

# 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: RIO RANCHO State: NM  
 ZIP: 87144 Country: USA  
 Latitude: 35°21'57.5" NORTH Longitude: 106°42'15.3" WEST  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 01/23/2021 Local Time: 0908  
*mm/dd/yyyy* Time Zone: MST

Collision with Other Aircraft: Midair On-ground  None

## AIRCRAFT INFORMATION

Registration Number: N477LB  
 Manufacturer: LINDSTRAND BALLOONS USA  
 Model: 77A  
 Serial Number: 5320  
 Year of Manufacture: 03-2006  
 Amateur-Built: Yes  If Yes: Kit/Plans Make: \_\_\_\_\_  
                           No  Original Design

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

Maximum Gross Weight: 1251 lbs  
 Weight at Time of Accident/Incident: 978 lbs  
 Number of Seats: 2 Flight Crew Seats: —  
 Cabin Crew Seats: 1 Passenger Seats: 2  
 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)*
- |   |   |
|---|---|
| <input checked="" type="radio"/> Standard | <input type="checkbox"/> Special                  |
| <input type="checkbox"/> Normal           | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic        | <input type="checkbox"/> Limited                  |
| <input checked="" type="radio"/> Balloon  | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter         | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport        | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility          | <input type="checkbox"/> Special Light-Sport      |
|   | <input type="checkbox"/> Experimental Light-Sport |
- Certificate of Authorization or Waiver (COA)  
 None  Unknown

### Landing Gear

- (Check all that apply)*
- |   |                                    |
|---|------------------------------------|
| <input checked="" type="radio"/> Tricycle             | <input type="checkbox"/> Tailwheel |
| <input type="checkbox"/> Amphibian                    | <input type="checkbox"/> High Skid |
| <input type="checkbox"/> Emergency Float              | <input type="checkbox"/> Skid      |
| <input type="checkbox"/> Float                        | <input type="checkbox"/> Ski       |
| <input type="checkbox"/> Hull                         | <input type="checkbox"/> Ski/Wheel |
| <input type="checkbox"/> Other Launch/Recovery System | <input type="checkbox"/> Unknown   |

### Engine Type (Select one)

- |  |  |
|--|--|
| <input type="checkbox"/> Reciprocating | <input type="checkbox"/> Liquid Rocket |
| <input type="checkbox"/> Turbo Shaft   | <input type="checkbox"/> Solid Rocket  |
| <input type="checkbox"/> Turbo Prop    | <input type="checkbox"/> Hybrid Rocket |
| <input type="checkbox"/> Turbo Jet     | <input checked="" type="radio"/> None  |
| <input type="checkbox"/> Turbo Fan     | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Electric      |  |

### Fuel System Type (Reciprocating)

- Carburetor  Fuel-Injected

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

### Last Inspection Type

- 100-Hour   
 AAIP  Continuous Airworthiness  
 Annual  Conditional Inspection  
 Unknown

Date Last Inspection: 05/12/2020  
*mm/dd/yyyy*

Airframe Total Time: 327.1 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: N/A  
 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: DIGITool DB13

**OWNER/OPERATOR INFORMATION**

Registered Aircraft Owner

Name: L. JANE SCHILL

City: ALBUQUERQUE

State: NM ZIP: 87107

Fractional Ownership Aircraft: Yes  No

Country: USA

Operator of Aircraft Same As Registered Owner

Same Address as Registered Owner

Name: \_\_\_\_\_

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**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**

<input checked="" type="radio"/> FAR 91	<input type="checkbox"/> FAR 129	<input type="checkbox"/> FAR 415
<input type="checkbox"/> FAR 103	<input type="checkbox"/> FAR 133	<input type="checkbox"/> FAR 431
<input type="checkbox"/> FAR 121	<input type="checkbox"/> FAR 135	<input type="checkbox"/> FAR 435
<input type="checkbox"/> FAR 125	<input type="checkbox"/> FAR 137	<input type="checkbox"/> FAR 437

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)

<input type="checkbox"/> Scheduled or Commuter	<input type="checkbox"/> Domestic
<input type="checkbox"/> Non-Scheduled or Air Taxi	<input type="checkbox"/> International

Passenger  
 Cargo  
 Mail Contract Only

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

<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Firefighting	<input type="checkbox"/> Unknown
<input type="checkbox"/> Aerial Observation	<input type="checkbox"/> Flight Test	
<input type="checkbox"/> Air Drop	<input type="checkbox"/> Glider Tow	
<input type="checkbox"/> Air Race/Show	<input type="checkbox"/> Instructional	
<input type="checkbox"/> Banner Tow	<input type="checkbox"/> Other Work Use	
<input type="checkbox"/> Business	<input checked="" type="checkbox"/> Personal	
<input type="checkbox"/> Executive/Corporate	<input type="checkbox"/> Positioning	
<input type="checkbox"/> External Load	<input type="checkbox"/> Skydiving	
<input type="checkbox"/> Ferry		

**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: N/A

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: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

**Condition of Runway/Landing Surface** (Check all that apply)

<input type="checkbox"/> Dry	<input type="checkbox"/> Snow-Compacted	<input type="checkbox"/> Water-Calm
<input type="checkbox"/> Holes	<input type="checkbox"/> Snow-Crusted	<input type="checkbox"/> Water-Choppy
<input type="checkbox"/> Ice Covered	<input type="checkbox"/> Snow-Dry	<input type="checkbox"/> Water-Glassy
<input type="checkbox"/> Rough	<input type="checkbox"/> Snow-Wet	<input type="checkbox"/> Wet
<input type="checkbox"/> Rubber Deposits	<input type="checkbox"/> Soft	
<input type="checkbox"/> Slush-Covered	<input type="checkbox"/> Vegetation	<input type="checkbox"/> Unknown

**Runway/Landing Surface** (Check all that apply)

<input type="checkbox"/> Asphalt	<input type="checkbox"/> Grass/Turf	<input type="checkbox"/> Macadam	<input type="checkbox"/> Water
<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Metal/Wood	
<input type="checkbox"/> Dirt	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Unknown

**Approach/Departure Segment** (Select one)

<input type="checkbox"/> Taxi	<input type="checkbox"/> VFR Departure	<input type="checkbox"/> On Instrument Approach	<input type="checkbox"/> Downwind	<input type="checkbox"/> Low Approach
<input type="checkbox"/> Takeoff	<input type="checkbox"/> IFR Departure Procedure/Clearance	<input type="checkbox"/> Landing	<input type="checkbox"/> Base	<input type="checkbox"/> Go Around
<input type="checkbox"/> Initial Climb			<input type="checkbox"/> Final	<input type="checkbox"/> Aborted Landing (after touchdown)
			<input type="checkbox"/> Crosswind	<input type="checkbox"/> Unknown

**IFR Approach** (Check all that apply)

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

**VFR Approach** (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Stop and Go
<input type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> Straight-In	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> Valley/Terrain Following	<input type="checkbox"/> Forced Landing
<input type="checkbox"/> Go Around	<input type="checkbox"/> Precautionary Landing
<input type="checkbox"/> Full Stop	<input type="checkbox"/> Unknown

**"FLIGHT CREWMEMBER 1" INFORMATION**

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

Pilot    Co-Pilot    Student Pilot    Flight Instructor    Check Pilot    Flight Engineer    Other Flight Crew

"Flight Crewmember 1" was pilot flying  Yes    No

**"Flight Crewmember 1" Identification**

First Name: L. JANE    City of Residence: ALBUQUERQUE  
 Middle Initial: (NO MIDDLE INITIAL)    State: NM    ZIP: 87107  
 Last Name: SCHILL    Country: USA  
 Age at time of Accident/Incident: 82    Date of Birth: 1938 mm/dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input checked="" type="radio"/> None    Fatal    Unknown Minor    Unknown Serious		<b>Seat Occupied</b> Left    Front    Unknown Right    Rear    Single <input checked="" type="radio"/> Center		<b>Restraint Type</b> Available    Used <input checked="" type="radio"/> None    None Lap only    Lap only 3-point    3-point 4-point    4-point 5-point    5-point Unknown    Unknown		<b>Inflatable Restraints</b> <input checked="" type="radio"/> Not Installed Installed Not Deployed Deployed Unknown
<b>Pilot Certificate(s) (Check all that apply)</b> <input checked="" type="radio"/> None    Flight Instructor    Commercial    US Military <input checked="" type="radio"/> Private    Recreational    Airline Transport    Foreign Student    Sport    Flight Engineer						
<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input checked="" type="radio"/> Other Unknown		<b>Medical Certificate</b> <input checked="" type="radio"/> None    Class 3 Class 1    Driver's License (Sport Pilot only) Class 2    Unknown		<b>Medical Certificate Validity</b> Without limitations/waivers    Unknown With limitations/waivers    N/A Special Issuance		<b>Date of Last Medical</b> mm/dd/yyyy

**Medical Certificate Limitations**  
 \_\_\_\_\_

**Medical Certificate Special Issuance**  
 \_\_\_\_\_

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 07/20/2019 mm/dd/yyyy  
**Flight Review Aircraft**  
 Make: LINDSTRAND BALLOON- USA  
 Model: 77A

<b>Airplane Rating(s) (Check all that apply)</b> <input checked="" type="radio"/> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	<b>Other Aircraft Rating(s) (Check all that apply)</b> None Airship <input checked="" type="radio"/> Balloon Glider Gyroplane Helicopter Powered Lift	<b>Instrument Rating(s) (Check all that apply)</b> <input checked="" type="radio"/> None Airplane Helicopter Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> <input checked="" type="radio"/> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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**Type Ratings** \_\_\_\_\_

**Student Endorsements (Include dates)** \_\_\_\_\_

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	334.0	329.0								334.0
Pilot in Command (PIC)	299.6	294.6								299.6
Time as Instructor										
This Make/Model										
Last 90 Days	0	0								0
Last 30 Days	0	0								0
Last 24 Hours	1									0

# "FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot *N/A* Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

## "Flight Crewmember 2" Identification

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Certificate Number: \_\_\_\_\_ *mm/dd/yyyy*

<b>Degree of Injury</b> None Fatal Minor Unknown Serious		<b>Seat Occupied</b> Left Front Right Rear Center Single Unknown		<b>Restraint Type</b> Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		<b>Inflatable Restraints</b> Not Installed Installed Not Deployed Deployed Unknown
<b>Pilot Certificate(s) (Check all that apply)</b> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer						
<b>Principal Occupation</b> Pilot Other Unknown		<b>Medical Certificate</b> None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown		<b>Medical Certificate Validity</b> Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance		<b>Date of Last Medical</b> _____ <i>mm/dd/yyyy</i>

### Medical Certificate Limitations

### Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: \_\_\_\_\_ *mm/dd/yyyy*

Flight Review Aircraft  
 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_

<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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### Type Ratings

### Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

**ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)**

<b>Crew Name and Address</b> <span style="float:right">N/A</span>				<b>Seat Occupied</b>		<b>Injury</b>	
First Name: _____	City of Residence: _____			Left	Front	None	
Middle Initial: _____	State: _____ ZIP: _____			Center	Rear	Minor	
Last Name: _____	Country: _____			Right	Single	Serious	
					Unknown	Fatal	
						Unknown	
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Restraint Type:</b>		<b>Inflatable Restraints</b>	
None	Flight Instructor	Commercial	US Military	<b>Available</b>	<b>Used</b>		
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed	
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed	
				3-point	3-point	Not Deployed	
				4-point	4-point	Deployed	
				5-point	5-point	Unknown	
				Unknown	Unknown		
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs				
Yes No							

<b>Crew Name and Address</b>				<b>Seat Occupied</b>		<b>Injury</b>	
First Name: _____	City of Residence: _____			Left	Front	None	
Middle Initial: _____	State: _____ ZIP: _____			Center	Rear	Minor	
Last Name: _____	Country: _____			Right	Single	Serious	
					Unknown	Fatal	
						Unknown	
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Restraint Type:</b>		<b>Inflatable Restraints</b>	
None	Flight Instructor	Commercial	US Military	<b>Available</b>	<b>Used</b>		
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed	
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed	
				3-point	3-point	Not Deployed	
				4-point	4-point	Deployed	
				5-point	5-point	Unknown	
				Unknown	Unknown		
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs				
Yes No							

**PASSENGER(S) / OTHER PERSONNEL (include cabin crew; continue on separate sheet if necessary)**

Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>WADE</u>	City: <u>ALBUQUERQUE</u>	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: <u>NM</u> ZIP: <u>87105</u>			None	None		
Last Name: <u>LEE</u>	Country: <u>USA</u>			Lap Only	Lap Only		
Crew	<u>Passenger</u>			3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____	City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew	Passenger			3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____	City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew	Passenger			3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____	City: _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b>	<b>Used</b>	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew	Passenger			3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		

# FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> <u>PUESTA DEL SOL</u> Airport ID: <u>ELEMENTARY SCHOOL</u> City: <u>RIO RANCHO</u> State: <u>NM</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>0800</u> Time Zone: <u>MST</u>	<b>Destination</b> Airport ID: <u>WHERE WINDSTOCK NE</u> City: <u>MARIPOSA COMMUNITY</u> State: <u>RIO RANCHO, NM</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None Company VFR Military VFR VFR Activated? Yes No Unknown
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**Type of ATC Clearance/Service** (Check all that apply)

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

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

Class A	<input checked="" type="radio"/> Class G	Military Operations Area (MOA)	Special	<b>Altitude of In-Flight Occurrence:</b> _____ ft msl
Class B	<input type="radio"/> Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	<input type="radio"/> Warning Area	Jet Training Area	Unknown	
Class D	<input type="radio"/> Prohibited Area	TRSA		
Class E	<input type="radio"/> Restricted Area	FAR 93		

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Flight Service Station <u>0615</u> <input type="checkbox"/> I V/ Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Weather Observation Facility</b> Facility ID: <u>AEG</u> Observation Time: <u>0730</u> Time Zone: <u>MST</u> Distance from Accident Site: <u>15</u> nm Direction from Accident Site: <u>38°</u> degrees true
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<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night <input type="radio"/> Dark Night <input type="radio"/> Bright Night <input type="radio"/> Unknown
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<b>Sky/Lowest Cloud Condition</b> <input type="radio"/> Clear <input checked="" type="radio"/> Few <input type="radio"/> Partial Obscuration <input type="radio"/> Scattered <input type="radio"/> Thin Broken <input type="radio"/> Thin Overcast <input type="radio"/> Unknown	<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast <input type="radio"/> Obscured <input type="radio"/> Indefinite <input type="radio"/> Unknown	Temperature: _____ (C) or <u>34°</u> (F) Dew Point: _____ (C) or <u>30°</u> (F) Altimeter Setting: <u>29.88</u> in. Hg or _____ MB
<b>Lowest Cloud Condition Height</b> <u>2700</u> ft agl	<b>Ceiling Height</b> _____ ft agl	

<b>Wind Direction</b> Variable -or- Direction: <u>180</u> degrees true	<b>Wind Speed</b> Calm Light and Variable -or- Speed: <u>3</u> kts	<b>Wind Gusts</b> <input checked="" type="radio"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>16</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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<b>Intensity of Precipitation</b> Light Moderate Heavy <input checked="" type="radio"/> N/A Unknown	<b>Type of Precipitation</b> (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Hail <input type="radio"/> Rain Showers <input type="radio"/> Drizzle <input type="radio"/> Ice Pellets <input type="radio"/> Snow Pellets <input type="radio"/> Snow Grains <input type="radio"/> Ice Crystals <input type="radio"/> Freezing Rain <input type="radio"/> Snow Shower <input type="radio"/> Ice Pellets Shower <input type="radio"/> Freezing Drizzle	<b>Restriction to Visibility</b> (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Blowing Dust <input type="radio"/> Blowing Sand <input type="radio"/> Blowing Snow <input type="radio"/> Blowing Spray <input type="radio"/> Dust <input type="radio"/> Fog <input type="radio"/> Ground Fog <input type="radio"/> Haze <input type="radio"/> Ice Fog <input type="radio"/> Smoke <input type="radio"/> Unknown
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<b>Icing Forecast</b> Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Icing Actual</b> Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Turbulence</b> Type (Check all that apply) <input checked="" type="radio"/> None <input type="radio"/> Clear Air <input type="radio"/> Terrain-Induced <input type="radio"/> Convective Turbulence Severity <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Extreme
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**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

None  
 Minor

Substantial  
 Destroyed  
 Unknown

## Aircraft Fire

None  
 In-Flight  
 On-Ground

Both Ground and In-Flight  
 Fire at Unknown Time  
 Unknown

## Aircraft Explosion

None  
 In-Flight  
 On-Ground

Both Ground and In-Flight  
 Explosion at Unknown Time  
 Unknown

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

## NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

*SEE ATTACHED SHEET DATED FEBRUARY 11, 2021, OF MY STATEMENT REGARDING THIS OCCURANCE.*

COPY

WRITTEN STATEMENT OF BALLOON OCCURANCE ON JANUARY 23, 2021

- I looked at weather during week\decided weather looked good for a Saturday morning flight.
- Saturday morning called flight services for weather briefing; also, ABQ and AEG automated.
- 7:00 AM (MST) Met crew at launch site by Puesta Del Sol Elementary School, Rio Rancho, NM; put up pibal, crew briefing, assignments.
- Assembled balloon system; burner check, instruments, radios, etc.---- cold inflation\hot inflation.
- I got into basket\ set top and took off shortly before 8:00 AM.
- I did 3 take offs and 3 landings. After 3<sup>rd</sup> landing crew chief got into basket\ briefed him, and took off again---wind about 3 MPH.
- Direction North\then NorthEast\NorthWest direction prior to decision to land.
- Briefed crew chief position for landing---had crew chief secure himself down in basket, holding on in 2 places.
- Hit bush\basket released from bush\hit ground; crew chief remained in basket\I was pulling red line, balloon descending\some wind activity (gust? Shear?) causing basket to turn, at which time crew chief slid out side of basket\basket landed on North side of ravine---35° 21' 57.5" North, 106° 42' 15.3" West—LANDED about 9:00 AM—FLIGHT 1 hour 10 minutes.
- Crew chief walked down South side of ravine to basket, talking, etc.
- I secured balloon system.
- Crew chief and I climbed up to top of ravine---about a 1/4 to 1/3 mile.
- Crew chief sat down to rest.
- I contacted crew about 9:30 AM giving them our location.
- One crew member walked to our location, reached us about 10 AM. Other crew remained with chase vehicle--- Reservoir Rd. cul-de-sac, Mariposa Complex.
- About 10:05 AM--- 911 call was made.
- Meanwhile, crew chief was conscious, sitting up, talking to crew, etc.
- Crew chief conscious until just prior to EMTs arrival.
- EMTs arrived on scene. They called MEDEVAC.
- Remainder of day spent dismantling/carrying out balloon system.
- The landing area was rugged wilderness terrain, (not accessible by vehicle, other than mountain bike) with chollas and prickly pear cactus, juniper and cedar bushes, rocks, ravines, and flat areas of dried grasses.
- Crew chief was conscious talking, etc. at least an hour or more from the time balloon landed.
- AGAIN, I want to emphasize this was a HARD LANDING (not a high wind landing); crew chief was NOT "thrown out" when basket first hit ground.

[REDACTED]  
L. Jane Schill  
Pilot

February 11, 2021  
Date



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

Operator/Owner Safety Recommendation

*USE PILOT AND PASSENGER RESTRAINTS FOR HARD LANDINGS!***MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**Was there Mechanical Malfunction/Failure? Yes  No   
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Total Time/Cycles  
On Part\_\_\_\_ Hours  
\_\_\_\_ CyclesTime Since This Part  
Inspected/Overhauled

\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)30 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

 Other specify PROPANE

Other Services, if Any, Prior to Departure

**EVACUATION OF 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  
SubstantialMinor  
None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_

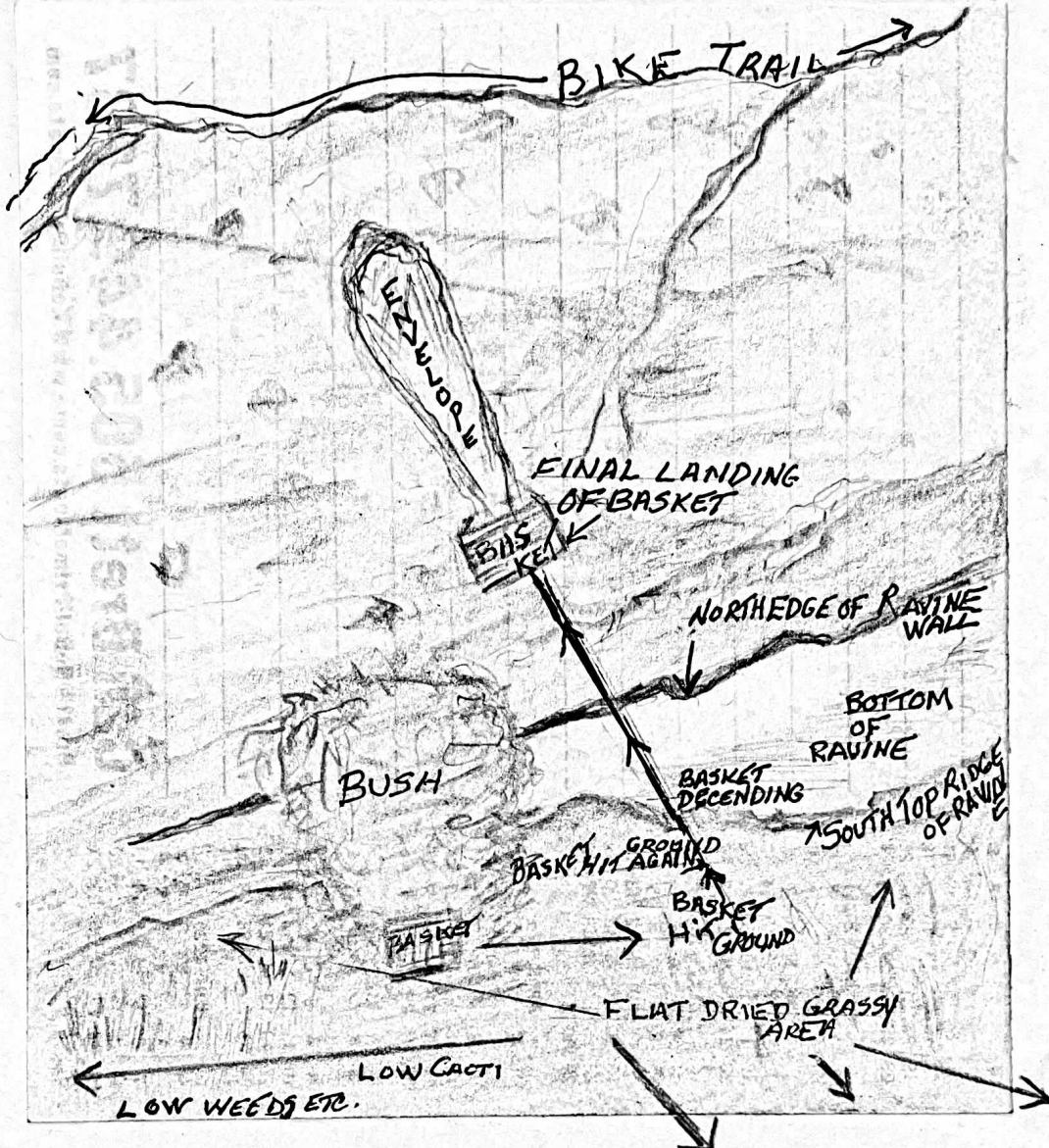
City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**ADDITIONAL INFORMATION** (Please type or print in ink)

Use this space if additional space is needed for any answers.



SKETCH OF LANDING - REFERED ATTACHMENT ON PAGE 9 DESCRIBING LANDING. ADDITIONAL SHEET ON BACK SHOWS LANDING SITE OF BALLOON.

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

Date of this Report: 04/30/2021 Name of Pilot/Operator: L. JANE SCHILL  
 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. <u>WPR21LA 158</u>	Reviewed by NTSB Regional Office <u>WPR</u>	Name of Investigator <u>Soshi CAWTHRA</u>	Date Report Received <u>5-4-21</u>
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