



NATIONAL TRANSPORTATION SAFETY BOARD

Office of Research and Engineering
Washington, DC

Medical Factual Report

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Chief Medical Officer

A. ACCIDENT: ERA15FA313; Hicksville, NY

On August 16, 2015, about 0747 eastern daylight time (EDT), a Beech C35, N5946C, collided with a railroad grade crossing cantilever arm and terrain during a forced landing at Hicksville, New York. The commercial pilot was fatally injured and one passenger received serious injuries. The airplane was destroyed by impact forces and a post-crash fire. The airplane was registered to and operated by the pilot under the provisions of 14 Code of Federal Regulations Part 135 as an on demand air taxi flight. Day, visual meteorological conditions prevailed, and visual flight rules (VFR) flight plan was filed. The flight originated from Westhampton Beach, New York (FOK) and was destined for Morristown, New Jersey (MMU).

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 any medical conditions, the use of any medications/illicit drugs, and the presence of any toxins.

2. Methods

The FAA medical case review, toxicology results, autopsy report, and the investigator's reports were reviewed.

FAA Medical Case Review

According to the FAA files, the 59 year old male pilot in this accident had reported 3,300 total flight hours as of his last exam, dated 12/22/2014. At that time, the pilot was 69 inches tall and weighed 188 pounds. He had reported no medical conditions and no medications to the FAA. However,

the FAA's routine review of the National Driver Registry in 2003 revealed the pilot had been arrested for DUI in 2000; he had failed to report the event to the FAA as required. His airman certificate was suspended for 90 days in 2003. No further issues with alcohol were reported to or identified by the FAA. At the time of his last medical exam, the pilot was issued a second class medical certificate limited by a requirement for wearing corrective lenses for distant and possessing glasses for near vision.

Autopsy

According to the autopsy performed by the Office of the Medical Examiner, Nassau County, NY, the cause of death was blunt and thermal injuries and the manner of death was accident. No significant natural disease was identified.

Toxicology

Toxicology testing performed by the FAA's Bioaeronautical Research Sciences Laboratory identified amphetamine (1.26 ug/ml), oxycodone (0.236 ug/ml), and losartan in heart blood. In addition, 7-amino-clonazepam, acetaminophen, amphetamine, oxycodone, oxymorphone, and losartan were identified in urine.

Amphetamine is a central nervous system stimulant prescribed as a Schedule II controlled substance for the treatment of narcolepsy and attention deficit hyperactivity disorder.¹ Common trade names for amphetamine include Adderall and Dexedrine. Prescribers and users are cautioned about the high potential for abuse of this drug. The therapeutic range of blood levels is considered between 0.002 and 0.10 ug/ml; levels significantly higher than this suggest abuse.² Oxycodone is an opioid analgesic prescribed as a Schedule II controlled substance.³ It is commonly available in combination with acetaminophen with the names Percocet and Roxicet. Losartan is a blood pressure lowering medication. 7-amino-clonazepam is a metabolite of clonazepam, a sedating benzodiazepine prescription medication used to treat panic disorder and petit mal seizures.⁴ It is commonly marketed with the name Klonopin. Acetaminophen is an analgesic and fever reducer available over the counter with names like Tylenol and Panadol. Oxymorphone is an active

¹ National Institutes of Health. US National Library of Medicine. DailyMed. Amphetamine. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=49289133-6071-406e-8b18-73a6e4db8782> Accessed 12/21/2016.

² Federal Aviation Administration. CAMI Toxicology Drug Information. Amphetamine. <http://jag.cami.jccbi.gov/toxicology/DrugDetail.asp?did=11> Accessed 12/21/2016.

³ National Institutes of Health. US National Library of Medicine. DailyMed. Oxycodone and Acetaminophen. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=70910da5-d785-38ad-7a91-1dce7d461e9a> Accessed 12/21/2016.

⁴ National Institutes of Health. US National Library of Medicine. DailyMed. Clonazepam. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=acbce0e8-5098-4785-943b-8bdb5ff17fab> Accessed 12/21/2016.

metabolite of oxycodone and is also available as an opioid analgesic with the name Opana.⁵

Oxycodone, oxymorphone, and clonazepam all carry FDA warnings about their psychoactive effects and caution against operating machinery.

D. SUMMARY OF MEDICAL FINDINGS

The 59 year old male pilot had reported no medical conditions and no medications to the FAA and had failed to report an arrest and conviction for DUI in 2000. No significant natural disease was identified by autopsy. Toxicology testing identified amphetamine (1.26 ug/ml), oxycodone (0.236 ug/ml), and losartan in heart blood and 7-amino-clonazepam, acetaminophen, amphetamine, oxycodone, oxymorphone, and losartan in urine.

⁵ National Institutes of Health. US National Library of Medicine. DailyMed. Oxymorphone.
<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=22c7652a-aa16-4fa8-89d9-517e69059068>
Accessed 12/21/2016.