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April 16, 2014

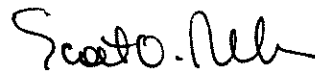
Stacie E. Zorn, Esq.  
Heidelberg, Steinberger, Colmer & Burrow  
P. O. Box 1407  
Pascagoula, MS 39568-1407

Re: William D. Burge, Sr. v Mississippi Phosphates Corporation  
OWCP No.: 07-197256  
Hearing Loss Claim

Dear Stacie:

Enclosed please find the Claimant's Answers to Interrogatories and Request for Production of Documents Propounded by Mississippi Phosphates Corporation. You will find the documents responsive to the request for production attached and Bates Stamped as 001 through 004, as well as the authorization forms executed by Mr. Burge.

Sincerely,



Scott O. Nelson

SON/lc  
Enclosures  
Cc: U. S. Dept. of Labor (cover letter only)



BEFORE THE UNITED STATES DEPARTMENT OF LABOR  
OFFICE OF WORKERS' COMPENSATION PROGRAMS

WILLIAM D. BURGE

CLAIMANT

VERSUS

OWCP NO. 07-197256

MISSISSIPPI PHOSPHATES CORPORATION

EMPLOYER

**CLAIMANT'S ANSWERS TO INTERROGATORIES & REQUEST FOR  
PRODUCTION OF DOCUMENTS PROPOUNDED BY  
MISSISSIPPI PHOSPHATES CORPORATION**

General Objection

Claimant objects, and therefore declines to respond to each Interrogatory and Request For Production of Documents to the extent it seeks discovery regarding confidential matters, trial preparation information, and/or matters exempt from discovery by virtue of attorney-client privilege, the work product doctrine, or any other such doctrine or privilege recognized under the Federal Rules of Civil Procedure. Moreover, Claimant objects to the Interrogatories and Request For Production of Documents which are presented in a way that would not allow responses because the wording is overly broad, burdensome, oppressive, harassing, vague, ambiguous, non-discoverable, calls for information that is not relevant to the claim, calls for speculation on the part of Claimant, or is not reasonably calculated to lead to the discovery of admissible evidence. Subject to these objections, and without waiving any objection, Claimant responds as follows:

**Interrogatories**

INTERROGATORY NO. 1: Please state your full legal name, any other names or aliases by which you have been known, your date of birth, social security number and each residence address you have had during the immediately preceding ten years, including your present residence address,

and the inclusive dates you have lived at each address.

**RESPONSE:** William D. Burge, Sr.; Date of Birth: ; Social Security Number: -3357; 243 Depot Road Lucedale, MS 39452; P. O. Box 1882 Lucedale, MS 39452.

**INTERROGATORY NO. 2:** Provide a detailed description of your educational background, any training you may have received during your work history and any work skills which you may have had by virtue of your employment.

**RESPONSE:** Claimant graduated from Lucedale High School, Lucedale, MS.

**INTERROGATORY NO. 3:** Please describe your employment history, including military service, both prior to and after your employment with Mississippi Phosphates, such description to include, as to each employment relationship, the name and address of each such employer, the dates of each such employment, the type of work performed by you while so employed, and the reason for termination of such employment.

**RESPONSE:** Objection, overly broad and irrelevant, without waiving said objections, Claimant was employed with National Geo-Physical in 1965 working a survey line cutting bushes; and Mississippi Phosphates from 1966-2003. He has not been employed since leaving Mississippi Phosphates.

**INTERROGATORY NO. 4:** With regard to each of the employers listed in the response to Interrogatory No. 3, please state whether or not you were engaged in any type of maritime or maritime-related work, including, but not limited to, work on or near a navigable body of water or the work consisting in whole or in part of the loading or unloading of any type of vessel.

**RESPONSE:** Claimant's work for National Geo-Physical was not maritime related and

therefore his only and last maritime employer is Mississippi Phosphates.

INTERROGATORY NO. 5: With regard to each of the employers listed in the responses to Interrogatory No. 3, state whether or not you were exposed to repeated noise in any form while so employed including in your detailed description of said exposure.

**RESPONSE:** Claimant does not recall any noise during his employment with National Geo-Physical, but was exposed to repeated injurious noise during his work on the loading and unloading facilities of Mississippi Phosphates.

INTERROGATORY NO. 6: Describe in detail each and every reason you claim that Mississippi Phosphates Corporation is responsible for your loss of hearing, if any?

**RESPONSE:** Mississippi Phosphates is claimant's last maritime employer wherein he was exposed to injurious noise. During Claimant's career at Mississippi Phosphates, he worked on the loading and unloading docks wherein he was exposed to occupational noise during the loading and unloading process. Employer's loading and unloading facilities are located on the navigable waters of the United States. Claimant has a 37.5% binaural hearing impairment related to occupational noise. Thus, Claimant is a covered employee and Employer is a covered employer under the Act as situs and status are satisfied, and Mississippi Phosphates is the responsible employer under the Act.

INTERROGATORY NO. 7: Please identify by name and address each doctor, physician, surgeon, psychologist or other medical practitioner who examined or treated you for your alleged hearing loss, listing the first and last date or dates of examination and/or treatment for each.

**RESPONSE:** Objection, overly broad and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objections, Claimant underwent a hearing evaluation

on December 7, 2012 with Vickie Cruse at Gulf Coast Audiology, 2926 Market Street, Pascagoula, Mississippi.

INTERROGATORY NO. 8: To your knowledge, have you ever been tested for hearing loss prior to December 7, 2012? If so, state the name, address and telephone number of the doctor or other person who gave the test, the date of the test and the results of the test.

RESPONSE: Objection, overly broad, without waiving said objection, Claimant recalls periodic in-house hearing tests while employed with Mississippi Phosphates and the Employer is in possession of said test results.

INTERROGATORY NO. 9: State the approximate date you were first aware that you had any type of hearing loss. If you were employed at that time, state the name, address and telephone number of your employer.

RESPONSE: Objection, overly broad, irrelevant, not reasonably calculated to lead to discovery of admissible evidence, without waiving said objections, Claimant doesn't recall a specific date, however, he states that his hearing loss developed gradually over time.

INTERROGATORY NO. 10: Please state whether or not you have had measles, mumps, chicken pox, scarlet fever, or diphtheria. If so, please provide the approximate date of said condition and the name, address of each physician or other medical provider who treated you for each condition.

RESPONSE: Objection, irrelevant, without waiving said objection, Claimant recalls having the following childhood diseases: mumps, measles and chicken pox. He does not recall the treating physicians' name, but recalls the treating physician was in Lucedale, Mississippi.

INTERROGATORY NO. 11: Have you ever been told that your eardrum had ruptured for any reason? If so, state the name, address and telephone number of the doctor or other person who informed you of such fact.

RESPONSE: Objection, irrelevant, without waiving said objection, Claimant has no recollection of being told he had a ruptured eardrum.

INTERROGATORY NO. 12: Have you ever had any infections in your ears in your lifetime? If so, state the dates of such infections, the name, address and telephone number of each physician who treated you for such infections.

RESPONSE: Objection, overly broad, without waiving said objection, Claimant recalls having ear aches as a child and may have had tubes in his ears.

INTERROGATORY NO. 13: Have you ever been told that you were allergic to any type of drugs? If so, state the date you were first told of the allergy, the name, address and telephone number of the physician or other person who told you of the allergy, and the names of the drugs to which you were allergic.

RESPONSE: Objection, overly broad and not reasonably calculated to lead to discovery of admissible evidence, without waiving said objections, Claimant does not have any known drug allergies.

INTERROGATORY NO. 14: Did you ever suffer from a congenital abnormality? If so, as to each congenital abnormality, please state the first date you became aware of the abnormality and whether you were suffering from such congenital abnormality at the time of your employment with Mississippi Phosphates Corporation.

**RESPONSE:** Objection, irrelevant and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objections, Claimant is unaware of being diagnosed with a congenital abnormality.

**INTERROGATORY NO. 15:** Please state whether to your knowledge any member of your immediate family has ever been diagnosed as having any type of hearing loss, disease or the ear, sinuses, nose or throat, and as to each, please state their name, address, telephone number and type of ailment.

**RESPONSE:** Objection, overly broad, irrelevant, and not reasonably calculated to lead to discovery of admissible evidence, without waiving said objections, Claimant recalls that his late brother had sinus problems.

**INTERROGATORY NO. 16:** State whether or not you have, in your lifetime, hunted and/or used any type of firearm. If so, state when you began to hunt, the frequency that you hunted, the types of weapons used, any other information concerning your hunting background.

**RESPONSE:** Objection, overly broad and not reasonably calculated to lead to discovery of admissible evidence, without waiving said objections, Claimant recalls hunting and using a gun throughout his life. He began hunting at the age of 12, and continued to hunt until last fall.

**INTERROGATORY NO. 17:** State whether you have ever been a member of the armed forces of the United States, of any state, of any country, or any police force or security agency, whether voluntary or professional and, if so, state the branch of the armed services, the terms of service and a description of duties during said service, including any exposure to noise.

**RESPONSE:** Objection, irrelevant and not reasonably calculated to lead to the discovery of

admissible evidence, without waiving said objections, Claimant was never a member of the armed forces.

INTERROGATORY NO. 18: Have you ever worn a hearing aid or any other type of sound amplification device? If so, please state the type of hearing aid or device you have used in the past, the dates of use and the name, address and telephone number of the person who provided the device.

RESPONSE: Objection, irrelevant and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objections, Claimant has never worn a hearing aid.

INTERROGATORY NO. 19: State the name, address and telephone number of every physician, therapist, chiropractor or any other person who rendered medical or similar treatment or who has ever treated you at any time, including in the answer the dates and years of treatment.

RESPONSE: Objection, overly broad, irrelevant and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objections, Claimant recalls being examined or treated by the following physicians:

- a. Dr. Terry Millette, Pascagoula, MS;
- b. Dr. Thomas Yearwood, Pascagoula, MS;
- c. Dr. John McCloskey, Pascagoula, MS;
- d. Dr. Griffin, Lucedale, MS;
- e. Dr. Andrea McMurphy, Pascagoula, MS; and
- f. Dr. Tim Revels, Mobile, AL – performed neck surgery

Claimant also undergoes monthly IVIG treatments.



INTERROGATORY NO. 20: State whether any physician has rendered an opinion giving you any type of disability and, if so, please provide the name, address and telephone number of the physician; the date of the opinion and the type of disability and the reasons therefor.

RESPONSE: Objection, overly broad and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objections, Claimant recalls receiving a disability rating by Dr. Tim Revels, Mobile, Alabama, due to a neck injury and stroke. Additionally, claimant has been diagnosed with a 37.5% binaural hearing impairment by Dr. Vickie Cruse, Gulf Coast Audiology.

INTERROGATORY NO. 21: State the name, address and telephone number of each and every hospital in which you have ever been admitted or discharged, including in the answer, the date of admission and discharge and a general description of the treatment received while admitted.

RESPONSE: Objection, overly broad, irrelevant and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objections, Claimant recalls receiving care or treatment from the following hospitals:

- a. Singing River Hospital, Pascagoula, MS;
- b. George County Hospital, Lucedale, MS;
- c. Mobile Infirmary, Mobile, AL; and
- d. Springhill Memorial, Mobile, AL.

INTERROGATORY NO. 22: State whether you have ever had a prior workers' compensation claim under the law of any State or under any federal law and, if your answer in in the affirmative, state the name of each such employer under whom the claim was made, the name of

each insurance company involved, the date of each such injury, the governmental administrative body or court before which each such claim was filed and the amount of benefits which were paid to, for or on behalf of you respecting each of said claims.

**RESPONSE:** Objection, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objection, Claimant does not recall filing any other workers' compensation claims.

**INTERROGATORY NO. 22:** State whether you have ever been paid or made claim for any sum of money on account of any accident, injury or illness and, if so, state the nature of said accident, injury or illness, the amount of such payments received respecting such accident, injury or illness and from whom payment was received from each accident, injury or illness and the day of each payment.

**RESPONSE:** Objection, overly broad and not reasonably calculated to lead to the discovery of admissible evidence and this Interrogatory is a duplicate numbered item. Without waiving said objection, Claimant recalls a 2007 medical malpractice lawsuit filed in Mobile, Alabama relating to his neck surgery. This lawsuit was dismissed without payment of any compensation. Claimant currently has a pending claim due to an auto accident which occurred in Mobile, Alabama.

**INTERROGATORY NO 23:** Have you ever filed a suit for personal injuries? If so, state when each suit was filed, where each suit was filed, the nature of the injuries in each suit, and the party or parties against whom each suit was filed.

**RESPONSE:** Objection, overly broad and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objection, please refer to the Response to Interrogatory

No. 22.

INTERROGATORY NO 24: State whether you have ever been charged or arrested for any crime, including traffic offenses, including in the answer the courts where said charges were filed and the ultimate disposition of said charges.

RESPONSE: Objection, overly broad and not reasonably calculated to lead to discovery of admissible evidence, without waiving said objections, Claimant has not been convicted of a crime.

INTERROGATORY NO 25: Please state the name and address of each and every lay witness you intend to call as a witness in this cause.

RESPONSE: Objection, overly broad, violative of work product doctrine and its premature as the claim has not yet been referred, without waiving said objections, discovery is ongoing and claimant will comply with the Code of Federal Regulations regarding the filing of a Pre-hearing Statement upon the referral of this matter.

INTERROGATORY NO 26: Please state the name and address of each and every expert witness, including medical experts, you intend to call as a witness in this cause, and state the substance of the facts and opinions to which each such expert is expected to testify, and a summary of the grounds for each opinion.

RESPONSE: Claimant incorporates his objections identified in Interrogatory Number 26, and also objects on the basis that this Interrogatory seeks information protected by the Consulting expert privilege.

INTERROGATORY NO 27: Please state whether you are a current Medicare recipient or whether you have a reasonable expectation of becoming a Medicare recipient within the next 30

months.

**RESPONSE:** Yes, Claimant is currently a Medicare recipient.

**INTERROGATORY NO 28:** Please state the name, address and telephone number of the person responding to these interrogatories and any persons who assisted you in answering them.

**RESPONSE:** Objection, this Interrogatory seeks information protected by the attorney-client and work product privileges, without waiving said objections, Claimant, with the assistance of Counsel, prepared answers to these Interrogatories.

### **Request For Production**

**REQUEST FOR PRODUCTION NO. 1:** Please produce copies of any and all medical reports and records in your possession, including but not limited to all hearing test results and/or audiograms, not previously provided to the Employer and Carrier, concerning any examinations or treatments received by you as a result of the injuries/medical conditions, for which claim is being made herein.

**RESPONSE:** Objection, overly broad and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objection, please see Claimant's audiological report dated December 7, 2012. Claimant is also providing Employer with an executed medical release. Claimant reserves the right to supplement this response.

**REQUEST FOR PRODUCTION NO. 2:** Please produce a copy of each and every medical, hospital, drug and doctor's bill in your possession, not previously provided to the Employer and Carrier, incurred by you in connection with the injuries/medical conditions for which claim is

being made herein.

**RESPONSE:** Objection, overly broad, irrelevant and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objections, please refer to the attached receipt from Gulf Coast Audiology. Claimant reserves the right to supplement this response.

**REQUEST FOR PRODUCTION NO. 3:** Please produce copies of any and all medical reports and records in your possession concerning any examinations or treatments received by you for any medical conditions relevant to or in any way related to the claim which is being made herein.

**RESPONSE:** Objection, please refer to Response to Request for Production No. 1.

**REQUEST FOR PRODUCTION NO. 4:** Please produce copies of federal and state income tax returns and W-2 Forms for the years 2004 to the present. In the event you have filed any reports or tax returns with the Internal Revenue Service or the Mississippi State Tax Commission responsive to this claim, please produce copies of all such forms, reports or schedules. In the

**RESPONSE:** Objection, overly broad, irrelevant and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objections, Claimant has executed the attached tax records release forms.

**REQUEST FOR PRODUCTION NO. 5:** Please produce any documents in your possession in support of your average weekly at the time of your alleged injury.

**RESPONSE:** Objection, overly broad, vague, and seeks information protected by attorney client privilege and work product privilege, without waiving said objection, Employer is in possession of Claimant's detailed wages.

**REQUEST FOR PRODUCTION NO. 6:** Please provide to the Employer and Carrier an

authorization form signed by you authorizing the Employer and Carrier and their agents and attorneys permission to obtain any and all medical records, medical reports, x-ray reports, laboratory reports, nurses' notes, physicians' orders, and any and all other documents relating to your medical condition, or medical examination and treatment which you have received from any physician, doctor, hospital, or other provider of medical services. For your convenience, such an authorization form is attached hereto.

**RESPONSE:** Objection, overly broad and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objection, please see Response to Request for Production Number 1 and the attached release form.

**REQUEST FOR PRODUCTION NO. 7:** In the event you have applied for or have otherwise made a claim, against any private or group hospitalization, medical or disability insurance regarding the injury which is the subject matter of this claim, please produce copies of any documentation in your possession regarding such claim.

**RESPONSE:** There are no responsive documents as Claimant has not made any claim against his insurance relating to hearing loss.

**REQUEST FOR PRODUCTION NO. 8:** Please produce copies of any documentary evidence which you intend to introduce into evidence at any hearing of this cause.

**RESPONSE:** Claimant objects to Request for Production Number 8 as it is premature, overbroad and seeks to discovery information protected by privilege, work product, consulting expert and attorney-client. Without waiving said objections, claimant would include any relevant hearing tests, wage records, expert reports, employment records, depositions, discovery responses and any

relevant documents or testimony provided by Employer or its experts. Claimant reserves the right to supplement this response and will comply with a Pre-Hearing Order once issued.

REQUEST FOR PRODUCTION NO. 9: Please provide to the Employer and Carrier an authorization form signed by you authorizing the Employer and Carrier and their agents and attorneys to obtain from each and every Employer by whom you have been employed or attempted to obtain employment your wage and employment information. For your convenience, such an authorization form is attached hereto.

RESPONSE: Objection, overly broad, vague and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objection, please see the attached executed authorization forms.

REQUEST FOR PRODUCTION NO. 10: Please produce the names of all medications that you currently taking the names and addresses of those treating physicians that prescribed these medications.

RESPONSE: Objection, overly broad, vague and not reasonably calculated to lead to the discovery of admissible evidence, without waiving said objection, please refer to the attached list of medications identified as Exhibit "A" to Claimant's Responses to Employer's Request for Production of Documents. Claimant now has an insulin pump, therefore, he no longer uses Lantis and Novolog. His prescribing doctors are Dr. Terry Millette, Dr. Thomas Yearwood, Dr. Griffin, Dr. John McCloskey and Dr. Andrea McMurphy. Claimant also undergoes monthly IVIG treatments. Plaintiff reserves the right to supplement this response.

REQUEST FOR PRODUCTION NO. 11: Please produce the names and addresses of the

pharmacies utilized to fill and/or refill any and all prescriptions in relationship to this claim.

**RESPONSE:** Objection, please refer to Claimant's Response to Request for Production Number 10, without waiving said objection, Claimant's prescriptions are filled and refilled at Jim's Discount Drugs, Lucedale, Mississippi.

**REQUEST FOR PRODUCTION NO. 12:** Produce all documents that support any prior workers' compensation claims filed by you.

**RESPONSE:** There are no responsive documents as Claimant has not had any prior workers' compensation claims.

**REQUEST FOR PRODUCTION NO. 13:** Please provide to the Employer and Carrier Social Security Information Release. For your convenience, a Release form is attached hereto.

**RESPONSE:** The Social Security Information Release executed by Claimant is attached.

**REQUEST FOR PRODUCTION NO. 14:** Please produce a copy of your Medicare card.

**RESPONSE:** A copy of Claimant's Medicare card is attached.

Respectfully submitted,

WILLIAM D. BURGE, CLAIMANT

By: Scott O. Nelson  
SCOTT O. NELSON



CERTIFICATE

I, Scott O. Nelson, do hereby certify that I have mailed this date, first class, postage prepaid, a true and correct copy of the above and foregoing Interrogatories Propounded to the Employer by the Claimant to Stacie E. Zorn, Heidelberg, Steinberger, Colmer & Burrow, P.A., 711 Delmas Avenue, P. O. Box 1407, Pascagoula, MS 39568-1407, as counsel for Employer.

This, the 16<sup>th</sup> day of April, 2014.

  
\_\_\_\_\_  
SCOTT O. NELSON

SCOTT O. NELSON  
Post Office Drawer 1368  
2502 Market Street  
Pascagoula, Mississippi 39568-1368  
Telephone: (228) 762-3161

William Burge

8539, Male

Age: 66

Date of birth:

Report Date 12/7/2012

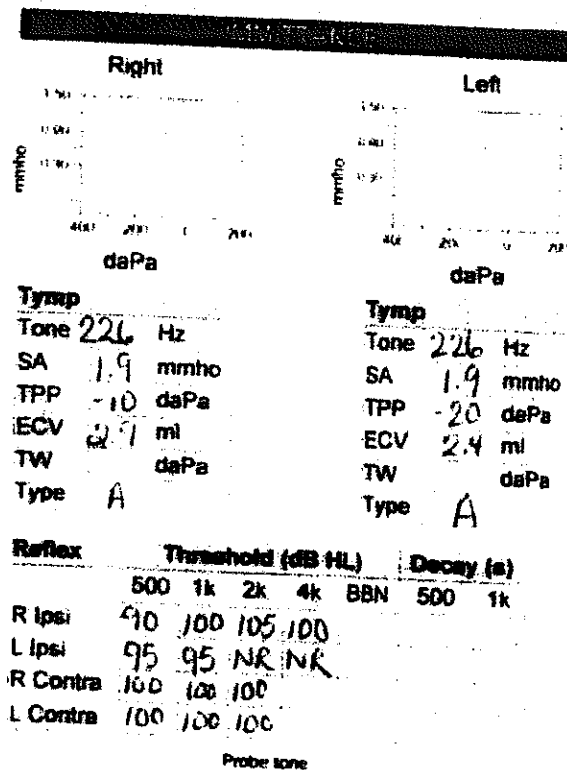
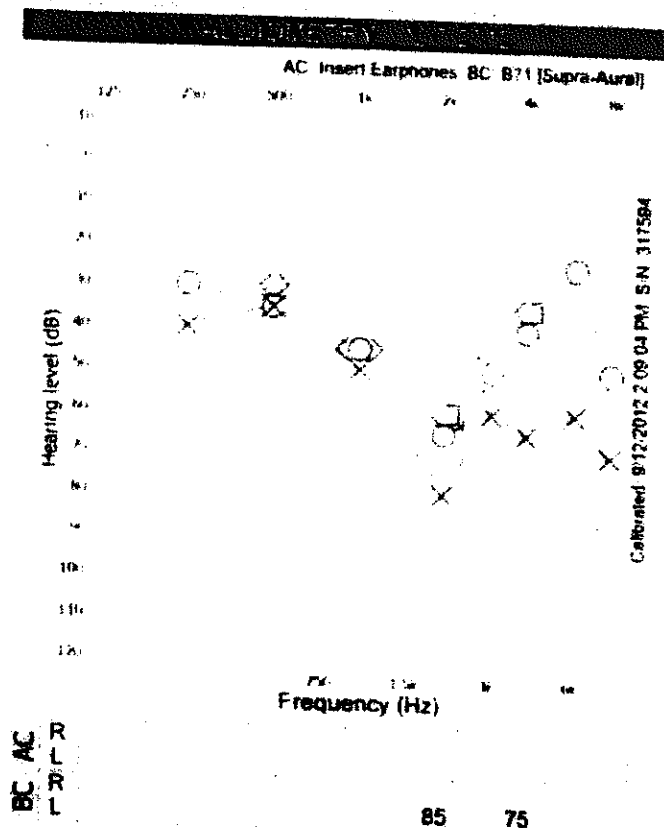
Tester VGC



Gulf Coast Audiology

## Report comments

Mild to moderately-severe sensorineural hearing loss right ear, mild to severe sensorineural hearing loss left ear. Good word recognition scores, bilaterally. Tympanometry within normal limits, bilaterally. Acoustic Reflex Thresholds consistent with hearing loss, bilaterally. 37.5% Binaural Hearing Impairment (AMA). Hearing loss is consistent with noise-induced hearing loss. Audiometer Madsen Astera (Calibration 09/12/2012). REC return to Dr. McMurphy as planned, binaural amplification following medical clearance, annual hearing tests.



## PTA (dB HL) / AI (%)

AC BC AI

Right 48 45 35

Left 55 22

## Reliability

Good

| Speech | SOT       |     | SRT   |     | WRS / SRS 1 |       |      | WRS / SRS 2 |   |       | MCL | UCL |       |       |
|--------|-----------|-----|-------|-----|-------------|-------|------|-------------|---|-------|-----|-----|-------|-------|
|        | dB HL     | (m) | dB HL | (m) | %           | dB HL | (m)  | S/N         | % | dB HL | (m) | S/N | dB HL | dB HL |
| Right  |           |     | 40    |     | 96          | 90    | (60) | 0           |   |       |     |     |       |       |
| Left   |           |     | 50    |     | 96          | 90    | (60) | 0           |   |       |     |     |       |       |
| Bin    |           |     |       |     |             |       |      |             |   |       |     |     |       |       |
| Note   | 1 Rec. AC |     |       |     |             |       |      | 2           |   |       |     |     |       |       |
| Aided  |           |     |       |     |             |       |      |             |   |       |     |     |       |       |
| Note   | 1         |     |       |     |             |       |      | 2           |   |       |     |     |       |       |

## Legend

I R Masked

AC

BC

SF

MCL

UCL


NR

PTA AC 500, 1k, 2k

BC 500, 1k, 2k

Signed by:

*Charles G. O. OCH*

**MEDICARE**  **HEALTH INSURANCE**


**1-800-MEDICARE (1-800-633-4227)**

NAME OF BENEFICIARY  
**WILLIAM D BURGE**

MEDICARE CLAIM NUMBER  
**3357-A**

SEX  
**MALE**

IS ENTITLED TO  
**HOSPITAL (PART A)** **06-01-2005**  
**MEDICAL (PART B)** **06-01-2005**

SIGN  
HERE 

1554



Gulf Coast Audiology 2926 MARKET STREET  
PASCAGOULA, MISSISSIPPI 39567  
PHONE: (228) 762-1980

Date: 12-06-12  
\$ 135.00

Patient Name: William Burge

Amount: One Hundred & thirty five Dollars

Memo: \_\_\_\_\_

To be applied as follows:

Self-Pay For Today: \$ \_\_\_\_\_

Apply To Balance: \$ \_\_\_\_\_

Your Receipt - Thank You

By: [Signature]

☒ Cash ☒ Check # 19410 ☐ VISA / MC / DISC / AMX

Card #: 136

Exp. Date: \_\_\_\_\_

Last Three Digits on Back of Card: \_\_\_\_\_

William D. Burge, Sr.  
Current medicine list  
(10/01/2013)

| Medicine Name                    | Dosage                | When it is taken   |
|----------------------------------|-----------------------|--|
| 1. Neudexta                      | 20-10 mg              | 1 twice a day  |
| 2. Tradjenta                     | 5mg                   | 1 in morning   |
| 3. Lantus (shot)                 | 20 mg                 | 1 at night   |
| 4. Cymbalta                      | 60 mg                 | 1 twice a day  |
| 5. Zestril<br>(for Lisinopril)   | 10 mg                 | 2 at night   |
| 6. Toprol XL<br>(for Metoprolol) | 100 mg                | 1 in morning   |
| 7. Flomax<br>(for Tamsulosin)    | 0.4 mg                | 1 at night   |
| 8. Lasix<br>(for Furosemide)     | 40 mg                 | 1 in morning   |
| 9. Viibryd                       | 20 mg                 | 1 in morning   |
| 10. Dexilant                     | 60 mg                 | 1 in morning   |
| 11. Clonazepam<br>(for Klonopin) | 2 mg                  | 2 at night   |
| 12. Abilify                      | 2 mg                  | 1 at night   |
| 13. Hydrocort                    | 5 mg                  | 2 in morning, 1 at night<br>(stress dose add 10mg up<br>4 per day) |
| 14. Lipid<br>(for Gemfibrozil)   | 600 mg                | 1 twice a day  |
| 15. Zanaflex<br>(for Tizanidine) | 4 mg                  | 1 twice a day  |
| 16. Low Dose Aspirin             | 81 mg                 | 1 at night   |
| 17. Zanax                        | 1 mg                  | 1/2 at night as needed   |
| 18. Metanx                       | 3-35-2 mg             | 1 twice a day  |
| 19. Vitamin D-3                  | 1000 IU               | 1 in morning   |
| 20. Fluticasone<br>(for Flonase) | 50 mcg                | 2 sprays in the morning  |
| 21. Novolog                      | 10 units + correction | At every meal  |

AUTHORIZATION TO RELEASE  
EMPLOYMENT AND PERSONNEL RECORDS

TO WHOM IT MAY CONCERN:

You are hereby authorized and requested to allow Stacie E. Zorn, Attorney at Law, of Heidelberg, Steinberger, Colmer & Burrow, or any associate or representative of Ms. Zorn to examine any and all employment and personnel records of WILLIAM D. BURGE.

Ms. Zorn guarantees payment for any charges which may be incurred for photocopying and/or mailing of these records.

A photostatic copy of this authorization may serve in lieu of an original.

SIGNED on this 15<sup>th</sup> day of April, 2014.

  
William D. Burge

SSN: \_\_\_\_\_

## EXCEPT PSYCHOTHERAPY NOTES

William D. Burge  
Patient Name

To:

Medical Provider / Other Entity

Date of Birth

Address (P. O. Box and Street)

Social Security No.

City, State, Zip

Telephone No.

Fax No.

In accordance with the Health Insurance Portability and Accountability Act ("HIPAA") 45 CFR Parts 160 and 164 and applicable State law, I hereby authorize all my health care providers, physicians, hospitals, clinics and institutions, medical facilities, mental health clinics, mental health hospitals, pharmacies, educational facilities, former and present employers, the Social Security Administration Disability Determination Services, the Mississippi Workers Compensation Commission and similar governmental entities, **and specifically the medical provider or other entity hereinabove named**, together with its employees or authorized agents, to release all of my existing medical records and any protected health information including information regarding my medical care, treatment, physical/mental condition, revealed by observation or treatment as well as my educational and employment records which contain medical information, and all information pertaining to any workers' compensation claims, all as more specifically hereinafter set forth, to the law firm of HEIDELBERG, STEINBERGER, COLMER & BURROW, P.A. (or their designated agent).

I understand this authorization may include information regarding the diagnosis and treatment of drug, alcohol, Acquired Immune Deficiency Syndrome (AIDS), and psychiatric and psychological disorders (except Psychotherapy notes\*). This authorization also includes EKGs, sonograms, arteriograms, MRI's, CT scans, photographs, surgery consent forms, informed consent forms, admission and discharge records, operation records, doctor and nurses notes, prescriptions, medical bills, invoices, histories, diagnoses, psychiatric and psychological treatment and counseling records, narratives, and any correspondence/memoranda and billing information. It also includes insurance records, including Medicare/Medicaid records, and any other document or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.) This listing is not meant to be exhaustive.

I understand that this authorization is made at my individual request, and not as a condition for treatment, payment, enrollment or eligibility for benefits. I UNDERSTAND THAT IF THE ORGANIZATION AUTHORIZED TO RECEIVE THE INFORMATION IS NOT AN ENTITY COVERED BY FEDERAL PRIVACY REGULATIONS, THE RELEASED INFORMATION MAY NO LONGER BE PROTECTED BY FEDERAL PRIVACY REGULATIONS AND SUBJECT TO RE-DISCLOSURE.

Specific description of information (including date(s)) [NOTE: A separate authorization must be completed if seeking psychotherapy notes]:

Purpose of seeking requested information: Hearing Loss/Workers' comp claim

1. I understand that this authorization will automatically expire twelve months from the date beside the signature(s) below. After this date, the medical provider or other entity can no longer use or disclose my health information without first obtaining a new authorization form.
2. I understand that I may revoke this authorization at any time by notifying the medical provider or other entity in writing, except to the extent it has taken action in reliance upon this authorization.
3. A photocopy of this authorization shall be considered as effective and valid as the original.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of my medical condition and records to the medical provider or other entity listed above. I UNDERSTAND THAT I MAY REFUSE TO SIGN THIS AUTHORIZATION.

William D. Burge Jr.  
Signature of patient or patient's representative (and relationship)

William D. Burge, Jr.  
Printed Name of patient or patient's representative

4-15-14

Description of Representative's Authority to Act for Individual

Date

*\*Psychotherapy Notes as defined by HIPAA means recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress dates.*

HEIDELBERG  
STEINBERGER  
COLMER &  
BURROW, P.A.  
ATTORNEYS AT LAW

P.O. Box 1407  
711 Delmas Avenue  
Pascagoula, MS 39568-1407  
(228) 762-8021

## REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. Provide your name as it appears on your most recent Social Security card or the name of the individual whose earnings you are requesting.

First Name:

W i l l i a m

Middle Initial:

D

Last Name:

B u r g e

Social Security Number (SSN)

- -

One SSN per request

Date of Death:

/ /

Date of Birth:

/ /

Other Name(s) Used  
(Include Maiden Name)

2. What kind of earnings information do you need? (Choose **ONE** of the following types of earnings or SSA must return this request.)

☐ **Itemized Statement of Earnings \$102**

(Includes the names and addresses of employers)

If you check this box, tell us why you need this information below.

Year(s) Requested:

to

Year(s) Requested:

to

☐ Check this box if you want the earnings information  
**CERTIFIED** for an additional \$32.00 fee.

☐ **Certified Yearly Totals of Earnings \$32**

(Does not include the names and addresses of employers)  
Yearly earnings totals are FREE to the public if you do not  
require certification. To obtain FREE yearly totals of  
earnings, visit our website at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount).

Year(s) Requested:

to

Year(s) Requested:

to

3. If you would like this information **sent to someone else**, please fill in the information below.

I authorize the Social Security Administration to release the earnings information to:

Name Stacie E. Zorn

Address

P. O. Box 1407

State MS

City

Pascagoula

ZIP Code 39568

4. I am the individual to whom the record pertains (or a person authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

Signature of Individual or legal guardian

SSA must receive this form within 60 days from the date signed

Date:

04

15

2014

Relationship (if applicable, you must attach proof)

Daytime Phone:

Address

State

City

ZIP Code

Witnesses must sign this form ONLY if the above signature is by marked (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)



|   |   |                   |
|---|---|-------------------|
| Form <b>4506</b><br>(Rev. September 2013)<br>Department of the Treasury<br>Internal Revenue Service | <h2 style="margin: 0;">Request for Copy of Tax Return</h2> <p style="margin: 10px 0;">▶ Request may be rejected if the form is incomplete or illegible.</p> | OMB No. 1545-0429 |
|---|---|-------------------|

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

|  |   |
|--|---|
| <b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.   | <b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| <b>2a</b> If a joint return, enter spouse's name shown on tax return.  | <b>2b</b> Second social security number or individual taxpayer identification number if joint tax return  |
| <b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)                                      |   |
| <b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)   |   |
| <b>5</b> If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. |   |

**Caution.** If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

**6 Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶

**Note.** If the copies must be certified for court or administrative proceedings, check here ☐

**7 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

\_\_\_\_\_  
 \_\_\_\_\_

|   |          |
|---|----------|
| <b>8 Fee.</b> There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order. |          |
| <b>a</b> Cost for each return   | \$ 50.00 |
| <b>b</b> Number of returns requested on line 7  |          |
| <b>c</b> Total cost. Multiply line 8a by line 8b  | \$       |

**9** If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☐

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note.** For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

|  |      |   |
|--|------|---|
| <b>Sign Here</b> ▶ <u>William D. Payne Jr.</u><br>Signature (see instructions) | Date | Phone number of taxpayer on line 1a or 2a<br><u>4-15-14</u> |
| Title (if line 1a above is a corporation, partnership, estate, or trust)       |      |   |
| Spouse's signature   | Date |   |

LAW OFFICES OF

**HEIDELBERG STEINBERGER  
COLMER & BURROW, P.A.**

711 DELMAS AVENUE  
POST OFFICE BOX 1407  
PASCAGOULA, MS 39568-1407  
TELEPHONE: 228-762-8021  
FACSIMILE: 228-762-7589  
WWW.HSCBPA.COM

GULF COAST  
JAMES H. HEIDELBERG  
KARL R. STEINBERGER  
JAMES H. COLMER, JR.  
STEPHEN W. BURROW<sup>1</sup>  
DARYL A. DRYDEN  
STACIE E. ZORN  
TRISTAN RUSSELL ARMER<sup>1</sup>  
APRIL L. McDONALD<sup>1</sup>

<sup>1</sup>Also Licensed in Alabama

JACKSON  
CORY T. WILSON  
TAMMRA CASCIO  
BENJAMIN WHITE

JACKSON OFFICE:  
940 EBENEZER BLVD. SUITE A  
MADISON, MS 39110  
TELEPHONE: 601-351-9444

October 15, 2014

Scott Nelson, Esq.  
2502 Market Street  
Pascagoula, MS 39568

Re: Employee : William D. Burge  
Date of Injury : Hearing Loss  
Employer : Mississippi Phosphates Corp.  
Carrier : National Union Fire Insurance Company of Pittsburgh  
c/o Broadspire  
OWCP No. : 07-197256

Dear Scott:

Please find enclosed the Employer's Answers to Interrogatories Propounded by Claimant.

If you have any questions, please do not hesitate to contact our office.

Sincerely,  
  
Stacie E. Zorn

SEZ/ew  
Enclosure

UNITED STATES DEPARTMENT OF LABOR  
OFFICE OF WORKERS COMPENSATION PROGRAMS

In the Matter of

WILLIAM D. BURGE,  
Claimant,

-vs-

MISSISSIPPI PHOSPHATES CORPORATION,  
Employer

\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*

OWCP NO. 07-197256

**EMPLOYER'S ANSWERS TO INTERROGATORIES**  
**PROPOUNDED BY THE CLAIMANT**

COMES NOW the Employer, Mississippi Phosphates Corporation, by and through its attorneys, Heidelberg, Steinberger, Colmer & Burrow, P.A., and responds to the Interrogatories Propounded by the Claimant, as follows:

1. State the name, address and telephone number of all witnesses who have actual knowledge or any facts concerning the within named claimant's claim for noise induced hearing loss.

**ANSWER: Allen Dees, Logistics Manager, 7500 Plantation Road, Vancleave, MS 39564, (228) 826-5382; Alan Michaels, Safety Manager, 7833 Lantern Way, Mobile, Alabama 36619, (251) 666-1129; Timothy Thomas, Safety and Security, 2215 Dolphin Road, Gautier, MS 39553, (228) 990-2984, Craig Fox, Former Safety Manager, 3035 Estate Drive West, Mobile, Alabama 36695. Claimant, Claimant's treating physicians and audiologist, and any person identified by the Claimant. The Employer reserves the right to supplement this response.**

2. State the name, address and telephone numbers of all witnesses that the Employer/Carrier will call to testify at the formal hearing of this claim.

**ANSWER:** No decision has been made at this time regarding who will be called to testify at the hearing of this claim. The Employer may call the Claimant, a representative of Mississippi Phosphates, any persons identified in Answer No. 1, any treating or examining physicians or audiologists, and any witness identified by the Claimant. The Employer reserves the right to supplement this response.

3. Indicate the name and last known address of Claimant's work foreman.

**ANSWER:** Allen Dees, Logistics Manager, 7500 Plantation Road, Vancleave, MS 39564, (228) 826-5382.

4. Indicate the name and last known address of Claimant's Supervisor.

**ANSWER:** Allen Dees, Logistics Manager, 7500 Plantation Road, Vancleave, MS 39564, (228) 826-5382.

5. Does the Employer claim any defense to this claim for benefits pursuant to the LHWCA, that must be raised at the Deputy Commissioner Level? If so, name the defense and indicate whether it was in fact raised timely.

**ANSWER:** Yes. The Employer asserts that it is entitled to Section 8(f) relief. This matter is still before the Deputy Commission, and the issue will be timely raised.

6. Describe the employer's loading and unloading process which is adjacent to navigable waters.

**ANSWER:** Please see the Material Handling "Loading a DAP Barge" policies and procedures attached to the Employer's Responses to Requests for Production of Documents as Exhibit G. A similar policy and procedure memorandum has been prepared for unloading an NH3 Barge/Vessel but is in draft form and will be made available upon request.

7. Describe Claimant's job duties in relation to the employer's loading and unloading process which occurred adjacent to navigable waters.

**ANSWER: Please see the Claimant's job description attached to the Employer's Responses to Requests for Production of Documents as Exhibit F.**

8. How many days did the Claimant herein work for the Employer herein during the 52 week period to the last day Claimant worked at a maritime work site for Employer?

**ANSWER: The Employer has no attendance records dating back that far. Further, as an exempt, salaried employee, Claimant was not required to use a time sheet.**

9. What was the last day that Claimant worked on or near Employer's loading and unloading facilities?

**ANSWER: Claimant's last date of employment was February 1, 2004.**

10. What was the Claimant's rate or rates of pay during the 52 week period prior to his last day of employment at a maritime worksite with Employer?

**ANSWER: The Employer's payroll records were destroyed in Hurricane Katrina. To the best of Employer's knowledge, the Claimant earned a salary of \$51,611 per year.**

11. Provide the physical address of Claimant's assigned worksite(s) during his 1966 to 2003 employment with Employer.

**ANSWER: 601 Industrial Road, Pascagoula, Mississippi 39568.**

12. In this claim for hearing loss, does the Employer claim that the Claimant's hearing impairment is caused by any other cause other than excessive noise exposure? If so, name all the causes which the Employer believes or alleges is the cause of the Claimant's hearing impairment.

**ANSWER: Yes. The Claimant has other medical conditions that may cause or contribute to his current hearing loss.**

13. What amount does the Employer/Carrier claim is the proper average weekly wage of the Claimant herein?

**ANSWER: \$992.52.**

14. Describe claimant's job duties for Employer.

**ANSWER: Please see the Claimant's job description attached to the Employer's Responses to Requests for Production of Documents as Exhibit F.**

15. Did Employer have a hearing conservation program as mandated by 29 C.F.R. Section 1910.95 et seq.? If so, how long has this program been in effect?

**ANSWER: Yes. The hearing conservation program was instituted on August 2, 2001.**

16. State the name, address and telephone number of all expert witnesses that the Employer/Carrier will call to testify at the formal hearing of this claim.

**ANSWER: No decision has been made with regard to experts at this time. This response will be supplemented.**

17. For each expert witness identified in Interrogatory No. 16, please provide a copy of the expert's curriculum vitae together with a narrative of any opinions that he will testify to and the facts upon which he will base his opinions.

**ANSWER: Please see Answer 16.**

18. Identify the navigable water associated with the loading and unloading process utilized by Employer at Claimant's worksites.

**ANSWER: Bayou Cassotte.**

19. Did Employer ever conduct noise-level testing concerning their loading and unloading worksites wherein Claimant was assigned to work? If so, state the dates the tests were conducted, the name of the person who supervised the testing and the results of each test.

**ANSWER: Yes. Records of studies performed in 2013 and 2014 are attached to the Employer's Responses to Requests for Production of Documents as Exhibit C. Studies were performed in prior years, but the results either cannot be located or were destroyed in Hurricane Katrina. The Employer reserves the right to supplement this response.**

20. Also, identify the Employer's custodian of the results of any noise-level tests, referenced in #19 above that were conducted concerning Employer's loading and unloading worksites where Claimant was assigned to work.

**ANSWER: Timmy Thomas, Safety and Security, 2215 Dolphin Road, Gautier, MS 39553, (228) 990-2984.**

21. Have Occupational Health and Safety Administration (OSHA) noise studies ever been conducted at Employer's maritime worksites where Claimant was assigned to work? If so, produce copies of same.

**ANSWER: Yes. Please see Answer No. 19.**

22. Pursuant to 33 U.S.C. Section 904, please identify the name and address of the Carrier who provided Longshore coverage to Employer for the maritime worksites at which Claimant was assigned to work. Also identify the policy numbers and coverage dates of the policies provided by said Carrier(s).

**ANSWER: The Employer was self-insured on Claimant's last date of employment.**

23. State the source of all noises that were emitted at Employer's loading and unloading

docks where Claimant was assigned to work which noises are above 85 decibels.

**ANSWER: To the best of the Employer's knowledge, the Claimant was not exposed to any noises above 85 decibels.**

24. State the name, address and telephone number of the Director of Safety of Employer.

**ANSWER: The current Director of Safety is Alan Michaels, Safety Manager, 7833 Lantem Way, Mobile, Alabama 36619, (251) 666-1129. The Director of Safety when Claimant was employed was Craig Fox, 3035 Estate Drive West, Mobile, Alabama 36695.**

25. Describe the maritime vessels, ships, barges, etc., on which the Employer loads or unloads products or materials along navigable waters.

**ANSWER: The facility handles ships up to 900 feet long as well as barges. Descriptive information is available on the company website as well as in the brochures attached to the Employer's Responses to Requests for Production of Documents as Exhibit E.**

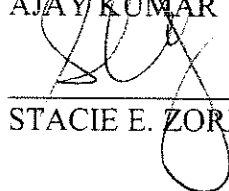
Respectfully submitted,

**MISSISSIPPI PHOSPHATES  
CORPORATION and CHARTIS,  
Employer and Carrier**

BY:

  
AJAY KUMAR

BY:

  
STACIE E. ZORN (As to Objections only)



STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned authority for and for the aforesaid jurisdiction, **Ajay Kumar**, Senior Vice President and General Manager of Operations of Mississippi Phosphates Corporation, who acknowledged before me that he executed the above and foregoing Answers to Interrogatories, which are true and correct to the best of his knowledge and belief, as the act and deed of said entity, after being authorized by said entity to do so.

SWORN TO AND SUBSCRIBED, before me this the 13 day of Oct, 2014.

Lola Lethi Langham  
NOTARY PUBLIC

My Commission Expires:

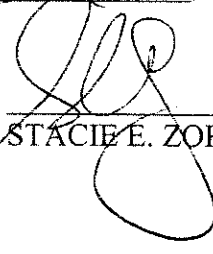


**CERTIFICATE OF SERVICE**

I, STACIE E. ZORN, of the law firm of Heidelberg, Steinberger, Colmer & Burrow, P.A., do hereby certify that I have this date served via U.S. Mail, postage prepaid, a true and correct copy of the above and foregoing ANSWERS TO INTERROGATORIES upon the following counsel of record:

Scott O. Nelson, Esq.  
Maples and Lomax, P.A.  
P.O. Drawer 1368  
Pascagoula, MS 39568-1368

SO CERTIFIED, this the 15<sup>th</sup> day of October, 2014.

  
\_\_\_\_\_  
STACIE E. ZORN

STACIE E. ZORN, ESQ. (MSB #101225)  
HEIDELBERG, STEINBERGER,  
COLMER & BURROW, P.A.  
711 Delmas Avenue  
P.O. Box 1407  
Pascagoula, MS 39568-1407  
Telephone: 228.762.8021  
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szorn@hscbpa.com