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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

W.C.C. File No.: 1414226

Court of Appeals Case No. 2016-000595

Laurent W. Britton, Decedent/Employee, and
Marsha P. Britton, Claimant, ... Respondents,

v.

Charleston County, Employer, and
SC Association of Counties, SIF, Carrier, ... Appellants.

RECORD ON APPEAL

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
JUDICIAL CONFERENCE DECISION AND ORDER

Laurent Britton v Charleston County
SCWCC: 1414226
Commissioners: James, McCaskill, Taylor

RECEIVED
MAR 18 2016
Appeals

This matter was heard before the South Carolina Workers' Compensation Full Commission in Judicial Conference on a **Motion for Rehearing**. The Commissioners considered the matter and ordered the matter handled in the following manner:

IT IS, THEREFORE, ORDERED the pending appeal of the Administrative Order of the Commission is hereby;

_____ Dismissed as Interlocutory. _____Set for Oral Argument.

IT IS, THEREFORE, ORDERED the pending motion be, and hereby is;

_____ Granted. ✓ Denied. _____Dismissed _____Set for Hearing.

BEFORE THE;

_____ Hearing Comm. _____Jurisdictional Comm. _____Full Commission.

IT IS, THEREFORE, ORDERED this matter be, and hereby is; remanded to take such action and enter an Order consistent with the Court's directive.

_____ Remand to Panel as indicated below.

_____Barden _____James _____Taylor
_____Beck _____Campbell _____Wilkerson
_____McCaskill

_____ Remand for Order consistent with the Order of the Court.
_____ Remand to the Hearing Commissioner.
_____ Remand to the Jurisdictional Commissioner.

_____ Other:_____.

_____ Remand: _____ Panel Oral Argument. _____En Banc Oral Argument.

AND IT IS SO ORDERED.

T. Scott Beck, Chair
For the Commission

Columbia, South Carolina

2/22 2016

CONCURRING:	**NOT PARTICIPATING:**	**DISSENTING:**
Commissioner Susan S. Barden	_____	_____
Commissioner Melody James	_____	_____
Commissioner Aisha Taylor	_____	_____
Commissioner Avery Wilkerson	_____	_____
Commissioner Michael Campbell	_____	_____
Commissioner Gene McCaskill	_____	_____

CERTIFICATE OF SERVICE
THIS IS TO CERTIFY THE UNDERSIGNED HAS THIS DATE SERVED THIS ORDER IN THE ABOVE ENTITLED ACTION UPON ALL PARTIES ELECTRONICALLY OR BY DEPOSITING A COPYHEREOF, POSTAGE PAID, IN THE UNITED STATES MAIL

This 22nd day of February, 2016.

By:_____
SCWCC Judicial Department

Received 1/12/16

APPELLATE PANEL

DECISION AND ORDER

of the

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 1414226

Laurent W. Britton, Decedent/Employee,
and Marsha P. Britton,
Claimant,

v.

Charleston County, Employer,

and

SC Association of Counties SIF, Carrier,
Defendants.

AFFIRMED IN FULL

Appellate Panel Review held in Columbia, South Carolina on November 17, 2015, per notices Timely and properly served upon all parties of interest.

Appellate Panel **Decision and Order** filed January 12th, 2016.

APPEARANCES:

Claimant/Respondent represented by R. Walter Hundley, Esquire
Defendants/Appellants represented by Wood Law Group, LLC, J. Hubert Wood, III, Esquire, appearing.

STATEMENT OF THE CASE

This case was originally heard before the Honorable Susan S. Barden on June 19, 2015, in St. George, South Carolina, per notices timely and properly served upon all parties of interest. On August 17, 2015, Commissioner Barden issued the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Claimant alleges that Decedent-Employee died of a work-related heart attack/injury on September 9, 2014, as a result of extraordinary and unusual conditions of employment.

2. Although the claim is in a denied posture, (a) Employer requested that the claim be found compensable, and filed a claim on behalf of Claimant (Claimant's APA, Exhibit G and M; Deposition of Cannon, page 85); and (b) Defendants presented no competing medical causation opinion--including from a cardiologist or otherwise—to refute the medical causation opinion submitted by Claimant (medical evidence in its entirety).

3. On the date of accident, Decedent-Employee was 58 years of age (medical evidence establishing Claimant's date of birth as 9/4/56).

4. Decedent-Employee was a non-smoker (Claimant's APA #1, *e.g.*, pages 5, 9, and 50; Defendants' APA #14, page 226; Defendants' APA #15, page 230).

5. There are no medical records in evidence documenting any prior episodes of chest pain, heart disease, or other complaint regarding Decedent-Employee's heart; in fact, (a) Emergency Room records from the date of the accident state that Decedent-Employee had "no cardiac history" and "no coronary artery disease;" (b) EMS records also state that Decedent-Employee had no cardiac history; (c) 23 years of family physician records are devoid of any mention of chest pain or other coronary problem or complaint; and (d) other records also state that Decedent-Employee had never had coronary heart disease, congestive heart failure, valve disease or heart murmurs, or other cardiovascular disease. Decedent-Employee did have pre-existing diabetes (often uncontrolled, including on the date of the injury), hypertension, and high cholesterol, all of which are risk factors for heart disease or a heart attack (medical evidence in its entirety including but not limited to Claimant's APA #4, pages 55 and 67; Claimant's APA #5, page 75; Claimant's APA #1, page 16; Defendants' APA #14, page 226; Defendants' APA #15, pages 230-231, 234-235, 237, and 244-248; Defendants' APA #16, pages 249-250; Defendants' APA #19, page 287; testimony of Kratz; Deposition of Marsha Britton, page 19; Deposition of Dr. Wilson, pages 11-12, 16-24, and 32-34).

6. On the date of the accident in issue, Decedent-Employee's job was Manager of

Communications for the County of Charleston, a job which required him, among other things, to manage the county-wide 800 MHz Radio system, and be available "24/7" for emergencies requiring special radio communications needs. Decedent-Employee was promoted to this position in January 2011 (Defendants' APA #12, page 163; Defendants' APA #13, page 211; Defendants' APA #17, pages 253 and 255; Deposition of Cannon, pages 24, 26-28, 46-48, and 76-77).

7. Defendants' personnel records describe Decedent-Employee as the "critical link on all user radio programming." Sherriff Cannon describes Decedent-Employee's work as a "critical element of emergency situations." Decedent-Employee's job, among other things, required him to ensure interoperability and reliable communications between and among emergency teams (Defendants' APA #13, pages 212 and 218; Deposition of Cannon, pages 24 and 26-28).

8. On the day of the alleged accident, after working his regular shift of 7:30 a.m. to 3:30 or 4:30 p.m., Decedent-Employee had to return to work in the communications building to manage the communications for a "very complex emergency situation." In addition to his regular hours he previously worked that day, Claimant also worked from approximately 7:30 p.m. until 1:30 a.m., when Decedent-Employee called EMS because of experiencing chest pain and shortness of breath while performing his emergency job duties (Deposition of Marsha Britton, pages 24, 36, and 44-45; Deposition of Al Cannon, pages 31, 38-40, and 78-79; Defendants' APA #16, page 249; testimony of Tunick).

9. The nature of the emergency on the date of the alleged accident involved two deputy sheriffs (and other officers) in a 9-hour standoff with an armed and intoxicated suspect who was "shooting through the walls" of an apartment, such that the two deputy sheriffs were taking fire from the perpetrator. Both deputies were shot by the perpetrator, and one of the deputies died of his wounds (Claimant's APA, Exhibit A, Exhibit B, and Exhibit K; Deposition of Cannon, pages 29, 36-38, and 41-46; Defendants' APA #18 in its entirety, including but not limited to pages 273-274 and 276-286).

10. Away in an office from the actual scene of the crime, Decedent-Employee was required to monitor/coordinate the communications of multiple law enforcement entities who were involved in the standoff (Deposition of Cannon, pages 31, 35, and 47; testimony of Marsha Britton; testimony of Kratz; Deposition of Wilson, page 42; evidence in its entirety).

11. Defendants did not present any testimony to refute the testimony of Wooten and Shealy, who testified that a 9-hour standoff where officers are "down" (a) is atypical, (b) was not a normal emergency, (c) was not a "routine" emergency, (d) was "entirely different" than ordinary emergencies, and (e) was more unusual *vis a vis* other emergencies. In fact, Defendants' witnesses (Tunick and Kratz) also testified that the standoff/shootings were not a normal emergency. Sheriff Cannon, Claimant's witness via deposition testimony, testified that the standoff/shootings were "unique" and "extraordinary" within the definition of "emergency," and that to describe the circumstances as exceptional or unusual would be an "understatement" (testimony of Wooten; testimony of Shealy;

Deposition of Cannon, pages 52, 57, 63, 65-70, 73, 76, and 81-83).

12. The last time a deputy was shot in Charleston County was 8-10 years prior to the date of the incident in issue (Deposition of Cannon, page 69).

13. According to Claimant, it was not typical, not a "regular occurrence," and "not usual" for Decedent-Employee to work at the office after hours, and in those cases when he did, Decedent-Employee usually worked an hour or two (Deposition of Marsha Britton, pages 36-39 and 44-45).

14. No autopsy was performed (Defendants' APA #12, page 160; Deposition of Dr. Wilson, pages 31 and 55).

15. The only causation statement in evidence (Dr. Wilson) states that unexpected strain and overexertion on September 8, 2014, and September 9, 2014, caused a sudden, acute myocardial infarction. Further, the causation statement was provided by Decedent-Employee's longtime family physician, who is very familiar with Decedent-Employee's medical history. Dr. Wilson ultimately does not retreat from his opinion. (Claimant's APA #6, page 79; Deposition of Dr. Wilson in its entirety, including but not limited to pages 5-6, 14-16, 35-36, 42-43, 48, and 51-60).

16. Dr. Wilson admits that he does not know Decedent-Employee's exact job description on the night in question other than the job involved coordinating communications and working all night (after having already worked a full/regular complement of hours); Decedent-Employee was alone in the communications room. However, Dr. Wilson states that he believes that the amount of the additional hours worked in an emergency situation for a person with Claimant's pre-existing condition resulted in the heart attack. After the date of his written opinion, Dr. Wilson considered Sheriff Cannon's statement and ratified his written opinion. The undersigned considered both Cannon's statement and testimony (Deposition of Dr. Wilson, pages 35-37, 39, and 44-50).

17. I considered the facts that (a) Decedent-Employee's father had suffered a heart attack and had coronary artery disease—he did not die from a heart attack, however (Claimant's APA #1, pages 2 and 26; Deposition of Dr. Wilson, pages 9-10); (b) Decedent-Employee's sister had suffered a mild heart attack, and later underwent aortic valve bypass surgery (Claimant's APA #1, page 2, 9, and 26); (c) there is no evidence that Decedent-Employee had a personal relationship with either officer shot in the standoff (Deposition of Marsha Britton, page 34-35 and 43; Deposition of Cannon, page 54); (d) Dr. Wilson (Claimant's expert) is not a cardiologist; however, Defendants could have provided a competing opinion from a cardiologist or any other physician, but chose not to do so (medical evidence in its entirety; Deposition of Dr. Wilson, pages 56-57); (e) although the communications system had a potential for overload, there is no evidence that the equipment malfunctioned or broke down during the standoff and its aftermath (evidence as a whole; testimony of Shealy; testimony of Tunick; Deposition of Cannon, page 48); (f) only Decedent-Employee was in the communications room (*i.e.* the duties

performed in the room were solely and wholly his own), so there is no way for Cannon or Wilson to have spoken with Claimant directly about the night in question; however Dr. Wilson reviewed Cannon's statement as to the circumstances of the standoff, and Cannon--as sheriff--was briefed as well by his subordinates (Deposition, of Wilson, pages 50 and 60-61; Deposition of Cannon, including but not limited to page 50).

18. After consideration of all the evidence, what is left is (a) the fact that every single witness testified that the circumstances regarding the standoff/shootings were unusual and/or not typical; not a single witness testified to the contrary; (b) Claimant's causation statement, which is the only causation statement in evidence; (c) Claimant had no prior treatment for or complaints relating to heart issues; and (d) Claimant's burden of proof is a preponderance of the evidence, rather than a clear and convincing or other heightened standard.

19. The decision in this case is strictly limited to the particular facts and other evidence before the undersigned.

20. Defendants conducted a good faith dependency investigation, the results of which are unequivocal (Defendants' APA #12). Apart from Marsha Britton, the deceased's surviving spouse and a presumed whole dependent, there were no other individuals dependent, either partially or totally/presumed or in fact, upon the deceased's earnings for support at the time of his death and/or for three months prior thereto and accordingly, there are no other individuals entitled to death benefits in this matter.

21. Based upon the dependency investigation and the testimony of Claimant Britton (Decedent-Employee's surviving spouse), Britton is entitled to receive 500 weeks of compensation in a lump sum commuted value determined from the date of death, and the funeral benefit pursuant to Section 42-9-290 (*See* Deposition of Marsha Britton, page 9).

22. Decedent-Employee's average weekly wage is $1,332.61, yielding a compensation rate of $752.16.

CONCLUSIONS OF LAW

1. S.C. Code Ann. §42-1-40 is applicable in determining "average weekly wage."

2. S.C. Code Ann. §42-1-120 is applicable in defining "disability."

3. S.C. Code Ann. §42-1-130 is applicable in defining "employee."

4. S.C. Code Ann. §42-1-140 is applicable in defining "employer."

5. S.C. Code Ann. §42-1-150 is applicable in defining "employment."

6. S.C. Code Ann. §42-1-160 (A) is applicable in defining a compensable "injury."

7. S.C. Code Ann. §42-1-160 (C) is applicable in determining the compensability of "heart attacks" that arise out of and in the course of employment.

8. S.C. Code Ann. §42-1-160 (E) is applicable in defining "medical evidence" in "medically complex cases."

9. S. C. Code Ann. §42-1-160 (G) is applicable in defining "medical evidence."

10. S.C. Code Ann. §42-1-175 is applicable in defining "surviving spouse."

11. S.C. Code Ann. §42-9-5 is applicable in defining "Basis for award."

12. S.C. Code Ann. §42-9-10 is applicable in defining "total disability."

13. S.C. Code Ann. §42-9-90 is applicable in determining increase in compensation which is not paid when due.

14. S.C. Code Ann. §42-9-110 is applicable in defining "Persons conclusively presumed to be wholly dependent."

15. S.C. Code Ann. §42-9-290 is applicable in determining "Amount of compensation for death of employee."

16. S.C. Code Ann. §42-9-301 is applicable in defining "Lump-sum payments."

17. S.C. Code Ann. §42-15-20 is applicable in determining proper notice of an accident.

18. S.C. Code Ann. §42-15-40 is applicable in determining the "time for filing claim."

19. S.C. Code Ann. §42-17-40 is applicable in defining the "conduct of Hearings and Awards," and "evidence allowed."

20. S.C. Code Ann. §42-17-50 is applicable in defining "Review and rehearing by commission."

21. S.C. Code Ann. §42-17-60 is applicable in defining "Conclusiveness of award; appeals."

22. R. 67-206 is applicable in defining "Filing a claim."

23. R. 67-207 is applicable in defining "Requesting a Hearing, Claimant."

24. R. 67-602 is applicable in defining required information for hearings.

25. R. 67-1605 is applicable in defining "Lump sum payment."

26. R. 67-1605(E)(5) is applicable in defining discount tables designated by the Commission.

ORDER

NOW THEREFORE IT IS ORDERED,

That the Defendants shall pay to the Claimant Five Hundred (500) weeks of compensation in a commuted lump sum at the rate of Seven Hundred and Fifty-Two and 16/100ths ($752.16) Dollars subsequent to Decedent's date of death calculated per Regulation 67-1606 (A)(1)(2) and the Commission's designated discount table per Regulation 67-1605 (E)(5), and funeral benefits pursuant to Section 42-9-290.

No hearing costs are assessed in this matter.

AND IT IS SO ORDERED.

Within the statutory period, the Defendants filed a Request for Commission Review setting forth their grounds of appeal, copies of which were furnished to all interested parties prior to oral arguments presented before the Appellate Panel on November 17, 2015. It was the position of the Claimant that the Decision and Order of the Hearing Commissioner should be affirmed in its entirety.

All proffered testimony has been taken. Such, together with documentary evidence has been delivered by argument to the individual members of the panel and has been under study and consideration.

By appeal, Appellants-Defendants respectfully submitted:

1. Did the Hearing Commissioner err to the extent her Decision and Order finding the claim compensable and awarding death benefits to be paid by the Defendants was conditioned upon the Defendants' failing to obtain and present into evidence an expert medical opinion contesting the issue of medical causation; the error of being that medical causation is only one component of the compensability analysis with the other being the Claimant's burden to establish that the deceased employee's heart attack and resulting death were the unexpected result of unusual and extraordinary conditions of the particular employment or resulted from an unusual/unexpected/excessive strain or overexertion and to the extent the Hearing Commissioner co-mingled these separate and distinct requirements for compensability, did she err as a matter of law?

2. Did the Hearing Commissioner err as a matter of law in finding/concluding that the claim is compensable and in awarding death benefits under the Workers' Compensation Act; the error being that the Hearing Commissioner's findings of fact Nos. 6, 7, 10 and 17 (c)(e) and (f) render the claim not compensable as a matter of law under the applicable compensability standard for heart attack claims?

3. Did the Hearing Commissioner err with respect to her findings of fact Nos. 8 and 13; the error being that such are not supported by the greater weight of the evidence in the record with respect to the deceased Employee's regular and usual work hours, the hours worked by the deceased Employee on the dates in question, and the regularity and nature of the deceased Employee's overtime/after hours work?

4. Did the Hearing Commissioner err as a matter of law in finding and concluding that the claim is compensable and in awarding death benefits under the Workers' Compensation Act apparently based on a determination that the emergency scene/event in question was unusual and/or not typical; the error being that the Hearing Commissioner failed to consider, or even acknowledge (as clearly evidenced by her finding of fact No. 18), the uncontradicted evidence in the record establishing that all emergencies involve a threat to human life, serious injury and/or property damage; that all emergency scenes involve different facts and circumstances; that the deceased Employer's position of employment with the Defendant Employer required him to be available twenty-four/seven for emergency response; that his work activities and conditions of employment on the dates in question were standard, necessary, disclosed and known components of his position of employment with the Defendant/Employer and that the deceased Employee was thoroughly trained in all aspects of emergency response to include the work activities he was performing on the dates in question and had such been considered, the claim should not have been

found compensable as a matter of law?

5. Did the Hearing Commissioner fundamentally err as a matter of law in her analysis of whether the deceased Employee's heart attack and subsequent death were the result of unusual and extraordinary conditions of employment by focusing on the facts and circumstances of the underlying emergency scene (where the deceased Employee was not even present) and the frequency with which similar emergency events occur (see Hearing Commissioner's findings of fact Nos. 9, 11, 12, 13 and 18)?

6. Did the Hearing Commissioner err as a matter of law in her compensability analysis by focusing on the facts and circumstances of the underlying emergency event (where the deceased Employee was not even present) in assessing whether the deceased Employee's heart attack and resulting death were the result of unusual and extraordinary conditions of employment rather than assessing whether the deceased Employee's job activities and conditions of employment on the dates in question were standard and necessary components of his position of employment, known and disclosed to the deceased Employee and for which the deceased Employee was thoroughly and appropriately trained?

7. Did the Hearing Commissioner err as a matter of law in apparently basing her finding and conclusion in favor of compensability and the award of death benefits on the fact that every single witness testified that the circumstances regarding the standoff/shootings were unusual and/or not typical and not a single witness testified to the contrary (see Hearing Commissioner's finding of fact No. 18); the error being that the analysis of compensability with regard to whether the deceased Employee's heart attack and resulting death were the result of unusual and extraordinary conditions of employment should not have focused on the facts and circumstances of the underlying emergency incident (where the deceased Employee was not present) but rather should have been based on a determination of whether the conditions of the deceased Employee's employment at the time in question were standard, necessary, disclosed and known components of his position of employment with the Defendant Employer for which he was thoroughly and appropriately trained?

8. Did the Hearing Commissioner err as a matter of law in finding and concluding that the claim is compensable and in awarding death benefits when the uncontradicted evidence in the record establishes that the deceased Employee's position of employment with the Defendant Employer required him to be available twenty-four/seven for emergency response, that such was a standard, necessary known and disclosed component of his position of employment, that the deceased Employee was thoroughly and appropriately trained for such; that all emergency events involve different facts and circumstances; that all emergency events involve threat to human life, threat of serious injury and/or damage to property, and that the deceased Employee was performing such job activities without encountering any unusual and extraordinary problems of such when he suffered a heart attack that ultimately resulted in his death?

9. To the extent the particular facts and circumstances of the underlying emergency event (at which the deceased Employee was not present) are dispositive with respect to determining whether such constituted unusual and extraordinary conditions of the

deceased Employees' employment at the time in question, did the Hearing Commissioner err as matter of law in focusing her analysis on the frequency with which similar emergency events and circumstances occur rather than focusing her analysis on whether the deceased Employee's involvement in such on the night in question was a disclosed, known, standard and necessary component of his position with the Defendant Employer for which he was appropriately and thoroughly trained?

10. Did the Hearing Commissioner err as a matter of law in failing to deny and dismiss the claim with prejudice based on a failure to prove facts sufficient to establish compensability of a heart attack claim; the error being that denial and dismissal of the claim with prejudice as a matter of law should have been ordered based on the undisputed evidentiary record which establishes that all emergency scenes involve different facts and circumstances; that all emergencies involve threat to human life, serious injury and/or property damage; that the deceased Employee's position of employment with the Defendant Employer required him to be available twenty-four/seven for emergency response; that the deceased Employee was thoroughly and appropriately trained in performing the job activities required in his position of employment with the Defendant Employer and was performing such without incident or problem at the time in question; that said job activities including emergency response on a twenty-four/seven basis was a known and disclosed component of the deceased Employee's position of employment with the Defendant Employer and were, therefore, a standard and necessary component of the deceased Employee's employment with the Defendant Employer and the frequency with which the facts and circumstances of the underlying emergency event occur, or have occurred, is not material to the compensability analysis?

11. Is the Hearing Commissioner's Decision and Order finding and concluding that the claim is compensable and awarding death benefits insufficient and illegal as a matter of law; the error being that the Order fails to state with specificity the unusual and extraordinary conditions of employment and/or the unusual/unexpected/excessive strain or overexertion which the Hearing Commissioner found caused the deceased Employee's heart attack and subsequent death and is therefore, insufficient to allow a reviewing court to determine whether the finding/conclusion of compensability and award of death benefits is supported by substantial evidence in the record and applicable law?

12. Did the Hearing Commissioner err as a matter of law and fact with respect to her findings of fact Nos. 15 and 16 to the extent such provide a basis for her finding/conclusion of compensability and award of death benefits; the error being that both Dr. Wilson and Sheriff Cannon, along with the Claimant and the Claimant's other witnesses, testified that they had no knowledge of the deceased Employee's job activities on the night in question and/or whether such were unusual and extraordinary conditions of the deceased Employee's employment and, moreover, the uncontradicted evidence in the record and applicable law indicates that working after hours was not an unusual and extraordinary condition of the deceased Employee's employment; that there was no unusual/unexpected/excessive strain or overexertion by the deceased Employee on the night in question and that working after hours per se does not constitute an unusual and extraordinary condition of employment nor does such constitute an unusual/unexpected/excessive strain or overexertion?

EVIDENCE OF THE CASE

Oral arguments were presented before the Appellate Panel on November 17, 2015, which consisted of Commissioner Aisha Taylor, Commissioner Gene McCaskill and Commissioner Melody L. James as Chair. The Appellants argued that the Hearing Commissioner's Decision and Order failed to make specific findings of fact with respect to the unusual and extraordinary conditions of the Decedent's employment and/or the unusual strain or overexertion to which he was exposed in the performance of his duties on the evening in question. Appellants went on to cite the Bentley case in support of their argument that it is not the frequency of events to which you look in determining whether employment conditions are unusual or extraordinary. The Appellants also referred to the Bentley case in arguing that 24/7 emergency response was a disclosed component of the Decedent's position with Charleston County and therefore, the long hours that he worked on September 8th and September 9th, 2014, do not constitute unexpected strain or overexertion. The Appellants noted that the Respondent cited the McWhorter case heavily in their Brief and argued that the facts in that particular case, where the South Carolina Supreme Court affirmed the Industrial Commission's Decision that the Decedent suffered a fatal heart attack as a result of overexertion in the performance of his duties, could be distinguished from the facts in the instant case.

The Respondent argued that unlike in Bentley, there was an aggravating combination of circumstances present in this case that elevated the Decedent's employment conditions on the evening in question to unusual and extraordinary which ultimately caused his heart attack and subsequent death. Commissioner James asked Respondent to speak to the proposition that under Bentley, you do not look to the frequency of an event in determining whether employment conditions are unusual or extraordinary. Respondent confirmed that Bentley would not have us

look solely to the frequency of an event occurring in defining what constitutes unusual and extraordinary. However, Respondent clarified that Bentley also stands for the proposition that a combination of factors/circumstances can elevate conditions of employment to unusual and extraordinary. Respondent argued that in the instant case, the frequency with which a similar event has occurred is just one of the many factors in an aggravating combination of circumstances that rendered the Decedent's conditions of employment on the date in question unusual and extraordinary.

Respondent did not disagree with Commissioner James' statement that 24/7 emergency response was a disclosed component of the Decedent's position with Charleston County. However, Respondent pointed out that unlike the Claimant's injuries in Bentley, the Decedent's heart attack and resulting death in this case were not solely the result of this particular job duty, but rather the result of a combination of factors that culminated on this particular evening. Respondent confirmed Commissioner' James statement that what ultimately distinguishes this case from Bentley is that all the witnesses testified to the fact that this was an unusual emergency, that two deputies were shot, and that per the testimony of one witness, the extraordinary set of circumstances surrounding this event were such that he had not experienced in his thirty-five years serving as a first responder.

Commissioner James noted on the record that most of the witnesses defined emergency as anything catastrophic, but she pointed out that they characterized this particular emergency as unusual. In reliance on the finding set forth in McWhorter, that unexpected strain or overexertion is not limited to a physical context, the Respondent contended that the Decedent was under significant emotional strain, time pressure and worry throughout the course of the evening as evidenced by the testimony of all witnesses, the Decedent's conversation with defense witness William Tunick, and the uncontradicted medical causation.

Commissioner James questioned Appellant as to whether the present case is also distinguishable from Bentley in that the Decedent was a first responder and that this situation involved the death and/or potential death of other first responders. The Appellant admitted that the Respondent established that the first responder community is like a brotherhood, but argued that "[i]t's not like" the deputies who were wounded and killed were the Decedent's "former co-worker[s] or somebody he knew personally." In response, Commissioner James referenced a piece of testimony given by defense witness, William Tunick, in which he stated that the Decedent believed the officer who was shot was a friend. Appellant noted that Mr. Tunick went on to testify that the Decedent later discovered that the officer killed in the line of fire was not someone he knew personally. Despite that later knowledge, Respondent pointed out that for a period of time on the evening in question, the Decedent was under the impression that the officer killed was a personal friend.

FULL COMMISSION FINDINGS OF FACT

Based upon the stipulation of the parties, the evidence presented pursuant to the Administrative Procedures Act, and the testimony and exhibits presented at the hearing, we hereby make the same Findings of Fact and Conclusions of Law as those made by the Single Commissioner:

1. Claimant alleges that Decedent-Employee died of a work-related heart attack/injury on September 9, 2014, as a result of extraordinary and unusual conditions of employment.

2. Although the claim is in a denied posture, (a) Employer requested that the claim be found compensable, and filed a claim on behalf of Claimant (Claimant's APA, Exhibit G and M; Deposition of Cannon, page 85); and (b) Defendants presented no competing medical causation opinion--including from a cardiologist or otherwise--to refute the medical causation opinion submitted by Claimant (medical evidence in its entirety).

3. On the date of accident, Decedent-Employee was 58 years of age (medical evidence establishing Claimant's date of birth as 9/4/56).

4. Decedent-Employee was a non-smoker (Claimant's APA #1, *e.g.*, pages 5, 9, and 50; Defendants' APA #14, page 226; Defendants' APA #15, page 230).

5. There are no medical records in evidence documenting any prior episodes of chest pain, heart disease, or other complaint regarding Decedent-Employee's heart; in fact, (a) Emergency Room records from the date of the accident state that Decedent-Employee had "no cardiac history" and "no coronary artery disease;" (b) EMS records also state that Decedent-Employee had no cardiac history; (c) 23 years of family physician records are devoid of any mention of chest pain or other coronary problem or complaint; and (d) other records also state that Decedent-Employee had never had coronary heart disease, congestive heart failure, valve disease or heart murmurs, or other cardiovascular disease. Decedent-Employee did have pre-existing diabetes (often uncontrolled, including on the date of the injury), hypertension, and high cholesterol, all of which are risk factors for heart disease or a heart attack (medical evidence in its entirety including but not limited to Claimant's APA #4, pages 55 and 67; Claimant's APA #5, page 75; Claimant's APA #1, page 16; Defendants' APA #14, page 226; Defendants' APA #15, pages 230-231, 234-235, 237, and 244-248; Defendants' APA #16, pages 249-250; Defendants' APA #19, page 287; testimony of Kratz; Deposition of Marsha Britton, page 19; Deposition of Dr. Wilson, pages 11-12, 16-24, and 32-34).

6. On the date of the accident in issue, Decedent-Employee's job was Manager of Communications for the County of Charleston, a job which required him, among other things, to manage the county-wide 800 MHz Radio system, and be available "24/7" for emergencies requiring special radio communications needs. Decedent-Employee was promoted to this position in January 2011 (Defendants' APA #12, page 163; Defendants' APA #13, page 211; Defendants' APA #17, pages 253 and 255; Deposition of Cannon, pages 24, 26-28, 46-48, and 76-77).

7. Defendants' personnel records describe Decedent-Employee as the "critical link on all user radio programming." Sherriff Cannon describes Decedent-Employee's work as a "critical element of emergency situations." Decedent-Employee's job, among other things, required him to ensure interoperability and reliable communications between and among emergency teams (Defendants' APA #13, pages 212 and 218; Deposition of Cannon, pages 24 and 26-28).

8. On the day of the alleged accident, after working his regular shift of 7:30 a.m. to 3:30 or 4:30 p.m., Decedent-Employee had to return to work in the communications building to manage the communications for a "very complex emergency situation." In addition to his regular hours he previously worked that day, Claimant also worked from approximately 7:30 p.m. until 1:30 a.m., when Decedent-Employee called EMS because of experiencing chest pain and shortness of breath while performing his emergency job duties (Deposition of Marsha Britton, pages 24, 36, and 44-45; Deposition of Al Cannon, pages 31, 38-40, and 78-79; Defendants' APA #16, page 249; testimony of Tunick).

9. The nature of the emergency on the date of the alleged accident involved two deputy sheriffs (and other officers) in a 9-hour standoff with an armed and intoxicated suspect who was "shooting through the walls" of an apartment, such that the two deputy sheriffs were taking fire from the perpetrator. Both deputies were shot by the perpetrator, and one of the deputies died of his wounds (Claimant's APA, Exhibit A, Exhibit B, and Exhibit K; Deposition of Cannon, pages 29, 36-38, and 41-46; Defendants' APA #18 in its entirety, including but not limited to pages 273-274 and 276-286).

10. Away in an office from the actual scene of the crime, Decedent-Employee was required to monitor/coordinate the communications of multiple law enforcement entities who were involved in the standoff (Deposition of Cannon, pages 31, 35, and 47; testimony of Marsha Britton; testimony of Kratz; Deposition of Wilson, page 42; evidence in its entirety).

11. Defendants did not present any testimony to refute the testimony of Wooten and Shealy, who testified that a 9-hour standoff where officers are "down" (a) is atypical, (b) was not a normal emergency, (c) was not a "routine" emergency, (d) was "entirely different" than ordinary emergencies, and (e) was more unusual *vis a vis* other emergencies. In fact, Defendants' witnesses (Tunick and Kratz) also testified that the standoff/shootings were not a normal emergency. Sheriff Cannon, Claimant's witness via deposition testimony, testified that the standoff/shootings were "unique" and "extraordinary" within the definition of "emergency," and that to describe the circumstances as exceptional or unusual would be an "understatement" (testimony of Wooten; testimony of Shealy; Deposition of Cannon, pages 52, 57, 63, 65-70, 73, 76, and 81-83).

12. The last time a deputy was shot in Charleston County was 8-10 years prior to the date of the incident in issue (Deposition of Cannon, page 69).

13. According to Claimant, it was not typical, not a "regular occurrence," and "not usual" for Decedent-Employee to work at the office after hours, and in those cases when he did, Decedent-Employee usually worked an hour or two (Deposition of Marsha Britton, pages 36-39 and 44-45).

14. No autopsy was performed (Defendants' APA #12, page 160; Deposition of Dr. Wilson, pages 31 and 55).

15. The only causation statement in evidence (Dr. Wilson) states that unexpected strain and overexertion on September 8, 2014, and September 9, 2014, caused a sudden, acute myocardial infarction. Further, the causation statement was provided by Decedent-Employee's longtime family physician, who is very familiar with Decedent-Employee's medical history. Dr. Wilson ultimately does not retreat from

his opinion (Claimant's APA #6, page 79; Deposition of Dr. Wilson in its entirety, including but not limited to pages 5-6, 14-16, 35-36, 42-43, 48, and 51-60).

16. Dr. Wilson admits that he does not know Decedent-Employee's exact job description on the night in question other than the job involved coordinating communications and working all night (after having already worked a full/regular complement of hours); Decedent-Employee was alone in the communications room. However, Dr. Wilson states that he believes that the amount of the additional hours worked in an emergency situation for a person with Claimant's pre-existing condition resulted in the heart attack. After the date of his written opinion, Dr. Wilson considered Sheriff Cannon's statement and ratified his written opinion. The undersigned considered both Cannon's statement and testimony (Deposition of Dr. Wilson, pages 35-37, 39, and 44-50).

17. I considered the facts that (a) Decedent-Employee's father had suffered a heart attack and had coronary artery disease—he did not die from a heart attack, however (Claimant's APA #1, pages 2 and 26; Deposition of Dr. Wilson, pages 9-10); (b) Decedent-Employee's sister had suffered a mild heart attack, and later underwent aortic valve bypass surgery (Claimant's APA #1, page 2, 9, and 26); (c) there is no evidence that Decedent-Employee had a personal relationship with either officer shot in the standoff (Deposition of Marsha Britton, page 34-35 and 43; Deposition of Cannon, page 54); (d) Dr. Wilson (Claimant's expert) is not a cardiologist; however, Defendants could have provided a competing opinion from a cardiologist or any other physician, but chose not to do so (medical evidence in its entirety; Deposition of Dr. Wilson, pages 56-57); (e) although the communications system had a potential for overload, there is no evidence that the equipment malfunctioned or broke down during the standoff and its aftermath (evidence as a whole; testimony of Shealy; testimony of Tunick; Deposition of Cannon, page 48); (f) only Decedent-Employee was in the communications room (*i.e.*, the duties performed in the room were solely and wholly his own), so there is no way for Cannon or Wilson to have spoken with Claimant directly about the night in question; however Dr. Wilson reviewed Cannon's statement as to the circumstances of the standoff, and Cannon--as sheriff--was briefed as well by his subordinates (Deposition, of Wilson, pages 50 and 60-61; Deposition of Cannon, including but not limited to page 50).

18. After consideration of all the evidence, what is left is (a) the fact that every single witness testified that the circumstances regarding the standoff/shootings were unusual and/or not typical; not a single witness testified to the contrary; (b) Claimant's causation statement, which is the only causation statement in evidence; (c) Claimant had no prior treatment for or complaints relating to heart issues; and (d) Claimant's burden of proof is a preponderance of the evidence, rather than a clear and convincing or other heightened standard.

19. The decision in this case is strictly limited to the particular facts and other evidence before the undersigned.

20. Defendants conducted a good faith dependency investigation, the results of which are unequivocal (Defendants' APA #12). Apart from Marsha Britton, the deceased's surviving spouse and a presumed whole dependent, there were no other individuals dependent, either partially or totally/presumed or in fact, upon the deceased's earnings for support at the time of his death and/or for three months prior thereto and accordingly, there are no other individuals entitled to death benefits in this matter.

21. Based upon the dependency investigation and the testimony of Claimant Britton (Decedent-Employee's surviving spouse), Britton is entitled to receive 500 weeks of compensation in a lump sum commuted value determined from the date of death, and the funeral benefit pursuant to Section 42-9-290 (*See* Deposition of Marsha Britton, page 9).

22. Decedent-Employee's average weekly wage is $1,332.61, yielding a compensation rate of $752.16.

FULL COMMISSION CONCLUSIONS OF LAW

27. S.C. Code Ann. §42-1-40 is applicable in determining "average weekly wage."

28. S.C. Code Ann. §42-1-120 is applicable in defining "disability."

29. S.C. Code Ann. §42-1-130 is applicable in defining "employee."

30. S.C. Code Ann. §42-1-140 is applicable in defining "employer."

31. S.C. Code Ann. §42-1-150 is applicable in defining "employment."

32. S.C. Code Ann. §42-1-160 (A) is applicable in defining a compensable "injury."

33. S.C. Code Ann. §42-1-160 (C) is applicable in determining the compensability of "heart attacks" that arise out of and in the course of employment.

34. S.C. Code Ann. §42-1-160 (E) is applicable in defining "medical evidence" in "medically complex cases."

35. S. C. Code Ann. §42-1-160 (G) is applicable in defining "medical evidence."

36. S.C. Code Ann. §42-1-175 is applicable in defining "surviving spouse."

37. S.C. Code Ann. §42-9-5 is applicable in defining "Basis for award."

38. S.C. Code Ann. §42-9-10 is applicable in defining "total disability."

39. S.C. Code Ann. §42-9-90 is applicable in determining increase in compensation which is not paid when due.

40. S.C. Code Ann. §42-9-110 is applicable in defining "Persons conclusively presumed to be wholly dependent."

41. S.C. Code Ann. §42-9-290 is applicable in determining "Amount of compensation for death of employee."

42. S.C. Code Ann. §42-9-301 is applicable in defining "Lump-sum payments."

43. S.C. Code Ann. §42-15-20 is applicable in determining proper notice of an accident.

44. S.C. Code Ann. §42-15-40 is applicable in determining the "time for filing claim."

45. S.C. Code Ann. §42-17-40 is applicable in defining the "conduct of Hearings and Awards," and "evidence allowed."

46. S.C. Code Ann. §42-17-50 is applicable in defining "Review and rehearing by commission."

47. S.C. Code Ann. §42-17-60 is applicable in defining "Conclusiveness of award; appeals."

48. R. 67-206 is applicable in defining "Filing a claim."

49. R. 67-207 is applicable in defining "Requesting a Hearing, Claimant."

50. R. 67-602 is applicable in defining required information for hearings.

51. R. 67-1605 is applicable in defining "Lump sum payment."

52. R. 67-1605(E)(5) is applicable in defining discount tables designated by the Commission.

In an Appellate Review, the Full commission has the power to weigh the evidence as presented at the initial hearing and after careful review in the instant case, the Full Commission,

by unanimous vote, has determined that the Hearing Commissioner's Decision and Order should be Affirmed in Full.

ORDER

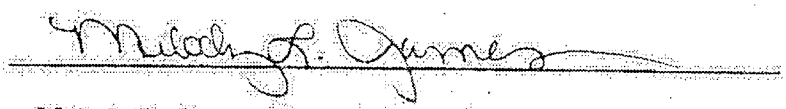
The Decision and Order of the Single Commissioner filed in the above entitled matter on August 17, 2015, is hereby Affirmed in Full by the Appellate Panel and shall constitute the Decision and Order of the Appellate Panel.

That the Defendants shall pay to the Claimant Five Hundred (500) weeks of compensation in a commuted lump sum at the rate of Seven Hundred and Fifty-Two and 16/100ths ($752.16) Dollars subsequent to Decedent's date of death calculated per Regulation 67-1606 (A)(1)(2) and the Commission's designated discount table per Regulation 67-1605 (E)(5), and funeral benefits pursuant to Section 42-9-290.

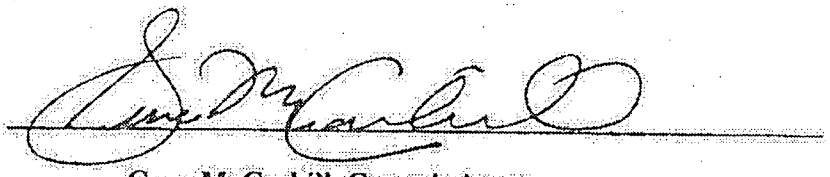
AND IT IS SO ORDERED.

[SIGNATURE PAGE FOLLOWS]

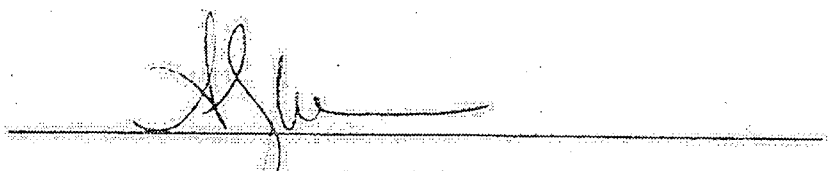
S.C. WORKERS' COMPENSATION COMMISSION



Melody L. James, Commissioner for the Appellate Panel

CONCUR: 

Gene McCaskill, Commissioner

CONCUR: 

Aisha Taylor, Commissioner

CERTIFICATE OF SERVICE

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

By Kim Falls on January 12, 2016

ORDER OF THE

S.C. WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 1414226

Marsha P. Britton,
Claimant,
Laurent Britton,
Decedent/Employee,

v.

Charleston County,
Employer,

and

SC Association of Counties SIF,
Carrier,
Defendants.

HEARING:	Held in St. George, South Carolina on June 19, 2015.
APPEARANCES:	Claimant represented by R. Walter Hundley, Esquire. Defendants represented by Wood Law Group, LLC, J. Hubert Wood, III, Esquire, appearing.
PURPOSE OF THE HEARING:	To determine issues as set forth on Workers' Compensation Forms 52 and 53 and all other issues arising under the rules and regulations of the South Carolina Workers' Compensation Commission.
COMMISSIONER:	Commissioner Susan S. Barden
FILED:	August 17, 2015

APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence by the Claimant:

CLAIMANT'S APA SUBMISSIONS

	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	NUMBER OF PAGES
1.	Mt. Pleasant Family Practice	06-24-91 to 06-12-14	1-52
2.	Charleston County Government - Medical Opinion Form	02-13-06	53
3.	Concentra Medical Centers	04-23-10	54
4.	MUSC	09-09-14	55-73
5.	Charleston County EMS	09-09-14	74-78
6.	William E. Wilson, M.D., Causation	12-18-14	79
	EXHIBIT	DATES	PAGES
A.	Charleston County Sheriff's Office, Incident Reports	09-08-14 to 09-18-14	80-85
B.	Incident Action Plan	09-08-14 to 09-09-14	86-93
C.	Email from William Tunick	09-09-14	94
D.	Statement of Funeral Services	09-12-14	95
E.	Death Certification	09-16-14	96
F.	Personnel Action Notification Form	09-17-14	97-98
G.	Ariel TPA Denial Letter	09-23-14	99
H.	Email Correspondence, Lang Kohel and Mike Schwerin	09-25-14 to 10-01-14	100-104

I.	Certificate of Appointment	10-15-14	105
J.	Charleston County EMS Bill	01-26-15	106
K.	Sheriff Al Cannon, Causation Statement	02-06-15	107-108
L.	MUSC, Medical Bill	02-09-15	109-110
M.	ABC News 4 Article	03-24-15	111

Under the Administrative Procedures Act, the following records were submitted into evidence by the Defendants:

DEFENDANTS' APA SUBMISSIONS

	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)
1.	Deceased's Charleston County Outlook Calendar	01-2014 to 09-2014
2.	Consolidated Dispatch Incident Report for 7:15 p.m. – 8:50 p.m.	09-08-14
3.	Verizon Wireless Call and Text Message Log for Deceased's Phone through Charleston County	09-08-14 to 09-09-14
4.	Britton's BBQ Facebook Page	04-20-15
5.	White Pages Phone Number Records	04-20-15 to 05-12-15
6.	Tuten Insurance Services Corp. Dependency Investigation	02-10-15
7.	Claimant's Personnel Records	02-07-05 to 10-06-14
8.	CCOH	05-31-07
9.	Dr. William E. Wilson	06-24-91 to 06-12-14
10.	Charleston County EMS	09-09-14
11.	Position Description Questionnaire	Undated

12. Garden Apartments Incident Action Plan	09-08-14 to 09-09-14
13. MUSC	09-09-14

EXHIBITS	DATE
A. Deposition of Marsha Britton	01-13-15
B. Deposition of Dr. William Wilson	03-06-15
C. Deposition of Sheriff Al Cannon	04-23-15

STIPULATIONS

This case involves a workers' compensation case brought pursuant to Title 42 of the South Carolina Code of Laws. The case was heard by the Honorable Susan S. Barden on June 19, 2015, in St. George, South Carolina. The Order Instructions were sent to the parties on July 14, 2015.

The following parties appeared and/or were represented by counsel: the Claimant, Marsha Britton (Laurent Britton, Decedent-Employee), and her attorney, R. Walter Hundley, Esquire; and J. Hubert Wood, III, Esquire, for the SC Association of Counties Self Insurance Fund, the Carrier for Charleston County. Counsel stipulated that the purpose of the hearing was to determine the issues as set forth on the Forms 52 and 53, as well as to determine any other issues relevant thereto which may come before this Commissioner. The parties stipulated that jurisdiction and venue were proper.

STATEMENT OF THE CASE

It was the position of the Claimant that the Decedent-Employee died of a work-related heart attack/injury on September 9, 2014, as a result of extraordinary and unusual conditions of employment. Despite the claim being in a denied posture, the Employer also requested that the claim be found compensable and filed a claim on behalf of the Claimant. It was further the position of the Claimant that she was entitled to 500 weeks of compensation in a lump sum, as well as payment of funeral benefits.

It was the position of the Carrier that the Decedent-Employee's fatal heart attack was not compensable under the Act as it did not arise out of and in the course of employment. More specifically, the Carrier contended that the Decedent-Employee's heart attack was not the unexpected result of unusual and extraordinary conditions of employment on the date of death.

EVIDENCE OF THE CASE

At approximately 7:36 p.m. on September 8, 2014, two off-duty deputies and three on-duty deputies responded to reports of a disorderly subject creating a disturbance at the Gardens of Ashley River apartment complex. When the deputies attempted to make initial contact with the suspect, who had barricaded himself in an apartment, he fired multiple gunshots through the apartment door. Nearby residents were immediately evacuated from other apartments while residents in surrounding areas were ordered not to leave their homes.

One of the deputies was killed when he was shot through the soft body armor he was wearing. The deputy died at approximately 8:30 p.m. after being transported to MUSC. Another deputy was hospitalized and required surgery after sustaining severe injuries as a result of the gunfire. Once the remaining deputies called in an officer down, in excess of 100 officers from a number of law enforcement agencies responded to the scene.

The agencies established mobile command posts and surrounded the apartment in what ultimately resulted in a nine-hour standoff with the subject. SWAT units were also present on the scene in an attempt to make contact with the suspected shooter. It was not until approximately 4:00 a.m. that the Charleston Police Department SWAT team was able to make entry into the apartment unit, where they found the suspect unresponsive.

Chief Larry Britton died of a fatal heart attack in the early morning hours of September 9, 2014, while providing law enforcement agencies with necessary radio communication support

during the standoff. In addition to his regular hours he previously worked that day, the Decedent-Employee also worked from approximately 7:30 p.m. until 1:30 a.m., when he called EMS because of chest pain and shortness of breath while performing his emergency job duties. The Decedent-Employee expired at approximately 3:00 a.m. at the age of 58.

Chief Britton was hired by Charleston County in 2006 in support of public safety communications and was promoted to Manager of Communications in 2011. Prior to working with the County of Charleston, Chief Britton volunteered with the Charleston County Rescue Squad for more than 20 years and also served as a State Constable for more than 10 years.

Every single witness at the hearing, including Defendants' witnesses, testified that the circumstances surrounding the standoff were unusual and/or not typical. Via deposition testimony, Sheriff Al Cannon testified that the standoff/shootings were "unique" and "extraordinary" within the definition of "emergency," and that to describe the circumstances as exceptional or unusual would be an "understatement." The Decedent-Employee had no prior treatment for or complaints relating to heart issues. More specifically, the EMS records state that the Decedent-Employee had "no cardiac history" and "no coronary artery disease." Dr. Wilson, Claimant's expert and long-time family physician of the Decedent-Employee, opined that "due to the unexpected strain and overexertion on September 8 and 9, 2014, Chief Larry Britton died of a sudden acute myocardial infarction while providing law enforcement support under unusual and extraordinary conditions of employment." The Claimant's causation statement from Dr. Wilson is the only causation statement in evidence as the Defendants chose not to provide a competing opinion.

The Claimant, Marsha Britton, was called as a witness. She testified that prior to working for Charleston County, the Decedent-Employee served as Battalion Chief, and later as Chief, of

the Isle of Palms Fire Department. She further testified that the Decedent-Employee was a State Constable and also served on a Disaster Medical Assistant Team (DMAT) during Hurricanes Sandy and Katrina. The Claimant testified that she received a call from Martin Kratz in the early morning hours of September 9, 2014, to let her know that the Decedent-Employee was being taken to the emergency room. The Claimant testified that the Decedent-Employee was by himself in an office away from the actual scene of the crime. The Claimant testified that while she did not know the details of the evening, she did not believe the events would constitute a "usual" emergency.

Rae Wooten testified on behalf of the Claimant. Ms. Wooten testified that she has worked as the Charleston County Coroner for eight years. She further testified that in her time serving as Coroner, there had never been an emergency involving the shooting of a first responder. Ms. Wooten testified that the type of emergency that involves the shooting of a first responder creates a significantly more unstable and unsecure situation. She testified that she was called to the scene from her home and stayed there until the standoff was done. Ms. Wooten testified that the shooter was dead when she finally entered the apartment. She testified that it is accurate that in excess of 100 officers responded to the scene of the crime on the date of the alleged incident. Ms. Wooten testified that she agreed with the statement given by Dr. Wilson who opined that "due to the unexpected strain and overexertion on September 8 and 9, 2014, Chief Larry Britton died of a sudden acute myocardial infarction while providing law enforcement support under unusual and extraordinary conditions of employment" (Clt's APA # 6). Ms. Wooten went on to testify that a 9-hour standoff where officers are "down" is atypical and does not constitute a normal emergency.

Dr. Ralph Shealy also testified on behalf of the Claimant. Dr. Shealy spoke to his extensive experience in the medical field. He testified that he has held various roles in the public safety community, including but not limited to serving as the Medical Director for the Town of Mt. Pleasant Fire Department, as well as Director for the Charleston County Volunteer Rescue Squad. Although recently retired as a senior physician, Dr. Shealy continues to serve on a Disaster Medical Assistance Team. He stated that he knew the Decedent-Employee for more than a decade. Dr. Shealy testified that he arrived at the scene of the police standoff just as the wounded officers were being placed in the ambulance. He stated that he was advised in the early morning hours of September 9, 2014, that Chief Larry Britton had been transported to the emergency room. Dr. Shealy testified that he arrived shortly after the Decedent-Employee was pronounced dead and stayed at the hospital until the family left.

Dr. Shealy testified that the 9-hour standoff was not a "routine" or "normal" emergency. He stated that when the officers were shot, it was far from the end of the emergency. He testified that communications were paramount in this situation. Dr. Shealy further testified that he agreed with the medical causation statement provided by Dr. Wilson (Clt's APA # 6). Dr. Shealy stated that this particular emergency was different in that the threat was palpable given the expectation that gunfire was imminent.

Bill Tunick testified on behalf of the Defendants. He testified that he has served as the Director of Radio and Telecommunications for 9 ½ years and first became acquainted with the Decedent-Employee in 2006. He further testified that Chief Britton's regular working hours were from approximately 7:30 a.m. to 4:00 p.m. Mr. Tunick testified that the person at the radio communications building is in charge of ensuring that the communications system is in perfect working order. He testified that the Decedent-Employee was in charge of filling this role on the

evening that the standoff took place. Mr. Tunick testified that Chief Britton called him on his way back to the radio shop on the evening of September 8, 2014. He further testified that during their phone conversation, the Decedent-Employee sounded very stressed and sad given the events that were taking place.

It was Mr. Tunick's testimony that he had only been engaged in emergency call outs on approximately eighteen occasions in his nine years as Director. He testified that none of the emergencies to which he referred involved officers being down. Mr. Tunick went on to testify that he did not respond to the emergency involving the police standoff, but rather was at home on the night of September 8th and into the early morning hours of September 9th, 2014. He did testify that the standoff/shootings did not constitute a normal emergency.

Martin Kratz, the Manager of Radio Communications for Charleston County, also testified on behalf of the Defendants. He testified that the Decedent-Employee's normal workings hours were from 7:30 a.m. to approximately 3:30 or 4:00 p.m. Mr. Kratz testified that he received a phone call from Chief Britton around 8:00 p.m. on September 8, 2014, informing him of the standoff and requesting that they meet at the radio communications building. Mr. Kratz testified that he subsequently went to the scene at the Garden Apartments to deliver radio equipment and upon his return to the communications building, the fire department was pulling up. Mr. Kratz testified that he called the Claimant, Marsha Britton, to let her know that the Decedent-Employee had been transported to MUSC. Mr. Kratz concluded his testimony by stating that he agreed with others who testified that the standoff/shootings were unusual and exceptional.

Based upon the medicals submitted, the testimony and exhibits offered, this Commissioner therefore makes the following findings of fact:

FINDINGS OF FACT

1. Claimant alleges that Decedent-Employee died of a work-related heart attack/injury on September 9, 2014, as a result of extraordinary and unusual conditions of employment.

2. Although the claim is in a denied posture, (a) Employer requested that the claim be found compensable, and filed a claim on behalf of Claimant (Claimant's APA, Exhibit M and G, Deposition of Cannon, page 85), and (b) Defendants presented no competing medical causation opinion--including from a cardiologist or otherwise—to refute the medical causation opinion submitted by Claimant (medical evidence in its entirety).

3. On the date of accident, Decedent-Employee was 58 years of age (medical evidence establishing Claimant's date of birth as 9/4/56).

4. Decedent-Employee was a non-smoker (Claimant's APA #1, *e.g.*, pages 5, 9, and 50; Defendants' APA #14, page 226; Defendants' APA #15, page 230).

5. There are no medical records in evidence documenting any prior episodes of chest pain, heart disease, or other complaint regarding Decedent-Employee's heart; in fact, (a) Emergency Room records from the date of the accident state that Decedent-Employee had "no cardiac history" and "no coronary artery disease;" (b) EMS records also state that Decedent-Employee had no cardiac history; (c) 23 years of family physician records are devoid of any mention of chest pain or other coronary problem or complaint; and (d) other records also state that Decedent-Employee had never had coronary heart disease, congestive heart failure, valve disease or heart murmurs, or other cardiovascular disease. Decedent-Employee did have pre-existing diabetes (often uncontrolled, including on the date of the injury), hypertension, and high cholesterol, all of which are risk factors for heart disease or a heart attack (medical evidence in its entirety including but not limited to Claimant's APA #4, pages 55 and 67; Claimant's APA #5, page 75; Claimant's APA #1, page 16; Defendants' APA #14, page 226; Defendants' APA #15, pages 230-231, 234-235, 237, and 244-248; Defendants' APA #16, pages 249-250; Defendants' APA #19, page 287; testimony of Kratz; Deposition of Marsha Britton, page 19; Deposition of Dr. Wilson, pages 11-12, 16-24, and 32-34).

6. On the date of the accident in issue, Decedent-Employee's job was Manager of Communications for the County of Charleston, a job which required him, among other things, to manage the county-wide 800 MHz Radio system, and be available "24/7" for emergencies requiring special radio communications needs. Decedent-Employee was promoted to this position in January 2011 (Defendants' APA #12, page 163; Defendants' APA #13, page 211; Defendants' APA #17, pages 253 and 255; Deposition of Cannon, pages 24, 26-28, 46-48, and 76-77).

7. Employer's personnel records describe Decedent-Employee as the "critical link on all user radio programming." Sherriff Cannon describes Decedent-Employee's work as a "critical element of emergency situations." Decedent-Employee's job, among other things, required him to ensure interoperability and reliable communications between and among emergency teams (Defendants' APA #13, pages 212 and 218; Deposition of Cannon,

pages 24 and 26-28).

8. On the day of the alleged accident, after working his regular shift of 7:30 a.m. to 3:30 or 4:30 p.m., Decedent-Employee had to return to work in the communications building to manage the communications for a "very complex emergency situation." In addition to his regular hours he previously worked that day, Claimant also worked from approximately 7:30 p.m. until 1:30 a.m., when Decedent-Employee called EMS because of experiencing chest pain and shortness of breath while performing his emergency job duties (Deposition of Marsha Britton, pages 24, 36, and 44-45; Deposition of Al Cannon, pages 31, 38-40, and 78-79; Defendants' APA #16, page 249; testimony of Tunick).

9. The nature of the emergency on the date of the alleged accident involved two deputy sheriffs (and other officers) in a 9-hour standoff with an armed and intoxicated suspect who was "shooting through the walls" of an apartment, such that the two deputy sheriffs were taking fire from the perpetrator. Both deputies were shot by the perpetrator, and one of the deputies died of his wounds (Claimant's APA, Exhibit A, Exhibit B, and Exhibit K; Deposition of Cannon, pages 29, 36-38, and 41-46; Defendants' APA #18 in its entirety, including but not limited to pages 273-274 and 276-286).

10. Away in an office from the actual scene of the crime, Decedent-Employee was required to monitor/coordinate the communications of multiple law enforcement entities who were involved in the standoff (Deposition of Cannon, pages 31, 35, and 47; testimony of Marsha Britton; testimony of Kratz; Deposition of Wilson, page 42; evidence in its entirety).

11. Carrier did not present any testimony to refute the testimony of Wooten and Shealy, who testified that a 9-hour standoff where officers are "down" (a) is atypical, (b) was not a normal emergency, (c) was not a "routine" emergency, (d) was "entirely different" than ordinary emergencies, and (e) was more unusual *vis a vis* other emergencies. In fact, Defendants' witnesses (Tunick and Kratz) also testified that the standoff/shootings were not a normal emergency. Sheriff Cannon, Claimant's witness via deposition testimony, testified that the standoff/shootings were "unique" and "extraordinary" within the definition of "emergency," and that to describe the circumstances as exceptional or unusual would be an "understatement" (testimony of Wooten; testimony of Shealy; Deposition of Cannon, pages 52, 57, 63, 65-70, 73, 76, and 81-83).

12. The last time a deputy was shot in Charleston county was 8-10 years prior to the date of the incident in issue (Deposition of Cannon, page 69).

13. According to Claimant, it was not typical, not a "regular occurrence," and "not usual" for Decedent-Employee to work at the office after hours, and in those cases when he did, Decedent-Employee usually worked an hour or two (Deposition of Marsha Britton, pages 36-39 and 44-45).

14. No autopsy was performed (Defendants' APA #12, page 160; Deposition of Dr. Wilson,

pages 31 and 55).

15. The only causation statement in evidence (Dr. Wilson) states that unexpected strain and overexertion on September 8, 2014, and September 9, 2014, caused a sudden, acute myocardial infarction. Further, the causation statement was provided by Decedent-Employee's longtime family physician, who is very familiar with Decedent-Employee's medical history. Dr. Wilson ultimately does not retreat from his opinion. (Claimant's APA #6, page 79; Deposition of Dr. Wilson in its entirety, including but not limited to pages 5-6, 14-16, 35-36, 42-43, 48, and 51-60).

16. Dr. Wilson admits that he does not know Decedent-Employee's exact job description on the night in question other than the job involved coordinating communications and working all night (after having already worked a full/regular complement of hours); Decedent-Employee was alone in the communications room. However, Dr. Wilson states that he believes that the amount of the additional hours worked in an emergency situation for a person with Claimant's pre-existing condition resulted in the heart attack. After the date of his written opinion, Dr. Wilson considered Sheriff Cannon's statement and ratified his written opinion. The undersigned considered both Cannon's statement and testimony (Deposition of Dr. Wilson, pages 35-37, 39, and 44-50).

17. I fully considered the facts that (a) Decedent-Employee's father had suffered a heart attack and had coronary artery disease—he did not die from a heart attack, however (Claimant's APA #1, pages 2 and 26; Deposition of Dr. Wilson, pages 9-10); (b) Decedent-Employee's sister had suffered a mild heart attack, and later underwent aortic valve bypass surgery (Claimant's APA #1, page 2, 9, and 26); (c) there is no evidence that Decedent-Employee had a personal relationship with either officer shot in the standoff (Deposition of Marsha Britton, page 34-35 and 43; Deposition of Cannon, page 54); (d) Dr. Wilson (Claimant's expert) is not a cardiologist; however, Defendants could have provided a competing opinion from a cardiologist or any other physician, but chose not to do so (medical evidence in its entirety; Deposition of Dr. Wilson, pages 56-57); (e) although the communications system had a potential for overload, there is no evidence that the equipment malfunctioned or broke down during the standoff and its aftermath (evidence as a whole; testimony of Shealy; testimony of Tunick; Deposition of Cannon, page 48); (f) only Decedent-Employee was in the communications room (*i.e.*, the duties performed in the room were solely and wholly his own), so there is no way for Cannon or Wilson to have spoken with Claimant directly about the night in question; however Dr. Wilson reviewed Cannon's statement as to the circumstances of the standoff, and Cannon--as sheriff--was briefed as well by his subordinates (Deposition, of Wilson, pages 50 and 60-61; Deposition of Cannon, including but not limited to page 50).

18. After consideration of all the evidence, what is left are (a) the fact that <u>every single witness testified that the circumstances regarding the standoff/shootings were unusual and/or not typical; not a single witness testified to the contrary</u>; (b) Claimant's causation statement, which is the only causation statement in evidence; (c) Claimant had no prior treatment for or complaints relating to heart issues; and (d) Claimant's burden of proof is a

preponderance of the evidence, rather than a clear and convincing or other heightened standard.

19. The decision in this case is strictly limited to the particular facts and evidence before the undersigned.

20. Defendants conducted a good faith dependency investigation, the results of which are unequivocal (Defendants' APA #12). Apart from Marsha Britton, the deceased's surviving spouse and a presumed whole dependent, there were no other individuals dependent, either partially or totally/presumed or in fact, upon the deceased's earnings for support at the time of his death and/or for three months prior thereto and accordingly, there are no other individuals entitled to death benefits in this matter.

21. Based upon the dependency investigation and the testimony of Claimant Britton (Decedent-Employee's surviving spouse), Britton is entitled to receive 500 weeks of compensation in a lump sum commuted value determined from the date of death, and the funeral benefit pursuant to Section 42-9-290 (*See* Deposition of Marsha Britton, page 9).

22. Decedent-Employee's average weekly wage is $1,332.61, yielding a compensation rate of $752.16.

CONCLUSIONS OF LAW

1. S.C. Code Ann. §42-1-40 is applicable in determining "average weekly wage."

2. S.C. Code Ann. §42-1-120 is applicable in defining "disability."

3. S.C. Code Ann. §42-1-130 is applicable in defining "employee."

4. S.C. Code Ann. §42-1-140 is applicable in defining "employer."

5. S.C. Code Ann. §42-1-150 is applicable in defining "employment."

6. S.C. Code Ann. §42-1-160 (A) is applicable in defining a compensable "injury."

7. S.C. Code Ann. §42-1-160 (C) is applicable in determining the compensability of "heart attacks" that arise out of and in the course of employment.

8. S.C. Code Ann. §42-1-160 (E) is applicable in defining "medical evidence" in "medically complex cases."

9. S. C. Code Ann. §42-1-160 (G) is applicable in defining "medical evidence."

10. S.C. Code Ann. §42-1-175 is applicable in defining "surviving spouse."

11. S.C. Code Ann. §42-9-5 is applicable in defining "Basis for award."

12. S.C. Code Ann. §42-9-10 is applicable in defining "total disability."

13. S.C. Code Ann. §42-9-90 is applicable in determining increase in compensation which is not paid when due.

14. S.C. Code Ann. §42-9-110 is applicable in defining "Persons conclusively presumed to be wholly dependent."

15. S.C. Code Ann. §42-9-290 is applicable in determining "Amount of compensation for death of employee."

16. S.C. Code Ann. §42-9-301 is applicable in defining "Lump-sum payments."

17. S.C. Code Ann. §42-15-20 is applicable in determining proper notice of an accident.

18. S.C. Code Ann. §42-15-40 is applicable in determining the "time for filing claim."

19. S.C. Code Ann. §42-17-40 is applicable in defining the "conduct of Hearings and Awards," and "evidence allowed."

20. S.C. Code Ann. §42-17-50 is applicable in defining "Review and rehearing by commission."

21. S.C. Code Ann. §42-17-60 is applicable in defining "Conclusiveness of award, appeals."

22. R. 67-206 is applicable in defining "Filing a claim."

23. R. 67-207 is applicable in defining "Requesting a Hearing, Claimant."

24. R. 67-602 is applicable in defining required information for hearings.

25. R. 67-1605 is applicable in defining "Lump sum payment."

26. R. 67-1605(E)(5) is applicable in defining discount tables designated by the Commission.

27. R. 67-1606 is applicable in defining "Lump sum payment in a claim involving a fatality."

ORDER

NOW THEREFORE IT IS ORDERED,

That the Defendants shall pay to the Claimant Five Hundred (500) weeks of compensation in a commuted lump sum at the rate of Seven Hundred and Fifty-Two and 16/100ths (752.16) Dollars subsequent to Decedent's date of death calculated per Regulation 67-1606 (A)(1)(2) and the Commission's designated discount table per Regulation 67-1605 (E)(5), and funeral benefits pursuant to Section 42-9-290.

No hearing costs are assessed in this matter.

AND IT IS SO ORDERED.

Susan S. Barden

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties, or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
August 17, 2015

By: Kristi Love, Administrative Assistant to Commissioner Barden

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED
MAR 18 2016
SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1414226

Court of Appeals Case No. _____

Laurent W. Britton, Deceased Employee, and
Marsha P. Britton, Claimant,.....Respondents,

v.

Charleston County, Employer,
and South Carolina Association
of Counties SIF, Carrier,.....Appellants.

NOTICE OF APPEAL

Charleston County and South Carolina Association of Counties SIF, appeal the Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission dated January 12, 2016 and the South Carolina Workers' Compensation Commission's Order dated February 22, 2016 denying the Motion for Rehearing.

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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1414226

Laurent W. Britton, Decedent/ Employee, and Marsha P. Briton, Claimant, Respondent, -vs.- Charleston County, Employer, And South Carolina Association Of Counties, SIF, Carrier, Appellants.	**RESPONSE TO APPELLANTS' MOTION FOR REHEARING BY THE FULL COMMISSION**

TO: COMMISSIONERS MELODY L. JAMES, GENE MCCASKILL and AISHA TAYLOR, Members of the Commission Appellate Panel; and **J. HUBERT WOOD, III, ESQUIRE,** Attorney for the Appellants:

The Respondent files this response to the Appellants' Motion for Rehearing by the Full Commission filed on January 20, 2016. The motion was filed pursuant to the case of Rhame v. Charleston County School District, 412 S.C. 273, 772 S.E.2d 159 (2015); § 1-23-280(1), S.C. Code Anno., (Supp. 2014); S.C. Code Anno. Reg. 67-712; and Rule 203(b)(6), SCACR. While the Supreme Court in *Rhame* affirmed the right to petition for a rehearing, it gave little guidance as to the procedure to be followed.

In the absence of controlling case law or a regulation, it is respectfully submitted a motion for a rehearing of a decision of the Appellate Panel should be handled the same way a Rule 59, S.C.R.C.P., motion to alter, amend or reconsider is handled in the Circuit Court. A Rule 59 motion is used when a party contends the court failed to rule on an issue that was raised and presented. *See*: Pelican Bldg. Centers of Horry-Georgetown, Inc. v. Dutton, 311 S.C. 56, 427 S.E.2d 673 (1993); Alex Sanders and John S. Nichols, Trial Handbook for South

Carolina Lawyers, Section 36:5. It is also used when a party simply wants the court to reconsider issues and arguments that were raised and ruled on adversely to them. *See*: Elam v. South Carolina Dept. of Transp., 361 S.C. 9, 602 S.E.2d 772 (2004). The Appellants apparently seek both forms of relief. Like all motions, a Rule 59 motion must be made in writing and "shall state with particularity the grounds therefor, and shall set forth the relief or order sought." *See*: Rule 7(b)(1), S.C.R.C.P. A Rule 59 motion may, in the discretion of the court, be determined on briefs filed by the parties without oral argument. *See*: Rule 56(f), S.C.R.C.P.; Pollard v. County of Florence, 314 S.C. 397, 444 S.E.2d 534 (Ct. App. 1994). For the reasons stated herein, and to avoid further unnecessary delay, the Respondent suggests the Appellants' motion for rehearing should be decided without oral argument.

ARGUMENT

The grounds for the Appellants' motion for rehearing are set forth in paragraph 6 of its motion. Stated succinctly, the Appellants' argument appears to be that a rehearing and reconsideration should be granted because the Single Commissioner, and the Appellate Panel by affirming and adopting her Order, committed not just an error of law, but acted arbitrarily and capriciously in not focusing on the decedent's usual and ordinary duties as the emergency radio manager to the exclusion of the unusual and extraordinary conditions of his employment that existed on the night the decedent suffered his fatal heart attack and that, if the Single Commissioner and the Appellate Panel had done so, they would have found the claim was not compensable under the heightened standard for compensability in heart attack cases. The Appellants' motion does not cite the testimony it contends the Single Commissioner and the Appellate Panel failed to consider or did consider that they should not have beyond referencing its Appellate Panel Brief. The Appellate Panel already considered all the

testimony cited in the Appellants' brief and addressed at oral argument. The Appellants' motion does not cite any case law supporting a rehearing on these grounds.

A. The case law does not support that an error of law or arbitrary and capacious conduct has been committed warranting a rehearing or reconsideration.

The case law on the compensability of heart attacks is well established. A heart attack is compensable when it is induced by unexpected strain or overexertion in the performance of his duties of employment or by unusual and extraordinary conditions in the employment. *See*: McWhorter v. SC Dept. of Insurance, 252 S.C. 90, 95, 165 S.E.2d 365 (1969); Walker v. Columbia, 247 S.C. 241, 146 S.E.2d 856 (1966); Walsh v. U.S.Rubber Co., 238 S.C. 411, 120 S.E.2d 685 (1961); Wynn v. Peoples Natural Gas Co., 238 S.C. 1, 118 S.E.2d 812 (1960); Kearse v. S.C. Wildlife Resources Dept., 236 S.C. 540, 115 S.E.2d 183 (1960). While unexpected strain or overexertion is often discussed in the context of physical exertion, it also encompasses emotional and/or mental strain resulting from great mental stress, emotional involvement, lack of sleep, time pressure and worry. *See*: McWhorter, supra. 356 S.E.2d at 368 – 69. In determining whether the employment conditions were unusual or extraordinary, the question is whether the work conditions were unusual and extraordinary when compared to the employee's normal employment. *See*: Shealy, *supra.* 445 S.E.2d at 458 *citing* Larson's Workers' Compensation Law §44.05(4)(d)(1). The right to compensation is not affected by the fact that the employee was performing work of the same general type as that in which he was regularly engaged. *See*: McWhorter, *supra.* 356 S.E.2d at 367 *citing* Sweatt v. Marlboro Cotton Mills, 206 S.C. 476, 334 S.E.2d 762 (1945); Ricker v. Village Management Corporation, 231 S.C. 47, 97 S.E.2d 83 (1957). And, "[a]lthough stress may be inherent in a given job, a combination of stressful events may still be unusual and extraordinary and,

therefore, compensable." *See:* Doe v. S.C. Department of Disabilities, 377 S.C. 346, 660 S.E.2d 260 (2008).

B. **The Single Commissioner and the Appellate Panel did not commit an error of law or act arbitrarily or capriciously in failing to consider the testimony about the decedent's usual and normal working conditions.**

Appellants' motion for rehearing in paragraphs 6 (a) and (b) alleges the Single Commissioner, and the Appellate Panel by adopting and affirming her Order, committed an error of law or acted arbitrarily and capriciously by failing to consider the usual and ordinary conditions of the decedent's employment. This is clearly not true. *See:* Single Commissioner's Findings of Fact 6 and 7. The Appellants' argument appears to be based on the notion, if the decedent was performing his usual and ordinary job, he would be precluded from recovering for his heart attack as a matter of law. This is not consistent with the case law. The case of SC Second Injury Fund v. Liberty Mutual, 353 SC 117, 576 S.E.2d 199 (Ct. App. 2003), illustrates an employee is not precluded from recovering compensation for a heart attack suffered while performing their usual and ordinary duties. In that case a farm worker was performing his usual and normal job burning off harvested fields when the fire escaped threatening unharvested fields. The Commission awarded compensation for a heart attack the farm worker suffered after fighting the fire. As noted by the Court of Appeals, "[a]lthough the record here discloses that, for the most part, [the farm laborer's] job involved running errands and otherwise assisting in general farm management, it also reveals that the events of May 24, 1994 turned what was a usual task for farm employees– the burning of harvested fields– into the extraordinary task of managing an out-of-control fire threatening fifty-five acres of unharvested wheat." Based on the testimony indicating an abnormally stressful work

environment on the day in question, the Court of Appeals ruled the Commission's finding of unusual and extraordinary conditions was supported by substantial evidence.

The only testimony not specifically mentioned in the Single Commissioner's Order referenced in the Appellants' Appellate Panel Brief is that the decedent was training in handling emergencies that often involve the loss of life and property; often occur at night or on weekends; although they share certain characteristics and involve some stress, no two are the same; and the radio equipment functioned properly on the night in question. No hearing is required to address this alleged ground for rehearing. It is readily apparent the Single Commissioner considered all the evidence. The Appellate Panel already considered the testimony included in the Appellants' brief and oral argument.

One of the purposes of a Rule 59 motion to alter, amend, or reconsider, however, is to allow the court to change its ruling, obviating the need to appeal. Alex Sanders and John S. Nichols, Trial Handbook for South Carolina Lawyers, Section 36:5. Out of an abundance of caution, the Appellate Panel, in its discretion, may wish to simply amend Finding of Fact 6 to dispel any suggestion the evidence was not considered and to avoid these grounds being raised again on appeal as follows:

> 6. On the day of the accident in issue, Decedent-Employee's job was Manager of Communications for the County of Charleston, a job which required him, among other duties, to manage the county-wide 800 MHz Radio System, and be available "24/7" for emergencies **involving the loss of life or property** requiring special radio communications needs. (APA #12, page 163, Defendant's APA #13, page 211; Defendant's APA #17, pages 253 and 255; Deposition of Cannon, pages 24, 26-28; 46-48, and 76 – 77). **The Decedent-Employee was trained to and qualified to handle emergencies from the most minor to the most severe. (Tr. pp 48 – 63). Emergencies may share characteristics but no two are the same. (Tr., pp. 25 – 26). Emergencies involve an increased level of alertness, energy, and inherent stress. (Tr. p. 83). The radio**

equipment functioned properly on the night of the incident. (Tr. p. 48, 123, 165).

(Suggested revision in bold type).

C. **The Single Commissioner and Appellate Panel did not commit an error of law by failing to make explicit findings as to the unusual and extraordinary conditions of the decedent's employment on the night in question.**

Appellants' motion for rehearing in paragraph 6 (c) alleges the Single Commissioner, and the Appellate Panel by adopting and affirming her Order, committed an error of law by failing to make an explicit finding as to the unusual or extraordinary conditions of the decedent's employment on the night in question. Again, this is clearly not true. *See*: Single Commissioner's Findings of Fact 8 through 13. It is readily apparent what the Single Commissioner found to be unusual and extraordinary. The Appellate Panel already considered this ground raised in the Appellants' brief and discussed at oral argument. No hearing is required to address this alleged ground for rehearing. Out of an abundance of caution, the Appellate Panel, in its discretion, may wish to simply amend Findings of Fact 8 to dispel any suggestion no explicit finding was made and to avoid this ground being raised again on appeal as follows:

> **While acknowledging the Decedent-Employee was performing work of the same general type as that in which he was regularly engaged, the conditions of his employment on the night of this incident were unusual and extraordinary.** On the day of the alleged accident, after working his regular shift of 7:30 to 3:30 or 4:30 p.m., Decedent-Employee had to return to work in the communications building to manage the communications for a "very complex emergency situation." In addition to his regular hours he previously worked that day, Claimant also worked from approximately 7:30 p.m. until 1:30 a.m., when Decedent-Employee called EMS because of experiencing chest pain and shortness of breath while performing his emergency job duties. (Deposition of Marsh Briton, pp. 24, 36, and 44 – 45; Deposition of Al Cannon, pp. 31, 28 -40, and 78 – 79; Defendants' APA #16, p. 249; testimony of Tunick).

(Suggested revision in bold type).

D. The Single Commissioner and Appellate Panel did not commit an error of law by considering the unusual and extraordinary conditions of the decedent's employment on the night in question.

Appellants' motion for rehearing in paragraphs 6 (d) and (f) alleges the Single Commissioner, and the Appellate Panel by adopting and affirming her Order, committed an error of law by considering the unusual and extraordinary conditions of the decedent's employment on the night in question. The Appellants cite no case law in support of this ground. In fact, not only is the case is contrary to the Appellants' position, the Single Commission would have committed fatal legal error if she had not considered this evidence.

The Supreme Court's decision in *Doe* directly addressed this issue. Chief Justice Toal, in her concurring opinion, emphatically stated, "In my view a fatal flaw occurs in the analysis when the Commission focuses on the ordinary aspects of the Claimant's employment to the exclusion of an examination of the extraordinary, and the consequent use of these ordinary aspects to support the conclusion that the injury is not compensable." Doe, *supra*. 600 S.E.2d at 262. It is readily apparent the Single Commissioner did not focus on the decedent's usual and ordinary job duties to the exclusion of the unusual and extraordinary conditions of the decedent's employment on the night in question. *See*: Single Commissioner's Findings of Fact 6 through 13. The Single Commissioner, and Appellate Panel by affirming and adopting her findings, did not commit an error of law by considering the unusual and extraordinary circumstances of the decedent's employment on the night in question. No hearing is required and the Appellants' motion for rehearing on this ground should be denied.

E. The Single Commissioner and Appellate Panel did not commit an error of law by "conflating" the arising out of and medical causation issues.

Appellants' motion for rehearing in paragraph 6 (e) alleges the Single Commissioner, and the Appellate Panel by adopting and affirming her Order, committed an error of law by "conflating" the arising out of and the medical causation issues. The Respondent agrees the claimant must prove both: (1) that the "accident" was induced by unexpected strain or overexertion in the performance of his duties of his employment or by unusual and extraordinary conditions in the employment; and (2) that such was the proximate cause of his injury and/or resulting death. *See*: Shealy, *supra.*; Powell v. Vulcan Materials, Co., 299 S.C. 325, 384 S.E.2d 725 (1989). The Respondent further agrees the two elements are separate and distinct. *See*: Larson's Workers' Compensation Law § 46.03[1] (2002). The Appellant does not agree, however, that medical experts cannot consider the unusual or extraordinary conditions of the claimant's employment in addressing causation. Of necessity, the medical experts have to consider the unusual and extraordinary condition to render an opinion whether they caused the resulting heart attack. As the cases illustrate, medical experts consider the unusual strain or overexertion or unusual and extraordinary conditions of the claimant's employment alleged to have precipitated a heart attack together with the claimant's prior health, especially any pre-existing heart disease or chest pain, his habits such as smoking, and temporal relationship between the work and the heart attack in reaching their opinions on causation. In the present case, the Single Commissioner specifically found, and the Appellate Panel found by affirming and adopting her Order, the decedent was a non-smoker, had no history of heart disease or chest pain, and was working extra hours when he suffered a heart attack while at work. No hearing is necessary and the Appellants' ground for rehearing on this ground should be denied.

F. **The Single Commissioner and Appellate Panel did not commit an error of law in failing to find the decedent's heart attack was non-compensable based on all the testimony and the uncontested medical opinions.**

Appellants' motion for rehearing in paragraph 6 (f) alleges the Single Commissioner, and the Appellate Panel by adopting and affirming her Order, committed an error of law by considering all the testimony and the unchallenged medical opinions and failing to find the claim was not compensable under the heightened legal standard for compensability of heart attack claims. The testimony and medical opinions concerning the unusual and extraordinary conditions of the decedent's employment on the night in question has been addressed above. The Appellants cite no case law explaining just how the evidence in this case failed to meet the legal standard for compensability of a heart attack claim. The applicable legal standard has been discussed above. The Appellants' argument is that, if the Single Commissioner had improperly focused solely on the decedent's usual and normal job duties to the exclusion of the unusual and extraordinary conditions of his employment on the night in question and ignored the unchallenged expert medical testimony on causation, then the case would not be compensable as a matter of law. That's simply not the law. It is readily apparent the Single Commissioner properly considered all of the evidence and the unchallenged medical opinions in arriving at a proper decision based on the preponderance of the evidence. The Appellate Panel already considered this ground raised in the Appellants' brief and discussed at oral argument. No hearing is necessary to address this ground. Out of an abundance of caution, the Appellate Panel, in its discretion, may wish to simply amend Ruling of Law 7 to dispel any suggestion the proper analysis was not performed in finding compensability and to avoid this ground being raised again on appeal as follows:

7. S.C. Code Anno., §42-1-160(C) is applicable in determining the compensability of "heart attacks" that arise out of and in the course of employment. The applicable law on the compensability of heart attacks is well established. A heart attack is compensable when it is induced by unexpected strain or overexertion in the performance of his duties of employment or by unusual and extraordinary conditions in the employment. (*Emphasis added*). *See*: McWhorter v. SC Dept. of Insurance, 252 S.C. 90, 95, 165 S.E.2d 365 (1969); Walker v. Columbia, 247 S.C. 241, 146 S.E.2d 856 (1966); Walsh v. U.S.Rubber Co., 238 S.C. 411, 120 S.E.2d 685 (1961); Wynn v. Peoples Natural Gas Co., 238 S.C. 1, 118 S.E.2d 812 (1960); Kearse v. S.C. Wildlife Resources Dept., 236 S.C. 540, 115 S.E.2d 183 (1960). While unexpected strain or overexertion is often discussed in the context of physical exertion, it also encompasses emotional and/or mental strain resulting from great mental stress, emotional involvement, lack of sleep, time pressure and worry. *See*: McWhorter, supra. 356 S.E.2d at 368 – 69. In determining whether employment conditions are unusual or extraordinary, the question is whether the work conditions were unusual when compared to the employee's normal employment. *See*: Shealy, *supra.* 445 S.E.2d at 458 *citing* Larson's Workers' Compensation Law §44.05(4)(d)(1). The right to compensation is not affected by the fact that the employee was performing work of the same general type as that in which he was regularly engaged. *See*: McWhorter, *supra.* 356 S.E.2d at 367 *citing* Sweatt v. Marlboro Cotton Mills, 206 S.C. 476, 334 S.E.2d 762 (1945); Ricker v. Village Management Corporation, 231 S.C. 47, 97 S.E.2d 83 (1957). Furthermore, "[a]lthough stress may be inherent in a given job, a combination of stressful events may still be unusual and extraordinary and, therefore, compensable." *See:* Doe v. S.C. Department of Disabilities, 377 S.C. 346, 660 S.E.2d 260 (2008). The case of SC Second injury Fund v. Liberty Mutual, 353 SC 117, 576 S.E.2d 199 (Ct. App. 2003), illustrates this last point. In that case a farm worker was performing his usual and normal job burning off harvested fields when the fire escaped threatening unharvested fields. The Commission awarded compensation for the heart attack the farm worker suffered after fighting the fire. As described by the Court of Appeals, "[a]lthough the record here discloses that, for the most part, [the farm laborer's] job involved running errands and otherwise assisting in general farm management, it also reveals that the events of May 24, 1994 turned what was a usual task for farm employees– the burning of harvested fields– into the extraordinary task of managing an out-of-control fire threatening fifty-five acres of unharvested wheat." Although the Decedent-Employee was performing work of the same general type as that

in which he was regularly engaged, based on the findings of fact the testimony established the conditions of his employment on the night in question were extraordinary and unusual and caused his heart attack. Based on all the evidence as set forth in the findings of act, the combination of conditions of the Decedent-Employee's employment on the night he suffered his heart attack suffered while at his work were unusual and extraordinary making his heart attack compensable.

(Suggested revision in bold type).

CONCLUSION

For the foregoing reasons the Respondent requests that the Appellants' motion for a rehearing be denied in part and granted in part without a hearing. A proposed Amended Decision and Order incorporating the suggested revisions is attached hereto for the Appellate Panel's consideration to avoid the grounds for rehearing being raised again on appeal.

Respectfully submitted,

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and

By: _____
J. Kevin Holmes
ATTORNEYS FOR THE RESPONDENT
The Steinberg Law Firm, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800

Charleston, South Carolina
29 day of January, 2016.

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1414226

Laurent W. Britton, Deceased Employee, and Marsha P. Britton, Claimant, -vs- Charleston County, Employer, and South Carolina Association of Counties Workers' Compensation Trust, Carrier, Defendants.	**MOTION FOR REHEARING BY THE FULL COMMISSION**

TO: COMMISSIONERS MELODY L. JAMES, GENE MCCASKILL AND AISHA TAYLOR, MEMBERS OF THE FULL COMMISSION APPELLATE PANEL; AND R. WALTER HUNDLEY, ESQUIRE, ATTORNEY FOR CLAIMANT

YOU WILL PLEASE TAKE NOTICE that the Defendants, above named, by and through their undersigned attorneys, do hereby move for a rehearing of this matter by the Full Commission. The motion is brought pursuant to the South Carolina Supreme Court's decision in Rhame v. Charleston County School District, 412 S.C. 273, 772 S.E.2d 159 (2015); §1-23-380(A)(1) of the South Carolina Code (1976, as amended) (commonly known as the Administrative Procedures Act); Workers' Compensation Commission Regulation 67-712 and South Carolina Appellate Court Rule 203(b)(6) and based on the following grounds:

1. Pursuant to §42-17-50 of the South Carolina Code (1976, as amended), the Defendants timely filed a Form 30 Request for Commission Review of the Single Commissioner's Decision and Order filed August 17, 2015 wherein the Defendants stated their assertions of error and grounds for appeal in the form of twelve (12) questions presented.
2. Pursuant to Regulation 67-705, the Defendants timely filed their Appellant Brief wherein the questions presented in their Form 30 were consolidated into three (3) primary arguments.
3. A Respondent Brief was timely filed on behalf of the Claimant pursuant to Regulation 67-705.
4. Pursuant to Regulation 67-706, the parties were heard before a Full Commission Appellate Panel on November 17, 2015 in Columbia, South Carolina.
5. The Full Commission Appellate Panel issued its Decision and Order filed January 12, 2016 wherein it restated verbatim the Findings of Fact, Conclusions of Law and Order of the Single Commissioner; restated verbatim the questions presented by the Defendants in their Form 30; summarized the oral argument on November 17, 2015 erroneously characterizing such as "Evidence of the Case" under a heading denoting such; stated its own findings of fact and conclusions of law identical to those of the Single Commissioner and in a conclusory fashion, affirmed in full the Decision and Order of the Single Commissioner adopting it as its own and restated the compensation award contained therein.

6. The Full Commission Appellate Panel's Decision and Order filed January 12, 2016 fails to address in a substantive fashion, the Defendants' grounds for appeal and assertions of error by the Single Commissioner; fails to include any analysis or explanation of its decision to affirm in full, and adopt as its own, the Decision and Order of the Single Commissioner and in particular, fails to address (a) why it apparently concluded that the Single Commissioner did not err in failing to acknowledge and consider testimony highly relevant to the issue of compensability as outlined in Argument I of the Defendants' Appellant Brief; (b) why it apparently concluded that the Single Commissioner's failure to acknowledge and consider that highly relevant testimony does not render the Single Commissioner's decision on the issue of compensability arbitrary and capricious in violation of the Administrative Procedures Act; (c) why it apparently concluded that the Single Commissioner's Decision and Order was not insufficient as a matter of law inasmuch as there was no explicit finding by the Single Commissioner as to the unusual and extraordinary conditions of the deceased Employee's employment and/or the unusual/unexpected strain or overexertion which caused the deceased Employee's heart attack and subsequent death; (d) why it apparently concluded that it was not a legal error by the Single Commissioner to consider the specific facts and circumstances of the underlying emergency event (at which, according to the undisputed evidentiary record, the deceased Employee was not present) and the frequency with which such occur rather than to consider whether the

conditions of deceased Employee's employment at the time in question were standard or necessary conditions of the particular employment in determining whether such constitute unusual and extraordinary conditions of the deceased Employee's employment for purposes of the compensability analysis in a heart attack claim; (e) why it apparently concluded that the Single Commissioner did not err in conflating the separate "arising out of" requirements for compensability under §42-1-160 of the South Carolina Code (1976, as amended) of medical causation and the heightened legal standard for compensability of a heart attack claim requiring such to be the result of unusual and extraordinary conditions of the particular employment or an unusual/unexpected strain or overexertion; (f) why it apparently concluded that the Single Commissioner did not err in relying on the testimony of Dr. Wilson, Coroner Wooten, Dr. Shealy, Sheriff Cannon and the Claimant concerning the nature of the underlying emergency incident in analyzing the heightened legal standard for compensability of a heart attack claim; and (g) why it apparently concluded that the uncontradicted testimony of Sheriff Cannon, Coroner Wooten, Dr. Shealy, William Tunick and Martin Kratz as set forth in Argument I of the Defendants' Appellant Brief, along with the Single Commissioner's findings and fact Nos. 6, 7, 10 and 17(c)(e) and (f), does not render the claim not compensable as a matter of law under the heightened legal standard for compensability of heart attack claims.

WHEREFORE, the Defendants respectfully move that the Full Commission Appellate Panel rehear the parties, reconsider its Decision and Order filed January 12, 2016 and reissue a Decision and Order wherein it substantively addresses, analyzes and explains its disposition of the questions presented in the Defendants' Form 30 and consolidated in their Appellant Brief.

RESPECTFULLY SUBMITTED,

Wood Law Group, LLC
P.O. Box 20550
Charleston, SC 29413
Ph.: 843-577-5732

By: _____
J. Hubert Wood, III
Attorney for Defendants

Dated: January 20, 2016

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

WCC File #: **1414226**
Carrier File #: **20140619958**
Carrier Code #: **SF930**
Employer FEIN #: **576000145**

Claimant's Name: Laurent W. Britton (Deceased) SSN: 247-11-1175
Address: 1135 Astor Dr.
City: Mt. Pleasant State: SC Zip: 29464
Home Phone: Work Phone:
Preparer's Name: J. Hubert Wood, III Law Firm: Wood Law Group, LLC

Employer's Name: Charleston County
Address: 4045 Bridge View Dr., Suite B332
City: N. Charleston State: SC Zip: 29405
Insurance Carrier: SC Association of Counties Workers' Compensation Trust/Ariel Third Party Administrators, Inc.
Preparer's Phone #: (843) 577 - 5732

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant **X** Employer (check one) Date of Injury or Illness: 9/9/14

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

See attachment.

Oral argument X is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ **Mediation**

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to R. Walter Hundley, Esquire address P.O. Box 31189, Charleston, SC 29417 on the 27th day of August 2015 by X first class postage certified mail personal service.

Preparer's Signature	Attorney for Defendants Title	hubie@woodgroupllc.com Email	August 27, 2015 Date

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

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

ATTACHMENT TO FORM 30
REQUEST FOR COMMISSION REVIEW

Laurent Britton (deceased) v. Charleston County
W.C.C. File No.: 1414226
Date of Accident: September 9, 2014

1. Did the Hearing Commissioner err to the extent her Decision and Order finding the claim compensable and awarding death benefits to be paid by the Defendants was conditioned upon the Defendants' failing to obtain and present into evidence an expert medical opinion contesting the issue of medical causation; the error of being that medical causation is only one component of the compensability analysis with the other being the Claimant's burden to establish that the deceased employee's heart attack and resulting death were the unexpected result of unusual and extraordinary conditions of the particular employment or resulted from an unusual/unexpected/excessive strain or overexertion and to the extent the Hearing Commissioner co-mingled these separate and distinct requirements for compensability, did she err as a matter of law?

2. Did the Hearing Commissioner err as a matter of law in finding/concluding that the claim is compensable and in awarding death benefits under the Workers' Compensation Act; the error being that the Hearing Commissioner's findings of fact Nos. 6, 7, 10 and 17(c)(e) and (f) render the claim not compensable as a matter of law under the applicable compensability standard for heart attack claims?

3. Did the Hearing Commissioner err with respect to her findings of fact Nos. 8 and 13; the error being that such are not supported by the greater weight of the evidence in the record with respect to the deceased Employee's regular and usual work hours, the hours worked by the deceased Employee on the dates in question, and the regularity and nature of the deceased Employee's overtime/after hours work?

4. Did the Hearing Commissioner err as a matter of law in finding and concluding that the claim is compensable and in awarding death benefits under the Workers' Compensation Act apparently based on a determination that the emergency scene/event in question was unusual and/or not typical; the error being that the Hearing Commissioner failed to consider, or even acknowledge (as clearly evidenced by her finding of fact No. 18), the uncontradicted evidence in the record establishing that all emergencies involve a threat to human life, serious injury and/or property damage; that all emergency scenes involve different facts and circumstances; that the deceased Employer's position of employment with the Defendant Employer required him to be available twenty-four/seven for emergency response; that his work activities and conditions of

employment on the dates in question were standard, necessary, disclosed and known components of his position of employment with the Defendant/Employer and that the deceased Employee was thoroughly trained in all aspects of emergency response to include the work activities he was performing on the dates in question and had such been considered, the claim should not have been found compensable as a matter of law?

5. Did the Hearing Commissioner fundamentally err as a matter of law in her analysis of whether the deceased Employee's heart attack and subsequent death were the result of unusual and extraordinary conditions of employment by focusing on the facts and circumstances of the underlying emergency scene (where the deceased Employee was not even present) and the frequency with which similar emergency events occur (see Hearing Commissioner's findings of fact Nos. 9, 11, 12, 13 and 18)?

6. Did the Hearing Commissioner err as a matter of law in her compensability analysis by focusing on the facts and circumstances of the underlying emergency event (where the deceased Employee was not even present) in assessing whether the deceased Employee's heart attack and resulting death were the result of unusual and extraordinary conditions of employment rather than assessing whether the deceased Employee's job activities and conditions of employment on the dates in question were standard and necessary components of his position of employment, known and disclosed to the deceased Employee and for which the deceased Employee was thoroughly and appropriately trained?

7. Did the Hearing Commissioner err as a matter of law in apparently basing her finding and conclusion in favor of compensability and the award of death benefits on the fact that every single witness testified that the circumstances regarding the standoff/shootings were unusual and/or not typical and not a single witness testified to the contrary (see Hearing Commissioner's finding of fact No. 18); the error being that the analysis of compensability with regard to whether the deceased Employee's heart attack and resulting death were the result of unusual and extraordinary conditions of employment should not have focused on the facts and circumstances of the underlying emergency incident (where the deceased Employee was not present) but rather should have been based on a determination of whether the conditions of the deceased Employee's employment at the time in question were standard, necessary, disclosed and known components of his position of employment with the Defendant Employer for which he was thoroughly and appropriately trained?

8. Did the Hearing Commissioner err as a matter of law in finding and concluding that the claim is compensable and in awarding death benefits when the uncontradicted evidence in the record establishes that the deceased Employee's position of employment with the Defendant Employer required him to be available twenty-four/seven for emergency response, that such was a standard,

necessary known and disclosed component of his position of employment, that the deceased Employee was thoroughly and appropriately trained for such; that all emergency events involve different facts and circumstances; that all emergency events involve threat to human life, threat of serious injury and/or damage to property, and that the deceased Employee was performing such job activities without encountering any unusual and extraordinary problems of such when he suffered a heart attack that ultimately resulted in his death?

9. To the extent the particular facts and circumstances of the underlying emergency event (at which the deceased Employee was not present) are dispositive with respect to determining whether such constituted unusual and extraordinary conditions of the deceased Employees' employment at the time in question, did the Hearing Commissioner err as matter of law in focusing her analysis on the frequency with which similar emergency events and circumstances occur rather than focusing her analysis on whether the deceased Employee's involvement in such on the night in question was a disclosed, known, standard and necessary component of his position with the Defendant Employer for which he was appropriately and thoroughly trained?

10. Did the Hearing Commissioner err as a matter of law in failing to deny and dismiss the claim with prejudice based on a failure to prove facts sufficient to establish compensability of a heart attack claim; the error being that denial and dismissal of the claim with prejudice as a matter of law should have been ordered based on the undisputed evidentiary record which establishes that all emergency scenes involve different facts and circumstances; that all emergencies involve threat to human life, serious injury and/or property damage; that the deceased Employee's position of employment with the Defendant Employer required him to be available twenty-four/seven for emergency response; that the deceased Employee was thoroughly and appropriately trained in performing the job activities required in his position of employment with the Defendant Employer and was performing such without incident or problem at the time in question; that said job activities including emergency response on a twenty-four/seven basis was a known and disclosed component of the deceased Employee's position of employment with the Defendant Employer and were, therefore, a standard and necessary component of the deceased Employee's employment with the Defendant Employer and the frequency with which the facts and circumstances of the underlying emergency event occur, or have occurred, is not material to the compensability analysis?

11. Is the Hearing Commissioner's Decision and Order finding and concluding that the claim is compensable and awarding death benefits insufficient and illegal as a matter of law; the error being that the Order fails to state with specificity the unusual and extraordinary conditions of employment and/or the unusual/unexpected/excessive strain or overexertion which the Hearing Commissioner found caused the deceased Employee's heart attack and subsequent death and is therefore, insufficient to allow a reviewing court to

determine whether the finding/conclusion of compensability and award of death benefits is supported by substantial evidence in the record and applicable law?

12. Did the Hearing Commissioner err as a matter of law and fact with respect to her findings of fact Nos. 15 and 16 to the extent such provide a basis for her finding/conclusion of compensability and award of death benefits; the error being that both Dr. Wilson and Sheriff Cannon, along with the Claimant and the Claimant's other witnesses, testified that they had no knowledge of the deceased Employee's job activities on the night in question and/or whether such were unusual and extraordinary conditions of the deceased Employee's employment and, moreover, the uncontradicted evidence in the record and applicable law indicates that working after hours was not an unusual and extraordinary condition of the deceased Employee's employment; that there was no unusual/unexpected/excessive strain or overexertion by the deceased Employee on the night in question and that working after hours per se does not constitute an unusual and extraordinary condition of employment nor does such constitute an unusual/unexpected/excessive strain or overexertion?

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

WCC File #: 1414226
Carrier File #: 20140619958
Carrier Code #: SF930
Employer FEIN #: 576000145

Claimant's Name: Laurent W. Britton SSN: 247-11-1175
Address: 1135 Astor Dr.
City: Mt. Pleasant State: SC Zip: 29464
Home Phone: Work Phone:

Employer's Name: Charleston County
Address: 4045 Bridge View Dr., Suite B332
City: N. Charleston State: SC Zip: 29405
Insurance Carrier: SC Association of Counties Workers' Compensation Trust/Ariel Third Party Administrators, Inc.

Preparer's Name: J. Hubert Wood, III Law Firm: Wood Law Group, LLC Preparer's Phone #: (843) 577-5732

Date of Injury or Illness: 9/9/14

Complete each information blank. Clearly specify when contentions are admitted in part or denied in part.
The Employer-Insurance Carrier in answer to the claim due to the death of Laurent W. Britton (employee's name) **respectfully shows:**

1. It is **denied** the employee sustained an injury on or about the date set forth in the application.
   Defendants acknowledge that the deceased Employee suffered a fatal heart attack on 9/9/14 but deny compensability (see #8 and #10 below).
2. It is **admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
   Admit employee/employer relationship at the general time in question but deny compensability.
3. It is **admitted** the relationship of employer and employee existed at the time in question. The reasons for denial are:
   See #2 above.
4. It is **denied** at the time in question the employee was performing services arising out of and in the course of employment.
5. It is **admitted** notice of injury/death was given the employer as specified in the application.
   Admit notice of alleged compensable injury so as to satisfy the requirements of §42-15-20 only.
6. It is **denied** the employee was entitled to medical care as a result of the injury.
   See #1 above and #8 and #10 below.
7. It is **denied** the employee lost compensable time from work and wages for period(s) of:
   See #1 above and #8 and #10 below.
8. It is **denied** the employee's death resulted proximately from accidental injury arising out of and in the course of employment on 9/9/2014.
9. It is contended that an average weekly wage of $ tbd applies, according to the attached accounting of employee's earnings, as provided by law.
10. Further grounds of claim: Reserve the right to amend; Defendants deny the deceased Employee's heart attack and resulting death occurred by accident arising out of and in the course of deceased Employee's employment under §42-1-160 and applicable case law; deny that deceased Employee's heart attack and/or death are causally related to employment; Defendants also specifically deny the applicability of §42-11-30 to this claim as deceased Employee was not employed as a law enforcement officer or firefighter at the time in question.

☒ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1601 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 R. Walter Hundley, Esquire **Address** PO Box 31189 Charleston, SC 29417-1189 **on the** 23rd **day of** December **2014 ,by** x **first class postage** ____ **certified mail** ____ **personal service.**

Preparer's Signature	Attorney for Defendants Title	huble@woodgroupllc.com Email	December 23, 2014 Date

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Refer to Regulations 67-205 through 67-211, 67-215, Regulations 67-601 through 67-615; and Regulations 67-901-905 as well as Reg. 67-1801.

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

File #: 1414226
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Marsha Britton SSN: 247-11-1175
Address: 1135 Astor Drive
City: Mt. Pleasant State: SC Zip: 29464
Home Phone: Work Phone:

Employer's Name: Charleston County
Address: 4045 Bridgeview Drive
City: Charleston State: SC Zip: 29405
Insurance Carrier: SC Association of Counties SIF

Preparer's Name: R. Walter Hundley, Esquire Law Firm: R. Walter Hundley, Esquire Preparer's Phone #: (843) 723-1995

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

The Claimant is Marsha Britton, wife (relationship to employee) of Laurent Britton (employee's name)

1. The employee sustained an accidental injury to the fatal heart attack (Part of Body Hurt) on 9/9/2014 (Month Day Year) in Charleston County, State of SC.
2. Both the employee and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the employee was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 9/9/2014 (Month Day Year) in the following manner: Employer was informed on date of death.
6. ☒ Due to injury, the employee received medical examination and treatment which remains unpaid by the employer.
7. ☐ Due to injury, the employee lost compensable time from work and wages for the periods of:
8. ☒ The employee died on 9/9/2014 (Month Day Year) as a result of the accidental injury, and death compensation is claimed.
9. At the time of the injury, the employee was paid weekly wages of $Form 20 requested. The claimant demands an accounting of days worked and wages earned as provided by law.
10. Further grounds of claim:

The Decedent suffered a fatal heart attack on 9/9/14 while working in radio communications during an unexpected police shooting. Claimant requests finding that the Decedent suffered a compensable accident within the meaning of the Act. The Claimant further requests payment of all related medical expenses and funeral benefits allowable under Title 42. Legal issues involved include but are not limited to 42-1-160(C) and 42-11-30.

11. 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.

☐ 12a. I am filing a claim. I am not requesting a hearing at this time.

☒ 12b. I am requesting a hearing. A $25 fee is required.

☒ Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SC Association of Counties SIF/Arbi Third Party Administrators, Inc.

Address P.O. Box 212159, Columbia, SC 29221 on the 1 day of December 2014, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature Attorney Title Firm@RWalterHundley.com Email 12/1/2014 Date

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or jud@wcc.sc.gov or mediation@wcc.sc.gov. Refer to Regulations 67-205 through 67-211, 67-216, Regulations 67-601 through 67-615 and; Regulations 67-901 through 67-905 well as Reg. 67-1801.

WCC Form # 52
Revised 7/13

52

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

RECEIVED DEC 02 2014

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1414226

Laurent Britton,	)
	)
Claimant,	)
	)
v.	)
	)
Charleston County,	)
	)
Employer,	)
	)
and	)
	)
Association of Counties,	)
	)
Carrier/Defendants.	)
	)

COPY

FULL COMMISSION HEARING

****

Tuesday, November 17, 2015
11:53 a.m. - 12:19 p.m.

The Full Commission Hearing was heard before Commissioners Gene McCaskill, Aisha Taylor and Melody L. James; Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 17th day of November, 2015, before M. Sean Cary, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES

R. Walter Hundley, Esquire
THE LAW OFFICE OF WALTER HUNDLEY
1517 Sam Rittenburg Boulevard
Charleston, South Carolina 29407
Attorney for the Claimant

J. Hubert Wood, III, Esquire
WOOD & WARDER, LLC
1 Wesley Drive
Charleston, South Carolina 29407
Attorney for the Defendants

Also present:

Richards Hundley - Son of R. Walter Hundley
Marsha Britton - Wife of Claimant

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

COURT REPORTER: Today is Tuesday. This is South Carolina Workers' Compensation Case Number 1414226. This is the case of Laurent Britton, Plaintiff, versus Charleston County, Employer, and the Association of Counties, Carrier. The Appellant is the Defendant represented by J. Hubert Wood, III. The Respondent is represented by R. Walter Hundley. Each side is allowed ten minutes for oral argument and the Appellant three minutes in reply. You're requested to argue the grounds of exception and stay within the record.

THE CHAIRPERSON: Mr. Wood.

MR. WOOD: Thank you, Commissioner. Thank you for the opportunity to be heard today. The case is a heart attack -- a death case involving a heart attack, and the facts are really essentially undisputed. There is a dispute, or a conflict should I say, between Mrs. Britton, the surviving spouse's testimony, and the personnel records and the deceased employee's supervisor concerning the frequency of overtime work -- after-hours work. I don't really think that's material to the case as I will address later. Mr. Britton was the radio

communications manager for Charleston County. The radio communications department does not involve 9-1-1 dispatch services, rather it is responsible for building out, maintaining, the radio communications infrastructure to which various first responders with the County and other governments in Charleston County subscribe to. They have a 16 tower network. They supply and service the radios. That's their normal day-to-day function. There's also a component of the department that is involved in emergency response. And the emergency response responsibilities are twofold. They deal with, at the scene, supplying first responders with radios, replacing batteries, internet connection, that type of thing. The second component of that is at the radio communications offices where there is an individual who supervises on a computer system the traffic on the system to make sure that it's not overloaded. If you get a lot of first responders -- a lot of radio traffic in one area, it has the potential to overload the system or the frequency of that particular tower. Now there's a way to deal with that,

but that's why somebody is there monitoring the system. Mr. Britton had been in that position for a couple of years at the time of his death on September 9 of 2014. He had previously been the -- a technician, a position that an individual known as Martin Kratz who is a witness in the case, was fulfilling at the time and has now become the manager following Mr. Britton's death. On September 8 of 2014, we had an unfortunate situation with a police standoff at a department complex in the West Ashley part of Charleston. That started at about 7:23 when a call went out. Between 7:30 and 8:00 p.m., two -- there was a gun fire exchange, two deputies were wounded. They were transported to MUSC. One was deceased, the other was wounded but fortunately survived. There's not a dispute about this. Multiple agencies show up at the scene. Big situation, obviously, with police officers being involved. The rest of the night was a standoff. Eventually, the early morning hours, they determined that the perpetrator in this incident was deceased from the original gun fire. Mr. Britton had worked his regular day

on Monday. All indications are that he left work at his normal time around four o'clock. He had a Fraternal Order of Police dinner that he attended in Hanahan. Phone records and so forth indicate that he was contact- -- he contacted Martin Kratz, his subordinate, after -- a little bit after eight o'clock on the evening of September 8th. Martin made contact with the Sheriff's Office, the Sheriff's Office said yes, we need you to activate. By the time Martin met him at the offices in North Charleston, Mr. Britton was in the computer room monitoring the radio communications on the system. Martin Kratz proceeded to load up the van, go to the scene to fulfill the other component of the department's emergency response. The job description specifically discloses and talks about availability 24/7 for emergency response as a essential function of the job. It's -- it's described as 10 percent on the various profile. So it's unquestionably a known disclosed part of the job. It's an essential function of the job. Mr. Britton was performing those job activities when approximately one o'clock in the morning, a few

minutes after one, 9-1-1 received a call from him advising that he was experiencing symptoms associated with a heart attack. He subsequently was transported to MUSC and pronounced dead several hours later. There is really no dispute about what went on. There was no problem with the system. No traffic -- no traffic overload. He had several techs and telephone communications with Martin Kratz during the course of the evening. And Martin Kratz eventually was advised by -- well, one of the Sheriff's Officers on the scene that he -- that Mr. Britton had called 9-1-1. He goes back and arrives contemporaneous with the first responders responding to Mr. Britton's 9-1-1 call. The Commissioner in this case, we think, made several errors. While she makes 22 findings of fact and sort of beats around the bush to use sort of a phrase, there's no specificity in this Order. Some conjecture, and maybe you can surmise or infer what she found to be the unusual and extraordinary conditions of employment or an unusual strain or over exertion. Those center around the facts and circumstances of the underlying

emergency event where Mr. Britton was not. In several of her findings she makes reference clearly to the frequency and the fact that this is an unusual emergency and that the various witnesses including the Sheriff, the Coroner, the emergency medical staff, a physician, all -- and everybody -- nobody disputed that this was not -- I mean first of all, emergencies or not -- I mean there is always going to be different facts and circumstances. No two are never going -- ever going to be the same. And there is no dispute that this was -- you know, required a lot of responders, but that is not the standard. The standard, when you are assessing unusual and extraordinary conditions of employment, you don't focus on the frequency. You focus on whether the conditions of the employee's employment were standard or necessary components of his job. And there's nothing to contradict that in the record. His supervisor indicated what he was doing that night was exactly what he was supposed to be doing -- what he was trained to do. Martin Kratz conceded to Mr. Hundley that yes, the emergency circumstance that night involving two

deputies down was unusual; but, the radio communications department's response to that event in terms of activating their emergency protocol was normal. It's their mission. It's exactly what they do. We did not contest the case on medical causation grounds. You know, we could have insisted on an autopsy to determine the specific type of heart attack or whether it was pulmonary embolism but we would have ended up in the same place: arguing about whether it's an unusual or extraordinary condition of employment or a su- -- unexpected strain or overexertion. If you look at the Commissioner's finding of fact number 18, after consideration of all the evidence, what is left -- or the fact that ever single witness testified that the circumstances regarding the standoff and shootings were unusual and are not typical. Not a single witness testified to the contrary. That's not in dispute, but that's not the issue. The issue is whether what Mr. Britton was doing at the time in question -- standard or necessary component of his job. Commissioner doesn't make any direct explicit findings as to what it was that specifically

caused his heart attack. There's some suggestion although it's not stated that, you know, he was working overtime that night. Well, I don't know of any case out there where you're on notice that 24/7 emergency response is a disclosed and known component of the job and a single overtime shift constitutes an unexpected -- it's got to be an unexpected strain or overexertion. I don't know of a single case out there that shows that or that states that. There are a number of cases talking about where law enforcement officers, insurance salesmen -- in fact they cite this McWhirter case extensively in their brief. Those are overtime and working beyond normal hours repeatedly for days at a time. If this had happened three or four times in a week or maybe even back to back days, maybe it's a different situation. But we don't think in this particular incident it rises to the level of an unusual or extraordinary condition of employment or an unexpected strain or overexertion. The Commissioner did not even consider in her Order the testimony that we elicited from their witnesses. She talks about

every witnesses -- witness said that it was an unusual emergency. Well, all emergencies are -- there's no emergencies that are going to be the same. You're alwa- -- if that's the standard, you can always grasp one fact or one circumstance in any emergency scene and, well, okay if this doesn't happen in eight years or had never happened. That's not the standard I would cite to refer you to the Bentley case, which is an extrapolation of the heart attack rule from the psychological front. Then the question becomes well, how many officers do you have to shoot -- or how many people do you have to shoot before you get to that point. Again, it kicks back to the standard or necessary component of the job. The Commissioner didn't even recite the testimony of all their witnesses who conceded that all emergencies are different, that emergency response is a core function of government -- a core function of County government. They didn't do anything -- she didn't even acknowledge the testimony of his supervisor and co-worker that while the the emergency scene, where he wasn't, was not usual, what he was doing that night was exactly

what they do. And it's unfortunate that he suffered a heart attack while it happened but ... Thank you.

COMMISSIONER JAMES: Thank you. Mr. Hundley?

MR. HUNDLEY: IT's déjà vu. The Bentley case was what we focused on. You know, interesting, Mr. Wood would agree, at the beginning of a three and a half hour hearing she did note that she decided the Bentley case and of course ruled against it. My opinion, that the facts of this case, the testimony of this case, the depositions in this case, the totality of the combination of circumstances would distinguish it from Bentley. Bentley, which was a three to two decision -- they also begged the legislature to come across and change the standards for mental-mental, especially in first responders. There's actually a bill over that. This was a heart attack case where the man worked physically from seven thirty in the morning until he called 9-1-1 suffering a heart attack at about one or one thirty at night. There were two officers down. This hasn't been done -- in eight or ten years is the last time something like that was done.

COMMISSIONER JAMES: Doesn't Bentley speak to the --
-

MR. HUNDLEY: Ma'am?

COMMISSIONER JAMES: Doesn't Bentley speak to the fact that it's not the frequency that you look at but it's ---

MR. HUNDLEY: That's correct and that's right. And that -- you're exactly on point. Because in the Bentley, he said there was no aggravation or combination in that case because he was trained and he shot somebody and that was it. Okay? That was it. The Supreme Court in that three to two decision, to me, interprets it we needed more -- I mean just that one incident. And no, it wasn't just the frequency, I agree with that, but what we have is an officer down and essentially all hell broke loose. There were people coming from every jurisdiction. Also not only were they down, there was a nine-hour standoff where everbody's life was in imminent peril. There's testimony from the people -- Martin Kratz, who is his co-worker and employee, about the criticalness of the communications. Because if it -- they call it a convergence with all these people coming in.

If it was to get overloaded, and it could, it was supposed to switch and monitor that. He was locked in a room instead of being able to be there at the surface. Bill Tunic, his supervisor, says that he called in about eight thirty or nine and he sounded very stressed because there were people down there, he wanted to be there, but his job was to be in that building -- locked doors on the outside. He's diabetic. He worked those long hours physically. We have medical causation ---

COMMISSIONER JAMES: Doesn't this -- and I know the medical causation is not an issue. Doesn't this really boil down to, but for the testimony of all the witnesses who said that this was an unusual emergency, then his job was 24/7 and his job was to be there during the emergencies to control the traffic flow.

MR. HUNDLEY: That's right.

COMMISSIONER JAMES: So, the only thing that would distinguish this, if you boil down -- and I understand what she looked at, and all of the record that I read, is the fact that the witnesses are saying, well, this is an unusual type of emergency. We haven't seen this in 35

years. I haven't seen this in -- I believe the Sheriff said I had two peo- -- two deputies that were shot. So, it -- it's the internal definition of these EMS or first responders that -- that the case seemed to hinge on.

MR. HUNDLEY: That's correct. And perhaps we don't make that decision. Perhaps the Sheriff of Charleston County makes it. Perhaps the opinion of the Coroner. Perhaps the opinion of Dr. Shealy who had been to over 4,000 emergencies who was the EMS doctor. Perhaps the opinions of both of the defense witnesses -- and they found the multiple combinations which Bentley is requesting that we find beyond just being trained to shoot someone. And if I may, in this particular case, Charleston County has filed a claim twice. They wanted to be found compensable. The Association of Counties would -- by the way is the defendant in the Bentley case so I understand their position. We're very much on what is a normal emergency versus an unusual or exceptional emergency. And Bentley says are there a combination of factors beyond a man who knows he might have to shoot someone. If I could and I -- we don't

have the time to go through every transcript, the Commissioner asked questions throughout. It was well over three hours. The employer wanted the claim found compensable. Communication, without a doubt in testimony, is very critical in the life-affecting implications should they fail. Somebody could die. That's what the situation was. Because if you have a convergence and the system shuts down -- they're coming from Moncks Corner, they're coming from Berkeley County, they're coming from Dorchester County. This is an officer down with eminent danger that went on for nine or ten hours. This is a man, Chief Britton, who was Chief of Isle of Palms the Fire Department, who was Battalion Chief at Johns Island, who has many awards, been promoted for his dedication as an emergency responder. He was used to this. But as the Commissioner picked up on, and he cites the other three times -- or that he had to work overtime for a large fire. He worked on a plane crash that took a while. He had an ice storm. And I asked his co-worker, I said well, was this like those? He said, no, this was

different. So if I may ---

COMMISSIONER JAMES: They also defined emergency.

MR. HUNDLEY: Ma'am.

COMMISSIONER JAMES: Most of the witnesses defined emergency. Not all of them, but the wit- -- it's a loss of life, threat loss of life -- life and threat of property. I mean they define it, so an emergency could be anything even catastrophic.

MR. HUNDLEY: Right.

COMMISSIONER JAMES: They just characterize this one as unusual.

MR. HUNDLEY: Well, and -- and every witness -- and if I may, just to have it in the record, okay? Because it's three to two up there, it might be two to one today. I think this is certainly what they're looking for in Bentley. So if I could for the record, the employer wanted the claim found compensable, communications were critical -- life threatening in implications should they fail. Every single witness that testified to the unusual and extraordinary circumstances surrounding the evening -- over 100 officers, officers down, officer killed, nine hour stand off, armed suspect with gun

fire death eminent. We had a mental overexertion in stress with time pressure, worry, emotional involvement. The -- the -- his supervisor said he called and he sounded very stressed on the phone because he knew these people and wanted to be there. So, we have a combination of factors here. Unlike in Bentley where the only thing that caused PTSD was the shooting of a suspect, and that was a disclosed job description. Uncontradicted medical causation of Dr. Wilson, Claimant's just exposed to trauma even though not on the scene. See Sheriff Cannon's track record -- 40-year sheriff -- 30-year sheriff. And maybe now's the time I could leave you with this. We can go all through the transcript. But Marsha Britton, Larry knew -- this is his wife, who has another burden in this case. I represent her and what she needs out of this case as a first responder who died at the job while working. It was not a normal emergency. When another officer is down it brings in their family, it's much more stressful. Ray Wooten, a long term coroner, question: When two officers are down in the situation, was that a

normal emergency you're used to facing? Mostly when you're in such a situation, it is critical that all those things be in place and working. The fact is if they are not working, if everything doesn't go including the communications, emotionally that is very stressful -- frightening -- very stressful. In my experience, hearing that you have an officer down not only elicits certain concerns about people that are co-workers and first responders, but for me, that causes me to immediately to think that we have a very volatile -- more volatile and unpredictable and unstable situation then is typical than other emergencies because it demonstrates certain loss with the standoff. Somebody else is going to get killed if everybody doesn't do their job. There's an extended amount of stress during this time. Dr. Ralph Shealy, who's been over to 4,000 emergency responders -- very well known, head of the EMS for Charleston County, head of EMS for Mount Pleasant, a first responder, an international first responder. I've responded to major disasters all over the world, and I quit counting after 4,000 EMS

rescue calls to which I've responded. This is an entirely different experience because in the safety community we're like brothers and sisters. And then I asked him about whether this was emergency -- a normal emergency. No, sir. Two elements to it. One element is that we knew officers were already shot, but we also knew that there were other officers who were engaged with an assailant with a deadly intent. And since this man had already shot two officers and the likelihood was high that he would be willing to shoot more, there was eminent danger of a serious gun fight that we might see more dead officers that night. All right. So, I asked him what would happen if the communications went down and failed in any fashion. Lacking that information on how the SWAT operators would proceed in a safe way as possible would put them in increased jeopardy. In this instance, shots had been fired, officers were down, and there were people going into the line of fire of a known deadly threat. And what makes it different is while there's a theoretical potential danger to an officer at all times, in this instance the threat was

palpaple.

COMMISSIONER JAMES: Thank you, Mr. Hundley.

MR. HUNDLEY: This particular case -- if I may ---

COMMISSIONER JAMES: One minute.

MR. HUNDLEY: --- would this be what you would classify as a usual or normal emergency -- and this is chief medical officer, EMS -- I've been doing this for 35 years and this is the only time this has ever happened to me. If I may. Defense witness, Bill Tunic ---

COMMISSIONER JAMES: Mr. Hundley, we do -- well, I -- we've got that. I've read Dr. Shealy's testimony.

MR. HUNDLEY: Good.

COMMISSIONER JAMES: I'm not sure how much more you're going to read, but the time has expired.

MR. HUNDLEY: I'm done with him. I want to read every witness and have that in the record, please. Because I think that's what Bentley is looking for, is a combination of the facts.

COMMISSIONER TAYLOR: Well, we have -- we have that in the record.

MR. HUNDLEY: Okay. Well, and then we called Bill Tunic, he sounded very stressed.

COMMISSIONER JAMES: All right. Mr. Hundley, the

time -- the time's run -- I've -- I've read all of the -- all of the witnesses' testimony. Thank you. All right. You have three minutes in reply.

MR. HUNDLEY: You don't want to hear any more? That's good?

COMMISSIONER JAMES: No, well, it's just the ten, ten and three.

MR. HUNDLEY: Okay. But I think when she requested the order of all evidence, the evidence in the record points to unusual circumstances on his behalf that night; medical causation, that's what caused his death.

MR. WOOD: Just briefly.

COMMISSIONER JAMES: Now Mr. Wood, before you do that ---

MR. WOOD: Yes, ma'am.

COMMISSIONER JAMES: --- I have a question.

MR. WOOD: Certainly.

COMMISSIONER JAMES: Does -- does the fact -- I understand that in general of what we think the definition of an emergency is, is an emergency. But does the fact that this is a fellow first responder, and I understand this gentleman was not always a first responder but in these types

of situation he was, does the death of, or potential death of, other first responders make this distinguishable from Bentley?

MR. WOOD: I don't think so because I don't think they established any type of -- other than just a general familiarity or brotherhood. It's not like it was his former co-worker or somebody he knew personally. I think when you go to the Martinez case -- and I know that's back at the Commission working its way back up. But that case focused on a -- on a relationship angle, a mental-mental case that dealt with the relationship angle. I don't know how that's going to be decided. But I don't think that this -- that they established anything -- and in fact, I don't think there was any proof that he knew these individuals who were wounded or the -- Deputy Matuskovic, who was killed unfortunately as a result of the incident. So, I -- I can't answer that question but I can tell you that on the base of the facts and what was proven in evidence in this case, I don't think that they established any type of special relationship between the victims of this incident and Mr. -- and Mr. Britton. Mr. ---

COMMISSIONER JAMES: I think there is one statement on the record about Mr. Tunic who says ---

MR. WOOD: He initially thought ---

COMMISSIONER JAMES: --- he told me it was a friend.

MR. WOOD: He -- he said that, and then he subsequently discovered -- if you read the rest of Mr. Tunic's testimony there, he says that he subsequently determined that it was not. That happened ---

MR. HUNDLEY: Well ---

MR. WOOD: That happened ---

MR. HUNDLEY: Out of respect, there's no telling when he discovered that or at what point.

MR. WOOD: That -- it -- it is. Because the phone records, and Mr. Tunic agreed with the phone records, that a call -- that conversation, Commissioner, occurred at 8:36 p.m. -- 8:36 p.m. when Mr. Britton was on his way from the Fraternal Order of Police down there in Hanahan back to the office. The heart attack's call, 9-1-1 call, went out at 1:23 in the morning. That's a five hour difference. Okay? During that time -- there's no indication -- and in fact Mr. Tunic's testimony indicates that Mr. Britton didn't -- ends up it was not somebody

he knew. That hardly seems to me contemporaneous -- I mean that's - that's a big leap. And on a medical causation front there was no -- it was just the stress of the job is what the doctor said. And Mr. Hundley said it best, he read it right from his notes. He said, if everybody doesn't do their job there's the risk of substantial amount of *(sic)* life. I know it's stressful. There's no doubt it's stressful. But when you are in the field of emergency response, it's just what you deal with. Sheriff Cannon, Coroner Wooten, Dr. Shealy, all testified that in the field of emergency response, inherent in emergency response, is a increased inate level of stress. If we want to change the law then change the law. But the law as we see it requires either unusual or extraordinary condition of employment analyzed under the Bentley standard. And by the way they've come up with this combination of aggravating circumstances in their brief. The Commissioner did not make any of those findings. She didn't even find what directly caused it explicitly, much less go to that extent. Maybe you want to remand and have

her consider our evidence and address those questions. But she didn't find that, that's something they've come up with now in response to our arguments on appeal. That's new. But the stress is just part of the job, and what he was doing that night was his job. A known, disclosed component of the job that he was trained to do. Thank you.

COMMISSIONER JAMES: Thank you, sir. That concludes this hearing.

(There being nothing further, the hearing concluded at 12:19 p.m.)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1414226

EMPLOYEE/CLAIMANT: **LAURENT BRITTON**

EMPLOYER: **CHARLESTON COUNTY**

CARRIER: **SOUTH CAROLINA ASSOCIATION OF COUNTIES SIF**

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION HEARING, THE WITHIN HEARING WAS TAKEN ON THE 19TH DAY OF JUNE, 2015, COMMENCING AT THE HOUR OF 10:22 A.M., IN SAINT GEORGE, SOUTH CAROLINA, BEFORE THE HONORABLE SUSAN S. BARDEN, ATTENDED BY COUNSEL AS FOLLOWS:

TIMMI A. PARRISH
VERBATIM REPORTER

ORIGINAL

TIMMI A. PARRISH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, SC 29376
864-921-8743

EXTENDED FOR THREE MONTHS BEFORE THAT AS WELL, CORRECT?

A. YES. WE HELPED OUR SON OUT QUITE A BIT SOMETIMES, BUT HE WASN'T A DEPENDENT.

Q. HE'S MARRIED; HAS HIS OWN JOB?

A. HE'S MARRIED AND HAS CHILDREN.

Q. I THINK YOU HAD INDICATED IN YOUR DEPOSITION THAT SEVERAL YEARS AGO WHEN HE AND HIS WIFE WERE BETWEEN HOUSES THEY MAY HAVE STAYED WITH YOU ALL BRIEFLY?

A. YES, THEY STAYED WITH US FOR ABOUT EIGHT OR NINE MONTHS.

Q. BUT THAT'S BEEN SEVERAL YEARS ---

A. IT'S BEEN TWO OR THREE YEARS AGO.

Q. OKAY. AND I THINK YOU ALSO MENTIONED IN YOUR DEPOSITION TESTIMONY YOUR SISTER AT ONE POINT IN TIME WAS STAYING WITH -- STAYING WITH YOU AND LARRY?

A. MY SISTER AND THREE OF HER CHILDREN.

Q. OKAY. BUT THAT WAS, I THINK YOU TOLD ME, SIX YEARS AGO?

A. THEY STAYED WITH US FOR THREE YEARS, AND THEY LEFT ABOUT THREE OR FOUR YEARS AGO.

Q. OKAY. ALL RIGHT. OKAY. FAIR ENOUGH. NOW, I WANTED TO KIND OF REVIEW WITH YOU -- AND I KNOW IT'S DIFFICULT CIRCUMSTANCES, BUT I DID WANT TO KIND OF GO THROUGH THE TIME LINE OR THE EVENTS OF THE

PARTICULAR DAY WITH YOU AND JUST SORT OF HELP US GET ORIENTED AS TO THE -- AS TO THE DATE OF THE OCCURRENCE AND SO FORTH. MONDAY -- SEPTEMBER 8TH WAS A MONDAY; IS THAT YOUR RECOLLECTION OF SEPTEMBER 8, 2014?

A. YES, IT WAS A MONDAY.

Q. OKAY.

A. IT WAS MY SON'S BIRTHDAY.

Q. ALL RIGHT. AND JUST TO SORT OF GET TO THE OTHER END OF THE TIME LINE OF THE EVENTS, MR. BRITTON'S UNFORTUNATE PASSING OCCURRED IN THE EARLY MORNING HOURS OF TUESDAY, SEPTEMBER 9; IS THAT CORRECT?

A. YES.

Q. OKAY. AND THAT WAS AT MUSC, WHERE THEY HAD TRANSPORTED HIM, CORRECT?

A. YES.

Q. OKAY. LET ME GET JUST A COUPLE OTHER HOUSEKEEPING MATTERS THAT YOU CAN MAYBE HELP ME WITH, BECAUSE THE COMMISSIONER HAS GOT CELL PHONE RECORDS, MR. BRITTON'S CELL PHONE RECORDS, AS PART OF OUR APA SUBMISSIONS. CAN YOU PROVIDE FOR THE RECORD YOUR HOME TELEPHONE NUMBER?

A. MY CELL PHONE NUMBER IS 843-442-4264.

Q. AND DO YOU HAVE A LAND LINE AT YOUR HOUSE?

A. WE DON'T REALLY USE IT, NO.

Q. BUT YOU HAVE ONE?
A. YEAH, WE DO HAVE ONE. I JUST DON'T USE IT.
Q. OKAY. DO YOU KNOW THE TELEPHONE ---
A. EXCEPT EMERGENCIES.
Q. YES, MA'AM. DO YOU KNOW THE TELEPHONE NUMBER?
A. YES. 843-881-6360.
Q. OKAY. AND THOSE WERE THE TELEPHONE NUMBERS IN OPERATION BACK ON SEPTEMBER 8TH?
A. YES.
Q. OKAY. NOW, I UNDERSTOOD FROM YOUR DEPOSITION WHEN I TOOK IT A FEW MONTHS AGO THAT AT THE TIME ON SEPTEMBER 8TH YOU WERE EMPLOYED AS A BOOKKEEPER OR AN ASSISTANT IN THE ACCOUNTING DEPARTMENT WITH A COMPANY KNOWN AS HESCO; IS THAT ---
A. HESCO, ANOTHER TEMP JOB.
Q. OKAY. ON THAT MORNING, MONDAY MORNING, I THINK YOU AND LARRY BOTH GOT UP AND WENT TO YOUR RESPECTIVE JOBS; IS THAT CORRECT?
A. YES.
Q. NOW, IN TAKING YOUR DEPOSITION TESTIMONY WE KIND OF WENT THROUGH THAT. BUT AS I UNDERSTOOD YOUR DEPOSITION TESTIMONY, AFTER YOU ALL -- WHOEVER LEFT FIRST -- WHEN -- WHOEVER LEFT FIRST THAT MORNING TO GO TO WORK, YOU DID NOT HAVE ANY FURTHER COMMUNICATIONS WITH MR. BRITTON AFTER THAT POINT; IS

NIGHT, GONE TO BED ABOUT 9:00; IS THAT CORRECT?

A. YES, YES.

Q. AND AS I UNDERSTOOD YOUR DEPOSITION TESTIMONY, YOU INDICATED THAT WHEN YOU WENT TO BED THAT NIGHT YOU WERE NOT AWARE OF THE CIRCUMSTANCES THAT WERE UNFOLDING INVOLVING THE DEPUTIES AND THE STANDOFF?

A. NO, I WASN'T. NO.

Q. DO YOU REMEMBER, MRS. BRITTON -- AND WE'VE GOT THE PHONE RECORDS, BUT DO YOU REMEMBER WHETHER MARTIN CALLED YOU FROM LARRY'S CELL PHONE?

A. NO, I DON'T REMEMBER.

Q. OKAY. ALL RIGHT. AND YOU MAY NOT WOULD HAVE ANY REASON TO KNOW THAT.

A. NO.

Q. OKAY. ALL RIGHT. AND WHAT TIME WOULD YOU ESTIMATE THAT TO HAVE OCCURRED?

A. I THINK IT WAS AROUND 1:30.

Q. OKAY. LET ME ASK YOU -- I KIND OF GOT OUT OF SEQUENCE, BUT LET ME GO BACK AND ASK YOU ABOUT SOME OF THE DIRECT TESTIMONY YOU OFFERED ON LARRY'S CAREER. HE WAS FIRE -- I THINK HE WAS A BATTALION CAPTAIN AT SAINT JOHN'S FIRE DEPARTMENT BEFORE HE WENT OVER TO ISLE OF PALMS?

A. YEAH. HE MADE IT UP TO BATTALION CHIEF.

Q. OKAY. AND THEN HE WAS THE CHIEF AT I.O.P.?

A. RIGHT.
Q. OKAY. AND THEN HE WAS SORT OF, AT LEAST IN TERMS OF HIS PRIMARY JOB, HE WAS -- HE WORKED AT A WAREHOUSE FOR SEVERAL YEARS?
A. HE DID WORK AT A WAREHOUSE FOR, I DON'T KNOW, FOUR TO SIX YEARS, AND DURING THAT TIME HE WAS A FIRST RESPONDER STILL.
Q. HE STILL PARTICIPATED?
A. RIGHT.
Q. OKAY. AND THAT'S WHAT I WANTED TO ASK YOU ABOUT. WERE YOU FAMILIAR WITH THE VARIOUS FIRST RESPONDER TRAINING THAT HE HAD UNDERGONE IN CONNECTION WITH HIS FIREFIGHTER POSITIONS AND HIS FIREFIGHTER CAREER?
A. SOME OF THEM, YES.
Q. OKAY. BUT HE WAS -- HE HAD REACHED THE LEVEL OF CHIEF AT ISLE OF PALMS?
A. RIGHT. AND HE HAD MOVED UP AT SAINT JOHN'S FROM BASICALLY THE BOTTOM. SO HE HAD A LOT OF TRAINING AND A LOT OF SEMINARS.
Q. AND A LOT OF EXPERIENCE?
A. A LOT OF EXPERIENCE AS A FIREMAN.
Q. OKAY. YOU MENTIONED -- WELL, LET ME ASK YOU ABOUT THE -- YOU KNEW HE WAS A STATE CONSTABLE?
A. YES.

Q. OKAY. AND WERE YOU FAMILIAR WITH HIS TRAINING IN CONNECTION WITH BECOMING A LICENSED STATE CONSTABLE?
A. VAGUELY.
Q. OKAY. BUT YOU KNEW HE HAD SOME TRAINING IN THAT REGARD FOR THAT ROLE?
A. OH, YES.
Q. OKAY. AND HE PARTICIPATED FREQUENTLY IN HIS ROLE AS A LICENSED CONSTABLE?
A. YES, HE DID.
Q. THE FIRE -- OR THE RESCUE SQUAD, THE CHARLESTON COUNTY RESCUE SQUAD, I THINK YOU INDICATED THAT HE HAD BECOME A MEMBER OF THAT AS EARLY AS AGE 18; IS THAT CORRECT?
A. YES, AND THEN HE DID TAKE A BREAK DURING THAT -- BETWEEN THE TIME HE WAS 18 AND WHEN HE DIED. THERE HAD BEEN A PERIOD, MAYBE IN HIS 30'S -- I REALLY DON'T REMEMBER THE DATES, BUT HE DID TAKE A BREAK FROM THE RESCUE SQUAD FOR A WHILE, AND THEN HE WENT BACK TO IT.
Q. ARE YOU FAMILIAR WITH THE EXTENT OF HIS TRAINING AND EXPERIENCE IN CONNECTION WITH THE RESCUE SQUAD?
A. SOME OF IT. I KNOW HE HAD SWIFT WATER RESCUE. THEY HAVE TO LEARN HOW TO USE THE JAWS OF LIFE. AND HE WAS AN EMT FOR MOST OF THOSE YEARS.
Q. OKAY. AND I THINK LATER IN LIFE HE HAD GOTTEN

INVOLVED WITH FEMA IN THE FEDERAL GOVERNMENT'S DISASTER RESPONSE TEAM; IS THAT CORRECT?

A. YES. THAT'S THE DMAT TEAM.

Q. ARE YOU FAMILIAR WITH HIS TRAINING AND EXPERIENCE IN THAT AREA?

A. SOME OF IT, YES.

Q. I THINK YOU TOLD ME AT THE DEPOSITION THAT HE HAD RESPONDED AS PART OF DMAT WITH THE SUPERSTORM SANDY, WHICH WOULD HAVE BEEN IN 2012, I THINK?

A. YES.

Q. AND ALSO IN HAITI FOLLOWING THE EARTHQUAKE?

A. YES, AND IN NEW ORLEANS FOR KATRINA.

Q. KATRINA, OKAY. ALL RIGHT. AND I THINK HE REGULARLY -- YOU TOLD ME IN YOUR DEPOSITION THAT HE REGULARLY PARTICIPATED IN SEMINARS AND TRAINING WITH DMAT ON A MONTHLY BASIS?

A. YES.

Q. SOME LOCALLY, SOME IN WASHINGTON, D.C.?

A. YES.

Q. OKAY. ALL RIGHT. GOING BACK TO THE NIGHT IN QUESTION, AND YOU OFFERED SOME TESTIMONY, A SIGNIFICANT AMOUNT OF TESTIMONY, AS TO WHAT LARRY'S JOB WAS. AND I WANTED TO ASK YOU ABOUT THAT, BECAUSE WHEN WE COVERED THAT SUBJECT AT YOUR DEPOSITION YOU TOLD ME THAT YOU DIDN'T REALLY KNOW A

WE'RE BACK ON THE RECORD. THANK YOU.

DIRECT EXAMINATION RESUMED BY MR. HUNDLEY:

Q. DO YOU AGREE WITH DR. WILSON'S CONCLUSIONS THAT YOU'VE REVIEWED?

A. I DO.

BY MR. HUNDLEY:

ALL RIGHT. THANK YOU. PLEASE ANSWER ANY QUESTIONS THE COMMISSIONER OR MR. WOOD HAS FOR YOU.

BY THE COMMISSIONER:

MR. WOOD?

BY MR. WOOD:

THANK YOU, COMMISSIONER.

CROSS EXAMINATION BY MR. WOOD:

Q. CORONER, THANK YOU FOR COMING TODAY, AND WE CERTAINLY APPRECIATE YOUR LONGTIME SERVICE TO THE COUNTY, WHICH I KNOW YOU'VE BEEN WORKING A LOT LATELY, SO WE APPRECIATE YOU MAKING THE TRIP UP HERE TODAY. FIRST OF ALL, I THINK THE COMMISSIONER KNOWS THIS, BUT JUST FOR THE RECORD, YOU ARE AN ELECTED OFFICIAL, CORRECT?

A. THAT'S CORRECT.

Q. OKAY. YOU'RE ELECTED COUNTY WIDE EVERY FOUR YEARS?

A. EVERY FOUR YEARS.

Q. OKAY. AND YOU'VE BEEN THE CORONER SINCE?

A. RIGHT THIS MOMENT THE YEAR ESCAPES ME. I COMPLETED

AN UNFULFILLED TERM. THE CORONER -- MY PREDECESSOR RESIGNED MIDTERM. I WAS APPOINTED. SINCE THAT TIME I'VE BEEN ELECTED TWICE.

Q. OKAY. GREAT. AND JUST SORT OF A LITTLE TIDBIT FOR THOSE OF US IN THE WORKERS' COMP BUSINESS, YOU ACTUALLY -- AT ONE TIME, I THINK YOU TOLD ME, YOU WORKED FOR CRAWFORD AND COMPANY AS A NURSE CASE MANAGER; IS THAT CORRECT?

A. THAT'S CORRECT. I AM A REGISTERED NURSE, AND I WAS EMPLOYED BEFORE I WORKED IN THE CORONER'S OFFICE FOR CRAWFORD AND COMPANY FOR ABOUT A YEAR.

Q. AND I THINK YOU INDICATED NOT ONLY A NURSE BUT A FORENSIC NURSE; IS THAT CORRECT? SOME TRAINING IN THAT REGARD?

A. DURING MY TIME WITH CRAWFORD AND COMPANY, I DOUBT THAT WAS CONSIDERED FORENSIC NURSING, BUT THE WORK I DO NOW AND HAVE FOR THESE 20 YEARS IS CONSIDERED FORENSIC NURSING.

Q. THANK YOU. AND THE CORONER'S OFFICE, AS WE UNFORTUNATELY KNOW HERE TODAY, IS INVOLVED IN THE FIELD OF EMERGENCY RESPONSE; IS THAT FAIR TO SAY?

A. YES.

Q. OKAY. AND YOU'RE INVOLVED IN THAT BECAUSE EMERGENCIES UNFORTUNATELY INVOLVE CERTAIN TIMES LOSS OF LIFE; IS THAT CORRECT?

A. CERTAINLY.
Q. OKAY. AND IN ADDITION TO LOSS OF LIFE OR THREAT OF LOSS OF LIFE, EMERGENCY CIRCUMSTANCES OR EMERGENCY RESPONSE, JUST UNDER THE GENERAL UMBRELLA OF THAT, INVOLVES THREAT TO LIFE, HUMAN LIFE, SERIOUS INJURY, OR SERIOUS THREAT TO PROPERTY; IS THAT CORRECT?
A. YES.
Q. YOU WOULD AGREE WITH THAT WHEN WE TALK ABOUT EMERGENCY RESPONSE, THE WORD EMERGENCY?
A. RIGHT.
Q. OKAY. AND WHEN WE SPOKE A COUPLE WEEKS AGO, YOU WERE KIND ENOUGH TO SIT DOWN WITH ME FOR A BRIEF PERIOD OF TIME AND TALK ABOUT YOUR INVOLVEMENT IN THE CASE. BUT YOU AGREE WITH ME THAT EMERGENCIES IN AND OF THEMSELVES, NO TWO EMERGENCIES ARE GOING TO BE THE SAME; IS THAT A FAIR STATEMENT?
A. YES.
Q. OKAY. SO, EMERGENCIES, CERTAIN EMERGENCIES MAY SHARE CHARACTERISTICS WITH OTHER EMERGENCIES, BUT ALL OF THEM ARE GOING TO HAVE DIFFERENT FACTS AND CIRCUMSTANCES. WOULD YOU AGREE WITH THAT?
A. YES.
Q. OKAY. ALL RIGHT. AND WHAT THOSE FACTS AND CIRCUMSTANCES ARE, IT'S REALLY IMPOSSIBLE TO PREDICT; IS THAT CORRECT?

A. YES.
Q. OKAY. AND I THINK I'M STATING THE OBVIOUS, BUT OBVIOUSLY YOU KNOW THIS FROM YOUR DAILY WORK; EMERGENCIES DON'T OCCUR DURING BUSINESS HOURS MONDAY THROUGH FRIDAY, DO THEY?
A. NO, THEY DO NOT.
Q. THEY OCCUR AT ALL TIMES OF THE DAY, ALL TIMES OF THE WEEK, ALL TIMES OF THE YEAR?
A. YES.
Q. OKAY. I THINK YOU -- AND YOU TOLD ME -- I WROTE THIS DOWN AND I ASKED YOU WHEN I INTERVIEWED YOU BECAUSE I WANTED TO MAKE SURE, BUT YOU -- IN DESCRIBING AT LEAST YOUR ROLE AND YOUR OFFICE'S ROLE IN EMERGENCIES OR EMERGENCY RESPONSE, THE QUOTE I WROTE DOWN IS THAT YOUR WORLD IS BUILT ON INNATE STRESS AND ANXIETY?
A. IT IS BY VIRTUE OF THE KIND OF WORK I DO.
Q. OKAY. AND, SPECIFICALLY, YOU OBVIOUSLY DEAL WITH UNFORTUNATE DEATHS AND SO FORTH, BUT THAT WOULD BE INCLUDED IN THE FIELD OF THE CORONER'S ROLE IN EMERGENCY RESPONSE?
A. YES.
Q. OKAY. DO YOU AGREE WITH ME THAT EMERGENCY RESPONSE IS A CORE FUNCTION OF CHARLESTON COUNTY GOVERNMENT?
A. YES.

Q. IT'S A CORE FUNCTION OF THE CHARLESTON COUNTY CORONER'S OFFICE?
A. YES.
Q. AND I THINK YOU'VE TESTIFIED, AND WE'VE GOT THE SHERIFF'S DEPOSITION TESTIMONY IN AS WELL, BUT THE RADIO COMMUNICATIONS DEPARTMENT IN PARTICULAR IS PROVIDING SUPPORT SERVICES IN THE FIELD OF EMERGENCY RESPONSE, IS THAT RIGHT?
A. YES.
Q. AND WOULD YOU CONSIDER THAT TO BE A CORE FUNCTION OF COUNTY GOVERNMENT?
A. YES.
Q. IT'S INTEGRAL AND NECESSARY TO DEALING WITH EMERGENCY SCENES?
A. YES.
Q. AND YOU WOULD AGREE WITH ME THAT WHEN AN EMERGENCY SCENE OCCURS -- AND WE'VE TALKED ABOUT THE DIFFERING CIRCUMSTANCES AND FACTS FROM ONE SITUATION TO THE NEXT, BUT -- AND I THINK I ASKED YOU ABOUT THIS WITH THE INHERENT OR THE INNATE STRESS AND ANXIETY STATEMENT THAT YOU HAD MADE, BUT THERE IS -- WHAT GOES ALONG WITH EMERGENCY RESPONSE WHEN YOU'RE INVOLVED IN IT IS A HEIGHTENED SENSE OF ALERT?
A. YES.
Q. A HEIGHTENED SENSE OF STRESS?

A. YES.
Q. A HEIGHTENED SENSE OF ANXIETY?
A. YES.
Q. THAT'S PART OF THE JOB; FAIR?
A. YES.
Q. A STANDARD OR NECESSARY CONDITION OF THE JOB, CORRECT?
A. YES.
Q. NOW, LET'S TALK ABOUT THE PARTICULAR EVENING IN QUESTION. AND MRS. BRITTON HAS TESTIFIED AND I DON'T THINK THERE'S ANY DISPUTE WHATSOEVER, BUT WE'RE TALKING ABOUT THE EVENING -- OR BEGINNING ON THE EVENING OF MONDAY, SEPTEMBER 8 OF 2014, GOING INTO THE EARLY MORNING HOURS OF TUESDAY, SEPTEMBER 9, 2014. IS THAT YOUR RECOLLECTION?
A. YES.
Q. OKAY. AND I DON'T THINK THERE'S ANY DISPUTE WHATSOEVER CONCERNING THE LOCATION OF THE EMERGENCY INCIDENT, IT BEING 1840 CARRIAGE LANE, AT THE GARDEN APARTMENTS, WHICH IS IN THE WEST ASHLEY AREA OF CHARLESTON; IS THAT ---
A. YES.
Q. OKAY. DO YOU RECALL WHAT -- TAKE ME THROUGH YOUR INVOLVEMENT. I'M ASSUMING THAT YOU WERE ALERTED TO WHAT WAS GOING ON AND RESPONDED ACCORDINGLY?

A. YES. I WAS MADE AWARE. I DID RESPOND. I HAD ADDITIONAL RESPONSE FROM MY CHIEF DEPUTY BECAUSE WE HAD RECEIVED WORD THAT WE HAD HAD AN OFFICER-INVOLVED SHOOTING. ONE WAS TRANSPORTED TO THE HOSPITAL. WELL, ACTUALLY, BOTH WERE TRANSPORTED TO THE HOSPITAL. AND THAT THERE WAS INVOLVING POTENTIALLY A SUSPECT IN THE SHOOTING STILL ON SCENE, AND WE WERE NOT CERTAIN WHAT THAT WAS GOING TO BECOME. I DISPATCHED MY CHIEF DEPUTY TO THE HOSPITAL TO START TO DETERMINE THE CONDITIONS OF ONE DEPUTY WHO HAD DIED, BUT THE CONDITION OF THE OTHER DEPUTY, AND I RESPONDED TO THE INCIDENT LOCATION.

BY THE COMMISSIONER:

WHEN YOU GOT THE CALL ABOUT THIS WHOLE INCIDENT, WERE YOU AT HOME, OR WHERE WERE YOU?

BY THE WITNESS:

YES.

BY THE COMMISSIONER:

OKAY.

CROSS EXAMINATION RESUMED BY MR. WOOD:

Q. AND DO YOU ---

BY MR. WOOD:

I'M SORRY, COMMISSIONER. I DIDN'T KNOW IF YOU HAD A FOLLOW-UP QUESTION.

BY THE COMMISSIONER:

NO, NO, NO. GO AHEAD.

BY MR. WOOD:

OKAY.

CROSS EXAMINATION RESUMED BY MR. WOOD:

Q. CORONER, DO YOU RECALL WHAT TIME YOU EITHER GOT THE CALL OR ARRIVED AT THE CARRIAGE LANE INCIDENT SCENE?

A. I DO NOT. UNFORTUNATELY, I DIDN'T BRING THAT FILE.

Q. OKAY. WE ASKED THE SHERIFF ABOUT THAT, AND WE ALSO ASKED HIM A NUMBER OF QUESTIONS ABOUT THE VARIOUS DEBRIEFING STATEMENTS HIS DEPUTIES HAVE GIVEN IN CONNECTION WITH THEIR INCIDENT COMMANDER REPORT ASSOCIATED WITH THIS OCCURRENCE. HE ALSO INDICATED THAT THE CONSOLIDATED DISPATCH LOG WOULD BE A GOOD IDENTIFIER AS TO THE TIME. DO YOU KNOW WHETHER THE GUNFIRE EXCHANGE -- DO YOU KNOW WHAT TIME THAT OCCURRED?

A. I DO NOT RECALL. I'M SURE IT'S REFLECTED IN MY RECORDS OF THE INCIDENT. I DO NOT RECALL.

Q. WOULD THE 7:23 TO 8:00 TIME RANGE ---

A. IT'S PROBABLY WITHIN THE APPROPRIATE RANGE.

Q. AND IF THE RECORDS INDICATE THAT DEPUTY MATUSKOVIC WAS PRONOUNCED DEAD AT MUSC AT 8:37 P.M. ---

A. SEEMS TO BE APPROPRIATE FROM WHAT I CAN RECALL.

Q. GIVEN THE GEOGRAPHY AND THE CIRCUMSTANCES, 7:20 TO 8:00 SOUNDS RIGHT?

A. CERTAINLY.
Q. OKAY. WHATEVER TIME IT WAS YOU ARRIVED, WHEN YOU ARRIVED HAD THE WOUNDED DEPUTIES BEEN REMOVED FROM THE SCENE?
A. YES.
Q. OKAY. UPON YOUR ARRIVAL, DID YOU STAY ON THE SCENE UNTIL THE CONCLUSION OF THE STANDOFF?
A. I DID.
Q. OKAY. WAS THERE ANY MORE GUNFIRE EXCHANGED DURING THE REST OF THE STANDOFF?
A. AS I RECALL NONE THAT WE IDENTIFIED AS SUCH.
Q. OKAY. ALL RIGHT. AND EVENTUALLY SWAT TEAMS, ROBOTS, ALL OF THAT WAS UTILIZED TO ASSAULT THE -- WHERE THE PERPETRATOR, FOR LACK OF A BETTER TERM, I GUESS, THE DECEASED PERPETRATOR -- HE -- WAS HE DECEASED WHEN YOU -- WHEN THE SHERIFF'S DEPARTMENT OR WHICHEVER POLICE AGENCY WENT IN THE APARTMENT, WAS HE ALREADY DEAD?
A. AT THE TIME THEY MADE ENTRY HE WAS, BUT THERE WAS A LOT LEADING UP TO DETERMINE ENTRY AND SO FORTH BEFORE THEY ACTUALLY -- WHEN THEY DID, IN FACT, ENTER THEY FOUND HIM DECEASED.
Q. OKAY. AND DO YOU KNOW WHAT WAS CONCLUDED INSOFAR AS WHETHER HE WAS KILLED DURING THE GUNFIRE EXCHANGE BETWEEN THE 7:20 P.M. AND 8:00 HOUR THAT WE

DISCUSSED EARLIER?

A. YES.

Q. THAT WAS THE CASE?

A. YES.

Q. OKAY. AT ANY TIME -- YOU KNEW MR. BRITTON, I GUESS, PERSONALLY AND YOU ALL WERE ACQUAINTANCES?

A. YES.

Q. OKAY. AT ANY TIME THAT EVENING WAS MR. BRITTON ON THE CARRIAGE LANE EMERGENCY SCENE?

A. I DID NOT SEE HIM, BUT I DO NOT KNOW FOR CERTAIN WHETHER HE WAS OR WAS NOT.

Q. DO YOU KNOW WHO THE REPRESENTATIVE OF THE RADIO COMMUNICATIONS DEPARTMENT WAS THAT MAY HAVE BEEN ON THE SCENE THAT NIGHT?

A. I DO NOT.

Q. OKAY. MR. HUNDLEY ASKED YOU A NUMBER OF QUESTIONS ABOUT THE POTENTIAL CONSEQUENCES OF MALFUNCTIONING OR NOT PROPERLY WORKING RADIO COMMUNICATIONS WHEN YOU HAVE AN EMERGENCY RESPONSE. YOU TESTIFIED CONCERNING THAT. ON THIS PARTICULAR EVENING, DO YOU KNOW WHETHER THERE WERE ANY PROBLEMS WITH THE RADIO COMMUNICATIONS NETWORK IN TERMS OF MAINTAINING OPEN COMMUNICATION?

A. I DO NOT.

Q. YOU DON'T RECALL ANYTHING TO THE CONTRARY?

A. NOT THAT I'M AWARE OF.
Q. OKAY. ALL RIGHT. SO YOU'RE NOT -- YOU CAN'T SAY THAT THERE WAS ANY PROBLEM; YOU DON'T KNOW?
A. I DON'T KNOW.
Q. OKAY. AND AS FAR AS YOU KNOW, TO THE EXTENT THE CORONER'S OFFICE RELIES ON THE RADIO COMMUNICATIONS DEPARTMENT'S SUPPORT IN THAT SITUATION, YOU DIDN'T HAVE ANY PROBLEMS?
A. NO, I DID NOT.
Q. OKAY. NOW, WITH MR. BRITTON IN PARTICULAR, DO YOU KNOW WHAT TIME HE ACTIVATED INSOFAR AS EXECUTING THE RADIO COMMUNICATION DEPARTMENT'S EMERGENCY PROTOCOL?
A. I DO NOT.
Q. DO YOU KNOW WHETHER THE RADIO COMMUNICATIONS DEPARTMENT HAS AN EMERGENCY PROTOCOL?
A. I BELIEVE THEY DO, BUT I COULD NOT GIVE YOU ANY DEFINITIVE INFORMATION ABOUT THAT.
Q. DO YOU KNOW WHETHER EMERGENCY RESPONSE 24/7 IS A STATED AND DISCLOSED COMPONENT OF BOTH POSITIONS MR. BRITTON HAD WITH THE RADIO COMMUNICATIONS DEPARTMENT DURING HIS TENURE?
A. I DO NOT KNOW, BUT I WOULD BELIEVE THAT IT WOULD BE BASED ON OUR -- WE'RE ALWAYS PREPARING FOR EMERGENCY RESPONSES.
Q. THE COUNTY -- ALL THE VARIOUS AGENCIES OR

DEPARTMENTS OR OFFICES WITHIN THE COUNTY -- AND THE SHERIFF CORRECTED ME THAT IT'S THE SHERIFF'S OFFICE, NOT THE SHERIFF'S DEPARTMENT. BUT WITHIN THE COUNTY STRUCTURE THAT'S SOMETHING THAT'S UNDER CONSTANT PREPARATION?

A. YES.

Q. OKAY. THAT'S WHAT YOU PLAN FOR?

A. IT IS.

Q. AND UNFORTUNATELY THAT'S WHAT YOU HAVE TO DEAL WITH ON OCCASION?

A. YES.

Q. I THINK MR. HUNDLEY ASKED YOU, BUT YOU DON'T HAVE ANY SPECIFIC OR DIRECT KNOWLEDGE AS TO -- AS TO WHAT MR. BRITTON WAS ACTUALLY DOING ON THE NIGHT IN QUESTION?

A. I DO NOT.

Q. YOU INDICATED YOU DON'T KNOW WHAT TIME HE ACTIVATED?

A. I DO NOT.

Q. YOU DON'T KNOW SPECIFICALLY HOW THEIR ACTIVATION GOT STARTED, WHAT PRECIPITATED THE RADIO COMMUNICATIONS ---

A. I DO NOT.

Q. --- ACTIVATION THAT NIGHT?

A. I DO NOT.

Q. OKAY. AND YOU DON'T KNOW WHAT HE WAS DOING DURING

THE COURSE OF THE EVENING?

A. I DO NOT.

Q. YOU DON'T KNOW WHAT HE WAS SUPPOSED TO BE DOING DURING THE COURSE OF THE EVENING?

A. OTHER THAN GENERALLY WORKING IN THE AREAS OF MAINTAINING AND SUPPORTING COMMUNICATIONS, NO.

Q. OKAY. ALL RIGHT. AND YOU DON'T KNOW WHETHER HE ENCOUNTERED ANY PROBLEMS?

A. I DO NOT.

Q. OKAY. AND YOU DON'T HAVE ANYTHING TO INDICATE OR ANY KNOWLEDGE TO INDICATE THAT THE RADIO COMMUNICATIONS SYSTEM DIDN'T FUNCTION AS PLANNED THAT EVENING?

A. I DO NOT HAVE KNOWLEDGE OF THAT.

BY MR. WOOD:

BEAR WITH ME ONE SECOND.

BY THE COMMISSIONER:

YES, SIR.

CROSS EXAMINATION RESUMED BY MR. WOOD:

Q. OH, I ASKED YOU ABOUT -- WE TALKED ABOUT THE TRAINING. ARE YOU AWARE WHETHER THE RADIO COMMUNICATIONS DEPARTMENT EMPLOYEES, SUCH AS MR. BRITTON, UNDERGO TRAINING TO EXECUTE THEIR EMERGENCY PROTOCOL?

A. AGAIN, BASED ON COUNTYWIDE POLICY, I WOULD ASSUME

THEY ARE, BUT I DO NOT -- I'M NOT KNOWLEDGEABLE ABOUT THEIR SPECIFIC TRAINING.

Q. AND ONE OF THE OTHER QUOTES I WROTE DOWN FROM OUR MEETING A COUPLE WEEKS AGO WAS DRILL IT OR LOSE IT. THAT'S WHAT YOU INDICATED TO ME WHEN WE WERE TALKING ABOUT TRAINING PREPARATION AND SO FORTH. CAN YOU EXPLAIN THAT COMMENT? YOU NEED TO -- YOU HAVE TO PREPARE FOR TO BE ABLE TO EXECUTE UNDER EMERGENCY CIRCUMSTANCES; IS THAT FAIR?

A. WE ALWAYS PROBABLY IN ANTICIPATION OF WHAT WE KNOW CAN HAPPEN -- WHETHER IT'S NATURAL DISASTER OR MANMADE INCIDENTS, WE'RE AWARE THAT THOSE ARE UNUSUAL CIRCUMSTANCES, AND BECAUSE WE UNDERSTAND THEY'RE UNUSUAL IT'S NECESSARY THAT WE PREPARE FOR THOSE, AND SO WE TYPICALLY DRILL ON MANY KINDS OF THINGS, DIFFERENT LEVELS OF DRILL LOCALLY, STATEWIDE, NATIONALLY BECAUSE WE RECOGNIZE THERE ARE NOT USUAL TIMES AND USUAL CIRCUMSTANCES. SO WE DRILL TO PREPARE FOR THOSE AND -- AND WE REVIEW THAT REGULARLY BECAUSE -- AND I DON'T RECALL THE QUOTE YOU, YOU KNOW, ASSIGNED TO ME. I DON'T DOUBT IT. BUT IT WOULD MAKE SENSE THAT WE WOULD DRILL BECAUSE WE KNOW WE DON'T FUNCTION IN THOSE ROLES EVERY DAY. HENCE, DRILLING IS A WAY TO SORT OF STAY CURRENT AND BE REMINDED AND TO SORT OF BE PREPARED SHOULD THE

OCCASION ARISE.

Q. AND THAT'S REALLY INHERENT IN THE FIELD OF EMERGENCY RESPONSE, IS THAT YOU'RE GOING TO ENCOUNTER UNUSUAL AND EXTRAORDINARY CIRCUMSTANCES, CORRECT?

A. YES.

Q. THAT'S WHAT IT'S ABOUT, CORRECT?

A. IT IS.

Q. OKAY. YOU KNEW MR. BRITTON, I THINK, FOR A LENGTHY PERIOD OF TIME, YOU TESTIFIED ON DIRECT, IF I'M NOT MISTAKEN?

A. UH-HUH.

Q. YOU MAY NOT BE FAMILIAR WITH ALL OF HIS PRIOR WORK EXPERIENCE, TRAINING, INVOLVEMENT AS A STATE CONSTABLE, THE RESCUE SQUAD, DMAT FOR THE FEDERAL GOVERNMENT. BUT ONE OF THE OTHER THINGS WE TALKED ABOUT WHEN MET A COUPLE OF WEEKS AGO WAS WHILE YOU MIGHT NOT BE FAMILIAR WITH ALL HIS SPECIFIC CERTIFICATIONS, YOU FELT THAT BASED UPON HIS TRAINING AND EXPERIENCE THAT HE WAS THE TYPE OF INDIVIDUAL THAT WAS QUALIFIED TO DEAL WITH ANY EMERGENCY CIRCUMSTANCE, FROM THE MOST MINOR TO THE MOST SEVERE?

A. YES.

BY MR. WOOD:

THANK YOU, CORONER. I APPRECIATE YOUR TIME.

BY THE COMMISSIONER:

MR. HUNDLEY, ANYTHING ON REDIRECT, SIR?

BY MR. HUNDLEY:

BRIEFLY.

BY THE COMMISSIONER:

OKAY.

REDIRECT EXAMINATION BY MR. HUNDLEY:

Q. MR. WOOD ASKED YOU PART OF THE JOB OF EMERGENCY RESPONDERS IS TO FACE ANY SORT OF EMERGENCIES WITH ANY SORT OF UNUSUAL OR EXTRAORDINARY EVENTS THAT MAY OCCUR, CORRECT?

A. THAT'S CORRECT.

Q. OKAY. IN THIS PARTICULAR CASE -- AND THAT'S NORMAL, RIGHT? THAT'S NORMALLY WHAT YOU DO AS AN EMERGENCY RESPONDER? YOU RESPOND ---

A. YES.

Q. WITH THE TWO OFFICERS DOWN AND THE SITUATION THAT OCCURRED THIS NIGHT, WAS THAT THE NORMAL EMERGENCY THAT YOU'RE USED TO FACING?

A. NO.

BY MR. HUNDLEY:

THANK YOU. THAT'S ALL I'VE GOT.

BY THE COMMISSIONER:

ALL RIGHT. MR. WOOD, ANY ---

RECROSS EXAMINATION BY MR. WOOD:

COULDN'T QUITE HEAR YOUR TESTIMONY, BUT I UNDERSTOOD YOU WERE ADVISED THAT YOU WERE NO LONGER NEEDED OR SOMETHING ALONG THOSE LINES?

A. WHEN CHARLESTON CITY COMMUNICATED THAT THEY HAD SECURED THE SCENE AND THERE WAS NO LONGER A THREAT, AT THAT POINT MY FUNCTION THERE OF MEDICAL SUPPORT FOR THEM WAS ESSENTIALLY TERMINATED, AND AT THAT POINT I WALKED BACK IN THE DIRECTION OF THE COMMAND POST TO CHECK IN AND SEE WHAT ELSE MIGHT BE REQUIRED. YES, SIR.

Q. OKAY. AND IT WAS ABOUT THAT TIME THAT YOU HEARD OF THE SITUATION INVOLVING MR. BRITTON?

A. THAT'S CORRECT.

Q. OKAY. DO YOU KNOW WHAT TIME THAT WAS?

A. NO, SIR.

Q. OKAY. AND AS I UNDERSTAND IT, YOU WENT BACK TO THE HOSPITAL?

A. YES, SIR.

Q. WHERE MR. BRITTON WAS BEING TRANSPORTED?

A. YES, SIR.

Q. OKAY. DID YOU HAVE THE OPPORTUNITY TO CONVERSE WITH MR. BRITTON AT ALL UNDER THE CIRCUMSTANCES?

A. NO, SIR.

Q. OKAY. ALL RIGHT.

A. I DIDN'T SEE HIM.

Q. OKAY. ALL RIGHT. WHEN YOU WERE -- WHEN YOU WERE ON THE SCENE, BOTH WHEN YOU INITIALLY ARRIVED ON THE SCENE AND FOLLOWED THE AMBULANCE WITH THE DEPUTIES BACK DOWNTOWN AND THEN WHEN YOU RETURNED, AT ANY TIME DID YOU SEE MR. BRITTON ON THE 1840 CARRIAGE LANE, GARDEN APARTMENT EMERGENCY SCENE?

A. NO, SIR.

Q. AT ANY POINT DURING THAT EVENING, DID YOU HAVE ANY DIRECT COMMUNICATION WITH MR. BRITTON?

A. NO, SIR.

Q. AND YOU'VE KNOWN MR. BRITTON FOR A LONG TIME?

A. YES, SIR, A VERY LONG TIME.

Q. THIRTY, THIRTY-FIVE YEARS?

A. I'M NOT SURE HOW LONG. I CAN TELL YOU THE CONNECTIONS IN WHICH I WAS RELATED WITH HIM AND ---

Q. PLEASE DO.

A. HE WAS A MEMBER AND OFFICER OF THE CHARLESTON COUNTY RESCUE SQUAD, OF WHICH I WAS MEDICAL DIRECTOR, AND I KNEW HIM IN THAT CAPACITY. HE WAS AN INSTRUCTOR FOR RESCUE SQUADSMEN IN MEDICAL FIRST RESPONDER TRAINING, AND I SUPERVISED THAT. HE WAS AN OFFICER FOR THE SOUTH CAROLINA ONE DISASTER MEDICAL ASSISTANCE TEAM OF THE UNITED STATES NATIONAL DISASTER MEDICAL SERVICE, OF WHICH I SERVED AS SENIOR PHYSICIAN. WE TRAINED TOGETHER. AND BECAUSE

OF MY CONNECTION WITH SEVERAL CHARLESTON COUNTY AGENCIES AND BECAUSE I CARRIED A CHARLESTON COUNTY RADIO WITH ALL OF THE FREQUENCIES INVOLVED, I INTERACTED WITH HIM IN HIS CAPACITY AS -- WITH THE COMMUNICATIONS OFFICE. I KNEW LARRY FOR A LONG TIME. I DON'T -- I DON'T KNOW HOW MANY YEARS. IT WAS MORE THAN A DECADE.

Q. HAVING WORKED WITH HIM OR BEEN ASSOCIATED WITH HIM IN THOSE VARIOUS CAPACITIES, HOW WOULD YOU -- HOW WOULD YOU DESCRIBE THE LEVEL OF HIS TRAINING AND EXPERTISE IN THE FIELD OF EMERGENCY RESPONSE?

A. HE WAS HIGHLY TRAINED AND HIGHLY RESPECTED.

Q. OKAY. AND I THINK WHEN WE HAD THE OPPORTUNITY TO MEET A COUPLE OF WEEKS AGO YOU AGREED THAT GIVEN ALL HIS TRAINING AND CERTIFICATIONS AND SO FORTH THAT MR. BRITTON WOULD HAVE BEEN QUALIFIED AND TRAINED TO DEAL WITH ANY TYPE OF EMERGENCY, FROM THE MOST MINOR TO THE MOST SEVERE?

A. ABSOLUTELY.

Q. OKAY. SPECIFICALLY WITH REGARD -- LET'S TALK ABOUT EMERGENCY -- JUST -- AND I KNOW THIS MAY SEEM SIMPLISTIC, BUT THE TERM EMERGENCY OR EMERGENCY RESPONSE, JUST IN GENERAL TERMS WHAT CONSTITUTES AN EMERGENCY OR EMERGENCY RESPONSE?

A. AN EMERGENCY IS IN THE EYE OF THE BEHOLDER.

INCIDENT?

A. I HAVE NO KNOWLEDGE OF THAT, SIR.

Q. OKAY. ARE YOU FAMILIAR OR DO YOU KNOW WHAT TIME MR. BRITTON'S ROLE IN THE RADIO COMMUNICATIONS DEPARTMENT ON THE EVENING OF SEPTEMBER 8, 2014 -- DO YOU KNOW HOW HE WAS ACTIVATED, THE MECHANISM OF HOW HE CAME TO ACTIVATE THEIR EMERGENCY PROTOCOL?

A. NO, SIR.

Q. DO YOU KNOW WHETHER THE RADIO COMMUNICATIONS DEPARTMENT HAS AN EMERGENCY PROTOCOL?

A. IT'S NORMAL FOR AGENCIES OF GOVERNMENT TO HAVE EMERGENCY PROTOCOLS. I CANNOT SAY THAT I KNOW AFFIRMATIVELY THAT THAT OFFICE HAS EMERGENCY PROTOCOL BECAUSE I NEVER SAW IT.

Q. OKAY. SO YOU DON'T KNOW WHETHER THEY WENT THROUGH ANY TRAINING OR PREPARED FOR EMERGENCY CIRCUMSTANCES AND WHAT ALL IS INVOLVED IN THAT WITHIN THE RADIO COMMUNICATIONS DEPARTMENT?

A. I KNOW THAT THAT'S CUSTOMARY, BUT I DON'T KNOW ANY -- FOR A FACT WHAT THEY DO.

Q. DO YOU AGREE WITH ME THAT COUNTY GOVERNMENT -- ONE OF COUNTY GOVERNMENT'S CORE FUNCTIONS IS EMERGENCY RESPONSE?

A. YES, SIR.

Q. DO YOU AGREE WITH ME THAT MR. BRITTON'S ROLE IN THE

RADIO COMMUNICATIONS DEPARTMENT WAS CRITICAL TO THE COUNTY'S FUNCTION OF EMERGENCY RESPONSE?

A. YES, SIR.

Q. OKAY. DO YOU KNOW WHAT MR. BRITTON WAS RESPONSIBLE FOR DOING ON HIS JOB ON THE EVENING OF SEPTEMBER 8TH INTO THE EARLY MORNING OF SEPTEMBER 9, 2014?

A. I DON'T KNOW IN TERMS OF JOB DESCRIPTIONS. I KNOW IN TERMS OF WHAT THE GENERAL FUNCTION OF COMMUNICATIONS WAS IN THAT SETTING IF YOU WOULD LIKE FOR ME TO ADDRESS THAT.

Q. OKAY. YES, SURE; GO AHEAD AND TELL US WHAT YOUR UNDERSTANDING OF THAT IS.

A. SYSTEMS HAD TO REMAIN OPERATIONAL, AND THERE ARE MANY WAYS IN WHICH COMMUNICATIONS CAN FAIL IN A CRISIS. MATTER OF FACT, IN GENERAL IN DISASTERS THE MOST COMMON FAILURE IS A COMMUNICATIONS FAILURE, WHICH THEN PRECIPITATES FAILURES OF -- THAT FOLLOW FROM THAT. WE SPEND A GREAT DEAL OF TIME IN OUR TRAINING FOR DISASTER RESPONSE SOLVING PROBLEMS RELATED TO COMMUNICATIONS BECAUSE OF THEIR CRITICALITY. AND I'VE HAD THE OPPORTUNITY TO PARTICIPATE IN AT LEAST FIVE MAJOR INTERNATIONAL DISASTERS, AND AS -- WE EVALUATE -- AS THOSE ARE EVALUATED, AS WE DO A POST-EVENT EVALUATION OF WHAT HAPPENED AND WHERE WE HAVE ROOM FOR IMPROVEMENT AND

SO ON, THE ISSUE OF COMMUNICATIONS IS ALWAYS A CRITICAL FACTOR. IF THERE ARE TOO MANY PEOPLE TRYING TO USE THE SYSTEM AT THE SAME TIME, THE SYSTEM FAILS, AND ONE OF THE CRITICAL DISCIPLINES IS TO TRY TO RESTRICT RADIO COMMUNICATIONS TO KEEP THE CHANNELS OPEN SO THAT CRITICAL INFORMATION CAN BE TRANSMITTED AS A GENERAL PRINCIPLE. THERE ARE TECHNICAL ISSUES AS WELL THAT COMMUNICATION SYSTEMS CAN BE LOADED TO A CERTAIN POINT, AT WHICH CASE THEY GO INTO AN OVERLOAD MODE, AND THERE ARE NORMALLY MECHANISMS THAT SHUT THE SYSTEMS DOWN IN ORDER TO PROTECT THE EQUIPMENT FROM PERMANENT FAILURE. I'M NOT A TECHNICAL ELECTRONICS PERSON, AND I CAN'T DESCRIBE THAT IN DETAIL. BUT I UNDERSTAND THAT IN AN EVENT, ESPECIALLY AN EVENT IN WHICH THERE ARE MANY PEOPLE ON THE SCENE -- IN THIS PARTICULAR EVENT, THERE WERE LAW ENFORCEMENT OFFICERS FROM AGENCIES FROM MANY MILES AWAY WHO HAD RESPONDED TO THAT LOCATION. THERE WERE HUNDREDS OF OFFICERS AND ALL WERE IN NEED OF SOME KIND OF RADIO ACCESS. SO IT WAS A POTENTIAL OVERLOAD, AND -- AND WE ALL UNDERSTOOD THAT WE NEED TO KEEP OFF THE AIR BECAUSE IF WE DIDN'T THE SYSTEMS COULD SHUT DOWN.

Q. DID YOU UNDERSTAND OR DID YOU HAVE ANY KNOWLEDGE WHETHER MR. BRITTON, IN HIS ROLE AS THE RADIO

COMMUNICATIONS DEPARTMENT MANAGER AND PRIOR TO THAT ASSISTANT, WAS TRAINED TO MANAGE AND DEAL WITH THE SITUATION, THE POTENTIAL HAZARDS YOU JUST DESCRIBED AS IT RELATES TO COMMUNICATIONS?

A. STRICTLY SPEAKING, I CAN'T SPEAK TO HIS TRAINING, BUT HE WOULD NOT HAVE BEEN ABLE TO PERFORM THE JOB WERE HE NOT TRAINED FOR IT.

Q. OKAY. ALL RIGHT. AND DO YOU KNOW -- WELL, LET ME ASK YOU THIS. YOU WERE ON THE SCENE. TO YOUR KNOWLEDGE WERE THERE ANY PROBLEMS OR ISSUES WITH REGARD TO THE COMMUNICATIONS NETWORK ON THE SCENE THAT NIGHT?

A. THERE WERE PROBLEMS BECAUSE OF THE NUMBER OF AGENCIES THAT NEEDED TO HAVE RADIO CHANNELS FREE AND AVAILABLE AND THAT PEOPLE WHO NEEDED TO COMMUNICATE WITH ONE ANOTHER WERE NOT ALWAYS OPERATING ON THE SAME FREQUENCIES. THIS IS A -- THIS IS COMMON TO ALL KINDS OF MAJOR EVENTS. I CAN'T SPEAK IN DETAIL AS TO WHAT THOSE ISSUES WERE, BUT I KNOW THAT THERE WERE ISSUES OF THAT TYPE.

Q. DO YOU KNOW WHETHER MR. BRITTON ENCOUNTERED ANY PROBLEMS MANAGING AND KEEPING THE RADIO COMMUNICATIONS FREE FROM CONGESTION THAT EVENING?

A. I DON'T KNOW BECAUSE I DIDN'T TALK TO HIM.

Q. OKAY. ALL RIGHT. SO YOU REALLY DON'T KNOW WHAT HE

DIRECTOR FOR NINE AND A HALF YEARS OR WITH THAT DEPARTMENT FOR NINE AND A HALF?

BY THE WITNESS:

BOTH.

BY THE COMMISSIONER:

BOTH. THANK YOU.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. WOULD YOU EXPLAIN TO THE COMMISSIONER IN GENERAL OVERVIEW TERMS WHAT THE RADIO COMMUNICATIONS DEPARTMENT WITH THE COUNTY -- WHAT IT IS AND WHAT IT DOES?

A. OKAY. WE SUPPORT, MANAGE, AND OPERATE THE PUBLIC SAFETY RADIO NETWORK FOR CHARLESTON COUNTY. IT CONSISTS OF 16 RADIO TOWERS AND SUPPORTS APPROXIMATELY 6,000 FIRST RESPONDERS IN THE COUNTY, INCLUDING ALL THE MUNICIPAL JURISDICTIONS, MUNICIPAL POLICE DEPARTMENTS, MUNICIPAL FIRE DEPARTMENTS, COUNTY SHERIFF'S OFFICE, EMS, AND SO FORTH. SO OUR CHARTER IS TO BUILD IT OUT AS NECESSARY, WHICH WE'VE DONE, AND SUCCESSFULLY KEEP IT GOING WITH 100 PERCENT AVAILABILITY FOR ALL EMERGENCY RESPONSE IN CHARLESTON COUNTY.

Q. OKAY. NOW, IS IT JUST EMERGENCY RESPONSE, OR DO YOU HAVE, FOR EXAMPLE, THE MOUNT PLEASANT WATER AND SEWER DEPARTMENT AS A SUBSCRIBER?

A. YEAH. WELL, THEY ALSO CAN BE EMERGENCY RESPONDERS AS WELL, YOU KNOW. DURING AND AFTER A HURRICANE AND SO FORTH, WATER IS VERY CRITICAL. BUT THERE ARE SOME BUSINESS UNITS ON THERE, BUSINESSES LICENSED IN THE COUNTY. THERE ARE SOME JUST BUSINESS UNITS, NON-EMERGENCY RESPONSE UNITS, BUT THAT'S A SMALL FRACTION.

Q. OKAY. AND I THINK EITHER YOU OR MARTIN DESCRIBED IT TO ME WHEN WE MET AND TALKED ABOUT THE CASE, DESCRIBED IT AS SORT OF AS IT RELATES TO GOVERNMENTAL ENTITIES, FIRST RESPONDERS, THAT IT'S COMPARABLE -- YOU SERVE THOSE AGENCIES OR DEPARTMENTS THE SAME WAY, IN GENERAL TERMS, A CELL PHONE CARRIER WOULD SERVE THE GENERAL PUBLIC FOR THEIR ---

A. IN GENERAL TERMS, YES.

Q. OKAY. ALL RIGHT. NOW, THE INFRASTRUCTURE, YOU MENTIONED THE 16 TOWERS?

A. YES.

Q. OKAY. AND ARE THOSE DISBURSED COUNTYWIDE, OR ARE THEY IN ONE AREA OR ---

A. DISBURSED COUNTYWIDE.

Q. OKAY. ALL RIGHT. AND IN ADDITION, YOU BILL THAT OUT AND YOU MAINTAIN THAT?

A. YES.

Q. OKAY. YOU ALSO HAVE THE ACTUAL RADIOS, EVERYTHING THAT GOES ALONG ---

BY THE COMMISSIONER:

MR. WOOD, I'M GOING TO SAY THE SAME THING. I KNOW THAT YOU ALL ARE TRYING TO GET THINGS MOVED ALONG.

BY MR. WOOD:

CERTAINLY.

BY THE COMMISSIONER:

I APPRECIATE BOTH OF YOU SO MUCH TRYING TO KEEP THE MOMENTUM OF THIS THING FLOWING, BUT THIS IS -- WHEN IT'S DIRECT EXAM ---

BY MR. WOOD:

CERTAINLY.

BY THE COMMISSIONER:

--- THAT'S IMPORTANT TO ME.

BY MR. WOOD:

YES, MA'AM.

BY THE COMMISSIONER:

AND I THANK YOU VERY MUCH. JUST BE MINDFUL OF IT, PLEASE.

BY MR. WOOD:

I UNDERSTAND.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. WHAT OTHER FACETS TO THE INFRASTRUCTURE ARE THERE

BESIDES THE TOWER NETWORK?

A. WELL, THERE'S THE NETWORKING BACK TO WHAT WE CALL THE CORE, WHICH IS THE STATE PAL 800 SYSTEM, STATEWIDE RADIO SYSTEM. SO WE CONNECT INTO THAT. THAT HELPS -- THAT ACTUALLY DOES A LOT OF THE MANAGEMENT, THE SYSTEM MANAGEMENT OF THE NETWORK. BUT, YOU KNOW, THE RADIO TOWERS THEMSELVES, A SINGLE RADIO TOWER MAY CONSIST OF TWO MILLION DOLLARS' WORTH OF EQUIPMENT. SO, MOST OF IT IS SELF-CONTAINED. IT FEEDS BACK INTO THE PRIME SITE AND BACK TO THE CORE.

Q. DO YOU ALSO DEAL WITH THE RADIOS THEMSELVES?

A. YES.

Q. OKAY. WHAT DO YOU DO WITH THE RADIOS?

A. WELL, FOR COUNTY AGENCIES, WHICH INCLUDES THE SHERIFF'S OFFICE, EMS, AND THE BUSINESS -- PUBLIC WORKS AND SOME OTHER BUSINESS DEPARTMENTS IN THE COUNTY, WE -- WE PROCURE -- ON THEIR BEHALF PROCURE THE RADIOS, PROGRAM THE RADIOS, AND MAINTAIN THE RADIOS AND MAKE SURE THEY'RE IN WORKING ORDER AT ALL TIMES.

Q. DOES YOUR DEPARTMENT -- DOES YOUR DEPARTMENT INCLUDE THE CONSOLIDATED DISPATCH AND THE 911 SERVICE?

A. NO.

Q. OKAY. THAT'S SEPARATE?

YOU PROMOTED MR. BRITTON -- WELL, LET ME ASK YOU THIS. WERE YOU FAMILIAR WITH HIS BACKGROUND IN TERMS OF HIS PRIOR WORK EXPERIENCE, TRAINING, AND SO FORTH?

A. YES.

Q. AND WHAT DID YOU UNDERSTAND THAT TO INCLUDE?

A. WELL, HE HAD BEEN FIRE CHIEF AT ISLE OF PALMS BEFORE AND AFTER HUGO, HURRICANE HUGO, AND I KNEW HE PERFORMED BRAVELY AND COURAGEOUSLY DURING THAT TIME. AND HE WAS A BATTALION CHIEF FOR SAINT JOHN'S FIRE DEPARTMENT. SO HIS EMERGENCY RESPONSE CREDENTIALS WERE EXCELLENT.

Q. WERE HIS EMERGENCY RESPONSE CREDENTIALS A FACTOR, A FAVORABLE FACTOR, IN YOUR ---

A. YES.

Q. --- PROMOTION OF HIM?

A. VERY FAVORABLE.

Q. OKAY. CAN YOU GIVE THE COMMISSIONER -- YOU CAN TELL ALL OF US JUST THE GENERAL BROAD OVERVIEW -- WELL, LET ME -- LET ME JUST ASK YOU THIS. WE MIGHT CAN SPEED IT ALONG. I'M GOING TO SHOW YOU A DOCUMENT.

BY MR. WOOD:

COMMISSIONER AND MR. HUNDLEY, IT'S MARKED AS NUMBER 17 IN THE DEFENDANTS' APA SUBMISSIONS.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. BILL, LET ME SHOW YOU THIS AND SEE IF YOU CAN IDENTIFY IT FOR ME.
A. OKAY. YES.
Q. WHAT IS THAT?
A. WELL, THAT IS THE POSITION DESCRIPTION OF THE RADIO COMMUNICATIONS MANAGER.
Q. AND THAT'S IN EVIDENCE, SO WE DON'T NEED TO GO THROUGH IT LINE BY LINE. BUT WAS THAT THE POSITION DESCRIPTION IN EFFECT WHEN MR. BRITTON WAS PROMOTED TO THE MANAGEMENT OR DIRECTOR POSITION?
A. I BELIEVE SO, YES.
Q. OKAY. ALL RIGHT. AND, AGAIN, THE DOCUMENT SPEAKS FOR ITSELF, BUT IT'S VERY DETAILED -- IS IT DETAILED CONCERNING THE PHYSICAL REQUIREMENTS OF THE JOB?
A. I THINK SO. I HAVEN'T SEEN IT IN A WHILE, BUT ---
Q. LET ME LET YOU TAKE A LOOK AT IT. BEGINNING ON PAGE 257 OF OUR APA SUBMISSIONS AND CONTINUING OVER, DOES IT OUTLINE THE PHYSICAL REQUIREMENTS OF THE JOB?
A. TWO FIFTY-EIGHT DOES, YES.
Q. OKAY. GREAT. CARRIES OVER TO 258?
A. YEAH.
Q. OKAY. LET ME ALSO ASK YOU REAL QUICKLY, BILL, ON PAGE -- BEGINNING ON PAGE 254 AND CONTINUING OVER TO PAGE 255, DOES IT HAVE AN OUTLINE -- OR DOES IT OUTLINE THE PRINCIPLE FUNCTIONS OF THE JOB?

A. YES.
Q. WHAT IS THE LAST ITEM UNDER THE HEADING OF FUNCTIONS OF THE JOB, PRINCIPLE FUNCTIONS?
A. FUNCTION "F," MUST BE AVAILABLE 24/7 FOR EMERGENCIES.
Q. OKAY. AND I THINK ALSO ON PAGE 254 -- DOES IT ALSO MAKE SOME REFERENCE TO BEING AVAILABLE 24/7 FOR EMERGENCIES?
A. THAT WAS WHAT I WAS REFERRING TO.
Q. OKAY.
A. WERE YOU ASKING A DIFFERENT QUESTION?
Q. YES, SIR; ON THE NEXT PAGE, UNDER THE HEADING PRINCIPLE FUNCTIONS.
A. OH, OKAY.
Q. CARRYING OVER TO THE NEXT PAGE, WHICH IS 255, IS EMERGENCY RESPONSE AVAILABILITY.
A. MUST BE AVAILABLE 24/7 FOR EMERGENCIES.
Q. OKAY. AND THAT -- IT ALSO HAS -- DOES IT HAVE THE BREAKDOWN AS TO THE PERCENTAGES? AND I KNOW THAT'S A TOUGH THING TO ESTIMATE, PERCENT OF THE TIME. BUT WHAT PERCENTAGE OF THE TIME DOES BEING AVAILABLE 24/7 ---
A. IT SAYS TEN PERCENT.
Q. OKAY. ALL RIGHT. BUT EMERGENCY RESPONSE AND BEING AVAILABLE 24/7, DO YOU CONSIDER THAT TO BE A

PRINCIPLE FUNCTION OF THE JOB THAT MR. BRITTON HAD AT THE TIME OF HIS DEATH?

A. WELL, IT'S A VERY CRITICAL PART OF THE JOB. THE TEN PERCENT, IF I CAN RECALL CORRECTLY, IF I CAN EXPAND ON THAT -- IF I MAY?

Q. CERTAINLY.

A. --- IS KIND OF INCLUSIVE OF THE RESPONSE TO THE EVENT AND ALL THE REPERCUSSIONS AND POST-EVENT REPORTS, POST-EVENT CONSOLIDATION OF THE INCIDENT, CHANGE OF OPERATIONS, THINGS LIKE THAT. SO WHEREAS THE ACTUAL RESPONSE IS YOU MAY BE EIGHT HOURS, YOU KNOW, THE ACTUAL -- YOU KNOW, PER INCIDENT THE ACTUAL AMOUNT OF TIME THAT THE RADIO COM MANAGER WOULD PUT IN MANAGEMENT OF THE INCIDENT POST-INCIDENT IS PROBABLY MORE LIKE TEN TIMES THAT.

Q. OKAY. BUT YOU'VE GOT IT AS A PRINCIPLE FUNCTION IN THERE. DO YOU CONSIDER EMERGENCY AVAILABILITY OR EMERGENCY RESPONSE, BEING AVAILABLE 24/7, TO BE A STANDARD OR NECESSARY CONDITION OF THE JOB?

A. YES.

Q. OKAY. LET'S TALK IN GENERAL TERMS ABOUT THE TRAINING THAT YOUR EMPLOYEES IN THE RADIO COMMUNICATIONS DEPARTMENT GO THROUGH. YOU TESTIFIED THAT MR. BRITTON'S BACKGROUND WAS A FAVORABLE QUALIFYING FACTOR WHEN YOU PROMOTED HIM. BUT WHAT,

IS THAT A YES?

BY THE WITNESS:

YES.

BY THE COMMISSIONER:

THANK YOU.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. DESCRIBE FOR US, IF YOU COULD, WHAT, IF ANY, EMERGENCY ACTIVATION PROTOCOL -- IF AN EMERGENCY OCCURS, WHAT DOES YOUR DEPARTMENT DO?

A. WELL, THERE'S DIFFERENT TYPES OF EMERGENCIES OBVIOUSLY. THE -- ONE OF THE MORE STRUCTURED EMERGENCIES IS WHEN THE EMERGENCY OPERATIONS CENTER -- EMERGENCY MANAGEMENT DEPARTMENT OF CHARLESTON COUNTY ACTIVATES THE EMERGENCY OPERATIONS CENTER BASED ON A PENDING HURRICANE, YOU KNOW, A MAJOR ICE STORM THAT OCCURRED. SO THEY ACTIVATE IT. YOU HAVE A CHANCE TO PLAN FOR IT, YOU KNOW, MAYBE A FEW HOURS OR SO FORTH, VERSUS AN UNSTRUCTURED EMERGENCY LIKE THE CASE THAT OCCURRED WITH THE SHOOTING OF THE OFFICER, THERE'S NO PLANNING; IT'S HAPPENING NOW; WE NEED YOU NOW KIND OF THING. SO THOSE ARE THE TWO TYPES OF EMERGENCIES THAT WE RESPOND TO.

Q. OKAY. IN THE CASE -- IN THE INCIDENT THAT WE'RE HERE ON THAT BRINGS US HERE TODAY WITH THE OFFICERS INVOLVED TODAY, WITH THE OFFICERS BEING SHOT ON --

AND THERE'S NO DISPUTE THAT OCCURRED ON THE EVENING OF SEPTEMBER 8TH CARRYING OVER INTO THE EVENING -- EARLY MORNING HOURS, RATHER, OF SEPTEMBER 9 OF 2014. IN THAT TYPE OF SITUATION, WHAT IS THE EMERGENCY PROTOCOL FOR YOUR DEPARTMENT? WHAT DO YOU DO?

A. WELL, IT DOESN'T REALLY HAVE A STANDARD PROTOCOL BECAUSE WHAT'S THE EMERGENCY? IS IT A FIRE, MAJOR FIRE, OR IS IT A LAW ENFORCEMENT ACTION, A MAJOR CASUALTY EVENT, A TRAIN DERAILMENT? SO, YOU KNOW, BASICALLY WHAT HAPPENED IN THAT CASE, THE NIGHT OF THE SHOOTING OF THE OFFICER, IS WE WERE NOTIFIED THAT THIS WAS OCCURRING, AND WE WERE ASKED TO COME OUT TO THE SCENE TO HELP IN VARIOUS FUNCTIONS, ONE AT THE SCENE AND ONE AT THE RADIO SHOP.

Q. OKAY. AND SO YOU HAVE ONE PERSON AT THE SCENE AND ONE AT THE RADIO SHOP?

A. IN THAT CASE, YES.

Q. OKAY. AND WHAT IS THE INDIVIDUAL AT THE SCENE DOING?

A. HELPING THE FIRST RESPONDERS, MAKING SURE THAT THEIR RADIOS ARE WORKING. YOU KNOW, THEY HAVE EIGHT HOUR -- GENERALLY EIGHT TO TWELVE HOUR BATTERY LIFE. SOME OF THE GUYS HAD WORKED AN ENTIRE SHIFT ALL DAY. IT WAS ALREADY POST EIGHT HOURS. THEY WERE WORKING OVERTIME. THEIR BATTERIES ARE RUNNING OUT. YOU

NEED -- YOU NEED YOUR RADIO. YOU CAN'T PARTICIPATE IN THE SCENE OF AN INCIDENT LIKE THAT WITHOUT COMMUNICATION. SO, HANDING OUT CHARGED BATTERIES, CHARGING THEIR BATTERIES. ALSO AT THE SCENE THERE WAS A NEED FOR WI-FI ACCESS. WE WERE ABLE TO PROVIDE THAT FROM OUR VEHICLE, EMERGENCY RESPONSE VEHICLE. THOSE TYPES OF THINGS.

Q. WHO IN YOUR DEPARTMENT FILLED THAT ROLE ON THE EVENING OF SEPTEMBER 8TH?

A. MARTIN KRATZ.

Q. OKAY. AND WHAT WAS HIS POSITION AT THE TIME?

A. RADIO COMMUNICATIONS TECHNICIAN.

Q. AND WAS THAT LARRY'S INITIAL POSITION WITH THE -- WITH THE COUNTY BEFORE HE WAS PROMOTED?

A. YES.

BY THE COMMISSIONER:

AND IS THAT K-R-A-T-Z?

BY THE WITNESS:

YES, MA'AM.

BY THE COMMISSIONER:

THANK YOU.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. AND SUBSEQUENT TO MR. BRITTON'S DEATH, IS MARTIN NOW IN THE POSITION THAT LARRY OCCUPIED, OR MR. BRITTON OCCUPIED, AT THE TIME?

A. YES.
Q. OKAY. WHAT ABOUT THE -- YOU MENTIONED THAT YOU'VE GOT ONE PERSON ON THE SCENE AND ONE PERSON BACK AT THE BUILDING. WHERE IS THE BUILDING?
A. IT'S ON HEADQUARTERS DRIVE IN NORTH CHARLESTON.
Q. OKAY. AND THAT'S NEAR -- JUST TO HELP THE COMMISSIONER GET AN IDEA OF THINGS, THAT'S NEAR THE LEEDS AVENUE PERIMETER CENTER AND LONNIE HAMILTON COUNTY BUILDING?
A. IT'S NOT FAR FROM THAT, YEAH.
Q. OKAY. NEAR THE SHERIFF'S -- FAIRLY CLOSE TO THE SHERIFF'S OFFICE?
A. YEAH.
Q. OKAY. AND THE SCENE IN QUESTION, I DON'T THINK THERE'S ANY DISPUTE, BUT DID YOU UNDERSTAND WHERE THAT WAS, THE ACTUAL EMERGENCY SCENE ---
A. YES.
Q. --- WHERE THE OFFICERS WERE SHOT?
A. YES.
Q. WHERE DID YOU UNDERSTAND THAT TO BE?
A. OFF OF -- I ALWAYS GET THOSE ROADS MIXED UP BECAUSE THEY CHANGE NAMES -- SAINT ANDREWS, NEAR SAINT ANDREWS AND WHERE IT SPLITS ONTO -- SPLITS OFF TO 61, IN THAT AREA.
Q. OKAY. AND THAT'S IN THE WEST ASHLEY AREA OF TOWN?

A. YES.
Q. OKAY. ALL RIGHT. AFTER THE NORMAL WORK DAY, DO YOU KNOW -- DID YOU HAVE ANY FURTHER COMMUNICATION WITH MR. BRITTON THAT DAY?
A. YES, WHEN HE CALLED ME EN ROUTE TO -- BACK TO THE RADIO SHOP AND INFORMED ME OF THE ONGOING INCIDENT WITH THE POLICE OFFICER.
Q. OKAY. DO YOU KNOW WHERE HE HAD BEEN OR WHAT HE HAD DONE BETWEEN DEPARTING WORK AT THE NORMAL TIME AND THAT TELEPHONE CALL?
A. NO, SIR.
Q. OKAY. DO YOU KNOW WHAT TIME HE CALLED YOU THAT EVENING INITIALLY?
A. IT WAS APPROXIMATELY 9:00, FROM MY RECOLLECTION.
Q. OKAY. THE FIRST CALL?
A. YES.
Q. IF THE CELL PHONE RECORDS OF MR. BRITTON INDICATE THAT HE CALLED YOUR CELL NUMBER AT 8:36 THAT EVENING, WOULD YOU -- I MEAN, WOULD THAT ---
A. YEAH, THAT SOUNDS RIGHT. YES.
Q. AND YOU WERE ON YOUR CELL PHONE, BUT YOU WERE AT HOME?
A. YES.
Q. OKAY. DO THE RADIO COMMUNICATIONS DEPARTMENT EMPLOYEES HAVE A COMPUTERIZED CALENDAR THAT HAS

THEIR DAILY EVENTS PLACED ON THERE?

A. YES. TYPICALLY SO, YES.

Q. OKAY. AND DO YOU KNOW WHETHER LARRY UTILIZED THAT?

A. FOR NORMALLY-SCHEDULED MEETINGS BUT NOT FOR -- WELL, ANYWAYS, YEAH, HE DID. HE DID UTILIZE THAT.

Q. DO YOU KNOW WHETHER HE USED IT FOR NOT WORK-RELATED ACTIVITIES, BUT ---

A. I -- NO, I DON'T KNOW.

Q. OKAY. HAVE YOU SEEN HIS CALENDAR SCREENSHOT FOR THAT PARTICULAR DAY?

A. YOU MAY HAVE SHOWN IT TO ME, BUT ---

Q. YOU DON'T KNOW WHAT'S ON IT?

A. --- I DON'T RECALL SEEING IT.

Q. OKAY. ALL RIGHT. DID YOU COMMUNICATE WITH LARRY ANYMORE -- WHAT DID HE TELL YOU WHEN HE CALLED YOU AT, ASSUMING THE CELL PHONE RECORDS ARE CORRECT, AT 8:36?

A. HE CALLED. HE WAS -- SOUNDED VERY STRESSED BECAUSE, OBVIOUSLY, IT'S A VERY SAD OCCURRENCE WHEN A POLICE OFFICER GETS SHOT AND KILLED, AND HE FELT -- SO HE BASICALLY INFORMED ME THAT THIS INCIDENT WAS ONGOING AND HE HAD TO GO TO THE RADIO SHOP, THAT MARTIN WAS GOING TO GO INTO THE SCENE ITSELF, HE WAS GOING TO THE RADIO SHOP TO HELP MANAGE THE INCIDENT, THE COM INCIDENT, THE COM PORTION OF THE INCIDENT AND -- BUT

HE -- AT THAT TIME HE TOLD ME HE FELT -- HE THOUGHT THAT THE PERSON -- THAT THE POLICE OFFICER THAT WAS KILLED WAS A FRIEND OF HIS, A GOOD FRIEND OF HIS. IT WAS NOT KNOWN WHO WAS DOWN AT THAT POINT, BUT THROUGH WORD OF MOUTH, I GUESS, HE HAD THOUGHT THAT THIS WAS SOMEONE THAT HE KNEW VERY WELL. HE WAS MISTAKEN WHEN THE NAME OF THE OFFICER WAS RELEASED.

Q. OKAY. AND THAT WAS AT 8:36?

A. YES.

Q. BASED ON THE CELL PHONE RECORDS?

A. YES.

Q. OKAY. DID YOU HAVE ANY FURTHER COMMUNICATIONS WITH MR. BRITTON SUBSEQUENT TO THAT INITIAL CALL?

A. NO.

Q. TELL ME, BILL, WHAT, IF ANYTHING, THE TERM CONGESTION MEANS OR REPRESENTS IN THE VERNACULAR THAT YOU GUYS IN THE RADIO COMMUNICATIONS DEPARTMENT USE.

A. WELL, WE HAVE A CERTAIN NUMBER OF CHANNELS THAT ARE ALLOCATED BY THE F.C.C., IN ESSENCE, TO OUR SYSTEM AND A CERTAIN AMOUNT OF EQUIPMENT THAT WE PURCHASE FROM MOTOROLA, IN THIS CASE, TO SUPPORT THE NUMBER OF CHANNELS, AND UNDER -- YOU KNOW, POTENTIALLY UNDER CERTAIN CONDITIONS OF A GIGANTIC INCIDENT WE MAY SUFFER CONGESTION. WHAT THAT MEANS IS ALL --

ALL RADIO CHANNELS ARE OCCUPIED BY SOMEONE COMMUNICATING AND THAT THE NEXT PERSON THAT HITS THE PUSH-TO-TALK COULD BE PUT IN A QUEUE AND HAVE TO WAIT TO BE ABLE TO COMMUNICATE OVER THE RADIO SYSTEM. THAT WOULD BE CONGESTION.

Q. OKAY. AND IS THAT SOMETHING THAT WOULD BE A PROBLEM FOR THE COMMUNICATIONS ON THE EMERGENCY SCENE?

A. IT COULD BE. YES, IT COULD BE.

Q. WERE THERE ANY PROBLEMS WITH THE CONGESTION ON THE SYSTEM THAT EVENING?

A. AS FAR AS I KNOW FROM WHAT I'VE HEARD, AND DON'T RECALL IF I PULLED UP A REPORT OR NOT ON THAT -- ON THAT NIGHT, NO, THERE WAS -- THERE WAS NO CONGESTION ON THE SYSTEM THAT NIGHT.

BY THE COMMISSIONER:

LET ME BACK YOU UP JUST ONE SECOND. WHEN HE HAD TO WATCH THE SYSTEM TO MAKE SURE IT WAS IN, AS YOU SAID, PERFECT WORKING ORDER, AND HE HAD TO LOOK -- DID HE HAVE TO LOOK AT -- WAS HE IN CHARGE OF BOTH COMPUTERS, THE GEN WATCH AND THE -- I BELIEVE YOU CALLED IT THE ---

BY THE WITNESS:

MOSCAD, M-O-S-C-A-D.

BY THE COMMISSIONER:

OKAY. HE HAD TO -- DID HE -- WAS HE IN CHARGE

OF BOTH OF THOSE?

BY THE WITNESS:

IN CHARGE OF, I ---

BY THE COMMISSIONER:

DO YOU HAVE ONE MAN OR PERSON -- WHEN I SAY ONE MAN, THAT MEANT ONE MAN OR WOMAN -- LOOKING AT EACH OR BOTH? IS THAT -- OR IS THERE A TYPICAL WAY TO DO IT OR ---

BY THE WITNESS:

WELL, THE MOSCAD -- YES, TO ANSWER YOUR QUESTION, HE WAS LOOKING AT BOTH COMPUTERS. HE WAS MANAGING BOTH COMPUTERS. SO ---

BY THE COMMISSIONER:

IS THAT TYPICAL, ATYPICAL, STANDARD?

BY THE WITNESS:

THAT WOULD BE STANDARD FOR A RESPONSE TO THIS TYPE OF INCIDENT, YES.

BY THE COMMISSIONER:

OKAY. THANK YOU. GO AHEAD, MR. WOOD.

BY MR. WOOD:

THANK YOU, COMMISSIONER.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. WAS THERE ANY BREAKDOWN OF THE COMMUNICATION NETWORK ON THE EVENING IN QUESTION, TO YOUR KNOWLEDGE?

A. NO.

A. YES.
Q. I'M GOING TO BRING THE WHOLE STACK OVER THERE BECAUSE THE DATES ARE A LITTLE BIT DIFFICULT TO FOLLOW, AND THE COMMISSIONER HAS ALL THESE, BUT I'M REFERRING TO PAGE 191 IN PARTICULAR ON THIS QUESTION. AND I'D LIKE FOR YOU TO READ FOR ME -- WELL, TELL US WHAT THE HEADING IS HERE, NUMBER FOUR, JOB DUTY ELEMENT. WHAT DOES THAT SAY THERE? WHAT CATEGORY IS THAT?
A. MANAGING RESOURCES FOR EMERGENCY RESPONSE.
Q. OKAY. AND WHAT WAS YOUR COMMENT THERE WITH RESPECT TO MR. BRITTON'S SERVICE?
A. WELL, LET'S JUST SAY THERE'S A TYPO. LARRY IS THE FIRST TO OFFER HIS AVAILABILITY ON WEEKENDS, EVENINGS, ANYTIME REALLY, IN EMERGENCY RESPONSE SITUATIONS WHERE RADIO COMMUNICATION RESOURCES ARE NEEDED.
Q. OKAY. LET ME -- THIS IS ANOTHER PAGE, ON PAGE 193, AND IT'S UNDER THE, I GUESS, HEADING NUMBER NINE THERE, JOB DUTY ELEMENT, ATTENDANCE AND PUNCTUALITY. PLEASE READ FOR ME YOUR COMMENTS ON THAT EVALUATION.
A. LARRY IS PROMPTLY AT WORK EVERY MORNING AND OFTEN WORKS PAST HIS ALLOCATED TIMES AND ON WEEKENDS OR IN THE EVENINGS.
Q. OKAY. AND IT SAYS -- WHAT DID YOU COMMENT THERE ON

A. OKAY. LARRY IS EXTREMELY RELIABLE AND RESPONDS QUICKLY WHEN A MAJOR INCIDENT OCCURS IN CHARLESTON COUNTY AND EMERGENCY COMMUNICATIONS ARE REQUIRED.

Q. DID THE FORMS THAT YOU USED TO DO THE PERFORMANCE REVIEWS, DID YOU KIND OF CHANGE YOUR FORMAT AT SOME POINT HERE IN RECENT YEARS?

A. YEAH, I BELIEVE SO.

Q. OKAY. AND WENT TO MORE OF A POINTS-BASED SYSTEM; IS THAT FAIR TO SAY?

A. YES.

Q. OKAY. I WANTED TO ASK YOU ABOUT A COUPLE OF THOSE ON PAGE 218 HERE UNDER THE TITLE OF PLANNING. KEEPS CURRENT ON UP-TO-DATE PRACTICES WITHIN THE FIELD THROUGH READING APPROPRIATE JOURNALS, PAPERS, ETCETERA, AND ATTENDING APPROPRIATE SEMINARS, CONFERENCES WHEN POSSIBLE. WHAT SCORE DID YOU GIVE MR. BRITTON ON THAT ONE?

A. THREE-POINT-FIVE.

Q. OUT OF A HIGH OF FOUR?

A. UH-HUH.

BY THE COMMISSIONER:

IS THAT A YES?

BY THE WITNESS:

YES. SORRY.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. UNDER THE EMPLOYEE DEVELOPMENT AND APPRAISAL SECTION -- THIS IS ON PAGE 220 -- RECOGNIZES AND DEVELOPS FULL GROWTH AND POTENTIAL IN EMPLOYEES, UTILIZING APPROPRIATE GUIDANCE, COACHING, AND TRAINING, EFFECTIVELY DELEGATES RESPONSIBILITY BASED ON EMPLOYEE QUALIFICATIONS AND ABILITY. YOU SCORED HIM AT A THREE?

A. UH-HUH.

BY THE COMMISSIONER:

IS THAT A YES?

BY THE WITNESS:

YES.

BY THE COMMISSIONER:

THANK YOU.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. BILL, IN TERMS OF THE RESPONSIBILITY THAT MR. BRITTON WAS FULFILLING ON THE EVENING IN QUESTION -- AND YOU JUST HAD SOME CONVERSATION WITH THE COMMISSIONER ON THAT A MINUTE AGO; SHE ASKED YOU SOME QUESTIONS. IN TERMS OF WHAT HE WAS DOING THAT NIGHT, WAS HE TRAINED TO BE MONITORING AND OPERATING THAT SYSTEM?

A. YES.

Q. DO YOU RECALL LARRY'S CELL PHONE NUMBER?

A. NO. NOT OFF THE TOP OF MY HEAD, NO.

Q. OKAY. ALL RIGHT. WE PULLED OFF OF ONE OF THE TELEVISION NEWS WEBSITES ---

BY THE COMMISSIONER:

IS THAT IN MY PACKAGE?

BY MR. WOOD:

NO, MA'AM.

BY THE COMMISSIONER:

OKAY. GO AHEAD. HAS MR. ---

BY MR. HUNDLEY:

I DON'T KNOW WHAT HE'S DOING.

BY MR. WOOD:

I THINK HE'S GOT IT. WE'VE GIVEN YOU EVERYTHING WE'VE GOT.

BY THE COMMISSIONER:

OKAY. GO AHEAD, MR. WOOD.

BY MR. WOOD:

THANK YOU.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. DO YOU RECALL GIVING A COMMENT OR QUOTE TO TV-10 OUT OF COLUMBIA IN CONNECTION WITH LARRY'S UNFORTUNATE DEATH?

A. NO. I DIDN'T TALK DIRECTLY TO TV-10.

Q. OKAY. DID YOU GIVE ANY PRESS -- IS THAT QUOTE ACCURATE?

A. IF THEY'RE REFERRING TO AT THE PRESS CONFERENCE THE

MORNING AFTER, THEN YES.

Q. OKAY. THAT WAS GIVEN AT A PRESS CONFERENCE?

A. YES.

Q. OKAY. AND CAN YOU READ YOUR QUOTATION THERE.

A. MR. BRITTON WAS AN EXTREMELY DEDICATED EMPLOYEE, ALWAYS GAVE 110 PERCENT TO SUPPORT PUBLIC SAFETY COMMUNICATIONS, COWORKER AND DIRECTOR OF COMMUNICATIONS BILL TUNICK SAID. AT ANY TIME DAY OR NIGHT LARRY WOULD SUPPORT AN MAJOR PUBLIC SAFETY INCIDENT IN THE COUNTY.

Q. BILL, AT MY REQUEST DID YOU -- OR LET ME JUST ASK YOU THIS WAY. DID YOU -- DO YOU HAVE AN ESTIMATE AS TO, OVER LARRY'S TENURE WITH THE COUNTY, HOW FREQUENTLY HE WAS ENGAGED IN OVERTIME OR ---

A. YEAH. I THINK MY ESTIMATE THAT I GAVE YOU WAS APPROXIMATELY AVERAGE OF TWO PER YEAR OR EIGHTEEN TIMES OVER NINE YEARS.

Q. OKAY. THAT'S THE EMERGENCY CALL-OUT SITUATIONS?

A. YES.

Q. IN TERMS OF JUST OVERTIME WEEKEND WORK OR OVERTIME AFTER REGULAR HOURS, HOW FREQUENT WOULD THAT HAVE BEEN?

A. I CAN'T EVEN ESTIMATE THAT.

Q. OKAY.

A. OFTEN.

Q. OFTEN, OKAY.

BY THE COMMISSIONER:

AND YOU SAID EMERGENCY SITUATIONS; DID YOU SAY EIGHTEEN TIMES OVER NINE YEARS?

BY THE WITNESS:

YES, YES.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. TWICE A YEAR; WAS THAT YOUR ESTIMATE?

BY THE COMMISSIONER:

AND THAT WOULD BE DURING THE NINE YEARS YOU'VE BEEN INVOLVED IN THIS CAPACITY?

BY THE WITNESS:

CORRECT. YES, MA'AM.

BY THE COMMISSIONER:

OKAY.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. I JUST WANTED TO ASK YOU ABOUT A COUPLE OF SPECIFIC INCIDENTS AT THE -- DO YOU RECALL AN INCIDENT KNOWN AS THE WINDY FIRE?

A. YES.

Q. DO YOU RECALL WHEN THAT WAS?

A. THREE, FOUR YEARS AGO. I'M NOT EXACTLY SURE.

Q. OKAY. AND DO YOU RECALL WHAT LARRY'S SERVICE IN CONNECTION WITH THAT INCIDENT WAS?

A. YES.

Q. WHAT DID HE DO?
A. WELL, HE WENT OUT TO THE SCENE OF THE WINDY FIRE. THE WINDY FIRE WAS A FOREST FIRE IN FRANCIS MARION FOREST STOKED BY 30-, 40-MILE-AN-HOUR WINDS, HAD THE POTENTIAL OF DESTROYING THE TOWN OF McCLELLANVILLE VIRTUALLY. SO IT WAS A VERY URGENT SITUATION. LARRY WENT OUT THERE TO ENSURE THAT COMMUNICATIONS WERE MANAGED ON SCENE PROPERLY.
Q. HOW LONG WAS HE OUT THERE?
A. PROBABLY A FULL DAY AND MAYBE INTO THE SECOND DAY. I'M NOT SURE.
Q. OKAY. DO YOU RECALL A PLANE CRASH UP IN AWENDAW BACK IN SUMMER OF 2013?
A. I VAGUELY RECALL IT, YES.
Q. DO YOU REMEMBER WHAT LARRY'S INVOLVEMENT WAS IN THAT?
A. SAME THING AS WHAT I STATED EARLIER, JUST HELPING MANAGE COMMUNICATIONS ON SCENE.
Q. OKAY. YOU MENTIONED EARLIER IN YOUR TESTIMONY -- I THINK YOU MADE REFERENCE TO THE ICE STORM.

BY THE COMMISSIONER:

WERE THERE ANY FATALITIES IN THE PLANE CRASH?

BY THE WITNESS:

I BELIEVE SO, BUT I'M NOT CERTAIN.

BY THE COMMISSIONER:

OKAY.

BY THE WITNESS:

IT WAS A SMALL -- SMALL PLANE.

BY THE COMMISSIONER:

OKAY.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. YOU MADE REFERENCE IN YOUR TESTIMONY EARLIER TO THE ICE STORM WE HAD LAST WINTER -- OR, NOT THIS PAST WINTER BUT THE WINTER PRIOR. CAN YOU TELL THE COMMISSIONER WHAT LARRY'S INVOLVEMENT WAS IN THAT INCIDENT?

A. YES. HE SPENT THE NIGHT. HE SPENT 36 HOURS STRAIGHT AT THE RADIO SHOP TO ENSURE -- THERE WAS A -- LET ME JUST BACKTRACK A LITTLE BIT. WE HAD A VERY SUBSTANTIAL ICE STORM THAT KNOCKED OUT POWER, COMMUNICATIONS, ROADS, AND IT WAS PREDICTED TO BE AN URGENT SITUATION AND YOU WOULDN'T BE ABLE TO GET AROUND. SO LARRY, BEFORE THE ICE STORM BEGAN, CAMPED OUT AT THE RADIO SHOP, PLANNED ON BEING THERE UNTIL THE ICE MELTED, IN ESSENCE. HE WAS THERE FOR 36 STRAIGHT HOURS TO MAKE SURE OUR SYSTEM DID NOT GO DOWN.

BY THE COMMISSIONER:

SO THAT WOULD BE A STRUCTURED EMERGENCY, WOULD YOU CALL THAT?

BY THE WITNESS:

YES, I WOULD CALL THAT A STRUCTURED EMERGENCY.

YES, MA'AM.

DIRECT EXAMINATION RESUMED BY MR. WOOD:

Q. BUT HE WAS ON DUTY FOR 36 HOURS?

A. YES.

Q. OKAY. BILL, IN LIGHT OF THE JOB DESCRIPTION THAT YOU TESTIFIED TO CONCERNING EARLIER, WAS THE EMERGENCY RESPONSE COMPONENT, 24/7 AVAILABILITY, WAS THAT A KNOWN AND DISCLOSED COMPONENT OF THE JOB WHEN YOU PROMOTED LARRY?

A. YES.

BY MR. WOOD:

COMMISSIONER, THAT'S ALL I HAVE. THANK YOU.

BY THE COMMISSIONER:

THANK YOU. GO AHEAD.

BY MR. HUNDLEY:

THANK YOU. A COUPLE QUESTIONS.

CROSS EXAMINATION BY MR. HUNDLEY:

Q. ON SEPTEMBER 8TH AND GOING ALL THE WAY TO REALLY THREE OR FOUR IN THE MORNING ON SEPTEMBER 9TH, WHERE WERE YOU?

A. I WAS AT HOME.

Q. AT HOME?

A. YES, SIR.

Q. OKAY. I MEAN, THERE'S BEEN TESTIMONY THAT HUNDREDS OF PEOPLE CAME TO THE SCENE. LARRY CAME AND WENT TO THERE AND MARTIN WENT TO THE SCENE TO ASSIST WITH THE EMERGENCY RESPONSE, RIGHT?

A. YES.

Q. OKAY. SO, ARE YOU AWARE OF WHAT THE EMOTIONS MAY HAVE BEEN PRESENT AT THE TIME THERE?

A. YES.

Q. BUT YOU WEREN'T THERE?

A. NO, SIR. ARE YOU IMPLYING THAT I SHOULD HAVE BEEN THERE? ARE YOU TELLING ME WHAT MY JOB SHOULD BE?

Q. I'M TRYING TO -- EVERYBODY -- EVERYTHING TODAY -- AND I DON'T NEED TO EXPLAIN MY ANSWER, BUT I WILL.

A. GO AHEAD.

Q. --- HAS BEEN WHAT THE CONDITIONS OF THE EMPLOYMENT WERE THAT DAY. OKAY? AND TO BE THERE IN THE FIELD -- AND THE PEOPLE WHO HAVE TESTIFIED TODAY WERE THERE, AND THEY KNEW WHAT THE CONDITIONS AND STRESS OF EMPLOYMENT WERE THAT DAY.

A. I DON'T EVEN UNDERSTAND WHAT YOUR QUESTION IS, SIR.

Q. WELL ---

A. COULD YOU REPHRASE IT?

Q. YOU WEREN'T THERE; LET'S LEAVE IT AT THAT. NOW, YOU'VE NAMED ---

BY THE COMMISSIONER:

Q. --- TO RESPOND TO EMERGENCIES, IS THAT A KNOWN AND DISCLOSED COMPONENT OF YOUR CURRENT JOB?
A. IT IS PART OF IT; YES, SIR.
Q. OKAY. WAS IT A KNOWN AND DISCLOSED COMPONENT OF YOUR JOB WHEN YOU WORKED UNDER MR. BRITTON?
A. YES.
Q. OKAY. WHAT WERE LARRY'S NORMAL WORKING HOURS?
A. NORMALLY BETWEEN SEVEN AND SEVEN-THIRTY IN THE MORNING WE'D COME IN AND LEAVE ANYWHERE BETWEEN THREE-THIRTY AND FOUR IN THE AFTERNOON.
Q. OKAY. IN TERMS OF AN EMERGENCY RESPONSE PROTOCOL, CAN YOU DESCRIBE FOR THE COMMISSIONER WHAT YOUR DEPARTMENT -- WHETHER YOUR DEPARTMENT HAD ONE.
A. THERE'S NO WRITTEN PROTOCOL, IF YOU WILL, ON EXACTLY WHAT TO DO BECAUSE EVERY EMERGENCY IS DIFFERENT.
Q. RIGHT.
A. BUT OUR MAIN FOCUS IS OBVIOUSLY COMMUNICATIONS AND MAINTAINING COMMUNICATIONS BETWEEN THE RESPONDERS ON THE SCENE.
Q. THAT'S YOUR MISSION?
A. CORRECT.
Q. OKAY. CAN YOU EXPLAIN OR ELABORATE FOR THE COMMISSIONER THE VARIOUS FACETS INVOLVED IN ACCOMPLISHING THAT MISSION.
A. I DON'T KNOW HOW TO EXACTLY EXPLAIN THAT TO YOU, BUT

A. I DON'T HAVE ONE.
Q. YOU DON'T? OKAY. THAT MAKES THAT EASY. I NEED TO GET RID OF MINE, WHAT IT COST. BUT, ANYWAY, DO YOU RECALL LARRY'S CELL PHONE NUMBER?
A. NO, I DON'T. IT'S IN MY PHONE AS A SPEED DIAL.
Q. OKAY. ALL RIGHT. LET'S TALK ABOUT THE DAY IN QUESTION, SEPTEMBER 8TH. WHAT WERE YOUR NORMAL WORKING HOURS?
A. MY NORMAL WORKING HOURS WERE EIGHT TO FIVE.
Q. SO ALMOST MIRRORED LARRY'S, MAYBE A LITTLE LONGER?
A. CORRECT.
Q. OKAY. WHAT HAPPENED DURING THE COURSE OF THAT DAY TO THE EXTENT YOU ---
A. NORMAL BUSINESS DAY. THERE WASN'T ANYTHING OUTSIDE OF THE EVENT DURING OUR NORMAL BUSINESS HOURS. THERE WAS NOTHING SPECIAL THAT CAME UP. WE HAD OUR STAFF MEETING THAT WE DO WEEKLY, AND OTHER THAN THAT IT WAS NORMAL BUSINESS.
Q. DID LARRY RELATE TO YOU DURING THE COURSE OF THAT DAY ANY ISSUES OR PROBLEMS HE WAS HAVING FROM A HEALTH STANDPOINT?
A. HE HAD SAID AROUND LUNCH THAT HE WAS FEELING A LITTLE BAD, THAT MAYBE HIS SUGARS WERE OFF A LITTLE BIT. AND THEN AFTER HE ATE LUNCH AND LATER IN THE AFTERNOON HE SAID HE WAS FEELING FINE AND HE WAS

GONNA PROCEED ON TO HIS F.O.P. DINNER WHEN HE LEFT WORK.

Q. OKAY. NOW, WHAT IS AN F.O.B. DINNER?

A. THE FRATERNAL ORDER OF POLICE. IT'S A GROUP OF LAW ENFORCEMENT OFFICERS.

Q. IS IT F.O.P. OR F.O.B.?

A. F.O.P.

Q. OKAY. DID LARRY USE AN OUTLOOK COMPUTER CALENDARING SYSTEM AT THE OFFICE?

A. YES.

Q. HAVE YOU SEEN THE SCREENSHOT FROM THAT PARTICULAR DAY OF MR. BRITTON'S CALENDAR?

A. I BELIEVE YOU'VE SHOWN IT TO ME.

Q. OKAY. IS THAT CONSISTENT WITH WHAT YOU UNDERSTOOD HIM TO BE DOING AFTER WORK THAT DAY?

A. GOING TO THE F.O.P. DINNER?

Q. YES, SIR.

A. YES, SIR.

Q. OKAY. AND DID YOU KNOW WHERE THE F.O.P. DINNER WAS?

A. THE F.O.P. IS NORMALLY HOUSED AT THE TRI-COUNTY LODGE THREE, WHICH IS IN HANAHAN.

Q. OKAY. AND, AGAIN, JUST FOR THE COMMISSIONER'S BENEFIT, CAN YOU DESCRIBE FOR HER WHERE HANAHAN IS IN RELATION TO THE RADIO COMMUNICATIONS BUILDING?

A. FIVE TO TEN MILES AWAY OFF OF -- WHEN YOU GET TO

NORTH -- OR REMOUNT ROAD WOULD TAKE YOU THERE, REMOUNT OF OFF RIVERS.

Q. GENERALLY SPEAKING, WOULD IT BE FAIR TO DESCRIBE IT AS BEING SORT OF BETWEEN NORTH CHARLESTON AND GOOSE CREEK, OUT BY TRIDENT TECHNICAL COLLEGE?

A. YES.

Q. OKAY. HOW LONG WOULD IT TAKE JUST ON AVERAGE, WOULD YOU ESTIMATE, TO GET FROM THE LOCATION OF THE F.O.P. DINNER TO THE RADIO COMMUNICATIONS BUILDING DURING THE EIGHT TO NINE O'CLOCK HOUR IN THE EVENING?

A. TEN MINUTES.

Q. DID YOU HAVE ANY COMMUNICATION WITH MR. BRITTON AFTER HE LEFT THE OFFICE THAT AFTERNOON ON SEPTEMBER 8TH?

A. NOT BEFORE THE COMMUNICATIONS LEADING TO US RESPONDING, NO.

Q. OKAY. ALL RIGHT. AND YOUR -- WHERE WERE YOU -- WELL, HOW DID YOU -- HOW DID THAT COMMUNICATION COME ABOUT WHEN THE ACTIVATION OF THE RESPONSE WAS ---

A. LARRY CALLED ME AND ASKED ME IF I WAS AWARE OF WHAT WAS GOING ON AND TO WHICH I TOLD HIM, NO, I DIDN'T HAVE MY RADIO NEARBY ME AT THE TIME. I WAS MAKING DINNER FOR THE FAMILY. AND ASKED ME TO PLEASE TURN ON TO -- I DON'T EVEN REMEMBER WHAT THE CHANNEL WAS THAT WE WERE WORKING ON THE RADIO, BUT ASKED ME TO

TUNE IN AND START LISTENING, THAT IT WAS POSSIBLE WE HAD TWO OFFICERS THAT WERE DOWN.

Q. AND WHERE WAS HE AT THAT TIME?

A. I BELIEVE HE WAS AT THE F.O.P. DINNER. I DIDN'T ASK THAT WHEN I HEARD TWO OFFICERS WERE DOWN.

Q. OKAY. DO YOU HAVE A RECOLLECTION AS TO WHAT TIME THAT INITIAL CALL FROM LARRY CAME THAT EVENING?

A. I NORMALLY EAT DINNER SOMEWHERE BETWEEN SEVEN AND EIGHT-THIRTY. SO THAT'S ABOUT THE ONLY REAL JUDGMENT ON TIME I HAVE THERE, IS MY KIDS HAD JUST BEEN PUT TO BED, AND I LITERALLY JUST SAT DOWN TO START DINNER.

Q. IF MR. BRITTON'S CELL PHONE RECORDS INDICATE THAT HE CALLED YOUR CELL PHONE AT ELEVEN MINUTES AFTER EIGHT IN THE EVENING ON SEPTEMBER 8TH, WOULD THAT SOUND ---

A. YES, SIR.

Q. --- PLAUSIBLE?

A. YES, SIR.

Q. OKAY. ALL RIGHT. AND DID YOU -- WHAT DID YOU SAY LARRY ASKED YOU TO DO WHEN HE CALLED YOU?

A. HE SAID -- HE ASKED ME TO TUNE IN TO THE CHANNEL THAT THE INCIDENT WAS BEING CONTROLLED ON TO START MONITORING THE EVENT, AND HE THEN ASKED ME TO GET IN CONTACT WITH OUR SHERIFF'S OFFICE LIAISON FOR THE

COMMAND POST AND SEE WHAT THEY NEEDED FROM US.

Q. OKAY. AND DID YOU DO THAT?

A. YEP. I SURE DID.

Q. YOU HAD A CONTACT WITHIN THE SHERIFF'S OFFICE?

A. YES, SIR.

Q. AND DID YOU REPORT BACK TO LARRY VIA CELL PHONE?

A. I DID.

Q. DO YOU RECALL WHETHER YOU GOT HIM THE FIRST TIME OR WHETHER YOU WENT INTO VOICEMAIL?

A. I DON'T.

Q. OKAY. ALL RIGHT. IF THE CELL PHONE RECORDS REFLECT THAT YOUR CALL BACK WAS AT 8:16 AND WENT INTO VOICEMAIL AND THAT MR. BRITTON CALLED YOU BACK AT 8:27, WOULD YOU HAVE ANY REASON TO ---

A. I WOULDN'T HAVE ANY REASON TO CHALLENGE THAT, NO.

Q. OKAY. ALL RIGHT. AND I ASSUME YOU REPORTED TO MR. BRITTON AT THAT -- OR DID YOU REPORT TO MR. BRITTON AT THAT TIME WHAT YOUR SHERIFF'S DEPARTMENT OR SHERIFF'S OFFICE CONTACT HAD REQUESTED?

A. YES.

Q. OKAY. AND WHAT DID -- WHAT DID MR. BRITTON TELL YOU TO DO?

A. HE TOLD ME TO MEET HIM AT THE OFFICE AND THAT WE WOULD GET ALL OUR EQUIPMENT TOGETHER THERE AND FIGURE OUT OUR RESPONSE.

A. I DON'T REMEMBER IF I TALKED TO HIM IN THE CAR ON THE WAY OR ALL BEFORE. I KNOW I WOULD HAVE TALKED TO HIM AT THE HOUSE, OBVIOUSLY, AND THEN PROBABLY TALKED TO HIM -- I WOULDN'T HAVE LEFT MY HOUSE UNTIL AFTER I HAD TALKED TO HIM AFTER I HAD TALKED TO THE SHERIFF'S OFFICE. SO I WOULD NOT HAVE LEFT MY HOUSE UNTIL I WAS TOLD BY HIM THAT, OKAY, YES, HERE'S WHAT WE'RE GONNA DO AND HERE'S WHERE WE'RE MEETING. WHETHER I TALKED TO HIM IN THE CAR ON THE WAY TO THE OFFICE, I DON'T RECALL.

Q. OKAY. ALL RIGHT. AND WHEN YOU ARRIVED -- YOU INDICATED IT WOULD PROBABLY TAKE YOU ABOUT -- TOOK YOU 20 MINUTES TO GET THERE?

A. SHOULD BE ABOUT RIGHT; YES, SIR.

Q. OKAY. ALL RIGHT. AND WHEN YOU ARRIVED, WHAT WAS MR. BRITTON DOING?

A. HE WAS UPSTAIRS IN OUR EQUIPMENT ROOM MONITORING THE SYSTEM, AND I DON'T RECALL IF HE WAS PULLING AUDIO YET AT THAT POINT OR NOT, BUT HE WAS -- HE WAS MONITORING THE SYSTEM, MONITORING THE CALL.

Q. OKAY. AND IS THAT ONE OF THE FUNCTIONS OF THE RADIO COMMUNICATIONS DEPARTMENT ---

A. YES, SIR.

Q. --- WHEN THERE'S AN EMERGENCY EVENT?

A. YES, SIR.

Q. WHAT DID YOU DO?
A. I CONVERSED WITH HIM ON WHAT EQUIPMENT WE NEEDED. IT HAD BEEN REQUESTED WE BRING RADIOS BY THE SHERIFF'S OFFICE, BACKUP INTERNET CAPABILITIES, BATTERIES, LAPEL MICS, DIFFERENT MICROPHONES AND ACCESSORIES FOR RADIOS. SO HIM AND I WENT OVER A LIST OF STUFF AND THEN I STARTED LOADING THE TRUCK.
Q. OKAY. AND WHEN YOU SAY THE TRUCK ---
A. THE TAHOE, THE COUNTY-ISSUED WORK VEHICLE.
Q. OKAY. THAT'S THE VEHICLE THAT THE RADIO COMMUNICATIONS DEPARTMENT -- THAT THE COUNTY PROVIDES FOR YOU ALL TO UTILIZE?
A. CORRECT.
Q. SO YOU LOADED THE MATERIALS, AND WHAT DID YOU DO?
A. HEADED ON TO MEET -- I MET THE COMMAND POST ON THE ROAD JUST OVER ON THE OTHER SIDE OF COSGROVE BRIDGE. I WAITED ON THEM AND THEN FOLLOWED THEM INTO THE SCENE, 'CAUSE I WAS THERE TO RESPOND WITH THEM. IN A SCENE LIKE THAT THERE'S GONNA BE A LOT OF CONTROLS, SO I WAITED ON THEM TO GO IN.
Q. AND WHEN YOU LEFT MR. BRITTON, WHEN YOU LEFT THE BUILDING, WHAT WAS MR. BRITTON DOING?
A. SAME, SITTING IN THE SYSTEM ROOM MONITORING THE SYSTEM.
Q. OKAY. WE'VE HAD SEVERAL WITNESSES COVER THIS, BUT

THE SCENE WHEN YOU ARRIVED?

A. I AM NOT AWARE. I DON'T KNOW.

Q. YOU DON'T KNOW WHAT TIME THAT OCCURRED?

A. NO, SIR.

Q. OKAY. DID YOU WITNESS ANY GUNFIRE?

A. NO.

Q. DID YOU WITNESS EITHER OF THE DEPUTIES IN A WOUNDED STATE?

A. NO.

Q. WHAT DID YOU DO ON THE SCENE?

A. I GOT WITH OUR CONTACT FROM THE SHERIFF'S OFFICE AND BEGAN SETTING UP THEIR COMMAND POST, STANDARD NORMAL POWER PROCEDURES AND GETTING ALL THE SYSTEMS UP AND RUNNING.

Q. OKAY. ALL RIGHT. AND WHAT DOES THE TERM CONGESTION MEAN IN THE VERNACULAR OF THE RADIO COMMUNICATIONS DEPARTMENT?

A. FOR US THE CONGESTION ON THE SYSTEMS IS WHEN OUR SYSTEM IS REACHING CAPACITY, WE'RE STARTING TO GET TO WHERE BUSIES ARE GONNA OCCUR, WHERE WE'RE RUNNING OUT OF CHANNEL AVAILABILITY.

Q. OKAY. WAS THERE ANY CONGESTION THAT NIGHT WITH THE RADIO COMMUNICATIONS SYSTEM?

A. WE DID NOT REACH A HUNDRED PERCENT, NO, BUT...

Q. DID YOU HAVE ANY COMMUNICATIONS WITH MR. BRITTON

AFTER YOU ARRIVED AT THE SCENE?

A. YES.

Q. AND WHAT WERE THE NATURE OF -- WAS THAT -- LET ME ASK YOU THIS QUESTION FIRST. WAS THAT ALL VIA YOUR CELL PHONE NUMBER -- OR, EXCUSE ME, YOUR CELL PHONE?

A. IT WOULD BE MY CELL PHONE AND MY RADIO.

Q. OKAY. ALL RIGHT. SOME OF YOUR COMMUNICATIONS WITH HIM WERE BY YOUR CELL PHONE?

A. CORRECT.

Q. AND WERE YOU CALLING HIM ON HIS CELL PHONE?

A. I WOULD HAVE EITHER CALLED HIM ON HIS PHONE OR HE WOULD HAVE CALLED ME FROM THE SYSTEM ROOM PHONE LINE.

Q. OKAY. ALL RIGHT. IF THE PHONE RECORDS INDICATE VARIOUS COMMUNICATIONS AND TEXT MESSAGES FROM YOUR CELL PHONE TO MR. BRITTON'S CELL PHONE THAT EVENING DURING THE -- LET'S SEE -- 2200 WOULD BE 10:00, ON UP UNTIL SLIGHTLY AFTER MIDNIGHT, WOULD THAT BE CONSISTENT WITH YOUR RECOLLECTION?

A. YES.

Q. OKAY. AND WHAT WERE -- WHAT WERE DISCUSSED DURING THOSE PHONE CALLS OR TEXT MESSAGES?

A. MOST OF IT WAS JUST CHECKING IN WITH HIM, HOW IS THE SYSTEM DOING AND WHAT'S GOING ON, ON THE SCENE, DO YOU NEED ANYTHING FROM ME KIND OF STUFF. AND AT ONE

POINT WE WERE WORKING ON OBTAINING THE AUDIO RECORDINGS FROM THE BEGINNING OF THE CALL WHEN THE FIRST TWO OFFICERS ARRIVED ON SCENE THAT STARTED ALL OF THIS. THE COMMAND STAFF ON SCENE HAD REQUESTED THOSE LIVE AUDIO RECORDINGS SO THAT THEY COULD REPLAY IT TO SEE IF THERE WAS ANY DETAILS THAT THEY MAY HAVE MISSED OR WOULD HELP THEM WITH THE CASE.

Q. OKAY. AT SOME POINT IN THE EVENING DID YOU BECOME AWARE OF MR. BRITTON'S HEALTH SITUATION?

A. I RECEIVED A CALL FROM THE SECOND IN COMMAND AT THE DISPATCH CENTER WANTING TO KNOW LARRY'S WHEREABOUTS. THEY WERE KIND OF CONFUSED AT THAT POINT THAT HE WAS ON THE PHONE WITH 911.

Q. OKAY. AND THEY CALLED YOU ON YOUR CELL PHONE OR VIA RADIO?

A. THEY CALLED ME ON MY CELL PHONE 'CAUSE THEY WERE CONFUSED 'CAUSE THEY THOUGHT HE WAS WITH ME OR I WAS WITH HIM, AND THEY DIDN'T QUITE KNOW WHY HE WAS CALLING 911.

Q. OKAY.

A. WELL, THEY KNEW THE MEDICAL REASON. THEY DIDN'T KNOW ---

Q. THEY DIDN'T KNOW WHERE HE WAS? DID THEY KNOW ---

A. THEY DIDN'T KNOW -- THEY DID NOT KNOW WHERE HE WAS AT THAT POINT. THERE WAS CONFUSION AS TO -- THEY

WERE UNDER THE IMPRESSION EVERYBODY WAS ON THE SCENE WHERE MEDICAL STAFF IS, SO WHY IS HE CALLING 911 VERSUS JUST WALKING TO A MEDIC.

Q. RIGHT. OKAY. ALL RIGHT. AND WHAT DID YOU DO IN RESPONSE TO THAT PHONE CALL?

A. I TOLD THEM THAT HE WAS AT THE RADIO SHOP WORKING THE CALL FROM THE OFFICE, AND THEY SAID, "WELL, WE'VE GOT POLICE AND FIRE -- FIRE AND EMS ON THE WAY THERE. WE NEED TO GET TO HIM. CAN WE GET THERE?" AND I SAID, "NO. THE DOORS ARE LOCKED." SO I IMMEDIATELY DROPPED WHAT I WAS DOING, GOT IN THE CAR, AND HEADED OVER THERE.

Q. OKAY. THE DOORS WERE LOCKED, YOU SAID?

A. YES, SIR.

Q. IS THERE -- TO YOUR KNOWLEDGE, WAS THERE ANYBODY ELSE AT THE RADIO COMMUNICATIONS DEPARTMENT BUILDING THAT NIGHT OTHER THAN YOURSELF AND MR. BRITTON?

A. THE ONLY OTHER PEOPLE THAT WOULD COME IN AFTER HOURS ON A NORMAL BASIS WOULD BE THE CLEANING CREW.

Q. OKAY. AND WHEN YOU ARRIVED BACK AT THE SHOP OR THE BUILDING, WHAT DID YOU DO?

A. UNLOCKED THE DOOR AND WENT STRAIGHT UPSTAIRS TO WHERE LARRY WAS.

Q. AND WHAT WAS THE STATUS OF THE EMERGENCY RESPONDERS ON THAT CALL AT THAT POINT?

A. THEY WERE PULLING IN. THE FIRE DEPARTMENT PULLED IN RIGHT BEHIND ME, AND THE MEDIC UNITS CAME IN A COUPLE MINUTES LATER. AT THAT POINT I DON'T KNOW WHAT TIME EVERYTHING HAPPENED. BUT FIRE CAME UP THE STEPS WITHIN A MINUTE OF ME BEING UPSTAIRS.

Q. DID YOU HAVE SOME DISCUSSION WITH THE PARAMEDICS OR THE EMTs OR THE FIRE DEPARTMENT CONCERNING MR. BRITTON'S SITUATION?

A. THEY HAD ASKED WHAT WAS GOING ON, TO WHICH LARRY WAS TALKING. HE TOLD MOST OF THE STORY. AND THE MEDICS -- I HAD TOLD THE MEDICS THAT LARRY WAS FEELING A LITTLE BIT BAD BEFORE LUNCH BUT THAT HE THOUGHT HIS SUGARS WERE JUST OFF AND AFTER HE ATE LUNCH HE FELT BETTER. AND THAT'S THE ONLY HISTORY I GAVE THEM. THEY PROCEEDED TO GO BACK TO TALKING TO HIM.

Q. MARTIN, WHAT TIME WOULD THIS HAVE BEEN WHEN YOU ARRIVED BACK AT THE RADIO COMMUNICATIONS SHOP?

A. SOMEWHERE AROUND 1:00 IN THE MORNING. I DON'T KNOW WHAT TIME, TO BE HONEST WITH YOU, WHAT TIME THAT FIRST CALL CAME IN.

Q. OKAY.

A. IT SHOULD BE ON MY PHONE RECORD.

Q. WELL, LET ME ASK YOU THIS. IF THE EMS REPORT INDICATES THAT THE CALL WAS RECEIVED FROM MR. BRITTON AT 1:25 IN THE MORNING, 1:25 A.M., SEPTEMBER

9, WOULD THAT ---

A. THAT'S CLOSE.

Q. OKAY.

A. I'D BEEN OUT THERE FOR SO LONG, I DIDN'T KNOW WHAT TIME IT WAS.

Q. OKAY. NOW, THERE -- ACCORDING TO THE PHONE RECORDS, THERE WERE A COUPLE MORE CALLS -- WELL, LET ME ASK YOU THIS. DID YOU UTILIZE MR. BRITTON'S CELL PHONE FOR ANY ---

A. I DID. AS SOON AS HE GOT IN THE MEDIC UNIT I CALLED HIS WIFE, MARSHA BRITTON.

Q. OKAY. AND YOU -- DID YOU OPERATE YOUR OWN VEHICLE OR THE COUNTY VEHICLE TO FOLLOW THE AMBULANCE TO THE HOSPITAL?

A. COUNTY VEHICLE.

Q. COUNTY VEHICLE, OKAY. AND YOU -- DID YOU REPORT TO MR. TUNICK CONCERNING WHAT WAS GOING ON?

A. MR. TUNICK AND I HAD TALKED BEFORE LARRY WAS TRANSPORTED AWAY. HE HAD CALLED ME WHILE WE WERE THERE WHILE THE MEDICS WERE DOING THEIR EVALUATION.

Q. MARTIN, CAN YOU DESCRIBE THE TRAINING THAT TAKES PLACE WITHIN THE RADIO COMMUNICATIONS DEPARTMENT AS IT RELATES TO MONITORING OF THE COMMUNICATIONS NETWORK SYSTEM?

A. THE SYSTEM ITSELF IS MOSTLY ON-THE-JOB TRAINING.

EMERGENCIES AND YOU'VE GOT EMERGENCIES LIKE THIS. WOULD YOU CONSIDER THIS A NORMAL EMERGENCY ---

A. THE ---

Q. --- ON SEPTEMBER THE 8TH?

A. THE RESPONSE -- NO. THE SHORT ANSWER IS NO. IT'S -- WHAT WE DO TO RESPOND TO AN EMERGENCY IS NORMAL. WHAT WE WERE DOING IT -- WHY WE WERE HAVING TO DO IT THAT NIGHT, NO, IT WAS NOT NORMAL.

Q. OKAY. AND SO YOU WOULDN'T DISAGREE WITH SHERIFF CANNON'S OPINION THAT IT WAS AN UNUSUAL AND EXCEPTIONAL EVENING ---

A. I WOULD NOT DISAGREE.

Q. --- ON WHAT WENT ON? PARDON ME?

A. I WOULD NOT DISAGREE WITH THAT.

Q. OKAY. AND ARE YOU FAMILIAR WITH CORONER RAE WOOTEN?

A. YES.

Q. AND YOU WOULD NOT DISAGREE WITH HER IF SHE THOUGHT IT WAS AN UNUSUAL OR EXCEPTIONAL CONDITION OF EMPLOYMENT THAT NIGHT OR SITUATION?

A. NO, I WOULD NOT DISAGREE WITH THAT.

Q. AND DO YOU KNOW DR. SHEALY?

A. YES, SIR.

Q. OKAY. AND DR. SHEALY TESTIFIED AND HE'S GOT MORE EXPERIENCE THAN ANYBODY I'VE EVER MET ON EMERGENCY RESPONDERS LOCALLY AND NATIONWIDE, RIGHT?

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

W.C.C. FILE NO. 1414226

Marsha P. Britton, Claimant, Laurent Britton (Decedent/Employee), Employee, Claimant, v. Charleston County, Employer, And SC Association of Counties SIF, Carrier, Defendants.	)	NOTICE OF WITNESSES AND WRITTEN REPORT(S) / PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT

TO: **South Carolina Workers' Compensation Commission** and **J. Hubert Wood, III, Esquire,** Attorney for the Defendants:

YOU ARE HEREBY NOTIFIED THAT THE CLAIMANT, pursuant to the provisions of the South Carolina Workers' Compensation Act and S.C. Code Ann. Section 1-23-330 (1985), herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

CLAIMANT'S APA SUBMISSIONS

	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	NUMBER OF PAGES
1.	Mt. Pleasant Family Practice	06-24-91 to 06-12-14	1-52
2.	Charleston County Government - Medical Opinion Form	02-13-06	53
3.	Concentra Medical Centers	04-23-10	54
4.	MUSC	09-09-14	55-73

5. Charleston County EMS	09-09-14	74-78
6. William E. Wilson, M.D., Causation	12-18-14	79

EXHIBIT	DATES	PAGES
A. Charleston County Sheriff's Office, Incident Reports	09-08-14 to 09-18-14	80-85
B. Incident Action Plan	09-08-14 to 09-09-14	86-93
C. Email from William Tunick	09-09-14	94
D. Statement of Funeral Services	09-12-14	95
E. Death Certification	09-16-14	96
F. Personnel Action Notification Form	09-17-14	97-98
G. Ariel TPA Denial Letter	09-23-14	99
H. Email Correspondence, Lang Kohel and Mike Schwerin	09-25-14 to 10-01-14	100-104
I. Certificate of Appointment	10-15-14	105
J. Charleston County EMS Bill	01-26-15	106
K. Sheriff Al Cannon, Causation Statement	02-06-15	107-108
L. MUSC, Medical Bill	02-09-15	109-110
M. ABC News 4 Article	03-24-15	111

(Claimant reserves the right to amend this document and submit additional medical records as they become available).

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination and, should you desire to exercise that right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s) whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the Hearing before the South

Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant:

The Claimant, Marsha P. Britton, Sheriff Al Cannon, Martin Krantz, Ralph Shealy, Rae Wooten, a representative of Charleston County, a representative of SC Association of Counties and any witnesses called by the Defendants.

BY: _____

R. Walter Hundley
ATTORNEY FOR THE CLAIMANT
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15 day of May, 2015
Charleston, South Carolina

CLAIMANT'S APA SUBMISSIONS

Laurent Britton (Decedent/Employee) v. Charleston County
And
SC Association of Counties SIF

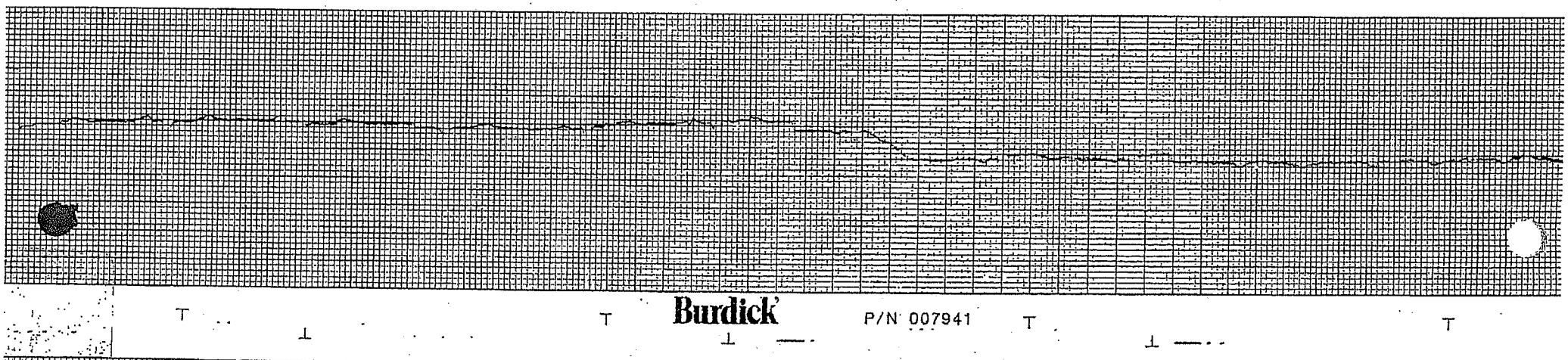
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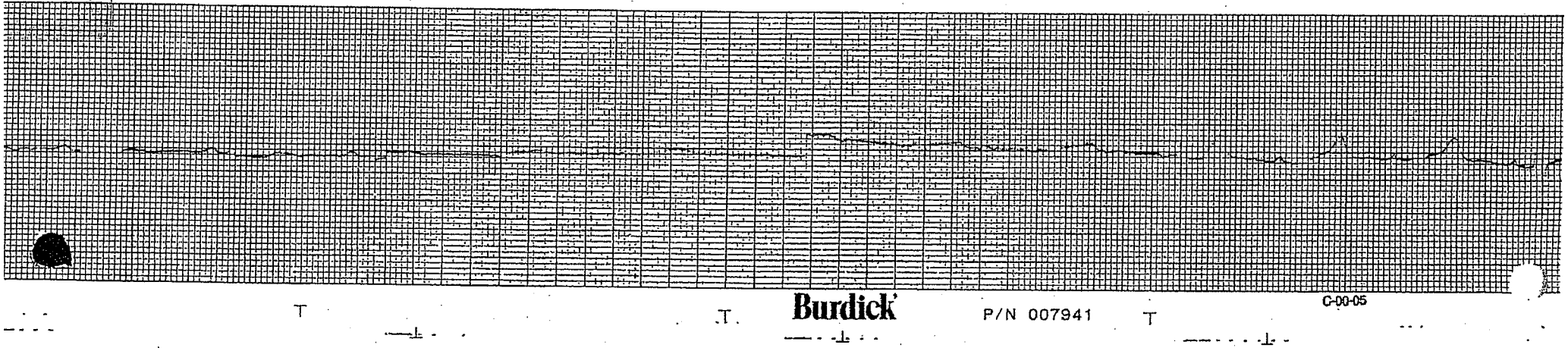
June 1, 2015
Goose Creek, South Carolina

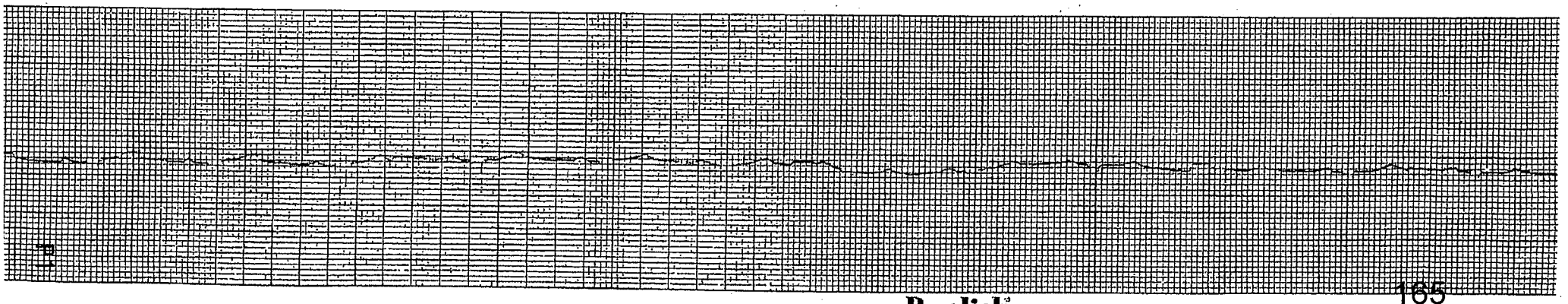
DATE 6/24/91	ECG#	ROOM #		BP
AGE	RATE	DOCTOR		
SEX	RHYTHM	PR	QRS	QT
HGT	AXIS	P	T	ST
WGT	DRUGS			

Burdick KONE 007900

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NKA

6/24/91 BP 140/90
P 64
WT 296#

ROS normal
Vision @ 20/15
L 20/15

(S) Blue sunscreen cold

(O) See PE

(A) Psoriasis - Borderline BP

Tetanus: 1989-

PMHx: - Hospitals - Strangulated Hernia - Bypass
ROS: - ⊖ except for Psoriasis
Meds: ⊖ current
FMHx: Father - ⊕ 70's - MI, CABG @ 60's; - ; Died 67 ; Diabetes, Asbestosis;
Mother - 75's Bladder cancer;
Brother - HTN
Andy -
Sister - Mild MI @ 40's; schoolteacher; thyroid nodules;
PGF - Diabetes, bad leg ; , PGM - Alive - at 80's -
MG P3 - under

(P) Diflorane AF--

7/30/93 - 99.6 Congest. - cough x 1 mo.

(S) Will be away at Sedona
⊖ ST, Lots of fog, sinus, nasty tasty
Hot + Run - Windy - Some Cpd
Pain - (L) neck to shoulder
PBP last week - Taking Tussi + ASA,

160/100
(O) - Dry lungs - Mild cong post Bronchitis
- (L) neck painful -

(A) Bronchitis

(P) Prednisone
PCE 500
Some Cpd

MT. PLEASANT FAMILY PRACTICE

DATE 1/11/00 WT. _____ HT. _____

TEMP. _____ BP 160/92 R _____ P 62 Bld glucose 184

1-11-2000 **Laurent Britton** 02-082-86W

SUBJECTIVE: Comes in after a long absence from the practice with two main complaints. Number one, he was involved in a MVA. Was seen at East Cooper by Dr. John Sorrell. Sustained an injury to his upper back, knee, etc. X-rays were negative. He returns here for FU. Relates that he is having some difficulty with the left side of his neck with uncomfortableness without any radicular pain and he has some crepitus when he rotates his head on his shoulders. He has not had any previous history of injury that he is aware of. He relates that otherwise he has been doing fine. He was also while in the E.R. told that his blood sugar was 237. He has placed himself on a diabetic low-calorie diet. He has lost quite a little bit of weight and feels somewhat better. Last year, he began playing golf and waling. He weighed 330 lbs. He has dropped down to 285 lbs. He drinks a lot of liquids including a lot of coffee. His father is a known diabetic as well. His wife has recently started on Sugar Buster's.

REVIEW OF SYSTEMS: He has had some difficulties with his uncircumcised penis. It gets irritated and red occasionally.

PAST MEDICAL HISTORY: Is otherwise fairly unremarkable. His BP has been elevated in the past intermittently. He drinks three to four pots of coffee a day.

SOCIAL HISTORY: His son is 14. They are having some difficulties with him in school and that is a source of stress.

OCCUPATIONAL HISTORY: He is a retired fireman from the Isle of Palms where he was the Chief and now he works at Silkworm in their shipping department where he handles all of the orders coming and going. There is a lot of stress involved with that but he enjoys it.

OBJECTIVE: Alert, cooperative male. Random sugar was 184. BP, vital signs are per above. HEENT exam including funduscopic was negative. Neck was supple without thyromegaly or bruits. Lungs are clear to A & P. Cardiovascular is a RR without murmur or extra sound. Pulses are 2+. Abdomen is soft. GU exam reveals irritation to the foreskin with a few serothema with some cuts.

ASSESSMENT #1: Balanitis, most likely fungal.

ASSESSMENT #2: Borderline BP.

ASSESSMENT #3: New onset diabetes with family history.

ASSESSMENT #4: Cervical neck discomfort secondary to MVA with probable facet joint irritation.

PLAN: Vioxx. Continue diet. Glucometer. Return back in three weeks for FU. If he gets any worse, he is to return sooner. He is to plot his sugars and he is not to settle with the insurance company for at least six weeks.

WEW/blb 01/14/00

Laurent Britton
02-082-86W
MT. PLEASANT FAMILY PRACTICE

DATE 2/1/00 WT. HT.
TEMP. BP 140/90 R P 80

2-1-2000 **Laurent Britton** 02-082-86W

SUBJECTIVE: Comes back in for FU on his diabetes which is doing much better. He is on the Heller and Heller low carbohydrate diet which has working well. His sugars have come down. He brings in the chart. He also had the flu earlier on which made his sugars increase and over the Super Bowl weekend he ate some chips and dips and really was amazed at how high his sugar could get with just doing that. He has had some discomfort in the left side of his neck since the MVA and wonders whether or not he should settle at this point or not.

OBJECTIVE: Some decreased range of motion in his neck persists with minimal muscle spasm. Review of his sugars show a gradual decrease from the 200 range down into the upper 100's range. Weight has reduced by one inch on his belt size.

ASSESSMENT #1: Improved diabetes.

ASSESSMENT #2: Cervical strain persisting from the MVA.

PLAN: Do not settle with the company. Neck exercises. Continue with the diet and return back in two months.
WEW/blb w 2/2/00

DATE 4-11-00 WT HT
TEMP 98.7 BP 150/88 R

4-11-2000 **Laurent Britton** 02-082-86W

SUBJECTIVE: Comes in for evaluation of his diabetes and his BP. He is doing much better. He is staying on the diet, checking his sugars and things seem to be working much, much better for him. He has lost some weight and feels infinitely better about himself. He relates that otherwise there is no real change. The left side of his neck continues to give him a little bit of difficulty in the creaks and grinds sometimes when he turns to the left.

OBJECTIVE: Review of the sugars ensued and is contained within the chart. Neck reveals full range of motion but there is a little crepitus.

ASSESSMENT #1: Crepitus in the neck. Possibly secondary to MVA.

ASSESSMENT #2: Much improved diabetes.

PLAN: Have him see Dr. Don Johnson. Continue with the diet. Return back in three months. Hemoglobin A1C at that time. w 4/14/00.
WEW/blb

MT. PLEASANT FAMILY PRACTICE

DATE 1/11/02 WT 306 HT. _____ Chest Cold Cough ? Bronchitis
TEMP. 99.1 BP 150/80 R _____ P _____

01-11-2002 **Laurent Britton** 02-082-86W

PROBLEM: Asthmatic bronchitis.

SUBJECTIVE: Is a patient of Dr. Wilson's and was seen while he was out at the hospital on emergency. Patient complains of chest congestion and a tight dry cough which is only minimally productive in the morning. Is a diet and exercise control diabetic. Does not smoke. Sugars have been running 140 since getting sick.

OBJECTIVE: HEENT: Negative. Patient is diaphoretic. Temperature is 99°. BP is 150/80. Lungs have bibasilar wheezes, no focal consolidation and no cyanosis.

ASSESSMENT: Asthmatic bronchitis.

PLAN: Biaxin XL 500 mg Dosepak, Albuterol inhaler two puffs q.i.d., and Protuss eight ounces PRN night cough. Recheck PRN. Watch sugars closely while ill. FU with Dr. Wilson per their routine.
MDF/blb

1/14

Date 7-29-02 Wt. 295 Ht. _____ elevated blood Sugar.
Temp _____ BP 140/80 R _____ P 80 800-350, D foot pain

DG Cough XR 32

07-29-2002 **Laurent Britton** 02-082-86W

SUBJECTIVE: Comes in for his diabetes which has gotten much more out-of-control. He was trying by diet only. He was checking his sugars up until approximately six months ago. He stopped with the death of his 56-year-old brother for complications of diabetes. Over the last four to five weeks, he has been having high BP. He has been having some visual difficulties. He has not had increasing urination, but he has had increasing hunger and thirst. He checked his sugar ten days ago and it was 310. He has been checking it all along and it continues to be in this range. He has not seen the ophthalmologist in quite a while. He has really not been taking very good care of himself. He has been experiencing some impotence which his wife has asked him to have corrected. In addition, he injured his left ankle when he was at the hunting club. He twisted it and it has not gotten any better and he would like to have that looked at as well.

FAMILY HISTORY: Is changed in that his brother has now had diabetes, his other brother died of diabetes, and his father had diabetes.

CURRENT MEDICATIONS: None.

ALLERGIES: No known drug allergies.

MT. PLEASANT FAMILY PRACTICE

OBJECTIVE: Rather large, WM. Exam is essentially unremarkable except for his left ankle which in the medial aspect is negative. The lateral aspect is tender to palpation.

ASSESSMENT: Out-of-control diabetes with poor dietary compliance with ankle pain.

PLAN: Begin Glucophage XR 500 mg, samples given. He is to return back in twelve days. Continue with the diet. We will discuss at that time, ophthalmologist, Viagra, etc. V 7/30/02
WEW/blb

Date 8-9-02 Wt. _____ Ht. _____ Diabetes follow-up

Temp _____ BP 190/78 R _____ P 88

08-09-2002 **Laurent Britton** 02-083-86W

SUBJECTIVE: Comes in for a diabetes FU. He has not been nearly active as he would like to be due to the fact that his feet have been very uncomfortable. He has been taking his sugars q.d. or b.i.d. He is under a lot of stress and strain trying to run the trucking business and drive the truck at the same time. Otherwise, he is doing relatively well.

OBJECTIVE: Reviewed his sugars with him and predominantly they are in the 300 to upper 200 range. One is in the 474 range.

ASSESSMENT: Improvement in control with the Glucophage 500 mg q.d.

PLAN: Increase the Glucophage to two 500s at night and begin Actos 15 mg in the morning.

Cautioned him about hypoglycemia. Return back in two months. He is to call next month to see if we need to increase the Actos. V 9/11/02
WEW/blb

8-19-02 Phone call from Pt. stated BS was running 180 in AM. and 150 in P.M. Per D.R. Wilson Pt. was instructed to increase Glucophage to 1500 q P.M. S. Snowden

8-27-02 Rx called to CVS 884-8281 @ 5:15 P.M. _____
Rx Glucophage 500 mg III q P.M. #90 1R. ___ S. Snowden

9-5-02 Phone call from Pt. stated B.S. has been morning 130-190 afternoon 100-120. Per D.R. Wilson Pt. was instructed to ~~take~~ increase Actos to 45 mg q A.M. samples of Actos 15mg & 30 mg given to Pt. S. Snowden

MT. PLEASANT FAMILY PRACTICE

DATE 10/31/02 WT. 302 HT. _____

TEMP. _____ BP 174/88 R _____ P 60 f/u diabetes

FBS - 124

10-31-2002 **Laurent Britton** 02-082-86W

SUBJECTIVE: Comes in for FU on his diabetes. He knows that he is not doing as well as he should. He is not exercising. He is very active with the Rescue Squad. He is trying to do a catering business as well. He knows that his sugar can get low and he has skipped lunch one day and at Wal-Mart his sugar got down to below 60. He was symptomatic. It has occurred one other time when he missed lunch. He is currently taking Actos 45 mg q.d. and the Glucophage XR. He has recently had a tooth cyst and had the tooth evacuated and that has been a problem for him as well. The highest that his sugar has been is about 165 and the lowest has been in the 60's. His BP has been doing relatively well. He has been checking it himself. He has now gotten the treadmill out and will try to use that if he can.

OBJECTIVE: Alert, cooperative male. Initial BP is per above. FU was 150/80. Reviewed the sugars with him.

ASSESSMENT: Better control of his diabetes with borderline control of hypertension.

PLAN: To begin to do the exercise. Continue the Actos 45 mg with the Glucophage XR. He is then to get back with us in the near future. 10/14/02
WEW/blb

Date 11-12-03 Wt. 296 Ht. _____ meds

Temp. _____ BP 170/80 R _____ P 60

11-12-2003 **Laurent Britton** 02-082-86W

SUBJECTIVE: Comes in for FU on his medications. He has been doing relatively well. He got up to 322 lbs and is now back down to 296. His BP has been running 140 to 150s systolic. His sugar has been ranging 87 to 102. Occasionally, they will get into the 60s or 80s about once or twice per month. Is getting ready to start back on the Life Span Diet as well as an active exercise program. He needs his medications renewed. Also, he has continued difficulty with the penile irritation and also would like to try the Viagra as well.

OBJECTIVE: Alert, cooperative male. BP is per above. Reviewed the sugars with him. Exam is unremarkable.

ASSESSMENT: Diabetes with borderline hypertension with chronic fungal infection.

PLAN: Viagra samples. Begin Lisinopril 10 mg q.d., prescription written. Nizoral cream, prescription written. He is to return to the office in one month. Samples of Avandamet 4/500 mg to take one in the evening time and go to b.i.d. if needed. 11/13/03
WEW/blb

MT. PLEASANT FAMILY PRACTICE

DATE 12-10-03 WT. 295 HT. _____ F/up
TEMP. 98 BP 144/80 R _____ P. 72

12-10-2003 **Laurent Britton** 02-082-86W

SUBJECTIVE: Comes in for a flu and a cold. It is getting much better. His blood sugars have been doing much better on the Avandamet. It has been in the 80s. However, the last two days, it has been a little bit higher than that, but he has been taking the NyQuil. The Viagra worked quite well and he is quite happy with that as well. He may be losing his job in February as the textile business is not doing very well. He is concerned about that. Is making trips to South America.

OBJECTIVE: Reviewed sugars with him. The rest of the exam is essentially unremarkable.

ASSESSMENT: Resolving URI with diabetes under better control with E.D. secondary to the diabetes.

PLAN: Renewed the Avandamet 4/500 mg. Viagra 50 mg written. Benicar was also written to help perhaps with his erectile dysfunction. PSA, lipid I, CMP, and Hemoglobin A1C. 11/11/03
WEW/blb

11-23-04 Lisinopril 10mg #30 QD NR, Avandamet 4/500 #100 TBID NR CVS 8804030 — nubTens

Date 12-20-04 Wt. 318 Ht. _____ meds
Temp. _____ BP 130/72 R _____ P. 92 diabetes
Prob ⓛ leg

12-20-2004 **Laurent Britton** 02-082-86W

SUBJECTIVE: Comes in for FU on his medications. He has had a really bad year. His work here in Mt. Pleasant was shifted over to Andrews and in October they were then all laid off without insurance. He got insurance for his wife in July fortunately. His sugars have been running 120 to 130, but he has had to drive so long. He is so frustrated that he has been overeating. He has gained some weight and he knows that that is part of the problem. His left leg has been bothering him a great deal. If he sleeps on the water bed on his left side, the leg seems to go numb. He will awaken with it numb in the morning. He does not have cramping or anything during the day. His back has not been a problem either. He knows that again he needs to sleep on a hard floor and when he does this he does not get numb in the leg. He is now trying to draw unemployment. He is under a lot of stress.

OBJECTIVE: Alert, cooperative, well-developed, well-nourished male. Back reveals full range of motion. The hip and knee are entirely unremarkable on the left hand side. He kind of hyperextends his left knee a little bit which is uncomfortable. There is no inequality in leg length noted. DTRs,

cont.

Laurent Britton
09-04-56

12-20-04

MT. PLEASANT FAMILY PRACTICE

Laurent Britton (continued)
vibratory and light touch are all symmetrical.

ASSESSMENT: Hypertension with diabetes with mild erectile dysfunction.

PLAN: Renewed the Viagra, the Lisinopril 10 mg and the Avandamet. Laboratory work to be obtained. Consider cholesterol medicine. Return back when his situation is better. 6/14/05
WEW/blb

12-22-04 Samples Vytorin 10/20mg X 8 wks - written Rx for Lipid/SGOT in 6-8 wks) WEW/NF

~~3-21-05~~ ERROR

Date NOV 23 2005 Wt 326 Ht _____ meds
Temp _____ BP 152/80 R _____ P 68

11/23/05 Laurent Britton 9/4/56

Subjective: Comes in for follow up on his hypertension, diabetes, obesity, and elevated cholesterol. He's been under a lot of pressure over the last six months in that he lost his job, has been in Washington, DC helping one Hasmat and has been to Louisiana two times for hurricane Katrina. His brother almost died in the hospital and his sister just an aortic valve bypass surgery. He is applying for a job at St. John's fire department as administrative assistant. He's been going to the gym three times a week for the last three weeks swimming on the weekend and has been certified as a dive rescuer. Knows he needs to lose weight and watch his blood pressure much better. Has had blurred vision. Last to the half months but has not checked his sugar. Did have hepatitis A and tetanus updated while in Louisiana.
Objective: HEENT: Ears clear, PERRLA, EOMs intact, fundi negative without evidence of corneal clouding. Throat is negative. Neck is supple without thyromegaly, bruits or masses. Lungs are clear to A&P with normal AP diameter. Cardiovascular regular rhythm without murmur or extra sound. Pulses are two plus. Abdomen is mildly obese without organomegaly masses or tenderness.
Assessment: Visual issues may be related to out-of-control sugar versus age. Relatively well-controlled hypertension with, hyperlipidemia of unknown state.
Plan: Letter written St. John's fire Department for him to be able to do his duties as a fireman. Lipid one profile, CMP, hemoglobin A1c, PSA. Prescription written for Avandament b.i.d. and lisinopril 10 mg q.day.

2/21/06 written Rx for PSA mailed to pt) NF

Date 2/6/07 Wt 314 Ht _____ meds
Temp _____ BP 140/80 R _____ P 72

02/06/07 Laurent Britton 9/4/56

Subjective: comes in after a long absence. He has been trying to do his diet but has had to travel a great deal with his job and as a result of the sugars is not doing as well as they should. He has tried to maintain his weight. He sugars average of 120-127. He did much better on the Avandamet and he has been doing on the Actos plus met but he is not sure that is not the diet and his compliance is a problem. He continues to get cramps in his legs with the left leg being worse than the right. This is especially evident if he does not walk during the day. **Review of Systems:** denies weight loss, malaise, blurred vision, double vision, neck pain, dyspnea, PND, wheezing, exertional chest pain, palpitations, claudication, dysphagia, hematuria, UTI, severe headache, recent history of drug abuse, depression or anxiety. Does have some GERD. **Allergies**: NKDA. **Current medications**: Vytorin 10/20 nightly, Actos plus met 15/500 b.i.d., Viagra 50 mg, lisinopril 10 mg daily. **SHX:** married, works for the hazmat team in the County Of Charleston. Has been doing a lot of traveling to do a lot of the home security type inspections. Does not walk as much as he should. Continues to work with his brother in the Bar-B-Q business on the side. Does not smoke and does not drink.
Objective: alert cooperative well-developed well-nourished male. Vital signs above. HEENT: PERRLA, EOMs intact, fundi negative, ears clear, nose clear without masses, nasal septum straight, throat without adenopathy, exudate, swelling or erythema. Neck: Supple without thyromegaly. No bruits, masses, or adenopathy. Full range of motion. Carotid pulses 2+ and symmetrical. Lungs: Normal AP diameter, clear to A&P. Chest wall without abnormality. CVS: Regular rhythm, without murmur, extra sound, rub or thrill. Negative HJR. Pulses 2+ throughout. ABD: Soft without organomegaly, rebound, masses, or tenderness to palpation or percussion. Normal bowel sounds. No evidence of hernia.

LabCorp
Laboratory Corporation of America

LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230
Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
356-102-0383-0	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: 247-11-1175

FASTING: Y
PHONE: 843-881-6360 DOB: 9/04/1956

PATIENT NAME	SEX	AGE(YR./MOS.)
BRITTON,LAURENT	M	48 / 3

PT. ADD.: 1135 ASTOR DRIVE
MOUNT PLEASANT SC 29464-0000

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
12/21/2004	8:50	12/21/2004	12/22/2004	5:45	7338

CLINICAL INFORMATION
CD- 20121707725

PHYSICIAN ID. WILSON W
PATIENT ID.

ACCOUNT: MT PLEASANT FAMILY PRACTICE
PAPADOPOULOS,WILSON,FELLER
900 Bowman Rd., Suite 203
Mt Pleasant SC 29464-0000
ACCOUNT NUMBER: 39818550

	TEST	RESULT		LIMITS	LAB
	Comp. Metabolic Panel (14)				
>	Glucose, Serum	155 H	mg/dL	65 - 99	BN
	BUN	14	mg/dL	5 - 26	BN
	Creatinine, Serum	1.0	mg/dL	0.5 - 1.5	BN
	BUN/Creatinine Ratio	14		8 - 27	
	Sodium, Serum	143	mmol/L	135 - 148	BN
	Potassium, Serum	4.7	mmol/L	3.5 - 5.5	BN
	Chloride, Serum	101	mmol/L	96 - 109	BN
	Carbon Dioxide, Total	26	mmol/L	20 - 32	BN
	Calcium, Serum	9.7	mg/dL	8.5 - 10.6	BN
	Protein, Total, Serum	6.8	g/dL	6.0 - 8.5	BN
	Albumin, Serum	4.1	g/dL	3.5 - 5.5	BN
	Globulin, Total	2.7	g/dL	1.5 - 4.5	
	A/G Ratio	1.5		1.1 - 2.5	
	Bilirubin, Total	0.7	mg/dL	0.1 - 1.2	BN
	Alkaline Phosphatase, Serum	56	IU/L	25 - 150	BN
	AST (SGOT)	17	IU/L	0 - 40	BN
	ALT (SGPT)	24	IU/L	0 - 40	BN
	Lipid Panel				
>	Cholesterol, Total	213 H	mg/dL	100 - 199	BN
>	Triglycerides	169 H	mg/dL	0 - 149	BN
	HDL Cholesterol	45	mg/dL	40 - 59	BN
	VLDL Cholesterol Cal	34	mg/dL	5 - 40	
>	LDL Cholesterol Calc	134 H	mg/dL	0 - 99	
	Comment				BN

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190

	Hemoglobin A1c				
>	A1c	7.4H	%	4.5 - 5.7	BN
	Please note:				BN

Current guidelines recommend a treatment goal of <7% for diabetic patients.

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230
Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
356-102-0383-0	S	BN	COMPLETE	Page #: 2

ADDITIONAL INFORMATION SS#: 247-11-1175

FASTING: Y
PHONE: 843-881-6360 DOB: 9/04/1956

PATIENT NAME	SEX	AGE(YR./MOS.)
BRITTON,LAURENT	M	48 / 3

PT. ADD.: 1135 ASTOR DRIVE
MOUNT PLEASANT SC 29464-0000

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
12/21/2004	8:50	12/21/2004	12/22/2004	5:45	7338

CLINICAL INFORMATION
CD- 20121707725

PHYSICIAN ID.	PATIENT ID.
WILSON W	

ACCOUNT: MT PLEASANT FAMILY PRACTICE
PAPADOPOULOS,WILSON,FELLER
900 Bowman Rd., Suite 203
Mt Pleasant SC 29464-0000
ACCOUNT NUMBER: 39818550

TEST	RESULT		LIMITS	LAB
Alc may be overestimated in diabetic patients exhibiting poor control and who are also heterozygous or homozygous for HgbS or HgbC. Total glycohemoglobin is a better indicator of diabetic control in patients with these hemoglobin variants.				
Prostate-Specific Ag, Serum				
Prostate-Specific Ag, Serum	0.8	ng/mL	0.0 - 4.0	BN
Beckman (formerly Hybritech) ICMA methodology. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.				
Ambig Abbrev CMP14 Default				BN
A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.				
Ambig Abbrev LP Default				BN
A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.				

LAB: BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

LabCorp Laboratory Corporation of America
LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230
Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
056-102-0003-0	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: 247-11-1175

FASTING: Y
PHONE: 843-881-6360 DOB: 9/04/1956

PATIENT NAME	SEX	AGE(YR./MOS.)
BRITTON,LAURENT	M	48 / 5

PT. ADD.: 1135 ASTOR DRIVE
MOUNT PLEASANT SC 29464-0000

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
2/25/2005	8:04	2/25/2005	2/26/2005	5:43	7979

CLINICAL INFORMATION
CD- 20121710256

PHYSICIAN ID.	PATIENT ID.
WILSON W	

ACCOUNT: MT PLEASANT FAMILY PRACTICE
PAPADOPOULOS,WILSON,FELLER
900 Bowman Rd., Suite 203
Mt Pleasant SC 29464-0000
ACCOUNT NUMBER: 39818550

TEST	RESULT		LIMITS	LAB
Lipid Panel				
Cholesterol, Total	147	mg/dL	100 - 199	BN
Triglycerides	92	mg/dL	0 - 149	BN
HDL Cholesterol	44	mg/dL	40 - 59	BN
VLDL Cholesterol Cal	18	mg/dL	5 - 40	
LDL Cholesterol Calc	85	mg/dL	0 - 99	
AST (SGOT)	16	IU/L	0 - 40	BN
Ambig Abbrev LP Default				BN

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

2/28/05

LabCorp Laboratory Corporation of America
LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230
Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
056-102-0003-0	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: 247-11-1175

FASTING: Y
PHONE: 843-881-6360 DOB: 9/04/1956

PATIENT NAME	SEX	AGE(YR./MOS.)
BRITTON,LAURENT	M	48 / 5

PT. ADD.: 1135 ASTOR DRIVE
MOUNT PLEASANT SC 29464-0000

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
2/25/2005	8:04	2/25/2005	2/26/2005	5:43	7979

CLINICAL INFORMATION
CD- 20121710256

PHYSICIAN ID.	PATIENT ID.
WILSON W	

ACCOUNT: MT PLEASANT FAMILY PRACTICE
PAPADOPOULOS,WILSON,FELLER
900 Bowman Rd., Suite 203
Mt Pleasant SC 29464-0000
ACCOUNT NUMBER: 39818550

TEST	RESULT		LIMITS	LAB
Lipid Panel				
Cholesterol, Total	147	mg/dL	100 - 199	BN
Triglycerides	92	mg/dL	0 - 149	BN
HDL Cholesterol	44	mg/dL	40 - 59	BN
VLDL Cholesterol Cal	18	mg/dL	5 - 40	
LDL Cholesterol Calc	85	mg/dL	0 - 99	
AST (SGOT)	16	IU/L	0 - 40	BN
Ambig Abbrev LP Default				BN

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

LAB: BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

2/28/05

LabCorp
Laboratory Corporation of America
LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230
Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
076-102-0359-0	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: 247-11-1175

FASTING: N
PHONE: 843-881-6360 DOB: 9/04/1956

PATIENT NAME	SEX	AGE(YR./MOS.)
BRITTON,LAURENT	M	49 / 6

PT. ADD.: 1135 ASTOR DRIVE
Mount Pleasant SC 29464-0000

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
3/17/2006	10:11	3/17/2006	3/20/2006	5:38	2282

CLINICAL INFORMATION
CD- 20121725650

PHYSICIAN ID. PATIENT ID.
WILSON W

ACCOUNT: Mt Pleasant Family Practice
Papadopoulos,Wilson,Feller
900 Bowman Road Suite 203
Mt Pleasant SC 29464-0000
ACCOUNT NUMBER: 39818550

TEST	RESULT		LIMITS	LAB
Prostate-Specific Ag, Serum				
Prostate-Specific Ag, Serum	0.8	ng/mL	0.0 - 4.0	BN

Beckman (formerly Hybritech) ICMA methodology. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

3/20/06

LabCorp
Laboratory Corporation of America

LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
076-102-0359-0	S	BN	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: 247-11-1175

FASTING: N
PHONE: 843-881-6360 DOB: 9/04/1956

PATIENT NAME	SEX	AGE(YR./MOS.)
BRITTON,LAURENT	M	49 / 6

PT. ADD.: 1135 ASTOR DRIVE
Mount Pleasant SC 29464-0000

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
3/17/2006	10:11	3/17/2006	3/20/2006	5:38	2282

CLINICAL INFORMATION
CD- 20121725650

PHYSICIAN ID. PATIENT ID.
WILSON W

ACCOUNT: Mt Pleasant Family Practice
Papadopoulos,Wilson,Feller
900 Bowman Road Suite 203
Mt Pleasant SC 29464-0000

ACCOUNT NUMBER: 39818550

TEST	RESULT		LIMITS	LAB
Prostate-Specific Ag, Serum				
Prostate-Specific Ag, Serum	0.8	ng/mL	0.0 - 4.0	BN

Beckman (formerly Hybritech) ICMA methodology. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

LAB: BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

V 3/20/06

VASCULAR SCREENING SUMMARY

NAME: Laurent Britton DATE: 6-5-07

*Notice to the physician: The test performed here is only a screening tool and is not in any way intended to be a comprehensive exam. Any change in blood flow or abnormalities should be diagnosed with additional comprehensive testing.

ABDOMINAL AORTIC ANEURYSM SCREENING

_____ No Aneurysm
_____ No Aneurysm (limited visibility due to overlying gas)
_____ Aneurysm
Measurement of largest portion of aorta _____ cm

*Technologist's note to physician: _____

Tech _____ Date _____

( ) Comprehensive evaluation by your Medical Physician suggested ☑ Not tested

CAROTID ARTERY SCREENING

RT	LT	% STENOSIS	
(✓)	(✓)		NONE - no plaque is visualized
( )	( )	15-39%	MILD - some plaque is visualized, but of no hemodynamic significance
( )	( )	40-59%	MODERATE - moderate amount of plaque visualized causing some hemodynamic change (Suggested re-evaluation in about 1 year).
( )	( )	60-79%	SEVERE - excessive amount of plaque is visualized with hemodynamic change (Evaluation suggested).
( )	( )	80+%	CRITICAL - excessive amount of plaque is visualized with hemodynamic change (Evaluation suggested).

.80 Rt MICA/MCCA .69 Lt MICA/MCCA

*Technologist's note to physician: _____

Tech _____ Date 6/5/07

(✓) Normal
( ) Findings do NOT indicate significant carotid obstruction, but still abnormal
( ) Abnormal study - comprehensive evaluation by your Medical Physician suggested ☐ Not tested

ANKLE-BRACHIAL INDEX (ABI)

RT
_____ Ankle Systolic Pressure
_____ Brachial Systolic Pressure
RT ABI _____

LT
_____ Ankle Systolic Pressure
_____ Brachial Systolic Pressure
LT ABI _____

Tech _____ Date _____

( ) No significant obstruction to flow
( ) Abnormal study - comprehensive evaluation by your Medical Physician suggested ☑ Not tested

THYROID ULTRASOUND SCREENING

RT
Right Lobe Size 1.56 cm x .40 cm
_____ cm
Nodules Present (Right Lobe) Yes / (No)
Size of Nodule(s) _____ cm x _____ cm
Tech _____

LT
Left Lobe Size 1.35 cm
Nodules Present (Left Lobe) Yes / (No)
Size of Nodule(s) _____ cm x _____ cm
Date 6-5-07

(✓) Normal ultrasound screening
( ) Abnormal study – comprehensive evaluation by your Medical Physician suggested ☐ Not tested

The Doctors Center

Physician's Signature: _____

Laurent Britton
9-04-56

MT. PLEASANT FAMILY PRACTICE

Laurent Britton

(cont) 2/6/07

Assessment: probable out-of-control diabetes, stable hypertension, obesity, GERD.
Plan: renewed lisinopril 10 mg daily #30 RF X11. Lab slip for him to obtain hemoglobin A1c, lipid one profile, PSA, CMP, CBC in about 5 months. He is to continue the Actos plus met until it runs out and then will switch over to the Avandia 4/500 b.i.d. until he returns for his office visit. To schedule physical in 6 months. WEW

AUG 13 2007
Date _____ Wt 310 Ht _____ diabetes
Temp _____ BP 140/86 R _____ P 60

8/13/07 Laurent Britton 9/4/56

Subjective: comes in with a number of issues. His diabetes has been definitely out of control since the death of his mother. He has been named executor of the estate is having to deal with an awful lot of issues. He has not been exercising, not been on his diet, and has been gaining weight. His blood sugars in the morning are usually 360 and in the afternoon they're often 200 or greater. He has been noticing he's been much weaker in his arms recently. He and his wife are getting ready to join a gym and really start on a low carbohydrate diet. A his left arm is also been somewhat numb and all that came about when he was coming back from a trip with his ~~tongue~~ ATM on the side of his jeep. He underwent a physical through work and brings in the laboratory data along with pulmonary function studies et cetera. He knows he is loosing hearing. He also brings in a form for his CDL license. He needs it filled out to drive the fire trucks. He really doesn't know what he can do and what he cannot do. The Avandamet does not seem to be helping him too much.
Objective: alert cooperative male. Vital signs above. Reviewed his sugars with him. Went over all the laboratory work that he brought in.
Assessment: moderate obesity, diabetes mellitus, hypertension, mildly out of control, decreased hearing, moderate stress hypertriglyceridemia
Plan: samples of Avandamet 2/500 given for him to take two in the morning and two in the evening, Januvia 100 mg each morning as well. He is to stick on a very strict diet, go to the gym, monitor his sugars, RTO in 3 weeks for suggestions. WEW

SEP 06 2007
Date _____ Wt _____ Ht _____ F/up
Temp _____ BP 144/80 R _____ P 64

9/6/07 Laurent Britton 9/4/56

Subjective: comes in for follow-up on his diabetes which has been doing better since he was begun on the Januvia. He is currently taking Avandamet 2/500 2 tablets in the morning and 2 in the evening. He has tried to stick to the diet and has gone to the gym a few times. Knows he needs to do better but his life has been very hectic for him. He sugars initially were in the 275 or greater range and now he's not had a sugar over 296 in the last two weeks. The only time it was greater than 194 was when he had his birthday party. He is going to try to do better.
Objective: reviewed the lab work with him. Also went over his noninvasive vascular lab studies.
Assessment: moderate improvement in diabetes with diet and medication.
Plan: 15 minute discussion with him concerning his alternatives and he has decided he does not want to use insulin. We will change his medication to Avandamet 4/1000 b.i.d., Januvamet 50/500 b.i.d. Samples and prescription written. RTO 4 weeks. WEW

Laurent Britton
9/04/56

MT. PLEASANT FAMILY PRACTICE

DATE OCT 0 4 2007 WT. _____ HT. _____ F/up

TEMP. _____ BP 122/70 R _____ P 84

10/4/07 Laurent Britton 9/4/56

Subjective: comes back in for follow-up on his diabetes. Brings in his chart. He sugars were getting much better until he attended a conference for one week out of town and he was unable to stay on the diet. The Januvamet with the Avandamet seems to help quite little bit. He does have some difficulty with the Januvamet with relationship to evacuation of his bowels. A he is currently going to the gym 3 times a week and this helps. He does eat late in the evening time.
Objective: alert cooperative male. Vital signs above. Reviewed the sugars with him.
Assessment: improvement in control of type 2 diabetes.
Plan: continue Januvamet 50/500 b.i.d. with Avandamet 4/1000 in the morning along with his other medicines. Close adherence to diet. To call back the end of the month and if doing better will change to Januvia 100 mg along with the Avandamet. WEW

2-13-08
97.5 150/80 80 Cong.

2/13/08 Laurent Britton 9/4/56

Subjective: comes in with a severe cough which keeping him up at night. Sunday of the Super Bowl began to develop a sore throat and beginning the next day he stayed on the couch for 5 days with high fever, green nasal discharge, body ache, minimal appetite, severe coughing, and ate very little. He sugars have continued to get worse however he has not checked on a number of days. He needs his lisinopril and his Vytorin renewed. **Allergies**: NKDA. **Current medications**: Vytorin 10/20 nightly, lisinopril 10 mg daily, Actos + met 15/500 b.i.d., Tylenol, Motrin. He states his sugars in the morning are gently 140-160 and just before supper the sugars are approximately 102.
Objective: Moderately obese white male who is afebrile. Vital signs above. HEENT: Ears clear, nose boggy, throat without exudate, adenopathy, erythema, tenderness. There is some tenderness to palpation over the maxillary sinuses. Neck: Supple without thyromegaly. No bruits, masses, or adenopathy. Full range of motion. Carotid pulses 2+ and symmetrical. Lungs: Normal AP diameter, clear to A&P. Chest wall without abnormality.
Assessment: sinusitis with cough.
Plan: Levaquin 750 mg each day, Tussionex 2 ounces. WEW

JAN 2 2 2009

Date _____ Wt 326 Ht _____ meds

Temp _____ BP 160/80 R _____ P 80

1/22/09 Laurent Britton 9/4/56

Subjective: comes in for follow-up on his diabetes, hypertension, cholesterol. Over the holidays he's not been at the gym at all since Thanksgiving, has been off his diet but has been taking his medications on a regular basis however. He knows he needs to get back into the gym and to start back on his diet. He sugars in the morning may be much higher than those in the evening time and occasionally will awaken at night in a cold sweat. Has not checked his sugars when this happens.
SHX: his sister-in-law with her twin daughters aged 10 and 16-year-old daughter has moved in with him and his wife. He raised one boy and he steadily not used to having so many females in the house and it really has been getting on his nerves. In addition when he was called up for the hurricane preparedness it became apparent that the extra metformin at times would cause him to have diarrhea and he was unable at times to get to a qualified bathroom. Since the death of his mother his brother and he oh a core a lot on Johns island and since his brother has very little money is being pressured to try and sell it or to convert it into a restaurant as soon as possible. The far department is also been a source of stress as well. **Allergies**: NKDA. **Current medications**: lisinopril 10 mg q. day, Viagra 100 mg p.r.n., Vytorin 10/20 q.h.s., Avandamet 4/1000 b.i.d., Janumet 50/500 b.i.d.
Objective: alert cooperative male. Vital signs above. Long discussion with him concerning the importance of his sugar control.
Assessment: out-of-control diabetes, hypertension, weight et cetera.
Plan: discussed with him the possible use of Byetta which he declines. Change to Actos + met 15/850 b.i.d., continue the other medications. RTO 3 months after dietary and gym compliance. WEW

SCANNED

SPECTRUM LABORATORY NETWORK REPORT

08/08/2008 Lab Report 1-888-664-7601 07:52

SPECTRUM LABORATORY NETWORK

Spectrum Laboratory Network
4380 Federal Drive
Greensboro, NC 2[illegible]
1-888-664-7601

Order Status: Final

ACCOUNT NUMBER	ACCESSION #
442239	N822059907
PATIENT NAME	ROOM #
BRITTON,LAURENT	
PATIENT ID # / D.O.B. / AGE / GENDER	
247111175 09/04/1956 51 Years Male	
PATIENT PHONE #	CHART #
N/A	
REFERRING PHYSICIAN	
Weissglass,Barry	
CLIENT REF. #	ORDERED
4422390013272	08/07/2008 12:21
RECEIVED	REPORTED
08/08/2008 03:25	08/08/2008 06:26

Carolina Center for Occupational Health
4600 Goer Drive
Suite 205
North Charleston, SC 29406

TEST | RESULTS | WITHIN RANGE / OUT OF RANGE | REFERENCE RANGE | UNITS

CP843 Executive Panel One (S2239); PSA

Result Name	Normal	Abnormal	Limits	Lab
CP843 Executive Panel One (S2239)				
FASTING				
WBC	6.4		4.0-10.5 K/uL	SLN
RBC	4.33		4.22-5.81 MIL/uL	SLN
Hemoglobin	13.3		13.0-17.0 g/dL	SLN
Hematocrit	40.8		39.0-52.0 %	SLN
MCV	94.2		78.0-100.0 fL	SLN
MCHC	32.6		30.0-36.0 g/dL	SLN
RDW		**14.2 H**	**11.5-14.0 %**	**SLN**
Platelet Count	284		150-400 K/uL	SLN
Granulocyte %	55		43-77 %	SLN
Absolute Gran	3.5		1.7-7.7 K/uL	SLN
Lymph %	33		12-46 %	SLN
Absolute Lymph	2.1		0.7-3.3 K/uL	SLN
Mono %	8		3-11 %	SLN
Absolute Mono	0.5		0.2-0.7 K/uL	SLN
Eos %	3		0-5 %	SLN
Absolute Eos	0.2		0.0-0.7 K/uL	SLN
Baso %	1		0-1 %	SLN
Absolute Baso	0.0		0.0-0.1 K/uL	SLN
Sodium	143		135-145 mEq/L	SLN
Potassium	4.4		3.5-5.3 mEq/L	SLN
Chloride	106		96-112 mEq/L	SLN
CO2	23		19-32 mEq/L	SLN
Glucose, Fasting		**198 H**	**70-99 mg/dL**	**SLN**
BUN	14		6-23 mg/dL	SLN
Creatinine	0.88		0.40-1.50 mg/dL	SLN
Bilirubin, Total	0.9		0.3-1.2 mg/dL	SLN
Alkaline Phosphatase	47		39-117 U/L	SLN
AST/SGOT	17		0-37 U/L	SLN
ALT/SGPT	20		0-53 U/L	SLN
Total Protein	6.3		6.0-8.3 g/dL	SLN
Albumin	4.0		3.5-5.2 g/dL	SLN
Calcium		**8.2 L**	**8.4-10.5 mg/dL**	**SLN**
Cholesterol	114		0-200 mg/dL	SLN
ATP III Classification:				

SPECTRUM LABORATORY NETWORK REPORT

08/08/2008 Lab Report 1-888-664-7601 07:52

SPECTRUM LABORATORY NETWORK

Spectrum Laboratory Network
4380 Federal Drive
Greensboro, NC 27410
1-888-664-7601

Order Status: Final

ACCOUNT NUMBER	ACCESSION #
442239	N822059907
PATIENT NAME	ROOM #
BRITTON,LAURENT	
PATIENT ID # / D.O.B. / AGE / GENDER	
247111175 09/04/1956 51 Years Male	
PATIENT PHONE #	CHART #
N/A	
REFERRING PHYSICIAN	
Weissglass,Barry	
CLIENT REF. #	ORDERED
4422390013272	08/07/2008 12:21
RECEIVED	REPORTED
08/08/2008 03:25	08/08/2008 06:26

Carolina Center for Occupational Health
4600 Goer Drive
Suite 205
North Charleston, SC 29406

TEST	RESULTS WITHIN RANGE / OUT OF RANGE	REFERENCE RANGE	UNITS

CP843 Executive Panel One (S2239); PSA

Result Name			Normal / Abnormal	Limits	Lab
	< 200	mg/dL	Desirable		
	200 - 239	mg/dL	Borderline High		
	>= 240	mg/dL	High		
Triglyceride			136	<150 mg/dL	SLN
HDL Cholesterol			40	>39 mg/dL	SLN
Total Chol/HDL Ratio			2.9	Ratio	SLN
VLDL Cholesterol (Calc)			27	0-40 mg/dL	SLN
LDL Cholesterol (Calc)			47	0-99 mg/dL	SLN

Total Cholesterol/HDL Ratio:CHD Risk
Coronary Heart Disease Risk Table

	Men	Women
1/2 Average Risk	3.4	3.3
Average Risk	5.0	4.4
2 X Average Risk	9.6	7.1
3 X Average Risk	23.4	11.0

Use the calculated Patient Ratio above and the CHD Risk table to determine the patient's CHD Risk.

ATP III Classification (LDL):

< 100	mg/dL	Optimal
100 - 129	mg/dL	Near or Above Optimal
130 - 159	mg/dL	Borderline High
160 - 189	mg/dL	High
> 190	mg/dL	Very High

TSH		1.504	0.350-5.500 uIU/mL	SLN
Test methodology is 3rd generation TSH				
PSA		0.70	0.10-4.00 ng/mL	SLN
Test Methodology: Hybritech PSA				

Legend:

SLN---------->

McCUE
CUBA CLINICAL

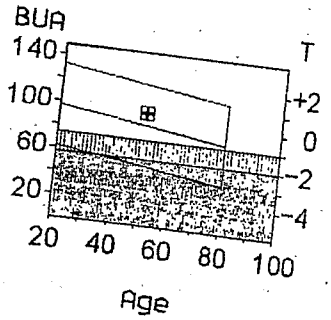
Date: Aug-07-2008
Time: 7:01

Serial No. 04090116

Patient ID: 0

Sex: Male
Age: 51
Site: Left

BUA: 97
%Expected: 113%
T-Score: +0.44
Z-Score: +0.63



The Doctors Center
HEALTH SERVICES

Individual Vision Testing Record

Patient Name: Laurent W Britton **Last 4 of SS#:** 1175

Date of Birth: 9 / 4 / 52 **Date of Test:** 8 / 7 / 2008

Eye(s) Tested	Corrected Acuity	Uncorrected Acuity
Right (Near)	20 /	20 /
Right (Far)	20 /	20 / 13-1
Left (Near)	20 /	20 /
Left (Far)	20 /	20 / 20-1
Both (Near)	20 /	20 /
Both (Far)	20 / [illegible]	20 / 13

Eye(s) Tested	Peripheral Field of View		
Right	55°	70°	85°
Left	55°	70°	85°

Can the patient distinguish between green, yellow, red, and amber colors? Yes / No

Technician Name: _____ **Signature:** _____

Individual Osteoporosis Screening

Foot: (L) R Tu Score: 0.44

(X) Average Bone Density
( ) Risk of Osteoporitic Fracture
( ) Inconclusive
( ) Below Average Bone Density
☐ **Not tested**

Tech [signature] **Date** 8-7-08

Laurent Britton
9/04/56

MT. PLEASANT FAMILY PRACTICE

DATE APR 2 3 2009 WT. HT.

TEMP. BP R P

CANCELLED

APR 2 7 2009

Date Wt 312 Ht 4/4 meds.

Temp BP 142/70 R P

FreeStyle Lite

4/27/09 Laurent Britton 9/4/56

Subjective: comes in for follow-up on his diabetes since discuss his medications. His wife just lost her job and he will try to try medicines that are less expensive if possible. Does not want to jeopardize his health for the sake of saving money. The hazmat team that he is a member of may be transferred to Texas to the border with the outbreak of the swine flu. Has not lost any weight, has not been able exercise do to his severe schedule, had the flu for 3 days requiring the use of Tamiflu which partially corrected. 3 weeks ago was in Dallas and cause severe respiratory infection and was given Levaquin, Mucinex and benzoate. Needs to have his lungs listened to. Pharmacist stated that he felt he was getting too much metformin. Blood sugar has been higher recently. Wonders whether he been on the Avandia long enough for problems. **Allergies**: NKDA. **Current medications**: Janumet 50/500 b.i.d., Actos + met 15/500 b.i.d, lisinopril 10 mg q. day, Viagra 50 mg p.r.n., Vytorin 10/20 q.h.s.
Objective: alert cooperative well-developed well-nourished male. Vital signs above. Neck: Supple without thyromegaly. No bruits, masses, or adenopathy. Full range of motion. Carotid pulses 2+ and symmetrical. Lungs: Normal AP diameter, clear to A&P. Chest wall without abnormality. CVS: Regular rhythm, without murmur, extra sound, rub or thrill. Negative HJR. Pulses 2+ throughout. Reviewed his sugars.
Assessment: out-of-control diabetes, diarrhea secondary to flu and metformin. 2000 mg metformin not too much medication.
Plan: FreeStyle light beer given, strips given, ask him to stick to the diet as best he can. After a long discussion he elected to stay on the Actos plus met plus the Avandamet. If in one month he still not doing very well then he has elected to switch to a different type of medication. RTO 3 months. WEW

NOV 1 8 2009

Date Wt Ht arms

Temp BP 130/88 R P 84

11/18/09 Laurent Britton 9/4/56

Subjective: 2 weeks ago was throwing a ball and his right shoulder hurts so much she saw stars and almost blacked out. Both shoulders have been bothering him but this is the worst it's ever been. Unable to reach behind him or to swing a golf club or do anything since that . Diabetes is not doing well because he cannot concentrate on the diet, multiple things going on in the County, wife is been laid off, lots of stress. **Allergies**: NKDA. **Current medications**: Janumet 50/500 b.i.d., Actos plus met 15/500 b.i.d., lisinopril 10 mg q. day, Viagra 50 mg p.r.n., Vytorin 10/20 q.h.s.
Objective: alert cooperative well-developed well-nourished male. Vital signs above. Right shoulder without tenderness to palpation, flexion. extension or abduction. Reaching behind him or reaching across elicits fairly significant pain in the shoulder as does rotation.
Assessment: rotator cuff injury.
Plan: referral to Dr. James Price or Dr. John Graham. MRI of the right shoulder. A copy to Dr. Price. WEW

NOV 0 1 2010 Wt 309½ 72

Temp BP 150/80 R P 80 BP 150/75

SCANNED

SPECTRUM LABORATORY NETWORK REPORT

06/22/2010 Lab Report 1-888-664-7601 11:17

SPECTRUM LABORATORY NETWORK

Spectrum Laboratory Network
4380 Federal Drive
Greensboro, NC 27410
1-888-664-7601

Order Status: Final

ACCOUNT NUMBER	ACCESSION #
442239	N017262712
PATIENT NAME	ROOM #
BRITTON,LAURENT	
PATIENT ID # D.O.B.	AGE GENDER
247111175 09/04/1956	53 Years Male
PATIENT PHONE #	CHART #
N/A	
REFERRING PHYSICIAN	
Weissglass,Barry	
CLIENT REF. #	ORDERED
4422390016970	06/21/2010 12:07
RECEIVED	REPORTED
06/22/2010 02:50	06/22/2010 11:00

Carolina Center for Occupational Health
4600 Goer Drive
Suite 205
North Charleston, SC 29406

TEST	RESULTS	WITHIN RANGE	OUT OF RANGE	REFERENCE RANGE	UNITS

CP3802 - Wellness Panel

Result Name	Normal	Abnormal	Limits	Lab
CP3802 - Wellness Panel				
WBC	7.4		4.0-10.5 K/uL	SLN
RBC	4.84		4.22-5.81 MIL/uL	SLN
Hemoglobin	14.8		13.0-17.0 g/dL	SLN
Hematocrit	44.5		39.0-52.0 %	SLN
MCV	91.9		78.0-100.0 fL	SLN
MCHC	33.3		30.0-36.0 g/dL	SLN
RDW	14.0		11.5-15.5 %	SLN
Platelet Count	298		150-400 K/uL	SLN
Sodium	138		135-145 mEq/L	SLN
Potassium	4.8		3.5-5.3 mEq/L	SLN
Chloride	102		96-112 mEq/L	SLN
CO2	21		19-32 mEq/L	SLN
Glucose		**321 H**	**70-99 mg/dL**	**SLN**
BUN	20		6-23 mg/dL	SLN
Creatinine	0.95		0.40-1.50 mg/dL	SLN
Bilirubin, Total	1.1		0.3-1.2 mg/dL	SLN
Alkaline Phosphatase	65		39-117 U/L	SLN
AST/SGOT	13		0-37 U/L	SLN
ALT/SGPT	19		0-53 U/L	SLN
Total Protein	6.5		6.0-8.3 g/dL	SLN
Albumin	4.4		3.5-5.2 g/dL	SLN
Calcium	9.3		8.4-10.5 mg/dL	SLN
Cholesterol	124		0-200 mg/dL	SLN
ATP III Classification:				
< 200 mg/dL	Desirable			
200 - 239 mg/dL	Borderline High			
>= 240 mg/dL	High			
Triglyceride	127		<150 mg/dL	SLN
HDL Cholesterol	46		>39 mg/dL	SLN
Total Chol/HDL Ratio	2.7		Ratio	SLN
VLDL Cholesterol (Calc)	25		0-40 mg/dL	SLN
LDL Cholesterol (Calc)	53		0-99 mg/dL	SLN

Total Cholesterol/HDL Ratio:CHD Risk

SCANNED

188 P24

SPECTRUM LABORATORY NETWORK REPORT

06/22/2010 Lab Report 1-888-664-7601 11:17

SPECTRUM LABORATORY NETWORK

Spectrum Laboratory Network
4380 Federal Drive
Greensboro, NC 27410
1-888-664-7601

Order Status: Final

ACCOUNT NUMBER	ACCESSION #
442239	N017262712

PATIENT NAME: BRITTON,LAURENT ROOM #

PATIENT ID #	D.O.B.	AGE	GENDER
247111175	09/04/1956	53 Years	Male

PATIENT PHONE #	CHART #
N/A	

REFERRING PHYSICIAN: Weissglass,Barry

CLIENT REF. #	ORDERED
4422390016970	06/21/2010 12:07

RECEIVED	REPORTED
06/22/2010 02:50	06/22/2010 11:00

Carolina Center for Occupational Health
4600 Goer Drive
Suite 205
North Charleston, SC 29406

TEST	RESULTS WITHIN RANGE	RESULTS OUT OF RANGE	REFERENCE RANGE	UNITS

CP3802 - Wellness Panel

Result Name	Normal	Abnormal	Limits	Lab

Coronary Heart Disease Risk Table

	Men	Women
1/2 Average Risk	3.4	3.3
Average Risk	5.0	4.4
2 X Average Risk	9.6	7.1
3 X Average Risk	23.4	11.0

Use the calculated Patient Ratio above and the CHD Risk table to determine the patient's CHD Risk.

ATP III Classification (LDL):

< 100	mg/dL	Optimal
100 - 129	mg/dL	Near or Above Optimal
130 - 159	mg/dL	Borderline High
160 - 189	mg/dL	High
> 190	mg/dL	Very High

Legend:

SLN----------> Spectrum Laboratory Network - Main
4380 Federal Drive, Suite 100
Greensboro, NC 27410

SCANNED

MT. PLEASANT FAMILY PRACTICE

DATE_____ WT. _____ HT. _____

TEMP. _____ BP _____ R _____ P _____

11/1/10 Laurent Britton 247-11-1175

History of Present Illness: 54-year-old firefighter/EMS worker/constable who comes in for a physical. His diabetes is been doing relatively well, he needs to get his BMI down to 35 in order to go back to Haiti to work. His TB test was negative, he shoulders have been progressively getting worse but now that his wife is back to work he is able to join a gym and is working out. He does need to have his PFTs done for the Cobra test. He knows what he needs to do in order to get back in shape.

Past Medical History: Illnesses: chickenpox, measles, bilateral hernias, type 2 diabetes, hypertension, decreased hearing, Hyperlipidemia, obesity, GERD, hemorrhoids, Presbyacusis.
Surgeries: bilateral herniorrhaphies 1962.
Hospitalizations: surgery only.

Review of Systems:
General: no recent history of fever, weight loss, night sweats, decreased appetite, malaise, or other constitutional symptoms.
Eyes: No recent history of eye pain, double vision, burning, itching, edema, conjunctivitis, or trauma. Presbyacusis
Ears: No recent history of pain, or infection. Bilateral ear hearing loss with some ringing.
Nose: No history of trauma, epistaxis, decreased smell, sores, ulceration.
Mouth: No history active dental problems, ulcers, fractures, TMJ.
Throat: No Recent history of sore throats, infection, swelling, dysphagia.
Neck: no recent history of neck pain, swelling, masses, decreased ROM, trauma. MVA years ago.
Lungs: No recent history of coughing, wheezing, dyspnea, TB, PND, hemotysis, tobacco use.
CVS: no recent history of exertional chest pain, edema, tachycardia, palpitations, abnormal EKG, claudication.
GI: No recent history of nausea, vomiting, diarrhea, constipation, dysphagia, melena, hemoptysis, bloating, pain, trauma. Has GERD if he eats the wrong foods, history of hemorrhoids.
GU: No recent history of renal stones, dysuria, nocturia, urinary frequency, UTI, hematuria, prostatitis or urinary incontinence.
Skin: No recent history of skin rashes, hair changes, abnormal moles, hives, tattoos.
Musculoskeletal: No recent history joint pain, swelling, muscle aches, weakness, fracture, other trauma.
Neuro: No recent history of weakness, tremor, severe headache, convulsions, vertigo, paresthesias, concussion, or trauma.
Psychiatric: No recent history of drug abuse, addictions, dependency, depression, major anxiety, hospitalization, or recent use of psychiatric medications.

Current Medications: Janumet 500/50 b.i.d., Actos + met 15/500 b.i.d., lisinopril 10 mg q.d., Viagra 50 mg p.r.n., Vytorin 10/20 q.h.s., ASA 81 mg q. day.
Allergies: NKDA.

Family Medical History:
Father-died at 67 from asbestosis exposure, CAD with MI in his 60s, CABG at 66 with diabetes.
Mother- died in her 90s, Bell's palsy, shingles, old age.
PGM- died at 100 from old age.
PGF- unknown.
MGM- died in her 60s of rheumatic fever.
MGF- died in his 60s of rheumatic fever.
Brothers-Andy died at 56 from lung cancer. Eric has diabetes, hypertension, and obesity.
Sisters -(1941) MI with CABG at 68 years of age.
Children-Laurent Jr 6 foot 5, 240 pounds, hypertension.

Social History:
Childhood: born and raised Johns Island,
Education: Bishop England high school, C. of C. in business administration and accounting.
Occupation: fireman, EMS, now Hasmat crew.
Marital Status: married in 1983, met her at Kiawah.
Children: Laurent Junior (1985) works for Hutto refrigeration.
Exercise: starting back on The program.
Hobbies: hunting, fishing, teaching first responder course, being outside.
Diet: tries to San his diabetic diet,
Tobacco: never.
Alcohol: 3 beers per week on average.
Seatbelts: always.
Transfusions: never.
Military service: none.
Foreign travel: pleasure and through work.

Continued next page

SCANNED

Laurent Britton
9/04/56

MT. PLEASANT FAMILY PRACTICE

DATE_____ WT._____ HT._____

TEMP._____ BP_____ R_____ P_____

Continued examination Laurent Britton 11/1/10 247-11-1175 9/4/56

Immunizations: DT 2005, hepatitis A 2005, hepatitis B series many years ago.
Procedures: carotid study 6/07.
Specialists: Dr. Don Johnson-orthopedics

PE: BP: 150/80, repeat 150/70 Pulse: 75 WT: 309.5 Ht: 72

GEN: Alert, cooperative, well-developed male in no apparent distress.
HEENT: PERRLA, EOMs intact, fundi benign, ears clear, nose clear without masses, straight septum, throat without adenopathy, exudate, swelling or erythema.
Neck: Supple without thyromegaly, bruits, adenopathy or masses. Full range of motion. Carotid pulses 2+ and symmetrical.
Lungs: Clear to A&P with normal AP diameter.
Chest Wall: Normal male.
CVS: regular rhythm, no murmur, no extra sound, rub or thrill. Negative HJR. Pulses 2+ throughout.
ABD: soft without organomegaly, rebound, masses, tenderness to palpation or percussion. Normal bowel sounds. No evidence of hernia.
Breast: Normal exam for male.
GU: symmetrical testicles without masses, bilaterally descended, scrotum normal. Hemiorrhaphy scars. Rectal exam: normal sphincter tone, symetrical prostrate, non tender, no masses, stool hemocult negative.
EXT: symmetrical extremities as far as length and muscle strength, full range of motion, no varicosities, pulses 2+.
Back: full range of motion, no scoliosis, kyphosis or spasms.
Skin: without tattoos, moles, abnormal lesions.
Neuro: oriented x 3, DTRs 2+ and symmetrical, cranial nerves two through 12 intact, motor strength symmetrical, Romberg negative, gait normal, tandem walk normal, finger-to-nose normal,
Mental status: affect appropriate. Oriented times three.
Lab work: brought in his other lab work which shows fasting glucose 321, cholesterol 124, triglycerides 127, HDL 46, LDL 53, normal LFTs, hemoglobin 14.8, electrolytes normal, creatinine 0.9

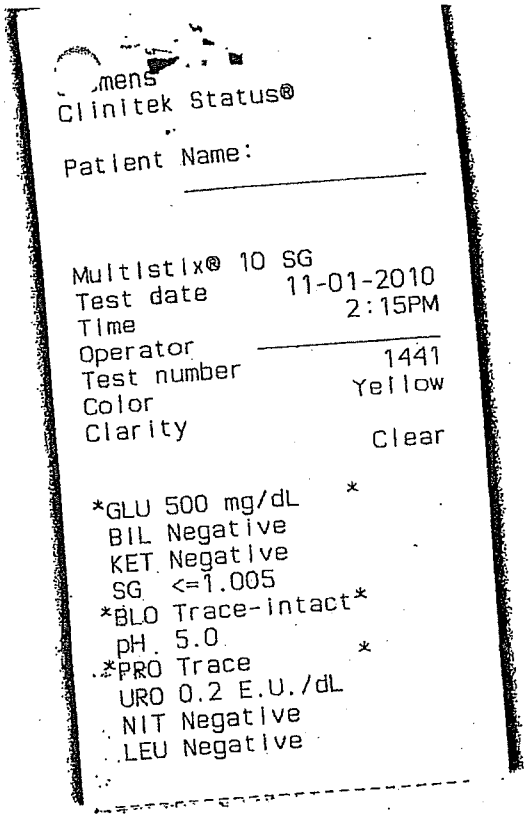
Assessment: moderate obesity, type 2 diabetes, stable hypertension, hypertriglyceridemia.

Plan:
Medications: change to Actos + met 15/500 to one q.a.m. and 2 q.p.m., changed Janumet 5/500 to one each morning, continue all of his other medicines.
Testing: PSA, hemoglobin A1c.
Counseling: encouraged him to really get with the diet, lose weight, return on the pulmonary function study machine is working. Otherwise return back in 3-6 months.
William E Wilson MD

Date: 11/05/2010
Patient: Laurent Britton
DOB: 09/04/1956

Per jean at Medco, Viagra 100mg has been approved for one year and will expire on 11/05/2011. DX: 607.84 Organic ED. TDTMA TDTM A

SCANNED



Siemens
Clinitek Status®

Patient Name:

Multistix® 10 SG
Test date 11-01-2010
Time 2:15PM
Operator
Test number 1441
Color Yellow
Clarity Clear

*GLU 500 mg/dL *
BIL Negative
KET Negative
SG <=1.005
BLO Trace-intact
pH 5.0
*PRO Trace *
URO 0.2 E.U./dL
NIT Negative
LEU Negative

MT. PLEASANT FAMILY PRACTICE

Patient: Larry Britton DOB: _____

	CHEMSTRIP 10	RESULTS
1.	Specific Gravity:	1.005
2.	P.H.:	5.0
3.	Leukocytes:	neg
4.	Nitrite:	neg
5.	Protein:	Trace
6.	Glucose:	500
7.	Ketones:	neg
8.	Urobilinogen:	0.2
9.	Bilirubin:	neg
10.	Blood:	Trace
11.	Hemoglobin:	
12.	Compensation Area:	

Date: 11-1-10 Performed By: L Fellows

SCANNED

Roper St Francis Physicians Lab

Final Copy

4450-A Leeds Place West
North Charleston, SC 29405
Phone: (843)763-2611 Fax: (843)852-4099
Med Director: R. Levern Livingston, MD

Patient:	**BRITTON, LAURENT WAYN**	MRN:	HNE75803731	**Acc #:**	**381083**
Patient #:	PM00001538115	Birth:	9/4/1956	Fasting:	UNKNOWN
Doctor:	WILSON, WILLIAM E	Age:	54 years	Collection Date:	11/4/2010 07:10 NJ
Home Phone	(843)670-0328	Gender:	Male	Received in Lab:	11/4/2010 15:27
Work Phone:	(843)745-2322				

Test Name	Result	Units	Flag	Reference Range
PSA				*Run By: 1 on 11/4/2010 16:52*
PSA	0.8	ng/mL		0.0 - 4.0
Hemoglobin A1c G7				*Run By: 1 on 11/4/2010 18:20*
HGBA1c	11.0	%	**HIGH**	4.0 - 6.0

Reviewed By:_____ Date:_____

B.

Patient Notified Test Results
Date: 11-8-10 Initial: NF
Notes: diabetic diet
mailed to pt/NF

SCANNED

28/2012

Valerie A. Scott, M.D.

urrent Medications

inopril Tablets
torin Tablets
oxycycline (Rosacea) capsules
umet Tablet 50-500 MG 1 tablet Once a day
toplus Met Tablet 15-500 MG 1 tablet 1 tablet in AM
d 2 tablets in PM
igra Tablet 100 MG 1 tablet as needed Once a day, p date 09/20/2012
torin Tablet 10-20 MG TAKE 1 TABLET BY MOUTH ERY DAY FOR CHOLESTEROL
inopril Tablet 10 MG TAKE 1 TABLET BY MOUTH ERY DAY
umet tablet 50/500 TAKE 1 TABLET ONCE A DAY ALLY
dication List reviewed and reconciled with the ient

ctive Problem List

oblem List has not been verified

ast Medical History

betes Type 2
perlipidemia
pertension
ectile dysfunction

urgical History

nies Past Surgical History

amily History

ther: deceased
other: deceased

ocial History

bacco Use:
bacco Use/Smoking
Are you a *nonsmoker*

llergies

K.D.A.

ospitalization/Major Diagnostic ocedure

nies Past Hospitalization

eview of Systems

neral/Constitutional:
Fever denies. Chills denies.

Reason for Appointment

1. WORK IN 15
2. Sore throat---grandson has strep last week

History of Present Illness

Symptom(s):

Started with Sore throat on Tuesday or Wed, right side is more tender, worse when he is eating, present all day, always has a cough dry in nature, developed some runny nose this AM.

Vital Signs

Ht 72, Wt 313.1, BMI 42.46, Temp 98.8, BP 140/80, Pulse Sitting 64, Oxygen sat % 98.

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.
HEAD: normocephalic, atraumatic.
SKIN: no suspicious lesions, warm and dry.
EYES: pupils equal, round, reactive to light.
EARS: normal.
ORAL CAVITY: mucosa moist.
THROAT: clear.
NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.
LUNGS: clear to auscultation bilaterally.

Assessments

1. Pharyngitis - 462 (Primary)

Treatment

1. Pharyngitis

LAB: RAPID STREP (In House)
Result NEG
Brown,Jeanette 01/28/2012 11:36:02 AM EST <

Preventive Medicine

Procedure Codes

87880 STREP A ASSAY W/OPTIC

Follow Up

prn

Val Scott MD

Electronically signed by VALERIE SCOTT , MD,FAAFP on 01/28/2012 at 09:41 PM EST

Sign off status: Completed

Mt Pleasant Family Practice
1400 HOSPITAL DRIVE
MT PLEASANT, SC 29464-3255
Tel: 843-884-1341
Fax: 843-606-8001

Patient: BRITTON, LAURENT WAYNE DOB: 09/04/1956 Progress Note: Valerie A. Scott, M.D. 01/28/2012

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

urrent Medications

xycycline (Rosacea) capsules
umet 50-500 MG Tablet 1 tablet Once a day
gra 100 MG Tablet 1 tablet as needed Once a day, p date 09/20/2012
inopril 10 MG Tablet TAKE 1 TABLET BY MOUTH ERY DAY Once a day
torin 10-20 MG Tablet TAKE 1 TABLET BY MOUTH ERY DAY FOR CHOLESTEROL at bedtime
oplus Met 15-500 MG Tablet 1 tablet 1 tablet in AM 1 2 tablets in PM

st Medical History

betes Type 2
perlipidemia
pertension
ctile dysfunction

rgical History

teral herniorrhaphy 1962

mily History

her: deceased 67 yrs Asbestosis, CAD at 60, CABG at diabetes
ther: deceased 90 yrs Bell's palsy, shingles, old age
ther(s): Andy deceased at 56 of possible lung cancer, D. Eric diabetic, hypertension and obesity
ter(s): unknown 70 yrs Brenda MI and CAD at 68
(s): alive rectal bleeding
ernal Grand Father: Unknown
ernal Grand Mother: deceased 100 yrs Old age
ternal Grand Father: deceased 60s yrs Rheumatic er
ternal Grand Mother: deceased 60s yrs Rheumatic er

cial History

neral:
ld exposure?: yes.
Use of injection drugs?.
ere was patient born?: Johns Island South Carolina.
ed and currently live?: Johns Island South Carolina.
rent and past work?: Fireman, EMS, now Hasmat w.
osure concerns?: yes.
estos exposure?: yes.
ious fumes?: yes.
acco Use:
acco Use/Smoking
re you a *nonsmoker*
ual History:
ual History
Iad sex in the past 12 months (vaginal, oral, or anal)? s
Iave you ever had a Sexually transmitted disease? *No*

lergies

DA

spitalization/Major Diagnostic

Reason for Appointment

1. FOLLOW UP 15

History of Present Illness

Depression Screening:
PHQ-2 In last 2 weeks have you been bothered by
Little interest or pleasure in doing things *No*
Feeling down, depressed, or hopeless *No*
Symptom(s):
c/o Diabetes
The diabetes started *years ago*
The onset of the condition *was progressive, was in adulthood*
The severity of the condition *BS usually 110 if stays on diet, 150 if off the diet*
The nature of the symptoms is *with frequent episodes of hypoglycemia*
Aggravating factors include *increased physical activity, poor adherence to diabetic diet*
Alleviating factors include *adherence to diabetic diet, adherence to medication treatment, increased physical activity, weight loss*
c/o Hypertension
The hypertension has been present *for years*
Onset of the hypertension *has been progressive*
Severity of the hypertension *is mild 140/80*
The nature of the hypertension is *diastolic blood pressure over 90 mm Hg, systolic blood pressure over 140 mm Hg*
Aggravating factors include *emotional stress, weight gain*
Alleviating factors include *calcium channel blockers, weight loss*
new Granddaughter born on 13th, anniversary of sister's death.
Was in Nashville and gained 10 pounds, usually going to the gym for 1 hr with 30 minutes of aerobic and weights. going 3xs per week.

Vital Signs

Ht 72 in, Wt 319.8 lbs, Wt Change 6.7 lb, BMI 43.37, Pulse Sitting 60, BP sitting:154/80.

Examination

General Examination:
GENERAL APPEARANCE: in no acute distress, well developed, well nourished.
HEAD: normocephalic, atraumatic.
EYES: pupils equal, round, reactive to light and accommodation, fundus normal.
EARS: normal.
ORAL CAVITY: mucosa moist.
THROAT: clear.
NECK: neck supple, full range of motion, no cervical lymphadenopathy, , carotid pulse normal.
HEART: no murmurs, rubs, gallops, or thrills, S1, S2 normal.
LUNGS: clear anteriorly and posteriorly.
ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.
SKIN: no suspicious lesions, warm and dry.
EXTREMITIES: full range of motion.
PERIPHERAL PULSES: normal.
NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities,

ocedure
nies Past Hospitalization

sensory exam intact.
FOOT EXAM: warm with good capillary refill, intact light touch and vibratory sensation, good footcare.

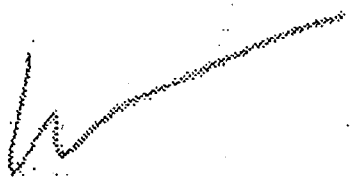
Assessments
1. Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled - 250.00 (Primary)
2. Hyperlipidemia - 272.4
3. Hypertension - 401.9

Treatment
1. Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled
Start Kombiglyze XR Tablet Extended Release 24 Hour, 2.5-1000 MG, 1 tablet with evening meal, Orally, Once a day, 30 day(s), 30, Refills 05

2. Hyperlipidemia
Start Atorvastatin Calcium Tablet, 40 MG, 1 tablet, Orally, Once a day, 30 day(s), 30, Refills 05

3. Others
Stop Actoplus Met Tablet, 15-500 MG, 1 tablet, Orally, 1 tablet in AM and 2 tablets in PM
Stop Vytorin Tablet, 10-20 MG, TAKE 1 TABLET BY MOUTH EVERY DAY FOR CHOLESTEROL, Orally, at bedtime
Stop Janumet Tablet, 50-500 MG, 1 tablet, Orally, Once a day

Follow Up
6 Months



Electronically signed by WILLIAM WILSON MD, MD on 05/31/2012 at 08:03 PM EDT

Sign off status: Completed

Mt Pleasant Family Practice
1400 HOSPITAL DRIVE
MT PLEASANT, SC 29464-3255
Tel: 843-884-1341
Fax: 843-606-8001

BRITTON, LAURENT WAYNE

56 Y old Male, DOB: 09/04/1956
Account Number: 0000153811S
1135 ASTOR DRIVE, MT PLEASANT, SC-29464
Home: 843-670-0328
Guarantor: BRITTON, LAURENT WAYNE Insurance: BCBS STATE HEALTH PLAN Payer ID: PAPER
Appointment Facility: Mt Pleasant Family Practice

11/2012

William E. Wilson, M.D.

irrent Medications

kycycline (Rosacea) capsules
mbiglyze XR 2.5-1000 MG Tablet Extended Release Hour 1 tablet with evening meal Once a day
rvastatin Calcium 40 MG Tablet 1 tablet Once a day
umet 50-500 MG Tablet TAKE 1 TABLET ONCE A Y ORALLY
inopril 10 MG Tablet TAKE 1 TABLET BY MOUTH ERY DAY
aryl 4 MG Tablet TAKE 1 TABLET BY MOUTH TH BREAKFAST OR FIRST MAIN MEAL OF THE Y

ist Medical History

betes Type 2
perlipidemia
pertension
ctile dysfunction
esity
creased hearing

irgical History

steral herniorrhaphy 1962

mily History

her: deceased 67 yrs Asbestosis, CAD at 60, CABG at diabetes
ther: deceased 90 yrs Bell's palsy, shingles, old age
ther(s): Andy deceased at 56 of possible lung cancer, D. Eric diabetic, hypertension and obesity
ter(s): unknown 70 yrs Brenda MI and CAD at 68
1(s): alive rectal bleeding
ernal Grand Father: Unknown
ernal Grand Mother: deceased 100 yrs Old age
ternal Grand Father: deceased 60s yrs Rheumatic er
ternal Grand Mother: deceased 60s yrs Rheumatic er

cial History

neral:
ld exposure?: yes.
Use of injection drugs?.
ere was patient born?: Johns Island South Carolina.
ed and currently live?: Johns Island South Carolina.
rrent and past work?: Fireman, EMS, now Hasmat w.
posure concerns?: yes.
estos exposure?: yes.
xious fumes?: yes.
rital and Family status:
rital Status: Married.
ildren: yes.
ployment/School:
ployed: Yes, Charleston County.
bacco Use:
bacco Use/Smoking
re you a *nonsmoker*
bacco Use/Smokeless: Denies .
ual History:

Reason for Appointment

1. FOLLOW UP 15

History of Present Illness

Symptom(s):

56 year old male presents with c/o Diabetes
The diabetes started *years ago*
The onset of the condition *was gradual, was in adulthood*
The severity of the condition *is mild blood sugar is high first of the week, by the end of the week is good.*
The nature of the symptoms is *adequately controlled blood sugars*
Aggravating factors include *missing medication doses, poor adherence to diabetic diet, weight gain*.
Alleviating factors include *adherence to diabetic diet, adherence to medication treatment, increased physical activity, weight loss*
Medication(s) include *metformin*
Prior testing include *a chemistry profile*
An HgBA1C *was less than 7%*
Overall condition *is stable*

c/o Elevated cholesterol
Aggravating factors include *family history of elevated cholesterol*
The cholesterol has been elevated *for years*
The elevation of cholesterol *was noted on a screening test*
Severity of the elevated cholesterol *is moderate*
The nature of the elevated cholesterol is *LDL-C greater than 100 mg/dl*
Alleviating factors include *diet*
Associated symptoms include *hypertension*
Overall condition *is stable*

c/o Hypertension
The hypertension has been present *for years*
Onset of the hypertension *has been progressive*
Severity of the hypertension *is mild*
The nature of the hypertension is *diastolic blood pressure over 90 mm Hg, systolic blood pressure over 140 mm Hg*

I am losing weight, I am able to control monday-friday, eating lots more vegtables and fruits, my potassium was high. Now yogurt in the am, salad for lunch, balanced supper. On the weekends less, doing the elipical 2 miles in 30 minutes, feeling much better. keeping the calory intake 1500 cal/ day.

Blood work showed high sugar, potassium was high, cholesterol was better.

Vital Signs

Ht 72 in, Wt 291.5 lbs, Wt Change -28.3 lb, BMI 39.53, Pulse Sitting 72, BP 130/80 mm Hg.

Examination

General Examination:

GENERAL APPEARANCE: well developed, well nourished, Patient is alert and oriented X 3. No acute distress. Appropriate affect..

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light, sclera non-icteric, extraocular

xual History
Had sex in the past 12 months (vaginal, oral, or anal)? *s*
Have you ever had a Sexually transmitted disease? *No*
ugs/Alcohol:
ugs: Denies .
ohol Screen: Denies
Did you have a drink containing alcohol in the past ar? *No*
Points *0*
nterpretation *Negative*
scellaneous:
ffeine: yes, frequency:.
et: yes.
ucation: secondary.
xuality: hetrosexual.
ildren: yes.
mmunity involvements: yes.
Domestic violence.
ercise: yes, 3-4 times per week, aerobics, ightlifting.
me smoke detector use: yes.
using: owning.
Legal problems.
ing with: spouse.
rital status: married.
tural support system: yes.
cupation: employed.
Sexual abuse.
xually active: yes.
avel outside of the United States: yes.
Verbal abuse.

llergies
DA

ospitalization/Major Diagnostic rocedure
gery

eview of Systems
neral/Constitutional:
Patient denies fevers, shakes or chills, night eats, fatigue, sleep disturbance, headache.

hthalmologic:
Patient denies blurred vision, flashes of light the visual field, floaters in the visual field, scharge, eye pain. need
sses Admits, readers. Admits Eye
am, uptodate.
T:
Patient denies decreased hearing, decreased nse of smell, ear pain, nosebleed, ringing in e ears, sinus pain, difficulty swallowing, ollen glands, dental problems.
docrine:
Patient denies difficulty sleeping, excessive irst, frequent urination, .
spiratory:
Patient denies cough, wheezing, hemoptysis, utum production, TB exposure, sleep nea, asthma,.
rdiovascular:
Patient denies chest pain at rest, chest pain th exertion, claudication, dyspnea on ertion, fluid accumulation in the legs, egular heartbeat, palpitations.
strointestinal:
Patient denies abdominal pain, change in wel habits, heartburn, rectal bleeding, ight loss, difficulty swallowing, exposure

movement intact (EOMI), fundus normal.
EARS: tympanic membrane intact, clear B/L.
ORAL CAVITY: mucosa moist, no lesio
THROAT: clear, no erythema.
NECK: neck supple, no carotid bruit, no jugular venous distention, no lymphadenopathy, thyroid normal.
HEART: S1, S2 normal, regular rate and rhythm, no murmurs, rubs, gallops.
LUNGS: clear to auscultation bilaterally.
ABDOMEN: soft, nontender, nondistended, BS positive, no hepatosplenomegaly.
SKIN: no rashes noted.
EXTREMITIES: no edema, clubbing or cyanosis.
PERIPHERAL PULSES: normal.
NEUROLOGIC: alert and oriented, cranial nerves 2-12 grossly intact, motor strength normal upper and lower extremities, gait normal, deep tendon reflexes 2+ symmetrical.
FOOT EXAM: warm with good capillary refill, intact light touch and vibratory sensation.

Assessments
1. Diabetes II w/o comp - 250.00 (Primary)
2. Erectile Dysfunction - 607.84
3. Hyperlipidemia - 272.4
4. Hypertension - 401.9

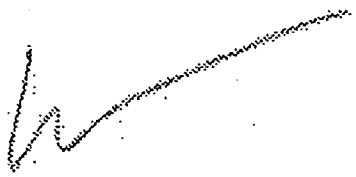
Treatment
1. Diabetes II w/o comp
Stop Kombiglyze XR Tablet Extended Release 24 Hour, 2.5-1000 MG, 1 tablet with evening meal, Orally, Once a day
LAB: HEMOGLOBIN A1C
LAB: LIPID PANEL
would take the glipride saturday and sunday to keep the sugar down the first of the week.

2. Erectile Dysfunction
Start Viagra Tablet, 100 MG, 1 tablet as needed, Orally, Once a day, 90 days, 45 Tablet, Refills 03

3. Hyperlipidemia
LAB: LIPID PANEL

4. Others
Stop Janumet Tablet, 50-500 MG, TAKE 1 TABLET ONCE A DAY ORALLY

Follow Up
6 Months



Electronically signed by WILLIAM WILSON MD, MD on 12/14/2012 at 08:44 AM EST

Sign off status: Completed

hepatitis, hemorrhoids, gallbladder oblems..

matology:

Patient denies easy bruising, prolonged eeding, blood transfusion, DVT..

sculoskeletal:

Patient denies carpal tunnel, muscle aches, inful joints, swollen joints, sciatica, gout.

ipheral Vascular:

Patient denies Varicose veins, cold extremities..

n:

Patient denies changing moles, eczema, rash, in cancer, sun sensitivity, skin lesion(s), ves, dry skin.

nitourinary:

Patient denies blood in the urine, difficulty inating, painful urination, urinary continence, kidney stones, recurrent TIs.. Denies Nocturia.

urologic:

Patient denies balance difficulty, difficulty eaking, headache, memory loss, seizures, ngling/numbness, transient loss of vision, emor..

ychiatric:

Patient denies anxiety, depressed mood, ressors, substance abuse, suicidal oughts.

Mt Pleasant Family Practice
1400 HOSPITAL DRIVE
MT PLEASANT, SC 29464-3255
Tel: 843-884-1341
Fax: 843-606-8001

Mt Pleasant Family Practice
1400 HOSPITAL DRIVE , MT PLEASANT, SC 29464-3255
843-884-1341

RITTON, LAURENT WAYNE, M, 09/0[illegible]956

343-670-0328 **MRN:** HNE75803731

FINAL RESULT

Accession ID: 2912534 | Lab Ref ID: 2912534

Order Date: 12/11/2012 | Received: 07/05/2013 16:08:01

Coll. Date: 07/05/2013 07:05:00 | Report: 00/00/null null

Requesting Physician: WILSON, WILLIAM | Ordering Physician: WILSON, WILLIAM

pid Calculations

NAME	VALUE	REFERENCE RANGE	LAB
Calculated LDL	69	0-100 calc	1

LDL Reference Ranges based on National Cholesterol Education Program (NCEP) guidelines:

Optimal Goal: <100 mg/dl

Near Optimal: 100-129 mg/dl (Consider therapeutic lifestyle changes--TLC)

Borderline High Risk: 130-159 mg/dl (Consider drug therapy with TLC)

High Risk: > 159 mg/dl (Drug Therapy with TLC recommended)

VLDL	20	5-40 calc	1
Cholesterol/HDL Ratio	3.3	0.0-4.4 calc	1

Mt Pleasant Family Practice
1400 HOSPITAL DRIVE , MT PLEASANT, SC 29464-3255
843-884-1341

RITTON, LAURENT WAYNE, M, 09/04/1956

843-670-0328 **MRN:** HNE75803731

FINAL RESULT

Accession ID: 2912534 Lab Ref ID: 2912534

Order Date: 12/11/2012 Received: 07/05/2013 16:08:01

Coll. Date: 07/05/2013 07:05:00 Report: 00/00/null null

Requesting Physician: WILSON, WILLIAM Ordering Physician: WILSON, WILLIAM

EMOGLOBIN A1C

NAME	VALUE	REFERENCE RANGE	LAB
HGBA1c	12.1 H	4.0-6.0 %	1

Mt Pleasant Family Practice
1400 HOSPITAL DRIVE , MT PLEASANT, SC 29464-3255
843-884-1341

ITTON, LAURENT WAYNE, M, 09/0 956

843-670-0328 **MRN:** HNE75803731

FINAL RESULT

Accession ID: 2912534 | Lab Ref ID: 2912534

Order Date: 12/11/2012 | Received: 07/05/2013 16:08:00

Coll. Date: 07/05/2013 07:05:00 | Report: 00/00/null null

Requesting Physician: WILSON, WILLIAM | Ordering Physician: WILSON, WILLIAM

PID PANEL

NAME	VALUE	REFERENCE RANGE	LAB
Total Cholesterol	128.0	0.0-199.0 mg/dL	1
Triglycerides	100.0	0.0-149.0 mg/dL	1
HDL Cholesterol	39	35-60 mg/dL	1

Patient Name: BRITTON, LAURENT WAYNE
Date of Birth: 09/04/1956
Telephone: 843-670-0328

HEMOGLOBIN A1C	
COLLECTION DATE	07/05/2013
ORDER DATE	12/11/2012
RESULT DATE	07/08/2013
ORDERING PHYSICIAN	WILSON, WILLIAM
HEMOGLOBIN A1C	12.1 (4.0-6.0 %) H

LIPID PANEL	
COLLECTION DATE	07/05/2013
ORDER DATE	12/11/2012
RESULT DATE	07/05/2013
ORDERING PHYSICIAN	WILSON, WILLIAM
CHOLESTEROL	128.0 (0.0-199.0 mg/dL)
HDL CHOLESTEROL	39 (35-60 mg/dL)
TRIGLYCERIDES	100.0 (0.0-149.0 mg/dL)

Lipid Calculations	
COLLECTION DATE	07/05/2013
ORDER DATE	12/11/2012
RESULT DATE	07/05/2013
ORDERING PHYSICIAN	WILSON, WILLIAM
Calculated LDL	69 (0-100 calc)
Cholesterol/HDL Ratio	3.3 (0.0-4.4 calc)
VLDL	20 (5-40 calc)

BRITTON, LAURENT WAYNE

56 Y old Male, DOB: 09/04/1956
Account Number: 00001538115
1135 ASTOR DRIVE, MT PLEASANT, SC-29464
Home: 843-670-0328
Guarantor: BRITTON, LAURENT WAYNE Insurance: BCBS STATE HEALTH PLAN Payer ID: PAPER
Appointment Facility: Mt Pleasant Family Practice

11/2013

William E. Wilson, M.D.

urrent Medications

xycycline (Rosacea) capsules
igra 100 MG Tablet 1 tablet as needed Once a day, p date 12/06/2013
inopril 10 MG Tablet 1 tablet Once a day
iaryl 4 MG Tablet 1 tablet Once a day
orvastatin Calcium 40 MG Tablet one tablet once in evening
edication List reviewed and reconciled with the ient

ast Medical History

betes Type 2
perlipidemia
pertension
ectile dysfunction
esity
creased hearing

urgical History

ateral herniorrhaphy 1962

amily History

ther: deceased 67 yrs Asbestosis, CAD at 60, CABG at diabetes
other: deceased 90 yrs Bell's palsy, shingles, old age
other(s): Andy deceased at 56 of possible lung cancer, D. Eric diabetic, hypertension and obesity
ther(s): unknown 70 yrs Brenda MI and CAD at 68
a(s): alive rectal bleeding
ternal Grand Father: Unknown
ternal Grand Mother: deceased 100 yrs Old age
aternal Grand Father: deceased 60s yrs Rheumatic er
aternal Grand Mother: deceased 60s yrs Rheumatic er

ocial History

neral:
ld exposure?: yes.
Use of injection drugs?.
ere was patient born?: Johns Island South Carolina.
ed and currently live?: Johns Island South Carolina.
rrent and past work?: Fireman, EMS, now Hasmat w.
posure concerns?: yes.
estos exposure?: yes.
xious fumes?: yes.
rital and Family status:
rital Status: Married:
ildren: yes.
ployment/School:
ployed: Yes, Charleston County.
bacco Use:
bacco Use/Smoking Are you a: nonsmoker .
bacco Use/Smokeless: Denies .
gs/Alcohol:
gs: Denies .
ohol Screen: Denies Did you have a drink containing ohol in the past year?: No, Points: 0, Interpretation:

Reason for Appointment

1. FOLLOW UP 15

History of Present Illness

Symptom(s):

Comes in for followup on his sugar as he's been asked come in due to a high hemoglobin A1c. Has been working out on a regular basis, going to the gym 3-4 days per week, using weights, is decreasing waist size but his weight does not seem to be coming down very much.

Sugars are supposedly doing better if he eats right, the highest his sugar in the morning is 276 lowest soldered and 10. Admits he does not stay on the diet is much as he should but is better than he has been in the past.

Had blood work performed about 4 months ago on the job, forgot to bring it in. States his cholesterol was a little bit elevated with a lower HDL than he should have as well as his LDL was a little bit higher. Sugar was also elevated.

Vital Signs

Ht 72 in, Wt 285.0 lbs, Wt Change -6.5 lb, BMI 38.65, Pulse Sitting 60, BP 120/80 mm Hg.

Examination

General Examination:

GENERAL APPEARANCE: well developed, well nourished, Patient is alert and oriented X 3. No acute distress. Appropriate affect..

HEAD: normocephalic, atraumatic.

NECK: neck supple, no carotid bruit, no jugular venous distention, no lymphadenopathy, thyroid normal.

HEART: S1, S2 normal, regular rate and rhythm, no murmurs, rubs, gallops.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: soft, nontender, nondistended, BS positive, no hepatosplenomegaly.

EXTREMITIES: Right leg has fairly prominent varicosity along the inner aspect of the thigh radiating down over the top of the knee and down into the upper portion of the lower leg..

Assessments

1. Colon cancer screening - V76.51 (Primary)
2. Diabetes II w/o comp - 250.00
3. Varicose vein of leg - 454.9

Treatment

1. Colon cancer screening

Patient states he does not want to do it at this time.

2. Diabetes II w/o comp

Stop Amaryl Tablet, 4 MG, 1 tablet, Orally, Once a day
Start Amaryl Tablet, 4 MG, 1 tablet with breakfast or the first main meal of the day, Orally, BID, 30 day(s), 60, Refills 05
Long discussion with him about the Amaryl, the fact he needs to diet, congratulated on his weight loss and his exercise program but indicated that in and of itself would not be the sole way for him to gain health. Needs take a very serious approach to his illness.

gative.
scellaneous:
feine: yes, frequency:.
t: yes.
ication: secondary.
uality: hetrosexual.
ldren: yes.
mmunity involvements: yes.
Domestic violence.
ercise: yes, 3-4 times per week, aerobics,
ghtlifting.
me smoke detector use: yes.
using: owning.
Legal problems.
ing with: spouse.
rital status: married.
tural support system: yes.
cupation: employed.
Sexual abuse.
ually active: yes.
vel outside of the United States: yes.
Verbal abuse.

llergies
DA

ospitalization/Major Diagnostic ocedure
gery

eview of Systems

neral/Constitutional:
Patient denies fevers, shakes or chills, night eats, fatigue, sleep disturbance, headache.

hthalmologic:
Patient denies blurred vision, flashes of light the visual field, floaters in the visual field, scharge, eye pain. Requires sses Admits, readers. Admits Eye am, uptodate.

T:
Patient denies decreased hearing, decreased nse of smell, ear pain, nosebleed, ringing in e ears, sinus pain, difficulty swallowing, ollen glands, dental problems.

docrine:
Patient denies difficulty sleeping, excessive irst, frequent urination, .

spiratory:
Patient denies cough, wheezing, hemoptysis, utum production, TB exposure, sleep nea, asthma,.

rdiovascular:
Patient denies chest pain at rest, chest pain th exertion, claudication, dyspnea on ertion, fluid accumulation in the legs, egular heartbeat, palpitations.

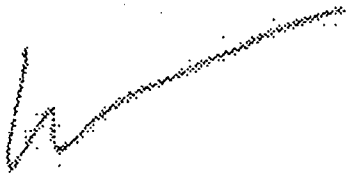
strointestinal:
Patient denies abdominal pain, change in wel habits, heartburn, rectal bleeding, eight loss, difficulty swallowing, exposure hepatitis, hemorrhoids, gallbladder oblems..

matology:
Patient denies easy bruising, prolonged eeding, blood transfusion, DVT..

sculoskeletal:
Patient denies carpal tunnel, muscle aches, inful joints, swollen joints, sciatica, gout.

3. Varicose vein of leg
varicose veins in the right leg, suggested he get Jobst stockings and consider elevation t cetera. Surgery as a last resort.

Follow Up
3 Months



Electronically signed by WILLIAM WILSON MD, MD on 07/11/2013 at 07:45 PM EDT

Sign off status: Completed

Mt Pleasant Family Practice
1400 HOSPITAL DRIVE
MT PLEASANT, SC 29464-3255
Tel: 843-884-1341
Fax: 843-606-8001

ıpheral vascular:
Patient denies Varicose veins, cold extremities..
n:
Patient denies changing moles, eczema, rash, ın cancer, sun sensitivity, skin lesion(s), /es, dry skin.
ıitourinary:
Patient denies blood in the urine, difficulty ınating, painful urination, urinary ontinence, kidney stones, recurrent Is.. Denies Nocturia.
ırologic:
Patient denies balance difficulty, difficulty eaking, headache, memory loss, seizures, ıgling/numbness, transient loss of vision, mor..
chiatric:
Patient denies anxiety, depressed mood, essors, substance abuse, suicidal oughts.

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

BRITTON, LAURENT WAYNE

57Y old Male, DOB: 09/04/1956
Account Number: 0000153811S
1135 ASTOR DRIVE, MT PLEASANT, SC-29464
Home: 843-670-0328
Guarantor: BRITTON, LAURENT WAYNE
Insurance: BCBS STATE HEALTH PLAN Payer ID: PAPER
Appointment Facility: Mt Pleasant Family Practice

11/18/2013

William E. Wilson, M.D.

Current Medications

Doxycycline (Rosacea) capsules
Viagra 100 MG Tablet 1 tablet as needed Once a day, stop date 12/06/2013
Lisinopril 10 MG Tablet 1 tablet Once a day
OneTouch Ultra Test —— Strip as directed bid
Atorvastatin Calcium 40 MG Tablet one tablet once in the evening

Past Medical History

diabetes Type 2
Hyperlipidemia
Hypertension
Erectile dysfunction
Obesity
Decreased hearing

Surgical History

bilateral herniorrhaphy 1962

Family History

Father: deceased 67 yrs Asbestosis, CAD at 60, CABG at 66, diabetes
Mother: deceased 90 yrs Bell's palsy, shingles, old age
Brother(s): Andy deceased at 56 of possible lung cancer, CAD. Eric diabetic, hypertension and obesity
Sister(s): unknown 70 yrs Brenda MI and CAD at 68
Son(s): alive rectal bleeding
Paternal Grand Father: Unknown
Paternal Grand Mother: deceased 100 yrs Old age
Maternal Grand Father: deceased 60s yrs Rheumatic fever
Maternal Grand Mother: deceased 60s yrs Rheumatic fever

Social History

General:
Mold exposure?: yes.
no Use of injection drugs?.
Where was patient born?: Johns Island South Carolina.
Lived and currently live?: Johns Island South

Reason for Appointment

1. FOLLOW UP 15

History of Present Illness

Ophthalmology:
DILATED EYE EXAM
REPORT DATE _____
Symptom(s):
dental work with a bridge and took 4 weeks, I had the flu on Tuesday and off work until Friday. Now they want us to go to the Phillipines, prep patients/receive,
BS is all over the charts, this am my coffee spiked it with a little creamer, it is better but not to goal. Not exercising, trying to eat more baked foods, eating oatmeal at lunch, cut back on the beer to 2/weekend,
I had one good week and did alot of vegtables, stir fried in olive oil, no rice/soysauce, lot of spices,
Alot of stress, wife not working,
I am walking extra 30 minutes at night,.

Vital Signs

Ht 72 in, Wt 284 lbs, Wt Change -1 lb, BMI 38.51, Temp 98.2, Pulse Sitting 64, BP 150/80 mm Hg.

Examination

Diabetic Foot Exam:
Diabetic Foot Exam (w/ Visual Inspection)
DATE _____
Nephrology:
DIABETIC NEPHROPATHY SCREENING
SCREENING MET BY: *Currently on ACE-I or ARB* _____
DATE *11/18/2013*
General Examination:
GENERAL APPEARANCE: alert, well hydrated, in no distress .
HEAD: normocephalic, atraumatic.
EYES: pupils equal, round, reactive to light.
EARS: normal.

Assessments

1. Diabetes II w/o comp - 250.00 (Primary)

Carolina.
Current and past work?: Fireman, EMS, now Hasmat crew.
Exposure concerns?: yes.
Asbestos exposure?: yes.
Noxious fumes?: yes.
Marital and Family status:
Marital Status: Married.
Children: yes.
Employment/School:
Employed: Yes, Charleston County.
Tobacco Use:
Tobacco Use/Smoking Are you a: nonsmoker .
Tobacco Use/Smokeless: Denies
Smokeless Tobacco: _____
Tobacco cessation
Patient counselled on the dangers of tobacco _____
Cessation: _____
Drugs/Alcohol:
Drugs: Denies .
Alcohol Screen: Denies Did you have a drink containing alcohol in the past year?: No, Points: 0, Interpretation: Negative.
Miscellaneous:
Caffeine: yes, frequency:.
Diet: yes.
Education: secondary.
Sexuality: hetrosexual.
Children: yes.
Community involvements: yes.
no Domestic violence.
Exercise: yes, 3-4 times per week, aerobics, weightlifting.
Home smoke detector use: yes.
Housing: owning.
no Legal problems.
Living with: spouse.
Marital status: married.
Natural support system: yes.
Occupation: employed.
no Sexual abuse.
Sexually active: yes.
Travel outside of the United States: yes.
no Verbal abuse.

Allergies
NKDA

Hospitalization/Major Diagnostic Procedure
surgery

Treatment
1. Diabetes II w/o comp

Pt Instructions: Long discussion with him concerning his current situation with him possibly being deployed to the Philippines. Did not want to start anything major on him such as Bydureon or Levimer. Elected at this point to begin the Kombiglyze 5/1000, samples given.

Follow Up
6 Weeks

Electronically signed by WILLIAM WILSON MD, MD on 11/19/2013 at 09:38 AM EST

Sign off status: Completed

Mt Pleasant Family Practice
1400 HOSPITAL DRIVE
MT PLEASANT, SC 29464-3255
Tel: 843-884-1341
Fax: 843-606-8001

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

ROPER ST. FRANCIS PHYSICIAN PARTNERS

BRITTON, LAURENT WAYNE

57 Y old Male, DOB: 09/04/1956
Account Number: 00001538115
1135 ASTOR DRIVE, MT PLEASANT, SC-29464
Home: 843-670-0328
Guarantor: BRITTON, LAURENT WAYNE
Insurance: BCBS STATE HEALTH PLAN Payer ID: PAPER
Appointment Facility: Mt Pleasant Family Practice

01/17/2014 William E. Wilson, M.D.

Current Medications

Doxycycline (Rosacea) capsules
Lisinopril 10 MG Tablet 1 tablet Once a day
OneTouch Ultra Test ---- Strip as directed bid
Kombiglyze XR 5-1000 MG Tablet Extended Release 24 Hour 1 tablet with evening meal Once a day
Atorvastatin Calcium 40 MG Tablet one tablet once in the evening
Amaryl 4 MG Tablet 1 tablet BID

Past Medical History

diabetes Type 2
Hyperlipidemia
Hypertension
Erectile dysfunction
Obesity
Decreased hearing

Surgical History

bilateral herniorrhaphy 1962

Family History

Father: deceased 67 yrs Asbestosis, CAD at 60, CABG at 66, diabetes
Mother: deceased 90 yrs Bell's palsy, shingles, old age
Brother(s): Andy deceased at 56 of possible lung cancer, CAD. Eric diabetic, hypertension and obesity
Sister(s): unknown 70 yrs Brenda MI and CAD at 68
Son(s): alive rectal bleeding
Paternal Grand Father: Unknown
Paternal Grand Mother: deceased 100 yrs Old age
Maternal Grand Father: deceased 60s yrs Rheumatic fever
Maternal Grand Mother: deceased 60s yrs Rheumatic fever

Social History

General:
Mold exposure?: yes.
no Use of injection drugs?.
Where was patient born?: Johns Island South

Reason for Appointment

1. FOLLOW UP 15

History of Present Illness

Ophthalmology:
DILATED EYE EXAM
REPORT DATE *unable to afford the eye exam*
Symptom(s):
I was placed on the Kombiglyze, I have been walking once a week, I went to Myrtle beach and in the gym 5xs and BS was lower. I spike into 300 with a birthday party today,
My coffee is spiking it, I am 160-213 without exercise.
I fix 2 packs of oatmeal and yogurt for lunch, drinking diet sodas, not eating breakfast, eating more at night.

Vital Signs

Ht 72 in, Wt 288.5 lbs, Wt Change 4.5 lb, BMI 39.12, Pulse Sitting 80, BP 140/80 mm Hg.

Examination

Diabetic Foot Exam:
Diabetic Foot Exam (w/ Visual Inspection)
DATE _____
Nephrology:
DIABETIC NEPHROPATHY SCREENING
SCREENING MET BY: *Currently on ACE-I or ARB* _____
DATE *11/18/2013*

Assessments

1. Diabetes II w/o comp - 250.00 (Primary)
2. Hypertension - 401.9
3. Hyperlipidemia - 272.4
4. Prostate Screening - V76.44

Treatment

1. Diabetes II w/o comp
LAB: HEMOGLOBIN A1C

Pt Instructions: Spent time congratulated him on his decreasing sugars, supported him and what he needs to do to get his weight back down even more.

Carolina.
Lived and currently live?: Johns Island South Carolina.
Current and past work?: Fireman, EMS, now Hasmat crew.
Exposure concerns?: yes.
Asbestos exposure?: yes.
Noxious fumes?: yes.
Marital and Family status:
Marital Status: Married.
Children: yes.
Employment/School:
Employed: Yes, Charleston County.
Tobacco Use:
Tobacco Use/Smoking Are you a: nonsmoker .
Tobacco Use/Smokeless: Denies .
Drugs/Alcohol:
Drugs: Denies .
Alcohol Screen: Denies Did you have a drink containing alcohol in the past year?: No, Points: 0, Interpretation: Negative.
Miscellaneous:
Caffeine: yes, frequency:.
Diet: yes.
Education: secondary.
Sexuality: hetrosexual.
Children: yes.
Community involvements: yes.
no Domestic violence.
Exercise: yes, 3-4 times per week, aerobics, weightlifting.
Home smoke detector use: yes.
Housing: owning.
no Legal problems.
Living with: spouse.
Marital status: married.
Natural support system: yes.
Occupation: employed.
no Sexual abuse.
Sexually active: yes.
Travel outside of the United States: yes.
no Verbal abuse.

Allergies

NKDA

Hospitalization/Major Diagnostic Procedure

surgery

2. Hypertension

Pt Instructions: Continue to be observant of blood pressure, salt and pills.

3. Hyperlipidemia

Pt Instructions: Encouraged him to begin on some type of statin.

Follow Up

3 Months

Electronically signed by WILLIAM WILSON MD on 01/17/2014 at 06:29 PM EST

Sign off status: Completed

Mt Pleasant Family Practice
1400 HOSPITAL DRIVE
MT PLEASANT, SC 29464-3255
Tel: 843-884-1341
Fax: 843-606-8001

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

BRITTON, LAURENT WAYNE

57 Y old Male, DOB: 09/04/1956
Account Number: 0000153811S
1135 ASTOR DRIVE, MT PLEASANT, SC-29464
Home: 843-670-0328
Guarantor: BRITTON, LAURENT WAYNE
Insurance: BCBS STATE HEALTH PLAN Payer ID: PAPER
Appointment Facility: Mt Pleasant Family Practice

06/12/2014 William E. Wilson, M.D.

Current Medications

Taking OneTouch Ultra Test —— Strip as directed bid
Taking Atorvastatin Calcium 40 MG Tablet one tablet once in the evening
Taking Amaryl 4 MG Tablet 1 tablet BID
Taking Lisinopril 10 MG Tablet 1 tablet Once a day
Taking Kombiglyze XR 5-1000 MG Tablet Extended Release 24 Hour 1 tablet with evening meal Once a day
Not-Taking/PRN Doxycycline (Rosacea) capsules
Medication List reviewed and reconciled with the patient

Past Medical History

diabetes Type 2
Hyperlipidemia
Hypertension
Erectile dysfunction
Obesity
Decreased hearing

Surgical History

bilateral herniorrhaphy 1962

Family History

Father: deceased 67 yrs, Asbestosis, CAD at 60, CABG at 66, diabetes, diagnosed with DM, CAD
Mother: deceased 90 yrs, Bell's palsy, shingles, old age
Brother(s): Andy deceased at 56 of possible lung cancer, CAD. Eric diabetic, hypertension and obesity, diagnosed with DM, CAD, Hyperlipidemia, HTN, Lung CA
Sister(s): unknown 70 yrs, Brenda MI and CAD at 68, diagnosed with CAD
Son(s): alive, rectal bleeding
Paternal Grand Father: Unknown
Paternal Grand Mother: deceased 100 yrs, Old age
Maternal Grand Father: deceased 60s yrs, Rheumatic fever
Maternal Grand Mother: deceased 60s yrs, Rheumatic fever

Reason for Appointment

1. OFFICE VISIT 15
2. discuss Kombiglyze

History of Present Illness

Symptom(s):

Comes in predominantly discuss his blood work and see if there's anything else he can do. Due to his job is not able to consistently get into the gym and exercise, did have his blood work drawn through the county but doesn't have a copy of it back yet. If he eats right his blood sugar works pretty well especially since being on the Kombiglyze. The problem is he doesn't seem to be able lose anymore weight. Wanted my opinion on the Hyman Diet which have friend of his is on and says it worked. It consists of lots of gr, no caffeine, shakes in the morning, 4 ounces of meat for lunch and 6 ounces for supper and lots of vegetables.

Vital Signs

Ht 72 in, Wt 288 lbs, Wt Change -.5 lb, BMI 39.06, Temp 97.9, Pulse Sitting 68, BP 144/80 mm Hg.

Examination

Diabetic Foot Exam:
Diabetic Foot Exam (w/ Visual Inspection)
DATE _____
Nephrology:
DIABETIC NEPHROPATHY SCREENING
SCREENING MET BY: *Currently on ACE-I or ARB* _____
DATE *11/18/2013*
General Examination:
GENERAL APPEARANCE: alert, well hydrated, in no distress . HEAD: normocephalic, atraumatic. EYES: pupils equal, round, reactive to light. EARS: normal.

Assessments

1. Diabetes II w/o comp - 250.00 (Primary)
2. Hyperlipidemia - 272.4
3. Colon cancer screening - V76.51

Treatment

1. Diabetes II w/o comp

Social History

General:
Mold exposure?: yes.
no Use of injection drugs?.
Where was patient born?: Johns Island South Carolina.
Lived and currently live?: Johns Island South Carolina.
Current and past work?: Fireman, EMS, now Hasmat crew.
Exposure concerns?: yes.
Asbestos exposure?: yes.
Noxious fumes?: yes.
Marital and Family status:
Marital Status: Married.
Children: yes.
Employment/School:
Employed: Yes, Charleston County.
Tobacco Use:
Tobacco Use/Smoking Are you a: nonsmoker .
Tobacco Use/Smokeless: Denies
Smokeless Tobacco: *No*
Drugs/Alcohol:
Drugs: Denies .
Alcohol Screen: Denies Did you have a drink containing alcohol in the past year?: No, Points: 0, Interpretation: Negative.
Miscellaneous:
Caffeine: yes, frequency:.
Diet: yes.
Education: secondary.
Sexuality: hetrosexual.
Children: yes.
Community involvements: yes.
no Domestic violence.
Exercise: yes, 3-4 times per week, aerobics, weightlifting.
Home smoke detector use: yes.
Housing: owning.
no Legal problems.
Living with: spouse.
Marital status: married.
Natural support system: yes.
Occupation: employed.
no Sexual abuse.
Sexually active: yes.
Travel outside of the United States: yes.
no Verbal abuse.

Allergies

NKDA

Hospitalization/Major Diagnostic Procedure

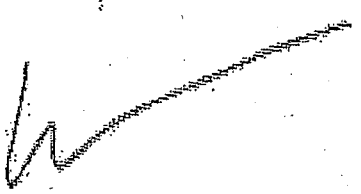
surgery

Notes: Spent long time going over with her diet, the importance of good sugar control, weight loss etc. William E neck within looked up the diet he was interested in and I told him that predominantly they were more advertisements and there was probably substance to the diet. Felt again that what he needs to do is to limit his carbohydrate intake, make it a priority to get to the gym. Will wait on his county blood work and go from there.

2. Colon cancer screening
Notes: Promises that he'll get the colonoscopy done within the next 3-4 months.

Follow Up

3 Months



Electronically signed by WILLIAM WILSON MD on 06/17/2014 at 01:01 PM EDT

Sign off status: Completed

Mt Pleasant Family Practice
1400 HOSPITAL DRIVE
MT PLEASANT, SC 29464-3255
Tel: 843-884-1341
Fax: 843-606-8001

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

Internal Use Only:
Account Number:
Date ROI Received:
Name & Title Verified ROI & ID:
Date Released: 10/29/14 11 pgs
Name & Title Processed ROI:

N/C

Authorization for Release of Protected Health Information

PLEASE PRINT CLEARLY AND COMPLETELY

Patient Full Legal Name: Laurent W Britton
Date of Birth: 9-4-56
Street Address: 1135 Aston Wayne
Social Security #: 247-11-1175
City, State, Zip: Mt Pleasant SC 29464
Best Contact #: (843) 442-4264
Email Address:
May we leave a message at this number: ☒ Yes ☐ No

RELEASE INFORMATION FROM:
Dr William Wilson
Name of Facility or Practice
City, State, Zip
Phone Number Fax Number

RELEASE INFORMATION TO:
Marsha Parker Britton
Name of Facility, Person or Company
Mt Pleasant SC 29464
City, State, Zip
843-442-4264
Phone Number Fax Number

PURPOSE OF RELEASE (check reason): ☒ Request of Individual/Personal Use ☐ Continued Patient Care ☐ Insurance
☐ Legal Purpose (including discussions & proceedings) ☐ Other

DATES OF TREATMENT OR DATE RANGE OF RECORDS TO BE RELEASED: From last 6 mos. To

PHYSICIAN PRACTICE INFORMATION TO BE RELEASED (check all that apply):
☒ Office/Clinic Summary (may include most recent office visits, physical exam, consults, and diagnostic test results)
☐ Progress Notes
☐ Laboratory Reports
☐ Radiology Reports
☐ Other:
☐ Entire Record (not including psychotherapy notes)

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☐ Other:

PATIENT'S RIGHTS – I understand that:
- I can cancel this permission at any time. I must cancel in writing and send or deliver the cancellation to the releasing facility or practice named above. Any cancellation will apply only to information not yet released by the facility or practice.
- This is a full release including information related to behavioral/mental health, drug and alcohol abuse treatment (in compliance with 42 CFR Part 2), genetics, HIV/AIDS, and other sexually transmitted diseases.
- Once my health information is released, the recipient may disclose or share my information with others and my information may no longer be protected by federal and state privacy protections.
- Refusing to sign this form will not prevent my ability to get treatment, payment, enrollment in a health plan, or eligibility for benefits.
- RSFH will not share or use my health information without my permission other than by ways listed in RSFH's Notice of Privacy Practices or as required by law. The Notice of Privacy Practices is available at www.rsfh.com.
- A fee may be charged for providing the protected health information.
- I have a right to receive a copy of this form upon request.

This permission expires one year after the date of my signature unless an earlier date or event is written here:

Print Name: Marsha Parker Britton Patient Signature: Marsha Parker Britton Date: 10/24/2014

NOTE: If the patient lacks legal capacity or is unable to sign, an authorized personal representative may sign this form. Check relationship/authority if signature is not that of the patient (written proof may be requested):
☐ Healthcare Agent/POA ☐ Guardian ☒ Executor/Administrator/Attorney in Fact ☒ Spouse
☐ Parent ☐ Adult Child ☐ Affidavit/ Next of Kin ☐ Other:

RETURN COMPLETED FORM IN PERSON, BY MAIL OR BY FAX WITH A COPY OF YOUR PHOTO I.D.

MT PLEASANT FAMILY PRACTICE
1400 HOSPITAL DRIVE
MT PLEASANT SC 29464
OFFICE (843)884-1341/Fax (843)606-8001

Origin: 11/02
Revision: 10/13

2025

215 P51

ROPER ST. FRANCIS
PHYSICIAN PARTNERS

SCANNED DEC 8

Internal Use Only:
Account Numbr
Date ROI Recei.
Name & Title Verified ROI & ID:
Date Released:
Name & Title Processed ROI:

Authorization for Release of Protected Health Information

PATIENT — PLEASE PRINT CLEARLY AND COMPLETELY

Patient Full Legal Name:	Laurent Wayne Britton	Date of Birth:	9-4-56
Street Address:	1135 Aster Dr	Social Security #:	247-11-1175
City, State, Zip:	Mt Pleasant SC 29464	Best Contact #:	( )
Email Address:	mbritton2002@aol.com	May we leave a message at this number:	☐ Yes ☒ No

RELEASE INFORMATION FROM:
Dr W Wilson
Name of Facility or Practice
Mt Pleasant SC 29464
City, State, Zip
Phone Number Fax Number

RELEASE INFORMATION TO: Wife
E-DELIVER
MBRITTON2002@AOL.COM
Phone Number Fax Number

MAIL TO
BILL TO

PURPOSE OF RELEASE (check reason): ☐ Request of Individual/Personal Use ☐ Continued Patient Care ☐ Insurance
☒ Legal Purpose (including discussions & proceedings) ☐ Other

DATES OF TREATMENT OR DATE RANGE OF RECORDS TO BE RELEASED: From All dates To

PHYSICIAN PRACTICE INFORMATION TO BE RELEASED (check all that apply):
☒ Office/Clinic Summary (may include most recent office visits, physical exam, consults, and diagnostic test results)
☒ Progress Notes
☒ Laboratory Reports
☐ Radiology Reports
☐ Other:
☒ Entire Record (not including psychotherapy notes)

Fees May Apply. Requests for more than ten pages will be processed by our copy service who will contact you about charges that may apply pursuant to SC Code Section 44-115-80.

FORMAT (check one)
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☐ Jump Drive (where available)
☐ CD (where available)
☐ Other:

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☐ Pick-up paper or e-mail
☐ Fax, where permitted
☐ Secure Email, where permitted
☐ Other:

PATIENT'S RIGHTS – I understand that:
- I can cancel this permission at any time. I must cancel in writing and send or deliver the cancellation to the releasing facility or practice named above. Any cancellation will apply only to information not yet released by the facility or practice.
- This is a full release including information related to behavioral/mental health, drug and alcohol abuse treatment (in compliance with 42 CFR Part 2), genetics, HIV/AIDS, and other sexually transmitted diseases.
- Once my health information is released, the recipient may disclose or share my information with others and my information may no longer be protected by federal and state privacy protections.
- Refusing to sign this form will not prevent my ability to get treatment, payment, enrollment in a health plan, or eligibility for benefits.
- RSFH will not share or use my health information without my permission other than by ways listed in RSFH's Notice of Privacy Practices or as required by law. The Notice of Privacy Practices is available at www.rsfh.com.
- A fee may be charged for providing the protected health information.
- I have a right to receive a copy of this form upon request.

This permission expires one year after the date of my signature unless an earlier date or event is written here:

Print Name: Marsha Parker Britton **Patient Signature:** Marsha Parker Britton **Date:** 12/8/2014

NOTE: If the patient lacks legal capacity or is unable to sign, an authorized personal representative may sign this form. Check relationship/authority if signature is not that of the patient (written proof may be requested):
☐ Healthcare Agent/POA ☐ Guardian ☒ Executor/Administrator/Attorney in Fact ☑ Spouse
☐ Parent ☐ Adult Child ☐ Affidavit/ Next of Kin ☐ Other:

RETURN COMPLETED FORM IN PERSON, BY MAIL OR BY FAX WITH A COPY OF YOUR PHOTO I.D.

MT PLEASANT FAMILY PRACTICE
1400 HOSPITAL DRIVE
MT PLEASANT SC 29464
OFFICE (843)884-1341/Fax (843)606-8001

Origin: 11/02
Revision: 10/13

2025

Charleston County Government
Medical Opinion Form

Carolina Center for Occupational Health
4600 Goer Drive, Suite 205, Charleston, SC 29406; ph: 554-1029 fax: 554-1103

Check one: [✓] New hire or [ ] Current employee

Name: Laurent Britton

Address: 1135 Astor Dr.
Mt Pleasant, SC

Phone:

SS#: 247-11-1175

Position:

Hire date:

Department:

Manager:

Supervisor:

Phone:

Remarks (if any):

Authorizing Signature Date

Lab Appointment:: Type Here Type Here
Time Date

Exam Appointment:
Time Date

Check Type of Service Requested:

Physicals:

- [✓] General
- [ ] Commercial driver (DOT)
- [ ] EMS
- [ ] Law enforcement (Sheriff)
- [ ] Law enforcement (Detention Center)
- [ ] DAODAS medical personnel
- [ ] School Guard

Evaluations: (contact Supervisor for job requirements)

- [ ] Return to work evaluation
- [ ] On-the job injury Date of injury: Type Here
- [ ] Determination of employee's ability to work
- [ ] Extended sick leave/medical leave
- [ ] Disability retirement

Programs:

- [ ] Drug & Alcohol Testing
- [ ] Hepatitis B Vaccination #1 ( ) #2 ( ) #3 ( )
- [ ] Date of previous shot: Type Here

County Physician's Statement:

- [a] Qualified to begin work
- [ ] Not qualified to begin work
- [ ] Qualified to return to work
- [ ] Not qualified to return to work
- [ ] Extended leave granted thru: (See attached Rapid Report)
- [ ] Follow-up appointment on: (See attached Rapid Report)
- [ ] Personal illness. Advised to see private physician (Services rendered for personal illnesses are the responsibility of the patient.)

Additional Comments to the Employee's Department:
Type Here

Additional Comments to the Employee/New Hire
(see comments form)

P Quinte MS PA-C 2-13-06
County Physician's Signature Date

White- Employee Green- Employee's Dept. Canary- Human Resources Pink- Safety Gold- Medical File

Concentra Medical Centers (SC
4115 Dorchester Rd CHARLESTON, SC 29405
Phone: (843) 554-6737 Fax: (843) 554-3356

Service Date: 04/23/2010

TB Skin Test Consent and Results

Patient: Britton, Laurent W.
SSN:
Address: 1135 Astor Dr.
MOUNT PLEASANT, SC 29464
Employer: Fohnet

Gender: M
Date of Birth: 09/04/1956
Work Phone:
Home Phone: (843) 745-2322

I, Laurent W. Britton, have had the opportunity to read, or have had explained to me, the importance of the tuberculosis skin test procedure. I have had the opportunity to ask questions about this test and to have these questions answered to my satisfaction. I understand that this test involves injecting a small amount of a diagnostic antigen just under the skin on the inside of my forearm and that a small bruise may appear.

Check all that apply:

- [x] I do not NOW have any of the following symptoms:
  1) a cough that has lasted three or more weeks
  2) bloody sputum
  3) night sweats
  4) weight loss
  5) loss of appetite
  6) fever
- [x] I have not had a prior "positive" TB skin test.
- [x] I have never been treated for tuberculosis.
- [ ] I have received the BCG Vaccine
- [x] I have had a TB skin test before, and to the best of my recall, I did not experience any ulceration or open weeping sores at the injection site.
- [ ] I am pregnant. I have communicated with my treating physician and we both agree to this test being given to me today.
- [x] I agree to return to have this test read within the required time of 48 to 72 hours. I understand that "self-reading" of the test is not acceptable according to CDC's guidelines. I will return to have my test read by: 04/25/2010. 4/26/2010

I hereby request and authorize the above medical center to provide a TB skin test today, and I agree to return for the test reading by the date indicated. Failure to do so may be a barrier to my job placement. All answers to these questions are true and correct.

Signature Laurent W. Britton employee/applicant **Date** 4/23/2010

This Section for Center Use Only

Purified protein derivative (PPD): X Tubersol or ___ Aplisol Lot # C3267AA Exp. Date 1-17-12

Administered by Mantoux technique into: X left forearm ___ right forearm

Administered by: Kim Scarborough Date: 4-23-10 Time 3:00 am/pm

RESULTS: 0 millimeters of induration
(Using a ruler, measure induration, not redness. Follow CDC's Summary of Interpretation... in TAble S--2, page 62 of Vol. 43/No.RR-13, October 28, 1994)

Comments: _____

Read by: [illegible] Date: 4-26-10 Time 7:56 am/pm

SCANNED

CSN
1008241531

ED Provider Notes signed by Pauline Elise Meekins, MD at 9/9/2014 6:44 AM

Author:	Pauline Elise Meekins, MD	Service:	MED-EMERGENCY MEDICINE	Author Type:	Physician
Filed:	9/9/2014 6:44 AM	Note Time:	9/9/2014 3:23 AM	Note Type:	ED Provider Notes

Procedure Orders:
1. Critical Care [51266653] ordered by Pauline Elise Meekins, MD at 09/09/14 0334
2. INTUBATION [51266647] ordered by Pauline Elise Meekins, MD at 09/09/14 0329

History

Chief Complaint
Patient presents with
- Chest Pain

HPI Comments: Middle age man presented by EMS with concern for STEMI. Patient has HTN, DM, HLP with no cardiac history. Patient supposedly had acute onset of CP today while working within the past hour. He states it is a pressure pain, non radiating. Associated SOB, nausea, diaphoresis. EMS noted the patient was diaphoretic and pale en route, but awake and alert. He also started complaining of some abdominal pain in the ambulance, but no radiation of CP to back, no radiation of CP down legs or to groin. Patient denies back pain. He had 324mg ASA en route, but no nitro.

Patient is a 58 y.o. male presenting with chest pain. The history is provided by the patient. The history is limited by the condition of the patient.
Chest Pain
Pain location: **Substernal area**
Pain quality: **aching** and **dull**
Pain quality: **not radiating, not sharp, not shooting, not stabbing** and **not tearing**
Pain radiates to: **Does not radiate**
Pain radiates to the back: **no**
Pain severity: **Severe**
Onset quality: **Sudden**
Duration: **1 hour**
Timing: **Constant**
Progression: **Worsening**
Chronicity: **New**
Relieved by: **Nothing**
Worsened by: **Nothing tried**
Ineffective treatments: **None tried**
Associated symptoms: **nausea** and **shortness of breath**
Associated symptoms: **no altered mental status, no back pain, no cough, no dizziness, no fatigue** and **not vomiting**
Risk factors: **diabetes mellitus, high cholesterol** and **hypertension**
Risk factors: **no coronary artery disease**

Past Medical History

Diagnosis Date

- Diabetes mellitus
- Hypertension

History reviewed. No pertinent past surgical history.

History reviewed. No pertinent family history.

History
Substance Use Topics

- Smoking status: Not on file
- Smokeless tobacco: Not on file
- Alcohol Use: Not on file

Review of Systems
Unable to perform ROS: Unstable vital signs
Constitutional: Negative for chills and fatigue.
Respiratory: Positive for shortness of breath. Negative for cough.
Cardiovascular: Positive for chest pain.
Gastrointestinal: Positive for nausea. Negative for vomiting.
Musculoskeletal: Negative for back pain.
Skin: Negative.
Neurological: Negative for dizziness.
Hematological: Negative.
Psychiatric/Behavioral: Negative. Negative for altered mental status.

Physical Exam
BP 132/85 | Pulse 126 | Resp 28 | SpO2 100%

Physical Exam
Nursing note and vitals reviewed.
Constitutional: He is oriented to person, place, and time. He appears distressed.
Pale, clammy and cool to touch, alert and oriented but in acute distress
HENT:
Head: Normocephalic and atraumatic.
Eyes: Pupils are equal, round, and reactive to light.
Neck: Normal range of motion. Neck supple.
Cardiovascular: Normal rate, regular rhythm and intact distal pulses.
Pulmonary/Chest: Breath sounds normal. He is in respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.
tachypnea
Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.
Musculoskeletal: Normal range of motion. He exhibits no edema and no tenderness.
Neurological: He is alert and oriented to person, place, and time.
Skin: He is diaphoretic.

ED Course

Intubation

Date/Time: 9/9/2014 3:29 AM
Performed by: MEEKINS, PAULINE ELISE
Authorized by: MEEKINS, PAULINE ELISE
Consent: The procedure was performed in an emergent situation.
Indications: respiratory distress and respiratory failure
Intubation method: direct
Patient status: paralyzed (RSI)
Preoxygenation: nonrebreather mask
Sedatives: etomidate
Paralytic: succinylcholine
Laryngoscope size: Mac 4
Tube size: 7.5 mm
Tube type: cuffed
Number of attempts: 2
Ventilation between attempts: BVM
Cricoid pressure: no
Cords visualized: yes
Post-procedure assessment: chest rise and ETCO2 monitor
Breath sounds: equal
Cuff inflated: yes
Tube secured with: ETT holder
Chest x-ray interpreted by: no CXR performed due to cardiac arrest and ACLS.
Patient tolerance: Patient tolerated the procedure well with no immediate complications.

Critical Care

Performed by: MEEKINS, PAULINE ELISE
Authorized by: MEEKINS, PAULINE ELISE
Total critical care time: 30 minutes
Critical care time was exclusive of separately billable procedures and treating other patients.
Critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: cardiac failure, circulatory failure and respiratory failure.
Critical care was time spent personally by me on the following activities: blood draw for specimens, development of treatment plan with patient or surrogate, discussions with consultants, evaluation of patient's response to treatment, examination of patient, obtaining history from patient or surrogate, ordering and review of laboratory studies, pulse oximetry, re-evaluation of patient's condition and review of old charts.

MDM

Number of Diagnoses or Management Options
Cardiac arrest: new and does not require workup
STEMI (ST elevation myocardial infarction): new and does not require workup

Amount and/or Complexity of Data Reviewed
Clinical lab tests: ordered and reviewed
Tests in the radiology section of CPT®: ordered and reviewed
Tests in the medicine section of CPT®: reviewed and ordered

Obtain history from someone other than the patient: yes **(wife)**
Review and summarize past medical records: yes
Discuss the patient with other providers: yes **(Cardiology)**
Independent visualization of images, tracings, or specimens: yes

Risk of Complications, Morbidity, and/or Mortality
Presenting problems: moderate
Diagnostic procedures: moderate
Management options: moderate

Patient Progress
Patient progress: other (comment) **(expired)**

Clinical & Imaging Tests: Ordered & Reviewed

Labs
Lab Results

CHEM 8 POINT OF CARE (Final result) **Abnormal** Component (Lab Inquiry)

Collection Time	Result Time	SODIUM, POC	POTASSIUM, POC	In Clinic Glucose	CREATININE, POC	UREA NITROGEN (BUN), POC
09/09/14 02:29:00	09/09/14 02:29:00	135	4.4	598 (AA)	1.4 (H)	34.0 (H)

Collection Time	Result Time	CHLORIDE, POC	HEMATOCRIT	CALCIUM, IONIZED, POC	HGB	TOTAL CO2, POC
09/09/14 02:29:00	09/09/14 02:29:00	98.0	46	1.17	15.6	22 (L)

Collection Time	Result Time	PERFORMING LAB, ART, POC
09/09/14 02:29:00	09/09/14 02:29:00	See Note MUSC Ashley River Tower POC, 25 Courtenay Drive, North Charleston, SC, 29425

Final result
Narrative:

MUSC POINT OF CARE TESTING
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

CBC AND DIFFERENTIAL (Edited Result - FINAL) Result time: 09/09/14 03:22:44

COMPREHENSIVE METABOLIC PANEL (Edited Result **Abnormal** Component (Lab Inquiry)

- FINAL)

Collection Time	Result Time	BUN	NA	K	CL	CO2 CONTENT (BICARBONATE)
09/09/14 02:25:00	09/09/14 03:08:00	24.0 (H)	136.0	3.70	99.0	21 (L)

Collection Time	Result Time	ANION GAP	GLUCOSE	CREATININE	CALCIUM	BILIRUBIN, TOTAL
09/09/14 02:25:00	09/09/14 03:08:00	16 (H)	664.0 (AA) Critical Value (Test Name): Glucose Called to/Repeated by (Full Name): Sharon Macon Date/Time: 9/9/2014 3:08:20 AM EDT Tech (Full Name): Brittany Caron	1.7 (H)	8.8	1.4 (H)

Collection Time	Result Time	AST	ALT	ALK PHOS	PROTEIN	ALBUMIN
09/09/14 02:25:00	09/09/14 03:08:00	58.0 (H)	43.0	86.0	6.6	3.7

Collection Time	Result Time	HEMOLYSIS INDEX
09/09/14 02:25:00	09/09/14 03:08:00	1.0 A Hemolysis Index greater than or equal to 2 represents a hemolyzed sample. Interference may occur with a Hemolysis Index greater than or equal to 2 for the following tests: ALT, Ammonia, Amylase, AST, CK, Total and Direct Bili, Fe/IBC, GGT, Hapt, K, Lac, LDH, Mg, Phos, Uric Acid. Interpret with caution. A Hemolysis Index greater than or equal to 6 represents gross hemolysis, specimens should be recollected.

PROTIME-INR (Final result)

Collection Time	Result Time	PROTHROMBIN TIME	Component (Lab Inquiry) INR
09/09/14 02:25:00	09/09/14 02:58:00	14.8 In patients on warfarin therapy, the range for therapeutic INR (1.5 - 3.5) will depend on the clinical disorder being treated.	1.13 Effective 02/26/2014, the current critical value range for INR will change as follows: >5.0 Critical (Previously >3.5 Critical) Test methodology and reagent remain the same.

APTT (Final result) Component (Lab Inquiry)

Collection Time	Result Time	APTT
09/09/14 02:25:00	09/09/14 02:58:00	25.0

Reference ranges for infants less than or equal to 30 days are for full term healthy infants only. Call laboratory (792-0707) to obtain reference range values for premature healthy infants. The recommended aPTT therapeutic range for the treatment of Deep Vein Thrombosis (DVT) or Pulmonary Embolus (PE) using Unfractionated Heparin is 61 - 105 seconds which is equivalent to 0.3 - 0.7 Anti-Xa units/ml. ..... Brill Edwards correlation of anti-Xa level to aPTT is as follows: ..... Anti-Xa (U/mL) = aPTT (seconds) 0.1 U/mL = 43.0 seconds 0.2 U/mL = 52.3 seconds 0.3 U/mL = 61.0 seconds 0.4 U/mL = 73.1 seconds 0.5 U/mL = 83.6 seconds 0.6 U/mL = 94.0 seconds 0.7 U/mL = 105.0 seconds 0.8 U/mL = 114.9 seconds 0.9 U/mL = 125.3 seconds 1.0 U/mL = 135.7 seconds The Activated Partial Thromboplastin time (aPTT) is to be used for monitoring Direct Thrombin Inhibitor Therapy. The therapeutic range for these anticoagulants is 1.5 - 2 times the patient's base line aPTT.

TROPONIN I ULTRA (Final result) **Abnormal** Component (Lab Inquiry)

Collection Time	Result Time	TROPONIN I ULTRA
09/09/14 02:25:00	09/09/14 03:33:00	0.38 (H)

Troponin I testing is performed with the Troponin-I Ultra assay manufactured by Siemens Diagnostics. Reference new TnI-ultra previous TnI ---------- Normal, <=0.06 ng/mL <0.2 ng/mL 99th percentile Abnormal, >=0.07 ng/mL 0.2 - 1.4 ng/mL, including suspected ischemia indeterminant WHO definition of >=0.78 ng/mL >=1.5 ng/mL AMI

Final result
Narrative:
CKMB AND CK ORDERED WHEN TPI RESULT IS BETWEEN 0.07 - 0.78 NG/ML.

HEM PANEL (Edited Result - FINAL) **Abnormal** Component (Lab Inquiry)

Collection Time	Result Time	WBC	RBC	HGB	HCT	MCV
09/09/14 02:25:00	09/09/14 02:42:00	15.96 (H) Effective 02/26/2014, the current critical value range for WBC will change as follows: Age: 0 – 1 day : <2 (changed from <5). Age: 1 day – Adult: No change Test methodology and reagent remain the	4.82	15.2 Effective 02/26/2014, the current critical value range for Hemoglobin will change as follows: Age: Greater than 1 month: 6 to 20 (changed from 6 to 19) Age: Less than one month: 9 to 20 (changed from 10 to 20)	45.2 Effective 02/26/2014, the current critical value range for Hematocrit will change as follows: Age: 0-1 month: 25% to 70% (changed from 30% to 65%) Age: 1 month to 6 months: 25% to 60% (changed	93.8

		same.	Test methodology and reagent remain the same.	from 30% to 60%) Age: 6 months to Adult: Unchanged Test methodology and reagent remain the same.

Collection Time	Result Time	MCH	MCHC	RDW
09/09/14 02:25:00	09/09/14 02:42:00	31.5 (H)	33.6	13.1

PLATELET COUNT (Final result) Component (Lab Inquiry)

Collection Time	Result Time	PLT	MPV
09/09/14 02:25:00	09/09/14 02:42:00	190 Effective 02/26/2014, the current critical value range for Platelet Count will change as follows: Age: 0-1 week: 30 to no upper limit (previously 50 to 999) Age: 1 week-adult: 10 to no upper limit (previously 26 to 999) Test methodology and reagent remain the same.	10.10

MANUAL DIFFERENTIAL (Final result) **Abnormal** Component (Lab Inquiry)

Collection Time	Result Time	NEUTRO PCT	LYMPHO PCT	MONOCYTE S	EOSINO PCT	BASOS PCT
09/09/14 02:25:00	09/09/14 03:23:00	44 (L)	34	9	4	1

Collection Time	Result Time	REACTIVE LYMPHS	ANC
09/09/14 02:25:00	09/09/14 03:23:00	8 (H)	7.02

RBC MORPHOLOGY (Final result) Component (Lab Inquiry)

Collection Time	Result Time	ANISOCYTOS	POLYCHROM
09/09/14 02:25:00	09/09/14 03:23:00	Few	Few

MASS CKMB (Final result) **Abnormal** Component (Lab Inquiry)

Collection Time	Result Time	MASS CKMB	RELATIVE INDEX
09/09/14 02:25:00	09/09/14 04:29:00	3.13 The Siemens Advia Centaur Immunoassay System	5.0 (H) Relative Index (RI) is a unitless calculation with non-AMI ranges as

(Chemiluminescence Technology) is used to perform this assay. Reference ranges adapted from Siemens method literature. Results by other manufacturers' assays for this substance may not be equivalent to results by the Siemens assay and should not be interpreted interchangeably due to methodology differences. mCKMB Interpretation ---------- ---------- <4.9 ng/mL Negative for acute myocardial infarction ---------- ---------- > 5.0 ng/mL Suggestive of cardiac and /or noncardiac muscular injury See relative index determination for differentiation. Notes from Siemens literature: 1. Apparently healthy individuals should have a median value of 0.78 ng/mL. 2. Of 167 hospitalized patients with non-cardiac disorders, the median value was 1.49 ng/mL. 3. Of 42 patients with confirmed acute myocardial infarctions, the madian value was 25.4 ng/mL with a range up to 144 ng/mL.

follows: Male: <2.0 Female: <2.4 These ranges do not rule out the possibility of cardiac damage.

CK (Final result)

Collection Time	Result Time	CK, TOTAL	Component (Lab Inquiry) HEMOLYSIS INDEX
09/09/14 02:25:00	09/09/14 03:53:00	62	1.0 A Hemolysis Index greater than or equal to 2 represents a hemolyzed sample. Interference may occur with a Hemolysis Index greater than or equal to 2 for the following tests: ALT, Ammonia, Amylase, AST, CK, Total and Direct Bili, Fe/IBC, GGT, Hapt, K, Lac, LDH, Mg, Phos, Uric Acid. Interpret with caution. A Hemolysis Index greater than or equal to 6 represents gross hemolysis, specimens should be recollected.

I-STAT TROPONIN (Final result) **Abnormal**

Collection Time	Result Time	POC TROPONIN I	Component (Lab Inquiry) PERFORMING LAB, ART, POC
09/09/14 02:21:00	09/09/14 02:21:00	0.17 (AA) 0.00 - 0.09 ng/ml Negative or non-cardiac damage. 0.10 - 0.59 ng/ml	See Note MUSC Ashley River Tower POC, 25 Courtenay Drive, North Charleston,

	Indeterminate for acute myocardial damage. Possible cardiac damage. Myocarditis, unstable angina or renal disorder. Greater than or equal to 0.6 ng/ml Suggests acute myocardial infarction. Medical decision for cardiac damage using Troponin i-STAT testing should not be based on a single determination at one time point, especially when the sample is the first taken upon patient presentation. The most reliable testing protocol for assessing cardiac damage includes the use of serial marker testing with at least two determinations performed over several hours depending on clinical scenario. Troponin i-STAT results that are inconsistent with all available clinical information should be interpreted with caution. Reference: http:www.fda.gov/cdrh/oivd/labsafetytips.html Disclaimer: The accuracy of cTnI levels above 35 ng/mL by the i-Stat have not been established. If a result is above 35 ng/mL, the recommendation is to collect another specimen and send it to the main lab to confirm the result.	SC, 29425

Final result
Narrative:

MUSC POINT OF CARE TESTING
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

Imaging

ED Medications: Ordered, Reviewed & Administered

ED Medications

Medications
sodium chloride 0.9 % infusion (1,000 mL Intravenous Given 9/9/14 0235)
EPInephrine (ADRENALIN) 0.1mg/mL (1:10,000) injectable syringe (0.1 mg Intravenous Given 9/9/14 0256)
sodium bicarbonate injectable syringe (50 mL Intravenous Given 9/9/14 0256)
vasopressin (PITRESSIN) injection (40 Units Intravenous Restarted 9/9/14 0250)

calcium chloride 100mg/mL (10%) injectable syringe (1 g Intravenous Given 9/9/14 0256)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0214)
etomidate (AMIDATE) 2mg/mL injection 30 mg (30 mg Intravenous Given 9/9/14 0231)
succinylcholine (QUELICIN) injection 120 mg (120 mg Intravenous Given 9/9/14 0231)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0219)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0222)

Home Medications
No current outpatient prescriptions on file.

ED Consults
No orders of the defined types were placed in this encounter.

EKG Interpretation

ST elevation V1

Assessment

60ish year man with most likely acute MI.

Clinical Impression
1. **STEMI (ST elevation myocardial infarction)**
2. Cardiac arrest

Plan

STEMI called prehospitally. Patient arrived awake and alert, but in acute distress. HR 120s BP 132/85 and sats 100% on 15L NRB. Patient was pale and diaphoretic. Equal pulses BUE and BLE. Abdomen soft with no palpable masses. Lungs CTA with no rales, crackles, or wheezes. Dr. Meehan of Cardiology was at bedside at this time as well. Repeat EKG with borderline ST elevation. Bedside Echo by Dr. Meehan showed no acute abnormality - no effusion or tamponade or significant wall motion abnormality. Quick abdominal US by me showed no blood in Morrison's pouch nor splenorenal space. Patient was given nitro for chest pain x 3 - but did not help pain. CXR was ordered and paged multiple times to come to ER, but they were busy with a "sick" patient upstairs. Patient acutely became more SOB and was air-hungry. He layed down and became unresponsive, at which time we were already preparing to intubate - RT had preoxygenated, patient was already on defibrillator. Succ and etomidate given and patient intubated without difficulty on second attempt by DL. Tube visualized going through cords, good BS bilaterally, and color change on CO2 monitor. Whole cath team at bedside at this point and patient went into PEA arrest. ACLS algorithm was followed with CPR and epinephrine for 25 minutes. Also given calcium, bicarb. Decision was made to call arrest at 3:02am. Wife was kept updated about his condition before, during, and after arrest. Chaplain at bedside.

Attestations

I managed this patient myself, no documentation above is from a Non-Physician Provider or resident.

I as the attending physician have provided the critical care time indicated below excluding procedures. This

patient was critically ill while under my care. I was at the bedside or immediately involved in reviewing records, discussing with chaplain, other providers and/or family.

Critical Care Time: 30 Minutes.

Pauline Elise Meekins 9/9/2014 6:39 AM

Pauline Elise Meekins, MD
09/09/14 0644

Electronically signed by Pauline Elise Meekins, MD on 9/9/2014 6:44 AM

CSN
1008241531

Consult NW signed by Daniel Howard Steinberg, MD at 9/9/2014 8:05 AM

Author:	Daniel Howard Steinberg, MD	Service:	(none)	Author Type:	Physician
Filed:	9/9/2014 8:05 AM	Note Time:	9/9/2014 4:15 AM	Note Type:	Consult NW
Related Notes:	Original Note by John Meehan, MD filed at 9/9/2014 5:08 AM				

INPATIENT CONSULTATION

Laurent W Britton is a 58 y.o. male.
MRN: 005531866
Account Number: @HARID@
Today's Date: @todaydate@

Consult Order Information:
No orders of the defined types were placed in this encounter.

Active Problems: There is no problem list on file for this patient.

Allergies:
Not on File

Current Medications:
Current facility-administered medications:calcium chloride 100mg/mL (10%) injectable syringe, , , Code/Trauma/Sedation Med, Pauline Elise Meekins, MD, 1 g at 09/09/14 0256; EPInephrine (ADRENALIN) 0.1mg/mL (1:10,000) injectable syringe, , , Code/Trauma/Sedation Med, Pauline Elise Meekins, MD, 0.1 mg at 09/09/14 0256; sodium bicarbonate injectable syringe, , , Code/Trauma/Sedation Med, Pauline Elise Meekins, MD, 50 mL at 09/09/14 0256
sodium chloride 0.9 % infusion, , , Code/Trauma/Sedation Med, Pauline Elise Meekins, MD, 1,000 mL at 09/09/14 0235; vasopressin (PITRESSIN) injection, , , Code/Trauma/Sedation Med, Pauline Elise Meekins, MD, 40 Units at 09/09/14 0250
No current outpatient prescriptions on file.

History of Present Illness:
Chest Pain

Mr. Britton is a 58 yo Caucasian Male with past medical history (per his wife) of HTN, Hyperlipidemia, and DM who presented with chest and abdominal pain. EMS determined STEMI (V1-V2) in the field and described him as diaphoretic with chest pain and shortness of breath. He arrived at CPC and stated initially abdominal pain was the pain, then it was more chest pain. He was given nitroglycerin at that time and preparted for transportation to the Cardiac Catheterization lab. Unfortunately, as ECG and labs were being drawn, he cardiac arrested and resuscitation efforts were initiated. As per his wife he had been having chest pain over the past few hours with associated nausea and diaphoresis. He was given 324mg ASA en route, but no nitroglycerin was administered.

Past Medical History: has a past medical history of Diabetes mellitus and Hypertension.

Surgical History: History reviewed. No pertinent past surgical history.

Social History:

Family History: family history is not on file.

Review of Systems:
Review of Systems
Cardiovascular: Positive for chest pain.

Physical Exam:
Physical Exam
Filed Vitals:
09/09/14 0240
BP:
Pulse:
Resp:
SpO2: 100%
GEN: Critical condition, diaphoretic, look of dread appearance
NEURO: No notable deficits
HEENT: Oropharynx clear (ET tube placed during arrest), EOMI, neck supple
CV: RRR, no murmurs noted; + tibial/radial pulses (BP 132/88)
PULM: Good air movement bilaterally, coarse rhonchi, no wheezing
GI: Distended, tender to palpation
EXT: MAE x4, no edema

LABS RESULTED: *Below is the patient's most recent value for WBC, Hemoglobin, Hematocrit, Platelet, Sodium, Potassium, Chloride, CO2, BUN, Creatinine Serum, GFR, Glucose, Calcium, Magnesium, Phosphorus, Intact PTH, Albumin, AST, ALT, Cholesterol, Triglycerides, HDL, LDL, and Hemoglobin A1C.*

Lab Results

Component	Value	Date
WBC	15.96*	9/9/2014

HGB	15.2	9/9/2014
HCT	46	9/9/2014
PLT	190	9/9/2014
NA	136.0	9/9/2014
K	3.70	9/9/2014
CL	99.0	9/9/2014
BUN	24.0*	9/9/2014
AST	58.0*	9/9/2014
ALT	43.0	9/9/2014

No results found for this or any previous visit.

RECOMMENDATIONS:

58 yo Caucasian Male with past medical history (per his wife) of HTN, Hyperlipidemia, and DM who presented with chest and abdominal pain.

1. STEMI- Mild elevation in V1, slightly more significant in V2 (noted on EMS ECGs, not noted on ECG on arrival), Troponin 0.17, elevated WBCs, and electrolytes within normal limits and transition to catheterization lab was begun. Unfortunately, Mr. Britton PEA arrested at ~2:35am, shortly after his arrival. Both ED and STEMI teams were present to aid in resuscitation efforts. Patient intubated and begun on ACLS resuscitation guidelines for PEA arrest. Chest Xray had not been performed prior to arrest. Before cardiac arrest a bedside echo was performed, though overall poor quality due to poor acoustic windows, subjectively normal LV squeeze without clear wall motion abnormality was identified, RV was not well visualized, and no significant pericardial effusion was present. Despite our continued resuscitation efforts we were unable to regain a sustainable pulse. His wife was there prior and we had spoken with her prior to the arrest informing her of plans to perform an emergent heart catheterization, which she understood along with severity of his condition. Dr. Steinberg and Dr. Yoe were also present during the resuscitation efforts. Despite our attempts, a life-sustaining pulse could not be achieved. His wife was kept abreast of all our efforts. We sat down and discussed the events with his wife and offered what comfort we could to her and her family in this tragic situation.

Electronically signed by Daniel Howard Steinberg, MD on 9/9/2014 8:05 AM

CSN
1008241531

Order — **ADULT ROUTINE EKG [MUSE4] (Order 51266618)**

ADULT ROUTINE EKG [51266611] — Completed

Ordering user:	Sharon Macon, RN 09/09/14 0225	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	Once 09/09/14 0225 - 1 Occurrences
Electronically signed by:	Pauline Elise Meekins, MD 09/09/14 0446, for Ordering in Verbal with readback mode, Communicator - Sharon Macon, RN		
Questions:	Please enter the Indication Code (Billing Reason) for this test. Acute MI		

Result — **ADULT ROUTINE EKG (Order 51266618)**

MUSC
MEDICAL UNIVERSITY of SOUTH CAROLINA

MEDICAL RECORDS
169 Ashley Ave. Suite 269
MSC 349
Charleston, SC 29425-3490

BRITTON,LAURENT W
MRN: 005531866
DOB: 9/4/1956, Sex: M
Acct #: 502115735
Adm:9/9/2014, D/C:9/9/2014

Resulted: 09/09/14 1605, Result Status: Final result

ADULT ROUTINE EKG [51266618]

Ordering provider: Pauline Elise Meekins, MD 09/09/14 0225 Resulting Lab: MUSE
Specimen: 09/09/14 0214

Component	Value	Ref Range	Flag	Comment	Lab
VENTRICULAR RATE	126			-	33
ATRIAL RATE	126			-	33
P-R INTERVAL	134			-	33
QRS DURATION	146			-	33
Q-T INTERVAL	416			-	33
QTC CALCULATION(BEZET)	602			-	33
CALCULATED P AXIS	53			-	33
CALCULATED R AXIS	89			-	33
CALCULATED T AXIS	-11			-	33
DIAGNOSIS	-			-	33

Result:
```
Atrial flutter with 2 to 1 block
Right bundle branch block
T wave abnormality, consider inferior ischemia
Abnormal ECG
No previous ECGs available
Confirmed by GOLD  MD, MICHAEL (1028) on 9/9/2014 4:05:41 PM
```

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
33 - Unknown	MUSE	Unknown	Unknown	11/15/11 1642 - Present

END OF REPORT

Clinical Lab All

MUSC Health

Name: BRITTON, LAURENT W MRN: 005531866 - ADT Age: 58 yr

Date	Description	Status	Result	Normal Range	H/L	Site	Comment	Know!	Desc Fltr
09-09-2014 02:29	CHEM 8 I	Finished						*	*
	SODIUM		135 MMOL/L	135 - 145		POCT		*	*
	POTASSIUM		4.4 MMOL/L	3.5 - 4.9		POCT		*	*
	GLUCOSE		**598 MG/DL**	**70 - 100**	**C**	**POCT**		*	*
	CREATININE		1.4 MG/DL	0.6 - 1.3	H	POCT		*	*
	UREA NITROGEN		34.0 MG/DL	8.0 - 26.0	H	POCT		*	*
	CHLORIDE		98.0 MMOL/L	98.0 - 109.0		POCT		*	*
	HEMATOCRIT		46 %	42 - 52		POCT		*	*
	IONIZED CALCIUM		1.17 MMOL/L	1.14 - 1.29		POCT		*	*
	HEMOGLOBIN		15.6 GM/DL	14.0 - 18.0		POCT		*	*
	TOTAL CO2		22 MMOL/L	23 - 27	L	POCT		*	*
	PERFORMING LAB		See Note			POCT	*	*	*
09-09-2014 02:25	HEM PANEL	Finished						*	*
	WHITE BLOOD CELL COUNT		15.96 K/CUMM	4.80 - 10.80	H	GEN LAB	*	*	*
	RED BLOOD CELL COUNT		4.82 M/CUMM	4.70 - 6.10		GEN LAB		*	*
	HEMOGLOBIN		15.2 GM/DL	14.0 - 18.0		GEN LAB	*	*	*
	HEMATOCRIT		45.2 %	42.0 - 52.0		GEN LAB	*	*	*
	MCV		93.8 FL	80.0 - 94.0		GEN LAB		*	*
	MCH		31.5 pg	27.0 - 31.0	H	GEN LAB		*	*
	MCHC		33.6 GM/DL	30.7 - 34.4		GEN LAB		*	*
	RDW		13.1 %	11.5 - 14.5		GEN LAB		*	*
	PLATELET COUNT	Finished						*	*
	PLATELET COUNT		190 K/CUMM	140 - 440		GEN LAB	*	*	*
	MPV		10.10 FL	9.15 - 12.31		GEN LAB		*	*
	AUTODIFF	Cancelled						*	*

Clinical Lab All

MUSC Health

Name: BRITTON, LAURENT W MRN: 005531866 - ADT Age: 58 yr

Date	Description	Status	Result	Normal Range	H/L	Site	Comment	Know	Desc Fltr
	METABOLIC PANEL, COMPREHENSIVE - CMP	Finished						*	*
	SODIUM (NA)		136.0 MMOL/L	135.0 - 145.0		GEN LAB		*	*
	POTASSIUM (K)		3.70 MMOL/L	3.50 - 5.00		GEN LAB		*	*
	CHLORIDE		99.0 MMOL/L	98.0 - 107.0		GEN LAB		*	*
	CO2 CONTENT (BICARBONATE)		21 MMOL/L	22 - 32	L	GEN LAB		*	*
	ANION GAP		16 MMOL/L	2 - 11	H	GEN LAB		*	*
	GLUCOSE, SERUM		**664.0 MG/DL**	**70.0 - 100.0**	**C**	**GEN LAB**	*	*	*
	UREA NITROGEN, BLOOD (BUN)		24.0 MG/DL	8.0 - 20.0	H	GEN LAB		*	*
	CREATININE		1.7 MG/DL	0.6 - 1.3	H	GEN LAB		*	*
	CALCIUM		8.8 MG/DL	8.4 - 10.2		GEN LAB		*	*
	BILIRUBIN, TOTAL		1.4 MG/DL	0.2 - 1.3	H	GEN LAB		*	*
	ASPARTATE AMINOTRANSFERASE (AST)(SGOT)		58.0 IU/L	12.0 - 38.0	H	GEN LAB		*	*
	ALANINE AMINOTRANSFERASE (ALT)(SGPT)		43.0 IU/L	10.0 - 45.0		GEN LAB		*	*
	ALKALINE PHOSPHATASE		86.0 IU/L	25.0 - 100.0		GEN LAB		*	*
	TOTAL PROTEIN, SERUM		6.6 G/DL	6.0 - 8.0		GEN LAB		*	*
	ALBUMIN, SERUM		3.7 G/DL	3.5 - 4.8		GEN LAB		*	*
	HEMOLYSIS INDEX		1.0	0.0 - 1.9		GEN LAB	*	*	*
	TROPONIN I ULTRA	Finished	0.38 NG/ML	<=0.06	H	GEN LAB	*	*	*
	PROTHROMBIN TIME (PT)	Finished						*	*
	PT		14.8 SEC	12.0 - 15.1		GEN LAB	*	*	*

Clinical Lab All

MUSC Health

lame: BRITTON, LAURENT W MRN: 005531866 - ADT Age: 58 yr

Date	Description	Status	Result	Normal Range	H/L	Site:	Comment	Know!	Desc Fltr
	INR		1.13			GEN LAB	*	*	*
	APTT	Finished	25.0 SEC	23.3 - 35.7		GEN LAB	*	*	*
	DIFFERENTIAL	Finished						*	*
	NEUTROPHILS		44 %	50 - 75	L	GEN LAB		*	*
	LYMPHOCYTES		34 %	20 - 45		GEN LAB		*	*
	MONOCYTES		9 %	0 - 10		GEN LAB		*	*
	EOSINOPHILS		4 %	0 - 5		GEN LAB		*	*
	BASOPHILS		1 %	0 - 2		GEN LAB		*	*
	REACTIVE LYMPHS		8 %	0 - 4	H	GEN LAB		*	*
	ANC		7.02 K/CUMM	2.40 - 8.10		GEN LAB		*	*
	RBC MORPHOLOGY	Finished						*	*
	ANISOCYTOSIS		Few			GEN LAB		*	*
	POLYCHROMASIA		Few			GEN LAB		*	*
	MASS CKMB	Finished	3.13 NG/ML	<=4.90		GEN LAB	*	*	*
	RELATIVE INDEX		5.0	<=2.0	H	GEN LAB	*	*	*
	CREATINE KINASE	Finished	62 IU/L	25 - 260		GEN LAB		*	*
	HEMOLYSIS INDEX		1.0	0.0 - 1.9		GEN LAB	*	*	*
)9-09-2014 02:21	I-STAT TROPONIN	Finished						*	*
	PERFORMING LAB		See Note			POCT	*	*	*
	I-STAT TROPONIN		**0.17 NG/ML**	**<=0.09**	**C**	**POCT**	*	*	*

BRITTON, LAURENT **ID:005531866** **09-SEP-2014 02:14:01** **Adult ECG**

)4-SEP-1956 (58 yr)
Male Caucasian

Room:CPC01
Loc:202

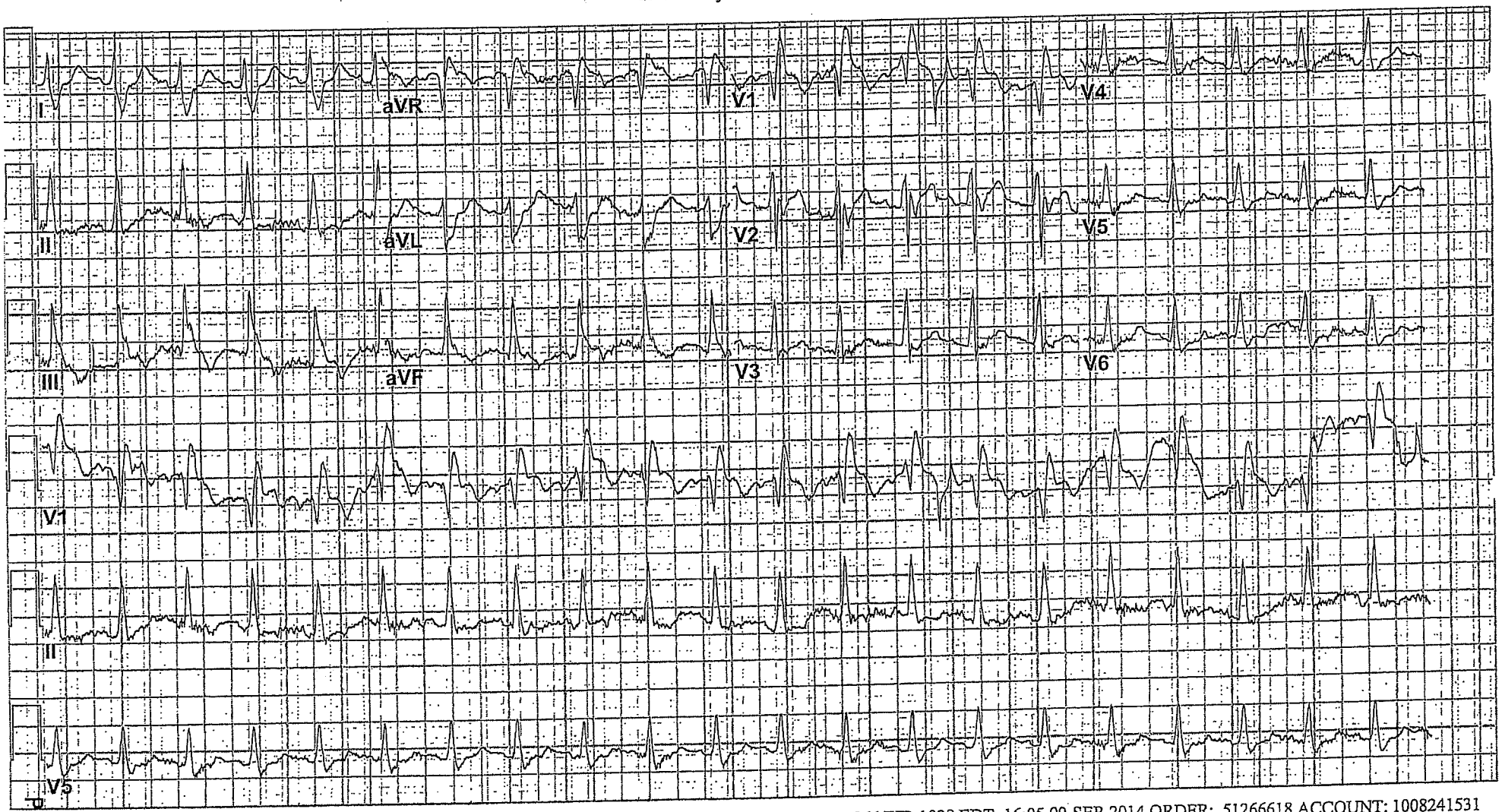
Vent. rate	126	BPM
PR interval	134	ms
QRS duration	146	ms
QT/QTc	416/602	ms
P-R-T axes	53 89	-11

Atrial flutter with 2 to 1 block
Right bundle branch block
T wave abnormality, consider inferior ischemia
Abnormal ECG
No previous ECGs available
Confirmed by GOLD MD, MICHAEL (1028) on 9/9/2014 4:05:41 PM

Technician: JSA
Test ind:

Referred by: MEEKINS

Confirmed By: MICHAEL GOLD MD



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 7

SID: 5531866 EID:1028 EDT: 16:05 09-SEP-2014 ORDER: 51266618 ACCOUNT: 1008241531

MUSC Health

AUTHRELSE

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Form Origination Date: 1/2000
Version: 6 Version Date: Rev 2/13

This form must be completed in its entirety in order to be considered valid.

Patient Name: Laurent W. Britton Date of Birth: 9-4-56

Medical Record Number: 5531864 Last 4 digits Social Security Number: 1175

☒ I authorize MUSC Medical Center to disclose / release information TO:
☐ I authorize MUSC Medical Center to obtain information FROM:

Name of Individual / Organization: Marsha Parker Britton

Street Address: 1135 Astor Dr City: Mt Pleasant State: SC Zip Code: 29464

Phone Number: 843-442-4264 Fax Number (cannot fax to a residence)

The purpose of the disclosure is: ☐ Continued care ☐ Legal ☐ Insurance ☐ Disability ☒ Patient Request / wife
☐ Other **Date(s) of service:** 9/9/2014

☒ An **"abstract"** of the medical record is provided as the first level of release of information (comprehensive overview of entire record). This includes: history and physical, consults, lab and radiology reports, discharge summary, operative / procedure reports, Emergency Department reports, Occupational Therapy / Physical Therapy reports.

In addition to the "abstract" information, the following information may be requested:

☐ Films / images	☐ Immunization records	☐ Medication list	☐ Physician progress / visit notes
☒ Physician orders	☒ Nurses notes	☐ Entire record	☐ Other:

I understand this information may include reference to psychiatric / psychological care, sexual assault, drug abuse, results of tests for all infectious diseases including HIV / AIDS and / or alcohol abuse.

I authorize the exchange of this information via **(choose one)**: ☐ Mail or ☐ Fax or ☑ Other: P/U

I understand that I have a right to cancel / revoke this authorization at any time. I understand that if I cancel / revoke this authorization I must do so in writing and present my written cancellation / revocation to the Health Information Services Department (Medical Records). I understand that the cancellation / revocation will not apply to information that has already been released in response to this authorization, as stated in the Notice of Privacy Practice. Unless otherwise canceled / revoked, this authorization will expire / end one year from this date or _____.

I understand that fees for copies of medical records and postage fees may be charged as provided by S.C. Law.

I understand that authorizing the disclosure of protected health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form to receive treatment. I understand I may review and / or copy the information to be disclosed, as provided in 45 CFR §164.524. I understand that any disclosure of information carries with it the possibility of unauthorized disclosure by the person / organization receiving the information. I understand I will be given a copy of this authorization.

A copy of my identification will be made and attached to this authorization.

Marsha Parker Britton — 10-24-2014
Signature of Patient or Legal Guardian / Representative — Date

Marsha Parker Britton
Printed Name of Patient or Legal Guardian / Representative

art

legal representative | wife
Relationship to Patient, if signed by Legal Guardian / Representative — Witness Signature

Document(s) of patient representative's authority must be attached if patient is not signing.

To contact Health Information Services (Medical Records) in writing, the address is: 169 Ashley Avenue / MSC 349 / Attention: Release of Information / Charleston, South Carolina 29425-3490; the phone number is (843) 792-3881. Fax number is (843) 792-7292.

Original to Health Information Services (medical records department) Copy to patient

PRID: 31996243 RPT#: 0500013 Response District: 12

Service: Charleston County EMS
Base: Medic 02
Unit: M02
Shift: B
Tail/Reg: 50ZZ
EMD: Yes, With Pre-Arrival Instructions - 6D04
Type of Svc: Scene Unscheduled
Response Code: Delta
Mode to Ref: Lights / Sirens
Moved Via: Stretcher
Position: Semi-Fowlers
Outcome: Transported

Ref Other Type: *Other*
Location: CHARLESTON COUNTY PUBLIC WORKS HQ
4360 Azalea Dr
NORTH CHARLESTON, SC 29405
Ref. GPS: 32.84901,-80.01054

Date: September 9, 2014
Team: ALS
Crew 1: *Primary Caregiver*
*Upchurch, Michael (SC020312)
Crew 2: *Secondary Caregiver*
McEachern, Paul (SC026181)

** designates an ALS Provider*

Mode to Rec: Lights / Sirens
Moved From: Stretcher
Pt. Condition: Unchanged

Receiving: *Hospital*
MUSC - Ashley River Tower
Emergency Department
25 Courtenay Drive
Charleston, SC 29425
Dest. GPS: 32.782999,-79.950734
Rec. RN: Dr. Meekins

Last Name: Britton First: Larry
Address: 1135 Astor
City: Mount Pleasant ST: SC Zip: 29464
County: Charleston
Phone: (000) 000-0000
DOB: 09/04/1956 SSN: 000-00-0000
Age: 58y Sex: M Weight: 250 lb
Height:
Subscriber: No
Race: White, non-Hispanic
DNR Orders: None
Billing Information:

Company	Group	ID
Unk		unk SSN

Odometer		Times	
Start:	0.0	Received:	01:25
At Ref:	0.0	Dispatch:	01:26
At Rec:	7.9	EnRoute:	01:27
End:	7.9	First Resp:	01:34
Ld Miles:	7.9	At Ref:	01:34
Tot Miles:	7.9	At Patient:	01:35
		Leave Ref:	01:50
		At Rec:	02:07
		Available:	02:45
		Med control:	01:50

Notice of Privacy Practices Given: None
Consent Signed: No
PCS / Medical Necessity Signed: No
Primary Method of Payment: Insurance

Scene Information

Description: The pt was seated at his desk awaiting EMS arrival.
Patient Belongings: None handled.
Other Agencies: Fire, Other

Chief Complaint (Category: Breathing Problems)

Breathing problems

Duration: 1 Hours
Anatomic Location: Chest
ALS Assessment: Completed for Suspected Illness

Secondary Complaint

Chest pain

Chief Complaint (Category: Breathing Problems)
Duration: 1 Hours
History of Present Illness
M-2 was dispatched to the referring address for breathing problems. A rep of the radio shop was responding to unlock the doors to the office. Upon arrival the pt was seated in his office awaiting EMS arrival. The pt was a 58 y/o C/M. The pt's coworker advised that the pt had been complaining of his "diabetes acting up" throughout the day, but that the pt just recently began complaining of SoB/chest pain. The pt advised that he had been monitoring a recent incident in the radio shop and that he suddenly found it very hard to breathe. The pt was unsure of the specific onset time, but advised that his symptoms began within the past hour. The pt advised that with the breathing difficulty he also began having a crushing chest pain in the center of his chest. The pt initially denied the pain radiating anywhere, but after loading for transport the pt advised that when he sat up the pain would move to his abdomen and back to his chest when laying back. Pt denied having any pertinent cardiac history. The pt denied having any current nausea/vomiting or LoC since the onset of his symptoms. The pt advised that he last check his BGL this morning and that it was high, but he was unable to recall a specific value. The pt was CAO to person, place and time with a GCS of 15. The pt's skin was pale and very diaphoretic. Negative fluids/cyanosis noted around the pt's nose/mouth/ears. Trachea was midline, negative JVD noted. Respirations were tachypnic and labored. Negative accessory muscle use noted, but the pt displayed an increased work of breathing. Lung sounds were bilaterally equal and clear from the anterior and posterior. Abdomen was soft and non-distended. Radial pulses were bilaterally strong and regular. Pt displayed spontaneous motion x 4 in his extremities. Negative edema/cyanosis noted peripherally. When we arrived on scene we immediately placed the pt on the cardiac monitor and checked his BGL. Initial BGL taken read 477 mg/dL. Initial 4-lead EKG revealed a sinus tachycardia. Oxygen saturation initially 89-91% RA. The pt was placed on 15 l/min O2 via NRB, which allowed his saturation to rise to the 95-98% range. Pt advised of some slight relief in his breathing difficulty, but was still presenting with labored respirations and increased work of breathing. The first 12-lead EKG was obtained in the office prior to moving the pt. It revealed approximately 2-3 mm of ST-segment elevation in leads V1 and V2. After obtaining an initial BP of 150/110 mmHg, we moved the pt to the stairchair for movement out of the office building. The pt's size, moving him through office and down the stairs did delay our scene departure. We were also delayed slightly due to my trying to obtain a clean 12-lead prior to departing the scene. Once the pt was inside the ambulance, 324 mg ASA was administered PO and repeat 12-leads were performed. The ST-elevation was consistent in the repeat 12-leads, so we asked dispatch to advise MUSC of a STEMI alert. S1Q3T3 was also noted in multiple, but not all of the 12-leads performed. Initial IV access was established via 18G catheter in the RAC and NS was attached. The pt received approximately 400 ml NS from that side. Secondary IV access was established via 18G catheter in the left forearm. The pt's blood pressure was consistently trending down, so nitroglycerine was withheld and a second NS was attached to the left side. The pt received approximately 300 ml NS from the left side. Med-control was established with MUSC while en route and they were advised of a possible STEMI. They copied and we were redirected to the ART ED. Monitor issues prevented a 12-lead from being transmitted during transport. The pt's BP improved during transport and his oxygen saturation remained above 95% with 15 l/min O2 via NRB, but the pt's overall condition worsened. The pt began displaying a sense of impending doom just prior to arriving at the hospital, but was still CAO x 3 upon arrival. MOU

Medical History	Current Medications	Allergies
Diabetes Mellitus Hypercholesterolemia Hypertension	Lisinopril Sandostatin	NKDA - Reported by patient

Neurological Exam		
Level of Consciousness: Alert	Loss of Consciousness: No	Glasgow Coma Scale
Chemically Paralyzed: No		E V M Tot
Neurological Present: Normal		Int: 4 5 6 = 15
Mental Present: Normal		Qual: Legitimate values w/o interventions such as

Pupils	Motor	Sensory

Neurological Exam

	Left	Right
Size:	Normal	Normal
React:		
React:		

LA:	Normal	Normal
RA:	Normal	Normal
LL:	Normal	Normal
RL:	Normal	Normal

intubation and sedation

Airway

Status: Patent

Respiratory

Effort: Labored

Sounds: L: Clear R: Clear

Cardiovascular

JVD: Not Appreciated

Edema: Not Appreciated

Pulses

	Left	Right
Carotid:		
Radial:	Strong	Strong
Femoral:		

Injury Details

Reason for Encounter: Non-Injury

Drugs/Alcohol?: None

Initial Physical Findings

Assessment

Tubes/Drains:

Skin: Diaphoretic, Pale

Skin Findings:

Impression / Diagnosis

System: Cardiovascular

Symptoms: Breathing Problem, Pain

Impression: Chest pain / discomfort, Pain, Non-traumatic, NOS, Respiratory distress, Abdominal pain / problems

Initial Patient Acuity: Emergent (Yellow)

Activity

Time	H.R.	B.P.	MAP	SaO2	Resp	Rhythm	GCS	ECG Method	Prtcl	Pain	CRW#
	H.R. Method	Method	LOC		Resp Effort		GCS Qual				
Action	Comment										
01:37									General Medical		#1
Labs	Lab values obtained by Michael Upchurch. Glu: 477 mg/dl .										
01:37									Chest Pain		#1
Cardiac	Cardiac Monitor performed by Michael Upchurch. Authorization: Protocol. Pt. Response: Unchanged.										
01:38									General Medical		#1
Airway	Oxygen initiated at 15 via NRB. Performed by Michael Upchurch.										
01:38	110	150 / 110	123	91	30	Sinus Tachycardia (REG)	4/5/6		General Medical	10	#1
		Auto. Cuff			Labored		Legitimate values w/o interventions such as intubation and sedation				
01:39									Chest Pain		#1

Activity

Time	H.R.	B.P.	MAP	SaO2		Resp	Rhythm	GCS	ECG Method	Prtcl	Pain	CRW*
	H.R. Method	Method	LOC			Resp Effort		GCS Qual				
Action	Comment											
Cardiac	12-Lead EKG Lead Change(s): V1, V2. performed by Michael Upchurch. Authorization: Protocol. Pt. Response: Unchanged.											
01:46										General Medical		#1
Initiate IV	Peripheral IV initiated by Paul McEachern with 18 ga at Right Antecubital. Attempts: 1, Successful: Yes.											
01:47										General Medical		#1
Med.	Normal Saline , 400 ML via IV - Drip given by Michael Upchurch. Pt. Response: Improved.											
Med.	Aspirin , 324 MG via PO given by Paul McEachern. Pt. Response: Unchanged.											
01:50										General Medical		#2
Hosp. Notify	STEMI alert sent by Michael Upchurch via Radio. Potential Registry Candidate: Cardiac/MI, .											
01:50	118	131 / 85 Auto. Cuff	100 Alert		30 Labored	Sinus Tachycardia (REG)		4/5/6 Legitimate values w/o interventions such as intubation and sedation		General Medical	10	#1
01:52										General Medical		#1
Initiate IV	Peripheral IV initiated by Michael Upchurch with 18 ga at Left Forearm. Attempts: 1, Successful: Yes.											
02:01	120	114 / 87 Auto. Cuff	96 Alert	98	30 Labored	Sinus Tachycardia (REG)		4/5/6 Legitimate values w/o interventions such as intubation and sedation		Chest Pain	10	#1
Med.	Normal Saline , 300 ML via IV - Drip given by Michael Upchurch. Pt. Response: Improved.											
02:08	125	141 / 89 Auto. Cuff	106 Alert		30 Labored	Sinus Tachycardia (REG)		4/5/6 Legitimate values w/o interventions such as intubation and sedation		General Medical	10	#1

* *Assessment made by*

Response Factors Affecting Care: None
Scene Factors Affecting Care: Safety of Patient,Other:Pt movement out of the office.
Transportation Factors Affecting Care: None
Dispatch Factors: None
Turn-Around Factors: Other:Dr. Meekins requested that I remain in the ED.

CHARLESTON COUNTY
SOUTH CAROLINA

843.202.6700
1.800.524.7832
Fax: 843.202.6712
Lonnie Hamilton, III Public Services Building
4045 Bridge View Drive
North Charleston, SC 29405-7464

Don Lundy
Director

EMERGENCY MEDICAL SERVICES

Date: 11-20-14

Patient Name: Lang Britton

Date of Service: 9-9-14

Attached are the Charleston County EMS records for the above named individual. I certify that these are true and correct copies.

Katherine Jones

Katherine Jones
Administrator Assistant 1
Charleston County EMS
4045 Bridge View Drive, Ste. B309
North Charleston SC 29405
843-202-6700

William E. Wilson, M.D.
Claimant Name: Laurant Britton (Deceased)
Date of Injury: September 9, 2014

1. Is it your opinion, with a reasonable degree of medical certainty, that due to the unexpected strain and overexertion suffered on September 8 and 9, 2014, Chief Larry Britton, more probably than not, died of a sudden acute myocardial infarction while providing law enforcement support under unusual and extraordinary conditions of employment, which resulted in an exacerbation of his known pre-existing medical conditions to the extent he suffered the heart attack?

✓ Yes _____ No

William E. Wilson, M.D.

12/18/14
Date

ICR

CHARLESTON COUNTY SHERIFF'S OFFICE
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J. Al Cannon, Jr.
SHERIFF

KR

INCIDENT REPORT

SC0100000	DISPATCH NUMBER 2014-015172	ORIGINAL CASE NUMBER	PAGE 1 OF 1 PAGES	NCIC ENTRY	INC.	ENT.

EVENT

	INCIDENT TYPE	INCIDENT CODE	COMPLETED	FORCED ENTRY	PREMISE TYPE	ARMS ENTERED	TYPE VICTIM
1.	Disturbance		☒ YES ☐ NO	☐ YES ☒ NO	Residence	N/A	☐ INDIVIDUAL ☐ BUSINESS ☐ FINANCIAL INST. ☐ GOVERNMENT ☐ RELIG. ORG ☐ SOC./FUB. ☐ OTHER ☐ UNKNOWN ☐ POLICE OFF.
2.	N/A		☐ YES ☐ NO	☐ YES ☐ NO	N/A	N/A	
3.	N/A		☐ YES ☐ NO	☐ YES ☐ NO	N/A		

INCIDENT LOCATION	ZIP CODE	WEAPON TYPE
1840 Carriage Lane Charleston SC	29407	Gun

BEGINNING INCIDENT DATE	24 HR. CLOCK	ENDING INCIDENT DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	TRACT #
9-8-14	1923	9-8-14	Ongoing	9-8-14	1923	1923	Ongoing	

COMPLAINANT

NAME: (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	DOB	ETH.
Charleston County Sheriff's Office	#1 #2 #3	J					

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC / ID & STATE	SOCIAL SECURITY #
		N/A	N/A			

ADDRESS #	STREET NAME	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
					H	H

OCCUPATION	EMPLOYER	ALIAS	NIC #

VICTIM #1

NAME: (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	DOB	ETH.
Unknown	#1 #2 #3	J					

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC / ID & STATE	SOCIAL SECURITY #
		N/A	N/A			

ADDRESS #	STREET NAME	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
					H	

☐ VISIBLE INJURY ☐ NO ☐ YES — COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES — USING ALCOHOL ☐ NO ☐ YES ☐ UNK — ☐ TWO-MAN VEHICLE ☐ DETECTIVE SPLASH ☐ ALONE — ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

EXPLAIN

DRUGS ☐ NO ☐ YES TYPE ☐ UNK

OCCUPATION	EMPLOYER	ALIAS	NIC #

SUBJ. I.D.

☐ COMPLAINANT
☐ VICTIM # ____
☐ SUSPECT # ____
☒ SUBJECT # 1
☐ WITNESS # ____
☐ WANTED
☐ WARRANT
☐ ARREST
☐ RUNAWAY
☐ MISSING PERSON

NAME: (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	DOB	ETH.
Unknown	#1 #2 #3	J					

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC / ID & STATE	SOCIAL SECURITY #
		N/A	N/A			

ADDRESS #	STREET NAME	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
					H	H

☐ VISIBLE INJURY ☐ NO ☐ YES — COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES — USING ALCOHOL ☐ NO ☐ YES ☐ UNK — ☐ TWO-MAN VEHICLE ☐ DETECTIVE SPLASH ☐ ALONE — ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

EXPLAIN

DRUGS ☐ NO ☐ YES TYPE ☐ UNK

OCCUPATION	EMPLOYER	ALIAS	NIC #

ARREST

(A) CHARGE	(C) CHARGE
N/A	N/A
(B) CHARGE	(D) CHARGE
N/A	N/A

NARRATIVE

(Chas) Deputy Alexander, courtesy officer for the property, reported that he was out with a disturbance at apartment 197-G and requested another unit. Deputy Johnson, courtesy officer for property, responded to assist with the call. Units on scene began running an individual and advised that they had a subject that was refusing to exit his apartment. Deputies Ackermann, Matuskovic, and Harris responded to the scene to assist and arrived on scene at 1930. At approximately 2005 units on scene advised that shots had been fired. Nothing further at this time.

ORIGINAL COPY

PROPERTY EST.

TYPE (GROUP)						TOTAL VALUE
	N/A					
STOLEN						
DAMAGED						
BURNED						
RECOVERED						
SEIZED						

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY: N/A

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY: N/A

ADMINISTRATIVE

SUBJECT IDENTIFIED	SUBJECT LOCATED			
☐ YES ☒ NO	☐ YES ☒ NO	☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED	☐ ARRESTED UNDER 16 ☐ ARRESTED 16 AND OVER	☐ EX-CLEAR UNDER 16 ☐ EX-CLEAR 16 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Sgt. K. Ford	9-8-14	9114	Capt. Williams	9-8-14	9208
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO — OFFICER		

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J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	DISPATCH NUMBER	ORIGINAL CASE NUMBER 2014-015172	PAGE 1 OF 1 PAGES	NCIC ENTRY	NO.	ENT.

ORIGINAL REPORT	SUPPLEMENTAL REPORT	ADDITIONAL VICTIMS	ADDITIONAL WITNESSES	ADDITIONAL STOLEN PROPERTY
MODIFIES ORIGINAL	CASE STATUS CHANGE	ADDITIONAL OFFENDERS	ADDITIONAL SUBJECTS	ADDITIONAL RECOVERED PROPERTY

NARRATIVE

Incident Type: Shooting Response

Location: 1840 Carriage Lane Apt 197-G
Charleston, SC 29407

INCIDENT DATE: 9-8-2014

VICTIM #1: DFC Joseph Matuskovic
3505 Pinehaven Drive
Charleston, SC 29405

VICTIM #2: DFC Mike Ackerman
3505 Pinehaven Drive
Charleston, SC 29405

SUSPECT #1: Owald, Micheal W/M 510 210
1840 Carriage Lane Apt 197-G
Charleston, SC 29407

At the above date, I, Deputy Meade, responded to an officer down call at approximately 2007 hrs from the intersection of HWY 41 and HWY 17. I responded Code 3 to the incident location and arrived to the outside perimeter at approximately 2018 hrs. I deployed my patrol rifle and went to the interior perimeter to the AB side of building G. By the time I arrived on scene, DFC Matuskovic and DFC Akerman had been evacuated and were enroute to definative medical care. I responded to a request for more rifles at the BC side of buildin G approximately twenty minutes from my arrival at the interior perimeter. I held position at the BC side of building G until I was relieved by NCPD SWAT at approximately 0000 hrs.

ORIGINAL COPY

PROPERTY EST.

						TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
TYPE (GROUP)							
STOLEN							
DAMAGED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO	SUBJECT LOCATED ☒ YES ☐ NO	☐ ACTIVE ☒ ADM. CLOSED ☐ UNFOUNDED	☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER	☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Meade	9-10-2014	10675	Sgt. K. Ford	9-10-2014	9114
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/1/09

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INCIDENT SUPPLEMENT

SC0100000	DISPATCH NUMBER	ORIGINAL CASE NUMBER 2014-015172	PAGE 1 OF 1 PAGES	NCIC ENTRY	INC.	ENT.

☐ ORIGINAL REPORT ☒ SUPPLEMENTAL REPORT ☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE
☐ ADDITIONAL VICTIMS ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL WITNESSES ☐ ADDITIONAL SUBJECTS ☐ ADDITIONAL STOLEN PROPERTY ☐ ADDITIONAL RECOVERED PROPERTY

NARRATIVE

INCIDENT TYPE: Disturbance / Shots Fired

INCIDENT DATE/TIME: 9/8/2014 / 1936hrs

INCIDENT LOCATION: 1840 Carriage Ln, Charleston, SC

VICTIM (#1): Name: Joseph Matuskovic
Address: 3505 Pinehaven Dr, N Charleston, SC
Charleston County Sheriff's Office
Phone #: 8432021700

Victim (#2): Name: Michael Ackerman
Address: 3505 Pinehaven Dr, N Charleston, SC
Charleston County Sheriff's Office
Phone #: 8432021700

SUSPECT (#1): Name: Michael Oswald
Address: 1840 Carriage Ln Apt 197G, Charleston, SC
Race: W, Sex: M, Height: 511, Weight: 175, DOB: 11/2/75
Phone #: unk

(West Ashley) On 9/8/2014 at 1936hrs, while working districts 9/10 I heard Deputies check on scene at the incident location in district 7. A short time later I heard a Deputy come over the radio with "shots fired, officers down". I immediately initiated my blue lights and siren from Central Park Rd and responded to the scene. Upon arrival I parked my vehicle in the raised median at Carriage Ln / Old Towne Rd. I then secured my SWAT issued rifle from my trunk and positioned myself on the perimeter next to Deputy Quinn on the C/D corner of the apartment. A few minutes later I heard Deputy B. Moniz asking for another CCSO rifle on the A/B corner. I responded over the radio that I was on scene and en route to that location. I quickly ran toward my car and around the outside of Old Towne Rd perimeter until I got to the B side of the apartment. I then took cover behind a parked car on the A/B side of the apartment and trained my rifle sights on the suspect's door and windows (Apt 197G). I remained in place until NCPD SWAT relieved me at approximately 2330hrs. I then reported to CCSO Headquarters for debriefing. Nothing further.

ORIGINAL COPY

PROPERTY EST.

						TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
TYPE (GROUP)							
STOLEN			N/A				
DAMAGED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED: ☒ YES ☐ NO | SUBJECT LOCATED: ☒ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☒ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☒ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
J. Wiedemann	9/10/2014	10467	Sgt S. Eubanks	9/10/2014	8839
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/1/99

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Sheriff

INCIDENT SUPPLEMENT

SC0100000	DISPATCH NUMBER	ORIGINAL CASE NUMBER 2014-015172	PAGE 1 OF 1 PAGES	NCIC ENTRY	INQ.	ENT.

ORIGINAL ☐ REPORT
SUPPLEMENTAL ☒ REPORT
MODIFIES ☐ ORIGINAL
CASE STATUS ☐ CHANGE
ADDITIONAL ☐ VICTIMS
ADDITIONAL ☐ OFFENDERS
ADDITIONAL ☐ WITNESSES
ADDITIONAL ☐ SUBJECTS
ADDITIONAL ☐ STOLEN PROPERTY
ADDITIONAL ☐ RECOVERED PROPERTY

INCIDENT TYPE: Disturbance / Shots Fired

INCIDENT DATE/TIME: 9/8/2014 / 1936hrs

INCIDENT LOCATION: 1840 Carriage Ln, Charleston, SC

VICTIM (#1): Name: Joseph Matuskovic
Address: 3505 Pinehaven Dr, N Charleston, SC
Charleston County Sheriff's Office
Phone #: 8432021700

Victim (#2): Name: Michael Ackerman
Address: 3505 Pinehaven Dr, N Charleston, SC
Charleston County Sheriff's Office
Phone #: 8432021700

SUSPECT (#1): Name: Michael Oswald
Address: 1840 Carriage Ln Apt 197G, Charleston, SC
Race: W, Sex: M, Height: 511, Weight: 175, DOB: 11/2/75
Phone #: unk

NARRATIVE

While at Eugene Gibbs and Folly Rd. I and other deputies heard the code 46 call come over the radio with shots fired. I responded with blue lights and siren from that location and started en route to Carriage Lane. There was a lot of radio traffic while I was responding. Once I arrived at the location, I grabbed my shotgun and proceeded to run with 2 other deputies to the location where we thought our fallen partners were. I started up the middle staircase of the apartment building and was told not to come up but to move to the far stairwell and get Deputy Matuskovic out of harm's way. I then trained my shotgun at the doorway from the ground and moved quickly by the door and then ran to the far stairwell and moved up the steps to the second floor. I saw Deputy Matuskovic facedown about thirty yards in front of me. I immediately ran to him and handed my shotgun to a Charleston City Officer and told him to cover us as I and another City Officer began dragging Deputy Matuskovic to safety. We struggled with the concrete floor and the stairs as we made our way to the bottom floor and out to the side of the building. I informed dispatch that I had him and that we needed EMS to come to the side of the building because Deputy Matuskovic was unresponsive and not breathing. I was asked if the scene was secure. I don't remember answering but I heard someone say that I needed to keep coming with him because EMS was not coming to us. I then opened Deputy Matuskovic's shirt and removed his vest so that we could start first aid for him. EMS rolled in moments later and took over from myself and another deputy.
Once Deputy Matuskovic was loaded into the EMS truck I ran back to my cruiser and grabbed my patrol rifle and went back to the area of the shooting and set up on the door where the suspect was last scene.
After some time had passed I was called out to the Command Post to give information as to the exact location of the suspect's residence. I met with the SWAT Commander and provided what I could to the team. I was told at that time to stand down and wait for my next orders which was to go to Headquarters and wait for debriefing. Once there, I was told that Deputy Matuskovic did not survive his injuries.

PROPERTY EST.

						TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
TYPE (GROUP)		ORIGINAL FINAL		COPY			
STOLEN							
DAMAGED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO
SUBJECT LOCATED ☒ YES ☐ NO
☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED
☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER
☐ EX-CLEAR UNDER 18 ☒ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☒ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
B. Moniz	9/10/2014	10588	Sgt S. Eubanks	9/10/2014	8839
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO — OFFICER		

CCSO-101 3/1/98

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Sheriff

INCIDENT SUPPLEMENT

KR

SC0100000	DISPATCH NUMBER	ORIGINAL CASE NUMBER 2014-015172-B	PAGE 1 OF 3 PAGES	HOLD ENTRY	INQ.	ENT.

☐ ORIGINAL REPORT	☒ SUPPLEMENTAL REPORT	☐ ADDITIONAL VICTIMS	☐ ADDITIONAL WITNESSES	☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL	☐ CASE STATUS CHANGE	☐ ADDITIONAL OFFENDERS	☐ ADDITIONAL SUBJECTS	☐ ADDITIONAL RECOVERED PROPERTY

NARRATIVE

Incident Type: Officer Involved Shooting
Incident Location: 1840 Carriage Lane, Charleston, SC
Incident Date: Septmeber 8, 2014

On September 8, 2014, I responded to 1840 Carriage Lane, an apartment complex, to assist with a call in which shots were fired and officers were reported to be injured. While responding I heard that the alleged suspect was thought to still be located inside an apartment. However, the description was broadcasted and a perimeter was being set up. The incident location was Building G. I also heard deputies being instructed to pull the injured officers out in order for Emergency Medical Services (EMS) to render aid.

Upon arrival, I began to take up a position of cover to assist with the perimeter. I noticed at least three personnel trying to drag an injured officer out. I went to assist with moving the injured officer at which time I realized it was Charleston County Sheriff's Deputy Sheriff Matuskovic. While moving Deputy Matuskovic to a safe location, EMS pulled in beside Building G. EMS began working on Deputy Matuskovic. An EMS supervisor ordered that Deputy Matuskovic's weapon be secured. At the time I was unable to remove Deputy Matuskovic duty belt, so I removed and secured his issued duty weapon. I was then able to remove Deputy Matuskovic's belt with assistance from EMS. As EMS moved Deputy Matuskovic, the back panel of his ballistics vest was removed and handed to me. I secured the back panel of the ballistics vest, duty belt and weapon in the front of my issued cruiser. As I looked up from this, I observed EMS leaving the scene. I followed EMS to MUSC.

Once at MUSC, I stayed with Deputy Matuskovic in the Trauma Unit and was present when the trauma staff declared Deputy Matuskovic deceased at 2037 hours. S/Sgt. H. Phillips and Sgt. S. James were also present.

Deputy Ackerman was also in the trauma unit; the next bay over divided off by curtains. Trauma staff was tending to Deputy Ackerman. S/Sgt. Phillips, Sgt. James and I made our presence known to Deputy Ackerman in an attempt to support and comfort him. The trauma unit removed and bagged all of Deputy Ackerman's clothing and gear. His weapon was previously secured by MUSC Public Safety. I took custody of all clothing and gear to include his weapon from MUSC Public Safety Officer R. Miller. All items were secured in the trunk of my cruiser. I also collected a GSR kit on Deputy Ackerman at approximately 2224 hours; sealing the kit at 2232 hours.

S/Sgt. H. Phillips, Sgt. James and I stationed ourselves at the trauma unit bay where Deputy Matuskovic laid. We continued watch until Deputy Coroner O'Neal arrived soon followed by a SLED agent and SLED Crime Scene Agents. During this Command Staff members arrived and ensured that Deputy Matuskovic's family was brought to MUSC. Deputy Coroner O'Neal spoke with the family and released Deputy Matuskovic to the morgue. S/Sgt. Phillips, Sgt. James and I escorted Deputy Matuskovic to MUSC morgue.

ORIGINAL COPY

PROPERTY LIST

						TOTAL VALUE	JURISDICTION OF THIS LAW ENFORCEMENT AGENCY
TYPE (GROUP)	Taser	Radio					
STOLEN						6000	
DAMAGED	1000	5000					JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO	SUBJECT LOCATED ☒ YES ☐ NO	☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED	☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER	☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Sgt. D. H. Owen	9/18/14	9608	Lt. C. Brokaw	9/18/14	8455
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

COSO-101 3/1/99

CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE • CHARLESTON HEIGHTS, S.C. 29405-7789 • (843) 202-1700

J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	DISPATCH NUMBER	ORIGINAL CASE NUMBER 2014-015172-B	PAGE 2 OF 3 PAGES	NCIC ENTRY	INQ.	ENT.

ORIGINAL ☐ REPORT
MODIFIES ☐ ORIGINAL
SUPPLEMENTAL ☒ REPORT
CASE STATUS ☐ CHANGE
ADDITIONAL ☐ VICTIMS
ADDITIONAL ☐ OFFENDERS
ADDITIONAL ☐ WITNESSES
ADDITIONAL ☐ SUBJECTS
ADDITIONAL ☐ STOLEN PROPERTY
ADDITIONAL ☐ RECOVERED PROPERTY

NARRATIVE

After escorting Deputy Matuskovic to the morgue, Deputy Coroner O'Neal, SLED Agent Barfield and SLED Crime Scene Agents accompanied me to my cruiser to assume custody of the secured evidence. Deputy Coroner O'Neal requested to examine the back panel of Deputy Matuskovic's ballistic vest. It was at this time we found a projectile hole the back panel. Deputy Coroner O'Neal secured the back panel for the Autopsy. Deputy Matuskovic's duty belt was examined. It was found that Deputy Matuskovic was left handed and his Taser, baton and radio were damaged during the shooting. It appeared that a round struck Deputy Matuskovic's Taser, baton and radio. Deputy Coroner O'Neal stated that there was a graze wound on Deputy Matuskovic's right arm that coincided with the damage Taser, baton and radio. This damage and the projectile hole in the back panel of the ballistic vest were relayed to Major M. Stanley in order to advise SWAT personnel of our findings.

Once all items of Deputy Matuskovic's and Ackerman's were logged on a chain of custody forms, all items were turned over to SLED and signed for; the only items not taken as evidence by SLED was Deputy Ackerman's radio and in car camera microphone. These two items were returned to Logistics.

No further information.

ORIGINAL COPY

UNIFORM TEST

						TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
TYPE (GROUP)	N/A						
STOLEN		N/A					
DAMAGED			N/A				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
BURNED				N/A			
RECOVERED					N/A		
SEIZED							

SUBJECT IDENTIFIED ☒ YES ☐ NO
SUBJECT LOCATED ☒ YES ☐ NO
☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED
☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER
☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

ADMINISTRATIVE

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Sgt. D. H. Owen	9/18/14	9608	Lt. C. Brokaw	9/18/14	8455
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

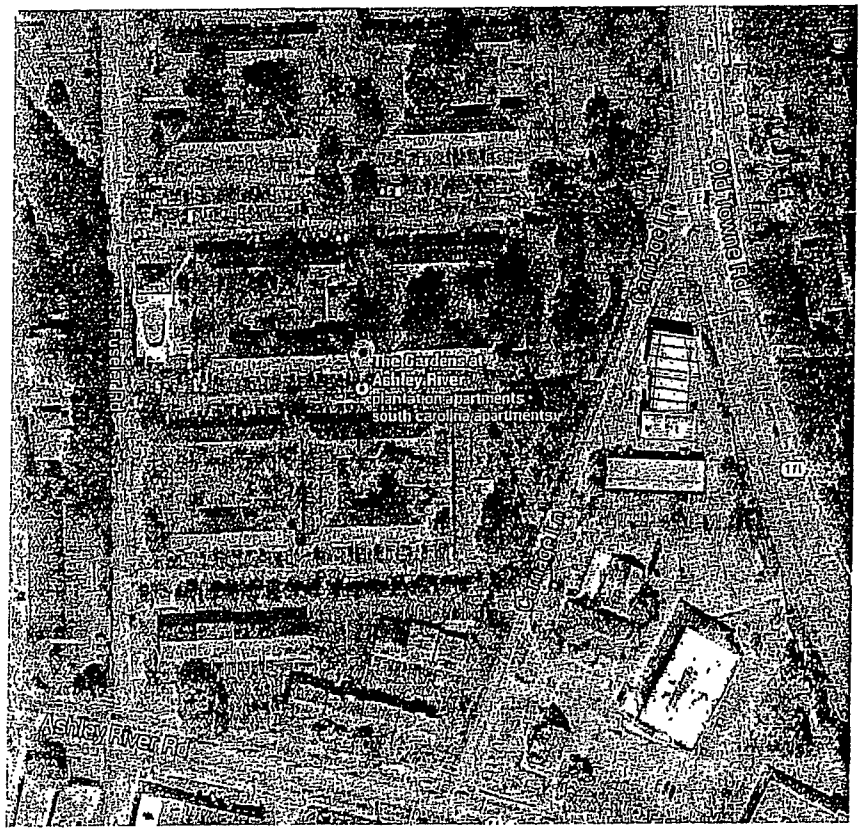
COSO-101 8/1/99

Garden Apartments

Incident Action Plan

9-8-2014 1923

Through 9-9-2014 0700



Charleston County Sheriff's office

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: 9-8-2014 Time From: 1923	Date To: 9-9-2014 Time To: 0700
Garden Apartments		

3. Objective(s):

Prepare for the following:

1. Evacuation and shelter of all endangered civilians.
2. Provide logistical support to tactical operations.
3. Maintain secure perimeter.

4. Operational Period Command Emphasis:

Stand by for SWAT team to make entry to suspect's apartment unit.
Tactical EMS (TEMS) on standby for tactical medical support.
N. Charleston PD maintaining outer perimeter.
City of Charleston PD maintaining inner perimeter.
St. Andrews FD managing civilian evacuation/sheltering at Station 12.

General Situational Awareness

The suspect is armed and is believed to still be in the apartment.

5. Site Safety Plan Required? Yes [ ] No [ ]
Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

				Other Attachments:
[✓]	ICS 203	[ ]	ICS 207	[ ]
[ ]	ICS 204	[ ]	ICS 208	[ ]
[ ]	ICS 205	[✓]	Map/Chart	[ ]
[ ]	ICS 205A	[✓]	Weather Forcast/Tides/Currents	[ ]
[✓]	ICS 206			[ ]

7. Prepared by: Name: C Eagle Position/Title: PSC Signature:

8. Approved by Incident Commander: Name: Lt. Don Heath Signature:

ICS 202	IAP Page ____	Date/Time: 9/8/14

ORGANIZATION ASSIGNMENT LIST	
1. Incident Name GARDEN APARTMENTS	
2. Date 08/08/14	3. Time 00:00
4. Operational Period 19:23 – 8/9/14 0700	
5. Incident Commander and Staff	
Incident Commander	D. ISGETT
Deputy	
Safety Officer	JACOBIC
Information Officer	MAJOR WATSON
Liaison Officer	D STANLEY
6. Agency Representatives	
Agency	Name
CC EMER MGMT	J COATES
CORONER	RAE WOOTEN
7. Planning Section	
Chief	C CAGLE (IMT)
Deputy	C KAUFMAN (IMT)
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	
Human Resources	
Training	
8. Logistics Section	
Chief	E ISGETT
Deputy	S JONES (IMT SUPPORT)
Supply Unit	SALVATION ARMY
Facilities Unit	
Ground Support Unit	
Communications Unit	M KRATZ
Medical Unit	T MCGEORGE (EMS)
Security Unit	
Food Unit	

9. Operations Section		
Chief	TITTLE	
Deputy		
a. SWAT		
CPD	LT WALKER	
CCSO		
NCPD		CAPT STEVENS
SLED		
Division/Group		
Division/Group		
b. STAGING		
Branch Director	BALDERZAK	
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
c. TACTICAL EMS (TEMS)		
Branch Director	DR. SHEALY	
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
d. Air Operations Branch		
Air Operations Branch Director		
Air Attack Supervisor		
Air Support Supervisor		
Helicopter Coordinator		
Air Tanker Coordinator		
10. Finance Section		
Chief	N/A	
Deputy		
Time Unit		
Procurement Unit		
Compensation/Claims Unit		
Cost Unit		
Prepared by (Resource Unit Leader)		

Christie Cagle, Planning Section Chief

Resource	Agency	Location	Staff
E112	Charleston (FD)	BP Station	
L301	St. Andrews (FD)	BP Station	
B104	Charleston (FD)	BP Station	
E109	Charleston (FD)	BP Station	
Medic22	Charleston (EMS)	BP Station	Beach & Tackett
Medic23	Charleston (EMS)	BP Station	Lewis & Hartman
Delta2	Charleston (EMS)	BP Station	P. Wells
Delta3	Charleston (EMS)	Cmd Post	C. Fehr
EMS04	Charleston (EMS)	Cmd Post	McGeorge
TEMS	Tactical Medics	SWAT	Dr. Shealy & D. Simmons
E109	Charleston (FD)	Station 12 evac	Chief Perrez
Chief 303	St. Andrews (FD)	Cmd Post	B. Legette
Staging	Charleston Sheriff	Staging	Balderzak
Traffic	N. Charleston (PD)	Perimeter	J. Niemiec
Traffic	N. Charleston (PD)	Perimeter	C. Bailey
12	N. Charleston (PD)	SWAT	Cpt. T. Stephens
60	N. Charleston (PD)	SWAT	Sgt. Kinger
58	N. Charleston (PD)	SWAT	Lt. W. Humpheries
49	N. Charleston (PD)	SWAT	Sgt. D. Allen
372	N. Charleston (PD)	SWAT	T. Burneu
307	N. Charleston (PD)	SWAT	S. Radabaugh
271	N. Charleston (PD)	SWAT	J. Quick
203	N. Charleston (PD)	SWAT	J. Foale
201	N. Charleston (PD)	SWAT	J. Stevens
106	N. Charleston (PD)	SWAT	W. Williams
368	N. Charleston (PD)	SWAT	C. Shropshier
214	N. Charleston (PD)	SWAT	W. Harrison
176	N. Charleston (PD)	SWAT	K. Gorman
IC	N. Charleston (PD)	Cmd Post	Lt. D. Isgett
OPS	N. Charleston (PD)	Cmd Post	Cpt. Tittle
LOG	Hwy Patrol	Cmd Post	Lt. B. Isgett
SAF	SLED	Cmd Post	Cpt. Jacobic
PIO	Mt. Pleasant (PD)	Cmd Post	Maj. Watson
LIO	Charleston Sheriff	Cmd Post	D. Stanley
IMT	LCIMT	Cmd Post	C. Kaufman
IMT	LCIMT	Cmd Post	J. Ryan
IMT	LCIMT	Cmd Post	S. Jones
IMT	LCIMT	Cmd Post	C. Cagel
IMT	LCIMT	Cmd Post	J. Coates

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: 9-8-2014 Time From: 1923	Date To: 9-9-2014 Time To: 0700
Garden Apartments		

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
BP Gas Station	Old Town & Carriage Ln	693-6762	☒ Yes ☐ No
LE Comand	Old Town & Ackerman		☒ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
CHS CO EMS	County Wide	745-4000	☒ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
MUSC	171 Ashley Ave. Charleston	843-792-3333		8	☐ Yes Level:____	☐ Yes ☒ No	☒ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

A. All responder injuries will be directed to the Medical Unit on-site for treatment and transport.
B. All Responder injuries are to be reported no matter how minor.
C. All responder injuries will be reported to safety officer.
D. There will be 2 transport crews at staging
If patients are generated Delta2, Med22 Med23 will recives patients from TEMS (Simmons & Dr.Stanley, and Transport)

◯ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: T McGeorge Signature: T C

8. Approved by (Safety Officer): Name: _____ Signature: _____

ICS 206	IAP Page ____	Date/Time: ____

10-Day Weather Forecast

Graph **Table** Descriptive

Monday 09/08	Tuesday 09/09	Wednesday 09/10	Thursday 09/11	Friday 09/12	Saturday 09/13
83° 72°	84° 74°	85° 74°	89° 76°	85° 76°	83° 73°
Thunderstorm	Thunderstorm	Chance of a Thunderstorm	Partly Cloudy	Chance of a Thunderstorm	Thunderstorm
80% Chance of Precip.	80% Chance of Precip.	30% Chance of Precip.	20% Chance of Precip.	50% Chance of Precip.	80% Chance of Precip.

Monday 09/08 80%

Showers and thunderstorms. Lows overnight in the low 70s.

Monday Night 09/08 80%

Thunderstorms. Low 72F. Winds light and variable. Chance of rain 80%. Locally heavy rainfall possible.

Time	Temp.	Feels Like	Dew Point	Humidity	Conditions	Precip.	Hourly Precip.	Wind	Cloud Cover	Pressure

The Gardens at
Ashley River
plantation apartments
south carolina apartments
Old Town Rd
Garage Gym
Garage Gym
Old Town Rd
Ashley River Rd

The Gardens at
Ashley River
plantation apartments
south carolina apartments
Fleet Landing Blvd
Fleet Landing Blvd
Fleet Landing Blvd

Barbara Canady

From: Jennifer Miller
Sent: Tuesday, September 09, 2014 9:15 AM
To: Barbara Canady
Subject: Fw: Larry Britton

From: Jennifer Miller
Sent: Tuesday, September 09, 2014 09:01 AM
To: Mike Schwerin
Subject: Fw: Larry Britton

From: Walter Smalls
Sent: Tuesday, September 09, 2014 08:54 AM
To: Michael Filan; Junerese Rhodan; Carl Simmons; Daniel Chandler
Cc: Jennifer Miller; Keith Bustraan; James D. Armstrong
Subject: FW: Larry Britton

Let's keep the family in our prayers! Walt

From: William Tunick
Sent: Tuesday, September 09, 2014 8:37 AM
To: Donald Giacomo; Vasant Chandorkar; Brenda Wheatley; Jamey Swigert; Douglas Easter; Billy Outlaw; Letty J. Clay; Kylie Jeffords; Steve Waszkiewicz; Haley Doty; Mattia Galanda; Malinda Terry; Donna Kanagy; Christine E. DeStefano; Lori Lambert; Walter Smalls; Marie Schultz
Subject: Larry Britton

It is with a heavy heart that I have to write that Larry Britton passed away last night. He was assisting in the communications for the incident last night involving the shooting of two County Sheriff Deputies. Larry was at the radio shop at 1:30 AM and called 9-1-1 due to shortness of breath and chest pain - EMS transported Larry to MUSC. Larry went into full cardiac arrest at about 3:30 AM while being worked on at MUSC and could not be revived.

Larry died doing what he loved – helping others in need. Please pray for Larry, his wife Marsha, and the rest of Larry's family and friends.

With Sadness,
Bill

Pmt. Letter

James A. McAlister Funerals & Cremation

1620 Savannah Highway
Charleston, SC 29407
Phone: (843) 766-1365 Fax: (843) 766-6938
www.jamesamcalister.com Email: jamesamcalister@msn.com

No. 2014-079

SERVICES FOR **Laurent Wayne Britton**
DATE OF DEATH September 9, 2014
DATE OF STATEMENT September 9, 2014
DATE OF SERVICE September 12, 2014

CHARGE OF SERVICES SELECTED

1. SERVICES, FACILITIES & TRANSPORTATION

Professional Services		
Basic Services of Funeral Director	$	3,195.00
Embalming	$	600.00
Other Preparation of Body	$	
Dressing & Casketing	$	245.00
	$	
Facilities & Equipment		
Use of Facilities & Staff for Public Visitation	$	400.00
Use of Facilities & Staff for Funeral Service	$	650.00
Use of Facilities & Staff for Memorial Service	$	
Use of Equipment & Staff for Graveside Service	$	
	$	
Automotive Equipment		
Transfer of Remains to Funeral Home	$	350.00
Hearse to Cemetery / Crematory	$	
Service / Utility Vehicle	$	250.00
	$	
TOTAL SERVICES CHARGES	$	**5,690.00**

2. MERCHANDISE

Casket (or alternative container) B/Blue OS9	$	2,495.00
Outer Burial Container	$	
Acknowledgment Cards 2 Boxes	$	10.00
Register Book	$	30.00
Prayer Cards	$	
Memorial Folders	$	
Clothing	$	
Cremation Urn	$	
Tent, Grass, and Chairs	$	$200.00
	$	
	$	
	$	
	$	
TOTAL MERCHANDISE CHARGES	$	**2,735.00**
TOTAL FUNERAL HOME CHARGES (This total does not include cash advances)	$	**8,425.00**

3. CASH ADVANCES

We Charge you for our services in obtaining items marked with an "X"

Certified Copies of Death Certificate # 12	☐	$	45.00
Coroner Cremation Permit Fee	☐	$	
Interment	☐	$	950.00
Newspaper Notices	☐	$	700.00
~~Crematory Fee~~ American Flag	☐	$	70.53
Organist - Laura Ball	☐	$	200.00
Grave Holy Cross	☐	$	2,100.00
Cantor - Ben Pulcipher	☐	$	100.00
Insert Picture Post Courier	☐	$	75.00
Clergy Offering	☐	$	100.00
TOTAL CASH ADVANCES		$	**4,340.53**

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items you selected or that are required. If we are required by law or by a cemetery or crematory to use any item, we will explain reasons in writing below.

If you selected a funeral that may require an embalming, such as a funeral with viewing, you may have to pay for embalming You do not have to pay for an embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charge for an embalming, we will explain why below.

DISCLOSURES

If any law, cemetery crematory or other requirements have required an embalming or the purchase of any items, the law or requirement is explained below.

Requested by Family

SUMMARY OF EXPENSES

TOTAL ALL ITEMS	$	**12,765.53**
Sales Tax (if App) @ 8.5 %	$	232.48
GRAND TOTAL	$	**12,998.01**
Less Payment made	$	
	$	
BALANCE DUE	$	**12,998.01**

BILLING TO Marsha Parker Britton
1135 Astor Drive Mount Pleasant, SC 29464

ACKNOWLEDGMENT AND AGREEMENT

I hereby acknowledge that I have the right to arrange the final service for the person named above, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified in this Statement. I acknowledge that a Casket Price List and a Outer Burial Container Price List were made available to me and that a copy of the General Price List was given to me prior to my making financial arrangements.

TERMS OF PAYMENT - THIS IS A CASH TRANSACTION, DUE IN FULL AT THE TIME OF ARRANGEMENTS unless other terms are agreed upon, ***in writing***, by our funeral home. If terms are agreed upon, and any payment is not paid when due, an unanticipated LATE CHARGE of 1.5% per month (ANNUAL PERCENTAGE RATE 18%) will be added to the unpaid balance. I agree to pay the Balance due listed on this statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney fees and all court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for all the charges set forth in this statement, and that is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a signed copy of this Statement. If other terms of payment are agreed upon, those terms of payment are:

DISCLAIMER OF WARRANTIES The only warranty on the casket or outer burial container, or both, sold in conjunction with this service is the express written warranty, if any, granted by the manufacturer. This funeral home make no warranty, express or implied, with respect to the casket or outer burial container or their suitability for a particular purpose. "We do not warrant or claim that the vault you are purchasing is air and or water tight. Please refer to the manufacturer's warranty."

Signed SSN

Signed SSN

ACCEPTANCE Our funeral home agrees to provide all the services, merchandise and cash advances indicated on this statement

By
James A. McAlister III

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER : 139-14-030634

DECEDENT'S NAME: *LAURENT WAYNE BRITTON*
SEX: MALE
AKA's: NA
SOCIAL SECURITY NUMBER: 247-11-1175
ARMED FORCES: NO
DATE OF BIRTH: SEPTEMBER 04, 1956
AGE: 58 YEARS
TYPE OF PLACE OF DEATH: HOSPITAL- EMERGENCY ROOM/OUTPATIENT
COUNTY OF DEATH: CHARLESTON
NAME AND ADDRESS OF PLACE OF DEATH: MUSC MEDICAL CENTER, CHARLESTON, SC 29425
PLACE OF DISPOSITION: HOLY CROSS CEMETERY
DISPOSITION LOCATION: CHARLESTON, SOUTH CAROLINA
METHOD OF DISPOSITION: BURIAL
DECEDENT'S RESIDENCE: 1135 ASTOR DRIVE, MOUNT PLEASANT, CHARLESTON COUNTY, SC, 29464
PLACE OF BIRTH: SOUTH CAROLINA
MARITAL STATUS: MARRIED
SURVIVING SPOUSE'S NAME: MARSHA RENE PARKER
FATHER'S NAME: ANDREW BRITTON
MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARY MCCARREL
INFORMANT'S NAME: MARSHA PARKER BRITTON
RELATIONSHIP: FAMILY MEMBER
MAILING ADDRESS: 1135 ASTOR DRIVE, MOUNT PLEASANT, SC, 29464
FUNERAL HOME: JAMES A. MCALISTER FUNERAL HOME, INC., 1620 SAVANNAH HIGHWAY, CHARLESTON, SC, 29407
FUNERAL DIRECTOR: JAMES A. MCALISTER III
LICENSE NUMBER: 2005
EMBALMER'S NAME: JAMES A MCALISTER III
LICENSE NUMBER: 2005
ACTUAL OR PRESUMED DATE OF DEATH : SEPTEMBER 09, 2014
MANNER OF DEATH : NATURAL
ACTUAL OR PRESUMED TIME OF DEATH: 0302
CAUSE OF DEATH - PART I
MYOCARDIAL INFARCTION
HYPERTENSION
HYPERLIPIDEMIA

OTHER SIGNIFICANT CONDITIONS - PART II:
DIABETES MELLITUS

CORONER CONTACTED? YES
AUTOPSY PERFORMED? NO
AUTOPSY AVAILABLE? NA
DATE OF INJURY: NA
TIME OF INJURY: NA
INJURY AT WORK? NA
PLACE OF INJURY: NA
LOCATION OF INJURY: NA
HOW THE INJURY OCCURRED?
NA

CERTIFIER NAME AND TITLE: DEPUTY CORONER KELLY T KRAUS
LICENSE NUMBER: NA
CERTIFIER'S ADDRESS: 4050 BRIDGE VIEW DR, NORTH CHARLESTON, SC, 29405
DATE FILED: SEPTEMBER 16, 2014
DATE OF ISSUANCE: SEPTEMBER 16, 2014
SPECIAL INSTRUCTIONS :
NA

SC03881666

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine Templeton
Director and State Registrar

Barbara E. Derrick
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 01/24/2014

DHEC
South Carolina Department of Health and Environmental Control

Charleston County

PERSONNEL ACTION NOTIFICATION FORM 1

As of

DEMOGRAPHIC DATA

1. Employee SSN:	2. Entity ID:	3. Reason for Change:			Effective Date:	
247-11-1175	CCTY	Death-Termination			9-9-2014	
4. Last Name:	5. First Name:	6. Middle Name/Initial:	7. Suffix:	8. Salutation:	9. DOB:	10. Former Name:
Britton	Laurent	Wayne				
11. Employee Type:	12. HR Status:	13. PY Status:	14. Home Phone #:		15. Work Phone #:	Ext:
Exempt/Full			843-670-0327			
16. Primary Address (Mailing):		17. City:	18. State:		19. Zip Code:	20. County Code:
1135 Astor Drive		Mt. Pleasant	SC		29464	
21. Secondary Address:		22. City:	23. State:		24. Zip Code:	25. County Code:
26. Emergency Contact:	27. Relationship:	28. Home Phone #:			29. Work Phone #:	Ext:
Marsha Britton	wife	843-442-4264			843-881-6360	
30. Employee's E-mail Address (Home):						

EMPLOYEE SCHEDULE DATA

31. Calendar:	32. Days Worked:	33. Periods Worked:	34. Total FTE:
35. Daily Patch:	36. FLSA:	37. Dept #:	38. Dept Name:
39. Division #:	40. Division Name:	41. Check Dist:	42. Hire Date:
43. Orig Hire Date:	44. POS/PCN Date:	45. Long. Date:	46. Adj Serv Date:

19 INFORMATION

List Code	Description	Expiration Date	Document #
47. A:			
48. B:			
49. C:			

50. Completion Date	51. Ext. Date:	52. Status:

EEO INFORMATION

53. Ethnic Code:	54. Veteran Status:	55. Gender:	56. Marital Status:
57. Disability:		58. Reasonable Accommodation:	

EVALUATION DATA

59. Probationary Begin Date:	60. Probationary End Date:
61. Reminder Type Code:	62. Evaluator:

APPROVALS

Employee:	Date:	Department:	Date:	Division:	Date:
			9/12/14		9-16-14
		HRIS Data Entry By:	Date:	HR Dept:	Date:

p97

Charleston County

PERSONNEL ACTION NOTIFICATION FORM 1 – PAGE 2

9/17/14

As of

Employee SSN: 247-11-1175 Employee Name: Laurent Britton 104635

Reason for Change: Death Effective Date: 9-9-2014

BANK DATA

63. Bank Name:	64. Bank ID #:	65. Account #:	66. Amount:	67. Eff Date:	68. Pre Note Status:	69. Checking/Savings:
Bank Name:	Bank ID #:	Account #:	Amount:	Eff Date:	Pre Note Status:	Checking/Savings:
Bank Name:	Bank ID#:	Account #:	Amount:	Eff Date:	Pre Note Status:	Checking/Savings:

LEAVE INFORMATION

70. Type of Leave (Code):		71. Leave Descriptions:	
72. Approval Date:	73. Estimated Start Date:	74. Estimated Return Date:	75. Actual Return Date:

EDUCATION INFORMATION

76. Degree Code:	77. Pending:	78. Issue Date:
79. Major:	80. Institution:	

TERMINATION INFORMATION

81. Term Date: 9-9-2014	82. Term Code:	83. Term Reason: Death
84. Last Day: 9-9-2014	85. Last Day Worked: 9-9-2014	86. Eligible for Rehire:

LISCENSE/ CERTIFICATION INFORMATION

87. License/Cert Type:	88. Issue Date:	89. Expiration Date:
90. State Code of Registration:	91. Registration ID #:	92. Verification Date:

RECEIVED
CHARLESTON COUNTY GOVT
HUMAN RESOURCES DEPT.
2014 SEP 17 AM 10: 15

HR USE ONLY

Soc Sec		NMB Ret		INS	Health (Plan)	Covg	Eff
Medicare		SC Ret			Dental	Covg	Eff
Fed Tax (M S)		Pol Ret			3K Life		Eff
State Tax (M S)		SC Unemp			7K Life		Eff
W Comp		Other			Dep Life	Covg	Eff

APPROVALS

93. Employee:	Date:
94. Division:	Date: 9-16-14
95. Department:	Date: 9-16-14
96. HR Dept:	Date:
97. HRIS Data Entry By: SMS	Date: 9/17/14

SPECIAL INSTRUCTIONS (HR USE ONLY)

Logged In: _____

Logged Out: _____

ARIEL
THIRD PARTY ADMINISTRATORS, INC.

Post Office Box 212159
Columbia, SC 29221-2159
Phone: 855-222-6379
Fax: 855-328-9307
www.Arieltpa.com

September 23, 2014

Kurt W. Taylor, County Administrator
Charleston County
4045 Bridgeview Drive
Charleston, South Carolina 29405

Re: Laurent W. Britton, Sr.
Date of Incident: 09/09/14
Claim#: 2014061958

Dear Mr. Taylor:

I am the adjuster assigned to handle a workers' compensation claim submitted by Charleston County on behalf of your employee Laurent Britton. Following an investigation for compensability it has been determined that Mr. Britton's heart attack and subsequent death does not fall within the statutory guidelines for coverage pursuant to Statute 42-1-160, subsection C. Therefore, we cannot provide coverage and/or benefits under workers' compensation.

Please let me know if you have any questions.

Sincerely,

Kelly H. Benson, AIC
Sr. Claims Adjuster

/khb

cc: Lang Kohel, Workers' Compensation Claims Manager
S.C. Association of Counties

Mike Schwerin, Risk Manager
Charleston County

Lang Kohel

From: Lang Kohel
Sent: Wednesday, October 01, 2014 8:49 AM
To: 'Mike Schwerin'
Subject: RE: Charleston County Intergovernmental Agreement

Sounds good. Thanks.

Lang

From: Mike Schwerin [mailto:MSchwerin@charlestoncounty.org]
Sent: Tuesday, September 30, 2014 4:57 PM
To: Lang Kohel
Subject: RE: Charleston County Intergovernmental Agreement

Lang-

If you want to come by my office first, we can then walk down to Mr. Taylor's office.

Mike

From: Lang Kohel [mailto:LKohel@scac.sc]
Sent: Monday, September 29, 2014 4:24 PM
To: Mike Schwerin
Subject: RE: Charleston County Intergovernmental Agreement

I just heard back from Peggy. She has offered October 7th at 10:30 A.M. Will that work for you?

Thanks,

Lang

From: Mike Schwerin [mailto:MSchwerin@charlestoncounty.org]
Sent: Monday, September 29, 2014 3:39 PM
To: Lang Kohel
Subject: RE: Charleston County Intergovernmental Agreement

Thank you. Sorry for the delay. Mike

From: Lang Kohel [mailto:LKohel@scac.sc]
Sent: Monday, September 29, 2014 3:36 PM
To: Mike Schwerin
Subject: RE: Charleston County Intergovernmental Agreement

Mike,

I called Peggy this morning in order to schedule a meeting with Mr. Taylor. She took my number and advised that she would need to check the schedule and get back to me. I have not yet heard back from her.

Just wanted to keep you updated. As soon as I hear from her I will let you know.

Thanks,

Lang

From: Mike Schwerin [mailto:MSchwerin@charlestoncounty.org]
Sent: Friday, September 26, 2014 2:19 PM
To: Lang Kohel
Cc: Robert Collins
Subject: RE: Charleston County Intergovernmental Agreement

Lang-

Thanks for sending the Agreement.

Kurt Taylor would like to meet sometime next week to discuss Mr. Britton's claim. Please contact his Executive Assistant, Peggy, at (843) 958-4001 to schedule a convenient time.

Thank you.

Mike

Michael N. Schwerin
Safety & Risk Management Director
County of Charleston
4045 Bridge View Drive, B-332
North Charleston, SC 29405
(843) 746-3892
Fax (843) 746-3897

From: Lang Kohel [mailto:LKohel@scac.sc]
Sent: Thursday, September 25, 2014 4:13 PM
To: Mike Schwerin
Cc: Robert Collins
Subject: Charleston County Intergovernmental Agreement

Good afternoon Mike,

Per your request, please find attached a copy of the agreement between Charleston County and the SCCWCT.

As we discussed, insurance staff is available to meet with you and Mr. Taylor to discuss the agreement and any questions surrounding the disposition of recent workers compensation claims filed against Charleston County and the SCCWCT.

If any additional information is needed, please do not hesitate to contact me.

Thank you,

Lang Kohel

Workers Compensation Claims Manager
South Carolina Association of Counties
Phone: 803.252.7255
www.sccounties.org

Lang Kohel

From: Lang Kohel
Sent: Monday, September 29, 2014 3:40 PM
To: 'Mike Schwerin'
Subject: RE: Charleston County Intergovernmental Agreement

No problem. I just didn't want you to think I was not making this a high priority.

From: Mike Schwerin [mailto:MSchwerin@charlestoncounty.org]
Sent: Monday, September 29, 2014 3:39 PM
To: Lang Kohel
Subject: RE: Charleston County Intergovernmental Agreement

Thank you. Sorry for the delay. Mike

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To: Mike Schwerin
Subject: RE: Charleston County Intergovernmental Agreement

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To: Lang Kohel
Cc: Robert Collins
Subject: RE: Charleston County Intergovernmental Agreement

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Mike

Michael N. Schwerin
Safety & Risk Management Director
County of Charleston
4045 Bridge View Drive, B-332
North Charleston, SC 29405
(843) 746-3892
Fax (843) 746-3897

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To: Mike Schwerin
Cc: Robert Collins
Subject: Charleston County Intergovernmental Agreement

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If any additional information is needed, please do not hesitate to contact me.

Thank you,

Lang Kohel
Workers Compensation Claims Manager
South Carolina Association of Counties
Phone: 803.252.7255
www.sccounties.org

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)
)
)

IN THE PROBATE COURT

CERTIFICATE OF APPOINTMENT

IN THE MATTER OF
LAURENT WAYNE BRITTON,
{Decedent})

CASE NUMBER: 2014ES10-01632

This is to certify that

MARSHA PARKER BRITTON

is/are the duly qualified

[X] **PERSONAL REPRESENTATIVE**
[ ] **SUCCESSOR PERSONAL REPRESENTATIVE**
[ ] **SPECIAL ADMINISTRATOR**
[ ] **TRUSTEE**

In the above matter and that this appointment, having been executed on the 15TH day of OCTOBER, 2014 is in full force and effect.

RESTRICTIONS: NONE

Executed this 15TH day of OCTOBER, 2014.

,Probate Court Judge
BY ESTATE CLERK

Do not accept a copy of this certificate without the raised seal of the Probate Court.

FORM #141ES (1/14)
62-1-305, 62-3-103

Charleston County EMS

PO BOX 863
LEWISVILLE, NC 27023-0863
1-800-814-5339
www.emsbilling.info

Patient name: BRITTON, LARRY

Run Number: 14-881400
Date of call: 9/9/2014

From: 4360 AZALEA DR
4360 AZALEA DR
NORTH CHARLESTON, SC 29405

LARRY BRITTON
1135 ASTOR
MOUNT PLEASANT, SC 29464

To: ASHLEY RIVER TOWER-MUSC
25 COURTENAY DR
CHARLESTON, SC 294258911

Primary payer: BILL PATIENT

Secondary payer:

Description	Payer	Check #	Quantity	Unit Price	Payment Date	Amount
ALS Emerg Transport - CCSC			1	$425.00		$425.00
Mileage (Urban) - CCSC			7.9	$8.50		$67.15
Write off-Client Request	BILL PATIENT				09/18/2014	$492.15

$0.00

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Patient name: BRITTON, LARRY

Run Number: 14-881400
Current date: 1/26/2015

AMOUNT ENCLOSED: $

Due on: 02/09/2015

REMIT TO: Charleston County EMS
PO BOX 863
LEWISVILLE, NC 27023-0863

Federal Tax ID: 57-6001289
Incident Number: 3199624

Sheriff J. Al Cannon, Jr.

February 6, 2015

R Walter Hundley
Post Office Box 31189
Charleston SC 29417-1189

Dear Mr. Hundley: Walt

I am writing to you with respect to some of the circumstances surrounding the death of Mr. Larry Britton on September 9, 2014. Sometime in the evening of September 8, 2014, two Charleston County Deputy Sheriffs were shot outside an apartment in the West Ashley part of Charleston County. One of the Deputies, Joseph Matuskovic was killed, and the second seriously wounded. Both Deputies were down outside the apartment and they and other Deputies were taking fire from the subject inside the apartment. Police officers from around the various jurisdictions responded to the scene and established a command post to coordinate handling the emergency. SWAT teams from the Charleston County Sheriff's Office, the North Charleston Police Department and the Charleston Police Department responded to the scene to provide specialized resources to those in charge. An emergency operation of this type is extremely rare, but requires extraordinary coordination to insure the safety of officers and citizens. A necessary element of such coordination involves establishing the ability for officers to be able to communicate with each other, and generally Charleston County Communications technicians are called out to assist.

Larry Britton responded to the callout to assist in providing the necessary expertise and equipment to insure that police leaders had what they needed to communicate effectively in handling this tragedy. Mr. Britton and his colleagues are recognized as integral participants in the emergency situations that arise. This was an extremely traumatic situation for the community and those who were involved were under tremendous stress and pressure to prevent any further injuries or deaths. And, however removed from the actual scene Mr. Britton and his colleagues were, that pressure was heavy on them in light of the importance of insuring communications amongst the responders was sufficient to carry out the plans formulated to resolve the situation. In addition, Mr. Britton, as a state constable, who was active in his volunteer law enforcement service, and who had frequently worked with and assisted the Charleston County Sheriff's Office, as well as other local agencies, knew the Deputies involved, which made this even more traumatic for him. Mr. Britton's death was another tragic aspect of this situation, and all police officers involved felt it to have been a part of the events set in motion with the shooting of the Deputies.

The circumstances under which Mr. Britton was called on to perform his duties were extremely rare and unusual and extraordinarily stressful and traumatic. This assessment is based on having commanded law enforcement agencies for over thirty (30) years and having dealt during that time with all manner of tragic situations and disasters. If there is anything else you would like from me with respect to Mr. Britton's case, I stand ready to assist.

Sincerely,

J. Al Cannon, Jr.

J Al Cannon, Jr
Sheriff

MUSC Health
MEDICAL UNIVERSITY of SOUTH CAROLINA

MUSC Health, 1 Poston Rd. Ste 350, Charleston, SC 29407

1233

1233 1 AT 0.403

LAURENT W BRITTON
1135 ASTOR DR
MT PLEASANT, SC 29464-9011

IMPORTANT INFORMATION:
Thank you for selecting the Medical University of South Carolina for your healthcare services. Please remit payment in full today to keep your account current. Insurance claims which are not paid within 30 days are your personal responsibility. If you are unable to pay your balance in full, call us about **ACCESS ONE**, an affordable monthly payment option.
MUSC MyChart is changing what's possible with your patient care experience. Now you can have online access to portions of your medical record, request prescription refills, communicate with your caregivers and view test results. Ask your health care provider at your next visit to get access or request it at: **https://mychart.muschealth.com.** A proxy access form must be completed during your clinic visit in order to view another's chart. For questions about MUSC MyChart, email mychart@muschealth.com.
MUSC MyChart is NOT to be used for urgent needs. For medical emergencies, dial 911.

GUARANTOR ACCT #	871971

MEDICAL RECORD #	005531866

TOTAL AMOUNT DUE	1,033.80

IMPORTANT INFORMATION: ON REVERSE SIDE

BUSINESS OFFICE PHONE:
(843) 792-2311 or (800) 598-0624

BUSINESS OFFICE HOURS:
Mon. - Fri. 8:00 AM - 4:30 PM EST

Laurent W Britton
1135 Astor Dr
Mt Pleasant, SC 29464-9011

Make checks payable to MUSC

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW.

☐ VISA ☐ MasterCard ☐ DISCOVER ☐ AMERICAN EXPRESS

CARD NUMBER		AMOUNT
SIGNATURE	SECURITY CODE	EXP. DATE

GUARANTOR ACCT #	PAYMENT DUE DATE	STATEMENT DATE
871971	03/09/15	02/09/15

PLEASE PAY THIS AMOUNT	AMOUNT PAID HERE
1,033.80	$

MUSC Health
PO Box 931736, Atlanta, GA 31193-1736

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct #502115735 Britton,Laurent W Emergency MUSC ASHLEY RIVER TOWER					
	PHARMACY - GENERAL CLASSIFICATION	415.00			
	IV THERAPY - GENERAL CLASSIFICATION	896.00			
	MEDICAL/SURGICAL SUPPLIES AND DEVICES - GENERAL CLASSIFICATION	90.00			
	LABORATORY - GENERAL CLASSIFICATION	1,172.00			
	EMERGENCY ROOM - GENERAL CLASSIFICATION	4,492.00			
	PHARMACY - EXTENSION OF 025X - SINGLE SOURCE DRUG	231.00			
	EKG/ECG (ELECTROCARDIOGRAM) - GENERAL CLASSIFICATION	92.00			
10/15/14	BCBS STA INSURANCE PAYMENT		-6,686.69		
	Totals	7,388.00	-6,686.69	0.00	701.31
	Patient Balance				701.31
Acct#: 502115736 Pat Name: Britton,Laurent W Provider: Pauline Elise Meekins, MD					
09/09/14	CRITICAL CARE, E/M 30-74 MINUTES	900.00			
09/09/14	INSERT EMERGENCY ENDOTRACH AIRWAY	558.00			
09/09/14	ELECTROCARDIOGRAM REPORT	73.00			
09/17/14	BCBS STA INSURANCE PAYMENT		-1,128.84		
09/30/14	BCBS STA INSURANCE PAYMENT		-69.67		
	Totals	1,531.00	-1,198.51	0.00	332.49
	Patient Balance				332.49
			Balance Due		1,033.80

Wife seeks benefits for Charleston County radio operator who died on duty

Posted: Mar 24, 2015 5:55 PM EDT
Updated: Mar 24, 2015 6:32 PM EDT

MOUNT PLEASANT, S.C. (WCIV) – Her husband died while helping emergency responders during a tragic shooting in West Ashley last September. Now his wife hopes a decision about an important death benefit is reconsidered.

"Within an hour, hour and a half he was dead. I never got to talk to him again," said Marsha Britton, the wife of longtime radio operator for Charleston County Larry Britton.

Sept. 9, 2014 changed the lives of law enforcement and those who worked with them. A Charleston County sheriff's deputy died in the line of duty and another was seriously wounded.

But a worker in charge of radio communications on that fateful night also lost his life. Since then, his wife has been trying to get his death benefits approved as she struggles to pay bills after her husband's untimely death.

For 40 years, Larry Britton served in various emergency management roles across the Lowcountry. One of his last jobs was with Charleston County.

After dying on duty, Britton's wife wants a final benefit from his decades of dedication in public service.

"He had quite a bit of different uniform gadgets," said Marsha Britton, who still hold onto her late husband's uniforms and gear in their Mount Pleasant home.

Other things are marked for donation.

"I'm going to donate that to some constables that may not have had the money to spend on extra things," she said.

It's been six months since Larry Britton died on the job as a radio systems manager for Charleston County. He was 58 years old.

Marsha Britton says her husband worked two double shifts the night a gunman killed Deputy Joe Matuskovic and wounded Deputy Michael Ackerman.

"All the stress, according to his doctors, brought on a heart attack. He called EMS himself. So it was serious because he didn't like to go to the doctors," she said, laughing.

Since her husband's sudden passing, Britton says life insurance money has helped her, but a worker's compensation benefit filed by Charleston County was denied by a third party.

Britton thinks the claim should be approved because her husband died behind the scenes on the job.

"It's not as much money as he would've made if he had been alive but it will definitely make a difference in my life," she said.

For now, Britton hopes that her late husband's 40 years of public service will be recognized as she argues in favor of a benefit after his death.

"I don't want to lose my house. I've got about ten more years mortgage on it, so that money would help me make the house payment every month," she said.

Britton's attorney said another hearing about the case will take place with the association of counties, which is the third party that denied Charleston County's claim on behalf of Larry Britton.

The county said in a statement that it believes Britton's death should be covered under the guidelines of worker's compensation laws.

Advertising information

click here

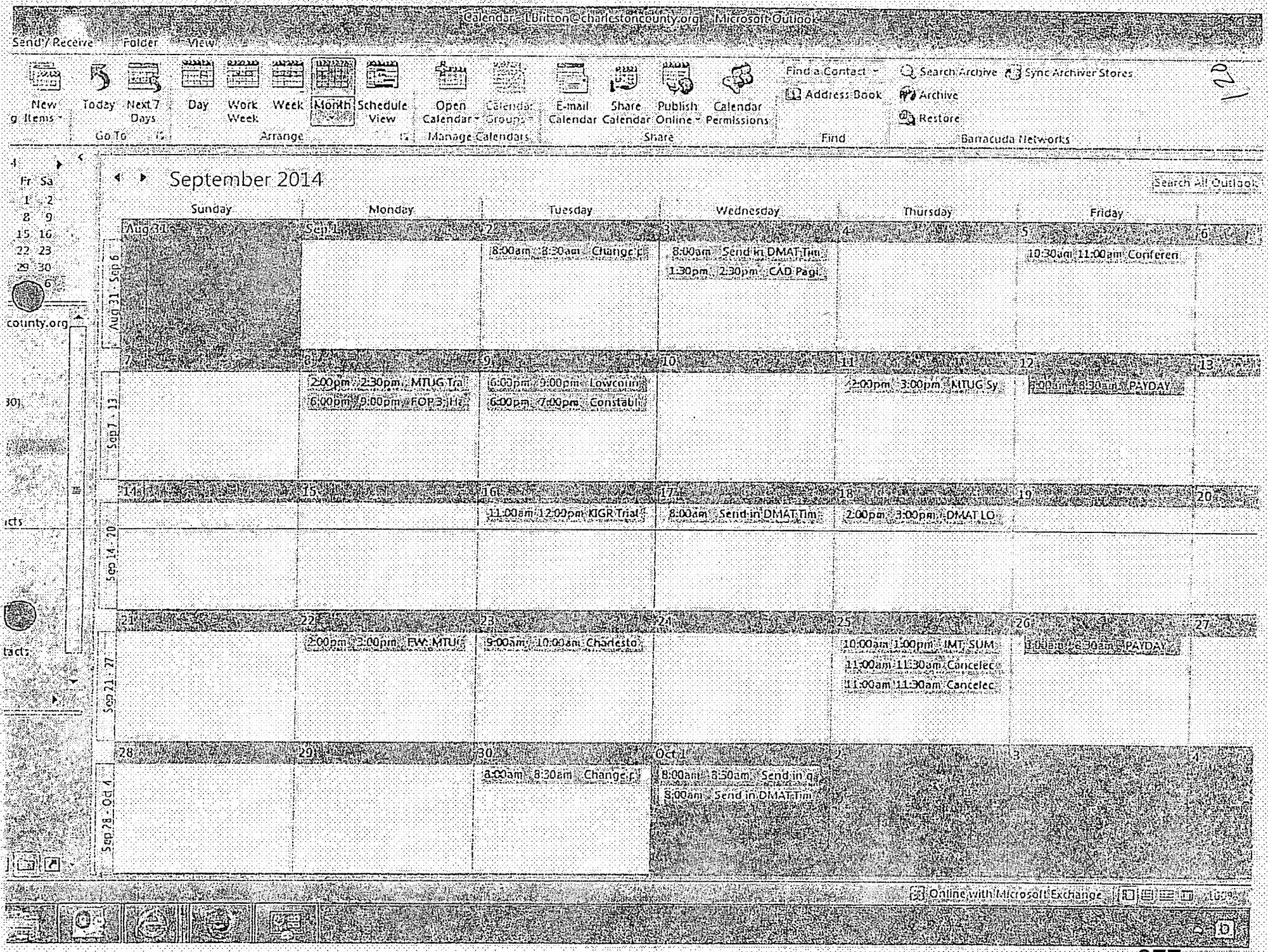
PDF

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visit this page for more information click he

can be found here

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Calendar - LBritton@charlestoncounty.org - Microsoft Outlook
Send/ Receive
Folder
View
New Items
Today
Next 7 Days
Day
Work Week
Week
Month
Schedule View
Go To
Arrange
Open Calendar
Calendar Groups
Manage Calendars
E-mail Calendar
Share Calendar
Publish Online
Calendar Permissions
Share
Find a Contact
Address Book
Find
Search Archive
Archive
Restore
Sync Archiver Stores
Barracuda Networks
September 2014
Search all Outlook
Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Aug 31
Sep 1
2
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8:00am 8:30am Change f
8:00am Send in DMAT Tim
1:30pm 2:30pm CAD Pag
10:30am 11:00am Conferen
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2:00pm 2:30pm MTUG Tra
6:00pm 9:00pm FOP 3 Hz
6:00pm 9:00pm Lowcoun
6:00pm 7:00pm Constabl
2:00pm 3:00pm MTUG Sy
8:00am 8:30am PAYDAY
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11:00am 12:00pm KIGR Trial
8:00am Send in DMAT Tim
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2:00pm 3:00pm FW: MTUG
9:00am 10:00am Charlesto
10:00am 1:00pm IMT SUM
11:00am 11:30am Cancelec
11:00am 11:30am Cancelec
8:00am 8:30am PAYDAY
28
29
30
Oct 1
2
3
4
8:00am 8:30am Change f
8:00am 8:30am Send in q
8:00am Send in DMAT Tim
Aug 31 - Sep 6
Sep 7 - 13
Sep 14 - 20
Sep 21 - 27
Sep 28 - Oct 4
Online with Microsoft Exchange

Dispatched Incidents 09/08/2014

201400733367	19:16:53	Law	City of Charleston PD-CHPD	Patrol Request	2618-2641 AUGUSTUS ST
201400733368	19:16:54	Law	City of Charleston PD-CHPD	Walk and Talk	286-286 MEETING ST
201400733369	19:17:52	Law	Mt Pleasant PD-MPPD	911 Open Line	1384 Old Brickyard Rd
201400733370	19:18:52	Law	Isle of Palms PD-IPPD	Patrol Request	3 Isle Of Palms Connector
201400733371	19:19:35	Law	City of Charleston PD-CHPD	106D_Assault Small	636 CASHEW ST
201400733373	19:20:12	Law	City of Charleston PD-CHPD	Traffic Stop	Society St / East Bay St
201400733374	19:20:25	Law	North Charleston PD-NCPD	Traffic Stop	Ashley Phosphate Rd / Pepperdam Av
201400733375	19:20:29	Law	City of Charleston PD-CHPD	Traffic Stop	Three Oaks Av / Castle Av
201400733376	19:21:14	Law	City of Charleston PD-CHPD	Traffic Stop	Sam Rittenberg Blvd / Savannah Hwy
201400733377	19:21:19	Law	City of Charleston PD-CHPD	Walk and Talk	14-32 SMITH ST
201400733378	19:21:45	Law	Isle of Palms PD-IPPD	107D_Assist Agency Urgent	103 Palm Blvd
201400733379	19:21:46	Law	City of Charleston PD-CHPD	Walk and Talk	588-588 E BAY ST
201400733380	19:21:58	Law	North Charleston PD-NCPD	129C_Suspicious Person	7335 Stall Rd
201400733381	19:22:48	Law	City of Charleston PD-CHPD	Walk and Talk	66 Ashe St
201400733382	19:23:05	Law	City of Charleston PD-CHPD	106D_Assault Small Weapon	1840 CARRIAGE LN
201400733384	19:23:57	Law	City of Charleston PD-CHPD	Walk and Talk	370-370 KING ST
201400733385	19:24:07	Law	City of Charleston PD-CHPD	Walk and Talk	457 MEETING ST
201400733388	19:24:31	Law	North Charleston PD-NCPD	131D_Traffic Acc/Injury	8485 Rivers Av
201400733389	19:23:50	Law	North Charleston PD-NCPD	111D_Vandalism Small	1914 English St
201400733390	19:25:29	Law	City of Charleston PD-CHPD	Traffic Stop	S Market St / State St
201400733392	19:25:23	Law	North Charleston PD-NCPD	125B_Pub Svc Lock In/Out	1556 Sumner Av
201400733393	19:26:23	Law	City of Charleston PD-CHPD	129C_Suspicious Person	Market St / King St
201400733396	19:27:51	Law	North Charleston PD-NCPD	131B_Traffic Acc/NoInj/BlckTrf	17 Mark Clark Expwy East
201400733398	19:28:23	Law	North Charleston PD-NCPD	131D_Traffic Acc/Injury/Bl Tfc	6800 Rivers Av
201400733399	19:28:25	Law	Sheriff-CCSO	Patrol Request	5103 Towles Rd
201400733400	19:29:03	Law	North Charleston PD-NCPD	129C_Suspicious Person	6800 RIVERS AV
201400733401	19:29:06	Law	City of Charleston PD-CHPD	Walk and Talk	2030 WAMBAW CREEK RD
201400733403	19:29:50	Law	City of Charleston PD-CHPD	Walk and Talk	780 PLAYGROUND RD
201400733404	19:29:26	Law	North Charleston PD-NCPD	130D_Theft	6899 Rivers Av
201400733405	19:30:17	Law	City of Charleston PD-CHPD	132B_Tfc Viol/Parkng Complaint	3546 Maybank Hwy
201400733406	19:31:01	Law	City of Charleston PD-CHPD	Traffic Stop	Meeting St / Maple St
201400733407	19:21:27	Law	City of Charleston PD-CHPD	119B_Harrassment Past	1416 W Lenevar Dr
201400733408	19:31:50	Law	Sheriff-CCSO	*Wanted Person_Past	3841 Leeds Av
201400733410	19:31:54	Law	North Charleston PD-NCPD	131B_Traffic Acc/No Injury	Mark Clark Expwy West / Rivers Av
201400733411	19:32:04	Law	City of Charleston PD-CHPD	Walk and Talk	43-63 COMING ST
201400733412	19:31:48	Law	Sheriff-CCSO	122B_Misc Non-Urgent	835 CORRAL DR
201400733414	19:33:15	Law	City of Charleston PD-CHPD	Walk and Talk	30-99 FRANKLIN ST
201400733416	19:33:39	Law	Mt Pleasant PD-MPPD	Registration Check	Long Point Rd / N Highway 17
201400733417	19:34:07	Law	City of Charleston PD-CHPD	Walk and Talk	353-353 KING ST
201400733418	19:34:30	Law	North Charleston PD-NCPD	129C_Suspicious Person	7335 Stall Rd
201400733419	19:34:30	Law	City of Charleston PD-CHPD	128A_Supplemental Other	243 Coming St
201400733421	19:35:17	Law	City of Charleston PD-CHPD	Walk and Talk	1984 SAM RITTENBERG BLVD
201400733422	19:36:17	Law	City of Charleston PD-CHPD	Walk and Talk	Line St
201400733423	19:36:04	Law	City of Charleston PD-CHPD	132B_Traffic Violation	301 King St
201400733424	19:36:49	Law	City of Charleston PD-CHPD	Bicycle Stop	375 Clayton Dr
201400733425	19:37:20	Law	City of Charleston PD-CHPD	Traffic Stop	Meeting St / Line St
201400733426	19:37:19	Law	Sheriff-CCSO	911 Open Line	183 Glen Abbey

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Dispatched Incidents 09/08/2014

201400733481	19:56:49	Law	Isle of Palms PD-IPPD	Patrol Request	1000 Palm Blvd
201400733482	19:57:00	Law	North Charleston PD-NCPD	130O_Theft Information	2186 Spoleto Ln
201400733483	19:57:30	Law	Isle of Palms PD-IPPD	Patrol Request	901 OCEAN BLVD
201400733484	19:57:43	Law	Isle of Palms PD-IPPD	Patrol Request	1304 Palm Blvd
201400733485	19:58:46	Law	City of Charleston PD-CHPD	Traffic Stop	Saint Andrews Blvd / 5th Av
201400733486	19:59:19	Law	Isle of Palms PD-IPPD	Patrol Request	901 OCEAN BLVD
201400733487	20:00:38	Law	Isle of Palms PD-IPPD	Patrol Request	523 CAROLINA BLVD
201400733489	20:01:33	Law	City of Charleston PD-CHPD	Traffic Stop	Savannah Hwy / Wappoo Rd
201400733491	20:02:44	Law	Isle of Palms PD-IPPD	Patrol Request	BREACH INLET
201400733492	20:02:49	Law	City of Charleston PD-CHPD	132B_Tfc Viol/Parkng Complaint	255 Grove St
201400733493	20:04:02	Law	City of Charleston PD-CHPD	Patrol Request	1011-1056 BRADBURY LN
201400733494	20:04:18	Law	North Charleston PD-NCPD	129C_Suspicious Person	North Murray Av / Remount Rd
201400733495	20:04:10	Law	City of Charleston PD-CHPD	132D_Tfc Viol/High Traffic	BROWNSWOOD RD / ISLAND ESTATES DR
201400733496	20:04:38	Law	Isle of Palms PD-IPPD	Traffic Stop	1501 Palm Blvd
201400733497	20:05:10	Law	City of Charleston PD-CHPD	Walk and Talk	2070 SAM RITTENBERG
201400733498	20:05:36	Law	City of Charleston PD-CHPD	107D_Assist Agency Urgent Wpn	1840 CARRIAGE LN
201400733500	20:05:58	Law	North Charleston PD-NCPD	Traffic Stop	Dorchester Rd / Veneer Av
201400733502	20:06:33	Law	Sheriff-CCSO	Follow Up	2929 Salamander Creek Ln
201400733503	20:06:35	Law	City of Charleston PD-CHPD	Traffic Stop	Interstate 26 West / Romney St Ramp
201400733518	20:09:41	Law	City of Charleston PD-CHPD	Patrol Request	151-186 CORN PLANTERS ST
201400733519	20:09:50	Law	City of Charleston PD-CHPD	107D_Assist Agency Urgent Wpn	1840 CARRIAGE LN
201400733520	20:09:56	Law	Isle of Palms PD-IPPD	113B_Disturbance Noise Past	4004 Palm Blvd
201400733521	20:11:01	Law	City of Charleston PD-CHPD	107D_Assist Agency Urgent	1840 CARRIAGE LN
201400733522	20:12:32	Law	North Charleston PD-NCPD	111O_Vandalism/Mischief Info	4840 Tanger Outlet Blvd
201400733525	20:14:10	Law	City of Charleston PD-CHPD	911 Open Line	Brookwood Cir / Falkirk Dr
201400733526	20:15:04	Law	City of Charleston PD-CHPD	Walk and Talk	17-17 LOCKWOOD DR
201400733527	20:16:36	Law	North Charleston PD-NCPD	125C_Pub Svc Keep Peace Escort	6520 Dorchester Rd
201400733528	20:17:42	Law	North Charleston PD-NCPD	131C_Traffic Acc/Unkinj/Bk Trf	Ashley Phosphate Rd / Northside Dr
201400733529	20:17:26	Law	City of Charleston PD-CHPD	*Administrative	180 Lockwood Dr
201400733530	20:17:41	Law	City of Charleston PD-CHPD	115D_DUI	Mark Clark Expwy West / Ashley River Rd
201400733531	20:17:55	Law	City of Charleston PD-CHPD	113B_Disturbance Nuisance	199 East Bay St
201400733537	20:26:11	Law	City of Charleston PD-CHPD	113O_Disturbance Information	411 Meeting St
201400733538	20:26:38	Law	North Charleston PD-NCPD	104D_Alarm Burglary/Intrusion	7113 Rivers Av
201400733543	20:29:46	Law	North Charleston PD-NCPD	130O_Theft Information	7249 Stall Rd
201400733544	20:28:51	Law	North Charleston PD-NCPD	121D_Mental Disorder Violent	4808 E Red Maple Cir
201400733545	20:29:52	Law	City of Charleston PD-CHPD	104D_Alarm Burglary/Intrusion	1830 Savannah Hwy
201400733547	20:30:36	Law	City of Charleston PD-CHPD	Follow Up	171 Ashley Av
201400733549	20:33:06	Law	North Charleston PD-NCPD	111D_Vandalism Weapon	Holly St / Durant Av
201400733550	20:33:29	Law	Sheriff-CCSO	104D_Alarm Holdup/Panic/Duress	3822 Tim Ascue Ln
201400733551	20:35:27	Law	City of Charleston PD-CHPD	135C_Weapons Shots Heard Wpn	106 Chipley Ter
201400733555	20:42:11	Law	North Charleston PD-NCPD	131B_Traffic Acc/No Injury	4400 Dorchester Rd
201400733556	20:42:20	Law	Law Mutual Aide-MAPD	103A_Admin Non-Urgent Message	Mp133
201400733560	20:47:02	Law	City of Charleston PD-CHPD	111D_Vandalism/Mischief Small	749 Bermuda St
201400733561	20:46:49	Law	North Charleston PD-NCPD	132B_Traffic Violation	Rivers Av / Northwoods Blvd
201400733562	20:47:23	Law	North Charleston PD-NCPD	911 Hang Up	5458 Torgerson Dr
201400733563	20:47:44	Law	North Charleston PD-NCPD	125B_Pub Svc Well Ck N-Urgent	3607 Pimmit Pl
201400733566	20:50:57	Law	North Charleston PD-NCPD	911 Hang Up	3000 Chicora Av

VERIZON LEGAL COMPLIANCE
2701 S. JOHNSON ST.
SAN ANGELO TX 76904
Phone: 888-483-2600 Fax:325-949-6916

February 19, 2015

WOOD LAW GROUP, LLC
ONE WESTLEY DRIVE
CHARLESTON SC 29407

Verizon Case #: 150034346
Docket / File #: 1414226

STATE OF TEXAS

ss:

COUNTY OF TOM GREEN

I, DIANE HARGRAVE, being duly sworn, depose and say:

1. I am the custodian of records for Verizon, and in that capacity, I certify that the attached 2 pages of records are true and accurate copies of the records created from the information maintained by Verizon in the actual course of business
2. It is Verizon's ordinary practice to maintain such records, and that said records were made contemporaneously with the transaction and events stated therein, or within a reasonable time thereafter.

Diane Hargrave
DIANE HARGRAVE,

Sworn to before me this 19th day of February, 2015

Patricia McCormick
Notary Public

PATRICIA MCCORMICK
My Commission Expires
June 4, 2016

Search-Value	Account Number	Account Name	Status	Effective Period
8436700328	804004075-8	CHARLESTON CO GOVT.	D	05/27/2006 - 11/25/2014

281 129

verizonwireless

LAW ENFORCEMENT RESOURCE TEAM
180 Washington Valley Road | Bedminster, NJ 07921
Phone: 800-451-5242 | Fax:888-667-0026, 888-667-0028

Historical Call Detail Explanation Form

Network Element	Mobile Directory #:	Dialed Digit	Call Direction	Seizure Date Time	Seizure Duration	Calling Party Number
This is the switching equipment that transacted the call. A switch is named by the basic geographic area it covers. Switches route calls for hundreds of cell sites.	The billed subscriber's Mobile Directory Number (MDN)	This is the number dialed to initiate the call. For inbound calls this number will be the same as the Mobile Directory Number column and for outbound calls this is the number your target dialed.	This is the type of call, e.g. inbound, outbound, or voicemail. Inbound calls display the following numbers: 0 & 6. Calls to voicemail or mobile forwarded calls display the letter "F." Outbound calls display the following numbers: 1 & 3 Mobile to Mobile calls display the number 2. Any other letter or number is a routing or unknown call type and does not detail actual transactional data for a completed call. Subscriber information is not available for routing numbers.	This is the exact date and time of the start of each call	This is the duration of the call in seconds	This is the calling party that initiated the call. If the call is outbound this column will be the same as the Mobile Directory Number. If the call is inbound, this is the number that dialed your target.

When the #s in the Mobile Directory Number column, Dialed Digit column and the Calling Party Number column are all different, then you are looking at a routing #. The Routing # will appear in the Dialed Digit column. (All three numbers are different)

If you see your target # in the Mobile Directory Number column, the Dialed Digit column and the Calling Party Number column, then you are looking at your target checking his/her voicemail. (All three numbers are the same)

***86 is voicemail retrieval**
#225 is checking account balance
#646 is checking minutes
#777 is data/web services
#738 is prepaid voicemail retrieval
#729 is adding minutes for prepaid
***67 Activates Selective Caller ID Block**
***82 Deactivates Selective Caller ID Blocking**

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Network Element Name	Mobile Directory Number	Dialed Digit Number	Call Direction	Seizure Dt Tm	Seizure Duration	Calling Party Number
Charleston_MTX4	8436700328	6700328	F	9/8/2014 9:31	70	8434526436
Charleston_MTX4	8436700328	37	0	9/8/2014 9:31	30	8434526436
Charleston_MTX4	8436700328	111	0	9/8/2014 11:22	29	3214316208
Charleston_MTX4	8436700328	8436700328	F	9/8/2014 11:22	70	3214316208
Charleston_MTX4	8436700328	6700328	5	9/8/2014 13:55	36	8434526436
Charleston_MTX4	8436700328	529	0	9/8/2014 13:55	35	8434526436
Charleston_MTX4	8436700328	6700328	5	9/8/2014 14:42	31	8434526436
Charleston_MTX4	8436700328	91	0	9/8/2014 14:42	30	8434526436
Charleston_MTX4	8436700328	6932223	1	9/8/2014 20:11	33	8436700328
Charleston_MTX4	8436700328	8436700328	F	9/8/2014 20:16	32	8436932223
Charleston_MTX4	8436700328	8436932223	1	9/8/2014 20:27	31	8436700328
Charleston_MTX4	8436700328	6932223	2	9/8/2014 20:31	41	8436700328
Charleston_MTX4	8436700328	8436700328	F	9/8/2014 20:33	35	8436932223
Charleston_MTX4	8436700328	8436932223	2	9/8/2014 20:34	56	8436700328
Charleston_MTX4	8436700328	8433230961	1	9/8/2014 20:36	92	8436700328
Charleston_MTX4	8436700328	4424264	1	9/8/2014 21:02	64	8436700328
Charleston_MTX4	8436700328	8704129	1	9/8/2014 21:03	34	8436700328
Charleston_MTX4	8436700328	8436700328	2	9/8/2014 22:29	112	8436932223
Charleston_MTX4	8436700328	8436932223	2	9/8/2014 22:53	49	8436700328
Charleston_MTX4	8436700328	8436932223	2	9/8/2014 23:10	48	8436700328
Charleston_MTX4	8436700328	8436700328	2	9/8/2014 23:20	230	8436932223

Network Element Nam	obile Directory Numb	Dialed Digit Number	Call Direction	Seizure Dt_Tm	Seizure Duration	Calling Party Number	No Name
Charleston_MTX4	8436700328	18434424264	1	9/9/2014	100	8436700328	
Charleston_MTX4	8436700328	18434424264	1	9/9/2014	49	8436700328	
Charleston_MTX4	8436700328	18434424264	1	9/9/2014	31	8436700328	
Charleston_MTX4	8436700328	18434424264	1	9/9/2014	104	8436700328	
Charleston_MTX4	8436700328	8435592801	1	9/9/2014	36	8436700328	
Charleston_MTX4	8436700328	18435591328	1	9/9/2014	32	8436700328	
Charleston_MTX4	8436700328	8438704129	1	9/9/2014	33	8436700328	
Charleston_MTX4	8436700328	8435592801	1	9/9/2014	36	8436700328	
Charleston_MTX4	8436700328	8435592801	1	9/9/2014	35	8436700328	
Charleston_MTX4	8436700328	18435591328	1	9/9/2014	32	8436700328	
Charleston_MTX4	8436700328	8436700328	5	9/9/2014	127	8438704129	
Charleston_MTX4	8436700328	982	0	9/9/2014	126	8438704129	
Charleston_MTX4	8436700328	98	0	9/9/2014	28	8435533065	
Charleston_MTX4	8436700328	8436700328		9/9/2014	77	8435533065	
Charleston_MTX4	8436700328	8436700328		9/9/2014	62	8432704620	
Charleston_MTX4	8436700328	301	0	9/9/2014	26	8432704620	

Network Element Na	Mobile Directc	Dialed Digit Nu	Call Directi	Seizure Dt Tm	Seizure Du	Calling Party Number
Charleston_MTX4	8436700328	18434424264	1	9/9/2014 1:51	100	8436700328
Charleston_MTX4	8436700328	18434424264	1	9/9/2014 2:09	49	8436700328
Charleston_MTX4	8436700328	18434424264	1	9/9/2014 2:11	31	8436700328
Charleston_MTX4	8436700328	18434424264	1	9/9/2014 2:12	104	8436700328
Charleston_MTX4	8436700328	8435592801	1	9/9/2014 2:51	36	8436700328
Charleston_MTX4	8436700328	18435591328	1	9/9/2014 2:52	32	8436700328
Charleston_MTX4	8436700328	8438704129	1	9/9/2014 2:53	33	8436700328
Charleston_MTX4	8436700328	8435592801	1	9/9/2014 2:54	36	8436700328
Charleston_MTX4	8436700328	8435592801	1	9/9/2014 2:55	35	8436700328
Charleston_MTX4	8436700328	18435591328	1	9/9/2014 2:56	32	8436700328
Charleston_MTX4	8436700328	8436700328	5	9/9/2014 2:57	127	8438704129
Charleston_MTX4	8436700328	982	0	9/9/2014 2:57	126	8438704129
Charleston_MTX4	8436700328	98	0	9/9/2014 6:59	28	8435533065
Charleston_MTX4	8436700328	8436700328	F	9/9/2014 6:59	77	8435533065
Charleston_MTX4	8436700328	8436700328	F	9/9/2014 8:16	62	8432704620
Charleston_MTX4	8436700328	301	0	9/9/2014 8:16	26	8432704620

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verizon wireless

LAW ENFORCEMENT RESOURCE TEAM
180 Washington Valley Rd. | Bedminster, NJ 07921
Phone: 800-451-5242 | Fax: 888-667-0026, 888-667-0028

Historical SMS (Text Message) Detail Report Explanation Form

NET_ELEM_NM	SWITCH_TYPE_IND	MDN	MSG_SND_DT_TM	MSG_DLVR_DT_TM	MSG_CMPLN_STAT	ORIG_ADDR	DEST_ADDR	MSG_DIRN_IND	MIN
This is the text message platform that processed the text message.	Indicates one of two switch types - M or L. This is used to determine the MSG_CMPLN_STAT codes.	This is your Target #.	This is the Date & Time that the text message was sent.	This is the Date & Time when the text message was delivered.	Message completion status indicator. 01=delivered *additional codes below	This is the message sender.	This is the recipient of the message.	This is the direction of the text message. 1=Incoming, 2=Outgoing 3=Incoming, 4=Outgoing	The MIN is the unique identifier the network(s) uses to route traffic for a device/MDN. It is not always the same as the MDN.

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*Additional MSG_CMPLN_STAT codes

Switch type "M"	Switch type "L"
01 = delivered	01 = delivered
02 = expired	05 = deleted/manually deleted
03 = network service denied	07 = undeliverable
04 = invalid subscriber on switch	08 = expired
05 = denied subscriber on switch	09 = unknown (pending, status, other)
06 = invalid subscriber on MR	
07 = subscriber short message buffer full	
08 = message cancelled	
09 = message replaced	
0A = outside cdma coverage	
0B = subscriber deactivated	
0C = alternate page delivery attempted	
0D = alternate page delivery failed	

Network Element Name	Switch Type Indctr	MDN	Msg Send Date	Msg Deliver Date	Msg Completion Stat	Originating Addr	Destination Addr	Msg Direction Indctr	MIN
Alpharetta_SMSC323	L	8436700328	9/8/2014 19:29	9/8/2014 19:29	1	20691	8436700328	1	0
Alpharetta_SMSC323	L	8436700328	9/8/2014 19:29	9/8/2014 19:30	1	20691	8436700328	1	0
Alpharetta_SMSC323	L	8436700328	9/8/2014 19:30	9/8/2014 19:30	1	20691	8436700328	1	0
Duluth_SMSC220	L	8436700328	9/8/2014 23:51	9/8/2014 23:51	1	8436700328	8436932223	2	0
Duluth_SMSC37	L	8436700328	9/8/2014 19:22	9/8/2014 19:23	1	20691	8436700328	1	0
Duluth_SMSC37	L	8436700328	9/8/2014 19:22	9/8/2014 19:24	1	20691	8436700328	1	0
Duluth_SMSC221	L	8436700328	9/8/2014 19:26	9/8/2014 19:26	1	20691	8436700328	1	0
Duluth_SMSC221	L	8436700328	9/8/2014 22:00	9/8/2014 22:00	1	8436700328	8436932223	2	0
Alpharetta_SMSC321	L	8436700328	9/8/2014 11:16	9/8/2014 11:16	1	20691	8436700328	1	0
Alpharetta_SMSC321	L	8436700328	9/8/2014 19:26	9/8/2014 19:26	1	20691	8436700328	1	0
Alpharetta_SMSC322	L	8436700328	9/8/2014 19:30	9/8/2014 19:30	1	20691	8436700328	1	0
Duluth_SMSC222	L	8436700328	9/8/2014 22:05	9/8/2014 22:05	1	8436700328	8436932223	2	0
Duluth_SMSC222	L	8436700328	9/8/2014 22:03	9/8/2014 22:03	1	8436932223	8436700328	1	0
Duluth_SMSC222	L	8436700328	9/8/2014 22:49	9/8/2014 22:49	1	8436932223	8436700328	1	0

Network Element Name	Swit	MDN	Msg Send Date	Msg Deliver Date	Message C	Originating Ac	Destination Add	Message D	MIN
Duluth_SMSC223	L	8436700328	9/9/2014 15:00	9/9/2014 15:00	1	20691	8436700328	1	0
Duluth_SMSC220	L	8436700328	9/9/2014 0:04	9/9/2014 0:04	1	8436932223	8436700328	1	0
Alpharetta_SMSC323	L	8436700328	9/10/2014 18:42	9/10/2014 18:42	1	20691	8436700328	1	0
Duluth_SMSC220	L	8436700328	9/9/2014 0:03	9/9/2014 0:03	1	8436700328	8436932223	2	0

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lop 09-28-06

Charleston County Employee Performance Appraisal Rating Sheet for:

Employee Name	**Laurent Britton**	**SSN**	**247-11-1175**
Job Title	**Radio System Specialist**	**Department**	**Information Technology Services**

Type of Evaluation: Annual ____ Probationary (New Hire) X

Probation (Promotional) ____ Probation (Disciplinary) ____

Other ____ Specify ____

Evaluation Period From 17 Feb 06 to 29 Sep 06

All outstanding, marginal, and unsatisfactory ratings must have a justification statement. Marginal and unsatisfactory ratings must indicate areas for improvement. Outstanding evaluations must indicate areas of superior accomplishment. Use additional sheets of paper if necessary for your justification statements. **Use whole numbers or numbers rounded to the nearest half.** Do not use numbers with any other decimals.

Section I - Personal work Traits

The overall rating for WORK HABITS is made up of the ratings for punctuality (P), attendance (A), initiative (I), dependability (D), and safety (S). In the space provided, indicate the performance level for WORK HABITS and write your justification statement.

Note: If, during this rating period, the employee has been out on leave for one of the reasons listed below, check the appropriate space and do not rate Attendance (and divide by 4 instead of 5). In addition, indicate in the justification statement the specific reason for not evaluating Attendance.

This employee has been absent for Family/Medical Leave ____ Chronic Illness/Surgery ____ Other Disability ____

Overall Rating for WORK HABITS — Rating

P 4 +A 4 +I 4 +D 4 +S 4 / 5 = Rating **4.0**

Justification Statement
Larry's work habits and work ethics are outstanding. His punctuality and attendance are items that can be counted on making him the most dependable employee in the office. He has taken the initiative when it is called for and made the right decisions when they have needed to be made.

The overall rating for INTERPERSONAL RELATIONSHIPS is made up of the ratings for ability to work well with others (W), ability to communicate (C), public relations/professional conduct with the general public (PR), and disposition/outlook (D). In the space provided, indicate the performance level for INTERPERSONAL RELATIONSHIPS and write the justification statement.

Overall Rating for INTERPERSONAL RELATIONSHIPS — Rating

W 3 +C 3 +PR 4 +D 4 / 4 = Rating **3.5**

Justification Statement
Larry's public relations skills and his professional conduct skills have come from his many years of public safety service and dealing with the public in the private industry. His ability to interact with the public and our customers in a calm and decisive manor are an asset to our department. His disposition and outlook show a person with a great attitude that wants to do what is best for the public safety personnel of Charleston County.
The areas for improvement are communicating with peers and subordinates. The cause of this shortfall is largely due to the great state of flux that the department has been in over the last 6 months but is still an issue that needs to be addressed.

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The overall rating for INDIVIDUAL DEVELOPMENT is made up of job knowledge (J), adaptability to change (A), and desire for self improvement (SI). In the space provided, indicate the performance level for INDIVIDUAL DEVELOPMENT and write the justification statement.

Overall Rating for INDIVIDUAL DEVELOPMENT					Rating
J 3	+A 4	+SI 4	/ 3 = Rating		3.7

Justification Statement
The direction of the department and this position will require a technical skill set the Larry does not possess at this time, but his is making up for this shortcoming with a strong willingness to learn. This attitude shows his adaptability to change and a strong desire for self improvement.

Section II - Job Performance

Indicate the job duty/element which is being evaluated and its rating. Write the appropriate justification statements. Attach additional sheets for justification statements if necessary. (These job duties/elements are in the employee=s personnel file and do not have to be resubmitted to the Personnel Department at this time.)

Job Duty/Element	Rating
(1) Radio Equipment Inventory and Ordering	3.0

Justification Statement
The Inventory on spare radios, equipment, and cache radios is still a work in progress. I do not have any doubt that Larry will organize this area in due time but it is not completed yet.

Job Duty/Element	Rating
(2) Day to Day 800 MHz Operational Issues	3.5

Justification Statement
The decisions that Larry has made on day to day operations have been good but are based mainly on his operational expertise. When his technical knowledge increases his decisions on day to day operational issues will be based on a combination of the systems operational capabilities and its technical capabilities.

Job Duty/Element	Rating
(3) Liaison with User Agencies	3.5

Justification Statement
Very good work.

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Job Duty/Element	Rating
(4) Supervise Radio Comm employees in the absence of the Radio Comm Manager	3.0

Justification Statement
There is room for improvement on changing the management style to fit the situation and the resources available to get the job done.

Job Duty/Element	Rating
(5) Prepare/ Perform/ Supervise Field Communication Activities	4.0

Justification Statement
This is one of Larry's strongest areas. There is no-one else in our area that understands and knows how to plan field communication activities as well as Larry. His well rounded background gives him the insight on what is needed to get the job done.

Job Duty/Element	Rating
(6) Special Assignments and Projects	3.5

Justification Statement
The two projects that Larry has worked on have both been a great success. The TICP plan received glowing reviews and feedback from both the federal level and the local agencies that were involved. Larry also attained the grant and designed a communications trailer that Charleston County will be receiving in October that will provide backup communications and dispatch capabilities for Charleston County.

Section III - Employee Development Plan

What was the employee's goal(s) objectives set during the last rating period?

Did the employee complete the goals(s)/objective(s)? Yes X No ____

Explain answer below. Complete development plan for next rating period and submit it with this rating sheet.
This is the first rating period and all goals assigned in the initial hiring package have been met and/or exceeded.

Development Plan and Goals for the next evaluation.

1. Increase knowledge and competence in at least three technical radio areas. This improvement will be measured by both completed course work and/or training documentation with a practical application demonstrated on site.
2. Improve the relationships with subordinates and subcontractors which will improve the level of service we provide to our customers.
3. Take on at least two highly technical projects from start to finish and make all operational and technical decisions in those projects using the resources available.

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Overall Evaluation:

Total Points 31.7 / Total Items 9 = Overall Numeric Rating 3.5

The scale to be used for the rating definition of the average indicated above is 0.0 to 0.000, Unsatisfactory; 1.0 to 1.999, Marginal (Also, see note below regarding probationary evaluations.); 2.0 to 2.999, Meets Expectations; 3.0 to 3.799, Exceeds Expectations; 3.8 to 4.0, Outstanding.

An evaluation with an overall numerical rating below 2.0 or with two (2) or more ratings of Marginal/Unsatisfactory indicates substandard performance, and the rating definition will be Marginal (regardless of the numerical average). On an annual evaluation, the employee will be placed in a probationary status and shall receive performance counseling and additional evaluation. The employee is expected to meet performance expectations within this probationary time period and to continue to meet expectations throughout employment with Charleston County. (See Charleston County's Personnel Policies for specific procedures.)

General comments from Supervisor: (if desired)
Larry has maintained a great work ethic and attitude during a period of extreme flux in the Radio Communications Department. His operational skills and knowledge are invaluable to Charleston County. His probationary status should end with acceptance of this evaluation.

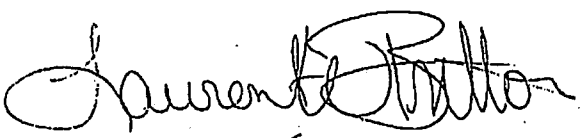
Employee Notice:

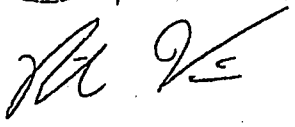
Review the entire appraisal to make sure that you understand its contents. If you have questions, it is your responsibility to have these clarified for you. Sign your name in the appropriate space. (Your signature does not indicate that you necessarily agree with the evaluation. Use the comment section to express yourself regarding the evaluation.)

Employee Comments:

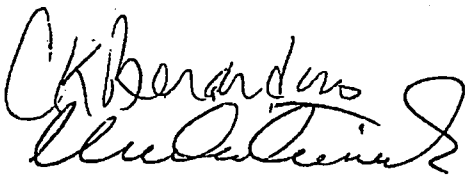
Your signature indicates that your evaluation has been completed and your supervisor has had an evaluation conference with you. An unsigned evaluation will be considered incomplete. No personnel actions (for example, longevity increases) will be processed if the evaluation form is incomplete. An employee who fails to sign his/her appraisal is subject to disciplinary action. (Refer to Charleston County's Personnel Policies and Procedures for details.)

Signatures:

Employee Signature  Date 9/28/06

Rater Signature/Title  Date 9/28/06

Reviewer Signature Date

*Department Head  Date 9-28-06 9-29-06

*This signature is necessary only if the Department Head is a person other that the Reviewer.

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4p 01-30-07

Charleston County Employee Performance Appraisal Rating Sheet for:

RECEIVED
CHARLESTON COUNTY GOV.
HUMAN RESOURCES DEPT.
2007 JUL 31 PM 2:13

Employee Name Laurent Britton **SSN** 247-11-1175

Job Title Radio System Specialist **Department** Information Technology Services

Type of Evaluation: Annual X Probationary (New Hire) ____

Probation (Promotional) ____ Probation (Disciplinary) ____

Other ____ Specify ____

Evaluation Period From 30 Sep 06 to 31 Aug 07

All outstanding, marginal, and unsatisfactory ratings must have a justification statement. Marginal and unsatisfactory ratings must indicate areas for improvement. Outstanding evaluations must indicate areas of superior accomplishment. Use additional sheets of paper if necessary for your justification statements. **Use whole numbers or numbers rounded to the nearest half.** Do not use numbers with any other decimals.

Section I - Personal work Traits

The overall rating for WORK HABITS is made up of the ratings for punctuality (P), attendance (A), initiative (I), dependability (D), and safety (S). In the space provided, indicate the performance level for WORK HABITS and write your justification statement.

Note: If, during this rating period, the employee has been out on leave for one of the reasons listed below, check the appropriate space and do not rate Attendance (and divide by 4 instead of 5). In addition, indicate in the justification statement the specific reason for not evaluating Attendance.

This employee has been absent for Family/Medical Leave ____ Chronic Illness/Surgery ____ Other Disability ____

Overall Rating for WORK HABITS — Rating

P 4 +A 4 +I 3 +D 4 +S 4 / 5 = Rating **3.8**

Justification Statement
Larry's work habits and work ethics are outstanding. His punctuality and attendance are items that can be counted on making him the most dependable employee in the office. He has taken the initiative when it is called for and made the right decisions when they have needed to be made.

The overall rating for INTERPERSONAL RELATIONSHIPS is made up of the ratings for ability to work well with others (W), ability to communicate (C), public relations/professional conduct with the general public (PR), and disposition/outlook (D). In the space provided, indicate the performance level for INTERPERSONAL RELATIONSHIPS and write the justification statement.

Overall Rating for INTERPERSONAL RELATIONSHIPS — Rating

W 3 +C 3 +PR 4 +D 4 / 4 = Rating **3.5**

Justification Statement
Larry's public relations skills and his professional conduct skills have come from his many years of public safety service and dealing with the public in the private industry. His ability to interact with the public and our customers in a calm and decisive manor are an asset to our department. His disposition and outlook show a person with a great attitude that wants to do what is best for the public safety personnel of Charleston County.

The areas for improvement are still communicating with peers and subordinates. There has been some improvement in this area but not enough.

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The overall rating for INDIVIDUAL DEVELOPMENT is made up of job knowledge (J), adaptability to change (A), and desire for self improvement (SI). In the space provided, indicate the performance level for INDIVIDUAL DEVELOPMENT and write the justification statement.

Overall Rating for INDIVIDUAL DEVELOPMENT	Rating
J 3 +A 4 +SI 4 / 3 = Rating	3.7

Justification Statement
The direction of the department and this position will require a technical skill set the Larry does not possess at this time, but his is making up for this shortcoming with a strong willingness to learn. This attitude shows his adaptability to change and a strong desire for self improvement.

Section II - Job Performance

Indicate the job duty/element which is being evaluated and its rating. Write the appropriate justification statements. Attach additional sheets for justification statements if necessary. (These job duties/elements are in the employee=s personnel file and do not have to be resubmitted to the Personnel Department at this time.)

Job Duty/Element	Rating
(1) Radio Equipment Inventory and Ordering	1.5

Justification Statement
The inventory of newly purchased radios was not satisfactory. Steps are being taken to correct these issues.

Job Duty/Element	Rating
(2) Day to Day 800 MHz Operational Issues	3.5

Justification Statement
The decisions that Larry has made on day to day operations have been good but are based mainly on his operational expertise. When his technical knowledge increases his decisions on day to day operational issues will be based on a combination of the systems operational capabilities and its technical capabilities.

Job Duty/Element	Rating
(3) Liaison with User Agencies	3.0

Justification Statement
Very good work.

Job Duty/Element	Rating
(4) Supervise Radio Comm employees in the absence of the Radio Comm Manager	3.0

Justification Statement
There is room for improvement on changing the management style to fit the situation and the resources available to get the job done.

Job Duty/Element	Rating
(5) Prepare/ Perform/ Supervise Field Communication Activities	4.0

Justification Statement
This is one of Larry's strongest areas. There is no-one else in our area that understands and knows how to plan field communication activities as well as Larry. His well rounded background gives him the insight on what is needed to get the job done.

Job Duty/Element	Rating
(6) Special Assignments and Projects	3.5

Justification Statement
The main project that Larry is responsible for is the equipment installation and management of Comm-1, the tactical communications trailer. This project has been the highlight of radio communication's year.

Section III - Employee Development Plan

What was the employee's goal(s) objectives set during the last rating period?

Did the employee complete the goals(s)/objective(s)? Yes _____ No X

Explain answer below. Complete development plan for next rating period and submit it with this rating sheet.

The Goals for this evaluation period were:

1. Increase knowledge and competence in at least three technical radio areas. This improvement will be measured by both completed course work and/or training documentation with a practical application demonstrated on site.
2. Improve the relationships with subordinates and subcontractors which will improve the level of service we provide to our customers.
3. Take on at least two highly technical projects from start to finish and make all operational and technical decisions in those projects using the resources available.

The non-completion of these goals **was not due** to Larry's willingness or capabilities. Larry did significantly improve his technical knowledge in two area, computer networking and MIP 5000 consoles. The reasons for not completing these goals were due to operational commitments and the lack of opportunities.

Development Plan and Goals for the next evaluation.

1. Increase knowledge and competence in one technical radio area. This improvement will be measured by both completed course work and/or training documentation with a practical application demonstrated on site.
2. Take on one highly technical projects from start to finish and make all operational and technical decisions in those projects using the resources available.

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Overall Evaluation:

Total Points 29.5 / Total Items 9 = Overall Numeric Rating 3.28

The scale to be used for the rating definition of the average indicated above is 0.0 to 0.000, Unsatisfactory; 1.0 to 1.999, Marginal (Also, see note below regarding probationary evaluations.); 2.0 to 2.999, Meets Expectations; 3.0 to 3.799, Exceeds Expectations; 3.8 to 4.0, Outstanding.

An evaluation with an overall numerical rating below 2.0 or with two (2) or more ratings of Marginal/Unsatisfactory indicates substandard performance, and the rating definition will be Marginal (regardless of the numerical average). On an annual evaluation, the employee will be placed in a probationary status and shall receive performance counseling and additional evaluation. The employee is expected to meet performance expectations within this probationary time period and to continue to meet expectations throughout employment with Charleston County. (See Charleston County's Personnel Policies for specific procedures.)

General comments from Supervisor: (if desired)
Larry is and always will be an asset to Radio Communications. His operational skills and knowledge are invaluable to Charleston County.

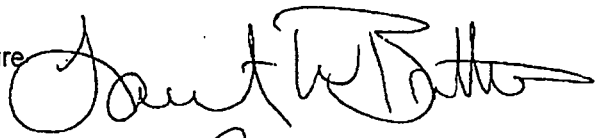
Employee Notice:

Review the entire appraisal to make sure that you understand its contents. If you have questions, it is your responsibility to have these clarified for you. Sign your name in the appropriate space. (Your signature does not indicate that you necessarily agree with the evaluation. Use the comment section to express yourself regarding the evaluation.)

Employee Comments:

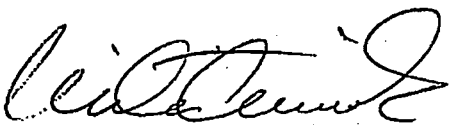
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Signatures:

Employee Signature  Date 7/30/07

Rater Signature/Title  Date 7/30/07

Reviewer Signature Date

*Department Head  Date 7/31/07

*This signature is necessary only if the Department Head is a person other that the Reviewer.

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8p 8-10-09

CHARLESTON COUNTY GOVERNMENT
Employee/Supervisor Performance Appraisal

Rating	
Alpha	Numeric
Meets	2.85

3.05

Employee Name: Laurent Britton

Department: Radio Communications Employee ID#: 104635

Job Title: Radio Communications Specialist Job Category: Exempt Date in Position: 02/17/06

Evaluation Type: ☑ Annual ☐ Probationary (type): _____

Rater: William Tunick Evaluation Period: from 02/17/2008 to 02/17/2009

Rater's Supervisor Signature (1): _____ Date: _____
(To be signed if appraisal is below Meets Standards.)

Employee's Acknowledgment:

I met with my supervisor on the date indicated and reviewed this performance appraisal in detail. **My signature below affirms my receipt of this document. It does not indicate my agreement with its content.** During my evaluation review, my rating official discussed each area of my evaluation with me and responded to my questions. (Employee initial the appropriate line) Yes: LWB No: ____

The optional Employee Development Plan has been explained to me. I am aware that I may initiate the optional plan as I desire. (Employee initial the appropriate line) Yes: LWB No: ____

Employee Signature: Laurent W Britton Date Received: 8-10-09

Rater Signature: William Tunick Date: 8-10-09

Rater's Supervisor Signature (2): _____ Date: _____
I have reviewed this evaluation and the comments made by both the rater and employee. My signature affirms that I concur with the rating on this evaluation. I believe it to be aligned with the performance of the rated employee.

Department Head Signature: _____ Date: 8/11/09
I have reviewed this evaluation and the comments made by both the rater and employee. My signature affirms that I concur with the rating on this evaluation. I believe it to be aligned with the performance of the rated employee.

Performance Level Descriptions and Definitions:

Outstanding	4	Performance and results **always** exceed the standards and expectations for the position requirements and objectives.
Exceeds Standards	3	Performance and results **often** exceed the standards and expectations for the position requirements and objectives.
Meets Standards	2	Performance and results achieved **generally** meet the standards and expectations for the position requirements and objectives.
Inconsistent	1	Performance and results are **inconsistent** with the standards and expectations for the position requirements and objectives. Posses most of the knowledge skills and abilities required for job success but additional training or commitment is needed.
Unsatisfactory	0	Performance and results **consistently** do not meet the minimal standards and expectations for the position requirements and objectives.

Section I - Job Performance:

The employee's job performance is measured using selected job duties from the employee's job description. Expectations for performance in each job duty/element should increase over time. The rater should consider ways to increase the responsibility and expectations of repetitive job duty/element, if possible, to allow the employee an opportunity for growth and development. The supervisor will prepare and review with the employee a Corrective Action Plan (CAP) for any job duty/element rated inconsistent or unsatisfactory. The supervisor will be responsible for monitoring the CAP and ensuring its implementation within 30 days of the employee's signature on this evaluation. Consequences for failure to meet the requirements of the CAP will be identified during its development.

A weight factor is used for each job duty/element. The rating official must determine the importance of each job duty/element and assign each element a weight based on its importance to the overall job. The combined total of job duty/element weights must equal and cannot exceed 100% (See instructions for further directions).

(1) **Job Duty/Element:** Radio Programming

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.20	X	○	◉	⊗	○	○	=	0.40	JWB

Comments/Recommendations:

Larry has been developing his skills in radio and template programming. Further improvement is required to bump up his ratings here. Larry has done a nice job considering he's had 4 changes of management in four years.

(2) **Job Duty/Element:** Interoperability planning

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.10	X	○	◉	○	○	○	=	0.30	JWB

Comments/Recommendations:

Larry does very effective job interfacing with various jurisdictions to work our radio interoperability plans (i.e TICP)

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(3) **Job Duty/Element:** Managing Customers and Interfacing with staff

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.20	X	○	○	◉	○	○	=	0.40	JWB

Comments/Recommendations:

Managing customers. Larry tends to overcommit resources - trying hard to achieve the goals and schedule - but sometimes we miss the mark because of the amount of work going on in Radio Communications

(4) **Job Duty/Element:** Managing resources for emergency response

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.25	X	◉	○	○	○	○	=	1.00	JWB

Comments/Recommendations:

Larry if the first to offer his availability on weekends, evenings - any time really - in emergency response situations where radio communications resources are needed.

(5) **Job Duty/Element:**

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	○	○	○	○	○	=	0.00	JWB

Comments/Recommendations:

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(6) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	JWB
Comments/Recommendations:									

(7) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	JWB
Comments/Recommendations:									

(8) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	JWB
Comments/Recommendations:									

(9) **Job Duty/Element:** Attendance and Punctuality

Dependable, arrives at work on time, reports on all scheduled days, adheres to break and meal schedules

Note: If, during this rating period, the employee has been out on Family/Medical Leave, or other excused leave, check the appropriate space and do not consider this period of absence in your rating. In addition, indicate in the Comments/Recommendations space the specific period that will not be considered as part of this rating period. Periods of absence that are not excused leave or approved Family/Medical Leave will be rated.

This employee has been absent for: ☐ Family/Medical Leave _____ ☐ Other: _____

Attendance Record: ☐ Sick Leave: _____ ☐ Unexcused Absences: _____

Punctuality: Number of times late for work or work related functions (must be documented): _____

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.10	X	○	◉	○	○	○	=	0.30	JWB

Comments/Recommendations:

Larry is promptly at work every morning and often works past his allocated times and on weekends or in the evenings.

(10) **Job Duty/Element:** Other Duties as Assigned

In addition to Job Duty/Elements, accepts and satisfactorily accomplishes all other duties as they are assigned

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.15	X	○	◉	○	○	○	=	0.45	JWB

Comments/Recommendations:

Larry almost always accepts additional duties as they are required in radio communications.

Total Weights: 1	**Weighted Score Total = Final Performance Rating of:**	2.85

4=Outstanding 3-3.99=Exceeds Expectation 2-2.99= Meets Standards 1-1.99= Inconsistent 0-0.99= Unsatisfactory

To be completed with **supervisor** evaluations only:	
Weighted Score Total 2.85 + **Section III Overall Supervisory Rating** 0.00 = 2.85 ÷ 2 = **Final Performance Rating of:**	0.00

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An evaluation with a final performance rating of below **2.0 (Inconsistent//Unsatisfactory)** indicates substandard performance. Employees with substandard scores will be placed on probation with a developed CAP. A re-evaluation will be accomplished at the completion of the CAP. The employee is expected to meet performance expectations within this probationary time period and to continue to meet expectations throughout employment with Charleston County. (See Charleston County Personnel Procedure 7.2 for specific procedures).

Safety:

Note – **Safety is identified as a County value. Both the supervisor and the employee should openly discuss this value and its impact.** County departments that have safety requirements beyond routine safety awareness or that are job specific will rate the employee's safety compliance as a job duty element and the resulting score will be included as part of the employees overall performance rating.

Practices safety as defined by the County: ☑ Yes ☐ No

Practices departmental safety requirements: ☑ Yes ☐ No

Note: A response of "No" in any safety area will require a Corrective Action Plan.

Comments/Recommendations:

Driving Appraisal/License Verification:

Some Jobs/Positions require that the employee, as part of his/her job assignment, drive or be available to drive a County vehicle. Such an employee must maintain a valid driver's license at all times, and is not allowed to operate a vehicle without a valid driver's license of the proper class. Any change in the status of such an employee's driver's license must be reported to his/her supervisor immediately.

This employee is required or may be asked to operate a County vehicle: ☑ Yes ☐ No
(If "No," skip to Section II below.)

If "Yes," does this employee have a valid South Carolina Driver's License? ☑ Yes ☐ No
Note: A response of "No" to this question will remove the employee from the approved drivers list, and may result in disciplinary action.

This employee demonstrates safe driving practices in County vehicles: ☑ Yes ☐ No
Note: A response of "No" to this question will require a Corrective Action Plan.

Comments/Recommendations:

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Section II - Organizational Values

Organization values are core requirements for all Charleston County employees. These core requirements represent the values of the organization and are expected to be demonstrated by County employees during all County sanctioned work activities. These values are not intended to be used as part of the performance rating score results. Supervisors are expected to use this as a development opportunity and provide direct feedback to their employees regarding their compliance with the County's stated values. Supervisors must make employees aware that in some cases violation of these stated values could result in formal disciplinary action, including termination.

Both the supervisor and the employee should openly discuss each value. Supervisors should consider strengths and opportunities for improvement when giving feedback. Supervisors must provide specific and relevant examples that support the feedback being given to the employee. Supervisors must also ensure that the feedback given is based on factual and specific observations and/or documented accounts.

Charleston County Values:

Trust/Integrity: Acts reputably and honestly in relationships with others; Promotes trust and respect.

Commitment: Takes personal responsibility and initiates appropriate actions to ensure mission success.

Communication: Openly exchanges information in a timely manner; knows who to keep informed; listens, understands and uses information with discretion. Writes and speaks in a manner that ensures the stated goals and objectives are understood by all.

Versatility: Willing to create and apply new methods to meet and overcome emerging challenges from a diverse community.

Accountability: Willingly accepts responsibility for personal actions. Fairly evaluates the actions of others.

Teamwork: Values and contributes with a positive attitude to the collective goals and daily responsibilities. Treats all with respect and helps foster good group morale.

Diversity: Treats internal and external customers with dignity and respect regardless of any individual differences.

Employee Comments (attach additional page(s) if needed):

Employee Signature: Date: 8/10/09

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8p 08-25-09

CHARLESTON COUNTY GOVERNMENT
Employee/Supervisor Performance Appraisal

Rating	
Alpha	Numeric
Exceeds	3.05

Employee Name: Laurent Britton

Department: Radio Communications Employee ID#: 104635

Job Title: Radio Communications Specialist Job Category: Exempt Date in Position: 02/17/06

Evaluation Type: ☑ Annual ☐ Probationary (type): _____

Rater: William Tunick Evaluation Period: from 09/01/2007 to 02/17/2008

Rater's Supervisor Signature (1): _____ Date: _____
(To be signed if appraisal is below Meets Standards.)

Employee's Acknowledgment:

I met with my supervisor on the date indicated and reviewed this performance appraisal in detail. **My signature below affirms my receipt of this document. It does not indicate my agreement with its content.** During my evaluation review, my rating official discussed each area of my evaluation with me and responded to my questions. (Employee initial the appropriate line) Yes: _____ No: _____

The optional Employee Development Plan has been explained to me. I am aware that I may initiate the optional plan as I desire. (Employee initial the appropriate line) Yes: _____ No: _____

Employee Signature: Laurent W Britton Date Received: 8/25/09

Rater Signature: [signature] Date: 08/24/09

Rater's Supervisor Signature (2): _____ Date: _____
I have reviewed this evaluation and the comments made by both the rater and employee. My signature affirms that I concur with the rating on this evaluation. I believe it to be aligned with the performance of the rated employee.

Department Head Signature: [signature] Date: 9/21/09
I have reviewed this evaluation and the comments made by both the rater and employee. My signature affirms that I concur with the rating on this evaluation. I believe it to be aligned with the performance of the rated employee.

Performance Level Descriptions and Definitions:

Outstanding	4	Performance and results **always** exceed the standards and expectations for the position requirements and objectives.
Exceeds Standards	3	Performance and results **often** exceed the standards and expectations for the position requirements and objectives.
Meets Standards	2	Performance and results achieved **generally** meet the standards and expectations for the position requirements and objectives.
Inconsistent	1	Performance and results are **inconsistent** with the standards and expectations for the position requirements and objectives. Posses most of the knowledge skills and abilities required for job success but additional training or commitment is needed.
Unsatisfactory	0	Performance and results **consistently do not** meet the minimal standards and expectations for the position requirements and objectives.

Section I - Job Performance:

The employee's job performance is measured using selected job duties from the employee's job description. Expectations for performance in each job duty/element should increase over time. The rater should consider ways to increase the responsibility and expectations of repetitive job duty/element, if possible, to allow the employee an opportunity for growth and development. The supervisor will prepare and review with the employee a Corrective Action Plan (CAP) for any job duty/element rated inconsistent or unsatisfactory. The supervisor will be responsible for monitoring the CAP and ensuring its implementation within 30 days of the employee's signature on this evaluation. Consequences for failure to meet the requirements of the CAP will be identified during its development.

A weight factor is used for each job duty/element. The rating official must determine the importance of each job duty/element and assign each element a weight based on its importance to the overall job. The combined total of job duty/element weights must equal and cannot exceed 100% (See instructions for further directions).

(1) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.20	X	○	◉	○	○	○	=	0.60	LWB

Comments/Recommendations:

Larry has done a nice job considering he's had four changes of management in four years.

(2) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.10	X	○	◉	○	○	○	=	0.30	LWB

Comments/Recommendations:

Larry does a very nice job interfacing with various jurisdictions on radio interoperability.

(3) **Job Duty/Element:** Managing Customers and Interfacing with staff

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.20	X	○	○	◉	○	○	=	0.40	JWB

Comments/Recommendations:

Managing customers. Larry tends to overcommit resources - trying hard to achieve the goals and schedule - but sometimes we miss the mark because of the amount of work going on in Radio Communications

(4) **Job Duty/Element:** Managing resources for emergency response

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.25	X	◉	○	○	○	○	=	1.00	JWB

Comments/Recommendations:

Larry if the first to offer his availability on weekends, evenings - any time really - In emergency response situations where radio communications resources are needed.

(5) **Job Duty/Element:**

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	○	○	○	○	○	=	0.00	JWB

Comments/Recommendations:

(6) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	

Comments/Recommendations:

(7) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	

Comments/Recommendations:

(8) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	

Comments/Recommendations:

(9) **Job Duty/Element:** Attendance and Punctuality

Dependable, arrives at work on time, reports on all scheduled days, adheres to break and meal schedules
Note: If, during this rating period, the employee has been out on Family/Medical Leave, or other excused leave, check the appropriate space and do not consider this period of absence in your rating. In addition, indicate in the Comments/Recommendations space the specific period that will not be considered as part of this rating period. Periods of absence that are not excused leave or approved Family/Medical Leave will be rated.

This employee has been absent for: ☐ Family/Medical Leave _____ ☐ Other: _____

Attendance Record: ☐ Sick Leave: _____ ☐ Unexcused Absences: _____

Punctuality: Number of times late for work or work related functions (must be documented): _____

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.10	X	○	◉	○	○	○	=	0.30	LWB

Comments/Recommendations:
Larry is promptly at work every morning and often works past his allocated times and on weekends or in the evenings.

(10) **Job Duty/Element:** Other Duties as Assigned

In addition to Job Duty/Elements, accepts and satisfactorily accomplishes all other duties as they are assigned

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.15	X	○	◉	○	○	○	=	0.45	JWB

Comments/Recommendations:
Larry almost always accepts additional duties as they are required in radio communications.

Total Weights: 1	**Weighted Score Total = Final Performance Rating of:**	2.85

4=Outstanding 3-3.99=Exceeds Expectation 2-2.99= Meets Standards 1-1.99= Inconsistent 0-0.99= Unsatisfactory

To be completed with supervisor evaluations only:	
Weighted Score Total 2.85 **+ Section III Overall Supervisory Rating** 0.00 = 2.85 ÷ 2 = **Final Performance Rating of:**	0.00

An evaluation with a final performance rating of below **2.0 (Inconsistent//Unsatisfactory)** indicates substandard performance. Employees with substandard scores will be placed on probation with a developed CAP. A re-evaluation will be accomplished at the completion of the CAP. The employee is expected to meet performance expectations within this probationary time period and to continue to meet expectations throughout employment with Charleston County. (See Charleston County Personnel Procedure 7.2 for specific procedures).

Safety:

Note – **Safety is identified as a County value. Both the supervisor and the employee should openly discuss this value and its impact.** County departments that have safety requirements beyond routine safety awareness or that are job specific will rate the employee's safety compliance as a job duty element and the resulting score will be included as part of the employees overall performance rating.

Practices safety as defined by the County: ◉ Yes ○ No

Practices departmental safety requirements: ◉ Yes ○ No

Note: A response of "No" in any safety area will require a Corrective Action Plan.

Comments/Recommendations:

Driving Appraisal/License Verification:

Some Jobs/Positions require that the employee, as part of his/her job assignment, drive or be available to drive a County vehicle. Such an employee must maintain a valid driver's license at all times, and is not allowed to operate a vehicle without a valid driver's license of the proper class. Any change in the status of such an employee's driver's license must be reported to his/her supervisor immediately.

This employee is required or may be asked to operate a County vehicle: ◉ Yes ○ No
(If "No," skip to Section II below.)

If "Yes," does this employee have a valid South Carolina Driver's License? ◉ Yes ○ No
Note: A response of "No" to this question will remove the employee from the approved drivers list, and may result in disciplinary action.

This employee demonstrates safe driving practices in County vehicles: ◉ Yes ○ No
Note: A response of "No" to this question will require a Corrective Action Plan.

Comments/Recommendations:

Section II - Organizational Values

Organization values are core requirements for all Charleston County employees. These core requirements represent the values of the organization and are expected to be demonstrated by County employees during all County sanctioned work activities. These values are not intended to be used as part of the performance rating score results. Supervisors are expected to use this as a development opportunity and provide direct feedback to their employees regarding their compliance with the County's stated values. Supervisors must make employees aware that in some cases violation of these stated values could result in formal disciplinary action, including termination.

Both the supervisor and the employee should openly discuss each value. Supervisors should consider strengths and opportunities for improvement when giving feedback. Supervisors must provide specific and relevant examples that support the feedback being given to the employee. Supervisors must also ensure that the feedback given is based on factual and specific observations and/or documented accounts.

Charleston County Values:

Trust/Integrity: Acts reputably and honestly in relationships with others; Promotes trust and respect.

Commitment: Takes personal responsibility and initiates appropriate actions to ensure mission success.

Communication: Openly exchanges information in a timely manner; knows who to keep informed; listens, understands and uses information with discretion. Writes and speaks in a manner that ensures the stated goals and objectives are understood by all.

Versatility: Willing to create and apply new methods to meet and overcome emerging challenges from a diverse community.

Accountability: Willingly accepts responsibility for personal actions. Fairly evaluates the actions of others.

Teamwork: Values and contributes with a positive attitude to the collective goals and daily responsibilities. Treats all with respect and helps foster good group morale.

Diversity: Treats internal and external customers with dignity and respect regardless of any individual differences.

Employee Comments (attach additional page(s) if needed):

Employee Signature:  Date: 8/25/09

202

OP - 1-7-11

CHARLESTON COUNTY GOVERNMENT
Employee/Supervisor Performance Appraisal

Rating	
Alpha	Numeric
Exceeds	3.50

Employee Name: Laurent Britton

Department: Technology Services Employee ID#: 104635

Job Title: Radio System Specialist Job Category: _____ Date in Position: 02/17/06

Evaluation Type: ☑ Annual ☐ Probationary (type): _____

Rater: William Tunick Evaluation Period: from 02/18/2009 to 02/17/2010

Rater's Supervisor Signature (1): _____ Date: _____
(To be signed if appraisal is below Meets Standards.)

Employee's Acknowledgment:

I met with my supervisor on the date indicated and reviewed this performance appraisal in detail. **My signature below affirms my receipt of this document. It does not indicate my agreement with its content.** During my evaluation review, my rating official discussed each area of my evaluation with me and responded to my questions. (Employee initial the appropriate line) Yes: LWB No: _____

The optional Employee Development Plan has been explained to me. I am aware that I may initiate the optional plan as I desire. (Employee initial the appropriate line) Yes: _____ No: _____

Employee Signature: L W Britton Date Received: 2/14/11

Rater Signature: William Tunick Date: 02-10-11

Rater's Supervisor Signature (2): _____ Date: _____
I have reviewed this evaluation and the comments made by both the rater and employee. My signature affirms that I concur with the rating on this evaluation. I believe it to be aligned with the performance of the rated employee.

Department Head Signature: _____ Date: 2/11/11
I have reviewed this evaluation and the comments made by both the rater and employee. My signature affirms that I concur with the rating on this evaluation. I believe it to be aligned with the performance of the rated employee.

Performance Level Descriptions and Definitions:

Outstanding	4	Performance and results **always** exceed the standards and expectations for the position requirements and objectives.
Exceeds Standards	3	Performance and results **often** exceed the standards and expectations for the position requirements and objectives.
Meets Standards	2	Performance and results achieved **generally** meet the standards and expectations for the position requirements and objectives.
Inconsistent	1	Performance and results are **inconsistent** with the standards and expectations for the position requirements and objectives. Posses most of the knowledge skills and abilities required for job success but additional training or commitment is needed.
Unsatisfactory	0	Performance and results **consistently do not** meet the minimal standards and expectations for the position requirements and objectives.

Section I - Job Performance:

The employee's job performance is measured using selected job duties from the employee's job description. Expectations for performance in each job duty/element should increase over time. The rater should consider ways to increase the responsibility and expectations of repetitive job duty/element, if possible, to allow the employee an opportunity for growth and development. The supervisor will prepare and review with the employee a Corrective Action Plan (CAP) for any job duty/element rated inconsistent or unsatisfactory. The supervisor will be responsible for monitoring the CAP and ensuring its implementation within 30 days of the employee's signature on this evaluation. Consequences for failure to meet the requirements of the CAP will be identified during its development.

A weight factor is used for each job duty/element. The rating official must determine the importance of each job duty/element and assign each element a weight based on its importance to the overall job. The combined total of job duty/element weights must equal and cannot exceed 100% (See instructions for further directions).

(1) **Job Duty/Element:** Manages communications interoperability between Public Safety Agencies

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.20	X	⊙	○	○	○	○	=	0.80	JWB

Comments/Recommendations:

Since the TICP, Larry has consistently maintained the focus on ensuring interoperability between the approximately 35 different Public Safety Agencies in Charleston County.

(2) **Job Duty/Element:** Maintaining good relationships and communication with public safety and business customers.

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.15	X	○	⊙	○	○	○	=	0.45	JWB

Comments/Recommendations:

Larry has maintained good communication with our most important customers and has very good customer service skills with many of our customers.

(3) **Job Duty/Element:** Reliable and Accurate template building and programming of user radios

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.15	X	○	◉	○	○	○	=	0.45	ZWB

Comments/Recommendations:

Larry is developing well in this area and will become the critical link on all user radio programming.

(4) **Job Duty/Element:** Working with Mobile Communications on managing vehicle installs and radio maintenance

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.10	X	○	◉	○	○	○	=	0.30	ZWB

Comments/Recommendations:

The Sheriff's Office and other organizations sent in dozens of vehicles this FY for complete electronics outfitting and there is constant productive activity at the Radio Shop that Larry monitors well.

(5) **Job Duty/Element:** Available 24/7 for an system or customer emergency

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.15	X	◉	○	○	○	○	=	0.60	ZWB

Comments/Recommendations:

Larry is extremely reliable and responds quickly when a major incident occurs in Charleston County and emergency communications are required.

205

(6) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	JWB

Comments/Recommendations:

(7) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	JWB

Comments/Recommendations:

(8) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	JWB

Comments/Recommendations:

(9) **Job Duty/Element:** Attendance and Punctuality

Dependable, arrives at work on time, reports on all scheduled days, adheres to break and meal schedules
Note: If, during this rating period, the employee has been out on Family/Medical Leave, or other excused leave, check the appropriate space and do not consider this period of absence in your rating. In addition, indicate in the Comments/Recommendations space the specific period that will not be considered as part of this rating period. Periods of absence that are not excused leave or approved Family/Medical Leave will be rated.

This employee has been absent for: ☐ Family/Medical Leave _____ ☑ Other: Training

Attendance Record: ☐ Sick Leave: _____ ☐ Unexcused Absences: _____

Punctuality: Number of times late for work or work related functions (must be documented): _____

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.10	X	○	◉	○	○	○	=	0.30	JWB

Comments/Recommendations:
Larry is very punctual and often comes in when he really shouldn't when he is sick.

(10) **Job Duty/Element:** Other Duties as Assigned

In addition to Job Duty/Elements, accepts and satisfactorily accomplishes all other duties as they are assigned

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.15	X	◉	○	○	○	○	=	0.60	RWB

Comments/Recommendations:
Larry is willing to take on any challenge that is presented to him.

Total Weights: 1	**Weighted Score Total = Final Performance Rating of:**	3.50

4=Outstanding 3-3.99=Exceeds Expectation 2-2.99= Meets Standards 1-1.99= Inconsistent 0-0.99= Unsatisfactory

To be completed with **supervisor** evaluations only:	
Weighted Score Total 3.50 + **Section III Overall Supervisory Rating** 0.00 = 3.50 ÷ 2 = **Final Performance Rating of:**	0.00

207

An evaluation with a final performance rating of below **2.0 (Inconsistent//Unsatisfactory)** indicates substandard performance. Employees with substandard scores will be placed on probation with a developed CAP. A re-evaluation will be accomplished at the completion of the CAP. The employee is expected to meet performance expectations within this probationary time period and to continue to meet expectations throughout employment with Charleston County. (See Charleston County Personnel Procedure 7.2 for specific procedures).

Safety:

Note – **Safety is identified as a County value. Both the supervisor and the employee should openly discuss this value and its impact.** County departments that have safety requirements beyond routine safety awareness or that are job specific will rate the employee's safety compliance as a job duty element and the resulting score will be included as part of the employees overall performance rating.

Practices safety as defined by the County: ☑ Yes ☐ No

Practices departmental safety requirements: ☑ Yes ☐ No

Note: A response of "No" in any safety area will require a Corrective Action Plan.

Comments/Recommendations:

Driving Appraisal/License Verification:

Some Jobs/Positions require that the employee, as part of his/her job assignment, drive or be available to drive a County vehicle. Such an employee must maintain a valid driver's license at all times, and is not allowed to operate a vehicle without a valid driver's license of the proper class. Any change in the status of such an employee's driver's license must be reported to his/her supervisor immediately.

This employee is required or may be asked to operate a County vehicle: ☑ Yes ☐ No
(If "No," skip to Section II below.)

If "Yes," does this employee have a valid South Carolina Driver's License? ☑ Yes ☐ No
Note: A response of "No" to this question will remove the employee from the approved drivers list, and may result in disciplinary action.

This employee demonstrates safe driving practices in County vehicles: ☑ Yes ☐ No
Note: A response of "No" to this question will require a Corrective Action Plan.

Comments/Recommendations:

208

Section II - Organizational Values

Organization values are core requirements for all Charleston County employees. These core requirements represent the values of the organization and are expected to be demonstrated by County employees during all County sanctioned work activities. These values are not intended to be used as part of the performance rating score results. Supervisors are expected to use this as a development opportunity and provide direct feedback to their employees regarding their compliance with the County's stated values. Supervisors must make employees aware that in some cases violation of these stated values could result in formal disciplinary action, including termination.

Both the supervisor and the employee should openly discuss each value. Supervisors should consider strengths and opportunities for improvement when giving feedback. Supervisors must provide specific and relevant examples that support the feedback being given to the employee. Supervisors must also ensure that the feedback given is based on factual and specific observations and/or documented accounts.

Charleston County Values:

Trust/Integrity: Acts reputably and honestly in relationships with others; Promotes trust and respect.

Commitment: Takes personal responsibility and initiates appropriate actions to ensure mission success.

Communication: Openly exchanges information in a timely manner; knows who to keep informed; listens, understands and uses information with discretion. Writes and speaks in a manner that ensures the stated goals and objectives are understood by all.

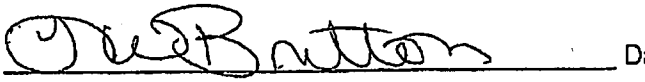
Versatility: Willing to create and apply new methods to meet and overcome emerging challenges from a diverse community.

Accountability: Willingly accepts responsibility for personal actions. Fairly evaluates the actions of others.

Teamwork: Values and contributes with a positive attitude to the collective goals and daily responsibilities. Treats all with respect and helps foster good group morale.

Diversity: Treats internal and external customers with dignity and respect regardless of any individual differences.

Employee Comments (attach additional page(s) if needed):

Employee Signature:  Date: 2/14/11

209

ΔP 2-14-11

CHARLESTON COUNTY GOVERNMENT
Employee/Supervisor Performance Appraisal

Rating	
Alpha	Numeric
Exceeds	3.75

Employee Name: Laurent Britton

Department: Technology Services Employee ID#: 104635

Job Title: Radio System Specialist* Job Category: _____ Date in Position: 02/17/06

Evaluation Type: ☑ Annual ☐ Probationary (type): _____

Rater: William Tunick Evaluation Period: from 02/18/2010 to 02/17/2011

Rater's Supervisor Signature (1): _____ Date: _____
(To be signed if appraisal is below Meets Standards.)

Employee's Acknowledgment:

I met with my supervisor on the date indicated and reviewed this performance appraisal in detail. **My signature below affirms my receipt of this document. It does not indicate my agreement with its content.** During my evaluation review, my rating official discussed each area of my evaluation with me and responded to my questions. (Employee initial the appropriate line) Yes: LWB No: _____

The optional Employee Development Plan has been explained to me. I am aware that I may initiate the optional plan as I desire. (Employee initial the appropriate line) Yes: _____ No: _____

Employee Signature: _____ Date Received: 2/14/11

Rater Signature: _____ Date: 02-11-11

Rater's Supervisor Signature (2): _____ Date: _____
I have reviewed this evaluation and the comments made by both the rater and employee. My signature affirms that I concur with the rating on this evaluation. I believe it to be aligned with the performance of the rated employee.

Department Head Signature: _____ Date: 02/11/11
I have reviewed this evaluation and the comments made by both the rater and employee. My signature affirms that I concur with the rating on this evaluation. I believe it to be aligned with the performance of the rated employee.

Performance Level Descriptions and Definitions:

Outstanding	4	Performance and results **always** exceed the standards and expectations for the position requirements and objectives.
Exceeds Standards	3	Performance and results **often** exceed the standards and expectations for the position requirements and objectives.
Meets Standards	2	Performance and results achieved **generally** meet the standards and expectations for the position requirements and objectives.
Inconsistent	1	Performance and results are **inconsistent** with the standards and expectations for the position requirements and objectives. Posses most of the knowledge skills and abilities required for job success but additional training or commitment is needed.
Unsatisfactory	0	Performance and results **consistently do not** meet the minimal standards and expectations for the position requirements and objectives.

210

Section I - Job Performance:

The employee's job performance is measured using selected job duties from the employee's job description. Expectations for performance in each job duty/element should increase over time. The rater should consider ways to increase the responsibility and expectations of repetitive job duty/element, if possible, to allow the employee an opportunity for growth and development. The supervisor will prepare and review with the employee a Corrective Action Plan (CAP) for any job duty/element rated inconsistent or unsatisfactory. The supervisor will be responsible for monitoring the CAP and ensuring its implementation within 30 days of the employee's signature on this evaluation. Consequences for failure to meet the requirements of the CAP will be identified during its development.

A weight factor is used for each job duty/element. The rating official must determine the importance of each job duty/element and assign each element a weight based on its importance to the overall job. The combined total of job duty/element weights must equal and cannot exceed 100% (See instructions for further directions).

(1) **Job Duty/Element:** Manages communications interoperability between Public Safety Agencies

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.20	X	⊙	○	○	○	○	=	0.80	LWB

Comments/Recommendations:

* Note: effective on 01-28-11, Larry Britton has been promoted to Radio Communications Manager. Since this review period is for 49 out of 52 weeks of his role as Radio Communications Specialist, this review will take into account his responsibilities in the Specialist position.

Since the TICP, Larry has consistently maintained the focus on ensuring interoperability between the approximately 35 different Public Safety Agencies in Charleston County.

(2) **Job Duty/Element:** Maintaining good relationships and communication with public safety and business customers.

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.15	X	⊙	○	○	○	○	=	0.60	LWB

Comments/Recommendations:

Larry has maintained very good communication with our most important customers and has excellent customer service skills with many of our regional Police and Fire Chiefs.

(3) **Job Duty/Element:** Reliable and Accurate template building and programming of user radios

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.15	X	○	◉	○	○	○	=	0.45	LWB

Comments/Recommendations:

Larry has developed extremely well in this area and is fast becoming the critical link on all user radio programming.

(4) **Job Duty/Element:** Working with Mobile Communications on managing vehicle installs and radio maintenance

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.10	X	○	◉	○	○	○	=	0.30	LWB

Comments/Recommendations:

The Sheriff's Office will send in more than 40 vehicles this FY for complete electronics outfitting and there is constant productive activity at the Radio Shop that Larry monitors very well.

(5) **Job Duty/Element:** Available 24/7 for an system or customer emergency

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.15	X	◉	○	○	○	○	=	0.60	LWB

Comments/Recommendations:

Larry is extremely reliable and responds quickly when a major incident occurs in Charleston County and emergency communications are required.

(6) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	LWB

Comments/Recommendations:

(7) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	LWB

Comments/Recommendations:

(8) Job Duty/Element:

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
	X	O	O	O	O	O	=	0.00	LWB

Comments/Recommendations:

(9) **Job Duty/Element:** Attendance and Punctuality

Dependable, arrives at work on time, reports on all scheduled days, adheres to break and meal schedules
Note: If, during this rating period, the employee has been out on Family/Medical Leave, or other excused leave, check the appropriate space and do not consider this period of absence in your rating. In addition, indicate in the Comments/Recommendations space the specific period that will not be considered as part of this rating period. Periods of absence that are not excused leave or approved Family/Medical Leave will be rated.

This employee has been absent for: ☐ Family/Medical Leave _____ ☐ Other: _____

Attendance Record: ☐ Sick Leave: _____ ☐ Unexcused Absences: _____

Punctuality: Number of times late for work or work related functions (must be documented): _____

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.10	X	⊙	○	○	○	○	=	0.40	JWB

Comments/Recommendations:
Larry is very punctual and often comes in when he really shouldn't when he is sick.

(10) **Job Duty/Element:** Other Duties as Assigned

In addition to Job Duty/Elements, accepts and satisfactorily accomplishes all other duties as they are assigned

Weight Factor	X	Outstanding 4	Exceeds Standards 3	Meets Standards 2	Inconsistent 1	Unsatisfactory 0	=	Weighted Score	Employee Initials
.15	X	⊙	○	○	○	○	=	0.60	JWB

Comments/Recommendations:
Larry is willing to take on any challenge that is presented to him.

Total Weights: 1	**Weighted Score Total = Final Performance Rating of:**	3.75

4=Outstanding 3-3.99=Exceeds Expectation 2-2.99= Meets Standards 1-1.99= Inconsistent 0-0.99= Unsatisfactory

To be completed with **supervisor** evaluations only:		
Weighted Score Total 3.75	**+ Section III Overall Supervisory Rating** 0.00 = 3.75 ÷ 2 = **Final Performance Rating of:**	0.00

214

An evaluation with a final performance rating of below **2.0 (Inconsistent//Unsatisfactory)** indicates substandard performance. Employees with substandard scores will be placed on probation with a developed CAP. A re-evaluation will be accomplished at the completion of the CAP. The employee is expected to meet performance expectations within this probationary time period and to continue to meet expectations throughout employment with Charleston County. (See Charleston County Personnel Procedure 7.2 for specific procedures).

Safety:

Note – **Safety is identified as a County value. Both the supervisor and the employee should openly discuss this value and its impact.** County departments that have safety requirements beyond routine safety awareness or that are job specific will rate the employee's safety compliance as a job duty element and the resulting score will be included as part of the employees overall performance rating.

Practices safety as defined by the County: ☒ Yes ☐ No

Practices departmental safety requirements: ☒ Yes ☐ No

Note: A response of "No" in any safety area will require a Corrective Action Plan.

Comments/Recommendations:

Driving Appraisal/License Verification:

Some Jobs/Positions require that the employee, as part of his/her job assignment, drive or be available to drive a County vehicle. Such an employee must maintain a valid driver's license at all times, and is not allowed to operate a vehicle without a valid driver's license of the proper class. Any change in the status of such an employee's driver's license must be reported to his/her supervisor immediately.

This employee is required or may be asked to operate a County vehicle: ☒ Yes ☐ No
(If "No," skip to Section II below.)

If "Yes," does this employee have a valid South Carolina Driver's License? ☒ Yes ☐ No
Note: A response of "No" to this question will remove the employee from the approved drivers list, and may result in disciplinary action.

This employee demonstrates safe driving practices in County vehicles: ☒ Yes ☐ No
Note: A response of "No" to this question will require a Corrective Action Plan.

Comments/Recommendations:

Section II - Organizational Values

Organization values are core requirements for all Charleston County employees. These core requirements represent the values of the organization and are expected to be demonstrated by County employees during all County sanctioned work activities. These values are not intended to be used as part of the performance rating score results. Supervisors are expected to use this as a development opportunity and provide direct feedback to their employees regarding their compliance with the County's stated values. Supervisors must make employees aware that in some cases violation of these stated values could result in formal disciplinary action, including termination.

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Trust/Integrity: Acts reputably and honestly in relationships with others; Promotes trust and respect.

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Versatility: Willing to create and apply new methods to meet and overcome emerging challenges from a diverse community.

Accountability: Willingly accepts responsibility for personal actions. Fairly evaluates the actions of others.

Teamwork: Values and contributes with a positive attitude to the collective goals and daily responsibilities. Treats all with respect and helps foster good group morale.

Diversity: Treats internal and external customers with dignity and respect regardless of any individual differences.

Employee Comments (attach additional page(s) if needed):

Employee Signature: Joe Burton Date: 2/14/11

2/6

qp 2-14-13

CHARLESTON COUNTY GOVERNMENT
Management Performance Appraisal

RECEIVED
CHARLESTON COUNTY GOVT.
HUMAN RESOURCES DEPT.
2013 FEB 15 AM 11:10

Employee Name: Laurent Britton Job Title: Radio [illegible] Manager

Dept.: Technology Services Employee ID #: _____

Evaluation Period 02/17/12 to 02/17/13

Type of Evaluation: ☑ Annual ☐ Probationary, (Type) _____

RATINGS: Distinguished (4 points) Commendable (3 points) Successful (2 points)
Inconsistent (1 point) Unsatisfactory (0 points)

(Use whole numbers or numbers rounded to the nearest half)

(1) Fiscal Responsibility and Program Development

3 A. Develops a sound fiscal budget within guidelines established by the County Administrator.

3.5 B. Operates within budget constraints, minimizes controllable costs, and utilizes resources (people, equipment, money) effectively.

3.5 C. Makes assumptions about future expenditures and revenues; gathers facts and opinions to visualize and to achieve the proposed activities; develops programs and work schedules.

3 D. Looks for creative ways to improve efficiency; encourages cost-saving suggestions and performance from employees; encourages recycling resources.

Overall rating:

A + B + C + D ÷ 4 = 3.25 (Numeric Value) (Definition) Commendable

Comments:
Larry operates within the radio com budget and never exceeds expenses, and is fiscally responsible.

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(2) Planning

4 A. Gathers facts and anticipates events in relation to the department's functions in order to define, establish, and communicate realistic goals, objectives, and expectations.

3.5 B. Determines policies, projects, programs, procedures, methods, systems, budgets, standards, and strategies necessary to achieve goals.

4 C. Adapts goals, schedules, etc. as necessary to meet changing needs and priorities; does not operate under "crisis management."

3.5 D. Achieves high-quality results and smooth operation of the department/division.

3.5 E. Keeps current on up-to-date practices within the field through reading appropriate journals, papers, etc. and attending appropriate seminars/conferences when possible.

Overall rating:

A + B + C + D + E ÷ 5 = 3.70 (Numeric Value) (Definition) Distinguished

Comments:
Larry does an outstanding job keeping track of all Charleston County and municipal radios and their capabilities and templates, to ensure interoperability and reliable communications between emergency teams.

(3) Setting and Tracking Goals

3.5 A. Focuses on and achieves departmental mission and purpose as defined during budget process.

3.5 B. Sets realistic workload indicators and effectively utilizes them to measure departmental performance.

3 C. Assists subordinates with establishing management objectives within a timetable; schedules available personnel, equipment, and facilities in an efficient and effective manner.

3.5 D. Achieves positive organizational interface by supporting team concepts and contributing to overall County goals.

Overall rating:

A + B + C + D ÷ 4 = 3.38 (Numeric Value) (Definition) Commendable

Comments:

(4) Leadership Abilities

3.5 A. Provides realistic judgment calls regarding issues, including a cooperative level of interaction with the public and intra/interdepartmental members.

4 B. Effectively adapts to change and maintains composure when supervising work loads which create stress and pressure.

3.5 C. Recognizes and effectively implements solutions in decision making and problem solving in a timely manner.

3.5 D. Readily accepts responsibility for departmental performance.

3.5 E. Delegates authority effectively throughout department.

4 F. By example, maintains high ethical standards and climate.

Overall rating:

A + B + C + D + E + F ÷ 6 = 3.67 (Numeric Value) (Definition) Distinguished

Comments:
Larry adapts to changing priorities that are endemic to working in support of public safety. With the recent addition of Martin Kratz, Larry has the opportunity to delegate authority and improve production and efficiency in the workload at the Radio Shop.

(5) Communication

3.5 A. Orally communicates in an effective manner and utilizes effective listening habits.

3 B. Disseminates clear and concise written communication, including reports, memoranda, directives, and letters.

3 C. Effectively interprets and executes complex written and oral instructions, regulations, manuals, policies, etc.

3 D. Establishes and communicates work assignments to subordinates in an effective manner.

3.5 E. Effectively communicates ideas to public, policy makers, large groups, etc. choosing appropriate presentation methods.

Overall rating:

A + B + C + D + E ÷ 5 = 3.20 (Numeric Value) (Definition) Commendable

Comments:

219

(6) Employee Development and Appraisal

3 A. Recognizes and develops full growth and potential in employees, utilizing appropriate guidance, coaching and training; effectively delegates responsibility based on employee qualifications and ability.

3 B. Motivates and encourages employees to pursue advancement and job enrichment opportunities through maintaining up-to-date credentials and appropriate professional development.

3 C. Assures employee attendance at mandatory in-service training and encourages attendance at other appropriate scheduled training. Maintains appropriate in-service and required training records in a correct and complete manner.

3 D. Consistently evaluates subordinates on the basis of achievement and results.

3.5 E. Schedules available personnel, equipment and facilities in an effective manner.

Overall rating:

A + B + C + D + E ÷ 5 = 3.10 (Numeric Value) (Definition) Commendable

Comments:
Larry only has only one direct subordinate, but we will be looking to him to help lead and train Martin Krantz as his technical and logistical assistant in many radio shop and system reponsibilities.

(7) Promoting Equal Opportunity

3.5 A. Implements Charleston County's Affirmative Action Plan as appropriate.

3.5 B. Evaluates progress of affirmative action plans and reviews recruitment, employee training, promotions, and grievance or complaint patterns.

3.5 C. Keeps all employees aware of equal opportunity objectives and priorities; disseminates policy information.

3.5 D. Develops recommendations to improve the status of minorities and women and to assure compliance with the County's Affirmative Action program.

3.5 E. Promptly investigates complaints and takes appropriate action; does not tolerate discrimination or harassment activities/comments.

Overall rating:

A + B + C + D + E ÷ 5 = 3.50 (Numeric Value) (Definition) Distinguished

Comments:

220

(8) Safety and Security

3 A. Develops/utilizes a departmental manual or plan for maintaining safe and healthful working conditions.

3 B. Implements and enforces the County's Safety Program Management Manual and departmental manual or plan.

3.5 C. Ensures that facilities and equipment are secured and policies established to prevent unauthorized use or theft of County property.

3 D. Recognizes employees for excellent safety records and for improvements; encourages employees to make suggestions for a safer workplace.

Overall rating:

A + B + C + D ÷ 4 = 3.125 (Numeric Value) (Definition) Commendable

Comments:

Management Goals/Objectives

Comments:

Overall Performance Evaluation

The overall performance evaluation is determined by an average of all ratings given. There are eight rated items. Add the total number of points received in the ratings for each part and divide that total number of points by 8. This will give you the overall numerical rating.

Total Points 26.92 ÷ 8 = 3.36 Overall Numerical Rating

Rating Definition for overall performance evaluation: Commendable

Note: If the overall numerical rating is below 2.0 or if two or more of the major job functions receive a rating of "inconsistent performance" or below, the rating shall be considered as substandard performance and the employee will be placed in a probationary status and reevaluated within six months. If, during the six-month period, performance remains substandard, demotion or dismissal will result.

Employee Comments:

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Signing this appraisal simply acknowledges the fact that you have reviewed the appraisal form and your supervisor has discussed the appraisal with you. Your signature does not mean that you necessarily agree with its contents. Please use the "Employee Comments" section to express your concerns regarding the appraisal.

Employee Signature: _____ Date: 2/14/2013

Department Head Signature: _____ Date: 2/14/2013

Assistant/County Administrator Signature: _____ 2-15-2013

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LEWIS
LAW FIRM
LLC

E. Stacy Lewis
Grady E. McMehan
Bryan N. Sanchez (SC,NC)
Donna E. Lee (NC,VA)
Attorneys-at-Law

August 24, 2016

VIA FACSIMILE ONLY: (803) 327-4896
Shiland Family
Attn: Dr. Jackson

RE: **Your former Patient: Joshua Gibson**
Your MRN No.: 1447310

Dear Dr. Jackson:

I hope this finds you well. I represent Mr. Gibson in connection with a claim of his for workers compensation benefits. As you know, you were Mr. Gibson's primary care provider and I have a few questions that I would like for you to answer.

As you know and as contained in your records maintained on Mr. Gibson, back on February 08, 2016 Mr. Gibson was seen by you and explained an incident at work where he strained while lifting something at work. According to your notes from this visit Mr. Gibson had a negative straight leg raise. After the February visit Mr. Gibson continued to work for Fresenius and even asked that his employer provide him with a back brace- which they disregarded. Mr. Gibson then saw you two other times (03/01/16 and 03/03/16) for upper respiratory issues.

On March 11, 2016, Mr. Gibson states he was injured while working when he was in the process of stacking a pallet with boxes (each weighing about 40-50 lbs.) and was doing this from floor height to above his shoulders. Right after this he felt a sharp, shooting pain, go down his legs.

Mr. Gibson saw you on March 16, 2016 but the note from this visit does not appear to be very detailed. In light of the above information, as well the fact that the 03/16/16 office note seems to indicate an increase in his symptoms, which resulted in you referring him to an Ortho and then to have an MRI done. Per your 04/20/16 note the MRI showed two bulges (at L4-L5 and L5-S1), which led to your referral of him to be seen at Carolina Neurosurgery and Spine Associates where he has been under their care since.

772 Cherry Road • Rock Hill, SC, 29732 • PO Drawer 11583 (29731) • Phone: (803) 327-1103 • Fax: (803) 324-0056

Mr. Gibson is currently in a dispute with the workers compensation folks. He is claiming that the March 11, 2016 incident at worked caused his symptoms to get worse and necessitated specialized care for his injury (the Lumbar problems). I must examine the medical evidence behind this. Given the chronic nature of this I am trying to see if, in your opinion, you feel Mr. Gibson **"sustained an aggravation, or an exacerbation, of a pre-existing condition."** Hopefully this would clarify things so that he can get his treatment that he needs.

I know you're a busy doctor and do not want to get too involved in this but given your role as his primary care provider we know this cannot be avoided altogether. **Thus, in an effort to minimize the burden on you I ask that you please respond to the following question – in the form of your medical opinion. If you could answer in the space below and then sign this letter and fax it back to me that would be great. Mr. Gibson and I thank you in advance for your time and assistance.**

1) **In your opinion, do you think the 03/11/16 workplace incident aggravated, or exacerbated, a pre-existing condition (resulting in your order for an MRI and referral to a specialist)?**

yes, I do think this exacerbated his pre-existing condition

2) **Is there anything that you may need in order to assist you in this? Please let me know and I will see to it that you receive this right away.**

No

3) **Is there anything you would like to add that you feel would aid us in understanding what is going on with Mr. Gibson's back and the cause for such? For example, is there something that you can show us that may help understand the medical evidence behind this and the relation to his work place incident?**

Patient has chronic back pain but was worse after 3/11 incident resulting in referral to ortho and MRI was showed bulging disc so he was referred to Neurosurg

Sincerely,

Bryan N. Sanchez
Attorney for Joshua Gibson

William Jackson M.D.
Dr. William Jackson

9/24/16
Date

Enclosures: HIPAA authorization

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LEWIS LAW FIRM LLC

E. Stacy Lewis
Grady E. McMehan
Bryan N. Sanchez*
*Licensed in SC & NC

HIPAA - Authorization to Disclosure Health Information

Patient Name Josh Gibson Health Record Number:

Social Security Number: 249-71-9593 Date of Birth: 10/27/1982

1. I authorize the use of disclosure of the above named individual's health information as described below:

2. The following individual or organization is authorized to make the disclosure:

Shilcutt

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

- [ ] RECORDS from date _____ to date _____
- [ ] ITEMIZED BILL from date _____ to date _____
- [ ] RECORDS & BILL from date _____ to date _____
- [x] DISCUSS/RELEASE OF ACCOUNT INFORMATION

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed and used by the following individual or organization:
ADDRESS:

Lewis Law Firm, LLC
Post Office Drawer 11583
Rock Hill, South Carolina 29731

For the purpose of LEGAL REPRESENTATION

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: -NONE-. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. Refusing to sign this form will not prevent my ability to get treatment, payment, enrollment in health plan or eligibility for benefits. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentially rules. If I have questions about disclosure of my health information, I can contact THE LEWIS LAW FIRM, LLC

Signature 8/24/16 Date

If Signed by Legal Representative, Relationship to Patient Witness

PRID:31996243 RPT#:0500013 Response District:12

Service:Charleston County EMS
Base:Medic 02
Unit:M02
Shift:B
Tail/Reg:5022
EMD:Yes, With Pre-Arrival Instructions - 6D04
Type of Svc:Scene Unscheduled
Response Code:Delta
Mode to Ref:Lights / Sirens
Moved Via:Stretcher
Position:Semi-Fowlers
Outcome:Transported

Date:September 9, 2014
Team:ALS
Crew 1:*Primary Caregiver*
*Upchurch, Michael
(SC020312)
Crew 2:*Secondary Caregiver*
McEachern, Paul
(SC026181)
* designates an ALS Provider
Mode to Rec:Lights / Sirens
Moved From:Stretcher
Pt. Condition:Unchanged

Ref Other Type:*Other*
Location:CHARLESTON COUNTY PUBLIC WORKS HQ
4360 Azalea Dr
NORTH CHARLESTON, SC
29405
Ref. GPS:32.84901,-80.01054

Receiving:*Hospital*
MUSC - Ashley River Tower
Emergency Department
25 Courtenay Drive
Charleston, SC 29425
Dest. GPS:32.782999,-79.950734
Rec. RN:Dr. Meekins

Last Name: Britton First: Larry
Address: 1135 Astor
City: Mount Pleasant ST:SC Zip:29464
County: Charleston
Phone: (000) 000-0000
DOB: 09/04/1956 SSN: 000-00-0000
Age: 58y Sex: M Weight: 250 lb
Height:
Subscriber: No
Race: White, non-Hispanic
DNR Orders: None
Billing Information:

Company	Group	ID
Unk		unk SSN

Odometer		Times	
Start:	0.0	Received:	01:25
At Ref:	0.0	Dispatch:	01:26
At Rec:	7.9	EnRoute:	01:27
End:	7.9	First Resp:	01:34
Ld Miles:	7.9	At Ref:	01:34
Tot Miles:	7.9	At Patient:	01:35
		Leave Ref:	01:50
		At Rec:	02:07
		Available:	02:45
		Med control:	01:50

Notice of Privacy Practices Given: None
Consent Signed: No
PCS / Medical Necessity Signed: No
Primary Method of Payment: Insurance

Scene Information

Description: The pt was seated at his desk awaiting EMS arrival.
Patient Belongings: None handled.
Other Agencies: Fire, Other

Chief Complaint (Category: Breathing Problems)

Breathing problems

Duration: 1 Hours
Anatomic Location: Chest
ALS Assessment: Completed for Suspected Illness

Secondary Complaint

Chest pain

Duration: 1 Hours

History of Present Illness

M-2 was dispatched to the referring address for breathing problems. A rep of the radio shop was responding to unlock the doors to the office. Upon arrival the pt was seated in his office awaiting EMS arrival. The pt was a 58 y/o C/M. The pt's coworker advised that the pt had been complaining of his "diabetes acting up" throughout the day, but that the pt just

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Chief Complaint (Category: Breathing Problems)
recently began complaining of SoB/chest pain. The pt advised that he had been monitoring a recent incident in the radio shop and that he suddenly found it very hard to breathe. The pt was unsure of the specific onset time, but advised that his symptoms began within the past hour. The pt advised that with the breathing difficulty he also began having a crushing chest pain in the center of his chest. The pt initially denied the pain radiating anywhere, but after loading for transport the pt advised that when he sat up the pain would move to his abdomen and back to his chest when laying back. Pt denied having any pertinent cardiac history. The pt denied having any current nausea/vomiting or LoC since the onset of his symptoms. The pt advised that he last check his BGL this morning and that it was high, but he was unable to recall a specific value. The pt was CAO to person, place and time with a GCS of 15. The pt's skin was pale and very diaphoretic. Negative fluids/cyanosis noted around the pt's nose/mouth/ears. Trachea was midline, negative JVD noted. Respirations were tachypnic and labored. Negative accessory muscle use noted, but the pt displayed an increased work of breathing. Lung sounds were bilaterally equal and clear from the anterior and posterior. Abdomen was soft and non-distended. Radial pulses were bilaterally strong and regular. Pt displayed spontaneous motion x 4 in his extremities. Negative edema/cyanosis noted peripherally. When we arrived on scene we immediately placed the pt on the cardiac monitor and checked his BGL. Initial BGL taken read 477 mg/dL. Initial 4-lead EKG revealed a sinus tachycardia. Oxygen saturation initially 89-91% RA. The pt was placed on 15 l/min O2 via NRB, which allowed his saturation to rise to the 95-98% range. Pt advised of some slight relief in his breathing difficulty, but was still presenting with labored respirations and increased work of breathing. The first 12-lead EKG was obtained in the office prior to moving the pt. It revealed approximately 2-3 mm of ST-segment elevation in leads V1 and V2. After obtaining an initial BP of 150/110 mmHg, we moved the pt to the stairchair for movement out of the office building. The pt's size, moving him through office and down the stairs did delay our scene departure. We were also delayed slightly due to my trying to obtain a clean 12-lead prior to departing the scene. Once the pt was inside the ambulance, 324 mg ASA was administered PO and repeat 12-leads were performed. The ST-elevation was consistent in the repeat 12-leads, so we asked dispatch to advise MUSC of a STEMI alert. S1Q3T3 was also noted in multiple, but not all of the 12-leads performed. Initial IV access was established via 18G catheter in the RAC and NS was attached. The pt received approximately 400 ml NS from that side. Secondary IV access was established via 18G catheter in the left forearm. The pt's blood pressure was consistently trending down, so nitroglycerine was withheld and a second NS was attached to the left side. The pt received approximately 300 ml NS from the left side. Med-control was established with MUSC while en route and they were advised of a possible STEMI. They copied and we were redirected to the ART ED. Monitor issues prevented a 12-lead from being transmitted during transport. The pt's BP improved during transport and his oxygen saturation remained above 95% with 15 l/min O2 via NRB, but the pt's overall condition worsened. The pt began displaying a sense of impending doom just prior to arriving at the hospital, but was still CAO x 3 upon arrival. MOU

Medical History	Current Medications	Allergies
Diabetes Mellitus Hypercholesterolemia Hypertension	Lisinopril Sandostatin	NKDA - Reported by patient

Neurological Exam

Level of Consciousness: Alert Loss of Consciousness: No

Chemically Paralyzed: No

Neurological Present: Normal

Mental Present: Normal

Glasgow Coma Scale

	E	V	M	Tot
Int:	4	5	6	= 15

Qual: Legitimate values w/o interventions such as intubation and sedation

Pupils	Left	Right
Size:	Normal	Normal
React:		
React:		

	Motor	Sensory
LA:	Normal	Normal
RA:	Normal	Normal
LL:	Normal	Normal
RL:	Normal	Normal

Airway

Status: Patent

Respiratory

Effort: Labored

Sounds: L: Clear R: Clear

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Airway	Respiratory

Cardiovascular

JVD: Not Appreciated

Edema: Not Appreciated

Pulses	Left	Right
Carotid:		
Radial:	Strong	Strong
Femoral:		

Injury Details

Reason for Encounter:Non-Injury

Drugs/Alcohol?: None

Initial Physical Findings

Assessment

Skin: Diaphoretic, Pale

Skin Findings:

Tubes/Drains:

Impression / Diagnosis

System: Cardiovascular
Symptoms: Breathing Problem, Pain
Impression: Chest pain / discomfort, Pain, Non-traumatic, NOS, Respiratory distress, Abdominal pain / problems
Initial Patient Acuity: Emergent (Yellow)

Activity

Time	H.R.	B.P.	MAP	SaO2		Resp	Rhythm	GCS	ECG Method	Prtcl	Pain	CRW*
	H.R. Method	Method	LOC			Resp Effort	\	GCS Qual				
Action	Comment											
01:37										General Medical		#1
Labs	Lab values obtained by Michael Upchurch. Glu: 477 mg/dl ,											
01:37										Chest Pain		#1
Cardiac	Cardiac Monitor performed by Michael Upchurch. Authorization: Protocol. Pt. Response: Unchanged.											
01:38										General Medical		#1
Airway	Oxygen initiated at 15 via NRB. Performed by Michael Upchurch.											
01:38	110	150 / 110	123	91		30	Sinus Tachycardia (REG)	4/5/6		General Medical	10	#1
		Auto. Cuff				Labored		Legitimate values w/o interventions such as intubation and sedation				
01:39										Chest Pain		#1
Cardiac	12-Lead EKG Lead Change(s): V1, V2. performed by Michael Upchurch. Authorization: Protocol. Pt. Response: Unchanged.											
01:46										General Medical		#1
Initiate IV	Peripheral IV initiated by Paul McEachern with 18 ga at Right Antecubital. Attempts: 1, Successful: Yes.											
01:47										General Medical		#1
Med.	Normal Saline , 400 ML via IV - Drip given by Michael Upchurch. Pt. Response: Improved.											
Med.	Aspirin , 324 MG via PO given by Paul McEachern. Pt. Response: Unchanged.											
01:50										General Medical		#2
Hosp. Notify	STEMI alert sent by Michael Upchurch via Radio. Potential Registry Candidate: Cardiac/MI, .											

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Activity												
Time	H.R.	B.P.	MAP	SaO2	Resp	Rhythm	GCS	ECG Method	Prtcl	Pain	CRW*	
	H.R. Method	Method	LOC		Resp Effort		GCS Qual					
Action	Comment											
01:50	118	131 / 85	100		30	Sinus Tachycardia (REG)	4/5/6		General Medical	10	#1	
		Auto. Cuff	Alert		Labored		Legitimate values w/o interventions such as intubation and sedation					
01:52									General Medical		#1	
Initiate IV	Peripheral IV initiated by Michael Upchurch with 18 ga at Left Forearm. Attempts: 1, Successful: Yes.											
02:01	120	114 / 87	96	98	30	Sinus Tachycardia (REG)	4/5/6		Chest Pain	10	#1	
		Auto. Cuff	Alert		Labored		Legitimate values w/o interventions such as intubation and sedation					
Med.	Normal Saline , 300 ML via IV - Drip given by Michael Upchurch. Pt. Response: Improved.											
02:08	125	141 / 89	106		30	Sinus Tachycardia (REG)	4/5/6		General Medical	10	#1	
		Auto. Cuff	Alert		Labored		Legitimate values w/o interventions such as intubation and sedation					

* *Assessment made by*

Response Factors Affecting Care: None
Scene Factors Affecting Care: Safety of Patient,Other:Pt movement out of the office.
Transportation Factors Affecting Care: None
Dispatch Factors: None
Turn-Around Factors: Other:Dr. Meekins requested that I remain in the ED.

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Position Description Questionnaire	Human Resources Division	Do Not Write In This Space Reviewed by: _____ Date: _____ Classification: _____

1. Name of Current Employee

Last _____First _____ Initial _____

2. Current Title
Radio Communications Manager

2. Pay Rate:
☐ hour ☐ semi-month
☐ month ☐ year

4. Regular Hours of Work Per Week
40

5. Department:
405 Radio Communications Division:

6. Place of Work (Street Address, Building and Room) 4356 Azalea Dr.
Telephone: 745-2320 Fax: 745-2324

7. Time with Current Employer

_____ years _____ mo.

8. Time in Current Position

_____ years _____ mos.

9. Name and Title of Your Immediate Supervisor

Name: Bill Tunick

Title: Director of Radio and Telecommunications

10. Name and Title of Persons To Whom You Provide Direct Supervision

Name Letty Clay Title Radio Communications Assistant

Various part-time personnel

Total Number of Employees Supervised 2+

11. Principal Purpose of Your Position: Describe the Principal Purpose of Your Position in 20 words or less:
Responsible for the Radio Communications Department and the smooth migration to the digital (P-25) upgrade of the 800 MHz Radio system.

12. How Closely Do You Work With Your Immediate Supervisor?

Extensive ☐
Considerable ☒
Some ☐

13. How Closely Do You Work With the Employees Under Your Supervision?

Extensive ☐ Considerable ☒ Some ☐

14. Describe the Five (5) Most Important Functions You Perform:

Function A: Strategic planning for future of the County-wide 800 MHz radio communications system, consistent with the mission of Charleston County Government to provide excellent public service in an effective and efficient manner.

Function B: Strategic "big picture" management of the County-wide 800 MHz Radio system, while radio system specialist handles the numerous day to day operational management issues.

Function C: Supervision and oversight of major projects, to include Project-25 migration, decommissioning of the Analog system, FCC Rebanding, and others.

Function D: Provide leadership to system users and staff on radio communication issues. Coordinate with emergency service through user group and appropriate agency meetings to understand their radio communication needs and concerns. Serve radio communication needs of emergency service agencies during emergency drills and activations.

Function E: Provide guidance to personnel and radio shop: monitor system maintenance contract: coordinate tower leased space and activities at tower locations.

Function F: Must be available 24/7 for emergencies.

You may add more functions if you believe justified

15. Essential Duties and Responsibilities: Describe the specific duties and responsibilities you perform in carrying out each of the five (5) principal functions you listed on the previous page. In the space on the far left, estimate the percentage of your work time you spend on each function. In the spaces on the far right, list how frequently you perform each duty and responsibility using ?A? for annually, ?M? for monthly, ?W? for weekly, and ?D? for daily. List only those duties and responsibilities you personally perform. You may use additional pages if needed.

Percent of Time	Principal Functions	A	M	W	D
15%	Function A: Strategic Planning Essential Duties and Responsibilities: Job requires constant focus on future of the 800 MHz radio communications system and associated new technologies. Must evaluate new programs and processes that will work for the county and other user agencies.	☐	☐	☐	☒
20%	Function B: "Big Picture" Management Essential Duties and Responsibilities: Must exercise excellent judgement in order to balance user concerns with system management issues and critical coordination with Motorola, Statewide Palmetto 800 system, City of Charleston System, and others. Regularly participate in and maintain leadership roles in organizations promoting communications standards. These include the state's Palmetto 800 system user meetings, Association of Public Safety Communications meetings (state, regional and national), and the FCC REgion 37 Committees (800 MHz and 700 MHz).	☐	☐	☐	☒
25%	Function C: Supervision and oversight of major projects, to include Project-25 migration, decommissioning of the Analog system, FCC Rebanding, and others. Essential Duties and Responsibilities: Responsible to ensure that major projects are efficiently implemented. Oversee projects such as the P-25 upgrade, FCC Rebanding, and others. Resolve problems that occur in these projects. Procure new equipment, monitor testing, etc.	☐	☐	☐	☒
15%	Function D: Provide leadership to system users and staff on radio communication issues. Essential Duties and Responsibilities: Coordinate with emergency service agencies through user group and appropriate agency meetings to understand their radio communication needs and concerns. Ensure that radio communication needs of emergency service agencies are met during emergency drills and actual emergency events. Maintain a customer service orientation.	☐	☐	☒	☐

15%	Function E: Provide guidance to personnel and radio shop: monitor system maintenance contract: coordinate tower leased space. Essential Duties and Responsibilities: Provide guidance to staff members regarding the Department's goals, procedures and interactions with users. Ensure that system maintenance contract is being handled appropriately by Communications Department and service provider. Responsible for coordination of leased space on County owned towers. Responsible for coordination of leased space on towers owned by others and utilized by County.	☐	☐	☐	☒
10%	Function F: Must be available 24/7 for emergencies requiring special radio communications needs. Essential Duties and Responsibilities: Responsible to see that the mobile communications van is deployed under various emergency situations where special radio communications needs exist.	☐	☐	☐	☒

16. Guidelines Utilized: Describe any laws, rules, regulations, standards and/or guidelines you use in the course of performing your duties and responsibilities:
Must have working knowledge of FCC regulations regarding 800 MHz and 700 MHz radio communication systems. Must be familiar with the Federal government's Project-25 interoperability standards. Must know guidelines, standards and procedures set by emergency communications organizations such as Palmetto 800 system user group and Association of Public Safety Communications (APCO).

17. Originality of Thinking: Describe the degree of inventiveness, imagination and innovation required to perform your duties and responsibilities. Give three (3) examples.
A high degree of creativity and innovation are required in order to handle this job in a successful manner. Examples include:

1) Balancing and prioritizing the radio communication needs of the many emergency response agencies. Finding creative solutions to operational problems that arise. Finding creative budgetary solutions to funding shortfalls. Cooperative joint effort towards grant awards also requires imagination and innovation.
3) Tremendous creativity and persistance is required in the complex contract negotiations for system upgrade, equipment, and system maintenance.
4) Participating heavily in communications organizations requires the ability to show leadership skills and ability to promote cooperative efforts geared toward optimal regional and statewide ineroperability. Utilize innovation in the development of appropriate new standards and procedures.

18. Commitment Authority: Describe the extent to which your work actions could commit the organization to the expenditure of money, time or liability. Give specific examples.
This position requires making decisions which have a direct impact on the County's budget and overall county wide plan. Recommendations made by this position pertaining to the Radio system upgrade, equipment, and maintenance impact the budget as costs are in the millions, and proper management of these is essential. Liability issues can arise regarding public safety dependence on the radio system, meaning that the safety and welfare of the public and emergency responders is reliant on the radio system.

19. Interpersonal Actions: Describe the extent to which your work requires you to interact with the general public, service users and/or co-workers:
This position requires significant interpersonal skills. Examples include dealing with radio system user complaints, meeting special needs of emergency response organizations in the midst of an emergency event, taking on leadership and concensus

building roles in user and professional communications groups, and handling tough personnel issues.

Extensive: ☐ Considerable: ☒ Some: ☐ None: ☐

20. Working Environment: Describe your physical working environment and the extent to which you may be exposed to hazardous working conditions, hazardous materials, an/or personal danger:
The physical environment involved in this job varries from the office setting, to the prime site and other tower/equipment sites, to meetings in various locations, and emergency activation sites. Hazardous working conditions most often occur associated with emergency activations, when Radio Communications responds to handle special radio needs at emergency scenes.

21. Required Knowledge, Skills, and Abilities: Every position requires specific kinds of knowledge, skills, and abilities for satisfactory job performance. List below the specific kinds of knowledge, skills, and abilities that you believe are required for the work you currently perform:

Knowledge:
Technical knowledge involving FCC licencing and radio frequency issues, 800 MHz and 700 MHz Radio Communications systems, and related communications technologies is required. Knowledge of interoperability standards, including the federal government's Project 25 standards are required. Practical knowledge of the area and the area's emergency response organizations is essential.

Skills: . Excellent verbal and written communication skills are necessary in the performance of this job. Radio programming skills are also required.

Abilities: Ability to make quick decisions appropriately when a system problem arises is required. Ability to review and critique proposals, contracts and technical materials is essential. Ability to negotiate and monitor contracts is necessary. Ability to properly manage Radio Communications staff and coordinate well with other staff members and emergency response agencies is required.

If more space is needed, attach a separate page.

22. Acceptable Education, Training, and Experience. The questions below are designed to identify the level of education, training, and experience you believe should be required to start to perform the work of this position.

A. What is the minimum level of formal education needed to start performing the work of this position?

Read/Write ☐ Some High School ☐ High School ☒
Associate Degree ☐ College Degree ☐ Graduate Degree ☐

B. If a college/university degree should be required to start performing the work of this position, describe the specific degree needed.

Communications, Engineering, or related degree preferred

C. What other education or training courses

'should be required to start performing the work of this position? Training/Seminars given by APCO, MTUG and other professional emergency response or 800 MHz radio communications organizations are important. On the job training is critical. (Certificates, licenses, on the job training, etc.)

D. In addition to the above formal education and training needs, how many months or years of previous related experience are needed to start performing the work of this position? Months ____ Years 10
Kind of experience: Progressively responsible experience working with radio systems, with at least 3 years experience managing an 800 MHz or related radio system.

23. Additional Comments. The space below is for you to provide any additional information and comments about any aspect of your position that you believe is important.
A contract to upgrade the 800 MHz system to a digital system meeting the federal governments Project-25 standards was signed September 1, 2005. Significant management skills will be needed for the transition period involving migration from an analog to a digital system. This migration also involves transition to a user-fee based system, which will alter the relationship of system users to system management, increasing the need for user documentation, user meetings, and the potential level of user input and necessary responsiveness.

If more space is needed, attach a separate page.

24. Date: ____ | 25. Employee's Signature: ____

26. Comments By Immediate Supervisor. The space below is provided for the immediate supervisor of this position to make comments concerning information provided above by the employee and to provide additional information about the position, if desired.

If more space is needed, attach a separate page.

27. Promotion Paths
A. If this position were vacant, from what other classes of positions would you seek candidates?

____

B. If you were to promote the employee in this position, to what other classes of positions would you promote them?

____

28. Date: ____ | 29. Immediate Supervisor's Signature: ____

30. Comments By Department Head. The space below is provided for the department head over this position to make comments concerning information provided above by the employee and to provide additional information about the position, if desired.

If more space is needed, attach a separate page.

31. Date: ____ | 32. Department Head's Signature: ____

Physical and Related Requirements

33. General Physical Activity Activities, continued

None Occasional Frequent Constant

A. Standing 30 % of time ____ hours per day
B. Walking 10 % of time ____ hours per day
C. Sitting 60 % of time ____ hours per day

Lifting
Task ____
Object Weight ____ Frequency ____
Distance Carried ____ per Day ____

Climbing	☐	☒	☐	☐
Balancing	☐	☒	☐	☐
Stooping	☐	☐	☒	☐
Kneeling	☐	☒	☐	☐
Crouching	☐	☒	☐	☐
Crawling	☐	☒	☐	☐
Reaching	☐	☐	☒	☐
Handling	☐	☐	☒	☐
Lifting	☐	☐	☒	☐

34. Talking/Hearing

	None	Occasional	Frequent	Constant
Talking in Person	☐	☐	☐	☒
Talking on Phone	☐	☐	☒	☐
Talking with Public	☐	☐	☒	☐
Hearing in Person	☐	☐	☒	☐
Hearing on Phone	☐	☐	☒	☐

35. Vision

	None	Occasional	Frequent	Constant
Near Vision	☐	☐	☐	☒
Midrange Vision	☐	☐	☐	☒
Far Vision	☐	☐	☒	☐
Depth Perception	☐	☐	☒	☐
Color Vision	☐	☐	☒	☐
Field of Vision	☐	☐	☒	☐

36. Other Physical Activities

	None	Occasional	Frequent	Constant
Reading	☐	☐	☒	☐
Writing	☐	☐	☒	☐
Measuring	☐	☒	☐	☐
Driving	☐	☒	☐	☐
Eye/Hand/Foot Control	☐	☒	☐	☐
Left Hand Control	☐	☒	☐	☐
Right Hand Control	☐	☒	☐	☐
Two Hand Control	☐	☐	☒	☐
Foot/Pedal Control	☐	☒	☐	☐
Twisting of Head	☐	☒	☐	☐
Twisting of Back	☐	☒	☐	☐
Jumping	☒	☐	☐	☐
Throwing	☐	☒	☐	☐
Running	☐	☒	☐	☐
Reach Above Shoulder	☐	☐	☒	☐
Reach over 18"	☐	☐	☒	☐
Reach Below Shoulder	☐	☐	☒	☐
Reach to Floor	☐	☐	☒	☐
Lift from Arm Level	☐	☐	☒	☐
Lift from Floor	☐	☐	☒	☐
Lift Bulky Objects	☐	☐	☒	☐
Tasting	☒	☐	☐	☐
Smelling	☒	☐	☐	☐

37. List any machines, tools, equipment, or motor vehicles you use in your job:

	% of Working Time
Tahoe & Comm1	5
35 KW generator	1
Hand Tools	5
6 x 4 Gator	1
P.C. desktop & laptop	40
Satellite phone	1
Radios - 800 MHz, VHF, UAF	10

38. List any computer hardware and software you use in your job:

	% of Working Time
MS Office	20
Motorola CPS & RSS	7
Motorola System Watch	3

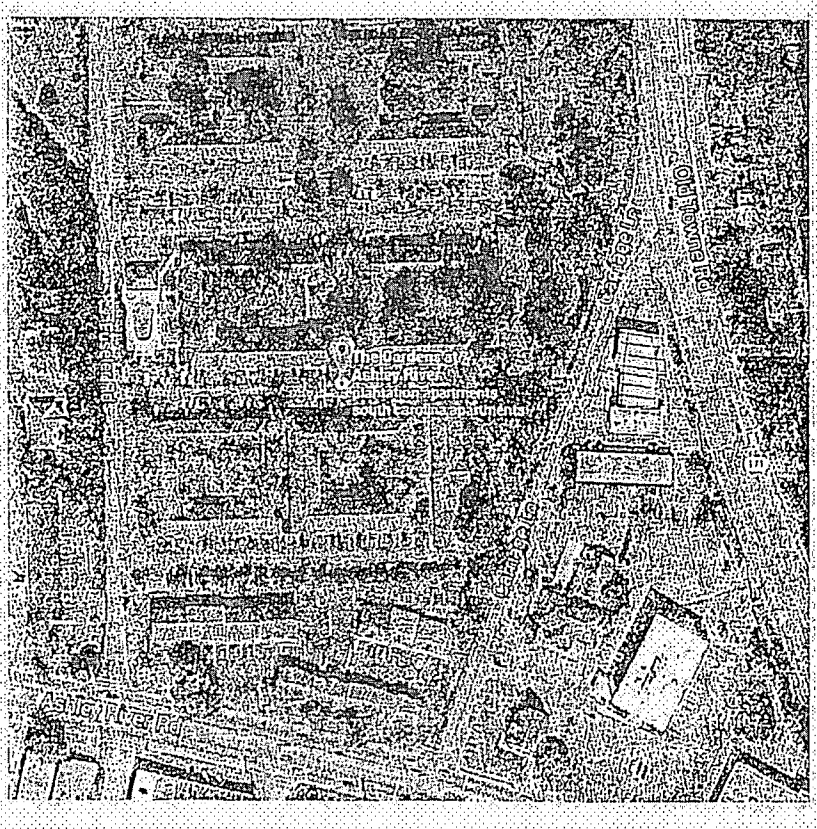
39. Describe your working environment, including any exposure to adverse conditions and potential for injury. Normally work in office but occasionally deploys to field for emergencies and major events. Must be able to deploy 24/7 and function in an austere environment.

Garden Apartments

Incident Action Plan

9-8-2014 1923

Through 9-9-2014 0700



Charleston County Sheriff's office

25-9

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: 9-8-2014 Time From: 1923	Date To: 9-9-2014 Time To: 0700
Garden Apartments		

3. Objective(s):

Prepare for the following:

1. Evacuation and shelter of all endangered civilians.
2. Provide logistical support to tactical operations.
3. Maintain secure perimeter.

4. Operational Period Command Emphasis:

Stand by for SWAT team to make entry to suspect's apartment unit.
Tactical EMS (TEMS) on standby for tactical medical support.
N. Charleston PD maintaining outer perimeter.
City of Charleston PD maintaining inner perimeter.
St. Andrews FD managing civilian evacuation/sheltering at Station 12.

General Situational Awareness

The suspect is armed and is believed to still be in the apartment.

5. Site Safety Plan Required? Yes ☐ No ☐
Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

				Other Attachments:
☑	ICS 203	☐	ICS 207	☐
☐	ICS 204	☐	ICS 208	☐
☐	ICS 205	☑	Map/Chart	☐
☐	ICS 205A	☑	Weather Forcast/Tides/Currents	☐
☑	ICS 206			☐

7. Prepared by: Name: C Cagle Position/Title: PSC Signature:

8. Approved by Incident Commander: Name: Lt. Dan Hewett Signature:

ICS 202	IAP Page ____	Date/Time: 9/8/14

ORGANIZATION ASSIGNMENT LIST	
1. Incident Name GARDEN APARTMENTS	
2. Date 08/08/14	3. Time 00:00
4. Operational Period 19:23 – 8/9/14 0700	
5. Incident Commander and Staff	
Incident Commander	D. ISGETT
Deputy	
Safety Officer	JACOBIC
Information Officer	MAJOR WATSON
Liaison Officer	D STANLEY
6. Agency Representatives	
Agency	Name
CC EMER MGMT	J COATES
CORONER	RAE WOOTEN
7. Planning Section	
Chief	C CAGLE (IMT)
Deputy	C KAUFMAN (IMT)
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	
Human Resources	
Training	
8. Logistics Section	
Chief	E ISGETT
Deputy	S JONES (IMT SUPPORT)
Supply Unit	SALVATION ARMY
Facilities Unit	
Ground Support Unit	
Communications Unit	M KRATZ
Medical Unit	T MCGEORGE (EMS)
Security Unit	
Food Unit	

9. Operations Section		
Chief	TITTLE	
Deputy		
a. SWAT		
CPD	LT WALKER	
CCSO		
NCPD		CAPT STEVENS
SLED		
Division/Group		
Division/Group		
b. STAGING		
Branch Director	BALDERZAK	
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
c. TACTICAL EMS (TEMS)		
Branch Director	DR. SHEALY	
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
d. Air Operations Branch		
Air Operations Branch Director		
Air Attack Supervisor		
Air Support Supervisor		
Helicopter Coordinator		
Air Tanker Coordinator		
10. Finance Section		
Chief	N/A	
Deputy		
Time Unit		
Procurement Unit		
Compensation/Claims Unit		
Cost Unit		
Prepared by (Resource Unit Leader)		

Christie Cagle, Planning Section Chief

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Resource	Agency	Location	Staff
E112	Charleston (FD)	BP Station	
L301	St. Andrews (FD)	BP Station	
B104	Charleston (FD)	BP Station	
E109	Charleston (FD)	BP Station	
Medic22	Charleston (EMS)	BP Station	Beach & Tackett
Medic23	Charleston (EMS)	BP Station	Lewis & Hartman
Delta2	Charleston (EMS)	BP Station	P. Wells
Delta3	Charleston (EMS)	Cmd Post	C. Fehr
EMS04	Charleston (EMS)	Cmd Post	McGeorge
TEMS	Tactical Medics	SWAT	Dr. Shealy & D. Simmons
E109	Charleston (FD)	Station 12 evac	Chief Perrez
Chief 303	St. Andrews (FD)	Cmd Post	B. Legette
Staging	Charleston Sheriff	Staging	Balderzak
Traffic	N. Charleston (PD)	Perimeter	J. Niemiec
Traffic	N. Charleston (PD)	Perimeter	C. Bailey
12	N. Charleston (PD)	SWAT	Cpt. T. Stephens
60	N. Charleston (PD)	SWAT	Sgt. Kinger
58	N. Charleston (PD)	SWAT	Lt. W. Humpheries
49	N. Charleston (PD)	SWAT	Sgt. D. Allen
372	N. Charleston (PD)	SWAT	T. Burneu
307	N. Charleston (PD)	SWAT	S. Radabaugh
271	N. Charleston (PD)	SWAT	J. Quick
203	N. Charleston (PD)	SWAT	J. Foale
201	N. Charleston (PD)	SWAT	J. Stevens
106	N. Charleston (PD)	SWAT	W. Williams
368	N. Charleston (PD)	SWAT	C. Shropshier
214	N. Charleston (PD)	SWAT	W. Harrison
176	N. Charleston (PD)	SWAT	K. Gorman
IC	N. Charleston (PD)	Cmd Post	Lt. D. Isgett
OPS	N. Charleston (PD)	Cmd Post	Cpt. Tittle
LOG	Hwy Patrol	Cmd Post	Lt. B. Isgett
SAF	SLED	Cmd Post	Cpt. Jacobic
PIO	Mt. Pleasant (PD)	Cmd Post	Maj. Watson
LIO	Charleston Sheriff	Cmd Post	D. Stanley
IMT	LCIMT	Cmd Post	C. Kaufman
IMT	LCIMT	Cmd Post	J. Ryan
IMT	LCIMT	Cmd Post	S. Jones
IMT	LCIMT	Cmd Post	C. Cagel
IMT	LCIMT	Cmd Post	J. Coates

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MEDICAL PLAN (ICS 206)

1. Incident Name: Garden Apartments	2. Operational Period: Date From: 9-8-2014 Time From: 1923	Date To: 9-9-2014 Time To: 0700

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
BP Gas Station	Old Town & Carriage Ln	693-6762	☒ Yes ☐ No
LE Comand	Old Town & Ackerman		☒ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (Indicate air or ground):

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
CHS CO EMS	County Wide	745-4000	☒ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
MUSC	171 Ashley Ave. Charleston	843-792-3333		8	☐ Yes Level:____	☐ Yes ☒ No	☒ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

A. All responder injuries will be directed to the Medical Unit on-site for treatment and transport.
B. All Responder injuries are to be reported no matter how minor.
C. All responder injuries will be reported to safety officer.
D. There will be 2 transport crews at staging
If patients are generated Delta2, Med22 Med23 will recives patients from TEMS (Simmons & Dr.Stanley, and Transport)

◯ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: T (McGeorge) Signature: T C

8. Approved by (Safety Officer): Name: _____ Signature: _____

ICS 206	IAP Page ____	Date/Time: 2635

Dorchester County Emergency Management Department

10-Day Weather Forecast

Graph Table Descriptive

Monday 09/08	Tuesday 09/09	Wednesday 09/10	Thursday 09/11	Friday 09/12	Saturday 09/13
83° 72°	84° 74°	85° 74°	89° 76°	85° 76°	83° 73°
					
Thunderstorm	Thunderstorm	Chance of a Thunderstorm	Partly Cloudy	Chance of a Thunderstorm	Thunderstorm
80% Chance of Precip.	80% Chance of Precip.	30% Chance of Precip.	20% Chance of Precip.	50% Chance of Precip.	80% Chance of Precip.



Monday 09/08 — 80%

Showers and thunderstorms. Lows overnight in the low 70s.



Monday Night 09/08 — 80%

Thunderstorms. Low 72F. Winds light and variable. Chance of rain 80%. Locally heavy rainfall possible.

Time	Temp.	Feels Like	Dew Point	Humidity	Conditions	Precip.	Hourly Precip.	Wind	Cloud Cover	Pressure

The Gardens at
Ashley River
plantation apartments
south carolina apartments
Old Town Rd
Ashley Phosphate Rd
Ashley Dr
Garbage Dump
Garbage Dump
350

The Gardens at
Ashley River
plantation apartments
south carolina apartments
Ted's on 7
Home Team BBQ
Gunn Ave
Hillside Dr
Plantation Dr
Plantation Rd
171
61

KR

INCIDENT SUPPLEMENT

CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE, CHARLESTON HEIGHTS, S.C. 29405-7769 • (843) 202-1700

J. Al Cannon, Jr.
Sheriff

SC0100000	DISPATCH NUMBER: N/A	ORIGINAL CASE NUMBER: 2014-015172-B	PAGE 1 OF 3 PAGES	INCID ENTRY	INC.	ENT.

☐ ORIGINAL REPORT ☐ MODIFIER ORIGINAL ☒ SUPPLEMENTAL REPORT ☐ CASE STATUS CHANGE ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL WITNESSES ☐ ADDITIONAL SUBJECTS ☐ ADDITIONAL STOLEN PROPERTY ☐ ADDITIONAL RECOVERED PROPERTY

NARRATIVE

INCIDENT TYPE: HOMICIDE - MURDER

Incident Location: 1840 Carriage Lane Apt. 197G Charleston,S.C. 29407
Incident Date: 09/08/14

On 9-12-14 at approximately 11:00 A.M. I went to the West Ashley magistrate's office in reference to following up on an eviction order that was for the suspect in this case Michael D. Oswald. The magistrate's office stated that the eviction notice was on 1/18/ 2013 and settled on 2/21/ 2013.The date reflected 8-27-14 is when the magistrate's office closed the case after being notified by the Charleston County Clerk of Court that the case was still open. Any communications about the eviction between the resident Michael Oswald and the apartment complex would have been in 2013.The magistrate's office further stated that it would be the responsibility of the apartment complex to communicate with Michael Oswald when the eviction was settled.

On 9-12-14 at approximately 11:30 A.M. this detective then went to Hunley's bar located on Savannah Highway and Pleasant view Rd. to speak with the bartenders about the suspect. I had received information that this was one of the bars that Michael Oswald frequented. I met with several workers there who could only tell me that Michael Oswald had been banned from this location about two years ago. He had a tremendous dislike for government, police and any type of authority. It was further stated that on holidays and around the anniversary of the death of his brother (September 6, 2010) (Natural Liver Disease)Michael Oswald would become depressed and drank excessively. The employees stated that he was banned due to the type of person he was ,and it always appeared that he could loose his temper and become violent at any time. The employs did not want to give their names, only pass on their opinions of him.

On 9-12-14 at approximately 12:10 P.M. I then went to the Hometeam Barbecue located at Carriage Lane and Ashley River Rd. The employees there have only heard of Michael Oswald, and never personally knew him. It was learned that he was banned from this location for the same reason as Hunley's.

PROPERTY

TYPE (GROUP)					TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
STOLEN					0	
DAMAGED					0	
BURNED					0	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
RECOVERED					0	
SEIZED					0	

ORIGINAL COPY

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☒ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☐ ACTIVE ☐ UNFOUNDED | ☐ ADM. CLOSED | ☐ ARREST UNDER 18 ☐ ARREST 18 AND OVER | ☐ EX-CLEARED UNDER 18 ☐ EX-CLEARED 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE ☐ OFFENDER DEATH ☐ NO PROSECUTION ☐ EXTRADITION DENIED ☐ VICTIM DECLINES COOPERATION ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
GOLDSTEIN, BARRY N.	9/12/2014	10541	ZEALBERG, JASON S.	9/12/2014	8779
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO		

CCSO 103 3/16

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CHARLESTON COUNTY SHERIFF'S OFFICE

J. Al Cannon, Jr.
Sheriff

3505 PINEHAVEN DRIVE, CHARLESTON HEIGHTS, S.C. 29405-7769 • (843) 202-1700

PERSON SUPPLEMENT

SC0100000	DISPATCH NUMBER: N/A	ORIGINAL CASE NUMBER: 2014-015172-B	PAGE 2 OF 3 PAGES	NCIC ENTRY	NCIC	ENT.

☐ ORIGINAL REPORT ☐ MODIFIES ORIGINAL ☐ SUPPLEMENTAL REPORT ☐ CASE STATUS CHANGE ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL WITNESSES ☐ ADDITIONAL SUBJECTS ☐ ADDITIONAL STOLEN PROPERTY ☐ ADDITIONAL RECOVERED PROPERTY

SUBJ. ID

☐ COMPLAINANT ☒ VICTIM # 1 ☐ SUSPECT # ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (J) S O U	RACE	SEX	AGE	DOB	BTH
Meluskovic, Joseph J.					White	Male	43	4/21/1971	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC./I.D. & STATE	SOCIAL SECURITY #
511	245	Brown	Brown		SC7483715	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE H/B	EVENING PHONE H/B
3505 Pinehaven Dr.	North Charleston	SC	29405	202-1700	

VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES | USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO MAN VEHICLE ☐ ONE MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ OTHER ☐ ALONE ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NCIC #
Deputy	CCSO		

ARREST

(A) CHARGE | (C) CHARGE

(B) CHARGE | (D) CHARGE

SUBJ. ID

☐ COMPLAINANT ☒ VICTIM # 2 ☐ SUSPECT # ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (J) S O U	RACE	SEX	AGE	DOB	BTH
Alexander, Julius Dwayne					Black	Male	33	8/5/1981	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC./I.D. & STATE	SOCIAL SECURITY #
600	200	Black	Brown		SC11158089	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE H/B	EVENING PHONE H/B
3505 Pinehaven Dr.	North Charleston	SC	29405	202-1700	

VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES | USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO MAN VEHICLE ☐ ONE MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ OTHER ☐ ALONE ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NCIC #
Deputy	CCSO		

ARREST

(A) CHARGE | (C) CHARGE

(B) CHARGE | (D) CHARGE

SUBJ. ID

☐ COMPLAINANT ☒ VICTIM # 3 ☐ SUSPECT # ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (J) S O U	RACE	SEX	AGE	DOB	BTH
Harris, Christopher Lamar					Black	Male	27	2/1/1987	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC./I.D. & STATE	SOCIAL SECURITY #
603	300	Black	Brown		SC100873746	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE H/B	EVENING PHONE H/B
3505 Pinehaven Dr.	North Charleston	SC	29405	202-1700	

VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES | USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO MAN VEHICLE ☐ ONE MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ OTHER ☐ ALONE ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NCIC #
Deputy	CCSO		

ARREST

(A) CHARGE | (C) CHARGE

(B) CHARGE | (D) CHARGE

REMARKS

ORIGINAL COPY

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☒ ACTIVE ☐ UNFOUNDED ☐ ADM. CLOSED | ☐ ARREST UNDER 18 ☐ ARREST 18 AND OVER | ☐ EX-CLEARED UNDER 18 ☐ EX-CLEARED 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE ☐ OFFENDER DEATH ☐ NO PROSECUTION ☐ EXTRADITION DENIED ☐ VICTIM DECLINES COOPERATION ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
GOLDSTEIN, BARRY N.	9/12/2014	10541	ZEALBERG, JASON S.	9/12/2014	8779
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO	OFFICER	

CCSO-100

CHARLESTON COUNTY SHERIFF'S OFFICE

3505 PINEHAVEN DRIVE, CHARLESTON HEIGHTS, S.C. 29405-7789 • (843) 202-1700

J. Al Cannon, Jr.
Sheriff

PERSON SUPPLEMENT

SC0100000	DISPATCH NUMBER: N/A	ORIGINAL CASE NUMBER: 2014-015172-B	PAGE 3 OF 3 PAGES	NCIC ENTRY	INQ.	ENT.

☐ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL WITNESSES ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL SUBJECTS ☐ ADDITIONAL RECOVERED PROPERTY

SUBJECT

☐ COMPLAINANT ☒ VICTIM # 4 ☐ SUSPECT # ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	DOB	ETH
Ackerman, Michael S.				(J) S O U	White	Male	45	5/12/1969	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC./I.D. & STATE	SOCIAL SECURITY #
601	227	Brown	Brown		SC008638546	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
3505 Pinehaven Dr.	North Charleston	SC	29405	202-1700 H ☐ B ☐	H ☐ B ☐

VISIBLE INJURY: ☒ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES
USING ALCOHOL: ☒ NO ☐ YES ☐ UNK.
DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☒ DETECTIVE/PLAINCLOTHES ☐ ALONE
☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NIC #
Deputy	CCSO		

ARREST

(A) CHARGE
(B) CHARGE
(C) CHARGE
(D) CHARGE

SUBJECT

☐ COMPLAINANT ☒ VICTIM # 5 ☐ SUSPECT # ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	DOB	ETH
Johnson, David E.				(J) S O U	White	Male	41	6/21/1973	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC./I.D. & STATE	SOCIAL SECURITY #
602	200	Brown	Brown		SC007282776	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
3505 Pinehaven Dr.	Charleston	SC	29406	202-1700 H ☐ B ☐	H ☐ B ☐

VISIBLE INJURY: ☒ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES
USING ALCOHOL: ☒ NO ☐ YES ☐ UNK.
DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLAINCLOTHES ☐ ALONE
☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NIC #
Deputy	CCSO		

ARREST

(A) CHARGE
(B) CHARGE
(C) CHARGE
(D) CHARGE

SUBJECT

☐ COMPLAINANT ☐ VICTIM # ☒ SUSPECT # 1 ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☒ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	DOB	ETH
Oswald, Micheal Donevan				(J) S O U	White	Male	38	11/2/1975	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC./I.D. & STATE	SOCIAL SECURITY #
600	157	Brown	Brown		SC7756286	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
1840 Carriage Lane Apt.197G	Charleston	SC	29407	H ☐ B ☐	H ☐ B ☐

VISIBLE INJURY: ☒ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES
USING ALCOHOL: ☒ NO ☐ YES ☐ UNK.
DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLAINCLOTHES ☐ ALONE
☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NIC #
Unemployed			

ARREST

(A) CHARGE
(B) CHARGE
(C) CHARGE
(D) CHARGE

REMARKS

ORIGINAL COPY

ADMINISTRATIVE

SUBJECT IDENTIFIED: ☒ YES ☐ NO
SUBJECT LOCATED: ☒ YES ☐ NO
☒ ACTIVE ☐ UNFOUNDED ☐ ADM. CLOSED
☐ ARREST UNDER 18 ☐ ARREST 18 AND OVER
☐ EX-CLEARED UNDER 18 ☐ EX-CLEARED 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: ☐ OFFENDER DEATH ☐ NO PROSECUTION ☐ EXTRADITION DENIED ☐ VICTIM DECLINES COOPERATION ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
GOLDSTEIN, BARRY N.	9/12/2014	10541	ZEALBERG, JASON S.	9/12/2014	8779
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO		

CCSG-100

HR

INCIDENT SUPPLEMENT

CHARLESTON COUNTY SHERIFF'S OFFICE
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J. Al Cannon, Jr.
Sheriff

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SC0100000	DISPATCH NUMBER N/A	ORIGINAL CASE NUMBER 2014-015172-B	PAGE 1 OF 3 PAGES	NCIC ENTRY	NO.	ENT.

☐ ORIGINAL REPORT ☒ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL WITNESSES ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL SUBJECTS ☐ ADDITIONAL RECOVERED PROPERTY

NARRATIVE

INCIDENT TYPE: HOMICIDE - MURDER

Incident Location: 1840 Carriage Lane Apt. 197G Charleston,S.C. 29407
Incident Date: 09/08/14

On 11-24-14 the deputies involved in this offense were cleared by the solicitor's office for the 9th circuit. All the involved deputies returned to work and no criminal charges were filed. At this time this incident for the CCSO will be classified as an agency assist for the South Carolina Law Enforcement Agency who were the primary investigators in this incident. At this time there will be no charges filed and any statements or documentation will be solicited from SLED. This case on behalf of CCSO is administratively closed.

ORIGINAL COPY

PROPERTY EST.

TYPE (GROUP)						TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
STOLEN						0	
DAMAGED						0	
BURNED						0	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
RECOVERED						0	
SEIZED						0	

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☒ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☐ ACTIVE ☐ UNFOUNDED | ☐ ADM. CLOSED | ☐ ARREST UNDER 18 ☐ ARREST 18 AND OVER | ☐ EX-CLEARED UNDER 18 ☐ EX-CLEARED 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE ☐ OFFENDER DEATH ☐ NO PROSECUTION ☐ EXTRADITION DENIED ☐ VICTIM DECLINES COOPERATION ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
GOLDSTEIN, BARRY N.	12/9/2014	10541	ZEALBERG, JASON S.	12/9/2014	8779
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO		

CCSO - 100 3/1/99

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PERSON SUPPLEMENT

CHARLESTON COUNTY SHERIFF'S OFFICE
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Sheriff

SC0100000 | DISPATCH NUMBER: N/A | ORIGINAL CASE NUMBER: 2014-015172-B | PAGE 2 OF 3 PAGES | NCIC ENTRY | HQ | ENT

☐ ORIGINAL REPORT ☐ MODIFIED ORIGINAL ☐ SUPPLEMENTAL REPORT ☐ CASE STATUS CHANGE ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL WITNESSES ☐ ADDITIONAL SUBJECTS ☐ ADDITIONAL STOLEN PROPERTY ☐ ADDITIONAL RECOVERED PROPERTY

SUBJECT ID

☐ COMPLAINANT ☒ VICTIM # 1 ☐ SUSPECT # ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	DOB	ETH
Matuskovic, Joseph J.				J S O U	White	Male	43	4/21/1971	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC.# & STATE	SOCIAL SECURITY #
511	245	Brown	Brown		SC7483715	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
3505 Pinehaven Dr.	North Charleston	SC	29405	202-1700 H ☐ B ☐	H ☐ B ☐

VISIBLE INJURY: ☒ NO ☐ YES — EXPLAIN: — COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES — USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. — DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. — ☐ TWO-MAN VEHICLE ☐ ONE-MAN VEHICLE ☐ DETECTIVE/PLAINCLOTHES ☐ OTHER ☐ ALONE ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NIC #
Deputy	CCSO		

ARREST

(A) CHARGE — (C) CHARGE — (B) CHARGE — (D) CHARGE

SUBJECT ID

☐ COMPLAINANT ☒ VICTIM # 2 ☐ SUSPECT # ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	DOB	ETH
Alexander, Julius Dwayne				J S O U	Black	Male	33	8/5/1981	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC.# & STATE	SOCIAL SECURITY #
600	200	Black	Brown		SC11158089	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
3505 Pinehaven Dr.	North Charleston	SC	29405	202-1700 H ☐ B ☒	H ☐ B ☐

VISIBLE INJURY: ☒ NO ☐ YES — EXPLAIN: — COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES — USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. — DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. — ☐ TWO-MAN VEHICLE ☐ ONE-MAN VEHICLE ☐ DETECTIVE/PLAINCLOTHES ☐ OTHER ☐ ALONE ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NIC #
Deputy	CCSO		

ARREST

(A) CHARGE — (C) CHARGE — (B) CHARGE — (D) CHARGE

SUBJECT ID

☐ COMPLAINANT ☒ VICTIM # 3 ☐ SUSPECT # ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	DOB	ETH
Harris, Christopher Lamar				J S O U	Black	Male	27	2/1/1987	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC.# & STATE	SOCIAL SECURITY #
603	300	Black	Brown		SC100873746	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
3505 Pinehaven Dr.	North Charleston	SC	29405	202-1700 H ☐ B ☐	H ☐ B ☐

VISIBLE INJURY: ☒ NO ☐ YES — EXPLAIN: — COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES — USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. — DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. — ☒ TWO-MAN VEHICLE ☐ ONE-MAN VEHICLE ☐ DETECTIVE/PLAINCLOTHES ☐ OTHER ☐ ALONE ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NIC #
Deputy	CCSO		

ARREST

(A) CHARGE — (C) CHARGE — (B) CHARGE — (D) CHARGE

REMARKS

ORIGINAL COPY

ADMINISTRATIVE

SUBJECT IDENTIFIED: ☒ YES ☐ NO — SUBJECT LOCATED: ☒ YES ☐ NO — ☐ ACTIVE ☐ UNFOUNDED — ☐ ADM. CLOSED — ☐ ARREST UNDER 18 ☐ ARREST 18 AND OVER — ☐ EX-CLEARED UNDER 18 ☐ EX-CLEARED 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: ☐ OFFENDER DEATH ☐ NO PROSECUTION ☐ EXTRADITION DENIED ☐ VICTIM DECLINES COOPERATION ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
GOLDSTEIN, BARRY N.	9/12/2014	10541	ZEALBERG, JASON S.	9/12/2014	8779
			FOLLOW-UP INVESTIGATION: ☐ YES ☐ NO — OFFICER		

CCSO-100

PERSON SUPPLEMENT

CHARLESTON COUNTY SHERIFF'S OFFICE
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J. Al Cannon, Jr.
Sheriff

SC0100000	DISPATCH NUMBER: N/A	ORIGINAL CASE NUMBER: 2014-016172-B	PAGE 3 OF 3 PAGES	NCIC ENTRY	INC.	UNT.

☐ ORIGINAL REPORT ☐ MODIFIES ORIGINAL ☐ SUPPLEMENTAL REPORT ☐ CASE STATUS CHANGE ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL WITNESSES ☐ ADDITIONAL SUBJECTS ☐ ADDITIONAL STOLEN PROPERTY ☐ ADDITIONAL RECOVERED PROPERTY

SUBJECT

☐ COMPLAINANT ☒ VICTIM # 4 ☐ SUSPECT # ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	DOB	ETH.
Ackerman, Michael S.				J S O U	White	Male	45	5/12/1969	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVER'S LIC. NO. & STATE	SOCIAL SECURITY #
601	227	Brown	Brown		SC008638546	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
3505 Pinehaven Dr.	North Charleston	SC	29405	202-1700 H ☐ B ☐	H ☐ B ☐

VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES | USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLAINCLOTHES ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NIC #
Deputy	CCSO		

ARREST

(A) CHARGE | (C) CHARGE

(B) CHARGE | (D) CHARGE

SUBJECT

☐ COMPLAINANT ☒ VICTIM # 5 ☐ SUSPECT # ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	DOB	ETH.
Johnson, David E.				J S O U	White	Male	41	6/21/1973	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVER'S LIC. NO. & STATE	SOCIAL SECURITY #
602	200	Brown	Brown		SC007282776	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
3505 Pinehaven Dr.	Charleston	SC	29405	202-1700 H ☐ B ☐	H ☐ B ☐

VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES | USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLAINCLOTHES ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NIC #
Deputy	CCSO		

ARREST

(A) CHARGE | (C) CHARGE

(B) CHARGE | (D) CHARGE

SUBJECT

☐ COMPLAINANT ☐ VICTIM # ☒ SUSPECT # 1 ☐ SUBJECT # ☐ WITNESS # ☐ WANTED ☐ WARRANT ☐ ARREST ☐ RUNAWAY ☐ MISSING PERSON

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	DOB	ETH.
Oswald, Michael Donavan				J S O U	White	Male	39	11/2/1975	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVER'S LIC. NO. & STATE	SOCIAL SECURITY #
600	157	Brown	Brown		SC7766296	

ADDRESS	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE
1840 Carriage Lane Apt.197G	Charleston	SC	29407	H ☐ B ☐	H ☐ B ☐

VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON VISIBLE INJURIES: ☒ NO ☐ YES | USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLAINCLOTHES ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

OCCUPATION	EMPLOYER	ALIAS	NIC #
Unemployed			

ARREST

(A) CHARGE | (C) CHARGE

(B) CHARGE | (D) CHARGE

REMARKS

ORIGINAL COPY

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☐ ACTIVE ☐ UNFOUNDED | ☐ ADM. CLOSED | ☐ ARREST UNDER 18 ☐ ARREST 18 AND OVER | ☐ EX-CLEARED UNDER 18 ☐ EX-CLEARED 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: ☐ OFFENDER DEATH ☐ NO PROSECUTION ☐ EXTRADITION DENIED ☐ VICTIM DECLINES COOPERATION ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
GOLDSTEIN, BARRY N.	9/12/2014	10541	ZEALBERG, JASON S.	9/12/2014	8779
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO	OFFICER	

CCSO-100

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CHARLESTON COUNTY SHERIFF'S OFFICE
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J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

KR

SC0100000	DISPATCH NUMBER	ORIGINAL CASE NUMBER 2014-015172-B	PAGE 1 OF 3 PAGES	HOLD ENTRY	VIC.	OFF.

ORIGINAL REPORT	SUPPLEMENTAL REPORT	ADDITIONAL VICTIMS	ADDITIONAL WITNESSES	ADDITIONAL STOLEN PROPERTY
MODIFIES ORIGINAL	CASE STATUS CHANGE	ADDITIONAL OFFENDERS	ADDITIONAL SUBJECTS	ADDITIONAL RECOVERED PROPERTY

NARRATIVE

Incident Type: Officer Involved Shooting
Incident Location: 1840 Carriage Lane, Charleston, SC
Incident Date: Septmeber 8, 2014

On September 8, 2014, I responded to 1840 Carriage Lane, an apartment complex, to assist with a call in which shots were fired and officers were reported to be injured. While responding I heard that the alleged suspect was thought to still be located inside an apartment. However, the description was broadcasted and a perimeter was being set up. The incident location was Building G. I also heard deputies being instructed to pull the injured officers out in order for Emergency Medical Services (EMS) to render aid.

Upon arrival, I began to take up a position of cover to assist with the perimeter. I noticed at least three personnel trying to drag an injured officer out. I went to assist with moving the injured officer at which time I realized it was Charleston County Sheriff's Deputy Sheriff Matuskovic. While moving Deputy Matuskovic to a safe location, EMS pulled in beside Building G. EMS began working on Deputy Matuskovic. An EMS supervisor ordered that Deputy Matuskovic's weapon be secured. At the time I was unable to remove Deputy Matuskovic duty belt, so I removed and secured his issued duty weapon. I was then able to remove Deputy Matuskovic's belt with assistance from EMS. As EMS moved Deputy Matuskovic, the back panel of his ballistics vest was removed and handed to me. I secured the back panel of the ballistics vest, duty belt and weapon in the front of my issued cruiser. As I looked up from this, I observed EMS leaving the scene. I followed EMS to MUSC.

Once at MUSC, I stayed with Deputy Matuskovic in the Trauma Unit and was present when the trauma staff declared Deputy Matuskovic deceased at 2037 hours. S/Sgt. H. Phillips and Sgt. S. James were also present.

Deputy Ackerman was also in the trauma unit; the next bay over divided off by curtains. Trauma staff was tending to Deputy Ackerman. S/Sgt. Phillips, Sgt. James and I made our presence known to Deputy Ackerman in an attempt to support and comfort him. The trauma unit removed and bagged all of Deputy Ackerman's clothing and gear. His weapon was previously secured by MUSC Public Safety. I took custody of all clothing and gear to include his weapon from MUSC Public Safety Officer R. Miller. All items were secured in the trunk of my cruiser. I also collected a GSR kit on Deputy Ackerman at approximately 2224 hours; sealing the kit at 2232 hours.

S/Sgt. H. Phillips, Sgt. James and I stationed ourselves at the trauma unit bay where Deputy Matuskovic laid. We continued watch until Deputy Coroner O'Neal arrived soon followed by a SLED agent and SLED Crime Scene Agents. During this Command Staff members arrived and ensured that Deputy Matuskovic's family was brought to MUSC. Deputy Coroner O'Neal spoke with the family and released Deputy Matuskovic to the morgue. S/Sgt. Phillips, Sgt. James and I escorted Deputy Matuskovic to MUSC morgue.

ORIGINAL COPY

PROPERTY USE

TYPE (GROUP)	Taser	Radio				TOTAL VALUE	JURISDICTION OF LAW ENFORCEMENT AGENCY
STOLEN							
DAMAGED	1000	5000				6000	
BURNED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☑ YES ☐ NO	SUBJECT LOCATED ☑ YES ☐ NO	☑ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED	☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER	☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Sgt. D. H. Owen	9/18/14	9608	Lt. C. Brokaw	9/18/14	8455
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/1/99

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CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7788 * (843) 202-1700

J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	SWITCH NUMBER	ORIGINAL CASE NUMBER 2014-015172-8	PAGE 2 OF 3 PAGES	DCIS ENTRY	INC.	ENT.

☐ ORIGINAL REPORT	☒ SUPPLEMENTAL REPORT	☐ ADDITIONAL VICTIMS	☐ ADDITIONAL WITNESSES	☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL	☐ CASE STATUS CHANGE	☐ ADDITIONAL OFFENDERS	☐ ADDITIONAL SUS/ECTS	☐ ADDITIONAL RECOVERED PROPERTY

NARRATIVE

After escorting Deputy Matuskovic to the morgue, Deputy Coroner O'Neal, SLED Agent Barfield and SLED Crime Scene Agents accompanied me to my cruiser to assume custody of the secured evidence. Deputy Coroner O'Neal requested to examine the back panel of Deputy Matuskovic's ballistic vest. It was at this time we found a projectile hole the back panel. Deputy Coroner O'Neal secured the back panel for the Autopsy. Deputy Matuskovic's duty belt was examined. It was found that Deputy Matuskovic was left handed and his Taser, baton and radio were damaged during the shooting. It appeared that a round struck Deputy Matuskovic's Taser, baton and radio. Deputy Coroner O'Neal stated that there was a graze wound on Deputy Matuskovic's right arm that coincided with the damage Taser, baton and radio. This damage and the projectile hole in the back panel of the ballistic vest were relayed to Major M. Stanley in order to advise SWAT personnel of our findings.

Once all items of Deputy Matuskovic's and Ackerman's were logged on a chain of custody forms, all items were turned over to SLED and signed for; the only items not taken as evidence by SLED was Deputy Ackerman's radio and in car camera microphone. These two items were returned to Logistics.

No further information.

ORIGINAL COPY

PROPERTY

TYPE (GROUP)						TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
STOLEN	N/A	N/A					
DAMAGED			N/A				
BURNED				N/A			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
RECOVERED					N/A		
SEIZED						N/A	

ADMINISTRATIVE

SUBJECT IDENTIFIED	SUBJECT LOCATED				
☒ YES ☐ NO	☒ YES ☐ NO	☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED	☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER	☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Sgt. D. H. Owen	9/18/14	9608	Lt. C. Brokaw	9/18/14	8455
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 (2009)

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CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7789 * (843) 202-1700

J. Al Cannon, SHERIFF

ARTICLE SUPPLEMENT

SC0100000	DISPATCH NUMBER	ORIGINAL CASE NUMBER 2014-015172-B	PAGE 3 OF 3 PAGES	NCIC ENTRY	INQ.	ENT.

☐ ORIGINAL REPORT ☐ MODIFIES ORIGINAL ☒ SUPPLEMENTAL REPORT ☐ CASE STATUS CHANGE ☐ ADDITIONAL STOLEN PROPERTY ☐ ADDITIONAL RECOVERED PROPERTY

VEH. / GUN / ET

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☒ VICTIM ☐ SUSPECT ☐ TOWED

TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☒ ARTICLE

LICENSE/REGISTRATION NO.	BOAT HULL NO. OR VIN NO.				
SERIAL # X00-733490		OWNER APPLIED #			
YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE	
MODEL X26	STYLE	BRAND NAME Taser	COLOR BLK	CALIBER	
NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

VEH. / GUN / ET

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☒ VICTIM ☐ SUSPECT ☐ TOWED

TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☒ ARTICLE

LICENSE/REGISTRATION NO.	BOAT HULL NO. OR VIN NO.				
SERIAL # 721CEC0405		OWNER APPLIED # Asset # 23195			
YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE Radio	
MODEL XTS-5000	STYLE Walkie Talkie	BRAND NAME Motorola	COLOR BLK	CALIBER	
NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

VEH. / GUN / ET

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☒ VICTIM ☐ SUSPECT ☐ TOWED

TYPE: ☐ VEHICLE ☒ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

LICENSE/REGISTRATION NO.	BOAT HULL NO. OR VIN NO.				
SERIAL # XHW309		OWNER APPLIED #			
YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE Glock	TYPE Semi-Auto	
MODEL 22 Gen 4	STYLE	BRAND NAME	COLOR BLK	CALIBER .40	
NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

VEH. / GUN / ET

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☒ VICTIM ☐ SUSPECT ☐ TOWED

TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

LICENSE/REGISTRATION NO.	BOAT HULL NO. OR VIN NO.				
SERIAL # X00-553834		OWNER APPLIED #			
YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE	
MODEL X26	STYLE	BRAND NAME Taser	COLOR BLK	CALIBER	
NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

VEH. / GUN / ET

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ VICTIM ☐ SUSPECT ☐ TOWED

TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

LICENSE/REGISTRATION NO.	BOAT HULL NO. OR VIN NO.				
SERIAL # XHW292		OWNER APPLIED #			
YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE Glock	TYPE Semi-Auto	
MODEL 22 Gen 4	STYLE	BRAND NAME	COLOR BLK	CALIBER .40	
NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

REMARKS

N/A

ORIGINAL COPY

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINED COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Sgt. D. H. Owen	9/18/14	9608	Lt. C. Brokaw	9/18/14	8466
			FOLLOW-UP INVESTIGATION ☐ NO ☐ YES OFFICER		

CCSO-101 1/1/99

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CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7789 * (843) 202-1760

J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	DISPATCH NUMBER N/A	ORIGINAL CASE NUMBER 2014-016172	PAGE 1 OF 1 PAGES	RDS ENTRY	INIT.	DATE

ORIGINAL	SUPPLEMENTAL	ADDITIONAL	ADDITIONAL	ADDITIONAL
☐ REPORT	☒ REPORT	☐ VICTIMS	☐ WITNESSES	☐ STOLEN PROPERTY
MODIFIES	CASE STATUS	ADDITIONAL	ADDITIONAL	ADDITIONAL
☐ ORIGINAL	☐ CHANGE	☐ OFFENDERS	☐ SUBJECTS	☐ RECOVERED PROPERTY

Incident Type: Assault With Weapon / Officer Down
Incident Location: 1840 Carriage Lane Apt: 197-G Charleston SC 29407
Incident Date: 9-8-14

Victim # 1: Name: Deputy Joseph Matuskovic
Address: 3505 Pinehaven Drive North Charleston SC 29405
Phone: 843-202-1700

Victim # 2: Name: Deputy Michael Ackerman
Address: 3505 Pinehaven Drive North Charleston SC 29405
Phone: 843-202-1700

Suspect 1: Name: Michael Oswald
Address: 1840 Carriage Lane Apt-197-G Charleston, SC 29407
Phone: Unknown

NARRATIVE

(Charleston) On 9-8-14 at approximately 1923 hours, a call went out for an intoxicated male that was causing a disturbance at the incident location. At approximately 2005 hours, it was upgraded to an assault with a weapon and officer down. I responded to the incident location, code three, from Highway 52 and Greenridge Road. While in route, on scene personnel informed responding units that the suspect shot thru the apartment door and made contact Deputy Joseph Matuskovic and Deputy Julius Alexander. Once on scene, I set up behind a City of Charleston PD patrol vehicle with my AR-15 assault rifle at the B/C corner of the apartment building. I relocated about forty five minutes to an hour later, to the A/B corner of the building, covering the suspect's apartment door. At the time, it was declared that the suspect was still inside his apartment; but it was not known if he was still alive, who else was inside or what, if any, other weapons he had with him. I maintained this position until I was relieved by North Charleston SWAT personnel about an hour and a half later. I was instructed to leave the scene and respond directly to the Charleston County Sheriff's Office headquarters. Nothing further.

ORIGINAL COPY

PROPERTY LIST

TYPE (GROUP)	N/A	N/A	N/A	N/A	N/A	TOTAL VALUE	AMOUNT OF THEFT LAW ENFORCEMENT AGENCY
STOLEN						N/A	N/A
DAMAGED							
BURNED							AMOUNT RECOVERED LAW ENFORCEMENT AGENCY
RECOVERED							N/A
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED	SUBJECT LOCATED	☒ ACTIVE ☐ ADM. CLOSED	☐ ARRESTED UNDER 18	☐ EX-CLEAR UNDER 18
☒ YES ☐ NO	☒ YES ☐ NO	☐ UNFOUNDED	☐ ARRESTED 18 AND OVER	☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
DFC. Balzano	9-10-14	10422	Sgt. K. Ford	9-10-14	9114
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/1/99

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CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7789 * (843) 937-1700

J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	SUPPLEMENT NUMBER: N/A	ORIGINAL CASE NUMBER: 2014-015172	PAGE 1 OF 1 PAGES	ACK. RECEIVED:	INC. N/A	EXC. N/A

ORIGINAL ☐ REPORT	SUPPLEMENTAL ☑ REPORT	ADDITIONAL ☐ VICTIMS	ADDITIONAL ☐ WITNESSES	ADDITIONAL ☐ STOLEN PROPERTY
MODIFIES ☐ ORIGINAL	CASE STATUS ☐ CHANGE	ADDITIONAL ☐ OFFENDERS	ADDITIONAL ☐ SUBJECTS	ADDITIONAL ☐ RECOVERED PROPERTY

NARRATIVE

Incident Type: Disturbance
Incident Location: 1840 Carriage Ln Apt 197G, Charleston SC 29407
Incident Date: 09/08/14

Suspect 1: Oswald, Michael Donovan
1840 Carriage Ln Apt 197G, Charleston SC 29407

(The Gardens) I (DFC H.E. Bohlander), along with my trainee, Deputy N.F. Ragos, responded to the above incident location in reference to a shots fired / officer down call. We drove to the incident location code three and when we arrived on scene, I pulled out my patrol rifle and I instructed Ragos to grab my medical bag and take it with us. We ran upstairs and I found Deputy Ackerman laying on the floor and he was holding his right leg. I observed Deputy Johnson down the hallway and he was standing over Deputy Matuskovic; who was face down. I instructed Deputy Ragos and two City of Charleston Police Department to pick-up Deputy Johnson, from down the hallway to get Deputy Ackerman could get medical attention. I then yelled at Deputy Johnson down the center staircase, so "Joe" out of there. The officers were having a hard time carrying Deputy Ackerman I assisted them with carrying him, until they got down the stairs. I then heard the other officers were having a hard time getting Deputy Matuskovic down the staircase on the bravo side of the structure and I ran over there and assisted them in getting Deputy Matuskovic to an area where EMS could provide medical assistance. I then ran back into the bravo side staircase and went upstairs. Deputy Craver yelled at me from down the hallway, that this was not a good place for me to be and that I needed to be where he was, so I would not be caught in his crossfire. I ran back downstairs and to the center staircase and the Deputy Craver advised me to stay away from the center staircase because the suspect was still shooting through the walls. Deputy Craver had positioned himself in the doorway of apartment 195G, two doors down from the suspects apartment. Deputy Craver was able to make contact with the lady who was living in that apartment and he advised her to evacuate the area. Deputy Craver then continued down the hallway and made contact with the people living on the upstairs portion of the right-half side of the apartment building and had them evacuate the area as well. I positioned myself in the doorway of apartment 195G and held that position, providing security for the other units, while they set up the perimeter and CPD and NCPD SWAT teams were called. While we were holding our position I called for support and Sgt Brennan, along with deputies Baldwin and Howard responded. Deputy Craver was relieved some time later and he responded to the command post. I continued to hold my position until NCPD SWAT advised us to leave. Before I left I took a video of the apartment I was in and sent the video to Captain Whited, so the other SWAT teams may have an idea of what the suspects apartment layout may be. I then responded to the command post and met with my Captain Whited and he advised me to go to headquarters, to meet with my squad. While I was walking back to my car, I saw CPD's SWAT team and I showed them the video I took and explained what Deputy Craver and I had done. I then responded to Headquarters.

ORIGINAL COPY

PROPERTY SET

TYPE (GROUP)	N/A	N/A	N/A	N/A	N/A	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
STOLEN							N/A
DAMAGED							
BURNED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
RECOVERED							N/A
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☑ YES ☐ NO	SUBJECT LOCATED ☑ YES ☐ NO	☑ ACTIVE ☐ UNFOUNDED	☐ ADM. CLOSED	☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER	☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

(REASON FOR EXCEPTIONAL CLEARANCE) 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ AVAILABLE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
DFC H.E. Bohlander	09/10/14	10043	SgtS.A. Eubanks	09/10/14	8839
			FOLLOWUP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/1/99

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CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7769 * (843) 202-1700

J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	DISPATCH INCIDENT # 2014-015172	CROSS/ALT CASE # (IF ANY)	PAGE 1 OF 1 PAGES	NCIC ENTRY	INIT.	ENT.

ORIGINAL REPORT	SUPPLEMENTAL REPORT	ADDITIONAL VICTIMS	ADDITIONAL WITNESSES	ADDITIONAL STOLEN PROPERTY
MODIFIES ORIGINAL	CASE STATUS CHANGE	ADDITIONAL OFFENDERS	ADDITIONAL SUBJECTS	ADDITIONAL RECOVERED PROPERTY

NARRATIVE

INCIDENT TYPE: Disturbance/Shots Fired

INCIDENT LOCATION: 1840 Carriage Lane Apartment 197G, Charleston SC

DATE: 9-8-2014

VICTIM: Deputy Joseph Matuskovic 43 YOA W/M 3505 Pinehaven Dr, Charleston Heights SC
Deputy Michael Ackerman 43 YOA W/M 3505 Pinehaven Dr, Charleston Heights SC

SUSPECT: Michael Oswald 38 YOA W/M 1840 Carriage Ln Apt 197G, Charleston SC

(Charleston) I was patrolling Ravenel when I was advised via radio that Deputies Ackerman and Matuskovic at the Incident location were taking small arms fire and urgently needed assistance. When I arrived on scene I initially took up a position on the outer cordon with several Charleston City Police units near Fuseler Dr and SC 61, however shortly after arriving I was advised that officers with patrol rifles were needed in positions on the inner perimeter. At that point I moved in and linked up with Master Deputy Reiter in the courtyard facing the suspect's apartment and remained at that location until I was ordered to stand down by the Incident Command Post. Nothing further at this time.

ORIGINAL COPY

PROPERTY LIST

TYPE (GROUP)	NA					TOTAL VALUE	DESIGNATION OF THEFT - LAW ENFORCEMENT AGENCY
STOLEN							NA
DAMAGED							DESIGNATION OF RECOVERY - LAW ENFORCEMENT AGENCY
BURNED							NA
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED	SUBJECT LOCATED	☑ ACTIVE ☐ ADM. CLOSED	☐ ARRESTED UNDER 18	☐ EX-CLEAR UNDER 18
☑ YES ☐ NO	☑ YES ☐ NO	☐ UNFOUNDED	☐ ARRESTED 18 AND OVER	☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Dep. B. Zager	9-10-14	10540	Sgt. S. Eubanks	9-10-14	8839
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/1/99

CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7789 * (843) 202-1700

J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	CITATION NUMBER	OFFENSE/INCIDENT NUMBER 2014-015172	PAGE 1 OF 1 PAGES	CASE ENTRY	VIOL	LIST

ORIGINAL REPORT	SUPPLEMENTAL REPORT	ADDITIONAL VICTIMS	ADDITIONAL WITNESSES	ADDITIONAL STOLEN PROPERTY
MODIFIES ORIGINAL	CASE STATUS CHANGE	ADDITIONAL OFFENDERS	ADDITIONAL SUBJECTS	ADDITIONAL RECOVERED PROPERTY

NARRATIVE

INCIDENT TYPE: Disturbance / Shots Fired

INCIDENT DATE/TIME: 9/8/2014 / 1936hrs

INCIDENT LOCATION: 1840 Carriage Ln, Charleston, SC

VICTIM (#1): Name: Joseph Matuskovic
Address: 3505 Pinehaven Dr, N Charleston, SC
Charleston County Sheriff's Office
Phone #: 8432021700

Victim (#2): Name: Michael Ackerman
Address: 3505 Pinehaven Dr, N Charleston, SC
Charleston County Sheriff's Office
Phone #: 8432021700

SUSPECT (#1): Name: Michael Oswald
Address: 1840 Carriage Ln Apt 197G, Charleston, SC
Race: W, Sex: M, Height: 511, Weight: 175, DOB: 11/2/75
Phone #: unk

While at Eugene Gibbs and Folly Rd. I and other deputies heard the code 46 call come over the radio with shots fired. I responded with blue lights and siren from that location and started en route to Carriage Lane. There was a lot of radio traffic while I was responding. Once I arrived at the location, I grabbed my shotgun and proceeded to run with 2 other deputies to the location where we thought our fallen partners were. I started up the middle staircase of the apartment building and was told not to come up but to move to the far stairwell and get Deputy Matuskovic out of harm's way. I then trained my shotgun at the doorway from the ground and moved quickly by the door and then ran to the far stairwell and moved up the steps to the second floor. I saw Deputy Matuskovic facedown about thirty yards in front of me. I immediately ran to him and handed my shotgun to a Charleston City Officer and told him to cover us as I and another City Officer began dragging Deputy Matuskovic to safety. We struggled with the concrete floor and the stairs as we made our way to the bottom floor and out to the side of the building. I informed dispatch that I had him and that we needed EMS to come to the side of the building because Deputy Matuskovic was unresponsive and not breathing. I was asked if the scene was secure. I don't remember answering but I heard someone say that I needed to keep coming with him because EMS was not coming to us. I then opened Deputy Matuskovic's shirt and removed his vest so that we could start first aid for him. EMS rolled in moments later and took over from myself and another deputy.
Once Deputy Matuskovic was loaded into the EMS truck I ran back to my cruiser and grabbed my patrol rifle and went back to the area of the shooting and set up on the door where the suspect was last seen.
After some time had passed I was called out to the Command Post to give information as to the exact location of the suspect's residence. I met with the SWAT Commander and provided what I could to the team. I was told at that time to stand down and wait for my next orders which was to go to Headquarters and wait for debriefing. Once there, I was told that Deputy Matuskovic did not survive his injuries.

PROPERTY LIST

	TYPE (GROUP)					TOTAL VALUE	LAW ENFORCEMENT AGENCY
	STOLEN						
	DAMAGED						JURISDICTION IF NECESSARY LAW ENFORCEMENT AGENCY
	BURNED						
	RECOVERED						
	SEIZED						

ORIGINAL COPY

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☒ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☒ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
B. Moniz	9/10/2014	10588	Sgt S. Eubanks	9/10/2014	8839
			FOLLOWUP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/09

CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7739 * (843) 202-1700

J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	DISPATCH CASE #	ORIGINAL CASE NUMBER 2014-015172	PAGE 1 OF 1 PAGES	NCIC ENTRY	INC.	SUP.

ORIGINAL REPORT	SUPPLEMENTAL REPORT	ADDITIONAL VICTIMS	ADDITIONAL WITNESSES	ADDITIONAL STOLEN PROPERTY
MODIFIES ORIGINAL	CASE STATUS CHANGE	ADDITIONAL OFFENDERS	ADDITIONAL SUBJECTS	ADDITIONAL RECOVERED PROPERTY

NARRATIVE

INCIDENT TYPE: Disturbance / Shots Fired

INCIDENT DATE/TIME: 9/8/2014 / 1936hrs

INCIDENT LOCATION: 1840 Carriage Ln, Charleston, SC

VICTIM (#1): Name: Joseph Matuskovic
Address: 3505 Pinehaven Dr, N Charleston, SC
Charleston County Sheriff's Office
Phone #: 8432021700

Victim (#2): Name: Michael Ackerman
Address: 3505 Pinehaven Dr, N Charleston, SC
Charleston County Sheriff's Office
Phone #: 8432021700

SUSPECT (#1): Name: Michael Oswald
Address: 1840 Carriage Ln Apt 197G, Charleston, SC
Race: W, Sex: M, Height: 511, Weight: 175, DOB: 11/2/75
Phone #: unk

(West Ashley) On 9/8/2014 at 1936hrs, while working districts 9/10 I heard Deputies check on scene at the incident location in district 7. A short time later I heard a Deputy come over the radio with "shots fired, officers down". I immediately initiated my blue lights and siren from Central Park Rd and responded to the scene. Upon arrival I parked my vehicle in the raised median at Carriage Ln / Old Towne Rd. I then secured my SWAT issued rifle from my trunk and positioned myself on the perimeter next to Deputy Quinn on the C/D corner of the apartment. A few minutes later I heard Deputy B. Moniz asking for another CCSO rifle on the A/B corner. I responded over the radio that I was on scene and en route to that location. I quickly ran toward my car and around the outside of Old Towne Rd perimeter until I got to the B side of the apartment. I then took cover behind a parked car on the A/B side of the apartment and trained my rifle sights on the suspect's door and windows (Apt 197G). I remained in place until NCPD SWAT relieved me at approximately 2330hrs. I then reported to CCSO Headquarters for debriefing. Nothing further.

ORIGINAL COPY

PROPERTY

TYPE (GROUP)							TOTAL VALUE	AGENCY OF THEFT LAW ENFORCEMENT AGENCY
STOLEN								
DAMAGED			N/A					
BURNED								JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
RECOVERED								
SEIZED								

ADMINISTRATIVE

SUBJECT IDENTIFIED	SUBJECT LOCATED	☐ ACTIVE ☐ ADM. CLOSED	☐ ARRESTED UNDER 18	☐ EX-CLEAR UNDER 18
☑ YES ☐ NO	☒ YES ☐ NO	☐ UNFOUNDED	☐ ARRESTED 18 AND OVER	☒ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☒ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
J. Wiedemann	9/10/2014	10467	Sgt S. Eubanks	9/10/2014	8839
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/09

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CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7789 * (843) 202-1700
J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	DISPATCH NUMBER 2014-015172	ORIGINAL CASE NUMBER N/A	PAGE 1 OF 1 PAGES	TIME EVENT	INC.	ENT.

ORIGINAL	SUPPLEMENTAL	ADDITIONAL	ADDITIONAL	ADDITIONAL
☐ REPORT	☑ REPORT	☐ VICTIMS	☐ WITNESSES	☐ STOLEN PROPERTY
MODIFIES	CASE STATUS	ADDITIONAL	ADDITIONAL	ADDITIONAL
☐ ORIGINAL	☐ CHANGE	☐ OFFENDERS	☐ SUBJECTS	☐ RECOVERED PROPERTY

NARRATIVE

SUPPLEMENTAL

INCIDENT TYPE: Disturbance, Shots Fired
INCIDENT LOCATION: 1840 Carriage Ln., Apt 197-G, Charleston, SC 29407
INCIDENT DATE: 9/8/14

SUSPECT: Oswald, Michael, 38 yoa

VICTIM #1: Matuskovic, Joseph
VICTIM #2: Ackerman, Michael

On the above date I, Deputy L. Reiter was on duty patrolling in Districts 5 and 6, with approved Ride-along, State Constable Gary Durgan. Dispatched advised that shots had been fired and that officers were down at the above address. I responded Code 3 (blue lights and siren) to the area of the incident location. Upon arrival, I made contact with Sgt. S. Eubanks who directed me to assist in evacuating residents from the apartment buildings adjacent to Building G, which I was told was the last known location of the suspect. We began evacuating residents, and then were given the order to stop and to have any remaining residents shelter-in-place. We were then advised to assist with setting up a perimeter around Building G. I, along with Constable G. Durgan and Dep. B. Zager, took a perimeter position in the courtyard facing Building G. We maintained our posistion until S.W.A.T. Teams were in position and we were advised by Incident Command to respond to CCSO Headquarters for a debriefing.

ORIGINAL COPY

PROPERTY LIST

TYPE (GROUP)	N/A	N/A	N/A	N/A	N/A	TOTAL VALUE	JURISDICTION OF ENTRY LAW ENFORCEMENT AGENCY
STOLEN							N/A
DAMAGED							
BURNED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
RECOVERED							N/A
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☑ YES ☐ NO | SUBJECT LOCATED ☑ YES ☐ NO | ☑ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
DEP. L. REITER	9/10/14	9491	SGT. K. FORD	9/10/14	9114
			FOLLOWUP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/1/09

CHARLESTON COUNTY SHERIFF'S OFFICE
3503 FINGERAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7789 * (843) 202-1700

J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

CR

SC0100000	DISPATCH NUMBER: N/A	ORIGINAL CASE NUMBER: 2014-015172	PAGE 1 OF 1 PAGES	NCIC ENTRY/N/A: INC. N/A	ENT. N/A

ORIGINAL	SUPPLEMENTAL	ADDITIONAL	ADDITIONAL	ADDITIONAL
☐ REPORT	☑ REPORT	☐ VICTIMS	☐ WITNESSES	☐ STOLEN PROPERTY
MODIFIES	CASE STATUS	ADDITIONAL	ADDITIONAL	ADDITIONAL
☐ ORIGINAL	☐ CHANGE	☐ OFFENDERS	☐ SUBJECTS	☐ RECOVERED PROPERTY

NARRATIVE

Incident Type: Disturbance
Incident Location: 1840 Carriage Ln Apt 197G, Charleston SC 29407
Incident Date: 09/08/14

Suspect 1: Oswald, Michael Donovan
1840 Carriage Ln Apt 197G, Charleston SC 29407

(The Gardens) I (Lt. M.W. Knox), responded to 1840 Carriage Lane Apt 197 G in reference to a disturbance with shots fired. Deputies on scene advised that shots had been fired, and shortly thereafter communicated that two deputies were down. I responded with lights and sirens from Station Four on James Island. I monitored the radio while enroute, trying to keep the channel clear for those already on scene. As I arrived at the incident scene, I got my issued rifle out of my car, and made a tactical approach towards the target apartment. Deputy B. Moniz was requesting EMS to his location to evacuate one of the wounded deputies. Since the scene was not secure, I instructed him to carry the wounded out of the area so EMS could treat them. I spoke briefly with Detective Alexander, who was one of the original units on scene and had taken a position of cover near a van in the parking lot. He told me that Deputies Ackerman and Matuscovik had been hit by gunfire, but he was not sure if anyone else had struck. I asked him if he was able to return fire, and he said he did not due to other deputies being in his line of fire. He also said that he thought that some of the others had returned fire, but he was not certain. He also was not sure if the suspect was still inside the apartment, but he did not think he had exited since he fired the shots through the door and the walls. I attempted to ascertain if the injuried had been evacuated by EMS, but I was unable to get on the radio. I heard numerous other responding units taking up perimeter positions, and I could see several City of Charleston officers securing the entire perimeter of the building and parking area. I attempted to get all onlookers and residents in the area back into their apartments, and I directed several responding units to assist me in clearing the area of civilians. I also directed some units to fill holes in the perimeter to ensure the suspect did not escape, and to prevent unauthorized personnel from entering the line of fire.

I then tried to locate Lt. Dan Isgett and Captain Williams, who where on scene as well, to fill them in of the information I had. I eventually located both of them, and Lt. Isgett assumed incident command. I then informed numerous command staff members of the limited information that I had obtained about the incident. After some time, I was informed that Deputy Matuscovik was deceased and I needed to go to Headquarters.

I reported to Headquarters where I talked to several of my squad members, and then I assisted Lieutenant Ghent from SLED with introductions to the deputies involved. I assisted Inspectors Boyd and Williams with arrangements for urinalysis for deputies. I also went to the hospital to see Deputy Ackerman before ending my tour for the evening. Nothing further.

ORIGINAL COPY

PROPERTY SEIZED

TYPE (GROUP)	N/A	N/A	N/A	N/A	N/A	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
STOLEN							N/A
DAMAGED							
BURNED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
RECOVERED							N/A
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED	SUBJECT LOCATED					
☑ YES ☐ NO	☑ YES ☐ NO	☑ ACTIVE ☐ UNFOUNDED	☐ ADM. CLOSED	☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER	☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER	

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINED COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Knox, Lt. M.W.	09/10/14	10067	Knox, Lt. M.W.	09/10/14	10067
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/1/99

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CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7719 * (843) 202-1700

J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	DISPATCH AGENCY: N/A	ORIGINAL CASE NUMBER: 2014-015172	PAGE 1 OF 1 PAGES	RMS ENTRY	VIC. N/A	ENT. N/A

ORIGINAL REPORT	SUPPLEMENTAL REPORT	ADDITIONAL VICTIMS	ADDITIONAL WITNESSES	ADDITIONAL STOLEN PROPERTY
MODIFIES ORIGINAL	CASE STATUS CHANGE	ADDITIONAL OFFENDERS	ADDITIONAL SUBJECTS	ADDITIONAL RECOVERED PROPERTY

NARRATIVE

Incident Type: Disturbance
Incident Location: 1840 Carriage Ln APT 197G, Charleston SC 29407
Incident Date: 09/08/14

Suspect 1: Oswald, Michael Donovan
1840 Carriage Ln APT 197G, Charleston SC 29407

(The Gardens) I, Deputy N.F. Ragos along with my FTO H.E. Bohlander responded code 3 to the above incident location in reference to shots fired / officer down call. Upon arrival to the location I was instructed by FTO Bohlander to grab the medical bag before exiting the patrol vehicle. FTO Bohlander then grabbed his rifle, I unholstered my pistol, and we proceeded to the second floor of the appartments. As we reached the second floor, I saw Deputy C. Harris providing cover for Deputy M. Ackerman by the center staircase. Deputy Ackerman kept yelling "go get Joe, go get Joe, get him out of there." I looked down and saw that Deputy Ackerman was wounded on his right leg. Deputy Ackerman stated "I can't put weight on it." FTO Bohlander then instructed Deputy Harris, a Charleston City Police Officer, and myself to help Deputy Ackerman away from the area and bring him to the responding EMS, so he may receive medical attention quickly. The Charleston City Police Officer, Deputy Harris, and I helped Deputy Ackerman down the center staircase. Deputy Ackerman was then placed on a stretcher into an ambulance and transported to MUSC. I stayed with Deputy Harris by the BP gas station while other responding EMS and Firefighters checked if Deputy Harris received any injuries. I did not receive any injuries during this incident. I was then instructed by command staff to return to headquarters.

ORIGINAL COPY

PROPERTY EST

TYPE (GROUP)	N/A	N/A	N/A	N/A	N/A	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
STOLEN							N/A
DAMAGED							
BURNED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
RECOVERED							N/A
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED	SUBJECT LOCATED	ACTIVE / ADM. CLOSED	ARRESTED UNDER 18	EX-CLEAR UNDER 18
☒ YES ☐ NO	☒ YES ☐ NO	☐ ACTIVE ☒ ADM. CLOSED ☐ UNFOUNDED	☐ ARRESTED 18 AND OVER	☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINED COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Deputy N.F. Ragos	09/13/2014	10258	SGT S.A. Eubanks	09/13/2014	8839
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

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CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7789 * (843) 202-1700

J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	CENTER NUMBER: N/A	GENERAL CASE NUMBER: 2014-016172	PAGE 1 OF 1 PAGES	REC. ENTRY	INC. N/A	ENT. N/A

☐ ORIGINAL REPORT ☑ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL WITNESSES ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL SUBJECTS ☐ ADDITIONAL RECOVERED PROPERTY

NARRATIVE

Original Incident Date: 09/08/14 8005hrs.
Original Incident Location: 1840 Carriage Ln. Apartment 197-G, Charleston, SC 29407
Original Incident Type: Disturbance - Shots Fired
Additional Incident Type: Patrol Unit Response

At about 2007 hrs., I was patrolling the North area district when I was diverted from an unrelated to call to respond to the incident location. I responded Code 3 to the area of Ashley River Rd. I was unsure of where in the apartment complex the incident had taken place, so I stopped about a block short and parked my cruiser on the corner of Winston St. I was on scene in about 5 minutes. I deployed my issued patrol rifle and proceeded up Ashley River Rd on foot towards the apartment complex. While trying to determine the incident location and the safest approach, I met briefly with Deputy Zager, who continued up Fuseler Rd. EMS came on scene as I was approaching the corner of Fuseler Rd. and Ashley River Rd. Deputy McElroy joined me and we skirted the apartment complex behind an office building that faced Ashley River Rd. We noted the letter designation of each building, having become aware that Unit G was the incident location. We moved towards Carriage Ln where the ambulance and fire units were positioned. We met with Sgt. Eubanks and were directed to assist with clearing out residents from the H building and other units that were in close proximity to the G building. Deputy McElroy, Deputy M. Sharpe and I proceeded through the parking lot near Unit H, briefly speaking to, and checking on, Deputy Alexander and another Deputy who were holding a perimeter on that side. We approached Unit H from a covered walkway on the southwest corner. Since I had the patrol rifle, I covered the other two deputies while they knocked on doors and evacuated the residents. I was positioned behind a brick wall that extended out for the bottom floor of Unit H at the stairwell in the southwest corner. Deputy McElroy checked the top floor while Deputy M. Sharpe cleared the bottom floor. We observed Deputy Pastick and Craver, along with several CPD units, doing the same at one of the buildings that shared the mutual courtyard. After completing this, we held the ground and position we had cleared. From my position I was able to observe and cover the incident apartment, surrounding walkways and stairwell next to the affected apartment. Deputy McElroy and Deputy M. Sharpe took turns lying on the stairs and covering the second level above to ensure we could not be approached from above, as all the walkways were connected. During this time the courtyard area was covered by at least 3 patrol unit deputies with patrol rifles, to include myself, Deputy Craver and Deputy Zager, from secure positions of overwatch. Beginning about 2300 hrs., I observed the other patrol perimeter units being relieved by responding tactical units. Eventually SWAT units established positions inside of our perimeter. We continued to hold our position, from the time of our arrival, until Deputy McElroy and I were directed to withdraw from our positions and report to Headquarters along with all of B Squad. This was at about 0015-0030 hrs. At that point the two of us withdrew and returned to our cruisers on the corner of Winston St. After unloading my patrol rifle and returning it to rack ready condition, I proceeded to Headquarters and met with my Squad leadership to include Lt. Knox, Sgt. Ford and Sgt. Eubanks.

ORIGINAL COPY

PROPERTY

TYPE (GROUP)						TOTAL VALUE	JURISDICTION OF NON-LAW ENFORCEMENT AGENCY
	N/A						N/A
STOLEN		N/A					
DAMAGED			N/A				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
BURNED				N/A			N/A
RECOVERED					N/A	N/A	
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☒ NO | SUBJECT LOCATED ☐ YES ☒ NO | ☑ ACTIVE ☐ ADMIN CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINED COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Heffner, D.J.	09/09/14	8955	Sgt. Ford, K.	09/09/14	9114
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/1/99

CHARLESTON COUNTY SHERIFF'S OFFICE
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J. Al Cannon, Jr.
Sheriff

INCIDENT SUPPLEMENT

SC0100000	DISPATCH DATA	OFFICIAL CASE NUMBER 2014-015172	PAGE 1 OF 1 PAGES	NCIC ENTRY	YES	NO

ORIGINAL REPORT	SUPPLEMENTAL REPORT	ADDITIONAL VICTIMS	ADDITIONAL WITNESSES	ADDITIONAL STOLEN PROPERTY
MODIFIES ORIGINAL	CASE STATUS CHANGE	ADDITIONAL OFFENDERS	ADDITIONAL SUBJECTS	ADDITIONAL RECOVERED PROPERTY

NARRATIVE

Incident Type: Shooting Response

Location: 1840 Carriage Lane Apt 197-G
Charleston, SC 29407

INCIDENT DATE: 9-8-2014

VICTIM #1: DFC Joseph Matuskovic
3505 Pinehaven Drive
Charleston, SC 29405

VICTIM #2: DFC Mike Ackerman
3505 Pinehaven Drive
Charleston, SC 29405

SUSPECT #1: Owald, Micheal W/M 510 210
1840 Carriage Lane Apt 197-G
Charleston, SC 29407

At the above date, I, Deputy Meade, responded to an officer down call at approximately 2007 hrs from the intersection of HWY 41 and HWY 17. I responded Code 3 to the incident location and arrived to the outside perimeter at approximately 2018 hrs. I deployed my patrol rifle and went to the interior perimeter to the AB side of building G. By the time I arrived on scene, DFC Matuskovic and DFC Akerman had been evacuated and were enroute to definative medical care. I responded to a request for more rifles at the BC side of buildin G approximately twenty minutes from my arrival at the interior perimeter. I held position at the BC side of building G until I was relieved by NCPD SWAT at approximately 0000 hrs.

ORIGINAL COPY

PROPERTY EST.

TYPE (GROUP)						TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
STOLEN							
DAMAGED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED	SUBJECT LOCATED	☐ ACTIVE ☑ ADM. CLOSED	☐ ARRESTED UNDER 18	☐ EX-CLEAR UNDER 18
☑ YES ☐ NO	☑ YES ☐ NO	☐ UNFOUNDED	☐ ARRESTED 18 AND OVER	☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Meade	9-10-2014	10675	Sgt. K. Ford	9-10-2014	9114
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO-101 3/1/99

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CHARLESTON COUNTY SHERIFF'S OFFICE
3505 PINEHAVEN DRIVE * CHARLESTON HEIGHTS, S.C. 29405-7799 * (843) 202-1700

J. A. Cannon, SHERIFF

INCIDENT REPORT

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SC0100000	DISPATCH NUMBER: 2014-015172	ORIGINAL CASE NUMBER	PAGE 1 OF 1 PAGES	NCIC ENTRY	ING.	ENT.

EVENT

	INCIDENT TYPE	INCIDENT CODE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1.	Disturbance		☒ YES ☐ NO	☐ YES ☒ NO	Residence	N/A	☐ INDIVIDUAL ☐ BUSINESS ☐ FINANCIAL INST. ☐ GOVERNMENT ☐ RELIG ORG ☐ SOCIETY ☐ OTHER ☐ UNKNOWN ☐ POLICE OFF.
2.	N/A		☐ YES ☐ NO	☐ YES ☐ NO	N/A	N/A	
3.	N/A		☐ YES ☐ NO	☐ YES ☐ NO	N/A		

INCIDENT LOCATION: 1840 Carriage Lane Charleston SC | ZIP CODE: 29407 | WEAPON TYPE: Gun

BEGINNING INCIDENT DATE	24 HR. CLOCK	ENDING INCIDENT DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART TIME	PAGE #
9-8-14	1923	9-8-14	Ongoing	9-8-14	1923	1923	Ongoing	1

COMPLAINANT

NAME: (LAST, FIRST, MIDDLE): Charleston County Sheriff's Office | RELATIONSHIP TO SUBJECT: #1 #2 #3 | RESIDENT: J | RACE | SEX | AGE | DOB | ETH.

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC/ ID & STATE	SOCIAL SECURITY #
		N/A	N/A			

ADDRESS # | STREET NAME | CITY | STATE | ZIP CODE | DAY PHONE | EVENING PHONE

OCCUPATION | EMPLOYER | ALIAS | MO #

VICTIM #1

NAME: (LAST, FIRST, MIDDLE): Unknown | RELATIONSHIP TO SUBJECT: #1 #2 #3 | RESIDENT: J | RACE | SEX | AGE | DOB | ETH.

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC/ ID & STATE	SOCIAL SECURITY #
		N/A	N/A			

ADDRESS # | STREET NAME | CITY | STATE | ZIP CODE | DAY PHONE | EVENING PHONE

☐ VISIBLE INJURY ☐ NO ☐ YES | COMPLAINT OF NON-VEHICLE ACCIDENT ☐ NO ☐ YES | USING ALCOHOL ☐ NO ☐ YES ☐ UNK | DRUGS ☐ NO ☐ YES TYPE ☐ UNK | ☐ TWO-MAN VEHICLE ☐ ONE-MAN VEHICLE ☐ DETECTIVE ASSIGNED ☐ OTHER | ☐ ACTIVE ☐ INACTIVE

EXPLAIN

OCCUPATION | EMPLOYER | ALIAS | MO #

SUBJECTS

☐ COMPLAINANT
☐ VICTIM # ____
☐ SUSPECT # ____
☒ SUBJECT # 1
☐ WITNESS # ____
☐ WANTED
☐ WARRANT
☐ ARREST
☐ RUNAWAY
☐ MISSING PERSON

NAME: (LAST, FIRST, MIDDLE): Unknown | RELATIONSHIP TO SUBJECT: #1 #2 #3 | RESIDENT: J | RACE | SEX | AGE | DOB | ETH.

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	DRIVERS LIC/ ID & STATE	SOCIAL SECURITY #
		N/A	N/A			

ADDRESS # | STREET NAME | CITY | STATE | ZIP CODE | DAY PHONE | EVENING PHONE

☐ VISIBLE INJURY ☐ NO ☐ YES | COMPLAINT OF NON-VEHICLE ACCIDENT ☐ NO ☐ YES | USING ALCOHOL ☐ NO ☐ YES ☐ UNK | DRUGS ☐ NO ☐ YES TYPE ☐ UNK | ☐ TWO-MAN VEHICLE ☐ ONE-MAN VEHICLE ☐ DETECTIVE ASSIGNED ☐ OTHER | ☐ ACTIVE ☐ INACTIVE

EXPLAIN

OCCUPATION | EMPLOYER | ALIAS | MO #

ARREST

(A) CHARGE	(C) CHARGE
N/A	N/A
(B) CHARGE	(D) CHARGE
N/A	N/A

NARRATIVE

(Chas) Deputy Alexander, courtesy officer for the property, reported that he was out with a disturbance at apartment 197-G and requested another unit. Deputy Johnson, courtesy officer for property, responded to assist with the call. Units on scene began running an Indavidual and advised that they had a subject that was refusing to exit his apartment. Deputies Ackermann, Matuskovic, and Harris responded to the scene to assist and arrived on scene at 1930. At approximately 2005 units on scene advised that shots had been fired. Nothing further at this time.

ORIGINAL COPY

PROPERTY

TYPE (GROUP)	N/A					TOTAL VALUE	DISPOSITION OF THEFT (LAW ENFORCEMENT AGENCY)
STOLEN							N/A
DAMAGED							
BURNED							DISPOSITION OF RECOVERY (LAW ENFORCEMENT AGENCY)
RECOVERED							N/A
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☒ NO | SUBJECT LOCATED ☐ YES ☒ NO | ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER
Sgt K. Ford	9-8-14	9114	Capt. Williams	9-8-14	9206
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

CCSO 100

286

371

CSN
1008241531

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM

Author: Pauline Elise Meekins, MD | Service: MED-EMERGENCY MEDICINE | Author Type: Physician
Filed: 9/9/2014 6:44 AM | Note Time: 9/9/2014 3:23 AM | Note Type: ED Provider Notes
Status: Signed | Editor: Pauline Elise Meekins, MD (Physician)

Procedure Orders:
1. Critical Care [51266653] ordered by Pauline Elise Meekins, MD at 09/09/14 0334
2. INTUBATION [51266647] ordered by Pauline Elise Meekins, MD at 09/09/14 0329

History

Chief Complaint
Patient presents with
- Chest Pain

HPI Comments: Middle age man presented by EMS with concern for STEMI. Patient has HTN, DM, HLP with no cardiac history. Patient supposedly had acute onset of CP today while working within the past hour. He states it is a pressure pain, non radiating. Associated SOB, nausea, diaphoresis. EMS noted the patient was diaphoretic and pale en route, but awake and alert. He also started complaining of some abdominal pain in the ambulance, but no radiation of CP to back, no radiation of CP down legs or to groin. Patient denies back pain. He had 324mg ASA en route, but no nitro.

Patient is a 58 y.o. male presenting with chest pain. The history is provided by the patient. The history is limited by the condition of the patient.
Chest Pain
Pain location: **Substernal area**
Pain quality: **aching** and **dull**
Pain quality: **not radiating, not sharp, not shooting, not stabbing** and **not tearing**
Pain radiates to: **Does not radiate**
Pain radiates to the back: **no**
Pain severity: **Severe**
Onset quality: **Sudden**
Duration: **1 hour**
Timing: **Constant**
Progression: **Worsening**
Chronicity: **New**
Relieved by: **Nothing**
Worsened by: **Nothing tried**
Ineffective treatments: **None tried**
Associated symptoms: **nausea** and **shortness of breath**
Associated symptoms: **no altered mental status, no back pain, no cough, no dizziness, no fatigue** and **not vomiting**
Risk factors: **diabetes mellitus, high cholesterol** and **hypertension**
Risk factors: **no coronary artery disease**

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM (continued)

Past Medical History

Diagnosis	Date
• Diabetes mellitus	
• Hypertension	

History reviewed. No pertinent past surgical history.

History reviewed. No pertinent family history.

History

Substance Use Topics

- Smoking status: Not on file
- Smokeless tobacco: Not on file
- Alcohol Use: Not on file

Review of Systems
Unable to perform ROS: Unstable vital signs
Constitutional: Negative for chills and fatigue.
Respiratory: Positive for shortness of breath. Negative for cough.
Cardiovascular: Positive for chest pain.
Gastrointestinal: Positive for nausea. Negative for vomiting.
Musculoskeletal: Negative for back pain.
Skin: Negative.
Neurological: Negative for dizziness.
Hematological: Negative.
Psychiatric/Behavioral: Negative. Negative for altered mental status.

Physical Exam
BP 132/85 | Pulse 126 | Resp 28 | SpO2 100%

Physical Exam
Nursing note and vitals reviewed.
Constitutional: He is oriented to person, place, and time. He appears distressed.
Pale, clammy and cool to touch, alert and oriented but in acute distress
HENT:
Head: Normocephalic and atraumatic.
Eyes: Pupils are equal, round, and reactive to light.
Neck: Normal range of motion. Neck supple.
Cardiovascular: Normal rate, regular rhythm and intact distal pulses.
Pulmonary/Chest: Breath sounds normal. He is in respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.
tachypnea
Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.
Musculoskeletal: Normal range of motion. He exhibits no edema and no tenderness.
Neurological: He is alert and oriented to person, place, and time.
Skin: He is diaphoretic.

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM (continued)

ED Course

Intubation
Date/Time: 9/9/2014 3:29 AM
Performed by: MEEKINS, PAULINE ELISE
Authorized by: MEEKINS, PAULINE ELISE
Consent: The procedure was performed in an emergent situation.
Indications: respiratory distress and respiratory failure
Intubation method: direct
Patient status: paralyzed (RSI)
Preoxygenation: nonrebreather mask
Sedatives: etomidate
Paralytic: succinylcholine
Laryngoscope size: Mac 4
Tube size: 7.5 mm
Tube type: cuffed
Number of attempts: 2
Ventilation between attempts: BVM
Cricoid pressure: no
Cords visualized: yes
Post-procedure assessment: chest rise and ETCO2 monitor
Breath sounds: equal
Cuff inflated: yes
Tube secured with: ETT holder
Chest x-ray interpreted by: no CXR performed due to cardiac arrest and ACLS.
Patient tolerance: Patient tolerated the procedure well with no immediate complications.

Critical Care
Performed by: MEEKINS, PAULINE ELISE
Authorized by: MEEKINS, PAULINE ELISE
Total critical care time: 30 minutes
Critical care time was exclusive of separately billable procedures and treating other patients.
Critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: cardiac failure, circulatory failure and respiratory failure.
Critical care was time spent personally by me on the following activities: blood draw for specimens, development of treatment plan with patient or surrogate, discussions with consultants, evaluation of patient's response to treatment, examination of patient, obtaining history from patient or surrogate, ordering and review of laboratory studies, pulse oximetry, re-evaluation of patient's condition and review of old charts.

MDM

Number of Diagnoses or Management Options
Cardiac arrest: new and does not require workup
STEMI (ST elevation myocardial infarction): new and does not require workup

Amount and/or Complexity of Data Reviewed
Clinical lab tests: ordered and reviewed

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM (continued)

Tests in the radiology section of CPT®: ordered and reviewed
Tests in the medicine section of CPT®: reviewed and ordered
Obtain history from someone other than the patient: yes **(wife)**
Review and summarize past medical records: yes
Discuss the patient with other providers: yes **(Cardiology)**
Independent visualization of images, tracings, or specimens: yes

Risk of Complications, Morbidity, and/or Mortality
Presenting problems: moderate
Diagnostic procedures: moderate
Management options: moderate

Patient Progress
Patient progress: other (comment) **(expired)**

Clinical & Imaging Tests: Ordered & Reviewed

Labs
Lab Results

CHEM 8 POINT OF CARE (Final result) — **Abnormal** — Component (Lab Inquiry)

Collection Time	Result Time	SODIUM, POC	POTASSIUM, POC	In Clinic Glucose	CREATININE, POC	UREA NITROGEN (BLOOD), POC
09/09/14 02:29:00	**09/09/14 02:29:00**	**135**	**4.4**	**598 (AA)**	**1.4 (H)**	**34.0 (H)**

Collection Time	Result Time	CHLORIDE, POC	HEMATOCRIT	CALCIUM IONIZED, POC	HGB	TOTAL CO2, POC
09/09/14 02:29:00	**09/09/14 02:29:00**	**98.0**	**46**	**1.17**	**15.6**	**22 (L)**

Collection Time	Result Time	PERFORMING LAB, ART, POC
09/09/14 02:29:00	**09/09/14 02:29:00**	**See Note** MUSC Ashley River Tower POC, 25 Courtenay Drive, North Charleston, SC, 29425

Final result
Narrative:

MUSC POINT OF CARE TESTING
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM (continued)

CBC AND DIFFERENTIAL (Edited Result - FINAL) Result time: 09/09/14 03:22:44

COMPREHENSIVE METABOLIC PANEL (Edited Result - FINAL) **Abnormal** Component (Lab Inquiry)

Collection Time	Result Time	BUN	NA	K	CL	CO2 CONTENT (BICARBONATE)
09/09/14 02:25:00	09/09/14 03:08:00	24.0 (H)	136.0	3.70	99.0	21 (L)

Collection Time	Result Time	ANION GAP	GLUCOSE	CREATININE	CALCIUM	BILIRUBIN, TOTAL
09/09/14 02:25:00	09/09/14 03:08:00	16 (H)	664.0 (AA) Critical Value (Test Name): Glucose Called to/Repeated by (Full Name): Sharon Macon Date/Time: 9/9/2014 3:08:20 AM EDT Tech (Full Name): Brittany Caron	1.7 (H)	8.8	1.4 (H)

Collection Time	Result Time	AST	ALT	ALK PHOS	PROTEIN	ALBUMIN
09/09/14 02:25:00	09/09/14 03:08:00	58.0 (H)	43.0	86.0	6.6	3.7

Collection Time	Result Time	HEMOLYSIS INDEX
09/09/14 02:25:00	09/09/14 03:08:00	1.0 A Hemolysis Index greater than or equal to 2 represents a hemolyzed sample. Interference may occur with a Hemolysis Index greater than or equal to 2 for the following tests: ALT, Ammonia, Amylase, AST, CK, Total and Direct Bili, Fe/IBC, GGT, Hapt, K, Lac, LDH, Mg, Phos, Uric Acid. Interpret with caution. A Hemolysis Index greater than or equal to 6 represents gross hemolysis, specimens should be recollected.

PROTIME-INR (Final result) Component (Lab Inquiry)

Collection Time	Result Time	PROTHROMBIN TIME	INR
09/09/14 02:25:00	09/09/14 02:58:00	14.8 In patients on warfarin therapy, the range for therapeutic INR (1.5 - 3.5) will depend on the clinical disorder being treated.	1.13 Effective 02/26/2014, the current critical value range for INR will change as follows: >5.0 Critical (Previously >3.5 Critical) Test methodology and reagent remain

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM (continued)

the same.

APTT (Final result) Component (Lab Inquiry)

Collection Time	Result Time	APTT
09/09/14 02:25:00	09/09/14 02:58:00	25.0

Reference ranges for infants less than or equal to 30 days are for full term healthy infants only. Call laboratory (792-0707) to obtain reference range values for premature healthy infants. The recommended aPTT therapeutic range for the treatment of Deep Vein Thrombosis (DVT) or Pulmonary Embolus (PE) using Unfractionated Heparin is 61 - 105 seconds which is equivalent to 0.3 - 0.7 Anti-Xa units/ml. ..... Brill Edwards correlation of anti-Xa level to aPTT is as follows: ..... Anti-Xa (U/mL) = aPTT (seconds) 0.1 U/mL = 43.0 seconds 0.2 U/mL = 52.3 seconds 0.3 U/mL = 61.0 seconds 0.4 U/mL = 73.1 seconds 0.5 U/mL = 83.6 seconds 0.6 U/mL = 94.0 seconds 0.7 U/mL = 105.0 seconds 0.8 U/mL = 114.9 seconds 0.9 U/mL = 125.3 seconds 1.0 U/mL = 135.7 seconds The Activated Partial Thromboplastin time (aPTT) is to be used for monitoring Direct Thrombin Inhibitor Therapy. The therapeutic range for these anticoagulants is 1.5 - 2 times the patient's base line aPTT.

TROPONIN I ULTRA (Final result) Abnormal Component (Lab Inquiry)

Collection Time	Result Time	TROPONIN I ULTRA
09/09/14 02:25:00	09/09/14 03:33:00	0.38 (H)

Troponin I testing is performed with the Troponin-I Ultra assay manufactured by Siemens Diagnostics. Reference new TnI-ultra previous TnI ---------- Normal,
<=0.06 ng/mL <0.2 ng/mL 99th percentile Abnormal,
>=0.07 ng/mL 0.2 - 1.4 ng/mL, including suspected Ischemia
Indeterminant WHO definition of >=0.78 ng/mL >=1.5 ng/mL AMI

Final result
Narrative:
CKMB AND CK ORDERED WHEN TPI RESULT IS BETWEEN 0.07 - 0.78 NG/ML.

HEM PANEL (Edited Result - FINAL) Abnormal Component (Lab Inquiry)

Collection Time	Result Time	WBC	RBC	HGB	HCT	MCV
09/09/14 02:25:00	09/09/14 02:42:00	15.96 (H) Effective 02/26/2014, the current critical value range for WBC will change as follows: Age: 0 – 1 day : <2 (changed from <5). Age:	4.82	15.2 Effective 02/26/2014, the current critical value range for Hemoglobin will change as follows: Age: Greater than 1 month: 6 to 20 (changed	45.2 Effective 02/26/2014, the current critical value range for Hematocrit will change as follows: Age: 0-1 month: 25% to 70% (changed	93.8

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM (continued)

		1 day – Adult: No change Test methodology and reagent remain the same.	from 6 to 19) Age: Less than one month: 9 to 20 (changed from 10 to 20) Test methodology and reagent remain the same.	from 30% to 65%) Age: 1 month to 6 months: 25% to 60% (changed from 30% to 60%) Age: 6 months to Adult: Unchanged Test methodology and reagent remain the same.

Collection Time	Result Time	MCH	MCHC	RDW
09/09/14 02:25:00	09/09/14 02:42:00	31.5 (H)	33.6	13.1

PLATELET COUNT (Final result)

Collection Time	Result Time	PLT	Component (Lab Inquiry) MPV
09/09/14 02:25:00	09/09/14 02:42:00	190	10.10

Effective 02/26/2014, the current critical value range for Platelet Count will change as follows: Age: 0-1 week: 30 to no upper limit (previously 50 to 999) Age: 1 week-adult: 10 to no upper limit (previously 26 to 999) Test methodology and reagent remain the same.

MANUAL DIFFERENTIAL (Final result) Abnormal

Collection Time	Result Time	NEUTRO PCT	LYMPHO PCT	MONOCYTE S	EOSINO PCT	Component (Lab Inquiry) BASOS PCT
09/09/14 02:25:00	09/09/14 03:23:00	44 (L)	34	9	4	1

Collection Time	Result Time	REACTIVE LYMPHS	ANC
09/09/14 02:25:00	09/09/14 03:23:00	8 (H)	7.02

RBC MORPHOLOGY (Final result)

Collection Time	Result Time	ANISOCYTOS	Component (Lab Inquiry) POLYCHROM
09/09/14 02:25:00	09/09/14 03:23:00	Few	Few

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM (continued)

MASS CKMB (Final result) — **Abnormal**

Collection Time	Result Time	MASS CKMB	Component (Lab Inquiry) RELATIVE INDEX
09/09/14 02:25:00	09/09/14 04:29:00	3.13	5.0 (H)

The Siemens Advia Centaur Immunoassay System (Chemiluminescence Technology) is used to perform this assay. Reference ranges adapted from Siemens method literature. Results by other manufacturers' assays for this substance may not be equivalent to results by the Siemens assay and should not be interpreted interchangeably due to methodology differences. mCKMB Interpretation ---------- <4.9 ng/mL Negative for acute myocardial infarction ---------- > 5.0 ng/mL Suggestive of cardiac and /or noncardiac muscular injury See relative index determination for differentiation. Notes from Siemens literature: 1. Apparently healthy individuals should have a median value of 0.78 ng/mL. 2. Of 167 hospitalized patients with non-cardiac disorders, the median value was 1.49 ng/mL. 3. Of 42 patients with confirmed acute myocardial infarctions, the median value was 25.4 ng/mL with a range up to 144 ng/mL.

Relative Index (RI) is a unitless calculation with non-AMI ranges as follows: Male: <2.0 Female: <2.4 These ranges do not rule out the possibility of cardiac damage.

CK (Final result)

Collection Time	Result Time	CK, TOTAL	Component (Lab Inquiry) HEMOLYSIS INDEX
09/09/14 02:25:00	09/09/14 03:53:00	62	1.0

A Hemolysis Index greater than or equal to 2 represents a hemolyzed sample. Interference may occur with a Hemolysis Index greater than or equal to 2 for the following tests: ALT, Ammonia, Amylase, AST, CK, Total and Direct Bili, Fe/IBC, GGT, Hapt, K, Lac, LDH, Mg, Phos, Uric Acid. Interpret with caution. A Hemolysis Index greater than or equal to 6 represents gross hemolysis, specimens should be recollected.

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM (continued)

I-STAT TROPONIN (Final result)

Collection Time	Result Time	Abnormal	Component (Lab Inquiry)
		POC TROPONIN I	PERFORMING LAB, ART, POC
09/09/14 02:21:00	09/09/14 02:21:00	0.17 (AA)	See Note
		0:00 - 0.09 ng/ml Negative or non-cardiac damage. 0.10 - 0.59 ng/ml Indeterminate for acute myocardial damage. Possible cardiac damage. Myocarditis, unstable angina or renal disorder. Greater than or equal to 0.6 ng/ml Suggests acute myocardial infarction. Medical decision for cardiac damage using Troponin I-STAT testing should not be based on a single determination at one time point, especially when the sample is the first taken upon patient presentation. The most reliable testing protocol for assessing cardiac damage includes the use of serial marker testing with at least two determinations performed over several hours depending on clinical scenario. Troponin I-STAT results that are inconsistent with all available clinical information should be interpreted with caution. Reference: http:www.fda.gov/cdrh/oivd/labsafetytips.html Disclaimer: The accuracy of cTnI levels above 35 ng/mL by the I-Stat have not been established. If a result is above 35 ng/mL, the recommendation is to collect another specimen and send it to the main lab to confirm the result.	MUSC Ashley River Tower POC, 25 Courtenay Drive, North Charleston, SC, 29425

Final result
Narrative:

MUSC POINT OF CARE TESTING
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

Imaging

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM (continued)

ED Medications: Ordered, Reviewed & Administered

ED Medications

Medications
sodium chloride 0.9 % infusion (1,000 mL Intravenous Given 9/9/14 0235)
EPInephrine (ADRENALIN) 0.1mg/mL (1:10,000) injectable syringe (0.1 mg Intravenous Given 9/9/14 0256)
sodium bicarbonate injectable syringe (50 mL Intravenous Given 9/9/14 0256)
vasopressin (PITRESSIN) injection (40 Units Intravenous Restarted 9/9/14 0250)
calcium chloride 100mg/mL (10%) injectable syringe (1 g Intravenous Given 9/9/14 0256)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0214)
etomidate (AMIDATE) 2mg/mL injection 30 mg (30 mg Intravenous Given 9/9/14 0231)
succinylcholine (QUELICIN) injection 120 mg (120 mg Intravenous Given 9/9/14 0231)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0219)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0222)

Home Medications

No current outpatient prescriptions on file.

ED Consults

No orders of the defined types were placed in this encounter.

EKG Interpretation

ST elevation V1

Assessment

60ish year man with most likely acute MI.

Clinical Impression

1. **STEMI (ST elevation myocardial infarction)**
2. Cardiac arrest

Plan

STEMI called prehospitally. Patient arrived awake and alert, but in acute distress. HR 120s BP 132/85 and sats 100% on 15L NRB. Patient was pale and diaphoretic. Equal pulses BUE and BLE. Abdomen soft with no palpable masses. Lungs CTA with no rales, crackles, or wheezes. Dr. Meehan of Cardiology was at bedside at this time as well. Repeat EKG with borderline ST elevation. Bedside Echo by Dr. Meehan showed no acute abnormality - no effusion or tamponade or significant wall motion abnormality. Quick abdominal US by me showed no blood in Morrison's pouch nor splenorenal space. Patient was given nitro for chest pain x 3 - but did not help pain. CXR was ordered and paged multiple times to come to ER, but they were busy with a "sick" patient upstairs. Patient acutely became more SOB and was air-hungry. He layed down and became unresponsive, at which time we were already preparing to intubate - RT had preoxygenated, patient was already on defibrillator. Succ and etomidate given and patient intubated without difficulty on second attempt by

ED Provider Notes by Pauline Elise Meekins, MD at 9/9/2014 3:23 AM (continued)

DL. Tube visualized going through cords, good BS bilaterally, and color change on CO2 monitor. Whole cath team at bedside at this point and patient went into PEA arrest. ACLS algorithm was followed with CPR and epinephrine for 25 minutes. Also given calcium, bicarb. Decision was made to call arrest at 3:02am. Wife was kept updated about his condition before, during, and after arrest. Chaplain at bedside.

Attestations

I managed this patient myself, no documentation above is from a Non-Physician Provider or resident.

I as the attending physician have provided the critical care time indicated below excluding procedures. This patient was critically ill while under my care. I was at the bedside or immediately involved in reviewing records, discussing with chaplain, other providers and/or family.

Critical Care Time: 30 Minutes.

Pauline Elise Meekins 9/9/2014 6:39 AM

Pauline Elise Meekins, MD
09/09/14 0644

Electronically signed by Pauline Elise Meekins, MD on 9/9/2014 6:44 AM

CSN
1008241531

Consult NW by Daniel Howard Steinberg, MD at 9/9/2014 4:15 AM

Author: Daniel Howard Steinberg, MD | Service: (none) | Author Type: Physician
Filed: 9/9/2014 8:05 AM | Note Time: 9/9/2014 4:15 AM | Note Type: Consult NW
Status: Signed | Editor: Daniel Howard Steinberg, MD (Physician)
Related Notes: Original Note by John Meehan, MD (Fellow) filed at 9/9/2014 5:08 AM

INPATIENT CONSULTATION

Laurent W Britton is a 58 y.o. male.
MRN: 005531866
Account Number: @HARID@
Today's Date: @todaydate@

Consult Order Information:
No orders of the defined types were placed in this encounter.

Active Problems: There is no problem list on file for this patient.

Allergies:
Not on File

Consult NW by Daniel Howard Steinberg, MD at 9/9/2014 4:15 AM (continued)

Current Medications:
Current facility-administered medications:calcium chloride 100mg/mL (10%) injectable syringe, , , Code/Trauma/Sedation Med, Pauline Elise Meekins, MD, 1 g at 09/09/14 0256; EPInephrine (ADRENALIN) 0.1mg/mL (1:10,000) injectable syringe, , , Code/Trauma/Sedation Med, Pauline Elise Meekins, MD, 0.1 mg at 09/09/14 0256; sodium bicarbonate injectable syringe, , , Code/Trauma/Sedation Med, Pauline Elise Meekins, MD, 50 mL at 09/09/14 0256
sodium chloride 0.9 % infusion, , , Code/Trauma/Sedation Med, Pauline Elise Meekins, MD, 1,000 mL at 09/09/14 0235; vasopressin (PITRESSIN) injection, , , Code/Trauma/Sedation Med, Pauline Elise Meekins, MD, 40 Units at 09/09/14 0250
No current outpatient prescriptions on file.

History of Present Illness:
Chest Pain

Mr. Britton is a 58 yo Caucasian Male with past medical history (per his wife) of HTN, Hyperlipidemia, and DM who presented with chest and abdominal pain. EMS determined STEMI (V1-V2) in the field and described him as diaphoretic with chest pain and shortness of breath. He arrived at CPC and stated initially abdominal pain was the pain, then it was more chest pain. He was given nitroglycerin at that time and preparted for transportation to the Cardiac Catheterization lab. Unfortunately, as ECG and labs were being drawn, he cardiac arrested and resuscitation efforts were initiated. As per his wife he had been having chest pain over the past few hours with associated nausea and diaphoresis. He was given 324mg ASA en route, but no nitroglycerin was administered.

Past Medical History: has a past medical history of Diabetes mellitus and Hypertension.

Surgical History: History reviewed. No pertinent past surgical history.

Social History:

Family History: family history is not on file.

Review of Systems:
Review of Systems
Cardiovascular: Positive for chest pain.

Physical Exam:
Physical Exam
Filed Vitals:
09/09/14 0240
BP:
Pulse:
Resp:
SpO2: 100%
GEN: Critical condition, diaphoretic, look of dread appearance
NEURO: No notable deficits
HEENT: Oropharynx clear (ET tube placed during arrest), EOMI, neck supple

Consult NW by Daniel Howard Steinberg, MD at 9/9/2014 4:15 AM (continued)

CV: RRR, no murmurs noted; + tibial/radial pulses (BP 132/88)
PULM: Good air movement bilaterally, coarse rhonchi, no wheezing
GI: Distended, tender to palpation
EXT: MAE x4, no edema

LABS RESULTED: *Below is the patient's most recent value for WBC, Hemoglobin, Hematocrit, Platelet, Sodium, Potassium, Chloride, CO2, BUN, Creatinine Serum, GFR, Glucose, Calcium, Magnesium, Phosphorus, Intact PTH, Albumin, AST, ALT, Cholesterol, Triglycerides, HDL, LDL, and Hemoglobin A1C.*

Lab Results

Component	Value	Date
WBC	15.96*	9/9/2014
HGB	15.2	9/9/2014
HCT	46	9/9/2014
PLT	190	9/9/2014
NA	136.0	9/9/2014
K	3.70	9/9/2014
CL	99.0	9/9/2014
BUN	24.0*	9/9/2014
AST	58.0*	9/9/2014
ALT	43.0	9/9/2014

No results found for this or any previous visit.

RECOMMENDATIONS:
58 yo Caucasian Male with past medical history (per his wife) of HTN, Hyperlipidemia, and DM who presented with chest and abdominal pain.
1. STEMI- Mild elevation in V1, slightly more significant in V2 (noted on EMS ECGs, not noted on ECG on arrival), Troponin 0.17, elevated WBCs, and electrolytes within normal limits and transition to catheterization lab was begun. Unfortunately, Mr. Britton PEA arrested at ~2:35am, shortly after his arrival. Both ED and STEMI teams were present to aid in resuscitation efforts. Patient intubated and begun on ACLS resuscitation guidelines for PEA arrest. Chest Xray had not been performed prior to arrest. Before cardiac arrest a bedside echo was performed, though overall poor quality due to poor acoustic windows, subjectively normal LV squeeze without clear wall motion abnormality was identified, RV was not well visualized, and no significant pericardial effusion was present. Despite our continued resuscitation efforts we were unable to regain a sustainable pulse. His wife was there prior and we had spoken with her prior to the arrest informing her of plans to perform an emergent heart catheterization, which she understood along with severity of his condition. Dr. Steinberg and Dr. Yoe were also present during the resuscitation efforts. Despite our attempts, a life-sustaining pulse could not be achieved. His wife was kept abreast of all our efforts. We sat down and discussed the events with his wife and offered what comfort we could to her and her family in this tragic situation.

Electronically signed by Daniel Howard Steinberg, MD on 9/9/2014 8:05 AM

CSN
1008241531

Order

ADULT ROUTINE EKG [MUSE4] (Order 51266618)

ADULT ROUTINE EKG [51266611] — Completed

Ordering user:	Sharon Macon, RN 09/09/14 0225	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	Once 09/09/14 0225 - 1 Occurrences
Electronically signed by:	Pauline Elise Meekins, MD 09/09/14 0446, for Ordering In Verbal with readback mode, Communicator - Sharon Macon, RN		
Questions:	Please enter the Indication Code (Billing Reason) for this test. Acute MI		

Result

ADULT ROUTINE EKG (Order 51266618)

ADULT ROUTINE EKG [51266618] — Resulted: 09/09/14 1605, Result Status: Final result

Ordering provider:	Pauline Elise Meekins, MD 09/09/14 0225	Resulting Lab:	MUSE
Specimen:	09/09/14 0214		

Component	Value	Ref Range	Flag	Comment	Lab
VENTRICULAR RATE	126			-	33
ATRIAL RATE	126			-	33
P-R INTERVAL	134			-	33
QRS DURATION	146			-	33
Q-T INTERVAL	416			-	33
QTC CALCULATION(BEZET)	602			-	33
CALCULATED P AXIS	53			-	33
CALCULATED R AXIS	89			-	33
CALCULATED T AXIS	-11			-	33
DIAGNOSIS	-			-	33

Result:

```
Atrial flutter with 2 to 1 block
Right bundle branch block
T wave abnormality, consider inferior ischemia
Abnormal ECG
No previous ECGs available
Confirmed by GOLD  MD, MICHAEL (1028) on 9/9/2014 4:05:41 PM
```

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
33 - Unknown	MUSE	Unknown	Unknown	11/15/11 1642 - Present

CSN
1008241531

Order

ADULT ROUTINE EKG [MUSE4] (Order 51266628)

ADULT ROUTINE EKG [51266623] — Discontinued

Ordering user:	Wendy Dunigan, RN 09/09/14 0225	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	Once 09/09/14 0226 - 1 Occurrences
Electronically signed by:	1. Pauline Elise Meekins, MD 09/09/14 0446, for Ordering in Verbal with readback mode, Communicator - Wendy Dunigan, RN 2. Pauline Elise Meekins, MD 09/09/14 0446, for Discontinuing in Verbal with readback mode, Communicator - Wendy Dunigan, RN		
Discontinued by:	Wendy Dunigan, RN 09/09/14 0226		
Questions:	Please enter the Indication Code (Billing Reason) for this test. Chest pain		

Result — ADULT ROUTINE EKG (Order 51266628)

CSN
1008241531

Order — Critical Care [PRO158] (Order 51266653)

Procedure	Abnormality	Status
Critical Care		

Critical Care [51266652] — Completed

Ordering user:	Pauline Elise Meekins, MD 09/09/14 0334	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	Once 09/09/14 0335 - 1 Occurrences
Electronically signed by:	Pauline Elise Meekins, MD 09/09/14 0334		
Comments:	This order was created via procedure documentation		

Result — Critical Care (Order 51266653)

Procedure	Abnormality	Status
Critical Care		

Critical Care [51266653] — Resulted: 09/09/14 0644, Result Status: Final result

Ordering provider:	Pauline Elise Meekins, MD 09/09/14 0334	Resulting Lab:	EXTERNAL NON-INTERFACED LAB
Narrative:	Pauline Elise Meekins, MD 9/9/2014 6:44 AM		

History

Chief Complaint
Patient presents with
• Chest Pain

HPI Comments: Middle age man presented by EMS with concern for STEMI. Patient has HTN, DM, HLP with no cardiac history. Patient supposedly had acute onset of CP today while working within the past hour. He states it is a pressure pain, non radiating. Associated SOB, nausea, diaphoresis. EMS noted the patient was diaphoretic and pale en route, but awake and alert. He also started complaining of some abdominal pain in the ambulance, but

no radiation of CP to back, no radiation of CP down legs or to groin. Patient denies back pain. He had 324mg ASA en route, but no nitro.

Patient is a 58 y.o. male presenting with chest pain. The history is provided by the patient. The history is limited by the condition of the patient.
Chest Pain
Pain location: Substernal area
Pain quality: aching and dull
Pain quality: not radiating, not sharp, not shooting, not stabbing and not tearing
Pain radiates to: Does not radiate
Pain radiates to the back: no
Pain severity: Severe
Onset quality: Sudden
Duration: 1 hour
Timing: Constant
Progression: Worsening
Chronicity: New
Relieved by: Nothing
Worsened by: Nothing tried
Ineffective treatments: None tried
Associated symptoms: nausea and shortness of breath
Associated symptoms: no altered mental status, no back pain, no cough, no dizziness, no fatigue and not vomiting
Risk factors: diabetes mellitus, high cholesterol and hypertension
Risk factors: no coronary artery disease

Past Medical History
Diagnosis Date
• Diabetes mellitus
• Hypertension

History reviewed. No pertinent past surgical history.

History reviewed. No pertinent family history.

History
Substance Use Topics
• Smoking status: Not on file
• Smokeless tobacco: Not on file
• Alcohol Use: Not on file

Review of Systems
Unable to perform ROS: Unstable vital signs
Constitutional: Negative for chills and fatigue.
Respiratory: Positive for shortness of breath. Negative for cough.

Cardiovascular: Positive for chest pain.
Gastrointestinal: Positive for nausea. Negative for vomiting.
Musculoskeletal: Negative for back pain.
Skin: Negative.
Neurological: Negative for dizziness.
Hematological: Negative.
Psychiatric/Behavioral: Negative. Negative for altered mental status.

Physical Exam
BP 132/85 | Pulse 126 | Resp 28 | SpO2 100%

Physical Exam
Nursing note and vitals reviewed.
Constitutional: He is oriented to person, place, and time. He appears distressed.
Pale, clammy and cool to touch, alert and oriented but in acute distress
HENT:
Head: Normocephalic and atraumatic.
Eyes: Pupils are equal, round, and reactive to light.
Neck: Normal range of motion. Neck supple.
Cardiovascular: Normal rate, regular rhythm and intact distal pulses.
Pulmonary/Chest: Breath sounds normal. He is in respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.
tachypnea
Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.
Musculoskeletal: Normal range of motion. He exhibits no edema and no tenderness.
Neurological: He is alert and oriented to person, place, and time.
Skin: He is diaphoretic.

ED Course
Intubation
Date/Time: 9/9/2014 3:29 AM
Performed by: MEEKINS, PAULINE ELISE
Authorized by: MEEKINS, PAULINE ELISE
Consent: The procedure was performed in an emergent situation.
Indications: respiratory distress and respiratory failure
Intubation method: direct
Patient status: paralyzed (RSI)
Preoxygenation: nonrebreather mask
Sedatives: etomidate
Paralytic: succinylcholine
Laryngoscope size: Mac 4
Tube size: 7.5 mm

Critical Care [51266653] (continued)

Resulted: 09/09/14 0644, Result Status: Final result

Tube type: cuffed
Number of attempts: 2
Ventilation between attempts: BVM
Cricoid pressure: no
Cords visualized: yes
Post-procedure assessment: chest rise and ETCO2 monitor
Breath sounds: equal
Cuff inflated: yes
Tube secured with: ETT holder
Chest x-ray interpreted by: no CXR performed due to cardiac arrest and ACLS.
Patient tolerance: Patient tolerated the procedure well with no immediate complications.

Critical Care
Performed by: MEEKINS, PAULINE ELISE
Authorized by: MEEKINS, PAULINE ELISE
Total critical care time: 30 minutes
Critical care time was exclusive of separately billable procedures and treating other patients.
Critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: cardiac failure, circulatory failure and respiratory failure.
Critical care was time spent personally by me on the following activities: blood draw for specimens, development of treatment plan with patient or surrogate, discussions with consultants, evaluation of patient's response to treatment, examination of patient, obtaining history from patient or surrogate, ordering and review of laboratory studies, pulse oximetry, re-evaluation of patient's condition and review of old charts.

MDM
Number of Diagnoses or Management Options
Cardiac arrest: new and does not require workup
STEMI (ST elevation myocardial infarction): new and does not require workup

Amount and/or Complexity of Data Reviewed
Clinical lab tests: ordered and reviewed
Tests in the radiology section of CPT®: ordered and reviewed
Tests in the medicine section of CPT®: reviewed and ordered
Obtain history from someone other than the patient: yes (wife)
Review and summarize past medical records: yes
Discuss the patient with other providers: yes (Cardiology)
Independent visualization of images, tracings, or specimens: yes

Risk of Complications, Morbidity, and/or Mortality
Presenting problems: moderate
Diagnostic procedures: moderate
Management options: moderate

Critical Care [51266653] (continued)

Resulted: 09/09/14 0644, Result Status: Final result

Patient Progress
Patient progress: other (comment) (expired)

Clinical & Imaging Tests: Ordered & Reviewed

Labs
Lab Results

CHEM 8 POINT OF CARE (Final result) Abnormal Component (Lab Inquiry)
Collection TimeResult TimeSODIUM, POCPOTASSIUM, POCIn Clinic GlucoseCREATININE, POCUREA NITROGEN, BLOOD, POC09/09/14 02:29:0009/09/14 02:29:001354.4598 (AA)1.4 (H)34.0 (H)Collection TimeResult TimeCHLORIDE, POCHEMATOCRITCALCIUM IONIZED, POCHGBTOTAL CO2, POC09/09/14 02:29:0009/09/14 02:29:0098.0461.1715.622 (L)Collection TimeResult TimePERFORMING LAB, ART, POC09/09/14 02:29:0009/09/14 02:29:00See Note
MUSC Ashley River Tower POC, 25 Courtenay Drive, North Charleston, SC, 29425

Final result
Narrative:

MUSC POINT OF CARE TESTING
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

CBC AND DIFFERENTIAL (Edited Result - FINAL) Result time: 09/09/14 03:22:44

COMPREHENSIVE METABOLIC PANEL (Edited Result - FINAL) Abnormal Component (Lab Inquiry)
Collection TimeResult TimeBUNNAKCLCO2 CONTENT (BICARBONATE)09/09/14 02:25:0009/09/14 03:08:0024.0 (H)136.03.7099.021 (L)Collection TimeResult TimeANION GAPGLUCOSECREATININECALCIUMBILIRUBIN, TOTAL09/09/14 02:25:0009/09/14 03:08:0016 (H)664.0 (AA)
Critical Value (Test Name): Glucose Called to/Repeated by (Full Name): Sharon Macon Date/Time: 9/9/2014 3:08:20 AM EDT Tech (Full Name): Brittany Caron1.7 (H)8.81.4 (H)Collection TimeResult TimeASTALTALK PHOSPROTEINALBUMIN09/09/14 02:25:0009/09/14 03:08:0058.0 (H)43.086.06.63.7Collection TimeResult TimeHEMOLYSIS INDEX09/09/14 02:25:0009/09/14 03:08:001.0
A Hemolysis Index greater than or equal to 2 represents a hemolyzed sample. Interference may occur with a Hemolysis Index greater than or equal to 2 for the following tests: ALT, Ammonia, Amylase, AST, CK, Total and Direct Bill, Fe/IBC, GGT, Hapt, K, Lac, LDH, Mg, Phos, Uric Acid. Interpret with caution. A

Critical Care [51266653] (continued)

Resulted: 09/09/14 0644, Result Status: Final result

Hemolysis Index greater than or equal to 6 represents gross hemolysis, specimens should be recollected.

PROTIME-INR (Final result) Component (Lab Inquiry)
Collection TimeResult TimePROTHROMBIN TIMEINR09/09/14 02:25:0009/09/14 02:58:0014.8
In patients on warfarin therapy, the range for therapeutic INR (1.5 - 3.5) will depend on the clinical disorder being treated.1.13
Effective 02/26/2014, the current critical value range for INR will change as follows: >5.0 Critical (Previously >3.5 Critical) Test methodology and reagent remain the same.

APTT (Final result) Component (Lab Inquiry)
Collection TimeResult TimeAPTT09/09/14 02:25:0009/09/14 02:58:0025.0
Reference ranges for infants less than or equal to 30 days are for full term healthy infants only. Call laboratory (792-0707) to obtain reference range values for premature healthy infants.
The recommended aPTT therapeutic range for the treatment of Deep Vein Thrombosis (DVT) or Pulmonary Embolus (PE) using Unfractionated Heparin is 61 - 105 seconds which is equivalent to 0.3 - 0.7 Anti-Xa units/ml. ..... Brill Edwards correlation of anti-Xa level to aPTT is as follows: ..... Anti-Xa (U/mL) = aPTT (seconds) 0.1 U/mL = 43.0 seconds 0.2 U/mL = 52.3 seconds 0.3 U/mL = 61.0 seconds 0.4 U/mL = 73.1 seconds 0.5 U/mL = 83.6 seconds 0.6 U/mL = 94.0 seconds 0.7 U/mL = 105.0 seconds 0.8 U/mL = 114.9 seconds 0.9 U/mL = 125.3 seconds 1.0 U/mL = 135.7 seconds
The Activated Partial Thromboplastin time (aPTT) is to be used for monitoring Direct Thrombin Inhibitor Therapy. The therapeutic range for these anticoagulants is 1.5 - 2 times the patient's base line aPTT.

TROPONIN I ULTRA (Final result) Abnormal Component (Lab Inquiry)

Collection TimeResult TimeTROPONIN I ULTRA09/09/14 02:25:0009/09/14 03:33:000.38 (H)
Troponin I testing is performed with the Troponin-I Ultra assay manufactured by Siemens Diagnostics. Reference
new TnI-ultra previous TnI

-------- Normal, <=0.06 ng/mL <0.2 ng/mL 99th percentile Abnormal, >=0.07 ng/mL
0.2 - 1.4 ng/mL, Including suspected Ischemia
Indeterminant WHO definition of >=0.78 ng/mL
>=1.5 ng/mL AMI

Final result
Narrative:
CKMB AND CK ORDERED WHEN TPI RESULT IS BETWEEN 0.07 - 0.78

NG/ML.

HEM PANEL (Edited Result - FINAL) Abnormal Component (Lab Inquiry)
Collection TimeResult TimeWBCRBCHGBHCTMCV09/09/14 02:25:0009/09/14 02:42:0015.96 (H)
Effective 02/26/2014, the current critical value range for WBC will change as follows: Age: 0 – 1 day : <2 (changed from <5). Age: 1 day – Adult: No change Test methodology and reagent remain the same.4.8215.2
Effective 02/26/2014, the current critical value range for Hemoglobin will change as follows: Age: Greater than 1 month: 6 to 20 (changed from 6 to 19) Age: Less than one month: 9 to 20 (changed from 10 to 20) Test methodology and reagent remain the same.45.2
Effective 02/26/2014, the current critical value range for Hematocrit will change as follows: Age: 0-1 month: 25% to 70% (changed from 30% to 65%) Age: 1 month to 6 months: 25% to 60% (changed from 30% to 60%) Age: 6 months to Adult: Unchanged Test methodology and reagent remain the same.93.8Collection TimeResult TimeMCHMCHCRDW09/09/14 02:25:0009/09/14 02:42:0031.5 (H)33.613.1

PLATELET COUNT (Final result) Component (Lab Inquiry)
Collection TimeResult TimePLTMPV09/09/14 02:25:0009/09/14 02:42:00190
Effective 02/26/2014, the current critical value range for Platelet Count will change as follows: Age: 0-1 week: 30 to no upper limit (previously 50 to 999) Age: 1 week-adult: 10 to no upper limit (previously 26 to 999) Test methodology and reagent remain the same.10.10

MANUAL DIFFERENTIAL (Final result) Abnormal Component (Lab Inquiry)
Collection TimeResult TimeNEUTRO PCTLYMPHO PCTMONOCYTESEOSINO PCTBASOS PCT09/09/14 02:25:0009/09/14 03:23:0044 (L)34941Collection TimeResult TimeREACTIVE LYMPHSANC09/09/14 02:25:0009/09/14 03:23:008 (H)7.02

RBC MORPHOLOGY (Final result) Component (Lab Inquiry)
Collection TimeResult TimeANISOCYTOSPOLYCHROM09/09/14 02:25:0009/09/14 03:23:00FewFew

MASS CKMB (Final result) Abnormal Component (Lab Inquiry)
Collection TimeResult TimeMASS CKMBRELATIVE INDEX09/09/14 02:25:0009/09/14 04:29:003.13
The Siemens Advia Centaur Immunoassay System (Chemiluminescence Technology) is used to perform this assay. Reference ranges adapted from Siemens method literature. Results by other

manufacturers' assays for this substance may not be equivalent to results by the Siemens assay and should not be interpreted interchangeably due to methodology differences. mCKMB Interpretation

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-------- <4.9 ng/mL Negative for acute myocardial infarction

--------- > 5.0 ng/mL Suggestive of cardiac and /or noncardiac muscular injury See relative index determination for differentiation. Notes from Siemens literature: 1. Apparently healthy individuals should have a median value of 0.78 ng/mL. 2. Of 167 hospitalized patients with non-cardiac disorders, the median value was 1.49 ng/mL. 3. Of 42 patients with confirmed acute myocardial infarctions, the madian value was 25.4 ng/mL with a range up to 144 ng/mL.5.0 (H)
Relative Index (RI) is a unitless calculation with non-AMI ranges as follows: Male: <2.0 Female: <2.4 These ranges do not rule out the possibility of cardiac damage.

CK (Final result) Component (Lab Inquiry)
Collection TimeResult TimeCK, TOTALHEMOLYSIS INDEX09/09/14 02:25:0009/09/14 03:53:00621.0
A Hemolysis Index greater than or equal to 2 represents a hemolyzed sample. Interference may occur with a Hemolysis Index greater than or equal to 2 for the following tests: ALT, Ammonia, Amylase, AST, CK, Total and Direct Bili, Fe/IBC, GGT, Hapt, K, Lac, LDH, Mg, Phos, Uric Acid. Interpret with caution. A Hemolysis Index greater than or equal to 6 represents gross hemolysis, specimens should be recollected.

I-STAT TROPONIN (Final result) Abnormal Component (Lab Inquiry)

Collection TimeResult TimePOC TROPONIN IPERFORMING LAB, ART, POC09/09/14 02:21:0009/09/14 02:21:000.17 (AA)
0.00 - 0.09 ng/ml Negative or non-cardiac damage. 0.10 - 0.59 ng/ml Indeterminate for acute myocardial damage. Possible cardiac damage. Myocarditis, unstable angina or renal disorder. Greater than or equal to 0.6 ng/ml Suggests acute myocardial infarction. Medical decision for cardiac damage using Troponin i-STAT testing should not be based on a single determination at one time point, especially when the sample is the first taken upon patient presentation. The most reliable testing protocol for assessing cardiac damage includes the use of serial marker testing with at least two determinations performed over several hours depending on clinical scenario. Troponin i-STAT results that are inconsistent with all available clinical information should be interpreted with caution.
Reference:
http:www.fda.gov/cdrh/oivd/labsafetytips.html Disclaimer: The accuracy of cTnI levels above 35 ng/mL by the i-Stat have not been established. If a result is above 35 ng/mL, the

recommendation is to collect another specimen and send it to the main lab to confirm the result.See Note
MUSC Ashley River Tower POC, 25 Courtenay Drive, North Charleston, SC, 29425

Final result
Narrative:

MUSC POINT OF CARE TESTING
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

Imaging

ED Medications: Ordered, Reviewed & Administered

ED Medications
Medications
sodium chloride 0.9 % infusion (1,000 mL Intravenous Given 9/9/14 0235)
EPInephrine (ADRENALIN) 0.1mg/mL (1:10,000) injectable syringe (0.1 mg Intravenous Given 9/9/14 0256)
sodium bicarbonate injectable syringe (50 mL Intravenous Given 9/9/14 0256)
vasopressin (PITRESSIN) injection (40 Units Intravenous Restarted 9/9/14 0250)
calcium chloride 100mg/mL (10%) injectable syringe (1 g Intravenous Given 9/9/14 0256)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0214)
etomidate (AMIDATE) 2mg/mL injection 30 mg (30 mg Intravenous Given 9/9/14 0231)
succinylcholine (QUELICIN) injection 120 mg (120 mg Intravenous Given 9/9/14 0231)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0219)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0222)

Home Medications
No current outpatient prescriptions on file.

ED Consults
No orders of the defined types were placed in this encounter.

Resulted: 09/09/14 0644, Result Status: Final result

Critical Care [51266653] (continued)

EKG Interpretation

ST elevation V1

Assessment

60ish year man with most likely acute MI.

Clinical Impression
1. STEMI (ST elevation myocardial infarction)
2. Cardiac arrest

Plan

STEMI called prehospitally. Patient arrived awake and alert, but in acute distress. HR 120s BP 132/85 and sats 100% on 15L NRB. Patient was pale and diaphoretic. Equal pulses BUE and BLE. Abdomen soft with no palpable masses. Lungs CTA with no rales, crackles, or wheezes. Dr. Meehan of Cardiology was at bedside at this time as well. Repeat EKG with borderline ST elevation. Bedside Echo by Dr. Meehan showed no acute abnormality - no effusion or tamponade or significant wall motion abnormality. Quick abdominal US by me showed no blood in Morrison's pouch nor splenorenal space. Patient was given nitro for chest pain x 3 - but did not help pain. CXR was ordered and paged multiple times to come to ER, but they were busy with a "sick" patient upstairs. Patient acutely became more SOB and was air-hungry. He layed down and became unresponsive, at which time we were already preparing to intubate - RT had preoxygenated, patient was already on defibrillator. Succ and etomidate given and patient intubated without difficulty on second attempt by DL. Tube visualized going through cords, good BS bilaterally, and color change on CO2 monitor. Whole cath team at bedside at this point and patient went into PEA arrest. ACLS algorithm was followed with CPR and epinephrine for 25 minutes. Also given calcium, bicarb. Decision was made to call arrest at 3:02am. Wife was kept updated about his condition before, during, and after arrest. Chaplain at bedside.

Attestations

I managed this patient myself, no documentation above is from a Non-Physician Provider or resident.

I as the attending physician have provided the critical care time indicated below excluding procedures. This patient was critically ill while under my care. I was at the bedside or immediately involved in reviewing records, discussing with chaplain, other providers and/or family.

Critical Care [51266653] (continued) — Resulted: 09/09/14 0644, Result Status: Final result

Critical Care Time: 30 Minutes.

Paulline Elise Meekins 9/9/2014 6:39 AM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
43 - EXTERNAL	EXTERNAL NON-INTERFACED LAB	Unknown	Unknown	03/10/12 1250 - Present

CSN
1008241531

Order

INTUBATION [PRO89] (Order 51266647)

INTUBATION [51266646] — Completed

Ordering user:	Paulline Elise Meekins, MD 09/09/14 0329	Ordering provider:	Paulline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	Once 09/09/14 0330 - 1 Occurrences
Electronically signed by:	Pauline Elise Meekins, MD 09/09/14 0329		

Comments:
This order was created via procedure documentation

Result

INTUBATION (Order 51266647)

INTUBATION [51266647] — Resulted: 09/09/14 0644, Result Status: Final result

Ordering provider:	Pauline Elise Meekins, MD 09/09/14 0329	Resulting Lab:	EXTERNAL NON-INTERFACED LAB
Narrative:	Pauline Elise Meekins, MD 9/9/2014 6:44 AM		

History

Chief Complaint
Patient presents with
• Chest Pain

HPI Comments: Middle age man presented by EMS with concern for STEMI. Patient has HTN, DM, HLP with no cardiac history. Patient supposedly had acute onset of CP today while working within the past hour. He states it is a pressure pain, non radiating. Associated SOB, nausea, diaphoresis. EMS noted the patient was diaphoretic and pale en route, but awake and alert. He also started complaining of some abdominal pain in the ambulance, but no radiation of CP to back, no radiation of CP down legs or to groin. Patient denies back pain. He had 324mg ASA en route, but no nitro.

Patient is a 58 y.o. male presenting with chest pain. The history

is provided by the patient. The history is limited by the condition of the patient.
Chest Pain
Pain location: Substernal area
Pain quality: aching and dull
Pain quality: not radiating, not sharp, not shooting, not stabbing and not tearing
Pain radiates to: Does not radiate
Pain radiates to the back: no
Pain severity: Severe
Onset quality: Sudden
Duration: 1 hour
Timing: Constant
Progression: Worsening
Chronicity: New
Relieved by: Nothing
Worsened by: Nothing tried
Ineffective treatments: None tried
Associated symptoms: nausea and shortness of breath
Associated symptoms: no altered mental status, no back pain, no cough, no dizziness, no fatigue and not vomiting
Risk factors: diabetes mellitus, high cholesterol and hypertension
Risk factors: no coronary artery disease

Past Medical History
Diagnosis Date
• Diabetes mellitus
• Hypertension

History reviewed. No pertinent past surgical history.

History reviewed. No pertinent family history.

History
Substance Use Topics
• Smoking status: Not on file
• Smokeless tobacco: Not on file
• Alcohol Use: Not on file

Review of Systems
Unable to perform ROS: Unstable vital signs
Constitutional: Negative for chills and fatigue.
Respiratory: Positive for shortness of breath. Negative for cough.
Cardiovascular: Positive for chest pain.
Gastrointestinal: Positive for nausea. Negative for vomiting.
Musculoskeletal: Negative for back pain.
Skin: Negative.
Neurological: Negative for dizziness.

INTUBATION [51266647] (continued)

Resulted: 09/09/14 0644, Result Status: Final result

Hematological: Negative.
Psychiatric/Behavioral: Negative. Negative for altered mental status.

Physical Exam
BP 132/85 | Pulse 126 | Resp 28 | SpO2 100%

Physical Exam
Nursing note and vitals reviewed.
Constitutional: He is oriented to person, place, and time. He appears distressed.
Pale, clammy and cool to touch, alert and oriented but in acute distress
HENT:
Head: Normocephalic and atraumatic.
Eyes: Pupils are equal, round, and reactive to light.
Neck: Normal range of motion. Neck supple.
Cardiovascular: Normal rate, regular rhythm and intact distal pulses.
Pulmonary/Chest: Breath sounds normal. He is in respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.
tachypnea
Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.
Musculoskeletal: Normal range of motion. He exhibits no edema and no tenderness.
Neurological: He is alert and oriented to person, place, and time.
Skin: He is diaphoretic.

ED Course
Intubation
Date/Time: 9/9/2014 3:29 AM
Performed by: MEEKINS, PAULINE ELISE
Authorized by: MEEKINS, PAULINE ELISE
Consent: The procedure was performed in an emergent situation.
Indications: respiratory distress and respiratory failure
Intubation method: direct
Patient status: paralyzed (RSI)
Preoxygenation: nonrebreather mask
Sedatives: etomidate
Paralytic: succinylcholine
Laryngoscope size: Mac 4
Tube size: 7.5 mm
Tube type: cuffed
Number of attempts: 2
Ventilation between attempts: BVM
Cricoid pressure: no
Cords visualized: yes

Post-procedure assessment: chest rise and ETCO2 monitor
Breath sounds: equal
Cuff inflated: yes
Tube secured with: ETT holder
Chest x-ray interpreted by: no CXR performed due to cardiac arrest and ACLS.
Patient tolerance: Patient tolerated the procedure well with no immediate complications.

Critical Care
Performed by: MEEKINS, PAULINE ELISE
Authorized by: MEEKINS, PAULINE ELISE
Total critical care time: 30 minutes
Critical care time was exclusive of separately billable procedures and treating other patients.
Critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: cardiac failure, circulatory failure and respiratory failure.
Critical care was time spent personally by me on the following activities: blood draw for specimens, development of treatment plan with patient or surrogate, discussions with consultants, evaluation of patient's response to treatment, examination of patient, obtaining history from patient or surrogate, ordering and review of laboratory studies, pulse oximetry, re-evaluation of patient's condition and review of old charts.

MDM
Number of Diagnoses or Management Options
Cardiac arrest: new and does not require workup
STEMI (ST elevation myocardial infarction): new and does not require workup

Amount and/or Complexity of Data Reviewed
Clinical lab tests: ordered and reviewed
Tests in the radiology section of CPT®: ordered and reviewed
Tests in the medicine section of CPT®: reviewed and ordered
Obtain history from someone other than the patient: yes (wife)
Review and summarize past medical records: yes
Discuss the patient with other providers: yes (Cardiology)
Independent visualization of images, tracings, or specimens: yes

Risk of Complications, Morbidity, and/or Mortality
Presenting problems: moderate
Diagnostic procedures: moderate
Management options: moderate

Patient Progress
Patient progress: other (comment) (expired)

Clinical & Imaging Tests: Ordered & Reviewed

Labs
Lab Results

CHEM 8 POINT OF CARE (Final result) Abnormal Component (Lab Inquiry)
Collection TimeResult TimeSODIUM, POCPOTASSIUM, POCIn Clinic GlucoseCREATININE, POCUREA NITROGEN, BLOOD, POC09/09/14 02:29:0009/09/14 02:29:001354.4598 (AA)1.4 (H)34.0 (H)Collection TimeResult TimeCHLORIDE, POCHEMATOCRITCALCIUM IONIZED, POCHGBTOTAL CO2, POC09/09/14 02:29:0009/09/14 02:29:0098.0461.1715.622 (L)Collection TimeResult TimePERFORMING LAB, ART, POC09/09/14 02:29:0009/09/14 02:29:00See Note
MUSC Ashley River Tower POC, 25 Courtenay Drive, North Charleston, SC, 29425

Final result
Narrative:

MUSC POINT OF CARE TESTING
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

CBC AND DIFFERENTIAL (Edited Result - FINAL) Result time: 09/09/14 03:22:44

COMPREHENSIVE METABOLIC PANEL (Edited Result - FINAL) Abnormal Component (Lab Inquiry)
Collection TimeResult TimeBUNNAKCLCO2 CONTENT (BICARBONATE)09/09/14 02:25:0009/09/14 03:08:0024.0 (H)136.03.7099.021 (L)Collection TimeResult TimeANION GAPGLUCOSECREATININECALCIUMBILIRUBIN, TOTAL09/09/14 02:25:0009/09/14 03:08:0016 (H)664.0 (AA)
Critical Value (Test Name): Glucose Called to/Repeated by (Full Name): Sharon Macon Date/Time: 9/9/2014 3:08:20 AM EDT Tech (Full Name): Brittany Caron1.7 (H)8.81.4 (H)Collection TimeResult TimeASTALTALK PHOSPROTEINALBUMIN09/09/14 02:25:0009/09/14 03:08:0058.0 (H)43.086.06.63.7Collection TimeResult TimeHEMOLYSIS INDEX09/09/14 02:25:0009/09/14 03:08:001.0
A Hemolysis Index greater than or equal to 2 represents a hemolyzed sample. Interference may occur with a Hemolysis Index greater than or equal to 2 for the following tests: ALT, Ammonia, Amylase, AST, CK, Total and Direct Bili, Fe/IBC, GGT, Hapt, K, Lac, LDH, Mg, Phos, Uric Acid. Interpret with caution. A Hemolysis Index greater than or equal to 6 represents gross hemolysis, specimens should be recollected.

PROTIME-INR (Final result) Component (Lab Inquiry)

INTUBATION [51266647] (continued)

Resulted: 09/09/14 0644, Result Status: Final result

Collection TimeResult TimePROTHROMBIN TIMEINR09/09/14 02:25:0009/09/14 02:58:0014.8
In patients on warfarin therapy, the range for therapeutic INR (1.5 - 3.5) will depend on the clinical disorder being treated.1.13
Effective 02/26/2014, the current critical value range for INR will change as follows: >5.0 Critical (Previously >3.5 Critical) Test methodology and reagent remain the same.

APTT (Final result) Component (Lab Inquiry)
Collection TimeResult TimeAPTT09/09/14 02:25:0009/09/14 02:58:0025.0
Reference ranges for infants less than or equal to 30 days are for full term healthy infants only. Call laboratory (792-0707) to obtain reference range values for premature healthy infants.
The recommended aPTT therapeutic range for the treatment of Deep Vein Thrombosis (DVT) or Pulmonary Embolus (PE) using Unfractionated Heparin is 61 - 105 seconds which is equivalent to 0.3 - 0.7 Anti-Xa units/ml. ..... Brill Edwards correlation of anti-Xa level to aPTT is as follows: ..... Anti-Xa (U/mL) = aPTT (seconds) 0.1 U/mL = 43.0 seconds 0.2 U/mL = 52.3 seconds 0.3 U/mL = 61.0 seconds 0.4 U/mL = 73.1 seconds 0.5 U/mL = 83.6 seconds 0.6 U/mL = 94.0 seconds 0.7 U/mL = 105.0 seconds 0.8 U/mL = 114.9 seconds 0.9 U/mL = 125.3 seconds 1.0 U/mL = 135.7 seconds
The Activated Partial Thromboplastin time (aPTT) is to be used for monitoring Direct Thrombin Inhibitor Therapy. The therapeutic range for these anticoagulants is 1.5 - 2 times the patient's base line aPTT.

TROPONIN I ULTRA (Final result) Abnormal Component (Lab Inquiry)

Collection TimeResult TimeTROPONIN I ULTRA09/09/14 02:25:0009/09/14 03:33:000.38 (H)
Troponin I testing is performed with the Troponin-I Ultra assay manufactured by Siemens Diagnostics. Reference
new TnI-ultra previous TnI

-------- Normal, <=0.06 ng/mL <0.2 ng/mL 99th percentile Abnormal, >=0.07 ng/mL 0.2 - 1.4 ng/mL, including suspected ischemia Indeterminant WHO definition of >=0.78 ng/mL >=1.5 ng/mL AMI

Final result
Narrative:
CKMB AND CK ORDERED WHEN TPI RESULT IS BETWEEN 0.07 - 0.78 NG/ML.

HEM PANEL (Edited Result - FINAL) Abnormal Component (Lab Inquiry)

INTUBATION [51266647] (continued) Resulted: 09/09/14 0644, Result Status: Final result

Collection TimeResult TimeWBCRBCHGBHCTMCV09/09/14 02:25:0009/09/14 02:42:0015.96 (H)
Effective 02/26/2014, the current critical value range for WBC will change as follows: Age: 0 – 1 day : <2 (changed from <5). Age: 1 day – Adult: No change Test methodology and reagent remain the same.4.8215.2
Effective 02/26/2014, the current critical value range for Hemoglobin will change as follows: Age: Greater than 1 month: 6 to 20 (changed from 6 to 19) Age: Less than one month: 9 to 20 (changed from 10 to 20) Test methodology and reagent remain the same.45.2
Effective 02/26/2014, the current critical value range for Hematocrit will change as follows: Age: 0-1 month: 25% to 70% (changed from 30% to 65%) Age: 1 month to 6 months: 25% to 60% (changed from 30% to 60%) Age: 6 months to Adult: Unchanged Test methodology and reagent remain the same.93.8Collection TimeResult TimeMCHMCHCRDW09/09/14 02:25:0009/09/14 02:42:0031.5 (H)33.613.1

PLATELET COUNT (Final result) Component (Lab Inquiry)
Collection TimeResult TimePLTMPV09/09/14 02:25:0009/09/14 02:42:00190
Effective 02/26/2014, the current critical value range for Platelet Count will change as follows: Age: 0-1 week: 30 to no upper limit (previously 50 to 999) Age: 1 week-adult: 10 to no upper limit (previously 26 to 999) Test methodology and reagent remain the same.10.10

MANUAL DIFFERENTIAL (Final result) Abnormal Component (Lab Inquiry)
Collection TimeResult TimeNEUTRO PCTLYMPHO PCTMONOCYTESEOSINO PCTBASOS PCT09/09/14 02:25:0009/09/14 03:23:0044 (L)34941Collection TimeResult TimeREACTIVE LYMPHSANC09/09/14 02:25:0009/09/14 03:23:008 (H)7.02

RBC MORPHOLOGY (Final result) Component (Lab Inquiry)
Collection TimeResult TimeANISOCYTOSPOLYCHROM09/09/14 02:25:0009/09/14 03:23:00FewFew

MASS CKMB (Final result) Abnormal Component (Lab Inquiry)
Collection TimeResult TimeMASS CKMBRELATIVE INDEX09/09/14 02:25:0009/09/14 04:29:003.13
The Siemens Advia Centaur Immunoassay System (Chemiluminescence Technology) is used to perform this assay. Reference ranges adapted from Siemens method literature. Results by other manufacturers' assays for this substance may not be equivalent to results by the Siemens assay and should not be interpreted interchangeably due to methodology differences. mCKMB
Interpretation

INTUBATION [51266647] (continued)

Resulted: 09/09/14 0644, Result Status: Final result

--------- <4.9 ng/mL Negative for acute myocardial infarction

---

--------- > 5.0 ng/mL Suggestive of cardiac and /or noncardiac muscular injury See relative index determination for differentiation. Notes from Siemens literature: 1. Apparently healthy individuals should have a median value of 0.78 ng/mL. 2. Of 167 hospitalized patients with non-cardiac disorders, the median value was 1.49 ng/mL. 3. Of 42 patients with confirmed acute myocardial infarctions, the madian value was 25.4 ng/mL with a range up to 144 ng/mL.5.0 (H)
Relative Index (RI) is a unitless calculation with non-AMI ranges as follows: Male: <2.0 Female: <2.4 These ranges do not rule out the possibility of cardiac damage.

CK (Final result) Component (Lab Inquiry)
Collection TimeResult TimeCK, TOTALHEMOLYSIS INDEX09/09/14 02:25:0009/09/14 03:53:00621.0
A Hemolysis Index greater than or equal to 2 represents a hemolyzed sample. Interference may occur with a Hemolysis Index greater than or equal to 2 for the following tests: ALT, Ammonia, Amylase, AST, CK, Total and Direct Bili, Fe/IBC, GGT, Hapt, K, Lac, LDH, Mg, Phos, Uric Acid. Interpret with caution. A Hemolysis Index greater than or equal to 6 represents gross hemolysis, specimens should be recollected.

I-STAT TROPONIN (Final result) Abnormal Component (Lab Inquiry)

Collection TimeResult TimePOC TROPONIN IPERFORMING LAB, ART, POC09/09/14 02:21:0009/09/14 02:21:000.17 (AA)
0.00 - 0.09 ng/ml Negative or non-cardiac damage. 0.10 - 0.59 ng/ml Indeterminate for acute myocardial damage. Possible cardiac damage. Myocarditis, unstable angina or renal disorder. Greater than or equal to 0.6 ng/ml Suggests acute myocardial infarction. Medical decision for cardiac damage using Troponin I-STAT testing should not be based on a single determination at one time point, especially when the sample is the first taken upon patient presentation. The most reliable testing protocol for assessing cardiac damage includes the use of serial marker testing with at least two determinations performed over several hours depending on clinical scenario. Troponin I-STAT results that are inconsistent with all available clinical information should be interpreted with caution.
Reference:
http:www.fda.gov/cdrh/oivd/labsafetytips.html Disclaimer: The accuracy of cTnI levels above 35 ng/mL by the I-Stat have not been established. If a result is above 35 ng/mL, the recommendation is to collect another specimen and send it to the main lab to confirm the result.See Note
MUSC Ashley River Tower POC, 25 Courtenay Drive, North Charleston, SC, 29425

INTUBATION [51266647] (continued)

Resulted: 09/09/14 0644, Result Status: Final result

Final result
Narrative:

MUSC POINT OF CARE TESTING
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

Imaging

ED Medications: Ordered, Reviewed & Administered

ED Medications
Medications
sodium chloride 0.9 % infusion (1,000 mL Intravenous Given 9/9/14 0235)
EPInephrine (ADRENALIN) 0.1mg/mL (1:10,000) injectable syringe (0.1 mg Intravenous Given 9/9/14 0256)
sodium bicarbonate injectable syringe (50 mL Intravenous Given 9/9/14 0256)
vasopressin (PITRESSIN) injection (40 Units Intravenous Restarted 9/9/14 0250)
calcium chloride 100mg/mL (10%) injectable syringe (1 g Intravenous Given 9/9/14 0256)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0214)
etomidate (AMIDATE) 2mg/mL injection 30 mg (30 mg Intravenous Given 9/9/14 0231)
succinylcholine (QUELICIN) injection 120 mg (120 mg Intravenous Given 9/9/14 0231)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0219)
nitroGLYcerin (NITROSTAT) sublingual tablet 0.4 mg (0.4 mg Sublingual Given 9/9/14 0222)

Home Medications
No current outpatient prescriptions on file.

ED Consults
No orders of the defined types were placed in this encounter.

EKG Interpretation

ST elevation V1

Assessment

60ish year man with most likely acute MI.

Clinical Impression
1. STEMI (ST elevation myocardial infarction)
2. Cardiac arrest

Plan

STEMI called prehospitally. Patient arrived awake and alert, but in acute distress. HR 120s BP 132/85 and sats 100% on 15L NRB. Patient was pale and diaphoretic. Equal pulses BUE and BLE. Abdomen soft with no palpable masses. Lungs CTA with no rales, crackles, or wheezes. Dr. Meehan of Cardiology was at bedside at this time as well. Repeat EKG with borderline ST elevation. Bedside Echo by Dr. Meehan showed no acute abnormality - no effusion or tamponade or significant wall motion abnormality. Quick abdominal US by me showed no blood in Morrison's pouch nor splenorenal space. Patient was given nitro for chest pain x 3 - but did not help pain. CXR was ordered and paged multiple times to come to ER, but they were busy with a "sick" patient upstairs. Patient acutely became more SOB and was air-hungry. He layed down and became unresponsive, at which time we were already preparing to intubate - RT had preoxygenated, patient was already on defibrillator. Succ and etomidate given and patient intubated without difficulty on second attempt by DL. Tube visualized going through cords, good BS bilaterally, and color change on CO2 monitor. Whole cath team at bedside at this point and patient went into PEA arrest. ACLS algorithm was followed with CPR and epinephrine for 25 minutes. Also given calcium, bicarb. Decision was made to call arrest at 3:02am. Wife was kept updated about his condition before, during, and after arrest. Chaplain at bedside.

Attestations

I managed this patient myself, no documentation above is from a Non-Physician Provider or resident.

I as the attending physician have provided the critical care time indicated below excluding procedures. This patient was critically ill while under my care. I was at the bedside or immediately involved in reviewing records, discussing with chaplain, other providers and/or family.

Critical Care Time: 30 Minutes.

Pauline Elise Meekins 9/9/2014 6:39 AM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
43 - EXTERNAL	EXTERNAL NON-INTERFACED LAB	Unknown	Unknown	03/10/12 1250 - Present

CSN
1008241531

Order

PANIC I-STAT TROPONIN [LAB7061] (Order 51266639)

I-STAT TROPONIN [51266638] Completed

Ordering user:	Lab In Hlseven Interface 09/09/14 0233	Ordering provider:	Lab Defaultprovider
Authorized by:	Lab Defaultprovider	Frequency:	Once 09/09/14 0233 - 1 Occurrences
Electronically signed by:	Lab In Hlseven Interface 09/09/14 0233		

Result

PANIC I-STAT TROPONIN (Order 51266639)

Resulted: 09/09/14 0221, Result Status: Final result

I-STAT TROPONIN [51266639] (Abnormal)

Ordering provider: Lab Defaultprovider 09/09/14 0233 Resulting Lab: MUSC LAB
Specimen: Whole Blood-Venous 09/09/14 0221
Narrative:

MUSC POINT OF CARE TESTING
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

Component	Value	Ref Range	Flag	Comment	Lab
POC TROPONIN I	0.17	<=0.09 ng/ml	AA		MUSC LAB

Comment:

0.00 - 0.09 ng/ml Negative or non-cardiac damage.

0.10 - 0.59 ng/ml Indeterminate for acute myocardial damage. Possible cardiac damage. Myocarditis, unstable angina or renal disorder.

Greater than or equal to 0.6 ng/ml Suggests acute myocardial infarction.

Medical decision for cardiac damage using Troponin I-STAT testing should not be based on a single determination at one time point, especially when the sample is the first taken upon patient presentation. The most reliable testing protocol for assessing cardiac damage includes the use of serial marker testing with at least two determinations performed over several hours depending on clinical scenario. Troponin I-STAT results that are inconsistent with all available clinical information should be interpreted with caution.

Reference:
http:www.fda.gov/cdrh/olvd/labsafetytips.html

Resulted: 09/09/14 0221, Result Status: Final result

I-STAT TROPONIN [51266639] (Abnormal) (continued)

	Disclaimer: The accuracy of cTnI levels above 35 ng/mL by the I-Stat have not been established. If a result is above 35 ng/mL, the recommendation is to collect another specimen and send it to the main lab to confirm the result.	
PERFORMING LAB, ART, POC	See Note	MUSC LAB
Comment:	MUSC Ashley River Tower POC, 25 Courtenay Drive, North Charleston, SC, 29425	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order

CK [LAB62] (Order 51266651)

CK [51266650] Completed

Ordering user:	Lab In Hlseven Interface 09/09/14 0333	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	Once 09/09/14 0333 - 1 Occurrences
Electronically signed by:	Lab In Hlseven Interface 09/09/14 0333		

Result

CK (Order 51266651)

Resulted: 09/09/14 0353, Result Status: Final result

CK [51266651]

Ordering provider:	Pauline Elise Meekins, MD 09/09/14 0333	Resulting Lab:	MUSC LAB
Specimen:	Whole Blood-Venous 09/09/14 0225		

Component	Value	Ref Range	Flag	Comment	Lab
CREATINE KINASE TOTAL	62	25 - 260 IU/L		-	MUSC LAB
HEMOLYSIS INDEX	1.0	0.0 - 1.9			MUSC LAB
Comment:	A Hemolysis Index greater than or equal to 2 represents a hemolyzed sample. Interference may occur with a Hemolysis Index greater than or equal to 2 for the following tests: ALT, Ammonia, Amylase, AST, CK, Total and Direct Bill, Fe/IBC, GGT, Hapt, K, Lac, LDH, Mg, Phos, Uric Acid. Interpret with caution. A Hemolysis Index greater than or equal to 6 represents gross hemolysis, specimens should be recollected.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order

ABNORMAL MASS CKMB [LAB7079] (Order 51266649)

MASS CKMB [51266648] Completed

Ordering user:	Lab In Hiseven Interface 09/09/14 0333	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	Once 09/09/14 0333 - 1 Occurrences
Electronically signed by:	Lab In Hiseven Interface 09/09/14 0333		

Result

ABNORMAL MASS CKMB (Order 51266649)

Resulted: 09/09/14 0429, Result Status: Final result

MASS CKMB [51266649] (Abnormal)

Ordering provider: Pauline Elise Meekins, MD 09/09/14 0333 Resulting Lab: MUSC LAB

Specimen: Whole Blood-Venous 09/09/14 0225

Component	Value	Ref Range	Flag	Comment	Lab
MASS CKMB	3.13	<=4.90 ng/ml			MUSC LAB

Comment: The Siemens Advia Centaur Immunoassay System (Chemiluminescence Technology) is used to perform this assay. Reference ranges adapted from Siemens method literature.

Results by other manufacturers' assays for this substance may not be equivalent to results by the Siemens assay and should not be interpreted interchangeably due to methodology differences.

mCKMB	Interpretation
<4.9 ng/mL	Negative for acute myocardial infarction
> 5.0 ng/mL	Suggestive of cardiac and /or noncardiac muscular injury See relative index determination for differentiation.

Notes from Siemens literature:

1. Apparently healthy individuals should have a median value of 0.78 ng/mL.
2. Of 167 hospitalized patients with non-cardiac disorders, the median value was 1.49 ng/mL.
3. Of 42 patients with confirmed acute myocardial infarctions, the madian value was 25.4 ng/mL with a range up to 144 ng/mL.

RELATIVE INDEX	5.0	<=2.0	H		MUSC LAB

Comment: Relative Index (RI) is a unitless calculation with non-AMI ranges as follows:
Male: <2.0
Female: <2.4
These ranges do not rule out the possibility of cardiac damage.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

Testing Performed By (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order

RBC MORPHOLOGY [LAB2053] (Order 51266645)

RBC MORPHOLOGY [51266644] Completed

Ordering user:	Lab In Hlseven Interface 09/09/14 0322	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	Once 09/09/14 0322 - 1 Occurrences
Electronically signed by:	Lab In Hlseven Interface 09/09/14 0322		

Result

RBC MORPHOLOGY (Order 51266645)

Resulted: 09/09/14 0323, Result Status: Final result

RBC MORPHOLOGY [51266645]

Ordering provider:	Pauline Elise Meekins, MD 09/09/14 0322	Resulting Lab:	MUSC LAB
Specimen:	Whole Blood-Venous 09/09/14 0225		

Component	Value	Ref Range	Flag	Comment	Lab
ANISOCYTOSIS	Few			-	MUSC LAB
POLYCHROMASIA	Few			-	MUSC LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order

ABNORMAL MANUAL DIFFERENTIAL [LAB1749] (Order 51266643)

MANUAL DIFFERENTIAL [51266642] Completed

Ordering user:	Lab In Hlseven Interface 09/09/14 0322	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	Once 09/09/14 0322 - 1 Occurrences
Electronically signed by:	Lab In Hlseven Interface 09/09/14 0322		

Result

ABNORMAL MANUAL DIFFERENTIAL (Order 51266643)

Resulted: 09/09/14 0323, Result Status: Final result

MANUAL DIFFERENTIAL [51266643] (Abnormal)

Ordering provider:	Pauline Elise Meekins, MD 09/09/14	Resulting Lab:	MUSC LAB

MANUAL DIFFERENTIAL [51266643] (Abnormal) (continued)

Resulted: 09/09/14 0323, Result Status: Final result

Specimen: 0322 Whole Blood-Venous 09/09/14 0225

Component	Value	Ref Range	Flag	Comment	Lab
NEUTROPHILS - REL (DIFF)	44	50 - 75 %	L	-	MUSC LAB
LYMPHOCYTES - REL (DIFF)	34	20 - 45 %		-	MUSC LAB
MONOCYTES	9	0 - 10 %		-	MUSC LAB
EOSINOPHILS, DIFF	4	0 - 5 %		-	MUSC LAB
BASOPHILS - REL (DIFF)	1	0 - 2 %		-	MUSC LAB
REACTIVE LYMPHS	8	0 - 4 %	H	-	MUSC LAB
ANC	7.02	2.40 - 8.10 K/CUMM		-	MUSC LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order

CBC AND DIFFERENTIAL [LAB293] (Order 51266612)

Procedure	Abnormality	Status
PLATELET COUNT		**Final result**
HEM PANEL	Abnormal	Edited Result - FINAL
AUTODIFF		**Canceled**

PLATELET COUNT [51266631]

Completed

Ordering user: Lab In Hlseven Interface 09/09/14 0225
Ordering provider: Pauline Elise Meekins, MD
Authorized by: Pauline Elise Meekins, MD
Frequency: Once 09/09/14 0225 - 1 Occurrences
Electronically signed by: Lab In Hlseven Interface 09/09/14 0225

Result

CBC AND DIFFERENTIAL (Order 51266612)

Procedure	Abnormality	Status
PLATELET COUNT		**Final result**
HEM PANEL	Abnormal	Edited Result - FINAL
AUTODIFF		**Canceled**

Resulted: 09/09/14 0242, Result Status: Final result

PLATELET COUNT [51266632]

Ordering provider: Pauline Elise Meekins, MD 09/09/14 0225
Resulting Lab: MUSC LAB
Specimen: Whole Blood-Venous 09/09/14 0225

Resulted: 09/09/14 0242, Result Status: Final result

PLATELET COUNT [51266632] (continued)

Component	Value	Ref Range	Flag	Comment	Lab
PLATELET COUNT	190	140 - 440 K/CUMM			MUSC LAB
Comment:	Effective 02/26/2014, the current critical value range for Platelet Count will change as follows: Age: 0-1 week: 30 to no upper limit (previously 50 to 999) Age: 1 week-adult: 10 to no upper limit (previously 26 to 999) Test methodology and reagent remain the same.				
MEAN PLATELET VOLUME	10.10	9.15 - 12.31 FL	-		MUSC LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order

CBC AND DIFFERENTIAL [LAB293] (Order 51266612)

Procedure	Abnormality	Status
HEM PANEL	**Abnormal**	**Edited Result - FINAL**
PLATELET COUNT		Final result
AUTODIFF		**Canceled**

HEM PANEL [51266629] Completed

Ordering user:	Lab In Hlseven Interface 09/09/14 0225	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	Once 09/09/14 0225 - 1 Occurrences
Electronically signed by:	Lab In Hlseven Interface 09/09/14 0225		

Result

CBC AND DIFFERENTIAL (Order 51266612)

Procedure	Abnormality	Status
HEM PANEL	**Abnormal**	**Edited Result - FINAL**
PLATELET COUNT		Final result
AUTODIFF		**Canceled**

Resulted: 09/09/14 0242, Result Status: Edited Result - FINAL

HEM PANEL [51266630] (Abnormal)

Ordering provider:	Pauline Elise Meekins, MD 09/09/14 0225	Resulting Lab:	MUSC LAB
Specimen:	Whole Blood-Venous 09/09/14 0225		

Component	Value	Ref Range	Flag	Comment	Lab
WHITE BLOOD CELL COUNT	15.96	4.80 - 10.80 K/CUMM	**H**		MUSC LAB
Comment:	Effective 02/26/2014, the current critical value range for WBC will change as follows:				

Resulted: 09/09/14 0242, Result Status: Edited Result - FINAL

HEM PANEL [51266630] (Abnormal) (continued)

	Age: 0 – 1 day : <2 (changed from <5). Age: 1 day – Adult: No change Test methodology and reagent remain the same.				
RED BLOOD CELL COUNT	4.82	4.70 - 6.10 M/CUMM		-	MUSC LAB
HEMOGLOBIN	15.2	14.0 - 18.0 GMS/DL			MUSC LAB
Comment:	Effective 02/26/2014, the current critical value range for Hemoglobin will change as follows: Age: Greater than 1 month: 6 to 20 (changed from 6 to 19) Age: Less than one month: 9 to 20 (changed from 10 to 20) Test methodology and reagent remain the same.				
HEMATOCRIT	45.2	42.0 - 52.0 %			MUSC LAB
Comment:	Effective 02/26/2014, the current critical value range for Hematocrit will change as follows: Age: 0-1 month: 25% to 70% (changed from 30% to 65%) Age: 1 month to 6 months: 25% to 60% (changed from 30% to 60%) Age: 6 months to Adult: Unchanged Test methodology and reagent remain the same.				
MEAN CORPUSCULAR VOLUME	93.8	80.0 - 94.0 FL		-	MUSC LAB
MEAN CORPUSCULAR HEMOGLOBIN	31.5	27.0 - 31.0 pg	H	-	MUSC LAB
MEAN CORPUSCULAR HEMOGLOBIN CONC	33.6	30.7 - 34.4 GMS/DL		-	MUSC LAB
RED CELL DISTRIBUTION WIDTH	13.1	11.5 - 14.5 %		-	MUSC LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order — **ABNORMAL TROPONIN I ULTRA [LAB3009] (Order 51266616)**

TROPONIN I ULTRA [51266609] — Completed

Ordering user:	Sharon Macon, RN 09/09/14 0225	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	STAT 09/09/14 0225 - 1 Occurrences
Electronically signed by:	Pauline Elise Meekins, MD 09/09/14 0446, for Ordering In Verbal with readback mode, Communicator - Sharon Macon, RN		

Result

ABNORMAL TROPONIN I ULTRA (Order 51266616)

Resulted: 09/09/14 0333, Result Status: Final result

TROPONIN I ULTRA [51266616] (Abnormal)

Ordering provider: Pauline Elise Meekins, MD 09/09/14 0225 Resulting Lab: MUSC LAB

Specimen: Blood; Whole Blood-Venous 09/09/14 0225

Narrative: CKMB AND CK ORDERED WHEN TPI RESULT IS BETWEEN 0.07 - 0.78 NG/ML.

Component	Value	Ref Range	Flag	Comment	Lab
TROPONIN I ULTRA	0.38	<=0.06 ng/ml	H		MUSC LAB

Comment: Troponin I testing is performed with the Troponin-I Ultra assay manufactured by Siemens Diagnostics.

Reference	new TnI-ultra	previous TnI
Normal, 99th percentile	<=0.06 ng/mL	<0.2 ng/mL
Abnormal, including suspected ischemia	>=0.07 ng/mL	0.2 - 1.4 ng/mL, indeterminant
WHO definition of AMI	>=0.78 ng/mL	>=1.5 ng/mL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order

APTT [LAB325] (Order 51266615)

Completed

APTT [51266608]

Ordering user: Sharon Macon, RN 09/09/14 0225 Ordering provider: Pauline Elise Meekins, MD

Authorized by: Pauline Elise Meekins, MD Frequency: STAT 09/09/14 0225 - 1 Occurrences

Electronically signed by: Pauline Elise Meekins, MD 09/09/14 0446, for Ordering in Verbal with readback mode, Communicator - Sharon Macon, RN

Result

APTT (Order 51266615)

Resulted: 09/09/14 0258, Result Status: Final result

APTT [51266615]

Ordering provider: Pauline Elise Meekins, MD 09/09/14 0225 Resulting Lab: MUSC LAB

Specimen: Blood; Whole Blood-Venous 09/09/14 0225

Component	Value	Ref Range	Flag	Comment	Lab
APTT	25.0	23.3 - 35.7 SEC			MUSC LAB

Resulted: 09/09/14 0258, Result Status: Final result

APTT [51266615] (continued)

Comment: Reference ranges for infants less than or equal to 30 days are for full term healthy infants only. Call laboratory (792-0707) to obtain reference range values for premature healthy infants.

The recommended aPTT therapeutic range for the treatment of Deep Vein Thrombosis (DVT) or Pulmonary Embolus (PE) using Unfractionated Heparin is 61 - 105 seconds which is equivalent to 0.3 - 0.7 Anti-Xa units/ml.

.....

Brill Edwards correlation of anti-Xa level to aPTT is as follows:

.....

Anti-Xa (U/mL) = aPTT (seconds)
0.1 U/mL = 43.0 seconds
0.2 U/mL = 52.3 seconds
0.3 U/mL = 61.0 seconds
0.4 U/mL = 73.1 seconds
0.5 U/mL = 83.6 seconds
0.6 U/mL = 94.0 seconds
0.7 U/mL = 105.0 seconds
0.8 U/mL = 114.9 seconds
0.9 U/mL = 125.3 seconds
1.0 U/mL = 135.7 seconds

The Activated Partial Thromboplastin time (aPTT) is to be used for monitoring Direct Thrombin Inhibitor Therapy. The therapeutic range for these anticoagulants is 1.5 - 2 times the patient's base line aPTT.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order

PROTIME-INR [LAB320] (Order 51266614)

PROTIME-INR [51266607] Completed

Ordering user: Sharon Macon, RN 09/09/14 0225
Ordering provider: Pauline Elise Meekins, MD
Authorized by: Pauline Elise Meekins, MD
Frequency: STAT 09/09/14 0225 - 1 Occurrences
Electronically signed by: Pauline Elise Meekins, MD 09/09/14 0446, for Ordering in Verbal with readback mode, Communicator - Sharon Macon, RN

Result

PROTIME-INR (Order 51266614)

Resulted: 09/09/14 0258, Result Status: Final result

PROTIME-INR [51266614]

Ordering provider: Pauline Elise Meekins, MD 09/09/14 0225
Resulting Lab: MUSC LAB
Specimen: Blood; Whole Blood-Venous 09/09/14 0225

Component	Value	Ref Range	Flag	Comment	Lab

Resulted: 09/09/14 0258, Result Status: Final result

PROTIME-INR [51266614] (continued)

PROTHROMBIN TIME	14.8	12.0 - 15.1 SEC	MUSC LAB
Comment:	In patients on warfarin therapy, the range for therapeutic INR (1.5 - 3.5) will depend on the clinical disorder being treated.		
INR	1.13		MUSC LAB
Comment:	Effective 02/26/2014, the current critical value range for INR will change as follows: >5.0 Critical (Previously >3.5 Critical) Test methodology and reagent remain the same.		

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order

PANIC COMPREHENSIVE METABOLIC PANEL [LAB17] (Order 51266613)

COMPREHENSIVE METABOLIC PANEL [51266606] Completed

Ordering user:	Sharon Macon, RN 09/09/14 0225	Ordering provider:	Pauline Elise Meekins, MD
Authorized by:	Pauline Elise Meekins, MD	Frequency:	STAT 09/09/14 0225 - 1 Occurrences
Electronically signed by:	Pauline Elise Meekins, MD 09/09/14 0446, for Ordering in Verbal with readback mode, Communicator - Sharon Macon, RN		

Result

PANIC COMPREHENSIVE METABOLIC PANEL (Order 51266613)

Resulted: 09/09/14 0308, Result Status: Edited Result - FINAL

COMPREHENSIVE METABOLIC PANEL [51266613] (Abnormal)

Ordering provider: Pauline Elise Meekins, MD 09/09/14 0225 Resulting Lab: MUSC LAB

Specimen: Whole Blood-Venous 09/09/14 0225

Component	Value	Ref Range	Flag	Comment	Lab
UREA NITROGEN, BLOOD (BUN)	24.0	8.0 - 20.0 MG/DL	H	-	MUSC LAB
SODIUM	136.0	135.0 - 145.0 MMOL/L		-	MUSC LAB
POTASSIUM	3.70	3.50 - 5.00 MMOL/L		-	MUSC LAB
CHLORIDE	99.0	98.0 - 107.0 MMOL/L		-	MUSC LAB
CO2 CONTENT (BICARBONATE)	21	22 - 32 MMOL/L	L	-	MUSC LAB
ANION GAP	16	2 - 11 MMOL/L	H	-	MUSC LAB
GLUCOSE	664.0	70.0 - 100.0	AA		MUSC

COMPREHENSIVE METABOLIC PANEL [51266613] (Abnormal) Resulted: 09/09/14 0308 Result Status: Edited Result - FINAL
(continued)

		MG/DL			LAB
Comment:	Critical Value (Test Name): Glucose Called to/Repeated by (Full Name): Sharon Macon Date/Time: 9/9/2014 3:08:20 AM EDT Tech (Full Name): Brittany Caron				
CREATININE	1.7	0.6 - 1.3 MG/DL	H	-	MUSC LAB
CALCIUM	8.8	8.4 - 10.2 MG/DL		-	MUSC LAB
BILIRUBIN, TOTAL	1.4	0.2 - 1.3 MG/DL	H	-	MUSC LAB
ASPARTATE AMINOTRANSFERASE (AST)(SGOT)	56.0	12.0 - 38.0 IU/L	H	-	MUSC LAB
ALANINE AMINOTRANSFERASE (ALT)(SGPT)	43.0	10.0 - 45.0 IU/L		-	MUSC LAB
ALKALINE PHOSPHATASE	86.0	25.0 - 100.0 IU/L		-	MUSC LAB
TOTAL PROTEIN	6.6	6.0 - 8.0 G/DL		-	MUSC LAB
ALBUMIN	3.7	3.5 - 4.8 G/DL		-	MUSC LAB
HEMOLYSIS INDEX	1.0	0.0 - 1.9			MUSC LAB
Comment:	A Hemolysis Index greater than or equal to 2 represents a hemolyzed sample. Interference may occur with a Hemolysis Index greater than or equal to 2 for the following tests: ALT, Ammonia, Amylase, AST, CK, Total and Direct Bili, Fe/IBC, GGT, Hapt, K, Lac, LDH, Mg, Phos, Uric Acid. Interpret with caution. A Hemolysis Index greater than or equal to 6 represents gross hemolysis, specimens should be recollected.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order CBC AND DIFFERENTIAL [LAB293] (Order 51266612)

Procedure	Abnormality	Status
HEM PANEL PLATELET COUNT AUTODIFF	Abnormal	Edited Result - FINAL Final result Canceled

CBC AND DIFFERENTIAL [51266605] Completed

Ordering user: Sharon Macon, RN 09/09/14 0225 Ordering provider: Pauline Elise Meekins, MD

CBC AND DIFFERENTIAL [51266605] (continued) — Completed

Authorized by: Pauline Elise Meekins, MD — Frequency: STAT 09/09/14 0224 - 1 Occurrences
Electronically signed by: Pauline Elise Meekins, MD 09/09/14 0446, for Ordering in Verbal with readback mode, Communicator - Sharon Macon, RN

Result

CBC AND DIFFERENTIAL (Order 51266612)

Procedure	Abnormality	Status
HEM PANEL PLATELET COUNT AUTODIFF	Abnormal	Edited Result - FINAL Final result Canceled

Resulted: 09/09/14 0242, Result Status: Edited Result - FINAL

CBC AND DIFFERENTIAL [51266612]

Ordering provider: Pauline Elise Meekins, MD 09/09/14 0225 — Resulting Lab: MUSC LAB
Specimen: Blood; Whole Blood-Venous 09/09/14 0225

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

CSN
1008241531

Order

PANIC CHEM 8 POINT OF CARE [LAB7065] (Order 51266641)

CHEM 8 POINT OF CARE [51266640] — Completed

Ordering user: Lab In Hlseven Interface 09/09/14 0241 — Ordering provider: Lab Defaultprovider
Authorized by: Lab Defaultprovider — Frequency: Once 09/09/14 0241 - 1 Occurrences
Electronically signed by: Lab In Hlseven Interface 09/09/14 0241

Result

PANIC CHEM 8 POINT OF CARE (Order 51266641)

Resulted: 09/09/14 0229, Result Status: Final result

CHEM 8 POINT OF CARE [51266641] (Abnormal)

Ordering provider: Lab Defaultprovider 09/09/14 0241 — Resulting Lab: MUSC LAB
Specimen: Whole Blood-Venous 09/09/14 0229
Narrative:

MUSC POINT OF CARE TESTING
DEPT OF PATHOLOGY/LAB MEDICINE
165 ASHLEY AVE., SUITE 309
PO BOX 250908
CHARLESTON, SC 29425-0701

Component	Value	Ref Range	Flag	Comment	Lab
SODIUM, POC	135	135 - 145 MMOL/L		-	MUSC LAB
POTASSIUM,	4.4	3.5 - 4.9		-	MUSC

Resulted: 09/09/14 0229, Result Status: Final result

CHEM 8 POINT OF CARE [51266041] (Abnormal) (continued)

POC		MMOL/L			LAB
In Clinic Glucose	598	70 - 100 MG/DL	AA	-	MUSC LAB
CREATININE, POC	1.4	0.6 - 1.3 MG/DL	H	-	MUSC LAB
UREA NITROGEN, BLOOD, POC	34.0	8.0 - 26.0 MG/DL	H	-	MUSC LAB
CHLORIDE, POC	98.0	98.0 - 109.0 MMOL/L		-	MUSC LAB
HEMATOCRIT	46	42 - 52 %		-	MUSC LAB
CALCIUM, IONIZED, POC	1.17	1.14 - 1.29 MMOL/L		-	MUSC LAB
HGB, POC	15.6	14.0 - 18.0 G/L		-	MUSC LAB
TOTAL CO2, POC	22	23 - 27 MMOL/L	L	-	MUSC LAB
PERFORMING LAB, ART, POC	See Note				MUSC LAB
Comment:	MUSC Ashley River Tower POC, 25 Courtenay Drive, North Charleston, SC, 29425				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - MUSCLAB	MUSC LAB	Unknown	Unknown	01/31/12 1001 - Present

END OF REPORT