

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas State Claims Commission MAY 12 2014

E1

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

Bryan Like, #119963 Claimant

vs.

State of Arkansas, Respondent Dept. of Corr.

Do Not Write in These Spaces Claim No. 14-0858-CC Date Filed May 12, 2014 Amount of Claim \$ 25,000.00 Fund DOC

COMPLAINT Personal Injury, Pain & Suffer: Negligence, Failure to Follow Procedure

Bryan Like, #119963 the above named Claimant, P.O. Box 980, Brickley's, AR 72320-0180 (Name) (Street or R.F.D. & No.) (City)

County of LEE represented by Pro Se! (State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

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

State agency involved: ARK. DEPT. OF CORRECTION Amount sought: \$25,000.00

Month, day, year and place of incident or service: On or about Wednesday, October 23, 2013, the

Explanation: Claimant was forcedly ordered to operate a faulty machine that the respondents knew was faulty, yet ordered claimant to operate. This caused a serious injury to the claimant's left arm. Not only did the respondents, A.D.C., fail to properly help claimant get proper, needed medical care, in order to cover-up the "clearly established" policy of providing protective equipment, etc., the respondents not only denied claimant proper appeals via a retaliatory disciplinary that was written on him (the claimant), but also, the respondents retaliatorily denied claimant's various institutional grievances written by the claimant & see attached exhibits 1, p. 1 thru 7; exhibits 2, p. 1 & 2; and exhibit 3, p. 17. The attempts made by the claimant amounted to object futility. The claimant's injury was not only ignored, but was retaliated upon by being sent to another A.D.C. facility: East Arkansas Regional Unit (E.A.R.U.). There was no reasonable justification for the transfer to a more unfavorable facility and again, was only to cover-up the incident of Wednesday, October 23, 2013, which is wrong and ignore claimant's injury complained of.

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; when? (Month) (Day) (Year); to whom? (Department); and that the following action was taken thereon:

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? No; if so, state name and address

and that the nature thereof is as follows: (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code); and was acquired on (Date); in the following manner:

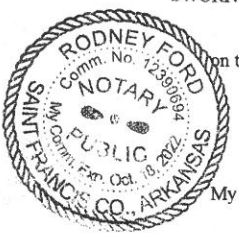
THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

X BRYAN LIKE #119963 (Print Claimant/Representative Name)

X Bryan Like AOC #119963 (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Brickley's Arkansas (City) (State)

(SEAL) on this 06 day of Mar, 2014 (Date) (Month) (Year)



Notary Public (Notary Public) My Commission Expires: Oct 18 2014 (Month) (Day) (Year)

SF1-R7/99

UNIT LEVEL GRIEVANCE FORM (Attachment I)

GRIEVANCE/RECEIVED

Unit/Center WVU

JAN 03 2014

Name B. Like

ADC# 119963 Brks # 15 Job Assignment TC

FOR OFFICE USE ONLY	
GRV. #	<u>EA-13-02319</u>
Date Received:	<u>12-31-13</u>
GRV. Code #:	<u>803</u>

12-26-13 (Date) STEP ONE: Informal Resolution

\_\_\_\_\_ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: \_\_\_\_\_

\_\_\_\_\_ (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 12-24-13 I received a grievance from Central Office (EA-13-02183) stating that I failed to follow proper procedure by not sending Attachment I with the Warden's response. I did not send this grievance to Central Office. The grievance officer at Earle Ms. McDaniels and Ms. Hill sent my grievance to Central Office instead of sending it to me at the WRIGHTSVILLE UNIT. Both officials are attempting to sabotage all of my grievances. To prevent me from exhausting my administrative remedies regarding my injury. My arm (left) was severely injured due to faulty equipment. Therefore Mr. Andrews, Major Glover, Warden Burl, Larry May and John Doe 1 through 25 are responsible for such injury. And the reason why the grievance officers are sabotaging my use of the grievance procedure.

Bryan like \_\_\_\_\_ 12-26-13 \_\_\_\_\_  
 Inmate Signature Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 12-26-13 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

BOLUS, H 24059 BOLUS, H \_\_\_\_\_  
 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Sent to Ms. Coleman - Grievance office.

\_\_\_\_\_ Bryan Like 12-26-13 \_\_\_\_\_  
 Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_  
 Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_  
 If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

2

*BK051044*

IGTT410  
3GS

Attachment III

INMATE NAME: Like, Brian

ADC #: 119963C

GRIEVANCE #: EA-13-02319

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Like, you grieve you received a grievance (EA-13-02183) from Central Office on 12/24/2013 stating you failed to follow proper procedure by not sending attachment 1 with the Warden's Response and you have not sent this grievance to Central Office and the grievance office is trying to sabotage you. Your complaint is noted. Ms. McDaniel, Program Specialist/Inmate Grievance Supervisor, stated no one in the grievance office is trying to sabotage you from using the grievance procedure. She also stated when a grievance is Warden Respond both the attachment 1 and the response is sent to the inmate and the grievance staff did not send a warden response to Central Office. Without further evidence, I find no merit in your complaint.

[Signature box]

*JUBW*  
Signature of Warden/Supervisor or Designee

*Ward*  
Title

*1/28/14*  
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

*By the time my original grievance (EA-13-02183) was sent to the central office, I didn't get an answer from the grievance due to the fact that central office received it too late. This was not my fault. I sent the grievance in the appropriate time frame. This also happened with my retaliation grievance (EA-13-02112). I am grieving that my original grievance (EA-13-02183) has never been answered from the central office.*

*Bryan Like*  
Inmate Signature

*119963*  
ADC#

*2/1/14*  
Date  
RECEIVED

JAN 29 2014

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

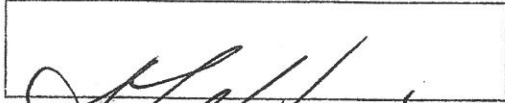
INMATE NAME: Like, Brian

ADC #: 119963

GRIEVANCE#:EA-13-02319

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

Please be advised inmate Like your appeals were processed in accordance with AD 12-16. Per AD 12-16, a written decision or rejection of an appeal at this level is the end of the grievance process. Therefore, I find no merit to your complaint and no further action is warranted at this time.



Director

3-10-2014

Date



ID Number: 119963  
 Test Date: 09/04/13  
 Run Date: 09/04/13  
 Page No: 16

Individual Report for LIKE BRYAN A

EARU20130903A  
 TABE 9/10 Survey  
 WILLIAMS  
 EARu  
 Entire group

Skill Areas	L/F	RS	NA	SS	GE	NP	NRS	NS	OM	Predicted GED
Reading	M0	9	25	405	2.4	13	2	3	20	
Math Compu	E0	19	25	432	3.8	18		3	80	
Applied Math	E0	5	25	200	0.0	1		1	0	
Language	E0	6	25	340	1.4	5	1	2	17	
Total Math		24	50	316	2.0	2	2	1		
Total Battery		39	100	353	2.0	3		1		

L/F=Test Lev & Frm    RS=Raw Score    NA=No. Attempted  
 SS=Scale Score    GE=Grade Equiv    NP=National %ile  
 NRS=Literary Level    NS=National Stan    OM=% Obj. Mastered

Objectives	Score	MST	Percent	Objectives	Score	MST	Percent
Reading				Language			
M01 Intrap Graph	0/ 4	-	0	E30 Usage	4/ 5	+	80
M02 Wd In Contx	0/ 4	-	0	E31 Sent Forma	0/ 4	-	0
M03 Recall Info	1/ 6	-	16	E32 Para Devel	1/ 4	-	25
M04 Const Mean	6/ 6	+	100	E33 Capitaliz	0/ 4	-	0
M05 Eval/Ex Mng	2/ 5	-	40	E34 Punctuation	0/ 4	-	0
Subtest Avg			36	E35 Writg Conv	1/ 4	-	25
Math Compu				Subtest Avg			24
E11 Add Whl Num	5/ 6	+	83	Total Average			39
E12 Sub Whl Num	4/ 5	+	80				
E13 Mul Whl Num	5/ 5	+	100				
E14 Div Whl Num	2/ 5	-	40				
E15 Decimals	3/ 4	+	75				
Subtest Avg			76				

Applied Math	Score	MST	Percent
E21 Num Operatn	1/ 5	-	20
E22 Comp Contxt	1/ 3	-	33
E23 Estimation	0/ 2	-	0
E24 Measurement	0/ 3	-	0
E25 Geometry	1/ 2	P	50
E26 Data Analy	1/ 4	-	25
E27 Stat/Prob	0/ 2	-	0
E28 Pre-Alg/Alg	1/ 2	P	50
E29 Prob Solvg	0/ 2	-	0
Subtest Avg			20

Arkansas  
 State Claims Commission

SEP 24 2014

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'MST'=Mastery Level    '-'=Non-Mastery    'P'=Partial Mastery    '+'=Mastery

5

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

BRYAN LIKE (ADC 119963)

Arkansas Claims Commission

CLAIMANT

V.

NO. 14-0858-CC

MAY 15 2014

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ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**ANSWER**

COMES NOW the Respondent, Arkansas Department of Correction, and for its Answer, states and alleges as follows:

1. Respondent denies liability in this claim and asserts it will hold the Claimant to strict proof on each allegation unless admitted by Respondent. Respondent reserves the right to plead further upon completion of the investigation by internal affairs and requests the matter be held in abeyance until the investigation is complete.
2. The applicable account information required by the Commission is:
  - a. Agency number: 0480
  - b. Cost Center: HCA 0100
  - c. Internal Order: 340301
  - d. Fund Center: 509

WHEREFORE, for the reasons cited above the Respondent prays that the claim be dismissed with prejudice and that Claimant take nothing, or in the alternative that the matter be held in abeyance until completion of the investigation by internal affairs.

Respectfully submitted,  
Department of Correction Office of Counsel

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190  
Attorney Supervisor  
Post Office Box 8707  
Pine Bluff, AR 71611  
(870)267-6844 Office  
(870)267-6373 Facsimile

**CERTIFICATE OF SERVICE**

I certify that a copy of this pleading has been served this 14 day of May, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Bryan Like (ADC 119963)  
East Arkansas Regional Unit  
PO Box 180  
Brickeys, AR 72320-0180

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190

JUL 04 2014

## BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

BRYAN LIKE (ADC #119963)

RECEIVED  
CLAIMANT

V.

NO. 14-0858-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**RESPONDENT'S MOTION TO DISMISS**

COMES NOW the Respondent, Arkansas Department of Correction, and for its MOTION TO DISMISS, states and responds as follows:

1. Claimant files a claim for personal injury, negligence, pain and suffering, and mental anguish. He seeks \$25,000.00. Claimant has failed to state a cause of action under ARCP 12(B)(6) and the claims should be dismissed.
2. Claimant alleges that on October 23, 2013, he was operating a faulty cotton compressor when he caused serious injury to his left forearm.
3. Claimant attended safety meetings at the EARU Farm Division where the property use of shop tools and equipment was discussed at each weekly meeting. See Exhibit "A".
4. On October 22, 2013, Claimant was instructed by Robert Andrews, , Farm Manager, to drive the tractor and module builder to the field where they were picking cotton and wait for Mr. Andrews to set it up. When Andrews arrived at the location, he observed that Claimant had attempted to set up the machine on his own and had injured his left forearm and he was taken to the infirmary. Mr. Andrews wrote him a disciplinary for failure to follow a direct order. The disciplinary was dismissed.
5. Claimant stated to Mr. Andrews that he 'just wasn't thinking' and his forearm was caught in the hydraulics of the cotton module.
6. Claimant was taken to the infirmary and treated for his injuries. Then taken to UAMS where it was determined that he had only a muscle injury. Correctcare personnel treated his injures according to the medical advice of UAMS physicians. He was given a 2 week lay-in and hydrocodone for pain, then Tramadol, and x-rays were taken. There was no attempt to cover up the injury as Claimant was seen by an outside provider on the same day and was followed up by Dr. Simmons of CorrectCare. All of this is well documented. No cover-up of his injury occurred or was attempted.
7. Statements were taken by other farm worker inmates who will testify that they attend safety meetings every Monday and are always trained on how to operate all equipment safely and correctly before being allowed to run it alone. See Exhibit "B".
8. If Claimant had waited until Mr. Andrews arrived to set up this machine, this accident would not have occurred.
9. Respondent prays that the claim be dismissed because Claimant has failed to state a cause of action under ARCP 12(B)(6) and the claims should be dismissed.

WHEREFORE, for the reasons stated above and the evidence submitted, the Claim must be dismissed.

Respectfully submitted,

Arkansas Claims Commission

Department of Correction  
Office of Counsel

JUL 04 2014

RECEIVED

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190  
Attorney Supervisor  
Post Office Box 8707  
Pine Bluff, AR 71611  
(870)267-6844 Office  
(870)267-6373 Facsimile

**CERTIFICATE OF SERVICE**

I certify that a copy of the above MOTION TO DISMISS has been served this 3 day of July, 2014, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

BRYAN LIKE (ADC #119963)  
EARU  
P. O. BOX 180  
BRICKEYS, AR 72320-0180

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190



**Arkansas Department of Corrections**  
**East Arkansas Regional Unit**  
**Farm Division**

P.O. Box 180  
Brickeys AR 72320  
(870) 295-3959

**Safety Meeting**

Arkansas Claims Commission

JUL 04 2014

RECEIVED

Date: 9-9-13  
Department: Farm

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. Don't ride on tractor fenders or drawbar. When riding in the back of a truck SIT DOWN FLAT in the bed. There will be no standing in the back, or sitting on the side of any vehicle. Use caution when hitching or unhitching Implements. Do not move tractors unless told to do so. There will be NO OBSCENE language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the Evacuation Plan. In case of Fire, Explosion, Weather, or Chemical emergency, all Employees and \_\_\_\_\_ South tower for a head count.

Int	
<u>B. Like</u>	<u>119963 9-9-13</u>

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8 9-9-13

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B. Parson  
Supervisor



Exhibit A





Arkansas Department of Corrections  
East Arkansas Regional Unit  
Farm Division

P.O. Box 180  
Brickeys AR 72320  
(870) 295-3959

Safety Meeting

Arkansas Claims Commission

JUL 04 2014

RECEIVED

Date: 10-21-13  
Department: Farm

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. **Don't ride on tractor fenders or drawbar.** When riding in the back of a truck **SIT DOWN FLAT** in the bed. **There will be no standing in the back, or sitting on the side of any vehicle.** Use caution when hitching or unhitching Implements. Do not move tractors unless told to do so. There will be **NO OBSCENE** language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the Evacuation Plan. In case of Fire, Explosion, Weather, or Chemical emergency, all Employees and Inmates report to the South tower for a head count.

Inmates Attended:


Bryan Sike #119963  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dagoberto  
Supervisor



**Arkansas Department of Corrections  
East Arkansas Regional Unit  
Farm Division**

P.O. Box 180  
Brickeys AR 72320  
(870) 295-3959

**Safety Meeting**

Date: 9-23-13  
Department: Farms

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. **Don't ride on tractor fenders or drawbar.** When riding in the back of a truck **SIT DOWN FLAT** in the bed. **There will be no standing in the back, or sitting on the side of any vehicle.** Use caution when hitching or unhitching Implements. Do not move tractors unless told to do so. There will be **NO OBSCENE** language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the Evacuation Plan. In case of Fire, Explosion, Weather, or Chemical emergency, all Employees and Inmates report to the South tower for a head count.

**Inmates Attended:**


B. Paul # 119965


B. Paul  
Supervisor



**Arkansas Department of Corrections  
East Arkansas Regional Unit  
Farm Division**

P.O. Box 180  
Brickeys AR 72320  
(870) 295-3959  
Arkansas Claims Commission

**Safety Meeting**

JUL 04 2014

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Date: 9-30-13  
Department: Farm

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. **Don't ride on tractor fenders or drawbar.** When riding in the back of a truck **SIT DOWN FLAT** in the bed. **There will be no standing in the back, or sitting on the side of any vehicle.** Use caution when hitching or unhitching Implements. Do not move tractors unless told to do so. There will be **NO OBSCENE** language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the Evacuation Plan. In case of Fire, Explosion, Weather, or Chemical emergency, all Employees and Inmates report to the South tower for a head count.

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51  
420

B. Likert 19963

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R. Parson  
Supervisor



*Arkansas Department of Corrections  
East Arkansas Regional Unit  
Farm Division*

P.O. Box 180  
Brickeys AR. 72320  
(870) 295-3959

*Safety Meeting*

Date: 10-7-13  
Department: Farm

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. **Don't ride on tractor fenders or drawbar.** When riding in the back of a truck **SIT DOWN FLAT** in the bed. **There will be no standing in the back, or sitting on the side of any vehicle.** Use caution when hitching or unhitching Implements. Do not move tractors unless told to do so. There will be **NO OBSCENE** language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the explosion, Weather, or Chemical emergency, all Employees for a head count.

Attendance list table with columns for Name, Title, and Date. Includes handwritten entry: B. Like # 119963

Attendance list table with columns for Name, Title, and Date. Includes handwritten signatures: [Signature], [Signature], [Signature]

B. Parson  
Supervisor



**Arkansas Department of Corrections  
East Arkansas Regional Unit  
Farm Division**

P.O. Box 180  
Brickeys AR 72320  
(870) 295-3959

**Safety Meeting**

Date: 10-14-13  
Department: Farm maintenance

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. Don't ride on tractor fenders or drawbar. When riding in the back of a truck SIT DOWN FLAT in the bed. There will be no standing in the back, or sitting on the side of any vehicle. Use caution when hitching or unhitching Implements. Do not move tractors unless told to do so. There will be NO OBSCENE language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the Evacuation Plan. In case of Fire, Explosion, Weather, or Chemical emergency, all Employees must stand in a line for a head count.

14-13

Brown like #119963

[Signature]  
Supervisor



Arkansas Claims Commission

JUL 04 2014

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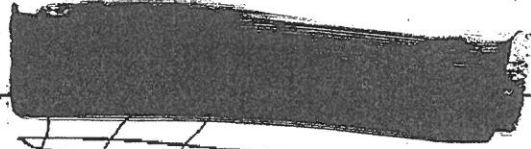
CS Form #67

# ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name  Rank/Status/Number  Unit E.A.R.U.

STATEMENT: We go over safety meetings over all the equipment on how to operate safely and properly. We have safety meetings every Monday also.

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.



10-24-13

Date

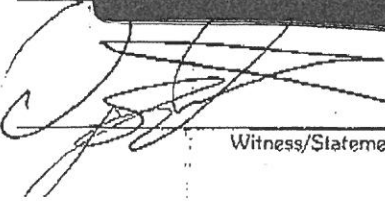


  
Witness/Statement Taken By



Exhibit B

CS Form #67

### ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name  Rank/Status/Number  Unit EARL

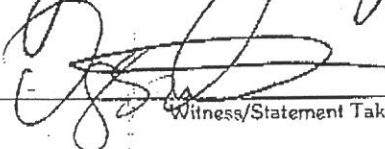
STATEMENT: We have safety meetings every Monday  
we have been trained on all machinery correctly  
and safety.

Also with all tools and wearing safety  
glasses at all times. The protective gloves, aprons,  
and breathing apparatuses for handling chemicals.

Also the emergency shut off button that  
shuts off all gas to gas pumps.

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.

 Signature 10-24-13 Date

 Witness/Statement Taken By

Arkansas Claims Commission

JUL 04 2014

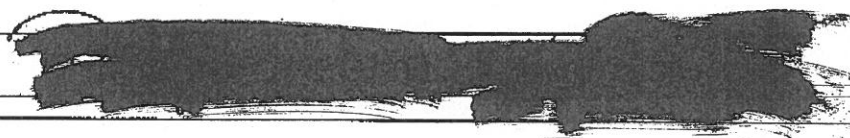
RECEIVED

CS Form #67

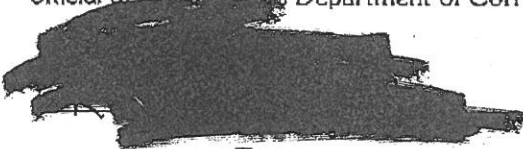
### ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name  Rank/Status/Num  Unit E.A.R.U

STATEMENT: On about August 26, 2012 I along with  
 fellow inmates were hire on as a Farm Crew  
 helper. Since that time there has been alot  
 of different inmates hire on and we all have  
 been told and warned as machine and Equipment  
 operators, how to use equipment. Therefore  
 we all should know how to stay clear of  
 all machinery, also we sign safety rules  
 each and every Monday.

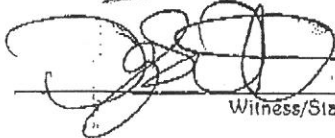


I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.



10-24-2013

Date

  
Witness/Statement Taken By

CS Form #67

### ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name [REDACTED] Rank/Status/Number [REDACTED] Unit E.A.R. 11

STATEMENT: We have safety meeting on every Monday.  
Each inmate have been following the safety rule.  
We have been trained how to operate the machine  
safely & correctly.

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.

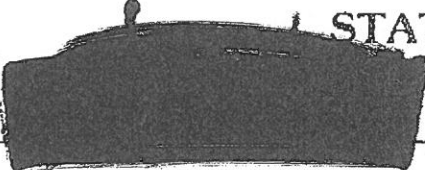
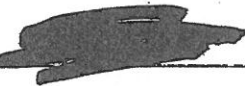
[REDACTED]  
Signature


10/29/13  
Date

[Signature]  
Witness/Statement Taken By

CS Form #67


# ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name  Rank/Status/Numbr  Unit EARL

STATEMENT: This is written by Drake because I'm   
States he cannot write. Safety meetings are held every  
(Monday) and we are always trained on how to  
operate all equipment safely & correctly before being  
allowed to run it by our self.

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.

 \_\_\_\_\_ Date 10-24-13

 \_\_\_\_\_  
Witness/Statement Taken By

19



Arkansas Claims Commission

JUL 04 2014

RECEIVED

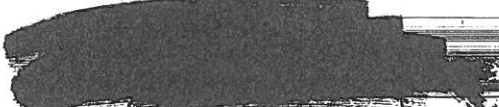
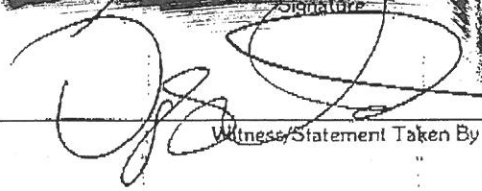
CS Form #67

# ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name  Rank/Status/Number  Unit E.A.R.U.

STATEMENT: On every monday we cover the Basic  
Safety in the shop and Before an engine is  
allowed To Run any equipment we cover all  
safety aspect and are Trained

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.

  
Signature  
  
Witness/Statement Taken By

10-24-13  
Date

FROM: BRYAN LIKE # 119963  
E. A. R. U.  
R.O. BOX 180  
BRICKEVILLE, AR 72320-0180

Arkansas  
State Claims Commission  
MAY 12 2014

RECEIVED

TO: ARKANSAS STATE CLAIMS COMMISSION  
101 E. CAPITOL AVE., SUITE 410  
LITTLE ROCK, AR 72320-0180

RE: ENCLOSED STATE CLAIM w/ Exhibits 1-thru-3

DEAR COMMISSION;

Enclosed you will please find  
a pleading that I need processed and filed. I  
have provided exhibits 1-thru-3. THERE'S  
TEN (10) PAGES IN ALL, COUNTING THIS COVER  
LETTER. Please acknowledge when such is  
RECEIVED. Thank you.

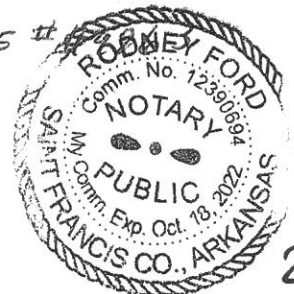
STATE OF ARKANSAS  
COUNTY OF LEE

Sworn to before me on this 06 DAY OF  
May 2014.

131 Volney Fu

My Comm. Exp. Oct. 18, 2022  
Notary Public

Sincerely,  
131 Bryan Like # 119963  
BRYAN LIKE #



FROM: Mr. Bryan Like # 119963  
E.A.R. II.  
P.O. Box 180  
BricKEYS, Ar 72320-0180

TO: ARKANSAS State claims Commission  
101 E. Capital Ave., Suite 410  
Little Rock, Ar 72201-3823

Arkansas  
State Claims Commission  
MAY 29 2014  
RECEIVED

Re: Enclosed of Exhibits 1-through-5

Dear Commission:

- (1) U.S.M. ~~I~~ have Documents to show that MY hand was crushed. I went to U.S.M. on 10-23-13. I ask that the claims call U.S.M. to obtain proof of my word.
- (2) I have enclosed Medical Documents to show I was given treatment. And medical Limitations for MY hand.
- (3) I file Grievance's do to the unjust treatment I was given, I enclosed A Response or the Responses of the Grievance I file.

Enclosed of Exhibits 1-through-5  
I sincerely trust that I be given A hearing.  
THANK YOU

I declare under PENALTY that all the above is true and correct to the best of my knowledge

Executed this \_\_\_ day of \_\_\_ 2014

\_\_\_\_\_  
\_\_\_\_\_  
d.d.c #119963

Exhibit 7.

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)

MSF-207

**PART 1 - RESTRICTIONS: RESTRICT INMATE FROM:**

- Restrict assignment requiring strenuous physical activity for periods in excess of 0 hours.
- Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing.
- Restrict assignment requiring handling, lifting of heavy materials in excess of 0 pounds or requiring overhead work for a period in excess of 0 hours.

**PART 2 - LIMITATIONS: INMATE REQUIRES:**

- \*  Bed Rest    days. Reason:
- No Duty    days. Reason: medical
- No Yard Call    days. Reason:
- No Sports    days. Reason: medical
- One Arm/Hand Duty    days.

**PART 3 - SPECIAL AUTHORIZATIONS: INMATE IS AUTHORIZED TO:**

- Report to the Infirmary for Special Treatments( )
- Soak:
- Exercise:
- Other:
- Bathe in the Infirmary
  - Sitz Bath
  - Cast
  - Other:
- Have in Possession:
  - Cane
  - Crutches
  - Brace: (describe briefly) wear brace with left arm sling
  - Prescribed Footwear:
  - Orthopedic Appliance: (describe briefly) to wear arm sling left forearm
  - Other: ten days lay-in from school, re-evaluate then
- \*  Go to Dining/Pill Window/Shower Only

Arkansas  
State Claims Commission  
MAY 29 2014  
RECEIVED

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 10/23/2013 03:16:00 PM  
 This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 11/03/2013 03:16:00 PM

*James H. Simmons Jr*

Name: Like, Brian  
 DOB: 10/28/1978  
 ADC#: 119963

10.23.2013

James Harold Simmons Jr

Distribution: Original - Medical Jacket

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)

MSF-207

**PART 1 - RESTRICTIONS:**      **RESTRICT INMATE FROM:**

Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour.

Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour.

Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.

**PART 2 - LIMITATIONS:**      **INMATE REQUIRES:**

\*  Bed Rest days. Reason:

No Duty days. Reason:

No Yard Call days. Reason:

No Sports days. Reason:

One Arm/Hand Duty 90 days.

**PART 3 - AUTHORIZATIONS:**      **INMATE IS AUTHORIZED TO:**

Report to the Infirmary for Special Treatments( )

Soak:

Exercise:

Other: No writing for 3 mo

Bathe in the Infirmary

Sitz Bath

Cast

Other:

Have in Possession:

Cane

Crutches

Brace: (describe briefly)

Prescribed Footwear:

Orthopedic Appliance: (describe briefly)

Other:

\*  Go to Dining/Pill Window/Shower Only

Arkansas  
State Claims Commission  
MAY 29 2014  
RECEIVED

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 01/23/2014 02:50:00 PM  
 This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 04/22/2014 02:50:00 PM

       **Name:** Like Brian  
**DOB:** 10/28/1978  
**ADC#:** 119963

Charles Conrad Schock

Distribution: Original - Medical Jacket



IGTT410  
3GS

BK 02/0033

Attachment III

Exhibits 3.

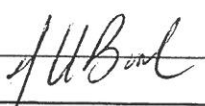
INMATE NAME: Like, Brian

ADC #: 119963C


GRIEVANCE #: EA-13-02112

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Like, you grieve on 10-23-13 you filed a grievance on Mr. Andrew and out of retaliation you received a disciplinary. Your complaint is noted. Mr. Andrews, Farm Shop Supervisor stated you were written a disciplinary for disobey a direct order, which caused you to be injured. The disciplinary was not were out of retaliation. Therefore, I find you complaint without merit.



Signature of Warden/Supervisor or Designee

  
Title

11/25/13  
Date

Barmond's Exhibit # 2, p. 2 of 2

**INMATE'S APPEAL**

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

RECEIVED  
NOV 26 2013  
INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC#

\_\_\_\_\_  
Date

*Exhibits 4*

Attachment III  
Exhibits 4.

IGTT410  
3GS

INMATE NAME: Like, Brian

ADC #: 119963C

GRIEVANCE #: EA-13-02319

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Like, you grieve you received a grievance (EA-13-02183) from Central Office on 12/24/2013 stating you failed to follow proper procedure by not sending attachment 1 with the Warden's Response and you have not sent this grievance to Central Office and the grievance office is trying to sabotage you. Your complaint is noted. Ms. McDaniel, Program Specialist/Inmate Grievance Supervisor, stated no one in the grievance office is trying to sabotage you from using the grievance procedure. She also stated when a grievance is Warden Respond both the attachment 1 and the response is sent to the inmate and the grievance staff did not send a warden response to Central Office. Without further evidence, I find no merit in your complaint.

[Signature box]

Signature of Warden/Supervisor or Designee

*Ward*  
Title

Arkansas  
State Claims Commission  
MAY 29 2014  
RECEIVED

*1/28/14*  
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

*By the time my original grievance (EA-13-02183) was sent to the central office, I didn't get an answer from the grievance due to the fact that central office received it too late. This was not my fault. I sent the grievance in the appropriate time frame. This also happened with my retaliation grievance (EA-13-02112). I am grieving that my original grievance (EA-13-02183) has never been answered from the central office.*

Inmate Signature

ADC#

Date

RECEIVED

JAN 29 2014

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

*26*

*PROST Okey*

IGTT410  
3GS

Attachment III

*EXHIBIT 3 2*

INMATE NAME: Like, Brian

ADC #: 119963C

GRIEVANCE #: EA-14-00216

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Like, you grieve Mrs. Roberts threatened you with disciplinary action for asking why was your mail delayed. Your complaint is noted. Mrs. Roberts, Mailroom Supervisor, stated she did not threaten to write you up, but as she was returning from the Max unit, you begin to yell through the harrack door using profanity and accusing her of not giving you your mail. She also stated she did ask the officer on the door for your information and it was given to her, but no paperwork was done by her against you. Your complaint is without merit.

*[Signature]*  
Signature of Warden/Supervisor or Designee

*[Signature]*  
Title

*2/24/14*  
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

*I would like to receive further investigation concerning this matter. I think that this deserves further action because the unit warden continues to violate policy, allow others/lower officials & staff to do what they want to do*

*Bryan Like*  
Inmate Signature

*119963*  
ADC#

*2/26/14*  
Date

Arkansas  
State Claims Commission  
MAY 29 2014

RECEIVED

MAR 10 2014

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

RECEIVED

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 25,000.00

Claim No. 14-0858-CC

Bryan Like, #119963 Claimant  
vs.

Attorneys  
Pro se. Claimant

AR DOC Respondent  
State of Arkansas

Lisa Wilkins, Staff Attorney Respondent

Date Filed July 4, 2014

Type of Claim Personal Injury, Pain & Suffering,  
Negligence, Failure to Follow Procedure

FINDING OF FACTS

The Claims Commission hereby unanimously denied and dismissed the Respondent's "Motion to Dismiss." Therefore, this claim is hereby set for hearing and all parties notified accordingly.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denied and dismissed the Respondent's "Motion to Dismiss." Therefore, this claim is hereby set for hearing and all parties notified accordingly.

Date of Hearing August 14, 2014

Date of Disposition August 14, 2014

Richard May Chairman  
Jim Baker Commissioner  
Bill Lawrence 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.

(1)

DEPT. 22, 2014

Arkansas  
State Claims Commission  
SEP 24 2014

RECEIVED

BRYAN LIKE # 119963  
E. A. R. U.  
P. O. BOX 180  
BRICKLEY'S, AR. 72320

RE. CLAIM # 14-0858-CC, BRYAN LIKE  
VS. DEPARTMENT OF CORRECTIONS

NORMAN L. HODGES, JR. DIRECTOR  
ARKANSAS STATE CLAIMS COMMISSION  
101 EAST CAPITOL AV. SUITE 410  
LITTLE ROCK, AR. 72201-3823

DEAR MR. HODGES:

THANK YOU FOR YOUR LETTER, DATED 9-16-2014  
YOU ADVISE ME THAT I'M SCHEDULED FOR A  
HEARING 10-17-14.

I'M LOOKING FORWARD TO THIS HEARING BUT  
I DO HAVE A PROBLEM, I CAN'T READ OR WRITE,  
SO I'M ASKING YOU TO PLEASE APPOINT SOMEONE  
TO REPRESENT ME.

I WOULD LIKE TO HAVE THE U.A.M.S. STAFF AS  
MY WITNESS. A MRS. PITMAN & R.M. AND DR.  
SIMMONS.

I'M ENCLOSED MY TAPE TEST RESULTS  
SHOWING I CAN'T READ OR WRITE.

(2)

I'm Also inclosing my ONE ARM DUTY  
Script.

I ALSO WOULD ASK THAT MR. ANDREWS  
THE FARM MANAGER BE PRESENT AND GIVE  
A STRESS TEST.

Sir, the bottom line I WAS HURT ON  
FALUTED EQUIPMENT.

Your truly,  
Bryson Lee

Arkansas  
State Claims Commission

SEP 24 2014

RECEIVED



STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 25,000.00

Claim No. 14-0858-CC

Bryan Like, #119963  
Claimant

Attorneys  
P R O S E  
Claimant

vs.  
AR Department of Corrections  
Respondent

Lisa Wilkins, Attorney  
Respondent

State of Arkansas  
Date Filed May 12, 2014

Type of Claim  
Failure to follow procedure,  
Personal injury, Pain & Suffering,  
Negligence

FINDING OF FACTS

This claim was filed for failure to follow procedure, personal injury and pain and suffering and negligence in the amount of \$25,000.00, against Arkansas Department of Corrections.

Present at a hearing October 17, 2014, was the Claimant, pro se, and the Respondent, represented by Lisa Wilkins, Attorney.

The Claims Commission unanimously find negligence on the part of the Respondent and unanimously award Claimant the amount of \$2,500.00 for his pain and suffering.

The Claims Commission hereby unanimously awards this claim in the amount of \$2,500.00, and hereby 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 awarded this claim in the amount of \$2,500.00 and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.

October 17, 2014

Date of Hearing

October 17, 2014

Date of Disposition

*Richard L. May*  
Chairman

*Harvone*  
Commissioner

*Bill Lantz*  
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.

Arkansas Claims Commission

NOV 20 2014

RECEIVED  
CLAIMANT

IN THE CLAIMS REVIEW SUBSOMMITTEE  
OF THE ARKANSAS GENERAL ASSEMBLY

BRYAN LIKE (ADC #119963)

V. NO. 14-0858-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

NOTICE OF APPEAL

COMES NOW the Respondent, Arkansas Department of Correction, and for its Notice of Appeal, states and alleges as follows:

Notice is hereby given that the Respondent is appealing the granting of the decision by the Arkansas State Claims Commission rendered October 17, 2014, in the above matter to the General Assembly of the State of Arkansas in accordance with Arkansas Statute 19-10-211.

Respondent hereby designates the entire record, and all proceedings, exhibits, evidence and documents introduced in evidence to be contained in the record on appeal.

Respectfully submitted,  
Department of Correction Office of Counsel

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190  
Attorney Supervisor  
Post Office Box 8707  
Pine Bluff, AR 71611  
(870)267-6844 Office  
(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of the NOTICE OF APPEAL has been served this 19 day of November, 2014, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

BRYAN LIKE (ADC #119963)  
EAMU  
P. O. BOX 970  
MARIANNA, AR 72360-0970

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190