

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

XAVIER CRAVENWOLF (ADC 146852)

Arkansas Claims Commission CLAIMANT

V.

NO. 14-0798-CC

APR 22 2014

ARKANSAS DEPARTMENT OF CORRECTION

RECEIVED RESPONDENT

ANSWER

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

1. Respondent denies liability in this claim and asserts it will hold the Claimant to strict proof on each allegation unless admitted by Respondent. Respondent reserves the right to plead further upon completion of the investigation by internal affairs and requests the matter be held in abeyance until the investigation is complete.
2. The applicable account information required by the Commission is:
  - a. Agency number: 0480
  - b. Cost Center: HCA0100
  - c. Internal Order: 340301
  - d. Fund Center: 509

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

Respectfully submitted,  
Department of Correction Office of Counsel

*Lisa Mills Wilkins*

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

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 21 day of April, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Xavier Cravenwolf (ADC 146852)  
Wrightsville Unit  
PO Box 1000  
Wrightsville, AR 72183

*Lisa Mills Wilkins*

LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

XAVIER CRAVENWOLF (ADC #146852)

CLAIMANT

V.

NO. 14-0798-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

Arkansas  
State Claims Commission  
MAY 22 2014

RECEIVED

**RESPONDENT'S MOTION TO DISMISS**

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

1. Claimant files a claim for personal injury, pain and suffering and mental anguish. He seeks \$12,400.00. Claimant has failed to state a cause of action under ARCP 12(B)(6) and the claims should be dismissed.
2. Claimant alleges that on December 26, 2013, he was operating a jump saw with no safety guards which was poorly maintained allowing for an over sensitive foot trigger which he bumped into and started the saw blade severing the tip of his left thumb at the middle section of the nail bed.
3. The cause of this accident was the Claimant hitting the trigger (start) button and engaging the blade accidentally.
4. The Grizzly Model G0502 18" Jump Saw has all safety guard attached which came attached from the product manufacturer according to Mr. T. Lowery, Industrial Program Manager of the Wrightsville Unit. After this accident, the machine was investigated and found to be properly working. There was no problem with its' functioning before or after. A photo of the machine is attached as Exhibit "A".
5. Mr. Keith Waters, supervisor in the saw shop, had been training Claimant on the saw for approximately two (2) weeks prior to the accident and had observed him just moments before the accident occurred to make sure he was cutting up the scrap wood correctly. He noted no malfunctioning of the machine or Claimant's operation of it. After a short time, he was confident Claimant was doing it correctly, Mr. Waters went to his office to check on an order. Moments later, the Claimant appeared at his office window holding up his left hand and saying that he had cut his thumb off.
6. Claimant was taken to the infirmary and treated for his injuries. He wrote a statement as to what occurred. Claimant admitted to bumping the trigger mechanism which started the machine. See Exhibit "B". It was Claimant's careless actions or a design defect that caused the accident neither of which is the fault of the Respondent
7. Claimant attended weekly safety meetings where proper instruction and handling of the equipment was taught. The instructions for the Jump Saw warn to keep hands outside the blade guard. Additional safety information and warnings are provided. See Exhibit "C".
8. After this accident, Claimant wrote a letter to Mr. Waters acknowledging that he harbored no ill feelings toward Mr. Waters and the accident was not preventable. See Exhibit "D".
9. Claimant has failed to show any fault on the part of the Respondent. The testimony will show that the machine was operating properly, all manufacturer installed guards were in place, Claimant had been trained on the machine, Claimant had attended safety meetings and knew proper safety techniques. However, Claimant

accidentally hit the start button when his hands were near the blade adjusting wood and the saw started. It was a case of operator error and not the fault of the Respondent.

10. Respondent prays that the claim be dismissed.

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

Respectfully submitted,

Department of Correction  
Office of Counsel

Lisa Mills Wilkins

LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor

Post Office Box 8707

Pine Bluff, AR 71611

(870)267-6844 Office

(870)267-6373 Facsimile

### CERTIFICATE OF SERVICE

I certify that a copy of the above MOTION TO DISMISS has been served this 21 day of May, 2014, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

XAVIER CRAVENWOLF (ADC #146852)

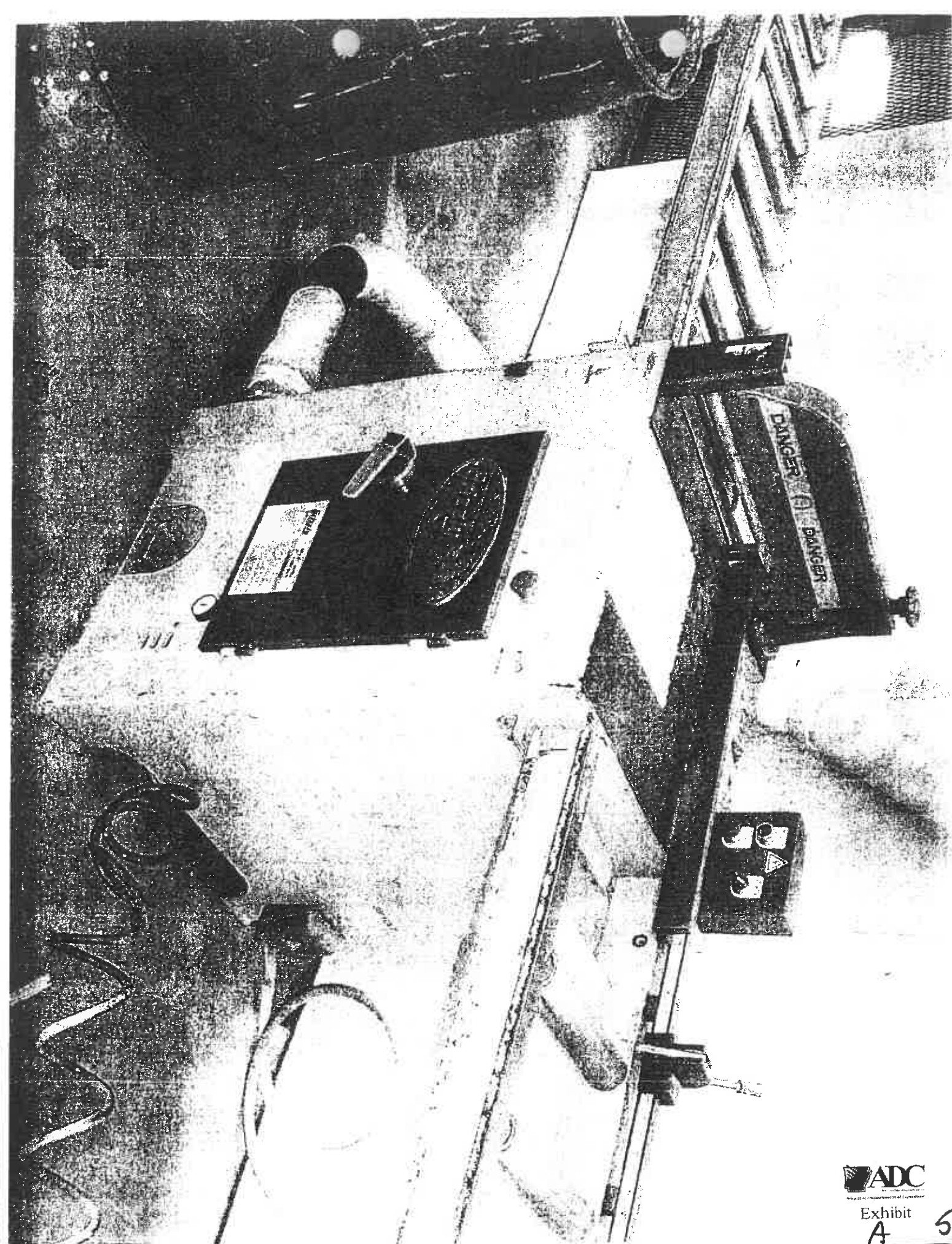
~~PINE BLUFF UNIT~~ *Doc remailed to correct address.*

~~890 FREELINE DRIVE~~

~~PINE BLUFF, AR 71603~~

Lisa Mills Wilkins

LISA MILLS WILKINS Ark. Bar #87190



**ADC**  
ANALYTICAL  
DEVELOPMENT CORPORATION

Exhibit

A

5

ARKANSAS DEPARTMENT OF CORRECTION  
STATEMENT OF WITNESSName CRAVEN WOLFE, XAVIER Rank/Status/Number 146852 Unit WRU

STATEMENT: ON the ABOVE DATE 12/26/13 AND APPROXIMATE  
TIME 9:25 AM, INMATE CRAVEN WOLFE XAVIER # 146852  
STATED TO ME, Sgt C.J. RAGLAND THAT WHILE HE WAS  
ON the jump SAW, HE WENT TO MOVE SOME WOOD  
TO CUT it up, AND HE BUMP the trigger MECHANISM  
AND SEND the BLADE up there BY CUTTING his  
Thumb, the tip.

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

Xavier Craven Wolfe  
Signature

12/26/13  
Date

Sgt C.J. Ragland  
Witness/Statement Taken By



Exhibit

B

6

Weekly Safety Meeting

Date: 10/28/13

GUIDED/ICOD

SUPERVISOR SIGNATURE

Weekly Safety Meeting

Date: 11/04/13

Weekly Safety Meeting

Date: 11/11/13

Weekly Safety Meeting

Date: 11/18/13

Weekly Safety Meeting

Date: 11/25/13

Weekly Safety Meeting

Date: 12/2/13

SUPERVISOR

SUPERVISOR SIGNATURE

WATERS

SAW SHOP

Inmate

ADC #

Signature

149:

WARFORD/CRAVENWOLFE

146852

tail gur

ig protection where required.

active clothing where required.

2. Since we use spray equipment;

3. Since we sand wood and spray stain and laquer; always wear protective breathing equipment were required.

James Bailey 103342

James Bailey

ADC  
Arkansas Department of Correction

Exhibit

7

# **WARNING**

## **Additional Safety Instructions for Cut-Off Saws**

1. **BLADE GUARD.** Always use the blade guard on all cutting operations. **DO NOT** remove it!
2. **HANDS OUTSIDE BLADE GUARD.** Keep hands outside of blade guard area when saw blade is running.
3. **WORKPIECE CONTROL.** Make sure the workpiece is placed in a stable position on the table before cutting.
4. **SAFETY WEAR.** Use safety glasses, a respirator, and hearing protection every time you operate this machine. See *Section 5: Accessories* on **page 28**.
5. **JAMMED WORKPIECE CUTOFFS.** Turn off saw blade and disconnect machine from the power source before clearing a jammed cutoff piece.
6. **STALLED BLADE.** Turn the saw off before attempting to "free" a stalled saw blade.
7. **DAMAGED SAW BLADES.** Never use blades that have been dropped or damaged; otherwise, serious personal injury could occur.
8. **INTERNAL ADJUSTMENTS.** Always disconnect the saw from the power source before making adjustments inside the cabinet.
9. **EXPERIENCING DIFFICULTIES.** If at any time you are experiencing difficulties performing the intended operation, stop using the machine! Contact our Service Department at (570) 546-9663 for help.
10. **NEVER ALLOW UNSUPERVISED OR UNTRAINED PERSONNEL TO OPERATE THE MACHINE.** Make sure any instructions you give in regards to machine operation are approved, correct, safe, and clearly understood.

### **WARNING**

Like all machines there is danger associated with the Model G0502. Accidents are frequently caused by lack of familiarity or failure to pay attention. Use this machine with respect and caution to lessen the possibility of operator injury. If normal safety precautions are overlooked or ignored, serious personal injury may occur.

### **CAUTION**

No list of safety guidelines can be complete. Every shop environment is different. Always consider safety first, as it applies to your individual working conditions. Use this and other machinery with caution and respect. Failure to do so could result in serious personal injury, damage to equipment, or poor work results.



# **WARNING**

## **Safety Instructions for Power Tools**

9. **USE PROPER EXTENSION CORD.** Make sure your extension cord is in good condition. Conductor size should be in accordance with the chart below. The amperage rating should be listed on the motor or tool nameplate. An undersized cord will cause a drop in line voltage resulting in loss of power and overheating. Your extension cord must also contain a ground wire and plug pin. Always repair or replace extension cords if they become damaged.

**Minimum Gauge for Extension Cords**

AMP RATING	LENGTH		
	25ft	50ft	100ft
0-6	16	16	16
7-10	16	16	14
11-12	16	16	14
13-16	14	12	12
17-20	12	12	10
21-30	10	10	No

10. **WEAR PROPER APPAREL.** DO NOT wear loose clothing, gloves, neckties, rings, bracelets, or other jewelry which may get caught in moving parts. Non-slip footwear is recommended. Wear protective hair covering to contain long hair.
11. **ALWAYS USE SAFETY GLASSES.** Also use face or dust mask if cutting operation is dusty. Everyday eyeglasses only have impact resistant lenses, they are NOT safety glasses.
12. **SECURE WORK.** Use clamps or a vise to hold work when practical. It's safer than using your hand and frees both hands to operate tool.
13. **DO NOT OVER-REACH.** Keep proper footing and balance at all times.
14. **MAINTAIN TOOLS WITH CARE.** Keep tools sharp and clean for best and safest performance. Follow instructions for lubricating and changing accessories.
15. **USE RECOMMENDED ACCESSORIES.** Consult the owner's manual for recommended accessories. The use of improper accessories may cause risk of injury.
16. **REDUCE THE RISK OF UNINTENTIONAL STARTING.** On machines with magnetic contact starting switches there is a risk of starting if the machine is bumped or jarred. Always disconnect from power source before adjusting or servicing. Make sure switch is in OFF position before reconnecting.
17. **CHECK DAMAGED PARTS.** Before further use of the tool, a guard or other part that is damaged should be carefully checked to determine that it will operate properly and perform its intended function. Check for alignment of moving parts, binding of moving parts, breakage of parts, mounting, and any other conditions that may affect its operation. A guard or other part that is damaged should be properly repaired or replaced.
18. **NEVER LEAVE TOOL RUNNING UNATTENDED. TURN POWER OFF.** DO NOT leave tool until it comes to a complete stop.
19. **NEVER OPERATE A MACHINE WHEN TIRED, OR UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.** Full mental alertness is required at all times when running a machine.
20. **NEVER ALLOW UNSUPERVISED OR UNTRAINED PERSONNEL TO OPERATE THE MACHINE.** Make sure any instructions you give in regards to machine operation are approved, correct, safe, and clearly understood.
21. **IF AT ANY TIME YOU ARE EXPERIENCING DIFFICULTIES** performing the intended operation, stop using the machine! Then contact our service department or ask a qualified expert how the operation should be performed.

# SECTION 1: SAFETY

## WARNING

### For Your Own Safety Read Instruction Manual Before Operating This Equipment

The purpose of safety symbols is to attract your attention to possible hazardous conditions. This manual uses a series of symbols and signal words which are intended to convey the level of importance of the safety messages. The progression of symbols is described below. Remember that safety messages by themselves do not eliminate danger and are not a substitute for proper accident prevention measures.

#### DANGER

Indicates an imminently hazardous situation which, if not avoided, WILL result in death or serious injury.

#### WARNING

Indicates a potentially hazardous situation which, if not avoided, COULD result in death or serious injury.

#### CAUTION

Indicates a potentially hazardous situation which, if not avoided, MAY result in minor or moderate injury. It may also be used to alert against unsafe practices.

#### NOTICE

This symbol is used to alert the user to useful information about proper operation of the equipment.

## WARNING

### Safety Instructions for Power Tools

1. **KEEP GUARDS IN PLACE** and in working order.
2. **REMOVE ADJUSTING KEYS AND WRENCHES.** Form a habit of checking to see that keys and adjusting wrenches are removed from tool before turning on.
3. **KEEP WORK AREA CLEAN.** Cluttered areas and benches invite accidents.
4. **NEVER USE IN DANGEROUS ENVIRONMENT.** DO NOT use power tools in damp or wet locations, or where any flammable or noxious fumes may exist. Keep work area well lighted.
5. **KEEP CHILDREN AND VISITORS AWAY.** All children and visitors should be kept at a safe distance from work area.
6. **MAKE WORKSHOP CHILD PROOF** with padlocks, master switches, or by removing starter keys.
7. **NEVER FORCE TOOL.** It will do the job better and safer at the rate for which it was designed.
8. **USE RIGHT TOOL.** DO NOT force tool or attachment to do a job for which it was not designed.

WATERS :

There is NO Hard Feelings Between You and Me. You  
Could Not HAVE PREDICTED THAT ACCIDENT OR EVEN POSSIBLY  
PREVENTED IT FROM OCCURRING. BY THE WAY IT WAS MY LEFT  
HAND NOT MY RIGHT. I am going to try to find me a desk  
job somewhere so THAT I don't have to worry about Ancient  
Equipment messing up. The Thumb is healing as best it can  
since they could not save the end and/or amputate the  
thing. Again there is NO Hard Feelings so Don't start  
Feeling Guilty About it now.

Brave Heart & Bright Blessings.

Kevin Cavanaugh

KARL CRAWFORD #146852

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**Xavier Cravenwolfe (ADC 146852)**

**Claimant**

**vs.**

**Claim No. 14-0798-CC**

**Arkansas Department of Corrections**

**Respondent**

Arkansas  
State Claims Commission  
JUN 12 2014  
RECEIVED

**Objection to Respondent's Motion to Dismiss**

Now comes the Claimant, Xavier Cravenwolfe, and for his objection states and responds as follows:

- 1.) The injury itself is a claim upon which relief can be granted. The means was by faulty equipment that was in operation on that day and without safety equipment.
- 2.) Although the Claimant understood the Claims Commission abided by the Rules of Civil Procedure, the Claimant was unawares that the Respondent would try to make rise that the Claimant raised no constitutional grounds to which relief can be granted and even such the injury on faulty equipment that was and still is in operation today would give rise to an 8th Amendment violation.
- 3.) The Claimant rejects the statement made by Mr. Lowery due to the simple fact that Mr. Lowery himself is in an upstairs office away from the saw shop where the accident occurred 98% of the time and would be unaware of the conditions of any of the equipment thereby his statement hold no merit and are moot.
- 4.) Mr. Waters statement he had been training the Claimant is correct to build doors which did not include operations of the jump saw.
- 5.) The Claimant denies any knowledge of the additional warnings or Operator's Safety Manual. The copies produced in state's exhibit could be a download or from another piece of equipment's manual not proof positive the manual belonged to the saw.

6.) The exhibit shown by the Respondent's dealing with the weekly safety meetings merely show safety meetings held not topic of safety meeting nor outside the meeting dated 12-2-13 does it show the claimant signed prior meetings.

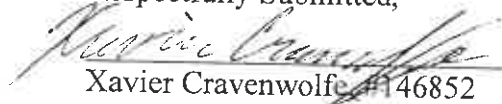
7.) The Claimant absolved Mr. Keith Waters of wrong not ACI. Mr. Waters is a mere employee who reports problems to be corrected and probably reported the missing shields and the trigger mechs problem prior to Claimant working in the saw shop therefore making him not liable for injury.

8.) Until April 2014 there was/is no paper trail showing Claimant had any knowledge or training on equipment within the saw shop therefore no proof that the Claimant had trained on that saw or had knowledge of additional warnings.

9.) The Claimant asserts that design defects known to Supervisors i.e. missing safety shields can be and should have been corrected before the accident, but was not till after the fact.

Therefore Claimant asks the Commission to deny the Respondents Motion to Dismiss, the Claimant prays that the Arkansas State Claims Commission further grant all relief as requested outside of a constitutional claim stemming from an 8th Amendment violation.

Respectfully Submitted,

  
Xavier Cravenwolfe #146852

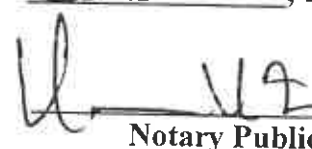
STATE OF ARKANSAS )

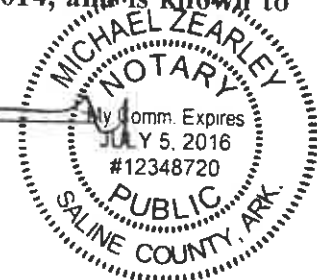
COUNTY OF PULASKI )

)  
)§§  
)

Now comes Xavier Cravenwolfe, appearing before a Notary Public, being first duly sworn and subscribing to the true correct completeness of the aforementioned instrument under penalty of perjury on this 9 day of June, 2014, and is known to be the same.

My commission expires: July 5, 2016

  
Notary Public




Claim No. 14--0798-CC

CERTIFICATE OF SERVICE

I, Xavier Cravenwolfe, do hereby certify that on this 11 day of June, 2014 via U.S. Postal mail or Certified third party courier this Objection to the Respondent's Answer to the following individual's addresses:

State Claims Commission  
c/o Norman Hodges Jr.  
101 E. Capital Ave Ste. 410  
Little Rock, AR 72201

Lisa Mills Wilkins, Attorney  
c/o Arkansas Department of Corrections  
Central Office  
P.O. Box 8707  
Pine Bluff, AR 71611

  
Xavier Cravenwolfe, #146852  
Pro-se

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 12,400.00

Claim No. 14-0798-CC

Xavier Cravenwolf, #146852

Claimant

Attorneys

Pro se

Claimant

vs.

Department of Correction

Respondent

Lisa Wilkins, Attorney

Respondent

State of Arkansas

Date Filed April 11, 2014

Type of Claim

Personal Injury, Pain &  
Suffering & Mental Anguish

FINDING OF FACTS

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

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

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

Date of Hearing June 12, 2014

Date of Disposition June 12, 2014

Chairman

Commissioner

Commissioner

\*\*Appeal of any final Claims Commission decision is only to the Arkansas General Assembly

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**Xavier Cravenwolfe (ADC 146852)**

**Claimant**

**vs.**

**Claim No. 14-0798-CC**

**Arkansas Department of Corrections**

**Respondent**

Arkansas  
State Claims Commission  
JUN 12 2014  
RECEIVED

**A MOTION FOR THE PRODUCTION OF  
DOCUMENTS AND PHOTOGRAPHS  
PURSUANT TO Ar.R.Civ.P. 34**

Now comes Claimant, Xavier Cravenwolfe, pro-se, appearing before the State Claims Commission and states, attests, and alleges that:

1.) Pursuant to Ar.R.Civ.P. Rule 34, that Xavier Cravenwolfe, herein referred to as the Claimant requests that the following documents and photographs be produced for inspection and reproduction thereof,

- a. All documents/incident reports (security staff), involving the Claimant on December 26, 2013.
- b. All photographs of injury sustained on December 26, 2013.
- c. All documents and reports, (furniture factory), dealing with sustained injury on date December 26, 2013.
- d. All documents and reports dealing with the job assignment of Claimant from November 26, 2013 to current held in ACI Wrightsville Furniture Factory.
- e. All medical records, analysis' and diagrams dealing with injury sustained on December 26, 2013 held in Wrightsville Unit infirmary.
- f. All photographs and reports dealing with the equipment that caused injury to Claimant.
- g. All supervisor statements, reports, from the date of accident by the supervisors at the ACI Wrightsville Furniture Factory.

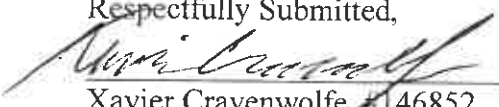
2.) That these documents, photographs, reports, and statements will be used in the prosecution of this claim.



3.) That pursuant to Ar.R.Civ.P. Rule 34 (b) (1), that the Claimant requests the Respondent to produce these documents within 30 days and present the copies to the Claimant at the Wrightsville Unit at public cost.


Therefore Claimant, Xavier Cravenwolfe, does pray the Honorable Commission grant this motion in order for Claimant to perfect his claim, and order the requested items delivered to the Claimant as requested.

Respectfully Submitted,

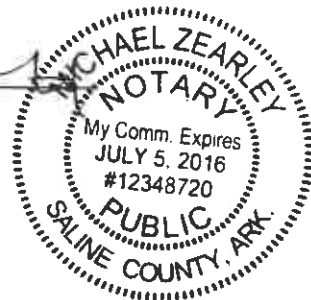
  
Xavier Cravenwolfe, #146852

STATE OF ARKANSAS           )  
  )§§  
COUNTY OF PULASKI        )

Now comes Xavier Cravenwolfe, appearing before a Notary Public, being first duly sworn and subscribing to the true correct completeness of the aforementioned instrument under penalty of perjury on this 9 day of June, 2014, and is known to be the same.

  
Notary Public

My commission expires: July 5, 2016



CERTIFICATE OF SERVICE

I, Xavier Cravenwolfe, do hereby certify that on this 11 day of June, 2014 via U.S. Postal mail or Certified third party courier the above document to the following individual's addresses:

Norman Hodges Jr.  
c/o State Claims Commission  
101 E. Capital Ave Ste. 410  
Little Rock, AR 72201

Lisa Mills Wilkins, Attorney  
c/o Arkansas Department of Corrections  
Central Office  
P.O. Box 8707  
Pine Bluff, AR 71611

  
Xavier Cravenwolfe, #146852  
Pro-se

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**Xavier Cravenwolfe (ADC 146852)**

**Claimant**

**vs.**

**Claim No. 14-0798-CC**

**Arkansas Department of Corrections**

**Respondent**

Arkansas  
State Claims Commission  
JUN 12 2014  
RECEIVED

**Motion to Depose by Written Interrogatory**

Now comes Claimant, Xavier Cravenwolfe, ADC #146852, appearing pro-se, and states:

- 1.) That the Claimant has the authority to pursue the Deposition by Written Interrogatory pursuant to Ar.R.Civ.P. Rule 31.
- 2.) That this Deposition is necessary to establish evidence to the Claimant's claim.
- 3.) That since the December 26, 2013 accident the ACI Furniture factory has "repaired" the jump saw by adding a safety shield in March of 2014 and performing maintenance.

Therefore Claimant respectfully prays that the Honorable Court grant this motion and order the following individuals Deposed within 30 days:

- a) Mr. Scott Moore, Assembly Shop Supervisor - ACI Wrightsville Furniture Factory.
- b) Mr. Larry Raper, Factory Floor Manager - ACI Wrightsville Furniture Factory.
- c) Mr. Keith Waters, Saw Shop Supervisor - ACI Wrightsville Furniture Factory.
- d) Mrs. Brenda Dicus, address unknown, Shift Lt., formerly of Wrightsville Unit.
- e) Sgt. Ragland, Shift Sargent for day of accident, Wrightsville Unit.
- f) Dr. M. Jones, Wrightsville Unit Infirmary.
- g) Nurse Jackson, Treatment Nurse, Wrightsville Unit Infirmary.
- h) Sgt. Middleton, Sgt. who performed UA, Wrightsville Unit.

- 4.) To which each should answer these first set of Interrogatories:

Interrogatory 1) Please state the following information for identification purposes: full name, rank, place of employment, for how long and involvement with the Claimant.

Interrogatory 2) State policy on reporting accidents.

Interrogatory 3) Was this policy followed?

Interrogatory 4) For the record describe the nature of the equipment that gave rise to this claim.

Interrogatory 5) On the day of injury, was all safety equipment present on the machine?

Interrogatory 6) What training requirements are there by ACI before an inmate is allowed to run any piece of equipment?

Interrogatory 7) What kind of records are there to show that an inmate has successfully met all requirements to operate machinery?

Interrogatory 8) Would it be safe to say that Mr. Cravenwolfe did not receive this training?

Interrogatory 9) During the weeks prior to the accident what was the Claimant in training to do?

Interrogatory 10) What was the initial job assignment of the Claimant at the time of injury?

Interrogatory 11) Is the Claimant still assigned to that job?

Interrogatory 12) Would it be a safe statement that on the day of the accident, had all manufacturer safety shields been in place Mr. Cravenwolfe would have to make a deliberate and conscience act to place his left thumb in the piece of equipment, would it not?

Interrogatory 13) Mr. Cravenwolfe in his brief in support of claim states that in March a manufacturer's safety shield was brought in and placed on the equipment that caused the injury, is this true?

Interrogatory 14) Mr. Cravenwolfe also alleges that when he returned to work in February that a temporary wonder shield was in place.

Interrogatory 15) What is the last time that any preventative maintenance was performed on the piece of equipment?

Interrogatory 16) it would be a safe statement that had the machine not originally come with a manufacturer's safety shield that when the new safety shield been brought that the bolts and bolt holes would have to be drilled in to the equipment?

Interrogatory 17) Describe Mr. Cravenwolfe's demeanor at the time of injury.

Interrogatory 18) How long after injury does the security/medical staff have to perform a urinalysis?

Interrogatory 19) Was a urinalysis done on Mr. Cravenwolfe? What was the results?

Interrogatory 20) Who took Mr. Cravenwolfe's statement at the day of injury in the Wrightsville Infirmary?

Interrogatory 21) At what time did Dr. Jones become informed of Mr. Cravenwolfe's accident and assume care?

(Medical Staff Only)

Interrogatory 22) In your terms describe the nature of the injury sustained by Mr. Cravenwolfe?

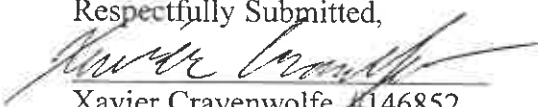
Interrogatory 23) In your words would you agree that the injury is consistent with an injury caused by a sharp blade passing through the tissue?

Interrogatory 24) Due to the nature of the injury it would be safe to say that Mr. Cravenwolfe would have problems with gripping and/or picking up objects among other problems.

Interrogatory 25) What digits are the primary controls for your gripping and picking up of objects?

Therefore Claimant respectfully prays that the Honorable Commission grant the Claimant's motion and order the named individuals Deposed.

Respectfully Submitted,

  
Xavier Cravenwolfe, #146852



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

XAVIER CRAVENWOLFE (ADC #146852)

CLAIMANT

V.

NO. 14-0798-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**RESPONSE TO FIRST REQUEST FOR PRODUCTION OF DOCUMENTS**

COMES NOW the Respondent, Arkansas Department of Correction, and for its Response First Request for Production of Documents, states and responds as follows:

Arkansas  
State Claims Commission  
JUL 17 2014

1. Response to Request No. 1a: See RFP #1.
2. Response to Request No. 1b: See RFP #2.
3. Response to Request No. 1c: See response to #1.
4. Response to Request No. 1d: Objection. Unsure as to what is being requested.
5. Response to Request No. 1e: Objection. Claimant is not entitled to his medical records. He may view them by requesting so with the infirmary staff.
6. Response to Request No. 1f: See RFP #3.
7. Response to Request No. 1g: See RFP #1.
8. Response to Request No. 2: Undetermined at this time.
9. Response to Request No. 3: Respondent will comply with the Arkansas Rules of Civil Procedure.

RECEIVED

Respectfully submitted,  
Department of Correction Office of Counsel



LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor

Post Office Box 8707

Pine Bluff, AR 71611

(870)267-6844 Office

(870)267-6373 Facsimile

**CERTIFICATE OF SERVICE**

I certify that a copy of the DISCOVERY RESPONSE has been served this 16 day of July, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

XAVIER CRAVENWOLFE (ADC #146852)

Wrightsville Unit

P. O. Box 1000

Wrightsville, AR 72183-1000



LISA MILLS WILKINS Ark. Bar #87190



ADMINISTRATIVE REGULATIONS  
STATE OF ARKANSAS  
DEPARTMENT OF CORRECTION

Section Number: 005/409	Page Number 005—3 of 3 409—9 of 9
Board of Correction Approval Date: 9/23/87	
Supersedes: 005/409 Form	Dated: 12/19/85
Attorney General Review Date: 6/11/87	Date Filed Secy. of State: 10/02/87

005



Incident  
Report

and

409



Use of  
Force

SUBJECT: Reporting of Incidents — 005; Use of Force — 409

Wrightsville  
UNIT/DIVISION

REPORTING EMPLOYEE: WATERS  
LAST

Keith  
FIRST

Allen  
MIDDLE

RANK: CIS-2

SHIFT ASSIGNMENT: Furniture

DATE: 12-26-13 TIME: Approximately 9:30AM

LOCATION: Bld WR117/SAW Shop Wrightsville ux

INMATE(S) INVOLVED: WATFORD/CRAVEN/WOLFE, MATTHEW/XAVIER Benjamin/FRAESHIA  
(Names and ADC Numbers)

ADC # 146852.

EMPLOYEE(S) INVOLVED: N/A

(Names, Titles, Rank)

INMATE(S) PRESENT: See copy of Roster 12-26-13  
(Names and ADC Numbers)

EMPLOYEE(S) PRESENT: WATERS, Keith CIS-1  
(Names, Titles, Rank)

OTHERS PRESENT/INVOLVED: (Specify) N/A  
(Names & Addresses)

Arkansas  
State Claims Commission  
JUL 17 2014

RECEIVED

EXTENT OF INJURY TO INMATE(S): CUT OFF END OF RIGHT THUMB

TREATMENT AFFORDED INMATE(S): See Records AT INFIRMARY.

EXTENT OF INJURY TO OFFICER(S): N/A

TREATMENT AFFORDED OFFICER(S): N/A



RFP  
# 1

23  
1a

STATEMENT OF FACTS (If force used, state type and explain): ON 12-26-13 AT APPROXIMATELY 9:30 AM  
IN THE SAW SHOP, INMATE WARFORD/CRAVENWOLFE, MATTHEW/XAVIER BENJAMIN/FRANK  
APC#146852 CAME TO ME KEITH WATERS CIS-1 AND SAID HE CUT THE END  
OF HIS RIGHT THUMB OFF AT THAT <sup>TIME</sup> KEITH WATERS CIS-1 GAVE INMATE  
CRAVENWOLFE APC#146852 A RAG TO PUT ON HIS THUMB. INMATE TIMOTHY SWAIN APC#1210  
WAS SENT TO GET RANDALL RAPER CIS-II. INMATE CRAVENWOLFE APC#146852  
WAS <sup>TAKEN</sup> SENT TO THE INFIRMARY. INMATE CRAVENWOLFE APC#146852 HAS  
BEEN IN TRAINING FOR APPROXIMATELY 3 WEEKS IN THE SAW SHOP. I HAVE  
SHOWN INMATE CRAVENWOLFE APC#146852 HOW TO RUN THE JUMP SAW  
IN A SAFE MANNER. INMATE CRAVENWOLFE APC#146852 IS STILL  
IN TRAINING. THE JUMP SAW IS NOT INMATE CRAVENWOLFE'S APC#146852  
PERMANENT JOB. END OF STATEMENT

[Signature]  
Signature of Reporting Employee

12-26-13  
Date

[Signature]  
Signature of Supervisor

12-26-13  
Date

[Signature]  
Reviewed by (Signature) Warden/Center  
Supervisor/Administrator

1/3/14 1-16-14  
Date

RECOMMENDATION:

Inmate was treated by medical.  
TB

Reviewed by (Signature) Assistant Director

RECOMMENDATION:

Date  
Arkansas  
State Claims Commission

JUL 17 2014

RECEIVED

Reviewed by (Signature) Director

Date

NUMBER OF COPIES:

Director, then to Director, and then to Inmate Institutional File.  
Administrator.

24

16

550217



ARKANSAS DEPARTMENT OF CORRECTION  
STATEMENT OF WITNESS9013-12-120  
Name CRAVEN WOLFE, XAVIER Rank/Status/Number 146852 Unit WRU

STATEMENT: ON the ABOVE DATE 12/26/13 AND APPROXIMATE  
TIME 9:25 AM, INMATE CRAVEN WOLFE XAVIER # 146852  
STATED TO ME, Sgt C.J. RAGLAND THAT WHILE HE WAS  
ON the jump SAW, HE WENT TO MOVE SOME WOOD  
TO CUT it UP, AND HE BUMP the trigger Mechanism  
AND send the Blade up there By Cutting his  
Thumb, the tip.

Arkansas  
State Claims Commission

JUL 17 2014

RECEIVED

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

Signature

Date

Witness/Statement Taken By

WATERS:

There is NO Hard Feelings Between You and Me. You  
Could Not Have Predicted THAT ACCIDENT OR Even Possibly  
Prevented it From occurring. By the way it WAS my Left  
hand NOT my Right. I am going to try to find me a desk  
job Somewhere so THAT I don't have to worry about Ancient  
Equipment messing up. The Thumb is healing as best it can  
since they could not save THE END and/or Cauterize the  
Thing. Again there is NO Hard Feelings So Don't Start  
Feeling Guilty About it Now.

Brave Heart & Bright Blessings.

Kevin Cavanaugh

KAVAGE Cavanaugh \*146852

**ACI/INDUSTRY/FURNITURE WRIGHTSVILLE UNIT  
EQUIPMENT OPERATOR TEST**

AREA: Saw Shop

SUPERVISOR: Keith Waters

DATE: 11-16-13

**EQUIPMENT:**

<input type="checkbox"/> Band Saw	<input type="checkbox"/> Mortise	<input type="checkbox"/> Table Router	<input type="checkbox"/>
<input type="checkbox"/> CNC	<input checked="" type="checkbox"/> Planer	<input type="checkbox"/> Table Saw	<input type="checkbox"/>
<input checked="" type="checkbox"/> Cut-Off-Saws	<input type="checkbox"/> Rip Saw	<input type="checkbox"/> Tenon Machine	<input type="checkbox"/>
<input type="checkbox"/> Joiner	<input checked="" type="checkbox"/> Shaper	<input checked="" type="checkbox"/> Timesaver	<input type="checkbox"/>
<input checked="" type="checkbox"/> Miter Saw	<input type="checkbox"/> Sliding Table Saw	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTION: TESTING SUPERVISOR WILL GRADE INMATE'S PERFORMANCE BASED ON HIS ABILITY TO OPERATE EQUIPMENT BOTH SAFELY AND PRODUCTIVELY. IF THE INMATE FAILS ANY QUESTION, THE TESTING WILL STOP AND FURTHER TRAINING WILL TAKE PLACE.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. DID TESTING INMATE REPORT FOR THE EQUIPMENT TEST WITH THE FOLLOWING?			
A. EAR PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. EYE PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DUST/FUME PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DID INMATE REPORT FOR TESTING WEARING IN APPROPRIATE CLOTHING ITEMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PRE-OPERATIONAL EQUIPMENT CHECK; DID INMATE:			
A. CHECK AREA FOR DEBRIS/SCRAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INSPECT EQUIPMENT FOR WORN PARTS, BLADES, ETC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. CHECK TO SEE IF PROPER GUARDS ARE IN PLACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. WHILE OPERATING, DID INMATE:			
A. SEEM CONFIDENT & KNOWLEDGEABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. WORK FROM A PREPARED CUTTING LIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. USE PROPER SAFETY TOOLS/DEVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TURN OFF EQUIPMENT AFTER TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. DID INMATE OPERATE EQUIPMENT PER INSTRUCTIONS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPERATOR RATING:    1. EXCELLENT                      2. GOOD                      3. ADDITIONAL TRAINING NECESSARY

BASED ON THE TESTING, OPERATION PERFORMANCE AND OPERATOR RATING, INMATE Craven Wolf ADC# 146852, IS HEREBY APPROVED / NOT APPROVED TO OPERATE EQUIPMENT TESTED ON, FOLLOWING ALL INSTRUCTIONS AND POLICIES OF ARKANSAS CORRECTIONAL INDUSTRY/FURNITURE PROGRAM.

IF INMATE IS FOUND TO BE OPERATING ANY EQUIPMENT WITHIN THE FURNITURE PROGRAM WITHOUT DOCUMENTED TEST RESULTS AND APPROVAL, THEY ARE SUBJECT TO MAJOR DISCIPLINARY ACTION.

I, \_\_\_\_\_ ADC# \_\_\_\_\_, FULLY UNDERSTAND THE CONDITIONS SET FORTH FOR THE OPERATION OF EQUIPMENT AND WILL ABIDE BY ALL SAFETY RULES AND POLICIES THAT APPLY. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR MY OWN ACTIONS AND WILL OPERATE MY EQUIPMENT IN A RESPONSIBLE AND SAFE MANNER. FAILURE TO DO SO COULD RESULT IN DISCIPLINARY ACTION AGAINST ME.

TESTING SUPERVISOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Arkansas  
State Claims Commission  
JUL 17 2014

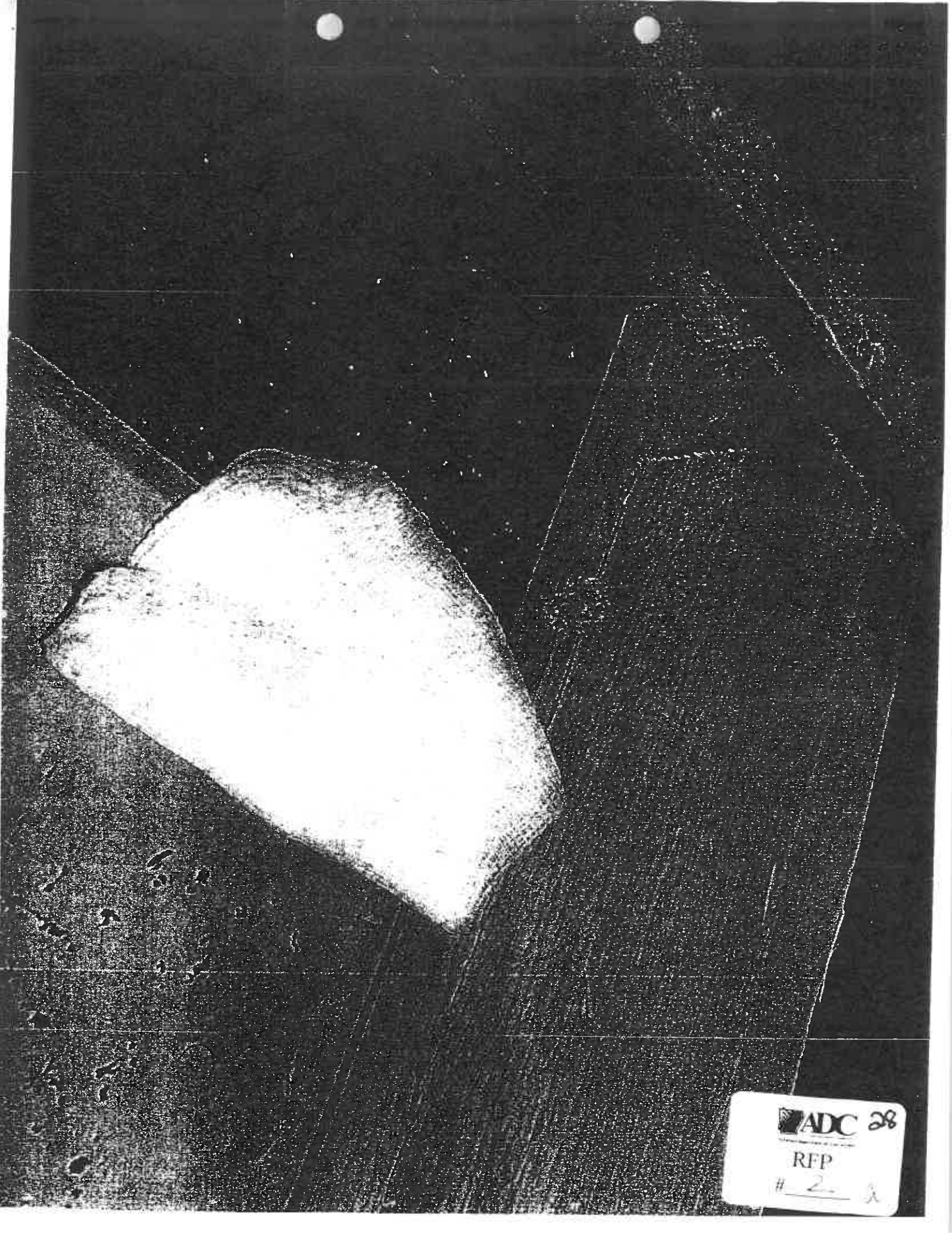
RECEIVED

PROGRAM MANAGER \_\_\_\_\_

DATE \_\_\_\_\_

27

1e



ADC 28  
RFP  
# 2



29





Arkansas  
State Claims Commission

JUL 17 2014

RECEIVED

30  
2C

2D

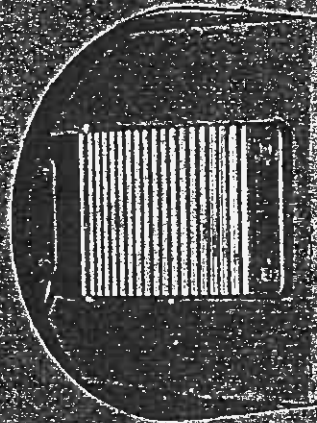


MODEL G0502  
18" JUMP SAW

## SPECIFICATIONS

WEIGHT: 10.00g / 0.35oz / 350.00g  
 MOTOR SPEED: 1400 RPM  
 MAX BLADE LENGTH: 100mm  
 MOTOR POWER: 1.5W  
 MAX CUTTING DEPTH: 10mm  
 MAX CUTTING WIDTH: 10mm  
 MAX CUTTING: 10mm

2009-01-14 IN WEATING

[illegible]

RFP

# 32



**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**Xavier Cravenwolfe (ADC 146852)**

**Claimant**

**vs.**

**Claim No. 14-0798-CC**

**Arkansas Department of Corrections**

**Respondent**

Arkansas  
State Claims Commis.  
JUL 28 2014

RECEIVED

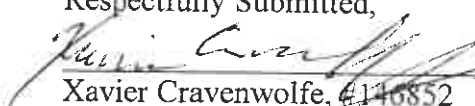
**A Motion for Summary Judgment**  
**Pursuant to Ark. Rules of Civil Procedure Rule 56**

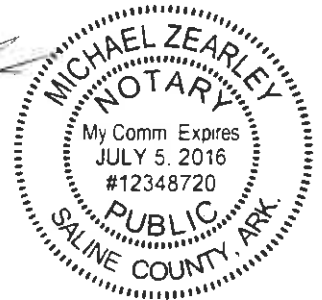
Now comes Petitioner/Claimant, Xavier Cravenwolfe, before the Honorable Claims Commission with this Motion for Summary Judgment and states:

- 1.) That the Respondents have failed to comply with the Rules of Civil Procedure through the failure to Answer the Petition/Motion(s) within proper time, 30 day stipulation.
  - a) Petition/Motion(s) served on June 11, 2014 not answered till July 16, 2014.
  - b) Written interrogatories still not answered.
- 2.) That the Respondents are fully aware of the request made in the Motion for Production 1d as the sign in roster shows job assignments of the individual Inmates in the designated work areas.
- 3.) Through the Respondents failure to comply they have unduly prejudiced the claim being presented before the State Claims Commission.
- 4.) That pursuant to the Rules of Civil Procedure, Rule 56, the Claimant is entitled to Summary Judgment for the grounds presented herein.

Therefore Claimant, Xavier Cravenwolfe, does pray the Honorable Commission grant this Motion for Summary Judgment and order all relief sought by the Claimant along with whatever additional relief deemed just, proper, and equitable by the Honorable Commission.

Respectfully Submitted,

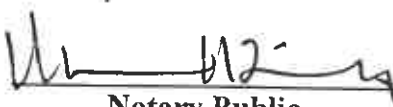
  
Xavier Cravenwolfe, #146852  
Wrightsville Unit, Brks. #7  
P.O. Box 1000  
Wrightsville, AR 72183



STATE OF ARKANSAS )

COUNTY OF PULASKI )

Now comes Xavier Cravenwolfe, appearing before a Notary Public, being first duly sworn and subscribing to the true correct completeness of the aforementioned instrument under penalty of perjury on this 22 day of July, 2014, and is known to be the same.

  
Notary Public


My commission expires: July 5, 2016

**CERTIFICATE OF SERVICE**

I, Xavier Cravenwolfe, do hereby certify that on this 22 day of July, 2014 via U.S. Postal mail or Certified third party courier this Motion for Summary Judgment to the following individual's addresses:

State Claims Commission  
c/o Norman Hodges Jr.  
101 E. Capital Ave Ste. 410  
Little Rock, AR 72201

Lisa Mills Wilkins, Attorney  
c/o Arkansas Department of Corrections  
Central Office  
P.O. Box 8707  
Pine Bluff, AR 71611

  
Xavier Cravenwolfe, #146852  
Pro-se

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

XAVIER CRAVENWOLFE (ADC #146852)

CLAIMANT

V.

NO. 14-0798-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**RESPONSE TO MOTION FOR SUMMARY JUDGMENT**

COMES NOW the Respondent, Arkansas Department of Correction, and for its Response to Motion for Summary Judgment, responds as follows:


Claimant has failed to adequately state grounds for a Motion to Summary Judgment. The remedy he seeks is not proper for his perceived failure to respond to discovery requests.

Respondent has complied with the Arkansas Rules of Civil Procedure in disclosure of documents and more information will be forthcoming when it is known.

FOR these reasons the Motion for Summary Judgment should be denied.

WHEREFORE, Respondent prays that the Motion for Summary Judgment be denied.

Respectfully submitted,  
Department of Correction Office of Counsel

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

Arkansas  
State Claims Commission  
AUG 04 2014

RECEIVED

**CERTIFICATE OF SERVICE**

I certify that a copy of the DISCOVERY RESPONSE has been served this 31 day of July, 2014, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to

XAVIER CRAVENWOLFE (ADC #146852)  
WRIGHTSVILLE UNIT  
P. O. Box 1000  
WRIGHTSVILLE, AR 72183-1000

  
LISA MILLS WILKINS Ark. Bar #87190

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 12,400.00

Claim No. 14-0798-CC

Xavier Cravenwolfe, #146852		Attorneys	
vs.	Claimant	Pro se	Claimant
Department of Correction		Lisa Wilkins, Attorney	
State of Arkansas	Respondent		Respondent
Date Filed	April 11, 2014	Type of Claim	Personal Injury, Mental Anguish, Pain & Suffering

FINDING OF FACTS

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

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

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

Date of Hearing August 14, 2014

Date of Disposition August 14, 2014

*Rick May*  
Chairman  
*Jim Baker*  
Commissioner  
*Bill James*  
Commissioner

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 12,400.00 Claim No. 14-00798-CC

Xavier Cravewolfe, #14852 Attorneys Pro se  
vs. Claimant  
AR Department of Corrections Lisa Wilkins, Attorney Claimant

State of Arkansas Respondent  
Date Filed April 11, 2014 Personal Injury, Pain & Suffering, Mental Anguish Respondent

Type of Claim

FINDING OF FACTS

This claim was filed for Personal Injury, Pain & Suffering and Mental Anguish in the amount of \$12,400.00 against Arkansas Department of Corrections.

Present at a hearing December 10, 2014, was the Claimant, pro se, and the Respondent, represented by Lisa Wilkins, Attorney.

The Claims Commission, after hearing the testimony finds negligence on the part of the Respondent for improper training and lack of supervision. The Claims Commission unanimously awarded the Claimant the amount of \$1,000.00 for pain and suffering.

The Claims Commission hereby unanimously awards this claim in the amount of \$1,000.00 and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.

IT IS SO ORDERED.


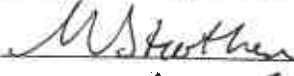

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously awarded this claim in the amount of \$1,000.00 and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.

Date of Hearing December 10, 2014

Date of Disposition December 10, 2014

  
Chairman  
  
Commissioner  
  
Commissioner

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

XAVIER CRAVENWOLFE (ADC #146852)

V.

NO. 14-0798-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**MOTION FOR RECONSIDERATION**

COMES NOW the Respondent, Arkansas Department of Correction, and for its Motion for Reconsideration, responds as follows:

1. Respondent files this Motion for Reconsideration in this matter citing new information which was not available to it at the time of trial. Attached is an affidavit of Robert Carter Administrator of Industry of the Arkansas Department of Correction.
2. Respondent requests that the Order of December 10, 2014, be set aside and this matter be remanded for another hearing based on this new evidence.
3. WHEREFORE, Respondent requests that Order of December 10, 2014, be set aside and this matter be remanded for another hearing based on this new evidence and for all other just and proper relief.

Respectfully submitted,  
Department of Correction  
Office of Counsel



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

CERTIFICATE OF SERVICE

I certify that a copy of the MOTION has been served this 20 day of January 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

XAVIER CRAVENWOLFE (ADC #146852)  
WRIGHTSVILLE UNIT  
8400 Highway 386  
WRIGHTSVILLE, AR 72183

  
LISA MILLS WILKINS Ark. Bar #87190

## AFFIDAVIT

STATE OF ARKANSAS

COUNTY OF JEFFERSON

"I, Robert Carter, being of sound mind, hereby make this Affidavit based upon my own personal knowledge and information for the purposes for which it is submitted, do hereby declare and state under oath:

I am the Administrator of Industry for the Arkansas Department of Correction. I was not made aware of the hearing by the Unit concerning Xavier Cravenwolfe v. ADC, 14-0798, until the day before the hearing and did not have an opportunity to present this information at the hearing as the time had passed to submit witnesses for trial. I have information which is critical to the outcome of the case and request that this matter be reconsidered by the commission for this reason:

In order for the saw to cut his left thumb, his hand would need to be upside down (or backwards) and over near the blade (the piece of finger was found where the wood is placed to be cut about 6-8 inches to the right of the blade). When the recessed pedal is pressed, wood is pressed down and the blade comes up and then it makes the cut. When he prematurely pushed the pedal, it smashed his finger between the pieces of wood. It was this that caught his finger and smashed it.

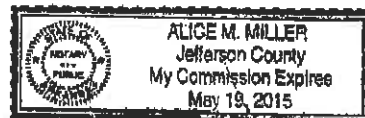
AFFIANT FURTHER SAYETH NOT."

  
Robert Carter

Subscribed to and sworn to before me this 20<sup>th</sup> day of January, 2015.

  
Notary Public

My commission expires:

5-19-15

STATE CLAIMS COMMISSION CHECKET  
OPINION

Amount of Claim \$ 12,400.00

Claim No. 14-0798-CC

Xavier Cravenwolfe, #146852 Claimant  
vs.

Attorneys  
Pro se Claimant

AR Dept. of Correction Respondent

Lisa Wilkins, Attorney Respondent

State of Arkansas

Date Filed April 11, 2014

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

FINDING OF FACTS

The Claims Commission hereby unanimously denies Respondent's "Motion for Reconsideration" for the Respondent's failure to offer evidence that was not previously available. Therefore, the Commission's December 10, 2014, order remains in effect.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denies Respondent's "Motion for Reconsideration" for the Respondent's failure to offer evidence that was not previously available. Therefore, the Commission's December 10, 2014, order remains in effect.

Date of Hearing February 5, 2015

Date of Disposition February 5, 2015

[Signature] Chairman  
[Signature] Commissioner  
[Signature] Commissioner

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



IN THE CLAIMS REVIEW SUBSOMMITTEE  
OF THE ARKANSAS GENERAL ASSEMBLY

XAVIER CRAVENWOLFE (ADC #146852)

CLAIMANT

V.

NO. 14-0798-CC

Arkansas Claims Commission  
JAN 09 2015

ARKANSAS DEPARTMENT OF CORRECTION

RECEIVED

RESPONDENT


NOTICE OF APPEAL

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

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

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

Respectfully submitted,  
Department of Correction Office of Counsel

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

CERTIFICATE OF SERVICE

I certify that a copy of the NOTICE OF APPEAL has been served this 8th day of January, 2014, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

XAVIER CRAVENWOLFE (ADC #146852)  
WRIGHTSVILLE UNIT  
8400 Highway 386  
Wrightsville, AR 72183

  
LISA MILLS WILKINS Ark. Bar #87190

AFFIDAVIT

STATE OF ARKANSAS

COUNTY OF JEFFERSON

Arkansas  
State Claims Commission  
JAN 26 2015

RECEIVED

"I, Robert Carter, being of sound mind, hereby make this Affidavit based upon my own personal knowledge and information for the purposes for which it is submitted, do hereby declare and state under oath:

I am the Administrator of Industry for the Arkansas Department of Correction. I was not made aware of the hearing by the Unit concerning Xavier Cravenwolfe v. ADC, 14-0798, until the day before the hearing and did not have an opportunity to present this information at the hearing as the time had passed to submit witnesses for trial. I have information which is critical to the outcome of the case and request that this matter be reconsidered by the commission for this reason:

In order for the saw to cut his left thumb, his hand would need to be upside down (or backwards) and over near the blade (the piece of finger was found where the wood is placed to be cut about 6-8 inches to the right of the blade). When the recessed pedal is pressed, wood is pressed down and the blade comes up and then it makes the cut. When he prematurely pushed the pedal, it smashed his finger between the pieces of wood. It was this that caught his finger and smashed it.

AFFIANT FURTHER SAYETH NOT."

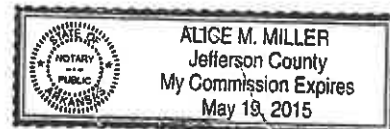
  
Robert Carter

Subscribed to and sworn to before me this 20<sup>th</sup> day of January, 2015.

  
Notary Public

My commission expires:

5-19-15



Xavier Crownewell 146852  
Wrightsville Unit Bks 4  
P.O. Box 1000  
Wrightsville, Ar 72183

January 29, 2015

Arkansas State Claims Commission  
% Mrs Brenda Wade - Director  
101 E. Capital Ave, Ste 410  
Little Rock, Ar 72201

Arkansas Claims Commission  
JAN 26 2015  
RECEIVED

RE: Objection to Petition for Rehearing

Mrs Wade:

I am in receipt of Mrs Mills-Wilkins letter & Petition. I did not receive a copy of the Proposed Affidavit of Mr Carter from ADC Council, therefore I cannot properly defend myself and am at an extreme prejudice without the evidence.

I fail to see how Mrs Mills-Wilkins can claim that it was unavailable as she has access to all ADC records & personnel. As such I am requesting a copy of this "Affidavit" so that I may properly prepare a defense and further cure said prejudice by not receiving a copy.

I further move that this Petition be Denied in Entirety and the Award be set as ordered.

Respectfully Submitted  
Xavier Crownewell  
Xavier Crownewell