

National Transportation Safety Board

Office of Research and Engineering

Washington, DC 20594



Medical Factual Memorandum for Record

June 3, 2024

A. CASE

NTSB ID: ERA23FA047
Location: Alpharetta, Georgia
Date: October 31, 2022

B. MEDICAL SPECIALIST

Specialist JE Tuttle MD MHA FACS
National Transportation Safety Board
Washington, DC

C. DETAILS

1.0 Description of Review

For purposes of evaluating the pilot for potentially impairing medical conditions and substances, the above Medical Specialist reviewed the following sources of medical information, along with selected relevant regulation, medical literature, and investigator reports.

- Federal Aviation Administration (FAA) final medical case review
- Autopsy report - pilot
- Toxicology report - pilot

2.0 Summary of Medical Facts

According to the FAA medical case review, the 76-year-old male pilot's last aviation medical examination was May 7, 2021. At that time, he was 71 inches tall and weighed 220 pounds. He reported using the medication pitavastatin, a medication commonly used to treat high cholesterol. He reported a medical history including moderate aortic valvular stenosis and had an associated murmur on physical exam. The Aviation Medical Examiner (AME) deferred the medical certification decision to the FAA. The FAA's review of the pilot's aortic stenosis discovered that the pilot had been treated for many years for chronic lymphocytic leukemia (CLL). The FAA granted the pilot an Authorization for Special Issuance for his CLL and heart murmur in November 2021. The pilot was issued a second-class medical certificate limited by a requirement that he must wear corrective lenses, and not valid after May 31, 2022. Although the medical certificate expired prior to the crash date, the pilot completed a BasicMed Course on May 18, 2021, and reported completing a BasicMed Comprehensive Medical Examination Checklist (CMEC) on May 18, 2021.¹

The pilot's autopsy was performed by the Fulton County Medical Examiner. According to the pilot's autopsy report, his cause of death was generalized blunt force trauma, and his manner of death was accident. The autopsy was severely limited for evaluation of natural disease by the extent of the pilot's injuries, which prevented evaluation of his lungs, brain, heart, and other internal organs. A death investigation report accompanying the autopsy report documented that the pilot's family reported that he had a medical history including hypertension, CLL, mini-stroke, and prostate cancer. The family also reported that the pilot had recently seen a medical oncologist and had not "been well" for the past six months.

The FAA Forensic Sciences Laboratory performed toxicology testing of postmortem muscle tissue of the pilot.² Ethanol was detected at 0.017 g/hg. Alfuzosin was also detected.

Ethanol is a type of alcohol. It is the intoxicating alcohol in beer, wine, and liquor, and, if consumed, can impair judgment, psychomotor performance, cognition,

¹ BasicMed provisions allow pilots who meet certain requirements to fly without current medical certification. Among those requirements, a pilot must have completed a BasicMed training course within 24 calendar months and must have had a medical examination with a state-licensed physician using the CMEC within 48 months. Aircraft and operating restrictions also apply. For details, see [14 Code of Federal Regulations \(CFR\) Part 68, 14 CFR 61.113\(i\)](#) and https://www.faa.gov/licenses_certificates/airmen_certification/basic_med/.

² The FAA Forensic Sciences laboratory has the capability to test for around a thousand substances including toxins, prescription and over-the-counter medications, and illicit drugs.

and vigilance.³ FAA regulation imposes strict limits on flying after consuming ethanol, including prohibiting pilots from flying with a blood ethanol level of 0.04 g/dL or greater.⁴ Alcohol consumption is not the only possible source of ethanol in postmortem specimens. Ethanol can sometimes be produced by microbes in a person's body after death. Postmortem ethanol production is made more likely by extensive traumatic injury.⁵

Alfuzosin is a prescription medication commonly used to treat symptoms of an enlarged prostate.⁶ Alfuzosin is not generally considered impairing.

Submitted by:

JE Tuttle MD MHA FACS
Medical Officer

³ Cook CCH. Alcohol and aviation. *Addiction*. 1997;92(5):539-555.

⁴ 14 Code of Federal Regulations §91.17. General operating and flight rules. <https://www.ecfr.gov/current/title-14/chapter-I/subchapter-F/part-91>. Updated May 7, 2024. Accessed May 16, 2024.

⁵ Kugelberg FC, Jones AW. Interpreting results of ethanol analysis in postmortem specimens: a review of the literature. *Forensic Sci Int*. 2007;165(1):10-29. doi:10.1016/j.forsciint.2006.05.004.

⁶ National Institutes of Health. National Library of Medicine. Alfuzosin hydrochloride. DailyMed. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f861c40a-504b-42c0-a17d-af35c0f187f9>. Updated November 26, 2019. Accessed June 3, 2024.