



Claimant's Name: Samuel A. Rose Employer's Name: Chris Thompson Services, LLC
Address: 4602 North Palm View Circle Address: Post Office Box 3377
City: North Charleston, SC 29418 State: SC Zip: 29418 City: Summerville State: SC Zip: 29484
Home Phone: 843-577-3988 Work Phone: (843) 421 - 4984 Insurance Carrier: Bridgefield Casualty Insurance Company
Preparer's Name: Kirsten L. Barr Law Firm: Trask and Howell Law Firm Preparer's Phone #: 843-881-1027

RECEIVED
May 22 2026
SC Court of Appeals

1. **Date of injury:** August 10, 2011 2. **Total Weeks Compensation Paid:** 500 weeks (plus interest)
(m/d/yyyy)

3. **Type of Compensation Paid (TP or TT)/Periods of Payment:**

Type: TT From: 8/11/11 To: 9/8/22
(m/d/yyyy) (m/d/yyyy)
Type: _____ From: _____ To: _____
Type: _____ From: _____ To: _____
Type: _____ From: _____ To: _____

4. **Date of First Payment:** 12/22/11
(m/d/yyyy)

5. **Total Amount Paid** (a) **Compensation:** \$250,201.66*
*includes interest accrued on appeal in the amount of \$33,541.11
(b) **Medical (Include Nursing, Hospital, Drugs, Etc.):** \$96,249.58

Kirsten L. Barr

Employer's Representative

(843) 881-1027
Phone

May 20, 2026
Date

Type or print all information. File this form six months after the alleged injury date and each six months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Refer to R.67-413, and R.67-804 for further information.