

ERA09LA043
MEDICAL RECORDS INFORMATION

The following medical information was extracted by Dr. Mitchell A. Garber, NTSB Medical Officer, from medical records maintained on the pilot by the FAA Aerospace Medical Certification Division:

12/5/06 – A note from the pilot’s primary care physician indicates, in part, “... followup for his hypertension ... mild dysphagia ... hiatal hernia ... nephrolithiasis status post extracorporeal shockwave lithotripsy ... osteoporosis of the left femoral neck ... medications: aspirin 81mg daily, lisinopril 10mg daily, Actonel [risedronate] 35mg weekly, Lasix [furosemide] 20mg daily, Citracal [calcium] with vitamin D ... swallowing is a minor problem, only giving him trouble several times a month and generally not causing any concern ... no recurrent nephrolithiasis ...”

12/6/2006 – The pilot’s most recent application for 3rd class Airman Medical Certificate indicates “Yes” in response to “Do You Currently Use Any Medication,” and notes only lisinopril, risedronate, and furosemide. The application notes “Yes” to “High or low blood pressure” and “Other illness, disability, or surgery.” “Total Pilot Time” is noted as 1300 hours “To date” and 40 hours in the “Past 6 months.”

The following medical information was extracted by Dr. Mitchell A. Garber, NTSB Medical Officer, from the report of autopsy performed on the pilot at the Office of the Chief Medical Examiner, Roanoke, Virginia.

“Cause of Death” is noted as “Multiple blunt force injuries to the head, torso and extremities.”

Under “Marks of Therapy” is noted:

An endotracheal tube is present in the oropharynx, extending into the upper trachea. Two angiocatheters are present in the anterior chest wall. Nine self-adhesive EKG pads are present on the torso. Two self-adhesive defibrillator pads are present on the torso. A blood pressure cuff is present around the right upper arm. An identification band is present around the right wrist. The left elbow and upper arm are wrapped in gauze, as is the right hand and forearm. The right foot and ankle are also wrapped in gauze. An intraosseous line is present in the anterior left lower leg. An intravenous line is present on the dorsal left hand. The decedent is received strapped to a backboard.

Under “Serous Cavities” is noted, “Intact with no adhesions, blood or fluid collections.”

Under "Kidneys" is noted, "Left 108 gm., right 136 gm. The cortical surfaces are tan/brown, coarsely granular and easily delineated from the red/purple medullae. The renal pelves and ureters are within normal limits."