

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: Nunda State: NY
 ZIP: 14510 Country: United States
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 06/10/2016 Local Time: 8:35 p.m.
mm/dd/yyyy Time Zone: Eastern

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N69515

Manufacturer: Cameron Balloons USA

Model: A-225

Serial Number: 6778

Year of Manufacture: 2016

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

- ☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1929 lbs

Weight at Time of Accident/Incident: 1929 lbs

Number of Seats: 0 Flight Crew Seats: 0

Cabin Crew Seats: 0 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
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Unknown

Landing Gear

(Check all that apply)

- ☐ Retractable
☐ Tricycle
☐ Amphibian
☐ Emergency Float
☐ Float
☐ Hull
☐ Tailwheel
☐ High Skid
☐ Skid
☐ Ski
☐ Ski/Wheel
☐ Other Launch/Recovery System
☒ None
☐ Unknown

Engine Type *(Select one)*

- ☐ Reciprocating
☐ Turbo Shaft
☐ Turbo Prop
☐ Turbo Jet
☐ Turbo Fan
☐ Electric
☐ Liquid Rocket
☐ Solid Rocket
☐ Hybrid Rocket
☒ None
☐ Unknown

Fuel System Type *(Reciprocating)*

- ☐ Carburetor ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> 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 ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☐ Annual ☐ Unknown

Date Last Inspection: 04/15/2016
mm/dd/yyyy

Airframe Total Time: 8.1 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: _____

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: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Sean Quigley</u> Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		City: <u>Portageville</u> State: <u>NY</u> ZIP: <u>14536</u> Country: <u>USA</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Sean Quigley</u> Doing Business As: <u>Balloons Over Letchworth</u> Air Carrier/Operator Designator (4 Character Code): _____		<input checked="" type="checkbox"/> Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input checked="" type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	Regulation Flight Conducted Under <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 </div> <div style="width: 50%;"> <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown </div> </div>	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Non-Scheduled or Air Taxi </div> <div> <input type="radio"/> Domestic <input type="radio"/> International </div> </div> <input checked="" type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Aerial Application <input type="radio"/> Aerial Observation <input type="radio"/> Air Drop <input type="radio"/> Air Race/Show <input type="radio"/> Banner Tow <input type="radio"/> Business <input type="radio"/> Executive/Corporate <input type="radio"/> External Load <input type="radio"/> Ferry </div> <div> <input type="radio"/> Firefighting <input type="radio"/> Flight Test <input type="radio"/> Glider Tow <input type="radio"/> Instructional <input checked="" type="radio"/> Other Work Use <input type="radio"/> Personal <input type="radio"/> Positioning <input type="radio"/> Skydiving </div> <div> <input type="radio"/> Unknown </div> </div>	
Revenue Sightseeing Flight <input checked="" type="radio"/> Yes <input type="radio"/> No	Air Medical Flight <input type="radio"/> Yes <input type="radio"/> 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: _____ Airport Identifier: _____ Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> 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> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Dry <input type="checkbox"/> Holes <input type="checkbox"/> Ice Covered <input type="checkbox"/> Rough <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Slush-Covered </div> <div style="width: 33%;"> <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Soft <input type="checkbox"/> Vegetation </div> <div style="width: 33%;"> <input type="checkbox"/> Water-Calm <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Wet <input type="checkbox"/> Unknown </div> </div>	
Runway/Landing Surface <i>(Check all that apply)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt </div> <div style="width: 25%;"> <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Gravel <input type="checkbox"/> Ice </div> <div style="width: 25%;"> <input type="checkbox"/> Macadam <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Snow </div> <div style="width: 25%;"> <input type="checkbox"/> Water <input type="checkbox"/> Unknown </div> </div>			
Approach/Departure Segment <i>(Select one)</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> Taxi <input type="radio"/> Takeoff <input type="radio"/> Initial Climb </div> <div style="width: 25%;"> <input type="radio"/> VFR Departure <input type="radio"/> IFR Departure Procedure/Clearance </div> <div style="width: 25%;"> <input type="radio"/> On Instrument Approach <input type="radio"/> Landing </div> <div style="width: 25%;"> <input type="radio"/> Downwind <input type="radio"/> Base <input type="radio"/> Final <input type="radio"/> Crosswind </div> <div style="width: 25%;"> <input type="radio"/> Low Approach <input type="radio"/> Go Around <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Unknown </div> </div>			
IFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> ADF/NDB <input type="checkbox"/> SDF <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> VOR/DME <input type="checkbox"/> TACAN </div> <div style="width: 25%;"> <input type="checkbox"/> PAR <input type="checkbox"/> Sidestep <input type="checkbox"/> ILS <input type="checkbox"/> Localizer Only <input type="checkbox"/> LOC-back course <input type="checkbox"/> RNAV </div> <div style="width: 25%;"> <input type="checkbox"/> MLS <input type="checkbox"/> LDA <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> Contact <input type="checkbox"/> Circling </div> <div style="width: 25%;"> <input type="checkbox"/> Practice <input type="checkbox"/> GPS <input type="checkbox"/> Unknown </div> </div>		VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Straight-In <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Go Around <input type="checkbox"/> Full Stop </div> <div style="width: 50%;"> <input type="checkbox"/> Stop and Go <input type="checkbox"/> Touch and Go <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Forced Landing <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown </div> </div>	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident <input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																				
"Flight Crewmember 1" Identification <div style="display: flex; justify-content: space-between;"> <div> First Name: <u>Sean</u> Middle Initial: <u>P</u> Last Name: <u>Quigley</u> </div> <div> City of Residence: <u>Portageville</u> State: <u>NY</u> ZIP: <u>14536</u> Country: _____ Age at time of Accident/Incident: <u>63</u> Date of Birth: _____ mm/dd/yyyy Certificate Number: _____ </div> </div>																																																																																																				
Degree of Injury <input type="radio"/> None <input checked="" type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		Restraint Type <div style="display: flex;"> <div style="flex: 1;"> Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="flex: 1;"> Used <input checked="" type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>			Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																																													
Pilot Certificate(s) (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> None</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Flight Instructor</div> <div style="flex: 1; min-width: 150px;"><input checked="" type="checkbox"/> Commercial</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> US Military</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Private</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Recreational</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Airline Transport</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Foreign</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Student</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Sport</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Flight Engineer</div> </div>					Medical Certificate <input checked="" type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown			Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance		Date of Last Medical _____ mm/dd/yyyy																																																																																										
Medical Certificate Limitations <div style="height: 40px;"></div>																																																																																																				
Medical Certificate Special Issuance <div style="height: 40px;"></div>																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/19/2015</u> _____ mm/dd/yyyy			Flight Review Aircraft Make: <u>Aerostar</u> Model: <u>S-66A</u>																																																																																																	
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input checked="" type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <div style="float: right; text-align: right;"> <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div>																																																																																														
Type Ratings LTA						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">2,569</td> <td style="padding: 5px;">8</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">2,569</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="padding: 5px;">2,569</td> <td style="padding: 5px;">8</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">2,569</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td style="padding: 5px;">50</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">50</td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td colspan="5" style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td colspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">14</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">14</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">10</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">10</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></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	2,569	8								2,569	Pilot in Command (PIC)	2,569	8								2,569	Time as Instructor	50									50	This Make/Model											Last 90 Days	14									14	Last 30 Days	10									10	Last 24 Hours	0									
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"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																					
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																					
"Flight Crewmember 2" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																					
"Flight Crewmember 2" Identification <div style="display: flex; justify-content: space-between;"> <div> First Name: _____ Middle Initial: _____ Last Name: _____ </div> <div> City of Residence: _____ State: _____ ZIP: _____ Country: _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident/Incident: _____</div> <div>Date of Birth: _____ mm/dd/yyyy</div> </div> <div style="text-align: center; margin-top: 5px;">Certificate Number: _____</div>																																																																																																					
Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Restraint Type <div style="display: flex;"> <div style="flex: 1;"> Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="flex: 1;"> Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>			Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																																												
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Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown			Date of Last Medical _____ mm/dd/yyyy																																																																																																
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Medical Certificate Special Issuance <div style="height: 40px;"></div>																																																																																																					
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) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <div style="display: flex; margin-top: 5px;"> <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div>																																																																																													
Type Ratings <div style="height: 40px;"></div>						Student Endorsements (Include dates) <div style="height: 40px;"></div>																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td colspan="5"></td> <td></td><td></td> <td colspan="4"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time (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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Last 24 Hours																																																																																																					

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right </div> <div> <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown </div> </div>		Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown		
Pilot Certificate(s) (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div>			Restraint Type: <div style="display: flex; justify-content: space-between;"> <div> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			Seat Occupied <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right </div> <div> <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown </div> </div>		Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown		
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Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> 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 First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div>		Seat <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Restraint Type <div style="display: flex; justify-content: space-between;"> <div> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	Age <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
Name and Address First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div>		Seat <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Restraint Type <div style="display: flex; justify-content: space-between;"> <div> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	Age <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
Name and Address First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div>		Seat <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Restraint Type <div style="display: flex; justify-content: space-between;"> <div> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	Age <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
Name and Address First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div>		Seat <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	Injury <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Restraint Type <div style="display: flex; justify-content: space-between;"> <div> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div>		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	Age <input type="checkbox"/> Under 5 years <i>If Under 5,</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____		Time of Departure Time: 19:30 Time Zone: edt		Destination Airport ID: _____ City: _____ State: _____ Country: _____
Type Flight Plan Filed <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None <input type="radio"/> Company VFR <input type="radio"/> Military VFR <input type="radio"/> VFR </div> <div> <input type="radio"/> VFR/IFR <input type="radio"/> IFR <input type="radio"/> Unknown </div> </div> Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
Type of ATC Clearance/Service (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="checkbox"/> None</div> <div style="width: 20%;"><input type="checkbox"/> Special VFR</div> <div style="width: 20%;"><input type="checkbox"/> Special IFR</div> <div style="width: 20%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 20%;"><input type="checkbox"/> Cruise</div> <div style="width: 20%;"><input type="checkbox"/> VFR</div> <div style="width: 20%;"><input type="checkbox"/> IFR</div> <div style="width: 20%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 20%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 20%;"><input type="checkbox"/> Unknown / NA</div> </div>				
Airspace where the accident/incident occurred (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"> <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class E </div> <div style="width: 20%;"> <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Demo Area <input type="checkbox"/> Warning Area <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Restricted Area </div> <div style="width: 20%;"> <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 93 </div> <div style="width: 20%;"> <input type="checkbox"/> Special <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Unknown </div> <div style="width: 20%;"> Altitude of In-Flight Occurrence: 100' agl _____ ft msl </div> </div>				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather </div> <div style="width: 50%;"> <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown </div> </div>			Weather Observation Facility Facility ID: kroc Observation Time: 1700 Time Zone: eastern Distance from Accident Site: 40 nm Direction from Accident Site: 180 degrees true	
Basic Conditions <input type="radio"/> VMC <input type="radio"/> IMC <input checked="" type="radio"/> Unknown		Light Condition <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Dawn <input checked="" type="radio"/> Day </div> <div> <input type="radio"/> Dusk <input type="radio"/> Night </div> <div> <input type="radio"/> Dark Night <input type="radio"/> Bright Night </div> <div> <input type="radio"/> Unknown </div> </div>		
Sky/Lowest Cloud Condition <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="radio"/> Clear <input type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered </div> <div style="width: 50%;"> <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown </div> </div> Lowest Cloud Condition Height _____ ft agl		Ceiling <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast </div> <div style="width: 50%;"> <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown </div> </div> Ceiling Height _____ ft agl		
Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true		Wind Speed <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: _____ kts		
Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts		Visibility 10+ _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown		Type of Precipitation (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers </div> <div style="width: 25%;"> <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals </div> <div style="width: 25%;"> <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle </div> </div>		
Restriction to Visibility (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust </div> <div style="width: 50%;"> <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown </div> </div>				
Icing Forecast <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> Amount <input type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input checked="" type="radio"/> Unknown </div> <div style="width: 50%;"> Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown </div> </div>		Icing Actual <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> Amount <input type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown </div> <div style="width: 50%;"> Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown </div> </div>		
Turbulence <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence </div> <div style="width: 50%;"> Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme </div> </div>				
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: None				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input checked="" type="radio"/> None <input type="radio"/> Substantial <input type="radio"/> Minor <input type="radio"/> Destroyed <input type="radio"/> <input type="radio"/> Unknown	Aircraft Fire <input type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown	Aircraft Explosion <input type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown
Description of Damage to Aircraft and Other Property <i>(Use additional sheet if necessary)</i>		
NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)		
<p>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.</p> <p>Departed south end of Letchworth State park for sightseeing flight at 7:30 pm EDT with pilot and 10 passengers. Flew east 5.2 miles at heights up to 4500 feet MSL. At the surface winds were from the northeast at approximately 3-5 mph. We headed SW for approximately 1/4 miles and landed safely and gently at 2 mph. Total time was 1.1 hours. Upon instruction from pilot, passengers remained in the basket. Pilot was in touch with ground crew via radio and used cell phone to contact landowner to get permission to drive chase vehicle onto cut hay field. Permission was granted and truck drove out to standing, inflated balloon. Passengers exited basket one by one while the 4 man crew weighted the balloon down. Balloon was going to be walked, inflated about 30 feet to the truck and trailer. Pilot began unclasping vent lines from interior of basket to get ready for deflation. The basket suddenly became airborne and drifted over nearby hedgerow. Balloon ascended approximately 200 feet until pilot could arrest the ascent by applying the vent line. A level flight was needed at altitude at that time as balloon was approaching a road with power lines. Estimated speed about 6 mph. Pilot heard his name being said and was at that time first made aware that a crew member was still hanging on to the basket but pilot could not see him. Pilot instructed crew person to "hold on tight and don't let go until I tell you to". At this time pilot heard a incoherent murmuring and the crew member dropped from the basket. Pilot called on radio to "call 911" several times. Pilot made an immediate landing after the power lines and kept the balloon inflated. Fireman arrived and asked to move the balloon down the field for a Mercy Flight helicopter. Crew arrived and we moved the balloon about 200 yards in the hay field and deflated.</p> <p>Statements were taken by the New York State Police by pilot and all crew and passengers.</p>		

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

Crew members are taught that if the balloon lifts their feet off of the ground, to release the balloon. Deceased crew chief taught other crew members same. I feel that it was his supreme desire to keep the pilot safe that he did not heed the instruction himself. He was the most honorable man I have ever known and he was truly a "save the day gentleman". He was the type of man that couldn't fathom something bad happening on "his watch".

Names and addresses of the passengers were taken by the New York State Police.

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

_____ Cycles

**Time Since This Part
Inspected/Overhauled**

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

80 _____ Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ Jet B ☒ Other, specify Propane
☐ 100 Low Lead ☐ Jet A ☐ JP8
☐ 100/130 ☐ Jet A-1 ☐ Automotive

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

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft

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

06/15/2016
mm/dd/yyyy

Name of Pilot/Operator: Sean Quigley

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.
ERA16LA210

Reviewed by NTSB Regional Office
ERA-VA

Name of Investigator
A. McCarter

Date Report Received
06-15-2016