

# HUMAN PERFORMANCE FACTORS GROUP CHAIRMAN'S FACTUAL REPORT

**Human Performance Attachment 7 - Post-Crash Toxicology Report for School Bus Driver** 

Baltimore, Maryland

**HWY17MH007** 

(3 pages)

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



Mike Monroney Aeronautical Center P.O. Box 25082 Oklahoma City, Oklahoma 73125

Federal Aviation Administration

Thursday, January 26, 2017

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

Washington, DC 20594

ACCIDENT # 0236 INDIVIDUAL#: 001 NAME: Chappell, Glenn R. MODE: HIGHWAY

DATE OF ACCIDENT 11/01/2016 DATE RECEIVED 11/08/2016 PUTREFACTION: No.

N# NTSB# HWY17MH007 CAMI REF# 201600236001

LOCATION OF ACCIDENT Baltimore, MD

SPECIMENS Blood, Gastric, Kidney, Liver, Lung, Muscle, Spleen, Urine

### PRELIMINARY 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

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 FTHANOL 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), marihuana (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/).

>> 1.858 (ug/ml, ug/g) Carbamazepine detected in Blood

>> Carbamazepine detected in Urine

c=US, o=U.S. Government, ou=AMC, ou=AMC, cn=RUSSELL J LEWIS

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Russell Lewis, Ph.D., F-ABFT TC, FAA, Forensic Toxicology Research Team CAMI

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### CLINICAL REPORT

CLINICAL: Vitreous and Urine are tested for the presence of glucose with reagent strips and by enzymatic spectrophotometric analysis. Postmortem vitreous glucose levels above 125 mg/dL are considered abnormal and postmortem urine levels above 100 mg/dL are considered abnormal. Hemoglobin A1C is analyzed using a latex immunoagglutination inhibition methodology. Hemoglobin A1C blood levels above 6% are considered abnormal. Urine specimens are defined as "dilute" if the creatinine concentration is < 20 mg/dL and the specific gravity is < 1.003. 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.

>> 17820 (mg/dl ) Glucose detected in Urine

Aut

Russell Lewis, Ph.D., F-ABFT TC, FAA, Forensic Toxicology Research Team CAMI c=US, o=U.S. Government, ou=AMC, ou=AMC, cn=RUSSELL J LEWIS 2017.02.01 09:53:30 -06'00'