

APR 08 2010

C1

BEFORE THE STATE CLAIMS COMMISSION  
Of the State of Arkansas

RECEIVED  
Claim #: 09-0701-C

- ☐ Mr.  
☐ Mrs.  
☐ Mr.  
☒ Miss

Ivonne Guerra, Claimant

vs.

State of Arkansas, Respondent  
Pulaski Technical College

Do Not Write in These Spaces	
Claim No.	09-0701-CC
Date Filed	April 8, 2010 (Month) (Day) (Year)
Amount of Claim \$	85,000.00
Fund	PTC

Personal Injury/Negligence/  
Pain & Suffering

Ivonne Guerra, the above named Claimant, of 7925 Thompson Rd, Mabelvale  
(Name) (Street or R.F.D. & No.) (City)  
Arkansas 72103 County of Pulaski represented by Morris W. Thompson  
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claimant)  
or P.O. Box 662, Little Rock, AR 72203 (501) 661-8100/372-4011  
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:  
State agency involved: Pulaski Technical College Amount sought: \$85,000.00

Month, day, year and place of incident or service:

Explanation:

See exhibit A Amended, attached hereto, as well as exhibit C amended.

Note: claimant has filed suit in Pulaski County Circuit Court case No.: CV 2008-14227 Ivonne Guerra v. Little Rock School District et al assigned to the 3rd Division.  
Claimant requests that this matter remained under the stay until the civil action is resolved.

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?

Yes when? March 3, 2009 to whom? Attorney General's Office  
(Yes or No) (Month) (Day) (Year) (Department)

and that the following action was taken thereon: an answer asserting general denial to initial complaint

and that \$0 was paid thereon: (2) Has any third person or corporation an interest in this claim? Yes

David Foxworth and Genesis Insurance Co. Liability Carrier for LRSO  
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: joint tortfeasors along with Pulaski Tech  
and was acquired on \_\_\_\_\_ in the following manner:

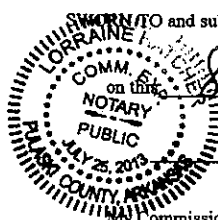
THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes

that they are true.

Morris W. Thompson  
(Print Claimant/Representative Name)

Morris W. Thompson  
(Signature of Claimant/Representative)

(SEAL)



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

8th day of April, 2010  
(Date) (Month) (Year)

(Notary Public)

SF1-R7/99

My Commission Expires:

(Month) (Day) (Year)

ARKANSAS STATE CLAIMS COMMISSION  
PROPERTY DAMAGE/PERSONAL INJURY INCIDENT REPORT FORM

**SECTION I**  
CLAIMANT Ivanne Goerra ADDRESS 7925 Thompson Rd,  
Mabel Vale CITY & STATE AR ZIP CODE 72103

DATE OF INCIDENT: July 25, 2007 TIME Approx. 12:30 pm  
Give a brief description of incident, showing how incident happened, exact loss and extent of damage to property and/or injury to person:

See exhibit Attached to complaint

(If personal injury claim only, move on to Section IV)

ARKANSAS STATE  
CLAIMS COMMISSION

APR 08 2010

**SECTION II**

Has this property been repaired? Yes ( ) No ( ) If repairs have been made, give the following information: Amount: \$ Have you paid for the repairs? Yes ( ) 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.

NAME	ADDRESS	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

**SECTION III**

Was property covered by insurance? Yes ( ) No ( )  
If yes, what is the deductible? \$ \_\_\_\_\_

NAME OF INSURANCE CARRIER ADDRESS

**SECTION IV**

Is injured covered by medical insurance? Yes ( ) No ( ) If yes, is medical insurance:

If yes, what is the deductible? \$ \_\_\_\_\_

A. Job-based Yes ( ) No ( )  
B. Uninsured Motorist Yes ( ) No ( )  
C. Private Pay Yes ( ) No ( )

NAME OF INSURANCE CARRIER ADDRESS

**SECTION V**

If incident was investigated by the police or by some other agency, give name and title of officer/person making the investigation: NO

**SECTION VI**

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.

KARLA E. RAMOS  
Notary Public - Notary Seal  
STATE OF ARKANSAS  
(Notary Seal) - Comm.#12361151  
My Commission Expires July 2, 2017

Sworn to and subscribed before me at Little Rock, AR  
City & State  
this 31<sup>st</sup> day of March, 2010  
day month year

My Commission Expires

July 2, 2017

Karla E. Ramos  
Signature of Notary Public

APR 08 2010

AMENDED ATTACHMENT 'A' TO CLAIM FORM

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1. In the summer of 2007, Pulaski Technical College (PTC) established the "Summer 2007 Aviation Manufacturing Technology Program" housed and operated at Pulaski Tech's Business and Technology Center, 3303 E. Roosevelt Road, Little Rock, AR 72206.
2. From approximately June 18, 2007, through July 25, 2007, the claimant, Ivonne Guerra, was a student in the program enrolled in the Aircraft Manufacturing Course. Her instructors, at all pertinent times, were Carl Grummer (Grummer) and David Pokorney (Pokorney).
3. Both Pokorney and Grummer were employees of PTC and were working in the course and scope of their employment at the time of the injuries sustained by Ms. Guerra. They are sued in both their official and individual capacities.
4. The course taught students how to build interior cabinetry and upholstery for aircraft and involved both classroom study and hands on practical application in an adjacent workshop.
5. After approximately four (4) weeks of class room work, Grummer and Pokorney assigned Guerra the task of building a model cabinet. The assignment required her to use various tools, including table saws and other dangerous pieces of power equipment.
6. On July 25, 2007, after lunch, Guerra and several of the other students returned to the workshop to resume work on the assigned projects.
7. As Guerra was cutting a thin piece of wood on the table saw, the wood suddenly, unexpectedly, violently kicked back up at her. As the board kicked back, it drew her hand into the unguarded spinning blade.
8. The rapidly rotating saw blade sliced off the tips of two of her fingers on her left hand.
9. Neither Grummer nor Pokorney were in the room supervising the students' use of the power tools, apparently returning late to the class room.
10. Although the table saw had a blade guard to prevent injuries like that sustained by Guerra, and Grummer and Pokorney knew the guard was not installed, they directed and allowed the students to use the saw in the unreasonably dangerous condition.
11. It was Grummer's, Pokorney's, and PTC's duty to use the appropriate level of care for their students' safety to include Guerra's safety
12. The defendants failed to use the appropriate level of care in the following ways:

- a.) failing to adequately warn the students as to the dangers of the various power tools, specifically the table saw;
- b.) failing to adequately train the students in the safe use of the various power tools, specifically the table saw;
- c.) failing to provide Guerra with the proper safety equipment and instructions before directing them to use the table saw;
- d.) failing to supervise Guerra while she was using the table saw.
- e.) failing to ensure that that all dangerous power tools, particularly the table saw was safe to use for their ordinary use;
- f.) failing to provide proper power equipment with the appropriate safety shields and devices to guard against and prevent the type of injury that Guerra suffered;
- g.) and, failing to meet their appropriate standard of care in other ways unknown at this time.

13. The proximate cause of Guerra's injuries, losses, and damages claim are the direct proximate result of the failures and fault of the defendants as set out above.

14. Guerra claims damages from PTC, Grummer, and Pokorney. As the direct and proximate result of the defendants' negligence, Guerra has suffered as follows:

- a). Pain and suffering;
- b). Mental anguish and humiliation in the past and to be experienced for an indefinite time in the future;
- c). Permanent scarring and disfigurement;
- d). Physical injury requiring the expense of medical treatment and care;
- e). physical impairment to the use of her fingers and hand to a degree yet to be determined.
- f). Guerra has been or will be forced to expend sums of money for psychological and emotional therapy, treatment, counseling and care.

15. PTC is a state agency and thus is amenable to suit before the State Claims Commission.

16. Guerra sues both Pokorney and Grummer in their official capacities, thus this claim against them, in that capacity, is properly before the Claims Commission.

17. All related claims that could have been brought in Pulaski County Circuit Court have been exhausted with no recovery to apply in reduction of this claim.

18. Wherefore, Ivonne Guerra prays judgment over and against Pulaski Technical College, as well as Carl Grummer, and David Pokorney in both their individual and official capacities in an amount that will reasonably compensate her for the damages as described herein, for her costs expended, prejudgment interest, postjudgment interest, and for any and all other proper and just relief.

**IVONNE GUERRA**  
**DATE OF INCIDENT: July 25, 2007**

<u>PROVIDER</u>	<u>DATE &amp; ACCOUNT NUMBER</u>	<u>AMOUNT</u>
WALGREENS	8/3/07	\$ 11.99
UAMS	8/7/07 14518137-7219	359.50
WALGREENS	8/9/07	16.99
UAMS	8/3/07 014518134-7215	105.00
UAMS	8/13/07 014518134-7221	20.00
MEMS	7/25/07 07-44120	634.25
UAMS	8/31/07 014518134-7825	768.47
UAMS	8/31/07 014518134-7240	20.00
UAMS	9/19/07 014518134-7805	672.59
MED. COLL. PHYS. GRP.	12/7/07 1451813 -018	556.00
MCPG-UNIV. OF AR	7/25/08-8/31/07 080413018	556.00
MCPG	2/15/08 1451813	80.00
MCPG-UNIV. OF AR	2/23/08 080501509	476.00
UAMS	8/12/08 14518134-7206	4,121.36
Dr. WILLIAM RUTLEDGE	10/1/09	351.50 *
WALGREEN	10/01/09	66.69 *
Dr. WILLIAM RUTLEDGE	01/20/10	<u>150.00 *</u>
<b>TOTAL</b>		<b>\$8,966.34</b>

**ARKANSAS STATE  
CLAIMS COMMISSION**

APR 08 2010

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Note: Asterisks denote items not previously submitted with original pleading.

**ATTACHMENT C - AMENDED**



1500

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

MORRIS THOMPSON  
P.O. BOX 662

LITTLE ROCK AR 72203

ARKANSAS STATE  
CLAIMS COMMISSION  
APR 08 2010

ATTYMT

1. MEDICARE MEDICAID TRICARE CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID) (SSN or ID) (SSN) (ID)		1a. INSURED'S I.D. NUMBER NONE	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) GUERRA IVONNE		4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME	
5. PATIENT'S ADDRESS (No., Street) P.O. BOX 662		7. INSURED'S ADDRESS (No., Street) P.O. BOX 662	
CITY LITTLE ROCK	STATE AR	CITY LITTLE ROCK	STATE AR
ZIP CODE 72203	TELEPHONE (Include Area Code) (773) 166 1501	ZIP CODE 72203	TELEPHONE (Include Area Code) (773) 166 1501
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. INSURED'S DATE OF BIRTH MM DD YY 06 19 1987 M F	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M F		b. EMPLOYER'S NAME OR SCHOOL NAME	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. INSURANCE PLAN NAME OR PROGRAM NAME MORRIS THOMPSON	
d. INSURANCE PLAN NAME OR PROGRAM NAME		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE 10022009 SIGNED DATE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNED	
14. DATE OF CURRENT: MM DD YY 10 02 09 ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY 10 02 09	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE WILLIAM RUTLEDGE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate items 1,2,3 or 4 to item 24E by Line) 1. 927.21 CRUSHING INJURY OF 2. 309.81 POSTTRAUMATIC STRE		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY 10 02 09 10 02 09 11		B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS ON UNITS H. SPOT PAYMENT I. ID. QUAL. J. RENDERING PROVIDER ID. #	
99205		12 284.00 1 NPI 1003820036	
73130		12 67.50 1 NPI 1003820036	
		NPI	
		NPI	
		NPI	
		NPI	
		NPI	
		NPI	
		NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 35291A 21526		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO	
28. TOTAL CHARGE \$ 351.50		29. AMOUNT PAID \$	
30. BALANCE DUE \$		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) WILLIAM RUTLEDGE	
32. SERVICE FACILITY LOCATION INFORMATION WL RUTLEDGE MD PA (OFFICE) 9712 W MARKHAM LITTLE ROCK AR 72205		33. BILLING PROVIDER INFO & PH. # WL RUTLEDGE MD PA PO BOX 7570 LITTLE ROCK AR 72217	
SIGNED 102109		1427297902	

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

ARKANSAS STATE  
CLAIMS COMMISSION

FEB 19 2009

BEFORE THE STATE CLAIMS COMMISSION  
Of the State of Arkansas

RECEIVED

- ☐ Mr.  
☐ Mrs.  
☒ Ms.  
☐ Miss

Ivonne Guerra, Claimant

vs.

State of Arkansas, Respondent  
Pulaski Technical College

Do Not Write in These Spaces	
Claim No.	09-0701-CC
Date Filed	February 19, 2009 (Month) (Day) (Year)
Amount of Claim \$	?
Fund	ptc

Personal Injury/ Negligence/  
Pain & Suffering, etc.

COMPLAINT

Ivonne Guerra, the above named Claimant, of 7925 Thompson Rd., Mabelvale  
(Name) (Street or R.F.D. & No.) (City)  
Arkansas 72103 County of Pulaski represented by Morris W. Thompson  
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)  
of P.O. Box 662, Little Rock, AR 72203 (501) 661-8100 (501) 372-4101 says:  
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: Pulaski Technical College Amount sought: Undetermined at this  
re; however exceeding \$70,000.00. See attachment "C" and the medical bill;  
Month, day, year and place of incident or service  
Explanation: See attachment "A" hereto.

Note also: Claimant has filed suit in Pulaski County Circuit Court against two other parties who are not amenable to suit before the State Claims Commission. That suit is Ivonne Guerra v. Little Rock School District and Carl Grummer, docket number CV2008-14227 and assigned to the 3rd Division.

See attachment "B"

Claimant request that this matter be stayed pending the ongoing related litigation in Circuit Court until it has reached resolution.

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? \_\_\_\_\_  
(Yes or No) (Month) (Day) (Year) (Department)  
and that the following action was taken thereon: None

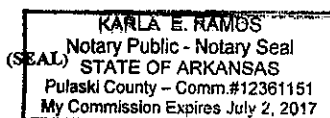
and that \$ N/A was paid thereon: (2) Has any third person or corporation an interest in this claim? Yes; if so, state name and address  
Little Rock School District, 810 W. Markham, Little Rock, AR 72201  
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)  
and that the nature thereof is as follows: joint tortfeasor along with Mr. Carl Grummer  
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.

Morris W. Thompson  
(Print Claimant/Representative Name)

(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Little Rock, AR



on this 18th day of February, 2009.  
(Date) (Month) (Year)

Karla E. Ramos  
(Notary Public)

SF1-R7/99

My Commission Expires:

July 2, 2017

(Month) (Day) (Year)

1. In the summer of 2007, Pulaski Technical College established the "Summer 2007 Aviation Manufacturing Technology Program" housed and operated at Pulaski Tech's Business and Technology Center, 3303 E. Roosevelt Road, Little Rock, AR 72206.
2. From approximately June 18, 2007 through July 25, 2007, Guerra was a student in the program enrolled in the Aircraft Manufacturing Course. Her instructor was at all pertinent times, Carl Grummer (Grummer).
3. The course taught students how to build interior cabinetry and upholstery for aircraft and involved both classroom study and hands on practical application in an adjacent workshop.
4. After approximately four (4) weeks of class room work, Grummer assigned Guerra the task of building a model cabinet. The assignment required her to use various tools, including table saws and other dangerous pieces of power equipment.
5. On July 25, 2007, after lunch, Guerra and several of the other students returned to the workshop to resume work on the assigned projects.
6. As Guerra was cutting a thin piece of wood on the table saw, the wood suddenly, unexpectedly, violently kicked back up at her. Guerra instinctively tried to shield her face by blocking the wood with her hand.
7. When she did so, she hit the rapidly rotating saw blade slicing off the tips of two of her fingers on her left hand.
8. Grummer was not in the room supervising the students' use of the power tools, apparently returning late to the class room.
9. It was the duty of Pulaski Technical College to use the appropriate level of care for Guerra's safety as well as the safety of all the students. The defendants failed to use the appropriate level of care in the following ways:
  - a.) failing to adequately warn the students as to the dangers of the various power tools, specifically the table saw;
  - b.) failing to adequately train the students in the safe use of the various power tools, specifically the table saw;
  - c.) failing to provide Guerra with the proper safety equipment and instructions before directing them to use the table saw;
  - d.) failing to supervise Guerra while she was using the table saw.

**ARKANSAS STATE  
CLAIMS COMMISSION**

**ATTACHMENT 'A' TO CLAIM FORM**

FEB 19 2009

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e). failing to ensure that that all dangerous power tools, particularly the table saw was safe to use for their ordinary use;

f). failing to provide proper power equipment with the appropriate safety shields and devices to guard against and prevent the type of injury that Guerra suffered;

g). and, failing to meet their appropriate standard of care in other ways unknown at this time.

10. The proximate cause of Guerra's injuries, losses, and damages claim are the direct proximate result of the failures and fault of the defendant as set out above.

11. Guerra claims damages from Pulaski Technical College. As the direct and proximate result of the defendants' negligence, Guerra has suffered as follows:

a). Pain and suffering;

b). Mental anguish and humiliation in the past and to be experienced for an indefinite time in the future;

c). Permanent scarring and disfigurement;

d). Physical injury requiring the expense of medical treatment and care;

e). physical impairment to the use of her fingers and hand to a degree yet to be determined.

f). Guerra has been or will be forced to expend sums of money for psychological and emotional therapy, treatment, counseling and care.

12. Wherefore, Ivonne Guerra prays judgment over and against Pulaski Technical College in an amount that will reasonably compensate her for the damages as described herein, for her costs expended, prejudgment interest, postjudgment interest, and for any and all other proper and just relief.

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS  
DIVISION

378

IVONNE GUERRA

PLAINTIFF

v.

CIV NO.: CV-08-14227

FILED 12/29/08 14:24:06  
Pat O'Brien Pulaski Circuit Clerk  
CR7 By DEFENDANTS

LITTLE ROCK SCHOOL DISTRICT; and  
CARL GRUMMER

COMPLAINT

Comes now the plaintiff, Ivonne Guerra (Guerra), by and through her attorney, the Morris W. Thompson Law Firm, P.A., and for her Complaint against the defendants, Little Rock School District (LRSD), and Carl Grummer (Grummer) and states and alleges as follows:

PARTIES

1. Ivonne Guerra is a citizen and resident of the City of Little Rock, County of Pulaski, Arkansas, and was at all times material to this cause of action.
2. Upon information and belief, Grummer is a citizen and resident of the City of Little Rock, County of Pulaski, Arkansas, and has been at all times material to this cause of action.
3. LRSD is an incorporated public school district located in Little Rock, Arkansas. Its main offices are located at 810 W. Markham, 72201.

JURISDICTION AND VENUE

4. Jurisdiction is proper in that Guerra's complaint states a cause of action for monetary incurred as a result of the negligence of LRSD and Grummer. All actions described herein and complained of occurred when she was attending classes operated jointly by Pulaski

ARKANSAS STATE  
CLAIMS COMMISSION

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ATTACHMENT B<sub>12</sub>

**IVONNE GUERRA**  
**DATE OF INCIDENT: July 25, 2007**

<u>PROVIDER</u>	<u>DATE &amp; ACCOUNT NUMBER</u>	<u>AMOUNT</u>
WALGREENS	8/3/07	\$ 11.99
UAMS	8/7/07 14518137-7219	359.50
WALGREENS	8/9/07	16.99
UAMS	8/3/07 014518134-7215	105.00
UAMS	8/13/07 014518134-7221	20.00
MEMS	7/25/07 07-44120	634.25
UAMS	8/31/07 014518134-7825	768.47
UAMS	8/31/07 014518134-7240	20.00
UAMS	9/19/07 014518134-7805	672.59
MED. COLL. PHYS. GRP.	12/7/07 1451813 -018	556.00
MCPG-UNIV. OF AR	7/25/08-8/31/07 080413018	556.00
MCPG	2/15/08 1451813	80.00
MCPG-UNIV. OF AR	2/23/08 080501509	476.00
UAMS	8/12/08 14518134-7206	<u>4,121.36</u>
	TOTAL	\$8,398.15

**ATTACHMENT "C"**

ARKANSAS STATE CLAIMS COMMISSION  
PROPERTY DAMAGE/PERSONAL INJURY INCIDENT REPORT FORM

SECTION 1

CLAIMANT IVONNE Guerra ADDRESS 7925 Thompson Rd  
Mabelvale CITY & STATE ARKANSAS ZIP CODE 72103

DATE OF INCIDENT: \_\_\_\_\_ TIME \_\_\_\_\_

Give a brief description of incident, showing how incident happened, exact loss and extent of damage to property and/or injury to person:

See attachment to the complaint.

(If personal injury claim only, move on to Section IV)

SECTION II

Has this property been repaired? Yes ( ) No ( ) If repairs have been made, give the following information: Amount: \$ \_\_\_\_\_ Have you paid for the repairs? Yes ( ) 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.

NAME	ADDRESS	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

\*\*\*\*\*

SECTION III

Was property covered by insurance? Yes ( ) No ( )

If yes, what is the deductible? \$ \_\_\_\_\_

ARKANSAS STATE  
CLAIMS COMMISSION

FEB 19 2009

NAME OF INSURANCE CARRIER ADDRESS

\*\*\*\*\*

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SECTION IV

Is injured covered by medical insurance? Yes ( ) No ( ☒ )

If yes, is medical insurance:

If yes, what is the deductible? \$ \_\_\_\_\_

- A. Job-based Yes ( ) No ( )  
B. Uninsured Motorist Yes ( ) No ( )  
C. Private Pay Yes ( ) No ( )

NAME OF INSURANCE CARRIER ADDRESS

\*\*\*\*\*

SECTION V

If incident was investigated by the police or by some other agency, give name and title of officer/person making the investigation: NO

\*\*\*\*\*

SECTION VI

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.

KARLA E. RAMOS  
Notary Public - Notary Seal  
STATE OF ARKANSAS  
Pulaski County - Comm.#12361151  
My Commission Expires July 2, 2017

Sworn to and subscribed before me at Little Rock, AR 72203  
on this 19<sup>th</sup> day of Feb, 2009  
City & State  
Signature of Claimant Attorney

My Commission Expires July 2, 2017

Karla E. Ramos  
Signature of Notary Public

pain, cimetidine, isoniazid, MAO inhibitors (e.g., furazolidone, linezolid, moclobemide, phenelzine, procarbazine, selegiline, isocarboxazid, tranylcypromine), anti-seizure medicines (carbamazepine, phenobarbital, phenytoin), anticholinergic medicines or antihistamines (e.g., hydroxyzine, oxybutynin, scopolamine). **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking other medicines which cause drowsiness including medicine for sleep (e.g., sedatives), tranquilizers, anti-anxiety medicines (e.g., diazepam), psychiatric medicines (e.g., phenothiazines such as chlorpromazine, or tricyclics such as amitriptyline), muscle relaxants, or antihistamines that cause drowsiness (e.g., diphenhydramine). **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including liver or kidney disease, difficulty urinating, alcohol use, drug dependency, heart problems (e.g., slow/irregular heartbeat, very low blood pressure), abdominal/stomach problems (e.g., gallbladder problems), lung disease (e.g., asthma, chronic obstructive pulmonary disease), seizure disorders, serious head injury or brain disease, spinal problems, low thyroid disease, adrenal gland problems, psychiatric problems, any allergies, pregnancy, or breast-feeding. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have a history of severe breathing problems, or severe diarrhea. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. Take this medicine by mouth. **THIS MEDICINE MAY BE TAKEN WITH FOOD** if it upsets your stomach, although doing so may decrease its effectiveness. Consult your doctor or pharmacist about alternatives for decreasing nausea (such as antihistamines, or lying down for 1-2 hours with minimal head movement). **STORE THIS MEDICINE** at room temperature in a tightly-closed container, away from heat, and light. **IF YOU MISS A DOSE OF THIS MEDICINE** and you are taking it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS: DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION** to codeine, hydrocodone, dihydrocodeine, or oxycodone (such as Tylox, Tylenol with Codeine, Vicodin). A severe allergic reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine or if a certain medicine contains codeine, hydrocodone, dihydrocodeine, or oxycodone, contact your doctor or pharmacist. Monitor your pain as directed by your doctor. If pain is left untreated and becomes intense, this medicine may not work as well to relieve it. **DO NOT EXCEED THE RECOMMENDED DOSE**, take this medicine more often, or for longer than prescribed without checking with your doctor. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. If using this medicine for an extended period of time, **DO NOT SUDDENLY STOP** taking this medicine without your doctor's approval. When using for an extended period, this medicine may not work as well and may require different dosing. Talk with your doctor if this medicine stops working well. **THIS MEDICINE MAY CAUSE drowsiness or dizziness.** Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. **AVOID ALCOHOLIC BEVERAGES** while taking this medicine. To minimize dizziness or lightheadedness, get up slowly when rising from a seated or lying position. To prevent constipation, maintain a diet adequate in fiber, drink plenty of water, and exercise. If you become constipated while using this medicine talk with your doctor or pharmacist. This medicine contains acetaminophen. Adults should not take more than a total of 4 grams of acetaminophen per day (3 grams per day if you have liver disease). Consult your doctor or pharmacist for more information. Acetaminophen may cause liver damage. If you drink alcohol on a daily basis, do not take this medicine without first

doctor to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include nausea, vomiting, constipation, lightheadedness, dizziness, drowsiness, flushing, vision changes, or mental/mood changes. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience slow/irregular breathing, slow/irregular heartbeat, or a change in the amount of urine. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include extreme drowsiness, weakness, or fatigue; loss of consciousness; slow, shallow, or abnormal breathing; persistent nausea, vomiting, or stomach pain; slow heartbeat; cold or clammy skin; unusual sweating; and yellowing of the eyes or skin.

**ADDITIONAL INFORMATION:** If your symptoms do not improve or if they become worse, check with your doctor. **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets.

ARKANSAS STATE  
CLAIMS COMMISSION

FEB 19 2009

RECEIVED

WIC# 959810

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

IVONNE GUERRA

3 Wanda Lane, Little Rock, AR 72209  
(501)838-0362

RX # 0765239-03412

DATE: 08/03/07

OXYCODONE/APAP 5MG-325MG TABLETS

QTY: 15 NO REFILLS

New NDC:00591-0749-05

\$ 11.99

G. RODRIGUEZ, MD  
MFG:WATSON  
ACB/CNM/ /CNM

Walgreens  
The Pharmacy America Trusts Since 1901

5517 BASELINE RD LITTLE ROCK, AR 72209  
PH: (501)565-7844

IVONNE GUERRA

3 Wanda Lane, Little Rock, AR 72209  
(501)838-0362

RX # 0765239-03412

DATE: 08/03/07

OXYCODONE/APAP 5MG-325MG TABLETS

QTY: 15 NO REFILLS

New NDC:00591-0749-05

\$ 11.99

G. RODRIGUEZ, MD  
MFG:WATSON  
ACB/CNM/ /CNM

Walgreens  
The Pharmacy America Trusts Since 1901

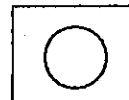
5517 BASELINE RD LITTLE ROCK, AR 72209  
PH: (501)565-7844

Pharmacy use only

FRI 7:00PM  
New

OXYCODONE/APAP 5MG-325MG TABLETS  
00591-0749-05  
SAFE

QTY 15  
10 DRAM



WHITE  
FRONT: WATSON 749

ACB/CNM/ /CNM

15

**UAMS**  
**MEDICAL**  
**CENTER**

UNIVERSITY OF ARKANSAS  
FOR MEDICAL SCIENCES

**FORWARDING SERVICE REQUESTED**

University Hospital of Arkansas  
4301 West Markham Street  
Little Rock, Arkansas 72205

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMERICAN EXPRESS		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE 08/14/07	PAY THIS AMOUNT 359.50	ACCOUNT NO. 0145181347219
SHOW AMOUNT PAID HERE		\$

pat\_finks193/85

ADDRESSEE:

REMIT TO:

IVONNE A GUERRA  
3 WANDA LN  
LITTLE ROCK AR 72209-0000  
UNITED STATES

UNIVERSITY HOSPITAL OF ARKANSAS  
P.O. BOX 3920  
LITTLE ROCK, ARKANSAS 72203

**STATEMENT**

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT NAME	ACCOUNT NO	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE	PAGE
GUERRA, IVONNE A	0145181347219	08/07/07	08/07/07	08/14/07	1

DATE	DESCRIPTION	TOTAL AMOUNT	INSURANCE CHARGES	PATIENT CHARGES
	PHARMACY	7.40		7.40
	SUPPLIES	88.60		88.60
	EMERGENCY ROOM	263.50		263.50
	TOTAL CHARGES	359.50		359.50
	BALANCE	359.50		
	PLEASE PAY THIS AMOUNT			359.50

AMOUNTS SHOWN UNDER INSURANCE CHARGES HAVE BEEN BILLED TO YOUR CARRIER

**THIS STATEMENT IS FOR HOSPITAL SERVICES ONLY.**  
**YOU WILL RECEIVE A SEPARATE STATEMENT FOR PHYSICIAN SERVICES.**

Payment in full requested. If you are unable to pay in full,  
please contact our billing office at the numbers listed below.

**FOR BILLING INQUIRIES:**

Patient Business Services  
4120 West Markham  
Little Rock, AR 72205  
(located directly across Markham from the hospital)

Phone: 501-614-2888  
Toll Free: 1-800-264-2675  
or on the web at [www.uams.edu/billing/](http://www.uams.edu/billing/)

PLEASE PAY THIS AMOUNT	359.50
AMOUNT PENDING INSURANCE	0.00
CURRENT PATIENT AMOUNT DUE	359.50
NET ADJUSTMENTS	0.00
NET PAYMENTS	0.00
CURRENT ACCOUNT BALANCE	359.50

16

pain; cimetidine; isoniazid; "blood thinner" such as warfarin); MAO inhibitors (such as furazolidone, linezolid, moclobemide, phenelzine, procabazine, selegiline, isocarboxazid, or tranylcypromine); naltrexone; rifampin; or other medicines which cause drowsiness including medicine for sleep (such as zolpidem), tranquilizers, anti-anxiety medicines (such as diazepam), phenothiazines (such as chlorpromazine), tricyclic antidepressants (such as amitriptyline), muscle relaxants, or certain antihistamines (such as diphenhydramine or hydroxyzine). **DO NOT START OR STOP any medicine without doctor or pharmacist approval.** Inform your doctor of any other medical conditions including a history of liver or kidney problems, lung or breathing problems (such as asthma, chronic obstructive pulmonary disease), alcohol use, drug dependency, heart problems (such as slow or irregular heartbeat, very low blood pressure), stomach or bowel problems, gallbladder problems, enlarged prostate, difficulty urinating, seizure disorders, serious head injury or brain disease, spinal problems, low thyroid problems, adrenal gland problems, psychiatric problems, allergies, pregnancy, or breast-feeding. **ROUTINE USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have colitis or diarrhea due to food poisoning. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. Take this medicine by mouth. **THIS MEDICINE MAY BE TAKEN WITH FOOD** if it upsets your stomach, although doing so may decrease its effectiveness. Consult your doctor or pharmacist about alternatives for decreasing nausea (such as antihistamines, or lying down for 1-2 hours with minimal head movement). **STORE THIS MEDICINE** at room temperature in a tightly-closed container, away from heat, and light. **IF YOU MISS A DOSE OF THIS MEDICINE** and you are taking it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** **DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION** to codeine, hydrocodone, dihydrocodeine, or oxycodone. A severe allergic reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine or if a certain medicine contains codeine, hydrocodone, dihydrocodeine, or oxycodone, contact your doctor or pharmacist. **DO NOT EXCEED THE RECOMMENDED DOSE** of this medicine. Do not use this medicine more often or for longer than prescribed without checking with your doctor. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. If using this medicine for an extended period of time, **DO NOT SUDDENLY STOP** taking this medicine without your doctor's approval. When using for an extended period, this medicine may not work as well and may require different dosing. Talk with your doctor if this medicine stops working well. **KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS** while you are taking this medicine. Laboratory and/or medical tests, including liver, kidney, or lung function tests may be performed to monitor your progress or to check for side effects. This medicine may alter certain lab test results. Make sure that all of your doctors and laboratory personnel know you are taking this medicine. **BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY,** tell the doctor or dentist that you are using this medicine. **THIS MEDICINE MAY CAUSE drowsiness or dizziness.** Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. **AVOID ALCOHOLIC BEVERAGES** while taking this medicine. To minimize dizziness or lightheadedness, get up slowly when rising from a seated or lying position. This medicine may cause constipation. To prevent constipation, maintain a diet adequate in fiber, drink plenty of water, and exercise. **THIS MEDICINE CONTAINS ACETAMINOPHEN.** Do not take additional acetaminophen for pain or fever without checking with your doctor or pharmacist.

to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include nausea, vomiting, constipation, lightheadedness, dizziness, drowsiness, flushing, or vision changes. If they continue or are bothersome, check with your doctor. **CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE** if you experience anxiety, fear, or other mental or mood changes. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience slow or irregular breathing; slow or irregular heartbeat; a change in the amount of urine produced; change or loss in hearing (especially with high doses for long periods); dark urine; pale stools; or yellowing of the eyes or skin. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include extreme drowsiness, weakness, or fatigue; loss of consciousness; slow, shallow, or abnormal breathing; persistent nausea, vomiting, or stomach pain; slow heartbeat; cold or clammy skin; unusual sweating; and yellowing of the eyes or skin.

**ADDITIONAL INFORMATION:** If your symptoms do not improve or if they become worse, check with your doctor. **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

# **IVONNE GUERRA**

3 Wanda Lane, Little Rock, AR 72209  
(501)838-0362

**RX # 0766403-03412**

**DATE: 08/09/07**

## **HYDROCODONE/APAP 5MG/500MG TABS**

**QTY: 30 NO REFILLS - DR. AUTH REQUIRED**  
**New NDC: 00591-0349-05**

**\$ 16.99**

**DR S. PAYNE**  
**MFG: WATSON**  
**SSB/ZEM/ZEM/ZEM**

**Walgreens**  
The Pharmacy of America Since 1901

5817 BASELINE RD LITTLE ROCK, AR 72209  
**PH: (501)565-7844**

# **IVONNE GUERRA**

3 Wanda Lane, Little Rock, AR 72209  
(501)838-0362

**RX # 0766403-03412**

**DATE: 08/09/07**

## **HYDROCODONE/APAP 5MG/500MG TABS**

**QTY: 30 NO REFILLS - DR. AUTH REQUIRED**  
**New NDC: 00591-0349-05**

**\$ 16.99**

**DR S. PAYNE**  
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**SSB/ZEM/ZEM/ZEM**

**Walgreens**  
The Pharmacy of America Since 1901

5817 BASELINE RD LITTLE ROCK, AR 72209  
**PH: (501)565-7844**

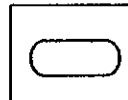
**Pharmacy use only**

**THU 7:24PM**  
**New**

**HYDROCODONE/APAP 5MG/500MG TABS**  
**00591-0349-05**  
**CELL 24**

**QTY 30**  
**10 DRAM**

**SSB/ZEM/ZEM/ZEM**



**WHITE**  
**FRONT: WATSON 349**

WIC# 959810



**FORWARDING SERVICE REQUESTED**

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	AMOUNT	
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
08/10/07	105.00	0145181347215
SHOW AMOUNT PAID HERE \$		

pat\_fin184/62

ADDRESSEE:

REMIT TO:

IVONNE A GUERRA  
 3 WANDA LN  
 LITTLE ROCK AR 72209-0000  
 UNITED STATES

UNIVERSITY HOSPITAL OF ARKANSAS  
 P.O. BOX 3920  
 LITTLE ROCK, ARKANSAS 72203

**STATEMENT**

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT NAME	ACCOUNT NO.	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE	PAGE
GUERRA, IVONNE A	0145181347215	08/03/07	08/03/07	08/10/07	1

DATE	DESCRIPTION	TOTAL AMOUNT	INSURANCE CHARGES	PATIENT CHARGES
	EMERGENCY ROOM	105.00		105.00
	TOTAL CHARGES	105.00		105.00
	BALANCE	105.00		
	PLEASE PAY THIS AMOUNT			105.00

\*\*\*\*\* AMOUNTS SHOWN UNDER INSURANCE CHARGES HAVE BEEN BILLED TO YOUR CARRIER \*\*\*\*\*

**THIS STATEMENT IS FOR HOSPITAL SERVICES ONLY.**

**YOU WILL RECEIVE A SEPARATE STATEMENT FOR PHYSICIAN SERVICES.**

Payment in full requested. If you are unable to pay in full,  
 please contact our billing office at the numbers listed below.

**FOR BILLING INQUIRIES:**

Patient Business Services  
 4120 West Markham  
 Little Rock, AR 72205  
 (located directly across Markham from the hospital)

Phone: 501-614-2888  
 Toll Free: 1-800-264-2675  
 or on the web at [www.uams.edu/billing/](http://www.uams.edu/billing/)

PLEASE PAY THIS AMOUNT	105.00
AMOUNT PENDING INSURANCE	0.00
CURRENT PATIENT AMOUNT DUE	105.00
NET ADJUSTMENTS	0.00
NET PAYMENTS	0.00
CURRENT ACCOUNT BALANCE	105.00

**UAMS**  
**MEDICAL**  
**CENTER**

UNIVERSITY OF ARKANSAS  
FOR MEDICAL SCIENCES

University Hospital of Arkansas  
4301 West Markham Street  
Little Rock, Arkansas 72205

**FORWARDING SERVICE REQUESTED**

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMERICAN EXPRESS		
CARD NUMBER	AMOUNT	
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
08/22/07	20.00	0145181347221
SHOW AMOUNT PAID HERE		\$

pat\_finls241/81

ADDRESSEE:

REMIT TO:

IVONNE A GUERRA  
3 WANDA LN  
LITTLE ROCK AR 72209-0000  
UNITED STATES

UNIVERSITY HOSPITAL OF ARKANSAS  
P.O. BOX 3920  
LITTLE ROCK, ARKANSAS 72203

**STATEMENT**

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

ACCOUNT NO.	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE	PAGE
GUERRA, IVONNE A	0145181347221	08/13/07	08/13/07	08/22/07
				1

DATE	DESCRIPTION	TOTAL AMOUNT	INSURANCE CHARGES	PATIENT CHARGES
	CLINIC VISIT	20.00		20.00
	TOTAL CHARGES	20.00		20.00
	BALANCE	20.00		
	PLEASE PAY THIS AMOUNT			20.00

AMOUNTS SHOWN UNDER INSURANCE CHARGES HAVE BEEN BILLED TO YOUR CARRIER

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YOU WILL RECEIVE A SEPARATE STATEMENT FOR PHYSICIAN SERVICES.

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**FOR BILLING INQUIRIES:**

Patient Business Services  
4120 West Markham  
Little Rock, AR 72205  
(located directly across Markham from the hospital)

Phone: 501-614-2888  
Toll Free: 1-800-264-2675  
or on the web at [www.uams.edu/billing/](http://www.uams.edu/billing/)

PLEASE PAY THIS AMOUNT	20.00
AMOUNT PENDING INSURANCE	0.00
CURRENT PATIENT AMOUNT DUE	20.00
NET ADJUSTMENTS	0.00
NET PAYMENTS	0.00
CURRENT ACCOUNT BALANCE	20.00



Metropolitan Emergency Medical Services  
P.O. Box 2452  
Little Rock, AR 72203-2452  
(501) 301-1400

**MEMS®**

**Important:**

Please verify the information below  
and make changes/corrections on the  
reverse side.

Federal Tax ID #: 710585497

Patient Name: Ivonne Guerra

Patient SSN:

Invoice Date: August 15, 2007

Run Number: 07-44120

Due Date: Upon Receipt

Date of Transport: 07/25/2007

Origin: Ima Theater

Ivonne Guerra  
3 Wanda Ln  
Little Rock AR 72209-3748

Destination: Uams - University Medical Center

Insurance: Bill Patient

Description	Qty.	Price	Contractual	Amount
			Allowance	
A0427 Als Emergency	1	488.00	0.00	488.00
A0425 Mileage Als	7	68.25	0.00	68.25
A0422 Oxygen	1	36.00	0.00	36.00
A0394 Iv Supplies	1	42.00	0.00	42.00

**PLEASE PAY THIS AMOUNT: \$634.25**

The entire balance of this account is due within 14 days. If you have insurance, please complete and sign the back of this form. Please send a copy of the patient's insurance card along with the form to the address above. Thank you.

In order for **MEMS** to bill your insurance, we must have your signature on the reverse side of this form.

**\*\* Please see reverse side for insurance information \*\***

\*\*\* Detach Lower Portion and Return with Payment \*\*\*

IPPLRAA014

PO Box 2452  
Little Rock AR 72203-2452  
ADDRESS SERVICE REQUESTED

IF PAYING BY CREDIT CARD, FILL OUT BELOW	
CHECK CARD USING FOR PAYMENT	<input checked="" type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

August 15, 2007

#BWNHRMD 0306070 0055677  
#0815 1734 0055 6775# 07-44120-4



Ivonne Guerra  
3 Wanda Ln  
Little Rock AR 72209-3748

**MEMS**

PO Box 2452  
Little Rock AR 72203-2452



Patient Name: Ivonne Guerra  
Run Number: 07-44120

Amount Enclosed: \$

20



University Hospital of Arkansas  
4301 West Markham Street  
Little Rock, Arkansas 72205

FORWARDING SERVICE REQUESTED

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMERICAN EXPRESS		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE 09/21/07	PAY THIS AMOUNT 768.47	ACCOUNT NO. 0145181347825
SHOW AMOUNT PAID HERE \$		

pat\_finls220/74

ADDRESSEE:

REMIT TO:

IVONNE A GUERRA  
3 WANDA LN  
LITTLE ROCK AR 72209-0000  
UNITED STATES

UNIVERSITY HOSPITAL OF ARKANSAS  
P.O. BOX 3920  
LITTLE ROCK, ARKANSAS 72203

## STATEMENT

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	TOTAL AMOUNT	INSURANCE CHARGES	PATIENT CHARGES
	SUPPLIES	176.22		176.22
	MINOR PROCEDURE	140.80		140.80
	OCCUPATIONAL THERAPY	451.45		451.45
	TOTAL CHARGES	768.47		768.47
	BALANCE	768.47		768.47
	PLEASE PAY THIS AMOUNT			

AMOUNTS SHOWN UNDER INSURANCE CHARGES HAVE BEEN BILLED TO YOUR CARRIER

THIS STATEMENT IS FOR HOSPITAL SERVICES ONLY.  
YOU WILL RECEIVE A SEPARATE STATEMENT FOR PHYSICIAN SERVICES.

Payment in full requested. If you are unable to pay in full,  
please contact our billing office at the numbers listed below.

### FOR BILLING INQUIRIES:

Patient Business Services  
4120 West Markham  
Little Rock, AR 72205  
(located directly across Markham from the hospital)

Phone: 501-614-2888  
Toll Free: 1-800-264-2675  
or on the web at [www.uams.edu/billing/](http://www.uams.edu/billing/)

PLEASE PAY THIS AMOUNT	768.47
AMOUNT PENDING INSURANCE	0.00
CURRENT PATIENT AMOUNT DUE	768.47
NET ADJUSTMENTS	0.00
NET PAYMENTS	0.00
CURRENT ACCOUNT BALANCE	768.47

21

**FORWARDING SERVICE REQUESTED**

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	AMOUNT	
SIGNATURE		EXP. DATE
STATEMENT DATE 09/17/07	PAY THIS AMOUNT 20.00	ACCOUNT NO. 0145181347240
SHOW AMOUNT PAID HERE \$		

pat\_fir136/46

ADDRESSEE:

REMIT TO:

IVONNE A GUERRA  
3 WANDA LN  
LITTLE ROCK AR 72209-0000  
UNITED STATES

UNIVERSITY HOSPITAL OF ARKANSAS  
P.O. BOX 3920  
LITTLE ROCK, ARKANSAS 72203

**STATEMENT**

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT NAME	ACCOUNT NO.	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE	PAGE
GUERRA, IVONNE A	0145181347240	08/31/07	08/31/07	09/17/07	1

DATE	DESCRIPTION	TOTAL AMOUNT	INSURANCE CHARGES	PATIENT CHARGES
	CLINIC VISIT	20.00		20.00
	TOTAL CHARGES	20.00		20.00
	BALANCE	20.00		
	PLEASE PAY THIS AMOUNT			20.00

\*\*\*\*\* AMOUNTS SHOWN UNDER INSURANCE CHARGES HAVE BEEN BILLED TO YOUR CARRIER \*\*\*\*\*

**THIS STATEMENT IS FOR HOSPITAL SERVICES ONLY.**  
**YOU WILL RECEIVE A SEPARATE STATEMENT FOR PHYSICIAN SERVICES.**

Payment in full requested. If you are unable to pay in full,  
please contact our billing office at the numbers listed below.

**FOR BILLING INQUIRIES:**

Patient Business Services  
4120 West Markham  
Little Rock, AR 72205  
(located directly across Markham from the hospital)

Phone: 501-614-2888  
Toll Free: 1-800-264-2675  
or on the web at [www.uams.edu/billing/](http://www.uams.edu/billing/)

PLEASE PAY THIS AMOUNT	20.00
AMOUNT PENDING INSURANCE	0.00
CURRENT PATIENT AMOUNT DUE	20.00
NET ADJUSTMENTS	0.00
NET PAYMENTS	0.00
CURRENT ACCOUNT BALANCE	20.00

PATIENT NAME	ACCOUNT NO	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE	PAGE
GUERRA, IVONNE A	0145181347805	09/19/07		10/09/07	1

DATE	DESCRIPTION	TOTAL AMOUNT	INSURANCE CHARGES	PATIENT CHARGES
	SUPPLIES	169.39		169.39
	MINOR PROCEDURE	215.60		215.60
	OCCUPATIONAL THERAPY	287.60		287.60
	TOTAL CHARGES	672.59		672.59
	BALANCE	672.59		
	PLEASE PAY THIS AMOUNT			672.59

\*\*\*\*\* AMOUNTS SHOWN UNDER INSURANCE CHARGES HAVE BEEN BILLED TO YOUR CARRIER \*\*\*\*\*

THIS STATEMENT IS FOR HOSPITAL SERVICES ONLY.  
YOU WILL RECEIVE A SEPARATE STATEMENT FOR PHYSICIAN SERVICES.

Payment in full requested. If you are unable to pay in full,  
please contact our billing office at the numbers listed below.

**FOR BILLING INQUIRIES:**

Patient Business Services  
4120 West Markham  
Little Rock, AR 72205  
(located directly across Markham from the hospital)

Phone: 501-614-2888  
Toll Free: 1-800-264-2675  
or on the web at [www.uams.edu/billing/](http://www.uams.edu/billing/)

PLEASE PAY THIS AMOUNT	672.59
AMOUNT PENDING INSURANCE	0.00
CURRENT PATIENT AMOUNT DUE	672.59
NET ADJUSTMENTS	0.00
NET PAYMENTS	0.00
CURRENT ACCOUNT BALANCE	672.59

PO Box 7206  
Columbia, Mo. 65205



0101

PHONE: (573) 874-1182

9900

CHECK CARD USING FOR PAYMENT		
<input checked="" type="checkbox"/> MASTERCARD	<input checked="" type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SIGNATURE CODE	
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
February 27, 2008	\$556.00	080413018
SHOW AMOUNT PAID HERE \$		

IVONNE A GUERRA  
3 WANDA LN  
LITTLE ROCK, AR 72209-3748

MEDICREDIT CORPORATION  
P.O. BOX 411187  
ST. LOUIS, MO 63141-3187

9900\*SB600BATE00128604A

# of Accounts on file: 4  
Total Balance on file: \$556.00  
Primary Account #: 080413018

Creditor: MCPG - UNIV OF ARKANSAS

Dear Mr./Ms. Guerra

The account(s) listed below have been added to our files for collection in full.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

CLIENT  
MCPG - UNIV OF ARKANSAS

BALANCE DUE  
556.00

This letter is an attempt from a debt collection agency to collect a debt and any information obtained will be used for that purpose.

FREE SERVICE: We can print your check for you - call for details.

KELLY COX  
Debt Collector

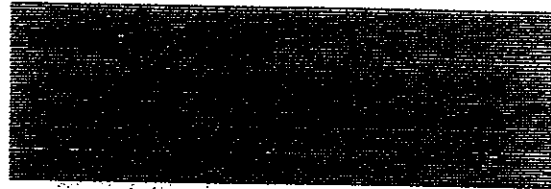
Office Hours: 8AM-9PM Monday - Thursday 8AM-7PM Friday 9AM-5PM Saturday

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24

# UAMS College of Medicine - Faculty Group Practice

**MED COLLEGE PHYSICIANS GP**  
**PO BOX 251508**  
**LITTLE ROCK AR 72225-1508**



For Account Information, Please Call 800-422-3963

Date	Description	Ins	Charge	Pay/Adj	Guar. Bal.
>>> PATIENT: IVONNE A GUERRA 1451813					
	14518137206				
07/25/07	PERFORMED BY: THERESE MCBRIDE DO 1 EMER ROOM VISIT-SEVERE		249.00	0.00	249.00
	14518137215				
08/03/07	PERFORMED BY: JONATHAN D PALMER MD 1 EMER ROOM VISIT- LTD		64.00	0.00	64.00
	14518137221				
08/13/07	PERFORMED BY: RANDIPSINGH BINDRA MD 1 OFFICE/OP VISIT, NEW-MOD		163.00	0.00	163.00
	14518137240				
08/31/07	PERFORMED BY: RANDIPSINGH BINDRA MD 1 OFFICE/OP VISIT, EST-LOW		80.00	0.00	80.00
	BALANCE: IVONNE A GUERRA		\$556.00		
<p>THIS ACCOUNT HAS BEEN PLACED WITH THE CREDIT AND COLLECTION DEPARTMENT. YOU MAY SETTLE THIS DEBT BY PAYING THE BALANCE IN FULL OR BY CONTACTING OUR OFFICE AT 800-422-3963 OR 614-2160.</p> <p>FEDERAL LAW PROHIBITS US FROM DISCUSSING PATIENT BILLS WITH ANYONE OTHER THAN THE PATIENT, GUARANTOR, PARENT OF MINOR CHILD OR THEIR LEGAL REPRESENTATIVE WITHOUT THE PATIENT'S PERMISSION. BE PREPARED TO IDENTIFY YOURSELF WHEN CALLING AND CONTACT US IF YOU WANT TO ALLOW US TO DISCUSS YOUR BILL WITH ANOTHER PERSON.</p>					
Guarantor Responsibility: \$ 556.00			Minimum Payment: \$ 278.00		

Please detach and return with your payment

**GJO**  
**MEDICAL COLLEGE PHYS GRP**  
**PO BOX 251420**  
**LITTLE ROCK AR 72225-1420**

ADDRESS SERVICE REQUESTED

For Hospital Use Only		Account Number: <b>1451813</b>		Please Pay This Amount: <b>\$ 556.00</b>	
FC: \$ CR: HC: JOGO		Guarantor Name: <b>IVONNE A GUERRA</b>		Due By: <b>02/15/08</b>	
		<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC <input type="checkbox"/> OTHER		<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER	
		Card Number:		CVV2 No: Exp. Date:	
		Signature:		Amount Paid:	

Make Check Payable To: MEDICAL COLLEGE PHYS GRP  
 \* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

00013315 01 002

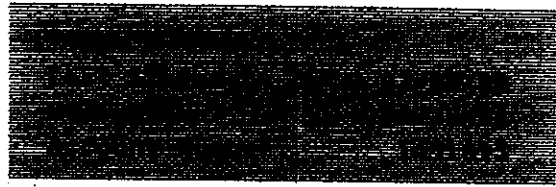
**IVONNE A GUERRA**  
**3 WANDA LN**  
**LITTLE ROCK AR 72209-3748**

**MED COLLEGE PHYSICIANS GP**  
**PO BOX 251508**  
**LITTLE ROCK AR 72225-1508**

☐ Please check this box if your address or insurance information has changed and record the changes on the back of this statement

# UAMS College of Medicine - Faculty Group Practice

**MED COLLEGE PHYSICIANS GP**  
**PO BOX 251508**  
**LITTLE ROCK AR 72225-1508**



For Account Information, Please Call 800-422-3963

*Statement of Account 02/15/08*

Date	Description	Ins	Charge	Pay/Adj	Guar. Bal.
>>> PATIENT: IVONNE A GUERRA	1451813				
	14518137240				
08/31/07	PERFORMED BY: RANDIPSINGH BINDRA MD				
	1 OFFICE/OP VISIT, EST-LOW		80.00	0.00	80.00
	BALANCE: IVONNE A GUERRA		80.00		

THIS ACCOUNT HAS BEEN PLACED WITH THE CREDIT AND COLLECTION DEPARTMENT. YOU MAY SETTLE THIS DEBT BY PAYING THE BALANCE IN FULL OR BY CONTACTING OUR OFFICE AT 800-422-3963 OR 614-2160.

FEDERAL LAW PROHIBITS US FROM DISCUSSING PATIENT BILLS WITH ANYONE OTHER THAN THE PATIENT, GUARANTOR, PARENT OF MINOR CHILD OR THEIR LEGAL REPRESENTATIVE WITHOUT THE PATIENT'S PERMISSION. BE PREPARED TO IDENTIFY YOURSELF WHEN CALLING AND CONTACT US IF YOU WANT TO ALLOW US TO DISCUSS YOUR BILL WITH ANOTHER PERSON.

BALANCE SUMMARY	RESPONSIBLE PARTY	POLICY #	TOTAL
	*** GUARANTOR RESPONSIBILITY		\$ 80.00

Guarantor Responsibility: \$ 80.00

Minimum Payment: \$ 80.00

Please detach and return with your payment.

GJO  
 MEDICAL COLLEGE PHYS GRP  
 PO BOX 251420  
 LITTLE ROCK AR 72225-1420

ADDRESS SERVICE REQUESTED

For Hospital Use Only		Account Number: 1451813		Patient's Name: IVONNE A GUERRA		Date: 02/29/08	
FC: S		Guarantor Name: IVONNE A GUERRA		Card Number:		CVV2 No: Exp. Date:	
CR:		HC: JOGO		Signature:		Amount Paid:	

Make Check Payable To: MEDICAL COLLEGE PHYS GRP  
 \* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

00010152 01 001

IVONNE A GUERRA  
 3 WANDA LN  
 LITTLE ROCK AR 72209-3748

MED COLLEGE PHYSICIANS GP  
 PO BOX 251508  
 LITTLE ROCK AR 72225-1508

☐ Please check this box if your address, insurance information has changed and record changes on the back of this statement

26

0                   unts on file: 1  
Total Balance on file: \$4,121.36  
Primary Account #: 14518134-7206

STATEMENT OF ACCOUNT

Dear Mr./Ms. Guerra

Your payment of 800.00 on the accounts listed below is due 11/26/07  
Please remit in the enclosed envelope. Thank you.

If you have already sent your payment, please disregard this notice.

Sincerely,

ANN PARKS  
Account Representative  
Office Hours: 8AM - 5PM Monday - Friday

ACCOUNT NUMBER	BALANCE	ACCOUNT NUMBER	BALANCE
14518134-7206	4,121.36		

\*\*\* \*\*\* Free Service \*\*\* \*\*\*

We can print your check for you - call for details

85



BEFORE THE STATE CLAIMS COMMISSION  
OF THE STATE OF ARKANSAS

ARKANSAS STATE  
CLAIMS COMMISSION

MAR 02 2009

IVONNE GUERRA

CLAIMANT RECEIVED

vs.

Case No. CV-08-14227

PULASKI TECHNICAL COLLEGE

RESPONDENT

ANSWER

Respondent Pulaski Technical College ("PTC") submits the following for its answer to the complaint<sup>1</sup> of claimant Ivonne Guerra ("Guerra"), and states:

1. PTC admits that in the summer of 2007 it participated with the Little Rock School District ("LRSD") and local businesses in a venture known as the Central Arkansas Aviation Academy ("CAAA") to establish a program called the "Summer Aircraft Manufacturing Technology Program," which was supported financially by the Arkansas Workforce Investment Board. PTC further admits that CAAA classes were held at PTC's Business and Industry Center, which is located at 3303 E. Roosevelt Road, Little Rock, Arkansas 72206. PTC denies the remaining allegations of paragraph 1 of Guerra's complaint.

2. PTC admits the allegations of paragraph 2 of Guerra's complaint.

3. PTC admits the allegations of paragraph 3 of Guerra's complaint.

4. PTC admits that after a period of some weeks of class room instruction, the students, including Guerra, were assigned the task of building a model cabinet. PTC

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<sup>1</sup> For purposes of this Answer, "complaint" refers to "Attachment A" to claimant's claim form.

admits that the assignment required the use of tools, including a table saw and other power tools. PTC denies remaining allegations of paragraph 4 of Guerra's complaint.

5. PTC denies the allegations of paragraph 5 of Guerra's complaint.

6. PTC is without sufficient information to admit or deny the allegations in paragraph 6 of Guerra's complaint and therefore denies them.

7. PTC is without sufficient information to admit or deny the allegations in paragraph 7 of Guerra's complaint and therefore denies them.

8. PTC denies the allegations of paragraph 8 of Guerra's complaint.

9. PTC denies the allegations of paragraph 9 of Guerra's complaint, including but not limited to all allegations of parts (a) through (g) of paragraph 9.

10. PTC denies the allegations of paragraph 10 of Guerra's complaint.

11. PTC denies the allegations of paragraph 11 of Guerra's complaint, including but not limited to all allegations of parts (a) through (f) of paragraph 11.

12. In response to paragraph 12 of Guerra's complaint, PTC denies that it is liable to Guerra in any way and further denies all allegations of paragraph 12.

13. PTC denies all allegations of Guerra's complaint that are not specifically admitted in this answer.

14. PTC admits that Guerra has filed a related lawsuit against LRSD and Carl Gummer in the Circuit Court of Pulaski County, Arkansas, and that Attachment B to Guerra's claim form is a true and correct copy of the first page of the complaint in that lawsuit.

15. PTC denies Guerra's assertion that her claim has not been presented to any state department or officer.

16. PTC denies that it has committed any tort against Guerra and denies that Carl Grummer has committed any tort against Guerra. Therefore, PTC denies Guerra's contention that PTC is a "joint tortfeasor along with Mr. Carl Grummer."

17. PTC denies that the medical bills calculation appearing at Attachment C to Guerra's claim form is accurate. PTC further states that it is without sufficient information to admit or deny whether the medical bills identified on Attachment C are related to the incident alleged in the complaint, and PTC therefore denies that the bills identified on Attachment C are related. Moreover, PTC denies that it is liable to Guerra in any way in connection with the incident alleged in the complaint.

18. PTC is without sufficient information to admit or deny whether Guerra was covered by medical insurance at the time of the incident alleged and therefore denies the accuracy of Guerra's response to Section IV of the Arkansas State Claims Commission Property Damage/Personal Injury Incident Report Form.

19. PTC denies all allegations of Guerra's claim that are not specifically admitted in this answer.

20. PTC states that Guerra assumed the risk of any injury she might have sustained.

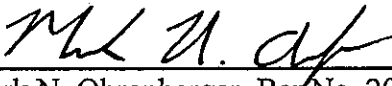
21. PTC states that all of Plaintiff's alleged damages were proximately caused by Plaintiff's own negligence or by third parties over which PTC had no control and for whose actions and omissions PTC is not responsible.

22. PTC affirmatively asserts all applicable defenses available to him under the Civil Justice Reform Act of 2003.

WHEREFORE, respondent Pulaski Technical College prays that the Court dismisses claimant Ivonne Guerra's complaint against it with prejudice and for all other proper relief.

Respectfully Submitted,


DUSTIN McDANIEL  
Attorney General

By:   
Mark N. Ohrenberger, Bay No. 2005151  
Arkansas Attorney General's Office  
323 Center Street, Suite 200  
Little Rock, AR 72201  
Phone: 501-682-2007  
E-mail: mark.ohrenberger@arkansasag.gov  
*Attorneys for Respondent Pulaski Technical College*

**CERTIFICATE OF SERVICE**

On March 2, 2009, a copy of the foregoing was served via U.S. mail on the following:

Mr. Morris W. Thompson  
Morris W. Thompson Law Firm, P.A.  
P.O. Box 662  
Little Rock, Arkansas 72203

  
Mark N. Ohrenberger

APR 23 2010

BEFORE THE STATE CLAIMS COMMISSION  
OF THE STATE OF ARKANSAS

RECEIVED

IVONNE GUERRA

CLAIMANT

vs.

Claim No. 09-0701-CC

PULASKI TECHNICAL COLLEGE

RESPONDENT

ANSWER TO AMENDED COMPLAINT

Respondent Pulaski Technical College ("PTC") submits the following for its answer to the amended complaint<sup>1</sup> of claimant Ivonne Guerra, and states:

1. In response to paragraph 1 of the amended complaint, PTC admits that in the summer of 2007 it participated with the Little Rock School District ("LRSD") and local businesses in a venture known as the Central Arkansas Aviation Academy ("CAAA") to establish a program called the "Summer Aircraft Manufacturing Technology Program," which was supported financially by the Arkansas Workforce Investment Board. PTC further admits that CAAA classes were held at PTC's Business and Industry Center, which is located at 3303 E. Roosevelt Road, Little Rock, Arkansas 72206. PTC denies the remaining allegations of paragraph 1 of the amended complaint.
2. PTC admits the allegations of paragraph 2 of the amended complaint.
3. In response to paragraph 3 of the amended complaint, PTC admits that David Pokorney and Carl Grummer were employees of PTC and that they were working in the course and scope of their employment at the time of the incident underlying Ms. Guerra's claim. PTC denies that Mr. Pokorney or Mr. Grummer are or can be sued in their official

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<sup>1</sup> For purposes of this answer, "amended complaint" refers to "Amended Attachment A to Claim Form," which is attached to the amended complaint.

or individual capacities in the State Claims Commission. PTC denies any remaining allegations in paragraph 3 of the amended complaint.

4. PTC admits the allegations of paragraph 4 of the amended complaint.

5. In response to paragraph 5 of the amended complaint, PTC admits that after a period of some weeks of class room instruction, the students, including Guerra, were assigned the task of building a model cabinet. PTC admits that the assignment required the use of tools, including a table saw and other power tools. PTC denies remaining allegations of paragraph 5 of the amended complaint.

6. PTC denies the allegations of paragraph 6 of the amended complaint.

7. PTC is without sufficient information to admit or deny the allegations in paragraph 7 of the amended complaint and therefore denies them.

8. PTC is without sufficient information to admit or deny the allegations in paragraph 8 of the amended complaint and therefore denies them.

9. In response to paragraph 9 of the amended complaint, PTC admits that neither Mr. Grummer nor Mr. Pokorney were in the room when Ms. Guerra injured her fingers. However, PTC denies that either Mr. Grummer or Mr. Pokorney was late in returning to the class room. PTC denies any remaining allegations in paragraph 9 of the amended complaint.

10. PTC denies the allegations in paragraph 10 of the amended complaint.

11. In response to paragraph 11 of the amended complaint, PTC admits that it, Mr. Grummer, and Mr. Pokorney all owed a duty of care to the students in the "Summer Aircraft Manufacturing Technology Program," including to Ms. Guerra, but PTC denies

that it, Mr. Grummer, or Mr. Pokorney breached that duty of care in any respect. PTC denies any remaining allegations in paragraph 11 of the amended complaint.

12. PTC denies the allegations of paragraph 12 of the amended complaint, including but not limited to all allegations of parts (a) through (g) of paragraph 12.

13. PTC denies the allegations of paragraph 13 of the amended complaint.

14. PTC denies the allegations of paragraph 14 of the amended complaint, including but not limited to all allegations of parts (a) through (f) of paragraph 14.

15. PTC admits the allegations in paragraph 15 of the amended complaint.

16. PTC denies the allegation in paragraph 16 of the amended complaint.

17. In response to paragraph 17 of the amended complaint, PTC denies that the plaintiff has any cognizable claims against it, against Mr. Grummer, or against Mr. Pokorney in the Pulaski County Circuit Court. However, PTC states affirmatively that the plaintiff has nevertheless filed suit against PTC, Mr. Grummer, and Mr. Pokorney in state court. Mr. Grummer has been voluntarily dismissed, but the plaintiff is still seeking to proceed in state court against PTC and Mr. Pokorney. PTC denies any remaining allegations in paragraph 17 of the amended complaint.

18. In response to paragraph 18 of the amended complaint, PTC denies that the plaintiff is entitled to judgment in her favor or that she is entitled to any award of damages whatsoever.

19. PTC denies all allegations of the amended complaint that are not specifically admitted in this answer.

20. PTC denies that the plaintiff has never presented her claim in a specific amount to it prior to the filing of the amended complaint.

21. PTC denies all allegations of the plaintiff's claim that are not specifically admitted in this answer.

22. PTC states that the plaintiff assumed the risk of any injury she might have sustained.

23. PTC states that all of the plaintiff's alleged damages were proximately caused by her own negligence or by third parties over which PTC had no control and for whose actions and omissions PTC is not responsible.

24. PTC affirmatively asserts all applicable defenses available to him under the Civil Justice Reform Act of 2003.

WHEREFORE, respondent Pulaski Technical College respectfully requests that the State Claims Commission dismisses claimant Ivonne Guerra's amended complaint against it with prejudice.

Respectfully Submitted,

DUSTIN McDANIEL  
Attorney General

By: 

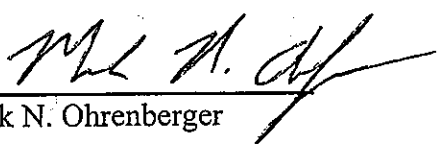
Mark N. Ohrenberger, Bar No. 2005151  
Assistant Attorney General  
Arkansas Office of Attorney General  
323 Center Street, Suite 200  
Little Rock, Arkansas 72201  
Phone: 501-682-3665  
Fax: 501-682-2591  
E-mail: mark.ohrenberger@arkansasag.gov

*Attorneys for Respondent Pulaski Technical College*

**CERTIFICATE OF SERVICE**

On April 23, 2010, a copy of the foregoing was served via U.S. mail on the following:

Mr. Morris W. Thompson  
Morris W. Thompson Law Firm, P.A.  
P.O. Box 662  
Little Rock, Arkansas 72203

  
\_\_\_\_\_  
Mark N. Ohrenberger

### SETTLEMENT AGREEMENT AND RELEASE

WHEREAS, an action is pending in the Arkansas State Claims Commission styled *Ivonne Guerra v. Pulaski Technical College*, No. 09-701-CC(hereinafter referred to as the "Action"), and

WHEREAS, the respondent in the Action, Pulaski Technical College (referred to as "respondent" unless the context requires otherwise) denies that it, or any officer, employee, or agent, has engaged in any wrongful, tortious or unlawful conduct of any kind, and

WHEREAS, the claimant in this action Ivonne Guerra (referred to as "claimants" unless the context requires otherwise) and the respondent desire to compromise and settle the Action to avoid the costs and uncertainties of continued litigation;

NOW, THEREFORE, the claimant and the respondent agree to the following terms as full and final satisfaction of any and all claims, including any and all claims for costs and attorneys' fees, which were raised by claimant in the Action or could have been raised by claimant in the Action or in any other forum.

1. ACTION TO BE TAKEN BY RESPONDENT. Following the effective date, as outlined in paragraph 11 below, and upon the subsequent entry of an Order dismissing the Action with prejudice, the respondent will pay a total of \$60,000.00 (sixty-thousand dollars) to claimant and her attorney. The check will be made payable to Ivonne Guerra and Morris W. Thompson.

2. ACTION TO BE TAKEN BY CLAIMANT. Upon the effective date, as outlined in paragraph 11 below, the claimant will move to dismiss the Action with prejudice.

3. COMPLETE RELEASE AND WAIVER. The claimant waives, releases, relinquishes and forever discharges the respondent and all of its current and former officers, employees, and agents from all claims, liens, or causes of action, known or unknown, arising out of the incident

in which claimant cut her fingers on the table saw at the Pulaski Technical College Business and Industry Center in July of 2007; for damages, attorneys' fees, costs or recovery of any type against the respondent, including all current and former officers, officials, employees and agents of the respondent in their official and individual capacities.

4. ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties. The claimant and respondent have not relied upon any promise or statement, oral or written, that is not set forth in this Agreement.

5. MODIFICATION. The claimant and respondent agree that this Agreement may not be modified, amended, or altered except by a written agreement executed by all parties.

6. VOLUNTARY AGREEMENT. The claimant and respondent acknowledge that each has read this Agreement, that each has had the opportunity to consult with legal counsel of their choosing concerning the advisability, meaning and effect of this Agreement, and that each has signed this Agreement voluntarily and without duress.

7. NO RESCISSION FOR MISTAKE. The claimant and respondent acknowledge that each has had the opportunity to investigate the facts and law relating to the claims raised in the Action and any additionally waived and released claims to the extent each deems necessary and appropriate. The claimant and respondent assume the risk of any mistake of fact or law and agree that any mistake of fact or law shall not be grounds for rescission or modification of any part of this Agreement.

8. NO ADMISSION OF LIABILITY. The claimant and respondent acknowledge that this Agreement is a compromise and is not an admission of liability or wrongdoing on the part of the respondent, or any current or former officer, employee or official of the respondent. Claimant agrees not to suggest or construe this Agreement as an admission or implication of wrongdoing

and that the Agreement is not admissible in any court or administrative body except as necessary to enforce its terms or as otherwise required by law.

9. CHOICE OF LAW. This Agreement shall be governed by and construed in accordance with the substantive law of the State of Arkansas.

10. SUCCESSORS AND ASSIGNS. This Agreement shall be binding upon the claimant and respondent and each of their respective heirs, descendants, successors and assigns.

11. EFFECTIVE DATE. This Agreement shall not become effective until approved by the Arkansas State Claims Commission, the Claims Review Subcommittee of the Arkansas Legislative Council, and the Arkansas General Assembly; the settlement monies are appropriated by the General Assembly; and the appropriation is funded.

12. COUNTERPARTS. This Agreement may be executed in counterparts, and the counterparts taken together, will have binding effect.

CLAIMANT

RESPONDENT

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

July 10, 2013

Date: \_\_\_\_\_

and that the Agreement is not admissible in any court or administrative body except as necessary to enforce its terms or as otherwise required by law.

9. CHOICE OF LAW. This Agreement shall be governed by and construed in accordance with the substantive law of the State of Arkansas.

10. SUCCESSORS AND ASSIGNS. This Agreement shall be binding upon the claimant and respondent and each of their respective heirs, descendants, successors and assigns.

11. EFFECTIVE DATE. This Agreement shall not become effective until approved by the Arkansas State Claims Commission, the Claims Review Subcommittee of the Arkansas Legislative Council, and the Arkansas General Assembly; the settlement monies are appropriated by the General Assembly; and the appropriation is funded.

12. COUNTERPARTS. This Agreement may be executed in counterparts, and the counterparts taken together, will have binding effect.

CLAIMANTS

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

RESPONDENT

By: Michael C. Long

Title: PROBST / EVP

Date: 11 JUL 13

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 85,000.00

Claim No. 09-0701-CC

Attorneys

Ivonne Guerra vs. Claimant

Morris W. Thompson, Attorney Claimant

Pulaski Technical College  
State of Arkansas Respondent

Mark N. Ohrenberger, Asst. Atty. General Respondent

Date Filed April 8, 2010

Type of Claim Personal injury/Negligence/  
Pain & Suffering

FINDING OF FACTS

This claim was filed for personal injury, negligence and pain and suffering in the amount of \$85,000.00 against Pulaski Technical College.

A "Negotiated Settlement Agreement" by the claim parties was presented to the Claims Commission in an oral presentation by the parties, along with the Respondent's recommendation of payment in the amount of \$60,000.00. The agreement was for the full and complete settlement of the claim.

The Claims Commission hereby unanimously allows this "Negotiated Settlement Agreement" by the parties in the amount of \$60,000.00 following its presentation and a recommendation of approval by the Respondent and **will include the claim in a claims payment bill to the 89<sup>th</sup> Arkansas General Assembly, 2014 Legislative Session for subsequent approval and payment.**

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission unanimously allowed this claim in the amount of \$60,000.00 and **will include the claim in a claims payment bill to the 89<sup>th</sup> Arkansas General Assembly, 2014 Legislative Session for subsequent approval and payment.**

Date of Hearing July 11, 2013

Date of Disposition July 11, 2013

Pat Moran

Chairman

Alicia

Commissioner

Jim Baker

Commissioner