

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS COMPENSATION
COMMISSION APPELLATE PANEL

WCC File No.: 08-16090
Appellate Case No.: 2017-001135

Jacob Tisdale, Deceased Claimant, Appellant,

v.

Williamsburg County Department of Special Needs, Employer, and State Accident Fund,
Carrier, Respondents.

RECORD ON APPEAL

RECEIVED

MAR 12 2018

SC Court of Appeals

Ronnie A. Sabb (SC Bar No.: 9814)
Kimberly V. Barr (SC Bar No.: 8443)
Sabb Law Group, L.L.C.
108 W. Main Street
Post Office Box 88
Kingstree, South Carolina 29556
(843) 355-5349
Attorneys for Appellant

George D. Gallagher, Esquire
Speed, Seta, Martin, Trivett & Stublely, LLC
Post Office Box 11669
Columbia, South Carolina 29211
(803) 748-2919
Attorneys for Respondents

February 20, 2018

INDEX

Orders:

Decision and Order of Appellate Panel dated April 7, 2017.....	2
Amended Order of Commissioner Aisha Taylor dated 07/21/2016.....	10

Pleadings:

Appellant's Pre-trial Brief/Notice of Witnesses and Medical Evidence.....	20
Respondents' Pre-trial Brief/Notice of Witnesses and Medical Evidence.....	23
Form 52 (Employee's Notice of Claim).....	27
Form 53 (Employer's Answer to Request for Hearing).....	28

Transcripts:

Transcript of Appellate Proceedings of December 12, 2016	29
Transcript of Trial Proceedings of January 14, 2016.....	57
Testimony of Clara Faye Dozier.....	74
Testimony of Enda Alston Tisdale.....	121
Deposition of Edna Tisdale dated March 5, 2015 (pp. 1-3).....	138

Exhibits:

South Carolina Workers Compensation Commission Case Status.....	141
Appellant's APA Submissions.....	143
Respondents' APA Submissions.....	170
Notice of Deposition for Claimant Edna Tisdale.....	211
Subpoena for medical records of Jacob Tisdale from MUSC.....	212
Subpoena for medical records of Jacob Tisdale from Skinner Family Practice.....	213
Certificate of Appellant.....	214

DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION APPELLATE PANEL
SCWCC FILE NO. 0816090

Jacob Tisdale,

Deceased Claimant,

vs.

Williamsburg County
Department of Special Needs,

Employer,

and

State Accident Fund,

Carrier,

Defendants.

HEARING:

Held in Columbia, South Carolina on January 14, 2017.

APPEARANCES:

The Claimant appeared, represented by Kimberly V. Barr of Law Offices of Ronnie A. Sabb, LLC of Kingstree.

The Defendants, Williamsburg County DSN, Employer and State Accident Fund, Carrier, were represented by George D. Gallagher of Speed, Seta, Martin, Trivett & Stubley, LLC of Columbia.

PURPOSE:

To determine issues set forth on Defendants Form 30 Request for Full Commission Review and Rehearing

DECISION AND ORDER BY:

Appellate Panel: Commissioners Barden, Campbell, and Wilkerson

FILED:

April 7, 2017

STATEMENT OF THE CASE

Jacob Tisdale ("Deceased"), who was employed by the Williamsburg County Department of Special Needs ("Department") as a residential facility manager, died on October 17, 2008 as the result of a single vehicle accident on October 16, 2008, while travelling west on U.S. Highway 52I just outside Greeleyville, S.C. At the time in question, it is undisputed that Deceased was driving a van owned by the Department and provided for him to carry out his employment duties. It is likewise undisputed that at the time in question the Department has no record or knowledge of any business-related task that would have required Deceased to be travelling toward Greeleyville S.C. Deceased's surviving spouse, Ms. Edna Tisdale ("Spouse"), initially filed a claim for death benefits under S.C. Code § 42-9-290 in 2009. Relying on the "unexplained death presumption," Spouse alleges Deceased's accident and subsequent death arose out of and during his employment for the Department.

Defendants deny compensability under the Act for Deceased's accident and death. Specifically, they contend the "unexplained death presumption" still requires proof that Deceased was killed at a time and place where his employment reasonably required him to be on that occasion. To that extent, Defendants submit that the unexplained death presumption merely applies to the "arising out of" prong of the compensability test—the burden is still on the dependent, surviving beneficiaries to establish that the accident leading to the death occurred "during the course of employment." Since that burden cannot be met, Defendants contend death benefits under the Act must be denied. Moreover, Defendants argue the "unexplained death presumption" is rebuttable. Specifically, even if Spouse can establish the *possibility* that Deceased's job duties *in general* may have required him to be in the area where his accident occurred, the Department can successfully rebut that presumption with evidence that the

Department had no business in that area on the *specific date in question* to which Deceased would have been required to tend.

Defendants finally submit that the claim should be barred by the equitable doctrine of laches, given the unreasonable delay and resulting prejudice stemming from bringing a claim for death benefits to a Hearing nearly eight (8) years after the accident/death. Regarding the prejudice prong, Defendants initially argued that potential subrogation rights may have been destroyed by the delay. They also argued that a witness with potential knowledge of the circumstances surrounding Deceased's trip, his direct supervisor, moved out of state at some point during the four-year window this case was not being prosecuted. As such, the supervisor was essentially "unavailable" as a witness once the claim was refiled.

By Order dated July 21, 2016, the Hearing Commissioner found, *inter alia*, that Deceased's motor vehicle accident and resulting death occurred during the course and scope of his employment for the Department. The Commissioner dismissed Defendants' laches defense, finding that the substantial delay in bringing this claim for adjudication was not unreasonable because such delay was the result of continuances and requests for protections initiated by both parties. The Commissioner also found that Defendants were not prejudiced by the delay regardless.

Defendants appealed to the Full Commission on substantially the same grounds raised below. First, Defendants argue that the Commissioner's award of death benefits should be reversed on the merits and/or their laches affirmative defense. Defendants also assert that submission of documentary evidence by the parties to complete the Record after the Commissioner issued her ruling violates due process of law required by the S.C. Administrative Procedures Act, § 1-23-310 *et seq.* and the South Carolina and United States Constitutions.

Defendants therefore submit, in the alternative, that the Commissioner's Order be vacated and the case be remanded for a new Hearing *de novo*.

EVIDENCE OF THE CASE

The Commission's eCase Case Status system, which is part of the "Commission's File" made part of the Record, confirms this case was initially scheduled for a Hearing on May 22, 2009 but was postponed for reasons not reflected in the Commission's files. The eCase system confirms that Defendants filed a Form 19 confirming denial of the claim on December 16, 2010, and the Commission "closed" the file on January 15, 2011. Thereafter, the claim was "reopened" four years later upon the re-filing of a Form 52 Request for Hearing dated January 5, 2015. This matter was finally reset for a hearing on January 14, 2016 after a failed mandatory Mediation. Nothing in the eCase status report or Commission's files indicates this claim was not timely prosecuted due to mutual requests for protection by counsel due to their legislative duties. No action was taken by Spouse to prosecute her claim for death benefits--requests for hearing or WCC filings--after it was closed by the Commission on January 15, 2011, until a Form 52 was refiled on January 5, 2015.

This Hearing was held before the Single Commissioner on January 16, 2016. Ms. Clara Faye Dozier, Executive Director of the Williamsburg County Department, testified at the Hearing that Deceased's direct supervisor, Karen Hudson, "may know more" about the circumstances surrounding the accident. (Hr. Tr. p. 37 l. 16). However, Ms. Dozier confirmed that Ms. Hudson has been out of the state "for a while." More specifically, Ms. Hudson moved away from South Carolina before the time the claim was reopened by the Commission. (Hr. Tr. p. 63 ll. 8-24).

The Commissioner issued her ruling, findings, and instructions for preparation of her Order to the parties on April 8, 2016. The Order was executed and served on July 21, 2016. Defendants timely filed their Appeal on July 27, 2017. It is only thereafter that the documentary evidence per the APA was submitted to complete the Record by both parties on August 2, 2016. The parties submitted their respective APA submissions to the Commissioner for her reference at the Hearing, but the paper submissions were returned to counsel for the parties following testimony.

STANDARD OF REVIEW

It is undisputed that the Full Commission Appellate Panel is the ultimate finder of fact in workers' compensation matters. *DeBruhl v. Kershaw County Sherriff's Dept.*, 303 S.C. 20, 397 S.E.2d 782 (Ct. App. 1990). Upon a petition for review of a Hearing Commissioner's award/order, the Full Commission shall weigh the evidence presented at the Hearing and, if good grounds be shown, make its own findings of fact and reach its own conclusions of law consistent or inconsistent with those of the Single Commissioner. *Pack. V. State Dept. of Transportation*, 381, SC 526, 673 S.E.2d 461 (Ct. App. 2009).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Based on the preponderance of the evidence in the Record and review/analysis of applicable law governing the issues presented, the undersigned Appellate Panel hereby makes the following findings of fact and conclusions of law:

- 1) Laches is an equitable doctrine defined as "neglect for an unreasonable and unexplained length of time, under circumstances affording opportunity for diligence, to do what in law should have been done." *Hallums v. Hallums*, 296 S.C. 195, 198, 371 S.E.2d 525, 527 (1988). In order to establish laches as a defense, a defendant must show that the

complaining party unreasonably delayed its assertion of a right, resulting in prejudice to the defendant. Kelley v. Kelley, 368 S.C. 602, 606, 629 S.E.2d 388, 391 (Ct. App.2006).

- 2) In this case, it is undisputed that Spouse failed to prosecute her claim for death benefits for four (4) years after the claim was closed via filing of a Form 19 in January 2011. No reasonable explanation for this delay has been posited.
- 3) The Hearing Commissioner's findings that the delay stemmed from mutual requests from the parties' counsel for protection due to their mutual legislative duties and/or to complete discovery are simply not supported by the Record, namely the Commission's eCase Status system.
- 4) The normal statute of limitations period in a workers' compensation matter is two years from the date of accident or death per S.C. Code § 42-15-40. Although Defendants are not asserting a statute of limitations defense, since the claim was timely "filed" within the meaning of the Commission's regulations in 2009, the protections afforded by the limitation period are still nevertheless instructive when assessing the reasonableness of a delay alleged in a laches defense. If a two-year failure to file a claim is a complete bar, then a four-year delay in pursuing a claim further is *per se* unreasonable without a reasonable explanation to the contrary.
- 5) Spouse's unreasonable delay in pursuing this claim further resulted in actual prejudice to the Defendants. Specifically, a witness with knowledge of the accident, Deceased's direct supervisor, became unavailable during the interim this claim was not being prosecuted. A non-party witness residing out of state is not subject to subpoena in South Carolina proceedings, and is therefore essentially unavailable to participate in discovery or testify at a Hearing. This prejudice is underscored by the investigation notes' (Claimant's

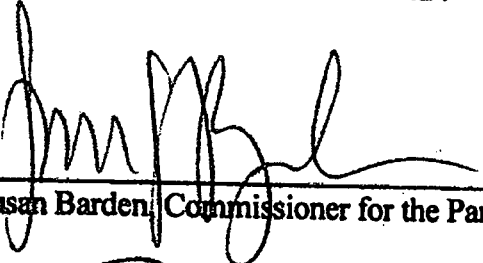
Exhibit # 9 and APA p.27) reference to Ms. Dozier stating that "Karen Hudson may know more." Karen Hudson also stated to the investigator, "there is no reason to doubt that he was on the job," a statement which has been rendered virtually unchallengeable due to her unavailability as a witness.

- 6) For these reasons, the Panel finds that Defendants have successfully established all elements of laches barring Spouse's claim for death benefits. The Panel need not address Defendants' remaining issues, since determination of the laches issue is dispositive of their Appeal. See Futch v. McAlister Towing of Georgetown, 335 S.C. 598, 518 S.E.2d 591 (SC 1999).

CONCLUSION AND ORDER

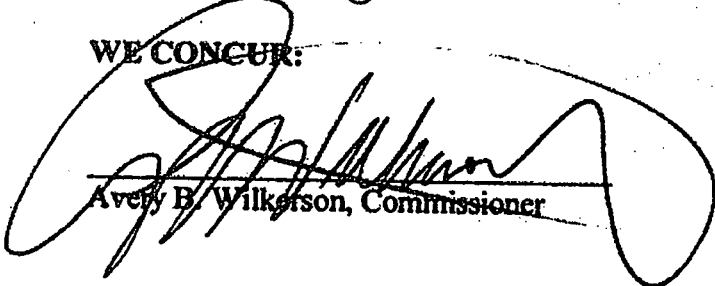
For the aforementioned reasons, the Hearing Commissioner's Order dated July 21, 2016 is hereby **REVERSED** and Spouse's claim for benefits secondary to Deceased's death on October 17, 2008 is hereby **DENIED**.

AND IT IS SO ORDERED.

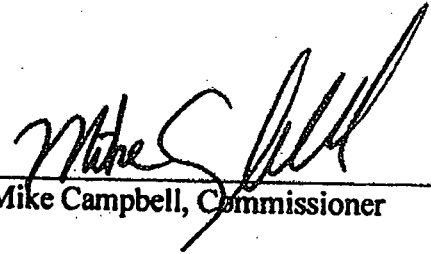


Susan Barden, Commissioner for the Panel

WE CONCUR:



Avery B. Wilkerson, Commissioner



Mike Campbell, 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 Eugenia Hollmon on April 7, 2017

AMENDED DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 08-16090

Jacob Tisdale, Jr. (deceased),

Employee/Claimant,

-vs-

Williamsburg County DSN Board,

Self-Insured Employer,

and

State Accident Fund,

Carrier/
Defendants.

HEARING:

Held on January 14, 2016 at 2:00 p.m. in
Columbia, South Carolina per notices timely
and properly served upon all parties of interest.

APPEARANCES:

Kimberly V. Barr, Esquire
Kingstree, South Carolina, appearing on behalf of
the Claimant.

George D. Gallagher, Esquire
Columbia, South Carolina, appearing on behalf of
the Defendants.

PURPOSE OF HEARING:

To determine the issues set forth in the Form 50

AMENDED DECISION & ORDER:

By Aisha Taylor, Commissioner

COURT REPORTER:

Sallye D. Nelson

FILED:

July 21, 2016

APA SUBMISSIONS

The following items were properly submitted into evidence by the claimant without objection and pursuant to the South Carolina Administrative Procedures Act:

<u>APA NO:</u>	<u>NAME OF PHYSICIAN/HOSPITAL:</u>	<u>DATE(S):</u>	<u>PAGE NOS.:</u>
1	DHEC Patient Care Form (from scene)	10/16/2008	1
2	Williamsburg Regional Hospital Patient Transfer	10/16/2008	2
3	Medical University of South Carolina	10/16/2008- 10/17/2008	3-13

<u>APA NO:</u>	<u>EXHIBITS:</u>	<u>DATE(S):</u>	<u>PAGE NOS.:</u>
4	Disabilities and Special Needs Job Description	03/16/2010	14-18
5	Death Certificate of Jacob Tisdale, Jr.	12/12/2008	19
6	Obituary of Jacob Tisdale, Jr.	10/23/2008	20-21
7	Redmond-Richardson Funeral Home bill	10/21/2008	22
8	SC DDSN Critical Incident Report	10/27/2008	23-26
9	Summary of Investigation by Paul Jefferson	01/07/2009	27

With the exception of APA number 5, the following items were properly submitted into evidence by the defendants without objection and pursuant to the South Carolina Administrative Procedures Act:

<u>APA NO:</u>	<u>NAME OF PHYSICIAN/OTHER:</u>	<u>DATE(S):</u>	<u>PAGE NOS.:</u>
1	Williamsburg Regional Hospital	10/16/2008	1-9
2	OmniFlight	10/16/2008	10-14
3	MUSC	10/16/2008	15-20

<u>APA NO:</u>	<u>EXHIBIT:</u>	<u>DATE(S):</u>	<u>PAGE NOS.:</u>
4	Traffic Collision Report	10/16/2008	21-23
5	Maps pinpointing accident location and Surrounding areas	N/A	24-25
6	Claimant's death certificate	10/17/2008	26
7	Affidavit with attachments	01/07/2009	27-43

This matter came before the Commission pursuant to the claimant's Form 52 and defendants' Form 53. The claimant, Jacob Tisdale, Jr., died on October 17, 2008 as a result of a single car accident that occurred in Williamsburg County, South Carolina the day before. Counsel for the claimant alleges that Mr. Tisdale was acting within the scope and course of his employment with the defendant at the time he sustained his fatal injuries, and seeks an award for death benefits representing 500 weeks of compensation and \$2,500 for funeral expenses as allowed by §42-9-290 of the South Carolina Code of Laws. The defendants deny that Mr. Tisdale was acting within the scope and course of his employment with Williamsburg County Disabilities and Special Needs. In addition, they assert the affirmative defense of laches. The defendants alternatively seek a determination of the dependent beneficiaries, if the claim is deemed compensable.

At the start of the hearing, the claimant objected to a portion of the defendants' APA #5, a map that purported to depict the distance between the scene of the accident and the home where the claimant's mother was alleged to have been residing at the time of the accident. Given that there was no testimony or other competent evidence in the record regarding the address of the claimant's mother, the objection was sustained based on relevance and lack of foundation.

EVIDENCE IN THE CASE

Claimant was fifty-five (55) years old at the time of his death, and served in a salaried position as the residential director for the Williamsburg County Disabilities and Special Needs Board (hereinafter called "DSN"). As director, Mr. Tisdale was subject to be on call twenty-four hours a day and was responsible for supervising the residential program for persons with disabilities. These individuals were often referred to as clients. His position required him to, among other things, oversee and supervise other employees, inspect and maintain the residential facilities, and to visit with clients at those facilities. He was required to transport goods and merchandise from the one facility to another for delivery to the clients at their residential facilities. Mr. Tisdale was also required to visit with prospective clients at their homes to screen them in order to determine if they were qualified to receive residential training or other services provided by the agency. While DSN only had four residential facilities in Williamsburg County at the time, they had clients and prospective clients in most, if not all, of the communities within the county, including the Town of Greeleyville. Consequently, Mr. Tisdale's job responsibilities mandated travel throughout Williamsburg County.

According to claimant's APA #4 (p. 17), he was required to possess and maintain a valid South Carolina driver's license. His ability to drive a motor vehicle was a condition of his employment. The employer provided the claimant with a DSN-owned vehicle to drive for work-related purposes. The undisputed evidence was that Mr. Tisdale drove his personal vehicle to work every day, parked it at his office site, and then drove the agency vehicle for work-related errands within the county. Claimant would then drive his personal vehicle back home at the end of his work day.

Ms. Clara Faye Dozier, the executive director of the Williamsburg County Disabilities and Special Needs Board, testified that on October 16, 2008, Mr. Tisdale drove to work in his personal vehicle. He parked his vehicle at the office when he first arrived at work, but later left the office mid-day driving his own vehicle. Claimant's wife, Edna Tisdale, testified that he normally took his lunch break between 11:30 a.m. and 12:00 p.m. She further testified that on October 16, 2008, she spoke with her husband for the last time around 11:30 a.m., during his lunch break and prior to the accident. According to Ms. Dozier, when claimant returned to work after approximately one hour, he again parked his personal vehicle. Shortly thereafter, he left the office again, this time driving the agency's vehicle. The medical records and accident report submitted in this case show that Williamsburg County EMS and the South Carolina Highway Patrol were dispatched to a single car accident at 12:52 p.m. on Highway 521 in the Town of Greeleyville, Williamsburg County, South Carolina. The claimant was the sole occupant and driver of the vehicle, which had collided with a utility pole. He was extricated from the vehicle and taken by ambulance to the local hospital. He arrived at Williamsburg Regional Hospital at 1:34 p.m. There were no known witnesses to the accident.

Claimant, who coded several times prior to his arrival at the local hospital, was later transported by helicopter to the Medical University of South Carolina in Charleston ("MUSC") based on the severity of his injuries. He arrived at MUSC at approximately 3:53 p.m. and was diagnosed as suffering from, among other things, significant chest and head injuries. He was unconscious at the scene of the accident and never regained consciousness. A CT scan of claimant's brain at MUSC revealed that he had sustained severe brain edema and subarachnoid hemorrhage, and the treating physician listed his prognosis as poor. At

approximately 2:24 a.m. on October 17, 2008, a brain death evaluation was conducted on the claimant and he was declared brain dead. It is uncontested that the claimant died at a result of the injuries sustained in the motor vehicle accident on October 16, 2008.

Mrs. Tisdale testified that after the accident, she found a receipt in her husband's personal vehicle that reflected that he had paid a bill to Cash Advance between the time she last spoke with him at 11:30 a.m. and the time he returned his personal vehicle back to his job site. At the time claimant's wife discovered the receipt, his personal vehicle was parked at the office. Ms. Dozier acknowledged giving a statement on November 5, 2008 to Paul Jefferson, the dependency investigator hired by the carrier, that "as far as I know [Tisdale] was on the job" in response to questions about the accident. She also acknowledged suggesting to Mr. Jefferson that he should speak with Karen Hudson, Tisdale's direct supervisor. On November 10, 2008, Ms. Hudson told Mr. Jefferson that claimant "handled all aspects of a residential supervisor" and "there is no reason to doubt that he was on the job" (see claimant's APA #9, page 27) at the time of the accident.

According to the investigation conducted by Mr. Jefferson, Edna Tisdale and her two then-minor daughters, Raven McFadden and Markita McFadden, were residing in the home with the claimant and were wholly dependent upon him at the time of the accident.

FINDINGS OF FACT

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers Compensation Act.
2. Notice of the hearing was properly and timely served upon all parties of interest.
3. Venue, set in Richland County, is proper as agreed by the parties.
4. The claimant's average weekly wage is \$744.37, yielding a compensation rate of

\$496.27.

5. I find Claimant was fatally injured on October 16, 2008 within the course and scope of his employment with Williamsburg County DSN. This finding is based on the following:

- A. Claimant was the residential director and was a salaried employee whose job required him to travel within the county in order to inspect homes for their clients.
- B. I find there is supporting evidence that the employer had clients near the area in which claimant was killed.
- C. The employer's witness, Clara Faye Dozier, testified that although the DSN had "very little" clients outside of Kingstree city limits, claimant did fill in for other staff members and it was "possible" that Claimant went outside of city limits on a weekly occurrence.
- D. Most notable is that on the date of claimant's accident, claimant parked the work van and used his personal vehicle during his lunch break in order to run errands. Claimant then returned to his office work site after his lunch break, parked his personal vehicle, and was involved in an accident in the afternoon while driving his work van.
- E. Claimant subsequently died as a proximate result of the injuries he sustained in the automobile accident on October 16, 2006.

6. Suburban Propane Gas Co. v. Deschamps is directly applicable to this case and cannot be distinguished. In that case, the Court of Appeals held, "Where an employee is found injured or dead at a time and place where his employment reasonably required him to be, there is a presumption of fact that death arose out of and in the course of employment. Suburban Propane Gas Co. v. Deschamps, 298 S.C. 230, 379 S.E.2d 301 (Ct. App. 1989).

7. Defendants' inference that claimant was traveling to his mother's house based on the the road he was traveling is wholly unsupported by any evidence in the record and is based on surmise, conjecture and speculation.

8. Defendants' motion to dismiss this action based on the affirmative defense of laches

is denied. This finding is based on the following:

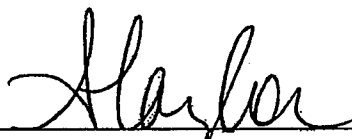
- A. Although there was a substantial delay between the initial filing of the claim and the ultimate hearing before the undersigned, I find both claimant and defendants requested postponements over the years for various reasons, including legislative exemptions for the attorneys representing both parties and for reasons related to discovery issues. Therefore, I do not find the delay to be unreasonable.
 - B. Notwithstanding the above finding, I find that defendants cannot show they suffered any actual prejudice as a result of the delay. Defendants continued to complete discovery after the initial hearing was postponed as evidence by an affidavit from the State Accident Fund. Additionally, defendants' arguments regarding prejudice to a potential third party liability claim and a change in the discount rate amount to surmise conjecture and speculation.
9. I find the claimant's wife, Mrs. Edna Tisdale, and his two step-daughters, Raven McFadden and Markita McFadden (who were minors at the time), were wholly dependent on claimant at the time of his death. SC Code Ann. Section 42-9-110.
10. I find that Mrs. Edna Tisdale, Ms. Raven McFadden and Ms. Markita McFadden are entitled to 500 weeks of benefits per §42-9-290, South Carolina Code of Laws, to be divided pursuant to Section 42-9-130 (or upon other agreement of the wholly dependent beneficiaries).
11. Mrs. Edna Tisdale is entitled to receive the \$2,500 funeral benefit.
12. I find that the report of Paul Jefferson and defense counsel's cross-examination of the witnesses under oath constitute a good-faith investigation into dependency as is required by Reg. 67-902.
13. All benefits are to be paid in a lump-sum to each wholly dependent beneficiary.
14. No hearing costs are assessed.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the defendants shall pay to Edna Tisdale, Raven McFadden and Markita McFadden a lump sum representing 500 weeks of benefits pursuant to §42-9-290, South Carolina Code of Laws, with said amount to be divided pursuant to Section 42-9-130 (or upon other agreement of the wholly dependent beneficiaries).

IT IS FURTHER ORDERED that defendants shall pay \$2,500 to Edna Tisdale, representing funeral benefit as provided by the code.

AND IT IS SO ORDERED.



Commissioner Aisha Taylor

Columbia, SC

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).

July 21, 2016

By: Renee Smith, Administrative Assistant to Commissioner Taylor



Claimant's Name: Jacob Tisdale, Jr., Deceased

Employer's Name: Williamsburg County DSN

Address: 224 Gausetown Road

Address: 61 Greenlee Street

City: Kingstree State: SC Zip: 29556

City: Kingstree State: SC Zip: 29556

Home Phone: _____ Work Phone: () - _____

Carrier: State Accident Fund

Preparer's Name: Ronnie A. Sabb, Esquire

Preparer's Phone #: (843) 355-5349

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$744.37 2. AWW: \$496.27 Date of Injury: 10/17/08
3. Type of injury and body part(s): Head, claimant died as a result of traumatic brain injury resulting from automobile accident
4. Facts in controversy: Whether claimant's fatal injury arose out of and in the scope of his employment; whether claimant's spouse is a dependent beneficiary; and whether claimant's spouse is entitled to death benefits.
5. Legal issues involved: See #4 above.
6. Unusual aspects: _____
7. Witnesses (designate if expert):* Edna A. Tisdale, Clara Dozier, Pernell Burgess, Karen Hudson, Paul M. Jefferson, and Carlisle Tisdale.
8. Exhibits: See APA Submissions - Williamsburg County Disabilities and Special Needs Board Job Description, DHEC Patient Care Form, Williamsburg Regional Hospital Patient Transfer, MUSC medical records, Death Certificate, funeral bill, Obituary of Jacob Tisdale, Jr., SC Dept. of Disabilities and Special Needs Incident Report; 01/07/2009 Summary of Investigation of Paul Jefferson, Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See APA Submissions
9. Name, address, and specialty, if any, of the treating physician: See APA Submissions
10. Impairment rating(s); body part(s); physician and date of opinion: N/A
12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

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

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

I verify the contents of this form are accurate and true to the best of my knowledge. I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to the following persons: George D. Gallagher, Esquire, P. O. Box 7217, SC 29202 on the 8th day of January 2016 by: ☒ first class postage ☐ certified mail ☐ personal service.

Signature: *Kim Lugo V. Barr*
Date of hearing: January 14, 2016; 2:00 PM

Email: kbarrsabb@sabblaw.com
Time needed for hearing: 2 hours

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

BEFORE THE SOUTH CAROLINA
WORKERS COMPENSATION COMMISSION
WCC FILE NO.: 0816090

Jacob Tisdale, Jr., Deceased,)
Employee,)
Claimant,)
)
vs.)
)
Williamsburg County DDSN Board,)
)
Self Insured Employer,)
and)
)
State Accident Fund,)
)
Carrier,)
Defendants.)
)

**NOTICE OF WITNESSES AND
WRITTEN REPORT(S) PHYSICIAN
OR OTHER EVIDENCE TO BE
INTRODUCED ON BEHALF OF
CLAIMANT, JACOB TISDALE, JR.,
DECEASED**

**TO: THE HONORABLE AISHA TAYLOR, SC WORKERS COMPENSATION COM'N
GEORGE D. GALLAGHER, COUNSEL FOR DEFENDANTS**

YOU ARE HEREBY NOTIFIED that Ronnie A. Sabb, attorney for the Claimant,
pursuant to the provisions of the South Carolina Workers Compensation Act and Chapter 23,
Article 1, §1-23-330, Code of Laws of South Carolina (1976), as amended, herewith submits the
following medical reports and exhibits as evidence:

<u>APA NO:</u>	<u>NAME OF PHYSICIAN/HOSPITAL:</u>	<u>DATE(S):</u>	<u>PAGE NOS.:</u>
1	DHEC Patient Care Form (from scene)	10/16/2008	1
2	Williamsburg Regional Hospital Patient Transfer	10/16/2008	2
3	Medical University of South Carolina	10/16/2008- 10/17/2008	3-13

<u>APA NO:</u>	<u>EXHIBITS:</u>	<u>DATE(S):</u>	<u>PAGE NOS.:</u>
4	Disabilities and Special Needs Job Description	03/16/2010	14-18
5	Death Certificate of Jacob Tisdale, Jr.	12/12/2008	19
6	Obituary of Jacob Tisdale, Jr.	10/23/2008	20-21
7	Redmond-Richardson Funeral Home bill	10/21/2008	22
8	SC DDSN Critical Incident Report	10/27/2008	23-26
9	Summary of Investigation of Paul Jefferson	01/07/2009	27

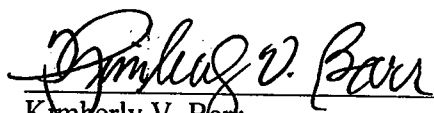
YOU ARE FURTHER HEREBY NOTIFIED you have the right to cross-examination, and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to 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:

NAME: Edna A. Tisdale
Clara Faye Dozier
Pernell Burgess
Karen Hudson
Paul M. Jefferson
Carlisle Tisdale

LAW OFFICE OF RONNIE A. SABB, L.L.C.



Kimberly V. Barr
108 West Main Street
Post Office Box 88
Kingstree, South Carolina 29556
(843) 355-5349

January 8, 2016

Attorneys for the Claimant



Claimant's Name: Jacob Tisdale Employer's Name: Williamsburg County DDSN
Address: 224 Gausetown Road Address: 61 Greenlee Street
City: Kingstree State: SC Zip: 29566 City: Kingstree State: SC Zip: 29566
Home Phone: () - Work Phone: () - Carrier: State Accident Fund
Preparer's Name: George D. Gallagher, Esquire Preparer's Phone #: (803) 256-4645

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 744.37 2. AWW: \$ 496.27 Date of Injury: 10/17/2008
3. Type of injury and body part(s): DEATH (traumatic brain injury resulting in death following single vehicle accident)
4. Facts in controversy:
 - a) Whether deceased's motor vehicle accident and subsequent death arose out of and in the course of his employment;
 - b) Whether claim is barred by equitable doctrine of *laches* (claim being adjudicated 7 years after accident);
 - c) If compensable, determination of dependent beneficiaries and whether Defendants have conducted a good faith investigation into identifying same; AND
 - d) Determination and payment of death benefits
5. Legal issues involved: § 42-9-290 (death benefits); *Fowler v. Abbott Motor Company* 236 S.C. 226, 113 S.E.2d 737 (1960) (Supreme Court denied death benefits where car dealership mechanic/service manager on call 24 hours/day was injured in motor vehicle accident while operating a company car when claimant failed to prove that he was engaged in or on his way to a work related task. The "unexplained death" presumption is only an "arising out of employment" presumption- the claimant must prove that that injury occurred at a time and place where his employment reasonably required him to be.); *lache* (an unreasonable delay for an extended length of time to prosecute a known right resulting in prejudice to an opposing party); § 42-9-110 (conclusively presumed dependents); § 42-9-120 (other cases of dependents); § 42-1-70 ("child" defined); *Airco v. Hollington* 269 S.C. 152, 235 S.E.2d 804 (1977) (good faith dependency investigation)
6. Unusual aspects: None anticipated
7. Witnesses (designate if expert):* Clara Faye Dozier, Pernell Burgess, and/or other representatives from Williamsburg County Department of Disability and Special Needs may testify
8. Exhibits: See APA Submissions- SCDPS Accident Report; Google Maps of surrounding areas; Death Certificate; Dependency Investigation Report
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: See APA Submissions.
11. Impairment rating(s); body part(s); physician and date of opinion: N/A
12. I am amending my Form 50/51 in the following manner: **Asserting equitable defense of laches as defense to claim**

☐ **Mediation**

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Helen McFadden, Esquire

Address PO Box 658, Lake City, SC 29560 on the 7th day of December, 2015 by: ☒ first class postage ☐ certified mail ☐ personal service

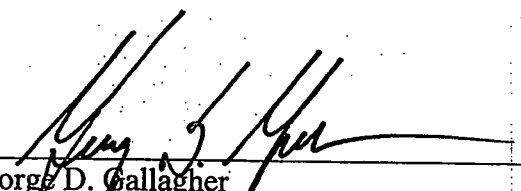
Signature: George D. Gallagher Email: ggallagher@mckayfirm.com
Date of hearing: December 17, 2015 at 1:00 PM (Commissioner Taylor) Time needed for hearing: 45 minutes

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

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said 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 HEREBY NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to 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 employer/carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the employer/carrier: Clara Faye Dozier, Pernell Burgess, and/or other representatives from Williamsburg County Department of Disability and Special Needs, the Claimant and any witnesses listed by the Claimant.



George D. Gallagher
McKay, Cauthen, Settana & Stuble, P.A.
Post Office Box 7217
Columbia, South Carolina 29202-7217
(803) 256-4645

Attorneys for Defendant(s)

Columbia, South Carolina

December 7, 2015

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



WCC File #: 0816090
Carrier File #: 2008004655
Carrier Code #: 00500
Employer FEIN #: _____

Claimant's Name: Jacob Tisdale, Jr. SSN: _____ Employer's Name: Williamsburg County DDSN
Address: _____ Address: 61 Greenlee Street
City: Kingstree State: SC Zip: 29556 City: Kingstree State: SC Zip: 29556
Home Phone: () - _____ Work Phone: () - _____ Insurance Carrier: State Fund
Preparer's Name: Kimberly V. Barr, Esquire Law Firm: Sabb Law Firm Preparer's Phone #: (843) 355 - 5349

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

The Claimant is Edna Tisdale, surviving spouse (relationship to employee) of Jacob Tisdale, Jr. (employee's name)

1. The employee sustained an accidental injury to the Head, neck, and chest employee (Part of Body Hurt) on 10/17/2008 (Month Day Year) in WILLIAMSBURG County, State of SOUTH CAROLINA.
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 10/17/2008 (Month Day Year) in the following manner:
Oral notice was given to Clara Dozier, director of Wmsb County DDSN, by SC Highway Patrol officer(s) investigating the accident.
- ☒ 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 10/17/2008 (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 \$728.39. The claimant demands an accounting of days worked and wages earned as provided by law.
10. Further grounds of claim: _____
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 See Attachment
address _____ on the _____ day of _____ 20____, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Kimberly V. Barr
Preparer's Signature

Attorney for the Claimant
Title

kbarr@sabblaw.com
Email

October 15, 2015
Date

Questions about the use of this form should be directed to the Judicial Department at 803.757.5675 or judicial@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 File #: 0816090
Carrier File #: 2008-4655
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Jacob Tisdale, Jr. SSN: _____ Employer's Name: Williamsburg Cty DSN
(Dec.)
Address: _____ Address: 61 Greenlee Street
City: Kingstree State: SC Zip: 29556 City: Kingstree State: SC Zip: 29556
Home Phone: () - Work Phone: () - Insurance Carrier: State Accident Fund
Preparer's Name: Erin Farthing, Esq Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5825

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 Jacob Tisdale (employee's name) respectfully shows: Date of Injury or Illness: 10/17/08

1. It is ☐ admitted ☒ denied the employee sustained an injury on or about the date set forth in the application.
2. It is ☐ admitted ☒ denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: _____
3. It is ☐ admitted ☒ denied the relationship of employer and employee existed at the time in question. The reasons for denial are: _____
4. It is ☐ admitted ☒ denied at the time in question the employee was performing services arising out of and in the course of employment.
5. It is ☐ admitted ☒ denied notice of injury was given the employer as specified in the application.
6. It is ☐ admitted ☒ denied the employee was entitled to medical care as a result of the injury.
7. It is ☐ admitted ☒ denied the employee lost compensable time from work and wages for period(s) of: _____
8. It is ☐ admitted ☒ denied the employee's death resulted proximately from accidental injury arising out of and in the course of employment on _____ (m/d/yyyy).
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: _____

☐ **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 Judicial Department, SC Workers' Compensation Commission, P.O. Box 1715, Columbia, SC 29202-1715 and Helen McFadden, Esquire, PO Box 658, Lake City, SC 29560 on the 21st day of Jan 2015, by X first class postage certified mail personal service.

Erin Farthing Deputy Chief Counsel efarthing@saf.sc.gov 1/21/15
Preparer's Signature Title Email 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.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 0816090

Jacob Tisdale, Jr.,)
)
 Claimant,)
)
v.)
)
Williamsburg County DSN,)
)
 Employer,)
)
and)
)
State Accident Fund,)
)
 Carrier/Defendants.)
-----)

FULL COMMISSION HEARING

Monday, December 12, 2016
1:36 p.m. - 2:02 p.m.

The Full Commission Hearing was heard before Commissioners Susan S. Barden, Avery B. Wilkerson, Jr. and Mike Campbell, Jr., at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 12th day of December, 2016, before Sonia D. Wallace-Sanders, Court Reporter and Notary Public in and for the State of South Carolina.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

APPEARANCES

Kimberly V. Barr, Esquire
 Law Offices of Ronnie A. Sabb, LLC
 108 West Main Street
 Kingstree, South Carolina 29556
 Attorney for the Claimant

George D. Gallagher, Esquire
 Speed, Seta, Martin, Trivett and Stublely, LLC
 1122 Lady Street, Suite 620
 Columbia, South Carolina 29211
 Attorney for the Defendants

INDEX

<u>ARGUMENT:</u>	<u>PAGE</u>
MR. GALLAGHER	3
 <u>REPLY:</u>	
MS. BARR	14
MR. GALLAGHER	23
Certificate	29

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.



1 **COURT REPORTER:** Today is December 12th, 2016. This
2 is South Carolina Workers' Compensation Case
3 Number 0816090. This is the case of Jacob
4 Tisdale, Jr., Claimant, versus Williamsburg
5 County DSN, Employer, and State Accident Fund,
6 Carrier. The Appellant is the
7 Claimant/Defendant, represented by George D.
8 Gallagher. The Respondent is represented by
9 Kimberly V. Barr. Each side is allowed 10
10 minutes for oral argument and the Appellant
11 three minutes in reply. You are requested to
12 argue the grounds of exception and stay within
13 the record.

14 **COMMISSIONER CAMPBELL:** Mr. Gallagher?

15 **ARGUMENT BY MR. GALLAGHER:**

16 **MR. GALLAGHER:** Yes, sir. May it please the
17 Commission. Just a few facts. Mr. Tisdale,
18 who unfortunately is the decedent in this case,
19 was employed for the Department of Special
20 Needs, the Williamsburg County Department of
21 Special Needs as a residential facility
22 manager. Basically, what that entailed was he
23 was in charge of four residential homes located
24 in Kingstree, South Carolina. These homes
25 housed and assisted persons with special needs



1 in transitioning, from like institutional
2 settings, to kind of becoming more functional
3 in activity daily living. His job was
4 basically maintain these four homes in
5 Kingstree, ensure they were operational and up
6 to state standards. The record in this case
7 confirms that about 90 percent of Mr. Tisdale's
8 job duties confined him within the city limits
9 of Kingstree, South Carolina. And that came
10 from the testimony of Ms. Fara -- excuse me,
11 Clara Faye Dozier, who was the director of the
12 Williamsburg Department ---

13 **COMMISSIONER BARDEN:** And I read that, but where is
14 the other 10 percent? Is that in the office or
15 is that outside the city limits?

16 **MR. GALLAGHER:** Well, the other 10 percent involve
17 various -- her testimony was that travel
18 outside of Kingstree was very rare. She did
19 acknowledge that on occasion everybody in her
20 department, including Mr. Tisdale, was required
21 to travel to potential residents' homes within
22 Williamsburg County and interview them and
23 assess whether or not they were appropriate
24 candidates for one of their facilities. She
25 also talked about some training and other



1 educational things that he was required to do.
2 What's really undisputed at this point, Your
3 Honor, two facts. He was killed in a car
4 wreck, unfortunately, on October 16th, 2008.
5 He was driving a company owned van at the time
6 in question. He was given and he was provided
7 that van to perform his job duties. The other
8 thing that is pretty undisputed in this case is
9 nobody knows what he was doing. Nobody knows
10 where he was going. There is no record of
11 anything that he was required to do, related to
12 his job, on the route he was traveling, which
13 incidentally if y'all are familiar with that
14 part of the state probably having traveled down
15 that way, he was on -- he was killed in a
16 single car accident while traveling west on 521
17 just outside of Greeleyville, between Kingstree
18 and Greeleyville. And that's when he was
19 killed. Again, he was driving the company van
20 but nobody knows where he was going. And
21 that's really the crux of this case, by Order
22 dated July 21st, 2016, the Commissioner awarded
23 death benefits. She made purported findings
24 that Tisdale's job required travel around
25 Williamsburg County to inspect homes -- that



1 was part of her finding supporting the award.
2 And the other finding was that the Department
3 had clients near the area where Tisdale was
4 killed. That's basically the crux of her
5 finding.

6 **COMMISSIONER WILKERSON:** And he was in a company
7 van, right?

8 **MR. GALLAGHER:** He was in a company van, yes, sir.
9 We also raise a Laches defense because what we
10 have here is a case that was initially filed in
11 2008. It was originally set for a hearing on
12 May 22nd, 2009. It was postponed at that time
13 for reasons unclear. And I took this straight
14 off the eCase, which is part of y'all's record,
15 the Commission file. It wasn't clear why the
16 issue is -- was -- why the hearing was
17 postponed and I was not defense counsel at the
18 time, Murrell Smith was. And obviously Ronnie
19 Sabb was representing Ms. Tisdale, so. It
20 appears, and the Commissioner was argued and
21 the Commissioner so found, that the -- that the
22 post -- that the reason it was postponed was
23 due to their legislative duties and
24 protections. The Accident Fund filed a 19 to
25 close this claim in December of 2010. The



1 Commission granted that. And it was closed ---

2 **COMMISSIONER BARDEN:** In 2011.

3 **MR. GALLAGHER:** It was closed on January 15th, 2011.

4 **COMMISSIONER BARDEN:** And so maybe we can kind of
5 forget about what happened between 2008 and
6 2011 because whether they were legislative
7 prerogatives to, you know ---

8 **MR. GALLAGHER:** Yes, ma'am.

9 **COMMISSIONER BARDEN:** --- necessitating the
10 dismissing of hearings, but what happened
11 between 2011 and 2000 ---

12 **MR. GALLAGHER:** Absolutely nothing. Nothing. The
13 case was closed. It wasn't reopened again
14 until they re-filed again in December of 2014.
15 So it went almost five years nothing going on.
16 I was retained at that point. We went to a
17 meeting ---

18 **COMMISSIONER BARDEN:** '15 or '14 it was -- when was
19 the 50 filed?

20 **MR. GALLAGHER:** The 52 was filed ---

21 **COMMISSIONER BARDEN:** 52 rather.

22 **MR. GALLAGHER:** The eCase says -- it's a little bit
23 confusing. The eCase says it was reopened in
24 January -- in December of 2014. ECase says the
25 52 was filed in January of '15.



1 COMMISSIONER BARDEN: Okay. All right.

2 MR. GALLAGHER: So I'm not real sure. But nothing
3 went on for those four years ---

4 COMMISSIONER BARDEN: Okay.

5 MR. GALLAGHER: --- Commissioner, basically. We
6 went to mandatory mediation resulting in
7 impasse. The Commissioner found that the
8 legislative prerogatives is what was the cause
9 of the delay. Therefore, there was no
10 unreasonable delay.

11 COMMISSIONER BARDEN: Well it was up to 2011?

12 MR. GALLAGHER: It was.

13 COMMISSIONER BARDEN: But, did she find that for
14 2011?

15 MR. GALLAGHER: No. She just has found that that
16 was the reason we were hearing it now, as
17 opposed to, you know, whenever it was
18 originally heard. That was her finding. Her
19 finding was that the mutual request for
20 continuances and protections for legislative
21 duties was the reason for the delay. And,
22 ergo, it was partially the defendant's fault,
23 was the implication, for the delay in an
24 adjudication.

25 COMMISSIONER BARDEN: Well, fault may be ---



1 MR. GALLAGHER: And we obviously submit that as
2 error.

3 COMMISSIONER BARDEN: That would describe the period
4 up to ---

5 MR. GALLAGHER: Right.

6 COMMISSIONER BARDEN: 2011.

7 MR. GALLAGHER: Yes, ma'am. I agree with that but
8 again ---

9 COMMISSIONER BARDEN: But I guess I'm asking beyond
10 2011.

11 MR. GALLAGHER: Nothing. The case was closed. 19
12 had been filed and it was dormant, it was
13 closed. The 19 was filed, the Commission
14 closed their file. Nothing happened for four
15 years. So yes, Your Honor, that's exactly what
16 we contend as is the relevant point to keep in
17 mind. She also found there was no prejudice,
18 but we find out at the hearing that there was
19 a -- that Mr. Tisdale's direct supervisor, Ms.
20 Karen Hudson, had moved out of state at some
21 point between 2014. It's noted in the record
22 that Ms. Hudson may know more about this case.
23 So we submit that that would support a finding
24 of prejudice against us. Clearly, a witness
25 being unavailable out of state, is a



1 substantial prejudice to the defendant, so. We
2 -- she denied our Laches argument. But getting
3 to the merits, you know, really what this --
4 again, you have a situation where it's
5 undisputed the man was in a company car. You
6 also -- I think it's equally undisputed that we
7 don't know what he was doing. We don't -- we
8 cannot -- neither side can prove definitively
9 what he was doing. Now, there maybe an
10 unexplained death presumption, okay? And there
11 was a case that I -- y'all may have caught last
12 week in Advance Sheets that dealt with that.
13 That case made very clear that the unexplained
14 death presumption is a rebuttable presumption.
15 It is not an automatic presumption that cannot
16 be rebutted. The unexplained death presumption
17 says simply that if you are discovered dead at
18 a time and place where your employment required
19 you to be, then there is a presumption that
20 your death arose out of and in the course of
21 your employment. The case makes very clear you
22 can rebut that. So what we have here is they
23 may be entitled to a presumption that his death
24 arose out of his employment because by virtue
25 the company van. However, they still have --



1 we still have the ability to rebut that
2 presumption. And we did rebut that presumption
3 by evidence from Ms. Dozier unequivocally
4 confirming that there wasn't any work related
5 task or business that he was on his way to at
6 the time in question or could have been on his
7 way to. That's key. So they did establish,
8 potentially, that his employment duties in
9 general possibly required him to travel beyond
10 the confines of Kingstree, South Carolina.
11 However, on this specific date in question,
12 there is no evidence that the was doing
13 anything related to his employment or his job.
14 And the reason we know that, it was speculated
15 and hypothesized and even questioned, by
16 counsel asking Ms. Dozier, well isn't it
17 possible that he was going to interview a
18 client for potential services. And she said,
19 no, that's not possible. Why isn't that
20 possible. Well because all our houses were
21 full at the time in question and there wouldn't
22 have been any reason for him to do that. She
23 also goes on to say that anything that would
24 have taken him outside of Kingstree, she likely
25 would have known about. And she had no idea --



1 had no knowledge of what he would have been
2 doing. It's important to note, Ms. Dozier, in
3 addition to being the head of this department,
4 was Mr. Tisdale's first cousin. I believe
5 their mothers were sisters or maybe sisters and
6 brothers or ... They weren't cousins twice
7 removed, they were relatives. So this lady was
8 exceptionally prevalent and had no reason to
9 say anything, you know, adverse to Mr.
10 Tisdale's interests if it weren't true. One of
11 the things that's really -- and y'all can go
12 back and read these cases. The Commissioner
13 cited the case -- a case, Suburban Propane, and
14 she kind of borrowed the language from that
15 case tailored to her finding, where an outside
16 salesman was discovered murdered in a
17 residential area. And the Commission awarded
18 death benefits in that case. The Court
19 affirmed it under substantial evidence
20 basically saying that because he was found in
21 a residential area that was encompassed by the
22 service area of the employer, there was an
23 unexplained death presumption. What's really
24 critical to distinguish between that case and
25 this case is the employer in that case didn't



1 present any evidence to rebut what he was doing
2 or what he was -- what he -- what he could have
3 been doing on that date in question, that's
4 distinguishable. The relevant case that we
5 submit, you guys need to read and consider is
6 Fowler versus Abbott Motor. And that's a
7 Supreme Court case. The Suburban Propane was
8 a Court of Appeals case. Fowler versus Abbott
9 Motor, the facts are almost eerily uncannily
10 identical to these. May I finish my thought?

11 **COMMISSIONER CAMPBELL:** Yeah, go ahead and finish
12 your thought, yes.

13 **MR. GALLAGHER:** In Fowler you had a on call service
14 manager who's essentially on call 24/7. And he
15 was provided a truck to answer service calls.
16 Well on the night in question he got a call.
17 Nobody knows what the nature or substance of
18 that call was. He looked at his family and
19 says I'll be back in a minute. He takes off
20 and is in a vehicle accident. Now the case
21 isn't clear whether the man died or not. It
22 didn't say that he died, but he wasn't
23 available otherwise to testify at the hearing
24 because he couldn't -- there was no testimony
25 as to him saying what he did. But what was



1 interesting was the Court in that case held
2 that the mere fact that the claimant, in that
3 case, was driving a company owned vehicle at
4 the time in question, was not dispositive. So
5 when the Supreme Court reversed the
6 Commission's award of benefits under the exact
7 same facts, and it -- you know, you can read it
8 and that's my -- I think they're sufficiently
9 similar. They basically said that an award of
10 benefits under these circumstances is surmised
11 conjecture and speculation and reversed the
12 Commission's award of death benefits. And I
13 see that's my time. I think I have one other
14 point to raise that I'll just ---

15 COMMISSIONER CAMPBELL: Okay. You'll have your
16 three minutes, sir.

17 MR. GALLAGHER: --- raise on rebuttal. Yes, sir.
18 Thank you.

19 COMMISSIONER CAMPBELL: Yes, sir. Thank you. Ms.
20 Barr?

21 REPLY BY MS. BARR:

22 MS. BARR: Good afternoon.

23 COMMISSIONER CAMPBELL: Good afternoon.

24 COMMISSIONER WILKERSON: Good Afternoon.

25 MS. BARR: I will address counsel's argument, I



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 guess, in the form and the fashion and order in
2 which they were made, I guess for the sake of
3 convenience. As we relate -- as we talk about
4 the issue of Laches, one of the things that
5 clearly happened between 2008 and 2011 was
6 Murrell Smith, who I'm not sure if he was in
7 the Senate or the House of Representatives, was
8 the counsel of record at one point representing
9 ---

10 **COMMISSIONER BARDEN:** I understand. And we agree
11 that we can kind of discount everything that
12 happened before 2011. I understand the history
13 ---

14 **MS. BARR:** Yes, ma'am.

15 **COMMISSIONER BARDEN:** --- of that and I can see the
16 ---

17 **COMMISSIONER WILKERSON:** And I concur.

18 **MS. BARR:** And since that time Mr. Sabb, who is the
19 counsel of record for the claimant in this
20 case, became a member of the House of
21 Representatives beginning in January of 2011.
22 And I believe in 2014 he became a member of the
23 United States Senate. I would -- not the --
24 the South Carolina Senate. And at some point,
25 because of all of the conflicts, Helen



1 McFadden, who's a lawyer working in our firm,
2 took over the case. She's since resigned after
3 30 years in service. So I think there was a
4 decision made, of course, that we have to
5 advance the case. It seemed like,
6 interestingly enough, the hearings were always
7 scheduled seemingly during the first six months
8 of the year when lawyer legislators are granted
9 protection from Court. So I think perhaps that
10 that was one of the problems. Mr. Sabb remains
11 in the Senate as does Murrell Smith remain in
12 the House of Representatives.

13 **COMMISSIONER BARDEN:** But do we have any
14 communication or motions or anything in front
15 of us to show -- because Mr. Gallagher's
16 version of the history is not the same as
17 yours. He's saying there was no activity at
18 all between the 2011 and 2015. So do we have
19 something that we could look at and say, yeah,
20 this is -- and throw Laches out the window?

21 **MS. BARR:** Well, one thing, and it happened in 2015
22 was that defense counsel took our claimant's
23 deposition. That happened in 2015, so
24 discovery was still going on which also ---

25 **COMMISSIONER BARDEN:** Is that before or after the 52



1 was filed and ...

2 **MS. BARR:** The deposition was done in March of 2015.

3 **COMMISSIONER WILKERSON:** 52 was filed in January,
4 right?

5 **MS. BARR:** I believe so, yes.

6 **COMMISSIONER WILKERSON:** It's active.

7 **COMMISSIONER BARDEN:** So we can go to January. We
8 know for sure there was activity in January.
9 So between 2011 and January 2015, what
10 transpired?

11 **MS. BARR:** I -- and I can't speak to that honestly
12 because I wasn't a part of the case then.

13 **COMMISSIONER BARDEN:** I mean, I think that's what
14 this panel -- we need -- I mean, to properly
15 address Laches to say -- for you to say -- for
16 him to say nothing happened. Then for you --
17 it would seem to me incumbent for you to say,
18 this is what happened. I mean, so we know what
19 exactly transpired between 2011 and 2015.

20 **MS. BARR:** Well I -- and, Commissioner, I believe
21 that what likely happened is the result of what
22 happened in the previous years, in terms of
23 lawyers being involved in this case and were a
24 member of the General Assembly. More
25 importantly, I think that this Commission also



1 has to take the second element of Laches
2 argument in showing prejudice.

3 **COMMISSIONER BARDEN:** Isn't a witness moved out of
4 state?

5 **MR. BARR:** A witness has moved out of state but they
6 could have deposed that witness. That witness
7 was their employee. That witness I -- I'm not
8 sure exactly when that witness allegedly moved
9 out of state. I did not realize that until Ms.
10 Dozier testified to that effect at this hearing
11 -- at the prior hearing, I should say. I don't
12 know whether it was a matter of weeks, a matter
13 of days, she just simply said that she was no
14 longer in the state. But certainly that was a
15 witness that was well within their custody and
16 control. And what is very interesting about
17 that particular witness is she gave a statement
18 to their dependency investigator, saying that
19 there was no doubt in her mind that the
20 deceased was on the job that day. And that was
21 clearly -- I -- we believe if they believed
22 that she was a witness that warrant merit and
23 warrant credibility and was important to their
24 defense, they would have deposed her very
25 quickly.



1 COMMISSIONER BARDEN: But there was no dispute that
2 he was on the job that day. That's not
3 disputed, is it?

4 MS. BARR: Well, I guess it depends on what defense
5 counsel means by being on the job.

6 COMMISSIONER BARDEN: On the job. Well, he was at
7 work that day. We know that.

8 MS. BARR: He was clearly at work that day.

9 COMMISSIONER BARDEN: Okay. I mean, at some point
10 he was at the office at least, we know that.

11 MS. BARR: Correct. And ---

12 COMMISSIONER BARDEN: We all agree on that.

13 MS. BARR: We do agree on that. And one of the
14 interesting things about this case that I think
15 is also equally compelling is the fact that Ms.
16 Dozier acknowledged in her testimony that, when
17 he would -- when the deceased would use --
18 would make personal errands or go to lunch, he
19 always took his personal vehicle. He drove his
20 personal vehicle to work. He parked it.
21 Whenever he had errands to do from his
22 employer, he drove the company car, the company
23 van so to speak. On this particular day, the
24 day that he was killed, he left to go work at
25 about 11:15, 11:30 that morning, returned back



1 in his personal vehicle, parked it at his job
2 site and then left in his -- in the company
3 van. And that is when the accident happened.
4 When we talk about speculation and summarize,
5 the defense in the trial wanted to speculate
6 and have the single Commissioner summarize as
7 to why he would be in Greeleyville. One of the
8 things that Mrs. Dozier said in her testimony
9 was that probably once a week his job
10 responsibilities would take him outside the
11 town limits of Kingstree. And I asked her very
12 specifically, does that include Hemingway,
13 which is in Williamsburg County. Does that
14 include Lane, which is in Williamsburg County.
15 Does that include Williams -- does that include
16 Greeleyville, which is in Williamsburg County.
17 And she said it did. And I think we have the
18 unexplained death rule for that reason. If
19 you've got an employee who's on the job, who's
20 in a company vehicle, who's at a place we
21 contend he had ever right to be and who dies
22 and he's the only witness, it seems to me it
23 ought to be incumbent upon the employer to
24 advance where -- what other reason why he would
25 have died, but for working for his employer.



1 Now I will tell you this because I do think
2 that it's important. One of the other things
3 that Mrs. Dozier testified is that in addition
4 to interviewing potential or perspective
5 clients, he used his vehicle to pick up
6 groceries, he used the vehicle to transport
7 clients or customers to doctor's appointments.
8 When asked on cross-examination by defense
9 counsel, well, were there any doctors offices
10 in Greeleyville. She said, yes. There's Black
11 River Healthcare in Greeleyville. So certainly
12 he had any number of reasons to be in
13 Greeleyville. He had just come from lunch. If
14 he wanted to run an errand he certainly had an
15 opportunity to do so. And respectively, Your
16 Honors, we just submit that this is the classic
17 case where the unexplained death rule applies.
18 The case that he would have you all rely on and
19 he relies on very heavily is the Fowler case.
20 The distinction in the Fowler case, and it's an
21 important one, is that the reason why the claim
22 was ultimately denied was because the employee
23 in Fowler used the company owned vehicle for
24 personal and business reasons. And so when he
25 gets the call in the middle of the night he



1 leaves, he doesn't tell his wife where he's
2 going. He has this horrible accident that
3 causes him not to be able to speak and tell
4 anyone what happened. And so the reasons that
5 were advanced in that opinion as to why his
6 claim was not compensable, was because we have
7 no way of knowing whether or not he was using
8 the company owned vehicle for his own personal
9 reasons, which it was acknowledged that he
10 would at times, or whether it was used for
11 businesses reasons. In this case, the evidence
12 is clear and undisputed that he had never --
13 the decedent in this case, had never used the
14 company vehicle for any personal errands. His
15 supervisor testified in this Court that the
16 only reason that she's ever known him to use
17 the van was related to his job with the
18 Department of Disability and Special Needs.
19 And so we simply submit to the Court that there
20 was substantial evidence in the record for
21 which the single Commissioners found that this
22 is a compensable claim. And we will respect
23 that -- respectfully request that her decision
24 be affirmed.

25 COMMISSIONER CAMPBELL: Okay.



1 COMMISSIONER WILKERSON: Thank you.

2 COMMISSIONER CAMPBELL: Thank you. Appreciate it.

3 COMMISSIONER WILKERSON: Thank you very much.

4 COMMISSIONER CAMPBELL: Mr. Gallagher, you have three
5 minutes, sir.

6 REPLY BY MR. GALLAGHER:

7 MR. GALLAGHER: Thank you. Commissioners, first of
8 all I do not recall in the Fowler case that
9 distinction being made about the personal -- as
10 I recall that case and y'all can certainly go
11 back and read it. I don't recall that ever
12 being cited as the reasoning in the Fowler
13 case. I don't believe that fact was ever ---

14 COMMISSIONER BARDEN: Do you have a copy of that
15 case with you?

16 MR. GALLAGHER: I do not, ma'am. I'm sorry. It's
17 cited in my brief. I do not have a copy of it.
18 But it's cited and you can certainly find it.
19 I'll be glad to provide you the copy if you --
20 when I get back in my office but I don't
21 believe that fact ever being noted by the
22 Court. But getting back to the Laches. Again,
23 this case was closed between 2011 and 2015.
24 There wasn't anything going on in this case.
25 There wasn't any reason for anything to be



1 going on in this case because the Commission
2 accepted the 19 and closed the file. When I
3 specifically asked, and Ms. Barr is correct, is
4 this whole business about Ms. Hudson not being
5 available kind of came about at the hearing.
6 I specifically questioned her when she became
7 unavailable. She wasn't real sure, but I asked
8 her, I said, as far as you recall has she been
9 out of the state since December of 2014. And
10 Ms. Dozier said, yeah, I don't think so or I --
11 excuse me, I don't think, I don't think so.
12 I'm sorry. Let me rephrase that. Has she been
13 in the state as far as you know in December of
14 2014? I don't think -- no, I don't think so.
15 So she wasn't after -- she wasn't in the state
16 while this -- after -- while this case was kind
17 of laying dormant with the Commission, so there
18 wouldn't have been any reason to depose her,
19 the case was closed. But I think y'all need to
20 go back and read that case. Obviously, I would
21 point out you need to read the testimony of Ms.
22 Dozier. She pointed out that very clearly --
23 very rarely did his job duties require him to
24 go outside of Kingstree. And when it did, she
25 would either know about it or it was like an



1 all hands on deck situation where they were
2 called upon to go out and interview folks. You
3 know, she -- again they speculated as to what
4 he might have been doing. Could he have been
5 taking somebody to the doctor. Well, clearly
6 he wasn't doing that because there was nobody
7 else in the van. Could he have been picking
8 somebody up and, you know, I guess that's
9 possible. The only thing is she testi- -- Ms.
10 Dozier testified that nobody called them to
11 make alternative arrangements to pick somebody
12 up in Greeleyville after Mr. Tisdale died in
13 the wreck and was unavailable to pick them up,
14 so. All of these speculations as to what he
15 could have been doing were specifically
16 rebutted by Ms. Dozier. One last point, and
17 this is a point that I -- I'm very reluctant to
18 make but it's kind of a due process thing, Your
19 Honor, is the hearing Commissioner in this case
20 heard the case in January of 2016. We handed
21 up APA submissions at the hearing.

22 **COMMISSIONER CAMPBELL:** Go ahead and finish your
23 thought.

24 **MR. GALLAGHER:** They were returned to counsel at the
25 conclusion of the hearing. She did not retain



1 them. She issued her ruling in ---

2 **MR. COMMISSIONER BARDEN:** April.

3 **MR. GALLAGHER:** --- in April. Order was signed in
4 July and we uploaded and submitted APA's after
5 the order was signed. No way am I impugning
6 the integrity of the Commissioner. However,
7 this certainly has an appearance of due process
8 red flags, at the very least. And the
9 alternative, if we're not -- we -- you reject
10 our argument on the merit, object or affirm the
11 defense of Laches, at the very least, this case
12 needs to be remanded and reheard just because
13 this is a -- I think this is a procedural due
14 process appearance of -- and I don't want to
15 say impropriety, but an appearance of a
16 procedure that is probably not what the
17 Commission wants or intended for these things
18 to go. So I would just note that again for the
19 record and reserve that and I briefed it in my
20 file.

21 **COMMISSIONER WILKERSON:** Let me ask you.

22 **MR. GALLAGHER:** Yes.

23 **COMMISSIONER WILKERSON:** The 19 was filed with the
24 Commission. Was the 19 filed with anybody else
25 or just with the Commission?



1 MR. GALLAGHER: You know ---

2 COMMISSIONER WILKERSON: Was it filed with former
3 counsel, was it filed ...

4 MR. GALLAGHER: You know, Commissioner, I don't know
5 the answer to that. I assume that, you know,
6 and I don't know how it works on the
7 administrative side but I know customarily when
8 our clients ask us to file a 19 on a dormant
9 case, counsel always copies the opposing
10 counsel. And I would assume, again assuming,
11 that the Commission with the administrative
12 wing would not allow a case to be closed if the
13 other side wasn't on notice of that. But to
14 answer your question I don't ---

15 COMMISSIONER BARDEN: But it was closed by the
16 Commission in 2011.

17 MR. GALLAGHER: Yes, sir, January or January 15. I
18 took that -- all that from eCase, which is
19 straight off of y'all's file -- Commission
20 file. Thank you.

21 COMMISSIONER BARDEN: All right.

22 COMMISSIONER CAMPBELL: Thank y'all for being here
23 today.

24 COMMISSIONER BARDEN: Thank y'all.

25 COMMISSIONER CAMPBELL: Appreciate it.



1 COMMISSIONER WILKERSON: Thank y'all for being here.

2 Appreciate everybody coming. Thank you.

3 (There being nothing further, the hearing concluded
4 at 2:02 p.m.)



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 0816090

EMPLOYEE/CLAIMANT: JACOB TISDALE, JR.
EMPLOYER: WILLIAMSBURG COUNTY D.S.N.
INSURER: STATE ACCIDENT FUND

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION HEARING, THE
WITHIN HEARING WAS TAKEN ON THE 14TH DAY OF JANUARY, 2016,
COMMENCING AT THE HOUR OF 2:17 P.M., IN COLUMBIA, SOUTH CAROLINA,
BEFORE THE HONORABLE AISHA TAYLOR, ATTENDED BY COUNSEL AS
FOLLOWS:

SALLYE DEANNE NELSON
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376
(864) 494-2705

APPEARANCES

KIMBERLY V. BARR, ESQUIRE OF THE FIRM,
LAW OFFICES OF RONNIE A. SABB, L.L.C.
108 WEST MAIN STREET
P.O. BOX 88
KINGSTREE, SOUTH CAROLINA 29556

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

ADRIAN DESMOND, ESQUIRE OF THE FIRM,
LAW OFFICES OF RONNIE A. SABB, L.L.C.
108 WEST MAIN STREET
P.O. BOX 88
KINGSTREE, SOUTH CAROLINA 29556

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

GEORGE D. GALLAGHER, ESQUIRE OF THE FIRM,
THE MCKAY FIRM
MCKAY, CAUTHERN, SETTANA & STUBLEY, P.A.
1303 BLANDING STREET
COLUMBIA, SOUTH CAROLINA 29202

ATTORNEY FOR THE EMPLOYER/INSURER.

ATTENDING:

CLARA FAYE DOZIER
EDNA ALSTON TISDALE

I N D E X

PAGE

CLARA FAYE DOZIER:

DIRECT EXAMINATION BY MS. BARR.....	18
CROSS-EXAMINATION BY MR. GALLAGHER.....	47
REDIRECT EXAMINATION BY MS. BARR.....	59
RECROSS-EXAMINATION BY MR. GALLAGHER.....	63

EDNA ALSTON TISDALE:

DIRECT EXAMINATION BY MS. BARR.....	65
CROSS-EXAMINATION BY MR. GALLAGHER.....	77
CERTIFICATE OF NOTARY PUBLIC.....	81

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

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

6 BY COMMISSIONER TAYLOR:

7 TODAY IS THURSDAY, JANUARY 14TH, 2016. WE ARE
8 HERE ON WORKER'S COMP FILE NUMBER 0816090. THIS IS
9 THE CLAIM OF THE DECEDENT, JACOB TISDALE, JR. VERSUS
10 THE EMPLOYER WILLIAMSBURG COUNTY DEPARTMENT OF
11 DISABILITY AND SPECIAL NEEDS. THE CARRIER IN THE
12 MATTER IS THE STATE ACCIDENT FUND. THE DECEDENT'S
13 ESTATE FOR PURPOSES OF THE WORKERS' COMP HEARING IS
14 REPRESENTED TODAY BY MS. KIMBERLY BARR. THE
15 EMPLOYER AND CARRIER IS REPRESENTED TODAY BY MR.
16 GEORGE GALLAGHER. I HAVE AN ORIGINAL DATE OF INJURY
17 OF OCTOBER 17TH, 2008. AT THE TIME THE DECEDENT'S
18 AVERAGE WEEKLY WAGE WAS \$744.37, WHICH YIELDS A
19 COMPENSATION RATE OF \$496.27. NOW, WE ARE HERE
20 PURSUANT TO THE CLAIMANT'S FORM 52 REQUEST FOR
21 HEARING.

22 I WILL ALLOW THE PARTIES TO PUT DETAILED
23 POSITION STATEMENTS ON THE RECORD; HOWEVER, PRIOR TO
24 DOING SO ARE THERE ANY OBJECTIONS TO APAs,
25 JURISDICTION, VENUE, OR ANY OTHER ITEMS? MS. BARR?

1 BY MS. BARR:

2 NO OBJECTIONS, EXCEPT AS TO THE DEFENDANTS'
3 EXHIBIT REGARDING THE MAP THAT PURPORTS TO SHOW THE
4 DISTANCE BETWEEN THE ACCIDENT AND WHERE THE
5 DECEASED'S MOTHER RESIDED AT THE TIME OF THE
6 ACCIDENT.

7 BY COMMISSIONER TAYLOR:

8 OKAY. AND IS THE OBJECTION JUST TO THAT ONE
9 PAGE THAT SHOWED THE DOT MARK?

10 BY MS. BARR:

11 YES, YOUR HONOR.

12 BY COMMISSIONER TAYLOR:

13 MR. GALLAGHER, DO YOU WANT TO RESPOND TO THE
14 OBJECTION?

15 BY MR. GALLAGHER:

16 COMMISSIONER, MY -- MY RESPONSE WOULD BE THAT
17 EVEN IF THE -- AS I UNDERSTAND THE OBJECTION, THE
18 UNDERLYING BASIS FOR THE OBJECTION FROM OUR
19 PREHEARING DISCUSSION WAS THAT THE PINPOINT ADDRESS
20 IS NOT DOCUMENTED IN A -- IN A RECORD THAT'S
21 ADMISSIBLE EVIDENCE. HOWEVER, I THINK YOU CAN TAKE
22 JUDICIAL NOTICE OF THE FACT THAT THE ACCIDENT
23 OCCURRED AT THE LATITUDE AND LONGITUDE COORDINATES
24 AS NOTED ON THE ACCIDENT REPORT AND THAT PROXIMITY
25 TO GREELEYVILLE, SOUTH CAROLINA, WHICH WAS -- YOU

1 CAN LOOK AT THE OTHER MAPS, WHICH SHOW -- THAT I
2 DON'T BELIEVE ARE BEING OBJECTED TO, SHOW THE
3 PROXIMITY AND IT'S VERY CLOSE PROXIMITY TO THE CITY
4 LIMITS OF GREELEYVILLE. SO IF THE OBJECTION IS JUST
5 TO THAT PINPOINT ADDRESS SITE, THE DISTANCE BETWEEN
6 THOSE TWO POINTS, I WOULD GUESS I WOULD NOT HAVE A
7 BIG PROBLEM WITH THAT AS LONG AS THE COMMISSIONER
8 AGAIN WOULD TAKE JUDICIAL NOTICE OF THE FACT THAT
9 THIS ACCIDENT OCCURRED, AGAIN CORROBORATED BY GOOGLE
10 MAPS, WHICH I THINK EVERYBODY WOULD AGREE IS
11 RELIABLE, OCCURRED WITHIN THE TWO MILE RADIUS OR TWO
12 MILE DISTANCE AWAY FROM GREELEYVILLE, SOUTH
13 CAROLINA.

14 BY COMMISSIONER TAYLOR:

15 AND I THINK THAT PART IS NOT NECESSARILY WHAT
16 THE OBJECTION IS TO. IS THERE ONE OF THESE
17 DOCUMENTS THAT PINPOINTS THE MOTHER'S HOME, IS THAT
18 MY UNDERSTANDING?

19 BY MR. GALLAGHER:

20 YES. ONE OF THEM PINPOINTS THE MOTHER'S HOME.

21 BY COMMISSIONER TAYLOR:

22 OKAY. WHICH ONE IS THAT?

23 BY MR. GALLAGHER:

24 COMMISSIONER, MAY I APPROACH?

25 BY COMMISSIONER TAYLOR:

1 SURE.

2 BY MR. GALLAGHER:

3 IT'S EASIER FOR ME TO SHOW YOU.

4 BY COMMISSIONER TAYLOR:

5 OKAY.

6 BY MR. GALLAGHER:

7 AND ---

8 BY MS. BARR:

9 MAY I -- MAY I SEE AS WELL?

10 BY MR. GALLAGHER:

11 YEAH.

12 BY COMMISSIONER TAYLOR:

13 SURE. UH-HUH.

14 BY MR. GALLAGHER:

15 COMMISSIONER, WELL, SHE'S NOT OBJECTING TO THE
16 PIC -- YOU'RE NOT OBJECTING TO THE PICTURE OF THE --
17 THE LOCATION?

18 BY MS. BARR:

19 NO.

20 BY COMMISSIONER TAYLOR:

21 AND THAT'S THE ONE.

22 BY MR. GALLAGHER:

23 BECAUSE THAT WAS JUST PLUGGED IN WITH THE ---

24 BY COMMISSIONER TAYLOR:

25 AND THAT'S THE ONE, YEAH.

1 BY MR. GALLAGHER:

2 --- G.P.S. COORDINATES.

3 BY COMMISSIONER TAYLOR:

4 UH-HUH.

5 BY MR. GALLAGHER:

6 ALL RIGHT. THIS IS THE MAP THAT JUST SHOWS THE
7 GREELEYVILLE RELATIVE TO THE -- THE ACCIDENT, ---

8 BY COMMISSIONER TAYLOR:

9 OKAY.

10 BY MR. GALLAGHER:

11 --- WHICH IS PINPOINTED. SO THIS IS THE ONE
12 THAT SHE IS OBJECTING TO, THESE TWO I THINK. I
13 GUESS IT'S JUST ACTUALLY I PUT TWO COPIES IN HERE.
14 I'M SORRY. I WASN'T TRYING TO -- I THINK THESE ARE
15 THE TWO THAT SHE'S ---

16 BY MS. BARR:

17 CAN -- AND CAN I HAVE THAT?

18 BY MR. GALLAGHER:

19 YOU CAN.

20 BY MS. BARR:

21 OKAY.

22 BY MR. GALLAGHER:

23 THESE ARE THE -- THESE ARE -- IT'S THE SAME
24 ONE.

25 BY COMMISSIONER TAYLOR:

1 OKAY.

2 BY MR. GALLAGHER:

3 THAT'S -- THAT'S THE ONE THAT SHE IS OBJECTING
4 TO AS I UNDERSTAND IT.

5 BY COMMISSIONER TAYLOR:

6 ALL RIGHT. OKAY.

7 BY MS. BARR:

8 THAT'S CORRECT.

9 BY COMMISSIONER TAYLOR:

10 AND FOR PURPOSES OF THE RECORD, IN OUR
11 PREHEARING CONFERENCE, I BELIEVE THAT THE DEFENDANTS
12 AS PART OF THE DEFENDANTS' THEORY REGARDING WHY THIS
13 PARTICULAR MAP WAS IRRELEVANT, SO FOR PURPOSES OF
14 THE APAs, I'M GOING TO EXCLUDE IT AS AN APA
15 SUBMISSION; HOWEVER, I MAY ALLOW INTO EVIDENCE AT
16 THE TIME ANY OTHER CORROBORATIVE EVIDENCE IS
17 RECEIVED EITHER BY LAY TESTIMONY OR OTHERWISE, WE
18 CAN INTRODUCE IT AT THAT TIME. IT'S NOT ACTUALLY --
19 WELL, IT'S MARKED AS NUMBER "2."

20 BY MR. GALLAGHER:

21 THAT WAS A MARK THAT I MADE JUST FOR REFERENCE.

22 BY COMMISSIONER TAYLOR:

23 OKAY.

24 BY MR. GALLAGHER:

25 I'M -- I'M SORRY.

1 BY COMMISSIONER TAYLOR:

2 BUT IT -- AND IT IS -- THE FORM I'M REFERENCING
3 IS 64 C.E. MURRAY BOULEVARD, GREELEYVILLE, SOUTH
4 CAROLINA 29056. SO AGAIN, THAT'S BEING REMOVED FROM
5 THE APAs; HOWEVER, IT MAY BE INTRODUCED AT A LATER
6 POINT IN TIME AT THE HEARING.

7 BY MS. BARR:

8 AND COMMISSIONER, THAT WOULD BE THE ONLY
9 OBJECTION I HAVE.

10 BY COMMISSIONER TAYLOR:

11 ALL RIGHT. THANK YOU. MR. GALLAGHER, ANY
12 OBJECTIONS?

13 BY MR. GALLAGHER:

14 NO OBJECTION, COMMISSIONER.

15 BY COMMISSIONER TAYLOR:

16 OKAY. THANK YOU. WITHOUT ANY FURTHER
17 OBJECTION, THE COMMISSION FILE BECOMES A PART OF THE
18 RECORD WITH THE EXCEPTION OF SELF SERVING
19 DECLARATIONS AND UNSTIPULATED MEDICAL REPORTS.

20 MS. BARR, YOUR POSITION STATEMENT, PLEASE?

21 BY MS. BARR:

22 THANK YOU, COMMISSIONER. I APPRECIATE THE
23 OPPORTUNITY, OBVIOUSLY, TO -- TO BE HERE. I'M
24 PLEASED TO REPRESENT EDNA TISDALE WHO IS THE
25 SURVIVING SPOUSE OF JACOB TISDALE. JACOB TISDALE IN

1 ALL POINTS RELEVANT IN THIS CASE WAS EMPLOYED AS A
2 RESIDENTIAL DIRECTOR WITH THE WILLIAMSBURG COUNTY
3 DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS. THE
4 EXECUTIVE DIRECTOR, OF COURSE, IS MS. CLARA FAYE
5 DOZIER WHO'S ALSO SEATED HERE. COMMISSIONER, WE
6 WOULD EXPECT THAT THE TESTIMONY WOULD SHOW THAT ON
7 THE DATE AND TIME THAT THIS ACCIDENT HAPPENED MR.
8 TISDALE WAS DRIVING A VEHICLE, A MINIVAN
9 SPECIFICALLY, THAT WAS OWNED BY THE WILLIAMSBURG
10 COUNTY DEPARTMENT OF DISABILITY AND SPECIAL NEEDS.
11 THE -- ONE OF THE APA SUBMISSIONS THAT WE HAVE
12 PROVIDED TO THE COMMISSION REFLECTS HIS VARIOUS JOB
13 DESCRIPTIONS. OBVIOUSLY, ONE OF HIS JOB
14 DESCRIPTIONS, ONE OF HIS MANY JOB DESCRIPTIONS
15 REQUIRED HIM TO ASSESS CLIENTS, PERSPECTIVE CLIENTS
16 OF D.D.S.N. TO DETERMINE WHETHER OR NOT THEY WOULD
17 MEET AND QUALIFY FOR SERVICES OFFERED BY D.D.S.N. TO
18 PRESUMABLY MAKE THEM MORE INDEPENDENT AND CREATE
19 SITUATIONS WHERE THEY WOULD LIVE AMONG EVERYDAY
20 FOLKS IN SOCIETY. ON THIS DAY AT APPROXIMATELY ONE
21 O'CLOCK, THE DECEASED HAD A SINGLE CAR ACCIDENT IN
22 GREELEYVILLE, WHICH IS LOCATED WITHIN WILLIAMSBURG
23 COUNTY. HIS WIFE WAS NOTIFIED ABOUT THE ACCIDENT.
24 WITHIN AN HOUR OR SO LATER, HE WAS TRANSPORTED TO
25 THE LOCAL HOSPITAL AT WILLIAMSBURG REGIONAL

1 HOSPITAL, AND THEN LATER AIRLIFTED TO THE MEDICAL
2 UNIVERSITY OF SOUTH CAROLINA, WHERE DESPITE VALIANT
3 EFFORTS, HE WAS LATER DECLARED BRAIN DEAD. HE DIED
4 AS A RESULT OF A TRAUMATIC BRAIN INJURY SUSTAINED AS
5 A RESULT OF THE -- THE COLLISION. WE BELIEVE THAT
6 THE EVIDENCE THAT YOU WILL HEAR TODAY WILL CONVINCE
7 YOU THAT THE CLAIMANT AT THE TIME THAT HE HAD THIS
8 ACCIDENT WAS AT A PLACE THAT HIS EMPLOYER REASONABLY
9 MAY HAVE REQUIRED HIM TO BE BASED UPON HIS JOB
10 DESCRIPTIONS, AND I'LL BE HAPPY TO EXPOUND ON THAT
11 MORE DURING TESTIMONY AS PRESENTED BEFORE THIS
12 COMMISSION. WE WOULD MAINTAIN THAT HE WAS ACTING
13 WITHIN THE SCOPE AND THE COURSE OF HIS EMPLOYMENT
14 WITH WILLIAMSBURG COUNTY. WE BELIEVE THAT HIS
15 SURVIVING WIFE AND AT THE TIME HIS TWO MINOR
16 STEPCHILDREN WERE HIS WHOLLY DEPENDENT HEIRS, AND
17 THAT THEY ARE ENTITLED TO DEATH BENEFITS INCLUDING
18 FUNERAL EXPENSES AS A RESULT OF THIS TRAGIC
19 ACCIDENT.

20 **BY COMMISSIONER TAYLOR:**

21 ALL RIGHT. THANK YOU. MR. GALLAGHER?

22 **BY MR. GALLAGHER:**

23 THANK YOU, COMMISSIONER. FIRST OF ALL,
24 COMMISSIONER, WE'VE ASSERTED THE AFFIRMATIVE
25 EQUITABLE DEFENSE OF LACHES FOR THIS CLAIM. DATE OF

1 ACCIDENT PRESENTED HERE TODAY IS OCTOBER 17TH, 2008,
2 AND WE ARE NOW ADJUDICATING THIS MATTER FOR THE
3 FIRST TIME SEVEN YEARS LATER, OR OVER SEVEN YEARS
4 LATER. TWO ELEMENTS REQUIRED FOR SUCCESSFUL
5 APPLICATION OF THE EQUITABLE DEFENSE OF LACHES IS UN
6 -- IS UNREASONABLE DELAY AND PREJUDICE. WE SUBMIT
7 THAT BOTH ELEMENTS OF LACHES HAS BEEN SATISFIED HERE
8 IN THAT A SEVEN YEAR DELAY IN AND OF ITSELF, IT KIND
9 OF SPEAKS FOR ITSELF, THAT SEVEN YEARS OF A CLAIM
10 PENDING WITHOUT AN ADJUDICATION IS A PER SE'
11 UNREASONABLE DELAY AND KIND OF SPEAKS FOR ITSELF.
12 WITH REGARD TO THE ELEMENT OF PREJUDICE, WE WOULD
13 SUBMIT THAT PREJUDICE HAS BEEN INCURRED BY THE
14 DEFENDANTS IN THIS CASE TO THE EXTENT THAT THIRD
15 PARTY AND SUBROGATION ISSUES THAT MAY HAVE BEEN
16 APPLICABLE TO THIS CASE HAD THIS CLAIM BEEN
17 ADJUDICATED TIMELY ARE NOW LOST VIA THE THREE YEAR
18 STATUTE OF LIMITATIONS. SO MY CLIENT'S HAVE BEEN --
19 IF THIS CLAIM IS AWARDED, THEN MY CLIENTS HAVE BEEN
20 PREJUDICED BECAUSE THERE WOULD BE NO THIRD PARTY
21 SUBROGATION POTENTIAL, ANY -- ANY -- ANY SUCH
22 POTENTIAL WOULD HAVE EXPIRED WITH THE STATUTE OF
23 LIMITATIONS THREE YEARS AFTER THE DATE OF THE
24 ACCIDENT. WITH REGARD TO THE MERITS OF THE CASE,
25 YOUR HONOR, WE SIMPLY SUBMIT THAT CLAIMANT OR

1 DECEASED CANNOT MEET THEIR BURDEN OF PROVING THAT
2 THIS ACCIDENT AROSE OUT OF AND IN THE COURSE OF HIS
3 EMPLOYMENT. WE THINK THAT THE EVIDENCE PRESENTED BY
4 MS. -- MS. FAYE DOZIER WILL CONFIRM THAT HE WAS NOT
5 PERFORMING ANY DUTIES OF HIS EMPLOYMENT OR EVEN MAY
6 HAVE BEEN PERFORMING ANY DUTIES OF HIS EMPLOYMENT AT
7 THE TIME OF THIS ACCIDENT. WE WOULD SUBMIT THAT 90
8 PERCENT OF MR. TISDALE'S JOB DUTIES REQUIRED HIM TO
9 WORK WITHIN THE CITY LIMITS OR JUST OUTSIDE THE CITY
10 LIMITS -- CITY LIMITS OF KINGSTREE, SOUTH CAROLINA,
11 WHICH IS WHERE ALL OF THE HOMES THAT HE WAS IN
12 CHARGE OF SUPERVISING WERE LOCATED, AND THAT THERE
13 WERE -- WERE NO DUTIES EITHER IN GENERAL OR IN
14 SPECIFICALLY ON THIS DATE THAT WOULD HAVE BEEN
15 REQUIRE -- WOULD HAVE REQUIRED HIM TO TRAVEL TO
16 GREELEYVILLE. NOW, IT SHOULD BE NOTED THAT FROM THE
17 ACCIDENT REPORT THAT'S BEEN SUBMITTED AS AN APA,
18 THAT HE WAS HEADING WENT ON U.S. 521, AWAY, AND AS
19 THE MAPS INDICATE, AWAY FROM KINGSTREE TO
20 GREELEYVILLE, AND THE MAPS CONFIRM THAT THE
21 PROXIMITY OF THIS ACCIDENT WAS JUST OUTSIDE THE CITY
22 LIMITS OF -- OF GREELEYVILLE, SOUTH CAROLINA. I
23 THINK THAT'S UNDISPUTED IN TERMS OF JUST WHERE THE
24 ACCIDENT OCCURRED. IT IS TRUE THAT HE WAS UTILIZING
25 A COMPANY VAN. A COMPANY VAN, A DEPARTMENT VAN AND

1 NOT REALLY COMPANY, I GUESS, BUT THE DEPARTMENT'S
2 VAN THAT HE WAS ALLOWED TO USE TO PERFORM HIS JOB
3 DUTIES. SO JUST, YOUR HONOR, BRIEFLY, OBVIOUSLY WE
4 HAVE A FACTUAL DISPUTE ABOUT PERHAPS WHAT HE WAS
5 ACTUALLY DOING ON THIS OCCASION. NOW, ONE THING
6 THAT MS. BARR SAID THAT'S VERY INTERESTING THAT I
7 JUST WANTED TO ADDRESS REAL QUICK, YOUR HONOR, IS
8 SHE'S POINTING TO HIS JOB DESCRIPTION AND IS
9 POINTING TO ONE PARTICULAR ASPECT OF HIS JOB
10 DESCRIPTION THAT HYPOTHETICALLY MAY HAVE FALLEN
11 UNDER THE AUSPICES OF WHY HE WAS PERHAPS OUTSIDE OF
12 THE CITY LIMITS OF KINGSTREE AND IN THE -- AND IN
13 THE -- ON THE WAY TO GREELEYVILLE. WE THINK THE
14 EVIDENCE OF THIS CASE ON THIS SPECIFIC OCCASION WILL
15 REFUTE THAT HE HAD ANY BUSINESS, ANY COMPANY
16 BUSINESS WHATSOEVER IN GREELEYVILLE. AND AGAIN, I
17 THINK THE FACT THAT WE ARE CALLED UPON TO SPECULATE
18 WHAT HE MAY OR MAY NOT HAVE BEEN DOING, THAT
19 UNDERSCORES THE POINT THAT WE JUST DON'T KNOW, AND
20 IF WE DON'T KNOW, THEY HAVEN'T MET THE BURDEN OF
21 PROOF, 'CAUSE IT'S ELEMENTARY THAT AN AWARD FROM THE
22 COMMISSION CANNOT REST UPON SURMISE, SPECULATION OR
23 CONJECTURE, AND TO AWARD THIS CASE WOULD BE -- WOULD
24 BE THAT. AS FAR AS THE DEPENDENCY INVESTIGATION OR
25 DEPENDENCY ISSUES ARE CONCERNED, OBVIOUSLY WE DON'T

1 HAVE -- OUR ONLY BURDEN IS TO ESTABLISH THAT WE
2 CONDUCTED A GOOD FAITH INVESTIGATION. WE HAPPEN TO
3 AGREE THAT OUR INVESTIGATION CONCURS WITH MS. BARR'S
4 ASSESSMENT THAT MS. EDNA -- EDNA TISDALE AND HER
5 DAUGHTERS, WHICH WERE MR. TISDALE'S STEPDAUGHTERS,
6 WOULD BE THE ONLY THREE DEPENDANTS ENTITLED TO DEATH
7 BENEFITS.

8 BY COMMISSIONER TAYLOR:

9 OKAY. CAN YOU ADDRESS THE PRESUMPTION AS
10 OUTLINED IN SUBURBAN PROPANE CASE, OR I GUESS CAN
11 YOU DISTINGUISH IT JUST FOR THE RECORD IN YOUR
12 POSITION AS TO WHY THE PRESUMPTION WOULD NOT APPLY
13 IN THIS CASE?

14 BY MR. GALLAGHER:

15 OKAY. WELL, ONE OF THE -- I DON'T KNOW IF IT
16 WAS A LEGAL PRESUMPTION, BUT THE SUBURBAN PROPANE
17 CASE, YOUR HONOR, WAS BASICALLY A SUBSTANTIAL
18 EVIDENCE CASE FROM THE COURT OF APPEALS, AND THE
19 COURT AFFIRMED THE COMMISSION'S AWARD OF
20 COMPENSATION, AND KIND OF -- AND KIND OF A LYNCHPIN
21 OF WHAT THEY SAID WAS THAT HIS BODY WAS FOUND IN A
22 RESIDENTIAL AREA WITHIN THE SERVICE JURISDICTION OF
23 THE COMPANY IN WHICH THE COMPANY HAD CUSTOMERS.
24 THERE WASN'T ANY TESTIMONY TO REFUTE THAT. SO THE
25 DISTINCTION THAT I WOULD MAKE BETWEEN THAT CASE AND

1 THIS CASE IS THAT WE ARE GOING TO PRESENT TESTIMONY
2 THAT IS GOING TO REFUTE THE FACT THAT ALTHOUGH
3 HYPOTHETICALLY HIS JOB DUTIES MAY HAVE REQUIRED HIM
4 TO TRAVEL BEYOND THE BOUNDS OF -- OF KINGSTREE,
5 SOUTH CAROLINA, ON THIS PARTICULAR DATE IN QUESTION
6 THERE WAS NO SUCH DUTIES THAT CALLED HIM TO GO TO
7 GREELEYVILLE.

8 BY COMMISSIONER TAYLOR:

9 OKAY.

10 BY MR. GALLAGHER:

11 AND I -- I WOULD SAY THAT IS THE DISTINCTION.
12 I DON'T THINK THE LAW IS IS THAT IF HE -- IF YOU'RE
13 OUT OF -- IF -- IF YOU'RE -- IF YOU'RE IN A -- A --
14 AN AREA WHERE YOUR JOB MAY HAVE REQUIRED YOU TO BE,
15 THAT PRESUMPTION APPLIES WHEN THERE'S EVIDENCE THAT
16 HE WASN'T.

17 BY COMMISSIONER TAYLOR:

18 RIGHT. OKAY.

19 BY MR. GALLAGHER:

20 SO IT'S A REBUTTABLE PRESUMPTION, I GUESS, IS
21 WHAT I -- I GUESS, A LONG STORY SHORT. IT'S NOT A
22 IRREBUTTABLE PRESUMPTION.

23 BY COMMISSIONER TAYLOR:

24 OKAY. THANK YOU. MS. BARR, YOU MAY CALL YOUR
25 FIRST WITNESS.

1 BY MS. BARR:

2 WE CALL MS. CLARA FAYE DOZIER.

3 BY COMMISSIONER TAYLOR:

4 OKAY. MS. DOZIER. THANK YOU. AND YOU CAN
5 HAVE A SEAT RIGHT THERE. AND JUST PLEASE WATCH YOUR
6 STEP WHEN YOU STEP UP THAT RAMP.

7 BY MS. DOZIER:

8 THANK YOU.

9 BY COMMISSIONER TAYLOR:

10 UH-HUH. YOU MAY HAVE A SEAT. OKAY. MADAM.
11 COURT REPORTER, WILL PLEASE SWEAR MS. DOZIER?

12 BY THE COURT REPORTER:

13 MA'AM, PLEASE RAISE YOUR RIGHT HAND.

14 * * * * * * * * *

15 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
16 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
17 MATTER HEREIN:

18 CLARA FAYE DOZIER,

19 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS
20 FOLLOWS:

21 BY COMMISSIONER TAYLOR:

22 MS. BARR.

23 BY MS. BARR:

24 THANK YOU, YOUR HONOR.

25 DIRECT EXAMINATION BY MS. BARR:

- 1 Q. MS. DOZIER, MAY I GET YOU TO PLEASE STATE YOUR FULL
2 NAME FOR THE RECORD?
- 3 A. MY NAME IS CLARA FAYE DOZIER.
- 4 Q. MS. DOZIER, AND TELL THE COMMISSIONER WHERE YOU ARE
5 EMPLOYED AND WHAT YOU DO.
- 6 A. I'M EMPLOYED WITH THE WILLIAMSBURG COUNTY
7 DISABILITIES AND SPECIAL NEEDS BOARD AS THE
8 EXECUTIVE DIRECTOR.
- 9 Q. OKAY. HOW LONG HAVE YOU BEEN EMPLOYED THERE?
- 10 A. I'VE BEEN EMPLOYED AT THE BOARD FOR 38 YEARS.
- 11 Q. OH, WOW. OKAY. AND IN THAT CAPACITY, YOU KNEW MR.
12 JACOB TISDALE, JR.?
- 13 A. YES.
- 14 Q. OKAY. HOW LONG WAS HE EMPLOYED WITH THE DEPARTMENT
15 OF DISABILITIES AND SPECIAL NEEDS?
- 16 A. JACOB HAD -- HAS BEEN THERE, GOSH, MAYBE ABOUT TEN,
17 TWELVE YEARS.
- 18 Q. OKAY. WERE YOU HIS DIRECT SUPERVISOR OR WAS SOMEONE
19 ELSE?
- 20 A. I WAS NOT HIS DIRECT SUPERVISOR.
- 21 Q. OKAY. WHO WAS HIS DIRECT SUPERVISOR?
- 22 A. KAREN HUDSON.
- 23 Q. OKAY. AND HOW LONG HAD SHE BEEN HIS DIRECT
24 SUPERVISOR?
- 25 A. MAYBE ABOUT FIVE OR SIX YEARS.

1 Q. OKAY. ALL RIGHT. WERE YOU WORKING ON THE DATE THAT
2 THIS ACCIDENT HAPPENED?

3 A. I WAS ACTUALLY. I WAS ACTUALLY WORKING BUT WAS IN
4 FLORENCE AT THE EXECUTIVE DIRECTORS ACADEMY.

5 Q. OKAY. WHAT TYPE OF VEHICLE WAS MR. TISDALE
6 OPERATING ON THAT DAY?

7 A. IT WAS FOUR -- A SEVEN PASSENGER VAN.

8 Q. A MINIVAN?

9 A. MINIVAN.

10 Q. ALL RIGHT. AND I THINK WE CAN ALL AGREE THAT THERE
11 WAS NO ONE ELSE INVOLVED IN THIS ACCIDENT OTHER THAN
12 MR. TISDALE?

13 A. THAT'S TO MY RECOLLECTION, THAT'S IT.

14 Q. NOW, DURING THE TIME THAT MR. TISDALE WAS EMPLOYED
15 WITH D.D.S.N. HAD HE ALWAYS DROVE A MINIVAN, OR DID
16 HE HAVE A ANOTHER TYPE VEHICLE?

17 A. WHATEVER AGENCY, WHATEVER VEHICLE WAS AVAILABLE ---

18 Q. OKAY.

19 A. --- AT THE TIME IF HE NEEDED TO GO SOMEWHERE.

20 Q. ALL RIGHT.

21 A. JUST THERE ARE NO SPECIFIC VEHICLES.

22 Q. ALL RIGHT. AND YOUR UNDERSTANDING IS THAT THIS
23 ACCIDENT HAPPENED BACK ON OCTOBER THE 16TH OF 2008?

24 A. YES.

25 Q. ALL RIGHT. AND DO YOU KNOW HOW LONG PRIOR TO HIS

- 1 DEATH THAT HE WAS ACTUALLY DRIVING THE MINIVAN?
- 2 A. PERIODICALLY. PERIODICALLY.
- 3 Q. FOR YEARS, MONTHS?
- 4 A. FOR YEARS.
- 5 Q. OKAY.
- 6 A. YEAH.
- 7 Q. ALL RIGHT. WAS HE REQUIRED TO TRANSPORT ANY PERSONS
- 8 OR ANY MERCHANDISE OR ANY ITEMS IN THAT VAN?
- 9 A. SOME CONSUMERS TOO, YES.
- 10 Q. OKAY. EXPLAIN THAT. I'M -- I'M SORRY. YOUR VOICE
- 11 LEFT ME.
- 12 A. HE MAY. HE MAY TAKE THEM TO THE DOCTORS.
- 13 Q. OKAY.
- 14 A. OR PICK UP SOME GROCERIES FOR THE HOUSES.
- 15 Q. OKAY. SO IF HE DID THAT AND IN FACT PICKED UP
- 16 GROCERIES ---
- 17 A. UH-HUH.
- 18 Q. --- AND -- AND TAKEN IT TO THE HOME OF SOME OF THE
- 19 CLIENTS OF D.D.S.N., THAT WOULD HAVE BEEN WITHIN HIS
- 20 AUTHORITY TO DO THAT?
- 21 A. YES.
- 22 Q. OKAY. ALL RIGHT. AND HOW MANY TRAINING HOMES --
- 23 AND DO YOU ALL CALL IT TRAINING HOMES?
- 24 A. TRAINING -- COMMUNITY TRAINING HOMES.
- 25 Q. OKAY.

1 A. AT THE TIME JACOB WAS EMPLOYED, THERE WERE THREE.

2 Q. OKAY. AND WHERE WERE THEY LOCATED?

3 A. IN -- IN CITY LIMITS OF KINGSTREE.

4 Q. ALL RIGHT. AND TELL THE COMMISSIONER WHAT A
5 TRAINING HOME IS.

6 A. A COMMUNITY TRAINING HOME IS BASICALLY WHERE FOUR
7 CONSUMERS THAT ARE TRANSITIONED FROM RESIDENTIAL OR
8 SHOULD I SAY INSTITUTIONAL PLACEMENT TO SEEK LESS
9 RESTRICTIVE AREAS OF -- OF LIVING, AND THEY ACTUALLY
10 LIVE IN FOUR RESIDENTIAL HOMES. THERE ARE FOUR
11 CONSUMERS PER HOUSE, AND THEY LIVE THERE 24/7.
12 THEY'RE SUPERVISED 24 HOURS A DAY. THEY RECEIVED
13 SELF HELP SKILLS, ACQUISITION TRAINING, INDEPENDENT
14 LIVING SKILLS TO MAKE THEM -- TO HAVE THEM IN A
15 LEAST RESTRICTIVE ENVIRONMENT.

16 Q. AND WHO WOULD HAVE BEEN RESPONSIBLE FOR PROVIDING
17 THOSE SERVICES TO THOSE INDIVIDUALS?

18 A. THERE ARE SEVEN STAFF PER HOUSES.

19 Q. OKAY.

20 A. JACOB JUST SUPERVISED THE STAFF.

21 Q. ALL RIGHT. AND -- AND DID I SAY IT CORRECTLY WHEN I
22 SPOKE EARLIER THAT MR. TISDALE WAS THE RESIDENTIAL
23 DIRECTOR?

24 A. DIRECTOR.

25 Q. ALL RIGHT. AND TELL US SPECIFICALLY WHAT HIS JOB

1 RESPONSIBILITIES WOULD HAVE BEEN AS RESIDENTIAL
2 DIRECTOR?

3 A. IT'S TO MAKE SURE THE -- THE HOUSES WERE
4 OPERATIONAL. MAKE SURE, YOU KNOW, EVERYTHING THAT
5 -- THAT NEEDED TO HAPPEN AT THE HOUSE HAPPENED. HE
6 SUPERVISES STAFF. HE MADE TRAINING SCHEDULES FOR
7 THE STAFF. HE MADE SURE THAT WE PASSED ALL
8 INSPECTIONS WHEN IT CAME TO LICENSINGS THERE. HE
9 DID THE STAFF EVALUATIONS AND DID STAFF TRAINING.

10 Q. OKAY. NOW, IN -- IN TERMS OF HAVING CLIENTS LIVE IN
11 THE COMMUNITY TRAINING HOMES, ---

12 A. UH-HUH.

13 Q. --- WHO DETERMINES WHETHER OR NOT A -- A CLIENT
14 MEETS THE QUALIFICATIONS OR -- OR ASSESS -- I
15 SHOULDN'T SAY QUALIFICATIONS -- OR PROPERLY ASSESS
16 TO DETERMINE WHETHER OR NOT THEY CAN ACTUALLY LIVE
17 IN A -- A COMMUNITY TRAINING HOME?

18 A. THE STATE DEPARTMENT OF DISABILITIES AND SPECIAL
19 NEEDS.

20 Q. OKAY. WHO WOULD HAVE BEEN ON THIS -- YOUR STAFF AT
21 THAT TIME TO ASSIST IN THAT?

22 A. WE ALL WERE.

23 Q. INCLUDING MR. ---

24 A. IN, OH. AND INCLUDING MR. TISDALE.

25 Q. OKAY. AND BEFORE THAT ASSESSMENT IS MADE AND THE

1 INDIVIDUAL IS ACTUALLY MOVED INTO A COMMUNITY
2 TRAINING HOME, IS THAT INDIVIDUAL NORMALLY WITHIN
3 HIS OR HOME PRIVATE RESIDENCE OR?

4 A. THEY'RE EITHER THERE, OR THEY'RE INSTITUTIONALIZED.

5 Q. OKAY. ALL RIGHT. AND THE WILLIAMSBURG COUNTY
6 D.D.S.N. SERVED CLIENTS THROUGHOUT THE COUNTY?

7 A. YES, THEY DO.

8 Q. IS THAT FAIR TO SAY?

9 A. YES, WE DO.

10 Q. WITHIN KINGSTREE YOU ALL SERVICE CLIENTS?

11 A. WITHIN KINGSTREE, YES.

12 Q. LANE, SOUTH CAROLINA?

13 A. LANE, HEMINGWAY.

14 Q. HEMINGWAY?

15 A. YES.

16 Q. SALTERS?

17 A. YES.

18 Q. GREELEYVILLE?

19 A. YES.

20 Q. ALL OVER. AND SO A PART OF MR. TISDALE'S JOB IF HE
21 IS MEETING WITH CLIENTS TO -- TO ASSESS THEM ---

22 A. UH-HUH.

23 Q. --- TO SEE WHETHER OR NOT D.D.S.N. CAN MEET THEIR
24 NEEDS, HE WOULD HAVE GONE TO THEIR HOMES, CORRECT?

25 A. BASICALLY, NOT AT THIS -- NOT AT THIS TIME, BECAUSE

1 ALL OF THE HOUSES WERE ACTUALLY FILLED. SO THERE
2 WOULD HAVE BEEN NO NEED FOR ASSESSING OR TRYING TO
3 ASSESS INDIVIDUALS FOR THE HOUSES.

4 Q. WHAT ABOUT IN TERMS OF PROVIDING THE CLOTHING OR
5 FOOD OR CHECKING HOMES OF CLIENTELE WHO ACTUALLY HAD
6 NOT YET MOVED INTO THE TRAINING HOMES?

7 A. THAT WE WOULD HAVE NO REASON TO DO THAT.

8 Q. OKAY. ALL RIGHT. WHAT ABOUT TAKING CLIENTS TO AND
9 FROM APPOINTMENTS?

10 A. IF THERE WERE ACTUAL APPOINTMENTS SCHEDULED FOR THAT
11 DAY. I'M NOT SURE THAT THERE WERE ACTUAL
12 APPOINTMENTS ---

13 Q. OKAY.

14 A. --- SCHEDULED FOR THAT DAY.

15 Q. NOW, ARE THERE -- I'M SORRY. I DIDN'T MEAN TO
16 INTERRUPT YOU.

17 A. UH-HUH.

18 Q. ARE THERE DOCTORS OFFICES IN GREELEYVILLE?

19 A. YES.

20 Q. BLACK RIVER HEALTH CARE?

21 A. YES.

22 Q. OKAY. ALL RIGHT. AND SO SOME OF YOUR PATIENTS OR -
23 - OR CLIENTS AS YOU CALL THEM, THEY WOULD HAVE BEEN
24 TREATED AT BLACK RIVER HEALTH CARE?

25 A. I AM UNAWARE.

1 BY MR. GALLAGHER:

2 OBJECTION.

3 BY COMMISSIONER TAYLOR:

4 OKAY. SUSTAINED.

5 BY THE WITNESS:

6 I'M NOT AWARE. THAT'S ---

7 BY COMMISSIONER TAYLOR:

8 SUSTAINED. THIS CALLS FOR SPECULATION.

9 BY THE WITNESS:

10 I'M NOT AWARE THAT THEY ---

11 BY COMMISSIONER TAYLOR:

12 YOU CAN REPHRASE THE QUESTION.

13 BY MS. BARR:

14 OKAY.

15 DIRECT EXAMINATION RESUMED BY MS. BARR:

16 Q. LET ME ASK YOU THIS. DID I UNDERSTAND YOUR
17 TESTIMONY EARLIER TO BE CORRECT THAT ONE OF MR.
18 TISDALE'S RESPONSIBILITIES WOULD HAVE BEEN TO
19 TRANSPORT CLIENTS TO AND FROM DOCTORS APPOINTMENTS?

20 A. YES.

21 Q. ALL RIGHT. AND YOU INDICATED THAT THERE IS BLACK
22 RIVER HEALTH CARE ---

23 A. UH-HUH.

24 Q. --- IS A MEDICAL FACILITY IN GREELEYVILLE; IS THAT
25 CORRECT?

1 A. RIGHT.

2 Q. ALL RIGHT. DO YOU KNOW IF THERE ARE ANY OTHER
3 MEDICAL FACILITIES IN GREELEYVILLE?

4 A. I AM NOT AWARE.

5 Q. ALL RIGHT. AND DID I UNDERSTAND YOU TO SAY THAT IF
6 YOU ALL HAD CLIENTS WHO WERE BEING TREATED AT BLACK
7 RIVER HEALTH CARE IN -- IN GREELEYVILLE AT THE TIME
8 OF THIS ACCIDENT, YOU DON'T KNOW ONE WAY OR THE
9 OTHER?

10 A. I DON'T KNOW.

11 Q. OKAY. DO YOU KNOW WHERE MR. TISDALE LIVED AT THE
12 TIME OF THE ACCIDENT?

13 A. YES.

14 Q. OKAY. HOW FAR DID HE LIVE FROM HIS QUOTE, UNQUOTE,
15 WORK SITE?

16 A. MAYBE ABOUT FOUR OR FIVE MILES.

17 Q. OKAY. DID HE DRIVE HIS PERSONAL VEHICLE TO HIS WORK
18 SITE?

19 A. TO HIS WORK SITE, YES.

20 Q. DO YOU KNOW WHAT TYPE OF VEHICLE HE DROVE?

21 A. I DON'T. I DON'T REMEMBER AT THAT TIME. AND IT WAS
22 BURGUNDY.

23 Q. OKAY. AND WHAT TIME DID HE USUALLY COME TO WORK?

24 A. ABOUT EIGHT O'CLOCK IN THE MORNING.

25 Q. OKAY. WHAT TIME DID HE USUALLY LEAVE WORK?

1 A. IT DEPENDS. HE WAS RESIDENTIAL DIRECTOR, SO JUST
2 WHATEVER NEEDED TO BE DONE. IT COULD BE NINE
3 O'CLOCK AT NIGHT.

4 Q. OKAY.

5 A. YOU KNOW, SIX O'CLOCK IN THE AFTERNOON.

6 Q. OKAY. WHAT TIME DID HE USUALLY TAKE LUNCH?

7 A. MAYBE ABOUT TWELVE-ISH DURING THE DAY.

8 Q. OKAY. AND THAT WAS HIS NORMAL PRACTICE?

9 A. YES.

10 Q. AND WHEN HE TOOK LUNCH, WOULD HE USE HIS VEHICLE, OR
11 WOULD HE USE THE STATE'S VEHICLE?

12 A. I'M NOT AWARE. I AM -- I -- I REALLY DIDN'T PAY
13 ATTENTION TO THAT, BECAUSE WE USUALLY USE OUR -- OUR
14 PERSONAL VEHICLES ---

15 Q. OKAY.

16 A. --- FOR LUNCH.

17 Q. OKAY. SO YOUR PRACTICE AT D.D.S.N. WERE EMPLOYEES
18 USE THEIR PERSONAL VEHICLE ---

19 A. PERSONAL VEHICLES.

20 Q. --- FOR LUNCH BREAK?

21 A. YES.

22 BY MR. GALLAGHER:

23 OBJECTION. THAT'S LEADING, COMMISSIONER.

24 BY MS. BARR:

25 SHE'S A PARTY OPPONENT.

1 BY MR. GALLAGHER:

2 BUT YOU CALLED HER ---

3 BY MS. BARR:

4 YEAH, BUT SHE'S PARTY ---

5 BY MR. GALLAGHER:

6 --- AS A WITNESS.

7 BY MR. BARR:

8 YEAH, BUT SHE'S A PARTY OPPONENT.

9 BY COMMISSIONER TAYLOR:

10 OVERRULED.

11 BY MR. GALLAGHER:

12 BUT YOU CAN'T ASK A LEADING QUESTION TO THE
13 WITNESS THAT YOU CALL.

14 BY MS. BARR:

15 YES, YOU CAN.

16 BY COMMISSIONER TAYLOR:

17 AND ---

18 BY MS. BARR:

19 THEY CHANGED THE RULE.

20 BY COMMISSIONER TAYLOR:

21 OVERRULED. THEY DID CHANGE THE RULE.

22 BY MS. BARR:

23 OKAY.

24 DIRECT EXAMINATION RESUMED BY MS. BARR:

25 Q. MA'AM, DID I UNDERSTAND YOU TO SAY THAT THE PRACTICE

1 OF THE EMPLOYEES AT WILLIAMSBURG COUNTY D.D.S.N.
2 WERE THEY WOULD USE THEIR OWN PERSONAL VEHICLES ---

3 A. UH-HUH.

4 Q. --- DURING LUNCH BREAK?

5 A. YES.

6 Q. OKAY. IS THAT WHAT YOU TYPICALLY DID?

7 A. YES.

8 Q. ALL RIGHT.

9 A. YES.

10 Q. AND SO ONCE YOUR LUNCH BREAK BEGAN -- WELL, FIRST OF
11 ALL, DO YOU -- DID YOU DRIVE A COMPANY VEHICLE AT
12 THE TIME?

13 A. I DO.

14 Q. ALL RIGHT.

15 A. YES, I DO.

16 Q. AND SO WHEN YOU WOULD TAKE LUNCH, WOULD YOU PARK
17 YOUR COMPANY VEHICLE AND THEN USE YOUR OWN PERSONAL
18 VEHICLE?

19 A. IF I AM TO -- FOR INSTANCE, TODAY.

20 Q. YES?

21 A. I -- I WOULD TAKE LUNCH.

22 Q. OKAY.

23 A. I WOULDN'T GO BACK TO KINGSTREE TO GO TO TAKE LUNCH.

24 Q. OKAY.

25 A. TO GET MY VEHICLE TO TAKE LUNCH.

1 Q. OKAY.

2 A. BUT IF -- IF WE WERE IN TOWN, THEN WE'D USE OUR
3 PERSONAL VEHICLES.

4 Q. OKAY. AND THEN ONCE YOU CONCLUDED YOUR LUNCH, YOU
5 PARK YOUR ---

6 A. YES.

7 Q. --- PERSONAL VEHICLE; IS THAT CORRECT?

8 A. YES.

9 Q. AND THEN RESUME THE USE OF ---

10 A. YES.

11 Q. --- THE STATE'S VEHICLE. WITHIN THE MONTH PRIOR TO
12 THIS ACCIDENT, HOW MUCH DAY-TO-DAY ACTIVITY DID YOU
13 HAVE OR CONTACT DID YOU HAVE WITH MR. TISDALE?

14 A. DAILY.

15 Q. DAILY?

16 A. DAILY.

17 Q. OKAY. WOULD YOU SEE HIM USING HIS PERSONAL VEHICLE
18 DURING THE DAY?

19 A. YES.

20 Q. OKAY. AND WHAT DID YOU ASSUME HE WAS USING HIS
21 PERSONAL VEHICLE FOR DURING THE DAY?

22 A. WORK. WORK HOURS.

23 Q. DURING THE WORK HOURS?

24 A. DURING THE WORK HOURS, YES. BECAUSE IF THERE WASN'T
25 AN AGENCY VEHICLE TO USE AND HE NEEDED TO TRAVEL

1 SOMEWHERE, HE WOULD USE HIS VEHICLE.

2 Q. OKAY.

3 A. WE ALL DO.

4 Q. DID YOU SEE THE VEHICLE, THE STATE'S VEHICLE AFTER
5 THE ACCIDENT?

6 A. I DID NOT.

7 Q. OKAY. IS THERE ANY QUESTION IN YOUR MIND THAT HE
8 WAS DRIVING THE STATE VEHICLE AT THE TIME OF THE
9 ACCIDENT?

10 A. NO.

11 Q. OKAY. NOW, IN TERMS OF WHO WOULD HAVE HAD MORE
12 CONTACT AND SUPERVISION WITH HIM, WOULD THAT BE YOU,
13 OR WOULD THAT BE MS. KAREN HUDSON THAT YOU TALKED
14 ABOUT?

15 A. THAT WOULD MS. KAREN HUDSON.

16 Q. OKAY. AND SHE WAS WHO TO HIM?

17 A. HIS SUPERVISOR.

18 Q. OKAY. IS SHE STILL EMPLOYED THERE?

19 A. NO, SHE ISN'T.

20 Q. SHE'S RETIRED?

21 A. SHE'S OUT OF STATE.

22 Q. OH. THAT'S -- HOW LONG HAD SHE BEEN HIS SUPERVISOR?

23 A. ABOUT FIVE OR SIX YEARS, MAYBE. I'M NOT QUITE SURE.

24 Q. OKAY. NOW, MS. DOZIER, AFTER THE ACCIDENT HAPPENED,
25 YOU WERE CONTACTED BY A GENTLEMAN NAMED PAUL

1 JEFFERSON, AN INVESTIGATOR ABOUT THE ACCIDENT?

2 A. I DON'T REMEMBER. I THINK -- REMEMBER -- COULD HAVE
3 BEEN MY HUMAN RESOURCE PERSON. I DON'T KNOW.

4 Q. DO YOU REMEMBER CREATING AN INCIDENT REPORT ABOUT
5 THE ACCIDENT?

6 A. WE MAY HAVE, AND THAT COULD HAVE BEEN DONE ALSO FOR
7 THE HUMAN RESOURCE.

8 Q. OKAY.

9 BY MS. BARR:

10 COMMISSIONER, MAY I -- MAY I APPROACH THE
11 WITNESS?

12 BY COMMISSIONER TAYLOR:

13 SURE.

14 DIRECT EXAMINATION RESUMED BY MS. BARR:

15 Q. ALL RIGHT. I'M GOING TO SHOW YOU APA NUMBER EIGHT
16 OF THE CLAIMANT'S EXHIBIT PAGE 23. IS THIS A COPY
17 OF YOUR INCIDENT REPORT REGARDING THE ACCIDENT THAT
18 HAPPENED IN OCTOBER OF 2008, WITH MR. TISDALE?

19 A. YES, IT IS.

20 Q. OKAY. DOES THAT CONTAIN YOUR SIGNATURE?

21 A. YES, IT DOES.

22 Q. OKAY. ALL RIGHT. I'M GOING TO HAVE YOU ALSO LOOK
23 AT CLAIMANT'S APA NUMBER NINE ON PAGE 27. I WANT
24 YOU TO READ THAT TO YOURSELF AND SEE IF THAT WERE --
25 -

1 A. CAN I GET MY GLASSES ---

2 Q. YES.

3 A. --- PLEASE, RIGHT THERE (INDICATING)?

4 Q. WHERE ARE THEY?

5 A. IN MY PURSE RIGHT THERE. THANK YOU.

6 BY MR. GALLAGHER:

7 OH. I DON'T -- I DON'T WANT TO GO IN A LADY'S
8 PURSE. I DON'T KNOW HOW ---

9 BY THE WITNESS:

10 I WAS GOING TO SAY I'LL REACH YOUR -- AND REACH
11 ON THE TOP RIGHT THERE.

12 BY MR. GALLAGHER:

13 COMMISSIONER, I MAY HAVE AN OBJECTION.

14 BY COMMISSIONER TAYLOR:

15 OKAY.

16 BY THE WITNESS:

17 THANK YOU.

18 BY MR. GALLAGHER:

19 BUT I'LL ---

20 BY COMMISSIONER TAYLOR:

21 SHE'S ---

22 BY MR. GALLAGHER:

23 --- WAIT UNTIL SHE'S FINISHED LOOKING AT IT.

24 BY COMMISSIONER TAYLOR:

25 OKAY.

1 **DIRECT EXAMINATION RESUMED BY MS. BARR:**

2 A. THIS IS VERY HARD TO ---

3 Q. WELL, AND LET ME DO THIS. I'M GOING TO GIVE YOU ONE
4 THAT MAYBE IS MORE CLEAR. HOW ABOUT THAT?

5 A. THANK YOU.

6 **BY MR. GALLAGHER:**

7 COMMISSIONER, WELL, I -- I THINK I'M GOING TO
8 LODGE MY OBJECTION AT THIS POINT THAT THIS, SHE'S
9 BEING ASKED TO REVIEW A DOCUMENT TO REFRESH HER
10 RECOLLECTION THAT SHE DIDN'T PREPARE, I DON'T
11 BELIEVE THAT'S PROPER.

12 **BY COMMISSIONER TAYLOR:**

13 MS. BARR?

14 **BY MS. BARR:**

15 JUDGE, I THINK THAT WHEN AN INDIVIDUAL HAS
16 GIVEN A STATEMENT, IN ORDER TO REFRESH THE PERSON'S
17 RECOLLECTION IT'S NOT NECESSARY THAT THE INDIVIDUAL
18 ACTUALLY PREPARED THE STATEMENT. I THINK THE RULES
19 SPECIFICALLY REQUIRE THAT THE STATEMENT BE SHOWN TO
20 HER. SHE CAN EITHER SAY SHE -- IT REFLECTS HER
21 RECOLLECTION, SHE REMEMBERS IT, IT REFRESHES HER
22 RECOLLECTION OR NOT, BUT THERE'S NO REQUIREMENT IN
23 THE RULE THAT SHE ACTUALLY WROTE THE STATEMENT.

24 **BY COMMISSIONER TAYLOR:**

25 ALL RIGHT. I'M GOING TO OVERRULE THE

1 OBJECTION.

2 BY THE WITNESS:

3 YES.

4 BY COMMISSIONER TAYLOR:

5 AT THIS -- AT THIS STAGE ANYWAY.

6 BY MR. GALLAGHER:

7 AND, COMMISSIONER, I WOULD ASK HER TO CONFINE
8 HER REVIEW OF THE DOCUMENT AS TO WHAT SHE STATED,
9 BECAUSE THAT SAME DOCUMENT REFERENCES SOMETHING THAT
10 SOMEONE ELSE STATED.

11 BY COMMISSIONER TAYLOR:

12 OKAY. ALL RIGHT. SO NOTED FOR THE RECORD.
13 AND, MA'AM, JUST PER WHAT THE ATTORNEYS ARE TALKING
14 ABOUT, ONCE YOU REVIEW IT, ---

15 BY THE WITNESS:

16 YES.

17 BY COMMISSIONER TAYLOR:

18 --- THEY'RE ASKING YOU TO REVIEW IT AS TO THE
19 PART OF THE DOCUMENT THAT YOU PERSONALLY STATED OR
20 WERE INVOLVED WITH.

21 DIRECT EXAMINATION RESUMED BY MS. BARR:

22 A. OKAY. AND THAT'S A ---

23 Q. MS. DOZIER, IF YOU'LL JUST TELL ME WHEN YOU'RE
24 FINISHED READING IT, AND THEN I CAN CONTINUE MY LINE
25 OF QUESTIONING, OKAY?

1 A. OKAY. I'M FINISHED.

2 Q. OKAY.

3 BY MR. GALLAGHER:

4 CAN SHE BE INSTRUCTED TO JUST READ THE FIRST --
5 THE FIRST PART OF THE STATEMENT?

6 BY THE WITNESS:

7 OH, WHAT I'M SAYING?

8 BY MR. GALLAGHER:

9 YES.

10 DIRECT EXAMINATION RESUMED BY MS. BARR:

11 A. OKAY. AND IT'S STATED BY ME THAT "THE M.V.A.
12 HAPPENED IN THE AFTERNOON. HE WAS DRIVING THE STATE
13 VEHICLE, AS I KNOW HE WAS ON THE JOB. I CAN'T SAY
14 EXACTLY WHAT HE WAS DOING. HE WAS A RESIDENTIAL
15 DIRECTOR, SO HE WAS OVER EVERYONE IN THAT
16 DEPARTMENT. KAREN HUDSON MAY KNOW MORE."

17 Q. OKAY.

18 A. SO I'M NOT QUITE SURE.

19 Q. ALL RIGHT. SO YOU GAVE THAT STATEMENT TO AN
20 INVESTIGATOR REGARDING THIS ACCIDENT?

21 A. YES.

22 Q. AND ONE OF THE THINGS THAT YOU WERE TRYING TO DO IS
23 YOU WERE TRYING TO FIGURE OUT WHAT HAPPENED WITH THE
24 ACCIDENT; IS THAT CORRECT?

25 A. I DIDN'T KNOW WHAT HAPPENED, SO.

1 Q. RIGHT. AND YOU HAD PREPARED AN INCIDENT REPORT
2 INDICATING THAT YOU WEREN'T SURE ---

3 A. RIGHT, WHAT HAPPENED.

4 Q. --- HOW THE ACCIDENT HAPPENED; IS THAT CORRECT?

5 A. RIGHT.

6 Q. AND THEN YOU RECEIVED A COMMUNICATION FROM THIS
7 INVESTIGATOR ASKING YOU ABOUT WHAT MR. TISDALE MAY
8 HAVE BEEN DOING THAT DAY?

9 A. UH-HUH.

10 Q. IS THAT CORRECT?

11 A. I'M -- I DON'T REMEMBER. I DON'T REMEMBER.

12 Q. AND DO YOU DISPUTE THAT YOU TOLD HIM THE THINGS THAT
13 ARE WRITTEN IN THIS SEGMENT?

14 A. I MAY HAVE. I'M NOT DISPUTING IT.

15 Q. AND YOUR STATEMENT TO HIM WAS, "AS FAR AS I KNOW HE
16 WAS ON THE JOB." YOU WERE REFERRING TO MR. TISDALE?

17 A. RIGHT.

18 Q. OKAY. AND AS YOU SIT HERE TODAY, AS FAR AS YOU
19 KNOW, YOUR TESTIMONY STILL WOULD BE HE WAS ON THE
20 JOB?

21 A. YES.

22 Q. YOU DON'T HAVE ANY REASON TO DISPUTE THAT HE WASN'T
23 ON THE JOB AT THE TIME THIS ACCIDENT HAPPENED?

24 A. I DON'T KNOW WHAT HE WAS DOING, NOR COULD I HAVE
25 KNOWN. YOU KNOW, AND HE SHOULD -- IT WAS DURING

1 WORKING HOURS.

2 Q. ALL RIGHT. NOW, YOU MENTIONED KAREN HUDSON, AND I
3 THINK THAT'S ONE OF THE REASONS WHY I ASKED YOU WHO
4 SHE WAS.

5 A. UH-HUH.

6 Q. YOU INDICATED THAT SHE WOULD HAVE MORE KNOWLEDGE AND
7 MORE DAY-TO-DAY ACTIVITY INTERACTIONS WITH MR.
8 TISDALE AT THAT TIME?

9 A. RIGHT. RIGHT.

10 Q. SHE WAS HIS DIRECTOR?

11 A. AS HIS -- AS HIS SUPERVISOR. YES.

12 **BY MS. BARR:**

13 COMMISSIONER, WE WOULD TAKE THE POSITION AS IT
14 RELATES TO THE TESTIMONY OF -- OR I SHOULDN'T SAY
15 TESTIMONY -- THE STATEMENT OF MS. HUDSON THAT SHE IS
16 A PARTY OPPONENT UNDER RULE 801 -- 801(d)(1), WHICH
17 STATES THAT THE STATEMENT, THE ADMISSION BY A PARTY
18 OPPONENT IS ADMISSIBLE WHERE THE STATEMENT IS
19 OFFERED AGAINST THE PARTY. NOW, WE ARE PURPORTING
20 TO OFFER THIS AGAINST THE DEFENDANT. AND THE
21 PARTIES OWN STATEMENT IN EITHER AN INDIVIDUAL OR
22 REPRESENTATIVE CAPACITY, OR THE STATEMENT OF WHICH
23 THE THE PARTY HAS MANIFESTED AN -- AN ADOPTION OR
24 BELIEF AND IT'S TRUE, OR A STATEMENT BY A PERSON
25 AUTHORIZED BY THE PARTY TO MAKE A STATEMENT

1 CONCERNING THE SUBJECT, OR A STATEMENT BY THE
2 PARTY'S AGENT OR SERVANT CONCERNING A MATTER WITHIN
3 THE SCOPE OF THE AGENCY OR EMPLOYMENT MADE DURING
4 THE EXISTENCE OF THE THAT RELATIONSHIP.

5 COMMISSIONER, YOU WILL NOTE THAT MS. DOZIER
6 TESTIFIED THAT MS. HUDSON IS NO LONGER WORKING FOR
7 D.D.S.N., BUT SHE WAS THE CLAIMANT'S DIRECT
8 SUPERVISOR AT THE TIME. AND COMMISSIONER, YOU'LL
9 NOTE FROM THE RECORD THAT MS. HUDSON TOLD THE
10 INVESTIGATOR THAT SHE WAS THE CLAIMANT'S SUPERVISOR.
11 THE STATEMENT READS, "I DON'T KNOW WHAT HE WAS
12 DOING. HE WAS DRIVING THE STATE VEHICLE. HE
13 HANDLED ALL ASPECTS OF RESIDENTIAL SERVICES. THERE
14 WAS NO REASON TO DOUBT THAT HE WAS ON THE JOB."
15 JUDGE -- COMMISSIONER, I DON'T KNOW CANDIDLY HOW
16 MUCH MORE CLEAR THIS WOULD BE ADMISSIBLE AS A PARTY
17 ADMISSION BY A PARTY OPPONENT. MRS. HUDSON WAS
18 WORKING WITHIN THE SCOPE OF HER EMPLOYMENT WITH THE
19 DEFENDANT. THIS STATEMENT BY HER WOULD BE AN
20 ADMISSION AGAINST THE INTEREST OF THE DEFENDANT AND
21 IN FAVOR OF THE INTEREST OF THE CLAIMANT, AND WE
22 BELIEVE THAT'S IT ADMISSIBLE.

23 BY COMMISSIONER TAYLOR:

24 ALL RIGHT.

25 BY MS. BARR:

1 SHE'S AN ---

2 BY MR. GALLAGHER:

3 COMMISSIONER ---

4 BY MS. BARR:

5 --- UNAVAILABLE WITNESS BECAUSE SHE'S NO
6 LONGER, AS I UNDERSTOOD MS. TISDALE TO SAY THAT
7 SHE'S NO LONGER WITH D.D.S.N. AND SHE LIVES IN
8 ANOTHER STATE, IF I -- IF I UNDERSTOOD HER TO BE
9 CORRECT. SO I THINK THAT'S IT ADMISSIBLE AS AN
10 UNAVAILABLE WITNESS AND AS AN ADMISSION BY A PARTY
11 OPPONENT.

12 BY COMMISSIONER TAYLOR:

13 MR. GALLAGHER?

14 BY MR. GALLAGHER:

15 COMMISSIONER. FIRST OF ALL, I NEVER OBJECTED
16 TO IT. SO I THINK ALL THAT LEGAL DISCOURSE ASIDE, I
17 NEVER -- I NEVER -- I MAY HAVE MADE AN OBJECTION
18 THAT IT WASN'T ADMISSIBLE. SECOND OF ALL, I THINK
19 IT DOES RAISE A POINT THAT -- THAT GOES BACK TO AN
20 ARGUMENT I MADE EARLIER ABOUT THE UNAVAILABILITY OF
21 THIS WITNESS BY ADJUDICATING THIS CLAIM AT THIS TIME
22 GOING INTO OUR PREJUDICE ARGUMENT ON THE LACHES.
23 THIS PERSON IS NO LONGER AVAILABLE. THIS -- THIS
24 STATEMENT IS NO LONGER CROSS-EXAMINABLE BECAUSE
25 SHE'S AN UNAVAILABLE WITNESS. AND THAT GOES -- I --

1 I WOULD -- I WOULD ADVANCE THAT IN FURTHERANCE OF
2 THE PREVIOUS ARGUMENT REGARDING LACHES. SECOND
3 POINT I WOULD MAKE IS THAT WHETHER OR NOT THIS IS
4 COMPENSABLE OR COVERED UNDER THE ACT IS A -- IS A
5 LEGAL DETERMINATION FOR YOU TO MAKE. SO IS IT
6 ADMISSIBLE? YES. IS IT DISPOSITIVE OR EVEN
7 PROBATIVE? NO. A LAYPERSON SAYING SOMEONE IS ON
8 THE JOB IS NOT CONCLUSIVELY -- A CONCLUSIVE
9 PRESUMPTION. IT'S NOT PROOF OF ANYTHING THAT
10 SOMEBODY WAS ON THE JOB.

11 BY COMMISSIONER TAYLOR:

12 FROM A -- FROM A WORKERS' COMP ---

13 BY MR. GALLAGHER:

14 FROM A LEGAL STANDPOINT.

15 BY COMMISSIONER TAYLOR:

16 --- STANDPOINT, CORRECT.

17 BY MR. GALLAGHER:

18 FROM A -- FROM A ---

19 BY COMMISSIONER TAYLOR:

20 I MEAN ---

21 BY MR. GALLAGHER:

22 --- WORKERS' COMP STANDPOINT. SO TWO THINGS:
23 NUMBER ONE, I NEVER OBJECTED TO THE -- TO THE -- TO
24 THAT AS BEING ADMISSIBLE. SECOND, I DON'T THINK
25 IT'S DISPOSITIVE OF ANYTHING. CERTAINLY IT'S

1 ADMISSIBLE, BUT I WOULD SUBMIT THAT IT'S PROBATIVE
2 VALUE AND RELEVANCE IS -- IS VERY LIMITED. AND
3 THIRD OF ALL, I WOULD -- I WOULD SUBMIT THAT THE
4 UNAVAILABILITY OF THIS WITNESS, VIRTUALLY BEING
5 UNCROSS-EXAMINABLE, FURTHERS THE ARGUMENT WE MADE
6 EARLIER ABOUT HOW WE'VE BEEN PREJUDICED ABOUT THE
7 DELAY IN THIS CLAIM BEING BROUGHT, YOUR HONOR.

8 BY COMMISSIONER TAYLOR:

9 ALL RIGHT. AND I THINK EVEN THOUGH THERE
10 WASN'T A FORMAL OBJECTION, I THINK WHEN SHE WAS
11 REVIEWING THE DOCUMENT, I THOUGHT MAYBE IT WAS AN
12 OBJECTION TO HER TESTIFYING AS TO THAT SECOND
13 PORTION OF THE STATEMENT.

14 BY MR. GALLAGHER:

15 AND THAT -- THAT -- THAT COULD BE. AND THEN
16 MAYBE ---

17 BY COMMISSIONER TAYLOR:

18 YEAH.

19 BY MR. GALLAGHER:

20 --- THAT WAS THE -- I -- I WAS OBJECTING TO HER
21 READING THAT TO -- OR READING A STATEMENT OF ANOTHER
22 PERSON TO REFRESH HER RECOLLECTION.

23 BY COMMISSIONER TAYLOR:

24 THAT'S OKAY. OKAY.

25 BY MR. GALLAGHER:

1 THAT WAS THE EXTENT OF MY PRIOR OBJECTION.

2 BY COMMISSIONER TAYLOR:

3 OKAY. OKAY. ALL RIGHT. AND I MISUNDERSTOOD
4 AS WELL. AND SO THAT'S FINE. BUT TECHNICALLY IT IS
5 ADMISSIBLE EVIDENCE AS A STATEMENT BY A PARTY
6 OPPONENT.

7 BY MR. GALLAGHER:

8 YES.

9 BY COMMISSIONER TAYLOR:

10 YOUR -- FOR YOUR PURPOSES WITH REGARD TO YOUR
11 LACHES DEFENSE, THAT IS NOTED FOR THE RECORD.

12 BY MR. GALLAGHER:

13 AND JUST AGAIN THE SIGNIFICANCE IS, I DON'T
14 BELIEVE IT -- I DON'T KNOW THAT MS. BARR WAS
15 SUBMITTING THAT THAT'S DISPOSITIVE OF THIS CASE, BUT
16 TO THE EXTENT THAT SHE WAS IMPLYING THAT, I WOULD
17 SUBMIT IT'S -- IT -- IT'S NOT.

18 BY MS. BARR:

19 AND -- AND, COMMISSIONER, I RESPECTFULLY KNOW
20 THAT THE COMMISSIONER AS THE FACT FINDER IN THIS
21 CASE WILL ASSIGN WHATEVER WEIGHT YOU DEEM
22 APPROPRIATE TO WHATEVER EVIDENCE IS PRESENTED TO
23 YOU. SO IF IT'S ADMISSIBLE, I'M FINE.

24 BY COMMISSIONER TAYLOR:

25 OKAY. ALL RIGHT. VERY GOOD.

DIRECT EXAMINATION RESUMED BY MS. BARR:

Q. ALL RIGHT. AND, MS. DOZIER, YOU INDICATED IN YOUR REPORT, THE INCIDENT REPORT THAT YOU'VE COMPLETED, THAT MR. TISDALE DIED AS A RESULT OF THAT ACCIDENT ON THE 16TH?

A. UH-HUH.

Q. IS THAT RIGHT?

A. THAT'S CORRECT.

Q. AND LET ME JUST SHOW YOU ONE MORE THING IF I MAY? ON THE ACCIDENT REPORT, WHICH IS ON PAGE 21 OF THE DEFENDANTS' PREHEARING BRIEF, CAN YOU TELL ME THE DATE IN WHICH THE LAW ENFORCEMENT WOULD HAVE BEEN NOTIFIED, THE TIME -- I'M SORRY -- IN WHICH LAW ENFORCEMENT WOULD HAVE BEEN NOTIFIED ABOUT THE ACCIDENT?

A. THAT'S 12:54.

Q. 12:54 P.M.?

A. UH-HUH.

Q. YES? IS THAT A YES?

A. YES.

Q. OKAY. WAS THERE AN EMPLOYEE AT D.D.S.N. AROUND THIS TIME WHO'S FIRST NAME IS MARTHA?

A. I DON'T RECALL. I DON'T THINK SO.

Q. OKAY. AND JUST A FEW MORE QUESTIONS, MS. DOZIER. I APPRECIATE YOUR PATIENCE.

1 A. UH-HUH.

2 Q. I JUST WANTED TO MAKE SURE I -- I GET EVERYTHING.
3 DO YOU RECALL WHERE YOU WERE WHEN YOU LEARNED OF THE
4 ACCIDENT?

5 A. I WAS AT THE EXECUTIVE DIRECTORS ACADEMY AT THE
6 FRANCIS MARION COLLEGE.

7 Q. THAT'S RIGHT, YOU TOLD ME YOU WERE IN FLORENCE.
8 WHEN YOU -- DID YOU IMMEDIATELY GO BACK TO
9 WILLIAMSBURG COUNTY?

10 A. I DID.

11 Q. OKAY. DID YOU GO TO YOUR -- YOUR OFFICE?

12 A. I DID.

13 Q. OKAY. AND MR. TISDALE'S PERSONAL VEHICLE WAS PARKED
14 AT THE OFFICE?

15 A. I'M NOT SURE. I'M NOT SURE.

16 Q. AND WHO IS PERNELL BURGESS?

17 A. SHE'S OUR HUMAN RESOURCE.

18 Q. IS SHE STILL THERE?

19 A. YES, SHE IS.

20 Q. NOW, SUBSEQUENT TO MR. TISDALE'S DEATH, DID YOU ALL
21 DEDICATE A HOME IN HIS HONOR?

22 A. AFTER, YES.

23 Q. AND THAT WAS NEAR THE MAGNET SCHOOL? IT WAS A HOME
24 NEAR THE MAGNET SCHOOL?

25 A. YES, ON 2ND AVENUE.

1 Q. ALL RIGHT. THAT'S ALL THE QUESTION -- AND A -- ONE
2 MORE THING. I'M SORRY. ALMOST DONE. MA'AM, THAT'S
3 ALL THE QUESTIONS THAT I HAVE. THANK YOU SO MUCH.

4 BY COMMISSIONER TAYLOR:

5 MR. GALLAGHER.

6 BY MR. GALLAGHER:

7 THANK YOU, COMMISSIONER.

8 CROSS-EXAMINATION BY MR. GALLAGHER:

9 Q. MS. DOZIER, HOW ARE YOU KIN TO MR. TISDALE?

10 A. HE'S MY FIRST COUSIN.

11 Q. AND HOW -- HOW IS THAT? IS IT YOUR MOM'S? HOW ---

12 A. OUR -- OUR DADS.

13 Q. HOW ARE Y'ALL RELATED EXACTLY?

14 A. OUR DADS ARE BROTHERS.

15 Q. YOUR DADS ARE BROTHERS?

16 A. YES.

17 Q. OKAY. THE FOUR HOMES THAT MR. TISDALE WAS IN CHARGE
18 OF SUPERVISING, WHERE WERE THEY LOCATED?

19 A. IN THE CITY LIMITS OF KINGSTREE.

20 Q. WHAT PERCENTAGE OF HIS JOB DUTIES REQUIRED HIM TO
21 TRAVEL BETWEEN THOSE HOMES DOING WHAT OTHER VARIOUS
22 TASKS AND DUTIES HE WAS RESPONSIBLE FOR?

23 A. ABOUT 90 PERCENT.

24 Q. THE OTHER TEN PERCENT OF HIS DUTIES, WHAT DID THOSE
25 COMPRISE?

1 A. DOCUMENTATION, HAVING PLANNED MEETINGS, MEETING WITH
2 STAFF, SUPERVISION.

3 Q. WHAT PERCENTAGE OF HIS JOB DUTIES ACTUALLY -- OR AND
4 I DON'T I BELIEVE THAT I'M ASKING YOU IN TERMS OF
5 PERCENTAGES. BUT HOW OFTEN WOULD MR. TISDALE BE
6 CALLED UPON TO GO BEYOND THE CITY LIMITS OF
7 KINGSTREE ---

8 A. THERE ---

9 Q. --- TO DO ANYTHING RELATED TO WORK?

10 A. VERY LITTLE. BECAUSE WE HAVE -- THERE ARE HOUSE
11 MANAGERS THAT DOES THE APPOINTMENTS AS FAR AS -- AS
12 FAR AS DOCTOR VISITS, AND HE WOULD ONLY DO THAT IF
13 ONE OF THEM COULD NOT DO IT. HE WOULD BE REQUIRED
14 TO FILL IN BECAUSE THEY WERE HIS STAFF, AND IF THEY
15 COULDN'T DO IT, THEN HE WOULD JUMP IN AND DO IT.
16 WELL, AS FAR AS THIS OUT OF THE SCOPE OF
17 WILLIAMSBURG COUNTY, THAT WOULD BE VERY RARELY.

18 Q. AND I'M AGAIN, AND OUT OF THE SCOPE OF WILLIAMSBURG
19 COUNTY, BUT -- BUT HOW ABOUT OUT OF THE SCOPE OF
20 KINGSTREE?

21 A. THAT WOULD BE VERY RARELY.

22 Q. AND YOU SAID, VERY. YOU USED THE TERM, VERY LITTLE,
23 EARLIER I BELIEVE IN YOUR TESTIMONY?

24 A. VERY LITTLE.

25 Q. AND I WANT TO PUT THAT INTO SOME MORE PERSPECTIVE IN

1 TERMS OF WAS IT A DAILY OCCURRENCE THAT HE WOULD
2 EVER HAVE TO LEAVE THE CITY LIMITS OF KINGSTREE TO -
3 - TO PERFORM HIS JOB DUTIES?

4 A. NOT FOR -- NOT FOR THE CLIENTS.

5 Q. WAS IT A WEEKLY OCCURRENCE THAT HE WOULD EVER HAVE
6 TO LEAVE THE CITY LIMITS OF KINGSTREE, SOUTH
7 CAROLINA TO PERFORM ANY JOB DUTIES?

8 A. IT'S POSSIBLE.

9 Q. ON THIS PARTICULAR OCCASION, MEANING OCTOBER, I
10 GUESS THE ACCIDENT WAS ON THE 16?

11 A. UH-HUH.

12 Q. HE DIED ON THE 17TH, IS THAT RIGHT? OKAY. SO FOR -
13 - FOR PURPOSES OF OCTOBER 16TH, 2008, DO YOU KNOW
14 WHY HE WAS APPROXIMATELY THREE MILES FROM
15 GREELEYVILLE, SOUTH CAROLINA?

16 A. I DON'T KNOW.

17 BY MS. BARR:

18 COMMISSIONER. I'D HAVE TO OBJECT TO THAT.

19 BY THE WITNESS:

20 AND TO SPECULATE ---

21 BY MS. BARR:

22 THAT QUESTION ASSUMES ---

23 BY COMMISSIONER TAYLOR:

24 AND, YEAH.

25 BY MS. BARR:

1 --- FACTS NOT IN EVIDENCE.

2 BY COMMISSIONER TAYLOR:

3 SUSTAINED. SUSTAINED.

4 BY MR. GALLAGHER:

5 COMMISSIONER, I -- I -- THE -- THE APA
6 SUBMISSION SHOWS THE MAP WHERE THE ACCIDENT
7 OCCURRED. THAT'S BEEN ADMITTED INTO EVIDENCE.

8 BY COMMISSIONER TAYLOR:

9 THE ---

10 BY MR. GALLAGHER:

11 SHE ONLY -- THERE'S ANOTHER MAP. SHE ONLY
12 OBJECTED TO THE ---

13 BY COMMISSIONER TAYLOR:

14 PLEASE ---

15 BY MR. GALLAGHER:

16 --- PINPOINT MAP, COMMISSIONER.

17 BY COMMISSIONER TAYLOR:

18 AND I WAS JUST LOOKING TO SEE.

19 BY MR. GALLAGHER:

20 I -- I'LL -- I'LL SOLICIT TESTIMONY.

21 CROSS-EXAMINATION RESUMED BY MR. GALLAGHER:

22 Q. ARE YOU FAMILIAR WITH THE AREA WHERE THIS ACCIDENT
23 OCCURRED?

24 A. YES.

25 Q. ARE YOU A LIFE LONG RESIDENT OF WILLIAMSBURG COUNTY?

- 1 A. YES.
- 2 Q. HOW FAR FROM THE CITY LIMITS OF GREELEYVILLE DID
- 3 THIS ACCIDENT OCCUR?
- 4 A. ABOUT FOUR OR FIVE, MAYBE SIX MILES AT THE MOST.
- 5 Q. WERE YOU AWARE THAT HE WAS TRAVELING WEST ON U.S.
- 6 521?
- 7 A. NO, I WASN'T.
- 8 Q. ASSUMING THAT HE WAS TRAVELING WEST ON U.S. 521,
- 9 WOULD HE HAVE BEEN TRAVELING TO, TOWARD, OR AWAY
- 10 FROM KINGSTREE, SOUTH CAROLINA?
- 11 A. AWAY FROM KINGSTREE. YES.
- 12 Q. ARE THERE ANY FACILITIES MAINTAINED BY THE
- 13 DEPARTMENT IN GREELEYVILLE?
- 14 A. NO.
- 15 Q. ARE YOU AWARE OF ANY REASON RELATED TO PERFORMANCE
- 16 OF HIS JOB DUTIES WHY HE WOULD HAVE BEEN TRAVELING
- 17 AWAY FROM KINGSTREE, SOUTH CAROLINA, AND TOWARD
- 18 GREELEYVILLE, SOUTH CAROLINA, ON OCTOBER 16TH, 2008?
- 19 A. NO, I CAN'T. I COULD NOT THINK OF ANY.
- 20 Q. IF HE HAD BEEN DOING ANY TRAINING OR ON HIS WAY TO
- 21 DO ANYTHING LIKE THAT, WOULD THAT HAVE BEEN
- 22 SOMETHING YOU WOULD HAVE KNOWN ABOUT?
- 23 A. YES.
- 24 Q. WAS HE ON HIS WAY TO DO ANY KIND OF TRAINING?
- 25 A. NO.

- 1 Q. YOU MENTIONED EARLIER THAT ALL THE PERSONNEL IN YOUR
2 DEPARTMENT WERE SOMETIMES CALLED UPON TO VISIT WHAT
3 YOU GUYS CALL CONSUMERS, ---
- 4 A. UH-HUH. RIGHT.
- 5 Q. --- WHICH WERE RESIDENTS IN YOUR ---
- 6 A. CORRECT.
- 7 Q. --- HOMES, CORRECT? Y'ALL WOULD ALL KIND OF GO AND
8 COLLABORATIVELY MAYBE TRAVEL WITH THESE FOLKS TO
9 ASSESS THEM; IS THAT CORRECT?
- 10 A. THAT WOULD BE, AND THAT WOULD BE JUST TO ASSESS THEM
11 TO SEE IF THEY WERE ELIGIBLE FOR OUR DEPARTMENT,
12 BUT THAT COULD BE IN FLORENCE; THAT COULD BE IN
13 COLUMBIA; THAT COULD BE IN CHARLESTON. THERE WOULD
14 POSSIBLY NOT BE ANYBODY IN WILLIAMSBURG OR LANE OR
15 KINGSTREE THAT WILL BE ASSESSABLE, BECAUSE THAT'S
16 ASSESSED THROUGH THE DEPARTMENT OF DISABILITIES.
- 17 Q. COULD MR. TISDALE HAVE BEEN DOING SOMETHING ALONG
18 THOSE LINES AT THE TIME IN QUESTION?
- 19 A. NOT THAT I -- NOT THAT I'M AWARE OF THAT -- THAT
20 THERE NEEDED TO BE A NEED FOR.
- 21 Q. AND WHY WOULD -- IS IT YOUR ASSESSMENT THAT HE WOULD
22 NOT HAVE BEEN ON HIS WAY AS THEORIZED BY MS. BARR TO
23 TRAVEL TOWARDS SOMEONE TO ASSESS THEM?
- 24 A. BECAUSE ALL OF THE RESIDENTS WERE FILLED, ALL OF THE
25 SLOTS, ALL THE HOUSES WERE FILLED. SO WE WOULD NOT

- 1 NEED TO ASSESS ANOTHER CLIENT TO BRING IN TO.
- 2 Q. ALL THE HOUSES IN ---
- 3 A. WERE -- WERE FILLED.
- 4 Q. --- KINGSTREE THAT HE WAS IN CHARGE OF SUPERVISING
- 5 WERE FULL?
- 6 A. YES, WERE FULL.
- 7 Q. AS FAR AS THE USE OF THE VAN IS CONCERNED, WAS THAT
- 8 VAN GIVEN -- WAS THAT VAN HIS VAN TO USE PER SE' FOR
- 9 -- FOR WHATEVER HE -- HE SAW FIT?
- 10 A. NO. WELL, NO, IT WASN'T. IT'S ACTUALLY, THE VAN
- 11 ACTUALLY BELONGS TO THE HOUSE, AND I DON'T KNOW
- 12 WHICH OF THE HOUSE'S VAN THAT HE HAD THAT DAY, SO I
- 13 WOULDN'T MAKE THAT STATEMENT. BUT IF -- IF MR.
- 14 TISDALE WENT TO ANY ONE OF THE HOUSES AND THE VAN
- 15 WERE AVAILABLE AND HE NEEDED TO DO SOMETHING, THEN
- 16 HE COULD, YOU KNOW, PARK HIS CAR AND GET IN THE VAN
- 17 AND DO WHAT HE NEEDED TO DO FOR THE JOB.
- 18 Q. WOULD HE ALSO -- WAS THERE ANY SPECIFIC PROHIBITION
- 19 AGAINST HIM USING THE VAN FOR ANY OTHER PURPOSES?
- 20 A. NO.
- 21 Q. DO YOU HAVE ANY PERSONAL KNOWLEDGE OF WHETHER OR NOT
- 22 HE EVER USED THAT VAN TO PERFORM PERSONAL ERRANDS?
- 23 A. NO, I DON'T WANT TO MAKE THAT ASSUMPTION. NO.
- 24 Q. IF HE DID DO THAT, WOULD THAT BE A VIOLATION OF --
- 25 OF YOUR COMPANY POLICY, OR ---

- 1 A. YES, IT WOULD.
- 2 Q. OR WOULD YOU TELL HIM IT'S OKAY TO USE THE VAN AS
- 3 LONG AS IT'S WITHIN THE CONFINES OF -- OF -- OF
- 4 KINGSTREE?
- 5 A. OR WITHIN THE CONFINES OF HIS JOB. IF HE'S, LIKE I
- 6 SAID, IF HE'S IN THE VAN AND HE'S OUT TO LUNCH AND
- 7 IT'S HIS LUNCH BREAK, I WOULDN'T PENALIZE HIM
- 8 BECAUSE HE STOPPED AND GOT SOME LUNCH, BUT I GUESS
- 9 MAYBE TO RUN A PERSONAL ERRAND TO FLORENCE OR LAKE
- 10 CITY WOULD -- WOULD BE -- WOULD NOT BE PERMISSIBLE
- 11 FOR HIS PERSONAL USE.
- 12 Q. DID HE ALWAYS IN YOUR RECOLLECTION USE HIS PERSONAL
- 13 VEHICLE TO PERFORM PERSONAL ERRANDS?
- 14 A. MOST TIMES, YES. AND MOST TIMES JACOB WOULD USE HIS
- 15 PERSONAL VEHICLE. IT'S VERY RARELY THAT HE USED THE
- 16 AGENCY VAN.
- 17 Q. NOW, YOU'RE TALKING ABOUT WITHIN THE KINGSTREE CITY
- 18 LIMITS?
- 19 A. RIGHT.
- 20 Q. YOU'RE TALKING ABOUT HOUSES THAT I ASSUME ARE IN
- 21 FAIRLY CLOSE PROXIMITY TO EACH OTHER?
- 22 A. VERY CLOSE PROXIMITY.
- 23 Q. THERE WERE NO PASSENGERS IN THE VAN, OBVIOUSLY, WITH
- 24 HIM AT THE TIME OF THIS ACCIDENT?
- 25 A. I'M NOT AWARE.

- 1 Q. WERE THERE -- WERE THERE ANYBODY THAT YOU WERE AWARE
2 OF THAT MAY HAVE BEEN IN GREELEYVILLE THAT HE COULD
3 HAVE BEEN ON THE WAY TO PICK UP, THAT Y'ALL HAD TO
4 GO MAKE ALTERNATIVE ARRANGEMENTS TO BRING BACK TO
5 KINGSTREE BECAUSE HE'D BEEN IN A WRECK?
- 6 A. NOT THAT I'M AWARE OF.
- 7 Q. IF THAT HAD BEEN THE CASE, THEN WOULD YOU HAVE BEEN
8 ABLE TO DOCUMENT THAT?
- 9 A. YES, IF IT WAS ONE OF OUR CONSUMERS, YEAH.
- 10 Q. IN OTHER WORDS, IF THERE HAD BEEN A CONSUMER IN
11 GREELEYVILLE FOR SOME REASON THAT HE WAS ON THE WAY
12 TO PICK UP, HE OBVIOUSLY DIDN'T MAKE IT TO
13 GREELEYVILLE, SO SOMEONE ELSE WOULD HAVE HAD TO ---
- 14 A. WHERE THEY HAD TO GO, YES.
- 15 Q. --- HAVE MADE ALTERNATIVE ARRANGEMENTS TO GET THEM
16 BACK TO KINGSTREE?
- 17 A. YES.
- 18 Q. IS THAT CORRECT?
- 19 A. YES.
- 20 Q. THAT DIDN'T HAPPEN ON THIS DAY, DID IT?
- 21 A. IT DIDN'T.
- 22 Q. THE DEPARTMENT DOESN'T MAINTAIN ANY FACILITIES IN
23 GREELEYVILLE, CORRECT?
- 24 A. NO.
- 25 Q. HE NEVER WOULD HAVE BEEN REQUIRED TO OBTAIN ANY

- 1 TRAINING IN GREELEYVILLE, CORRECT?
- 2 A. NO.
- 3 Q. THERE ARE MEDICAL PROVIDERS IN GREELEYVILLE THAT
- 4 YOU'RE AWARE OF, CORRECT?
- 5 A. YES.
- 6 Q. DO YOU KNOW WHETHER OR NOT ANY OF THOSE MEDICAL
- 7 PROVIDERS ARE THE MEDICAL PROVIDERS FOR ANY OF YOUR
- 8 CONSUMERS?
- 9 A. I'M NOT AWARE.
- 10 Q. WHAT'S BEYOND GREELEYVILLE HEADING WEST?
- 11 A. ST. STEPHENS.
- 12 Q. ANYTHING IN ST. STEPHENS?
- 13 A. NO.
- 14 Q. WHAT'S -- WHAT'S BEYOND THAT, I'M TALKING ABOUT ON
- 15 521?
- 16 A. 521, YOU'D BE GOING BACK TOWARD ANDREWS.
- 17 Q. HEADING WEST OR HEADING EAST? I'M TALKING ABOUT
- 18 HEADING WEST.
- 19 A. AND THEN THAT WOULD BE GREELEYVILLE.
- 20 Q. OKAY. WHAT'S BEYOND GREELEYVILLE?
- 21 A. MANNING.
- 22 Q. ANYTHING IN -- IN MANNING THAT Y'ALL WOULD HAVE BEEN
- 23 ASSOCIATED WITH?
- 24 A. (NO RESPONSE)
- 25 Q. WHY IS THAT?

- 1 A. WE DON'T HAVE ANY CONSUMERS IN MANNING.
- 2 Q. IS THAT CLARENDON COUNTY?
- 3 A. THAT'S CLARENDON COUNTY.
- 4 Q. ANYTHING IN WILLIAMSBURG COUNTY BEYOND GREELEYVILLE,
- 5 HEADING WEST ON U.S. 521?
- 6 A. NOT THAT I CAN THINK OF.
- 7 Q. DID MR. TISDALE'S MOTHER, YOUR AUNT STINA TISDALE
- 8 LIVE IN GREELEYVILLE?
- 9 A. YES.
- 10 Q. DO YOU KNOW WHAT HER ADDRESS WAS IN GREELEYVILLE?
- 11 A. I -- I REALLY DON'T.
- 12 Q. DO YOU KNOW WHERE -- DO YOU -- HAVE YOU BEEN TO HER
- 13 HOUSE BEFORE?
- 14 A. I KNOW WHERE SHE LIVED, YES. YES.
- 15 Q. YOU KNOW WHERE SHE LIVED?
- 16 A. YES.
- 17 Q. IS IT IN THE MIDDLE OF GREELEYVILLE?
- 18 A. IN THE CITY LIMITS, YES.
- 19 Q. 521 ---
- 20 A. CITY ---
- 21 Q. --- GOES STRAIGHT THROUGH GREELEYVILLE?
- 22 A. STRAIGHT THROUGH HER -- STRAIGHT THROUGH HER --
- 23 WELL, STRAIGHT BY HER HOUSE.
- 24 Q. U.S. 521?
- 25 A. YES.

- 1 Q. GOES BY HER HOUSE?
- 2 A. YES.
- 3 Q. WAS MR. TISDALE CLOSE TO HIS MOTHER?
- 4 A. YES, VERY CLOSE.
- 5 Q. IN 2008, WAS HIS MOTHER IN GOOD HEALTH?
- 6 A. YES.
- 7 Q. DID SHE LIVE ALONE?
- 8 A. NO. I THINK HER SON, ONE OF HER OTHER SON LIVED
- 9 WITH HER.
- 10 Q. DID Y'ALL HAVE A LOT OF FAMILY REUNIONS?
- 11 A. NOT REALLY. NOT A LOT.
- 12 Q. OKAY. I MEAN IN OTHER WORDS ---
- 13 A. WELL ---
- 14 Q. --- DID -- DID YOU KNOW MR. -- I KNOW Y'ALL ARE
- 15 FIRST COUSINS, BUT WERE Y'ALL CLOSE FIRST COUSINS,
- 16 OR JUST?
- 17 A. GROWING UP, WE WERE.
- 18 Q. OKAY.
- 19 A. YOU KNOW, AS THE YEARS GO, WE WENT -- WE ALL WENT
- 20 OUR DIFFERENT WAYS.
- 21 Q. ARE YOU AWARE OF ANYBODY ELSE THAT WOULD HAVE BEEN
- 22 FINANCIALLY DEPENDENT UPON MR. TISDALE FOR SUPPORT
- 23 AT THE TIME OF HIS DEATH OTHER THAN HIS WIFE AND HIS
- 24 TWO STEPCHILDREN, STEPDAUGHTERS?
- 25 A. I'M -- AND HE HAS TWO OTHER CHILDREN, WHETHER THEY

1 WERE DEPENDENT UPON HIM, I'M NOT SURE.

2 Q. THEY WERE GROWN CHILDREN?

3 A. THEY WERE GROWN CHILDREN.

4 Q. CORRECT? OKAY.

5 A. YES.

6 Q. BUT HIS STEPDAUGHTERS WERE ALL UNDER THE AGE OF 18
7 AT THAT TIME; IS THAT CORRECT?

8 A. YES.

9 Q. JUST BECAUSE THE DEPARTMENT OF SPECIAL NEEDS, THE
10 WILLIAMSBURG DEPARTMENT OF SPECIAL NEEDS HAD
11 JURISDICTION OVER WILLIAMSBURG COUNTY, DOES THAT
12 NECESSARILY MEAN THAT MR. TISDALE'S SPECIFIC JOB
13 DUTIES REQUIRED HIM TO CARTE BLANCHE TRAVEL ALL OVER
14 WILLIAMSBURG COUNTY?

15 A. NO.

16 Q. OKAY, MA'AM. I BELIEVE THAT'S ALL THE QUESTIONS I
17 HAVE. THANK YOU.

18 **BY COMMISSIONER TAYLOR:**

19 OKAY. ALL RIGHT. MS. BARR, ANY REDIRECT?

20 **BY MS. BARR:**

21 VERY FEW, COMMISSIONER, IF I MAY?

22 **BY COMMISSIONER TAYLOR:**

23 OKAY.

24 **REDIRECT EXAMINATION BY MS. BARR:**

25 Q. WHEN MR. TISDALE WAS IN YOUR EMPLOY, HE DIDN'T HAVE

1 CARTE' BLANCHE TO TRAVEL ALL OVER WILLIAMSBURG
2 COUNTY, AND HE DIDN'T DO THAT IN THE STATE'S VAN,
3 RIGHT?

4 A. NO.

5 Q. OKAY. IF HE WAS USING THE STATE'S VAN, FROM WHAT
6 YOU SAW ---

7 A. UH-HUH.

8 Q. --- IT WAS WHILE HE WAS CONDUCTING BUSINESS FOR
9 D.D.S.N.?

10 A. AS FAR AS I -- I WOULD HOPE.

11 Q. AND YOU INDICATED THAT IF HE USED THE VEHICLE FOR
12 HIS OWN PERSONAL REASONS, UNLESS IT WAS JUST TO GO
13 GRAB LUNCH RIGHT QUICK ---

14 A. UH-HUH.

15 Q. --- THAT THAT WOULD BE A VIOLATION OF COMPANY
16 POLICY?

17 A. YES.

18 Q. ALL RIGHT. AND HE HAD NEVER BEEN VIOL -- HE HAD
19 NEVER BEEN CITED FOR VIOLATING COMPANY POLICY FOR
20 USING THE STATE'S VEHICLE WITHOUT AUTHORIZATION?

21 A. NOT THAT I CAN -- YOU'RE CORRECT. UH-HUH.

22 Q. AND WHEN YOU WERE ASKED ON CROSS EXAMINATION
23 QUESTIONS ABOUT WHETHER OR NOT HE MET WITH ANY
24 CUSTOMERS OR ANY CLIENTS IN GREELEYVILLE OR HAD ANY
25 REASON TO BE IN GREELEYVILLE, YOU -- YOU KEPT USING

- 1 THE PHRASE, NOT THAT I KNOW OF.
- 2 A. UH-HUH.
- 3 Q. IS THAT RIGHT?
- 4 A. RIGHT.
- 5 Q. OKAY. IS THERE SOMEONE ELSE WHO MAY KNOW THE ANSWER
- 6 TO THOSE QUESTIONS BETTER THAN YOU?
- 7 A. NO.
- 8 Q. OKAY.
- 9 A. I MEAN I -- I DON'T. THERE -- THERE ARE NO
- 10 CONSUMERS IN GREELEYVILLE ---
- 11 Q. OKAY.
- 12 A. --- THAT WOULD HAVE BEEN IN HIS PROGRAM.
- 13 Q. IN WHOSE PROGRAM?
- 14 A. JACOB'S RESIDENTIAL PROGRAM.
- 15 Q. OKAY.
- 16 A. THAT HE WOULD HAVE NEEDED TO VISIT.
- 17 Q. ALL RIGHT. WAS KAREN HUDSON WORKING AT THE TIME
- 18 JACOB WAS INVOLVED IN THE ACCIDENT?
- 19 A. YES.
- 20 Q. OKAY. WOULD YOU EXPECT THAT SHE WOULD HAVE
- 21 KNOWLEDGE AS TO HIS WHEREABOUTS THAT DAY?
- 22 A. IF THERE -- IF HE WAS GOING OUT TO VISIT A CONSUMER,
- 23 YES, SHE WOULD.
- 24 Q. OKAY. AND YOU UNDERSTOOD HER TO SAY THERE IS NO
- 25 DOUBT THAT HE WAS ON THE JOB?

- 1 A. THAT'S WHAT I READ, YES.
- 2 Q. NOW, YOU'VE MENTIONED THAT HIS MOTHER, YOUR AUNT
- 3 STINA TISDALE WAS GOOD HEALTH AT THE TIME THIS
- 4 ACCIDENT HAPPENED; IS THAT CORRECT?
- 5 A. UH-HUH.
- 6 Q. AND YOU HAVE TO MAKE SURE TO SAY YES, SO THE COURT
- 7 REPORTER ---
- 8 A. WELL, YES.
- 9 Q. --- CAN TAKE DOWN WHAT YOU SAY?
- 10 A. YES.
- 11 Q. OKAY. AND THAT SHE ACTUALLY HAD ANOTHER SON LIVING
- 12 THERE IN THE HOME WITH HER?
- 13 A. YES.
- 14 Q. OKAY. AND CAN YOU THINK OF ANY REASON WHY, IF JACOB
- 15 HAD GONE TO SEE HER THAT DAY, HE WOULDN'T HAVE USED
- 16 HIS OWN PERSONAL VEHICLE, SINCE YOU SAW HIM DO THAT
- 17 ON LUNCH BREAKS BEFORE?
- 18 A. I CAN'T THINK OF.
- 19 Q. OKAY. NOW, SHE HAS SINCE PASSED AWAY;, IS THAT
- 20 CORRECT?
- 21 A. YES.
- 22 Q. SHE DIED THE SUMMER OF 20 -- 2015?
- 23 A. YES.
- 24 Q. OKAY. SO SHE JUST PASSED AWAY?
- 25 A. YES.

1 Q. OKAY. ALL RIGHT. THAT'S ALL THE QUESTIONS THAT I
2 HAVE. THANK YOU, MA'AM.

3 BY COMMISSIONER TAYLOR:

4 OKAY. MR. ---

5 BY MR. GALLAGHER:

6 BRIEFLY.

7 RECROSS-EXAMINATION BY MR. GALLAGHER:

8 Q. WHEN DID MS. HUDSON LEAVE THE DEPARTMENT?

9 A. GOSH. SHE'S BEEN GONE FOR A WHILE.

10 Q. WHEN DID SHE MOVE OUT OF STATE?

11 A. I'M NOT SURE.

12 Q. SO IF ANYBODY WOULD HAVE KNOWN PERHAPS MORE THAN --
13 THAN YOU DO, IT WOULD HAVE BEEN HER?

14 A. IT WOULD HAVE BEEN HER.

15 Q. BUT SHE IS NOT IN THE STATE?

16 A. THAT'S RIGHT.

17 Q. AT THIS TIME?

18 A. THAT'S RIGHT.

19 Q. HASN'T BEEN IN THE STATE FOR A WHILE?

20 A. SHE HASN'T BEEN IN THE STATE FOR A WHILE.

21 Q. HAS SHE BEEN -- WAS SHE IN THE STATE AS FAR AS YOU
22 KNOW IN DECEMBER OF 2014?

23 A. I DON'T THINK. NO. I DON'T THINK SO.

24 Q. OKAY.

25 BY MR. GALLAGHER:

1 THAT'S ALL THE QUESTIONS I HAVE.

2 BY COMMISSIONER TAYLOR:

3 OKAY. ALL RIGHT. THANK YOU, MA'AM. YOU MAY
4 HAVE A SEAT THERE NEXT TO YOUR ATTORNEY.

5 MS. BARR, YOU MAY CALL YOUR NEXT WITNESS?

6 BY MS. BARR:

7 CALL MS. EDNA TISDALE.

8 BY COMMISSIONER TAYLOR:

9 MS. TISDALE, I'M JUST GOING TO ASK THAT YOU
10 WATCH YOUR STEP ON THAT RAMP RIGHT THERE.

11 BY MS. TISDALE:

12 OKAY. MY LEGS -- OR MOVEMENT. OH. OKAY.
13 RIGHT. I GET STIFF.

14 BY COMMISSIONER TAYLOR:

15 MADAM COURT REPORTER, WILL YOU PLEASE SWEAR THE
16 WITNESS?

17 BY THE COURT REPORTER:

18 MA'AM, RAISE YOUR RIGHT HAND, PLEASE.

19 * * * * * * * * * * * *

20 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
21 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
22 MATTER HEREIN:

23 EDNA ALSTON TISDALE,

24 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS
25 FOLLOWS:

1 BY COMMISSIONER TAYLOR:

2 MS. BARR.

3 BY MS. BARR:

4 THANK YOU, COMMISSIONER.

5 DIRECT EXAMINATION BY MS. BARR:

6 Q. MS. TISDALE, LET ME TO GET YOU TO STATE YOUR FULL
7 NAME FOR ME?

8 A. EDNA ALSTON TISDALE.

9 Q. ALL RIGHT. AND WHAT IS YOUR RELATIONSHIP TO JACOB
10 TISDALE, JR.?

11 A. I AM HIS WIFE.

12 Q. OKAY. AND HOW LONG HAD THE TWO OF YOU BEEN MARRIED
13 BEFORE HE PASSED AWAY IN OCTOBER OF '08?

14 A. NINE YEARS, FOUR MONTHS, AND SIXTEEN DAYS.

15 Q. OKAY. AND YOU ALL DIDN'T HAVE ANY BIOLOGICAL
16 CHILDREN TOGETHER?

17 A. NO.

18 Q. ALL RIGHT. BUT YOU HAD MINOR CHILDREN LIVING IN THE
19 HOME WITH YOU? YOU HAD MINOR CHILDREN LIVING AT
20 HOME WITH THE TWO OF YOU?

21 A. YES. UH-HUH.

22 Q. OKAY. WHAT ARE THEIR NAMES?

23 A. RAVEN CAMILLE MCFADDEN.

24 Q. OKAY.

25 A. AND MS. MARKITA RENE MCFADDEN. JONATHON WASN'T A

- 1 MINOR, SO.
- 2 Q. OKAY.
- 3 A. I WON'T NAME HIM.
- 4 Q. ALL RIGHT. THOSE ARE YOUR BIOLOGICAL DAUGHTERS?
- 5 A. UH-HUH.
- 6 Q. IS THAT A YES?
- 7 A. YES.
- 8 Q. OKAY.
- 9 A. I'M SORRY.
- 10 Q. NO. THEN YOU'RE FINE. IT TAKES SOME GETTING USED
- 11 TO. HOW OLD WERE THEY AT THE TIME THAT YOUR HUSBAND
- 12 PASSED AWAY?
- 13 A. RAVEN WAS 17, AND MARKITA WAS 16.
- 14 Q. OKAY. NOW, AT ONE POINT IN TIME DID YOU EVER WORK
- 15 FOR WILLIAMSBURG COUNTY D.D.S.N.?
- 16 A. YES.
- 17 Q. OKAY. WHEN DID YOU WORK THERE?
- 18 A. I STARTED IN 1996.
- 19 Q. OKAY.
- 20 A. AND ---
- 21 Q. AND YOU WORKED 'TIL WHEN?
- 22 A. I WORKED FOUR YEARS.
- 23 Q. OKAY.
- 24 A. THREE OR SO YEARS.
- 25 Q. DID YOUR EMPLOYMENT -- OKAY.

- 1 A. UH-HUH.
- 2 Q. DID YOUR EMPLOYMENT WITH D.D.S.N. OVERLAP WITH YOUR
- 3 HUSBAND'S EMPLOYMENT?
- 4 A. I WAS AN EARLY INTERVENTIONIST. I WORKED WITH
- 5 BABIES FROM BIRTH TO SIX YEARS OLD.
- 6 Q. OKAY.
- 7 A. AND I THINK HE WAS UPPER LEVEL.
- 8 Q. OKAY.
- 9 A. YOU KNOW, HE WOULD RE-ENTER.
- 10 Q. OKAY. NOW, DID YOU HAVE ANY EXPERIENCE PERSONALLY
- 11 IN DEALING WITH CLIENTS, CUSTOMERS, PERSONS
- 12 RECEIVING SERVICES FROM D.D.S.N. THROUGHOUT THE
- 13 COUNTY WHILE YOU WERE EMPLOYED THERE?
- 14 A. YES.
- 15 Q. OKAY. WHAT TYPE OF EXPERIENCE DID YOU HAVE? DID
- 16 YOU ACTUALLY GO TO THESE FOLK'S HOMES, OR WHAT DID
- 17 YOU DO?
- 18 A. AN EARLY INTERVENTIONIST GOES AND WORKS WITH BABIES
- 19 WITH DISABILITIES.
- 20 Q. OKAY.
- 21 A. AND I HAD TO GO ALL OVER, YOU KNOW, WORK WITH THE
- 22 DISABILITY.
- 23 Q. OKAY.
- 24 A. WHATEVER IT COULD BE. I ALSO TRANSPORTED FOR
- 25 THERAPIES, THAT PHYSICAL THERAPY OR WHATEVER. I

1 ACTUALLY WENT INTO FLORENCE FOR SOME OF IT,
2 GEORGETOWN. I DID ASSESSMENTS. WE GOT REFERRALS
3 FROM BABYNET, AND THAT WAS LOCATED BASICALLY IN
4 CONWAY.

5 Q. OKAY.

6 A. GEORGETOWN, CONWAY. AND IT WAS I TALKED TO THE
7 PARENTS, TRYING TO TEACH THEM THINGS THAT THEY CAN
8 WORK WITH AND LIKE THAT.

9 Q. AND NOW WHILE YOU WERE THERE, THEY -- DID YOU HAVE
10 OPPORTUNITIES TO -- TO MEET WITH PARENTS AND
11 DISABLED CHILDREN IN VARIOUS COMMUNITIES IN
12 WILLIAMSBURG COUNTY AND HEMINGWAY AND LANE AND
13 SALTERS AND GREELEYVILLE?

14 A. YES.

15 Q. THAT WAS YOUR EXPERIENCE?

16 A. UH-HUH.

17 Q. IS THAT A YES?

18 A. YES.

19 Q. OKAY.

20 A. I'M SORRY.

21 Q. WE'VE JUST GOT TO MAKE SURE NOT TO SAY UH-HUH AND
22 UH-UH ---

23 A. OKAY.

24 Q. --- SO SHE DOESN'T HAVE A PROBLEM TAKING DOWN WHAT
25 YOU'RE SAYING. NOW, MA'AM, DO YOU KNOW HOW LONG

- 1 YOUR HUSBAND WAS DRIVING THE MINIVAN THAT BELONGED
2 TO D.D.S.N. PRIOR TO HIS DEATH?
- 3 A. I COULD -- I CANNOT TELL YOU THE EXACT DATE.
- 4 Q. OKAY.
- 5 A. I REMEMBER WHEN THEY CAME IN, BUT I CAN'T TELL YOU A
6 DATE.
- 7 Q. OKAY. DO YOU KNOW WHAT TYPE OF VEHICLE HE WAS
8 DRIVING BEFORE HE STARTED DRIVING A MINIVAN?
- 9 A. A BURGUNDY CORSICA.
- 10 Q. OKAY. WHAT TYPE OF PERSONAL VEHICLE DID HE DRIVE?
- 11 A. HE HAD A BLACK BUICK.
- 12 Q. OKAY. WAS HE PERMITTED TO BRING THE D.D.S.N.
13 VEHICLE HOME?
- 14 A. NO. HE NEVER BROUGHT THOSE HOME.
- 15 Q. OKAY. SO WHEN HE LEFT FOR WORK HE WOULD DRIVE HIS
16 PERSONAL VEHICLE?
- 17 A. YES.
- 18 Q. TO WORK?
- 19 A. YES.
- 20 Q. ALL RIGHT. AND WHEN HE CAME BACK HOME, WHICH
21 VEHICLE WAS HE DRIVING WHEN HE CAME BACK HOME?
- 22 A. HIS -- HIS PERSONAL VEHICLE.
- 23 Q. OKAY. WAS HE AN HOURLY EMPLOYEE, OR WAS HE SALARY?
- 24 A. YOU KNOW, I -- I DON'T KNOW.
- 25 Q. WERE YOU -- DID YOU HEAR WHEN MS. DOZIER TESTIFIED

1 THAT SOMETIMES HE COULD WORK AS LATE AS NINE O'CLOCK
2 AT NIGHT?

3 A. YES.

4 Q. OKAY. ALL RIGHT. LET'S TALK ABOUT THE DAY THAT THE
5 ACCIDENT HAPPENED. DID YOU SPEAK WITH YOUR HUSBAND
6 EARLIER THAT DAY?

7 A. YES.

8 Q. OKAY. ABOUT WHAT TIME WAS IT THAT YOU SPOKE WITH
9 HIM?

10 A. IT WAS ABOUT 11:15.

11 Q. ABOUT 11:15 IN THE MORNING?

12 A. UH-HUH. YEAH.

13 Q. OKAY. DO YOU KNOW WHAT HE WAS DOING AT THE TIME?

14 A. HE WAS -- WELL, I CALLED HIS CELL PHONE. SO, YOU
15 KNOW, YOU DON'T REALLY KNOW WHERE PEOPLE ARE ON THE
16 CELL PHONE, BUT.

17 Q. I UNDERSTAND.

18 A. I CALLED HIM. AND HE SAID HE WAS AT THE OFFICE.

19 Q. OKAY.

20 A. AND TALKED TO HIM FOR A FEW MINUTES, AND THEN I HUNG
21 -- WE HUNG UP.

22 Q. OKAY. DID HE TELL YOU OF ANY PLANS THAT HE HAD
23 DURING THAT CONVERSATION?

24 A. WELL, THAT HE SAID HE WAS GOING OUT TO LUNCH.

25 Q. OKAY.

1 A. BUT, YEAH.
2 Q. OKAY.
3 A. THAT WAS ABOUT IT.
4 Q. ALL RIGHT.
5 A. I DIDN'T HEAR ANY OTHER THING.
6 Q. DID YOU SPEAK WITH HIM AT ANY POINT AFTER THAT?
7 A. NO.
8 Q. OKAY. AND I -- AND I'M NOT GOING TO GO INTO ANY OF
9 THE PARTICULARS, OKAY, MS. TISDALE?
10 A. UH-HUH.
11 Q. CAN YOU TELL US JUST ABOUT WHAT TIME IT WAS THAT YOU
12 BECAME AWARE THAT HE WAS INVOLVED IN THIS ACCIDENT?
13 A. IT WAS ABOUT A-QUARTER-TO-FOUR.
14 Q. OKAY. DID YOU TRAVEL TO A HOSPITAL TO BE WITH HIM?
15 A. I WENT TO CHARLESTON.
16 Q. TO M.U.S.C. IN CHARLESTON?
17 A. YES.
18 Q. OKAY.
19 A. UH-HUH.
20 Q. ALL RIGHT. AND WHAT WAS HIS CONDITION AT M.U.S.C.
21 IN CHARLESTON?
22 A. WHEN I GOT THERE, THEY SAID THEY SUSPECTED THAT HE
23 WAS BRAIN DEAD.
24 Q. OKAY. OKAY. OKAY.
25 BY COMMISSIONER TAYLOR:

1 IT'S OKAY. IT'S OKAY. THERE'S SOME KLEENEX
2 RIGHT THERE.

3 DIRECT EXAMINATION RESUMED BY MS. BARR:

4 A. I'M SORRY.

5 Q. NO. NO. NO. THAT'S FINE. JUST LET ME KNOW WHEN
6 YOU'RE READY. TAKE YOUR TIME.

7 A. I'M ALL RIGHT. I'M ALL RIGHT.

8 Q. ALL RIGHT. AT THE TIME THAT -- WELL, LET ME PUT IT
9 THIS WAY, THE DOCTORS MADE THE DECISION THAT -- THAT
10 HE WAS BRAIN DEAD, AND HE WAS REMOVED FROM LIFE
11 SUPPORT?

12 A. NO. WHEN WE -- WHEN I GOT, THERE THEY SAID THAT'S
13 IT'S A POSSIBILITY THAT HE WAS BRAIN DEAD, AND THERE
14 WAS ONE MORE TEST THEY WOULD RUN ON HIM, AN APGAR
15 TEST OR SOMETHING LIKE THAT THERE. AND I HAVE SLEEP
16 APNEA, SO I KNEW WHAT THEY WERE TALKING ABOUT. BUT
17 THE DOCTOR THAT WAS GOING TO PERFORM IT HAD TO COME
18 IN, SO THAT'S HOW IT WENT OVER INTO THE 17TH.

19 Q. OKAY.

20 A. AND THEY PERFORMED IT, AND HE DIDN'T PASS IT.

21 Q. OKAY. ALL RIGHT. AFTER HE PASSED AWAY, ---

22 A. UH-HUH.

23 Q. --- DID YOU GET HIS -- HIS PERSONAL VEHICLE BACK?

24 A. YES.

25 Q. OKAY. WHERE WAS HIS PERSONAL VEHICLE WHEN YOU WENT

- 1 TO GET IT?
- 2 A. AT THE HOUSE ON -- BEHIND THE MAGNET SCHOOL ON 2ND -
- 3 - THE 2ND ---
- 4 Q. 2ND AVENUE?
- 5 A. YEAH.
- 6 Q. OKAY. WAS THAT ONE OF THE COMMUNITY TRAINING HOMES
- 7 THAT MS. DOZIER TALKED ABOUT?
- 8 A. YES. IT WAS THE -- IT WAS THE LAST ONE BUILT.
- 9 Q. OKAY.
- 10 A. IT WAS THE LAST.
- 11 Q. ALL RIGHT. NOW, WHEN YOU GOT THE VEHICLE, DID YOU
- 12 SEE ANYTHING IN THE VEHICLE THAT WAS NOTEWORTHY OR
- 13 THAT STRUCK YOUR ATTENTION?
- 14 A. IT HAD SOME RECEIPTS IN IT.
- 15 Q. RECEIPTS?
- 16 A. YEAH.
- 17 Q. SHOWING WHAT?
- 18 A. AND EVIDENTLY, WELL, ON -- OR ON THIS PARTICULAR
- 19 RECEIPT, IT HAD THE TIME THAT -- AND IT WAS 12:00-
- 20 SOMETHING, THAT HE WENT AND PAID A CASH ADVANCE, A
- 21 BILL.
- 22 Q. HE WENT TO PAY THE BILL AT CASH ADVANCE?
- 23 A. UH-HUH.
- 24 Q. IS THAT A YES?
- 25 A. YES.

1 Q. OKAY. THE BILL THAT HE PAID ---
2 A. SORRY.
3 Q. --- AT CASH ADVANCE, WHICH CASH ADVANCE STORE, WHERE
4 WAS THAT CASH ADVANCE LOCATION AT?
5 A. IT'S THE ONE ON 52 SOUTH.
6 Q. OKAY.
7 A. ON ---
8 Q. IS THAT IN THE -- IN THE TOWN OF KINGSTREE?
9 A. YES.
10 Q. OKAY.
11 A. I THINK SO. OVER BY THE SIGNATURE HOTEL. IT'S ---
12 Q. OKAY.
13 A. FOOD LION IS ACROSS FROM IT, YEAH, AND FRED --
14 FAMILY DOLLAR.
15 Q. ALL RIGHT. AND YOU INDICATED THAT THE TIME STAMP ON
16 THAT -- THAT RECEIPT WAS ABOUT 12:00?
17 A. A LITTLE AFTER, YOU KNOW, 12:17 OR WHATEVER.
18 Q. OKAY.
19 A. BUT IT CAME FROM THERE.
20 Q. NOW, IN THE MOMENT WHEN YOU SAW THE RECEIPT, DID IT
21 DAWN ON YOU IN THAT MOMENT THAT THAT'S SOMETHING YOU
22 SHOULD KEEP?
23 A. NO.
24 Q. OKAY. ALL RIGHT. NOW, IN TERMS OF WHERE THAT CASH
25 ADVANCE IS LOCATED, I WANT YOU TO THINK ABOUT THIS

- 1 FOR A MOMENT, DO YOU KNOW WHERE THE ACCIDENT
2 HAPPENED THAT YOUR HUSBAND WAS INVOLVED IN, DO YOU
3 HAVE ANY IDEA WHERE THAT WAS?
- 4 A. NO, KNOW. YEAH, I FOUND OUT ---
- 5 Q. YOU KNOW NOW?
- 6 A. --- AFTERWARDS. UH-HUH.
- 7 Q. OKAY.
- 8 A. FOUND OUT AFTERWARD.
- 9 Q. HOW FAR WAS THAT ACCIDENT SITE FROM THE CASH ADVANCE
10 STORE?
- 11 A. WOW. WELL, HE WOULD HAVE HAD TO GO BACK INTO TOWN -
12 - AND NOT TOWN -- GO BACK INTO THE HARDEE'S UP IN
13 THE AREA AND MAKE THE RIGHT. SO IT -- IT PROBABLY
14 COULD BE ABOUT I'M WANTING TO SAY 15 MILES. I DON'T
15 KNOW, AND NO.
- 16 Q. OKAY.
- 17 A. I DON'T KNOW HOW TO MEASURE MILES LIKE THERE.
- 18 Q. OKAY. AND THE RECEIPT WAS DATED THE DAY OF THE
19 ACCIDENT?
- 20 A. UH-HUH.
- 21 Q. IS THAT A YES?
- 22 A. YES.
- 23 Q. NOW, WERE YOU WORKING AT THE TIME THAT THE ACCIDENT
24 HAPPENED?
- 25 A. YES.

1 Q. WERE YOU WORKING FULL-TIME OR PART-TIME?

2 A. I WAS PART-TIME.

3 Q. OKAY. WHO WAS THE PRIMARY BREAD WINNER IN YOUR
4 HOME?

5 A. JACOB WAS.

6 Q. YOUR HUSBAND?

7 A. UH-HUH.

8 Q. OKAY. AND HE ALSO CARED FOR YOUR CHILDREN AS WELL,
9 YOUR TWO DAUGHTERS?

10 A. YES.

11 Q. OKAY. NOW, I HAVE INCLUDED AS A PART OF MY APA
12 SUBMISSION I BELIEVE IT'S NUMBER SEVEN ON PAGE 22,
13 HIS FUNERAL EXPENSES, HAVE YOU INCURRED FUNERAL
14 EXPENSES TO BURY YOUR HUSBAND?

15 A. YES.

16 Q. OKAY. AND THAT AMOUNT WAS \$8070.40; DOES THAT SOUND
17 ABOUT RIGHT?

18 A. THAT'S ABOUT RIGHT.

19 Q. OKAY.

20 **BY MS. BARR:**

21 I BEG THE COURT'S INDULGENCE.

22 **BY COMMISSIONER TAYLOR:**

23 OKAY.

24 **BY MS. BARR:**

25 _____ MS. TISDALE, I BELIEVE THAT'S ALL THE QUESTIONS

1 THAT I HAVE. PLEASE, ANSWER ANY QUESTIONS THAT MR.
2 GALLAGHER OR THE COMMISSIONER MAY HAVE FOR YOU,
3 OKAY?

4 **BY THE WITNESS:**

5 _____ YES, MA'AM.

6 **CROSS-EXAMINATION BY MR. GALLAGHER:**

7 Q. MS. TISDALE, I'M JUST GOING TO BE REAL BRIEF. YOU
8 AND YOUR DAUGHTERS WERE THE ONLY FOLKS THAT YOU'RE
9 AWARE OF THAT WERE FINANCIALLY DEPENDENT UPON MR.
10 TISDALE AT THE TIME OF HIS DEATH; IS THAT CORRECT?

11 A. YES. UNDER 18, THE DAUGHTERS. BUT HE HAD A
12 DAUGHTER ---

13 Q. THAT WAS OVER 18?

14 A. RIGHT. AND ---

15 Q. AND BUT THESE DAUGHTERS WERE NOT DEPENDENT UPON HIM
16 FOR SUPPORT?

17 A. BUT HE TOOK CARE OF HER.

18 Q. WERE THEY WHOLLY DEPENDENT UPON HIM?

19 A. MY DAUGHTERS?

20 Q. NO. HIS -- HIS DAUGHTERS?

21 A. NO.

22 Q. DID THEY LIVE OUTSIDE OF THE HOME?

23 A. YES.

24 Q. OKAY. BUT YOU AND YOUR DAUGHTERS WERE -- WERE FULLY
25 DEPENDENT UPON HIM; IS THAT CORRECT?

1 A. CORRECT.

2 Q. OKAY. AND YOU'RE NOT AWARE OF ANYONE ELSE THAT WAS
3 FULLY DEPENDENT UPON HIM FOR FINANCIAL SUPPORT, ARE
4 YOU?

5 A. HE HAD TWO SONS. WELL, A SON AND A STEPSON, BUT
6 THEY WEREN'T THERE; ONE WAS IN THE ARMY, AND THE
7 OTHER WAS MARRIED AND LIVED IN COLUMBIA.

8 Q. AND THEY WERE ALL OVER THE AGE OF 18, CORRECT?

9 A. YOU'RE CORRECT.

10 Q. AND HE DID NOT FINANCIALLY SUPPORT THEM IN FULL, DID
11 HE?

12 A. NOT THAT I KNOW OF.

13 Q. OKAY. OKAY.

14 BY MR. GALLAGHER:

15 THAT'S ALL THE QUESTIONS I HAVE.

16 BY COMMISSIONER TAYLOR:

17 MS. BARR?

18 BY MS. BARR:

19 I DON'T HAVE ANY FOLLOW UP.

20 BY COMMISSIONER TAYLOR:

21 OKAY. MRS. TISDALE, I DON'T HAVE ANY QUESTIONS
22 FOR YOU, BUT I DO WANT YOU TO KNOW FROM THE
23 COMMISSION THAT I AM SORRY FOR YOUR LOSS, AND I KNOW
24 IT'S BEEN QUITE SOME TIME.

25 BY THE WITNESS:

1 IT'S A LONG TIME.

2 BY COMMISSIONER TAYLOR:

3 THIS HAS BEEN DRAGGING ON, BUT I'M GLAD WE'RE
4 HERE TODAY. IT'S A PLEASURE TO HAVE MET YOU, AND I
5 DO EXTEND MY CONDOLENCES.

6 BY THE WITNESS:

7 THANK YOU.

8 BY COMMISSIONER TAYLOR:

9 ALL RIGHT. YOU MAY HAVE A SEAT RIGHT NEXT TO
10 YOUR ATTORNEY.

11 BY MS. BARR:

12 COMMISSIONER, THAT WOULD BE OUR CASE..

13 BY COMMISSIONER TAYLOR:

14 OKAY. ALL RIGHT. MR. GALLAGHER, ANY
15 WITNESSES?

16 BY MR. GALLAGHER:

17 WE DON'T HAVE ANY. I THINK WE COVERED
18 EVERYTHING WITH MS. DOZIER'S.

19 BY COMMISSIONER TAYLOR:

20 OKAY.

21 BY MR. GALLAGHER:

22 SO, THAT'S IT.

23 BY COMMISSIONER TAYLOR:

24 WELL, THAT CONCLUDES THIS MATTER. THANK YOU
25 VERY MUCH.

1 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
2 CONCLUDED AT THE HOUR OF 3:33 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 0816090

EMPLOYEE/CLAIMANT: JACOB TISDALE, JR.

EMPLOYER: WILLIAMSBURG COUNTY D.S.N.

INSURER: STATE ACCIDENT FUND

I, SALLYE DEANNE NELSON, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 80 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF JACOB TISDALE, JR., TAKEN ON THE 14TH DAY OF JANUARY, 2016.

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

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

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 31ST DAY OF JANUARY, 2016.

Sallye Deanne Nelson

SALLYE DEANNE NELSON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 5-08-2022

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

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE # 0816090

Jacob Tisdale,

file Claimant,

vs.

Williamsburg County DSN,

Employer,

State Accident Fund,

Carrier,

Defendants.

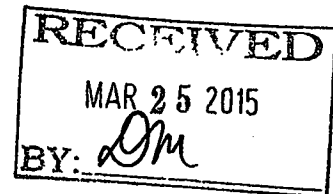
Deposition

of

Edna Tisdale

Deposition of Edna Tisdale, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at 11:08 a.m., Thursday, March 5th, 2015, at the law offices of Ronnie A. Sabb, LLC, 215 West Thomas Street, Lake City, South Carolina.

COPY



Reported by

Janni S. Gaskins

SCOTT REPORTING SERVICE
P.O. Box 290482, Columbia, SC 29229 ♦ (803) 736-2408
www.scottreporting.com ♦ bscott@scottreporting.com

Appearances

For the Claimant: Helen T. McFadden, Esquire
Ronnie A. Sabb, LLC
215 W. Thomas Street
P.O. Box 658
Lake City, SC 29560

For the Employer/
Carrier: George D. Gallagher, Esquire
McKay, Cauthen, Settana &
Stubley, PA
1303 Blanding Street
P.O. Box 7217
Columbia, SC 29202

Reported By: Janni S. Gaskins

Index

Stipulations	3
Examination by Mr. Gallagher	3
Certificate	20

Exhibits

No exhibits marked.

Court Reporter's Note: This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker. Double hyphens (--) denote interruption of speech, incomplete sentence/phrase, or trailing off. [ph] denotes phonetically written. [sic] denotes written as spoken. Social Security number, if present, has been partially or fully redacted or blacked out.

Stipulations

The reading and signing of this deposition is waived by the deponent and counsel for the respective parties.

Whereupon,

Edna Tisdale, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: Please state your name for the record.

The Deponent: My name is Edna Tisdale.

Examination

By Mr. Gallagher:

Q All right. Good morning, Ms. Tisdale. I am George Gallagher. I am from Columbia, and I represent the State Accident Fund and the Department of Special Needs and Disability. I think that's right.

Ms. McFadden: DDSN, but their county version, DSN.

Mr. Gallagher: Yeah. Yeah. Got you.

Q I represent them in the workers' compensation claim regarding the death of your husband. First of all, let me just first of all tell you that I am very

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Report run: 01/14/16 10:26

Report Criteria: Case Status

Upload File

Appeal a Fine

Ask a Question

Case #	Caption	Date of Injury	Carrier	Attorney for Defendant	Attorney for Claimant	Status
0816090	JACOB TISDALE JR -VS- WILLIAMSBURG COUNTY DSN	10/16/08	State Accident Fund P.O. Box 102100 Columbia SC 29221 vjackson@saf.sc.gov (800) 521-6576	FOR: State Accident Fund G. Murrell Smith, Jr Lee, Erter, Wilson, James, Holler & Smith, LLC P O Box 580 Sumter SC 29151 murrellsmith@leeandmoise.com (803) 778-2471 FOR: State Accident Fund George D. Gallagher McKay Cauthen Settana & Stubley, P.A. PO Box 7217 Columbia SC 29202 ggallagher@mckayfirm.com (803) 256-4645 FOR: State Accident Fund Cynthia B Polk (SF) Was released 09/01/11.	Helen Tyler McFadden The Law Offices of Ronnie Sabb, LLC PO Box 658 Lake City SC 29560 helenmcfadden@sabbllaw.com (843) 374-1628 Kimberly V. Barr Attorney at Law P.O. Box 88 KINGSTREE SC 29556 kvbarr2005@yahoo.com (843) 374-1628 Ronnie A. Sabb The Law Offices of Ronnie Sabb, LLC P O Box 88 Kingstree SC 29556 ronniesabb@sabbllaw.com (843) 355-5349 James Wade Sheedy Was released 03/06/09.	Hearing scheduled 01/14/16, 02:00 PM at SC Workers' Compensation Commission, 1333 Main Street, Suite 500 Hearing Room B, Columbia, SC Forms 52/53-Denied before Commissioner Taylor. 01/08/16 Pre-Hearing Brief Uploaded through eCase by KIMBERLY V. BARR (CLT) 12/17/15 Notice Printed 12/17/15 Scheduled for Hearing 12/07/15 Pre-Hearing Brief Uploaded through eCase by GEORGE D. GALLAGHER (CAR) 12/02/15 Mediation Impasse 11/16/15 Mediation Mandated 11/16/15 Form 53 Received Timely 11/16/15 Form 51/53/55 Received 10/21/15 Form 18 Received 10/20/15 Notice Printed 10/20/15 Scheduled for Hearing 10/20/15 Form 52 Hearing Requested 09/16/15 Hearing

Schedule Pending
 09/16/15 Mediation
 Impasse
 06/16/15 Mediation
 Scheduled
 06/04/15 Order
 Assigned to be
 Written
 06/04/15 Order
 Served
 05/28/15 Notice
 Printed
 05/28/15 Scheduled
 for Hearing
 05/26/15 Motion
 Filed
 04/20/15 Form 18
 Received
 02/05/15 Mediation
 Mandated
 02/05/15 Form 53
 Not Received to
 Date
 01/05/15 Form 52
 Hearing Requested
 12/31/14 Claim
 Reopened
 01/15/11 Claim
 Closed
 12/16/10 Form 19
 Received
 10/22/10 Form 18
 Received
 04/22/10 Form 18
 Received
 10/22/09 Form 18
 Received
 05/22/09 Hearing
 Postponed
 05/11/09 Form 18
 Received
 04/21/09 Notice
 Printed
 04/21/09 Scheduled
 for Hearing
 03/27/09 Notice
 Printed
 03/24/09 Scheduled
 for Hearing
 03/18/09 Hearing
 Schedule Pending
 03/09/09 Form 20
 Received
 03/06/09 Form 18
 Received
 03/06/09 Hearing
 Schedule Pending
 03/05/09 Claim
 Reopened
 03/05/09
 Dependency

28

- 143 -

WILLIAMSBURG REGIONAL HOSPITAL
KINGSTREE, SOUTH CAROLINA

PATIENT TRANSFER

VB 15157

Patient Name: Jacob Tisdale, JR.

Diagnosis: Blunt Trauma

Date: 10/16/08

(M.D. to complete)

Risks:

Benefits:

(M.D. to complete)

Reason/Alternatives:

☐ Facility at service capacity

☐ The patient/a legally responsible person acting on patient's behalf requested the transfer.

Name: _____ Relationship: _____

☒ Need for definitive care beyond scope of facility.

Other

Destination: Musc.

Room #: Trauma West

Accepting MD: Dr. Leon

Condition:

Physical: ☐ Stable ☐ Unstable ☐ In Active Labor

LOC: ☐ Alert/Oriented ☐ Confused
☐ Anxious Intubated ☐ Forgetful

Vital Signs at Transfer:

T P 127 R BP 114/74

Allergies: ANKA ☐ List:

Mode of Transport:

☐ POV ☒ ALS Ambulance ☐ BLS Ambulance
☒ Air Transport ☐ Other

Personnel:

☐ EMT ☒ EMT-P ARN ☐ MD
☐ RT ☐ Other

Special Equipment: BP/card. monitor, Intubated
Oxygen, STH, NS

Orders: ☒ Routine ALS

☐ Other:

Records:

☒ Clinical Notes & Plan of Care
☐ D/C Summary
☒ Lab Reports
☒ Radiology Reports
☐ CT Reports ☐ Other
☒ Transfer Form

Valuables:

☒ w/Patient ☐ Other

Name: _____

Relationship: _____

☐ Money \$ _____

☐ Jewelry: _____

☐ Clothes: _____

Report Called To:

Name: Flight Medic

Unit: _____

Date: 10-16-08 Time: 1450

Consent to Transfer: The Risks/Benefits have been explained to me and I understand and consent to the transfer.

Name: Pt unable to sign Relationship: _____

Date: _____ Time: _____

Refusal of Transfer: The reason, risks/benefits of transfer have been explained to me and I understand. Refusal may result in a threat to my health, life, and medical safety. I do not wish a transfer at this time

Name: _____ Relationship: _____

Witness: _____

Date: _____

Time: _____

Patient Initiated Transfer Request: After considering the risks described above and the information on the reverse of this form, I hereby request upon my own suggestion and not that of the hospital, physician, or other person associated with the hospital, that I be transferred.

Name: _____ Relationship: _____

Witness: _____

Date: _____

Time: _____

Certificate for Transfer: Based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical care at another medical facility, outweigh the possible increased risks to the individual and in the case of labor to the unborn child, from affecting the transfer.

Physician: _____

RN: Meaghan Gunn

Date: _____ Time: _____

Date: 10/16/08 Time: _____



MEDICAL RECORDS
169 Ashley Ave Suite 269
MSC 349
Charleston, SC 29425-3490

TISDALE JR, JACOB
MRN: 002602126
DOB: 9/23/1953, Sex: M
Enc. Date: 10/16/08

XR abdomen, single ap view [4369561] (continued)

Resulted: 04/10/12 2149, Result Status: Final
result

2. Gas distended stomach most likely related to adynamic ileus.

VOICE DICTATED BY: Dr. JAY KOONCE

I have reviewed the images and agree with the findings in this report.

Authenticating Radiologist: NANCY CURRY M.D. RADIOLOGIST
Date Authenticated: Oct 17 2008 11:54AM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
19 - Unknown	GE IMAGECAST RIS	Unknown	Unknown	08/12/11 1443 - Present

CSN
32673046

Order

**CT head/brain w/o contrast [IMG4502]
(Order 4369564)**

CT head/brain w/o contrast [4369564]

Ordering user:	Rad Conversion Interface 10/16/08 1835	Ordering provider:	Historical Provider, MD	Completed
Authorized by:	Historical Provider, MD	Frequency:	10/16/08 1835 -	
Electronically signed by:	Rad Conversion Interface 10/16/08 1835			
Comments:				
Ordered by an unspecified provider				

Result

**CT head/brain w/o contrast (Order
4369564)**

CT head/brain w/o contrast [4369564]

Resulted: 04/10/12 2149, Result Status: Final
result

Ordering provider: Historical Provider, MD 10/16/08 1835
Resulting Lab: GE IMAGECAST RIS

Specimen: 10/16/08 1835
Narrative:

EXAMINATION: BRAIN CT 10/16/08 18:40:00

ACCESSION NUMBER: 5404190

INDICATION: MVC coded at scene then three times more, MVC with hypotension. Needs trauma scans MVC coded at scene then three-times more

COMPARISON: None

TECHNIQUE: Multiple contiguous CT images of the brain without Intravenous contrast.

FINDINGS: Diffuse swelling with effacement of the sulci and decreased gray-white matter differentiation is noted consistent with diffuse severe brain edema. There is subarachnoid hemorrhage. There is no evidence of subdural or epidural hemorrhage, nor contusions. The ventricles and other CSF spaces are severely and diffusely effaced, with

Printed on 1/8/2015 12:17 PM

HIM ROI Orders/Results Report



MEDICAL RECORDS
169 Ashley Ave Suite 269
MSC 349
Charleston, SC 29425-3490

TISDALE JR, JACOB
MRN: 002602126
DOB: 9/23/1953, Sex: M
Enc. Date: 10/16/08

CT head/brain w/o contrast [4369564] (continued)

Resulted: 04/10/12 2149, Result Status: Final
result

bilateral descending transtentorial herniation. There is increased pressure in the posterior fossa too, with effacement of the IV ventricle. There is no evidence of skull fracture. The paranasal sinuses are opacified while the mastoids are unremarkable. Excessive swelling of the face is noted, please see dedicated report on CT of the face for details. There is a large left frontoparietal hematoma of the scalp.

IMPRESSION:

Diffuse supra- and infratentorial brain edema with bilateral uncal herniation and CSF effacement.
Subarachnoid hemorrhage without evidence of focal contusion, epidural or subdural bleed.

Key findings discussed with Dr. Henderson on 10/16/08 19:22:53.

VOICE DICTATED BY: Dr. PAL SURANYI

I have reviewed the images and agree with the findings in this report.

Authenticating Radiologist: ALESSANDRO CIANFONI RADIOLOGIST
Date Authenticated: Oct 16 2008 8:44PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
19 - Unknown	GE IMAGECAST RIS	Unknown	Unknown	08/12/11 1443 - Present

CSN
32673048

Order

CT facial/sinus w/o contrast [IMG4524]
(Order 4369566)

CT facial/sinus w/o contrast [4369566]

Ordering user:	Rad Conversion Interface 10/16/08 1900	Ordering provider:	Historical Provider, MD	Completed
Authorized by:	Historical Provider, MD	Frequency:	10/16/08 1900 -	
Electronically signed by:	Rad Conversion Interface 10/16/08 1900			
Comments:	Ordered by an unspecified provider			

Result

CT facial/sinus w/o contrast (Order
4369566)

CT facial/sinus w/o contrast [4369566]

Resulted: 04/10/12 2149, Result Status: Final
result

Ordering provider: Historical Provider, MD 10/16/08

Resulting Lab: GE IMAGECAST RIS

Printed on 1/8/2015 12:17 PM

HIM ROI Orders/Results Report



MEDICAL RECORDS
169 Ashley Ave Suite 269
MSC 349
Charleston, SC 29425-3490

TISDALE JR, JACOB
MRN: 002602126
DOB: 9/23/1953, Sex: M
Enc. Date: 10/16/08

CT facial/sinus w/o contrast [4369566] (continued)

Resulted: 04/10/12 2149. Result Status: Final result

Specimen: 1900
Narrative: 10/16/08 1900

EXAMINATION: CT FACE 10/16/08 18:43:00

ACCESSION NUMBER: 5404191

INDICATION: MVC coded at scene then three times more

COMPARISON: NONE

TECHNIQUE: Multiple contiguous CT images were obtained through the face without administration of IV contrast.

FINDINGS: There is extensive soft tissue hematoma noted along the entirety of the left face and left frontal skull. There is opacification of the left maxillary sinus with gas fluid level. There is fracture of the orbital floor which demonstrates minimal inferior displacement and fracture of the left lamina papyracea of the ethmoid, with moderate herniation of orbital fat and medial rectus, with no definite signs of entrapment. Fluid is also seen within bilateral sphenoid and ethmoid sinuses. The globes appear intact.

IMPRESSION:

1. Large left facial and left frontal skull hematoma.
2. Left orbital floor and lamina papyracea fracture.

Discussed with Dr. Henderson of Trauma Surgery at 7:45 pm.

VOICE DICTATED BY: Dr. KIRK KIZZIAH

I have reviewed the images and agree with the findings in this report.

Authenticating Radiologist: ALESSANDRO CIANFONI RADIOLOGIST
Date Authenticated: Oct 16 2008 8:19PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
19 - Unknown	GE IMAGECAST RIS	Unknown	Unknown	08/12/11 1443 - Present

CSN
32673047

Order

CT cervical spine w/o contrast [IMG4511]
(Order 4369565)

Printed on 1/8/2015 12:17 PM

HIM ROI Orders/Results Report



MEDICAL RECORDS
169 Ashley Ave Suite 269
MSC 349
Charleston, SC 29425-3490

TISDALE JR, JACOB
MRN: 002602126
DOB: 9/23/1953, Sex: M
Enc. Date: 10/16/08

CT cervical spine w/o contrast [4369565]

Ordering user:	Rad Conversion Interface 10/16/08 1925	Ordering provider:	Historical Provider, MD	Completed
Authorized by:	Historical Provider, MD	Frequency:	10/16/08 1925 -	
Electronically signed by:	Rad Conversion Interface 10/16/08 1925			
Comments:	Ordered by an unspecified provider			

Result

CT cervical spine w/o contrast (Order 4369565)

CT cervical spine w/o contrast [4369565]

Resulted: 04/10/12 2149, Result Status: Final result

Ordering provider:	Historical Provider, MD 10/16/08 1925	Resulting Lab:	GE IMAGECAST RIS
Specimen:	10/16/08 1925		
Narrative:			

EXAMINATION: CERVICAL SPINE CT 10/16/08 18:50:00

ACCESSION NUMBER: 5404192

INDICATION: MVC with hypotension. Needs trauma scans MVC coded at scene then three times more

COMPARISON: None

TECHNIQUE: Multiple contiguous spiral CT Images were obtained through the cervical spine without IV contrast.

FINDINGS: There are comminuted acute fractures of C1 anteriorly and posteriorly. Comminuted fracture of the C2 right transverse process is also seen which seems to involve the transverse foramen worrisome for vertebral artery injury. There is also a right C6-7 facet fracture involving the inferior and superior facets, but without dislocation. Vertebral body heights are preserved, multilevel degenerative changes are also seen. Extensive soft tissue swelling with scattered areas of gas are noted in the left neck with a radiopaque catheter entering the soft tissues here. The midline anterior soft tissues of the neck including the hyoid bone and the larynx appear to be displaced to the right. Visualized portion of the skull base shows no evidence of fractures. Opacification of the ethmoid and bilateral maxillary sinuses is noted, as well as marked soft tissue swelling about the left face.

IMPRESSION:

Jefferson fracture of C1, highly unstable.
Comminuted fracture of the C2 right transverse process is also seen which seems to involve the transverse foramen worrisome for vertebral artery injury. CTA neck might be considered.
R C6-7 facet fracture involving the inferior and superior facets, but without dislocation.

Key findings discussed with Dr. Henderson on 10/16/08 19:08:57.



"HISPHYS"
Adult Initial Neurosurgery Evaluation
Page 2 of 2

Form Origination Date: 7/06
Version: 2

Version Date: 11/07

Date: 10/16/08



P:491971602 DOB:09/23/1953 B M
TISDALE JR

JACOB

Adm:10/16/08 M:2602126

Patient Name
MRN

PATIENT IDENTIFICATION LABEL

Neuro Exam	☒ Minimal or no medical sedation	☐ Heavily sedated	☐ Sedated and pharmacologically paralyzed				
Neuro:	Best motor exam: ☐ Spontaneously	☐ To command (6)	☐ Localizes (5)	☐ Withdraws (4)	☐ ABN flexion (3)	☐ ABN extension (2)	☒ None (1)
GCS	Best verbal exam: ☐ Normal	☐ Oriented (5)	☐ Confused (4)	☐ Inappropriate (3)	☐ Incomprehensible (2)	☒ None (1)	
	Best eye opening: ☐ Spontaneous (4)	☐ To speech (3)	☐ To pain (2)	☐ None (1)			
	Alertness: ☐ Alert	☐ Drowsy but arousable	☐ Lethargic, difficult to arouse	☐ Confused / delirious	☐ Unresponsive		
	Orientation: ☐ NAT (Not able to test)	☐ Oriented to time, place, person	☐ Oriented only to Time	☐ Place	☐ Person	☒ None Other:	
	Memory: ☐ NAT	☐ Appears WNL	☐ 3/3 objects at 5 min	☐ Other:			
	Knowledge: ☐ NAT	☐ Appears WNL	☐ 3/3 objects at 5 min	☐ Other:			

CN 2	V fields / acuity	☒ NAT	☐ Normal fields		CN 7	Facial movements	☐ NAT	☐ Normal facial symmetry
Discs	☒ Not seen well	☐ NAT	☐ Normal acuity gross		CN 8	Hearing	☒ NAT	☐ Normal hearing bilaterally
CN 3, 4, 6	Pupils	☐ NAT	☐ No papilledema		CN 9, 10	Soft palate	☒ NAT	☐ Rises symmetrically
	EOM	☒ NAT	☐ PERL Right pupil	☐ Left pupil	CN 11	Sternocleidomastoid & Trapezius	☒ NAT	☐ NL Sternocleidomastoid & Trapezius
CN 5	Facial sensations	☐ NAT	☐ Facial sensation normal		CN 12	Tongue	☒ NAT	☐ Midline, normal
Strength	☒ NAT	☐ All Normal	Right ARM ☐ Normal	Left ARM ☐ Normal				
Motor Group Specific	☒ NAT	Right LEG ☐ Normal	Left LEG ☐ Normal					
Sensation	☒ NAT	☐ All Normal	Right ARM ☐ Normal	Left ARM ☐ Normal				
Gait	☒ NAT	☐ Normal	Right LEG ☐ Normal	Left LEG ☐ Normal				
Reflexes	☒ NAT	Right ☐ Absent	Left ☐ Absent					
Coord	☒ NAT	Normal R FN ☐ ABN	Normal L FN ☐ ABN					
Tone	☒ NAT	WNL ☐						
Pulses	☒ NAT	Carotid WNL ☐						

Abbreviations: EVD-External ventricular drain; NAT-Not able to test; Del-Deloids; Bic-biceps; WE-Wrist extensors; HI-Hand intrinsic; IP-Biopsy; Quad-Quadriceps; Ham-Hamstrings; AP: I have discussed the patient with the attending Dr. T. Turner and he/she agrees with the plan of treatment.

CT H & diffuse loss of grey-white junctions
CT spine & C1-Axial + post arch for C2-P4, C6 lateral facet for

146/111/14
4.1/24/1.3
PT/FTT- 24/4/29
INR- 2.06
Phenytoin

Sp mvc & severe head injury
prolonged, sluggish, & sag motor response
Very poor prognosis
Maintain C collar for now
Correct INR < 1.3
D/W Family situation. Pt likely deceased. would need
Resident/MLP Signature: L. Hornik Page ID: 15523 Date: 10/16/08 Time: 2:00 AM/PM
More than 50% of this visit (min total) was spent on education and counseling.
Agree
Test



PRORECRD

MUSC
MEDICAL UNIVERSITY
OF SOUTH CAROLINA



P:491971602 DOB:09/23/1953 8 M
TISDALE JR
JACOB
Adm:10/16/08 M:2602126

Brain Death Evaluation Tool Adults - Progress Note

Page 1 of 2

Form Origination Date: 12/01
Version: 6

Version Date: 3/07

Patient Name

MRN

SECTION A: Nursing completes the following for neurologically unresponsive patients:

Check the box if the patient has the described condition:

- | | |
|--|---|
| ☒ Cerebral unresponsiveness (deep coma) | ☒ Pupils do not react to light |
| ☒ Patient does not respond to verbal stimuli | ☒ Patient does not respond to painful stimuli |
| ☒ Patient has no verbal responsiveness | ☒ Core Temperature > 32° C |

If all boxes are checked the nurse contacts the Attending Physician or his/her designee to complete sections below.
Physician notified (name) Lisa Kossick

RN Signature: [Signature]

Date: 10/16/08

The Physician completes all remaining sections of this form

Section B: Physician Evaluation of Prerequisites for Evaluation of Brain Death:

Check the box if the described condition is true for this patient:

- | |
|---|
| ☒ A known proximate cause exists for the patient's neurological status |
| ☒ The patient does NOT have a severe electrolyte, acid-base or endocrine disturbance |
| ☒ The patient has NOT experienced drug intoxication or poisoning and is not being treated with paralytic agents |

Physician Signature: [Signature]

Date: 10/16/08

Section C: Serial Assessment of Brain Death:

One clinical examination is usually sufficient; in the presence of massive, catastrophic brain injury, a second examination is not required. If two tests are necessary, they should be separated by at least 6 hours.

Check boxes that apply:

- | |
|---|
| ☒ One assessment will be done. |
| ☐ Two assessments are required for the following reason: |

Section D: Physician Evaluation of Neurological Unresponsiveness/Brainstem Reflexes

Assessment

- | | | |
|-------------------------------------|--------------------------|---|
| 1 st | 2 nd | |
| ☒ | ☐ | Cerebral unresponsiveness (deep coma) |
| ☒ | ☐ | Pupils: No response to bright light. Size: midposition (4mm) to dilated (9mm) |
| ☒ | ☐ | Absent doll's eye response |
| ☒ | ☐ | Caloric response: No deviation of eyes to irrigation in each ear with 50 ml of cold water |
| ☒ | ☐ | Facial motor response and sensation: No jaw reflex. No grimacing to deep pressure. No corneal reflex. |
| ☒ | ☐ | Pharyngeal and tracheal response: No response after stimulation of the posterior pharynx |

1st Assessment Physician Signature: [Signature]

Date: 10/17/08 Pager ID: 15523

2nd Assessment Physician Signature: _____

Date: _____ Pager ID: _____

Physician Signature [Signature]
braindeath

Pager ID 15523

Date 10/17/08

Time 2:24 AMPM
OTE 900148 Rev. 3/07



PROGRECD

MUSC
MEDICAL UNIVERSITY
OF SOUTH CAROLINAP:491971602 DOB:09/23/1953 B M
TISDALE JR
JACOB
Adm:10/16/08 M:2602126Brain Death Evaluation Tool
Adults - Progress Note

Page 2 of 2

Form Origination Date: 12/01
Version: 6

Version Date: 3/07

Patient Name

MRN

Section E: Confirmatory Tests for Brain Death

Test patient if assessments in Section D completed and indicate brain death likely. One or more of the following 3 tests must be performed.

Test 1: Apnea Test result (Complete the prerequisite assessments below BEFORE performing an apnea test):
Check if no respiratory movement after 8 minutes.*

Prerequisite Assessment

1st 2nd

☒	☐
☒	☐
☒	☐
☒	☐

Core temperature $\geq 36.5^{\circ}\text{C}$ Systolic blood pressure ≥ 90 mm HgBaseline stable PaCO_2 between 35 mm Hg to 45 mm HgPre-Apnea test $\text{PaO}_2 \geq 95$ mm Hg (may preoxygenate to higher PaO_2)1st Assessment Physician Signature: Thomson Date: 10/12/08 Pager ID: 224

2nd Assessment Physician Signature: _____ Date: _____ Pager ID: _____

Test 2: Cerebral perfusion scan result

Test 3: Cerebral angiography result

☐ Check if scan confirms absent cerebral perfusion☐ Check if angiogram confirms absent cerebral blood flow*Connect a pulse oximeter to patient. Administer source of oxygen through T-Bar or CPAP. Disconnect patient from ventilator and observe for respiratory movement (chest or abdominal movement that produce tidal volumes). Reconnect ventilator (ending the test) if potentially lethal arrhythmia or hypotension appears, or if any respiratory effort is made. After 10 minutes measure PaO_2 , PaCO_2 and pH, and reconnect ventilator. If respiratory movement is absent for 10 minutes and the final $\text{PaCO}_2 > 60$ mm Hg or 20 mm Hg increase in PaCO_2 over the baseline PaCO_2 , the apnea test is positive.

Section F: Determination of Brain Death

☒ Patient DOES meet criteria for brain death (one of more tests checked in Section E)

OR

☐ Patient DOES NOT meet criteria for brain death (NO test checked in Section E)Physician Signature: Thomson Pager ID: 15523 Date: 10/17/08 Time: 224 AM/PM

Section G: Verification of Qualification

☒ If the signature in Section F is that of a resident or fellow, ICU RN has confirmed that the physician has privileges to declare brain death (e-Value)

1. Go to evalue website: <https://www.e-value.net/index.cfm>
2. Login: muscnurse Password: muscnurse
3. Select training program of physician
4. From left menu, select PxDx, then Procedure Privileges
5. Select physician from user menu, then hit Next
6. Review Cerebral Death Evaluation for supervision requirements.

RN Signature

braindeath

Date: 10/17/08 Time: 0224 AM/PM

OTE 900148 Rev. 3/07

DHEC PATIENT CARE FORM

LAST NAME (10-20) **Tisdale** FIRST NAME (30-45) **Jacob** APT # **22A** STREET (47-71) **Constitution Rd** CITY (12-87) **Kingstree** STATE (88-89) **SC** ZIP CODE (90-94) **29552** SSN (95-103) **103**

DEPOSITION (104) **1** ☐ TREATING TRANS. **2** ☐ DCA AT SCENE **3** ☐ HOSPITAL ER **4** ☐ HOSP. DRL. ADMIT. **5** ☐ PATIENT'S HOME **6** ☐ NURSING HOME **7** ☐ DR.'S OFFICE **8** ☐ OUTPATIENT **9** ☐ PT. REFUSED TREAT. **10** ☐ EMS TRANSFER

TRAUMA (112) **1** ☐ MVA **2** ☐ MISC. **3** ☐ BIKES **4** ☐ PED **5** ☐ ASSAULT **6** ☐ INTERFAC **7** ☐ OTHER

MEDICAL (113) **1** ☐ ENVIRON **2** ☐ BEHAV **3** ☐ OB/GYN **4** ☐ RESP **5** ☐ CARDIAC **6** ☐ INTERFAC **7** ☐ OTHER

TO SCENE (114) **1** ☐ EMERGENT **2** ☐ NON-EMERGENT **3** ☐ CODE **4** ☐ CODE

ON SCENE (115) **1** ☐ URGENT **2** ☐ NON-URGENT **3** ☐ CODE **4** ☐ CODE

FROM SCENE (116) **1** ☐ URGENT **2** ☐ NON-URGENT **3** ☐ CODE **4** ☐ CODE

ST. OR HWY. **1** ☐ NAME OR NO. **2** ☐ WILLIAMSBURG HOSP ED **3** ☐ CITY **4** ☐ KINGSTREE SC **5** ☐ COUNTY **6** ☐ (117-118) **4** **5** **6** ☐ ZIP CODE **7** ☐ (119-123) **4** **5** **6** ☐ SAFETY EQUIP. **1** ☐ SCALLOPS **2** ☐ CHD'S SEAT **3** ☐ HELMETS **4** ☐ NOISE **5** ☐ ALCOHOL **6** ☐ UNKN. **7** ☐ ROADWAY **8** ☐ RECREATIONAL **9** ☐ RESIDENCE **10** ☐ AGRICULTURAL **11** ☐ INDUSTRIAL **12** ☐ OTHER

PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (123-137)

003 ☐ Seizure **024** ☐ Abdominal Shock **074** ☐ Respiratory Distress **123** ☐ **004** ☐ Diabetic **039** ☐ Head Injury **080** ☐ Coronary Problems **137** ☐ **011** ☐ Abrasion/Contusion **032** ☐ Spinal Injury **083** ☐ Cardiac Arrest **137** ☐ **019** ☐ Laceration **041** ☐ Burns **091** ☐ Other **137** ☐ **021** ☐ Foreign Body **049** ☐ Other **091** ☐ Other **137** ☐

HCPA CODES (173-180)

1 ☐ Head **2** ☐ Face **3** ☐ Neck **4** ☐ Chest **5** ☐ Abdomen **6** ☐ Hip/Pelvis **7** ☐ Upper Ext. **8** ☐ Lower Ext. **9** ☐ Back

ADVANCED PROCEDURES (181-221)

1 ☐ BLS **2** ☐ BLS **3** ☐ BLS **4** ☐ BLS **5** ☐ BLS **6** ☐ BLS **7** ☐ BLS **8** ☐ BLS **9** ☐ BLS **10** ☐ BLS **11** ☐ BLS **12** ☐ BLS **13** ☐ BLS **14** ☐ BLS **15** ☐ BLS **16** ☐ BLS **17** ☐ BLS **18** ☐ BLS **19** ☐ BLS **20** ☐ BLS **21** ☐ BLS **22** ☐ BLS **23** ☐ BLS **24** ☐ BLS **25** ☐ BLS **26** ☐ BLS **27** ☐ BLS **28** ☐ BLS **29** ☐ BLS **30** ☐ BLS **31** ☐ BLS **32** ☐ BLS **33** ☐ BLS **34** ☐ BLS **35** ☐ BLS **36** ☐ BLS **37** ☐ BLS **38** ☐ BLS **39** ☐ BLS **40** ☐ BLS **41** ☐ BLS **42** ☐ BLS **43** ☐ BLS **44** ☐ BLS **45** ☐ BLS **46** ☐ BLS **47** ☐ BLS **48** ☐ BLS **49** ☐ BLS **50** ☐ BLS **51** ☐ BLS **52** ☐ BLS **53** ☐ BLS **54** ☐ BLS **55** ☐ BLS **56** ☐ BLS **57** ☐ BLS **58** ☐ BLS **59** ☐ BLS **60** ☐ BLS **61** ☐ BLS **62** ☐ BLS **63** ☐ BLS **64** ☐ BLS **65** ☐ BLS **66** ☐ BLS **67** ☐ BLS **68** ☐ BLS **69** ☐ BLS **70** ☐ BLS **71** ☐ BLS **72** ☐ BLS **73** ☐ BLS **74** ☐ BLS **75** ☐ BLS **76** ☐ BLS **77** ☐ BLS **78** ☐ BLS **79** ☐ BLS **80** ☐ BLS **81** ☐ BLS **82** ☐ BLS **83** ☐ BLS **84** ☐ BLS **85** ☐ BLS **86** ☐ BLS **87** ☐ BLS **88** ☐ BLS **89** ☐ BLS **90** ☐ BLS **91** ☐ BLS **92** ☐ BLS **93** ☐ BLS **94** ☐ BLS **95** ☐ BLS **96** ☐ BLS **97** ☐ BLS **98** ☐ BLS **99** ☐ BLS **100** ☐ BLS **101** ☐ BLS **102** ☐ BLS **103** ☐ BLS **104** ☐ BLS **105** ☐ BLS **106** ☐ BLS **107** ☐ BLS **108** ☐ BLS **109** ☐ BLS **110** ☐ BLS **111** ☐ BLS **112** ☐ BLS **113** ☐ BLS **114** ☐ BLS **115** ☐ BLS **116** ☐ BLS **117** ☐ BLS **118** ☐ BLS **119** ☐ BLS **120** ☐ BLS **121** ☐ BLS **122** ☐ BLS **123** ☐ BLS **124** ☐ BLS **125** ☐ BLS **126** ☐ BLS **127** ☐ BLS **128** ☐ BLS **129** ☐ BLS **130** ☐ BLS **131** ☐ BLS **132** ☐ BLS **133** ☐ BLS **134** ☐ BLS **135** ☐ BLS **136** ☐ BLS **137** ☐ BLS **138** ☐ BLS **139** ☐ BLS **140** ☐ BLS **141** ☐ BLS **142** ☐ BLS **143** ☐ BLS **144** ☐ BLS **145** ☐ BLS **146** ☐ BLS **147** ☐ BLS **148** ☐ BLS **149** ☐ BLS **150** ☐ BLS **151** ☐ BLS **152** ☐ BLS **153** ☐ BLS **154** ☐ BLS **155** ☐ BLS **156** ☐ BLS **157** ☐ BLS **158** ☐ BLS **159** ☐ BLS **160** ☐ BLS **161** ☐ BLS **162** ☐ BLS **163** ☐ BLS **164** ☐ BLS **165** ☐ BLS **166** ☐ BLS **167** ☐ BLS **168** ☐ BLS **169** ☐ BLS **170** ☐ BLS **171** ☐ BLS **172** ☐ BLS **173** ☐ BLS **174** ☐ BLS **175** ☐ BLS **176** ☐ BLS **177** ☐ BLS **178** ☐ BLS **179** ☐ BLS **180** ☐ BLS **181** ☐ BLS **182** ☐ BLS **183** ☐ BLS **184** ☐ BLS **185** ☐ BLS **186** ☐ BLS **187** ☐ BLS **188** ☐ BLS **189** ☐ BLS **190** ☐ BLS **191** ☐ BLS **192** ☐ BLS **193** ☐ BLS **194** ☐ BLS **195** ☐ BLS **196** ☐ BLS **197** ☐ BLS **198** ☐ BLS **199** ☐ BLS **200** ☐ BLS **201** ☐ BLS **202** ☐ BLS **203** ☐ BLS **204** ☐ BLS **205** ☐ BLS **206** ☐ BLS **207** ☐ BLS **208** ☐ BLS **209** ☐ BLS **210** ☐ BLS **211** ☐ BLS **212** ☐ BLS **213** ☐ BLS **214** ☐ BLS **215** ☐ BLS **216** ☐ BLS **217** ☐ BLS **218** ☐ BLS **219** ☐ BLS **220** ☐ BLS **221** ☐ BLS **222** ☐ BLS **223** ☐ BLS **224** ☐ BLS **225** ☐ BLS **226** ☐ BLS **227** ☐ BLS **228** ☐ BLS **229** ☐ BLS **230** ☐ BLS **231** ☐ BLS **232** ☐ BLS **233** ☐ BLS **234** ☐ BLS **235** ☐ BLS **236** ☐ BLS **237** ☐ BLS **238** ☐ BLS **239** ☐ BLS **240** ☐ BLS **241** ☐ BLS **242** ☐ BLS **243** ☐ BLS **244** ☐ BLS **245** ☐ BLS **246** ☐ BLS **247** ☐ BLS **248** ☐ BLS **249** ☐ BLS **250** ☐ BLS **251** ☐ BLS **252** ☐ BLS **253** ☐ BLS **254** ☐ BLS **255** ☐ BLS **256** ☐ BLS **257** ☐ BLS **258** ☐ BLS **259** ☐ BLS **260** ☐ BLS **261** ☐ BLS **262** ☐ BLS **263** ☐ BLS **264** ☐ BLS **265** ☐ BLS **266** ☐ BLS **267** ☐ BLS **268** ☐ BLS **269** ☐ BLS **270** ☐ BLS **271** ☐ BLS **272** ☐ BLS **273** ☐ BLS **274** ☐ BLS **275** ☐ BLS **276** ☐ BLS **277** ☐ BLS **278** ☐ BLS **279** ☐ BLS **280** ☐ BLS **281** ☐ BLS **282** ☐ BLS **283** ☐ BLS **284** ☐ BLS **285** ☐ BLS **286** ☐ BLS **287** ☐ BLS **288** ☐ BLS **289** ☐ BLS **290** ☐ BLS **291** ☐ BLS **292** ☐ BLS **293** ☐ BLS **294** ☐ BLS **295** ☐ BLS **296** ☐ BLS **297** ☐ BLS **298** ☐ BLS **299** ☐ BLS **300** ☐ BLS **301** ☐ BLS **302** ☐ BLS **303** ☐ BLS **304** ☐ BLS **305** ☐ BLS **306** ☐ BLS **307** ☐ BLS **308** ☐ BLS **309** ☐ BLS **310** ☐ BLS **311** ☐ BLS **312** ☐ BLS **313** ☐ BLS **314** ☐ BLS **315** ☐ BLS **316** ☐ BLS **317** ☐ BLS **318** ☐ BLS **319** ☐ BLS **320** ☐ BLS **321** ☐ BLS **322** ☐ BLS **323** ☐ BLS **324** ☐ BLS **325** ☐ BLS **326** ☐ BLS **327** ☐ BLS **328** ☐ BLS **329** ☐ BLS **330** ☐ BLS **331** ☐ BLS **332** ☐ BLS **333** ☐ BLS **334** ☐ BLS **335** ☐ BLS **336** ☐ BLS **337** ☐ BLS **338** ☐ BLS **339** ☐ BLS **340** ☐ BLS **341** ☐ BLS **342** ☐ BLS **343** ☐ BLS **344** ☐ BLS **345** ☐ BLS **346** ☐ BLS **347** ☐ BLS **348** ☐ BLS **349** ☐ BLS **350** ☐ BLS **351** ☐ BLS **352** ☐ BLS **353** ☐ BLS **354** ☐ BLS **355** ☐ BLS **356** ☐ BLS **357** ☐ BLS **358** ☐ BLS **359** ☐ BLS **360** ☐ BLS **361** ☐ BLS **362** ☐ BLS **363** ☐ BLS **364** ☐ BLS **365** ☐ BLS **366** ☐ BLS **367** ☐ BLS **368** ☐ BLS **369** ☐ BLS **370** ☐ BLS **371** ☐ BLS **372** ☐ BLS **373** ☐ BLS **374** ☐ BLS **375** ☐ BLS **376** ☐ BLS **377** ☐ BLS **378** ☐ BLS **379** ☐ BLS **380** ☐ BLS **381** ☐ BLS **382** ☐ BLS **383** ☐ BLS **384** ☐ BLS **385** ☐ BLS **386** ☐ BLS **387** ☐ BLS **388** ☐ BLS **389** ☐ BLS **390** ☐ BLS **391** ☐ BLS **392** ☐ BLS **393** ☐ BLS **394** ☐ BLS **395** ☐ BLS **396** ☐ BLS **397** ☐ BLS **398** ☐ BLS **399** ☐ BLS **400** ☐ BLS **401** ☐ BLS **402** ☐ BLS **403** ☐ BLS **404** ☐ BLS **405** ☐ BLS **406** ☐ BLS **407** ☐ BLS **408** ☐ BLS **409** ☐ BLS **410** ☐ BLS **411** ☐ BLS **412** ☐ BLS **413** ☐ BLS **414** ☐ BLS **415** ☐ BLS **416** ☐ BLS **417** ☐ BLS **418** ☐ BLS **419** ☐ BLS **420** ☐ BLS **421** ☐ BLS **422** ☐ BLS **423** ☐ BLS **424** ☐ BLS **425** ☐ BLS **426** ☐ BLS **427** ☐ BLS **428** ☐ BLS **429** ☐ BLS **430** ☐ BLS **431** ☐ BLS **432** ☐ BLS **433** ☐ BLS **434** ☐ BLS **435** ☐ BLS **436** ☐ BLS **437** ☐ BLS **438** ☐ BLS **439** ☐ BLS **440** ☐ BLS **441** ☐ BLS **442** ☐ BLS **443** ☐ BLS **444** ☐ BLS **445** ☐ BLS **446** ☐ BLS **447** ☐ BLS **448** ☐ BLS **449** ☐ BLS **450** ☐ BLS **451** ☐ BLS **452** ☐ BLS **453** ☐ BLS **454** ☐ BLS **455** ☐ BLS **456** ☐ BLS **457** ☐ BLS **458** ☐ BLS **459** ☐ BLS **460** ☐ BLS **461** ☐ BLS **462** ☐ BLS **463** ☐ BLS **464** ☐ BLS **465** ☐ BLS **466** ☐ BLS **467** ☐ BLS **468** ☐ BLS **469** ☐ BLS **470** ☐ BLS **471** ☐ BLS **472** ☐ BLS **473** ☐ BLS **474** ☐ BLS **475** ☐ BLS **476** ☐ BLS **477** ☐ BLS **478** ☐ BLS **479** ☐ BLS **480** ☐ BLS **481** ☐ BLS **482** ☐ BLS **483** ☐ BLS **484** ☐ BLS **485** ☐ BLS **486** ☐ BLS **487** ☐ BLS **488** ☐ BLS **489** ☐ BLS **490** ☐ BLS **491** ☐ BLS **492** ☐ BLS **493** ☐ BLS **494** ☐ BLS **495** ☐ BLS **496** ☐ BLS **497** ☐ BLS **498** ☐ BLS **499** ☐ BLS **500** ☐ BLS **501** ☐ BLS **502** ☐ BLS **503** ☐ BLS **504** ☐ BLS **505** ☐ BLS **506** ☐ BLS **507** ☐ BLS **508** ☐ BLS **509** ☐ BLS **510** ☐ BLS **511** ☐ BLS **512** ☐ BLS **513** ☐ BLS **514** ☐ BLS **515** ☐ BLS **516** ☐ BLS **517** ☐ BLS **518** ☐ BLS **519** ☐ BLS **520** ☐ BLS **521** ☐ BLS **522** ☐ BLS **523** ☐ BLS **524** ☐ BLS **525** ☐ BLS **526** ☐ BLS **527** ☐ BLS **528** ☐ BLS **529** ☐ BLS **530** ☐ BLS **531** ☐ BLS **532** ☐ BLS **533** ☐ BLS **534** ☐ BLS **535** ☐ BLS **536** ☐ BLS **537** ☐ BLS **538** ☐ BLS **539** ☐ BLS **540** ☐ BLS **541** ☐ BLS **542** ☐ BLS **543** ☐ BLS **544** ☐ BLS **545** ☐ BLS **546** ☐ BLS **547** ☐ BLS **548** ☐ BLS **549** ☐ BLS **550** ☐ BLS **551** ☐ BLS **552** ☐ BLS **553** ☐ BLS **554** ☐ BLS **555** ☐ BLS **556** ☐ BLS **557** ☐ BLS **558** ☐ BLS **559** ☐ BLS **560** ☐ BLS **561** ☐ BLS **562** ☐ BLS **563** ☐ BLS **564** ☐ BLS **565** ☐ BLS **566** ☐ BLS **567** ☐ BLS **568** ☐ BLS **569** ☐ BLS **570** ☐ BLS **571** ☐ BLS **572** ☐ BLS **573** ☐ BLS **574** ☐ BLS **575** ☐ BLS **576** ☐ BLS **577** ☐ BLS **578** ☐ BLS **579** ☐ BLS **580** ☐ BLS **581** ☐ BLS **582** ☐ BLS **583** ☐ BLS **584** ☐ BLS **585** ☐ BLS **586** ☐ BLS **587** ☐ BLS **588** ☐ BLS **589** ☐ BLS **590** ☐ BLS **591** ☐ BLS **592** ☐ BLS **593** ☐ BLS **594** ☐ BLS **595** ☐ BLS **596** ☐ BLS **597** ☐ BLS **598** ☐ BLS **599** ☐ BLS **600** ☐ BLS **601** ☐ BLS **602** ☐ BLS **603** ☐ BLS **604** ☐ BLS **605** ☐ BLS **606** ☐ BLS **607** ☐ BLS **608** ☐ BLS **609** ☐ BLS **610** ☐ BLS **611** ☐ BLS **612** ☐ BLS **613** ☐ BLS **614** ☐ BLS **615** ☐ BLS **616** ☐ BLS **617** ☐ BLS **618** ☐ BLS **619** ☐ BLS **620** ☐ BLS **621** ☐ BLS **622** ☐ BLS **623** ☐ BLS **624** ☐ BLS **625** ☐

Oct 17 2008 6:51

CAROLINA-LIFE-CARE

8433974181

P. 3

Patient Record 4113828

Printed 10/17/08 06:51AM EST

Page 1 of 5

PRID: 4113828	Flight Number: 081011189	Trauma/Hospital #: 2602126
Service: OnFlight South Carolina	Date: October 16, 2008	
Base: Myrtle Beach	Team: ALS	
Unit: Conway	Crew 1: Barber, Carl	
Tail/Reg: N33963	Crew 2: Plowman, Jack	
Type of Service: Interfacility Unscheduled	Crew 3: Turbeville, Joseph	
Location: Williamsburg Regional Hospital (Emergency Department)	Destination Basis: Emergent air TX to closest appropriate treating facility as care not avail at sending	
500 Nelson Blvd.		
Kingstree, SC 29556		
643-355-8888		
Ref. Zip: 29556		
Ref County: Williamsburg		
Ref. MD: Kitchen, Michael		
Receiving: Medical University of South Carolina (Emergency Department)		
169 Ashley Ave		
, SC 29625		
(843) 792-2300		
Ref. MD: Leon, Stuart		
Outcome: Treated, Transported		

Last Name: Tisdale First: Jacob
 Address: 224 Gausstown Rd
 City: Kingstree ST: SC Zip: 29556
 County: Williamsburg
 Phone: (843) 382-3064
 DOB: 09/22/1953 SSN: 247-96-5396
 Age: 55y Sex: M Weight: 90 kg
 Subscriber: No
 Race: Black, non-Hispanic
 Barriers to Care: Unconscious
 Billing Information:
 Relative/Guarantor SSN DOB
 Company Group ID
 Blue Choice
 Tisdale, Edna
 Spouse (NOK)
 224 Gausstown Rd
 Kingstree, SC, 29556
 ZCC39517521
 10/16/2008

Odometer
 Ld Miles: 61
 Times
 Received: 14:03
 Dispatch: 14:12
 EnRoute: 14:21
 At Ref: 14:45
 At Patient: 14:51
 Lv Patient: 15:15
 Lv Ref: 15:22
 At Rec: 15:53
 Tx Care: 16:05
 Available: 16:41
 Max Alt: 1000

Chief Complaint (Category: Trauma, Blunt)		
Blunt Chest Trauma Anatomic Location: Chest, Abdomen, Head		
History of Present Illness Pt involved in single vehicle accident and went into full arrest enroute to hospital. Pt recd head and chest trauma. Pt intubated in ER and resuscitated. Lifecare called to provide rapid air transport to MUSC for trauma services not available locally.		
Past Medical History	Current Medications	Allergies
Unknown Obtained From: Health Care Professional	Unknown	Unknown
Neurological Exam		Glasgow Coma Scale
Level of Unresponsive Consciousness: Orientation: Unresponsive Neuro Exam: Unresponsive		E N V Tot Int: 1 1 1 = 3 Qual: Patient Intubated
Loss of Consciousness: Yes Chemically Paralyzed: No		
Pupils Left Size: Unable to Assess React: Reactive	Right Dilated Non-React	Motor Sensory LA: Flaccid Absent RA: Flaccid Absent LL: Flaccid Absent
		Revised Trauma Score

Oct 17 2008 6:52

CAROLINA-LIFE-CARE

8433974181

P. 4

Patient Record 4113828

Printed 10/17/08 06:51AM EST

Page 2 of 5

Neurological Exam

RI: Flaccid Absent

Glasgow Coma Scale

4.00

Airway

Status: Secured / Intubated
 Secured via: Endotracheal
 Tube Size: 7.5 mm int, 25 cm depth
 Performed By: Other Healthcare Provider

Respiratory

Effort: Assisted
 Sounds: L: Coarse R: Coarse
 Oxygen: 12 lpm via BVEET Performed By: Other
 Healthcare Provider

Cardiovascular

JVD: Not Appreciated Cap. Refill: Greater than 2 Seconds
 Edema: Not Appreciated
 Heart Tones: S1S2

Pulses

Left	Right
Carotid: Strong	Strong
Radial: Weak	Weak
Femoral: Strong	Strong

MVI

Position: Driver
 Involved: 1
 Seat Row: 1

Initial Physical Findings

Injuries

Assessment

Neck Findings: EJ line in place on left
 Left Lower Abdomen: Distention, Round, Firm
 Right Lower Abdomen: Distention, Round, Firm
 Pelvis: Stable
 Skin: Warm
 Extremity Findings: No abnormalities noted in any extremities
 Spine: Deferred- Spinal Motion Restriction
 Thoracic: Deferred- Spinal Motion Restriction
 Lumbar: Deferred- Spinal Motion Restriction
 Right Upper Abdomen: Distention, Round, Firm
 Left Upper Abdomen: Distention, Round, Firm
 Head: Swelling Findings: Right side of patients face was swollen.
 Chest: Clear Bilaterally

Tubes/Drains: Foley: 16 Hematuria:
 Not Present

Immobilization: Collar:PTA, CID:PTA, LDB:PTA, KED:N/A,
 MAST:N/A
 Trachea: Midline

Labs

Date	Time	WBC	Hgb	Hct	Plts	Hb	K	Cl	BUN	Cr	Glucose	ET	FTT	CPK/MB	PCC2	MC02	pH	pO2	SE	Sat	Other
10/16/08	13:00	6.2	12.2	35.5	83	141	4.8	106	14	1.22	349	70	49.1	5.6	16.4	19.3	7.37	290	12.7	99.7	Trop 3.04

Fluids Before & During Transport

IVs Prior to Assessment

INTAKE			OUTPUT			IV Gauge		Site		Solution Rate		Performed By	
Before	During		Before	During		1	20	LEV		NS	70	Other Healthcare Provider	
CRYS: 4500	1500	ESL											
COLL: 350	350	GO	150	50		2		RT Subclavian		NS /	70	Other Healthcare Provider	
OTHER: 0	C	OTHER: 0	0	0				Trauma Cartua		PRBC			

Medications / Infusions Prior to Assessment

No Medications / Infusions Prior to Assessment

Impression / Diagnosis

System: CNS/Neuro, Pulmonary, Abdominal, Skin



DISABILITIES & SPECIAL NEEDS BOARD

61 Greenlee Street
Kingsree, South Carolina 29556
Phone: (843) 355-5481 • Fax: (843) 355-5483

Clara Faye Dozier
Executive Director
fdozier@wcdsnb.org

March 16, 2010

RECEIVED
MAR 17 2010

BY: BT

G. Murrell Smith, Jr. Attorney At Law
126 North Main Street
Post Office Box 580
Sumter, S.C. 29151

RE: Jacob Tisdale's Employment File

Dear Mr. Smith:

Enclosed you will find a copy of Mr. Tisdale's job description and a copy of our exempt policy from our employee handbook.

Mr. Tisdale was employed with us from November 1994 up until his death; he has never had a worker's compensation claim.

If you have any further questions, please feel free to contact me.

Sincerely,

Pernell Burgess
Human Resource

**WILLIAMSBURG COUNTY
DISABILITIES AND SPECIAL NEEDS BOARD**

JOB DESCRIPTION

POSITION: RESIDENTIAL DIRECTOR

SALARY: Exempt

FUNCTION: Under the supervision of the Executive Director, provides comprehensive administrative supervision for residential programs for persons with disabilities by coordinating and directing the activities of professional staff, consultants and direct care personnel. Responsible for compliances with all program regulations, local, state and/or federal.

Essential Functions:

1. Responsible for the overall supervision of the Residential program by reviewing records, staff meetings, monitoring activities for compliance to Residential Standards and Compliance Standards. Directly supervise the Residential Manager to assure consumer needs are met and quality services are provided. Plan for and participate in individual program plans as deemed necessary. Responsible for communicating resident needs to Service Coordinator to ensure compliance with Medicaid Wavier program. Responsible for assisting with annual program evaluation, budget preparation and ongoing monitoring or program expenditures. Ensures ongoing compliance with Federal and State regulations.
2. Conducts performance appraisals for Residential Manager and evaluates and/or reviews residential staff's performance appraisals. Assist in staff disciplinary actions or resolving personnel issues.
3. Directly involved in the hiring of all residential staff and ensuring on the job training for new employees and documentation of such. Provide and/or coordinate ongoing staff development and training.
4. Works closely with Service Coordinators, communicates any plan of services changes as needed. Monitors the implementation of each resident's Individual Life Plan. Notifies appropriate service provider of deficiencies found in the charts needing corrections.
5. Develops and coordinates with appropriate staff, and individualized written plan of intervention identified in evaluations and assessments within thirty (30) calendar days

of admission, and annually thereafter.

6. Assures that short range and long range goals and objectives are developed for each individual and are time limited, measurable and observable.
7. Coordinates, on a twenty-four hour basis, programmatic decisions regarding residents. On call for emergency decision at all times.
8. Responsible for being knowledgeable in all policies and standards that apply to residential program.
9. Responsible to evaluate and plan for residential expansion as needed. This includes, but is not limited to, grant writing, budget proposals, and facility procurement/renovations.
10. Participates in Plans of Service, Call team meetings, and staffing for consumers in residential facilities as required.
11. Responsible for insuring facilities are maintained in a safe and comfortable manner.
12. Responsible for ongoing communication with SCDDSN on program needs, consumer changes, crisis intervention, accounting of consumer days and/or units of service.
13. Coordinates Consumer/Family Reviews on a quarterly basis.
14. Coordinate and participate in WCDSNB screening of possible admissions, transfers and discharges within residential programs.
15. Ensures that each resident has either a burial policy and/or insurance policy to cover the expense of burial/cremation, etc. and wills, if applicable.
16. Performs other duties as assigned.
17. Active member of Administrative management team, Staffing, Staff meetings and Safety Committee meetings.
18. Attends in-services as deemed appropriate.
19. Complies with attendance, tardiness, and dress code guidelines.
20. Respects the confidentiality for all consumers and personnel information to which the employee has access meeting all HIPPA requirements.
21. Demonstrates knowledge of and compliance with safety procedures and fire/disaster drill procedures.

22. Displays behavior on the job that in no way detract from consumers or staff well-being or the public image of the department.
23. Strives to maintain harmonious work relationships with both internal and external customers.
24. Demonstrates a willingness to work toward improvements in work performance or correction of performance deficiencies as suggested by the immediate supervisor.
25. Take an active part in becoming knowledgeable of and showing compliance with all policies and procedures.
26. Monitors and uses resources efficiently.

MINIMUM TRAINING AND EXEPERIENCE:

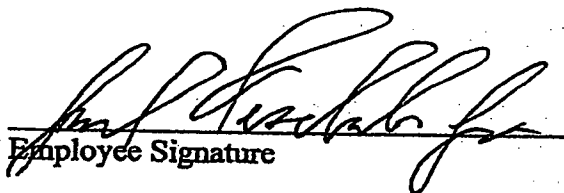
Bachelor's Degree from an accredited university in Human Service field, and five (5) years program management experience is required. Experience with people with disabilities and special needs is required.

REQUIRED KNOWLEDGE, SKILL AND ABILITIES:

- Must posses a valid SC Drivers license with a safe driving record.
- Ability to interpret and understand the needs of individuals.
- Ability to communicate in a clear and concise manner, orally and written.
- Ability to make decisions, organizing, supervising and monitoring the residential program.

RELATIONSHIPS AND CONTRACTS WITH OTHERS: The CTH Coordinator is expected to develop and maintain cooperative working relationship with all staff. When dealing with families, other agency personnel, and the public. The CTH Coordinator is expected to appropriately represent Williamsburg County Disabilities and Special Needs Board.

I understand that no employee, manager or other agent of the Williamsburg County Disabilities and Special Needs Board, has any authority to enter any agreement in writing unless signed by the Executive Director. I further understand that in the absence of such agreement, employment can be terminated with or without cause by Williamsburg County Disabilities and Special Needs Board or by the employee at any time.


Employee Signature

8-23-07,
Date

WILLIAMSBURG COUNTY DISABILITIES AND SPECIAL NEEDS

Exempt employees are full-time employees exempt from overtime. Exempt employees are expected to work the necessary hours to fulfill the requirements of their positions. **Exempt employees are not eligible to be paid overtime.**

SOUTH CAROLINA

CERTIFICATION OF VITAL RECORD

STATE BIRTH NUMBER

State of South Carolina
Department of Health and Environmental Control

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs, if any) (First, Middle, Last) JACOB TISDALE, JR.				2. SEX MALE		3. SOCIAL SECURITY NUMBER -5396	
4a. AGE-Last Birthday (Years) 55		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5. DATE OF BIRTH (MM/DD/YYYY) 09/23/1953		6. BIRTHPLACE (City and State or Foreign Country) KINGSTREE, SOUTH CAROLINA	
7a. RESIDENCE-STATE SOUTH CAROLINA		7b. COUNTY WILLIAMSBURG		7c. CITY OR TOWN KINGSTREE		7d. ZIP CODE 29556	
7e. STREET AND NUMBER 224 GAUSETOWN ROAD				7f. APT. NO.		7g. INSIDE CITY LIMITS? ☐ Yes ☒ No	
8. EVER IN US ARMED FORCES? ☒ Yes ☐ No		9. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) EDNA FREDALSTON TISDALE			
11. FATHER'S NAME (First, Middle, Last) JACOB TISDALE, SR.				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) STINA COOPER			
13a. INFORMANT'S NAME EDNA FREDALSTON TISDALE		13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 224 GAUSETOWN ROAD KINGSTREE, SOUTH CAROLINA 29556			
14. PLACE OF DEATH (Check only one: see instructions)							
IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other (Specify)			
15. FACILITY NAME (If not institution, give street and number) MEDICAL UNIVERSITY OF S. C. HOSP.				16. CITY OR TOWN, STATE AND ZIP CODE CHARLESTON, SOUTH CAROLINA 29401		17. COUNTY OF DEATH CHARLESTON	
18. METHOD OF DISPOSITION ☐ Donation ☐ Entombment ☐ Removal from state ☒ Burial ☐ Cremation ☐ Other (Specify)				19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) GREENLAWN CEMETERY			
20. LOCATION-CITY, TOWN, AND STATE KINGSTREE, SOUTH CAROLINA				21. NAME AND ADDRESS-REDMOND-RICHARDSON FUNERAL HOME 104 N. BROOKS STREET KINGSTREE, SC 29556			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT <i>Michael Richardson</i>				23. LICENSE NUMBER (Of licensee) 1677		23c. LICENSE NUMBER (Of facility) 202	
23a. EMBALMER (Signature) <i>Libby Kosmick</i>				23b. EMBALMER LICENSE NUMBER 2088		24. DATE PRONOUNCED DEAD (MM/DD/YYYY) 10/17/2008	
25. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) <i>Libby Kosmick</i>				26. LICENSE NUMBER LC29998		27. DATE SIGNED (MM/DD/YYYY) 10/17/2008	
28. ACTUAL OR PRESUMED DATE OF DEATH (Spell Month) OCTOBER 17, 2008				29. ACTUAL OR PRESUMED TIME OF DEATH 224 PM		30. WAS CORONER OR MEDICAL EXAMINER CONTACTED? ☒ Yes ☐ No	
31. PART I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. TRAUMATIC BRAIN INJURY Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) last: b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____							
32. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
33. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown				34. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year			
35. DATE OF INJURY (Spell Month)				36. TIME OF INJURY		37. MANNER OF DEATH ☐ Natural ☐ Homicide ☒ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined	
38. LOCATION OF INJURY: State: _____ City or Town: _____ County: _____				39. INJURY AT WORK? ☐ Yes ☐ No			
40. STREET & NUMBER: _____ Apartment Number: _____ Zip Code: _____				41. DESCRIBE HOW INJURY OCCURRED: _____			
42. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)				43. CERTIFIER (Check only one) ☐ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Pronouncing and Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ☒ Coroner/Medical Examiner-On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
Signature of certifier: <i>Libby Kosmick</i>							
44. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) LIBBY KOSMIK 171 ASHLEY AVE, CHARLESTON, SC 29425				45. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER DR. RAYMOND TURNER			
46. TITLE OF CERTIFIER MD		47. LICENSE NUMBER LC29998		48. DATE CERTIFIED (MM/DD/YYYY) 07/01/2007		49. FOR REGISTRAR ONLY-DATE FILED (MM/DD/YYYY) Dec 11 2008	

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

C. Earl Hunter
C. Earl Hunter
Commissioner and State Registrar

Guang Zhao
Guang Zhao
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 05/01/2008

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



SC 00206341



In Loving Memory



Missing You

They say there is a reason
They say that time will heal
But neither time nor reason
Will change the way I feel.
For no one knows the heartache
that lies behind my smiles.
No one knows how many times
I have broken down and cried.
I want to tell you something
so there won't be any doubt.
You're so wonderful to think of
but so hard to be without.
I cannot bring the old days back,
when we were all together.
The family chain is broken now
but memories live forever.

Your wife
Edna

Floral Bearers
DSN Board

Pall Bearers
Cousins and Friends

There is a Reason for Everything

Our Father Knows what's best for us, so why should we
Complain we always want the sunshine, but He knows
There must be rain. We love the sound of laughter and the
Merriment of cheer, but our hearts would lose their
Tenderness, if we never shed a tear.....

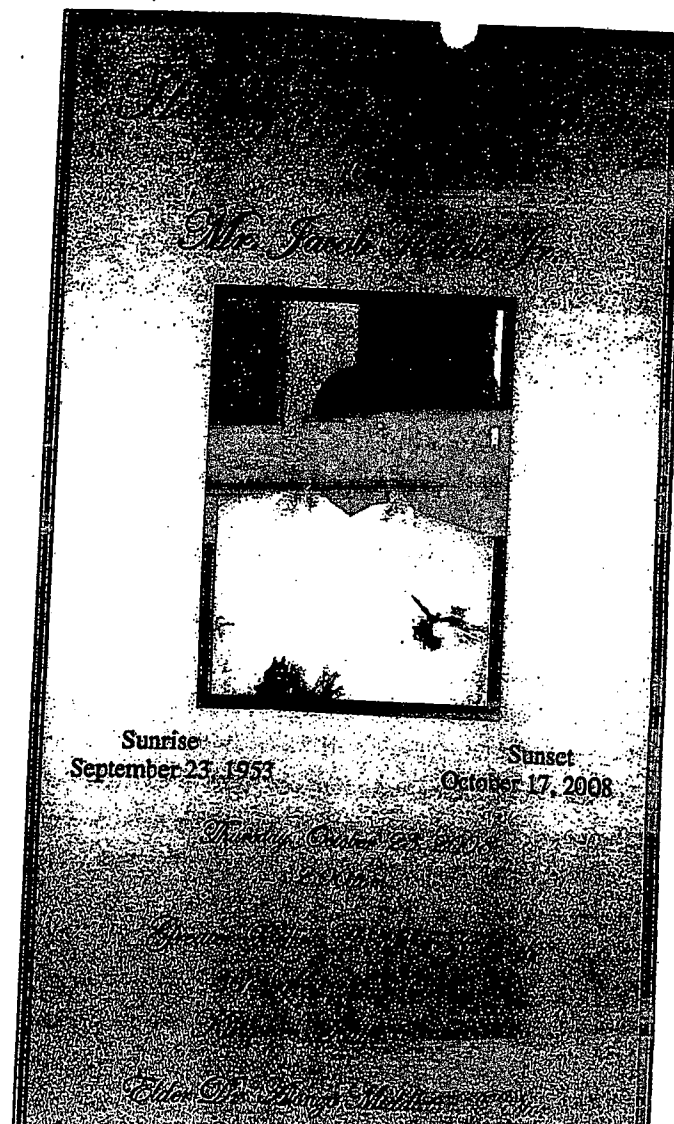
Our Father test us often with suffering and with sorrow,
He test us, not punishes us, but helps us meet tomorrow.
For growing trees are strengthened when they withstand
The storm and the sharp cut of the chisel give the marble
Grace and form....God never hurts us needlessly, and He
Never wastes our pain, for every loss He sends us is
Followed by rich gain.

The Family

In Appreciation

*The family of Jacob Tisdale, Jr. wishes to express and
acknowledge your Christian fellowship during our time of
bereavement. Your calls, visits, flowers and any other acts
of kindness you expressed shall never be forgotten. May
God bless each of you in a special way.*

~Services Entrusted To~
Redmond & Richardson Funeral Inc.
104 N. Brooks Street-Kingstree, South Carolina 29556
Phone#(843) 354-6185 Fax# (843) 354-9147
email,redrich104@verizon.net
A Tradition of Excellence



Life Reflections

I expect to pass through this world but once, therefore any good that I can do or any kindness that I can show to anyone, let me do it now, for I shall not pass this way again.

Jacob Tisdale, Jr., a loving and dedicated, husband, father, son, brother, grandfather, uncle and friend, was born September 23, 1953 in Kingstree, South Carolina. The oldest son of Mrs. Stina Cooper Tisdale and the late Mr. Jacob Tisdale Sr., Jacob departed this life on October 17, 2008 at the Medical University of South Carolina. He was affectionately called "Baby", "Baby Brother" and "Brother" by his family and was loved by all who knew him.

He attended the public schools in Williamsburg County and graduated in 1971 from Williamsburg Technical College. Jacob Jr. attended Allen University in Columbia, South Carolina where he graduated in 1975 with a BA degree in Social Studies. After graduation from Allen University he worked at Kirkland Department of Correction from 1975 until 1980. He served for six years in the United States Navy and received an Honorable Discharge. He continued to work at various jobs in his area of expertise in the upper state for the next several years. He returned to the lower part of the state, worked at Clarendon County DSN Board and Lutheran Family Services in Hartsville, S.C. At the time of his death Jacob was employed as the Residential Director for the Williamsburg County Disabilities and Special Needs Board. He was a notary for the State of South Carolina.

He accepted Christ at an early age and joined Good Hope Baptist Church in Greeleyville, South Carolina. He was a very gentle and caring man and was devoted to his family. Jacob, Jr. was a very kind and giving man and had many, many friends who will miss him dearly.

He has left us a legacy of love and leaves to cherish his memory; a loving wife and friend, Edna Alston Tisdale of home; a loving mother, Stina C. Tisdale of Greeleyville, SC; one son, Jacob Devane (Crystal) Tisdale of Charlottesville, VA; one daughter, Gina Yvette Tisdale of Daytona Beach, FL; an adopted son, Franklin (Judy) Thomas of Columbia, SC; four stepchildren: Shawn (Julie) Alston of Lumberton, NC, Jonathan (Jessica) Alston of Jacksonville, FL; Raven McFadden and Markita McFadden, both of the home; one grandchild, Nya Simone Tisdale; two step-grandchildren, Breana Alston and LaBria Alston; one brother, Carlilse Tisdale of Greeleyville, SC; two sisters, Jacoshia (Charlie) Edmond of Orlando, FL, and his beloved "Baby Sis", Cassandra (Marvin) Fleming of Columbia, SC; a beloved mother-in-law, Mary Alston Kingstree, SC; four sisters-in-law: Gladys Thompson of Cordova, TN; Lillian Miller and Doris Stalnaker, both of Kingstree, SC; and Elma (Frederick) Walker of Macon, GA; four nephews, Reginald (Christine) Edmond, Erik Edmond, Kyle Tisdale, and Brandon Fleming; two nieces, Christal Tisdale and Nicole Fleming; one grandniece, Nautica James; a host of other nieces, nephews, uncles, aunts, relatives and friends.

Order of Service

Rev. Dr. Elder Linwood Cooper, Presiding

Processional

Opening Hymn Choir
"Be Not Dismayed"

Invocation..... Rev. Dr. Lewis Walker, Jr.

Scriptures:

Old Testament Rev. Dr. William Outing
Psalm 23

New Testament Elder Linwood Cooper
I Corinthians 5: 51-58

Remarks:

Work Elder Linwood Cooper
Friend Mr. Erskine Bymun
Family Family Member

Solo Ms. Shanda McClary

Acknowledgements Mrs. M. J. Richardson

Selection Choir

Words of Comfort.....Dr. Elder Alonzo Middleton
Greater Bethel AME Church
Kingstree, South Carolina

Selection Choir
"Someone Left One Morning"

Recessional Choir

Committal, Benediction & Interment.....Greenlawn Cemetery
Kingstree, South Carolina

We will receive friends at the Fellowship Hall of the Greater Bethel AME Church, immediately following the interment.

Redmond-Richardson Funeral Home, Inc.

104 North Brook Street
Kingstree, South Carolina 29556
(843) 354-6185 Fax (843) 354-0147

D.W. Richardson, Founder
M.J. Richardson, Funeral Director, President
Freddie Felson, Lic. Mortician Director/Business Mgr.

DECEASED Jacob Tisdale Jr. No. _____
DATE OF DEATH Friday, October 17, 2008
PLACE OF DEATH MUSC, Charleston, SC
DATE OF STATEMENT Wednesday, October 21, 2008

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Services of Funeral Director & Staff 1,400-
Embalming 165-
Other preparation of body 175-
..... 2,225-

2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation ... 150-
Use of Facilities & Staff for Funeral Ceremony ...
Use of Facilities & Staff for Memorial Service ...
Use of Equipment & Staff for Graveside Service ... 200-
Use of Equipment & Staff for Church Service ...
..... 350-

3. Transportation:

Transfer of Remains to Funeral Home 175-
Hearse 175-
Limousine 203 175- 330-
Sedan
Service / Utility Vehicle 1 Flower Car. 15-
..... 775-

4. Other Services / Facilities / Equipment:

Gen'l. Chgo. Brass, Lowering 650-
Device, Opening and Closing
of Grave
TOTAL OF SERVICES SELECTED 4000-

B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle) 2,100-
Name/No. Herbyman Fowler Parkville
Material 106A Monarch
Color Charcoal Gray, White Top
Outer Burial Container 920-
Name/No. 540146-Dale
Material Debra - 106
Acknowledgement Cards
Register Book
Memory Folders / Prayer Cards
Clothing
Operation Urn
58 Series Jar Casket 1400-
58 Series Jar Urn 600-
TOTAL OF MERCHANDISE SELECTED 3,231.40

SPECIAL CHARGES

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

CASH ADVANCES

Certified Copies of Death Certificate
10 @ \$ 12-13 = each \$ 39-

Clergy _____

Musician _____

Paid Newspaper Notice _____

Cemetery Greenlawn Cemetery 800-
Double Bronze Plot
Other _____

TOTAL CASH ADVANCES \$ 839-

We charge you for our services in obtaining: (specify cash advance items).

SUMMARY

Total Funeral Home Charges 7,231.40
Local Sales Tax (if applicable) \$
State Sales Tax (if applicable) \$
Total Cash Advances \$ 839-
GRAND TOTAL \$ 8,070.40

Less Credits and Payments

\$

\$

Total Credits \$

BALANCE DUE \$ 8,070.40

Billing To Edna Tisdale
204 Causeway Road
Kingstree, SC 29556

DISCLOSURES

Reason for embalming Public Viewing

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

Greenlawn Cemetery

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment: Insurance

Full payment is due no later than _____

If any payment is not paid when due, an unanticipated LATE CHARGE

of _____ % per month (ANNUAL PERCENTAGE RATE _____ %)

264 - paid balance will be due. I agree to pay the Balance Due

listed on this Statement, plus any Late Charge. In the event I default in

payment in this funeral establishment, I agree to pay reasonable



SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Attachment B-Final Report

Critical Incident
Part II: Final Report

Note:

- An Internal management review will be conducted of all critical incidents. Results of all reviews will be sent to the DDSN Director of Quality Management within 10 working days of the incident or whenever staff first became aware of the incident (post marked or fax dated within that period of time). The final written report is completed using this form.
- Submission for consumers residing in ICF facilities should be within 5 working days of the incident to comply with DHEC requirements.

Provider/Regional Center:

County: 45

District I: ☐ Midlands ☐ Piedmont

District II: ☐ Coastal ☒ Pee Dee

Type Facility: ☐ DDSN Contracted Provider ☐ DDSN Regional Center ☐ DDSN Operated Facility (Autism program)

Location of Occurrence: (Indicate name of DDSN facility, i.e., Coastal Center, provider operated facility, i.e., Sunrise CTH II or address in community, i.e., individual's home or other address)

Date of Incident: 10/16/08

Time of Incident: 12:53 ☐ AM ☒ PM

Name of Primary Identifier: Jacob Tisdale Jr.

(Indicate the name of the primary person involved. If incident occurred on van/in facility/in a situation where all names are not listed, specify as such)

Results of Management Review: Mr. Tisdale was driving an agency vehicle at the time of the accident. However, law enforcement is involved and has not release accident report, due to investigation.
Describe action taken: Case is still under investigation

Review Outcome:

☐ Rules, Regulations or Policy Violation(s)
(Specify which rule, regulation or policy was violated):

☐ Disciplinary Action Taken (Indicate action taken):
☐ Oral reprimand ☐ Written Warning
☐ Suspension ☐ Dismissal

☐ Management Action Taken:
(Specify what action was taken):

☐ Other (Specify):

Comments:

Is this incident a repeat occurrence with this consumer? ☐ Yes ☒ No

What quality assurance actions were taken to prevent the occurrence of an incident like this?

Reporting: If the incident was reported to another agency, please indicate which agency:
☐ DHEC ☐ DSS ☐ Ombudsman
☒ Law Enforcement ☐ Other: (Specify):

Reported by whom? _____

Title: _____

Signature:

Charm Jaye Dyer
Executive Director/ CEO/ Facility Administrator
(or Designee for Executive Director/ CEO/ Facility Administrator)

10/27/08
Date

Charm Jaye Dyer
Name of Person Completing Form

This document should be sent to:
Director of Quality Management, SCDDSN, PO Box 4708, Columbia, SC 29240, Fax #: 803.898.9856

Critical Incident Final Report Form for Policy 100-09-DD, Effective 1/30/07

Critical Incident, Initial Report, page three

The Management Review

Person Assigned to Review: Clara Faye Dwyer

Title: Executive Director

Reporting: If the incident was reported to another agency, please indicate which agency:

☐ DHEC

☐ DSS

☐ Ombudsman

☒ Law Enforcement

☐ Other: (Specify):

Reported by whom? Unknown

Title: _____

Immediate actions taken to protect the consumer:

Immediate action taken to secure the chain of evidence and assist the reviewer:

SIGNATURE:

Clara Faye Dwyer
Executive Director/ CEO/ Facility Administrator
(or Designee for Executive Director/ CEO/ Facility Administrator)

10/20/08
Date

Clara Faye Dwyer
Name of Person Completing Form

This document should be sent to:

Director of Quality Management, SCDDSN, PO Box 4708, Columbia, SC 29240, Fax #: 803.898.9658

Critical Incident Initial Report Form for Policy 100-08-DD, Effective 1/30/07; Form Revised 8/30/07

Critical Incident, Initial Report, page two

Brief Description of Incident: (Please enter summarized data only. Detailed documentation and attachments should be attached to the official record.) *Single vehicle collision. He was in one of our state vehicles. He was sent to MUSE where he died Thursday morning.*

Type Incident & Category (Check all Categories that apply for each Type Incident checked).

Type Incident	Category	Consumer Directly Affected	Consumer to Consumer	Staff *	Facility or Program Operations Impacted
☐ Accidents		☐	NA	NA	NA
☐ Aggression/Assault		☐	NA	NA	NA
☐ Communicable Disease		☐	NA	NA	NA
☐ Criminal Arrest		☐	NA	NA	NA
☐ Elopement (Length of time :)		☐	NA	NA	NA
☐ Fall		☐	NA	NA	NA
☐ Fire		☐	NA	NA	NA
☐ Firearms/Weapons/Explosives		☐	NA	NA	NA
☐ Illegal Substances		☐	NA	NA	NA
☒ Injury		☐	NA	NA	NA
☒ Law Enforcement		☐	NA	NA	NA
☒ Major Medical		☐	NA	NA	NA
☐ Malicious use of profane or disrespectful language to consumers		☐	NA	NA	NA
☐ Medical Treatment (prescribed/recommended) not followed		☐	NA	NA	NA
☐ Medication Errors		☐	NA	NA	NA
☒ Motor Vehicle		☐	NA	NA	NA
☐ Property Damage (natural or unusual)		☐	NA	NA	NA
☐ Sexual Assault		☐	NA	NA	NA
☐ Suicide		☐	NA	NA	NA
☐ Theft - Money		☐	NA	NA	NA
☐ Theft - Property		☐	NA	NA	NA
☐ Other (Specify):		☐	NA	NA	NA

Provide detailed information in narrative

* Incident occurred due to consumer action or consumer will be affected by this incident.

Attachment A-Initial Report

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Critical Incident

Part I: Initial Report

Note:

- This report form should be completed to report an unusual, unfavorable occurrence that: a) is not consistent with routine operations; b) has harmful or otherwise negative effects involving people w/disabilities, employees, or property; and c) occurs in a DDSN Regional Center, DSN Board facility, other service provider facility, or during the direct provision of DDSN funded services.
- Database records will be identified either by Consumer Name or Provider Name.
- If more than one consumer is injured in an occurrence, a separate Critical Incident report should be submitted for each consumer.
- Initial Report must be submitted in writing, via fax, to the DDSN Director of Quality Management within 24 hours or the next working day of the event or whenever staff first became aware of the incident (postmarked or fax dated within that period of time). Any vehicle accidents/vandalism incidents meeting the reporting criteria are to be reported in writing, via fax, to the DDSN Director of Quality Management within 24 hours of receipt of an estimate.

Provider/Regional Center Reporting Incident: _____

County: 45

District I: ☐ Midlands ☐ Piedmont ☐

District II: ☐ Coastal ☒ Pee Dee ☐

Type Facility: ☒ DDSN Contracted Provider ☐ DDSN Regional Center ☐ DDSN Operated Facility (Autism Program)

Date of Incident: 10/16/08 Time of Incident: 12:52 ☐ AM ☒ PM Shift: ☐ 1st ☐ 2nd ☐ 3rd

Residence of Consumer: ☐ At home with family/guardian or in own home ☐ CRCF ☐ CTH I ☐ CTH II ☐ ICF ☐ SLP I ☐ SLP II ☐ Other (i.e., private boarding home) ☐ Unit @ Regional Center (ICF/MR)	Descriptive Location of Residence: (Example: Smith CTH I, respite caregiver, Pee Dee Center) <u>Staff</u>
Location of Incident: (Check all that apply) ☐ At home with family/guardian or in own home ☐ CRCF ☐ Day Program ☐ CTH ☐ Program/Admin Operations ☐ SLP ☐ DDSN funded service (ex., respite, waiver, etc.) ☐ ICF ☐ Regional Center (ICF/MR) ☒ Other	Descriptive Location of Incident: (Indicate unit name in Regional Center, provider operated facility name, i.e., Sunrise CTH II, address in community, respite caregiver home, enclave, work activity center, other-store parking lot, other-hospital) <u>South Hwy. 52, Greeleyville</u> <u>South Carolina</u>

▪ If incident occurred on the agency van or in the facility, specify the descriptive location using the provider name and incident type (Examples: Provider Name-Vehicle Accident, Provider Name-Vehicle Incident, Provider Name-Staff, Provider Name-Program/Admin, Provider Name-Vandalism or Provider Name-Facility Incident).

People Involved:

Name of primary consumer involved: Jacob Tisdale Jr. (Staff)
(In consumer to consumer situations, list victim as primary consumer & list other person(s) involved below)

Was primary consumer enrolled in the DDSN Waiver when incident occurred?
☐ Yes ☐ No ☐ Don't Know If yes, specify which waiver:

☐ MR/RD ☐ HSCI ☐ PDD ☐ Other:

Name(s) of Other Person(s) Involved/Affected: (Check one category for each person involved)

☐ Perpetrator (Consumer) ☐ Perpetrator (Staff) ☐ Other Consumer ☐ Perpetrator (Consumer) ☐ Perpetrator (Staff) ☐ Other Consumer ☐ Perpetrator (Consumer) ☐ Perpetrator (Staff) ☐ Other Consumer ☐ Staff ☐ Witness ☐ Family ☐ Other Specify: ☐ Staff ☐ Witness ☐ Family ☐ Other Specify: ☐ Staff ☐ Witness ☐ Family ☐ Other Specify:	Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____
--	---

PROD10G - Claim: 2008-004655 WCC - 0816090 TISDALE JR, JACOB

DOI - 10/16/20

Referral	
Referred By: Jefferson, Paul M.	Status Date: 01/07/2009
Status: Closed	Referred Date: 10/23/2008 10:20
Priority: High	Expected Results Date: 11/22/2008
Commentary	
☒ Issue	Death Claim please investigate
☐ Instruction	
☐ Comment	
Summary of Investigation	
Investigator	
Jefferson, Paul M.	
Investigation Results	
Result Type: Employer Statement	Rows 3 of 8
On 11-5-08 the Executive Director Faye Dozier said the following: The MVA happened in the afternoon. He was driving a state van. As far as I know he was on the job. I can't say exactly what he was doing. He was the Residential Director so he was over everyone in that dept. Karen Hudson may know more.	
On 11-10-08 Karen Hudson stated the following: I was his supervisor. I don't know what he was doing. He was driving a state vehicle. He handled all aspects of Residential Services. There is no reason to doubt that he was on the job. He was by himself. We have 4 Community Training homes. He did all the plans & paperwork, all aspects of intake & discharge & day to day needs & activities of the residents. There are 4 individuals per home. I believe he had some children but I don't think they lived around here. I don't know. I don't know the cause of the MVA.	

WILLIAMSBURG REGIONAL HOSPITAL
KINGSTREE, SOUTH CAROLINA

Emergency Physician Record - General Adult

V00215157
TISDALE, JACOB JR 10/16/08
Sex: M Race: B DOB: 09/22/53
KITCHEN, MICHEAL 55

1334⁰

876-6017

~~card table~~

Time Seen: 1334⁰ Room: B EMS POV Historian: Patient Spouse Paramedic Other
History / Exam Limited By: _____

Chief Complaint: PT was responsive during MVC

Other Symptoms: _____

Started: Just PTA Today @ _____ Yesterday @ _____ Other: _____

Location: _____ Other: _____

Duration: Still Present Severity: Mild Moderate Severe Modifying Factor: None Quality: Sharp Dull Throbs Wave Cramp Constant Level: _____
Better Gone Now Worse

Similar symptoms previously: _____

Recently seen or treated by doctor: _____

Past History: None Noncontributory
Arthritis Ectopic Pregnancy High / Low Blood Pressure Psychiatric
Asthma Emphysema High Cholesterol anxiety
Bladder / Kidney Infection Epididymitis bipolar disorder
Bronchitis acute chronic Fractures depression
Cancer Gall Stones Kidney Failure panic attacks
CHF CAD Angina MI GERD Nausea / Vomiting prior suicide attempt
Colon Problems GI Bleeding upper lower Ovarian Cyst(s) Schizophrenia
CVA Headaches Chronic occasional frequent Pancreatitis PUD
Diabetes Insulin oral diet "migraine" PE DVT Seizures
Dialysis mild moderate severe PID / STD Sinus Problems
Diverticulitis Heart Disease Pneumonia Unable to Collect
Ear Infections Hemorrhoids Pneumothorax

Surgical History: UNKNOWN
Other: _____

Family History: _____

Social History: smoke dip chew _____ drugs _____ alcohol abuse / recent / occasional / social _____
single married divorced widow(er) children _____ Other: _____

Review of Systems: All systems negative except as marked _____ Allergies: UNKNOWN

Medications: _____

Fever: _____ subjective / to _____ °F Chills: _____

HEENT: Sore Throat Nasal Pressure _____ Drainage _____ Congestion _____ Bleeding _____
Other: PT UNRESPONSIVE

Cardiovascular / Pulmonary: Cough _____ Sputum _____ Breathing _____ Chest Pain _____
Other: _____

Neuro/Eyes: Headache _____ Dizzy _____ Fainted _____ Lost Feeling / Power _____ arm _____ leg _____ face
Difficulty _____ walking _____ speech _____ Confusion _____ Vision Normal Other _____

GI: Abd pain _____ Nausea / Vomiting _____ Diarrhea _____ Stools _____

GU: Problems Urinating _____ Frequent Urination _____ Burning _____ Discharge _____ Bleeding _____ Dysuria _____

GYN: Abnl Bleeding / Discharge _____ LNMP _____ Postmenopausal _____ Grav _____ Para _____ Ab _____ Surgery _____

Sexual Hx: Active Inactive Pain w/ Intercourse Contraceptive: None Condoms BCP IUD BTL

Skin/MS: Rash _____ Swelling _____ Ulcers _____ Recent Bites _____ Muscular Pain _____
Joint Pain _____ Back Pain _____ Leg Pain _____ Other _____

WILLIAMSBURG REGIONAL HOSPITAL
KINGSTREE, SOUTH CAROLINA

V00215157

10/16/08

TISDALE, JACOB JR

DOB: 09/22/53

Sex: M Race: B

55

KITCHEN, MICHEAL

Emergency Physician Record - General Adult

Physical Exam: Nursing Assessment Reviewed

Vital Signs Reviewed

General Appearance: Distress: None Mild Moderate Severe
IV _____ Splint _____ C-Collar _____

Alert Anxious Lethargic Catatonic Coma Distracted
Back-board _____ Other: _____

Head: Normal Evidence of Trauma - See Page 4 *No gross trauma to head*
Neck: Normal Trachea Midline Thyroid Nml Thyromegaly Lymphadenopathy R L Tender Painless ROM Decreased ROM
Vertebral Point Tenderness Muscle Spasm Pain on Movement
Eyes: Normal scleral icterus pale conjunctivae R L edema R L erythema R L abrasion R L styte R L PERRL EOMI Unequal
Pupils R - _____ mm L - _____ mm *intentional d.p. notes multiple lacerations*
ENT: Normal Purulent nasal drainage Clotted nasal blood Pharynx Nml pharyngeal erythema / exudate hemotympanum
TM obscured by wax Dental Injury Malocclusion Cavity Other _____ *75 E.T. tube placed @ 310*
Resp: No Resp Distress Breath Sounds Nml Chest Non-Tender Wheezing Rales Rhonchi
CVS: Regular Rate / Rhythm No Murmur No Gallop Irregularly Irregular Rhythm Tachycardia Bradycardia
Extrasystoles occasional / frequent Murmur Grade _____ / 6 sys / dias Gallop S3 / S4
Decreased Pulse(s) R carotid _____ fem _____ dors ped _____ L carotid _____ fem _____ dors ped _____
Abd: Non-Tender No Organomegaly Nml Bowel Sounds Tenderness Guarding Rebound Hepatomegaly Splenomegaly
Abnormal Bowel Sounds Increased decreased absent Mass _____
Rectal: Defecated Non-Tender Heme Neg Stool Black / Bloody / Heme Pps Stool Tenderness / Mass / Nodule
Perineal Hematoma Decreased Rectal Tone _____
Gen/Uro: Normal Blood at Urethral Meatus Discharge Blood upon Urination
OB/GYN: Normal Vaginal Discharge Active Bleeding Blood / Clots Vaginal Vault Cervical Motion Tenderness Cervical Dilation
Adnexal Tenderness / Mass R L Uterine Tenderness Enlarged Uterus _____
Back: Nml Inspection CVA tenderness R/L _____
Neuro: Oriented x 3 Motor / Sensory Nml CNs Nml (2-12) No Motor / Sensory Deficit Weakness / Sensory L
Disoriented to person / place / time Confusion Facial Droop / EOM Palsy / Anisocoria Facial Asymmetry
Psych: Mood / Affect Nml Depressed Affect Hallucinations - Visual / Audio Anxious
Skin: Normal Warm *(Dry)* Cyanosis Crepitus Diaphoresis Pallor Intact Rash _____
Extrem: Non-Tender Full ROM No Pedal-Edema Calf Tenderness Pedal Edema Joint Effusion
Atraumatic Pelvis stable Hips Non-Tender Painful / Unable to Bear Weight Pulse Deficit Ligament Laxity

Labs:	CBC	Normal Except	Chemistry	Normal Except	U/A	Normal Except
WBC	6.2		Na		WBC	
Hgb	17.2		K		RBC	
Hct	35.5		Cl		bacteria	
Platelets	83		CO2		dip:	
Segs			Anion Ga p		PT	1.04
Bands			BUN		PTT	45.1
Lymphs			Creat		ine 1.2	
Monos			Gluc		Amylase	
Eos			Ca		Lipase	
			BNP		D-Dimer	
						FBSS 359
						Quantitative SHCG
						Type/Rh

EKG: None Normal Rate _____ NSR nml Intervals _____ nml axis _____ nml QRS _____ nml ST/T _____
Changed / Not from: *Maxwell ST* Interpreted by Me _____ Reviewed by Me _____

EKG Monitor Strip(s): None NSR *Depression*

X-Rays: None Interpreted by Me _____ Reviewed by Me _____ Discussed w/ Radiologist _____
CXR Nml/NAD No Infiltrates Nml Heart Size Nml Mediastinum Atelectasis Infiltrate Fx
No Fx Nml Alignment Soft Tissues Nml Reversal / Straightening of Cerv Lordosis DJD Spondylitis Spurring

Other: _____
CT: Head _____ Chest _____ ABD _____ Spine _____
Other: _____

Ultrasound: _____

WILLIAMSBURG REGIONAL HOSPITAL
KINGSTREE, SOUTH CAROLINA

Emergency Physician Record - General Adult

V00215157 10/16/08
 TISDALE, JACOB JR
 DOB: 09/22/53
 Sex: M Race: B 55
 KITCHEN, MICHEAL

Wound #1 Description: None
Length: _____ **cm** **Location:** _____
Type: simple intermediate complex
Depth: superficial subcut* muscle*
Shape: linear irregular stellate flap
 nail avulsed contused tissue
Contamination: clean
 contaminated minimally moderately heavily*
 with dirt gravel grease glass ink _____
Distal NVT: sensation intact vascular intact tendon intact
Anesthesia: local LET / tetracaine / adrenaline / cocaine
 digital block _____ ml
 lidoc 1% 2% epi / bicarb maracaine 0.25% 0.50%
Prep: Betadine irrigated / washed w/ saline
 wound explored minimal / moderate* / extensive*
 foreign material removed minimal / moderate / extensive*
 debrided / undermined minimal / moderate* / extensive*
 wound margins revised* vermilion border aligned*
Repair: Wound closed with - Dermabond / steri-strips
SKIN: # _____ -0 nylon / prolene / vicryl / staples / silk
 interrupted running simple mattress (h/v)
SUBCUTANEOUS* / MUCOSA: # _____ -0 vicryl / silk
 interrupted running simple mattress (h/v)
FASCIA* / MUSCLE / TENDON: # _____ -0 vicryl / _____
 interrupted running simple mattress (h/v)
NAIL / NAIL MATRIX: Nail excised / reattached # _____ -0
 vicryl / _____
OTHER: _____
 retention suture placed

Wound #2 Description: None
Length: _____ **cm** **Location:** _____
Type: simple intermediate complex
Depth: superficial subcut* muscle*
Shape: linear irregular stellate flap
 nail avulsed contused tissue
Contamination: clean
 contaminated minimally moderately heavily*
 with dirt gravel grease glass ink _____
Distal NVT: sensation intact vascular intact tendon intact
Anesthesia: local LET / tetracaine / adrenaline / cocaine
 digital block _____ ml
 lidoc 1% 2% epi / bicarb maracaine 0.25% 0.50%
Prep: Betadine irrigated / washed w/ saline
 wound explored minimal / moderate* / extensive*
 foreign material removed minimal / moderate / extensive*
 debrided / undermined minimal / moderate* / extensive*
 wound margins revised* vermilion border aligned*
Repair: Wound closed with - Dermabond / steri-strips
SKIN: # _____ -0 nylon / prolene / vicryl / staples / silk
 interrupted running simple mattress (h/v)
SUBCUTANEOUS* / MUCOSA: # _____ -0 vicryl / silk
 interrupted running simple mattress (h/v)
FASCIA* / MUSCLE / TENDON: # _____ -0 vicryl / _____
 interrupted running simple mattress (h/v)
NAIL / NAIL MATRIX: Nail excised / reattached # _____ -0
 vicryl / _____
OTHER: _____
 retention suture placed

Progress Notes: Time: _____ **Unchanged** **Improved** **Re-Examined**

Spoke 2 O.R. No Surgery in Kingree today

Discussed w/ Dr. S. LEAN (MUSC) Time: 1404 will / will not see patient in office / ER / hospital
Discussed w/ Dr. _____ Time: _____ will / will not see patient in office / ER / hospital
Discussed w/ Dr. _____ Time: _____ will / will not see patient in office / ER / hospital

Counseled: patient / family regarding: test results diagnosis need for follow-up
RX given **Admit orders written** **Prior records ordered** **Additional history from: family, caretaker, paramedic**
Critical Care: 30-74 min 75-104 min

Diagnosis: BLUNT trauma

Disposition: Home Admitted Transfer Expired AMA **Condition:** Stable Improved Unchanged

Physician's Signature: _____

Revision: 2.0.3 November 18, 2006

WILLIAMSBURG REGIONAL HOSPITAL
KINGSTREE, SOUTH CAROLINA

Emergency Physician Record – General Adult

V00215157

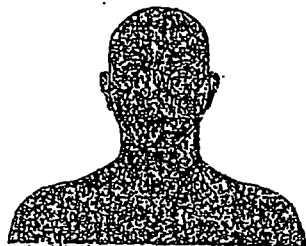
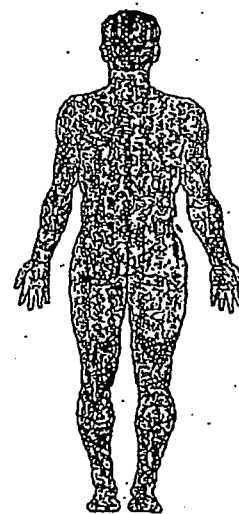
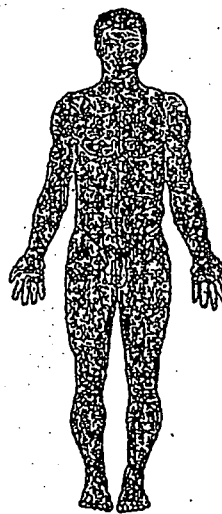
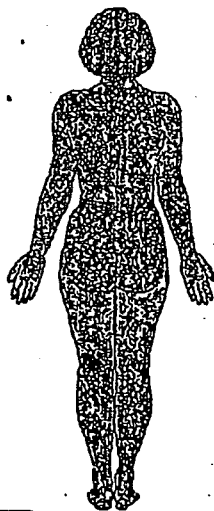
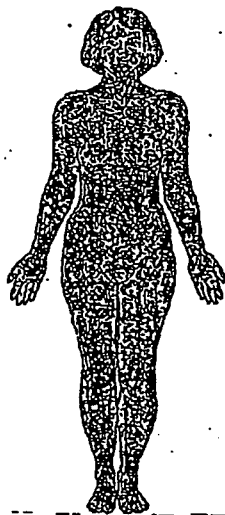
TISDALE, JACOB JR

DOB: 09/22/53

55

Sex: M Race: B
KITCHEN, MICHAEL

10/16/08



WILLIAMSBURG REGIONAL HOSPITAL
KINGSTREE, SOUTH CAROLINA

V00215157

10/16/08

TISDALE, JACOB JR

DOB: 09/22/53

Emergency Nursing Record -- General Adult

Sex: M Race: B 55

KITCHEN, MICHAEL

Triage: Time 1337 Class 1 (2) 3 4 5

Name: Jacob Tisdale DOB: 9/22/53 Age: 55
Arrival: POV EMS Police Mode: W/C Walk Carried Stretcher Infant Carrier
Historian: Patient Paramedic Family
Treatment PTA: N/A See EMS Report IV O2 Backboard C-Collar Other: _____
PCP: Unknown Specialist: _____
Immunizations: (Patients under the age of 19) Current Not Current Unknown
(All Patients) Flu: _____ Pneumonia: _____ Tetanus: _____

Vitals: BP 100 P 45 RR 14 Temp 96.2 F TM Q R Ax
Height unk Weight unk kg O2 Sat% _____ RA O2 _____ GCS _____ Advised NPO Yes N/A
Visual Acuity: Right 20/ _____ Left 20/ _____ Both 20/ _____
Head Circumference: _____ Development Appropriate for Age: Yes No

Allergies: NKDA Food ASA PCN Sulfa Latex Blood Transfusion Transfusion Reaction Unknown
Unable to Collect _____ Previous Visit(s) Checked for Allergies: Yes No No Previous Visit
Allergy Bracelet Applied: Yes Unknown

Medications: ☐ None ☐ See Universal Medication Form Unknown

Started: Just PTA Today @ _____ Yesterday @ _____ Other: _____

Chief Complaint: Traumatic Arrest following MVA, wearing seatbelt

Chronic Acute Recent Injury (Place of Occurrence: Home Work MVA* Other _____)
If MVA - Driver Passenger Collision Loss Of Control

Accompanying Symptoms: SOB _____ Wheezing _____ Cough / Sputum _____ Nausea / Vomiting _____ Diarrhea _____
Fever / Chills _____ Problems Urinating _____ Back Pain _____ Abd Pain _____ Chest Pain _____ Sore Throat _____
Earache _____ Runny / Stuffy Nose _____ Epistaxis _____ Rash _____ Headaches _____ Sinus Pain _____
Vision Change _____ Photophobia _____ Dizziness / Syncope _____ Tingling / Numbness _____ Fatigue / Weakness _____
Neck Discomfort _____ LOC _____ Seizure _____ Confusion _____ Sleeping Difficulty _____ Hallucinations _____
Diaphoresis _____ Chemical Exposure _____ Irritation _____ Other: _____

Similar Symptoms Previously: _____

Recently Treated by PCP / Hospitalized: _____

Initial Pain Level: Currently _____ out of 10 with a maximum of _____ out of 10
If 3 or greater check level again within the hour

Onset Quality: PTA _____ am / pm Gradual Sudden
Pressure Tightness Indigestion Burning Dull Aching Sharp Stabbing Numbness Spasm
Stiffness Cramping Fullness Throbbing Other: _____
Location: N/A Chest Extremity _____ Abdomen _____ Headache Back Other: _____
Duration: Constant Off/On Other: _____
Worsened By: Movement Deep Breath Heat Cold Sitting Standing Lying Wt Bearing Eating Other: _____
Improves With: Heat Cold Lying Down Relaxation Meds _____ Other: _____

Past Medical History: None Unable to Collect MRSA _____ VRE _____ C-diff _____
Diabetes Insulin HTN CVA/TIA GI Disorder Cardiovascular Pulmonary Seizures Hx of Abuse Pacemaker Cancer
Sickle Cell Infectious Dz Anemia / Bleeding Kidney Dz Psych Disorder ETOH Tobacco Illegal Drugs STD Breast Feeding
Other: _____

Surgeries &/or Previous Hospitalization or ER Visits: Unknown

Change in Memory: Short Term Long Term _____

TB Screen: Cough >2 wks Hemoptysis Hx Pos PPD Fatigue Weakness Fever Night Sweats Weight Loss Isolation _____

Injured or Threatened by someone close: _____

LNMP: _____ G _____ P _____ Ab _____ Pregnant _____ wks Postmenopausal

Data Collected By: Debra Holliday Reviewed By: _____ RN

WILLIAMSBURG REGIONAL HOSPITAL
KINGSTREE, SOUTH CAROLINA

V00215157

10/16/08

TISDALE, JACOB JR

DOB: 09/22/53

Sex: M Race: B 55

KITCHEN, MICHAEL

Emergency Nursing Record - General Adult

Time to Room: <u>direct</u>		Initial Assessment		Time:		Room: <u>Trauma B</u>		
		Time				Psychosocial Assessment		
Airway	Self Maintained					☐ Not Applicable ☐ Translator Needed ☐ Suspected Abuse/Neglect * ☐ No Support System * ☐ Requests Bloodless Surgery/Medicine ☐ Other Cultural Practices ☐ Family / Patient Requests Chaplin ☐ Spiritual / Cultural Declined		
	<u>Oral</u> Nasal Airway	✓						
	Intubated							
Breathing	Normal					☐ * Contact Case Management for Any "Yes"		
	Irregular							
	Labored							
	Absent / Apneic							
Circulation	Assisted / Bagged	✓						
	Pulse Present	✓						
	Absent							
Skin	CPR							
	Warm							
	Hot							
	Cool	✓						
	Dry							
	Diaphoretic							
	Normal / Pink							
	Cyanotic							
	Pale							
	Ashen							
Disability	Alert / Oriented x							
	Responds Verbal							
	Responds Pain							
	Unresponsive	✓						
	Confused							
	Lethargic							
	Combative							
2° Head Brisk Supplish Nonreactive Clear, Shred	R Pupil Reactive							
	L Pupil Reactive							
	Speech	✓						
Chest	Asymmetrical							
	Symmetrical							
	Clear							
	Congested	✓						
	Wheezes							
Pulse	Decreased							
	Strong							
	Weak / Thready	✓						
	Regular							
Abdomen	Irregular							
	Soft	✓						
	Firm / Hard							
	Distended							
	Tender							
Extremities	Non tender							
	Bowl Sounds Present							
	Normal Cap Refill x							
	Normal Movement x							
Other	Strong Radials							

Emergency Nursing Record - General Adult

TISDALES, JACOB JR

DOB: 09/22/53

Sex: M Race: B 55

KITCHEN, MICHEAL

Consults - Name	Paged	Answered	Arrived
Dr. S. Leach - MUSC - ER		1412	Direct

Time	BP	Pulse	Resp	Pain	Rhythm	O2 Sat	Temp	O ART	Fall Reassess	Initials
1403	77/43									
1406	66/37									

Time	IV Solution/ Amt	Pump	Medication	Size	Site	ML /HR	Start Init	D/C Init	Site at D/C
PTA	IV 1/2 NS	Yes/No	#1(NS)	#14	ES	WO	per EMS		No Redness, Pain, Swelling Other - See Narrative
PTA	IV 1/2 NS	Yes/No	#2(NS)	#18	FA	WO	per EMS		No Redness, Pain, Swelling Other - See Narrative
1349	Cordis	Yes/No			ES	per Dr. Kitchen			No Redness, Pain, Swelling Other - See Narrative
1410	LR 1/2 L	Yes/No	#3(LR)			WO	MG		No Redness, Pain, Swelling Other - See Narrative
1411	DSW	Yes/No	Dopamine 4mcg		FA		MG		No Redness, Pain, Swelling Other - See Narrative

Time	Medication	Dose	Route	Site	Initials	Response (Vital Signs & Pain must be recorded as per Policy)	Intake	Output
1348	Epi	1/2 Amp IV		ES	MG			
1349	Bicarb	1/2 Amp IV		ES	MG			
1353	Bicarb	1/2 Amp IV		ES	per Dr. Holliday			
1353	Bicarb	1/2 Amp IV		ES	per Dr. Holliday			
1353	Epi	1/2 Amp IV		ES	per Dr. Holliday			
1451	Erythromycin	oph	ON		MG			

Tetanus 0.5ml IM	Manufacturer:	Lot#	Exp Date:	Time:	Site:	Init:	Response:
------------------	---------------	------	-----------	-------	-------	-------	-----------

WILLIAMSBURG REGIONAL HOSPITAL
KINGSTREE, SOUTH CAROLINA

V00215157 10/16/08
TISDALE, JACOB JR
DOB: 09/22/53
Sex: M Race: B 55
KITCHEN, MICHAEL

Emergency Nursing Record - General Adult

Narrative

1337 - Direct to TR.B - Bagging in Process - pt involved in single car MVA - driver - ^{ME} Restrainted - ~~in car~~ in Car crash arrest upon EMS arrival - upon ER arrival - wear pulse - Rate in 40's - Dr Kitchen @ BS - RT Bagging - MG
1338 - Dr Kitchen attempting Intubation - Unsuccessful - Bagging cont - wear pulses - MG 1340 - Attempted 2nd Intubation - Unsuccessful - BGL 359mg/dl - pt in PEA - CPR Initiated - MG 1342 - Intubated @ 2.5 ETT - 25 @ lip - CPR cont - MG 1346 - Cordis Inserted per Dr Kitchen in @ chest x 2 Attempts - MG
1348 - Med. as ordered - cont to Bag - CPR - MG
1354 - CPR Held - palpable Carotid pulse - verified @ doppler - inserted H16 fr Foley @ Start amt of output - MG 1357 - Hemocult per Dr Kitchen - MG
1358 - PCXR - MG 1400 - RT attempted ABG via @ femoral - Unsuccessful - Rectal temp 96.2 - MG 1402 - ABG @ Radial -
Narrative continued on attached Progress Notes per Dr Kitchen - MG

Initials	Signature	Title	Valuables With Whom/Where
MG	Meggy Gann	RN	☒ Not Inventoried ☐ Bracelet ☐ Necklace ☐ Watch ☐ Keys ☒ Money \$ ☐ Earrings ☐ Rings ☒ Wallet / Purse ☒ ID Belonging to ☐ Clothing ☐ Dentures ☐ Glasses ☒ Other cell phone clear paper boxes

Discharge Disposition: Home Police Nursing Home ME Funeral Home

LWT AMA Signed AMA Refused to Sign Physician Notified

Admitted Transferred To MASC-ER Time 1420 Transfer Documentation Complete ☒

Report to Amni-flo

Notified: Family ☒ Police ☐ ME ☐ Other ☐

Instructions: Patient Other Verbal Written Verbalized Understanding

RX Given To: Patient Other None Verbalized Understanding

Accompanied By: Flight crew ☒ Driver ☐

Family Involved In assessment, treatment & continuing care: MG

Learning Barriers Addressed (education & daily activities): NA

Pain Level at Discharge: Intubated out of 10

Condition: Unchanged Improved Stable Other

Date: 10/16/08 Time: 1421 Mode: Walk Crutches W/C Stretcher Ambulance Air

Vitals: BP 114/74 P 121 RR Man Temp 98.6 F TM O R Ax RN 1PN

Williamsburg Regional Hospital
Kingstree, SC

V00215157

10/16/08

TISDALE, JACOB JR

DOB: 09/22/53

Sex: M Race: B 55

KITCHEN, MICHAEL

NURSES NOTES

DATE	HOUR	REMARKS
10/16/08	1403	Pupils sluggish - cont to Begging - Strong Radial pulses - BP 71/43 - Dr Kitchen made aware - MG
	1405	450ml output - concentrated - MG
	1410	Infusing Warmed LR WO - RTC BS for ENG - Initiating Dopamine - MG
	1415	Continue to verify pulses via Doppler - warming measures applied - MG
	1418	BP 116/57 - ↑ Dopamine to 8mcg - PRBC's infusing & press bag - MG
	1420	Dressing Aid over P chest - MG
	1426	BP 114/68 - Dopamine ↑ to 16mcg/kg/h
	1435	Repeat PCXR - MG
	1438	Dopamine ↑ to 4mcg/kg/min - BP 131/92 - MG
	1445	Dr Kitchen talking Brother - States pt had been having similar episodes over past year -
	1448	BP 128/79 - Anni-fugt Curvix - MG
	1450	Report given to flight medic - MG
	1453	Emptied 575ml out of Foley - MG
	1454	BP 114/74 HR 127 - MG
	1510	D/c'd to MISC in care of Anni-fugt - m

PRID:4113828	Flight Number:081011189	Trauma/Hospital #:2602126
Service: OmniFlight South Carolina	Date: October 16, 2008	
Base: Myrtle Beach	Team: ALS	
Unit: Conway	Crew 1: Barber, Carl	
Tail/Reg: N53963	Crew 2: Plowman, Jack	
Type of Svc: Interfacility Unscheduled	Crew 3: Turbeville, Joseph	
Location: Williamsburg Regional Hospital (Emergency Department)	Destination Basis: Emergent air TX to closest appropriate treating facility as care not avail at sending	
500 Nelson Blvd.		
Kingstree, SC 29556		
843-355-8888		
Ref. Zip: 29556		
Ref County: Williamsburg		
Ref. MD: Kitchen, Michael		
Receiving: Medical University of South Carolina (Emergency Department)		
169 Ashley Ave		
SC 29425		
(843) 792-2300		
Rec. MD: Leon, Stuart		
Outcome: Treated, Transported		

Last Name: Tisdale First: Jacob	Odometer	Times
Address: 224 Gausetown Rd	Ld Miles: 61	Received: 14:03
City: Kingstree ST: SC Zip: 29556		Dispatch: 14:12
County: Williamsburg		EnRoute: 14:21
Phone: (843) 382-3064		At Ref: 14:45
DOB: 09/22/1953 SSN: 247-96-5396		At Patient: 14:51
Age: 55y Sex: M Weight: 90 Kg		Lv Patient: 15:15
Subscriber: No		Lv Ref: 15:22
Race: Black, non-Hispanic		At Rec: 15:53
Barriers to Care: Unconscious		TxCare: 16:05
Billing Information:		Available: 16:41
		Max Alt: 1000
Relative/Guarantor	SSN	DOB

Company
Blue Choice
Tisdale, Edna
Spouse (NOK)
224 Gausetown Rd
Kingstree, SC, 29556

Group ID
ZCC39517521
10/16/2008

Chief Complaint (Category: Trauma, Blunt)		
Blunt Chest Trauma		
Anatomic Location: Chest, Abdomen, Head		
History of Present Illness		
Pt involved in single vehicle accident and went into full arrest enroute to hospital. Pt recd head and chest trauma. Pt intubated in ER and resuscitated. Lifecare called to provide rapid air transport to MUSC for trauma services not available locally.		
Past Medical History	Current Medications	Allergies
Unknown	Unknown	Unknown
Obtained From: Health Care Professional		
Neurological Exam		Glasgow Coma Scale
Level of Unresponsive Consciousness: Orientation: Unresponsive Neuro Exam: Unresponsive		E M V Tot Int: 1 1 1 = 3 Qual: Patient Intubated
Loss of Consciousness: Yes Chemically Paralyzed: No		
Pupils Left Size: Unable to Assess React: Reactive	Right Dilated Non-React	Motor Sensory LA: Flaccid Absent RA: Flaccid Absent LL: Flaccid Absent
		Revised Trauma Score

Neurological Exam		Glasgow Coma Scale											
RL: Flaccid Absent		4.00											
Airway		Respiratory											
Status: Secured / Intubated Secured via: Endotracheal Tube Size: 7.5 mm mm, 25 cm depth Performed By: Other Healthcare Provider		Effort: Assisted Sounds: L: Coarse R: Coarse Oxygen: 12 lpm via BVETT Performed By: Other Healthcare Provider											
Cardiovascular													
JVD: Not Appreciated Cap. Refill: Greater than 2 Seconds Edema: Not Appreciated Heart Tones: S1S2		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Pulses</th> </tr> <tr> <th style="text-align: center;">Left</th> <th style="text-align: center;">Right</th> </tr> <tr> <td>Carotid: Strong</td> <td>Strong</td> </tr> <tr> <td>Radial: Weak</td> <td>Weak</td> </tr> <tr> <td>Femoral: Strong</td> <td>Strong</td> </tr> </table>		Pulses		Left	Right	Carotid: Strong	Strong	Radial: Weak	Weak	Femoral: Strong	Strong
Pulses													
Left	Right												
Carotid: Strong	Strong												
Radial: Weak	Weak												
Femoral: Strong	Strong												
MVI													
Position: Driver Involved: 1 Seat Row: 1													
Initial Physical Findings													
Injuries Assessment Neck Findings: EJ line in place on left Left Lower Abdomen: Distention, Round, Firm Right Lower Abdomen: Distention, Round, Firm Pelvis: Stable Skin: Warm Extremity Findings: No abnormalities noted in any extremities Spine: Deferred- Spinal Motion Restriction Thoracic: Deferred- Spinal Motion Restriction Lumbar: Deferred- Spinal Motion Restriction Right Upper Abdomen: Distention, Round, Firm Left Upper Abdomen: Distention, Round, Firm Head: Swelling Findings: Right side of patients face was swollen. Chest: Clear Bilaterally Immobilization: Collar:PTA, CID:PTA, LBB:PTA, KED:N/A, MAST:N/A Trachea: Midline		Tubes/Drains: Foley: 16 Hematuria: Not Present											

Labs																					
Date	Time	WBC	Hgb	Hct	Plts	Na	K	Cl	BUN	Cr	Glu	PT	PTT	CPK/MB	pCO2	HCO3	pH	pO2	BE	Sat	Other
10/16/08	13:00	6.2	12.2	35.5	83	141	4.8	106	14	1.22	349	70	49.1	5.6	16.4	19.3	7.37	290	12.7	99.7	Trop: 0.04

Fluids Before & During Transport				IVs Prior to Assessment					
INTAKE		OUTPUT		IV#	Gauge	Site	Solution	Rate	Performed By
Before	During	Before	During						
CRYS: 4500	1500	EBL:		1	20	LEJ	NS	WO	Other Healthcare Provider
COLL: 350	350	UO: 150	50	2		RT Subclavian	NS /	WO	Other Healthcare Provider
OTHER: 0	0	OTHER: 0	0			Trauma Cortus	PRBC		
Medications / Infusions Prior to Assessment									
No Medications / Infusions Prior to Assessment									
Impression / Diagnosis									
System: CNS/Neuro, Pulmonary, Abdominal, Skin									

Impression / Diagnosis

Symptoms: Change in Responsiveness; Swelling, Mental Status Changes, Wound
 Impression: Traumatic injury

Activity															
TIME	H.R.	B.P.	Method	MAP	SaO2	EtCO2	RESP	Effort	RHYTHM	Assist/Vent Resp. Rate:	GCS	Pain	ACTION	Comments	*
14:45														AC landed at WRH heliped without incident. Hospital personnel standing by and escorted crew to ER with equipment.	CRW3
14:51														Arrived at pt's bedside in trauma rm. Pt intubated and being bagged by RT. Report recd from primary care RN. Primary/secondary assessment done as docd above. Pt had no family present to give/sign consent. Implied consent assumed due to pt's condition. Pt has trauma cortex in Rt subclavian with blood soaked dressing. Site was without redness/swelling. Pt also has Lt EJ 20ga reported by RN. Felt site and no swelling noted. Pt had C-collar on and on LSB with CID. Pt's abd was distended and firm. Dopamine infusing at 4mcg/kg/min. PRBC (A- pos) finishing.	CRW3
14:54	129	95/63	Auto. Cuff	74	99	29		Assisted	Sinus Tachycardia	REG 18	1/1/1	0		Pt placed on OTS Zoll monitor to include cardiac/NIBP/SAT/ETCO2 with good waveform in each.	CRW3
14:58	118	78/42	Auto. Cuff	54	96	27		Assisted	Sinus Tachycardia	REG 16	1/1/1	0	Titrate:	Drop in BP noted and NS opened. Pressure bags placed on NS bag#5. #2 unit of PRBC A-pos (03KX30143) hung and opened WO. Titration of Normal Saline by Other with new dose/rate of WO via IV - Drip. Authorization: Via Protocol.	CRW3
15:01	119	73/40	Auto. Cuff	51	85	26		Assisted	Sinus Tachycardia	REG 16	1/1/1	0			CRW3
15:03	103	78/45	Auto. Cuff	56	100	30		Assisted	Sinus Tachycardia	REG 19	1/1/1	0		Pt moved onto OTS sled with cocoon in place for warmn. Secured to sled with straps x4 and foot sling. Reconfirmed ETT placement with BBS heard and good rise/fall of CW. IVs remain in place and infusing well.	CRW3
15:07	125	91/48	Auto. Cuff	62	97	29		Assisted	Sinus Tachycardia	REG 19	1/1/1	0			CRW3
15:09	128	83/47	Auto. Cuff	59	98	31		Assisted	Sinus Tachycardia	REG 19	1/1/1	0			CRW3
15:14	134	117/56	Auto. Cuff	76	98	31		Assisted	Sinus Tachycardia	REG 20	1/1/1	0		Improved BP noted. Continue to monitor closely.	CRW3
15:15													Airway:	Enroute to AC with pt on ER stretcher. ER staff accompanying to help with loading. Oxygen continued at 12 lpm via BVETT by RT.	CRW3

Activity														
TIME	R.R.	B.P.	Method	AP	SpO2	EtCO2	RESP	Effort	RHYTHM	Assist/Vent	Resp. Rate	GCS	Pain	ACTION
														Authorization: Via Protocol. Pt. Response: Unchanged.
15:17	133	106/59	Auto. Cuff	75	98	34		Assisted	Sinus Tachycardia	REG	16	1/1/1	0	
15:18														Pt cold loaded/secured onto AC via Lifeport system. reconfirmed ETT placement with BBS heard/good rise and fall of CW. O2 connected to onboard source at 12 LPM. IV sites remain intact and IVs infusing without redness/swelling. CID used for hearing protection. Monitor and IV pump secured into place. IVs infusing as programmed.
15:19	132	120/53	Auto. Cuff	75	97	34		Assisted	Sinus Tachycardia	REG	16	1/1/1	0	
15:22														AC lifted from helipad without incident. Pt tolerated transition without hemodynamic change. No movement noted in pt.
15:23	134	91/51	Auto. Cuff	64	97	37		Assisted	Sinus Tachycardia	REG	16	1/1/1	0	Ventilator:
15:28	136	113/56	Auto. Cuff	75	97	38		Assisted	Sinus Tachycardia	REG	12	1/1/1	0	Med.:
15:31	137	87/59	Auto. Cuff	68	97	41		Assisted	Sinus Tachycardia	REG	14	1/1/1	0	
15:33	137	87/59	Auto. Cuff	68	98	38		Assisted	Sinus Tachycardia	REG	14	1/1/1	0	Titrate:
15:37	137	100/55	Auto. Cuff	70	95	38		Assisted	Sinus Tachycardia	REG	14	1/1/1	0	
15:39	138	96/49	Auto. Cuff	71	97	37		Assisted	Sinus Tachycardia	REG	14	4/6/5	0	Hosp. Notify:
15:44	144	98/55	Auto. Cuff	67	96	36		Assisted	Sinus Tachycardia	REG	14	1/1/1	0	
15:48	137	107/63	Auto. Cuff	78	98	36		Assisted	Sinus Tachycardia	REG	14	1/1/1	0	
15:53	138	109/53	Auto. Cuff	72	99	36		Assisted	Sinus Tachycardia	REG	14	1/1/1	0	

Activity															
TIME	H.R.	B.P.	Method	AP	SpO2	EtCO2	RES	Effort	RHYTHM	Assist/Vent Resp. Rate:	GCS	Pain	ACTION	Comments	*
15:55													Airway:	Pt cold off loaded from AC onto meducare stretcher. Reconfirmed placement of IV lines and ETT with above methods. Pt removed from onboard vent and continued bagging pt with BVETT connected to spare O2 tank. Continued transportation via gnd unit to OWT without incident. Oxygen initiated at 12 lpm by Joseph Turbeville. Authorization: Via Protocol. Pt. Response: Unchanged.	CRW3
16:03	140	99/71	Auto. Cuff	79	98	37		Assisted	Sinus Tachycardia	REG 14	1/1/1	0			CRW3
16:05														Arrival at MUSC trauma center rm one with trauma team at bedside. Report given to staff and care assumed. ETT placement reconfirmed by trauma MD and RT assumed care of airway. All questions answered and pt moved onto ER stretcher. OTS monitors removed and pt placed on ER equipment. Medical records and films given to staff. Both IVs remain patent and intact. Sites without redness/tenderness. DHEC completed/signed and copy given to staff.	CRW3
16:10														Documentation completed by Jack Plowman, RN and Joseph Turbeville, NREMTF.	CRW3

* Assessment made by

Patient Belongings: Pt had cut clothing under him. Nursing staff had a plastic bag with other belongings which stayed with nursing staff.

Paperwork from Referring: Films, Patient Chart

Paperwork to Receiving: Films, Patient Chart

MUSC Medical Center

HOSPITAL DEATH SUMMARY

Patient Name: TISDALE JR, JACOB

MRN: 002602126

Patcom: 491971602

Admitted: 10/16/2008

Expired: 10/17/2008.

Service:

Attending: STUART M LEON, MD

Referring:

HISTORY OF PRESENT ILLNESS: This is a mid 50s African-American gentleman who was involved in a motor vehicle collision who was found down at the scene and was noted to be coded by paramedics. He went to an outside hospital and coded multiple times there. He was brought to MUSC, was hemodynamically unstable in the emergency room and taken to the OR by general surgery for exploratory laparotomy. CT scans done after the OR showed C-spine fractures and a CT of head with diffuse cerebral edema, and some traumatic subarachnoid hemorrhage.

HOSPITAL COURSE: He was admitted to the surgical trauma ICU and had a very poor neurologic exam. The brain was _____ was performed and apnea test done. The patient was pronounced brain dead on 10/16/2008 at 2:24 a.m. with family present. Attending physician notified.

Dictated by: Libby Kosnik, MD

Libby Kosnik, MD

STUART M LEON, MD
Attending

368428 / 44076 /

JOB: 9032878

DD: 10/17/08 01:31 AM

DT: 10/17/08 08:44 AM

Additional CC: _____

DOCID: 18244368428

Electronically signed by STUART LEON, MD on 10-17-2008 at 01:21:26 PM

Printed by COL9

Page 7

12-03-2008 14:16:59

EX9

***** MUSC MEDICAL RECORD FACE SHEET *****

Admit Date 10/16/08
Medical Record # 002602126
IC FLAGS 10/19/08
Discharge Date
Race B
Pat. Age at Admit 055
Preadmit/Reg by quf3
Patient Name *** TISDALE JR
Pat. Address 1 224 GAUSETOWN RD
Patient City KINGSTREE
Patient State SC
Patient Zip 29556
County Code 45
Pat. Phone (843)382-8091
Fin. Class BF BL CROSS/N
Employer Name DSN
Pat. Emp. Addr 1
Pat. Emp. City
Pat. Emp. State
Pat. Emp. ZIP
Patient Type I
Medical Serv TRA
TAR Number

EN Last Name FLEMING/SISTER
EN Relationship GB
EN Bus. Phone
Ref. Phys. Name SHAPSHAK, DAG
Ref. Phys. Phone (843)792-9705
Ref. Phys. Addr1 MUSC DEPT OF MEDIC
Ref. Phys. Addr2 169 ASHLEY AVENUE
Ref. Phys. Addr3 P O BOX 250300
Ref. Phys. Addr4 CHARLESTON, SC 29425
Ref. Facility
Complaint ROLLOVER
Procedure

Primary Ins.Co. BL65
Principal Diagnosis

Admission Time 16:26
Source Code 800
Pat Com. # 491971602
Patient Sex M
Birth Date 9/23/1953
Marital Status M
Adm/Reg by heffner
JACOB
Advanced Directive? N
AD on File at MUSC?
AD Info Provided? Y
Vip Code Desc
Pat. SSN 247-96-5397
Refer. Name
Pat. Emp. Phone

Room-Bed 4STN 4STN 10
Attn. Doc Name LEON, STUART
Admit. Doc Name LEON, STUART
Elig. Det. Date
EN First Name CASSANDRA
EN Home Phone (803)206-3539
Family Doctor
PCP Doc Name SKINNER, ROLAND
PCP Doc Phone (843)665-4104
PCP Address 1 MUSC MEDICAL CENTER
PCP Address 2 1929 MOUNTAIN LAUREL
PCP Address 3 SUITE B
PCP Address 4 FLORENCE SC 29501
E/R Referral

Secondary Ins.Co. ExpAdm12/31/08
Code Number

brain death, C-spine fracture (H.OL)
Secondary Diagnosis
PACED
myocardial infarction
cerebral edema
atelectasis
SPINNA (rollover)
Lumbar disc prolapse
cardiomegaly
anast.

Operation or Special Procedures

Attending
Discharge Summary:
[] Date Dictated
OP Note:
[] Date Dictated

Job #

Beeper #

Job #

Beeper #

***** MUSC MEDICAL RECORD FACE SHEET *****

Admit Date 10/16/08
 Medical Record # 002602126
 IC FLAGS
 Discharge Date
 Race U
 Pat. Age at Admit 157
 Preadmit/Reg by quf3
 Patient Name *** TRAUMA
 Pat. Address 1 UNKNOWN
 Patient City N CHARLESTON
 Patient State SC
 Patient Zip 29405
 County Code 10

Fin. Class FX SELF PAY

Employer Name
 Pat. Emp. Addr 1
 Pat. Emp. City
 Pat. Emp. State
 Pat. Emp. ZIP

Patient Type B
 Medical Serv EMM

TAR Number
 EN Last Name
 EN Relationship
 EN Bus. Phone

Ref. Phys. Name EMERGENCY-I WTC, DR
 Ref. Phys. Phone
 Ref. Phys. Addr1 MUSC MEDICAL CENTE
 Ref. Phys. Addr2 171 ASHLEY AVE
 Ref. Phys. Addr3 CHARLESTON, SC 29425
 Ref. Phys. Addr4

Ref. Facility
 Complaint ROLLOVER
 Procedure

Primary Ins.Co.

Principal Diagnosis

Admission Time 15:37
 Source Code 801
 Pat Com. # 491971602
 Patient Sex U
 Birth Date 1/01/1851
 Marital Status U
 Adm/Reg by quf3
 VICTIM UG
 Advanced Directive? U
 AD on File at MUSC?
 AD Info Provided? N

Vip Code Desc
 Pat. SSN 000-00-0000
 Refer. Name
 Pat. Emp Phone

Room-Bed
 Attnd. Doc Name SHAPSHAK, DAG
 Admit. Doc Name SHAPSHAK, DAG
 Elig. Det. Date
 EN First Name
 EN Home Phone
 Family Doctor
 PCP Doc Name PATIENT, NONE PER
 PCP Doc Phone
 PCP Address 1 MUSC MEDICAL CENTER
 PCP Address 2 171 ASHLEY AVE
 PCP Address 3 CHARLESTON SC 25425
 PCP Address 4
 E/R Referral

Secondary Ins.Co

Code Number

Secondary Diagnosis



Operation or Special Procedures

Attending

Discharge Summary:

[] Date Dictated

OP Note:

[] Date Dictated

Job #

Job #

Date

Beeper #

Beeper #

Printed by COL9

Page 5

12-03-2008 14:16:59



CONSENT

MUSC
MEDICAL UNIVERSITY
OF SOUTH CAROLINA



P:491971602 DOB:01/01/1951 U U
~~THOMAS~~ Tisdale Jr
~~VICTOR~~ Jacob
Adm:10/16/08 M: 2602126

**Lewis Blackman
Hospital Patient Safety Act
Acknowledgement**

Page 1 of 1
Form Origination Date: 10/06
Version: 1
Version Date: 10/06

STAMP PLATE / PATIENT INFORMATION AREA

MUSC is a Teaching Hospital

I understand that MUSC is an academic medical center providing healthcare, teaching and research. I also understand that I may be cared for by physicians and other healthcare providers in training. My care will be supervised by an attending physician and staff. The information related to the health care I receive may be used for training or for scientific study purposes. I understand that if information contained in my health care record is used for such purposes, precautions will be taken to carefully preserve my anonymity. I also understand that pictures or other recordings may be made for purposes of my treatment or for educational purposes.

In addition, I understand that if I have questions about my medical care I can speak to my attending physician, nurse, resident, or medical student. In addition, I can contact my attending physician or the House Services Coordinator through the operator at 792-8080 (2-8080 from the bedside phone).

I acknowledge that I have received a copy of the brochure entitled "Medical University of South Carolina, An Academic Medical Center of Excellence" explaining the role of residents and students in my care.

10/16/08
Date and Time

X Cassandra T. Fleming
Signature of Patient (Parent or
Legal Guardian)

Tiffany B. [Signature]
Signature of Witness

Signature of Guarantor (if different
from the patient)

blackmanaacknowledge

OTE 700226 10/06

Printed by COL9

Page 4

12-03-2008 14:16:58



CONSENT

MUSC
MEDICAL UNIVERSITY
OF SOUTH CAROLINA



P:491971602 DOB:01/01/1951 U U
~~WILSON~~ Tisdale Jr
~~VICTIM~~ Jacob
Adm:10/16/08 M: 2602126

CONSENT FOR MEDICAL TREATMENT

Page 1 of 1

Form Origination Date: 1/00
Version: 3

Version Date: 4/07

STAMP PLATE / PATIENT IDENTIFICATION LABEL

The Medical University of South Carolina (MUSC) is an academic medical center providing health care, teaching and research. You may be cared for by physicians and other health care providers in training. Your care will be supervised by full-time faculty and staff. The information related to the health care you receive may be part of an educational or scientific process. If information contained in your health care record is used for such purposes, precautions will be taken to carefully preserve your anonymity.

Consent for Medical Treatment

I / we voluntarily consent to medical treatment and diagnostic procedures provided by the MUSC Medical Center and its associated physicians, clinicians and other personnel. I / we understand that the transfusion of blood or blood components may be a necessary part of treatment. I am / we are aware that the practice of medicine and surgery is not an exact science and I / we acknowledge that no guarantees have been made as to the result of treatments or examinations. I / we have read or have had read to me / us this consent and understand and agree to its contents.

XCTF
Initials

Authorization for Release of Information and Assignment of Insurance Benefits

The hospital and attending physician are authorized to release any medical information required in the processing of applications or submission of information for financial coverage, including information referring to psychiatric care, drug and alcohol abuse, sexual assault or tests for infectious diseases including AIDS / HIV for services provided during this admission. I / we also agree to the release of medical or other information to government regulatory agencies (federal or state) as required by law. For Medicare beneficiaries - I / we have provided all necessary information for proper assignment of Medicare benefits. This information may be sent electronically or via mail.

XCTF
Initials

I / we guarantee payment of all charges made for or on account of the patient and assign any insurance benefits or other funding to the physician and the MUSC Medical Center. I / we understand that I am / we are responsible for any charges not covered by insurance or other forms of benefits.

For Newborns: I / we authorize release of information to _____ This information may be released verbally, electronically and/or via mail.

Name of Insurance Company

CIF
Initials

Valuables Release Form (Inpatient) I / we have been requested to check valuables with the hospital and release the MUSC Medical Center of any liability and assume responsibility for any items not deposited to the hospital's care. Any valuables not claimed within thirty (30) days of discharge will become the property of the hospital.

XCTF
Initials

I / we received a copy of the Notice of Privacy Practices and Patient Rights and Responsibilities for MUSC and associated entities.

XCTF
Initials

By signing below, I / we acknowledge that this consent form has been read in full and explained, as necessary.

Date and Time

Signature of Witness

Advance Directive information given ☒ Yes ☐ No
consentfortreat

Signature of Patient (Patient or Legal Guardian)

Signature of Guarantor (if different from the patient)

OTE 700227 Rev. 4/07

Printed by COLS

Page 3

12-03-2006 14:16:58

MUSC MEDICAL CENTER ANESTHESIA RECORD

Diagnosis: Distal Aortic Trauma
 Procedure: Open Repair
 Surgeon: Dr. [Signature]
 Patient Reassessed Prior to Induction: ☒ Yes

P-491971802 DOB: 01-01-1951 U U
 TRAUMA
 VICTIM UG
 Adm: 10:16:08 M: 2602126

IDENTIFICATION

☒ Identified ☒ Credentialed ☒ Questioned

☒ Chart Reviewed ☒ Permit signed

☒ NPO Status

PRE-ANESTHETIC STATE

☒ Awake ☒ Asleep

☒ Apprehensive ☒ Confused

☒ Uncooperative ☒ Unresponsive

PATIENT SAFETY

☒ Anesthesia Machine Checked

☒ Oxygen Sat. ☒ Left Urine Disconnection

☒ Ambu Bag ☒ Arms Tucked

☒ Pressure points checked and padded

☒ Eye Care: ☒ Ointment ☒ Same

☒ Goggles

GENERAL PRE-OXYGENATION

☒ Rapid Sequence ☒ Orofacial Pressure

☒ Intravenous ☒ Laryngeal Tracheal Anesthesia

☒ Intramuscular ☒ Inhalation

REGIONAL

☒ Axillary ☒ Spinal ☒ Epidural

☒ Block ☒ Bier Block ☒ Ankle block

☒ Position

NEEDLES

☒ Drug (s)

☒ Dose

☒ Site

☒ Catheter

☒ See Remarks

OTHER

☒ M.A.C.

DATA

Date: 10/15/07

Page: 1 of 1

SWITCH TIMES

Anesthesia: 16:10 A/P

Procedure: 17:30 A/P

STOP TIMES

Anesthesia: 17:30 A/P

Procedure: 17:05 A/P

Location: OR 4472

Physical Status: 1 2 3 4

PLACED BY ANESTHESIA

☒ Air Line ☒ Yes ☒ No

☒ CVP ☒ Yes ☒ No

☒ PA Line ☒ Yes ☒ No

☒ IVs ☒ Yes ☒ No

☒ TEE ☒ Yes ☒ No

TIME		16:10	16:20	16:30	16:40	16:50	17:00	17:10	17:20	17:30	17:40	17:50	18:00	18:10	18:20	18:30	18:40	18:50	19:00	19:10	19:20	19:30	19:40	19:50	20:00	20:10	20:20	20:30	20:40	20:50	21:00	21:10	21:20	21:30	21:40	21:50	22:00	22:10	22:20	22:30	22:40	22:50	23:00	23:10	23:20	23:30	23:40	23:50	24:00	24:10	24:20	24:30	24:40	24:50	25:00	25:10	25:20	25:30	25:40	25:50	26:00	26:10	26:20	26:30	26:40	26:50	27:00	27:10	27:20	27:30	27:40	27:50	28:00	28:10	28:20	28:30	28:40	28:50	29:00	29:10	29:20	29:30	29:40	29:50	30:00	30:10	30:20	30:30	30:40	30:50	31:00	31:10	31:20	31:30	31:40	31:50	32:00	32:10	32:20	32:30	32:40	32:50	33:00	33:10	33:20	33:30	33:40	33:50	34:00	34:10	34:20	34:30	34:40	34:50	35:00	35:10	35:20	35:30	35:40	35:50	36:00	36:10	36:20	36:30	36:40	36:50	37:00	37:10	37:20	37:30	37:40	37:50	38:00	38:10	38:20	38:30	38:40	38:50	39:00	39:10	39:20	39:30	39:40	39:50	40:00	40:10	40:20	40:30	40:40	40:50	41:00	41:10	41:20	41:30	41:40	41:50	42:00	42:10	42:20	42:30	42:40	42:50	43:00	43:10	43:20	43:30	43:40	43:50	44:00	44:10	44:20	44:30	44:40	44:50	45:00	45:10	45:20	45:30	45:40	45:50	46:00	46:10	46:20	46:30	46:40	46:50	47:00	47:10	47:20	47:30	47:40	47:50	48:00	48:10	48:20	48:30	48:40	48:50	49:00	49:10	49:20	49:30	49:40	49:50	50:00	50:10	50:20	50:30	50:40	50:50	51:00	51:10	51:20	51:30	51:40	51:50	52:00	52:10	52:20	52:30	52:40	52:50	53:00	53:10	53:20	53:30	53:40	53:50	54:00	54:10	54:20	54:30	54:40	54:50	55:00	55:10	55:20	55:30	55:40	55:50	56:00	56:10	56:20	56:30	56:40	56:50	57:00	57:10	57:20	57:30	57:40	57:50	58:00	58:10	58:20	58:30	58:40	58:50	59:00	59:10	59:20	59:30	59:40	59:50	60:00	60:10	60:20	60:30	60:40	60:50	61:00	61:10	61:20	61:30	61:40	61:50	62:00	62:10	62:20	62:30	62:40	62:50	63:00	63:10	63:20	63:30	63:40	63:50	64:00	64:10	64:20	64:30	64:40	64:50	65:00	65:10	65:20	65:30	65:40	65:50	66:00	66:10	66:20	66:30	66:40	66:50	67:00	67:10	67:20	67:30	67:40	67:50	68:00	68:10	68:20	68:30	68:40	68:50	69:00	69:10	69:20	69:30	69:40	69:50	70:00	70:10	70:20	70:30	70:40	70:50	71:00	71:10	71:20	71:30	71:40	71:50	72:00	72:10	72:20	72:30	72:40	72:50	73:00	73:10	73:20	73:30	73:40	73:50	74:00	74:10	74:20	74:30	74:40	74:50	75:00	75:10	75:20	75:30	75:40	75:50	76:00	76:10	76:20	76:30	76:40	76:50	77:00	77:10	77:20	77:30	77:40	77:50	78:00	78:10	78:20	78:30	78:40	78:50	79:00	79:10	79:20	79:30	79:40	79:50	80:00	80:10	80:20	80:30	80:40	80:50	81:00	81:10	81:20	81:30	81:40	81:50	82:00	82:10	82:20	82:30	82:40	82:50	83:00	83:10	83:20	83:30	83:40	83:50	84:00	84:10	84:20	84:30	84:40	84:50	85:00	85:10	85:20	85:30	85:40	85:50	86:00	86:10	86:20	86:30	86:40	86:50	87:00	87:10	87:20	87:30	87:40	87:50	88:00	88:10	88:20	88:30	88:40	88:50	89:00	89:10	89:20	89:30	89:40	89:50	90:00	90:10	90:20	90:30	90:40	90:50	91:00	91:10	91:20	91:30	91:40	91:50	92:00	92:10	92:20	92:30	92:40	92:50	93:00	93:10	93:20	93:30	93:40	93:50	94:00	94:10	94:20	94:30	94:40	94:50	95:00	95:10	95:20	95:30	95:40	95:50	96:00	96:10	96:20	96:30	96:40	96:50	97:00	97:10	97:20	97:30	97:40	97:50	98:00	98:10	98:20	98:30	98:40	98:50	99:00	99:10	99:20	99:30	99:40	99:50	100:00	100:10	100:20	100:30	100:40	100:50	101:00	101:10	101:20	101:30	101:40	101:50	102:00	102:10	102:20	102:30	102:40	102:50	103:00	103:10	103:20	103:30	103:40	103:50	104:00	104:10	104:20	104:30	104:40	104:50	105:00	105:10	105:20	105:30	105:40	105:50	106:00	106:10	106:20	106:30	106:40	106:50	107:00	107:10	107:20	107:30	107:40	107:50	108:00	108:10	108:20	108:30	108:40	108:50	109:00	109:10	109:20	109:30	109:40	109:50	110:00	110:10	110:20	110:30	110:40	110:50	111:00	111:10	111:20	111:30	111:40	111:50	112:00	112:10	112:20	112:30	112:40	112:50	113:00	113:10	113:20	113:30	113:40	113:50	114:00	114:10	114:20	114:30	114:40	114:50	115:00	115:10	115:20	115:30	115:40	115:50	116:00	116:10	116:20	116:30	116:40	116:50	117:00	117:10	117:20	117:30	117:40	117:50	118:00	118:10	118:20	118:30	118:40	118:50	119:00	119:10	119:20	119:30	119:40	119:50	120:00	120:10	120:20	120:30	120:40	120:50	121:00	121:10	121:20	121:30	121:40	121:50	122:00	122:10	122:20	122:30	122:40	122:50	123:00	123:10	123:20	123:30	123:40	123:50	124:00	124:10	124:20	124:30	124:40	124:50	125:00	125:10	125:20	125:30	125:40	125:50	126:00	126:10	126:20	126:30	126:40	126:50	127:00	127:10	127:20	127:30	127:40	127:50	128:00	128:10	128:20	128:30	128:40	128:50	129:00	129:10	129:20	129:30	129:40	129:50	130:00	130:10	130:20	130:30	130:40	130:50	131:00	131:10	131:20	131:30	131:40	131:50	132:00	132:10	132:20	132:30	132:40	132:50	133:00	133:10	133:20	133:30	133:40	133:50	134:00	134:10	134:20	134:30	134:40	134:50	135:00	135:10	135:20	135:30	135:40	135:50	136:00	136:10	136:20	136:30	136:40	136:50	137:00	137:10	137:20	137:30	137:40	137:50	138:00	138:10	138:20	138:30	138:40	138:50	139:00	139:10	139:20	139:30	139:40	139:50	140:00	140:10	140:20	140:30	140:40	140:50	141:00	141:10	141:20	141:30	141:40	141:50	142:00	142:10	142:20	142:30	142:40	142:50	143:00	143:10	143:20	143:30	143:40	143:50	144:00	144:10	144:20	144:30	144:40	144:50	145:00	145:10	145:20	145:30	145:40	145:50	146:00	146:10	146:20	146:30	146:40	146:50	147:00	147:10	147:20	147:30	147:40	147:50	148:00	148:10	148:20	148:30	148:40	148:50	149:00	149:10	149:20	149:30	149:40	149:50	150:00	150:10	150:20	150:30	150:40	150:50	151:00	151:10	151:20	151:30	151:40	151:50	152:00	152:10	152:20	152:30	152:40	152:50	153:00	153:10	153:20	153:30	153:40	153:50	154:00	154:10	154:20	154:30	154:40	154:50	155:00	155:10	155:20	155:30	155:40	155:50	156:00	156:10	156:20	156:30	156:40	156:50	157:00	157:10	157:20	157:30	157:40	157:50	158:00	158:10	158:20	158:30	158:40	158:50	159:00	159:10	159:20	159:30	159:40	159:50	160:00	160:10	160:20	160:30	160:40	160:50	161:00	161:10	161:20	161:30	161:40	161:50	162:00	162:10	162:20	162:30	162:40	162:50	163:00	163:10	163:20	163:30	163:40	163:50	164:00	164:10	164:20	164:30	164:40	164:50	165:00	165:10	165:20	165:30	165:40	165:50	166:00	166:10	166:20	166:30	166:40	166:50	167:00	167:10	167:20	167:30	167:40	167:50	168:00	168:10	168:20	168:30	168:40	168:50	169:00	169:10	169:20	169:30	169:40	169:50	170:00	170:10	170:20	170:30	170:40	170:50	171:00	171:10	171:20	171:30	171:40	171:50	172:00	172:10	172:20	172:30	172:40	172:50	173:00	173:10	173:20	173:30	173:40	173:50	174:00	174:10	174:20	174:30	174:40	174:50	175:00	175:10	175:20	175:30	175:40	175:50	176:00	176:10	176:20	176:30	176:40	176:50	177:00	177:10	177:20	177:30	177:40	177:50	178:00	178:10	178:20	178:30	178:40	178:50	179:00	179:10	179:20	179:30	179:40	179:50	180:00	180:10	180:20	180:30	180:40	180:50	181:00	181:10	181:20	181:30	181:40	181:50	182:00	182:10	182:20	182:30	182:40	182:50	183:00	183:10	183:20	183:30	183:40	183:50	184:00	184:10	184:20	184:30	184:40	184:50	185:00	185:10	185:20	185:30	185:40	185:50	186:00	186:10	186:20	186:30	186:40	186:50	187:00	187:10	187:20	187:30	187:40	187:50	188:00	188:10	188:20	188:30	188:40	188:50	189:00	189:10	189:20	189:30	189:40	189:50	190:00	190:10	190:20	190:30	190:40	190:50	191:00	191:10	191:20	191:30	191:40	191:50	192:00	192:10	192:20	192:30	192:40	192:50	193:00	193:10	193:20	193:30	193:40	193:50	194:00	194:10	194:20	194:30	194:40	194:50	195:00	195:10	195:20	195:30	195:40	195:50	196:00	196:10	196:20	196:30	196:40	196:50	197:00	197:10	197:20	197:30	197:40	197:50	198:00	198:10	198:20	198:30	198:40	198:50	199:00	199:10	199:20	199:30	199:40	199:50	200:00
------	--	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------

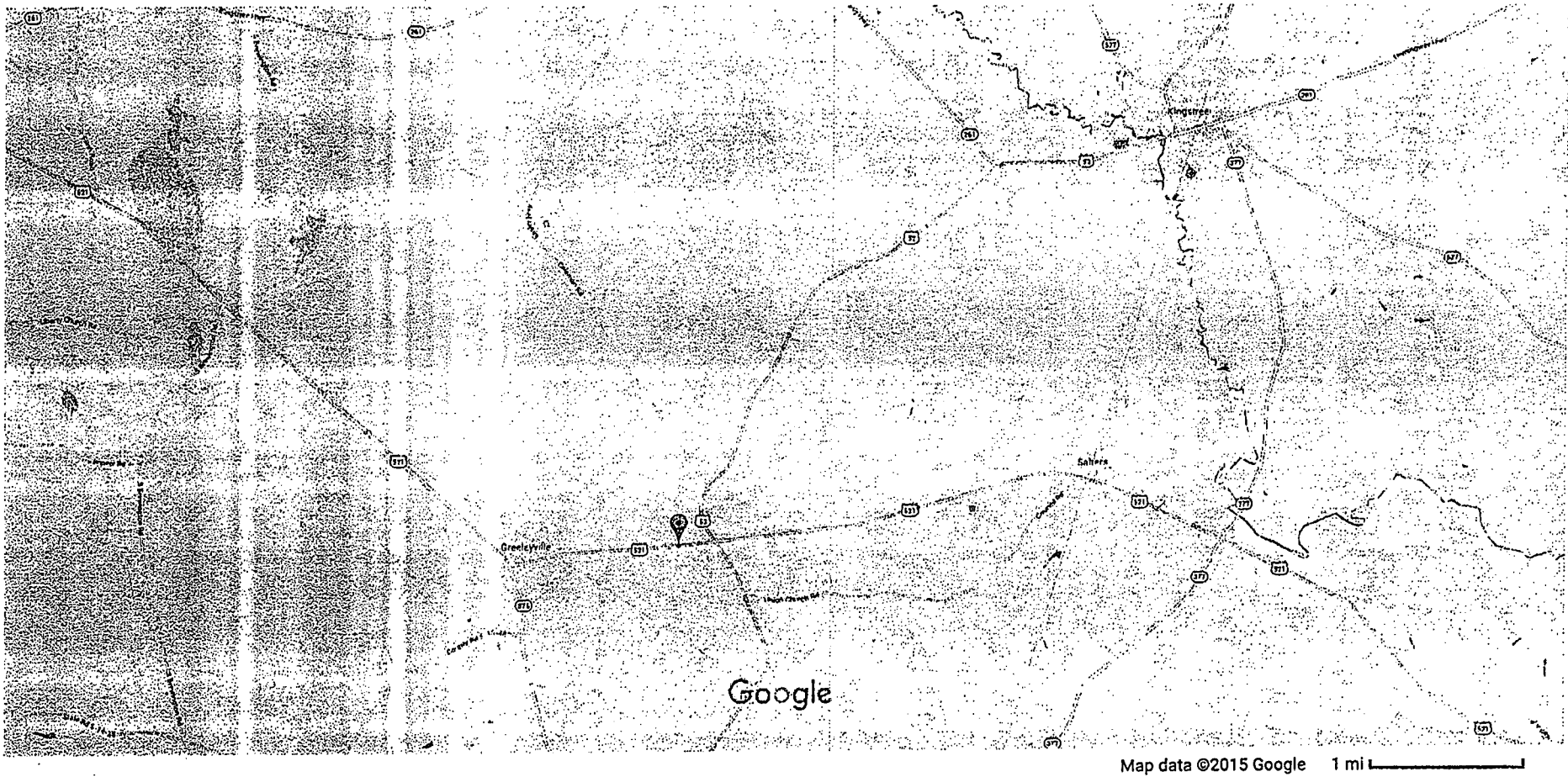
FLUIDS/AGENTS	16:10	16:20	16:30	16:40	16:50	17:00	17:10	17:20	17:30	17:40	17:50	18:00	18:10	18:20	18:30	18:40	18:50	19:00	19:10	19:20	19:30	19:40	19:50	20:00	20:10	20:20	20:30	20:40	20:50	21:00	21:10	21:20	21:30	21:40	21:50	22:00	22:10	22:20	22:30	22:40	22:50	23:00	23:10	23:20	23:30	23:40	23:50	24:00	24:10	24:20	24:30	24:40	24:50	25:00	25:10	25:20	25:30	25:40	25:50	26:00	26:10	26:20	26:30	26:40	26:50	27:00	27:10	27:20	27:30	27:40	27:50
---------------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

ORIGINAL

D.P.S. USE ONLY		Page #		SOUTH CAROLINA		# Of Units		Assigned - Month/Year		Received		Actual		
08116054		1		TRAFFIC COLLISION REPORT FORM		1		1254		1309				
Date 10-16-2008	Time 1252	County 45	1-Interstate 2-US Primary 3-SC Primary	4-Secondary 5-County	Collision Location (RL #/Name) 521	0-Main 1-Alternate 2-Spur	6-Connection 7-Business 8-Other	Unit # 213	Dir. N/E S/W	Near City or Town of: Greeleyville				
Line # / Dir. N/A	Distance 2.1	Direction N/E	1-Interstate 2-US Primary 3-SC Primary	4-Secondary 5-County 6-Other	Base Intersection (RL #/Name) 674	0-Main 1-Alternate 2-Spur	6-Connection 7-Business 8-Other	ASRU code	MP/Unit					
R.R.L. N/A	From N/E	Ramp Only 1-Entrance 2-Exit	To N/E	1-Interstate 2-US Primary 3-SC Primary	Second Intersection (RL #/Name) 370	0-Main 1-Alternate 2-Spur	6-Connection 7-Business 8-Other	Latitude 33° 34' 51.90"	Longitude 79° 57' 07.60"					
X-132286 Driver/Pedestrian's Full Name Tisdale - Jacob Jr					X-132287 Driver/Pedestrian's Full Name									
Unit # 1	Sex M	Race B	Street 224 Gause-town Rd		Unit # N/A	Sex N/A	Race N/A	Street						
Birth Date 09-22-1953		City, State, & Zip Kingsree SC 29556			Birth Date		City, State, & Zip							
State SC	Driver's License # 007415513	(D)	Insurance Company SC Budget & Control Bond		State	Driver's License #	Insurance Company							
Year 2008	Body SIL	Vehicle Make CHEV	VIN # 1GNDU23W68D206761	Year		Body	Vehicle Make	VIN #						
State SC	Year FEM	License Plate # CG64410	Owner's D.L. # N/A		State	Year	License Plate #	Owner's D.L. #						
Home Telephone () N/A		Driver's Full Name Williamsburg G DSN BOARD			Home Telephone ()		Driver's Full Name							
Bus. Telephone (843) 355-5481		Street 61 GREENLEE ST			Bus. Telephone ()		Street							
Contributed To Collision () No		City, State, & Zip Kingsree SC 29556			Contributed To Collision () No		City, State, & Zip							
Estimated Speed 55	Speed Limit 55	C.D.L. Rec. Yes (No) N/A	175 S Rec. Yes (No) N/A	Alcohol Info (see back): Yes (No) N/A	Estimated Speed	Speed Limit	C.D.L. Rec. Yes (No) N/A	175 S Rec. Yes (No) N/A	Alcohol Info (see back): Yes (No) N/A					
X-132288 Driver/Pedestrian's Full Name					X-132288 Driver/Pedestrian's Full Name									
Unit # N/A	Sex N/A	Race N/A	Street		Unit # N/A	Sex N/A	Race N/A	Street						
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip							
State	Driver's License #	Insurance Company		State		Driver's License #	Insurance Company							
Year	Body	Vehicle Make	VIN #	Year		Body	Vehicle Make	VIN #						
Dir. of Travel: Unit 1: N S E (W) Unit 2: N S E (W) Unit 3: N S E (W)					Dir. of Travel: Unit 1: N S E (W) Unit 2: N S E (W) Unit 3: N S E (W)									
Unit 1 Dam. \$15,000.00 Unit 2 Dam. \$ Unit 3 Dam. \$ Prop. Dam. 1 \$100.00 Prop. Dam. 2 \$5,000.00					Unit 1 Dam. \$15,000.00 Unit 2 Dam. \$ Unit 3 Dam. \$ Prop. Dam. 1 \$100.00 Prop. Dam. 2 \$5,000.00									
Property Owner/Insurer: Ricketson-Odega Address: 10062 US Hwy 521 Greeleyville State/Zip: SC 29556 Phone: 843-426-9131					Property Owner/Insurer: Progress Energy Address: 1016 Nelson Blvd Kingsree State/Zip: SC 29556 Phone: 843-354-7223									
Photo: Unit 1 was traveling west on US Hwy 521. The driver of Unit #1, ran off the right side of the roadway, struck a mailbox and a ditch, overturned, and struck a utility pole.					Photo: Unit 1 was traveling west on US Hwy 521. The driver of Unit #1, ran off the right side of the roadway, struck a mailbox and a ditch, overturned, and struck a utility pole.									
NOTES: THIS IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF CONCERNING THE COLLISION. NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.					NOTES: THIS IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF CONCERNING THE COLLISION. NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.									
Investigating Officer's Name Morris-GD		Rank SCL	Badge # 814	Officer's Name HPO500	Date 10/16/2008	Reviewer's Name GARDNER-SR	Rank SCL	Internal Agency Code 116742						

Unit	Date of Birth	Sex	Race	BU	SSN	RSD	ARR	ETD	LAI	YRN	Name	Street Address	Zip Code
1	09-22-1953	M	B	3	01	13	19	1	3	11	DRIVER OF	UNIT #1	
Race A - Asian/Pacific Islander B - African American C - American Indian or Alaskan Native D - Other W - Caucasian O - Other U - Unknown 1 - Heavy Vehicle 2 - Non-transporting 3 - Motorcycle Only Seating Loc. 01 02 03 04 05 06 07 08 09 20 - Pedestrian 21 - Riding on Unit Exterior 22 - Other Enclosed Area (nonseating) 23 - Other Unenclosed Area (nonseating) 24 - Escaper of Cab 25 - Riding on Unit Exterior 26 - Lap 27 - Other Unenclosed Area (nonseating) Restraint/Safety Device 28 - None Used 29 - Shoulder Belt Only 30 - Lap Belt Only 31 - Shoulder & Lap Belt 32 - Other 33 - Pedestrian, Motorcyclist Only 34 - Helmet 35 - Protective Pads 36 - Lighting													
1 - Deployed Fict 4-Not Deployed 2 - Deployed Side 7-Not Deployed 3 - Deployed Both 8-Deployment Unit 4 - Switch in On Position 5 - No Switch 6 - Switch in Off Position 7 - Unknown 1 - Not Ejected 2 - Part Ejected 3 - Tot. Ejected 4 - Not App. 5 - Unknown 1 - Not Trapped 2 - Ejected (Mechanical Means) 3 - Unknown 1 - Yes 2 - No 3 - Unknown 1 - EMS 2 - Police 3 - Other P. Unit													
Non-Collision 01 - Cargo/Equip's Load or Shift 02 - Cross Median/Center Line 03 - Downhill Recovery 04 - Equipment Failure 05 - First Collision 06 - Intersection 07 - Jockey 08 - Lane Change 09 - Left Turn 10 - Rear End 11 - Side Impact 12 - Spill (non-motorist) 13 - Spill (motorist) 14 - Other Non-Collision 15 - Unknown 01 - Collision 01 - Rear End 02 - Head On 03 - Angle (T-B) 04 - Angle (T-C) 05 - Angle (T-K) 06 - Angle (T-L) 07 - Angle (T-R) 08 - Angle (T-S) 09 - Angle (T-T) 10 - Angle (T-U) 11 - Angle (T-V) 12 - Angle (T-W) 13 - Angle (T-X) 14 - Angle (T-Y) 15 - Angle (T-Z) 16 - Angle (T-AA) 17 - Angle (T-AB) 18 - Angle (T-AC) 19 - Angle (T-AD) 20 - Angle (T-AE) 21 - Angle (T-AF) 22 - Angle (T-AG) 23 - Angle (T-AH) 24 - Angle (T-AI) 25 - Angle (T-AJ) 26 - Angle (T-AK) 27 - Angle (T-AL) 28 - Angle (T-AM) 29 - Angle (T-AN) 30 - Angle (T-AO) 31 - Angle (T-AP) 32 - Angle (T-AQ) 33 - Angle (T-AR) 34 - Angle (T-AS) 35 - Angle (T-AT) 36 - Angle (T-AU) 37 - Angle (T-AV) 38 - Angle (T-AW) 39 - Angle (T-AX) 40 - Angle (T-AY) 41 - Angle (T-AZ) 42 - Angle (T-BA) 43 - Angle (T-BB) 44 - Angle (T-BC) 45 - Angle (T-BD) 46 - Angle (T-BE) 47 - Angle (T-BF) 48 - Angle (T-BG) 49 - Angle (T-BH) 50 - Angle (T-BI) 51 - Angle (T-BJ) 52 - Angle (T-BK) 53 - Angle (T-BL) 54 - Angle (T-BM) 55 - Angle (T-BN) 56 - Angle (T-BO) 57 - Angle (T-BP) 58 - Angle (T-BQ) 59 - Angle (T-BR) 60 - Angle (T-BS) 61 - Angle (T-BT) 62 - Angle (T-BU) 63 - Angle (T-BV) 64 - Angle (T-BW) 65 - Angle (T-BX) 66 - Angle (T-BY) 67 - Angle (T-BZ) 68 - Angle (T-CA) 69 - Angle (T-CB) 70 - Angle (T-CC) 71 - Angle (T-CD) 72 - Angle (T-CE) 73 - Angle (T-CF) 74 - Angle (T-CG) 75 - Angle (T-CH) 76 - Angle (T-CI) 77 - Angle (T-CJ) 78 - Angle (T-CK) 79 - Angle (T-CL) 80 - Angle (T-CM) 81 - Angle (T-CN) 82 - Angle (T-CO) 83 - Angle (T-CP) 84 - Angle (T-CQ) 85 - Angle (T-CR) 86 - Angle (T-CS) 87 - Angle (T-CT) 88 - Angle (T-CU) 89 - Angle (T-CV) 90 - Angle (T-CW) 91 - Angle (T-CX) 92 - Angle (T-CY) 93 - Angle (T-CZ) 94 - Angle (T-DA) 95 - Angle (T-DB) 96 - Angle (T-DC) 97 - Angle (T-DD) 98 - Angle (T-DE) 99 - Angle (T-DF) 100 - Angle (T-DG) 101 - Angle (T-DH) 102 - Angle (T-DI) 103 - Angle (T-DJ) 104 - Angle (T-DK) 105 - Angle (T-DL) 106 - Angle (T-DM) 107 - Angle (T-DN) 108 - Angle (T-DO) 109 - Angle (T-DP) 110 - Angle (T-DQ) 111 - Angle (T-DR) 112 - Angle (T-DS) 113 - Angle (T-DT) 114 - Angle (T-DU) 115 - Angle (T-DV) 116 - Angle (T-DW) 117 - Angle (T-DX) 118 - Angle (T-DY) 119 - Angle (T-DZ) 120 - Angle (T-EA) 121 - Angle (T-EB) 122 - Angle (T-EC) 123 - Angle (T-ED) 124 - Angle (T-EE) 125 - Angle (T-EF) 126 - Angle (T-EG) 127 - Angle (T-EH) 128 - Angle (T-EI) 129 - Angle (T-EJ) 130 - Angle (T-EK) 131 - Angle (T-EL) 132 - Angle (T-EM) 133 - Angle (T-EN) 134 - Angle (T-EO) 135 - Angle (T-EP) 136 - Angle (T-EQ) 137 - Angle (T-ER) 138 - Angle (T-ES) 139 - Angle (T-ET) 140 - Angle (T-EU) 141 - Angle (T-EV) 142 - Angle (T-EW) 143 - Angle (T-EX) 144 - Angle (T-EY) 145 - Angle (T-EZ) 146 - Angle (T-FA) 147 - Angle (T-FB) 148 - Angle (T-FC) 149 - Angle (T-FD) 150 - Angle (T-FE) 151 - Angle (T-FF) 152 - Angle (T-FG) 153 - Angle (T-FH) 154 - Angle (T-FI) 155 - Angle (T-FJ) 156 - Angle (T-FK) 157 - Angle (T-FL) 158 - Angle (T-FM) 159 - Angle (T-FN) 160 - Angle (T-FO) 161 - Angle (T-FP) 162 - Angle (T-FQ) 163 - Angle (T-FR) 164 - Angle (T-FS) 165 - Angle (T-FT) 166 - Angle (T-FU) 167 - Angle (T-FV) 168 - Angle (T-FW) 169 - Angle (T-FX) 170 - Angle (T-FY) 171 - Angle (T-FZ) 172 - Angle (T-GA) 173 - Angle (T-GB) 174 - Angle (T-GC) 175 - Angle (T-GD) 176 - Angle (T-GE) 177 - Angle (T-GF) 178 - Angle (T-GG) 179 - Angle (T-GH) 180 - Angle (T-GI) 181 - Angle (T-GJ) 182 - Angle (T-GK) 183 - Angle (T-GL) 184 - Angle (T-GM) 185 - Angle (T-GN) 186 - Angle (T-GO) 187 - Angle (T-GP) 188 - Angle (T-GQ) 189 - Angle (T-GR) 190 - Angle (T-GS) 191 - Angle (T-GT) 192 - Angle (T-GU) 193 - Angle (T-GV) 194 - Angle (T-GW) 195 - Angle (T-GX) 196 - Angle (T-GY) 197 - Angle (T-GZ) 198 - Angle (T-HA) 199 - Angle (T-HB) 200 - Angle (T-HC) 201 - Angle (T-HD) 202 - Angle (T-HE) 203 - Angle (T-HF) 204 - Angle (T-HG) 205 - Angle (T-HH) 206 - Angle (T-HI) 207 - Angle (T-HJ) 208 - Angle (T-HK) 209 - Angle (T-HL) 210 - Angle (T-HM) 211 - Angle (T-HN) 212 - Angle (T-HO) 213 - Angle (T-HP) 214 - Angle (T-HQ) 215 - Angle (T-HR) 216 - Angle (T-HS) 217 - Angle (T-HT) 218 - Angle (T-HU) 219 - Angle (T-HV) 220 - Angle (T-HW) 221 - Angle (T-HX) 222 - Angle (T-HY) 223 - Angle (T-HZ) 224 - Angle (T-IA) 225 - Angle (T-IB) 226 - Angle (T-IC) 227 - Angle (T-ID) 228 - Angle (T-IE) 229 - Angle (T-IF) 230 - Angle (T-IG) 231 - Angle (T-IH) 232 - Angle (T-II) 233 - Angle (T-IJ) 234 - Angle (T-IK) 235 - Angle (T-IL) 236 - Angle (T-IM) 237 - Angle (T-IN) 238 - Angle (T-IO) 239 - Angle (T-IP) 240 - Angle (T-IQ) 241 - Angle (T-IR) 242 - Angle (T-IS) 243 - Angle (T-IT) 244 - Angle (T-IU) 245 - Angle (T-IV) 246 - Angle (T-IW) 247 - Angle (T-IX) 248 - Angle (T-IY) 249 - Angle (T-IZ) 250 - Angle (T-JA) 251 - Angle (T-JB) 252 - Angle (T-JC) 253 - Angle (T-JD) 254 - Angle (T-JE) 255 - Angle (T-JF) 256 - Angle (T-JG) 257 - Angle (T-JH) 258 - Angle (T-JI) 259 - Angle (T-JJ) 260 - Angle (T-JK) 261 - Angle (T-JL) 262 - Angle (T-JM) 263 - Angle (T-JN) 264 - Angle (T-JO) 265 - Angle (T-JP) 266 - Angle (T-JQ) 267 - Angle (T-JR) 268 - Angle (T-JS) 269 - Angle (T-JT) 270 - Angle (T-JU) 271 - Angle (T-JV) 272 - Angle (T-JW) 273 - Angle (T-JX) 274 - Angle (T-JY) 275 - Angle (T-JZ) 276 - Angle (T-KA) 277 - Angle (T-KB) 278 - Angle (T-KC) 279 - Angle (T-KD) 280 - Angle (T-KE) 281 - Angle (T-KF) 282 - Angle (T-KG) 283 - Angle (T-KH) 284 - Angle (T-KI) 285 - Angle (T-KJ) 286 - Angle (T-KK) 287 - Angle (T-KL) 288 - Angle (T-KM) 289 - Angle (T-KN) 290 - Angle (T-KO) 291 - Angle (T-KP) 292 - Angle (T-KQ) 293 - Angle (T-KR) 294 - Angle (T-KS) 295 - Angle (T-KT) 296 - Angle (T-KU) 297 - Angle (T-KV) 298 - Angle (T-KW) 299 - Angle (T-KX) 300 - Angle (T-KY) 301 - Angle (T-KZ) 302 - Angle (T-LA) 303 - Angle (T-LB) 304 - Angle (T-LC) 305 - Angle (T-LD) 306 - Angle (T-LE) 307 - Angle (T-LF) 308 - Angle (T-LG) 309 - Angle (T-LH) 310 - Angle (T-LI) 311 - Angle (T-LJ) 312 - Angle (T-LK) 313 - Angle (T-LL) 314 - Angle (T-LM) 315 - Angle (T-LN) 316 - Angle (T-LO) 317 - Angle (T-LP) 318 - Angle (T-LQ) 319 - Angle (T-LR) 320 - Angle (T-LS) 321 - Angle (T-LT) 322 - Angle (T-LU) 323 - Angle (T-LV) 324 - Angle (T-LW) 325 - Angle (T-LX) 326 - Angle (T-LY) 327 - Angle (T-LZ) 328 - Angle (T-MA) 329 - Angle (T-MB) 330 - Angle (T-MC) 331 - Angle (T-MD) 332 - Angle (T-ME) 333 - Angle (T-MF) 334 - Angle (T-MG) 335 - Angle (T-MH) 336 - Angle (T-MI) 337 - Angle (T-MJ) 338 - Angle (T-MK) 339 - Angle (T-ML) 340 - Angle (T-MM) 341 - Angle (T-MN) 342 - Angle (T-MO) 343 - Angle (T-MP) 344 - Angle (T-MQ) 345 - Angle (T-MR) 346 - Angle (T-MS) 347 - Angle (T-MT) 348 - Angle (T-MU) 349 - Angle (T-MV) 350 - Angle (T-MW) 351 - Angle (T-MX) 352 - Angle (T-MY) 353 - Angle (T-MZ) 354 - Angle (T-NA) 355 - Angle (T-NB) 356 - Angle (T-NC) 357 - Angle (T-ND) 358 - Angle (T-NE) 359 - Angle (T-NF) 360 - Angle (T-NG) 361 - Angle (T-NH) 362 - Angle (T-NI) 363 - Angle (T-NJ) 364 - Angle (T-NK) 365 - Angle (T-NL) 366 - Angle (T-NM) 367 - Angle (T-NN) 368 - Angle (T-NO) 369 - Angle (T-NP) 370 - Angle (T-NQ) 371 - Angle (T-NR) 372 - Angle (T-NS) 373 - Angle (T-NT) 374 - Angle (T-NU) 375 - Angle (T-NV) 376 - Angle (T-NW) 377 - Angle (T-NX) 378 - Angle (T-NY) 379 - Angle (T-NZ) 380 - Angle (T-OA) 381 - Angle (T-OB) 382 - Angle (T-OC) 383 - Angle (T-OD) 384 - Angle (T-OE) 385 - Angle (T-OF) 386 - Angle (T-OG) 387 - Angle (T-OH) 388 - Angle (T-OI) 389 - Angle (T-OJ) 390 - Angle (T-OK) 391 - Angle (T-OL) 392 - Angle (T-OM) 393 - Angle (T-ON) 394 - Angle (T-OO) 395 - Angle (T-OP) 396 - Angle (T-OQ) 397 - Angle (T-OR) 398 - Angle (T-OS) 399 - Angle (T-OT) 400 - Angle (T-OU) 401 - Angle (T-OV) 402 - Angle (T-OW) 403 - Angle (T-OX) 404 - Angle (T-OY) 405 - Angle (T-OZ) 406 - Angle (T-PA) 407 - Angle (T-PB) 408 - Angle (T-PC) 409 - Angle (T-PD) 410 - Angle (T-PE) 411 - Angle (T-PF) 412 - Angle (T-PG) 413 - Angle (T-PH) 414 - Angle (T-PI) 415 - Angle (T-PJ) 416 - Angle (T-PK) 417 - Angle (T-PL) 418 - Angle (T-PM) 419 - Angle (T-PN) 420 - Angle (T-PO) 421 - Angle (T-PP) 422 - Angle (T-PQ) 423 - Angle (T-PR) 424 - Angle (T-PS) 425 - Angle (T-PT) 426 - Angle (T-PU) 427 - Angle (T-PV) 428 - Angle (T-PW) 429 - Angle (T-PX) 430 - Angle (T-PY) 431 - Angle (T-PZ) 432 - Angle (T-QA) 433 - Angle (T-QB) 434 - Angle (T-QC) 435 - Angle (T-QD) 436 - Angle (T-QE) 437 - Angle (T-QF) 438 - Angle (T-QG) 439 - Angle (T-QH) 440 - Angle (T-QI) 441 - Angle (T-QJ) 442 - Angle (T-QK) 443 - Angle (T-QL) 444 - Angle (T-QM) 445 - Angle (T-QN) 446 - Angle (T-QO) 447 - Angle (T-QP) 448 - Angle (T-QQ) 449 - Angle (T-QR) 450 - Angle (T-QS) 451 - Angle (T-QT) 452 - Angle (T-QU) 453 - Angle (T-QV) 454 - Angle (T-QW) 455 - Angle (T-QX) 456 - Angle (T-QY) 457 - Angle (T-QZ) 458 - Angle (T-RA) 459 - Angle (T-RB) 460 - Angle (T-RC) 461 - Angle (T-RD) 462 - Angle (T-RE) 463 - Angle (T-RF) 464 - Angle (T-RG) 465 - Angle (T-RH) 466 - Angle (T-RI) 467 - Angle (T-RJ) 468 - Angle (T-RK) 469 - Angle (T-RL) 470 - Angle (T-RM) 471 - Angle (T-RN) 472 - Angle (T-RO) 473 - Angle (T-RP) 474 - Angle (T-RQ) 475 - Angle (T-RR) 476 - Angle (T-RS) 477 - Angle (T-RT) 478 - Angle (T-RU) 479 - Angle (T-RV) 480 - Angle (T-RW) 481 - Angle (T-RX) 482 - Angle (T-RY) 483 - Angle (T-RZ) 484 - Angle (T-SA) 485 - Angle (T-SB) 486 - Angle (T-SC) 487 - Angle (T-SD) 488 - Angle (T-SE) 489 - Angle (T-SF) 490 - Angle (T-SG) 491 - Angle (T-SH) 492 - Angle (T-SI) 493 - Angle (T-SJ) 494 - Angle (T-SK) 495 - Angle (T-SL) 496 - Angle (T-SM) 497 - Angle (T-SN) 498 - Angle (T-SO) 499 - Angle (T-SP) 500 - Angle (T-SQ) 501 - Angle (T-SR) 502 - Angle (T-SS) 503 - Angle (T-ST) 504 - Angle (T-SU) 505 - Angle (T-SV) 506 - Angle (T-SW) 507 - Angle (T-SX) 508 - Angle (T-SY) 509 - Angle (T-SZ) 510 - Angle (T-TA) 511 - Angle (T-TB) 512 - Angle (T-TC) 513 - Angle (T-TD) 514 - Angle (T-TE) 515 - Angle (T-TF) 516 - Angle (T-TG) 517 - Angle (T-TH) 518 - Angle (T-TI) 519 - Angle (T-TJ) 520 - Angle (T-TK) 521 - Angle (T-TL) 522 - Angle (T-TM) 523 - Angle (T-TN) 524 - Angle (T-TO) 525 - Angle (T-TP) 526 - Angle (T-TQ) 527 - Angle (T-TR) 528 - Angle (T-TS) 529 - Angle (T-TT) 530 - Angle (T-TU) 531 - Angle (T-TV) 532 - Angle (T-TW) 533 - Angle (T-TX) 534 - Angle (T-TY) 535 - Angle (T-TZ) 536 - Angle (T-UA) 537 - Angle (T-UB) 538 - Angle (T-UC) 539 - Angle (T-UD) 540 - Angle (T-UE) 541 - Angle (T-UF) 542 - Angle (T-UG) 543 - Angle (T-UH) 544 - Angle (T-UI) 545 - Angle (T-UJ) 546 - Angle (T-UK) 547 - Angle (T-UL) 548 - Angle (T-UM) 549 - Angle (T-UN) 550 - Angle (T-UO) 551 - Angle (T-UP) 552 - Angle (T-UQ) 553 - Angle (T-UR) 554 - Angle (T-US) 555 - Angle (T-UT) 556 - Angle (T-UY) 557 - Angle (T-UZ) 558 - Angle (T-VA) 559 - Angle (T-VB) 560 - Angle (T-VC) 561 - Angle (T-VD) 562 - Angle (T-VE) 563 - Angle (T-VF) 564 - Angle (T-VG) 565 - Angle (T-VH) 566 - Angle (T-VI) 567 - Angle (T-VJ) 568 - Angle (T-VK) 569 - Angle (T-VL) 570 - Angle (T-VM) 571 - Angle (T-VN) 572 - Angle (T-VO) 573 - Angle (T-VP) 574 - Angle (T-VQ) 575 - Angle (T-VR) 576 - Angle (T-VS) 577 - Angle (T-VT) 578 - Angle (T-VU) 579 - Angle (T-VV) 580 - Angle (T-VW) 581 - Angle (T-VX) 582 - Angle (T-VY) 583 - Angle (T-VZ) 584 - Angle (T-WA) 585 - Angle (T-WB) 586 - Angle (T-WC) 587 - Angle (T-WD) 588 - Angle (T-WE) 589 - Angle (T-WF) 590 - Angle (T-WG) 591 - Angle (T-WH) 592 - Angle (T-WI) 593 - Angle (T-WJ) 594 - Angle (T-WK) 595 - Angle (T-WL) 596 - Angle (T-WM) 597 - Angle (T-WN) 598 - Angle (T-WO) 599 - Angle (T-WP) 600 - Angle (T-WQ) 601 - Angle (T-WR) 602 - Angle (T-WS) 603 - Angle (T-WT) 604 - Angle (T-WU) 605 - Angle (T-WV) 606 - Angle (T-WX) 607 - Angle (T-WY) 608 - Angle (T-WZ) 609 - Angle (T-XA) 610 - Angle (T-XB) 611 - Angle (T-XC) 612 - Angle (T-XD) 613 - Angle (T-XE) 614 - Angle (T-XF) 615 - Angle (T-XG) 616 - Angle (T-XH) 617 - Angle (T-XI) 618 - Angle (T-XJ) 619 - Angle (T-XK) 620 - Angle (T-XL) 621 - Angle (T-XM) 622 - Angle (T-XN) 623 - Angle (T-XO) 624 - Angle (T-XP) 625 - Angle (T-XQ) 626 - Angle (T-XR) 627 - Angle (T-XS) 628 - Angle (T-XT) 629 - Angle (T-XU) 630 - Angle (T-XV) 631 - Angle (T-XW) 632 - Angle (T-XX) 633 - Angle (T-XY) 634 - Angle (T-XZ) 635 - Angle (T-YA) 636 - Angle (T-YB) 637 - Angle (T-YC) 638 - Angle (T-YD) 639 - Angle (T-YE) 640 - Angle (T-YF) 641 - Angle (T-YG) 642 - Angle (T-YH) 643 - Angle (T-YI) 644 - Angle (T-YJ) 645 - Angle (T-YK) 646 - Angle (T-YL) 647 - Angle (T-YM) 648 - Angle (T-YN) 649 - Angle (T-YO) 650 - Angle (T-YP) 651 - Angle (T-YQ) 652 - Angle (T-YR) 653 - Angle (T-YS) 654 - Angle (T-YT) 655 - Angle (T-YU) 656 - Angle (T-YV) 657 - Angle (T-YW) 658 - Angle (T-YX) 659 - Angle (T-YY) 660 - Angle (T-YZ) 661 - Angle (T-ZA) 662 - Angle (T-ZB) 663 - Angle (T-ZC) 664 - Angle (T-ZD) 665 - Angle (T-ZE) 666 - Angle (T-ZF) 667 - Angle (T-ZG) 668 - Angle (T-ZH) 669 - Angle (T-ZI) 670 - Angle (T-ZJ) 671 - Angle (T-ZK) 672 - Angle (T-ZL) 673 - Angle (T-ZM) 674 - Angle (T-ZN) 675 - Angle (T-ZO) 676 - Angle (T-ZP) 677 - Angle (T-ZQ) 678 - Angle (T-ZR) 679 - Angle (T-ZS) 680 - Angle (T-ZT) 681 - Angle (T-ZU) 682 - Angle (T-ZV) 683 - Angle (T-ZW) 684 - Angle (T-ZX) 685 - Angle (T-ZY) 686 - Angle (T-ZZ) 687 - Angle (T-AA) 688 - Angle (T-AB) 689 - Angle (T-AC) 690 - Angle (T-AD) 691 - Angle (T-AE) 692 - Angle (T-AF) 693 - Angle (T-AG) 694 - Angle (T-AH) 695 - Angle (T-AI) 696 - Angle (T-AJ) 697 - Angle (T-AK) 698 - Angle (T-AL) 699 - Angle (T-AM) 700 - Angle (T-AN) 701 - Angle (T-AO) 702 - Angle (T-AP) 703 - Angle (T-AQ) 704 - Angle (T-AR) 705 - Angle (T-AS) 706 - Angle (T-AT) 707 - Angle (T-AU) 708 - Angle (T-AV) 709 - Angle (T-AW) 710 - Angle (T-AX) 711 - Angle (T-AY) 712 - Angle (T-AZ) 713 - Angle (T-BA) 714 - Angle (T-BB) 715 - Angle (T-BC) 716 - Angle (T-BD) 717 - Angle (T-BE) 718 - Angle (T-BF) 719 - Angle (T-BG) 720 - Angle (T-BH) 721 - Angle (T-BI) 722 - Angle (T-BJ) 723 - Angle (T-BK) 724 - Angle (T-BL) 725 - Angle (T-BM) 726 - Angle (T-BN) 727 - Angle (T-BO) 728 - Angle (T-BP) 729 - Angle (T-BQ) 730 - Angle (T-BR) 731 - Angle (T-BS) 732 - Angle (T-BT) 733 - Angle (T-BU) 734 - Angle (T-BV) 735 - Angle (T-BW) 736 - Angle (T-BX) 737 - Angle (T-BY) 738 - Angle (T-BZ) 739 - Angle (T-CA) 740 - Angle (T-CB) 741 - Angle (T-CC) 742 - Angle (T-CD) 743 - Angle (T-CE) 744 - Angle (T-CF) 745 - Angle (T-CG) 746 - Angle (T-CH) 747 - Angle (T-CI) 748 - Angle (T-CJ) 749 - Angle (T-CK) 750 - Angle (T-CL) 751 - Angle (T-CM) 752 - Angle (T-CN) 753 - Angle (T-CO) 754 - Angle (T-CP) 755 - Angle (T-CQ) 756 - Angle (T-CR) 757 - Angle (T-CS) 758 - Angle (T-CT) 759 - Angle (T-CU) 760 - Angle (T-CV) 761 - Angle (T-CW) 762 - Angle (T-CX) 763 - Angle (T-CY) 764 - Angle (T-CZ) 765 - Angle (T-DA) 766 - Angle (T-DB) 767 - Angle (T-DC) 768 - Angle (T-DD) 769 - Angle (T-DE) 770 - Angle (T-DF) 771 - Angle (T-DG) 772 - Angle (T-DH) 773 - Angle (T-DI) 774 - Angle (T-DJ) 775 - Angle (T-DK) 776 - Angle (T-DL) 777 - Angle (T-DM) 778 - Angle (T-DN) 779 - Angle (T-DO) 780 - Angle (T-DP) 781 - Angle (T-DQ) 782 - Angle (T-DR) 783 - Angle (T-DS) 784 - Angle (T-DT) 785 - Angle (T-DU) 786 - Angle (T-DV) 787 - Angle (T-DW) 788 - Angle (T-DX) 789 - Angle (T-DY) 790 - Angle (T-DZ) 791 - Angle (T-EA) 792 - Angle (T-EB) 793 - Angle (T-EC) 794 - Angle (T-ED) 795 - Angle (T-EE) 796 - Angle (T-EF) 797 - Angle (T-EG) 798 - Angle (T-EH) 799 - Angle (T-EI) 800 - Angle (T-EJ) 801 - Angle (T-EK) 802 - Angle (T-EL) 803 - Angle (T-EM) 804 - Angle (T-EN) 805 - Angle (T-EO) 806 - Angle (T-EP) 807 - Angle (T-EQ) 808 - Angle (T-ER) 809 - Angle (T-ES) 810 - Angle (T-ET) 811 - Angle (T-EU) 812 - Angle (T-EV) 813 - Angle (T-EW) 814 - Angle (T-EX) 815 - Angle (T-EY) 816 - Angle (T-EZ) 817 - Angle (T-FA) 818 - Angle (T-FB) 819 - Angle (T-FC) 820 - Angle (T-FD) 821 - Angle (T-FE) 822 - Angle (T-FF) 823 - Angle (T-FG) 824 - Angle (T-FH) 825 - Angle (T-FI) 826 - Angle (T-FJ) 827 - Angle (T-FK) 828 - Angle (T-FL) 829 - Angle (T-FM) 830 - Angle (T-FN) 831 - Angle (T-FO) 832 - Angle (T-FP) 833 - Angle (T-FQ) 834 - Angle (T-FR) 835 - Angle (T-FS) 836 - Angle (T-FT) 837 - Angle (T-FU) 838 - Angle (T-FV) 839 - Angle (T-FW) 840 - Angle (T-FX) 841 - Angle (T-FY) 842 - Angle (T-FZ) 843 - Angle (T-GA) 844 - Angle (T-GB) 845 - Angle (T-GC) 846 - Angle (T-GD) 847 - Angle (T-GE) 848 - Angle (T-GF) 849 - Angle (T-GG) 850 - Angle (T-GH) 851 - Angle (T-GI) 852 - Angle (T-GJ) 853 - Angle (T-GK) 854 - Angle (T-GL) 855 - Angle (T-GM) 856 - Angle (T-GN) 857 - Angle (T-GO) 858 - Angle (T-GP) 859 - Angle (T-GQ) 860 - Angle (T-GR) 861 - Angle (T-GS) 862 - Angle (T-GT) 863 - Angle (T-GU) 864 - Angle (T-GV) 865 - Angle (T-GW) 866 - Angle (T-GX) 867 - Angle (T-GY) 868 - Angle (T-GZ) 869 - Angle (T-HA) 870 - Angle (T-HB) 871 - Angle (T-HC) 872 - Angle (T-HD) 873 - Angle (T-HE) 874 - Angle (T-HF) 875 - Angle (T-HG) 876 - Angle (T-HH) 877 - Angle (T-HI) 878 - Angle (T-HJ) 879 - Angle (T-HK) 880 - Angle (T-HL) 881 - Angle (T-HM) 882 - Angle (T-HN) 883 - Angle (T-HO) 884 - Angle (T-HP) 885 - Angle (T-HQ) 886 - Angle (T-HR) 887 - Angle (T-HS) 888 - Angle (T-HT) 889 - Angle (T-HU) 890 - Angle (T-HV) 891 - Angle (T-HW) 892 - Angle (T-HX) 893 - Angle (T-HY) 894 - Angle (T-HZ) 895 - Angle (T-IA) 896 - Angle (T-IB) 897 - Angle (T-IC) 898 - Angle (T-ID) 899 - Angle (T-IE) 900 - Angle (T-IF) 901 - Angle (T-IG) 902 - Angle (T-IH) 903 - Angle (T-II) 904 - Angle (T-IJ) 905 - Angle (T-IK) 906 - Angle (T-IL) 907 - Angle (T-IM) 908 - Angle (T-IN) 909 - Angle (T-IO) 910 - Angle (T-IP) 911 - Angle (T-IQ) 912 - Angle (T-IR) 913 - Angle (T-IS) 914 - Angle (T-IT) 915 - Angle (T-IU) 916 - Angle (T-IV) 917 - Angle (T-IW) 918 - Angle (T-IX) 919 - Angle (T-IY) 920 - Angle (T-IZ) 921 - Angle (T-JA) 922 - Angle (T-JB) 923 - Angle (T-JC) 924 - Angle (T-JD) 925 - Angle (T-JE) 926 - Angle (T-JF) 927 - Angle (T-JG) 928 - Angle (T-JH) 929 - Angle (T-JI) 930 - Angle (T-JJ) 931 - Angle (T-JK) 932 - Angle (T-JL) 933 - Angle (T-JM) 934 - Angle (T-JN) 935 - Angle (T-JO) 936 - Angle (T-JP) 937 - Angle (T-JQ) 938 - Angle (T-JR) 939 - Angle (T-JS) 940 - Angle (T-JT) 941 - Angle (T-JU) 942 - Angle (T-JV) 943 - Angle (T-JW) 944 - Angle (T-JX) 945 - Angle (T-JY) 946 - Angle (T-JZ) 947 - Angle (T-KA) 948 - Angle (T-KB) 949 - Angle (T-KC) 950 - Angle (T-KD) 951 - Angle (T-KE) 952 - Angle (T-KF) 953 - Angle (T-KG) 954 - Angle (T-KH) 955													

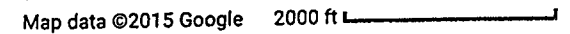
Google Maps 33°34'51.9"N 79°57'07.6"W



33°34'51.9"N 79°57'07.6"W

-192-

33°34'51.9"N 79°57'07.6"W



STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

BEFORE THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Jacob Tisdale, Jr.,)
Employee/Claimant,)

vs.)

Williamsburg DSN Board,)
Employer,)

and)

State Accident Fund,)

Carrier/Defendants.)

) AFFIDAVIT

WCC FILE NO.: 0816090

PERSONALLY APPEARED BEFORE ME, Paul Jefferson, who after being duly sworn, deposes and states as follows:

1. That I am an investigator with the State Accident Fund.
2. During my investigation of this claim, I found the following information:

DOA: 10-16-08 DATE OF DEATH: 10-17-08

ATTORNEY: Ronnie A. Sabb PHONE NO: 843-355-5349

ADDRESS: P. O. Box 88
Kingstree, SC 29556

DEPENDENTS IDENTIFIED:

- (1) Wife, Edna A. Tisdale, of 224 Gausetown Rd. Kingstree, SC 29556.
- (2) Stepchild, Raven C. McFadden (Same address).
- (3) Stepchild, Markita R. McFadden (Same address).

SOURCES/DOCUMENTATION:

Form 12-A.
Retirement Systems and Insurance Forms from Mr. Tisdale's personnel file
at Williamsburg DSN Board.
Registration Form from Williamsburg Regional Hospital dated 10-16-08.
Medical Records from MUSC.

Phone statement from Pernell Burgess, Human Resources Director at Williamsburg DSN Board, on 11-6-08.

Phone statement from wife, Edna Tisdale, on 11-12-08.

Phone statement from Attorney Ronnie Sabb on 11-13-08.

Phone statement from wife, Edna Tisdale, on 12-9-08.

Copy of Divorce Decree for Jacob Tisdale, Jr. & Carolyn D. Tisdale dated 5-24-84.

Copies of Birth Certificates for Raven Camille McFadden (DOB 10-22-90) and Markita Renee McFadden (DOB 1-7-92).

Copy of Marriage Certificate for Jacob Tisdale, Jr. and Edna A. McFadden (Date of marriage 6-12-99).

Copy of 2005 and 2006 US Income Tax Returns for Jacob Tisdale.

Copy of Statement of Funeral Goods and Services for Jacob Tisdale, Jr.

Copy of Report of Divorce for Jacob Tisdale, Jr. and Isabel Negron (Date of Divorce 7-9-96).

Copy of Legal Notice and Affidavit of Publication from The News, a newspaper published in Williamsburg County, SC. The notice was published on Dec. 10th & 17th, 2008 and no one responded to the notice.

Death Certificate for Jacob Tisdale, Jr.

Certificate from DHEC / Vital records that they have no birth record for Gina Tisdale during the period of 1983 through 1986 said to have been born on Oct. 29, 1986 in Williamsburg County, SC.

STATEMENTS:

Human Resources Director, Pernell Burgess, stated the following on 11-6-08: Mr. Tisdale's wife is Edna Tisdale. She & Mr. Tisdale lived at 224 Gaustown Rd. Kingtree, SC 29556 (phone # 843-382-3064). Mr. Tisdale had had a total of 3 wives.

Mrs. Edna Tisdale, stated the following on 11-12-08:

Mr. Tisdale's marriage to Isabel Negron ended in divorce. I don't know exactly when they divorced. We married on 6-12-99. I think Jacob was married to his oldest son's mother, Carolyn. The son is Jacob D. Tisdale. He's in the Army. He's stationed in Virginia. I'm not aware of any other wives. I believe Carolyn is alive so that marriage probably ended in divorce. I assume they married & divorced in either Williamsburg County or Columbia, SC. At the time of his death, Jacob & I were married and living together at 224 Gausetown Rd. Kingtree. Living with us was my daughters. *** (At this point the phone line was disconnected. I called Mrs. Tisdale at her home phone # of 843-382-3064, but there was no answer)***.

Attorney Ronnie Sabb stated the following on 11-13-08:

The first Death Certificate was wrong & we haven't received a corrected one yet. Mr. Tisdale had one divorce & no previous spouses died. He had a biological child that is grown & not dependent. He divorced his previous wife & re-married Edna. Edna had 4 children that grew up with them, but two of them were not dependent

when he died. At the time he still supported two daughters & his wife. There is a question of an adopted child. We don't think there was an official adoption. This child may be listed on the obituary.

Mrs. Edna Tisdal stated the following on 12-9-08:

Jacob Tisdale's father is deceased. His mother is Stina Tisdale (phone # 843-426-2332). She lives in Greeleyville, SC. He has a brother Carlisle Tisdale. As far as I know he lives with his mother. He has no other brothers. He has a sister, Cassandra Fleming. I don't know how to reach her. She lives in Swansea, SC in Lexington County. His other sister is Jacoshia Edmund. She lives in Orlando Florida. I don't know how to contact her. He had no other siblings. Jacob had three marriages. I was his third. The first wife was Carolyn Eaddy. I assume that marriage ended in divorce. I don't know how to reach her. They had one child, Jacob Devain Tisdale. He's in the military stationed in Virginia. He's 32 years old & I think his date of birth is October 17th. Jacob Tisdale Jr.'s second wife was Isabel Negron. I don't know how to reach her. That marriage ended in divorce. They had one child, Gina Evette Tisdale. She lives in Daytona Beach Fl. I don't know her phone number. Jacob & I got married June 12, 1999. We did not have children however I have four children. They are Shawn Alston (date of birth 3-4-77). Jonathan Alston (DOB 7-23-87). Raven McFadden (DOB 10-22-90). Markita McFadden (DOB 1-7-92). Jacob Tisdale, Jr. died on 10-17-08. We lived together. Raven & Markita lived with us. No one else. There is no one currently pregnant with Jacob's child. Raven is 18 as of 10-22-08. Markita is 16. There was no one else dependent and no other children. Franklin Thomas is Gina's brother, but he is not the biological child of Jacob Tisdale, Jr. I don't know how to reach him or where he lives. His last name is Thomas, not Tisdale. Jacob had no other children whether they be adopted, step, legitimate or illegitimate. No one has ever claimed to be his child that he didn't recognize as his biological child. Jacob's primary doctor was Dr. Gilliam Skinner with Jeter, Skinner Family Practice in Florence.

Jacob Tisdale, Jr.'s mother, Stina Tisdale, stated the following on 12-12-08: I don't know much. You need to talk to Carlisle.

Jacob Tisdale, Jr.'s brother, Carlisle Tisdale, stated the following on 12-12-08:

I'm not going to answer any questions. Everything should be on file at Williamsburg DSN. You cannot talk to Stina Tisdale. I speak for her & I'm not going to answer any questions.

COMMENTS:

None.

Further, the affiant sayeth not.

By:

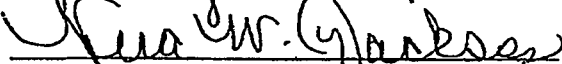


Paul Jefferson, Investigator
State Accident Fund

SWORN to and Subscribed

before me this 7 day of

January, 2006.



Notary Public for South Carolina

My Commission Expires: May 15, 2014

STATE ACCIDENT FUND

Harry B. Gregory, Jr.
Director

12-1-08

The News
P.O. Box 574
Kingstree, SC 29556
Attn: Patricia

Re Jacob Tisdale, Jr. (Dec.) vs. Williamsburg DSN
and State Accident Fund
WCC# 0816090 and SF# 2008-4655

Dear Patricia:

We are enclosing herewith a Legal Notice, which we would appreciate your publishing in your Legal Advertising section on Wednesday December 10th and Wednesday December 17th, 2008.

In this connection we would ask that you return an affidavit to us as soon as the publishing has been completed, certifying that the Notice has been published, the date(s) it was published, and showing a copy of the Notice as published in the newspaper. Please include on your bill the Federal I.D. number, the claimant's name and the Workers' Compensation Commission File Number as we are a State Agency and have to order our checks from the SC State Treasurers Office. Please return this to us by December 30, 2008 as a dependency hearing will be set in the near future.

It is our understanding that you will compute the rate for publication of the notice and bill us accordingly. If you have any questions, please do not hesitate to contact me.

Sincerely,

Paul Jefferson
Investigator/Adjuster

Enclosure

cc: File

P.O. BOX 102100 COLUMBIA, S.C. 29221-5000 (803) 896-5800 1-800-521-6576 FAX (803) 896-5818

LEGAL NOTICE
STATE OF
SOUTH CAROLINA
Jacob Tisdale, Jr. VS.
Williamsburg DSN AND
STATE ACCIDENT FUND
WCC NUMBER 0816090
SF NUMBER 2008-4655

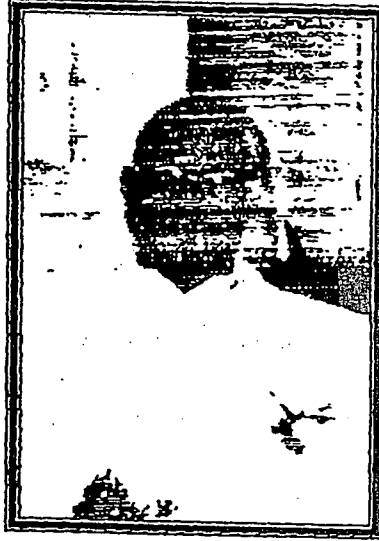
NOTICE IS HEREBY GIVEN
that the above styled action is
presently pending before the
South Carolina Workers' Compensa-
tion Commission in connection
with the death of Jacob Tisdale, Jr.,
Deceased, in a work-related
accident in Williamsburg County, South
Carolina on October 16, 2008.
Any person or persons having
information concerning the identity
and/or location of anyone who is,
or claims to be, an heir at law
of the said Jacob Tisdale, Jr.,
Deceased, or any person who was or
claims to have been dependent
upon the said Jacob Tisdale, Jr.,
Deceased, at the time of his/her
death on October 16, 2008, please
contact Paul Jefferson at
Post Office Box 102100
Columbia, South Carolina 29221-5000
Telephone number (803) 896-5922
no later than December 23, 2008.

2008-4655

Homegoing Celebration

For

Mr. Jacob Tisdale Jr.



Sunrise
September 23, 1953

Sunset
October 17, 2008

Thursday, October 23, 2008

2:00 p.m.

Greater Bethel A.M.E. Church

308 West Main Street

Kingstree, South Carolina

Elder Dr. Alonzo Middleton, Pastor

Date: 11/3/2009 3:4 PM 2008 7035

AFFIDAVIT OF PUBLICATION

THE NEWS, Kingstree, S.C.

STATE OF SOUTH CAROLINA
COUNTY OF WILLIAMSBURG

Personally appeared before me Tami K. Rodgers, who being duly sworn, says that she is Publisher of THE NEWS, a newspaper published in the City and State aforesaid and that the Legal Notice, a copy of which is hereto attached, was published in said newspaper 2 times, to wit:

On	the	10th	day	of	December	2008
On	the	17th	day	of	December	2008
On	the		day	of		2008
On	the		day	of		2008
On	the		day	of		2008
On	the		day	of		2008
On	the		day	of		2008
On	the		day	of		2008

Tami K. Rodgers

Sworn to and subscribed before me this 17th
day of December, A.D. 2008.

Patricia D. McGee
Notary Public for South Carolina

This fax was received by GFI FAXmaker fax server. For more information, visit <http://www.gfi.com>

LEGAL NOTICE
STATE OF
SOUTH CAROLINA
Jacob Tisdale, Jr. VS
Williamsburg DSN
AND STATE
ACCIDENT FUND
WCC NUMBER
0816090
SF NUMBER
2008-4655

NOTICE IS HEREBY

GIVEN that the above
captioned action is presently
pending before the South Carolina
Workers' Compensation
Commission in connection with the
death of Jacob Tisdale, Jr., Deceased,
a Williamsburg County, South Carolina
resident, who died on October 16,
2008.

Any person or persons
having information concerning the identity
and/or location of anyone who is, or
claims to be, an heir at law of the said Jacob
Tisdale, Jr., Deceased, or any person who
was or claims to have been dependent upon
the said Jacob Tisdale, Jr., Deceased, at the
time of his/her death on October 16, 2008,
please contact Paul Jefferson at Post Office
Box 102100, Columbia, South Carolina 29221-5000.
Telephone number (803) 896-5922 no later than December
23, 2008.

This fax was received by GFI FAXmaker fax server. For more information, visit <http://www.gfi.com>

ATTEST:

This is a true copy of the Marriage Certificate on file in the records of the Division of Vital Records, Public Health Statistics and Information Services of the South Carolina Department of Health and Environmental Control and is issued pursuant to Subpoena of the South Carolina Workers' Compensation Commission, Case #0816090 In the Matter of Jacob Tisdale, Jr. vs. Williamsburg DSN, December 2, 2008.

DATE:

December 10, 2008

Rebecca Simpson
Rebecca Simpson, Supervisor
Division of Vital Records

LICENSE AND CERTIFICATE FOR MARRIAGE							
STATE OF SOUTH CAROLINA							
99 019259							
0005140438		LICENSE NUMBER		COUNTY		WILLIAMSBURG CNTY	
GROOM NAME (FIRST)		GROOM NAME (MIDDLE)		GROOM NAME (LAST)		BIRTH DATE (MONTH DAY YEAR)	
JACOB				TISDALE, JR.		09/22/53	
BIRTH PLACE (State or foreign country)		RACE		RESIDENCE (Street and Number)		AGE	
SOUTH CAROLINA		BLACK		ROUTE 2, BOX 94A		25	
CITY/TOWN OR LOCATION		COUNTY		STATE		NO OF THIS MARRIAGE	
KINGSTREE		WILLIAMSBURG		SOUTH CAROLINA		1ST	
BRIDE NAME (FIRST)		BRIDE NAME (MIDDLE)		BRIDE NAME (LAST)		BIRTH DATE (MONTH DAY YEAR)	
EDNA		ALSTON		MCFADDEN		04/04/39	
BIRTH PLACE (State or foreign country)		RACE		RESIDENCE (Street and Number)		AGE	
SOUTH CAROLINA		BLACK		ROUTE 4, BOX 275		40	
CITY/TOWN OR LOCATION		COUNTY		STATE		NO OF THIS MARRIAGE	
KINGSTREE		WILLIAMSBURG		SOUTH CAROLINA		1ST	
MAIDEN NAME OF BRIDE (if different from above)		ALSTON					
Application for a license was filed with this court at 5:00 P.M. on the 7TH day of JUNE 99. These are, therefore, to authorize any person qualified to perform marriage ceremonies to perform the marriage ceremony for the persons above named and for the so doing this shall be sufficient warrant. Given under my hand and seal at 5:00 P.M. this the 8TH day of JUNE 99. JUDICE M. STABLE, JUDGE OF PROBATE.							
SPOONSIGNED		SPOONSIGNED		SPOONSIGNED		SPOONSIGNED	
Groom		Bride		Officiant		Witness	
<i>Jacob Tisdale, Jr.</i>		<i>Edna Alston McFadden</i>		<i>Jerome Wilson</i>		<i>Guang Zhao</i>	
JUNE		MAY 12		YEAR 1999		SOUTH CAROLINA	
OFFICIANT		OFFICIANT'S ADDRESS					
		JEROME WILSON					
		145 ZETA LANE CROSS, SC 29436					

ISSUED DEC 10 2008

SC 00126552

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

C. Earl Hunter
C. Earl Hunter
Commissioner and State Registrar

Guang Zhao
Guang Zhao
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 05/01/2008

ATTEST:

This is a true copy of the Divorce or Annulment of Marriage Certificate on file in the records of the Division of Vital Records, Public Health Statistics and Information Services of the South Carolina Department of Health and Environmental Control and is issued pursuant to Subpoena of the South Carolina Workers' Compensation Commission, Case #0316090 In the Matter of Jacob Tisdale, Jr. vs. Williamsburg DSN, December 2, 2008.

DATE: December 10, 2008

Rebecca Simpson
Rebecca Simpson, Supervisor
Division of Vital Records

96 007301

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
OFFICE OF VITAL RECORDS AND PUBLIC HEALTH STATISTICS
Columbia, South Carolina

REPORT OF DIVORCE OR ANNULMENT OF MARRIAGE
State File No.

William D. Priddy-P. O. Box 57-Kingslee, S. C. 29556

HUSBAND—NAME (first) (middle) (last) Jacob (NMI) Tisdale, Jr.		DATE OF BIRTH 9/21/53	STATE OF BIRTH S. C.
RESIDENCE (state) (county) (city) S. C. Williamsburg, Kingstree		NUMBER OF THIS MARRIAGE 2nd.	RACE OR COLOR (specify) Black
WIFE—MAIDEN NAME (first) (middle) (last) Isabel (NMI) Negron		DATE OF BIRTH 5/12/63	STATE OF BIRTH New York
RESIDENCE (state) (county) (city) S. C., Williamsburg, Kingstree		NUMBER OF THIS MARRIAGE 2nd.	RACE OR COLOR (specify) Hispanic
PLACE OF THIS MARRIAGE (state) (county) North Carolina, Onslow		DATE OF MARRIAGE (month) (day) (year) 4/5/86	NUMBER OF CHILDREN UNDER 18 2
PLAINTIFF (specify) 16 Wife	DECREE GRANTED TO (specify) 17 Isabel Negron	WAS DIVORCE CONTESTED (specify yes or no) No	LEGAL GROUNDS Separation more than 92 days
DATE DECREE SIGNED (month) (day) (year) 7/9/96		TYPE OF DECREE absolute divorce or annulment (specify) Absolute Divorce	
MAIDEN NAME RESUMED BY DECREE NEVER TOOK HUSBAND'S NAME		SUPPLEMENTAL ORDER (if any) (month) (day) (year) N/A	
COUNTY Williamsburg		DOCKET NUMBER 96-DR-45-069	
I CERTIFY THAT THE ABOVE IS CORRECT ACCORDING TO THE RECORDS OF THIS COURT FILED ON: signature of clerk of court month day year <i>William J. Williams</i> 7-16-96			

ISSUED DEC 10 2008

SC 00126553

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

C. Earl Hunter
C. Earl Hunter
Commissioner and State Registrar

Guang Zhao
Guang Zhao
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 05/01/2008



LICENSE AND CERTIFICATE FOR MARRIAGE

STATE OF SOUTH CAROLINA

WILLIAMSBURG CNTY

0005140438

LICENSE NUMBER

COUNTY

GROOM-NAME (FIRST) (MIDDLE) (LAST) JACOB TISDALE, JR.			BIRTHDATE (MONTH, DAY, YEAR) 09/22/53	AGE 45
BIRTHPLACE (State or foreign country) SOUTH CAROLINA		RACE BLACK	RESIDENCE (Street and Number) ROUTE 2, BOX 94A	
CITY, TOWN OR LOCATION KINGSTREE		COUNTY WILLIAMSBURG	STATE SOUTH CAROLINA	NO. OF THIS MARRIAGE (1st, 2nd, etc.)
BRIDE-NAME (FIRST) (MIDDLE) (LAST) EDNA ALSTON MCFADDEN			BIRTHDATE (MONTH, DAY, YEAR) 04/04/59	AGE 40
BIRTHPLACE (State or foreign country) SOUTH CAROLINA		RACE BLACK	RESIDENCE (Street and Number) ROUTE 4, BOX 375	
CITY, TOWN OR LOCATION KINGSTREE		COUNTY WILLIAMSBURG	STATE SOUTH CAROLINA	NO. OF THIS MARRIAGE (1st, 2nd, etc.)
MAIDEN NAME OF BRIDE (If Different From Above) ALSTON				

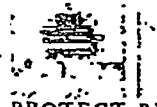
Application for a license was filed with this court at 9:00 A.M., on the 7TH day of JUNE, 1999. These are,

therefore, to authorize any person qualified to perform marriage ceremonies to perform the marriage ceremony for the

persons above named and for the so doing this shall be sufficient warrant: Given under my hand and seal

at 9:00 A.M. this 7TH day of JUNE, 1999.
 Signature of Issuing Officer: *Rudell M. Gamble*
 Title of Issuing Officer: **RUDELL M. GAMBLE JUDGE OF PROBATE**

GROOM-Signature <i>Jacob Tisdale, Jr.</i>		BRIDE-Signature <i>Edna Alston McFadden</i>	
Place of Marriage Kingstree, Williamsburg		Place of Marriage Kingstree, Williamsburg	
OFFICIANT-Signature <i>Jerome Wilson</i>		OFFICIANT-Title Minister	
OFFICIANT-Mailing Address JEROME WILSON 145 ZETA LANE, CROSS, SC 29936			



PROMOTE PROTECT PROSPER
South Carolina Department of Health
and Environmental Control

South Carolina DHEC
Vital Records
Receipt for Service Transaction

Name : PAUL JEFFERSON

Receipt Date/Time : 12/10/2008 1:39:39 PM

Request Type : Mail

Receipt Number : 80-20081210-133998

Registrant	Description	Quantity	Amount
	Adjustment (negative)	1	(\$12.00)
JACOB TISDALE JR	Marriage-Subpoena	1	\$12.00
	Sub Total :		\$0.00

Payment Description	Payment Reference	Paid Amount
Cash		\$0.00
	Sub Total :	\$0.00
	Amount Paid	\$0.00

Ship to name : PAUL JEFFERSON
Ship to Address : S. C. ACCIDENT FUND
P. O. BOX 102100
COLUMBIA, SC 29221-5000

DHEC 601 (7/2004)

LICENSE AND CERTIFICATE FOR MARRIAGE

STATE OF SOUTH CAROLINA

WILLIAMSBURG CNTY

0005140438

LICENSE NUMBER

COUNTY

GROOM-NAME (FIRST) (MIDDLE) (LAST)		BIRTH DATE (MONTH, DAY, YEAR)		AGE
JACOB TISDALE, JR.		09/22/53		45
BIRTHPLACE (State or foreign country)	RACE	RESIDENCE (Street and Number)		
SOUTH CAROLINA	BLACK	ROUTE 2, BOX 94A		
CITY, TOWN OR LOCATION	COUNTY	STATE	NO. OF THIS MARRIAGE	
KINGSTREE	WILLIAMSBURG	SOUTH CAROLINA	158340	
BRIDE-NAME (FIRST) (MIDDLE) (LAST)		BIRTH DATE (MONTH, DAY, YEAR)		AGE
ESNA ALSTON MCFADDEN		04/04/59		40
BIRTHPLACE (State or foreign country)	RACE	RESIDENCE (Street and Number)		
SOUTH CAROLINA	BLACK	ROUTE 4, BOX 275		
CITY, TOWN OR LOCATION	COUNTY	STATE	NO. OF THIS MARRIAGE	
KINGSTREE	WILLIAMSBURG	SOUTH CAROLINA	158340	
MAIDEN NAME OF BRIDE (If Different From Above)				
ALSTON				

Application for a license was filed with this court at 9:00 A. M., on the 7TH day of JUNE 99. These are,

therefore, to authorize any person qualified to perform marriage ceremonies to perform the marriage ceremony for the

persons above named and for the so doing this shall be sufficient warrant. Given under my hand and seal

at 9:00 A. M. this 7TH day of JUNE 99. RUDELL M. GAMBLE
JUDGE OF PROBATE

Signature of Issuing Officer		Title of Issuing Officer	
[Signature]		[Signature]	
Signature of Groom		Signature of Bride	
[Signature]		[Signature]	
Place of Marriage		Place of Marriage	
Kingstree, Williamsburg		Kingstree, Williamsburg	
OFFICIANT-Name		OFFICIANT-Title	
Jerome Wilson		Minister	

OFFICIANT-Home Address
JEROME WILSON
145 ZETA LANE, CROSS, SC 29936

247-96-5396

247-23-6156

25

ENVIRONMENTAL CONTROL
Division of Vital Records, Columbia, S.C.
ANY ALTERATION OR CREATURE VOICE THIS CARD

DATE ISSUED MAY 08 1995 BIRTH NO. 139-90-044062

NAME *RAVEN CAMILLE McFADDEN*

BIRTH DATE OCT 22 1990 BIRTH PLACE-COUNTY FLORENCE FEMALE

OCT 24 1990

This is a true certification of name and birth date recorded in this office.

BY Denise H. Norris COUNTY REGISTRAR
FLORENCE COUNTY

ENVIRONMENTAL CONTROL
Division of Vital Records, Columbia, S.C.
ANY ALTERATION OR CREATURE VOICE THIS CARD

DATE ISSUED MAY 08 1995 BIRTH NO. 139-92-001666

NAME *MARKITA RENEE McFADDEN*

BIRTH DATE JAN 07 1992 BIRTH PLACE-COUNTY FLORENCE FEMALE

JAN 10 1992

This is a true certification of name and birth date recorded in this office.

BY Denise H. Norris COUNTY REGISTRAR
FLORENCE COUNTY

DATE: 1/7/2009

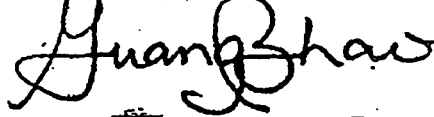
TO WHOM IT MAY CONCERN:

RE: GINA I. TISDALE

FILE: 80-20090107-001623

This is to certify that a diligent search of the statewide birth indexes 1983 through 1989 has been made and no record was located for GINA I. TISDALE said to have been born on OCTOBER 29, 1986 in WILLIAMSBURG, South Carolina, the child of JACOB TISDALE AND CAROLYN TISDALE or JACOB TISDALE AND ISABEL NEGRON.

Very truly yours,



Guang Zhao, Director
Public Health Statistics and
Information Services

ABSENCE OF IMPRESSED SEAL VOIDS THIS STATEMENT

Note: When a birth certificate is requested to prove birth facts for a federal agency such as Social Security or Passport, and no birth certificate is on file, other records proving birth facts may be accepted. A Delayed Certificate of Birth may be established, however, the file date on the delayed birth record will be the date the record is placed on file with the Division of Vital Records. Most state and federal agencies will not accept a birth record filed more than one year after birth. We suggest that this original statement showing there is no birth record be presented to the agency requesting proof of age along with one or more of the documents listed on the attachment.

If you determined that the agency requiring proof of age will not accept this "Not Found Letter" and you want to file a delayed certificate of birth, please return a copy of this letter within one year from the date of issuance to the Vital Records office that issued this letter. The original request will be located and the instructions for filing a delayed certificate of birth will be forwarded to the address listed on the original request.

ATTEST:

This is a true copy of the Divorce or Annulment of Marriage Certificate on file in the records of the Division of Vital Records, Public Health Statistics and Information Services of the South Carolina Department of Health and Environmental Control and is issued pursuant to Subpoena of the South Carolina Workers' Compensation Commission, Case #0816090 in the Matter of Jacob Tisdale, Jr. vs. Williamsburg DSN, December 2, 2008.

DATE:

December 10, 2008

Rebecca Simpson
Rebecca Simpson, Supervisor
Division of Vital Records

96 007301

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

OFFICE OF VITAL RECORDS AND PUBLIC HEALTH STATISTICS
Columbia, South Carolina

REPORT OF DIVORCE OR ANNULMENT OF MARRIAGE
State File No.

HUSBAND-NAME (first middle last) Jacob (MMI) Tisdale, Jr.		DATE OF BIRTH 9/21/53	STATE OF BIRTH S. C.
RESIDENCE (state county city) S. C. Williamsburg, Kingstree		NUMBER OF THIS MARRIAGE 2nd	RACE OR COLOR (specify) Black
WIFE-MAIDEN NAME (first middle last) Isabel (MMI) Negron		DATE OF BIRTH 5/12/63	STATE OF BIRTH New York
RESIDENCE (state county city) S. C., Williamsburg, Kingstree		NUMBER OF THIS MARRIAGE 2nd	RACE OR COLOR (specify) Hispanic
PLACE OF THIS MARRIAGE (state county) North Carolina, Onslow		DATE OF MARRIAGE (month day year) 4/5/96	NUMBER OF CHILDREN UNDER 18 000
PLAINTIFF (specify) 16 Wife	DECREE GRANTED TO (specify) 17 Isabel Negron	WAS DIVORCE CONTESTED (specify yes or no) No	LEGAL GROUNDS (specify) Separation more than 92 months
DATE DECREE SIGNED (month day year) 7/9/95		TYPE OF DECREE (specify) 16 Absolute Divorce	
MAIDEN NAME RESUMED BY DECREE NEVER TOOK HUSBAND'S NAME		SUPPLEMENTAL ORDER (if any) (month day year) N/A	
COUNTY Williamsburg		DOCKET NUMBER 96-DE-45-069	
I CERTIFY THAT THE ABOVE IS CORRECT ACCORDING TO THE RECORDS OF THIS COURT FILED ON: <i>William J. Williams</i> 7-10-96			

William D. Pridgen-P. O. Box 57-Kingstree, S. C. 29558
ATTORNEY FOR PLAINTIFF

SC 00126553

ISSUED DEC 10 2008

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

C. Earl Hunter
C. Earl Hunter
Commissioner and State Registrar

Guang Zhao
Guang Zhao
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.
Revision Date: 05/01/2008



STATE OF SOUTH CAROLINA)
COUNTY OF WILLIAMSBURG)
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

Jacob Tisdale,)
WCC FILE NO: 0816090

Employee,)

vs.)

Williamsburg County DSN,)
NOTICE OF DEPOSITION

Employer,)

and)

State Accident Fund,)

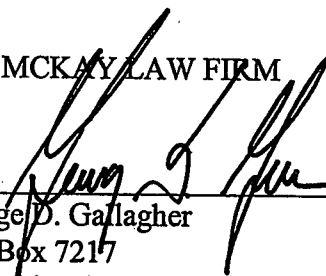
Carrier.)

TO: HELEN MCFADDEN, ESQUIRE, ATTORNEY FOR EMPLOYEE:

YOU WILL PLEASE TAKE NOTICE that the employer/carrier herein by its undersigned attorney will take the deposition of Edna Tisdale upon oral examination before a Notary Public or some other official authorized by the law of this State to take depositions, commencing at 11:00 a.m. on March 5, 2015 at the law offices of Ronnie A. Sabb, LLC located at 215 West Thomas Street, Lake City, SC 29560 and continuing thereafter until completed.

The above deposition is being taken for pre-trial discovery, for the use at trial, and for such other purposes as may be permitted by law. You are cordially invited to attend and cross-examine.

THE MCKAY LAW FIRM

By: 

George D. Gallagher
P.O. Box 7217

Columbia, South Carolina 29202-7217

(803) 256-4645

Attorney for Employer/Carrier

Columbia, South Carolina
February 11, 2015



Claimant's Name: JACOB TISDALE SSN: _____ Employer's Name: WILLIAMSBURG COUNTY DDSN
Address: _____ Address: 61 GREENLEE ST
City: KINGSTREE State: SC Zip: 29556 City: KINGSTREE State: SC Zip: 29556
Home Phone: () - Work Phone: () - Insurance Carrier: _____
Preparer's Name: HELEN T. MCFADDEN Law Firm: OFFICE OF RONNIE A SABB Preparer's Phone #: (843-374-1628)

SUBPOENA

☒ **MEDICAL UNIVERSITY OF SOUTH CAROLINA, MEDICAL RECORDS, 169 ASHLEY AVE., CHARLESTON, SC 29425**

☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ **ROOM:** _____
DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ **DATE AND TIME:** _____

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: ALL RECORDS FOR TREATMENT OF JACOB TISDALE, DOB 9-22-53; SSA# 247-96-5396; DATE OF DEATH 10-18-08

PLACE: SEND TO OFFICES OF RONNIE SABB, P O BOX 658, LAKE CITY, SC 29560 **DATE AND TIME:** WITHIN 30 DAYS

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ **DATE AND TIME:** _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Helen T. McFadden
ISSUING OFFICER'S SIGNATURE AND TITLE

(843) 374-1628
PHONE NUMBER

12/27/14
DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.



Claimant's Name: JACOB TISDALE SSN: Employer's Name: WILLIAMSBURG COUNTY DDSN
Address: Address: 61 GREENLEE ST
City: KINGSTREE State: SC Zip: 29556 City: KINGSTREE State: SC Zip: 29556
Home Phone: () - Work Phone: () - Insurance Carrier: _____
Preparer's Name: HELEN T. MCFADDEN Law Firm: OFFICE OF RONNIE A SABB Preparer's Phone #: (843-374-1628)

SUBPOENA

Re: ROLAND SKINNER, MD, 308 E. CHEVES ST., SUITE 380, FLORENCE, S. C. 29506

☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____

ROOM: _____

DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____

DATE AND TIME: _____

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: ALL RECORDS FOR TREATMENT OF JACOB TISDALE, DOB 9-22-53; SSA# 247-96-5396

PLACE: SEND TO OFFICES OF RONNIE SABB, P O BOX 658, LAKE CITY, SC 29560

DATE AND TIME: WITHIN 30 DAYS

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: **DATE AND TIME:**

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Helen T. McFadden
ISSUING OFFICER'S SIGNATURE AND TITLE

(843) 374-1628
PHONE NUMBER

12/27/14
DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.

Certificate of Appellant

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

February 20, 2018



Ronnie A. Sabb
Kimberly V. Barr
Sabb Law Group, L.L.C.
108 W. Main Street
Post Office Box 88
Kingstree, South Carolina 29556
kbarr@sabblaw.com
(843) 355-5349

Attorneys for Appellant

RECEIVED

MAR 12 2018

SC Court of Appeals