

National Transportation Safety Board

Office of Research and Engineering

Washington, DC 20594



Medical Factual Memorandum for Record

September 16, 2024

A. CASE

NTSB ID: WPR24FA182
Location: Auburn, Washington
Date: June 6, 2024

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 43-year-old male pilot's last aviation medical examination was May 2, 2022. At that time, he reported no medication use. He reported a history including seasonal allergies, high blood pressure no longer requiring medication, kidney stones in 2020 and 2021, and a 1999 felony conviction. The pilot had 2007 and 2012

Letters of Eligibility from the FAA for legal difficulties. The aviation medical examiner (AME) deferred the May 2022 medical certification decision to the FAA due to the pilot's recent history of kidney stones. In August 2022, the FAA sent the pilot a Letter of Eligibility for his kidney stones and eligibility for the Conditions AMEs Can Issue (CACI) program for the same. The pilot was issued a third-class medical certificate limited by a requirement to wear corrective lenses. That medical certificate expired at the end of May 2024. The pilot completed a BasicMed education course on May 7, 2024, and reported completing a BasicMed Comprehensive Medical Examination Checklist (CMEC) on May 6, 2024.¹

The King County Medical Examiner's Office performed the pilot's autopsy. According to the pilot's autopsy report, his cause of death was blunt force injuries of the head and neck, and his manner of death was accident. The left anterior descending coronary artery had up to 90% narrowing by plaque; other coronary arteries had scattered streaks of plaque but were not significantly narrowed. The left ventricle of the heart was described as mildly enlarged with mild concentric wall thickening. Visual examination of the heart was otherwise unremarkable. Microscopic findings included enlarged heart muscle cells.

At the request of the Medical Examiner's Office, postmortem peripheral blood was submitted for toxicological testing to the Washington State Patrol Seattle Toxicology Laboratory, which requested the specimen be tested by NMS Labs. According to the NMS Labs toxicology report, the specimen tested presumptively positive for caffeine.² The FAA Forensic Sciences Laboratory also tested postmortem specimens from the pilot; no tested-for substances were detected.

Submitted by:

Turan Kayagil, MD, FACEP
Medical Officer

¹ BasicMed provisions allow pilots who meet certain requirements to fly (as pilot in command or as a required flightcrew member) without current medical certification. Among those requirements, a pilot must have completed a BasicMed education 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\(i\)](#), [14 CFR 61.23\(c\)\(3\)](#), and https://www.faa.gov/licenses_certificates/airmen_certification/basic_med/.

² Caffeine is a central nervous system stimulant that is commonly ingested, including in coffee, tea, soft drinks, and chocolate; it is also an ingredient in certain anti-drowsiness medications and headache medications. Caffeine is not generally considered impairing. "Presumptively positive" means the result was reported based on a positive screening test without a second test being done to confirm the result.