

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: SEATTLE State: WA
 ZIP: 98108 Country: USA
 Latitude: 47.53N Longitude: 122.3W
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 6/2/16 Local Time: 2:20 AM
 mm/dd/yyyy Time Zone: Pacific

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N3010M
 Manufacturer: Piper
 Model: Malibu Jet Prop P46T
 Serial Number: 436231
 Year of Manufacture: 1999

Amateur-Built: Yes If Yes: Kit/Plans Make: _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 4358 lbs
 Weight at Time of Accident/Incident: 3994 lbs
 Number of Seats: 6 Flight Crew Seats: 1
 Cabin Crew Seats: _____ Passenger Seats: 5
 Number of Engines: 1

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard Special
☒ Normal ☐ Restricted
☐ Aerobatic ☐ Limited
☐ Balloon ☐ Provisional
☐ Commuter ☐ Special Flight
☐ Transport ☐ Experimental
☐ Utility ☐ Special Light-Sport
☐ Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear

(Check all that apply)

☒ Retractable
☐ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
 Other Launch/Recovery System
 None Unknown

Engine Type (Select one)

Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
☒ Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric

Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours) Overhaul (hours)
Eng. 1	<u>Pratt & Whitney</u>	<u>PT6-35</u>	<u>PCE-RR0098</u>	<u>02/15/2005</u>	<u>750 HP</u>	<u>2725.0</u>	<u>86.4</u>
Eng. 2						<u>Borescope</u>	<u>52.1</u>
Eng. 3							
Eng. 4							

Last Inspection Type

100-Hour Continuous Airworthiness
 AAI Conditional Inspection
Annual Unknown

Date Last Inspection: 12/18/2015
 mm/dd/yyyy

Airframe Total Time: 3582.1 hrs
 hours measured at (Select one)
Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Description of Fire Extinguishing System

None
 Specify: _____

Propeller 1

Fixed Pitch
☒ Controllable Pitch
 Ground Adjustable

Manufacturer: Hartzell
 Model: HC-E4N-3N-DB292B

ELT Installed: Yes No

If Yes:

ELT Manufacturer: _____
 Model or Part No.: _____
 TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No
 Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft? Yes No

If not activated:

Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
Unknown

Propeller 2

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____
 Model: _____

Additional Equipment (Check all that apply)

ADS-B
 Airframe Parachute
 Angle of Attack Indicator
Autopilot
Data Recorder
Electronic Flight Bag or Handheld Device
Electronic Multifunction Display
Electronic Primary Flight Display
Handheld GPS
Heads Up Display
Onboard Weather
Satellite Tracking Device
Stall Warning System
Video Recording Device
 Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: ZASER & Longston, Inc.

Fractional Ownership Aircraft: Yes No

City: Kirkland

State: WA ZIP: 98033

Country: USA

Operator of Aircraft

Same As Registered Owner

Name: GREG D. ZASER

Doing Business As: _____

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

Same Address as Registered Owner

City: Medina

State: WA ZIP: 98039

Country: USA

Operating Certificates Held

(Check all that apply)

☒ None

Flag Carrier Operating Certificate (FAR 121)

Supplemental

Air Cargo

Foreign Air Carriers (FAR 129)

Rotorcraft External Load (FAR 133)

Commuter Air Carrier (FAR 135)

On-Demand Air Taxi (FAR 135)

Commercial Air Tour (FAR 136)

Agricultural Aircraft (FAR 137)

Pilot School (FAR 141)

Certificate of Authorization or Waiver (COA)

Commercial Space Transportation

Experimental Permit

Commercial Space Transportation License

Other Operator of Large Aircraft

Regulation Flight Conducted Under

☒ FAR 91 FAR 129 FAR 415
FAR 103 FAR 133 FAR 431
FAR 121 FAR 135 FAR 435
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces

Federal

State

Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter
Non-Scheduled or Air Taxi

Domestic
International

Passenger
Cargo
Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

Aerial Application

Aerial Observation

Air Drop

Air Race/Show

Banner Tow

☒ Business

Executive/Corporate

External Load

Ferry

Firefighting

Flight Test

Glider Tow

Instructional

Other Work Use

☒ Personal

Positioning

Skydiving

Unknown

Revenue Sightseeing Flight

Yes ☒ No

Air Medical Flight

Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Boeing Field / King County Int.

Airport Identifier: KBFI

Proximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: 21' ft. msl

Runway Information

Runway ID: 13R (L/R/C) Length: 10000 ft Width: 200' ft

Runway/Landing Surface (Check all that apply)

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

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
Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

Taxi VFR Departure
Takeoff IFR Departure Procedure/Clearance
Initial Climb

☒ On Instrument Approach
Landing

Downwind
Base
☒ Final
Crosswind

Low Approach
Go Around
Aborted Landing (after touchdown)
Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: GREG City of Residence: Medina
 Middle Initial: D State: WA ZIP: 98039
 Last Name: ZASER Country: USA
 Age at time of Accident/Incident: 64 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☒ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Restraint Type

Available	Used
☐ None	☐ None
☒ Lap only	☒ Lap only
☒ 3-point	☐ 3-point
☐ 4-point	☐ 4-point
☐ 5-point	☐ 5-point
☐ Unknown	☐ Unknown

Inflatable Restraints

☒ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) (Check all that apply)

☒ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

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 ☐ Unknown
☐ With limitations/waivers ☐ N/A
☒ Special Issuance

Date of Last Medical

01/19/2016
 mm/dd/yyyy

Medical Certificate Limitations

MAST WAVE CORRECTIVE LENSES

Medical Certificate Special Issuance

not valid for any class after 1/31/17

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

03/06/16
 mm/dd/yyyy

Flight Review Aircraft

Make: PIPER
 Model: Mirage Jet Prop DLX

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
☐ 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	2080.1	56.5	2080.1		109.2	265.9	185.6			
Pilot in Command (PIC)	1904.6	56.5	1904.6		109.2	265.9	185.6			
Time as Instructor										
This Make/Model										
Last 90 Days	56.5	56.5	56.5		19.8	3.0				
Last 30 Days	21.2	21.2	21.2		5.9	1.4				
Last 24 Hours	4.8	4.8	4.8		4.8	1.4				

"FLIGHT CREWMEMBER 2" INFORMATION

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

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

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

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

Degree of Injury None Fatal Minor Unknown Serious	Seat Occupied Left Front Right Rear Center Single Unknown	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap only	Lap only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer					
None	Flight Instructor	Commercial	US Military														
Private	Recreational	Airline Transport	Foreign														
Student	Sport	Flight Engineer															
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 Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy														

Medical Certificate Limitations

Medical Certificate Special Issuance

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

Flight Review Aircraft

Make: _____
 Model: _____

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 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) <table style="width: 100%;"> <tr> <td>None</td> <td>Instrument Airplane</td> </tr> <tr> <td>Airplane Single-Engine</td> <td>Instrument Helicopter</td> </tr> <tr> <td>Airplane Multi-Engine</td> <td>Helicopter</td> </tr> <tr> <td>Gyroplane</td> <td>Glider</td> </tr> <tr> <td>Powered Lift</td> <td>Sport</td> </tr> </table>	None	Instrument Airplane	Airplane Single-Engine	Instrument Helicopter	Airplane Multi-Engine	Helicopter	Gyroplane	Glider	Powered Lift	Sport
None	Instrument Airplane												
Airplane Single-Engine	Instrument Helicopter												
Airplane Multi-Engine	Helicopter												
Gyroplane	Glider												
Powered Lift	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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

Crew Name and Address				Seat Occupied		Injury		
First Name: _____		City of Residence: _____		Left	Front	None		
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor		
Last Name: _____		Country: _____		Right	Single	Serious		
					Unknown	Fatal		
						Unknown		
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints		
None		Flight Instructor		Available		Used		
Private		Recreational		None		None		
Student		Sport		Lap Only		Lap Only		
		Commercial		3-point		3-point		
		Airline Transport		4-point		4-point		
		Flight Engineer		5-point		5-point		
		US Military		Unknown		Unknown		
		Foreign						
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes No								

Crew Name and Address				Seat Occupied		Injury		
First Name: _____		City of Residence: _____		Left	Front	None		
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor		
Last Name: _____		Country: _____		Right	Single	Serious		
					Unknown	Fatal		
						Unknown		
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints		
None		Flight Instructor		Available		Used		
Private		Recreational		None		None		
Student		Sport		Lap Only		Lap Only		
		Commercial		3-point		3-point		
		Airline Transport		4-point		4-point		
		Flight Engineer		5-point		5-point		
		US Military		Unknown		Unknown		
		Foreign						
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes No								

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

Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: <u>KELSEY</u> City: <u>Medina</u>		☒ Left ☐ Center ☐ Right ☐ Unknown Row: <u>2</u>	☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	<u>23</u> Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: <u>M</u> State: <u>WA</u> ZIP: <u>98039</u>				None	None		
Last Name: <u>ZASER</u> Country: <u>USA</u>				Lap Only	Lap Only		
Crew ☐ Passenger ☒ Other ☐				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____				None	None		
Last Name: _____ Country: _____				Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____				None	None		
Last Name: _____ Country: _____				Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available	Used	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____				None	None		
Last Name: _____ Country: _____				Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KRNO</u> City: <u>RENO</u> State: <u>NV</u> Country: <u>USA</u>	Time of Departure Time: <u>11:57 PM</u> Time Zone: <u>POT</u>	Destination Airport ID: <u>KBFI</u> City: <u>SEATTLE</u> State: <u>WA</u> Country: <u>USA</u>	Type Flight Plan Filed None Company VFR Military VFR VFR Activated? Yes No Unknown VFR/IFR ~~IFR~~ Unknown
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Type of ATC Clearance/Service (Check all that apply) None VFR Special VFR <u>IFR</u> 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 <u>Class D</u> 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 Altitude of In-Flight Occurrence: <u>2,200'</u> ft msl				

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio ~~Automated Report~~ Commercial Weather Service (DUATS) On-Board Weather Company Military Internet None Unknown	Weather Observation Facility Facility ID: <u>BFI</u> Observation Time: <u>0853 Z</u> Time Zone: <u>GMT Zulu</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions ~~VMC~~ IMC Unknown	Light Condition Dawn Day Dusk ~~Night~~ Dark Night Bright Night Unknown
Sky/Lowest Cloud Condition Clear Few Partial Obscuration ~~Scattered~~ Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height <u>2500'</u> ft agl	Ceiling None (Clear) ~~Broken~~ Overcast Obscured Indefinite Unknown Ceiling Height <u>3100'</u> ft agl
Temperature: <u>16</u> (C) or _____ (F) Dew Point: <u>14</u> (C) or _____ (F) Altimeter Setting: <u>29.92</u> in. Hg or _____ MB	

Wind Direction Variable -or- Direction: <u>170</u> degrees true	Wind Speed Calm Light and Variable -or- Speed: <u>10</u> kts	Wind Gusts Not Gusting -or- Speed: <u>18</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light <u>N/A</u> Moderate Heavy ~~N/A~~ Unknown	Type of Precipitation (Check all that apply) ~~None~~ Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	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
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Icing Forecast Amount ~~None~~ Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	Icing Actual Amount ~~None~~ Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	Turbulence Type (Check all that apply) ~~None~~ Clear Air Terrain-Induced Convective Turbulence Severity Light Moderate Severe Extreme
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NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Propeller, Nose Cowling, Left wing, Radar Pod and under belly

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

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

"SEE ATTACHED"

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Electrical Failure

Total Time/Cycles
On Part____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

110

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

100 Low Lead

☒ Jet A

JP8

100/130

Jet A-1

Automotive

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

Normal exit out of main door

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

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

I was flying on an IFR Flight Plan from KRNO to KBFI, over central Oregon and I encounter moderate mixed rime ice at my cruise altitude, 24,000 feet. I engaged all my icing equipment, pitot heat which had already been turned on as well as the ice door had been closed, windshield heat, prop heat, and used the pneumatic ice boots as necessary. I requested an altitude of 26,000 feet to hopefully get above the icing conditions for which I received a clearance and seemed to work. I left these ice protection systems on for the remaining time of the flight and to the ground.

I was on vectors for the ILS 13R at KBFI at 2,200'. Just before I was given a final vector to join the localizer I saw that both the tie bus gen breakers were popped out, but no noticeable failures. I did not notice a generator enunciator light indicating this incident. I pushed them both in and they remained in. Then very shortly after I was given the final vector to join the localizer my whole panel went dark, all the post lights, backlit gauges and engine instrument gauges went dark and failed. The G500, both GNS530's, the 2 Garmin Transponders, the GMX200, the audio panel and the autopilot were still functional. This failure also affected the 3 green gear down & locked lights and the gear warning horn. I quickly looked for a cause but in the darkness it was difficult to see the position of all the breakers. I elected to "fly the plane" rather than flying around and getting distracted trying to trouble shoot the problem possibly putting us at more risk. I didn't know what other systems may have been affected and could possibly affect the safety of flight. I proceeded on the approach to get the plane on the ground as soon as possible. The autopilot joined the localizer and coupled with the glide slope, I lowered the flaps, they were not yet deployed, and deployed the gear sequentially. I thought I felt the gear deploy but without the 3 green gear locked lights and without a gear warning horn I was unable to determine if the gear was down and locked. I proceeded to land, the gear had not deployed and I made a gear up landing. The plane slid down the runway and when it came to a stop I shut down the engine.

Later in the light of the morning when they used a crane to lift the plane so that I could attempt to deploy the gear so the plane could be towed to the hanger I discovered that one of the two (2) tie bus, the one on the right side of the panel, an 80 amp main breakers was popped out. I had been unable to see this before in the darkness of the night. Once I pushed that breaker in the panel came back up, the gear warning horn came on, the gear deployed normally and the 3 green gear locked lights came on. It seems that this popped breaker caused the failure of the gear deployment but it has not yet been determined what made this breaker pop nor has it been determined what made the 2 tie bus gen breakers pop. Subsequently, working with an ANP, Kevin Mead, an expert on Malibus, we discovered that the other, 2nd, 80 amp main breaker on the left side of the panel is inoperative. The plane was functioning on only one half of its electrical system which likely caused the depletion of the batteries and causing the one and remaining main breaker to pop. If the other main breaker had been functional I would not have experienced the electrical failure, the gear would have deployed normally and the 3 green gear locked lights would have illuminated and the landing would have been uneventful. It would seem that the whole root of the cause of this failure and subsequent gear up landing was due to an inoperative tie bus main breaker.


Greg D Zaser Dated: 07/07/2017

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

07/07/2016
mm/dd/yyyy

Name of Pilot/Operator:

GREG D. ZASER

Signature:

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR16LA127

Reviewed by NTSB Regional Office

WPR Federal Way, WA

Name of Investigator

TOM LITTLE

Date Report Received

7/7/2016