

National Transportation Safety Board

Office of Research and Engineering

Washington, DC 20594



Medical Factual Memorandum of Record

October 28, 2025

A. CASE

NTSB ID: CEN24FA042

Location: Plano, Texas

Date: November 21, 2023

B. MEDICAL SPECIALIST

Specialist JE Tuttle MD MHA FACS
National Transportation Safety Board
Washington, DC

C. DETAILS

1.0 Description of Review

For purposes of evaluating the pilot for potentially impairing medical conditions and substances, the above Medical Specialist reviewed the following sources of medical information, along with selected relevant regulation, medical literature, and investigator reports.

- Federal Aviation Administration (FAA) final medical case review
- Autopsy report - pilot
- Toxicology report - pilot

2.0 Summary of Medical Facts

According to the FAA medical case review, the 87-year-old male pilot's last aviation medical examination was June 17, 2016. At that examination, the pilot reported a history of high cholesterol and coronary artery disease. He reported taking pravastatin, a prescription medication commonly used to treat high cholesterol and aspirin, an over-the-counter anti-inflammatory medication commonly used to reduce cardiovascular risk. The pilot was issued a third-class medical certificate by Special Issuance, with the limitation that he must wear corrective lenses for distance and have glasses for near vision, and not valid after June 2017. Most recently, the pilot completed a BasicMed course in July 2023 and reported completing a Comprehensive Medical Examination Checklist (CMEC) in June 2021.

According to the FAA medical case review, at previous aviation medical examinations, the pilot had also reported a history of high blood pressure that was noted to be qualified under Conditions Aviation Medical Examiners can Issue, and bilateral cataract surgeries. In 2002, after complaints of chest pain, the pilot underwent a coronary artery bypass grafting (CABG) surgery for coronary artery disease. Post-operatively, he was treated for a deep vein thrombosis (DVT) with blood thinners. The pilot was denied medical certification in June 2003 for angina (chest pain), coronary artery disease, CABG, and inadequate stress test results. The denial was appealed. In June 2004, the FAA granted the pilot an Authorization for Special Issuance for angina, coronary artery disease, CABG, high blood pressure, and DVT requiring blood thinners. The Special Issuance was renewed multiple times from 2005-2016.

The Collin County Office of the Medical Examiner performed the pilot's autopsy. According to the pilot's autopsy report, his cause of death was multiple blunt force trauma, and his manner of death was accident. Due to the extent of his injuries, the pilot's autopsy was severely limited for evaluation of natural disease; his brain, heart, and lungs were not available for examination.

The FAA Forensic Sciences Laboratory performed toxicology testing of postmortem specimens of the pilot.¹ Pravastatin, tamsulosin, and terbinafine were detected in muscle and liver tissue.

Pravastatin is a prescription medication commonly used to treat high cholesterol. Tamsulosin is a prescription medication commonly used to treat symptoms of enlarged prostate. Terbinafine is an anti-fungal medication available without a prescription in topical form, and by prescription in oral form. Pravastatin, tamsulosin, and terbinafine are not generally considered impairing.

¹ The FAA Forensic Sciences laboratory has the capability to test for around a thousand substances including toxins, prescription and over-the-counter medications, and illicit drugs.

Submitted by:

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Medical Officer