

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

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>Phoenix</u> State: <u>AZ</u> ZIP: <u>85086</u> Country: <u>USA</u> Latitude: <u>33.792637</u> (dd:mm:ss N/S) Longitude: <u>112.174415</u> (ddd:mm:ss E/W)	Date/Time Date: <u>12/20/2021</u> Local Time: <u>8:50AM</u> <i>mm/dd/yyyy</i> Time Zone: <u>MST</u>
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Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown	Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence _____ ft MSL
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AIRCRAFT INFORMATION

Manufacturer: <u>Cameron</u> Model: <u>315</u> Serial Number: <u>6802</u> Registration Number: <u>N317RR</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>5800</u> lbs Weight at Time of Accident/Incident: <u>4790</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft <input type="checkbox"/> Airplane <input checked="" type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	Type of Airworthiness Certificate (Check all that apply) Standard <input type="checkbox"/> Normal <input type="checkbox"/> Restricted <input type="checkbox"/> Utility <input type="checkbox"/> Limited <input type="checkbox"/> Acrobatic <input type="checkbox"/> Provisional <input type="checkbox"/> Transport <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>18</u> If Large Aircraft, how many seats for: Flight Crew: <u>1</u> Cabin Crew: <u>1</u> Passengers: <u>16</u>	Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input checked="" type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	Last Inspection Type <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>12/07/2021</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>609.9</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Fire Extinguisher</u>
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ELT Installed ELT Activated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____
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Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch Manufacturer: _____ <input type="checkbox"/> Controllable Pitch Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Rainbow Ryders Hot Air Balloon Co.</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>Albuquerque</u> State: <u>New Mexico</u> ZIP: <u>87113</u> Country: <u>United States</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Kyle R. Laxton</u> Doing Business As: <u>Rainbow Ryders Hot Air Balloon Co.</u> Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input type="checkbox"/> Same As Registered Owner City: <u>Phoenix</u> State: <u>Arizona</u> ZIP: <u>85022</u> Country: <u>United States</u>	
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International	Type of Commercial Operating Certificate Held (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input checked="" type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

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

NONE

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: _____ **Distance From Airport Center:** _____ SM
Airport Name: _____ **Direction From Airport:** _____ degrees MAG
Proximity to Airport Off Airport/Airstrip On Airport On Airstrip **Airport Elevation:** _____ ft. MSL

Approach Segment (Select one)

On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water
 Concrete Gravel Metal/Wood Unknown
 Dirt Ice Snow

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

Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft Unknown
 Slush Covered Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: _____
 City: _____
 State: _____
 Country: _____

Time of Departure

Time: 7:36AM
 Time Zone: MST

Destination

Airport ID: _____
 City: _____
 State: _____
 Country: _____

Type Flight Plan Filed

None VFR/IFR
 Company VFR IFR
 Military VFR Unknown
 VFR
Activated? Yes No

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

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

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

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

Aircraft Load Description (Check all that apply)

None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)
 _____ 80 Gallons

Fuel Type

80/87 115/145 JP3 Other, specify Propane
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

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
 The Passengers exited the gondola by climbing out of the top.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>DVT</u> Observation Time: <u>3AM-6AM</u> Time Zone: <u>MST</u> Distance from Accident Site: _____ <u>13.7</u> NM Direction from Accident Site: _____ <u>330</u> degrees MAG	Source of Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input checked="" type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility _____ <u>20</u> miles
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Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered	Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ ft AGL	Wind Direction <input checked="" type="checkbox"/> Indicated: _____ <u>360</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ <u>12</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
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NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident
 NONE

Temperature: _____ (C) or _____ <u>53</u> (F) Altimeter Setting: _____ <u>29.89</u> in. HG or _____ MB Density Altitude: _____ <u>775.4</u> ft Dew Point: _____ (C) or _____ <u>30.83</u> (F)	Icing Forecast <table style="width:100%;"> <tr> <td>Amount</td> <td>Type</td> </tr> <tr> <td><input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Trace <input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Mixed</td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate	<input type="checkbox"/> Rime	<input type="checkbox"/> Trace <input type="checkbox"/> Severe	<input type="checkbox"/> Clear	<input type="checkbox"/> Light	<input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
Amount	Type									
<input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate	<input type="checkbox"/> Rime									
<input type="checkbox"/> Trace <input type="checkbox"/> Severe	<input type="checkbox"/> Clear									
<input type="checkbox"/> Light	<input type="checkbox"/> Mixed									

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident/Incident																																																																																																				
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "A" Identification																																																																																																				
First Name: <u>Kyle</u>					City: <u>Phoenix</u>																																																																																															
Middle Initial: <u>R</u>					State: <u>Arizona</u>			ZIP: <u>85022</u>																																																																																												
Last Name: <u>Laxton</u>					Country: <u>United States</u>																																																																																															
Age at time of Accident/Incident: <u>32</u>				Date of Birth: <u> </u> 1989			Certificate Number: <u> </u>																																																																																													
Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Serious			Seat Occupied <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Available <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Shoulder Harness Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Available <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																											
Pilot Certificate(s) <i>(Check all that apply)</i>																																																																																																				
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical																																																																																												
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<u>09/13/2021</u> <i>mm/dd/yyyy</i>																																																																																												
Medical Certificate Limitations																																																																																																				
Must wear corrective lenses Not valid for night flying																																																																																																				
Medical Certificate Waivers																																																																																																				
NONE																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft																																																																																																
<u>11/12/2021</u>				Make: <u>Cameron</u>																																																																																																
<i>mm/dd/yyyy</i>				Model: <u>A-160</u>																																																																																																
Airplane Rating(s) <i>(Check all that apply)</i>			Other Aircraft Rating(s) <i>(Check all that apply)</i>			Instrument Rating(s) <i>(Check all that apply)</i>			Instructor Rating(s) <i>(Check all that apply)</i>																																																																																											
<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			<input type="checkbox"/> None <input type="checkbox"/> Airship <input checked="" type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																											
Type Ratings						Student Endorsements <i>(Include dates)</i>																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>1487</td> <td>131</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1487</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1430</td> <td>131</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1430</td> </tr> <tr> <td>Time as Instructor</td> <td>15</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>15</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>89.8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>90</td> </tr> <tr> <td>Last 30 Days</td> <td>31</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>31</td> </tr> <tr> <td>Last 24 Hours</td> <td>1.9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td> </tr> </tbody> </table>											Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	1487	131								1487	Pilot in Command (PIC)	1430	131								1430	Time as Instructor	15									15	This Make/Model											Last 90 Days	89.8									90	Last 30 Days	31									31	Last 24 Hours	1.9									2
Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																										
						Actual	Simulated																																																																																													
Total Time	1487	131								1487																																																																																										
Pilot in Command (PIC)	1430	131								1430																																																																																										
Time as Instructor	15									15																																																																																										
This Make/Model																																																																																																				
Last 90 Days	89.8									90																																																																																										
Last 30 Days	31									31																																																																																										
Last 24 Hours	1.9									2																																																																																										

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

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

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) *(Check all that apply)*

None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) <i>(Check all that apply)</i> <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) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <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 <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings _____	Student Endorsements <i>(Include dates)</i> _____
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Flight Time <i>(enter appropriate number of hours in each box)</i>	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 CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury
First Name: _____ City: _____	Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Last Name: _____ Country: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <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	

Pilot Name and Address		Degree of Injury
First Name: _____ City: _____	Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Last Name: _____ Country: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <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	

Pilot Name and Address		Degree of Injury
First Name: _____ City: _____	Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal
Last Name: _____ Country: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <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	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 time and point of departure, intended destination, and services obtained.

I, Kyle Laxton, acting as PIC for Balloon N317RR, launched at 7:36AM MST from the field next to the intersection of Carefree Highway & Interstate 17 in North Phoenix, Arizona with 15 passengers aboard.

Prior to launch, I briefed the 15 passengers on ground safety and things to be aware of while the balloon inflates.

Immediately after loading passengers into the gondola I briefed and demonstrated the safe and proper position to be in for landing, which is to have their knees slightly bent but not sitting on their feet, with both hands on the rope handles which are on the left and right side of them in their respectable compartments, and lean to the right which is our direction of travel.

We had a typical balloon launch on 12/20/21 and flew for about 1.1 hours traveling about 1 mile from the launch site to our landing site on State Trust Land close to the intersection of Carefree Highway & N. 51st Avenue in North Phoenix, AZ.

At about the 55 minute mark (approx. 8AM) during flight I began my descent to the landing site listed above.

My descent began on the North side of Carefree Highway to the west of the Game and Fish Building.

While in descent I noticed and was made aware via radio by other balloon pilots flying and landing their balloon, that the surface winds had picked up from 4mph to 14mph going to the South.

At that time, I instructed the passengers to get into the proper landing position listed above.

I flew over Carefree Highway from the northside and began the final approach to which I flew the balloon about 6 feet above the ground as to try and mitigate the wind and level off before ground contact.

There were no obstructions on the ground or at our landing site other than your typical creosote bushes which is the reason for flying 6 feet above the surface until we made it to the clearing where I landed.

I landed and made ground contact at approximately 8:50AM MST and dug on the ground about 20 feet until we came to a complete stop and the balloon envelope deflated.

It was immediately after balloon deflation that I noticed one of my passengers that was in the front right compartment of the gondola was complaining of pain around her ankle.

After a quick passenger check I immediately attended to the sole passenger that was in pain and carefully unloaded her from the gondola, with the assistance of her partner and one of my crewmembers, into our chase vehicle and transported her to the hospital approximately 1 mile away.

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

Operator/Owner Safety Recommendation

NONE

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 <u>12/24/2021</u> <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: <u>Kyle R. Laxton</u>
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Signature and Name of Person Filing Report if Other than Pilot/Operator
Signature: _____
Type or Print Name: _____
Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No. <u>WPR22LA066</u>	Reviewed by NTSB Regional Office <u>WPR</u>	Name of Investigator <u>James Bledsoe</u>	Date Report Received <u>12/30/2021</u>
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