

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of ArkansasArkansas
State Claims Commission
MAY 23 2014

RECEIVED

- ☒ Mr.
☒ Mrs.
☐ Ms.
☐ Miss

Benny Taylor and Carlotia Taylor, Claimant

vs.

State of Arkansas, Respondent
State Police

Do Not Write in These Spaces	
Claim No.	14-0895-CC
Date Filed	May 27, 2014 (Month) (Day) (Year)
Amount of Claim \$	10,000.00
Fund	ASP 7962.50 (Car Value) 500.00 (DED)

COMPLAINT
Personal Injury, Pain & Suffering
Loss of Wages, Mental AnguishBenny Taylor and Carlotia Taylor, the above named Claimant, of 314 Brookhaven Dr. White Hall
(Name) (Street or R.F.D. & No.) (City)AR 71602 (570) 718-7233 County of Jefferson represented by 870-247-3255 office
(State) (Zip Code) (Daytime Phone No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: Arkansas State Police Amount sought: \$10,000.00

Month, day, year and place of incident or service: May 29, 2011 Saline County, AR

Explanation: We were traveling on Hwy 70 to Bryant. Trooper was in front of us. He pulled over off road. We were inside his car. He had made us move over so we did. Next thing I see is trooper coming toward me. I tried to stop he had no lights on his car. He hit him to side of his vehicle. Trooper was making a U-turn to catch up to us going toward Hot Springs. Car hit him with snore path tire. The window in the back seat glass was lodged in my husband's neck. The trooper yelled at me as he was going to kick at him. My husband told him he was suppose to run our people. He had to stay 2 days in ER my husband b. We had loss of holiday, loss of work had to cancel vacation plans. We had to look and look for a rock comparable to the one that was totaled. We had to make several trips causing wear and tear on my car (which was on its last leg) mileage, fuel, hotel expense. We had a one week. We have been totally inconvenienced by this whole ordeal. I still have neck pain and stress and anxiety due to this wreck. Our insurance had to pay for everything. Carlotia Taylor was driving my husband Benny Taylor was passenger. Chief White State Trooper was the driver who hit us. Michael for no reason hit to police report was the witness. The accident occurred on May 29, 2011 at around 5:00 pm on Hwy 70 between Hot Springs and I-30. Jeff Renner was the investigating officer. I don't know how to describe all that happened. The reason we have waited so long was because it is just going to think about the 3 of us including the trooper are very lucky to be alive.

No; when? (Yes or No) (Month) (Day) (Year) ; to whom? (Department)

: and that the following action was taken thereon:

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

(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

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

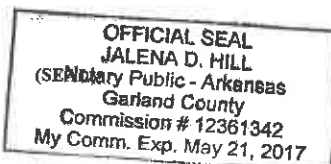
THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verify believes that they are true.

Carlotia Taylor Benny R Taylor
(Print Claimant/Representative Name)Carlotia Taylor Benny R Taylor
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Pine Bluff, AR

on this 22nd day of May 2014
(Date) (Month) (Year)

(Notary Public)

My Commission Expires: May 21 2017
(Month) (Day) (Year)

SF1-R7/99

ARKANSAS STATE CLAIMS COMMISSION
MOTOR VEHICLE ACCIDENT REPORT FORM

SECTION I

CLAIMANT Benny Taylor and Carletha Taylor ADDRESS 314 Beckehaven
Dr. CITY & STATE White Hall, AR ZIP CODE 71602

DATE OF ACCIDENT: May 29 2011 TIME: 5:00 PM

MOTOR VEHICLE DAMAGED: TYPE F 150 Pickup MAKE FORD YEAR 1999

DRIVEN BY: Carletha Taylor ADDRESS 314 Beckehaven Dr.

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

State Trooper made a U-turn in front of us. Truck was totaled, lawn mower had damage. Trooper caused wreck.

SECTION II

Has this vehicle been repaired? Yes (☒) No (☒) If repairs have been made, give the following information: Amount \$ 7,962.50 Have you paid for the repairs? Yes () No (☒) NOTE: Attach a copy of repair bill. Totaled

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 vehicle covered by Insurance? Yes (☒) No () Liability Only ()

Comprehensive: Yes (☒) No () What is your deductible? \$ 500.00

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

NAME OF INSURANCE CARRIER State Farm ADDRESS P.O. Box 661001 Dallas, TX 75266-1001

SECTION IV

Type of State Vehicle involved Dodge Charger License No.

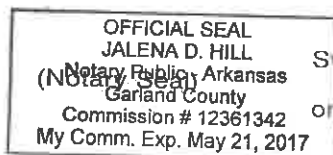
Driver Chet White Property of which State Agency Arkansas State Police

If accident was investigated by the State Police, give name of investigating officer: CPL Jeff Ramsey

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.



Benny R Taylor Carletha Taylor
Signature of Claimant

Sworn to and subscribed before me at Pine Bluff, AR
on this 29th day of May, 2011 City, State
day month year

Jaleena D Hill
Notary Public

My Commission Expires May 21, 2017

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

SECTION 1

CLAIMANT Benny Taylor and Carollotta Taylor ADDRESS 319 Brackecharn Dr.
CITY & STATE White Hall, AR ZIP CODE 71602
DATE OF INCIDENT: May 29 2011 TIME 5:00 PM

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

Trooper made a U-turn in front of us. This was a very traffic jam. We were trapped in a
smoking truck had to kill deer to get out. Spent 2 days at ER with neck issues and multiple
injuries. Still have neck issues but could not get to bed because it would all be out of pocket.
Will have an injury if I file a trooper. Taylor. Personal injury claim only, move on to Section IV. It also experience mental stress due to the accident.

SECTION II

Has this property been repaired? Yes () No () If repairs have been made, give the following information: Amount: \$ 2000.00 10,000.00 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? \$ 500.00

NAME OF INSURANCE CARRIER State Farm ADDRESS PO BOX 661001 Dallas, TX 75266-1001

SECTION IV

Is injured covered by medical insurance? Yes () No ()
If yes, what is the deductible? \$ N/A
If yes, is medical insurance:
A. Job-based Yes () No ()
B. Uninsured Motorist Yes () No ()
C. Private Pay Yes () No ()

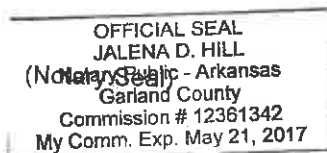
NAME OF INSURANCE CARRIER State Farm ADDRESS PO BOX 661001 Dallas, TX 75266-1001

SECTION V

If incident was investigated by the police or by some other agency, give name and title of officer/person making the investigation: Arkansas State Police, CPL Jeff Ramsey

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.



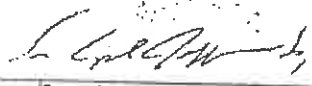
Sworn to and subscribed before me at Pine Bluff, AR
on this 29th day of May, 2011
day month year

Benny Taylor Signature of Claimant
Carollotta Taylor Signature of Claimant
Jalena D. Hill Signature of Notary Public

My Commission Expires May 21, 2017

620511168

Arkansas Uniform Motor Vehicle Collision Report

SUMMARY	Date	5/29/2011	Day	SUNDAY	Time	05:00 PM	Time Notified	05:00 PM	Time Arrived	05:14 PM	Unit Assigned	A-81	District			
	Road/Street/Highway	70				Latitude	Longitude		Section	10	Log Mile	5				
	At Intersection With					Not at Intersection, But	110 Ft	Direction	EAST	Of Reference Point	PT. VIEW RD.					
	County	SALINE		County GLC	AR 05 125		City			City GLC						
ENVIRONMENT	Hit and Run	<input type="checkbox"/> Yes	Not in City, But	9.00 Mi	Direction	WEST		Of Reference City	BENTON		Speed Limit Posted	YES	Speed Limit	55	Speed Limit 2	
		<input checked="" type="checkbox"/> No	Number of Vehicles	2	Number of Carriers	0		Number of Pedestrians	0		Number of Witnesses	1		Number of Property Owners	0	
	Atmospheric Conditions	CLEAR				Light Conditions	DAYLIGHT				Accident Locale	RURAL				
	Surface Conditions	DRY				Road System	U.S. HIGHWAY				Road Surface	ASPHALT				
	Road Alignment	CURVE				Road Profile	GRADE				Traffic Lanes(#)	3		Traffic Flow	NOT DIVIDED	
	Construction/Maintenance Zone	NO				Roadway Defects	NO DEFECTS									
	Relation to Junction	NON-JUNCTION				Traffic Controls	LANE MARKINGS									
	Traffic Control Devices	FUNCTIONING PROPERLY				Type of Collision	ANGLE				Fire Occurrence	NO FIRE OCCURRENCE				
Rank	CPL	Officer - Last Name	RAMSEY				Officer - First Name	JEFF				Officer - MI	Officer - Suffix			
Officer - Signature					Officer - Badge Number	1				Officer - Department	ASP - TROOP A					
Rank	SGT	Supervisor - Last Name	JOHNSON				Supervisor - First Name	DON				Date Filed	29-May-11	Photos	YES	
Supervisor - Signature					Supervisor - Badge Number	465				Supervisor - MI	Supervisor - Suffix					
					Supervisor - Department	ASP - TROOP A				Supervisor Da						



TAYLOR - WHITE

Page 3 / 5

Attachments

Report Number

Arkansas Uniform Motor Vehicle Collision Report

620511168

D R I V E R	Driver - Last Name WHITE			Driver - First Name CHET			Driver - MI A		Driver - Suffix		Driver - Telephone #	
	Driver - Address 1619 PINWOOD DR.			Driver - City BENTON			Driver - State AR		Driver - Zip Code 72019			
	Driver - License Number		DL State AR	DL Endorse. M	DL Class D	DL Restrictions	Driver - Date of Birth 7/7/1976		Driver - Race CAUCASIAN		Driver - Sex MALE	
	2 Driver - Ejection Code NOT EJECTED			Driver - Injury POSSIBLE INJURY				Air Bag NO AIRBAG DEPLOYMENT				
	Driver - Safety Equipment LAP AND SHOULDER BELT											
	Driver - Vision Obscured NOT OBSCURED											
	Test Requested		Test Type(s)			Driver - Condition APPEARED NORMAL						
	<input type="checkbox"/> Yes		<input type="checkbox"/> Blood <input type="checkbox"/> Urine			Driver - Impairment NONE						
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology									
	Blood/Breath/Urine Results											
V E H I C L E	Owner - Last Name ARKANSAS STATE POLICE			Owner - First Name			Owner - MI		Owner - Suffix			
	Owner - Address #1 STATE POLICE PLAZA			Owner - City LITTLE ROCK			Owner - State AR		Owner - Zip Code 72209			
	License Plate	Year 2010	Make DODGE	Model CHARGER			Plate - Year 2011	Plate - State AR	Plate - Number A-85			
	<input checked="" type="checkbox"/> Yes	Vehicle - Body 4 DOOR			Vehicle - Color 1 WHITE		Vehicle - Color 2 BLUE		Vehicle Identification Number 2B3AA4CT7AH113716			
	<input type="checkbox"/> No											
	Insurance - Company Name N/A			Insurance - Policy Number XXXXXX			Number of Passengers 0		MultiPass Req'd. NO			
	CMV Qualifying Information <input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/> Haz Mat Placard (any vehicle type)											
	Trailer(s) Attached NO		Number of Trailers		Registration State			Plate Number				
	Vehicle Damage						Estimated Damage \$4,000.00					
Point of Initial Contact						Direction of Travel EAST			Vehicle Action OTHER			
<div style="display: flex; justify-content: space-around;"> <div> TRAILER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown </div> <div> CAR <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage </div> </div>						Collision Damage DISABLED			First Harmful Event ON ROADWAY			
						First Harmful Collision With MV IN TRANSPORT						
						Contributing Factors OTHER						
						Collision with fixed object NO COLLISION WITH FIXED OBJECT						
Vehicle Defects NO DEFECTS						Prior Vehicle Damage NO			Damage Location			
Vehicle Towed <input checked="" type="checkbox"/> Yes		Name of Towing Service WEISE TOWING				Address Vehicle Removed To 401 WILLOW						
<input type="checkbox"/> No		City Vehicle Removed To BENTON				State Vehicle Removed To AR			Zip Vehicle Removed To 72015			
Injury Transported <input checked="" type="checkbox"/> Yes		EMS Notified 05:00 PM		EMS Arrived 05:15 PM		Transported By MED TRAN						
<input type="checkbox"/> No		Hospital Name SALINE MEMORIAL HOSPITAL				Hospital City BENTON			Hospital State AR			



TAYLOR - WHITE

Page 2 / 5

Attachments

Report Number

Arkansas Uniform Motor Vehicle Collision Report

620511168

D R I V E R	Driver - Last Name TAYLOR			Driver - First Name CARROLOTTA			Driver - MI M		Driver - Suffix		Driver - Telephone #	
	Driver - Address 319 BROOKHAVEN DR			Driver - City WHITE HALL			Driver - State AR		Driver - Zip Code 71603			
	Driver - License Number		DL State AR	DL Endorse.	DL Class D	DL Restrictions	Driver - Date of Birth 4/8/1961		Driver - Race CAUCASIAN		Driver - Sex FEMALE	
	Driver - Ejection Code NOT EJECTED			Driver - Injury POSSIBLE INJURY			Air Bag DEPLOYED AIRBAG					
	Driver - Safety Equipment LAP AND SHOULDER BELT											
	Driver - Vision Obscured NOT OBSCURED											
	Test Requested		Test Type(s)		Driver - Condition APPEARED NORMAL							
	<input type="checkbox"/> Yes		<input type="checkbox"/> Blood <input type="checkbox"/> Urine		Driver - Impairment NONE							
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology									
	Blood/Breath/Urine Results											
V E H I C L E	Owner - Last Name TAYLOR			Owner - First Name BENNY			Owner - MI		Owner - Suffix			
	Owner - Address 319 BROOKHAVEN DR			Owner - City WHITE HALL			Owner - State AR		Owner - Zip Code 71602			
	License Plate	Year	Make	Model		Plate - Year	Plate - State	Plate - Number				
	<input checked="" type="checkbox"/> Yes	1999	FORD	F150		2012	AR	7870NC				
	<input type="checkbox"/> No	Vehicle - Body PICKUP		Vehicle - Color 1 GREEN		Vehicle - Color 2		Vehicle Identification Number 1FTRX17W8XKB24602				
	Insurance - Company Name STATE FARM			Insurance - Policy Number 028519980804B			Number of Passengers 1		MultiPass Reqd. NO			
	CMV Qualifying Information <input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/> Haz Mat Placard (any vehicle type)											
	Trailer(s) Attached NO		Number of Trailers		Registration State			Plate Number				
	Vehicle Damage						Estimated Damage \$7,000.00					
	Point of Initial Contact <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> TRAILER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown </div> <div style="text-align: center;"> CAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage </div> </div>						Direction of Travel EAST Collision Damage DISABLED First Harmful Collision With MV IN TRANSPORT Contributing Factors NONE Collision with fixed object NO COLLISION WITH FIXED OBJECT					
Vehicle Defects NO DEFECTS						Prior Vehicle Damage NO						
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						Damage Location						
Name of Towing Service WEISE TOWING						Address Vehicle Removed To 401 WILLOW						
City Vehicle Removed To BENTON						State Vehicle Removed To AR						
Injury Transported <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Zip Vehicle Removed To 72015						
EMS Notified						Transported By						
EMS Arrived						Hospital City						
Hospital Name						Hospital State						



TAYLOR - WHITE

Page 4 / 5

Attachments

Report Number

620511168

Arkansas Uniform Motor Vehicle Collision Report

PASSENGER 1	Passenger - Last Name TAYLOR		Passenger - First Name BENNY		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #1
	Passenger - Address 319 BROOKHAVEN_DR		Passenger - City WHITE HALL		Passenger - State AR	Passenger - Zip Code 71602	
	Position In/On Vehicle <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Passenger - Race CAUCASIAN		Passenger - Sex MALE		Age 69
	Safety Equipment Used LAP AND SHOULDER BELT		Ejection Code NOT EJECTED		Injury Code POSSIBLE INJURY		Air Bag DEPLOYED AIRBAG
Injury Transported <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY			
		HOSPITAL NAME		HOSPITAL CITY		HOSPITAL STATE	
WITNESS 1							
Witness - Last Name TARNO		Witness - First Name MICHAEL		Witness - MI D	Witness - Suffix		
Witness - Address 9841 HWY. 115		Witness - City POCAHONTAS		Witness - State AR	Witness - Zip Code 72455		
Narrative							
<p>OPER. V-1 (TAYLOR) AND OPER. V-2 (WHITE) WERE EASTBOUND ON U.S. HWY. 70. ACCORDING TO THE DRIVER OF V-1 AS SHE WAS FOLLOWING V-2 WHO WAS IN A MARKED ARKANSAS STATE POLICE CAR, SHE NOTICED V-2 PULL TO THE SIDE OF THE ROAD, WITH THE BLUE LIGHTS ON. V1 MOVED INTO THE NUMBER TWO LANE AT THIS TIME TO ALLOW THE TROOPER PLENTY OF ROOM. V-2 MADE A U-TURN IN FRONT OF V-1. V-2 APPLIED THE BRAKES AND STEERED LEFT TO AVIOD HITTING V-2 BUT SHE WAS UNABLE TO DO SO. V-1'S RIGHT FRONT STRUCK V-2'S LEFT SIDE. V-1 CAME TO REST UPRIGHT FACING NORTHEAST PARTIALLY IN THE WESTBOUND TRAFFIC LANE. V-2 CAME TO REST UPRIGHT IN THE DITCH ON THE NORTH SIDE OF THE HIGHWAY FACING NORTH. NOTES: FOUND AT THE SCENE WAS A BRAKE MARK FROM V-1 THAT MEASURED 19 FT. MADE BY THE LEFT FRONT WHEEL OF V-1, THIS MARK HAS A TURN NEAR THE END OF THE MARK THAT MEASURED 2FT. THIS IS THE AREA OF IMPACT WHERE V-1 HIT V-2 THE IMPACT CAUSED THE TURN IN THE SKID MARK. MICHAEL D. TARNO ADL 916597848 OF 9841 HWY 115 POCAHONTAS ARK 72455 WAS A WITNESS TO THIS ACCIDENT. PHONE NUMBER 870 214-0596... THE WITNESS STATEMENT IS ATTACHED TO THIS REPORT. THE WITNESS STATED THAT THE TROOPER WAS TRAVELING IN THE RIGHT LANE.</p>							



Diagram / Photo 1

TAYLOR - WHITE

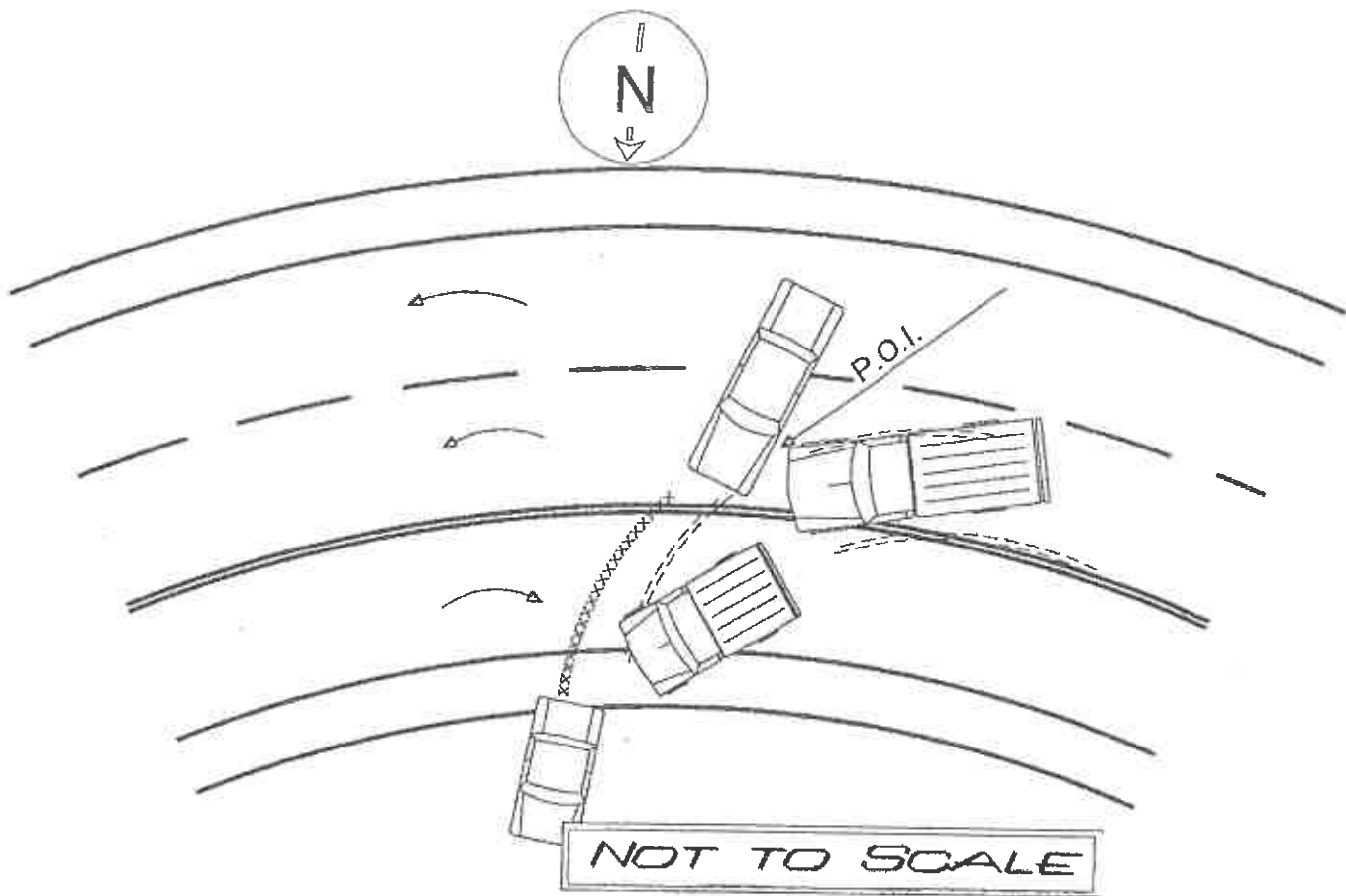
Arkansas Uniform Motor Vehicle Collision Report

Page 5 / 5

Attachments

Report Number

620511168



State Farm®

Providing Insurance and Financial Services

Home Office, Bloomington, Illinois 61710



June 08, 2011

Benny R Taylor
319 Brookhaven Dr
White Hall AR 71602-2866

Arkansas Total Loss Unit
P.O. Box 1384
Columbia MO 65205-9726

RE: Claim Number: 04-019P-618
Date of Loss: 05/29/2011
Our Insured:

Dear Benny R Taylor:

As discussed, your policy provides for payment of the actual cash value of your vehicle, less any applicable deductible. Actual cash value is determined by the market value, age, and condition of your vehicle at the time the loss occurred.

To assist us in determining actual cash value, we consider information obtained by our representatives, and information provided by you, vehicle valuation services, and other sources. If you have additional information you wish us to consider or if you believe we have not correctly determined the actual cash value of your vehicle, please contact us at the number indicated below.

Actual cash value:	\$	7,450.00
Plus: Taxes	+\$	503.25
License and title fees:	+\$	9.25
Less: Deductible	-\$	<u>500.00</u>
Retained Salvage Value (if applicable)	-\$	N/A
Payment to Lienholder/Lease Company (if applicable)	-\$	N/A
Net amount payable:	\$	7,462.50

If you have any questions concerning this total loss settlement please contact us.



State Farm
Mid-South Auto Claims
P.O. Box 661001
Dallas, TX 75266-1001

December 20, 2011

Benny R. Taylor
319 Brookhaven Drive
Whitehall, AR 71602-2866

RE: Claim Number: 04-019P-618
 Date of Loss: 05/29/11
 Insured: Benny R. & Carolotta Taylor
 Injured: Benny Taylor & Carolotta Taylor
 Amount Paid: \$651.90 MPC for Benny
 \$5000.00 MPC for Carolotta

Dear Mr. & Mrs. Taylor:

Your claim has been referred to State Farm's Complex/Litigation team.

Your agreement with State Farm and your policy states: *If we make payment under this policy and the person or organization to or for whom we make payment recovers or has recovered from another person or organization, then the person (you) or organization to or for whom we make payment must protect our Right of Recovery for the benefits paid on their behalf.*

The above is contingent upon your settlement with the adverse party having "made you whole."

In the event that you have a change of address and/or telephone number during the handling of this matter, please contact us to update our file.

We appreciate your patience and cooperation. Should you have any questions, feel free to contact me at the number listed below.

Sincerely,

Joe Langley
Team AR Complex/LIT
Claim Representative
(866) 587-5774
FAX 800-726-4093

BEFORE THE STATE CLAIMS COMMISSION

Arkansas
State Claims Commission
JUL 01 2014
RECEIVED

**BENNY TAYLOR and
CARLOTTA TAYLOR**

CLAIMANTS

v.

NO. 14-0895-CC

ARKANSAS STATE POLICE

RESPONDENT

ANSWER

Comes now the Respondent, the Arkansas State Police (ASP), by and through its attorney, Elaine Lee, and for its Answer to the Complaint of Claimants Benny Taylor and Carlotta Taylor states:

1. The Respondent denies that it is liable for the Claimants' property damages.
2. The Respondent denies that it is liable for any injuries allegedly suffered by the Claimants.
3. The Respondent denies that the Claimants are entitled to an award of damages for pain and suffering.
4. Unless specifically admitted herein, all other allegations of the Complaint are denied.
5. The Claimants indicated in the Arkansas State Claims Commission Motor Vehicle Accident Report Form that the damaged vehicle was covered by insurance with a deductible in the amount of \$500.00. Arkansas Code Annotated §19-10-302 states that "the [Claims] Commission shall hear no claim until the claimant has exhausted all remedies against insurers, including the claimant's insurer." Accordingly, the Arkansas

State Police is only permitted under Arkansas law to accept liability in the amount of the Claimants' insurance deductible, \$500.00.

6. The following are the applicable codes for the Respondent: a) Agency Code: 960; Fund Code: SMP8800; Cost Center: 456607; Appropriation Code: 519; and Internal Order I0960248.

WHEREFORE, having answered the Claimants' Complaint, the Respondent prays that the Commission set this matter for a hearing and hold the Claimants to a strict standard of proof as to entitlement and amount of any damages.

Respectfully submitted,

ARKANSAS STATE POLICE

By: Elaine Lee
Elaine G. Lee
Bar No. 2006162
Arkansas State Police
Associate General Counsel
1 State Police Plaza Drive
Little Rock, AR 72209
(501) 618-8930

CERTIFICATE OF SERVICE

I, Elaine Lee, do hereby certify that I have served the foregoing by mailing a copy of same, by U.S. Mail, postage prepaid, this 30th day of June, 2014,

Benny Taylor and Carlotta Taylor
319 Brookehaven Dr.
White Hall, AR 71602

Elaine Lee
Elaine Lee
Associate General Counsel
Arkansas State Police

CTB

14-0895-CC

Arkansas Claims Commission

JUL 04 2014

RECEIVED

July 2, 2014

To Whom It May Concern:

We would very much like to have a hearing involving our claim. We find it very hard to believe that ASAP claims no liability when clearly on the accident report the trooper was at fault.

Thank you for arranging a hearing.

Sincerely,

Benny Taylor Carlotta Taylor

Benny & Carlotta Taylor

14 0012-00
Benny Taylor

Arkansas
State Claims Commission
JAN 05 2015
RECEIVED

First off, I have a great deal of respect for the job our State Troopers do. I know they their lives are put at risk daily to protect our state. I am however very disturbed to learn that the Arkansas State Troopers feel no liability for the wreck we were involved in on May 29, 2011. I do not think the State Trooper was issued a citation but clearly, he should have been. Had we been involved in a wreck with another person, they would have been given a ticket and their insurance held responsible for my medical and vehicle expenses. As it was, my insurance had to pay for all our expenses. We have been inconvenienced by having to prove what money we have had to pay and stress we have been caused. A State Trooper recently stopped me. I truly was going into a full-fledged panic attack. I could not stop shaking; all I could think about was that Dodge Charger State Trooper car pulling in front of me. That wreck has traumatized me. Not sure, I will ever forgot the things that happened that day. I was made to feel like a criminal. At least 15 State Troopers converged upon the scene. Only one person inquired how I was doing, I realize now I was in shock. My insurance paid all the claims and maxed out. I have constant problems with my neck but could not go to doctor because when I told them it was from a wreck, I would have to pay up front. It really unnerves me when I read articles such as a guy shopping lifting was injured by the police and he was compensated thousands of dollars. Really!? I was minding my own business heading to a family function and I get ran over and the State Police don't have any liability!

What would have happened if we had been killed? Would there have been any liability then? Here is the break down of what expense we paid out

Insurance deductible 500.00

200.00 Repair to Lawnmower in back of truck.

4 Days loss days of holiday & Sick Leave

472.32

Loss of Scheduled vacation. Planned all year for vacation couldn't go to lake due to no truck to pull boat.

826.56

My husband was without a vehicle while we were searching high and low for a truck close to the one he had. Looked for weeks on Auto Trader to find a truck near mileage we had on wrecked truck. The truck we purchase was newer but had 7,000 more miles on it than truck we had.

1,315.79 (Price from Enterprise) Loss of vehicle for 21 days. We would have had to pay up front so we had to go without a vehicle.

Purchased a tens machine and bio freeze for neck pain

70.00

Mileage looking for and purchasing a truck.

664.71

Meals

100.00

Hotel



100.00

At least \$400 for time, copies, postage, mileage to prepare this information. Cleaning out the wrecked truck (in the heat) and get a family member to bring the mower and grill home out of our wrecked truck.

The total of expenses are \$4649.38

We feel like a total compensation of \$10,000 is very reasonable for the aggravation, stress, pain, suffering we have had to endure.

Sincerely,

Benny & Carllotta Taylor

BEFORE THE STATE CLAIMS COMMISSION

BENNY TAYLOR and
CARLOTTA TAYLOR

CLAIMANTS

v.

NO. 14-0895-CC

ARKANSAS STATE POLICE

RESPONDENT

ANSWER

Comes now the Respondent, the Arkansas State Police (ASP), by and through its attorney, Elaine Lee, and for its Answer to the Complaint of Claimants Benny Taylor and Carlotta Taylor states:

1. The Respondent denies that it is liable for the Claimants' property damages.
2. The Respondent denies that it is liable for any injuries allegedly suffered by the Claimants.
3. The Respondent denies that the Claimants are entitled to an award of damages for pain and suffering.
4. Unless specifically admitted herein, all other allegations of the Complaint are denied.
5. The Claimants indicated in the Arkansas State Claims Commission Motor Vehicle Accident Report Form that the damaged vehicle was covered by insurance with a deductible in the amount of \$500.00. Arkansas Code Annotated §19-10-302 states that "the [Claims] Commission shall hear no claim until the claimant has exhausted all remedies against insurers, including the claimant's insurer." Accordingly, the Arkansas

Documentation submitted by claimants

State Police is only permitted under Arkansas law to accept liability in the amount of the Claimants' insurance deductible, \$500.00.

6. The following are the applicable codes for the Respondent: a) Agency Code: 960; Fund Code: SMP8800; Cost Center: 456607; Appropriation Code: 519; and Internal Order I0960248.

WHEREFORE, having answered the Claimants' Complaint, the Respondent prays that the Commission set this matter for a hearing and hold the Claimants to a strict standard of proof as to entitlement and amount of any damages.

Respectfully submitted,

ARKANSAS STATE POLICE

By: Elaine Lee

Elaine G. Lee
Bar No. 2006162
Arkansas State Police
Associate General Counsel
1 State Police Plaza Drive
Little Rock, AR 72209
(501) 618-8930

*The above statement
is highly insulting.*

CERTIFICATE OF SERVICE

I, Elaine Lee, do hereby certify that I have served the foregoing by mailing a copy of same, by U.S. Mail, postage prepaid, this 30th day of June, 2014,

Benny Taylor and Carlotta Taylor
319 Brookehaven Dr.
White Hall, AR 71602

Elaine Lee

Elaine Lee
Associate General Counsel
Arkansas State Police



State Farm
Mid-South Auto Claims
P.O. Box 661001
Dallas, TX 75266-1001

December 20, 2011

Benny R. Taylor
319 Brookhaven Drive
Whitehall, AR 71602-2866

RE: Claim Number: 04-019P-618
Date of Loss: 05/29/11
Insured: Benny R. & Carrollotta Taylor
Injured: Benny Taylor & Carrollotta Taylor
Amount Paid: \$651.90 MPC for Benny
\$5000.00 MPC for Carrollotta

Dear Mr. & Mrs. Taylor:

Your claim has been referred to State Farm's Complex/Litigation team.

Your agreement with State Farm and your policy states: *If we make payment under this policy and the person or organization to or for whom we make payment recovers or has recovered from another person or organization, then the person (you) or organization to or for whom we make payment must protect our Right of Recovery for the benefits paid on their behalf.*

The above is contingent upon your settlement with the adverse party having "made you whole."

In the event that you have a change of address and/or telephone number during the handling of this matter, please contact us to update our file.

We appreciate your patience and cooperation. Should you have any questions, feel free to contact me at the number listed below.

Sincerely,

Joe Langley

Joe Langley
Team AR Complex/LIT
Claim Representative
(866) 587-5774
FAX 800-726-4093

my salary during 2011

LINDA	PACE	178	8,241.4	0	BUS DRIVER	9
CHRISTIE	PARK	180	16,304.4	79	PARAPROFESSIONAL-NON INST	5
JANET	PENN	178	17,274.9	84	PARAPROFESSIONAL-NON INST	5
RHONDA	PERRY	261	23,093.28	81	CUSTODIAN - FULL TIME	3
SHARON	PHILLIPS	178	3,759.36	77	CUSTODIAN - PART TIME	6
SHARON	PHILLIPS	178	4,748.15	77	FOOD SERVICE-OTHR PERSONN	6
SHARON	PHILLIPS	178	3,759.36	77	FOOD SERVICE-OTHR PERSONN	6
SHARON	PHILLIPS	178	4,748.15	77	CUSTODIAN - PART TIME	6
VAN	PORTER	261	34,932.24	0	GENERAL MAINTENANCE	3
STEVIE	QUARLES	261	35,767.44	0	GENERAL MAINTENANCE	3
NANCY	RAMSEY	185	17,260.5	76	PARAPROFESSIONAL-INSTRUC	5
SHIRLEY	RANEY	261	20,206.62	78	CUSTODIAN - FULL TIME	3
SHIRLEY	RANEY	178	9,254.22	77	BUS DRIVER	9
TRACY	REED	195	19,177.25	84	SECRETARY/ADMIN. ASST.	5
RANDY	REYNOLDS	261	42,908.4	0	BUS/VEHICLE MECH FOREMAN	3
RANDY	REYNOLDS	261	8,045.33	0	BUS/VEHICLE MECH FOREMAN	3
PHYLLIS	RIDGEWAY	245	53,270.79	0	BOOKKEEPER/ACCOUNTANT/AUD	2
VICKIE	ROBERTS	180	15,818.4	78	FOOD SERV.MGR SCHOOL CAF.	6
STEVEN	ROBERTS	178	7,611.28	0	BUS DRIVER	9
JOYCE	ROBINSON	261	8,659.98	0	CUSTODIAN - FULL TIME	3
DONNA	ROBINSON	180	12,717.9	76	FOOD SERVICE-OTHR PERSONN	6
R	ROCHELLE	178	17,274.9	79	PARAPROFESSIONAL-NON INST	5
JANICE	ROSE	195	18,924.75	79	SECRETARY/ADMIN. ASST.	5
LINDA	ROWLAND	180	13,068.9	79	FOOD SERVICE-OTHR PERSONN	6
WENDIE	RUSHING	180	13,068.9	79	FOOD SERVICE-OTHR PERSONN	6
PATTY	RUSHING	245	36,593.2	0	BOOKKEEPER/ACCOUNTANT/AUD	2
LATONYA	SCOTT	180	15,926.4	81	PARAPROFESSIONAL-INSTRUC	5
LAURA BETH	SHANER	225	24,516	80	SECRETARY/ADMIN. ASST.	3
KATHLEEN	SIMPSON	180	12,483.9	79	FOOD SERVICE-OTHR PERSONN	6
DEVERA	SMITH	180	13,068.9	81	FOOD SERVICE-OTHR PERSONN	6
CRYSTAL	SMITH	180	16,794	78	PARAPROFESSIONAL-NON INST	5
ALEENE	SMITH	178	8,693.52	0	BUS DRIVER	9
CHRIS	STANFIELD	261	22,675.68	76	CUSTODIAN - FULL TIME	3
MARK	STANFIELD	261	32,698.08	0	BUS/VEHICLE MECH WORKER	3
MARK	STANFIELD	261	6,130.89	0	BUS/VEHICLE MECH WORKER	3
LESLIE	STILTNER	178	8,764.72	0	BUS DRIVER	9
LESLIE	STILTNER	178	12,472.46	76	SECRETARY/ADMIN. ASST.	5
CARLOTTA	TAYLOR	245	28,929.6	76	SECRETARY/ADMIN. ASST.	4
JOE	TERRY	178	8,241.4	0	BUS DRIVER	9
A	THOMAS	180	13,068.9	79	FOOD SERVICE-OTHR PERSONN	6
BRENDA	THOMAS	195	20,404.25	78	SECRETARY/ADMIN. ASST.	5
JOE	THORNTON	178	10,267.04	0	BUS DRIVER	9
BRANDY	TOMBOLI	180	16,929	84	PARAPROFESSIONAL-INSTRUC	5
SANDRA	TREVINO	261	24,408.72	77	HEAD CUSTODIAN	3
BETTY	TULLY	180	17,469	79	PARAPROFESSIONAL-INSTRUC	5
LEIGH	TURNER	178	4,606.64	77	PARAPROFESSIONAL-NON INST	5
LEIGH	TURNER	178	9,254.22	77	BUS DRIVER	9
LEE	VAUGHN	180	16,304.4	76	STUDY HALL MONITOR	5
VICKI	WATTS	180	12,600.9	81	FOOD SERVICE-OTHR PERSONN	6
DWAYNE	WALKER	261	25,035.12	84	HEAD CUSTODIAN	3
SHERRY	WALLS	261	25,035.12	79	HEAD CUSTODIAN	3
ELIZABETH	WALT	195	18,486	81	SECRETARY/ADMIN. ASST.	5

State Farm®

Providing Insurance and Financial Services

Home Office, Bloomington, Illinois 61710



June 08, 2011

Benny R Taylor
319 Brookhaven Dr
White Hall AR 71602-2866

Arkansas Total Loss Unit
P.O. Box 1384
Columbia MO 65205-9726

RE: Claim Number: 04-019P-618
Date of Loss: 05/29/2011
Our Insured:

Dear Benny R Taylor:

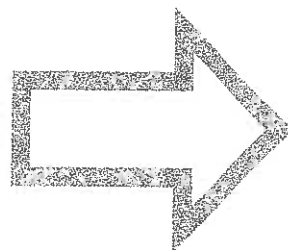
As discussed, your policy provides for payment of the actual cash value of your vehicle, less any applicable deductible. Actual cash value is determined by the market value, age, and condition of your vehicle at the time the loss occurred.

To assist us in determining actual cash value, we consider information obtained by our representatives, and information provided by you, vehicle valuation services, and other sources. If you have additional information you wish us to consider or if you believe we have not correctly determined the actual cash value of your vehicle, please contact us at the number indicated below.

Actual cash value:	\$	7,450.00
Plus: Taxes	+\$	503.25
License and title fees:	+\$	9.25
Less: Deductible	-\$	<u>500.00</u>
Retained Salvage Value (if applicable)	-\$	N/A
Payment to Lienholder/Lease Company (if applicable)	-\$	N/A
Net amount payable:	\$	7,462.50

If you have any questions concerning this total loss settlement please contact us.

PAYMENT NO 1 22 049479 J
PAYMENT AMOUNT \$7,462.50
ISSUE DATE 06-08-2011
AUTHORIZED BY CARROLL, BEVERLY
PHONE (866) 297-4224



CLAIM NO 04-019P-618
LOSS DATE 05-29-2011
POLICY NO 0285-129-04B
INSURED TAYLOR, BENNY R & CAROLLOTTA

BENNY R. TAYLOR
319 BROOKHAVEN DR
WHITE HALL AR 71602-2866

FILE COPY

REMARKS Total Loss Settlement in Exchange for Original Title

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
COLLISION-MULTIPLE VEHICLE	TAYLOR, BENNY R & CAROLLOTTA	7,462.50

RETAIN STUB FOR RECORDS



TAYLOR - WHITE

Page 2 / 5

Attachments

Report Number

Arkansas Uniform Motor Vehicle Collision Report

620511168

D R I V E R	Driver - Last Name TAYLOR				Driver - First Name CARROLOTTA				Driver - MI M		Driver - Suffix		Driver - Telephone #			
	Driver - Address 319 BROOKHAVEN DR				Driver - City WHITE HALL				Driver - State AR		Driver - Zip Code 71603					
	Driver - License Number		DL State AR	DL Endorse.	DL Class D	DL Restrictions		Driver - Date of Birth 4/8/1961		Driver - Race CAUCASIAN		Driver - Sex FEMALE				
	Driver - Ejection Code NOT EJECTED				Driver - Injury POSSIBLE INJURY				Air Bag DEPLOYED AIRBAG							
	Driver - Safety Equipment LAP AND SHOULDER BELT															
	Driver - Vision Obscured NOT OBSCURED															
	Test Requested		Test Type(s)				Driver - Condition APPEARED NORMAL									
	<input type="checkbox"/> Yes		<input type="checkbox"/> Blood <input type="checkbox"/> Urine				Driver - Impairment NONE									
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology													
	Blood/Breath/Urine Results															
V E H I C L E	Owner - Last Name TAYLOR				Owner - First Name BENNY				Owner - MI		Owner - Suffix					
	Owner - Address 319 BROOKHAVEN DR				Owner - City WHITE HALL				Owner - State AR		Owner - Zip Code 71602					
	License Plate	Year	Make	Model		Plate - Year	Plate - State	Plate - Number								
	<input checked="" type="checkbox"/> Yes	1999	FORD	F150		2012	AR	7870NC								
	<input type="checkbox"/> No	Vehicle - Body PICKUP		Vehicle - Color 1 GREEN		Vehicle - Color 2		Vehicle Identification Number 1FTRX17W8XKB24602								
	Insurance - Company Name STATE FARM				Insurance - Policy Number 0285199B0804B				Number of Passengers 1		MultiPass Reqd. NO					
	CMV Qualifying Information <input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/> Haz Mat Placard (any vehicle type)															
	Trailer(s) Attached NO		Number of Trailers		Registration State				Plate Number							
	Vehicle Damage Point of Initial Contact <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> TRAILER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown </div> <div style="text-align: center;"> CAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage </div> </div>								Estimated Damage \$7,000.00 Direction of Travel EAST Collision Damage DISABLED First Harmful Collision With MV IN TRANSPORT Contributing Factors NONE Collision with fixed object NO COLLISION WITH FIXED OBJECT						Vehicle Action AVOIDING VEHICLE First Harmful Event ON ROADWAY	
	Vehicle Defects NO DEFECTS								Prior Vehicle Damage NO		Damage Location					
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Towing Service WISE TOWING City Vehicle Removed To BENTON				Address Vehicle Removed To 401 WILLOW				State Vehicle Removed To AR		Zip Vehicle Removed To 72015				
Injury Transported <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EMS Notified		EMS Arrived		Transported By										
Hospital Name								Hospital City		Hospital State						



TAYLOR - WHITE

Page 3 / 5

Attachments

Report Number

620511168

Arkansas Uniform Motor Vehicle Collision Report

D R I V E R	Driver - Last Name WHITE			Driver - First Name CHET			Driver - MI A		Driver - Suffix		Driver - Telephone #	
	Driver - Address 1619 PINWOOD DR.			Driver - City BENTON			Driver - State AR		Driver - Zip Code 72019			
	Driver - License Number		DL State AR	DL Endorse. M	DL Class D	DL Restrictions	Driver - Date of Birth 7/7/1976		Driver - Race CAUCASIAN		Driver - Sex MALE	
	Driver - Ejection Code NOT EJECTED			Driver - Injury POSSIBLE INJURY				Air Bag NO AIRBAG DEPLOYMENT				
	Driver - Safety Equipment LAP AND SHOULDER BELT											
	Driver - Vision Obscured NOT OBSCURED											
	Test Requested		Test Type(s)			Driver - Condition APPEARED NORMAL						
	<input type="checkbox"/> Yes		<input type="checkbox"/> Blood <input type="checkbox"/> Urine			Driver - Impairment NONE						
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology									
	Blood/Breath/Urine Results											
V E H I C L E	Owner - Last Name ARKANSAS STATE POLICE			Owner - First Name			Owner - MI		Owner - Suffix			
	Owner - Address #1 STATE POLICE PLAZA			Owner - City LITTLE ROCK			Owner - State AR		Owner - Zip Code 72209			
	License Plate	Year 2010	Make DODGE	Model CHARGER			Plate - Year 2011	Plate - State AR	Plate - Number A-85			
	<input checked="" type="checkbox"/> Yes	Vehicle - Body 4 DOOR			Vehicle - Color 1 WHITE		Vehicle - Color 2 BLUE		Vehicle Identification Number 2B3AA4CT7AH113716			
	<input type="checkbox"/> No											
	Insurance - Company Name N/A			Insurance - Policy Number XXXXXX			Number of Passengers 0		MultiPass Reqd. NO			
	CMV Qualifying Information <input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/> Haz Mat Placard (any vehicle type)											
	Trailer(s) Attached NO		Number of Trailers		Registration State			Plate Number				
	Vehicle Damage Point of Initial Contact <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> TRAILER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown </div> <div style="text-align: center;"> CAR <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage </div> </div>						Estimated Damage \$4,000.00 Direction of Travel EAST Collision Damage DISABLED First Harmful Collision With MV IN TRANSPORT Contributing Factors OTHER Collision with fixed object NO COLLISION WITH FIXED OBJECT					
	Vehicle Defects NO DEFECTS						Prior Vehicle Damage NO Damage Location					
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Towing Service WEISE TOWING City Vehicle Removed To BENTON				Address Vehicle Removed To 401 WILLOW State Vehicle Removed To AR Zip Vehicle Removed To 72015						
Injury Transported <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EMS Notified 05:00 PM Hospital Name SALINE MEMORIAL HOSPITAL		EMS Arrived 05:15 PM		Transported By MED TRAN Hospital City BENTON Hospital State AR						



Arkansas Uniform Motor Vehicle Collision Report

620511168

PASSENGER 1	Passenger - Last Name TAYLOR		Passenger - First Name BENNY		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #1
	Passenger - Address 319 BROOKHAVEN_DR		Passenger - City WHITE HALL		Passenger - State AR	Passenger - Zip Code 71602	
	Position In/On Vehicle <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Passenger - Race CAUCASIAN		Passenger - Sex MALE
			Passenger - Age 69		Safety Equipment Used LAP AND SHOULDER BELT		
			Ejection Code NOT EJECTED		Injury Code POSSIBLE INJURY		Air Bag DEPLOYED AIRBAG
Injury Transported <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY			
		HOSPITAL NAME		HOSPITAL CITY		HOSPITAL STATE	
WITNESS 1							
Witness - Last Name TARNO		Witness - First Name MICHAEL		Witness - MI D		Witness - Suffix	
Witness - Address 9841 HWY. 115		Witness - City POCAHONTAS		Witness - State AR		Witness - Zip Code 72455	
Narrative							
<p>OPER. V-1 (TAYLOR) AND OPER. V-2 (WHITE) WERE EASTBOUND ON U.S. HWY. 70. ACCORDING TO THE DRIVER OF V-1 AS SHE WAS FOLLOWING V-2 WHO WAS IN A MARKED ARKANSAS STATE POLICE CAR, SHE NOTICED V-2 PULL TO THE SIDE OF THE ROAD, WITH THE BLUE LIGHTS ON. V1 MOVED INTO THE NUMBER TWO LANE AT THIS TIME TO ALLOW THE TROOPER PLENTY OF ROOM. V-2 MADE A U-TURN IN FRONT OF V-1. V-2 APPLIED THE BRAKES AND STEERED LEFT TO AVOID HITTING V-2 BUT SHE WAS UNABLE TO DO SO. V-1'S RIGHT FRONT STRUCK V-2'S LEFT SIDE. V-1 CAME TO REST UPRIGHT FACING NORTHEAST PARTIALLY IN THE WESTBOUND TRAFFIC LANE. V-2 CAME TO REST UPRIGHT IN THE DITCH ON THE NORTH SIDE OF THE HIGHWAY FACING NORTH. NOTES: FOUND AT THE SCENE WAS A BRAKE MARK FROM V-1 THAT MEASURED 19 FT. MADE BY THE LEFT FRONT WHEEL OF V-1, THIS MARK HAS A TURN NEAR THE END OF THE MARK THAT MEASURED 2FT. THIS IS THE AREA OF IMPACT WHERE V-1 HIT V-2 THE IMPACT CAUSED THE TURN IN THE SKID MARK. MICHAEL D. TARNO ADL 916597848 OF 9841 HWY 115 POCAHONTAS ARK 72455 WAS A WITNESS TO THIS ACCIDENT. PHONE NUMBER 870 214-0596... THE WITNESS STATEMENT IS ATTACHED TO THIS REPORT. THE WITNESS STATED THAT THE TROOPER WAS TRAVELING IN THE RIGHT LANE.</p>							



TAYLOR - WHITE

Page 1 / 5

Attachments

Report Number

Arkansas Uniform Motor Vehicle Collision Report

620511168

SUMMARY	Date	5/29/2011	Day	SUNDAY	Time	05:00 PM	Time Notified	05:00 PM	Time Arrived	05:14 PM	Unit Assigned	A-81	District					
	Road/Street/Highway	70				Latitude			Longitude			Section	10	Log Mile	5			
	At Intersection With					Not at Intersection, But	110 Ft		Direction	EAST		Of Reference Point	PT. VIEW RD.					
	County	SALINE		County GLC	AR 05 125		City			City GLC								
ENVIRONMENT	Hit and Run	<input type="checkbox"/> Yes		Not in City, But	9.00 Mi		Direction	WEST		Of Reference City	BENTON		Speed Limit Posted	YES	Speed Limit	55	Speed Limit 2	
		<input checked="" type="checkbox"/> No		Number of Vehicles	2		Number of Carriers	0		Number of Pedestrians	0		Number of Witnesses	1		Number of Property Owners	0	
	Atmospheric Conditions	CLEAR				Light Conditions	DAYLIGHT				Accident Locale	RURAL						
	Surface Conditions	DRY				Road System	U.S. HIGHWAY				Road Surface	ASPHALT						
	Road Alignment	CURVE				Road Profile	GRADE				Traffic Lanes(#)	3		Traffic Flow	NOT DIVIDED			
	Construction/Maintenance Zone	NO				Roadway Defects	NO DEFECTS											
	Relation to Junction	NON-JUNCTION				Traffic Controls	LANE MARKINGS											
	Traffic Control Devices	FUNCTIONING PROPERLY				Type of Collision	ANGLE				Fire Occurrence	NO FIRE OCCURRENCE						
Rank	CPL	Officer - Last Name	RAMSEY		Officer - First Name	JEFF		Officer - MI			Officer - Suffix							
Officer - Signature					Officer - Badge Number	1		Officer - Department	ASP - TROOP A									
Rank	SGT	Supervisor - Last Name	JOHNSON		Supervisor - First Name	DON		Supervisor - MI			Supervisor - Suffix							
Supervisor - Signature					Supervisor - Badge Number	465		Supervisor - Department	ASP - TROOP A									



For Customer Support refer to the appropriate platform below:

OrderPoint
800-934-9698
Orderpoint.support@lexisnexis.com

Accurint for Insurance
866-277-8407
Accurint.support@lexisnexis.com

Lexis.com
Law Firm accounts
800-543-6862

REPORT ATTACHED

PAGE COUNT: 6

CLIENT : SF5337
DIVISION : MO
ADJUSTER : AHWV01
CLAIM : 04-019P-618

TRANSACTION # : 356683771
DATE : 06/24/2011

DATE OF LOSS : 05/29/2011 TIME OF LOSS :
STREET : HWY 70
CITY : BENTON
COUNTY : SALINE
STATE : AR

INVESTIGATING AGENCY : AR HP
REPORT NUMBER :
REPORT TYPE : Auto Accident
PARTY 1 : CAROLLOTTA TAYLOR
PARTY 2 : ARK STATE POLICE
PARTY 3 :

CAR : MAKE : YEAR :
TAG :

DRIVER LICENSE :
ADDITIONAL INFO :

POLICY #:
POLICY STATE:
LOSS KIND:

NOTE :

THANK YOU FOR YOUR ORDER!

27

****HEADER PAGE****

Joe Langley 04-019P-618

Printed: 09:33:47 July/05/2011

Product Line: Auto
Claim Number: 04-019P-618
Insured Name: TAYLOR, BENNY
Requestor Name: Joe Langley
Alias: CR7O

Printer: P22129PCL1

ARKANSAS STATE CLAIMS COMMISSION

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



NORMAN L. HODGES, JR.
DIRECTOR

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

July 1, 2014

Mr. & Mrs. Benny Taylor
319 Brookhaven Dr.
White Hall, AR 71602

Re: Benny & Carlotta Taylor
Claim #14-0895-CC
Vs.
AR State Police

Dear Mr. & Mrs. Taylor:

Please be advised that the Respondent in the above-styled claim is disputing liability in an "answer" filed on your claim. This letter does not deal with any motions, discovery request or other matters related to this claim.

When liability is contested by the Respondent, the only alternative available to the Claimant is to appear before the Arkansas State Claims Commission at an oral hearing so testimony and evidence may be presented to refute the position of the Respondent. If you wish to attend a hearing on this claim, please notify this office in writing within fifteen (15) calendar days from the date of this letter and a hearing will be arranged.

If you fail to respond to this letter, or do not wish to pursue this claim at a hearing, this claim will be dismissed at the next meeting of the Claims Commission.

Sincerely,

A handwritten signature in dark ink, appearing to read "N. L. Hodges", is written over the typed name.

Norman L. Hodges, Jr.
Director

NLH/es

cc: Mr. Elaine Lee, Attorney, ASP

ARKANSAS STATE CLAIMS COMMISSION

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



NORMAN L. HODGES, JR.
DIRECTOR

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

October 27, 2014

Mr. Benny Taylor
Mrs. Carlotta Taylor
319 Brookehaven Drive
White Hall, AR 71602

Re: Benny Taylor
Carlotta Taylor
Claim #: 14-0895-CC
Vs.
AR State Police

Dear Mr. & Mrs. Taylor:

The above-styled claim has been rescheduled for a one hour and thirty minute hearing beginning at 1:30 P.M., on Thursday, February 5, 2015. Both parties' copies of depositions, deposition summaries, pre-hearing briefs, interrogatory responses, witness lists, etc. (original and three copies of each) must be submitted by Friday, January 2, 2015. The hearing will be held in the Commission's Hearing Room, 101 East Capitol Avenue, Suite 410, (SE corner of Capitol Avenue and Main Street), Little Rock, Arkansas 72201.

All hearing parties should maintain very flexible schedules on the hearing date as exact hearing times frequently, as conditions dictate, require change during the day. Please make every effort to be present outside the Commissions' hearing room at least thirty minutes prior to the above-listed scheduled hearing time.

Should there be questions regarding this matter don't hesitate to contact my office.

Sincerely,

A handwritten signature in dark ink, appearing to read "N. L. Hodges, Jr.", is written over the typed name.

Norman L. Hodges, Jr.
Director

NLH/jh

cc: Ms. Elaine Lee, Attorney, ASP

ARKANSAS STATE CLAIMS COMMISSION

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



BRENDA WADE
DIRECTOR

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

February 6, 2015

Carlotta Taylor
Benny Taylor
319 Brookhaven Drive
White Hall, AR 71602

RE: AR Highway Dept. Claim
(14-0895-CC)

Dear Mr. & Mrs. Taylor,

February 5, 2015, the Commissioners heard your claim. The Commissioners unanimously ruled to review your claim at a later date provided that you submit more documentation (medical records, records showing time missed from work, rental car invoice and lawn mower parts invoice) in regards to your personal injury claim. The Commissioners have decided to give you until February 19, 2015 to have all of your supporting documentation submitted to this office. If we do not hear from you by February 19, 2015, the Claims Commission will award you the deductible amount of \$500.00 for your vehicle.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brenda Wade", is written over a horizontal line.

Brenda Wade
Director

BW/sh

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 500.00

Claim No. 14-0895-CC

Benny & Carlotta Taylor

Attorneys

Pro se

Claimant

Claimant

vs.

Arkansas State Police

Elaine Lee, Attorney

Respondent

Respondent

State of Arkansas May 27, 2014

Date Filed

Personal Injury, Pain & Suffering,
Type of Claim Loss of Wages, Mental Anguish

FINDING OF FACTS

This claim was filed for personal injury, pain & suffering, loss of wages and mental anguish in the amount of \$500.00 against the Arkansas State Police.

The Respondent admitted liability and recommended payment in the amount of \$500.00, which represents the Claimant's applicable insurance deductible in a letter or Answer received February 6, 2015.

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

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

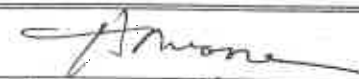


Upon consideration of all the facts, as stated above, the Claims Commission hereby **unanimously allowed this claim in the amount of \$500.00 and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.**

April 9, 2015

Date of Hearing

April 9, 2015

Date of Disposition


Chairman

Commissioner

Commissioner

Arkansas Claims Commission

MAY 01 2015

RECEIVED

April 28, 2015

To The Arkansas Claims Commission:

We do hereby unanimously appeal this totally ridiculous decision by the claims commission. We were misinformed when you told us that you would be reasonable. Awarding \$500.00 that was owed to us for our deductible, and lumping for personal injury, pain and suffering, loss of wages and mental anguish is a total insult. You asked us to provide you with more documentation (which we did). You also, said you would pay a reasonable amount. You did not. There was loss wages, out of pocket expense, lots of mental anguish and stress. Pain and suffering for which I finally had to go to a doctor for and had an x ray of my neck done, it does show damage. I pray that none of you on this Claims commission ever have to endure what we have had to for the last close to four years. If you did you would see things in a total different light. We really needed this check because it is owed to us but, due to the fact that we are appealing we have enclosed the check.

Sincerely,

Benny Taylor
Carliotta Taylor

Benny & Carliotta "Cookie Taylor