

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: MAYER State: AZ
 ZIP: 86333 Country: USA
 Latitude: 34°18.42N (dd:mm:ss N/S) Longitude: 112°01.00W (ddd:mm:ss E/W)

Date/Time

Date: 04/14/2014 Local Time: 0820
 mm/dd/yyyy Time Zone: ARIZONA

Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☒ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence

N/A ft MSL

AIRCRAFT INFORMATION

Manufacturer: LINDSTRAND
 Model: 240A
 Serial Number: 5507
 Registration Number: N2646Z Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 4268 lbs
 Weight at Time of Accident/Incident: 2665 lbs
 Location of Center of Gravity at Time of Accident/Incident:
N/A inches from ☐ nose or ☐ datum
 Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☐ Airplane
☒ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard **Special**
☒ Normal ☐ Restricted
☐ Utility ☐ Limited
☐ Acrobatic ☐ Provisional
☐ Transport ☐ Experimental
☐ Special Flight ☐ Light Sport

Number of Seats:

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☐ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☒ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program

☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type

☒ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 06012013
 mm/dd/yyyy

Airframe Total Time: 146 hrs
 hours measured at (check one)
☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☒ Specify HAND HELD

ELT Installed

☐ Yes ☒ No

ELT Activated

☐ Yes ☐ No

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

ELT Manufacturer: N/A

Model/Series: N/A

Serial Number: N/A

Battery Type: N/A

Battery Exp. Date: N/A

Engine Type

☐ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☐ Carburetor
☐ Fuel Injected

Propeller

☐ Fixed Pitch
☐ Controllable Pitch

Manufacturer: _____

Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm dd yyyy	Engine Rated Power Measured as (check one) ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>N/A</u>							
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>HAF LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Bottenwood</u> State: <u>AZ</u> ZIP: <u>86326</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: <u>Laura Charles</u> Doing Business As: <u>Arizona Balloon Works Inc</u> 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	Type of Commercial Operating Certificate Held (Select 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)

DAMAGE TO "DOWN" SIDE OF WICKER BASKET
 & ENVELOPE/FABRIC DAMAGE

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

Airport Identifier: N/A

Distance From Airport Center: _____ SM

Airport Name: N/A

Direction From Airport: _____ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip

Airport Elevation: _____ 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☐ Sideslip☐ LDA☐ GPS☐ SDF☐ ILS☐ ASR☐ Loran☐ VOR/TWOR☐ 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 Point

Airport ID: _____

City: _____

State: _____

Country: _____

Time of Departure

Time: _____

Time Zone: _____

Destination

Airport ID: _____

City: _____

State: _____

Country: _____

Type Flight Plan Filed

☒ None☐ VFR/IFR☐ Company VFR☐ IFR☐ Military VFR☐ Unknown☐ VFRActivated? ☐ 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 Takeoff

(convert from pounds, as necessary)

7.5

Gallons

Fuel Type

☐ 80/87☐ 115/145☐ JP3☐ Other, specify PROPANE☐ 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

THE OCCUPANTS CLIMBED OUT OF THE BASKET
WHILE IT WAS ON ITS SIDE

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: PRESGOTT/LOVE FIELD

Observation Time: 08:53

Time Zone: MAST

Distance from Accident Site: 30 NM

Direction from Accident Site: 130 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
☒ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility

20 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

ft AGL

Ceiling Height

ft AGL

Wind Direction

☐ Indicated:
610 degrees MAG

☐ Variable

Wind Speed

Velocity: 8 KTS

-or-

- ☐ Calm
☐ Light and Variable

Wind Gusts

Velocity: 21 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 FOR THE AREA I WAS IN

WINDS REPORTED @ LOVE FIELD @ 09:53 WERE
N/E @ 16 G 23

Temperature: _____ (C)
or _____ (F)

Altimeter Setting: _____ 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: DONALD City: PUEBLO OF ACOMA
 Middle Initial: S State: NM ZIP: 87034
 Last Name: ADAM Country: USA

Age at time of Accident/Incident: 61 Date of Birth: [REDACTED] Certificate Number: [REDACTED]
 mm/dd/yyyy

Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☒ Center ☐ Single	Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☒ No	Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☒ No
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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 <u>N/A</u> mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review
 or Equivalent, Including
 FAR 121/135 Checks: 05 20 2013
 mm/dd/yyyy

Flight Review Aircraft

Make: CAMERON
 Model: A-180

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
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Type Ratings

COMMERCIAL FREE BALLOON
WITH AIRBORNE HEATER

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	3539	1090	25	0	99			4	10	3500
Pilot in Command (PIC)		1080								3470
Time as Instructor		0								
This Make/Model										
Last 90 Days		23								
Last 30 Days		16								
Last 24 Hours		3								

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: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Seat Belt Used ☐ Yes ☐ No Available ☐ Yes ☐ No			Shoulder Harness Used ☐ Yes ☐ No Available ☐ Yes ☐ No																																																																																											
Pilot Certificate(s) <i>(Check all that apply)</i> ☐ None ☐ Student ☐ Private ☐ Flight Instructor ☐ Recreational ☐ Commercial ☐ Sport ☐ Airline Transport ☐ Flight Engineer ☐ Foreign ☐ 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 <i>mm/dd/yyyy</i>																																																																																												
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
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<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

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

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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: <u>Luke Busby</u> City: <u>Chagrin Falls</u> Middle Initial: _____ State: <u>OH</u> ZIP: <u>44023</u> Last Name: <u>Busby</u> Country: <u>USA</u>			☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: <u>Hanna Busby</u> City: <u>Chagrin Falls</u> Middle Initial: _____ State: <u>OH</u> ZIP: <u>44023</u> Last Name: <u>Busby</u> Country: <u>USA</u>			☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: <u>Alicia</u> City: <u>Chagrin Falls</u> Middle Initial: _____ State: <u>OH</u> ZIP: <u>44023</u> Last Name: <u>Busby</u> Country: <u>USA</u>			☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: <u>Alexa</u> City: <u>Chagrin Falls</u> Middle Initial: _____ State: <u>OH</u> ZIP: <u>44023</u> Last Name: <u>Busby</u> Country: <u>USA</u>			☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: <u>Bradley</u> City: <u>Ambler</u> Middle Initial: _____ State: <u>PA</u> ZIP: <u>19002</u> Last Name: <u>Wealand</u> Country: <u>USA</u>			☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: <u>Diane</u> City: <u>Ambler</u> Middle Initial: _____ State: <u>PA</u> ZIP: <u>19002</u> Last Name: <u>Wealand</u> Country: <u>USA</u>			☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: <u>Jasmina</u> City: <u>Toronto</u> Middle Initial: _____ State: <u>ON</u> ZIP: <u>M9W 3E6</u> Last Name: <u>Piragic</u> Country: <u>Canada</u>			☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: <u>Nicole</u> City: <u>Ambler</u> Middle Initial: _____ State: <u>PA</u> ZIP: <u>19002</u> Last Name: <u>Wealand</u> Country: <u>USA</u>			☐	☒	☐	☐	☐	☐	☐	☒	☐

Ben
Wealand

Ambler
PA 19002
USA

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.

PLEASE REFER TO DETAILED ATTACHMENT

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

Operator/Owner Safety Recommendation

IF BALLOONS HAD STEERING MECHANISMS I COULD HAVE NAVIGATED INTO A BETTER LANDING SITE. DATA SHOWS WINDS MANIFESTING THEMSELVES AT AN UNEXPECTED TIME THAT I HAD TO DEAL WITH. OTHERWISE, THE ONLY THING THAT COMES TO MIND IS PERHAPS OPERATE UNDER SOME STRICTER GUIDELINES IN THE WINDS-ALOFT REPORT WHEN FLYING PAX $\frac{1}{2}$ WINDS @ 9KMSL $\frac{1}{2}$ HIGHER ARE MORE THAN 25KTS - I HAVE DONE FLIGHTS WHEN WINDS ALOFT WERE MORE THAN 25KTS @ 9K + $\frac{1}{2}$ HAD A SOFT LANDING WITHOUT INCIDENT

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

04.16.14
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name:

DONALD S. GRAHAM

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.

WPR14CA168

Reviewed by NTSB Regional Office

WPR

Name of Investigator

ZOE KELIHAR

Date Report Received

04.8.14

High wind landing in N2646Z

04/14/14

- Started checking weather at 3:30am. Sources were from several Websites and NOAA broadcast.
- It was determined that things as they presented themselves at 5:00am that a safe flight and landing could be conducted. Most Cottonwood and Camp Verde reporting stations showed winds of 0 > 5 mph. One showed 7 NW at 1,000 altitude higher than launch.
- A small helium tracking balloon was released at the launch site and conditions looked "good to go".
- Liftoff was from a standard launch site just south of Cottonwood, AZ
 - o GPS coordinates
N34°40.889
W111°58.280
- The balloon was loaded and the basket-to-bag hook up procedure initiated. All fuel lines were checked for proper tightness, tank straps were cinched tight, cables were hooked to the basket and their respective carabiners tightened. The mouth of the balloon was opened, the inflator fans started and I walked inside to start my rigging check. Pulleys are inspected to make sure they roll freely and that no rigging lines are fouled in the pulleys.

When the passengers arrived, they were greeted and briefed on how to properly board the gondola once the balloon is inflated and in the upright position. Heat was put into the cold packed and inspected envelope. The venting controls were cycled, the instruments were turned on, fuel system checked for leaks one more time and passengers were invited to board. The balloon was brought to buoyancy and the safety tie-off line released. I anticipated landing either east or west of Highway 260 on Cherry Rd., FS 9603, or possibly in Camp Verde south of I-17, based on indicators prior to launch. Partway through the flight conditions were delivered to me that were not present prior to launch, nor in the weather sources prior to launch! I was forced to fly outside of my normal operating area in order to find a safe and suitable landing site that would not compromise the safety of my passengers as the change in conditions had put us into inhospitable terrain, conditions did not allow for an immediate landing. Crew was downwind reporting surface conditions.

It was determined that it would be potentially safer to fly on to an open area, rather than down in a canyon or on a mountain top. It was my intent to land at the first available site possible once across the mountains. Passengers were advised of the stance to take when landing, which is as follows: Face the direction opposite of what the balloon is traveling at the time with both feet flat on the floor. Flex the knees slightly, use an underhand grip on the rope handle in front of you. Anticipate the possibility of having bumping and lurching as we come to a full and complete stop. Once at a full and complete stop please stay onboard the aircraft until advised to exit. An unexpected increase in surface windspeed did not permit safe access to the places I would have liked to bring the flight to its conclusion. I chose to continue on out into hopefully more open terrain that would be appropriate for a possible windy landing, rather than set down in potentially hazardous hostile vegetation and rock formations. When the wind slowed down, we were over terrain I did not feel was safe for landing. When I got lined up with what would be a good place to land with slower conditions, the wind would pick up in speed to the point that I would abort the landing attempt in order to find someplace safer. I chose to land the balloon in the place I did because I was out of viable options. I felt it was more prudent to land in open terrain rather than continue on into

the canyon we were approaching and possibly crash due to the turbulence I would expect to encounter there. I have landed a balloon many times in windy conditions without damage to equipment or injury to passengers. The basket sustained damage due to the nature of the terrain – an area strewn with volcanic cobbles ranging in size from baseball to cantaloupe. Had we landed in an alfalfa field or something like that, the only likely damage that would have taken place would be "crop".

The landing site was west of Cordes Ranch and south/southwest of the community of Spring Valley.

GPS coordinates

N34°18.429

W112°11.008


D. Graham

Commercial LTA 