

National Transportation Safety Board

Office of Research and Engineering

Washington, DC 20594



Medical Factual Memorandum for Record

March 24, 2025

A. CASE

NTSB ID: ERA23FA163
Location: Gainesville, Georgia
Date: March 25, 2023

B. MEDICAL SPECIALIST

Specialist Turan Kayagil, MD, FACEP
National Transportation Safety Board
Washington, DC

C. DETAILS

1.0 Description of Review

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

- Final Federal Aviation Administration (FAA) medical case review
- Autopsy report
- FAA Forensic Sciences Laboratory toxicology report

2.0 Summary of Medical Facts

The 75-year-old male pilot's last aviation medical examination was July 8, 2005. At that time, he reported no medication use. He was issued a third-class medical certificate limited by a requirement to wear corrective lenses, and not valid after July

31, 2006. The pilot did not hold active medical certification at the time of the accident.¹

According to the FAA medical case review, the pilot had previously reported a history of 2002 idiopathic peripheral neuropathy. In December 2003, the FAA had denied him medical certification for progressive idiopathic peripheral neuropathy. He had subsequently received time-limited FAA Authorizations for Special Issuance of medical certification in July 2004 and September 2005 for a history of peripheral neuropathy, lumbar disc disease, and bicuspid aortic valve with moderate aortic insufficiency. His most recent Authorization for Special Issuance expired July 31, 2006.

Forensic Medicine Associates performed the pilot's autopsy for the Hall County Coroner's Office. According to the pilot's autopsy report, his cause of death was generalized blunt trauma and his manner of death was accident. Coronary artery disease was present, with approximately 50-60% narrowing of the left anterior descending coronary artery, approximately 50% narrowing of the right coronary artery, and approximately 20% narrowing of the left circumflex coronary artery by plaque. Borderline concentric cardiac left ventricular hypertrophy was described. Heart weight was 410 grams (normal is roughly 280-490 grams for a male of the pilot's autopsy body weight of 198 pounds). The cardiac left ventricular wall thickness was 1.5 cm (normal is roughly 0.9-1.6 cm), the cardiac interventricular septal thickness was 1.5 cm (normal is roughly 1-1.8 cm), and the cardiac right ventricular wall thickness was 0.5 cm (normal is roughly 0.2-0.6 cm).² Visual examination of the heart did not identify evidence of old heart attack or valvular abnormalities (there was no specific mention whether the aortic valve was bicuspid). Microscopic examination of sections of both cardiac ventricles showed minor increased perivascular and parenchymal fibrosis and a few very small areas of recent hemorrhage. The remainder of the autopsy examination did not identify significant natural disease.

The FAA Forensic Sciences Laboratory performed toxicological testing of postmortem specimens from the pilot. Rosuvastatin, olmesartan, famotidine, fexofenadine, azacyclonol, and metformin were detected in cavity blood and urine. Ezetimibe was detected in urine and was not detected in cavity blood. Glucose was not detected in vitreous or urine.

¹ FAA medical certification is not required for a pilot to exercise sport pilot privileges in a light sport aircraft if other required qualifications and operating restrictions are met ([14 CFR Part 61 Subpart J](#)). Prohibitions on operations during medical deficiency ([14 CFR 61.53](#)) and while using drugs that affect faculties in a way contrary to safety ([14 CFR 91.17\(a\)\(3\)](#)) apply.

² Kitzman DW, Scholz DG, Hagen PT, Ilstrup DM, Edwards WD. Age-related changes in normal human hearts during the first 10 decades of life. Part II (maturity): a quantitative anatomic study of 765 specimens from subjects 20 to 99 years old. *Mayo Clin Proc.* 1988;63(2):137-146. doi:10.1016/s0025-6196(12)64946-5.

Rosuvastatin and ezetimibe are prescription medications commonly used to control cholesterol and reduce cardiovascular risk. Olmesartan is a prescription medication commonly used to treat high blood pressure. Famotidine is an over-the-counter stomach acid suppression medication. Fexofenadine is an over-the-counter non-sedating antihistamine commonly used to relieve symptoms of seasonal and environmental allergies; azacyclonol is a metabolite of fexofenadine. Metformin is a prescription oral medication commonly used for blood sugar control in diabetes and prediabetes. Rosuvastatin, ezetimibe, olmesartan, famotidine, fexofenadine, and metformin are not generally considered impairing.

Submitted by:

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Medical Officer