



U.S. Department
of Transportation
**Federal Aviation
Administration**

FOR OFFICIAL USE ONLY

Public availability to be determined under 5 U.S.C.552.a

Mike Monroney
Aeronautical Center

P.O. Box 25082
Oklahoma City, Oklahoma 73125

Thursday, September 24, 2015

National Transportation Safety Board
45065 Riverside Parkway
Ashburn, VA 20147

ACCIDENT #	0103	INDIVIDUAL#:	002	NAME:	Commercial Pilot	MODE:	AVIATION
DATE OF ACCIDENT	06/02/2015			DATE RECEIVED	07/16/2015	PUTREFACTION:	No
	N # 985K			NTSB #	ERA15LA231	CAMI REF #	201500103002
LOCATION OF ACCIDENT	Siler City, NC						
SPECIMENS	Blood, Serum, Urine						

FINAL FORENSIC TOXICOLOGY NON-FATAL ACCIDENT REPORT

CARBON MONOXIDE: The carboxyhemoglobin (COHb) saturation is determined by spectrophotometry with a 10% cut off and confirmed by chromatography.

>> NOT PERFORMED

CYANIDE: The presence of cyanide is screened by Conway Diffusion, when the COHb level is equal to or greater than 10% or upon special request. Cyanides are quantitated by spectrophotometry and confirmed by chromatography. The reporting cutoff for cyanide is 0.25 ug/mL. Normal blood cyanide concentrations are less than 0.15 ug/mL, while lethal concentrations are greater than 3 ug/mL.

>> NOT PERFORMED

VOLATILES: The volatile concentrations are determined by headspace gas chromatography at a cut off of 10 mg/dL. Where possible, positive ethanol values are confirmed by Radiative Energy Attenuation.

>> NO ETHANOL detected in Urine

DRUGS: Specimens are analyzed using immunoassay, chromatography, GC/MS, HPLC/MS, or GC/FTIR. Concentrations (ug/mL) at or above those in () can be determined for, but not limited to, the following drugs: amphetamines (0.010), opiates (0.010), marijuana (0.001), cocaine (0.020), phencyclidine (0.002), benzodiazepines (0.030), barbiturates (0.060), antidepressants (0.100), and antihistamines (0.020). Drugs and/or their metabolites, that are not impairing or abused, may be reported from the initial tests. See the CAMI Drug Information Web Site for additional information (<http://jag.cami.jccbi.gov/toxicology/>).

>> Carvedilol detected in Urine
>> Carvedilol detected in Blood
>> Etomidate detected in Urine
>> Lidocaine detected in Urine
>> Naproxen detected in Urine
>> Rosuvastatin detected in Urine
>> Rosuvastatin detected in Blood

Thursday, September 24, 2015

CONTINUATION OF REF#: 201500103002 — PARA, FREDERICK C.

A black rectangular redaction box covers the signature and name of the sender.

c=US, o=U.S. Government, ou=AMC, ou=AMC,
cn=RUSSELL J LEWIS
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Russell Lewis, Ph.D.
TC, FAA, Forensic Toxicology
Research Team CAMI



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ACCIDENT #	0103	INDIVIDUAL#:	002	NAME:	[REDACTED]	MODE:	AVIATION
DATE OF ACCIDENT	06/02/2015	DATE RECEIVED	07/16/2015	PUTREFACTION:	No		
	N # 985K	NTSB #	ERA15LA231	CAMI REF #	201500103002		
LOCATION OF ACCIDENT	Siler City, NC						
SPECIMENS	Blood, Serum, Urine						

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.

>> 1407 (mg/dl) Glucose detected in Urine
>> 6.9 (%) Hemoglobin A1C detected in Blood

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

c=US, o=U.S. Government, ou=AMC, ou=AMC,
cn=RUSSELL J LEWIS
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