

ABBREVIATED AVIATION ACCIDENT REPORT (AAAR) FOR ALL CLASS C, D, E, F, COMBAT A AND B, AND ALL AIRCRAFT GROUND For use of this form, see DAPamphlet 385-40; the proponent agency is OCSA.	REQUIREMENTS CONTROL SYMBOL CSOCS-309
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COMPLETE BLKS 1-18 FOR ALL ACFTS, NO FURTHER ENTRY IS REQUIRED FOR CLASS D, E, AND F ACFTS NOT INVOLVING HUMAN ERROR / INJURY.

1. DATE/CASE NO. OF ACCIDENT	a. (YYYYMMDD) 19810201	b. Time (Lcl) 22:00
2. a. Classification	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F C	
b. Category	<input checked="" type="checkbox"/> Flight <input type="checkbox"/> Flight Related <input type="checkbox"/> Acft Ground <input type="checkbox"/> UAS A - Flight	

One-Liner
Not Reported

1c. Aircraft Serial Number 6917113	3. TYPE OF ACFT (MTDS) CH47C - CH47C
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4. PERIOD OF DAY	<input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night 4 - Night
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5. NO ACFT INVOLVED 1	6. NEAREST MIL INSTALLATION 99997 Not Reported
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7. ACCIDENT LOCATION	a. <input checked="" type="checkbox"/> On-Post <input type="checkbox"/> Off-Post Y - Yes	b. <input type="checkbox"/> On Airfield <input checked="" type="checkbox"/> Not on Airfield N - No		
	c. City (Nearest to acdt site) Not Available At Conversion	d. State 02 - Alaska	e. Country (If not USA) US - United States	

f. Grid or Latitude /Longitude Not Reported Not Reported Not Reported / Not Reported Not Reported Not Reported

8. ORGANIZATION INVOLVED

a. Name of Unit Not Reported	c. Home Station 02956 - Ft Wainwright, AK	d. Army HQ <input type="text" value="(b)(3)"/> - USARPAC
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b. UIC (6 Digit Unit Id Code)	Aircraft Serial Number 6917113																													
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; text-align: center;">UIC8</td> <td style="width:12.5%; text-align: center;">UIC7</td> <td style="width:12.5%; text-align: center;">UIC6</td> <td style="width:12.5%; text-align: center;">UIC5</td> <td style="width:12.5%; text-align: center;">UIC4</td> <td style="width:12.5%; text-align: center;">UIC3</td> <td style="width:12.5%; text-align: center;">UIC2</td> <td style="width:12.5%; text-align: center;">UIC1</td> </tr> <tr> <td colspan="8" style="text-align: center;"><input type="text" value="(b)(3)"/></td> </tr> <tr> <td>242AVCO</td> <td></td> <td></td> <td></td> <td></td> <td>222AVBN</td> <td>172INBD</td> <td>USARPAC</td> </tr> </table>	UIC8	UIC7	UIC6	UIC5	UIC4	UIC3	UIC2	UIC1	<input type="text" value="(b)(3)"/>								242AVCO					222AVBN	172INBD	USARPAC						
UIC8	UIC7	UIC6	UIC5	UIC4	UIC3	UIC2	UIC1																							
<input type="text" value="(b)(3)"/>																														
242AVCO					222AVBN	172INBD	USARPAC																							

9. ORGANIZATION DEEMED ACCOUNTABLE (If same as block 8 leave blank)

a. Name of Unit Not Reported	b. UIC (6 Digit Unit Id Code) <input type="text" value="(b)(3)"/> - 242AVCO	c. Home Station 02956 - Ft Wainwright, AK	d. Army HQ <input type="text" value="(b)(3)"/> USARPAC
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b. UIC (6 Digit Unit Id Code)	Aircraft Serial Number 6917113																													
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<input type="text" value="(b)(3)"/>																														
242AVCO					222AVBN	172INBD	USARPAC																							

10. ESTIMATED ACCIDENT COST		a. Acft Total Loss <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N - No		Serial- 6917113			
b. Acft Damage (Excl man hr) \$0		Responsible Owner A Army					
c. No. Man Hrs 0		d. Man Hrs Cost \$0		Aircraft Owner A Army			
e. Other Damage Mil \$1,731		Responsible Owner A Army					
f. Civilian Damage \$0		Responsible Owner Not Reported Not Reported					
g. Injury Cost \$0		h. Total (this aircraft) \$1,731		i. Total (All Aircraft) \$1,731			
11. GEN. DATA	a. Msn	(1) Type (Trig, Svc, etc.)		(2) R - Not Reported			
		S - Service 13 - Support 10 - Cargo Pickup/Delivery-Sling		<input type="checkbox"/> Single-ship <input type="checkbox"/> Multi-ship			
				b. Flight Plan 0 - VFR <input type="checkbox"/> NA <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR			
c. Digital Source Collector Installed R - Not Reported <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Specify Type Not Reported			d. Night Vision Device/System In use R - Not Reported <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Specify Type				
e. Fire Not Reported <input type="checkbox"/> None <input type="checkbox"/> Postcrash <input type="checkbox"/> Inflight <input type="checkbox"/> Other			f. Flammable Fluid Spillage (If "Yes" for Class A, B, and C acdts, attach DA Form 2397-6) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N - No				
g. Field Training Exercise (FTX) R - Not Reported <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Name of FTX Not Reported							
Location Description Not Available At Conversion							
Explosive Involved R Not Reported		Present R Not Reported		Secured R Not Reported			
Source 8 PRAM		Coder 108		Date Received 18 Feb 1981			
USASC Investigate R Not Reported		Advisor Sent R Not Reported		Transaction Date 14 Aug 1981			
ARAS Case ID Not Reported		Initial Notification Number Not Reported		RCAS Case ID Not Reported			
Mil Grid Ref System Not Reported		Latitude Not Reported		Longitude Not Reported			
12. FLIGHT DATA	Flight Duration	Phase of Operation (Enter max of 3 codes from Table 3-4 of DA Pam 385-40 or specify phase (e.g. hover, NOE, etc.))	Altitude AGL	Airspeed KIAS	Aircraft Weight	Overgross for Conditions	
						Yes	No
a. At Emergency	Hours 0 Tenths 0	Not Reported Not Reported Not Reported	Not Reported	40	Not Reported		
b. At Impact /Acft or Termination	Hours 2 Tenths 0	Not Reported Not Reported Not Reported	Not Reported	Not Reported	Not Reported		

13. TYPE EVENTS (Enter max 3 codes from Table 3-2 DA Pam 385-40 or specify type event which best describes the acdt/incdt, e.g. tree strike, generator failure, eng overspeed, hard landing, fuel exhaustion, dropped cargo, oil cooler bearing failure, etc.)

36 - Equipment Loss/Dropped Object
 Not Reported
 Not Reported

14. ACCIDENT CAUSE FACTORS (Enter D, S, or U to identify Definite, Suspected, or Undetermined causes)

- | | | |
|----|---|--|
| a. | D | Human Error (If D or S complete blks 21, 23, & 24) |
| b. | N | Materiel Failure/Malfunction complete blks 21, 23, & 24) |
| c. | N | Environmental (If D or S Complete blk 17) |

15. SUMMARY (Enter summary of acdt sequence from onset of emergency through termination of flight. For Class D, E, and F, include the type of materiel failure and/or environmental factors.)

A/C PICKED UP A TRL CONTAINING A 600 GAL POD AT FIELD SITE FOR EXTERNAL TRANSPORT TO ANOTHER FIELD SITE/ THE A/C WAS PASSING THROUGH 30-40 KIAS WHEN THE CE SAID THAT THE POD WAS SHIFTING IN THE TRL. THE CREW SLOED THE A/C AND STARTED A DESCENT IN AN ATTEMPT TT LAND THE LOAD. THE POD CONTINUED TO SHIFT AND FELL OUT OF THE TRL. POD HAS NOT BEE LOCATED. SUPPORTED UNTI RIGGED LOAD. SUSPECT LOAD WAS IMPROPERLY RIGGED AND POD WAS NOT SECURED IN TRL.

16. COMPONENT AND PART FAILURE/MALFUNCTION DATA (part that initiated failure/malfunction)

Aircraft MTDS	None to Report	Aircraft Serial #			
Identification	Major Component		Part		
a. Nomenclature					
b. Type, Design, and Series					
c. Part Number					
d. NSN					
e. Manufacturer's Code					
f. Part Serial No.					
g. Cause Failure / Malfunction	(1) Materiel <input type="text"/>	(2) Maintenance <input type="text"/>	FGCODE (USACRC)	TYPEFL	CAUFL
	(3) Design <input type="text"/>	(4) Manufacture <input type="text"/>			

17. ENVIRONMENTAL (Chk conditions at time of acdt.)

a. General (1) IMC (2) VMC (3) Unk Not Reported

b. Environmental Conditions

(1) Weather Conditions		(2) Other Conditions	
(a) Hail <input type="checkbox"/> Not Reported	(g) Lightning <input type="checkbox"/> Not Reported	(a) Animals <input type="checkbox"/> Not Reported	(g) Glare <input type="checkbox"/> Not Reported
(b) Sleet <input type="checkbox"/> Not Reported	(h) Thunderstorm <input type="checkbox"/> Not Reported	(b) Fowl <input type="checkbox"/> Not Reported	(h) FOD <input type="checkbox"/> Not Reported
(c) Fog <input type="checkbox"/> Not Reported	(i) Gusty Winds <input type="checkbox"/> Not Reported	(c) Surface <input type="checkbox"/> Not Reported	(j) Temperature <input type="checkbox"/> Not Reported
(d) Drizzle <input type="checkbox"/> Not Reported	(j) Freezing Rain <input type="checkbox"/> Not Reported	(d) Noise <input type="checkbox"/> Not Reported	(j) Vibration <input type="checkbox"/> Not Reported
(e) Rain <input type="checkbox"/> Not Reported	(k) Other <input type="checkbox"/> Not Reported	(e) Chemicals <input type="checkbox"/> Not Reported	(k) Dust <input type="checkbox"/> Not Reported
(f) Snow <input type="checkbox"/> Not Reported		(f) Radiation <input type="checkbox"/> Not Reported	

Aircraft MTDS	CH47C - CH47C	Aircraft Serial #	6917113
c. Acft Icing	<input type="checkbox"/> No <input type="checkbox"/> Yes R - Not Reported	d. Turbulence	<input type="checkbox"/> No <input type="checkbox"/> Yes R - Not Reported
Accident Site	Secured R Not Reported	Disturbed R Not Reported	Photos R Not Reported
Multi Ship Number	Not Reported	Position in Flight	Not Reported
Digital Source Collector Type	Not Reported		
Injuries	Fatal	Disabling	Nondisabling
Occupants Military	Not Reported	Not Reported	Not Reported
Occupants Other	Not Reported	Not Reported	Not Reported
Non-Occupants Military	Not Reported	Not Reported	Not Reported
Non-Occupants Other	Not Reported	Not Reported	Not Reported
Total this Acft			
18. BOARD PRESIDENT/ASO/POC (Name, Signature, and Date)	Grade	Branch Not Reported	Address and Tel. No.
	E-mail		
COMPLETE BLKS 19 - 26 FOR ALL CLASS C, COMBAT CLASS A, B, ACFT GROUND CLASS A, B, C, AND ALL CLASS ACFTS INVOLVING HUMAN ERROR/INJURY.			
19. MOON ILLUMINATION DATA (For night Class A, B, or C acdts. If blk a is "No", no other entry is required).			
a. Moon Above Horizon	<input type="checkbox"/> Yes <input type="checkbox"/> No Not Reported	b. Moon Visible	<input type="checkbox"/> Yes <input type="checkbox"/> No Not Reported
d. Percent of Moon Illumination		e. Moon (Clock Position from Flight Path/Nose of Acft)	
Not Reported		Not Reported	
20. WIRE STRIKE DATA (If "no" in blk a, no other entry is required)			
Aircraft MTDS	CH47C - CH47C	Aircraft Serial #	6917113
a. Wire Strike	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N - No	b. WSPS Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No Z - Not Applicable
d. WSPS Cut Wire		e. WSPS Functioned as Designed	
<input type="checkbox"/> Yes <input type="checkbox"/> No Z - Not Applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No Z - Not Applicable	
Aircraft MTDS	Not Reported	Aircraft Serial #	Not Reported
f. Wires Struck	No. Not Reported	Dia (inches)	Not Reported

21. PERSONNEL DATA (Complete for each crew member with access to flight controls or other personnel injured or having a contributing role in the accident, use additional forms as needed).

a. Name (last, first MI) PII Data		(1) SSN PII Data	(2) Grade U - Reported as Unknown	(3) Gender M - Male
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(4) Duty GSY - Other Ground Support Personnel	(5) SVC A - Active Army	(6) UIC (Assigned) (b)(3)	(7) Contributing Role PII Data	<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U
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(8) On Fit Controls R - Not Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No	(9) (a) Lab Test R - Not Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No	(9) (b) Results Not Reported	<input type="checkbox"/> Pos <input type="checkbox"/> Neg
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(10) Activity (Last 24 Hrs)	(a) Hrs Slept Not Reported	(b) Hrs Worked Not Reported	(c) Hrs Flown Not Reported
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(11) (a) RL - Not Reported	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	(b) FAC R - Not Reported	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	(c) DATE Redeployed from Combat Zone
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(12) Injury (if "yes" complete DA Form 2397-9) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I - No Injury	(13) Total Flight Hours (acdt MTDS) 0	(14) Total Flight Hours 0
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23. ACDT CAUSE FACTORS (Blk 24 must support all cause factors checked: See DA Pam 385-40 for definition of cause factors)

a. Training Failure Not Reported	(Stds exist but not known or ways to achieve them not known)	c. Leader Failure Not Reported	(Stds are known but not enforced)
b. Standards Failure Not Reported	(Stds not clear, practical or do not exist)	d. Individual Failure Not Reported	(Stds are known but not enforced)

e. Support Failure Not Reported (Inadequate equip/facilities/svcs/no or type personnel)

a. Name (last, first MI) PII Data		(1) SSN PII Data	(2) Grade W3 - CW03	(3) Gender R - Not Reported
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(4) Duty PI - Pilot	(5) SVC O - Other	(6) UIC (Assigned) (b)(3)	(7) Contributing Role PII Data	<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U
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(8) On Fit Controls R - Not Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No	(9) (a) Lab Test R - Not Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No	(9) (b) Results Not Reported	<input type="checkbox"/> Pos <input type="checkbox"/> Neg
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(11) (a) RL - Not Reported	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	(b) FAC R - Not Reported	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	(c) DATE Redeployed from Combat Zone
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(12) Injury (if "yes" complete DA Form 2397-9) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I - No Injury	(13) Total Flight Hours (acdt MTDS) 0	(14) Total Flight Hours 0
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a. Training Failure Not Reported	(Stds exist but not known or ways to achieve them not known)	c. Leader Failure Not Reported	(Stds are known but not enforced)
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e. Support Failure Not Reported (Inadequate equip/facilities/svcs/no or type personnel)

a. Name (last, first MI) PII Data				(1) SSN PII Data		(2) Grade W3 - CW03		(3) Gender R - Not Reported	
(4) Duty IP - Instructor Pilot		(5) SVC O - Other		(6) UIC (Assigned) <input type="text" value="(b)(3)"/>		(7) Contributing Role <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> U PII Data			
(8) On Fit Controls <input type="checkbox"/> Yes <input type="checkbox"/> No R - Not Reported			(9) (a) Lab Test <input type="checkbox"/> Yes <input type="checkbox"/> No R - Not Reported			(9) (b) Results <input type="checkbox"/> Pos <input type="checkbox"/> Neg Not Reported			
(10) Activity (Last 24 Hrs)		(a) Hrs Slept Not Reported		(b) Hrs Worked Not Reported		(c) Hrs Flown Not Reported			
(11) (a) RL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 - Not Reported			(b) FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 R - Not Reported			(c) DATE Redeployed from Combat Zone			
(12) Injury (if "yes" complete DA Form 2397-9) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I - No Injury				(13) Total Flight Hours (acdt MTDS) 0		(14) Total Flight Hours 0			
23. ACDT CAUSE FACTORS (Blk 24 must support all cause factors checked: See DA Pam 385-40 for definition of cause factors)									
a. Training Failure <input type="text" value="Not Reported"/> (Stds exist but not known or ways to achieve them not known)		c. Leader Failure <input type="text" value="Not Reported"/> (Stds are known but not enforced)		b. Standards Failure <input type="text" value="Not Reported"/> (Stds not clear, practical or do not exist)		d. Individual Failure <input type="text" value="Not Reported"/> (Stds are known but not enforced)			
e. Support Failure <input type="text" value="Not Reported"/> (Inadequate equip/facilities/svcs/no or type personnel)									
22. IMPACT/PROTECTIVE/ESCAPES/SURVIVAL/RESCUE DATA (For Class A, B, and C acdts)									
Aircraft MTDS CH47C = CH47C		Aircraft Serial # 6917113							
a. Acft Occupiable Space Compromised (If "yes" DA Form 2397-6 is required)				Yes <input checked="" type="checkbox"/> No N - No					
b. Escape/Survival Difficulties (If "yes" DA Form 2397-10 required for the individual)				Yes <input checked="" type="checkbox"/> No					
c. Protective/Restraint Equip Functioned as designed (If "no" DA Form 2397-10 required for the individual)				X Yes No Y - Yes					
24. FINDINGS AND RECOMMENDATIONS (See Instructions in DA Pam 385-40 for writing findings and recommendations. Use additional sheet if required)									
Not Reported									
Not Reported									
USACRC use only	Duty	Role	Failure/error Code	SI 1	RM 1	RM 2	RM 3		
	Phase of OP	Task/part no.		SI 2	RM 1	RM 2	RM 3		
25. LIST OF ATTACHMENTS (CCAD, DA Forms 2397-4, 8, 9, etc.)									
26. COMMAND REVIEW (Required for Class A and b combat and all Class C acdts. Use separate sheet for nonconcurrency, additional findings, and recommendations.)									
REVIEWER	Organization	Name (Typed/Printed)			Rank	Signature	Comments		
a. Unit Commander	Not Reported	PII Data			Not Reported		Concur	Non-concur	
b. Reviewing Official	Not Reported	PII Data			Not Reported		Concur	Non-concur	

c. Approving Authority	Not Reported	PII Data	Not Reported		Concur	Non-concur
d. DA Review	Not Reported	PII Data	Not Reported		Approved for entry into ASMIS (YYYYMMDD)	
					Not Reported	

Duty Type	Duty	Role
Flight Crew	IP Instructor Pilot	U
Flight Crew	PI Pilot	U
Ground Crew	GSY Other Ground Support Personnel	D
Other	R Not Reported	R

US Army Combat Readiness/Safety Center Recorded Information

Source	Coder	
P - PRAM	108 PII Data	
Received Date	Established Date	Transaction Date
1981 02 18	1981 02 18	1981 08 14
USASC Investigate	Advisor Sent	
R - Not Reported	R - Not Reported	
ARAS Case ID	Initial Notification Number	RCAS Case ID
Not Reported	Not Reported	Not Reported

** 3W Data **

Duty GSY - Other Ground Support Personnel **Role** D -

Phase of Operation

-

Task Number **Mistake/Error Code** -

System Inadequacy -

Remedial Measure -

ABACUS DATA

Cause No	Role	Phase of Operation
1	D - Definitely	2 - Pre/Post Operation Activities
Subject	Action Verb	Sub Manner
PGSY - Other Ground Support Personnel	S04 - Secured	I1 - Improper
Position/Condition	Object Qualifier	
E04 - External Not Reported - Not Reported	L1 - Load Not Reported - Not Reported	
Object	Reason Qualifier	Reason Category
Not Reported - Not Reported	Not Reported - Not Reported	S2 - Supervisory

Cause No	Result No	Subject	Action Verb
1	Not Reported	Not Reported - Not Reported	Not Reported - Not Reported
Position/Condition Not Reported - Not Reported Not Reported - Not Reported		Object Qualifier Not Reported - Not Reported Not Reported - Not Reported	
Object Not Reported - Not Reported			
A5	Summary		
A/C PICKED UP A TRL CONTAINING A 600 GAL POD AT FIELD SITE FOR EXTERNAL TRANSPORT TO ANOTHER FIELD SITE/ THE A/C WAS PASSING THROUGH 30-40 KIAS WHEN THE CE SAID THAT THE POD WAS SHIFTING IN THE TRL. THE CREW SLOED THE A/C AND STARTED A DESCENT IN AN ATTEMPT TT LAND THE LOAD. THE POD CONTINUED TO SHIFT AND FELL OUT OF THE TRL. POD HAS NOT BEE LOCATED. SUPPORTED UNTI RIGGED LOAD. SUSPECT LOAD WAS IMPROPERLY RIGGED AND POD WAS NOT SECURED IN TRL.			