

APPEAL NO. 062331  
FILED DECEMBER 21, 2006

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq.* (1989 Act). A contested case hearing (CCH) was held on October 12, 2006. The hearing officer resolved the disputed issues by deciding that: (1) on \_\_\_\_\_, the respondent (claimant) sustained a compensable injury; (2) the claimant had disability beginning on \_\_\_\_\_, and continuing through September 4, 2006, but not thereafter through the date of the CCH; and (3) the appellant (carrier) is not relieved of liability for benefits under Section 409.002. The carrier appealed, disputing the compensable injury, disability and timely notice to employer determinations. The claimant responded, urging affirmance.

DECISION

Reversed and remanded for reconstruction of the CCH record.

Section 410.203(a)(1) provides that the Appeals Panel shall consider the record developed at the CCH. The CCH was recorded on one compact disc (CD). The CD indicated that it contained 68 tracts, which were each 59 seconds long. The first 44 tracts were clear. However, beginning with tract 45 the sound became inaudible and then no sound at all appears on the CD until tract 55. Consequently, much of the testimony during cross-examination of a witness (the employer representative) cannot be heard. The file indicates that there was no court reporter and the file does not contain a transcript. Consequently, we must remand the case to the hearing officer for reconstruction of the CCH record.

Pending resolution of the remand, a final decision has not been made in this case. However, since reversal and remand necessitate the issuance of a new decision and order by the hearing officer, a party who wishes to appeal from such new decision must file a request for review not later than 15 days after the date on which such new decision is received from the Texas Department of Insurance, Division of Workers' Compensation, pursuant to Section 410.202 which was amended June 17, 2001, to exclude Saturdays and Sundays and holidays listed in Section 662.003 of the Texas Government Code in the computation of the 15-day appeal and response periods. See Appeals Panel Decision 92642, decided January 20, 1993.

The true corporate name of the insurance carrier is **STATE OFFICE OF RISK MANAGEMENT (a self-insured governmental entity)** and the name and address of its registered agent for service of process is

For service in person the address is:

**JONATHAN BOW, EXECUTIVE DIRECTOR  
STATE OFFICE OF RISK MANAGEMENT  
300 W. 15TH STREET  
WILLIAM P. CLEMENTS, JR. STATE OFFICE BUILDING, 6TH FLOOR  
AUSTIN, TEXAS 78701.**

For service by mail the address is:

**JONATHAN BOW, EXECUTIVE DIRECTOR  
STATE OFFICE OF RISK MANAGEMENT  
P.O. BOX 13777  
AUSTIN, TEXAS 78711-3777.**

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Margaret L. Turner  
Appeals Judge

CONCUR:

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Cynthia A. Brown  
Appeals Judge

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Thomas A. Knapp  
Appeals Judge