

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION APPELLATE PANEL

Susan S. Barden, Commissioner, Chair
Aisha Taylor, Commissioner
Avery B. Wilkerson, Jr., Commissioner

Appellate Case No. 2017-002069
W.C.C. File No. 1604067

RECEIVED
JUL 19 2018
SC Court of Appeals

Courtney Forrest,

Employee,
Respondent,

v.

ADS Waste Holdings, Inc.,

Employer, and

Arch Insurance Company

Carrier,
Appellants.

RECORD ON APPEAL

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Hedrick Gardner Kincheloe & Garofalo LLP
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**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1604067**

Courtney Forrest

Employee / Claimant,

Respondent,

vs.

ADS Waste Holdings, Inc.

Employer,

and

Arch Insurance Company,

Carrier,

Appellants.

Appellate Panel Decision and Order filed

Sept. 6, 2017

APPEARANCES:

Employee / Claimant / Respondent represented by
Christopher J. Archer, Esquire
of Columbia, South Carolina

Employer / Carrier / Appellants represented by
R. Daniel Addison, Esquire
of Columbia, South Carolina

STATEMENT OF THE CASE

This matter came before the South Carolina Workers' Compensation Commission for review of the Decision and Order of the Honorable T. Scott Beck, filed in this matter on October 25, 2016.

The Claimant in this case contends that he sustained injuries to his left ankle and left leg on April 12, 2016 as a result of an accident arising out of and in the course of his employment with Employer. He further contends that he is entitled to payment of temporary total compensation and payment of medical expenses incurred as a result of his injury. He also asserts that he has not reached the point of maximum medical improvement with regard to his injury and is entitled to receive additional medical treatment.

The Defendants deny that the Claimant sustained any injury arising out of and in the course of his employment. The Defendants further deny that the Claimant is entitled to any compensation and benefits under the Act.

The Parties were heard by Commissioner T. Scott Beck on August 10, 2016 in Columbia, South Carolina. Following that hearing, Commissioner Beck issued his Decision and Order finding the Claimant satisfied his burden of proving a compensable injury to his left ankle and awarding Claimant causally related medical care and temporary total disability benefits from the date of the injury to the present and continuing.

Within the statutory period, Counsel for the Employer/Carrier filed an Application for Review, a copy of which was furnished to all interested parties prior to oral argument presented before an Appellate Panel on June 19, 2017 and comprised of Commissioners Aisha Taylor, Avery B. Wilkerson, Jr., and Susan S. Barden. All proffered testimony had been taken. Such,

together with all documentary evidence, was delivered by oral argument to the individual members of the Appellate Panel convened on the aforesaid date.

By appeal, the Employer/Carrier/Appellants respectfully submitted the following issues:

1. Did the Single Commissioner err in finding that the Claimant sustained the burden of proving a compensable injury to his left ankle?
2. Did the Single Commissioner err in finding the medical evidence compelling?
3. Did the Single Commissioner err in awarding continuing temporary total disability in the face of no evidence of continuing disability and in light of the testimony of the Claimant?
4. Did the Single Commissioner err in allowing the limited medical evidence to outweigh the video, the surveillance, the testimony of the witnesses and the numerous inconsistencies in the testimony of the Claimant?
5. Did the Single Commissioner err in finding the Claimant entitled to continuing temporary total benefits where there was no credible evidence of any medical care since April 2016?
6. Did the Single Commissioner err in finding the Claimant entitled to continuing temporary total benefits where there was no credible evidence to establish that the Claimant was physically unable to return to work after April 2016?

In an Appellate Review, the Appellate Panel shall, pursuant to S.C. Code Ann. § 42-17-50 (1976), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

After careful review of the record for this matter, and listening to and considering the statements and arguments of Counsel, a majority of the Appellate Panel hereby affirms the decision and order of the Single Commissioner with amendments as follows below.

EVIDENCE IN THE CASE

The Claimant in this matter is 57 years old and resides in Columbia, South Carolina. He is married and has three children. He has worked as a heavy equipment mechanic most of his adult life.

The Claimant alleges that he injured his left ankle and left leg when he fell while walking on uneven gravel at the Employer's facility on April 12, 2016. He testified that he immediately felt pain in his left leg.

The Claimant submitted medical records at the hearing held before the Single Commissioner in this case. No medical records were submitted by the Defendants. The medical records submitted reflect that the Claimant sought treatment at Doctors Express on April 12, 2016 where he complained of left foot pain resulting from a fall at work. Dr. Michael Huncharek of Doctors Express diagnosed the Claimant with a sprain of unspecified ligament of the left ankle and placed the Claimant out of work through April 18, 2016.

The Claimant also sought treatment at William Jennings Bryan Dorn VA Medical Center on April 12, 2016 where he complained of left foot pain resulting from a fall at work. The radiology report from this visit revealed soft tissue swelling superficial to the lateral malleolus. The Claimant is diagnosed with a left ankle sprain, and placed out of work through April 15, 2016 with a recommendation that further diagnostic imaging be performed.

The Claimant returned to Doctors Express on April 18, 2016 for a scheduled follow-up appointment. On this date, Dr. Huncharek recommended a physical therapy evaluation and treatment and placed the Claimant out of work pending the physical therapy evaluation.

The Claimant visited Moncrief Hospital on April 20, 2016. This appointment was scheduled by Claimant prior to April 12, 2016 to address issues unrelated to his left leg. While there, the Claimant complained of a traumatic injury to his left leg. Claimant is diagnosed with ligament sprain in his left ankle and referred to physical therapy.

FINDINGS OF FACT

1. The Claimant alleges a work-related injury to his left ankle and left leg on April 12, 2016 within the course and scope of his employment.

2. Based primarily upon the medical evidence in the file and in spite of the video and surveillance, we find the Claimant satisfied his burden of proving a compensable injury to his left ankle.

3. Claimant was written out of work on April 12, 2016 (Claimant's APA Submissions Page 7) and April 18, 2016 (Claimant's APA Submissions Page 9) and we find no indication that these restrictions have been lifted.

4. Claimant is entitled to temporary total disability benefits from the date of injury to the present and continuing. While the video and surveillance are disturbing to us on this issue, we are persuaded by the medical evidence.

5. The Claimant's compensation rate is \$784.03 based upon an average weekly wage of \$1,103.81.

CONCLUSIONS OF LAW

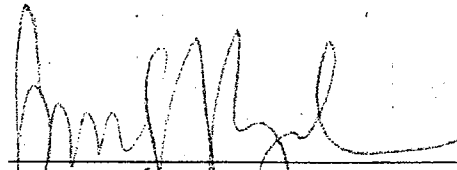
1. The South Carolina Workers' Compensation Commission has jurisdiction over this matter.

2. Pursuant to S.C. Code Ann. § 42-1-160 (1976), and other applicable law and regulation, the Claimant did sustain an injury on April 12, 2016 as a result of an accident arising out of and in the course of his employment relationship with the Employer, and is thereby entitled to compensation and benefits under the Act.

ORDER

IT IS THEREFORE ORDERED that the Decision and Order of the Single Commissioner filed in this matter on October 25, 2016 is hereby affirmed by a majority of the Appellate Panel, and the same shall constitute the Decision and Order of the Appellate Panel.

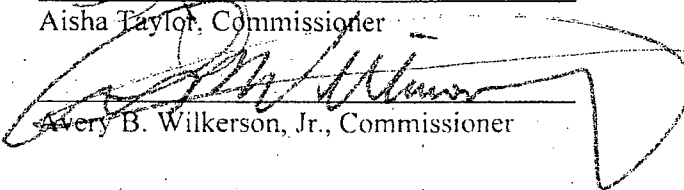
SO ORDERED.



Susan S. Barden, Commissioner
Appellate Panel Chairwoman



Aisha Taylor, Commissioner



Avery B. Wilkerson, Jr., Commissioner

9-6, 2017
Columbia, South Carolina

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 Valerie Deller on September 6, 2017

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC File No.: 1604067

COURTNEY FORREST,

Claimant,

vs.

ADS WASTE HOLDINGS, INC.,

Employer,

and

ARCH INSURANCE COMPANY,

Carrier,

Defendants.

ORDER FOR SUBSTITUTION OF
COUNSEL

IT IS HEREBY ORDERED that the Motion for Substitution of Counsel is granted and r. Daniel Addison of Hedrick Gardner Kincheloe & Garofalo, LLP is substituted as counsel for Defendants, and Kay Gaffney Crowe of Barnes, Alford, Stork & Johnson, LLP is relieved as counsel for Defendants.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


T. Scott Beck, Commissioner

February 1, 2017

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 Shawn Debruhl on February 1, 2017

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SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Courtney Forrest

Claimant,

vs.

ADS Waste Holdings, Inc.,

Employer,

and

Arch Insurance Company,

Carrier,

Defendants.

SWCC File No.: 1604067

DECISION AND ORDER

Hearing:

August 10, 2016 in Columbia, South Carolina

Appearances:

Christopher Archer, Esquire, of Goodwyn Law Firm, Columbia,
South Carolina for Claimant

Kay Crowe, Esquire, of Barnes Alford Stork & Johnson,
Columbia, South Carolina for Defendants

Purpose of Hearing:

To determine those issues set forth on the Forms 50 and 51 and
any other matters which may have timely come before the
undersigned Commissioner.

Decision and Order:

By T. Scott Beck, Commissioner

Filed:

October 25, 2016

STIPULATIONS

1. The purpose of the Hearing was to determine the issues set forth in the Hearing Notice and Forms 50 and 51, and any other matters which may have timely come before the undersigned Commissioner.
2. Notice of the hearing for this matter was timely and properly served upon all parties of interest.
3. The Claimant's compensation rate is \$784.03 based upon an average weekly wage of \$1,103.81.
4. Venue for this matter in Richland County is proper.

APA SUBMISSIONS

Claimant's APA Submissions

1. Doctors Express, Pages 1-14
2. William Jennings Bryan Dorn VA Medical Center, Pages 15-24
3. Moncrief Hospital, Pages 25-43
4. Employment Records from Advanced Disposal Services, Inc., Pages 1-105
5. Deposition Transcript of Claimant

Defendants' APA Submissions

1. Investigator Report, Pages 106-122
2. DVD Containing Video of Investigator, Video of Work Place, Photos

STATEMENT OF THE CASE

This matter is before the undersigned Commissioner to determine the issues set forth in the Parties' Forms 50 and 51, and the Claimant's entitlement to compensation and benefits under the South Carolina Workers' Compensation Act (hereinafter the "Act").

The Claimant in this case contends that he sustained injuries to his left ankle and left leg on April 12, 2016 as a result of an accident arising out of and in the course of his employment with the Employer. He further contends that he is entitled to payment of temporary total compensation and payment of medical expenses incurred as a result of his injury. He also asserts that he has not reached the point of maximum medical improvement with regard to his injury and is entitled to receive additional medical treatment.

The Defendants deny that the Claimant sustained any injury arising out of and in the course of his employment. The Defendants further deny that the Claimant is entitled to any compensation and benefits under the Act.

EVIDENCE IN THE CASE

The Claimant in this matter is 57 years-old and resides in Columbia, South Carolina. He is married and has three children. He has worked as a heavy equipment mechanic most of his adult life.

The Claimant alleges that he injured his left ankle and left leg when he fell while walking on uneven gravel at the Employer's facility on April 12, 2016. He testified that he immediately felt pain in his left leg.

The Claimant submitted medical records at the hearing held before me for this case. No medical records were submitted by the Defendants. The medical records submitted reflect that the Claimant sought treatment at Doctor's Express on April 12, 2016 where he complained of left foot pain resulting from a fall at work. Dr. Michael Huncharek of Doctor's Express diagnosed the Claimant with a sprain of unspecified ligament of the left ankle and placed the Claimant out of work through April 18, 2016.

The Claimant also sought treatment at William Jennings Bryan Dorn VA Medical Center on April 12, 2016 where he complained of left foot pain resulting from a fall at work. The radiology report from this visit revealed soft tissue swelling superficial to the lateral malleolus. The Claimant is diagnosed with a left ankle sprain, and placed out of work through April 15, 2016 with a recommendation that further diagnostic imaging be performed.

The Claimant returned to Doctor's Express on April 18, 2016 for a scheduled follow-up appointment. On this date, Dr. Huncharek recommended a physical therapy evaluation and treatment and placed the Claimant out of work pending the physical therapy evaluation.

The Claimant visited Moncrief Hospital on April 20, 2016. This appointment was scheduled by Claimant prior to April 12, 2016 to address issues unrelated to his left leg. While there, the Claimant complained of a traumatic injury to his left leg. Claimant is diagnosed with ligament sprain in his left ankle and referred to physical therapy.

FINDINGS OF FACT

1. The Claimant alleges a work-related injury to his left ankle and left leg on April 12, 2016 within the course and scope of his employment.
2. Based primarily upon the medical evidence in the file and in spite of the video and surveillance, I find the Claimant satisfied his burden of proving a compensable injury to his left ankle.
3. Claimant was written out of work on April 12, 2016 (Claimant's APA Submissions Page 7) and April 18, 2016 (Claimant's APA Submissions Page 9) and I find no indication that these restrictions have been lifted.

4. Claimant is entitled to temporary total disability benefits from the date of injury to the present and continuing. While the video and surveillance are disturbing to me on this issue, I am constrained by the medical evidence.

5. The Claimant's compensation rate is \$784.03 based upon an average weekly wage of \$1,103.81.

CONCLUSIONS OF LAW

1. The South Carolina Workers' Compensation Commission has jurisdiction over this matter.

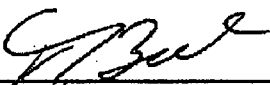
2. Pursuant to S.C. Code Ann. § 42-1-160 (1976), and other applicable law and regulation, the Claimant did sustain an injury on April 12, 2016 as a result of an accident arising out of and in the course of his employment relationship with the Employer, and is thereby entitled to compensation and benefits under the Act.

AWARD

IT IS THEREFORE ORDERED:

1. Claimant is entitled to causally related medical care.
2. Claimant is entitled to temporary total disability benefits from the date of injury to the present and continuing.

SO ORDERED.



T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

October 25, 2016

By: Shawn DeBruhl, Administrative Assistant to Commissioner Beck



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer EIN #: _____

Claimant's Name: Courtney Forrest SSN:
Address: 941 Corison Loop
City: Columbia State: SC Zip: 29229
Home Phone: Work Phone:
Employer's Name: Advanced Disposal Services, Inc.
Address: 49 Palmetto Court
City: Gaston State: SC Zip: 29053
Insurance Carrier: Arch Insurance Company/Sedgwick Claims Management Services, Inc.
Preparer's Name: Christopher J. Archer Law Firm: Goodwyn Law Firm, LLC Preparer's Phone #: (803) 251 - 4517

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

- ☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction **Date of Injury or Illness: 04/12/2016**
- 1a. The claimant sustained an Injury to Left ankle and leg (Part(s) of Body Injured) on 04/12/2016 (Month/Day/Year) in Lexington county, state of South Carolina.
Body part(s) affected are: Left ankle and leg.
2. Briefly describe how the accident occurred. Claimant during the course and scope of his employment fell while walking on gravel and/or an otherwise uneven surface and sustained an injury to his left leg.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 04/12/2016 (Month/Day/Year) in the following manner:
Claimant informed Supervisor, Johnson (last name unknown) and Vanessa Barnaby
- ☒ 7. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: Left ankle and leg.
☒ (b) additional medical examination and treatment for: Left ankle and leg.
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
04/12/2016 - present and continuing.
- ☒ 9. Due to the injury, the claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☐ Total ☒ Partial ☒ (2) Specific Disability: ☐ Total ☒ Partial ☒ (3) Wage Loss
- ☒ 10a. Due to the injury, the claimant has a serious bodily disfigurement consisting of:
- 10a. At the time of the injury, the claimant was paid weekly wages of \$Form 20 requested, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident:
11. Further grounds or unusual aspects of claim: None
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident:
Wm. Jennings Bryan Dom VAMC, 6439 Garners Ferry Road, Columbia, SC 29209; Doctors Express, 3304 Forest Drive, Columbia, SC 29204; Moncrief Army Community Hospital, 4500 Stuart St., Columbia, SC 29206
- 11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: 30 minutes
- 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 Employer/Carrier address See attached Certificate of Service on the 26th day of April, 2016, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature

Christopher J. Archer
Title

CArcher@Goodwynlaw.com
Email

April 26, 2016
Date

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

WCC Form # 50
Revised 9/07

50

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

0014
99

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

Courtney Forrest,

Claimant,

vs.

Advanced Disposal Services, Inc.,

Employer(s),

and

Arch Insurance Company,

Carrier(s).

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC FILE NO.:

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing WCC Form #50, Employee's Request for Hearing, has been served upon all party(s), by placing a copy of the same in the United States mail, first class postage prepaid, addressed as shown below this the 26th day of April, 2016.

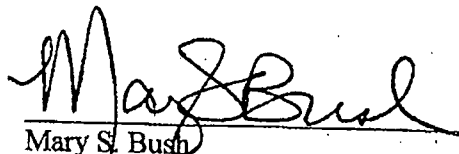
Amy Bracy
Judicial Director
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Advanced Disposal Services, Inc.
49 Palmetto Court
Gaston, SC 29053

ADS Waste Holdings, Inc.
90 Fort Wade Road
Ponte Vedra, FL 32081

Arch Insurance Company
P.O. Box 542033
Omaha, NE 68154

Sedgwick Claims Management Services, Inc.
P.O. Box 14572
Lexington, KY 40512-4520



Mary S. Bush
Paralegal to Christopher J. Archer, Esquire
Goodwyn Law Firm, LLC

South Carolina Workers' Compensation Commission

1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov

WCC File #: **1604067**Carrier File #: **30165658934-0001**

Carrier Code #:

Employer FEIN #:

Claimant's Name: Courtney Forrest SSN: Address: 941 Corison LoopCity: Columbia State: SC Zip: 29229Home Phone: Work Phone: () -Date of Injury: 04/12/2016Employer's Name: Advanced Disposal Services, Inc.Address: 90 Fort Wade RoadCity: Ponte Vedra State: FL Zip: 32081Insurance Carrier: Arch InsurancePreparer's Name: Kay Gaffney Crowe Law Firm: Barnes, Alford, Stork & Johnson, L.L.P. Preparer's Phone #: (803) 799-1111**Date of Injury or Illness: 04/12/2016****Estimated time for hearing: 45 Minutes****Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:**

1. It is **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
No injury, no injury by accident.
2. It is **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
Issue as to time in question.
3. It is **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:
Issue as to time in question.
4. It is **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
No issue as to time in question.
5. It is **Admitted** notice of injury was given the employer. The reasons for denial are:
However description was not consistent.
6. It is **Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
7. It is **Denied** the employee is entitled to temporary total disability for the period(s) of :
8. It is **Denied** the employee is permanently disabled. The reasons for denial are:
9. It is **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of **\$ 1655.78** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:

☐ **Mediation**

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

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.**I verify the contents of this form are accurate and true to the best of my knowledge.**

Preparer's Signature

Attorney
TitleKay@basjlaw.com
EmailMay 25, 2016
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or **judicial@wcc.sc.gov** or **mediation@wcc.sc.gov**. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

CERTIFICATE OF SERVICE

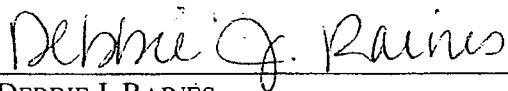
The undersigned employee of Barnes, Alford, Stork & Johnson, LLP certifies that he or she has, on the date below, served the below document(s) upon the below person(s) via first class mail.

DOCUMENT(S) SERVED:

- FORM 51

PERSON(S) SERVED:

Christopher J. Archer, Esquire
Goodwyn Law Firm, LLC
2519 Devine Street, Suite A
Columbia, SC 29205


DEBBIE J. RAINES

May 25, 2016



WCC File #: 1604067
Carrier File #: 30165658934-000
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Courtney Forrest SSN: _____ Employer's Name: Advanced Disposal Services, Inc.
Address: 41 Corison Loop Address: 90 Fort Wade Road
City: Columbia State: SC Zip: 29229 City: Ponte Vedra State: FL Zip: 32081
Home Phone: () - Work Phone: () - Insurance Carrier: Arch Insurance
Preparer's Name: Kay Gaffney Crowe Law Firm: Barnes, Alford, Stork & Johnson Preparer's Phone #: (803) 799-1111

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 04/12/2016

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

See attachment

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

☐ Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Christopher J. Archer, Esquire, Goodwyn Law Firm, LLC Address 2519 Devine Street, Suite A, Columbia, SC 29205 on the 7th day of November 2016, by xx first class postage _____ certified mail _____ personal service.

Kay Gaffney Crowe
Preparer's Signature

Attorney in Employer/Carrier
Title Email kay@basilaw.com

November 7, 2016
Date

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

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

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ATTACHMENT

1. The Single Commissioner erred in finding that the Claimant sustained the burden of proving a compensable injury to his left ankle. The error being that the overwhelming evidence demonstrated that he did not injure his ankle in the course and scope of his employment on April 12, 2016.
2. The Single Commissioner erred in finding the medical evidence compelling the error being no medical record described the ankle injury in such a way to eliminate a pre-existing condition.
3. The Single Commissioner erred in awarding continuing temporary total disability in the face of no evidence of continuing disability and in light of the testimony of the Claimant.
4. The Single Commission erred in allowing the limited medical evidence to outweigh the video, the surveillance, the testimony of the witnesses and the numerous inconsistencies in the testimony of the Claimant.
5. The Single Commissioner erred in finding the Claimant entitle to continuing temporary total benefits where there was no credible evidence of any medical care since April 2016.
6. The Single Commissioner erred in finding the Claimant entitled to continuing temporary total benefits where there was no credible evidence to establish that the Claimant was physically unable to return to work after April 2016.

STATE OF SOUTH CAROLINA
BEFORE THE S.C. WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1604067

COURTNEY FORREST,	)	
	)	
CLAIMANT,	)	
	)	
	)	DEPOSITION
V.	)	
	)	OF
ADVANCED DISPOSAL SERVICES,	)	
INC.,	)	COURTNEY OLIVER FORREST
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
ARCH INSURANCE,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

DEPOSITION OF COURTNEY OLIVER FORREST, TAKEN BEFORE
WENDY SHANNON SULLIVAN, A NOTARY PUBLIC IN AND FOR THE STATE
OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 1:56 P.M.,
THURSDAY, THE 23RD OF JUNE, 2016, AT GOODWYN LAW FIRM
LOCATED AT 2519 DEVINE STREET, SUITE A, COLUMBIA, SOUTH
CAROLINA 29205.

COPY

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EXHIBITS

THERE WERE NO EXHIBITS MARKED

*DIGITALLY RECORDED AUDIO RETAINED FOR TWELVE (12) MONTHS
FROM DATE OF CERTIFICATION.



1 you don't understand my question, you need to let me
2 know, okay?

3 A Yes.

4 Q The part of this deposition you control is how long we
5 go without a break, okay? If you need a break, I don't
6 need to know the reason. You just tell me you need a
7 break and you have a break. I will get it for you, no
8 problem, and we'll take it. Now the Rule is though,
9 during the depo -- the breaks, you can't talk to your
10 lawyer about your testimony. You can talk to him about
11 whether it's going to be 104 this afternoon or things
12 like that, but you cannot talk to him about your
13 testimony, okay?

14 A Yes.

15 Q All right. Your name is Courtney Forrest?

16 A Yes. Yes, it is.

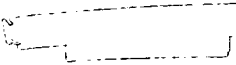
17 Q Do you have a middle name?

18 A Oliver.

19 Q Oliver?

20 A Oliver.

21 Q And what is your date of birth?

22 A 

23 Q And where were you born?

24 A I was born in Jamaica, West Indies.

25 Q And did you live in the West Indies for a period of



1 time?

2 A I lived there until the age of 12.

3 Q Okay. And were you born a U.S. citizen?

4 A No.

5 Q Okay. And what is your Social Security number?

6 A 9.

7 Q Okay. And when you came to the United States in the --

8 at age 12, where did you come?

9 A New York.

10 Q Okay. And how long did you stay in New York?

11 A I stayed in New York until the age 17.

12 Q Okay. And at what point in time did you become a U.S.

13 citizen?

14 A I became a U.S. citizen right before I retired from the

15 army which is 1999 time period, I think.

16 Q About 1999?

17 A Yes.

18 Q Did you graduate from high school?

19 A No.

20 Q Why not?

21 A Huh?

22 Q Why not?

23 A I was doing other things, you know.

24 Q Okay. Do you have an arrest record as an adult?

25 A No, I don't.

- 1 Q Okay. Are you currently married?
- 2 A Yes.
- 3 Q And what is your wife's name?
- 4 A Belinda Grace Forrest.
- 5 Q And when did y'all marry?
- 6 A Whew. Oh, man. You're asking me some hard questions.
- 7 I've been married for 32 years.
- 8 Q Okay. That's all I need to know.
- 9 A Yeah.
- 10 Q Do you have any children with Belinda Grace Forrest?
- 11 A Yes, three children.
- 12 Q And are any of them in South Carolina?
- 13 A Two.
- 14 Q Do any of them work for Advanced Disposal?
- 15 A No.
- 16 Q Okay. Where do the two that are in South Carolina
- 17 work?
- 18 A My oldest daughter, she is a housewife, and my youngest
- 19 daughter is currently in school, but currently working
- 20 at home at Lowe's.
- 21 Q Okay. Does your wife work?
- 22 A Yes.
- 23 Q And where does she work?
- 24 A EXIT Real Estate Solution.
- 25 Q Okay. And what does she do for them?



- 1 A She's a realt -- I mean, a realtor.
- 2 Q She's a realtor?
- 3 A Yes.
- 4 Q Okay. And how long has she been with EXIT Real Estate?
- 5 A Been with EXIT, going on to about four years, I think.
- 6 Q Okay. Do you know if she was ever there when John
- 7 Coleman was still working there or do you recognize
- 8 that name?
- 9 A No.
- 10 Q Okay. Which office does she work out of?
- 11 A Do you know the office in -- what do they call that?
- 12 It's over there by Sandhill. What's that one
- 13 subdivision over there?
- 14 Q The Summit?
- 15 A Yeah, that Summit office.
- 16 Q Okay.
- 17 A Yes.
- 18 Q And how long has she been a licensed realtor?
- 19 A About four years.
- 20 Q Okay. What kind of work did before that?
- 21 A She used to do on-and-off work, various work, you know,
- 22 but mostly voluntary with the church.
- 23 Q Which church?
- 24 A That was when we was in Aiken.
- 25 Q Okay. And what church was that in Aiken?

- 1 A Oasis.
- 2 Q Now, that's an unaffiliated church? That's not an AME
- 3 or CME?
- 4 A No. That's a non-denomination --
- 5 Q Denomination.
- 6 A -- church.
- 7 Q Okay. All right. Are you working now?
- 8 A No.
- 9 Q Okay. And have you worked anywhere since you worked at
- 10 Advanced Disposal?
- 11 A What do you mean by that?
- 12 Q Have you gone to work anywhere since the last day you
- 13 worked at Advanced Disposal?
- 14 A No.
- 15 Q Why not?
- 16 A Because I was unable to work.
- 17 Q Okay. And why were you unable to work?
- 18 A Because of the injuries -- the injury that I'm
- 19 recovering from.
- 20 Q Okay. My understanding that what you did was sprain,
- 21 your ankle. How does that keep you from working now?
- 22 A It wasn't just a sprain.
- 23 Q Okay. What was it?
- 24 A It was more like pulling all the ligaments in the leg,
- 25 the ankle and knee.

- 1 Q And who --
- 2 A The whole leg area.
- 3 Q -- has been treating you for that?
- 4 A My own doctor.
- 5 Q And who is that?
- 6 A That is a doctor at Fort Jackson. Dr. Dominique.
- 7 Q Do you have any records from Dr. Dominique? Because
- 8 Fort Jackson will not release them.
- 9 A I have provided my attorney with that.
- 10 Q Okay. And what has Dr. Dominique said is wrong with
- 11 your ankle?
- 12 A I can't verbally remember his terminology on it.
- 13 Q Okay. Are you under any work restrictions at this
- 14 time?
- 15 A I can't work until PT's over.
- 16 Q Okay. And who has said that you can't work until PT is
- 17 over?
- 18 A I can't report back to work until PT that came from
- 19 that Advanced Disposal doctor. He's the one that put
- 20 that restriction down there. No returning back to work
- 21 until PT.
- 22 Q Okay. When you say Advanced Disposal doctor, is that a
- 23 doctor --
- 24 A He sent me to a Doctors Care office.
- 25 Q They sent you to an Urgent Care --



- 1 A Yeah, an Urgent Care office.
- 2 Q -- back in June?
- 3 A Back in the 12th of June, was it?
- 4 Q Okay. So have you seen that doctor since the 12th of
- 5 June?
- 6 A No. I hadn't -- nobody. No.
- 7 Q So you're still operating under what somebody told you
- 8 on June 12th is your reason why you can't go back to
- 9 work?
- 10 A No. I'm operating off of what my doctor has
- 11 recommended.
- 12 Q And which doctor is that?
- 13 A Dr. Dominique.
- 14 Q Okay. So Dr. Dominique has also said you shouldn't go
- 15 back to work?
- 16 A Right. I'm unable to work.
- 17 Q Okay. Do you have any paperwork from Dr. Dominique
- 18 saying you're unable to work?
- 19 A No.
- 20 Q Okay. Did Dr. Dominique say you can't do a sit-down
- 21 job? Is there any reason you can't do a sit-down job?
- 22 A No.
- 23 Q Did you drive here today?
- 24 A Yes.
- 25 Q Okay. Any reason you can't drive?

- 1 A Not that I can think of, but I do feel discomfort in
2 the ankle.
- 3 Q Okay. And where'd you park?
- 4 A Right in front.
- 5 Q Okay. What kind of vehicle?
- 6 A It's a Dodge Ram.
- 7 Q And do you have to step up on a running board to get
8 into that Dodge Ram?
- 9 A Yes, I do.
- 10 Q Okay. When you stopped -- what year did you stop
11 school?
- 12 A 1976.
- 13 Q Okay. And what did you do when you stopped school?
- 14 A I joined the Army.
- 15 Q And what -- where did you go for your training?
- 16 A I went to -- I came here to Fort Jackson.
- 17 Q Okay. And after Fort Jackson, where did you go?
- 18 A I went to Fort Lee, Virginia.
- 19 Q And what you were trained as?
- 20 A I was trained as a material supply clerk.
- 21 Q Okay. And is that what you remained doing throughout
22 your time at the Army?
- 23 A No.
- 24 Q Okay. How long did you stay as a materials supply
25 clerk?

1 A I stayed there -- I did that until, I want to say about
2 1980.

3 Q Okay. And what did you transition to at that time?

4 A Heavy construction equipment repairman.

5 Q Did they send you to an additional school to learn how
6 to do that?

7 A Yes.

8 Q And where did you go to school?

9 A Fort Leonard Wood, Missouri.

10 Q During the time that you were in the service, between
11 '76 and '80, did you obtain your GED?

12 A Yes, I did.

13 Q Okay. And following your training in heavy equipment
14 repair, what was your army job title?

15 A Job title was 621-B.

16 Q And where were you stationed?

17 A I -- when I finished my training at Fort Leonard Wood,
18 I went to Fort Hood.

19 Q How long did you stay at Hood?

20 A About -- Fort Hood was about the first -- the first
21 time was two years.

22 Q Where did you go after that?

23 A Germany.

24 Q Frankfort or --

25 A Huh?

1 Q Which base?
2 A First time it was Kissingen.
3 Q Okay. And then, where did you go after coming back?
4 Where did you go after Germany?
5 A I went back to Fort Hood.
6 Q Okay. Then back to Germany or did you go somewhere in
7 between?
8 A Yes, I went back to Germany again.
9 Q Okay. Same -- Kissigen again?
10 A No. Wors -- Wurzburg.
11 Q Wurzburg? Okay. And after the second tour in Germany,
12 where did you go?
13 A I went back to Fort Hood again.
14 Q Okay. All this time doing heavy equipment repair,
15 right?
16 A Yes. Yes.
17 Q Okay. And we're up to about what time-wise by then?
18 A Say -- say again?
19 Q What year are we in now?
20 A Say -- we're probably in the late '80s..
21 Q And where did you go after that?
22 A Korea.
23 Q Okay. And following Korea?
24 A Fort Leonard Wood -- I mean, Fort Leonard Wood,
25 Missouri.

- 1 Q Okay. And was that your final stateside? Where did
2 you go after that then?
3 A Korea again.
4 Q Back to Korea again? Okay. And then where?
5 A Back to Fort Leonard Wood, Missouri.
6 Q Okay. And are you now getting just about to the end of
7 your service?
8 A Yes. That's some that -- that's it.
9 Q You mustered out from --
10 A Yes.
11 Q -- Fort Leonard Wood?
12 A Yes, I did.
13 Q Okay. And that was in 1999?
14 A Yes, July 1, 1999.
15 Q And at that point in time you would have been 20 --
16 A No. I was 30 -- let me see. I was 37, 38, yeah.
17 Q I was talking about years of service.
18 A Yeah. It was 22 years and six months or so.
19 Q Okay. And why did you decide to leave at that mark
20 rather than stay for 25 which would have given you the
21 -- as I understand it, it's where the break comes in
22 for how much you get for retirement.
23 A I went overseas and worked. The money was good then.
24 Q Okay. So it was worthwhile to you because you took a
25 civilian job as an oversea -- as a contractor, right?

- 1 A Basically to get out while the going was good.
- 2 Q Okay. Did you elect to immediately begin receiving
- 3 your retirement?
- 4 A Yes, I did.
- 5 Q Okay. At that time?
- 6 A Yes.
- 7 Q Were you assigned or accessed with any military
- 8 disability percentage for any reason at the time of
- 9 that retirement?
- 10 A Yes.
- 11 Q Can you tell me what and to what body part?
- 12 A Ten percent. That was just for allergies.
- 13 Q Ten percent whole body?
- 14 A Yes.
- 15 Q Okay. Anything else?
- 16 A No. You're speaking to that time?
- 17 Q At that time, yes, sir.
- 18 A Yes.
- 19 Q Okay. Since that time, have you undergone a periodic
- 20 reassessment and been reassessed with any additional
- 21 disabilities?
- 22 A Yes. Yes, I have.
- 23 Q Can you tell me about when and what disability you've
- 24 been assigned?
- 25 A I've just been assigned -- I just got recently -- I've

- 1 just been notified that I got 90.
- 2 Q That's 90 percent?
- 3 A Correct.
- 4 Q Of what?
- 5 A Disability.
- 6 Q Okay. Did they assign it to a body part of where you -
- 7 -
- 8 A Yes, to various ailments.
- 9 Q Okay. Can you break down what they have assigned?
- 10 A I should have brought my paper. I'll try - I'll try --
- 11 try my best. Allergies, varicose vein, the right knee
- 12 issues, feet, and I forget what they said -- what kind
- 13 of mental disorder I have.
- 14 Q Well, what kind of mental disorder did you claim that
- 15 gave rise to --
- 16 A No, what kind of mental disorder they said I have. I
- 17 did not claim anything, you know. I mean, they're the
- 18 one that looked in my record because I remember one
- 19 time I had, like, you know, where most soldiers suffer
- 20 from it, but I had it when I was in the army where you,
- 21 you know, kind of get uptight about certain things, you
- 22 know? Yeah.
- 23 Q During your time in the army, were you ever in a combat
- 24 zone?
- 25 A No.

- 1 Q What condition did you -- what did you do to your knee
2 during your service time that gave your right knee part
3 of your 90 percent?
- 4 A Various right knee -- just worn out, ankle spraining.
- 5 Q And about how many times did you have an ankle sprain
6 while you were in the army that you sought medical
7 attention for?
- 8 A About twice or three times.
- 9 Q Was that always your right ankle?
- 10 A Yes. Always been my right -- right ankle.
- 11 Q And what -- did you have any specific injuries to your
12 right knee?
- 13 A No. Always been sprained.
- 14 Q Okay. The -- I mean, the knee. Was the knee also a
15 sprain?
- 16 A Yes. I mean, the knee was just from all this military
17 exercise stuff, you know, kind of take a toll on you
18 after a while.
- 19 Q Okay. How about your feet?
- 20 A Yes. They said I developed flat feet.
- 21 Q Okay.
- 22 A Flat as a pancake now, I guess.
- 23 Q And is that both feet?
- 24 A Yes.
- 25 Q And how long has your feet been flat?

1 A When I went in for my evaluation, that's when they
2 noticed it.

3 Q Okay. Do you know when you went in for that
4 evaluation?

5 A It was about -- I got back from Afghanistan in 2011.
6 I'd say after 2011.

7 Q Where did that evaluation take place?

8 A Here at -- here.

9 Q At Fort Jackson?

10 A No, no. That's at VA.

11 Q At the VA?

12 A Yes.

13 Q And do you remember what doctor did that?

14 A No.

15 Q How much are you currently receiving under your 90
16 percent disability ruling from the VA?

17 A To tell the truth, I don't even know.

18 Q Why not?

19 A My wife loves money.

20 Q Okay. All right. So you came out of the service in
21 1999 and went to work for a civilian contractor.

22 A Yes.. Yes, I did.

23 Q And who did you go to work for?

24 A First, I went to work for -- I started out with KEBR.

25 Q Okay.



- 1 A Keller, Brown, and Root. Then I went with ManTech and
2 then I finished up with Textron, Textron Marine and
3 Land Systems.
- 4 Q And where did you do your KEBR work?
- 5 A That was in Iraq at Camp Victory.
- 6 Q And what work were you doing?
- 7 A Heavy truck technician.
- 8 Q How about ManTech?
- 9 A ManTech -- I worked at ManTech at Ramadi, Iraq -- Ram -
10 - I mean, Ramadi, and I was -- we -- I worked on the
11 route clearance vehicles, the ones that search for
12 IEDs.
- 13 Q Okay. And the -- how about with Textron?
- 14 A Textron -- I worked -- I was with Textron. I started
15 out in Iraq and I finished up in Afghanistan and I was
16 training soldiers how to use the ASV.
- 17 Q Okay. Were you, for any of those periods of time with
18 those three civilian contractors, were you in what was
19 classified as a combat zone?
- 20 A I've always been in a combat zone.
- 21 Q Did you have any injuries while working for the
22 civilian contractors?
- 23 A No.
- 24 Q So even though you'd had a number of ankle sprains and
25 different injuries before --

1 A I mean, I had to get a shot in my butt once because my
2 legs was killing me. I don't know what they shot me in
3 my butt with, but whatever it was it worked.

4 Q Okay. Other than that, did you have any medical
5 treatment during the time that you were working for the
6 three civilian contractors?

7 A Just dental.

8 Q Did you work six months on, six months off, or did you
9 work straight through?

10 A I worked -- I worked six -- for six months and I come
11 home for about 30 days and I go back again.

12 Q Okay. And when was the last date you worked for one of
13 the civilian contractors?

14 A November 21, 2011.

15 Q And why did you stop that kind of work then?

16 A That's -- excuse me?

17 Q Why did you stop working for the civilian contractors?

18 A Textron lost a contract.

19 Q Okay. Did you seek work with another civilian
20 contractor after November 21, 2011?

21 A I started to, then I changed my mind. I just didn't
22 feel like I could handle it any longer.

23 Q Okay. Did you file any kind of claim or have you ever
24 filed any kind of claim, any kind of mental illness or
25 physical illness against any of these civilian

- 1 contractors?
- 2 A No, I did not.
- 3 Q Where did you go to work next after the November --
- 4 after you stopped working for the civilian contractors?
- 5 A The first job I took -- let me see what I did. Where
- 6 was that? I was in Aiken at the time. No, I was here
- 7 at the time when I stopped working. I went to work for
- 8 -- what's the name of that company? Give me a few
- 9 moments here.
- 10 Q Sure.
- 11 A Oh, Transdev.
- 12 Q And what kind of work did they do?
- 13 A Fix the city buses.
- 14 Q Okay. For what city?
- 15 A For Columbia, here.
- 16 Q Okay. Now, there was a period of time when you living
- 17 in Aiken?
- 18 A I did live in Aiken.
- 19 Q What years?
- 20 A Let's see. We came here in 2000.
- 21 Q Okay.. So --
- 22 A And my family -- yeah, okay. Go ahead.
- 23 Q That would have been one year after you retired?
- 24 A Yes.
- 25 Q Okay. So during the time that you were working with

- 1 the overseas contractors, Columbia was your home?
- 2 A No.
- 3 Q Okay.
- 4 A Aiken was my home.
- 5 Q Okay. When did Columbia become your home?
- 6 A About 2010 my family relocated here.
- 7 Q Okay. And where do you live at the present time?
- 8 A Columbia.
- 9 Q Where in Columbia?
- 10 A 941 Courson Loop, Columbia.
- 11 Q And who lives at that address with you?
- 12 A My wife and my youngest daughter.
- 13 Q And how long did you work for Transdev?
- 14 A Transdev -- I'd -- I'd say I worked for them for over a
- 15 year.
- 16 Q Okay. And why did you leave?
- 17 A The reason why I left Transdev -- they just couldn't
- 18 get their scheduling right. Every few months they
- 19 changed your schedule around, and they were union and
- 20 they run off the policy where the old guys get all the
- 21 good picking, you know? And when they schedule the
- 22 change around every month, you can't get anything -- do
- 23 anything with your family.
- 24 Q Okay. Did you quit?
- 25 A Yes. Yes, I did.

- 1 Q Okay. You were not terminated?
- 2 A No.
- 3 Q Okay. How much did you make working for them?
- 4 A For Transdev? I don't even remember.
- 5 Q Okay. Were you a member of the union or were you just
- 6 a -- were you a --
- 7 A No, I didn't join.
- 8 Q Okay. Did you have any injuries or claim any injuries
- 9 while you were working there?
- 10 A None.
- 11 Q Where did you go work after that?
- 12 A I went with Waste Management.
- 13 Q And what did you do for them?
- 14 A I fixed their trucks.
- 15 Q Okay. And where did that -- where were you -- where
- 16 was that employment located?
- 17 A That was in Lugoff -- Lugoff.
- 18 Q Okay. And do you remember what you made with them?
- 19 A Made approximately 1,400 a week.
- 20 Q Okay. And how long did you work for them?
- 21 A I stayed with them for about three months.
- 22 Q And why did you leave after three months?
- 23 A It was a nasty job.
- 24 Q And what do you mean by that?
- 25 A Shop was filthy. The equipment was never washed and



1 plus the landfill was right next door and all the dust
2 and the crap would blow in. It was just not healthy.
3 Q Okay. Did you file any kind of Workers' Comp claim or
4 any kind of other claim against them?
5 A No. None. I just left.
6 Q Were you -- did you quit or were you fired?
7 A I quit totally. I'm out -- out of here.
8 Q Okay.
9 A But first, I tried to discuss it with them. Let them
10 know the place is nasty.
11 Q Okay. Do you remember who your supervisor was that you
12 discussed it?
13 A James. I just know his first name, James.
14 Q Okay. And was there any time gap between leaving
15 Transdev and going to Waste Management?
16 A Yes.
17 Q About how long?
18 A I want to say about six months.
19 Q Okay. Did you apply for or draw unemployment during
20 that six months?
21 A No.
22 Q What did you do during that six months? If you can
23 remember.
24 A I just did stuff around the house and odds and ends for
25 the wife.

- 1 Q Where did you work after Waste Management?
- 2 A At the present company, at Advanced.
- 3 Q Okay. How did you find out about the job at Advanced?
- 4 A They called. Guy called me.
- 5 Q They just called you out of the blue?
- 6 A Yes. They said they found my resume. Actually, what
- 7 he said, he found my resume online and was wondering
- 8 was I still looking.
- 9 Q Had you applied for a job at Advanced online?
- 10 A No.
- 11 Q How did your resume get online?
- 12 A Because it was on the -- on these headhunter sites, you
- 13 know?
- 14 Q Okay. When had you signed up with a headhunter?
- 15 A My resume is still out there. I still update that
- 16 every so often.
- 17 Q Which headhunter did you -- have you filed it with?
- 18 A Indeed, USA Jobs, a whole lot of them, a lot of them.
- 19 Q Did you have a break between Waste Management and
- 20 Advanced Disposal?
- 21 A Yes.
- 22 Q How long?
- 23 A About three month's break.
- 24 Q Okay. Did you look for work during that time other
- 25 than putting your resume with headhunters?

- 1 A I was looking, but then again I wasn't looking.
- 2 Q Now, from what I understand, you only worked three days
- 3 with Advanced; is that correct?
- 4 A Right. The first week I was on training and the second
- 5 week I was -- matter of fact, I started work that --
- 6 this morning three -- I think I started work that
- 7 Thursday, and then that following week I came on back
- 8 to start working --
- 9 Q Okay.
- 10 A -- my regular week.
- 11 Q Okay. When do you think -- what's the date you believe
- 12 you actually believe you started working for them?
- 13 A The actual date?
- 14 Q Uh-huh.
- 15 A I'd have to pull the offer that they sent me. I have
- 16 the offer -- the offer letter when I signed and the
- 17 date I started training. I have all those emails, I
- 18 think.
- 19 Q Okay. But off the top, you don't know?
- 20 A I want to say the fourth or the fifth or something like
- 21 that..
- 22 Q Of what month?
- 23 A June the 4th, the 5th, something like that.
- 24 Q June 4th or the 5th?
- 25 A The 5th, yeah. Around that time. Around that area.

- 1 Q Of 2016, right?
- 2 A Yes.
- 3 Q So we're just talking about a couple of weeks ago?
- 4 A No. Yeah, I -- no. May, right?
- 5 Q Was it May?
- 6 A It was May. Yeah, something like that.
- 7 Q Okay.
- 8 A Yeah, May. May time-period, yeah.
- 9 Q Okay. And what was your understanding of what your job
- 10 was going to be there?
- 11 A My understanding that I was going to be a Technician-B.
- 12 Q And what did that mean?
- 13 A You -- Technician-B. You -- yes. You are the
- 14 knowledgeable guy in the shop, but you're still are not
- 15 the top person, right? Technician-C answer to you. I
- 16 mean, not answer to you, you help out the lower -- the
- 17 lower technicians with your knowledge.
- 18 Q Okay. Who would -- who was your -- to your
- 19 understanding, who was your direct supervisor?
- 20 A Direct supervisor was Mike. I think his real name is
- 21 Michael, but everybody referred to him as Mike.
- 22 Q Okay. And did you interview with him for this job?
- 23 A Yes. Yes, I did.
- 24 Q Okay. And did you tell him that you had experience in
- 25 doing mechanical work on all kinds of trucks?

- 1 A Yes.
- 2 Q And that you had all the tools -- all your own tools?
- 3 A Yes.
- 4 Q At that point in time, when you interviewed with
- 5 Michael at Advanced Disposal, had you already received
- 6 your 90 percent disability --
- 7 A No.
- 8 Q -- from the VA?
- 9 A No. I just got that a while back.
- 10 Q A while back, like, when back?
- 11 A Just was notified in either May or June, but it wasn't
- 12 final 90.
- 13 Q When you interviewed with Michael, had you already been
- 14 notified that you were 90 percent disabled?
- 15 A I don't know when exactly. I -- we'd have to pull the
- 16 paper and see when that occurred.
- 17 Q Did you advise anyone at Advanced Disposal that you had
- 18 disabilities to your feet, to your right knee, to your
- 19 right ankle, and a mental disorder?
- 20 A No. But I did tell them that I wasn't no young chip-a-
- 21 roo.
- 22 Q Well, they knew that looking at you.
- 23 A So don't expect, you know, me to run around here 100
- 24 miles per hour, you know?
- 25 Q But you did not specifically tell them about the

1 disabilities you had been assigned by the service?

2 A They did not ask.

3 Q Okay. You don't remember filling out a health
4 questionnaire --

5 A No.

6 Q -- where you had to check blocks?

7 A No.

8 Q You don't remember Michael talking to you about what
9 the job required and asking you if you had any
10 limitations?

11 A He said is there anything going to stop me from doing
12 the job and I said no.

13 Q Now -- and just to let you know, my father is retired
14 Air Force.

15 A Uh-huh.

16 Q He spent 35 years flying Air Force planes. I have
17 assisted him from time to time with some of the VA
18 paperwork he has done. It's my understanding that at
19 the time of the evaluations, the re-evaluations for VA
20 benefits, you're required to give a statement saying
21 what issues and problems you were having for which you
22 seek compensation.

23 A What do you mean?

24 Q Okay. There's a form. When you ask for -- when you
25 ask for -- when re-evaluation is done, they send you in

1 the mail, and on that form they tell you that you need
2 to tell them what problems you're having that you
3 believe arose out of your military service. Do you
4 remember filling out that form?

5 A I filled out many forms.

6 Q Okay. That particular one connected with the re-
7 evaluation that raised you to 90 percent --

8 A Right.

9 Q -- disability, do you remember filling that out?

10 A I filled out many forms. I can't remember which
11 specific form you're referring to.

12 Q So that for the purpose of getting your disability
13 increased to being 90 percent disabled, you don't
14 remember what you wrote on that form?

15 A I see. When they do your 90, they do it off of various
16 areas and they come up with some kind of computer
17 figure. It's not just on one area.

18 Q I understand, but you have to file a statement --

19 A Uh-huh.

20 Q -- where you tell them what problems you are having
21 that you want them to consider for your disability.
22 And what I want to know is what you put on that form.

23 A I cannot remember what I put on the form, but they do
24 send you out for evaluation also.

25 Q And that -- was -- who did that evaluation?

- 1 A That is VA.
- 2 Q Okay.
- 3 A And the last evaluation I had, they sent me out to
- 4 various doctors.
- 5 Q Okay. Do you remember who -- what doctors they sent
- 6 you to?
- 7 A That's some doctor down in the Springfield area.
- 8 Q Springfield, South Carolina there's a doctor?
- 9 A Yeah. Yes.
- 10 Q Dr. Vaughn?
- 11 A No, no, no. I can't remember it. There's no doctor
- 12 name. They sent me to the hospital down in
- 13 Springfield.
- 14 Q Okay. Who -- you didn't see a doctor?
- 15 A Yes. I saw a doctor, but I don't remember that
- 16 doctor's name because that doctor is not really
- 17 affiliated with me as much as my regular doctor.
- 18 Q Okay. Other than going to a doctor in Springfield, did
- 19 they send you to any another doctor?
- 20 A No.
- 21 Q They didn't send you any -- back to a psychiatrist or a
- 22 psychologist?
- 23 A Yes. They sent me to a psychologist here.
- 24 Q Who?
- 25 A I don't know.

- 1 Q Where?
- 2 A In Columbia here.
- 3 Q But where in Columbia? Where did you physically go?
- 4 A I cannot remember where did I physically go. I would
- 5 have to pull my documentation to know exactly where I
- 6 went.
- 7 Q Okay. Does the name Post Trauma Resources on Pickens
- 8 Street sound familiar?
- 9 A I can't remember that.
- 10 Q Who worked with you at Advanced Disposal on the night
- 11 shift?
- 12 A That would be the night supervisor.
- 13 Q Which was?
- 14 A And they refer to him as John.
- 15 Q Okay.
- 16 A And there was three other guys. I don't really know
- 17 their names, really.
- 18 Q Do you remember one other guy named Shane?
- 19 A Yes. I remember Shane. Yeah.
- 20 Q What do you remember about Shane?
- 21 A That he was a talkative kind of guy. As a matter of
- 22 fact, folks referred to him as Spy.
- 23 Q Okay. Now, you indicate and you have claimed that you
- 24 hurt your ankle while working at Advanced Disposal.
- 25 A Yes.

- 1 Q Tell me when you claimed that happened.
- 2 A That happened on the 12th around 2:00 to --
- 3 Q The 12th of?
- 4 A -- 3:00 in the morning.
- 5 Q The 12th of what month?
- 6 A The 12th of May.
- 7 Q Of May?
- 8 A Is it May? I can't remember. It's been so -- yeah.
- 9 Q Okay. And how did that happen?
- 10 A I was working on a truck in the yard.
- 11 Q Okay. Tell me what kind of truck and what parking slot
- 12 it was located in.
- 13 A It was a pickup truck. It was not in the parking spot.
- 14 It was parked way in the back behind the rest of the
- 15 trucks at an angle. It's not a real pickup truck with
- 16 a box on the back. It's a jump box.
- 17 Q Okay.
- 18 A It was a Chevy.
- 19 Q And what was the problem with the pickup truck?
- 20 A The driver says, sometime it wouldn't start and the
- 21 steering.
- 22 Q Okay. So what did you do?
- 23 A First, I went ahead and asked them, do you guys have a
- 24 jump? A jump box. No, they don't have a jump box. So
- 25 I went to get a service truck, right? And the one that

1 I had, they said no, that one is no longer --
2 everything on that damn thing is broken, right? So
3 they gave me another truck, so I drove it to where the
4 vehicle was. Parked alongside it, I hook up the
5 cables, right, you know? I turned the key. Nothing
6 happened.

7 Q There was a key in that truck? I thought that was a
8 push-button truck.

9 A It had a key also.

10 Q It did have a key also? Okay.

11 A It had a key also.

12 Q Okay. Because I -- it was my understanding it was a
13 push-button truck, but they had a supplemental key.

14 A They told you that. Yeah, yeah, but it had a key. You
15 still had to turn the key and then press the button.

16 But I knew nothing about the button.

17 Q It's big, black and says, START, doesn't it?

18 A No. No, it did not. No, that was an add-on. That's
19 an aftermarket add-on button. Somebody added that on
20 there.

21 Q But it was in the truck that night?

22 A But it don't say START.

23 Q It doesn't say START on it? Okay.

24 A It's a little button about that tiny.

25 Q Okay.

- 1 A Right, you know? And I tried to jump it. It wouldn't
2 start, so I let it sit for awhile. Turned the key
3 again. What the heck? Nothing. So I went to go
4 around the other side so I can get down and get under
5 the vehicle, right, so I can use my jumper button to
6 hook up the starter and start it, right? But before I
7 did that, I lost my footing and I, you know, messed up
8 my leg and that's how this whole mess started.
- 9 Q Okay. How did you -- I mean, you were just -- you're
10 just walking.
- 11 A I was going from one side of the vehicle to the next.
- 12 Q You had gotten out of the left-hand side, the driver's
13 side?
- 14 A Right.
- 15 Q Were you walking around the back or the front?
- 16 A No. I was coming around the front.
- 17 Q Okay. So you were walking underneath or -- if you were
18 coming around the front, you had the service vehicle
19 hooked up with the jumper cables, so how did you get
20 around the jumper cables?
- 21 A I stepped over it.
- 22 Q Okay. So the jumper cables were long enough that they
23 came out of the service truck down to the ground and
24 back up into the car that wouldn't start?
- 25 A Uh-huh.

- 1 Q So you got out on the left side, walked around the
2 door?
3 A The jumper cable lay on the ground.
4 Q Okay. Turned around the front of the non-starting car.
5 Stepped over --
6 a Uh-huh.
7 Q -- three cables or one?
8 A One cable.
9 Q One cable?
10 A Right.
11 Q The one cable had positive, negative and ground?
12 A It's one cable that, you know, it's attached together.
13 It's not two separate, but it's actually two separate
14 cables, but where at the main, it's fused together.
15 Q Okay.
16 A Right?
17 Q And this is a cable that belonged to you or a cable
18 that belonged to --
19 A No. That's company. The company.
20 Q -- Advanced Disposal?
21 A Yes.
22 Q Okay. And so you stepped over the cable?
23 A Right.
24 Q How far around to the right side did you get?
25 A I did not get far. When I stepped over, I think I was

1 going back to the back of the truck, right, to see if
2 there was another cable, because I figured that the
3 cable might have been on that and that's when I lost my
4 footing.

5 Q Okay. So you got out of the left-hand side door, came
6 around the truck, across the cable, across the right
7 fender of the car -- front fender of the car, walked
8 down the side of the truck and somewhere on the right-
9 hand side toward the back of the box -- pickup truck,
10 you lost your balance?

11 A I lost my balance.

12 Q Okay. Was there any kind of -- this is just a gravel
13 parking lot, right?

14 A Right. Gravel parking lot with a lot of holes and big
15 -- I wouldn't say gravel. There's some boulders out
16 there too.

17 Q Okay.

18 A When I say boulders, they're pretty big-sized chunks.

19 Q Did you see any big chunks or anything other than
20 gravel in the area you fell?

21 A It was dark out there where I was working. Dark.

22 Q Okay. Did you have any lighting at all?

23 A Yes. I do have a flash -- flashlight.

24 Q Okay. Did you drop your flashlight in the fall?

25 A Yes, I did.

- 1 Q Did it break?
- 2 A No. I got one of them good ones, shatterproof type.
- 3 Q Okay. What part of your body came in contact with the
- 4 ground?
- 5 A Well, My -- this knee came in contact with the ground.
- 6 Q Which knee is that?
- 7 A That's my left knee.
- 8 Q Okay. I know that, but she has to type it down and she
- 9 doesn't know that. So that's why I need you to say it.
- 10 I know left from right, but it -- we need it for the
- 11 record if you don't mind. So your left knee came in
- 12 contact with the ground?
- 13 A Yes.
- 14 Q Any other part of your body came in contact with the
- 15 ground?
- 16 A Yes. As a matter of fact, I hit the ground, and the
- 17 reason why my left knee came in contact with the ground
- 18 because when I was -- lost balance, my whole left ankle
- 19 and the leg area felt like everything was ripping, so I
- 20 had to give out to stop everything else from just
- 21 tearing apart.
- 22 Q Did anything other than your left knee hit the ground?
- 23 A Yes.
- 24 Q What other part of your --
- 25 A I had to attempt to break my fall with my hand.

- 1 Q Left hand?
- 2 A Right. Elbow -- my whole body hit the ground. I was
3 on the ground for quite a while.
- 4 Q Okay. How long do you think it was all total, between
5 the time you left the garage to go out to work on this
6 car, this truck, and when you came back?
- 7 A I'd say about a good 30 minutes or so.
- 8 Q That includes the ten minutes you spent on the ground?
- 9 A About -- around, yeah. Around -- yeah. Yes.
- 10 Q Did you have a pager or a cell phone?
- 11 A I have a cell phone.
- 12 Q Did you have it on you?
- 13 A No.
- 14 Q Did you have a pager on you?
- 15 A No. We don't have pagers.
- 16 Q Did you call for help?
- 17 A No.
- 18 Q Did you get back up and walk back into the --
- 19 A Shop.
- 20 Q -- shop? And did you tell anyone about the fall?
- 21 A Yes. John.
- 22 Q John? You told John directly about the fall?
- 23 A Yes. I told him I busted my butt outside and my leg --
24 my exact word -- my leg is - "I think my leg is fucked
25 up." That was my exact wording.

- 1 Q Did you go find John or did he come to you?
- 2 A I found him.
- 3 Q And where did you find him?
- 4 A He was troubleshooting another vehicle. He was in my
- 5 direct line of path.
- 6 Q Did you talk to Shane before you talked to John?
- 7 A No, I did not.
- 8 Q Okay. Did you talk to Shane after you talked to John?
- 9 A No, I did not.
- 10 Q Okay. Do you not -- did that night, at about four
- 11 a.m., do you remember having a 20-minute conversation
- 12 with Shane that started in one place and moved to the
- 13 roll-up door?
- 14 A No.
- 15 Q And in which you asked him, are there cameras out
- 16 there?
- 17 A No.
- 18 Q Okay. Did you remember ever asking Shane about
- 19 cameras?
- 20 A No. I --
- 21 Q Do remember telling -- did you ever tell Shane, "I've
- 22 had trouble with my feet and ankles for years. I don't
- 23 know what's going on with my foot."
- 24 A No.
- 25 Q And you -- did you -- when you told John that -- if you

1 fell on that gravel and laid on that gravel, you must
2 have been dusty. Was there any sign of a fall?

3 A I have no idea.

4 Q Were your pants covered in dust after laying on the
5 ground?

6 A I have no idea. It must have been because that shop
7 floor is dusty and I had did work on another vehicle
8 before then.

9 Q And what kind of shoes did you have on?

10 A I had on steel -- steel toes, the one that goes above
11 the ankle.

12 Q Okay. And were they laced up to include your ankle?

13 A Laced up.

14 Q What did John say when you told him that you had busted
15 -- fell and busted your leg and busted yourself and
16 that your leg was fucked up?

17 A I can't remember exactly what he said. He said
18 something like, ooh man.

19 Q Did he say anything else?

20 A No.

21 Q Okay. Did you finish working your shift?

22 A Yes.

23 Q Do you remember what you in particular did the rest of
24 that shift?

25 A Yes.

1 Q What did you do?

2 A I first -- John and I went back out to the vehicle.

3 No, now at first he told me, oh, that vehicle has a

4 push button. And my response was, "No shit. This --

5 all this could -- would have not happened if you had

6 told me that." And we went back across the yard,

7 right, you know, and he showed me where the button was.

8 I turned the key on, pressed the button, and the thing

9 started and I was mad, because that little bit of time

10 could have prevented this ankle from happening.

11 Q Okay. And what else did you work on that night?

12 A I finished and I tested out the truck batteries. There

13 was nothing wrong with the battery. I checked out the

14 steering. There was nothing really wrong with the

15 steering, just that it was a vehicle and it was a

16 pickup truck and it was overloaded and that was causing

17 his complaining about steering which those waste

18 vehicles do get overloaded. And then I hung around

19 with John just, you know, see what he was doing, you

20 know?

21 Q Anything else?

22 A No.

23 Q Okay.

24 A Except limping in pain.

25 Q Okay. So you would believe that if there is a video



1 camera that caught any of your action that night, it
2 would show you limping?

3 A Yes. There should be video. I hope it's dated too.

4 Q If that video shows you talking to Shane for 20
5 minutes, do you have any explanation?

6 A I don't have no recollection talking to Shane. I know
7 I talked to him at night before.

8 Q Okay.

9 A But I don't recall him -- talking to him the night that
10 it happened.

11 Q Okay. What did you do after you left work?

12 A What did I do?

13 Q Uh-huh.

14 A I went home.

15 Q Okay. When you took off your shoe and got home, could
16 you see any injury to your ankle or any evidence of any
17 injury to any part of your body?

18 A It was big. The whole -- matter of fact, the whole
19 lower extremity and leg was swollen including the knee.

20 Q Did you seek any medical care?

21 A Yes. I got up and I went to the VA because that was
22 the quickest way to doing it.

23 Q And who did you see at the VA?

24 A I saw -- I went to the emergency room.

25 Q Okay. At the VA?

- 1 A Yes.
- 2 Q Okay. And do you remember who you saw there?
- 3 A No. It was a female doctor.
- 4 Q And do you remember what that female doctor gave you in
- 5 terms of instructions?
- 6 A Yes.. She sent me down to x-ray. Had the leg x-rayed.
- 7 Q What part of the leg did she have x-rayed?
- 8 A The whole thing.
- 9 Q Okay.
- 10 A From the ankle on up to the knee area.
- 11 Q Did she tell you anything after the x-rays?
- 12 A They -- she told me that the VA don't do Workers' Comp.
- 13 Q So did you tell her you had fallen at work?
- 14 A Yes, I did.
- 15 Q Okay. All right. So she only told you that after she
- 16 did the x-ray?
- 17 A She told me that when I was speaking to her when I
- 18 first came in and spoke to her about it. She said, we
- 19 don't do Workers' Comp. But they still went ahead and
- 20 did the x-ray so and so on, gave me crutches and
- 21 wrapped up the leg.
- 22 Q Okay. What part did they wrap?
- 23 A The ankle.
- 24 Q Okay. And what did you do then?
- 25 A I went home and it was almost time for me to start my



1 shift and I attempted to call John. He didn't answer
2 the phone, just to see -- did he rep -- I mean, did he
3 report it, right? But I couldn't reach him, so then I
4 called the HR lady and let her know that, hey man, I
5 messed my leg up, right? And then she told me to come
6 on in.

7 Q Okay. Did you come in?

8 A Yes.

9 Q Okay. And who did you see when you came in?

10 A I saw the HR and I saw the safety guy.

11 Q Okay. Do you remember any of that conversation with
12 the safety guy?

13 A All he asked me to do is fill out a statement on what
14 happened.

15 Q Okay. And did you do that?

16 A Yes, I did.

17 Q And what did you do after that?

18 A What did I do after that?

19 Q Uh-huh.

20 A They sent me to their doctor.

21 Q And that was to the Urgent Care, right?

22 A Yes.

23 Q Okay. And what did the doctor do at the Urgent Care?

24 A I went to see him and I had my doctor recommendation,
25 right? And basically, all he did was looked at what my



1 doctor said. He didn't even touch my leg or looked at
2 my leg, and he gave me extra time off. Basically, he
3 was lousy.

4 Q What did you take in terms of your -- I thought you
5 said before that after the x-ray, the doctor at the VA
6 said we don't do Workers' Comp?

7 A Right.

8 Q But what do you mean -- what recommendations did you
9 have?

10 A They -- the doctors gave me that I cannot go back to
11 work because of my injuries.

12 Q Okay. What exactly did the paperwork you left the VA
13 with say?

14 A Said no returning back to -- I think he gave me a
15 couple of days off.

16 Q Okay.

17 A All right.

18 Q Okay. Did it say anything else?

19 A No.

20 Q Okay. Didn't have, like, a diagnosis like ankle sprain
21 or anything like that?

22 A I can't recall. I would have to look at the paperwork
23 again.

24 Q Okay. But you took -- whatever paperwork you got from
25 the VA, you took with you to the Urgent Care?

- 1 A Yeah. First, I took that to my company and let them
2 know I had seen a doctor and they took copies of that
3 too.
- 4 Q When you came to the human resource person on the next
5 day, were you using your crutches?
- 6 A I mean, the next I came to her on the 12th. It was no
7 next day. Everything happened on the 12th.
- 8 Q Okay. It was the morning after -- you fell after
9 midnight, so it was the same day?
- 10 A I fell after midnight. Yes, the same day.
- 11 Q Were you using the crutches when you showed back up at
12 Advanced Disposal?
- 13 A Yes, I was. Yes, I was.
- 14 Q Have you gone and done any PT?
- 15 A You mean, PT, like?
- 16 Q Physical therapy.
- 17 A Yes, I have.
- 18 Q Where are you having physical therapy?
- 19 A At Fort Jackson.
- 20 Q And when did you start the physical therapy?
- 21 A It was sometime this month. It was my first time
22 starting it, sometime this month and I got another
23 physical therapy on Friday. I have it on Fridays.
- 24 Q What areas of your body are you having the therapy to?
- 25 A My knee and ankle area.

- 1 Q Which knee?
- 2 A Left knee and left ankle.
- 3 Q And what are they doing in the therapy?
- 4 A They're giving me various exercises to do to try to
5 build up my confidence in that area again and
6 strengthen that area.
- 7 Q Have they indicated to you how long this therapy is
8 going to go on?
- 9 A No.
- 10 Q Do you have an appointment after the one tomorrow?
- 11 A No.
- 12 Q Do you know the name of the therapist you are seeing?
- 13 A I saw him one time, and then I used a nurse for the
14 actual workout. I can't remember his name.
- 15 Q You think it's a nurse doing the workout or a physical
16 therapy assistant?
- 17 A Physical therapist assistant, maybe.
- 18 Q Okay. Because nurses usually don't mess with that.
19 Okay. What problems are you having now that you
20 believe came from this fall?
- 21 A What problems I'm having? The knee aches and the ankle
22 aches and it becomes unstable.
- 23 Q What do you mean unstable?
- 24 A Unstable where it feels like it's going to pop.
- 25 Q Does it feel any different than your right ankle feels?

- 1 A Yes, it does.
- 2 Q Okay. Now, have you had repeated sprains of your right
3 ankle?
- 4 A Yes, of my right ankle. I have repeated sprains on my
5 right ankle.
- 6 Q Does your right ankle have any ongoing problems with
7 it?
- 8 A Ongoing problems to now?
- 9 Q Yes.
- 10 A Just sometime it hurts, yeah.
- 11 Q Do you think that the problems you have with your right
12 ankle are what caused you to fall?
- 13 A No.
- 14 Q Why not?
- 15 A I think because of the ground that I was on that caused
16 me to fall and the visibility that night was dark.
- 17 Q Has your right ankle never rolled or caused you to
18 fall at any time? Have you ever fallen because of your
19 right ankle?
- 20 A No.
- 21 Q Have you sprained your right ankle before?
- 22 A That's from running military PT.
- 23 Q Well, how does running sprain your ankle without you
24 falling?
- 25 A If you hit that hole just right it will roll and, you

1 know, and sprain.

2 Q Okay.

3 A But when you're a young soldier, you can suck it up,
4 you know what I'm saying? You know?

5 Q When's the last time you remember having a right ankle
6 sprain?

7 A I cannot remember when the last time I had one.

8 Q Now, you've got a very -- a rolling tool kit still at
9 Advanced, and they would like you to pick it up because
10 you're not back at work and they don't like having it
11 there without you physically there.

12 A So I still have a job?

13 Q Well, you have not been terminated.

14 A Okay. Great.

15 Q This case is ongoing. There's some issues. I've got
16 to tell them what you've said here. That's not my
17 decision, but they do want that out of there. They
18 don't want to be in charge of it when you're not
19 showing -- when you're not at work.

20 A Now, there's a young guy that they call, what's his
21 name; he's got a couple of my tools.

22 Q Okay. Well, you're going to have to tell me what and
23 who and --

24 A They refer to him as -- what they -- they refer to him
25 with some kind of nickname. That's all I knew him --

1 knew him at. Hulk.

2 Q Hulk? Okay. Do you remember in particular what Hulk
3 has?

4 A Yes. He has my three-quarter-inch breaker bar,
5 extendable type, and he's got my gigantic crescent
6 wrench that he borrowed to help him do a brake job
7 where he pried the brake shoes back.

8 Q Was it -- would the --

9 A And --

10 Q They would both fit in that rolling kit?

11 A Yes.

12 Q Okay. Because it's not that huge. So it's not --

13 A The bar is about that long, but when you extend it, it
14 go about that long.

15 Q Okay. Well --

16 A The crescent wrench is about that big.

17 Q Okay. Because I don't think of that as a gigantic one.
18 I'm sorry. But that's sort of a -- that's a large one,
19 but I was thinking they come bigger.

20 A Right. You're thinking about a regular crescent
21 wrench. That's a --

22 Q Right. No, I -- and I need to coordinate -- you to
23 coordinate with your lawyer a time you want to go out
24 there and pick it up and so that my folks will know
25 you're coming.

- 1 A I got that.
- 2 Q Okay. So if y'all will come up with a time. And
- 3 John, who is the person who has got it taped up works
- 4 days. So you don't have to come back --
- 5 A John works days now? He's not working nights?
- 6 Q No. John doesn't work days. Michael works days. I'm
- 7 sorry. Michael is the one that wants to coordinate
- 8 with you the picking it up. I'm sorry. I mixed up the
- 9 days.
- 10 A It's just the day.
- 11 Q Rather than you having to come back at night. But they
- 12 do kind of -- they've -- what they've done is put
- 13 yellow barrier tape around it.
- 14 A Okay.
- 15 Q Because you know, it's got your stuff on it. Okay.
- 16 Do you have a -- any scheduled medical appointments?
- 17 A Yes. I have one Friday.
- 18 Q That's physical therapy, right?
- 19 A Yeah. PT.
- 20 Q Do you have a medical appointment in addition to that?
- 21 A Not -- see, I have a medical appointment scheduled for
- 22 my high blood pressure.
- 23 Q And who do you see for that?
- 24 A Dr. Dominique.
- 25 Q And that's at the --

- 1 A Jackson.
- 2 Q Okay. Since coming back to Columbia, have you seen any
3 civilian doctors for any reason?
- 4 A No.
- 5 Q So every bit of your medical care has been either at
6 the Fort --
- 7 A Or VA.
- 8 Q -- at the VA? Do you have TRICARE for life?
- 9 A I've got TRICARE prime.
- 10 Q But you've not used it to see a civilian doctor for
11 anything?
- 12 A No, for nothing. When you say doctor, that's not
13 including dental is it?
- 14 Q No, doctor. Dentist isn't the doctor. A dentist is a
15 dentist. Have you ever been hospitalized for anything
16 more than a night?
- 17 A Yes.
- 18 Q Tell me when and what for.
- 19 A A hernia.
- 20 Q Okay. And about when?
- 21 A In '95.
- 22 Q Okay.
- 23 A In the '95 period time.
- 24 Q Okay.
- 25 A Yeah, '95 time period.

- 1 Q But none of your VA arises from that time?
- 2 A No.
- 3 Q All right. Any other hospitalizations?
- 4 A Varicose vein stripping.
- 5 Q And when was that?
- 6 A Let me see. In '92.
- 7 Q Okay. Anything else?
- 8 A Nope. That's it.
- 9 Q Okay. No other surgeries other than varicose vein
- 10 surgery and hernia?
- 11 A Oh, yeah. I had some kind of bone they removed from my
- 12 chest at the VA one time. It was not cancerous.
- 13 Q Okay. Anything else?
- 14 A I'm thinking. Nope. No.
- 15 Q Do you take any medications?
- 16 A Yes, I do.
- 17 Q What do you take?
- 18 A I currently take high blood pressure.
- 19 Q Lisinopril or something else?
- 20 A Lisinopril, HTIZ, and they gave me another one and then
- 21 another one, right? But I don't know them all. If I
- 22 knew, I would have brought it here with me.
- 23 Q Okay. Anything other than medication for your high
- 24 blood pressure?
- 25 A Yes, for pain.

- 1 Q What do you take for pain?
- 2 A I can't remember what is.
- 3 Q How long have you been taking that?
- 4 A I've been taking it for quite a while now.
- 5 Q Is it like Celebrex or something like that?
- 6 A It starts with an S. Sina --
- 7 Q Seroquel?
- 8 A I'm so bad with names.
- 9 Q That would be to help you sleep.
- 10 A No.
- 11 Q Okay.
- 12 A I'm so -- I'm so bad with names.
- 13 Q But it's a prescription?
- 14 A Yes, it is.
- 15 Q You get it at the pharmacy at the Fort?
- 16 A VA for the pain. The high blood pressure at Jackson.
- 17 Q Okay. Why the difference? Why do you get some at the
- 18 VA and why some --
- 19 A Because I started out with VA with the pain and I just
- 20 don't feel like switching because I like my VA doctor.
- 21 Q Okay.
- 22 A And I started out with the high blood pressure with
- 23 army doctors because I was in the service then, so I
- 24 just carried on with TRICARE with that, you know?
- 25 Q Okay.

- 1 A You know, VA want to take it all over, you know?
- 2 Q But -- so do you go pick them up at Moncrief or do you
- 3 pick them up at the VA?
- 4 A If I run out, I got to pick it up at the hospital. If
- 5 I have refill, I go at the VA.
- 6 Q Okay. And how long have you been -- do you have any
- 7 idea how long you've been taking the pain meds?
- 8 A I've been taking them for quite a while now.
- 9 Q Before this ankle sprain?
- 10 A Yes.
- 11 Q Okay. And has it changed at all since you had the fall
- 12 at Advanced?
- 13 A Has it changed?
- 14 Q Have the pain meds changed since you fell at Advanced?
- 15 Are you taking the same pain med?
- 16 A They gave me some codeine, but I don't take that stuff.
- 17 Q Okay. Did you even get it filled?
- 18 A I got it filled, but I don't take it.
- 19 Q Okay. Where did you get that filled?
- 20 A That was at -- that was from the VA, I think.
- 21 Q Okay.
- 22 A Codeine was -- yeah. No, that was at Jackson.
- 23 Q Okay.
- 24 MS. CROWE: All right. I think that's all the
- 25 questions I have. Answer any questions your attorney

1 has for you.

2 EXAMINATION

3 BY MR. ARCHER:

4 Q Just to clarify the date of the injury. I think you
5 may have been confused a bit. You testified at one
6 point it was June 12, and then it may have been May
7 12th. Is it possible it was April 12th?

8 A April 12th is more like it.

9 Q It has been a significant period of time since this
10 injury?

11 A Yes. Yes, it has. April. You were right.

12 Q And when you stepped out of the truck and fell, you
13 don't believe it's because you just lost your balance?
14 You believe that you fell on something coming out of
15 the ground, a rock or a boulder or something of that
16 nature?

17 A A rock, a combination of a rock and a hole.

18 Q Okay. And you couldn't see it because it was dark out?

19 A Yes.

20 MR. ARCHER: I think that's all I've got.

21 MS. CROWE: Okay. All right.

22 (WHEREUPON, THERE BEING NO FURTHER QUESTIONS, THE

23 EXAMINATION WAS CONCLUDED AT 3:08 P.M.)

24 (DEPONENT HAS WAIVED READING AND SIGNING.)

25



STATE OF SOUTH CAROLINA)
)
COUNTY OF LEXINGTON) CERTIFICATE

BE IT KNOWN THAT I TOOK THE FOREGOING DEPOSITION
OF **COURTNEY OLIVER FORREST**;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND
FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THAT BY VIRTUE THEREOF I WAS DULY AUTHORIZED TO
ADMINISTER AN OATH;

THAT THE WITNESS WAS BY ME FIRST DULY SWORN TO
TESTIFY THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE
TRUTH, CONCERNING THE MATTER IN CONTROVERSY AFORESAID;

THE FOREGOING TRANSCRIPT OF 57 TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL AND ABILITY:

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 5TH DAY OF JULY, 2016.

WENDY SHANNON SULLIVAN

NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES FEBRUARY 4, 2018

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1604067

COURTNEY FORREST,	)	
	)	
CLAIMANT,	)	
	)	
VS.	)	TRANSCRIPT OF PROCEEDINGS
	)	
ADVANCED DISPOSAL SERVICES	)	AUGUST 10, 2016
INC.,	)	
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
ARCH INSURANCE COMPANY,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

THIS HEARING WAS HELD BEFORE COMMISSIONER
T. SCOTT BECK, REPORTED BY SKYLET KEAN, COURT
REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE OF
SOUTH CAROLINA; SAID PROCEEDINGS WERE HELD AT THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION,
1331 MAIN STREET, COLUMBIA, SOUTH CAROLINA, ON
WEDNESDAY, AUGUST 10, 2016, COMMENCING AT 12:00 P.M.

SKYLET KEAN (803) 609-0134
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1 PROCEEDINGS

2
3 THE COURT: Today's date is August 10,
4 2016. This is Workers' Compensation File
5 Number 1604067. Claimant in this matter is Courtney
6 Forrest represented today by Attorney Christopher
7 Archer. The employee is Advanced Disposal Services,
8 Inc. The carrier is Arch Insurance Company. They
9 are both represented today by Attorney Kay Crowe.
10 Date of alleged accident in this matter is April 12,
11 2016. Average weekly wage is stipulated at \$1103.81
12 yielding a compensation rate of \$784.03.

13 We are here today on claimant's Form 50.
14 I received APAs from both the claimant and the
15 defendant as well as a DVD containing videos and
16 photos submitted by the defendants and marked as
17 Defendant's Exhibit Number 1.

18 (DEFENDANT'S EXHIBIT NUMBER 1 WAS MARKED FOR
19 IDENTIFICATION.)

20 THE COURT: Are there any objections to
21 APAs, jurisdiction, venue or any other matter?
22 Mr. Archer?

23 MR. ARCHER: None from the claimant.

24 THE COURT: Ms. Crowe?

25 MS. CROWE: None from the defense.

1 THE COURT: All right. Without objection
2 the Commission file becomes a part of the record with
3 the exception of self-serving declarations and
4 unstipulated medical reports.

5 Also during the pre-hearing conference in
6 this matter the respective positions of both the
7 parties was discussed. From the standpoint of the
8 claimant, Mr. Forrest is here seeking a finding of
9 compensability for an injury to his left ankle. He
10 is seeking casually related medical care associated
11 with that alleged injury and also asserts an
12 entitlement to temporary total disability benefits
13 from the date of injury to the present and
14 continuing.

15 Mr. Archer, with regard to the claimant's
16 position, is there anything else you'd like to get on
17 the record or any other matter you're here to
18 litigate today, sir?

19 MR. ARCHER: No, Your Honor.

20 THE COURT: All right. With regard to
21 defendant's position, they deny this claim in its
22 entirety asserting that the accident did not happen.
23 However, if I find that the accident did occur, with
24 regard to TTD they are of the opinion that no doctor
25 has taken the claimant out of work or assigned any

1 restrictions.

2 Ms. Crowe, with regard to defendants'
3 position, is there anything else you'd like to get on
4 the record, ma'am, or anything else that you're here
5 to litigate today?

6 MS. CROWE: Yes, sir. And I would just
7 add that I believe the video evidence that the
8 private investigator also supports an ability to work
9 in addition to the medical not defining that he
10 cannot work at the present time.

11 THE COURT: All right. Thank you.
12 Mr. Archer, call your first witness, please.

13 MR. ARCHER: Thank you, Your Honor. We
14 call Courtney Forrest.

15 THE COURT: Mr. Forrest, have a seat right
16 up here, sir. Would you raise your right hand, sir?

17 COURTNEY FORREST,
18 AFTER BEING DULY SWORN TO TELL THE TRUTH, TESTIFIED
19 AS FOLLOWS:

20 THE COURT: Please state your full name
21 for the record.

22 THE WITNESS: My full name is Courtney
23 Oliver Forrest.

24 THE COURT: Mr. Archer.

25 MR. ARCHER: Thank you, Your Honor.

1 DIRECT EXAMINATION

2 BY MR. ARCHER

3 Q. Mr. Forrest, where do you live?

4 A. I live at 941 Carson Loop, Columbia 29229.

5 Q. How long have you been at that address?

6 A. I've been there a total of -- me
7 personally for a total of four years, I think.

8 Q. Where are you from originally?

9 A. I was born in Jamaica, where the West
10 Indies.11 Q. Okay. And when did you come to the United
12 States?

13 A. I came here at age 12.

14 Q. Did you come to South Carolina at that
15 point?

16 A. No, I did not, sir.

17 Q. Where did you travel to?

18 A. New York City.

19 Q. Okay. And how long did you remain in New
20 York City?

21 A. I remained in New York until the age 17.

22 Q. Okay. What happened at the age of 17?

23 A. I joined the military.

24 Q. Okay. What branch of the service were you
25 in?

1 A. U.S. Army.

2 Q. And how long did you serve in the U.S.
3 Army?

4 A. 22 years, six months.

5 Q. Okay. What type of position did you hold
6 in the Army?

7 A. I was a heavy -- a heavy construction
8 equipment repairman.

9 Q. Okay. Did you ever serve any time
10 overseas?

11 A. Yes. I served in Korea and Germany.

12 Q. Okay. When did you retire from the
13 military?

14 A. July the 1st, 1999.

15 Q. And was it honorable?

16 A. Yes, sir.

17 Q. Did you go to work after you retired from
18 the military?

19 A. Yes, I did. I relocated from -- I mean,
20 Missouri to Aiken and I worked for Augusta Richmond
21 County Fleet Management area, sir.

22 Q. Okay. What type of work did you do for
23 them?

24 A. I started out as a -- I worked as a -- my
25 first job there, I was working on fire trucks.

1 Right. And then I located to the heavy shop, right,
2 where I worked on dozers; right. And then I moved up
3 the ladder and I became shop supervisor of the heavy
4 shop.

5 Q. Okay. Just back up a little bit. How far
6 did you go in school?

7 A. I went to school till the eleventh.

8 Q. Okay. You did not graduate high school?

9 A. No.

10 Q. Okay. Where did you go to work after this
11 first civilian job that you had?

12 A. You mean the first one?

13 Q. The one you just described where you were
14 working on fire trucks.

15 A. Yes. Yes.

16 Q. Where did you go to work after that?

17 A. I went overseas to Iraq, right, as a
18 contractor. Right.

19 Q. And what type of work were you doing
20 there?

21 A. I was working on mine clearance fields
22 based on the vehicles that actually cleared the road
23 for IEDs. Whenever those vehicles are blowing up, we
24 actually put them back together and get them back on
25 the road.

1 Q. Have you ever done any work other than
2 working on heavy equipment?

3 A. No.

4 Q. Okay. Let's bring it up more recently.
5 Did you go become employed with Advanced Disposal at
6 some point?

7 A. Yes, I did.

8 Q. And do you recall when that was?

9 A. It was around April of -- I want to say
10 April 4th, something around that time frame.

11 Q. What were you hired to do?

12 A. I was hired as a mechanic fixing their own
13 trucks.

14 Q. Okay. Is that physical work?

15 A. Yes, sir.

16 Q. What type of job duties do you have? What
17 are you required to do on a daily basis?

18 THE COURT: Mr. Archer, let me verify
19 something. Was it April 4th of 2016?

20 THE WITNESS: '16, sir.

21 THE COURT: All right. So you'd been
22 there not even two weeks before this injury?

23 THE WITNESS: No, sir.

24 THE COURT: All right. Mr. Archer.

25 MR. ARCHER: Thank you, Commissioner.

1 BY MR. ARCHER

2 Q. Just kind of tell me what your regular job
3 duties are, what you do on a day-to-day basis at
4 Advanced Disposal.

5 A. When I come in, basically whatever needs
6 fixing, we fix. And basically run the operator,
7 bring in the trucks; right. They have their
8 write-ups and we fix whatever they say what's wrong
9 on the write-ups. Basically get the trucks ready for
10 the next duty day.

11 Q. Okay. Does that require you to climb in
12 and out of these trucks?

13 A. Yes, sir.

14 Q. Does it require you to climb under the
15 trucks?

16 A. Yes, sir.

17 Q. Okay. Does it require you to use your
18 left leg?

19 A. My left leg?

20 Q. Yeah. The body part that you've alleged
21 injury to.

22 A. Constantly walking on my feet.

23 Q. Okay. So you're on your feet all day --

24 A. Yes.

25 Q. -- while at work? You're not sitting at a

1 desk?

2 A. The only time I'm not on my feet, if I'm
3 laying under a vehicle.

4 Q. Okay. Do you recall suffering an injury
5 shortly after beginning work with Advanced Disposal?

6 A. Yes, I do.

7 Q. Do you recall the date that that occurred?

8 A. It occurred on the 12th around 2:00 to
9 3:00 o'clock in the morning.

10 Q. Okay. What was your normal shift at
11 Advanced?

12 A. I think normal shift was until -- I don't
13 remember because you have to -- I don't believe I
14 worked a normal shift since I been there. Basically
15 you had to work until all the vehicles are out.

16 Q. Okay. Well, would you generally go in in
17 the morning, in the afternoon, at night?

18 A. I go in the -- in the afternoon --

19 Q. And work --

20 A. -- at 3:30 and work until all the vehicles
21 are out.

22 Q. Okay. And you may have already answered
23 this. Do you remember what the date you suffered
24 this injury was?

25 A. On the 12th.

1 Q. Okay. Was it I guess early that morning?

2 A. Yes, sir.

3 Q. Okay. Kind of walk me through how the
4 injury occurred.

5 A. Basically I was assigned to fix a truck
6 and the truck was in the yard and the complaint was
7 that vehicle would not start and it has problems with
8 the steering; right. So I went out to the yard with
9 another service truck; right. First I had to search
10 around for a service truck that actually have a
11 jumper cable; right. And I proceed out to the yard;
12 right. The first thing, I try the button -- I mean,
13 try to switch the truck that normally starts with the
14 truck wouldn't start.

15 Q. Are there lights in this yard or is it
16 dark?

17 A. The area that I was in, it was dark.

18 Q. I mean, is it pitch black? Can you see
19 your hand in front of your face? Is it lit somewhat?
20 Is --

21 A. Yeah. I can see my hand in front of my
22 face for the light from the area that actually lit is
23 actually, you know, glaring over.

24 Q. Okay. And is it a paved lot or is it a
25 dirt lot?

1 A. No, it's not. It's a dirt -- real dirt,
2 big rocks type lot.

3 Q. Okay.

4 A. And it got holes and everything else in
5 it.

6 Q. Is it even, is it graded or holes?

7 A. It was not graded.

8 Q. Okay.

9 A. It been there from ever.

10 Q. Okay. So you're working on this truck.
11 What happens next?

12 A. Okay. I raised the hood and I checked the
13 batteries; right. Right. And basically I hooked up
14 the jumpers cables from my truck to their own trucks;
15 right. I went back to the truck. Tried to start it
16 and it wouldn't start; right. You know, so -- so I
17 grabbed my -- I grabbed my cranking switch.
18 Basically it's a switch with a long cable with two
19 alligator clips to it; right. I went around. Went
20 to go under. As I was going around to go under, I
21 lost my footing and that's when I tore everything up
22 on my leg. Right.

23 Q. Okay. Do you believe you stepped on
24 something or something with the condition of the lot
25 that made you fall?

1 A. It's got to be something compression rock.
2 You name it. You know, because I was moving pretty,
3 you know, smart.

4 THE COURT: Tell me again how it happened.

5 THE WITNESS: I hooked up the jumper
6 cables, went around on the side to go jump it and
7 that's when I lost my footing; right. I like went
8 forward; right. And it wasn't like a normal sprain.
9 Because usually when you sprain your ankle, it
10 twists. This went forward and I felt everything
11 pull. And the only way I could stop from having
12 anything more serious injury is to break my fall by
13 rolling on my back.

14 BY MR. ARCHER

15 Q. It's my understanding you were walking
16 around the side of the truck --

17 A. Yes.

18 Q. -- when you stepped on a rock or --

19 A. Yes, sir.

20 Q. -- into a small depression and you lost
21 your footing and fell?

22 A. And my first thing came out of my mouth,
23 oh, god dammit.

24 Q. Did you immediately know that you were
25 injured?

1 A. Yes, I did. Because I never felt anything
2 like that in all of my life.

3 Q. Okay. Describe what you felt.

4 A. Phew. Felt like everything in my leg --
5 leg, the back of the tendon, right, and the ankle
6 felt like just all stretched.

7 Q. Was anybody else around at this point to
8 witness your fall?

9 A. No. They were all in the shop.

10 Q. Okay. Did you go into the shop and tell
11 somebody that you had fallen and hurt yourself?

12 A. Yes. After I felt better I went in the
13 shop because I was kind of embarrassed. You know
14 what I mean? This is my -- I haven't been on the job
15 for a week and this kind of stuff is going to happen;
16 right. So I went in the shop; right. And I told the
17 shop supervisor, hey, man, I fell and I really F'd --
18 you know, my exact word, messed my leg up; right.
19 And I guarantee in the morning I'm going to be really
20 hurting; right. You know, so at that time --

21 Q. Who did you tell that to?

22 A. What's his name? Been so long, I done
23 flushed their name. It start with a J.

24 Q. Would it have been Joe?

25 A. Joe. Yes, Joe.

1 Q. And was he your immediate supervisor?

2 A. Yes, he was.

3 Q. Okay. Did Joe do anything for you? Did
4 he send you out for treatment?

5 A. The only -- no. No, he didn't send. All
6 he said was, "Oh, man, you know, "Are you okay?" And
7 I told him, hey, man, I'll try to make it for the
8 rest of the night, but I'm really hurt.

9 Q. Okay. So did you work the rest of the
10 night?

11 A. Yes, I did.

12 Q. Okay. Were you in pain during that time?

13 A. Yes, I was.

14 Q. Okay. And you had already told Joe that
15 you were in pain, but --

16 A. Yes, I did.

17 Q. -- you were going to try to work out the
18 rest of your shift? Okay. When you got off that
19 day, did you seek any medical treatment?

20 A. When I got off, I went home and I attempt
21 to sleep. But, hey, I couldn't really, really rest.
22 So whenever -- whenever I got up, I went to V.A.

23 Q. Okay. And why did you go to the V.A.?

24 A. I went to V.A. because it was -- I have
25 that privilege; right. And I went to V.A. to the

1 emergency room and they saw me right away.

2 Q. Is that where you normally go if you have
3 any type of problem?

4 A. Yes. I have a choice between V.A. or Fort
5 Jackson.

6 Q. Okay. And what did the V.A. do for you?

7 A. The V.A. took X-rays. They asked me how
8 it happened. I told them, they say, hey, we don't
9 handle workers' comp.

10 Q. Okay.

11 A. Right. But they still took care of me,
12 though.

13 Q. So did you call your employer back and let
14 him know that you had been to the V.A.?

15 A. Yes. Yes, I did.

16 Q. Okay. Then at that point did they send
17 you out to their doctors?

18 A. Yes. They asked me to come in and fill
19 out a statement on what happened and then they sent
20 me to their own doctor.

21 Q. Okay. Was that at Doctors Express?

22 A. Yes.

23 Q. Okay. And did you go to Doctors Express?

24 A. Yes. Yes, I did.

25 Q. Okay. What did that doctor do for you?

1 A. Basically I had my slip from V.A. stating,
2 you know, bed on rest. I mean, that's an Army slang.
3 But state that perhaps, you know, recuperation time
4 off from my work, work a week; right. Not until that
5 following Friday.

6 Q. So the V.A. doctor had written you out of
7 work for a week?

8 A. Yes. Yes.

9 Q. Okay. And you took that note to Doctors
10 Express?

11 A. Right. Right.

12 Q. Okay. Continue.

13 A. And when I went into Doctor Express,
14 basically he just stood back there from where I'm at
15 to you and he's looking at the doctor's thing. He'd
16 look at the paperwork that I filled out; right. And
17 I was on the table and his next word was I'll be
18 back.

19 Q. Okay.

20 A. Right. So he left out. He came back in.
21 He gave me a note say you're off. I think put me out
22 for an extra week out.

23 Q. Okay.

24 A. But it also state on note don't return to
25 work until evaluated, reevaluated by Doctors Express.

1 Q. Okay. So he wrote you out of work --

2 A. Yes.

3 Q. -- for a period and wanted you to come
4 back for a follow-up?

5 A. Yes.

6 Q. Okay. Did you, in fact, come back for a
7 follow-up?

8 A. Yes, I did.

9 Q. Okay. And what did the doctor say at that
10 point?

11 A. He wrote me another note. He didn't even
12 look at my ankle again. He just stood back in the
13 same old place. He wrote me another note, right,
14 saying don't return to work after PT.

15 Q. And by PT, you mean physical therapy?

16 A. Yes. Yes, sir.

17 Q. He wanted you to seek physical therapy?

18 A. Yes.

19 Q. Okay. Did you let the employer know that
20 the doctor was recommending physical therapy?

21 A. Yes, I did.

22 Q. Okay. And did they authorize that
23 treatment for you?

24 A. I haven't heard back from the employees to
25 this date:

1 Q. Okay. Did you, in fact, seek the physical
2 therapy on your own?

3 A. Yes, I did.

4 Q. Okay. And when did you begin doing
5 physical therapy?

6 A. I think it was about -- I can't recall the
7 exact date; right.

8 Q. How often a week are you going?

9 A. I went -- I went once a week with the --
10 he wanted me to come in twice a week, right, but he
11 said some of the things I can do on my own. So he
12 said, hey, just go to the gym on base; right.

13 Q. Okay.

14 A. And do those exercises that he told me to
15 do; right. And I did go and do those exercises that
16 he told me.

17 Q. Okay. Do you have any physical therapy
18 sessions remaining?

19 A. Right now, no, because they referred me
20 for an MRI because it's not really improving.

21 Q. Okay. Has the employer authorized the
22 MRI?

23 A. No. No, they have not.

24 Q. Okay.

25 A. Basically this is through my military

1 benefits again.

2 THE COURT: So the V.A. recommended an
3 MRI, not Doctors Express?

4 THE WITNESS: No. No. No. Fort Jackson.
5 See, the way I actually got an MRI request, I went to
6 Fort Jackson for my regular doctor's checkup. When I
7 was in the office he saw that I was on crutches and I
8 was in one of those boots and my leg was wrapped. He
9 said, hey, what happened? And I told him. He said,
10 hey, no. I'm sending for an X-ray; right. When I
11 came back from the X-ray he put me in a Cam boot;
12 right. And he request I have physical therapy after
13 I heal to a certain point.

14 MS. CROWE: I'm going to just put a note
15 for the record that none of the records supporting
16 that testimony are in evidence at this time.

17 MR. ARCHER: None of the records
18 supporting that he went to urgent care or that he
19 went to the V.A. --

20 THE WITNESS: No. The V.A., the Cam boot
21 and the MRI.

22 THE COURT: Fort Jackson?

23 MS. CROWE: I mean, Fort Jackson. There's
24 one visit to Fort Jackson but that is it.

25 MR. ARCHER: Right. And that was the week

1 following the injury.

2 THE WITNESS: Yes.

3 MS. CROWE: Correct. And this whole thing
4 about the MRI and the Cam boot is not in evidence.

5 THE WITNESS: I think I have my
6 prescription.

7 BY MR. ARCHER

8 Q. Just so I'm clear, the day the injury
9 occurred, you went to the V.A.; correct?

10 A. Yes, sir.

11 Q. And then you followed up. The employer
12 sent you to Doctors Express; is that correct?

13 A. Yes. Yes, sir.

14 Q. And then you had an unrelated doctor's
15 appointment that had already been previously
16 scheduled at Moncrief; correct?

17 A. Yes, sir.

18 Q. And when you went to that appointment, the
19 doctor observed that there was an issue with your
20 leg?

21 A. Yes, sir.

22 Q. Okay. And you're saying that he
23 recommended some therapy?

24 A. Yes, sir.

25 Q. Okay.

1 THE COURT: Did the doctor, an Express
2 doctor recommend physical therapy?

3 MR. ARCHER: Yes.

4 THE COURT: All right.

5 MR. ARCHER: Their doctor is the one that
6 referred him to --

7 THE COURT: All right.

8 THE WITNESS: Here go my prescription for
9 the MRI. I'm still waiting for them to call and
10 schedule the actual date.

11 BY MR. ARCHER

12 Q. Okay. To your knowledge has any doctor
13 said that you can return to work?

14 A. No.

15 Q. Okay. Do you think that you're able to do
16 any type of work?

17 A. Yes, I am, but I have to be real
18 careful --

19 Q. Okay. Has Advanced Disposal...

20 A. -- because I really hurt a lot.

21 Q. Has Advanced Disposal offered you any type
22 of work?

23 A. No, they have not.

24 Q. Would you be willing to return to
25 light-duty work if they had made an offer for you to

1 do so?

2 A. Yes, but I don't feel that I can be
3 actually comfortable there.

4 Q. Okay. And how is your leg feeling today?

5 A. Well, I took some pain -- pain pill. It's
6 kind of feeling a little bit better. But when I make
7 certain -- I have to be careful how I step off;
8 right. And when I first start walking, sometime I
9 feel the pain radiating from the ankle on up to the
10 knee area.

11 Q. Is it aggravated by standing or walking
12 or --

13 A. Aggravated by walking. Sometime
14 aggravated by standing.

15 Q. Okay. Now, I believe the employer hired a
16 private investigator?

17 A. Yes.

18 Q. And they observed a post on social media
19 that I believe your wife put up which indicated that
20 you were involved in the hanging of smoke detectors
21 or something?

22 A. Uh-huh.

23 Q. Can you just explain to the Commissioner
24 what was going on with that --

25 A. Okay.

1 Q. -- and what exactly you did.

2 A. Okay. My daughter, she was a volunteer at
3 the Red Cross and she put my name and my wife's name
4 on the list to do volunteer work, right, to those
5 people that live in houses that can't afford those
6 things that making the community more aware of fire
7 safety. So we was tasked to go around and hang smoke
8 detector, but we wasn't doing the hanging. Just the
9 fire department guy was doing the hanging and the
10 securing; right. And basically I was the guy with
11 the clipboard; right. Make sure the address and all
12 on that; right. And the wife carry the bags with the
13 smoke detector; right. It was the battery-operated
14 ones; right. And that's basically all we did.

15 Q. And you're not alleging that your injury
16 prevents you from holding a clipboard; correct?

17 A. No.

18 Q. And you're not alleging that your injury
19 prevents you from walking at all; correct?

20 A. Yeah. But where I was walking, I was
21 lagging behind. You know, they called me turtle, you
22 know.

23 Q. And you're not alleging that your injury
24 doesn't allow you to enter and exit your vehicle;
25 correct?

1 A. Yeah, but I got to make sure I -- I drive
2 a truck. Got to make sure I start out with the right
3 leg, though:

4 MR. ARCHER: I don't have anything further
5 for this witness.

6 THE COURT: Ms. Crowe.

7 MS. CROWE: Yes.

8 CROSS-EXAMINATION

9 BY MS. CROWE

10 Q. A have a few questions for you. Do you
11 agree that when you went to the V.A. on April the
12 12th, you told them you had stepped on a rock the
13 other day?

14 A. I probably said something like that. It
15 felt like a rock.

16 Q. And you didn't tell them that day. You
17 said "the other day;" is that correct?

18 A. No. It's not the -- the reason why I may
19 have referred to the other day, because I guess I
20 didn't switch over my way of thinking to the 12th;
21 right. But I may have used that, but that's not what
22 I meant.

23 Q. Now, when you got to the V.A. and told
24 them that you had stepped on a rock the other day,
25 you were complaining about your left ankle and your

1 shin which is the front part of your leg; is that
2 right?

3 A. Yes.

4 Q. Not the back part?

5 A. No. I complained about the extremity
6 area --

7 Q. Yes, sir.

8 A. -- the ankle and also the back part of
9 the -- whatever they call this part here. The tendon
10 back here (indicating), for that also stretched.

11 Q. Okay. Now, you came to work at Advanced
12 and the first week you were sort of in a training
13 mode; is that correct?

14 A. Yes.

15 Q. And I believe that this morning of the
16 12th was your second full day doing the job or your
17 third; is that correct?

18 A. Second, I think.

19 Q. Second day on the job. Okay. Now, your
20 attorney has put in this form which you filled out
21 when you came to work at Advanced and you were asked,
22 "Have you ever experienced any of the following
23 conditions? Please say yes or no." This is Page 61
24 of the APA. And you indicated for all of these
25 conditions no; is that correct?

1 A. Right.

2 Q. And you even issued -- have you ever been
3 issued a disability rating, you put zero, and it says
4 state or federal agency. You put no...

5 A. I don't recall it. That is just a
6 printout of -- that's just a -- do you have the
7 actual form I filled out because I don't -- I don't
8 recall everything there.

9 Q. Okay. But this is -- your lawyer has put
10 this into evidence, so this is in evidence. So I'm
11 just asking you about are those answers the truth?

12 A. I do receive military disability, but I
13 consider that's kind of personal nature. It should
14 be if I want to tell you or not.

15 Q. Okay. So you did not feel obligated when
16 asked that question to tell the truth?

17 A. You mean to tell the truth?

18 Q. That you do receive federal disability.

19 A. Military disability, yes. Yes, I do.

20 Q. Okay. And that military disability is
21 based upon prior injuries to your back, your ankle,
22 your knee?

23 A. Uh-huh.

24 Q. But you also --

25 THE COURT: Where are you reading from,

1 Ms. Crowe?

2 MS. CROWE: I'm reading from Page 61 where
3 they ask back, ankle, knee.

4 THE COURT: I thought you were
5 representing that that's what he was on disability
6 for?

7 MS. CROWE: Yes, sir.

8 THE COURT: Where is that in the APAs?

9 MS. CROWE: It is not. It's in his
10 deposition which I'll publish.

11 THE COURT: Okay. All right.

12 BY MS. CROWE

13 Q. Okay. And also on this you indicated that
14 you had never been diagnosed with depression, anxiety
15 or a mental disorder, and you indicated no there,
16 too; is that correct?

17 A. Uh-huh. Right.

18 Q. And isn't it true and didn't you tell me
19 at your deposition that you at the time you filled
20 this out were on military disability for multiple
21 injuries to your knee, ankle and some kind of
22 psychiatric condition?

23 A. Yes, but when -- the time when that
24 happened, I wasn't on all that disability. I
25 received that notification that I was at 90 after I

1 got hired by them.

2 Q. Okay. But at the time you were hired, you
3 were already getting some degree of disability?

4 A. Some. Some.

5 Q. But since this accident and while you've
6 been out, it is now 90 percent disabled by the V.A.;
7 is that correct?

8 A. After the accident I received notice that
9 I was at 90.

10 Q. And when did you make the application to
11 increase your percentage of disability from the 10 to
12 the --

13 A. It was about I want to say a year and a
14 half ago.

15 Q. Okay. So before you ever came to work at
16 Advanced Disposal you applied with the V.A. to
17 increase your disability?

18 A. I applied to them to look at my
19 disability, not to increase it.

20 Q. Well, nobody really asks the V.A. to lower
21 it, won't you agree to that?

22 A. Not to look at my disability.

23 Q. To look at --

24 A. I can't really tell them to increase it,
25 ma'am.

1 Q. But you requested a review of the V.A.?

2 A. A reevaluation.

3 Q. A reevaluation about a year before you
4 came to work at Advanced?

5 A. Yes, ma'am.

6 Q. And when you came to Advanced, you had
7 already asked for that reevaluation. You didn't tell
8 them about any of those conditions which included the
9 ankle -- prior history of ankle/foot problems?

10 A. Tell who?

11 Q. The folks at Advanced.

12 A. I don't believe they ever need to know.
13 Because I'm not -- I'm not applying for disability
14 with them. I'm applying for a job based on my
15 skills.

16 Q. Okay. So you felt like it was okay not to
17 tell the truth to these --

18 A. And when I was hired -- when I had my
19 interview, I did tell them I'm no chiparoo.

20 Q. Okay.

21 A. Right. But I can do the job and I have a
22 lot of knowledge.

23 Q. Okay. Now, at the time of your
24 deposition, I believe when I asked you what is your
25 V.A. based on, do you recall and do you agree that

1 you told me it was both feet, both knees, your back
2 and a psychiatric condition?

3 A. Yes.

4 Q. And you agree you did not advise anyone at
5 Advanced that you had disabilities to your feet, your
6 right knee, your right ankle and a mental disorder?

7 A. No, I did not.

8 Q. Now, have you had the opportunity to view
9 the video, the ADT video?

10 THE COURT: Let me stop there, Ms. Crowe.
11 You represented in his deposition that he was on
12 disability for what body parts?

13 MS. CROWE: Okay. It begins -- I would
14 like to make his deposition -- I believe it's already
15 in the record.

16 THE COURT: It is.

17 MS. CROWE: Okay. I'd like to make it.

18 THE COURT: Wait a minute. Yeah, it is.
19 It is.

20 MS. CROWE: Okay. I'm sorry.

21 THE COURT: I'm sorry. What page is it?

22 MS. CROWE: If we can turn to the bottom
23 of Page --

24 THE COURT: Let me make sure it is.

25 MS. CROWE: -- 16. I asked him can you

1 tell me --

2 THE COURT: All right. Hang on a second.

3 MS. CROWE: -- what disability you've been
4 assigned by Page 15.

5 THE COURT: Ms., Crowe, hang a minute
6 until I find it.

7 MS. CROWE: I'm sorry.

8 THE COURT: You've got it listed. Is it
9 not in here, Mr. Archer?

10 MR. ARCHER: I don't believe it is.

11 THE COURT: Well, you've got it listed as
12 an exhibit.

13 MS. CROWE: He does. There's the
14 original.

15 THE COURT: Defendant's 2. Hang on until
16 we get it marked.

17 (DEFENDANT'S EXHIBIT NUMBER 2 WAS MARKED FOR
18 IDENTIFICATION.)

19 THE COURT: What Page?

20 MS. CROWE: Beginning at the bottom of
21 Page 15.

22 THE COURT: All right.

23 MS. CROWE: Continue 15, 16, 17 and 18 are
24 all about the V.A. disability. Would offer those at
25 this time.

1 THE COURT: I'm looking for a left ankle
2 in here.

3 MS. CROWE: He does not specifically list
4 exact left ankle. He lists his right ankle and both
5 his feet.

6 THE COURT: So what's the relevance of all
7 this to a left ankle injury?

8 MS. CROWE: To show these impairments
9 existed and they were not disclosed. Goes to
10 credibility, sir.

11 THE COURT: All right.

12 MS. CROWE: I mean, this is what he says
13 it was based on.

14 THE COURT: All right.

15 MS. CROWE: And it goes to credibility.
16 And both feet were involved in it as well.

17 BY MS. CROWE

18 Q. And in terms of the records you have
19 brought about the PT that you had at Fort Jackson,
20 the instructions seemed to be addressing multiple
21 areas of your body and not just your ankle; is that
22 correct?

23 A. I don't recall seeing anything like such.

24 Q. Okay. So you don't remember the PT
25 instructions telling you to do some low back

1 exercises?

2 A. It did not say do no or none. I don't
3 recall, but it was more likely -- it was more like
4 bouncing leg exercise. I did not do any low back
5 back there.

6 Q. The night that you were working and you
7 say that you fell and twisted your ankle, do you
8 agree that you had on steel-toed shoes that laced up
9 and supported your ankle?

10 A. Yes, I do.

11 Q. Now, you have had the opportunity to see
12 the ADT video?

13 A. No, I have not.

14 Q. Okay.

15 A. It was coded.

16 Q. Okay. It was provided to your lawyer but
17 you have not seen it?

18 A. We attempted to see it, but we could not
19 access it.

20 MS. CROWE: Okay. I was not made aware
21 there was any problem looking at it.

22 MR. ARCHER: I've subsequently seen it.

23 MS. CROWE: Okay.

24 MR. ARCHER: If you're asking me if I've
25 seen it.

1 BY MS. CROWE

2 Q. Your attorney has not shown that video --

3 A. The day I went to see it we couldn't --

4 Q. You couldn't get it to work and then
5 you've not had an opportunity --

6 A. Couldn't get it to work. No.

7 Q. -- to see it? Do you agree that after you
8 went out that the truck you were working on that
9 night was a white pickup truck?

10 A. Yes.

11 Q. Okay. Do you agree that after the
12 supposed -- you say you fell that you brought the
13 pickup truck inside and physically finished your
14 shift and worked on that pickup truck?

15 A. After I fell the night supervisor went out
16 there and he showed me a button that was jerry-rigged
17 to get that truck to start.

18 Q. Okay.

19 A. Right. And then I brought it in. Yes, I
20 did finish everything, but I was limping when I was
21 doing everything.

22 Q. Okay. But you've not had an opportunity
23 to view the video?

24 A. No, I have not.

25 Q. Did you work on that same white truck the

1 night before?

2 A. No, I did not. That's the first time
3 seeing that truck.

4 Q. Okay. So if the video shows you working
5 on a white pickup truck, that's the night you claim
6 you fell; is that correct?

7 A. Say again, please.

8 Q. If the ADT video shows you working on a
9 white pickup truck, that video was taken after you
10 say you fell and the night you say you fell?

11 A. Okay. Yes.

12 MS. CROWE: Yes. Okay. All right.

13 That's all the questions I have.

14 THE COURT: Anything further, Mr. Archer?

15 REDIRECT EXAMINATION

16 BY MR. ARCHER

17 Q. What color are the Advanced Disposal
18 trucks?

19 A. They are blue and white. They have some
20 that's dirty brown.

21 Q. Is there only one white truck?

22 A. There's only one white pickup truck I
23 seen.

24 MR. ARCHER: okay. That's all I have.

25 THE WITNESS: Also, the service trucks are

1 white.

2 BY MR. ARCHER

3 Q. Did you ever work on the service trucks?

4 A. No. No, sir.

5 THE COURT: Anything further, Ms. Crowe?

6 MS. CROWE: No, sir.

7 (WITNESS EXCUSED.)

8 THE COURT: Any other witness on behalf of
9 claimant?

10 MR. ARCHER: No, Your Honor.

11 THE COURT: Any witnesses on behalf of
12 defendants?

13 MS. CROWE: Yes, sir. I'd call Mike
14 Stanley. And I do have to go get the password
15 putting on this laptop. I'd call Mr. Stanley and I
16 am going to put this here. My Apple would not run
17 these videos either and they're extensive. They're
18 on your disc. But there was a question about when
19 they were taken, so we're going to deal with that.
20 Although it doesn't sound like it's much of a
21 question anymore.

22 MR. ARCHER: It may not be.

23 THE COURT: Raise your right hand, sir.

24 MICHAEL STANLEY,

25 AFTER BEING DULY SWORN TO TELL THE TRUTH, TESTIFIED

1 AS FOLLOWS:

2 THE COURT: Please state your full name
3 for the record.

4 THE WITNESS: Michael Patrick Stanley.

5 THE COURT: Ms. Crowe.

6 DIRECT-EXAMINATION

7 BY MS. CROWE

8 Q. Mr. Stanley, where are you employed?

9 A. Advanced Disposal Services.

10 Q. And what is your job there?

11 A. I'm the maintenance manager for the shop.

12 Q. And how long have you been the maintenance
13 manager for the shop?

14 A. Since December of 2015.

15 Q. And what are basically you in charge of?

16 A. I have 74 vehicles, units that we maintain
17 and keep prepared for safe operation to collect
18 refuse around the city.

19 Q. Were you on the job in the early morning
20 hours of April the 12th?

21 A. No, ma'am.

22 Q. Okay. Did you receive notification that
23 Mr. Forrest was claiming that he had gotten hurt on
24 the job?

25 A. The next day. Correct.

1 Q. Okay. And did you conduct an
2 investigation?

3 A. I did.

4 Q. And as part of that investigation, did you
5 preserve the security camera videos generated in the
6 shop during that shift that would have started the
7 night of the 11th and ended in the early morning
8 hours of the 12th?

9 A. Yes, I do.

10 Q. Okay. And are those these ADT videos?

11 A. Absolutely.

12 Q. Now, when we look at them the date on them
13 does not appear to be correct. Are you satisfied
14 based upon what you did and your knowledge of the
15 system that these are indeed the videos of that early
16 morning hours of the 12th?

17 A. Absolutely.

18 Q. Okay. Can you tell us in general what
19 those videos show?

20 THE COURT: Before you get to that,
21 Ms. Crowe, I'm sort of curious why the date and time
22 don't match up. I mean, I've got this system in my
23 house.

24 THE WITNESS: It's not a monitored system.
25 It's not a -- it's not maintained.

1 THE COURT: It's not maintained by ADT?

2 THE WITNESS: No. It's just a live feed
3 on a desktop.

4 THE COURT: Okay. So this is not a ADT
5 monitored system that you log into through ADT?

6 THE WITNESS: No, sir. It's simply a
7 motion. It's carried by motion and records Advanced
8 by motion so you can go back and review.

9 THE COURT: I gotcha. Thank you.

10 MS. CROWE: And I referred to it probably
11 improperly because it comes up at ADT because I guess
12 they bought the stuff from them. I don't know,
13 but --

14 THE WITNESS: It's the brand of the DVR
15 that records.

16 MS. CROWE: Okay.

17 MR. ARCHER: Your Honor, just before we
18 move forward, I think she's going to ask his opinion
19 about what the video shows. We would object to that.
20 We don't think he's qualified to offer an opinion.
21 Your Honor can view the video and make your own
22 determination about what the video shows.

23 THE COURT: All right.

24 MS. CROWE: That's fine with me. I just
25 wanted him to kind of set the stage of the places

1 that he's showing -- that it's showing.

2 THE COURT: How much video is on this
3 thing?

4 MS. CROWE: There are three excerpts or
5 three kinds of video and they all were approximately
6 30 minutes in length.

7 THE COURT: Is all 30 minutes of every
8 video relevant?

9 MS. CROWE: I don't redact the videos. So
10 they show activity.

11 THE COURT: My question to you, Ms. Crowe,
12 is how many hours of this am I going to watch?

13 MS. CROWE: Yes, sir. I would say that
14 you need to watch the clip that's the final clip of
15 Mr. Forrest working on this white pickup truck and
16 walking around without a limitation with no signs of
17 dirt or any kind of grunge on him.

18 THE COURT: All right.

19 MS. CROWE: And I believe that one will be
20 designated as Clip 3.

21 THE COURT: All right.

22 BY MS. CROWE

23 Q. Okay. You are familiar with the job
24 Mr. Forrest did?

25 A. Correct.

1 Q. If you had known he had V.A. impairments
2 and problems with both feet, ankles and knees and
3 back, would you have hired him for this job?

4 A. Those impairments would have disqualified
5 him for the physical requirements and --

6 THE COURT: Are you asserting McDevitt
7 Street defense?

8 MS. CROWE: I'm asserting the credibility
9 defense.

10 THE COURT: All right. Please proceed.

11 THE WITNESS: Again, no, those items would
12 have disqualified the physical requirements of that
13 position, so no, would not have hired him.

14 BY MS. CROWE

15 Q. And based upon the investigation that you
16 conducted, your physical observations of the scene
17 including the video, do you believe that Mr. Forrest
18 fell at work?

19 A. I do not.

20 MS. CROWE: That's all the questions I
21 have.

22 THE COURT: Mr. Archer.

23 MR. ARCHER: Thank you, Your Honor.

24 CROSS-EXAMINATION

25 BY MR. ARCHER

1 Q. Mr. Stanley, you testified that you were
2 not there on April 12; is that correct?

3 A. Correct.

4 Q. Okay. So you did not observe Mr. Forrest
5 in person that night; correct?

6 A. I did not.

7 Q. You're relying on a video to make your
8 determination about whether or not he fell?

9 A. A video and a team that I've worked with
10 for quite a while now. Quite a few interviews.

11 Q. You're relying on this video and questions
12 that you asked to other people?

13 A. Correct. I did a full investigation.

14 Q. Okay. And is it your understanding that
15 there was no video camera that captured the yard?

16 A. That's correct.

17 Q. Okay. So there would be no video showing
18 whether or not he fell or not?

19 A. No. But the video for 29 minutes where he
20 talked to another employee asking where the cameras
21 were located and discussing the alleged fall with --

22 Q. There's no audio associated with these
23 videos; correct?

24 A. No, sir.

25 Q. So you have no idea what he talked to

1 anybody about even if the video shows that he was
2 speaking to somebody else; is that correct?

3 A. I have a written statement from the
4 employee.

5 Q. Okay. And if he fell in the yard, there
6 would be no video showing it; correct?

7 A. Correct. But the yard would leave white
8 limestone or dust.

9 Q. Okay. Do you agree --

10 A. For lack of a better description, you
11 would be able to see that in that first picture. If
12 you just fell you're going to be covered in this
13 white dust. It'd be very obvious.

14 Q. Mr. Stanley, with respect, how far did you
15 go in school?

16 A. I have obtained master certification with
17 general motors. And after high school graduation, a
18 two-year accreditation through field related, you
19 know, diesel college.

20 Q. Okay. Are you a geologist or do you have
21 any training in geology?

22 A. No, but I got 30 years of experience
23 working out there in the field. So...

24 Q. Okay. So based on your prior experience
25 you think that he should have been covered in a white

1 dust?

2 A. Well, I get dirty every time I go out
3 there if I got on the ground.

4 Q. Okay.

5 A. Every day.

6 Q. How often do you go out there and roll
7 around on the ground?

8 A. I do fleet inspections every day. It's
9 very possible it required me to get on the ground and
10 look.

11 Q. Okay. Is limestone dust white? What
12 color is limestone --

13 A. Crush and run. It's the term I probably
14 should have used. That yard has had crush and run
15 added several times. And yes, it would be white.

16 Q. Okay. And what color shirt was
17 Mr. Forrest wearing that evening?

18 A. I believe it's a -- I don't recall. I
19 have to look at the video.

20 Q. Okay. So you made your determination
21 based on there not being dust on his shirt, but you
22 don't recall what color shirt he was wearing?

23 A. It was a contributing factor.

24 Q. Okay. And the other factor was there not
25 being a video of him falling even though you admitted

1 that would be an impossibility; is that correct?

2 A. I admitted an impossibility of the camera?

3 Q. It would be impossible for there to be
4 video of him falling because there was no video that
5 captured the yard; correct?

6 A. That's correct.

7 Q. And you've admitted that the date on the
8 video is wrong; is that correct?

9 A. Correct.

10 Q. Is the time on the video also wrong?

11 A. Is the time on the video wrong? You know,
12 I'd have to look at it again. I think there's a
13 variance between the 6, 12-hour change. It's an
14 a.m., p.m. difference.

15 Q. Did the time factor into your
16 investigation?

17 A. Of course. Of course. I shared -- get
18 with everyone and review it and go over the actual
19 time frames based on the statements and then the
20 events that are taking place.

21 Q. But you don't recall whether the time
22 noted on the time stamp is accurate?

23 A. Recall the -- I don't believe the time
24 stamp was accurate. No.

25 Q. Okay. So the time stamp is not accurate?

1 A. I don't think it is accurate at all on the
2 film, no.

3 Q. So if the video shows him walking around,
4 we have no way of knowing if that was before or after
5 the injury; is that correct?

6 A. Well, it's very easy to tell it's after
7 the injury.

8 Q. And how is that?

9 A. Well, by the vehicle that he's working on,
10 by the employee statement that he spoke to before and
11 by the employee statement that would eventually be
12 the supervisor's statement that spoke with him after
13 he talked to the employee.

14 Q. But there was nobody who witnessed the
15 fall; correct?

16 A. No.

17 Q. Okay. So what exactly are these other
18 employees testifying to? That they didn't see
19 anything?

20 A. Well, one testified to the conversation
21 that he had with him. One -- the supervisor did the
22 same thing. He, you know, created a statement of his
23 discussion with him. The video relates to that
24 because you can obviously sustain or it adds
25 relevancy to what they're discussing. You know, one

1 guy says, hey, I had this talk with him. Well,
2 you're watching it. You see it on the video. He
3 says, hey, after I talked to him, you know, Jonathan
4 his supervisor came up and spoke with him. Well,
5 here walks up Jonathan. So if they're saying it and
6 you're seeing it, it made good sense.

7 Q. Is it possible that he had a conversation
8 with Jonathan before he was injured?

9 A. I'm sure anything is possible.

10 Q. And did Jonathan indicate to you in your
11 investigation that Mr. Forrest had said that he fell
12 and suffered an injury?

13 A. No, not till the next day.

14 Q. Okay. So Jonathan represented to you that
15 Mr. Forrest never disclosed the injury?

16 A. No. Thereagain, I was off-site. Had a
17 meeting in Charlotte. I got a phone call that
18 afternoon. I immediately returned, interviewed
19 everybody. Jonathan hadn't returned to work yet when
20 this information hit the safety manager. So we
21 debriefed that afternoon or that evening and as
22 stated earlier, Jonathan said that he was told by
23 Courtney that he had stepped on a rock, that he had
24 possibly, you know, sprained his knee. Jonathan
25 stated he asked him was he okay to work. He said

1 that he was fine.

2 Q. Okay. I'm going to stop you right there.
3 So Jonathan did represent to you that Mr. Forrest
4 indicated he had suffered an injury; is that correct?

5 A. Yes.

6 Q. Okay. Then you asked Jonathan essentially
7 if he believed him and Jonathan said no and that's
8 how you --

9 A. I did not ask Jonathan if he believed him.

10 Q. Okay. So you never asked Jonathan if
11 you [sic] believed him?

12 A. No.

13 Q. He believed him?

14 A. No, I did not.

15 Q. All right. So the sole basis for your
16 determination that no injury occurred is that
17 Mr. Forrest didn't have dust on his shirt in a video
18 that has an unclear time stamp?

19 A. No. That's not the sole indication.

20 Q. Okay. What other indication is there?

21 A. Well, there's a very short time on duty
22 that makes everything questionable right off the bat.
23 If you -- he supplied -- his statement that he gave
24 to the safety manager stated excruciating pain. It
25 even talked about laying on the ground for ten

1 minutes waiting. None of this was discussed with the
2 supervisor. It wasn't definitely I laid on the
3 ground for ten minutes in excruciating pain. That
4 was obviously not there.

5 It was very odd that we had a conversation
6 with an employee asking where the cameras were
7 located. That would kind of discredit the story in
8 my opinion. We walked around -- we're on our feet.
9 You're standing on your feet having a discussion with
10 an employee saying, you know, I was just in the yard
11 and I kind of, you know, sprained my ankle. I kind
12 of tripped a little bit. The employee's discussion
13 with him was a response of you need to report this.
14 The supervisor walks up to the camera and you see him
15 talking. You know, I'm seeing this. I'm listening
16 to the information. It appears on the camera
17 obviously that he's clean. You don't really see any
18 dust. If you fall on the ground, you're going to
19 have that stuff all over you. That made me feel
20 that, you know, it wasn't accurate. And then the
21 review of this camera footage got very questionable
22 because you notice a limp very obviously when he's
23 speaking with the supervisor after he talks to the
24 employee.

25 Q. So you do notice a limp?

1 A. Yeah.

2 Q. Okay.

3 A. When he speaks to the supervisor. But as
4 I watch in the video, he's working pushing a broom
5 when nobody's around with no problem, no restraints.
6 And then at the end when he gets off work he walks
7 out the door like nothing ever happened. There's
8 another place where he's putting a battery charger
9 back in the storage room. You actually have to pull
10 this thing behind you. You have to make twists and
11 turns. You have to pull the thing over and set it
12 down and come back out. And it's just as clear as
13 day there is nothing wrong.

14 Q. Are you a medical doctor?

15 A. I am not.

16 Q. Okay.

17 A. You asked me what made me think that the
18 claim wasn't accurate.

19 Q. Fair enough. And my follow-up is are you
20 a medical doctor?

21 A. I am not.

22 Q. Okay. Do you have any training in what
23 motions or abilities people may have after
24 suffering --

25 A. I do. I do. We --

1 Q. Describe that training.

2 A. We have different calisthenic trainings.
3 The job is very athletic, so there's all things
4 associated with dehydration, stress, you look at
5 muscle function. You watch for different signs to be
6 sure that everybody is functioning normally and in a
7 safe environment.

8 Q. Okay. Do you believe that you have the
9 ability to diagnose injuries?

10 A. Of course I don't.

11 Q. How long does somebody have to be an
12 employee at Advanced Disposal before you believe they
13 could suffer an injury?

14 A. Thirty minutes.

15 Q. Okay. So the fact that --

16 A. Any minute, I should say.

17 Q. Okay. So the fact that you said that he'd
18 only been working there for a couple of days and that
19 drew suspicion from you, is that a fair
20 representation of your testimony?

21 A. You asked me the items that made me feel
22 like the statement that an injury had occurred was
23 discredited. It did factor into it. Two days in,
24 never had a problem like that before. Never had a
25 complaint. Never had an issue.

1 Q. You've never had anybody suffer an injury
2 at Advanced Disposal?

3 A. Nobody has had a trip-fall issue working
4 in the shop --

5 Q. Okay. But you would --

6 A. -- bringing in a pickup truck.

7 Q. He was in the yard when it happened, not
8 in the shop; correct?

9 A. Okay. I haven't had any trip, falls or
10 slips in the yard bringing in a pickup truck either.

11 Q. And you think that that's impossible?

12 A. No, not saying that.

13 MR. ARCHER: That's all I have.

14 THE COURT: Ms. Crowe, anything further?

15 REDIRECT-EXAMINATION

16 BY MS. CROWE

17 Q. Just the yard is crush and run?

18 A. Correct. Three-quarter rock.

19 Q. And how long had that particular -- how
20 long had it been since you had put down your crush
21 and run?

22 A. I don't recall the exact date, but it was
23 within a couple of weeks. That was a 9 or \$10,000
24 expense we suffered after buying five loads, but a
25 skid steered actually smoothed it. So he had several

1 expenses associated with that.

2 Q. Okay.

3 A. Within a two-week period.

4 Q. It was actually skid smooth -- I'm sorry.

5 THE COURT: You want to try that again?

6 MS. CROWE: Yes, sir.

7 BY MS. CROWE

8 Q. A machine flattened it and then new crush
9 and run was put in?

10 A. Well, the crush and run was covered with
11 three-quarter rock which is kind of an upgrade. It's
12 a firmer surface, cleaner. And then the loader
13 graders, skid steer we like to call it, machine has a
14 blade and you just level it. You don't crush it.
15 You don't move. You just level it. Make it smooth.

16 MS. CROWE: All right. Thank you. That's
17 all the questions I have.

18 THE COURT: Anything else?

19 MR. ARCHER: Nothing further.

20 THE COURT: Any other witness on behalf of
21 defendants?

22 MS. CROWE: No, sir.

23 THE COURT: All right. That will conclude
24 this proceeding.

25 (WHEREUPON, THE HEARING WAS CONCLUDED AT 12:56 P.M.)

1 CERTIFICATE OF REPORTER

2
3 STATE OF SOUTH CAROLINA

4 COUNTY OF RICHLAND

5
6 I, SKYLET KEAN, COURT REPORTER AND NOTARY
7 PUBLIC, FOR THE STATE OF SOUTH CAROLINA, DO HEREBY
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10 COMPUTER-AIDED TRANSCRIPTION; THAT THE FOREGOING
11 TRANSCRIPT CONTAINS A TRUE RECORD OF SAID HEARING.
1213 I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY
14 NOR COUNSEL FOR, NOR RELATED TO NOR EMPLOYED BY ANY
15 OF THE PARTIES CONNECTED TO THE ACTION, NOR AM I
16 FINANCIALLY INTERESTED IN THE ACTION.
1718 WITNESS MY HAND AT COLUMBIA, SOUTH CAROLINA,
19 THIS 15TH DAY OF NOVEMBER 2016.
2021
22
23 SKYLET KEAN, COURT REPORTER
24 NOTARY PUBLIC FOR THE STATE OF
25 SOUTH CAROLINA
MY COMMISSION EXPIRES: 07/30/2024SKYLET KEAN (803) 609-0134
fttpam@aol.com

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1604067

Courtney Forrest,)
)
 Claimant,)
)
v.)
)
ADS Waste Holdings, Inc.,)
)
 Employer,)
)
and)
)
Arch Insurance,)
)
 Carrier/Defendants.)
-----)

FULL COMMISSION HEARING

Monday, June 19, 2017
1:43 p.m. - 2:04 p.m.

The Full Commission Hearing was heard before Commissioners Aisha Taylor, Avery B. Wilkerson, Jr. and Susan S. Barden, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 19th day of June, 2017, before Sonia D. Wallace-Sanders, Court Reporter and Notary Public in and for the State of South Carolina.



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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

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



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CALL TO ORDER:

COURT REPORTER: Today is June 19th, 2017. This is South Carolina Workers' Compensation Case Number 1604067. This is the case of Courtney Forrest, Claimant, versus ADS Waste Holdings, Inc., Employer, and Arch Insurance, Carrier. The Defendant is represented by -- the Appellant is the Defendant represented by R. Daniel Addison. The Respondent is represented by Christopher Archer. Each side is allowed ten minutes for oral argument and the Appellant three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

COMMISSIONER BARDEN: Mr. Addison?

ARGUMENT BY MR. ADDISON:

MR. ADDISON: May it please the Commission. Commissioners, this is a case that I actually inherited, subsequent to the original hearing and I -- I did not try any aspect of it, I inherited the case for the appeal to Full Commission. I've literally never met Mr. Forrest, never laid eyes on him, have no clue what he looks like. What I'm gonna do today is talk to you about the argument previously made



1 and kind of then push the argument that I think
2 is the more important argument in here. The
3 arguments that Kay Crowe, who was the original
4 attorney, was pushing, Kay was originally
5 pushing the idea of the fact compensability of
6 this case was in question and she had a good
7 bit of evidence that she had presented about
8 compensability. I believe there is still some
9 merit to that particular defense. Commissioner
10 Beck very clearly noted, within his Order,
11 that he had some issues with the facts of the
12 case based on the materials that were submitted
13 to him, especially the video.

14 **COMMISSIONER BARDEN:** Dan, let me stop you for a
15 second on the video. Clearly, when Mr. Forrest
16 is at -- it's either a Home Depot or a Lowe's,
17 I can tell it's one of those and he's --

18 **MR. ADDISON:** It's actually, it's a big commercial
19 outfit. They, what they ---

20 **COMMISSIONER BARDEN:** Oh, was it? Well, whatever --

21 -
22 **MR. ADDISON:** What these folks do is, this is the --
23 this is the depot where they fix ---

24 **COMMISSIONER BARDEN:** No, I'm talking about the
25 second video ---



1 MR. ADDISON: Oh, oh. Okay.

2 COMMISSIONER BARDEN: --- where he's at Home Depot
3 or Lowe's, it looks like to me. And he's got
4 some putty or something, not of any
5 consequence, in his hands. That is clearly
6 identifiable as he because there's only one
7 person in the video. But the -- the other
8 video, where he -- there is someone in front of
9 a vehicle and then there's someone walking
10 through and sweeping. He's a mechanic, is he
11 the man standing? I'm sorry, I could not tell.
12 Is he the man standing at the vehicle or is he
13 the man walking through with the vest on?

14 MR. ADDISON: I'm not ---

15 COMMISSIONER BARDEN: I'm sure you can ---

16 MR. ADDISON: I'm not sure, Commissioner. I really
17 don't know since I wasn't the one that handled
18 all ---

19 COMMISSIONER BARDEN: But it isn't ---

20 MR. ADDISON: --- that aspect ---

21 COMMISSIONER BARDEN: Okay.

22 MR. ADDISON: and -- and, you know, I -- and I'm
23 kind of looking at it the same way y'all are
24 from looking at the video, since I didn't meet
25 him and didn't have any input with the direct



1 evidence taking, in terms of his deposition, et
2 cetera, or the hearing itself of going over who
3 was -- who was who within the video. I believe
4 that my -- the guy from -- from ADS identified
5 the Claimant on the video, that's the video
6 from ADS's location. And then I think the
7 other stuff was just surveillance video that's
8 done by ---

9 **COMMISSIONER BARDEN:** Yeah.

10 **MR. ADDISON:** --- by a security person or a
11 surveillance person, excuse me, going out and
12 taking video of him somewhere in the ---

13 **COMMISSIONER BARDEN:** It's not ---

14 **MR. ADDISON:** --- general public.

15 **COMMISSIONER BARDEN:** --- a real clear video at the
16 workplace.

17 **MR. ADDISON:** No, no. And I think the whole point
18 of what Kay was trying to get across was, and
19 what she tried to get across with the gentleman
20 that was from ADS, was pointing out who Mr.
21 Forrest was on the video to show that he has on
22 a dark uniform and you can't see anything that
23 appears to be any dust on it. And the point of
24 that was ---

25 **COMMISSIONER BARDEN:** Right. There was ---



1 MR. ADDISON: --- the gentleman said ---

2 COMMISSIONER BARDEN: --- some crush and run, I
3 know, but I ---

4 MR. ADDISON: If you fall in a -- and this is a
5 crush run parking lot that he was working in.
6 If he'd actually had a fall in a crush run
7 parking lot, he'd be covered in dust. If you
8 know what crush run is, it's the ---

9 COMMISSIONER BARDEN: Oh, yeah.

10 MR. ADDISON: --- gravel and the -- and the ground-
11 up rock combined.

12 COMMISSIONER BARDEN: Aren't you always covered in
13 dust with crush and run though?

14 MR. ADDISON: Have you ever been in a crush and run
15 parking lot when it's dry?

16 COMMISSIONER BARDEN: Oh, I, I -- my own personal
17 experiences aren't, you know, the subject of
18 this ---

19 MR. ADDISON: Right.

20 COMMISSIONER BARDEN: --- appeal.

21 MR. ADDISON: But it's -- it's ---

22 COMMISSIONER BARDEN: But, yes, I am familiar with
23 it.

24 MR. ADDISON: But they are very dusty. And on to
25 the point of the evidence from the employer



1 witness was there to provide was that it's a
2 very dusty environment. If he had fallen, then
3 he should've been covered in dust.

4 **COMMISSIONER BARDEN:** And based on the evidence, it
5 looked like the Defendant's strongest defense
6 would have been or defense would have been --
7 I mean there is treatment, but that was never
8 pled. And I ---

9 **MR. ADDISON:** I -- and I don't understand that, I
10 really don't understand why that wasn't because
11 quite frankly I thought that was a good aspect
12 of this. The Claimant clearly did not provide
13 correct information to the employer. I think
14 part of it was that there was no direct
15 evidence that he had -- when I say direct, it
16 was a lot of circumstantial evidence that he
17 had a left ankle compromised prior to these
18 issues.

19 **COMMISSIONER BARDEN:** Well, the back was on there
20 and there were some other things on there ---

21 **MR. ADDISON:** Right.

22 **COMMISSIONER WILKERSON:** But -- but he made his
23 decision on the medical.

24 **MR. ADDISON:** Primarily ---

25 **COMMISSIONER WILKERSON:** Just about totally.



1 MR. ADDISON: Which is what ---

2 COMMISSIONER WILKERSON: I mean, that's what it says

3 ---

4 COMMISSIONER BARDEN: Yes.

5 COMMISSIONER WILKERSON: --- I am constrained by the

6 medical ---

7 COMMISSIONER BARDEN: That is ---

8 MR. ADDISON: Right, which is what I came to argue,
9 really, more than anything, obviously.

10 COMMISSIONER BARDEN: Maybe constrained wasn't the

11 right word ---

12 MR. ADDISON: And I think he was ---

13 COMMISSIONER BARDEN: --- because ---

14 MR. ADDISON: I think he felt bound by the fact that
15 there was a limited amount of medical, and the
16 medical indicated there were, quote, was an
17 injury ---

18 COMMISSIONER BARDEN: Yes.

19 MR. ADDISON: --- and, B, he needed some additional
20 medical. And I think that's what Commissioner
21 Beck was, sort of, focusing on. He clearly had
22 issues with the Claimant's credibility, I think
23 he made that very clear in his -- in his
24 statement in the case. And there was a good
25 bit of evidence pointing to there being some



1 potential credibility issues. I think Kay kept
2 trying to hang her hat on that and I don't know
3 that I necessarily agree with it one way or the
4 another. It's, you know, I'm not gonna -- I'm
5 not gonna sit there and say, Kay did something
6 wrong. I don't think ---

7 **COMMISSIONER BARDEN:** Right.

8 **MR. ADDISON:** --- you know, lawyers take cases ---

9 **COMMISSIONER BARDEN:** You would have handled it
10 differently ---

11 **MR. ADDISON:** Yeah, I may have handled it
12 differently, but I don't know I wasn't there.
13 I wasn't there taking the evidence, the various
14 pieces of evidence that were submitted to
15 Commissioner Beck. What -- what I can do,
16 looking at this record is say, there was a
17 McDevitt Street possibility that, you know,
18 that the gentleman clearly had some prior
19 issues that he did not inform the employer of.
20 And he just flat said, yeah, I didn't do it,
21 but I didn't think I had to, which I thought
22 was kind of a incredulous answer, but ... And
23 the fact that, you know, all the stuff in the
24 hearing transcript, when you go over that,
25 about that he had gotten 90 percent, that he'd



1 gotten it after he filled out this application.
2 As Kay went through the -- with it -- went
3 through that with him, she pointed out, well
4 you certainly were trying before you got the 90
5 percent. You were telling the United States
6 Government that you were damn near 100 percent
7 disabled as a result of these various things,
8 that included both ankles. And he agreed; the
9 Claimant said it included both ankles.

10 **COMMISSIONER BARDEN:** Okay. Well, I thought it was
11 the right ankle and both feet because he was
12 flat-footed.

13 **MR. ADDISON:** That's what the documents ---

14 **COMMISSIONER BARDEN:** That's what the ---

15 **MR. ADDISON:** --- provided.

16 **COMMISSIONER BARDEN:** --- deposition says.

17 **MR. ADDISON:** That's what the physician, but then
18 the claimant's testimony in his deposition was
19 that it included both ankles.

20 **COMMISSIONER BARDEN:** Okay.

21 **MR. ADDISON:** Which is what Kay pointed out to
22 Commissioner Beck. All of that to me, I don't
23 know that it ---

24 **COMMISSIONER BARDEN:** I don't know.

25 **MR. ADDISON:** --- necessarily rises ---



1 COMMISSIONER BARDEN: Okay.

2 MR. ADDISON: --- to the level of McDevitt. 'Cause

3 I think you have to have clear evidence for

4 McDevitt. I think you have to have medical

5 from the VA Disability saying, yeah, we're

6 giving disability for the left ankle. I think

7 it has to be that clear. So, I don't know that

8 there was a true McDevitt Street defense. I

9 think there was a colorable argument for

10 McDevitt Street. I think what it does do is go

11 to the Claimant's credibility, it's just more

12 of a credibility issue. This is a gentleman

13 who had -- granted an employee, this was his

14 second day at work. It was only his second day

15 at work and we got a questionable injury and

16 then questionable issues regarding what was

17 told to the employer about his prior history.

18 The fact that he was on disability and he had

19 ---

20 COMMISSIONER BARDEN: I think it just said both feet

21 and the right ankle.

22 MR. ADDISON: Right.

23 COMMISSIONER BARDEN: I think she said ankles to

24 Commissioner ---

25 MR. ADDISON: Just ---



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1 COMMISSIONER BARDEN: --- Beck.

2 MR. ADDISON: Right. So, you know, it's just more
3 of this credibility issue from Mr. Forrest and
4 what was told to the employer. Obviously, a
5 lot of red flags when you have a two-day
6 employee who's claiming an injury that he
7 didn't come directly to the supervisor and say
8 I got hurt and send me to the doctor. He went
9 to the doctor first, to his own doctor at
10 Moncrief. That was problematic because I think
11 Kay tried to get Moncrief records and couldn't
12 get 'em in time. There were certain records
13 that were submitted by the Claimant, but not
14 his entire history. Obviously, nothing prior
15 to the accident date to this event and prior to
16 this accident -- alleged accident date was ever
17 submitted by anyone in regards to what his
18 condition may have been or what may have been
19 going on with him prior to all of this. So,
20 all that just leads to this credibility
21 argument. I think that that's why Commissioner
22 Beck said what he said. But then Commissioner
23 Beck then went on to say, I have this medical
24 that says he's had an ankle sprain and that he
25 needs some medical.



1 COMMISSIONER WILKERSON: Uh-huh.

2 MR. ADDISON: I think that the focus of the case.
3 And what should be the focus for y'all is, at
4 best, what Mr. Forrest was able to show to a
5 Commissioner was he had what appears to be a
6 fairly minor ankle sprain. There's no doctor
7 saying ---

8 COMMISSIONER BARDEN: Well, we're not charged with
9 or tasked with determining permanency ---

10 MR. ADDISON: Right.

11 COMMISSIONER BARDEN: --- so we ---

12 MR. ADDISON: Absolutely.

13 COMMISSIONER WILKERSON: It's an accident.

14 MR. ADDISON: But what is the issue is the temporary
15 total, and that's where I see the focus of this
16 case. And that was the second argument that
17 Kay made in her brief, which I think that, you
18 know, I inherited. I did not do a new brief
19 because I felt like I was not able to. I don't
20 think, procedurally, that I was capable of
21 doing a new brief because I inherited this,
22 literally, right before the appeal hearing was
23 scheduled, the first one back in January.

24 COMMISSIONER WILKERSON: So has any doctor got him
25 back to work?



1 MR. ADDISON: They had -- they don't -- I don't
2 know. He's back at work, now. Actually,
3 technically now, we know that. And, you know,
4 that's not before y'all, but he has actually
5 gone back to work. But we got this lengthy
6 period of temporary total that's only based on
7 the Doctors Care records saying, out of work
8 until you go see physical therapy. The
9 Claimant testified at the hearing, he has gone
10 to physical therapy on his own in May of 2016.
11 And so Kay's position was, and she presented to
12 the Court, was the Claimant should have, at
13 best, received temporary total from April until
14 May the 13th.

15 COMMISSIONER WILKERSON: Uh-huh.

16 MR. ADDISON: I think it's April 16th through May
17 13th. Because the Claimant said, I went and
18 got physical therapy in May of 2016. There was
19 no evidence beyond that that said that the
20 Claimant should be out of work in any capacity,
21 subsequent to being seen by physical therapy.
22 And, therefore, there's no medical note that
23 just writes him out forever. So the running
24 award is what I believe was where the defect
25 occurs. The running award for the Claimant



1 should have not been ordered, it should have
2 been, the Claimant was entitled to receive
3 temporary total up until he was seen by the
4 physical therapist. And then the Claimant
5 should have submitted something or the physical
6 therapist should have submitted a medical
7 record that said he was not capable of working
8 or at least not working -- not capable of
9 working other than light duty. The Claimant
10 himself testified he was capable of working at
11 the hearing. He said, I can work, I know I can
12 work, I just don't think I can do what I had to
13 do at ADS because it's fairly physical and I
14 don't think I'm capable of doing it. Quite
15 frankly, based on the records that we received
16 subsequent to his employment, he probably
17 wasn't capable of doing it because he's been
18 found to be 90 percent disabled by the VA
19 system for a variety of problems, including
20 psychological issues, neuropathical issues and
21 multiple body part issues that he had submitted
22 to the VA for his disabilities. So, I don't
23 doubt that he would have a difficult time doing
24 heavy manual labor given the physical condition
25 he was in prior to us even hiring him.



1 COMMISSIONER BARDEN: Go ahead and finish your
2 thought.

3 MR. ADDISON: I'm sorry?

4 COMMISSIONER BARDEN: That was a lot of questions.

5 MR. ADDISON: So, you know, to me, the crux of this
6 issue of this case is the ongoing to TT. All
7 of the other stuff, I think there are a lot of
8 arguments that clearly were colorable one way
9 or the other, both from the Claimant and from
10 the Defendants. As to this issue of
11 credibility, whether the injury happened or
12 not, all this video that was submitted, I think
13 the real issue here is the medical. But
14 Commissioner Beck said, but then does the
15 medical support an ongoing TT award.

16 COMMISSIONER WILKERSON: Well is there any medical
17 doctor that said you may return back to work on
18 May the 13th? I mean, is there -- I ---

19 MR. ADDISON: It depends on how you read the Doctors
20 Care note. 'Cause the Doctors Care note says
21 out of work until you see physical therapy.

22 COMMISSIONER WILKERSON: And then physical therapy,
23 did physical therapy return him to work?

24 MR. ADDISON: They didn't return him, but they
25 didn't say he was -- could not work. And the



1 Doctors Care note doesn't say, and you're out
2 after ---

3 COMMISSIONER WILKERSON: But they didn't say ---

4 MR. ADDISON: --- physical therapy.

5 COMMISSIONER BARDEN: Didn't say ---

6 COMMISSIONER WILKERSON: --- he could work either.

7 MR. ADDISON: But it's -- but it's -- it's after --
8 there's no clear delineation by the Doctors
9 Care doctor that he can't work past that date.

10 COMMISSIONER WILKERSON: Okay.

11 MR. ADDISON: And the Claimant's own testimony was,
12 he could work past that date.

13 COMMISSIONER WILKERSON: But he's not receiving any
14 benefits now, is he?

15 MR. ADDISON: Well, it's because it's on -- because
16 we're on appeal.

17 COMMISSIONER WILKERSON: Right. Okay. Well that's
18 ---

19 MR. ADDISON: Well, yeah, have no run -- I mean, but
20 obviously we're -- we gotta go back and pay it
21 if ---

22 COMMISSIONER WILKERSON: If you lose.

23 MR. ADDISON: --- if we lose. But, you know, I
24 think the whole point here is, what should he
25 be entitled to from a TT standpoint. The



1 medical, you know, the medical's ...

2 COMMISSIONER BARDEN: Say what they say.

3 MR. ADDISON: --- equivocal and they're ---

4 COMMISSIONER WILKERSON: Yep, each is.

5 MR. ADDISON: --- and they say what they say.

6 COMMISSIONER BARDEN: Okay. All right, thank you.

7 MR. ADDISON: All right.

8 COMMISSIONER BARDEN: All right, you'll have three
9 minutes in reply. All right. Whenever you're
10 ready.

11 ARGUMENT BY MR. ARCHER:

12 MR. ARCHER: Thank you. Commissioners, I'll just
13 kind of, you know, walk through this case the
14 way I see it. Mr. Forrest was working third
15 shift, night, it's dark, in a parking lot that
16 was not lit, uneven -- uneven gravel. And his
17 testimony is that he stepped into a depression
18 or on a small rock that caused him to -- to
19 lose his balance and fall and caused an injury
20 to his ankle. I think Mr. Addison
21 characterized his testimony as such that he
22 didn't report this injury until the next day.
23 But that's not what the testimony at the
24 hearing set forth. Mr. Forrest testified that
25 he immediately came in from the yard and



1 notified his immediate supervisor, who was
2 Jareau (ph), that he had, in fact, hurt his
3 ankle, hurt his -- his leg in some manner, that
4 he would attempt to try to work out the
5 remainder of his shift, which he did. And I
6 think that's what the video submitted by Ms.
7 Crowe at the initial hearing was supposed to
8 represent, was him post-injury at the job site.

9 **COMMISSIONER BARDEN:** I thought it was a very poor
10 quality video.

11 **MR. ARCHER:** I -- I ---

12 **COMMISSIONER BARDEN:** I don't know how you would
13 determine whether or not he was -- had anything
14 on him or not.

15 **MR. ARCHER:** I agree, Commissioner, and I also point
16 out that the date and time stamp are not
17 accurate ---

18 **COMMISSIONER BARDEN:** Right.

19 **MR. ARCHER:** --- which was revealed at the hearing -
20 --

21 **COMMISSIONER BARDEN:** I know Commissioner Beck asked
22 about that in good ---

23 **MR. ARCHER:** Yeah.

24 **COMMISSIONER BARDEN:** --- great detail.

25 **MR. ARCHER:** And -- and he's wearing a reflective



1 vest, so he's ---

2 **COMMISSIONER BARDEN:** So, is he the man that was
3 walking through while the other gentleman is
4 standing in front of the vehicle?

5 **MR. ARCHER:** That's what I understand. That's --
6 that's what the Defendant's witness testified
7 to.

8 **COMMISSIONER BARDEN:** Okay.

9 **MR. ARCHER:** I couldn't identify him, but that's
10 what the Defendant's ---

11 **COMMISSIONER BARDEN:** Okay..

12 **MR. ARCHER:** --- witness testified to. But just to
13 point out that the ---

14 **COMMISSIONER BARDEN:** Because I thought he was a
15 mechanic, but this person was shoveling.

16 **MR. ARCHER:** Yeah, I don't ---

17 **COMMISSIONER BARDEN:** And putting stuff into a trash
18 can.

19 **MR. ARCHER:** Yeah. I ---

20 **COMMISSIONER BARDEN:** So I don't -- I was a little
21 bit unsure.

22 **MR. ARCHER:** I don't know, Commissioner.

23 **COMMISSIONER BARDEN:** Okay. All right.

24 **MR. ARCHER:** But I do want to point out that this
25 idea that he should be covered in dust, that



1 you really can't discern that from the video
2 'cause he's wearing a reflective vest over his
3 dark clothing. I mean, you really can't --
4 it's a black and white video and he's got a
5 bright white vest on. Whether or not there's
6 dust on it or not, you really just -- you can't
7 tell. So anyway, Mr. Forrest works the
8 remainder of his shift and then goes home to
9 try to sleep this thing off. Wakes up around
10 midday, which is the date of the injury, and is
11 still in pain. He is a Army veteran, so he has
12 the ability to go to the VA Hospital. He goes
13 to the VA and gets checked out, that's by a Dr.
14 Birchmore. Dr. Birchmore notes the swelling
15 and deformity in his left foot and indicates
16 that additional imaging would be beneficial.
17 The radiology report indicated that there was
18 some soft tissue swelling and he's written out
19 of work through April 15th. He then
20 immediately notifies the employer that he's had
21 this appointment at the VA and what the
22 findings were and the employer directs the
23 treatment and sends him out to their own
24 doctor. So they send him to Doctors Express,
25 Dr. Cherrick, who's the authorized treating



1 physician at this point, and he diagnoses
2 Claimant with a sprain of the left ankle,
3 writes him out of work through April 18th
4 pending a follow-up. He goes to the follow-up
5 appointment. He has abnormal range of motion
6 at this appointment, continued swelling, so
7 this is when he's written out of work pending
8 a PT evaluation. And this is when the employer
9 says, no, we're not authorizing any additional
10 treatment, we're denying this claim. So, the
11 last medical note in the record is that he is
12 out of work, pending further medical treatment.
13 There's no dispute that the employer has not
14 authorized any medical treatment beyond April
15 18th for this Claimant. You know, if they want
16 to maintain the position that this is a denied
17 claim, that it never happens, then, you know,
18 they bear the burden, they bear the risk that
19 this is found compensable. And Commissioner
20 Beck, you know, it's in the best person -- the
21 best position to determine credibility, to
22 determine whether or not this incident happened
23 as the Claimant said, whether or not he
24 suffered a compensable injury. Commissioner
25 found that he did, in fact, suffer a



1 compensable injury and the employer, rather
2 than just send him out for treatment or pay
3 this claim, decided to appeal it and here we
4 are a year later. But I don't think that Mr.
5 Forrest or the Claimant should be prejudiced
6 because of the delay in the adjudication of
7 this case by, you know, caused by the employer.
8 At any time, the employer could have sent him
9 out for any IME or to a doctor to opine as to
10 his ability to return to work. They didn't do
11 that, you know. So the only medical record
12 that we have is that Mr. Forrest is unable to
13 work and that's all we've got. There's nothing
14 that's -- puts him in MMI. There's nothing
15 that says he can work. There's nothing that
16 says he can work light-duty. He said he could
17 go back to work light-duty, but the employer
18 didn't want to offer that kind of position for
19 him. They terminated him immediately after the
20 hearing, told him to come pick up his tools.
21 So, you know, it's the Claimant's position that
22 he is entitled to temporary total, present and
23 continuing, until a doctor either places him in
24 MMI or the doctor says he can return to work.
25 Neither of those have happened.



1 COMMISSIONER BARDEN: Okay. Thank you, sir. Mr.
2 Addison, your final three minutes, sir.

3 REPLY BY MR. ADDISON:

4 MR. ADDISON: What Mr. Archer forgot to add was this
5 Claimant returns to work with another employer,
6 which he has been. And since he opened the
7 door, obviously it's not before y'all, but we
8 actually did try to set up an IME, which
9 Claimant did not go to. He didn't attend the
10 IME that I scheduled for him with an orthopedic
11 foot surgeon.

12 COMMISSIONER WILKERSON: Yeah, but that was after
13 the hearing.

14 MR. ADDISON: After the hearing. So it was our ---

15 COMMISSIONER WILKERSON: So that -- none of that's
16 before us.

17 MR. ADDISON: Well, I know it's not before you.

18 COMMISSIONER WILKERSON: So that doesn't count.

19 MR. ADDISON: Doesn't count, other than Mr. Archer
20 opened the door when he just said that ---

21 COMMISSIONER WILKERSON: I understand.

22 MR. ADDISON: --- we'd never done it.

23 COMMISSIONER WILKERSON: Okay.

24 MR. ADDISON: It has been done subsequent to my
25 taking over this file. In terms of what was



1 before Commissioner Beck ---

2 COMMISSIONER WILKERSON: That's all we can rule on.

3 MR. ADDISON: I understand that.

4 COMMISSIONER WILKERSON: That's the dilemma.

5 MR. ADDISON: And -- and ---

6 COMMISSIONER WILKERSON: That's all we can rule on.

7 MR. ADDISON: --- and I know ---

8 COMMISSIONER WILKERSON: --- is what he had.

9 MR. ADDISON: --- have to convince you, you're the
10 one I have to convince.

11 COMMISSIONER WILKERSON: You're right, because if it
12 wasn't before him, it don't count.

13 MR. ADDISON: The question, Commissioner, is -- I
14 mean, the question just isn't if you've got an
15 out-of-work statement that's written like this
16 out-of-work statement that he has, that's not
17 an open-ended out-of-work statement. It's not
18 he's out of work forever and ever, amen.

19 COMMISSIONER BARDEN: Well, do you think you're
20 precluded from asking for credit for ---

21 COMMISSIONER WILKERSON: When he goes back to work?

22 COMMISSIONER BARDEN: Yeah. Do you ---

23 MR. ADDISON: Oh, I know I get credit back to that -
24 --

25 COMMISSIONER BARDEN: Right.



1 MR. ADDISON: --- when he went back to work. The
2 question is between that ---

3 COMMISSIONER BARDEN: Just that period where he
4 didn't ---

5 MR. ADDISON: From then until ---

6 COMMISSIONER BARDEN: --- physical therapy?

7 MR. ADDISON: --- when he goes back to work. You
8 know, when he got physical therapy in May of
9 20- -- so only records say out of work until he
10 gets physical therapy. And then from that
11 point forward, the Claimant never has provided
12 a document saying that a doctor has written me
13 out of work. It's all stuff prior to the
14 physical therapy. So, what you have before you
15 is an out-of-work statement up through the time
16 he sees a physical therapist, period. Not --
17 his doctor didn't say open-ended and then maybe
18 stay out of work ---

19 COMMISSIONER BARDEN: When did he complete ---

20 MR. ADDISON: --- after that.

21 COMMISSIONER BARDEN: --- physical therapy, which
22 would have triggered the ---

23 MR. ADDISON: According to him, yes, but we don't
24 know. I mean, that was just per ---

25 COMMISSIONER BARDEN: We won't have ---



1 MR. ADDISON: --- testimony from ---

2 COMMISSIONER BARDEN: --- the records to that ---

3 MR. ADDISON: We don't have the records.

4 COMMISSIONER BARDEN: And why don't we have the re-
5 -- we don't know why we don't have the records.

6 MR. ADDISON: I don't know.

7 COMMISSIONER BARDEN: Okay.

8 MR. ADDISON: I didn't submit ---

9 COMMISSIONER BARDEN: Okay.

10 MR. ADDISON: I had nothing to do with that.

11 COMMISSIONER BARDEN: That was the Claimant's case
12 'cause he got the physical therapy at the -- at
13 the military base. There was more records that
14 didn't come in. Kay actually called that into
15 question, you know, where were the records.
16 There was a good bit of discussion, testimony
17 by the Claimant about stuff that was told to
18 him by the doctors, et cetera, at the hospital
19 and none of that was submitted.

20 COMMISSIONER BARDEN: Okay.

21 COMMISSIONER WILKERSON: Preponderance of the
22 evidence before the Commissioner at the time of

23 ---

24 MR. ADDISON: Correct. Which is a doctor's
25 statement saying, out of work until you get



1 physical therapy, period.

2 **COMMISSIONER WILKERSON:** So you -- so if he never
3 got it, you'd have to pay him.

4 **MR. ADDISON:** If we -- if you never got it, I think
5 there's an argument that I don't have to pay.
6 I think then it goes to ---

7 **COMMISSIONER BARDEN:** But if we don't know when it
8 ended or whether it begin, then how could we
9 rule on ---

10 **COMMISSIONER WILKERSON:** Find out when it ended.

11 **MR. ADDISON:** Because of the claimant's testimony
12 that he got out on May 13th. I don't even know
13 that it took place period, but, obviously, the
14 claimant said it did. So if it's the
15 claimant's case and he's the one that's
16 providing -- has the burden of proof before --
17 to you, as the Commissioners, I think if he
18 says, I got physical therapy on May 13th, then
19 he got physical therapy May 13th. And that
20 would end that period of TT.

21 **COMMISSIONER BARDEN:** But did it start on May 13th?

22 **MR. ADDISON:** April the 12th is what I have.

23 **COMMISSIONER WILKERSON:** So why is your argument the
24 13th and not April the 12th?

25 **MR. ADDISON:** No, no, no. That's when he went out -



1 - that was one ---

2 **COMMISSIONER WILKERSON:** Oh, went out.

3 **MR. ADDISON:** --- of the out of work statements.

4 The only out of work statements that exist is

5 ---

6 **COMMISSIONER WILKERSON:** Is April the 12th.

7 **MR. ADDISON:** April 12th through May the 13th.

8 **COMMISSIONER WILKERSON:** Okay. All right.

9 **COMMISSIONER BARDEN:** Okay. Thank you, sir.

10 **MR. ADDISON:** All right.

11 **COMMISSIONER BARDEN:** That concludes this proceeding

12 ---

13 **COMMISSIONER WILKERSON:** Thank y'all.

14 **COMMISSIONER BARDEN:** --- and I hope everybody has a
15 good rest of the day.

16 (There being nothing further, this hearing concluded
17 at 2:04 p.m.)

18

19

20

21

22

23

24

25





Claimant's Name: Courtney Forrest

Address: 941 Corison Loop

City: Columbia State: SC Zip: 29229

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

Preparer's Name: Christopher J. Archer, Esquire

Employer's Name: Advanced Disposal Services, Inc.

Address: 49 Palmetto Court

City: Gaston State: SC Zip: 29053

Carrier: Arch Ins. Co./Sedgwick Claims Management Services, Inc.

Preparer's Phone #: (803) 251-4517

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

☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$Max 2. AWW: \$Max Date of Injury: 4/12/2016
3. Type of injury and body part(s): Left ankle and leg.
4. Facts in controversy: 1) Whether claimant sustained compensable injuries to left ankle and leg; 2) Whether claimant is entitled to TTD for the periods he has missed from work from the date of the injury to present and continuing; 3) Whether claimant is at Maximum Medical Improvement and if so, the extent of permanent disability; 4) whether the employer is required to pay all casually related medical expenses, out of pocket medicals, the payment of back medicals, and mileage expenses from the date of the injury to the present and continuing
5. Legal issues involved: None
6. Unusual aspects:
7. Witnesses (designate if expert):* The claimant, and any witnesses named by the Defendants. (The Claimant reserves the right to amend the Pre-Hearing brief upon receipt of additional information).
8. Exhibits: Employment records from Advanced Disposal Services, Inc.; Deposition Transcript of Claimant
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Under the Administrative Procedures Act, the following medical evidence was submitted:
Doctor's Express, 3304 Forest Drive, Columbia, SC 29204; Moncrief Hospital, 4500 Stuart Street, Fort Jackson; SC 29207; Williams Jennings Bryan Dorn VA Medical Center, 6439 Garners Ferry Road, Columbia, SC 29209
10. Name, address, and specialty, if any, of the treating physician: Doctors Express, 3304 Forest Drive, Columbia, SC 29204, Urgent Care; Moncrief Hospital, 4500 Stuart Street, Fort Jackson, SC 29207; Williams Jennings Bryan Dorn VA Medical Center, 6439 Garners Ferry Road, Columbia, SC 29209
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant not at MMI.
12. I am amending my Form 50/51 in the following manner:

☐ **Mediation**

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Vernon F. Dunbar, address P.O. Box 2980, Greenville, SC 29602 on the 25th day of March, 2015 by: ☒ first class postage ☐ certified mail ☐ personal service.

Signature: [Signature]
Date of hearing: August 10, 2016 (Commissioner Beck)

Email: CArcher@GoodwynLaw.com
Time needed for hearing: 30 minutes

CLAIMANT'S APA AND EXHIBIT SUBMISSION

Courtney Forrest v. Advanced Disposal Services, Inc.

WCC File Nos.: 1604067

Our File No.: 7000-0140

Dates of Injury: April 12, 2016

Hearing Date: August 10, 2016 (Commissioner Beck)

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORTS	NO.
1	Doctors Express	04/12/16-04/18/16	1-14
2	William Jennings Bryan Dorn VA Medical Center	04/12/16	15-24
3	Moncrief Hospital	04/20/16	25-43

EXHIBITS

TAB		Pages
1	Employment records from Advanced Disposal Services, Inc.	105
2	Deposition Transcript of Claimant	

0167

+18032514527 DRX22 Columbia, SC 06/30/2016 16:02
Patient Name: COURTNEY FORREST

Visit Date: 4/12/2016
Rendering Physician: Michael Huncharek, MD

Seen At: AFC/Doctors Express Columbia
3304 Forest Drive
Columbia, SC 29204-4024

Phone: 803-787-3901
Fax: 803-787-3902

Chief Complaint

Patient comes in today for a Ankle pain: Left, Foot pain and drugscreen. (SOURCE: Patient)

HPI

Patient Reports:

- * Ankle pain: Left
- * Foot pain [Onset: 04/11/2016 Acute; Hx of: Reports Trauma; Mod. Fact.: Worse Activity, Climbing stairs; Treatment: Better Rest; Location: Reports Foot: left; Free text: 57yo AA male presents to clinic following fall at work. Pt twisted L foot/ankle. By pts reports, he was seen by his PCP and L ankle/foot was x-rayed and no fracture was seen. Ace wrap was placed and pt is using crutches. He works as truck mechanic. He was given codeine for pain.]
- * drugscreen

PMH

Essential (primary) hypertension (401.9, I10) (Active)

Surgery Hx

Hernia - (1998)

ROS

Musc/Skel:

Patient Reports:

- * Joint pain [Onset: Acute; Mod. Fact.: Worse Activity]
- * Leg pain
- * All non-documented systems have been reviewed and are considered negative.

Cur Rx

ACTIVE: codeine sulfate
ACTIVE: hydrochlorothiazide
ACTIVE: Norvasc

Allergies

Active: No known allergies; No known drug allergies

Social Hx

Alcohol Use

Patient denies alcohol use.

Caffeine Use

Has 2 caffeinated drinks a day.

Drug Use

Patient denies drug use.

Tobacco Use

Patient denies smoking.

Fam Hx

There is no recognized family history that relates to this patient's present illness.

Vitals

Taken at 5:34 PM:

BP: 140/94 mmHg
PULSE: 97 bpm
RESP: 18 breaths/min
TEMP: 98.4
WEIGHT: 235 lb(106.59 kg)
HEIGHT/LENGTH: 5 ft 11 in
BMI: 32.775

Exam

+18032514527 DRX22 Columbia, SC 06/30/2016 16:02
Patient Name: COURTNEY FORREST

Exam**General**

NORMAL: Well developed, well nourished, in no apparent distress

Chest/Lungs

NORMAL: Chest is clear to auscultation bilaterally, Normal respiration, rhythm and depth.

Cardiac

NORMAL: Heart normal to auscultation, Normal PMI, No thrill

Abdominal

NORMAL: Non tender, non distended, Normoactive bowel sounds

Neurological

NORMAL: Normal neurological examination

Musculoskeletal

ABNORMAL: Abnormal ROM in left ankle. Tenderness to palpation left ankle

Procedures

HANDLING &/OR CONVEYANCE OF SPEC FOR TRANSFER FROM PHYS TO LAB [99000] QTY (1)

A/P

Sprain of unspecified ligament of left ankle, initial encounter (845.00, S93.402A)

Get plenty of rest.

Keep splint/cast clean/dry. Protect from damage

Never put objects inside cast to relieve itching.

Watch for swelling, pain, burning, color change, numbness or tingling. If these symptoms occur elevate the extremity above the heart level for 30 minutes. If symptoms still persist go to the Emergency Department at once.

Follow up with your Primary Care Physician or Orthopedic Physician for further care if so advised.

Apply ice packs for the first 48 hours.

Elevate (above heart level) the injured area.

No weight bearing if so advised & use crutches as instructed during visit.

Recheck in 4-5 days if not improved. See work slip for restrictions if received.

Check circulation as instructed.

Tylenol every 4-6 hours as needed and/or Ibuprofen every 6-8 hours as needed, over the counter for pain or fever.

Rest, ice and elevate the affected area.

Prescribed ibuprofen 600 MG tablet: Take 1 tablet (oral) 3 times per day for 7 days; Total Qty: 21

(Twenty One) tablet; 1 refill(s); Allow substitutions

* Prescription printed on 04/12/2016 17:56:52.765 by mhuncharek.dr22

This record was electronically signed by Michael Huncharek, MD on 04/12/2016 at 17:57

2



55937

Occupational Medicine / Workers' Compensation Patient Registration Form

PATIENT INFORMATION:

Name: COURTNEY D. FOREST Sex: SM QF
 Date of Birth: _____
 Social Security: _____
 Street Address (Apt #): 941 CORISON LOOP
 City, State, Zip: COLUMBIA SC 29229
 Home Phone: 803-586-9591
 Local or Cell Phone: 803-586-9591
 Confidential Email Address: forestd@yahoo.com

PATIENT EMPLOYMENT:

Employer Name: ADVANCE DISPOSAL
 Employer Phone: 803-431-5283
 Fax: _____
 Employer Address: 49 Palmetto Court
COLUMBIA SC 29203
 Contact Name: VANESSA PARNICK
 Contact Phone: 803-431-5283

Based on government regulations we are required to ask the following information: ☐ I prefer not to answerPreferred Language: English

Ethnicity: ☐ Hispanic or Latino
☒ Non Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Asian
☒ Black or African American ☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander

DESCRIPTION OF INJURY OR ILLNESS: To be completed by patient

Date and Hour of Injury: 4-18-16 0845 AM PM
 Details of Accident: Working in Equipment parking, a depression
caused me to lose balance & twist my ankle and foot
note: I fell on the ground & was there for 10
minutes in extreme pain. I reported it to my
supervisor MR Tolson

ASSIGNMENT OF BENEFITS AND GUARANTEE OF ACCOUNT

I acknowledge full financial responsibility for any services rendered and I understand that the payment of charges incurred in this office is due at the time of service. I also understand that the charges not covered by insurance remain my responsibility and assign insurance benefits to this office. In the event my account is turned over to a collection agency, I agree to pay all costs of collection fees and/or attorney's fees and all court costs if any.

CONSENT FOR TREATMENT:

I, the undersigned, consent to the care and treatment by the attending physician, his/her associates or assistants. I acknowledge that no guarantees have been made as to the effect of such treatment.

DRUG SCREEN AUTHORIZATION: (if applicable)

I hereby authorize AFC Doctors Express to collect a specimen for the purposes of performing a drug and/or blood alcohol screen and report the results to the company or employer listed above.

Patient Signature: [Signature]

Patient/Guardian Signature (if patient is a minor)

Date: 4-18-16**VERIFICATION INFORMATION:** To be completed by AFCORX front office staff

AFCORX Employee: _____

Verified with: _____

Work Comp Vial: ☐ Yes ☐ No

Responsible Party: _____

Occ Med Vial: ☐ Yes ☐ NoDrug Screen Required: ☐ Yes ☐ NoIs verification prior to treatment necessary according to the employer face sheet? ☐ Yes ☐ No

Special Instructions: _____

+18032514527 DRX22 Columbia, SC 06/30/2016 15:38

3304 Forest Drive


**Advanced
Disposal**

 Clinic Services
Request Form

Name <u>Courtney Forrest</u>		Specimen ID # <u>10419177-491318</u>
Employee ID/SSN		
Date / Time Notified <u>04/12/2016</u>	Location Name/#	
Clinic Name <u>Doctors Express</u>	Time In	Time out
Service Requested ☒ Substance Test ☐ Physical ☐ Other -		
Type of Test ☒ Drug Only ☐ Alcohol Only ☒ Drug and Alcohol together <u>T.W.</u>		
Testing Authority (Check One) ☐ DOT (FMCSA) ☒ Non-DOT		
Reason for Test (Check One) ☐ Pre-Employment ☒ Random ☐ Post Injury - always Non-DOT ☐ Reasonable Suspicion ☐ SAP - ordered test (RTD/Follow-Up) ☐ Observed ☐ Post Vehicle Accident		
*Note: DOT Post-Accident Tests MUST be both Drug & Alcohol Not a CDL driver = NO TEST Was there a Fatality (any party) ☐ Yes ☒ No → DOT DRUG & ALCOHOL TEST Not a CDL driver → NO TEST Did our CDL Driver receive a moving violation citation? ☐ No ☒ Yes → NO TEST Did ANY vehicle require a tow OR did anyone have injuries requiring treatment away from the scene? ☐ Yes ☒ No → DOT DRUG & ALCOHOL TEST NO TEST		
If Alcohol Test is over 2 hrs but less than 8 hrs after accident, must note reason:		Accident Time
ADS Authorization Authorized by: <u>Vanessa Murdy</u>		Date: <u>04/12/2016</u>
Breath Alcohol: Once completed, please fax a copy of the results to 904-309-6685		For positive alcohol results, refusals, or other testing issues call DER Barbara Martin: 414-394-6937 office 8-5pm EST 248-388-1314 cell after hours

ADVANCED DISPOSAL SAFETY DEPARTMENT

Effective date: 01-01-2013

+18032514527 DRX22 Columbia, SC 06/30/2016 15:46



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY.**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). We must follow the privacy practices that are described in this Notice (which may be amended from time to time). For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Your PHI may be used and disclosed by the physician, one or more staff and others outside of our offices that are involved in your care and treatment for the purpose of providing health care services to you, to pay your bills, to support the operation of the business, and any other use required by law. We may use and disclose PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. **Treatment:** We may use and disclose PHI in order to provide treatment to you. For example, we may use PHI including your medication history to diagnose, treat, and provide medical services to you. In addition, we may disclose PHI to other health care providers involved in your treatment.
2. **Payment:** Under federal law we may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, we may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services. Under Washington state law, release of PHI to health plans requires an authorization provided by you to us or to your health plan. We may contact the Guarantor for your visit in order to obtain payment.
3. **Health Care Operations:** We may use or disclose your PHI in order to support our business activities. These activities include, but are not limited to business associates, quality assessment activities, internal investigations, performance reviews, and testing employees. In addition, we will use a sign-in sheet at the registration desk where you will be asked to provide your name and date of birth. We may also call you by name in the waiting room when the physician is ready to see you. We may use or disclose your PHI to contact you to remind you of an appointment, to notify you of test results, to inform you of health-related services that may be of interest to you, and to speak on your treatment, progress, and satisfaction with our services.
4. **Required or Permitted by Law:** As required by Law, Public Health Issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity, National Security, Worker's Compensation, Insurance, and other Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services.

B. Permissible Uses and Disclosures That May Be Made Without Your Authorization, But For Which You Have An Opportunity to Object.

1. **Family and Other Persons Involved in Your Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, at your location, your general condition, or death, if you are present, then prior to an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's right and our experience to make reasonable inferences of your best interest in allowing a person to receive health information.
2. **Disaster Relief Efforts:** We may use or disclose protected health information to a public or private entity authorized by law or the charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of you location, general condition, or death.
3. **Other permitted and required uses and disclosures:** Uses or disclosures of your PHI for marketing or sale of your PHI to third parties, will be made only with your authorization. Once given, you may withdraw authorization at any time in writing.

II. YOUR INDIVIDUAL RIGHTS

- Right to Inspect and Copy:** You may request access to your medical records and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. Under federal law, you may not inspect or copy psychotherapy notes, information compiled in anticipation of, or use in, a legal proceeding, and PHI that is otherwise prohibited. We may charge a fee for the costs of copying and sending you any records requested.
- Right to Alternative Communications:** You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.
- Right to Request Restrictions:** You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. Your request must be in writing and state the specific restriction requested and when you want the restriction to apply. If you have paid for your services in full and ask us not to disclose your visit to your insurance company, we will honor that request. You are not required to agree to any other restriction that you may request.
- Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures of PHI made by us in the last six years. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations. We are required by law to notify you if your unsecured PHI is breached.
- Right to Request Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we deny your written request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement.
- Right to Obtain Notice:** You have the right to obtain a paper copy of this Notice by submitting a request to the center's Compliance Officer at any time.
- Questions and Complaints:** If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights, you may contact the center's Compliance Officer. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or with our office.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- Effective Date:** This Notice is effective on August 16, 2012.
- Changes to this Notice:** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in the waiting area of our office and on our web site. You may also obtain any revised notice by contacting the center's Compliance Officer.

I have reviewed the AFC-Doctors Express Notice of Privacy Practices and understand that I may request a copy of the policy at any time.

DATE: _____

SIGNED: _____

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

RECEIVED 06/30/2016 04:09PM

18032914527 DRX22 Columbia, SC 06/30/2016 16:12



10419177 1471318 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

805 FIRST COLONY
DEPT
48 PALMISTO DRIVE
COLUMBIA SC 29220
PH: 803-403-0243

B. MRO Name, Address, Phone and Fax No.

UNION TR
SCHAFZ, M. R. DR. JR.
1000 MARKET ST. 10TH FLOOR
COLUMBIA, SC 29201
PH: 803-555-5555 FAX: 803-555-5555

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last

FORREST

First

COURTNEY

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☒ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99)

G. Drug Tests to be Performed:

45105M SAP 5-ED-THU-THU

H. Collection Site Name:

Doctors Express

Collection Site Code:

Address: 3704 FOREST DR

City, State and Zip: COLUMBIA, SC 29201

Collector Phone No:

803-781-7777

Collector Fax No:

803-781-7777

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 80° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☒ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor, identified as the testicular specimen on Chain 1 of the form, was collected, sealed, and released to the delivery service noted in accordance with applicable requirements.

☒ I certify that the specimen given to me by the donor, identified as the testicular specimen on Chain 1 of the form, was collected, sealed, and released to the delivery service noted in accordance with applicable requirements.

05:28 AM
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

☒

Signature of Assessor

(Print) Assessor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was tested with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was tested with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor

COURTNEY FORREST

(Print) Donor's Name (First, MI, Last)

4/12/16

Date (Mo./Day/Yr.)

Daytime Phone No. (803) 586-7541

Evening Phone No. ()

Date of Birth: Mo Day Yr.

+18032514527 DRX22 Columbia, SC 06/30/2016 16:15



Doctors Express

Urgent Care | Family Care

3304 Forest Drive
Columbia, SC 29204-4024

Phone 803-787-3901
Fax 803-787-3902

Date: 04/12/16

Courtney Forrest (DOB:)

Was seen today at AFC/Doctors Express Columbia and may:

☐ Return to Work without any restrictions as of:☐ Return to Work with the following restrictions as of:☐: Avoid kneeling, squatting, jumping, running, climbing ladders☐: Avoid prolonged ☐ sitting ☐ standing☐: Avoid strong gripping with ☐ right hand ☐ left hand☐: Limit repetitive motion with ☐ right hand ☐ left hand

☐: No lifting greater than ☐ lbs over shoulder with ☐ right arm ☐ left arm
☐ lbs waist to shoulder with ☐ right arm ☐ left arm
☐ lbs below the waist with ☐ right arm ☐ left arm

☐: No pulling or pushing over ☐ lbs☐: Proper lifting technique as instructed☐: Right handed duty only☐: Left handed duty only☐: Must wear splint/brace☐: Sit down work only☒ May not return to Work: re-evaluate pt on 4/18/16

Any questions, please call.

PROVIDER SIGNATURE
Michael Huncharek, MD

Patient Name: COURTNEY FORREST
DOB: [REDACTED]

Seen On: 4/12/2016

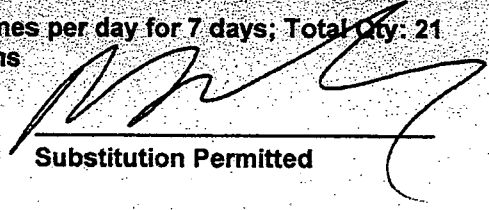
Seen By: Michael Huncharek, MD

NPI #: 1912112715 DEA #: H2220452

Seen At: AFC/Doctors Express Columbia

ibuprofen 600 MG tablet: Take 1 tablet (oral) 3 times per day for 7 days; Total Qty: 21
(Twenty One) tablet; 1 refill(s); Allow substitutions

Dispense as written


Substitution Permitted



+18032514527 DRX22 Columbia, SC 06/30/2016 16:02

Patient Name: COURTNEY FORREST

Visit Date: 4/18/2016

Rendering Physician: Michael Huncharek, MD

Seen At: AFC/Doctors Express Columbia

3304 Forest Drive

Columbia, SC 29204-4024

Phone: 803-787-3901

Fax: 803-787-3902

Chief Complaint

Patient comes in today for a work comp follow up. (SOURCE: Patient)

HPI

Patient Reports:

* work comp follow up [Free text: 57yo AA male presents to clinic for re-evaluation. Pt sprained R ankle and has residual swelling although decreased. Pt also w some mild R knee discomfort.]

ROS

Musc/Skel:

Patient Reports:

* Joint pain [Onset: Chronic]

* Edema

* All non-documented systems have been reviewed and are considered negative.

Social Hx

Reviewed Social Hx

Vitals

Taken at 10:54 AM:

BP: 184/92 mmHg

PULSE: 99 bpm

RESP: 18 breaths/min

WEIGHT: 228 lb(103.42 kg)

HEIGHT/LENGTH: 6 ft .3 in

BMI: 30.665

Exam

General

NORMAL: Well developed, well nourished, in no apparent distress

Neurological

NORMAL: Normal neurological examination

Musculoskeletal

ABNORMAL: Abnormal ROM in left ankle, Swelling present left ankle

A/P

Sprain of unspecified ligament of left ankle, initial encounter (845.00, S93.402A)

send for PT evaluation and treatment

Pt will be off work until PT evaluation

Pt to RTC once he is seen by PT

This record was electronically signed by Michael Huncharek, MD on 04/18/2016 at 11:07

+18032514527 DRX22 Columbia, SC 06/30/2016 15:56

AFC Doctors Express

URGENT CARE

Patient Registration Form

Please fill out form completely. See the back page of this form for Notice of Privacy Practices.

STOP Is today's visit work related? If yes: Do not complete this form. Please see front desk staff for instructions.

W/C 12-check

NAME: COURTNEY FORREST **Sex:** ☒ M ☐ F

Social Security #: _____

REASON FOR VISIT: _____

Street Address / Apt #: _____

City, State, Zip: _____

Home Phone: _____ **Leave message:** ☐ Yes ☐ No

Local or Cell Phone: _____ **Leave message:** ☐ Yes ☐ No

Best form of contact? ☐ Home ☐ Cell ☐ Other

Home Email Address: _____

Primary Care Physician: _____

Primary Care Phone or City & State: _____

Was this the result of a motor vehicle accident? ☐ Yes ☐ No

How did you hear about us? _____

Patient's Employer: _____

Work Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Relationship to Patient: _____

Based on government regulations we are required to ask the following information: ☐ I prefer not to answer

Preferred Language: _____

Ethnicity: ☐ Hispanic or Latino ☐ Non Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Caucasian ☐ Native Hawaiian or Other Pacific Islander

GUARANTOR INFORMATION ☐ Check if same as patient information and sign at X below. If not, please complete entire section and sign.

Name: _____ **Sex:** ☐ M ☐ F

Date of Birth: _____ **SSN:** _____

Relationship to Patient: ☐ Spouse ☐ Parent ☐ Other

Street Address / Apt #: _____

City, State, Zip: _____

Home Phone: _____

Local or Cell Phone: _____ **Email:** _____

Guarantor Employer: _____

Employer Phone: _____ **Ext #:** _____

I acknowledge full financial responsibility for any services rendered and I understand that the payment of charges incurred in this office is due at the time of service. I also understand that the charges not covered by insurance remain my responsibility and assign insurance benefits to this office. In the event that my security is turned over to a collection agency, I agree to pay all late fees, costs of collection fees, and/or attorney's fees and all court costs, if any.

X: _____ **DATE:** _____

Patient/Guarantor Signature

INSURANCE INFORMATION

Primary Insurance

Insurance Plan Name: _____

Policy ID: _____ **Group Number:** _____

Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Subscriber Name: _____

Subscriber Date of Birth: _____

Secondary Insurance (if applicable)

Insurance Plan Name: _____

Policy ID: _____ **Group Number:** _____

Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Subscriber Name: _____

Subscriber Date of Birth: _____

AUTHORIZATION (Optional)

By providing this authorization to release my Personal Health Information (PHI) to the following individual(s), I understand that the authorization is voluntary and is being done at the request of the patient. I understand that I may refuse to sign this authorization and my treatment and/or payment obligations will not be affected. I understand that the health information to be obtained and released may be subject to redaction by the recipient of the health information and no longer protected by the federal Privacy Rules. I understand that I may revoke this authorization at any time by notifying AFC/Doctors Express in writing, but if I do, it will not have any effect on uses or disclosures prior to the receipt of the revocation. I understand that this authorization is for six (6) years unless specified otherwise.

I hereby authorize AFC/Doctors Express to use and disclose health information to the following:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

CONSENT FOR TREATMENT

I, the undersigned, consent to the care and treatment by the attending physician, nurse, associates or assistants. I acknowledge that no guarantees have been made as to the outcome of such treatment.

[Signature]
Patient/Guarantor Signature (if patient is a minor)

I have reviewed the AFC/Doctors Express Notice of Privacy Practices on the back of this form and understand that I may request a copy of the policy at any time.

SIGNED: _____ **DATE:** 4-18-16

Patient/Guarantor Signature (if patient is a minor)

+18032514527 DRX22 Columbia, SC 06/30/2016 15:56



Notice of Privacy Practices

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I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

A. Your PHI may be used and disclosed by the physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the business, and any other use required by law. We may use and disclose PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

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4. **Required or Permitted by Law:** As required by law, Public Health is used as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity, National Security, Worker's Compensation, Inmates, and other Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services.

B. Permissible Uses and Disclosures That May Be Made Without Your Authorization, But For Which You Have An Opportunity to Object.

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2. **Disaster Relief Efforts:** We may use or disclose protected health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.

C. **Other permitted and required uses and disclosures:** Use or Disclosure of your PHI for marketing or sale of your PHI to third parties, will be made only with your authorization. Once given, you may withdraw authorization at any time in writing.

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F. **Right to Obtain Notice:** You have the right to obtain a paper copy of this Notice by submitting a request to the center's Compliance Officer at any time.

G. **Questions and Complaints:** If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights, you may contact the center's Compliance Officer. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or with our office.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. **Effective Date:** This Notice is effective on August 16, 2013.

B. **Changes to this Notice:** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in the waiting area of our office and on our web site. You may also obtain any revised notice by contacting the center's Compliance Officer.

afc Doctors Express
Urgent Care | Family Care

3304 Forest Drive
Columbia, SC 29204-4024

Phone 803-787-3901
Fax 803-787-3902

Date: 04/18/16

Courtney Forrest (DOB:)

Was seen today at AFC/Doctors Express Columbia and may:

☐ Return to Work without any restrictions as of:

☐ Return to Work with the following restrictions as of:

☐: Avoid kneeling, squatting, jumping, running, climbing ladders

☐: Avoid prolonged ☐ sitting ☐ standing

☐: Avoid strong gripping with ☐ right hand ☐ left hand

☐: Limit repetitive motion with ☐ right hand ☐ left hand

☐: No lifting greater than ☐ lbs over shoulder with ☐ right arm ☐ left arm
☐ lbs waist to shoulder with ☐ right arm ☐ left arm
☐ lbs below the waist with ☐ right arm ☐ left arm

☐: No pulling or pushing over ☐ lbs

☐: Proper lifting technique as instructed

☐: Right handed duty only

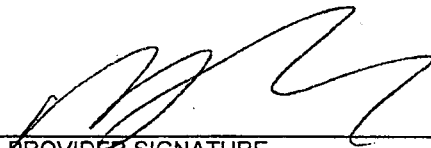
☐: Left handed duty only

☐: Must wear splint/brace

☐: Sit down work only

☒ May not return to Work: *until PT evaluation.*

Any questions, please call.



PROVIDER SIGNATURE
Michael Huncharek, MD

0179

12

103 748-9696

Doctors Express

Urgent Cases: Penny Case

Name: F. R. Best, Contractor
Address: _____

Agency:

1104 Power of Order
 Columbia, SC 29201
 P 803 747 1000
 F 803 747 1000

Date: 7/18/70

Agas 2

SECURITY FEATURES ON BACK

Rx Pet E serum 1 (a) SECURITY PEA

PT contribution to cost

—3 {, 011: 4,

[illegible]

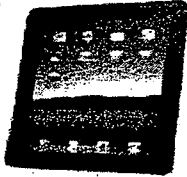
Wingspan 20-22 cm

1917-1918

How was your visit?

Your feedback is important to us. Please complete our 60 second online survey and enter to win an Apple iPad!

DoctorsExpressListens.com



PS: It's all about YOU!

3304 Forest Drive
Columbia, SC 29204-4024
P: 803-787-3901
F: 803-787-3902

Date of Visit: April 18, 2016
Seen By: Michael Huncharek, MD
Location: AFC/Doctors Express Columbia
3304 Forest Drive
Columbia, SC 29204-4024
803-787-3901

Guarantor:
Patient Name: Courtney Forrest
941 CORISON LOOP
COLUMBIA, SC 29229
DOB: [redacted] 38 Gender: M

ADVANCED DISPOSAL SERVICES

OCC MED
1835 MARKET ST
PHILADELPHIA, PA 19103
Policy Holder: ADVANCED DISPOSAL SERVICES
Relation: [redacted] **Insurance #:** 079524451
DOB: [redacted] **Effective Date:** 3/14/2016
Gender: M **Type:** Occ Med
Employer: ADVANCED DISPOSAL SERVICES

CONCORDE INC

OCC MED
1835 MARKET ST
PHILADELPHIA, PA 19103
Policy Holder: CONCORDE INC **Group #:**
Relation: [redacted] **Insurance #:** 079524451
DOB: [redacted] **Effective Date:** 1/1/2016
Gender: M **Type:** Occ Med Guar
Employer: CONCORDE INC

Visit Date:	Description:	Qty
04/18/16	99213 - OFFICE EVALUATION AND MANAGEMENT SE	1

Total Payments: \$0.00

Clinical Summary Report

Chief Complaint

Patient comes in today for a work comp follow up. (SOURCE: Patient)

Vitals

Taken at 10:54 AM:
BP: 184/92 mmHg
PULSE: 99 bpm
RESP: 18 breaths/min
WEIGHT: 228 lb(103.42 kg)
HEIGHT/LENGTH: 6 ft .3 in
BMI: 30.665

A/P

Sprain of unspecified ligament of left ankle, initial encounter (845.00, S93.402A)
send for PT evaluation and treatment
Pt will be off work until PT evaluation
Pt to RTC once he is seen by PT

This is not a bill, receipt purposes only. Charges are subject to review by Medical Director and Coding Specialist and may be adjusted if necessary. Current balance reflects payments made prior to claim submission to insurance company. 0181

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Radiology Reports

Printed On May 3, 2016

ANKLE 3 OR MORE VIEWS

Exm Date: APR 12, 2016@11:14

Req Phys: SPERONIS, KRISTY

Pat Loc: WJB ER PROVIDER-X (Req'g Loc)

Img Loc: DIAGNOSTIC OOS

Service: Unknown

(Case 709 COMPLETE) ANKLE 3 OR MORE VIEWS

(RAD Detailed) CPT:73610

Proc Modifiers : LEFT

Reason for Study: injury

Clinical History:

Report Status: Verified

Date Reported: APR 12, 2016

Date Verified: APR 12, 2016

Verifier E-Sig:/ES/Sylvia H. Ford, M.D.

Report:

LEFT ANKLE:

Views of the left ankle were obtained in 3 projections. There was no previous study for comparison.

There may be mild soft tissue swelling superficial to the lateral malleolus. There is no acute fracture, dislocation or radiopaque foreign body. The heights of the ankle mortise joint and subtalar joint appear maintained. To the extent that it is included, but base of the fifth metatarsal appears intact. There is a tiny calcaneal spur at the attachment site for the Achilles tendon.

Impression:

No bony abnormality identified. Trace soft tissue swelling superficial to the lateral malleolus that might represent sprain.

Primary Interpreting Staff:

Sylvia H. Ford, M.D., Radiologist (Verifier)
/SHF

FOOT 3 OR MORE VIEWS

Exm Date: APR 12, 2016@11:14

Req Phys: SPERONIS, KRISTY

Pat Loc: WJB ER PROVIDER-X (Req'g Loc)

Img Loc: DIAGNOSTIC OOS

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

FORREST, COURTNEY O

941 CORISON LOOP

COLUMBIA, SOUTH CAROLINA 29229

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

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Page 1

Radiology Reports

Printed On May 3, 2016

Service: Unknown

(Case 710 COMPLETE) FOOT 3 OR MORE VIEWS

(RAD Detailed) CPT:73630

Proc Modifiers : LEFT

Reason for Study: injury

Clinical History:

Report Status: Verified

Date Reported: APR 12, 2016

Date Verified: APR 12, 2016

Verifier E-Sig:/ES/RICHARD A KILLINGSWORTH

Report:

Left foot: A mild degree of degenerative joint disease is at the intertarsal and at the tarsometatarsal joints of the left foot as well as at the metatarsophalangeal joint of the great toe. There is also mild hallux valgus deformity. No other abnormalities are at the left foot

Impression:

Mild degenerative changes and hallux valgus deformity at the left foot.

Primary Interpreting Staff:

RICHARD A KILLINGSWORTH, Radiologist (Verifier)
/RAK

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

FORREST, COURTNEY O
941 CORISON LOOP
COLUMBIA, SOUTH CAROLINA 29229

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Progress Notes

Printed On May 3, 2016

LOCAL TITLE: PRIMARY CARE SECURE MESSAGING
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: APR 20, 2016@13:51 ENTRY DATE: APR 20, 2016@14:51:14
AUTHOR: PARMAR, DEEPTI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 03/18/2016 08:24 AM
From: FORREST, COURTNEY
To: **Dorn Blue Team 8 - Parmar, D
Subject: General Inquiry

The below prescription, I have zero refill and Please refill and update the remaining prescription that show one refill remaining

SALSALATE 750MG TAB, GABAPENTIN 600MG TAB, HYALURONATE NA (GEL-ONE) 10MG/ML SYR 3ML, SERTRALINE HCL 100MG TAB.

Thanks

-----Original Message-----

Sent: 03/21/2016 12:58 PM
From: MULDER, ALANA
To: FORREST, COURTNEY
Subject: General Inquiry

Mr. Forrest: Done and you will be seen around June for your next appt. Thanks

-----Original Message-----

Sent: 04/17/2016 01:07 PM
From: FORREST, COURTNEY
To: **Dorn Blue Team 8 - Parmar, D
Subject: General Inquiry

I just suffer a resent injury to my left ankle nee and shin areas. I received treatment at VA emergency room. I would like to have a follow-up visit with my primary care clinic. Can I do a walking?

Thanks

-----Original Message-----

Sent: 04/20/2016 02:50 PM

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

FORREST, COURTNEY O
941 CORISON LOOP
COLUMBIA, SOUTH CAROLINA 29229

VISTA Electronic Medical Documentation
Printed at COLUMBIA, SC VAMC

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Progress Notes

Printed On May 3, 2016

From: PARMAR, DEEPTI
To: FORREST, COURTNEY
Subject: General Inquiry

Mr. Forrest

I am following up on the swelling in left knee and ankle. It may take 4-6 weeks for the swelling to come down. Are you taking any anti-inflammatory medications like Salsalate in your case. Keep ankle elevated. Apply ice pack locally.

Deepti Parmar
MD

/es/ DEEPTI PARMAR
MD

Signed: 04/20/2016 14:51

LOCAL TITLE: PC NURSING WALK-IN NOTE
STANDARD TITLE: PRIMARY CARE NURSING NOTE
DATE OF NOTE: APR 18, 2016@12:34 ENTRY DATE: APR 18, 2016@12:34:37
AUTHOR: MOORE, HANNAH A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** PC NURSING WALK-IN NOTE Has ADDENDA ***

Pt. unscheduled with medical assist sheet for: f/u on ankle and knee problems from falling incident on 4/12/2016.

Pt. called back from lobby and states seen in er on 4/12/2016 with treatment, ankle x-rays, foot x-rays and Tylenol#3 prescribed.

Pt. concerned about left knee swelling, left ankle swelling with pain in entire leg.

Pt. requesting follow up appt.

/es/ HANNAH A MOORE
RN

Signed: 04/18/2016 12:42

Receipt Acknowledged By:
04/20/2016 14:49 /es/ DEEPTI PARMAR
MD

04/20/2016 ADDENDUM
Secure message sent to pt.

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
FORREST, COURTNEY O
941 CORISON LOOP
COLUMBIA, SOUTH CAROLINA 29229

VISTA Electronic Medical Documentation
Printed at COLUMBIA, SC VAMC

Progress Notes

Printed On May 3, 2016

/es/ DEEPTI PARMAR
MD
Signed: 04/20/2016 14:49

LOCAL TITLE: EMERGENCY DEPT NURSING NOTE
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: APR 12, 2016@14:01 ENTRY DATE: APR 12, 2016@14:01:40
AUTHOR: FARRIS, SHERRY A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Ace wrap applied to left ankle per policy.

Vet instructed on use of crutches, crutches adjusted to Vet height, Vet given written instruction regarding crutches. Vet return demonstrated correct and safe usage of crutches.

/es/ SHERRY A FARRIS
REGISTERED NURSE
Signed: 04/12/2016 14:03

LOCAL TITLE: EMERGENCY DEPT PHYSICIAN NOTE (2)
STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: APR 12, 2016@13:31 ENTRY DATE: APR 12, 2016@13:31:50
AUTHOR: BIRCHMORE, CAROLYN D EXP COSIGNER:
URGENCY: STATUS: COMPLETED

COURTNEY O FORREST is a 57 y/o who presents to Emergency Dept today.

cc

COMPLAINT/ASSESSMENT: Pt stepped on a rock the other day at work and felt a pop as he fell to the ground. Pt c/o pain/swelling in the left foot/ankle/ and front part of shin. Swelling and deformity noted to foot.

hpi PT SAYS AT WORK LAST PM WHEN WALKING FOOT CAUGHT THE GRAVEL CAUSING HIM TO FALL FORWARD FELT PULL ? POP BACK OF ANKLE THEN TWISTED NOW WITH PAIN SWELLING SAYS REPORTED TO SUPERVISOR 'BUT HE DIDN'T DO ANYTHING'

PMH: depression neuropathy

Computer is the source for the following medication list: reviewed

OTC/Non-VA Medications:
SURGERIES: NO PREVIOUS FOOT OR ANKLE SURGERY ON THIS AREA
INFECTIOUS DISEASE: NA
SMOKE/ETOH: SEE CHART

ALLERGIES: Patient has answered NKA

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
FORREST, COURTNEY O
941 CORISON LOOP
COLUMBIA, SOUTH CAROLINA 29229

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Progress Notes

Printed On May 3, 2016

ROS:+ ANKLE + FOOT PAIN + ACHILLES PAIN + SWELLING
PERSONAL/SOCIAL:MARRIED EMPLOYED FULL TIME AT WASTE PLANT ON NIGHT SHIFT

PHYSICAL EXAM:

Temperature: 97.9 F [36.6 C] (04/12/2016 11:04)
Pulse: 101 (04/12/2016 11:04)
Respirations: 20 (04/12/2016 11:04)
Blood Pressure: 136/94 (04/12/2016 11:04)
Pain Scale: 10 (04/12/2016 11:04)

General Appearance: IN NAD VSS AFEBRILE LIMPING WITH CANE WIFE ACCOMPANIES PT
Skin:WD

Head:NC

Chest:CTAB

Cardiovascular:RRR

Musculoskeletal:2+ EDEMA + THOMPSONS DISTAL NV INTACT NO TTP AT 5TH MT NO
ECCYMOSIS -DRAWER BUT SOMEWHAT LIMITED EXAM DUE TO PAIN NO OBVIOUS DEFORMITY MIN
TTP AT LAT MALLEOLUS BUT +TTP AT ACHILLES PROXIMAL PORTION NO ECCYMOSIS NOTED

Neurologic:SENSORY INTACT

Psychiatric:COOPERATIVE AND PLEASANT

RADIOLOGY:Radiology Impression (2Days)

Date	Procedure	CPT	Status	Case #
04/12/2016	ANKLE 3 OR MORE VIEWS	73610	Verified	709

No bony abnormality identified. Trace soft tissue swelling
superficial to the lateral malleolus that might represent sprain.

04/12/2016	FOOT 3 OR MORE VIEWS	73630	Verified	710

Mild degenerative changes and hallux valgus deformity at the
left foot.

ER COURSE:examined chart meds reviewed in detail given full dc instructions and
meds as below to follow up with wc doctor from work given its wc injury rtc if
any issues with this ...rice therapy do not use tramadol and t#3 together ...no
driving or etoh off work through Friday....may benefit from further imaging to
rule out internal derangement RTC HERE IF DIFFICULTY WITH SEEING WC MD

IMPRESSION:

LEFT ANKLE SPRAIN RULE OUT ACHILLES TENDON INJURY

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

FORREST, COURTNEY O
941 CORISON LOOP
COLUMBIA, SOUTH CAROLINA 29229

VISTA Electronic Medical Documentation

Printed at COLUMBIA, SC VAMC

Progress Notes

Printed On May 3, 2016

CONDITION ON DISCHARGE: stable

PLAN/INSTRUCTIONS: ACE WRAP, ANKLE SUPPORT FOR ACHILLES CRUTCHES WITH INSTRUCTIONS NSAID AND ANALGESIC THERAPY FOLLOW UP WITH WC MD FURTHER EVAL AS MAY WELL NEED MR SCANING TO RULE OUT INTERNAL DERANGEMENT OF ACHILLES

PAIN MANAGEMENT/EDUCATION:

Pain Scale recorded: 10 (04/12/2016 11:04)

Patient educated about the following:

☒ Plan of Care/illness & condition

☐ Medications

☐ Pain Management

☐ Tests/procedures

☒ Basic health practices (smoking, exercise, alcohol use, diet, immunizations, etc.)

☐ Other (specify): crutches with instructions

Education Summary & Comments:

Recipient of education: ☒ Patient ☒ Family/caregiver ☐ Other

Teaching method: ☒ Verbal

Outcome: ☒ Verbalizes understanding

/es/ CAROLYN D BIRCHMORE

NP

Signed: 04/13/2016 10:00

Receipt Acknowledged By:

04/18/2016 13:18 /es/ DEEPTI PARMAR
MD

LOCAL TITLE: NURSE PRACTITIONER

STANDARD TITLE: NURSE PRACTITIONER NOTE

DATE OF NOTE: APR 12, 2016@13:30

ENTRY DATE: APR 12, 2016@13:30:16

AUTHOR: BIRCHMORE, CAROLYN D EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Please excuse from work today April 12, 2016 through and including Friday April 15th, 2016 due to on the job injury.

/es/ CAROLYN D BIRCHMORE

NP

Signed: 04/12/2016 13:31

LOCAL TITLE: EMERGENCY DEPT TRIAGE/VS NURSING NOTE TL

STANDARD TITLE: NURSING EMERGENCY DEPARTMENT TRIAGE NOTE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

FORREST, COURTNEY O

941 CORISON LOOP

COLUMBIA, SOUTH CAROLINA 29229

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Progress Notes

Printed On May 3, 2016

DATE OF NOTE: APR 12, 2016@11:02

ENTRY DATE: APR 12, 2016@11:03:05

AUTHOR: LEWIS, DINAH

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Initial Triage:

Pt's armband intact and verified by two identifiers: No

ALLERGIES/ADR: Patient has answered NKA

Is the above computer generated Allergy/ADR data reflective of an assessment that is current and accurate based on the patient/family information provided?

Yes

Age: 57 Sex: MALE

Vital Signs:

Temp:

97.9 F (36.6 C)

Pulse:

101

Respirations:

20

BP:

136/94

Oxygen Saturation:

96 Room Air

Pain Level:

10

Does the veteran have influenza-like illness?

No

COMPLAINT/ASSESSMENT: Pt stepped on a roack the other day at work and felt a pop as he fell to the ground. Pt c/o pain/swelling in the left foot/ankle/ and front part of shin. Swelling and deformity noted to foot.

Emergency Dept Nursing Triage:

Patient arrived via: Ambulatory w/ cane

Oriented:

Yes

Triage process explained to veteran/family with understanding voiced.

Plan:

Location of Veteran:

Veteran sent to ED waiting area.

Veteran sent to Non-Urgent Clinic waiting area.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

FORREST, COURTNEY O

941 CORISON LOOP

COLUMBIA, SOUTH CAROLINA 29229

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Progress Notes

Printed On May 3, 2016

Emergency Severity Index (ESI):

Level 3 - Urgent

Ebola Virus Screening:

Have you traveled to West Africa (Guinea, Liberia, Nigeria, Senegal, or Sierra Leone) or the Democratic Republic of the Congo in the last 30 days, or had contact with anyone who has traveled there or with anyone who is known to have Ebola?

No

SUICIDE RISK SCREEN:

Suicide Screening:

1. Do you currently have thoughts of suicide or a plan to harm yourself?

No, patient denied currently having thoughts of suicide or a plan to harm self.

2. Have you had thoughts or plans to harm yourself in the past 30 days?

No, Patient denied having thoughts or plans to harm self in past 30 days.

3. Previous Attempts:

Previously Documented SBER

--STATUS-- --DUE DATE-- --LAST

DONE--

SUICIDE ATTEMPT (SBER) REPORT

DUE NOW

DUE NOW

unknown

Have you made any other attempts to harm or kill yourself in the past year?

No, patient denied attempts to harm or kill self in the past year. Negative Suicide Screen based on negative responses to all three questions. No further action is required unless clinically indicated.

ABUSE ASSESSMENT:

There is NO evidence of physical abuse or assault.

There is NO evidence of neglect or self neglect.

There is NO evidence of sexual abuse/exploitation.

There is NO evidence of financial exploitation.

Patient Aligned Care Team (PACT) will be notified of visit via Case Manager listed below:

BLUE TEAM: Blue Team 8: Dr. Deepti Parmar, Alana Mulder, RN

/es/ DINAH LEWIS

RN

Signed: 04/12/2016 11:07

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

FORREST, COURTNEY O

941 CORISON LOOP

COLUMBIA, SOUTH CAROLINA 29229

VISTA Electronic Medical Documentation

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MEDICAL RECORD

Progress Notes

NOTE DATED: 04/12/2016 13:30

LOCAL TITLE: NURSE PRACTITIONER

STANDARD TITLE: NURSE PRACTITIONER NOTE

VISIT: 04/12/2016 10:51 WJB ER PROVIDER-X

Please excuse from work today April 12, 2016 through and including Friday April 15th, 2016 due to on the job injury.

Signed by: /es/ CAROLYN D BIRCHMORE
NP

04/12/2016 13:31

PD, u - coln

FORREST, COURTNEY O

COLUMBIA, SC VAMC

Printed: 04/12/2016 13:55

Pt Loc: OUTPATIENT

Vice SF 509

Patient: FORREST, COURTNEY OLIVER ALISTA
Treatment Facility: ACH
MONCRIEF-JACKSON
Patient Status: Outpatient

Date: 20 Apr 2016 1030 EDT
Clinic: AMHM01CRED

Appt Type: FTR
Provider: DOMENY, MICHAL

Reason for Appointment:
F/U Blood Pressure

Screening Written by TAILEY, ZONPUDEH @ 20 Apr 2016 1026 EDT
Reason For Appointment: F/U Blood Pressure

Allergen information verified by TAILEY, ZONPUDEH @ 20 Apr 2016 1026 EDT

Vitals

Vitals Written by TAILEY, ZONPUDEH @ 20 Apr 2016 1042 EDT

BP: 137/87, HR: 91, RR: 16, T: 97.8 °F, HT: 71 in, WT: 229.0 lbs, SpO₂: 96%, BMI: 31.94,
BSA: 2.234 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 7/10 Severe, Pain Scale Comments: B/L
Knee and B/L Legs
Comments: 803 708 9542
Hedis-none

S/O Note Written by DOMENY, MICHAL @ 20 Apr 2016 1331 EDT

Chief complaint

The Chief Complaint is: Blood Pressure and Blood Sugar elevated.

History of present illness

The Patient is a 57 year old male.

<<Note accomplished in TSWF-CORE>>

This is a 57 year old male patient presenting to the clinic today for follow up visit on Blood Pressure .The pt reports taking medication as directed and does not verbalizes any new concerns.

Providers note: Agree with the above

This is a 57 year old male patient presenting to the clinic today for follow up visit on HTN and elevated blood glucose. The pt reports taking medication as directed and does not verbalizes any new concerns. The patient has been following low sodium diet. The patient does not report any new symptoms or medical issues since the last visit.

When discussing patient's recent results of hemoglobin A1c patient admits that he has been drinking almost 1 gallon of juice a day along with other sweets. Patient has not been taking any medication for diabetes in the past.

Patient also states that he recently tripped and fell down and injured his left knee and left ankle. He was seen in for this at the VA Hospital and had negative x-ray of the ankle. He states the knee was initially swollen, but the swelling subsided since then. He is still having problems bearing weight and use his crutches given to him at the VA Hospital. Patient was not referred to physical therapy. Most of his pain at the ankle is located on the lateral aspect of the ankle. He has been elevating it and icing it.

Autocited allergies verified.

General overall feeling /health.

Polydipsia.

Pain localized to one or more joints and joint swelling localized to one or more joints.

Visit is not deployment-related.

Pain assessment

Location: Both Legs/B/L Knee

Duration: x 8 days

Quality: Sharp

Name: FORREST, COURTNEY OLIVER ALISTA

FMP/SSN: [REDACTED]
DOB: [REDACTED]
PAT CAT: A31.2 USA RET LOS ENLISTED
MC Status: TRICARE PRIME (CHAMPUS)
Status
CIC:

Sex: M
DoD ID: [REDACTED]
Tel H: 803-708-9542
Tel W: 843-574-8831
CS:
PCM: DOMENY, MICHAL

Sponsor Name: FORREST, COURTNEY OLIVER ALISTA
Rank: SERGEANT 1ST CLASS
Unit: RETSP (SPONSOR RETIRED)
OutPAT RR: MACH OUTPT REC RM
Insurance: No
Tel. PCM: 751-2210;751-4483

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Page 1 of 6

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
20 Apr 2016 1030	Facility: 20th Medical Group Clinic: AMHM01CRED	Provider: DOMENY, MICHAL

Factors that correlate with onset:

Frequency:

Average level:

Worst level:

Least level:

What makes it better:

What makes it worse:

Pain Severity 7 / 10.

Patient IS NOT currently in a situation where they are being verbally or physically hurt, threatened, or made to feel afraid.

Patient reports that they are compliant with medications.

Patient has NOT received other care since their last visit with this clinic.

Allergies

DENIES

Current medication

Norvasc 10 mg daily

* HCTZ 25mg 1QD

Past medical/surgical history

Reported:

Medical: Reported medical history HYPERTENSION

Surgical / Procedural: Surgical / procedural history

Hernia repair

Varicose vein

Toe surgery.

Personal history

Social history reviewed RETIRED ARMY

Married

3 kids.

Behavioral: No tobacco use history.

Alcohol: Not using alcohol AUDIT-C Date: 1-8-16-socially.

History

ANNUAL QUESTIONS

Preferred language (written or spoken): ☒ English ☐ Other:

What is your preferred method of learning? ☒ Verbal ☐ Written ☐ Visual ☐ Other (Specify):

Do you have a learning disability, language barrier, hearing/vision deficit? ☐ Yes ☒ No Specify:

Advance directives completed? ☐ Yes ☒ No

Is a copy of the Advance directive in the record? ☐ Yes ☒ No

Do you have any cultural or religious beliefs that may affect your care? ☐ Yes ☒ No

Are you enrolled in EFMP? ☐ Yes ☒ No

Are you registered for Relay Health/Secure Messaging? ☐ Yes ☒ No

Contact info: 803 586 9571

PCM: Domeny

Annual Questions Date: 9/14/15.

Family history

Family medical history

Denies.

Review of systems

Systemic: No fever, no chills, and no recent weight loss.

Head: No headache.

Cardiovascular: No chest pain or discomfort and no palpitations.

Pulmonary: No shortness of breath and not during exertion. No paroxysmal nocturnal dyspnea and no wheezing.

Gastrointestinal: No nausea, no vomiting, no diarrhea, and no constipation.

Genitourinary: No urinary urgency.

Musculoskeletal: No back pain.

Psychological: No anxiety, no depression, and not thinking about suicide. No homicidal thoughts.

The patient HAS NOT traveled outside of the country in the past 90 days.

Name: FORREST, COURTNEY OLIVER ALISTA

FMP/SSN:
 DOB:
 PAT CAT: A31.2 USA RET LOS ENLISTED
 MC Status: TRICARE PRIME (CHAMPUS)
 Status
 CIC:
 Sex: M
 DoD ID:
 Tel H: 803-708-9542
 Tel W: 843-574-8831
 CS:
 PCM: DOMENY, MICHAL

Sponsor Name: FORREST, COURTNEY OLIVER ALISTA
 Rank: SERGEANT 1ST CLASS
 Unit: RETSP (SPONSOR RETIRED)
 OutPAT RR: MACH OUTPT REC RM
 Insurance: No
 Tel. PCM: 751-2210;751-4483

CHRONOLOGICAL RECORD OF MEDICAL CARE
 THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS
 TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

Page 2 of 6
 260193

Physical findings**Vital Signs:**

• Temperature: Reviewed. • RR: Reviewed. • PR: Reviewed. • Blood pressure: Reviewed.

General Appearance:

• Normal. • Well developed. • Well nourished. • In no acute distress.

Head:

Injuries: • No evidence of a head injury.

Appearance: • Head normocephalic.

Eyes:**General/bilateral:**

Pupils: • PERRL. • Size of the pupil was normal. • Pupil accommodation was not impaired.

External: • Eyelids showed no abnormalities. • Conjunctiva exhibited no abnormalities.

Sclera: • Normal.

Lungs:

• Respiration rhythm and depth was normal. • Exaggerated use of accessory muscles for inspiration was not observed.

• Clear to auscultation. • No wheezing was heard. • No rhonchi were heard. • No rales/crackles were heard.

Cardiovascular:

Heart Rate And Rhythm: • Normal.

Heart Sounds: • Normal S1 and S2. • No gallop was heard. • No click was heard. • No pericardial friction rub heard.

Murmurs: • No murmurs were heard.

Musculoskeletal System:

General/bilateral: • Musculoskeletal system: There is tenderness on palpation over lateral malleolus, Mild swelling around the lateral malleolus and ecchymoses no skin break.

Ankle:

Left Ankle: • Swelling. • Ankle was warm. • Tenderness on palpation. • Motion was abnormal. • Pain was elicited by motion. • No erythema ecchymosis. • No misalignment. • No crepitus on motion was noted.

Functional Exam:

General/bilateral: • Mobility was limited.

Other:

General/bilateral: • Muscle tenderness.

Psychiatric:

Mood: • Euthymic.

Affect: • Normal.

Test conclusions

A qualified individual compared the medication list against any orders, and resolved any discrepancies (if required).

A written list of medications was given to the patient.

The patient was educated on the importance of managing medication information.

Medication list was updated at the beginning of the visit.

Practice Management

Patient engages in 150 minutes of moderate intensity exercise per week AND muscle strengthening activities 2 or more days per week.

Patient BMI >= 30. Date: 9/14/15.

A PHA has NOT been completed in the past year.

A/P Written by DOMENY, MICHAL @ 20 Apr 2016 1336 EDT

1. Type 2 diabetes mellitus without complications:

Assessment/Plan

Dx: Diabetes

The patient is doing well on current dose of medication and does not report any side effects; pt is compliant with prescribed medication. Pt's last HgBA1c was 12 on 4/16.

Rx:

Start Janumet ER 50/500 mg 1 TAB Daily

Continue ACEI or ARB 1 tab daily

Start Aspirin 81 mg 1 tab daily

Glucometer

Name: FORREST, COURTNEY OLIVER ALISTA

Sex: M

DoD ID: [REDACTED]

Tel H: 803-708-9542

Tel W: 843-574-8831

CS:

PCM: DOMENY, MICHAL

Sponsor Name: FORREST, COURTNEY OLIVER ALISTA

Rank: SERGEANT 1ST CLASS

Unit: RETSP (SPONSOR RETIRED)

OutPAT RR: MACH OUTPT REC RM.

Insurance: No

Tel. PCM: 751-2210;751-4483

FMP/SSN: [REDACTED]

DOB: [REDACTED]

PAT CAT: A31.2 USA RET LOS ENLISTED

MC Status: TRICARE PRIME (CHAMPUS)

Status

CIC:

CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
20 Apr 2016 1030	Facility: 20th Medical Group Clinic: AMHM01CRED	Provider: DOMENY, MICHAL

Test strips
Alcohol pad
Lancets
Labs: HgBA1c in 3 months

Patient Education

The pt was encouraged the pt to lose 5% of body weight to improve blood glucose control and to reduce the risks for cardiovascular complications. I discussed with the pt dietary modifications that focus on meals high in vegetables, low-fat dairy products, lean sources of protein such as poultry and fish while minimizing intake of sweets, refined grains, sweet drinks and juices. The pt was also encouraged to staying physically active for at least 30 minutes a day by walking, gardening or any other enjoyable activity.

Follow up:

With PCM in 1 week . Consider starting statin if patient tolerating above medication during next visit

Medication(s): -JANUMET *XR*-PO 50/500MG TAB - 1 TABLET EVERY DAY #30 RF1
-ASPIRIN (ENTERIC COATED) 81MG TBEC PO-P - TAKE ONE TABLET BY MOUTH EVERY DAY #90 RF0
Consult(s): -Referred To: MACH DIABETES CLASS (Routine) Specialty: FAMILY PRACTICE/PRIMARY CARE
Clinic: AMHM01CRED Provisional Diagnosis:

2. Sprain of other ligament of left ankle, initial encounter:

Assessment/Plan

Dx: Ankle sprain

Pt at the clinic today with acute ankle sprain. On physical exam there is tenderness on palpation of the posterior edge of the lateral malleoli. There is tenderness on palpation of the base of the 5th metatarsal bone . There is localized swelling surrounding the lateral malleolus with ecchymosis. There is no fibular head tenderness. Pt had negative Xray at the VA hospital

Rx:

Continue pain medication prescribed by VA- codeine
Referral to PT
Mobic 7.5 mg 1-2 tabs daily
Crutches until pt can bear weight comfortably
Cam Boot

Patient Education

Proper use of medication; continue using ACE wrap to apply compression keep ankle elevated so that the foot is above the level of the heart. Short term and long term TX goals were discussed. Patient verbalizes understanding and agreement with the TX plan.

Follow up

With PCM in 6 weeks or earlier if symptoms continue getting worse despite following the above TX protocol.

Medication(s): -MELOXICAM (MOBIC) 7.5MG TAB - TAKE 1 TABLET EVERY DAY WITH FOOD #30 RF0
Consult(s): -Referred To: MACH PHYSICAL THERAPY (Routine) Specialty: THERAPY, PHYSICAL Clinic: MACH
PHYSICAL THERAPY Provisional Diagnosis: Pain in unspecified knee

3. Essential (primary) hypertension:

Assessment/Plan

DX: Hypertension

The patient is not meeting the current JNC 8 guidelines for BP in the general population <60 year for DBP <90 mm Hg and SBP <140 mm Hg. Patient reports being compliant with prescribed medication and doesn't report any side effects.

Rx:

Continue current medication

Patient Education

The patient was encouraged to continue reducing salt intake by avoiding most foods sold in cans, boxes, jars, and bags and to increase intake of fresh or fresh-frozen fruits, vegetables, and meats that have no added salt or other preservatives. Pt verbalizes understanding and agreement with the TX plan.

Name: FORREST, COURTNEY OLIVER ALISTA

FMP/SSN:
DOB:
PAT CAT: A31.2 USA RET LOS ENLISTED
MC Status: TRICARE PRIME (CHAMPUS)
Status
CIC:
Sex: M
DoD II:
Tel H: 803-708-9542
Tel W: 843-574-8831
CS:
PCM: DOMENY, MICHAL

Sponsor Name: FORREST, COURTNEY OLIVER ALISTA
Rank: SERGEANT 1ST CLASS
Unit: RETSP (SPONSOR RETIRED)
OutPAT RR: MACH OUTPT REC RM
Insurance: No
Tel. PCM: 751-2210;751-4483

CHRONOLOGICAL RECORD OF MEDICAL CARE
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STANDARD FORM 600 (REV. 5)
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FIRMR (41 CFR) 201-45.505

Page 4 of 6

01998

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
26 Apr 2016 1030	Facility: 20th Medical Group	Clinic: AMHM01CRED
	Provider: DOMENY, MICHAL	

Follow up
With PCM in 3 months.

Disposition Written by DOMENY, MICHAL @ 20 Apr 2016 1336 EDT

Released w/o Limitations

Follow up: as needed with PCM and/or in the AMHM01CRED clinic.

Discussed: Diagnosis, Medication(s)/Treatment(s), Potential Side Effects with Patient who indicated understanding.

Administrative Options: Consultation requested

Signed By DOMENY, MICHAL (Nurse Practitioner, DNP, Board Certified Dietitian CD/N; Licensed Acupuncturist L.Ac) @ 20 Apr 2016 1336

CHANGE HISTORY

The following S/O Note Was Overwritten by DOMENY, MICHAL @ 20 Apr 2016 1334 EDT:

S/O Note Written by TALLEY, ZONPUDEH @ 20 Apr 2016 1100 EDT

Chief complaint

The Chief Complaint is: Blood Pressure and Blood Sugar elevated.

History of present illness

The Patient is a 57 year old male.

Autocited allergies verified.

<<Note accomplished in TSWF-CORE>>

This is a 57 year old male patient presenting to the clinic today for follow up visit on Blood Pressure. The pt reports taking medication as directed and does not verbalizes any new concerns.

General overall feeling /health.

Visit is not deployment-related.

Pain assessment

Location: Both Legs/B/L Knee

Duration: x 8 days

Quality: Sharp

Factors that correlate with onset:

Frequency:

Average level:

Worst level:

Least level:

What makes it better:

What makes it worse:

Pain Severity 7 / 10.

Patient IS NOT currently in a situation where they are being verbally or physically hurt, threatened, or made to feel afraid.

Patient reports that they are compliant with medications.

Patient has NOT received other care since their last visit with this clinic.

Allergies

DENIES

Current medication

Norvasc 10 mg daily

* HCTZ 25mg 1QD

Past medical/surgical history

Reported:

Medical: Reported medical history HYPERTENSION

Surgical / Procedural: Surgical / procedural history

Hernia repair

Varicose vein

Toe surgery.

Personal history

Social history reviewed RETIRED ARMY

Married

3 kids.

Behavioral: No tobacco use history.

Alcohol: Not using alcohol AUDIT-C Data: 1-8-16-socially.

History

ANNUAL QUESTIONS

Preferred language (written or spoken): ☒ English ☐ Other:

What is your preferred method of learning? ☒ Verbal ☐ Written ☐ Visual ☐ Other (Specify):

Do you have a learning disability, language barrier, hearing/vision deficit? ☐ Yes ☒ No Specify:

Advance directives completed? ☐ Yes ☒ No

Name: FORREST, COURTNEY OLIVER ALISTA

FMP/SSN:
DOB:
PAT CAT: A31.2 USA RET LOS ENLISTED
MC Status: TRICARE PRIME (CHAMPUS)
Status
CIC:
Sex: M
DoD ID:
Tel H: 803-708-9542
Tel W: 843-574-8831
CS:
PCM: DOMENY, MICHAL

Sponsor Name: FORREST, COURTNEY OLIVER ALISTA
Rank: SERGEANT 1ST CLASS
Unit: RETSP (SPONSOR RETIRED)
OutPAT RR: MACH OUTPT REC RM
Insurance: No
Tel. PCM: 751-2210;751-4483

CHRONOLOGICAL RECORD OF MEDICAL CARE
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29 0196

Is a copy of the Advance directive in the record? ☐ Yes ☒ No
 Do you have any cultural or religious beliefs that may affect your care? ☐ Yes ☒ No
 Are you enrolled in EFMP? ☐ Yes ☒ No
 Are you registered for Relay Health/Secure Messaging? ☐ Yes ☒ No
 Contact info: 803 586 9571
 PCM: Domeny

Annual Questions Date: 9/14/15.

Family history

Family medical history
 Denies.

Review of systems

Systemic: No fever, no chills, and no recent weight loss.
 Head: No headache.
 Cardiovascular: No chest pain or discomfort and no palpitations.
 Pulmonary: No shortness of breath and not during exertion. No wheezing.
 Gastrointestinal: No nausea, no vomiting, no diarrhea, and no constipation.
 Genitourinary: No urinary urgency.
 Musculoskeletal: No back pain.
 Psychological: No anxiety, no depression, and not thinking about suicide. No homicidal thoughts.
 The patient HAS NOT traveled outside of the country in the past 90 days.

Physical findings

Vital Signs:

• Temperature: Reviewed. • RR: Reviewed. • PR: Reviewed. • Blood pressure: Reviewed.

General Appearance:

• Normal. • Well developed. • Well nourished. • In no acute distress.

Head:

Injuries: • No evidence of a head injury.
 Appearance: • Head normocephalic.

Eyes:

General/bilateral:
 Pupils: • PERRL. • Size of the pupil was normal. • Pupil accommodation was not impaired.
 External: • Eyelids showed no abnormalities. • Conjunctiva exhibited no abnormalities.
 Sclera: • Normal.

Lungs:

• Respiration rhythm and depth was normal. • Exaggerated use of accessory muscles for inspiration was not observed. • Clear to auscultation. • No wheezing was heard. • No rhonchi were heard. • No rales/crackles were heard.

Cardiovascular:

Heart Rate And Rhythm: • Normal.
 Heart Sounds: • Normal S1 and S2. • No gallop was heard. • No click was heard. • No pericardial friction rub heard.
 Murmurs: • No murmurs were heard.

Psychiatric:

Mood: • Euthymic.
 Affect: • Normal.

Practice Management

Patient engages in 150 minutes of moderate intensity exercise per week AND muscle strengthening activities 2 or more days per week.
 Patient BMI >= 30. Date: 9/14/15.
 A PHA has NOT been completed in the past year.

Name: FORREST, COURTNEY OLIVER ALISTA

FMP/SSN: 	Sex: M	Sponsor Name: FORREST, COURTNEY OLIVER ALISTA
DOB: 	DoD ID: 	Rank: SERGEANT 1ST CLASS
PAT CAT: A31.2 USA RET LOS ENLISTED	Tel H: 803-708-9542	Unit: RETSP (SPONSOR RETIRED)
MC Status: TRICARE PRIME (CHAMPUS)	Tel W: 843-574-8831	OutPAT RR: MACH OUTPT REC RM
Status	CS: DOMENY, MICHAL	Insurance: No
CIC:	PCM: DOMENY, MICHAL	Tel. PCM: 751-2210; 751-4483

DISPLAY PATIENT APPOINTMENTS

Personal Data - Privacy Act of 1974 (PL 93-579)
 FUTURE APPOINTMENT FOR FORREST, COURTNEY O 20/4451 DoD ID: 1019146886

CLINIC/DIV	PROVIDER	DATE/TIME	TYPE/DUR	DTL CODES	STATUS
MACH PHYSICAL THERAP/MACH	DREDGE, GARR	13May2016@0815	SPEC/45		KEPT APPT
Arrive 10 min early					
AMHM01CRED/MACH	DOMENY, MICH	24May2016@1110	FTR/20		PENDING
Arrive 10 min early					
MACH PHYSICAL THERAP/MACH	DREDGE, GARR	03Jun2016@1000	FTR/30		PENDING
Arrive 10 min early					

WAIT LIST REQUESTS FOR FORREST, COURTNEY O 20/4451

CLINIC/DIV	TYPE	PRI	DATE IN	TARGET DATE	PROVIDER
NO WAIT LIST REQUESTS!					

MACH PT Front Desk: 803-751-2408

PROCEDURE: CLASS POST-OP TRACTION ULTRA SOUND E-STIM EXERCISE

____ TIMES PER WEEK FOR ____ WEEKS

Follow-up: MAJ TRAGORD
 LT DREDGE MAJ GRAY MAJ DEMBOWSKI CPT MOREL
 DR PRATT DR MARTIN

IN: 3 WEEKS

BODY PART: L leg

CLASSES: RUN CORE STABILIZATION AQUATICS SHOULDER LOWER EXTREMITY

DISPLAY PATIENT APPOINTMENTS

Personal Data - Privacy Act of 1974 (PL 93-579)
 FUTURE APPOINTMENT FOR FORREST, COURTNEY O 20/4451 DoD ID: 1019146886

CLINIC/DIV	PROVIDER	DATE/TIME	TYPE/DUR DTL CODES	STATUS
MACH PHYSICAL THERAP/MACH Arrive 10 min early	MILLER, AMY	10Jun2016@1030	PROC/30	KEPT APPT
AMHM01CRED/MACH Arrive 10 min early	DOMENY, MICH	14Jun2016@1030	FTR/20	PENDING
MACH PHYSICAL THERAP/MACH Arrive 10 min early	MILLER, AMY	17Jun2016@1030	PROC/30	PENDING
MACH PHYSICAL THERAP/MACH Arrive 10 min early	DREDGE, GARR	06Jul2016@1030	FTR/30	PENDING

CLINIC/DIV	WAIT LIST REQUESTS FOR FORREST, COURTNEY O 20/4451			
	TYPE	PRI	DATE IN	TARGET DATE PROVIDER
=====				

NO WAIT LIST REQUESTS!

DISPLAY PATIENT APPOINTMENTS

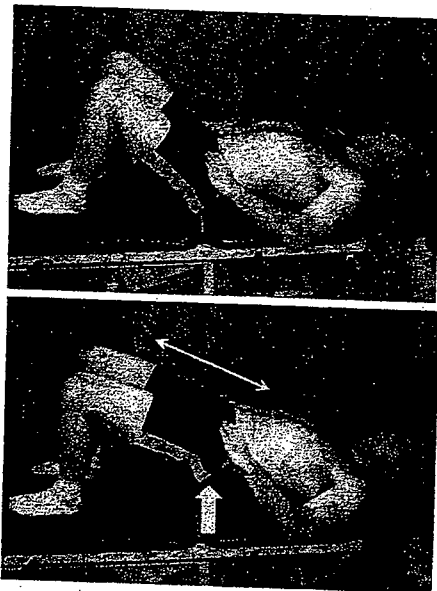
Personal Data - Privacy Act of 1974 (PL 93-579)
 FUTURE APPOINTMENT FOR FORREST, COURTNEY O 20/4451 DoD ID: 1019146886

CLINIC/DIV	PROVIDER	DATE/TIME	TYPE/DUR DTL CODES	STATUS
MACH PHYSICAL THERAP/MACH Arrive 10 min early	MILLER, AMY	17Jun2016@1030	PROC/30	KEPT APPT
MACH PHYSICAL THERAP/MACH Arrive 10 min early	MILLER, AMY	24Jun2016@1300	PROC/30	PENDING
MACH PHYSICAL THERAP/MACH Arrive 10 min early	DREDGE, GARR	06Jul2016@1030	FTR/30	PENDING
AMHM01CRED/MACH Arrive 10 min early	DOMENY, MICH	12Jul2016@1010	FTR/20	PENDING

CLINIC/DIV	WAIT LIST REQUESTS FOR FORREST, COURTNEY O 20/4451			
	TYPE	PRI	DATE IN	TARGET DATE PROVIDER
=====				

NO WAIT LIST REQUESTS!

Back Bridge



1. Lay on your back with your hips and knees bent.
2. Keep your spine straight and the abdominals lightly contracted.
3. Contract the gluteal muscles and raise the hips until the front of the abdomen, pelvis and the thigh are in line.
4. Return slowly. A good pace is 1 second to contract and 2 seconds to relax or to return to the starting position.
5. Breathe out as you lift the hips and breathe in as you relax and return to the starting position.
6. Try to keep the hamstring muscles in the back of your thigh relaxed throughout the exercise.
7. Repeat 6-12 times per set.
8. More sets can be added as you gain strength.
9. If you have pain during the exercise stop each repetition short of the point of pain or slightly change your hip position.
10. At first strengthening can be performed daily. When your muscles are working efficiently you can perform strengthening to fatigue 3x/week.
11. Strengthening is generally best performed later in the day so that the hip is not tired during daily activities.

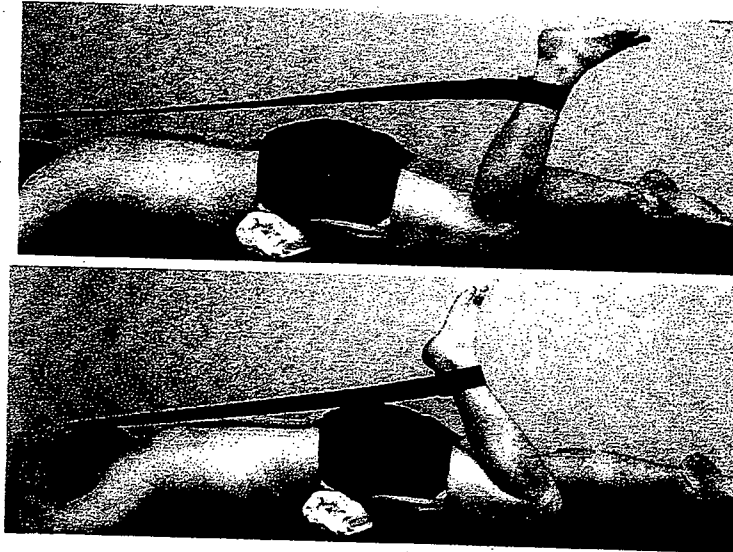
Hamstring Stretch



Purpose: To increase flexibility in your hamstring muscles.

1. Lie flat on your back with both legs extended.
2. Bring the thigh of the leg to be exercised $\frac{1}{2}$ way to your chest so that your knee points straight up.
3. Keep the hip and knee of the opposite leg straight with the foot pointed straight up.
4. With both hands behind your thigh, straighten the knee until there is a gentle stretch in the back of your thigh.
5. Your physical therapist may also instruct you to pull your foot towards your face during this exercise.
6. Hold the position for 30-60 seconds while breathing normally.
7. Repeat 3X.
8. If you are exercising both legs you may alternate stretches of the left and right leg for a total of 3 stretches each.

Prone Quadriceps Stretch



1. This stretch can make back pain worse (or better) so stretch gently and closely follow the listed steps.
2. Fix a non-elastic strap or belt around the ankle of the leg to be stretched.
3. Lay on your stomach with a rolled towel or sheet under your pelvic bone so that it pushes your pelvis posterior and helps to flatten your lower back.
4. Draw your belly button towards your lower back, tighten your abdominal muscles, and roll your pelvis posterior to flatten your lower back
5. Bring the strap over your head or shoulder and tighten until you feel a gentle to moderate tightness in the front of your thigh.
6. Use the strap to bend your knee. Do not use your hamstring muscles to bend your knee as they will cramp. Reaching back with your hand to bend the knee will put the lower back in a bad position.
7. You should not feel back pain with this exercise. If you feel back pain, start over and try again. If you still feel lower back pain, ask your therapist to help you with this exercise.

Standing Chair Squat

— add
weight



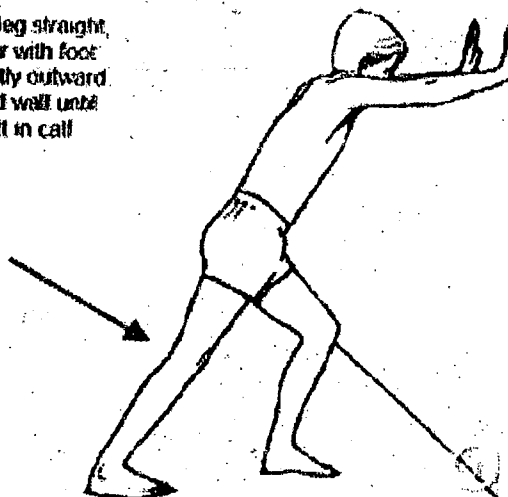
Purpose: To strengthen the hip and thigh muscles and to regain the ability to fully straighten the hips and knees.

1. Stand straight in front of a chair or sturdy table at the height as specified by your therapist.
2. Point both feet straight forward.
3. Squat partially keeping your trunk upright, your knees centered over your feet and your buttocks pointed slightly backwards.
4. Use the chair or table as a back stop to know how deep your squat should be.
4. Return to the starting position by powerfully contracting your buttocks and anterior thigh muscles.
5. When you are in the full upright position, continue to hold the contraction for another 6 seconds attempting to straighten the hip and knees as fully as possible.
6. Repeat 10X or until fatigued.
7. Progress this exercise by increasing the number of repetitions or adding another set.

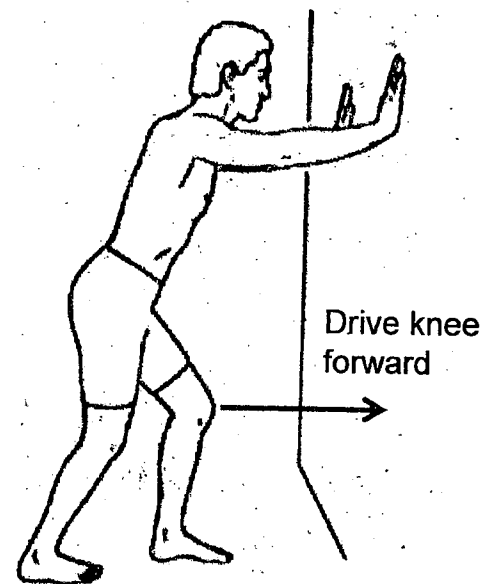
Gastroc Stretch

Straight Leg Stretch for Gastroc

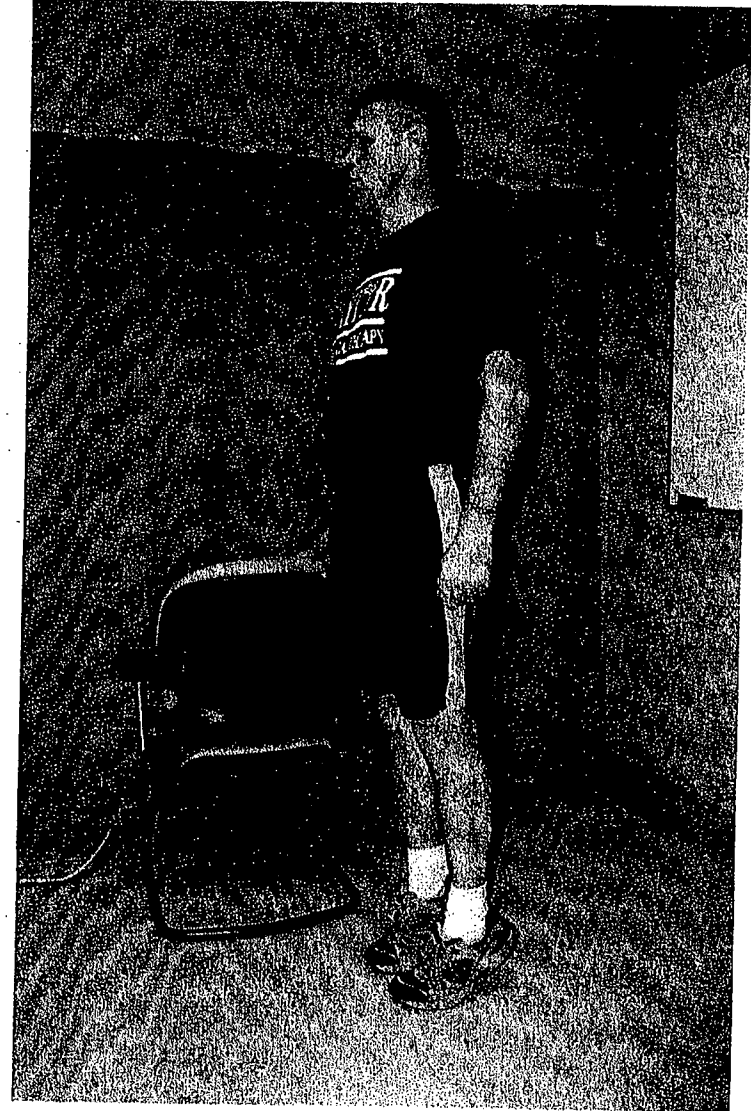
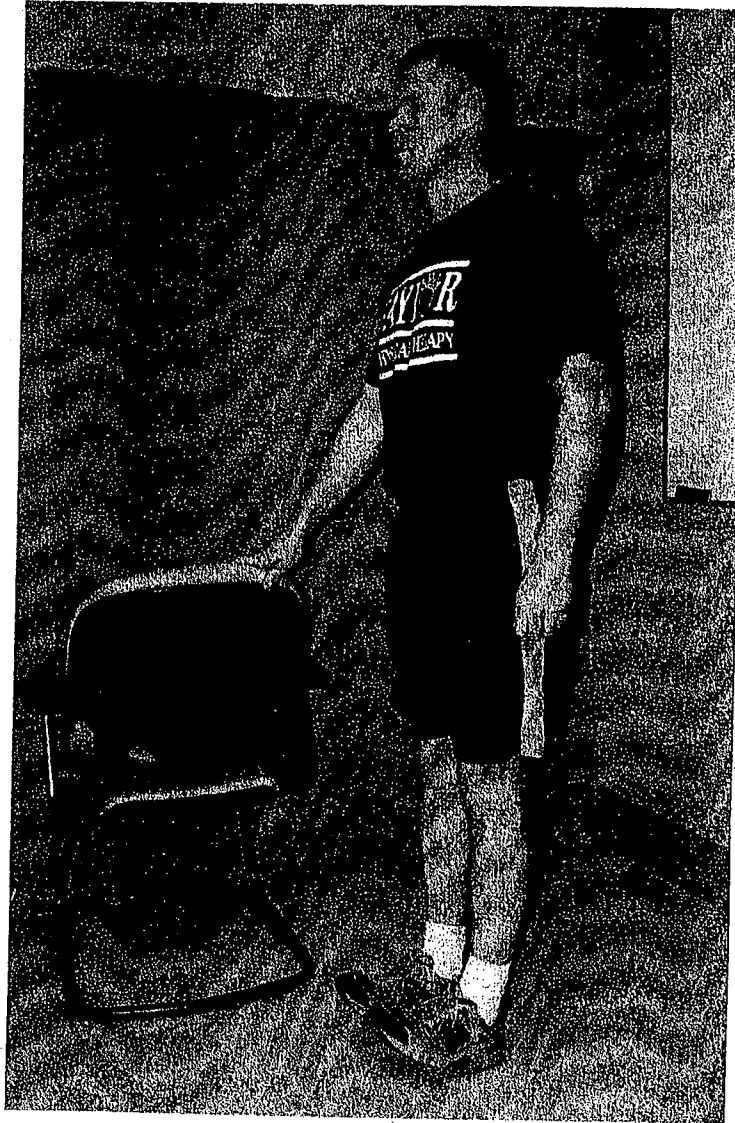
Keep back leg straight,
heel on floor with foot
turned slightly outward.
Lean toward wall until
stretch is felt in calf.



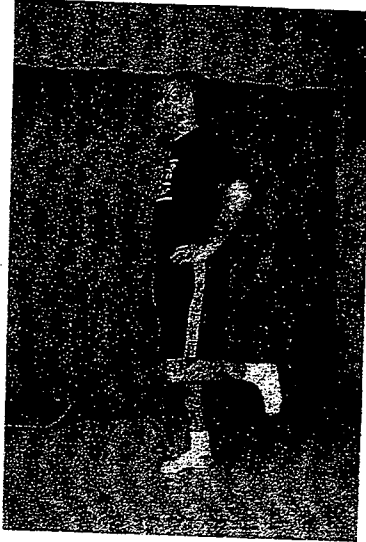
Soleus Stretch



Heel to Toe Rock



Single Leg Balance



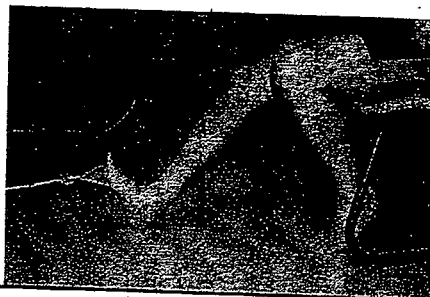
1. Stand with the legs apart with the body weight centered over the foot and the opposite knee flexed
2. Hold for one minute or until you need to use your other foot for support
3. Repeat x 3

Resisted Inversion



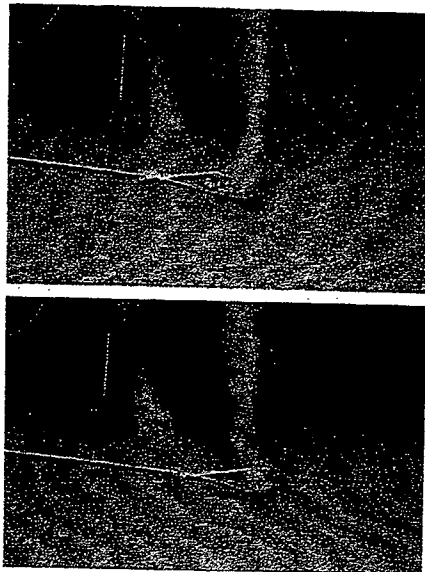
1. Sit with moderately stretched theraband around the ball of the foot with the foot pointing straight forward
2. Keeping contact with the floor move the foot and ankle inwards while keeping the thigh and lower leg from moving
3. Allow the foot and ankle to return slowly to slightly past the starting position
4. A good pace is 1 second to contract and 2 seconds to relax or return to the starting position.
5. Breathe in as you pull inwards and breathe out as you relax and return to the starting position.
6. Repeat 6-12 times per set.
7. The first set should be light resistance and easy to perform. Subsequent sets can be performed with higher resistance.
8. Resistance may be increased by tightening the band, using a heavier band, or combining bands.
9. If you have pain during the exercise stop each repetition short of the point of pain, lighten the resistance, or slightly change your arm position.
10. At first strengthening can be performed daily. When your muscles are working efficiently you can perform strengthening to fatigue 3x/week.
11. Strengthening is generally best performed later in the day so that the foot and ankle is not tired during daily activities.

Resisted Dorsiflexion



1. Sit with a moderately stretched theraband around the ball of the foot with the foot pointing down and straight forward
2. Keeping the heel on the floor move the foot and ankle backwards while keeping the thigh and lower leg from moving
3. Allow the foot and ankle to return slowly to the starting position
4. A good pace is 1 second to contract and 2 seconds to relax or return to the starting position.
5. Breathe in as you pull inwards and breathe out as you relax and return to the starting position.
6. Repeat 6-12 times per set.
7. The first set should be light resistance and easy to perform. Subsequent sets can be performed with higher resistance.
8. Resistance may be increased by tightening the band, using a heavier band, or combining bands.
9. If you have pain during the exercise stop each repetition short of the point of pain, lighten the resistance, or slightly change your arm position.
10. At first strengthening can be performed daily. When your muscles are working efficiently you can perform strengthening to fatigue 3x/week.
11. Strengthening is generally best performed later in the day so that the foot and ankle is not tired during daily activities.

Resisted Eversion



1. Sit with moderately stretched theraband around the ball of the foot with the foot pointing straight forward
2. Keeping contact with the floor move the foot and ankle outwards while keeping the thigh and lower leg from moving
3. Allow the foot and ankle to return slowly to slightly past the starting position
4. A good pace is 1 second to contract and 2 seconds to relax or return to the starting position.
5. Breathe in as you pull outwards and breathe in as you relax and return to the starting position.
6. Repeat 6-12 times per set.
7. The first set should be light resistance and easy to perform. Subsequent sets can be performed with higher resistance.
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10. At first strengthening can be performed daily. When your muscles are working efficiently you can perform strengthening to fatigue 3x/week.
11. Strengthening is generally best performed later in the day so that the foot and ankle is not tired during daily activities.

WELDON R. JOHNSON *
DAVID G. WOLFF
KAY GAFFNEY CROWE *
ALAN J. REYNER †
RICHARD C. THOMAS
ROBERT T. STRICKLAND
CURTIS W. DOWLING
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JENNIFER I. WAXMAN



BARNES ALFORD

Barnes Alford Stork & Johnson L.L.P.

ATTORNEYS AT LAW

OF COUNSEL
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ROGER A. WAY, JR.

* CERTIFIED CIVIL
COURT MEDIATOR

† CERTIFIED SPECIALIST
IN TAXATION

RUDOLPH C. BARNES
(1917-1995)
JAMES W. ALFORD
(1930-2008)

June 24, 2016

Christopher J. Archer, Esquire
Goodwyn Law Firm, LLC
2519 Devine Street, Suite A
Columbia, SC 29205

Re: Courtney Forrest v. Advanced Disposal Services, Inc.
Case No. 1604067
BASJ File No. 188.20818
Client File No. 30165658934-0001

Dear Mr. Archer:

Enclosed for your review is the personnel file relating to Courtney Forrest. These records are being produced pursuant to the subpoena which you served. Please allow the following to serve as the Privilege Log, outlining the documents which are not being produced:

1. 11 pages of Privileged Emails between ADS personnel generated as a result of this claim
2. ADS Inner Office Claim Status Report (6 pages)
3. 9 pages of correspondence and documents prepared by Attorney Kay Crowe, as counsel for the employer

In addition to the documents provided, there is a video which we are in the process of obtaining. This video will be provided once it is received and in compliance with your subpoena. If you have any questions regarding the enclosures, please feel free to contact me. With best regards, I am

Very truly yours,

Sharon L. Houser
Legal Assistant to Kay G. Crowe

SLH/djr
Enclosure

POST OFFICE BOX 8448
OFFICE: 803.799.1111

SHARON L. HOUSER
1613 MAIN STREET (29201)
FAX: 803.254.1335
WWW.BARNESALFORD.COM

COLUMBIA, SC 29202
SHARON@BASJLAW.COM

BARNES ALFORD STORK & JOHNSON L.L.P.
Christopher J. Archer, Esquire
June 24, 2016
Page 2

cc: Denise Musice
Christine Hackler, SCLA, BSCJA

Visit Date: 3/14/2016

Rendering Physician: Michael Huncharek, MD

Seen At: AFC/Doctors Express Columbia

3304 Forest Drive

Columbia, SC 29204-4024

Phone: 803-787-3901

Fax: 803-787-3902

Patient Name: COURTNEY FORREST

Chief Complaint

Patient comes in today for a drug test. (SOURCE: Patient)

HPI

Patient Reports:

* drug test

Procedures

HANDLING &/OR CONVEYANCE OF SPEC FOR TRNSFR FROM PHYS TO LAB [99000] QTY (1)

This record was electronically signed by Karen Y Richardson on 04/02/2016 at 06:49

Visit Date: 3/18/2016

Rendering Physician: Abraham Rowson, MD

Seen At: AFC/Doctors Express Columbia
3304 Forest Drive
Columbia, SC 29204-4024

Phone: 803-787-3901

Fax: 803-787-3902

Chief Complaint

Patient comes in today for a DOT Physical. (SOURCE: Patient)

HPI

Patient Reports:

* DOT Physical

Procedures

DEPARTMENT OF TRANSPORTATION PHYSICAL EXAMINATION [DOTPE] QTY (1)

This record was electronically signed by Karen Y Richardson on 04/05/2016 at 10:33

4

Visit Date: 4/12/2016

Seen At: AFC/Doctors Express Columbia
3304 Forest Drive
Columbia, SC 29204-4024

Phone: 803-787-3901
Fax: 803-787-3902

Chief Complaint

Patient comes in today for a Ankle pain: Left, Foot pain and drugscreen. (SOURCE: Patient)

HPI

Patient Reports:

- * Ankle pain: Left

- * Foot pain [Onset: 04/11/2016 Acute; Hx of: Reports Trauma; Mod. Fact.: Worse Activity, Climbing stairs; Treatment: Better Rest; Location: Reports Foot: left; Free text: 57yo AA male presents to clinic following fall at work. Pt twisted L foot/ankle. By pts reports, he was seen by his PCP and L ankle/foot was x-rayed and no fracture was seen. Ace wrap was placed and pt is using crutches. He works as truck mechanic. He was given codeine for pain.]

- * drugscreen

PMH

Essential (primary) hypertension (401.9, 110) (Active)

Surgery Hx

Hernia - (1998)

ROS

Musc/Skel:

Patient Reports:

- * Joint pain [Onset: Acute; Mod. Fact.: Worse Activity]

- * Leg pain

- * All non-documented systems have been reviewed and are considered negative.

Cur Rx

ACTIVE: codeine sulfate

ACTIVE: hydrochlorothiazide

ACTIVE: Norvasc

Allergies

Active: No known allergies; No known drug allergies

Social Hx

Patient denies smoking.

Patient denies drug use.

Patient denies alcohol use.

Has 2 caffeinated drinks a day.

Fam Hx

There is no recognized family history that relates to this patient's present illness.

Vitals

Taken at 5:34 PM:

BP: 140/94 mmHg

PULSE: 97 bpm

RESP: 18 breaths/min

TEMP: 98.4

WEIGHT: 235 lb(106.59 kg)

HEIGHT/LENGTH: 5 ft 11 in

BMI: 32.775

Exam

General

NORMAL: Well developed, well nourished, in no apparent distress

Chest/Lungs

NORMAL: Chest is clear to auscultation bilaterally, Normal respiration, rhythm and depth.

Cardiac

NORMAL: Heart normal to auscultation, Normal PMI, No thrill

Patient Name: COURTNEY FORREST

Visit Date: 4/18/2016

Seen At: AFC/Doctors Express Columbia

Phone: 803-787-3901

Rendering Physician: Michael Huncharek, MD

3304 Forest Drive

Fax: 803-787-3902

Columbia, SC 29204-4024

Chief Complaint

Patient comes in today for a work comp follow up. (SOURCE: Patient)

HPI

Patient Reports:

* work comp follow up [Free text: 57yo AA male presents to clinic for re-evaluation. Pt sprained R ankle and has residual swelling although decreased. Pt also w some mild R knee discomfort.]

ROS

Musc/Skel:

Patient Reports:

* Joint pain [Onset: Chronic]

* Edema

* All non-documented systems have been reviewed and are considered negative.

Social Hx

Reviewed Social Hx

Vitals

Taken at 10:54 AM:

BP: 184/92 mmHg

PULSE: 99 bpm

RESP: 18 breaths/min

WEIGHT: 228 lb(103.42 kg)

HEIGHT/LENGTH: 6 ft .3 in

BMI: 30.665

Exam

General

NORMAL: Well developed, well nourished, in no apparent distress

Neurological

NORMAL: Normal neurological examination

Musculoskeletal

ABNORMAL: Abnormal ROM in left ankle, Swelling present left ankle

A/P

Sprain of unspecified ligament of left ankle, initial encounter (845.00, S93.402A)

send for PT evaluation and treatment

Pt will be off work until PT evaluation

Pt to RTC once he is seen by PT

This record was electronically signed by Michael Huncharek, MD on 04/18/2016 at 11:07



**Doctors
Express**

Urgent Care | Family Care

3304 Forest Drive

Columbia, SC 29204

Office: 803.787.3901

Fax: 803.787.3902

www.doctorexpresscolumbia.com

Denise - Sedgwick

501 747 5619

4-20-16

Medical
Records

Patient: COURTNEY FORREST ()
Seen On: 04/12/2016 by Michael Huncharek, MD

Seen At: AFC/Doctors Express Columbia, 3304 Forest Drive, Columbia,
SC 29204-4024; Phone: 803-787-3901; Fax: 803-787-3902

The data contained in this FAX is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of Federal Law (HIPAA) and will be reported as such.

Chief Complaint: Patient comes in today for a Ankle pain: Left, Foot pain and drugscreen. (SOURCE: Patient)

History of Present Illness: **Patient Reports:**
Ankle pain: Left

Foot pain [Onset: 04/11/2016 Acute; Hx of: Reports Trauma; Mod. Fact.: Worse Activity, Climbing stairs; Treatment: Better Rest; Location: Reports Foot: left; Free text: 57yo AA male presents to clinic following fall at work. Pt twisted L foot/ankle. By pts reports, he was seen by his PCP and L ankle/foot was x-rayed and no fracture was seen. Ace wrap was placed and pt is using crutches. He works as truck mechanic. He was given codeine for pain.]
drugscreen

PMH: Essential (primary) hypertension (401.9, I10) (Active)

Surgical History: Hernia - (1998)

Review of Systems: Musc/Skel
Patient Reports: Joint pain [Onset: Acute; Mod. Fact.: Worse Activity], Leg pain, All non-documented systems have been reviewed and are considered negative.

Current Meds: ACTIVE: codeine sulfate
ACTIVE: hydrochlorothiazide
ACTIVE: Norvasc

Allergies: Active: No known allergies; No known drug allergies

Social History: Patient denies smoking; Patient denies drug use; Patient denies alcohol use; Has 2 caffeinated drinks a day.

Family History: There is no recognized family history that relates to this patient's present illness.

Vitals: Taken at 5:34 PM:
BP: 140/94 mmHg
PULSE: 97 bpm
RESP: 18 breaths/min
TEMP: 98.4
WEIGHT: 235 lb(106.59 kg)
HEIGHT/LENGTH: 5 ft 11 in
BMI: 32.775

Exam: General - NORMAL: Well developed, well nourished, in no apparent distress
Chest/Lungs - NORMAL: Chest is clear to auscultation bilaterally, Normal respiration, rhythm and depth.
Cardiac - NORMAL: Heart normal to auscultation, Normal PMI, No thrill
Abdominal - NORMAL: Non tender, non distended. Normoactive bowel sounds
Neurological - NORMAL: Normal neurological examination
Musculoskeletal - ABNORMAL: Abnormal ROM in left ankle, Tenderness to palpation left ankle

Procedures: HANDLING &/OR CONVEYANCE OF SPEC FOR TRNSFR FROM PHYS TO LAB
[99000] QTY (1)

Patient: COURTNEY FORREST 58) Seen At: AFC/Doctors Express Columbia, 3304 Forest Drive, Columbia,
Seen On: 04/12/2016 by Michael Huncharek, MD SC 29204-4024; Phone: 803-787-3901; Fax: 803-787-3902

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Assessment/Plan: Sprain of unspecified ligament of left ankle, Initial encounter (845.00, S93.402A)

* Prescription printed on 04/12/2016 17:56:52.765 by mhuncharek.dr22
Prescribed ibuprofen 600 MG tablet: Take 1 tablet (oral) 3 times per day for 7 days;
Total Qty: 21 (Twenty One) tablet; 1 refill(s); Allow substitutions
Rest, ice and elevate the affected area.
Tylenol every 4-6 hours as needed and/or Ibuprofen every 6-8 hours as needed,
over the counter for pain or fever.
Keep splint/cast clean/dry. Protect from damage
Never put objects inside cast to relieve itching.
Watch for swelling, pain, burning, color change, numbness or tingling. If these
symptoms occur elevate the extremity above the heart level for 30 minutes. If
symptoms still persist go to the Emergency Department at once.
Follow up with your Primary Care Physician or Orthopedic Physician for further
care if so advised.
Apply ice packs for the first 48 hours.
Elevate (above heart level) the injured area.
No weight bearing if so advised & use crutches as instructed during visit.
Recheck in 4-5 days if not improved. See work slip for restrictions if received.
Check circulation as instructed.
Get plenty of rest.

Signature:

This record was electronically signed by Michael Huncharek, MD on 04/12/2016 at
17:57



3304 Forest Drive
Columbia, SC 29204-4024

Phone 803-787-3901
Fax 803-787-3902

Date: 04/12/16

Courtney Forrest (DOE)

Was seen today at AFC/Doctors Express Columbia and may:

Return to Work without any restrictions as of:

Return to Work with the following restrictions as of:

___: Avoid kneeling, squatting, jumping, running, climbing ladders

___: Avoid prolonged ___ sitting ___ standing

___: Avoid strong gripping with ___ right hand ___ left hand

___: Limit repetitive motion with ___ right hand ___ left hand

___: No lifting greater than ___ lbs over shoulder with ___ right arm ___ left arm
___ lbs waist to shoulder with ___ right arm ___ left arm
___ lbs below the waist with ___ right arm ___ left arm

___: No pulling or pushing over ___ lbs

___: Proper lifting technique as instructed

___: Right handed duty only

___: Left handed duty only

___: Must wear splint/brace

___: Sit down work only

☒ May not return to Work: re-evaluate pt on 4/18/16

Any questions, please call.

PROVIDER SIGNATURE
Michael Huncharek, MD

Michael Hunchard, MD, PhD

 **Doctors
Express**
Urgent Care | Family Care

3304 Forest Drive
Columbia, SC 29204
P: 803.787.3901
F: 803.787.3902

Name Forest, Courtney Date 4/18/16
Address _____ Age 57

Rx Pt to screen at @ work
PT evaluation + treat

SECURITY FEATURES ON BACK

EX3150132311480

DEA# AH220452

NPI#

☐ Label

Refill: X times PRN NR

Dispense as Written

Substitution Permitted

Patient: COURTNEY FORREST (

Seen At: AFC/Doctors Express Columbia, 3304 Forest Drive, Columbia,
SC 29204-4024; Phone: 803-787-3901; Fax: 803-787-3902

Seen On: 04/18/2016 by Michael Huncharek, MD

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Chief Complaint: Patient comes in today for a work comp follow up. (SOURCE: Patient)

History of **Patient Reports:**

Present Illness: work comp follow up [Free text: 57yo AA male presents to clinic for re-evaluation. Pt sprained R ankle and has residual swelling although decreased. Pt also w some mild R knee discomfort.]

Review of **Musc/Skel**

Systems: **Patient Reports:** Joint pain [Onset: Chronic], Edema, All non-documented systems have been reviewed and are considered negative.

Social History: Reviewed Social Hx

Vitals: Taken at 10:54 AM:
BP: 184/92 mmHg
PULSE: 99 bpm
RESP: 18 breaths/min
WEIGHT: 228 lb(103.42 kg)
HEIGHT/LENGTH: 6 ft .3 in
BMI: 30.665

Exam: General - NORMAL: Well developed, well nourished, in no apparent distress
Neurological - NORMAL: Normal neurological examination
Musculoskeletal - ABNORMAL: Abnormal ROM in left ankle, Swelling present left ankle

Assessment/Plan: Sprain of unspecified ligament of left ankle, initial encounter (845.00, S93.402A)
send for PT evaluation and treatment
Pt will be off work until PT evaluation
Pt to RTC once he is seen by PT

Signature: This record was electronically signed by Michael Huncharek, MD on 04/18/2016 at 11:07



Urgent Care | Family Care

3304 Forest Drive
Columbia, SC 29204-4024

Phone 803-787-3901
Fax 803-787-3902

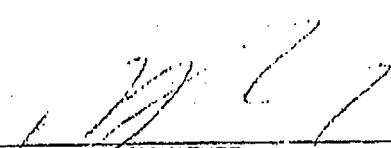
Date: 04/18/16

Courtney Forrest (DOB:)

Was seen today at AFC/Doctors Express Columbia and may:

☐ Return to Work without any restrictions as of:☐ Return to Work with the following restrictions as of:☐ Avoid kneeling, squatting, jumping, running, climbing ladders☐ Avoid prolonged sitting standing☐ Avoid strong gripping with right hand left hand☐ Limit repetitive motion with right hand left hand☐ No lifting greater than lbs over shoulder with right arm left arm
 lbs waist to shoulder with right arm left arm
 lbs below the waist with right arm left arm☐ No pulling or pushing over lbs☐ Proper lifting technique as instructed☐ Right handed duty only☐ Left handed duty only☐ Must wear splint/brace☐ Sit down work only☒ May not return to Work: until PT completion

Any questions, please call.



PROVIDER SIGNATURE
Michael Huncharek, MD

From Courtney Forrest
Phone: 803-586-9591

To: MIKE
FAX 803-794-8823
Subject: Doctor ~~Info~~ INFO



3304 Forest Drive
Columbia, SC 29204-4024

Phone 803-787-3901
Fax 803-787-3902

Date: 4/18/16

Courtney Forrest (DOB: [redacted])

Was seen today at AFC/Doctors Express Columbia and may:

_____ Return to Work without any restrictions as of:

_____ Return to Work with the following restrictions as of:

____: Avoid kneeling, squatting, jumping, running, climbing ladders

____: Avoid prolonged ____ sitting ____ standing

____: Avoid strong gripping with ____ right hand ____ left hand

____: Limit repetitive motion with ____ right hand ____ left hand

____: No lifting greater than ____ lbs over shoulder with ____ right arm ____ left arm
____ lbs waist to shoulder with ____ right arm ____ left arm
____ lbs below the waist with ____ right arm ____ left arm

____: No pulling or pushing over ____ lbs

____: Proper lifting technique as instructed

____: Right handed duty only

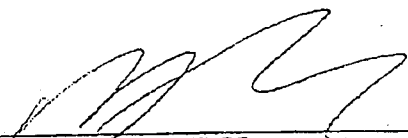
____: Left handed duty only

____: Must wear splint/brace

____: Sit down work only

☒ May not return to Work: until PT evaluation

Any questions, please call.



PROVIDER SIGNATURE
Michael Huncharek, MD



3304 Forest Drive
Columbia, SC 29204-4024

Phone 803-787-3901
Fax 803-787-3902

Date: 04/18/16

Courtney Forrest (DOB: _____)

Was seen today at AFC/Doctors Express Columbia and may:

_____ Return to Work without any restrictions as of:

_____ Return to Work with the following restrictions as of:

_____: Avoid kneeling, squatting, jumping, running, climbing ladders

_____: Avoid prolonged _____ sitting _____ standing

_____: Avoid strong gripping with _____ right hand _____ left hand

_____: Limit repetitive motion with _____ right hand _____ left hand

_____: No lifting greater than _____ lbs over shoulder with _____ right arm _____ left arm
_____ lbs waist to shoulder with _____ right arm _____ left arm
_____ lbs below the waist with _____ right arm _____ left arm

_____: No pulling or pushing over _____ lbs

_____: Proper lifting technique as instructed

_____: Right handed duty only

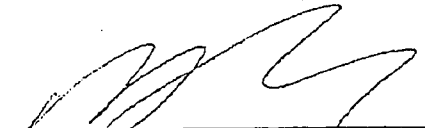
_____: Left handed duty only

_____: Must wear splint/brace

_____: Sit down work only

 X May not return to Work: *until PT evaluation*

Any questions, please call.



PROVIDER SIGNATURE
Michael Huncharek, MD

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3304 Forest Drive

Columbia, SC 29204

Office: 803.787.3901

Fax: 803.787.3902

www.doctorsexpresscolumbia.com

To: Vanessa

Fax number: 803-748-9696

From: Arnelis

Fax number: 803.787.3902

Date: 4.12.16

Regarding: Courtney Forrest

Phone number for follow-up: 803.787.3901



3304 Forest Drive
Columbia, SC 29204-4024

Phone 803-787-3901
Fax 803-787-3902

Date: 04/12/16

Courtney Forrest (DOB: [redacted])

Was seen today at AFC/Doctors Express Columbia and may:

☐ Return to Work without any restrictions as of:

☐ Return to Work with the following restrictions as of:

☐: Avoid kneeling, squatting, jumping, running, climbing ladders

☐: Avoid prolonged ☐ sitting ☐ standing

☐: Avoid strong gripping with ☐ right hand ☐ left hand

☐: Limit repetitive motion with ☐ right hand ☐ left hand

☐: No lifting greater than ☐ lbs over shoulder with ☐ right arm ☐ left arm
☐ lbs waist to shoulder with ☐ right arm ☐ left arm
☐ lbs below the waist with ☐ right arm ☐ left arm

☐: No pulling or pushing over ☐ lbs

☐: Proper lifting technique as instructed

☐: Right handed duty only

☐: Left handed duty only

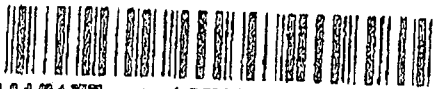
☐: Must wear splint/brace

☐: Sit down work only

☒ May not return to Work: re-evaluate pt on 4/18/16

Any questions, please call.

PROVIDER SIGNATURE
Michael Huncharek, MD



10419177 1471316 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

ADS 21880 COLUMBIA

UER

49 PALMETTO COURT

GASTON SC 29230

PH: 803-403-8245 FAX: 215-563-1769

B. MRO Name, Address, Phone and Fax No.

CONCORDE INC

A. SCHATZ, MGR HALLAGE RD

1835 MARKET ST 12TH FLOOR

PHILADELPHIA PA 19107

PH: 215-563-9555 FAX: 215-563-1769

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: FORRESTFirst: COURTNEY

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☒ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (98)

G. Drug Tests to be Performed:

() 4510SH SAP 5-50+HONA/6AN/T

H. Collection Site Name:

Doctors Express

Address: 2304 Sprout Dr.

City, State and Zip: Columbia, SC 29204

Collection Site Code:

Collector Phone No:

803-787-3901

Collector Fax No:

803-787-3902

STEP 2: COMPLETED BY COLLECTOR
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☒ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

 X Judy Glover
 Signature of Collector
 (Print) Collector's Name (First, MI, Last)

 05:28 PM
 Time of Collection
 4/12/16
 Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

 X Courtney Forrest
 Signature of Donor

(Print) Donor's Name (First, MI, Last)

Daytime Phone No. 803-586-7591

Evening Phone No. ()

Date (Mo./Day/Yr.)

4/12/16

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(Print) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

(Print) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2 - MEDICAL REVIEW OFFICER COPY

023020

MEDICAL RECORD

Progress Notes

NOTE DATED: 04/12/2016 13:30

LOCAL TITLE: NURSE PRACTITIONER

STANDARD TITLE: NURSE PRACTITIONER NOTE

VISIT: 04/12/2016 10:51 WJB ER PROVIDER-X

Please excuse from work today April 12, 2016 through and including Friday April 15th, 2016 due to on the job injury.

Signed by: /es/ CAROLYN D BIRCHMORE
NP
04/12/2016 13:31

FORREST, COURTNEY O

COLUMBIA, SC VAMC
Pt Loc: OUTPATIENT

Printed: 04/12/2016 13:55
Vice SF 509

DOT EMPLOYMENT APPLICATION



Advanced Disposal

Date of Application 4-4-16

Position(s) Applied For Mechanic

Full-time ☒ Part-time ☐

ADS Waste Holdings, Inc. and/or its affiliates and/or subsidiaries (collectively, "Advanced Disposal") are Equal Opportunity Employers, which do not discriminate on the basis of race, color, religion, sex, gender, age, national origin, disability, genetic information, protected veteran status, military status, parental status, marital status, domestic relationship status, gender identity, sexual orientation, or any other class protected by applicable state, federal, or local law. In compliance with the Americans with Disabilities Act, as amended, if you require a reasonable accommodation related to completing this application or participating in the interview process, please contact Vice President, Corporate Human Resources at 904-737-7900.

Please print in ink. You must complete the entire application.

APPLICANT INFORMATION

Name (last, first, middle) <u>Forrest Courtney Oliver</u>		
Address(es) for the last three (3) years (street, city, state, zip code) (Please list all addresses) <u>Current:</u> <u>941 Corison Loop</u> <u>Previous (if applicable):</u> <u>Columbia, SC 29229</u>	Home Telephone Number (include area code) <u>803-708-9542</u>	Work Telephone Number (include area code)
Are you legally authorized to work in the U.S.? Yes ☒ No ☐ (If hired, you will be required to provide proof of work authorization.)		
Are you at least 21 years old? Yes ☒ No ☐		
Date Available to Start	Desired Salary/Rate of Pay <u>\$24.00 Hourly</u>	
Days/Hours of Work Preferred <u>N/A</u>	Days/Shifts You Are Unable to Work <u>N/A</u>	
Have you previously been employed by any Advanced Disposal Company? Yes ☐ No ☒ If yes, list date(s), position(s), company name(s), and reason for leaving.		
Names of relatives employed by any Advanced Disposal Company (currently or in the past). <u>N/A</u>	How did you learn of Advanced Disposal? (If referred by employee, please list employee's name.) <u>Indeed</u>	

Disclaimer: All applicants will be required to pass a drug screen and submit to a criminal background search prior to beginning employment. All applicants who will drive for or on behalf of the Company, including but not limited to driving a rental car for which the Company pays, will also have their motor vehicle record reviewed.

EDUCATION

List complete name and addresses of schools attended.

SCHOOL & ADDRESS	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE	GRADE POINT AVERAGE	COURSE(S) OF STUDY
High School: <u>Andrew Jackson</u>	<u>4</u>	<u>YES</u>			
College or University: <u>Central Texas</u>	<u>2</u>	<u>NO</u>		<u>3.0</u>	<u>Automotive Tech</u>
Technical School:					
Other:					

Thank you for your interest in Advanced Disposal.
Corporate Address: 90 Fort Wade Road, Suite 200, Ponte Vedra, Florida 32081

023222

EMPLOYMENT HISTORY

Starting with the most recent employer first, please list all employment for the preceding ten (10) years. Applicants in Massachusetts may also include verified volunteer work in this section. Attach additional sheets if necessary.

If currently employed, may we contact your current employer? Yes ☒ No

Company Name <i>TRANSCOR</i>	Address	Telephone Number with Area Code
Position(s) Held <i>BUS MECHANIC</i>	Dates Employed To/From <i>12-31-15 01-01-2014</i>	Reason for Leaving <i>PERSONAL</i>
Final Pay Rate <i>21.25 HR</i>		Supervisor's Name <i>MR BLACK</i>
(1) In this job, were you subject to Federal Motor Carrier Safety Administration Regulations? Yes ☒ No ☐		
(2) Was the job designated as a "safety sensitive" function in any DOT regulated mode subject to controlled substance/alcohol testing under 49 C.F.R. Part 40? Yes ☒ No ☐		

Note: If unemployed between jobs, please explain: _____

Company Name <i>TEXTRON</i>	Address	Telephone Number with Area Code <i>908-661-2227</i>
Position(s) Held <i>FIELD SERVICE REPRESENTATIVE</i>	Dates Employed To/From <i>2008-2011</i>	Reason for Leaving <i>CONTRACT ENDED</i>
Final Pay Rate <i>162,000.</i>		Supervisor's Name <i>MR SKELTON</i>
(1) In this job, were you subject to Federal Motor Carrier Safety Administration Regulations? Yes ☒ No ☐		
(2) Was the job designated as a "safety sensitive" function in any DOT regulated mode subject to controlled substance/alcohol testing under 49 C.F.R. Part 40? Yes ☒ No ☐		

Note: If unemployed between jobs, please explain: _____

Company Name <i>MANTech</i>	Address <i>CHANTILLY</i>	Telephone Number with Area Code <i>703-814-4207</i>
Position(s) Held <i>MAINTENANCE SUPERVISOR</i>	Dates Employed To/From <i>2006-2008</i>	Reason for Leaving <i>CONTRACT ENDED</i>
Final Pay Rate <i>136,000.</i>		Supervisor's Name <i>DAVID WISS</i>
(1) In this job, were you subject to Federal Motor Carrier Safety Administration Regulations? Yes ☒ No ☐		
(2) Was the job designated as a "safety sensitive" function in any DOT regulated mode subject to controlled substance/alcohol testing under 49 C.F.R. Part 40? Yes ☒ No ☐		

Note: If unemployed between jobs, please explain: _____

Company Name <i>KBR</i>	Address <i>CAMP VICTORY NORTH</i>	Telephone Number with Area Code
Position(s) Held <i>MECHANIC</i>	Dates Employed To/From <i>2005-2006</i>	Reason for Leaving <i>ACCEPT NEW POSITION</i>
Final Pay Rate <i>\$ 82,000.</i>		Supervisor's Name
(1) In this job, were you subject to Federal Motor Carrier Safety Administration Regulations? Yes ☒ No ☐		
(2) Was the job designated as a "safety sensitive" function in any DOT regulated mode subject to controlled substance/alcohol testing under 49 C.F.R. Part 40? Yes ☒ No ☐		

Note: If unemployed between jobs, please explain: _____

Thank you for your interest in Advanced Disposal.
Corporate Address: 90 Fort Wade Road, Suite 200, Ponte Vedra, Florida 32081

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ___ No ☒

Have you ever had any license, permit, or privilege to operate a motor vehicle suspended or revoked? Yes ___ No ☒

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, PLEASE PROVIDE DETAILS:

OTHER RELEVANT EDUCATION AND EXPERIENCE

Describe any other specialized training, apprenticeships, certifications, skills, extracurricular activities or additional experience you believe should be considered when determining your qualifications for the position for which you are applying.

TRUCK DRIVING SCHOOL
Automotive Repair Courses

EMPLOYMENT REFERENCES

List individuals familiar with your job qualifications. Please do not list relatives or personal friends.

NAME	COMPANY	HOW DO YOU KNOW EACH OTHER AND FOR HOW LONG?	DAY TELEPHONE NUMBER (including area code)	EVENING TELEPHONE NUMBER (including area code)
Rick Skelton	Textron	WORK 15 YEARS	908-661-2227	N/A
David Spragen	Textron	WORK 15 YEARS	808-254-6222	N/A
Joy Trammell	Self Employed	8 YEARS	248-302-7333	N/A

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH
BEFORE SIGNING THIS FORM

For applicants in Massachusetts:

1. I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Massachusetts Applicant Signature _____ Date _____

For applicants in Maryland:

2. I certify that I have reviewed the following notice:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Maryland Applicant Signature _____ Date _____

For ALL APPLICANTS:

3. All information contained in this application is true and correct to the best of my knowledge and belief. It is understood and agreed that any misrepresentations, false statements, or omissions of any kind in this application (or during the interview process) will be sufficient reason for rejection of my application or for dismissal at any time during my employment, if I am hired, without liability to Advanced Disposal.

Thank you for your interest in Advanced Disposal.
Corporate Address: 90 Fort Wade Road, Suite 200, Ponte Vedra, Florida 32081

4. I authorize Advanced Disposal to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment. _____
5. By signing this application, I represent that I am not bound by any restrictive covenant that would prohibit me from accepting the employment for which I am applying. _____
6. If employed, I agree to abide by all of the policies and safety rules of Advanced Disposal. I understand that Advanced Disposal is committed to maintaining a drug-free workplace. I am aware that Advanced Disposal will require that I submit to and provide a negative result drug test as a part of the hiring process. Also, if employed, I realize Advanced Disposal conducts random and other drug/alcohol tests of its employees. _____
7. I further understand that no representative of Advanced Disposal has the authority to enter into any agreement for employment for any specified period of time and that Advanced Disposal is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by Advanced Disposal. _____

ALL APPLICANTS Signature _____

Date 4-4-16

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR § 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

ALL APPLICANTS Signature _____

Date 4-4-16

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49 CFR § 40.25(j) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?
Yes ☒ No ☐
2. Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? Yes ☐ No ☒
3. If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? Yes ☐ No ☒

ALL APPLICANTS Signature _____

Date 4-4-16

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

ALL APPLICANTS Signature _____

Date 4-4-16

Thank you for your interest in Advanced Disposal.
Corporate Address: 90 Fort Wade Road, Suite 200, Ponte Vedra, Florida 32081

EXPERIENCE & QUALIFICATIONS

*DATE OF BIRTH

*Required for commercial drivers

*SOCIAL SECURITY NUMBER

*Required for commercial drivers

DRIVER'S LICENSES: Please list the following information for each unexpired commercial motor vehicle operator's license or permit issued to you.

ISSUING STATE	NUMBER	EXPIRATION DATE	TYPE? Please specifically identify if CDL.
<i>SOUTH CAROLINA</i>		<i>12-10-2020</i>	<i>CLASS A</i>

Please list all states operated in for the last five years: _____

DRIVING EXPERIENCE: Please list all applicable equipment you have operated during, at least, the last ten (10) years.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Dump, Other)	DATES OPERATED:		APPROXIMATE TOTAL NUMBER OF MILES
Straight Truck		START	END	
Tractor & Semi-Trailer	<i>VAN, Dump</i>	<i>SC</i>	<i>2013</i>	<i>30,000.</i>
Tractor - Two Trailers	<i>VAN, Flat Bed</i>	<i>SC</i>	<i>2013</i>	<i>50,000.</i>
Rear Loader, Front Loader, Rolloff				
Other Heavy Equipment				

Please list any trucking, transportation, or other experience relevant to the position you are applying for: _____

Please list special courses or training you have taken that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Endorsements? Yes ☐ No ☒ If Yes, specify type and date(s) issued _____

MOTOR VEHICLE ACCIDENT RECORD: Please list all motor vehicle accidents in which you have been involved in the past five (5) years. Attach an additional sheet if more space is needed.

	DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
Last Accident				
Next Previous				
Next Previous				

MOTOR VEHICLE LAW VIOLATIONS: Please list all violations of motor vehicle laws or ordinances (other than parking violations) of which you have been convicted, or forfeited bond or collateral, during the past five (5) years. Attach an additional sheet if more space is needed.

LOCATION	DATE	CHARGE	PENALTY

Thank you for your interest in Advanced Disposal.
Corporate Address: 90 Fort Wade Road, Suite 200, Ponte Vedra, Florida 32081



Certificate of Compliance with Drivers License Requirements

MOTOR CARRIER INSTRUCTIONS:

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous material that require placarding.

The requirements in Part 391 apply to every driver who operates commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that placarding.

DRIVER REQUIREMENTS:

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1997. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify that state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1. your employing motor carrier, and 2. the state that issued your license. (If the violation occurs in a state other than the one which issued your license.) The notification to both the employer and state must be in writing.

The following license is the only one I possess:

License number

State

Expiration Date

I certify that I have read and understood the above requirements:

Date

Driver Signature

Advanced Disposal Services

90 Fort Wade Rd. Ponte Vedra, FL 32081



Advanced Disposal

90 Fort Wade Road | Ponte Vedra | FL 32081

0237 27



Authorization for Check of Previous Employer Information—§391.23(f)

I hereby authorize you to release the information requested to Advanced Disposal Services for the purpose of an employment background investigation that is required by the US DOT Federal Motor Carrier Safety Regulations, §382.413, §40.25 and §391.23. I understand that information released pursuant to this document is limited to DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years. I understand and agree that this information will only be used for the purposes stated, and I release all parties from any and all liability which may result from furnishing such information.

Applicant Signature: *Courtney Forrest*

Print Name: Courtney Forrest

Date: 03-04-16

SSN:

To: _____

Company name: _____

Phone and/or fax number _____

From: Advanced Disposal Services

The individual listed above has applied for a position of commercial driver with Advanced Disposal Services. This applicant has named your company as a previous employer from _____ to _____, and we are investigating the employment history as required by the FMCSR.

Employed from _____ to _____ Position held _____

In the past three (3) years did he/she:

test 0.04 or greater for alcohol concentration?

Yes or No

test positive for controlled substance?

Yes or No

refuse to be tested while employed?

Yes or No

have any other violations of DOT agency drug / alcohol testing regulations?

Yes or No

following a positive result, failed to undertake or complete a rehabilitation program?

Yes No N/A Unk

have any testing violations following completion of a rehabilitation referral?

Yes No N/A Unk

Was information obtained from previous employers of a drug or alcohol rule violation?

Yes or No

If yes to any of the above, please provide the Substance Abuse Professional's name, address and phone number.

What type of equipment did he/she operate? Straight truck _____ Tractor-trailer _____ Other _____

In the past three years, was he/she involved in any vehicular accidents while employed by you? Yes _____ No _____

Date _____ Location _____ Fatalities _____ Injuries _____ HM _____ Tow _____

Date _____ Location _____ Fatalities _____ Injuries _____ HM _____ Tow _____

Name of person providing information _____

Title _____

Date _____



Advanced Disposal

90 Fort Wade Road | Ponte Vedra | FL 32081

023828



Advanced Disposal

Please select the language for this form: ☒ English ☐ Spanish

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT AND AUTHORIZATION

Disclosure

It is Advanced Disposal's company policy to perform certain background checks of its employees and applicants. This may include checking your previous employment, criminal and civil history, records from the FMCSA's Pre-Employment Screening Program (PSP), drug/alcohol test records, educational records, driving records, credit, workers compensation records, etc. The report may contain information on your character, general reputation, personal characteristics and mode of living. Thus you may be the subject of a "consumer report" or an "investigative consumer report." The latter is obtained through personal interviews. We will use this information as part of the basis for our decision regarding your employment. This means that your former employers and others may be contacted and a search of public and private records made. We may not obtain this information without your express written consent. You do not have to consent; however, you will not be eligible for employment unless you agree to permit us to obtain this information. To help us obtain this information we sometimes use a consumer reporting agency.

I authorize Concorde, Inc., 1835 Market Street, 12th Floor, Philadelphia, PA 19103, 215-563-5555 or 888-805-8885; www.concorde2000.com National Background Data, P.O. Box 772277 Ocala, Florida 34477-2277, Phone 1-866-234-4455, FAX 1-352-629-9859 and its Agents and Assigns to obtain certain information as well. In the event that we intend to make an adverse decision based on any information obtained, we will tell you and provide you with a copy of what we obtain. We will also provide a copy of your rights in the form prescribed by the Consumer Financial Protection Bureau. If you would like a copy of any report that we receive, you can obtain a copy by making that request to us in writing at this time.

Acknowledgment and Authorization

acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I authorize Company and Concorde to make lawful inquiries, including of my prior employers, and other entities and persons to verify my suitability for employment. This may include requests for information regarding my criminal, civil, and motor vehicle records. I authorize the release of this information by any prior employer and anyone else having information or documentation about me to Company and Concorde. I authorize Concorde or other consumer reporting agencies to provide consumer and investigative consumer reports to you. I agree that so long as I remain employed by the above named employer, that this Disclosure and Authorization shall remain in effect; accordingly it shall not be necessary for me to sign a new Disclosure and Authorization.

☐ California, Minnesota and Oklahoma Applicants/Employees: Check the box if you want to receive a copy of any report

California Applicants/Employees: By signing below, you also acknowledge receipt of a copy of the CALIFORNIA NOTICE REGARDING BACKGROUND INVESTIGATION

New York Applicants/Employees: You have a right to receive a copy of any report by contacting Concorde directly. By signing below, you acknowledge receipt of a copy of New York Correction Law Article 23-A.

Applicant Name Courtney Oliver Forrest

Date of Birth

Social Security Number

Telephone Number 803-586-9591

Your Current Address 941 Corison Loop Columbia, SC 29229

Previous Address 626 Greenwich dr Aiken, SC 29803

☒ I agree to the terms and conditions listed above.

Signed electronically on 3/15/2016

A COPY OF THIS DOCUMENT MAY SERVE AS THE ORIGINAL

023929



Advanced Disposal

Please select the language for this form:

☒ English

☐ Spanish

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

☒ I agree to the terms and conditions listed above.

Signed electronically on: 3/15/2016

Applicant Name: Courtney Oliver Forrest



Advanced Disposal

Please select the language for this form:

☒ English

☐ Spanish

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT AND AUTHORIZATION

Disclosure

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Acknowledgment and Authorization

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Date of Birth

Social Security Number

Telephone Number +1 803-586-9591

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Advanced Disposal

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☐ Spanish

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 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
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- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA



**DIVISION OF
WORKERS'
COMPENSATION**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
AUTHORIZATION TO RELEASE INFORMATION

NOTE: Section 287.380 (3) RSMo prohibits the Division from releasing information reported to the Division by an employer or insurer.

EMPLOYER: You must sign and date the statement below or this form will be returned to you.

I hereby certify the information being sought by this request is being made on an applicant for employment only after a conditional job offer has been made, or on a current employee for a purpose which is job-related and consistent with business necessity. I further certify the information obtained in this request will not be used to discriminate in any manner against the individual who is the subject of this request on the basis to disability, in violation of the Americans with Disabilities Act of 1990, 42 U.S.C. §12101 et seq.

Date (must be completed)

Employer's Signature

Title of Person Authorized by the Employer to Sign

To be completed by EMPLOYER: (Black ink only or 10 point font or greater)

Employer's Full Name

Employer's FEIN

Employer's Street Address

Employer's City, State, ZIP Code

EMPLOYEE: For you to release this information with this form, you must be an employee or have received an offer of employment.

I hereby voluntarily authorize the Missouri Division of Workers' Compensation to release information to the above referenced employer. The information to be released shall only include information generated by computer search and shall not include any copies of documents which may be in the Division's possession. I understand this authorization will include release of information covering both pending and closed cases involving any work related injuries on file with the Division resolved by a settlement approved by an administrative law judge or Award issued by an administrative law judge.

3-17-16
Date

Employee's Signature

To be completed by EMPLOYEE: (Black ink only or 10 point font or greater)

Employee's Full Name

Courtney Forrest

Employee's Social Security Number

Employee's Street Address

941 Corison Loop

Employee's City, State, ZIP Code

Columbia, SC 29229

State of _____, County (and/or City) of _____
On this _____ day of _____ in the year _____ before me, _____ (name of notary),
a Notary Public in and for said state, personally appeared _____ (name of individual),
known to me to be the person who executed the within Authorization to Release Information and acknowledged to me that
(he/she) executed the same for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my Notarial Seal on this _____ day of _____, 20____.

My Commission expires: _____

Affix Notarial Stamp:

(Signature of Notary)



Advanced Disposal

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT AND AUTHORIZATION

Disclosure

It is Advanced Disposal's company policy to perform certain background checks of its employees and applicants. This may include checking your previous employment, criminal and civil history, records from the FMCSA's Pre-Employment Screening Program (PSP), drug/alcohol test records, educational records, driving records, credit, workers compensation records, etc. The report may contain information on your character, general reputation, personal characteristics and mode of living. Thus you may be the subject of a "consumer report" or an "investigative consumer report." The latter is obtained through personal interviews. We will use this information as part of the basis for our decision regarding your employment. This means that your former employers and others may be contacted and a search of public and private records made. We may not obtain this information without your express written consent. You do not have to consent; however, you will not be eligible for employment unless you agree to permit us to obtain this information. To help us obtain this information we sometimes use a consumer reporting agency.

I authorize Concorde, Inc., 1835 Market Street, 12th Floor, Philadelphia, PA 19103, 215-563-5555 or 888-805-8885; www.concorde2000.com National Background Data, P.O. Box 772277 Ocala, Florida 34477-2277, Phone 1-866-234-4455, FAX 1-352-629-9859 and its Agents and Assigns to obtain certain information as well. In the event that we intend to make an adverse decision based on any information obtained, we will tell you and provide you with a copy of what we obtain. We will also provide a copy of your rights in the form prescribed by the Consumer Financial Protection Bureau. If you would like a copy of any report that we receive, you can obtain a copy by making that request to us in writing at this time.

Acknowledgement and Authorization

I acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I authorize Company and Concorde to make lawful inquiries, including of my prior employers, and other entities and persons to verify my suitability for employment. This may include requests for information regarding my criminal, civil, and motor vehicle records. I authorize the release of this information by any prior employer and anyone else having information or documentation about me to Company and Concorde. I authorize Concorde or other consumer reporting agencies to provide consumer and investigative consumer reports to you. I agree that so long as I remain employed by the above named employer, that this Disclosure and Authorization shall remain in effect; accordingly it shall not be necessary for me to sign a new Disclosure and Authorization.



California, Minnesota and Oklahoma Applicants/Employees: Check the box if you want to receive a copy of any report

California Applicants/Employees: By signing below, you also acknowledge receipt of a copy of the CALIFORNIA NOTICE REGARDING BACKGROUND INVESTIGATION

New York Applicants/Employees: You have a right to receive a copy of any report by contacting Concorde directly. By signing below, you acknowledge receipt of a copy of New York Correction Law Article 23-A.

Courtnay Forrest

Printed Name of Applicant/Employee

Signature

Date

Social Security Number

803-586-9591

Telephone Number

941 Corison Loop Columbia, SC 29229

List Your Current Addresses - Street/City/Zip

626 Greenwich Dr Aiken, SC 29803

List Your Former Addresses for Last 7 years - Street/City/Zip

List Your Former Addresses for Last 7 years - Street/City/Zip

A COPY OF THIS DOCUMENT MAY SERVE AS THE ORIGINAL



Annual Certificate of Violations and Supervisor Review—§391

In accordance with the FMCSA Regulation §391.27:

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Driver's Name

Courtney Forrest

Date

04-04-16

Date	Offense	Location	Type of Motor Vehicle

☐

Check the box if you had no violations in previous 12 months

04-04-16

Date

[Signature]
Driver Signature

Advanced Disposal Services

Motor Carrier Name

21880

Location/BU

[Signature]
Reviewed by: Signature

Trainer
Title

In accordance with the Department of Transportation Section §391.25:

I have reviewed the above driver's motor vehicle record, and have found that the above driver:

☒

Meets minimum requirements for safe driving

☐

Is medically qualified

☐

Is disqualified

☐

Is correctly self-certified (CDL only)*

4/5/16 *no cdl *

Date

Office Manager
Title

[Signature]
Reviewed by: Signature

*CDL medical self-certification must be Non-Excepted Interstate unless grandfathered, Federal or State waiver on file, or permission from Corporate Safety Department.



Advanced Disposal

90 Fort Wade Road | Ponte Vedra | FL 32081

025040

South Carolina
DL# 01:434111

12-10-1958



COMMERCIAL DRIVER'S LICENSE

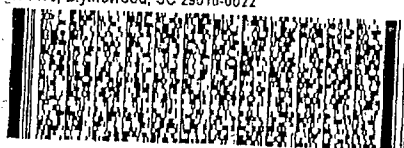
FORREST COURTNEY OLIVER
941 CORISON LOOP
COLUMBIA SC 292299390

DOB: [REDACTED]
Issued: [REDACTED]
Expires: 12-10-2020
Class: A
Sex: M
Weight: 230
Height: 5-11
Restrict: None
Endorse: None



400783 R034
Governor

DMV, PO Box 1498, Blythewood, SC 29016-0022



CLASS: All commercial combinations of vehicles GVWR of 26,001 or more lbs and trailers exceeding 10,000 lbs GVWR. Includes trike - does not include MTC or MTC w/ sidecar.

ENDORSEMENTS
None

RESTRICTIONS
None

DONOR: YES

1011525400021774



025411



Record of Duty Status - New or Intermittent Driver - §395.8 (j)(2)

A Record of Duty Status must be obtained from drivers being used for the first time, or those that are used intermittently, and must detail the hours worked for the seven (7) days preceding the start or resumption of work. The Company shall have the driver complete this document, and shall use the information supplied by the driver to ensure that the driver will not exceed the FMCSR Hours of Service requirements upon the start of work.

Driver Name: Courtney Forrest

Social Security: [Redacted]

Date of First Log: _____

Day (preceding)	1	2	3	4	5	6	7	Total
Date	4-3	4-2	4-1	3-31	3-30	3-29	3-28	
Hours Worked	0	0	0	0	0	0	0	0

I was last relieved from work on 3-28-16 at 0800 AM/PM.
(date) (time)

I certify that the information provided by me above is true and correct to the best of my knowledge.

Driver Signature: [Signature]

Date: 4-4-16

Supervisor: [Signature]

Date: 4/4/16

Example of correct Record of Duty Status completed below:

Date of First Log: 1/20/2012

Day (preceding)	1	2	3	4	5	6	7	Total
Date	1/19	1/18	1/17	1/16	1/15	1/14	1/13	
Hours Worked	0	0	0	0	13	10	0	23

Driver Certification for Other Compensated Work

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in §395.2 of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ of, a motor carrier, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?

Yes ___ No ✓

At this time, do you intend to work for another employer while still employed by this company? Yes ___ No ✓

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

[Signature]
(Driver's Signature)

4-4-16
(Date)



Advanced Disposal

90 Fort Wade Road | Ponte Vedra | FL 32081

0252/2



Advanced Disposal

**Alcohol and Substance Abuse Policy
Information Receipt & Acknowledgment
[DOT / 49 CFR § 382.601]**

By my signature below, I acknowledge that I have been provided a written copy of the Alcohol and Substance Abuse Policy and educational materials (collectively, "Information Packet"). My signature certifies that: (a) I have received the DOT-required Information Packet; (b) I have reviewed the policy; (c) I have been given the opportunity to ask questions concerning the policy; (d) I understand the policy; and (e) I agree to abide by the policy. I further understand that the Company has the right to discipline and/or terminate any employee who does not comply with the policy. I agree to comply with the procedures outlined in the policy, and I agree that the results of tests may be reported to the Company.

The content of this information covers:

1. Contact information for questions;
2. Which categories of drivers are covered under this policy;
3. Description of safety-sensitive functions;
4. Circumstances for testing, including post-accident testing if applicable;
5. Prohibited conduct and its consequences;
6. Testing procedures and requirements, including procedures covered under 49 CFR Part 40, if applicable;
7. Requirements to submit to testing;
8. Explanation of refusal to submit and consequences;
9. Consequences for violations of the policy, including when an employee will be removed from duty;
10. Consequences for alcohol concentration levels;
11. Information concerning the effects of alcohol and controlled substances on an individual's health, work, and personal life;
12. Signs and symptoms of abuse; and
13. Available methods of intervention when an alcohol or controlled substance problem is suspected.

Print Name:

Courtney Forrest

Signature:

[Handwritten Signature]

Date:

4-14-16

Advanced Disposal

90 Fort Wade Road / Suite 200 / Ponte Vedra, Florida / 32081

Revised July 2014

0253/3

DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before January 12, 2015.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (347). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

Courtney Forrest *04-04-16*
DRIVER'S NAME (PLEASE PRINT) DATE
[Signature]
DRIVER'S SIGNATURE
[Signature]
SUPERVISOR OR CARRIER REPRESENTATIVE SIGNATURE

2/15

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor or carrier representative shall countersign the receipt and place in the driver's qualification file.



Concorde, Inc
1835 Market Street, Suite 1200
Philadelphia, PA 19103
PH: 215-563-5555
FX: 267-670-7930
info@concorde2000.com

NOTICES

CA Civil Code §1786.29(a) Notice: This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it was accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

CA Civil Code §1786.29(b) Notice: The agency providing this report will provide, when contacted by the consumer seeking a copy of this report or making a request to review his/her file with the agency, a written notice in English and Spanish setting forth the terms and conditions of his/her right to receive disclosures of information such as office hours, any charges for disclosures, identification required for the release of information, names of recipients of reports on the consumer, what assistance is available to the consumer in reviewing/understanding the information and similar instructions.

This report is still pending completion.

It is provided to you as a convenience and is subject to change during our final quality assurance check. Reports should **NOT** be used to make hiring decisions or for adverse action until the report is finalized.

BACKGROUND REPORT

Requested: 3/15/2016

Completed: 00/00/00

Printed: 4/6/2016

Prepared for: ADS-21880 - Advanced Disposal - Columbia

Prepared by: AppCheck

Name of Applicant: Forrest, Courtney Oliver

Applicant ID: 201603150000227

DRIVING HISTORY

Driver's License #

Issuing State: SC

Date of Birth

AKA Name:

Comments: Motor Vehicle Report completed.

SOUTH CAROLINA 10 YEARS DRIVER RECORD REPORT

Date of Request: 03/16/2016

LICENSEE NAME/ADDRESS

FORREST, COURTNEY OLIVER

941 CORISON LOOP

COLUMBIA SC: 292299390

COUNTY: RICHLAND

LICENSE NUMBER	D.O.B.	SEX	HGT	WGT	EYES	HAIR	RACE	SOC.SEC	DONOR
		M							

CLASS	ORIG. ISSUED	ISSUED	EXPIRES	LIC TYPE
A - CDL Comb veh GCWR of 26,001 or more, over 10K tow	06/29/2000	11/16/2015	12/10/2020	CDL
STATUS	RESTRICTIONS		ENDORSEMENTS	
			0255	

NO SUSPENSION		

C.D.L. ISSUED	C.D.L. STATUS	POINTS
11/16/2015	NO DISQUALIFICA	

MISCELLANEOUS AND STATE SPECIFIC INFORMATION

Audit Control Number (ACN): 1011525400021974
 Prior Lic: Type:CDL, Class:A, Func:Renewal, Issued:05/11/2010, Exp:12/10/2015, Rest:N, Endor:N
 Audit Control Number (ACN): N/A
 Prior Lic: Type:CDL, Class:A, Func:Modify, Issued:05/12/2011, Exp:12/10/2015, Rest:N, Endor:N
 Audit Control Number (ACN): 1011032600005090
 Prior Lic: Type:CDL, Class:A, Func:Renewal, Issued:05/04/2005, Exp:12/10/2010, Rest:N, Endor:Y
 Audit Control Number (ACN): N/A
 Prior Lic: Type:CDL, Class:A, Func:Duplicate, Issued:06/09/2006, Exp:12/10/2010, Rest:N, Endor:Y
 Audit Control Number (ACN): N/A
 Prior Lic: Type:CDL, Class:A, Func:BP to DL, Issued:03/20/2001, Exp:12/10/2006, Rest:N, Endor:Y
 Audit Control Number (ACN): N/A
 Citizen: Y
 Driver Training: Y
 Moped DL Status: NO SUSPENSION
 Special DL Status: NO SUSPENSION
 Address changed on: 09/13/2007
 Previous Address: 470 PINE ACRES RD WINDSOR SC 298562117
 Address changed on: 12/31/2010
 Previous Address: 626 GREENWICH DR AIKEN SC 298037815
 Current Points: 0
 Credit Points: 0
 Adjusted Points: 0
 Written Test Required: N

DRIVING RECORD HISTORY

MVR RECORD CLEAR

TYPE	VIOL/SUS	CONV/REI	HISTORY ENTRY	PTS
MEDC	11/16/2015	11/16/2016	MEDICAL CERTIFICATE INFORMATION Med. Certif. Status.: CERTIFIED Self Certification.: NON-EXCEPTED INTERSTATE Event Type.....: MEDICAL CERTIFICATE	
MEDE			MEDICAL EXAMINER INFORMATION MD License No.....: 1243 MD Lic. Jurisdiction: SC Phone No.....: 803-749-1666 Speciality.....: ADVANCED PRACTICE NURSE	

0256/6

First Name.....: RENEE
Last Name.....: L'ECUYER
Middle Name.....: I
Event Type.....: MEDICAL EXAMINER
MD Registry No.....: 3163071773
Examiner Full Name...: RENEE I L'ECUYER

** END OF RECORD **



Previous Pre-Employment Alcohol & Drug Testing Statement—§40.25

§40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see §40.25(b)(5) and (e)).

Applicant's Name Courtney Forrest

The prospective employee is required by §40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

☐ Yes

☒ No

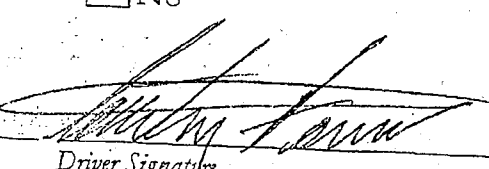
2. If you answered yes, can you provide/obtain documentation that you've successfully completed the DOT return-to-duty requirements?

☐ Yes

☐ No

04-04-16

Date



Driver Signature

Advanced Disposal Services

Motor Carrier Name

90 Fort Wade Rd. Ponte Vedra, FL 32081

Motor Carrier Address



Advanced Disposal

90 Fort Wade Road | Ponte Vedra | FL 32081

0258

48



South Carolina Department of Motor Vehicles
Commercial Driver's License (CDL) Holders
Medical Certification Requirements

DL-405A
(Rev. 7/15)

THIS ENTIRE FORM MUST BE COMPLETED BY THE APPLICANT
and must be completed in black or blue ink

CURRENT LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)

Courtney Oliver Forrest

DATE OF BIRTH

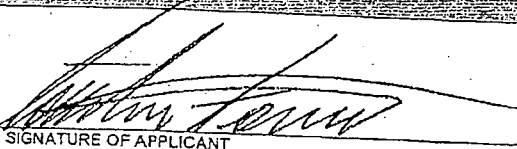
SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER

CHECK THE APPROPRIATE BOX FOR THE TYPE OF OPERATION THAT APPLIES TO YOU
See Frequently Asked Questions (FAQ) for explanations

- ☒ **NON-EXCEPTED INTERSTATE (NI)** Operates in interstate commerce and meets the qualification requirements under 49 CFR part 391
(Required to have a DOT medical card/certificate)
- ☐ **EXCEPTED INTERSTATE (EI)** Operates in interstate commerce, but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3
(See FAQ Sheet for list)
- ☐ **NON-EXCEPTED INTRASTATE (NA)** Operates only in intrastate commerce and is subject to and meets State driver qualification requirements.
(18-20 years of age and/or license with an "K" restriction)
- ☐ **EXCEPTED INTRASTATE (EA)** Operates only in intrastate commerce, but engages exclusively in transportation or operations excepted from State driver qualification requirements.
(Not applicable in South Carolina)

I certify under penalty of perjury that all statements above are true and correct.


SIGNATURE OF APPLICANT

DATE

If your CDL is current, you may submit this form along with any other documents that apply to you (Medical Examiner's Certificate, Federal Waiver, Skills Performance Evaluation) using one of the following options:

- 1) Mail this form and copies of medical documents to: **SCDMV, CDL Help Desk**
PO Box 1498
Blythewood, SC 29016-0028
 - 2) Scan the documents and then email them to: **CDLHelpDesk@scdmv.net**
 - 3) Fax this form and medical documents to the CDL Help Desk. Fax numbers (803) 896-2676
 - 4) Deliver this form and medical documents to your local SCDMV office. A list of office locations and hours can be found on our website www.scdmvonline.com.
- Please contact the CDL Help Desk at (803) 896-2673 if you have any questions regarding this form.

Advanced Disposal Services, Inc.

Req 42-617 - Diesel Mechanic
Candidate Forrest, Courtney Oliver
Email fcourt01@yahoo.com
Address 941 Corison Loop
Columbia SC 29229
Phone Number 803-586-9591 (Cell)
803-708-9542
Date / Time Mar 11, 2016 01:37 pm EST

AP - Pre-screen Application Questions

1. Are you at least 18 years of age?
» Yes
2. Are you able to perform the essential functions of the job for which you have applied, either with or without a reasonable accommodation?
» Yes
3. Date Available to Start? *(Please confirm date after calendar selection)*
» 03/21/2016
4. Days of Work Preferred? *(Select all that apply)*
» Monday
» Tuesday
» Wednesday
» Thursday
» Friday
5. Hours of Work Preferred?
» Days or Night shift
6. Desired Salary/Rate of Pay?
» \$50k - \$60k
7. Have you ever been employed by Advanced Disposal Services, Inc. as a permanent employee, temporary employee, contractor, or intern?
» No

Forrest, Courtney Oliver

Advanced Disposal Services, Inc.

9. What is your highest level of completed education?
» *Some degree*
10. The hiring process will consist of a phone interview, manager(s) interview, drug screen, background check, reference checks, and potential employment assessment. Are you willing to participate in this process?
» Yes
11. I certify that all information I have provided to Advanced Disposal Services, Inc. in support of my application for employment is true and accurate.
» Yes

Forrest, Courtney Oliver



Advanced Disposal

Advanced Disposal Services, Inc.
90 Fort Wade Road
Ponte Vedra, Florida 32081

ADS Waste Holdings, Inc. and/or its affiliates and/or subsidiaries (collectively, "Advanced Disposal") are Equal Opportunity Employers, which do not discriminate on the basis of race, color, religion, sex, gender, age, national origin, disability, genetic information, protected veteran status, military status, parental status, marital status, domestic relationship status, gender identity, sexual orientation, or any other class protected by applicable state, federal, or local law. In compliance with the Americans with Disabilities Act, as amended, if you require a reasonable accommodation related to completing this application or participating in the interview process, please contact Vice President, Corporate Human Resources at (904) 737-7900.

Please enter your Legal First Name and Legal Last Name as it appears on your Social Security Card.

Personal Information

Legal First Name	Courtney
Legal Last Name	Forrest
Legal Middle Name	Oliver
Preferred First Name	
Preferred Last Name	
Email Address	fcourt01@yahoo.com
Address 1	941 Corison Loop
Address 2	
City	Columbia
Country	United States
State/Province	South Carolina
Zip/Postal Code	29229
Home Telephone Number	(803) 586-9591
(Include Area Code)	
Secondary Telephone Number	(803) 708-9542
(Include Area Code)	
Willing to Relocate	Yes
Willing to Relocate to	Within/To Europe, Middle East, Africa
Willingness to Travel	75% - 100%

General Information

Are you at least 18 years of age? Yes

If hired, can you provide proof of your legal right to work in the United States? Yes

If no, please describe your work authorization status.

Have you ever been employed by Advanced Disposal Services, Inc.? No

If yes, list date(s), position(s), company name(s), location, and reason for leaving.

Do you have relatives employed by Advanced Disposal Services, Inc.? No

If yes, give their names.

(Current or in the past)

To add additional employers, click the Add Employer button below. The Remove Last Employer will delete all entries for the last employer that you have entered.

Starting with the most recent employer first, please list all employment for the preceding ten (10) years.

Applicants in Massachusetts may also include verified volunteer work in this section.

Do not indicate "See Resume."

Type

Employment Type

If No Previous Work Experience, please explain.

0262

Employer
Employer Phone
(Include Area Code)
Address 1
Address 2
City
Zip/Postal Code
Country
State
Start Date
Please confirm dates after calendar selection.
End Date
Supervisor's Name
Supervisor's Title
Start Position/Title
End Position/Title
Starting Pay Rate
Final Pay Rate
Work Hours
May We Contact?
Job Duties (Do not enter "See Resume")

Reason for Leaving

Type
Employment Type
If No Previous Work Experience, please explain.
Employer
Employer Phone
(Include Area Code)
Address 1
Address 2
City
Zip/Postal Code
Country
State
Start Date
Please confirm dates after calendar selection.
End Date
Supervisor's Name
Supervisor's Title
Start Position/Title
End Position/Title
Starting Pay Rate
Final Pay Rate
Work Hours
May We Contact?

Job Duties (Do not enter "See Resume")

Reason for Leaving

Type

Transdiv

Mr Black

Maintenance manager

Transit Bus Mechanic Transdev

USD \$21.00

USD \$21.25

Yes

Transit Bus Mechanic Transdev 2014 - 2015 Perform schedule and unscheduled maintenance on city transit buses and support equipment. Responds to emergency service calls as needed. Conduct diagnostic, inspection, repair and replacement of engine, transmission, brake, electrical, hydraulic systems, steering and suspension. Use equipment manufactures and aftermarket computer software to diagnose equipment malfunctions and document the completion of work orders to include time and supplies used. Inspects work to ensure compliance with standard operating procedures, safety standards and technical publications. Customer Field Service Representative Textron Marine and Land Systems, accepted another position

Previous

Textron Marine and Land Systems

98-661-2227

New Orleans

70129

United States

01/01/2008

12/31/2011

Mr Skelton

Project Manager

Customer Field Service Representative

Customer Field Service Representative (FSR) in Iraq for the military's

USD \$162,000.00

USD \$168,000.00

Yes

Iraq 2008 -2011 Performed duties as Customer Field Service Representative (FSR) in Iraq for the military's M1117 Armored Security Vehicle (ASV). Provides technical training and support to contractor and military customers. Support includes technical assistance, advice, formal and informal operator and maintenance training and technical data collection & reporting. Considered an expert on vehicles and systems. Acts as point of contact for problem identification and accident investigations. Provides assistance during testing, troubleshooting, and repairing of vehicles. Training consists of system operation, assembly and subassembly troubleshooting, component and system fault isolation and repair. Independently diagnose, repair mechanical, electrical and hydraulic faults. Interface with OEM engineering to solve current issues and improve future equipment design. Maintain customer's equipment operational status at 98%

Contract ended

Previous

Employment Type
 If No Previous Work Experience, please explain.
 Employer
 Employer Phone
 (Include Area Code)
 Address 1
 Address 2
 City
 Zip/Postal Code
 Country
 State
 Start Date
 Please confirm dates after calendar selection.
 End Date
 Supervisor's Name
 Supervisor's Title
 Start Position/Title
 End Position/Title
 Starting Pay Rate
 Final Pay Rate
 Work Hours
 May We Contact?
 Job Duties (Do not enter "See Resume")

Performed duties as site lead for ManTech Forward operation Base facility in Iraq that provided direct, general and depot level equipment maintenance support to the U.S Army.
 ManTech International
 (703) 814-4207

Chantilly
 20151
 United States
 Virginia
 01/01/2006
 01/01/2008
 David Wiss
 Iraq sites manager
 Lead mechanic
 Maintenance Supervisor
 USD \$132,000.00
 USD \$136,000.00

Yes
 Maintenance Supervisor, ManTech International, Iraq 2006 - 2008 Performed duties as site lead for ManTech Forward operation Base facility in Iraq that provided direct, general and depot level support to the U.S Army. Managed personnel and equipment, and facility asset for the operation, repair, maintenance and modification of MRAP vehicles: Buffalo, RG3s, Husky, and JERV. Ensures all activities are carried out in accordance with contract commitment or specific. Ensured 14 technicians are trained to used tools, test equipment, applicable publications and mechanical skills. Responsible for supervising and Training of 6 personnel in all phases of supply procedures and logistical support. Provide expertise in mechanical and electronic troubleshooting to support the diagnosis, alignment and repair of fail or damaged MRAP systems. Monitor technical assistance agreement (TAA for TCNs. • Maintained customer's equipment operational status at 96%. • Review and process over 3,000 work orders with no quality deficient report.
 Contract ended

Reason for Leaving
 Type
 Employment Type
 If No Previous Work Experience, please explain.
 Employer
 Employer Phone
 (Include Area Code)
 Address 1
 Address 2
 City
 Zip/Postal Code
 Country
 State
 Start Date
 Please confirm dates after calendar selection.
 End Date
 Supervisor's Name
 Supervisor's Title
 Start Position/Title
 End Position/Title
 Starting Pay Rate
 Final Pay Rate
 Work Hours
 May We Contact?
 Job Duties (Do not enter "See Resume")

Previous
 KBR, Camp Victory North

United States
 Texas
 01/01/2005
 01/01/2006
 Heavy Mobile Equipment Mechanic
 USD \$80,000.00
 USD \$82,000.00

Yes
 Heavy Mobile Equipment Mechanic, KBR, Camp Victory North, Iraq. 2005 -2006 Perform scheduled services and preventive maintenance on construction off-road trucks and equipment. Isolate malfunctions using appropriate electrical, hydraulic, and diagnostic equipment and technical publications. Inspects, disassembles, repair, and reassembles, fuel, coolant, electrical, brake, and HVAC systems. Remove and overhaul engines, transmission clutches, and final drives. Used oxyacetylene and electrical welding equipment to make repairs. Inspects work to ensure compliance with standard operating procedures, safety standards and technical publications.

Reason for Leaving .

Accepted new position

Type

Employment Type

If No Previous Work Experience, please explain.

Employer

Employer Phone

(Include Area Code)

Address 1

Address 2

City

Zip/Postal Code

Country

State

Start Date

Please confirm dates after calendar selection.

End Date

Supervisor's Name

Supervisor's Title

Start Position/Title

End Position/Title

Starting Pay Rate

Final Pay Rate

Work Hours

May We Contact?

Job Duties (Do not enter "See Resume")

Previous

First Vehicle Services

Augusta

30906

United States

01/01/2003

01/01/2005

Mr Night

Area manager

Shop lead

Fleet Maintenance Supervisor, First vehicle services

USD \$38,000.00

USD \$38,000.00

Yes

Fleet Maintenance Supervisor, First vehicle services, Augusta, GA. 2003 -2005
Supervise/manage the activities of two equipment maintenance shop. Responsible for coordination of activities related to the implementation, continuous improvements and on going repair and preventive maintenance of Augusta - Richmond County fleet of medium/heavy trucks, construction, agriculture and specialize off-road construction equipments. Hired train and evaluate maintenance employees. Coordinate the daily activities of 10 technicians, one welder, two office staff and two supply parts specialize. Provide monthly forecast of repair and maintenance projections for inclusion in Augusta - Richmond County business projects. Monitor and train employee in safety, environmental control, quality, communication, performance and customer relationship to insure services is within the agreed contract level. Resolve and make recommendations to project manager for the resolution of problems, maintenance program procedures to improve productivity. • Played a leading role in the contract start-up and maintenance management practices • Increase technicians labor production from 35% to 80% • Created preventive maintenance service/check list for medium/heavy truck, trailers, construction and agriculture equipment that lowers operational cost and increase vehicle availability. • Provide on the job training and literatures to technicians increase shop ASE certification from 20% to 95%.

accepted new position

Reason for Leaving .

Previous

SKE Support Services

Augusta

United States

Georgia

01/01/2002

01/01/2003

Mechanic

Lead Mechanic/Assistant Fleet Maintenance Supervisor

USD \$32,000.00

USD \$32,000.00

Yes

02655

Job Duties (Do not enter "See Resume")

Reason for Leaving

Type

Employment Type

If No Previous Work Experience, please explain.

Employer

Employer Phone
(Include Area Code)

Address 1

Address 2

City

Zip/Postal Code

Country

State

Start Date

Please confirm dates after calendar selection.

End Date

Supervisor's Name

Supervisor's Title

Start Position/Title

End Position/Title

Starting Pay Rate

Final Pay Rate

Work Hours

May We Contact?

Job Duties (Do not enter "See Resume")

Reason for Leaving

Type

Employment Type

If No Previous Work Experience, please explain.

Employer

Employer Phone
(Include Area Code)

Address 1

Address 2

City

Zip/Postal Code

Country

State

Start Date

Please confirm dates after calendar selection.

End Date

Supervisor's Name

Supervisor's Title

Start Position/Title

End Position/Title

Starting Pay Rate

Final Pay Rate

Work Hours

May We Contact?

Lead Mechanic/Assistant Fleet Maintenance Supervisor, SKE Support Services, and Augusta, GA 2002 -2003 Manage overall shop activities in absence of lead supervisor. Indirectly supervise 14 employees to insure work is completed accurately and in a cost effective manner. Check and evaluate equipment to determine malfunctions and perform required repairs. Inspects, removes, and replaces components such as engines, fuel, and air, electrical, hydraulic and cooling systems. Completes preventative maintenance by inspecting, servicing, and correcting discrepancies according to established policies and directives. Completes work orders to includes time and supplies used. Responds to emergency service calls as needed.

Company lost contract

Previous

Fyda Freightliner

Columbus

United States

Ohio

01/01/1999

01/01/2002

Truck Technician

Truck Technician

USD \$38,000.00

USD \$38,000.00

Yes

Truck Technician, Fyda Freightliner, Columbus, OH 1999-2002 Perform scheduled services and preventive maintenance on Freightliner Trucks and equipment. Isolate malfunctions using appropriate electrical, hydraulic, and diagnostic equipment and technical publications. Inspects, disassembles, repair, and reassembles, fuel, coolant, electrical, brake, and HVAC systems. Remove and overhaul engines, transmission clutches, and final drives. Used oxyacetylene and electrical welding equipment to make repairs. Inspects work to ensure compliance with standard operating procedures, safety standards and technical publications. Moved to Aiken South Carolina

Previous

U.S Army

01/01/1995

01/01/1999

U. S Army

Technical Instructor/Writer

USD \$54,000.00

USD \$54,000.00

Yes

Job Duties (Do not enter "See Resume")

Reason for Leaving

Type

Employment Type

If No Previous Work Experience, please explain.

Employer

Employer Phone
(Include Area Code)

Address 1

Address 2

City

Zip/Postal Code

Country

State

Start Date

Please confirm dates after calendar selection.

End Date

Supervisor's Name

Supervisor's Title

Start Position/Title

End Position/Title

Starting Pay Rate

Final Pay Rate

Work Hours

May We Contact?

Job Duties (Do not enter "See Resume")

Reason for Leaving

Type

Employment Type

If No Previous Work Experience, please explain.

Employer

Employer Phone
(Include Area Code)

Address 1

Address 2

City

Zip/Postal Code

Country

State

Start Date

Please confirm dates after calendar selection.

End Date

Supervisor's Name

Supervisor's Title

Start Position/Title

End Position/Title

Starting Pay Rate

Final Pay Rate

Work Hours

May We Contact?

Technical Instructor/Writer, Fort Leonard Wood, MO 1995 - 1999 Developed curriculum and designed instructional material for advanced professional development classes in Heavy Construction Equipment Maintenance Management and Technical Skills. Provided verbal, written, and hands-on instruction to students in operational, troubleshooting, and safety procedures and regulations. Received the Meritorious Service Medal for exceptionally meritorious services as an Instructor/Writer in 1999.

Retired

Previous

U.S Army

01/01/1990

01/01/1995

U.S Army

Maintenance Facility Manager

USD \$50,000.00

USD \$50,000.00

Yes

Maintenance Facility Manager, Fort Leonard Wood, MO 1990 1995 Supervised and ensured the safety, training, and welfare of 42 technicians. Managed scheduled and unscheduled maintenance and repair of 248 pieces of heavy construction equipment. Reorganized maintenance procedures resulting in more efficient use of resources. Maintained 100% accountability of tools and equipment valued in excess of \$650,000. • Received commendable rating for maintenance operations during annual inspections by senior management staff. • Recognized as key player in raising unit operational readiness to 90%.

Changed duty station

Previous

U.S Army Camp Humphrey

01/01/1989

01/01/1990

Construction Equipment Technical Inspector

USD \$45,000.00

USD \$45,000.00

Yes

Job Duties (Do not enter "See Resume")

Construction Equipment Technical Inspector, Camp Humphrey, Korea 1989-1990
Performed technical inspections prior to maintenance of unserviceable end items and components. Determined the economical reparability of equipment, the extent of maintenance effort needed, and parts required to restore equipment. Provided estimated cost of damages for items that were deemed unserviceable due to other than fair, wear, and tear. Rendered guidance, technical supervision, and assistance to mechanics before, during, and after repairs to ensure quality control standards were met. Consulted as unit expert on maintenance procedures. Coordinated maintenance support with contractors. • Processed over 300 vehicles into the Equipment Rebuild Program with no quality deficient reports. • Received the Army Commendation Medal for meritorious service and outstanding performance as Quality Control/Quality Assurance Inspector.
Changed duty station

Reason for Leaving

To add additional education, click the Add Education button below. The Remove Last Education will delete all entries for the last education that you have entered.

Please enter your highest level of education first.

Degree Level	Some Degree
School/University Name	Central Texas College
Address	
City	Killeen
Zip/Postal Code	
Country	United States
State/Province	Texas
Major	Automotive repair
Graduated?	No
Contact Name	
School/University Phone	

Other Relevant Education and/or Experience

Describe any other specialized training, apprenticeships, certifications, skills, extracurricular activities or additional experience you believe should be considered when determining your qualifications for the position for which you are applying.

Other Relevant Education and/or Experience

Please list any special skills you believe may help in your work for our company.

Software Packages Experience (Select all that apply)

Adobe Acrobat, Adobe Flash Player, Internet Explorer, Microsoft Visual Studio, Mozilla Firefox, Office Professional, QBasic + DOSBox, Windows

Database Experience (Select all that apply)

Programming Languages Experience (Select all that apply)

Java

Manufacturing Equipment Experience (Select all that apply)

Spot Welding (Assembly-Based)

Other Experience

To add additional references, click the Add Reference button below. The Remove Last Reference will delete all entries for the last reference that you have entered.

We require that you provide us with a minimum of 1 Professional Reference and 1 Personal Reference.

Reference Type	
First Name	Rick
Last Name	Skelton
Title	Sites Manager
Company	Textron
Relationship	Manager
Relationship Length	4 Yrs
City	New Orleans
Country	United States
State/Province	Louisiana
Day Telephone Number (including Area Code)	(504) 254-6772

Evening Telephone Number

(Including Area Code)

PLEASE READ CAREFULLY AND ACKNOWLEDGE

All information contained in this application is true and correct to the best of my knowledge and belief. It is understood and agreed that any misrepresentations, false statements, or omissions of any kind in the application (or during the interview process) will be sufficient reason for rejection of my application or for dismissal at any time during my employment, if I am hired, without liability to Advanced Disposal.

I authorize Advanced Disposal to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any personal or organization that provides information pertaining to me or my employment.

By signing this application, I represent that I am not bound by any restrictive covenant that would prohibit me from accepting the employment for which I am applying.

If employed, I agree to abide by all of the policies and safety rules of Advanced Disposal. I understand that Advanced Disposal is committed to maintaining a drug-free workplace. I am aware that Advanced Disposal will require that I submit to and provide a negative result drug test as a part of the hiring process. Also, if employed, I realize Advanced Disposal conducts random and other drug/alcohol tests of its employees.

I further understand that no representative of Advanced Disposal has the authority to enter into any agreement for employment for any specified period of time and that Advanced Disposal is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by Advanced Disposal.

**THIS CERTIFIES THAT THIS APPLICATION WAS
COMPLETED BY ME, AND THAT ALL ENTRIES ON IT
AND INFORMATION IN IT ARE TRUE AND COMPLETE
TO THE BEST OF MY KNOWLEDGE.**

Mar 11, 2016 05:00 pm

ELECTRONIC SIGNATURE: Please type your name as it is listed in the Personal Information tab.

Courtney Forrest
Accepted



Advanced Disposal

March 14, 2016

Advanced Disposal Services, Inc.
90 Fort Wade Road
Ponte Vedra, Florida 32081

Courtney Forrest
941 Corlison Loop
Columbia, South Carolina 29229

Dear Courtney:

On behalf of Advanced Disposal Services, Inc., I am pleased to offer you the position of Diesel Mechanic in the 49 Palmetto Court, Gaston, South Carolina 29290 office. This offer is contingent upon the results of your medical screening and your background verification.

You compensation and benefits package includes:

- An hourly rate of \$22.50, paid Weekly.
- Eligibility to participate in our Major Medical Plan (following ninety (90) days of continuous service). Details to be provided. Please feel free to call our benefits department at 904-301-4479 with any benefit questions you may have.
- Eligibility to participate in the Company's 401(k) plan on the 1st of the month following 90 days.
- At the start of your employment you will have up to 0 vacation days and up to 3 personal days. As of January 1st, following your start date, you will have up to 4 days' vacation and up to 4 personal days. One personal day is earned after every 3 months worked. Please consult the Employee Handbook for further details on vacation and personal days.

We look forward to having you join our organization on March 21, 2016. On your first day of work, please provide:

- Documents to verify your identity and employment eligibility as required by the Immigration Reform and Control Act (IRCA) of 1986. A copy of your Driver's License and Social Security Card, or your Driver's license and Birth Certificate will work. For additional types of appropriate documentation, please contact HR.

If you are unable to provide the documents on your first day of work, you are required by IRCA to provide them within three (3) business days of your employment with Advanced Disposal Services, Inc.. If you are unable to provide the documents within the specified time frame, please contact me before your scheduled start date. If you fail to provide the documents within three (3) days after your start date, your employment with Advanced Disposal Services, Inc. will be terminated.

This letter does not constitute a contract of employment and does not guarantee your employment for any specific period of time. Your employment with the company is at-will, which means that both you and the company may terminate your employment at any time for any reason, with or without cause or notice.

If you have any questions regarding this offer, please contact me at 704-900-3411.

Sincerely,

Don Ammons Jr.

ADDITIONAL PERSONAL INFORMATION:

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

Legal First Name	Courtney
Legal Middle Name	Oliver
Legal Last Name	Forrest
Date of Birth	12/10/1958
Social Security Number	079-52-4451
Race	Black or African American
Gender	Male
Do you have a valid driver's license?	Yes
(Some positions may require that you have a license)	
Driver's License Number	12/10/2020
Expiration Date	South Dakota
Issued State	

Prior Injury and Disability Questionnaire (Post-Offer, Pre-Hire Only)

This form may be used only after a conditional offer of employment has been made.

Statement of Purpose: The information requested herein will not be used for any purpose inconsistent with the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or applicable state or local law. Such information may be used to assist the company in presenting a claim for reimbursement to the Subsequent Injury Trust Fund, which is a program designed to encourage the offering of job opportunities to persons who have disabilities due to illness, disease, or injury which might otherwise hinder employment. Should a work-related injury occur, misrepresentations as to preexisting physical or mental conditions may void your worker's compensation benefits. All information provided will be treated as confidential and maintained separately.

Have you ever experienced any of the following conditions? (Please check YES or NO)

Height:	5' 11"
(Example 5' 5")	
Weight:	229
(Example 140 lbs)	
Neck injuries, pain or discomfort	No
Back injuries, pain or discomfort	No
Hand or wrist injuries, pain or discomfort	No
Ruptured, herniated, bulging, or slipped disc of the neck or back	No
Shoulder injuries, pain or discomfort	No
Ankle injuries, pain or discomfort	No
Knee injuries, pain or discomfort	No
Hernia(s)	No
Joint pain or discomfort of any kind	No
Arthritis or similar degenerative joint disease	No
Epilepsy, seizures, or other seizure disorders	No
Diabetes (On Medication? Please select Yes or No)	No
Any permanent condition which constitutes impairment to a hand, foot, leg, or arm, or to the body as a whole	No
Hyperinsulinism, hyperglycemia, or hypoglycemia	No
Cardiac (heart) disease or heart or blood /vessel disorders (including stroke)	No
Phlebitis (inflammation in veins) or Thrombosis	No
Pulmonary embolism (blockage of pulmonary artery by foreign matter or blood clot)	No
Tuberculosis	No
Emphysema, Asthma, or any other respiratory disorders	No

Ankylosis or fusion of any major joints	No
Loss of sight of one or both eyes - or - partial loss of vision greater than 75% in both eyes	No
Loss of hearing; total deafness	No
Patellectomy (surgically removed knee cap) or any knee surgery	No
Surgical removal of an intervertebral disk or spinal fusion	No
Amputated foot, leg, hand, or arm	No
Diagnosed depression, anxiety or similar mental disorder	No
Chronic headaches or migraines	No
Hemophilia or other diagnosed blood disorders	No

If you have checked YES to any of the conditions, please provide details as follows:

Please list any medical care or treatment, hospitalization, surgeries, or medications taken. *Note: This question is not intended to solicit nor should you provide any information related to genetic testing.*

If you have checked YES to any of the conditions, please provide details as follows:

Are you currently taking medications or receiving care for these conditions? No

If YES to "Are you currently taking medications or receiving care for these conditions?," please provide details:

Have you ever had any occupational injuries, accidents, or illnesses for which you lost time from work? No

If YES to "Have you ever had any occupational injuries, accidents, or illnesses for which you lost time from work?," please provide details, including when the issue occurred and in what state:

Have you ever received a disability rating or had one assigned to you by a physician or state/federal agency? No

If YES to "Have you ever received a disability rating or had one assigned to you by a physician or state/federal agency?," please state the percentage rating. If NO, enter "0" if none. 0%

Are there any other physical conditions of which we should be aware, in the event of a medical emergency? No

If YES to "Are there any other physical conditions of which we should be aware, in the event of a medical emergency?," please identify the condition, and if applicable, your treating physician:

Disclaimer: "The Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."

Date

Mar 15, 2016 07:50 am
Courtney Forrest
Accepted

027212

2014 Handbook Addendum - East Region

As stated in the Employee Handbook you just received, certain policies may differ depending on the Region in which an Employee works. The following policies apply to you because you work in the East Region. They are:

(1) **Preventable Incident Policy:** As stated in the Handbook, in general, incidents will be reviewed by management after-the-fact, with the input of the involved employee(s), to determine "preventability." A preventable incident is one in which the employee failed to do everything he/she possibly could to prevent the incident from occurring. In the East Region, the cumulative effect of preventable incidents will be managed on a two-year rolling calendar, with no more than one preventable incident being allowed prior to termination. Accordingly, any employee who has a second incident deemed preventable within a two-year period will be terminated.

(2) **Light Duty for Work-Related Injuries:** As stated in the Handbook, light duty pay may be paid at a certain reduced percentage of the employee's full duty rate, with the percentage being determined by the Region or state in which the employee works. The length of time an employee may be eligible for light duty work also depends on the Region or state in which the employee works. In the East Region, unless applicable law requires otherwise, light duty pay is paid at 80% of an employee's full duty rate and the length of time an employee may be eligible for light duty is six months.

Unless modified above, all policies in the Employee Handbook apply to your employment. By your signature below, you acknowledge that you have received your copy of the Advanced Disposal Employee Handbook and this Addendum. You acknowledge that you have read both documents and been given the opportunity to ask questions that you may have concerning them.

Mar 31, 2016 09:45 pm

Courtney Forrest
Accepted

Employee Handbook

Click [here](#) to review the Employee Handbook in a new window. Once reviewed, close the Employee Handbook window to return to the Advanced Disposal Career Site.

Under penalties of perjury I declare that I have examined the statements set forth above and they are true, correct, and complete.

Mar 31, 2016 09:05 pm

Courtney Forrest
Accepted

Benefit Handbook

Benefit Handbook

Click [here](#) to review the Benefit Handbook in a new window. Once reviewed, close the Benefit Handbook window to return to the Advanced Disposal Career Site.

By acknowledging the benefit handbook utilizing my electronic signature, I affirm that I have reviewed and understand the benefits enrollment process, the benefits eligibility period and acknowledge receipt of the Notice of Coverage regarding the coverage my employer provides as well as the Health Insurance Marketplace (the Exchange).

During my benefits eligibility period, I acknowledge that it is my responsibility to enroll in my preferred benefits or waive benefits if I so choose to do so.

I acknowledge that I have been provided contact information to review and discuss any of the ADS offered benefits as well as any questions that I have on any detail provided to me in the benefit handbook. The following contacts are available to assist me:

Mar 31, 2016 09:10 pm

- My Local Benefits Coordinator or Office Manager
- Regional HR
- ADS Online Enrollment Help Line at (904) 301-4439 or contact the Benefits Department directly

Courtney Forrest
Accepted

Code of Business Conduct

Please click [here](#) to read the Code of Business Conduct in a new window. Once reviewed, close the Code of Business Conduct window to return to the Advanced Disposal Career Site.

This will acknowledge that I have received my copy of the ADVANCED DISPOSAL Code of Business Conduct. I certify that I have read and fully understand the Code of Business Conduct and will comply with its policies. I understand that I am responsible for reporting any violations of the Code that come to my attention. I also acknowledge that if I have any questions or concerns about this information, I will bring it to the attention of the Corporate Human Resources Department or other member of management.

Mar 31, 2016 09:15 pm

Courtney Forrest
Accepted

Loss Prevention & Safety Manual

Click [here](#) to open the Loss Prevention & Safety Manual.

I read and understand the attached document.

Yes

Under penalties of perjury I declare that I have examined the statements set forth above and they are true, correct, and complete.

Mar 31, 2016 09:15 pm

Courtney Forrest
Accepted

Arbitration Agreement

Arbitration Agreement

This Arbitration and Confidentiality Agreement ("Agreement") is entered into by ADS Waste Holdings, Inc., including its parent companies, subsidiaries, affiliates, successors and assigns (hereinafter collectively referred to as "ADS"), and Courtney Forrest ("Employee").

- 1. Claims Covered by the Agreement.** Except as provided in paragraph two (2) of this Agreement, ADS and Employee will settle by binding arbitration all past, present, or future, statutory, contractual and/or common law claims or controversies ("Claims") that ADS may have against Employee, or that Employee may have against ADS. **Employee hereby waives the right to a jury trial on claims or counterclaims that could otherwise be brought in court.**
- 2. Claims not Covered by this Agreement.** The Agreement will not apply to (i) claims that are exempted from arbitration by statute, rule, or ordinance; and (ii) claims by ADS that seek injunctive relief or other equitable remedies, including for example breach of non-compete or non-solicitation agreement, misappropriation of confidential information or trade secrets, interference with business relationships, trademark infringement, or unfair competition.
- 3. Required Notice of Claims and Statute of Limitations.** Arbitration shall be initiated by serving by hand delivery or first-class mail a written notice to the other party within the limitations period provided by applicable law for the particular claim. The notice shall identify with particularity each claim asserted. The arbitration notice shall be deemed served when received by the other party; provided however notice to ADS shall not be deemed to have been made unless submitted to the General Counsel for ADS. If the claim is not properly submitted in this time frame, all rights and claims that the complaining party has or may have against the other party shall be waived and void.
- 4. Arbitration Procedures.** Except as specifically provided herein, the arbitration will be conducted according to the employment arbitration rules and procedures published by the American Arbitration Association and available for review upon Employee's request. Employee will keep all matters, information, settlement discussions, proceedings and claims brought before the arbitrator or learned during the arbitration proceeding, and any award, order or judgment issued by the arbitrator, strictly confidential and shall not disclose any of the foregoing to any person or entity. At the conclusion of the arbitration, the arbitrator shall issue a written decision that sets forth the essential findings and conclusions upon which the arbitrator's award or decision is based. All decisions of the arbitrator are final and binding on the parties. The arbitrator's fees and expenses, the costs of the meeting/hearing facilities, plus any other costs of the proceeding shall be shared equally by Employee and ADS to the extent permitted by law.
- 5. Delegation to Arbitrator.** The arbitrator, and not any federal, state, or local court or agency, shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability or formation of this Agreement including, but not limited to, any claim that all or any part of this Agreement is unenforceable, void, or voidable.
- 6. Construction.** Should any portion of this Agreement be found to be unenforceable, such portion will be modified to the extent it may be made to conform to the law or it will be severed from the Agreement, and the remaining portions shall continue to be enforceable.
- 7. Governing Law and Forum.** This Agreement is governed by the Federal Arbitration Act. All efforts shall be made to have the arbitration in the county in which the employee is or was last employed.
- 8. Class or Collective Actions.** Unless agreed in writing by both Employee and ADS, neither Employee nor ADS will have the right to join or consolidate claims in arbitration with others or to make claims in arbitration as representatives, or as members of a class or collective action, or in a private attorney general capacity. The right of any party to pursue a class or collective action for any dispute subject to this procedure is waived to the

0274

fullest extent permitted by law. This Agreement does not, however, limit any remedies available to Employee in his or her individual capacity.

9. **Entire Agreement.** This Agreement expresses the entire agreement of the parties concerning arbitration and the resolution of disputes and this Agreement shall supersede any particular provision of any other agreement, oral or written, concerning arbitration, to the extent they conflict. Except as provided in paragraph six (6), this Agreement cannot be modified except in writing signed by Employee and either the Chief Executive Officer, Chief Operating Officer and President, or General Counsel of ADS.

10. Covenants Concerning Confidentiality

(a) Employee acknowledges that he/she will use and/or have access to Confidential Information and Trade Secrets and that such information constitutes valuable, special and unique property of the ADS.

(b) Employee agrees that, during the term of his/her employment with the ADS, and for a period of three (3) years following the termination of his/her employment for any reason whatsoever, he/she shall not use, disclose, or divulge any Confidential Information except upon the written authorization of the ADS. The temporal restriction for Trade Secrets shall be extended indefinitely until the time at which the information ceases to be a Trade Secret.

(c) "Confidential Information" shall mean data and information:

(i) relating to the business of the ADS disclosed to Employee or of which the employee became aware of as a consequence of his/her relationship with the ADS,

(ii) having value to the ADS,

(iii) not generally known to competitors of the ADS; and

(iv) which includes, without limitation, trade secrets, methods of operation, names of customers price lists, financial information and projections, route books, personnel data, and similar information that a reasonable employer such as the ADS would consider to be confidential. "Trade Secret" means any Confidential Information described above, without regard to form or medium, which:

(i) is not commonly known by or available to the public;

(ii) derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means to, other persons who can obtain economic value from its disclosure or use; and

(iii) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

11. **Voluntary Execution.** Employee acknowledges he/she has carefully read this Agreement, has had a reasonable period of time to consider this Agreement, understands its terms, and is entering into this Agreement voluntarily. Employee has been advised of his/her right to seek counsel before signing this Agreement. Employee acknowledges that he/she is not relying upon any representations not expressly contained herein. Nothing in this Agreement shall be construed to create a contract of employment or otherwise alter the at-will employment relationship of Employee.

ADS WASTE HOLDINGS, INC.

Under penalties of perjury I declare that I have examined the statements set forth above and they are true, correct, and complete.

Mar 31, 2016 09:20 pm

Courtney Forrest
Accepted

Post-Hire Alcohol & Substance Abuse Policy Acknowledgement (NON-DOT)

By my signature below, I acknowledge that I have been provided a written copy of the Alcohol and Substance Abuse Policy and educational materials (collectively, "Information Packet"). My signature certifies that:

(a) I have received the Information Packet;

(b) I have reviewed the policy;

(c) I have been given the opportunity to ask questions concerning the policy;

(d) I understand the policy; and

(e) I agree to abide by the policy. I further understand that the Company has the right to discipline and/or terminate any employee who does not comply with the policy. I agree to comply with the procedures outlined in the policy, and I agree that the results of tests may be reported to the Company.

The content of this information covers:

1. Contact information for questions;
2. Circumstances for testing;
3. Prohibited conduct and its consequences;
4. Testing procedures and requirements;
5. Requirements to submit to testing;
6. Explanation of refusal to submit and consequences;
7. Consequences for violations of the policy;
8. Consequences for alcohol concentration levels;
9. Information concerning the effects of alcohol and controlled substances on an individual's health, work, and personal life;
10. Signs and symptoms of abuse; and
11. Available methods of intervention when an alcohol or controlled substance problem is suspected.

Under penalties of perjury I declare that I have examined the statements set forth above and they are true, correct, and complete.

Mar 31, 2016 09:25 pm

Courtney Forrest
Accepted

Consent to Record Calls (General)

Consent to Record Calls (General)

The undersigned hereby freely, voluntarily and without duress or inducement executes this Consent and Release under the following terms:

I hereby acknowledge and agree that ADS Waste Holdings, Inc. and its parent companies, direct and indirect subsidiaries and affiliates ("Advanced") may record telephone calls made to Advanced by third parties to which I am a party. I hereby consent to any such recording of any telephone call that I may be a party to while performing my work related activities.

Further, I hereby acknowledge that Advanced may choose to reproduce, copy, publish, distribute and make derivative worksof any such recorded telephone conversations for its business purposes. I hereby consent to such reproductions, copies, publications, distributions and derivative works (collectively, "Products") made by Advanced and irrevocably authorize and give the right and permission to Advanced and members of its staff to take any all recordings of my telephone conversations as contemplated hereby, and all reproductions, copies, publications, distributions and derivative works thereof (the "Products") and publish such Products and my verbal statements in any form or medium now known or later developed and to use my recording telephone conversations and the Products in such places and in all manners and forms of media now known or later developed and in any publications as Advanced or its staff in their sole discretion consider to be of benefit to Advanced and its business. The rights, recordings and uses hereunder also include reproductions of myself, my verbal statements, my voice in conjunction with my own or a fictitious name or my likeness, and include all rights of publicity. I hereby waive any rights or claims that I may have to inspect, approve, or receive a copy of any of the recording telephone conversations, the Products or any finished productions, video tapes, soundtracks, materials or printed matter that may be used in conjunction therewith or to the eventual uses that they might be applied.

I further hereby release, waive, and forever discharge, and agree to save harmless, defend and indemnify Advanced and its affiliates, employees, agents, participants, representatives, successors and assigns and any persons and corporations acting on Advanced's behalf (the "Advanced Parties") from and against: (i) any and all claims which I or my successors or assigns may have or may hereafter have against the Advanced Parties arising out of or relating to this Consent and Release, the recording of my telephone conversations by Advanced and the use and publication of such recordings and other Products by Advanced, including, without limitation, any claims of invasion of privacy, rights of privacy, false light, intrusion upon seclusion, public disclosure of private facts or information, rights of publicity or likeness, false designations of origin, false advertising, and unfair competition, and any claims under applicable law, statutory and common law including, whether for damages or equitable relief; and/or (ii) any liability arising out of or relating to any paraphrasing, distortion, blurring or alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in the making, processing or reproduction of my recorded telephone conversations and the Products or other materials produced by Advanced, including publishing any statements I may make, and any derivative works, their publication, distribution, broadcast, publication, use, re-use, or exploitation.

I expressly agree that this Consent and Release is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina and that this Release shall be governed by and interpreted in accordance with the laws of the State of South Carolina. This Consent and Release may be pled as the full and complete defense to, and may be used as a basis for an injunction against any action, suit or other proceeding which may be instituted, prosecuted or attempted in breach of this Consent and Release. If any term, provision or remedy of this Consent and Release shall, to any extent, be invalid or unenforceable, the remainder of this Consent and Release shall not be affected thereby and each other term, provision or remedy of this Consent and Release shall be valid and be enforced to the fullest extent permitted by law. I have read the entire Consent and Release and completely understand the terms of this Consent Release. The language in all parts of this Consent and Release shall in all cases be simply construed according to its fair meaning and not strictly for or against either me or Advanced.

I HEREBY ACKNOWLEDGE AND AGREE THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING WITHOUT LIMITATION, THE RIGHT TO TAKE LEGAL ACTION AGAINST ADVANCED.

Mar 31, 2016 09:25 pm

Courtney Forrest
Accepted

Failure To Take A Mandatory Rest Break Form

The undersigned Employee hereby certifies to Advanced Disposal as follows:

1. Employee understands that Employee is required to take one uninterrupted thirty (30) minute rest break during each day where Employee has worked at least six (6) hours during the workday, as well as any employees whose primary duties have taken them outside of the workplace during each workday, and that such rest break may occur at any time during such workday. Employee acknowledges that Employee has at all times been aware of such requirement and all other employment policies of Advanced Disposal Services, Inc., and its subsidiaries and affiliates ("Advanced Disposal").
2. Employee chose not take the mandatory uninterrupted thirty (30) minute rest break at any time on the date set forth below.
3. Employee understands and acknowledges that the failure to take the mandatory uninterrupted thirty (30) minute rest break, and/or to inform his or her immediate supervisor of his or her failure to take the mandatory uninterrupted thirty (30) minute rest break, constitutes a violation of the employment policies of Advanced Disposal. Employee also understands and acknowledges that the failure to adhere to the employment policies of Advanced Disposal Services may result in disciplinary action up to and including termination.
4. On the date hereof, Employee has informed his or her immediate supervisor of his or her failure to take the mandatory uninterrupted thirty (30) minute rest break and has provided a copy of this document to such supervisor. As such, Employee has been paid in full for the additional thirty minutes that Employee chose to work on the date set forth below.

Under penalties of perjury I declare that I have examined the statements set forth above and they are true, correct, and complete.

Mar 31, 2016 09:25 pm

Courtney Forrest
Accepted

301656589340001

10161716

WORKERS' COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) Unit/Location: 21880 ADVANCED DISPOSAL SERVICES, INC. 90 FORT WADE ROAD PONTE VEDRA, FL 32081		CARRIER/ADMINISTRATOR CLAIM NUMBER 301656589340001	OSHA LOG NUMBER	REPORT PURPOSE CODE
INDUSTRY CODE 4212		EMPLOYER FEIN 90-0875845	JURISDICTION SC	JURISDICTION CLAIM NUMBER
INSURED REPORT NUMBER		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		
LOCATION #		PHONE #		
CARRIER/CLAIMS ADMINISTRATOR				
CARRIER (NAME, ADDRESS, & PHONE #)		POLICY PERIOD TO CHECK IF APPROPRIATE ☐ SELF INSURANCE		
CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) SEDGWICK P O BOX 14520 LEXINGTON KY 40512-4520 (866) 573-7742		ADMINISTRATOR FEIN		
AGENT NAME & CODE NUMBER				
EMPLOYEE/WAGE				
NAME (LAST, FIRST, MIDDLE) FORREST, COURTNEY		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED 04/04/2016
ADDRESS (INCL ZIP) 941 CORISON LOOP COLUMBIA SC 29229		SEX ☒ Male ☐ Female ☐ Unknown	MARITAL STATUS ☐ Unmarried/Single/Divorced ☒ Married ☐ Separated ☐ Unknown	STATE OF HIRE SC
PHONE (803) 586-9591		# OF DEPENDENTS		OCCUPATION/JOB TITLE MECHANIC
RATE PER ☐ DAY ☐ MONTH ☒ WEEK ☐ OTHER		DAYS WORKED/WEEK 5	EMPLOYMENT STATUS FULL-TIME NCCI CLASS CODE	
FULL PAY FOR DAY OF INJURY? ☐ YES ☐ NO		DD SALARY CONTINUE? ☐ YES ☐ NO		
OCCURRENCE/TREATMENT				
TIME EMPLOYEE BEGAN WORK 04:00	DATE OF INJURY/ILLNESS 04/12/2016	TIME OF OCCURRENCE (☐) CANNOT BE DETERMINED ☒ AM ☐ PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED DATE DISABILITY BEGAN 04/12/2016
CONTACT NAME/PHONE NUMBER JONATHAN MCCAULEY (803) 565-3535		TYPE OF INJURY/ILLNESS SPRAIN		PART OF BODY AFFECTED ANKLE
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO		TYPE OF INJURY/ILLNESS CODE 4900		PART OF BODY AFFECTED CODE 5500
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED ADS SOUTH CAROLINA, LLC 47 PALMETTO CT GASTON SC 29053		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL WHILE THE EE WAS WALKING TO GO WORK ON ONE OF THE TRUCKS HE STEPPED A SMALL ROCK WITH HIS FOOT. LEFT OR				CAUSE OF INJURY CODE 6
DATE RETURN(ED) TO WORK	IF FATAL GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☒ YES ☐ NO		
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) CAROLYN D. BIRCHMORE UNK COLUMBIA SC 29201		WERE THEY USED? ☒ YES ☐ NO		
HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS) VA MEDICAL CENTER COLUMBIA SC 29201		INITIAL TREATMENT 0 ☐ NO MEDICAL TREATMENT 1 ☐ MINOR BY EMPLOYER 2 ☒ MINOR CLINIC/HOSP 3 ☐ EMERGENCY CARE 4 ☐ HOSPITALIZED > 24 HOURS 5 ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED		
OTHER				
WITNESSES (NAME & PHONE #)				
DATE ADMINISTRATOR NOTIFIED 04/12/2016	DATE PREPARED 04/12/2016	PREPARER'S NAME & TITLE JONATHAN MCCAULEY SHOP SUPERVISOR		PHONE NUMBER (803) 565-3535

WCC FORM 12-A
REV. DATE 04/06

SEE INSTRUCTIONS FOR IMPORTANT INFORMATION

REPRINTED WITH PERMISSION OF IAABC

Reported By Phone

02/18

Caller Type

SUPERVISOR

ACCOUNT SPECIFIC QUESTIONS

Question

Is employee present?

Answer

NO

Question

Has employee been treated?

Answer

YES

Question

ADS Unit Type

Answer

UNK

Question

ADS Truck Number

Answer

UNK

Question

WC Injured Body Part

Answer

FOOT/ANKLE

Question

ADS Cause Code

Answer

SPRAIN/STRAIN

Question

WC Injury Type

Answer

SPRAIN/STRAIN

Question

Weather Conditions

Answer

UNK

Question

Injury Object or Substance

Answer

UNK

Question

Job Title

Answer

MECHANIC

Question

Do you question the validity of this claim?

Answer

Y

Question

If Yes, Explain the reason

Answer

WHEN SUPERVISOR CAME TO CHECK ON THE EES ON THE FLOOR. HE TALKED TO EE IN QUESTION AND ASKED HIM IF HE WAS OKAY. THE EES RESPONSE WAS THAT HE STEPPED ON A ROCK BUT WAS OKAY BECAUSE HE WALKED IT OFF. SUPERVISOR WORKED WITH EE THE REST OF THE NIGHT UNTIL

Question

Is this an Incident Only claim?

Answer

NO

Question

Was call transferred from a nurse?

Answer

NO

Comments

CALLER PROVIDED THE EMPLOYEE LOCATION AS 49 PALMETTO CT 29053 WHICH IS DIFFERENT FROM WHAT HR HAS. SUPERVISOR QUESTIONS THE VALIDITY OF CLAIM BECAUSE SUPERVISOR WORKED WITH EE AFTER THE EE TOLD HIM ABOUT THE INCIDENT FOR THE REST OF THE NIGHT UNTIL 430AM AND DID NOT NOTICE OF ANY INJURIES ALLEGEDLY SUFFERED BY THE EE AND THE EE DID NOT COMPLAIN ABOUT THE INJURY FOR THE REST OF THE SHIFT. EE WORKS 11.5 HOURS PER DAY.

Drug Test Result

CONFIDENTIAL

ADS-21880 - COLUMBIA
ATT: LEE MESSLER
49 PALMETTO COURT
GASTON, SC 29290

Account: M310419178
Mode: FMCSA

To Designated Employer Representative:

A drug test was performed in accordance with DOT regulations. See 49 CFR Part 40.
The specimen was tested for the presence of the following drugs:

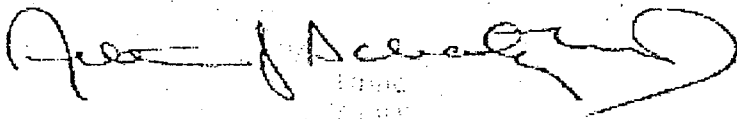
Amphetamines, Cocaine, Marijuana, Opiates, PCP

Test Performed By:
Quest Diagnostics – Atlanta (NIDA), 1777 Montreal Circle, Tucker, GA, 30084

The result is as follows:

Specimen Type:	Urine
Donor Name:	COURTNEY FORREST
SSN or Employment ID:	079524451
Chain of Custody #	5525769
Case Number:	785660V
Reason for Test:	Pre-Employment
Collection Date:	3/14/2016
Date CCF Received:	3/15/2016
MRO Review Date:	3/15/2016
Result:	Negative

If you have any questions, please contact me. My contact information can be found below.



Arthur J. Schatz, M.D.
Medical Review Officer

Concorde, Inc
Eleven Penn Center, 12th Floor
1835 Market Street
Philadelphia, PA 19103
Phone: 215-563-0224 Fax: 215-563-1269
Email: MROStaff@Concorde2000.com

0281 71

Drug Test Result

CONFIDENTIAL

ADS-21880 - COLUMBIA
ATT: LEE MESSLER
49 PALMETTO COURT
GASTON, SC 29290

Account: M310419177
Mode: Non Regulated

To Designated Employer Representative:

A drug test was performed pursuant to your company policy and procedures.
The specimen was tested for the presence of the following drugs:

AMPHETAMINES, COCAINE, MARIJUANA, MDA, OPIATES, 6-ACETYLMORPHINE,

Test Performed By:

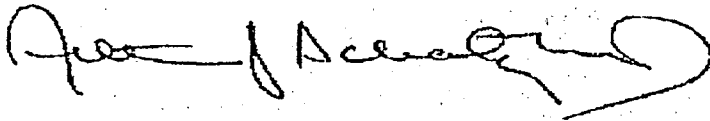
Quest Diagnostics – Atlanta (NIDA), 1777 Montreal Circle, Tucker, GA, 30084

The result is as follows:

Specimen Type:	Urine
Donor Name:	COURTNEY FORREST
SSN or Employment ID:	079524451
Chain of Custody #	1471318
Case Number:	999496V
Reason for Test:	Post-Accident
Collection Date:	4/12/2016
Date CCF Received:	MRO Copy not received*
MRO Review Date:	4/13/2016
Result:	Negative

* A second Letter of Verification will be sent once the MRO Copy of the Chain of Custody form is received.

If you have any questions, please contact me. My contact information can be found below.



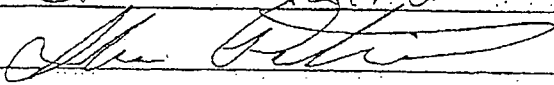
Arthur J. Schatz, M.D.
Medical Review Officer

Concorde, Inc
Eleven Penn Center, 12th Floor
1835 Market Street
Philadelphia, PA 19103
Phone: 215-563-0224 Fax: 215-563-1269
Email: MROStaff@Concorde2000.com

028272

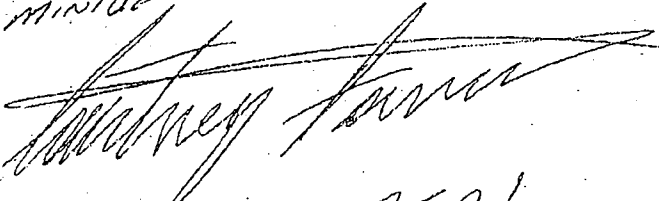
4-14-2016.

At Midnight on 4-12th-16 My Co worker Courtney approached me to talk about how the work place was. In the conversation he ask about the cameras and which ones worked or not. I told him I only use the cameras in the building work and all the Trucks have cameras. Then he talked about how bad. Back it was here with not having to change tires or do any larger Project jobs. With in these conversations he told me he rolled his ankle on a Rock getting out of a Truck in the Yard. He said it was hurting. I then told him he needs to talk to his supervisor / ~~John~~ Jonathan to let him know of the incident and any safety hazards that are in the yard, that caused him to Roll his ankle.

Statement written By
Shane Patrick
 4-14-2016

Courtney Forrest
4-12-16

ON 4-12-16 AROUND 0245AM. I WAS
WORKING IN THE EQUIPMENT'S REAR PARKING LOT.
AS I WAS MOVING FROM THE LEFT TO THE
RIGHT SIDE OF THE TRUCK, THE DEPRESSION IN THE
GROUND CAUSED ME TO LOOSE MY FOOTING TWISTED
MY LEFT ANKLE AND FOOT. I FINISHED UP MY
SHIFT IN EXCESSIVE PAIN. ^{note:} I REPORTED IT TO SUPERVISOR
JOHN, I DID FALL AND HIT THE GROUND REMAINED THERE
FOR EST 10 MINUTE


803-586-9591

4/12/16

Last night on 4/12/16 I went out on the floor to check on Techs and Courtney told me he stepped on a rock and ~~turned~~ his ankle slightly. I asked him was he ok and he said yes, I walked it out. I then helped him work on several trucks up until 4:30am in morning. He seemed fine. We had several conversations and he never mentioned anything about it again.

Paul M'Leary

Payroll Name	SSN	Paycheck Issue Date - CheckView Dta	Regular Hours
McCauley, Jonathan E		04/24/2015	
McCauley, Jonathan E		05/01/2015	40.00
McCauley, Jonathan E		05/08/2015	40.00
McCauley, Jonathan E		05/15/2015	40.00
McCauley, Jonathan E		05/22/2015	40.00
McCauley, Jonathan E		05/29/2015	40.00
McCauley, Jonathan E		06/05/2015	40.00
McCauley, Jonathan E		06/12/2015	40.00
McCauley, Jonathan E		06/19/2015	40.00
McCauley, Jonathan E		06/26/2015	40.00
McCauley, Jonathan E		07/02/2015	40.00
McCauley, Jonathan E		07/10/2015	40.00
McCauley, Jonathan E		07/17/2015	40.00
McCauley, Jonathan E		07/24/2015	40.00
McCauley, Jonathan E		07/31/2015	40.00
McCauley, Jonathan E		08/07/2015	40.00
McCauley, Jonathan E		08/14/2015	31.75
McCauley, Jonathan E		08/21/2015	40.00
McCauley, Jonathan E		08/28/2015	40.00
McCauley, Jonathan E		09/04/2015	40.00
McCauley, Jonathan E		09/11/2015	40.00
McCauley, Jonathan E		09/18/2015	40.00
McCauley, Jonathan E		09/25/2015	40.00
McCauley, Jonathan E		10/02/2015	40.00
McCauley, Jonathan E		10/09/2015	40.00
McCauley, Jonathan E		10/16/2015	40.00
McCauley, Jonathan E		10/23/2015	40.00
McCauley, Jonathan E		10/30/2015	40.00
McCauley, Jonathan E		11/06/2015	40.00
McCauley, Jonathan E		11/13/2015	40.00
McCauley, Jonathan E		11/20/2015	40.00
McCauley, Jonathan E		11/27/2015	40.00
McCauley, Jonathan E		12/04/2015	40.00
McCauley, Jonathan E		12/11/2015	40.00
McCauley, Jonathan E		12/18/2015	40.00
McCauley, Jonathan E		12/24/2015	40.00
McCauley, Jonathan E		12/31/2015	40.00
McCauley, Jonathan E		01/08/2016	40.00
McCauley, Jonathan E		01/15/2016	40.00
McCauley, Jonathan E		01/22/2016	40.00
McCauley, Jonathan E		01/29/2016	40.00
McCauley, Jonathan E		02/05/2016	40.00
McCauley, Jonathan E		02/12/2016	40.00
McCauley, Jonathan E		02/19/2016	40.00
McCauley, Jonathan E		02/26/2016	40.00
McCauley, Jonathan E		03/04/2016	40.00
McCauley, Jonathan E		03/11/2016	40.00
McCauley, Jonathan E		03/18/2016	40.00
McCauley, Jonathan E		03/25/2016	40.00
McCauley, Jonathan E		04/01/2016	40.00
McCauley, Jonathan E		04/08/2016	0.00
			40.00

McCauley, Jonathan E



04/15/2016

40.00

Overtime Hours	Regular Earnings	Overtime Earnings	Other Hours	Other Earnings
6.12	880.00	201.96	54.12	880.00
17.92	880.00	591.36	57.92	880.00
19.27	880.00	635.91	59.27	880.00
21.55	880.00	711.15	61.55	880.00
9.58	880.00	316.14	49.58	880.00
12.35	880.00	407.55	52.35	880.00
12.57	880.00	414.81	60.57	880.00
16.17	880.00	533.61	56.17	880.00
17.42	880.00	574.86	57.42	880.00
19.93	880.00	657.69	59.93	880.00
21.45	880.00	707.85	61.45	880.00
30.52	880.00	1,007.16	78.52	880.00
11.55	880.00	381.15	59.55	880.00
22.82	880.00	753.06	62.82	880.00
18.08	880.00	596.64	58.08	880.00
0.00	698.50	0.00	47.75	698.50
12.65	880.00	417.45	60.65	880.00
11.30	880.00	372.90	59.30	880.00
20.95	880.00	691.35	60.95	880.00
1.18	880.00	38.94	65.18	880.00
14.58	880.00	481.14	54.58	880.00
14.67	880.00	484.11	62.67	880.00
17.78	880.00	586.74	57.78	880.00
10.43	880.00	344.19	58.43	880.00
25.07	880.00	827.31	65.07	880.00
31.77	880.00	1,048.41	71.77	880.00
40.02	880.00	1,320.66	80.02	880.00
28.72	880.00	947.76	68.72	880.00
32.82	880.00	1,083.06	72.82	880.00
23.30	880.00	768.90	63.30	880.00
22.13	897.60	744.90	62.13	897.60
37.63	897.60	1,266.63	77.63	897.60
22.17	897.60	746.24	70.17	897.60
38.58	897.60	1,298.60	78.58	897.60
33.25	897.60	1,119.20	73.25	897.60
30.92	897.60	1,040.77	70.92	897.60
23.45	897.60	789.33	87.45	897.60
23.08	897.60	776.87	71.08	897.60
28.43	915.60	976.14	68.43	915.60
5.90	915.60	202.58	61.90	915.60
5.97	915.60	204.98	53.97	915.60
36.37	915.60	1,248.76	76.37	915.60
28.92	915.60	992.97	68.92	915.60
32.77	915.60	1,125.16	72.77	915.60
15.37	915.60	527.73	63.37	915.60
21.87	915.60	750.91	61.87	915.60
24.50	915.60	841.21	64.50	915.60
22.13	915.60	759.83	62.13	915.60
34.00	915.60	1,167.39	74.00	915.60
0.00	0.00	0.00	48.00	0.00
14.22	915.60	488.24	54.22	915.60

9.57

915.60

328.59

49.57

915.60

Gross Pay	Rate Amount
1,257.96	22.89
1,471.36	22.89
1,515.91	22.89
1,591.15	22.89
1,196.14	22.89
1,287.55	22.89
1,470.81	22.89
1,413.61	22.89
1,454.86	22.89
1,537.69	22.89
1,587.85	22.89
2,063.16	22.89
1,437.15	22.89
1,633.06	22.89
1,476.64	22.89
1,050.50	22.89
1,473.45	22.89
1,428.90	22.89
1,571.35	22.89
1,446.94	22.89
1,361.14	22.89
1,540.11	22.89
1,466.74	22.89
1,400.19	22.89
1,707.31	22.89
1,928.41	22.89
2,200.66	22.89
1,827.76	22.89
1,963.06	22.89
1,648.90	22.89
1,642.50	22.89
2,164.23	22.89
1,823.36	22.89
2,196.20	22.89
2,016.80	22.89
1,938.37	22.89
2,225.49	22.89
1,853.99	22.89
1,891.74	22.89
1,484.42	22.89
1,303.70	22.89
2,645.05	22.89
1,908.57	22.89
2,040.76	22.89
1,626.45	22.89
1,666.51	22.89
1,756.81	22.89
1,675.43	22.89
2,082.99	22.89
1,098.72	22.89
1,403.84	22.89

1,244.19

22.89

File Number	Payroll Name	SSN	Paycheck Issue Date - CheckView Dta
332979	Forrest,Courtney O	[REDACTED]	04/15/2016
332979	Forrest,Courtney O	[REDACTED]	04/22/2016

Payroll Department Number - Job Dta	Regular Hours	Overtime Hours	Regular Earnings
H40505	40.00	9.25	900.00
H40505	26.00	0.00	585.00

Overtime Earnings:	Other Hours	Other Earnings	Gross Pay	Rate	Amount
312.19	49.25	900.00	1,212.19	22.50	
0.00	26.00	585.00	585.00	22.50	

Rate Type Desc	Deduction
Hourly	0.00
Hourly	0.00



6/20

GOODWYN LAW FIRM, LLC

T. Jeff Goodwyn, Jr.*
Christopher J. Archer

Special Counsel:
Rachel G. Peavy

Of Counsel:
E. Crosby Lewis

*Also Licensed in Georgia

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Fax (803) 635-2100

Email: Contact@GoodwynLaw.com
Web: www.GoodwynLaw.com

June 16, 2016

Advanced Disposal Services, Inc.
Attn: Human Resources/Workers' Comp. Dept.
49 Palmetto Court
Gaston, SC 29053

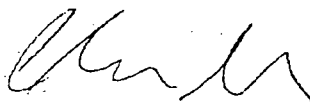
RE: Courtney Forrest v. Advanced Disposal Services, Inc.
WCC File No.: 1604067
DOI: April 12, 2016
Our File No.: 7000-0140

Dear Sir or Madame:

Enclosed is a subpoena for a copy of any and all employment and payroll records pertaining to Courtney Forrest, SSN [REDACTED]. The records are to include, but are not limited to, job description, job application, all evaluations; all medical records, out of work excuses, payroll records, time and attendance records and any type of correspondences as well as any and all surveillance video tapes and/or recordings.

Please send your reports and statement for your cost in complying with this subpoena directly to me.

Sincerely,



Christopher J. Archer

TJG/msb
Enclosures

cc: Kay G. Crowe, Esquire
Courtney Forrest

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1333 Main Street, Suite 500

Columbia, South Carolina 29202-1715

(803) 737-5700

WCC File # 1604067

Carrier File #

Carrier Code #

Employer FEIN

Courtney Forrest

Claimant's Name

SSN

941 Corison Loop, Columbia, SC 29229

Address

City

State

Zip

Home Phone

Work Phone

Advanced Disposal Services, Inc.

Employer's Name

49 Palmetto Court,

Gaston,

SC 29053

Address

City

State

Zip

Arch Insurance Co./Sedgwick Claims Management Services, Inc.

Insurance Carrier

Christopher J. Archer, Esquire

Preparer's Name

2519 Devine Street, Suite A, Columbia, SC 29205

Address

(803) 251-4517

Phone #

Advanced Disposal Services, Inc.

49 Palmetto Court

To: Gaston, SC 29053

☐ 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 documents or objects):

All employee records, including but not limited to, payroll information, job application, job description, performance reviews, employee handbooks, drug testing results, all evaluations; all medical records, out of work excuses, payroll records, time and attendance records as well as any and all surveillance video tapes and/or recordings.

Christopher J. Archer, Esquire,

Goodwyn Law Firm, LLC

2519 Devine Street, Suite A

PLACE: Columbia, SC 29205

June 27, 2016

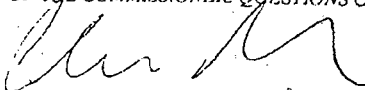
DATE AND TIME: on or before 5:00 pm

☐ 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 ISSUING OFFICER.



Christopher J. Archer, Esquire, Attorney for Claimant

ISSUING OFFICER'S SIGNATURE AND TITLE

(803) 251-4517

PHONE#

June 16, 2016

DATE

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

South Carolina Workers' Compensation Commission

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



WCC File #: 1604067
Carrier File #: B607701244000101077
June 2, 2016

NOTICE OF HEARING

COURTNEY FORREST v. ADS WASTE HOLDINGS, INC.

Subject: To determine issues as set forth on Forms 50 and 51.
Date: August 10, 2016 at 11:45 AM
Location: SC Workers' Compensation Commission, 1333 Main Street, Suite 500 Hearing Room B
Columbia, SC 29202

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

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

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

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

By: Shawn M. DeBruhl, SC Workers' Compensation, June 2, 2016

Party

Employee: COURTNEY FORREST

Employer: ADS WASTE HOLDINGS, INC.
Carrier: Arch Insurance Company

Attorney

Christopher J. Archer
CArcher@Goodwynlaw.com
803-251-4517

Kay Gaffney Crowe
kay@basjlaw.com
803-799-1111

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1604067
Carrier File #: 301656589340001
Carrier Code #:
Employer FEIN #:

Claimant's Name: Courtney Fellers SSN: [redacted] Employer's Name: AAS South Carolina LLC
Address: 941 Corison Loop Address: 47 Palmetto Ct
City: Columbia State: SC Zip: 29229 City: Charleston State: SC Zip: 29053
Home Phone: (803) 586-9591 Work Phone: () Insurance Carrier:
Preparer's Name: Christine Hatcher Preparer's Phone #: (904) 438 0812

Date of Injury: 4-12-16
month day year

A. Total Wages Paid

- Check Applicable Method:
 - ☐ Report of earnings of injured employee based on four completed quarters.
 - ☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
 - ☒ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: 4-4-16
 - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).
- List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	7-12-15	\$ 19,285.20
2nd	10-11-15	\$ 19,484.74
3rd	1-10-16	\$ 25,393.00
4th	4-10-16	\$ 21,937.44
		Total Paid
		2. \$86,100.44

- List total value of other allowances of any character made in lieu of wages during four quarters above.
3. \$
- Add lines 2 and 3.
- TOTAL WAGES PAID:**
- List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.
- 5.

B. Average Weekly Wage

- To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).
- AVERAGE WEEKLY WAGE:** 6. \$ 1655.73

C. Compensation Rate

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

WEEKLY COMPENSATION RATE: 8. \$ 1103.91 ^{\$784.03 max comp rate}

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

WCC Form # 20
Rev. Date 3/97

20

STATEMENT OF EARNINGS
OF INJURED EMPLOYEE

0300 90

File Number

332979

332979

Payroll Name

Forrest, Courtney O

Forrest, Courtney O

SSN

079-52-4451

079-52-4451

Paycheck Issue Date - CheckView Dta**Payroll Department Number - Job Dta**

H40505

H40505

11/03/03

Regular Hours	Overtime Hours	Regular Earnings	Overtime Earnings	Other Hours	Other Earnings	Gross Pay
40.00	9.25	900.00	312.19	49.25	900.00	1,212.19
26.00	0.00	585.00	0.00	26.00	585.00	585.00

030292

Rate Amount	Rate Type Desc	Deduction
22.50	Hourly	0.00
22.50	Hourly	0.00

93
0303

6/20

GOODWYN LAW FIRM, LLC

T. Jeff Goodwyn, Jr.*
Christopher J. Archer

Special Counsel:
Rachel G. Peavy

Of Counsel:
E. Crosby Lewis

*Also Licensed in Georgia

Reply to:
2519 Devine Street
Suite A

Columbia, South Carolina 29205

111-B Congress Street
Winnsboro, South Carolina 29180

Tel. (803) 251-4517 (Columbia)
Fax (803) 251-4527

Tel. (803) 635-1920 (Winnsboro)
Fax (803) 635-2100

Email: Contact@GoodwynLaw.com
Web: www.GoodwynLaw.com

June 16, 2016

Advanced Disposal Services, Inc.
Attn: Human Resources/Workers' Comp. Dept.
49 Palmetto Court
Gaston, SC 29053

RE: Courtney Forrest v. Advanced Disposal Services, Inc.
WCC File No.: 1604067
DOI: April 12, 2016
Our File No.: 7000-0140

Dear Sir or Madame:

Enclosed is a subpoena for a copy of any and all employment and payroll records pertaining to Courtney Forrest, SSN [REDACTED]. The records are to include, but are not limited to, job description, job application, all evaluations; all medical records, out of work excuses, payroll records, time and attendance records and any type of correspondences as well as any and all surveillance video tapes and/or recordings.

Please send your reports and statement for your cost in complying with this subpoena directly to me.

Sincerely,



Christopher J. Archer

TJG/msb
Enclosures

cc: Kay G. Crowe, Esquire
Courtney Forrest

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1604067

Carrier File # _____

Carrier Code # _____

Employer FEIN _____

Courtney Forrest

Claimant's Name

941 Corison Loop, Columbia, SC 29229

Address City State Zip

Home Phone _____

Work Phone _____

Advanced Disposal Services, Inc.

Employer's Name

49 Palmetto Court, Gaston, SC 29053

Address City State Zip

Arch Insurance Co./Sedgwick Claims Management Services, Inc.

Insurance Carrier

Christopher J. Archer, Esquire

2519 Devine Street, Suite A, Columbia, SC 29205

(803) 251-4517

Preparer's Name

Address

Phone #

Advanced Disposal Services, Inc.

49 Palmetto Court

To: Gaston, SC 29053

☐ **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 documents or objects):

All employee records, including but not limited to, payroll information, job application, job description, performance reviews, employee handbooks, drug testing results, all evaluations; all medical records, out of work excuses, payroll records, time and attendance records as well as any and all surveillance video tapes and/or recordings.

Christopher J. Archer, Esquire,

Goodwyn Law Firm, LLC

2519 Devine Street, Suite A

PLACE: Columbia, SC 29205

June 27, 2016

DATE AND TIME: on or before 5:00 pm

☐ **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 ISSUING OFFICER.

Christopher J. Archer, Esquire, Attorney for Claimant

ISSUING OFFICER'S SIGNATURE AND TITLE

(803) 251-4517

PHONE#

June 16, 2016

DATE

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

GOODWYN LAW FIRM, LLC

T. Jeff Goodwyn, Jr.*
Christopher J. Archer

Special Counsel:
Rachel G. Peavy

Of Counsel:
E. Crosby Lewis

*Also Licensed in Georgia

Reply to:
2519 Devine Street
Suite A
Columbia, South Carolina 29205

111-B Congress Street
Winnsboro, South Carolina 29180

Tel. (803) 251-4517 (Columbia)
Fax (803) 251-4527

Tel. (803) 635-1920 (Winnsboro)
Fax (803) 635-2100

Email: Contact@Goodwynlaw.com
Web: www.GoodwynLaw.com

April 26, 2016

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

RE:	<i>WCC File No.:</i>	<i>Unknown</i>
	<i>Employee:</i>	<i>Courtney Forrest</i>
	<i>Employee's Address:</i>	<i>941 Corison Loop Columbia, SC 29229</i>
	<i>SSN:</i>	
	<i>Employer:</i>	<i>Advanced Disposal Services, Inc.</i>
	<i>Carrier:</i>	<i>Arch Insurance Company/Sedgwick CMSI</i>
	<i>Request for Hearing:</i>	<i>Yes</i>
	<i>Date of Injury:</i>	<i>April 12, 2016</i>
	<i>Bodily Injury:</i>	<i>Left ankle and leg</i>
	<i>County of Accident:</i>	<i>Lexington</i>
	<i>Our File No.:</i>	<i>7000-0140</i>

Dear Ms. Bracy:

Pursuant to Rule 67-206 and in accordance with §42-15-40, this letter is to advise the Commission that I have been retained to represent Courtney Forrest in a claim for injuries covered by the Workers' Compensation. Please provide me with copies of all future notices and correspondence relative to this matter.

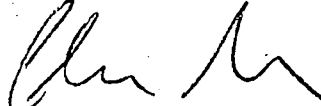
Also, Enclosed herewith please find an original and one copy of the Form 50, Employee's Request for Hearing, along with a check in the amount of \$25.00 for the filing fees. Please return a filed copy of the Form 50 to me in the self-addressed stamped envelope provided.

By copy of this letter I am serving Advanced Disposal Services, Inc., the Employer and Arch Insurance Company/Sedgwick Claims Management Services, Inc., its Carrier, with a copy of the Form 50 and advising them of my representation.

GOODWYN LAW FIRM, LLC

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,



Christopher J. Archer

CJA/msb

Enclosures

cc: Courtney Forrest
Advanced Disposal Services, Inc.
Arch Insurance Company
Sedgwick Claims Management Services, Inc.

South Carolina Workers' Compensation Commission

1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 1604067

Claimant's Name: Courtney Forrest Employer's Name: Advanced Disposal Services, Inc.
Address: 941 Corison Loop Address: 90 Fort Wade Road
City: Columbia State: SC Zip: 29229 City: Ponte Vedra State: FL Zip: 32081
Home Phone: _____ Work Phone: () Carrier: Arch Insurance
Preparer's Name: Kay Gaffney Crowe Preparer's Phone #: (803) 799-1111

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

☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: 784.03 2. AWW: \$1103.81 Date of Injury: Alleged 4/12/2016
3. Type of injury and body part(s): Alleged ankle sprain
4. Facts in controversy: We deny this Claimant who stated work on 4/4/2016 suffered an ankle sprain in the course and scope of employment. There is no evidence to support his time off work.
5. Legal issues involved: Injury by accident. Claimant is capable of work and is engaged in a wide range of activities.
6. Unusual aspects: Claimant has been declared disabled by VA and believes his ankle is part of VA claim.
7. Witnesses (designate if expert):* Duane Graham, PI Jonathan McCauley Michael Stanley
8. Exhibits: Video of Investigator, Investigator Report, Video of work place on April 12, 2016
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
None: Please note date of accident is 4/12/2016 however he saw the VA on 4/12/2016 with history that he stepped on rock the other day at work.
10. Name, address, and specialty, if any, of the treating physician: Unknown
11. Impairment rating(s); body part(s); physician and date of opinion: None
12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Christopher J. Archer, Esquire, Address 2519 Devine Street, Suite A, Columbia, SC 29205 on the 28th day of July 2016 by: ☒ **first class postage** ☐ **certified mail** ☐ **personal service.**

Signature: Kay Gaffney Crowe Email: kay@basilaw.com
Date of hearing: August 10, 2016 Time needed for hearing: 30 minutes

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

WCC Form # 58
Revised 7/13

58

PRE-HEARING BRIEF

0309

CERTIFICATE OF SERVICE

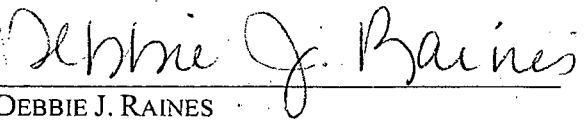
The undersigned employee of Barnes, Alford, Stork & Johnson, LLP certifies that he or she has, on the date below, served the below document(s) upon the below person(s) via first class mail.

DOCUMENT(S) SERVED:

- Pre-Hearing Brief

PERSON(S) SERVED:

Christopher J. Archer, Esquire
Goodwyn Law Firm, LLC
2519 Devine Street, Suite A
Columbia, SC 29205


DEBBIE J. RAINES

July 28, 2016

STATE OF SOUTH CAROLINA

BEFORE THE S.C. WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1604067

Courtney Forrest,

Claimant,

v.

Advanced Disposal Services, Inc.,

Employer,

and

Arch Insurance,

Carrier,

Defendants.

**APA MEDICAL AND NOTICE OF
WITNESSES**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
CHRISTOPHER J. ARCHER, ESQUIRE:

YOU ARE HEREBY NOTIFIED THAT THE Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Defendants, to-wit:

TAB #	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	NO. OF PAGES
	None		
	EXHIBITS		NO. OF PAGES
3	Investigator Report	7/5/2016	106-122
	DVD containing Video of Investigator, Video of Work place, Photos		

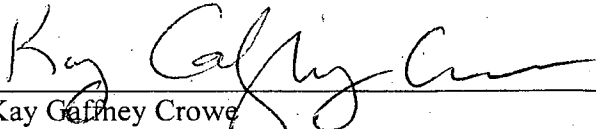
YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be moved into evidence at the time of the hearing to be held before the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employer-defendant.

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

1. Duane Graham, PI
2. Jonathan McCaulley
3. Michael Stanley

Respectfully Submitted,



Kay Gaffney Crowe
Barnes, Alford, Stork & Johnson, LLP
1613 Main Street
Post Office Box 8448
Columbia, SC 29202-8448

July 28, 2016

CERTIFICATE OF SERVICE

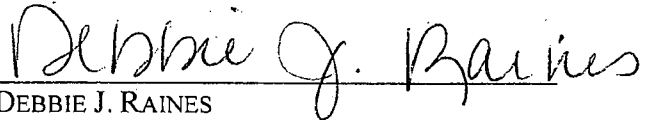
The undersigned employee of Barnes, Alford, Stork & Johnson, LLP certifies that he or she has, on the date below, served the below document(s) upon the below person(s) via first class mail.

DOCUMENT(S) SERVED:

- APA MEDICAL AND NOTICE OF WITNESSES

PERSON(S) SERVED:

Christopher J. Archer, Esquire
Goodwyn Law Firm, LLC
2519 Devine Street, Suite A
Columbia, SC 29205


DEBBIE J. RAINES

July 28, 2016



FINAL INVESTIGATIVE REPORT

CLIENT INFORMATION		CLAIM INFORMATION	
Company:	Advanced Disposal/Sedgwick	Client File #:	301656589340001
Client:	Ms. Christine Hackler	Ethos File #:	SC-0616-0016-A
Address:	90 Fort Wade Road, Suite 200	Type of Claim:	Workers Compensation
City/State/Zip:	Ponte Vedra, FL 32081	Date of Loss:	04/12/2016
Date Ordered:	06/27/2016	Alleged Injury:	Unfurnished
Investigation Date:	07/05/2016	Insured:	Unfurnished

SUBJECT INFORMATION			
Name:	Courtney Forrest	Date of Birth:	
Address:	941 Corison Loop	Social Security #:	
City/State/Zip:	Columbia, SC 29229	Sex:	Male

INSTRUCTIONS / OBJECTIVE
Ethos Risk Services received authorization to conduct an Internet Mining Investigation on Mr. Courtney Forrest.

INVESTIGATIVE SYNOPSIS
During the course of the Internet Mining Investigation, Ethos Risk Services conducted searches of multiple social media sites in an effort to locate profiles related to Mr. Courtney Forrest. The investigation found Facebook, MyLife, Google+, and YouTube profiles for the subject. The subject was last active on Facebook in 2011. A Facebook profile was located for the subject's spouse, Belinda Forrest, which contained multiple photos of the subject. The most recent photo dated on July 2, 2016. The subject and his family were reported to have spent the day at Fort Jackson to celebrate the 4th of July. The subject was also found to have volunteered for the Red Cross on June 25, 2016, installing fire alarms in Newberry. Additionally, Ethos Risk Services conducted searches of various search engines, meta-search engines, and deep websites in an effort to locate information related to Mr. Courtney Forrest. The subject's provided address was found to be associated with BG Forrest LLC. This business was found to be registered to the subject's spouse, Belinda Forrest. Multiple business-related, as well as sports enthusiast sites were searched and a LinkedIn profile was located for the subject. The subject was found to be listed as a Tech for an unknown business in Columbia, South Carolina.

Security Consulting & Brand Protection - SIU Service - Pre-employment Screening
Data Support Services - Adjusting Services - Investigative Services

Ethos Risk Services | T: 866-783-0525 | F: 866-695-9645 | email: info@ethosrisk.com
P.O. Box 55246 | St. Petersburg, Florida 33732 | www.ethosrisk.com

106
0314

REPORT FINDINGS

Research and investigation confirmed the following information found on various web sites including but not limited to the following sources:

SOCIAL NETWORKING: 4	    
PICTURE & VIDEO SHARING: 1	    
BUSINESS CONNECTION: 2	    
SEARCH ENGINE: 0	    
NEWS & LOCAL MEDIA: 0	    
SPORTS ENTHUSIAST: 0	    
META SEARCH/DEEP WEB: 0	    
OTHER RESULTS: 1	    

SOCIAL MEDIA RESULTS

Website:	Facebook
URL:	https://www.facebook.com/courtney.o.forrest?pnref=lhc



**Courtney Oliver
Alistair Forrest**

Add Friend
Message

Timeline
About
Friends
Photos
More ▾



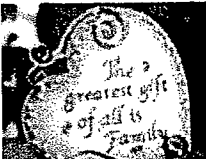
Intro

♥ Married to Belinda Harris-Forrest

📍 From Queens, New York



Friends · 160



Alonzo Simmons



Clifford Butler



Kevin Hall



Sandy Harris



Maureen Channer



Simonica Forrest



George Valentine



Cynthia Butler



Charisma NugeorgiaSouth



Posts from 2011



Top photos in 2011

Made 49 new friends



Courtney Oliver Alistair Forrest added a new photo.

November 28, 2011 Columbia SC



Share

2



Courtney Oliver Alistair Forrest Brother Chris and I in Dubia

November 29, 2011 at 7:37am

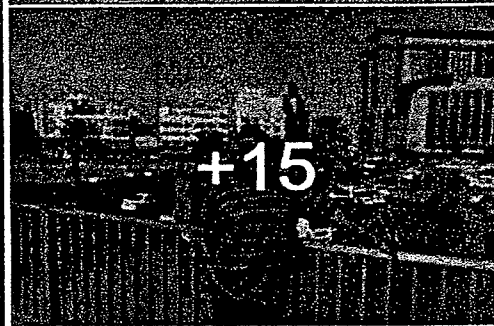
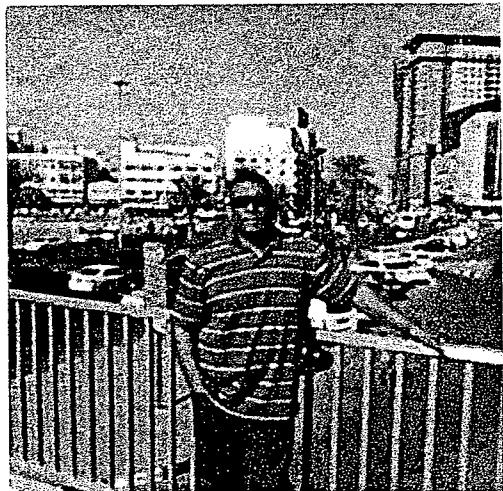


Belinda Harris-Forrest Ya'll look like twins!

November 29, 2011 at 7:49am



Courtney Oliver Alistair Forrest added 19 new photos to the album: November 26, 2011 — in Dubai, United Arab Emirates.
November 26, 2011



Share

Website:	Facebook
URL:	https://www.facebook.com/belinda.forrest1?fref=nf



Belinda Harris-Forrest added 10 new photos — with Courtney Oliver Alistair Forrest at 📍 Hilton Field, Fort Jackson Army Base
July 2 at 9:44pm · Columbia, SC · 🌐

Out here at Ft Jackson enjoying family and celebrating our freedom with Davida L Wine Olivia Forrest Ashton Wine Courtney Oliver Alistair Forrest







Belinda Harris-Forrest added 3 new photos

June 25 at 8:53am · 🌐

Volunteering with the Red Cross this morning. Preparing to install smoke alarms in neighboring homes in Newberry. #Givingbackfeelsgood #RedCross

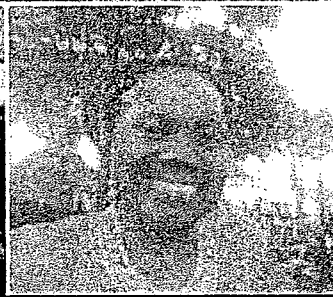
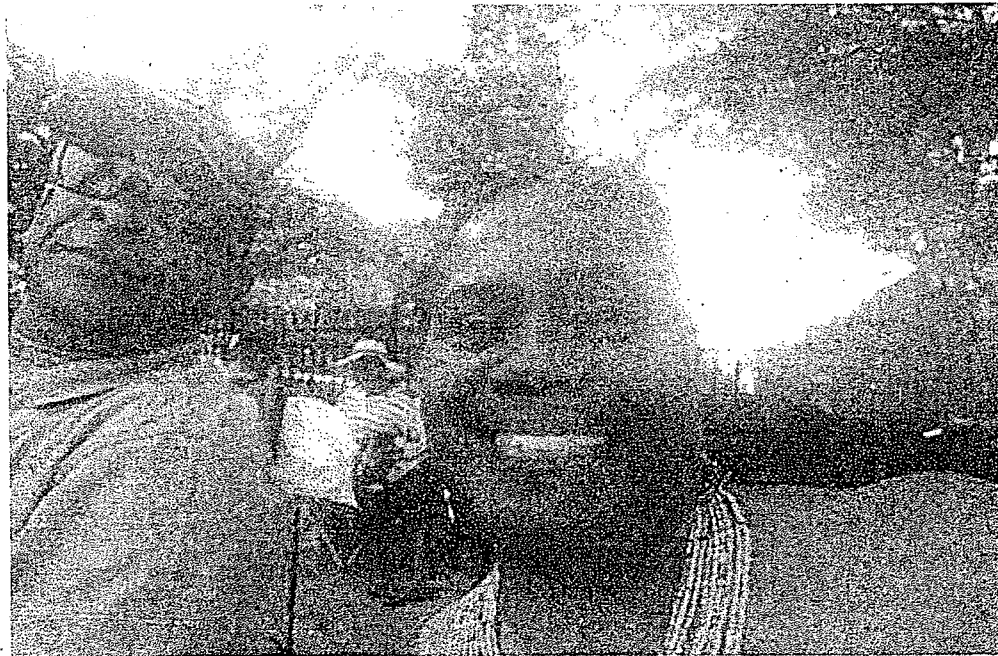




Belinda Harris-Forrest added 4 new photos — at 📍 The Township Auditorium

June 9 at 6:03pm · Columbia, SC · 🌳

Enjoying some smooth jazz this evening at Loading Dock Live downtown with my baby. A picnic dinner, a mellow drink and some cool shade makes for a great date!





Belinda Harris-Forrest at 📍 Cheesecake Factory, Southpark Mall,
Charlotte, NC.

April 30 · Charlotte, NC · 🌐

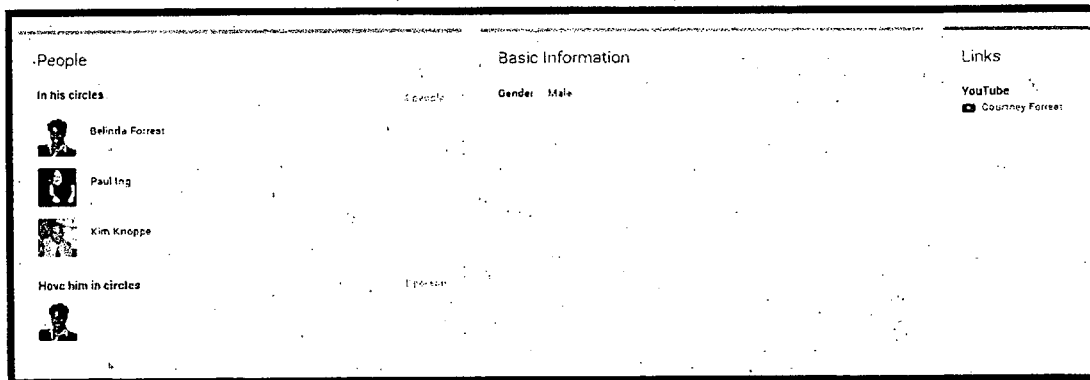
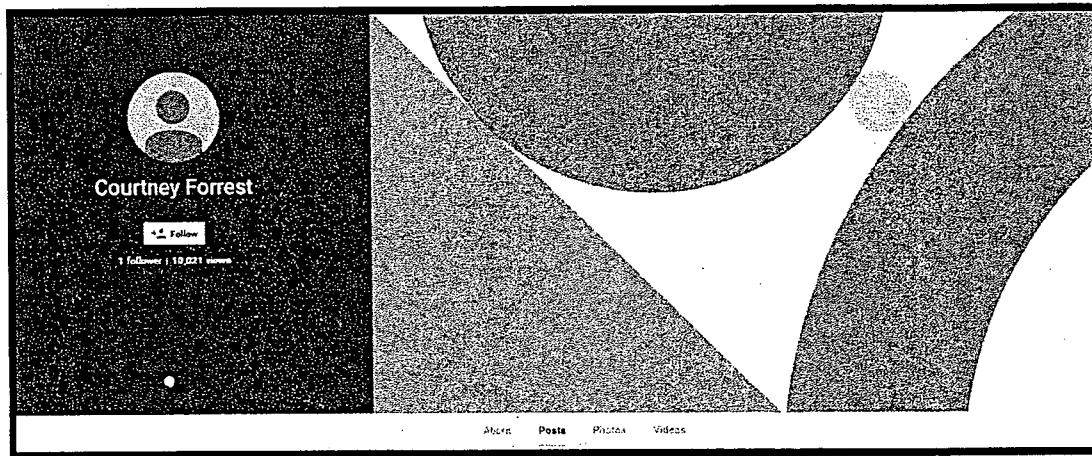
Taking the girls out for a late birthday celebration. Now we just hurry up and wait!



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👤 29

Website:	Google+
URL:	https://plus.google.com/113358525333141050710/posts



Website:	MyLife
URL:	https://www.mylife.com/courtney-forrest/e228969931248



Courtney Forrest

Columbia, SC Age 57

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94*** Loop Columbia, SC 29229

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(803) ***** (803) *****

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PICTURE AND VIDEO SHARING RESULTS

Website:	YouTube
URL:	https://www.youtube.com/channel/UCC90xoe8jYYAY5OiHAZgUMw



Courtney Forrest

This channel doesn't have any content

BUSINESS CONNECTION RESULTS

Website:	LinkedIn
URL:	https://www.linkedin.com/in/courtney-forrest-73631b57

Courtney Forrest

Tech

Columbia, South Carolina | Mechanical or Industrial Engineering

Current Self-employed

Send Courtney InMail

6
connections

<https://www.linkedin.com/in/courtney-forrest-73631b57>

Background



Experience

Tech

Self-employed



Skills



Engineering



Troubleshooting



Manufacturing



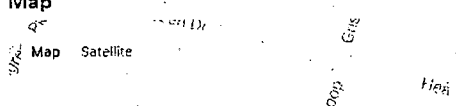
Windows



Computer Hardware



Website:	Buzzfile
URL:	http://www.buzzfile.com/business/Bg-Forrest-LLC-803-708-9542

Contact Information Bg Forrest LLC 941 Corison Loop Columbia, SC 29229 Contact: Belinda Forrest Title: Principal Phone: 803-708-9542 Website: Bg Forrest LLC is the only company located at 941 Corison Loop, Columbia, SC 29229	Business Description Bg Forrest is located in Columbia, South Carolina. This organization primarily operates in the Business Activities At Non-commercial Site business / industry within the Business Services sector. This organization has been operating for approximately 4 years. Bg Forrest is estimated to generate \$91,324 in annual revenues, and employs approximately 2 people at this single location. Sector: Business Services Category: Business Services, nec Industry: Business Activities At Non-commercial Site SIC Code: 7389
Map 	Name: Bg Forrest LLC Year Founded: 2012 Location Type: Single Revenue: \$ 91,324 Employees: 2 Facility Size: N/A * Revenue & Employees are estimates

OTHER SEARCH RESULTS

Website:	Richland County Assessor
URL:	https://www5.rcgov.us/TreasurerTaxInfo/Main.aspx

Real Estate Tax Information					
FORREST BELINDA G & COURTNEY O 941 CORISON LOOP COLUMBIA, SC 29229-0000					Tax Year: 2015
Tax Map # 17416-01-88	Legal Residence Yes	Property Description 941 CORISON LOOP		Assessed Value 6320	
					Amount Due On Or After 3/17/2016 0.00
Notice # R-2015-061962	Tax Dist. 2DP	Entity COUNTY	Assessment 6,320 X	Mills 556.1 =	Tax 3,514.55
Homestead Exemption					0.00
County Relief					-1,921.28
Sales Tax Credit					-222.80
Solid Waste					249.00
Pen/Cost					0.00
Amount Due					0.00
Due Date					
Date Paid					December 18, 2015
Amount Paid					1,619.47

CASE STATUS

Closed, pending further instructions.

Thank you for the opportunity to be of service. Should you have any questions regarding this investigation, please feel free to contact our St. Petersburg corporate offices at (866) 783-0525.

****Disclaimer:** The public record information contained in this report has been obtained through online public record sources or by direct visits to sources of such documents, such as the court of jurisdiction, deemed to generally be reliable. However, please note that these records are not always complete. The public agencies and other providers of public records can and have missed recording some records and misfiled others. The above information should not be relied upon without separate verification. It should also be noted that there may be more than one person with the same name as the person whom the search was conducted on, and only fingerprints of the individual can provide positive identification. Consequently, Ethos Risk Services cannot and does not guarantee the accuracy of the records reported in this report and accepts no liabilities which may arise from the use of the same. The client agrees and certifies that its ordering of and use of this report is in strict compliance with any applicable provision of the Fair Credit Reporting Act, Public Law 91-508, and state and federal equal opportunity laws and regulations.*

STATE OF SOUTH CAROLINA
BEFORE THE S.C. WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1604067

Courtney Forrest,	)	
	)	
Claimant,	)	
	)	
v.	)	
	)	
ADS Waste Holdings, Inc.,	)	
	)	
Employer,	)	
	)	
and	)	
	)	
Arch Insurance Company,	)	
	)	
Carrier,	)	
	)	
Defendants.	)	
	)	

**APPELLANT'S BRIEF TO THE FULL
COMMISSION**

STATEMENT OF THE CASE

This is a case where a short term employee claims that he injured his ankle in an unwitnessed event. The employer denied this case and relied upon evidence which proved that the claimant was not a credible witness, the video tape from the employers work site on the day of the accident was inconsistent with the injury described and the medical evidence and the testimony of the claimant failed to support an injury which prevented the claimant from working.

The Commissioner while expressing his discomfort with the result found the injury occurred and was compensable and awarded continuing temporary total benefits. This appeal followed.

QUESTIONS PRESENTED

1. Did the Single Commissioner err in finding that the Claimant sustained the burden of proving a compensable injury to his left ankle? The error being that the overwhelming evidence demonstrated that he did not injure his ankle in the course and scope of his employment on April 12, 2016.
2. Did the Single Commissioner err in finding the medical evidence compelling the error being no medical record described the ankle injury in such a way to eliminate a pre-existing condition?
3. Did the Single Commissioner err in awarding continuing temporary total disability in the face of no evidence of continuing disability and in light of the testimony of the Claimant?
4. Did the Single Commissioner err in allowing the limited medical evidence to outweigh the video, the surveillance, the testimony of the witnesses and the numerous inconsistencies in the testimony of the Claimant?
5. Did the Single Commissioner err in finding the Claimant entitled to continuing temporary total benefits where there was no credible evidence of any medical care since April 2016?
6. Did the Single Commissioner err in finding the Claimant entitled to continuing temporary total benefits where there was no credible evidence to establish that the Claimant was physically unable to return to work after April 2016?

ARGUMENT

1. **The Single Commissioner erred in finding that the Claimant sustained a compensable injury to his ankle in the course and scope of his employment on April 12, 2016. (Questions presented 1, 2 and 4)**

The claimant who had begun work less than two weeks before as a mechanic at Advanced Disposal Services South Carolina, LLC, the correct name for the employer (Transcript of Hearing page 10 lines 17-20) alleges that while he was working on a vehicle in the yard he fell forward and did not twist his ankle but felt a pull in his leg. His use of right as an interjection makes it unclear but this is an alleged left ankle injury.

(Transcript of Hearing page 15 lines 5- 14) It was his claim that this was reported to his direct supervisor Joe (Transcript of Hearing page 16 line 12- page 17 line 8). The next day the claimant testified he sought treatment from the VA. Following the trip to the VA, he called the employer and was sent to Doctors Express. (Transcript of Hearing page 18 line 13- 21). He had a note for one week out of work from the VA and he took that note to Doctors Express with him. Doctors Express wrote him out of work and recommended PT. (Transcript of Hearing page 20 line 11-14). The employer based upon their investigation of this claim denied any further medical care. The claimant underwent PT on his own but this had stopped by the time of the hearing. It is important that there was not medical evidence submitted to support the testimony by the claimant of the additional course of treatment at either the VA or Moncrief Army Hospital. The claimant further testified that he was able to return to work and that he was not willing to return to light duty for this employer. (Transcript of Hearing page 24 line 15-page 26 line 2). The claimant acknowledged that his wife had posted on Facebook a photo of him participating in a project to donate and hang fire extinguishers although he described his role in this endeavor as limited. (Transcript of Hearing page 25 line 18- page 26 line 14).

Although the transcript when read does not give the full impact of live testimony, it is clear that the claimant was less than forthcoming in his responses. He did admit that when he went to the VA on the date following the alleged injury at work his history was that he had stepped on a rock the other day. Although his testimony was of an injury of the back of the leg the complaint recorded by the VA was left shin in one place and the back in another which is the front of the leg. (Transcript of record page 27 line 10- page 28 line 6). He also acknowledged that this was his second day actually doing this job as

his previous days had been in training. (Transcript page 28 line 15-19). He also acknowledged that he lied on his application about his prior health issues. In the course of attempting to explain his responses wherein he described his prior health and disability ratings, he testified that after he was hired by the employer he received the notice that he had been approved by the VA as 90% disabled. (Transcript page 28 line 20- page 31 line 15). His grounds of disability included ankle and foot problems and he testified that the employer was not told of these conditions because he did not believe that they needed to know. (Transcript page 32 lines 12-15). The cross examination also established that on the night of the alleged accident the claimant had on steel toed boots which laced up and supported his ankles. (Transcript page 36 line 6-10) The claimant acknowledged that he finished his shift but testified that he was limping. The claimant acknowledged that for the rest of the shift he worked on a white truck and that this shift after the alleged fall was the only time he worked on a white truck. (Transcript page 38 line 4-11). No further witnesses were called by the claimant.

The employer presented the testimony of Mike Stanley the maintenance manager of the shop at the employer. He has been with the employer since December 2015. He investigated the reported fall. He preserved and located the security video. The video showed on this date at a time after the alleged fall, the claimant working on the white pickup truck. He has no dirt or sign of a fall on his dark clothing. In one brief stretch of the video there is a question of a limp but the claimant does not limp or demonstrate any limitation on his activities during the vast bulk of the video. (Video submitted by the Employer clip 1, 2 and 3). He also testified that you could not fall in the yard and not be covered in the dust from the crush and run. (Transcript page 46 line 24- page 47 line 15).

It is understood and appreciated that the Single Commissioner has a wide range of discretion in evaluation of the evidence however this is not a discretion is not without limits. The Commissioner acknowledged the inconsistency in the testimony and in this case these inconsistencies were compelling and should have resulted in this case being denied. In the face of this testimony the Commissioner concluded that he was persuaded to award this case by the medical evidence. A close look at the medical evidence demonstrates that it is not compelling. It is important to note also what evidence was not submitted by the Claimant. There are only limited records submitted from Moncrief.

The medical evidence submitted consists of a record from the VA which shows that predating this event the claimant on March 18, 2016 called and received refills for salsalate, gabapentin, hyaluronate and sertraline - an anti-inflammatory, a drug for neuropathy, a drug for arthritic joints and a drug for depression and panic attacks. His description of the event is contained on APA page 19. His complaint at that time which was in the early afternoon when the note was written and in the late morning when he was seen was that he was walking and foot caught in gravel causing him to fall forward and felt pull and pop back of ankle and then twisted. The ankle was x-rayed and showed only degenerative changes and "there may be mild soft tissue swelling....There is no acute fracture. Trace soft tissue swelling ...that might represent sprain. (APA page 15). He was placed out of work by the VA for April 12 until April 15.

The patient was also seen at Doctors Express on April 12, 2016 following his visit to the VA. At that time he reported a fall at work and twisting left foot and ankle. No swelling was noted on exam. There was abnormal motion and tenderness of the ankle. He was advised to elevate and ice and advised to return in 4-5 days. He returned to

follow up on April 18 and at that time the injury is charted as right ankle in part of the record and left in another. The patient was sent to PT and told to return after the PT evaluation. The note is not to remain off work until PT is completed but only until PT evaluates. (APA page 9).

No medical provider documents an acute injury. This was equivocal at best. There were not medical records of continued treatment for his ankle and no medical evidence to overcome the clear and convincing weight of evidence that no injury by accident occurred.

2. Even if the Commissioner was persuaded that an accident happened on the job, which we contend is not supported by the facts, he should not have placed the Claimant on a running award as he the Claimant did not sustain his burden of proof that he was disabled so as to be entitled to temporary total benefits. Questions presented 3, 5, and 6.

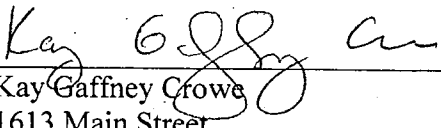
At the hearing the claimant testified that he was able to work. (Transcript of Hearing page 24 line 15-page 26 line 2). He also testified that he was not willing to return to work for this employer. This is also consistent with his deposition testimony which was made part of the record. (Deposition of the Claimant page 10 line 20-11 line 2 taken June 23, 2016). He is now 90% disabled by the VA although he could not remember the body parts he was rated on. (Deposition of Claimant page 16 lines 2-22). There is no medical evidence to support his continuing time out of work. Doctors Express only wrote him out of work until he underwent a PT evaluation which occurred which occurred at least by May 13, 2016. (APA page 31). No one opines that his time out of work is related to a specific event, was caused by trauma or is continuing. This

lack of support for the findings of the Commissioner should compel this panel to reverse the finding of entitlement to temporary total.

CONCLUSION

The decision of the Single Commissioner should be reversed and this case should be denied. In the alternative, the continuing award should be reversed and the claimant should be only awarded TT from the date of the accident until May 13, 2016.

Barnes, Alford, Stork & Johnson, LLP



Kay Gaffney Crowe
1613 Main Street
Post Office Box 8448
Columbia, SC 29202
(803)799-1111

December 28, 2016

CERTIFICATE OF SERVICE

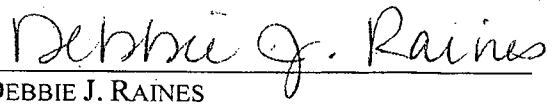
The undersigned employee of Barnes, Alford, Stork & Johnson, LLP certifies that he or she has, on the date below, served the below document(s) upon the below person(s) via first class mail.

DOCUMENT(S) SERVED:

- APPELLANT'S BRIEF TO THE FULL COMMISSION

PERSON(S) SERVED:

Christopher J. Archer, Esquire
Goodwyn Law Firm, LLC
2519 Devine Street, Suite A
Columbia, SC 29205


DEBBIE J. RAINES

December 28, 2016

SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1604067

Courtney Forrest,

Claimant,

vs.

ADS Waste Holdings, Inc.

Employer,

and

Arch Insurance Company,

Carrier,

Defendants.

RESPONDENT'S BRIEF

STATEMENT OF THE CASE

This matter is before the South Carolina Workers' Compensation Commission for review of the Decision and Order of the Honorable T. Scott Beck, filed in this matter on October 25, 2016. For the reasons set forth below the Respondent respectfully submits that Commissioner Beck's Decision and Order should be affirmed.

The Claimant in this case contends that he sustained injuries to his left ankle and left leg on April 12, 2016 as a result of an accident arising out of and in the course of his employment with Employer. He further contends that he is entitled to payment of temporary total compensation and payment of medical expenses incurred as a result of his injury. He also asserts that he has not

reached the point of maximum medical improvement with regard to his injury and is entitled to receive additional medical treatment.

The Defendants deny that the Claimant sustained any injury arising out of and in the course of his employment. The Defendants further deny that the Claimant is entitled to any compensation and benefits under the Act.

This matter was heard by Commissioner Beck in August of 2016. Following that hearing Commissioner Beck issued his Decision and Order finding the Claimant satisfied his burden of proving a compensable injury to his left ankle and awarding Claimant causally related medical care and temporary total disability benefits from the date of injury to the present and continuing. Defendants subsequently requested that the Full Commission review that decision

ISSUES PRESENTED

1. Did the Single Commissioner err in finding that the Claimant sustained the burden of proving a compensable injury to his left ankle?
2. Did the Single Commissioner err in finding the medical evidence compelling?
3. Did the Single Commissioner err in awarding continuing temporary total disability benefits?
4. Did the Single Commissioner err in finding the greater weight of the evidence supported finding Claimant sustained a compensable injury to his left ankle?
5. Did the Single Commissioner err in finding the medical evidence entitled Claimant to continuing temporary total benefits?
6. Did the Single Commissioner err in finding the greater weight of the evidence entitled Claimant to continuing temporary total benefits?

ARGUMENT

1. **The Single Commissioner correctly found that Claimant sustained a compensable injury to his left ankle in the course and scope of his employment on April 12, 2016. (Issues presented 1, 2, and 4).**

The greater weight of the evidence in this case supports Commissioner Beck's finding that Claimant sustained a compensable injury to his ankle in the course and scope of his employment on April 12, 2016. On this date, Claimant was employed as a heavy equipment mechanic with Advanced Disposal Services of South Carolina, LLC (hereafter also referred to as "Advanced") where he worked the night shift repairing the Employer's trucks. On the date of the injury, Claimant testified that, around 2:00 a.m., he walked in to the yard to retrieve a service vehicle that needed work. (Hrg. Trans. p. 13 l. 5-11). Claimant testified that the yard was dark, unpaved, and had scattered rocks and holes. (Hrg. Trans. pp. 13, l. 15 – 14, l. 7). While in the yard, Claimant testified that he stepped on a rock or into a small depression causing him to lose his footing and fall. (Hrg. Trans. p. 15 l. 5-21). Claimant testified that he immediately knew he had injured his leg. (Hrg. Trans. pp. 15, l. 24 – 16, l. 2). Claimant then immediately notified Joe, the shop supervisor on site, that he injured his leg falling in the yard. (Hrg. Trans. p. 16 l. 10-25). This is undisputed in the record. Claimant informed Joe that despite being in pain, he would attempt to work the remainder of his shift. (Hrg. Trans. p. 17 l. 7-8). Claimant finished his shift and then went home, with the hope his condition would improve but by the afternoon, it was clear that the injury was more serious:

Claimant is a veteran of the United States Army and on the afternoon of the injury he sought treatment for his leg at the V.A. Hospital in Columbia, South Carolina. Claimant reported to Dr. Carolyn Birchmore that he stepped on a rock while at work and felt a pop as he fell to the ground. (Claimant's APA 19). Dr. Birchmore noted swelling and deformity in Claimant's foot and the radiology report indicated soft tissue swelling. (Claimant's APA 19-20). Dr. Birchmore then diagnosed Claimant with a left ankle sprain, wrote him out of work through April 15, 2016 and noted that additional imaging would be beneficial. (Claimant's APA 20). The same day,

Claimant notified Employer of his visit to the hospital and the Employer sent him Doctors Express. (Hrg. Trans. p. 18 l. 13-22).

At Doctors Express, Claimant was seen by Dr. Michael Huncharek. Dr. Huncharek diagnosed Claimant with a sprain of unspecified ligament of left ankle and wrote him out of work through April 18, 2016 pending a scheduled follow-up appointment. (Claimant's APA 2 and 7). On April 18, Claimant attended his follow-up appointment with Dr. Huncharek who noted continued swelling and abnormal range of motion in Claimant's left ankle. (Claimant's APA 9). At this time, Dr. Huncharek ordered Claimant receive an evaluation for physical therapy and wrote Claimant out of work pending that evaluation. To date, Employer has refused to authorize this evaluation. (Hrg. Trans. p. 20 l. 19-25).

Prior to this injury, Claimant had scheduled an appointment at Moncrief Army Hospital for issues related to his blood pressure and blood sugar. Claimant attended this appointment on April 20, 2016 and while there, reported his recent work injury to Dr. Michal Domeny. Dr. Domeny examined Claimant's foot and diagnosed him with an ankle sprain noting the left ankle was warm, had continued swelling, had tenderness on palpation, and had abnormal motion. (Claimant's APA 27-28). For treatment, Dr. Domeny prescribed Claimant crutches, a cam boot and physical therapy. (Claimant's APA 28). Employer refused to authorize any physical therapy and so Claimant completed this on his own with little improvement of his condition. (Hrg. Trans. p. 21 l. 1-21). At a follow-up appointment, because of Claimant's unimproved condition, Dr. Domeny recommended an MRI. Although this record was unavailable in time for the hearing, Claimant testified to this referral and its denial by Employer. (Hrg. Trans. p. 21 l. 19-23).

The Employer submitted no medical evidence at the hearing in this matter. Accordingly, the objective medical evidence noting injury to Claimant's left ankle is unrefuted in the record.

The objective medical evidence showing injury to Claimant's left ankle condition following the April 12, 2016 work incident, coupled with Claimant's testimony of when his condition occurred is substantial evidence that Claimant suffered a compensable injury on April 12, 2016.

Employer asserts that Claimant's interjection of the word "right" on Page 15 of the Hearing Transcript impeaches the credibility of his testimony that he suffered an injury to his left ankle. The Oxford Dictionary provides that the word "right" can be an informal exclamation used at the end of a statement to invite agreement, approval, or confirmation. A careful reading of Claimant's testimony reveals that he uses the word "right" in exactly this manner. On Page 15 Line 5, Claimant testifies, "I hooked up the jumper cables, went around on the side to go jump it and that's when I lost my footing; right. I like went forward; right." His use of the word "right" is not meant to indicate which leg suffered the injury. The word "right", as used by Claimant here and dozens of other times throughout the transcript, is used to invite agreement.

Employer also asserts that Claimant testified he is not willing to return to light duty work for Employer. Again, a careful reading of the transcript reveals this is not accurate. Claimant testified that while no doctor has released him to work full-duty, he does believe he could perform light duty work. (Hrg. Trans. p. 24 l. 12-18). Claimant further testified that if Employer made light duty work available to him, then he would return, but that no such offer had been made. (Hrg. Trans. pp. 24, l. 21 – 25, l. 3).

Further, Employer asserts that a Facebook photo posted by Claimant's daughter showing him standing is evidence that he did not sustain a compensable injury. This photo is found in the Employer's APA submissions at Page 114 and is addressed by Claimant on Page 26 of the Hearing Transcript. Again, Employer's representation of this picture is inaccurate. Employer represents this photo shows Claimant's participation in the hanging of fire extinguishers. However, a careful

review of this post shows that the project involved the hanging of smoke detectors, not fire extinguishers, and Claimant testified that he was not doing the hanging. Rather, Claimant's participation in this project was limited to carrying a clipboard. (Hrg. Trans. p. 26 l. 2-17). Claimant's wife carried the smoke detectors, and the firefighters hung the smoke detectors. *Id.*

Continuing, Employer asserts that Claimant's testimony as to when the injury occurred is inconsistent, relying on a history from the VA Hospital which states he stepped on a rock the other day. Claimant explains that because he works the night shift which continues into the early morning hours, although the injury occurred early in the morning, he may have referred to it as the previous day. (Hrg. Trans. p. 27 l. 18-22). A careful review of the complete record from the VA Hospital shows that Claimant reported the injury occurred on April 12, 2016. (Claimant's APA 18).

Employer also asserts that Claimant misrepresented his physical condition to the Employer during the hiring process. The Employer did not invoke a McDevitt & St. defense. Rather, Employer asserts that Claimant made misrepresentations to the employer and that these go to his credibility. Commissioner Beck, hearing the live testimony in this matter, sat in the best position to judge credibility and should be afforded deference on this finding. Claimant testified that he told the employer during his interview that he was "no chiparoo". (Hrg. Trans. p. 32 l. 18-19). Further, none of Claimant's VA disability relates to his left ankle and thus it is irrelevant as to whether he sustained a compensable injury on April 12, 2016, a point raised by Commissioner Beck at the hearing. (Hrg. Trans. p. 35 l. 3-11).

Further, Employer asserts that the video submitted is compelling evidence that no fall occurred because it does not show dust on Claimant's dark clothing. The video is of poor quality and incorrectly marks both the date and time. (Hrg. Trans. p. 48 l. 23-24). Notwithstanding, a

careful review of the video shows that, although Claimant was wearing dark clothing, this clothing is covered by a bright reflective vest which makes it impossible to discern whether Claimant has dust on him or not. Continuing, Employer's witness, Michael Stanley, admits during cross examination that the video clearly shows Claimant walking with a limp after the injury occurred. (Hrg. Trans. p. 52 l. 22-24).

In total, the greater weight of the evidence in this case supports a finding that Claimant sustained a compensable injury to his left ankle in the course and scope of his employment on April 12, 2016.

2. The Single Commissioner correctly found that Claimant was entitled to temporary total disability benefits from the date of injury to the present and continuing. (Issues presented 3, 5, and 6)

Both physicians who treated Claimant for this work injury, including the authorized treating physician, Dr. Michael Huncharek, wrote Claimant out of work pending further evaluations. Specifically, the authorized treating physician wrote Claimant out of work pending a physical therapy evaluation. The Employer has refused to authorize not only the evaluation ordered by their own doctor, but has also refused any other medical treatment. The most recent work status note places Claimant out of work and no physician has lifted this restriction.

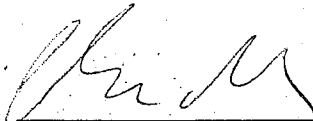
In a claim for benefits under the Workers' Compensation Act, an employer who denies a claim and refuses benefits assumes the risk of a Commissioner finding the claim compensable. Further, the employer may maintain its denial despite providing treatment. In this case, nothing has prevented Employer from sending Claimant to a doctor for an opinion as to his work status. They have refused to do so, and thus, they are bound by the most recent medical note. Again the most recent medical note in this case, provided by the authorized treating physician, places

Claimant out of work pending further evaluation. The record in this matter is completely devoid of any medical note lifting the work restriction on Claimant and Commissioner Beck correctly awarded Claimant temporary total disability benefits from the date of the injury to the present and continuing.

CONCLUSION

The greater weight of the evidence in this matter supports the finding that Claimant suffered a compensable injury to his left ankle on April 12, 2016. The authorized treating physician placed Claimant out of work and no physician has lifted this restriction. Accordingly, the Claimant respectfully submits that Commissioner Beck's Decision and Order for this matter should be affirmed.

Respectfully Submitted,



Christopher J. Archer, Esquire
Goodwyn Law Firm, LLC
2519 Devine Street
Columbia, SC 29205
(803) 251-4517
Attorney for Respondent/Claimant

January 12, 2017

) BEFORE THE SOUTH CAROLINA
) WORKERS' COMPENSATION
) COMMISSION

) WORKERS' COMPENSATION
) COMMISSION

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WCC FILE NO.: 1604067

CERTIFICATE OF SERVICE


 Morris S. Bush

Mary S. Bush
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