



U.S. Department
of Transportation
**Federal Aviation
Administration**

Mike Monroney
Aeronautical Center

P.O. Box 25082
Oklahoma City, Oklahoma 73125

Thursday, July 25, 2019

National Transportation Safety Board
45065 Riverside Parkway
Ashburn, VA 20147

ACCIDENT # 0113 INDIVIDUAL#: 001 NAME: [REDACTED] MODE: AVIATION
DATE OF ACCIDENT 05/29/2019 DATE RECEIVED 06/05/2019 PUTREFACTION: Yes
N # 201DG NTSB # ERA19FA184 CAMI REF # 201900113001
LOCATION OF ACCIDENT Cape May, NJ
SPECIMENS Bile, 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 CARBOXYHEMOGLOBIN detected in Blood (Cavity)

CYANIDE: The presence of cyanide is screened by Conway Diffusion, when the COHb level is equal to or greater than 10% or upon special request. 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.

- NOT PERFORMED

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.

- 81 (mg/dL, mg/hg) Ethanol detected in Blood (Cavity)
- 53 (mg/dL, mg/hg) Ethanol detected in Urine
- NO ETHANOL detected in Vitreous

DRUGS: Specimens are analyzed using immunoassay, chromatography, mass spectrometry, or spectrophotometry. 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), marijuana (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/>).

- NO DRUGS listed above detected in Urine

[REDACTED]
c=US, o=U.S. Government, ou=AMC, ou=AMC, cn=RUSSELL J LEWIS
2019.07.29 15:45:21 -05'00'

Russell Lewis, Ph.D., F-ABFT
Supervisor, Forensic Sciences
Bioaeronautical Sci. Research Lab
CAMI, FAA



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THESE RECORDS MAY BE RELEASABLE UNDER THE FOIA REQUEST 15
DAYS AFTER SIGNATURE DATE UNLESS WE HEAR OTHERWISE FROM
FAA NTSB COUNSEL

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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.

- 265 (mg/dL) Glucose detected in Urine
- 5.3 (%) Hemoglobin A1C detected in Blood (Cavity)



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