

# National Transportation Safety Board

Office of Research and Engineering

Washington, DC 20594



WPR24LA003

## **MEDICAL**

Specialist's Factual Report

September 18, 2025

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## **A ACCIDENT**

Location: Hayward, California  
Date: October 2, 2023

## **B MEDICAL SPECIALIST**

Specialist JE Tuttle MD MHA FACS  
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## **C DETAILS OF THE INVESTIGATION**

### **1.0 Purpose**

This investigation was performed to evaluate the pilot for potentially impairing or incapacitating medical conditions and substances.

### **2.0 Methods**

The pilot's Federal Aviation Administration (FAA) medical certification file and post event hospital and personal medical records were reviewed. Selected investigator reports and relevant regulation and medical literature were also reviewed.

## **D FACTUAL INFORMATION**

### **1.0 FAA Medical Certification File**

According to FAA medical certification file, the 70-year-old male pilot's most recent aviation medical exam was June 2022. At that time, he reported 2041 total civilian flight hours. He was 72 inches tall and weighed 220 pounds. He reported having high cholesterol and taking atorvastatin, a medication commonly prescribed to treat high cholesterol. He was issued a second-class medical certificate with the limitation that he must wear corrective lenses.

After the accident, the FAA requested and received medical records relating to the pilot's post-accident care. These records were consistent with the medical records reviewed for this investigation, discussed below.

## 2.0 Post-Accident Emergency Medical Records

According to provider notes in the pilot's emergency department medical records, the passenger, who was also a family member of the pilot reported to them that the pilot was in the process of taxiing for takeoff, when he lost consciousness and slumped over the controls of the plane. The passenger witnessed the loss of consciousness and reported to the emergency department providers that the pilot was unarousable for 3-5 minutes despite efforts to arouse him. The aircraft went off the runway and into a ditch. Emergency medical services (EMS) were called and transported the pilot to the emergency department. On arrival to the emergency department, the pilot was awake and alert with no recollection of the event. He denied any prior chest pain or dizziness. He did report that in February 2023, he had been evaluated for an acute illness and had undergone an electrocardiogram (ECG) that had been abnormal. He had been referred for a cardiac stress test by his primary care physician, but the pilot had not completed it by the time the accident occurred.

On evaluation in the emergency department following the accident, an ECG was consistent with first-degree atrioventricular (AV) block and other non-specific changes.<sup>1</sup> Blood tests performed detected an elevated troponin.<sup>2</sup> The pilot was evaluated by a cardiology provider in the emergency department, who reviewed the ECG and noted findings consistent with a possible previous heart attack but no definitive changes indicating a current heart attack. The cardiology provider documented the elevated troponin was likely the result of a recent arrhythmia as the pilot did not have a history of chest pain. The cardiology provider stated in her note that it seemed likely that the syncopal episode was the result of some kind of acute arrhythmia. The pilot was admitted to the hospital for monitoring overnight. An echocardiogram was performed to evaluate the pilot's heart the next day and was normal.<sup>3</sup> The pilot was discharged the next day with scheduled follow-up appointment with his primary care physician and a cardiologist.

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<sup>1</sup> An ECG represents a recording of the heart's electrical activity. It is often the first test obtained when evaluating a patient for suspected heart disease. A first-degree AV block represents an electrical conduction delay between the atria and the ventricle of the heart. First degree block may be a normal finding in some individuals or may represent an early finding of heart disease.

<sup>2</sup> Troponin is a protein found in heart muscle. When elevated, troponin levels may indicate heart muscle damage.

<sup>3</sup> An echocardiogram is the use of ultrasound to evaluate the structural components and their function in the heart.

Omerovic S, Jain A. Echocardiogram. 2023 Jul 24. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. PMID: 32644366.

### **3.0 Personal Medical Records**

The pilot's post event personal medical records from his healthcare network were reviewed from November 2023 to December 2023. In November, the pilot had a follow-up appointment with his cardiologist. The pilot was first evaluated with an outpatient 2-week Holter monitor study to assess cardiac arrhythmias and a cardiac magnetic resonance imaging (MRI) study.<sup>4</sup> The results of the Holter monitor were consistent with worsening AV block and periods of non-sustained ventricular tachycardia, a serious heart rhythm disorder where the ventricles of the heart beat rapidly and irregularly. Ventricular tachycardia can result in loss of consciousness if the uncoordinated heartbeat prevents the heart from pumping enough blood to the brain.<sup>5</sup> The cardiac MRI results did not demonstrate tissue scarring. As a result of the Holter monitor results, in early December 2023, the pilot had a cardiac stress echocardiogram which revealed no stress induced evidence of discrete cardiac ischemia but did show diminished overall squeeze and episodes of non-sustained ventricular tachycardia. The pilot subsequently underwent a cardiac catheterization. The cardiac catheterization identified coronary artery disease that was treated with ballooning and a stent.

## **E SUMMARY OF MEDICAL FACTS**

According to FAA medical certification file, the 70-year-old male pilot's most recent aviation medical exam was June 2022. He reported having high cholesterol and taking atorvastatin, a medication commonly prescribed to treat high cholesterol. He was issued a second-class medical certificate with the limitation that he must wear corrective lenses.

According to provider notes in the pilot's emergency department medical records, the passenger, who was also a family member of the pilot reported to them that the pilot was in the process of taxiing for takeoff, when he lost consciousness and slumped over the controls of the plane. The passenger witnessed the loss of consciousness and reported to the emergency department providers that the pilot was unarousable for 3-5 minutes despite efforts to arouse him. On arrival to the emergency department, the pilot was awake and alert with no recollection of the event. He denied any prior chest pain or dizziness. He did report that in February 2023, he had been evaluated for an acute illness and had undergone an ECG that had been abnormal. He had been referred for a cardiac stress test by his primary care physician, but the pilot had not completed it by the time the accident occurred.

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<sup>4</sup> A Holter monitor is a wearable device that continuously records and stores ECG data from the person wearing it, to help evaluate for cardiac arrhythmias.

<sup>5</sup> Non-sustained ventricular tachycardia is a marker of increased risk for subsequent sustained tachyarrhythmias and sudden cardiac death.

The pilot was evaluated by a cardiology provider in the emergency department, who reviewed the ECG and noted findings consistent with a possible previous heart attack but no definitive changes indicating a current heart attack. The cardiology provider documented the elevated troponin was likely the result of a recent arrhythmia as the pilot did not have a history of chest pain. The cardiology provider stated in her note that it seemed likely that the syncopal episode was the result of some kind of acute arrhythmia. The pilot was admitted to the hospital for monitoring overnight and discharged with follow up appointments the next day.

On follow-up with the cardiologist, the pilot underwent a cardiology evaluation that included a Holter monitor, cardiac MRI, stress test and cardiac catheterization. The pilot was found to have significant coronary artery narrowings during his cardiac catheterization that were treated with percutaneous transcatheter angioplasty and placement of a coronary artery stent.

Submitted by:

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Medical Officer