

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: <u>PHOENIX</u> State: <u>AZ</u> ZIP: _____ Country: <u>U.S.A.</u> Latitude: <u>33:47:24N</u> (dd:mm:ss N/S) Longitude: <u>112:14:15W</u> (ddd:mm:ss E/W)	Date/Time Date: <u>09/13/2014</u> Local Time: <u>APX: 0815</u> mm/dd/yyyy <u>ARIZONA</u> Time Zone: <u>MST TIME</u>
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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 <u>5000</u> ft MSL
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AIRCRAFT INFORMATION

Manufacturer: <u>ULTRA MAGIC</u> Model: <u>N-250/7B</u> Serial Number: <u>250-61</u> Registration Number: <u>N-59-EX</u> Amateur-built: ☐ Yes ☒ No	Max Gross Weight: <u>5308.73</u> lbs Weight at Time of Accident/Incident: <u>3597.75</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>N/A</u> inches from ☐ nose or ☐ datum Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft ☐ Airplane ☒ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>0</u> If Large Aircraft, how many seats for: Flight Crew: <u>0</u> Cabin Crew: <u>0</u> Passengers: <u>0</u>	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
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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: <u>05/02/2014</u> mm/dd/yyyy Airframe Total Time: <u>915.0</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident
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IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☐ Yes ☒ No ☐ Unknown	Type of Fire Extinguishing System ☐ None ☒ Specify <u>MANUAL EXTINGUISHER ON BOARD</u>
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ELT Installed ☐ Yes ☒ No ELT Activated ☐ Yes ☒ No	ELT Manufacturer: <u>N/A</u> Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____
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Engine Type ☐ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☒ Unknown	Reciprocating Fuel System Type ☐ Carburetor ☐ Fuel Injected	Propeller <u>N/A</u> ☐ Fixed Pitch ☐ Controllable Pitch Manufacturer: _____ Model: _____
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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								
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: MARS LEASINGFractional Ownership Aircraft: ☐ Yes ☒ No**Owner Address**City: PHOENIX
State: AZ ZIP: 85024-4444
Country: USA**Operator of Aircraft**☐ Same As Registered OwnerName: HOT AIR EXPLORATIONS

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): -**Operator Address**☐ Same As Registered OwnerCity: PHOENIX
State: AZ ZIP: 85024-4444
Country: USA**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 <u>10</u> 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: N59FXManufacturer: ULTRAMATICModel: N-250**Damage to Other Aircraft**

☐ Destroyed	☐ Minor
☐ Substantial	☐ None

Registered Owner of Other AircraftFirst Name: N/A
Middle Initial: _____
Last Name: _____City: _____
State: _____ ZIP: _____
Country: _____**Pilot of Other Aircraft**First Name: _____
Middle Initial: _____
Last Name: _____City: _____
State: _____ ZIP: _____
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)

WICKER DAMAGE - minor, DENT IN METAL TOP RAIL
NO DAMAGE TO PROPPITY

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

Airport Identifier: KDVT Distance From Airport Center: N/A SM
 Airport Name: Proctor Deer Valley Airport 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 ☐ 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: N/A (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	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: _____	Time: _____	Airport ID: _____	☒ None ☐ VFR/IFR
City: _____	Time Zone: _____	City: _____	☐ Company VFR ☐ IFR
State: _____		State: _____	☐ Military VFR ☐ Unknown
Country: _____		Country: _____	☐ 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 Takeoff (convert from pounds, as necessary) 80 Gallons
 Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☒ Other, specify Liquid Propane
☐ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

PASSENGERS EXITED BASKET WITH SOME ASSISTANCE

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: _____ 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 ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Not Reported		Visibility _____ 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: _____ 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

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	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
	Icing Actual Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe Type ☐ Rime ☐ Clear ☐ Mixed	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: WILLIAM City: ALAMOGORDO
 Middle Initial: M State: NM ZIP: 88310
 Last Name: BUTLER Country: USA
 Age at time of Accident/Incident: 65 Date of Birth: mm/dd/yyyy Certificate Number: 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

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

N/A
 mm/dd/yyyy

Medical Certificate Limitations

N/A

Medical Certificate Waivers

N/A

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

05/27/2014
 mm/dd/yyyy

Flight Review Aircraft

Make: ULTRA MAJIC
 Model: 250/7

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

LTA

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										2600
Pilot in Command (PIC)										1742
Time as Instructor										150
This Make/Model										27
Last 90 Days										6
Last 30 Days										8
Last 24 Hours										

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: NIA
Middle Initial: _____
Last Name: _____

City: _____
State: _____ ZIP: _____
Country: _____

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

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

mm/dd/yyyy

Medical Certificate Limitations**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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ 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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)											
Pilot Name and Address First Name: <u>N/A</u> 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: <u>N/A</u> 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: <u>N/A</u> 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					
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
TEN TOTAL LISTED IN MANIFEST AT HOT AIR EXPOSITIONS OFFICE											
First Name: <u>FRANK</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>FALCO</u> Country: <u>USA</u>	N/A	☐	☐	☒	☐	☐	☐	☐	☒	☐	☐
First Name: <u>SALVATORE</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>FALCO</u> Country: <u>USA</u>	N/A	☐	☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: <u>LYNN</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>FALCO</u> Country: <u>USA</u>	N/A	☐	☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: <u>BETH ANNE</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: <u>FALCO</u> Country: <u>USA</u>	N/A	☐	☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: <u>USA</u>	N/A	☐	☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: <u>USA</u>	N/A	☐	☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: <u>USA</u>	N/A	☐	☐	☒	☐	☐	☐	☐	☐	☒	☐
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: <u>USA</u>	N/A	☐	☐	☒	☐	☐	☐	☐	☐	☒	☐

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.

- STARTED DAY PERFORMING PRE FLIGHT WEATHER STUDY, BEGINNING AT APPX 04:30, REFERENCE SEVERAL WEATHER SITES VIA INTERNET. PICKED UP EQUIPMENT AT H.A.FE WAREHOUSE/OFFICE APPX. 05:15. PROCEEDED TO LAUNCH SITE, 16TH ST. + CARP FRANK HIGHWAY, WITH TWO INTERMEDIATE STOPS TO CHECK LOCAL CONDITIONS. SUPERVISED EQUIPMENT ASSEMBLY AND MET PASSENGERS GAVE SAFETY BRIEF, INCLUDING SAFE LANDING INSTRUCTIONS. COULD INFLATE, PERFORMED FINAL PRE FLIGHT, LOADED PASSENGERS + DEPARTED.
- APPROACHED FINAL LANDING SITE, DESCENDING TO APPX 400 FT. AGL, WITH BALLOON TURNING DIRECTION TO SOUTH, WHILE CROSSING 99TH AVE. AND CARP FRANK HIGHWAY, APPROACHED FINAL OBSTACLE, LINE OF MESQUITE TREES AT APPX 50 FT. AGL, PRIOR TO LANDING IN OPEN DESERT.
- WIND GUSTED WITH ACCOMPANYING DOWN DRAFT/SHEAR STRIKING BALLOON CAUSING RAPID DESCENT WITH RESULTANT UNPLANNED IMPACT WITH TREES. PULLED RIG RIP LINE AS BALLOON REBOUNDED INTO THE AIR. AT SECOND IMPACT, I WAS EJECTED FROM BASKET, STILL HOLDING RIG LINE. BALLOON CONTINUED FORWARD MOMENTUM, WITH ME STILL HOLDING RIG LINE, WHICH ULTIMATELY CAUSED THIRD GROUND CONTACT AND DEFLATION OF ENVELOPE, WITH CESSATION OF FORWARD MOTION AT APPX. 08:15 HRS.

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

Operator/Owner Safety Recommendation

NO KNOWN SUGGESTION TO DEALING WITH WIND SHEAR ON FINAL LANDING APPROACH.

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**10/06/14
mm/dd/yyyy**Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: WILLIAM M. BUTLER**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.**
WPR14CA396**Reviewed by NTSB Regional Office**
WPR-AS**Name of Investigator**
Nixon**Date Report Received**
10/06/14