

National Transportation Safety Board

Office of Research and Engineering

Washington, DC 20594



ANC22FA047

MEDICAL

Specialist's Factual Report

January 5, 2023

A. ACCIDENT

Location: Clear, Alaska
Date: June 26, 2022
Time: 19:38 Local
Airplane: Bell UH-1B; N9970F

B. MEDICAL SPECIALIST

Specialist Michelle Watters, MD, PhD, MPH
National Transportation Safety Board, RE-1
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C. DETAILS OF THE INVESTIGATION

Purpose

This investigation was performed to evaluate the pilot for medical conditions, the use of medications/illicit drugs, and the presence of toxins.

Methods

The Federal Aviation Administration (FAA) medical certification file, FAA medical case review, and the pilot's autopsy and FAA Forensic Sciences Laboratory toxicology reports¹ were reviewed. Other relevant medical and regulatory issues were reviewed.

D. FACTUAL INFORMATION–PILOT

1.0 FAA Medical Certification File and FAA Medical Case Review

According to the FAA medical certification file, at the time of the accident, the 56-year-old male pilot held a second class medical certificate with special issuance and with the limitation that he should possess glasses for near and intermediate vision; the medical certificate was not valid for any class after 3/31/23. His most recent FAA medical certification examination was on 2/11/22. At that exam he reported 4,878 total flight hours and was 70 inches tall and weighed 183 pounds. He reported taking rosuvastatin to treat high cholesterol, metoprolol and lisinopril to treat high blood pressure, and clopidogrel and aspirin to prevent blood clots. The pilot reported a 2017 heart attack with coronary artery bypass graft surgery of five vessels and coronary artery stenting.

¹ The FAA Forensic Sciences Laboratory has the capability to test for more than 1,300 substances including toxins, common prescription and over-the-counter medications, and illicit drugs. <https://jag.cami.jccbi.gov/toxicology/>

The pilot had received an FAA special issuance for myocardial infarction, bypass surgery, and angioplasty which expired on 3/31/27 and required an annual cardiovascular report and labs and biennial exercise stress tests starting on or about 3/1/22. At his FAA medical examination on 2/11/22, the pilot had provided his stress test results and letter from his cardiologist. At his 2/8/22 stress test, the pilot was reported to have had above average exercise tolerance for his age and experienced no chest pain. At his 2/10/22 office visit, his cardiologist reported that the pilot was asymptomatic, tolerating his medications well, had a negative exercise treadmill stress test, and saw no concerns for pilot licensing. In a letter from FAA on 5/9/22, the FAA requested and received laboratory results; the pilot's cholesterol was well-controlled and was consistent with not having diabetes. In a letter from FAA on 6/9/22, the FAA requested a cardiologist signed exercise stress test interpretation dated 2/8/22 before they could establish eligibility. The pilot was also CACI-qualified (conditions aviation medical examiners (AME) can issue) for high blood pressure.

2.0 Autopsy

According to the autopsy report from the State of Alaska, State Medical Examiner's Office, Anchorage, Alaska, the pilot's cause of death was blunt force injuries of head, torso, and extremities due to helicopter crash, and the manner of death was accident. The medical examiner reported a gray-white area of the heart consistent with a remote posterior myocardial infarct, the presence of two venous grafts, and 75% stenosis of sections of his coronary arteries.

3.0 Toxicology

Toxicology testing performed by the FAA Forensic Sciences Laboratory detected rosuvastatin and metoprolol in the pilot's cavity blood and urine; neither medication is considered impairing.² Toxicology testing performed for the medical examiner's office was negative for ethanol and tested-for drugs of abuse in his chest cavity blood.

E. SUMMARY OF MEDICAL FACTS

The 56-year-old male pilot held a second class medical certificate with special issuance for myocardial infarction, bypass surgery, and angioplasty and with the limitation that he should possess glasses for near and intermediate vision. At his most recent FAA medical certification examination on 2/11/22, he reported taking rosuvastatin, metoprolol, lisinopril, clopidogrel, and aspirin. He reported a 2017 heart attack with coronary artery bypass surgery of five vessels and coronary artery stenting. The pilot was reported to have had above average exercise tolerance for his

² FAA. Updated 1/16/19. Forensic Toxicology's WebDrugs.

Rosuvastatin. <https://jag.camii.jccbi.gov/toxicology/DrugDetail.asp?did=318>

Metoprolol. <https://jag.camii.jccbi.gov/toxicology/DrugDetail.asp?did=171>

age and experienced no chest pain at his 2/8/22 stress test. According to the autopsy report, the pilot's cause of death was blunt force injuries of head, torso, and extremities due to helicopter crash, and the manner of death was accident. The pilot had evidence of a remote heart attack, two venous grafts, and 75% stenosis in sections of his coronary arteries.

Toxicology testing detected the non-impairing medications rosuvastatin and metoprolol in the pilot's cavity blood and urine.

Submitted by:

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