



HUMAN PERFORMANCE FACTORS

Attachment 2 – 1996 MCI Driver FAA Toxicology Report

Palm Springs, CA

HWY17MH005

(3 pages)



U.S. Department
of Transportation
**Federal Aviation
Administration**

Mike Monroney
Aeronautical Center

P.O. Box 25082
Oklahoma City, Oklahoma 73125

Thursday, April 27, 2017

National Transportation Safety Board, Highway Safety
490 L'Enfant Plaza East, S.W.
Washington, DC 20594

ACCIDENT # 0231 INDIVIDUAL#: 001 NAME: [REDACTED] MODE: HIGHWAY
DATE OF ACCIDENT 10/23/2016 DATE RECEIVED 11/03/2016 PUTREFACTION: No
N # NTSB # HWY17MH005 CAMI REF # 201600231001
LOCATION OF ACCIDENT Hot Desert Springs, CA
SPECIMENS Blood (Heart), Urine

FINAL FORENSIC TOXICOLOGY FATAL ACCIDENT REPORT

CARBON MONOXIDE: The carboxyhemoglobin (COHb) saturation is determined by spectrophotometry with a 10% cut off and confirmed by chromatography.

>> NO CARBON MONOXIDE detected in Blood (Heart)

CYANIDE: The presence of cyanide is screened by Conway Diffusion, when the COHb level is equal to or greater than 10% or upon special request. Cyanides are quantitated by spectrophotometry and confirmed by chromatography. The reporting cutoff for cyanide is 0.25 ug/mL. Normal blood cyanide concentrations are less than 0.15 ug/mL, while lethal concentrations are greater than 3 ug/mL.

>> NOT PERFORMED

VOLATILES: The volatile concentrations are determined by headspace gas chromatography at a cut off of 10 mg/dL. Where possible, positive ethanol values are confirmed by Radiative Energy Attenuation.

>> NO ETHANOL detected in Urine

DRUGS: Specimens are analyzed using immunoassay, chromatography, GC/MS, HPLC/MS, or GC/FTIR. Concentrations (ug/mL) at or above those in () can be determined for, but not limited to, the following drugs: amphetamines (0.010), opiates (0.010), marijuana (0.001), cocaine (0.020), phencyclidine (0.002), benzodiazepines (0.030), barbiturates (0.060), antidepressants (0.100), and antihistamines (0.020). Drugs and/or their metabolites, that are not impairing or abused, may be reported from the initial tests. See the CAMI Drug Information Web Site for additional information (<http://jag.cami.jccbi.gov/toxicology/>).

>> NO DRUGS listed above detected in Urine

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TC, FAA, Forensic Toxicology
Research Team CAMI



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THESE RECORDS MAY BE RELEASABLE UNDER THE FOIA REQUEST 15
DAYS AFTER SIGNATURE DATE UNLESS WE HEAR OTHERWISE FROM
FAA NTSB COUNSEL

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CLINICAL REPORT

Vitreous fluid and urine are screened qualitatively (reagent strips) and quantitatively (enzymatic spectrophotometric analysis) for the presence of glucose. The Limit of Reporting (LOR) for glucose in urine and vitreous fluid is 5.0 mg/dL. Postmortem levels above 125 mg/dL in vitreous and 100 mg/dL in urine are considered abnormal. Creatinine is quantitatively tested in postmortem urine and vitreous fluid by enzymatic spectrophotometric analysis. The LOR for creatinine in urine and vitreous fluid is 2.5 mg/dL. Normal adult creatinine levels range from 0.6 mg/dL to 1.3 mg/dL in vitreous fluid and 20 mg/dL to 370 mg/dL in urine. Urine concentrations with < 20 mg/dL creatinine and specific gravity of < 1.003 are considered "dilute". Concentrations of serotonin metabolites 5-hydroxytryptophol (5-HTOL) and 5-hydroxyindole-3-acetic acid (5-HIAA) are measured by LC/MS. A 5-HTOL/5-HIAA ratio value < 15 pmol/nmol is not consistent with ethanol ingestion, while a ratio value > 15 pmol/nmol is indicative of ethanol ingestion.

- >> 281 (mg/dl) Glucose detected in Urine
- >> 11.4 (%) Hemoglobin A1C detected in Blood (Heart)

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