



NATIONAL TRANSPORTATION SAFETY BOARD

Office of Research and Engineering
Washington, DC

Medical Factual Report

June 22, 2022

Mary Pat McKay, MD, MPH
Chief Medical Officer

A. CRASH: WWPR21FA057; Arlington, WA

Date and time: November 19, 2020

Injuries: 1 fatal

B. GROUP IDENTIFICATION

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

C. DETAILS OF INVESTIGATION

1. Purpose

This investigation was performed to evaluate the pilot for medical conditions, the use of medications/illicit drugs, and the presence of toxins.

2. Methods

The FAA medical case review, autopsy report, toxicology findings, and the investigator's preliminary report were reviewed. Relevant regulation and medical literature were reviewed as appropriate.

FAA Medical Case Review

According to the FAA medical case review, the 73 year old male pilot of a light sport aircraft had last applied for an aviation medical certificate in 1987. At that time, he had reported 100 total flight hours but no medical conditions and no use of medications to the FAA. He had been issued a third class medical certificate without limitations.

Autopsy

According to the autopsy report issued by the Snohomish County Medical Examiner, the cause of death was multiple blunt force injuries and the manner of death was accident. Due to the severity of his injuries, the brain

was not available for examination. No significant natural disease was identified during the remainder of the exam.

Toxicology

Toxicology testing performed by the FAA's Forensic Sciences Laboratory identified cetirizine, a sedating antihistamine often marketed with the name Zyrtec, at 83 ng/ml, and hydroxyzine, a sedating anxiolytic/antihistamine, at 28 ng/ml as well as rosuvastatin (a cholesterol lowering medication) in cavity blood. All three were also identified in urine.

Hydroxyzine is available by prescription and is used as both an anxiolytic and an antihistamine. It carries a warning about drowsiness, operating a motor vehicle, and combining it with other drugs than depress the central nervous system.¹ Common levels of cetirizine in peripheral blood thought to have effects are between about 100 and 600 ng/ml; the range for hydroxyzine is between 50 and 100 ng/ml.² Rosuvastatin is not considered impairing.

D. SUMMARY OF MEDICAL FINDINGS

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¹ National Institutes of Health. US National Library of Medicine. DailyMed. Hydroxyzine. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=878b7e81-d904-457b-91bd-47129816cc60> Accessed 6/21/2022.

² M. Schulz, A. Schmoltdt, H. Andresen-Streichert, S. Iwersen-Bergmann. Revisited: Therapeutic and toxic blood concentrations of more than 1,100 drugs and other xenobiotics. Critical Care 2020.24(1):195