJECTION

13. POSITION OF SEAT ON EJECTION ☐ UP ☐ DOWN ☐ FORWARD ☐ AFT ☐ OTHER

14. ATTITUDE OR MANEUVER OF A/C AT EXIT

15. AIRSPEED

16. ALTITUDE AT TIME OF EXIT (FEET)

ABOVE SEA LEVEL _____ ABOVE TOPOGRAPHY _____

17. ALTITUDE OF PARACHUTE OPENING

18. WEIGHT

19. TIME IN WATER

20. TIME IN RAFT

21. WIND VELOCITY

22. WAVE HEIGHT

23. WAVE INTERVAL

24. AIR TEMPERATURE

25. WATER TEMPERATURE

26. VISIBILITY

27. ALERTING FACTORS

Visual sighting
Aircraft overdue

28. MEANS OF LOCATING ACCIDENT SITE

Visual sighting
Helicopter

29. MEANS OF LOCATING SURVIVOR

30.

31.

32.

33.

34.

35.

36. DID INDIVIDUAL DEPART FROM LANDING SITE?
(If Yes, Explain reason and sequence up to rescue)

☐ NO ☐ YES

SECTION J TRAINING FACTORS

1. DATE OF LAST TRAINING

LPC 4/65 EJECTION TOWER 4/65 EJECTION SEAT 4/65 SURVIVAL 3/65

2. DID THE LACK OF TRAINING AND/OR EXPERIENCE PLAY A PART IN ANY PHASE OF THIS MISHAP? *(If yes, explain)*

☒ NO ☐ YES

MOR NO.	MODEL A/C	BUNO	IDENTIFICATION OF INDIVIDUAL
4-65	F4B	150998	A

NAME OF INDIVIDUAL

McHale, John B.

OP-05F

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963—[illegible]

CONCLUSIONS AND RECOMMENDATIONS OF MOR 4-65 F4B BUNO. 150998

(b) (6), (b) (5)

LT MC USN

MEDICAL OFFICER'S REPORT OF A/C ACCIDENT, INCIDENT, OR GROUND ACCIDENT - PAGE 4

1. A - A

2. Defective visual acuity O.D. 20/30 O.S. 20/40, corrected to 20/20 by lens.

3. N. A.

4. N. A.

5. N. A.

6. N. A.

7. N. A.

8. N. A.

9. N. A.

10. N. A.

11. No

12. N. A.

13. Multiple, Injuries, Extreme

14. N. A.

15. N. A.

16. N. A.

17. N. A.

18. Insufficient indentiafble remains

19. Multiple, Injuries, Extreme
Phase A Cause - Impact

20. (b) (6) [redacted]

MOR NO 4-65 MODEL A/C F4B BUNO 150998 IDENTIFICATION OF INDIVIDUAL B

GENDEBIEN, William R.

NO MOR PAGE FOUR AT THIS COMMAND AT THIS TIME

MEDICAL OFFICER'S REPORT OF [illegible]C ACCIDENT, INCIDENT, OR GROUND AC[illegible]ENT — PAGE 5 OPNAV REPORT 3750-7

OPNAV FORM 3750-07 (REV. 2-63) SPECIAL HANDLING [illegible]RED. *See OPNAV INST 3750.6E for instructions*

SECTION G — ESCAPE, PERSONAL AND SURVIVAL EQUIPMENT

LIST AND CODE IN ACCORDANCE WITH SECTION [illegible] OF INSTRUCTION: PHASE CODES: A-ACCIDENT/MISHAP, E-ESCAPE/EGRESS PHASE, S-SURVIVAL, R-RESCUE PHASE

1. EQUIPMENT DESCRIPTION INCLUDING SPECIFIC MODEL DESIGNATION	2. MODIFICATION	3. REQUIRED	4. AVAILABLE	5. NEED	6. USED	7. FAILED	8. REMARKS (Explain failures, loss, and/or difficulty encountered. Use additional 8x10½ plain paper if needed.)
Helmet,Pilots,Protective		Yes	A				
Oxygen Mask,A13A		Yes	A				
Regulator,Mask Mounted 226-20004-3		Yes	A				
Coveralls,Summer,Flying		Yes	A				
Coveralls,Anti G		Yes	A				
Gloves,Leather,Summer		Yes	A				
Boots,Flying		Yes	A				
Torso Harness Assy. MA-2		Yes	A				
Life Preserver MK-3C		Yes	A				
Vest,Survival,SV-1		Yes	A				
Parachute,MEU4004PA		Yes	A				
Kit,Survival,Seat Pan Assy. 21000-9		Yes	A				
Pararaft, PK-2		Yes	A				
Deslater Kit		Yes	A				
4 ea Day/Night Distress Signals,MK13 MOD 0		Yes	A				
Mirrow,Signaling		Yes	A				
4 ea Dye Markers		Yes	A				
Rations		Yes	A				

SECTION H — NARRATIVE OF ESCAPE/EGRESS, SURVIVAL AND RESCUE PHASES

Knife,Survival,Pocket	Yes	A
Knife,and Sheath	Yes	A
Light,Marker,Aviation	Yes	A
Pen Gun Flare Kit MK-79	Yes	A
Compass,Pocket Type	Yes	A
Whistle	Yes	A
Sunburn Ointment	Yes	A
Sponge	Yes	A
Type I Nylon Cord	Yes	A
Seek Kit 1 and 2	Yes	A
.38 Pistol and Tracer Ammo	Yes	A

MOR NO.	MODEL A/C	BUNO	IDENTIFICATION OF INDIVIDUAL
4-65	F4B	150998	B

NAME OF INDIVIDUAL

Gendebien, William R.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963—696-429

MEDICAL OFFICER'S REPORT OF A ACCIDENT, INCIDENT, OR GROUND ACC NT — PAGE 6

OPNAV REPORT 3750-7

OPNAV FORM 3750-90 (REV. 2-63)

SPECIAL HANDLING RE D. *See OPNAV INST 3750.6E for instructions*

SECTION I — DETAILS OF ESCAPE/EGRESS/SURVIVAL PHASES REFER TO SECTION I OF INSTRUCTIONS

1. TOPOGRAPHY OF INDIVIDUAL'S LANDING SITE

☐ WATER ☒ LAND ☐ OTHER

2. TYPE OF EGRESS

☐ EJECTION ☐ BAILOUT ☐ UNDERWATER ☐ NORMAL ☐ OTHER *(State type)*

S	E		REMARKS
	X	3. NOT ATTEMPTED	
		4. ATTEMPTED	
		5. ACCOMPLISHED	
		6. THRU CANOPY	
YES	NO	EGRESS DIFFICULTIES	IF YES, EXPLAIN DIFFICULTIES
		7. PRIOR TO EGRESS	
		8. DURING EGRESS	
		9. SUBSEQUENT TO EGRESS	

10. GIVE TYPE AND MODEL OF EJECTION SEAT USED

11. METHOD OF FIRING SEAT ☐ PRIMARY ☐ SECONDARY ☐ OTHER

12. SEQUENCE OF EJECTION

13. POSITION OF SEAT ON EJECTION ☐ UP ☐ DOWN ☐ FORWARD ☐ AFT ☐ OTHER

14. ATTITUDE OR MANEUVER OF A/C AT EXIT

15. AIRSPEED

16. ALTITUDE AT TIME OF EXIT (FEET)

ABOVE SEA LEVEL _____ ABOVE TOPOGRAPHY _____

17. ALTITUDE OF PARACHUTE OPENING

18. WEIGHT

19. TIME IN WATER

20. TIME IN RAFT

21. WIND VELOCITY

22. WAVE HEIGHT

23. WAVE INTERVAL

24. AIR TEMPERATURE

25. WATER TEMPERATURE

26. VISIBILITY

27. ALERTING FACTORS

Visual sighting
Aircraft overdue

30.

31.

28. MEANS OF LOCATING ACCIDENT SITE

Visual sighting
Helicopter

32.

33.

29. MEANS OF LOCATING SURVIVOR

34.

35.

36. DID INDIVIDUAL DEPART FROM LANDING SITE?
(If Yes, Explain reason and sequence up to rescue)

☒ NO ☐ YES

SECTION J — TRAINING FACTORS

1. DATE OF LAST TRAINING

LPC 4/65 EJECTION TOWER 4/65 EJECTION SEAT 4/65 SURVIVAL 8/65

2. DID THE LACK OF TRAINING AND/OR EXPERIENCE PLAY A PART IN ANY PHASE OF THIS MISHAP? *(If yes, explain)*

☒ NO ☐ YES

MOR NO.	MODEL A/C	BUNO	IDENTIFICATION OF INDIVIDUAL
4-65	F4B	150998	B

NAME OF INDIVIDUAL

Gendebien, William R.

OP-05F

☆ U. S. GOVERNMENT PRINTING OFFICE: 1963—696-431

CON BAT
AREA

#76/028

NNNN
SAFECEN DE COMM NR 076/028

A584CBH736
PP RUCKDG
DE RUHPG 3748 3012047
ZNY EEEEE
P 282047Z
FM ADMINO FMFPAC
TO RUCKDG/NAVAVNSAFCEN
P 262021Z
FM MARFITATKRON ONE ONE FIVE
TO CG FMAW
INFO CMC
COMNAVAIRPAC
CG III MAF
CG FMFPAC
MAG ONE ONE
COMFAIRWESTPAC
CINCPAC
BT
UNCLAS E F T O
REPORT OF AIRCRAFT MISHAP
A. WGO 03750.10D
1. 2/F4B, 149410 150998
2. 26 OCT 1965, 2148 HOTEL (APPROX.)
3. BT 0884, L701 SHEET 6659 II
4. WILLIAM JENNINGS TEBOW, CAPT (b) (6) [redacted] PILOT MISSING.
JOHN ROBERT PETTY JR., CWO (b) (6) [redacted] MISSING.
JOHN BUNCE MC HALE, 1/LT (b) (6) [redacted] PILOT MISSING.
WILLIAM RAYMOND GENDEBIEN, 1/LT (b) (6) [redacted]
PILOT MISSING.

PREM. A/C ACIDENT

PAGE 2 RUHPG 3748 UNCLAS E F T O
5. ALFA (BOTH AIRCRAFT)
6. SECTION FLEW INTO SIDE OF MOUNTAIN, WEATHER 1800 SCATT HIGH THIN BROKEN 10 MNPJX WIND CALM - 1200 FOOT OVERCAST (FOG) AT GEOGRAPHIC POSITION OF ACCIDENT.
7. TACTICAL (TPQ)
8. UNABLE TO INVESTIGATE ACCIDENT DUE TO TERRAIN AND WEATHER. INVESTIGATION TO JQONTINUE AT FIRST LIGHT.
BT

5102646 3
F4B 150998 VMFA 115 AAR 10-26-65
262021Z
282047Z /octo