

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

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

BASIC INFORMATION

Accident/Incident Location
 Nearest City/Place: Good Springs State: NV
 ZIP: 89019 Country: U.S.
 Latitude: 35°54'29 Longitude: 115°26'6
 (Enter in decimal degrees or degrees:minutes:seconds)
Location estimated.

Accident/Incident Date/Time

Date: 09/12/2019 Local Time: 0930
 mm/dd/yyyy Time Zone: Pacific

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N505CZ
 Manufacturer: Kubicek
 Model: BB-602
 Serial Number: 1207
 Year of Manufacture: 2018
 Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: UNKNOWN lbs
 Weight at Time of Accident/Incident: UNKNOWN lbs

Number of Seats: 0 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 0

Category of Aircraft

Airplane
Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard

Normal
 Aerobatic
Balloon
 Commuter
 Transport
 Utility

Special

Restricted
 Limited
 Provisional
 Special Flight
 Experimental
 Special Light-Sport
 Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear

(Check all that apply)

Retractable

Tricycle

Tailwheel

Amphibian

High Skid

Emergency Float

Skid

Float

Ski

Hull

Ski/Wheel

Other Launch/Recovery System

None

Unknown

Engine Type (Select one)

Reciprocating

Liquid Rocket

Turbo Shaft

Solid Rocket

Turbo Prop

Hybrid Rocket

Turbo Jet

None

Turbo Fan

Unknown

Electric

Fuel System Type (Reciprocating)

Carburetor

Fuel-Injected

NONE

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

Last Inspection Type

100-Hour
 AAIP
 Annual
 Continuous Airworthiness
 Conditional Inspection
 Unknown

Date Last Inspection:

mm/dd/yyyy

Airframe Total Time:

hours measured at (Select one)

Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

None

Specify: Hand held

Propeller 1

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed:

Yes ☐ No ☒

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft? Yes No

If not activated:

Indicate Reason:

Impact Damage

Fire Damage

Battery Expired/Damaged

Unknown

Additional Equipment (Check all that apply)

ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag or Handheld Device
 Electronic Multifunction Display
 Electronic Primary Flight Display
 Handheld GPS
 Heads Up Display
 Onboard Weather
 Satellite Tracking Device
 Stall Warning System
 Video Recording Device
 Other, Specify: _____

N/A

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Douglas Grimes</u>		City: <u>ALBUQUERQUE</u> State: <u>NM</u> ZIP: <u>87104</u> Country: <u>U.S.</u>	
Fractional Ownership Aircraft: Yes ☐ No ☒		Operator of Aircraft <i>Same Address as Registered Owner</i> Name: <u>Vegas Hot Air Sincity Balloon Rides</u> City: <u>LAS VEGAS</u> Doing Business As: <u><SAME></u> State: <u>NV</u> ZIP: <u>89119</u> Air Carrier/Operator Designator (4 Character Code): <u>N/A</u> Country: <u>U.S.</u>	
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation ☐ Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 103 ☐ FAR 121 ☐ FAR 125 ☐ FAR 129 ☐ FAR 133 ☐ FAR 135 ☐ FAR 137 ☐ FAR 415 ☐ FAR 431 ☐ FAR 435 ☐ FAR 437 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi ☐ Passenger ☐ Cargo ☐ Mail Contract Only ☐ Domestic ☐ International Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☒ Aerial Application ☒ Aerial Observation ☐ Air Drop ☐ Air Race/Show ☐ Banner Tow ☐ Business ☐ Executive/Corporate ☐ External Load ☐ Ferry ☐ Firefighting ☐ Flight Test ☐ Glider Tow ☐ Instructional ☐ Other Work Use ☐ Personal ☐ Positioning ☐ Skydiving ☐ Unknown	
Revenue Sightseeing Flight ☒ Yes ☐ No	Air Medical Flight ☐ Yes ☒ No		
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>N/A</u> Airport Identifier: <u>N/A</u> Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush-Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Grass/Turf ☐ Gravel ☐ Ice ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ Takeoff ☐ Initial Climb ☐ VFR Departure ☐ IFR Departure Procedure/Clearance ☐ On Instrument Approach ☐ Landing ☐ Downwind ☐ Base ☐ Final ☐ Crosswind ☐ Low Approach ☐ Go Around ☐ Aborted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ SDF ☐ VOR/TVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ASR ☐ Visual ☐ Contact ☐ Circling ☐ Practice ☐ GPS ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew										
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No										
"Flight Crewmember 1" Identification First Name: <u>KEVIN</u> Middle Initial: <u>P</u> Last Name: <u>CLONEY</u> City of Residence: <u>LAS VEGAS</u> State: <u>NV</u> ZIP: <u>89117</u> Country: <u>U.S.</u> Age at time of Accident/Incident: <u>67</u> Date of Birth: [REDACTED] mm/dd/yyyy										
Degree of Injury ☒ None ☐ Minor ☐ Serious Seat Occupied ☐ Left ☐ Right ☐ Center ☐ Front ☐ Rear ☐ Single ☐ Unknown <u>N/A</u> Restraint Type Available ☒ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Inflatable Restraints <u>N/A</u> ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown										

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																					
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																					
"Flight Crewmember 2" was pilot flying Yes No																																																																																																					
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																					
Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available None Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown			Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown																																																																																													
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer																																																																																																					
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 Unknown With limitations/waivers N/A Special Issuance			Date of Last Medical mm/dd/yyyy																																																																																													
Medical Certificate Limitations																																																																																																					
Medical Certificate Special Issuance																																																																																																					
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 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)																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 5%;">This Make & Model</th> <th rowspan="2" style="width: 5%;">Airplane Single Engine</th> <th rowspan="2" style="width: 5%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>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>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>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>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>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>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>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 (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										
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																																																																																											
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address				Seat Occupied		Injury				
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Left Center Right		Front Rear Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Used		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				Available None Lap Only 3-point 4-point 5-point Unknown		None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No				Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address				Seat Occupied		Injury				
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Left Center Right		Front Rear Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Used		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				Available None Lap Only 3-point 4-point 5-point Unknown		None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed 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 cabin crew; continue on separate sheet if necessary)										
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
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First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed			
Airport ID: <u>N/A</u>	Time: <u>0750</u>	Airport ID: <u>N/A</u>	<u>None</u>		VFR/IFR	
City: <u>LAS VEGAS</u>	Time Zone: <u>Pacific</u>	City: <u>TBD</u>	Company VFR		IFR	
State: <u>NV</u>		State: <u>NEVADA</u>	Military VFR		Unknown	
Country: <u>U.S.</u>		Country: <u>U.S.</u>	VFR			
			Activated?	Yes	No	Unknown

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

Class A	Class G	Military Operations Area (MOA)	Special	Occurrence:
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	2300 ft msl
Class C	Warning Area	Jet Training Area	Unknown	(est)
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility	
☒ National Weather Service	☐ Company	Facility ID: _____	N/A
☐ Flight Service Station	☐ Military	Observation Time: _____	
☐ TV/Radio	☒ Internet	Time Zone: _____	
☐ Automated Report	☐ None	Distance from Accident Site: _____ nm	
☐ Commercial Weather Service (DUATS)	☐ Unknown	Direction from Accident Site: _____ degrees true	
☐ On-Board Weather			

VMC	Dawn	Dusk	Dark Night	Unknown
IMC	Day	Night	Bright Night	
Unknown				

Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown	None (Clear) Broken Overcast Obscured Indefinite Unknown	Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	UNK DOWN

Variable -or- Direction: _____ degrees true	Calm Light and Variable -or- <u>7</u> Speed: <u>7</u> kts	Not Gusting -or- <u>15</u> Speed: <u>15</u> kts	RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Light	None	Drizzle	Freezing Rain	None	Fog
Moderate	Rain	Ice Pellets	Snow Shower	Blowing Dust	Ground Fog
Heavy	Snow	Snow Pellets	Ice Pellets Shower	Blowing Sand	Haze
N/A	Hail	Snow Grains	Freezing Drizzle	Blowing Snow	Ice Fog
Unknown	Rain Showers	Ice Crystals		Blowing Spray	Smoke
				Dust	Unknown

Amount	Type	Amount	Type	Type (Check all that apply)	Severity
None	N/A	None	N/A	None	Light
Trace	Time	Trace	Time	Clear Air	Moderate
Light	Clear	Light	Clear	Terrain-Induced	Severe
Moderate	Mixed	Moderate	Mixed	Convective Turbulence	Extreme
Severe	Unknown	Severe	Unknown		
Unknown		Unknown			

NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground
Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground
Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

UNKNOWN- contact OPERATOR

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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

See Exhibit 1

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

Operator/Owner Safety Recommendation

N/A

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes ☐ No ☒
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Total Time/Cycles
On Part____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

600

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify

PROPANE

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

N/A

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number

N/A

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
None

Registered Owner of Other Aircraft

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

Pilot of Other Aircraft

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

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

09/21/2019

mm/dd/yyyy

Name of Pilot/Operator: KEVIN P. CLONEY

Signature: _____

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
WPR19LA257

Reviewed by NTSB Regional Office
WPR

Name of Investigator
Zoë Keliher

Date Report Received
09/24/19

EXHIBIT 1
Kevin P. Cloney
Incident: Good Springs, NV, Sept. 12, 2019

On September 12, 2019, the balloon departed at about 0750 PST from an open parking lot at Cactus Joe's Blue Diamond Nursery at 12740 Blue Diamond Rd, Las Vegas, NV, 89161. The 8 passengers were safety briefed before entering the balloon gondola.

I utilized an inflation tank to obtain neutral buoyancy. It was a gentle lift off with light and variable winds. The balloon obtained an altitude of about 4,000 feet msl for about 25 minutes. I descended to acquire a northwesterly surface wind and maintained this altitude for approximately an additional 35 minutes, with the intention to land at Hualapai Water Retention Basin. About ½ mile from the retention basin, the wind direction changed – moving the balloon to the south, which is unfriendly terrain for landing a balloon. In an attempt to acquire a predicted easterly wind, I ascended, however the wind continued in a southerly direction. From this altitude I ascertained that over the ridge there was an area with sufficient open space to land.

After clearing the ridge, I descended to ground level, aligning to a dirt road. At surface level, the winds increased, and I notified the passengers of a pending high wind landing and instructed them as to proper positioning. I continued to ground track after noting that the passengers were in proper position for a high wind landing. Aligning to a 2nd dirt road, I also braced myself for a high wind landing and began pulling the vent line. The balloon made contact with the ground with sufficient force to eject me as I continued to hold on to the vent line to deflate the balloon. After being ejected, I rolled multiple times. The balloon made contact with the ground a 2nd time, and on the 3rd time it sufficiently deflated and stopped.