

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

Monday, July 30, 2012

National Transportation Safety Board Du Page Airport, 31 West 775 North Avenue

West Chicago, IL 60185

 ACCIDENT #
 0083
 INDIVIDUAL#:
 001
 NAME:
 SANFILIPPO,
 PAUL J.

 DATE OF ACCIDENT
 05/03/2012
 DATE RECEIVED
 05/08/2012

 N #
 176Q
 NTSB #
 CEN12FA271

MODE: AVIATION PUTREFACTION: No CAMI REF # 201200083001

LOCATION OF ACCIDENT Lake in the Hills, IL

SPECIMENS Blood (Cavity), Brain, Gastric, Heart, Kidney, Liver, Lung, Muscle, Spleen, Urine, Vitreous

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 (Cavity)

CYANIDE: The presence of cyanide is screened by Conway Diffusion. Positive 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.

>> NO CYANIDE detected in Blood (Cavity)

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 Vitreous

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/).

- >> Carvedilol detected in Urine
- >> Carvedilol detected in Blood (Cavity)
- >> 0.555 (ug/mL, ug/g) Desmethylsertraline detected in Blood (Cavity)
- >> Desmethylsertraline detected in Urine
- >> Enalapril detected in Urine
- >> Enalapril NOT detected in Blood (Cavity)
- >> 0.183 (ug/mL, ug/g) Sertraline detected in Blood (Cavity)
- >> Sertraline detected in Urine
- >> 0.036 (ug/ml, ug/g) Zolpidem detected in Blood (Cavity)
- >> Zolpidem detected in Urine

CONTINUATION OF REF#: 201200083001 - SANFILIPPO, PAUL J.

Dennis V. Canfield, Ph. D. Manager, Bioaeronautical Sci. Research Lab 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.

>> 68 (mg/dl) Glucose detected in Vitreous

>> 4941 (mg/dl) Glucose detected in Urine

>> 9.9 (%) Hemoglobin A1C detected in Blood (Cavity)

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