

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

Accident/Incident Location Nearest City/Place: <u>Marathon City</u> State: <u>WI</u> ZIP: <u>54448</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>06/13/2009</u> Local Time: <u>7:59 PM</u> mm/dd/yyyy Time Zone: <u>CEA</u>						
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input checked="" 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 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 _____ AMSL					
Manufacturer: <u>Acrostar International Inc</u> Model: <u>RX-9</u> Serial Number: <u>RX-9 3013</u> Registration Number: <u>N9116M</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>2225</u> lbs Weight at Time of Accident/Incident: <u>1980</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>NA</u> inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)						
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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>NA</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: <u>Balloon</u>	Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <u>NA</u> <input type="checkbox"/> 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"/> Skid/Wheel <input type="checkbox"/> Unknown					
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 type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	Date Last Inspection: <u>5/27/2009</u> mm/dd/yyyy Airframe Total Time: <u>348.15</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident					
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>AAC Hand Held</u>						
ELT Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>NA</u>	ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: _____ Model/Serial: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____						
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>NA</u>	Engine Type <u>NA</u> <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 <u>NA</u> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	Propeller <u>NA</u> <u>Balloon</u> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____					
Engine <u>NA</u>	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured (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								

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

Balloon Basket Wicker Broken.

Airport Identifier: AOW

Distance From Airport Center: 10 SM

Airport Name: Wausau Airport

Direction From Airport: 260 degrees MAG

Proximity to Airport Off Airport/Airstrip On Airport On Airstrip

Airport Elevation: 1230 ft. MSL

Approach Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

Runway Information

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

Runway/Landing Surface (Check all that apply)

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

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

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

Last Departure Point NA Balloon

Time of Departure

Destination N/A Balloon

Type Flight Plan Filed

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

Time: _____
 Time Zone: _____

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

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

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

- None
- VFR
- Special VFR
- IPR
- 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
- Class B
- Class C
- Class D
- Class E
- Class G
- Demo Area
- Warning Area
- Prohibited Area
- Restricted Area
- Military Operations Area (MOA)
- Airport Advisory Area
- Jet Training Area
- TRSA
- FAR 93
- Special
- Air Traffic Control Area
- Unknown

Aircraft Load Description (Check all that apply)

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

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

45 Gallons

Fuel Type

- 80/87
- 100 Low Lead
- 100/130
- 115/145
- Jet A
- Automotive
- JP3
- JP4
- JP5

Other, specify LPG

Other Services, if Any, Prior to Departure

Hot Air Balloon launched from Rib Falls Park.

[*] Handcrafted Furniture Ballou Rider LLC

Fractional Ownership Aircraft: Yes No

City: Waukesha WI
State: WI ZIP: 54901
Country: USA

Operator of Aircraft Same As Registered Owner

Operator Address Same As Registered Owner

Name: Steve A Woller

City: Waukesha WI
State: WI ZIP: 54901
Country: USA

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type)
- FAR 103 FAR 133 Non-US, Commercial Federal State Local
- FAR 121 FAR 135 Non-US, Non-commercial Unknown
- FAR 125 FAR 137 Armed Forces

Revenue Sighting Flight Yes No

Air Medical Flight Yes No

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

- Personal
- Business
- Executive/Corporate
- Other Work Use
- Instructional
- Ferry
- Positioning
- Aerial Application
- Aerial Observation
- Air Drop
- Air Race / Show
- Flight Test
- Public Use
- Unknown

Revenue Operation for FAR 121, 125, 129, 135 (Select one)

- Scheduled or Commuter
- Non-Scheduled or Air Taxi

Domestic or International Domestic International

Cargo Operation
 Passenger/Cargo
 Passenger 4 How many?
 Cargo _____ lbs
 Mail

Types of Commercial Operating Certificate Held (Check all that apply)

- None
- Flag Carrier Operating Certificate (121)
- Supplemental
- Air Cargo
- Foreign Air Carrier (129)
- Commuter Air Carrier (135)
- On-Demand Air Taxi (135)
- Large Helicopter (127)
- Rotorcraft External Load (133)
- Agricultural Aircraft (137)
- Other Operator of Large Aircraft

LTA Case Ballou

Aircraft Registration Number

Manufacturer: _____
Model: _____

Damage to Other Aircraft

- Destroyed Minor
- Substantial None

Registered Owner of Other Aircraft

First Name: _____
Middle Initial: _____
Last Name: _____

City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

First Name: _____
Middle Initial: _____
Last Name: _____

City: _____
State: _____ ZIP: _____
Country: _____

Was there Mechanical Malfunction/Failure? Yes No Unknown
(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

Aircraft Damage

- None Substantial
- Minor Destroyed

Aircraft Fire

- None Both Ground and In-Flight
- In-Flight Unknown Origin
- On-Ground

Aircraft Explosion

- None Both Ground and In-Flight
- In-Flight Unknown Origin
- On-Ground

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

Weather Observation Facility Facility ID: <u>AWW</u> Observation Time: <u>7 PM</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>10</u> NM Direction from Accident Site: <u>260</u> degrees MAG	Source of Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	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"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility <u>Clear</u> miles
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Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	Restriction to Visibility (Check all that apply) <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 <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
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Lowest Cloud Condition Height <u>Few/10 clear 18,000</u> ft AGL	Ceiling Height <u>Clear</u> ft AGL	Wind Direction <input checked="" type="checkbox"/> Indicated: <u>260</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: <u>7</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"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input checked="" type="checkbox"/> Extreme <input checked="" type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light
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NOTAMS (D, L and FDC), AIRMETS, SIGMETs, FIREPs in effect at the time of the accident/incident
Was told of None by Briefer

Temperature: _____ (C) or <u>67</u> (F) Altimeter Setting: <u>29.85</u> in. HG or _____ MB Density Altitude: _____ ft. Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <u>None</u> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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Pilot "A" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "A" Identification
 First Name: Steve A Woller City: Wausau
 Middle Initial: A State: WI ZIP: 54401
 Last Name: Woller Country: USA
 Age at time of Accident/Incident: Date of Birth: Certificate Number:

Degree of Injury
 None Fatal
 Minor Unknown
 Serious

Seat Occupied
 Left Front Unknown
 Right Rear NA
 Center Single

Seat Belt NA
 Used Yes No
 Available Yes No

Shoulder Harness NA
 Used Yes No
 Available Yes No

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
 Pilot
 Other
 Unknown

Medical Certificate
 None Class 3
 Class 1 Driver's License (Sport Pilot only)
 Class 2 Unknown

Medical Certificate Validity
 Without limitations/waivers
 With limitations/waivers
 Unknown

Date of Last Medical
05/12/2009
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 05/08/2009
mm/dd/yyyy

Flight Review Aircraft
 Make: Acrostar RX-8
 Model: RX-8

Airplane Rating(s) (Check all that apply)
 None
 Single-Engine Land
 Single-Engine Sea
 Multiengine Land
 Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)
 None
 Airship
 Free Balloon
 Glider
 Gyroplane
 Helicopter
 Powered Lift

Instrument Rating(s) (Check all that apply)
 None
 Airplane
 Helicopter
 Powered Lift

Instructor Rating(s) (Check all that apply)
 None
 Airplane Single-Engine
 Airplane Multi-Engine
 Gyroplane
 Powered Lift

Instrument Airplane
 Instrument Helicopter
 Helicopter
 Glider
 Sport

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	1322.5	77.75								1322.5
Pilot in Command (PIC)	1322.5	77.75								1322.5
Time as Instructor	43.25									43.15
This Make/Model										
Last 90 Days	8.5	2.75								8.5
Last 30 Days	7	1.50								7
Last 24 Hours	81	38.15								81

Pilot Name and Address		Degree of Injury	
First Name: _____	City: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
			<input type="checkbox"/> Flight Engineer
			<input type="checkbox"/> Foreign
			<input type="checkbox"/> U.S. Military
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: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
			<input type="checkbox"/> Flight Engineer
			<input type="checkbox"/> Foreign
			<input type="checkbox"/> U.S. Military
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: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
			<input type="checkbox"/> Flight Engineer
			<input type="checkbox"/> Foreign
			<input type="checkbox"/> U.S. Military
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	

Name and Address	Seat	Crew	Pilot	Observer	Passenger	Other	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Laurie</u> Middle Initial: _____ Last Name: <u>Gladowski</u> City: <u>Custer</u> State: <u>WI</u> ZIP: <u>54423</u> Country: <u>USA</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Marnis</u> Middle Initial: _____ Last Name: <u>Gladowski</u> City: <u>Custer</u> State: <u>WI</u> ZIP: <u>54423</u> Country: <u>USA</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Debbie</u> Middle Initial: _____ Last Name: <u>Fragle</u> City: <u>Athens</u> State: <u>WI</u> ZIP: <u>54411</u> Country: <u>USA</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Fischer D Diane</u> Middle Initial: _____ Last Name: <u>Fischer</u> City: <u>Wausau</u> State: <u>WI</u> ZIP: <u>54401</u> Country: <u>USA</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>

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.

See Attach Paper

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION (Please type or print in ink)

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

Date of this Report

06/17/2009

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

Stew A Weller

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature:

Type or Print Name:

Title:

NTSB Accident/Incident No.

CEN09CA358

Reviewed by NTSB Regional Office

WEST CHICAGO, FL

Name of Investigator

SILLIMAN

Date Report Received

6/18/09

This is way things happened on Saturday June 13th 2009 flight at 7:45pm

Was checking weather since about 1pm. Flight Service at the 1:00pm time had the wind and weather in good order for a flight that evening. Passengers called told them things were looking OK for a flight that evening. Passengers showed up at about 6:15 PM. Was watching weather close, had seen some weather 85 miles north of here, around 4pm. We didn't fly till 7:45pm. We did our 1st passenger briefing with passengers at 6:25. We go through a complete waiver form, telling them about things that could go wrong when we are up there. Also told them that even though we have a good forecast it's still mother nature that controls the weather. Told them about high wind landings and what to expect if that were to happen. We went through our waiver forms that we do with all passengers. And sign forms that they read them also told them what they all say as well. We had done 1 pie ball before them came and two of them well we were at our meeting place. Pie ball is a 14" helium balloon that we watch as it goes up for wind speed and direction. All pie balls went the same way wind was out of the west 260 degrees at 5 to 8 knots. Told the passengers it was time to go, to do bathroom breaks ect. It was now about 6:45. I called one more time for one last flight briefing hoping to get the updated weather. The Briefer seemed a little confused at first... He was tell me points that were local for us. I told him again it was for Wausau AUW. He then said sorry I was giving you a weather briefing for Wausau MI. Anyways he went on with the right briefing telling me that the wind for forecasted at 6 or 7 kts till 8 pm then going to 4 kts. He also said that yes this is the brand new forecast. I also asked him about any storms or rain. He said there was some stuff north of Wausau 70 or so miles away. It was also disapating and He didn't think we would cause us any concern. I said it did and said if it would reach Wausau, it wouldn't be here till 10 pm or so. And it would be just light rain. He also told me that all WX reporting stations had light winds. He did name a few of them. So with that said we drove to our launch site about 10 mile straight west of here. Plan was to fly over farm county land back before Wausau where there are a lot of large landing spots.

We arrived at our lunch spot about 7:15 pm did one more pie balloon wind still looked good. Did one final passenger briefing, showing the folks how to hang on during a high wind landing, and where they would be standing in the basket. Our basket has a divider in the center of it. So there is a front and a back. Also called the AUW airport for automated weather, many times during inflation of the balloon. This is normal for me to do for all flights, I been

doing ballooning for 10 years. I have about 1300 hours in balloons and have taken up over 3000 people. Every time I called the winds were from 240 degrees at 5kts to 270 at 7 kts. All sounded good. 3/4s the way though inflating the balloon did one last pie ball. It looked really nice wind was about 4kts. Tipped the balloon up and had the folks get in. I then asked if everyone still wants to go. This is something else I do on every flight. They all said yes. We then began our lift off, starter going the way the pieballs had went, then about 1 minute in the flight we started to turn to the south. We were over water at the time still at about 400' feet AGL. The people were having a great time taking pictures of the water falls and ect. I kept climbing up to gain altitude. At about 3 minutes in to the flight we were heading 180 degrees at 10kts at 800' AGL. At this time was already telling my passengers that I was going to go low to the ground and see how the wind was down there. The direction we were going takes us a few miles with OK places to land. Then becomes all woods, swamps and a large lake, so I didn't want to go to far. At about the same time the a large gust of wind it us I looked at the GPS we now going 28 miles per hour. I didn't want to scare the people, Just told them wanted to get closer to the ground. As I was trying to get close to the ground I could see the wind really picked up... the tree tops were blowing dust was blowing in the fields. I new the wind on the ground was at least 25 MPH. We then hit a another wind gust, this was the big one. Looked up the balloon, it was half caved in and the mouth was almost shut. I was unable to burn for a bit, but new I had to. I looked at the GPS it said 45 mph. We were now around 1500' AGL in a up draft. I knew at this point I had to get the balloon out of this or we would deflate and free fall to the ground. The passengers at this time still didn't really know we were in trouble. I didn't want to tell them, till I could get the balloon back in control. We now had about 9 minutes in to the flight. I could see 3 places to make landings. The first one was about 1 mile a head 80 acre field. Next one was about 2 miles head looked like 100 arcs or so last spot I seen was a lake. I though for a few seconds about if I stay up here the wind may pass. But seeing that I may have to put down in a lake didn't want to have to do that. At about that time my crew started talking on the radio about the wind on the ground. Then my passengers heard that. So I told them we need to get on the ground. At about this I was able to get the balloon down to 500' AGL. I told them we would try this first field for a hard landing. Told them again to hang on tight. They said "I said hang on for dear life" As got close to the ground 200' AGL we were still going 30MPH the field wasn't large enough and we would hit trees and power lines. Now my crew was back on the radio saying you need to be on

the ground. The next field was ½ mile ahead of us we were at 400' AGL. Our speed said to be 32 mph. I told the people on board this was going to be the place where we land. Told them again to hang on it will be a very hard landing. Told them to get low in the basket. We were about 100 feet up I turn off the gas and pilot lights. We were falling at 500' per minute. At about 50 feet I yelled hang on its going to hurt. I also had the vent line in hand at about 20 feet, I pulled as much of the rope as I could, to open the top up. We hit the ground hard. But the wind was still blowing at over 25 MPH. The balloon bounced up back in to the air about 30 feet high or so then hit the ground again. When we hit the ground the back passenger fell into the front compartment of the balloon. The basket then tipped on its sided. I hung on to her and the red line Her husband also was holding her feet. Now basket was sliding on its side. I was using my arm in front of the women's head to came from hitting rocks and what ever. The dirt just kept hitting us in the face. At the same time I was still pulling in more rope to make the top open... "I think the top was in my hands by this time. It felt like someone was pushing the basket on the ground" This whole time I was still holding on the lady. Then the women dropped down in front of the basket. You have to remember the basket is on its side sliding across the ground, my arm is still ahead of her body and head. At about this point the basket seemed to raise up. I couldn't hold her anymore and she slipped though me arm. She went under the basket. The reason this happened was were went in to another field and there was a small ditch we went though. She dropped it to the ditch. As the basket went over her. The basket still slid another 60 to 80 feet then stopped. I asked is every OK they aid yes. I got out ran back to the women to see her condition. Same time chase crew was getting there as well. My wife call 911 from her phone, I took the phone from her. My other crew chief stayed with the women in the ditch, I talked to 911 on where we were. Same time farmer pulled down the road gave me where we were. I told them I thought we needed lots of help and a airlift. The women's foot looked like it wasn't there anymore. It was just so bent around though. Nancy and I went back to the basket to talk to the other two ladies while I was talking to 911. They said they both had foot issues but nothing bad. The husband stayed with his wife he seemed OK, but was hurting as well. The first responders showed up to tend to the passengers. Then a sheriff car pulled out on the field and I started talking to him. This whole time the wind was still blowing. I can remember sitting next to the women with the dirt still blowing off the field, I was thinking I'm glad I landed here rather then stay up and half to do the lake. They loaded the hurt women in to the helicopter and the other two into a

waiting ambulance. They asked if I was hurt, I said yes "I have broken ribs or something". They sent the two other women in 1st ambulance away. The second one showed up put me in there. And they put the husband in fire truck or something and took him away.

After the medics were there and the sheriff was there. I went and looked how far we had dragged.

From the first spot where the balloon hit the ground and went up again and hit the ground again was 200' Where we hit the second time and tipped on our side, slide to where she fell out was about 125' and from the ditch to where it stopped was about 60 feet or so. I sure the police have the measurements on file.

Pilot:

Steve Woller
[REDACTED]

Wausau, WI 54401

Crew Chief

Bill Phare
[REDACTED]

Wausau, WI 54401

Crew

Nancy Woller
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