

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

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JUL 25 2017

SC Court of Appeals

APPEAL FROM  
APPELLATE PANEL, WORKERS' COMPENSATION COMMISSION

W.C.C. File No. 1504993  
Appellate Case No. 2017-000084

Horace L. Adell, Jr., ..... Employee, Claimant, Respondent,

v.

Clean Streak Inc., ..... Employer, Respondent,

and

Builders Mutual Insurance Company, ..... Carrier, Appellant.

**SUPPLEMENTAL RECORD ON APPEAL**

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Attorneys for Claimant/Respondent

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Attorneys for Claimant/Respondent

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**South Carolina Workers' Compensation Commission**

1333 Main Street, Suite 500 • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5723 [www.wcc.sc.gov](http://www.wcc.sc.gov)



WCC File #: 1504993

Carrier File #: \_\_\_\_\_

Carrier Code #: \_\_\_\_\_

Employer FEIN #: \_\_\_\_\_

Claimant's Name: Horace L. Adell, Jr. SSN: [REDACTED] Employer's Name: Clean Streak, Inc.

Address: [REDACTED] Address: 235 Old Turnpike Road

City: Mills River State: NC Zip: [REDACTED] City: Mills River State: NC Zip: 28759

Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: Builders Mutual Insurance

Preparer's Name: Daniel E. Peagler Law Firm: Michael Johnson, P.C. & Associates Preparer's Phone #: (803) 814-0550

**A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: on or about 03/24/2015**

Injury  Illness  Repetitive Trauma  Occupational Disease  Physical Brain Injury  Concurrent Jurisdiction

1. The claimant sustained an injury to neck/back on March 24, 2015 in Horry County, State of South Carolina.
2. Body part(s) affected are: neck/back  
Briefly describe how the accident occurred. The Claimant was working on a storage facility when he fractured his neck/back. He was carrying a 5 gallon bucket of wax when he felt a crack/pop in his neck. Claimant put ice on his neck right after the accident but the pain got progressively worse through the evening.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on or about 03/24/15 in the following manner:  
Verbally and written to Susan Adell and Donna Cook

7. Due to injury, the claimant is in need of (check one):  
 (a) medical examination and treatment for: neck and back  
 (b) additional medical examination and treatment for: \_\_\_\_\_

8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:  
To be determined

9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):  
 (1) General Disability:  Total  Partial  (2) Specific Disability:  Total  Partial  (3) Wage Loss

9a.  A determination of permanent disability is premature at this time.

10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:  
Premature

10a. At the time of the injury, the Claimant was paid weekly wages of FORM 20 REQUESTED, and demands accounting of days worked and wages earned as provide by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:  
None

11. Further grounds or unusual aspects of claim:  
Any and all benefits available under the Act including but not limited to a Lump Sum Application/Payment, Utica-Mohawk/Social Security language within the Order, and any applicable penalties and fines assessed against the Defendants

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:  
Georgetown Hospital System, 606 Black River Road, Georgetown, SC 29550; Park Ridge health, 100 Hospital Drive, Hendersonville, NC 29792; Carolina Spine & Mission, 7 Vanderbilt Park Drive, Asheville, NC 28803

11b. To the best of your knowledge, did you have any prior permanent disability? No  
 If yes, describe: \_\_\_\_\_

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed for hearing: 30 minutes

13b. I am requesting a hearing. A \$25 fee is required.

**Mediation**

- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- b. Mediation is required pursuant to Reg. 67-1802.
- c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Richard C. Detwiler, Esquire, Callison Tighe, P.O. Box 1390, Columbia, SC 29202 and Mikell Wyman, Esquire, Gallivan, White & Boyd, P.O. Box 22768, Charleston, SC 29413 on the 3rd day of November, 2015, by

first class postage  certified mail  personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

[Signature]  
Preparer's Signature

Attorney for Claimant  
Title S.R. 1

[epagler@johnsonscaw.com](mailto:epagler@johnsonscaw.com)  
Email

November 3, 2015  
Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

**WCC Form # 50**  
Revised 7/13

**50**

**Employee's Notice of Claim and/or  
Request for Hearing**

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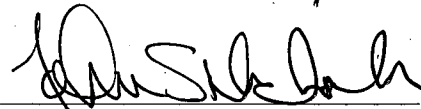
and

Builders Mutual Insurance Company,..... Carrier, Appellant.

**CERTIFICATE OF COUNSEL**

The undersigned hereby certifies that this Supplemental Record on Appeal contains material proposed to be included by any of the parties and not any other material.

Respectfully submitted,



John S. Nichols SC Bar #4210  
Blake A. Hewitt SC Bar # 73674  
BLUESTEIN NICHOLS  
THOMPSON & DELGADO  
Post Office Box 7965  
Columbia, South Carolina 29202

July 24, 2017

Attorneys for Respondent Adell