



REPLY TO
ATTENTION OF

DEPARTMENT OF DEFENSE
ARMED FORCES MEDICAL EXAMINER SYSTEM
115 PURPLE HEART DRIVE
DOVER AFB, DE 19902-5051

MCMR-MEI

DATE 25 SEP 2012

ERA12MA122

MEDICAL RECORDS REVIEW

“By agreement between NTSB and AFMES, this report was prepared by AFMES for use in the NTSB’s investigation of the subject accident”

The following information was a summary of multiple records extracted by Dr. AbuBakr A. Marzouk, AFMES, from the following: The Pilot’s personal medical records, Baptist Primary Care-University South, Jacksonville, FL; the pilot’s medical records maintained by the FAA Aerospace Medical Certification Division; the autopsy report including the toxicology report, Office of the Medical Examiner, Jacksonville, FL; the toxicology report from FAA.

Pilot’s Personal Medical Records:

Medical history significant for: Hypertension well controlled, hyperlipidemia well controlled, insomnia well controlled, bladder cancer (1997), esophageal reflux, gastric ulcer, hypertension, pre-diabetes, Vitamin D Deficiency, right cataract removal (2004) , right total knee arthroplasty (2008) and fractured leg (OCT 2010). He denied being a social drinker or tobacco use.

The last entry in the medical records in August 2011 revealed no significant findings in all the major body systems. His current medications at that time included: aspirin, multiviatmins, Nifedipine (Procardia, Adalat), Zolpidem (Ambien), Triamterene (Maxzide), Pravastatin, and Lisinopril.

Pilot’s FAA Medical Records:

The Pilot is a 69 year old, 71” and 200 lb during last examination (05 OCT 2011) with 10,000+ flight hours, 75 hours in the last 6 months. His last examination was conducted by AME 13482-Q. He was issued a Class1, Limited Medical Certificate; must wear corrective lenses.

Autopsy Report:

Autopsy was conducted by the Office of the Medical Examiner, Jacksonville, FL on 27 DEC 2011. Cause and manner of death were listed as: Multiple blunt trauma and thermal injuries, accident, respectively. There were blunt trauma to the head and neck trauma; sternal and multiple rib fractures; fractures of the right knee and left leg; amputation of the right upper extremity; lacerations of the heart, lungs, liver, spleen and left kidney. Multiple thermal injuries are also noted over the head, shoulders, torso and extremities.

The heart weighs 470 grams. The coronary arteries reveal moderate atherosclerosis and narrowing of the lumen. The myocardium showed areas of fibrosis. The liver revealed no fatty changes. The renal capsules were thin and smooth and the cortical surfaces were smooth. No significant non-traumatic abnormalities were noted in the heart or major internal organs.

Toxicological Examination: Ethanol 0.01%, blood carbon monoxide saturation 10% and caffeine. It was negative for barbiturates, cocaine and its metabolites, and opiates.

Final diagnosis: multiple blunt injuries, thermal injuries, arteriosclerotic cardiovascular disease and ischemic cardiomyopathy.

Final Forensic Toxicology Fatal Accident Report (CAMI):

Carbon monoxide: No Carbon monoxide detected.

Cyanide: No Cyanide detected.

Volatiles: No Ethanol detected.

Drugs: Pravastatin: detected* in liver and blood.

Zolpidem: detected* in liver and blood.

* Note: Pravastatin is a cholesterol lowering medication. Zolpidem (Ambien) is a sedative-hypnotic sleep medication. Both drugs are reported as detected. CAMI does not report drug values for non-impairing drugs, such as Pravastatin, unless they are in the toxic range. Results reported as "detected" for impairing drugs, such as Zolpidem, mean that the levels are below the calibration curve and below the lower therapeutic range of the drug. If the levels were therapeutic or toxic, a value would have been reported. The lower end of the calibration curve for Zolpidem on the day of testing was determined to be 21 ng/ml (the reported lower end of therapeutic range is 25 ng/ml). The pilot's level was below the lowest calibrator on the day of testing (21 ng/ml).