


State of Ohio HP-26 10-0157-00 Rev. 08/01/2003		CAD Number: P18062900004196		INCIDENT NUMBER 18 110011 0303		INCIDENT TYPE Incident			
NATURE CODE: 820 Miscellaneous				CLEARANCE CODE: N		COMPLETION DATE:			
GEO CODE: City Street						A DEATH OF OFFENDER B PROSECUTION DECLINED C EXTRADITION DECLINED D VICTIM REFUSED TO COOPERATE E JUVENILE / NO CUSTODY F ARREST - ADULT			
Detailed GEO Code: City Street						G ARREST - JUVENILE H WARRANT ISSUED I INVESTIGATION PENDING J CLOSED K UNFOUNDED U UNKNOWN Z COLD CASE			
TOD:						CLEARANCE DATE/TIME		CLEARED BY	
TOA:						SPECIAL SECTION:			

**Ohio State Highway Patrol
Initial Incident Report**

REPORT DATE / TIME				INCIDENT OCCURED FROM				INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
6	29	2018	20:10	6	29	2018	20:10	6	29	2018	23:30

COUNTY: Ashland County	FIPS Code: (2568) Ashland
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INCIDENT LOCATION / REF PT. (Street, Apt, City, State, Zip): Northbound Eastlake Drive 300.00 Feet East of State Route 511	LATITUDE 40:53:83.35	LONGITUDE 82:18:47.92	K9 USED	TYPE OF SEARCH:
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TYPE CRIMINAL ACTIVITY

- (ENTER UP TO 3 FOR EACH OFFENSE)
 B - BUYING / RECEIVING
 C - CULTIVATING/MANUFACTURING/PUB
 D - DISTRIBUTING / SELLING
 E - EXPLOITING CHILDREN
 G - OTHER GANG
 J - JUVENILE GANG
 N - NO GANG INVOLVED
 O - OPERATING/PROMOTING/ASSISTING
 P - POSSESSING / CONCEALING
 T - TRANSPORTING / TRANSMITTING
 U - USING / CONSUMING

LOCATION OF THE OFFENSE

LARCENY TYPE

COMMERCIAL LOCATIONS	32 Clothing Store 33 Drug Store 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery / Supermarket 38 Variety / Convenience 39 Department Store 40 Other Retail Store 41 Factory / Mill / Plant 42 Other Building	51 Public Transit Vehicle 52 Other Outside Location	
RESIDENTIAL STRUCTURE	15 Auto Shop 16 Financial Institution 17 Barber / Beauty Shop 18 Hotel / Motel 19 Dry Cleaners / Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service	53 Abandoned/Condemned Structure 54 Amusement Park 55 Arena/Stadium/Fairgrounds/Coliseum 56 ATM Machine Separate From Bank 57 Camp/Campground 58 Cargo Container 59 Daycare Facility 60 Dock/Wharf/Freight/Modal Terminal 61 Farm Facility 62 Gambling Facility/Casino/Race Track 63 Military Installation 64 Rest Area 65 Shelter-Mission/Homeless 66 Tribal Lands 67 Library 77 Other Location	23A Pocket Picking 23B Purse Snatching 23C Shoplifting 23D Theft from building 23E Theft from Coin-Op Machine 23F Theft from Motor Vehicle 23G Motor Vehicle Parts/Access 24O Theft of Motor Vehicle 23H Other
PUBLIC ACCESS BUILDING	RETAIL 26 Bar 27 Buy / Sell / Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store	OUTSIDE 43 Yard 44 Construction Site 45 Lake / Waterway 46 Field / Woods 47 Street 48 Parking Lot 49 Park / Playground 50 Cemetery	SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER EQUIP <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> CARGO THEFT

METHOD OF OPERATION:

METHOD OF ENTRY	METHOD OF ENTRY - BURGLARY / B&E						METHOD OF ENTRY - MOTOR VEHICLE THEFT					
<input type="checkbox"/> Force <input type="checkbox"/> No Force	ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT	<input type="checkbox"/> 01 MOTOR RUNNING/ KEYS IN CAR <input type="checkbox"/> 02 UNLOCKED <input type="checkbox"/> 03 DUPLICATE KEY USED <input type="checkbox"/> 04 WINDOW BROKEN <input type="checkbox"/> 05 TOWED <input type="checkbox"/> 06 HOT WIRED <input type="checkbox"/> 07 SLIM JIM/COAT HANGER <input type="checkbox"/> 08 TUMBLERS REMOVED <input type="checkbox"/> 09 COLUMN PEELED <input type="checkbox"/> 10 IGNITION PEELED					
	No. Premises Entered	1 BASEMENT 2 1 ST FLOOR 3 2 ND FLOOR 4 OTHER 5 UNKNOWN	1 DOOR 2 WINDOW 3 GARAGE 4 SKYLIGHT 5 OTHER 6 UNKNOWN	1 FRONT 2 SIDE 3 REAR 4 ROOF 5 OTHER 6 UNKNOWN								

TYPE OF WEAPON FORCE :

REQUESTING AGENCY:

REPORTING OFFICER: Tpr. Marshall, Robert A	UNIT NUMBER: [REDACTED]	DATE: 6/29/2018
APPROVING OFFICER:	UNIT NUMBER:	DATE:

ADMINISTRATIVE

OFFENSE

State of Ohio
HP-26
10-0167-00
Rev. 08/01/2003



Ohio State Highway Patrol Initial Incident Summary

INCIDENT NO. 18 110011 0303	REPORT DATE / TIME 6/29/2018 20:10	PHOTO POUCH NO.
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Incident Summary

A grounded hot air balloons basket overturned causing a fatal injury to one of the occupants.

Reporting Officer: Tpr. Marshall, Robert A	Unit No: [REDACTED]	Date: 6/29/2018
Approving Officer:	Unit No:	Date:



Ohio State Highway Patrol
 REPORT OF INVESTIGATION
 Victim/Reportee/Witness Report

INCIDENT NUMBER 18 110011 0303
REPORT DATE/TIME 6/29/2018 20:10

VICTIM	NO.1	VICTIM TYPE: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Financial Institution <input type="checkbox"/> Police Officer (In The Line Of Duty) <input type="checkbox"/> Society / Public <input type="checkbox"/> Other <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious Organization <input type="checkbox"/> Unknown <input type="checkbox"/> Trooper <input type="checkbox"/> State Agency								
	<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Reportee		NAME (Last, First, Middle): Moran John Thomas						PHONE #:	
	ADDRESS(Street, Apt, City, State, Zip): [REDACTED] Cortland, OH - 44110								SSN: [REDACTED]	
	OCCUPATION: Unknown				STATE EMPLOYEE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	RESIDENTIAL STATUS: <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Other <input checked="" type="checkbox"/> Tourist				STATEMENT OBTAINED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	<input type="checkbox"/> Not Reported <input type="checkbox"/> Student <input type="checkbox"/> Unknown				TYPE: <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Taped <input type="checkbox"/> Other					
	AGE / DOB 74 / [REDACTED]		GENDER M	RACE: [REDACTED]		HEIGHT FROM - TO [REDACTED]	WEIGHT FROM - TO [REDACTED]	HAIR [REDACTED]	EYES [REDACTED]	
	EMPLOYER NAME & ADDRESS								PHONE #:	
	VICTIM <input type="checkbox"/> YES		IF INJURED, DESCRIBE INJURIES: 1) 2) 3) 4) 5)		VICTIM DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VICTIM WITNESS REFERRAL INFO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF REFERRAL			
	INJURED <input checked="" type="checkbox"/> NO									
AGG. ASLT / HOMICIDE CIR : 1)				2)						
VICTIM/SUSPECT RELATIONSHIP :				VICTIM OFFENSE LINK :						
JUSTIFIABLE HOMICIDE:			ACTIVITY TYPE		ASSIGNMENT TYPE		LE ORI - OTHER JURISDICTION			
My signature verifies that the information on this report is accurate and true								DATE :		
								X		
VICTIM	NO.2	VICTIM TYPE: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Financial Institution <input type="checkbox"/> Police Officer (In The Line Of Duty) <input type="checkbox"/> Society / Public <input type="checkbox"/> Other <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious Organization <input type="checkbox"/> Unknown <input type="checkbox"/> Trooper <input type="checkbox"/> State Agency								
	<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Reportee		NAME (Last, First, Middle): Miller Michael						PHONE #:	
	ADDRESS(Street, Apt, City, State, Zip): [REDACTED] Grafton, OH - 44044								SSN: [REDACTED]	
	OCCUPATION: Unknown				STATE EMPLOYEE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	RESIDENTIAL STATUS: <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Other <input checked="" type="checkbox"/> Tourist				STATEMENT OBTAINED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	<input type="checkbox"/> Not Reported <input type="checkbox"/> Student <input type="checkbox"/> Unknown				TYPE: <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Taped <input type="checkbox"/> Other					
	AGE / DOB 21 / [REDACTED]		GENDER M	RACE: [REDACTED]		HEIGHT FROM - TO [REDACTED]	WEIGHT FROM - TO [REDACTED]	HAIR [REDACTED]	EYES [REDACTED]	
	EMPLOYER NAME & ADDRESS								PHONE #:	
	VICTIM <input type="checkbox"/> YES		IF INJURED, DESCRIBE INJURIES: 1) 2) 3) 4) 5)		VICTIM DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VICTIM WITNESS REFERRAL INFO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF REFERRAL			
	INJURED <input checked="" type="checkbox"/> NO									
AGG. ASLT / HOMICIDE CIR : 1)				2)						
VICTIM/SUSPECT RELATIONSHIP :				VICTIM OFFENSE LINK :						
JUSTIFIABLE HOMICIDE:			ACTIVITY TYPE		ASSIGNMENT TYPE		LE ORI - OTHER JURISDICTION			
My signature verifies that the information on this report is accurate and true								DATE :		
								X		
VICTIM	NO.3	VICTIM TYPE: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Financial Institution <input type="checkbox"/> Police Officer (In The Line Of Duty) <input type="checkbox"/> Society / Public <input type="checkbox"/> Other <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious Organization <input type="checkbox"/> Unknown <input type="checkbox"/> Trooper <input type="checkbox"/> State Agency								
	<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Reportee		NAME (Last, First, Middle): Mills II Sean Eric						PHONE #:	
	ADDRESS(Street, Apt, City, State, Zip): [REDACTED] North Baltimore, OH - 45872								SSN: [REDACTED]	
	OCCUPATION: Unknown				STATE EMPLOYEE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	RESIDENTIAL STATUS: <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Other <input checked="" type="checkbox"/> Tourist				STATEMENT OBTAINED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	<input type="checkbox"/> Not Reported <input type="checkbox"/> Student <input type="checkbox"/> Unknown				TYPE: <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Taped <input type="checkbox"/> Other					
	AGE / DOB 30 / [REDACTED]		GENDER M	RACE: [REDACTED]		HEIGHT FROM - TO [REDACTED]	WEIGHT FROM - TO [REDACTED]	HAIR [REDACTED]	EYES [REDACTED]	
	EMPLOYER NAME & ADDRESS								PHONE #:	
	VICTIM <input type="checkbox"/> YES		IF INJURED, DESCRIBE INJURIES: 1) 2) 3) 4) 5)		VICTIM DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VICTIM WITNESS REFERRAL INFO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF REFERRAL			
	INJURED <input checked="" type="checkbox"/> NO									
AGG. ASLT / HOMICIDE CIR : 1)				2)						
VICTIM/SUSPECT RELATIONSHIP :				VICTIM OFFENSE LINK :						
JUSTIFIABLE HOMICIDE:			ACTIVITY TYPE		ASSIGNMENT TYPE		LE ORI - OTHER JURISDICTION			
My signature verifies that the information on this report is accurate and true								DATE :		
								X		

REPORTING OFFICER: Tpr. Marshall, Robert A	UNIT NUMBER: [REDACTED]	DATE: 6/29/2018
APPROVING OFFICER:	UNIT NUMBER:	DATE:



Ohio State Highway Patrol
REPORT OF INVESTIGATION
Victim/Reportee/Witness Report

INCIDENT NUMBER 18 110011 0303
REPORT DATE/TIME 6/29/2018 20:10

VICTIM	NO.5	VICTIM TYPE: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Financial Institution <input type="checkbox"/> Police Officer (In The Line Of Duty) <input type="checkbox"/> Society / Public <input type="checkbox"/> Other <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious Organization <input type="checkbox"/> Unknown <input type="checkbox"/> Trooper <input type="checkbox"/> State Agency					
	<input checked="" type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Reportee		NAME (Last, First, Middle): Majors Michael G				
	ADDRESS(Street, Apt. City,State, Zip): [REDACTED] Mansfield, OH - 44905						PHONE #: [REDACTED]
	OCCUPATION: Unknown			STATE EMPLOYEE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SSN: [REDACTED]	
	RESIDENTIAL STATUS: <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Other <input checked="" type="checkbox"/> Tourist			STATEMENT OBTAINED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	<input type="checkbox"/> Not Reported <input type="checkbox"/> Student <input type="checkbox"/> Unknown			TYPE: <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Taped <input type="checkbox"/> Other			
	AGE / DOB 35 / [REDACTED]	GENDER M	RACE: [REDACTED]	HEIGHT FROM - TO [REDACTED]	WEIGHT FROM - TO [REDACTED]	HAIR [REDACTED]	EYES [REDACTED]
	EMPLOYER NAME & ADDRESS						PHONE #:
	VICTIM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF INJURED, DESCRIBE INJURIES: 1) 2) 3) 4) 5)		VICTIM DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VICTIM WITNESS REFERRAL INFO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	AGG. ASLT / HOMICIDE CIR: 1)			2)			
VICTIM/SUSPECT RELATIONSHIP:			VICTIM OFFENSE LINK:				
JUSTIFIABLE HOMICIDE:		ACTIVITY TYPE		ASSIGNMENT TYPE		LE ORI - OTHER JURISDICTION	
My signature verifies that the information on this report is accurate and true						DATE:	

WITNESS	NO.4	<input type="checkbox"/> Reportee <input checked="" type="checkbox"/> Witness	NAME (Last, First, Middle): Mack, Terry		AGE / DOB:	SSN:	
	ADDRESS(Street, Apt. City,State, Zip): [REDACTED] Ashland, OH - 44805						PHONE #: [REDACTED]
	EMPLOYER NAME & ADDRESS						PHONE #:
STATEMENTS OBTAINED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			TYPE: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Taped <input type="checkbox"/> Other				

WITNESS	NO.6	<input type="checkbox"/> Reportee <input checked="" type="checkbox"/> Witness	NAME (Last, First, Middle): Kauffman, Paul		AGE / DOB:	SSN:	
	ADDRESS(Street, Apt. City,State, Zip): [REDACTED] Ashland, OH - 44805						PHONE #: [REDACTED]
	EMPLOYER NAME & ADDRESS						PHONE #:
STATEMENTS OBTAINED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			TYPE: <input type="checkbox"/> Written <input type="checkbox"/> Oral <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Other				

REPORTING OFFICER: Tpr. Marshall, Robert A	UNIT NUMBER: [REDACTED]	DATE: 6/29/2018
APPROVING OFFICER:	UNIT NUMBER:	DATE:



Ohio State Highway Patrol
 REPORT OF INVESTIGATION
 Vehicle Report

INCIDENT NUMBER 18 110011 0303
REPORT DATE/TIME 6/29/2018 20:10

VEHICLE INFORMATION							
CHECK CATEGORIES <input type="checkbox"/> Abandoned <input type="checkbox"/> Impounded <input type="checkbox"/> Stolen <input type="checkbox"/> Received <input type="checkbox"/> Recovered <input type="checkbox"/> Used In A Commission of a Crime <input checked="" type="checkbox"/> N/A							
LICENSE N717FN	LIC STATE OH	VEHICLE IDENTIFICATION NUMBER / OAN 1117		NCIC NO.	STOLEN OPTION	IS VEHICLE LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE NO. 1
VALUE	VEH YR.	MAKE Other	MODEL Other	STYLE Other	VEHICLE COLOR TOP BOTTOM Tan	TRACK TYPE	
OWNER NAME & ADDRESS (Street, City, State, Zip) John Thomas Moran & 5303 Kingsville Rd, Cortland, OH - 44410						PHONE (330) 620-2847	
VEH. ASSOC. W/ SUSPECT #	VEH. ASSOC. W/ VICTIM # 1	TOWED BY :			OWNER VERIFIED BY : Registration		
ADDITIONAL DESCRIPTION						DATE TIME NOTIFIED	

REPORTING OFFICER: Tpr. Marshall, Robert A	UNIT NUMBER: [REDACTED]	DATE: 6/29/2018
APPROVING OFFICER:	UNIT NUMBER:	DATE:



Ohio State Highway Patrol
REPORT OF INVESTIGATION
Investigative Notes

INCIDENT NO: 18 110011 0303	REPORT DATE/TIME 6/29/2018 20:10	PHOTO POUCH NO.
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Friday, June 29, 2018 20:10

1883 Tpr. Marshall, Robert A

On 06/29/2018 at approximately 2010 hrs. the Wooster Dispatch Center received a report regarding a hot air balloon that had crashed near State Route 511 and Eastlake Rd. The initial report advised an occupant within the balloon had fallen out and that Life Flight had been requested due to the conditions. Prior to my arrival dispatch had advised Life Flight had been cancelled by the units currently on scene

2013 hrs.

I arrived on scene of the incident along with Sgt. Kumor [REDACTED], Ashland Police Department along with Ashland Fire Department were on scene. The injured occupant was being transported from the scene to University Hospital (Ashland, Oh). The units on scene identified the injured occupant was the pilot John Moran. I made contact with three additional passengers being transported by the hot air balloon they were identified as Michael Miller, Michael Majors, and Sean Mills II. These occupants advised none of them sustained any injuries as a result of the incident.

The occupants stated that Mr. Moran was the pilot directing and coordinating the flight. Mr. Miller stated that he was a student pilot being taught by Mr. Moran. Mr. Majors and Mr. Mills both advised they were first time passengers in a hot air balloon. Mr. Miller stated that as their flight crossed over the US 250 bypass they prepared to land in the open field south of Eastlake Rd. Mr. Miller stated that as the hot air balloon touched the ground they lifted back up to "walk it" (balloon) back to the road. Mr. Miller advised the crew was radioed by Mr. Moran about being on the ground currently. Mr. Miller then states that the balloon began to rock/sway from the wind. He stated that this action causes Mr. Moran to decide to "lay the balloon down". Mr. Miller advised he exits the balloons basket to grab the crown line to began deflating the balloon. He then stated that as the basket flipped over Mr. Moran struck his head and the other passengers yelled for him to come over to assist. Mr. Miller stated that he checked for a pulse on Mr. Moran and immediately began performing CPR on Mr. Moran.

The other occupants statements were similar to Mr. Miller the student pilot and have been included into this report.

2040 hrs.

Sgt. Kumor notified Lt. Durant [REDACTED] of the incident. The OSHP District 3 Duty Officer was also notified during this time. Sgt. Kumor made contact with the Federal Aviation Administration (FAA). The FAA advised Vincent Yerace would be contacting him regarding the incident.

2100 hrs.

FAA Inspector Yerace advised was provided with the location of the balloon incident. He advised he was enroute to the scene to conduct an FAA inspection. All occupants were advised to remain on scene until they receive further instruction from the FAA. Photographs of the scene were taking during this time period. The balloon itself had be folded and tied up by the Balloonfest crew that was on the scene. This was conducted prior to the arrival of emergency services.

2109 hrs.

University Hospital advised Mr. Moran was deceased and that next of kin was being notified by their staff.

REPORTING OFFICER: Tpr. Marshall, Robert A	UNIT NUMBER: [REDACTED]	DATE: 6/29/2018
APPROVING OFFICER:	UNIT NUMBER:	DATE:



Ohio State Highway Patrol
REPORT OF INVESTIGATION
Investigative Notes

INCIDENT NO: 18 110011 0303	REPORT DATE/TIME 6/29/2018 20:10	PHOTO POUCH NO.
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2208 hrs.

FAA Inspector Yerace arrived on scene. Sgt. Kumor and I informed him that all of the passengers and witnesses on scene had provided oral and written statement regarding the incident. We also informed him that the balloon was moved prior to our arrival on scene but the basket remained in the location it was when the incident originally occurred.

2328 hrs.

Mr. Yerace completed his inspection of the scene. The Balloonfest staff secured Mr. Moran's balloon and removed it from the location. Ashland Police on scene were informed by a witness named Paul Kauffman that he had photographed the entire incident. Mr. Kauffman provided his pictures of the incident to OSHP. They have been included into this case investigation. This information was also forwarded to Mr. Yerace from the FAA. A copy of the FAA's investigative report will be added to this investigation when received.

Vehicle Information

Type-Kubicck Balloon/Basket

Model- BB30Z

Category- Standard

Aircraft Serial # 1117

Registration Marks- N717FN

Designation # CLEFSDOGL25

FAA Rep- Steven M. Steele

The vehicle information has been documented in the investigator notes due to the program not featuring captions for hot air balloons

Vehicle Insurance

Allianz Global Risk U.S. Insurance

Policy# [REDACTED]

Insured- John T. Moran

Insurance Certificate [REDACTED]

Expiration 07-23-18

REPORTING OFFICER: Tpr. Marshall, Robert A	UNIT NUMBER: [REDACTED]	DATE: 6/29/2018
APPROVING OFFICER:	UNIT NUMBER:	DATE:



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

STATEMENT

PAGE 1 OF 2

REPORT # <u>18-110011-0303</u>	STATEMENT DATE/TIME (MM/DD/YY HH:MM) <u>6/29/18 2120</u>	OTHER REFERENCE #
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I, Michael John Miller, hereby make this voluntary statement to
Tpr. Peshek at scene

on 06-29-18 ~~the~~ John made the decision to
land in the cut hayfield because we
had to go back and glow. We
came down leveled off and touched the
ground, we then lifted back up a little to
walk it back to ~~the~~ ~~ground~~ the road.

~~To~~ We finally touched back and John radioed
to our crew we were on the ground.

The balloon was rocking from the wind so
John decided to lay the balloon down.

I ~~g~~ got out of the basket and grabbed the
Crown line to deflate the balloon. The basket
then flipped over and John lost his balance
and the fell and knocked his head. The
other passengers called me over to help him.

I then checked for a pulse and started
CPR immediately and called 911.

INFORMANT'S SIGNATURE <input checked="" type="checkbox"/> <u>[Signature]</u>	STREET ADDRESS <u>[Redacted]</u>		
PRINT NAME <u>Michael Miller</u>	CITY <u>Grafton</u>	STATE <u>OH</u>	ZIP CODE <u>44044</u>
WITNESS SIGNATURE <input checked="" type="checkbox"/>			
REPORTING OFFICER SIGNATURE <input checked="" type="checkbox"/> <u>[Redacted]</u>	UNIT <u>[Redacted]</u>	DATE <u>6/29/18</u>	

(OSP-203.07)



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

STATEMENT

PAGE 2 OF 2

REPORT # <u>18-110211-0303</u>	STATEMENT DATE/TIME (MM/DD/YY HH:MM) <u>6/29/18</u>	OTHER REFERENCE #
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I, MICHAEL JOHN MILLER, hereby make this voluntary statement to
~~REPORTING~~ SGT KUMOR at SCENE
 on 6/29/18

Q. WHAT DID JOHN HIT HIS HEAD ON?

HONESTLY I DON'T KNOW. THE WAY THE
 BURNERS ARE ANGLED I THINK HE HIT HIS
 HEAD ON THE BURNER.

Q. WERE YOU IN THE BALLOON WHEN THIS
 HAPPENED? NO, I WAS AT THE TOP OF
 THE BALLOON WHEN IT HAPPENED.

Q. DOES THE BASKET NORMALLY ROCK BACK +
 FORTH WHEN IT LANDS? NO, NOT NORMALLY. BUT
 IT CAN HAPPEN IF THERE'S WIND - THAT'S WHAT
 HAPPENED.

Q. ANYTHING ELSE YOU CAN ADD?
 NO NOT REALLY - WE TRIED CPR ON HIM.

INFORMA <input checked="" type="checkbox"/>	STREET ADDRESS		
PRINT NAME	CITY	STATE	ZIP CODE
WITNESS SIGNATURE <input checked="" type="checkbox"/>	<u>GRAFTON</u>	<u>OH</u>	<u>44044</u>
REPORTING OFFICER SIGNATURE <input checked="" type="checkbox"/>	UNIT	DATE	
		<u>6/29/18</u>	

(OSP-203.07)



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

STATEMENT

PAGE 1 OF 2

REPORT # <u>18-110011-0303</u>	STATEMENT DATE/TIME (MM/DD/YY HH:MM) <u>6/29/18 2130</u>	OTHER REFERENCE #
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I, Michael G. Majors Jr., hereby make this voluntary statement to
Tpr. Peshak / Sgt. Kumer at Scene
on 06-29-18 That The Basket ~~of~~ The

Balcon Had already Landen But the
Ballon Was Sollen Fast Which It Cause
The Back of TO TIP and Caused Shy
The Pile of The Balcon TO FIS TO LO
His Balanc and got and with head on the
Benra He was try to hold on the
Best he could because an Impact.
So the g ste falling the para to the ground make :

419-709-2975

INFORMANT'S SIGNATURE X	STREET ADDRESS 		
PRINT NAME <u>Michael G. Majors Jr</u>	CITY <u>Mansfield</u>	STATE <u>OH</u>	ZIP CODE <u>419905</u>
WITNESS SIGNATURE X			
REPORTING OFFICER SIGNATURE X	UNIT 	DATE <u>6/29/18</u>	

(OSP-203.07)



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

STATEMENT

PAGE 2 OF 2

REPORT # <u>18-110011-0303</u>	STATEMENT DATE/TIME (MM/DD/YY HH:MM) <u>6/29/18 2130</u>	OTHER REFERENCE #
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I, MICHAEL MASORS JR., hereby make this voluntary statement to
SGT KUMOR at SCENE
on 6/29/18

Q. WERE YOU IN THE BASKET ~~WAS~~ WITH JOHN WHEN IT TIPPED OVER? YES.

Q. WHAT DID JOHN HIT HIS HEAD ON?
IT LOOKED LIKE IT WAS THE BURNER.

Q. ARE YOU INJURED AT ALL? NO, NOT AT ALL.
HE TOLD EVERYONE TO BRACE THEMSELVES BECAUSE IT WAS GONNA TIP OVER.

Q. WERE YOU LANDED ALREADY WHEN THE BASKET STARTED ROCKING? YES, WE WERE LANDED.

Q. DID JOHN BRACE HIMSELF? YES, I THINK JUST THE FORCE OF IT TIPPING MADE HIM FALL.

Q. WHERE WAS JOHN STANDING WHEN THE BASKET TIPPED OVER? HE WAS IN THE FRONT OF THE BASKET. I WAS STANDING BEHIND HIM.

Q. ANYTHING ELSE YOU CAN ADD? NO, NOT REALLY

INFORMANT SIGNATURE <input checked="" type="checkbox"/> [REDACTED]	STREET ADDRESS [REDACTED]		
PRINT NAME	CITY <u>MANFIELD</u>	STATE <u>OH</u>	ZIP CODE <u>44905</u>
WITNESS SIGNATURE <input checked="" type="checkbox"/>			
REPORTING OFFICER SIGNATURE <input checked="" type="checkbox"/> [REDACTED]	UNIT [REDACTED]	DATE <u>6/29/18</u>	

(OSP-203.07)



STATEMENT

REPORT # 18-110011-0303	STATEMENT DATE/TIME (MM/DD/YY HH:MM) 1	OTHER REFERENCE #
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I, TERRY MACK, hereby make this voluntary statement to
TR. PESTER at SCENE
on 6/29/18

Q: WHAT HAPPENED

I WAS WATCHING BALLOONS LAND AND APPROACHED
BALLOON THAT HAD LANDED AND I HEARD PILOT
GIVING INSTRUCTION TO DEFLATE BALLOON, THE BASKET
AND BALLOON STARTED TO LEAN OR TIP FORWARD AND
THE BASKET WAS REBALANCED, PILOT TOLD PASSENGERS
TO REMAIN IN BASKET SO THAT THE ONE YOUNG
MAN COULD TETHER THE BALLOON, THE PILOT TOLD
PEOPLE TO TIP BASKET FORWARD AND AS IT WENT
FORWARD THE PILOT LOST HIS BALANCE AND HIT HIS
HEAD WE THOUGHT ON THE BURNER, I HELD HIS HEAD
UP AND HE MOST OF LOST CONSCIENCE, I NOTICED HE
WAS NOT RESPONDING AND THE NANKIN FIREFIGHTER
PERFORMED CPR ALONG WITH A MEDIC THAT WAS
NEAR BY PERFORMING CPR TILL AMBULANCE CAME

INFORMANT'S SIGNATURE X [REDACTED]	STREET ADDRESS [REDACTED]		
PRINT NAME TERRY MACK	CITY Ashland	STATE Ohio	ZIP CODE 44805
WITNESS SIGNATURE X			
REPORTING OFFICER SIGNATURE X [REDACTED]	UNIT [REDACTED]	DATE 6/29/18	

(OSP-203.07)



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

STATEMENT

PAGE 2 OF 2

REPORT # <u>18-110011-0303</u>	STATEMENT DATE/TIME (MM/DD/YY HH:MM) <u>1</u>	OTHER REFERENCE #
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I, _____, hereby make this voluntary statement to
Tpc. Peshek at Scene

on _____

Q - DID THE PILOT MAKE ANY STATEMENTS TO YOU BEFORE GOING UNCONCIOUS?

A - NO

Q - WAS THE PILOT CONSCIOUS AT ANY POINT AFTER HITTING HIS HEAD?

A - Roughly 20 to 30 seconds

Q - DID YOU HAVE ANY CONVERSATION WITH THE PILOT?

A - I heard his name was John, and I kept on saying talk to me John

Q - WHEN THE BALLOON TIPPED WAS ANYONE ON TOP OF THE PILOT?

A - NO

INFORMANT'S SIGNATURE <input checked="" type="checkbox"/> [Redacted]	STREET ADDRESS [Redacted]		
PRINT NAME / <u>TEIRY MACK</u>	CITY <u>Astland</u>	STATE <u>Ohio</u>	ZIP CODE <u>44805</u>
WITNESS SIGNATURE <input checked="" type="checkbox"/>			
REPORTING OFFICER SIGNATURE <input checked="" type="checkbox"/> [Redacted]	UNIT [Redacted]	DATE <u>6/29/18</u>	

(OSP-203.07)