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

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BASIC INFORMAT	And some the state of the local data in the state of the					1					
Accident/Incident Locat	tion		AK	Date/Time							
Nearest City/Place: Kenai			State: AK.			cal Time: 15	5:15				
ZIP: 99611 Co			mm/dd/yy	yyy Tir	me Zone: AD	т					
	d:mm:ss N/S) Longitude: 15	1*14.69'	(ddd:mm:ss E/W)	時たい	11						
Phase of Operation		10 10		Collision with (Other Aircraft		f In-Flight				
□ Standing □ Takeoff	(incl. initial climb) Cruis		Hover Other	Midair On-ground		Occurren	ce				
Descent Landing			Unknown	None None			50	ft MSL			
AIRCRAFT INFOR	MATION						Ration				
Manufacturer: Piper				Max Gross V	Veight:	2000 lbs					
Model: PA-18-150		bill and		Weight at Ti	me of Accident/In	cident:	20	00 lbs			
Serial Number: 18-826	8			Location of	Center of Gravity	at Time of	Accident/In	ncident:			
Registration Number:		Amateur-b	uilt: 🗌 Yes 🗹 🛚	of	16.9 inches fi						
				-or-			namic Cord				
Category of Aircraft	Type of Airworthiness (Certificate	Number of	f Seats:		ing Gear	Retrac				
Airplane Balloon	(Check all that apply) Standard Spec	ial	If Large Air	craft, how many seat		k any addition guration that	nal landing ge	ar			
Blimp/Dirigible		estricted				ricycle		ailwheel			
Glider Gyrocraft	🗍 Utility 🗍 Li	mited		Crew:							
Helicopter		ovisional operimental		Crew:		mphibian nergency Flo		igh Skid cid			
Powered lift Ultralight	Sp Sp	ecial Flight	Passeng	ers:	🗹 Fl	oat		ci –			
		ght Sport				ull nknown		ci/Wheel			
Type of Maintenance P	rogram	Last Inst	pection Type		Date Last Inspe		05/05/12				
Annual		100 Ho		ous Airworthiness	and Dast mope		m/dd/yyyy				
Conditional (Amateur-bu		AAIP	Condition	onal Inspection	Dealer of the		000	- 7			
Other Approved Inspection		Annual	Unknow	vn	Airframe Total			D./ hrs			
Continuous Airworthines	S				hours measure	and the second sec		ent/Incident			
IFR Equipped		Stall War	ning System Ins								
Yes No Unk	nown		No Unkno		Type of Fire Extinguishing System						
personal survey and prevention and the	LT Activated	ELT Mar	ufacturer: ACK	(
Yes No	Yes 🔽 No	Model/Se	odel/Series: E-04								
ELT Aided in Locating Accident/Incident Serial N			erial Number: 004625								
Yes No		Battery T	ype: Lithium		Batte	ery Exp. Da	ate: 01/31/	2017			
Engine Type	Reciprocatin	ng Fuel	Propeller								
Reciprocating Tu	bo Jet System Type			Monufa	cturer: McCauley						
	tho Fan Carburetor		Fixed Pitch	Pitch Model	1A175 GM8242						
				Nodel:	Engine Rated	1	I				
					Power Measured		Time	Time			
		Sec. 1.		Date	as (check one)	Total	Since	Since			
Engine Engine Manufact	urer Model/Series		Manufacturer's Serial Number	of Mfg. mm/dd/yyyy	Horsepower	or Time (hours)	Inspection (hours)	Overhaul (hours)			
Eng. 1 Lycoming	O-320-B2B		-9315-39A	06/19/1979	15	4339.5	35.7	2335.7			
Eng. 2											
Eng. 3											
Eng. 4				1. S. R. M. C.		10					

OWNER/OPERATOR IN	FORMATIO	N		
Registered Aircraft Owner			Owner Address	
Name: Cary Foster & Sharmain	e Vestal		City: Anchorage	
Fractional Ownership Aircraft: [Yes 🖌 No		State: <u>AK.</u> Country: <u>USA</u>	
Operator of Aircraft 🛛 🗐 S	Same As Registered	d Owner	Operator Address	Same As Registered Owner
Name:			City:	
Doing Business As:			State:	ZIP:
Air Carrier/Operator Designator (4		e):	Country:	
Regulation Flight Conducted Un			Revenue Sightseein	ng Flight Yes 🛛 No
	FAR 91 Special Non-US, Commo			
🗌 FAR 121 🗌 FAR 135	Non-US, Non-co Armed Forces		Air Medical Flight	Yes 🛛 No
Purpose of Flight for FAR 91, 103, 133, 137 (Select of	ne)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commerci (Check all that apply)	ial Operating Certificate Held
Personal		Scheduled or Commuter	None	0 (0 (101)
Business Executive/Corporate		Non-Scheduled or Air Taxi	Flag Carrier Operat	ting Certificate (121)
Other Work Use		Domestic or International	Air Cargo	(120)
Instructional Ferry		Domestic International	Commuter Air Car	rier (135)
Positioning			On-Demand Air Ta	
Aerial Application		Cargo Operation	Rotorcraft External	
Air Drop		Passenger/Cargo	- or -	
Air Race / Show		Passenger How many? Cargo Ibs	Agricultural Aircra	uft (137)
Public Use		Mail	Other Operator of I	Large Aircraft
	ULISION (f air or ground collision occurred, complet	this section for other	-izaza(t)
the second se		:		Damage to Other Aircraft
				Destroyed Minor
			and the second se	Substantial None
Registered Owner of Other Airc	raft	a Second	1	Substantial None
First Name:	raft	City:		
First Name: Middle Initial:	eraft	State:	ZIP:	
First Name:	eraft	State:	ZIP:	
First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name:		State: Country:		
First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial:		State: Country: City: State:	ZIP:	
First Name:		State:	ZIP:	
First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN	CTION/FAIL	State:Country:City:State:State:State:Country:State:Country:State:Country:State:Country:State:Country:State:Country:State:Country:State:Country:State:Country:State:Country:State:COUNTPUTE (If more space is needed, continued)	ZIP:	
First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct	CTION/FAIL tion/Failure?	State: Country: State: Country: LURE (If more space is needed, continue Ves No Unknown	ZIP:	
First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN	CTION/FAIL tion/Failure?	State: Country: State: Country: State: Country: LURE (If more space is needed, continue 2 Yes D No D Unknown serial no., and describe the failure.)	ZIP:	Total Time/Cycles On Part
First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct (If yes, list the name of the part, manuf Propeller Fracture of one Blade approximation	CTION/FAIL tion/Failure? facturer, part no., s roximately 9 inch	State: Country: State: Country: State: Country: LURE (If more space is needed, continue 2 Yes D No D Unknown serial no., and describe the failure.)	ZIP:	Total Time/Cycles On Part Unknown Hours
First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct (If yes, list the name of the part, manuf	CTION/FAIL tion/Failure? facturer, part no., s roximately 9 inch	State: Country: State: Country: State: Country: LURE (If more space is needed, continue 2 Yes D No D Unknown serial no., and describe the failure.)	ZIP:	Total Time/Cycles On Part Unknown Hours Unknown Cycles
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First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct (If yes, list the name of the part, manuf Propeller Fracture of one Blade app McCauley: Model # 1A175, s/n CD0	CTION/FAIL tion/Failure?	State:	ZIP:	Total Time/Cycles On Part Unknown Hours Unknown Cycles Time Since This Part Inspected/Overhauled
First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUN Was there Mechanical Malfunct (If yes, list the name of the part, manuf Propeller Fracture of one Blade approximation	CTION/FAIL tion/Failure?	State:	ZIP:	Total Time/Cycles On Part Unknown Hours Unknown Cycles Time Since This Part Inspected/Overhauled

	Other Property (use addit	tional sheet if n	necessary)	ion domestic	The Wing and	ars were damaged at the
Description of Damage to Aircraft and O The fuselage was damaged at the wing attack fuselage attach points, as well at both lift strut	and the state of t	-h The	a ongine cowling w	pats and the flo	hat rigging was	s damaged.
ruserage attach points, as well at both lift stru-	one all	adii				
			toach tale t	within 2 mil	of an aiment	complete this section)
AIRPORT INFORMATION (If the			roach, takeoff or v Distance From	Airport Cent	ter:	SM
Airport Identifier:						degrees MAG
Airport Name:		On Airstrip	Airport Elevat			O MOT
Proximity to Airport Off Airport/Airs		Sucursuip	Port Eleva			
Approach Segment (Select one)	ing 🔲 Base		🔲 Fi			Go Around
Crosswind Down		w Approach		borted Landing (
IFR Approach (Check all that apply)] Provent	VFR Approach	(Check all the		top and Go
□ None □ PAR □ ADF/NDB □ Sidestep		Practice GPS	Traffic Pattern	1	To To	ouch and Go
SDF ILS	ASR	Loran	Straight-In		🗖 Si	imulated Forced Landing orced Landing
□ VOR/TVOR □ Localizer Only □ VOR/DME □ LOC-back course	and the second se	Unknown	U Valley/Terrain	a ronowing	🗖 Pr	recautionary Landing
	Circling		Full Stop		U	nknown
Runway Information			and the second		ng Surface	(Check all that apply)
Runway ID:(L/R/C) Length:	and the second se	ft	Dry Holes	Snow	-Crusted	Water-Choppy
Runway/Landing Surface (Check all that			Ice Covered		v-Dry	Water-Glassy
	tal/Wood 🗌 Unknown	1	Rubber Depos	sits Soft		Unknown
Dirt Ice Sno)w		Slush Covered		tation	
FLIGHT ITINERARY INFORMA					Constant of	
					-	
Last Departure Point	Time of Departure	Destination				t Plan Filed
Airport ID: Konovalof Lake	Time of Departure Time: 15:15	Airport ID:	LHD		None Company	VFR/IFR
Airport ID: Konovalof Lake City: Kenai	Time: <u>15:15</u>	Airport ID: _	LHD orage		None Company Military	VFR/IFR
Airport ID: Konovalof Lake City: Kenai State: AK.		Airport ID: <u> </u> City: <u>Ancho</u> State: <u>AK</u> .	LHD orage		None Company	VFR IFR VFR Unknown
Airport ID: Konovalof Lake City: Kenai State: AK. Country: USA	Time: <u>15:15</u> Time Zone: <u>ADT</u>	Airport ID: _	LHD orage		None Company Military VFR	VFR IFR VFR Unknown
Airport ID: Konovalof Lake City: Kenai State: AK. Country: USA Type of ATC Clearance/Service (Check of None Special VFR	Time: <u>15:15</u> Time Zone: <u>ADT</u> all that apply)	Airport ID: <u> </u> City: <u>Anche</u> State: <u>AK.</u> Country: <u>US</u>	LHD orage SA	FR Flight Followi	None Company Military VFR Activated?	VFR IFR VFR Unknown VFR Ves No
Airport ID: Konovalof Lake City: Kenai State: AK. Country: USA Type of ATC Clearance/Service (Check of None Special VFR VFR IFR	Time: <u>15:15</u> Time Zone: <u>ADT</u> all that apply) Specia	Airport ID: <u> </u> City: <u>Ancho</u> State: <u>AK.</u> Country: <u>US</u> ial IFR On Top	LHD orage SA		None Company Military VFR Activated?	VFR IFR VFR Unknown
Airport ID: Konovalof Lake City: Kenai State: AK. Country: USA Type of ATC Clearance/Service (Check of None Special VFR VFR IFR Airspace where the accident/incident oc	Time: <u>15:15</u> Time Zone: <u>ADT</u> all that apply) Specia VFR (ccurred (Check all that apply)	Airport ID: <u> </u> City: <u>Ancho</u> State: <u>AK.</u> Country: <u>US</u> ial IFR On Top <i>pply</i>)	LHD orage SA	R Flight Followi affic Advisory	None Company Military N VFR Activated?	VFR Unknown VFR No VFR VFR No Cruise Unknown / NA
Airport ID: Konovalof Lake City: Kenai State: AK. Country: USA Type of ATC Clearance/Service (Check of Vore Special VFR VFR IFR Airspace where the accident/incident occ Class A Class E Class B Class G	Time: <u>15:15</u> Time Zone: <u>ADT</u> all that apply) Crurred (Check all that apple) Crurred (Check	Airport ID: <u> </u> City: <u>Anche</u> State: <u>AK</u> . Country: <u>US</u> ial IFR On Top <i>pply)</i> shibited Area stricted Area	LHD orage SA UVF D Tra	FR Flight Followi affic Advisory	None Company Military N VFR Activated?	↓ VFR/JFR ↓ VFR ↓ IFR ↓ VFR ↓ Unknown ↓ Yes ↓ No ↓ Cruise ↓ Unknown / NA ↓ Special ↓ Air Traffic Control Area
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Was an amarganay avacuat					and the second se		
was an emergency evacuat	tion of the aircraft p	erformed?	Yes	No No			
Method of Exit - Describe l	how the occupants ex	ited and ho	w many occupan	its evacuated ead	ch location		
Both Pilot and passenger e	wited through the from	windshield	Two occupants	total			
Dourr not and pubbongor o	kitoù unough uno nom	. mindornioid	. The eccupation	, total.			
WEATHER INFORM				president of the provide the president of the second			
Weather Observation Faci	lity		Source of Weath		1	Method of Briefing	
acility ID: Observation			Check all that appl		Company	(Check all that apply)	
Observation Time: 15:00		[[Flight Service S		Military	Teletype	
			TV/Radio	ort		Telephone/Computer	
Distance from Accident Site:	<u> </u>		Automated Repo		Unknown UATS)	Aircraft Radio	
Direction from Accident Site:	0 degree					Unknown	
Briefing Type/Completenes	35		ight Condition			Visibility	
Full Partial / Limited By Pilot	Abbreviated			Dusk	Dark Night	10.	
Partial / Limited By Pilot Partial / Limited By Briefer	Unknown Not Pertinen		Day [] Night	Bright Night Not Reported	10+ miles	
ky/Lowest Cloud Condition		Ceiling				V (Check all dist 1)	
Clear	Thin Broken	None (cle	ear)	Obscured	Restriction to Visibilit		
	Thin Overcast	Broken		Indefinite	Blowing Dust	Ground Fog	
Scattered	Unknown	Overcast	L	Unknown	Blowing Sand	Haze	
owest Cloud Condition He	eight	Ceiling He	iaht		Blowing Snow	☐ Ice Fog ☐ Smoke	
		cening rie	0	00 0	Dust	Unknown	
estimated 400 Vind Direction			estimated 50				
Indicated:	Wind Speed		Wind Gust	S	Type of Turbulence (C	heck all that apply)	
degrees MAG	Velocity:	_KTS	Velocity:	KTS	None In Cl		
	-or-					nity of Thunderstorm	
Variable	Light and Variable	e	Gusting Not Gusting		Severity of Turbulence		
A					Severe Mode	erate Light erate Chop	
OTAMs (D, L and FDC), AIRMETs, SIG	METs. PI	REPs in effec	t at the time o	of the accident/incident		
				· at the time t	in the accident/incident		
2	Icine	Forecast					
mperature:(C)	i cing	Amount		Туре		n (Check all that apply)	
or(F)			Moderate	Rime		Drizzle Ice Pellets	
timeter Setting: ii	n. HG	And the second sec] Severe	Clear	Snow	Snow Pellets	
	MB	0		Mixed	Hail [Snow Grains	
or N							
	ft Icing	Actual		1.00		Ice Crystals Ice Pellets Shower	
nsity Altitude:	ft Icing	Amount	Moderate	Type	Freezing Rain	Ice Crystals Ice Pellets Shower Freezing Drizzle	
or M nsity Altitude: w Point:(C) or(F)	ft Icing	Amount one] Moderate] Severe	Type Rime Clear	Freezing Rain	Ice Pellets Shower Freezing Drizzle	

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PILOT "A" INFORMA	ATION			and a second						
Pilot "A" Responsibilities a	t the Time of Acc	ident/Incide	nt 🗖	Check Pilot	☐ Flight	Engineer	Other I	light Crew		
Pilot Co-Pilot	Student Pilot	Flight Ins		CHECK I HOL	LIngh	Lingineer				
Pilot "A" Identification				0.1	Ancho	ane				
First Name: Tyler Middle Initial: S					Ancho	Z	P: 99517			
Last Name: Renner					ntry: US				In other sectors	
Age at time of Accident/Inci	dent:42	Date of Birt	h:/		tificate N	umber:	_			Ð
Degree of Injury	Seat Occupi	ed	min ac yy	Seat	Belt			Shoulder Ha	arness	
None Fatal	Left	Front	Unknow	m Used	6	Yes] No	Used		🗌 No
Minor Unknown	Center	Rear Single		Avail	able	Z Yes] No	Available	V Yes	🗌 No
Pilot Certificate(s) (Check of		L Suge							H-11	
□ None □ Stu		Recrea	tional	Commercia	al		Flight Engir	neer [Foreign	
	ght Instructor	Sport Sport		Airline Tra			U.S. Militar			
Principal Occupation	Medical Certific	ate		Med	ical Cert	ificate Val	idity	Date of La	st Medical	l.
Pilot		Class 3	an (Smart Dilet			tations/waiv ons/waivers		12/22/2	2011	
Other Unknown		Driver's Licen Unknown	se (Sport Pilot		nknown	ons/waivers		mm/dd/	vyyy	
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Medical Certificate Waiver None Date of Last Flight Review or Equivalent, Including	5	-	Review Airc	raft -560 Simulat	or at Sin	nuFlite in I	Dallas, TX			
FAR 121/135 Checks: _	01/06/2012			-500 Simular	or at on	iui iite iii i	Jallas, TA			
11 1 n	mm/dd/yyyy	Model:		nt Datin ()	T	Instructor	Dotin ()			
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Single-Engine Land Single-Engine Sea	Airship		Airplan				e Single-Eng Multi-Engi		Instrument H Helicopter	Helicopter
Multiengine Land	Glider		Power			Gyropla	ne		Glider	
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Type Ratings CE-500, CE-560XL						Student E	ndorseme	nts (Include d	ates)	
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number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air 0
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This Make/Model	76	2.2	43.2	40	0		0	and the second second second	0	0
Last 90 Days	25	3.2	43.2	15	0		0		0	0
Last 30 Days Last 24 Hours	.6	.6	.6	0	0		0		0	0
Last 24 11/015	.0			7						

PILOT "B" INFORMA	TION			Second Second Second	Constant de	- Mariene Landon			A Dester Sold	and the second second
Pilot "B" Responsibilities at	and the second se	dent/Incider	nt	in the second						
Pilot Co-Pilot	Student Pilot	Flight Inst	tructor	Check Pilot	☐ Fligh	nt Engineer	Other F	light Crew		
Pilot "B" Identification										
First Name:				City	:					
Middle Initial:	-		ne et			Z				
Last Name:					ntry:					
Age at time of Accident/Incide	ent:]	Date of Birth	h:	Cert	tificate 1	Number:				
Degree of Injury	Seat Occupied		mmudaryy	Seat	Belt			Shoulder H	arness	
None Fatal		Front	Unknown	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			No	Used	Yes	No No
Minor Unknown		Rear		Avail	able	Yes [No	Available	Yes	🗌 No
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	Iedical Certificat	e	5.	Med	ical Cer	rtificate Va	lidity	Date of L	ast Media	cal
	None C	Class 3			ithout lir	mitations/wai	vers			
Other		Driver's Licens	se (Sport Pilot		hth limita	ations/waiver	S	mm/dd/	VVVV	
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Date of Last Flight Review	mm/dd/yyyy									
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ADDITIONAL FLIGHT CR	EW MEMBERS	(Exclusive of cabin	attendants, complete the	following info	ormati	on)	
Pilot Name and Address						Degree of In	
First Name: Middle Initial:		City: State:	ZIP:			None Minor	Fatal Unknown
Last Name:		Country:		_		Serious	
Pilot Certificate(s) (Check all that	t apply)					Seat Occup	
None Student	Recreational	Commercial	Flight Engineer	Foreign		Left Right	Front Rear
Private Flight Instructor	Sport Sport	Airline Transport	Time at the Time			Center	Single
Type Rating/Endorsement for Accident/Incident Aircraft?	Yes No	of this Accide		hrs			Unknown
Pilot Name and Address						Degree of I	
First Name:		City:	ZIP:			□ None □ Minor	Fatal
Middle Initial: Last Name:		Country:	ZIP:	_		Serious	
Pilot Certificate(s) (Check all that						Seat Occup	ied
None Student	Recreational	Commercial		Foreign		Left Right	Front Rear
Private Flight Instructor Type Rating/Endorsement for	Sport Sport	Airline Transport	Li U.S. Military			Center	Single
Accident/Incident Aircraft?	Yes No	of this Accide	ent/Incident:	hrs			Unknown
Pilot Name and Address			and the second	State State		Degree of I	
First Name:		City:	ZIP:	and longer,		☐ None ☐ Minor	Fatal
Middle Initial: Last Name:		State: Country:	ZIP:		6 GS	Serious	
Pilot Certificate(s) (Check all that	at apply)					Seat Occup	ied
None Student	Recreational	Commercial	Flight Engineer	Foreign		Left	Front
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Type Rating/Endorsement for Accident/Incident Aircraft?	Yes No		Time at the Time ent/Incident:	hrs			Unknown
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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.

The accident occurred on July 14th, 2012 at approximately 15:15 LCL ADT on Konovalof Lake, Kenai, AK. with a destination of Lake Hood Seaplane base in Anchorage, AK. no services were obtained. The terrain was a lake surrounded by trees with small rises in the terrain.

I started my take-off from northeast end of the lake and the take-off was normal. I lowered the nose to gain airspeed at about 50 feet. Twelve seconds after lift-off approximately 9 inches broke off of one blade of the propeller. The aircraft shook violently and lost airspeed rapidly. I pulled the throttle to idle, with no change to the vibration I pulled out the mixture and started a left turn to avoid trees as I was at the end of the lake. I impacted the water nine seconds after initial indication of a problem in a nose low attitude as I could not get out of the sink rate that I was in. The aircraft remained intact and upright in the water approximately 20 yards from an island at the end of the lake.

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

Operator/Owner Safety Recommendation

Unknown at this time.

ADDITIONAL	INFORMATION (Please type or print in ink,
Use this space if ac	iditional space is needed for any answers.

				Sec. 1
I HEREBY CERTIF	Y THAT T	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BE	EST OF MY KNOWLEDGE
Date of this Report		and Name of Pilot/Operator		
07/31/2012		21/ 1/2 4	-	
mm/dd/yyyy		mt Name: Tyler S. Renner		
Signature and Name	of Person	Filing Report if Other than Pilot/Operat	or	
Signature:				
Type or Print Name:				
Title:			And Ares and a second	
		FOR NTSB	USE ONLY	
NTSB Accident/Inci ANCIZUAO		Reviewed by NTSB Regional Office	Name of Investigator Johnson	Date Report Received

