



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

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

Mike Monroney
Aeronautical Center

P.O. Box 25082
Oklahoma City, Oklahoma 73125

Thursday, January 17, 2013

National Transportation Safety Board
4760 Oakland Street, Suite 500
Denver, CO 80239

ACCIDENT # 0252 INDIVIDUAL#: 001 NAME: QUINN, BRIAN P. MODE: AVIATION
DATE OF ACCIDENT 11/06/2012 DATE RECEIVED 11/08/2012 PUTREFACTION: No
N # 793FE NTSB # CEN13FA049 CAMI REF # 201200252001
LOCATION OF ACCIDENT Wichita, KS
SPECIMENS Blood, Brain, Gastric, Heart, Kidney, Liver, Lung, Muscle, Spinal Fluid, 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

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

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 Urine

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), 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

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Russell Lewis, Ph.D.
TC, FAA, Forensic Toxicology
Research Team CAMI



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ACCIDENT #	0252	INDIVIDUAL#:	001	NAME:	QUINN, BRIAN P.	MODE:	AVIATION
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	N # 793FE			NTSB #	CEN13FA049	CAMI REF #	201200252001
LOCATION OF ACCIDENT	Wichita, KS						
SPECIMENS	Blood, Brain, Gastric, Heart, Kidney, Liver, Lung, Muscle, Spinal Fluid, Spleen, Urine, Vitreous						

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.

>> 34 (mg/dl) Glucose detected in Vitreous
>> 152 (mg/dl) Glucose detected in Urine
>> 5.7 (%) Hemoglobin A1C detected in Blood

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Russell Lewis, Ph.D.
TC, FAA, Forensic Toxicology
Research Team CAMI