

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas State Claims Commission

MAY 29 2014

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

Brady C. Channell, Claimant

vs.

State of Arkansas, Respondent State of Arkansas

Do Not Write in These Spaces Claim No. 14-0905-CC Date Filed May 29, 2014 Amount of Claim \$? Fund SOA

Death Benefit

COMPLAINT

Brady C. Channell the above named Claimant, of 8 William Ct. Sheridan

AR 72150 (501) 553-1323 County of Grant represented by

of (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved:

Amount sought:

Month, day, year and place of incident or service: February 9, 2014

Explanation: See attached narrative

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? No

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? No

and that the nature thereof is as follows: and was acquired on in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Brady Channell (Print Claimant/Representative Name)

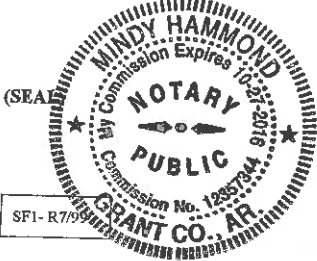
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at SHERIDAN AR

on this 26 day of MAY 2014

(Date) (Month) (Year) (Notary Public)

My Commission Expires: OCTOBER 27, 2016

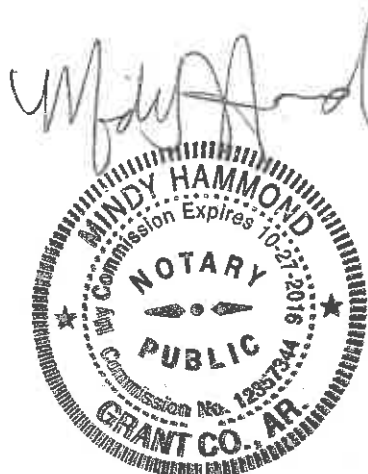


SF1-R7/9

The Poyen Fire Department was dispatched on February 9, 2014, by the Grant County Dispatch at 1931 hours to a reported seizure at 1913 Grant 33. This alarm was very stressful due to the patient being 7 months pregnant.

Captain Dennis Channell arrived first with Poyen Fire Truck 13 at 19:38:02 hours and began a medical assessment of Darlene McCarley who gave indications of losing her baby. As the assessment continued, oxygen was administered to McCarley. A MEMS ambulance arrived and the firefighters loaded the patient for transport. After closing the ambulance doors, Fire Chief Claude Hardin asked Captain Channell if he felt OK. Channell replied "my face feels numb." The firefighters around Channell assumed the bitter cold temperature affected Channell. Captain Channell drove Poyen Fire Truck 13 back to the fire station. As the firefighters began to enter the medical alarm data in the computer, Channell complained his hand was numb and he went home to warm up.

Chief Hardin was concerned about Dennis Channell and followed him home and observed him swaying from side to side, stumbling against the truck and vomiting blood. Seeing these signs, Chief Hardin asked Dennis to sit on the tailgate of the truck. Chief Hardin immediately summoned several Firefighters, including Shannon Finley who is a registered Nurse and a Poyen Firefighter. Firefighter Finley advised Chief Hardin to call for an ambulance when she observed Channell's blood pressure to be 225/124. While waiting for the ambulance to arrive, they placed Dennis on a non re breather 15L of oxygen. A MEMS ambulance was dispatched and arrived on scene in nineteen minutes. Sixteen minutes later, the MEMS ambulance began transport of Dennis Channell to St. Mercy Hospital in Hot Springs, AR. The neurosurgeon on duty ordered ER staff to perform a CAT scan of his carina. The Neurologist at St. Mercy Medical Hospital found Dennis Channell to be having a severe stroke due to work related stress, from which lead to his death on February 10th, 2014 at 4:16 PM.





Poyen Volunteer Fire Department
PO Box 218
Poyen, AR 72128
Phone: 501-467-4531

Arkansas Claims Commission,

Captain Dennis Channell was an employee of the Poyen Fire Department. His service began more than 20 years ago. While responding to an alarm on February 9th 2014, Dennis Channell feel ill while responding, which lead to his death on February 10th 2014. The Poyen Fire Department certifies this to be a line of duty death.

If the Poyen Fire Department can assist you in anyway please contact us at once.

Thank you,

A handwritten signature in cursive script that reads "Claude Hardin".

Chief Claude Hardin
Poyen Fire Department

IN THE CIRCUIT COURT OF GRANT COUNTY, ARKANSAS
DOMESTIC RELATIONS DIVISION

CAROL EWING
COUNTY & CIRCUIT CLERK
GRANT COUNTY, ARKANSAS
AKH DC

STELLA CHANNELL
VS.
DENNIS CHANNELL

30-DR-2011-129-1

PLAINTIFF
DEFENDANT

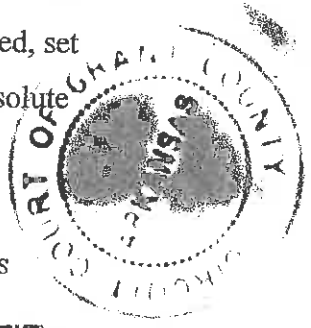
DECREE

Now on this 26th day of September, 2011, comes on for hearing the Complaint of the Plaintiff and the Defendant appears not but has signed a Waiver of service, appearance and council. This cause is submitted upon the pleadings filed herein, Depositions of the Plaintiff and a witness for the Plaintiff and all other matters in the file and before the Court, from all of which the Court does find:

1. That Plaintiff is a resident of Grant County, Arkansas and has been for more than ninety days prior to commencement of this action; the Defendant is also a resident of Arkansas; this cause of divorce occurred in Arkansas within five years last past; the parties were married April 26, 2008, and separation occurred on or about July 5, 2011.
2. The Plaintiff by proper and sufficient evidence has adequately established her grounds for divorce as set forth in her Complaint and has just cause for the dissolution of the bonds of matrimony existing between the Plaintiff and Defendant.
3. That the Plaintiff and Defendant have entered into a Property Settlement Agreement dated August 29, 2011 and it is incorporated into this Decree.

IT IS, THEREFORE BY THE COURT, ORDERED AND DECREED:

1. That the bonds of matrimony heretofore existing between the Plaintiff, Stella Channell , and the Defendant, Dennis Channell, be and hereby are dissolved, set aside and forever held for naught and the Plaintiff is hereby granted an absolute divorce from the Defendant.
2. That the Plaintiff and Defendant have entered into a Property Settlement Agreement dated 29, 2011, which is filed herein and incorporated herein as



A TRUE COPY, I CERTIFY
CAROL EWING, CLERK
Carol Ewing D.C.

though set out word for word in this Decree, and the Agreement is found by the Court to be fair and equitable.

IT IS SO ORDERED.



CHANCELLOR



Run Number: 9458
Patient 1 of 1
Report Number:

Finalized: Yes

PATIENT

Channell, Dennis 55 Years (Actual) Male Ethnicity: Not Hispanic/Latino Race: White

Chief Complaint: Stroke/CVA/TIA;

NARRATIVE

Emergency response to a 55 year old white male complaining of stroke like symptoms. Upon arrival, the pt. was sitting on the bed of a truck in the front of his house. The pt. was CAOx4. The pt. stated at 8:30 P.M. The pt. began feeling numbness, tingling, and weakness in his right arm. The pt. had left sided facial droop, slurred speech, left sided weakness, and left sided grip weakness. The pt. was moved to the stretcher, and secured with all straps. The pt. was moved to the ambulance where a blood glucose was checked, V/S were taken, a 12-lead ECG obtained and transmitted, an IV started, and O2 given. Enroute, further assessment and treatment noted. The pt. was transported to Mercy Hospital-ER in Hot Springs. Report was given and care transferred to RN Neena.

SUBJECTIVE

	ACTUAL	PERTINENT NEGATIVES
Onset	Date/Time: 2/9/2014 8:30:00 PM	
Allergies	No known allergies: No Known Allergies;	
PMH	Metabolic: IDDM; Neuro: TIA; Cardiac: Hypertension;	

Medication(s)	Dosage	Frequency	Compliant	Comments
HCTZ	mg	/Hour	Unknown	
clonidine	mg	/Hour	Unknown	
Clopidogrel	mg	/Hour	Unknown	
Amlodipine	mg	/Hour	Unknown	
Lisinopril	mg	/Hour	Unknown	

FIRSTVITAL SIGNS

Time	HR	RR	BP-Sys	BP-Dia	SPO2	ETCO2	Peak Flow	Gluc	TEMP	Pain: Visual	GCS	Position	Done By
M-9:05:26 PM	78 BPM	16 BPM	236 mmHG	120 mmHG	98 %			525 mg/dL			E 4 V 5 M 6 15		RS

INITIAL ASSESS - OBJECTIVE

	ACTUAL	PERTINENT NEGATIVES
Gen Location Patient Found:	Other: Sitting on the back of a truck	
A Airway Status:	Patent (Open);	
B Breathing Quality:	Rate: 16 BPM Regularity: Regular; Effort: Easy/ Normal; Depth: Normal;	
C Skin:	Temperature: Warm; Color: Pink; Moisture: Wet / Diaphoretic; Cap Refill: Less Than 2 Seconds; Turgor: Normal;	
Pulse:	Site: Radial; Rate: Normal; Rhythm: Regular; Strength: Strong;	
D Pupils:	(L): Size: 2mm; Reactivity: Sluggish; Quality: Pinpoint; (R): Size: 2mm; Reactivity: Sluggish; Quality: Pinpoint;	
Mental Status:	Normal;	

VITAL SIGNS

Time	HR	RR	BP-Sys	BP-Dia	SPO2	ETCO2	Peak Flow	Gluc	TEMP	Pain: Visual	GCS	Position	Done By
M-9:05:26 PM	78 BPM	16 BPM	236 mmHG	120 mmHG	98 %			525 mg/dL			E 4 V 5 M 6 15		RS
M-9:15:08 PM	73 BPM	16 BPM	202 mmHG	101 mmHG	98 %						E 4 V 4 M 6 14		RS
M-9:25:24 PM	73 BPM	16 BPM	202 mmHG	101 mmHG	98 %						E 4 V 5 M 6 15		RS
M-9:35:58 PM	70 BPM	16 BPM	244 mmHG	107 mmHG	98 %						E 4 V 4 M 6 14		RS

ECG / MONITOR

Time	Leads	ECG Changes	ECG Type	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp 10:31:07 PM			12	Sinus rhythm				RS

ASSESS/PLAN

Start Time	Stop Time	Section	Item	Summary	Done By
2/9/2014 9:05:04 PM		Assessment	Distal SMC	All Extremities; Status: Capillary Refill Present, Pulse Present, Movement Present, Sensation Present;	Rachel Schingler
2/9/2014 9:08:09 PM		Treatment	Patient Position	Position: Semi-Fowlers;	Rachel Schingler
2/9/2014 9:10:48 PM		Treatment	Oxygen Therapy	Type: Nasal Cannula; Rate: 3;	Rachel Schingler
2/9/2014 9:11:10 PM		Treatment	Attach/ Monitor ECG	Attach/ Monitor ECG: Attach 12 Lead;	Rachel Schingler
2/9/2014 9:12:15 PM		Treatment	IV / IO Access	Side: Left; Site: Antecubital; Successful: Yes; Attempts: 1; Size (G): 18;	Rachel Schingler
2/9/2014 9:13:36 PM		Treatment	IV Fluid	Site: Left Antecubital; Type: Saline Lock;	Rachel Schingler

VEHICLE(S)

MEMS	Agency Number	District/Region	Unit Number	Unit Call Sign	Vehicle Number	EMS Called By	Vehicle Type	Primary Role of Unit	Station
		Metro	226			Patient / Family	ALS Emergency	ALS Transport	

CREW MEMBERS

--	--	--	--	--	--	--	--	--	--

Name	Crew Role	Crew Level	Position	ID Number	Registration	Crew Type	Current Crew
Mason Kearidanne	Crew Member	EMT Basic	Secondary Crew	27047	27047		Yes
Schlingler Rachel	Crew Member	EMT Basic	Primary Crew	25855	25855		Yes

INCIDENT

	Time	Odometer	Details	Complications / Misc
Incident Date / Time:	2/9/2014 8:39:21 PM		Location Type: Home/Residence; Address 1: 302 W SECOND ST City / Town: POYEN County: GRANT Province / State: AR Zip / Postal Code: 72128-8144 Country: U.S.A.	Transfer Type: Private Home;
PSAP:				
Call Received:				
Pre-Alert:				
Unit Dispatched:	2/9/2014 8:39:33 PM		Dispatch Complaint: Unknown Problem Type of Service Requested: Emergency - 911 Location Type: Home/Residence; Address 1: 302 W SECOND ST City / Town: POYEN County: GRANT Province / State: AR Zip / Postal Code: 72128-8144 Country: U.S.A.	
Enroute:	2/9/2014 8:39:57 PM		Run Number: 9458 Response Mode: Lights and Sirens; Number of Patients: 1	
Unit Cancelled:				
Arrive Scene:	2/9/2014 8:59:03 PM	79.10 mi		Other Services at Scene: Fire - Other;
Arrive Patient:	2/9/2014 9:02:03 PM			
On Scene Transfer:				
Depart Scene:	2/9/2014 9:15:05 PM		Departure Priority: Code 3; Departure Mode: No Lights or Sirens;	Response Outcome: Transported;
RL ETA:				
RL Alert:				
Arrive Destination:	2/9/2014 9:52:57 PM	111.30 mi	Destination Type: Hospital (ED); Address 1: 300 WERNER ST City / Town: HOT SPRINGS County: GARLAND Province / State: AR Zip / Postal Code: 71913-6406 Country: U.S.A. Receiving Facility: Mercy Med Center	
Care Transfer:				
Depart Destination:				
Available:	2/9/2014 10:34:30 PM			

Unit Back at Home:			
Wheel Check:			
Arrive Scene 1:			
Arrive Scene 2:			
Depart Scene 1:			
Depart Scene 2:			
Total Miles:		32.20 mi	

OUTCOMES

GENERAL

Transfer Type: Private Home;

MISC.

LA STROKE SCALE

Age >45?: Yes;
 No Hx of Seizures?: No;
 New Neuro Symptoms in last 24 hours?: Yes;
 Ambulatory Prior to Emergency?: Yes;
 Glucose 60-400?: No;
 Facial Droop?: Yes;
 Grip Weakness?: Yes;
 Arm Weakness?: Yes;

DEMOGRAPHICS

Last Name: Channell	First Name: Dennis	Middle Name:
DOB: 1/2/1959	SSN: 431-23-7580	MedicAlert #:
Address1: 302 W SECOND ST	Address2:	City: POYEN
County: GRANT	State: AR	Zip: 72128-8144
Country: U.S.A.	Tel1:	Tel2:
Driver's License #:		

RESPONSIBLE PARTY

Last Name: Channell	First Name: Denis	Relationship: Self
DOB: 1/2/1959		
Address 1: 302 W SECOND ST	Address2:	City: POYEN
County: GRANT	State: AR	Zip: 72128-8144
Country: U.S.A.	Tel 1:	Tel 2:

INSURANCE GENERAL

Insurance Type: Hospital Account; Patient on WCB;
 Medical Record No: E1403841771
 Medical Record No: E1403841771
 Account No: 61140400134

INSURANCE POLICY

Name	Address	Holder's Name	Relationship	Policy #	Group #	Plan #
Poyen Fire Dept		Channell Dennis	Self			

SIGNATURE

Witness Signature
 : Neena

Person Signing: Nurse

Neena Lalani

Primary Crew
Name: Schingler Rachel

R. Schingler

Secondary Crew
Name: Mason Kearidanne

Kearidanne Mason

Patient Received By
Name: Neena
Signed By: Nurse

Neena Lalani

Patient Signature

I, the undersigned, hereby authorize payment directly to Metropolitan Emergency Medical Services (MEMS), 1101 W. 8th St., Little Rock, AR 72203, for the ambulance benefits otherwise payable to me whether in the past, now, and in the future. I hereby authorize MEMS to release any information regarding my ambulance transportation to any insurance company or employer having coverage on me. If I am entitled to Medicare benefits, I authorize any medical or other information to be released to the Social Security Administration CMS, its intermediaries or carriers, whether in the past, now, and in the future. I authorize any holder of information about me to release to MEMS, any information or documentation needed to determine these benefits or benefits paid for related services provided to me by MEMS, whether in the past, now, or in the future. I understand that this authorization can be revoked at any time by writing MEMS and revoking the same. I understand I am financially responsible to MEMS for charges not covered by this authorization, and do hereby guarantee payment of this bill. I further agree that if collection is made by suit, or otherwise, I will pay all collection costs including a reasonable attorney's fee. I hereby release said MEMS and employees from any claim whatsoever. I hereby acknowledge receipt of MEMS privacy Policies.

Reason For Not Signing: Decreased LOC

Run Number: 9458

ARKANSAS DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
CERTIFICATION OF BIRTH

DATE FILED: 06/20/1985 DATE ISSUED: 06/14/2000

CERTIFICATE NUMBER: 198514750

NAME: BRODY COLLIN CHANNELL

BIRTHDATE: 05/29/1985 SEX: MALE

TOWN: BENTON COUNTY: SALINE

MOTHER'S MAIDEN NAME: PHYLLIS ANDREA PHILLIPS AGE: 23

MOTHER'S BIRTH PLACE: ARKANSAS

FATHER'S NAME: DENNIS AARON CHANNELL AGE: 26

FATHER'S BIRTH PLACE: ARKANSAS



THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS
RECORDED IN THE DIVISION OF VITAL RECORDS.

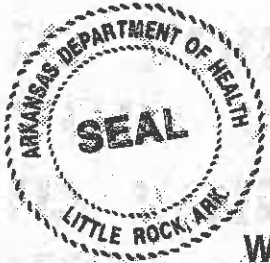
Sharon M. Leinbach
State Registrar

708379

THIS DOCUMENT IS VOID WITHOUT A COLORED BACKGROUND
THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK

Registration District No. 85 ARKANSAS STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 Primary Registration District No. 2048 **CERTIFICATE OF LIVE BIRTH** \$9 000264

1. PLACE OF BIRTH A. COUNTY <u>Clark</u>		B. CITY, TOWN, OR LOCATION <u>Arkadelphia, Arkansas</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) A. STATE <u>Arkansas</u>		B. COUNTY	
3. NAME (Type or Print) First <u>Dennis</u> Middle <u>Aaron</u> Last <u>Channell</u>		4. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		5. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>		6. DATE OF BIRTH Month <u>1</u> Day <u>2</u> Year <u>59</u> Hour <u>7:50</u> P <u>M</u>	
7. NAME First <u>Eugene</u> Middle <u>Franklin</u> Last <u>Channell</u>		8. AGE (At time of this birth) <u>33</u> YEARS		9. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		10. USUAL OCCUPATION <u>Teacher</u>	
11. MAIDEN NAME First <u>Mary</u> Middle <u>Helen</u> Last <u>McClenahan</u>		12. AGE (At time of this birth) <u>27</u> YEARS		13. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		14. COLOR OR RACE <u>White</u>	
15. INFORMANT <u>Mrs. Eugene Franklin Channell</u>		16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? <u>4</u>		b. How many OTHER children were born alive but are now dead? <u>0</u>		c. How many fetal deaths (fetuses born dead at ANY time after conception) <u>0</u>	
17. I hereby certify that this child was born alive on the date stated above.		18. SIGNATURE <u>R. Anderson</u>		19. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)		20. DATE SIGNED <u>1-3-59</u>	
18. ADDRESS <u>Arkadelphia, Arkansas</u>		19. DATE RECD. BY LOCAL REG. <u>1-20-59</u>		20. REGISTRAR'S SIGNATURE <u>Blauche Jean</u>		21. DATE ON WHICH GIVEN NAME ADDED BY _____ (Registrar)	



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

JUN 14 00

Sharon M. Leinbach
 Sharon M. Leinbach
 State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID, DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT

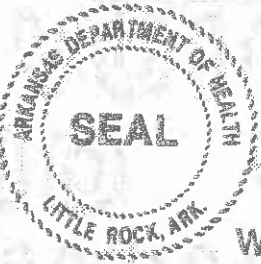
1009253

VR-12

TYPE / PRINT IN PERMANENT BLACK INK. SEE INSTRUCTIONS

ARKANSAS DEPARTMENT OF HEALTH Vital Records Section CERTIFICATE OF DEATH

Form with fields for decedent name (Dennis Channell), date of death (Feb 10, 2014), social security number, birth date (Jan 2, 1959), residence (Arkansas, Grant County, Poyen), hospital (Mercy Hospital), cause of death (Hemorrhagic Stroke), and certifier information (John Pace, MD).



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

MAR 03 2014

Signature of Paul W. Johnson, State Registrar

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4115483

VR-112

BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

Arkansas
State Claims Commission
JUN 23 2014
RECEIVED

BRODY CHANNELL

CLAIMANT

V.

NO. 14-0905-CC

STATE OF ARKANSAS

RESPONDENT

RESPONDENT'S ANSWER

Respondent, State of Arkansas (State), declares:

1. The Arkansas State Claims Commission has jurisdiction over this matter pursuant to Ark. Code Ann. § 21-5-702.
2. This claim was filed within five years of Dennis Channell's death, which occurred on February 10, 2014.
3. The Claimant, Brody Channell, is the son of the deceased.
4. The State admits that Dennis Channell was employed by the Poyen Fire Department as Captain on February 9, 2014 and was working in his official capacity when he was dispatched to a report of a person having a seizure, and subsequently died of a stroke on February 10, 2014 as a result of responding to the call.
5. Arkansas Code Annotated § 21-5-704(a)(1)(A) provides:

The state shall pay to the designated beneficiary or, if there is no designated beneficiary, then to the surviving spouse or surviving children under the age of twenty-two (22) or, if there is no surviving spouse or surviving children under the age of twenty-two (22), then to the surviving children twenty-two (22) years of age or older or to the surviving parents of any covered public employee who is killed in the official line of duty, the sum of fifty thousand dollars (\$50,000).

6. The State agrees that Dennis Channell was a covered public employee who died as the result of being dispatched to a call while working in his official capacity. As a result, his designated beneficiary, surviving spouse, surviving children, or surviving parents would be entitled to the sum of fifty thousand dollars (\$50,000).

7. Arkansas Code Annotated § 21-5-705(a) provides:

The state shall pay the additional sum of one hundred fifty thousand dollars (\$150,000) to the designated beneficiary, surviving spouse, or surviving children under the age of twenty-two (22) of any:

(1) Police officer, wildlife enforcement officer of the Arkansas State Game and Fish Commission, commissioned law enforcement officer or emergency response employee of the State Parks Division of the Department of Parks and Tourism, Department of Community Correction employee, or employee of the Department of Correction whose death occurred:

(A) After January 1, 2003; and

(B) Either:

(i) In the official line of duty as the result of a criminal or negligent action of another person or persons or as the result of the engagement in exceptionally hazardous duty; or

(ii) In the line of duty while the officer or employee was performing emergency medical activities; and

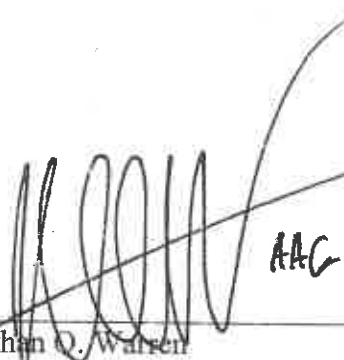
(2) Firefighter, emergency medical technician, or employee of the Arkansas Forestry Commission killed after July 1, 1987, while responding to, engaging in, or returning from a fire, rescue incident, a hazardous material or bomb incident, an emergency medical activity, or simulated training thereof.

8. The State agrees that Channell's death occurred after July 1, 1987 and as the result of responding to and engaging in an emergency medical activity. As a result, the designated beneficiary, surviving spouse, or surviving children are entitled to the additional sum of one hundred fifty thousand dollars (\$150,000).
9. Pursuant to Ark. Code Ann. § 6-82-503(a), scholarship benefits are available whenever a covered public employee suffers fatal injuries or wounds or becomes permanently and totally disabled as a result of injuries that occurred in the performance of a hazardous duty within the scope of her employment or which occurred en route to or returning from a location where a hazardous situation existed.
10. The State agrees that the circumstances causing Dennis Channell's death satisfy the hazardous duty requirement set forth in Ark. Code Ann. § 6-82-503(a).
11. Accordingly, Brody Collin Channell, decedent's son, would be entitled to scholarship benefits.
12. Ark. Code Ann. § 6-82-503(c) provides that scholarship benefits shall be awarded at the same time death benefits are awarded pursuant to Ark. Code Ann. § 21-5-701 et seq.
13. Therefore, the State requests that scholarship benefits be awarded at the time death benefits are awarded.
14. The State denies any allegations not specifically admitted herein.
15. The State reserves the right to amend this Answer.

CERTIFICATE OF SERVICE

I, Jonathan Q. Warren, Assistant Attorney General, do hereby certify that a copy of the foregoing document has been served by placing a copy of same in the U.S. Mail, on June 23, 2014, addressed to the following:

Mr. Brody Channell
8 William Court
Sheridan, Arkansas 72150



AAG

Jonathan Q. Warren
Arkansas Bar No. 2006043
Assistant Attorney General
Attorney for State of Arkansas
323 Center Street, Suite 200
Little Rock, Arkansas 72201
Telephone: (501) 682.3658
Fax: (501) 682.2591
jonathan.warren@arkansasag.gov

Arkansas
State Claims Commission
JUN 26 2014
RECEIVED

BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

BRODY CHANNELL

CLAIMANT

V.

NO. 14-0905-CC

STATE OF ARKANSAS

RESPONDENT

RESPONDENT'S AMENDED ANSWER

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(A) After January 1, 2003; and

(B) Either:

(i) In the official line of duty as the result of a criminal or negligent action of another person or persons or as the result of the engagement in exceptionally hazardous duty; or

(ii) In the line of duty while the officer or employee was performing emergency medical activities; and

(2) Firefighter, emergency medical technician, or employee of the Arkansas Forestry Commission killed after July 1, 1987, while responding to, engaging in, or returning from a fire, rescue incident, a hazardous material or bomb incident, an emergency medical activity, or simulated training thereof.

8. The State agrees that Channell's death occurred after July 1, 1987 and as the result of responding to and engaging in an emergency medical activity. As a result, the designated beneficiary, surviving spouse, or surviving children are entitled to the additional sum of one hundred fifty thousand dollars (\$150,000).
9. Pursuant to Ark. Code Ann. § 6-82-503(a), scholarship benefits are available whenever a covered public employee suffers fatal injuries or wounds or becomes permanently and totally disabled as a result of injuries that occurred in the performance of a hazardous duty within the scope of her employment or which occurred en route to or returning from a location where a hazardous situation existed.
10. The State agrees that the circumstances causing Dennis Channell's death satisfy the hazardous duty requirement set forth in Ark. Code Ann. § 6-82-503(a).
11. However, Brody Collin Channell, decedent's son, would not be entitled to scholarship benefits because Ark. Code Ann. § 6-82-505 has an age-eligibility restriction that states that no child will be entitled to receive benefits during any semester or quarter when the child has reached the age of 23 before the first day of the semester or quarter. Brody Collin Channel is over the age of 23.
12. The State denies any allegations not specifically admitted herein.
13. The State reserves the right to amend this Answer.

WHEREFORE, The State requests that the Claims Commission set this matter for hearing to determine the benefits awarded.

Respectfully submitted,

DUSTIN McDANIEL,
Attorney General

By:  AAG

Jonathan Q. Warren
Arkansas Bar No. 2006043
Assistant Attorney General
Attorney for State of Arkansas
323 Center Street, Suite 200
Little Rock, Arkansas 72201
Telephone: (501) 682.3658
Fax: (501) 682.2591
jonathan.warren@arkansasag.gov

CERTIFICATE OF SERVICE

I, Jonathan Q. Warren, Assistant Attorney General, do hereby certify that a copy of the foregoing document has been served by placing a copy of same in the U.S. Mail, on June 26, 2014, addressed to the following:

Mr. Brody Channell
8 William Court
Sheridan, Arkansas 72150



Jonathan Q. Warren
Arkansas Bar No. 2006043
Assistant Attorney General
Attorney for State of Arkansas
323 Center Street, Suite 200
Little Rock, Arkansas 72201
Telephone: (501) 682.3658
Fax: (501) 682.2591
jonathan.warren@arkansasag.gov

BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

Arkansas
State Claims Commission

JUL 09 2014

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BRODY CHANNELL

CLAIMANT

V.

NO. 14-0905-CC

STATE OF ARKANSAS

RESPONDENT

RESPONDENT'S SECOND AMENDED ANSWER

Respondent, State of Arkansas (State), declares:

1. The Arkansas State Claims Commission has jurisdiction over this matter pursuant to Ark. Code Ann. § 21-5-702.
2. This claim was filed within five years of Dennis Channell's death, which occurred on February 10, 2014.
3. The Claimant, Brody Channell, is the son of the deceased.
4. The State admits that Dennis Channell was employed by the Poyen Fire Department as Captain on February 9, 2014 and was working in his official capacity when he was dispatched to a report of a person having a seizure, and subsequently died of a stroke on February 10, 2014 as a result of responding to the call.
5. Arkansas Code Annotated § 21-5-704(a)(1)(A) provides:

The state shall pay to the designated beneficiary or, if there is no designated beneficiary, then to the surviving spouse or surviving children under the age of twenty-two (22) or, if there is no surviving spouse or surviving children under the age of twenty-two (22), then to the surviving children twenty-two (22) years of age or older or to the surviving parents of any covered public employee who is killed in the official line of duty, the sum of fifty thousand dollars (\$50,000).

6. The State agrees that Dennis Channell was a covered public employee who died as the result of being dispatched to a call while working in his official capacity. As a result, his designated beneficiary, surviving spouse, surviving children, or surviving parents would be entitled to the sum of fifty thousand dollars (\$50,000).

7. Arkansas Code Annotated § 21-5-705(a) provides:

The state shall pay the additional sum of one hundred fifty thousand dollars (\$150,000) to the designated beneficiary, surviving spouse, or surviving children under the age of twenty-two (22) of any:

(1) Police officer, wildlife enforcement officer of the Arkansas State Game and Fish Commission, commissioned law enforcement officer or emergency response employee of the State Parks Division of the Department of Parks and Tourism, Department of Community Correction employee, or employee of the Department of Correction whose death occurred:

(A) After January 1, 2003; and

(B) Either:

(i) In the official line of duty as the result of a criminal or negligent action of another person or persons or as the result of the engagement in exceptionally hazardous duty; or

(ii) In the line of duty while the officer or employee was performing emergency medical activities; and

(2) Firefighter, emergency medical technician, or employee of the Arkansas Forestry Commission killed after July 1, 1987, while responding to, engaging in, or returning from a fire, rescue incident, a hazardous material or bomb incident, an emergency medical activity, or simulated training thereof.

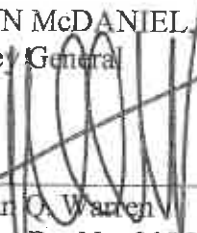
8. The State agrees that Channell's death occurred after July 1, 1987 and as the result of responding to and engaging in an emergency medical activity. However, Brody Collin Channel would not be entitled to the additional \$150,000 because of the statutory age restriction. Brody Colin Channel is over age of 22.
9. Pursuant to Ark. Code Ann. § 6-82-503(a), scholarship benefits are available whenever a covered public employee suffers fatal injuries or wounds or becomes permanently and totally disabled as a result of injuries that occurred in the performance of a hazardous duty within the scope of her employment or which occurred en route to or returning from a location where a hazardous situation existed.
10. The State agrees that the circumstances causing Dennis Channell's death satisfy the hazardous duty requirement set forth in Ark. Code Ann. § 6-82-503(a).
11. However, Brody Collin Channell, decedent's son, would not be entitled to scholarship benefits because Ark. Code Ann. § 6-82-505 has an age-eligibility restriction that states that no child will be entitled to receive benefits during any semester or quarter when the child has reached the age of 23 before the first day of the semester or quarter. Brody Collin Channel is over the age of 23.
12. The State denies any allegations not specifically admitted herein.
13. The State reserves the right to amend this Answer.

WHEREFORE, The State requests that the Claims Commission set this matter for hearing to determine the benefits awarded.

Respectfully submitted,

DUSTIN McDANIEL
Attorney General

By:

 AAG

Jonathan O. Warren
Arkansas Bar No. 2006043
Assistant Attorney General
Attorney for State of Arkansas
323 Center Street, Suite 200
Little Rock, Arkansas 72201
Telephone: (501) 682.3658
Fax: (501) 682.2591
jonathan.warren@arkansasag.gov


JUL 09 2014

CERTIFICATE OF SERVICE

RECEIVED

I, Jonathan Q. Warren, Assistant Attorney General, do hereby certify that a copy of the foregoing document has been served by fax to:

Mr. James W. Stanley, Jr.
Attorney for Claimant
917 West Markham Street, Suite A
Little Rock, AR 72201


Jonathan Q. Warren
Arkansas Bar No. 2006043
Assistant Attorney General
Attorney for State of Arkansas
323 Center Street, Suite 200
Little Rock, Arkansas 72201
Telephone: (501) 682.3658
Fax: (501) 682.2591
jonathan.warren@arkansasag.gov

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$?

Claim No. 14-0905-CC

Brody C. Channell
vs. Claimant

Attorneys
Pro se Claimant

State of Arkansas
Respondent

Charles Lyford, Asst. Atty. General
Respondent

Date Filed May 29, 2014

Type of Claim Death Benefit

FINDING OF FACTS

This claim was filed for death benefit in an unspecified amount against the State of Arkansas.

Present at a hearing July 10, 2014, was the Claimant, pro se, and the Respondent, represented by Charles Lyford, Assistant Attorney General.

The Claims Commission hereby unanimously finds, upon the admission of liability and a recommendation of payment by the Respondent that the Claimant, Brody C. Channell, is entitled to a death benefit in the amount of \$50,000.00, in accordance with AR Code Annotated §21-5-704(a)(1)(A), and allows the claim. This record is left open for the receipt of additional information submitted by the Claimant.

Therefore, the Claims Commission hereby unanimously awards this claim in the amount of \$50,000.00 and directs the Claims Commission Clerk to issue a voucher in payment thereof.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts as stated above the Claims Commission hereby unanimously awards this claim in the total amount of \$50,000.00 to Claimant and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.

July 10, 2014
Date of Hearing

July 10, 2014
Date of Disposition

[Signature]

Chairman

[Signature]

Commissioner

[Signature]

Commissioner

**Appeal of any final Claims Commission decision is only to the Arkansas General Assembly.

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



NORMAN L. HODGES, JR.
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823

August 14, 2014

Mr. Jonathan Warren
Assistant Attorney General
323 Center Street, Suite 200
Little Rock, AR 72201

RE: Brody Channell
Claim #: 14-0905-CC
Vs.
State of Arkansas

Dear Mr. Warren,

We had documentation in the above-referenced matter submitted to our office today by the Claimant. I've enclosed copies of this documentation for your review. Evidently the claim was left open so the Claimant could provide us with this additional paperwork.

Thanks and have a great day!

A handwritten signature in cursive script that reads "Jenna".

Jenna Hale



Poyen Volunteer Fire Department
PO Box 216
Poyen, AR 72128
Phone: 501-467-4531

Arkansas Claims Commission,

The Poyen Fire department provides VFIS insurance to all Poyen Fire Department members. The City of Poyen and the Fire Department use the attached form, proved by VFIS, as the fire department's official Beneficiary form. This document is updated annually, or whenever there is a change in coverage. The last update for Dennis Channell was on Jan. 6th 2014, and records show Dennis Channell's Beneficiary was his son Brody Channell. This Beneficiary information is kept on file at the Poyen Fire Department as well as at the Grant County Courthouse. Included in the attached packet of information is a copy of Dennis Channell's last Beneficiary form.

Thank you,

Claude Hardin

Arkansas
State Claims Commission

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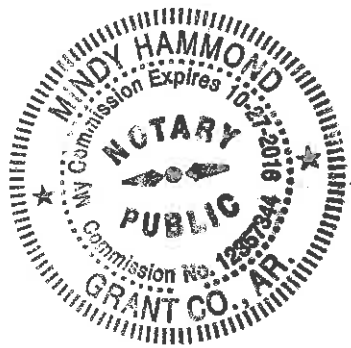
Poyen Volunteer Fire Department
PO Box 216
Poyen, AR 72128
Phone: 501-467-4531

Arkansas Claims Commission,

I Claude Hardin the Chief of the Poyen Fire Department, testify that I witnessed Dennis Channell sign his beneficiary card on January 6th 2014.

Thank you,

Chief Claude Hardin
Poyen Fire Department



Arkansas
State Claims Commission

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Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization Poyen Fire Dept. State AR
 Member's /Employee's Name Dennis Channell
 Member's Date of Birth 1/2/59 Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name Brady Channell Relationship SON Date of Birth 5/29/85 Share 100 %
 Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature Dennis Channell Date 1/6/2014

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

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Poyen Fire Dept. Members

113	Mike Sullivan	Chaplin
115	John Crouse	Capt.
116	Bill Crouse	F.R.
117	Dennis Channell	Capt.
118	Archie McCoy	F.F.
119	Jeff Beck	F.R.
120		
121	Dennis Finley	Asst. Chief
122	Mark Effird	F.F.
123	Christy Barnes	F.F.
124	Courtney Finley	F.F.
125		
126	Jeremy Parrault	F.F.
127	Cory Wilfong	F.F.
128	Andrew Gravitt	Capt.

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State Claims Commission
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129	Shannon Finley	F.R.
130	Claude Hardin	Chief
131	Lester Webb	EMT
132	Dustin King	F.F.
133	David Barnes	F.F.
134	John Lampkins	F.F.
135	Rick Wilfong	F.F.

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Additional Participating Organizations/Policyholders:

CALVERT TWP RURAL FIRE DEPT
CANE CREEK VFD
CENTER GROVE VFD
GRANT COUNTY RESCUE
GRAPEVINE VFD
LEOLA VFD
PALESTINE VFD
POYEN VFD
PRATTSVILLE VFD
SHERIDAN VFD
TULL VFD

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State Claims Commission
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ACCIDENT/SICKNESS CLAIM REPORT

Please Complete and Mail to:

Glatfelter Claims Management, Inc.
P.O. Box 5126, York, PA 17405-9792
(800) 233-1957, Fax: (717)747-7051

**PLEASE COMPLETE THIS FORM
IN FULL FOR PROMPT SERVICE**

NOTE: Important State Information Included

DATE OF THIS REPORT 2/21/2014

SECTION 1 - CLAIMANT INFORMATION

To be completed by the injured person, or next of kin if the claimant is unable or a fatality has occurred.

Home Phone () Work Phone 870 699-4406 Cell Phone ()

Name Dennis A. Channell Soc. Sec. No. _____ Date of Birth 1/2/1959

Home Address 302 W. Second Street (P.O. Box 33) City Poyen State AR Zip 72128

Email Address _____ Weight 190 Height 5'11"

Gender male Marital Status Divorce Name of Spouse (if applicable) n/a

Date of Incident or Organization's Activity February 9 Year 2014 Time 7:34 AM PM

Full-Time/Regular Occupation General Labor Annual Income 26,000.00

Name/Address of Full-time Employer Allen Gate & Panel

Length of Employment in this Work 14 years Employer's Phone Number 870-699-4406

SECTION 2 - INCIDENT AND MEDICAL TREATMENT INFORMATION

1. What activity was the individual above involved in at the time of their injury or illness?
Responded to an emergency medical call to assist ambulance crew. See attached.

2. How did the injury or illness occur?
Sudden onset of symptoms at scene after assisting EMS crew with patient lift into ambulance. See attached.

3. Please describe the injury or illness.
CVA (stroke) resulting in death

4. Date of first day of full-time occupation missed due to above injury or illness (if applicable) _____ N/A

5. Date able to return to work (if applicable) _____ N/A

6. Attending Physician's Name, Address and Telephone Number John Pace; 1 Mercy Ln; Hot Springs, AR 71913; 501-321-1329

7. Name and Address of Hospital Mercy Hospital Hot Springs; 300 Werner Street; Hot Springs, AR 71913

8. Date Hospitalized From 2/9/14 To 2/10/14

SECTION 3 - AUTHORIZATION TO DOCTOR, HOSPITAL, CLINIC OR WORKERS' COMPENSATION CARRIER TO RELEASE MEDICAL INFORMATION

Please furnish Glatfelter Claims Management, Inc. with information or documentation they may request regarding details of the medical history and physical condition, current course of medical treatment or workers' compensation claim for the individual identified above. A photostatic copy of this authorization shall be considered as valid as the original. Your help is greatly appreciated

Signature of Injured Member or Next of Kin [Signature] Relationship _____ Date 2/21/2014

SECTION 4 - CERTIFICATION

To be completed by official of named insured organization (must be other than injured person)

- Was the injured person a member of your organization at the time of the above described incident? Yes No
- If claimant is a member of organization, please select type of member: Junior Adult Auxiliary
- Was the activity described in #1 above an authorized activity of the named insured organization? Yes No
- Name and Address of Organization _____ • Policy Number VFP 4404-8012D-00
- Grant County Firefighters • Organization Telephone Number 870-942-2031
- 101 West Center Street • Home Telephone Number of Official Signing Below 870-942-3041
- Sheridan, AR 72150

I certify that the above is true

Signed [Signature] Title County Judge Date 2-21-14
Claude Hardin Poyen Fire Chief 3-20-14



Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization Poyen Fire Dept. State AR.

Member's /Employee's Name Dennis Channell

Member's Date of Birth 1/2/59 Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name Bobby Channell Relationship SON Date of Birth 5/29/85 Share 100 %
Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature [Signature] Date 1/6/2014

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

Arkansas
State Claims Commission

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*Glatfelter
Insurance
Group*

A Tradition of Service, Founded on Trust.®

August 12, 2013

Named Insured: GRANT COUNTY FIRE FIGHTERS
Policy Number: VFP-4404-8012D-0
Policy Period: 8/1/2013 - 8/1/2016

Dear Client:

As you know, it is our goal to continually review our Accident and Sickness Policy to address the evolving needs of our fire and emergency service clients. We are excited to announce a series of enhancements and clarifications to our Accident and Sickness Program. We believe these enhancements will address topical concerns, while our clarifications will help you understand how certain benefits apply. The policy amendments include:

- ❖ Infectious Disease Update
- ❖ Illness Loss of Life Benefit Clarification
- ❖ Volunteer Disability Benefits Update
- ❖ Cancer Clarification

Please see the enclosed enhancement flyer for details on the policy changes. I am pleased to announce there is no premium charge associated with these updates.

If you would like to consider additional benefits or increased limits, please contact your agent for optional quotes. We appreciate the trust and confidence you have placed in VFIS. Thank you for insuring your members with us. If we can be of further service please contact us.

Sincerely,

Troy Markel, CIC, CRM
President VFIS

183 Leader Heights Road • P.O. Box 2726 • York, Pennsylvania 17405
(717) 741-0911 • (800) 233-1957 • Fax (717) 747-7030 • www.vfis.com

Arkansas
State Claims Commission

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SCHEDULE OF COVERAGES

Policyholder: VFIS Trust

Policy Number: VFP-4404-8012D-0

Participating Organization: GRANT COUNTY FIRE FIGHTERS
 (Name and Address) 101 WEST CENTER STREET
 SHERIDAN, AR 72150

Arkansas
 State Claims Commission
 AUG 14 2014

Policy Effective Date: 8/1/2013

Term: 3 Years

Policy Termination Date: 8/1/2016

Premium: \$23,386

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This summary of coverage provides only those following benefits that have a specified amount entered opposite the name of the benefit. Benefits that are followed by entry of the word "none" are not provided.

PART COVERAGE

AMOUNT OF INSURANCE

- I. Loss of Life Benefits**
 - A. Accidental Death Benefits
 - (1) Accidental Death Indemnity Benefit \$50,000
 - (2) Seat Belt Benefit Amount \$12,500
 - B. Illness Loss of Life Benefit \$50,000
 - C. Dependent Child Benefit Amount \$10,000
 - D. Spousal Support Benefit Amount \$5,000
 - E. Memorial Benefit Amount \$2,000

- ii. Lump Sum Living Benefits**
 - A. Accidental Dismemberment Principal Sum \$50,000
 - B. Vision Impairment Benefit \$50,000
 - C. Injury Permanent Impairment Benefit Principal Sum \$50,000
 - D. Heart Permanent Impairment Benefit Principal Sum \$50,000
 - E. Illness Permanent Impairment Benefit Principal Sum \$50,000
 - F. Cosmetic Disfigurement Resulting From Burns Principal Sum \$50,000
 - G. HIV Positive Lump Sum Benefit \$50,000

- III. Weekly Income Benefits**
 - A. Total Disability Benefits
 - (1) Total Disability Weekly Income Benefit (first 28 days) \$500
 - (2) Total Disability Maximum Weekly Amount (after 28 days) \$500
 - (3) Total Disability Minimum Weekly Amount \$150
 - B. Partial Disability Benefits
 - (1) Partial Disability Weekly Income Benefit (first 28 days) \$250
 - (2) Partial Disability Maximum Weekly Amount (after 28 days) \$250
 - (3) Partial Disability Minimum Weekly Amount \$75

- IV. Occupational Retraining Benefit Maximum Amount \$20,000**

- V. Weekly Injury Permanent Impairment Benefit Yes No**

- VI. Optional Weekly Injury Permanent Impairment COLA Benefit Yes No**

- VII. Medical Expense Benefits**

- A. Medical Expense Maximum Amount.....\$20,000
- Medical Expense Benefit Options
 - (1) Excess of Workers' Compensation or No-Fault Auto Insurance Benefits.....
 - (2) Excess of Workers' Compensation, No-Fault Auto Insurance and Other Group Insurance
 - (3) Primary Medical Expense Benefit.....
- B. Cosmetic Plastic Surgery Maximum Amount.....\$10,000
- C. Post Traumatic Stress Disorder Maximum Amount.....\$10,000
- D. Critical Incident Stress Management Maximum Amount (Per Covered Activity).....\$2,500
- E. Family Expense Benefit (Per Day).....\$100
- VIII. Continuation Of Health Insurance Premium Benefit Maximum Amount.....\$12,000
- IX. Transition Benefit Yes No
- X. Felonious Assault Benefit Yes No
- XI. Home Alteration and Vehicle Modification Benefit Maximum Amount\$15,000
- XII. Optional Benefits
 - A. Weekly Hospital Indemnity Benefit.....None
 - B. Additional Disability Weekly Benefit.....None
 - C. Extended Total Disability Benefit Yes No
 - D. 24-Hour Accidental Death and Dismemberment Benefit.....None
 - E. Off-Duty Activity Accidental Death and Dismemberment Benefit.....None

POLICY FORMS ATTACHED AT ISSUANCE:

V40004NUFIC(Rev 01-09)
 V40003NUFIC
 V40006NUFIC
 V40018NUFIC-AR
 V40070NUFIC
 AR-Service Info
 89644 (07-05)

Summary of Coverage - Volunteer
 Participating Organization Endorsement
 Amendatory Rider
 Amendatory Endorsement for Arkansas Residents
 Amendatory Endorsement
 Arkansas Service Information
 Coverage Territory Endorsement

Arkansas
 State Claims Commission

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Insurance
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A Tradition of Service, Founded on Trust.®

GRANT COUNTY FIRE FIGHTERS
101 WEST CENTER STREET
SHERIDAN, AR 72150

INVOICE

Remit Payment To: VFIS c/o M&T Bank PO Box 64904 Baltimore, MD 21264-4904	Customer #: C34423 PB #: 14425		
	Named Insured: GRANT COUNTY FIRE FIGHTERS		
	Policy Type: Accident and Sickness		
	Policy Number: VFP 4404-8012D-00		
	Contract Dates: 08/01/2013 TO 08/01/2016		
	Trans Type: Instalment 1 of 3		
	Effective Date: 08/01/2013		
	Invoice Date	Invoice Number	Payment Due Date
<i>Please make checks payable to VFIS.</i>	08/12/2013	20455104	09/11/2013

Description	Effective Date	Due Date	Future	Current
Policy Premium	08/01/2013	09/11/2013		\$7,795.00
Instalment #2	08/01/2014	08/31/2014	\$7,795.00	
Instalment #3	08/01/2015	08/31/2015	\$7,796.00	
Total Amount Due:				\$7,795.00

Arkansas
State Claims Commission
AUG 14 2014
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If any policy or coverage is not wanted, please notify us immediately. Otherwise, an earned premium will be due the company for the time the policy was in force. Failure to remit payment will result in cancellation of coverage.

SR20

183 Leader Heights Road • P.O. Box 2726 • York, Pennsylvania 17405
(717) 741-0911 • (800) 233-1957 • Fax (717) 747-7085 • www.vfis.com

GRANT COUNTY
GENERAL COUNTY FUND
Tim Stuckey, Treasurer
Grant County Courthouse
Sheridan, AR 72150

PEOPLES BANK
SHERIDAN, ARKANSAS
81-878-829

Check/Warrant # 12325
Date 08/15/2013

VOID 1 Year From Date of Issue

Claim # 3045 Fund 1000 Account 5003054 Pay This Amount \$7,795.00

Pay Exactly SEVEN THOUSAND SEVEN HUNDRED NINETY-FIVE DOLLARS AND CENTS*****

PAY TO THE ORDER OF
VFIS
C/O M & T BANK
P O BOX 64904
BALTIMORE, MD 21264-4904

TIM STUCKEY, COUNTY TREASURER

012325 0829087801 3022704

GRANT COUNTY, STATE OF ARKANSAS - OFFICE OF COUNTY TREASURER - SHERIDAN ARKANSAS 72150
Invoice(s):

Vendor 1477 Warrant Date 08/15/2013

Dept 1000 Federal ID/SSN 23-1732969

Amount	Check Number	Claim Number
\$7,795.00	12325	3045 20455104

Accounts Debited for this Claim:
5003054 \$7,795.00

012325 0829087801 3022704

Arkansas
State Claims Commission
AUG 14 2014

RECEIVED

GRANT COUNTY
GENERAL COUNTY FUND
Tim Stuckey, Treasurer
Grant County Courthouse
Sheridan, AR 72150

PEOPLES BANK
SHERIDAN, ARKANSAS
81-878-829

VOID 1 Year From Date of Issue

Check/Warrant #: 12325
Date: 08/15/2013

Claim # 3045 Fund 1000 Account 5003054 Pay This Amount \$7,795.00

Pay Exactly SEVEN THOUSAND SEVEN HUNDRED NINETY-FIVE DOLLARS AND CENTS*****

ORDER OF
VFIS
C/O M & T BANK
P O BOX 64904
BALTIMORE, MD 21264-4904

NON-NEGOTIABLE

RECEIVED

BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

BRODY CHANNELL

CLAIMANT

V.

NO. 14-0905-CC

STATE OF ARKANSAS

RESPONDENT

RESPONDENT'S SUPPLEMENT

Respondent, State of Arkansas (State), provides:

1. The Arkansas State Claims Commission has jurisdiction over this matter pursuant to Ark. Code Ann. § 21-5-702.
2. This claim was filed within five years of Dennis Channell's death, which occurred on February 10, 2014.
3. The Claimant, Brody Channell, is the son of the deceased.
4. A July 10, 2014 hearing was conducted and findings of fact were issued, awarding Brody Channell a death benefit in the amount of \$50,000, pursuant to Ark. Code Ann. § 21-5-704(a)(1)(A).
5. The record in this case was left open for the receipt of additional information submitted by Claimant.
6. Undersigned counsel has received additional documentation submitted to the Commission by Brody Channell regarding a beneficiary designation.
7. Arkansas Code Annotated § 21-5-705(a) provides:

The state shall pay the additional sum of one hundred fifty thousand dollars (\$150,000) to the designated beneficiary, surviving spouse, or surviving children under the age of twenty-two (22) of any:

(1) Police officer, wildlife enforcement officer of the Arkansas State Game and Fish Commission, commissioned law enforcement officer or emergency response employee of the State Parks Division of the Department of Parks and Tourism, Department of Community Correction employee, or employee of the Department of Correction whose death occurred:

(A) After January 1, 2003; and

(B) Either:

- (i) In the official line of duty as the result of a criminal or negligent action of another person or persons or as the result of the engagement in exceptionally hazardous duty; or
- (ii) In the line of duty while the officer or employee was performing emergency medical activities; and

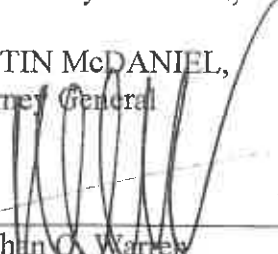
(2) Firefighter, emergency medical technician, or employee of the Arkansas Forestry Commission killed after July 1, 1987, while responding to, engaging in, or returning from a fire, rescue incident, a hazardous material or bomb incident, an emergency medical activity, or simulated training thereof.

8. Ark. Code Ann. § 21-5-708 governs designated beneficiaries. Section 21-5-708(a)(2) mandates that the "form to designate a beneficiary shall be completed by the covered public employee, notarized, and submitted to his or her employer to be kept in the covered public employee's personnel file."
9. The State agrees that Channell's death occurred after July 1, 1987 and as the result of responding to and engaging in an emergency medical activity. However, the documentation submitted to the Commission does not meet the statutory requirements in order to be eligible for the additional sum of \$150,000 because the beneficiary designation form is not notarized, as required by law in section 21-5-708.
10. The State reserves the right to amend this Supplement.

Respectfully submitted,

DUSTIN McDANIEL,
Attorney General


By:


Jonathan Q. Warren
Arkansas Bar No. 2006043
Assistant Attorney General
Attorney for State of Arkansas
323 Center Street, Suite 200
Little Rock, Arkansas 72201
Telephone: (501) 682.3658
Fax: (501) 682.2591
jonathan.warren@arkansasag.gov

CERTIFICATE OF SERVICE

I, Jonathan Q. Warren, Assistant Attorney General, do hereby certify that on August 21, 2014, a copy of the foregoing document has been served via email to:

Mr. Brody Channell


Jonathan Q. Warren
Arkansas Bar No. 2006043
Assistant Attorney General
Attorney for State of Arkansas
323 Center Street, Suite 200
Little Rock, Arkansas 72201
Telephone: (501) 682.3658
Fax: (501) 682.2591
jonathan.warren@arkansasag.gov

BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

Arkansas
State Claims Commission
SEP 19 2014

BRODY CHANNELL

RECEIVED
CLAIMANT

v.

No. 14-0905-CC

STATE OF ARKANSAS

RESPONDENT

AMENDMENT TO THE CLAIM WITH SUGGESTIONS

Comes Claimant Brody Channell, by his counsel, James W. Stanley, Jr., and for his amendment to his claim states as follows:

1. ACA 21-5-708(a)(1) provides, *inter alia*, that a public employee, such as claimant's late father, may designate a beneficiary on a form provided by his employer. ACA 21-5-708(a)(2) requires the public employee to designate a beneficiary, to complete the form, have it notarized (emphasis added), and then submit it to his employer and to be kept in his personnel file.

2. The documents filed with the Commission clearly reveal Mr. Dennis Channel did not have his signature on the form aforesaid notarized; therefore the designation of beneficiary fails as a matter of law. Accordingly, there was no designation.

3. ACA 21-5-708(b) provides in the event the public employee does not designate a beneficiary (as here), the benefits shall be paid to:

- a. Surviving spouse (none);
- b. Surviving children under 22 (none);
- c. Surviving children over 22 (the claimant herein only).

4. Claimant is the natural child of Dennis Channel. And since he was not designated as the natural child per ACA 21-5-708, in order for him to be eligible to receive benefits he must have been born prior to the public employee's demise. It is undisputed he was born before Dennis Channell's death.

5. Although ACA 21-5-705(a) would at first glance appear to suggest the benefits (of \$150,000.00) under this section would be limited to the surviving spouse or children under 22, ACA 21-5-708(b) expands such coverage to include children over 22 years of age (such as claimant herein) in the event, for whatever reason, the public employee has failed to designate a beneficiary, as here, by not barring the claims of such individuals (i.e.: children over 22 or surviving parents). The two statutes must be read in conjunction with each other. It is obvious ACA 21-5-708(a)(b) was intended to apply to those benefits provided under ACA 21-5-705 because the benefits under ACA 21-5-704(a)(1)(A) (i.e.: \$50,000.00) has its own separate provision for enumerated beneficiaries.


6. The benefits provided herein under this subsection are basically a type of "gratuitous life insurance," paid in addition to any other benefits under any other statutory scheme (e.g.: worker's compensation, etc...). Accordingly it ought to be liberally construed in favor of the insured (or beneficiary) if there are any ambiguities concerning coverage. *Buddy Bean Lumber Co. v. Axis Surplus Ins. Co.*, 715 F.3d 95 (8th Cir. 2013).

Importantly ACA 21-5-705 and 21-5-708 must be construed to harmonize together so the intended meaning, i.e.: providing an additional benefits of

\$150,000.00 is to be effectuated. *Bates v. Security Benefit Life Ins. Co.*, 146 F.3d 600 (8th Cir. 1998). Accordingly, this interpretation ought to be liberally construed in favor of the beneficiary, Claimant Brody Channell. *Robey v. Safeco Ins. Co.*, 270 F. Supp. 473 (W.D. of Ark. 1967).

Wherefore, in as much as claimant, Brody Channell is shown to be the sole surviving child of the employee, Dennis Channell, he ought to be entitled to the \$150,000.00 in additional benefits as set forth in 708 (b).

Respectfully submitted,



JAMES W. STANLEY, JR. 75214
917 W. MARKHAM, SUITE A
LITTLE ROCK, AR 72201
(501) 324-2889 TELEPHONE
(501) 324-2820 FAX

CERTIFICATE OF SERVICE

This is to certify that foregoing has been mailed on this 18th day of September, 2014 to the individual(s) listed herein below.



James W. Stanley, Jr.

Jonathan Warren
Assistant Attorney General
323 Center Street, Suite 200
Little Rock, AR 72201

BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

Arkansas
State Claims Commission
OCT 10 2014

RECEIVED

BRODY CHANNELL

CLAIMANT

v.

No. 14-0905-CC

STATE OF ARKANSAS

RESPONDENT

SUGGESTIONS IN SUPPORT OF CLAIMANT'S POSITION

Comes claimant, Brody Channell, by counsel James W. Stanley, Jr., and proffers these suggestions to the Commission as follows:

He was designated the beneficiary by Dennis Channel for any accident and insurance benefits through VFIS, as indicated by the attached Exhibit A on January 6, 2014. This standard insurance form apparently is used throughout the state, at least for all fire departments your claimant is aware of. Therefore this concern over the forms usefulness per ACA 21-5-705 and ACA 21-5-708 is applicable not just to this case, but to any other similar situated firefighter claim. The very form that was furnished to the Poyen Fire Department, and indeed to all fire departments apparently, has provisions for a designation of the beneficiary in an accident and sickness policy. This form had presumably been approved by the Arkansas Insurance Department. It contains absolutely no provision, for having the document notarized.

While it is certain the legislature placed in the requirements of 21-5-708, that the beneficiary form be notarized, when the beneficiary document is furnished by the public employer, and approved by a state subdivision, the insurance

department, and no provision is made for notarization, one is hard pressed to see how Mr. Dennis Channell could have had it notarized or indeed anyone in his fire department could have had it notarized and Mr. Brody Channel should not be penalized for such impossibility.

It is argued the purpose of having an acknowledgment to an instrument is to certify and to identify the person who executed the very instrument. *Jones v. Owens*, 342 SW 3d, 265 (Ark. 2009). There is no dispute in this case that Mr. Dennis Channell signed this document as the Fire Chief, Claude Hardin, has verified that Mr. Channell signed the beneficiary card on January 6, 2014 as evidenced by the attached. Exhibit B.

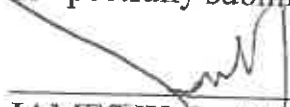
An acknowledgment is generally considered to be a formal declaration or admission before an authorized public officer by the person who has executed the instrument stating his intent. *In Re Stewart*, 422 BR 185 (WD Ark. 2009). Clearly Mr. Dennis Channell declared his intended claimant, Brody Channell was to receive 100% of any benefits and this was executed before a public officer, Claude Hardin, Chief of the Poyen Fire Department.

A valid transfer of interest is considered made despite the instrument being not acknowledged where there is a present intent to convey such an interest, as in this case. *First Security Bank v. Gels*, 383 SW 3d, 437 Ark. App. 2011. Also it is well established courts, and presumably the State Claims Commission, will certify any acknowledgment certificate when it is possible to do so. *In Re Stewart, supra*.

Since the Commissioner is dealing with an insurance form (VFIS), and Respondent relies upon 708(b), to dispute claimant's entitlement to benefits. Arkansas insurance law may be helpful as a guide in this case. It is well established provisions as to the determination of a designated beneficiary in insurance policies are to be construed similar to those of a will. *Slavik v. Estate of Slavik*, 880 SW 2d 524 (Ark. 1994). The intent of the testator in pursuing the will should be ascertained from the instrument itself and then given effect to such intent. *American Foundation Life Insurance Co., v. Wampler*, 497 SW 2d 656 Ark. 1973.

Here Mr. Dennis Channell clearly intended his son, the claimant herein, to be the beneficiary, unequivocally and unambiguously, and the form provided no place for a notarization. Since the true intent of Dennis Channell was to designate a beneficiary in the form, this claim should not be rejected due to a matter beyond the control of either the deceased, or his beneficiary, Brody Channell, the claimant herein.

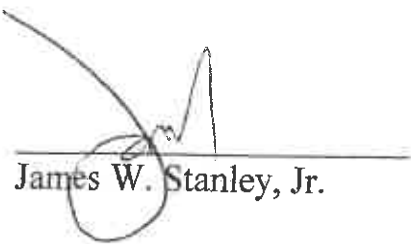
Respectfully submitted,



JAMES W. STANLEY, JR. 75214
917 W MARKHAM, SUITE A
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(501) 324-2820 FAX

CERTIFICATE OF SERVICE

This is to certify that foregoing has been mailed on this 9th day of October,
2014 to the individual(s) listed herein below.


James W. Stanley, Jr.

Jonathan Warren
Assistant Attorney General
323 Center Street, Suite 200
Little Rock, AR 72201



Exhibit A

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization Poyen Fire Dept. State AR.
 Member's /Employee's Name Dennis Channell
 Member's Date of Birth 1/2/59 Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)
 Beneficiary: Name BRADY CHANNELL Relationship SON Date of Birth 5/29/85 Share 100 %
 Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Contingent -
 Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %
 Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature Dennis Channell Date 1/6/2014

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

Exhibit B



Poyen Volunteer Fire Department
PO Box 216
Poyen, AR 72128
Phone: 501-467-4531

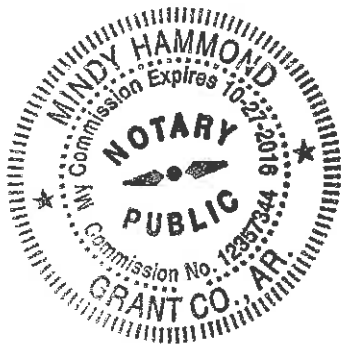
Arkansas Claims Commission,

I Claude Hardin the Chief of the Poyen Fire Department, testify that I witnessed Dennis Channell sign his beneficiary card on January 6th 2014.

Thank you,

A handwritten signature in cursive script that reads "Claude Hardin".

Chief Claude Hardin
Poyen Fire Department



A handwritten signature in cursive script, which appears to be "Dennis Channell".

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$?

Claim No. 14-0905-CC

Brody C. Channel
Claimant

James W. Stanley, Jr., Attorney
Attorneys
Claimant

vs.

State of Arkansas
Respondent

Jonathan Warren, Asst. Atty. General
Respondent

Date Filed May 29, 2014

Type of Claim Death Benefit

FINDING OF FACTS

This claim was filed for a death benefit in an unspecified amount against the State of Arkansas.

Present at an oral hearing October 16, 2014, was the Claimant, represented by James W. Stanley, Jr. and Respondent, represented by Jonathan Warren, Assistant Attorney General.

Following a July 10, 2014, hearing that awarded Claimant the amount of \$50,000.00 for the on the job death of his father (Poyen Fire Department Captain, Dennis Channell) this claim was left open in order for the Claimant to provide support for an additional monetary award under the statutorily provided "designated beneficiary" language found in Ark Code § 211-5-708 (a) 1, and (2).

The language of 21-5-708 (a)(1) and (2) reads as follows:

"(a) (1) A covered employee may designate a beneficiary on a form provided his or her employer.

(2) The form to designate a beneficiary shall be completed by the covered public employee, notarized and submitted to his or her employer to be kept in the covered public employee's personnel file."

The Claimant's father did not file such a notarized employer provided beneficiary designation form, as is required by the clear language of the statute, with his employer.

The Claims Commission joins the Respondent in denying the payment of an additional \$150,000.00 award to the Claimant, as the required statutory provisions were not met.

The Claims Commission's order of July 10, 2014, stands as the final order on the claim.

IT IS SO ORDERED

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission's order of July 10, 2014, stands as the final order on the claim.

Date of Hearing October 16, 2014

Date of Disposition October 16, 2014

[Signature]
Chairman

[Signature]
Commissioner

[Signature]
Commissioner

**Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.

BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

BRODY CHANNELL

CLAIMANT

v.

No. 14-0905-CC

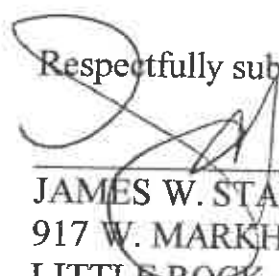
STATE OF ARKANSAS

RESPONDENT

NOTICE OF APPEAL

Claimant, Brody Channell, by and through his counsel James W. Stanley, Jr., hereby gives notice of his appeal of the decision of the State Claims Commission dated October 16, 2014 to the Arkansas General Assembly pursuant to ACA 19-10-211.

Respectfully submitted,



JAMES W. STANLEY, JR. 75214
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(501) 324-2889 TELEPHONE
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Arkansas
State Claims Commission

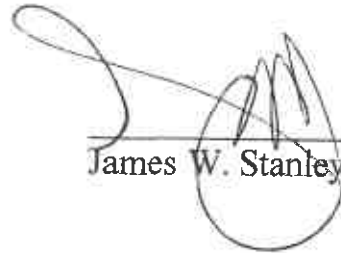
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RECEIVED

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CERTIFICATE OF SERVICE

This is to certify that foregoing has been mailed on this 12th day of November, 2014 to the individual(s) listed herein below.


James W. Stanley, Jr.

Jonathan Warren
Assistant Attorney General
323 Center Street, Suite 200
Little Rock, AR 72201

Arkansas
State Claims Commission

NOV 17 2014

RECEIVED

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