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March 24, 2017

Honorable Bella Dinh-Zarr, Acting Chairman
National Transportation Safety Board
490 L'Enfant Plaza, SW
Washington, DC 20594

Dear Chairman Dinh-Zarr,

On behalf of the Aircraft Owners and Pilots Association (AOPA), we respectfully urge the Board to conduct an internal review to determine why the NTSB is approving speculative probable cause reports related to General Aviation accidents when little or no evidence is found.

As you know, General Aviation remains a safe form of travel and recreation for hundreds of thousands of people at substantially less risk than other modes, yet continues to get counterproductive scrutiny from the NTSB. The industry is perplexed that General Aviation remains on the Board's top ten list despite the enormous disparity in fatalities as compared to other modes of transportation. For example, traffic fatalities are 7,500% greater than general aviation; boating results in 150% more deaths, even bicycling results in over 200% more deaths than general aviation. Despite these facts, we continue to work towards the elimination of all fatalities in General Aviation.

We remain concerned that the longstanding data driven, facts based standards continue to erode at the NTSB.

Last year, the Air Safety Institute sent a letter (attached) to then Chairman Christopher Hart drawing attention to accident investigations which raised concerns within the pilot community and diverted from the fact-based methods that the NTSB has followed for decades. The Air Safety Institute is one of the most renowned General Aviation safety organizations in the world. Despite the fact that AOPA President Mark Baker met with Chairman Hart last year to discuss these concerns this speculative probable cause practice continues.

In a letter to the Air Safety Institute dated November 4, 2016, wherein an accident investigation probable cause determination was brought into question, Chairman Hart responded, "You correctly note that the Medical Factual Report states that there was no evidence of recent or old infarction. However, a hyperacute infarction, occurring over only a few minutes, may cause acute symptoms and leave no evidence if the victim dies traumatically." Given the fact that there was no evidence or any facts of hyperacute infarction found before the accident or during the autopsy, this clearly suggests the probable cause of the accident in question was and is purely speculative.

This speculative practice seems to be finding its way into the culture of NTSB as two more recent reports (CEN15LA195 and CEN15A281) attribute probable cause without sufficient evidence and contrary to other compelling evidence. Both reports list probable cause as “pilot incapacitation due to cardiovascular event” though in both cases, the medical examiner listed cause of death as blunt force injuries. In fact, in accident CEN15LA195, only two days prior to the mishap, the pilot completed a checkup with his primary physician, specifically documenting no cardio-vascular symptoms and that blood pressure was “well controlled”. Both of these reports contained compelling evidence of other potential causes which the authors overlook in their haste to name cardiovascular as cause.

Both accidents happened in the traffic pattern under conditions typically associated with loss of control and report CEN15LA195 noted eye-witness description of a turn on downwind, followed by a steep dive, a profile typical of a traffic pattern stall/spin.

Report CEN15FA281, noted new fuel lines and fuel filters were installed and that contaminants were found in each fuel filter after the crash.

These reports, like report ERA15FA297, which also listed probable cause due to acute cardiac event without supporting evidence, demonstrates to us a profound move away from the longstanding professional and detailed investigations that have been conducted and produced over the years. Speculating on a probable cause of an accident in order to finalize the investigation, or worse yet, the endorsement of a personal agenda being pressed by someone in the medical examiner’s office should not have any room in determining the probable causes of any accidents.

When there is no definitive evidence to determine the probable cause of an accident, it should be acceptable to make a “no determination of cause” finding. Such would have been a more accurate finding in all three of these accidents.

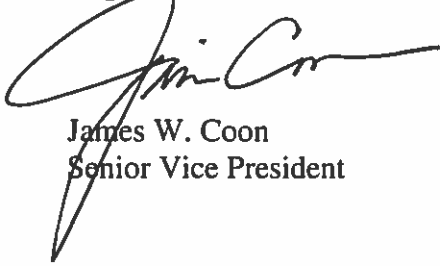
Personally, after having worked with the NTSB for decades, it is disheartening that the Board is now allowing someone at the staff level to approve these academic probable cause determinations. Moreover, I am dismayed that the Board’s Chief Medical Examiner allows this speculative practice to continue.

We hope the Board would work towards a more data driven approach similar to that which the FAA has embraced and more specifically the Flight Safety Standards Division. Together, we have invested significant time and effort to move to a data driven approach under the Commercial Aviation Safety Team (CAST) and the General Aviation Joint Steering Committee (GAJSC).

The FAA has embraced this safety approach, working with industry on streamlining the aircraft certification process under Part 23, establishing holistic and integrated Airman Certification Standards, establishing pathways to installing new, modern technology into the existing GA fleet, and embracing the new law signed by President Obama last year that will improve safety for GA pilots by requiring a medical education course and fostering a private pilot-private physician relationships in addressing medical conditions.

We sincerely believe that an internal review will help correct these speculative probable causes of General Aviation accidents and help ensure that personal agendas in the medical office are not being incorporated into the Board's reports.

Regards,

A handwritten signature in black ink, appearing to read "Jim Coon", written over a white background.

James W. Coon
Senior Vice President

cc:

Honorable Elaine Chao, Secretary, Department of Transportation
Honorable Michael Huerta, Administrator, Federal Aviation Administration
Representative Bill Shuster, Chairman, House Committee on Transportation and Infrastructure
Representative, Peter DeFazio, Ranking Member, House Committee on Transportation and Infrastructure
Senator John Thune, Chairman, Senate Commerce Committee
Senator Bill Nelson, Ranking Member, Senate Commerce Committee



National Transportation Safety Board

Washington, DC 20594

Office of the Chairman

November 4, 2016

Mr. George Perry
Senior Vice President
AOPA Air Safety Institute
421 Aviation Way
Frederick, MD 21701-4798

Dear Mr. Perry:

Thank you for your August 31, 2016 letter acknowledging receipt of the National Transportation Safety Board Safety Recommendation A-16-017, which addresses educating pilots about cataracts and the risks they pose to flight safety, and to share your thoughts regarding recent accident investigations that may involve pilot medical fitness issues. We will evaluate and classify the Aircraft Owners and Pilots Association response to Safety Recommendation A-16-017 and respond to you in a separate letter. Your letter also discussed your concerns with two accident investigations in which the NTSB determined that a pilot's impairment or incapacitation was the probable cause of the accident.

The 2015 accident cited in your letter appears to be a reference to the accident (ERA15FA297) that occurred on August 7, 2015 in Saranac Lake, New York, in which a Piper PA46 impacted terrain after departing the airport resulting in four fatalities, including the pilot. As noted in the brief of the accident report, the autopsy of the pilot identified significant heart disease which placed the pilot at high risk for an acute cardiac event such as angina, a heart attack (myocardial infarction), or an arrhythmia. None of these events would have left any specific evidence to be found during the autopsy. Further, the NTSB investigation determined the pilot had the skill and experience to successfully complete this flight and did not find any evidence of an operational or mechanical explanation for the pilot's loss of control. The Board's probable cause determination was based on the evidence of a potentially impairing or incapacitating condition that could cause behaviors by an experienced pilot that are not otherwise explained by other operational or mechanical evidence.

You correctly note that the Medical Factual Report states that there was no evidence of recent or old infarction. However, a hyperacute infarction, occurring over only a few minutes, may cause acute symptoms and leave no evidence if the victim dies traumatically. This is not,

however, inconsistent with the probable cause determination of an acute cardiac event because an infarction is but one of several possible cardiac events.

You also cited a 2014 accident in your letter, which appears to be a reference to the accident (ERA14LA415) that occurred on August 30, 2014 in which a Cirrus SR22 impacted the Atlantic Ocean east of Wallops Island, Virginia, resulting in the presumed death of the pilot. Neither the body of the pilot nor the aircraft was ever recovered. As noted in the brief of the accident report, the pilot's communications with air traffic controllers and his unconscious state as observed by military intercept pilots, who were deployed when the aircraft entered restricted airspace near Washington, D.C., indicate that the pilot suffered impairment and subsequent incapacitation. Hence, we were able to conclude that the impairment was probable, but it could have been caused by one or more of several conditions, including stroke, cardiovascular event, hypoxic event, carbon monoxide exposure, or neurologic decompression sickness. Because the pilot's body was not recovered, as noted above, no autopsy or toxicological testing was conducted. In addition, a review of the pilot's medical history revealed no evidence of medical conditions or use of medications that would have caused incapacitation or impairment. Consequently, the reasons for the pilot's condition could not be determined.

As you know, an NTSB investigation to determine the probable cause of an accident and the development of recommendations to prevent future accidents considers all available factual information identified in our investigation, including available operational evidence of human and aircraft performance, as well as, the medical fitness of the pilot. The available factual evidence is thoroughly analyzed and considered during the investigation to determine the probable cause of an accident. Parties to an investigation or others having a direct interest in the investigation may file a petition for reconsideration or modification of the Board's findings and determination of probable cause based on the discovery of new evidence or a showing that the Board's findings are erroneous.

The NTSB continues to advocate for more available information for our investigations. As you may also be aware, the NTSB has made safety recommendations for crash-resistant flight recorder systems on newly manufactured and existing turbine-powered aircraft (A-13-012 and A-13-013). If these recommendations are implemented, cases such as the one involving the previously mentioned Piper PA46 would include a flight recorder and critical information for determining the sequence of events that led to the accident and identifying actions needed to prevent a similar accident in the future.

Thank you again for your letter. If you have further questions or if you would like to meet with NTSB to further discuss your concerns, please contact Christopher Wallace, Director of Government and Industry Affairs, at (202) 314-6007.

Sincerely,

Christopher A Hart