



# **NATIONAL TRANSPORTATION SAFETY BOARD**

Office of Research and Engineering  
Washington, DC

## **Medical Factual Report**

**April 4, 2016**

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Chief Medical Officer

### **A. ACCIDENT: WPR14FA286; Fall City, WA**

On July 8, 2014, about 0800 Pacific daylight time, a Cessna 182, N5816B, was substantially damaged following impact with terrain at a golf course near Fall City, Washington. The certified private pilot, the owner and sole occupant of the airplane, sustained fatal injuries. The local flight was being operated in accordance with 14 Code of Federal Regulations Part 91, and a flight plan was not filed. Instrument meteorological conditions prevailed in the area of the accident at the time of the event. The flight had departed the Fall City Airport (1WA6), about 5 minutes prior to the accident, with its destination being Harvey Field (S43), Snohomish, Washington.

### **B. GROUP IDENTIFICATION**

No group was formed for the medical evaluation in this accident.

### **C. DETAILS OF INVESTIGATION**

#### **1. Purpose**

This investigation was performed to evaluate the pilot for any medical conditions, the use of any medications/illicit drugs, and the presence of any toxins.

#### **2. Methods**

The FAA blue ribbon medical file, FAA medical case review, toxicology results, autopsy report, and the investigator's reports were reviewed.

#### **FAA Medical File and Medical Case Review**

According to the FAA files, the 70 year old male pilot applied for his first aviation medical certificate in 2005. At that time, failed the color vision test and was issued a third class medical certificate limited by the requirement for corrective lenses and not valid for night flying or flying by color signal control. At every exam thereafter, he passed the color vision

test. The pilot reapplied in 2007 for a medical certificate and reported sleep apnea treated with positive airway pressure, intermittent depression (with previous use of amitriptyline but now in remission and off medication), hypertension, and a distant history of a kidney stone. After review of additional supporting details by the FAA, he received a special issuance third class medical certificate limited by a requirement for corrective lenses. Annually, he provided additional information to maintain his flight status.

Amitriptyline is a tricyclic antidepressant often marketed with the name Elavil.<sup>1</sup> It carries the following warning: may impair mental and/or physical ability required for the performance of potentially hazardous tasks (e.g., driving, operating heavy machinery).<sup>2</sup>

As of his last aviation medical exam, dated 3/13/2013, the pilot reported 490 hours of flight experience. At that time, he was 72 inches tall and weighed 200 pounds. He reported sleep apnea treated with positive airway pressure with good compliance, hypertension, a previous operation for cataracts, a history of treatment for an acoustic neuroma, a previous pulmonary embolus (blood clot in his lungs), and intermittent treatment for depression in 1986-2007. His medication list included telmisartan and aspirin. In April, 2014, he received a special issuance third class medical certificate limited by a requirement for corrective lenses and labeled, "Not valid for any class after 3/31/2015."

Telmisartan is a prescription medication used to high blood pressure, often marketed with the name Micardis.<sup>3</sup>

#### Autopsy

According to the autopsy performed by the King County Medical Examiner, the cause of death was multiple blunt force injuries of the head, torso, and extremities and the manner of death was accident. No significant natural disease was identified.

#### Toxicology

Toxicology testing performed by the Toxicology Laboratory of the Washington State Patrol found no tested-for substances.

Toxicology testing performed by the FAA's Bioaeronautical Research Laboratory identified amitriptyline, its metabolite nortriptyline, and telmisartan in blood and urine.

Amitriptyline and telmisartan are described above.

## **D. SUMMARY OF MEDICAL FINDINGS**

The 70 year old male pilot in this accident had reported a complex medical history to the FAA including sleep apnea, hypertension, cataracts, an acoustic neuroma, a pulmonary embolus, and intermittent treatment for depression. At his last medical exam, in 2013, he reported use of telmisartan and aspirin. No significant natural disease was identified at autopsy. Postaccident toxicology testing identified telmisartan and amitriptyline in the pilot's blood and urine.

## **References**

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<sup>1</sup> Drugs.com. FDA prescribing information, side effects, and uses. Amitriptyline.  
<http://www.drugs.com/pro/amitriptyline.html> Accessed 3/23/2016.

<sup>2</sup> Federal Aviation Administration. CAMI toxicology Drug Information. Amitriptyline.  
<http://jag.cami.jccbi.gov/toxicology/DrugDetail.asp?did=9> Accessed 3/31/2016.

<sup>3</sup> Drugs.com. FDA prescribing information, side effects, and uses. Telmisartan  
<http://www.drugs.com/pro/micardis.html> Accessed 3/31/2016.