

**TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT  
INDEX B**

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL  
CSOCS-309

<b>1. MISSION, TYPE, DESIGN, AND SERIES</b>	<b>2. CASE NO.</b>	a. Date (YYYYMMDD)	b. Time	c. Acft Serial No.
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**4. REMARKS**

**5. BOARD MEMBERS**

a. President ( <i>Name and Signature</i> )	Grade	Branch	Rating	Address and Tel. No.
	E-mail			
b. Recorder ( <i>Name and Signature</i> )	Grade	Branch	Rating	Address and Tel. No.
	E-mail			
c. Flight Surgeon ( <i>Name and Signature</i> )	Grade	Branch	Rating	Address and Tel. No.
	E-mail			
d. Instructor Pilot ( <i>Name and Signature</i> )	Grade	Branch	Rating	Address and Tel. No.
	E-mail			
e. Maint Officer/Tech/SME ( <i>Name and Signature</i> )	Grade	Branch	Rating	Address and Tel. No.
	E-mail			
f. Other ( <i>Name and Signature</i> )	Grade	Branch	Rating	Address and Tel. No.
	E-mail			