

EXHIBIT B.2

Please Read Instructions on Reverse Side of Yellow copy
Please print in ink or type

Arkansas
State Claims Commission
AUG 30 2016

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- Mr.
Mrs.
Ms.
Miss

Lahoma Davis, Claimant

Do Not Write in These Spaces
Claim No. 17-0160-CC
Date Filed August 30, 2016
Amount of Claim \$ 1635.00
Fund AHTD Liability (only)
Property Damage (v)

vs.
State of Arkansas, Respondent

COMPLAINT

Lahoma Davis, the above named Claimant, of 2304 S. Cross St. Little Rock, AR, 72206 (501)398-9215 County of Pulaski represented by

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

State agency involved: Arkansas Highway Dept. Amount sought: \$700.00

Month, day, year and place of incident or service: 08/21/2016 @ 2:51pm Asher and Roosevelt.

Explanation: I was traveling north on Asher Ave in the far right hand lane coming to the split intersection to Roosevelt Rd, and hit the deepest pot hole I have ever seen. My passenger side front rim and tire and also the passenger side back rim and tire was destroyed. As I was pulling over because my tire was flat there was another car pulled over as well and explained to me that they hit the same pot hole and had damaged their tire and car. I also had witnesses come and tell me that 6 other people hit the same pot hole in the last 24 hours. I called the police department to make a report but I was told to contact the city for my damages. Thirty minutes later someone came out and put orange cones around the holes.

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? ; to whom? ; 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: ; 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. Lahoma Davis Lahoma Davis (Print Claimant/Representative Name) (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Little Rock AR (City) (State)

(SEAL) NATHAN T. SMITH PULASKI COUNTY NOTARY PUBLIC - ARKANSAS My Commission Expires March 10, 2025 Commission No. 12693800 on this 27 day of August, 2016 (Date) (Month) (Year)

SF1- R7/99 My Commission Expires: 3 March 10, 2025 (Month) (Day) (Year)

ARKANSAS STATE CLAIMS COMMISSION
MOTOR VEHICLE ACCIDENT REPORT FORM

SECTION I CLAIMANT Lahoma Davis ADDRESS 2304 Cross

CITY & STATE Little Rock, AR ZIP CODE 72206

DATE OF ACCIDENT: 8/21/2016 TIME: 2:51 pm

MOTOR VEHICLE DAMAGED: TYPE Charger MAKE Dodge YEAR 2016

DRIVEN BY: Lahoma Davis ADDRESS 2304 Cross LR 72206

Give a brief description of accident, showing how accident happened, exact loss and extent of damage to car.

I was traveling north on Asher Ave. in the far right hand lane coming to the split intersection of Roosevelt Rd and hit the deepest pot hole I have ever seen damaging my passenger side rim and tire, the front and back.

SECTION II

Has this vehicle been repaired? Yes () No (X) If repairs have been made, give the following information: Amount \$ _____ Have you paid for the repairs? Yes () No (X) NOTE: Attach a copy of repair bill.

If repairs have not been made, list three estimates below and attach copies of each of them.

NAME	ADDRESS	AMOUNT
1. <u>E & B Customs</u>	<u>3623 JFK Blvd, NLR 72118</u>	<u>\$ 1,635.00</u>
2. <u>Chrome City</u>	<u>5601 Asher Ave, LR 72204</u>	<u>1,423.52</u>
3. <u>Broadway Auto Sports</u>	<u>4017 E. Broadway, NLR 72114</u>	<u>1,681.75</u>

SECTION III

Was vehicle covered by Insurance? Yes (X) No () Liability Only (X)

Comprehensive: Yes () No (X) What is your deductible? \$ _____

Collision: Yes () No (X) What is your deductible? \$ _____

NAME OF INSURANCE CARRIER Equity Insurance Company ADDRESS P.O. Box 4499, Tulsa, OK 74159

SECTION IV

Type of State Vehicle involved N/A License No. N/A

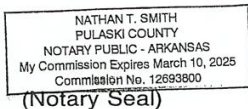
Driver N/A Property of which State Agency N/A

If accident was investigated by the State Police, give name of investigating officer: N/A

If investigation was made by some other agency, give name and title of officer making the investigation: N/A

SECTION V

The undersigned states on oath that he/she is familiar with the matters and things set forth in the above statement, and that he/she verily believes that they are true.



Lahoma Davis
Signature of Claimant

Sworn to and subscribed before me at Little Rock, AR City, State
on this 27 day of August, 2016 year
month

Nathan Smith
Notary Public

My Commission Expires 3/10/2025

E+B Customs
 3623 JFK Blvd. NLR, AK 72118
 5017580088

NAME Davis, @Lahoma	PHONE
ADDRESS	
CITY, STATE, ZIP	
2ND AUTHORIZED NAME	PHONE

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY Y/N
4		245 45 20 Wanti	500.00	
4		20" Chrome B15	1,000.00	
4		mount + balance NIC		
		Sales Tax	135.00	
Total			\$1635.00	

CUSTOMER'S INFORMATION			
RECEIVED (DATE & TIME)	A.M. / P.M.	CUSTOMER'S ORDER NO.	PROMISED (DATE & TIME) A.M. / P.M.
YEAR • MAKE • MODEL 10 Dodge charger		SERIAL #/VIN	MOTOR #
LICENSE NO.	ODOMETER	WRITTEN BY CL	
<input type="checkbox"/> LUBE	<input type="checkbox"/> OIL CHANGE	<input type="checkbox"/> FLUSH TRANS.	<input type="checkbox"/> FLUSH DIFF. <input type="checkbox"/> WASH <input type="checkbox"/> POLISH
CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL*			
* ESTIMATE *			

MECHANICS RECOMMENDATIONS
 * Two wheels are destroyed, she has to buy four wheels & tires.

METHOD OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH	Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.	LABOR ONLY
LABOR <input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY <input type="checkbox"/> BOTH	GUARANTEED ITEM(S)	PARTS
<input type="checkbox"/> RETAIN PARTS <input type="checkbox"/> DESTROY PARTS	GUARANTEE EFFECTIVE UNTIL: TIME _____ MILEAGE _____	ACCESSORIES
AUTHORIZED BY Courtney Lee		GAS, OIL & GREASE
		MISC. MERCHANDISE
		SUBLET REPAIRS
		STORAGE FEE
		TAX
		TOTAL ▶

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- ___ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
- ___ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- ___ I DO NOT REQUEST A WRITTEN ESTIMATE.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: _____ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate a vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. It is cancelled prior to the completion for any reason, a tear-down and reassembly fee of \$_____ will be applied.

*Checked lines apply (Preparer must check at least one):
 ___ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
 ___ This amount includes a charge of \$_____, which is required under _____ law.

SIGNED _____
 DATE **08/23/16**



C H R O M E C S T I T Y
 C U S T O M W H E E L S
 5601 ASHER AVE
 LITTLE ROCK ARKANSAS
 501 562 0505

Quote to: LAHOMA DAVIS

LITTLE ROCK 72204
 501-398-9215

Quote # : 107
 Date : 09/27/16
 Quote by: KIRK
 Pick up date: _____

Qty	Item #	Description	Price	Total
4	FUSEE2710-28565200	5X4.5 20X9.5 CHROME MESH	177.76	711.04
4	WAN2454520	245/45/20 WANLI A9029A	125.00	500.00
4	LAB1	TIRE MOUNTING	5.00	20.00
4	LAB2	TIRE BALANCING	5.00	20.00
16	LUB1709HL	LUBNUT 14X1.5 ACORN BULGE LO	1.50	24.00
1	LOCK14X1-SLNG	14X1.5 LONG LOCK SET CHROME	19.99	19.99
1	TR413TPMS	VALVE STEM BLACK TPS SENSOR	4.99	4.99

Sub Total : 1,300.02
 Tax : 123.50
 Total : 1,423.52

Counter Sale #: 0011032
 Print Date : 08/22/2016

BROADWAY AUTO SPORTS
 4017 E Broadway
 North Little Rock, AR. 72114
 Phone - 501-955-2099 Fax - 501-955-5549

SOLD TO DAVIS, LAHOMA

For:

Vin # :

Lic # : -

Unit # :

Qty	Part Number	Part Description	Sale	Line Total
4.00	20 INCH WHEELS	20 INCH WHEELS WITH TIRES	350.00	1,400.00
1.00	INSTALLATION	INSTALLATION	150.00	150.00
			Parts and Fees Subtotal : 1,550.00	
			**** Taxes ****	
			< Your Tax Rates	131.75 >

Payment Method: [Payments -]

labor : \$ 0.00	Parts Total : 1,550.00	Tax : \$ 131.75	Total:	\$ 1,681.75
			Less Payments:	0.00
			Remaining Due:	\$1,681.75

Buyer of this product has the right to have this product serviced or repaired during the warranty period. The warranty period will be extended for the number of 90 days that the product has been out of the buyer's hands for warranty repair. If a defect exists within the warranty period, the warranty will not expire until the defect has been fixed. The warranty period will be extended if the warranty repairs did not remedy the defect and the buyer notifies the manufacturer or dealer of the failure of the repairs within 60 days after sale.

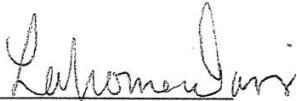
E AND B CUSTOMS TIRE AND WHEEL
3623 JOHN F KENNEDY BLVD
NORTH LITTLE ROCK, AR 72116
501-758-0088

Date: 8/22/2016 Time: 3:48:47 PM [CDT]

Trans Type:	Sale
Transaction #:	278128769
Name:	
Account:	*****6526
Exp Date:	****
Card Type:	VISA
Entry:	Manual
AuthCode:	022396
Result:	Approved
Message:	APPROVAL
Batch Number:	0
Total Amt:	\$10.00

I Agree to Pay Above Total
Amount According to Card
Issuer Agreement (Merchant
Agreement if Credit Voucher)

Signature X



NOTE: I had to pay to get rims taken off.

E AND B CUSTOMS TIRE AND WHEEL
3623 JOHN F KENNEDY BLVD
NORTH LITTLE ROCK, AR 72116
501-758-0088

Date: 8/23/2016 Time: 10:49 AM CDT

Trans-Type: Sale
Customer ID:

Transaction #: 278197627
Name:
Account: *****6526
Exp Date: ****
Card Type: VISA
Zip: 72206
Entry: Manual
AuthCode: 023919

Result: **APPROVED**
Message: APPROVAL
Batch Number: 359
Description: 2. dismounts
Subtotal: \$10.00

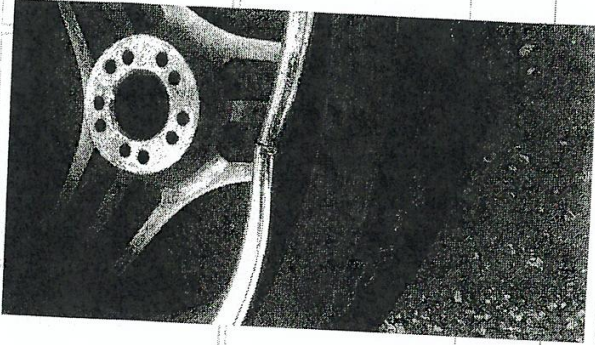
Total Amt: \$10.00

I Agree to Pay Above Total
Amount According to Card
Issuer Agreement (Merchant
Agreement if Credit Voucher)

Signature X Lakshmanan

NOTE: I had to pay to get rims taken off.





Your Photos
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SEP 12 2016

RECEIVED

BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

LAHOMA DAVIS

CLAIMANT

V.

CLAIM NO. 17-0160-CC

ARKANSAS STATE HIGHWAY AND
TRANSPORTATION DEPARTMENT

RESPONDENT

ANSWER

COMES THE RESPONDENT and for its Answer to the Complaint herein states:

1. The Respondent denies all allegations of the Complaint not admitted herein.
2. The Claimant's damage, if any, was not caused by negligence of the Arkansas State Highway and Transportation Department or its employees.
3. Affirmatively pleading, the Respondent states, "It is impossible to predict when and where a pothole will develop, therefore encountering a pothole is a risk assumed by the public in general as a part of travel. Historically and legally, the Commission will not award damages caused by a pothole unless a Claimant can show some negligence on the part of the respondent. Such proof of negligence must generally include facts to indicate that the respondent had *prior* knowledge of the pothole, yet the respondent *failed to respond within a reasonable amount of time* to repair the pothole." Claimant has not provided any such evidence, therefore the claim should be denied and dismissed.

WHEREFORE, the Respondent PRAYS for dismissal of the Complaint, for cost, and all proper relief.

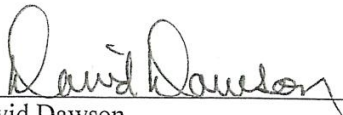
ARKANSAS STATE HIGHWAY AND
TRANSPORTATION DEPARTMENT

By: David Dawson
 David Dawson
 Staff Attorney
 AHTD, Legal Division
 Arkansas Bar No. 93087
 P. O. Box 2261
 Little Rock, AR 72203-2261
 (501) 569-2277

CERTIFICATE OF SERVICE

I, David Dawson, certify that I have served the foregoing Answer upon the Claimant
by mailing a true copy of same this 9 of September, 2016, to:

Lahoma Davis
2304 S. Corss Street
Little Rock, AR 72206-2026



David Dawson

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 1,700.00 Claim No. 17-0160-CC
Lahoma Davis Attorney
_____ Claimant _____ Claimant
Arkansas Highway Transportation Dept. David Dawson, Legal Counsel
vs. _____ Respondent _____ Respondent
State of Arkansas August 30, 2016 Property Damage
Date Filed _____ Type of Claim _____

FINDING OF FACTS

This claim was filed for property damage in the amount of \$1,700.00 against Arkansas Highway Transportation Department.

Present at a hearing December 15, 2016, was the Claimant, and the Respondent, represented by David Dawson, Legal Counsel.

The Claims Commission hereby unanimously denies and dismisses the claim due to no fault of the Respondent. The Claimant failed to prove by a preponderance of the evidence any liability on the part of the Respondent.

Therefore, this claim is hereby unanimously dismissed.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission unanimously denied and dismissed this claim for Claimant's failure to prove by a preponderance of the evidence any liability on the part of the Respondent.

Date of Hearing December 15, 2016

Date of Disposition December 15, 2016

Henry C. Vinson Chairman
for TA

Commissioner
Bill Lamb

Commissioner

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

Arkansas Claims Commission

JAN 17 2017

RECEIVED

Arkansas State Claim Commission

RE: Appeal from December 15, 2016 decision

Date: 1/12/2017

To whom it may concern:

I'm writing to you today because I would like to appeal the decision that was made on my case December 15, 2016.

Thank you,

Lahoma Davis

2304 S. Cross

Little Rock, AR 72206

501-398-9215

Claim # 17-0160-CC