



Date of meeting: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- A. Presentation of accident report made by: \_\_\_\_\_.  
(attach accident report to this form)
- B. Was a pre-flight checklist used? [ *Yes / No* ] If *Yes*, attach to this form. Who performed the pre-flight check? Note that USL policy requires *two* independent pre-flight inspections.
1. \_\_\_\_\_ 2. \_\_\_\_\_
- C. Were two people present at all times during ground handling? [ *Yes / No* ] If *No*, did this contribute to the accident? [ *Yes / No* ]
- D. Most probable cause of accident:

[illegible]



Recommendations by accident review board:

Recommendations by Dr. Kochersberger: