EXHIBIT D.3

Arkansas
State Claims Commission
SEP 18 2018
RECEIVED

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

Mr.
Mrs.
Ms.
Miss
DERRICK BERNARD PERKINS, Claimant

vs.
State of Arkansas, Respondent

C O M P L A I N T

Derrick Bernard Perkins, the above named Claimant, of 612 Laughingrun, Forrest City, AR 72335

Do Not Write in These Spaces

Claim No.
Date Filed (Month) (Day) (Year)
Amount of Claim $______

State agency involved: Arkansas Department of Transportation
Amount sought: $82,500

Month, day, year and place of incident or service: July 30, 2018 - Ark. Hwy 42 in rural Cross County at 3:30 p.m.

Explanation: I am the owner operator of Perkins & Perk Trucking. I transport grain to feed mills in the delta for a living.
On the date of the accident, I was transporting a load of grain east bound on Ark. Highway 42. Another grain truck was ahead of me. I observed the grain truck pass the two tractors that were also traveling east on Hwy 42. The two tractors are grain mowing tractors by the highway department to mow grass along the roadway. They appeared to be finished mowing for the day and driving back to their local maintenance yard.
As I approached the two tractors, I moved into the west bound lane to safely pass both of them. They were on the shoulder and part on the highway. For some reason, one of the tractors turned into west bound lane. There was no way I could avoid hitting the tractor.
I tried to maintain control of my truck after impact but I could not do so. My truck turned onto its side and ended up in a ditch. I could smell fuel and was afraid of a fire. I escaped from the cab of the truck. My head was hurt during the wreck so I do not recall a lot about the wreck or what happened afterwards. I was transported by AirEvac to the Regional One Medical Center in Memphis. AirEvac has charged me $40,123.39. I am still waiting on the bill from the hospital. I am being treated for physical therapy at the Pain Center in West Memphis. My 1995 White GMC 3500 with a volvo engine was totaled in the wreck. It cost approximately $80,000. I have been unable to work since the wreck. I was earning $1,500 to $2,000 per week. The grain season is my busy time of the year and I don't know how I will make up this loss of income and loss of ability to earn money. I know the driver of the tractor was also air-lifted to Memphis. I hope he is doing well.

Perkins & Perk Trucking is out of business without a truck.

Aspects of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claimant been presented to any state department or officer thereof? No; when? to whom? (Department)

(Year) (Month) (Day)

(2) Has any third person or corporation an interest in this claim? Yes: if so, state name and address
Hallmark Insurance Companies, 1609 Pinecrest Drive, Pine Bluff, Arkansas 71602-2835

(3) Property Damage claim #18317112: Hallmark has an interest in the property damage. I have a $1,000 deductible and was repaired in the following manner:

THE UNDERSIGNED, an Arkansas notary, do swear that the above is true.

DERRICK PERKINS
(Print Claimant/Representative Name)

SWORN TO and subscribed before me as Forrest City, Arkansas on this 4th day of September, 2018

Notary Public

JAMES R. JACKSON
NOTARY PUBLIC-STATE OF ARKANSAS
PULASKI COUNTY
My Commission Expires 10-14-2021
Commission # 12345678

SPL 7799

(Notary Public)

My Commission Expires October 14, 2021

(City) (State)
ARKANSAS STATE CLAIMS COMMISSION
MOTOR VEHICLE ACCIDENT REPORT FORM

SECTION I
CLAIMANT: Derrick Bernard Perkins
ADDRESS: 612 South Main St
CITY & STATE: Forrest City, Arkansas
ZIP CODE: 72335

DATE OF ACCIDENT: July 30, 2018
TIME: 3:30 p.m.

MOTOR VEHICLE DAMAGED: TYPE: Semi Truck
MAKE: G.M.C.
YEAR: 1996

DRIVEN BY: Derrick Bernard Perkins
ADDRESS: See above

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

I was transporting a load of grain to a mill on Hwy 42 Eastbound. I saw two Tractors traveling slowly eastbound in the shoulder and partially in the lane of traffic. I moved into the west bound lane to pass the two tractors. For some reason, one of the tractors drove into the path of my semi which caused a collision. The impact caused me to lose control of my semi which then crashed into a ditch and turned over.

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

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Semi is totalled.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION III
Was vehicle covered by Insurance? Yes (x) No ( ) Liability Only ( )

Comprehensive: Yes (x) No ( ) What is your deductible? $ 1,000.00

Collision: Yes (x) No ( ) What is your deductible? $ __________

NAME OF INSURANCE CARRIER
Hallmark Insurance
ADDRESS: 8500 Pinnacle Drive: Poiio, Texas 75024

SECTION IV
Type of State Vehicle involved: Kubota Tractor used to mow grass
License No.: NA

Driver: David Timothy McManus
Property of which State Agency: Ark. Department of Transportation

If accident was investigated by the State Police, give name of investigating officer: Trooper Jason D. Murphy, Report 190718022P
If investigation was made by some other agency, give name and title of officer making the investigation:

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.

Derrick Perkins

Signature of Claimant

JAMES R. JORDON
NOTARY PUBLIC—STATE OF ARKANSAS
(REGISTRATION NO. 85-026)
My Commission Expires: 10-14-2021
Commission # 372497243

Sworn to and subscribed before me at Forrest City, Arkansas on this 29 day of AUGUST, 2018.

My Commission Expires 01/14/2023

Notary Public
BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DERICK BERNARD PERKINS

CLAIMANT

V.

CLAIM NO. 190373

ARKANSAS STATE HIGHWAY COMMISSION

AND ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENTS

FULL AND COMPLETE SETTLEMENT AND RELEASE

For the sole consideration of One Hundred Thirty Thousand Dollars and zero cents ($130,000.00) the undersigned, Derrick Bernard Perkins, does hereby release, discharge and forever acquit, Arkansas Department of Transportation, Arkansas State Highway Commission (collectively ArDOT), their agents, employees, successors, and assigns liable or who might be liable in any way or in any manner as result of an accident which occurred on or about July 30, 2018, in Cross County, Arkansas. This release shall operate as a full and final discharge of all causes of action in tort or in contract, or of any kind, of the undersigned, presently existing and which may arise in the future, of whatever kind and whatever nature against ArDOT.

It is further expressly agreed by the undersigned that the amount to be paid herein is in full and final satisfaction of any and all claims including, but not limited to, any claim for bad faith, personal injury, wrongful death, damage to property, loss of consortium, and for any and all damages, known or unknown, or demands against ArDOT which may arise out of said accident.

The undersigned hereby accepts ArDOT’s unconditional promise not to dispute liability for said claim filed by the undersigned before the Arkansas State Claims Commission as full and complete consideration as described above. It is understood that tender of payment by warrant will be made payable to the undersigned, Derrick Bernard Perkins and his attorney, Jim Jackson in the amount of One Hundred Thirty Thousand Dollars and zero cents ($130,000.00), which has
been agreed to by the undersigned. This settlement, in accordance with Arkansas State Law, is contingent upon approval from the Arkansas State Claims Commission, Joint Budget Committee or Legislative Council and the Arkansas General Assembly. The undersigned hereby accepts the aforementioned sum as full, sufficient, final consideration, and final payment with respect to the above mentioned claim before the Arkansas State Claims Commission for all claims past, present and future that are a result of the accident of July 30, 2018.

The undersigned, hereby declares the terms of this settlement have been completely read are fully understood, and are voluntarily accepted for the purpose of making a full and final compromise, adjustment, and settlement of any and all claims, disputed or otherwise, for the express purpose of dismissing and precluding forever any and all claims, including further or additional claims arising out of the aforesaid matter.

EXECUTED THIS 24th DAY OF JANUARY, 2019.

[Signature]
Derrick Bernard Perkins, Claimant

[Redacted]
Social Security Number

SUBSCRIBED AND SWORN to before me this 31st day of January, 2019.

[Signature]
Debra D. Broadway
NOTARY PUBLIC

My Commission Expires:

10/23/2023
Witnessed and approved by:

Jim Jackson
Attorney for Claimant

Prepared by:

Steven W. Abed
Staff Attorney
Arkansas Department of Transportation
BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DERRICK BERNARD PERKINS

V.

CLAIM NO. 190373

ARKANSAS STATE HIGHWAY COMMISSION; ARKANSAS DEPARTMENT OF TRANSPORTATION

CLAIMANT

RESPONDENT

ORDER

Now before the Arkansas State Claims Commission (the “Claims Commission”) is the Full and Complete Settlement and Release (the “Settlement Agreement”) signed by Derrick Bernard Perkins (the “Claimant”), Claimant’s attorney, and counsel for the Arkansas State Highway Commission and the Arkansas Department of Transportation.

Based upon a review of the pleadings and the Settlement Agreement, the Claims Commission hereby APPROVES the Settlement Agreement, allows this claim in the amount of $130,000.00, and refers this claim to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215(b).
IT IS SO ORDERED.

Henry C. Kinslow

ARKANSAS STATE CLAIMS COMMISSION

Dexter Booth
Henry Kinslow, Co-Chair
Bill Lancaster
Sylvester Smith
Mica Strother, Co-Chair

DATE: January 24, 2019

---

Notice(s) which may apply to your claim

1. A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(b). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(b)(3). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a).

2. If a Claimant is awarded less than $15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. See Ark. Code Ann. § 19-10-211(b). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.

3. Awards or negotiated settlement agreements of $15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).