

NATIONAL TRANSPORTATION SAFETY BOARD
NTSB Form 6120.1
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.nts.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM
It is necessary that **ALL** questions on this report be answered completely and accurately.
If more space is needed, continue on a blank sheet.

Nearest City/Place: Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

Date & Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

Max Gross Weight: Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Airworthiness Certificate: For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 C.F.R. 830.2.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Engine: Enter engine make and model information as indicated on the engine data plate.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under FAR Part 91 at the time of the accident.

Public Use: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

Air Medical Flight: Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Purpose of Flight (FAR 91, 103, 133, 137): Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

BUSINESS—Includes all personal flying **without** a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying with a paid, professional crew.

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

FERRY—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

POSITIONING—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

PUBLIC USE—See definition above.

UNKNOWN—Use only if the primary purpose of flight is not known.

Other Aircraft – Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identification: Provide the official 3 or 4 character airport identifier.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

Pilot Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

Additional Flight Crew Members: Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Arthur V. Moller</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Sandia Park</u> State: <u>NM</u> ZIP: <u>87047</u> Country: <u>United States of America</u>
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☒ Yes ☐ No Air Medical Flight ☐ Yes ☐ No
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☒ Business ☐ Executive/Corporate ☐ Other Work Use ☐ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☒ Domestic ☐ International Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)		Total Time/Cycles On Part _____ Hours _____ Cycles
		Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Aircraft had two suspension cables severed and bottom of balloon envelope was burned by burner.

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KABQDistance From Airport Center: 2 SM
Airport Name: Albuquerque SunportDirection From Airport: 298 degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On AirstripAirport Elevation: 5,355 ft. MSL

Approach Segment (Select one)

On Instrument Approach Landing Base leg Final Go Around
Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

None PAR MLS Practice
ADF/NDB Sidestep LDA GPS
SDF ILS ASR Loran
VOR/TVOR Localizer Only Visual Unknown
VOR/DME LOC-back course Contact
TACAN RNAV Circling

VFR Approach (Check all that apply)

None Stop and Go
Traffic Pattern Touch and Go
Straight-In Simulated Forced Landing
Valley/Terrain Following Forced Landing
Go Around Precautionary Landing
Full Stop Unknown

Runway Information

Runway ID: (L/R/C) Length: ft Width: ft

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water
Concrete Gravel Metal/Wood Unknown
Dirt Ice Snow

Condition of Runway/Landing Surface (Check all that apply)

Dry Snow-Compacted Water-Calm
Holes Snow-Crusted Water-Choppy
Ice Covered Snow-Dry Water-Glassy
Rough Snow-Wet Wet
Rubber Deposits Soft Unknown
Slush Covered Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure PointTime of DepartureDestinationType Flight Plan Filed
Airport ID: 7:45 amAirport ID:
City: AlbuquerqueCity: Albuquerque
State: New MexicoState: New Mexico
Country: United States of AmericaCountry: United States of America
None VFR/IFR
Company VFR IFR
Military VFR Unknown
VFR
Activated? Yes No

Type of ATC Clearance/Service (Check all that apply)

None Special VFR Special IFR VFR Flight Following Cruise
VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

Class A Class E Prohibited Area Jet Training Area Special
Class B Class G Restricted Area TRSA Air Traffic Control Area
Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)

None Towing Glider Parachutists Livestock
Passengers Towing Banner Water Unknown
Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last TakeoffFuel Type
(convert from pounds, as necessary)80/87 115/145 JP3 Other, specify LP
100 Low Lead Jet A JP4
100/130 Automotive JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: 1-800 WX Brief Observation Time: Time Zone: Distance from Accident Site: NM Direction from Accident Site: degrees MAG		Source of Weather Information (Check all that apply) ☐ National Weather Service ☒ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☐ Company ☐ Military ☐ Internet ☐ Unknown	
Method of Briefing (Check all that apply) ☐ In Person ☐ Teletype ☒ Telephone/Computer ☐ Aircraft Radio ☐ TV/Radio ☐ Unknown		Briefing Type/Completeness ☒ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer ☐ Abbreviated ☐ Unknown ☐ Not Pertinent	
Light Condition ☒ Dawn ☐ Dusk ☒ Day ☐ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported		Visibility 10 miles	
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☒ None (clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	
Restriction to Visibility (Check all that apply) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown		Lowest Cloud Condition Height 0 ft AGL	
Ceiling Height 18,000 ft AGL			
Wind Direction ☒ Indicated: degrees MAG ☒ Variable		Wind Speed Velocity: KTS -or- ☐ Calm ☒ Light and Variable	
Wind Gusts Velocity: KTS ☐ Gusting ☒ Not Gusting		Type of Turbulence (Check all that apply) ☒ None ☐ Clear Air ☐ In Clouds ☐ Vicinity of Thunderstorm Severity of Turbulence ☐ Extreme ☐ Severe ☐ Moderate ☐ Moderate Chop ☐ Light	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident None See attached TAF.			
Temperature: (C) or 37 (F) Altimeter Setting: 3012 in. HG or MB Density Altitude: ft Dew Point: (C) or (F)		Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	
Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Freezing Rain ☐ Snow Shower ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Ice Pellets Shower ☐ Freezing Drizzle Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy			

PILOT "A" INFORMATION											
Pilot "A" Responsibilities at the Time of Accident/Incident											
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew											
Pilot "A" Identification											
First Name: Arthur					City:						
Middle Initial: V					State: NM			ZIP: 87047			
Last Name: Moller					Country: USA						
Age at time of Accident/Incident: 41					Date of Birth:			Certificate Number:			
Degree of Injury					Seat Occupied			Seat Belt		Shoulder Harness	
☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious					☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Used ☐ Yes ☒ No Available ☐ Yes ☒ No		Used ☐ Yes ☒ No Available ☐ Yes ☒ No	
Pilot Certificate(s) (Check all that apply)											
☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military											
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
☒ Pilot ☐ Other ☐ Unknown		☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown			☐ Without limitations/waivers ☒ With limitations/waivers ☐ Unknown			09/01/2016 mm/dd/yyyy			
Medical Certificate Limitations											
Corrective Lenses											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 03/21/2016 mm/dd/yyyy					Flight Review Aircraft						
					Make: Cameron						
					Model: N-133						
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)					
☒ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☒ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings						Student Endorsements (Include dates)					
Flight Time (enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time		647									647
Pilot in Command (PIC)		647									647
Time as Instructor		20									20
This Make/Model											
Last 90 Days		19									19
Last 30 Days		5									5
Last 24 Hours		0									0

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot☐ Co-Pilot☐ Student Pilot☐ Flight Instructor☐ Check Pilot☐ Flight Engineer☐ Other Flight Crew

Pilot "B" Identification

First Name:Middle Initial:Last Name:

City:State:ZIP:Country:

Age at time of Accident/Incident:Date of Birth:Certificate Number:

Degree of Injury

☐ None☐ Fatal☐ Minor☐ Unknown☐ Serious

Seat Occupied

☐ Left☐ Front☐ Unknown☐ Right☐ Rear☐ Center☐ Single

Seat Belt

Used☐ Yes☐ NoAvailable☐ Yes☐ No

Shoulder Harness

Used☐ Yes☐ NoAvailable☐ Yes☐ No

Pilot Certificate(s) (Check all that apply)

☐ None☐ Student☐ Recreational☐ Commercial☐ Flight Engineer☐ Foreign☐ Private☐ Flight Instructor☐ Sport☐ Airline Transport☐ U.S. Military

Principal Occupation

☐ Pilot☐ Other☐ Unknown

Medical Certificate

☐ None☐ Class 3☐ Class 1☐ Driver's License (Sport Pilot only)☐ Class 2☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers☐ With limitations/waivers☐ Unknown

Date of Last Medical

09/01/2016mm/dd/yyyy

Medical Certificate Limitations

Must wear contact lenses

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

mm/dd/yyyy

Flight Review Aircraft

Make:Model:

Airplane Rating(s) (Check all that apply)

☐ None☐ Single-Engine Land☐ Single-Engine Sea☐ Multiengine Land☐ Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)

☐ None☐ Airship☐ Free Balloon☐ Glider☐ Gyroplane☐ Helicopter☐ Powered Lift

Instrument Rating(s) (Check all that apply)

☐ None☐ Airplane☐ Helicopter☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None☐ Airplane Single-Engine☐ Airplane Multi-Engine☐ Gyroplane☐ Powered Lift☐ Instrument Airplane☐ Instrument Helicopter☐ Helicopter☐ Glider☐ Sport

Type Ratings

Student Endorsements (Include dates)

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor ☐ Unknown
Last Name: _____	Country: _____	☐ Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign	☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Center ☐ Single
		☐ Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor ☐ Unknown
Last Name: _____	Country: _____	☐ Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign	☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Center ☐ Single
		☐ Unknown

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	☐ None ☐ Fatal
Middle Initial: _____	State: _____ ZIP: _____	☐ Minor ☐ Unknown
Last Name: _____	Country: _____	☐ Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign	☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military	☐ Left ☐ Front
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No		☐ Right ☐ Rear
Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Center ☐ Single
		☐ Unknown

PASSENGER(S) / OTHER PERSONNEL (include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____				☒						☒	
Middle Initial: _____				☒						☒	
Last Name: _____				☒						☒	
First Name: _____				☒						☒	
Middle Initial: _____				☒						☒	
Last Name: _____				☒						☒	
First Name: _____				☒						☒	
Middle Initial: _____				☒						☒	
Last Name: _____				☒						☒	
First Name: _____				☒						☒	
Middle Initial: _____				☒						☒	
Last Name: _____				☒						☒	
First Name: _____				☒						☒	
Middle Initial: _____				☒						☒	
Last Name: _____				☒						☒	

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

On initial approach to landing near the University of New Mexico in Albuquerque, NM, with 9 passengers aboard, I established a stable and level flight approach. At approximately 100-140 ft. AGL, I entered a severe downdraft, possible associated with a thermal release. I applied max heat to the burners in an attempt to out-climb the downdraft, but the aircraft continued to sink. The aircraft leveled off and began climbing at approximately 50-60 ft. AGL, and as I climbed through approximately 75 ft. AGL, the gondola made contact with power lines at midline height. This contact caused electricity to arc into the gondola suspension cables, severing 2 out of 4 cables. The gondola listed at a high angle. I hand-removed the power line from the gondola and observed the throat of the balloon envelope close due to the loss of tension caused by the suspension cable loss. I climbed atop my propane tanks and used my burners to burn a new throat hole into the envelope in order to keep the aircraft aloft, and was able to climb away from the power line. I instructed the passengers to stay low in the basket and was able to fly a heading of 145 degrees away from the accident site for approximately 1 nautical mile to an uneventful landing at the UNM soccer fields. No injuries were sustained by any passengers, crew, or persons on the ground.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

03/01/2017
mm/dd/yyyy

Signature and

Signature: _____

Type or Print Name: Arthur V Moller

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEV14A10

Reviewed by NTSB Regional Office

CEV

Name of Investigator

[Redacted]

Date Report Received

03/02/2017

ABQTAFABQ
FTUS45 KABQ 201131
TAFABQ
TAF
KABQ 201131Z 2012/2112 27004KT P6SM BKN050
FM201500 33010KT P6SM SCT050
FM210300 01005KT P6SM SKC=

ABQTAFABG
FTUS45 KABQ 201131
TAFABG
TAF
KABG 201131Z 2012/2112 30007KT P6SM FEW025 BKN045
FM201900 32011KT P6SM SCT050
FM210200 31006KT P6SM SKC=