



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

Mike Monroney
Aeronautical Center

P O Box 25082
Oklahoma City, Oklahoma 73125

Tuesday, May 16, 2017

National Transportation Safety Board
45065 Riverside Parkway
Ashburn, VA 20147

ACCIDENT # 0082 INDIVIDUAL#: 001 NAME: [REDACTED] MODE: AVIATION
DATE OF ACCIDENT 04/24/2017 DATE RECEIVED 04/26/2017 PUTREFACTION: No
N # 94LP NTSB # ERA17FA167 CAMI REF # 201700082001
LOCATION OF ACCIDENT Wallingford, CT
SPECIMENS Bile, Blood (Heart), Brain, Gastric, Heart, Kidney, Liver, Lung, Muscle, Spleen, Urine, Vitreous

FINAL FORENSIC TOXICOLOGY FATAL ACCIDENT REPORT

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

>> NO CARBON MONOXIDE detected in Blood (Heart)

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 Vitreous

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), marihuana (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/>).

>> 14.17 (ug/ml, ug/g) Acetaminophen detected in Urine



c=US, o=U.S. Government, ou=AMC, ou=AMC, cn=RUSSELL
J LEWIS
2017.05.17 13:45:17 -05'00'

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



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Acetaminophen

Description	Acetaminophen is a common over the counter analgesic/antipyretic (Tylenol®). It is often prescribed in combination with various opiate derivatives. Large doses of acetaminophen can produce hepatotoxicity. People who use moderate amounts of ethanol on a regular basis have a greater risk of acetaminophen-induced hepatotoxicity.
Therapeutic Low	5.0000
Therapeutic High	50.0000
Units	ug/mL
Specimen	P
Half Life Low	2.00
Half Life High	3.00
VOD Low	1.00
VOD High	0.00
Toxic Level	150.000
Lethal Level	160.000
Plasma to Whole Blood ratio	0.93
Warnings	Large doses of acetaminophen can produce hepatotoxicity. People who use moderate amounts of ethanol on a regular basis have a greater risk of acetaminophen-induced hepatotoxicity. Large doses of acetaminophen can produce hepatotoxicity. People who use moderate amounts of ethanol on a regular basis have a greater risk of acetaminophen-induced hepatotoxicity.