

22289

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

ORIGINAL

APPEAL FROM SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION,
APPELLATE PANEL OF SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION AND COMMISSIONER SUSAN S. BARDEN

Case No.: 2015-001376

Jeffrey S. Tracy.....Employee, Appellant,

v.

PeopLease Corporation.....Employer

AND

National Interstate Insurance Company.....Carrier, Respondents.

RECORD ON APPEAL

RECEIVED

JAN 06 2016

SC Court of Appeals

Tyler Bathrick
SC Bar Number 74944
Stewart Law Offices, LLC
P.O. Box 670
Rock Hill, SC 29731
(803) 328-5600
Attorney for Appellant

Kelly F. Morrow, Esquire SC Bar Number: 72909 McAngus, Goudelock & Courie, LLC Meridian, 10th Floor 1320 Main Street P.O. Box 12519 Columbia, SC 29211	Helen F. Hiser, Esquire SC Bar Number: 76124 McAngus, Goudelock & Courie, LLC 735 Johnnie Dodds Blvd., Suite 200 P.O. Box 650007 Mount Pleasant, SC 29465

INDEX

1. Decision and Order of the Single Commissioner dated October 21, 2014;.....	4
2. Appellate Panel Decision and Order dated June 4, 2015;.....	11
3. Claimant's Form 50 dated May 29, 2014;.....	20
4. Respondents' Form 20 dated May 19, 2014;.....	24
5. Respondents' Form 51 dated June 25, 2014;.....	27
6. Claimant's Form 58 Pre-Hearing Brief dated August 22, 2014;.....	30
7. Respondents' Form 58 Pre-Hearing Brief dated August 26, 2014;.....	35
8. Claimant's Form 30 dated October 27, 2014;.....	40
9. Brief of Jeffrey Tracy, Appellant, to the Full Workers' Compensation Commission dated December 22, 2014;.....	52
10. Claimant's Form 50 dated March 5, 2015;.....	67
11. Respondents' Form 51 dated March 31, 2015;.....	71
12. Single Commission Hearing Transcript dated September 8, 2014;.....	74
13. Full Commission Transcript dated March 16, 2015;.....	112
14. Claimant's APA, pp. 1-298;.....	143
15. Respondents' APA, pp. 299, 304-306, 313-318; and.....	152
16. Defendant's Exhibit Number 1 from September 8, 2014 hearing.....	455

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SC Court of Appeals

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1402522

JEFFREY S. TRACY,

Employee,

Claimant,

vs.

PEOPLEASE CORPORATION,

Employer,

AND

NATIONAL INTERSTATE INSURANCE
COMPANY,

Carrier,

Defendants.

DECISION AND ORDER

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JAN 06 2016

SC Court of Appeals

DATE OF HEARING:

Hearing held in Rock Hill, S.C. on September 8, 2014.

APPEARANCES:

Claimant appeared and represented by Tyler A. Bathrick, Esquire, of Stewart Law Offices, LLC of Rock Hill, South Carolina.

Defendants represented by Kelly F. Morrow, Esquire of McAngus Goudelock & Courie, L.L.C. of Columbia, South Carolina.

PURPOSE OF THE HEARING: To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER: Commissioner Susan S. Barden

FILED: October 21, 2014

000004

STIPULATIONS

It is stipulated among the parties that:

1. Notice of the hearing was timely and properly served upon the parties of interest.
2. Venue is proper in Rock Hill, South Carolina.

APA SUBMISSIONS

Pursuant to the South Carolina Administrative Procedures Act and Regulation of the South Carolina Workers' Compensation Commission, the following records were submitted into evidence:

The Claimant submitted the following evidence:

1. Riverview Medical Center, Dated 3/18/14-8/13/14 consisting of 84 pages.
2. Ortho Carolina, dated 5/6/14-8/7/14, consisting of 5 pages.
3. Metrolina Diagnostic Center, dated 4/19/14, consisting of 2 pages.
4. Select Physical Therapy, dated 4/24/14-6/6/14, consisting of 51 pages.
5. Rock Hill Family Medicine, dated 5/28/14, consisting of 1 page.
6. Wage Records of the Claimant, dated 2013-2014, consisting of 52 pages.
7. Correspondence to/from counsel, dated 5/12/14-7/11/14, consisting of 3 pages.
8. Personnel Records of the Claimant, submitted at the hearing and incorporated into the record by the Single Commissioner.

Claimant also submitted the cases of: *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430, (N.C. Ct. App. 2003); *Stephen v Avins Construction Company*, 478 S.E.2d 74 (S.C. App. 1996); *Pilgrim v Eaton*, 703 S.E.2d 241 (S.C. App. 2010); for consideration.

The Defendants submitted the following evidence:

1. Portions of the Claimant's personnel file, dated 5/6/11-3/18/14, consisting of 8 pages.

2. Kentucky Uniform Police Traffic Collision Report, dated 3/14/14, consisting of 4 pages.
3. IRS wage information report, consisting of 5 pages.
4. PeopLease Employee Earnings--Summary wage information handed up at the hearing to the Single Commissioner without objection and incorporated as part of the record; dated 1/6/12-3/21/14, consisting of 3 pages.

STATEMENT OF THE CASE

Prior to the hearing, the parties agreed that the single issue for determination by the Single Commissioner in this matter was a determination of average weekly wage and compensation rate.

The Claimant took the position that his average weekly wage and compensation rate should amount to \$1,014.09 yielding a compensation rate of \$676.09. The Claimant takes the position that since his per diem expenses are subtracted from each pay check, out of his gross pay, the weekly deduction for his per diem expenses should be included in his overall wage calculation. The Claimant alleges his average weekly wage should be based on the per mile rate indicated in the personnel file. The Claimant was unable to find any South Carolina case law on this issue. However, he did find a North Carolina case, *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430, (N.C. Ct. App. 2003), that the Claimant alleges addresses this issue. The Claimant also requested an underpayment of benefits for the period of temporary total disability benefits paid to the Claimant under the calculation of wages as submitted by the Defendants.

The Defendants asserted that the proper average weekly wage should be \$716.80 with the corresponding compensation rate of \$477.89. That computation is arrived at without use or inclusion of the per diem amount pursuant to the IRS guidelines for determination of income and use of the per diem. Also, the Defendants take the position that the per diem is not taxable

income and therefore cannot constitute wages and cannot be included in the overall figures utilized to configure the average weekly wage and compensation rate. As a result, the Defendants asserted that the average weekly wage and compensation rate as set forth on the Form 20 is proper and there is no underpayment of benefits owed to the Claimant.

EVIDENCE OF THE CASE

The Claimant testified that he is 42 years of age and resides in Chester, SC. (Hrg. Trans. p. 8-9). The Claimant has been employed with D&C trucking for 13 years. (Hrg. Trans. p. 9). The Claimant estimated about two years prior to his accident D&C trucking turned their wage information and employment status over to PeopLease. (Hrg. Trans. p. 9). In the conversion from D&C trucking to PeopLease, the Claimant testified he completed employment paperwork that set (noted as Exhibit Number 1 and retained in the Commission file) wherein his rate per mile was set at 34 cents per mile, \$15 per stop and \$50 lay over pay. (Hrg. Trans. p.15). The Claimant also acknowledged he elected to have his insurance deductions taken out on a pre-tax basis. (Hrg. Trans. p. 12). The Claimant testified that he turned in his per diem to the Company every week on a sheet based on how many days he was out on the road and what allowances he claimed on the road while he was out. (Hrg. Trans. p. 17). The Claimant testified his per diem was \$52 per day and that it was not taxed. (Hrg. Trans. p. 17-18). The Claimant testified that the remaining balance of his wages that were left over minus his per diem was taxed. (Hrg. Trans. p. 19). The Claimant further testified that he elected to have his per diem taken out of his checks so that he would not have to account for his per diem amounts on his personal tax returns. (Hrg. Trans. p. 19-20).

Monica Reese testified on behalf of the Defendants. Ms. Reese testified that she is the Vice President and General Counsel for PeopLease Corporation and has worked in that capacity

for 9 years handling all litigation including workers compensation matters across the U.S. for PeopLease. (Hrg. Trans. p. 22). Ms. Reese testified that PeopLease works as a professional employer meaning they are co-employers with their clients as to their payroll. (Hrg. Trans. p. 22). PeopLease processes payroll, remits taxes, provides W-2's, provides workers compensation insurance and assists in HR Benefits to their clients. (Hrg. Trans. p. 22-23). They share that same arrangement with D&C Trucking whom the Claimant works for. (Hrg. Trans. p. 23).

Ms. Reese testified that they receive information from D&C Trucking that Mr. Tracy would report as his actual mileage and per diem information from his logs. They then calculate the number of miles as provided from each of the logs remitted and then multiply by the stated rate per mile and arrive at their totals. (Hrg. Trans. p. 24). They take the total amount of payments to driver and then remove the per diem from that figure as non-taxable income (which is a maximum of \$59 per day for truck drivers). (Hrg. Trans. p. 25). You then take the load pay and according to the IRS you can't pay more than per diem then you would pay on the actual gross wages, the mileage pay and make sure that the tax implications are not offset incorrectly. (Hrg. Trans. p. 27) (Defendants APA #11)

Ms. Reese testified when the proper per diem deductions are taken out of the Claimant's wages and then you take out any other deductions that arrive at the proper taxable wages that are his listed W-2 wages reported to the government. (Hrg. Trans. p. 28-29). She testified that those wages are then used to determine average weekly wage and compensation rate. The per diem figures are added back into the Claimant's paycheck for actual payment to the Claimant for ease of payment but they are not included in the configuration for average weekly wage and compensation rate as they are not taxable wages to the Claimant and this explains why they look like they are taken out and then later added back in to his pay information. (Hrg. Trans. p. 29).

Ms. Reese testified that this single check payment system is customary in the trucking industry, but only the W-2 reportable wages are used to calculate the aww/cr. (Hrg. Trans. p. 30). Ms. Reese went on to testify that there are variations of this pay system depending on how any given trucking company elected to handle their pay. She testified that the specific election affects how they look at each individual when determining what taxable wages can be utilized in determining average weekly wage and compensation rate and that Mr. Tracy's wages were configured on D&C Trucking's specific set up and Mr. Tracy's individual elections. (Hrg. Trans. p. 33).

FINDINGS OF FACT

Based upon the testimony and evidence submitted by both parties, the undersigned Commissioner makes the following Findings of Fact:

1. Average weekly wage and compensation rate are governed by Section 42-9-260.
2. The parties to this proceeding are subject to and bound by the provisions of the South Carolina Workers' Compensation Act.
3. The undersigned has evaluated all of the evidence as submitted by the parties and is not persuaded by *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430, (N.C. Ct. App. 2003).
4. I find as a matter of fact that the average weekly wage and compensation rate as set forth by the Defendants on the Form 20 is proper.
5. The Claimant's average weekly wage is \$716.80 with the corresponding compensation rate of \$477.89. This is based upon a proper calculation of the actual taxable wages, which does not include the non-taxable per diem that the Claimant received.

CONCLUSIONS OF LAW

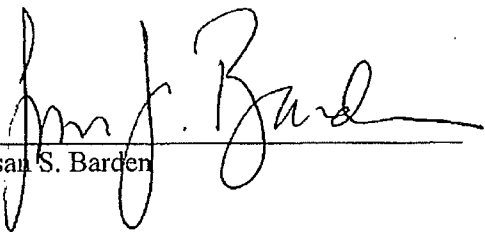
It is concluded under the South Carolina Worker's Compensation Act in Section 42-1-10 S.C. Code of Laws, et. seq., that:

1. Average weekly wage and compensation rate is governed by Section 42-9-260.
2. The Claimant's average weekly wage is \$716.80 with a corresponding compensation rate of \$477.89 as based on the wages submitted by the Defendants and set forth on the Form 20.

ORDER

IT IS HEREBY ORDERED, that the greater weight of the evidence supports a finding that the Claimant's average weekly wage is \$716.80 with a corresponding compensation rate of \$477.89.

AND IT IS SO ORDERED.



Susan S. Barden

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
October 21, 2014

By: Kristi Love, Administrative Assistant to Commissioner Barden

APPELLATE PANEL DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1402522

Jeffrey S. Tracy

EMPLOYEE,
CLAIMANT/APPELLANT

VS.

PeopLease Corporation

EMPLOYER,

AND

National Interstate Insurance Company

CARRIER,
DEFENDANTS/RESPONDENTS,

Appellate Panel Review held in Columbia, South
Carolina, on March 16, 2015 per notices timely
And properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

June 4th, 2015

APPEARANCES: Claimant/Appellant represented by Tyler A. Bathrick, Esquire

Defendants/Respondents represented by Kelly F. Morrow, Esquire

STATEMENT OF THE CASE

Prior to the Single Commissioner hearing, the parties agreed that the single issue for determination by the Single Commissioner in this matter was a determination of average weekly wage and compensation rate.

The Claimant took the position that his average weekly wage and compensation rate should amount to \$1,014.09 yielding a compensation rate of \$676.09. The Claimant took the position that since his per diem expenses are subtracted from each pay check, out of his gross pay, the weekly deduction for his per diem expenses should be included in his overall wage calculation. The Claimant alleged his average weekly wage should be based on the per mile rate indicated in the personnel file. The Claimant was unable to find any South Carolina case law on this issue. However, he did find a North Carolina case, *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430, (N.C. Ct. App. 2003), that the Claimant alleges addresses this issue. The Claimant also requested an underpayment of benefits for the period of temporary total disability benefits paid to the Claimant under the calculation of wages as submitted by the Defendants.

The Defendants asserted that the proper average weekly wage should be \$716.80 with the corresponding compensation rate of \$477.89. That computation is arrived at without use or inclusion of the per diem amount pursuant to the IRS guidelines for determination of income and use of the per diem. Also, the Defendants took the position that the per diem is not taxable income and therefore cannot constitute wages and cannot be included in the overall figures utilized to configure the average weekly wage and compensation rate. As a result, the Defendants asserted that the average weekly wage and compensation rate as set forth on the Form 20 is proper and there is no underpayment of benefits owed to the Claimant.

At the conclusion of the hearing, Commissioner Barden issued the Decision and Order making the following Findings of Facts and Conclusion of Law:

SINGLE COMMISSIONER FINDINGS OF FACTS AND CONCLUSIONS OF LAW

Findings of Fact

1. Average weekly wage and compensation rate are governed by Section 42-9-260.
2. The parties to this proceeding are subject to and bound by the provisions of the South Carolina Workers' Compensation Act.
3. The undersigned has evaluated all of the evidence as submitted by the parties and is not persuaded by *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430, (N.C. Ct. App. 2003).
4. I find as a matter of fact that the average weekly wage and compensation rate as set forth by the Defendants on the Form 20 is proper.
5. The Claimant's average weekly wage is \$716.80 with the corresponding compensation rate of \$477.89. This is based upon a proper calculation of the actual taxable wages, which does not include the non-taxable per diem that the Claimant received.

Conclusions of Law

It is concluded under the South Carolina Worker's Compensation Act in Section 42-1-10

S.C. Code of Laws, et. seq., that:

1. Average weekly wage and compensation rate is governed by Section 42-9-260.
2. The Claimant's average weekly wage is \$716.80 with a corresponding compensation rate of \$477.89 as based on the wages submitted by the Defendants and set forth on the Form 20.

Following the Decision and Order, Claimant filed a Form 30 and asserted several exceptions to the Decision and Order. According to the Claimant's Appellant's brief, these exceptions were consolidated as follows:

1. Did the Single Commissioner err in failing to adopt *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430 (N.C. Ct. App. 2003), or provide an explanation for not adopting Rhodes, when South Carolina Courts have not addressed the present issue and South Carolina relies on North Carolina precedent in workers' compensation cases? (Finding of Fact #3).
2. Did the Single Commissioner err by failing to adopt the average weekly wage and compensation rate as agreed to be the employer and employee in the employment application? (Findings of Fact #4 and #5; Conclusion of Law #2).
3. Did the Single Commissioner err in calculating claimant's average weekly wage and compensation rate? (Findings of Fact #4 and #5; Conclusion of Law #2).
4. Did the Single Commissioner err in deducting per diem expenses from claimant's gross income when she calculated claimant's average weekly and compensation rate? (Finding of Fact #4 and #5; Conclusion of Law #2).

EVIDENCE OF THE CASE

The Claimant testified that he is 42 years of age and resides in Chester, SC. (Hrg. Trans. p. 8-9). The Claimant has been employed with D&C trucking for 13 years. (Hrg. Trans. p. 9). The Claimant estimated about two years prior to his accident D&C trucking turned their wage information and employment status over to PeopLease. (Hrg. Trans. p. 9). In the conversion from D&C trucking to PeopLease, the Claimant testified he completed employment paperwork that set (noted as Exhibit Number 1 and retained in the Commission file) wherein his rate per mile was set at 34 cents per mile, \$15 per stop and \$50 lay over pay. (Hrg. Trans. p.15). The Claimant also acknowledged he elected to have his insurance deductions taken out on a pre-tax basis. (Hrg. Trans. p. 12). The Claimant testified that he turned in his per diem to the Company every week on a sheet based on how many days he was out on the road and what allowances he

claimed on the road while he was out. (Hrg. Trans. p. 17). The Claimant testified his per diem was \$52 per day and that it was not taxed. (Hrg. Trans. p. 17-18). The Claimant testified that the remaining balance of his wages that were left over minus his per diem was taxed. (Hrg. Trans. p. 19). The Claimant further testified that he elected to have his per diem taken out of his checks so that he would not have to account for his per diem amounts on his personal tax returns. (Hrg. Trans. p. 19-20).

Monica Reese testified on behalf of the Defendants. Ms. Reese testified that she is the Vice President and General Counsel for PeopLease Corporation and has worked in that capacity for 9 years handling all litigation including workers compensation matters across the U.S. for PeopLease. (Hrg. Trans. p. 22). Ms. Reese testified that PeopLease works as a professional employer meaning they are co-employers with their clients as to their payroll. (Hrg. Trans. p. 22). PeopLease processes payroll, remits taxes, provides W-2's, provides workers compensation insurance and assists in HR Benefits to their clients. (Hrg. Trans. p. 22-23). They share that same arrangement with D&C Trucking whom the Claimant works for. (Hrg. Trans. p. 23).

Ms. Reese testified that they receive information from D&C Trucking that Mr. Tracy would report as his actual mileage and per diem information from his logs. They then calculate the number of miles as provided from each of the logs remitted and then multiply by the stated rate per mile and arrive at their totals. (Hrg. Trans. p. 24). They take the total amount of payments to driver and then remove the per diem from that figure as non-taxable income (which is a maximum of \$59 per day for truck drivers). (Hrg. Trans. p. 25). You then take the load pay and according to the IRS you can't pay more in per diem then you would pay on the actual gross wages, the mileage pay and make sure that the tax implications are not offset incorrectly. (Hrg. Trans. p. 27) (Defendants APA #11)

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FULL COMMISSION FINDINGS OF FACT AND CONCLUSIONS OF LAW

Findings of Fact:

1. Average weekly wage and compensation rate are governed by Section 42-9-260 and Section 42-1-40.
2. The parties to this proceeding are subject to and bound by the provisions of the South Carolina Workers' Compensation Act.
3. We have evaluated all of the evidence as submitted by the parties and are not persuaded by *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430, (N.C. Ct. App. 2003).

4. Based on the substantial evidence, the testimony of the representatives of the Defendants, and the Claimant's testimony, we find as a matter of fact that the average weekly wage and compensation rate as set forth by the Defendants on the Form 20 is proper.
5. Based on the substantial evidence, the testimony of the representatives of the Defendants, and the Claimant's testimony, we find the Claimant's average weekly wage is \$716.80 with the corresponding compensation rate of \$477.89. This is based upon a proper calculation of the actual taxable wages, which does not include the non-taxable per diem that the Claimant received.
6. Based on the substantial evidence, the testimony of the representatives of the Defendants, and the Claimant's testimony, we find the Decision and Order of the Single Commissioner is affirmed in its entirety.

Conclusions of Law:

It is concluded under the South Carolina Worker's Compensation Act in Section 42-1-10 S.C. Code of Laws, et. seq., that:

1. Pursuant to S.C. Code Ann. § 42-15-10 and § 42-17-20, jurisdiction and venue are proper.
2. Pursuant to South Carolina Workers' Compensation Commission Rules and Regulations, Rule 67-210(B) and Rule 67-213(C), the parties were properly served with Notice of the Hearing.
3. The scope of review of the Full Commission is not limited. The Commission can, like the Single Commissioner, consider all of the evidence and reach its own findings of fact and conclusions of law. *Lowe v. Am-Can Transport Services, Inc.*, 283 S.C. 534, 324 S.E.2d 87 (S.C. Ct. App. 1984).

4. The Full Commission is not necessarily bound by the Single Commissioner's findings of fact, and is empowered to make its own findings of fact and to reach its own conclusions of law consistent or inconsistent with those of the Single Commission. *Green v. Raybestos-Manhattan, Inc.*, 250 S.C. 58, 64, 156 S.E.2d 318, 321 (S.C. 1967). See also *Muir v. C.R. Bard, Inc.*
5. Workers' Compensation awards may not be based upon surmise, conjecture, or speculation, but must be founded on evidence of sufficient substance to afford a reasonable basis for it. *Tiller v. Nat'l Health Care Ctr. of Sumter*, 334 S.C. 333, 339, 513 S.E.2d 843, 845 (1999) ; *Sharpe v. Case Produce Co.*, 329 S.C. 534, 543, 495 S.E.2d 790, 794 (Ct.App.1997) rev'd on other grounds.
6. Average weekly wage and compensation rate is governed by Section 42-9-260 and Section 42-1-40.
7. Based on the substantial evidence, the testimony of the representatives of the Defendants, and the Claimant's testimony, we find the Claimant's average weekly wage is \$716.80 with a corresponding compensation rate of \$477.89 as based on the wages submitted by the Defendants and set forth on the Form 20.
8. Based on the substantial evidence, the testimony of the representatives of the Defendants, and the Claimant's testimony, we find the Decision and Order of the Single Commissioner is affirmed in its entirety.

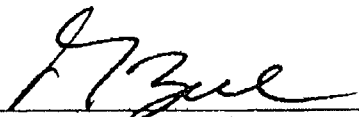
ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the substantial evidence supports a finding that the Decision and Order of the Single Commissioner is **AFFIRMED IN ITS ENTIRETY.**

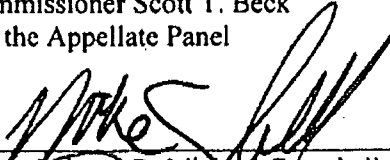
IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the Claimant's average weekly wage is \$716.80 with a corresponding compensation rate of \$477.89.

IT IS SO ORDERED.

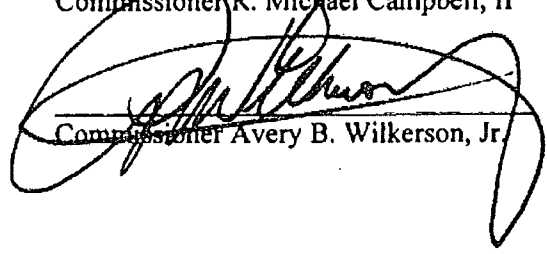
WE CONCUR:



Commissioner Scott T. Beck
For the Appellate Panel



Commissioner R. Michael Campbell, II



Commissioner Avery B. Wilkerson, Jr.

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Kim Falls on June 4, 2015

STEWART LAW OFFICES, L.L.C.

JENNA W. GARRAUX
Licensed in SC
jenna@stewartlawoffices.net

TYLER A. BATHRICK
Licensed in SC
tyler@stewartlawoffices.net

4910 TRENHOLM ROAD • SUITE B
COLUMBIA, SOUTH CAROLINA 29206

REPLY TO:
P.O. BOX 6787 • COLUMBIA, SC 29260
FAX (803) 743-4204

BRENT P. STEWART
Licensed in WV & SC
brent@stewartlawoffices.net

BEAU WILDER
Licensed in NC & SC
beau@stewartlawoffices.net

May 28, 2014

Sent Via U.S. Mail

Ms. Virginia Crocker, Judicial Director
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

RE: *Jeffrey Scott Tracy vs. Peoplease*
Date of Loss: March 14, 2014
WCC File No.: 142522

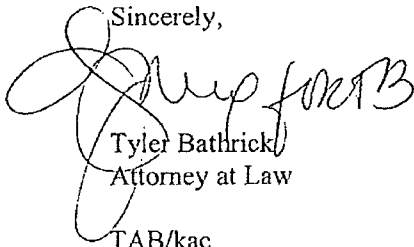
Dear Ms. Crocker:

In connection with the above referenced matter, enclosed please find the original and one (1) copy of the WCC Form #50, Employee's Request for Hearing and Certificate of Service. I would appreciate your filing the original and returning the file-stamped copy to me in the envelope provided for your convenience. We are also enclosing the required \$25.00 filing fee.

As noted in section 10a of the Form 50, if not already provided, we are specifically requiring the employer's representative provide a Form 20 utilizing the formula specified in Rule 67-1603(B) and provided to us within thirty (30) days of receipt of the Form 50 as specified in Rule 67-1603(C)(1) or (D)(2), whichever is applicable pursuant to Rule 67-211. Notice is hereby given that failure to provide a Form 20 as required by the aforementioned rule, the claimant will exercise their right pursuant to Rule 67-1603(G) and submit evidence at the hearing for a determination of average weekly wage and the resulting compensation rate. In addition, the claimant may seek the appropriate fines and penalties.

By copy of this letter and the enclosures we are serving these documents upon the employer and carrier of record in this matter.

Sincerely,



Tyler Bathrick
Attorney at Law

TAB/kac

cc: Jeffrey Scott Tracy
Kelly F. Morrow, Esq.

ROCK HILL (803) 328-5600
LANCASTER (803) 286-5600
CHESTER (803) 385-5600
YORK (803) 684-3800

ORANGEBURG (803) 534-1000
CAMDEN (803) 425-6700
COLUMBIA (803) 743-4200
GASTONIA (704) 868-5800

GAFFNEY (864) 489-9996
SPARTANBURG (864) 583-2223
UNION (864) 427-8500
CHESNEE (864) 461-5600

HAMPTON (803) 914-0800
BEAUFORT (843) 379-3600
RIDGEWAY (803) 337-4600
WINNSBORO (803) 815-5600

SPANISH LINE (803) 487-0055

IN NC, DBA STEWART LAW OFFICES, PLLC

000020

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



WCC File #:	142522
Carrier File #:	
Carrier Code #:	001903
Employer FEIN #:	-

Claimant's Name: Jeffrey Scott Tracy SSN 249-53-4632

Employer's Name: Peoplease

Address: 2449 Trussel Road

Address: 210 Wingo Way, Ste. 400

City:	Chester	State:	SC	Zip:	29706

City:	Mount Pleasant	State:	SC	Zip:	29464

Home Phone: (803) 444-4803

Work Phone:

Insurance Carrier: National Interstate

Preparer's Name: Tyler Bathrick

Law Firm: Stewart Law Offices, L.L.C.

Preparer's Phone #: 803-328-5600

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: 3/14/2014

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to stomach hernia, mid and low back, right shoulder, left knee and leg with radiating pain, right knee and leg with radiating pain and any other body parts affected. (Part(s) of Body Injured) on 3/14/2014 (Month/Day/Year) in Chester county, state of South Carolina.
2. Body part(s) affected are: stomach hernia, mid and low back, right shoulder, left knee and leg with radiating pain, right knee and leg with radiating pain and any other body parts affected.
3. Briefly describe how the accident occurred. Tractor Trailer Accident
4. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
5. The relationship of employer and employee existed at the time of injury.
6. At the time of the injury the claimant was performing services arising out of and in the course of employment.
7. Notice of the accidental injury was given to the Employer on 03/18/2014 (Month/Day/Year) in the following manner: verbally

X7. Due to injury, the claimant is in need of (check one):

X(a) medical examination and treatment for: stomach hernia, mid and low back, right shoulder, left knee and leg with radiating pain, right knee and leg with radiating pain and any other body parts affected.

X(b) additional medical examination and treatment for: stomach hernia, mid and low back, right shoulder, left knee and leg with radiating pain, right knee and leg with radiating pain and any other body parts affected.

X8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 3/14/2014 to present.

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. X A determination of permanent disability is premature at this time.

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

10a. At the time of the injury, the Claimant was paid weekly wages of \$ (Form 20 requested within thirty (30) days), and demands accounting of days worked and wages earned as provided 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:

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: Riverview, Orthocorolina.

11b. To the best of your knowledge, did you have any prior permanent disability?
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

X13b. 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.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Kelly F. Morrow, Esquire, McAngus, Goudelock & Courie, LLC address P.O. Box 12519, Columbia, SC 29211-2519 on the day of May 2014, 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.

Preparer's Signature Title

tyler@stewartlawoffices.net
Email

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

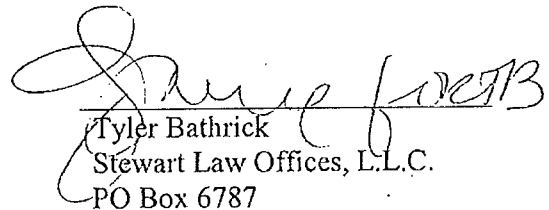
Employee's Notice of Claim and/or
Request for Hearing

000021

Jeffrey Scott Tracy vs. Peoplease Corporation and National Interstate Insurance Company
WCC: 142522

Attachment to Form 50 (11b)

1.	Riverview Medical Center	Medical Records 1393 Celanese Road Rock Hill, SC 29732
2.	OrthoCarolina	1915 Randolph Road Charlotte, NC 28207


Tyler Bathrick
Stewart Law Offices, L.L.C.
PO Box 6787
Columbia, SC 29260
P: 803-328-5600
F: 803-328-5876
tyler@stewartlawoffices.net

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 142522

JEFFREY SCOTT TRACY,

Employee/Claimant,

-vs-

PEOPLEASE D/B/A D & C TRUCKING OF
CHESTER, LLC,

Employer,

and

NATIONAL INTERSTATE INSURANCE
COMPANY,

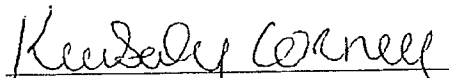
Carrier,

Defendants.

CERTIFICATE OF SERVICE

I, Kimberly A. Cornell, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of WCC FORM 50-HEARING REQUEST, has been served upon the following by depositing the same in the U.S. Mail postage pre-paid, certified, return receipt requested this 29th day of May, 2014, addressed as follows:

Kelly F. Morrow
McAngus, Goudelock & Courie LLC
PO Box 12519
Columbia, SC 29211-2519



Kimberly A. Cornell
Workers' Compensation Paralegal
STEWART LAW OFFICES, LLC
PO Box 6787
Columbia, SC 29260
803-328-5600

Columbia, SC
May 29, 2014

000023

SC Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803)737-5723



WCC File #: 1402522

Carrier File #: 1164385

Carrier Code #:

Employer FEIN #:

Jeffrey S. Tracy
Claimant's Name
2449 Trussell Road
Chester, South Carolina 29706
Address City State Zip

Home Phone # Work Phone #

Preparer's Name Law Firm

PeopLease Corporation
Employer's Name
210 Wingo Way, Suite 400
Mount Pleasant, South Carolina 29464
Address City State Zip
National Interstate Insurance Company
Insurance Carrier

Phone Number

Date of Injury: 3/14/2014

A. Total Wages Paid

1. Check Applicable Method:
 - ☐ Report of earnings of injured employee based on four completed quarters.
 - ☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
 - ☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
 - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).
2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid	
1st	6/8/13	11,316.16	
2nd	9/7/13	10,028.00	
3rd	12/7/13	8,461.62	
4th	3/8/14	7,467.93	
			Total Paid 2. \$ 37,273.71
			3. \$
			TOTAL WAGES PAID: 4. \$ 37,273.71
			5. 52

3. List total value of other allowances of any character made in lieu of wages during four quarters above.
4. Add lines 2 and 3.
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. \$ 716.80

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.
8. The compensation rate is as follows (choose one):
 - ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
 - ☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
 - ☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
 - ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8.
 - ☒ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

7. \$ 477.89

WEEKLY COMPENSATION RATE: 8. \$ 477.89

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

PeopLease Corporation
Jeffrey Tracy-483-TRAC
Wage Statement
Date of Injury 3/14/14

Check Date	Pay Period Beginning	Pay Period Ending	Gross Wages
3/22/2013	3/10/2013	3/16/2013	\$2,472.30
3/29/2013	3/17/2013	3/23/2013	\$701.01
4/5/2013	3/24/2013	3/30/2013	\$731.06
4/12/2013	3/31/2013	4/6/2013	\$699.58
4/19/2013	4/7/2013	4/13/2013	\$640.59
4/26/2013	4/14/2013	4/20/2013	\$660.20
5/3/2013	4/21/2013	4/27/2013	\$928.92
5/10/2013	4/28/2013	5/4/2013	\$540.77
5/17/2013	5/5/2013	5/11/2013	\$667.31
5/24/2013	5/12/2013	5/18/2013	\$825.47
5/31/2013	5/19/2013	5/25/2013	\$615.08
6/7/2013	5/26/2013	6/1/2013	\$647.55
6/14/2013	6/2/2013	6/8/2013	\$1,186.32
6/21/2013	6/9/2013	6/15/2013	\$615.21
6/28/2013	6/16/2013	6/22/2013	\$800.51
7/5/2013	6/23/2013	6/29/2013	\$886.08
7/12/2013	6/30/2013	7/6/2013	\$1,059.64
7/19/2013	7/7/2013	7/13/2013	\$887.09
7/26/2013	7/14/2013	7/20/2013	\$808.84
8/2/2013	7/21/2013	7/27/2013	\$663.59
8/9/2013	7/28/2013	8/3/2013	\$690.22
8/16/2013	8/4/2013	8/10/2013	\$552.54
8/23/2013	8/11/2013	8/17/2013	\$927.41
8/30/2013	8/18/2013	8/24/2013	\$830.03
9/6/2013	8/25/2013	8/31/2013	\$706.84
9/13/2013	9/1/2013	9/7/2013	\$600.00

total \$21,344.16

Check Date	Pay Period Beginning	Pay Period Ending	Gross Wages
9/20/2013	9/8/2013	9/14/2013	\$605.84
9/27/2013	9/15/2013	9/21/2013	\$941.94
10/4/2013	9/22/2013	9/28/2013	\$707.14
10/11/2013	9/29/2013	10/5/2013	\$503.36
10/18/2013	10/6/2013	10/12/2013	\$867.57
10/25/2013	10/13/2013	10/19/2013	\$1,079.31
11/1/2013	10/20/2013	10/26/2013	\$516.64
11/8/2013	10/27/2013	11/2/2013	\$611.89
11/15/2013	11/3/2013	11/9/2013	\$600.00
11/22/2013	11/10/2013	11/16/2013	\$285.98
11/29/2013	11/17/2013	11/23/2013	\$849.90
12/6/2013	11/24/2013	11/30/2013	\$600.00
12/13/2013	12/1/2013	12/7/2013	\$292.05
12/20/2013	12/8/2013	12/14/2013	\$682.61
12/27/2013	12/15/2013	12/21/2013	\$615.57
1/3/2014	12/22/2013	12/28/2013	\$288.66
1/10/2014	12/29/2013	1/4/2014	\$390.36
1/17/2014	1/5/2014	1/11/2014	\$452.32
1/24/2014	1/12/2014	1/18/2014	\$452.32
1/31/2014	1/19/2014	1/25/2014	\$453.32
2/7/2014	1/26/2014	2/1/2014	\$373.56
2/14/2014	2/2/2014	2/8/2014	\$733.56
2/21/2014	2/9/2014	2/15/2014	\$823.17
2/28/2014	2/16/2014	2/22/2014	\$942.48
3/7/2014	2/23/2014	3/1/2014	\$565.40
3/14/2014	3/2/2014	3/8/2014	\$694.60

total \$15,929.55

TOTAL	\$37,273.71
AWW	\$716.80

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1402522

JEFFREY S. TRACY,

Employee,

Claimant,

vs.

PEOPLEASE CORPORATION,

Employer,

AND

NATIONAL INTERSTATE INSURANCE
COMPANY,

Carrier,

Defendants.

CERTIFICATE
OF
SERVICE

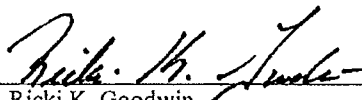
The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Tyler A. Bathrick, Esquire
Stewart Law Offices, LLC
Post Office Box 670
Rock Hill, South Carolina 29731-6670

VIA HAND DELIVERY
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Form 20

DATE: May 19, 2014


Ricki K. Goodwin
Paralegal to Kelly F. Morrow

000026



Jun. 30. 2014 8:42AM

No. 6452 P. 1



Reply To
KELLY F. MORROW
Direct Dial: (803) 227-2238
kmorrow@mgclaw.com

June 25, 2014

VIA HAND DELIVERY

Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
1333 Main Street, Suite 500
Columbia, South Carolina 29201

RE: Jeffrey S. Tracy v. Peoplease Corporation
and National Interstate Insurance Company
Date of Accident: March 14, 2014
WCC File No.: 1402522
Our File No.: 20778.14007
Claim No.: 1164385

Dear Sir or Madam:

Please find enclosed the Form 51 on behalf of the employer and carrier in the above matter for filing in your office.

By copy of this letter, we are serving a copy of the Form 51 on the Claimant's attorney, Tyler A. Bathrick, Esquire.

With kind regards, I am

Very truly yours,

Kelly F. Morrow

KFM/rds

Enc.

cc: Tyler A. Bathrick, Esquire (w/enc)
Selina Paster, National Interstate Insurance Company (w/enc)(via/email only)
Monica Reese, PeopLease Corporation (w/enc)(via/email only)

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



WCC File #: 1402522
Carrier File #: 1164385
Carrier Code #:
Employer FEIN #:

Claimant's Name: Jeffrey S. Tracy SSN 249-53-4632 Employer's Name: Peoplease Corporation
Address: 2449 Trussell Road 210 Wingo Way, Suite 400
Chester, South Carolina 29706 Mount Pleasant, South Carolina 29464
Home Phone: (803) 519-7298 Work Phone #
Date of Injury: 3/14/14 Insurance Carrier: National Interstate Insurance Company
Preparer's Name: Kelly F. Morrow Law Firm McAngus Goudelock & Courie Preparer's Phone #: (803) 227-2238

Date of Injury or Illness: 3/14/14 Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer-Carrier in answer to the claim, respectfully shows:

- It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: Defendants deny that Claimant sustained an injury to the stomach/hernia, mid and low back, right shoulder, left knee, left leg, right knee, right leg, and any other body parts affected pending further medical investigation. Defendants are presently providing the Claimant with Independent Medical Examinations for his listed complaints to determine whether or not there is any causal connection between the alleged injuries and the motor vehicle accident, which occurred on March 14, 2014. Further, the Defendants assert that Claimant's Form 50 does not meet the stated requirements of the Act by listing any and all other body parts affected, which does not state with specificity the injuries sustained in this case and, therefore, the Form 50 is improper.
- It is ☐ Admitted ☒ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied the employee ☐ needs ☐ is entitled to additional medical care as a result of injury or illness. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of: See Number 1 above.
- It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are: See Number 1 above.
- It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
- It is contended that an average weekly wage of \$ See Form 20 applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are: See attachment.

☐ Mediation

- Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- Mediation is required pursuant to Reg. 67.1802.
- Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- 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.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Attorney for Employer/Carrier kmorrow@madaw.com
Title Email

June 25, 2014
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1402522

JEFFREY S. TRACY,

Employee,

Claimant,

vs.

PEOPLEASE CORPORATION,

Employer,

AND

NATIONAL INTERSTATE INSURANCE
COMPANY,

Carrier,

Defendants.

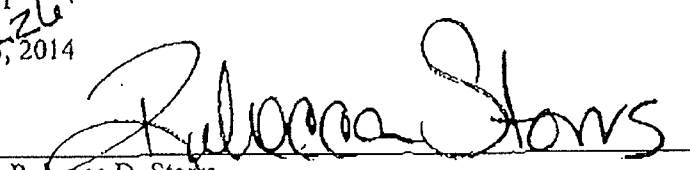
CERTIFICATE
OF
SERVICE

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Tyler A. Bathrick, Esquire
Stewart Law Offices, LLC
Post Office Box 670
Rock Hill, South Carolina 29731-6670

South Carolina Worker's Compensation Commission
1333 Main Street, Suite 500 Post Office Box 1715
Columbia, South Carolina 29202-1715
VIA HAND DELIVERY

DOCUMENT: Form 51
DATE OF MAILING: June 25, 2014


Rebecca D. Stors
Legal Assistant to Kelly F. Morrow

STEWART LAW OFFICES, L.L.C.

JENNA W. GARRAUX
Licensed in SC
jenna@stewartlawoffices.net

TYLER A. BATHRICK
Licensed in SC
tyler@stewartlawoffices.net

4910 TRENHOLM ROAD • SUITE B
COLUMBIA, SOUTH CAROLINA 29206

REPLY TO:
P.O. BOX 6787 • COLUMBIA, SC 29260
FAX (803) 743-4204

BRENT P. STEWART
Licensed in WV & SC
brent@stewartlawoffices.net

BEAU WILDER
Licensed in NC & SC
beau@stewartlawoffices.net

August 22, 2014

Commissioner Susan S. Barden
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, S.C. 29202-1715

Re: Jeffrey Scott Tracy v. Peoplease Corporation and National Interstate Insurance
Company
WCC File No.: 1402522
D/Loss: 3/14/2014
Hearing Date: September 8, 2014

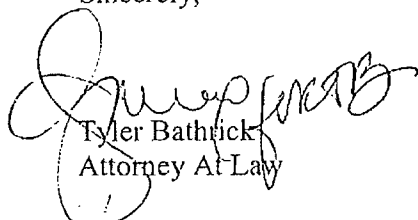
Dear Commissioner Barden:

Enclosed herewith please find the Claimant's Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports Submitted as Evidence, along with our Certificate of Service regarding the above stated claim.

By copy of this letter, we are forwarding a copy of the same together with a copy of medical reports to the Defendants' Attorney, Kelly F. Morrow.

Please feel free to contact me if you should have any questions.

Sincerely,



Tyler Bathrick
Attorney At Law

Enclosures

TAB/lb

cc: Kelly F. Morrow, Esquire (w/ enclosures)

ROCK HILL (803) 328-5600
LANCASTER (803) 286-5600
CHESTER (803) 385-5600
YORK (803) 684-3800

ORANGEBURG (803) 534-1000
CAMDEN (803) 425-6700
COLUMBIA (803) 743-4200
GASTONIA (704) 868-5800

GAFFNEY (864) 489-9996
SPARTANBURG (864) 583-2223
UNION (864) 427-8500
CHESNEE (864) 461-5600

HAMPTON (803) 914-0800
BEAUFORT (843) 379-3600
RIDGEWAY (803) 337-4600
WINNSBORO (803) 815-5600

SPANISH LINE (803) 487-0055

IN NC, DBA STEWART LAW OFFICES, PLLC

000030



Claimant's Name: Jeffrey Scott Tracy Employer's Name: Peoplease Corporation
Address: 2449 Trussel Road Address: 210 Wingo Way, Ste. 400
City: Chester State: SC Zip: 29706 City: Mount Pleasant State: SC Zip: 29464
Home Phone: (803) 444-4803 Work Phone: () Carrier: National Interstate Insurance Company
Preparer's Name: Tyler Bathrick Preparer's Phone #: (803) 328-5600

A claim for workers' compensation benefits is made based on the following grounds:

X Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$TBD 2. AWW: \$TBD Date of Injury: 3/14/2014
3. Type of injury and body part(s): Injuries to mid back, low back, stomach hernia, right shoulder, left knee and leg with radiating pain, right knee and leg with radiating pain as a result of a tractor trailer accident while on the job
4. Facts in controversy: 1) TTD; 2) Compensation Rate
5. Legal issues involved: See number 4, including but not limited to S.C. Code Ann. 42-1-40 (Supp. 2010); *Pilgrim v. Eaton*, 703 S.E.2d 241 (2010). The overriding goal of the Workers' Compensation Act 'is to compensate workers for the reductions in their earning power caused by work-related injuries...' ("), citing *Stephenson v. Rice Services, Inc.*, 473 S.E.2d 699 (1996); *Sellers v. Pinedale Residential Center*, 564 S.E.2d 694 (Ct. App. 2002) (The objective of wage calculation is to arrive at a fair approximation of the claimant's probably future earnings.); *Bennett v. Gary Smith Builders*, 245 S.E.2d 129 (1978); *Bannister v. Shepard*, 4 S.E.2d 7 (1939) ("It seems from those cases that where the allowance represents a real and reasonably definite economic gain to the employee, reasonably within, or at least not contrary to, the fair intent of the parties, such allowances should be considered as part of his earnings in computing workmen's compensation."); *See also Bazen v. Badger R. Bazen Co., Inc.*, 693 S.E.2d 436 (Ct. App. 2010) (An integral part of the employment and wage contract should be considered when determining the average weekly wage.)
6. Unusual aspects: None anticipated.
7. Witnesses (designate if expert):* Jeffrey Scott Tracy; and other lay or expert witnesses to be named in rebuttal to evidence or testimony presented by the Defendant whether live, telephonic and/or by way of deposition.
8. Exhibits: See Notice of APA Submissions and Exhibit Cover Sheet. Claimant reserves the right to amend APA Submissions, Form 58 & witnesses.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See Notice of APA Submissions and Exhibit Cover Sheet. Claimant reserves the right to amend, including but not limited to the enclosure of additionally requested medical records.
10. Name, address, and specialty, if any, of the treating physician: Dr. Dana Piasecki of OrthoCarolina; Dr. Charlton McNair of Riverview Medical Center; Dr. Eric B. Laxer of OrthoCarolina.
11. Impairment rating(s); body part(s); physician and date of opinion: Premature.
12. I am amending my Form 50/51 in the following manner: _____

☐ **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.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to See attached Certificate of Service on the 22nd day of August, 2014 by: X first class postage ☐ certified mail ☐ personal service.

Signature: [Signature]
Date of hearing: September 8, 2014 at 1:30 p.m. (Rock Hill/Comm. Barden)

Email: tyler@stewartlawoffices.net
Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. *Commissioners reserve the right to admit expert witnesses at hearings.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1402522

Jeffrey Scott Tracy,

Employee/Claimant,

vs.

Peoplease Corporation,

Employer/Defendant,

And

National Interstate Insurance Company,

Servicing Agent/Carrier,

)
)
)
)
)
) NOTICE OF WITNESSES AND
) WRITTEN REPORTS OR OTHER
) EVIDENCE TO BE INTRODUCED
) ON BEHALF OF THE CLAIMANT
)
)
)
)
)
)

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION,
AND KELLY F. MORROW, ESQ., ATTORNEY FOR THE DEFENDANTS:

YOU ARE HEREBY NOTIFIED that the Claimant, Jeffrey Scott Tracy, pursuant to the provisions of the South Carolina Workers' Compensation Act and S.C. Code Ann. '1-23-330, (1976, as amended), submits the following medical reports as direct evidence on his behalf:

APA No.	Physician/Medical Facility	Dates of Service	Page No.
1.	Riverview Medical Center	3/18/14 - 8/13/14	1 - 84
2.	OrthoCarolina	5/6/14 - 8/7/14	85 - 90
3.	Metrolina Diagnostic Center	4/19/14	91 - 92
4.	Select Physical Therapy	4/24/14 - 6/6/14	93 - 144
5.	Rock Hill Family Medicine	5/28/14	145

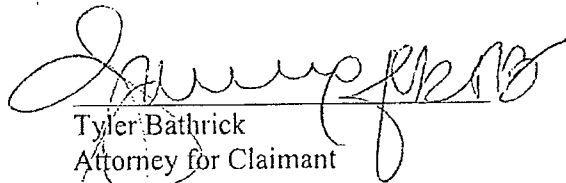
APA No.	Exhibit	Date	Page No.
6	Wage records of Claimant	2013 - 2014	146 - 294
7.	Correspondence to/from counsel	5/12/14 - 7/11/14	295 - 298
8.	Personnel records of Claimant	To be submitted at hearing	

YOU ARE FURTHER NOTIFIED that originals or photocopies of these documents are being forwarded to the South Carolina Workers' Compensation Commission for the purpose of introduction into evidence in this action on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witness(es) may be called live, telephonic, and/or by way of deposition on behalf of the Claimant: Jeffrey Scott Tracy, and other lay or expert witnesses to be named in rebuttal to evidence or testimony presented by the Defendant whether live, telephonic and/or by way of deposition.

YOU HAVE THE RIGHT to cross-examine the above-listed witnesses. Should you want to exercise this right, you should schedule the depositions of any of the physicians or other persons for the purpose of cross-examination.

STEWART LAW OFFICES, L.L.C.



Tyler Bathrick
Attorney for Claimant
P.O. Box 670
1242 Ebenezer Road
Rock Hill, SC 29732
803-328-5600
tyler@stewartlawoffices.net

August 22, 2014
Columbia, South Carolina

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1402522

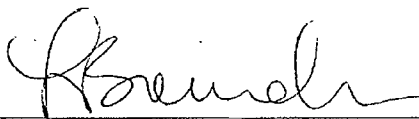
Jeffrey Scott Tracy,)
)
Plaintiff/Employee,)
)
vs.)
)
Peoplease Corporation,)
)
Employer/Defendant,)
)
And)
)
National Interstate Insurance Company,)
)
Servicing Agent/Carrier,)
)

CERTIFICATE OF SERVICE

I, , an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **WCC FORM 58 – CLAIMANT'S PRE-HEARING BRIEF** has been served upon the following by depositing the same in the U.S. Mail this 22nd day of August, 2014, addressed as follows:

Kelly F. Morrow, Esquire
McAngus, Goudelock & Courie LLC
Post Office Box 12519
Columbia, SC 29211-2519

Commissioner Susan S. Barden
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, S.C. 29202-1715



Liliana Bourdon, Paralegal
STEWART LAW OFFICES, LLC

Columbia, SC

Reply To
KELLY F. MORROW
Direct Dial: (803) 227-2238
kmorrow@mgclaw.com

August 26, 2014

VIA HAND DELIVERY

Commissioner Susan S. Barden
S. C. WORKERS' COMPENSATION COMMISSION
1333 Main Street, Suite 500
Columbia, South Carolina 29201

RE: Jeffrey S. Tracy v. Peoplease Corporation and National Interstate
Insurance Company
Date of Accident: March 14, 2014
WCC File No.: 1402522
Our File No.: 20778.14007
Claim No.: 1164385

Dear Commissioner Barden:

Please find enclosed Defendants' Pre-Hearing Brief and Notice of Witnesses and
Written Medical Reports for filing in the above captioned matter.

By copy of this letter to Tyler A. Bathrick, Esquire, the claimant's attorney, we
are notifying him of these submissions and serving copies of the same upon him by
mail.

Very truly yours,



Kelly F. Morrow

KFM/caj
Enclosures

cc: Tyler A. Bathrick, Esquire
Selina Paster, National Interstate Insurance Company
Monica Reese, Peoplease Corporation (via email)



PRE-HEARING BRIEF
WCC File No: 1402522

Claimant's Name: Jeffrey S. Tracy SSN: 249-53-4632
Address: 2449 Trussell Road, Chester, SC 29706
Home Phone: (803) 519-7298 Work Phone: _____
Preparer's Name: Kelly F. Morrow

Employer's Name: PeopLease Corporation
Address: 210 Wingo Way, Suite 400, Mt. Pleasant, SC 29464
Carrier: National Interstate Insurance Company
Preparer's Phone #: (803) 227-2238

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate: \$477.89 2. AWW: \$ 716.80 Date of Injury: 03/14/14
3. Type of injury and body part(s): The Claimant alleges to have sustained injuries to the back, stomach, right shoulder, left knee, left leg, right leg, and knee relative to his admitted accident in this case. All of those allegations are presently under investigation and the parties are working together to determine which injuries are in fact causally connected to the motor vehicle accident. The parties have agreed prior to the hearing date to hold determination of compensability of injuries in abeyance.
4. Facts in controversy: At this time the parties have agreed to hold in abeyance the determination of compensable injuries as it relates to the admitted date of accident of September 8, 2014. Therefore, the only pending issue for this hearing is a determination of average weekly wage and compensation rate.
5. Legal issues involved: Section 42-9-260.
6. Unusual aspects: None anticipated. The Defendants reserve the right to move to either postpone or adjourn the scheduled hearing to appropriately exercise due process rights afforded by law to cross-examine, respond to, and otherwise oppose the evidence as presented by the Claimant.
7. Witnesses (designate if expert):* Monica Reese and/or other representatives of the Employer may be called to testify in response to the Claimant's testimony.
8. Exhibits: Deposition of the Claimant; portions of the Claimant's personnel file materials and wage information; Kentucky Uniform Police Traffic Collision Report consisting of 5 pages. Additional portions of the Claimant's personnel file and/or wage information may be submitted at the hearing in response to the Claimant's testimony.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): None at this time. The Defendants may rely upon certain portions of the medical evidence as submitted by the Claimant. The Defendants also reserve the right to move to either postpone or adjourn the scheduled hearing to procure the deposition testimony of physicians listed by the Claimant if necessary.
10. Name, address, and specialty, if any, of the treating physician: Dr. Dana Piasecki, OrthoCarolina, Charlotte, NC.
11. Impairment rating(s); body part(s); physician and date of opinion: Premature at this time.
12. I am amending my Form 50/51 in the following manner: _____

☐ **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. 67-4803.
☐ 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.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Tyler A. Bathrick, Esquire, Stewart Law Offices, LLC
address Post Office Box 670, Rock Hill, South Carolina 29731-6670 **on the** 26th **day of** August **20** 14.
by ☒ **first class postage** ☐ **certified mail** ☐ **personal service.**

Signature: Kelly F. Morrow
Date of Hearing: September 8, 2014

Email: kmorrow@mgclaw.com
Time needed for hearing: 45 min.

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211, 67-211, and Regulations 67-601 through 67-615; as well as Reg. 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. *Commissioners reserve the right to admit expert witnesses at hearings.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1402522

JEFFREY S. TRACY,

Employee,

Claimant,

vs.

PEOPLEASE CORPORATION,

Employer,

AND

NATIONAL INTERSTATE INSURANCE
COMPANY,

Carrier,

Defendants.

**NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS
DIRECT EVIDENCE ON BEHALF
OF DEFENDANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND TYLER A.
BATHRICK, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

EXH#	DESCRIPTION	DATES	PAGES
9.	Portions of Claimant's personnel file	05/06/11 to 03/18/14	299-307
10.	Kentucky Uniform Police Traffic Collision Report	03/14/14	308-312

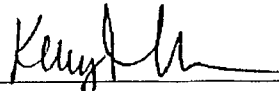
YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-

000037

examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Monica Reese and/or other representatives of the Employer may be called to testify in response to the Claimant's testimony.



KELLY F. MORROW
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 12519, Capitol Station
Meridian, 1320 Main Street, 10th Floor
Columbia, South Carolina 29211-2519
(803) 779-2300
Attorneys for the Employer/Carrier

Columbia, South Carolina
August 26, 2014

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1402522

JEFFREY S. TRACY,

Employee,

Claimant,

vs.

PEOPLEASE CORPORATION,

Employer,

AND

NATIONAL INTERSTATE INSURANCE
COMPANY,

Carrier,

Defendants.

CERTIFICATE
OF
SERVICE

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Tyler A. Bathrick, Esquire
Stewart Law Offices, LLC
Post Office Box 670
Rock Hill, South Carolina 29731-6670

VIA HAND DELIVERY

S. C. WORKERS' COMPENSATION COMMISSION
1333 Main Street, Suite 500
Columbia, South Carolina 29201

DOCUMENT: Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports

DATE OF
MAILING: August 26, 2014


Cheryl A. Joiner
Legal Assistant to Kelly F. Morrow

000039

STEWART LAW OFFICES, L.L.C.

JENNA W. GARRAUX
Licensed in SC
jenna@stewartlawoffices.net

TYLER A. BATHRICK
Licensed in SC
tyler@stewartlawoffices.net

1242 EBENEZER ROAD
ROCK HILL, SOUTH CAROLINA 29732

REPLY TO:
P.O. BOX 670 • ROCK HILL, SC 29731-6670
FAX (803) 328-5876

BRENT P. STEWART
Licensed in WV & SC
brent@stewartlawoffices.net

BEAU WILDER
Licensed in NC & SC
beau@stewartlawoffices.net

October 27, 2014

Ms. Amy Bracy, Judicial Director
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, S.C. 29202-1715

Re: Jeffrey Scott Tracy v. Peoplease Corporation and National Interstate Insurance
Company
WCC File No.: 1402522
DOA: 3/14/2014

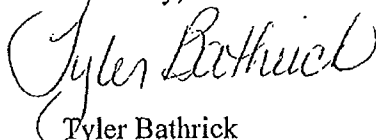
Dear Ms. Bracy:

Enclosed herewith please find the original Claimant's Form 30, Application for Review and seven (7) copies, along with our Certificate of Service regarding the above referenced workers' compensation claim.

By copy of this letter to Defendant's counsel, we are serving her with a copy of the same.

Please feel free to contact me if you should have any questions.

Sincerely,



Tyler Bathrick
Attorney At Law

TAB/lb

Enclosures (as stated)

cc: Kelly F. Morrow, Esquire (w/ enclosures)

ROCK HILL (803) 328-5600
LANCASTER (803) 286-5600
CHESTER (803) 385-5600
YORK (803) 684-3800

ORANGEBURG (803) 534-1000
CAMDEN (803) 425-6700
COLUMBIA (803) 743-4200
GASTONIA (704) 868-5800

GAFFNEY (864) 489-9996
SPARTANBURG (864) 583-2223
UNION (864) 427-8500
CHESNEE (864) 461-5600

HAMPTON (803) 914-0800
BEAUFORT (843) 379-3600
RIDGEWAY (803) 337-4600
WINNSBORO (803) 815-5600

SPANISH LINE (803) 487-0055

IN NC, DBA STEWART LAW OFFICES, PLLC

000040

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov



WCC File #: 1402522
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Jeffrey S. Tracy SSN: 249-53-4632 Employer's Name: PeopLease Corporation
Address: 2449 Trussell Road Address: 210 Wingo Way, Suite 400
City: Chester State: SC Zip: 29706 City: Mount Pleasant State: SC Zip: 29464
Home Phone: 803-519-7298 Work Phone: _____ Insurance Carrier: National Interstate Insurance Company
Preparer's Name: Tyler Bathrick Law Firm: Stewart Law Offices Preparer's Phone #: 803-328-5600

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 3/14/2014 (m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

See Attachment

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to _____
address _____ on the _____ day of _____ 20____
by ☒ first class postage ☐ certified mail ☐ personal service.

Tyler Bathrick
Preparer's Signature

Attorney
Title

tyler@stewartlawoffices.net
Email

10/27/14
Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov. If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

FORM 30 ATTACHMENT – Jeffrey S. Tracy v. PeopleLease Corporation (WCC#1402522)

- 1) Did the Single Commissioner err in failing to adopt *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430 (N.C. Ct. App. 2003), or provide an explanation for not adopting *Rhodes*, when South Carolina Courts have not addressed the present issue and South Carolina relies on North Carolina precedent in workers' compensation cases? (Finding of Fact #3).
- 2) Did the Single Commissioner err by failing to adopt the average weekly wage and compensation rate as agreed to be the employer and employee in the employment application? (Findings of Fact #4 and #5; Conclusion of Law #2).
- 3) Did the Single Commissioner err in calculating claimant's average weekly wage and compensation rate? (Findings of Fact #4 and #5; Conclusion of Law #2).
- 4) Did the Single Commissioner err in deducting per diem expenses from claimant's gross income when she calculated claimant's average weekly and compensation rate? (Finding of Fact #4 and #5; Conclusion of Law #2).

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1402522

JEFFREY S. TRACY, .

Employee,

Claimant,

vs.

PEOPLEASE CORPORATION,

Employer,

AND

NATIONAL INTERSTATE INSURANCE
COMPANY,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING: Hearing held in Rock Hill, S.C. on September 8, 2014.

APPEARANCES: Claimant appeared and represented by Tyler A. Bathrick, Esquire, of Stewart Law Offices, LLC of Rock Hill, South Carolina.

Defendants represented by Kelly F. Morrow, Esquire of McAngus Goudelock & Courie, L.L.C. of Columbia, South Carolina.

PURPOSE OF THE HEARING: To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER: Commissioner Susan S. Barden

FILED: October 21, 2014

000043

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1402522

JEFFREY S. TRACY,

Employee,

Claimant,

vs.

PEOPLEASE CORPORATION,

Employer,

AND

NATIONAL INTERSTATE INSURANCE
COMPANY,

Carrier,

Defendants.

DECISION AND ORDER

DATE OF HEARING:

Hearing held in Rock Hill, S.C. on September 8, 2014.

APPEARANCES:

Claimant appeared and represented by Tyler A. Bathrick, Esquire, of Stewart Law Offices, LLC of Rock Hill, South Carolina.

Defendants represented by Kelly F. Morrow, Esquire of McAngus Goudelock & Courie, L.L.C. of Columbia, South Carolina.

PURPOSE OF THE HEARING: To determine all issues as set forth in Forms 50 and 51.

COMMISSIONER:

Commissioner Susan S. Barden

FILED:

October 21, 2014

000044

STIPULATIONS

It is stipulated among the parties that:

1. Notice of the hearing was timely and properly served upon the parties of interest.
2. Venue is proper in Rock Hill, South Carolina.

APA SUBMISSIONS

Pursuant to the South Carolina Administrative Procedures Act and Regulation of the South Carolina Workers' Compensation Commission, the following records were submitted into evidence:

The Claimant submitted the following evidence:

1. Riverview Medical Center, Dated 3/18/14-8/13/14 consisting of 84 pages.
2. Ortho Carolina, dated 5/6/14-8/7/14, consisting of 5 pages.
3. Metrolina Diagnostic Center, dated 4/19/14, consisting of 2 pages.
4. Select Physical Therapy, dated 4/24/14-6/6/14, consisting of 51 pages.
5. Rock Hill Family Medicine, dated 5/28/14, consisting of 1 page.
6. Wage Records of the Claimant, dated 2013-2014, consisting of 52 pages.
7. Correspondence to/from counsel, dated 5/12/14-7/11/14, consisting of 3 pages.
8. Personnel Records of the Claimant, submitted at the hearing and incorporated into the record by the Single Commissioner.

Claimant also submitted the cases of: *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430, (N.C. Ct. App. 2003); *Stephen v Avins Construction Company*, 478 S.E.2d 74 (S.C. App. 1996); *Pilgrim v Eaton*, 703 S.E.2d 241 (S.C. App. 2010); for consideration.

The Defendants submitted the following evidence:

1. Portions of the Claimant's personnel file, dated 5/6/11-3/18/14, consisting of 8 pages.

2. Kentucky Uniform Police Traffic Collision Report, dated 3/14/14, consisting of 4 pages.
3. IRS wage information report, consisting of 5 pages.
4. PeopLease Employee Earnings--Summary wage information handed up at the hearing to the Single Commissioner without objection and incorporated as part of the record; dated 1/6/12-3/21/14, consisting of 3 pages.

STATEMENT OF THE CASE

Prior to the hearing, the parties agreed that the single issue for determination by the Single Commissioner in this matter was a determination of average weekly wage and compensation rate.

The Claimant took the position that his average weekly wage and compensation rate should amount to \$1,014.09 yielding a compensation rate of \$676.09. The Claimant takes the position that since his per diem expenses are subtracted from each pay check, out of his gross pay, the weekly deduction for his per diem expenses should be included in his overall wage calculation. The Claimant alleges his average weekly wage should be based on the per mile rate indicated in the personnel file. The Claimant was unable to find any South Carolina case law on this issue. However, he did find a North Carolina case, *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430, (N.C. Ct. App. 2003), that the Claimant alleges addresses this issue. The Claimant also requested an underpayment of benefits for the period of temporary total disability benefits paid to the Claimant under the calculation of wages as submitted by the Defendants.

The Defendants asserted that the proper average weekly wage should be \$716.80 with the corresponding compensation rate of \$477.89. That computation is arrived at without use or inclusion of the per diem amount pursuant to the IRS guidelines for determination of income and use of the per diem. Also, the Defendants take the position that the per diem is not taxable

income and therefore cannot constitute wages and cannot be included in the overall figures utilized to configure the average weekly wage and compensation rate. As a result, the Defendants asserted that the average weekly wage and compensation rate as set forth on the Form 20 is proper and there is no underpayment of benefits owed to the Claimant.

EVIDENCE OF THE CASE

The Claimant testified that he is 42 years of age and resides in Chester, SC. (Hrg. Trans. p. 8-9). The Claimant has been employed with D&C trucking for 13 years. (Hrg. Trans. p. 9). The Claimant estimated about two years prior to his accident D&C trucking turned their wage information and employment status over to PeopLease. (Hrg. Trans. p. 9). In the conversion from D&C trucking to PeopLease, the Claimant testified he completed employment paperwork that set (noted as Exhibit Number 1 and retained in the Commission file) wherein his rate per mile was set at 34 cents per mile, \$15 per stop and \$50 lay over pay. (Hrg. Trans. p.15). The Claimant also acknowledged he elected to have his insurance deductions taken out on a pre-tax basis. (Hrg. Trans. p. 12). The Claimant testified that he turned in his per diem to the Company every week on a sheet based on how many days he was out on the road and what allowances he claimed on the road while he was out. (Hrg. Trans. p. 17). The Claimant testified his per diem was \$52 per day and that it was not taxed. (Hrg. Trans. p. 17-18). The Claimant testified that the remaining balance of his wages that were left over minus his per diem was taxed. (Hrg. Trans. p. 19). The Claimant further testified that he elected to have his per diem taken out of his checks so that he would not have to account for his per diem amounts on his personal tax returns. (Hrg. Trans. p. 19-20).

Monica Reese testified on behalf of the Defendants. Ms. Reese testified that she is the Vice President and General Counsel for PeopLease Corporation and has worked in that capacity

for 9 years handling all litigation including workers compensation matters across the U.S. for PeopLease. (Hrg. Trans. p. 22). Ms. Reese testified that PeopLease works as a professional employer meaning they are co-employers with their clients as to their payroll. (Hrg. Trans. p. 22). PeopLease processes payroll, remits taxes, provides W-2's, provides workers compensation insurance and assists in HR Benefits to their clients. (Hrg. Trans. p. 22-23). They share that same arrangement with D&C Trucking whom the Claimant works for. (Hrg. Trans. p. 23).

Ms. Reese testified that they receive information from D&C Trucking that Mr. Tracy would report as his actual mileage and per diem information from his logs. They then calculate the number of miles as provided from each of the logs remitted and then multiply by the stated rate per mile and arrive at their totals. (Hrg. Trans. p. 24). They take the total amount of payments to driver and then remove the per diem from that figure as non-taxable income (which is a maximum of \$59 per day for truck drivers). (Hrg. Trans. p. 25). You then take the load pay and according to the IRS you can't pay more than per diem then you would pay on the actual gross wages, the mileage pay and make sure that the tax implications are not offset incorrectly. (Hrg. Trans. p. 27) (Defendants APA #11)

Ms. Reese testified when the proper per diem deductions are taken out of the Claimant's wages and then you take out any other deductions that arrive at the proper taxable wages that are his listed W-2 wages reported to the government. (Hrg. Trans. p. 28-29). She testified that those wages are then used to determine average weekly wage and compensation rate. The per diem figures are added back into the Claimant's paycheck for actual payment to the Claimant for ease of payment but they are not included in the configuration for average weekly wage and compensation rate as they are not taxable wages to the Claimant and this explains why they look like they are taken out and then later added back in to his pay information. (Hrg. Trans. p. 29).

Ms. Reese testified that this single check payment system is customary in the trucking industry, but only the W-2 reportable wages are used to calculate the aww/cr. (Hrg. Trans. p. 30). Ms. Reese went on to testify that there are variations of this pay system depending on how any given trucking company elected to handle their pay. She testified that the specific election affects how they look at each individual when determining what taxable wages can be utilized in determining average weekly wage and compensation rate and that Mr. Tracy's wages were configured on D&C Trucking's specific set up and Mr. Tracy's individual elections. (Hrg. Trans. p. 33).

FINDINGS OF FACT

Based upon the testimony and evidence submitted by both parties, the undersigned Commissioner makes the following Findings of Fact:

1. Average weekly wage and compensation rate are governed by Section 42-9-260.
2. The parties to this proceeding are subject to and bound by the provisions of the South Carolina Workers' Compensation Act.
3. The undersigned has evaluated all of the evidence as submitted by the parties and is not persuaded by *Rhodes v. Hersek Express, Inc.*, 580 S.E.2d 430, (N.C. Ct. App. 2003).
4. I find as a matter of fact that the average weekly wage and compensation rate as set forth by the Defendants on the Form 20 is proper.
5. The Claimant's average weekly wage is \$716.80 with the corresponding compensation rate of \$477.89. This is based upon a proper calculation of the actual taxable wages, which does not include the non-taxable per diem that the Claimant received.

CONCLUSIONS OF LAW

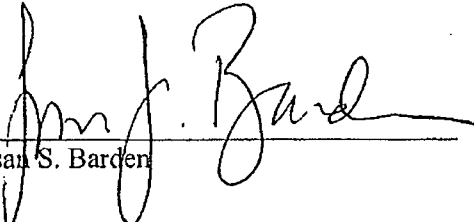
It is concluded under the South Carolina Worker's Compensation Act in Section 42-1-10 S.C. Code of Laws, et. seq., that:

1. Average weekly wage and compensation rate is governed by Section 42-9-260.
2. The Claimant's average weekly wage is \$716.80 with a corresponding compensation rate of \$477.89 as based on the wages submitted by the Defendants and set forth on the Form 20.

ORDER

IT IS HEREBY ORDERED, that the greater weight of the evidence supports a finding that the Claimant's average weekly wage is \$716.80 with a corresponding compensation rate of \$477.89.

AND IT IS SO ORDERED.



Susan S. Barden

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
October 21, 2014

By: Kristi Love, Administrative Assistant to Commissioner Barden

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1402522

Jeffrey Scott Tracy,

Plaintiff/Employee,

vs.

Peoplease Corporation,

Employer/Defendant,

And

National Interstate Insurance Company,

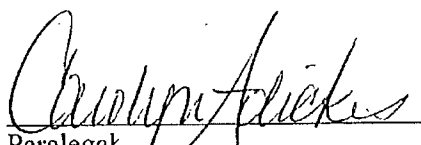
Servicing Agent/Carrier,

CERTIFICATE OF SERVICE

I, Carlynn Adickes, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **WCC FORM 30 - CLAIMANT'S APPLICATION FOR REIVEW** has been served upon the following by depositing the same in the U.S. Mail this 27th day of October, 2014, addressed as follows:

Kelly F. Morrow, Esquire
McAngus, Goudelock & Courie LLC
Post Office Box 12519
Columbia, SC 29211-2519

Ms. Amy Bracy, Judicial Director
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, S.C. 29202-1715



Paralegal
STEWART LAW OFFICES, LLC

Columbia, SC

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1402522

JEFFREY S. TRACY	)	
Employee/Claimant,	)	
	)	
-vs	)	
	)	
PEOPLEASE CORPORATION,	)	
Employer,	)	
	)	
and	)	BRIEF OF JEFFREY TRACY,
	)	APPELLANT, TO THE FULL WORKERS'
NATIONAL INTERSTATE INS. CO.,	)	COMPENSATION COMMISSION
Carrier,	)	
	)	
	)	
Defendants.	)	

STATEMENT OF CASE/FACTS

Claimant appeals the Single Commissioner's October 21, 2014 order addressing computation of average weekly wage and compensation rate.

Claimant, Jeffrey Tracy, is a thirteen year employee of D&C Trucking. During those thirteen years, Mr. Tracy worked as a long haul truck driver. Approximately two years prior to his date of injury, D&C Trucking turned their wage information and employment status over to Peoplease. In the conversion from D&C Trucking to Peoplease, Mr. Tracy completed employment paperwork wherein his rate of pay was set at 34 cents per mile, \$15 per stop, and \$50 per lay over. Each pay period claimant would report his miles traveled and per diem from his logs. Peoplease would then take the miles traveled and multiply it by the rate per mile, 34 cents. After that Peoplease would subtract Mr. Tracy's reported per diem from the gross

mileage. Peoplease would then provide Mr. Tracy with one check for his per diem, which was not taxed, and the remainder of gross mileage (gross mileage – per diem), which was taxed.

It is important to note that the per diem is subtracted from the gross mileage, not added to the gross mileage.

An example may be helpful. During the pay period of May 9, 2014 through May 15, 2014 Mr. Tracy drove 3,152.5 miles. As a result, he grossed \$1,071.85 based on his per mile pay ($3,152.5 \times 34 \text{ cents} = \$1,071.85$). From May 9, 2014 through May 15, 2014 Mr. Tracy reported \$295.00 in per diem. Peoplease subtracted the per diem, \$295.00, from the grossed mileage, \$1,071.85, and provided Mr. Tracy with a gross wage of \$776.86. The per diem (\$295) and any reimbursements owed to Mr. Tracy (265.89) are then added back in, tax free, and Mr. Tracy was provided a weekly check. In this instance, Mr. Tracy was paid \$1,337.75.

An outline addressing the pay period of May 9, 2014 follows:

- 3,152.5 miles driven
- $3,152.5 \times 34 \text{ cents} = \$1,071.85$ (Claimant alleges this calculation should be used to determine average weekly wage and compensation rate).
- \$295 in per diem.
- $\$1,071.85 - 295 = \$776.86$ (Defendants allege this calculation should be used to determine average weekly wage and compensation rate).

Claimant alleges his average weekly wage and compensation rate should be based on the miles he drove multiplied by 34 cents, as agreed in the employment contract. When this

calculation is applied over 52 weeks, it results in an average weekly wage of \$1,014.09 and compensation rate of \$676.09.

The defendants allege that claimant's average weekly wage should be calculated by subtracting per diem from the per mile pay. This method results in an average weekly wage of \$716.80 with a corresponding compensation rate of \$477.89.

Neither party was able to find any South Carolina Case law on this issue. However, claimant did find a North Carolina case, *Rhodes v. Hersek Express, Inc.*, 580, S.E. 2d 430 (N.C. Ct. App. 2003), that is directly on point and supportive of claimant's position.

A hearing on claimant's Form 50 and defendants 51 was held before Commissioner Susan S. Barden on September 8, 2014 in Rock Hill, South Carolina. On October 21, 2014 Commissioner Barden filed an Order finding: a) The average weekly wage and compensation rate as set forth by the Defendants on the Form 20 is proper; b) The undersigned is not persuaded by *Rhodes v. Hersek Express, Inc.*, 580, S.E. 2d 430 (N.C. Ct. App. 2003); and c) Claimant's average weekly wage is \$716.8 with a corresponding compensation rate of \$477.89.

Claimant now appeals alleging: a) The Single Commissioner did not provide a factual and/or legal basis for her award; b) The Single Commissioner should have applied Section 42-1-40 of the South Carolina Code; c) The Single Commissioner should have given weight to North Carolina case law; d) Public policy supports claimant's position; and e) Claimant's average weekly wage and compensation rate should be based on the miles he drove multiplied by 34 cents, as agreed in the employment contract.

DISCUSSION

I. THE SINGLE COMMISSIONER DID NOT PROVIDE A FACTUAL AND/OR LEGAL BASIS FOR HER AWARD.

The Single Commissioner did not provide a factual and/or legal basis for her award. Not only must findings of fact be made upon the essential factual issues, but they must also be sufficiently definite and detailed to enable the appellate court to properly determine whether the findings of fact are supported by the evidence and whether the law has been properly applied to those findings. *Hill v. Jones*, 255 S.C. 219, 178 S.E.2d 142 (SC 1970).

This is a case of first impression in South Carolina. As a result, the Single Commissioner's should have reviewed the applicable South Carolina statute/case law, case law from other jurisdictions, and public policy. Unfortunately, the Single Commissioner's order does not reference any of these factors.

The Single Commissioner relied on Section 42-9-260 of the South Carolina Code to find that Claimant's average weekly wage is \$716.80 with a corresponding compensation rate of \$477.89. Section 42-9-260 addresses when temporary compensation is due. It does not govern calculation of average weekly wage and compensation rate. Section 42-1-40 of the South Carolina Code addresses average weekly wage. It states, "Average weekly wage means the earning of the injured employee in the employment in which he was working at the time of the injury during the period of fifty-two weeks immediately preceding the date of the injury...." It goes on to state, "When for exceptional reasons the foregoing would be unfair, either to the employer or employee, such other method of computing average weekly wages may be resorted to as will most nearly approximate the amount which the injured employee would be earning were it not it not for the injury." The Single Commissioner's Order does not even reference Section 42-1-40 of the South Carolina Code.

Claimant was unable to locate any South Carolina case law on point. However, claimant was able to locate a North Carolina case, *Rhodes*, which is directly on point. In her order, the Single Commissioner indicates, "The undersigned has evaluated all of the evidence as submitted by the parties and is not persuaded by *Rhodes*." (Finding of Fact #3). This Single Commissioner never indicated why she is not persuaded by *Rhodes*, or what she was persuaded by. The Single Commissioner's order does not indicate what law has been applied.

Finally, the Single Commissioner never addressed the effect her order will have on public policy.

In conclusion, the Single Commissioner's order: a) Does not rely on the correct South Carolina code Section; b) Does not address why case law from other jurisdictions was not relied on; c) Does not indicate what law was applied; and d) Does not consider public policy.

II. THE SINGLE COMMISSIONER SHOULD HAVE APPLIED SECTION 42-1-40 OF THE SOUTH CAROLINA CODE.

As previously indicated, Section 42-1-40 of the South Carolina Code is controlling. It states, "Average weekly wage means the earning of the injured employee in the employment in which he was working at the time of the injury during the period of fifty-two weeks immediately preceding the date of the injury...." It goes on to state, "When for exceptional reasons the foregoing would be unfair, either to the employer or employee, such other method of computing average weekly wages may be resorted to as will most nearly approximate the amount which the injured employee would be earning were it not it not for the injury."

In the present instance, wage records indicate that Mr. Tracy was making, on average, \$1,014.69 per week (miles driven x 34 cents per mile). Additionally, Mr. Tracy's employment contract with Peoplease indicates that he was to be paid 34 cents per mile.

Claimant respectfully requests that the Full Commission apply Section 42-1-40 of the South Carolina Code and calculate Mr. Tracy's average weekly wage by using the base salary agreed to in the employment contract (34 cents per mile x miles driven).

III. THE SINGLE COMMISSIONER SHOULD HAVE GIVEN WEIGHT TO NORTH CAROLINA CASE LAW.

Claimant has been unable to locate any South Carolina case law on point. As a result, Claimant respectfully requests the Full Commission rely on North Carolina precedent and find that Mr. Tracy's average Claimant's average weekly wage and compensation rate should be based on the miles he drove multiplied by 34 cents.

As South Carolina adopted large portions of North Carolina's Workers' Compensation legislation, South Carolina relies on North Carolina precedent in Workers' Compensation cases. *Spoone v. Newsome Chevrolet-Buick*, 309 S.C. 432 424 S.E.2d 489 (1992); *Nolan v. Daley*, 222 S.C. 407, 73 S.E.2d 449 (1952); *Adams v. Texfi Indus.*, 320 S.C. 213, 464 S.E.2d 109 (1995).

North Carolina has already addressed this issue. In *Rhodes v. Hersek Express, Inc.*, 580, S.E. 2d 430 (N.C. Ct. App. 2003), a long haul truck driver was paid \$600.00 per trip. Per diem, in an amount between, \$28 and \$32 per day was deducted from the \$600.00 per trip amount. The per diem was not taxed and not reported as wages on plaintiff's W2 form. The North Carolina Court of Appeals found, "...calculating plaintiff's average weekly wages using his base salary of \$600.00 per trip most nearly approximated the amount he would have earned."

The North Carolina statute defining average weekly wage is nearly identical to our statute. North Carolina Gen. Stat. Section 97-2 states, "Average weekly wages" shall mean the earnings of the injured employee in the employment in which the employee was working at the time of the injury during the period of 52 weeks immediately preceding the date of the injury...."

It goes on to state, "But where for exceptional reasons the foregoing would be unfair, either to the employer or employee, such other method of computing average weekly wages may be resorted to as will most nearly approximate the amount which the injured employee would be earning were it not for the injury."

Claimant respectfully requests that the Full Commission follow North Carolina precedent and calculate Mr. Tracy's average weekly wages using his base salary (34 cents per mile multiplied by miles driven) as this figure most nearly approximated the amount he would have earned if not for the injury.

IV. THE SINGLE COMMISSIONER SHOULD HAVE GIVEN WEIGHT TO HOW HER ORDER WILL EFFECT PUBLIC POLICY

It is essential to remember that the Legislature created a system, for good or ill, which "serve[s] a social function by providing the injured employee with sufficient income and medical care to keep him from destitution. . . . [they] are not designed to compensate the employee for his injury, but merely to provide him with the bare minimum of income and medical care to keep him from being a burden to others." Gary A. Scarzafava and Frank Herrera, Jr., Workplace Safety - The Prophylactic and Compensatory Rights of the Employee, 13 St. Mary's L.J. 911, 944 (1982) (quoting Arthur Larson, The Nature and Origins of Workmen's Compensation, 37 Cornell L.Q. 206, 209-10, 213 (1952)).

Before this injury, Mr. Tracy was making over a thousand dollars per week. The Single Commissioner ordered the defendants to compensate Mr. Tracy \$477.89 per week; roughly one half of what he was making and living on prior to the injury. If Mr. Tracy continues to be compensated one half of what he was making at the time of the injury, he will eventually become destitute and a burden to others.

Claimant respectfully requests that the Full Commission consider public policy and calculate Mr. Tracy's average weekly wages using his base salary (34 cents per mile x miles driven) so Mr. Tracy does not become a burden to others.

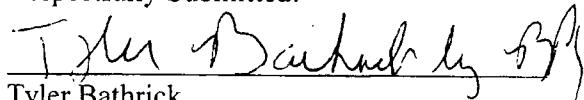
V. **CLAIMANT'S AVERAGE WEEKLY WAGE SHOULD BE BASED ON THE MILES HE DROVE MULTIPLIED BY 34 CENTS, AS AGREED IN THE EMPLOYMENT CONTRACT**

Peoplease and Mr. Tracy have already addressed this issue for us. When Mr. Tracy began working for Peoplease it was agreed that he would make 34 cents a mile. Claimant simply wants the Commission to base Mr. Tracy's average weekly wage and compensation rate on what was originally agreed by the employer and employee.

CONCLUSION

For the above stated reasons, claimant respectfully requests that the Full Commission: 1) Apply 42-1-40 of the South Carolina Code, give weight to North Carolina case law, consider public policy, uphold the original agreement between the employer and employee and set Mr. Tracy's average weekly wage at \$1,014.09 (with a corresponding compensation rate of \$676.09); and 2) Order defendants to compensate Mr. Tracy for any back payment of temporary compensation. In the alternative, claimant requests the Single Commissioner's order be remanded for clarification regarding how the Single Commissioner reached her decision and why North Carolina case law was not given weight.

Respectfully Submitted:



Tyler Bathrick
Attorney for the Claimant

Page 1

DANNY THOMAS RHODES, Plaintiff
v.
HERSEK EXPRESS, INC., Employer, Defendant.

No. COA02-816.

Court of Appeals of North Carolina.

Filed June 3, 2003.

Appeal by defendant-employer from an Interlocutory Opinion and Award of the North Carolina Industrial Commission, I.C. No. 274996, filed 12 June 1998 and an Opinion and Award of the Industrial Commission filed 28 February 2002. Heard in the Court of Appeals 15 April 2003.

Deaton and Biggers, P.L.L.C., by Brian D. Gulden, for plaintiff-appellee.

Bogle, Anthony & Leach, by Timothy T. Leach, and Aaron E. Bradshaw, for defendant-appellant.

STEELMAN, Judge.

Plaintiff was employed as a long-distance truck driver for defendant. After loading his truck with materials at various locations, plaintiff would drive with a partner to California on trips lasting between five and seven days. Defendant paid plaintiff \$600.00 per trip to California.

On 10 July 1992, plaintiff injured his back when he adjusted the load in his truck by moving a roll of cloth. He immediately felt a burning sensation in his back. After completing his duties for that day, Rocky Hersek ("Hersek"), owner of defendant, drove plaintiff to the emergency room where plaintiff was diagnosed with a lumbar strain.

When plaintiff's back pain did not subside, he began seeing Dr. Karl Jordan ("Dr. Jordan"), a chiropractor. Dr. Jordan treated plaintiff from 13 July through 4 August 1992 with spinal manipulation and physical therapy. Plaintiff continued to have back pain, and Dr. Jordan referred him to Dr. Raymond Sweet ("Dr. Sweet"), a neurosurgeon.

Before being evaluated by Dr. Sweet, plaintiff sought treatment from another chiropractor, Dr. Mark Cook ("Dr. Cook"). Dr. Cook treated plaintiff on a regular basis until 20 June 1994.

Plaintiff first saw Dr. Sweet on 21 October 1992, when he initially was diagnosed with a ruptured disc at L4-L5 on the left with damage to the L5 nerve root. Dr. Sweet ordered an MRI which revealed a compression fracture at L-4 of plaintiff's spine. Dr. Sweet recommended plaintiff obtain a bone scan and undergo physical therapy, which plaintiff did not seek due to his inability to pay for the treatment. Dr. Sweet again evaluated plaintiff on 13 July 1999, and found plaintiff to have reached maximum

medical improvement with a fifteen percent (15%) permanent partial impairment of his back due to the compression fracture.

Defendant denied plaintiff's workers' compensation claim that he was injured by accident while working for defendant on 10 July 1992. On 31 January 1995, a hearing on the issue of the compensability of plaintiff's injury was conducted by a Special Deputy Commissioner of the North

Page 2

Carolina Industrial Commission("Commission"). On 8 April 1997, the Deputy Commissioner filed an Opinion and Award finding plaintiff suffered an injury by accident arising out of and in the course of his employment and directing the parties to confer and attempt to resolve the remaining issues.

Defendant appealed the Deputy Commissioner's Opinion and Award. The Full Commission conducted a hearing on 8 October 1997, resulting in an Interlocutory Opinion and Award filed 12 June 1998 which affirmed the Deputy Commissioner's decision.

The parties failed to resolve the remaining issues, and the case came on for another hearing before a Deputy Commissioner on 25 June 1999. On 24 May 2000, the Deputy Commissioner filed an Opinion and Award concluding that (1) plaintiff's average weekly wage on 10 July 1992 was \$261.24, which yielded a compensation rate of \$174.14; (2) plaintiff sustained a compensable injury by accident as the direct result of a specific traumatic incident of the work assigned; (3) plaintiff was totally disabled due to his injury by accident from 11 July 1992 through 13 July 1999, when he reached maximum medical improvement, and he was entitled to total disability compensation during that period; (4) plaintiff was no longer disabled after 13 July 1999 but retained permanent partial disability of fifteen percent in his back, entitling him to permanent partial disability benefits; and (5) plaintiff was entitled to receive medical compensation "for as long as it is or was reasonably necessary to effect a cure, give relief, or lessen the period of his disability."

Both plaintiff and defendant appealed the Deputy Commissioner's Opinion and Award. The Full Commission affirmed the Deputy Commissioner's Opinion and Award with the exception that it concluded plaintiff had an average weekly wage of \$600.00, yielding a compensation rate of \$400.02.

I.

Defendant argues the Commission erred in finding plaintiff suffered a compensable injury by accident. In support of this argument, defendant first contends the Commission failed to consider evidence presented by defendant regarding plaintiff's credibility or to make findings of fact on this evidence.

This Court's review of the Commission's Opinion and Award is limited to whether its factual findings are supported by any competent evidence and whether its conclusions are adequately supported by its findings. Hoyle v. Isenhour Brick & Tile Co., 306 N.C. 248, 293 S.E.2d 196; Allen v. Roberts Elec. Contr'rs, 143 N.C. App. 55, 546 S.E.2d 133. The Commission's findings of fact are conclusive on appeal if they are supported by any competent evidence, even if there is some evidence to sustain

contrary findings. *Allen*, 143 N.C. App. at 60, 546 S.E.2d at 137. "The Commission is the sole judge of the credibility of the witnesses and the weight to be given their testimony." *Adams v. AVX Corp.*, 349 N.C. 676, 680, 509 S.E.2d 411, 413 (citation omitted), *reh'g denied*, 350 N.C. 108, 532 S.E.2d 522.

In this case, the Commission specifically found that "[p]laintiff's testimony is regarded as credible...." There is no evidence that the Commission ignored or disregarded evidence presented by defendant regarding plaintiff's credibility. The Commission is the sole judge of a witness's credibility and is permitted to give testimony the weight it deems appropriate. Under our limited standard of review, we conclude that the Commission's finding as to plaintiff's credibility is supported by competent evidence of record, and we are bound by this finding on appeal.

To further support its first assignment of error, defendant contends the Commission erroneously found plaintiff sustained his burden of proving injury by accident.

N.C. Gen. Stat. § 97-2(6) defines an injury to be an "accident arising out of and in the course of the employment."

[W]here injury to the back arises out of and in the course of the employment and is the direct result of a specific traumatic incident of the work assigned, "injury by accident" shall be construed to include any disabling physical injury to the back arising out of and causally related to such incident.

N.C. Gen. Stat. § 97-2(6). This Court has interpreted this statute as requiring an employee to prove his injury occurred at a cognizable time, but he is not required to demonstrate unusual circumstances accompanying the injury. *Bradley v. E.B. Sportswear, Inc.*, 77 N.C. App. 450, 335 S.E.2d 52.

Page 3

The Commission made the following finding of fact:

6. On 10 July 1992 plaintiff sustained a compensable injury by accident when he adjusted the load in his trailer and in the process he picked up or pushed a roll of cloth that had fallen. Plaintiff felt an immediate pull in his back when he lifted or pushed the roll of cloth. Plaintiff has not worked for defendant or for any other employer since this incident on 10 July 1992. Defendant stipulated that plaintiff's injury by accident is compensable.

This finding is supported by plaintiff's testimony regarding the incident leading to his injury on 10 July 1992. The finding points to a specific action by plaintiff which occurred at a cognizable time and resulted in his injury, namely the adjustment of the load in his trailer while on a job for defendant. Such finding is sufficient to support the Commission's conclusion that "[o]n 10 July 1992, plaintiff sustained a compensable injury by accident as the direct result of a specific traumatic incident of the work assigned." Therefore, we find no error by the Commission on this basis.

Defendant further contends the medical evidence is insufficient to prove plaintiff's disability is the result of an accidental injury sustained by plaintiff in the course and scope of his employment with defendant. It argues that plaintiff had sustained the

back injury prior to the 10 July 1992 incident.

Dr. Jordan testified that it was unlikely plaintiff's injury occurred prior to 10 July 1992 because plaintiff would not have been able to unload the truck as he had done on that date with a back injury. Dr. Cook testified that several of his diagnoses of plaintiff were related to the 10 July 1992 incident, including intervertebral disc syndrome and neuritis, and that he could distinguish between conditions related to prior injuries from those resulting from the work-related incident. Dr. Sweet testified that the pain and other problems plaintiff was having when he sought treatment were related to the 10 July 1992 incident. This testimony provides sufficient evidence to demonstrate plaintiff's injury was related to the 10 July 1992 incident occurring during the course and scope of his employment.

Based on the foregoing, we hold the Commission did not err in finding plaintiff suffered a compensable injury by accident.

II.

In its next assignment of error, defendant argues the Commission erred in finding plaintiff was totally disabled from 10 July 1992 through 13 July 1999. It contends that the evidence of record shows that plaintiff's condition permitted him to resume gainful employment as of 31 January 1995 and, therefore, any award of temporary disability should be limited to the period between 10 July 1992 and 31 January 1995.

N.C. Gen. Stat. § 97-2(9) defines disability under the Workers' Compensation Act to be an "incapacity because of injury to earn the wages which the employee was receiving at the time of injury in the same or any other employment." "When the employee suffers the total lack of capacity to earn wages in any job, his disability is total." Matthews v. Petroleum Tank Service, Inc., 108 N.C. App. 259, 264-65, 423 S.E.2d 532, 535 (citation omitted). A plaintiff's testimony regarding his inability to work and his subjective opinion of his pain is competent evidence upon which the Commission may base a finding of temporary total disability. *Id.* at 265-66, 423 S.E.2d at 536.

The Commission made the following pertinent findings of fact regarding the extent of plaintiff's disability: 10. From 16 November 1992 through 13 July 1999, plaintiff's only treatment has been with Drs. Jordan and Cook. Plaintiff testified that during this time he received treatment from Dr. Cook once or twice per month and that the treatment would alleviate his pain for short periods. Other than those brief periods following treatment, plaintiff testified that he remained unable to work in any capacity due to pain and his physical limitations caused by his injury. Plaintiff's testimony is regarded as credible by the Full Commission

11. On 13 July 1999, plaintiff was reevaluated by Dr. Sweet as ordered by [the Deputy Commissioner]. At this evaluation, Dr. Sweet found plaintiff to be at maximum medical improvement, and rated plaintiff with a 15% permanent partial impairment of his back as a result of the compression fracture he sustained on 10 July 1992. Dr. Sweet did not identify a surgical problem, and therefore surgery is not indicated. Dr. Sweet released plaintiff to return to work with the permanent restrictions of no repetitive bending, climbing, crawling, or lifting more than 15 pounds. In addition to

these restrictions, plaintiff must be allowed to change positions at least every 30 minutes.

Page 4

12. Plaintiff reached the end of his healing period by 13 July 1999, the date he was found by Dr. Sweet to be at maximum medical improvement. Since 13 July 1999, plaintiff has not made reasonable efforts to find suitable employment, nor has he shown that seeking employment would have been futile as a result of his permanent restrictions, his age, education, skills and other factors affecting employability. Therefore, plaintiff has not proven that his disability continued after 13 July 1999.

The evidence of record supports these findings. Plaintiff testified that he experienced pain in his back "[m]ost of the time" and required assistance from his girlfriend in his daily activity since the July 1992 incident. He also stated both chiropractors and Dr. Sweet imposed work limitations on him. Plaintiff testified that he had not worked since his injury.

Dr. Sweet testified that plaintiff reached maximum medical improvement as of 13 July 1999 with a fifteen percent permanent partial disability of his back. Dr. Sweet further testified that, in his opinion, plaintiff's work capabilities would be permanently restricted to "light, inside office work with no...lifting more than fifteen pounds."

Dr. Cook stated in his deposition that as of 25 February 1992, plaintiff had reached maximum medical improvement. On that date, he approved plaintiff for "light-duty employment...[but] strenuous activity should be avoided."

Under our standard of review, the Commission's findings are conclusive when supported by any competent evidence, despite evidence to sustain findings to the contrary. Because the testimony from plaintiff and Dr. Sweet is competent to support the finding that plaintiff was temporarily totally disabled until 13 July 1999, we hold this assignment of error is without merit.

III.

In its final assignment of error, defendant argues the Commission erred in finding plaintiff's average weekly wage was \$600.00.

The Commission's findings regarding plaintiff's compensation are as follows:

3. Defendant compensated plaintiff in the amount of \$600.00 per trip to California. Plaintiff was paid by the trip and not by the week, and each trip took between five and seven days to complete. 4. Plaintiff's pay was divided in part into a *per diem* amount of between \$28.00 and \$32.00 per day. The *per diem* was an advance to cover plaintiff's expense and meals while he was on a trip, and was deducted from the \$600.00 per trip that plaintiff earned as wages. However, the *per diem* amount was not taxed and was not reported as wages on plaintiff's W-2 form. If plaintiff's expenses or advances exceeded the \$28.00 to \$32.00 he was allotted per day, these additional expenses would be deducted from his \$600.00 per trip wage and thus his taxable wage would decrease. Plaintiff was allowed the *per diem* expenses deduction from taxes even if his expenses were less than the *per diem* advance. Furthermore, out of the \$600.00 per trip received by plaintiff, defendant

also subtracted out any fines, tickets or damages to the truck which may have been received or sustained by plaintiff.

5. Plaintiff's average weekly wage is determined by the Full Commission to be \$600.00, yielding a weekly compensation rate of \$400.02. The evidence shows that plaintiff was paid \$600.00 per trip and each trip took between five and seven days. The payroll records offered by defendant do not show any itemized *per diem* amounts which were allegedly deducted from his wages and paid in cash; therefore, the records are not indicative of the wages actually paid to plaintiff. The amounts deducted from plaintiff's wages for fines, tickets or damages to the truck should not be used to demonstrate a lower average weekly wage. Accordingly, the Full Commission finds that establishing plaintiff's wages by using the base pay for each weekly trip most nearly approximates the amount which plaintiff would have earned had he not been injured.

N.C. Gen. Stat. § 97-2(5) provides that an employee's average weekly wages are determined by dividing the earnings by the number of weeks and parts of weeks worked. However, where this general method "would be unfair, either to the employer or employee, such other method of computing average weekly wages may be resorted to as will most nearly approximate the amount which the injured employee would be earning were it not for the injury." N.C. Gen. Stat. § 97-2(5).

Plaintiff testified that he understood his weekly salary was \$600.00. His co-worker testified that

Page 5

their base salary for the California trip was also \$600.00. Defendant's payroll supervisor testified that expenses and advances as well as the *per diem* normally were deducted from the \$600.00 base salary and the employee was given a check for the remainder, thus accounting for the lower amount of wages appearing on plaintiff's W-2 form.

The Commission found that calculating plaintiff's average wages using his base salary of \$600.00 per trip most nearly approximated the amount he would have earned. This finding is supported by competent evidence of record and we are bound by the Commission's determination on this matter. We hold this assignment of error has no merit.

AFFIRMED.

Judges WYNN and TYSON concur.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1402522

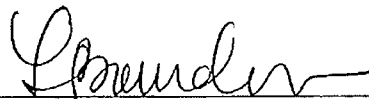
Jeffrey Scott Tracy,)
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Plaintiff/Employee,)
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vs.)
)
Peoplelease Corporation,)
)
Employer/Defendant,)
)
And)
)
National Interstate Insurance Company,)
)
Servicing Agent/Carrier,)
)

CERTIFICATE OF SERVICE

I, Liliana Bourdon, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of APPELLANT'S BRIEF has been served upon the following by depositing the same in the U.S. Mail and by electronic mail this 22nd day of December, 2014, addressed as follows:

VIA US MAIL & e-mail: kmorrow@mgclaw.com

Kelly F. Morrow, Esquire
McAngus, Goudelock & Courie LLC
Post Office Box 12519
Columbia, SC 29211-2519



Liliana Bourdon, Paralegal
STEWART LAW OFFICES, LLC
P.O. Box 6787
Columbia, SC 29260
803-473-4200
liliana@stewartlawoffices.net

Columbia, SC
December 22, 2014

STEWART LAW OFFICES, L.L.C.

JENNA W. GARRAUX
Licensed in SC
jenna@stewartlawoffices.net

TYLER A. BATHRICK
Licensed in SC
tyler@stewartlawoffices.net

10 CALENDAR COURT • SUITE 100
COLUMBIA, SOUTH CAROLINA 29206

REPLY TO:
P.O. BOX 6787 • COLUMBIA, SC 29260
FAX (803) 743-4204

BRENT P. STEWART
Licensed in WV & SC
brent@stewartlawoffices.net

BEAU WILDER
Licensed in NC & SC
beau@stewartlawoffices.net

March 5, 2015

Sent Via U.S. Mail

Ms. Amy Bracy, Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

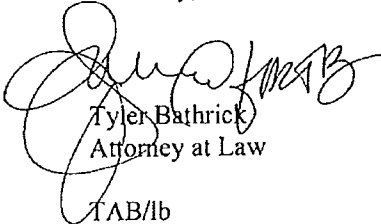
RE: *Jeffrey Scott Tracy vs. Peoplease*
Date of Loss: March 14, 2014
WCC File No.: 1402522

Dear Ms. Bracy:

In connection with the above referenced matter, enclosed please find the original and one (1) copy of the WCC Form #50, Employee's Request for Hearing and Certificate of Service. I would appreciate your filing the original and returning the file-stamped copy to me in the envelope provided for your convenience. We are also enclosing our firm's check in the amount of \$25.00 for the required filing fee.

By copy of this letter and the enclosures we are serving these documents upon counsel of record for the Defendants, Kelly F. Morrow, Esquire.

Sincerely,



Tyler Bathrick
Attorney at Law
TAB/lb

cc: Jeffrey Scott Tracy (w/ enclosures)
Kelly F. Morrow, Esquire (w/ enclosures)

ROCK HILL (803) 328-5600
LANCASTER (803) 286-5600
CHESTER (803) 385-5600
YORK (803) 684-3800

ORANGEBURG (803) 534-1000
CAMDEN (803) 425-6700
COLUMBIA (803) 743-4200
GASTONIA (704) 868-5800

GAFFNEY (864) 489-9996
SPARTANBURG (864) 583-2223
UNION (864) 427-8500
CHESNEE (864) 461-5600

HAMPTON (803) 914-0800
BEAUFORT (843) 379-3600
RIDGEWAY (803) 337-4600
WINNSBORO (803) 815-5600

SPANISH LINE (803) 487-0055

IN NC, DBA STEWART LAW OFFICES, PLLC

000067

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



WCC File #:	1402522
Carrier File #:	
Carrier Code #:	001903
Employer FEIN #:	-

Claimant's Name: Jeffrey Scott Tracy SSN: 249-53-4632 Employer's Name: Peoplease
Address: 2449 Trussel Road Address: 210 Wingo Way, Ste. 400
City: Chester State: SC Zip: 29706 City: Mount Pleasant State: SC Zip: 29464
Home Phone: (803) 444-4803 Work Phone: _____ Insurance Carrier: National Interstate
Preparer's Name: Tyler Bathrick Law Firm: Stewart Law Offices, L.L.C. Preparer's Phone #: 803-328-5600

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: 3/14/2014

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to stomach hernia, mid and low back, right shoulder, left knee and leg with radiating pain, right knee and leg with radiating pain and any other body parts affected (Part(s) of Body Injured) on 3/14/2014 (Month/Day/Year) in Chester county, state of South Carolina.
2. Body part(s) affected are: stomach hernia, mid and low back, right shoulder, left knee and leg with radiating pain, right knee and leg with radiating pain and any other body parts affected.
Briefly describe how the accident occurred. Tractor Trailer Accident.
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 03/18/2014 (Month/Day/Year) in the following manner: verbally.
- ☒ 7. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: stomach hernia, mid and low back, right shoulder, left knee and leg with radiating pain, right knee and leg with radiating pain and any other body parts affected.
☒ (b) additional medical examination and treatment for: stomach hernia, mid and low back, right shoulder, left knee and leg with radiating pain, right knee and leg with radiating pain and any other body parts affected.
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 3/14/2014 to present.
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: N/A.
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$477.89 per Form 20, and demands accounting of days worked and wages earned as provided 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: None.
- 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: See Attachment.
- 11b. To the best of your knowledge, did you have any prior permanent disability? _____
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: 1 hour
- ☒ 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.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to See Certificate of Service on the 5th day of March, 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.

Preparer's Signature

Claimant's Attorney
Title

tyler@stewartlawoffices.net
Email

3-5-15
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 67-681 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

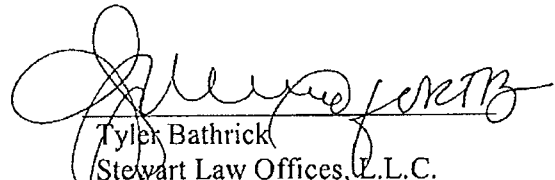
Employee's Notice of Claim and/or
Request for Hearing

000068

Jeffrey Scott Tracy vs. Peoplease Corporation and National Interstate Insurance Company
WCC: 1402522

Attachment to Form 50 (11b)

1.	Riverview Medical Center	1393 Celanese Road Rock Hill, SC 29732
2.	OrthoCarolina	1915 Randolph Road Charlotte, NC 28207
3.	Select Physical Therapy	154-101 Amendment Avenue Rock Hill, SC 29732
4.	Piedmont Medical Center	222 S. Herlong Avenue Rock Hill, SC 29732
5.	Carolinas Medical Center - Mercy	2001 Vail Avenue Charlotte, NC 28207



Tyler Bathrick
Stewart Law Offices, L.L.C.
P.O. Box 670
Rock Hill, SC 29731
P: 803-328-5600
F: 803-328-5876
tyler@stewartlawoffices.net

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1402522

JEFFREY SCOTT TRACY,

Employee/Claimant,

-VS-

PEOPLEASE D/B/A D & C TRUCKING OF
CHESTER, LLC,

Employer,

and

NATIONAL INTERSTATE INSURANCE
COMPANY,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

I, Liliana Bourdon, an employee with Stewart Law Offices, L.L.C., do hereby certify that a true and correct copy of **WCC FORM 50 - REQUEST FOR HEARING**, has been served upon the following by depositing the same in the U.S. Mail postage pre-paid, this 5th day of March, 2015, addressed as follows:

Ms. Amy Bracy, Judicial Director
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Kelly F. Morrow
McAngus, Goudelock & Courie LLC
PO Box 12519
Columbia, SC 29211-2519


Liliana Bourdon
Paralegal
STEWART LAW OFFICES, LLC

Columbia, SC

000070

Reply To
KELLY F. MORROW
Direct Dial: (803) 227-2238
kmorrow@mgclaw.com

March 31, 2015

VIA HAND DELIVERY

Amy Bracy, Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
1333 Main Street, Suite 500
Columbia, South Carolina 29201

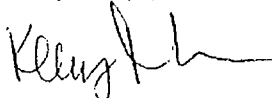
RE: Jeffrey S. Tracy v. Peoplelease Corporation and National Interstate
Insurance Company
Date of Accident: March 14, 2014
WCC File No.: 1402522
Our File No.: 20778.14007
Claim No.: 1164385

Dear Ms. Bracy:

Please find enclosed the Form 51 on behalf of the employer and carrier in the above matter for filing in your office.

By copy of this letter, we are serving a copy of the Form 51 on Claimant's attorney, Tyler A. Bathrick, Esquire.

Very truly yours,



Kelly F. Morrow

KFM/sso
Enclosure

cc: Tyler A. Bathrick, Esquire, Stewart Law Offices, LLC
Selina Paster, National Interstate Insurance Company (via email)
Monica Reese, Peoplelease Corporation (via email)



Claimant's Name: Jeffrey S. Tracy SSN 249-53-4632 Employer's Name: PeopLease Corporation
Address 2449 Trussell Road 210 Wingo Way, Suite 400
Chester, South Carolina 29706 Mount Pleasant, South Carolina 29464
Home Phone: (803) 519-7298 Work Phone #
Date of Injury: 3/14/14 Insurance Carrier: National Interstate Insurance Company
Preparer's Name: Kelly F. Morrow Law Firm McAngus Goudelock & Courie Preparer's Phone #: (803) 227-2238

Date of Injury or Illness: 3/14/14 Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer-Carrier in answer to the claim, respectfully shows:

- It is ☒ Admitted/☒ Denied the employee sustained an injury or illness on or about the date set forth in the application. The reasons for denial are: The Employer/Carrier admits Claimant sustained an injury to the right shoulder as a result of his work-related accident on 03/14/14. They deny the additional injuries as alleged by Claimant on the Form 50.
- It is ☒ Admitted/☒ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See Number 1 above.
- It is ☒ Admitted/☒ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are: See Number 1 above.
- It is ☒ Admitted/☒ Denied at the time in question the employee was performing service arising out of and in the course of employment. The reasons for denial are: See Number 1 above.
- It is ☒ Admitted/☒ Denied notice of injury was given the employer. The reasons for denial are: See Number 1 above.
- It is ☒ Admitted/☒ Denied the employee ☐ needs ☒ is entitled to additional medical care as a result of injury or illness. The reasons for denial are: The Employer/Carrier continues to provide medical treatment for the admitted injuries in this case. They deny Claimant's entitlement to medical for any denied injuries.
- It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of: The Employer/Carrier maintains there is no medical evidence to support Claimant's entitlement to temporary total disability benefits.
- It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are: The Employer/Carrier maintains there is no current medical evidence to support Claimant's entitlement to permanent partial disability benefits.
- It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
- It is contended that an average weekly wage of \$ 716.80 applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are: None at this time. However, Defendants reserve the right to plead any additional defenses as they may become available, including, but not limited to, those set forth in Regulation 67-603.

☐ 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.

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

Preparer's Signature

Attorney for Employer/Carrier kmorrow@mcclaw.com
Title Email

March 31, 2015
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1402522

JEFFREY S. TRACY,	}	
	}	
Employee,	}	
	}	
Claimant,	}	
	}	
vs.	}	
	}	
PEOPLELEASE CORPORATION,	}	
	}	
Employer,	}	CERTIFICATE
	}	OF
AND	}	SERVICE
	}	
NATIONAL INTERSTATE INSURANCE COMPANY,	}	
	}	
Carrier,	}	
	}	
Defendants.	}	
	}	
	}	

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Tyler A. Bathrick, Esquire
Stewart Law Offices, LLC
Post Office Box 670
Rock Hill, South Carolina 29731-6670

VIA HAND DELIVERY

S. C. WORKERS' COMPENSATION COMMISSION
1333 Main Street, Suite 500
Columbia, South Carolina 29201

DOCUMENT: Form 51

DATE OF Mailing: March 31, 2015


Sharon S. O'Quinn
Secretary to Kelly F. Morrow

000073

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1402522

EMPLOYEE/CLAIMANT: JEFFREY TRACY

EMPLOYER: PEOPLELEASE CORPORATION

CARRIER: NATIONAL INTERSTATE



SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 8TH DAY OF
SEPTEMBER, 2014, COMMENCING AT THE HOUR OF 10:09 A.M.,
IN ROCK HILL, SOUTH CAROLINA, BEFORE THE HONORABLE
SUSAN S. BARDEN, ATTENDED BY COUNSEL AS FOLLOWS:

SHEILA SMALL
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, SC 29376

APPEARANCES

TYLER A. BATHRICK, ESQUIRE, OF THE FIRM
STEWART LAW OFFICES, L.L.C.
POST OFFICE BOX 670
ROCK HILL, SOUTH CAROLINA 29731

ATTORNEY FOR CLAIMANT,

KELLY FITZHARRIS MORROW, ESQUIRE, OF THE FIRM
MCANGUS GOUDELOCK & COURIE, L.L.C.
POST OFFICE BOX 12519
COLUMBIA, SOUTH CAROLINA 29211

ATTORNEY FOR EMPLOYER/CARRIER.

ALSO PRESENT: MONICA REESE

I N D E X

PAGE

JEFFREY TRACY:

DIRECT EXAMINATION BY MR. BATHRICK..... 8
CROSS EXAMINATION BY MS. MORROW..... 20

MONICA REESE:

DIRECT EXAMINATION BY MS. MORROW..... 21
CROSS EXAMINATION BY MR. BATHRICK..... 31
CERTIFICATE OF NOTARY PUBLIC..... 38

1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN ROCK HILL,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * * *

6 BY COMMISSIONER BARDEN:

7 TODAY'S DATE IS SEPTEMBER 8TH, 2014. THIS IS
8 SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
9 FILE NUMBER 1402522. THIS IS THE CASE OF THE
10 CLAIMANT MR. JEFFREY TRACY WHO IS PRESENT TODAY
11 AND REPRESENTED BY ATTORNEY TYLER BATHRICK VERSES
12 THE EMPLOYER PEOPLEASE AND ITS CARRIER NATIONAL
13 INTERSTATE, BOTH OF WHICH ARE REPRESENTED BY
14 ATTORNEY KELLY MORROW. THE PURPOSE OF TODAY'S
15 HEARING IS TO DETERMINE ISSUES RAISED IN FORMS 50
16 AND 51, SPECIFICALLY, THE CORRECT AND APPROPRIATE
17 AVERAGE WEEKLY WAGE AND COMPENSATION RATE. IT'S
18 THE DEFENDANTS' POSITION THAT THE CORRECT AVERAGE
19 WEEKLY WAGE IS \$716.80 YIELDING A COMPENSATION
20 RATE OF \$477.89. THE DEFENDANTS WOULD CONTEND
21 THAT AS PER DIEM DOES NOT EQUAL WAGES, THAT THE
22 CLAIMANT'S AVERAGE WEEKLY WAGE CANNOT BE BASED
23 UPON ANY FACTORING IN OF PER DIEM. AND THE
24 DEFENDANTS WOULD BELIEVE THAT WHEN PER DIEM IS
25 TAKEN OUT OF THE EQUATION, THAT THE CORRECT

1 AVERAGE WEEKLY WAGE IS \$716.80. AND THIS IS GOING
2 TO BE EXPLORED THROUGH THE TESTIMONY. I'M NOT
3 GOING TO ELABORATE FURTHER UNLESS I HAVE MADE A
4 MISTAKE. AND OF COURSE, MS. MORROW CAN CORRECT
5 ME.

6 IT IS THE CLAIMANT'S POSITION THAT THE
7 CORRECT AND APPROPRIATE AVERAGE WEEKLY WAGE IS
8 \$1,014.09 YIELDING A COMPENSATION RATE OF \$676.09.
9 THE CLAIMANT WOULD CONTEND THAT HE WAS PAID 34
10 CENTS A MILE, AND THEN PER DIEM WAS DEDUCTED FROM
11 THAT SUCH THAT IT WAS NOT ADDED ON, IT WAS
12 DEDUCTED. AND SUFFICE IT TO SAY, THAT IT WAS
13 SUBTRACTED OUT RATHER THAN ADDED ON. BUT THAT'S
14 GOING TO BE EXPLORED THROUGH THE TESTIMONY AS
15 WELL. BUT THE DEFENDANTS AND THE CLAIMANT
16 DISAGREE AS TO WHAT THOSE FIGURES ARE. BUT THEY
17 DO AGREE THAT THE CLAIMANT HAS NOT REACHED MAXIMUM
18 MEDICAL IMPROVEMENT. AND THEY DO AGREE AND
19 STIPULATE THAT ALL THE INJURIES, IF ANY, SUFFERED
20 FROM THE MOTOR VEHICLE ACCIDENT, THE TRACTOR
21 TRAILER ACCIDENT, WOULD BE HELD IN ABEYANCE. SO
22 WE ARE SOLELY AND STRICTLY HERE FOR A
23 DETERMINATION AND ADJUDICATION OF THE AVERAGE
24 WEEKLY WAGE AND COMPENSATION RATE.

25 NOW, ARE THERE ANY OBJECTIONS TO APAs,

1 JURISDICTION, VENUE, OR ANY OTHER ITEMS?

2 BY MR. BATHRICK:

3 NONE FROM ME.

4 BY MS. MORROW:

5 NO, YOUR HONOR.

6 BY COMMISSIONER BARDEN:

7 THANK YOU BOTH. WITHOUT OBJECTION THE
8 COMMISSION FILE BECOMES A PART OF THE RECORD WITH
9 THE EXCEPTION OF SELF-SERVING DECLARATIONS AND
10 UNSTIPULATED MEDICAL REPORTS.

11 NOW, DO EITHER OF YOU -- I KNOW I DIDN'T SAY
12 VERY MUCH COMPARED TO WHAT Y'ALL TOLD ME IN THE
13 PREHEARING CONFERENCE, BUT I KNOW THERE IS SOME
14 CONFUSION, OR NOT CONFUSION, BUT A DIFFERENCE IN
15 OPINION AS TO WHAT THE CALCULATION WAS AND ON WHAT
16 THE WAGES WERE BASED, SO I DIDN'T ELABORATE, AND
17 NOR AM I REALLY IN A POSITION TO DO THAT AT THIS
18 JUNCTURE. IS THERE ANYTHING THOUGH THAT I MAY
19 HAVE MISSTATED THAT EITHER OF YOU WOULD LIKE TO
20 PUT ON THE RECORD. AND MR. BATHRICK, AS YOU
21 REPRESENT THE MOVING PARTY, SIR, I'LL START WITH
22 YOU.

23 BY MR. BATHRICK:

24 NOTHING REALLY MISSTATED.

25 BY COMMISSIONER BARDEN:

1 GO AHEAD.

2 BY MR. BATHRICK:

3 I WOULD JUST LIKE TO ADD THAT WE'RE BASING --
4 WE HANDED UP SOME NORTH CAROLINA CASE LAW.

5 BY COMMISSIONER BARDEN:

6 AND I DIDN'T MENTION THAT, THANK YOU, SIR.

7 BY MR. BATHRICK:

8 WHICH BASICALLY SAYS THAT CALCULATING
9 PLAINTIFF'S AVERAGE WEEKLY WAGE USING HIS BASE
10 SALARY PER TRIP MOST NEARLY APPROXIMATED THE
11 AMOUNT HE WOULD HAVE EARNED ON THE JOB. WE'RE
12 ASKING SOUTH CAROLINA TO ADOPT A SIMILAR VIEW
13 GIVEN THE FACTS HERE. AND I DIDN'T BRING THIS UP
14 IN PRETRIAL, BUT WE'RE ALSO ASKING FOR ANY
15 UNDERPAYMENT OF TEMPORARY COMPENSATION.

16 BY COMMISSIONER BARDEN:

17 OKAY.

18 BY MR. BATHRICK:

19 THAT'S ALL FROM ME.

20 BY COMMISSIONER BARDEN:

21 ALL RIGHT, MS. MORROW.

22 BY MS. MORROW:

23 NO, YOUR HONOR. AS TO THE EXTENT THAT IT
24 INCLUDES -- THERE WILL BE DISCUSSION ALSO
25 INCLUDING NOT ONLY THE PER DIEM BUT REIMBURSEMENTS

1 AND OTHER DEDUCTIONS THAT GO INTO THE COMPUTATION
2 FOR AVERAGE WEEKLY WAGE AND COMP RATE. SO IT'S
3 NOT EXCLUSIVE ONLY TO THAT ONE CONCEPT.

4 BY COMMISSIONER BARDEN:

5 THANK YOU, AND YOU DID SAY THAT TOO. ALL
6 RIGHT, OUR FIRST WITNESS IS MR. TRACY. MR. TRACY,
7 IF YOU'LL RAISE YOUR RIGHT HAND, PLEASE.

8 * * * * *

9 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
10 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
11 MATTER HEREIN:

12 JEFFREY TRACY,

13 BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS
14 FOLLOWS:

15 BY COMMISSIONER BARDEN:

16 PLEASE STATE YOUR FULL NAME FOR THE RECORD.

17 BY THE WITNESS:

18 JEFFREY SCOTT TRACY.

19 BY COMMISSIONER BARDEN:

20 THANK YOU SO MUCH. PLEASE ANSWER ANY
21 QUESTIONS MR. BATHRICK HAS FOR YOU FIRST.

22 DIRECT EXAMINATION BY MR. BATHRICK:

23 Q. MR. TRACY, JUST A REAL QUICK BACKGROUND. YOU
24 RESIDE AT 2449 TRUSSEL ROAD IN CHESTER, SOUTH
25 CAROLINA?

1 A. I DO.

2 Q. YOU WERE BORN JANUARY 3RD, 1972, MAKING YOU 42
3 YEARS OLD?

4 A. THAT'S RIGHT.

5 Q. YOU'RE CURRENTLY SINGLE?

6 A. I AM.

7 Q. AND YOU'VE BEEN AT D & C TRUCKING FOR 13 YEARS?

8 A. YES, SIR.

9 Q. AND AT SOME POINT, ABOUT TWO YEARS AGO D & C
10 TRUCKING TURNED OVER ALL WAGE INFORMATION AND YOUR
11 EMPLOYMENT OVER TO PEOPLEASE?

12 A. THAT'S RIGHT.

13 Q. AND IT'S MY UNDERSTANDING, YOU FILLED OUT
14 PAPERWORK WITH PEOPLEASE, CORRECT, WHEN YOU
15 STARTED ON?

16 A. NO, THAT'S CORRECT.

17 Q. I'M GOING TO SHOW YOU THAT PAPERWORK OUT OF YOUR
18 PERSONNEL FILE.

19 BY COMMISSIONER BARDEN:

20 IS THIS PART OF YOUR APA SUBMISSION?

21 BY MR. BATHRICK:

22 IT IS NOT. I INDICATE A PERSONNEL FILE ON MY
23 APA.

24 BY COMMISSIONER BARDEN:

25 OH, OKAY, THAT'S FINE. I JUST WANT TO KNOW

1 WHETHER I FOLLOW ALONG WITH THIS, OR WITH -- SO
2 THIS IS GOING TO BE JUST A SUPPLEMENTAL APA OR
3 JUST AN EXHIBIT OR A ---

4 BY MR. BATHRICK:

5 EXHIBIT OR SUPPLEMENTAL.

6 BY COMMISSIONER BARDEN:

7 WOULD YOU LIKE IT MARKED?

8 BY MR. BATHRICK:

9 YES, MA'AM.

10 BY COMMISSIONER BARDEN:

11 ALL RIGHT. ANY OBJECTION?

12 BY MS. MORROW:

13 I DON'T HAVE A COPY OF WHAT ---

14 BY MR. BATHRICK:

15 OH, I'M SORRY.

16 BY COMMISSIONER BARDEN:

17 LET HER LOOK AT THAT FIRST. I WOULD ASSUME
18 SINCE IT'S A PART OF THE PERSONNEL FILE, BUT I'LL
19 WAIT UNTIL I HEAR FROM MS. MORROW. I WON'T ASSUME
20 ANYTHING.

21 BY MS. MORROW:

22 NO, WE DON'T HAVE ANY OBJECTIONS.

23 BY COMMISSIONER BARDEN:

24 OKAY. LET HER MARK THIS IF YOU WOULD BEFORE
25 YOU CONTINUE.

1 (COURT REPORTER MARKS DOCUMENT DEFENDANT'S EXHIBIT
2 NUMBER ONE, RETAINED IN COMMISSION FILE.)

3 BY COMMISSIONER BARDEN:

4 DO YOU HAVE A LITTLE BINDER CLIP OR A
5 STAPLER?

6 BY THE COURT REPORTER:

7 NO.

8 BY COMMISSIONER BARDEN:

9 NO STAPLER ANYBODY? ALL RIGHT, THANKS. I'VE
10 GOT A PAPERCLIP. THANK YOU.

11 BY MR. BATHRICK:

12 THANK YOU.

13 BY COMMISSIONER BARDEN:

14 THANK YOU, SO MUCH, MR. BATHRICK. DO YOU
15 NEED THIS, TOO?

16 BY MR. BATHRICK:

17 I DO NOT.

18 BY COMMISSIONER BARDEN:

19 YOU'VE GOT YOUR OWN?

20 BY MR. BATHRICK:

21 YES, MA'AM.

22 BY COMMISSIONER BARDEN:

23 OKAY.

24 DIRECT EXAMINATION RESUMED BY MR. BATHRICK:

25 Q. MR. TRACY, I'M GOING TO TAKE A LOOK AT THE BOTTOM

1 WHERE THERE ARE SOME CHECKMARKS. DO YOU REMEMBER
2 WHAT THIS PAPERWORK IS?

3 A. (WITNESS VIEWS DOCUMENT). IT WAS PART OF THE
4 PAPERWORK THAT THEY GAVE TO ME WHEN I -- WHEN WE
5 FIRST WENT OVER TO PEOPLEASE AND THEY WAS SETTING
6 US UP FOR OUR PAYCHECKS AND...

7 Q. WHAT DOES THIS PAPERWORK THAT YOU SHOULD HAVE BEEN
8 -- HOW YOU SHOULD HAVE BEEN PAID?

9 A. IT ---

10 Q. LOOK AT THE FIRST PAGE.

11 A. (WITNESS VIES DOCUMENT). IT SAYS THAT WAS
12 SUPPOSED TO BE PAID 34 CENTS PER MILE, AND \$15 PER
13 STOP, AND \$50 LAYOVER PAY.

14 Q. WHEN YOU STARTED ON WITH PEOPLEASE, WAS THAT YOUR
15 UNDERSTANDING OF HOW YOU WERE GOING TO BE PAID?

16 A. IT WAS.

17 Q. I'M GOING TO TURN TO THE THIRD PAGE ON THAT SHEET.
18 IT SAYS -- YOU MADE ANOTHER CHECKMARK, THIRD PAGE.
19 AND YOU CHECKED "I WISH TO HAVE MY INSURANCE
20 DEDUCTIONS TAKEN OUT PRETAX BASIS;" ---

21 A. THAT'S CORRECT.

22 Q. --- DID YOU CHECK THAT?

23 A. I DID.

24 BY MR. BATHRICK:

25 I'M GOING TO REFER TO PAGE 148 OF MY APA.

1 BY COMMISSIONER BARDEN:

2 ALL RIGHT.

3 DIRECT EXAMINATION RESUMED BY MR. BATHRICK:

4 Q. CAN YOU TAKE A LOOK AT THIS. IT SAYS "PROPHECY"
5 AT THE TOP LEFTHAND CORNER. DO YOU KNOW WHAT THIS
6 PAPERWORK IS?

7 A. YES, IT'S A PROPHECY PRINTOUT OF THE MILEAGE THAT
8 I RUN ON A TRIP.

9 Q. OKAY. BASED ON THIS PAPERWORK, PAGE 148, FOR THIS
10 TRIP, WHERE ARE THE MILEAGE, ON THE FAR RIGHT
11 WHERE IT SAYS "RATE" OR "MILES;" DO YOU SEE THAT?
12 IT LOOKS LIKE YOU RAN 748 MILES, 748, 79.4, 75.5;
13 YOU FOLLOW THAT, CORRECT?

14 A. THAT'S CORRECT. THAT'S RIGHT.

15 Q. AND THEN RIGHT NEXT TO THAT, IT SAYS "RATE,"
16 CORRECT?

17 A. THAT'S RIGHT.

18 Q. AND IT SAYS "34 CENTS A MILE"?

19 A. THAT'S RIGHT.

20 Q. AND THAT'S WHAT YOU AGREED TO WHEN YOU WERE HIRED
21 ON, CORRECT?

22 A. THAT'S RIGHT.

23 Q. AND THEN IT SAYS "TOTALS."

24 A. CORRECT.

25 Q. AT THE VERY BOTTOM, IT SAYS "PAYMENTS TO DRIVER,

1 \$1,071.86."

2 A. THAT'S RIGHT.

3 Q. FOR THIS WEEK HERE, WAS THAT HOW MUCH YOU WERE
4 PAID? THE PAYCHECKS ON THE NEXT PAGE, PAGE 149.
5 YOU KNOW WHAT -- HOLD ON ONE SECOND. I APOLOGIZE,
6 I'M APPARENTLY OUT OF ORDER ON THIS THING.

7 BY COMMISSIONER BARDEN:

8 ARE YOU JUST LOOKING FOR THE NEXT PAGE THAT
9 YOU WANT TO REFER TO AFTER 148?

10 BY MR. BATHRICK:

11 YEAH, I DID WANT TO REFER TO THIS ONE.

12 BY COMMISSIONER BARDEN:

13 THAT'S FINE, JUST TAKE A MINUTE AND FIND IT.
14 WE'LL GO OFF THE RECORD AND TAKE A COUPLE OF
15 MINUTES FOR YOU TO FIND THAT.

16 (OFF THE RECORD)

17 BY MR. BATHRICK:

18 I APOLOGIZE FOR THAT, WE'RE BACK ON.

19 BY COMMISSIONER BARDEN:

20 WE'RE BACK ON THE RECORD.

21 BY MR. BATHRICK:

22 MY PAPERS WERE OUT OF ORDER.

23 BY COMMISSIONER BARDEN:

24 ALL RIGHT.

25 BY MR. BATHRICK:

1 I'M LOOKING AT ANOTHER PAGE OF MY APA, PAGE
2 150. SAME THING.

3 BY COMMISSIONER BARDEN:

4 OKAY.

5 DIRECT EXAMINATION RESUMED BY MR. BATHRICK:

6 Q. DO YOU SEE THE MILES RIGHT THERE?

7 A. THAT'S RIGHT.

8 Q. AND THEN IT SAYS THE RATE?

9 A. THAT'S RIGHT, 34 CENT.

10 Q. AND THEN YOU SEE THE TOTALS, CORRECT?

11 A. THAT'S CORRECT.

12 Q. AT THE VERY BOTTOM, PAYMENTS TO DRIVER, IT SAYS
13 "\$1,048.60," CORRECT?

14 A. RIGHT.

15 BY MR. BATHRICK:

16 AND THAT'S APA PAGE 150.

17 BY COMMISSIONER BARDEN:

18 GOT IT.

19 DIRECT EXAMINATION RESUMED BY MR. BATHRICK:

20 Q. IF WE LOOK AT APA PAGE 151, IS THIS BASICALLY YOUR
21 PAYCHECK?

22 A. THAT IS CORRECT, IT'S A STUB.

23 Q. ALL RIGHT. YOU SEE "GROSS PAY THIS CHECK," IT
24 SAYS "ONE FORTY-EIGHT, SIXTY."

25 A. THAT'S RIGHT.

1 Q. AND THAT'S BASED ON THE TOTAL MILES YOU DROVE?

2 A. THAT'S CORRECT.

3 BY COMMISSIONER BARDEN:

4 WAIT A MINUTE, LET ME CATCH UP WITH YOU. I'M
5 LOOKING FOR ONE FORTY-EIGHT, SIXTY.

6 BY MR. BATHRICK:

7 IF YOU LOOK IN THE RIGHT SIDE, "GROSS NET
8 DETAILS, GROSS PAY THIS CHECK."

9 BY COMMISSIONER BARDEN:

10 YOU'RE ON 151?

11 BY MR. BATHRICK:

12 YES, MA'AM. I'M GOING TO COME POINT, IF YOU
13 DON'T MIND.

14 BY COMMISSIONER BARDEN:

15 PLEASE DO. OKAY, THANK YOU. ALL RIGHT.

16 DIRECT EXAMINATION RESUMED BY MR. BATHRICK:

17 Q. HOWEVER, THAT'S ON THE RIGHT SIDE OF THE CHECK.

18 IF YOU LOOK TO THE LEFT SIDE OF THE CHECK, YOU SEE
19 GROSS TAXABLE WAGES AND PER DIEM.

20 A. THAT'S CORRECT.

21 Q. HOW IS YOUR COMPANY COMING UP WITH -- HOW MUCH WAS
22 THIS CHECK FOR, TOTAL?

23 A. IT WAS THE GROSS AMOUNT, THE BIG NUMBER; 1,000 ---

24 Q. FORTY-EIGHT DOLLARS AND SIXTY CENTS?

25 A. YES.

1 Q. ON THE LEFT, IT SAYS "GROSS TAXABLE WAGES AND PER
2 DIEM." HOW DID YOUR COMPANY COME UP WITH PER
3 DIEM?

4 A. I TURNED ---

5 BY MS. MORROW:

6 YOUR HONOR, I'M JUST GOING TO OBJECT TO THE
7 FORM OF THE QUESTION BECAUSE HE CAN'T SPEAK ON
8 BEHALF OF THE COMPANY. IF HE HAS PERSONAL
9 KNOWLEDGE, ---

10 BY COMMISSIONER BARDEN:

11 WHY DON'T YOU REPHRASE.

12 DIRECT EXAMINATION RESUMED BY MR. BATHRICK:

13 Q. WHAT IS YOUR UNDERSTANDING OF HOW THE PER DIEM WAS
14 CALCULATED?

15 BY COMMISSIONER BARDEN:

16 THERE YOU GO.

17 BY THE WITNESS:

18 I TURN IN THE PER DIEM EVERY WEEK ON A SHEET
19 BASED UPON HOW MANY DAYS I'M OUT ON THE ROAD AND
20 HOW MANY DAYS -- MEAL ALLOWANCE I CLAIM WHILE I'M
21 ON THE ROAD.

22 DIRECT EXAMINATION RESUMED BY MR. BATHRICK:

23 Q. WHAT WAS YOUR UNDERSTANDING OF HOW MUCH YOU WOULD
24 BE PAID PER DAY FOR PER DIEM?

25 A. MY UNDERSTANDING WAS IT WAS \$52 A DAY.

1 Q. OKAY.

2 A. MY UNDERSTANDING, THAT'S A FEDERAL AMOUNT.

3 BY COMMISSIONER BARDEN:

4 HOW MUCH DID YOU SAY A DAY?

5 BY THE WITNESS:

6 FIFTY-TWO DOLLARS A DAY.

7 BY COMMISSIONER BARDEN:

8 FIFTY-TWO?

9 BY THE WITNESS:

10 YES, MA'AM.

11 BY COMMISSIONER BARDEN:

12 OKAY.

13 DIRECT EXAMINATION RESUMED BY MR. BATHRICK:

14 Q. NOW, IF WE TAKE YOUR GROSS PAY THIS CHECK AND
15 SUBTRACT THE PER DIEM PAY, YOU COME UP WITH SEVEN
16 SEVENTY-ONE, FIFTY-SIX FOR THE NET PAY OF THIS
17 CHECK, CORRECT?

18 A. THAT'S RIGHT.

19 Q. NOW, YOUR PER DIEM, WAS THAT TAXED AT ALL?

20 A. NO, IT WASN'T.

21 Q. WAS YOUR NET PAY TAXED, NET PAY, THE SEVEN
22 SEVENTY-ONE, FIFTY-SIX NUMBER?

23 A. LET ME LOOK AT IT.

24 BY MR. BATHRICK:

25 SEVEN SEVENTY-ONE, FIFTY-SIX.

1 BY COMMISSIONER BARDEN:

2 THANK YOU, SIR.

3 BY THE WITNESS:

4 THE NET PAY WAS -- WAS WHAT I TOOK HOME AFTER
5 TAXES.

6 DIRECT EXAMINATION RESUMED BY MR. BATHRICK:

7 Q. THE PER DIEM WAS NOT TAXED, CORRECT?

8 A. NO, IT WASN'T.

9 Q. THE PAY THAT WAS LEFT OVER WAS TAXED, CORRECT?
10 WHEN I SAY LEFT OVER, I MEAN MILES MINUS PER DIEM.

11 A. YES, IT WAS.

12 Q. SO, WHAT WAS YOUR UNDERSTANDING OF WHAT YOUR GROSS
13 WAGES WERE WHILE WORKING FOR THIS COMPANY?

14 A. MY UNDERSTANDING WAS THAT MY -- MY PAYCHECK WAS
15 ALWAYS GOING TO BE -- WAS THIS BIG NUMBER
16 (INDICATING). I MEAN, THE ---

17 Q. THE \$1,048.60?

18 A. RIGHT.

19 Q. AND THAT'S BASED ON THE MILES YOU WERE RUNNING?

20 A. RIGHT.

21 Q. NOW, YOU ELECTED TO HAVE YOUR PER DIEM TAKEN OUT
22 OF THESE CHECKS, CORRECT?

23 A. I DID.

24 Q. IF YOU DID NOT ELECT TO DO THAT, WOULD YOU HAVE
25 DEDUCTED PER DIEM ON YOUR OWN COME TAX TIME?

1 A. I COULD HAVE, YES.

2 BY MR. BATHRICK:

3 THAT'S ALL THE QUESTIONS I HAVE. PLEASE
4 ANSWER ANYTHING THE DEFENSE ATTORNEY HAS.

5 BY COMMISSIONER BARDEN:

6 ALL RIGHT, MS. MORROW.

7 CROSS EXAMINATION BY MS. MORROW:

8 Q. MR. TRACY, ISN'T YOUR ACTUAL PER DIEM \$59 PER DAY,
9 OR IS IT FAIR TO SAY THAT YOU DON'T HAVE AN ACTUAL
10 INDEPENDENT RECOLLECTION OF EXACTLY WHAT IT IS?

11 A. MY UNDERSTANDING IS THAT IT WAS \$52 A DAY.

12 Q. DO YOU HAVE ANY PAPERWORK THAT YOU SUBMITTED FOR
13 THAT THAT YOU KNOW OF?

14 A. NO, MA'AM.

15 BY MS. MORROW:

16 I DON'T HAVE ANY FURTHER QUESTIONS, YOUR
17 HONOR.

18 BY COMMISSIONER BARDEN:

19 MR. BATHRICK, ANY OTHER QUESTIONS?

20 BY MR. BATHRICK:

21 NONE FROM ME.

22 BY COMMISSIONER BARDEN:

23 THANK YOU. ALL RIGHT, IS THAT THE CLAIMANT'S
24 CASE?

25 BY MR. BATHRICK:

1 YES, MA'AM.

2 BY COMMISSIONER BARDEN:

3 ALL RIGHT, MS. MORROW, YOU ARE CALLING MS.
4 REESE?

5 BY MS. MORROW:

6 YES, MA'AM.

7 BY COMMISSIONER BARDEN:

8 ALL RIGHT. MS. REESE, IF YOU'LL RAISE YOUR
9 RIGHT HAND, PLEASE.

10 * * * * *

11 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
12 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
13 MATTER HEREIN:

14 MONICA REESE,

15 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS
16 FOLLOWS:

17 BY COMMISSIONER BARDEN:

18 PLEASE STATE YOUR FULL NAME FOR THE RECORD.

19 BY THE WITNESS:

20 IT'S MONICA REESE.

21 BY COMMISSIONER BARDEN:

22 THANK YOU SO MUCH. PLEASE ANSWER ANY
23 QUESTIONS THAT MS. MORROW HAS FOR YOU.

24 DIRECT EXAMINATION BY MS. MORROW:

25 Q. MONICA, WILL YOU TELL THE COMMISSION JUST BRIEFLY

1 YOUR EDUCATIONAL BACKGROUND AND WHERE YOU'RE
2 EMPLOYED?

3 A. I AM THE VICE-PRESIDENT AND GENERAL COUNSEL FOR
4 PEOPLEASE CORPORATION. I'VE BEEN EMPLOYED THERE
5 FOR NINE YEARS, AND I HANDLE ALL LITIGATION,
6 INCLUDING WORKERS' COMPENSATION MATTERS ACROSS THE
7 UNITED STATES FOR PEOPLEASE.

8 Q. OKAY. AND THAT WOULD INCLUDE MR. TRACY'S CASE; IS
9 THAT FAIR?

10 A. CORRECT, YES.

11 Q. OKAY. SO, DO YOU OVERSEE ALL THE PAYROLL
12 INFORMATION THAT WE WERE JUST DISCUSSING AS FAR AS
13 HIS PAYROLL AND HIS PAYCHECKS?

14 A. CORRECT.

15 Q. AND JUST FOR THE BENEFIT OF THE COMMISSION, WHICH
16 MAY BE HELPFUL, JUST EXPLAIN HOW PEOPLEASE AS A
17 COMPANY WORKS IN THIS TRUCKING INDUSTRY.

18 A. WHAT PEOPLEASE IS IS WE'RE ACTUALLY A PROFESSIONAL
19 EMPLOYER ORGANIZATION THAT SPECIALIZES IN THE
20 TRANSPORTATION INDUSTRY. WE ARE LOCATED HERE IN
21 SOUTH CAROLINA. WE'RE LICENSED IN SOUTH CAROLINA
22 AS WELL AS 38 OTHER STATES THROUGHOUT THE UNITED
23 STATES AS A PROFESSIONAL EMPLOYER, WHICH MEANS
24 THAT WE ARE CO-EMPLOYERS WITH OUR CLIENTS AS TO
25 THEIR PAYROLL. WE PROCESS PAYROLL, WE REMIT

1 TAXES, WE PROVIDE THE W-2s, WE PROVIDE WORKERS'
2 COMPENSATION INSURANCE, AND WE ASSIST IN H.R.
3 BENEFITS TO OUR CUSTOMERS SO THAT THEY CAN FOCUS
4 ON OWNING THE TRUCKS, DISPATCHING DRIVERS, GETTING
5 LOADS, AND ACTUALLY TRANSPORTATION WITHOUT THE
6 DAY-TO-DAY EMPLOYMENT ISSUES THAT MOST OF OUR
7 SMALL TO MEDIUM- SIZE CUSTOMERS HAVE DIFFICULTIES
8 DOING.

9 Q. OKAY. AND DID YOU PERFORM IN THAT CAPACITY FOR D
10 & C TRUCKING?

11 A. CORRECT.

12 Q. AND YOU'RE FAMILIAR, OR ARE YOU FAMILIAR WITH THE
13 PREPARATION OF THE FORM 20s THAT ARE INVOLVED IN
14 WORKERS' COMP CASES?

15 A. YES.

16 Q. OKAY. WOULD YOU BE COMFORTABLE EXPLAINING WITH
17 THE SAME EXAMPLE THAT WAS USED BY THE CLAIMANT'S
18 ATTORNEY WITH THEIR APA PAGE 151 AND 150 HOW YOU
19 ARRIVE AT THE VALUES UTILIZED IN THE FORM 20 IN
20 THIS CASE?

21 A. YES.

22 Q. USING THIS AS AN EXAMPLE (INDICATING).

23 BY COMMISSIONER BARDEN:

24 CAN YOU TELL ME WHAT PAGE YOU'RE GOING TO
25 START WITH, PLEASE?

1 BY MS. MORROW:

2 I'M USING THE SAME EXAMPLE THAT MR. BATHRICK
3 WAS USING ON HIS ---

4 BY COMMISSIONER BARDEN:

5 RIGHT, AND I'VE GOT THE -- WE TALKED ABOUT
6 148, 150 AND 151. JUST TELL ME -- WHEN YOU ARE
7 ANSWERING MS. MORROW'S QUESTION, IF YOU'LL TELL ME
8 WHICH SHEET YOU'RE LOOKING AT.

9 BY THE WITNESS:

10 I WILL. WELL, 150 IS ACTUALLY CREATED BY D &
11 C TRUCKING. THIS IS WHAT'S CALLED A SETTLEMENT
12 SHEET IN THE TRUCKING INDUSTRY BECAUSE IN THIS
13 EXAMPLE MR. TRACY WOULD TURN IN HIS LOGS, WHICH
14 WOULD THEN BE -- SO THAT CALCULATES WHEN HE WAS
15 OFF DUTY, ON DUTY, WHERE HE WAS GOING, THINGS OF
16 THAT NATURE. AND HE TURNS THOSE INTO D & C
17 TRUCKING FOR THEM TO AUDIT AND TO CALCULATE. SO
18 THIS IS WHAT THEY COME UP WITH FROM EACH ONE OF
19 THESE LOGS THAT THEY TURN IN. SO HOW THEY
20 CALCULATE THE NUMBER OF MILES AND THEN MULTIPLY IT
21 BY HIS RATE AND GETS THESE TOTALS. I ACTUALLY AM
22 NOT PRESENT OR A PARTY TO CREATING THIS SHEET, SO
23 I REALLY -- BESIDES KNOWING IN GENERAL HOW THE
24 TRUCKING INDUSTRY WORKS, I KNOW HOW THIS WORKS.
25 WHAT THEY DO IS THEY TURN IN ON A SPREADSHEET TO

1 US THEIR CALCULATIONS AND DEDUCTIONS AND PER DIEM
2 ON A SPREADSHEET THAT LEADS US TO PRODUCE 151. SO
3 THIS IS A -- THIS IS A CHECK STUB THAT IS CREATED
4 BY PEOPLEASE AND UTILIZED IN CALCULATING MR.
5 TRACY'S W-2 INFORMATION, HIS TAX INFORMATION
6 THAT'S REMITTED, BOTH UNDER FEDERAL TAXES AND
7 SOUTH CAROLINA TAXES.

8 CROSS EXAMINATION RESUMED BY MS. MORROW:

9 Q. SO, 151 IS YOUR DOCUMENT AND 150 IS NOT?

10 A. CORRECT.

11 Q. OKAY.

12 A. AND SO, THEN WHAT IT IS IS, AS WAS POINTED OUT BY
13 MR. TRACY, WE HAVE ON 150 THE LIST OF ALL OF THE
14 TRIPS THAT HE TOOK ON A -- IN A GIVEN WEEK, ONE
15 PAY PERIOD, AND THESE COME UP TO THE TOTAL AMOUNT
16 WHEN EVERYTHING'S SAID AND DONE, OF -- AT 34 CENTS
17 A MILE, \$1,048.60.

18 Q. AND THAT'S LISTED AS "PAYMENTS TO DRIVER"?

19 A. CORRECT. AND THEN -- NOW, AS HE WAS CORRECTLY
20 STATING, PER DIEM IS A FEDERALLY MANDATED BY THE
21 I.R.S. REIMBURSEMENT POLICY FOR TRUCK DRIVERS.
22 THEY'RE ACTUALLY SPECIAL CONSIDERATIONS GIVEN TO
23 TRUCK DRIVERS. IT IS UP TO A MAXIMUM OF \$49 PER
24 DAY THAT A TRUCK DRIVER CAN -- CAN RECEIVE TO
25 REIMBURSE HIM FOR HIS MEALS AND INCIDENTAL

1 EXPENSES WHILE ON THE ROAD AWAY FROM HOME
2 OVERNIGHT. THE WAY THIS IS CALCULATED WHEN
3 MILEAGE PAY IS CONSIDERED IS BECAUSE PER DIEM
4 CANNOT EQUATE TO MORE THAN WHAT THE MILEAGE PAY IS
5 UP TO, WHICH IS WHY IN THIS SITUATION OF THIS A
6 PERCENTAGE COMES OUT TO BE PER DIEM THAT WOULD
7 EQUATE TO NOT MORE THAN \$59 A DAY. SO HE IS
8 CORRECT IN THE STATEMENT THAT OUT OF THIS 34 CENT,
9 ---

10 BY COMMISSIONER BARDEN:

11 DID YOU SAY "49" EARLIER OR "59"?

12 BY THE WITNESS:

13 FIFTY-NINE.

14 BY MR. BATHRICK:

15 IT IS 59. I THOUGHT IT WAS ---

16 BY THE WITNESS:

17 SORRY IF I MISSTATED.

18 BY COMMISSIONER BARDEN:

19 YOU SAID, "49" EARLIER, BUT YOU MEANT 59?

20 BY THE WITNESS:

21 YES, I DID, CORRECT, 59. I'M SORRY.

22 BY MR. BATHRICK:

23 MY CLIENT GOT IT WRONG, TOO.

24 BY COMMISSIONER BARDEN:

25 ALL RIGHT. SO, IT'S 59. SO, I WANT YOU TO

1 BACK UP AND SAY THAT SENTENCE YOU JUST SAID NOW
2 THAT WE'VE GOT THE RIGHT NUMBER.

3 BY THE WITNESS:

4 ALL RIGHT. IT IS -- YOU TAKE THE LOAD PAY,
5 AND ACCORDING TO THE I.R.S., THIS RATE OF 34
6 CENTS, YOU CANNOT PAY A GREATER AMOUNT THAN
7 ALLOWED IN PER DIEM UP TO \$59 PER DAY. YOU CAN'T
8 PAY MORE PER DIEM PER SE THEN YOU WOULD PAY ON THE
9 ACTUAL GROSS WAGES, THE MILEAGE PAY, TO MAKE SURE
10 THAT THE TAX IMPLICATIONS ARE NOT OFFSET
11 INCORRECTLY.

12 CROSS EXAMINATION RESUMED BY MS. MORROW:

13 Q. LET ME JUST ASK YOU BRIEFLY, THAT'S WHAT YOU'RE
14 FOLLOWING IN OUR APA NUMBER 11, THE I.R.S.,
15 INTERNAL REVENUE INFORMATION THAT TELLS YOU HOW
16 YOU'RE SUPPOSED TO MANAGE THAT INFORMATION; IS
17 THAT CORRECT?

18 A. CORRECT.

19 Q. OKAY.

20 A. AND SO, WHAT WE DO IS D.C. TRUCKING OF CHESTER
21 REPORTS TO US HOW MANY DAYS -- HOW MANY NIGHTS MR.
22 TRACY WAS GONE OVERNIGHT. AND SO YOU TAKE THAT,
23 AND THIS EXAMPLE IT WOULD BE THAT ---

24 BY COMMISSIONER BARDEN:

25 WHAT PAGE ARE YOU ON?

1 BY THE WITNESS:

2 I AM -- I'M STILL -- I'M TRYING TO USE ONLY
3 THE TWO DOCUMENTS, SO EXCUSE ME, I'M TAKING AN
4 EXTRA SECOND.

5 CROSS EXAMINATION RESUMED BY MS. MORROW:

6 Q. IF YOU NEED ANYTHING ELSE, YOU CAN TAKE YOUR TIME.

7 BY MR. BATHRICK:

8 IF IT HELPS, IT'S EASIER JUST TO DIVIDE BY 59
9 THEN YOU SEE HOW MANY DAYS.

10 BY THE WITNESS:

11 WELL, IT WOULD BE BUT -- SO, YOU HAVE TO --
12 OH, YES, IT IS. ALL RIGHT, 151, IT'S LISTED ON
13 THE DIFFERENT GROSS TAXABLE WAGES, AND THEN PER
14 DIEM IS THREE FIFTY-FOUR. SO 354 EQUATES TO SIX
15 DAYS OF PER DIEM. SO HE WAS AWAY FROM HOME
16 OVERNIGHT SIX DAYS. SO ESSENTIALLY HE WAS GONE AN
17 ENTIRE WEEK THAT WEEK TRAVELING FOR WORK. SO, OF
18 THIS PAYMENTS TO DRIVER, THEN YOU HAVE -- SO, OF
19 THE PAYMENTS TO DRIVER ON 150, 1,048.60, YOU
20 SUBTRACT 354, WHICH IS WHERE YOU COME UP WITH HIS
21 TAXABLE WAGES, THIS IS HIS W-2 WAGES THAT ARE
22 REPORTED AND PROVIDED TO HIM AS W-2, OF \$694.60.
23 THEN PER DIEM -- SO OF THAT 694.60, THEN ALL OF
24 HIS DEDUCTIONS ARE TAKEN OUT, WHICH ARE LISTED
25 HERE AT THE BOTTOM OF 151, WHICH IS HIS DENTAL

1 PLAN, HIS HEALTH INSURANCE, MISCELLANEOUS, A \$50
2 SUPPLEMENTAL PRETAX. I ASSUME THAT MR. TRACY HAD
3 SOME SORT OF EITHER AFLAC POLICY OR INCIDENTAL
4 OTHER INSURANCES, I DON'T KNOW, AND THEN ANY
5 ADVANCES THAT THE COMPANY MIGHT HAVE GIVEN HIM
6 BEFOREHAND. SO THOSE ARE TAKEN OUT PRETAX AS
7 REQUESTED, AND PLAINTIFF'S COUNSEL POINTED OUT
8 THAT HE SIGNED FOR. AND THEN AFTER ALL OF THOSE
9 DEDUCTIONS ARE TAKEN OUT, TAXES ARE THEN TAKEN OUT
10 OF THE 600 -- WHAT'S LEFT OF THE 694, WHICH WOULD
11 INCLUDE THE FUDA, THE SUDA, AND THE FICA, AND
12 MEDICARE AND SOCIAL SECURITY. AND THEN, AT THAT
13 POINT IN TIME, ANY PER DIEM, THIS LISTED HERE IS
14 FOR 354, IF HE HAD RECEIVED REIMBURSEMENTS FOR
15 RECEIPTS THAT HE DID TURN BACK IN TOO, THOSE WOULD
16 BE RE-INCLUDED INTO THIS AMOUNT TO COME UP WITHIN
17 WHAT THE NET PAY OF THE CHECK IS. AND THAT'S JUST
18 AN UNFORTUNATE ACCOUNTING PROBLEM IN THE INDUSTRY
19 IS THAT NET PAY THEN IS THE ONE AMOUNT OF THE ONE
20 CHECK THAT HE GOT INSTEAD OF -- YOU KNOW, TO BE
21 DIRECT DEPOSITED INTO HIS ACCOUNT IS THE TOTAL
22 AMOUNT THEN OF PER DIEM, REIMBURSEMENTS AND THE
23 TAXABLE WAGES INSTEAD OF HAVING IT DONE IN THREE
24 OR FOUR MULTIPLE CHECKS. SO THE GROSS PAY OF THIS
25 CHECK BEING 1,048 IS THE TOTAL AMOUNT THAT HE WAS

1 -- IS WHAT IS INCLUDED IN THE PAY -- PAYMENTS OF
2 DRIVER'S SCHEDULE, WHAT EQUALS GROSS, AND THEN HIS
3 ACTUAL, WHAT WOULD BE INCLUDED IN HIS W-2 EARNINGS
4 IS THE SIX NINETY-FOUR, SIXTY. AND SO THAT WOULD
5 BE HIS W-2 WAGES THAT ARE REPORTED UNDER HIS
6 TAXES.

7 Q. AND IS IT THAT INFORMATION THAT YOU THEN UTILIZED
8 TO PREPARE THE FORM 20?

9 A. CORRECT, IT'S ONLY USING THE W-2 WAGES AS UTILIZED
10 TO CALCULATE THE FORM 20.

11 Q. AND AGAIN, THAT'S BASED OFF OF THE I.R.S.
12 REQUIREMENTS FOR THE PER DIEM AND EVERY
13 REIMBURSEMENT EXPENSES ARE HANDLED; IS THAT
14 CORRECT?

15 A. CORRECT.

16 Q. AND SO, THE FORM 20 THAT WAS FILED IN THIS CASE ON
17 MAY 19TH, 2014, IS THAT HOW YOU ARRIVE AT THE
18 COMPUTATIONS PER QUARTER FOR MR. TRACY?

19 A. CORRECT.

20 Q. OKAY. WOULD MR. TRACY'S PER DIEM RATE ALSO HAVE
21 BEEN \$59? I KNOW WE WERE ---

22 A. YES.

23 Q. --- BOUNCING SOME NUMBERS AROUND. THAT'S THE
24 CORRECT PER DIEM RATE FOR HIM?

25 A. CORRECT.

1 Q. OKAY.

2 BY MS. MORROW:

3 YOUR HONOR, I THINK THOSE ARE ALL OF THE
4 QUESTIONS WE HAVE.

5 BY COMMISSIONER BARDEN:

6 THANK YOU. MR. BATHRICK.

7 CROSS EXAMINATION BY MR. BATHRICK:

8 Q. ALL RIGHT. YOU'D AGREE THAT WHEN MR. TRACY
9 STARTED ON WITH PEOPLEASE THAT Y'ALL AGREED THAT
10 YOU'D PAY HIM 34 CENTS A MILE?

11 A. THAT WHAT WAS SIGNED BY THE CLIENT/CUSTOMER. IF
12 YOU LOOK AT THE SIGNATURE AT THE BOTTOM, THE
13 CLIENT, WHICH WOULD BE D & C TRUCKING, HAD THE
14 DISCUSSION WITH HIM AND AS TO THE UNDERSTANDING OF
15 HIS WAGES. BUT, YES.

16 Q. OKAY. SO, 34 CENTS A MILE WERE HIS WAGES?

17 A. AGAIN, IT'S NOT WHAT -- WE WEREN'T SUBMITTED
18 MILEAGE PAY, SO... BUT, YES, I WOULD SUBMIT THAT
19 HE AGREED TO BE PAID 34 CENTS A MILE.

20 Q. OKAY. SO, IN ORDER TO COME UP WITH HOW MUCH HE
21 WAS MAKING ON THE JOB, YOU MULTIPLY THE MILES
22 TIMES THE MILEAGE RATE; MILES RUN TIMES MILE RATE?

23 A. WELL, NOT -- BECAUSE MR. TRACY ELECTED TO HAVE PER
24 DIEM, IT'S OBVIOUSLY NOT THAT SIMPLE NOW.

25 Q. GOT IT, OBVIOUSLY. OKAY, WHAT YOU GUYS ARE

1 BASICALLY DOING IS TAKING THE MILEAGE RATE TIMES
2 THE TOTAL MILES RUN, AND ON PAGE 150 THAT SPITS
3 OUT A NUMBER, \$1,048.60, CORRECT?

4 A. CORRECT.

5 Q. AFER THAT, YOU ARE SUBTRACTING HIS PER DIEM FROM
6 THAT, CORRECT?

7 A. YES, THE REIMBURSEMENTS COME OUT OF THAT AMOUNT.
8 YES.

9 Q. AND THE PER DIEM IS \$59 A DAY TIMES THE NUMBER OF
10 DAYS WORKED?

11 A. CORRECT.

12 Q. ON PAGE 151, THAT IS \$354?

13 A. CORRECT.

14 Q. SO, YOU ALL ARE SUBTRACTING THE PAYMENT, YOU ALL
15 SUBTRACTING OUT OF THE TOTAL PAYMENTS TO THE
16 DRIVER?

17 A. CORRECT.

18 BY COMMISSIONER BARDEN:

19 AND LET ME INTERJECT JUST TO MAKE SURE I
20 UNDERSTAND. ON CLAIMANT'S EXHIBIT NUMBER ONE,
21 THERE ARE OTHER WAYS UNDER DRIVERS IT LOOKS LIKE
22 HE COULD HAVE BEEN PAID; BY TRIP PAY, LOAD PAY.
23 WOULD THAT MAKE ALL THIS DIFFERENT IF HE HAD ---

24 BY THE WITNESS:

25 YES. YES, MA'AM, IT DOES. EVERY -- EVERY

1 TRUCKING COMPANY HAS A DIFFERENT VARIATION OF
2 THIS. THIS IS THE WAY THAT D & C TRUCKING ELECTED
3 TO DO IT. THERE ARE VARIOUS -- SOME OF THEM WILL
4 PAY, FOR EXAMPLE, 30 CENTS A MILE AND THEN JUST A
5 FLAT PER DIEM, AND THEY DO NOT SUBTRACT OUT OF
6 MILEAGE. SO IT'S A FLAT DAY-BY-DAY CALCULATION
7 WITH A LESS OF A MILEAGE PAY. OR IF THEY ARE JUST
8 PAID REGULARLY HOURLY PAY, OBVIOUSLY THAT MAKES A
9 HUGE DIFFERENCE ON ALL -- HOW ALL OF THIS IS
10 CALCULATED. IT DOES. I MEAN, HOW -- HOW THEY
11 ELECTED TO DO IT -- AND THAT'S WHY EACH ONE
12 REQUIRES A DIFFERENT DISCUSSION WITH THE TRUCK
13 DRIVER. AND A LOT OF TIMES THIS IS HOW THE
14 TRUCKING COMPANY ITSELF GETS PAID BY THEIR
15 CUSTOMERS.

16 BY COMMISSIONER BARDEN:

17 GO AHEAD, MR. BATHRICK. THANK YOU FOR THE
18 INTERRUPTION.

19 CROSS EXAMINATION RESUMED BY MR. BATHRICK:

20 Q. SO, PER DIEM IS GETTING SUBTRACTED FROM THE
21 PAYMENTS TO THE DRIVER?

22 A. CORRECT.

23 Q. IT'S NOT GETTING ADDED ON ON TOP OF PAYMENTS TO
24 THE DRIVER?

25 A. HE'S MAKING A LARGER PERCENTAGE -- CENT PER MILE

1 BASIS BECAUSE THE PER DIEM IS BEING CALCULATED AS
2 PART OF THAT INSTEAD OF A SEPARATE INSTANCE, WHICH
3 IT COULD ALSO BE.

4 Q. THAT WOULD BE THE BENEFIT TO HIM IS THAT PER
5 DIEM'S NOT TAXED?

6 A. YES, BECAUSE IT'S A REIMBURSEMENT. IT'S NOT A
7 BENEFIT OF HIM. IT'S NOT JUST GIVING HIM MONEY.
8 IT'S A REIMBURSEMENT FOR MEALS AND INCIDENTAL
9 EXPENSES. SO WHILE HE'S ON THE WAY OVERNIGHT, HE
10 HAS TO EAT DINNER. IT'S THE SAME WAY THAT WHEN
11 ANYONE FOR ANY OTHER BUSINESSES TRAVELING FOR
12 WORK, THE COMPANY REIMBURSES YOU YOUR HOTEL, YOUR
13 DINNERS, AND YOUR EXPENSES, AND YOUR LAUNDRY, AND
14 YOUR INTERNET. IT'S THE SAME IDEA FOR MR. TRACY.
15 THAT'S WHAT PER DIEM IS DOING.

16 Q. HE'D BE ABLE TO DEDUCT THAT ON HIS OWN AT THE END
17 THOUGH WOULDN'T HE COME TAX TIME?

18 A. HE COULD, YES, BUT MOST TRUCK DRIVERS IN THE
19 TRUCKING INDUSTRY FOUND THIS BENEFICIAL, WHICH IS
20 WHY THERE'S A SPECIAL I.R.S. REGULATION ON HOW TO
21 CALCULATE IT FOR THE TRUCKING COMPANY. BECAUSE --

22 -

23 Q. WHAT -- GO AHEAD, I'M SORRY;

24 A. WELL, NO, I WAS JUST GOING TO SAY BECAUSE MOST
25 TRUCK DRIVERS HAVE FOUND IT DIFFICULT WHEN THEY'RE

1 GOING TO BE GONE ANYWHERE FROM FIVE DAYS TO THREE
2 WEEKS AT A TIME TO MANAGE THEIR RECEIPTS OVER THE
3 COURSE OF THE YEAR TO BE ABLE TO DEDUCT THAT ON
4 THEIR OWN ON THEIR TAXES. THOUGH THEY WOULD, BY
5 ALL MEANS, HAVE THE OPPORTUNITY. AND IF THEY
6 ENDED UP HAVING MORE IN THE WAY OF BUSINESS
7 EXPENSES THAN WAS GIVEN TO THEM IN PER DIEM, THEY
8 COULD ALSO CLAIM ADDITIONAL BUSINESS EXPENSES ON
9 THEIR TAXES AS WELL AS HAVE THE AVAILABILITY ON
10 THEIR TAX RETURNS IF THEY DID NOT SPEND ALL OF
11 THEIR PER DIEM, THEY HAVE THE RESPONSIBILITY TO
12 ADD IT AS ADDITIONAL INCOME ABOVE AND BEYOND WHAT
13 IS REPRESENTED ON THEIR W-2.

14 Q. WHAT'S THE BENEFIT TO THE COMPANY FOR THIS TYPE OF
15 METHOD?

16 A. THERE IS NO BENEFIT. IT'S TO KEEP DRIVERS BECAUSE
17 THEY HAVE EXPENSES WHILE ON THE ROAD AND TO PAY
18 THEM A GIVEN AMOUNT. THEN THE DRIVER HAS SURETY
19 IN KNOWING HOW MUCH HE'S GOING TO SPEND.

20 Q. ARE YOUR WORKERS' COMP PREMIUMS BASED ON GROSS
21 INCOME OF THE DRIVERS?

22 A. YES.

23 Q. SO, THAT WOULD BE ONE BENEFIT; IT'S A LOWER
24 WORKERS' COMP PREMIUM?

25 A. IT WOULD BE, BUT THEY'RE NOT WAGES SO IT DOESN'T

1 MATTER. WE ALSO DON'T PAY TAXES, BUT THAT'S
2 BECAUSE IT'S NOT WAGES. I COULD ALSO SAY THAT I
3 MAKE \$300,000 A YEAR, BUT I DON'T. SO YES, IT'S A
4 BENEFIT OF THE COMPANY NOT PAYING ME \$300,000 A
5 YEAR, BUT I DON'T MAKE \$300,000 A YEAR.

6 Q. YOU PROBABLY PAY LESS IN UNEMPLOYMENT?

7 A. WE WOULD PAY -- WE ONLY PAY ON W-2 WAGES ON ANY OF
8 THESE THINGS, YES.

9 Q. SO, I MEAN, THAT'S A BENEFIT IS YOU PAY LESS THAT
10 WAY, YOU PAY LESS IN WORKERS' COMP. SO THE
11 COMPANY DOES GET A BENEFIT FROM ALL OF THIS?

12 A. YES, AND -- AS WELL AS MR. TRACY GETTING A BENEFIT
13 OF A SURE AMOUNT SO THAT HE CAN EAT WHILE HE'S ON
14 THE ROAD AND NOT WAITING TO GET A CHECK BACK FOR
15 HIS RECEIPT AND HAVING TO SPEND HIS OWN MONEY
16 WHILE ON THE ROAD FOR SEVEN DAYS AT A TIME.

17 Q. DOES THE I.R.S. MAKE YOU DO ANYTHING IN ORDER TO
18 JUST PUT THIS METHOD IN PLACE; ARE THERE CERTAIN
19 THINGS YOU HAVE TO FOLLOW?

20 A. WELL, I MEAN, IT'S A -- IT'S AN AUTOMATED
21 PROCEDURE LIKE ANYTHING ELSE AT THE I.R.S.

22 Q. OKAY. DOES THE PLAN HAVE TO BE ACCOUNTABLE?

23 A. IT'S AN UNSUBSTANTIATED METHOD BY THE I.R.S. PLAN
24 OF WHAT THEY'VE DICTATED. SO, NO, I MEAN, I DON'T
25 HAVE TO TURN IN RECORDS, BUT IT'S AN AUDITABLE

1 OFFENSE. AGAIN, SAME THING, AS FILING YOUR TAXES;
2 I COULD BE AUDITED, I COULD BE LYING THE WHOLE
3 TIME. IT'S THEIR DECISION AS TO WHETHER OR NOT
4 THEY WANT TO FOLLOW UP.

5 BY MR. BATHRICK:

6 NO FURTHER QUESTIONS FROM ME.

7 BY COMMISSIONER BARDEN:

8 MS. MORROW, ANY QUESTIONS?

9 BY MS. MORROW:

10 NO, YOUR HONOR.

11 BY COMMISSIONER BARDEN:

12 THANK YOU VERY MUCH. THAT CONCLUDES THIS
13 PROCEEDING.

14 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
15 CONCLUDED AT THE HOUR OF 10:40 A.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1402522

EMPLOYEE/CLAIMANT: JEFFREY TRACY

EMPLOYER: PEOPLEASE CORPORATION

CARRIER: NATIONAL INTERSTATE

I, SHEILA SMALL, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 37 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF JEFFREY TRACY, TAKEN ON THE 8TH DAY OF SEPTEMBER, 2014.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND AND OFFICIAL SEAL THIS 30TH DAY OF SEPTEMBER, 2014.

SHEILA SMALL
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 3-20-2019

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

SOUTH CAROLINA WORKERS' COMPENSATION HEARING
FULL COMMISSION APPELLATE HEARING

JEFFREY S. TRACY,
Employee

-VS-

PEOPLEASE,
Employer

and

NATIONAL INTERSTATE,
Carrier

WCC FILE NO.
1402522

Pursuant to Notice of the Appellate Hearing taken on the 16th day of March 2015, heard before the South Carolina Workers' Compensation Commission Full Commission Appellate Panel including; Honorable T. Scott Beck, Michael Campbell, and Avery Wilkerson, Chair, and commencing at the hour of 3:06 p.m. in Columbia, South Carolina.

Tatum Court Reporting
P.O. Box 248
Edgefield, SC 29824
706.207.5483
ctatumcr@gmail.com

APPEARANCES

Tyler A. Bathrick, Esq.
Stewart Law Offices, LLC
PO Box 670
Rock Hill, SC 29731
803.328.5600
tyler@stewartlawoffices.net
REPRESENTING THE EMPLOYEE/APPELLANT

Kelly F. Morrow, Esq.
McAngus Goudelock & Courie, LLC
PO Box 12519
Columbia, SC 29211
803.227.2238
kmorrow@mgclaw.com
REPRESENTING THE EMPLOYER/CARRIER/RESPONDENTS

INDEX

PROCEEDINGS.	4
APPELLANT ARGUMENT BY MR. BATHRICK.	4
RESPONDENT ARGUMENT BY MS. MORROW.	20
APPELLANT REPLY BY MR. BATHRICK.	29
REPORTER CERTIFICATE.	31

LEGEND OF THE TRANSCRIPT

dashes [--]	intentional or purposeful interruption
[ph]	denotes phonetically written
[sic]	written as said

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P R O C E E D I N G S

THE COURT REPORTER: Today's date is March 16, 2015. This is South Carolina Worker's Compensation Case Number 1402522. This is the case of *Jeffrey S. Tracy, Claimant, versus Peoplease, Employer, and National Interstate, Carrier.*

The Appellant is the Claimant, represented by Tyler Bathrick. The Respondent is represented by Kelly Morrow.

Each side is allowed ten minutes for oral argument and the Appellant three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

COMMISSIONER WILKERSON: Mr. Bathrick.

*

A P P E L L A N T A R G U M E N T

BY MR. BATHRICK: May it please the Court. My name is Tyler Bathrick, I'm here on behalf of Mr. Jeffrey Scott Tracy. We're here today, I think, on a pretty straight forward simple issue. It's an average weekly wage/comp rate issue.

COMMISSIONER WILKERSON: Let me ask you as you address it.

MR. BATHRICK: Yes, sir.

COMMISSIONER WILKERSON: You don't like what

1 you got, you want us to pick something, and then
2 let the court of appeals pick something, and then
3 let the supreme court pick something?

4 MR. BATHRICK: It might be one of those. I'll
5 have to talk to my client.

6 COMMISSIONER WILKERSON: Okay. I'm just
7 wondering, because there's several ways to choose
8 it --

9 MR. BATHRICK: I'm hoping my client doesn't
10 want to --

11 COMMISSIONER WILKERSON: -- so convince us why
12 you're right.

13 MR. BATHRICK: Yes, sir.

14 So it sounds like y'all are familiar with the
15 facts. Mr. Tracy was a 13 year employee of DNC
16 Trucking. About two years before his injury all
17 DNC's employment records, personnel records went
18 over to Peoplease.

19 At that point in time they filled out
20 paperwork indicating what he would be paid. It was
21 an agreement between Peoplease and Mr. Tracy that
22 he be paid 34 cents a mile. That's what we allege
23 his average weekly wage should be, 34 cents times
24 the number of miles he drove per pay period, spits
25 out a number, that's the average weekly wage.

1 They also agreed to reimbursement for per diem
2 amount, \$50 every overnight, \$15 every day.

3 Mr. Tracy, when he gets a check from
4 Peoplease, it's, like I said in the beginning,
5 number of miles driven times how many miles he
6 drove. After that Peoplease takes his per diem and
7 they subtract it from that amount. Don't ask me
8 how, don't ask me why, don't ask me why they're
9 able to do that.

10 COMMISSIONER BECK: And don't tax it.

11 MR. BATHRICK: And they do not tax it,
12 correct, sir. They do not tax the per diem amount.
13 And they provide that all to Mr. Tracy in one
14 check. So the per diem amount is non-taxed, the
15 rest of it is taxed.

16 Question is, what's his average weekly wage.
17 Like I said, we don't want per diem added on, we
18 just don't want it subtracted from the bottom of
19 it.

20 I couldn't any South Carolina case law on this
21 issue.

22 COMMISSIONER BECK: I didn't understand that
23 last thing. Why would be contemplating adding it
24 on?

25 MR. BATHRICK: I know there's other case law

1 out there where it says you can't add per diem.
2 That's not what I'm asking here today at all. I
3 want to get away from that case law as much as
4 possible. I just don't want that per diem
5 subtracted from his mileage, I don't think that's
6 fair for him.

7 I couldn't find any South Carolina case law on
8 it. I was able to find a North Carolina case
9 directly on point that I hope made it's way to you
10 in my brief. That case is *Rhodes v. Hersack*. I
11 think it's the exact same facts of this case. In
12 Rhodes he was paid \$600 per week for driving long
13 haul. They deducted the per diem from that. Same
14 argument that we are having right now.

15 The North Carolina Court of Appeals found that
16 \$600 should be his average weekly wage. South
17 Carolina gives precedent to North Carolina cases.
18 For whatever reason, the single Commissioner just
19 ignored all that, didn't give me any reason why,
20 just said she did not find it persuasive.

21 Without any other law out there, without any
22 other statutes out there, I think we should follow
23 North Carolina precedent on this. They said that
24 the \$600 per week most closely approximated what he
25 was making before the injury, so that's why they

1 ruled that to be his average weekly wage. And
2 that's what I'm requesting here today.

3 COMMISSIONER BECK: Isn't the per diem
4 intended to reimburse him his travel costs? Isn't
5 that inherent in the term?

6 MR. BATHRICK: It is, and that's why I find it
7 odd that their system's set up this way. If it was
8 to reimburse him why are they taking it out of his
9 mileage pay? It should be something in addition to
10 his mileage pay, not something that's --

11 COMMISSIONER BECK: Was that agreed upon at
12 the time of hire?

13 MR. BATHRICK: It was agreed upon at the time
14 of hire, that that's how they would -- that is how
15 they would work it. There's a box that he did
16 check agreeing to that method.

17 I still don't think that means it's not his
18 wage. Just because, say, they agreed on one thing,
19 that doesn't take it away from the North Carolina
20 precedent that we should be looking at.

21 COMMISSIONER WILKERSON: Did you provide any
22 income tax returns or anything at the hearing
23 showing what he showed his income?

24 MR. BATHRICK: I provided -- I don't believe I
25 provided income tax returns. I provided, I think,

1 every wage statement that he received from DNC
2 Trucking that showed how his wage were broke down.

3 COMMISSIONER WILKERSON: Tell me how it's
4 different than someone who get's paid with a W2 and
5 they don't declare their tips as part of their
6 income.

7 MR. BATHRICK: So you're asking if it's a
8 taxable income issue. I think we got to look at
9 what the legislature intends on that, and South
10 Carolina doesn't say taxable income, it just says
11 income. So I think if we were arguing about tips
12 that weren't declared and we could somehow prove
13 those tips to you --

14 COMMISSIONER BECK: But it doesn't say
15 reimbursement.

16 MR. BATHRICK: It does not say reimbursement.
17 I wouldn't argue that this is a reimbursement, I
18 would argue that it's more of a subtraction,
19 because it's not that they're reimbursing him
20 something or giving him some money back.

21 COMMISSIONER BECK: How would you define per
22 diem?

23 MR. BATHRICK: I didn't define per diem.

24 COMMISSIONER BECK: I said how would you.

25 MR. BATHRICK: A per day reimbursement for

1 expenses --

2 COMMISSIONER BECK: So you're using the same
3 word I'm using.

4 MR. BATHRICK: Correct. I think it's just
5 application. If he was getting this reimbursement
6 on top of the mileage I'd agree with you, I
7 wouldn't be here. He is not getting it on top of
8 the mileage, he's getting it subtracted from the
9 mileage. So that's my big issue with it. They're
10 subtracting his pay is what they're doing.

11 COMMISSIONER BECK: That was agreed upon at
12 the time of hire that that's how his per diem would
13 be paid.

14 MR. BATHRICK: Yes, sir. Yes, sir, it was
15 absolutely agreed upon at the time of hire. How
16 much say he had in it I do not know. How much
17 was --

18 COMMISSIONER BECK: He had a choice of saying
19 no.

20 MR. BATHRICK: You know, if you're getting a
21 job and you're in that situation, yeah, you could
22 always say no, but it's easier said than done in
23 these circumstances.

24 Agreed upon or not, I think the key issue is
25 North Carolina precedent. We've got a number of

1 cases in South Carolina that says that if we
2 haven't addressed the issue we're going to file a
3 North Carolina precedent. North Carolina has
4 already addressed this issue for us.

5 Another issue I have with the order -- I'm
6 switching gears a little bit -- will be that the
7 single Commissioner didn't really outline any
8 reasons for not following a North Carolina
9 precedent, she just says, I didn't find it
10 persuasive. She didn't really give any reason for
11 her order at all. And like I said, if this thing
12 goes up further we need a more detailed, well
13 thought out, explained order as to why we reached
14 the decision that we reach today.

15 I think public policy is also important in
16 this case. Before this injury Mr. Tracy was
17 working hard. He was making \$1,000 a week. He's
18 currently getting paid -- not paid, compensated,
19 less than \$500 a week from workers' comp. He's on
20 the verge of losing his home, he's on the verge of
21 just having everything fall apart because he's,
22 right now, being compensated less than half of what
23 he was making before this injury. I know a big
24 part of the workers' comp system in any state is
25 to --

1 COMMISSIONER BECK: What was his average
2 weekly wage?

3 MR. BATHRICK: Say that again, sir.

4 COMMISSIONER BECK: What was his average
5 weekly wage in this matter?

6 MR. BATHRICK: As far as what I believe it
7 should be or what Defense thinks it should be?

8 COMMISSIONER BECK: Well, let's go with your
9 scenario.

10 MR. BATHRICK: In my scenario, if you do the
11 average weekly wage based on just the mileage it
12 would come to \$1,014.09, coming to a comp rate of
13 676.09. If we use the Defense average weekly wage
14 at 716.80 with 477.89 as the compensation rate. So
15 I've rounded to about 1,489, or whatever it is.

16 I mean, one of the key components of workers'
17 comp is to prevent people from becoming wards of
18 the state. I mean, he's getting half.

19 COMMISSIONER BECK: But he's not paying those
20 expenses on the road that he was getting reimbursed
21 for.

22 MR. BATHRICK: The problem is it's not a
23 reimbursement, it's a subtraction. If he was
24 getting that in addition he'd be -- there wouldn't
25 be an issue.

1 COMMISSIONER WILKERSON: He doesn't have the
2 expenses.

3 COMMISSIONER BECK: Well, I think we're
4 playing some semantics here.

5 MR. BATHRICK: Absolutely.

6 COMMISSIONER BECK: I'm glad we agree on that.

7 I mean, at the date of hire he knew that his
8 per diem was included in that per mile rate and he
9 incurred expenses throughout his travels wherever
10 he was going, either over night or day trips.

11 MR. BATHRICK: No, sir, that's not a hundred
12 percent correct --

13 COMMISSIONER BECK: All right. Well, correct
14 me, then.

15 MR. BATHRICK: He agreed to have it taken out.
16 May I approach with this from the personnel file?

17 COMMISSIONER BECK: Certainly.

18 MR. BATHRICK: This is what was agreed to when
19 he started working. And you'll see 34 cents a mile
20 is what he agreed to, \$15 per overnight in addition
21 to that, plus \$50 per layover stop. So that's what
22 he agreed to. He did agree to have the deduction
23 come out. So they would multiply the miles and
24 then subtract the 15 and the 50.

25 COMMISSIONER WILKERSON: Well, it's either six

1 or half dozen. What is it?

2 MR. BATHRICK: I don't understand, sir. I'm
3 sorry.

4 COMMISSIONER WILKERSON: Well, it's the same
5 thing. If he's getting -- you're saying pay him 34
6 cents --

7 MR. BATHRICK: Correct.

8 COMMISSIONER WILKERSON: -- and that's what
9 the average weekly wage ought to be.

10 MR. BATHRICK: Thirty-four cents times the
11 miles he drove, yes, sir.

12 COMMISSIONER WILKERSON: Okay. Well, when
13 he's not on the road he doesn't get paid 15 and 50.

14 MR. BATHRICK: I don't want him paid that.

15 COMMISSIONER WILKERSON: Well, you said they
16 subtracted it out.

17 MR. BATHRICK: They subtracted it out, the
18 employer does when they do the average weekly wage.
19 Maybe I'm...

20 COMMISSIONER WILKERSON: And they should.
21 Tell me why not, I'm confused. If he's not on the
22 road he's not getting 34 cents a mile, right? Am I
23 missing something? Maybe I am.

24 MR. BATHRICK: This was (inaudible) was kind
25 enough to put together for him.

1 COMMISSIONER BECK: Where does this form
2 indicate that that's per diem?

3 MR. BATHRICK: Say that again, sir.

4 COMMISSIONER BECK: Where does this form --

5 MR. BATHRICK: This is a summary from me.

6 COMMISSIONER BECK: No, this form, the first
7 form you handed me.

8 MR. BATHRICK: Yes, sir.

9 COMMISSIONER BECK: Where does that indicate
10 this is a per diem?

11 MR. BATHRICK: It does not indicate it
12 anywhere on that.

13 COMMISSIONER BECK: How did we get to the
14 point where we labeled it per diem?

15 MR. BATHRICK: It's what it's been labeled.
16 That's what it was there -- I couldn't tell you,
17 sir.

18 COMMISSIONER BECK: And Ms. Morrow, this is
19 something I'm going to be interested in hearing
20 from you when you have an opportunity to get up,
21 because --

22 (Interruption)

23 COMMISSIONER BECK: Mr. Bathrick, we're --

24 COMMISSIONER WILKERSON: We'll give you a
25 little more time.

1 MR. BATHRICK: Thank you.

2 COMMISSIONER BECK: I just want to make sure I
3 understand what's in front of me.

4 This appears, on it's face, to pay him 34
5 cents a mile, plus \$15 per stop, plus \$50 per
6 layover.

7 MR. BATHRICK: Correct.

8 COMMISSIONER BECK: I'm trying to figure out
9 how this got converted to per diem --

10 MR. BATHRICK: Correct, the \$50 --

11 COMMISSIONER BECK: -- in this argument.

12 MR. BATHRICK: Correct.

13 COMMISSIONER BECK: Because that's not how I'm
14 reading this.

15 MR. BATHRICK: Yeah, maybe it's much simpler
16 than we're making it and that's just \$50 in
17 addition and not a per diem. I see what you're
18 saying.

19 COMMISSIONER BECK: I'm trying to figure out
20 how we got this labeled as a reimbursable per diem,
21 because that's not what this is showing me. Which,
22 quite frankly, advocates --

23 MR. BATHRICK: Correct.

24 COMMISSIONER BECK: -- more for your position,
25 unless I can see something else. Now, whether the

1 company treated it as that in the end may be a
2 different story, but that's not what this is
3 indicating to me on this form.

4 MR. BATHRICK: Correct, and I think the
5 company did treat it as that and exactly like you
6 said.

7 From March 9th, there, this is taken from, he
8 had 3,152.5 miles driven times 34 cents would come
9 out to that figure there, \$1,071.85. 295, and I
10 put in per diem, but that would be for those stops
11 and those layovers. The company subtracted that
12 295 from his 1,071.85 and then gave him the 295 tax
13 free, and then taxed the 776.86. So it's just an
14 odd way of how they've been doing it. If the --

15 COMMISSIONER WILKERSON: Yes, but if he's not
16 driving he's not getting the \$15, nor is he getting
17 the \$50, right?

18 MR. BATHRICK: Correct. Correct.

19 COMMISSIONER WILKERSON: Okay. And would his
20 number of stops per day be different per day?

21 MR. BATHRICK: It would be different depending
22 on how many loads --

23 COMMISSIONER WILKERSON: And every layover
24 would be --

25 MR. BATHRICK: Correct.

1 COMMISSIONER WILKERSON: -- per layover?

2 MR. BATHRICK: Yes, sir.

3 COMMISSIONER WILKERSON: Okay. So if I
4 understand your argument, you're just asking for
5 the 34 cents to be the average weekly wage.

6 MR. BATHRICK: Correct. We want the --

7 COMMISSIONER WILKERSON: How do we base the 34
8 cents on? Is that on an annual number of how many
9 miles he drove 52 weeks prior to the date of
10 accident or --

11 MR. BATHRICK: Correct, I went back all the
12 way with the records I had.

13 COMMISSIONER WILKERSON: That I don't know.
14 Okay. That's fine.

15 MR. BATHRICK: Yeah, and I just took the miles
16 driven, multiplied them by 34 cents, and...

17 COMMISSIONER WILKERSON: From the year before
18 or whatever.

19 MR. BATHRICK: Yes, sir. Yes, sir.

20 COMMISSIONER WILKERSON: Is that disputed?

21 MS. MORROW: I'm sorry?

22 COMMISSIONER WILKERSON: Is that disputed
23 anywhere, the 34 --

24 COMMISSIONER BECK: The number of miles
25 driven.

1 COMMISSIONER WILKERSON: The number of miles
2 driven per year.

3 MS. MORROW: No.

4 COMMISSIONER WILKERSON: Okay.

5 MR. BATHRICK: And if it is disputed I'm fine
6 working that out with her. I don't want --

7 COMMISSIONER WILKERSON: Okay. That's fine.

8 MR. BATHRICK: -- extra miles in there that
9 aren't supposed to be in there.

10 COMMISSIONER WILKERSON: Thank you. I'm
11 sorry. We belabored it.

12 Any questions?

13 COMMISSIONER CAMPBELL: No. Thank you, sir.

14 MR. BATHRICK: Thank y'all.

15 COMMISSIONER WILKERSON: You've got three
16 minutes in reply.

17 COMMISSIONER BECK: Ms. Morrow, how'd this get
18 converted to per diem?

19 COMMISSIONER WILKERSON: Yes, that was going
20 to be my question.

21 COMMISSIONER BECK: Because my concern is that
22 this terms of employment looks like this is what
23 they agreed to pay him. And how they've handled it
24 subsequent to this is sort of what I'm curious
25 about.

MS. MORROW: Sure.

*

RESPONDENT ARGUMENT

MS. MORROW: And may it please the Commission. Our position is that he was paid a per diem. The per diem is regulated by a federal law, which was submitted as APA 11 in our pre-hearing brief. Page 151 of their pre-hearing brief is what they argued at the hearing as the explicit example that you'll find in the actual transcript, which was discussed by Monica Reese, who is the corporate counsel for Peoplease, where she indicates \$59 per day is the federally mandated per diem amount that is payable to him only if he travels.

His election --

COMMISSIONER BECK: But why isn't that in addition to this? Why are they coming and backing it out of this?

MS. MORROW: So she explained that that is regulated by the subsection of the federal law, which is what Mr. Tracy elected on his hire, which is the IRS Internal Revenue Code 2011-47, where it specifically --

COMMISSIONER BECK: What page is that in your --

1 MS. MORROW: This is my entire APA, page
2 number 11.

3 COMMISSIONER BECK: Eleven?

4 MS. MORROW: The federal law mandates that
5 they back that out, they determine the taxable
6 wages, and then that amount is actually added back
7 in. They're required by federal law to do it that
8 way if that's the election that the employee takes.

9 She testified at the hearing that Mr. Tracy
10 had the opportunity -- under the Claimant's cross-
11 examination, the Claimant had the opportunity not
12 to elect the per diem, collect the mileage or the
13 expenses throughout the year, and claim it on his
14 taxes as a tax deduction. He elected to make the
15 per pay period deduction based on the per diem
16 amount along the way to not have to calculate those
17 expenses.

18 COMMISSIONER BECK: Here's the disconnect that
19 I'm struggling with, is I understand he's entitled
20 to a per diem, but this appears to be an agreement
21 of how much they're going to pay him. And what I'm
22 trying to figure out is how these numbers got
23 converted to per diem and why per diem wasn't paid
24 on top of this. And maybe I'm just not educated
25 enough in the trucking industry --

1 MS. MORROW: Well, and I don't know that that
2 form says wages. I think that just says contract
3 for payment. I don't know that that specifically
4 outlines 34 cents.

5 COMMISSIONER BECK: Well, it doesn't say per
6 diem, either.

7 MS. MORROW: Well, it doesn't say wages,
8 either. So the same argument can be made for
9 that's not an actual --

10 COMMISSIONER BECK: So are you saying that the
11 34 cents a mile's per diem, too, then?

12 MS. MORROW: Well, I mean, under the same
13 theory, if you're going to call one thing
14 nonspecific all things on that form would be
15 nonspecific. If one doesn't denote per diem one
16 doesn't necessary denote income, either, the way
17 that that form is laid out.

18 COMMISSIONER BECK: (As read): Specify rate
19 of pay.

20 MS. MORROW: I don't have the form.

21 COMMISSIONER BECK: I think that's pretty
22 specific.

23 MS. MORROW: Well, and there's no delineation
24 for per diem on this one particular page. This
25 sounds like --

1 COMMISSIONER BECK: That was the terms of
2 employment that he agreed to.

3 MS. MORROW: Yes, but I think if you read the
4 entire transcript of what Monica Reese testified
5 to, as far as the determination. They receive the
6 number of -- they work as an intermediary,
7 basically, for the trucking company for DNC. DNC
8 submits the number of miles, then Peoplease is
9 responsible for payment of those miles, plus
10 deduction of FICA and everything else that goes
11 into the pay, as well as any per diem payment
12 that's made under the IRS regulations. So those
13 terms allow him to be hired through Peoplease on
14 behalf of DNC Trucking, and then DNC uses Peoplease
15 as the intermediary.

16 Peoplease outlined the number of -- the pay
17 per mile, which was given to them, which is the
18 agreement that they have with DNC Trucking. Then
19 beyond that, per diem is set by federal law, not
20 set by Peoplease and not set by DNC Trucking. And
21 I don't --

22 COMMISSIONER BECK: We're on the same page
23 there. The point that I'm trying to get
24 clarification on -- and maybe I'm just not
25 enunciating clearly enough -- is this appears to be

1 an agreement between him and Peoplease on how much
2 they're going to pay him. And their going to pay
3 him 34 cents a mile, \$15 per stop, and \$50 per
4 layover. If he's entitled to per diem why isn't
5 the per diem in addition to this rather than
6 subtracted from this?

7 MS. MORROW: Well, I don't know why they lay
8 out their paperwork the way that they do. I don't
9 draft their paperwork. I don't know what their
10 employment paperwork -- why it specifies the way
11 that it does. But if you look at the actual pay
12 stub information that I gave you, wages that he
13 received from DNC Trucking for the last nine years
14 of his employment. He was perfectly happy
15 receiving pay on 34 cents per mile every trip that
16 he made with a pre-taxed reduction of per diem for
17 a tax benefit that he received to have a reduction
18 in wages and pay less in taxes, and then have that
19 money added back into his wages to receive a
20 maximum benefit. Now that he's been injured he
21 wants a completely different calculation put in to
22 maximize the benefit on this side. He can't have
23 it both ways. He cannot take a taxable benefit
24 from the IRS by reducing his wages under a per diem
25 and be perfectly happy saying that that's

1 nontaxable wages to him, then get injured on a
2 workers' comp and take a completely separate course
3 and say, But that is taxable wage and that has to
4 be included as wages as income to him. It's not
5 paid to him as wages, it's paid to him as a per
6 diem. If he doesn't drive, he doesn't get it.

7 So the case I cited --

8 COMMISSIONER BECK: If he doesn't drive he
9 doesn't get the 34 cents a mile, either.

10 MS. MORROW: Well, if you're not working you
11 don't get paid. It's not for services rendered,
12 it's for the actual performance of his job. A per
13 diem was designed in order to give somebody money
14 to facilitate the process.

15 In long distance truck drivers, they don't
16 stay at home 90 percent of the time if they're a
17 long haul driver. They have to stay overnight. In
18 order to entice those people to actually perform
19 the work the trucking industry, along with many
20 other industries that pay per diems, initiated that
21 program in order to have people enticed to do the
22 work, because then they're not losing income to
23 themselves to perform the work. They get paid,
24 they get the offset for the actual overnight stays
25 and expenses associated with it, it doesn't come

1 out of their pocket. They use that as a non-
2 taxable benefit. They can't then flip the table
3 and come for workers' comp and say, Well, that
4 should be a taxable benefit, that's wages to me.
5 It's not wages to them, it doesn't get paid to them
6 as wages. It's required under the federal law to
7 not be included as wages for that specific reason.
8 That's the subsection 11 of the brief that shows
9 you that they calculated the wages specifically the
10 way the federal government requires that they do
11 it. They're not at liberty to do it in a different
12 fashion.

13 COMMISSIONER WILKERSON: Did he testify that
14 that was per diem?

15 MS. MORROW: He did. He testified he elected
16 it that way. He testified that he received that
17 amount as per diem. That was a known portion of
18 his agreement, as far as the employment was
19 concerned, whether the paperwork says that or not.

20 He indicated that his understanding, if you
21 look at the hearing transcript page 17, his
22 understanding of how much he was receiving per day
23 for per diem was \$52 per day. There was some
24 discussion that it was actually \$59. But he openly
25 admitted that. He admitted the fact that that was

1 taken out on a pre-taxed basis, which benefitted
2 him. It benefits the employer in certain fashions,
3 too, but that was a mutually exclusive agreement
4 that the employee made with the employer at the
5 time of the hire.

6 He did not mince words during the hearing
7 about there being any confusion as to how this was
8 being paid or that he received a per diem, despite
9 what the employment document may indicate in terms
10 of pay versus per diem. He was very clear, and
11 that's unrefuted testimony in the record.

12 The average weekly wage and compensation rate
13 in this case is calculated proper not only just for
14 the trucking industry, but for per diem, in
15 general. They're not included as taxable wages.
16 It would effect not only the way that we look at
17 wages for the trucking industry and Mr. Tracy, in
18 general, but anybody that receives a per diem.
19 Going forward that would need to be included as
20 taxable wages. That would essentially change
21 course on the way that we look at average weekly
22 wage and comp rate entirely.

23 And while North Carolina law is persuasive in
24 terms of those facts, it is not controlling in
25 South Carolina. The Commission has the right to

1 make the decision on that and the right to control
2 the way that average weekly wage and compensation
3 rate is held in the State of South Carolina.

4 The Bosworth case that I pulled from -- I'm
5 sorry -- the Moorehead case that I pulled from
6 Arizona says it very well in the fact that the
7 expenses are incurred for travel obligations of
8 employments. It falls in a category of
9 expenditures that you don't pursue unless you are
10 actually engaged in that employment. That's what a
11 per diem is. That's why it's paid. That's what
12 it's designed to do. It's not wages. If you don't
13 actually engage in that work and that overnight
14 stay -- even if you do a short haul. You can get
15 paid for a short haul and never have a per diem,
16 because you may not have an overnight stay. That
17 doesn't mean you don't get paid the wages for the
18 services rendered.

19 He was paid wages for the work that he did for
20 Peoplease. That was properly calculated on the
21 Form 20. That's the appropriate calculation, not
22 only the way that this Commission looks at it, but
23 also the way the federal law mandates that you look
24 at. And for that reason we would ask that the
25 single Commissioner's order be affirmed.

1 COMMISSIONER WILKERSON: Any questions?

2 In reply.

3 COMMISSIONER BECK: How do you get your cake
4 and eat it to?

5 *

6 APPELLANT REPLY

7 MR. BATHRICK: Well, that's not really what
8 we're trying to do. We just want it based on the
9 North Carolina precedent. We want it based on what
10 was agreed initially in that terms of employment.
11 We're not looking for layover pay, we're not
12 looking for stop pay. We're looking for 34 cents a
13 mile times the miles driven, and going back 52
14 weeks to come up with his average weekly wage.

15 It's not right that they should get to
16 subtract stop pay and layover pay each time they
17 pay him and then reduce it here also. That gives
18 them a windfall. And I'm not concerned about
19 taxable income --

20 COMMISSIONER BECK: They gave him a windfall
21 the entire time he was working, too, because he
22 wasn't paying taxes on any of it. So he's
23 benefitted from that scenario, as well.

24 MR. BATHRICK: Correct. He did. He
25 absolutely did. I think there's benefits to both

1 sides or it wouldn't be done.

2 In their case they can come to workers' comp
3 hearings and try to argue his average weekly wage
4 should be lower.

5 COMMISSIONER BECK: And if he doesn't get hurt
6 he gets the benefit forever and ever.

7 MR. BATHRICK: If you get short term
8 disability, long term disability, anything that the
9 wage would be calculated on would cause him
10 headache.

11 COMMISSIONER CAMPBELL: I agree with
12 Ms. Morrow, he can't have it both ways, though. Go
13 ahead. I'm sorry.

14 MR. BATHRICK: No problem.

15 And we're not asking for it to be added back.
16 And we're not asking for it on top of the mileage,
17 and I think I'm clear on that.

18 COMMISSIONER WILKERSON: Absolutely.

19 MR. BATHRICK: So I won't take up any more of
20 your time if y'all don't have anything else for me.

21 COMMISSIONER WILKERSON: Any more questions?

22 Thank you.

23 *

24 (Whereupon, the hearing concluded at 3:30 P.m.)

25 //

STATE OF SOUTH CAROLINA
COURT REPORTER CERTIFICATE

Be it known that I, Christine Tatum, a
Certified Court Reporter, did hear the appellate matter
of *Jeffrey S. Tracy v. Peoplease*, Workers' Compensation
File No. 1402522 on Monday, March 16, 2015, in Columbia,
South Carolina, before the South Carolina Workers'
Compensation Commission Full Commission Appellate Panel
including; Honorable T. Scott Beck, Michael Campbell,
and Avery Wilkerson, Chair;

That the foregoing pages constitute a true
and accurate transcription of the testimony given at
that time and place aforesaid to the best of my skill
and ability;

I further certify that I am not counsel or
kin to any of the parties to this cause of action, nor
am I interested in any matter of its outcome.

In Witness whereof, I have hereunto set my
hand this 31st Day of July 2015.



Christine Tatum, CCR
Certified Court Reporter

PEOPLELEASE CORPORATION

TERMS OF EMPLOYMENT

In compliance with Section 41-10-30 of the South Carolina Code of Laws, 1976, as amended, you are hereby notified of the terms of employment:

PLEASE PRINT ALL INFORMATION CLEARLY

1. I	Tracy, Jeffrey S	01483TRAC	
You	2449 Trussell Road	7229SC	Last 4 digits of SS# <u>4630</u>
You	Chester, SC 29706		
	Phone	DOB: 1/3/1972	

2. CLIENT COMPANY RESPONSIBILITY [Please complete accurately]:			
☒ OTR Driver	☐ Local Driver	☐ Other Driver (Specify): _____	
☐ Mechanic Supervisor	☐ Mechanic		
☐ Warehouse Supervisor	☐ Warehouse		
☐ Office / Clerical	☐ Office / Managerial		
☐ Sales (Inside)	☐ Sales (Outside)		
☐ None of the above - please specify your position: _____			
Original Date of Hire w/Client Co.: <u>1-1-03</u>		1 st date worked w/PeopLease: <u>5-1-11</u>	
☒ Full-Time	☐ Part-Time	☐ Seasonal	☐ Other
Normal days per week: ☒ Mon. ☒ Tues. ☒ Wed. ☒ Thurs. ☒ Fri. ☒ Sat. ☒ Sun.			
Normal hours of work: From _____ a.m./p.m. to _____ a.m./p.m.			
Note: All driver hours are subject to Department of Transportation regulations for hours of service.			
<u>Specify Rate of Pay:</u>			
<u>Drivers:</u> ☐ Trip Pay		Rate: \$ _____ per trip or ☐ Variable	
☐ Load Pay		Rate: \$ _____ per load or ☐ Variable	
☒ Mileage Pay		Rate: \$ <u>.34</u> per mile or ☐ Variable	
☒ Stop Pay		Rate: \$ <u>15⁰⁰</u> per stop	
☒ Layover Pay		Rate: \$ <u>50⁰⁰</u> per layover	
☐ Tarp Pay		Rate: \$ _____ per tarp	
☐ Other [specify]: _____			
<u>Others:</u> ☐ Salary		Rate: \$ _____ per _____	
☐ Hourly \$ _____		☐ Overtime \$ _____	
☐ Commission		\$ _____ / _____ %	
☐ Other [specify] \$ _____			
<u>Expenses:</u> Authorized company purchases will be reimbursed.			

Have you taken any medication in the last 6 months? Yes ☒ No ☐ If yes, list all medications and reason: _____

Gout - Allopurinol, Low T - Androgel, Blood pressure - Toprol,

Are you sensitive to (have you had a reaction to) penicillin or other drugs? Yes ☐ No ☒ If yes, name drug: _____

Have you ever visited the emergency room? Yes ☐ No ☒ If yes, please give dates, hospital and reason: _____

Have you ever been hospitalized? Yes ☒ No ☐ If yes, please give dates, hospital and reason: Jan 2005,

Gall Bladder removed, Piedmont medical

Have you ever had surgery? Yes ☒ No ☐ If yes, please complete the following:

Operation/ Injury	Year	Treatment/ Results/ Complications
Gall Bladder	2005	Removed, OK.
Rtr Knee	1986	Trimmed cartilage. OK

Do you consider your health: Excellent ☐ Good ☒ Fair ☐ Poor ☐

BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT AND THAT THERE ARE NO OMISSIONS. I AUTHORIZE ANY PHYSICIAN, MEDICAL FACILITY, PAST EMPLOYER(S), AND/OR PRIVILEGED AGENCY BY PEOPLESCAPE CORPORATION TO FURNISH OR VERIFY WORKERS' COMPENSATION INFORMATION AND MEDICAL INFORMATION.

Signature of Employee: Jeffrey D. Long

Date: 5-6-11

Signature of Interviewer: Lina Mumpman

PeopLease Corporation
 Jeffrey Tracy-483-TRAC
 Wage Statement
 Date of Injury 3/14/14

Check Date	Pay Period Beginning	Pay Period Ending	Gross Wages
3/22/2013	3/10/2013	3/16/2013	\$2,472.30
3/29/2013	3/17/2013	3/23/2013	\$701.01
4/5/2013	3/24/2013	3/30/2013	\$731.06
4/12/2013	3/31/2013	4/6/2013	\$699.58
4/19/2013	4/7/2013	4/13/2013	\$640.59
4/26/2013	4/14/2013	4/20/2013	\$660.20
5/3/2013	4/21/2013	4/27/2013	\$928.92
5/10/2013	4/28/2013	5/4/2013	\$540.77
5/17/2013	5/5/2013	5/11/2013	\$667.31
5/24/2013	5/12/2013	5/18/2013	\$825.47
5/31/2013	5/19/2013	5/25/2013	\$615.08
6/7/2013	5/26/2013	6/1/2013	\$647.55
6/14/2013	6/2/2013	6/8/2013	\$1,186.32
6/21/2013	6/9/2013	6/15/2013	\$615.21
6/28/2013	6/16/2013	6/22/2013	\$800.51
7/5/2013	6/23/2013	6/29/2013	\$886.08
7/12/2013	6/30/2013	7/6/2013	\$1,059.64
7/19/2013	7/7/2013	7/13/2013	\$887.09
7/26/2013	7/14/2013	7/20/2013	\$808.84
8/2/2013	7/21/2013	7/27/2013	\$663.59
8/9/2013	7/28/2013	8/3/2013	\$690.22
8/16/2013	8/4/2013	8/10/2013	\$552.54
8/23/2013	8/11/2013	8/17/2013	\$927.41
8/30/2013	8/18/2013	8/24/2013	\$830.03
9/6/2013	8/25/2013	8/31/2013	\$706.84
9/13/2013	9/1/2013	9/7/2013	\$600.00
9/20/2013	9/8/2013	9/14/2013	\$605.84
9/27/2013	9/15/2013	9/21/2013	\$941.94
10/4/2013	9/22/2013	9/28/2013	\$707.14
10/11/2013	9/29/2013	10/5/2013	\$503.36
10/18/2013	10/6/2013	10/12/2013	\$867.57
10/25/2013	10/13/2013	10/19/2013	\$1,079.31
11/1/2013	10/20/2013	10/26/2013	\$516.64
11/8/2013	10/27/2013	11/2/2013	\$611.89
11/15/2013	11/3/2013	11/9/2013	\$600.00
11/22/2013	11/10/2013	11/16/2013	\$285.98
11/29/2013	11/17/2013	11/23/2013	\$849.90
12/6/2013	11/24/2013	11/30/2013	\$600.00
12/13/2013	12/1/2013	12/7/2013	\$292.05
12/20/2013	12/8/2013	12/14/2013	\$682.61

12/27/2013	12/15/2013	12/21/2013	\$615.57
1/3/2014	12/22/2013	12/28/2013	\$288.66
1/10/2014	12/29/2013	1/4/2014	\$390.36
1/17/2014	1/5/2014	1/11/2014	\$452.32
1/24/2014	1/12/2014	1/18/2014	\$452.32
1/31/2014	1/19/2014	1/25/2014	\$453.32
2/7/2014	1/26/2014	2/1/2014	\$373.56
2/14/2014	2/2/2014	2/8/2014	\$733.56
2/21/2014	2/9/2014	2/15/2014	\$823.17
2/28/2014	2/16/2014	2/22/2014	\$942.48
3/7/2014	2/23/2014	3/1/2014	\$565.40
3/14/2014	3/2/2014	3/8/2014	\$694.60
Total			\$37,273.71
AWW			\$716.80

52.0 =
716.80 *

0.57 =
716.80 *

AWW = \$716.80
TTD = \$477.89



Internal Revenue Bulletin: 2011-42
October 17, 2011

Rev. Proc. 2011-47

Table of Contents

- SECTION 1. PURPOSE
- SECTION 2. BACKGROUND AND CHANGES
- SECTION 3. DEFINITIONS
- SECTION 4. PER DIEM SUBSTANTIATION METHOD
- SECTION 5. HIGH-LOW SUBSTANTIATION METHOD
- SECTION 6. LIMITATIONS AND SPECIAL RULES
- SECTION 7. APPLICATION
- SECTION 8. WITHHOLDING AND PAYMENT OF EMPLOYMENT TAXES
- SECTION 9. EFFECTIVE DATE
- SECTION 10. EFFECT ON OTHER DOCUMENTS
- DRAFTING INFORMATION

SECTION 1. PURPOSE

This revenue procedure updates Rev. Proc. 2010-39, 2010-42 I.R.B. 459, and provides rules for using a *per diem* rate to substantiate, under section 274(d) of the Internal Revenue Code and section 1.274-5 of the Income Tax Regulations, the amount of ordinary and necessary business expenses paid or incurred while traveling away from home. Taxpayers are not required to use a method described in this revenue procedure. A taxpayer may substantiate actual allowable expenses if the taxpayer maintains adequate records or other sufficient evidence.

This revenue procedure provides rules for using a *per diem* rate to substantiate the amount of an employee's expenses for lodging, meal, and incidental expenses, or for meal and incidental expenses only, that a payor (an employer, its agent, or a third party) reimburses. Employees and self-employed individuals that deduct unreimbursed expenses for travel away from home may use a *per diem* rate for meals and incidental expenses, or incidental expenses only, under this revenue procedure. This revenue procedure does not provide rules for using a *per diem* rate to substantiate the amount of lodging expenses only.

Announcement 2011-42, 2011-32 I.R.B. 138, advised taxpayers that the Internal Revenue Service intends to discontinue the high-low substantiation method. Subsequently a number of taxpayers commented that they use the high-low substantiation method and asked that the Service retain it. Accordingly, this revenue procedure continues to authorize the high-low substantiation method.

Beginning with the rates for 2011-2012, the Service will publish an annual notice that provides the special *per diem* rates for purposes of sections 4.04, 4.05, and 5 of this revenue procedure and the list of high-cost localities for purposes of section 6 of this revenue procedure and will update this revenue procedure only as necessary.

SECTION 2. BACKGROUND AND CHANGES

.01 Section 162(a) allows a deduction for ordinary and necessary expenses paid or incurred during the taxable year in carrying on any trade or business, including expenses for travel away from home. However, under section 262, a taxpayer may not deduct personal travel or living expenses.

.02 Section 274(n) generally limits the amount allowable as a deduction under section 162 for any expense for food, beverages, or entertainment to 50 percent of the otherwise allowable amount. For an individual during, or incident to, a period of duty subject to the hours of service limitations of the Department of Transportation, section 274(n)(3) provides that, for taxable years beginning in 2008 or thereafter, the deductible percentage for these expenses is 80 percent.

.03 To deduct expenses for travel away from home, a taxpayer must substantiate the expenses under section 274(d), which also authorizes the Secretary to prescribe that some or all of the substantiation requirements do not apply to an expense that does not exceed a particular amount.

.04 Section 1.274-5(g) authorizes the Commissioner to prescribe rules under which reimbursement arrangements or *per diem* allowances are regarded (1) as equivalent to substantiation, by adequate records or other sufficient evidence, of the amount of travel expenses for purposes of section 1.274-5(c), and (2) as satisfying the requirements of an adequate accounting to the employer of the amount of travel expenses for purposes of section 1.274-5(f).

.05 For purposes of determining adjusted gross income, section 62(a)(2)(A) allows an employee to deduct business expenses the employee pays or incurs in performing services under a reimbursement or other expense allowance arrangement with a payor.

.06 Section 62(c) provides that an arrangement is not treated as a reimbursement or other expense allowance arrangement for purposes of section 62(a)(2)(A) if (1) it does not require the employee to substantiate the expenses covered by the arrangement to the payor, or (2) allows the employee to retain any amount in excess of the substantiated expenses covered under the arrangement. Section 62(c) further provides, however, that substantiation is not required for the expense to the extent provided in regulations under section 274(d).

.07 Under section 1.62-2(c), a reimbursement or other expense allowance arrangement satisfies the requirements of section 62(c) if it meets the requirements of business connection, substantiation, and returning amounts in excess of expenses. In that case, all amounts paid under the arrangement are treated as paid under an accountable plan and are excluded from income and wages. If an arrangement does not meet one or more of these requirements, all amounts paid under the arrangement are treated as paid under a nonaccountable plan and are included in an employee's gross income, must be reported as wages or compensation on the employee's Form W-2, and are subject to the withholding and payment of employment taxes.

.08 Section 1.62-2(o)(2) provides that the amount of a business expense substantiated under section 1.274-5(g) is treated as substantiated for purposes of section 1.62-2.

.09 Under section 1.62-2(f)(2), the Commissioner may prescribe rules for treating an arrangement providing *per diem* allowances as satisfying the requirement of returning amounts in excess of expenses if the arrangement requires the employee to return amounts that relate to unsubstantiated travel days, even though the arrangement does not require the employee to return the portion of the allowance that relates to substantiated travel days but that exceeds the deemed substantiated amount for those days. The allowance must be reasonably calculated not to exceed the amount of

the employee's expenses or anticipated expenses and the employee must be required to return within a reasonable period of time any portion of the allowance that relates to unsubstantiated travel days. Under section 1.62-2(h)(2)(i)(B), the portion of the allowance that relates to substantiated travel days but exceeds the substantiated amount for those days and that the employee is not required to return is subject to withholding and payment of employment taxes. See sections 31.3121(a)-3, 31.3231(e)-1(a)(5), 31.3306(b)-2, and 31.3401(a)-4 of the Employment Tax Regulations.

.10 Under section 1.62-2(h)(2)(i)(B)(4), the Commissioner may prescribe special rules for the timing of withholding and paying employment taxes on *per diem* allowances.

.11 Section 1.274-5(j)(1) authorizes the Commissioner to establish a method allowing a taxpayer to treat a specific amount as paid or incurred for meals while traveling away from home instead of substantiating the actual cost.

.12 Section 1.274-5(j)(3) authorizes the Commissioner to establish a method allowing a taxpayer to treat a specific amount as paid or incurred for incidental expenses while traveling away from home in lieu of substantiating the actual cost.

.13 This revenue procedure includes modifications to Rev. Proc. 2010-39 as follows:

(1) The special *per diem* rates are now published in a separate annual notice. The notice provides (1) the special transportation industry meal and incidental expenses rates (M&IE rates), (2) the rate for the incidental expenses only deduction, and (3) the rates and list of high-cost locations for purposes of the high-low substantiation method. The Service plans to discontinue publishing this revenue procedure annually but will publish modifications as required. This revenue procedure remains in effect until superseded.

(2) Section 3.04 clarifies that partners and volunteers who receive reimbursements from payors may use the methods allowed under this revenue procedure to substantiate their expenses.

(3) Under section 5, taxpayers may now use the high-low substantiation method in lieu of the meal and incidental expenses only *per diem* substantiation method provided in section 4.02 for travel within the continental United States.

(4) Transition rules for the last 3 months of each calendar year are moved from sections 3.02(1)(a) and 4.04(6) to now section 4.06 and from section 5.05 to section 5.04.

SECTION 3. DEFINITIONS

.01 *Per diem allowance*. The term "*per diem allowance*" means a payment under a reimbursement or other expense allowance arrangement that is ---

(1) Paid for ordinary and necessary business expenses incurred, or that the payor reasonably anticipates will be incurred, by an employee for lodging, meal, and incidental expenses, or for meal and incidental expenses, for travel away from home performing services as an employee of the employer,

(2) Reasonably calculated not to exceed the amount of the expenses or the anticipated expenses, and

(3) Paid at or below the applicable federal *per diem* rate, a flat rate or stated schedule, or in accordance with any other Service-specified rate or schedule.

.02 *Federal per diem rate and federal M&IE rate*.

(1) *In general*. The federal *per diem* rate is equal to the sum of the applicable federal lodging expense rate and the applicable federal M&IE rate for the day and locality of travel.

(a) *CONUS rates*. The General Services Administration (GSA) publishes the rates for localities in the continental United States (CONUS), as noted in Appendix A to 41 C.F.R. ch. 301. The GSA rates are available on the Internet at www.gsa.gov.

(b) *OCONUS rates*. The rates for localities outside the continental United States (OCONUS) are established by the Secretary of Defense (rates for non-foreign localities, including Alaska, Hawaii, Puerto Rico, the Northern Mariana Islands, and the possessions of the United States) and by the Secretary of State (rates for foreign localities). These rates are published in the *Per Diem Supplement to the Standardized Regulations (Government Citizens, Foreign Areas)* (updated on a monthly basis) and are available on the Internet at www.defenseoftravel.dod.mil and www.state.gov.

(2) *Locality of travel*. The term "locality of travel" means the locality where an employee or self-employed individual traveling away from home stops for sleep or rest.

(3) *Incidental expenses*. The term "incidental expenses" has the same meaning as in the Federal Travel Regulations, 41 C.F.R. 300-3.1 (fees and tips given to porters, baggage carriers, bathhops, hotel maids, stewards or stewardesses and others on ships, and hotel servants in foreign countries; transportation between places of lodging or business and places where meals are taken, if suitable meals can be obtained at the temporary duty site; and the mailing cost associated with filing travel vouchers and payment of employer-sponsored charge card billings). Future changes to the definition of incidental expenses in the Federal Travel Regulations will be announced in the annual notice providing the special *per diem* rates.

.03 *Flat rate or stated schedule*.

(1) *In general*. Except as provided in section 3.03(2) of this revenue procedure, an allowance is paid at a flat rate or stated schedule if it is provided on a uniform and objective basis for the expenses described in section 3.01(1) of this revenue procedure. The allowance may be paid for the number of days away from home performing services as an employee or on any other basis that is consistently applied and in accordance with reasonable business practice. Thus, for example, an hourly payment to cover meal and incidental expenses paid to a pilot or flight attendant who is traveling away from home performing services as an employee is an allowance paid at a flat rate or stated schedule. Likewise, a payment based on the number of miles traveled (such as cents per mile) to cover meal and incidental expenses paid to an over-the-road truck driver who is traveling away from home performing services as an employee is an allowance paid at a flat rate or stated schedule.

(2) *Limitation*. An allowance that is computed on a basis similar to that used in computing an employee's wages or other compensation (such as the number of hours worked, miles traveled, or pieces produced) does not meet the business connection requirement of section 1.62-2(d), is not a *per diem* allowance, and is not paid at a flat rate or stated schedule, unless, as of December 12, 1989, (a) the allowance was identified by the payor either by making a separate payment or by specifically identifying the amount of the allowance, or (b) an allowance computed on that basis was commonly used in the industry in which the employee performed services. See section 1.62-2(d)(3)(ii).

.04 *Partners and volunteers*. Individuals subject to the rules of Subchapter K (partners) and individuals performing services without remuneration (volunteers) who receive reimbursements from payors may use the methods allowed under this revenue procedure to substantiate their expenses. The rules of sections 3, 4, 5, and 6 (except section 6.06) of this revenue procedure apply to reimbursements from payors to partners or volunteers.

SECTION 4. PER DIEM SUBSTANTIATION METHOD

.01 Per diem allowance. If a payor pays a per diem allowance in lieu of reimbursing actual lodging, meal, and incidental expenses incurred or to be incurred by an employee for travel away from home, the amount of the expenses that is deemed substantiated for each calendar day is equal to the lesser of the per diem allowance for that day or the amount computed at the federal per diem rate (see section 3.02 of this revenue procedure) for the locality of travel for that day (or partial day, see section 6.04 of this revenue procedure). See section 4.06(1) of this revenue procedure for transition rules.

.02 Meal and incidental expenses only per diem allowance. If a payor pays a per diem allowance only for meal and incidental expenses in lieu of reimbursing actual meal and incidental expenses incurred or to be incurred by an employee for travel away from home, the amount of the expenses that is deemed substantiated for each calendar day is equal to the lesser of the per diem allowance for that day or the amount computed at the federal M&IE rate for the locality of travel for that day or partial day. A per diem allowance is treated as paid for meal and incidental expenses only if (1) the payor pays the employee for actual expenses for lodging based on receipts submitted to the payor, (2) the payor provides the lodging in kind, (3) the payor pays the actual expenses for lodging directly to the provider of the lodging, (4) the payor does not have a reasonable belief that the employee will or did incur lodging expenses, or (5) the allowance is computed on a basis similar to that used in computing an employee's wages or other compensation (such as the number of hours worked, miles traveled, or pieces produced). See section 4.06(1) of this revenue procedure for transition rules.

.03 Method for meal and incidental expenses only deduction. Instead of the actual expense amount, employees and self-employed individuals may substantiate the amount of deductible meal expenses by using an amount computed at the federal M&IE rate for the locality of travel for each calendar day or partial day the employee or self-employed individual is traveling away from home. This amount is deemed substantiated for purposes of section 1.274-5T(b)(2)(i) and (c), provided the employee or self-employed individual substantiates the elements of time, place, and business purpose of the travel for that day or partial day in accordance with those regulations. See section 6.05(1) of this revenue procedure for rules related to the application of the section 274(n) limitation to amounts determined under this section 4.03. See section 4.05 of this revenue procedure for a method for substantiating the deductible amount of incidental expenses that employees or self-employed individuals who do not pay or incur meal expenses may use. See section 4.06(1) of this revenue procedure for transition rules.

.04 Special rules for the transportation industry.

(1) *In general.* This section 4.04 applies to (a) a payor that pays a per diem allowance only for meal and incidental expenses for travel away from home to an employee in the transportation industry and computes the amount under section 4.02 of this revenue procedure, or (b) an employee or self-employed individual in the transportation industry who computes the deductible amount for meal and incidental expenses for travel away from home under section 4.03 of this revenue procedure.

(2) *Transportation industry defined.* For purposes of this section 4.04, an employee or self-employed individual is in the transportation industry only if the employee's or self-employed individual's work (a) is of the type that directly involves moving people or goods by airplane, barge, bus, ship, train, or truck, and (b) involves regularly traveling away from home and stopping during a single trip at localities with differing federal M&IE rates. For purposes of the preceding sentence, a payor must determine that an employee or a group of employees is in the transportation industry by using a method that is consistently applied and in accordance with reasonable business practice.

(3) *Rates.* A taxpayer described in section 4.04(1) of this revenue procedure may use the CONUS and OCONUS special M&IE rates (published in an annual notice) for the transportation industry. A payor that uses either or both of these special rates for an employee must use the special rate(s) for all amounts deemed substantiated under section 4.02 of this revenue procedure paid to that employee for travel away from home within CONUS and/or OCONUS during the calendar year. Similarly, an employee or self-employed individual who uses either or both of these special rates must use the special rate(s) for all amounts deemed substantiated under section 4.03 of this revenue procedure for travel away from home within CONUS and/or OCONUS during the calendar year. See section 4.06(2) of this revenue procedure for transition rules.

(4) *Periodic rule.* A payor described in section 4.04(1) of this revenue procedure may compute the amount of an employee's expenses that is deemed substantiated under section 4.02 of this revenue procedure periodically (not less frequently than monthly) rather than daily by comparing the total per diem allowance paid for the period to the sum of the amounts computed either at the federal M&IE rate(s) for the localities of travel, or at the special rate described in section 4.04(3), for the days or partial days the employee is away from home during the period.

(5) *Examples.*

(a) *Example 1.* Taxpayer, an employee in the transportation industry, travels away from home on business within CONUS for 10 days during a calendar month. A payor pays Taxpayer a per diem allowance for meal and incidental expenses only that the payor computes using section 4.04(3) of this revenue procedure. The CONUS special M&IE rate is \$59 per day. The amount deemed substantiated under section 4.02 of this revenue procedure is equal to the lesser of the total per diem allowance paid for the month or \$590 (10 days away from home at \$59 per day).

(b) *Example 2.* Taxpayer, a truck driver employee in the transportation industry, is paid a "cents-per-mile" allowance that qualifies as an allowance paid under a flat rate or stated schedule as defined in section 3.03 of this revenue procedure. Taxpayer travels away from home on business for 10 days. Based on the number of miles Taxpayer is expected to drive per day, Taxpayer's employer pays an allowance of \$500 for the 10 days of business travel. The CONUS special M&IE rate is \$59 per day. Taxpayer actually drives for 8 days, and does not drive for the other 2 days. Taxpayer is away from home. Taxpayer is paid under the periodic rule used for transportation industry employees and employees in accordance with section 4.04(4) of this revenue procedure. The amount deemed substantiated is the full \$500 because that amount does not exceed \$590 (10 days away from home at \$59 per day).

.05 Method for incidental expenses only deduction. Instead of using actual expenses in computing the amount allowable as a deduction for ordinary and necessary incidental expenses paid or incurred for travel away from home, employees and self-employed individuals who pay or incur incidental expenses but do not pay or incur meal expenses for a calendar day or partial day of travel away from home may use, for each calendar day or partial day the employee or self-employed individual is away from home, an amount that the Service publishes in an annual notice. This amount is deemed substantiated for purposes of section 1.274-5T(b)(2)(i) and (c), provided the employee or self-employed individual substantiates the elements of time, place, and business purpose of the travel for that day or partial day in accordance with those regulations. The method authorized by this section 4.05 may not be used by payors that reimburse expenses under section 4.01, 4.02, or 5.01 of this revenue procedure, or by employees or self-employed individuals who use the method described in section 4.03 of this revenue procedure to substantiate the amount of deductible meal and incidental expenses. See section 6.05(5) of this revenue procedure for rules related to the application of the section 274(n) limitation to amounts determined under this section 4.05.

.06 Transition rules.

(1) *In general.* In applying section 4.01, 4.02, or 4.03 of this revenue procedure, taxpayers may continue to use the CONUS rates in effect for the first 9 months of the calendar year, instead of the updated GSA rates, for expenses of all CONUS travel away from home that are paid or incurred during the last 3 months of the calendar year. A taxpayer must use either the rates for the first 9 months of the calendar year or the updated rates for the period October 1 through December 31 of each calendar year consistently.

(2) *Special transportation industry rates.* Under the calendar-year convention provided in section 4.04(3) of this revenue procedure, a taxpayer who uses the federal M&IE rates during the first 9 months of the calendar year to substantiate the amount of an individual's travel expenses under sections 4.02 or 4.03 of this revenue procedure may not use, for that individual, the special transportation industry rates published in an annual notice until January 1 of the next calendar year. Similarly, a taxpayer who uses the special transportation industry rates during the first 9 months of the calendar year to substantiate the amount of an individual's travel expenses may not use, for that individual, the federal M&IE rates until January 1 of the next calendar year.

SECTION 5 HIGH-LOW SUBSTANTIATION METHOD

.01 *In general.* A payor that pays a *per diem* allowance in lieu of reimbursing actual expenses an employee pays or incurs or will pay or incur for travel away from home may use the high-low substantiation method described in this section 6 in lieu of the *per diem* substantiation method described in section 4.01 of this revenue procedure or the meal and incidental expenses only method described in section 4.02 of this revenue procedure. If a payor uses the high-low substantiation method, the amount of the expenses that is deemed substantiated for each calendar day is equal to the lesser of the actual *per diem* allowance for that day or the amount computed under section 5.02 of this revenue procedure. Employees and self-employed individuals may not use the high-low substantiation method in lieu of the meal and incidental expenses only deduction method described in section 4.03 of this revenue procedure.

.02 *Application of high-low method.* Under the high-low substantiation method, a high rate applies to localities designated as high-cost localities and a low rate applies to every other locality within CONUS (one high rate and one low rate for lodging, meal, and incidental expenses and one high rate and one low rate for meal and incidental expenses only). The high or low rates, as appropriate, apply as if they were the federal *per diem* rate or the federal M&IE rate for the locality of travel. The high and low rates, amounts treated as meal expenses for purposes of § 274(n), and a list of high-cost localities are published in an annual notice.

.03 *Limitation.* A payor that uses the high-low substantiation method for an employee must use that method for all amounts paid to that employee for travel away from home within CONUS during the calendar year. The payor may use any permissible method (actual expenses, the *per diem* substantiation method described in section 4.01 of this revenue procedure, or the meal and incidental expenses only *per diem* substantiation method described in section 4.02 of this revenue procedure) to reimburse that employee for any OCONUS travel away from home.

.04 *Transition rules.* For travel in the last 3 months of a calendar year—

(1) A payor must continue to use the same method (*per diem* method under sections 4.01 or 4.02 of this revenue procedure, or high-low method) for an employee as the payor used during the first 9 months of the calendar year; and

(2) A payor may use either the rates and high-cost localities in effect for the first 9 months of the calendar year or the updated rates and high-cost localities in effect for the last 3 months of the calendar year if the payor uses the same rates and localities consistently for all employees reimbursed under the high-low method.

.05 *Examples.*

(1) *Example 1.* Employer pays a *per diem* allowance for lodging, meal, and incidental expenses to Employee for travel away from home using the high-low substantiation method. Employee travels away from home for 5 full days to City A within CONUS. City A is listed as a high-cost locality. Employer reimburses employee at a rate of \$225 per day for each of employee's 5 days of travel. The *per diem* rate for a high-cost locality is \$250. The amount deemed substantiated under section 6 of this revenue procedure is \$225 per day (the lesser of the *per diem* allowance for each day (\$225) or the *per diem* rate for a high-cost locality (\$250)).

(2) *Example 2.* Employer pays a *per diem* allowance for meal and incidental expenses only to Employee for travel away from home using the high-low substantiation method. Employee travels away from home to City B (within CONUS) each month of Year 1. For all of Year 1, Employer reimburses Employee at a rate of \$50 per day for meal and incidental expenses only. For the first 9 months of Year 1, City B is listed as a high-cost locality. The M&IE rate is \$60 for a high-cost locality and \$45 for all other localities. For the last 3 months of Year 1, City B is not listed as a high-cost locality, and the M&IE rate for City B is \$48. Employer chooses to use the rates and list of high-cost localities in effect during the first 9 months of Year 1 for the last 3 months of Year 1 (instead of the updated rates for the last 3 months of Year 1). If Employer uses the rates and high-cost localities in effect during the first 9 months of Year 1 for the last 3 months of Year 1 consistently for all employees, the amount deemed substantiated for Employee's travel to City B during the last 3 months of Year 1 is \$50, the lesser of the M&IE rate for a high-cost locality (\$60) or the employee's *per diem* allowance for each day (\$50).

SECTION 6. LIMITATIONS AND SPECIAL RULES

.01 *In general.* The federal *per diem* rate and the federal M&IE rate described in section 3.02 of this revenue procedure for the locality of travel apply in the same manner as they apply under the Federal Travel Regulations, 41 C.F.R. Part 301, except as provided in sections 6.02 through 6.04 of this revenue procedure.

.02 *Federal per diem rate.* A receipt for lodging expenses is not required in determining the amount of expenses deemed substantiated at the federal *per diem* rate (including lodging, meal, and incidental expenses in one rate) under section 4.01 or 5.01. See section 7.01 of this revenue procedure for the requirement that an employee substantiate the time, place, and business purpose of the expense.

.03 *Meals provided in kind.* A payor is not required to reduce the federal *per diem* rate or the federal M&IE rate for the locality of travel for meals provided in kind, provided the payor has a reasonable belief that the employee incurred or will incur meal and incidental expenses during each day of travel.

.04 *Proration of the federal per diem or M&IE rate.* Under the Federal Travel Regulations, in determining the federal *per diem* rate or the federal M&IE rate for the locality of travel, the full applicable federal M&IE rate is available for a full day of travel from 12:01 a.m. to 12:00 midnight. A taxpayer must use the method described in section 6.04(1) of this revenue procedure for purposes of determining the amount deemed substantiated for meal and incidental expenses only under section 4.03, 4.05, or 5 of this revenue procedure for partial days of travel away from home. For purposes of determining the amount deemed substantiated for a reimbursement for lodging, meal, and incidental expenses under section 4.01, 4.02, or 6 of this revenue procedure for partial days of travel away from home, a payor may use either of the following methods to prorate the federal M&IE rate to determine the federal *per diem* rate or the federal M&IE rate for the partial days of travel:

(1) The rate may be prorated using the method prescribed by the Federal Travel Regulations for meal and incidental expenses for partial days, see 41 C.F.R. 301-11.101, by allocating three-fourths of the applicable rate to each partial day of travel; or

(2) The rate may be prorated using any method that is consistently applied and is consistent with reasonable business practice. For example, if an employee travels away from home from 9 a.m. one day to 5 p.m. the next day, a method of proration that results in an amount equal to two times the federal M&IE rate is consistent with reasonable business practice (even though the Federal Travel Regulations allow only one and a half times the federal M&IE rate).

.05 *Application of the appropriate section 274(n) limitation on meal expenses.* Except as provided in section 6.05(5) of this revenue procedure, all or part of the amount of an expense deemed substantiated under this revenue procedure is subject to the appropriate limitation under section 274(n) (see section 2.02 of this revenue procedure) on the deductibility of food and beverage expenses.

(1) A taxpayer must treat the entire amount computed for meal and incidental expenses under section 4.03 of this revenue procedure as an expense for food and beverages.

(2) If a *per diem* allowance is paid for meal and incidental expenses only, a payor must treat an amount equal to the lesser of the allowance or the federal M&IE rate for the locality of travel for each day or partial day (see section 6.04 of this revenue procedure) as an expense for food and beverages.

(3) If a *per diem* allowance is paid for lodging, meal, and incidental expenses for each calendar day or partial day an employee is away from home at a rate equal to or in excess of the federal *per diem* rate for the locality of travel, a payor must treat an amount equal to the federal M&IE rate for the

substantiated for those days under section 4.01, 4.02, or 5 of this revenue procedure is treated as paid under a nonaccountable plan and is subject to withholding and payment of employment taxes. See section 1.62-2(h)(2)(i)(B).

.02 In the case of a *per diem* allowance paid as a reimbursement, the excess described in section 8.01 of this revenue procedure is subject to withholding and payment of employment taxes in the payroll period in which a payor reimburses the expenses for the days of travel substantiated. See section 1.62-2(h)(2)(i)(B)(2).

.03 In the case of a *per diem* allowance paid as an advance, the excess described in section 8.01 of this revenue procedure is subject to withholding and payment of employment taxes no later than the first payroll period following the payroll period in which the days of travel for which the advance was paid are substantiated. See section 1.62-2(h)(2)(i)(B)(3). If an employee does not substantiate some or all of the days of travel for which the advance was paid within a reasonable period of time or does not return the portion of the allowance that relates to those days within a reasonable period of time, the portion of the allowance that relates to those days is subject to withholding and payment of employment taxes no later than the first payroll period following the end of the reasonable period. See section 1.62-2(h)(2)(i)(A).

.04 In the case of a *per diem* allowance only for meal and incidental expenses for travel away from home paid to an employee in the transportation industry by a payor that uses the rule in section 4.04(4) of this revenue procedure, the excess of the *per diem* allowance paid for the period over the amount deemed substantiated for the period under section 4.02 of this revenue procedure (after applying section 4.04(4) of this revenue procedure), is subject to withholding and payment of employment taxes no later than the first payroll period following the payroll period in which the excess is computed. See section 1.62-2(h)(2)(i)(B)(4).

.05 For example, an employer pays an employee a *per diem* allowance under an arrangement that otherwise meets the requirements of an accountable plan to cover business expenses for meals and lodging for travel away from home at a rate of 120 percent of the federal *per diem* rate for the localities to which the employee travels. The employer does not require the employee to return the 20 percent by which the reimbursement for those expenses exceeds the federal *per diem* rate. The employee substantiates 6 days of travel away from home: 2 days in a locality where the federal *per diem* rate is \$150 and 4 days in a locality where the federal *per diem* rate is \$130. The employer reimburses the employee \$384 for the 6 days of travel away from home ($2 \times (120\% \times \$150) + 4 \times (120\% \times \$130)$), and does not require the employee to return the excess payment of \$164 (2 days $\times$ \$30 ($\$180 - \$150$) + 4 days $\times$ \$26 ($\$156 - \$130$)). For the payroll period in which the employer reimburses the expenses, the employer must withhold and pay employment taxes on \$164. See section 8.02 of this revenue procedure.

.06 All payments to an employee under a *per diem* allowance arrangement are treated as paid under a nonaccountable plan if the reimbursement arrangement evidences a pattern of abuse. An arrangement evidences a pattern of abuse if, for example, it has no process to determine when an allowance exceeds the amount that may be deemed substantiated and the arrangement routinely pays allowances in excess of the amount that may be deemed substantiated without requiring actual substantiation or repayment of the excess amount, or treating the excess allowances as wages for employment tax purposes. See section 62(c), section 1.62-2(k), and Rev. Rul. 2008-58, 2008-2 C.B. 874. Thus, these payments are included in the employee's gross income, are reported as wages or other compensation on the employee's Form W-2, and are subject to withholding and payment of employment taxes. See sections 1.62-2(c)(3), (c)(5), and (h)(2).

SECTION 9. EFFECTIVE DATE

This revenue procedure is effective for *per diem* allowances for lodging, meal and incidental expenses, or for meal and incidental expenses only that are paid to an employee on or after October 1, 2011, for travel away from home on or after October 1, 2011. For purposes of computing the amount allowable as a deduction for travel away from home, this revenue procedure is effective for meal and incidental expenses or for incidental expenses only paid or incurred on or after October 1, 2011.

SECTION 10. EFFECT ON OTHER DOCUMENTS

Rev. Proc. 2010-39 is modified and amplified and, as modified and amplified, is superseded.

DRAFTING INFORMATION

The principal author of this revenue procedure is Eric D. Brauer of the Office of Associate Chief Counsel (Income Tax & Accounting). For further information regarding this revenue procedure, contact Mr. Brauer at (202) 622-4970 (not a toll-free call) or the individual identified in the most recent annual *per diem* notice.

[Prev](#)

[Up
Home](#)

[Next](#)

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Arrowood Interview Occurrence

PATIENT INFORMATION
Corporate

Today's Date 3-18-14 Time 3:00 AM ☒ PM
 Name (First, Middle, Last) Joffrey Scott Tracy SS# 249-53-4630
 Address 2449 Trussel Rd. City Chester
 State SC Zip Code 29706 Age 42 Date of Birth 01/03/1972 Sex: ☒ M ☐ F
 Telephone (Home) 803 519-7298 Evening (803 144-4803)
 Type of Service(s) receiving today... (e.g., drug screen, physical, injury treatment, etc.) Check out injury
 Sent in by... Company Name D+C Trucking Contact Name Karen Whitesides or Tammy Kinard

If you are being treated for an injury/illness with us today, please fill out the information below the dotted line:

Date of Injury 3-14-14 Time of Injury 11:00 AM ☒ PM Last Day Worked 3-15-14
 Where/How was the injury occurred Waddy, Ky. I-64 eastbound.
 Was the problem caused by something that happened at work? ☒ Yes ☐ No
 Who was reported to Tammy Kinard Date 3-17-14 Time 9:30 AM ☒ PM
 Have you been treated at a facility before? ☒ Yes ☐ No If yes, when? Dot Physical 2011/Aug.

For your first visit for this injury, describe how your present injury/illness occurred in the space below.

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck.

Please complete the diagram below.

For each one of the symptoms below, mark the areas of the body where you feel them on the figures below and indicate the time of occurrence.

Rate the intensity of your pain: NO PAIN MOST PAIN
 Please circle 0 1 2 3 4 5 6 7 8 9 10

Symptoms Example
 1. Stomach pain
 2. Headache
 3. Back pain



Patient Signature Joffrey Scott Tracy Date 3-18-14

000152

Date 03/18/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Phone: (803) 519-7298

Provider: McNair, Charlton Scott MD
Visit Date: 3/18/14 Time In: 3:27PM

Out: 5:30PM

Purpose: WC Incident New

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14 Case Number: 2014-00002 Claim Number:

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99204 OV N-Comp Office Visit, New-Comprehensive
74022 XRAbd3V XR: Abdomen Series Flat/Upright/Chest 3v
J8499-501 Nap550/30AS Naproxen 550mg #30 RVAS
J8499-886 Metho40RVpp Methocarb. 750 mg #40- RvPPRx
J8499-52 Biofreeze Biofreeze - 120 Gm - Non-Rx

Current Work Restrictions

Lifting - 20 Lbs. Max
No forceful pushing or pulling >30lbs
Alternate sitting/standing 45/55% of time

Starting: 3/18/14 Continuing
Starting: 3/18/14 Continuing
Starting: 3/18/14 Continuing

103

0002

000153

Date 03/18/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 2

Work Status Summary

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Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD
Visit Date: 3/18/14 Time In: 3:27PM Out: 5:30PM

Phone: (803) 519-7298

Purpose: WC Incident New

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 3/25/14 at 1:00PM

WC Incident Re-Check

McNair, Charlton Scott MD

Comments

Subjective:

Objective:

Assessment:

Plan:

He was in a MVA on Friday and injured his abdominal wall and ower back. He has a history of a hernia that is not exacerbad in this event. Th exrays are negative for acute injury. He is to return to work with limitations and follow up in a week. The more he does within reason, the better he wil be overall.

104

0003

000154

Arrowood Medical Center **Riverview Medical Center** **Occumed AT RIVERVIEW**

BACK

New Patient

Name: Jeffrey Tracy Incident #: 0m4630 DOB 1-3-72 Date 3-18-14

Associated Symptoms ☐ None (Check all that apply)

- ☐ Yes ☒ No Dysuria ☐ Yes ☒ No Polyuria ☐ Yes ☒ No Fever, chills, sweats. ☒ Yes ☒ No Hematuria
☐ Yes ☒ No Paresthesias ☐ Yes ☒ No Weakness ☐ Yes ☒ No Changes in bowel habits ☒ Yes ☐ No Pain radiation to: Right
☐ Other: _____

EXAMINATION: (Check all that apply and explain any Yes answers below)

Inspection

- ☐ Yes ☒ No Disoriented to time, place and person and/or non-alert?
- ☐ Yes ☒ No Abnormal posture or gait?
- ☐ Yes ☒ No Erythema, ecchymosis, scars, masses, swelling, or deformities in the back?
- ☐ Yes ☒ No Loss of lumbosacral lordosis?
- ☐ Yes ☒ No Scoliosis?
- ☐ Yes ☒ No Pelvis asymmetry?
- ☐ Yes ☒ No Difficult Heel/Toe ambulation?

Palpation

- ☐ Yes ☒ No Tenderness or spasm of the spine or the paravertebral musculature? Yes

Range of Motion

- ☐ Yes ☒ No Restricted range of motion of the back? (If Yes, specify restrictions below)
 Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☒ Ankle _____ inches from floor
 Ext. _____/30° Lat. Flexion R: _____ L: _____/45° Lat. Rotation R: _____ L: _____/30°

Muscular, Neurological, Vascular

- ☐ Yes ☒ No Weakness of the lower extremities? (If Yes, grade the weakness below)
 Hip Flex (T12-L3) R _____ L _____/5 Foot Dorsiflex-Inv (L4) R _____ L _____/5 Great Toe Dorsiflex (L5) R _____ L _____/5
- ☐ Yes ☒ No Abnormal deep tendon reflexes? (If Yes, grade the response below)
 Patellar (L2, L3, L4) R _____ L _____/2 Achilles Tendon (S1) R _____ L _____/2
- ☐ Yes ☒ No Sensory changes to light touch and pinprick? (If Yes, specify area of decreased sensation below)
 R / L Anterior Thigh (L1-L3) R / L Medial Leg/Foot (L4) R / L Lateral Leg/Medial Foot (L5)
 R / L Lateral Leg/Dorsal Foot (L5) R / L Lateral Ventral Foot (S1) R / L Thoracoabdominal region
- ☐ Yes ☒ No Abnormal distal pulses? (If Yes, specify): _____

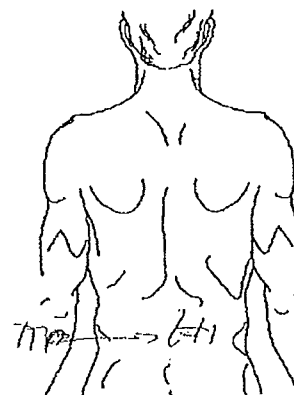
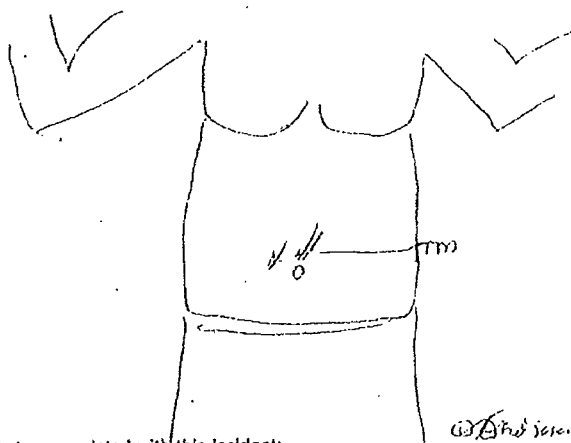
Other:

- ☐ Yes ☒ No Abnormal exam of the neck?

Maneuvers and Tests

- ☐ Pos ☒ Neg Straight Leg Raise Test for sciatic nerve involvement. Right: + at _____ degrees. Left: + at _____ degrees.
- ☐ Pos ☒ Neg Patrick-Fabre Test for pathology of sacroiliac joint. 17. ☐ Pos ☐ Neg Extensor hallucis longus (EHL) Test
- ☐ Pos ☐ Neg Wadell's Signs for symptom magnification. 19. ☐ Pos ☐ Neg Other: _____

Explanation of abnormalities and other physical findings:



Other injuries associated with this incident: Wadell's signs +/v

DIAGNOSTIC TESTS:

Radiographic series of the ☒ Lumbar Spine ☒ Other: abd.

Number of views 4V (Document appropriately) X-Ray #: _____

☐ CBC / Differential ☐ Blood Chemistry ☐ Urinalysis, Dipstick ☐ Urinalysis ☐ Urine C&S

Other: _____

Results: Wet x-ray reading: ☐ Normal ☐ Abnormal: Abnormal

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Dispensing Pharmacy Workers Compensation

Patient Name Tracy DOB 1/1 Patient ID #
 Date 3/16/14 Prescribing Physician [Signature] Prescription Verified [Signature]
☒ Medication Allergies Checked ☒ Contraindications Checked Seals Intact and Filled by LPB

OSHA Non-Recordable Medications

Medication	Strength	#	Sig
☐ Benadryl	Diphenhydramine	25mg	24
☒ Biofreeze			
☐ Hydrocortisone			
☐ Ibuprofen			
☐ Naphcon A Optl			
☐ Naproxen			
☐ Triple Antibiotic			
☐ Trolamine Salicyl			
☐ Tylenol			

Rx: 108815 Date: Mar 18, 2014 5:28 PM
 METHOCARBAMOL 40 x 750MG TAB
 NDC:42254-0035-40
 No RefillsSIG: Take 1-2 tablets by mouth every 12 hours
 Patient: JEFFREY TRACY DOB: 1/3/1972 (42 year old)
 2449 TRUSSEL RD
 CHESTER SC 29706
 Provider: MCNAIR, C. MD
 Lic: SC 23464
 DEA: BM8105391

OSHA Recordable

Medication	Strength	#	Sig
☐ Augm			
☐ Bactri			
☐ Bactro			
☐ Benad			
☐ Betame			
☐ Cipro			
☐ Cleocin			
☐ Fiorcet			
☐ Flexiril			
☐ Gentam			
☐ Ibuprof			
☐ Indocin			
☐ Keflex			
☐ Levaquin			
☐ Levaquin			
☐ Mobic			
☒ Naproxen			
☐ Prednisone			
☒ Robaxin			
☐ Silvadene			
☐ Tobramycin Opth Soln 3%			
☐ Ultram			
☐ Vicodin 5mg*			
☐ Vicodin 7.5mg*			
☐ Vicodin 10mg*			
☐ Vistaril			
☐ Cephalixin	500mg	40	
☐ Levofloxacin	500mg	7	
☐ Levofloxacin	750mg	5	
☐ Meloxicam	15mg	30	
☐ Naproxen	550mg	30	
☐ Prednisone	20mg	21	
☒ Robaxin	Methocarbamol	750mg	40
☐ Silvadene	Silver Sulfadiazine	25mg	
☐ Tobramycin Opth Soln 3%		5ml	
☐ Ultram	Tramadol	50mg	30
☐ Vicodin 5mg*	APAP/Hydrocodone	325mg/5mg	20
☐ Vicodin 7.5mg*	APAP/Hydrocodone	325mg/7.5mg	20
☐ Vicodin 10mg*	APAP/Hydrocodone	325mg/10mg	20
☐ Vistaril	Hydroxyzine	25mg	20

Rx: 109814 Date: Mar 18, 2014 5:28 PM
 NAPROXEN SODIUM 30 x 650MG TAB
 NDC:54569-3762-05 Manu NDC:53746-0194-05
 No RefillsSIG: Take 1 tablet by mouth every 12 hours
 Patient: JEFFREY TRACY DOB: 1/3/1972 (42 year old)
 2449 TRUSSEL RD
 CHESTER SC 29706
 Provider: MCNAIR, C. MD
 Lic: SC 23464
 DEA: BM8105391

NAPROXEN SODIUM 550 MG 30 TABLETS
 NDC 53746-194-05
 EXPIRATION DATE 12/31/14
 EXP 07/15

Methocarbamol 750mg #40 Tablets Rx# 2093975
 Lot # 31200025 Exp Date 12/31/14
 NDC 42254-035-40 AWP \$54.70

I certify that I have received the medication(s) indicated above with seals intact and the associated patient information sheet(s). I do not require any additional counseling at this time.

Patient Initials JST Date 3-18-14

Arrowood
 MEDICAL CENTER
 9720 South Tryon Street
 Charlotte, NC 28273
 phone (704) 588-7362
 fax (704) 588-9127

Riverview
 MEDICAL CENTER
 1393 Celanese Road
 Rock Hill, SC 29732
 phone (803) 329-3103
 fax (803) 327-7937

Name Jeffrey Scott Tracy

Date of Birth 01/03/1972 Gender (Circle One) M F

Medications

Please list current medications including prescription, non-prescription, vitamins, allergy shots, etc.

metoprolol, Allopurinol, HCTZ,

Allergies

Are you allergic to any medications or other substances?

☐ No

☒ Yes (If yes, please list below)

Doxycline

Surgeries

Please list any surgeries (inpatient and outpatient).

GAH bladder + Rt. Knee

Work History

1. Have you had any chemical exposures at work?
If yes, please explain _____
2. Have you ever been unable to work for a physical reason or been refused a job because of your health?
If yes, please explain Out with 6 H1106 colder surgery, Also I was out for a while with my back
3. Have you ever been awarded a compensation for accident or injury?
If yes, please explain 10 for disability for injury on back
4. Have you ever been rejected or discharged from the military for a medical cause?
If yes, please explain _____

Date 03/18/14

Riverview Medical Center/Occumed

Page 1

Time In:

Time Out:

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803) 519-7298 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803) 377-3288 Ext: 5
Fax: (803) 377-8035

Job Title:

Department:

Purpose: WC Incident New

Provider:

Protocol: WC Incident New

Background Problem

Date of Injury: 3/14/2014

Case Age: 4 Days

Claim Number:

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

Standard Services

Contacts

Tina Meryman

(803) 377-3288 Ext 5

Instructions

Use Form:

Report Results To:

Other:

Phone:

Fax:

Special Protocol Instructions Follow

Date 03/18/14

Riverview Medical Center/Occumed

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)519-7298 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident New

Provider:

Protocol: WC Incident New

Special Instructions:

DRUG and/or ALCOHOL TESTING
- 5 Panel UDS (NON - DOT) is required on all injuries.

DRUG and/or ALCOHOL TESTING REPORTING INSTRUCTIONS
- Please call and mail results to Tina Meryman.

PROVIDER INSTRUCTIONS
- Please call Tina Meryman with report after treatment.

CHECKOUT
- Please fax status report to 803-377-8035. *3-18-14 DW*

REFERRALS
Please call before making referrals to physical therapy or specialist.

Carrier Information

Check W/C Insurance

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Telephone: (843) 849-1164
Fax: (843) 576-0074

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RIVERVIEW

Medical Center

OCCURED

At Riverview ✓

1393 Celanese Road
Rock Hill, SC 29732
(803) 329-3103 Fax 325-2232

Rock Hill Radiology Associates Overread Report

JEFFREY TRACY
DOB: 01/03/1972
DR. MCNAIR

ABDOMINAL SERIES, 03/18/14:

FINDINGS: The bowel gas pattern is normal. There is no significant bowel distention. There is no definite organomegaly or free intraperitoneal air. There are clips present in the right upper quadrant.

The heart and mediastinum are normal in size and configuration. The vascular pattern is normal and the lungs are clear.

IMPRESSION: NO ACUTE PROCESS WITHIN THE ABDOMEN.

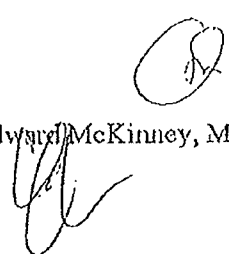
LIMITED LUMBAR SPINE, 03/18/14:

FINDINGS: Lateral lumbar spine was obtained and correlation made with the AP projection of the abdomen series.

There is no evidence for a compression fracture. There is minor osteophyte formation present at L3 and L4.

IMPRESSION: MINIMAL DEGENERATIVE CHANGE IN THE LUMBAR SPINE WITH NO ACUTE ABNORMALITY.

EDMins
d/t: March 19, 2014


Edward McKinney, M.D.

Dispensing Pharmacy Workers Compensation

Patient Name Tracy DOB 1/1 Patient ID # 109885
 Date 3/25/14 Prescribing Physician [Signature] ☐ Prescription Validated
☒ Medication Allergies Checked ☒ Contraindications Checked Seals Intact and Filled by [Signature]

OSHA Non-Recordable Medications

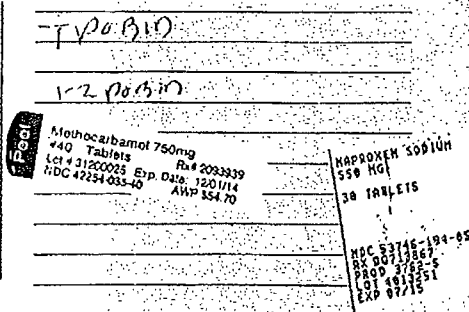
Medication	Strength	#	Sig
☐ Benadryl Diphenhydramine	25mg	24	_____
☐ Biofreeze	120gm		_____
☐ Hydrocortisone 1%	28gm		_____
☐ Ibuprofen	200mg	40	_____
☐ Naphcon A Ophthalmic	0.1%	15ml	_____
☐ Naproxen	220mg	30	_____
☐ Triple Antibiotic Ointment	14gm		_____
☐ Trolamine Salicylate 10%	85gm		_____
☐ Tylenol Acetaminophen	500mg	30	_____

OSHA Recordable Medications

Medication	Strength	#	Sig
☐ Augmentin Amoxy./Clav. K	875mg/125mg	20	_____
☐ Bactrim SMZ/TMP	800mg/160mg	20	_____
☐ Bactroban 2% Ointment Mupirocin	22 gm		_____
☐ Benadryl Diphenhydramine	50mg		_____
☐ Betamethasone 0.05%	15gm		_____
☐ Cipro Ciprofloxin	500m		_____
☐ Cleocin Clindamycin	300m		_____
☐ Fiorcet Acet/butalb/caffeine	325/5		_____
☐ Flexiril Cyclobenzaprine	10mg		_____
☐ Gentamycin Ophthalmic Ointment	0.3%		_____
☐ Ibuprofen	800m		_____
☐ Indocin Indomethacin	50 m		_____
☐ Keflex Cephalexin	500m		_____
☐ Levaquin Levofloxacin	500m		_____
☐ Levaquin Levofloxacin	750n		_____
☐ Mobic Meloxicam	15mg	30	_____
☒ Naproxen	550mg	30	_____
☐ Prednisone	20mg	21	_____
☒ Robaxin Methocarbamol	750mg	40	_____
☐ Silvadene Silver Sulfadiazine	25mg		_____
☐ Tobramycin Opth Soln 3%	5ml		_____
☐ Ultram Tramadol	50mg	30	_____
☐ Vicodin 5mg* APAP/Hydrocodone	325mg/5mg	20	_____
☐ Vicodin 7.5mg* APAP/Hydrocodone	325mg/7.5mg	20	_____
☐ Vicodin 10mg* APAP/Hydrocodone	325mg/10mg	20	_____
☐ Vistaril Hydroxyzine	25mg	20	_____

Rx: 109885 Date: Mar 25, 2014 1:52 PM
 NAPROXEN SODIUM 30 x 550MG TAB
 NDC: 54569-3762-05 Manu NDC: 53746-0194-05
 No Refills SIG: Take one tablet by mouth twice a day with food
 Patient: JEFFREY TRACY DOB: 1/3/1972 (42 year old)
 2445 TRUSSEL RD
 CHESTER SC 29706
 Provider: MCNAIR, C. MD
 Lic: SC 23464
 DEA: BM6105391
 Rx: 109885 3/25/2014 No Refills
 Take one tablet by mouth twice a day with food
 MCNAIR, C. MD
 JEFFREY TRACY DOB: 1/3/1972
 NDC: 54569-3762-05 Lot: 4013251 3/25/2015

Rx: 109885 Date: Mar 25, 2014 1:52 PM
 METHOCARBAMOL 40 x 750MG TAB
 NDC: 42254-0035-40
 No Refills SIG: Take one -two tablets twice a day
 Patient: JEFFREY TRACY DOB: 1/3/1972 (42 year old)
 2445 TRUSSEL RD
 CHESTER SC 29706
 Provider: MCNAIR, C. MD
 Lic: SC 23464
 DEA: BM6105391
 Rx: 109885 3/25/2014 No Refills
 Take one -two tablets twice a day
 MCNAIR, C. MD
 JEFFREY TRACY DOB: 1/3/1972
 NDC: 42254-0035-40 Lot: 31200025 12/1/2014



I certify that I have received the medication(s) indicated above with seals intact and the associated patient information sheet(s). I do not require any additional counseling at this time.

Patient Initials DST Date 3-25-14

Arrowood
 MEDICAL CENTER
 9720 South Tryon Street
 Charlotte, NC 28273
 phone (704) 588-7362
 fax (704) 588-9127

Riverview
 MEDICAL CENTER
 1393 Celanese Road
 Rock Hill, SC 29732
 phone (803) 329-3103
 fax (803) 327-7937

Date 03/25/14 (1:00PM)

Riverview Medical Center/Occurred

Page 1

Time In: 1310 MP
Time Out: 2pm MK

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)519-7298 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:
Department:
Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 3/14/2014 Case Age: 11 Days Claim Number: 164385
I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Contacts

Tina Meryman (803) 377-3288 Ext 5

Instructions

Use Form: Report Results To:

Other: Phone:
Fax:

Special Protocol Instructions Follow

Special Instructions:

PROVIDER INSTRUCTIONS

- Please call Tina Meryman with report after treatment.

CHECKOUT

- Please fax status report to 803-377-8035. 3-25-14
du

REFERRALS

Please call before making referrals to physical therapy or specialist.

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Date 03/25/14 (1:00PM)

Riverview Medical Center/Occurred

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)519-7298 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD

Protocol: WC Incident Re-Check

Carrier Information

Check W/C Insurance

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Telephone: (843) 849-1164
Fax: (843) 576-0074

102

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000164

Date 03/25/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD
Visit Date: 3/25/14 Time In: 12:50PM Out: 1:45PM

Phone: (803) 519-7298
Purpose: WC Incident Re-Check

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14 Case Number: 2014-00002 Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detaile Office Visit, Est-Detailed
J8499-501 Nap550/30AS Naproxen 550mg #30 RVAS
J8499-886 Metho40RVpp Methocarb. 750 mg #40- RvPPRx

Current Work Restrictions

Lifting - 25 Lbs. Max	Starting: 3/25/14	Continuing
No forceful pushing or pulling >30lbs	Starting: 3/18/14	Continuing
Alternate sitting/standing 45/55% of time	Starting: 3/18/14	Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 4/02/14 at 1:00PM

WC Incident Re-Check

McNair, Charlton Scott MD

000165

Date 03/25/14

Riverview Medical Center/Occumea
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 2

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD

Phone: (803) 519-7298

Visit Date: 3/25/14 Time In: 12:50PM Out: 1:45PM

Purpose: WC Incident Re-Check

Comments

Subjective:

Objective:

Assessment:

Plan:

Patient is progressing as expected. Will continue treatment, restrictions, request PT, and recheck progress with the next visit.

97

0015

000166

Arrowood Review Occum

MEDICAL CENTER MEDICAL CENTER AT RIVERVIEW

BACK
Established Patient

Date of Injury: 3/14/14

Name: JEFFREY TRACY

Incident #: DM 4630

DOB 1/3/72

Date 3/25/14

MA / NURSE NOTES:

Since last visit:
Patient is ☐ better/ ☐ worse/ ☒ same.

Treatment plan has ☒ been/ ☐ not been followed.

Current Work Duty: ☐ Off ☒ Modified ☐ Full

Work restrictions (if any) have ☒ been/ ☐ not been followed. Explain: SLIP > 20 lbs. @ push/pull > 30, SIT/STAND 45/55

Current Medications: NAPROXEN, METHCARB, DIOFEEZE, METOPROLOL, ALLOPURINOL, HCTZ, DOXYCYCLINE

Allergies: DOXYCYCLINE

Pulse: 90

BP: 136/98

Resp: 18

Temp: 98.6

Completed by: NP/MA 1310

SUBJECTIVE COMPLAINTS:

☒ reviewed the patient's health history, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: RE BACK INJURY

Location:

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration:

Since the last visit: ☐ Yes ☒ No Any new symptoms and complaints? Describe: ASHORE ON WHEELS, 2nd story, 2nd floor

Associated Signs/Symptoms:

☐ None ☐ Yes ☐ No Pain: All

☐ Yes ☒ No Numbness:

☐ Yes ☒ No Fever?

☐ Yes ☒ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia

☐ Yes ☒ No Nausea or vomiting?

☐ Other:

OBJECTIVE FINDINGS:

(Check all that apply and explain any Yes answers below)

1. ☐ Yes ☒ No

Disoriented to time, place and person, or non-alert?

2. ☐ Yes ☒ No

Abnormal posture or gait?

3. ☐ Yes ☒ No

Erythema, ecchymosis, scars, swelling, or masses in the back?

4. ☐ Yes ☒ No

Tenderness or spasm in the back musculature?

5. ☐ Yes ☒ No

Restricted range of motion of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☐ Ankles ☐ _____ inches from floor

Extension: _____/30°

Lat. Flexion R: _____ L: _____/45°

Lat. Rotation R: _____ L: _____/30°

6. ☐ Yes ☒ No

Weakness of lower extremities?

7. ☐ Yes ☒ No

Abnormal deep tendon reflexes of lower extremities?

8. ☐ Yes ☒ No

Sensory changes to light touch and pinprick?

9. ☐ Yes ☒ No

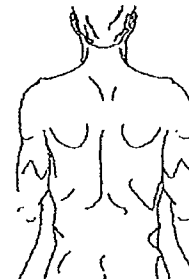
Abnormal exam of the neck?

10. ☐ Pos ☒ Neg

Straight Leg Raise Test for sciatic nerve involvement? Right: + at _____ degrees. Left: + at _____ degrees.

11. ☐ Pos ☒ Neg

Waddell's Signs for symptom magnification?



DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses:

Diagnosis ☐ added ☐ deleted ICD9:

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☐ New prescription:

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

☐ Cold Pack

☐ Hot Pack

☐ Therapeutic Gel

☐ Lumbar Support

☐ Lumbar Pillow

☐ Other:

Physical Therapy:

Evaluate and treat _____ times/week for _____ weeks

☐ Gait training.

Work Status: ☐ Regular ☐ Modified ☐ Off work

Interpreter ☐ required.

Return to clinic on:

☐ Referral / ☐ Consult: To: _____ Reason: _____

☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN

Signature:

Name:

[Signature]

MA/Nurse completing medical orders:

LABELS

DL@d2pm

0016

000167

☐ Visit Charges Completed by front desk/.MD notes scanned

INITIAL WORKERS' COMPENSATION REFERRAL FORM

PATIENT NAME: Alacey CLAIM NUMBER: _____

DATE(S) OF INJURY: 3/14/14 DIAGNOSIS: Multiple Contusion

☐ Consult Only ☐ Take Over Treatment
Testing ☐ CT ☐ EMG/NCV ☐ MRI
Specialist ☐ Ophthalmologist ☐ Orthopedist ☒ PT ☐ Other _____

Referral to: _____

Referred By: [Signature] DATE: 3/25/14

Patient Demographics

DATE OF BIRTH: _____ SSN: _____ HOME PH: _____

WORK PH: _____ CELL PH: _____

EMPLOYER: _____ CONTACT: _____ PH: _____

WORKERS' COMP CARRIER _____ ADJUSTER: _____

ADJUSTER PH: _____ EXT _____ FX: _____ EMAIL _____

NURSE CASE MANAGER: _____ PH: _____ EXT _____ FX: _____
EMAIL: _____

Referral Action Notes

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

APPOINTMENT IS SCHEDULED FOR: _____ @ _____ AM/PM with DR. _____

PATIENT NOTIFIED BY: _____ DATE: _____ TIME: _____

ADJUSTER/EMPLOYER NOTIFIED BY: _____ DATE: _____ TIME: _____

Arrowood Medical Center 9720 S Tryon Street Charlotte, NC 28273 ph: 704-588-7362
Riverview Medical Center 1393 Colanese Rd Rock Hill, SC 29732 ph: 803-329-3103

37

0017

000168

(803) 444-4803

Claim # 1164385

Therapy Referral

Patient: Jeff Denny Date: 3/28/04

Diagnosis / Procedure: Unlabeled ICD-9 _____

Precautions / Remarks: _____

Date of Patient's Recheck Appointment: _____

Instructions: ☐ Evaluate and Treat Report by: ☒ Phone ☐ Letter

Treatment Plan: ☐ Therapist's Discretion ☐ And /or specify treatment below

Frequency / Duration: 1 2-3 4 5 Times / Week for 2-4 Weeks

Modalities: ☐ Heat / Paraffin ☐ Cold ☐ Contrast
☐ Electrical Stim. ☒ Ultrasound / ☐ Iontophoresis
☐ TENS Instruction Phonophoresis
☐ Manual / Mechanical Traction ☐ Whirlpool

Procedures: ☐ Manual Therapy / Soft Tissue Mobilization
☐ Joint Mobilization ☐ Gait Training ☐ ROM / Flexibility
☒ Therapeutic Exercise ☐ Functional Activities / Individual Instruction
☐ Lumbar rehab program ☐ Hip rehab program
☐ Thoracic/ribcage rehab program ☐ Shoulder rehab program
☐ Cervical rehab program ☐ Elbow rehab program
☐ Knee rehab program ☐ Wrist / Hand rehab program
☐ Ankle / Foot rehab program

Miscellaneous Services:
☐ Ergonomic Evaluation ☐ Functional Capacity / Physical Abilities Testing
☐ Work Site Assessment ☐ Wound Care
☐ Work Simulation / Conditioning

Additional Comments: _____

Physician's Signature: [Signature]

Physician's Printed Name: N. Denny Phone: _____

Thank you for this referral

000169

35

Date 3/25/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722

Page 1

Referral Note

Referred To: Physical Therapy

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone:
E-Mail:

Fax:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referral Summary Information

Claim # 1164385

Purpose: Lumbar pain

Comments: Dr. C. Scott McNair is requesting referral to physical therapy for multiple contusions. Contusion Multiple trunk/sprain lumbar region. If you have any questions please call me at 803-981-9373.

Thank you,
Cathy G Adams
Occupational Health Coordinator

Patient Information

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Employer: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Telephone: (803) 519-7298

Telephone: (803) 377-3288 Fax: (803) 377-8035

Identity: 249-53-4630

Birth Date: 1/03/72

Insurance: People's Corp.

Gender: Male

Age: 42

210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Marital: Unknown

Insured ID: Work Comp Visit

Visit Date: 3/25/14

Telephone: (843) 849-1164 Fax: (843) 576-0074

Referring Visit Information

Date of Injury or Illness: 3/14/14

Case Number: 2014-00002

Claim Number: 1164385

Problem: I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis: 922.8

Contusion Multiple Trunk

847.2

Sprain Lumbar Region

Procedures: 99214

Office Visit, Est-Detailed

J8499-501

Naproxen 550mg #30 RVAS

FAKED

Wadsworth
Susan Brady
Selina Pastern
800-929-1500 X 1450079
Fax: 800-659-8909

000170

Date 3/25/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722

Page 2

Referral Note

Referred To: Physical Therapy

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone:
E-Mail:

Fax:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referring Visit Information

J8499-886 Methocarb. 750 mg #40- RvPPRx

Subjective:

Objective:

Assessment:

Plan: Patient is progressing as expected. Will continue treatment, restrictions, request PT, and recheck progress with the next visit.

0020

000171

Dispensing Pharmacy Workers Compensation

Patient Name Jeffrey Tracy DOB 1/31/92 Patient ID #
 Date 4/2/14 Prescribing Physician [Signature] ☐ Prescription Verified [Signature]
☐ Medication Allergies Checked ☐ Contraindications Checked Seals Intact and Filled by [Signature]

OSHA Non-Recordable Medications

Medication	Strength	#	Sig
☐ Benadryl	Diphenhydramine	25mg	24
☐ Biofreeze		120gm	
☐ Hydrocortisone 1%		28gm	
☐ Ibuprofen		200mg	40
☐ Naphcon A Ophthalmic		0.1%	15ml
☐ Naproxen		220mg	30
☐ Triple Antibiotic Ointment		14gm	
☐ Trolamine Salicylate 10%		85gm	
☐ Tylenol	Acetaminophen		

OSHA Recordable Medications

Medication	Strength	#	Sig
☐ Augmentin	Amoxy/Clavulanate		
☐ Bactrim	SMZ/TMP		
☐ Bactroban 2% Ointment	Mupirocin		
☐ Benadryl	Diphenhydramine		
☐ Betamethasone 0.05%			
☐ Cipro	Ciprofloxacin		
☐ Cleocin	Clindamycin		
☐ Fiorcet	Acetaminophen/Codeine		
☐ Flexiril	Cyclobenzaprine	10mg	21
☐ Gentamycin Ophthalmic Ointment		0.3%	3.5g
☒ Ibuprofen		800mg	30
☐ Indocin	Indomethacin	50 mg	30
☐ Keflex	Cephalexin	500mg	40
☐ Levaquin	Levofloxacin	500mg	7
☐ Levaquin	Levofloxacin	750mg	5
☐ Mobic	Meloxicam	15mg	30
☐ Naproxen		550mg	30
☐ Prednisone		20mg	21
☐ Robaxin	Methocarbamol	750mg	40
☐ Silvadene	Silver Sulfadiazine	25mg	
☐ Tobramycin Oph Soln 3%		5ml	
☐ Ultram	Tramadol	50mg	30
☐ Vicodin 5mg*	APAP/Hydrocodone	325mg/5mg	20
☐ Vicodin 7.5mg*	APAP/Hydrocodone	325mg/7.5mg	20
☐ Vicodin 10mg*	APAP/Hydrocodone	325mg/10mg	20
☐ Vistaril	Hydroxyzine	25mg	20

IBUPROFEN
 800 MG
 30 TABLETS
 NDC 53746-966-05
 RX 30555971
 PROD 8289-3
 LOT 4028280
 EXP 12/15

I certify that I have received the medication(s) indicated above with seals intact and the associated patient information sheet(s). I do not require any additional counseling at this time.

Patient Initials JST

Date 4-2-14

Arrowood
 MEDICAL CENTER

9720 South Tryon Street
 Charlotte, NC 28273
 phone (704)588-7362
 fax (704)588-9127

Riverview
 MEDICAL CENTER

1393 Celanese Road
 Rock Hill, SC 29732
 phone (803)329-3103
 fax (803)327-7937

Date 04/02/14

Riverview Medical Center/Occumeo
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Phone: (803) 519-7298

Provider: McNair, Charlton Scott MD
Visit Date: 4/02/14

Time In: 12:43PM Out: 1:56PM

Purpose: WC Incident Re-Check

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14

Case Number: 2014-00002

Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detaile Office Visit, Est-Detailed
J8499-148 Ibu800/30AS Ibuprofen 800 #30 - Rx- RV AS

Current Work Restrictions

Lifting - 30 Lbs. Max
No forceful pushing or pulling >30lbs
Alternate sitting/standing 35/65% of time

Starting: 4/02/14 Continuing
Starting: 3/18/14 Continuing
Starting: 4/02/14 Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 4/09/14 at 1:00PM

WC Incident Re-Check

McNair, Charlton Scott MD

91
91

0022

000173

Date 04/02/14

Riverview Medical Center/Occumeu
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 2

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD

Phone: (803) 519-7298

Visit Date: 4/02/14 Time In: 12:43PM Out: 1:56PM

Purpose: WC Incident Re-Check

Comments

Subjective:

Objective:

Assessment:

Plan:

They are progressing slower than anticipated. Will change medication and reassess on the next visit. They will benefit from PT, so its requested.

92

0023

000174

Arrowood Review Occum

MEDICAL CENTER

MEDICAL CENTER

AT RIVERVIEW

BACK

Established Patient

Date of Injury: 3-14-14

Name: Jeffrey Tracy

Incident #: DM4630

DOB 1-3-72 Date 4-2-14

MA / NURSE NOTES:

Since last visit:

Patient is ☐ better/ ☒ worse/ ☐ same.

Treatment plan has ☒ been/ ☐ not been followed.

Current Work Duty: ☐ Off ☒ Modified ☐ Full

Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain:

Current Medications: No proxen, methocarbamol, metoprolol, Atopurano 1, HCTZ

Allergies: Doxycycline

Pulse: 92

BP: 144/102

Resp: 16

Temp: 98.4

Completed by: McCoke 12:50pm

SUBJECTIVE COMPLAINTS:

☒ I reviewed the patient's health history, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint:

Rev back @ shoulder pain

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration: _____

Since the last visit: ☐ Yes ☒ No Any new symptoms and complaints? Describe: thoracic spine pain; at 1st rib

Associated Signs/Symptoms:

☐ None

☐ Yes ☐ No

Pain: Sharp

☐ Yes ☒ No

Numbness: _____

☐ Yes ☒ No Fever?

☐ Yes ☒ No

Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia

☐ Yes ☒ No

Nausea or vomiting?

☐ Other: _____

OBJECTIVE FINDINGS:

(Check all that apply and explain any Yes answers below)

1. ☐ Yes ☒ No

Disoriented to time, place and person, or non-alert?

2. ☐ Yes ☒ No

Abnormal posture or gait?

3. ☐ Yes ☒ No

Erythema, ecchymosis, scars, swelling, or masses in the back?

4. ☐ Yes ☒ No

Tenderness or spasm in the back musculature?

5. ☐ Yes ☒ No

Restricted range of motion of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-thigh ☐ Ankle ☐ _____ Inches from floor
Extension: _____/30° Lat. Flexion R: _____ L: _____/45° Lat. Rotation R: _____ L: _____/30°

6. ☐ Yes ☒ No

Weakness of lower extremities?

7. ☐ Yes ☒ No

Abnormal deep tendon reflexes of lower extremities?

8. ☐ Yes ☒ No

Sensory changes to light touch and pinprick?

9. ☐ Yes ☒ No

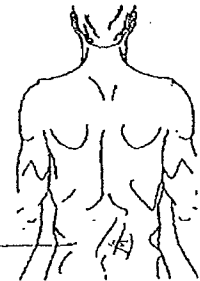
Abnormal exam of the neck?

10. ☐ Pos ☒ Neg

Straight Leg Raise Test for sciatic nerve involvement? Right: + at _____ degrees. Left: + at _____ degrees.

11. ☐ Pos ☒ Neg

Waddell's Signs for symptom magnification?



DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses: pnw/abd/low back

Diagnosis ☐ added ☐ deleted ICD9: _____

TREATMENT PLAN:

Medications

☐ Continue current prescription

☐ New prescription

Supplies

☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

☐ Cold Pack

☐ Hot Pack

☐ Therapeutic Gel

☐ Lumbar Support

☐ Lumbar Pillow

☐ Other: _____

Physical Therapy:

Evaluate and treat 3 times/week for 2-4 weeks

Work Status: ☐ Regular ☒ Modified ☐ Off work

Interpreter ☐ required.

Return to clinic on: _____

☐ Referral / ☐ Consult: To: _____ Reason: _____

☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN

Signature: _____

Name: _____

MA/Nurse completing medical orders: _____

LABELS

TRUPROFEN, USP
800 MG
30 TABLETS

NDC 53746-466-83
EXP 06/2014
LOT 12/12/13

0024

000175

Date 04/02/14 (1:00PM)

Riverview Medical Center/Occurred

Page 1

Time In:

Time Out:

12:50pm mnc
4:00pm mnc

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803) 519-7298 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803) 377-3288 Ext: 5
Fax: (803) 377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD

Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 3/14/2014

Case Age: 19 Days

Claim Number: I164385

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8

Contusion Multiple Trunk

847.2

Sprain Lumbar Region

Contacts

Tina Meryman

(803) 377-3288 Ext 5

Instructions

Use Form:

Report Results To:

Other:

Phone:

Fax:

Special Protocol Instructions Follow

Special Instructions:

PROVIDER INSTRUCTIONS

- Please call Tina Meryman with report after treatment.

CHECKOUT

- Please fax status report to 803-377-8035.

REFERRALS

Please call before making referrals to physical therapy or specialist.

Date 04/02/14 (1:00PM)

Riverview Medical Center/Occumed

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803) 519-7298 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803) 377-3288 Ext: 5
Fax: (803) 377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Carrier Information

Check W/C Insurance

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Telephone: (843) 849-1164
Fax: (843) 576-0074

Claim # 1164385

Therapy Referral

Patient: Jeffrey + Day Date: 4/2/14
 Diagnosis / Procedure: LS strain / mid-lumbar ICD-9: E672
 Precautions / Remarks: _____

Date of Patient's Recheck Appointment: _____

Instructions: ☐ Evaluate and Treat Report by: ☐ Phone ☐ Letter

Treatment Plan: ☐ Therapist's Discretion ☒ And/or specify treatment below

Frequency / Duration: 1. 3-4 5 Times / Week for 3-5 Weeks

Modalities: ☐ Heat / Paraffin ☐ Cold ☐ Contrast
☒ Electrical Stim. ☐ Ultrasound / ☐ Iontophoresis
☐ TENS Instruction Phonophoresis
☐ Manual / Mechanical Traction ☐ Whirlpool

Procedures: ☒ Manual Therapy / Soft Tissue Mobilization
☐ Joint Mobilization ☐ Gait Training ☐ ROM / Flexibility
☒ Therapeutic Exercise ☐ Functional Activities / Individual Instruction
☐ Lumbar rehab program ☐ Hip rehab program
☐ Thoracic/ribcage rehab program ☐ Shoulder rehab program
☐ Cervical rehab program ☐ Elbow rehab program
☐ Knee rehab program ☐ Wrist / Hand rehab program
☐ Ankle / Foot rehab program

Miscellaneous Services:
☐ Ergonomic Evaluation ☐ Functional Capacity / Physical Abilities Testing
☐ Work Site Assessment ☐ Wound Care
☐ Work Simulation / Conditioning

Additional Comments: _____

Physician's Signature: [Signature]
 Physician's Printed Name: Phin Phone: _____

Thank you for this referral

Claim # 1164385

Therapy Referral

Patient: Allyson Date: 4/2/14
 Diagnosis / Procedure: L5/S1 Disc Herniation ICD-9 6172
 Precautions / Remarks: _____

Date of Patient's Recheck Appointment: _____

Instructions: ☐ Evaluate and Treat Report by: ☐ Phone ☐ Letter

Treatment Plan: ☐ Therapist's Discretion ☒ And /or specify treatment below

Frequency / Duration: 1. 2-3 4 5 Times / Week for 3-5 Weeks

Modalities: ☐ Heat / Paraffin ☐ Cold ☐ Contrast
☒ Electrical Stim. ☒ Ultrasound / ☐ Iontophoresis
☐ TENS Instruction Phonophoresis
☐ Manual / Mechanical Traction ☐ Whirlpool

Procedures: ☒ Manual Therapy / Soft Tissue Mobilization
☐ Joint Mobilization ☐ Gait Training ☐ ROM / Flexibility
☒ Therapeutic Exercise ☐ Functional Activities / Individual Instruction
☐ Lumbar rehab program ☐ Hip rehab program
☐ Thoracic/ribcage rehab program ☐ Shoulder rehab program
☐ Cervical rehab program ☐ Elbow rehab program
☐ Knee rehab program ☐ Wrist / Hand rehab program
☐ Ankle / Foot rehab program

Miscellaneous Services:

☐ Ergonomic Evaluation ☐ Functional Capacity / Physical Abilities Testing
☐ Work Site Assessment ☐ Wound Care
☐ Work Simulation / Conditioning

Additional Comments: _____

Physician's Signature: [Signature]
 Physician's Printed Name: Dr. [Name] Phone: _____

* Thank you for this referral

Handwritten notes:
 10/12/14
 11/12/14
 5/12/14

Date 4/02/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722

Page 1

Referral Note

Referred To: Physical Therapy

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone:
E-Mail:

Fax:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referral Summary Information *Claim # 1164385*

Purpose: Lumber strain Rt shoulder pain

Comments:

Dr. C. Scott McNair is requesting referral to Lumber strain and Rt shoulder pain. If you have any questions please call me at 803-981-9373.

Thank you,
Cathy G Adams
Occupational Health Coordinator

Patient Information

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Employer: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Telephone: (803) 519-7298

Telephone: (803) 377-3288 Fax: (803) 377-8035

Identity: 249-53-4630

Birth Date: 1/03/72

Insurance: Peoplease Corp.

Gender: Male

Age: 42

210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Marital: Unknown

Insured ID: Work Comp Visit

Visit Date: 4/02/14

Telephone: (843) 849-1164 Fax: (843) 576-0074

Referring Visit Information

Date of Injury or Illness: 3/14/14

Case Number: 2014-00002

Claim Number: 1164385

Problem: I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis: 922.8

Contusion Multiple Trunk

847.2

Sprain Lumbar Region

Procedures: 99214

Office Visit, Est-Detailed

1st message

FAXED
4/3/14

Seppon Brady
Selvin Pedler
800-929-1500 X 1452

Fax - 330-659-8909

00294

000180

Date 4/02/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722

Page 2

Referral Note

Referred To: Physical Therapy

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone:
E-Mail:

Fax:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referring Visit Information

J8499-148 Ibuprofen 800 #30 - Rx- RV AS

Subjective:

Objective:

Assessment:

Plan: They are progressing slower than anticipated. Will change medication and reassess on the next visit. They will benefit from PT, so its requested.

0030

000181

☐ Visit Charges Completed by front desk/ MD notes scanned

803-444-4803
PT: Personal #

INITIAL WORKERS' COMPENSATION REFERRAL FORM

PATIENT NAME: Therapy CLAIM NUMBER: 1164385

DATE(S) OF INJURY: 3/14/14 DIAGNOSIS: Shw / Brck / L strain

☐ Consult Only ☐ Take Over Treatment
Testing ☐ CT ☐ EMG/NCV ☐ MRI
Specialist ☐ Ophthalmologist ☐ Orthopedist ☒ PT ☐ Other

Referral to: _____

Referred By: [Signature] DATE: 2/2/14

Patient Demographics

DATE OF BIRTH: _____ SSN: _____ HOME PH: _____

WORK PH: _____ CELL PH: _____

EMPLOYER: _____ CONTACT: _____ PH: _____

WORKERS' COMP CARRIER: _____ ADJUSTER: _____

ADJUSTER PH: _____ EXT: _____ FX: _____ EMAIL: _____

NURSE CASE MANAGER: _____ PH: _____ EXT: _____ FX: _____
EMAIL: _____

Referral Action Notes

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

APPOINTMENT IS SCHEDULED FOR: _____ @ _____ AM/PM with DR. _____

PATIENT NOTIFIED BY: _____ DATE: _____ TIME: _____

ADJUSTER/EMPLOYER NOTIFIED BY: _____ DATE: _____ TIME: _____

Arrowood Medical Center 9720 S Tryon Street Charlotte, NC 28273 ph: 704-588-7362
Riverview Medical Center 1393 Celanese Rd Rock Hill, SC 29732 ph: 803-329-3103

26
8031

000182

Date 04/09/14

Riverview Medical Center/Occume^{un}
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Phone: (803) 519-7298

Provider: McNair, Charlton Scott MD

Visit Date: 4/09/14 Time In: 12:55PM Out: 2:11PM

Purpose: WC Incident Re-Check

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14 Case Number: 2014-00002 Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detaile Office Visit, Est-Detailed

Current Work Restrictions

Lifting - 30 Lbs. Max
No forceful pushing or pulling >30lbs
Alternate sitting/standing 35/65% of time

Starting: 4/02/14 Continuing
Starting: 3/18/14 Continuing
Starting: 4/02/14 Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 4/15/14 at 11:30AM

WC Incident Re-Check

McNair, Charlton Scott MD

Comments

45
0032

000183

Arrowood Riverview Occum

MEDICAL CENTER MEDICAL CENTER AT RIVERVIEW

BACK
Established Patient

Date of Injury: 3-14-14

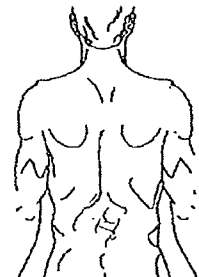
Name: Jeffrey Tracy Incident #: Om 4630 DOB 1-3-72 Date 4-9-14

MA / NURSE NOTES: Since last visit: Patient is ☐ better/ ☐ worse/ ☐ same. Treatment plan has ☐ been/ ☐ not been followed. Current Work Duty: ☐ Off ☐ Modified ☐ Full
Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain: meloxicam - allupurine - HC.TZ - ibu
Current Medications: meloxicam - methocarbamol Any medication/ treatment problems or side effects:
Allergies: dextropropylphen Pulse: 80 BP: 120/96 Resp: 16 Temp: 98.4
Completed by: MW 1:30p

SUBJECTIVE COMPLAINTS: ☒ I reviewed the patient's health history, as documented in the first visit, and updated any changes below.
HPI: Chief Complaint: ✓ back pain / (R) shoulder pain - (L) leg pain Location: back, shoulder, leg
Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration: 3-4 weeks
Since the last visit: ☐ Yes ☒ No Any new symptoms and complaints? Describe: Substantive/Myofascial dysfunction (R) leg pain

Associated Signs/Symptoms: ☐ None ☐ Yes ☐ No Pain: Sharp ☐ Yes ☐ No Numbness: Yes ☐ Yes ☐ No Fever? ☐ Yes ☐ No
☐ Yes ☒ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia ☐ Yes ☐ No Nausea or vomiting? ☐ Other: Stomach/Anxiety

OBJECTIVE FINDINGS: (Check all that apply and explain any Yes answers below)
1. ☐ Yes ☒ No Disoriented to time, place and person, or non-alert?
2. ☐ Yes ☒ No Abnormal posture or gait?
3. ☐ Yes ☒ No Erythema, ecchymosis, scars, swelling, or masses in the back?
4. ☐ Yes ☒ No Tenderness or spasm in the back musculature?
5. ☐ Yes ☒ No Restricted range of motion of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☒ Ankles ☐ _____ Inches from floor
Extension: 30° Lat. Flexion R: 45° Lat. Rotation R: 30°
6. ☐ Yes ☒ No Weakness of lower extremities?
7. ☐ Yes ☒ No Abnormal deep tendon reflexes of lower extremities?
8. ☐ Yes ☒ No Sensory changes to light touch and pinprick?
9. ☐ Yes ☒ No Abnormal exam of the neck?
10. ☐ Pos ☒ Neg Straight Leg Raise Test for sciatic nerve involvement? Right: + at _____ degrees. Left: + at _____ degrees.
11. ☐ Pos ☒ Neg Waddell's Signs for symptom magnification?



DIAGNOSTIC TESTS:
DIAGNOSES: Current Diagnoses: Low Back Pain 92% L4/L5 Diagnosis ☐ added ☐ deleted ICD9: _____

TREATMENT PLAN:
Medications ☐ Continue current prescription. ☐ New prescription: _____
Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:
☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support ☐ Lumbar Pillow ☐ Other: _____
Physical Therapy: Evaluate and treat 2-4 times/week for 2-4 weeks
☐ Gait training.

Request for:

Work Status: ☐ Regular ☒ Modified ☐ Off work
Interpreter ☐ required.
Return to clinic on: June
☐ Referral / ☐ Consult: To: _____ Reason: _____
☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN Signature: _____
Name: Dr. Jeffrey Tracy

MA/Nurse completing medical orders: _____
LABELS
DL @ 2:20p - 7/11
0033

000184

Date 4/09/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722

Page 1

Referral Note

Referred To: MRI

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone:
E-Mail:

Fax:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referral Summary Information

Claim # 1164385

Purpose: Sprain Lumber Injury w/pain

Comments: Dr. C. Scott McNair is requesting referral for MRI of Lumber Sprain Injury w/pain, without contrast. If you have any any questions please call me at 803-981-9373.

Thank you,
Cathy G Adams
Occupational Health Coordinator

One good
will make
appt. 4/14/14

Patient Information

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Employer: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Telephone: (803) 519-7298

Telephone: (803) 377-3288 Fax: (803) 377-8035

Identity: 249-53-4630

Birth Date: 1/03/72

Insurance: Peoplease Corp.

Gender: Male

Age: 42

210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Marital: Unknown

Insured ID: Work Comp Visit

Visit Date: 4/09/14

Telephone: (843) 849-1164 Fax: (843) 576-0074

Referring Visit Information

Date of Injury or Illness: 3/14/14

Case Number: 2014-00002

Claim Number: 1164385

Problem: I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis: 922.8
847.2

Contusion Multiple Trunk
Sprain Lumbar Region

Procedures: 99214

Office Visit, Est-Detailed

4/14/14

4/14/14
left
McNair

11/6/14 Follow Rx, they are
working on scheduling c
retrospective Neurological

Selina Paster
800-929-1500
X1452

330-659-8909

0034

000185

Date 4/09/14

Riverview Medical Center/Occum
1393 Celanese Rd
Rock Hill, SC 29732-1722

Page 2

Referral Note

Referred To: MRI

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone:
E-Mail:

Fax:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referring Visit Information

Subjective:

Objective:

Assessment:

Plan: He is progressing slowly. The PT is awaiting approval to help increase capacity. PT is the most important aspect of his recovery. Will request a MRI of the lumbar spine and follow up in one week.

30

0035

000186

☐ Visit Charges Completed by front desk/ MD notes scanned

INITIAL WORKERS' COMPENSATION REFERRAL FORM

PATIENT NAME: Jeffrey Toney CLAIM NUMBER: _____

DATE(S) OF INJURY: 3/14/14 DIAGNOSIS: L5/S1

☐ Consult Only ☐ Take Over Treatment
Testing ☐ CT ☐ EMG/NCV ☒ MRI L5
Specialist ☐ Ophthalmologist ☐ Orthopedist ☐ PT ☐ Other _____

Referral to: _____

Referred By: [Signature] DATE: 4/9/14

Patient Demographics

DATE OF BIRTH: _____ SSN: _____ HOME PH: 803-444-4803 ^{24h.}

WORK PH: _____ CELL PH: _____

EMPLOYER: _____ CONTACT: _____ PH: _____

WORKERS' COMP CARRIER _____ ADJUSTER: _____

ADJUSTER PH: _____ EXT _____ FX: _____ EMAIL _____

NURSE CASE MANAGER: _____ PH: _____ EXT _____ FX: _____
EMAIL: _____

Referral Action Notes

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

APPOINTMENT IS SCHEDULED FOR: _____ @ _____ AM/PM with DR. _____

PATIENT NOTIFIED BY: _____ DATE: _____ TIME: _____

ADJUSTER/EMPLOYER NOTIFIED BY: _____ DATE: _____ TIME: _____

Arrowood Medical Center 9720 S Tryon Street Charlotte, NC 28273 ph: 704-588-7362
Riverview Medical Center 1393 Colanese Rd Rock Hill, SC 29732 ph: 803-329-3103

31
0036

000187

Date 04/09/14 (1:00PM)

Riverview Medical Center/Occurred

Page 1

Time In: 1:15pm
Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)519-7298 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 3/14/2014 Case Age: 26 Days Claim Number: 164385

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Contacts

Tina Meryman (803) 377-3288 Ext 5

Instructions

Use Form:

Report Results To:

Other: _____

Phone:

Fax:

Special Protocol Instructions Follow

Special Instructions:

PROVIDER INSTRUCTIONS

- Please call Tina Meryman with report after treatment.

CHECKOUT

- Please fax status report to 803-377-8035.

REFERRALS

Please call before making referrals to physical therapy or specialist.

0037

000188

Date 04/09/14 (1:00PM)

Riverview Medical Center/Occumed

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803) 519-7298 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803) 377-3288 Ext: 5
Fax: (803) 377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Carrier Information

Check W/C Insurance

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Telephone: (843) 849-1164
Fax: (843) 576-0074

0038

000189

Date 04/15/14 (11:30AM)

Riverview Medical Center/Occurred

Page 1

Time In: 11:00am **BNF**
Time Out: 11:31am **BNF**

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)519-7298 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD

Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 3/14/2014

Case Age: 32 Days

Claim Number: 164385

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8

Contusion Multiple Trunk

847.2

Sprain Lumbar Region

Contacts

Tina Meryman

(803) 377-3288 Ext 5

Instructions

Use Form:

Report Results To:

Other:

Phone:

Fax:

Special Protocol Instructions Follow

Special Instructions:

PROVIDER INSTRUCTIONS

- Please call Tina Meryman with report after treatment.

CHECKOUT

- Please fax status report to 803-377-8035. **4-15/14 DW**

REFERRALS

Please call before making referrals to physical therapy or specialist.

0039

000190

Date 04/15/14 (11:30AM)

Riverview Medical Center/Occumed

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803) 519-7298 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803) 377-3288 Ext: 5
Fax: (803) 377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Carrier Information

Check W/C Insurance

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Telephone: (843) 849-1164
Fax: (843) 576-0074

49
X

0040

000191

Date 04/15/14

Riverview Medical Center/Occumeu
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD

Phone: (803) 519-7298

Visit Date: 4/15/14 Time In: 10:53AM Out: 11:22AM

Purpose: WC Incident Re-Check

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14

Case Number: 2014-00002

Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk

847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detail Office Visit, Est-Detailed

Current Work Restrictions

Lifting - 30 Lbs. Max
No forceful pushing or pulling >30lbs
Alternate sitting/standing 35/65% of time

Starting: 4/02/14 Continuing
Starting: 3/18/14 Continuing
Starting: 4/02/14 Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 4/23/14 at 11:30AM

WC Incident Re-Check

McNair, Charlton Scott MD

Comments

0041

000192

Date 04/15/14

Riverview Medical Center/Occumera
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 2

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630

DOB: 1/03/72

Department:

Job Title:

Phone: (803) 519-7298

Provider: McNair, Charlton Scott MD

Visit Date: 4/15/14 Time In: 10:53AM Out: 11:22AM

Purpose: WC Incident Re-Check

Subjective:

Objective:

Assessment:

Plan:

He is stable and awaiting PT starting and the MRI. He is to continue care as previous and recheck in one week.



0042

000193

Arrowood Riverview Occum

MEDICAL CENTER MEDICAL CENTER AT RIVERVIEW

BACK
Established Patient

Date of Injury: 3/14/2014
Name: Jeffrey Tracy Incident #: 004630 DOB: 1/31/72 Date: 4/15/14

MA / NURSE NOTES: Since last visit:
Patient is ☐ better/ ☐ worse/ ☒ same. Treatment plan has ☒ been/ ☐ not been followed. Current Work Duty: ☐ Off ☒ Modified ☐ Full
Work restrictions (if any) have ☒ been/ ☐ not been followed. Explain: None
Current Medications: Hydrocodone, Fentanyl, HCTZ, Tylenol Any medication/ treatment problems or side effects:
Allergies: Doxycycline Pulse: 79 BP: 152/110 Resp: 16 Temp: 98.4
Completed by: B. flag CNA 11:00am

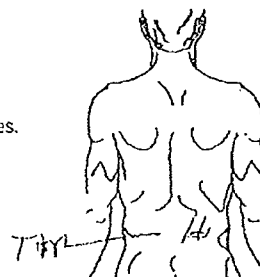
SUBJECTIVE COMPLAINTS: ☒ Reviewed the patient's health history, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: Low Back Pain Location: Low Back
Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration: Intermittent
Since the last visit: ☐ Yes ☒ No Any new symptoms and complaints? Describe: Nothing, Spinning a bit (dizziness)

Associated Signs/Symptoms: ☐ None ☒ Yes ☐ No Pain: Low Back Pain ☒ Yes ☐ No Numbness: None ☐ Yes ☒ No Fever?
☐ Yes ☒ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia ☐ Yes ☒ No Nausea or vomiting? ☐ Other: None

OBJECTIVE FINDINGS: (Check all that apply and explain any Yes answers below) None

- ☐ Yes ☒ No Disoriented to time, place and person, or non-alert?
- ☐ Yes ☒ No Abnormal posture or gait?
- ☐ Yes ☒ No Erythema, ecchymosis, scars, swelling, or masses in the back?
- ☐ Yes ☒ No Tenderness or spasm in the back musculature?
- ☐ Yes ☒ No Restricted range of motion of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☒ Ankles ☐ ___ inches from floor
Extension: ___/30° Lat. Flexion R: ___ L: ___/45° Lat. Rotation R: ___ L: ___/30°
- ☐ Yes ☒ No Weakness of lower extremities?
- ☐ Yes ☒ No Abnormal deep tendon reflexes of lower extremities?
- ☐ Yes ☒ No Sensory changes to light touch and pinprick? None
- ☐ Yes ☒ No Abnormal exam of the neck?
- ☐ Pos ☒ Neg Straight Leg Raise Test for sciatic nerve involvement? Right: + at ___ degrees. Left: + at ___ degrees.
- ☐ Pos ☒ Neg Waddell's Signs for symptom magnification?



DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses: Low Back Pain Diagnosis ☐ added ☐ deleted ICD9: 72.12

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☐ New prescription: None
Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:
☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support ☐ Lumbar Pillow ☐ Other: None

Physical Therapy: Evaluate and treat 3 times/week for 2 weeks Physical Therapy
☐ Gait training.

Work Status: ☐ Regular ☒ Modified ☐ Off work
Interpreter ☐ required. None

Return to clinic on: None
☐ Referral / ☐ Consult: To: None Reason: None
☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN Signature: [Signature]
Name: Dr. [Name]

MA/Nurse completing medical orders: [Signature]

LABELS
0043

000194

ONE CALL CARE DIAGNOSTICS, INC. Patient Scheduling Notification

20 Waterview Blvd. P.O. Box 614 - Parsippany, New Jersey 07054-0614

TEL (973) 257-1000 - FAX 1-877-922-3992

Fax Date: Wednesday April 16, 2014

To Referring Physician: CHARLTON MCNAIR Fax #: (803)325-2232

One Call Care Diagnostics, Inc. has scheduled the following patient:

Patient: JEFFREY TRACY
Claim Number: OCM249534630
Date of Injury: March 14, 2014

Please fax the Medical Order to:

Provider: METROLINA NEURODIAGNOSTIC CENTER, LLC
127 PROFESSIONAL PARK DRIVE
ROCK HILL, SC 29732
Phone: (803)329-8635 Fax: (803)329-8645

Procedure

Scheduled Date and Time

MRI LUMBAR SPINE

04/19/2014 02:00 PM

Notes Sent to the Provider:

4/14/14
Dr. FLY on
PT C. McNeil

If you have any questions, please contact us at referrals@onecallcm.com or call us at 800-872-2875, 8AM - 8PM EST.
One Call Care Diagnostics, Inc. - The Connection to Quality <http://www.onecallcm.com>

Sincerely,

JESSICA DELVA

OCCM Service Consultant

NOTICE OF PRIVILEGE AND CONFIDENTIALITY

The information contained in this facsimile transmission is privileged and confidential and is intended solely for the addressee. Any unauthorized disclosure, reproduction, distribution or the taking of any action in reliance on the contents of this information is prohibited.
If you received this facsimile in error, please notify us immediately.

0044

000195

Metrolina Diagnostic Center
127 Professional Park Dr.
Rock Hill 29732
Phone: (803)329-8635

Name:	Jeffrey Tracy	Exam Date:	4/19/2014
Patient ID:	M93436	Exam:	MRI L-SPINE W/O CONTRAST
DOB:	1/3/1972	Reason:	724.3 - SCIATICA
Phone:		Referrer:	SCOTT MCNAIR
Acc#: 216243		Referrer 2:	Diagnostic Center Metrolina

Results

MRI OF THE LUMBAR SPINE W/O CONTRAST

HISTORY: Low back pain.

TECHNIQUE: MRI of the lumbar spine was performed. Images were obtained in sagittal and axial planes using a variety of pulsed sequences. All images were obtained utilizing a 1.5 Tesla Siemens open bore system.

FINDINGS: The conus is normal in caliber, signal and position. Marrow signal is normal. There is no lumbar fracture. There is no listhesis.

There is desiccation of the L3-4 disc with mild loss of stature. No lumbar paraspinal soft tissue abnormalities are noted.

The T12-L1 disc is normal.

The L1-2 disc is normal.

The L2-3 disc is normal. Very early degenerative facet and ligamentum flavum changes are noted at this level. There is no lateral recess or neuroforaminal narrowing.

The L3-4 disc demonstrates a broad disc protrusion slightly acentric in the right paracentral and lateral region. Early degenerative ligamentum flavum changes are noted. There is overall mild narrowing of the thecal sac. There is minimal narrowing of the lateral recesses. There is severe bilateral neuroforaminal narrowing.

The L4-5 disc is normal. There is early degenerative facet and ligamentum flavum change. There is no central canal or lateral recess narrowing. There is mild bilateral neuroforaminal narrowing.

The L5-S1 disc demonstrates a small posterior annular fissure. No accompanying disc bulge or protrusion is evident. No significant degenerative facet or ligamentum flavum changes are noted. There is no central canal, neuroforaminal or lateral recess narrowing.

80

IMPRESSION: Disc protrusion at L3-4 with accompanying bilateral neuroforaminal narrowing.

Matthew A. Marcus, M.D.
Radiologist
PITTS RADIOLOGY
MAM:mb

Report Electronically Signed by: Matthew Marcus M.D.

Report Signed on: 4/21/2014

Pt. Name:	Jeffrey Tracy	Exam:	MRI L-SPINE W/O CONTRAST
Patient ID:	M93436	Acc:	216243
Completed Date:	4/19/2014 2:18:00 PM	Interpreting Rad:	Matthew Marcus M.D.
Transcribed By:	Mitzi Berry	Dictated Date:	
Transcribed Date:	4/20/2014 2:39:30 PM	Finalized Date:	4/21/2014



Date 4/23/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722

Page 1

Referral Note

Referred To: Neurosurgery

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone:
E-Mail:

Fax:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referral Summary Information *Claim # 1164385*

Purpose: sprain lumbar

Comments: Dr. C. Scott McNair is requesting referral for Neurosurgeon for sprain lumbar back. Positive for L 3-4 disc issues. If you have any questions please call me at 803-981-9373.

Thank you,
Cathy g Adams
Occupational Health Coordinator

Patient Information

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Employer: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Telephone: (803) 444-4803

Telephone: (803) 377-3288 Fax: (803) 377-8035

Identity: 249-53-4630

Birth Date: 1/03/72

Insurance: Peoplease Corp.

Gender: Male

Age: 42

210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Marital: Unknown

Insured ID: Work Comp Visit

Visit Date: 4/23/14

Telephone: (843) 849-1164 Fax: (843) 576-0074

Referring Visit Information

Date of Injury or Illness: 3/14/14

Case Number: 2014-00002

Claim Number: 1164385

Problem: I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis: 922.8
847.2

Contusion Multiple Trunk
Sprain Lumbar Region

Procedures: 99214

Office Visit, Est-Detailed

FAXED
4/24/14

Adj. Selina Pester
800-929-1500
x 1452

25
0047

F- 330-659-8909

000198

Date 4/23/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722

Page 2

Referral Note

Referred To: Neurosurgery

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone:
E-Mail:

Fax:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referring Visit Information

Subjective:

Objective:

Assessment:

Plan: He is starting PT tomorrow, and had his MRI. It is positive for L 3-4 disc issue with nerve entrapment. Will start PT, refer to neurosurgeon for management of the disc, and follow up in one week. Hopeful PT will help the shoulder and knee issues.

26
0048

000199

☐ Visit Charges Completed by front desk/ MD notes scanned

INITIAL WORKERS' COMPENSATION REFERRAL FORM

PATIENT NAME: J. T. May CLAIM NUMBER: _____

DATE(S) OF INJURY: 3/14/14 DIAGNOSIS: Lumbar Chy. Anesth

☒ Consult Only ☒ Take Over Treatment
Testing ☒ CT ☒ EMG/NCV ☒ MRI
Specialist ☒ Ophthalmologist ☒ Orthopedist ☒ PT ☒ Other Neurologist

Referral to: _____

Referred By: [Signature] DATE: 2/23/14

Patient Demographics

DATE OF BIRTH: _____ SSN: _____ HOME PH: _____

WORK PH: _____ CELL PH: 803-444-4803

EMPLOYER: _____ CONTACT: _____ PH: _____

WORKERS' COMP CARRIER: _____ ADJUSTER: _____

ADJUSTER PH: _____ EXT: _____ FX: _____ EMAIL: _____

NURSE CASE MANAGER: _____ PH: _____ EXT: _____ FX: _____
EMAIL: _____

Referral Action Notes

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

APPOINTMENT IS SCHEDULED FOR: _____ @ _____ AM/PM with DR. _____

PATIENT NOTIFIED BY: _____ DATE: _____ TIME: _____

ADJUSTER/EMPLOYER NOTIFIED BY: _____ DATE: _____ TIME: _____

Arrowood Medical Center 9720 S Tryon Street Charlotte, NC 28273 ph: 704-588-7362
Riverview Medical Center 1393 Calanese Rd Rock Hill, SC 29732 ph: 803-329-3103

27
0049

000200

Date 04/23/14

Riverview Medical Center/Occurrence
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1.

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD

Phone: (803) 444-4803

Visit Date: 4/23/14 Time In: 11:26AM Out: 1:01PM

Purpose: WC Incident Re-Check

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14 Case Number: 2014-00002 Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detail Office Visit, Est-Detailed

Current Work Restrictions

Lifting - 30 Lbs. Max
No forceful pushing or pulling >30lbs
Alternate sitting/standing 35/65% of time

Starting: 4/02/14 Continuing
Starting: 3/18/14 Continuing
Starting: 4/02/14 Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 5/01/14 at 10:00AM

WC Incident Re-Check

McNair, Charlton Scott MD

Comments

0050

000201

Date 04/23/14

Riverview Medical Center/Occumeu
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 2

Work Status Summary

Company: D & C Trucking Of Chester
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Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD

Phone: (803) 444-4803

Visit Date: 4/23/14 Time In: 11:26AM Out: 1:01PM

Purpose: WC Incident Re-Check

Subjective:

Objective:

Assessment:

Plan:

He is starting PT tomorrow, and had his MRI. It is positive for L 3-4 disc issue with nerve entrapment. Will start PT, refer to neurosurgeon for management of the disc, and follow up in one week. Hopeful PT will help the shoulder and knee issues.

0051

000202

Arrowood Riverview Occumed

MEDICAL CENTER MEDICAL CENTER AT RIVERVIEW

BACK
Established Patient

Date of Injury: 3-14-2014

Name: Jeffery Tracy Incident #: SN 4630

DOB 4/3/72 Date 4/23/14

MA / NURSE NOTES: Since last visit:

Patient is ☐ better/ ☐ worse/ ☒ same.

Treatment plan has ☐ been/ ☐ not been followed.

Current Work Duty: ☐ Off ☐ Modified ☐ Full

Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain:

Current Medications: Metoprolol, Aleve, Tylenol, Naproxen, Motrin, Ibuprofen, HCTZ Any medication/ treatment problems or side effects:

Allergies: Doxycycline

Pulse: 100 BP: 144/80

Resp: 18 Temp: 97

Completed by: C. Potts, R.N. @ 1228

Rechecked Lumbar Spine

SUBJECTIVE COMPLAINTS: ☒ I reviewed the patient's health history, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: _____ Location: _____

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration: _____

Since the last visit: ☐ Yes ☒ No Any new symptoms and complaints? Describe: Stechy or burning sensation, worse at night, worse when sitting or standing.

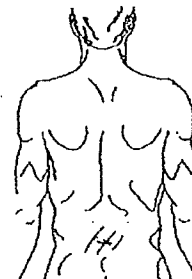
Associated Signs/Symptoms: ☐ None ☒ Yes ☐ No Pain: med pain ☐ Yes ☒ No Numbness: _____ ☐ Yes ☐ No Fever? _____

☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia ☐ Yes ☐ No Nausea or vomiting? _____ ☐ Other: _____

OBJECTIVE FINDINGS: (Check all that apply and explain any Yes answers below)

1. ☐ Yes ☒ No Disoriented to time, place and person, or non-alert?
2. ☐ Yes ☒ No Abnormal posture or gait?
3. ☐ Yes ☒ No Erythema, ecchymosis, scars, swelling, or masses in the back?
4. ☒ Yes ☐ No Tenderness or spasm in the back musculature?
5. ☒ Yes ☐ No Restricted range of motion of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-thigh ☒ Ankle _____ inches from floor
Extension: _____/30° Lat. Flexion R: _____ L: _____/45° Lat. Rotation R: _____ L: _____/30°
6. ☐ Yes ☒ No Weakness of lower extremities?
7. ☐ Yes ☒ No Abnormal deep tendon reflexes of lower extremities?
8. ☐ Yes ☒ No Sensory changes to light touch and pinprick?
9. ☐ Yes ☒ No Abnormal exam of the neck?
10. ☐ Pos ☒ Neg Straight Leg Raise Test for sciatic nerve involvement? Right: + at _____ degrees. Left: + at _____ degrees.
11. ☐ Pos ☒ Neg Waddell's Signs for symptom magnification?

no other findings



DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses: Low back pain Sciatica Chronic pain Diagnosis ☐ added ☐ deleted ICD9: _____

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☐ New prescription: _____

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support _____ ☐ Lumbar Pillow ☐ Other: _____

Physical Therapy: Evaluate and treat _____ times/week for _____ weeks

☐ Gait training.

Work Status: ☐ Regular ☒ Modified ☐ Off work

Interpreter ☐ required. Wk

Return to clinic on: _____ Reason: _____

☐ Referral / ☐ Consult: To: _____ Reason: _____
☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN Signature: _____

Name: _____

MA/Nurse completing medical orders: _____

LABELS

Metoprolol 50mg

0052

000203

Date 04/23/14 (11:30AM)
Time In: 1220
Time Out: 1350

Riverview Medical Center/Occumed

Page 1

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD

Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 3/14/2014 Case Age: 40 Days Claim Number: 1164385

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Contacts

Tina Meryman (803) 377-3288 Ext 5

Instructions

Use Form:

Report Results To:

Other:

Phone:

Fax:

Special Protocol Instructions Follow

Special Instructions:

PROVIDER INSTRUCTIONS

- Please call Tina Meryman with report after treatment.

CHECKOUT

- Please fax status report to 803-377-8035.

REFERRALS

Please call before making referrals to physical therapy or specialist.

36
0053

000204

Date 04/23/14 (11:30AM)

Riverview Medical Center/Occumed

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Carrier Information

Check W/C Insurance

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Telephone: (843) 849-1164
Fax: (843) 576-0074


0054

000205

Date 5/01/14

Riverview Medical Center/Occumer
1393 Celanese Rd
Rock Hill, SC 29732-1722

Page 1

Referral Note

Referred To: Physical Therapy

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone:
E-Mail:

Fax:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referral Summary Information

Claim # 1164385

Purpose:

Comments: Dr. C. Scott McNair is requesting a referral for Rt shoulder strain. If you have any questions please call me at 803-981-9373.

Thank you,
Cathy G Adams
Occupational Health Coordinator

Patient Information

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Employer: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Telephone: (803) 444-4803

Telephone: (803) 377-3288 Fax: (803) 377-8035

Identity: 249-53-4630

Birth Date: 1/03/72

Insurance: Peoplease Corp.

Gender: Male

Age: 42

210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Marital: Unknown

Insured ID: Work Comp Visit

Visit Date: 5/01/14

Telephone: (843) 849-1164 Fax: (843) 576-0074

Referring Visit Information

Date of Injury or Illness: 3/14/14

Case Number: 2014-00002

Claim Number: 1164385

Problem: I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis: 922.8

Contusion Multiple Trunk

847.2

Sprain Lumbar Region

Procedures: 99214

Office Visit, Est-Detailed

FAXED
5/1/14

Selvia Porter

800-929-1500

X 1452

Fax: 330-1650-8909

0055

000206

Date 5/01/14

Riverview Medical Center/Occume
1393 Celanese Rd
Rock Hill, SC 29732-1722

Page 2

Referral Note

Referred To: Physical Therapy

Referred By: McNair, Charlton Scott MD
1393 Celanese Rd
Rock Hill, SC 29732-1722

Telephone:
E-Mail:

Fax:

Telephone: (803) 366-1573 Fax:
E-Mail:

Referring Visit Information

Subjective:

Objective:

Assessment:

Plan: He is starting PT but has not been enough to see a benefit. I will ask PT to help with the right shoulder as well since it is not progressing as fast as expected. Will recheck in 2 weeks pending neurosurgery evaluation.

23

0056

000207

☐ Visit Charges Completed by front desk/ MD notes scanned

INITIAL WORKERS' COMPENSATION REFERRAL FORM

PATIENT NAME: A. King CLAIM NUMBER: _____

DATE(S) OF INJURY: 3/14/14 DIAGNOSIS: Displaced Fracture

Testing ☒ Consult Only ☒ Take Over Treatment
☒ CT ☒ EMG/NCV ☒ MRI
Specialist ☒ Ophthalmologist ☒ Orthopedist ☒ PT ☒ Other Add Shoulder to PT

Referral to: _____
Referred By: [Signature] DATE: 5/1/14

Patient Demographics

DATE OF BIRTH: _____ SSN: _____ HOME PH: _____

WORK PH: _____ CELL PH: _____

EMPLOYER: _____ CONTACT: _____ PH: _____

WORKERS' COMP CARRIER: _____ ADJUSTER: _____

ADJUSTER PH: _____ EXT: _____ FX: _____ EMAIL: _____

NURSE CASE MANAGER: _____ PH: _____ EXT: _____ FX: _____
EMAIL: _____

Referral Action Notes

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

APPOINTMENT IS SCHEDULED FOR: _____ @ _____ AM/PM with DR. _____

PATIENT NOTIFIED BY: _____ DATE: _____ TIME: _____

ADJUSTER/EMPLOYER NOTIFIED BY: _____ DATE: _____ TIME: _____

Arrowood Medical Center 9720 S Tryon Street Charlotte, NC 28273 ph: 704-586-7362
Riverview Medical Center 1393 Colanese Rd Rock Hill, SC 29732 ph: 803-329-3103

24

0057

000208

Date 05/01/14

Riverview Medical Center/Occumeu
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

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2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Phone: (803) 444-4803

Provider: McNair, Charlton Scott MD

Visit Date: 5/01/14 Time In: 9:54AM Out: 11:08AM

Purpose: WC Incident Re-Check

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14

Case Number: 2014-00002

Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detail Office Visit, Est-Detailed

Current Work Restrictions

Lifting - 30 Lbs. Max
No forceful pushing or pulling >30lbs
Alternate sitting/standing 35/65% of time

Starting: 4/02/14 Continuing
Starting: 3/18/14 Continuing
Starting: 4/02/14 Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 5/14/14 at 9:00AM

WC Incident Re-Check

McNair, Charlton Scott MD

Comments

0058

000209

Date 05/01/14

Riverview Medical Center/Occumeu
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 2

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD

Phone: (803) 444-4803

Visit Date: 5/01/14 Time In: 9:54AM Out: 11:08AM

Purpose: WC Incident Re-Check

Subjective:

Objective:

Assessment:

Plan:

He is starting PT but has not been enough to see a benefit. I will ask PT to help with the right shoulder as well since it is not progressing as fast as expected. Will recheck in 2 weeks pending neurosurgery evaluation.

0059

000210

Arrowood Riverview Occumed

MEDICAL CENTER

MEDICAL CENTER

AT RIVERVIEW

BACK

Established Patient

Date of Injury: 3/14/14

Name: Jeffrey Tracy

Incident #: 0M4630

DOB 1/3/72

Date 5/1/14

MA / NURSE NOTES:

Since last visit:

Patient is ☐ better/ ☐ worse/ ☐ same.

Treatment plan has ☒ been/ ☐ not been followed.

Current Work Duty: ☒ Off ☐ Modified ☐ Full

Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain:

Current Medications: Metoprolol, HCTZ, Ibuprofen

Any medication/ treatment problems or side effects:

Allergies: ibuprofen

Pulse: 100

BP: 154/74

Resp: 16

Temp: 98.5

Completed by: Jorin Kaseph, RMA

1008am

SUBJECTIVE COMPLAINTS:

Reviewed the patient's health history, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: Re back injury.

Location:

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration:

Since the last visit: ☐ Yes ☒ No Any new symptoms and complaints? Describe: Pain in the back and legs.

Associated Signs/Symptoms:

☐ None

☐ Yes ☐ No

Pain: ☐ Yes ☐ No

☐ Yes ☐ No Numbness: ☐ Yes ☐ No

☐ Yes ☐ No Fever?

☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia

☐ Yes ☐ No Nausea or vomiting?

☐ Other:

OBJECTIVE FINDINGS:

(Check all that apply and explain any Yes answers below)

1. ☐ Yes ☒ No

Disoriented to time, place and person, or non-alert?

2. ☐ Yes ☒ No

Abnormal posture or gait?

3. ☐ Yes ☒ No

Erythema, ecchymosis, scars, swelling, or masses in the back?

4. ☐ Yes ☒ No

Tenderness or spasm in the back musculature?

5. ☐ Yes ☒ No

Restricted range of motion of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☐ Ankles ☐ inches from floor
Extension: ☐ /30° Lat. Flexion R: ☐ L: ☐ /45° Lat. Rotation R: ☐ L: ☐ /30°

6. ☐ Yes ☒ No

Weakness of lower extremities?

7. ☐ Yes ☒ No

Abnormal deep tendon reflexes of lower extremities? ☐ Yes ☒ No

8. ☐ Yes ☒ No

Sensory changes to light touch and pinprick?

9. ☐ Yes ☒ No

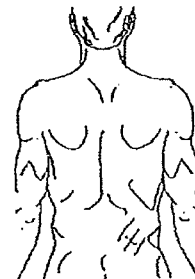
Abnormal exam of the neck?

10. ☐ Pos ☒ Neg

Straight Leg Raise Test for sciatic nerve involvement? Right: + at ☐ degrees. Left: + at ☐ degrees.

11. ☐ Pos ☒ Neg

Waddell's Signs for symptom magnification?



DIAGNOSTIC TESTS:

DIAGNOSES:

Current Diagnoses: New @ Shoulder / Hand / Neck

Diagnosis ☐ added ☐ deleted ICD9:

TREATMENT PLAN:

Medications

☐ Continue current prescription. ☐ New prescription:

Supplies

☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

☐ Cold Pack

☐ Hot Pack

☐ Therapeutic Gel

☐ Lumbar Support

☐ Lumbar Pillow

☐ Other:

Physical Therapy:

Evaluate and treat 3 times/week for 2-4 weeks Add Shoulder

☐ Gait training.

Work Status: ☐ Regular ☐ Modified ☐ Off work

Interpreter ☐ required. 2 wk

Return to clinic on:

☐ Referral / ☐ Consult: To: Reason:

☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN

Signature:

Name:

MA/Nurse completing medical orders:

LABELS

0060

000211

Date 05/01/14 (10:00AM)

Riverview Medical Center/Occumed

Page 1

Time In: 1002am JT

Time Out: 1:30pm

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 3/14/2014

Case Age: 48 Days

Claim Number: 1164385

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8

Contusion Multiple Trunk

847.2

Sprain Lumbar Region

Contacts

Tina Meryman

(803) 377-3288 Ext 5

Instructions

Use Form:

Report Results To:

Other:

Phone:

Fax:

Special Protocol Instructions Follow

Special Instructions:

PROVIDER INSTRUCTIONS

- Please call Tina Meryman with report after treatment.

CHECKOUT

- Please fax status report to 803-377-8035.

REFERRALS

Please call before making referrals to physical therapy or specialist.

0061

000212

Date 05/01/14 (10:00AM)

Riverview Medical Center/Occumed

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Carrier Information

Check W/C Insurance

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Telephone: (843) 849-1164
Fax: (843) 576-0074

0062

000213

Date 05/14/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD
Visit Date: 5/14/14

Phone: (803) 444-4803

Time In: 8:52AM Out: 9:55AM

Purpose: WC Incident Re-Check

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14

Case Number: 2014-00002

Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detaile Office Visit, Est-Detailed

Current Work Restrictions

Lifting - 35Lbs. Max
No forceful pushing or pulling >40lbs
Alternate sitting/standing 25/75% of time

Starting: 5/14/14 Continuing
Starting: 5/14/14 Continuing
Starting: 5/14/14 Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 5/28/14 at 9:00AM

WC Incident Re-Check

McNair, Charlton Scott MD

Comments

17
0063

000214

Date 05/14/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 2

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD

Phone: (803) 444-4803

Visit Date: 5/14/14 Time In: 8:52AM Out: 9:55AM

Purpose: WC Incident Re-Check

Subjective:

Objective:

Assessment:

Plan:

He is progressing slowly. He is still awaiting neurosurgery evaluation and has had orthopedic evaluation.
He is to continue PT, modified duty, and follow up in 2 weeks.

Clinic Times

Total Time in the clinic with Provider:

Time In: 9:23 AM Out: 9:45 AM Total Time: 0:23

* Summary of Total Time in the Clinic:

Time In: 8:52 AM Out: 9:55 AM Total Time: 1:03

56
0064

000215

Arrowood Riverview Occumed

MEDICAL CENTER MEDICAL CENTER AT RIVERVIEW

BACK
Established Patient

Date of Injury: 3/14/14

Name: Jeffrey Tracy

Incident #: 011 4630

DOB: 1/3/72

Date: 3/14/14

MA / NURSE NOTES:

Since last visit:

Patient is ☐ better/ ☐ worse/ ☒ same.

Treatment plan has ☒ been/ ☐ not been followed.

Current Work Duty: ☒ Off ☐ Modified ☐ Full

Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain:

Current Medications: bp meds

Any medication/ treatment problems or side effects:

Allergies: dyclon

Pulse: 80

BP: 100/98

Resp: 18

Temp: 98.5

Completed by: Patricia Clonm

0923

SUBJECTIVE COMPLAINTS:

☒ I reviewed the patient's health history, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: lumbar/back pain

Location: back

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration:

Since the last visit: ☐ Yes ☒ No Any new symptoms and complaints? Describe:

ES, L/R neck, shoulder, back, hand, wrist, PT

Associated Signs/Symptoms:

☐ None ☐ Yes ☐ No Pain: all parts

☐ Yes ☒ No Numbness:

☐ Yes ☒ No Fever?

☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia

☐ Yes ☒ No Nausea or vomiting?

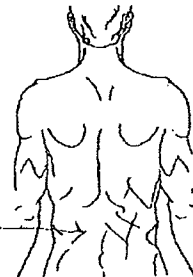
☐ Other:

OBJECTIVE FINDINGS:

(Check all that apply and explain any Yes answers below)

BS (W/C) 1/20/14

- ☐ Yes ☒ No Disoriented to time, place and person, or non-alert?
- ☐ Yes ☒ No Abnormal posture or gait?
- ☐ Yes ☒ No Erythema, ecchymosis, scars, swelling, or masses in the back?
- ☐ Yes ☒ No Tenderness or spasm in the back musculature?
- ☐ Yes ☒ No Restricted range of motion of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☒ Ankles ☐ _____ Inches from floor
Extension: _____/30° Lat. Flexion R: _____ L: _____/45° Lat. Rotation R: _____ L: _____/30°
- ☐ Yes ☒ No Weakness of lower extremities?
- ☐ Yes ☒ No Abnormal deep tendon reflexes of lower extremities?
- ☐ Yes ☒ No Sensory changes to light touch and pinprick?
- ☐ Yes ☒ No Abnormal exam of the neck?
- ☐ Pos ☒ Neg Straight Leg Raise Test for sciatic nerve involvement? Right: + at _____ degrees. Left: + at _____ degrees.
- ☐ Pos ☒ Neg Waddell's Signs for symptom magnification?



DIAGNOSTIC TESTS:

DIAGNOSES:

Current Diagnoses:

Low Back/Shoulder/Neck Pain

Diagnosis ☐ added ☐ deleted ICD9:

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☐ New prescription:

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support

☐ Lumbar Pillow

☐ Other:

Physical Therapy: Evaluate and treat _____ times/week for _____ weeks

☐ Gait training.

Work Status: ☐ Regular ☐ Modified ☐ Off work

Interpreter ☐ required.

Return to clinic on:

2 weeks

☐ Referral / ☐ Consult: To: Reason:

☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN

Signature:

Name:

MA/Nurse completing medical orders:

LABELS

59
0065

000216

0854

Date 05/14/14 (9:00AM)

Riverview Medical Center/Occumed

Page 1

Time In: 0923

Time Out: 0955

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 3/14/2014

Case Age: 61 Days

Claim Number: I164385

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8

Contusion Multiple Trunk

847.2

Sprain Lumbar Region

Contacts

Tina Meryman

(803) 377-3288 Ext 5

Instructions

Use Form:

Report Results To:

Other:

Phone:

Fax:

Special Protocol Instructions Follow

Special Instructions:

PROVIDER INSTRUCTIONS

- Please call Tina Meryman with report after treatment.

CHECKOUT

- Please fax status report to 803-377-8035.

REFERRALS

Please call before making referrals to physical therapy or specialist.

0006

000217

Date 05/14/14 (9:00AM)

Riverview Medical Center/Occumed

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Carrier Information

Check W/C Insurance

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Telephone: (843) 849-1164
Fax: (843) 576-0074

0067

000218

Date 05/28/14

Riverview Medical Center/Occumou
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: Walker, Brian A. DO
Visit Date: 5/28/14 Time In: 8:52AM Out: 9:57AM

Purpose: WC Incident Re-Check

Phone: (803) 444-4803

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14 Case Number: 2014-00002 Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detail Office Visit, Est-Detailed

Current Work Restrictions

Lifting - 35Lbs. Max	Starting: 5/14/14	Continuing
No forceful pushing or pulling >40lbs	Starting: 5/14/14	Continuing
Alternate sitting/standing 25/75% of time	Starting: 5/14/14	Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow-up Appointments: 6/11/14 at 10:00AM

Comments

Subjective:

17
068

000219

Date 05/28/14

Riverview Medical Center/Occumeu
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 2

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Phone: (803) 444-4803

Provider: Walker, Brian A. DO

Visit Date: 5/28/14 Time In: 8:52AM Out: 9:57AM

Purpose: WC Incident Re-Check

Recheck right back, both knees, right shoulder. Pt states pain has not been improving. progressing very slowly. He is still awaiting neurosurgery evaluation and has another orthopedic evaluation June 17. He is to continue PT, modified duty, and will follow up in 2 weeks.

Objective:

Assessment:

Plan:

Clinic Times

* Summary of Total Time in the Clinic:

Time In: 8:52 AM Out: 9:57 AM Total Time: 1:06

13
0969
000220

Arrowood Riverview Occumed

MEDICAL CENTER

MEDICAL CENTER

AT RIVERVIEW

BACK

Established Patient

Date of Injury: 3/14/14

Name: Jeffrey Tracy

Incident #: OM-4630

DOB 1/03/72

Date 5/28/14

MA / NURSE NOTES:

Since last visit:

Patient is ☐ better/ ☐ worse/ ☐ same.

Treatment plan has ☐ been/ ☐ not been followed.

Current Work Duty: ☒ Off ☐ Modified ☐ Full

Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain:

Current Medications: metoprolol, Hctz, allopurinol

Any medication/ treatment problems or side effects:

Allergies: doxycycline

Pulse: 82 BP: 134/90

Resp: 16 Temp: 98.8

Completed by: aforu 9:30a

SUBJECTIVE COMPLAINTS:

☐ I reviewed the patient's health history, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: Back lumbar sprain, knees, pt shoulder injury

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration: _____

Since the last visit: ☐ Yes ☐ No Any new symptoms and complaints? Describe:

Back back, pt's shoulder, both knees. It states pain has not been improving

Associated Signs/Symptoms:

☐ None ☒ Yes ☐ No Pain: _____

☐ Yes ☒ No Numbness: _____

☐ Yes ☒ No Fever? _____

☐ Yes ☒ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia

☐ Yes ☒ No Nausea or vomiting? _____

☐ Other: _____

OBJECTIVE FINDINGS:

(Check all that apply and explain any Yes answers below)

1. ☐ Yes ☒ No

Disoriented to time, place and person, or non-alert?

2. ☐ Yes ☒ No

Abnormal posture or gait?

3. ☐ Yes ☒ No

Erythema, ecchymosis, scars, swelling, or masses in the back?

4. ☒ Yes ☐ No

Tenderness or spasm in the back musculature?

5. ☒ Yes ☐ No

Restricted range of motion of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-thigh ☒ Ankle ☐ _____ inches from floor

Extension: _____/30°

Lat. Flexion R: _____ L: _____/45°

Lat. Rotation R: _____ L: _____/30°

6. ☐ Yes ☒ No

Weakness of lower extremities?

7. ☐ Yes ☒ No

Abnormal deep tendon reflexes of lower extremities?

8. ☐ Yes ☒ No

Sensory changes to light touch and pinprick?

9. ☐ Yes ☒ No

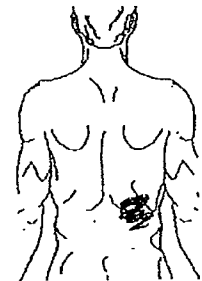
Abnormal exam of the neck?

10. ☐ Pos ☒ Neg

Straight Leg Raise Test for sciatic nerve involvement? Right: + at _____ degrees. Left: + at _____ degrees.

11. ☐ Pos ☒ Neg

Waddell's Signs for symptom magnification?



DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses:

Back back/shoulder/knee

Diagnosis ☐ added ☐ deleted

ICD9: _____

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☐ New prescription: _____

Supplies ☐ The patient was instructed in the use and care of the following applied/lifted medical supplies:

☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support

☐ Lumbar Pillow ☐ Other: _____

Physical Therapy: Evaluate and treat _____ times/week for _____ weeks

☐ Gait training.

Plus App with orthopedics
June 17
Continue PT
Neurology pending

Work Status: ☐ Regular ☐ Modified ☐ Off work

Interpreter ☐ required.

Return to clinic on: 2 weeks

☐ Referral / ☐ Consult: To: _____

Reason: _____

☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN

Signature: _____

Name: _____

MA/Nurse completing medical orders: _____

LABEL

24
0070

000221

0855

Date 05/28/14 (9:00AM)

Time In:

Time Out:

Riverview Medical Center/Occumed

Page 1

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 3/14/2014

Case Age: 75 Days

Claim Number: 1164385

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8

Contusion Multiple Trunk

847.2

Sprain Lumbar Region

Contacts

Tina Meryman

(803) 377-3288 Ext 5

Instructions

Use Form:

Report Results To:

Other:

Phone:

Fax:

Special Protocol Instructions Follow

Special Instructions:

PROVIDER INSTRUCTIONS

- Please call Tina Meryman with report after treatment.

CHECKOUT

- Please fax status report to 803-377-8035.

REFERRALS

Please call before making referrals to physical therapy or specialist.

15
0071

000222

Date 05/28/14 (9:00AM)

Riverview Medical Center/Occumed

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803) 444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803) 377-3288 Ext: 5
Fax: (803) 377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Carrier Information

Check W/C Insurance

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Telephone: (843) 849-1164
Fax: (843) 576-0074

16
0072

000223

Date 06/12/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD
Visit Date: 6/12/14

Time In: 8:50AM Out: 10:07AM

Phone: (803) 444-4803
Purpose: WC Incident Re-Check

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14 Case Number: 2014-00002 Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detail Office Visit, Est-Detailed

Current Work Restrictions

Lifting - 35Lbs. Max
No forceful pushing or pulling >40lbs
Alternate sitting/standing 25/75% of time

Starting: 5/14/14 Continuing
Starting: 5/14/14 Continuing
Starting: 5/14/14 Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 7/09/14 at 10:00AM

WC Incident Re-Check

McNair, Charlton Scott MD

Comments

U7
0073

000224

Date 06/12/14

Riverview Medical Center/Occurred
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 2

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Tina Meryman
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630

DOB: 1/03/72

Department:

Job Title:

Phone: (803) 444-4803

Provider: McNair, Charlton Scott MD

Visit Date: 6/12/14 Time In: 8:50AM Out: 10:07AM

Purpose: WC Incident Re-Check

Subjective:

Objective:

Assessment:

Plan:

He is making progress. The neuro surgeon is planning EDSI's and he will go to the orthopedist on 7/3/14.
He is to continue care until then.

Clinic Times

Total Time in the clinic with Provider:

Time In: 9:00 AM Out: 10:07 AM Total Time: 1:08

* Summary of Total Time in the Clinic:

Time In: 8:50 AM Out: 10:07 AM Total Time: 1:18

48
0074

000225

Arrowood Riverview Occumed

MEDICAL CENTER MEDICAL CENTER AT RIVERVIEW

BACK

Established Patient

Date of Injury: 3/14/14

Name: JEFFREY S. TRACY

Incident #: 004630

DOB 1/3/72 Date 6/12/14

MA / NURSE NOTES:

Since last visit:

Patient is ☐ better/ ☐ worse/ ☒ same.

Treatment plan has ☒ been/ ☐ not been followed.

Current Work Duty: ☒ Off ☐ Modified ☐ Full

Work restrictions (if any) have ☐ been/ ☐ not been followed. Explain:

Current Medications: metoprolol, HCTZ, AUGMENTIN

Any medication/ treatment problems or side effects:

Allergies: doxycycline

Pulse: 80 BP: 134/90

Resp: 16

Temp: 98.3

Completed by: L. GORDON, RFA 9:10a

SUBJECTIVE COMPLAINTS:

☒ I reviewed the patient's health history, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint: Re lumbar pain, Rt shoulder

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration:

Since the last visit: ☐ Yes ☒ No Any new symptoms and complaints? Describe: 15/16 hrs of pain in Rt shoulder

Other than what I have the pain.

Associated Signs/Symptoms: ☐ None ☐ Yes ☐ No Pain:

☐ Yes ☐ No Numbness:

☐ Yes ☐ No Fever?

☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia

☐ Yes ☐ No Nausea or vomiting?

☐ Other:

OBJECTIVE FINDINGS:

(Check all that apply and explain any Yes answers below)

Asymmetrical, low

1. ☐ Yes ☒ No Disoriented to time, place and person, or non-alert?

2. ☐ Yes ☒ No Abnormal posture or gait?

3. ☐ Yes ☒ No Erythema, ecchymosis, scars, swelling, or masses in the back?

4. ☐ Yes ☒ No Tenderness or spasm in the back musculature?

5. ☐ Yes ☒ No Restricted range of motion of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☒ Ankles ☐ inches from floor

Extension: /30°

Lat. Flexion R: L: /45°

Lat. Rotation R: L: /30°

6. ☐ Yes ☒ No Weakness of lower extremities?

7. ☐ Yes ☒ No Abnormal deep tendon reflexes of lower extremities?

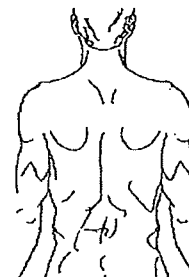
8. ☐ Yes ☒ No Sensory changes to light touch and pinprick?

9. ☐ Yes ☒ No Abnormal exam of the neck?

10. ☐ Pos ☒ Neg Straight Leg Raise Test for sciatic nerve involvement? Right: + at degrees. Left: + at degrees.

11. ☐ Pos ☒ Neg Waddell's Signs for symptom magnification?

Asymmetrical, low



DIAGNOSTIC TESTS:

DIAGNOSES: Current Diagnoses: Asymmetrical, low

Diagnosis ☐ added ☐ deleted ICD9:

TREATMENT PLAN:

Medications ☐ Continue current prescription. ☐ New prescription:

Supplies ☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

☐ Cold Pack ☐ Hot Pack ☐ Therapeutic Gel ☐ Lumbar Support

☐ Lumbar Pillow

☐ Other:

Physical Therapy: Evaluate and treat times/week for weeks

☐ Gait training.

Work Status: ☐ Regular ☒ Modified ☐ Off work

Interpreter ☐ required.

Return to clinic on:

☐ Referral / ☐ Consult: To: Reason:

☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN

Signature:

Name:

MA/Nurse completing medical orders:

LABELS

D/C @ 10:13a
Symptoms

49
0075

000226

0853

Date 06/12/14 (9:00AM)

Riverview Medical Center/Occumed

Page 1

Time In: 9:05a

Time Out:

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: Initial/Recheck, Workers Comp
Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 3/14/2014

Case Age: 90 Days

Claim Number: 164385

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8

Contusion Multiple Trunk

847.2

Sprain Lumbar Region

Contacts

Tina Meryman

(803) 377-3288 Ext 5

Instructions

Use Form:

Report Results To:

Other:

Phone:

Fax:

Special Protocol Instructions Follow

Special Instructions:

PROVIDER INSTRUCTIONS

- Please call Tina Meryman with report after treatment.

CHECKOUT

- Please fax status report to 803-377-8035.

REFERRALS

Please call before making referrals to physical therapy or specialist.

20
0076

000227

Date 06/12/14 (9:00AM)

Riverview Medical Center/Occumed

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Tina Meryman
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:
Purpose: WC Incident Re-Check

Provider: Initial/Recheck, Workers Comp
Protocol: WC Incident Re-Check

Carrier Information

Check W/C Insurance

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Telephone: (843) 849-1164
Fax: (843) 576-0074

0077

000228

0933

Date 07/09/14 (10:00AM)

Riverview Medical Center/Occurred

Page 1

Time In:

09:36 AM/11/11

Time Out:

9:52 hr

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Karen Whitesides
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Provider: McNair, Charlton Scott MD

Protocol: WC Incident Re-Check

Background Problem

Date of Injury: 3/14/2014

Case Age: 117 Days

Claim Number: 1164385

I was in a truck wreck involving a car. When I hit the car I was trying to stop to no avail. The impact of the car thrust me into the steering wheel. My stomach has been hurting ever since. I can't find a comfortable place anywhere. My other pains are soreness in my body from the wreck

Diagnosis

922.8

Contusion Multiple Trunk

847.2

Sprain Lumbar Region

Instructions

Use Form:

Report Results To:

Other:

Phone:

Fax:

Special Protocol Instructions Follow

Special Instructions:

PROVIDER INSTRUCTIONS

- Please call Tina Meryman with report after treatment.

CHECKOUT

- Please fax status report to 803-377-8035. 7/9/14 BUC

REFERRALS

Please call before making referrals to physical therapy or specialist.

Carrier Information

Check W/C Insurance

45
0078

000229

Date 07/09/14 (10:00AM)

Riverview Medical Center/Occumed

Page 2

Time In: _____

Time Out: _____

Encounter Form

Patient: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Identity: 249-53-4630
Home Phone: (803)444-4803 Work:
Birth Date: 1/03/72 Age: 42

Main Contact: Karen Whitesides
Telephone: (803)377-3288 Ext: 5
Fax: (803)377-8035

Job Title:

Department:

Purpose: WC Incident Re-Check

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Provider: McNair, Charlton Scott MD
Protocol: WC Incident Re-Check

Telephone: (843) 849-1164
Fax: (843) 576-0074

46
0079

000230

Arrowood Riverview Occumed

MEDICAL CENTER

MEDICAL CENTER

AT RIVERVIEW

BACK

Established Patient

Date of Injury: 3/14/14

Name: Jeffery S. Tracy

Incident #: OM 4639

DOB 1/93/72 Date 7/9/14

MA / NURSE NOTES:

Since last visit:

Patient is ☐ better/ ☒ worse/ ☐ same.

Treatment plan has ☒ been/ ☐ not been followed.

Current Work Duty: ☒ Off ☐ Modified ☐ Full

Work restrictions (if any) have ☒ been/ ☐ not been followed. Explain:

Current Medications: Metoprolol, Hertz, all previous treatment problems or side effects:

Allergies: Doxy decline

Pulse: 92

BP: 138/86

Resp: 24

Temp: 99.0%

Completed by: M. King 9:36 AM

Re ✓ Back Injury

SUBJECTIVE COMPLAINTS:

☒ I reviewed the patient's health history, as documented in the first visit, and updated any changes below.

HPI: Chief Complaint:

Back pain

Location: Lower back

Characteristics: ☐ Sharp ☐ Dull ☐ Tingling ☐ Burning ☐ Mild ☐ Moderate ☐ Severe ☐ Intermittent ☐ Constant Duration:

Since the last visit: ☐ Yes ☐ No Any new symptoms and complaints? Describe: Pain in lower back

Associated Signs/Symptoms:

☐ None ☐ Yes ☐ No Pain: PD

☐ Yes ☒ No Numbness:

☐ Yes ☒ No Fever?

☐ Yes ☐ No Urinary: ☐ Urgency ☐ Frequency ☐ Dysuria ☐ Hematuria ☐ Nocturia

☐ Yes ☒ No Nausea or vomiting?

☐ Other:

OBJECTIVE FINDINGS:

(Check all that apply and explain any Yes answers below)

1. ☐ Yes ☒ No

Disoriented to time, place and person, or non-alert?

2. ☐ Yes ☒ No

Abnormal posture or gait?

3. ☐ Yes ☒ No

Erythema, ecchymosis, scars, swelling, or masses in the back?

4. ☐ Yes ☒ No

Tenderness or spasm in the back musculature?

5. ☐ Yes ☒ No

Restricted range of motion of the back? Flexion: Fingertips to: ☐ Mid-Thigh ☐ Knee ☐ Mid-tibia ☐ Ankles ☐ inches from floor

Extension: /30°

Lat. Flexion R: L: /45°

Lat. Rotation R: L: /30°

6. ☐ Yes ☒ No

Weakness of lower extremities?

7. ☐ Yes ☒ No

Abnormal deep tendon reflexes of lower extremities?

8. ☐ Yes ☒ No

Sensory changes to light touch and pinprick?

9. ☐ Yes ☒ No

Abnormal exam of the neck?

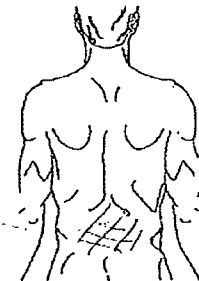
10. ☐ Pos ☒ Neg

Straight Leg Raise Test for sciatic nerve involvement? Right: + at degrees. Left: + at degrees.

11. ☐ Pos ☒ Neg

Waddell's Signs for symptom magnification?

Crack



DIAGNOSTIC TESTS:

DIAGNOSES:

Current Diagnoses: Low Back Strain

Diagnosis ☐ added ☐ deleted ICD9:

TREATMENT PLAN:

Medications

☐ Continue current prescription. ☐ New prescription:

Supplies

☐ The patient was instructed in the use and care of the following applied/fitted medical supplies:

☐ Cold Pack

☐ Hot Pack

☐ Therapeutic Gel

☐ Lumbar Support

☐ Lumbar Pillow

☐ Other:

Physical Therapy:

Evaluate and treat times/week for weeks

☐ Gait training.

Work Status: ☐ Regular ☒ Modified ☐ Off work

Interpreter ☐ required.

Return to clinic on:

☐ Referral / ☐ Consult: To: Reason:

☐ Discharged from care. No further treatment is anticipated at this center at this time.

PHYSICIAN

Signature:

Name:

MA/Nurse completing medical orders:

LABELS

DC 52
A. 101

0080

000231

Date 07/09/14

Riverview Medical Center/Occumeu
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 2

Work Status Summary

Company: D & C Trucking Of Chester
PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Karen Whitesides
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630 DOB: 1/03/72
Department:
Job Title:

Provider: McNair, Charlton Scott MD

Phone: (803) 444-4803

Visit Date: 7/09/14 Time In: 9:24AM Out: 9:48AM

Purpose: WC Incident Re-Check

Subjective:

Objective:

Assessment:

Plan:

Patient is progressing. He is seeing the neurosurgeon and the orthopedist presently. Will continue treatment, restrictions, and recheck progress with the next visit.

Clinic Times

Total Time in the clinic with Provider:

Time In: 9:36 AM Out: 9:48 AM Total Time: 0:13

* Summary of Total Time in the Clinic:

Time In: 9:24 AM Out: 9:48 AM Total Time: 0:25

114
0081

000232

Date 07/09/14

Riverview Medical Center/Occumew
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

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Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD
Visit Date: 7/09/14 Time In: 9:24AM Out: 9:48AM

Phone: (803) 444-4803

Purpose: WC Incident Re-Check

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14 Case Number: 2014-00002 Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detail Office Visit, Est-Detailed

Current Work Restrictions

Lifting - 35Lbs. Max	Starting: 5/14/14	Continuing
No forceful pushing or pulling >40lbs	Starting: 5/14/14	Continuing
Alternate sitting/standing 25/75% of time	Starting: 5/14/14	Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 8/06/14 at 9:00AM WC Incident Re-Check McNair, Charlton Scott MD

Comments

43
0082

000233

Date 08/13/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
(803) 327-0033, Fax: (803) 325-2232

Page 1

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PO Box 688
Chester, SC 29706

Employee: Jeffrey S Tracy
2449 Trussel Rd
Chester, SC 29706

Attention: Karen Whitesides
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630
Department:
Job Title:

DOB: 1/03/72

Provider: McNair, Charlton Scott MD

Phone: (803) 444-4803

Visit Date: 8/13/14 Time In: 8:50AM Out: 9:51AM

Purpose: WC Incident Re-Check

Insurance Information

Peoplease Corp.
210 Wingo Way, Ste. 400
Mt. Pleasant, SC 29464

Contact: Claims
Telephone: (843) 849-1164 Ext:
Fax: (843) 576-0074

Presenting Problem

Date of Injury: 3/14/14

Case Number: 2014-00002

Claim Number: 1164385

Diagnosis

922.8 Contusion Multiple Trunk
847.2 Sprain Lumbar Region

Description of Services

99214 OV-E Detail Office Visit, Est-Detailed

Current Work Restrictions

Lifting - 35Lbs. Max
No forceful pushing or pulling >40lbs
Alternate sitting/standing 25/75% of time

Starting: 5/14/14 Continuing
Starting: 5/14/14 Continuing
Starting: 5/14/14 Continuing

Work Status

Work Status: Return to Work with Restrictions As Of: 3/18/14

Follow Up

Follow-up Appointments: 9/17/14 at 9:00AM

WC Incident Re-Check

McNair, Charlton Scott MD

Comments

0083

000234

Date 08/13/14

Riverview Medical Center/Occumed
1393 Celanese Rd
Rock Hill, SC 29732-1722
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Page 2

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Employee: Jeffrey S Tracy
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Chester, SC 29706

Attention: Karen Whitesides
Telephone: (803) 377-3288
Fax: (803) 377-8035

Ident: xxx-xx-4630 DOB: 1/03/72
Department:
Job Title:

Provider: McNair, Charlton Scott MD

Phone: (803) 444-4803

Visit Date: 8/13/14 Time In: 8:50AM Out: 9:51AM

Purpose: WC Incident Re-Check

Subjective:

Objective:

Assessment:

Plan:

He is making slow progress overall. He is awaiting surgical consult on the back and the MRI of the shoulders. He remains out of work due restrictions. He is to follow up with ortho and the neurosurgeon. He will follow up here in one month.

Clinic Times

Total Time in the clinic with Provider:

Time In: 9:00 AM Out: 9:51 AM Total Time: 0:52

* Summary of Total Time in the Clinic:

Time In: 8:50 AM Out: 9:51 AM Total Time: 1:01

0084

000235

OrthoCarolina
Work Status

Date of exam 05/06/2014

Is the injury work-related? Yes ☐ No ☐

Patient name JEFFREY S TRACY

Chart Number 840907

Doctor DANA PIASECKI, MD

Diagnosis _____

Right ☐ Left ☐ Bilateral ☐

____ Should not return to work until re-evaluated (see return appointment date below).

____ Return to work WITHOUT restrictions on _____ (date).

____ Return to work WITH the following restrictions* on _____ (date).

Return to work no greater than _____ hours per day beginning on _____.

☒ No lifting greater than 60 pounds. Right ☒ Left ☐ Both ☐

☒ No prolonged bending, stooping, squatting, kneeling, or twisting.

☒ No pushing or pulling greater than 60 pounds. Right ☒ Left ☐ Both ☐

☒ No prolonged reaching overhead or extreme positions of the neck.

☒ No lifting over 60 pounds above shoulder level, 60 pounds waist to shoulder,
60 pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work only.

☐ No standing / walking over _____ minutes/hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: _____

____ Patient to start / continue physical / occupational therapy.

____ Patient released from physical / occupational therapy.

____ Return appointment with doctor on _____ (appointment date).

Physician signature: _____ Date _____

Physician Name: DANA PIASECKI, MD Date _____

*Unless otherwise specified, restrictions are in effect until return appointment.

Estimated date of MMI _____

For Worker's Comp inquiries only, call (704) 323-2667 or fax (704) 323-2007.

0085

000237

PATIENT INFORMATION

Last Name TRACY First JEFFREY Middle S Chart Number 840907

Medical Diagnosis _____ Surgical Procedure _____

Insurance WC-NATIONAL INTERSTATE Birth Date 01/03/72 Phone (803) 444-4803

FREQUENCY: ☒ Evaluate & Treat
☐ Daily ☐ 3x Week ☐ 2x Week

Duration 6 weeks
☐ 1x Week ☐ Therapist Discretion

☐ In Department Procedure (Includes a home program) ☐ Continue Therapy

☒ Home Program Only ☐ Discontinue Therapy

EVALUATION:

- ☐ PT Evaluation
- ☐ Work Stimulator
- ☐ FEC (Functional Capacity Evaluation)
- ☐ KT 1000
- ☐ Blodex Evaluation

MODALITIES:

- ☒ Phonophoresis with 5% Fluocinonide
- ☒ Iontophoresis with 4 mg/ml Dexamethasone
- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Mechanical Traction

EXERCISES: PER PROTOCOL:

- ☒ Manual Therapy / Manipulation
- ☒ Back Stabilization Program
- ☐ Cervical Stabilization Program
- ☐ Aquatic Therapy
- ☐ Work Conditioning
- ☒ ACL exercise program
- ☒ Shoulder Impingement Exercise
- ☒ Patello Femoral Exercise
- ☒ Ankle Sprain Program
- ☒ Hip Exercise Program
- ☐ Total Knee Exercise Program

- ☒ Shoulder Aggressive Hands on Passive ROM
- ☒ Scapular Stabilization Program
- ☒ Instability Strengthening Program
- ☒ Plyometric and Proprioceptive Training
- ☒ Closed Chain 0-60 Low Rep High Resistance Quad
- ☒ Strengthening Program
- ☒ Knee Aggressive Stretching for Full ROM

GAIT TRAINING:

☐ Crutches ☐ Walker ☐ Cane

WEIGHT BEARING:

☐ Touchdown ☐ To Tolerance
☐ Partial _____ lbs ☐ Full

SPORTS:

☐ Taping ☐ Equipment Adjustment

TENS:

☐ In Dept Prescription ☐ Rental for Home ☐ Purchase

BACK STORE / SUPPLIES

- ☐ Lumbosacral Support with molded Insert
- ☐ Lumbosacral Support
- ☐ Home Cervical Traction Units
- ☐ Industrial Corset
- ☐ Back Pillow
- ☐ Cervical Pillow
- ☐ Orthoses (custom molded)
- ☐ Shoulder Pulley

Special Instructions / Precautions / Treatments / Additional Orders:

Would this patient benefit from Social Services ☐ Yes ☒ No

By signing this referral, I certify that I have examined the patient and physical therapy is medically necessary.

Physician Signature: _____ Date: 5/6/11

Physician Name: DANA PIASECKI, MD

0086

Updated 08/17/2011

000238

Work Status

Chart Number 840907

Right ☐ Left ☐ Bilateral ☐

0082

000239

OrthoCarolina
Work Status

Date of exam 07/03/2014

Is the injury work-related? Yes ☒ No ☐

Patient name JEFFREY S TRACY

Chart Number 840907

Doctor DANA PIASECKI, MD

Diagnosis ② Shoulder cuff Right ☐ Left ☐ Bilateral ☐
③ Rotator cuff tear

☐ Should not return to work until re-evaluated (see return appointment date below).

☐ Return to work WITHOUT restrictions on _____ (date).

☒ Return to work WITH the following restrictions* on 7/3/14 (date).

Return to work no greater than _____ hours per day beginning on _____.

☒ No lifting greater than 0 pounds. Right ☒ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than _____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over _____ pounds above shoulder level, _____ pounds waist to shoulder,
_____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐
Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work only.

☐ No standing / walking over _____ minutes/hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: _____

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

☒ Return appointment with doctor on after MMI (appointment date).

Physician signature: [Signature]

Date 7/3/14

Physician Name: DANA PIASECKI, MD

Date _____

*Unless otherwise specified, restrictions are in effect until return appointment.

Estimated date of MMI _____.

For Worker's Comp Inquiries only, call (704) 323-2667 or fax (704) 323-2007.

0088

000240

OrthoCarolina
Work Status

Today's Date 07/14/14

Is the Injury work-related? ☐ Yes ☐ No

Patient name JEFFREY S TRACY

Chart Number 840907

Diagnosis Lumbar Rad. Right ☐ Left ☐ Bilateral ☐

☐ Patient was seen in the office today. Please excuse from work.

☐ Should not return to work - Anticipated length of time out of work: _____

☐ Return to work WITHOUT restrictions on 7/14/14

☒ Return to work WITH the following restrictions* on 7/14/14

Return to work no more than _____ hours per day beginning on 7/14/14

☐ No lifting greater than _____ pounds.

Right ☐

Left ☐

Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than _____ pounds.

Right ☐

Left ☐

Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over _____ pounds above shoulder level, _____ pounds waist to shoulder, _____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐

Left ☐

Both ☐

Repetitive ☐

Strong grip ☐

At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work ONLY.

☐ No standing / walking over _____ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

☐ No driving (transportation may be provided)

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: resting on per Dr. Plaxch

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

Return appointment scheduled on 7/14/14 at _____ AM/PM

Physician signature: [Signature]

Date 07/14/14

Physician Name: MONICA OVERBAUGH, PA

Date 07/14/14

Estimated date of MMI: _____

*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.

For Worker's Comp inquiries only, call (704) 323-2667 or fax (704) 323-2007.

0089

000241

OrthoCarolina

Work Status

Today's Date 08/07/14

Is the injury work-related? ☒ Yes ☐ No

Patient name JEFFREY S TRACY

Chart Number 840907

Diagnosis Lumbar Radiculopathy

Right ☐ Left ☐ Bilateral ☐

☐ Patient was seen in the office today. Please excuse from work.
☐ Should not return to work - Anticipated length of time out of work: _____

☐ Return to work WITHOUT restrictions on 1/1/14

☒ Return to work WITH the following restrictions* on 8/17/14

Return to work no more than _____ hours per day beginning on 1/1/14

☐ No lifting greater than _____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than _____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over _____ pounds above shoulder level, _____ pounds waist to shoulder, _____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐

Left ☐

Both ☐

Repetitive ☐

Strong grip ☐

At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work ONLY.

☐ No standing / walking over _____ minutes per hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

☐ No driving (transportation may be provided)

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: _____

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

Return appointment scheduled on 1/1/14 at _____ AM/PM

Physician signature: Monica Overbaugh Date 08/07/14

Physician Name: MONICA OVERBAUGH, PA Date 08/07/14

Estimated date of MMI: _____

*UNLESS OTHERWISE SPECIFIED, RESTRICTIONS ARE IN EFFECT UNTIL THE RETURN APPOINTMENT. IF THESE RESTRICTIONS CANNOT BE MET, IT IS THE EMPLOYER'S RESPONSIBILITY TO TAKE THE INJURED EMPLOYEE OUT OF WORK.

For Worker's Comp Inquiries only, call (704) 323-2667 or fax (704) 323-2007.

0090

000242

MRN 8409107

HR-21-2014 12:51 From:
04/21/14 11:22AM PITTSAD

3252232
003230645 Pg 2/3

P.1/2

Metrolina Diagnostic Center
127 Professional Park Dr.
Rock Hill 29732
Phone: (803)329-8635

Name:	Jeffrey Tracy	Exam Date:	4/19/2014
Patient ID:	M93436	Exam:	MRI L-SPINE W/O CONTRAST
DOB:	1/3/1972	Reason:	724.3 - SCIATICA
Phone:		Referrer:	SCOTT MCNAJR
Acct#:	216243	Referrer 2:	Diagnostic Center Metrolina

Results

MRI OF THE LUMBAR SPINE W/O CONTRAST

HISTORY: Low back pain.

TECHNIQUE: MRI of the lumbar spine was performed. Images were obtained in sagittal and axial planes using a variety of pulsed sequences. All images were obtained utilizing a 1.5 Tesla Siemens open bore system.

FINDINGS: The conus is normal in caliber, signal and position. Marrow signal is normal. There is no lumbar fracture. There is no lathesis.

There is desiccation of the L3-4 disc with mild loss of stature. No lumbar paraspinal soft tissue abnormalities are noted.

The T12-L1 disc is normal.

The L1-2 disc is normal.

The L2-3 disc is normal. Very early degenerative facet and ligamentum flavum changes are noted at this level. There is no lateral recess or neuroforaminal narrowing.

The L3-4 disc demonstrates a broad disc protrusion slightly acentric in the right paracentral and lateral region. Early degenerative ligamentum flavum changes are noted. There is overall mild narrowing of the thecal sac. There is minimal narrowing of the lateral recesses. There is severe bilateral neuroforaminal narrowing.

The L4-5 disc is normal. There is early degenerative facet and ligamentum flavum change. There is no central canal or lateral recess narrowing. There is mild bilateral neuroforaminal narrowing.

The L5-S1 disc demonstrates a small posterior annular fissure. No accompanying disc bulge or protrusion is evident. No significant degenerative facet or ligamentum flavum changes are noted. There is no central canal, neuroforaminal or lateral recess narrowing.

APR-21-2014 12:51 From:

04/21/14 11:22AM PITTSRAD

3252232

P.2/2

3033298645 Pg 3/3

IMPRESSION: Disc protrusion at L3-4 with accompanying bilateral neuroforaminal narrowing.

Matthew A. Marcus, M.D.
Radiologist
PITTS RADIOLOGY
MAM:mb

Report Electronically Signed by: Matthew Marcus M.D.
Report Signed on: 4/21/2014

Pt. Name:	Jeffrey Tracy	Exam:	MRI L-SPINE W/O
Patient ID:	M93436	Acc:	CONTRAST
Completed Date:	4/19/2014 2:18:00 PM	Interpreting Rad:	216243
Transcribed By:	Mitzi Berry	Dictated Date:	Matthew Marcus M.D.
Transcribed Date:	4/20/2014 2:39:30 PM	Finalized Date:	4/21/2014



Select Physical Therapy
154-101 Amendment Ave.
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 013-610345176
DOB: Jan 03, 1972
Clinician: Judith E. Kiser, MPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Not Specified
Inj. Date: 3/14/2014
Surg. Date: Not Specified

V. Date: Apr 24, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: Not Specified
Case Mgr: MEDRISK
Visits: 1
Cd/Ns: 0

Plan of Care

Diagnosis Spine 7242 LUMBAGO

Subjective Examination

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file.

ADL / Functional Status:

- Premorbid Status: Work status: Full time / Full duty.

Rehabilitation Expectations/Goals:

- To get rid of the pain and return to work

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Questionnaires: Disability Index:

• Test Name	Oswestry Disability Index
• Date	04/24/2014
• Assessment	Initial
• Percentage	58.00%

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Mr Tracy presents 6 weeks S/P MVA with continued low back pain, decreased lumbar AROM, flexibility and activity tolerance. He will benefit from skilled PT to improve his ROM, flexibility and activity tolerance.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength.

Problems & Goals

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: < 15 min

LTG Achieve by May 22, 2014.

Functional Improvements In:

- Pt able to tolerate sitting for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: 15 min

LTG Achieve by May 22, 2014.

Functional Improvements In:

- Pt able to tolerate standing for 30 min

Problem #3 Range of Motion: Spine: Pre-Treatment: Active Lumbosacral.

• Extension (pain provoked)	50%
• Flexion (pain provoked)	50%
• Side Bending Left (pain provoked)	80%
• Side Bending Right (pain provoked)	80%

LTG Achieve by May 22, 2014.

Range of Motion Improvements to: Active Lumbosacral:



Patient: Jeffrey Tracy
Acct #: 013-610345176
DOB: Jan 03, 1972

Vis. Date: Apr 24, 2014

• Extension	80%	
• Flexion	80%	
Problem #4 Flexibility:	Left	Right
• Hamstrings	Moderate Restriction	Moderate Restriction
• Thoracolumbar PVM	Moderate Restriction	Moderate Restriction
LTG Achieve by May 22, 2014.		
Musculoskeletal Improvements In: Soft Tissue	Left	Right
Flexibility to:		
• Thoracolumbar PVM	Slight Restriction	Slight Restriction
• Hamstrings	Slight Restriction	Slight Restriction

Plan

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Active Range of Motion Activities. Aerobic Conditioning: Recumbent Bicycle. Client Education. Home Exercise Program. Manual Therapy Techniques. Neuromuscular Re-education. Postural Stabilization Training: Neutral Principle Training. Stretching/Flexibility Activities. Therapeutic Activities. Therapeutic Exercise.
- Modalities:
 - Cryotherapy. Electrical Stimulation (E-Stim): Unattended. Moist Hot Pack.
- Resistive Activities:
 - Isometric. Isotonic. Machines/Free Weights. Tubing/Bands.

Judith Kiser MPT

Judith E. Kiser, MPT, MPT(SC Lic: 4150)
Signed on Apr 24, 2014 15:38:56

Please Sign and Return

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Comments/Revisions

Scott McNair

Date



Select Physical Therapy
154-101 Amendment Ave.
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 013-610345176
DOB: Jan 03, 1972
Clinician: Judith E. Kiser, MPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Not Specified
Inj. Date: 3/14/2014
Surg. Date: Not Specified

V. Date: Apr 24, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: Not Specified
Case Mgr: MEDRISK
Visits: 1
Cxd/Ns: 0

Initial Evaluation

Diagnosis Spine 7242 LUMBAGO

Subjective Examination

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file.

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Premorbid Status: Work status: Full time / Full duty. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking.

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

	Left	Right
• Lumbar Region	per pt trapped nerve, tear?	per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

	Oswestry Disability Index
• Test Name	04/24/2014
• Date	Initial
• Assessment	58.00%
• Percentage	

Rehabilitation Expectations/Goals:

- To get rid of the pain and return to work

Objective Examination

Flexibility:

	Left	Right
• Thoracolumbar PVM	Moderate Restriction	Moderate Restriction
• Hamstrings	Moderate Restriction	Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

Left Right

Tenderness:

	Left	Right
• General Muscle Mass (lower lumbar paraspinal)	1+ Complaint of pain	1+ Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

	Left	Right
• Extension (pain provoked)	50%	
• Flexion (pain provoked)	50%	
• Side Bending Left (pain provoked)	80%	
• Side Bending Right (pain provoked)	80%	

Special Tests: Spine: Lumbar:

	Left	Right
• Straight Leg Raise	35-70 deg: Ipsilateral Pain	35-70 deg: Ipsilateral Pain

Treatments

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Physical Therapy: Evaluation	97001	1	n/a

Therapy Session Time

• Therapy Session Start Time	12:30 PM
• Therapy Session Stop Time	01:00 PM



Patient: Jeffrey Tracy
Acct #: 013-610345176
DOB: Jan 03, 1972

Vis. Date: Apr 24, 2014

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Mr Tracy presents 6 weeks S/P MVA with continued low back pain, decreased lumbar AROM, flexibility and activity tolerance. He will benefit from skilled PT to improve his ROM, flexibility and activity tolerance.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength.

Problems & Goals

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: < 15 min

LTG Achieve by May 22, 2014.

Functional Improvements In:

- Pt able to tolerate sitting for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: 15 min

LTG Achieve by May 22, 2014.

Functional Improvements In:

- Pt able to tolerate standing for 30 min

Problem #3 Range of Motion: Spine: Pre-Treatment: Active Lumbosacral.

LTG Achieve by May 22, 2014.

Range of Motion Improvements to: Active Lumbosacral:

- Extension, 80%
- Flexion, 80%

Problem #4 Flexibility.

LTG Achieve by May 22, 2014.

Musculoskeletal Improvements In: Soft Tissue

Left

Right

Flexibility to:

- Thoracolumbar PVM Slight Restriction
- Hamstrings Slight Restriction

Slight Restriction
Slight Restriction

Plan

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Active Range of Motion Activities. Aerobic Conditioning: Recumbent Bicycle. Client Education. Home Exercise Program. Manual Therapy Techniques. Neuromuscular Re-education. Postural Stabilization Training: Neutral Principle Training. Stretching/Flexibility Activities. Therapeutic Activities. Therapeutic Exercise.
- Modalities:
 - Cryotherapy. Electrical Stimulation (E-Stim): Unattended. Moist Hot Pack.
- Resistive Activities:
 - Isometric. Isotonic. Machines/Free Weights. Tubing/Bands.

Judith E. Kiser MPT

Judith E. Kiser, MPT, MPT(SC Lic: 4150)
Signed on Apr 24, 2014 15:38:56



Select Physical Therapy
154-101 Amendment Ave
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 013-610345176
DOB: Jan 03, 1972
Clinician: Judith E. Kiser, MPT
Prim Phy: Scott McNeil
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Not Specified
Inj. Date: 3/14/2014
Surg. Date: Not Specified

Visit Date: Apr 28, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 2
Cdx/Ns: 0

Daily Note

Diagnosis Spine 7242 LUMBAGO

Subjective Examination

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Daily Comments:

- No complaints after first visit

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

	Left	Right
• Lumbar Region:	per pt trapped nerve, tear?	per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

	Oswestry Disability Index
• Test Name	
• Date	04/24/2014
• Assessment	Initial
• Percentage	58.00%

Objective Examination

Flexibility:

	Left	Right
• Thoracolumbar PVM:	Moderate Restriction	Moderate Restriction
• Hamstrings	Moderate Restriction	Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

	Left	Right
Tenderness:		
• General Muscle Mass (lower lumbar paras):	1=Complaint of pain	1=Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

• Extension (pain provoked)	50%
• Flexion (pain provoked)	50%
• Side Bending Left (pain provoked)	80%
• Side Bending Right (pain provoked)	80%

Special Tests: Spine: Lumbar:

	Left	Right
• Straight Leg Raise	35-70 deg Ipsilateral Pain	35-70 deg Ipsilateral Pain

Treatments

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	n/a
• Hot or Cold Packs	97010	1	n/a
• Neuromuscular Reeducation	97112	1	8
• Therapeutic Procedure	97110	1	21

Exercise Activities: Flexibility (L. Quarter):



Patient: Jeffrey Tracy
Acct #: 013-610345176
DOB: Jan 03, 1972

Visit Date: Apr 28, 2014

• Hamstring Muscle	Time Elapsed: 5 Minutes; Repetitions: 3; Technique: Active; Body Position: Supine; Hold: 30 Seconds; Charge As: Therapeutic Exercise
• Lumbar Musculature	Time Elapsed: 8 Minutes; Repetitions: 10; Body Position: Supine; Hold: 10 Seconds; Additional Detail: SKTC; Charge As: Therapeutic Exercise
• Thoracolumbar Musculature	Time Elapsed: 8 Minutes; Repetitions: 20; Body Position: supine; Hold: 5 Seconds; Additional Detail: Trunk Rot; Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:	
• Abdominal Brace	Time Elapsed: 8 Minutes; Repetitions: 10; Body Position: supine; Hold: 10 Seconds; Charge As: Neuromuscular Reeducation
Modalities:	
• Electric Stim, Unattended	Time Elapsed: 15 Minutes; Location: low back; Performed With: Moist Heat; Mode: EMPI back; Type: TENS; Clinical Use: Post Activity; Charge As: E-Stim, Unattended
• Moist Hot Pack	Time Elapsed: 15 Minutes; Location: Back; Performed With: TENS; Clinical Use: Post Activity, Skin Integrity, Pre: Intact, Skin Integrity, Post: Intact; Charge As: Hot or Cold Packs

Therapy Session Time

• Therapy Session Start Time	11:03 AM
• Therapy Session Stop Time	12:05 PM

Assessment

Tolerated initiation of flexibility and basic core stabilization well.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Judith E. Kiser MPT

Judith E. Kiser, MPT, MPT(SC Lic: 4150)
Signed on Apr 28, 2014 13:37:25



Select Physical Therapy
154-101 Amendment Ave.
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 013-610345176
DOB: Jan 03, 1972
Clinician: Judith E. Kiser, MPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Not Specified
Inj. Date: 3/14/2014
Surg. Date: Not Specified

Visit Date: Apr 30, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 3
Cdx/Ns: 0

Daily Note

Diagnosis Spine 7242 LUMBAGO

Subjective Examination

ADL / Functional Status:

• Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - ♦ Sitting: < 15 min Standing: 15 min

Daily Comments:

- Reports that he was stiff after last visit, did some of the stretching at home and it helped a little.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

	Left	Right
• Lumbar Region:	per pt trapped nerve, tear?	per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

• Test Name:	Oswestry Disability Index
• Date:	04/24/2014
• Assessment:	Initial
• Percentage:	58.00%

Objective Examination

Flexibility:

	Left	Right
• Thoracolumbar PVM:	Moderate Restriction	Moderate Restriction
• Hamstrings:	Moderate Restriction	Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

	Left	Right
Tenderness:		
• General Muscle Mass (lower lumbar paras):	1=Complaint of pain	1=Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

• Extension (pain provoked):	50%
• Flexion (pain provoked):	50%
• Side Bending Left (pain provoked):	80%
• Side Bending Right (pain provoked):	80%

Special Tests: Spine: Lumbar:

	Left	Right
• Straight Leg Raise:	35-70 deg Ipsilateral Pain	35-70 deg Ipsilateral Pain

Treatments

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended):	97014	1	n/a
• Hot or Cold Packs:	97010	1	n/a
• Neuromuscular Reeducation:	97112	1	10
• Therapeutic Procedure:	97110	1	21

Exercise Activities: Flexibility (L. Quarter):



Patient: Jeffrey Tracy
Acct #: 013-610345176
DOB: Jan 03, 1972

Vis. Date: Apr 30, 2014

• Hamstring Muscle: Time Elapsed: 5 Minutes, Repetitions: 3, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Lumbosacral Musculature: Time Elapsed: 8 Minutes, Repetitions: 10, Body Position: Supine, Hold: 10 Seconds, Additional Detail: SKTC, Charge As: Therapeutic Exercise
• Thoracolumbar Musculature: Time Elapsed: 8 Minutes, Repetitions: 20, Body Position: supine, Hold: 5 Seconds, Additional Detail: Trunk Rot, Charge As: Therapeutic Exercise
Exercise Activities: Stabilization Training: Supine Position:
• Abdominal Brace: Time Elapsed: 8 Minutes, Repetitions: 10, Body Position: supine, Hold: 10 Seconds, Charge As: Neuromuscular Reeducation
Modalities:
• Cryotherapy: Time Elapsed: 15 Minutes, Location: back, Clinical Use: Post Activity, Charge As: Hot or Cold Packs
• Electric Stim, Unattended: Time Elapsed: 15 Minutes, Location: low back, Performed With: Moist Heat, Mode: EMPI back, Type: TENS, Clinical Use: Post Activity, Charge As: E-Stim, Unattended
• Moist Hot Pack(This Visit): Did Not Perform: This visit

Therapy Session Time

• Therapy Session Start Time: 11:00 AM
• Therapy Session Stop Time: 12:00 PM

Assessment

Tolerated treatment fairly well.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Judith Kiser MPT

Judith E. Kiser, MPT, MPT(SC Lic: 4150)
Signed on Apr 30, 2014 12:39:09



Select Physical Therapy
154-101 Amendment Ave.
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 013-610345176
DOB: Jan 03, 1972
Clinician: Katherine L. Stowe, PT, DPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Not Specified
Inj. Date: 3/14/2014
Surg. Date: Not Specified

V. Date: May 01, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Clm#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 4
Cxl/Ns: 0

Daily Note

Diagnosis: Spine 7242 LUMBAGO

Subjective Examination

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area; right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Daily Comments:

- Reports that he was stiff after last visit, did some of the stretching at home and it helped a little.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

	Left	Right
• Lumbar Region:	per pt trapped nerve, tear?	per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

• Test Name	Oswestry Disability Index
• Date	04/24/2014
• Assessment	Initial
• Percentage	58.00%

Objective Examination

Flexibility:

	Left	Right
• Thoracolumbar PVM	Moderate Restriction	Moderate Restriction
• Hamstrings	Moderate Restriction	Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

	Left	Right
• General Muscle Mass (lower lumbar paras)	1=Complaint of pain	1=Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

• Extension (pain provoked)	50%
• Flexion (pain provoked)	50%
• Side Bending Left (pain provoked)	80%
• Side Bending Right (pain provoked)	80%

Special Tests: Spine: Lumbar:

	Left	Right
• Straight Leg Raise	35-70 deg Ipsilateral Pain	35-70 deg Ipsilateral Pain

Treatments

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Electrical Stimulation (unattended)	97014	1	n/a
• Hot or Cold Packs	97010	1	n/a
• Neuromuscular Reeducation	97112	2	23
• Therapeutic Procedure	97110	2	27

Exercise Activities: Flexibility (L. Quarter):



Patient: Jeffrey Tracy
Acct #: 013-610345176
DOB: Jan 03, 1972

Vis. Date: May 01, 2014

• Hamstring Muscle: Time Elapsed: 5 Minutes; Repetitions: 3; Technique: Active; Body Position: Supine; Hold: 30 Seconds; Charge As: Therapeutic Exercise

• Lumbosacral Musculature: Time Elapsed: 8 Minutes; Repetitions: 10; Body Position: Supine; Hold: 10 Seconds; Additional Detail: SKTC; Charge As: Therapeutic Exercise

• Thoracolumbar Musculature: Time Elapsed: 8 Minutes; Repetitions: 20; Body Position: supine; Hold: 5 Seconds; Additional Detail: Trunk Rot; Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Abdominal Brace: Time Elapsed: 8 Minutes; Repetitions: 10; Body Position: supine; Hold: 10 Seconds; Charge As: Neuromuscular Reeducation

• Bridging: Time Elapsed: 5 Minutes; Charge As: Neuromuscular Reeducation

• Pelvic Tilts/Knees Flexed: Time Elapsed: 10 Minutes; Additional Detail: with iso hip abd/add; Charge As: Neuromuscular Reeducation

Exercise Activities: Range of Motion:

• Prone Lying (to decrease/centralize symptoms): Time Elapsed: 6 Minutes; Additional Detail: and prone on elbows; ROM Performed: Pain Free; Number of Pillows: 1; Charge As: Therapeutic Exercise

Modalities:

• Cryotherapy: Time Elapsed: 15 Minutes; Location: back; Clinical Use: Post Activity; Charge As: Hot or Cold Packs

• Electric Stim, Unattended: Time Elapsed: 15 Minutes; Location: low back; Performed With: Moist Heat, Mode: EMPI back, Type: TENS; Clinical Use: Post Activity; Charge As: E-Stim, Unattended

• Moist Hot Pack (This visit): Did Not Perform: This visit

Therapy Session Time

• Therapy Session Start Time: 12:50 PM

• Therapy Session Stop Time: 01:55 PM

Assessment

Tolerance:

- Pt attempted positional tolerance in an attempt to decrease/centralize symptoms however there was no significant change with prone lying or prone on elbows. Pt tolerated bridges and bracing with hip abd/add without significant complaints however he requires max cuing for technique.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Katherine Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814PT)
Signed on May 01, 2014 14:10:56



Select Physical Therapy
154-101 Amendment Avenue
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972
Clinician: Katherine L. Stowe, PT, DPT
Prim Phys: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Not Specified
Inj. Date: 3/14/2014
Surg. Date: Not Specified

VL Date: May 05, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 5
Cdx/Ns: 0

Re-Evaluation

Diagnosis Spine 7242 LUMBAGO

Subjective Examination

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Daily Comments:

- Pt denies increased symptoms after his last session however continues to report no significant progress.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

- Lumbar Region: Left per pt trapped nerve, tear? Right per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

- Test Name: Oswestry Disability Index
- Date: 05/05/2014
- Assessment: Reassessment
- Percentage: 66.00%

Objective Examination

Flexibility:

- Thoracolumbar PVM: Left Moderate Restriction Right Moderate Restriction
- Hamstrings: Left Moderate Restriction Right Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

- Left Right

Tenderness:

- General Muscle Mass (lower lumbar paras): 1=Complaint of pain 1=Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral: Apr 24, 2014 May 05, 2014

- Extension (pain provoked): 50% 50%
- Flexion (pain provoked): 50% 50%
- Side Bending Left (pain provoked): 80% 80%
- Side Bending Right (pain provoked): 80% 80%

Special Tests: Spine: Lumbar:

- Straight Leg Raise: Left 35-70 deg; Ipsilateral Pain Right 35-70 deg; Ipsilateral Pain

Treatments

Documented Procedural Code Summary:

Description	Code	Units	Minutes
Electrical Stimulation (unattended)	97014	1	n/a
Hot or Cold Packs	97010	1	n/a
Neuromuscular Reeducation	97112	1	20
Physical Therapy Reevaluation	97002	1	n/a
Therapeutic Procedure	97110	2	25



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Vis. Date: May 05, 2014

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle:

Time Elapsed: 5 Minutes, Repetitions: 3, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise

• Lumbosacral Musculature

Time Elapsed: 5 Minutes, Repetitions: 10, Body Position: Supine, Hold: 10 Seconds, Additional Detail: SKTC, Charge As: Therapeutic Exercise

• Thoracolumbar Musculature

Time Elapsed: 5 Minutes, Repetitions: 20, Body Position: supine, Hold: 5 Seconds, Additional Detail: Trunk Rot, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Abdominal Brace(This visit)

Did Not Perform: This visit

• Bridging

Time Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation

• Pelvic Tilt- Knees Flexed

Time Elapsed: 10 Minutes, Additional Detail: with iso hip abd/add,

• Stabilization Training 1

Charge As: Neuromuscular Reeducation

Time Elapsed: 5 Minutes, Additional Detail: sidelying clamshells, Charge As: Neuromuscular Reeducation

Exercise Activities: Range of Motion:

• Prone Lying(This visit)

Did Not Perform: This visit

Exercise Activities: Aerobic Conditioning:

• Treadmill(Pt reports pain p 7 mins)

Time Elapsed: 10 Minutes, Speed (mph): slow, Elevation: 0 %

Charge As: Therapeutic Exercise

Modalities:

• Cryotherapy

Time Elapsed: 15 Minutes, Location: back, Clinical Use: Post Activity,

Charge As: Hot or Cold Packs

• Electric Stim, Unattended

Time Elapsed: 15 Minutes, Location: low back, Performed With:

Moist Heat, Mode: EMPI back, Type: TENS, Clinical Use: Post Activity, Charge As: E-Stim, Unattended

• Moist Hot Pack(This visit)

Did Not Perform: This visit

Therapy Session Time

• Total Therapy Session Time 60 Minutes

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Assessment of Improvement:

- Pt has made minimal progress since his evaluation on 4/24/15. Pt is tolerating his stretching and stabilization program well and is slowly able to tolerate progression. At this time the patient will continue to benefit from skilled PT services to manage symptoms and progress his core stabilization program. Pt reports he continues to wait for authorization for a neuro consult.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Improve Motor Control. Increase Range of Motion. Increase Strength. Return to Premorbid State. Return To Work.

Problems & Goals

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: < 15 min

LTG Achieve by May 22, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate sitting for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: 15 min

LTG Achieve by May 22, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate standing for 30 min

Problem #3 Range of Motion: Spine: Pre-Treatment: Active Lumbosacral.

LTG Achieve by May 22, 2014.

Range of Motion Improvements to: Active Lumbosacral:

- Extension: 80%



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Vis. Date: May 05, 2014

• Flexion: 80%

Problem #4 Flexibility.

LTG Achieve by May 22, 2014.

Musculoskeletal Improvements In: Soft Tissue

Left

Right

Flexibility to:

• Thoracolumbar PVM

Slight Restriction

Slight Restriction

• Hamstrings

Slight Restriction

Slight Restriction

Plan

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Client Education. Home Exercise Program. Manual Therapy Techniques. Modalities: As Needed. Neuromuscular Re-education. Self Care/Home Management. Therapeutic Exercise. Therapeutic Activities.

Katherine Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 05, 2014 15:06:26



Select Physical Therapy
154-101 Amendment Ave.
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972
Clinician: Katherine L. Stowe, PT, DPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Not Specified
Inj. Date: 3/14/2014
Surg. Date: Not Specified

Date: May 05, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 5
Cd/Ns: 0

Plan of Care

Diagnosis Spine 7242 LUMBAGO

Subjective Examination

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction.

Questionnaires: Disability Index:

• Test Name	Oswestry Disability Index
• Date	05/05/2014
• Assessment	Reassessment
• Percentage	66.00%

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Assessment of Improvement:

- Pt has made minimal progress since his evaluation on 4/24/15. Pt is tolerating his stretching and stabilization program well and is slowly able to tolerate progression. At this time the patient will continue to benefit from skilled PT services to manage symptoms and progress his core stabilization program. Pt reports he continues to wait for authorization for a neuro consult.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Improve Motor Control. Increase Range of Motion. Increase Strength. Return to Premorbid State. Return To Work.

Problems & Goals

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: < 15 min

LTG Achieve by May 22, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate sitting for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: 15 min

LTG Achieve by May 22, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate standing for 30 min

Problem #3 Range of Motion: Spine: Pre-Treatment: Active Lumbosacral.

• Extension (pain provoked)	50%
• Flexion (pain provoked)	50%
• Side Bending Left (pain provoked)	80%
• Side Bending Right (pain provoked)	80%

LTG Achieve by May 22, 2014.

Range of Motion Improvements to: Active Lumbosacral:

• Extension	80%
• Flexion	80%

Problem #4 Flexibility.

• Hamstrings	Left	Moderate Restriction	Right	Moderate Restriction
• Thoracolumbar PVM		Moderate Restriction		Moderate Restriction

LTG Achieve by May 22, 2014.

Musculoskeletal Improvements In: Soft Tissue

Flexibility to:

• Thoracolumbar PVM	Left	Slight Restriction	Right	Slight Restriction



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

V.L. Date: May 05, 2014

• Hamstrings

Slight Restriction

Slight Restriction

Plan

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Client Education. Home Exercise Program. Manual Therapy Techniques. Modalities: As Needed. Neuromuscular Re-education. Self Care/Home Management. Therapeutic Exercise. Therapeutic Activities.

Katherine Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 05, 2014 15:06:26

Please Sign and Return

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Comments/Revisions

Scott McNair

Date



Select Physical Therapy
154-101 Amendment Avenue
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a Select Medical company

Patient: Jeffrey Tracy
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Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 6
Ct/Us: 0

Plan of Care

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction.

Questionnaires: Disability Index:

• Test Name	Oswestry Disability Index
• Date	05/05/2014
• Assessment	Reassessment
• Percentage	66.00%

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Impairments Identified:

- Pt presents today with pain, weakness and decreased ROM in RUE and BLE. Pt will benefit from skilled PT to address these impairments, improve overall function and return to work full time, unrestricted.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Improve Motor Control. Increase Range of Motion. Increase Strength. Return to Premorbid State. Return To Work.

Problems & Goals

Spine

Problem #1 Chief Complaint: Pain; Aggravating Factors: Activities: Sitting: < 15 min

LTG Achieve by May 22, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate sitting for 1 hr

Problem #2 Chief Complaint: Pain; Aggravating Factors: Activities: Standing: 15 min

LTG Achieve by May 22, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate standing for 30 min

Problem #3 Range of Motion: Spine: Pre-Treatment: Active Lumbosacral.

• Extension(pain provoked)	50%
• Flexion(pain provoked)	50%
• Side Bending Left(pain provoked)	80%
• Side Bending Right(pain provoked)	80%

LTG Achieve by May 22, 2014.

Range of Motion Improvements to: Active Lumbosacral:

• Extension.	80%
• Flexion.	80%

Problem #4 Flexibility.

- Hamstrings
- Thoracolumbar PVM

Left	Right
Moderate Restriction	Moderate Restriction
Moderate Restriction	Moderate Restriction

LTG Achieve by May 22, 2014.



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: May 07, 2014

Musculoskeletal Improvements In: Soft Tissue Flexibility to:

- Thoracolumbar PVM
- Hamstrings

Left

Slight Restriction
Slight Restriction

Right

Slight Restriction
Slight Restriction

Right Shoulder

Problem #5 Range of Motion: Shoulder: Pre-Treatment.

- Abduction
- Flexion

Left AROM
180
155

Right AROM
120
138

STG Achieve by May 21, 2014.

Range of Motion Improvements to: Shoulder:

- Flexion
- Abduction

Right AROM
150
160

Problem #6 Muscle Testing: Upper Extremity MMT.

- Elbow Extension
- Elbow Flexion
- Shoulder Abduction
- Shoulder External Rotation
- Shoulder Flexion
- Shoulder Internal Rotation

Right
+4/5
+4/5
+4/5
4/5
+4/5
+4/5

LTG Achieve by Jun 04, 2014.

Musculoskeletal Improvements In: Upper Extremity Strength to:

- Gross Assessment

Right
5/5

Plan

Spine

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Client Education. Gait Training. Home Exercise Program. Manual Therapy Techniques. Modalities: As Needed. Neuromuscular Re-education. Self Care/Home Management. Therapeutic Exercise. Therapeutic Activities.

Katherine Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 07, 2014 17:33:51

Please Sign and Return

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Comments/Revisions

Scott McNair

Date

Scott McNair 5/8/14



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Visits: 6
Cxl/Ns: 0

Plan of Care

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction.

Questionnaires: Disability Index:

• Test Name	Oswestry Disability Index
• Date	05/05/2014
• Assessment	Reassessment
• Percentage	66.00%

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Impairments Identified:

- Pt presents today with pain, weakness and decreased ROM in RUE and BLE. Pt will benefit from skilled PT to address these impairments, Improve overall function and return to work full time, unrestricted.

Recommendations: Skilled Intervention: Required To:

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Problems & Goals

Spine

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: < 15 min

LTG Achieve by May 22, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate sitting for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: 15 min

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Functional Improvements In:

- Pt able to tolerate standing for 30 min

Problem #3 Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

• Extension(pain provoked)	50%
• Flexion(pain provoked)	50%
• Side Bending Left(pain provoked)	80%
• Side Bending Right(pain provoked)	80%

LTG Achieve by May 22, 2014.

Range of Motion Improvements to: Active Lumbosacral:

• Extension	80%
• Flexion	80%

Problem #4 Flexibility:

• Hamstrings	Left	Moderate Restriction	Right	Moderate Restriction
• Thoracolumbar PVM	Moderate Restriction		Moderate Restriction	

LTG Achieve by May 22, 2014.



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: May 07, 2014

Musculoskeletal Improvements In: Soft Tissue

Flexibility to:

- Thoracolumbar PVM
- Hamstrings

Left

Slight Restriction
Slight Restriction

Right

Slight Restriction
Slight Restriction

Right Shoulder

Problem #5 Range of Motion: Shoulder: Pre-Treatment.

Left AROM

Right AROM

- Abduction
- Flexion

180
155

120
138

STG Achieve by May 21, 2014.

Range of Motion Improvements to: Shoulder:

Right AROM

- Flexion
- Abduction

150
160

Problem #6 Muscle Testing: Upper Extremity MMT.

- Elbow Extension
- Elbow Flexion
- Shoulder Abduction
- Shoulder External Rotation
- Shoulder Flexion
- Shoulder Internal Rotation

Right

+4/5
+4/5
+4/5
4/5
+4/5
+4/5

LTG Achieve by Jun 04, 2014.

Musculoskeletal Improvements In: Upper Extremity Strength to:

Right

- Gross Assessment

5/5

Plan

Spine

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Client Education, Gait Training, Home Exercise Program, Manual Therapy Techniques, Modalities: As Needed, Neuromuscular Re-education, Self Care/Home Management, Therapeutic Exercise, Therapeutic Activities.

Katherine L. Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 07, 2014 17:33:51

Please Sign and Return

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Comments/Revisions

Scott McNair

Date



Select Physical Therapy
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Rock Hill, SC USA 29732
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Inj. Date: 3/14/2014
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Vis. Date: May 07, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Clm#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 6
Cd/Ns: 0

Re-Evaluation

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Daily Comments:

- Pt denies increased symptoms after his last session however continues to report no significant progress.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

	Left	Right
Lumbar Region:	per pt trapped nerve, tear?	per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

Test Name	Oswestry Disability Index
Date	05/05/2014
Assessment	Reassessment
Percentage	66.00%

Bilateral Knee

Chief Complaint:

- Pt reports constant achy bilateral knee pain which at times can be sharp shooting. Pt reports the L knee feels like its going to give way. Kneeling and walking aggravate his symptoms and he can not find anything to relieve his symptoms.

Right Shoulder

Chief Complaint:

- Pt reports R shoulder pain when he reaches. Pt reports 7/10 pain in anterior and posterior shoulder. Pt reports reaching for things overhead aggravate his symptoms and rest improve his symptoms. Pt also reports clicking and popping with movement and says he feels like its going to pop out of jt.

Extremity Dominance:

- Right.

Medical Management:

- MD performed X rays which were unremarkable.

Objective Examination

Spine

Flexibility:

	Left	Right
Thoracolumbar PVM	Moderate Restriction	Moderate Restriction
Hamstrings	Moderate Restriction	Moderate Restriction



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Vis... Date: May 07, 2014

Palpation: Lumbosacral Region: Musculature, Posterior:

Left

Right

Tenderness:

• General Muscle Mass (lower lumbar paras)

1=Complaint of pain

1=Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral: May 05, 2014

May 07, 2014

• Extension (pain provoked)

50%

50%

• Flexion (pain provoked)

50%

50%

• Side Bending Left (pain provoked)

80%

80%

• Side Bending Right (pain provoked)

80%

80%

Special Tests: Spine: Lumbar:

Left

Right

• Straight Leg Raise

35-70 deg: Ipsilateral Pain

35-70 deg: Ipsilateral Pain

Bilateral Knee

Muscle Testing: Lower Extremity MMT:

Left

May 07, 2014

Right

• Hip Abduction

+4/5

+4/5

• Hip Adduction

+4/5

+4/5

• Knee Extension

+4/5

+4/5

• Knee Flexion (pain in anterior knee (B))

4/5

4/5

Range of Motion: Knee: Pre-Treatment:

L. Act.

R. Act.

• Extension

0

0

• Flexion (limited by pain)

100

101

Right Shoulder

Muscle Testing: Upper Extremity MMT:

Right

May 07, 2014

• Shoulder Abduction

+4/5

• Shoulder Flexion

+4/5

• Shoulder External Rotation

4/5

• Shoulder Internal Rotation

+4/5

• Elbow Extension

+4/5

• Elbow Flexion

+4/5

Range of Motion: Shoulder: Pre-Treatment:

L. Act.

R. Act.

• Flexion

155

138

• Abduction

180

120

Special Tests: Shoulder: Musculoskeletal: Muscle/Tendon:

Right

• Belly Press

Negative

• Lift-off Rotator Cuff

Aggravates Symptoms

• Neer Impingement

Aggravates Symptoms

• Passive ER Rotator Cuff

Aggravates Symptoms

Treatments

Spine

Exercise Activities: Flexibility (L. Quarter):

• Hamstring Muscle

Time Elapsed: 5 Minutes, Repetitions: 3, Technique: Active, Body

Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic

Exercise:

• Lumbosacral Musculature

Time Elapsed: 5 Minutes, Repetitions: 10, Body Position: Supine,

Hold: 10 Seconds, Additional Detail: SKTC, Charge As: Therapeutic

Exercise

• Thoracolumbar Musculature

Time Elapsed: 5 Minutes, Repetitions: 20, Body Position: supine,

Hold: 5 Seconds, Additional Detail: Trunk Rot, Charge As:

Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Abdominal Brace (This visit)

Did Not Perform: This visit

• Bridging

Time Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation



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Vis. Date: May 07, 2014

• Pelvic Tilts-Knees Flexed: Time Elapsed: 10 Minutes; Additional Detail: with iso hip abd/add;
Charge As: Neuromuscular Reeducation
• Stabilization Training 1: Time Elapsed: 5 Minutes; Additional Detail: sidelying clamshells,
Charge As: Neuromuscular Reeducation

Exercise Activities: Range of Motion:

• Prone Lying(This visit): Did Not Perform: This visit

Exercise Activities: Aerobic Conditioning:

• Treadmill(This visit): Did Not Perform: This visit

Modalities:

• Cryotherapy: Time Elapsed: 15 Minutes; Location: back; Clinical Use: Post Activity,
Charge As: Hot or Cold Packs

• Electric Stim, Unattended(This visit): Did Not Perform: This visit

• Moist Hot Pack(This visit): Did Not Perform: This visit

Right Shoulder

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Hot or Cold Packs	97010	1	n/a
• Neuromuscular Reeducation	97112	2	31
• Physical Therapy Reevaluation	97002	1	n/a
• Therapeutic Procedure	97110	1	19

Exercise Activities: Range of Motion:

• Rope & Pulley: Scap/ABD: Time Elapsed: 2 Minutes; Charge As: Therapeutic Exercise

• Rope & Pulley Flexion: Time Elapsed: 2 Minutes; Charge As: Therapeutic Exercise

Exercise Activities: Isotonics:

• External Rotation Sidelying: Time Elapsed: 4 Minutes; Weight: Pounds: 0 Pounds; Charge As:
Neuromuscular Reeducation

• Prone Extension: Time Elapsed: 4 Minutes; Additional Detail: Is, Charge As:
Neuromuscular Reeducation

• Scapular Retraction: Time Elapsed: 3 Minutes; Charge As: Neuromuscular Reeducation

Therapy Session Time

• Total Therapy Session Time 90 Minutes

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Impairments Identified:

• Pt presents today with pain, weakness and decreased ROM in RUE and BLE. Pt will benefit from skilled PT to address these impairments, Improve overall function and return to work full time, unrestricted.

Recommendations: Skilled Intervention: Required To:

• Decrease Pain. Improve Function. Improve Motor Control. Increase Range of Motion. Increase Strength. Return to Premorbid State. Return To Work.

Problems & Goals

Spine

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: < 15 min

LTG Achieve by May 22, 2014. Progress: No change.

Functional Improvements In:

• Pt able to tolerate sitting for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: 15 min

LTG Achieve by May 22, 2014. Progress: No change.

Functional Improvements In:

• Pt able to tolerate standing for 30 min

Problem #3 Range of Motion: Spine: Pre-Treatment: Active Lumbosacral.

LTG Achieve by May 22, 2014.



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

VL Date: May 07, 2014

Range of Motion Improvements to: Active Lumbosacral:

- Extension: 80%
- Flexion: 80%

Problem #4 Flexibility.

LTG Achieve by May 22, 2014.

Musculoskeletal Improvements In: Soft Tissue

Left

Right

Flexibility to:

• Thoracolumbar PVM

Slight Restriction

Slight Restriction

• Hamstrings

Slight Restriction

Slight Restriction

Right Shoulder

Problem #5 Range of Motion: Shoulder: Pre-Treatment.

STG Achieve by May 21, 2014.

Range of Motion Improvements to: Shoulder:

Right AROM

• Flexion

150

• Abduction

160

Problem #6 Muscle Testing: Upper Extremity MMT.

LTG Achieve by Jun 04, 2014.

Musculoskeletal Improvements In: Upper

Right

Extremity Strength to:

• Gross Assessment

5/5

Plan

Spine

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

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Katherine Stowe DPT

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Signed on May 07, 2014 17:33:51



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Sec Phy: Not Specified
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Surg. Date: Not Specified

Vis. Date: May 09, 2014
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Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 7
Cxl/Ns: 0

Daily Note

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Daily Comments:

- Pt denies increased symptoms after his last session however continues to report no significant progress.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

Left

Right

- Lumbar Region: per pt trapped nerve, tear? per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

Test Name	Oswestry Disability Index
Date	05/05/2014
Assessment	Reassessment
Percentage	66.00%

Objective Examination

Spine

Flexibility:

Left

Right

Thoracolumbar P/M	Moderate Restriction	Moderate Restriction
Hamstrings	Moderate Restriction	Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

Left

Right

Tenderness:

General Muscle Mass (lower lumbar paras)	1= Complaint of pain	1= Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

Extension (pain provoked)	50%
Flexion (pain provoked)	50%
Side Bending Left (pain provoked)	80%
Side Bending Right (pain provoked)	80%

Special Tests: Spine: Lumbar:

Left

Right

Straight Leg Raise	35-70 deg: Ipsilateral Pain	35-70 deg: Ipsilateral Pain

Bilateral Knee

Muscle Testing: Lower Extremity MMT:

Left

Right

Hip Abduction	4/5	4/5



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: May 09, 2014

• Hip Adduction	+4/5	+4/5
• Knee Extension	+4/5	+4/5
• Knee Flexion(pain in anterior knee (B))	4/5	4/5

Right Shoulder

Muscle Testing: Upper Extremity MMT:

	Right
• Shoulder Abduction	+4/5
• Shoulder Flexion	+4/5
• Shoulder External Rotation	4/5
• Shoulder Internal Rotation	+4/5
• Elbow Extension	+4/5
• Elbow Flexion	+4/5

Range of Motion: Shoulder: Pre-Treatment:

	Left AROM	Right AROM
• Flexion	155	138
• Abduction	180	120

Special Tests: Shoulder: Musculoskeletal: Muscle/Tendon:

	Right
• Belly-Press	Negative
• Lift-off Rotator Cuff	Aggravates Symptoms
• Neer Impingement	Aggravates Symptoms
• Passive ER Rotator Cuff	Aggravates Symptoms

Treatments

Spine

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle	Time Elapsed: 5 Minutes, Repetitions: 3, Technique: Active, Body Position: Supine, Hold: 30 Seconds, Charge As: Therapeutic Exercise
• Lumbosacral Musculature	Time Elapsed: 5 Minutes, Repetitions: 10, Body Position: Supine, Hold: 10 Seconds, Additional Detail: SKTC, Charge As: Therapeutic Exercise
• Thoracolumbar Musculature	Time Elapsed: 5 Minutes, Repetitions: 20, Body Position: supine, Hold: 5 Seconds, Additional Detail: Trunk Rot, Charge As: Therapeutic Exercise

Exercise Activities: Stabilization Training: Supine Position:

• Abdominal Brace(This visit)	Did Not Perform: This visit
• Bridging	Time Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation
• Pelvic Tilts-Knees Flexed	Time Elapsed: 10 Minutes, Additional Detail: with iso hip abd/add, Charge As: Neuromuscular Reeducation
• Stabilization Training 1	Time Elapsed: 5 Minutes, Additional Detail: sidelying clamshells, Charge As: Neuromuscular Reeducation

Exercise Activities: Range of Motion:

• Prone Lying(This visit)	Did Not Perform: This visit

Exercise Activities: Aerobic Conditioning:

• Treadmill(This visit)	Did Not Perform: This visit

Modalities:

• Cryotherapy(This visit)	Did Not Perform: This visit
• Electric Stim, Unattended(This visit)	Did Not Perform: This visit
• Moist Hot Pack(This visit)	Did Not Perform: This visit

Bilateral Knee

Exercise Activities: Isotonics:

• Hamstring Curl: Standing	Time Elapsed: 4 Minutes, Weight - Pounds: 2 Pounds, Repetitions: 20, Hold: 3 Seconds, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise
• Knee Extension, Full Arc	Time Elapsed: 4 Minutes, Weight - Pounds: 2 Pounds, Sets: 20, Hold: 3 Seconds, Charge As: Therapeutic Exercise



Patient: Jeffrey Tracy
Acct #: 030-630105847
DOB: Jan 03, 1972

Vis. Date: May 09, 2014

• Straight Leg Raises - Flexion: Time Elapsed: 3 Minutes, Position: Supine, Charge As: Therapeutic Exercise
• Straight Leg Raises - Abduction: Time Elapsed: 3 Minutes, Position: Sidelying, Charge As: Therapeutic Exercise

Right Shoulder

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Neuromuscular Reeducation	97112	2	31
• Therapeutic Procedure	97110	2	33

Exercise Activities: Range of Motion:

• Rope & Pulley Scap ABD: Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise
• Rope & Pulley Flexion: Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise

Exercise Activities: Isotonics:

• External Rotation Sidelying: Time Elapsed: 4 Minutes, Weight: Pounds: 0 Pounds, Charge As: Neuromuscular Reeducation
• Prone Extension: Time Elapsed: 4 Minutes, Additional Detail: Is, Charge As: Neuromuscular Reeducation
• Scapular Retraction: Time Elapsed: 3 Minutes, Charge As: Neuromuscular Reeducation

Therapy Session Time

• Total Therapy Session Time: 64 Minutes

Assessment

Tolerance:

- Pt tolerated additional hip and knee tx without significant complaints today.

Plan

Spine

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Katherine Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 09, 2014 14:16:42



Select Physical Therapy
151-101 Amendment Avenue
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972
Clinician: Katherine L. Stowe, PT, DPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Not Specified
Inj. Date: 3/14/2014
Surg. Date: Not Specified

Visit Date: May 12, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 8
Cxl/Ns: 0

Daily Note

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Daily Comments:

- "its a little stiff today"

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

	Left	Right
Lumbar Region:	per pt trapped nerve, tear?	per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

Test Name:	Oswestry Disability Index:
Date:	05/05/2014
Assessment:	Reassessment:
Percentage:	66.00%

Bilateral Knee

Daily Comments:

- Pt complains of bilateral knee pain which gets worse the longer he is on his feet. Pt reports he can hardly WB and occasionally he feels that his legs are giving way.

Right Shoulder

Daily Comments:

- Pt reports soreness

Objective Examination

Spine

Flexibility:

	Left	Right
Thoracolumbar FVM:	Moderate Restriction	Moderate Restriction
Hamstrings	Moderate Restriction	Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

	Left	Right
Tenderness:	I=Complaint of pain	I=Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

Extension(pain provoked)	50%
Flexion(pain provoked)	50%



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: May 12, 2014

• Side Bending Left (pain provoked) 80%
• Side Bending Right (pain provoked) 80%
Special Tests: Spine: Lumbar:
• Straight Leg Raise Left 35-70 deg Ipsilateral Pain Right 35-70 deg Ipsilateral Pain

Bilateral Knee

Muscle Testing: Lower Extremity MMT:

	Left	Right
• Hip Abduction	+4/5	+4/5
• Hip Adduction	+4/5	+4/5
• Knee Extension	+4/5	+4/5
• Knee Flexion (pain in anterior knee (B))	4/5	4/5

Right Shoulder

Muscle Testing: Upper Extremity MMT:

	Right
• Shoulder Abduction	+4/5
• Shoulder Flexion	+4/5
• Shoulder External Rotation	4/5
• Shoulder Internal Rotation	+4/5
• Elbow Extension	+4/5
• Elbow Flexion	+4/5

Range of Motion: Shoulder: Pre-Treatment:

	Left AROM	Right AROM
• Flexion	155	138
• Abduction	180	120

Special Tests: Shoulder: Musculoskeletal: Muscle/Tendon:

	Right
• Belly Press	Negative
• Lift-off Rotator Cuff	Aggravates Symptoms
• Neer Impingement	Aggravates Symptoms
• Passive ER Rotator Cuff	Aggravates Symptoms

Treatments

Spine

Exercise Activities: Flexibility (L. Quarter):

• Hamstring Muscle (HEP)	Did Not Perform: HEP
• Lumbar Sacral Musculature (HEP)	Did Not Perform: HEP
• Thoracolumbar Musculature (HEP)	Did Not Perform: HEP

Exercise Activities: Stabilization Training: Supine Position:

• Abdominal Brace (This visit)	Did Not Perform: This visit
• Bridging (pt complains of L HS cramping)	Time Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation
• Pelvic Tilts: Knees Flexed	Time Elapsed: 10 Minutes, Additional Detail: with iso hip abd/add, Charge As: Neuromuscular Reeducation
• Stabilization Training 1	Time Elapsed: 5 Minutes, Weight - Pounds: blue band Pounds, Additional Detail: sidelying clamshells, Charge As: Neuromuscular Reeducation

Bilateral Knee

Exercise Activities: Isotonics:

• Hamstring Curl: Standing	Time Elapsed: 4 Minutes, Weight - Pounds: 2 Pounds, Repetitions: 20, Hold: 3 Seconds, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise
• Knee Extension, Full Arc	Time Elapsed: 4 Minutes, Weight - Pounds: 2 Pounds, Sets: 20, Hold: 3 Seconds, Charge As: Therapeutic Exercise
• Straight Leg Raises - Flexion	Time Elapsed: 3 Minutes, Repetitions: 30, Position: Supine, Charge As: Therapeutic Exercise
• Straight Leg Raises - Abduction	Time Elapsed: 3 Minutes, Repetitions: 30, Position: Sidelying, Charge As: Therapeutic Exercise

Exercise Activities: Dynamic Training: C-K-C Activity:

• Step Ups: Forward	Time Elapsed: 6 Minutes, Step Height: 4 Inches, Charge As: Therapeutic Activities



Patient: Jeffrey Tracy
Acct #: 030-630105847
DOB: Jan 03, 1972

Visit Date: May 12, 2014

Right Shoulder

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Neuromuscular Reeducation	97112	3	39
• Therapeutic Activities	97530	1	6
• Therapeutic Procedure	97110	1	18

Exercise Activities: Range of Motion:

• Rope & Pulley: Scap ABD: Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise
• Rope & Pulley Flexion Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise

Exercise Activities: Isotonics:

• External Rotation Sidelying Time Elapsed: 4 Minutes, Weight: Pounds: 0 Pounds, Charge As: Neuromuscular Reeducation
• Prone Extension Time Elapsed: 4 Minutes, Additional Detail: Is, Charge As: Neuromuscular Reeducation
• Prone Horizontal Abduction Time Elapsed: 5 Minutes, Additional Detail: Ts, Charge As: Neuromuscular Reeducation
• Scapular Retraction (progressed) Did Not Perform: progressed

Exercise Activities: Dynamic Training: C-K-C Activity:

• Wall Ball Time Elapsed: 6 Minutes, Additional Detail: on mat table, Charge As: Neuromuscular Reeducation

Therapy Session Time

• Total Therapy Session Time: 63 Minutes

Assessment

Tolerance:

- Pt tolerated knee and shoulder progression today. Pt continues to require cuing for scap retraction and core bracing.

Plan

Spine

Daily Plan:

- Advance as tolerated.

Katherine L. Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 12, 2014 16:09:24



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: May 14, 2014

• Side Bending Right(pain provoked)	80%	
Special Tests: Spine: Lumbar:	Left	Right
• Straight Leg Raise	35-70 deg	Ipsilateral Pain 35-70 deg: Ipsilateral Pain
Bilateral Knee		
Muscle Testing: Lower Extremity MMT:	Left	Right
• Hip Abduction	+4/5	+4/5
• Hip Adduction	+4/5	+4/5
• Knee Extension	+4/5	+4/5
• Knee Flexion(pain in anterior knee (B))	4/5	4/5
Right Shoulder		
Objective Measurements Not Reassessed Today.		
Muscle Testing: Upper Extremity MMT:		Right
• Shoulder Abduction		+4/5
• Shoulder Flexion		+4/5
• Shoulder External Rotation		4/5
• Shoulder Internal Rotation		+4/5
• Elbow Extension		+4/5
• Elbow Flexion		+4/5
Range of Motion: Shoulder: Pre-Treatment:	Left AROM	Right AROM
• Flexion	155	138
• Abduction	180	120
Special Tests: Shoulder: Musculoskeletal: Muscle/Tendon:		Right
• Belly Press		Negative
• Lift-off Rotator Cuff		Aggravates Symptoms
• Neer Impingement		Aggravates Symptoms
• Passive ER Rotator Cuff		Aggravates Symptoms

Treatments

Spine

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 5 Minutes; Charge As: Neuromuscular Reeducation
• Pelvic Tilts-Knees Flexed	Time Elapsed: 10 Minutes; Additional Detail: with Iso hip abd/add, Charge As: Neuromuscular Reeducation
• Stabilization Training 1	Time Elapsed: 5 Minutes; Repetitions: 30 x (B); Level: BLUE LOOP; Additional Detail: sidelying clamshells; Charge As: Neuromuscular Reeducation

Bilateral Knee

Exercise Activities: Isotonics:

• Hamstring Curl, Standing	Time Elapsed: 4 Minutes; Weight - Pounds: 2 Pounds; Repetitions: 20; Hold: 3 Seconds; Resistance: Concentric/Eccentric; Charge As: Therapeutic Exercise
• Knee Extension, Full Arc	Time Elapsed: 4 Minutes; Weight - Pounds: 2 Pounds; Sets: 20; Hold: 3 Seconds; Charge As: Therapeutic Exercise
• Straight Leg Raises - Flexion	Time Elapsed: 3 Minutes; Repetitions: 30; Position: Supine; Charge As: Therapeutic Exercise
• Straight Leg Raises-Abduction	Time Elapsed: 3 Minutes; Repetitions: 30; Position: Sidelying; Charge As: Therapeutic Exercise

Exercise Activities: Dynamic Training: C-K-C Activity:

• Step Ups: Forward	Time Elapsed: 6 Minutes; Repetitions: 20 x (B); Step Height: 4 Inches; Charge As: Therapeutic Activities

Right Shoulder

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Neuromuscular Reeducation	97112	2	33



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: May 14, 2014

♦ Therapeutic Activities	97530	1	6
♦ Therapeutic Procedure	97110	1	18
Exercise Activities: Range of Motion:			
♦ Rope & Pulley: Scap ABD			Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise
♦ Rope & Pulley Flexion			Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise
Exercise Activities: Isotonics:			
♦ External Rotation: Sidelying			Time Elapsed: 4 Minutes, Weight: Pounds: 0 Pounds; Charge As: Neuromuscular Reeducation
♦ Prone Extension			Time Elapsed: 4 Minutes, Repetitions: 30, Additional Detail: Is, Charge As: Neuromuscular Reeducation
♦ Prone Horizontal Abduction			Time Elapsed: 5 Minutes, Repetitions: 30, Additional Detail: Is, Charge As: Neuromuscular Reeducation
Exercise Activities: Dynamic Training: C-K-C Activity:			
♦ Wall Ball (This visit)			Did Not Perform: This visit
Therapy Session Time			
♦ Therapy Session Start Time			11:05 AM
♦ Therapy Session Stop Time			12:05 PM
♦ Total Therapy Session Time			60 Minutes

Assessment

Mr Tracy tolerated the previous treatment session fair. Noted subjective complaints of pain and concerns that an MRI is needed in order to be "on the road to recovery". Pt was able to complete the activities expected today despite the complaints.

Plan

Spine

Can't to work on stabilization for all 4 body parts at this time.

Rochelle Bragg LPTA SC

Rochelle Bragg, PTA, PTA(SC Lic: 1068)
Signed on May 14, 2014 14:14:59

Katherine L. Stowe LPTA SC

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 14, 2014 14:15:43

Under the general supervision of the primary therapist.



Select
Physical Therapy
a Select Medical company

Select Physical Therapy
154-101 Amendment Ave.
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: **Jeffrey Tracy**
Acct #: **039-630105847**
DOB: **Jan 03, 1972**
Clinician: **Katherine L. Stowe, PT, DPT**
Prim Phy: **Scott McNair**
Phy Phone: **(803) 327-0033**
Phy Fax: **(803) 325-2232**
Sec Phy: **Not Specified**
Inj. Date: **3/14/2014**
Surg. Date: **Not Specified**

Vis. Date: **May 14, 2014**
FSC: **Workers Compensation**
Payor: **WC OF SC**
Pol/Claim#: **Not Specified**
Insured: **Not Specified**
Employer: **D & L Trucking**
Case Mgr: **MEDRISK**
Visits: **9**
Cd/Ns: **0**

Daily Note

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knea	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

General Information

Appointment:

- McNair: May 28th; Piasecki June 17th.

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Daily Comments:

- I've been hurting a lot since I was here last. The pulleys hurt my shoulder, the step ups really hurt my knees. I don't understand why they haven't given me an MRI yet and why they haven't sent me to the neurosurgeon yet. I will be on the road to recovery once they figure out what's the matter with me. Report of outcome from Doctors visit: Can't with treating the back. Trying to schedule me with a neurosurgeon.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

	Left	Right
• Lumbar Region:	per pt trapped nerve; tear?	per pt trapped nerve; tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

• Test Name	Oswestry Disability Index:
• Date	05/05/2014
• Assessment	Reassessment:
• Percentage	66.00%

Objective Examination

Spine

Flexibility:

	Left	Right
• Thoracolumbar PVM	Moderate Restriction	Moderate Restriction
• Hamstrings	Moderate Restriction	Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

Left	Right

Tenderness:

• General Muscle Mass (lower lumbar paras)	I = Complaint of pain	I = Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

• Extension (pain provoked)	50%
• Flexion (pain provoked)	50%
• Side Bending Left (pain provoked)	80%



Select Physical Therapy
154-101 Amendment Avenue
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972
Clinician: Katherine L. Stowe, PT, DPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Dana P. Piasecki, MD
Inj. Date: 3/14/2014
Surg. Date: Not Specified

Vi. Date: May 16, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 10
Cd/Ns: 0

Daily Note

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

General Information

Appointment:

- McNair: May 28th; Piasecki June 17th.

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Daily Comments:

- I've been hurting a lot since I was here last. The pulleys hurt my shoulder, the step ups really hurt my knees. I don't understand why they haven't given me an MRI yet and why they haven't sent me to the neurosurgeon yet. I will be on the road to recovery once they figure out what's the matter with me.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

Left

Right

- Lumbar Region: per pt trapped nerve, tear? per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

Test Name	Oswestry Disability Index
Date	05/05/2014
Assessment	Reassessment
Percentage	66.00%

Objective Examination

Spine

Flexibility:

Left

Right

Thoracolumbar PVM	Moderate Restriction	Moderate Restriction
Hamstrings	Moderate Restriction	Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

Left

Right

Tenderness:

General Muscle Mass (lower lumbar paras)	1 = Complaint of pain	1 = Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

Extension (pain provoked)	50%
Flexion (pain provoked)	50%
Side Bending Left (pain provoked)	80%
Side Bending Right (pain provoked)	80%



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Vis. Date: May 16, 2014

Special Tests: Spine: Lumbar:

	Left	Right
• Straight Leg Raise	35-70 deg: Ipsilateral Pain	35-70 deg: Ipsilateral Pain

Bilateral Knee

Muscle Testing: Lower Extremity MMT:

	Left	Right
• Hip Abduction	+4/5	+4/5
• Hip Adduction	+4/5	+4/5
• Knee Extension	+4/5	+4/5
• Knee Flexion(pain in anterior knee (B))	4/5	4/5

Right Shoulder

Muscle Testing: Upper Extremity MMT:

	Right
• Shoulder Abduction	+4/5
• Shoulder Flexion	+4/5
• Shoulder External Rotation	4/5
• Shoulder Internal Rotation	+4/5
• Elbow Extension	+4/5
• Elbow Flexion	+4/5

Range of Motion: Shoulder: Pre-Treatment:

	Left AROM	Right AROM
• Flexion	155	138
• Abduction	180	120

Special Tests: Shoulder: Musculoskeletal: Muscle/Tendon:

	Right
• Billy-Press	Negative
• Lift-off Rotator Cuff	Aggravates Symptoms
• Neer Impingement	Aggravates Symptoms
• Passive ER Rotator Cuff	Aggravates Symptoms

Treatments

Spine

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation
• Marching In Place	Time Elapsed: 6 Minutes, Additional Detail: with ab bracing, Charge As: Neuromuscular Reeducation
• Pelvic Tilt: Knees Flexed	Time Elapsed: 10 Minutes, Additional Detail: with iso hip abd/add, Charge As: Neuromuscular Reeducation
• Stabilization Training 1	Time Elapsed: 5 Minutes, Repetitions: 30 x (B), Level: BLUE LOOP, Additional Detail: sidelying clamshells, Charge As: Neuromuscular Reeducation

Bilateral Knee

Exercise Activities: Isotonics:

• Hamstring Curl: Standing	Time Elapsed: 4 Minutes, Weight - Pounds: 2 Pounds, Repetitions: 20, Hold: 3 Seconds, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise
• Knee Extension, Full Arc	Time Elapsed: 4 Minutes, Weight - Pounds: 2 Pounds, Sets: 30, Hold: 3 Seconds, Charge As: Therapeutic Exercise
• Straight Leg Raises: Flexion	Time Elapsed: 3 Minutes, Repetitions: 30, Position: Supine, Charge As: Therapeutic Exercise
• Straight Leg Raises-Abduction	Time Elapsed: 3 Minutes, Repetitions: 30, Position: Sidelying, Charge As: Therapeutic Exercise

Exercise Activities: Dynamic Training: C-K-C Activity:

• Step Ups: Forward(Pt reports pain)	Did Not Perform: Pt reports pain
• Wall Squats	Time Elapsed: 5 Minutes, Sets: 20, Squatting Level: 1/4, Charge As: Neuromuscular Reeducation

Right Shoulder

Documented Procedural Code Summary:

Description	Code	Units	Minutes



Patient: Jeffrey Tracy
Acct #: 030-630105847
DOB: Jan 03, 1972

Visit Date: May 16, 2014

• Neuromuscular Reeducation: 97112 3 44
• Therapeutic Procedure 97110 1 18
Exercise Activities: Range of Motion:
• Rope & Pulley Scap ABD Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise
• Rope & Pulley Flexion Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise
Exercise Activities: Isotonics:
• External Rotation Sidelying Time Elapsed: 4 Minutes, Weight: Pounds: 0 Pounds, Charge As: Neuromuscular Reeducation
• Prone Extension Time Elapsed: 4 Minutes, Repetitions: 30, Additional Detail: Is, Charge As: Neuromuscular Reeducation
• Prone Horizontal Abduction Time Elapsed: 5 Minutes, Repetitions: 30, Additional Detail: Ts, Charge As: Neuromuscular Reeducation
Exercise Activities: Dynamic Training: C-K-C Activity:
• Wall Ball (This visit) Did Not Perform: This Visit
Therapy Session Time
• Total Therapy Session Time: 62 Minutes

Assessment

Tolerance:

- Pt reports fatigue with LE activities however denies pain. Step ups were not performed today as pt reports that cause increased pain.

Plan

Spine

Daily Plan:

- Advance as tolerated.

Katherine L. Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 16, 2014 14:07:06



Select Physical Therapy
154-101 Amendment Aven
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972
Clinician: Nancy M. Burton, MSPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Dana P. Piasecki, MD
Inj. Date: 3/14/2014
Surg. Date: Not Specified

V. Date: May 19, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 11
Cdx/Ns: 0

Daily Note

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

General Information

Appointment:

- McNair: May 28th; Piasecki June 17th.

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Daily Comments:

- Patient reports minimal, overall improvement.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

	Left	Right
• Lumbar Region:	per pt trapped nerve, tear?	per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

• Test Name	Oswestry Disability Index
• Date	05/05/2014
• Assessment:	Reassessment
• Percentage	66.00%

Objective Examination

Spine

Flexibility:

	Left	Right
• Thoracolumbar PVM	Moderate Restriction	Moderate Restriction
• Hamstrings	Moderate Restriction	Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

Left	Right

Tenderness:

• General Muscle Mass(lower lumbar paras):	1=Complaint of pain	1=Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

• Extension(pain provoked)	50%
• Flexion(pain provoked)	50%
• Side Bending Left(pain provoked)	80%
• Side Bending Right(pain provoked)	80%

Special Tests: Spine: Lumbar:

	Left	Right
• Straight Leg Raise	35-70 deg Ipsilateral Pain	35-70 deg Ipsilateral Pain



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Vib. Date: May 19, 2014

Bilateral Knee

Muscle Testing: Lower Extremity MMT:

	Left	Right
• Hip Abduction	+4/5	+4/5
• Hip Adduction	+4/5	+4/5
• Knee Extension	+4/5	+4/5
• Knee Flexion(pain in anterior knee (B))	4/5	4/5

Right Shoulder

Muscle Testing: Upper Extremity MMT:

	Right
• Shoulder Abduction	+4/5
• Shoulder Flexion	+4/5
• Shoulder External Rotation	4/5
• Shoulder Internal Rotation	+4/5
• Elbow Extension	+4/5
• Elbow Flexion	+4/5

Range of Motion: Shoulder: Pre-Treatment:

	Left AROM	Right AROM
• Flexion	155	138
• Abduction	180	120

Special Tests: Shoulder: Musculoskeletal: Muscle/Tendon:

	Right
• Belly-Press	Negative
• Lift-off Rotator Cuff	Aggravates Symptoms
• Neer Impingement	Aggravates Symptoms
• Passive ER Rotator Cuff	Aggravates Symptoms

Treatments

Spine

Exercise Activities: Stabilization Training: Supina Position:

• Bridging	Time Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation
• Marching In Place	Time Elapsed: 5 Minutes, Additional Detail: with ab bracing, Charge As: Neuromuscular Reeducation
• Pelvic Tilt: Knees Flexed	Time Elapsed: 10 Minutes, Additional Detail: with iso hip abd/add, Charge As: Neuromuscular Reeducation
• Stabilization Training 1	Time Elapsed: 5 Minutes, Repetitions: 30 x (B), Level: BLUE LOOP, Additional Detail: sidelying clamshells, Charge As: Neuromuscular Reeducation

Therapy Session Time

• Therapy Session Start Time	01:00 PM
• Therapy Session Stop Time	02:00 PM

Bilateral Knee

Exercise Activities: Isotonics:

• Hamstring Curl: Standing	Time Elapsed: 4 Minutes, Weight: Pounds: 2 Pounds, Repetitions: 20, Hold: 3 Seconds, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise
• Knee Extension, Full Arc	Time Elapsed: 4 Minutes, Weight - Pounds: 2 Pounds, Sets: 30, Hold: 3 Seconds, Charge As: Therapeutic Exercise
• Straight Leg Raises - Flexion	Time Elapsed: 3 Minutes, Repetitions: 30, Position: Supine, Charge As: Therapeutic Exercise
• Straight Leg Raises-Abduction	Time Elapsed: 3 Minutes, Repetitions: 30, Position: Sidelying, Charge As: Therapeutic Exercise

Exercise Activities: Dynamic Training: C-K-C Activity:

• Step Ups: Forward(Pt reports pain)	Did Not Perform: Pt reports pain
• Wall Squats	Time Elapsed: 5 Minutes, Sets: 20, Squatting Level: 1/4, Charge As: Neuromuscular Reeducation

Right Shoulder

Documented Procedural Code Summary:

Description	Code	Units	Minutes



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Vis. Date: May 19, 2014

• Neuromuscular Reeducation	97112	3	39
• Therapeutic Activities	97530	1	3
• Therapeutic Procedure	97110	1	18

Exercise Activities: Range of Motion:

• Rope & Pulley: Scap A80	Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise
• Rope & Pulley Flexion	Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise

Exercise Activities: Isotonics:

• External Rotation: Sidelying (This visit)	Did Not Perform: This visit
• Prone Extension	Time Elapsed: 4 Minutes, Repetitions: 30, Additional Detail: Is, Charge As: Neuromuscular Reeducation
• Prone Horizontal Abduction	Time Elapsed: 5 Minutes, Repetitions: 30, Additional Detail: Ts, Charge As: Neuromuscular Reeducation
• Isotonic Activity 1	Time Elapsed: 3 Minutes, Repetitions: 3 x 10, Description: Prone row, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity:

• Wall Ball (This visit)	Did Not Perform: This visit

Assessment

The patient tolerated today's treatment intervention with moderate complaints of pain.

Plan

Spine

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Nancy M. Burton, MSPT, MSPT(SC Lic: 2735)
Signed on May 19, 2014 14:21:27



Select Physical Therapy
154-101 Amendment Avenue
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972
Clinician: Katherine L. Stowe, PT, DPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Dana P. Piasecki, MD
Inj. Date: 3/14/2014
Surg. Date: Not Specified

Vis. Date: May 21, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 12
Cdx/Ns: 0

Daily Note

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

General Information

Appointment:

- McNair: May 28th; Piasecki June 17th.

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 15 min

Daily Comments:

- No changes since the last time. I am here to do what you tell me.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

Left

Right

• Lumbar Region: per pt trapped nerve, tear? per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

• Test Name: Oswestry Disability Index

• Date: 05/05/2014

• Assessment: Reassessment

• Percentage: 66.00%

Objective Examination

Spine

Flexibility:

Left

Right

• Thoracolumbar PVM: Moderate Restriction Moderate Restriction

• Hamstrings: Moderate Restriction Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

Left

Right

Tenderness:

• General Muscle Mass (lower lumbar paras): 1=Complaint of pain 1=Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral:

• Extension (pain provoked): 50%

• Flexion (pain provoked): 50%

• Side Bending Left (pain provoked): 80%

• Side Bending Right (pain provoked): 80%

Special Tests: Spine: Lumbar:

Left

Right

• Straight Leg Raise: 35-70 deg: Ipsilateral Pain 35-70 deg: Ipsilateral Pain



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Vis. Date: May 21, 2014

Bilateral Knee

Muscle Testing: Lower Extremity MMT:

	Left	Right
• Hip Abduction	+4/5	+4/5
• Hip Adduction	+4/5	+4/5
• Knee Extension	+4/5	+4/5
• Knee Flexion (pain in anterior knee (B))	4/5	4/5

Right Shoulder

Objective Measurements Not Reassessed Today.

Muscle Testing: Upper Extremity MMT:

	Right
• Shoulder Abduction	+4/5
• Shoulder Flexion	+4/5
• Shoulder External Rotation	4/5
• Shoulder Internal Rotation	+4/5
• Elbow Extension	+4/5
• Elbow Flexion	+4/5

Range of Motion: Shoulder: Pre-Treatment:

	Left AROM	Right AROM
• Flexion	155	138
• Abduction	180	120

Special Tests: Shoulder: Musculoskeletal: Muscle/Tendon:

	Right
• Belly Press	Negative
• Lift-off Rotator Cuff	Aggravates Symptoms
• Neer Impingement	Aggravates Symptoms
• Passive ER Rotator Cuff	Aggravates Symptoms

Treatments

Spine

Exercise Activities: Stabilization Training: Supine Position:

• Bridging	Time Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation
• Marching In Place (progressed to 2 lbs)	Time Elapsed: 5 Minutes, Level: 2 lbs on ankles, Additional Detail: with ab bracing, Charge As: Neuromuscular Reeducation
• Pelvic Tilts-Knees Flexed	Time Elapsed: 10 Minutes, Additional Detail: with iso hip abd/add, Charge As: Neuromuscular Reeducation
• Stabilization Training 1	Time Elapsed: 5 Minutes, Repetitions: 30 x (B), Level: BLUE LOOP, Additional Detail: sidelying damshells, Charge As: Neuromuscular Reeducation

Bilateral Knee

Exercise Activities: Isotonics:

• Hamstring Curl Standing	Time Elapsed: 4 Minutes, Weight - Pounds: 2 Pounds, Repetitions: 20, Hold: 3 Seconds, Resistance: Concentric/Eccentric, Charge As: Therapeutic Exercise
• Knee Extension, Full Arc	Time Elapsed: 4 Minutes, Weight - Pounds: 2 Pounds, Sets: 30, Hold: 3 Seconds, Charge As: Therapeutic Exercise
• Straight Leg Raises - Flexion	Time Elapsed: 3 Minutes, Weight - Pounds: 2 Pounds, Repetitions: 30, Position: Supine, Charge As: Therapeutic Exercise
• Straight Leg Raises-Abduction (& standing)	Time Elapsed: 3 Minutes, Weight - Pounds: 2 Pounds, Repetitions: 30, Position: Sidelying, Charge As: Therapeutic Exercise

Exercise Activities: Dynamic Training: C-K-C Activity:

• Wall Squats	Time Elapsed: 5 Minutes, Repetitions: 20, Squatting Level: 1/4, Charge As: Neuromuscular Reeducation

Right Shoulder

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Neuromuscular Reeducation	97112	3	43
• Therapeutic Activities	97530	1	3
• Therapeutic Procedure	97110	1	18



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: May 21, 2014

Exercise Activities: Range of Motion:

- Rope & Pulley: Scap ABD
- Rope & Pulley Flexion

Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise
Time Elapsed: 2 Minutes, Charge As: Therapeutic Exercise

Exercise Activities: Isotonics:

- External Rotation Sidelying
- Prone Extension

Time Elapsed: 4 Minutes, Weight: Pounds: 0 Pounds, Charge As:
Neuromuscular Reeducation

- Prone Horizontal Abduction

Time Elapsed: 4 Minutes, Repetitions: 30, Additional Detail: Is,
Charge As: Neuromuscular Reeducation

- Isotonic Activity 1

Time Elapsed: 5 Minutes, Repetitions: 30, Additional Detail: Ts,
Charge As: Neuromuscular Reeducation

Time Elapsed: 3 Minutes, Repetitions: 3 x 10, Description: Prone
row, Charge As: Therapeutic Activities

Exercise Activities: Dynamic Training: C-K-C Activity:

Therapy Session Time

• Therapy Session Start Time 02:10 PM
• Therapy Session Stop Time 03:20 PM
• Total Therapy Session Time 70 Minutes

Assessment

Mr Tracy tolerated the previous treatment session. Noted subjective regarding no change in pain or function. Progressed the (B) activities by intro to standing hip abduction with weights; marches in supine for trunk stabilization challenge.

Plan

Spine

Review the response to today's progressions at the next scheduled session. Re-Eval next session. Anticipate DC with recommendations to return to the MD due to lack of functional progress/ tolerance.

Rochelle Bragg LPTA SC

Rochelle Bragg, PTA, PTA(SC Lic: 1068)
Signed on May 21, 2014 16:40:08

Rochelle Bragg LPTA SC

Katherine L. Stowe, PT, DPT, OPT(SC Lic: 6814)
Signed on May 21, 2014 16:40:33

Under the general supervision of the primary therapist.



Select Physical Therapy
154-101 Amendment Ave.
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972
Clinician: Katherine L. Stowe, PT, DPT
Prim Phy: Scott McHale
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Dana P. Flasecki, MD
Inj. Date: 3/14/2014
Surg. Date: Not Specified

Visit Date: May 23, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: O & L Trucking
Case Mgr: MEDRISK
Visits: 13
Cxl/Ns: 0

Plan of Care

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction.

Questionnaires: Disability Index:

• Test Name:	Oswestry Disability Index
• Date:	05/05/2014
• Assessment:	Reassessment
• Percentage:	66.00%

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is fair. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Improve Motor Control. Increase Range of Motion. Increase Strength. Improve Balance. Return to Premorbid State. Return To Work.

Tolerance:

- PT monitored BP, took objective measurements and canceled the remainder of therapy due to HBP. 156/105. Pt was instructed to follow up with MD regarding HBP and consistently monitor BP.

Problems & Goals

Spine

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: < 15 min

LTG Achieve by Jun 06, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate sitting for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: 0-10 minutes.

LTG Achieve by Jun 06, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate standing for 30 min

Problem #3 Range of Motion: Spine: Pre-Treatment: Active Lumbosacral.

• Extension(pain provoked)	50%
• Flexion(pain provoked)	50%
• Side Bending Left(pain provoked)	80%
• Side Bending Right(pain provoked)	80%

LTG Achieve by Jun 06, 2014. Progress: No change.

Range of Motion Improvements to: Active Lumbosacral:

• Extension	80%
• Flexion.	80%

Problem #4 Flexibility.

- Hamstrings
- Thoracolumbar PVM

Left

Mild Restriction
Mild Restriction

Right

Moderate Restriction
Moderate Restriction

LTG Achieve by Jun 20, 2014. Progress: Some progress.



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: May 23, 2014

Musculoskeletal Improvements In: Soft Tissue

Flexibility to:

- Thoracolumbar PVM
- Hamstrings

Left

Slight Restriction
Slight Restriction

Right

Slight Restriction
Slight Restriction

Right Shoulder

Problem #5 Range of Motion: Shoulder: Pre-Treatment.

Left AROM

Right AROM

- Abduction
- Flexion

180
155

125
135

STG Achieve by Jun 06, 2014. Progress: No change.

Range of Motion Improvements to: Shoulder:

Right AROM

- Flexion
- Abduction

150
160

Problem #6 Muscle Testing: Upper Extremity MMT:

- Elbow Extension
- Elbow Flexion
- Shoulder Abduction
- Shoulder External Rotation
- Shoulder Flexion
- Shoulder Internal Rotation

Right

+4/5
+4/5
+4/5
4/5
+4/5
+4/5

LTG Achieve by Jun 04, 2014.

**Musculoskeletal Improvements In: Upper
Extremity Strength to:**

Right

- Gross Assessment

5/5

Plan

Spine

The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care. The patient and/or family were instructed to call therapist regarding problems or questions. The goals and plan were discussed with the patient and/or family and they concur.

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 2 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Client Education. Gait Training. Manual Therapy Techniques. Modalities: As Needed. Neuromuscular Re-education. Self Care/Home Management. Therapeutic Activities. Therapeutic Exercise.

Katherine Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 23, 2014 13:39:21

Please Sign and Return

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Comments/Revisions

Scott McNair

Date



Select Physical Therapy
154-101 Amendment Aven.
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972
Clinician: Katherine L. Stowe, PT, DPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Dana P. Piasecki, MD
Inj. Date: 3/14/2014
Surg. Date: Not Specified

Vis. Date: May 23, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 13
Cd/Ns: 0

Re-Evaluation

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

General Information

Appointment:

- McNair: May 28th; Piasecki June 17th.

Subjective Examination

Spine

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 0-10 minutes.

Daily Comments:

- No changes since the last time. I am here to do what you tell me.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

Left

Right

• Lumbar Region: per pt trapped nerve, tear? per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

• Test Name

Oswestry Disability Index:

• Date

05/05/2014

• Assessment

Reassessment:

• Percentage

66.00%

Objective Examination

Spine

Flexibility:

Left

Right

• Thoracolumbar PVM

Mild Restriction

Moderate Restriction

• Hamstrings

Mild Restriction

Moderate Restriction

Palpation: Lumbosacral Region: Musculature, Posterior:

Left

Right

Tenderness:

• General Muscle Mass(lower lumbar paras)

1=Complaint of pain

1=Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral: May 07, 2014

May 23, 2014

• Extension(pain provoked)

50%

50%

• Flexion(pain provoked)

50%

50%

• Side Bending Left(pain provoked)

80%

80%

• Side Bending Right(pain provoked)

80%

80%

Special Tests: Spine: Lumbar:

Left

Right

• Straight Leg Raise

35-70 deg Ipsilateral Pain

35-70 deg Ipsilateral Pain



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Vis. Date: May 23, 2014

Bilateral Knee

	May 07, 2014		May 23, 2014	
Muscle Testing: Lower Extremity MMT:	Left	Right	Left	Right
• Hip Abduction	+4/5	+4/5	+4/5	+4/5
• Hip Adduction	+4/5	+4/5	+4/5	+4/5
• Knee Extension	+4/5	+4/5	+4/5	+4/5
• Knee Flexion(pain in anterior knee (B))	4/5	4/5	4/5	4/5

Right Shoulder

	May 07, 2014	May 23, 2014
Muscle Testing: Upper Extremity MMT:	Right	Right
• Shoulder Abduction	+4/5	+4/5
• Shoulder Flexion	+4/5	+4/5
• Shoulder External Rotation	4/5	4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	+4/5	+4/5
• Elbow Flexion	+4/5	+4/5

	May 07, 2014		May 23, 2014	
Range of Motion: Shoulder: Pre-Treatment:	L. Act.	R. Act.	L. Act.	R. Act.
• Flexion	155	138	155	135
• Abduction	180	120	180	125
Special Tests: Shoulder: Musculoskeletal: Muscle/Tendon:			Right	
• Belly-Press			Negative	
• Lift-off Rotator Cuff			Aggravates Symptoms	
• Neer Impingement			Aggravates Symptoms	
• Passive ER Rotator Cuff			Aggravates Symptoms	

Treatments

Spine

Exercise Activities: Stabilization Training: Supine Position:

• Bridging(High BP 165/105)	Did Not Perform: High BP 165/105
• Marching In Place(High BP 165/105)	Did Not Perform: High BP 165/105
• Pelvic Tilts-Knees Flexed(High BP 165/105)	Did Not Perform: High BP 165/105
• Stabilization Training 1(High BP 165/105)	Did Not Perform: High BP 165/105

Bilateral Knee

Exercise Activities: Isotonics:

• Hamstring Curl: Standing(High BP 165/105)	Did Not Perform: High BP 165/105
• Knee Extension, Full Arc(High BP 165/105)	Did Not Perform: High BP 165/105
• Straight Leg Raises - Flexion(High BP 165/105)	Did Not Perform: High BP 165/105
• Straight Leg Raises-Abduction(High BP 165/105)	Did Not Perform: High BP 165/105

Exercise Activities: Dynamic Training: C-K-C Activity:

• Wall Squats.(High BP 165/105)	Did Not Perform: High BP 165/105

Right Shoulder

Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Physical Therapy Reevaluation	97002	1	n/a

Exercise Activities: Range of Motion:

• Rope & Pulley: Scap ABD(High BP 165/105)	Did Not Perform: High BP 165/105
• Rope & Pulley Flexion(High BP 165/105)	Did Not Perform: High BP 165/105

Exercise Activities: Isotonics:

• External Rotation:Sidelying.(High BP 165/105)	Did Not Perform: High BP 165/105
• Prone Extension.(High BP 165/105)	Did Not Perform: High BP 165/105
• Prone Horizontal Abduction.(High BP 165/105)	Did Not Perform: High BP 165/105
• Isotonic Activity 1(High BP 165/105)	Did Not Perform: High BP 165/105

Exercise Activities: Dynamic Training: C-K-C Activity:



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: May 23, 2014

Therapy Session Time

* Total Therapy Session Time (Reassessment only) 20 Minutes

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is fair. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Improve Motor Control. Increase Range of Motion. Increase Strength. Improve Balance. Return to Premorbid State. Return To Work.

Tolerance:

- PT monitored BP, took objective measurements and canceled the remainder of therapy due to HBP. 156/105. Pt was instructed to follow up with MD regarding HBP and consistently monitor BP.

Problems & Goals

Spine

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: < 15 min

LTG Achieve by Jun 06, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate sitting for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: 0-10 minutes.

LTG Achieve by Jun 06, 2014. Progress: No change.

Functional Improvements In:

- Pt able to tolerate standing for 30 min

Problem #3 Range of Motion: Spine: Pre-Treatment: Active Lumbosacral.

LTG Achieve by Jun 06, 2014. Progress: No change.

Range of Motion Improvements to: Active Lumbosacral:

- Extension: 80%
- Flexion: 80%

Problem #4 Flexibility.

LTG Achieve by Jun 20, 2014. Progress: Some progress.

Musculoskeletal Improvements In: Soft Tissue

Left

Right

Flexibility to:

- Thoracolumbar: PVM Slight Restriction
- Hamstrings Slight Restriction

Slight Restriction
Slight Restriction

Right Shoulder

Problem #5 Range of Motion: Shoulder: Pre-Treatment.

STG Achieve by Jun 06, 2014. Progress: No change.

Range of Motion Improvements to: Shoulder:

Right AROM

- Flexion: 150
- Abduction: 160

Problem #6 Muscle Testing: Upper Extremity MMT.

LTG Achieve by Jun 04, 2014.

Musculoskeletal Improvements In: Upper

Right

Extremity Strength to:

- Gross Assessment: 5/5

Plan

Spine

The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care. The patient and/or family were instructed to call therapist regarding problems or questions. The goals and plan were discussed with the patient and/or family and they concur.

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: May 23, 2014

2 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Client Education, Gait Training, Manual Therapy Techniques, Modalities: As Needed, Neuromuscular Re-education, Self Care/Home Management, Therapeutic Activities, Therapeutic Exercise.

Katherine Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 23, 2014 13:39:21



Select Physical Therapy
154-101 Amendment
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
DOB: Jan 03, 1972
Clinician: Katherine L. Stowe, PT, DPT
Prim Phy: Scott McNair
Phy Fax: (803) 325-2232

Visit Date: May 28, 2014
Visits: 14
CM/Ns: 0
Inj. Date: 3/14/2014

Progress Note

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHLDER

General Information

Appointment:

- McNair: May 28th; Piasecki June 17th.

Subjective Examination

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction. Occupation: Job Title: Truck Driver (long haul) for DNC Trucking

Chief Complaint:

- Pain: Location: Lumbosacral Area: right > left side of low and mid back
- Pain: Aggravating Factors: Activities:
 - Sitting: < 15 min Standing: 0-10 minutes.

Daily Comments:

- I didn't go see my family MD because who's going to see me Friday afternoon before a holiday? You know no one was open yesterday. My BP is up just because I tried to change the time that I take it and it's going to take 2 weeks to get back right. By then I will have run out of visits and I'm trying to get better here. I just don't see that they are going to do anything. But I'll do what you tell me. I'll make an appointment, but they aren't going to do anything.

Mechanism of Injury:

- MVA 3-14-14 driving his truck

Medical History:

- Past/Present Conditions: Has umbilical hernia and was preparing to have it repaired at the time of the accident, surgeon says therapy is ok

Medical Management: Diagnostic Studies: MRI:

- Lumbar Region

Left

per pt trapped nerve, tear?

Right

per pt trapped nerve, tear?

Medical Management:

- Waiting on appt with Neurosurgeon

Questionnaires: Disability Index:

- Test Name
- Date
- Assessment
- Percentage

Oswestry Disability Index
05/05/2014
Reassessment
66.00%

Objective Examination

Flexibility:

- Thoracolumbar PVM
- Hamstrings

Left

Mild Restriction

Right

Moderate Restriction

Mild Restriction

Moderate Restriction

Palpation: Lumbosacral Region; Musculature, Posterior:

Left

Right

Tenderness:

- General Muscle Mass(lower lumbar paras)

1=Complaint of pain

1=Complaint of pain

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral: May 23, 2014

- Extension(pain provoked)

50%

50%

- Flexion(pain provoked)

50%

50%

- Side Bending Left(pain provoked)

80%

80%

- Side Bending Right(pain provoked)

80%

80%

Special Tests: Spine: Lumbar:

- Straight Leg Raise

Left

35-70 deg: Ipsilateral Pain

Right

35-70 deg: Ipsilateral Pain

May 23, 2014

May 28, 2014

Muscle Testing: Lower Extremity MMT:

- Hip Abduction
- Hip Adduction
- Knee Extension

Left

+4/5

Right

+4/5

Left

+4/5

Right

+4/5

+4/5

+4/5

+4/5

+4/5

+4/5

+4/5

+4/5

+4/5

Patient: Jeffrey Tracy
DOB: Jan 03, 1972

Visit Date: May 28, 2014

• Knee Flexion(pain in anterior knee (B)) 4/5 4/5 4/5 4/5

Clearing Examination:

• BP: 1 140/110; checked again 15 min later BP: 2 138/110 - on 05/27/14

Muscle Testing: Upper Extremity MMT:

	May 23, 2014	May 28, 2014
	Right	Right
• Shoulder Abduction	+4/5	+4/5
• Shoulder Flexion	+4/5	+4/5
• Shoulder External Rotation	4/5	4/5
• Shoulder Internal Rotation	+4/5	+4/5
• Elbow Extension	+4/5	+4/5
• Elbow Flexion	+4/5	+4/5

Range of Motion: Shoulder: Pre-Treatment:

	L. Act.	R. Act.	L. Act.	R. Act.
• Flexion	155	135	155	135
• Abduction	180	125	180	125

Special Tests: Shoulder: Musculoskeletal; Muscle/Tendon:

• Belly-Press	Right
• Lift-off Rotator Cuff	Negative
• Neer Impingement	Aggravates Symptoms
• Passive ER Rotator Cuff	Aggravates Symptoms

Assessment

Mr Tracy returns today after the Re-Eval & instruction from supervising PT to get cleared to return to activity with BP outside the range for safe exercise. Mr Tracy has not seen an MD in regards to the BP levels being outside the safe range for activity. Spent time again today educating pt that 3 sessions left in the current POC are not as important when it comes to safety & being cleared due to BP issues.

Presentation:

• Mr Tracy has been participating with skilled PT to address, LBP, shoulder pain, and (B) knee pain with very little progress and no changes subjectively. The last 2 sessions had to be terminated within a few minutes of the session due to elevated BP values outside the range for activities. (Day 1: 167/105. Day 2: 140/110). Per the most recent Re-Eval, it is not recommended that skilled PT will continue due to the lack of progress at this time.

Plan

MD Progress note due. Can't 1.5 weeks (3 more sessions after today) then DC from skilled PT unless otherwise ordered to DC now at this time.

Katherine L. Stowe

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on May 28, 2014 17:41:08

Please Sign and Return

I have reviewed the above report and recommendations. Additional recommendations, guidelines or comments are listed below or attached.

Comments/Revisions

Scott McNair

Date



Select Physical Therapy
154-101 Amendment Avenue
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972
Clinician: Katherine L. Stowe, PT, DPT
Prim Phy: Scott McNair
Phy Phone: (803) 327-0033
Phy Fax: (803) 325-2232
Sec Phy: Dana P. Piasecki, MD
Inj. Date: 3/14/2014
Surg. Date: Not Specified

Visit Date: Jun 06, 2014
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: D & L Trucking
Case Mgr: MEDRISK
Visits: 17
Cxl/Ns: 0

Plan of Care

Diagnoses	Spine	7242	LUMBAGO
	Bilateral Knee	71946	JOINT PAIN-L/LEG
	Right Shoulder	71941	JOINT PAIN-SHILDER

Subjective Examination

Spine

Chief Complaint:

- Pain: Current Severity: 6/10.

ADL / Functional Status:

- Current Status: Work status: Unable to work secondary to dysfunction.

Questionnaires: Disability Index:

- Test Name

- Date

- Assessment

- Percentage

Oswestry Disability Index

06/06/2014

Discharge

62.00%

Bilateral Knee

Chief Complaint:

- Pain: Current Severity: 6/10.

Right Shoulder

Chief Complaint:

- Pain: Current Severity: 8/10.

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation: Overall rehabilitation potential is fair. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program. Based on this patient's clinical presentation, it is my professional opinion that the patient's prognosis at time of discharge is fair. The patient was educated regarding their discharge prognosis and related pathology. The patient demonstrates good understanding of their home program instructions.

Recommendations:

- Skilled Intervention: Not Required.

- Discharge; Secondary to:

- Plateaued progress. No subjective/objective change in status.

Problems & Goals

Spine

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: 20-30 minutes.

Goal Abandoned Jun 06, 2014. 25 % of Goal Met

Functional Improvements In:

- Pt able to tolerate sitting for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: 0-10 minutes.

Goal Abandoned Jun 06, 2014. No change

Functional Improvements In:

- Pt able to tolerate standing for 30 min

Problem #3 Range of Motion: Spine: Pre-Treatment: Active Lumbosacral.

- Extension(pain provoked) 70%
- Flexion(pain provoked) 50%
- Side Bending Left(pain provoked) 80%



Patient: Jeffrey Tracy
Acct #: 039-630105847
DOB: Jan 03, 1972

Visit Date: Jun 06, 2014

Katherine Stowe DPT

Katherine L. Stowe, PT, DPT, DPT(SC Lic: 6814)
Signed on Jun 06, 2014 14:13:29

Please Sign and Return

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Comments/Revisions

Scott McNair

Date



Rock Hill Family Medicine

SCANNED

Novant Health Rock Hill
Family Medicine
1435 Ebenezer Road
Rock Hill SC 29732-2338
Phone: 803-328-3828
Fax: 803-328-3879

May 28, 2014

Jeffrey Tracy
2449 Trussel Road
Chester SC 29706

To Whom It May Concern:

Please excuse Mr Tracy from PT this week as we are adjusting his blood pressure medications.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Oehme'.

Stephen F Oehme, MD

RECEIVED
11/2 JUN 2014

Week	Date	Amount	
1	1-11-13	743.90	
2	1-18-13	995.96	
3	1-25-13	1303.14	
4	2-1-13	1532.14	
5	2-8-13	1004.53	
6	2-15-13	1000.94	
7	2-22-13	1040.44	
8	3-1-13	867.84	
9	3-8-13	1308.94	
10	3-15-13	1078.57	
11	3-22-13	1114.62	
12	3-29-13	1055.01	
13	4-5-13	967.06	
14	4-12-13	1112.58	
15	4-19-13	876.59	
16	4-26-13	1014.20	
17	5-3-13	1282.92	
18	5-10-13	835.77	
19	5-17-13	962.31	
20	5-24-13	1238.47	
21	5-31-13	910.08	
22	6-7-13	942.55	
23	6-14-13	1540.32	
24	6-21-13	848.34	
25	6-28-13	1036.51	
26	7-5-13	1299.08	
27	7-12-13	1354.64	
28	7-19-13	1123.09	
29	7-26-13	1103.84	
30	8-2-13	1017.59	
31	8-9-13	1044.22	
32	8-16-13	906.54	
33	8-23-13	1281.41	
34	8-30-13	1401.95	
35	9-6-13	883.84	
36	9-13-13	600	
37	9-20-13	900.84	
38	9-27-13	1315.46	
39	10-4-13	1061.14	
40	10-11-13	798.36	
41	10-18-13	1162.57	
42	10-25-13	1374.31	
43	11-1-13	870.64	
44	11-8-13	847.89	
45	11-15-13	600	

46	11-22-13	462.98	
47	11-29-13	1072.14	
48	12-6-13	600	
49	12-13-13	252.18	
50	12-20-13	918.61	
51	12-27-13	851.57	

AWW = 51718.62 over 51 weeks = 1,014.09
CR= 676.09



D & C Trucking of Chester, LLC

Driver ID SCOTT

Driver Settlement Details

Driver Start Date 03/09/14 00:00 03/15/14 23:59

12.41
JPC

0148

000304

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	03/10/14	68501	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	03/13/14	68516	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	03/11/14	68549	Lyman,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	79.4	0.34	\$27.00
706	03/11/14	68549	Michigan City,IN Warsaw,IN	EMPTY MILES	Rate for empty miles	0.0	75.5	0.34	\$25.67
706	03/11/14	68549	Warsaw,IN Lyman,SC	LOADED MILES	Rate for loaded miles	0.0	638.2	0.34	\$216.99
706	03/14/14	68586	Michigan City,IN Joliet,IL	EMPTY MILES	Rate for empty miles	0.0	72.7	0.34	\$24.72
706	03/14/14	68586	Joliet,IL Chester,SC	LOADED MILES	Rate for loaded miles	0.0	790.7	0.34	\$268.84

Advance

Date 03/11/14	Cash Amt	\$90.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 68472	Tractor Amt	\$360.89	0.0000	0.0000	0.0000			
Total Adv Amt								\$451.39

Advance

Date 03/10/14	Cash Amt	\$150.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 68501	Tractor Amt	\$0.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$151.75

Empty Miles	227.6	Payments to Driver	\$1,071.86
Loaded Miles	2,924.9	Less Driver Advances	\$603.14
Total Miles	3,152.5	Payment Due to Driver	\$468.72

D&C Trucking of Chester, LLC

05537827

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	3/21/2014	SINGLE	2	XXX-XX-4630	3/9/2014	3/15/2014
EARNINGS				BENEFITS			Gross/Net Details
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	776.86	\$776.86				GROSS Pay YTD: \$6,945.60
Per Diem	\$295.00		\$295.00				NET Pay YTD: \$5,984.91
Reimbursements	\$265.89		\$265.89				
							GROSS PAY This Check: \$1,337.75
							NET PAY This Check: \$742.82
							**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL: 776.86 \$1,337.75							

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$293.50	\$1,098.75	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Dental Pretax - Client	\$6.10	\$73.20	MEICA	\$10.22	\$88.23	
Health Pretax - Client	\$61.23	\$734.76	SCC.SEC	\$43.72	\$377.27	
Miscellaneous	\$50.00	\$250.00	FEDERAL	\$67.77	\$670.77	
Supplemental Pretax	\$4.39	\$52.68	STATE			
Supplemental Taxat	\$24.10	\$289.20	SC	\$33.90	\$281.65	Employee Notes
			LOCAL			
\$439.32 \$2,498.59			\$155.61 \$1,417.92			

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 03/02/14 00:00 03/08/14 23:59

10.1
m

0150

000306

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	03/05/14	68416	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	03/02/14	68424	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	03/03/14	68431	Charlotte,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	03/03/14	68431	Michigan City,IN S Bend,IN	EMPTY MILES	Rate for empty miles	0.0	38.0	0.34	\$12.92
706	03/03/14	68431	S Bend,IN Charlotte,NC	LOADED MILES	Rate for loaded miles	0.0	715.3	0.34	\$243.20
706	03/06/14	68472	Lyman,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	79.4	0.34	\$27.00
706	03/06/14	68472	Michigan City,IN Warsaw,IN	EMPTY MILES	Rate for empty miles	0.0	75.5	0.34	\$25.67
706	03/06/14	68472	Warsaw,IN Lyman,SC	LOADED MILES	Rate for loaded miles	0.0	638.2	0.34	\$216.99

Advance

Date 03/03/14	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 68416	Tractor Amt	\$383.94	0.0000	0.0000	0.0000			
Total Adv Amt								\$384.44

Advance

Date 03/06/14	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 68431	Tractor Amt	\$384.09	0.0000	0.0000	0.0000			
Total Adv Amt								\$384.59

Empty Miles	234.6	Payments to Driver	\$1,048.60
Loaded Miles	2,849.5	Less Driver Advances	\$769.03
Total Miles	3,084.1	Payment Due to Driver	\$279.57

05529275

D&C Trucking of Chester, LLC

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	3/14/2014	SINGLE	2	XXX-XX-4630	3/2/2014	3/8/2014
EARNINGS				BENEFITS			Gross/Net Details
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	694.60	\$694.60				GROSS Pay YTD: \$6,168.74
Per Diem	\$354.00		\$354.00				NET Pay YTD: \$5,242.09
							GROSS PAY This Check: \$1,048.60
							NET PAY This Check: \$771.56
							**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your YTD.
TOTAL:			\$694.60			\$1,048.60	

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$67.10	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Health Pretax - Client	\$61.23	\$673.53	MEDICARE	\$9.03	\$78.01	
Miscellaneous	\$50.00	\$200.00	SOC SEC	\$38.62	\$333.55	
Supplemental Pretax	\$4.39	\$48.29	FEDERAL	\$55.43	\$603.00	
Supplemental Taxat Advance	\$24.10	\$265.10	STATE			
		\$805.25	SC	\$28.14	\$247.75	Employee Notes
			LOCAL			
\$145.82			\$131.22			
\$2,059.27			\$1,262.31			

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

0151

000307

Driver Settlement Details

Driver Start Date 02/23/14 00:00 03/01/14 23:59

0152

000308

D & C Trucking of Chester, LLC

Driver ID SCOTT

7-79
JH

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	02/24/14	68319	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	02/25/14	68321	pioneer,TN GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	488.3	0.34	\$166.02
706	02/25/14	68350	Michigan City,IN Plymouth,IN	EMPTY Miles	Rate for empty miles	0.0	49.1	0.34	\$16.69
706	02/25/14	68350	Plymouth,IN pioneer,TN	LOADED Miles	Rate for loaded miles	0.0	452.1	0.34	\$153.71
706	02/27/14	68377	GAFMI Michigan City,IN Warsaw,IN	EMPTY Miles	Rate for empty miles	0.0	75.5	0.34	\$25.67
706	02/27/14	68377	Lyman,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	79.4	0.34	\$27.00
706	02/27/14	68377	Warsaw,IN Lyman,SC	LOADED Miles	Rate for loaded miles	0.0	638.2	0.34	\$216.99

Advance

Date 02/26/14	Cash Amt	\$50.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 68377	Tractor Amt	\$652.67	0.0000	0.0000	0.0000			
Total Adv Amt								\$703.17

Advance

Date 02/25/14	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 68377	Tractor Amt	\$383.94	0.0000	0.0000	0.0000			
Total Adv Amt								\$384.44

Empty Miles	204.0	Payments to Driver	\$860.40
Loaded Miles	2,326.6	Less Driver Advances	\$1,087.61
Total Miles	2,530.6	Payment Due to Driver	(\$227.21)

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	3/7/2014	SINGLE	2	xxx-xx-4630	2/23/2014	3/1/2014
EARNINGS			BENEFITS			Gross / Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	565.40	\$565.40				GROSS Pay YTD: \$5,474.14
Per Diem	\$295.00		\$295.00				NET Pay YTD: \$4,470.53
							GROSS PAY This Check: \$860.40
							NET PAY This Check: \$571.62
							**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL:			565.40		\$860.40		

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$50.00	\$805.25	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Dental Pretax - Client	\$6.10	\$61.00	MEDICARE	\$7.16	\$68.98	
Health Pretax - Client	\$61.23	\$612.30	SOC.SEC	\$30.61	\$294.93	
Miscellaneous	\$50.00	\$150.00	FEDERAL	\$36.05	\$547.57	
Supplemental Pretax	\$4.39	\$43.90	STATE			
Supplemental Taxat	\$24.10	\$241.00	SC	\$19.14	\$219.61	Employee Notes
			LOCAL			
		\$195.82		\$92.96	\$1,131.09	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

ACH Deposit

\$0.00

Driver Settlement Details

Driver Start Date 02/16/14 00:00 02/22/14 23:59

0154

000310

D & C Trucking of Chester, LLC

Driver ID SCOTT

5.48
JPC

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	02/20/14	68194	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	02/18/14	68210	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	02/14/14	68222	GAFCH Chester,SC GAFTUSCA Tuscaloosa,AL	LOADED MILES	Rate for loaded miles	0.0	439.6	0.34	\$149.46
706	02/17/14	68234	COLUMBIA,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	57.0	0.34	\$19.38
706	02/17/14	68234	TUSCALOOSA,AL COLUMBIA,SC	LOADED MILES	Rate for loaded miles	0.0	426.4	0.34	\$144.98
706	02/19/14	68267	Kings Mountain,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	43.0	0.34	\$14.62
706	02/19/14	68267	Michigan City,IN S BEND,IN	EMPTY MILES	Rate for empty miles	0.0	41.3	0.34	\$14.04
706	02/19/14	68267	S BEND,IN Kings Mountain,NC	LOADED MILES	Rate for loaded miles	0.0	699.9	0.34	\$237.97
706	02/21/14	68301	Michigan City,IN S Bend,IN	EMPTY MILES	Rate for empty miles	0.0	38.0	0.34	\$12.92
706	02/21/14	68301	Kings Mountain,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	43.0	0.34	\$14.62
706	02/21/14	68301	S Bend,IN Kings Mountain,NC	LOADED MILES	Rate for loaded miles	0.0	702.5	0.34	\$238.85

Advance

Date 02/19/14	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 68267	Tractor Amt	\$386.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$386.50

Driver Settlement Details

Driver Start Date 02/16/14 00:00 02/22/14 23:59

0155

000311

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 02/21/14		Cash Amt	\$50.00	Reefer Amt	\$0.00	0.0000		\$1.75	0.0000 Invoice
Load 68301		Tractor Amt	\$0.00	0.0000		0.0000		0.0000	
								Total Adv Amt	\$51.75
Advance									
Date 02/21/14		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 68319		Tractor Amt	\$384.05	0.0000		0.0000		0.0000	
								Total Adv Amt	\$384.55
						Empty Miles	222.3	Payments to Driver	\$1,355.48
						Loaded Miles	3,764.4	Less Driver Advances	\$822.80
						Total Miles	3,986.7	Payment Due to Driver	\$532.68

D&C Trucking of Chester, LLC

05512503

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	2/28/2014	SINGLE	2	XXX-XX-4630	2/16/2014	2/22/2014
EARNINGS				BENEFITS			
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	Gross/Net Details
Gross Taxable Wages	\$1.00	942.48	\$942.48				GROSS Pay YTD: \$4,908.74
Per Diem	\$413.00		\$413.00				NET Pay YTD: \$3,898.91
							GROSS PAY This Check: \$1,355.48
							NET PAY This Check: \$953.20
TOTAL: 942.48 \$1,355.48				*Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your YTD.			

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$51.75	\$755.25	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Dental Pretax - Client	\$6.10	\$54.90	MEDICARE	\$12.63	\$61.82	
Health Pretax - Client	\$61.23	\$551.07	SSCSEC	\$53.98	\$264.32	
Miscellaneous	\$50.00	\$100.00	FEDERAL	\$92.61	\$511.52	
Supplemental Pretax	\$4.39	\$39.51	STATE			
Supplemental Taxat	\$24.10	\$216.90	SC	\$45.49	\$200.47	Employee Notes
			LOCAL			
	\$197.57	\$1,717.63		\$204.71	\$1,038.13	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Actual Deposit Amount

Total Deposits

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 02/09/14 00:00 02/15/14 23:59

3.17
JP

0157

000313

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	02/11/14	68094	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	02/09/14	68102	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	02/10/14	68132	GAFMI Michigan City,IN Elkhart,IN	EMPTY Miles	Rate for empty miles	0.0	56.0	0.34	\$19.04
706	02/10/14	68132	Elkhart,IN Chester,SC	LOADED Miles	Rate for loaded miles	0.0	738.8	0.34	\$251.19
706	02/12/14	68171	Lyman,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	66.6	0.34	\$22.64
706	02/12/14	68171	Michigan City,IN Warsaw,IN	EMPTY Miles	Rate for empty miles	0.0	75.5	0.34	\$25.67
706	02/12/14	68171	Warsaw,IN Lyman,SC	LOADED Miles	Rate for loaded miles	0.0	638.2	0.34	\$216.99
706	02/12/14	68171	Lyman,SC Chester,SC	STOP	Stop charge	1.0	0.0	15.00	\$15.00

Advance

Date 02/10/14	Cash Amt	\$150.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 68102	Tractor Amt	\$383.95	0.0000	0.0000	0.0000			
							Total Adv Amt	\$534.45

Advance

Date 02/12/14	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 68171	Tractor Amt	\$388.93	0.0000	0.0000	0.0000			
							Total Adv Amt	\$389.43

Empty Miles 198.1
Loaded Miles 2,873.0
Total Miles 3,071.1

Payments to Driver \$1,059.17
Less Driver Advances \$923.88
Payment Due to Driver \$135.29

05503810

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$150.00	\$703.50	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Dental Pretax - Client	\$6.10	\$48.80	MEDICARE	\$10.89	\$49.19	
Health Pretax - Client	\$61.23	\$489.84	SOC.SEC	\$46.59	\$210.34	
Miscellaneous	\$50.00	\$50.00	FEDERAL	\$74.71	\$418.91	
Supplemental Pretax	\$4.39	\$35.12	STATE			
Supplemental Taxat	\$24.10	\$192.80	SC	\$37.14	\$154.98	Employee Notes
			LOCAL			
	\$295.82	\$1,520.06		\$169.33	\$833.42	

:HCredDeposit

10 funds will be transfered via ACH Direct Deposit. 0.0

11/11/2015

Actual Cases Reported

\$0.00

\$0.00

Driver Settlement Details.

Driver Start Date 02/02/14 00:00 02/08/14 23:59

0160

000315

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination		Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance										
Date 02/06/14		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice
Load 68102		Tractor Amt	\$385.98	0.0000		0.0000				
Total Adv Amt										\$386.48
						Empty Miles	274.2	Payments to Driver		\$1,087.56
						Loaded Miles	2,924.5	Less Driver Advances		\$868.65
						Total Miles	3,198.7	Payment Due to Driver		\$218.91

05493798

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$101.75	\$553.50	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Dental Pretax - Clien	\$6.10	\$42.70	MEDICARE	\$9.60	\$38.30	
Health Pretax - Clien	\$61.23	\$428.61	SOC.SEC	\$41.04	\$163.75	
Supplemental Pretax	\$4.39	\$30.73	FEDERAL	\$61.27	\$344.20	
Supplemental Taxat	\$24.10	\$168.70	STATE			
			SC	\$30.87	\$117.84	Employee Notes
			LOCAL			
	\$197.57	\$1,224.24		\$142.78	\$664.09	

Direct Deposit

Actual Deposit Amount

to funds will be transfered via ACH Direct Deposit.	0.0

\$0.00

U.S. Agents

\$0.00

Driver Settlement Details

Driver Start Date 01/26/14 00:00 02/01/14 23:59

0162

000317

*0.34
748.0
254.32*

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	01/30/14	67886	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	01/31/14	67971	Michigan City,IN S Haven,MI	EMPTY MILES	Rate for empty miles	0.0	62.2	0.34	\$21.15
706	01/31/14	67971	S Haven,MI Chester,SC	LOADED MILES	Rate for loaded miles	0.0	809.1	0.34	\$275.09

Advance

Date 01/31/14	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 68023	Tractor Amt	\$377.30	0.0000	0.0000	0.0000			
Total Adv Amt								\$379.05

Empty Miles	62.2	Payments to Driver	\$550.56
Loaded Miles	1,557.1	Less Driver Advances	\$379.05
Total Miles	1,619.3	Payment Due to Driver	\$171.51

D&C Trucking of Chester, LLC

05485854

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	2/1/2014	SINGLE	2	XXX-XX-4630	1/26/2014	2/1/2014

EARNINGS				BENEFITS		Gross / Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	373.56	\$373.56				GROSS Pay YTD: \$2,409.53
Per Diem	\$177.00		\$177.00				NET Pay YTD: \$1,604.48
							GROSS PAY This Check: \$550.56
							NET PAY This Check: \$249.74
							**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL:			373.56	\$550.56			

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$18.30	\$36.60	FICA			Reminder: Please provide your email address to JFort@PeopleLeaseCorp.com by July 31st.
Health Pretax - Client	\$183.69	\$367.38	MEDICARE	\$2.30	\$28.70	
Supplemental Pretax	\$13.17	\$26.34	SSC.SEC	\$9.82	\$122.71	
Supplemental Taxat	\$72.30	\$144.60	FEDERAL		\$282.93	
Advance		\$451.75	STATE			Employee Notes
			SC	\$1.24	\$86.97	
			LOCAL			
		\$287.46	\$1,026.67	\$13.36	\$521.31	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Total Deposits

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 01/05/14 00:00 01/11/14 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Trailer ID	Ship Date	Load Number	Origin / Destination	Run Type	Rate	Empty Miles	Loaded Miles	Rate	Total
706	01/06/14	67594	Columbia,SC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	54.5	0.34	\$18.53
706	01/06/14	67594	Myerstown,PA Reading,PA	EMPTYMILES	Rate for empty miles	0.0	21.4	0.34	\$7.28
706	01/06/14	67594	Reading,PA Columbia,SC	LOADEDMILES	Rate for loaded miles	0.0	606.6	0.34	\$206.24

Advance

Date 01/06/14	Cash Amt	\$150.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 67594	Tractor Amt	\$283.57	0.0000	0.0000	0.0000			
Total Adv Amt								\$434.07

Empty Miles	75.9	Payments to Driver	\$418.00
Loaded Miles	1,153.5	Less Driver Advances	\$434.07
Total Miles	1,229.4	Payment Due to Driver	(\$16.07)

D&C Trucking of Chester, LLC

05461443

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	1/17/2014	SINGLE	2	XXX-XX-4630	1/5/2014	1/11/2014
EARNINGS				BENEFITS			Gross/Net Details
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Bonus Pay	\$1,115.95		\$1,115.95				GROSS Pay YTD: \$2,035.97
Gross Taxable Wages	\$1.00	241.00	\$241.00				NET Pay YTD: \$1,354.74
Per Diem	\$177.00		\$177.00				
Reimbursements	\$10.00		\$10.00				
							GROSS PAY This Check: \$1,543.95
							NET PAY This Check: \$857.48
							**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL: 241.00 \$1,543.95							

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$150.00	\$451.75	FICA			IS YOUR ADDRESS CORRECT? Please notify People of any address change For 2013 W-2 reporting.
Dental Pretax - Client	\$6.10	\$18.30	MEDICARE	\$18.63	\$26.40	
Health Pretax - Client	\$61.23	\$183.69	SOC SEC	\$79.68	\$112.89	
Supplemental Pretax	\$4.39	\$13.17	FEDERAL	\$267.84	\$282.93	
Supplemental Taxat	\$24.10	\$72.30	STATE			
			SC	\$74.50	\$85.73	Employee Notes
			LOCAL			
	\$246.82	\$739.21		\$440.65	\$507.95	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 12/29/13 00:00 01/04/14 23:59

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D & C Trucking of Chester, LLC
Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	01/02/14	67518	GAFAND Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	01/03/14	67582	GREENSBORO,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	134.9	0.34	\$45.87
706	01/03/14	67582	Myerstown,PA READING,PA	EMPTY MILES	Rate for empty miles	0.0	22.0	0.34	\$7.48
706	01/03/14	67582	READING,PA GREENSBORO,NC	LOADED MILES	Rate for loaded miles	0.0	444.3	0.34	\$151.06

Advance

Date 01/03/14	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 67582	Tractor Amt	\$274.54	0.0000	0.0000	0.0000			
Total Adv Amt								\$375.04

Empty Miles	156.9	Payments to Driver	\$390.36
Loaded Miles	991.2	Less Driver Advances	\$375.04
Total Miles	1,148.1	Payment Due to Driver	\$15.32

D&C Trucking of Chester, LLC

05452496

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
014831RAC	Jeffrey S. Tracy	1/10/2014	SINGLE	2	XXX-XX-4630	12/29/2013	1/4/2014
EARNINGS				BENEFITS			Gross / Net Details
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	390.36	\$390.36				GROSS Pay YTD: \$679.02 NET Pay YTD: \$497.26
							GROSS PAY This Check: \$390.36 NET PAY This Check: \$149.42
							**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL:				390.36	\$390.36		

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$100.00	\$301.75	FICA			IS YOUR ADDRESS CORRECT?
Dental Pretax - Client	\$6.10	\$12.20	MEDICARE	\$4.62	\$7.77	Please notify People of any address change
Health Pretax - Client	\$61.23	\$122.46	SOC SEC	\$19.76	\$33.21	For 2013 W-2 reporting.
Supplemental Pretax	\$4.39	\$8.78	FEDERAL	\$12.63	\$15.09	
Supplemental Taxat	\$24.10	\$48.20	STATE			
			SC	\$8.11	\$11.23	Employee Notes
			LOCAL			
		\$195.82	\$493.39	\$45.12	\$67.30	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 12/22/13 00:00 12/28/13 23:59

0168

000323

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	12/20/13	67381	Chester,SC Dunkirk,NY	LOADED MILES	Rate for loaded miles	0.0	662.3	0.34	\$225.18
706	12/23/13	67420	ERIE,PA Akron,OH	EMPTY MILES	Rate for empty miles	0.0	132.6	0.34	\$45.08
706	12/23/13	67420	DUNKIRK,NY ERIE,PA	LOADED MILES	Rate for loaded miles	0.0	49.5	0.34	\$16.83
706	12/23/13	67420	Akron,OH Chester,SC	LOADED MILES	Rate for loaded miles	0.0	525.2	0.34	\$178.57

Advance

Date 12/22/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 67381	Tractor Amt	\$139.27	0.0000	0.0000	0.0000			
Total Adv Amt								\$139.77

Advance

Date 12/24/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 67420	Tractor Amt	\$299.24	0.0000	0.0000	0.0000			
Total Adv Amt								\$299.74

Advance

Date 12/23/13	Cash Amt	\$200.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 67420	Tractor Amt	\$0.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$201.75

Empty Miles	132.6
Loaded Miles	1,237.0
Total Miles	1,369.6

Payments to Driver	\$465.66
Less Driver Advances	\$641.26
Payment Due to Driver	(\$175.60)

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	1/3/2014	SINGLE	2	XX-XX-4630	12/22/2013	12/28/2013
EARNINGS				BENEFITS			Gross / Net Details
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	288.66	\$288.66				GROSS Pay YTD: \$288.66
Per Diem	\$177.00		\$177.00				NET Pay YTD: \$347.84
Reimbursements	\$201.93		\$201.93				
TOTAL: 288.66 \$667.59							GROSS PAY This Check: \$667.59
							NET PAY This Check: \$347.84
							"Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2."

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$201.75	\$201.75	FICA			IS YOUR ADDRESS CORRECT? Please notify People of any address change For 2013 W-2 reporting.
Dental Pretax - Client	\$6.10	\$6.10	MEDICARE	\$3.15	\$3.15	
Health Pretax - Client	\$61.23	\$61.23	SOC SEC	\$13.45	\$13.45	
Supplemental Pretax	\$4.39	\$4.39	FEDERAL	\$2.46	\$2.46	
Supplemental Taxat	\$24.10	\$24.10	STATE			Employee Notes
			SC	\$3.12	\$3.12	
			LOCAL			
\$297.57		\$297.57	\$22.18		\$22.18	

ACH Direct Deposit:

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposit:

\$0.00

Driver Settlement Details

Driver Start Date 12/15/13 00:00 12/21/13 23:59

9.24
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-0170

000325

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	12/16/13	67279	GAFAND Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	12/17/13	67324	Myerstown,PA Reading,PA	EMPTY MILES	Rate for empty miles	0.0	21.4	0.34	\$7.28
706	12/17/13	67324	Columbia,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	54.5	0.34	\$18.53
706	12/17/13	67324	Reading,PA Columbia,SC	LOADED MILES	Rate for loaded miles	0.0	606.6	0.34	\$206.24
706	12/17/13	67327	Chester,SC Mt Vernon,IN	LOADED MILES	Rate for loaded miles	0.0	613.4	0.34	\$208.55
706	12/19/13	67361	Hickory,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	84.8	0.34	\$28.83
706	12/19/13	67361	Mt Vernon,IN Eldorado,IL	EMPTY MILES	Rate for empty miles	0.0	34.4	0.34	\$11.70
706	12/19/13	67361	Eldorado,IL Hickory,NC	LOADED MILES	Rate for loaded miles	0.0	542.6	0.34	\$184.48

Advance

Date 12/15/13	Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 67259	Tractor Amt	\$0.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$26.75

Advance

Date 12/16/13	Cash Amt	\$125.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 67259	Tractor Amt	\$301.56	0.0000	0.0000	0.0000			
Total Adv Amt								\$427.06

Driver Settlement Details

Driver Start Date 12/15/13 00:00 12/21/13 23:59

0171

000326

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 12/19/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 67361		Tractor Amt	\$350.07	0.0000		0.0000		0.0000	
Total Adv Amt									\$350.57
Empty Miles						195.1	Payments to Driver		\$851.57
Loaded Miles						2,309.5	Less Driver Advances		\$804.38
Total Miles						2,504.6	Payment Due to Driver		\$47.19

D&C Trucking of Chester, LLC

05437131

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
1483TRAC	Jeffrey S. Tracy	12/27/2013	SINGLE	2	XXX-XX-4630	12/15/2013	12/21/2013

EARNINGS				BENEFITS		Gross / Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	615.57	\$615.57				
Per Diem	\$236.00		\$236.00				
						GROSS Pay YTD:	\$39,084.32
						NET Pay YTD:	\$36,681.85
						GROSS PAY This Check:	\$851.57
						NET PAY This Check:	\$445.64
**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.							

TOTAL:	615.57	\$851.57

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$151.75	\$3,584.50	FICA			IS YOUR ADDRESS CORRECT? Please notify PeopleSoft of any address change For 2013 W-2 reporting.
Dental Pretax - Client	\$6.10	\$317.20	MEDICARE	\$7.88	\$520.98	
Health Pretax - Client	\$61.23	\$2,608.98	SSC-SEC	\$33.72	\$2,227.65	
Miscellaneous	\$50.00	\$2,648.25	FEDERAL	\$44.15	\$3,749.63	
Supplemental Pretax	\$4.39	\$228.28	STATE			
Supplemental Taxat	\$24.10	\$839.15	SC	\$22.61	\$1,703.40	
			LOCAL			
	\$297.57	\$10,226.36		\$108.36	\$8,201.66	

Direct Deposit

funds will be transferred via ACH Direct Deposit. 0.0

Actual Deposit Amount

\$0.00

Deposits

\$0.00

Driver Settlement Details

Driver Start Date 12/08/13 00:00 12/14/13 23:59

0173

000328

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	12/11/13	67118	GAFAND Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	12/09/13	67175	macon,GA Metter,GA	EMPTY Miles	Rate for empty miles	0.0	102.1	0.34	\$34.71
706	12/09/13	67175	Metter,GA Chester,SC	LOADED Miles	Rate for loaded miles	0.0	215.1	0.34	\$73.13
706	12/09/13	67181	Chester,SC MACON,GA	LOADED Miles	Rate for loaded miles	0.0	247.0	0.34	\$83.98
706	12/12/13	67225	Myerstown,PA Reading,PA	EMPTY Miles	Rate for empty miles	0.0	21.4	0.34	\$7.28
706	12/12/13	67225	Reading,PA mt airy,NC	LOADED Miles	Rate for loaded miles	0.0	441.9	0.34	\$150.25
706	12/12/13	67233	mt airy,NC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	428.1	0.34	\$145.55
705	12/13/13	67259	Pineville,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	31.6	0.34	\$10.74
706	12/13/13	67259	Myerstown,PA Breinigsville,PA	EMPTY Miles	Rate for empty miles	0.0	49.5	0.34	\$16.83
706	12/13/13	67259	Breinigsville,PA Pineville,NC	LOADED Miles	Rate for loaded miles	0.0	618.2	0.34	\$210.19

Advance

Date 12/11/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 67175	Tractor Amt	\$0.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$101.75

Advance

Date 12/14/13	Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 67233	Tractor Amt	\$272.95	0.0000	0.0000	0.0000			
Total Adv Amt								\$298.45

Driver Settlement Details

Driver Start Date 12/08/13 00:00 12/14/13 23:59

0174

000329

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 12/12/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 67233		Tractor Amt	\$569.29	0.0000		0.0000		0.0000	
Total Adv Amt									\$569.79
						Empty Miles	204.6	Payments to Driver	\$918.61
						Loaded Miles	2,497.2	Less Driver Advances	\$969.99
						Total Miles	2,701.8	Payment Due to Driver	(\$51.38)

D&C Trucking of Chester, LLC

05429256

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	12/20/2013	SINGLE	2	XXX-XX-4630	12/8/2013	12/14/2013
EARNINGS		BENEFITS		GROSS/NET DETAILS			
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	682.61	\$682.61				GROSS Pay YTD: \$38,468.75
Per Diem	\$236.00		\$236.00				NET Pay YTD: \$36,236.21
							GROSS PAY This Check: \$918.61
							NET PAY This Check: \$545.80
						*Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.	
TOTAL:		682.61	\$918.61				

DEDUCTIONS			TAXES			Client Notes	
Description	Amount	Year-to-date	Code	Withheld	Year-to-date		
Advance	\$126.75	\$3,432.75	FICA			IS YOUR ADDRESS CORRECT?	
Dental Pretax - Client	\$6.10	\$311.10	MEDICARE	\$8.86	\$513.10	Please notify PeopleSource of any address change	
Health Pretax - Client	\$61.23	\$2,547.75	SOC.SEC	\$37.87	\$2,193.93	For 2013 W-2 reporting.	
Miscellaneous	\$22.00	\$2,596.25	FEDERAL	\$54.21	\$3,705.48		
Supplemental Pretax	\$4.39	\$223.89	STATE				
Supplemental Taxat	\$24.10	\$815.05	SC	\$27.30	\$1,680.79		
			LOCAL				
\$244.57		\$9,928.79	\$128.24		\$8,093.30		

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposit

\$0.00

Driver Settlement Details

Driver Start Date 12/01/13 00:00 12/07/13 23:59

4.62

0176

000331

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	12/04/13	67019	GAFCH Chester,SC GAFSAVANNAH Savannah,GA	LOADED Miles	Rate for loaded miles	0.0	218.8	0.34	\$74.39
706	12/05/13	67102	CHARLOTTE,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	192.4	0.34	\$65.42
706	12/05/13	67102	Savannah,GA SUMMERVILLE,SC	EMPTY Miles	Rate for empty miles	0.0	96.1	0.34	\$33.35
706	12/05/13	67102	SUMMERVILLE,SC CHARLOTTE,NC	LOADED Miles	Rate for loaded miles	0.0	188.3	0.34	\$64.02
706	12/05/13	67102	CHARLOTTE,NC Chester,SC	STOP	Stop charge	1.0	0.0	15.00	\$15.00

Empty Miles	290.5
Loaded Miles	407.1
Total Miles	697.6

Payments to Driver	\$252.18
Less Driver Advances	\$0.00
Payment Due to Driver	\$252.18

D&C Trucking of Chester, LLC

05419056

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	12/13/2013	SINGLE	2	xxx-xx-4630	12/1/2013	12/7/2013
EARNINGS				BENEFITS			Gross / Net Details
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Additional Pay	\$20.00		\$20.00				GROSS Pay YTD: \$37,788.14
Bonus Pay	\$137.87		\$137.87				NET Pay YTD: \$35,890.41
Gross Taxable Wages	\$1.00	134.18	\$134.18				
Per Diem	\$118.00		\$118.00				
							GROSS PAY This Check: \$410.05
							NET PAY This Check: \$268.13
							"Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your YTD."
TOTAL: 134.18 \$410.05							

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Clien	\$6.10	\$305.00	FICA			Reminder: Please provide your email address to JForl@PeopLeaseCorp.com by July 31st.
Health Pretax - Clien	\$61.23	\$2,486.52	MEDICARE	\$3.20	\$504.24	
Supplemental Pretax	\$4.39	\$219.50	SOC.SEC	\$13.66	\$2,158.06	
Supplemental Taxat	\$24.10	\$790.95	FEDERAL	\$26.00	\$3,651.27	
Advance		\$3,306.00	STATE			
Miscellaneous		\$2,576.25	SC	\$3.24	\$1,653.49	Employee Notes
			LOCAL			
	\$95.82	\$9,684.22		\$46.10	\$7,965.06	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

05411311

D&C Trucking of Chester, LLC

EMPLOYEE ID	EMPLOYEE NAME	DATE	MARRIAGE STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	12/6/2013	SINGLE	2	XXX-XX-4630	11/24/2013	11/30/2013
EARNINGS		BENEFITS		Gross/Net Details			
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Vacation Pay	\$1.00	600.00	\$600.00				
						GROSS Pay YTD:	\$37,494.09
						NET Pay YTD:	\$35,422.28
						GROSS PAY This Check:	\$600.00
						NET PAY This Check:	\$323.68
**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your YTD.							
TOTAL:		600.00	\$600.00				

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$26.75	\$3,306.00	FICA			Reminder: Please provide your email address to JFort@PeoplEaseCorp.com by July 31st.
Dental Pretax - Client	\$6.10	\$298.90	MEDICARE	\$7.68	\$501.04	
Health Pretax - Client	\$61.23	\$2,425.29	SOC SEC	\$32.76	\$2,142.40	
Miscellaneous	\$50.00	\$2,576.25	FEDERAL	\$41.81	\$3,625.27	
Supplemental Pretax	\$4.39	\$215.11	STATE			
Supplemental Taxat	\$24.10	\$766.85	SC	\$21.52	\$1,650.25	
			LOCAL			
TOTAL:		\$172.57	\$9,588.40	\$103.76	\$7,918.96	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Expense

\$0.00

Driver Settlement Details

Driver Start Date 11/17/13 00:00 11/23/13 23:59

0179

000334

D & C Trucking of Chester, LLC

Driver ID SCOTT

LHO
WAC

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	11/15/13	66833	Chester,SC charlotte,NC	EMPTYMILES	Rate for empty miles	0.0	41.6	0.34	\$14.14
706	11/15/13	66833	charlotte,NC Gordonsville,TN	LOADEDMILES	Rate for loaded miles	0.0	366.8	0.34	\$124.71
706	11/18/13	66849	GORDONSVILLE,TN Murfreesboro,TN	EMPTYMILES	Rate for empty miles	0.0	50.4	0.34	\$17.14
706	11/18/13	66849	Murfreesboro,TN Ft Worth,TX	LOADEDMILES	Rate for loaded miles	0.0	711.4	0.34	\$241.88
706	11/20/13	66880	FT WORTH,TX Denton,TX	EMPTYMILES	Rate for empty miles	0.0	35.4	0.34	\$12.04
706	11/20/13	66880	Denton,TX Savannah,GA	LOADEDMILES	Rate for loaded miles	0.0	1,058.3	0.34	\$359.82
706	11/22/13	66917	Savannah,GA Rincon,GA	EMPTYMILES	Rate for empty miles	0.0	21.5	0.34	\$7.31
706	11/22/13	66917	Rincon,GA Chester,SC	LOADEDMILES	Rate for loaded miles	0.0	214.3	0.34	\$72.86

Advance

Date 11/19/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000				
Load 66880	Tractor Amt	\$511.22	0.0000		0.0000	\$1.75	0.0000	Invoice	
						0.0000			

Advance

Date 11/21/13	Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000				
Load 66880	Tractor Amt	\$432.42	0.0000		0.0000	\$1.75	0.0000	Invoice	
						0.0000			

Total Adv Amt \$612.97

Empty Miles 148.9
Loaded Miles 2,350.8
Total Miles 2,499.7

Payments to Driver \$849.90
Less Driver Advances \$1,072.14
Payment Due to Driver (\$222.24)

D&C Trucking of Chester, LLC

05398851

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	11/29/2013	SINGLE	2	XXX-XX- 4630	11/17/2013	11/23/2013
EARNINGS			BENEFITS			Gross / Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	849.90	\$849.90				
						GROSS Pay YTD:	\$36,894.09
						NET Pay YTD:	\$35,098.60
						GROSS PAY This Check:	\$849.90
						NET PAY This Check:	\$351.25
						"Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.	
TOTAL:		849.90	\$849.90				

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$125.00	\$3,279.25	FICA			Reminder: Please provide your email address to JFort@PeapLeaseCorp.com by July 31st.
Dental Pretax - Client	\$6.10	\$292.80	MEDICARE	\$11.28	\$493.38	
Health Pretax - Client	\$61.23	\$2,364.06	SOC.SEC	\$48.24	\$2,109.64	
Miscellaneous	\$100.00	\$2,526.25	FEDERAL	\$79.30	\$3,583.46	
Supplemental Pretax	\$4.39	\$210.72	STATE			
Supplemental Taxat	\$24.10	\$742.75	SC	\$39.01	\$1,628.73	Employee Notes
			LOCAL			
		\$320.82	\$9,415.83	\$177.83	\$7,815.21	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 11/10/13 00:00 11/16/13 23:59

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D & C Trucking of Chester, LLC

Driver ID SCOTT

0181

000336

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	11/13/13	66757	Chester,SC LANCASTER,SC	EMPTYMILES	Rate for empty miles	0.0	31.0	0.34	\$10.54
706	11/13/13	66757	LANCASTER,SC DAYTON,OH	LOADEDMILES	Rate for loaded miles	0.0	510.3	0.34	\$173.50
706	11/14/13	66815	Effingham,SC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	120.0	0.34	\$40.80
706	11/14/13	66815	DAYTON,OH ST HENRY,OH	EMPTYMILES	Rate for empty miles	0.0	59.4	0.34	\$20.20
706	11/14/13	66815	ST HENRY,OH Effingham,SC	LOADEDMILES	Rate for loaded miles	0.0	641.0	0.34	\$217.94

Advance

Date 11/13/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 66757	Tractor Amt	\$0.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$101.75

Advance

Date 11/15/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 66833	Tractor Amt	\$367.91	0.0000	0.0000	0.0000			
Total Adv Amt								\$368.41

Empty Miles	210.4	Payments to Driver	\$462.98
Loaded Miles	1,151.3	Less Driver Advances	\$470.16
Total Miles	1,361.7	Payment Due to Driver	(\$7.18)

05393629

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$101.75	\$3,154.25	FICA			Reminder: Please provide your email address to JFort@PeopleSoftCorp.com by July 31st.
Dental Pretax - Client	\$6.10	\$286.70	MEDICARE	\$3.11	\$482.10	
Health Pretax - Client	\$61.23	\$2,302.83	SSC.SEC	\$13.29	\$2,061.40	
Miscellaneous	\$100.00	\$2,426.26	FEDERAL	\$2.20	\$3,504.16	
Supplemental Pretax	\$4.39	\$206.33	STATE			
Supplemental Taxat	\$24.10	\$718.65	SC	\$3.02	\$1,589.72	Employee Notes
			LOCAL			
	\$297.57	\$9,095.01		\$21.62	\$7,637.38	

Actual Deposit Amount

\$0.00

\$0.00

D/C Trucking of Chester, LLC

05384800

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC NO	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	11/15/2013	SINGLE	2	XXX-XX-4630	11/3/2013	11/9/2013
EARNINGS				BENEFITS			Gross Pay Details
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Vacation Pay	\$1.00	600.00	\$600.00				
							GROSS Pay YTD: \$35,758.21
							NET Pay YTD: \$34,601.44
							GROSS PAY This Check: \$600.00
							NET PAY This Check: \$350.44
							**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL:			600.00				\$600.00

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$280.60	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Health Pretax - Client	\$61.23	\$2,241.60	MEDICARE	\$7.66	\$478.99	
Miscellaneous	\$50.00	\$2,326.25	SOC SEC	\$32.75	\$2,048.11	
Supplemental Pretax	\$4.39	\$201.94	FEDERAL	\$41.81	\$3,501.96	
Supplemental Taxot	\$24.10	\$694.55	STATE			
Advance		\$3,052.50	SC	\$21.52	\$1,586.70	Employee Notes
			LOCAL			
		\$145.82			\$8,797.44	
					\$103.74	\$7,615.76

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 10/27/13 00:00 11/02/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

73.07
VMA

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	10/29/13	66509	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	10/27/13	66547	Charlotte,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	10/27/13	66547	GAFMI Michigan City,IN Birch Run,MI	EMPTY Miles	Rate for empty miles	0.0	233.3	0.34	\$79.32
706	10/27/13	66547	Birch Run,MI Charlotte,NC	LOADED Miles	Rate for loaded miles	0.0	687.3	0.34	\$233.68
706	10/30/13	66557	Kings Mountain,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	43.0	0.34	\$14.62
706	10/30/13	66557	Michigan City,IN S Bend,IN	EMPTY Miles	Rate for empty miles	0.0	38.0	0.34	\$12.92
706	10/30/13	66557	S Bend,IN Kings Mountain,NC	LOADED Miles	Rate for loaded miles	0.0	702.5	0.34	\$238.85

Advance

Date 10/30/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 66547	Tractor Amt	\$358.97	0.0000	0.0000	0.0000			
Total Adv Amt								\$359.47

Advance

Date 10/27/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load NTA21478	Tractor Amt	\$359.96	0.0000	0.0000	0.0000			
Total Adv Amt								\$360.46

Empty Miles	356.0	Payments to Driver	\$847.89
Loaded Miles	2,137.8	Less Driver Advances	\$719.93
Total Miles	2,493.8	Payment Due to Driver	\$127.96

D&C Trucking of Chester, LLC

05376869

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	11/8/2013	SINGLE	2	XXX-XX-4630	10/27/2013	11/2/2013
EARNINGS				BENEFITS		Gross/Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	611.89	\$611.89				GROSS Pay YTD: \$35,158.21
Per Diem	\$236.00		\$236.00				NET Pay YTD: \$34,251.00
							GROSS PAY This Check: \$847.89
							NET PAY This Check: \$44.80
							**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL: 611.89 \$847.89							

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$274.50	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Health Pretax - Client	\$61.23	\$2,180.37	MEDICARE	\$7.83	\$471.33	
Miscellaneous	\$600.00	\$2,276.25	SOC.SEC	\$33.49	\$2,015.36	
Supplemental Pretax	\$4.39	\$187.55	FEDERAL	\$43.60	\$3,460.15	
Supplemental Taxat	\$24.10	\$670.45	STATE			
Advance		\$3,052.50	SC	\$22.35	\$1,565.18	Employee Notes
			LOCAL			
\$695.82 \$8,651.62			\$107.27 \$7,512.02			

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 10/20/13 00:00 10/26/13 23:59

10-26-13

0186

000341

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	10/26/13	66367	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	10/22/13	66427	Chester,SC Jefferson,GA	LOADED Miles	Rate for loaded miles	0.0	189.2	0.34	\$64.33
706	10/21/13	66437	Charlotte,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	10/21/13	66437	michigan city,IN Three Rivers,MI	EMPTY Miles	Rate for empty miles	0.0	83.3	0.34	\$28.32
706	10/21/13	66437	Three Rivers,MI Charlotte,NC	LOADED Miles	Rate for loaded miles	0.0	687.5	0.34	\$233.75
706	10/23/13	66446	Jefferson,GA Lithonia,GA	EMPTY Miles	Rate for empty miles	0.0	64.8	0.34	\$22.03
706	10/23/13	66446	Lithonia,GA Chester,SC	LOADED Miles	Rate for loaded miles	0.0	246.2	0.34	\$83.71
706	10/24/13	66460	Macon,GA Chester,SC	LOADED Miles	Rate for loaded miles	0.0	250.0	0.34	\$85.00
706	10/23/13	66475	Chester,SC Macon,GA	LOADED Miles	Rate for loaded miles	0.0	250.0	0.34	\$85.00

Advance

Date 10/20/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 66375	Tractor Amt	\$381.56	0.0000	0.0000	0.0000			
								Total Adv Amt
								\$382.06
								Empty Miles
								189.8
								Loaded Miles
								2,370.9
								Total Miles
								2,560.7
								Payments to Driver
								\$870.64
								Less Driver Advances
								\$382.06
								Payment Due to Driver
								\$488.58

D&C Trucking of Chester, LLC

05368314

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	11/1/2013	SINGLE	2	XX-XX-4630	10/20/2013	10/26/2013
EARNINGS			BENEFITS			Gross/Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	516.64	\$516.64				GROSS Pay YTD: \$34,546.32
Per Diem	\$354.00		\$354.00				NET Pay YTD: \$34,206.20
Reimbursements	\$33.00		\$33.00				
							GROSS PAY This Check: \$903.64
							NET PAY This Check: \$728.40
							**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL:			516.64		\$903.64		

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$268.40	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Health Pretax - Client	\$61.23	\$2,119.14	MEDICARE	\$6.45	\$463.50	
Supplemental Pretax	\$4.39	\$193.16	SOC.SEC	\$27.59	\$1,981.87	
Supplemental Taxat	\$24.10	\$646.35	FEDERAL	\$29.31	\$3,416.55	
Advance		\$3,052.50	STATE			
Miscellaneous		\$1,676.25	SC	\$16.07	\$1,542.83	Employee Notes
			LOCAL			
		\$95.82		\$79.42	\$7,404.75	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Total Deposits

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 10/13/13 00:00 10/19/13 23:59

68.45
VA

0188

000343

D & C Trucking of Chester, LLC

Driver ID SCOTT

	Ship Date	Origin / Destination		Rate	Total
706	10/14/13 66260	Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0 548.9 0.34 \$185.95
706	10/16/13 66268	Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0 546.9 0.34 \$185.95
706	10/17/13 66272	elliston,VA Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0 336.5 0.34 \$114.41
706	10/19/13 66291	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0 748.0 0.34 \$254.32
706	10/15/13 66322	Greenville,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0 93.5 0.34 \$31.79
706	10/15/13 66322	Myerstown,PA Mechanicsburg,PA	EMPTY MILES	Rate for empty miles	0.0 47.6 0.34 \$16.18
706	10/15/13 66322	Mechanicsburg,PA Greenville,SC	LOADED MILES	Rate for loaded miles	0.0 571.6 0.34 \$194.34
706	10/15/13 66322	Mechanicsburg,PA Greenville,SC	STOP	Stop charge	1.0 0.0 15.00 \$15.00
706	10/17/13 66375	Myerstown,PA Hazleton,PA	EMPTY MILES	Rate for empty miles	0.0 70.6 0.34 \$24.00
706	10/17/13 66375	Hazleton,PA elliston,VA	LOADED MILES	Rate for loaded miles	0.0 377.6 0.34 \$128.38
706	10/18/13 66400	Myerstown,PA Hazleton,PA	EMPTY MILES	Rate for empty miles	0.0 70.6 0.34 \$24.00
706	10/18/13 66400	Hazleton,PA Chester,SC	LOADED MILES	Rate for loaded miles	0.0 588.2 0.34 \$199.99

Advance

Date 10/14/13	Cash Amt	\$50.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 66291	Tractor Amt	\$175.78	0.0000		0.0000			
							Total Adv Amt	\$226.28

Driver Start Date	10/13/13 00:00	10/19/13 23:59

Driver ID SCOTT

Ship

Date 10/17/13	Cash Amt	\$50.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000	Invoice
Load 66322	Tractor Amt	\$548.00	0.0000		0.0000	0.0000			

Total Adv Amt	\$596.50

Empty Miles	282.3
Loaded Miles	3,715.7
Total Miles	3,998.0

Payments to Driver	\$1,374.31
Less Driver Advances	<u>\$822.78</u>
Payment Due to Driver	\$551.53

0189

000344

D&C Trucking of Chester, LLC

05359807

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	10/25/2013	SINGLE	2	XXX-XX- 4630	10/13/2013	10/19/2013
EARNINGS				BENEFITS			Gross/Net Details
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	1,079.31	\$1,079.31				GROSS Pay YTD: \$34,029.68
Per Diem	\$295.00		\$295.00				NET Pay YTD: \$33,477.80
Reimbursements	\$197.09		\$197.09				
							GROSS PAY This Check: \$1,571.40
							NET PAY This Check: \$1,126.16
				**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.			
TOTAL: 1,079.31 \$1,571.40							

DEDUCTIONS			TAXES		Client Notes
Description	Amount	Year-to-date	Code	Withheld	
Advance	\$100.00	\$3,052.50	FICA		Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Dental Pretax - Client	\$6.10	\$262.30	MEDICARE	\$14.81 \$457.05	
Health Pretax - Client	\$47.54	\$2,057.91	SOC.SEC	\$63.32 \$1,954.28	
Supplemental Pretax	\$4.39	\$188.77	FEDERAL	\$128.95 \$3,387.24	
Supplemental Taxat.	\$24.10	\$622.25	STATE		
Miscellaneous		\$1,676.25	SC	\$56.03 \$1,526.76	Employee Notes
			LOCAL		
	\$182.13	\$7,859.98		\$263.11 \$7,325.33	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 10/06/13 00:00 10/12/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	10/10/13	66142	lexington,VA Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	279.1	0.34	\$94.89
706	10/09/13	66147	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	10/04/13	66196	Chester,SC Mt Vernon,IN	LOADED Miles	Rate for loaded miles	0.0	613.4	0.34	\$208.56
706	10/08/13	66212	Mt Vernon,IN Henderson,KY	EMPTY Miles	Rate for empty miles	0.0	30.0	0.34	\$10.20
706	10/08/13	66212	Aberdeen,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	125.4	0.34	\$42.64
706	10/08/13	66212	Henderson,KY Aberdeen,NC	LOADED Miles	Rate for loaded miles	0.0	651.1	0.34	\$221.37
706	10/10/13	66237	ALLENTOWN,PA Reading,PA	EMPTY Miles	Rate for empty miles	0.0	35.5	0.34	\$12.07
706	10/10/13	66237	Myerstown,PA ALLENTOWN,PA	LOADED Miles	Rate for loaded miles	0.0	55.2	0.34	\$18.77
706	10/10/13	66237	Reading,PA lexington,VA	LOADED Miles	Rate for loaded miles	0.0	292.9	0.34	\$99.59
706	10/11/13	66250	Myerstown,PA Hazleton,PA	EMPTY Miles	Rate for empty miles	0.0	70.6	0.34	\$24.00
706	10/11/13	66250	Columbia,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	69.8	0.34	\$23.73
706	10/11/13	66250	Hazleton,PA Columbia,SC	LOADED Miles	Rate for loaded miles	0.0	649.4	0.34	\$220.80

Advance

Date 10/08/13	Cash Amt	\$50.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 66212	Tractor Amt	\$276.01	0.0000	0.0000	0.0000			
Total Adv Amt								\$326.51

Driver Settlement Details

Driver Start Date 10/06/13 00:00 10/12/13 23:59

0192

000347

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination		Pay Type	Pay Description	S/Units	Miles	Rate	Totals
Advance										
Date	10/08/13	Cash Amt	\$50.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice	
Load	NTA21301	Tractor Amt	\$276.01	0.0000		0.0000				
									Total Adv Amt	\$326.51
Empty Miles						331.3	Payments to Driver		\$1,162.57	
Loaded Miles						3,088.0	Less Driver Advances		\$653.02	
Total Miles						3,419.3	Payment Due to Driver		\$509.55	

05352550

TOTAL:	867.57	\$1,162.57

\$158.38	\$7,677.85	\$187.14	\$7,062.22

\$0.00

Driver Settlement Details

Driver Start Date 09/29/13 00:00 10/05/13 23:59

6383
VAC

0194

000349

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	10/02/13	66042	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	09/29/13	66111	Charlotte,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	09/29/13	66111	Michigan City,IN Three Rivers,MI	EMPTY MILES	Rate for empty miles	0.0	83.3	0.34	\$28.32
706	09/29/13	66111	Three Rivers,MI Charlotte,NC	LOADED MILES	Rate for loaded miles	0.0	687.5	0.34	\$233.75
706	10/03/13	66199	Charlotte,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	10/03/13	66199	Michigan City,IN Winamac,IN	EMPTY MILES	Rate for empty miles	0.0	55.0	0.34	\$18.70
706	10/03/13	66199	Winamac,IN Charlotte,NC	LOADED MILES	Rate for loaded miles	0.0	690.9	0.34	\$234.91

Advance

Date 09/29/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 66023	Tractor Amt	\$363.96	0.0000	0.0000	0.0000			
Total Adv Amt								\$364.46

Advance

Date 10/03/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 66111	Tractor Amt	\$363.97	0.0000	0.0000	0.0000			
Total Adv Amt								\$364.47

Empty Miles	221.7	Payments to Driver	\$798.36
Loaded Miles	2,126.4	Less Driver Advances	\$728.93
Total Miles	2,348.1	Payment Due to Driver	\$69.43

EMPLOYEE ID	EMPLOYEE NAME	DATE	PRNG STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	10/11/2013	SINGLE	2	XXX-XX- 4630	9/29/2013	10/5/2013
EARNINGS				BENEFITS		Gross / Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	503.36	\$503.36			GROSS Pay YTD:	\$32,082.80
Per Diem	\$295.00		\$295.00			NET Pay YTD:	\$31,534.59
						GROSS PAY This Check:	\$798.36
						NET PAY This Check:	\$536.71
							**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL:				503.36	\$798.36		

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Clien	\$6.10	\$250.10	FICA			Reminder: Please provide your email address to JFort@PeoplEaseCorp.com by July 31st.
Health Pretax - Clien	\$47.54	\$1,962.83	MEDICARE	\$6.45	\$430.50	
Miscellaneous	\$100.00	\$1,600.00	SOC.SEC	\$27.61	\$1,840.77	
Supplemental Pretax	\$4.39	\$179.99	FEDERAL	\$29.37	\$3,174.29	
Supplemental Taxat	\$24.10	\$574.05	STATE			
Advance		\$2,952.50	SC	\$16.09	\$1,429.52	Employee Notes
			LOCAL			
\$182.13				\$79.52	\$6,875.08	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 09/22/13 00:00 09/28/13 23:59

6/15/13

0196

000351

D & C Trucking of Chester, LLC

Driver ID - SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	09/24/13	65917	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	09/28/13	65934	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	09/22/13	65996	Charlotte,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	09/22/13	65996	GAFMI Michigan City,IN Three Rivers,MI	EMPTY Miles	Rate for empty miles	0.0	83.3	0.34	\$28.32
706	09/22/13	65996	Three Rivers,MI Charlotte,NC	LOADED Miles	Rate for loaded miles	0.0	687.5	0.34	\$233.75
706	09/24/13	66023	Charlotte,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	09/24/13	66023	michigan city,IN Three Rivers,MI	EMPTY Miles	Rate for empty miles	0.0	83.3	0.34	\$28.32
706	09/24/13	66023	Three Rivers,MI Charlotte,NC	LOADED Miles	Rate for loaded miles	0.0	687.5	0.34	\$233.75

Advance

Date 09/22/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 65934	Tractor Amt	\$272.98	0.0000	0.0000	0.0000			
Total Adv Amt								\$273.48

Advance

Date 09/25/13	Cash Amt	\$50.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 65996	Tractor Amt	\$327.57	0.0000	0.0000	0.0000			
Total Adv Amt								\$378.07

Empty Miles	250.0	Payments to Driver	\$1,061.14
Loaded Miles	2,871.0	Less Driver Advances	\$651.55
Total Miles	3,121.0	Payment Due to Driver	\$409.59

05335610

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$50.00	\$2,952.50	FICA			Reminder: Please provide your email address to JFort@PeopLoaseCorp.com by July 31st.
Dental Pretax - Client	\$8.10	\$244.00	MEDICARE	\$9.22	\$424.05	
Health Pretax - Client	\$61.23	\$1,915.29	SOC.SEC	\$39.39	\$1,813.16	
Miscellaneous	\$100.00	\$1,500.00	FEDERAL	\$57.89	\$3,144.92	
Supplemental Pretax	\$4.39	\$175.60	STATE			
Supplemental Taxat	\$24.10	\$549.95	SC	\$29.02	\$1,413.43	Employee Notes
			LOCAL			
	\$245.82	\$7,337.34		\$135.52	\$8,795.56	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

Total Deposits

50 00

\$0.00

Driver Settlement Details

Driver Start Date 09/15/13 00:00 09/21/13 23:59

59.21
VPC

0198

000353

D & C Trucking of Chester, LLC

Driver ID SCOTT

D & C Trucking of Chester, PA

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	09/15/13	65820	GAFCH Chester,SC GAFMI Michigan City,IN	LOADEDMILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	09/18/13	65839	GAFCH Chester,SC GAFMI Michigan City,IN	LOADEDMILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	09/16/13	65890	Charlotte,NC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	09/16/13	65890	michigan city,IN Three Rivers,MI	EMPTYMILES	Rate for empty miles	0.0	83.3	0.34	\$28.32
706	09/16/13	65890	Three Rivers,MI Charlotte,NC	LOADEDMILES	Rate for loaded miles	0.0	687.5	0.34	\$233.75
706	09/21/13	65930	GAFCH Chester,SC GAFMI Michigan City,IN	LOADEDMILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	09/19/13	65934	Michigan City,IN Three Rivers,MI	EMPTYMILES	Rate for empty miles	0.0	83.3	0.34	\$28.32
706	09/19/13	65984	Charlotte,NC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	09/19/13	65984	Three Rivers,MI Charlotte,NC	LOADEDMILES	Rate for loaded miles	0.0	687.5	0.34	\$233.75
Advance						\$0.50	0.0000	Invoice	
Date 09/16/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	0.0000	Total Adv Amt		\$364.54
Load 65820	Tractor Amt	\$364.04	0.0000						

09/25/13

Prophesy Dispatch and Accounting

Driver Settlement Details

Driver Start Date 09/15/13 00:00 09/21/13 23:59

0199

000354

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 09/19/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 65890		Tractor Amt	\$323.97	0.0000		0.0000	0.0000		
								Total Adv Amt	\$324.47
						Empty Miles	250.0	Payments to Driver	\$1,315.46
						Loaded Miles	3,619.0	Less Driver Advances	\$689.01
						Total Miles	3,869.0	Payment Due to Driver	\$626.45

05327063

D&C Trucking of Chester, LLC

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
1483TRAC	Jeffrey S. Tracy	9/27/2013	SINGLE	2	XXX-XX- 4630	9/15/2013	9/21/2013

EARNINGS				BENEFITS		GROSS PAY	
Description	Rate	Hours	Amount	Amount	Year-to-date	Amount	Year-to-date
Bonus Pay	\$39.48		\$39.48			\$30,872.30	
Gross Taxable Wages	\$1.00	902.46	\$902.46			\$30,318.08	
Per Diem	\$413.00		\$413.00				
TOTAL: 902.46					\$1,354.94		

DEDUCTIONS			TAXES		Client Notes
Description	Amount	Year-to-date	Code	Year-to-date	
Dental Pretax - Clien	\$6.10	\$237.90	FICA		Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Health Pretax - Clien	\$47.54	\$1,854.06	MEDICARE	\$12.81 \$414.83	
Miscellaneous	\$100.00	\$1,400.00	SCG.SEC	\$54.81 \$1,773.77	
Supplemental Pretax	\$4.39	\$171.21	FEDERAL	\$98.86 \$3,087.03	
Supplemental Taxat	\$24.10	\$525.85	STATE	\$46.41 \$1,384.41	
Advance		\$2,902.50	LOCAL		
TOTAL: \$182.13 \$7,091.52				\$212.89 \$6,660.04	

ACH Direct Deposit		Actual Deposit Amount
No funds will be transferred via ACH Direct Deposit.	0.0	\$0.00
Total Deposits		\$0.00

0200

000355

Driver Settlement Details

Driver Start Date 09/08/13 00:00 09/14/13 23:59

569 C
JPA

0201

000356

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	09/11/13	65721	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	09/09/13	65731	Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	09/10/13	65777	Myerstown,PA Reading,PA	EMPTY MILES	Rate for empty miles	0.0	21.4	0.34	\$7.28
706	09/10/13	65777	Reading,PA Chester,SC	LOADED MILES	Rate for loaded miles	0.0	560.4	0.34	\$190.54
706	09/12/13	65800	Michigan City,IN S Bend,IN	EMPTY MILES	Rate for empty miles	0.0	42.5	0.34	\$14.45
706	09/12/13	65800	S Bend,IN Chester,SC	LOADED MILES	Rate for loaded miles	0.0	730.3	0.34	\$248.30

Advance

Date 09/11/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 65777	Tractor Amt	\$229.15	0.0000	0.0000	0.0000			
Total Adv Amt								\$229.65

Advance

Date 09/12/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 65820	Tractor Amt	\$369.96	0.0000	0.0000	0.0000			
Total Adv Amt								\$370.46

Empty Miles	63.9	Payments to Driver	\$900.84
Loaded Miles	2,585.6	Less Driver Advances	\$600.11
Total Miles	2,649.5	Payment Due to Driver	\$300.73

05319393

D&C Trucking of Chester, LLC

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	9/20/2013	SINGLE	2	XX-XX-4630	9/8/2013	9/14/2013
EARNINGS		BENEFITS		GROSS/Net Details			
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	605.84	\$605.84				GROSS Pay YTD: \$29,930.36
Per Diem	\$295.00		\$295.00				NET Pay YTD: \$29,358.16
							GROSS PAY This Check: \$900.84
							NET PAY This Check: \$609.17
						**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.	
TOTAL:		605.84	\$900.84				

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$231.80	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Health Pretax - Client	\$47.54	\$1,808.52	MEDICARE	\$7.95	\$402.02	
Miscellaneous	\$100.00	\$1,300.00	SCG SEC	\$33.96	\$1,718.96	
Supplemental Pretax	\$4.39	\$166.82	FEDERAL	\$44.74	\$2,988.17	
Supplemental Taxat	\$24.10	\$501.75	STATE			
Advance		\$2,902.50	SC	\$22.89	\$1,338.00	Employee Notes
			LOCAL			
TOTAL:		\$6,909.39		\$109.54	\$6,447.15	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

05311067

D&C Trucking of Chester, LLC

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	9/13/2013	SINGLE	2	XXX-XX-4630	9/1/2013	9/7/2013
EARNINGS		BENEFITS		Gross (Net Details)			
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Vacation Pay	\$1.00	600.00	\$600.00				
						GROSS Pay YTD:	\$29,324.52
						NET Pay YTD:	\$28,748.99
						GROSS PAY This Check:	\$600.00
						NET PAY This Check:	\$410.08
**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.							
TOTAL:		600.00	\$600.00				

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Cilen	\$6.10	\$225.70	FICA			Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Health Pretax - Cilen	\$47.54	\$1,758.98	MEDICARE	\$7.86	\$394.07	
Supplemental Pretax	\$4.39	\$162.43	SOC.SEC	\$33.60	\$1,685.00	
Supplemental Taxat	\$24.10	\$477.65	FEDERAL	\$43.87	\$2,943.43	
Advance		\$2,902.50	STATE			
Miscellaneous		\$1,200.00	SC	\$22.48	\$1,315.11	Employee Notes
			LOCAL			
\$82.13		\$6,727.26	\$107.81		\$6,337.61	

ACH Direct Deposit:

No funds will be transferred via ACH Direct Deposit. 0.0

Total Deposits

Actual Deposit Amount

\$0.00

\$0.00

05302799

D&C Trucking of Chester, LLC

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483/RAC	Joffrey S. Tracy	9/6/2013	SINGLE	2	XXX-XX-4630	8/25/2013	8/31/2013
EARNINGS		Rate	Hours	Amount	Description	Amount	Year-to-date
Gross Taxable Wages		\$1.00	346.84	\$346.84			
Per Diem		\$177.00		\$177.00			
Vacation Pay		\$1.00	360.00	\$360.00			
							Gross Pay YTD: \$28,724.52 NET Pay YTD: \$28,338.93
							GROSS PAY This Check: \$883.84 NET PAY This Check: \$662.23
**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.							
TOTAL:			706.84	\$883.84			

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$219.60	FICA			Reminder: Please provide your email address to JFor@PeopLeaseCorp.com by July 31st.
Health Pretax - Client	\$47.54	\$1,711.44	MEDICARE	\$9.40	\$386.21	
Supplemental Pretax	\$4.39	\$158.04	SOC.SEC	\$40.23	\$1,651.40	
Supplemental Taxat	\$24.10	\$453.55	FEDERAL	\$59.89	\$2,899.56	
Advance		\$2,902.50	STATE			
Miscellaneous		\$1,200.00	SC	\$29.96	\$1,292.63	Employee Notes
			LOCAL			
	\$82.13	\$6,645.13		\$139.48	\$6,229.80	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Total Deposit

Actual Deposit Amount

\$0.00

\$0.00

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DEDUCTIONS			TAXES		Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date
Dental Pretax - Client	\$6.10	\$213.50	FICA		
Health Pretax - Client	\$47.54	\$1,663.90	MEDICARE	\$11.20	\$376.81
Miscellaneous	\$1,100.00	\$1,200.00	SOC.SEC	\$47.86	\$1,611.17
Supplemental Pretax	\$4.39	\$153.65	FEDERAL	\$78.37	\$2,839.67
Supplemental Taxat Advance	\$12.27	\$429.45	STATE		
		\$2,902.50	SC	\$38.58	\$1,262.67
			LOCAL		
	\$1,170.30	\$6,563.00		\$176.01	\$6,090.32

Actual Deposit Amount	\$0.00
	<u>\$0.00</u>

Driver Settlement Details

Driver Start Date 08/11/13 00:00 08/17/13 23:59

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D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	08/09/13	65263	Chester,SC Myerstown,PA	LOADEDMILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	08/12/13	65304	SPARTANBURG,SC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	52.9	0.34	\$17.99
706	08/12/13	65304	Myerstown,PA GLEN ROCK,PA	EMPTYMILES	Rate for empty miles	0.0	67.0	0.34	\$22.78
706	08/12/13	65304	GLEN ROCK,PA SPARTANBURG,SC	LOADEDMILES	Rate for loaded miles	0.0	527.6	0.34	\$179.38
706	08/13/13	65322	Chester,SC Pineville,NC	EMPTYMILES	Rate for empty miles	0.0	31.6	0.34	\$10.74
706	08/13/13	65322	Pineville,NC Cranberry,PA	LOADEDMILES	Rate for loaded miles	0.0	548.7	0.34	\$186.56
706	08/14/13	65323	CRANBERRY,PA Dunkirk,NY	EMPTYMILES	Rate for empty miles	0.0	101.0	0.34	\$34.34
706	08/14/13	65323	Greer,SC spartanburg,SC	EMPTYMILES	Rate for empty miles	0.0	19.8	0.34	\$6.73
706	08/14/13	65323	Dunkirk,NY Greer,SC	LOADEDMILES	Rate for loaded miles	0.0	711.7	0.34	\$241.98
706	08/15/13	65354	Spartanburg,SC Kissimmee,FL	LOADEDMILES	Rate for loaded miles	0.0	585.2	0.34	\$198.97
706	08/15/13	65354	Spartanburg,SC Kissimmee,FL	STOP	Stop charge	1.0	0.0	15.00	\$15.00
706	08/16/13	65363	KISSIMMEE,FL Orlando,FL	EMPTYMILES	Rate for empty miles	0.0	18.4	0.34	\$6.26
706	08/16/13	65363	Orlando,FL Chester,SC	LOADEDMILES	Rate for loaded miles	0.0	513.9	0.34	\$174.73

Advance				\$0.50		0.0000	Invoice	
Date 08/13/13	Cash Amt	\$50.00	Reefer Amt	\$0.00	0.0000	0.0000	Total Adv Amt	\$176.23
Load 65304	Tractor Amt	\$125.73	0.0000					

08/21/13

Prophesy Dispatch and Accounting

Driver Settlement Details

Driver Start Date 08/11/13 00:00 08/17/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	S/Units	Miles	Rate	Totals
Advance									
Date 08/12/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 65304		Tractor Amt	\$227.52	0.0000		0.0000		0.0000	
								Total Adv Amt	\$228.02
Advance									
Date 08/15/13		Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000		\$1.75	0.0000 Invoice
Load 65412		Tractor Amt	\$0.00	0.0000		0.0000		0.0000	
								Total Adv Amt	\$26.75
Advance									
Date 08/15/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 65412		Tractor Amt	\$178.52	0.0000		0.0000		0.0000	
								Total Adv Amt	\$179.02
						Empty Miles	290.7	Payments to Driver	\$1,281.41
						Loaded Miles	3,434.0	Less Driver Advances	\$610.02
						Total Miles	3,724.7	Payment Due to Driver	\$671.39

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$76.75	\$2,902.50	FICA			
Dental Pretax - Client	\$6.10	\$207.40	MEDICARE	\$12.60	\$365.61	
Health Pretax - Client	\$47.54	\$1,616.36	SOC.SEC	\$53.90	\$1,563.31	
Supplemental Pretax	\$4.39	\$149.26	FEDERAL	\$93.92	\$2,761.30	
Supplemental Taxat	\$12.27	\$417.18	STATE			
Miscellaneous		\$100.00	SC	\$45.40	\$1,224.09	Employee Notes
			LOCAL			
	\$147.05	\$5,392.70		\$205.82	\$5,914.31	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit.	0.0

Final Exports

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 08/04/13 00:00 08/10/13 23:59

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D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	08/05/13	65138	Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	08/06/13	65187	Myerstown,PA Hazleton,PA	EMPTY MILES	Rate for empty miles	0.0	70.6	0.34	\$24.00
706	08/06/13	65187	Hazleton,PA Chester,SC	LOADED MILES	Rate for loaded miles	0.0	588.2	0.34	\$199.99
706	08/07/13	65205	Chester,SC Monroe,NC	EMPTY MILES	Rate for empty miles	0.0	48.4	0.34	\$16.46
706	08/07/13	65205	Monroe,NC Mehoopany,PA	LOADED MILES	Rate for loaded miles	0.0	636.8	0.34	\$216.51
706	08/08/13	65288	Cowpens,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	61.1	0.34	\$20.77
706	08/08/13	65288	Mehoopany,PA Nesquehoning,PA	EMPTY MILES	Rate for empty miles	0.0	92.3	0.34	\$31.38
706	08/08/13	65288	Nesquehoning,PA Cowpens,SC	LOADED MILES	Rate for loaded miles	0.0	622.0	0.34	\$211.48

Advance

Date 08/06/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 65234	Tractor Amt	\$186.96	0.0000	0.0000	0.0000			
Total Adv Amt								\$187.46

Advance

Date 08/09/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 65322	Tractor Amt	\$319.02	0.0000	0.0000	0.0000			
Total Adv Amt								\$319.52

Empty Miles	272.4	Payments to Driver	\$906.54
Loaded Miles	2,393.9	Less Driver Advances	\$506.98
Total Miles	2,666.3	Payment Due to Driver	\$399.56

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DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$201.30	FICA			
Health Pretax - Client	\$47.54	\$1,568.82	MEDICARE	\$7.17	\$353.01	
Supplemental Pretax	\$4.39	\$144.87	SOC.SEC	\$30.66	\$1,509.41	
Supplemental Taxat.	\$12.27	\$404.91	FEDERAL	\$37.69	\$2,667.38	
Advance		\$2,825.75	STATE			
Miscellaneous		\$100.00	SC	\$19.19	\$1,178.69	Employee Notes
			LOCAL			
	\$70.30	\$5,245.65		\$94.11	\$5,708.49	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

File of Captives

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 07/28/13 00:00 08/03/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

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Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	07/29/13	65031	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	08/01/13	65045	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	07/30/13	65112	Charlotte,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	07/30/13	65112	GAFMI Michigan City,IN Winamac,IN	EMPTY MILES	Rate for empty miles	0.0	55.0	0.34	\$18.70
706	07/30/13	65112	Winamac,IN Charlotte,NC	LOADED MILES	Rate for loaded miles	0.0	690.9	0.34	\$234.91
706	08/02/13	65170	Charlotte,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	08/02/13	65170	Michigan City,IN Winamac,IN	EMPTY MILES	Rate for empty miles	0.0	55.0	0.34	\$18.70
706	08/02/13	65170	Winamac,IN Charlotte,NC	LOADED MILES	Rate for loaded miles	0.0	690.9	0.34	\$234.91

Advance

Date 07/30/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 65031	Tractor Amt	\$354.94	0.0000	0.0000	0.0000			
Total Adv Amt								\$355.44

Advance

Date 08/02/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 65138	Tractor Amt	\$335.74	0.0000	0.0000	0.0000			
Total Adv Amt								\$336.24

Empty Miles	193.4	Payments to Driver	\$1,044.22
Loaded Miles	2,877.8	Less Driver Advances	\$691.68
Total Miles	3,071.2	Payment Due to Driver	\$352.54

D&C Trucking of Chester, LLC

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EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC NO	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	8/9/2013	SINGLE	2	XXX-XX- 4630	7/28/2013	8/3/2013
EARNINGS			BENEFITS			Gross/Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	690.22	\$690.22				GROSS Pay YTD: \$25,707.70
Per Diem	\$354.00		\$354.00				NET Pay YTD: \$25,950.99
							GROSS PAY This Check: \$1,044.22
							NET PAY This Check: \$838.42
TOTAL: 690.22 \$1,044.22							**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your YTD.

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$195.20	FICA			Reminder: Please provide your email address to JFort@PeopleaseCorp.com by July 31st.
Health Pretax - Client	\$47.54	\$1,521.28	MEDICARE	\$9.17	\$345.84	
Supplemental Pretax	\$4.39	\$140.48	SSC.SEC	\$39.20	\$1,478.75	
Supplemental Taxat	\$12.27	\$392.64	FEDERAL	\$58.34	\$2,629.69	
Advance		\$2,825.75	STATE			
Miscellaneous		\$100.00	SC	\$28.79	\$1,169.50	Employee Notes
			LOCAL			
	\$70.30	\$5,175.35		\$135.50	\$5,613.78	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Total Deposits

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 07/21/13 00:00 07/27/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

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Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	07/22/13	64879	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	07/25/13	64902	Chester,SC Mt Vernon,IN	LOADED MILES	Rate for loaded miles	0.0	613.4	0.34	\$208.56
706	07/23/13	64961	Michigan City,IN Melrose Park,IL	EMPTY MILES	Rate for empty miles	0.0	79.5	0.34	\$27.03
706	07/23/13	64961	concord,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	60.6	0.34	\$20.60
706	07/23/13	64961	Melrose Park,IL concord,NC	LOADED MILES	Rate for loaded miles	0.0	805.3	0.34	\$273.80
706	07/26/13	64989	Monroe,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	48.4	0.34	\$16.46
706	07/26/13	64989	Mt Vernon,IN Evansville,IN	EMPTY MILES	Rate for empty miles	0.0	17.0	0.34	\$5.78
706	07/26/13	64989	Evansville,IN Monroe,NC	LOADED MILES	Rate for loaded miles	0.0	620.7	0.34	\$211.04

Advance

Date 07/27/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	-0.0000	Invoice
Load 65031	Tractor Amt	\$190.04	0.0000	0.0000	0.0000			
								Total Adv Amt \$190.54

Advance

Date 07/23/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load NTA20602	Tractor Amt	\$472.17	0.0000	0.0000	0.0000			
								Total Adv Amt \$472.67

Empty Miles	205.5	Payments to Driver	\$1,017.59
Loaded Miles	2,787.4	Less Driver Advances	\$663.21
Total Miles	2,992.9	Payment Due to Driver	\$354.38

D&C Trucking of Chester, LLC

05262900

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	8/2/2013	SINGLE	2	XXX-XX-4630	7/21/2013	7/27/2013

EARNINGS				BENEFITS			Gross/Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date		
Gross Taxable Wages	\$1.00	663.59	\$663.59					GROSS Pay YTD: \$25,017.48
Per Diem	\$354.00		\$354.00					NET Pay YTD: \$25,112.57
Reimbursements	\$233.00		\$233.00					
								GROSS PAY This Check: \$1,250.59
								NET PAY This Check: \$1,052.70
								**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL: 663.59 \$1,250.59								

DEDUCTIONS			TAXES			Client Notes	
Description	Amount	Year-to-date	Code	% Withheld	Year-to-date		
Dental Pretax - Client	\$6.10	\$189.10	FICA				Reminder: Please provide your email address to JFort@PeopLeaseCorp.com by July 31st.
Health Pretax - Client	\$47.54	\$1,473.74	MEDICARE	\$8.78	\$336.67		
Supplemental Pretax	\$4.39	\$136.09	SOC SEC	\$37.54	\$1,439.55		
Supplemental Taxat	\$12.27	\$380.37	FEDERAL	\$54.34	\$2,571.35		
Advance		\$2,825.75	STATE				
Miscellaneous		\$100.00	SC	\$26.93	\$1,130.71		Employee Notes
			LOCAL				
TOTAL: \$70.30 \$5,105.05			TAXES: \$127.59 \$5,478.28				

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 07/14/13 00:00 07/20/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	07/15/13	64812	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	07/17/13	64820	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	07/16/13	64850	Michigan City,IN Hammond,IN	EMPTY MILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	07/16/13	64850	Gastonia,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	44.0	0.34	\$14.96
706	07/16/13	64850	Hammond,IN Gastonia,NC	LOADED MILES	Rate for loaded miles	0.0	735.8	0.34	\$250.17
706	07/19/13	64921	Michigan City,IN Francesville,IN	EMPTY MILES	Rate for empty miles	0.0	50.3	0.34	\$17.10
706	07/19/13	64921	Bennettsville,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	103.0	0.34	\$35.02
706	07/19/13	64921	Francesville,IN Bennettsville,SC	LOADED MILES	Rate for loaded miles	0.0	775.8	0.34	\$263.77

Empty Miles	239.0	Payments to Driver	\$1,103.84
Loaded Miles	3,007.6	Less Driver Advances	\$0.00
Total Miles	3,246.6	Payment Due to Driver	\$1,103.84

DEDUCTIONS			TAXES		Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date
Dental Pretax - Client	\$6.10	\$183.00	FICA		
Health Pretax - Client	\$47.54	\$1,426.20	MEDICARE	\$10.89	\$327.89
Supplemental Pretax	\$4.39	\$131.70	SEC.SEC	\$48.55	\$1,402.01
Supplemental Taxat	\$12.27	\$368.10	FEDERAL	\$76.13	\$2,517.01
Advance		\$2,825.75	STATE		
Miscellaneous		\$100.00	SC	\$37.10	\$1,103.78
			LOCAL		
	\$70.30	\$5,034.75		\$170.67	\$5,350.69

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Total Deposits

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 07/07/13 00:00 07/13/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	07/11/13	64704	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	07/08/13	64717	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	07/09/13	64761	Michigan City,IN Elk Grove Village,IL	EMPTY MILES	Rate for empty miles	0.0	83.1	0.34	\$28.25
706	07/09/13	64761	Elk Grove Village,IL Chester,SC	LOADED MILES	Rate for loaded miles	0.0	801.9	0.34	\$272.65
706	07/12/13	64789	Monroe,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	48.5	0.34	\$16.49
706	07/12/13	64789	Michigan City,IN Blue Island,IL	EMPTY MILES	Rate for empty miles	0.0	53.2	0.34	\$18.09
706	07/12/13	64789	Blue Island,IL Monroe,NC	LOADED MILES	Rate for loaded miles	0.0	820.5	0.34	\$278.97

Advance

Date 07/09/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$16.99	\$0.50	0.0000	Invoice
Load 64761	Tractor Amt	\$261.05	0.0000	0.0000	0.0000	0.0000			

Total Adv Amt \$278.54

Empty Miles	184.8	Payments to Driver	\$1,123.09
Loaded Miles	3,118.4	Less Driver Advances	\$278.54
Total Miles	3,303.2	Payment Due to Driver	\$844.55

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DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$176.90	FICA			
Health Pretax - Client	\$47.54	\$1,378.66	MEDICARE	\$12.02	\$317.00	
Supplemental Pretax	\$4.39	\$127.31	SOC.SEC	\$51.41	\$1,355.46	
Supplemental Taxat	\$12.27	\$355.83	FEDERAL	\$87.87	\$2,440.88	
Advance		\$2,825.75	STATE			
Miscellaneous		\$100.00	SC	\$42.57	\$1,066.68	Employee Notes
			LOCAL			
	\$70.30	\$4,964.45		\$193.87	\$5,180.02	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transfered via ACH Direct Deposit. 0.0

\$0.00

10th December

\$0.00

Driver Settlement Details

Driver Start Date 06/28/13 00:00 07/06/13 23:59

WAC 57.02

0219

000374

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	06/28/13	64602	GAFMI Michigan City,IN Elk Grove Village,IL	EMPTYMILES	Rate for empty miles	0.0	83.1	0.34	\$28.25
706	06/28/13	64602	Elk Grove Village,IL Chester,SC	LOADEDMILES	Rate for loaded miles	0.0	801.9	0.34	\$272.65
706	07/01/13	64627	Michigan City,IN Warsaw,IN	EMPTYMILES	Rate for empty miles	0.0	75.4	0.34	\$25.64
706	07/01/13	64627	Lyman,SC inman,SC	EMPTYMILES	Rate for empty miles	0.0	10.5	0.34	\$3.57
706	07/01/13	64627	Warsaw,IN Lyman,SC	LOADEDMILES	Rate for loaded miles	0.0	638.5	0.34	\$217.09
706	07/01/13	64630	GAFCH Chester,SC GAFMI Michigan City,IN	LOADEDMILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	07/02/13	64638	inman,SC GAFMI Michigan City,IN	LOADEDMILES	Rate for loaded miles	0.0	674.2	0.34	\$229.23
706	07/03/13	64682	Michigan City,IN WOODSTOCK,IL	EMPTYMILES	Rate for empty miles	0.0	116.9	0.34	\$39.75
706	07/03/13	64682	WOODSTOCK,IL Chester,SC	LOADEDMILES	Rate for loaded miles	0.0	835.7	0.34	\$284.14

Advance						\$0.50	0.0000	Invoice	
Date 06/28/13	Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000				
Load 64627	Tractor Amt	\$358.97	0.0000		0.0000	0.0000		Total Adv Amt	\$384.47

Advance						\$0.50	0.0000	Invoice	
Date 07/01/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000				
Load 64630	Tractor Amt	\$266.69	0.0000		0.0000	0.0000		Total Adv Amt	\$267.19

Driver Settlement Details

Driver Start Date 06/28/13 00:00 07/06/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 07/03/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 64638		Tractor Amt	\$344.96	0.0000		0.0000		0.0000	
								Total Adv Amt	\$345.46
Advance									
Date 07/02/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$1.75	0.0000 Invoice
Load 64638		Tractor Amt	\$544.36	0.0000		0.0000		0.0000	
								Total Adv Amt	\$546.11
						Empty Miles	285.9	Payments to Driver	\$1,354.64
						Loaded Miles	3,698.3	Less Driver Advances	\$1,543.23
						Total Miles	3,984.2	Payment Due to Driver	(\$188.59)

05237861

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$170.80	FICA			
Health Pretax - Client	\$47.54	\$1,331.12	MEDICARE	\$14.52	\$304.98	
Supplemental Pretax	\$4.39	\$122.92	SOC.SEC	\$62.10	\$1,304.05	
Supplemental Taxat	\$12.27	\$343.56	FEDERAL	\$127.18	\$2,353.01	
Advance		\$2,825.75	STATE			
Miscellaneous		\$100.00	SC	\$54.65	\$1,024.11	Employee Notes
			LOCAL			
	\$70.30	\$4,894.15		\$258.45	\$4,988.15	

No funds will be transferred via ACH Direct Deposit.	0.0
<u>Total Deposits</u>	

Actual Deposit Amount	\$0.00
	\$0.00

Driver Settlement Details

Driver Start Date 06/23/13 00:00 06/27/13 23:59

84.71
VAC

0222

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D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	06/23/13	64519	Chester,SC GAFCH Chester,SC	EMPTYMILES	Rate for empty miles	0.0	0.0	0.34	\$0.00
706	06/23/13	64519	GAFCH Chester,SC GAFMI Michigan City,IN	LOADEDMILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	06/25/13	64526	GAFCH Chester,SC GAFMI Michigan City,IN	LOADEDMILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	06/27/13	64536	GAFCH Chester,SC GAFMI Michigan City,IN	LOADEDMILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	06/24/13	64550	GAFMI Michigan City,IN S Bend,IN	EMPTYMILES	Rate for empty miles	0.0	38.0	0.34	\$12.92
706	06/24/13	64550	Kings Mountain,NC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	43.0	0.34	\$14.62
706	06/24/13	64550	S Bend,IN Kings Mountain,NC	LOADEDMILES	Rate for loaded miles	0.0	702.5	0.34	\$238.85
706	06/26/13	64570	michigan city,IN Warsaw,IN	EMPTYMILES	Rate for empty miles	0.0	75.4	0.34	\$25.64
706	06/26/13	64570	Lyman,SC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	79.4	0.34	\$27.00
706	06/26/13	64570	Warsaw,IN Lyman,SC	LOADEDMILES	Rate for loaded miles	0.0	638.5	0.34	\$217.09

Advance

Date 06/24/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 64526	Tractor Amt	\$410.38	0.0000	0.0000	0.0000			
Total Adv Amt								\$510.88

Driver Settlement Details

Driver Start Date 06/23/13 00:00 06/27/13 23:59

0223

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D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 06/26/13	Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice
Load 64602	Tractor Amt	\$373.28	0.0000		0.0000				
Total Adv Amt									\$398.78
					Empty Miles	235.8			
					Loaded Miles	3,585.0			
					Total Miles	3,820.8			
							Payments to Driver		\$1,299.08
							Less Driver Advances		\$909.66
							Payment Due to Driver		\$389.42

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DEDUCTIONS			TAXES			Other Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$150.00	\$2,825.75	FICA			***"DRIVE SAFELY"*** YOUR FAMILY AND YOUR LIFE BOTH DEPEND ON IT!!!!
Dental Pretax - Client	\$6.10	\$164.70	MEDICARE	\$12.01	\$280.46	
Health Pretax - Client	\$47.54	\$1,283.58	SSC SEC	\$51.34	\$1,241.95	
Supplemental Pretax	\$4.39	\$118.53	FEDERAL	\$87.72	\$2,226.83	
Supplemental Taxat	\$12.27	\$331.29	STATE			
Miscellaneous		\$100.00	SC	\$42.50	\$969.46	Employee Notes
			LOCAL			
	\$220.30	\$4,823.85		\$193.57	\$4,727.70	

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 06/16/13 00:00 06/22/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	06/16/13	64399	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	06/18/13	64410	inman,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	674.2	0.34	\$229.23
706	06/17/13	64442	Michigan City,IN Elk Grove Village,IL	EMPTY Miles	Rate for empty miles	0.0	83.1	0.34	\$28.25
706	06/17/13	64442	Elk Grove Village,IL inman,SC	LOADED Miles	Rate for loaded miles	0.0	728.1	0.34	\$247.55
706	06/19/13	64475	Spartanburg,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	53.0	0.34	\$18.02
706	06/19/13	64475	Michigan City,IN ALSIP,IL	EMPTY Miles	Rate for empty miles	0.0	48.1	0.34	\$16.35
706	06/19/13	64475	ALSIP,IL Spartanburg,SC	LOADED Miles	Rate for loaded miles	0.0	714.1	0.34	\$242.79

Advance

Date 06/17/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 64399	Tractor Amt	\$150.82	0.0000	0.0000	0.0000			
Total Adv Amt								\$151.32

Advance

Date 06/16/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 64399	Tractor Amt	\$222.38	0.0000	0.0000	0.0000			
Total Adv Amt								\$222.88

Advance

Date 06/18/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 64410	Tractor Amt	\$420.54	0.0000	0.0000	0.0000			
Total Adv Amt								\$421.04

Driver Settlement Details

Driver Start Date 06/16/13 00:00 06/22/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination			Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance											
Date 06/19/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice	
Load 64442		Tractor Amt	\$327.58	0.0000		0.0000					
									Total Adv Amt		\$328.08
Advance											
Date 06/17/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice	
Load 64442		Tractor Amt	\$150.82	0.0000		0.0000					
									Total Adv Amt		\$151.32
Advance											
Date 06/20/13		Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000		Invoice	
Load 64550		Tractor Amt	\$0.00	0.0000		0.0000					
									Total Adv Amt		\$26.75
							Empty Miles	184.2	Payments to Driver		\$1,036.51
							Loaded Miles	2,864.4	Less Driver Advances		\$1,301.39
							Total Miles	3,048.6	Payment Due to Driver		(\$264.88)

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TOTAL:	800.51	\$1,173.37

\$97.05	\$4,603.55	\$168.19	\$4,534.13

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 06/09/13 00:00 06/15/13 23:59

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D & C Trucking of Chester, LLC

Driver ID SCOTT

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Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	06/07/13	64300	Chester,SC Mt Vernon,IN	LOADED MILES	Rate for loaded miles	0.0	613.4	0.34	\$208.56
706	06/10/13	64334	Chester,SC Mt Vernon,IN	LOADED MILES	Rate for loaded miles	0.0	613.4	0.34	\$208.56
706	06/11/13	64337	monroe,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	48.4	0.34	\$16.46
706	06/11/13	64337	Mt Vernon,IN Henderson,KY	EMPTY MILES	Rate for empty miles	0.0	30.0	0.34	\$10.20
706	06/11/13	64337	Henderson,KY monroe,NC	LOADED MILES	Rate for loaded miles	0.0	584.5	0.34	\$198.73
706	06/13/13	64371	Rock Hill,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	19.5	0.34	\$6.63
706	06/13/13	64371	Mt Vernon,IN Hawesville,KY	EMPTY MILES	Rate for empty miles	0.0	72.8	0.34	\$24.75
706	06/13/13	64371	Hawesville,KY Rock Hill,SC	LOADED MILES	Rate for loaded miles	0.0	513.1	0.34	\$174.45

Advance

Date 06/14/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 64371	Tractor Amt	\$186.57	0.0000	0.0000	0.0000			
Total Adv Amt								\$187.07

Advance

Date 06/12/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 64371	Tractor Amt	\$261.03	0.0000	0.0000	0.0000			
Total Adv Amt								\$261.53

Empty Miles	170.7	Payments to Driver	\$848.34
Loaded Miles	2,324.4	Less Driver Advances	\$448.60
Total Miles	2,495.1	Payment Due to Driver	\$399.74

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DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$162.50	FICA			""DRIVE SAFELY"" YOUR FAMILY AND YOUR LIFE BOTH DEPEND ON IT!!!!
Health Pretax - Client	\$47.54	\$1,188.50	MEDICARE	\$8.07	\$267.68	
Supplemental Pretax	\$4.39	\$109.75	SOC SEC	\$34.54	\$1,144.58	
Supplemental Taxat	\$12.27	\$306.75	FEDERAL	\$51.34	\$2,063.23	
Advance		\$2,649.00	STATE			
Miscellaneous		\$100.00	SC	\$23.54	\$890.45	Employee Notes
			LOCAL			
	\$70.30	\$4,506.50		\$117.49	\$4,365.94	

Actual Deposit Amount

\$0.60

\$0.00

Driver Settlement Details

Driver Start Date 06/02/13 00:00 06/08/13 23:59

[Handwritten Signature]

0230

000385

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	06/06/13	64182	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	06/04/13	64191	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	05/31/13	64215	Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	06/03/13	64227	Myerstown,PA Nesquehoning,PA	EMPTY MILES	Rate for empty miles	0.0	59.5	0.34	\$20.23
706	06/03/13	64227	Cowpens,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	63.7	0.34	\$21.66
706	06/03/13	64227	Nesquehoning,PA Cowpens,SC	LOADED MILES	Rate for loaded miles	0.0	622.0	0.34	\$211.48
706	06/03/13	64227	Cowpens,SC Chester,SC	STOP	Stop charge	1.0	0.0	15.00	\$15.00
706	06/05/13	64258	Lyman,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	79.4	0.34	\$27.00
706	06/05/13	64258	Michigan City,IN Warsaw,IN	EMPTY MILES	Rate for empty miles	0.0	75.4	0.34	\$25.64
706	06/05/13	64258	Warsaw,IN Lyman,SC	LOADED MILES	Rate for loaded miles	0.0	638.5	0.34	\$217.09
706	06/07/13	64284	Rock Hill,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	19.5	0.34	\$6.63
706	06/07/13	64284	Michigan City,IN Chicago,IL	EMPTY MILES	Rate for empty miles	0.0	73.5	0.34	\$24.99
706	06/07/13	64284	Chicago,IL Rock Hill,SC	LOADED MILES	Rate for loaded miles	0.0	811.8	0.34	\$276.01

Advance

Date 06/02/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 64215	Tractor Amt	\$171.23	0.0000	0.0000	0.0000			Total Adv Amt
								\$171.73

06/12/13

Prophesy Dispatch and Accounting

Driver Settlement Details

Driver Start Date 06/02/13 00:00 06/08/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 06/05/13		Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 64215		Tractor Amt	\$301.72	0.0000		0.0000		0.0000	
								Total Adv Amt	\$402.22

Advance									
Date 06/08/13		Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 64258		Tractor Amt	\$405.86	0.0000		0.0000		0.0000	
								Total Adv Amt	\$431.36

Empty Miles	371.0	Payments to Driver	\$1,540.32
Loaded Miles	4,115.2	Less Driver Advances	\$1,005.31
Total Miles	4,486.2	Payment Due to Driver	\$535.01

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TOTAL:	1,186.32	\$1,540.32

\$195.30	\$4,436.20	\$308.70	\$4,248.45

50.00

Driver Settlement Details

Driver Start Date 05/26/13 00:00 06/01/13 23:59

170.85
VPR

0233

000388

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	S/Units	Miles	Rate	Totals
706	05/27/13	64080	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	05/29/13	64106	Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	05/28/13	64129	Michigan City,IN Middlebury,IN	EMPTY MILES	Rate for empty miles	0.0	73.6	0.34	\$25.02
706	05/28/13	64129	Middlebury,IN Chester,SC	LOADED MILES	Rate for loaded miles	0.0	721.2	0.34	\$245.21
706	05/30/13	64163	Columbia,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	54.5	0.34	\$18.53
706	05/30/13	64163	Myerstown,PA Reading,PA	EMPTY MILES	Rate for empty miles	0.0	21.4	0.34	\$7.28
706	05/30/13	64163	Reading,PA Columbia,SC	LOADED MILES	Rate for loaded miles	0.0	606.6	0.34	\$206.24

Advance

Date 05/28/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 64028	Tractor Amt	\$325.06	0.0000	0.0000	0.0000			
Total Adv Amt								\$325.56

Advance

Date 05/31/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 64129	Tractor Amt	\$193.44	0.0000	0.0000	0.0000			
Total Adv Amt								\$193.94

Empty Miles	149.5	Payments to Driver	\$942.55
Loaded Miles	2,622.7	Less Driver Advances	\$519.50
Total Miles	2,772.2	Payment Due to Driver	\$423.05

D&C Trucking of Chester, LLC

TOTAL:	647.55	\$942.55

\$70.30	\$4,240.90	\$122.83	\$3,939.75

\$0.00

Driver Settlement Details

Driver Start Date 05/19/13 00:00 05/25/13 23:59

10.55

D. & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	05/17/13	63958	Chester,SC Mt Vernon,IN	LOADED Miles	Rate for loaded miles	0.0	613.4	0.34	\$208.56
706	05/22/13	63966	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	05/21/13	64028	Pineville,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	31.6	0.34	\$10.74
706	05/21/13	64028	Mt Vernon,IN Pineville,NC	LOADED Miles	Rate for loaded miles	0.0	622.2	0.34	\$211.55
706	05/23/13	64055	Myerstown,PA Nesquehoning,PA	EMPTY Miles	Rate for empty miles	0.0	59.5	0.34	\$20.23
706	05/23/13	64055	Cowpens,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	61.1	0.34	\$20.77
706	05/23/13	64055	Nesquehoning,PA Cowpens,SC	LOADED Miles	Rate for loaded miles	0.0	622.0	0.34	\$211.48
706	05/20/13	NON7668	Chester,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	60.0	0.34	\$20.40
706	05/20/13	NON7668	Chester,SC Chester,SC	LOADED Miles	Rate for loaded miles	1.0	60.0	0.34	\$20.40

Advance

Date 05/21/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 63947	Tractor Amt	\$237.73	0.0000	0.0000	0.0000			
Total Adv-Amt								\$338.23

Driver Settlement Details

Driver Start Date 05/19/13 00:00 05/25/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination			Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance											
Date	05/22/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice	
Load	64055	Tractor Amt	\$176.75	0.0000		0.0000					
										Total Adv Amt	\$177.25
						Empty Miles	212.2			Payments to Driver	\$910.08
						Loaded Miles	2,464.5			Less Driver Advances	\$515.48
						Total Miles	2,676.7			Payment Due to Driver	\$394.60

D&C Trucking of Chester, LLC

05192112

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC NO	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	5/31/2013	SINGLE	2	XX-XX-4630	5/19/2013	5/25/2013
EARNINGS		BENEFITS		GROSS (Net Diem)			
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	615.08	\$615.08				GROSS Pay YTD: \$17,462.65
Per Diem	\$295.00		\$295.00				NET Pay YTD: \$17,010.69
							GROSS PAY This Check: \$910.08
							NET PAY This Check: \$626.56
							**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL:		615.08	\$910.08				

DEDUCTIONS			TAXES			Client Notes	
Description	Amount	Year-to-date	Code	Withheld	Year-to-date		
Advance	\$100.00	\$2,524.00	FICA				
Dental Pretax - Client	\$6.10	\$134.20	MEDICARE	\$8.08	\$234.70		
Health Pretax - Client	\$47.54	\$1,045.88	SOC.SEC	\$34.54	\$1,003.63		
Supplemental Pretax	\$4.39	\$96.58	FEDERAL	\$47.07	\$1,801.10		
Supplemental Taxat	\$12.27	\$269.94	STATE				
Miscellaneous		\$100.00	SC	\$23.53	\$777.59		
			LOCAL				
\$170.30		\$4,170.60	\$113.22		\$3,816.92		

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Actual Deposit Amount

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 05/12/13 00:00 05/18/13 23:59

10.85
10.85

0238

000393

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	05/14/13	63867	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	05/10/13	63876	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	05/13/13	63899	Myerstown,PA Lebanon,PA	EMPTY Miles	Rate for empty miles	0.0	7.0	0.34	\$2.38
706	05/13/13	63899	Lebanon,PA Chester,SC	LOADED Miles	Rate for loaded miles	0.0	706.2	0.34	\$240.11
706	05/13/13	63899	Lebanon,PA Chester,SC	STOP	Stop charge	1.0	0.0	15.00	\$15.00
706	05/15/13	63932	Myerstown,PA Lebanon,PA	EMPTY Miles	Rate for empty miles	0.0	7.0	0.34	\$2.38
706	05/15/13	63932	Newton,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	77.0	0.34	\$26.18
706	05/15/13	63932	Lebanon,PA Chester,SC	FLAT	Contracted flat amour	0.0	0.0	10.00	\$10.00
706	05/15/13	63932	Lebanon,PA Newton,NC	LOADED Miles	Rate for loaded miles	0.0	486.6	0.34	\$165.44
706	05/16/13	63947	Chester,SC Charlotte,NC	EMPTY Miles	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	05/16/13	63947	Charlotte,NC Columbus,IN	LOADED Miles	Rate for loaded miles	0.0	553.0	0.34	\$188.02
706	05/17/13	64046	Columbus,IN Cincinnati,OH	EMPTY Miles	Rate for empty miles	0.0	93.2	0.34	\$31.69
706	05/17/13	64046	Rock Hill,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	19.6	0.34	\$6.66
706	05/17/13	64046	Cincinnati,OH Rock Hill,SC	LOADED Miles	Rate for loaded miles	0.0	483.9	0.34	\$164.53

Driver Settlement Details

Driver Start Date 05/12/13 00:00 05/18/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination			Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance											
Date 05/14/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice	
Load 63899		Tractor Amt	\$154.16	0.0000		0.0000					
										Total Adv Amt	\$154.66
Advance											
Date 05/13/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice	
Load 63899		Tractor Amt	\$112.78	0.0000		0.0000					
										Total Adv Amt	\$113.28
Advance											
Date 05/12/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice	
Load 63899		Tractor Amt	\$173.10	0.0000		0.0000					
										Total Adv Amt	\$173.60
Advance											
Date 05/18/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice	
Load 63899		Tractor Amt	\$225.91	0.0000		0.0000					
										Total Adv Amt	\$226.41
Advance											
Date 05/17/13		Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000		Invoice	
Load 63958		Tractor Amt	\$0.00	0.0000		0.0000					
										Total Adv Amt	\$26.75

Empty Miles	245.5
Loaded Miles	3,323.5
Total Miles	3,569.0

Payments to Driver	\$1,238.47
Less Driver Advances	\$694.70
Payment Due to Driver	\$543.77

05185308

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$26.75	\$2,424.00	FICA			
Dental Pretax - Client	\$6.10	\$128.10	MEDICARE	\$11.13	\$226.62	
Health Pretax - Client	\$47.54	\$998.34	SOC.SEC	\$47.58	\$968.99	
Supplemental Pretax	\$4.39	\$92.19	FEDERAL	\$78.63	\$1,754.03	
Supplemental Taxat	\$12.27	\$257.67	STATE			
Miscellaneous		\$100.00	SC	\$38.26	\$754.06	Employee Notes
			LOCAL			
	\$97.05	\$4,000.30		\$175.60	\$3,703.70	

ACH Direct Deposit

Actual/Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Cases:

\$0.00

Driver Settlement Details

Driver Start Date 05/05/13 00:00 05/11/13 23:59

68.54
UP

0241

000396

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	05/03/13	63728	Chester,SC Grand Prairie,TX	LOADED MILES	Rate for loaded miles	0.0	1,033.8	0.34	\$351.49
706	05/06/13	63789	GRAND PRAIRIE,TX Corsicana,TX	EMPTY MILES	Rate for empty miles	0.0	68.8	0.34	\$23.39
706	05/06/13	63789	Corsicana,TX Troy,NC	LOADED MILES	Rate for loaded miles	0.0	1,077.4	0.34	\$366.32
706	05/08/13	63811	Troy,NC Social Circle,GA	LOADED MILES	Rate for loaded miles	0.0	333.4	0.34	\$113.36
706	05/09/13	63820	SOCIAL CIRCLE,GA FOREST PARK,GA	EMPTY MILES	Rate for empty miles	0.0	50.8	0.34	\$17.27
706	05/09/13	63820	Ft Mill,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	23.4	0.34	\$7.96
706	05/09/13	63820	FOREST PARK,GA Ft Mill,SC	LOADED MILES	Rate for loaded miles	0.0	242.7	0.34	\$82.52

Advance

Date 05/05/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 63680	Tractor Amt	\$336.90	0.0000	0.0000	0.0000			
								Total Adv Amt \$338.65

Advance

Date 05/07/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 63789	Tractor Amt	\$678.39	0.0000	0.0000	0.0000			
								Total Adv Amt \$678.89

Empty Miles	143.0
Loaded Miles	2,687.3
Total Miles	2,830.3

Payments to Driver	\$962.31
Less Driver Advances	\$1,017.54
Payment Due to Driver	(\$55.23)

05178604

D&C Trucking of Chester, LLC

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
1483TRAC	Jeffrey S. Tracy	5/17/2013	SINGLE	2	XXX-XX-4630	5/5/2013	5/11/2013

EARNINGS				BENEFITS			Gross/Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date		
Gross Taxable Wages	\$1.00	667.31	\$667.31				GROSS Pay YTD:	\$16,022.10
Per Diem	\$295.00		\$295.00				NET Pay YTD:	\$15,418.31
							GROSS PAY This Check:	\$962.31
							NET PAY This Check:	\$763.32
**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.								

TOTAL: 667.31 \$962.31

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$122.00	FICA			
Health Pretax - Client	\$47.54	\$950.80	MEDICARE	\$8.83	\$215.49	
Supplemental Pretax	\$4.39	\$87.80	SOC.SEC	\$37.77	\$921.41	
Supplemental Taxat	\$12.27	\$245.40	FEDERAL	\$54.90	\$1,675.40	
Advance		\$2,397.25	STATE			
Miscellaneous		\$100.00	SC	\$27.19	\$715.80	
			LOCAL			

\$70.30 \$3,903.25 \$128.69 \$3,528.10

Actual Deposit Amount

ACH Direct Deposit

\$0.00

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

0242

000397

Driver Settlement Details

Driver Start Date 04/28/13 00:00 05/04/13 23:59

6623
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000398

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	04/29/13	63629	Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	04/30/13	63642	Chester,SC Mt Vernon,IN	LOADED MILES	Rate for loaded miles	0.0	613.4	0.34	\$208.56
706	04/30/13	63680	Charlotte,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	04/30/13	63680	Myerstown,PA Elizabethtown,PA	EMPTY MILES	Rate for empty miles	0.0	29.4	0.34	\$10.00
706	04/30/13	63680	Elizabethtown,PA Charlotte,NC	LOADED MILES	Rate for loaded miles	0.0	484.5	0.34	\$164.73
706	05/02/13	63707	Mt Vernon,IN Pineville,NC	LOADED MILES	Rate for loaded miles	0.0	622.2	0.34	\$211.55
706	04/29/13	NON7636	columbia,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	60.0	0.34	\$20.40
706	04/29/13	NON7636	Chester,SC columbia,SC	LOADED MILES	Rate for loaded miles	0.0	60.0	0.34	\$20.40

Advance

Date 04/29/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 63642	Tractor Amt	\$240.80	0.0000	0.0000	0.0000			
Total Adv Amt								\$241.30

Advance

Date 04/29/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 63642	Tractor Amt	\$0.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$101.75

Advance

Date 05/02/13	Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 63707	Tractor Amt	\$0.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$26.75

Driver Settlement Details

Driver Start Date 04/28/13 00:00 05/04/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 05/03/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 63707		Tractor Amt	\$183.50	0.0000		0.0000	0.0000		
Total Adv Amt									\$184.00
Empty Miles						131.1		Payments to Driver	\$835.77
Loaded Miles						2,327.0		Less Driver Advances	\$553.80
Total Miles						2,458.1		Payment Due to Driver	\$281.97

D&C Trucking of Chester, LLC

05169894

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
1483TRAC	Jeffrey S. Tracy	5/10/2013	SINGLE	2	XXX-XX- 4630	4/28/2013	5/4/2013
EARNINGS			BENEFITS		GROSS (Net Br.)		
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	540.77	\$540.77				GROSS Pay YTD: \$15,354.79
Per Diem	\$295.00		\$295.00				NET Pay YTD: \$14,654.99
Reimbursements	\$125.51		\$125.51				
TOTAL: 540.77 \$961.28							GROSS PAY This Check: \$961.28
							NET PAY This Check: \$671.18
							**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.

DEDUCTIONS			TAXES			Client Notes	
Description	Amount	Year-to-date	Code	Withheld	Year-to-date		
Advance	\$128.50	\$2,397.25	FICA				
Dental Pretax - Client	\$6.10	\$115.90	MEDICARE	\$7.00	\$208.66		
Health Pretax - Client	\$47.54	\$903.26	SOC SEC	\$29.93	\$883.64		
Supplemental Pretax	\$4.39	\$83.41	FEDERAL	\$35.92	\$1,620.50		
Supplemental Taxat	\$12.27	\$233.13	STATE				
Miscellaneous		\$100.00	SC	\$18.45	\$688.61		
			LOCAL				
\$198.80 \$3,832.95				\$91.30	\$3,399.41		

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposit

\$0.00

Driver Settlement Details

Driver Start Date 04/21/13 00:00 04/27/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	04/25/13	63506	Chester,SC Tampa,FL	LOADED Miles	Rate for loaded miles	0.0	550.3	0.34	\$187.10
706	04/22/13	63539	Chester,SC Mt Vernon,IN	LOADED Miles	Rate for loaded miles	0.0	613.4	0.34	\$208.56
706	04/19/13	63542	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	04/22/13	63562	PIEDMONT,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	101.1	0.34	\$34.37
706	04/22/13	63562	Myerstown,PA Carlisle,PA	EMPTY Miles	Rate for empty miles	0.0	56.8	0.34	\$19.31
706	04/22/13	63562	Carlisle,PA PIEDMONT,SC	LOADED Miles	Rate for loaded miles	0.0	557.1	0.34	\$189.41
706	04/24/13	63591	Mt Vernon,IN Evansville,IN	EMPTY Miles	Rate for empty miles	0.0	18.9	0.34	\$6.43
706	04/24/13	63591	Evansville,IN Orangeburg,SC	LOADED Miles	Rate for loaded miles	0.0	672.8	0.34	\$228.75
706	04/25/13	63606	Orangeburg,SC Chester,SC	LOADED Miles	Rate for loaded miles	0.0	105.7	0.34	\$35.94
706	04/26/13	63657	TAMPA,FL STARKE,FL	EMPTY Miles	Rate for empty miles	0.0	150.6	0.34	\$51.20
706	04/26/13	63657	STARKE,FL Chester,SC	LOADED Miles	Rate for loaded miles	0.0	399.7	0.34	\$135.90

Advance

Date 04/21/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 63493	Tractor Amt	\$226.57	0.0000	0.0000	0.0000			
Total Adv Amt								\$227.07

Driver Settlement Details

Driver Start Date 04/21/13 00:00 04/27/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination			Pay Type	Pay Description	\$/Units	Miles	Rate	Totals	
Advance												
Date 04/24/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000		\$1.75	0.0000		Invoice		
Load 63591	Tractor Amt	\$0.00	0.0000		0.0000	0.0000						
										Total Adv Amt	\$101.75	
Advance												
Date 04/24/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000		Invoice		
Load 63606	Tractor Amt	\$277.48	0.0000		0.0000	0.0000						
										Total Adv Amt	\$277.98	
Advance												
Date 04/27/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000		Invoice		
Load 63606	Tractor Amt	\$95.09	0.0000		0.0000	0.0000						
										Total Adv Amt	\$95.59	
							Empty Miles	327.4			Payments to Driver	\$1,282.92
							Loaded Miles	3,445.9			Less Driver Advances	\$702.39
							Total Miles	3,773.3			Payment Due to Driver	\$580.53

D&C Trucking of Chester, LLC

05163452

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
21483TRAC	Jeffrey S. Tracy	5/3/2013	SINGLE	2	XXX-XX-4630	4/21/2013	4/27/2013
EARNINGS			BENEFITS			GROSS PAY DETAILS	
Description	Rate	Hours	Description	Amount	Year-to-date		
Gross Taxable Wages	\$1.00	928.92				GROSS Pay YTD:	\$14,814.02
Per Diem	\$354.00					NET Pay YTD:	\$13,983.81
						GROSS PAY This Check:	\$1,282.92
						NET PAY This Check:	\$904.60
**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.							
TOTAL:		928.92		\$1,282.92			

DEDUCTIONS			TAXES			Client Notes	
Description	Amount	Year-to-date	Code	Withheld	Year-to-date		
Advance	\$101.75	\$2,268.75	FICA				
Dental Pretax - Client	\$6.10	\$109.80	MEDICARE	\$12.63	\$199.66		
Health Pretax - Client	\$47.54	\$855.72	SOC. SEC.	\$54.00	\$853.71		
Supplemental Pretax	\$4.39	\$79.02	FEDERAL	\$94.14	\$1,584.58		
Supplemental Tax	\$12.27	\$220.86	STATE				
Miscellaneous		\$100.00	SC	\$45.50	\$670.16		
			LOCAL				
	\$172.05	\$3,634.15		\$206.27	\$3,308.11		

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 04/14/13 00:00 04/20/13 23:59

101.601
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000404

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	04/16/13	63408	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	04/12/13	63427	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	04/15/13	63460	GREENVILLE,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	95.2	0.34	\$32.37
706	04/15/13	63460	Myerstown,PA LANCASTER,PA	EMPTY Miles	Rate for empty miles	0.0	20.2	0.34	\$6.87
706	04/15/13	63460	LANCASTER,PA GREENVILLE,SC	LOADED Miles	Rate for loaded miles	0.0	605.4	0.34	\$205.84
706	04/15/13	63460	LANCASTER,PA Chester,SC	STOP	Stop charge	0.0	0.0	15.00	\$15.00
706	04/17/13	63493	Fountain Inn,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	76.0	0.34	\$25.84
706	04/17/13	63493	Michigan City,IN Elk Grove Village,IL	EMPTY Miles	Rate for empty miles	0.0	83.1	0.34	\$28.25
706	04/17/13	63493	Elk Grove Village,IL Fountain Inn,SC	LOADED Miles	Rate for loaded miles	0.0	764.0	0.34	\$259.76

Advance

Date 04/15/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 63382	Tractor Amt	\$194.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$194.50

Advance

Date 04/14/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 63427	Tractor Amt	\$135.80	0.0000	0.0000	0.0000			
Total Adv Amt								\$136.30

Driver Settlement Details

Driver Start Date 04/14/13 00:00 04/20/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 04/18/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 63493		Tractor Amt	\$469.90	0.0000		0.0000		0.0000	
Total Adv Amt									\$470.40
						Empty Miles	274.5	Payments to Driver	\$1,014.20
						Loaded Miles	2,664.3	Less Driver Advances	\$801.20
						Total Miles	2,938.8	Payment Due to Driver	\$213.00

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	4/26/2013	SINGLE	2	XXX-XX-4830	4/14/2013	4/20/2013
EARNINGS				BENEFITS		Gross/Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	660.20	\$660.20			GROSS Pay YTD:	\$13,885.10
Per Diem	\$354.00		\$354.00			NET Pay YTD:	\$13,079.21
						GROSS PAY This Check:	\$1,014.20
						NET PAY This Check:	\$817.31
						**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.	
TOTAL:				660.20	\$1,014.20		

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$103.70	FICA			
Health Pretax - Client	\$47.54	\$808.18	MEDICARE	\$8.73	\$187.03	
Supplemental Pretax	\$4.39	\$74.63	SOC.SEC	\$37.33	\$799.71	
Supplemental Taxat	\$12.27	\$208.59	FEDERAL	\$53.84	\$1,490.44	
Advance		\$2,167.00	STATE			
Miscellaneous		\$100.00	SC	\$20.69	\$624.66	
			LOCAL			
	\$70.30	\$3,462.10		\$126.59	\$3,101.84	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 04/07/13 00:00 04/13/13 23:59

59.3
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000407

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	04/09/13	63326	GAFCH Chester,SC GAFMI Michigan City,IN	LOADEDMILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	04/08/13	63348	Gastonia,NC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	44.1	0.34	\$14.99
706	04/08/13	63348	CHESAPEAKE,VA Tarboro,NC	EMPTYMILES	Rate for empty miles	0.0	110.4	0.34	\$37.54
706	04/08/13	63348	Tarboro,NC Gastonia,NC	LOADEDMILES	Rate for loaded miles	0.0	259.7	0.34	\$88.30
706	04/07/13	63358	Chester,SC Rock Hill,SC	EMPTYMILES	Rate for empty miles	0.0	19.6	0.34	\$6.66
706	04/07/13	63358	Rock Hill,SC Chesapeake,VA	LOADEDMILES	Rate for loaded miles	0.0	344.4	0.34	\$117.10
706	04/10/13	63382	Michigan City,IN Paw Paw,MI	EMPTYMILES	Rate for empty miles	0.0	67.2	0.34	\$22.85
706	04/10/13	63382	Elloree,SC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	113.2	0.34	\$38.49
706	04/10/13	63382	Paw Paw,MI Elloree,SC	LOADEDMILES	Rate for loaded miles	0.0	871.6	0.34	\$296.34

Advance

Date 04/10/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 63382	Tractor Amt	\$538.99	0.0000	0.0000	0.0000			

Total Adv Amt \$539.49

Empty Miles 354.5
Loaded Miles 2,223.7
Total Miles 2,578.2

Payments to Driver \$876.59
Less Driver Advances \$539.49
Payment Due to Driver \$337.10

05149707

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$8.10	\$97.60	FICA			
Health Pretax - Client	\$47.54	\$760.64	MEDICARE	\$8.45	\$178.30	
Supplemental Pretax	\$4.39	\$70.24	SOC.SEC	\$36.12	\$762.38	
Supplemental Taxat	\$12.27	\$196.32	FEDERAL	\$50.89	\$1,436.60	
Advance		\$2,167.00	STATE			
Miscellaneous		\$100.00	SC	\$25.32	\$597.97	
			LOCAL			Employee Notes
	\$70.30	\$3,391.80		\$120.78	\$2,975.25	

50.00

Driver Settlement Details

Driver Start Date 03/31/13 00:00 04/06/13 23:59

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56

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	03/29/13	63199	Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	04/04/13	63232	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	04/01/13	63241	Myerstown,PA Nesquehoning,PA	EMPTY MILES	Rate for empty miles	0.0	59.5	0.34	\$20.23
706	04/01/13	63241	Cowpens,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	61.1	0.34	\$20.77
706	04/01/13	63241	Nesquehoning,PA Cowpens,SC	LOADED MILES	Rate for loaded miles	0.0	622.0	0.34	\$211.48
706	04/05/13	63297	Michigan City,IN Francesville,IN	EMPTY MILES	Rate for empty miles	0.0	50.3	0.34	\$17.10
706	04/05/13	63297	Francesville,IN Chester,SC	LOADED MILES	Rate for loaded miles	0.0	697.7	0.34	\$237.22
706	04/03/13	NON7587	cowpens,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	61.1	0.34	\$20.77
706	04/03/13	NON7587	Chester,SC cowpens,SC	LOADED MILES	Rate for loaded miles	0.0	305.7	0.34	\$103.94
706	04/03/13	NON7599	Chester,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	60.0	0.34	\$20.40
706	04/03/13	NON7599	Chester,SC Chester,SC	LOADED MILES	Rate for loaded miles	1.0	60.0	0.34	\$20.40

Advance

Date 04/01/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 63241	Tractor Amt	\$618.44	0.0000	0.0000	0.0000			
Total Adv Amt								\$618.94

Driver Settlement Details

Driver Start Date 03/31/13 00:00 04/06/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination			Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance											
Date 04/05/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice	
Load 63297		Tractor Amt	\$342.02	0.0000		0.0000					
										Total Adv Amt	\$342.52
						Empty Miles	292.0			Payments to Driver	\$1,112.58
						Loaded Miles	2,980.3			Less Driver Advances	\$961.46
						Total Miles	3,272.3			Payment Due to Driver	\$151.12

D&C Trucking of Chester, LLC

05142757

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	4/12/2013	SINGLE	2	xxx-xx-4630	3/31/2013	4/6/2013
EARNINGS			BENEFITS			Gross (Net Details)	
Description	Rate	Hours	Description	Amount	Year-to-date		
Gross Taxable Wages	\$1.00	699.58		\$699.58		GROSS Pay YTD:	\$12,584.31
Per Diem	\$413.00			\$413.00		NET Pay YTD:	\$11,576.39
						GROSS PAY This Check:	\$1,112.58
						NET PAY This Check:	\$904.01
						**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.	
TOTAL:		699.58		\$1,112.58			

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$91.50	FICA			
Health Pretax - Client	\$47.54	\$713.10	MEDICARE	\$9.30	\$169.85	
Supplemental Pretax	\$4.39	\$65.85	SOC.SEC	\$39.78	\$726.26	
Supplemental Taxat.	\$12.27	\$184.05	FEDERAL	\$59.74	\$1,385.71	
Advance		\$2,167.00	STATE			
Miscellaneous		\$100.00	SC	\$29.45	\$572.65	Employee Notes
			LOCAL			
	\$70.30	\$3,321.50		\$138.27	\$2,854.47	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 03/24/13 00:00 03/30/13 23:59

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D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	03/27/13	63082	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	03/25/13	63100	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	03/26/13	63149	Myerstown,PA Nesquehoning,PA	EMPTY Miles	Rate for empty miles	0.0	59.5	0.34	\$20.23
706	03/26/13	63149	Cowpens,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	61.1	0.34	\$20.77
706	03/26/13	63149	Nesquehoning,PA Cowpens,SC	LOADED Miles	Rate for loaded miles	0.0	622.0	0.34	\$211.48
706	03/28/13	63173	Harrisburg,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	56.2	0.34	\$19.11
706	03/28/13	63173	Michigan City,IN Harrisburg,NC	LOADED Miles	Rate for loaded miles	0.0	750.6	0.34	\$255.20

Advance

Date 03/28/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 63082	Tractor Amt	\$376.06	0.0000	0.0000	0.0000			
Total Adv Amt								\$376.56

Advance

Date 03/25/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 63100	Tractor Amt	\$441.17	0.0000	0.0000	0.0000			
Total Adv Amt								\$541.67

Driver Settlement Details

Driver Start Date 03/24/13 00:00 03/30/13 23:59

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000413

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 03/25/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 63100		Tractor Amt	\$176.37	0.0000		0.0000		0.0000	
								Total Adv Amt	\$176.87
						Empty Miles	176.8	Payments to Driver	\$967.06
						Loaded Miles	2,667.5	Less Driver Advances	\$1,095.10
						Total Miles	2,844.3	Payment Due to Driver	(\$128.04)

05136293

TOTAL:	731.06	\$1,024.42

\$170.30	\$3,251.20	\$147.59	\$2,716.20

\$0.00

Driver Settlement Details

Driver Start Date 03/17/13 00:00 03/23/13 23:59

SCOTT
52.37

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D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	03/15/13	62981	Chester,SC Frostproof,FL	LOADEDMILES	Rate for loaded miles	0.0	569.9	0.34	\$193.77
706	03/18/13	62994	Columbia,SC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	57.0	0.34	\$19.38
706	03/18/13	62994	FROSTPROOF,FL Tampa,FL	EMPTYMILES	Rate for empty miles	0.0	75.0	0.34	\$25.50
706	03/18/13	62994	Tampa,FL Columbia,SC	LOADEDMILES	Rate for loaded miles	0.0	487.7	0.34	\$165.82
706	03/19/13	63023	Chester,SC Myerstown,PA	LOADEDMILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	03/20/13	63054	Myerstown,PA Allentown,PA	EMPTYMILES	Rate for empty miles	0.0	55.3	0.34	\$18.80
706	03/20/13	63054	Simpsonville,SC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	81.1	0.34	\$27.57
706	03/20/13	63054	Allentown,PA Simpsonville,SC	LOADEDMILES	Rate for loaded miles	0.0	652.4	0.34	\$221.82
706	03/21/13	63119	Waynesville,NC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	146.9	0.34	\$49.95
706	03/21/13	63119	Chester,SC Waynesville,NC	LOADEDMILES	Rate for loaded miles	0.0	146.9	0.34	\$49.95
706	03/21/13	63120	Weaverville,NC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	141.9	0.34	\$48.25
706	03/21/13	63120	Chester,SC Weaverville,NC	LOADEDMILES	Rate for loaded miles	0.0	141.9	0.34	\$48.25

Advance

Date 03/18/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 62981	Tractor Amt	\$207.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$207.50

Driver Settlement Details

Driver Start Date 03/17/13 00:00 03/23/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination			Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance											
Date	03/21/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice	
Load	63054	Tractor Amt	\$295.80	0.0000		0.0000					
										Total Adv Amt	\$296.30
Empty Miles						557.2	Payments to Driver			\$1,055.01	
Loaded Miles						2,545.7	Less Driver Advances			\$503.80	
Total Miles						3,102.9	Payment Due to Driver			\$551.21	

D&C Trucking of Chester, LLC

05128526

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC NO	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	3/29/2013	SINGLE	2	XXX-XX- 4630	3/17/2013	3/23/2013

EARNINGS				DEDUCTIONS			GROSS / NET DETAILS	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date		
Gross Taxable Wages	\$1.00	701.01	\$701.01					GROSS Pay YTD: \$11,153.67
Per Diem	\$354.00		\$354.00					NET Pay YTD: \$9,965.85
								GROSS PAY This Check: \$1,055.01
								NET PAY This Check: \$846.01
								**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL:			701.01	\$1,055.01				

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Dental Pretax - Client	\$6.10	\$79.30	FICA			
Health Pretax - Client	\$47.54	\$618.02	MEDICARE	\$9.32	\$150.79	
Supplemental Pretax	\$4.39	\$57.07	SSC SEC	\$39.87	\$644.76	
Supplemental Taxat	\$12.27	\$159.51	FEDERAL	\$59.96	\$1,261.51	
Advance		\$2,067.00	STATE			
Miscellaneous		\$100.00	SC	\$29.55	\$511.55	Employee Notes
			LOCAL			
		\$70.30	\$3,080.90	\$138.70	\$2,568.61	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Actual Deposit Amount

\$0.00

Total Deposits

\$0.00

Driver Start Date 03/10/13 00:00 03/16/13 23:59

Driver ID SCOTT

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000418

Driver Settlement Details

Driver Start Date 03/10/13 00:00 03/16/13 23:59

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000419

D & C Trucking of Chester, LLC

Driver ID SCOTT

Advance	Ship Date	Trailer / Equipment	Origin / Destination	Rate	Miles	Rate	Miles	Rate	Miles
Line 62978		Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000
Load 62978		Tractor Amt	\$95.81	0.0000	0.0000		0.0000		
									Invoice
									Total Adv Amt \$125.31

Empty Miles 282.2
Loaded Miles 2,996.1
Total Miles 3,278.3

Payments to Driver \$1,114.62
Less Driver Advances \$1,158.21
Payment Due to Driver (\$43.59)

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	3/22/2013	SINGLE	2	XX-XX- 4630	3/10/2013	3/16/2013
EARNINGS				BENEFITS			
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	Gross Pay Details
Gross Taxable Wages	\$1.00	819.62	\$819.62				GROSS Pay YTD: \$8,799.98
Per Diem	\$295.00		\$295.00				NET Pay YTD: \$8,107.00
Reimbursements	\$24.00		\$24.00				
							GROSS PAY This Check: \$1,138.62
							NET PAY This Check: \$769.47
							**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your YTD.
TOTAL: 819.62 \$1,138.62							

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$125.00	\$2,067.00	FICA			
Dental Pre-tax - Client	\$8.10	\$73.20	MEDICARE	\$11.04	\$117.50	
Health Pre-tax - Client	\$47.54	\$570.48	SOC.SEC	\$47.21	\$502.42	
Supplemental Pre-tax	\$4.39	\$52.68	FEDERAL	\$77.75	\$788.38	
Supplemental Taxat	\$12.27	\$147.24	STATE			
Miscellaneous		\$100.00	SC	\$37.85	\$381.77	
			LOCAL			
	\$195.30	\$3,010.60		\$173.85	\$1,790.07	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Total Deposits:

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 03/03/13 00:00 03/09/13 23:59

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000421

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	S/Units	Miles	Rate	Totals
706	03/04/13	62785	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	03/07/13	62792	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	03/05/13	62827	Michigan City,IN Chicago,IL	EMPTY Miles	Rate for empty miles	0.0	46.1	0.34	\$15.67
706	03/05/13	62827	York,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	23.0	0.34	\$7.82
706	03/05/13	62827	Chicago,IL York,SC	LOADED Miles	Rate for loaded miles	0.0	754.7	0.34	\$256.60
706	03/08/13	62868	Michigan City,IN Knox,IN	EMPTY Miles	Rate for empty miles	0.0	38.6	0.34	\$13.12
706	03/08/13	62868	Charlotte,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	50.3	0.34	\$17.10
706	03/08/13	62868	Knox,IN Charlotte,NC	LOADED Miles	Rate for loaded miles	0.0	763.6	0.34	\$259.62

Advance

Date 03/05/13	Cash Amt	\$150.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 62785	Tractor Amt	\$423.40	0.0000	0.0000	0.0000			
Total Adv Amt								\$573.90

Advance

Date 03/08/13	Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 62868	Tractor Amt	\$384.95	0.0000	0.0000	0.0000			
Total Adv Amt								\$410.45

Empty Miles 158.0
Loaded Miles 3,014.3
Total Miles 3,172.3

Payments to Driver \$1,078.57
Less Driver Advances \$984.35
Payment Due to Driver \$94.22

D&C Trucking of Chester, LLC

05114295

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	3/15/2013	SINGLE	2	XXX-XX-4630	3/3/2013	3/9/2013
EARNINGS				BENEFITS			Gross / Net Details
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Basic Pay	\$57.69		\$57.69				
Gross Taxable Wages	\$1.00	783.57	\$783.57				GROSS Pay YTD: \$7,980.36
Per Diem	\$295.00		\$295.00				NET Pay YTD: \$7,337.53
Reimbursements	\$38.00		\$38.00				
TOTAL: 783.57 \$1,174.26							GROSS PAY This Check: \$1,174.26
							NET PAY This Check: \$743.31
				**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.			

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$175.00	\$1,942.00	FICA			
Dental Pretax - Client	\$6.10	\$67.10	MEDICARE	\$11.30	\$106.48	
Health Pretax - Client	\$47.54	\$522.94	SOC.SEC	\$48.56	\$455.21	
Supplemental Pretax	\$4.39	\$48.29	FEDERAL	\$86.37	\$710.63	
Supplemental Taxat	\$12.27	\$134.97	STATE			
Miscellaneous	\$100.00		SC	\$39.36	\$343.92	
			LOCAL			
\$245.30	\$2,815.30			\$185.65	\$1,616.22	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Total Deposits

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 02/24/13 00:00 03/02/13 23:59

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000423

D & C Trucking of Chester, LLC

Driver ID SCOTT

45.44

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	02/21/13	62636	Chester,SC Arlington,TX	LOADED Miles	Rate for loaded miles	0.0	1,031.2	0.34	\$350.61
706	02/26/13	62707	STATESVILLE,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	80.5	0.34	\$27.37
706	02/26/13	62707	ARLINGTON,TX SHREVEPORT,LA	EMPTY Miles	Rate for empty miles	0.0	197.5	0.34	\$67.15
706	02/26/13	62707	SHREVEPORT,LA STATESVILLE,NC	LOADED Miles	Rate for loaded miles	0.0	882.4	0.34	\$300.02
706	02/28/13	62713	GAFCH Chester,SC GAFMI Michigan City,IN	LOADED Miles	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	03/01/13	62797	Gaffney,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	42.0	0.34	\$14.28
706	03/01/13	62797	Michigan City,IN Chicago,IL	EMPTY Miles	Rate for empty miles	0.0	47.3	0.34	\$16.08
706	03/01/13	62797	Chicago,IL Gaffney,SC	LOADED Miles	Rate for loaded miles	0.0	820.9	0.34	\$279.11

Advance

Date 02/24/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 62636	Tractor Amt	\$322.95	0.0000	0.0000	0.0000			
Total Adv Amt								\$324.70

Advance

Date 02/24/13	Cash Amt	\$150.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 62636	Tractor Amt	\$0.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$151.75

Advance

Date 02/26/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 62707	Tractor Amt	\$591.85	0.0000	0.0000	0.0000			
Total Adv Amt								\$593.60

Driver Settlement Details

Driver Start Date 02/24/13 00:00 03/02/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 02/28/13		Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000		\$1.75	0.0000
Load 62713		Tractor Amt	\$0.00	0.0000		0.0000		0.0000	Invoice
Total Adv Amt									\$101.75
		Empty Miles	367.3			Payments to Driver	\$1,308.94		
		Loaded Miles	3,482.5			Less Driver Advances	\$1,171.80		
		Total Miles	3,849.8			Payment Due to Driver	\$137.14		

0269

000424

05107133

DEDUCTIONS			TAXES			Gilled Notes
Description	Amount	Year to date	Code	Withheld	Year to date	
Advance	\$253.50	\$1,767.00	FICA			
Dental Pretax - Client	\$6.10	\$61.00	MEDICARE	\$13.00	\$95.10	
Health Pretax - Client	\$47.54	\$475.40	SOC.SEC	\$55.61	\$406.65	
Supplemental Pretax	\$4.39	\$43.90	FEDERAL	\$101.01	\$624.26	
Supplemental Taxat.	\$12.27	\$122.70	STATE			
Miscellaneous		\$100.00	SC	\$47.32	\$304.56	
			LOCAL			Employee Notes
	\$323.80	\$2,570.00		\$216.94	\$1,430.57	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transfered via ACH Direct Deposit. 0.0

\$0.00

10th Dec 2015

\$0.00

Driver Settlement Details

Driver Start Date 02/17/13 00:00 02/23/13 23:59

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D & C Trucking of Chester, LLC

Driver ID SCOTT

43.13
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Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	02/20/13	62557	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	02/18/13	62569	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	02/19/13	62610	Myerstown,PA LANCASTER,PA	EMPTY Miles	Rate for empty miles	0.0	20.2	0.34	\$6.87
706	02/19/13	62610	Spartanburg,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	52.9	0.34	\$17.99
706	02/19/13	62610	LANCASTER,PA Spartanburg,SC	LOADED Miles	Rate for loaded miles	0.0	577.9	0.34	\$196.49
706	02/21/13	62628	Myerstown,PA Topton,PA	EMPTY Miles	Rate for empty miles	0.0	44.7	0.34	\$15.20
706	02/21/13	62628	Topton,PA Orangeburg,SC	LOADED Miles	Rate for loaded miles	0.0	657.2	0.34	\$223.45
706	02/22/13	62681	Orangeburg,SC Chester,SC	LOADED Miles	Rate for loaded miles	0.0	105.7	0.34	\$35.94

Advance

Date 02/21/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 62557	Tractor Amt	\$359.32	0.0000	0.0000	0.0000			
Total Adv Amt								\$359.82

Advance

Date 02/18/13	Cash Amt	\$150.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 62569	Tractor Amt	\$138.64	0.0000	0.0000	0.0000			
Total Adv Amt								\$288.14

Driver Settlement Details

Driver Start Date 02/17/13 00:00 02/23/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 02/20/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$1.75	0.0000
Load 62610		Tractor Amt	\$239.98	0.0000		0.0000	0.0000		Invoice
Total Adv Amt									\$241.73
							Empty Miles	117.8	Payments to Driver
							Loaded Miles	2,434.6	Less Driver Advances
							Total Miles	2,552.4	Payment Due to Driver
									(\$22.85)

D&C Trucking of Chester, LLC

05100244

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	3/1/2013	SINGLE	2	XXX-XX-4630	2/17/2013	2/23/2013
EARNINGS				BENEFITS			
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	Gross/Net Details
Gross Taxable Wages	\$1.00	572.84	\$572.84				GROSS Pay YTD: \$8,184.16
Per Diem	\$295.00		\$295.00				NET Pay YTD: \$5,826.02
							GROSS PAY This Check: \$867.84
							NET PAY This Check: \$546.84
							**Gross Pay includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL:							
		572.84	\$867.84				

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$150.00	\$1,513.50	FICA			
Dental Pre-tax - Client	\$6.10	\$54.90	MEDICARE	\$7.47	\$82.10	
Health Pre-tax - Client	\$47.54	\$427.86	SOC.SEC	\$31.92	\$351.04	
Supplemental Pre-tax	\$4.39	\$39.51	FEDERAL	\$40.73	\$523.25	
Supplemental Taxat	\$12.27	\$110.43	STATE			
Miscellaneous		\$100.00	SC	\$20.58	\$257.24	
			LOCAL			
	\$220.30	\$2,246.20		\$100.70	\$1,213.63	

ACH Direct Deposit:

No funds will be transferred via ACH Direct Deposit. 0.0

Actual Deposit Amount

Total Deposits

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 02/10/13 00:00 02/16/13 23:59

410.82
VPA

0274

000429

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	02/10/13	62443	GAFCH Chester,SC GAFBEVAN Baltimore,MD	LOADED Miles	Rate for loaded miles	0.0	502.9	0.34	\$170.99
706	02/10/13	62443	GAFCH Chester,SC GAFBEVAN Baltimore,MD	STOP	Stop charge	0.0	0.0	0.00	\$20.00
706	02/14/13	62451	mebane,NC GAFBEVAN Baltimore,MD	LOADED Miles	Rate for loaded miles	0.0	340.1	0.34	\$115.63
706	02/13/13	62470	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	02/12/13	62492	Monroe,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	48.5	0.34	\$16.49
706	02/12/13	62492	Baltimore,MD Monroe,NC	LOADED Miles	Rate for loaded miles	0.0	483.3	0.34	\$164.32
706	02/14/13	62527	Myerstown,PA Lebanon,PA	EMPTY Miles	Rate for empty miles	0.0	7.0	0.34	\$2.38
706	02/14/13	62527	Lebanon,PA mebane,NC	LOADED Miles	Rate for loaded miles	0.0	444.9	0.34	\$151.27
706	02/15/13	62565	W Columbia,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	63.6	0.34	\$21.62
706	02/15/13	62565	Baltimore,MD W Columbia,SC	LOADED Miles	Rate for loaded miles	0.0	564.1	0.34	\$191.79

Advance

Date 02/12/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 62443	Tractor Amt	\$122.10	0.0000	0.0000	0.0000			
Total Adv Amt								\$223.85

Driver Start Date 02/10/13 00:00 02/16/13 23:59

Driver ID SCOTT

02/26/13

0275

000430

Driver Settlement Details

Driver Start Date 02/03/13 00:00 02/09/13 23:59

0277

000432

D & C Trucking of Chester, LLC

Driver ID SCOTT

3851

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	02/04/13	62343	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	02/06/13	62350	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	02/07/13	62355	lexington,VA Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	279.1	0.34	\$94.89
706	02/05/13	62387	Myerstown,PA Elizabethtown,PA	EMPTY Miles	Rate for empty miles	0.0	29.4	0.34	\$10.00
706	02/05/13	62387	Charlotte,NC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	02/05/13	62387	Elizabethtown,PA Charlotte,NC	LOADED Miles	Rate for loaded miles	0.0	484.5	0.34	\$164.73
706	02/07/13	62409	Myerstown,PA Hazleton,PA	EMPTY Miles	Rate for empty miles	0.0	70.6	0.34	\$24.00
706	02/07/13	62409	Hazleton,PA lexington,VA	LOADED Miles	Rate for loaded miles	0.0	320.2	0.34	\$108.87
706	02/08/13	62436	Myerstown,PA LANCASTER,PA	EMPTY Miles	Rate for empty miles	0.0	20.2	0.34	\$6.87
706	02/08/13	62436	Gaffney,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	44.7	0.34	\$15.20
706	02/08/13	62436	LANCASTER,PA Gaffney,SC	LOADED Miles	Rate for loaded miles	0.0	559.7	0.34	\$190.30

Advance

Date 02/04/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 62317	Tractor Amt	\$0.00	0.0000	0.0000	0.0000			
								Total Adv Amt
								\$101.75

Driver Settlement Details

Driver Start Date 02/03/13 00:00 02/09/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date 02/05/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 62343		Tractor Amt	\$197.06	0.0000		0.0000		0.0000	
								Total Adv Amt	\$197.56
Advance									
Date 02/07/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load 62409		Tractor Amt	\$673.63	0.0000		0.0000		0.0000	
								Total Adv Amt	\$674.13
						Empty Miles	206.6	Payments to Driver	\$1,000.94
						Loaded Miles	2,737.3	Less Driver Advances	\$973.44
						Total Miles	2,943.9	Payment Due to Driver	\$27.50

05086084

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advanco	\$101.75	\$1,160.00	FICA			
Dental Pretax - Client	\$6.10	\$42.70	MEDICARE	\$8.54	\$65.62	
Health Pretax - Client	\$47.54	\$332.78	SOC SEC	\$36.51	\$280.16	
Supplemental Pretax	\$4.39	\$30.73	FEDERAL	\$51.85	\$424.75	
Supplemental Taxat	\$12.27	\$85.89	STATE			
Miscellaneous		\$100.00	SC	\$25.76	\$208.13	Employee Notes
			LOCAL			
	\$172.05	\$1,752.10		\$122.66	\$978.56	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

Total Escalate

50 00

80.00

30.00

Driver Settlement Details

Driver Start Date 01/27/13 00:00 02/02/13 23:59

0280

000435

D & C Trucking of Chester, LLC

Driver ID SCOTT

3618

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	01/28/13	62233	GAFCH Chester,SC GAFBEVAN Baltimore,MD	LOADED MILES	Rate for loaded miles	0.0	502.9	0.34	\$170.99
706	01/30/13	62238	GAFCH Chester,SC GAFBEVAN Baltimore,MD	LOADED MILES	Rate for loaded miles	0.0	502.9	0.34	\$170.99
706	01/31/13	62240	haw river,NC GAFBEVAN Baltimore,MD	LOADED MILES	Rate for loaded miles	0.0	346.8	0.34	\$117.91
706	01/29/13	62270	MONROE,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	48.4	0.34	\$16.46
706	01/29/13	62270	Baltimore,MD BALTIMORE,MD	EMPTY MILES	Rate for empty miles	0.0	4.3	0.34	\$1.46
706	01/29/13	62270	BALTIMORE,MD MONROE,NC	LOADED MILES	Rate for loaded miles	0.0	483.1	0.34	\$164.25
706	01/31/13	62300	Baltimore,MD Havre De Grace,MD	EMPTY MILES	Rate for empty miles	0.0	32.5	0.34	\$11.05
706	01/31/13	62300	Havre De Grace,MD haw river,NC	LOADED MILES	Rate for loaded miles	0.0	380.1	0.34	\$129.23
706	02/01/13	62317	Charlotte,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	02/01/13	62317	Baltimore,MD Havre De Grace,MD	EMPTY MILES	Rate for empty miles	0.0	32.5	0.34	\$11.05
706	02/01/13	62317	Havre De Grace,MD Charlotte,NC	LOADED MILES	Rate for loaded miles	0.0	579.3	0.34	\$196.96

Advance

Date 01/29/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 62233	Tractor Amt	\$165.57	0.0000	0.0000	0.0000			
Total Adv Amt								\$166.07

Driver Start Date 01/27/13 00:00 02/02/13 23:59

Driver ID SCOTT

02/06/13

0281

000436

05078629

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$303.50	\$1,058.25	FICA			
Dental Pretax - Client	\$6.10	\$36.60	MEDICARE	\$10.30	\$56.98	
Health Pretax - Client	\$47.54	\$285.24	SOC.SEC	\$44.06	\$243.65	
Supplemental Pretax	\$4.39	\$26.34	FEDERAL	\$70.08	\$372.90	
Supplemental Taxat	\$12.27	\$73.62	STATE			
Miscellaneous		\$100.00	SC	\$34.27	\$182.37	
			LOCAL			
	\$373.80	\$1,580.05		\$158.71	\$855.90	

ACHD:KID:pa:1

No funds will be transfered via ACH Direct Deposit.	0.0

Total Cows: 12

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 01/20/13 00:00 01/26/13 23:59

0283

000438

D & C Trucking of Chester, LLC

Driver ID SCOTT

3581
JAC

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	01/21/13	62100	Chester,SC Myerstown,PA	LOADEDMILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	01/21/13	62132	ORANGEBURG,SC Bowman,SC	EMPTYMILES	Rate for empty miles	0.0	15.0	0.34	\$5.10
706	01/21/13	62132	Bowman,SC Chester,SC	LOADEDMILES	Rate for loaded miles	0.0	122.3	0.34	\$41.58
706	01/22/13	62152	Myerstown,PA Reading,PA	EMPTYMILES	Rate for empty miles	0.0	21.4	0.34	\$7.28
706	01/22/13	62152	Reading,PA Columbia,SC	LOADEDMILES	Rate for loaded miles	0.0	606.6	0.34	\$206.24
706	01/23/13	62173	columbia,SC Newberry,SC	EMPTYMILES	Rate for empty miles	0.0	46.9	0.34	\$15.95
706	01/23/13	62173	Newberry,SC ALSIP,IL	LOADEDMILES	Rate for loaded miles	0.0	774.9	0.34	\$263.47
706	01/25/13	62243	Ft Mill,SC Chester,SC	EMPTYMILES	Rate for empty miles	0.0	23.3	0.34	\$7.92
706	01/25/13	62243	ALSIP,IL Woodstock,IL	EMPTYMILES	Rate for empty miles	0.0	60.6	0.34	\$20.60
706	01/25/13	62243	Woodstock,IL Ft Mill,SC	LOADEDMILES	Rate for loaded miles	0.0	859.0	0.34	\$292.06

Advance

Date 01/21/13	Cash Amt	\$150.00	Reefer Amt	\$0.00	0.0000		\$1.75	0.0000	Invoice
Load 62117	Tractor Amt	\$0.00	0.0000		0.0000	0.0000			
Total Adv Amt									\$151.75

Advance

Date 01/22/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000	Invoice
Load 62132	Tractor Amt	\$283.47	0.0000		0.0000	0.0000			
Total Adv Amt									\$283.97

Driver Settlement Details

Driver Start Date 01/20/13 00:00 01/26/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination				Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance												
Date	01/23/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000			Invoice
Load	62152	Tractor Amt	\$588.70	0.0000		0.0000	0.0000					
											Total Adv Amt	\$589.20
Advance												
Date	01/25/13	Cash Amt	\$50.00	Reefer Amt	\$0.00	0.0000		\$1.75	0.0000			Invoice
Load	62243	Tractor Amt	\$0.00	0.0000		0.0000	0.0000					
											Total Adv Amt	\$51.75
Advance												
Date	01/25/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000			Invoice
Load	62243	Tractor Amt	\$454.97	0.0000		0.0000	0.0000					
											Total Adv Amt	\$455.47
								Empty Miles	167.2	Payments to Driver		\$1,046.15
								Loaded Miles	2,909.7	Less Driver Advances		\$1,532.14
								Total Miles	3,076.9	Payment Due to Driver		(\$485.99)

D&C Trucking of Chester, LLC

05071901

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
1483TRAC	Jeffrey S. Tracy	2/1/2013	SINGLE	2	xxx-xx-4630	1/20/2013	1/26/2013
EARNINGS				BENEFITS		GROSS/NET DEDUCTIONS	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	
Gross Taxable Wages	\$1.00	751.15	\$751.15				GROSS Pay YTD: \$3,509.41
Per Diem	\$295.00		\$295.00				NET Pay YTD: \$3,136.47
							GROSS PAY This Check: \$1,046.15
							NET PAY This Check: \$618.79
							"Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your YTD."
TOTAL:		751.15	\$1,046.15				

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$203.50	\$754.75	FICA			
Dental Pretax - Client	\$6.10	\$30.50	MEDICARE	\$10.05	\$46.68	
Health Pretax - Client	\$47.54	\$237.70	SOC.SEC	\$42.97	\$199.59	
Supplemental Pretax	\$4.39	\$21.95	FEDERAL	\$67.48	\$302.82	
Supplemental Taxat	\$12.27	\$61.35	STATE			
Miscellaneous		\$100.00	SC	\$33.06	\$148.10	
			LOCAL			
	\$273.80	\$1,206.25		\$153.56	\$697.19	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 01/13/13 00:00 01/19/13 23:59

3158
YAC

0286

000441

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	01/11/13	61969	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	01/15/13	61977	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	01/17/13	61990	Chester,SC Myerstown,PA	LOADED Miles	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	01/14/13	62021	Myerstown,PA Tipton,PA	EMPTY Miles	Rate for empty miles	0.0	44.7	0.34	\$15.20
706	01/14/13	62021	Orangeburg,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	105.7	0.34	\$35.94
706	01/14/13	62021	Tipton,PA Orangeburg,SC	LOADED Miles	Rate for loaded miles	0.0	657.2	0.34	\$223.45
706	01/16/13	62049	Myerstown,PA Reading,PA	EMPTY Miles	Rate for empty miles	0.0	21.4	0.34	\$7.28
706	01/16/13	62049	Columbia,SC Chester,SC	EMPTY Miles	Rate for empty miles	0.0	54.5	0.34	\$18.53
706	01/16/13	62049	Reading,PA Columbia,SC	LOADED Miles	Rate for loaded miles	0.0	606.6	0.34	\$206.24
706	01/18/13	62117	Myerstown,PA Tipton,PA	EMPTY Miles	Rate for empty miles	0.0	44.7	0.34	\$15.20
706	01/18/13	62117	Tipton,PA Orangeburg,SC	LOADED Miles	Rate for loaded miles	0.0	657.2	0.34	\$223.45

Advance

Date 01/19/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 61990	Tractor Amt	\$373.93	0.0000	0.0000	0.0000			
Total Adv Amt								\$374.43

Driver Settlement Details

Driver Start Date 01/13/13 00:00 01/19/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance									
Date	01/19/13	Cash Amt	\$25.00	Reefer Amt	\$0.00	0.0000		\$1.75	0.0000 Invoice
Load	61990	Tractor Amt	\$0.00	0.0000		0.0000		0.0000	
Total Adv Amt									\$26.75
Advance									
Date	01/14/13	Cash Amt	\$150.00	Reefer Amt	\$0.00	0.0000		\$0.50	0.0000 Invoice
Load	62021	Tractor Amt	\$277.58	0.0000		0.0000		0.0000	
Total Adv Amt									\$428.08
Advance									
Date	01/17/13	Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000		\$1.75	0.0000 Invoice
Load	62049	Tractor Amt	\$223.84	0.0000		0.0000		0.0000	
Total Adv Amt									\$225.59
							Empty Miles	271.0	Payments to Driver \$1,303.14
							Loaded Miles	3,561.7	Less Driver Advances \$1,054.85
							Total Miles	3,832.7	Payment Due to Driver \$248.29

~~M&E Trucking of Chester, LLC~~

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$176.75	\$551.25	FICA			
Dental Prefax - Client	\$6.10	\$24.40	MEDICARE	\$12.92	\$36.63	
Health Prefax - Client	\$47.54	\$190.16	SCC.SEC	\$55.25	\$156.62	
Supplemental Prefax	\$4.39	\$17.56	FEDERAL	\$99.56	\$235.34	
Supplemental Taxat	\$12.27	\$49.08	STATE			
Miscellaneous		\$100.00	SC	\$46.92	\$115.04	Employee Notes
			LOCAL			
	\$247.05	\$932.45		\$214.65	\$543.63	

ACH Direct Deposit

No funds will be transfered via ACH Direct Deposit.	0.0
<u>Total Deposits</u>	

Actual Deposit Amount

\$0.00

\$0.00

Driver Settlement Details

Driver Start Date 01/06/13 00:00 01/12/13 23:59

79.22
100

0289

000444

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	01/06/12	61859	Chester,SC Michigan City,IN	LOADED MILES	Rate for loaded miles	0.0	748.0	0.34	\$254.32
706	01/09/13	61894	Chester,SC Myerstown,PA	LOADED MILES	Rate for loaded miles	0.0	546.9	0.34	\$185.95
706	01/07/13	61924	Michigan City,IN Northlake,IL	EMPTY MILES	Rate for empty miles	0.0	77.6	0.34	\$26.38
706	01/07/13	61924	Charlotte,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	41.7	0.34	\$14.18
706	01/07/13	61924	Northlake,IL Charlotte,NC	LOADED MILES	Rate for loaded miles	0.0	790.3	0.34	\$268.70
706	01/10/13	61959	Myerstown,PA Delano,PA	EMPTY MILES	Rate for empty miles	0.0	61.1	0.34	\$20.77
706	01/10/13	61959	Spartanburg,SC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	53.0	0.34	\$18.02
706	01/10/13	61959	Delano,PA Spartanburg,SC	LOADED MILES	Rate for loaded miles	0.0	610.7	0.34	\$207.64

Advance

Date 01/09/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 61894	Tractor Amt	\$0.00	0.0000		0.0000	0.0000		
Total Adv Amt								\$101.75

Advance

Date 01/07/13	Cash Amt	\$100.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000	Invoice
Load 61924	Tractor Amt	\$400.39	0.0000		0.0000	0.0000		
Total Adv Amt								\$500.89

Driver Start Date 01/06/13 00:00 01/12/13 23:59

Driver ID SCOTT

01/15/13

000445

D&C Trucking of Chester, LLC

05058052

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC. NO.	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	1/18/2013	SINGLE	2	XXX-XX-4630	1/6/2013	1/12/2013
EARNINGS				BENEFITS			
Description	Rate	Hours	Amount	Description	Amount	Year-to-date	Gross / Net Details
Gross Taxable Wages	\$1.00	641.96	\$641.96				GROSS Pay YTD: \$1,809.12
Per Diem	\$354.00		\$354.00				NET Pay YTD: \$1,676.24
Reimbursements	\$173.50		\$173.50				
							GROSS PAY This Check: \$1,169.46
							NET PAY This Check: \$776.23
							**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.
TOTAL: 641.96 \$1,169.46							

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$201.75	\$374.50	FICA			Please notify People of any ADDRESS CHANGE for 2012 W-2 reporting purposes 800-948-4453
Dental Pretax - Client	\$8.10	\$18.30	MEDICARE	\$8.41	\$23.71	
Health Pretax - Client	\$47.54	\$142.62	SOC.SEC	\$36.20	\$101.37	
Supplemental Pretax	\$4.39	\$13.17	FEDERAL	\$51.10	\$135.78	
Supplemental Taxat	\$12.27	\$36.81	STATE			
Miscellaneous		\$100.00	SC	\$26.41	\$68.12	Employee Notes
			LOCAL			
	\$272.05	\$685.40		\$121.18	\$328.88	

ACH Direct Deposit

Actual Deposit Amount

No funds will be transferred via ACH Direct Deposit. 0.0

\$0.00

Total Deposits

\$0.00

Driver Settlement Details

Driver Start Date 12/30/12 00:00 01/05/13 23:59

0292

000447

D & C Trucking of Chester, LLC

Driver ID SCOTT

26.96
VAC

Tractor ID	Ship Date	Load Number	Origin / Destination	Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
706	12/31/12	61775	GAFCH Chester,SC GAFBEVAN Baltimore,MD	LOADED MILES	Rate for loaded miles	0.0	502.9	0.34	\$170.99
706	01/02/13	61830	Baltimore,MD Baltimore,MD	EMPTY MILES	Rate for empty miles	0.0	4.4	0.34	\$1.50
706	01/02/13	61830	Monroe,NC Chester,SC	EMPTY MILES	Rate for empty miles	0.0	100.8	0.34	\$34.27
706	01/02/13	61830	Baltimore,MD Monroe,NC	LOADED MILES	Rate for loaded miles	0.0	483.3	0.34	\$164.32
706	01/02/13	61830	Monroe,NC Chester,SC	STOP	Stop charge	1.0	0.0	15.00	\$15.00
706	01/02/13	61836	Chester,SC Montgomery,AL	LOADED MILES	Rate for loaded miles	0.0	417.9	0.34	\$142.09
706	01/02/13	61836	Oakboro,NC Montgomery,AL	TENSION	Tension Time	0.0	0.0	0.00	\$20.00
706	01/04/13	61896	MONTGOMERY,AL Hartford,AL	EMPTY MILES	Rate for empty miles	0.0	117.1	0.34	\$39.81
706	01/04/13	61909	HARTFORD,AL CEDAR SPRINGS,GA	EMPTY MILES	Rate for empty miles	0.0	37.6	0.34	\$12.78
706	01/04/13	61909	CEDAR SPRINGS,GA Chester,SC	LOADED MILES	Rate for loaded miles	0.0	421.0	0.34	\$143.14

Advance

Date 01/01/13	Cash Amt	\$50.00	Reefer Amt	\$0.00	0.0000	\$1.75	0.0000	Invoice
Load 61776	Tractor Amt	\$0.00	0.0000	0.0000	0.0000			
Total Adv Amt								\$51.75

Driver Settlement Details

Driver Start Date 12/30/12 00:00 01/05/13 23:59

D & C Trucking of Chester, LLC

Driver ID SCOTT

Tractor ID	Ship Date	Load Number	Origin / Destination		Pay Type	Pay Description	\$/Units	Miles	Rate	Totals
Advance										
Date 01/02/13		Cash Amt	\$0.00	Reefer Amt	\$0.00	0.0000	\$0.50	0.0000		Invoice
Load 61776		Tractor Amt	\$198.18	0.0000		0.0000				
										Total Adv Amt \$198.68
						Empty Miles	259.9			
						Loaded Miles	1,825.1			
						Total Miles	2,085.0			
										Payments to Driver \$743.90
										Less Driver Advances \$250.43
										Payment Due to Driver \$493.47

D&C Trucking of Chester, LLC

05050998

EMPLOYEE ID	EMPLOYEE NAME	DATE	FILING STATUS	EXEMPTIONS	SOCIAL SEC NO	START PERIOD	END PERIOD
01483TRAC	Jeffrey S. Tracy	1/11/2013	SINGLE	2	XXX-XX-4630	12/30/2012	1/5/2013

EARNINGS				BENEFITS			Gross / Net Details	
Description	Rate	Hours	Amount	Description	Amount	Year-to-date		
Gross Taxable Wages	\$1.00	566.90	\$566.90					
Holiday Pay	\$1.00	50.00	\$50.00					
Per Diem	\$177.00		\$177.00					
							GROSS Pay YTD:	\$1,167.16
							NET Pay YTD:	\$900.01
							GROSS PAY This Check:	\$793.90
							NET PAY This Check:	\$508.10
**Gross Pay Includes all Per Diem and Reimbursements. This amount will differ from your W2.								
TOTAL:		616.90	\$793.90					

DEDUCTIONS			TAXES			Client Notes
Description	Amount	Year-to-date	Code	Withheld	Year-to-date	
Advance	\$51.75	\$172.75	FICA			
Dental Pre-tax - Client	\$6.10	\$12.20	MEDICARE	\$8.10	\$15.24	
Health Pre-tax - Client	\$47.54	\$95.08	SSC SEC	\$34.65	\$69.17	
Miscellaneous	\$50.00	\$100.00	FEDERAL	\$47.34	\$84.68	
Supplemental Pre-tax	\$4.39	\$8.78	STATE			
Supplemental Taxat	\$12.27	\$24.54	SC	\$23.66	\$42.71	
			LOCAL			Employee Notes
		\$172.05	\$413.35			
				\$113.75	\$207.80	

ACH Direct Deposit

No funds will be transferred via ACH Direct Deposit. 0.0

Actual Deposit Amount

\$0.00
\$0.00

Liliana Bourdon

From: Tyler Bathrick
Sent: Friday, August 22, 2014 3:41 PM
To: Liliana Bourdon
Subject: FW: Jeff Tracy
Attachments: wage 13.docx

From: Tyler Bathrick
Sent: Monday, May 12, 2014 3:59 PM
To: 'Kelly Morrow'
Subject: Jeff Tracy

Kelly,

I took a look at Mr. Tracy's AWW/CR for 2013. Think your folks are off. My notes are attached. Please let me know how they calculated AWW/CR.

Liliana Bourdon

From: Tyler Bathrick
Sent: Friday, August 22, 2014 3:41 PM
To: Liliana Bourdon
Subject: FW: Jeffrey S. Tracy v. Peoplease Corporation (Claim No.: 1164385)

-----Original Message-----

From: Tyler Bathrick
Sent: Thursday, May 29, 2014 9:12 AM
To: 'Kelly Morrow'
Subject: RE: Jeffrey S. Tracy v. Peoplease Corporation (Claim No.: 1164385)

Their numbers are a lot different than what are on his pay checks. You mind forwarding what they went off of, not just the numbers. I do not think they are using gross.

-----Original Message-----

From: Kelly Morrow [<mailto:kmorrow@mgclaw.com>]
Sent: Thursday, May 29, 2014 8:32 AM
To: Tyler Bathrick
Subject: Jeffrey S. Tracy v. Peoplease Corporation (Claim No.: 1164385)

Tyler--

Attached please find the information used to calculate the aww and cr in this case on the Form 20 per your subpoena request for this information.

If you have any questions at all after reviewing please let me know.

Thanks

Kelly

<http://mml1.lettermark.net/mgclaw/card/RMKA_13.map>

[Kelly F. Morrow Attorney 803-227-2238 kmorrow@mgclaw.com]

Liliana Bourdon

From: Tyler Bathrick
Sent: Friday, August 22, 2014 3:41 PM
To: Liliana Bourdon
Subject: FW: Jeffrey S. Tracy v. Peoplease Corporation (Claim No.: 1164385)
Attachments: wages.docx

-----Original Message-----

From: Tyler Bathrick
Sent: Thursday, June 05, 2014 2:43 PM
To: 'Kelly Morrow'
Subject: RE: Jeffrey S. Tracy v. Peoplease Corporation (Claim No.: 1164385)

No subpoena needed. Will have someone scan and email to you. Was hoping you could follow up with the employer and get me what they have.

-----Original Message-----

From: Kelly Morrow [<mailto:kmorrow@mgclaw.com>]
Sent: Thursday, June 05, 2014 1:31 PM
To: Tyler Bathrick
Subject: Jeffrey S. Tracy v. Peoplease Corporation (Claim No.: 1164385)

Tyler-

I checked with the Carrier and they told me what they sent to me is what they have for the supporting information for aww/cr. I asked them to go to the ER and check there too since you said there was still a difference in what we listed and what his stubs say. Will you send me copies of his subs? That may be helpful to figure out what is going on. If you need me to send you a subpoena for that information I can, but I figured asking was just easier and less complicated Thanks Kelly

<http://mm1.lettermark.net/mgclaw/card/RMKA_13.map>
[Kelly F. Morrow Attorney 803-227-2238 kmorrow@mgclaw.com]

Liliana Bourdon

From: Tyler Bathrick
Sent: Friday, August 22, 2014 3:42 PM
To: Liliana Bourdon
Subject: FW: Jeff Tracy pay stubs
Attachments: Paystubs 2013.pdf; Paystubs 2014.pdf

From: Tyler Bathrick
Sent: Friday, July 11, 2014 10:05 AM
To: 'Kelly Morrow'
Subject: Jeff Tracy pay stubs

Sorry on the delay.

PEOPLELEASE CORPORATION

TERMS OF EMPLOYMENT

In compliance with Section 41-10-30 of the South Carolina Code of Laws, 1976, as amended, you are hereby notified of the terms of employment:

PLEASE PRINT ALL INFORMATION CLEARLY

1. Tracy, Jeffrey S 01483TRAC last 4 digits of SS# 4630
 You 2449 Trussell Road 7229SC
 You Chester, SC 29708 DOB: 1/3/1972
 Phone _____

2. CLIENT COMPANY RESPONSIBILITY (Please complete accurately):

☒ OTR Driver ☐ Local Driver ☐ Other Driver (Specify): _____
☐ Mechanic Supervisor ☐ Mechanic
☐ Warehouse Supervisor ☐ Warehouse
☐ Office / Clerical ☐ Office / Managerial
☐ Sales (Inside) ☐ Sales (Outside)
☐ None of the above - please specify your position: _____

Original Date of Hire w/Client Co.: 1-1-03 1st date worked w/PeopLease: 5-1-11

☒ Full-Time ☐ Part-Time ☐ Seasonal ☐ Other

Normal days per week: ☒ Mon. ☒ Tues. ☒ Wed. ☒ Thurs. ☒ Fri. ☒ Sat. ☒ Sun.

Normal hours of work: From _____ a.m./p.m. to _____ a.m./p.m.

Note: All driver hours are subject to Department of Transportation regulations for hours of service.

Specify Rate of Pay:

Drivers: ☒ Trip Pay
☐ Load Pay
☒ Mileage Pay
☒ Stop Pay
☒ Layover Pay
☐ Tarp Pay
☐ Other (specify): _____

Rate: \$ _____ per trip or ☐ Variable
 Rate: \$ _____ per loader ☐ Variable
 Rate: \$ 34 per mile or ☐ Variable
 Rate: \$ 15 per stop
 Rate: \$ 50.00 per layover
 Rate: \$ _____ per tarp

Others: ☐ Salary Rate: \$ _____ per _____
☐ Hourly \$ _____ ☐ Overtime \$ _____
☐ Commission \$ _____ / _____ %
 Other (specify) \$ _____

Expenses: Authorized company purchases will be reimbursed.

CLAIMANT'S
EXHIBIT

Tracy, Jeffrey

3. Place of payment is: PeopLease client company office / terminal or via Direct Deposit or US Postal Service.
Pay Period is: ☒ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly
Time of payment is: After 2:00 p.m.
Day of payment is: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☒ Fri. ☐ Sat. ☐ Sun.
4. Deductions to be made from wages, such as, but not limited to, insurance deductions, documented debts/offsets, etc. (excluding income taxes and FICA):
i) insurance and other deductions as requested by employee;
ii) advances on payroll;
iii) loans;
iv) responsible for drug screen and physical for 90 days;
v) additional charge for cash advances;
vi) payroll check stop payment charges;
vii) any other debt including but not limited to willful or negligent damage to company property;
viii) court ordered garnishments and garnishment fees; etc.
5. The first 90 days of employment are a 90-day probationary period.
6. Failure to turn in paperwork on time, failure to punch the time clock or failure to turn in hours as required, will result in a delay in payment.
7. Mistakes in pay will be corrected the following pay period.
8. Upon termination of employment, voluntary or involuntary, employee's final paycheck will be held until all company items including, but not limited to, cell phone, fuel card, logs, keys and all paperwork, have been turned in to the client company office / terminal.
9. I also acknowledge by my signature that if, for any reason, my employment with the client company of PeopLease to whom I am currently assigned terminates, that I will immediately contact the Human Resource Department of PeopLease Corporation at (800) 948-4453 to secure alternate employment. Failure to immediately notify PeopLease may result in the denial of unemployment benefits. Note: PeopLease will, in its sole discretion, and dependent upon availability, make an effort to secure alternate employment for its leased employees.
10. Additional Terms of Employment:
The following terms may be provided at the discretion of the employer in accordance with individual client company policy: Vacation Policy, Sick Leave Policy, and Paid Holidays.

THE COMPANY IS AN AT-WILL EMPLOYER. THIS MEANS THAT EITHER YOU OR THE COMPANY CAN, AT ANY TIME, FOR ANY OR NO REASON, WITH OR WITHOUT NOTICE, TERMINATE THE EMPLOYMENT RELATIONSHIP.

Any changes in these terms shall be made in writing, at least seven (7) days before they become effective.

ACKNOWLEDGMENT

I, the undersigned employee, have read, understood and agree to the Terms of Employment as outlined herein.

Jeffrey D. Tracy
Employee Signature

5-6-11
Date

[Signature]
PeopLease Client Company Representative Signature

5-6-11
Date

PeopLease Corporation
210 Wingo Way, Suite 400, Mount Pleasant, SC 29464 --- Telephone: (843) 849-1164



PREMIUM SAVINGS PLAN ELECTION AGREEMENT
[FOR COMPANY SPONSORED BENEFITS ONLY]

Plan Number: 501
Employee Name: Tracy, Jeffrey S. 01483TRAC
2449 Trussell Road 7229SC
Chester, SC 29706
Client Company Name: Phone: DOB: 1/31/1972
Plan Year: November 1 to October 31

As an eligible employee in the above plan, I acknowledge that I have received and read the Summary Plan Description, and that I understand the benefits available to me as well as the other rights and obligations which I have under the plan.



**I WISH TO HAVE MY INSURANCE DEDUCTIONS
TAKEN ON A PRE-TAX BASIS.**

OR



**I DO NOT WISH TO HAVE MY INSURANCE
DEDUCTIONS TAKEN ON A PRE-TAX BASIS.**

X Employee Signature: Jeffrey S. Tracy

X Date: 5-6-11

Please return this form to PeopLease Corporation upon completion. If we do not receive the form back with your election and signature, your deductions will automatically be taken post-tax. This election will remain in force for all subsequent years you have insurance deductions unless you notify us in writing that you wish to make a change.

158 N.C.App. 312 (N.C.App. 2003)

580 S.E.2d 430

Danny Thomas RHODES, Plaintiff,

v.

HERSEK EXPRESS, INC., Employer, Defendant.

No. COA02-816.

Court of Appeals of North Carolina

June 3, 2003

NOTE: THIS OPINION WILL NOT BE PUBLISHED IN A PRINTED VOLUME. THE DISPOSITION WILL APPEAR IN A REPORTER TABLE.

Appeal by defendant-employer from an Interlocutory Opinion and Award of the North Carolina Industrial Commission filed 12 June 1998 and an Opinion and Award of the Industrial Commission filed 28 February 2002. Heard in the Court of Appeals 15 April 2003.

Deaton and Biggers, P.L.L.C., by Brian D. Gulden, for plaintiff-appellee.

Bogle, Anthony & Leach, by Timothy T. Leach, and Aaron E. Bradshaw, for defendant-appellant.

STEELMAN, Judge.

Plaintiff was employed as a long-distance-truck driver for defendant. After loading his truck with materials at various locations, plaintiff would drive with a partner to California on trips lasting between five and seven days. Defendant paid plaintiff \$600.00 per trip to California.

On 10 July 1992, plaintiff injured his back when he adjusted the load in his truck by moving a roll of cloth. He immediately felt a burning sensation in his back. After completing his duties for that day, Rocky Hersek ("Hersek"), owner of defendant, drove plaintiff to the emergency room where plaintiff was diagnosed with a lumbar strain.

When plaintiff's back pain did not subside, he began seeing Dr. Karl Jordan ("Dr. Jordan"), a chiropractor. Dr. Jordan treated plaintiff from 13 July through 4 August 1992 with spinal manipulation and physical therapy. Plaintiff continued to have back pain, and Dr. Jordan referred him to Dr. Raymond Sweet ("Dr. Sweet"), a

neurosurgeon.

Before being evaluated by Dr. Sweet, plaintiff sought treatment from another chiropractor, Dr. Mark Cook ("Dr. Cook"). Dr. Cook treated plaintiff on a regular basis until 20 June 1994.

Plaintiff first saw Dr. Sweet on 21 October 1992, when he initially was diagnosed with a ruptured disc at L4-L5 on the left with damage to the L5 nerve root. Dr. Sweet ordered an MRI which revealed a compression fracture at L-4 of plaintiff's spine. Dr. Sweet recommended plaintiff obtain a bone scan and undergo physical therapy, which plaintiff did not seek due to his inability to pay for the treatment. Dr. Sweet again evaluated plaintiff on 13 July 1999, and found plaintiff to have reached maximum medical improvement with a fifteen percent (15%) permanent partial impairment of his back due to the compression fracture.

Defendant denied plaintiff's workers' compensation claim that he was injured by accident while working for defendant on 10 July 1992. On 31 January 1995, a hearing on the issue of the compensability of plaintiff's injury was conducted by a Special Deputy Commissioner of the North Carolina Industrial Commission ("Commission"). On 8 April 1997, the Deputy Commissioner filed an Opinion and Award finding plaintiff suffered an injury by accident arising out of and in the course of his employment and directing the parties to confer and attempt to resolve the remaining issues.

Defendant appealed the Deputy Commissioner's Opinion and Award. The Full Commission conducted a hearing on 8 October 1997, resulting in an Interlocutory Opinion and Award filed 12 June 1998 which affirmed the Deputy Commissioner's decision.

The parties failed to resolve the remaining issues, and the case came on for another hearing before a Deputy Commissioner on 25 June 1999. On 24 May 2000, the Deputy Commissioner filed an Opinion and Award concluding that (1) plaintiff's average weekly wage on 10 July 1992 was \$261.24, which yielded a compensation rate of \$174.14; (2) plaintiff sustained a compensable injury by accident as the direct result of a specific traumatic incident of the work assigned; (3) plaintiff was totally disabled due to his injury by accident from 11 July 1992 through 13 July 1999, when he reached maximum medical improvement, and he was entitled to total disability compensation during that period; (4) plaintiff was no longer disabled after 13 July 1999 but retained permanent partial disability of fifteen percent in his back, entitling him to permanent partial disability benefits; and (5) plaintiff was entitled to receive medical compensation "for as long as it is or was reasonably necessary to effect a cure, give relief, or lessen the period of his disability."

Both plaintiff and defendant appealed the Deputy Commissioner's Opinion and Award. The Full Commission affirmed the Deputy Commissioner's Opinion and Award with the exception that it concluded plaintiff had an average weekly wage of \$600.00, yielding a compensation rate of \$400.02.

I.

Defendant argues the Commission erred in finding plaintiff suffered a compensable injury by accident. In support of this argument, defendant first contends the Commission failed to consider evidence presented by defendant regarding plaintiff's credibility or to make findings of fact on this evidence.

This Court's review of the Commission's Opinion and Award is limited to whether its factual findings are supported by any competent evidence and whether its conclusions are adequately supported by its findings. *Hoyle v. Isenhour Brick & Tile Co.*, 306 N.C. 248, 293 S.E.2d 196 (1982); *Allen v. Roberts Elec. Contr's*, 143 N.C.App. 55, 546 S.E.2d 133 (2001). The Commission's findings of fact are conclusive on appeal if they are supported by any competent evidence, even if there is some evidence to sustain contrary findings. *Allen*, 143 N.C.App. at 60, 546 S.E.2d at 137. "The Commission is the sole judge of the credibility of the witnesses and the weight to be given their testimony." *Adams v. AVX Corp.*, 349 N.C. 676, 680, 509 S.E.2d 411, 413 (1998) (citation omitted), reh'g denied, 350 N.C. 108, 532 S.E.2d 522 (1999).

In this case, the Commission specifically found that "[p]laintiff's testimony is regarded as credible...." There is no evidence that the Commission ignored or disregarded evidence presented by defendant regarding plaintiff's credibility. The Commission is the sole judge of a witness's credibility and is permitted to give testimony the weight it deems appropriate. Under our limited standard of review, we conclude that the Commission's finding as to plaintiff's credibility is supported by competent evidence of record, and we are bound by this finding on appeal.

To further support its first assignment of error, defendant contends the Commission erroneously found plaintiff sustained his burden of proving injury by accident.

N.C. Gen.Stat. § 97-2(6) (2001) defines an injury to be an "accident arising out of and in the course of the employment."

[W]here injury to the back arises out of and in the course of the employment and is the direct result of a specific traumatic incident of the work assigned, "injury by accident" shall be construed to include any disabling physical injury to the back arising out of and causally related to such incident.

N.C. Gen.Stat. § 97-2(6). This Court has interpreted this statute as requiring an employee to prove his injury occurred at a cognizable time, but he is not required to demonstrate unusual circumstances accompanying the injury. *Bradley v. E.B. Sportswear, Inc.*, 77 N.C.App. 450, 335 S.E.2d 52 (1985).

The Commission made the following finding of fact:

6. On 10 July 1992 plaintiff sustained a compensable injury by accident when he adjusted the load in his trailer and in the process he picked up or pushed a roll of cloth that had fallen. Plaintiff felt an immediate pull in his back when he lifted or pushed the roll of cloth. Plaintiff has not worked for defendant or for any other employer since this incident on 10 July 1992. Defendant stipulated that plaintiff's injury by accident is compensable.

This finding is supported by plaintiff's testimony regarding the incident leading to his injury on 10 July 1992. The finding points to a specific action by plaintiff which occurred at a cognizable time and resulted in his injury, namely the adjustment of the load in his trailer while on a job for defendant. Such finding is sufficient to support the Commission's conclusion that "[o]n 10 July 1992, plaintiff sustained a compensable injury by accident as the direct result of a specific traumatic incident of the work assigned." Therefore, we find no error by the Commission on this basis.

Defendant further contends the medical evidence is insufficient to prove plaintiff's disability is the result of an accidental injury sustained by plaintiff in the course and scope of his employment with defendant. It argues that plaintiff had sustained the back injury prior to the 10 July 1992 incident.

Dr. Jordan testified that it was unlikely plaintiff's injury occurred prior to 10 July 1992 because plaintiff would not have been able to unload the truck as he had done on that date with a back injury. Dr. Cook testified that several of his diagnoses of plaintiff were related to the 10 July 1992 incident, including intervertebral disc syndrome and neuritis, and that he could distinguish between conditions related to prior injuries from those resulting from the work-related incident. Dr. Sweet testified that the pain and other problems plaintiff was having when he sought treatment were related to the 10 July 1992 incident. This testimony provides sufficient evidence to demonstrate plaintiff's injury was related to the 10 July 1992 incident occurring during the course and scope of his employment.

Based on the foregoing, we hold the Commission did not err in finding plaintiff suffered a compensable injury by accident.

II.

In its next assignment of error, defendant argues the

Commission erred in finding plaintiff was totally disabled from 10 July 1992 through 13 July 1999. It contends that the evidence of record shows that plaintiff's condition permitted him to resume gainful employment as of 31 January 1995 and, therefore, any award of temporary disability should be limited to the period between 10 July 1992 and 31 January 1995.

N.C. Gen.Stat. § 97-2(9) (2001) defines disability under the Workers' Compensation Act to be an "incapacity because of injury to earn the wages which the employee was receiving at the time of injury in the same or any other employment." "When the employee suffers the total lack of capacity to earn wages in any job, his disability is total." *Matthews v. Petroleum Tank Service, Inc.*, 108 N.C.App. 259, 264-65, 423 S.E.2d 532, 535 (1992) (citation omitted). A plaintiff's testimony regarding his inability to work and his subjective opinion of his pain is competent evidence upon which the Commission may base a finding of temporary total disability. *Id.* at 265-66, 423 S.E.2d at 536.

The Commission made the following pertinent findings of fact regarding the extent of plaintiff's disability:

10. From 16 November 1992 through 13 July 1999, plaintiff's only treatment has been with Drs. Jordan and Cook. Plaintiff testified that during this time he received treatment from Dr. Cook once or twice per month and that the treatment would alleviate his pain for short periods. Other than those brief periods following treatment, plaintiff testified that he remained unable to work in any capacity due to pain and his physical limitations caused by his injury. Plaintiff's testimony is regarded as credible by the Full Commission

11. On 13 July 1999, plaintiff was reevaluated by Dr. Sweet as ordered by [the Deputy Commissioner]. At this evaluation, Dr. Sweet found plaintiff to be at maximum medical improvement, and rated plaintiff with a 15% permanent partial impairment of his back as a result of the compression fracture he sustained on 10 July 1992. Dr. Sweet did not identify a surgical problem, and therefore surgery is not indicated. Dr. Sweet released plaintiff to return to work with the permanent restrictions of no repetitive bending, climbing, crawling, or lifting more than 15 pounds. In addition to these restrictions, plaintiff must be allowed to change positions at least every 30 minutes.

12. Plaintiff reached the end of his healing period by 13 July 1999, the date he was found by Dr. Sweet to be at maximum medical improvement. Since 13 July 1999, plaintiff has not made reasonable efforts to find suitable employment, nor has he shown that seeking employment would have been futile as a result of his permanent restrictions, his age, education, skills and other factors affecting employability. Therefore, plaintiff has not

proven that his disability continued after 13 July 1999.

The evidence of record supports these findings. Plaintiff testified that he experienced pain in his back "[m]ost of the time" and required assistance from his girlfriend in his daily activity since the July 1992 incident. He also stated both chiropractors and Dr. Sweet imposed work limitations on him. Plaintiff testified that he had not worked since his injury.

Dr. Sweet testified that plaintiff reached maximum medical improvement as of 13 July 1999 with a fifteen percent permanent partial disability of his back. Dr. Sweet further testified that, in his opinion, plaintiff's work capabilities would be permanently restricted to "light, inside office work with no ... lifting more than fifteen pounds."

Dr. Cook stated in his deposition that as of 25 February 1992, plaintiff had reached maximum medical improvement. On that date, he approved plaintiff for "light-duty employment ... [but] strenuous activity should be avoided."

Under our standard of review, the Commission's findings are conclusive when supported by any competent evidence, despite evidence to sustain findings to the contrary. Because the testimony from plaintiff and Dr. Sweet is competent to support the finding that plaintiff was temporarily totally disabled until 13 July 1999, we hold this assignment of error is without merit.

III.

In its final assignment of error, defendant argues the Commission erred in finding plaintiff's average weekly wage was \$600.00.

The Commission's findings regarding plaintiff's compensation are as follows:

3. Defendant compensated plaintiff in the amount of \$600.00 per trip to California. Plaintiff was paid by the trip and not by the week, and each trip took between five and seven days to complete.

4. Plaintiff's pay was divided in part into a per diem amount of between \$28.00 and \$32.00 per day. The per diem was an advance to cover plaintiff's expense and meals while he was on a trip, and was deducted from the \$600.00 per trip that plaintiff earned as wages. However, the per diem amount was not taxed and was not reported as wages on plaintiff's W-2 form. If plaintiff's expenses or advances exceeded the \$28.00 to \$32.00 he was allotted per day, these additional expenses would be deducted from his \$600.00 per trip wage and thus his taxable wage would decrease. Plaintiff was allowed the per diem expenses deduction from taxes even if his expenses were less than the per diem advance. Furthermore, out of the \$600.00 per trip received by plaintiff, defendant also subtracted out any fines, tickets

Rhodes
Per trip

or damages to the truck which may have been received or sustained by plaintiff.

5. Plaintiff's average weekly wage is determined by the Full Commission to be \$600.00, yielding a weekly compensation rate of \$400.02. The evidence shows that plaintiff was paid \$600.00 per trip and each trip took between five and seven days. The payroll records offered by defendant do not show any itemized per diem amounts which were allegedly deducted from his wages and paid in cash; therefore, the records are not indicative of the wages actually paid to plaintiff. The amounts deducted from plaintiff's wages for fines, tickets or damages to the

truck should not be used to demonstrate a lower average weekly wage. Accordingly, the Full Commission finds that establishing plaintiff's wages by using the base pay for each weekly trip most nearly approximates the amount which plaintiff would have earned had he not been injured.

N.C. Gen.Stat. § 97-2(5) provides that an employee's average weekly wages are determined by dividing the earnings by the number of weeks and parts of weeks worked. However, where this general method "would be unfair, either to the employer or employee, such other method of computing average weekly wages may be resorted to as will most nearly approximate the amount which the injured employee would be earning were it not for the injury." N.C. Gen.Stat. § 97-2(5).

Plaintiff testified that he understood his weekly salary was \$600.00. His co-worker testified that their base salary for the California trip was also \$600.00. Defendant's payroll supervisor testified that expenses and advances as well as the per diem normally were deducted from the \$600.00 base salary and the employee was given a check for the remainder, thus accounting for the lower amount of wages appearing on plaintiff's W-2 form.

The Commission found that calculating plaintiff's average wages using his base salary of \$600.00 per trip most nearly approximated the amount he would have earned. This finding is supported by competent evidence of record and we are bound by the Commission's determination on this matter. We hold this assignment of error has no merit.

AFFIRMED.

Judges WYNN and TYSON, concur.

Report per Rule 30(e).

Page 74

478 S.E.2d 74 (S.C.App. 1996)

324 S.C. 334

William K. STEPHEN, Employee, Appellant,

v.

AVINS CONSTRUCTION COMPANY, Employer,
and Bituminous

Insurance Company, Carrier, Respondents.

No. 2570.

Court of Appeals of South Carolina.

October 7, 1996

Heard Sept. 11, 1996.

Rehearing Denied Nov. 21, 1996.

Page 75

[324 S.C. 335] James E. Chaffin, Jr., Columbia, for
appellant.

Terri Morrill Lynch, of Sinkler & Boyd, Charleston,
for respondents.

ANDERSON, Judge:

In this Workers' Compensation case, William K. Stephen (Stephen), appeals the Circuit Court's affirmance of the Workers' Compensation Commission's order holding that average weekly wages of a subcontractor should be computed based on net, as opposed to gross, earnings. We affirm.

FACTS/PROCEDURAL BACKGROUND

On October 31, 1991, William Stephen sustained a knee injury while employed as a subcontractor by Avins Construction Company (Avins). Stephen filed a Workers' Compensation claim. The accident was admitted and Stephen received benefits as a subcontractor and statutory employee of Avins.

Avins requested permission to discontinue the payment of temporary disability compensation on the grounds that Stephen had reached maximum medical improvement. The hearing was held on May 18, 1994. Stephen testified that, at times, he employed as many as four people within his subcontracting business. Avins paid Stephen by the job and deducted the Workers' Compensation premium from Stephen's check before paying him for his labor. Stephen admitted that the

money paid to him reflected all money paid to his business, including what he had to pay other employees. The single Commissioner found that "any income paid to [Stephen] was for an entire job" and did not solely reflect his earnings. The single Commissioner further found that "[o]ut of these payments came the costs of materials, wages paid to other individuals, and other expenses related thereto." On June 30, 1994, the single Commissioner issued an order granting Avins' motion to discontinue payment of compensation and holding that Stephen's average weekly wages should be based upon his tax returns as a self-employed subcontractor, resulting in a compensation rate of \$181.39.

Stephen filed an appeal to the Full Commission, which held a hearing on December 20, 1994. In an order issued January 24, 1995, the Commission affirmed the single Commissioner's order in its entirety.

Stephen then filed an appeal to the Sumter County Court of Common Pleas. On August 14, 1995, the Circuit Court affirmed the decision of the Full Commission.

ISSUE

Did the Workers' Compensation Commission err in finding that a subcontractor's compensation rate should be determined based on his net taxable income when the subcontractor was charged Workers' Compensation premiums based on his gross earnings?

STANDARD OF REVIEW

South Carolina Code Ann. § 1-23-380(g) (Rev.1986) of the Administrative Procedures Act provides:

(g) The court shall not substitute its judgment for that of the agency as to the weight of the evidence on questions of fact. The court may affirm the decision of the agency or remand the case for further proceedings. The court may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions or decisions are:

(1) In violation of constitutional or statutory provisions;

(2) In excess of the statutory authority of the agency;

(3) Made upon unlawful procedure;

Page 76

(4) Affected by other error of law;

(5) Clearly erroneous in view of the reliable, probative and substantial evidence on the whole record;

or

(6) Arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion.

A court may reverse or modify an agency's decision "if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions or decisions are ... affected by other error of law." *Smith v. Union Bleachery/Cone Mills*, 276 S.C. 454, 456, 280 S.E.2d 52, 53 (1981) (quoting S.C.Code Ann. § 1-23-380(g)(4) (Supp.1980)). On appeal from the Workers' Compensation Commission, the court may not substitute its judgment for that of the Commission as to the weight of the evidence on questions of fact, but may reverse where the decision is affected by an error of law. *Gilliam v. Woodside Mills*, 312 S.C. 523, 435 S.E.2d 872 (Ct.App.1993), aff'd in part, remanded in part, 319 S.C. 385, 461 S.E.2d 818 (1995). See *Lyles v. Quantum Chem. Co. (Emery)*, 315 S.C. 440, 434 S.E.2d 292 (Ct.App.1993) (in reviewing decision of Workers' Compensation Commission, Court of Appeals will not set aside its findings unless they are not supported by substantial evidence or they are controlled by error of law).

In the case sub judice, it is conceded that the issue is a question of law for the Court. There is no factual dispute in this litigation.

LAW/ANALYSIS

Stephen contends the Commission should have based his average weekly wage on his gross income of approximately \$37,000 per year, resulting in a maximum compensation rate of \$364.37. Stephen testified Avins deducted Workers' Compensation premiums from his paycheck based on his gross income. He argues that, as a result, the carrier should pay compensation based on the same standard. Avins argues this issue is not preserved because the single Commissioner made no specific finding of fact that Stephen's premiums were based on his gross income. This contention by Avins is rejected. The only evidence in the record is that premiums were deducted from the gross pay for labor performed. The single Commissioner, in his findings of fact, concluded "[t]he Claimant, William Stephen, was self-employed as a subcontractor on October 31, 1991; however, Avins Construction Company deducted a percentage for workers' compensation insurance and, therefore, he was their statutory employee."

I. STATUTORY CONSTRUCTION

Pursuant to S.C.Code Ann. § 42-1-40 (Supp.1995), average weekly wage is defined as "the earnings of the injured employee in the employment in which he was working at the time of the injury during the period of fifty-two weeks immediately preceding the date of the injury...." This statute does not specify whether "wages"

refers to net or gross earnings of a business owner operating as a subcontractor.

The primary rule of statutory construction requires that legislative intent prevail if it can reasonably be discovered in language used construed in light of intended purpose. See *Whitner v. State*, Op. No. 24468 (S.C.Sup.Ct. filed July 15, 1996) (Davis Adv.Sh. No. 19 at 22); *Thomas v. State*, 319 S.C. 471, 465 S.E.2d 350 (1995); *Joint Legislative Committee v. Huff*, 320 S.C. 241, 464 S.E.2d 324 (1995); *Beattie v. Aiken County Dep't of Social Servs.*, 319 S.C. 449, 462 S.E.2d 276 (1995); *Glover by Cauthen v. Suitt Constr. Co.*, 318 S.C. 465, 458 S.E.2d 535 (1995); *Holley v. Mount Vernon Mills, Inc.*, 312 S.C. 320, 440 S.E.2d 373 (1994); *Utilities Constr. Co. v. Wilson*, 321 S.C. 244, 468 S.E.2d 1 (Ct.App.1996); *In the Interest of Doe*, 318 S.C. 527, 458 S.E.2d 556 (Ct.App.1995). All rules of statutory construction are

[324 S.C. 339] subservient to the one that legislative intent must prevail if it reasonably can be discovered in the language used. *Kiriakides v. United Artists Communications, Inc.*, 312 S.C. 271, 440 S.E.2d 364 (1994); *Dumas v. InfoSafe Corp.*, 320 S.C. 188, 463 S.E.2d 641 (Ct.App.1995).

If the language of an act gives rise to doubt or uncertainty as to legislative intent, the construing court may search for that

Page 77

intent beyond the borders of the act itself. *The Lite House, Inc. v. J.C. Roy, Co.*, 309 S.C. 50, 419 S.E.2d 817 (Ct.App.1992). Where the legislature elects not to define the term in the statute, courts will interpret the term in accord with its usual and customary meaning. *Ex Parte Adoptive Parents v. Biological Parents*, 315 S.C. 535, 446 S.E.2d 404 (1994). In construing a statute, the court looks to its language as a whole in light of its manifest purpose. *Adams v. Texfi Indus.*, 320 S.C. 213, 464 S.E.2d 109 (1995).

Words must be given their plain and ordinary meaning without resorting to subtle or forced construction to limit or expand the statute's operation. *Rowe v. Hyatt*, 321 S.C. 366, 468 S.E.2d 649 (1996); *Paschal v. State Election Comm'n*, 317 S.C. 434, 454 S.E.2d 890 (1995); *Anderson v. State Farm Mut. Auto. Ins. Co.*, 314 S.C. 140, 442 S.E.2d 179 (1994). If a statute's language is plain and unambiguous, and conveys a clear and definite meaning, there is no occasion for employing rules of statutory interpretation and the court has no right to look for or impose another meaning. *Paschal v. State Election Comm'n*, supra. The court must apply those terms according to their literal meanings. *Paschal v. State Election Comm'n*, supra; *Carolina Power & Light Co. v. City of Bennettsville*, 314 S.C. 137, 442 S.E.2d 177 (1994); *Holley v. Mount Vernon Mills, Inc.*,

312 S.C. 320, 440 S.E.2d 373 (1994). Where the terms of a relevant statute are clear, there is no room for construction. *Parsons v. Georgetown Steel*, 318 S.C. 63, 456 S.E.2d 366 (1995). The legislature's intent should be ascertained primarily from the plain language of the statute. *Whitmer v. State*, Op. No. 24468 (S.C.Supp.Ct. filed July 15, 1996) (Davis Adv.Sh. No. 19 at 22); *State v. Hendriks*, 318 S.C. 562, 459 S.E.2d 520 (Ct.App.1995).

Construction

[324 S.C. 340] of a statute by an agency charged with its administration will be accorded the most respectful consideration and will not be overruled absent compelling reasons. *Glover by Cauthen v. Sully Constr. Co.*, 318 S.C. 465, 458 S.E.2d 535 (1995); *Home Health Serv., Inc. v. South Carolina Tax Comm'n*, 312 S.C. 324, 440 S.E.2d 375 (1994); *Laurens County Sch. Dist.*, 55 and 56 v. *Cox*, 308 S.C. 171, 417 S.E.2d 560 (1992); *Jasper County Tax Assessor v. Westvaco Corp.*, 305 S.C. 346, 409 S.E.2d 333 (1991). The statute as a whole must receive practical, reasonable, and fair interpretation consonant with the purpose, design, and policy of lawmakers. *Rosenbaum v. S-M-S* 32, 311 S.C. 140, 427 S.E.2d 897 (1993). Statutory provisions should be given reasonable and practical construction consistent with the purpose and policy of the entire act. *Jackson, et al. v. Charleston County Sch. Dist.*, 316 S.C. 177, 447 S.E.2d 859 (1994); *Gilstrap, et al. v. South Carolina Budget and Control Bd.*, 310 S.C. 210, 423 S.E.2d 101 (1992). In interpreting a statute, the language of the statute must be read in a sense which harmonizes with its subject matter and accords with its general purpose. *Mult-Cinema, Ltd. v. South Carolina Tax Comm'n*, 292 S.C. 411, 357 S.E.2d 6 (1987). Any ambiguity in a statute should be resolved in favor of a just, equitable, and beneficial operation of the law. *Bennett v. Sullivan's Island Bd. of Adjustment*, 313 S.C. 455, 438 S.E.2d 273 (Ct.App.1993).

Because South Carolina adopted large portions of the North Carolina Workers' Compensation legislation, we rely on North Carolina precedent in Workers' Compensation cases. *Spoone v. Newsome Chevrolet-Buick*, 309 S.C. 432, 424 S.E.2d 489 (1992); *Nolan v. Daley*, 222 S.C. 407, 73 S.E.2d 449 (1952). Decisions of North Carolina courts interpreting that state's Workers' Compensation statute are entitled to weight when South Carolina courts interpret the South Carolina Workers' Compensation Law because the South Carolina statute was fashioned after that of North Carolina. *Adams v. Text Indus.*, 320 S.C. 213, 464 S.E.2d 109 (1995). Here, the North Carolina statute defining average weekly wages is almost identical to our statute. North Carolina Gen.Stat. § 97-2 provides " '[a]verage weekly wages' shall mean the earnings of the injured employee in the employment in which he was working at the time of the injury during the period of 52

[324 S.C. 341] weeks immediately preceding the date of

the injury ... divided by 52...." N.C.Gen.Stat. § 97-2 (Supp.1995).

Page 78

II. COMPUTATION OF EARNINGS FOR SUBCONTRACTOR

The South Carolina Supreme Court has not had occasion previously to address the issue of the determination of average weekly wage for a subcontractor as a statutory employee under S.C.Code Ann. § 42-1-40 (Supp.1995). We therefore look for guidance to other jurisdictions that have addressed the issue.

Although not on point, Wright v. Wright, 306 S.C. 331, 411 S.E.2d 829 (Ct.App.1991), held that mileage deductions taken by an employee on his federal income tax form are not includable in the employee's income for the purpose of computing Workers' Compensation benefits. In *Wright*, this Court reversed the Commission's finding that Wright's income for the purposes of determining his compensation rate included his net income and monies derived from Wright's mileage deduction on his federal income tax return.

Wright was a self-employed heating and air conditioning contractor, whose brother was one of his employees. He used his own truck primarily for business and used it to carry his tools. General Heating and Air Conditioning, Inc., contracted with Wright to install heating units in an apartment complex in Charlotte, North Carolina. General Heating paid Wright \$85 for each unit installed but did not compensate him for mileage and/or hotel expense. Initially, both Wright and his employee brother, who lived in Easley, South Carolina, stayed in a hotel two or three nights a week while working in Charlotte, but resorted to commuting from Charlotte to Easley each day in order to save money. On March 15, 1988, while driving home to Easley from Charlotte and before dropping off his brother, Wright had an accident attempting to avoid an animal.

The parties stipulated that Wright was covered under the Workers' Compensation law. The Commission found Wright's income for compensation purposes was \$14,060.00 per year. This sum included Wright's net income in 1987 of \$8,366.00

[324 S.C. 342] and \$5,694.00 derived from Wright's mileage deduction on his federal income tax return.

One of the issues involved on appeal was whether the Court erred in awarding Wright compensation for his mileage deduction on his federal income tax return. This Court found the Commissioner erred in including the mileage deduction as part of Wright's income.

According to Wright, mileage reimbursements are generally not included in wages. On his federal income

tax return, Wright deducted business expenses, including hotels, meals, tools, classes, and insurance. He also deducted mileage on the same form. The Court found that the mileage deduction was no different from the other expenses of doing business and, therefore, should not have been included as part of Wright's income for the purpose of computing Workers' Compensation benefits.

Because Wright is not directly on point, it provides this Court with little guidance when determining whether a subcontractor's compensation rate should be computed based on his net, as opposed to gross, earnings.

Adverting to other jurisdictions, our research reveals no case on all fours with the case at bar.

Examining the methodology used in determining earnings for Workers' Compensation purposes, the North Carolina Court of Appeals, in *Baldwin v. Piedmont Woodyards, Inc.*, 58 N.C.App. 602, 293 S.E.2d 814 (1982), held that expenses incurred in producing revenue should be deducted from that which the employee received from the employer. The Baldwin court further found that depreciation on business equipment, interest on business debts, and the purchase price of a saw should have been included as business expenses.

Baldwin was employed by Piedmont Woodyards when he was killed in a work-related accident. Baldwin was not paid a salary or wages, but received a certain amount for each cord of pulpwood delivered to Piedmont Woodyards. He owned a truck and other equipment which he used in his business of cutting and preparing pulpwood for sale.

The Deputy Commissioner found that the money paid in 1978 by Piedmont to Baldwin for pulpwood was the sum upon

[324 S.C. 343] which his

Page 79

average weekly wage would be calculated in determining the compensation to be paid to Baldwin's widow. The Deputy Commissioner did not deduct from the money paid to Baldwin any of his expenses in producing the pulpwood.

Striking the Deputy Commissioner's award, the Full Commission calculated Baldwin's average weekly wages by deducting from the sum he received from Piedmont certain expenses he had incurred in producing the pulpwood, including insurance and license plates for his truck, gas and oil for his truck, repairs to his equipment, and the purchase price of supplies. The Full Commission did not deduct depreciation on Baldwin's truck and loader, interest charges on business debts, or the purchase price of a saw from Baldwin's gross receipts in calculating his average weekly wages.

The issue on appeal involved the correctness of the determination of Baldwin's earnings in setting the amount of Workers' Compensation to be paid to Baldwin's widow. The court agreed "with the Full Commission that by the method it used in determining income from Piedmont, expenses incurred in producing revenue should be deducted." Baldwin, 293 S.E.2d 814, 816. However, the court further held that depreciation on business equipment, interest on business debts, and the purchase price of a saw should have been included as business expenses.

The Florida Court of Appeals addressed the issue of business expenses in *Florida Timber Prods. v. Williams*, 459 So.2d 422 (Fla. Dist. Ct. App. 1984). Williams was an independent contractor who ran a logging crew and sold timber to Florida Timber. Prior to the accident, he elected to secure Workers' Compensation coverage for himself and obtained this insurance through Florida Timber. Williams furnished all of the equipment, labor, fuel, and other costs necessary to get his timber out of the woods and to the mill. He had legal title to all of his equipment, although he still owed money on some equipment which he purchased from Florida Timber. Williams agreed to make payments of \$150 per week for the equipment he was purchasing, provided he produced enough wood and made enough money to be able to afford that amount. If for some reason Williams had a bad week, Florida Timber would deduct some lesser amount or nothing at all

[324 S.C. 344] from his check. During the thirteen weeks prior to his accident, Williams paid an average of only \$29 per week on the equipment.

In defending the claim before the Deputy Commissioner, Florida Timber urged that for purposes of calculating the average weekly wage, the reasonable value of the use of Williams' equipment should be considered a business expense and should be deducted from his gross weekly earnings. In the Deputy Commissioner's order, she ruled that only the actual proven business expenses during the thirteen week period preceding the accident should be deducted from Williams' gross income in order to arrive at the average weekly wage.

The Florida Appeals Court stated:

The lease or rental of business equipment from the employer or any other person is a business expense. The purchase of equipment on a deferred payment basis or the repayment of a loan to purchase equipment is not a business expense but a capital investment which under standard accounting procedures is depreciated over the reasonable life of the equipment. The reasonable rental value of the equipment is not a proper basis for determining the expense to be allotted to the equipment. The reasonable depreciation attributable to all equipment, both owned and being purchased by the claimant for the

13-week period prior to claimant's accident, is the proper business expense to be attributed to the equipment. In addition, other expenses for the 13-week period including labor, fuel and repair bills, insurance and other various business expenses during the 13-week period prior to the accident should be deducted from claimant's gross receipts in order to arrive at the proper average weekly wage.

Florida Timber Prods., 459 So.2d at 423.

Some jurisdictions have adopted a more liberal approach in calculating "earnings of the injured employee." In *Little Suwannee Lumber Co. v. Fitzgerald*, 172 Ga.App. 144,

Page 80

322 S.E.2d 347 (1984), the Georgia Court of Appeals held that all payments an employer makes to an employee should be counted as wages for the purpose of fixing Workers' Compensation benefits. Fitzgerald, an independent contractor who

[324 S.C. 345] sold pulpwood to Little Suwannee Lumber Company, was injured while attempting to fell a tree. Little Suwannee regularly deducted Workers' Compensation premiums from the payments it made to Fitzgerald, thus entitling him to coverage. The issue then became how to determine the amount of benefits Fitzgerald was to receive. The Georgia court rejected the employer's argument that "production costs" should have been deducted from the independent contractor's income when calculating his average weekly wage. The court further held:

The Georgia Workers' Compensation Act is a humanitarian measure meant to provide relief to the injured employee, and the Act should be liberally interpreted by the courts to carry out that purpose. *Atha v. Jackson Atlanta, Inc.*, 159 Ga.App. 433, 436, 283 S.E.2d 654 (1981). In light of that purpose and given the circumstances of the instant case, we cannot countenance an interpretation of the Act which will result in a reduction of benefits to recipients.

Appellant further contends that there is a difference between "fees" and "wages" as those terms relate to the Act; fees being the gross amounts appellant paid appellee, and wages being the net amounts appellee retained for himself after expenses. The Act does not specifically define either term, leaving us to apply ordinary meanings in everyday usage. Webster's 7th New Collegiate Dictionary defines "wages" as "a payment, usually of money for labor or services usually according to contract and on an hourly, daily or piecework basis ... especially for physical labor." "Fee" is offered as a synonym; it "applies to the price asked or paid for services of a physician, lawyer, artist or other professional." Clearly, it is not mandated by definition or otherwise that one make any deductions before

calculating the pulpwooder's wages, particularly in view of the fact that appellant deducted the workers' compensation premiums from his gross, rather than net, receipts. It appearing that appellant made an election, this court will not rescue it from its decision.

Little Suwannee, 322 S.E.2d at 348-49. We decline to follow the holding in Little Suwannee.

Difficulties are inherent in using gross pay for the purpose of determining the "earnings of the injured employee." A plethora of business expenses may be encapsulated within the

[324 S.C. 346] gross pay received. Examples of expenses not included in computing the earnings of a covered person are automobile allowances [*Bosworth v. 7-Up Distrib. Co.*, [4 Va.App. 161] 355 S.E.2d 339 (1987)]; mileage expenses [*Wright v. Wright*, 306 S.C. 331, 411 S.E.2d 829 (Ct.App.1991)]; equipment rentals [*Dickerson, Inc., et al. v. McCleary*, 498 So.2d 651, 652 (Fla.Dist.Ct.App.1986)] ("When an employee furnishes both services and equipment, and the furnishing of equipment is a specified and substantial portion of the contract, the amount legally attributable to rental of the equipment should not be included in determining the employee's average weekly wage."); [*Florida Timber Prods. v. Williams*, 459 So.2d 422 (Fla.Dist.Ct.App.1984)] (lease or rental of business equipment from employer or any other person is a business expense not included in determining average weekly wage; reasonable depreciation attributable to all equipment, both owned and being purchased by claimant for 13-week period prior to claimant's accident, is the proper business expense to be attributable to the equipment); labor, fuel, repair bills, and insurance [*Florida Timber Prods. v. Williams*, supra]; and depreciation on business equipment, interest on business debts, and the purchase price of a saw [*Baldwin v. Piedmont Woodyards, Inc.*, [58 N.C.App. 602] 293 S.E.2d 814 (1982) (expenses incurred in producing revenue should be deducted)].

On his income tax form, Stephen deducted the following business expenses: advertising (\$25), car and truck expenses (\$6492), legal and professional services (\$124), office expenses (\$50), supplies (\$520), travel (\$480), meals and entertainment (\$2000), utilities (\$260), wages (\$7500), and materials (\$5869).

Page 81

The quiddity of Stephen's contention to support a calculation based on gross pay is the deduction of Workers' Compensation premiums from his gross pay by Avins. Facially, this would seem to justify the use of gross pay rather than net pay. However, we reject this argument and hold that reimbursements received by Stephen cannot be the basis for a computation of his "earnings." The Workers' Compensation Commission was correct in calculating the "earnings" of Stephen by

using Stephen's "average weekly wages (of \$272.09), based upon his tax returns as a self-employed subcontractor, ... resulting in a compensation rate of \$181.39." Stephen's gross receipts totaled \$37,070.00. His net profits totaled \$14,150.00.

[324 S.C. 347] Stephen's net profit, \$14,150.00, divided by 52 (number of weeks in a year) totals \$272.09. Two-thirds of \$272.09 equals \$181.39.

There is substantial evidence in the record to support a finding that Stephen's average weekly wage and compensation rate should be based upon his net earnings, Stephen's gross earnings having included wages paid to other employees and various business deductions.

CONCLUSION

We hold that a subcontractor's compensation rate should be determined based on his net taxable income even though the subcontractor was charged Workers' Compensation premiums based on his gross earnings. In our view, the statutory language, "earnings of the injured employee," means the actual sum paid to the employee as his wages, not the totality of payments including reimbursements. Reimbursements do not equate with the statutory language of "earnings." Accordingly, we affirm the ruling of the Workers' Compensation Commission that Stephen's average weekly wage should be computed based on his net, as opposed to his gross, earnings.

AFFIRMED.

CURETON and HOWARD, JJ., concur.