



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: