



NATIONAL TRANSPORTATION SAFETY BOARD

Office of Research and Engineering
Washington, DC

Medical Factual Report

May 21, 2019

Mary Pat McKay, MD, MPH
Chief Medical Officer

A. ACCIDENT: CEN18LA205; Union, IL

On May 27, 2018, about 1815 central daylight time, a Cessna 150L airplane, N19366, was substantially damaged during an in-flight collision with power lines and terrain after an attempted go-around at the Sky Soaring Airport (55LL), Union, Illinois. The pilot sustained serious injuries. The airplane was registered to and operated by Sky Soaring Inc. as a Title 14 Code of Federal Regulations Part 91 glider tow flight. Day visual meteorological conditions prevailed. The flight was not operated on a flight plan. The local flight originated from 55LL about 1800.

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.

2. Methods

The FAA blue ribbon medical file, FAA airman file, post accident records of medical treatment, and the investigator's reports were reviewed. Relevant regulation and medical literature were reviewed as appropriate.

FAA Blue Ribbon Medical File

According to the FAA blue ribbon medical file, the 88 year old male pilot had reported 18,005 total hours of flight experience as of his last aviation medical exam, dated 6/22/2012. At that time, he was 71 inches tall and weighed 189 pounds. Over the years, the pilot had reported having non-obstructive coronary artery disease, renal sarcoidosis, hypertension, high

cholesterol, paroxysmal atrial fibrillation, eye surgery for cataracts and an epiretinal membrane, and a hospital admission for a gastrointestinal bleed that had led to fainting (2003). At the time of his last medical examination, he reported using amiodarone and metoprolol to control his atrial fibrillation and hypertension, mycophenolate mofetil to treat his renal sarcoidosis, and atorvastatin to control his cholesterol. These medications are not generally considered impairing. After review of additional data from his cardiologist which included a report from a Holter monitor that documented 9 seconds of atrial fibrillation and a laboratory report that demonstrated a creatinine of 2.0 mg/dl (high; normal is up to 1.1mg/dl; indicating abnormal kidney function), the pilot was issued a special issuance medical certificate limited by a requirement he wear corrective lenses for distant vision and have available glasses for near vision. In addition, it was marked, "Not valid for any class after 6/30/2013."

According to the pilot's FAA airman file, he completed the BasicMed Comprehensive Medical Examination Checklist on May 27, 2017 and the required educational course on August 24, 2017.

Post Accident Medical Treatment Records

The 88 year old pilot survived his crash. According to records from his immediate post accident treatment, he reported chronic medical problems including paroxysmal atrial fibrillation, hypertension, hypothyroidism, high cholesterol, and chronic kidney disease. In addition, he reported using the following medications at the time he arrived: amiodarone, aspirin, atorvastatin, levothyroxine, mycophenolate mofetil and multiple vitamins. A urine screen (without confirmation) for drugs of abuse was negative. During his treatment for multiple traumatic injuries, the pilot developed episodes of recurrent atrial fibrillation associated with low blood pressures while he was supine in bed (documented by telemetry). During these episodes, the pilot was unaware of any palpitations but did "feel bad," which was thought to be related to the low blood pressures. Additional medication was provided to attempt to control the episodes and heart rate of atrial fibrillation, but they continued during his hospitalization.

D. SUMMARY OF MEDICAL FINDINGS

The 88 year old male pilot had reported having non-obstructive coronary artery disease, renal sarcoidosis, hypertension, high cholesterol, paroxysmal atrial fibrillation, eye surgery for cataracts and an epiretinal membrane, and a hospital admission for a gastrointestinal bleed that had led to fainting (2003) to the FAA. At the time of his last aviation medical examination (6/22/2012), he reported using amiodarone and metoprolol to control his atrial fibrillation and hypertension, mycophenolate mofetil to treat his renal sarcoidosis, and atorvastatin to control his cholesterol. These medications are not generally considered impairing. After review of additional data from his cardiologist which included a report from a Holter monitor that documented 9 seconds of atrial

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