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May 20 2022

SC Court of Appeals

May 20, 2022

VIA EMAIL TO:

The Honorable Jenny Abbott Kitchings
Clerk of the South Carolina Court of Appeals
P.O. Box 11629, Columbia, SC 29211
CTAppfilings@SCCourts.org

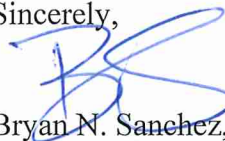
**RE: Kyle Bagley, Employee, Claimant, Appellant v. JN Fibers, Inc., Employer;
Great American Alliance Insurance Company, Carrier, Respondents.
SCWCC FILE No.: 1908703**

Dear Ms. Kitchings:

Pursuant to S.C. App. Ct. R. 207(a)(1), (2), and (5) and in furtherance of Appellant's appeal in the above-referenced matter, the undersigned hereby gives notice to the Honorable Court of Appeals that the court reporter furnished the transcript of the last hearing before the South Carolina Workers' Compensation Commission's Appellate Panel to Appellant's counsel via electronic mail on May 18, 2022, and that email, and transcript, is attached hereto. Also, I have attached a copy of the email serving the Respondent's Attorney of Record with such.

Please advise if there is anything further required of Appellant in connection herewith. Should you have any questions or concerns, please do not hesitate to contact me. Thank you in advance for your time and assistance with this matter.

Sincerely,



Bryan N. Sanchez, *Attorney for
Kyle Bagley/Appellant*

BNS/jl

Enclosures (as stated; 26 pages)

CC: C. Barrett Burley, Esq., Holder Padgett Littlejohn & Prickett, LLC
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From: "Creel Court Reporting, Inc." <contact@creelreporting.com>
Date: May 18, 2022 at 11:49:50 AM EDT
To: Bryan Sanchez <bryan.sanchez@stacylewislaw.com>
Subject: Transcript of Kyle Bagley WCC hearing on 08.30.21

Attached please find the above referenced transcript.

Please let me know if you require any additional information.

Thank you.

Susan

<[image001.png](#)>

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<Bagley.Kyle WCC 8.30.21.pdf>

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1908703

Kyle Bagley,)
)
 Claimant,)
)
 v.)
)
 Sun Fiber, LLC,)
)
 Employer,)
)
 and)
)
 Great American Alliance)
 Insurance,)
)
 Carrier/Defendants.)
-----)

VIRTUAL FULL COMMISSION HEARING

Monday, August 30, 2021
3:02 p.m. - 3:27 p.m.

The virtual Full Commission Hearing was heard before Commissioner T. Scott Beck, Commissioner Aisha Taylor and Commissioner Avery B. Wilkerson, Jr., Chair, and was taken via Zoom in South Carolina on the 30th day of August, 2021 before M. Sean Cary, 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:

CHAIR: Let's go ahead and call the case, please.

COURT REPORTER: Today is Monday, August 30th, 2021.

This is South Carolina Worker's Compensation Case Number 1908703. This is the case of Kyle Bagley, the claimant, versus Sun Fiber, LLC, the employer, and Great American Alliance Insurance, the carrier. The appellant is the defendant, represented by C. Barrett Burley. The respondent is represented by Bryan N. Sanchez. 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.

THE COURT: Mr. Burley.

APPELLANT'S POSITION:

MR. BURLEY: Thank you, Commissioner. May it please the Commission. This is an admitted injury from June 14th of 2019. In brief summary, the claimant was welding on an assembly line when he -- a large bale of fiber was accidentally released, causing him to -- striking him directly and fall back. The injury was actually and the impact and his immediate



1 reaction was caught on video and has been
2 submitted into the record. We admitted ---

3 **COMMISSIONER BECK:** Mr. Burley, let me interrupt you
4 a second. We have somebody on, is it Ms. Dean?

5 **MR. SANCHEZ:** That's my client and his mother.

6 **COMMISSIONER BECK:** Is his client there?

7 **MR. SANCHEZ:** Yes.

8 **COMMISSIONER BECK:** I just wanted to make sure he
9 was here and it wasn't somebody just logged
10 into the hearing. All right. I'm sorry, Mr.
11 Burley.

12 **MR. BURLEY:** That's quite all right, Commissioner.
13 As I was saying, this was an admitted injury to
14 the neck and the back. He was struck, fell
15 backwards, we provided appropriate medical
16 treatment with Dr. Matthew Brown who released
17 the claimant at MMI on July 11th of 2019.
18 Essentially diagnosing him with neck and lumbar
19 strains. The claimant alleges, in addition to
20 the accepted body parts, injuries to include a
21 traumatic brain injury, left foot injury, left
22 arm injury and a psychological injury.
23 Following a hearing, the Hearing Commissioner
24 issued an order on May 13th, 2021, finding the
25 brain, left hand, left foot and psych all



1 compensable by in large part based upon the
2 opinion of Dr. Hemanth Rao and -- that found
3 the claimant was not at MMI and ordered ongoing
4 medical treatment and temporary total
5 disability benefits. It is those findings that
6 the defendants appeal today. I think a brief
7 summary of the timeline, especially from a
8 medical standpoint, is appropriate for what has
9 become a very medically complex case. Again,
10 the June 14th injury was captured on video, and
11 I think it's important to note that he was
12 struck with a bale of fiber, which is
13 essentially an insulation type material, it did
14 knock him backward. But he clearly did not
15 lose consciousness. He immediately arose from
16 his position. He threw some tools in anger and
17 walked around, but it's notable that there was
18 clearly no loss of consciousness. And, in
19 fact, he admits at his deposition of the
20 hearing that he was able to complete his shift.
21 This happened in the early morning hours of
22 June 14th, which was a Friday, but he was able
23 to complete his shift, which included further
24 welding, and did not seek treatment until the
25 following Monday after working a half-day shift



1 when he said that he felt nauseous. He
2 reported to MUSC Chester on June 17th, 2019,
3 three days post-accident with -- complaining of
4 quote unquote pain all over, but essentially
5 was treated for acute neck and back pain. On
6 Claimant's APA page 3, the evaluation of his
7 head was negative for any changes. So no
8 swelling, no discoloration, nothing that could
9 be attributed to an acute head injury.
10 Ultimately -- again, he was seen by Dr. Brown
11 who did diagnostic work-up, diagnosed him with
12 a neck sprain, provided some nerve blocks, and
13 released him at maximum medical improvement
14 following a couple of appointments on July
15 11th, 2019, assigning a five percent impairment
16 to the neck based upon non-verifiable radicular
17 symptoms, and zero percent to the lumbar spine.
18 It was noted, and he testified of this later at
19 this deposition, Dr. Brown did, that he had
20 good, full strength in both of his arms at the
21 time of that evaluation. And he further
22 testified at this deposition there is nothing
23 mechanically wrong with his neck or his back.
24 The claimant then sought treatment with a
25 neurosurgeon of his own. As you know, Dr.



1 Brown's a neurosurgeon. The claimant sought
2 treatment on August 22nd, 2019 with Dr. Taylor
3 Durrell. Dr. Durrell agreed the claimant was
4 non-surgical, but because of persistent
5 headaches, awarded a CT of the head. And that
6 came back with negative clinical findings. And
7 on September 5th, 2019 Dr. Durrell released
8 claimant PRN and with a full-duty release
9 pending an orthopaedic follow-up. Going back
10 to Dr. Brown, he also released the claimant
11 with no work restrictions. So both doctors
12 were in agreement that he had no work
13 restrictions at the time. The claimant sought
14 a general ortho on his own, Dr. David DuPuy on
15 September 12th, 2019 who ordered an MRI of the
16 brain and an EMG study. Dr. DuPuy would later
17 testify at his deposition that his evaluation
18 was limited to an orthopaedic work-up. And he,
19 at his deposition, was very clear that from --
20 he ruled out any orthopaedic issues to the
21 head, to the neck -- I'm sorry, to the neck, to
22 the back, to the left arm, and to the left
23 foot. Dr. DuPuy was of the opinion that it
24 must be a brain injury, and then referred the
25 claimant to a further neurological work-up with



1 a neurologist. That is despite the fact that
2 Dr. Durrell, Claimant's own doctor, had done a
3 CT scan, indicated no clinical evidence of an
4 injury and released Claimant PRN. Claimant
5 then sought out Dr. Rao on October 31st, 2019.
6 Dr. Rao provided a differential diagnosis of
7 spinal injury versus closed head injury. And
8 on November the 19th, 2019 he confirmed that
9 the EEG showed regular findings, but
10 recommended further evaluation to include a 96
11 hour EEG test to further diagnose the
12 claimant's issues. He also referred the
13 claimant for an outpatient brain injury
14 program. But again, when he last saw the
15 claimant on November 19th, 2019, he was still
16 operating under a differential diagnosis,
17 closed head injury versus spinal injury, which
18 we know had previously been ruled out. So it
19 was not a definitive diagnosis, and he was
20 essentially asking for additional medical
21 treatment and evaluation to include a 96 hour
22 battery of testing. Claimant was also seen by
23 Dr. Brett Gunter in March of 2020. Dr. Gunter
24 did further a work-up and diagnostic testing,
25 updated the MRIs of the lumbar, brain and



1 cervical spine, all came back normal. And Dr.
2 Gunter said that there were no clinical
3 findings that would suggest any injury to the
4 head, any injury to the neck, or any injury to
5 the lumbar spine. Specifically in his
6 deposition Dr. Gunter says he doesn't have an
7 acute injury of his cervical spine or his
8 spinal cord or his nerve roots because there's
9 no evidence of that. And he doesn't have an
10 injury to his brain, at least based on the
11 evidence. And he doesn't have an injury to his
12 lumbar spine based on the evidence. After
13 reviewing the evidence the Hearing Commissioner
14 ordered ongoing treat- -- or ordered
15 compensability of the brain, the head, the left
16 hand, the left foot, and psychological injury.
17 And we obviously are here with the position
18 that those findings were in error.
19 Specifically, our argument has four points. To
20 the traumatic brain injury, we feel that it was
21 in error to find that this man had a traumatic
22 brain injury as the weight of the medical
23 evidence substantially favors the defendant's
24 position. There's no clinical or diagnostic
25 evidence to suggest he has a traumatic brain



1 injury. Specifically, the claimant saw three
2 neurosurgeons. One of which was the claimant's
3 own chosen neurosurgeon. And all three of
4 those neurosurgeons find there is no clinical
5 evidence of injury. Two of those
6 neurosurgeons, Dr. Gunter and Dr. Brown, are of
7 the opinion that it is medically impossible,
8 for reasons I'll get into shortly, to have
9 sustained resulting leg drop and left hand
10 contracture as a result of this specific
11 injury. Now this is a very medically complex
12 case. The depositions of both Dr. Brown and
13 Dr. Gunter are very dense, they're very
14 medically complex. But my layman's application
15 of those to this case is that both Dr. Gunter
16 and Dr. Brown give four specific reasons as to
17 why this injury just could not result in an
18 ongoing left hand contracture or continued leg
19 drop. And essentially, number one is that any
20 injury that would result in this long-term
21 deficits from a neurological standpoint would
22 have had to have been visible on a CT scan or
23 MRI. That just wasn't the case here. We
24 specifically asked Dr. Gunter, look, isn't it
25 true that MRIs and CT scans don't always pick



1 up every little thing that's on a -- that shows
2 up on a brain, and he warned that not like
3 this; if you have resulting left hand
4 contracture this far out from an injury and a
5 left foot drop, that would absolutely show up.
6 Those lesions would have to be available on an
7 MRI.

8 **CHAIR:** Go ahead and finish your thought. You'll
9 have three minutes in reply.

10 **MR. BURLEY:** The other two issues that he -- or the
11 other issues are the timeline of symptoms
12 essentially ---

13 **CHAIR:** Your thought.

14 **MR. BURLEY:** I'm sorry.

15 **CHAIR:** You can use the ten minutes however you want
16 it, but you can't continue.

17 **MR. BURLEY:** I'm sorry, I didn't know if we started
18 after we checked in on Ms. Dean, but I'll
19 finish my thought, Commissioner and just to say
20 that it is medically impossible, her -- the
21 positions of Dr. Gunter and Dr. Brown, that
22 these issues will continue to be related.

23 **CHAIR:** Yes, sir. Okay. Thank you. Any questions?
24 Okay. Mr. Sanchez.

25 **RESPONDENT'S POSITION:**



1 **MR. SANCHEZ:** Your Honor, if it may please the
2 Commission. I simply would like to state that,
3 you know, this is a medically complex issue and
4 however, without being too broad in these
5 statements I want to hone in on the fact that
6 there is a neurologist, Dr. Rao, who has seen
7 my client and who is more well versed in their
8 areas of the brain. Judge McCaskill had given
9 that neurologist greater weight in his
10 determination, in his reading of all these
11 depositions, all these medical records. And I
12 don't want a quick brush stroke to be glossed
13 over that fact that there is one neurologist,
14 Dr. Rao, who has stated to his reasonable
15 degree of medical certainty that my client
16 sustained an injury to his brain/head, his
17 hand, his left foot, and psychological
18 aggravation. Now ---

19 **COMMISSIONER BECK:** But wasn't he also sort of
20 perplexed at the lack of objective evidence
21 supporting that?

22 **MR. SANCHEZ:** And that brings me to my second point,
23 and you're exactly right. This is also a case
24 about he has not been able to get on -- get the
25 testing that he needs to do. All Dr. Gunter,



1 Dr. Brown, they're all caveating their
2 statements with based on the evidence. My
3 client saw Dr. Rao. Dr. Rao says, hm, I need
4 to order some stuff done, 96 hour EEG, I need
5 to have him go through some more testing, the
6 normal process I go through with my patients,
7 but he has not been able to. This has been
8 largely paused for a year and a half due to
9 lack of finances on my client's behalf, and a
10 lack of the defendant's treating him. You
11 know, Dr. Brown ---

12 **COMMISSIONER BECK:** But it sounds, Mr. Sanchez, like
13 you're getting the cart before the horse. If
14 you don't have the objective testing to support
15 a finding of compensability, you can't then
16 shift that burden to the defendant's to satisfy
17 your burden. And it sounds l=to me like that's
18 what you're trying to do.

19 **MR. SANCHEZ:** And no, Your Honor, what I'm trying to
20 simply say here is this. Is based on the
21 evidence that we have before us, as the other
22 doctors have testified themselves, that based
23 on this the greater weight of the evidence by
24 a neurologist has stated that he sustained this
25 injury. Clearly, even Dr. Gunter and Dr. Brown



1 in his deposition have testified that he has
2 left hand contractures, that's not disputed.
3 That just based on the evidence they have they
4 cannot find a reason for it. Dr. Rao has
5 indicated that there might be instances where
6 it's not shown on the scan. It's a small area,
7 there was swelling that was masking it. You
8 know, I mean, to short thrift this gentleman
9 from this injury, I mean a 700 pound bale comes
10 coming down on the top of his cortex, and he
11 has now a left hand contracture and drags his
12 feet. I mean the defendants have surveilled
13 him countless numbers of time, and every time
14 he has been with the same presentation, with
15 his cane walking around with his foot drop,
16 things he never had before. Things that
17 Commissioner McCaskill has test- -- has
18 included in here, that he was normal, he was
19 functioning, he was welding, didn't need these
20 issues to be addressed medically. So what
21 we're asking for is for him to be able to get
22 the treatment neurologically that he needs for
23 this head injury/brain injury, which by
24 definition has to be long term and permanent,
25 absolutely. But with that being said, if he



1 cannot get the treatment he needs how do we now
2 we can't prevent this from becoming a long term
3 permanent issue.

4 **COMMISSIONER TAYLOR:** That kind of goes to the
5 point. Wouldn't you agree that it might have
6 been better to order the medical treatment,
7 order the defendants to pay for those
8 diagnostic studies so we can get the answer,
9 because right now we don't know if it's
10 permanent because he hasn't gotten the tests
11 done. SO we can't make a finding of a brain
12 injury, 42-9-10, until we know that it's
13 permanent. Wouldn't you agree with that?

14 **MR. SANCHEZ:** I would agree with that, Your Honor.
15 And candidly, you know, if I had to pick the
16 priority of things that I would like to get
17 done is him to get tested and treated from a
18 head stand- -- call it a head/brain, his left
19 hand contractures, as his other doctors have
20 contended he needs treatment for, and his left
21 foot drop, and his psych; and then we can
22 ascertain whether or not this a long term or
23 permanent thing that we could quote stop so to
24 speak. Yeah, I'm not trying to be overly
25 greedy on that, absolutely not.



1 COMMISSIONER TAYLOR: Okay.

2 MR. SANCHEZ: Thank you, very much, Your Honor.

3 COMMISSIONER TAYLOR: I think you still have more
4 time. I'm not sure.

5 MR. SANCHEZ: Okay. I was just making sure. So
6 with all that being said, it's about who's
7 deferring to who. Dr. DuPuy has said he cannot
8 work, and has deferred to Dr. Rao. Dr. Rao has
9 said I need to treat him in my program, his EEG
10 testing, get him his psych treatment, great.
11 Dr. Gunter has even said that he needs, what
12 was it, sometimes the symptoms can present at
13 the time of exam, but physically, I cannot
14 address this causation, but he's unemployable
15 from a contracture standpoint. Well, that's
16 where the neurologist comes in. The
17 neurologist deals with that tricky areas of the
18 brain, and actually interprets the MRIs rather
19 than just reading the radiologist's report
20 about it. So with that being said, I would
21 reiterate the deferral to Dr. Rao is the only
22 expert in here with the neurologic --
23 neurologist background that is needed for this
24 complex injury with the hit to the front
25 cortex. Their own doctors have released him



1 from a neurosurgical standpoint. We're not
2 debating that he doesn't need -- that he needs
3 surgery. The issue is fixing his head, his
4 dizziness, his ear ringing issues, and his
5 memory problems, his psychological issues, his
6 left hand, his left foot. Those are all
7 present after this accident that never was
8 before, which Judge McCaskill has agreed as
9 being compensable as part of this.

10 **COMMISSIONER BECK:** What I'm trying -- what I'm
11 struggling with, Mr. Sanchez, is I understand
12 he's the only neurologist forming an opinion,
13 but I'm trying to discern what he's basing that
14 opinion off of without any objective evidence.

15 **MR. SANCHEZ:** Well, the objective evidence that he
16 had was his examinations of my client. In
17 which there was decreased strengths, decreased
18 oppositional tones, decreased myotomal
19 sensations as indicated in his deposition. He
20 had indicated that there was objective evidence
21 as to decreases in certain things. For example
22 -- give me one second. So on APA 9, pages 181
23 through 192, that's where Dr. Rao's records
24 are, and you'll see in there that there is
25 decreases in strengths, decreased sensitivity



1 in his lower extremity with planter and dorsal
2 foot. So these are objective evidences that
3 he's able to examine. Things that there was no
4 indication about exaber- -- malingering or
5 symptom magnification, and I think those are
6 important. You know, you can't just fake
7 whether or not you have decreased strength or
8 distractive testings or myotomal sensational
9 testings like they were doing. I mean even Dr.
10 Gunter, their own expert, has indicated hey, he
11 had these decreased issues, I don't know what
12 more to explain to you. Dr. Brown had some
13 boiler plate references in his record about how
14 he did an exam. Well, my client and his mother
15 were there, and testified that they never -- he
16 never touched him or physically examined him.
17 So I don't want us to take that out of context
18 and say, oh, well hey, he's had some objective
19 testing from Dr. Brown too. No, when the
20 evidence shows that my client wasn't physically
21 examined, but Dr. Rao did.

22 **COMMISSIONER BECK:** Finding of Fact 40 seems to
23 indicate that the basis for his causation
24 opinion is the temporal relationship between
25 when the accident occurred and when the



1 symptoms began. At least that's what
2 Commissioner McCaskill found in Finding of Fact
3 Number 40.

4 **MR. SANCHEZ:** And arguably, Your Honor, that's what
5 a lot of doctors have to do. You know, SOA is
6 the acronym we always rely on: Subjective
7 statements, objective observations, and their
8 assessment based on their knowledge, training,
9 expertise. Subjectively, my client presented
10 to him a 700 pound bale of hay hitting on the
11 top of his cortex. Objectively, Dr. Rao looked
12 through the medical records, examined him
13 physically, saw the decrease in strength
14 testing and the sensation testing. Those are
15 the objective observations. He sent him for CT
16 -- I mean for an EEG that was a short EEG. He
17 needed the increased 96 hour EEG. Things he
18 needs to, quote, further his assessment and
19 plan of treatment. Things which my client has
20 not been able to have. So based -- once again
21 I hearken back to my original statement. Based
22 on the evidence, that's what we're looking at
23 right now in this objective examination of my
24 client, the decreased sensations that were
25 noted as part of that objective evaluation and



1 the need to continue to treat him through his
2 programming through the 96 hour EEG. Now as
3 far as the causation and linking this back to
4 what your question was, yes, that's what
5 doctors have to do based on subjective
6 statements and their objective observations and
7 evaluations of patients. And I believe that's
8 what was done here and that's what, you know,
9 Commissioner McCaskill claimed as why was
10 affording him greater weight of the evidence so
11 to speak when looking at this in a totality.

12 **CHAIR:** Any other questions? Mr. Burley, you have
13 three minutes in reply.

14 **APPELLANT'S REPLY:**

15 **MR. BURLEY:** Briefly, I think that there's three
16 issues with Rao's report. Number one, Brian
17 says that he was -- the claimant was released
18 from all neurosurgical issues and that leaves
19 open the door for neurological treatment, I
20 don't think that's true. Two doctors said it's
21 medically impossible to have this type of
22 injury resulting in these issues. Rao's report
23 is objectionable for other reasons.
24 Essentially, he just regurgitates the
25 claimant's symptoms, and he still gives a



1 differential diagnosis when he sees him last in
2 November of 2019 and is recommending this
3 battery of testing, 96 hours EEG, because of
4 seizures that exist nowhere else in the record
5 but for the claimant's father apparently
6 mentioning that he sometimes has seizures,
7 which is listed nowhere else. Also, I think
8 it's important to say that neurosurgeons are
9 just as qualified as neurologists to address
10 head injuries and treatment. If anything, they
11 may be more qualified. If any of us were to
12 have a traumatic head injury in this room, we
13 would seek treatment with a neurosurgeon not a
14 neurologist, and I think that's important
15 because the order seems to read that we're
16 placing more weight on the neurologist rather
17 than a neurosurgeon. And both Gunter and Brown
18 speak to that, that they're more capable of
19 assessing treatment for trauma related issues.
20 And also it needs to be indicated that Dr.
21 Rao, who the Hearing Commissioner placed the
22 greatest weight upon, has credibility issues.
23 Particularly, he was previously charged with
24 Civil Medicare Fraud by the United States
25 Department of Justice for fraudulent billing.



1 And it's relevant in this case because he's
2 recommending more treatment. Also, he's
3 delinquent on his current Board certification.
4 So if we're going to weigh experts, I think we
5 put more weight on the neurosurgeons who say
6 it's medically impossible and actually have
7 clinical evidence to establish that versus a
8 neurologist ---

9 **COMMISSIONER BECK:** Was the civil fine resolved by
10 consent order?

11 **MR. BURLEY:** It was.

12 **COMMISSIONER BECK:** All right.

13 **MR. BURLEY:** And the last thing I'll say is, it's
14 also with Dr. DuPuy, the Hearing Commissioner
15 we believe erred in Finding of Fact Number 35.
16 He classifies DuPuy as a neurosurgeon, and then
17 uses that fact to then substantiate the head
18 and the brain and the psych issues. Dr. DuPuy
19 is not a neurosurgeon. He testified to that.
20 He's an orthopaedic surgeon. So Finding of
21 Fact Number 29, Number 31, Number 54 are all
22 related to DuPuy's opinion of the brain and
23 these neurological issues. Well, if we are,
24 you know, misinterpreting his specialty, then I
25 think that's a clear error, and that seems to



1 be how the Hearing Commissioner linked DuPuy to
2 Rao in terms of ongoing treatment. Dr. DuPuy
3 clearly says his expertise is limited to
4 orthopaedic arms and legs and not the brain,
5 and further, he rules out all orthopaedic
6 injuries to the back, neck, arm, foot and hand
7 at his deposition. So he says it's not an
8 orthopaedic issue. We've got three
9 neurosurgeons saying it's not a brain issue.
10 So I think that needs to be considered as well.

11 **CHAIR:** Any questions? Hearing none, thank y'all
12 for joining us here this afternoon. This
13 concludes our hearing.

14 **(There being nothing further, the hearing concluded**
15 **at 3:27 p.m.)**

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Bryan Sanchez

From: Bryan Sanchez
Sent: Friday, May 20, 2022 3:28 PM
To: Barrett Burley
Cc: Nicholas Stark; Jen Lane
Subject: RE: SC Court of Appeals: Kyle R. Bagley v. JN Fibers Inc. (2022-000067) - Service of Last Hearing Transcript (submitted to Court 5-20-22)
Attachments: 2022 05 20 - Proof of Transcript.pdf

Please see attached, thanks!

Bryan N. Sanchez

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**South Carolina
Association
for Justice**
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May 20 2022

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

W.C.C. FILE NO.: 19-08703
Appellate Case No.: 2022-000067

KYLE R. BAGLEY, Employee-Claimant, Appellant,

v.

JN FIBERS INC D/B/A SUN FIBER, LLC, Employer-Defendant, Respondent,

AND

GREAT AMERICAN INSURANCE COMPANY, Defendant-Carrier, Respondent(s).

PROOF OF SERVICE

I certify that I have served the “*last hearing’s transcript (23 pages) received from the court report on May 18, 2022, as well as the email producing such to undersigned (1 page)*” by sending a copy of such via e-mail on May 20, 2022, to the respondent’s Attorney of Record, C. Barrett Burley, Esq. (bburley@hplplaw.com) and also serving such via email to the Honorable Clerk of Court for the South Carolina Court of Appeals (CTAppfilings@SCCourts.org).”

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May 20, 2022.