NATIONAL TRANSPORTATION SAFETY BOARD

Office of Research and Engineering
Washington, DC

Medical Factual Report

July 21, 2022

Mary Pat McKay, MD, MPH
Chief Medical Officer

A. CRASH: CEN22LA103; Sturtevant, WI

Date and time: January 18, 2022
Injuries: 1 fatal

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 medical conditions, the use of medications/illicit drugs, and the presence of toxins that may have contributed to the circumstances of the crash.

2. Methods

   The FAA medical file, post-crash hospital treatment record, toxicology findings, and the investigator's preliminary report were reviewed. Relevant regulation and medical literature were reviewed as appropriate.

   FAA Medical File

   According to the FAA medical file, the 79 year old male pilot had reported 2483.1 total flight hours as of his most recent application for an aviation medical exam, dated 9/7/2020. At no time since his 2016 exam had he reported any visits to healthcare providers, medical conditions, or use of any medications. No significant abnormalities were identified during the exam and on 10/14/2020 he was issued a third class medical certificate limited by a requirement he wear corrective lenses.

Post-Crash Hospital Treatment Records

According to the post-crash hospital treatment records, the pilot was intubated (placed on a ventilator) during his transport to the hospital due to the severity of his injuries. As a result, he was unable to provide any medical history to healthcare providers. Ketamine, fentanyl, propofol, and lidocaine were administered in the prehospital and immediate stages of his hospital care. No note is made in the documentation of any identification of underlying natural disease such as a stroke or heart attack that may have been affecting the pilot prior to the collision of his airplane with the truck.

Toxicology

Toxicology testing was performed by the FAA's Forensic Sciences Laboratory on blood and urine left over from specimens obtained during the pilot's initial hospital admission. The results included medications administered during his post-crash care including ketamine and its metabolite norketamine, fentanyl and its metabolite norfentanyl, lidocaine, and propofol. In addition, atorvastatin, famotidine, and fexofenadine were identified.

Substance Descriptions

Ketamine and propofol are dissociative anesthetics; fentanyl is an opioid pain medication and lidocaine is a local anesthetic and an anti-arrhythmia drug. These were administered as part of the pilot's post-crash emergency care.

Atorvastatin is a cholesterol lowering agent often marketed with the name Lipitor. Famotidine is available over the counter, often marketed with the name Pepcid, and is used to treat heartburn. Fexofenadine is a non-sedating antihistamine and is commonly marketed with the name Allegra. None of these are generally considered impairing.

D. SUMMARY OF MEDICAL FINDINGS

The 79 year old male pilot had reported no medical conditions and no use of medications to the FAA.

Ketamine, fentanyl, propofol, and lidocaine were administered in the prehospital and immediate stages of his hospital care. No note is made in the hospital documentation of any identification of underlying natural disease such as a stroke or heart attack that may have been affecting the pilot prior to the collision of his airplane with the truck.

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