



NATIONAL TRANSPORTATION SAFETY BOARD

Office of Research and Engineering
Washington, DC

Medical Factual Report

September 6, 2016

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Medical Officer

A. ACCIDENT: ERA15LA114 - Fernandina Beach, Florida

On January 25, 2015, about 1430 eastern standard time, a Cessna 150L, N10616, was substantially damaged when it impacted terrain near the Fernandina Beach Municipal Airport (FHB), Fernandina Beach, Florida. The commercial pilot sustained serious injuries. Visual meteorological conditions prevailed, and no flight plan was filed for the personal flight, which was conducted under the provisions of Title 14 *Code of Federal Regulations* Part 91.

B. GROUP IDENTIFICATION:

No group was formed for the medical evaluation in this accident.

C. DETAILS OF INVESTIGATION

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.

Methods

The FAA medical certification file, postaccident hospital treatment records, and the investigator's report were reviewed.

FAA Medical Certification File

According to the FAA medical certification file, the 90-year-old male pilot's most recent medical certification examination was dated May 15, 2014. On that exam, his recorded height was 67 inches, weight was 162 pounds, and he reported he had accrued 25,265.5 total flight hours. On his most recent exam, he reported high blood pressure and diabetes controlled with oral medication. His prescription medications included finasteride and alfuzosin (oral medications for the treatment of an enlarged prostate marketed respectively as Proscar and Uroxatral); lisinopril (a medication for treatment of high blood pressure marketed under various names including Prinivil); simvastatin (a cholesterol lowering medication marketed as Zocor); metformin and saxagliptin (oral medications used to treat diabetes marketed as Glucophage and Onglyza respectively).

The examining physician found a systolic heart murmur, and noted it was unchanged from previous examinations; there were no other significant findings on the physical exam.

Earlier exams revealed the pilot had reported being diagnosed with diabetes and high blood pressure since 2001 and had received special issuance medical certificates for diabetes since 2003. At the time of his most recent exam, records from the pilot's primary care provider documented the pilot's diabetes was well controlled on oral medications. His hemoglobin A1C in January 2014 was 6.8%; he had reported no problems with hypoglycemia (low blood sugar); and there was no evidence of eye, kidney or heart disease.^{1,2} The aviation medical examiner issued an assisted special issuance second class medical certificate limited by a requirement for corrective lenses for near and distant vision and marked, "not valid for any class after May 31, 2015."

Hospital Treatment Records

Following the crash, the pilot extricated himself from the upside down airplane, and was taken by ambulance to a local hospital where he was admitted. According to hospital treatment records ranging from January 25, 2016 until February 17, 2015, the pilot was diagnosed with a small subdural hematoma, a nondisplaced type II odontoid fracture without neurological defects, a right ankle fracture, lacerations, and contusions.

Post-Accident Interview

According to a Memorandum of Record, the pilot told the NTSB Investigator In Charge he had experienced pain originating in his right shoulder similar to previous episodes during long car rides. He repositioned himself but about 10 minutes later the very intense pain spread to his left shoulder area. The pilot contacted air traffic control in Jacksonville, declared an emergency related to the pain, and asked for an ambulance. However, after the crash, he was unable to remember any further details of the accident sequence.

D. SUMMARY OF FINDINGS

The pilot had a history of high blood pressure and diabetes controlled with oral medications. He experienced back pain during the approach to landing but postaccident hospital evaluation found no definitive cause for the pain.

¹ Hemoglobin A1C is a measure of the percentage of hemoglobin molecules that have a glucose molecule attached to them (what percentage have been glycosylated). It is used as a measure of average blood glucose over the preceding several weeks. Non-diabetic levels are below 5.4%. Between 5.5 and 6.4% is considered "pre-diabetes" and above 6.5% indicates diabetes. For diabetic individuals, levels below 7.0% are considered "good control." Lowering A1C levels below 7% has been shown to reduce the incidences of diabetic complications.

² American Diabetes Association, Standards of Medical Care in Diabetes—2016, Volume 39, Supplement 1, January 2016 http://care.diabetesjournals.org/highwire/filestream/5646/field_highwire_adjunct_files/0/2016-Standards-of-Care.pdf Accessed 7/16/2016.