

TOXICOLOGY LAB REPORT
(2 PAGES)

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U.S. Department
of Transportation

**Federal Aviation
Administration**

Mike Monroney
Aeronautical Center

P.O. Box 25082
Oklahoma City, Oklahoma 73125

Friday, January 28, 2000

National Transportation Safety Board
490 L'Enfant Plaza East
Washington, DC 20594

CAMI CASE # 9910016001 NAME TREACY, WILLIAM J. PUTREFACTION: No
DATE OF ACCIDENT 10/21/99 DATE RECEIVED 12/1/99
LOCATION OF ACCIDENT SCHOHARIE COUNTY, NY
SPECIMENS Urine

FINAL FORENSIC TOXICOLOGY NON-FATAL ACCIDENT REPORT

CARBON MONOXIDE: The carboxyhemoglobin saturation was determined by spectrophotometry with a 10% cut off.

>> NOT PERFORMED.

CYANIDE: The presence of cyanide was screened by Conway Diffusion. Positive cyanides are quantitated using spectrophotometry. The limit of quantitation of cyanide is 0.25 ug/mL. Normal blood cyanide concentrations are less than 0.15 ug/mL, while lethal concentrations are greater than 3ug/mL.


>> NOT PERFORMED.

VOLATILES: The volatile concentrations were determined by headspace gas chromatography at a cut off of 10 mg/dL. All positive ethanols were confirmed by Radiative Energy Attenuation.

>> NO ETHANOL detected in Urine

DRUGS: Immunoassay and chromatography are used to screen for legal and illegal drugs which include: amphetamine (0.010), opiates (0.010), marijuana (0.001), cocaine (0.020), phencyclidine (0.002), benzodiazepines (0.030), barbiturates (0.060), antidepressants (0.100), antihistamines (0.020), meprobamate (0.100), methaqualone (0.100), and nicotine (0.050). The values in () are the threshold values in ug/mL used to report positive results. Values below this concentration are normally reported as not detected. GC/Mass Spec, HPLC/Mass Spec, or GC/FTIR, is used to confirm most positive results.

>> ATENOLOL detected in Urine


Dennis V. Canfield, Ph.D.
Manager, Toxicology and Accident
Research Laboratory

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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. Glucose levels considered abnormal are reported as positive.

>> 1480 (mg/dl) GLUCOSE detected in Urine

DIAGNOSTIC INFORMATION FOR ELEVATED GLUCOSE LEVELS

Elevated postmortem vitreous glucose levels reported by the Forensic Toxicology and Accident Research Laboratory are considered hyperglycemic conditions which may or may not have been a factor in the accident. An abnormally high postmortem vitreous glucose level could have been caused by diabetes mellitus or several other medical conditions. Elevated glucose levels can also be caused by emergency medical treatment, strenuous exercise, strong emotions, shock and burns. Elevated postmortem urine glucose levels could be caused by diabetes mellitus or several other medical conditions, which may or may not have been a factor in the accident. It is impossible at the present time to identify hypoglycemic conditions in postmortem specimens. Glucose levels in postmortem samples drop rapidly and frequently drop to zero.

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