Jun. 13. 2025 9:28AM S. Simpson Fax to 803-385-2361 No. 1964 P. 1/9

1879

S.C. WORKERS' COMPENSATION COMMISSION FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)	CARRIER/ADMINISTRATOR CLAIM NUMBER	CARRIER/DOC NUMBER	REPORT PURPOSE CODE
Don's Car Crushing, Inc. DBA: 303 W Broad St Hemingway, SC 29554	JURISDICTION	JURISDICTION CLAIM NUMBER	
	INSURED REPORT NUMBER		
	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) 1191 White Sands Rd Holly Hill, SC 29059		LOCATION # 000006 PHONE # (843)558-2232

INDUSTRY CODE	EMPLOYER FEIN
5093	20-4017709

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS, & PHONE #)	POLICY PERIOD	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)
BusinessFirst Insurance Company P.O. Box 600 Gainesville, GA 30503-0600 1-800-863-2181 (678) 450-5825	03/01/22 TO 03/01/23 CHECK IF APPROPRIATE ☐ SELF INSURANCE	SC WCC File No. 2216315 Evidence that should be a part of the record
CARRIER FEIN 03-0506789	POLICY/SELF-INSURED NUMBER 0521-22-15366-0000	ADMINISTRATOR FEIN 59-1683711

AGENT NAME & CODE NUMBER

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
MACK, AMOS	04-08-63	250-17-6990	10/05/22	

ADDRESS (INCL ZIP)	SEX	MARITAL STATUS	OCCUPATION/JOB TITLE
140 Moss St Bowman, SC 29018	☒ Male ☐ Female ☐ Unknown	☐ Unmarried/Single/Divorced ☒ Married ☐ Separated ☐ Unknow	Welder EMPLOYMENT STATUS: FT NCCI CLASS CODE: 3821
PHONE (839)201-3526	# OF DEPENDENTS		

RATE PER:		DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY?	DID SALARY CONTINUE?
20.00	☐ DAY ☐ MONTH ☐ WEEK ☒ OTHER:	5	☒ YES ☐ NO	☐ YES ☐ NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	LAST WORK DATE	DATE EMPLOYER NOTIFIED / DATE DISABILITY BEGAN
☐ AM ☐ PM	10-14-22	8:00 ☒ AM ☐ PM ☐ CANNOT BE DETERMINED	10/14/22	10/14/22 10/15/22

CONTACT NAME/PHONE NUMBER	TYPE OF INJURY/ILLNESS	PART OF BODY AFFECTED
C. Bradley	Multiple Physical Injuries Only	Multiple Body Parts

DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES?	TYPE OF INJURY/ILLNESS CODE	PART OF BODY AFFECTED CODE
☒ YES ☐ NO	90	90

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
Don's Car Crushing, Inc. 1191 White Sands Rd 29059	

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL	CAUSE OF INJURY CODE
While the IW was welding a bracket the IW fell when they were climbing down resulting in contusions to their left shoulder and to the right hip region.	31

DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?	
		☐ YES ☐ NO	WERE THEY USED? ☐ YES ☐ NO

PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)	HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)	INITIAL TREATMENT
Regional Medical Center 3000 St. Matthews Road Orangeburg, SC 29118 (803)395-2200		0 ☐ No Medical Treatment 1 ☐ MINOR: BY EMPLOYER 2 ☐ MINOR CLINIC/HOSP 3 ☐ EMERGENCY CARE 4 ☐ HOSPITALIZED > 24 HOURS 5 ☐ FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED

OTHER

WITNESSES (NAME & PHONE #)

DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE	PHONE NUMBER
11/01/22	11/02/22	~~C. Bradley~~ My Lawyer Att [illegible]	

WCC FORM 12A
REV. DATE 04/08 Andrea Torres

SEE INSTRUCTIONS FOR IMPORTANT INFORMATION

REPRINTED WITH PERMISSION OF