



Mike Monroney
Aeronautical Center

P.O. Box 25082
Oklahoma City, Oklahoma 73125

Tuesday, November 06, 2012

ACCIDENT # 0210	INDIVIDUAL#: 001	NAME: WENDEL, ANDREAS	MODE: AVIATION
DATE OF ACCIDENT 09/22/2012		DATE RECEIVED 09/27/2012	PUTREFACTION: No
	N # 21750	NTSB # ERA12FA572	CAMI REF # 201200210001
LOCATION OF ACCIDENT	LAND O'LAKES, FL		
SPECIMENS	Blood, Brain, Gastric, Heart, Kidney, Liver, Lung, Muscle, Spleen, Urine, Vitreous		

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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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National Transportation Safety Board
8240 N.W. 52nd Terrace, Suite 418
Doral, FL 33166

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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.

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>> 43 (mg/dl    ) Glucose detected in Vitreous
>> 1213 (mg/dl   ) Glucose detected in Urine
>> 9.5 (%) Hemoglobin A1C detected in Blood
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Run M. J. Lee

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

Date: 2012.11.07 14:54:56 -06'00'