



Gallagher Bassett Services, Inc.

March 3, 2011

Randall S. Hiller, P.A.

Greenville, SC 29602

249 02 1654

Re: Our Client: Directory Distributing Assoc.
Date of Loss: 10/20/2010
File Number: 24240-40728
Your Client: Mattie Wilson

Dear Alison H. Kelley,

Gallagher Bassett Services, Inc. is the Third Party Administrator assigned to investigate and pursue subrogation recovery for Directory Distributing Assoc.

We understand your client was involved in a motor vehicle accident on October 20, 2010 and our investigation finds Backsdale Roddy (adverse party) is at fault for the accident.

Your client has filed a Worker's Compensation claim and we are hereby advising you of our subrogation rights in this case for any Worker's Compensation monies paid out, and request that you will honor and protect our right to recover in this matter in any settlement you make against the adverse party.

I can be reached toll free at 1-800-646-6446 ext. 259. My office hours are Monday – Friday, 8am – 5pm eastern standard time.

Sincerely,

Tamika Bivens
Claims Representative

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 #: 1020999

Carrier File #:

Carrier Code #:

Employer FEIN #:

Claimant's Name: MARIE J. WILSON SSN: 249-82-1654

Address: 145-B West 24th St

City: Sville State: SC Zip: 29611

Home Phone: () - Work Phone: () -

Preparer's Name: Law Firm:

Employer's Name: Directory Distributing, Inc.

Address: 1602 Park 370 Court

City: HAZELWOOD Missouri State: Zip: 6304

Insurance Carrier: Ace American Ins Company

Preparer's Phone #: Gallagher Asset Services

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

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

Date of Injury or Illness:

☒ Injury ☐ Illness ☐ Repetitive Trauma Head Back Arm Hand legs neck

1a. The claimant sustained an injury to 2 (Part(s) of Body Injured) On 10-20-10 (Month/Day/Year) in Sville county, state of S.C.

1b. Body part(s) affected are: All

Briefly describe how the accident occurred. Man Ran Red Light. Total Loss Car.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury. yes

3. The relationship of employer and employee existed at the time of injury. yes

4. At the time of the injury the claimant was performing services arising out of and in the course of employment. yes

5. Notice of the accidental injury was given to the Employer on 10-20-10 on PHONE (Month/Day/Year) in the following manner:

Filled Paper Work out on 10-25-11, looked at Car 10-21-10 / Manager.

☐ 6. Due to injury, the claimant is in need of (check one):☐ (a) medical examination and treatment for: Chest, Back, legs Neck☒ (b) additional medical examination and treatment for: Back, Neck legs☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:

from 2 10-20-10

☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):☐ (1) General Disability:☒ Total☐ (2) Specific Disability:☐ Total☒ (3) Wage Loss☐ Partial☐ Partial☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of \$ none, and demands accounting of days worked and wages earned as provided law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:

NONE

11a. Further grounds or unusual aspects of claim:

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:

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

If yes, describe: DDD Slipped Disc.

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

14. Estimated time needed for hearing:

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

Preparer's Signature: Marie J. Wilson

Title

Email

Date: 10-25-11

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

South Carolina Workers' Compensation Commission

12-22-17

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1020999

Carrier File #: 007209000278WC01

December 15, 2017

**FORM 31 BRIEFING SCHEDULE
AND
NOTICE OF APPELLATE HEARING**

MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

MATTIE WILSON v DIRECTORY DISTRIBUTING ASSOC INC

Filing Date for Appellant's Brief: January 14, 2018

Subject: Set on Review.

Date: 02/20/18 at 01:30 PM

**Location: South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29201**

You are receiving this notice pursuant to South Carolina Regulation 67-704. This matter is to be set for Full Commission Review on the above date. Regulation 67-705(A) requires the appellant to file a brief which includes a statement of the case, questions presented, argument, and the conclusion by the date above. Pursuant to Regulation 67-205, please submit your brief electronically through the **Upload** functionality in eCase located on the Commission's website at www.wcc.sc.gov.

The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Pursuant to South Carolina Regulation 67-705, the Respondent may file a responding brief within fifteen (15) days of service of Appellant's brief. Appellant may then file a reply brief within ten (10) days of service of Respondent's responding brief. All briefs must be received by the Workers' Compensation Commission at least five (5) days before the scheduled date for review.

For questions regarding this matter, please visit eCase Status at www.wcc.sc.gov or contact the Judicial Department of the South Carolina Workers' Compensation Commission at (803) 737-5739.

The Commission requests your presence thirty minutes prior to your scheduled oral argument.

This matter is set before: Panel A

South Carolina Workers' Compensation Commission

2 of 5

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1020999
Carrier File #: 007209000278WC01
October 13, 2017

NOTICE OF APPELLATE HEARING

MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

MATTIE WILSON v DIRECTORY DISTRIBUTING ASSOC INC

Subject: Set on Review.

Date: 12/11/17 at 01:30 PM

Location: South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29201

RE Set
2-20-2018

South Carolina Regulations 67-701 through 67-711 govern appeals before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Briefs are due according to prior notice and are governed by Regulation 67-705. For questions regarding this matter, please visit eCase Status at www.wcc.sc.gov or contact the Judicial Department of the South Carolina Workers' Compensation Commission at (803) 737-5739 or appeals@wcc.sc.gov.

The Commission requests your presence thirty minutes prior to your scheduled oral argument.

This matter is set before: Panel A

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail. Unrepresented parties were served by United States Postal Service first class postage.

By: Eugenia Hollmon, SC Workers' Compensation, October 13, 2017

Party

Employee: MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

Attorney

Employer: DIRECTORY DISTRIBUTING ASSOC INC
Carrier: Ace American Insurance Company

Walter R Frye, III
wfrye@etblawfirm.com
864-236-5013

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Mattie Sarah Elizabeth Wilson
239 A Elder Street
Greenville, South Carolina

Case No.
2017-002530
29607 1-11-2017

12-22-17 WCC 7/E #: 1020999

~~Oct 7th 2017~~
12/4/2017
12-6-2017

October 5, 2017

Re: Mattie Wilson vs. Directory Distributing Assoc. Inc.; Ace
American Insurance Company; Gallagher
Bassett Services; B.D. Robby aka Robby
Jr.; Malinda Lee; State Farm Ins. Co.;
Richard Owens Claim Representative for
State Farms Ins.

Clerk
South Carolina Clerk
Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina
29202-1715

Dear Clerk:

Enclosed please find the Plaintiff Motion for Mandamus, Motion
for Injunction, Motion to Enter Documents. Please Clock, Stamp,
and file the original with this Court and please Clock, Stamp the
the copy and return it to Plaintiff address above, stamp envelope is
provided. With Certificate of Service to the Attorney of Records.

Thank You for your assistance.

S/ Mattie Wilson
Mattie Wilson, Pro-se, Plaintiff.

Enclosure:

Walker R. Frye, III
Eller Tomsen Beach
1306 S. Church Street
Greenville, South Carolina 29605

CC: File.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1020999

(#1 of 3)

Appellate Case No. 2017-002530

1-11-2017

Oct 7th 2017
12/4/2017

Mattie Wilson,

Employee,
Claimant,

vs.

Directory Distributing Assoc.
Inc.,

Employer,

Ace American Insurance Company,

Carrier,

and

Gallagher Bassett Services,

Third Party Administrator
Defendants,

Mattie Sarah Elizabeth Wilson,

Plaintiff,

vs.

B.D. Robby aka B. Douglas Robby

aka Barksdale Roddy Jr. Malin-

dea Lee, State Farm Ins. Co;

Richard Owens Claim Representa-

tive for State Farms Ins.,

Defendants.

MOTION FOR MANDAMUS/
MOTION FOR INJUNCTION/
MOTION TO ENTER DOCUMENTS

MOTION TO WAVE FEES

A. The Plaintiff first evidentiary claim relates to the Defendants exclusion of evidence regarding Plaintiff work schedule constituted a negative factor that a conflict occurred that produce an adverse effect and Defendants retaliated.

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Oct 7th/2017
12/4/2017

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WCC File # 1020999

JURISDICTION

1-11-2017

~~Oct 7-2017~~
(2 of 8) X

Case No. 2017-002530

Pursuant to Code of Laws of (1976) § 42-9-10 et al.
§ 42-9-290; § 42-9-20; 294-S.C. § 216(b); 28 USC, c. § 23(c)(3).
§ 42-13-30; 42-9-390; 42-9-350; 42-9-301; 42-9-430; 14 Amendment W.S.C.

1. The Plaintiff Motion for an "Application for Writ of Mandamus and Injunction" Defendants and their Attorney.

The Defendant prior acts and thier Attorney's motion has violated State Compensation Act. (copies) of Plaintiff documents and records are attached purporting to show fourteen (14) and more violation by the Defendant; and that the Defendants violation was wilful and knowing. Plaintiff's rights and privileges under the Workers' Compensation Act has been denied. Plaintiff Motion for a writ of mandamus to compel the Superintendent and the Defendant and his Attorney to except Plaintiff Documents and records of employments of two (2) employers. (1) Directory Distributing Assoc. Inc. and 40 hour workweek.

(a) - Plaintiff Motion for Injunctive relief against further violations and against "any action in reprisal or or retribution" against her, together with costs, Court fees, and civil penalties as provided by § 42-9-10 et al.

(b) . Plaintiff provided records of employments and records of Court Orders, and Plaintiff has suffer the denial to enter her Documents. Defendant's Attorney and the Court has denied to keep Plaintiff records. Plaintiff was making income while working at Directory Distributing Assoc Inc. a minimum of \$300 to \$400.00 per route. and the route cut-down to \$200.00 per-route Reclaim: Plaintiff work-records are missing of October, September, 2010. Plaintiff Class-action Law suit in

Texas penalized Directory Distributing Assoc. Inc. for not producing 4 of 8 employees work records of 2010. See page 773 of Document. and page #AL5 of Document. ~~Oct 7-2017~~ (3 of 6) /020999, W.C.C. F.I.E No. 1020999

2. Plaintiff asserts recover such liability to be maintained against her employer (for delivery of State of South Carolina Telephone Books) (including a public agency) in any Federal or State court of competent jurisdiction by any one or more employees for and in behalf of herself or themselves and other employees similarly situated. Plaintiff Class-action civil suit has ordered payment.

(c). The Plaintiff class action is maintained. See Plaintiff Documents at pages starts at 65 through page 155.

(b). Plaintiff class action is maintained under subdivision (b) (3), (A) the Court may excuse them, if requested; (B) the judgment, whether favorable or not, will include all members who do not request exclusion; (C) appearance of counsel. 29 U.S.C. § 216(b), (b)(1) or (b)(2), or (b)(3) 66(4) When appropriate (A) an action may be brought or maintained as a class action with respect to particular issues, or (B)... may be divided into subclasses...

Plaintiff asserts that Rule 23... a person is bound by judgment. Rule 23(c) provides for "opt out" class action. FLSA § 16(b) allows as class member only those "opt in." State Statute of Limitation is tolled see Document at page 745.

3. Plaintiff request and Motion for an evidentiary hearing to Grant her Motion for Mandamus; and Motion for Injunction Relief. See Document at page 109 number III venue in California. and (In the Matter of Wilson vs. Directory Distributing Robert E. Leblond, M.D. Testimony August 23, 2017.

4. Plaintiff Motion to Preserve the Records, under the disclosure Rules.

5. Plaintiff asserts that she has expert witnesses in the medical field as certified professional Doctors.

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th 1-11-2017 3. FILE #1020999
~~Oct 7-2017~~ 12 of 41 12/4/2017
12/6/2017

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12-6-2017
12/4/2017
Oct-7-2017
(4 of 6)

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WCC File #: 1020999
Case No. 2017-002530
1-11-2017

6. Plaintiff asserts that his professional witnesses has documented her health problems as to an car wreck that made the Defendants liable to her for workman compensation whereas the incident occurred over seven(7) years ago in 2010.

7. Plaintiff Motion to Enter Documents.

a. The Plaintiff states that the Defendants' Attorney has a specific intent to disobey and/or disregard the law. Lord Administrative Rules Article V, Rule 1 of the South Carolina Constitution mandates unified judicial system. Section 4 designate the Chief Justice of the Court; Section 20-7-1470.

b. The Plaintiff submits that the Commissioner abused his Discretion in denying the Plaintiff Motion to Enter her Documents, First Amendment U.S.C. Freedom of Information denied gave the Defendant opportunities to advance their illegal actions. Citing State vs. Williams 400 S.E.2d 130 (S.C. 1991).

8. Plaintiff has Court Orders for the Defendant to pay her worker Compensation Benefits. Citing Hairston vs. RE: Leasing, Inc. 334 S.E.2d 825 (S.C. App. 1985); Singleton vs J.P. Stevens & Co. 533 F.Supp. 887 (D.S.C. 1982), a Aff'd. 726 F.2d 1011 (4th Cir. 1984); Privett vs. S.C. St. Forestry Commission 265 S.C. 117, 217 S.E.2d 95 (1975). See Plaintiff Class-suit Exhibit # California venue.

9. Plaintiff assert that the Defendant and his Attorney has denied the rate of compensation that should be awarded in her action and Complaint. Copies of Plaintiff Average weekly wage was such that the maximum copensable rate per week was not applied.

This is supported by Plaintiff work records and substantial evidence. Plaintiff Exhibit # Defendants are penalized for not properly preserving employees work records.

10. Plaintiff asserts a disability due to an car wreck, that she worked for the Defendant, and she had a loss of earning capacity. Citing Marsh by and Through Marsh vs. Trotman

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12-6-2017 (5 of 6) Case No: 2017-002530
386 S.E.2d 447 (N.C. App. 1989) Compensatory damages award
in personal injury suit was inadequate, where it was less
than Plaintiff's stipulated medical expenses and there was
uncontradicted evidence of other injuries and their consequences...
Fairway Transp., Inc. vs Brewer 386 S.E.2d 675 (Ga.
App. 1989) notes 1, 2; Holston vs. Allied Corp. 386 S.E.2d 793
S.C. App. 1989)... Single Commissioner's findings... erred in, "66
finding there was no injury arising in and out of scope and
cause of employment"... no compensable injury even though
evidence clearly established otherwise" raised meritorious issue

11. Plaintiff Demand for Judgment in Compensatory \$200,000.00.

12. 18 U.S. Code § 1512 Tampering with a witness...
Current through Pub. L. 114-38 (see Public Laws
for the current Congress) 18 U.S. Code § 1512
(a) (1) (A) (B) (C) (2) (A) (B) (1) (ii) (iii) (C)...
alters, destroys, mutilates, or conceals a record,
document, or other object, or attempts to do so,
with the intent to impair the object's integrity or
or availability for use in an official proceeding,
or attempts to do so, or otherwise obstructs, influences,
any official proceeding or attempts to do so, shall be
fined under this title or imprisoned not more than
20 years or both...

12. Title 16 Section 16-9-10 Perjury Article 1 Section
(A) (1), (2), (B) (1), (C).

13. Plaintiff stipulates or representation to the Court
that documents contained confidential business records may
be consider evidence "that the documents are proprietary!"

1-11-2017

5. Case No. 2017-002530

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12-6-2017 (6 of 6) WCC #/E#: 1020999

14. The Plaintiff Complaint is against Defendants and their Attorney public entities, and claims of Malfeasance by Defendants.

15. Plaintiff was denied the equal protection clause of the Fourteenth Amendment U.S.C. where Defendant Attorney played unusually active interrogational role in tampering with evidence to Plaintiff work-man Compensatory claims against the Defendant, making the Court view, judicial error Citing Newberry Pub. vs. Newberry City Com'n 417 S. E.2d 870 (S.C. 1992)... Public record... Freedom of Information Act, ... Code 1976 § 30-4-40 (a,b); 5 U.S.C. § 552 (b).

16. The Plaintiff objects to the Defendants claims of the State Statute of limitation: Plaintiff Complaint was timely filed within the two(2) Year Statute of limitation, See Form 50 Plaintiff Exhibit # See Documents at page #15.

The Plaintiff Motion/and/or Demand for Judgment on the ground that the Defendant and their Attorney had engaged in outrageous conduct.

RELIEF

Compensatory Damages
Defendants)

Amounts
\$200,000.00.

Punitive Damages
Defendants)

Amounts
\$1,000,000.00.

Dated: October 5, 2017

Case No: 2017-002530
1-11-2017

S/ Mattie Sarah Elizabeth Wilson
Mattie Sarah Elizabeth Wilson
Pro-se.

NOV 02 2014

NOTICE: THE TRAFFIC STOP IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.							
Investigator or Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Agency Code
ROSS E.A. #318	CPL	206	2302-00	10-20-2010	[Signature]	Sgt	10-20952

DIRECTORY DISTRIBUTING ASSOC, INC.

12-22-10

INCIDENT INVESTIGATION REPORT

(PLEASE PRINT)

DEPART/MENT/DELIVERY NAME GREENVILLE, SC	LOCATION (CITY/STATE) LOC CODE # Greenville 349	JOB NUMBER 520
DIRECTORY DISTRIBUTING ASSOC., INC. P.O. BOX 10066 ST. LOUIS, MO 63145	INCIDENT ON PREMISES? YES ☐ NO ☒	DATE & TIME OF INCIDENT about 9:37 AM
EXACT LOCATION OF INCIDENT (STREET ADDRESS, CITY, STATE, ZIP CODE) Academy and Washington St Greenville S.C. 29601	DATE REPORTED TO COMPANY Wed 10-20-2010	
DESCRIBE IN DETAIL HOW THE INCIDENT OCCURRED (INCLUDE PART OF BODY AFFECTED) I MAZZIE WILSON HAD GREEN LIGHT TO GO - THE OTHER CAR RAN THE RED LIGHT ALL FRONT OF MY CAR W/CKED BOTH FENDERS BUMPER AND HOOD		

WORKMEN'S COMPENSATION (THIS SECTION IS FOR A WORK RELATED INJURY OR ILLNESS ON AN EMPLOYEE OR CARRIER)				
NAME OF INJURED WORKER (FIRST, MIDDLE INITIAL, LAST) MAZZIE S. WILSON		HOME ADDRESS		
TELEPHONE NUMBER 864-241-9752	COUNTY Greenville	CITY Greenville	STATE SC	ZIP CODE 29611
MALE ☐ FEMALE ☒	SINGLE ☒ MARRIED ☐	DATE OF HIRE:		
JOB TITLE		DATE OF BIRTH 8-8-55	SOCIAL SECURITY NUMBER: 249-02765	
NATURE OF INJURY OR ILLNESS NECK AND BACK STRAIN, LFT		PART OF BODY AFFECTED: Neck, Back, LFT		
DID INJURED LEAVE WORK? Yes		HAS INJURED RETURNED TO WORK? WHEN?		RATE OF PAY:
NAME AND ADDRESS OF DOCTOR AND/OR HOSPITAL (Include name of facility, name of attending doctor and phone number) St Francis Hospital #1 Greenville S.C. 29601				

****FOR WORK RELATED INJURIES YOU MUST CALL GAB AT 1-800-453-4715 AFTER COMPLETION OF THE ABOVE SECTION**

FAX TO HUMAN RESOURCES AT 314-592-8795

GENERAL LIABILITY (THIS SECTION IS FOR INJURY OR PROPERTY DAMAGE CAUSED BY OUR EMPLOYEE OR CARRIER)		
NAME OF INJURED OR OWNER OF PROPERTY	ADDRESS	TELEPHONE NUMBER
IF CAUSED BY CARRIER, LIST NAME, SOCIAL SECURITY #, ADDRESS, TELEPHONE NUMBER OF CARRIER, AND ROUTE NUMBER		
DESCRIBE IN DETAIL THE TYPE OF INJURY OR DAMAGE		

FAX TO ACCOUNTING AT 314-592-8794

AUTOMOBILE LIABILITY (THIS SECTION IS FOR AUTO DAMAGE CAUSED BY OUR EMPLOYEE OR CARRIER)	
NAME OF DRIVER AND/OR OWNER OF VEHICLE DAMAGED	ADDRESS
DESCRIBE IN DETAIL THE TYPE OF ACCIDENT AND ANY INJURY	
Where there any witnesses?	List names, addresses, and telephone numbers.

ANALYSIS
WHAT ACTS, FAILURES TO ACT AND/OR CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS ACCIDENT OR LOSS?

PREVENTION
WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE?

COMMENTS

INVESTIGATED BY DANA LADIGO	DATE 10-25-10	SIGNATURE OF MANAGER Dana Ladigo	DATE 10-25-10
---------------------------------------	-------------------------	--	-------------------------

FAX TO ACCOUNTING AT 314-592-8794 REVISED 5-2-02

CUS-Walgreens-Rite Aid-Walmart-Safeway-Kroger-TARGET
Instruct to process thru my Matrixx-Using the bank ID # 0146
Process matrix with print HT Group # 10602346

Appointment Facility: Southeastern Neurosurgical and Spine Institute (Upper)

Progress Notes: Philip J. Hod

Follow Up

Neurological:

Change in alertness NO. Change in vision NO.
 Difficulty speaking NO. Excessive daytime
 sleepiness NO. Headache NO. Seizures, unknown
 type NO. Paralysis NO.

Psychological:

Feels sad more than usual NO.

Endocrine:

Feels hot when others do not NO. Feels cold NO.

Allergic, Infectious, and Immunologic:

Food intolerance NO. Seasonal rhinitis NO.

Genitourinary:

Blood in urine NO. Urination no problems.
 Frequency of urination NO. Pain or burning with
 urination NO.

Respiratory:

Cough NO. Pain or tightness in chest NO.
 Shortness of breath or difficulty breathing NO.
 Wheezing NO.

Cardiovascular:

Chest pain YES. Irregular heartbeat or feeling of
 fast, pounding heartbeat NO. Swelling including
 ankles or legs NO.

Constitutional Symptoms:

Patient Denies change in appetite. Fever and
 chills YES. Night sweats NO. Unintentional weight
 change NO.

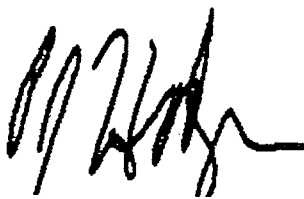
Eyes:

Loss of vision intermittent. Spots or
 specks NO.

Ears, Nose, Mouth, and Throat:

Hearing loss NO. Ringing in ears YES. Nasal
 congestion NO.

prn



Electronically signed by Philip Hodge on 10/13/2011 at 01:39 PM EDT
 Sign off status: Completed

Southeastern Neurosurgical and Spine Institute (Upper)
 111 Doctors Drive
 Greenville, SC 29605
 Tel: 864-797-7150
 Fax: 864-797-7155

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 09/26/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



GREENVILLE HEALTH SYSTEM

WILSON, MATTIE SARA

55 Y old Female, DOB: 08/08/1955
145B 4TH ST WOODSIDE, GREENVILLE, SC-29605

Home: 864-498-2488

Guarantor: WILSON, MATTIE SARAH Insurance: MEDICA
PCP: David Li, MD Referring: David Li, MD External Visit ID: 1095544

01/31/2011

Progress Notes: Philip J. Hodge

Current Medications

Flexeril 1 tab(s)
Ibuprofen 400 mg 1 tab(s) every 4 hours
Lortab 500 mg-5 mg 1 tab(s) every 4 hours
Zestoretic 25 mg-20 mg 1 tab(s) once a day
Levothyroxine 75 mcg (0.075 mg) 1 tab(s) once a day
Potassium 99 mg 2 daily
Metoprolol 100 mg 1 tab(s) once a day

Past Medical History

Measles, Mumps, Hypertension, Thyroid deficiency

Surgical History

Denies Past Surgical History

Family History

Family: heart disease, hypertension, stroke

Social History

Lives With: alone.
Occupation: Retired.
no Alcohol.
no Smoking.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

Musculoskeletal:

Muscle pain NO. Pain in back YES. Pain in
neck YES. Painful joints NO. Weakness NO.
Swelling of joints YES.

Integumentary:

Bruises easily NO. Poor wound healing NO. Skin
dryness NO. Skin lesions NO. Skin pigmentation
changes NO. Skin rash NO. Sores NO.

Neurological:

Change in alertness NO. Change in vision NO.
Difficulty speaking NO. Excessive daytime
sleepiness NO. Headache NO. Seizures, unknown
type NO. Paralysis NO.

Psychological:

Feels sad more than usual NO.

Endocrine:

Feels hot when others do not NO. Feels cold NO.

Reason for Appointment

1. Patient seen in neurosurgical consultation at the request of Dr. David Sui LI for
upper, lower, bilateral leg pain w/weakness, tingling, numbness. Patient states pain
score today is a 8-9/10.

History of Present Illness

Previous Test / Evaluations / Procedures:

MRI (magnetic resonance imaging) scans of the lumbar spine 11/3/2010 GMH
Thoracic Pain:

Location entire upper back.

Lumbar Spine/Lower Back:

Location: Lumbar region. Quality: aching, burning, shock-like, sharp, stabbing
Severity: Pain Score (scale of 1 to 10) 8-10, severe, interferes with sleep.

Timing: Patient is experiencing problem at this time since 12/7/2004. Referred or
radiating symptoms bilateral leg pain with numbness, tingling, and weakness.

Setting in which it first occurred: MVA 12/7/2004 and 10/20/2010. Aggravating
factors: moving body increases pain. Relieving factors: none.

Vital Signs

Ht 65, Wt lbs 302.2, Wt kg 137.08.

Examination

Imaging Studies:

MRI of the lumbar spine 11/3/2010 GMH - L4-5 spondylolisthesis with bilateral
foraminal stenosis and left L5-S1 disc herniation with caudal free fragment. .

General Exam:

General Appearance: Well developed, obese, well groomed.
Communication: Normal. Cardiovascular: normal S1S2, no murmurs, .
Respiratory: normal breath sounds.

Neurological:

Capacity for sustained mental activity and abstract thinking within normal
limits.. Coordination: normal. Gait: antalgic. . Immediate, recent, and remote
memory seem normal. Level of consciousness: awake and alert. Mental
Status: Orientation normal to time, place, person, and situation. Mood and
Affect: normal, and appropriate to the situation. Motor: normal strength
bilaterally, upper extremities, lower extremities. Nerve and Spinal Cord Tension-
Compression Signs: Straight leg raising is positive bilaterally. . Pathological
Reflexes: none. Reflexes: 2+ bilaterally and symmetric for, biceps (C5-C6), triceps
(C7-C8), patellar (L3-L4), achilles (S1-S2). Speech: language intact for receptive
and expressive functions.

Lumbar Spine / Lower back:

Hip / Thigh:

Allergic, Infectious, and Immunologic:

Food intolerance NO. Seasonal rhinitis NO.

Genitourinary:

Blood in urine NO. Urination no problems.
Frequency of urination NO. Pain or burning with urination NO.

Respiratory:

Cough NO. Pain or tightness in chest NO.
Shortness of breath or difficulty breathing NO.
Wheezing NO.

Cardiovascular:

Chest pain NO. Irregular heartbeat or feeling of fast, pounding heartbeat NO. Swelling including ankles or legs NO.

Constitutional Symptoms:

Patient Denies change in appetite. Fever and chills NO. Night sweats NO. Unintentional weight change NO.

Eyes:

Loss of vision NO. Spots or specks NO.

Ears, Nose, Mouth, and Throat:

Hearing loss NO. Ringing in ears YES. Nasal congestion NO.

Shoulder / Upper arm:

Shoulder: Right. Pain on ROM. .

Assessments

1. Spondylolisthesis - 756.12 (Primary)
2. Herniated disc, lumbar - 722.10
3. Back pain - 724.5
4. Leg Pain - 729.5
5. Shoulder pain - 719.41

Treatment**1. Back pain**

Mrs. Wilson has L4-5 spondylolisthesis and a L5-S1 herniated disc with L>R leg pain. She had a similar scan in 2008 with presumably similar symptoms. She has failed epidural's. I feel that her MRI findings explain her symptoms and would be amenable to surgery except that her BMI is 50. I feel that surgery in this setting is much likely to be effective and has much higher complications. I recommended pain management until she can get her weight to a more reasonable level. She has also had a recent fall and has symptoms suggestive of a rotator cuff tear and I will refer her to an orthopaedist for this.

Referral To: Medical Rehab Upstate

Reason: Pain Management for evaluation and management.

2. Others

Referral To: Hawkins Clinic of the Carolinas Steadman Orthopedic

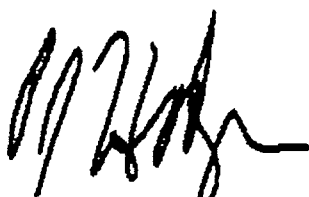
Reason: Orthopaedist - Right shoulder pain. Questionable rotator cuff tear.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Complete and current medication list reviewed and handed to the patient today.

Follow Up

prn



Electronically signed by Philip Hodge on 02/09/2011 at 02:17 PM EST

Sign off status: Completed

Southeastern Neurosurgical and Spine Institute (Upper)
111 Doctors Drive

5

Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7155

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 01/31/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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



Debbie Batson FAX 703-803-137-1281

WCC File #:

Carrier File #:

Carrier Code #:

Employer FEIN #:

Claimant's Name: MATTHE J. WILSON SSN: 249-021654

Address: 239-A ELDER ST.

City: GREENVILLE State: S.C. Zip: 29602

Home Phone: 864-562-8109 Work Phone: 864-249-9598

Preparer's Name:

Law Firm:

Employer's Name: Directory Distributing Assoc Inc

Address: 1602 Park 370 Court

City: Hazelwood, Missouri State: Missouri Zip: 65042

Insurance Carrier: Ace American Ins. Co of Gallagher

Preparer's Phone # BASSETT Services, Inc.

864-239-6709

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

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

Date of Injury or Illness:

- The claimant sustained an injury to Neck, Back, Spine, Hands, Knees (Part(s) of Body Injured) on 10/20/2010 (Month/Day/Year) in Greenville county, state of S.C. Body part(s) affected are: Neck 15% Disfigurement / Back Spine / Figure Disfigurement Thumb Left.
- Briefly describe how the accident occurred. A Man RAN RED Light Total Loss my Car.
- Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
- The relationship of employer and employee existed at the time of injury. yes
- At the time of the injury the claimant was performing services arising out of and in the course of employment. yes
- Notice of the accidental injury was given to the Employer on 10/20/2010 (Month/Day/Year) in the following manner:

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

- ☐ (a) medical examination and treatment for: Chest Back legs Neck
☒ (b) additional medical examination and treatment for: Back, Neck legs

☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
NO MORE WORK DELIVERIES

☐ 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
Neck

☐ 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: Neck 15% Disability

10a. At the time of the injury, the Claimant was paid weekly wages of \$ Route, Wages Different Amounts and demands accounting of days worked and wages earned as provided by law. Some 200.00 some 500-600 Dollars Weekly. It lasts 3 Days.

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:

11b. To the best of your knowledge, did you have any prior permanent disability? #1 D.D.D. - Degenerative Disc
TSIPPED DISC That Cannot Be Moved 50% change

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.

☒ 13b. I am requesting a hearing. A \$25 fee is required. about the #419 Form Filed

Estimated time needed for hearing:

☐ 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 address _____ on the _____ day of _____ 20____, 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

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

form 32-C
Lisa Offaxton 1-800-646-6446
Recodins Says No. Not Available from my area



Gallagher Bassett Services, Inc.

March 3, 2011

Randall S. Hiller, P.A.

Greenville, SC 29602

249 02 1654

Re: Our Client: Directory Distributing Assoc.
Date of Loss: 10/20/2010
File Number: 24240-40728
Your Client: Mattie Wilson

Dear Alison H. Kelley,

Gallagher Bassett Services, Inc. is the Third Party Administrator assigned to investigate and pursue subrogation recovery for Directory Distributing Assoc.

We understand your client was involved in a motor vehicle accident on October 20, 2010 and our investigation finds Backsdale Roddy (adverse party) is at fault for the accident.

Your client has filed a Worker's Compensation claim and we are hereby advising you of our subrogation rights in this case for any Worker's Compensation monies paid out, and request that you will honor and protect our right to recover in this matter in any settlement you make against the adverse party.

I can be reached toll free at 1-800-646-6446 ext. 259. My office hours are Monday – Friday, 8am – 5pm eastern standard time.

Sincerely,

Tamika Bivens
Claims Representative

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



WCC File #: 1020999
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: MARIE S. WILSON SSN: 249-72-1654
Address: 145-B West 4th St
City: Pi. ville State: SC Zip: 29611
Home Phone: () - Work Phone: () -
Preparer's Name: Law Firm:

Employer's Name: Director's Distributing, Inc.
Address: 1602 Park 370 Court
City: HAZELWOOD MISSOURI State: Zip: 63042
Insurance Carrier: Ace American Ins Company
Preparer's Phone #: Gallagher Cassett Services

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

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

Date of Injury or Illness: _____

- ☒ Injury ☐ Illness ☐ Repetitive Trauma Head Back Arm Hand legs neck
- 1a. The claimant sustained an injury to 2 (Part(s) of Body Injured) on 10-20-10 (Month/Day/Year) in Pi. ville county, state of S.C.
- 1b. Body part(s) affected are: All
Briefly describe how the accident occurred. Man Ran Red Light. Total Loss Car.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury. yes
3. The relationship of employer and employee existed at the time of injury. yes
4. At the time of the injury the claimant was performing services arising out of and in the course of employment. yes
5. Notice of the accidental injury was given to the Employer on 10-20-10 (Month/Day/Year) in the following manner: Called Paper Work out on 10-25-11, Broken at Car 10-21-10 / Manager
- ☐ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: Chest, Back, legs neck
☒ (b) additional medical examination and treatment for: Back, Neck legs
- ☐ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: from 2 10-20-10
- ☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☒ Total ☐ (2) Specific Disability: ☐ Total
☒ (3) Wage Loss ☐ Partial ☐ Partial
- ☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: _____
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$ none, 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
- 11a. Further grounds or unusual aspects of claim: _____
- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: _____
- 11c. To the best of your knowledge, did you have any prior permanent disability? yes
If yes, describe: DIDD SLIPED Disc.
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.
- ☐ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: _____

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

Mattie S. Wilson Title _____ Email _____ Date 10-25-11
Preparer's Signature

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.



#1
7/10

PRE-HEARING BRIEF
WCC File No: 1020999

Claimant's Name: Mattie Wilson Employer's Name: Directory Distributing Assoc. Inc.
Address: 239-A Elder Street Address: 730 South Pleasantburg Drive
City: Greenville State: SC Zip: 29607 City: Greenville State: SC Zip: 29607
Home Phone: 864-567-8109 Work Phone: 864-419-9598 Carrier: Ace American Insurance Company, c/o Gallagher Bassett Services
Preparer's Name: Walter R. Frye, III Preparer's Phone #: (864) 236-5013

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$105.71 2. AWW \$158.55 Date of Injury: 10/20/2010
3. Type of injury and body part(s): Back--Denied
4. Facts in controversy: Statute of Limitations has run.
5. Legal issues involved: See No. 4; Laches.
6. Unusual aspects: See No. 4.
7. Witnesses (designate if expert): Claimant and any and all listed by the Claimant.
8. Exhibits: Copy of the Commission's file.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Please see APA submissions.
10. Name, address, and specialty, if any, of the treating physician: N/A.
11. Impairment rating(s); body part(s); physician and date of opinion: N/A.
12. I am amending my Form 50/51 in the following N/A. 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 Mattie Wilson, Pro Se Claimant address 239-A Elder Street, Greenville, SC 29607 on the 10th day of January 2017,

by ☒ **first class postage** ☒ **certified mail** ☐ **personal service.**

Signature: [Signature]

Email: wfrye@etblawfirm.com

Date of hearing: January 20, 2017

Time needed for hearing: 30 minutes

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.

#2 3/10

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov



WCC File #: 1020999
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Mattie Wilson SSN: 249-02-1654 Employer's Name: Directory Distributing Assoc. Inc.
Address: 239-A. Elder Street Address: _____
City: Greenville State: SC Zip: 29607 City: _____ State: _____ Zip: _____
Home Phone: 864-567-8109 Work Phone: 864-419-9598 Insurance Carrier: Gallagher Bassett Services
Date of Injury: 10/20/2010
Preparer's Name: Walter R. Frye, III Law Firm: Eller Tonnson Bach, LLC Preparer's Phone #: (864) 236-5013

Date of Injury or Illness: 10/20/2010 Estimated time for hearing: _____
Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Statute of Limitations has run.
 2. 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 No. 1
 3. It is ☐ Admitted ☒ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
See No. 1
 4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See No. 1
 5. It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are:
See No. 1
 6. 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 No. 1
 7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of : For any alleged period.
 8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See No. 1
 9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
 10. It is contended that an average weekly wage of \$ F20 applies, according to attached Form 20 as provided by law.
 11. Further contentions, grounds of defense, or unusual aspects are:
See Addendum
- ☐ 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 [Signature] Attorney for Defendants wrfrye@etblawfirm.com Email 11/14/16 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 at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. 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.

#3. 4/10

WCC File No.

1020999

DATE 11-14-16

ADDENDUM

11. Defendants respectfully reserve the right to amend this Form 51 and claim any and all affirmative and specific defenses should facts be discovered during investigation which allow the defense is to be asserted in good faith, (see Reg. 67-603), including but not limited to section 42 - 9-60, fraud in the application of employment, fraud in the inducement to sign Form 15, fraud in the initiation of the claim for benefits, pre-existing disability to alleged injury members, election of remedies, intervening trauma; no compensable injury by accident under section 42 - 1- 160; degree of disability, if any, attributable to this injury needs to be determined; statute of limitations; notice; defendants reserve the right to amend this answer and plead additional defenses.

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail. Unrepresented parties were served by United States Postal Service first class postage.

By: Eugenia Hollmon, SC Workers' Compensation, December 15, 2017

Party

Employee: MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

Attorney

Employer: DIRECTORY DISTRIBUTING ASSOC INC
Carrier: Ace American Insurance Company

Walter R Frye, III
wfrye@etblawfirm.com
864-236-5013

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South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1020999

Carrier File #:

December 7, 2016

NOTICE OF HEARING

MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

MATTIE WILSON v. DIRECTORY DISTRIBUTING ASSOC, et al

Subject: To determine issues as set forth on Forms 50 and 51.

Date: January 20, 2017 at 10:30 AM

Location: County Square, 301 University Ridge, Conference Room E, East Wing
Greenville, SC 29601

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Susan S. Barden
803-737-5660, aeast@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Anita East, SC Workers' Compensation, December 7, 2016

PartyAttorney

Employee: MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

Employer: DIRECTORY DISTRIBUTING ASSOC INC
Carrier: Ace American Insurance Company

Walter R Frye, III
wfrye@etblawfirm.com
864-236-5013

Employer: DIRECTORY DISTRIBUTING
2670 BRECKENRIDGE BLVD
DULUTH, GA 30096

Employer: DIRECTORY DISTRIBUTING ASSOC
1602 PARK 370 COURT
HAZELWOOD, MO 63042

South Carolina Workers' Compensation Commission

12-22-17

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1020999
Carrier File #: 007209000278WC01
March 20, 2017

NOTICE OF HEARING
CORRECTED

MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

MATTIE WILSON v. DIRECTORY DISTRIBUTING ASSOC INC

Subject: To determine issues as set forth on Forms 50 and 51.
Date: May 9, 2017 at 12:30 PM
Location: County Square, 301 University Ridge, Conference Room E, East Wing
Greenville, SC 29601

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner T. Scott Beck
803-737-5698, sdebruhl@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Shawn M DeBruhl, SC Workers' Compensation, March 20, 2017

Party

Employee: MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

Employer: DIRECTORY DISTRIBUTING ASSOC INC
Carrier: Ace American Insurance Company

Employer: DIRECTORY DISTRIBUTING ASSOC INC
Carrier: Ace American Insurance Company

Attorney

Walter R Frye, III
wfrye@etblawfirm.com
864-236-5013

David M. Padgett
dpadgett@hplplaw.com
864-335-8828

Job / Withdraw
then
a letter
withdraw hearing
Request
postpone

12-22-17

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1020999
Carrier File #: 007209000278WC01
October 11, 2017

NOTICE OF APPELLATE HEARING

~~POSTPONEMENT~~

MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

MATTIE WILSON v DIRECTORY DISTRIBUTING ASSOC INC

Subject: Set on Review.
Date: 10/16/17 at 01:30 PM
Location: South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29201

South Carolina Regulations 67-701 through 67-711 govern appeals before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Briefs are due according to prior notice and are governed by Regulation 67-705. For questions regarding this matter, please visit eCase Status at www.wcc.sc.gov or contact the Judicial Department of the South Carolina Workers' Compensation Commission at (803) 737-5739 or appeals@wcc.sc.gov.

The Commission requests your presence thirty minutes prior to your scheduled oral argument.

This matter is set before: Panel A

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail. Unrepresented parties were served by United States Postal Service first class postage.

By: Eugenia Hollmon, SC Workers' Compensation, October 11, 2017

Party

Employee: MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

Employer: DIRECTORY DISTRIBUTING ASSOC INC
Carrier: Ace American Insurance Company

Attorney

Walter R Frye, III
wfrye@etblawfirm.com
864-236-5013

12-22-17

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

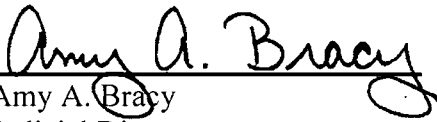


WCC File #: 1020999

Date of Injury: 10/20/2010

MATTIE WILSON v. DIRECTORY DISTRIBUTING ASSOC INC
WCC File No. 1020999

The Commission is hereby providing you a copy of the Motion filed by the unrepresented claimant pursuant to R.67-211.


Amy A. Bracy
Judicial Director

Date: October 27, 2017

CERTIFICATE OF SERVICE

I hereby certify on October 27, 2017, I served this document on the parties listed below by electronic mail or depositing a copy hereof, postage prepaid, in the United States mail and addressed as follows:

MATTIE WILSON
239 A Elder St.
Greenville, SC 29607

DIRECTORY DISTRIBUTING ASSOC INC
1324 Clarkson Clayton CTR 348
BALLWIN, MO 63011

Walter R Frye, III
Eller Tonnsen Bach
1306 S Church Street
Greenville, SC 29605

By: Valerie D. Deller, Judicial Department

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8 of 41
21-42

12/4/2017

7 of 21

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



APPEAL
PLEASE
Decision

WCC File #: 1020999
Carrier File #: 22947-07370
Carrier Code #: 07320
Employer FEIN #: 43-1292935

Claimant's Name: MARTIE S.E. Wilson SSN: 249-02-1654
Address: 239-A Elder St
City: GREENVILLE State: S.C. Zip: 29607
Home Phone: (864) 567-8109 Work Phone: _____
Preparer's Name: _____ Law Firm: _____

Employer's Name: Directory Distributing Assoc
Address: 1602 Inc. Park 370 Court
City: HAZELWOOD MISSOURI State: _____ Zip: 63042
Insurance Carrier: ACE American Insurance Co. c/o Gallagher
Insurance Carrier: 239-6710 Bassett Service
Preparer's Phone #: _____ INC.

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 10-20-2010 10-20-2010/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).

Did MARTIE S.E. Wilson Submitted Any Documents? Exhibits/Enclosed
AA, A1, B, (Exhibits) C1, C2

Were Exhibit A#2 Submitted? (Enclosed)
C

WERE Statute of Limitation Submitted? C 1, 2, 3 A#3
In Timely Manner (yes) (Exhibits) A#2, C#2 (Enclosed)

WERE WE Employees Exhibits C#2, C#3, C#4) Denied
(Exhibit) A1# A and B, A and B, A+B, A and B, A+B, A+B,
A+B, Exhibit C See Attachments:

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

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

E mailed on 7/21/2017
7/21/2017
12/4/2017

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.

Preparer's Signature: Martie Wilson Title: _____ Email: _____ Date: _____

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

RE FAXED 12/6/2017 - 12-7-2017 - 12-8-2017

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.

WCC Form # 30
Revised 7/13
Received W.C. Letter on the
7-11-2017 14 days after the 7
Called to Receive form
30 and 32., Called on 7/11/2017

RECEIVED ON 12/4/2017
7/21/2017
REQUEST FOR COMMISSION REVIEW
Co (It was not Regina who promised to
them 12/18/2017 14 days later

62

9 of 41

6 of 6

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



12/4/2017
Appeal
Decision

WCC File #: 1020 999
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: MATTIE S. E. WILSON SSN: 249-021654 Employer's Name: F Sale BLESSED BEADS part time
Address: 239-A EIDER ST Address: Same / Directory Distributing As.
City: GREENVILLE State: S.C. Zip: 29607 City: Same State: SC Zip: 29607 oc.
Home Phone: 864-567-8109 Work Phone: Same Carrier: Acc American Ins. Co. / Gallagher Bassett
Preparer's Name: MATTIE S. E. Wilson Preparer's Phone #: 864-567-8109 Third party Admi..
Services

Please provide all of the information requested. Incomplete forms will delay the review process.

REQUEST TO WAIVE APPEAL FILING FEE

1. Are you presently employed? ☒ Yes ☐ No Self Employed / Beads Sales only

a. If yes, state the name and address of your employer and wages below.

SELF EMPLOYED PART TIME AND Social Security \$13,860.00 /
Sales - \$1834.00 Beads total \$5,000.00 Lottery total \$9,450.00

b. If no, where did you last work, when did you stop working, and what were your wages? Sales AND lottery money
Winning of Xtra money -> is not, are not Constant, Grace

c. Is your spouse employed? ☐ Yes ☒ No Spouse If yes, where?

What are your spouse's wages? 2016 \$ 28,310.00

d. What is the total income of all working members of your household?

2017 Social Security \$1159 monthly / \$113.00 as of 7-3-2017 Total 1959.00
BLESSED BEADS \$800.00

2. How many people are dependent on you for their support (include children and relatives)? 1 Self

How much do you spend weekly for their support? \$ _____

3. List any money you have received in the past year other than that listed above and state from what source that money came (gift, inheritance, insurance, other).

4. Do you have a checking or savings account? ☒ Yes ☐ No Savings \$9.43

If yes, what is the balance in each account?

Checking: \$ 10.00

Savings: \$ 425.00

Savings: \$ 10.00

5. Do you rent or own your home? ☒ Rent ☐ Own

Rent or mortgage payment: \$ 425.00

6. Do you own a car? ☒ Yes ☐ No Still paying for it.

Payments: \$ 202.00 A month

7. List the names of your creditors and amount of debt.

one Main \$2848.20 / First cash / Valacity / Tires / Best loans / Stone / Pain Managc men
Car \$3900.00 / Car Ins \$252.00 a month / Vinto Advance \$100.00 / Bank \$1,000.00 / J.D Bank
Security Finance \$609.00 / Soc \$500.00 / Quick Credit \$500.00 / about.

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition. I request that the filing fee be waived.

Signature

Mattie S. E. Wilson

Date

7-15-2017

For official use only. ☐ Fee Waived ☐ Waiver Rejected ☐ Other Disposition

Faxed on 7/21/2017
12/4/2017

Chair, S.C. Workers' Compensation Commission

RE FAXED 12/6/17

File this form with a Form 30, Application for Commission Review. Refer to R.67-701 through R.67-711 for additional information. File this form with a Form 50, 52, 54, Requests for Motions, Consents and Settlements. Refer to R.67-207, R.67-208, R.67-215, R.67-803 and R.67-805.

WCC Form # 32
Rev. 7/03

7/21/2017
12/4/2017

32

REQUEST TO WAIVE APPEAL FILING FEE

E-Mail on 7/21/2017

WCC Judicial Deptmt.

Appeals WCC @ SC. GOV



GREENVILLE HEALTH SYSTEM

WILSON, MATTIE SARAH

56 Y old Female, DOB: 08/08/1955
145 W 4TH STREET, GREENVILLE, SC-29611

Home: 864-498-2484

Guarantor: WILSON, MATTIE SARAH Insurance: MEDICARE COMPLETE

Payer ID: 0

PCP: David Li, MD Referring: David Li, MD External Visit ID: 123042343
Appointment Facility: Southeastern Neurosurgical and Spine Institute (Upper)

09/26/2011

Progress Notes: Philip J. Hodge

Current Medications

Levothyroxine tablet 75 mcg (0.075 mg) 1 tab(s) once a day
Zestoretic tablet 25 mg-20 mg 1 tab(s) once a day
Lortab tablet 500 mg-5 mg 1 tab(s) every 4 hours
Ibuprofen tablet 400 mg 1 tab(s) every 4 hours
Flexeril tablet 1 tab(s)
Metoprolol tablet, extended release 100 mg 1 tab(s) once a day
Potassium 99 mg 2 daily
Medication List reviewed and reconciled with the patient

Past Medical History

Measles, Mumps, Hypertension, Thyroid deficiency

Surgical History

None Noted

Family History

Family: heart disease, hypertension, stroke
Father: deceased
Mother: deceased Heart Attack

Social History

Interpersonal/family relationships: Single, Number of children, 2.
Lives With: alone.
Occupation: Retired.
no Alcohol .
no Smoking .

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

Musculoskeletal:

Muscle pain NO. Pain in back yes. Pain in neck yes. Painful joints NO. Weakness NO. Swelling of joints yes.

Integumentary:

Bruises easily NO. Poor wound healing NO. Skin dryness NO. Skin lesions NO. Skin pigmentation changes NO. Skin rash NO. Sores NO.

Reason for Appointment

1. Patient last seen 1/31/2011 for upper, lower, bilateral leg pain. Patient continues to have right upper back and arm pain as well as low back and leg leg pain. Patient states pain score today is a 9/10.

History of Present Illness

Previous Test / Evaluations / Procedures:

MRI (magnetic resonance imaging) scans of the lumbar spine 11/3/2010 GMH.

Thoracic Pain:

Location entire upper back.

Lumbar Spine/Lower Back:

Location: Lumbar region. Quality: aching, burning, shock-like, sharp, stabbing. Severity: Pain Score (scale of 1 to 10) 8-10, severe, interferes with sleep. Timing: Patient is experiencing problem at this time since 12/7/2004. Referred or radiating symptoms bilateral leg pain with numbness, tingling, and weakness. Setting in which it first occurred: MVA 12/7/2004 and 10/20/2010. Aggravating factors: moving body increases pain. Relieving factors: none.

Examination

General Exam:

General Appearance: Well developed , obese.

Assessments

1. Spondylolisthesis - 756.12 (Primary)
2. Leg Pain - 729.5
3. Back pain, low back - 724.2

Treatment

1. Spondylolisthesis

Mrs. Wilson returns with continued back and leg pain and needs a referral to pain management which we will facilitate. We also discussed her weight and will refer her to a physician directed weight loss program.

2. Others

Referral To: Medical Rehab Upstate

Reason: Pain Management for evaluation and management. UMR

Referral To: Eric Bour General Surgery

Reason: Physician directed weight loss program

Follow Up

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 09/26/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Neurological:

Change in alertness NO. Change in vision NO.
 Difficulty speaking NO. Excessive daytime
 sleepiness NO. Headache NO. Seizures, unknown
 type NO. Paralysis NO.

Psychological:

Feels sad more than usual NO.

Endocrine:

Feels hot when others do not NO. Feels cold NO.

Allergic, Infectious, and Immunologic:

Food intolerance NO. Seasonal rhinitis NO.

Genitourinary:

Blood in urine NO. Urination no problems.
 Frequency of urination NO. Pain or burning with
 urination NO.

Respiratory:

Cough NO. Pain or tightness in chest NO.
 Shortness of breath or difficulty breathing NO.
 Wheezing NO.

Cardiovascular:

Chest pain YES. Irregular heartbeat or feeling of
 fast, pounding heartbeat NO. Swelling including
 ankles or legs NO.

Constitutional Symptoms:

Patient Denies change in appetite. Fever and
 chills YES. Night sweats NO. Unintentional weight
 change NO.

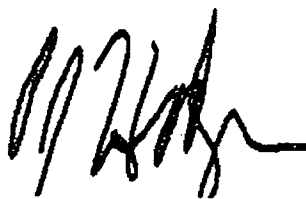
Eyes:

Loss of vision intermittent. Spots or
 specks NO.

Ears, Nose, Mouth, and Throat:

Hearing loss NO. Ringing in ears YES. Nasal
 congestion NO.

prn



Electronically signed by Philip Hodge on 10/13/2011 at 01:39 PM EDT
 Sign off status: Completed

Southeastern Neurosurgical and Spine Institute (Upper)
 111 Doctors Drive
 Greenville, SC 29605
 Tel: 864-797-7150
 Fax: 864-797-7155

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 09/26/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



GREENVILLE HEALTH SYSTEM

WILSON, MATTIE SARAH

55 Y old Female, DOB: 08/08/1955
145B 4TH ST WOODSIDE, GREENVILLE, SC-29611
Home: 864-498-2484

Guarantor: WILSON, MATTIE SARAH Insurance: MEDICARE
PCP: David Li, MD Referring: David Li, MD External Visit ID: 109554430

01/31/2011

Progress Notes: Philip J. Hodge

Current Medications

Flexeril 1 tab(s)
Ibuprofen 400 mg 1 tab(s) every 4 hours
Lortab 500 mg-5 mg 1 tab(s) every 4 hours
Zestoretic 25 mg-20 mg 1 tab(s) once a day
Levothyroxine 75 mcg (0.075 mg) 1 tab(s) once a day
Potassium 99 mg 2 daily
Metoprolol 100 mg 1 tab(s) once a day

Past Medical History

Measles, Mumps, Hypertension, Thyroid deficiency

Surgical History

Denies Past Surgical History

Family History

Family: heart disease, hypertension, stroke

Social History

Lives With: alone.
Occupation: Retired.
no Alcohol.
no Smoking.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

Musculoskeletal:

Muscle pain NO. Pain in back YES. Pain in neck YES. Painful joints NO. Weakness NO. Swelling of joints YES.

Integumentary:

Bruises easily NO. Poor wound healing NO. Skin dryness NO. Skin lesions NO. Skin pigmentation changes NO. Skin rash NO. Sores NO.

Neurological:

Change in alertness NO. Change in vision NO. Difficulty speaking NO. Excessive daytime sleepiness NO. Headache NO. Seizures, unknown type NO. Paralysis NO.

Psychological:

Feels sad more than usual NO.

Endocrine:

Feels hot when others do not NO. Feels cold NO.

Reason for Appointment

1. Patient seen in neurosurgical consultation at the request of Dr. David Sui LI for upper, lower, bilateral leg pain w/weakness, tingling, numbness. Patient states pain score today is a 8-9/10.

History of Present Illness

Previous Test / Evaluations / Procedures:

MRI (magnetic resonance imaging) scans of the lumbar spine 11/3/2010 GMH.

Thoracic Pain:

Location entire upper back.

Lumbar Spine/Lower Back:

Location: Lumbar region. Quality: aching, burning, shock-like, sharp, stabbing. Severity: Pain Score (scale of 1 to 10) 8-10, severe, interferes with sleep. Timing: Patient is experiencing problem at this time since 12/7/2004. Referred or radiating symptoms bilateral leg pain with numbness, tingling, and weakness. Setting in which it first occurred: MVA 12/7/2004 and 10/20/2010. Aggravating factors: moving body increases pain. Relieving factors: none.

Vital Signs

Ht 65, Wt lbs 302.2, Wt kg 137.08.

Examination

Imaging Studies:

MRI of the lumbar spine 11/3/2010 GMH - L4-5 spondylolisthesis with bilateral foraminal stenosis and left L5-S1 disc herniation with caudal free fragment. .

General Exam:

General Appearance: Well developed, obese, well groomed. Communication: Normal. Cardiovascular: normal S1S2, no murmurs. Respiratory: normal breath sounds.

Neurological:

Capacity for sustained mental activity and abstract thinking within normal limits. Coordination: normal. Gait: antalgic. Immediate, recent, and remote memory seem normal. Level of consciousness: awake and alert. Mental Status: Orientation normal to time, place, person, and situation. Mood and Affect: normal, and appropriate to the situation. Motor: normal strength bilaterally, upper extremities, lower extremities. Nerve and Spinal Cord Tension-Compression Signs: Straight leg raising is positive bilaterally. Pathological Reflexes: none. Reflexes: 2+ bilaterally and symmetric for, biceps (C5-C6), triceps (C7-C8), patellar (L3-L4), achilles (S1-S2). Speech: language intact for receptive and expressive functions.

Lumbar Spine / Lower back:

Hip / Thigh:

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 01/31/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Allergic, Infectious, and Immunologic:

Food intolerance NO. Seasonal rhinitis NO.

Genitourinary:

Blood in urine NO. Urination no problems.
Frequency of urination NO. Pain or burning with urination NO.

Respiratory:

Cough NO. Pain or tightness in chest NO.
Shortness of breath or difficulty breathing NO.
Wheezing NO.

Cardiovascular:

Chest pain NO. Irregular heartbeat or feeling of fast, pounding heartbeat NO. Swelling including ankles or legs NO.

Constitutional Symptoms:

Patient Denies change in appetite. Fever and chills NO. Night sweats NO. Unintentional weight change NO.

Eyes:

Loss of vision NO. Spots or specks NO.

Ears, Nose, Mouth, and Throat:

Hearing loss NO. Ringing in ears yes. Nasal congestion NO.

Shoulder / Upper arm:

Shoulder: Right. Pain on ROM. .

Assessments

1. Spondylolisthesis - 756.12 (Primary)
2. Herniated disc, lumbar - 722.10
3. Back pain - 724.5
4. Leg Pain - 729.5
5. Shoulder pain - 719.41

Treatment**1. Back pain**

Mrs. Wilson has L4-5 spondylolisthesis and a L5-S1 herniated disc with L>R leg pain. She had a similar scan in 2008 with presumably similar symptoms. She has failed epidural's. I feel that her MRI findings explain her symptoms and would be amenable to surgery except that her BMI is 50. I feel that surgery in this setting is much likely to be effective and has much higher complications. I recommended pain management until she can get her weight to a more reasonable level. She has also had a recent fall and has symptoms suggestive of a rotator cuff tear and I will refer her to a orthopaedist for this.

Referral To: Medical Rehab Upstate

Reason: Pain Management for evaluation and management.

2. Others

Referral To: Hawkins Clinic of the Carolinas Steadman Orthopedic

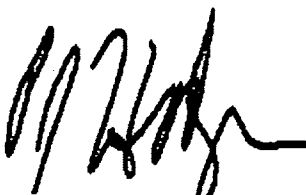
Reason: Orthopaedist - Right shoulder pain. Questionable rotator cuff tear.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Complete and current medication list reviewed and handed to the patient today.

Follow Up

prn



Electronically signed by Philip Hodge on 02/09/2011 at 02:17 PM EST

Sign off status: Completed

Southeastern Neurosurgical and Spine Institute (Upper)
111 Doctors Drive

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 01/31/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Greenville, SC 29605

Tel: 864-797-7150

Fax: 864-797-7155

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 01/31/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
864-797-7100

PHYSICIAN INFORMATION

Requesting: Randall, Christina

PATIENT INFORMATION

Name: WILSON, MATTIE SARAH
DOB: 08/08/1955
Sex: female
Tel: 864-498-2484

REPORT DETAILS

Procedure Name: MRI SPINE
CERVICAL WO CONTRAST
Session Id: 12718499

REPORT DATES

Order: 10/08/2012
Procedure: 10/08/2012 16:13:00

REPORT**Exam :MRI CERV SPN W/O CON**

See Below for Report

RM620022 - MRI CERV SPN W/O CON 10/08/2012 16:13 EXAM#: 12718499

ORDERED BY: Dr. CHRISTINA DIXON

ADMISSION DATE/TIME: 10/08/2012 15:25

REASON FOR EXAM: CERVICAL RADICULOPATHY-----

RESULT: WILSON, MATTIE SARAH

C-SPINE MRI, 10/08/2012

HISTORY PROVIDED IS CERVICAL RADICULOPATHY. PATIENT TOLD THE TECHNOLOGIST SHE HAS NECK PAIN. SHE DOES NOT DESCRIBE OR DIAGRAM ANY ASSOCIATED ARM SYMPTOMS EVEN THOUGH THE REFERRAL SLIP INDICATES RADICULOPATHY.

Sequences include sagittal T1, T2 and STIR images. Axial T2 spinecho and gradient recall echo images cover C2 through T1.

I have no prior C-spine studies for comparison. The cord has normal caliber and uniform signal intensity. Loss of disc height is most pronounced at C3-4, C4-5, C5-6 and C6-7 levels. There are huge osteophytes extending anterior from the vertebral column toward the hypopharynx and upper esophagus especially at C3-4, C4-5 and to some degree C5-6. The canal itself shows mild stenosis. Parasagittal views suggest some foraminal compromise on each side. I see no convincing disc herniation on sagittal depiction. STIR images show no sign of edema or infiltrative process in the osseous structures.

Axial views at C2-3 show a herniation or an osteophyte encroaching on the canal to the right of midline causing mild stenosis. C3-4 shows moderately severe stenosis in the canal and foramina bilaterally. I believe this is osteophytic ridge formation rimming the end plates combined with diffuse disc bulge.

At C4-5, the canal shows moderate stenosis. Mild bilateral foraminal stenoses are evident. There is no herniation.

C5-6 shows mild stenosis in the canal and foramina bilaterally but no focal herniation. C6-7 shows mild stenosis in the canal and some foraminal stenosis on the right. C7-T1 shows no herniation or stenosis.

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955

IMPRESSION:

MULTILEVEL SPONDYLOSIS CHANGES. THIS CONTRIBUTES TO MODERATELY SEVERE STENOSES AT C3-4, C4-5 AND C6-7 LEVELS. MILD STENOSIS IS EVIDENT AT C5-6. FORAMINAL STENOSES ARE NOTED BILATERALLY AS DISCUSSED ABOVE. THERE IS EITHER A SMALL HERNIATION OR OSTEOPHYTE ENCROACHING ON THE CANAL TO THE RIGHT OF MIDLINE AT C2-3.

TRANSCRIPTIONIST: KATIE, CLARDY

TRANSCRIBE TIME/DATE: 10/9/2012 1:25:00 AM

READ BY: STEPHEN REINARZ, MD,

SIGNED BY:

0 ELECTRONIC SIGNATURE / REINARZ, MD, STEPHEN

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955

24



SOUTH CAROLINA DIAGNOSTIC IMAGING

Innervision Medical Imaging Grove
#1 Cannon Drive Greenville, SC 29605
p: (864) 242-2020 f: (864) 240-5776

PATIENT: WILSON, MATTIE
DOB: 08/08/1955
MRN: 897146
PHYSICIAN: ROBERT LEBLOND, MD
EXAM DATE: 02/22/2013

EXAM: MR-Lumbar Spine Without Contrast

REASON FOR EXAM: lumbar radiculopathy

ADDITIONAL HISTORY: Back pain.

TECHNIQUE: Multiplanar multisequence imaging through the lumbar spine.

FINDINGS: Grade-I spondylolisthesis at L4/5. Type-II Modic endplate changes involving the endplates of L4, L5, and S1. Cord terminates normally.

L1/2 and L2/3: No compressive disc pathology or stenoses.

L3/4: Shallow circumferential disc bulge with mild hypertrophic facet changes combine to create minimal foraminal stenoses.

L4/5: Grade-I spondylolisthesis and posterior pseudo bulge. Superimposed larger right parasagittal disc herniation that extends vertically alongside the posterior margin of the L4 vertebral body. In overall dimension it measures 11 x 12 x 16 mm in AP, transverse, and craniocaudal dimensions. Some hypertrophic changes. These combine to create mild biforaminal and moderate central stenoses.

L5/S1: Diffuse posterior annular bulge with a large central through left parasagittal disc herniation. This extends 10 x 13 x 15 mm and extends inferiorly through the lateral recess along the posterior margin of the S1 vertebral body.

IMPRESSION: Multilevel degenerative disc changes including Grade-I spondylolisthesis at L4/5. Right parasagittal disc herniation at L4/5. Central through left parasagittal disc herniation at L5/S1.

William Perry Edenfield, MD

PE/sr

DD: 02/22/2013 01:46 P

DT: 02/22/2013 03:45 P

Accession#: 08-1580560 VS#: 11226727 CS#: 206557

cc:

Electronically Signed and Reviewed by William Perry Edenfield, MD 02/25/2013 08:09

A

CNT

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
864-797-7100

PHYSICIAN INFORMATION

Requesting: Randall, Christina

PATIENT INFORMATION

Name: WILSON, MATTIE SARAH

DOB:

Sex: female

Tel: 864-

REPORT DETAILS

Procedure Name: **MRI SPINE**

CERVICAL WO CONTRAST

Session Id: 12718499

REPORT DATES

Order: 10/08/2012

Procedure: 10/08/2012 16:13:00

**REPORT**

Exam :MRI CERV SPN W/O CON

See Below for Report

RM620022 - MRI CERV SPN W/O CON 10/08/2012 16:13 EXAM#: 12718499

ORDERED BY: Dr. CHRISTINA DIXON

ADMISSION DATE/TIME: 10/08/2012 15:25

REASON FOR EXAM: CERVICAL RADICULOPATHY-----

RESULT: WILSON, MATTIE SARAH

C-SPINE MRI, 10/08/2012

HISTORY PROVIDED IS CERVICAL RADICULOPATHY. PATIENT TOLD THE TECHNOLOGIST SHE HAS NECK PAIN. SHE DOES NOT DESCRIBE OR DIAGRAM ANY ASSOCIATED ARM SYMPTOMS EVEN THOUGH THE REFERRAL SLIP INDICATES RADICULOPATHY.

Sequences include sagittal T1, T2 and STIR images. Axial T2 spinecho and gradient recall echo images cover C2 through T1.

I have no prior C-spine studies for comparison. The cord has normal caliber and uniform signal intensity. Loss of disc height is most pronounced at C3-4, C4-5, C5-6 and C6-7 levels. There are huge osteophytes extending anterior from the vertebral column toward the hypopharynx and upper esophagus especially at C3-4, C4-5 and to some degree C5-6. The canal itself shows mild stenosis. Parasagittal views suggest some foraminal compromise on each side. I see no convincing disc herniation on sagittal depiction. STIR images show no sign of edema or infiltrative process in the osseous structures.

Axial views at C2-3 show a herniation or an osteophyte encroaching on the canal to the right of midline causing mild stenosis. C3-4 shows moderately severe stenosis in the canal and foramina bilaterally. I believe this is osteophytic ridge formation rimming the end plates combined with diffuse disc bulge.

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C5-6 shows mild stenosis in the canal and foramina bilaterally but no focal herniation. C6-7 shows mild stenosis in the canal and some foraminal stenosis on the right. C7-T1 shows no herniation or stenosis.

NO HERNIATION
DISC'S
as of

NO HERNIATION
DISC'S
as of 10/8/2012

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955

21
IMPRESSION:

- ✓ MULTILEVEL SPONDYLOSIS CHANGES. THIS CONTRIBUTES TO MODERATELY SEVERE
- ✓ STENOSES AT C3-4, C4-5 AND C6-7 LEVELS. MILD STENOSIS IS EVIDENT AT C5-6. FORAMINAL STENOSES ARE NOTED BILATERALLY AS DISCUSSED ABOVE.
- ✓ THERE IS EITHER A SMALL HERNIATION OR OSTEOPHYTE ENCROACHING ON THE
- ✓ CANAL TO THE RIGHT OF MIDLINE AT C2-3.

TRANSCRIPTIONIST: KATIE, CLARDY

TRANSCRIBE TIME/DATE: 10/9/2012 1:25:00 AM

READ BY: STEPHEN REINARZ, MD,

SIGNED BY:

0 ELECTRONIC SIGNATURE / REINARZ, MD, STEPHEN

Patient: WILSON, MAITIE SARAH DOB: 08/08/1955

21 of 4642

8 of 27

12/6/2017 - 12/4/2017

Date: July 19th/2017

File No 1020999

Exhibit A A.A.

Did you submit? (Yes.) Document C/A:6:13-2822-MGL
to presented The Document United States District Court
to Did not Except or look at it of South Carolina

The Court Order to Commissioner
T. Scott Beck from United States District
Court / District of South Carolina. Was
Not Excepted by Commissioner T. Scott Beck
With All Names Accident, Medical Bills and
Relief. He Gave it Back to me after Submitting it
Matti Sarah Elizabeth Wilson (Plaintiff)

VS

B H Roddy aka Douglas aka Barksdale
Douglas Roddy Jr. Malinda Lee, State Farm
Ins.

Co; Richard Owens claim Representative
for Motion for State Farm Ins.

Defendants

A.T. and T. Telephone Books
Directory Distributing Assoc. and Ace American
Insurance Company c/o Gallagher Bassett
Services, Inc.

Circuit
Court
22 of 41

Christain County / Clerk District - Chris Daniel
MISSOURI
Harris County, TEXAS
Date 7/18/2017

WCC FILED 102 0999

269th JUDICIAL DISTRICT / 12-6-2017
12/4/2017

Exhibit A# C/A: 6:13-2822-MGL

Did the Class Action Law Suit Have any Rule in my
Case, Yes! What? Class Action Law Suit That
Determine Whether we were

Employee's or Not, Plays a large roll
in Workers Compensation Filed. What
if we were Declared as Employees?

The Workers Compensation Continues,
if Declared Not, () Employees There would
be no Workers Compensation Claim.

(We were) to Mattie S. E. Wilson Was Declared
Employees of Directory Distributing Assoc. Inc.
State Wide since 2008, 2009 to 2016

By Honorable Judge Han Hinde.

(Directory Distributing Assoc. and ACE American Ins. Co.

Included were (Accident/Witness/A.T. and T. / Gallagher Bassett SERV

I Presented Class Action Law Suit. (AND Relief
Was Not Accepted By, / Commissioner T. Scott Beck
(He Gave it Back to me.) Comm. T. Scott Beck

Commissioner T. Scott Beck. Did T. Scott Beck
turn Pages to SEE what All Was Presented? NO.

Gave All information Back to Me
When he gave it to him to Enter for
Evidence.

From United States District Court of South Carolina

C/A: 6:13-2822-MGL

Dated 11/11/2013

23 of 41
TAXED 12-6-2017 12/4/2017

FILE NO. W.C.C. 1020999

Mazzei S.E. Wilson File a Workers Comp.
Form 50 Within Statute Limitations? Yes: 10/27
(YES.) Exhibit B (I HAVE EVIDENCE

↑ WAS a South Carolina Workers Compensation
Filed With S.C.W.C.C. (YES) They Also Notified the
Defendant of the Action, That a S.C.W.C. 50 form was file.
The letter proving that a
50 form had been receive
By the Defendants, With (Lo Go)
and signatures, Ad mitting they received
the form 50 from Workers Compensation
of South Carolina. The letter were sent,
to my Attorney office.

Attorney Randall S. Hiller, P.A.
Greenville S.C. 29602

Hearg Alison H. Kelley,

from Gallagher Bassett Services, Inc.

Dated: March 3, 2011

I have Company Lo Go's, AND Signatures / information W.C.C. S.C. SENT Defendant

Our Client: DIRECTORY Distributing ASSOC.

Date of Loss: 10/20/2010

File Number: 24240-40728

Your Client MAZZEI Wilson

Faxed 12-6-2017

12/4/2017

11 of 27

WCC

Exhibit BB

July 19th 2017

File No. 1020999

Did I (YES)

Attempted to Submit

The Depositions that was taken
in Workers Compensation

Commissioner Y. Beck Scott

Would not Except it as
Case evidence The Deposition
was taken. (Said No.) would not include it.
Has Discuss Wages:
Has My pass Income:

7/11/17

12-6-2017-12/4/2017

12 of 22

25 of 41

Exhibit C #1

File No.

WCC 1020999

July 19th/2017

Was I Mattie E. Wilson aware of the Statute of Limitations.

"Yes."

I Mattie E. Wilson Put the Statute of Limitations in front of me at the Desk With, Commissioner, Scott Beck it was there when he told the Defendant that the Statute of Limitations was TOLL. I told Commissioner Scott Beck that I've have given Defendant a Copy of Every thing the Commissioner ~~Beck~~ Barden asked me to do. This included the Statute of Limitations. I read to him what the Supreme Court decided to Toll the Statute of Limitations, Commissioner did not Except it, he Continued to talk he did not let me Question the Defendant in any were he asked all Questions to Defendant. I told him I have given the defendant Everything I had a Copee of. Commissioner Beck asked for the Original 50 form, he said he had to have the original 50 form. Nothing Else, Commissioner Said he was Not going to Except The Deposition that was Taken Which Had my Wages Included He turne away from it. Giving Back Everything No Except

MAILED 12-6-2017

12/4/2017

13 of 27

26 of 41

Exhibit C #2

7.1E No.

1020999

July 19th/2012

Did he say? I told Commissioner T. Scott Beck
I did not make a copy of the 50 form
When I sent it (Filed it with

What if I had proved I had sent the 50 form
in, I went over my Attorney Randall S.
Hiller and sent the 50 form in with
out making a copy. Yes I Did

Has my (Now My 50 form) Has been lost by
the South Carolina Workers Compensation
Commission in Columbia S.C.

And they are not producing a copy
I filed. Evidence show the 50 form
was filed and sent in by Mattie E Wilson

What has? (I don't know what has become of it)
Commissioner T. Scott Beck gave me
a few minutes to find it when I could
not find it.

Did? Commissioner T. Scott Beck say He had to
have the 50 form with W.C.C. (Logo) on it
the original (No Exceptions) Yes HE Did.

What if? There were nothing I did wrong

FILED

12-6-2012-12/4/2017 14 of 27

Exhibit A #2

July 19th/2017

FILE No. 1020999

S.C. Workers Compensation Comm.

27 of 41
WAS?

Page 9

The Court went on to enumerate some instances where the limitation provision had previously been tolled, defining the common thread of those cases to be situations where the plaintiff had not slept on his rights but rather had been prevented from asserting them. Id 429

Plaintiff was prevented from pursuing his legal rights for reasons beyond his control
article 561

(

Williams V. Abadie, 857 So. 2d 1118, 1120 (La. App. 4th Cir 2003) (citing Viesel V. Republic, 665 So. 2d 1221 (La. App. 4th Cir. 1995), Brister V. Manville Forest Prods., 749 So. 2d 881 (La. App. 2d Cir. 1999)). Implicit in the concept of abandonment.

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Dated 12-6-2017 - 12/4/2017

15 of 27

Exhibit A[#] 7:15 No. 1020999

South Carolina Workers Compensation Comm.
Hid? Page 8 and 7 July 19th/2017
The U.S. Supreme Court

Has long Recognized that When a
Federal Complaint is Filed in state Court
(State) " " "

and dismissed for improper Venue. "The limitation
provision is TOLLED until the State Court order
dismissing the State action becomes final by
the running of the time during which an
appeal may be taken on the entry of a final
judgment on appeal."

Burnett V. New York Central R. Co. 380
U.S. 424, 434-35 (1965)

Burnett 380 U.S. at 428

Id at 427 Id at 428

(Commissioner Beck Scott tells the
Defendant Statute of limitations are TOLLED
Attorney Fry). Commissioner Beck continued
to talk did not ask MATTIE Wilson for the
Copy of Statute of limitations to Submit it.

Filed 12-6-2017 - 12/4/2017

Exhibit C #2

July 19th / 2017
Appeal

Had to try?
(Yes).

File No. 1020999

to tried to Submitt. Court Documents
From Federal Court

United States District Court
District of South Carolina

C/a: b: 13-2822 - MGL

11/11/2013

Nov. 18th / 2013

(15)

In Volved, in the Contents were
The Accident All Injuries.

Also States I was working when Accident occurred
on 10/20/2010 (All Documents Enclosed)

(Claim was Denied) still in Court under class
action Law suit. Taken by Attorney's of (Georgia)
documents Enclosed. (Will go to Court 4/15/2015)
Documents enclosed

Claim for Workmen compensation was Denied.

If Judge Han Hinde Rules in 4/15/2015
for back pay, time and a half.

(Rules That we are Employees, Not Independent
Workers. → continue

30 of 41

12-6-2017

12/4/2017

Exhibit C #3

July 19th/2012

Was The?

File No. 1020999

The Honorable Judge Han Hinde
Has Ruled
Declared:

~~Collective Action~~ We are Employees as of 2008, 2009
thru 2016. June 25, 2009 to November 26, 2012
~~Without Honorable Judge Hinde Rule. Not an Employee,~~
~~Employee Appeal to the Supreme for Review~~
Supreme Court sent it back to Judge
Han Hinde His judgement is correct.
There will not but a Jury Trial. We are Employees

Judge put A.T. and T. Telebooks.

Directory Distributing Assoc.
and Ace American Insurance
Company c/o Gallagher Bassett
Services, Inc

In Violations Many Violations listed

12-6-2017

12/4/2017

17 of 27

File No. 1020999
WCC

Exhibit C #2

July 19th/2017

Was These Enclosed? (Yes)

Document Enclosed

Hospital Bills paid:

Hospital Bills unpaid:

All Co pays unpaid: all other expensive
therapy sectionsMATTIE S.E. WILSON: All my personal Insurance
Company's states they want their money
back, MEDICARE A AND B.

Relief

Compensary damage = 200,000 dollars

All Submitted

All were in the Document I Gave Comm.

7 Scott Beck, He gave it Back to me

Without Submitting it. Commissioner

7 Scott Beck Did not Submit anything
I Gave H.M.

320741

12-6-2012-12/4/2017 Filed No.

18 of 27

WCC 1820999

July 19th/2017

Exh. 6:4 A*1 O'Reilly, Jensen & Preston, LLC

By: ERIC G. JENSEN

Missouri BAR No

? Was it Examined By The Commissioner of Scott Beck.
(NO.) ?

2808 S Ingram Mill Rd,

Building A-104

Springfield, Missouri 65804

Telephone: (417) 890-1555

Facsimile (417) 890-1778

E-mail: eric@ojplaw.com

Was Also Filed in Missouri In United States
Class Action Law Suit, AND California
(To Declare All Workers Employees,
and Not Independent Workers.

12-6-2017 12/4/2017

19 of 27

South Carolina WCC

14?

July 19th/2017

Exhibit A and B

File No 1020999

Did The?

- (a) The Appellee was denied a Copy of his Documents and Records pertaining to Litigations within the State Court System
- (b) The Lower Courts of South Carolina errored by not producing the Records of Appellee proceeding or appeal from a judgement non jurisdiction errors raised for Consideration of those matters passed upon by the Court below arising upon the portions of the record deem for Appellate review, Syl. Pt. 6, in part Parker vs. Knowlton Const. Co., Inc. 158 W. Va. 314 210 g. E. 2d 918 (1975).

12-6-2017 - 12/4/2017

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South Carolina WCC

#2 of 27

July 19th / 2017

Filed No. 1020999

Exhibit A and B.

Was He?

Govern Service Should:

I Put loyalty to the highest moral principles and to Country above Loyalty to persons, party, or Government department II. uphold the Constitution, laws, and regulations of the United States and of all governments therein and never be a party to their evasion, IX. Expose Corruption whenever discovered.

Pub. L. No. 96-303, 94 Stat. 865 (1980)
note to S. U.S.C. Rule 7301.

In Enacting the Civil Service Reform Act of 1978, Pub. L. 95-454, 92 Stat. 1121 (CSRA). Congress stated its intent to provide "New protections for employees who disclose illegal Government Conduct."

S. Rep. No 968, 95th Cong. 2d sess 2, reprinted in 1978 U.S. Code Cong. & Ad. News 2723, 2724 ("Senate Report")

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Filed 12-6-2017 - 12/4/2017

South Carolina WCC #3 of 7

July 19th / 2017

File No. 1020999

Exhibit A and B

Was the?

Pursuant to S.C. Appellate Rule. 8.4(d)

engage in conduct involving
misconduct, dishonesty, fraud, deceit or
misrepresentation. Rule (e) engage in
conduct that is prejudicial to the
administration of justice.

Rule (f) State or imply an ability to
influence improperly a government agency
or official or achieve results by means
that violate the Rules of professional
conduct of other law.

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12-6-2017 - 12/4/2017

South Carolina WCC

#547

July 19th/2017

File No. 1020999

to Me?

Exhibit A and B.

S.C. Tort Claims Act Rules 15-78-50

(a). (c)

Codes 15-78-70 (b). (d), 15-78-100;
15-78-120 (1); 15-78-200;

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12-6-2017 - 12/4/2017

South Carolina WCC

4 of 7

July 19th/2017

File No. 1020999

Was Mhe.?

Exhibit A and B.

Appellee states that it is Constitutional to interpret South Carolina jurisdiction pursuant to S.C. Codes of Laws (1976) titles 14-11-120, 14-11-130; 14-11-190; Titles 5-7-90; 5-7-100. The above language bars the jurisdiction over six categories of action. Article III of the United State Constitution restricts the "judicial power" of the United States to resolution of "cases" and the "Controversies." U.S. Const. Art. III Rule 2, cl. 1.

S.C. Tort Claims Act Rules

15-78-50 (a). (c).

Codes 15-78-70 (b). (d), 15-78-100;
15-78-120 (i); 15-78-200;

12-6-2017

12/4/2017

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South Carolina WCC

July 19th / 2017

File No. 1020999

⑦
#6 of 1
6+?

Was The?

Exhibit A and B

Stating his rights were denied by the defendants; in the destroying of evidence, tampering with evidence of Filing, Judicial records, adjudicative process, or adjudicate substantive rights. The Application for an order by the United States pursuant to 18 U.S.C. Section 2203(A), 707, 283, 290 (4th Cir 2013) Id. at 291; public

First Amendment rights of access and a claim for relief Washington Post 386

F.3d at 578-79: Judicial records that are used in adjudicative process... 386

F.3d at 578-79: Rushford vs. New Yorker Mag. Inc. 846 F. ~~2d~~ 2d 249, 253 (4th Cir. 1988)

First Amendment apply to documents filed. Washington Post 386 F.3d - 29: denial of access by government interest Rushford 846 F.2d at 553 (relying on Press-Enterprise Co. vs Superior Court 464 U.S. 501, 104 S.Ct.

12-6-2017 12/4/2017

②
2 of 1
6 of 2South Carolina WCC
Exhibit-C July 19th / 2017

FILE No. 1020999

Was There?

7/21/2017

819, 28 L. Ed. 2d (1984); public access
 First Amendment and common law,
 Va. Dept of State Police vs. Washington
 post 386 F.3d 567, 575 (4th Cir. 2004);
 attaches to all judicial records and
 document. Citing Stone vs Univ. of Md
 Sys. Corp. 855 F.2d 178, 180 (4th Cir.
 1988) (internal citation omitted);
 Common law 806 presumption of access
 18. Appellee Motion for a Writ of Error.

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40 of 41

12-6-2017 WCC M.Y.E No 1020999

Attachment: -12/4/2017 Exhibit - C 26427
Jurisdiction Fax 2/21/2017
E-mail

Was b?

1. Denial of access to Court. Denial of the Freedom of Information Act. Plaintiff has evidentiary materials that is relevant to her issues.

2. Was Not? Allowed to Submit any of it.

3. Was Not? allowed to give Commissioner Susan Barrden any thing this is what she told me don't Give her any thing Give all to the Defendant Attorney
My.

4. Did a ruling come from Judge Man Hinde in 2015 (yes) Had no other choice then to wait on the Ruling whether we were Employee's or Independent Workers?
(latches)?

5. Entitled to Relief.
Asked? for a Jury Trial/
asked? to Appeal to Supreme Court/
Commissioner Y Scott Beck said No..
No..

S.C.WCC: 1020999

10/10 +1
Case No.
2017-002530

06/10/11
EDI001186

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION R08
EDI CREATED/UPDATED FIRST REPORT

CONTAINS ALL ITEMS REQUIRED BY OSHA FORM 101 (Enter all dates in MM/DD/YY format)

EMPLOYER: DIRECTORY DISTRIBUTING ASSOC
1602 PARK 370 COURT

CARRIER CLAIM#: 2294707370

HAZELWOOD, MO 63042

SCWCC CLAIM#: 1020999

SIC CODE: 5651

UNEMPLOY/FED. TAX I.D. NO.: 431292935

INSURANCE ACE AMERICAN INSURANCE COMPANY
CARRIER 436 Walnut Street WA07A

CARRIER FEIN: 952371728

CARRIER ID: 00461

PHILADELPHIA, PA 19106

EMPLOYEE NAME (Last, First, Middle)
WILSON, MATTIE S

SOCIAL-SECURITY-NUMBER
249-02-1654

PHONE NO.
(864) 241-9757

ADDRESS: 145-B WEST 4TH ST.

DATE OF BIRTH: 08/08/1955 MARITAL STATUS: M

GREENVILLE, SC 29611

MALE/FEMALE: F # DEPENDENT CHILDREN: 0

DATE OF HIRE: 10/18/10

OCCUPATION: DELIVERY CARRIER

WAGE INFORMATION

RATE: \$190.26

WAGE PERIOD:

DATE RETURNED TO WORK:

FULL DAY PAY FOR DAY OF INJURY: Y

DID SALARY CONTINUE: N

OCCURRENCE

PLACE OF ACCIDENT OR OCCURRENCE: 29607-0000
GREENVILLE

DATE OF INJ: 10/20/10

TIME OF INJ: 09:37 AM

EMPLOYER'S PREMISES: Y

LAST WORKDATE: 10/20/10

DATE EMPLOYER NOTIFIED: 10/20/10

DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 45 COLLISION WITH ANOTHER VEHICLE

NATURE: 52 STRAIN

LOCATION: 42 LOW BACK AREA

DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURED WITH DETAILS OF HOW EVENT OCCURED

EE WAS PROCEEDING THROUGH A GREEN LIGHT & WAS STRUCK BY OV W HO RAN A RED
LIGHT RESULTING IN STRAIN TO NECK AND UNSPECIFIED AREA OF BACK AND UNKNOWN

IF FATAL GIVE DATE OF DEATH:

** Amended **

ELECTRONIC FILING

ORIGINAL DATE SENT: 06/09/11

DATE PROCESSED: 06/10/11

TRADING PARTNER: GAB Robins N. A. Inc.
9 Campus Drive

Parsippany, NJ 07054

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APPEAL

1 of 5
1 of 5

SOUTH CAROLINA WORKERS COMPENSATION COMMISSION

W.W.C. FILE NO: 1020999

FILED ON
12/4th/2017

MATTERS: Wilson V DIRECTORY DISTRIBUTING ASSOC.

ALL (Truth), Documents ARE VERIFIABLE.

SIGNED, SEALED WITH LETTER HEAD
CONFESSIONS AND COMPLETE. THE TRUTH.

ALL INCOME IS AND WAS QUOTED IN DEPOSITION.

ALL WORK HISTORY WAS NOT DESTROYED!

MANUFACTORY WORK, WAS AND IS VERIFIED

BY GOVERNMENT PENSION FUNDS! AND PLANT

INCOME. ATTORNEY (FAY) DID DEPOSITION, WITH MR. LABLONDE

THE DOCUMENT THAT WAS OFFERED AT

THE FIRST HEARING IS AND WILL BE REINTEGRATED
TO THE SOUTH CAROLINA WORKERS COMPENSATION

COMMISSION. THAT WAS NOT ALLOWED BY COMMISSIONER SCOTT T. BECK.

1. DEPOSITIONS BY DOCTORS / ATTY'S / CLASS ACTION SUIT.

2. LETTER HEAD WITH SIGNATURE AND LOGO AND SIGNED.

3. BY DEFENDANT / FORM 50 THAT COMMISSIONER ASKED
TO PRODUCE, I WAS LOOKING ALL OVER IT BUT HAD
IT IN BAG I CARRYING.

12/6/17 RE-FILED

7 of 41

2 of 2
2015

South Carolina Workers Compensation Commission

WWC FILE No: 1020999

7 FAXED ON
12/4/2017

MARTIE S. WILSON V DIRECTORY DISTRIBUTING ASSOC.

IN SUFFICIENT TIME TO FIND 50 FORM
IN ALL OTHER DOCUMENTS ONLY GAVE
TWO TO TWO AND HALF MINUTES.

ALL MEDICAL AND (MRIs)

ALL PROCEDURE WAS STOPPED WHEN I
COULD NOT SEE THE #50 FORM
IN MY PAPERS, CASE.

COULD NOT PRODUCE ANYTHING ELSE ON RECORD
COMMISSIONER M. SCOTT BECK ENDED THE HEARING

ALL LIES... HAS BE PROVEN BY ATTORNEY
TRY THE DEFENDANT ATTORNEY. TRUTH IS VISIBLE
THE TRUTH IS WAS AND ARE NOW PRESENTABLE
NOW.

RE FAXED 12/6/17

3 of 4

#2
of #1

File No: 1020999 3/5

12-6-2017-12-4-2017

NOTED TAXED

South Carolina Workers Compensation Commission

This is An Appeal

To Enter Documents

MATTIE Wilson v. DIRECTORY Distributing Assoc.

SCWCC: 1020999

Commissioners.

to MATTIE Wilson is asking for AN Appeal
on Motion for Madamus, Motion for Injunction
Motion to Enter Documents. / Motion To HAVE FEES,
To BE Reconsiderable...

Documents: WERE OFFERED To
Commissioner, Scott Beck at the HEARING
HE PERFORMED. (Statute of Limitation's) Colled
ASKED to Explain, The (Colled) Case continues.
ASKED 2. Miss Wilson WHERE is your Attorney
asked several times. MATTIE Wilson Replied
Attorney Fry, Ran Them off with All the
FALSE STATEMENTS HE Accused me of.
So is Attached!

4 of 41

2 of #3
#2
4 of 5

HATED FAXEN

12-6-2017 - 12-4-2017

South Carolina Workers Compensation Commission

This Is an Appeal

To Enter Arguments

MATTIE WILSON S.E. v. DIRECTORY ASSOC.

SCWCC: 1020999

Commissioners:

M. Scott Beck

Melody James

Aisha Taylor

Avery Wilkerson

Michael Campbell

Gene McCaskill

He offered also to Commissioner M. Scott Beck,
the Court orders from Federal Court stating
the Auto Accident While Working on the job which
included the Accident How it Happen, What I was
transporting for A. and T. Directory Distributing Assoc.
while working. The Witness on file. The Relief on file.
The Dismissing from Federal Court to State Court
with out Prejudice. Case is to be Continue in another
Court, State Court. ORDERED by Federal Judge

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#3 of 3
5 of 5

Dated & FAXED, 12-6-2017 - 12-4-2017
South Carolina Workers Compensation Commission
This is an APPEAL

MATTIE WILSON V. DIRECTORY DISTRIBUTING ASSOC.
SCWCC: 1020999

Commissioner: M. SCOTT BECK REPLIES

WE DON'T HAVE ANY THING TO DO WITH FEDERAL COURT. HE CONTINUED TO TAKE, NOT KNOWING WHAT ALL WAS BEING PRESENT TO HIM
COMMISSIONER DID SAME THING WITH THE DEFENDANT LETTER HEAD, STATING, WORKER'S COMPENSATION HAD SENT THEM A LETTER HEAD THAT A CLAIM HAD BEEN FILED AGAINST THEM, DELIVERED TO MY EX ATTORNEY OFFICE, RANDALL MILLER.
ENCLOSURE. ALSO COMMISSIONER DEMANDED SCWC #50 FORM WITH NO EXCEPTIONS, WHICH WERE IN MY CASE BAG. COULD NOT FIND WITHIN THE TWO AND 1/2 MINUTE TIME FRAME
I BELIEVE I AM ENTITLED TO ENTER ALL DOCUMENT AS THE TRUTH IS.

41/42

File No: 1020999

Medical Amounts/Bills Unpaid

All
↓

G'ville Memorial Medical CTR	\$ 2,792.80
"	2,472.72
Select Therapy	\$ 1,000.00
Piedmont Orthopaedics	\$ +23.00
The Hand Center	\$ +184.00
POA / Dr. Karvin Phillips	\$ +2,562.00
Augusta Street Clinic	\$ +2,601.00
G'ville Hospital MRI	\$ +2,254.00
G'ville Hospital	\$ +2,792.00
St Francis Hospital / DX - X-Ray / CX - X-Ray ^{Chest}	\$ +3,200.00
St Francis Hospital	\$ +2,822.00
St Francis Hospital	\$ +1,894.00
New Horizon FHS (Down Town)	\$ +550.00
VBS physical Therapists, 319 Mills Ave, G'ville	\$ +400.00
VBS Pharmacy 7/5/13	\$ +1,447.00
St Francis	\$ +2,144.28
P.O.A. Dr. Karvin Phillips	\$ +5,592.24
St Francis 7/18/11	\$ +3,220.00
Enterprise Leasing Co.	\$ +922.19
Upstate Medical Rehab	\$ +2,386.00
Total	\$ 40,573.99
Not All Medical Bill, There's More	\$ 1,000.00

42/42
File No. 1020999

MEDICAL Amounts / Bills UnPaid

Update Medical ReHap + \$ 989.00

Piedmont Orthopaedics + \$ 1584.00

Piedmont Orthopedics + \$ 2562.00

MR. David LI / NEW Horizon Clinic + \$ 2400.00

(Self Employment
Lost Wages From Night Club job \$
LA ROKA Club 1308 S. Pleasantburg
Greenville S.C. 29602

Include Tips \$
SEPARATE Sheet

There is MORE Bills
Not All INCOME ADDED

Print Key Output
5769SS1 V4R2M0 980228

S102LDFM

Page 1
10/16/17 15:43:05

Display Device : LWSC1
User : KCANTRELL

Date 10/16/17 Employee Check History Inquiry Time 15:42:43

Employee 26416 Name WILSON, MATTIE SARAH

Company 10 Period Begin 1/01/02 Period End 12/31/03

X	Check	Date	Check No	Gross	FIT	FICA	Other	Net
		5/08/02	1151984	111.46		8.53	.24	102.69
		5/15/02	1153259	322.24	17.71	24.65	8.34	271.54
		5/22/02	1154536	493.43	43.39	37.74	19.12	393.18
		5/29/02	1155817	523.07	47.84	40.01	21.15	414.07
		6/05/02	1157101	467.46	39.49	35.76	17.49	374.72
		6/12/02	1158388	322.24	17.71	24.65	8.34	271.54
		6/19/02	1159660	520.32	47.42	39.80	20.96	412.14
		6/26/02	1161817	571.34	55.08	43.70	24.53	448.03
		7/03/02	1163075	443.60	35.92	33.93	15.99	357.76
		7/17/02	1164477	573.33	55.37	43.86	24.67	449.43
		7/24/02	1165740	474.55	40.56	36.30	17.94	379.75
		7/31/02	1167000	493.43	43.39	37.74	19.12	393.18
		Totals		11,893.83		871.55		9,230.49
					885.86		905.93	

F3=Exit F6=Print F12=Previous

Jean E. Dineen
Payroll - Alice Nye Co., Inc.
864-306-2114

Print Key Output
5769SS1 V4R2M0 980228

S102LDFM

Page 1
10/16/17 15:43:17

Display Device : LWSC1
User : KCANTRELL

Date 10/16/17 Employee Check History Inquiry Time 15:42:43

Employee 26416 Name WILSON, MATTIE SARAH

Company 10 Period Begin 1/01/02 Period End 12/31/03

Check							
X	Date	Check No	Gross	FIT	FICA	Other	Net
	8/07/02	1168260	493.43	35.98	33.97	65.91	357.57
	8/14/02	1169514	493.43	35.98	33.97	65.91	357.57
	8/21/02	1170787	433.01	26.92	29.34	62.11	314.64
	8/28/02	1172069	429.62	26.41	29.08	61.89	312.24
	9/04/02	1173344	402.80	22.39	27.03	60.20	293.18
	9/11/02	1174620	402.80	22.39	27.03	60.20	293.18
	9/18/02	1175883	402.80	22.39	27.03	60.20	293.18
	10/02/02	1178234	382.66	18.60	25.11	64.23	274.72
	10/09/02	1179460	493.43	41.51	36.79	31.35	383.78
	10/16/02	1180676	493.43	41.51	36.79	31.35	383.78
	10/23/02	1181890	402.80	27.92	29.86	25.64	319.38
	10/30/02	1183096	377.63	24.14	27.93	24.05	301.51
	Totals		11,893.83		871.55		9,230.49
				885.86		905.93	

F3=Exit F6=Print F12=Previous

Weaver:
at Alice Mgt. Co, Has
5# plants. Worked
at Arial Plant.
Pickens County.

Print Key Output
5769SS1 V4R2M0 980228

S102LDFM

Page 1
10/16/17 15:43:25

Display Device : LWSC1
User : KCANTRELL

Date 10/16/17 Employee Check History Inquiry Time 15:42:43

Employee 26416 Name WILSON, MATTIE SARAH

Company 10 Period Begin 1/01/02 Period End 12/31/03

X	Check Date	Check No	Gross	FIT	FICA	Other	Net
	11/06/02	1184296	402.80	27.92	29.86	25.64	319.38
	11/13/02	1185500	402.80	27.92	29.86	25.64	319.38
	11/20/02	1186707	483.36	40.00	36.02	30.71	376.63
	11/27/02	1187916	80.56		5.21	13.01	62.34

Totals	11,893.83		885.86	871.55	905.93	9,230.49
--------	-----------	--	--------	--------	--------	----------

F3=Exit F6=Print F12=Previous

8

RECEIVED
USDC CLERK, GREENVILLE, SC

United States District Court
District of South Carolina

NOV 18 11:09

11/11/2013

Mattie Sarah Elizabeth Wilson

c/a:6:13-2822-MGL

Plaintiff,

Vs

B D Roddy aka B Douglas Aka Barksdale

Douglas Roddy Jr; Malindea Lee, State farm Ins,

Objections

Co; Richard Owens Claim Representative for Motion for

State Farm Ins,

Evidentiary Hearing

Defendants

Jurisdiction

28u-S.C.(a); 28u. SL.31..(a)(6); Fourtee

Amendment U.S.C.A., 28U.S. CA. S1446

Vehicle Auto Accident

Please Furnished Defendants" With Copies:..

Mattie Sarah Elizabeth Wilson was working, delivering

A.T. and T. telephone Books., Door to door in my car (person

Directory Distributing Assoc. and Ace American Insurance

Company c/o Gallagher Bassett Services, Inc.

Accident Enclosed
from Federal Court.
California Opted for
U.S.C.

Matt- David Co
Income from David Co

Injuries were:, chest, steering wheel hit chest, spine, shifted vertebra" eight percent disability in neck left hand thumb shaped different because of impact hands holding steering wheel, back strain and two herniated discs, stiffness and soreness a severe muscle spasms that also caused Mattie Sarah Elizabeth Wilson to fall having severe Mule spasms., that caused a sprang strained right shoulder severely, had to go back to., St Francis emergency room for additional injures., (documents enclosed).

I Mattie Sarah Elizabeth Wilson was working when the Accident occurred on 10/20/2010. That put Mattie Sarah Elizabeth Wilson, under workers compensation.(all Documents Enclosed)(claim was denied) Still in court under class action law suit., taken by the attorneys of (Georgia) documents enclosed.(will not go to court until 4/15/2015) Documents enclosed. Claim for workmen compensation was denied. If judge rules in 4/15/2015 for back pay time and a half. That judgment will put Mattie S.E. Wilson to be under workmen compensation. Documents enclosed

Documents Enclosed. Traffic light was Green to go Middle ways across the highway., I notice a car on Academy; I was on W. Washington crossing the highway Academy., a car on my right was not slowing to come to a stop I had a green light. I quickly tried to turn away, to avoid accident. We collided I had a passenger in my vehicle. (Curtis Bailey #10 C Brook Heaven apartments 430 Perry ave. Greenville S.C. 29601. The accident turned my car, three times in a circle, headed up the highway. I and my passenger were hurt we proceeded to St. Francis emergency room at one St. Francis Dr. Greenville s.c 29601. My car was a total loss.

Enclosed is, sworn Documents

There was one witness that witnessed the complete accident. She was sitting across the highway on the opposite side of the highway facing me. She witness complete auto accident.

Documents enclosed Police official took witness statement over the phone, that "B.D. Roddy Ran the red light that caused , injuries to. "Curtis Bailey and Mattie Sarah Elizabeth Wilson

All medical bills are not enclosed to be refurnished

I am not a attorney.

Documents Enclosed:

Hospital bills paid:

Hospital bills Unpaid:

All co pays unpaid: all other expensive therapy sections.

Mattie S.E. Wilson: all my personal insurance company's states they want their money back

Documents enclosed.

Police department has witness of entire

Accident on file and statement. They refuse to give it back to me on accident report. Claim representative: Richard Owens for state farm insurance co. wants to give Mattie S.E. Wilson., 12,000 dollars and pay all medical bills with the 12,000 dollars, which there is over fifty thousand dollars in medical, loss wages, pain and suffering. I ask the court monetary relict over fifty thousand dollars.

I reassert original complaints set- verletirn below.

Relief

Compensary damage=200,000 dollars

Mattie Sarah Elizabeth Wilson
MATTIE SARAH ELIZABETH WILSON

36

C/A: 6:13-2822-MGL

Documents Enclosed:

Hospital bills paid: ~~and~~ Unpaid

Hospital bills Unpaid:

All co pays unpaid: all other expensive therapy sections.

Mattie S.E. Wilson: all my personal insurance company's states they want their money back

Documents enclosed.

Police department has witness of entire

Accident on file and statement. They refuse to give it back to me on accident report. Claim representative: Richard Owens for state farm insurance co. wants to give Mattie S.E. Wilson., 12,000 dollars and pay all medical bills with the 12,000 dollars, which there is over fifty thousand dollars in medical, loss wages, pain and suffering. I ask the court monetary relict over fifty thousand dollars.

I reassert original complaints set- verletirn below.

Relief

Compensary damage=200,000 dollars

Mattie Sarah Elizabeth Wilson
MATTIE SARAH ELIZABETH WILSON

11/19/12
EDI001544

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION R08
EDI CREATED/UPDATED FIRST REPORT

CONTAINS ALL ITEMS REQUIRED BY OSHA FORM 101 (Enter all dates in MM/DD/YY format)

EMPLOYER: DIRECTORY DISTRIBUTING
2670 BRECKENRIDGE BLVD

CARRIER CLAIM#: 007209000278WC01

DULUTH, GA 30096

SCWCC CLAIM#: 1020999

SIC CODE: 541870

UNEMPLOY/FED. TAX I.D. NO.: 431292935

INSURANCE ACE AMERICAN INSURANCE COMPANY
CARRIER 436 Walnut Street WA07A

CARRIER FEIN: 952371728

CARRIER ID: 00461

PHILADELPHIA, PA 19106

EMPLOYEE NAME (Last, First, Middle)
WILSON, MATTIE

SOCIAL-SECURITY-NUMBER
249-02-1654

PHONE NO.
(864) 241-9757

ADDRESS: 145-B WEST 4TH ST.

DATE OF BIRTH: 08/08/1955 MARITAL STATUS: U

GREENVILLE, SC 29611

MALE/FEMALE: F # DEPENDENT CHILDREN: 0

DATE OF HIRE: 10/18/10

OCCUPATION: DELIVERY CARRIE

WAGE INFORMATION

RATE: \$190.00

WAGE PERIOD: WEEKLY

DATE RETURNED TO WORK:

FULL DAY PAY FOR DAY OF INJURY: N

DID SALARY CONTINUE: N

OCCURRENCE

PLACE OF ACCIDENT OR OCCURRENCE: 29607-0000
GREENVILLE

DATE OF INJ: 10/20/10

TIME OF INJ: 09:37 AM

EMPLOYER'S PREMISES: N

LAST WORKDATE: 10/20/10

DATE EMPLOYER NOTIFIED: 10/20/10

DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 45 COLLISION WITH ANOTHER VEHICLE

NATURE: 52 STRAIN

LOCATION: 42 LOW BACK AREA

DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURED WITH DETAILS OF HOW EVENT OCCURED

EE WAS PROCEEDING THROUGH A GREEN LIGHT & WAS STRUCK BY OV W HO RAN A RED
LIGHT RESULTING IN STRAIN TO NECK AND UNSPECIFI ED AREA OF

IF FATAL GIVE DATE OF DEATH:

** Amended **

ELECTRONIC FILING

ORIGINAL DATE SENT: 11/19/12

DATE PROCESSED: 11/19/12

TRADING PARTNER: Gallagher Bassett Services In
Two Pierce Place

Itasca, IL 601433141

VIII. CLAIMS FOR RELIEF

A. FAIR LABOR STANDARDS ACT: 2009-2012

185. The allegations set forth in ¶¶ 31-175, *supra*, are re-alleged and incorporated by reference herein.

186. This is an action to recover unpaid wages and unpaid overtime compensation for time worked under the Fair Labor Standards Act, as amended 29 U.S.C. § 201, *et seq.* and to address the Defendants' violations of the FLSA record keeping provisions 29 U.S.C. § 211(c).

187. At all times relevant and material, Plaintiff Krawczyk and those similarly situated were jointly employed by Defendants within the meaning of the Act, 29 U.S.C. § 203(e)(1). Plaintiff and others similarly situated have consented to participation in this suit. *See Exhibits 2 and 3* (consent forms for Krawczyk).

188. At all times relevant and material, Defendants were joint employers engaged in interstate commerce and/or in the production of goods for commerce, within the meaning of the FLSA, 29 U.S.C. § 203.

189. Defendants have acted intentionally, knowingly and willfully and/or in reckless disregard of the rights of Plaintiff and the rights of similarly situated employees by failing to pay Plaintiff and other similarly situated employees the minimum wage, straight time pay and overtime pay for time actually worked to which they were entitled during each workweek in violation of 29 U.S.C. §§ 207 & 216.

190. Defendants did not make, keep and/or preserve Plaintiff's records as required pursuant to 29 U.S.C. § 211(c) or file necessary administrative reports related to these records.

191. During the individual worker's employment with Defendants, Plaintiff and the similarly situated individual workers worked in excess of forty (40) hours in a work week on a regular and recurring basis. Plaintiff and those similarly situated were not paid minimum wages and straight time for all the hours they worked during the work week. Furthermore, they were not paid time and one-half for the hours they worked in excess of forty (40) hours.

1 192. Defendants' actions with regard to Plaintiff and those similarly situated
2 employees were willful and/or in reckless disregard of their obligations under the FLSA, thereby
3 allowing for a three (3) year statute of limitation period.

4 193. Defendants' pattern and practice of classifying individuals hired to deliver AT&T
5 telephone directories as independent contractors was, and is, a violation of the FLSA. Therefore,
6 Plaintiff and all those similarly situated are entitled to be paid for all hours worked, to be paid the
7 minimum wage for each hour worked, and to be paid for time and one-half for each hour worked
8 in excess of forty (40) hours in a work week.

9 194. Further, Defendants retaliated against any individuals who complained or
10 objected to the manner in which they were classified and paid. Such retaliation is a violation of
11 the FLSA. *See* 29 U.S.C. § 218c(a)(5).

12 195. Plaintiff and all those similarly situated are entitled to an amount equal to all their
13 unpaid wages as liquidated damages, as well as reasonable attorneys' fees and costs of this
14 action. 29 U.S.C. § 216(b).

15 **B. FAIR LABOR STANDARDS ACT: 2013-2016**

16 196. The allegations set forth in ¶¶ 31-175, *supra*, are re-alleged and incorporated by
17 reference herein.

18 197. This is an action to recover unpaid wages and unpaid overtime compensation for
19 time worked under the Fair Labor Standards Act, as amended 29 U.S.C. § 201, *et seq.* and to
20 address the Defendants' violations of the FLSA record keeping provisions 29 U.S.C. § 211(c).

21 198. At all times relevant and material, Plaintiff Estrada and those similarly situated
22 was jointly employed by Defendants within the meaning of the Act, 29 U.S.C. § 203(e)(1).
23 Plaintiff Estrada has consented to participation in this suit. *See Exhibit 7.* Plaintiff Krawczyk
24 was employed by Defendants AT&T and YP during the 2013-2016 class period.

25 199. At all times relevant and material, Defendants were joint employers engaged in
26 interstate commerce and/or in the production of goods for commerce, within the meaning of the
27 FLSA, 29 U.S.C. § 203.

1 200. Defendants have acted intentionally, knowingly and willfully and/or in reckless
2 disregard of the rights of Plaintiff and the rights of similarly situated employees by failing to pay
3 Plaintiff and other similarly situated employees the minimum wage, straight time pay and
4 overtime pay for time actually worked to which they were entitled during each workweek in
5 violation of 29 U.S.C. §§ 207 & 216.

6 201. Defendants did not make, keep and/or preserve Plaintiff's records as required
7 pursuant to 29 U.S.C. § 211(c) or file necessary administrative reports related to these records.

8 202. During the individual workers' employment with Defendants, Plaintiff and the
9 similarly situated individual workers worked in excess of forty (40) hours in a work week on a
10 regular and recurring basis. Plaintiff and those similarly situated were not paid minimum wages
11 and straight time for all the hours they worked during the work week. Furthermore, they were
12 not paid time and one-half for the hours they worked in excess of forty (40) hours.

13 203. Defendants' actions with regard to Plaintiff and those similarly situated
14 employees were willful and/or in reckless disregard of their obligations under the FLSA, thereby
15 allowing for a three (3) year statute of limitation period.

16 204. Defendants' pattern and practice of classifying individuals hired to deliver AT&T
17 telephone directories as independent contractors was, and is, a violation of the FLSA. Therefore,
18 Plaintiff and all those similarly situated are entitled to be paid for all hours worked, to be paid the
19 minimum wage for each hour worked, and to be paid for time and one-half for each hour worked
20 in excess of forty (40) hours in a work week.

21 205. Further, Defendants retaliated against any individuals who complained or
22 objected to the manner in which they were classified and paid. Such retaliation is a violation of
23 the FLSA. *See* 29 U.S.C. § 218c(a)(5).

24 206. Plaintiff and all those similarly situated are entitled to an amount equal to all their
25 unpaid wages as liquidated damages, as well as reasonable attorneys' fees and costs of this
26 action. 29 U.S.C. § 216(b).

27

28

1 l. Leave to add additional Plaintiffs by motion, by the filing of written
2 consent forms, or any other method approved by the Court; and

3 m. For such other and further relief, in law or equity, as this Court may deem
4 appropriate and just.

5 **X. JURY DEMAND**

6 208. Plaintiffs hereby demand a trial by jury of all issues which are subject to
7 adjudication by a trier of fact.

8 Dated: December 23, 2016

COTCHETT, PITRE & McCARTHY, LLP

/s/ Mark C. Molumphy

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mmolumphy@cpmlegal.com
Alexandra P. Summer
asummer@cpmlegal.com
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Burlingame, California 94010
Tel: (650) 697-6000/Fax: (650)-697-0577

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BECK REDDEN, LLP

Russell Post
rpost@beckredden.com
1221 McKinney Street, Suite 4500
Houston, Texas 77010
Tel: (713) 951-3700/Fax: (713) 951-3720

*Attorneys for Plaintiff and Proposed Collective
Members*

WORK-UP BY:

(Nurse) TC

NEW HORIZON FAMILY HEALTH SERVICES, INC.
MEDICAL REPORT

CHECK ONE:

☒ Walk-in
☐ Scheduled AppointmentNAME: Mathie WilsonSS# 249021654AGE: 65DATE: 10/20/10CHIEF COMPLAINT: ERFU → car wreck pain in backHt X Wt 287 BMI X Temp 97.0 BP 156/93 P 63 R 14 LMP Memo Allergies NKDATobacco Use (Circle): Current # Former Never Snuff/Dip? Y Advise to Quit? N (REGARDLESS OF WHERE)☒ MEDICATIONS UPDATEDSUBJECTIVE: Rx RF-A11

Problem Focused = At least 1 element; Exp. Problem Focused = At least 1 element; Detailed = At least 4 elements or 3 Chronic

ROS:

Problem Focused - No ROS; Exp. Prob. Focused - At least 1 element; Detailed - At least 2 required; Comprehensive - At least 10 required.

	NL	ABNL
Constitutional	☒	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Respiratory	☒	☐
CV	☐	☐
GI	☐	☐
GU	☐	☐
Neuro	☐	☐
Skin/Breasts	☐	☐
Psych	☐	☐
Musc/Skel	☐	☒
Endocrine	☐	☐
Allergic/Immune	☐	☐
Heme/Lymph	☐	☐

NL ABNL

INHOUSE TESTING

PFSH:

(Problem Focused / Exp. Prob. Focused - PFSH: Detailed - At least 1 out of 3; Comprehensive - At least 2 out of the 3.)

PFSH

PAST

FAMILY

SOCIAL

NO

YES

NC

OBJECTIVE:

PHYSICAL

Problem Focused - 1 system; Exp. Prob. Focused - 2-7 systems; Detailed - 7-7 systems in depth; Comprehensive - 8+ systems (Extremities = 4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	☒	☐	
EYES	☐	☐	
ENT/MOUTH	☐	☐	
NECK	☐	☐	
RESPIRATORY	☒	☐	
CARDIOVASCULAR	☒	☐	
CHEST (BREASTS)	☐	☐	
GI (ABDOMEN)	☒	☐	
MUSCULOSKELETAL	☒	☐	
EXTREMITIES	☒	☐	
GU:	☐	☐	
SKIN	☐	☐	
NEURO	☐	☐	
PSYCH	☐	☐	
OTHER			

A/P:

Artd presented back pain
Whiplash → pt will take
fibroid long pt ID pr + Mtr
long pt ID pr. X Ray of ER
are all negative

FOLLOW-UP: PRN or

Student Signature (if applicable) / Program

PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

ATTORNEYS AT LAW
GREENVILLE, SOUTH CAROLINA 29609

(864) ;
Fax (864) ;

September 17, 2012

Mattie S. Wilson

Greenville, SC 29611

Re: *Claim No.:* 22947-07370
Date of Loss: 10-20-2010

Dear Ms. Wilson:

Please find attached an offer to "clincher" your workers compensation case against Directory Distributing Associates.

We did take Dr. Leblond's deposition and I do believe he will issue an impairment rating of no more than that indicated in the offer. As you can see the offer is available for 30 days.

Clinchering the agreement would mean that you would not be entitled to any medical services in the future as a result of the accident nor would you be entitled to claim any worsening of your condition during the statutory period following an award of workers compensation. In other words, the workers comp claim would be ended once and for all and no further amounts could be obtained from your employer.

Although not contained in the letter Mr. Frye indicated to me verbally that Directory Distributing Associates would not file a claim against any award that you receive as a result of the personal injury claim involving the at fault driver.

I am also advised that medicare has been paying all of your ongoing medical expenses and therefore do not believe the clincher would effect your continuing treatment.

As you are well aware the long history of injuries and insults to your back makes it extremely difficult to make a claim that any subsequent injury, certainly the most recent one, significantly increased the injury to your back from what existed prior to the accident. That issue exists in both the workers compensation claim and any claim that may be brought against the at fault driver.

Under the circumstances I would strongly suggest that you give serious consideration to accepting the offer attached.

Yours very truly,



Randall S. Hiller

RSH/ak
Enclosure.

11/19/12
EDI001544

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION R08
EDI CREATED/UPDATED FIRST REPORT

CONTAINS ALL ITEMS REQUIRED BY OSHA FORM 101 (Enter all dates in MM/DD/YY format)

EMPLOYER: DIRECTORY DISTRIBUTING
2670 BRECKENRIDGE BLVD

CARRIER CLAIM#: 007209000278WC01

DULUTH, GA 30096

SCWCC CLAIM#: 1020999

SIC CODE: 541870

UNEMPLOY/FED. TAX I.D. NO.: 431292935

INSURANCE ACE AMERICAN INSURANCE COMPANY
CARRIER 436 Walnut Street WA07A

CARRIER FEIN: 952371728
CARRIER ID: 00461

PHILADELPHIA, PA 19106

EMPLOYEE NAME (Last, First, Middle)
WILSON, MATTIE

SOCIAL-SECURITY-NUMBER
249-02-1654

PHONE NO.
(864) 241-9757

ADDRESS: 145-B WEST 4TH ST.

DATE OF BIRTH: 08/08/1955 MARITAL STATUS: U

GREENVILLE, SC 29611

MALE/FEMALE: F # DEPENDENT CHILDREN: 0

DATE OF HIRE: 10/18/10

OCCUPATION: DELIVERY CARRIE

WAGE INFORMATION

RATE: \$190.00

WAGE PERIOD: WEEKLY

DATE RETURNED TO WORK:

FULL DAY PAY FOR DAY OF INJURY: N

DID SALARY CONTINUE: N

OCCURRENCE

PLACE OF ACCIDENT OR OCCURRENCE: 29607-0000
GREENVILLE

DATE OF INJ: 10/20/10

TIME OF INJ: 09:37 AM

EMPLOYER'S PREMISES: N

LAST WORKDATE: 10/20/10

DATE EMPLOYER NOTIFIED: 10/20/10

DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 45 COLLISION WITH ANOTHER VEHICLE

NATURE: 52 STRAIN

LOCATION: 42 LOW BACK AREA

DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURED WITH DETAILS OF HOW EVENT OCCURED

EE WAS PROCEEDING THROUGH A GREEN LIGHT & WAS STRUCK BY OV W HO RAN A RED
LIGHT RESULTING IN STRAIN TO NECK AND UNSPECIFIED AREA OF

IF FATAL GIVE DATE OF DEATH:

** Amended **

ELECTRONIC FILING

ORIGINAL DATE SENT: 11/19/12

DATE PROCESSED: 11/19/12

TRADING PARTNER: Gallagher Bassett Services In
Two Pierce Place

Itasca, IL 601433141

May 17, 2013

Dear Class Member:

Welcome to the AT&T and Directory Distributing Associates delivery workers' lawsuit. Thank you for deciding to participate in this lawsuit. We have some important information to tell you. Please read this letter carefully.

1. **We are moving forward with the case and working to prepare for trial.** The trial will probably not happen until 2014. We have a lot of work to do first. We will be in touch with you as the case progresses to get your help and information.
2. **We do not think that Directory Distributing Associates and AT&T paid the telephone delivery workers properly.** We think that each eligible delivery worker is entitled to be paid the minimum wage for all hours worked in a work week, and time and one-half minimum wage for all hours worked over forty hours in a work week. (This calculation may vary with some states.) AT&T and Directory Distributing Associates deny our claims that they paid delivery workers improperly.
3. **The best way to communicate with us is by email or through our website.** Email us at lawsuit@ddadeliveryworkersgroup.com or go to our website at www.ddadeliveryworkersgroup.com. It is ok if you do not have an email or internet access, but it is easier and quicker for us to get information to and from you that way. **If you do not have an email, please consider signing up for one.** Google and Yahoo will give you a **FREE** email. Then, when you go to any computer with internet service, you can check your email and the website. *Of course, we can still communicate with you by regular U.S. mail if you do not have an email address or if you can't check your email regularly.* Also, you can easily update any changes to your address and contact information through our website.
4. **The current password to access our private, confidential website page for class members only is:** ~~XXXXXXXXXX~~ *Phone Book - Pass Word* We will be updating the website as things develop. The information on this page is private and confidential and considered attorney-client communication – just for you and us to read. Don't share your email communications or password with anyone.
5. **Let us know right away if anyone from AT&T or Directory Distributing Associates contacts you.** If they request information, please politely advise them that you are represented by counsel and ask them to contact us for any information that is needed. Please let us know us right away if you are contacted by them and asked for information.
6. **Do you have any paperwork or documents related to your work for AT&T or**

Directory Distributing Associates? If so, please **KEEP IT!** You may have paperwork, email, documents or other things such as *any* contract you signed, route sheets, maps of where you went, pay stubs, signs to put in your car, t-shirts you were told to wear, instructions, lists of "Do's & Don't's," paperwork from unemployment claims, paperwork from workers' compensation claims, phone books, bags for phone books, deposit records from your bank, etc. Please keep it and let us know you have it.

7. **Read the attached order from the Judge in our case.** Judge Hinde wants to be sure that everyone knows that they cannot lie about their identity to get a job. If you go to work for AT&T and Directory Distributing Associates delivering telephone books you must tell them your correct name and give them your correct identification. **If you have been told by Directory Distributing Associates and AT&T to work under someone else's name, TELL US RIGHT AWAY.**
8. **Please fill out the attached survey form.** Do this in one of the following ways:

fill it out on the website at www.ddadeliveryworkersgroup.com, (preferred),
email it to lawsuit@ddadeliveryworkersgroup.com
fax it to 713-802-1779
or return it by mail in the enclosed envelope

Please try to return the information by June 1, 2013 or as soon as possible thereafter.
We look forward to hearing from you as soon as possible.

Sincerely,

Cynthia Thomson Diggs
Holmes, Diggs & Eames, PLLC
5300 Memorial Drive, Suite 900
Houston, Texas 77007
Tel: (713) 802-1777
Fax: (713) 802-1779

Judith Sadler
Law Offices of Judith Sadler, PC
14701 St. Mary's Lane, Suite 315
Houston, Texas 77079
Tel: (713) 877-8111

Richard Mithoff
Mithoff Law Firm
One Allen Center, Penthouse
500 Dallas Street
Houston, Texas 77002
Tel: (713) 654-1122

Offe Lawyers for Texas

Euteria
WCC 1020999

Sincerely,

Cynthia Thomson Diggs

Holmes, Diggs, Eames & Sadler
5300 Memorial Drive, Suite 900
Houston, Texas 77007

Richard Mithoff

Mithoff Law Firm
One Allen Center, Penthouse
500 Dallas Street
Houston, Texas 77002

Judie Sadler

Holmes, Diggs, Eames & Sadler
5300 Memorial Drive, Suite 900
Houston, Texas 77007
lawsuit@ddadeliveryworkersgroup.com

Russell Post

Beck Redden LLP
1221 McKinney St., Suite 4500
Houston, Texas 77010

14
SC Workers' Compensation Commi on
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803)737-5723



WCC File #: 1020999

Carrier File #: 22947-07370

Carrier Code #:

Employer FEIN #: 43-1292935

Mattie Wilson 249-02-1654

Claimant's Name SSN

145-B West 4th Street
Greenville, South Carolina 29611

Address City State Zip

Home Phone #

Work Phone #

Preparer's Name

Law Firm

Directory Distributing Associates, Inc.

Employer's Name

1602 Park 370 Court
Hazelwood, Missouri 63042

Address City State Zip

ACE American Insurance Company c/o Gallagher Bassett Services, Inc.

Insurance Carrier

Phone Number

Date of Injury: 10/20/2010

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	10/26/10	\$158.55
2nd		\$
3rd		\$
4th		\$

Total Paid 2. \$158.55

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

3. \$0

4. Add lines 2 and 3.

TOTAL WAGES PAID:

4. \$158.55

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. _____

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. \$158.55

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.

7. \$105.71

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.

WEEKLY COMPENSATION RATE: 8. \$105.71

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.

NAME: MATTIE S WILSON

SSN: XXX-XX-1654

HEALTH INSURANCE

MEDICARE

MEDICAID

Type

PART A

PART B

Referred to State for
determination (1634 States)

Start

06/2010

06/2010

Stop

Buy-In

No

Yes

SSI WORK EXCLUSIONS

Blind Work Expenses

Impairment Related Work Expenses

Student Earned Income Exclusions

PASS Exclusion

SSDI WORK ACTIVITY

Trial Work Months

Start:

End:

Used: 0 Months

Month of Cessation

N/A

Current SGA Level

\$1,090.00

Last Work Review Action

01/28/2011

DEMONSTRATION PROJECT INFORMATION

None

IRS Recorded Earnings (Yearly)

SSI Recorded Earnings (Monthly)

YEAR	EARNINGS	YEAR	EARNINGS
1969	\$179.08	1970	\$0.00
1971	\$0.00	1972	\$0.00
1973	\$2,347.75	1974	\$1,055.55
1975	\$4,851.11	1976	\$5,919.21
1977	\$9,402.01	1978	\$5,743.97
1979	\$12,399.76	1980	\$11,801.98
1981	\$13,523.70	1982	\$6,084.84
1983	\$13,861.78	1984	\$14,293.63
1985	\$13,439.25	1986	\$11,041.48
1987	\$0.00	1988	\$0.00
1989	\$430.36	1990	\$0.00

MONTHS	EARNINGS	MONTHS	EARNINGS
01/07 - Cont.	\$200.00 (E)		

NAME: MATTIE S WILSON

SSN: XXX-XX-1654

HEALTH INSURANCE

MEDICARE

MEDICAID

Type	PART A	PART B	Referred to State for determination (1634 States)
Start	06/2010	06/2010	
Stop			
Buy-In	No	Yes	

SSI WORK EXCLUSIONS

Blind Work Expenses
Impairment Related Work Expenses
Student Earned Income Exclusions
PASS Exclusion

SSDI WORK ACTIVITY

Trial Work Months	Start:	End:	Used: 0 Months
Month of Cessation	N/A		
Current SGA Level	\$1,090.00		
Last Work Review Action	01/28/2011		

DEMONSTRATION PROJECT INFORMATION

None

IRS Recorded Earnings (Yearly)

SSI Recorded Earnings (Monthly)

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1985	\$13,439.25	1986	\$11,041.48
1987	\$0.00	1988	\$0.00
1989	\$430.36	1990	\$0.00

MONTHS	EARNINGS	MONTHS	EARNINGS
01/07 - Cont.	\$200.00 (E)		

NAME: MATTIE S WILSON

157

SSN: XXX-XX-1654

2 of 3

1991	\$0.00	1992	\$533.70
1993	\$5,787.46	1994	\$9,233.31
1995	\$8,510.46	1996	\$7,495.67
1997	\$10,920.79	1998	\$10,014.15
1999	\$15,501.29	2000	\$27,055.16
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2003	\$9,151.00	2004	\$5,270.98
2005	\$10,469.00	2006	\$4,526.00
2007	\$9,438.50	2008	\$10,015.97
2009	\$0.00	2010	\$0.00
2011	\$10.88	2012	\$2,278.56

Posted SSDI Monthly Earnings (Last Five Years)

Print Key Output
5769SS1 V4R2M0 980228 S102LDFM 10/16/17 Page 1
15:43:05

Display Device : LWSC1
User : KCANTRELL

Date 10/16/17 Employee Check History Inquiry Time 15:42:43

Employee 26416 Name WILSON, MATTIE SARAH

Company 10 Period Begin 1/01/02 Period End 12/31/03

X	Check Date	Check No	Gross	FIT	FICA	Other	Net
	5/08/02	1151984	111.46		8.53	.24	102.69
	5/15/02	1153259	322.24	17.71	24.65	8.34	271.54
	5/22/02	1154536	493.43	43.39	37.74	19.12	393.18
	5/29/02	1155817	523.07	47.84	40.01	21.15	414.07
	6/05/02	1157101	467.46	39.49	35.76	17.49	374.72
	6/12/02	1158388	322.24	17.71	24.65	8.34	271.54
	6/19/02	1159660	520.32	47.42	39.80	20.96	412.14
	6/26/02	1161817	571.34	55.08	43.70	24.53	448.03
	7/03/02	1163075	443.60	35.92	33.93	15.99	357.76
	7/17/02	1164477	573.33	55.37	43.86	24.67	449.43
	7/24/02	1165740	474.55	40.56	36.30	17.94	379.75
	7/31/02	1167000	493.43	43.39	37.74	19.12	393.18
	Totals		11,893.83		871.55		9,230.49
				885.86		905.93	

F3=Exit F6=Print F12=Previous

Jean E. Dwyer
Payroll - Albee Mfg Co., Inc.
864-306-2114

Print Key Output
5769SS1 V4R2M0 980228

S102LDFM

Page 1
10/16/17 15:43:17

Display Device : LWSC1
User : KCANTRELL

Date 10/16/17 Employee Check History Inquiry Time 15:42:43

Employee 26416 Name WILSON, MATTIE SARAH

Company 10 Period Begin 1/01/02 Period End 12/31/03

X	Check Date	Check No	Gross	FIT	FICA	Other	Net
	8/07/02	1168260	493.43	35.98	33.97	65.91	357.57
	8/14/02	1169514	493.43	35.98	33.97	65.91	357.57
	8/21/02	1170787	433.01	26.92	29.34	62.11	314.64
	8/28/02	1172069	429.62	26.41	29.08	61.89	312.24
	9/04/02	1173344	402.80	22.39	27.03	60.20	293.18
	9/11/02	1174620	402.80	22.39	27.03	60.20	293.18
	9/18/02	1175883	402.80	22.39	27.03	60.20	293.18
	10/02/02	1178234	382.66	18.60	25.11	64.23	274.72
	10/09/02	1179460	493.43	41.51	36.79	31.35	383.78
	10/16/02	1180676	493.43	41.51	36.79	31.35	383.78
	10/23/02	1181890	402.80	27.92	29.86	25.64	319.38
	10/30/02	1183096	377.63	24.14	27.93	24.05	301.51
	Totals		11,893.83		871.55		9,230.49
				885.86		905.93	

F3=Exit F6=Print F12=Previous

Weaver:
at Alice Mgt. Co. Has
5# plants. Worked
at Arial Plant.
Pickens County.

5769SS1 V4R2M0 980228

Print Key Output

S102LDFM

Page 1
10/16/17 15:43:25

Display Device : LWSC1
User : KCANTRELL

Date 10/16/17 Employee Check History Inquiry Time 15:42:43

Employee 26416 Name WILSON, MATTIE SARAH

Company 10 Period Begin 1/01/02 Period End 12/31/03

X	Date	Check No	Gross	FIT	FICA	Other	Net
	11/06/02	1184296	402.80	27.92	29.86	25.64	319.38
	11/13/02	1185500	402.80	27.92	29.86	25.64	319.38
	11/20/02	1186707	483.36	40.00	36.02	30.71	376.63
	11/27/02	1187916	80.56		5.21	13.01	62.34

Totals	11,893.83		885.86	871.55	905.93	9,230.49
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F3=Exit F6=Print F12=Previous

01/14/13
FILEID001459

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION R08
EDI CREATED/UPDATED FIRST REPORT

CONTAINS ALL ITEMS REQUIRED BY OSHA FORM 101 (Enter all dates in MM/DD/YY format)

EMPLOYER: DIRECTORY DISTRIBUTING
2670 BRECKENRIDGE BLVD
DULUTH, GA 30096

CARRIER CLAIM#: 007209000278WC01

SCWCC CLAIM#: 1020999

NAICS CODE: 541870

FED. TAX I.D. NO.: 431292935

INSURANCE ACE AMERICAN INSURANCE COMPANY
CARRIER: P.O. Box 5122
SCRANTON, PA 18505

CLAIMS GALLAGHER BASSETT SERVICES INC
ADMIN: 2915 PREMIERE PARKWAY
DULUTH, GA 30097-5241

CARRIER ID: 00461 CARRIER FEIN: 952371728

EMPLOYEE NAME (Last, First, Middle)
WILSON, MATTIE

SOCIAL SECURITY NUMBER
249-02-1654

PHONE NO.
() -

ADDRESS: 145-B WEST 4TH ST.
GREENVILLE, SC 29611

DATE OF BIRTH: 08/08/1955 MARITAL STATUS:

MALE/FEMALE: F # DEPENDENT CHILDREN: 0

DATE OF HIRE: 10/18/10
OCCUPATION:

WAGE INFORMATION

RATE: \$190.00

WAGE PERIOD:

DATE RETURNED TO WORK:

FULL DAY PAY FOR DAY OF INJURY: N

DID SALARY CONTINUE: N

OCCURRENCE

PLACE OF ACCIDENT OR OCCURRENCE:
GREENVILLE

DATE OF INJ: 10/20/10

TIME OF INJ: 00:00 AM

EMPLOYER'S PREMISES: N LAST WORKDATE:

DATE EMPLOYER NOTIFIED: 10/20/10

DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 45 COLLISION WITH ANOTHER VEHICLE
NATURE: 52 STRAIN
LOCATION: 42 LOW BACK AREA

DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURED WITH DETAILS OF HOW EVENT OCCURED

EE WAS PROCEEDING THROUGH A GREEN LIGHT & WAS STRUCK BY OV W HO RAN A RED
LIGHT RESULTING IN STRAIN TO NECK AND UNSPECIFI ED AREA OF

IF FATAL GIVE DATE OF DEATH:

** Amended **

ELECTRONIC FILING

ORIGINAL DATE SENT:

<1>: <2>:

DATE PROCESSED: 01/14/13

TRADING PARTNER: Gallagher Bassett Services
Two Pierce Place
Itasca, IL 60143

||

11/19/12
EDI001544

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION R08
EDI CREATED/UPDATED FIRST REPORT

CONTAINS ALL ITEMS REQUIRED BY OSHA FORM 101 (Enter all dates in MM/DD/YY format)

EMPLOYER: DIRECTORY DISTRIBUTING
2670 BRECKENRIDGE BLVD

CARRIER CLAIM#: 007209000278WC01

SCWCC CLAIM#: 1020999

DULUTH, GA 30096

SIC CODE: 541870

UNEMPLOY/FED. TAX I.D. NO.: 431292935

INSURANCE ACE AMERICAN INSURANCE COMPANY
CARRIER 436 Walnut Street WA07A

CARRIER FEIN: 952371728
CARRIER ID: 00461

PHILADELPHIA, PA 19106

EMPLOYEE NAME (Last, First, Middle)
WILSON, MATTIE

SOCIAL-SECURITY-NUMBER
249-02-1654

PHONE NO.
(864) 241-9757

ADDRESS: 145-B WEST 4TH ST.

DATE OF BIRTH: 08/08/1955 MARITAL STATUS: U

GREENVILLE, SC 29611

MALE/FEMALE: F # DEPENDENT CHILDREN: 0

DATE OF HIRE: 10/18/10

OCCUPATION: DELIVERY CARRIE

WAGE INFORMATION

RATE: \$190.00

WAGE PERIOD: WEEKLY

DATE RETURNED TO WORK:

FULL DAY PAY FOR DAY OF INJURY: N

DID SALARY CONTINUE: N

OCCURRENCE

PLACE OF ACCIDENT OR OCCURRENCE: 29607-0000
GREENVILLE

DATE OF INJ: 10/20/10

TIME OF INJ: 09:37 AM

EMPLOYER'S PREMISES: N

LAST WORKDATE: 10/20/10

DATE EMPLOYER NOTIFIED: 10/20/10

DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 45 COLLISION WITH ANOTHER VEHICLE
NATURE: 52 STRAIN
LOCATION: 42 LOW BACK AREA

DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURED WITH DETAILS OF HOW EVENT OCCURED

EE WAS PROCEEDING THROUGH A GREEN LIGHT & WAS STRUCK BY OV W HO RAN A RED
LIGHT RESULTING IN STRAIN TO NECK AND UNSPECIFIED AREA OF

IF FATAL GIVE DATE OF DEATH:

** Amended **

ELECTRONIC FILING

ORIGINAL DATE SENT: 11/19/12

DATE PROCESSED: 11/19/12

TRADING PARTNER: Gallagher Bassett Services In
Two Pierce Place

Itasca, IL 601433141

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

Mattie Sarah Elizabeth Wilson,	)	Civil Action No.: 6:13-2822-MGL
	)	
Plaintiff,	)	
	)	
vs.	)	<u>ORDER AND OPINION</u>
	)	
B D Roddy <i>aka</i> B Douglas Roddy <i>aka</i>	)	
Barksdale Douglas Roddy Jr; Malindea Lee,	)	
State Farm Ins Co; Richard Owens, Claim	)	
Representative for State Farm Ins,	)	
	)	
Defendants.	)	
_____	)	

Plaintiff Mattie Sarah Elizabeth Wilson ("Plaintiff") brings this civil action *pro se* and *in forma pauperis* against Defendants B D Roddy, *aka* B Douglas Roddy, *aka* Barksdale Douglas Roddy Jr; Malindea Lee, State Farm Ins Co; and Richard Owens, Claim Representative for State Farm Ins ("Defendants"), pursuant to Title 42, United States Code, Section 1983. (ECF No. 1.) In accordance with 28 U.S.C. § 636(b) and Local Civil Rule 73.02(B), D.S.C., this matter was referred to United States Magistrate Judge Jacquelyn D. Austin for pre-trial handling and a Report and Recommendation.

On October 29, 2013, Magistrate Judge Austin issued a Report and Recommendation recommending this court dismiss Plaintiff's complaint without prejudice and without service of process as the complaint alleges no basis for federal jurisdiction. (ECF No. 12.) The Magistrate Judge advised Plaintiff of the procedures and requirements for filing objections to the Report and Recommendation and the serious consequences if she failed to do so. (ECF No. 12 at 5.) Plaintiff filed timely objections on November 18, 2013. (ECF No. 15.)

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

Mattie Sarah Elizabeth Wilson,	)	Civil Action No.: 6:13-2822-MGL
	)	
Plaintiff,	)	
	)	
vs.	)	<u>ORDER AND OPINION</u>
	)	
B D Roddy aka B Douglas Roddy aka	)	
Barksdale Douglas Roddy Jr; Malindea Lee,	)	
State Farm Ins Co; Richard Owens, Claim	)	
Representative for State Farm Ins,	)	
	)	
Defendants.	)	
	)	

Plaintiff Mattie Sarah Elizabeth Wilson ("Plaintiff") brings this civil action *pro se* and *in forma pauperis* against Defendants B D Roddy, aka B Douglas Roddy, aka Barksdale Douglas Roddy Jr; Malindea Lee, State Farm Ins Co; and Richard Owens, Claim Representative for State Farm Ins ("Defendants"), pursuant to Title 42, United States Code, Section 1983. (ECF No. 1.) In accordance with 28 U.S.C. § 636(b) and Local Civil Rule 73.02(B), D.S.C., this matter was referred to United States Magistrate Judge Jacquelyn D. Austin for pre-trial handling and a Report and Recommendation.

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STANDARD OF REVIEW

The Magistrate Judge makes only a recommendation to this court. The recommendation has no presumptive weight. The responsibility to make a final determination remains with this court. See *Mathews v. Weber*, 423 U.S. 261, 270-71 (1976). The court may accept, reject, or modify, in whole or in part, the findings or recommendations made by the Magistrate Judge. 28 U.S.C. § 636(b)(1). The court may also receive further evidence or recommit the matter to the Magistrate Judge with instructions. *Id.* The court is charged with making a *de novo* determination of those portions of the Report and Recommendation to which specific objections are made.

Plaintiff filed timely objections to the Magistrate Judge's Report and Recommendation and the court has considered them. Upon review of Plaintiff's objections, the Court concludes that her objections provide no basis for this court to deviate from the Magistrate Judge's recommended disposition. Plaintiff's objections are primarily non-specific, unrelated to the dispositive portions of the Report and Recommendation, and fail to establish that the Recommendation errs in any respect.

The Magistrate Judge recommends dismissal due lack of federal jurisdiction. The issue of jurisdiction may be raised at any time by either party or *sua sponte* by this Court so that the Court does not decide controversies beyond its authority. *Plyer v. Moore*, 129 F.3d 728 (4th Cir. 1997). Recognizing the Plaintiff is proceeding *pro se*, the Court has carefully reviewed Plaintiff's complaint and has determined that the pleadings simply do not allege a claim cognizable in this Court.

Therefore, after conducting a *de novo* review of the objections and considering the

record and applicable law, the Court finds that Plaintiff's objections have no merit and are hereby overruled. The Court adopts the Report and Recommendation of the Magistrate Judge, and dismisses this matter without prejudice and without service of process.

IT IS SO ORDERED.

/s/Mary G. Lewis
United States District Judge

December 5, 2013
Spartanburg, South Carolina

8

RECEIVED
USDC CLERK, GREENVILLE, SC

NOV 18 11:09

United States District Court
District of South Carolina

11/11/2013

Mattie Sarah Elizabeth Wilson

c/a:6:13-2822-MGL

Plaintiff,

Vs

B D Roddy aka B Douglas Aka Barksdale

Douglas Roddy Jr; Malindea Lee, State farm Ins,

Objections

Co; Richard Owens Claim Representative for Motion for

State Farm Ins,

Evidentiary Hearing

Defendants

Jurisdiction

28u-S.C.(a); 28u. SL.31.,(a)(6); Fourteenth

Amendment U.S.C.A., 28U.S. CA. S1446

Vehicle Auto Accident

Please Furnished Defendants" With Copies:.,

Mattie Sarah Elizabeth Wilson was working, delivering

A.T. and T. telephone Books., Door to door in my car (personal car),

Directory Distributing Assoc. and Ace American Insurance

Company c/o Gallagher Bassett Services, Inc.

(5)

Documents Enclosed. Traffic light was Green to go Middle ways across the highway., I notice a car on Academy; I was on W. Washington crossing the highway Academy., a car on my right was not slowing to come to a s stop I had a green light. I quickly tried to turn away, to avoid accident. We collided I had a passenger in my vehicle. (Curtis Bailey#10 C Brook Heaven apartments 430 Perry ave. Greenville S.C. 29601. The accident turned my car, three times in a circle, headed up the highway. I and my passenger were hurt we proceeded to St. Francis emergency room at one St. Francis Dr. Greenville s.c 29601. My car was a total loss.

Enclosed is, sworn Documents

There was one witness that witnessed the complete accident. She was sitting across the highway on the opposite side of the highway facing me. She witness complete auto accident.

Documents enclosed Police official took witness statement over the phone, that "B.D. Roddy Ran the red light that caused , injuries to. "Curtis Bailey and Mattie Sarah Elizabeth Wilson

All medical bills are not enclosed to be refurnished

I am not a attorney.

Injuries were:, chest, steering wheel hit chest, spine, shifted vertebra" eight percent disability in neck left hand thumb shaped different because of impact hands holding steering wheel, back strain and two herniated discs, stiffness and soreness a severe muscle spasms that also caused Mattie Sarah Elizabeth Wilson to fall having severe Mule spasms., that caused a sprang strained right shoulder severely, had to go back to., St Francis emergency room for additional injures., (documents enclosed).

I Mattie Sarah Elizabeth Wilson was working when the Accident occurred on 10/20/2010. That put Mattie Sarah Elizabeth Wilson, under workers compensation.(all Documents Enclosed)(claim was denied) Still in court under class action law suit., taken by the attorneys of (Georgia) documents enclosed.(will not go to court until 4/15/2015) Documents enclosed. Claim for workmen compensation was denied. If judge rules in 4/15/2015 for back pay time and a half. That judgment will put Mattie S.E. Wilson to be under workmen compensation. Documents enclosed

Documents Enclosed:

Hospital bills paid:

Hospital bills Unpaid:

All co pays unpaid: all other expensive therapy sections.

Mattie S.E. Wilson: all my personal insurance company's states they want their money back

Documents enclosed.

Police department has witness of entire

Accident on file and statement. They refuse to give it back to me on accident report. Claim representative: Richard Owens for state farm insurance co. wants to give Mattie S.E. Wilson., 12,000 dollars and pay all medical bills with the 12,000 dollars, which there is over fifty thousand dollars in medical, loss wages, pain and suffering. I ask the court monetary relict over fifty thousand dollars.

I reassert original complaints set- verletirn below.

Relief

Compensary damage=200,000 dollars

Mattie Sarah Elizabeth Wilson
MATTIE SARAH ELIZABETH WILSON

NAME: MATTIE S WILSON

SSN: XXX-XX-1654

HEALTH INSURANCE

MEDICARE

MEDICAID

Type	PART A	PART B	Referred to State for determination (1634 States)
Start	06/2010	06/2010	
Stop			
Buy-In	No	Yes	

SSI WORK EXCLUSIONS

Blind Work Expenses
Impairment Related Work Expenses
Student Earned Income Exclusions
PASS Exclusion

SSDI WORK ACTIVITY

Trial Work Months	Start:	End:	Used: 0 Months
Month of Cessation	N/A		
Current SGA Level	\$1,090.00		
Last Work Review Action	01/28/2011		

DEMONSTRATION PROJECT INFORMATION

None

IRS Recorded Earnings (Yearly)

SSI Recorded Earnings (Monthly)

YEAR	EARNINGS	YEAR	EARNINGS	MONTHS	EARNINGS	MONTHS	EARNINGS
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NAME: MATTIE S WILSON

157

SSN: XXX-XX-1654

2 of 3

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2003	\$9,151.00	2004	\$5,270.98
2005	\$10,469.00	2006	\$4,526.00
2007	\$9,438.50	2008	\$10,015.97
2009	\$0.00	2010	\$0.00
2011	\$10.88	2012	\$2,278.56

Posted SSDI Monthly Earnings (Last Five Years)

Social Security Benefit Information

3 of 3

4 YEARS OF INCOME

From: SOCIAL SECURITY ADMINISTRATION

Refer To: XXX-XX-1654

319 Pelham Rd.

Greenville, SC 29615

MATTIE S WILSON
4300 A WHITE HORSE RD
GREENVILLE SC 29611-5057

Date: March 19, 2015

You requested the attached Benefits Planning Query (BPQY). The BPQY includes information about your:

- Disability cash payments
- Health insurance
- Scheduled medical reviews
- Work history

Please contact us if this information does not match your records.

You can use the BPQY to help you plan a successful return to work. For information on how work may affect your benefits and our work incentive programs you can request a copy of our free pamphlet, **Working While Disabled-How We Can Help (SSA Publication Number 05-10095)** or the **Red Book**, a summary guide to our employment support programs for persons with disabilities. Both of these publications are available online at www.socialsecurity.gov/pubs/10095.html or www.socialsecurity.gov/redbook. Also, these publications include information about the Ticket to Work program, which can help you work or increase your earnings. To learn more, call 1-866-968-7842 (TTY 1-866-833-2967) or visit www.socialsecurity.gov/work.

What to Report If You Work and Receive Disability

You must let us know right away if:

- You start or stop work;
- Your duties, hours, or pay changes; or
- You start paying for expenses for work due to your disability.

You can report changes in your work activity by phone, fax, mail, or in person. Call our toll-free number 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday, or visit your local Social Security office. You can find your local office by going to our website at www.socialsecurity.gov. We will give you a receipt to verify your report. Keep this receipt with all of your other important papers from Social Security.

Social Security Administration

VIII. CLAIMS FOR RELIEF

A. FAIR LABOR STANDARDS ACT: 2009-2012

185. The allegations set forth in ¶¶ 31-175, *supra*, are re-alleged and incorporated by reference herein.

186. This is an action to recover unpaid wages and unpaid overtime compensation for time worked under the Fair Labor Standards Act, as amended 29 U.S.C. § 201, *et seq.* and to address the Defendants' violations of the FLSA record keeping provisions 29 U.S.C. § 211(c).

187. At all times relevant and material, Plaintiff Krawczyk and those similarly situated were jointly employed by Defendants within the meaning of the Act, 29 U.S.C. § 203(e)(1). Plaintiff and others similarly situated have consented to participation in this suit. *See Exhibits 2 and 3* (consent forms for Krawczyk).

188. At all times relevant and material, Defendants were joint employers engaged in interstate commerce and/or in the production of goods for commerce, within the meaning of the FLSA, 29 U.S.C. § 203.

189. Defendants have acted intentionally, knowingly and willfully and/or in reckless disregard of the rights of Plaintiff and the rights of similarly situated employees by failing to pay Plaintiff and other similarly situated employees the minimum wage, straight time pay and overtime pay for time actually worked to which they were entitled during each workweek in violation of 29 U.S.C. §§ 207 & 216.

190. Defendants did not make, keep and/or preserve Plaintiff's records as required pursuant to 29 U.S.C. § 211(c) or file necessary administrative reports related to these records.

191. During the individual worker's employment with Defendants, Plaintiff and the similarly situated individual workers worked in excess of forty (40) hours in a work week on a regular and recurring basis. Plaintiff and those similarly situated were not paid minimum wages and straight time for all the hours they worked during the work week. Furthermore, they were not paid time and one-half for the hours they worked in excess of forty (40) hours.

1 192. Defendants' actions with regard to Plaintiff and those similarly situated
2 employees were willful and/or in reckless disregard of their obligations under the FLSA, thereby
3 allowing for a three (3) year statute of limitation period.

4 193. Defendants' pattern and practice of classifying individuals hired to deliver AT&T
5 telephone directories as independent contractors was, and is, a violation of the FLSA. Therefore,
6 Plaintiff and all those similarly situated are entitled to be paid for all hours worked, to be paid the
7 minimum wage for each hour worked, and to be paid for time and one-half for each hour worked
8 in excess of forty (40) hours in a work week.

9 194. Further, Defendants retaliated against any individuals who complained or
10 objected to the manner in which they were classified and paid. Such retaliation is a violation of
11 the FLSA. *See* 29 U.S.C. § 218c(a)(5).

12 195. Plaintiff and all those similarly situated are entitled to an amount equal to all their
13 unpaid wages as liquidated damages, as well as reasonable attorneys' fees and costs of this
14 action. 29 U.S.C. § 216(b).

15 **B. FAIR LABOR STANDARDS ACT: 2013-2016**

16 196. The allegations set forth in ¶¶ 31-175, *supra*, are re-alleged and incorporated by
17 reference herein.

18 197. This is an action to recover unpaid wages and unpaid overtime compensation for
19 time worked under the Fair Labor Standards Act, as amended 29 U.S.C. § 201, *et seq.* and to
20 address the Defendants' violations of the FLSA record keeping provisions 29 U.S.C. § 211(c).

21 198. At all times relevant and material, Plaintiff Estrada and those similarly situated
22 was jointly employed by Defendants within the meaning of the Act, 29 U.S.C. § 203(e)(1).
23 Plaintiff Estrada has consented to participation in this suit. *See Exhibit 7.* Plaintiff Krawczyk
24 was employed by Defendants AT&T and YP during the 2013-2016 class period.

25 199. At all times relevant and material, Defendants were joint employers engaged in
26 interstate commerce and/or in the production of goods for commerce, within the meaning of the
27 FLSA, 29 U.S.C. § 203.
28

C(5).

1 200. Defendants have acted intentionally, knowingly and willfully and/or in reckless
2 disregard of the rights of Plaintiff and the rights of similarly situated employees by failing to pay
3 Plaintiff and other similarly situated employees the minimum wage, straight time pay and
4 overtime pay for time actually worked to which they were entitled during each workweek in
5 violation of 29 U.S.C. §§ 207 & 216.

6 201. Defendants did not make, keep and/or preserve Plaintiff's records as required
7 pursuant to 29 U.S.C. § 211(c) or file necessary administrative reports related to these records.

8 202. During the individual workers' employment with Defendants, Plaintiff and the
9 similarly situated individual workers worked in excess of forty (40) hours in a work week on a
10 regular and recurring basis. Plaintiff and those similarly situated were not paid minimum wages
11 and straight time for all the hours they worked during the work week. Furthermore, they were
12 not paid time and one-half for the hours they worked in excess of forty (40) hours.

13 203. Defendants' actions with regard to Plaintiff and those similarly situated
14 employees were willful and/or in reckless disregard of their obligations under the FLSA, thereby
15 allowing for a three (3) year statute of limitation period.

16 204. Defendants' pattern and practice of classifying individuals hired to deliver AT&T
17 telephone directories as independent contractors was, and is, a violation of the FLSA. Therefore,
18 Plaintiff and all those similarly situated are entitled to be paid for all hours worked, to be paid the
19 minimum wage for each hour worked, and to be paid for time and one-half for each hour worked
20 in excess of forty (40) hours in a work week.

21 205. Further, Defendants retaliated against any individuals who complained or
22 objected to the manner in which they were classified and paid. Such retaliation is a violation of
23 the FLSA. *See* 29 U.S.C. § 218c(a)(5).

24 206. Plaintiff and all those similarly situated are entitled to an amount equal to all their
25 unpaid wages as liquidated damages, as well as reasonable attorneys' fees and costs of this
26 action. 29 U.S.C. § 216(b).

27

28

1 l. Leave to add additional Plaintiffs by motion, by the filing of written
2 consent forms, or any other method approved by the Court; and

3 m. For such other and further relief, in law or equity, as this Court may deem
4 appropriate and just.

5 X. JURY DEMAND

6 208. Plaintiffs hereby demand a trial by jury of all issues which are subject to
7 adjudication by a trier of fact.

8 Dated: December 23, 2016

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/s/ Mark C. Molumphy

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*Attorneys for Plaintiff and Proposed Collective
Members*

May 17, 2013

Dear Class Member:

Welcome to the AT&T and Directory Distributing Associates delivery workers' lawsuit. Thank you for deciding to participate in this lawsuit. We have some important information to tell you. Please read this letter carefully.

1. **We are moving forward with the case and working to prepare for trial.** The trial will probably not happen until 2014. We have a lot of work to do first. We will be in touch with you as the case progresses to get your help and information.
2. **We do not think that Directory Distributing Associates and AT&T paid the telephone delivery workers properly.** We think that each eligible delivery worker is entitled to be paid the minimum wage for all hours worked in a work week, and time and one-half minimum wage for all hours worked over forty hours in a work week. (This calculation may vary with some states.) AT&T and Directory Distributing Associates deny our claims that they paid delivery workers improperly.
3. **The best way to communicate with us is by email or through our website.** Email us at lawsuit@ddadeliveryworkersgroup.com or go to our website at www.ddadeliveryworkersgroup.com. It is ok if you do not have an email or internet access, but it is easier and quicker for us to get information to and from you that way. **If you do not have an email, please consider signing up for one.** Google and Yahoo will give you a **FREE** email. Then, when you go to any computer with internet service, you can check your email and the website. *Of course, we can still communicate with you by regular U.S. mail if you do not have an email address or if you can't check your email regularly.* Also, you can easily update any changes to your address and contact information through our website.
4. **The current password to access our private, confidential website page for class members only is:** ~~XXXXXXXXXX~~ We will be updating the website as things develop. The information on this page is private and confidential and considered attorney-client communication – just for you and us to read. Don't share your email communications or password with anyone.
*Phone Book -
pass word*
5. **Let us know right away if anyone from AT&T or Directory Distributing Associates contacts you.** If they request information, please politely advise them that you are represented by counsel and ask them to contact us for any information that is needed. Please let us know us right away if you are contacted by them and asked for information.
6. **Do you have any paperwork or documents related to your work for AT&T or**

Directory Distributing Associates? If so, please **KEEP IT!** You may have paperwork, email, documents or other things such as *any* contract you signed, route sheets, maps of where you went, pay stubs, signs to put in your car, t-shirts you were told to wear, instructions, lists of "Do's & Don't's," paperwork from unemployment claims, paperwork from workers' compensation claims, phone books, bags for phone books, deposit records from your bank, etc. Please keep it and let us know you have it.

7. **Read the attached order from the Judge in our case.** Judge Hinde wants to be sure that everyone knows that they cannot lie about their identity to get a job. If you go to work for AT&T and Directory Distributing Associates delivering telephone books you must tell them your correct name and give them your correct identification. **If you have been told by Directory Distributing Associates and AT&T to work under someone else's name, TELL US RIGHT AWAY.**
8. **Please fill out the attached survey form.** Do this in one of the following ways:

fill it out on the website at www.ddadeliveryworkersgroup.com, (preferred),
email it to lawsuit@ddadeliveryworkersgroup.com
fax it to 713-802-1779
or return it by mail in the enclosed envelope

Please try to return the information by June 1, 2013 or as soon as possible thereafter.
We look forward to hearing from you as soon as possible.

Sincerely,

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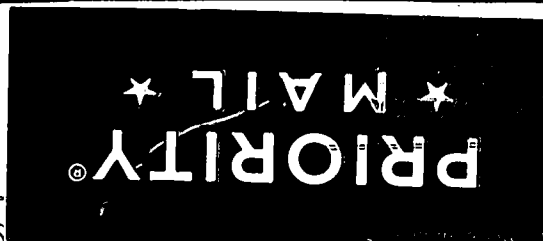
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