

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>Spokane Lipsie Lake</u> State: <u>WA</u> ZIP: <u>54801</u> Country: <u>USA</u> Latitude: <u>N45°51.75</u> (dd:mm:ss N/S) Longitude: <u>W098°02.76</u> (ddd:mm:ss E/W)					Date/Time Date: <u>12-25-10</u> Local Time: <u>1400</u> mm/dd/yyyy Time Zone: <u>Central</u>								
Phase of Operation ☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover ☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other ☐ Descent ☒ Landing ☐ Approach ☐ Unknown					Collision with Other Aircraft ☐ Midair ☐ On-ground ☒ None		Altitude of In-Flight Occurrence _____ ft MSL						
AIRCRAFT INFORMATION													
Manufacturer: <u>Cessna</u> Model: <u>305 A</u> Serial Number: <u>02728</u> Registration Number: <u>N 6897</u> Amateur-built: ☐ Yes ☒ No					Max Gross Weight: <u>2,100</u> lbs Weight at Time of Accident/Incident: <u>2070</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>135.87</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)								
Category of Aircraft ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyrocraft ☐ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport		Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☐ Skid ☐ Float ☐ Ski ☐ Hull ☒ Ski/Wheel ☐ Unknown							
Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____			Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown		Date Last Inspection: <u>9-2-10</u> mm/dd/yyyy Airframe Total Time: <u>6587</u> hrs hours measured at (check one) ☐ Last Inspection ☒ Time of Accident/Incident								
IFR Equipped ☐ Yes ☒ No ☐ Unknown			Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown		Type of Fire Extinguishing System ☐ None ☒ Specify <u>Hand Held</u>								
ELT Installed ELT Activated ☒ Yes ☐ No ☐ Yes ☒ No			ELT Manufacturer: <u>ACK</u> Model/Series: <u>E-01</u> Serial Number: <u>029633</u> Battery Type: <u>0</u> Battery Exp. Date: <u>3-2011</u>										
Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown		Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected		Propeller ☒ Fixed Pitch ☐ Controllable Pitch Manufacturer: <u>McCaulley</u> Model: <u>1A 200-9047</u>									
Engine Eng. 1 <u>TCM</u> Eng. 2 _____ Eng. 3 _____ Eng. 4 _____		Engine Model/Series <u>0470-11</u> <u>710 2227</u>		Date of Mfg. <u>1-9-75</u> mm/dd/yyyy		Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust <u>213</u>		Total Time (hours) <u>1391.2</u>		Time Since Inspection (hours) <u>10.7</u>		Time Since Overhaul (hours) <u>93.6</u>	

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Kevin Kronlund</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Spooner</u> State: <u>WI</u> ZIP: <u>54801</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
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 Sightseeing 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 _____ How many? ☐ Cargo _____ lbs ☐ Mail	
Type of Commercial Operating Certificate Held (Check all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (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			
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number _____	Manufacturer: _____ Model: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft 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? ☐ Yes ☒ No ☐ 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 ☐ 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			

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> Left main gear separated at main Landing gear Box Left wingtip outboard 14 inches bent 50° up Propeller blades curled back starting at about Sta. 24 Left main ski tip separated			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
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 <i>(Select one)</i> ☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around ☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> ☐ 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 <i>(Check all that apply)</i> ☐ 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		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ 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	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown ☐ Dirt ☐ Ice ☐ Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>Warkinds North</u> City: <u>Spooner</u> State: <u>WI</u> Country: <u>USA</u>		Time of Departure Time: <u>13.45</u> Time Zone: <u>Central</u>	
Destination Airport ID: <u>Lipsie Lake</u> City: <u>Spooner</u> State: <u>WI</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No	
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ 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 <i>(Check all that apply)</i> ☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock ☒ Passenger ☐ Towing Banner ☐ Water ☐ Unknown ☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i> <u>15</u> Gallons		Fuel Type ☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____ ☒ 100 Low Lead ☐ Jet A ☐ JP4 ☐ 100/130 ☐ Automotive ☐ JP5	
Other Services, if Any, Prior to Departure			

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

Myself and my passenger got out of the airplane as we normally would have after landing

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**Facility ID: KRPAObservation Time: 11:45Time Zone: CentralDistance from Accident Site: 31.9 NMDirection from Accident Site: 162 degrees MAG**Source of Weather Information**

(Check all that apply)

- ☒ National Weather Service
☐ Flight Service Station
☐ TV/Radio
☐ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☐ Internet
☐ Unknown

Method of Briefing

(Check all that apply)

- ☐ In Person
☐ Teletype
☐ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness

- ☐ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☐ Not Pertinent

Light Condition

- ☐ Dawn
☒ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility5 to 6 miles**Sky/Lowest Cloud Condition**

- ☐ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☐ Thin Broken
☒ Thin Overcast
☐ Unknown

Ceiling

- ☐ None (clear)
☐ Broken
☒ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility (Check all that apply)

- ☒ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height3000 ft AGL**Ceiling Height**3 to 3 thousand Est. ft AGL**Wind Direction**

- ☐ Indicated:
0 degrees MAG
☐ Variable

Wind Speed

- Velocity: _____ KTS
 -or-
☒ Calm
☐ Light and Variable

Wind Gusts

- Velocity: _____ KTS
☐ Gusting
☒ Not Gusting

Type of Turbulence (Check all that apply)

- ☒ None
☐ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence

- ☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☐ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

unknown

Temperature: _____ (C)
 or 81 (F)Altimeter Setting: 29.74 in. HG
 or _____ MBDensity Altitude: unknown ftDew Point: _____ (C)
 or unknown (F)**Iceing Forecast****Amount**

- ☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Iceing Actual**Amount**

- ☒ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe

Type

- ☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation (Check all that apply)

- ☒ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation

- ☐ Light
☐ Moderate
☐ Heavy

PILOT "A" INFORMATION																																																																																																			
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: <u>Kevin</u> City: <u>Spokane</u> Middle Initial: <u>C</u> State: <u>WA</u> ZIP: <u>99201</u> Last Name: <u>Kronlund</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>53</u> Date of Birth: <u> </u> Certificate Number: <u> </u> mm/dd/yyyy																																																																																																			
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☐ Left ☒ Front ☐ Unknown ☐ Right ☒ Rear ☐ Center ☐ Single			Seat Belt Used ☒ Yes ☐ No Available ☒ Yes ☐ No		Shoulder Harness 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 <u>7-28-2009</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations <u>must have available glasses for near vision</u>																																																																																																			
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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																																																																																													
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PILOT "B" INFORMATION																																																																																																													
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Pilot "B" Identification First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																													
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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																																																																																																							
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																	
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown											
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs														
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious											
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PASSENGER(S) / OTHER PERSONNEL (Include flight attendants, continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown	
Name and Address First Name: <u>Raquel</u> City: <u>Chaska</u> Middle Initial: <u>m</u> State: <u>mn</u> ZIP: <u>55318</u> Last Name: <u>Woodis</u> Country: <u>USA</u>						Rear											
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____																	
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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.

See attached sheet

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

Operator/Owner Safety Recommendation

See attached sheet

12-25-2010

I went to Warbirds North airport, a private airport northwest of Spooner, at about 12:30 PM. I had looked at the weather on the computer for the Rice Lake airport. The flight was going to be approx. 4 to 5 miles southwest of the airport to Lipsie Lake, where my uncle lives (he had invited us for Christmas dinner).

I had the airplane plugged in so the engine was warm. I did a complete preflight before I pushed the airplane out of the hangar.. Oil level was good and I had approx. 15 gallons of gas . My stepdaughter Raquel was my passenger. I did my normal run-up, pumped the skis down and back taxied onto runway 27.

I applied 30° of flaps and departed on runway 27 and flew southwest at approx. 1,000 feet to Lipsie Lake. Upon arriving over the lake I dropped down to about 500 feet and circled the perimeter of the lake to look for fishermen and slush, as my uncle had told me by phone that morning that there was slush along his shoreline.

I circled twice and, not seeing any fishermen, decided to land to the east where I would have plenty of length to take off again if I were to encounter slush. I applied 20° of flaps and pulled on the carb heat.

I dropped down to approx. 200 feet over the lake and flew to the west side of the lake. I was at 80 mph.

I made a left turn to a short final because I was aware that it was difficult to judge my altitude on the snow-covered lake after I had turned away from the shoreline. I touched down on my left ski first and heard a loud bang. I looked out my left window and observed the left ski sticking out at about 90° from the fuselage.

I did not feel the airplane shudder or veer. I was still lined up on my planned landing path. I added power and actually lifted the left ski and landing gear off the lake and taxied to the east side of the lake where my uncle's house is. When I came to a stop, the left wingtip came to rest on the snow and I shut the engine down.

Raquel and I got out as we normally would have. Neither one of us was injured.

Kevin Kronlund

I believe this could have been prevented if I would have extended my downwind leg further and made a long gradual descending final approach. This would have made my touchdown point closer to the middle of the lake. I would have still had room to take off again, if needed, and less likely of a chance of encountering slush and rough ice.

I live on a lake which is 56 acres, with high tree-covered shoreline on three sides. I do most of my ski-flying in and out of this lake, which requires me to make much steeper and shorter approaches and that was not necessary on landing on Lipsie Lake, which is much bigger.

This was ultimately pilot error, my pilot error, as I did not see anything abnormal until I heard the bang and realized my landing-gear was damaged.

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

12-29-10

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Kevin Kronlund

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.

CEN11CA139

Reviewed by NTSB Regional Office

CEN

Name of Investigator

Sauer

Date Report Received

01/03/11