

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

REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Rio Rancho State: NMZIP: 87144 Country: USALatitude: 35° 15' 24.16 N Longitude: 106° 43' 30.77

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 05/03/2026 Local Time: 8:15

mm/dd/yyyy HH:MM

Time Zone: MSTCollision with Other Aircraft: Midair On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N4022XManufacturer: Cameron BalloonsModel: C-80Serial Number: 6073Year of Manufacture: 1996Amateur-Built: Yes ☐ If Yes: Original Design☒ No Kit/Plans

Make: _____

IFR-Equipped and Certified
Commercial Space Flight
Unmanned AircraftMaximum Gross Weight: 1600 lbs.Weight at Time of Accident/Incident: 1065 lbs.Number of Seats: N/A Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: _____

Category of Aircraft
(Select one)

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

Type of Airworthiness Certificate
(Check all that apply)

- | Standard | Special |
|---|---|
| ☐ Normal | ☐ Restricted |
| ☐ Aerobatic | ☐ Limited |
| ☒ Balloon | ☐ Provisional |
| ☐ Commuter | ☐ Special Flight |
| ☐ Transport | ☐ Experimental |
| ☐ Utility | ☐ Special Light-Sport |
| | ☐ Experimental Light-Sport |
- Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear
(Check all that apply)

- ☐ Retractable ☐ High Skid
☐ Tricycle ☐ Skid
☐ Tailwheel ☐ Ski/Wheel
☐ Emergency Float ☐ Hull
☐ Float ☐ Ski
☐ Amphibian
☐ 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

Engine	Engine Manufacturer	Engine Model/Series	Engine 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								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100-Hour
☐ AAIP
☒ Annual
☐ Continuous Airworthiness
☐ Condition
☐ Unknown

Date of Last Inspection: 03/06/2026
mm/dd/yyyy

Airframe Total Time: _____ hrs

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: Small Fire extinguisher

Additional Equipment

- ☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Autopilot/FMS, Model _____
☐ Coupled Flight Director
☐ Data Recorder
☐ Device Stall Warning System
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Flight Management System
☐ Handheld GPS
☐ Heads Up Display
☐ Night Vision Goggles
☐ Onboard Weather
☐ Primary Flight Display
☐ SAS, Number of Axes: _____ Model: _____
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Wire Strike Detection
☐ Wire Strike Protection
☒ Other, Specify Digital Instrument

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 ☐ NoWas ELT still connected to antenna? ☐ Yes ☐ NoDid ELT activate? ☐ Yes ☐ NoIf activated: Did ELT aid in locating aircraft? Yes ☐ No ☐If not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Propeller 1

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: LTA LLC
City: Albuquerque State: NM
ZIP: 87109 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft ☐ *The Operator is also the Registered Owner*

Name: [REDACTED]
City: Albuquerque State: NM
ZIP: 87110 Country: USA

☐ Same address as Registered Owner

Doing Business As: _____

Air Carrier/Operator Designator (4-character code): _____

Operating Certificates Held

(Check all that apply)

- ✓ 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 129	FAR 415
FAR 103	FAR 133	FAR 43
FAR 121	FAR 135	FAR 435
FAR 125	FAR 137	FAR 437
		FAR 450
FAR 91 Special Flight		
Non-US, Commercial		
Non-US, Non-commercial		

Public Aircraft (Select one)

Armed Forces
Federal
State
Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter	Domestic
Non-Scheduled or Air Taxi	International
Passenger	
Cargo	
Mail Contract Only	

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)

Aerial Application	Firefighting
Aerial Observation	Flight Test
Air Drop	Glider Tow
Air Race/Show	Instructional
Banner Tow	Other Work Use
Business	Personal
Executive/Corporate	Positioning
External Load	Skydiving
Ferry	Unknown

Revenue Sightseeing Flight

Yes ☒ No

Air Medical Flight

Yes ☐ No ☒

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: NA

Airport Identifier: _____

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 _____ Length: _____ ft. Width: _____ ft.

Runway/Landing Surface (Check all that apply)

☐ Asphalt	☐ Grass/Turf	☐ Ice	☐ Snow
☐ Concrete	☐ Gravel	☐ Macadam	☐ Water
☒ Dirt	☐ Helideck	☐ Metal/Wood	☐ Unknown
☐ Elevated Heliport	☐ Helistop	☒ Off-site landing area	

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	
Slush-Covered	✓Vegetation	Unknown

Approach/Departure Segment (Select one)

Takeoff	VFR Departure	On Instrument Approach	Downwind	Low Approach
Initial Climb	IFR Departure Procedure/Clearance	✓ Landing	Base	Go Around
			Final	Aborted Landing (after touchdown)
			Crosswind	Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☒ 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: [REDACTED]

City of Residence: Albuquerque

Middle Initial: [REDACTED]

State: NM

ZIP: 87110

Last Name: [REDACTED]

Country: USA

Age at time of Accident/Incident: 43

Date of Birth: [REDACTED] (mm/dd/yyyy)

Certificate Number: [REDACTED]

Degree of Injury

☒ None
☐ Unknown
☐ Minor

Serious

Fatal

Seat Occupied

Left
Right
Center

Front

Rear

Single

☒ Unknown

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 ☐ Sport
☐ Student ☐ Flight Engineer

Supplemental Restraint, specify: None

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

☒ None
☐ Class 1
☐ Class 2

Unknown

Class 3

BasicMed

Driver's License (Sport Pilot only)

Medical Certificate Validity

Without limitations/waivers
With limitations/waivers
Special Issuance

Unknown

N/A

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Special Limitations****Personal Flight Equipment (Check all that apply)**

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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

10/03/2024
mm/dd/yyyy

Flight Review Aircraft

Make: Lindstrand

Model: LBL-90A

Airplane Rating(s)

(Check all that apply)

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 Multiengine
Gyroplane
Powered lift

Instrument Airplane
Instrument Helicopter
Helicopter
Glider
Sport

Type Ratings and Applicable Logbook Endorsements**Student Endorsements (Include dates)****Flight Time (Enter hours for each box)**

All Aircraft

This Make & Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Multi-engine Rotorcraft

Tail-wheel

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
Total Time	90	4								90		
Pilot in Command (PIC)	90	4								90		
Time as Instructor												
This Make/Model												
Last 90 Days	4.8	1.1								4.8		
Last 30 Days	3.5	1.1								3.5		
Last 24 Hours	2.2									2.2		

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ 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: N/A

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____

Date of Birth: _____ (mm/dd/yyyy)

Certificate Number: _____

Degree of Injury None Serious Unknown Fatal Minor	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 Supplemental Restraint, specify: _____	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 ☐ Sport ☐ Student ☐ Flight Engineer		Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance Date of Last Medical _____ (mm/dd/yyyy)	
Principal Occupation Pilot Other Unknown	Medical Certificate Unknown None Class 3 Class 1 BasicMed Class 2 Driver's License (Sport Pilot only)		

Medical Certificate Limitations**Medical Certificate Special Limitations****Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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) 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 Multiengine Gyroplane Powered lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings and Applicable Logbook Endorsements**Student Endorsements** (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						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 CREWMEMBERS (Exclusive of cabin crew, complete the following information.)			
Additional Crewmember Information		Seat Occupied	Injury
First Name: <u>NIA</u>	City of Residence: _____	Left Center Right Front	Rear Single Unknown None Minor Serious Fatal Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply)			
☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) (Check all that apply)		Restraint Type	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 Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	☐ 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.	

ADDITIONAL CREWMEMBER INFORMATION		Seat Occupied	Injury
First Name: <u>NIA</u>	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply)			
☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
Pilot Certificate(s) (Check all that apply)		Restraint Type	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 Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Supplemental Restraint, specify: _____	☐ 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.)					
Number of Passengers: <u>1</u>					
Passenger Information	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>[REDACTED]</u> City: <u>Los Angeles</u> Middle Initial: _____ State: <u>CA</u> Zip: <u>87144</u> Last name: <u>[REDACTED]</u> Country: <u>USA</u> ☐ 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 Supplemental Restraint, specify: _____	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years: ☐ Child ☐ Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply)					
☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____					

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown	○ 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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____		Row: _____		Supplemental Restraint, specify: _____		
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown	○ 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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____		Row: _____		Supplemental Restraint, specify: _____		
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ○ Crew ○ Passenger ○ Other	○ Left ○ Center ○ Right ○ Unknown	○ 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 <i>If under 5 years,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____		Row: _____		Supplemental Restraint, specify: _____		

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: _____ City: _____ State: _____ Country: _____	Time: <u>07:00</u> H M AM Time Zone: <u>MST</u>	Flight Number: _____ Operating as Flight _____	Airport ID: _____ City: _____ State: _____ Country: _____	☒ None ○ VFR/IFR ☐ Company ○ IFR VFR ○ Unknown ☐ Military VFR ○ VFR Activated? ○ Yes ○ No ○ Unknown

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

- ☐ Certificate of Authorization ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA
☐ None

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

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

Altitude of In-Flight Occurrence: 5700 ft. MSL**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Source of Pilot Weather Information**

(Check all that apply)

- ☒ National Weather Service ☐ Company
☒ Flight Service Station ☐ Military
☐ TV/Radio ☒ Internet
☐ Automated Report ☐ None
☐ Electronic Flight Bag-Application: ☐ Unknown

☐ On-Board Weather**Weather Observation Facility**

Facility ID: _____
 Observation Time: _____
 Time Zone: _____
 Distance from Accident Site: _____ nm
 Direction from Accident Site: _____ degrees true

Basic Conditions

- ☒ VMC
☐ IMC
☐ Unknown

Lowest Cloud Condition

_____ ft. AGL

Light Condition

- ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☒ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

- ☒ Clear ☐ Thin Broken
☐ Few ☐ Thin Overcast
☐ Partial ☐ Unknown
 Obscuration
☐ Scattered

Ceiling

- ☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Ceiling Height

_____ ft. AGL

Temperature: _____ (°C) or _____ (°F)

Dewpoint: _____ (°C) or _____ (°F)

Altimeter Setting:

_____ (Hg) or _____ (mb)

Wind Direction

☐ Variable or
 Direction: 220
 degrees true

Wind Speed

☐ Calm
☐ Light and Variable
 Speed: 7 kts

Wind Gusts

☒ Not Gusting
 or
 Speed: _____ kts

Visibility

_____ miles
 RVR: _____ feet
 RVV: _____ miles
 Density Altitude: _____ ft.

Type of Precipitation (Check all that apply)

- ☒ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility (Check all that apply)

- ☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

- Amount Type
☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy
☐ N/A
☐ Unknown

Icing Actual

- Amount Type
☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence (Check all that apply)

- Type Severity
☒ None ☐ Light
☐ Clear Air ☐ Moderate
☐ Terrain-Induced ☐ Severe
☐ Convective ☐ Extreme

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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
☐ Fire at Unknown Time
☐ Unknown

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

Optional/non-required upright pole broken

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.

I conducted a flight with [REDACTED] in her balloon on the morning of May 3rd 2026. The flight was uneventful until the landing. While demonstrating different approaches to landing, we touched down at approximately 5kts then proceeded to take off again to demonstrate a low elevation "ground tracking" approach to landing. During this time the winds picked up to approximately 7kts and as we made contact with the ground the gondola began to drag and bounce. I felt one of [REDACTED] arms reach past me to a forward facing upright. I then felt that upright snap and [REDACTED] informed me that her shoulder hurt. I pulled the deflation line and brought the balloon to a complete stop. When our chase crew arrived, we packed up the balloon and transported [REDACTED] to an urgent care facility for evaluation. Upon learning that [REDACTED] had a fracture, I called the NTSB hotline to report the incident.

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

Correct hand placement of passenger / passenger position.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a 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

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

30

Gallons

Fuel Type

☐ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☒ Other, specifypropane

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:

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

Aircraft Registration Number

Manufacturer:

Damage to Other Aircraft:

☐ Destroyed☐ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

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

I understand that the information provided may be subject to public release.

Date of this report:

05/13/2026

mm/dd/yyyy

Name of Pilot/Operator: _____

Signature: _____

-or- ☐ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name: _____

Title: _____

Signature: _____

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR26LA176

Reviewed by NTSB AS Division

OAS - WPR

Name of Investigator

Joel Beckett

Date Report Received

5/14/2026