

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas
State Claims Commission

JUL 23 2014

G14

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- ☐ Mr.
☐ Mrs.
☐ Ms.
☐ Miss

Orvil Loftis, #103901

Claimant

vs.

State of Arkansas, Respondent
Dept. of Corr.

10 Prison Circle
CALICO ROCK, AR
72519

COMPLAINT

Do Not Write in These Spaces

Claim No. 15-0044-CC

Date Filed July 23, 2014
(Month) (Day) (Year)

Amount of Claim \$ 12,000.00?

Fund DOC

Personal Injury, Negligence,
Pain & Suffering, Failure to
Follow Procedure

Orvil Loftis, #103901
(Name)

the above named Claimant, of

~~10 Prison Circle, Calico Rock, AR 72519~~
(Street or R.F.D. & No.) (City)

(State) (Zip Code) (Daytime Phone No.)

County of

represented by

(Legal Counsel, if any, for Claim)

of

(Street and No.)

(City)

(State)

(Zip Code)

(Phone No.)

(Fax No.)

say:

State agency involved: Arkansas Dept. of Corrections (Delta Regional Unit) Amount sought: \$12,000.00 (x 3)

Month, day, year and place of incident or service: 4/12/2013 Delta Reg. Unit (ADC) Dermott, AR.

Explanation: At the Delta Regional Unit (facility) of the Arkansas Dept. of Corrections at approx. 6:30 pm. on April 12, 2013, A.D.C. officers Jeremy Edwards, Eugene Jones, and Michael Ballard neglected their job duties - so as to ensure my safety and protect me from bodily harm - (while being escorted in restraints down a flight of stairs).

All three officers "totally disregarded" prison policy and procedural safeguards (as to following A.D.C. protocol) while escorting inmates in restraints. Whereas, in results to these three officers' - (state employees') negligence in adhering to the specific safety precautions... set in place throughout the A.D.C. policy - as their duties to follow - "from their breach thereof"... I was "wrongfully injured".

While acting under the color of the laws of Arkansas in their employment at the Delta Regional institution of the Arkansas Department of Corrections - Corrections officers Jeremy Edwards, Eugene Jones, and Michael Ballard all "willfully" disregarded proper security practices, and Dept. of Corrections "post orders", which led to me enduring unnecessary and wanton infliction of pain and suffering from the injuries I sustained. Therefore, for these above mentioned reason(s) this claim is brought about with absolute legitimate purpose.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?

No

(Yes or No)

when?

(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?

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 verily believes that they are true.

ORVIL DALE LOFTIS

(Print Claimant/Representative Name)

Orvil Dale Loftis

(Signature of Claimant/Representative)

SWORN TO and subscribed before me at

Pine Bluff

AR

(City)

(State)

on this

1st

day of

July

2014

(Date)

(Month)

(Year)

Ferbia Allen

(Notary Public)

My Commission Expires:

11

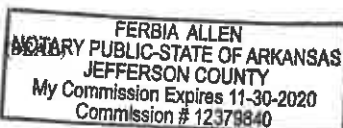
30

2020

(Month)

(Day)

(Year)



SF1-R799

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center Delta Regional UnitName Orvil Dale LoftisADC# 103901 Brks # Max #2 Job Assignment N/A4-15-13 (Date) STEP ONE: Informal Resolution4-22-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Officer Jeremy Edwards was escorting me to the shower and I did fall in this manner. The camera and Jones report will show this.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):On 4-12-2013 at approximately 6:30 pm, I inmate Orvil Dale Loftis (while being escorted to a shower stall in G-Pod from my cell in H-Pod (H-7)) by A.D.C. officer Jeremy Edwards (of D-Shift)-here at the Delta Reg. Unit in Dermott, AR.) became a little dizzy and tripped up on a slippery concrete stairway, and fell down a flight of stairs.I tumbled, and rolled, hitting my head on a metal railing hard, and my shoulder, elbow, and knee hitting hard on the concrete steps/stairs; along with my neck, and lower back landing hard on the corner edges of the steps, all the while with restraints (handcuffs) on my wrist behind my back) as I fell all the way to the floor in a downward direction.All this occurred while officer Jeremy Edwards "looked on"; neglecting to grab a hold of me to protect me from being subject to unsafe conditions, posing an even more substantial risk of "serious physical harm, and bodily injuries."The "seemingly very untrained" officer Jeremy Edwards was unsupervised by his senior officer A.D.C. Sgt. Michael Ballard; and thus was allowed to disregard his training, and neglect his duties in following prison policy and procedures...-(when escorting an inmate in restraints). [Sec. Administrative Regulations 403 & 404]Dale Loftis A.D.C. #103901

Inmate Signature

Date

4-15-2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 4/16/13 (date), and determined to be **Step One** and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form:Sgt. A. Ballard

ID Number

Staff Signature

Date

4/16/13

Date Received

Describe action taken to resolve complaint, including dates: Per Officer Edwards and Sgt. Ballard see reports they wrote on this incident. Ed said hePer Mr. Edwards he was not escorting inmate Loftis and did he fall down in the manner in which he is statingSgt. A. Ballard 4/21/13

Staff Signature & Date Returned

RECEIVED

Dale Loftis 4-22-13

Inmate Signature & Date Received

This form was received on 4-22-2013 (date), and determined to be **Step Two**. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance:

Date:

Action Taken:

(Forwarded to Grievance Officer/Warden/Other) Date:

If forwarded, provide name of person receiving this form:

Date:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Loftis, Orvil D.

ADC #: 103901C

FROM: Godfrey, Lydia K

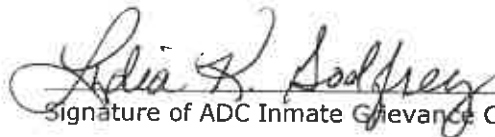
TITLE: ADC Inmate Grievance Coord

DATE: 04/23/2013

GRIEVANCE #: DR-13-00236

Please be advised, I have received your Grievance dated 04/15/2013 on 04/22/2013.

You should receive communication regarding the Grievance by 05/21/2013


Signature of ADC Inmate Grievance Coord

CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☒ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Inmate Signature

ADC #

Date

INMATE NAME: Loftis, Orvil D.

ADC #: 103901C

GRIEVANCE #: DR-13-00236

WARDEN/CENTER SUPERVISOR'S DECISION

Your grievance dated 4-15-13 concerning falling down the stairs on 4-12-13 has been reviewed. Due to the issues of this matter, action deemed necessary is being initiated. Therefore, your grievance is with merit.



Signature of Warden/Supervisor or Designee

WARDEN

Title

5/2/2013
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? *FOR THE AFFOREMENTION (ABOVE) RESPONSE DOES NOTHING TO ASSURE ME THAT OFFICERS EDWARDS AND BALLARD HAVE BEEN DISCIPLINED FOR THEIR UNETHICAL CONDUCTS (OF DISREGARDING POLICY), WHICH ENTAILED ME BEING INJURED.*

NOR HAVE I BEEN COMPENSATED IN ANY FORM FOR MY INJURIES THAT CAME VIA - THESE A.D.C. OFFICERS NEGLECTING THEIR DUTIES; TO ENSURE THAT THIS TYPE OF NEGLECT DOES'NT CONTINUE TO HAPPEN BY OTHER A.D.C. OFFICERS "IN THE FUTURE".

FURTHERMORE, I HAVE YET TO BE TREATED FOR MY INJURIES, AND ACHES AND PAINS ASSOCIATED WITH THOSE INJURIES CONCERNING ME FALLING DOWN THE STAIRS ON 4-12-2013. AFTER MANY SICK CALLS AND DOCTOR REFERDALS.



Inmate Signature

103901

ADC#

5-21-2013

Date

RECEIVED

MAY 28 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

INMATE NAME: Loftis, Orvil D.

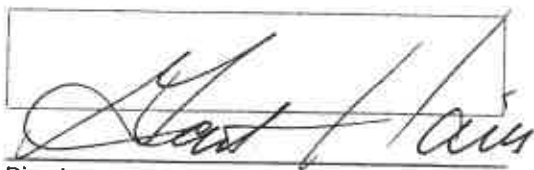
ADC #: 103901

GRIEVANCE#: DR-13-00236

I have received your formal grievance dated 04/22/13 in reference to being escorted to the shower in G-Pod by Officer Edwards and slipped on stairway and fell down a flight of stairs.

After reviewing all supporting documentation, I have determined that this entire matter was investigated and the appropriate action was taken concerning your accident and proper protocol for treatment of any injuries. It was determined that before Officer Edwards could take your arm while escorting, you moved quickly from your cell before he could lock the door. In the future, I suggest you stand by your cell door while it is being locked and allow the Officer to assist you.

Appeal denied due to this matter being resolved at the Unit Level and the appropriate corrective action was taken.



Director

5-6-2013
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Delta Regional Unit

Name Orvil Dale Loftis

ADC# 103901 Brks # Max 2 Job Assignment N/A

4-26-2013 (Date) STEP ONE: Informal Resolution

4-29-2013 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Officer Edwards did not open the door; was officer Jones who opened the door; where Edwards along with another officer should have had hands on Unit Policy "post order" for punitive segregation clearly states that two officers are to escort inmate at all times.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

On 4-12-2013 at approx. 6:30 pm while being escorted to a shower stall in G-Pod from H-Pod by Jeremy Edwards (COI)... I tripped down a flight of stairs and was injured in several places of my body. This occurred while ADC officer Jeremy Edwards just stood by watching me fall without making an effort to grab a hold of me to keep me from falling any further, (withstanding more injuries). Officer Eugene Jones at this was escorting inmate Chambers to the shower (behind us), wherefore they both (inmate Chambers and officer Jones) watched as I fell. This incident could have, and "should have" been avoided. - If Sgt. Michael Ballard would have been following A.D.C. protocol - by supervising his officers so as to ensure that there were two officers escorting each inmate (while inmates are in restraints) rather than allowing just one officer per inmate to escort that night, of 4-12-2013, I feel as though the incident would not have happened if: would had two officers on both sides of me (holding me) while being escorted down the stairway. But, because of Sgt. Ballard's neglect to comply to ADC policy and procedure, to oversee (supervise) his under-ranked officers - so as to ensure my safety; I was wrongfully injured. There should have been the proper amount of security officers to protect me from being hurt while being escorted. However there was not... due to Sgt. Michael Ballard neglected his duties as senior officer of that post, to follow the A.D.C. policy and procedures. He (Ballard) was out of compliance of ADC policy (A.R. 404 & A.R. 407).

Inmate Signature Dale Loftis #103901

Date 4-26-2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-26-13 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form:

Sgt. J. Lang 6153 Sgt. J. Lang 4-26-13
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Sgt. Ballard stated that you were being escorted to the shower from H-Pod to G-Pod and when Ofc. Edwards opened the door you proceeded to the shower before Ofc. Edwards could place hands on your handcuffs. He said AR 404 + 407 does not state you need two officers.
Rev. Inmate Sgt. Lang 4-28-13 Dale Loftis 4-28-13
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on (date), pursuant to **Step Two**. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: Date:

Action Taken: (Forwarded to Grievance Officer/Warden/Other), Date:

If forwarded, provide name of person receiving this form: Date:

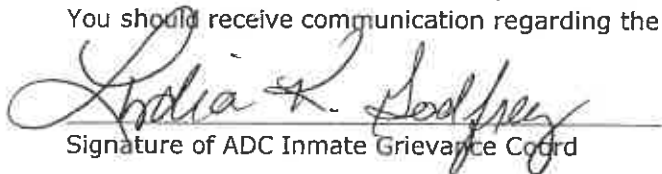
DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate. **INMATE GRIEVANCE OFFICER**

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Loftis, Orvil D.
FROM: Godfrey, Lydia K
DATE: 04/29/2013

ADC #: 103901C
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: DR-13-00256

Please be advised, I have received your Grievance dated 04/26/2013 on 04/29/2013.
You should receive communication regarding the Grievance by 05/28/2013



Signature of ADC Inmate Grievance Coord

CHECK ONE OF THE FOLLOWING

- ☒ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☒ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable (), untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Inmate Signature

ADC #

Date

INMATE NAME: Loftis, Orvil D.

ADC #: 103901C

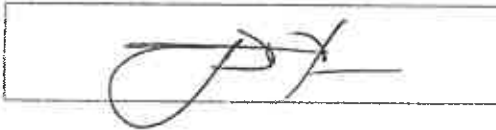
GRIEVANCE #: DR-13-00296 ^{Arkansas} Claims Commission

WARDEN/CENTER SUPERVISOR'S DECISION

JUL 04 2014

RECEIVED

Your grievance dated 4-26-13 concerning falling down the stairs on 4-12-13 has been reviewed. Staff explained that when the door was opened to G-pod you proceeded without interaction directly to the shower before the officer could close the door and take proper control of your restraints. You should have waited for the officer to escort you. Also, it was discovered that security staff were escorting two inmates with 2 officers, which is not proper security practice. Corrective action has been taken concerning staff performance; however, you will not be advised of personnel action. Subsequently, your grievance is with merit.



Signature of Warden/Supervisor or Designee

WARDEN

Title

5/28/2013

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? *It's so repulsive that Sergeant Michael Ballard would use such a defensive response - i.e., - to say that I should have waited for the officer to escort me, - in an attempt to cast the blame upon me in this matter. Rather taking responsibility for his own actions - of "disregarding policy" and "neglecting his duties" as area supervisor... to ensure that the proper security measures were being administered when escorting me (while I was in restraints). Wherefore if one of the two officers in which should have been escorting me would have had their hands properly on me (in the securing of my safety) - as is the proper security practice for officers to follow - (set forth in the guidelines) -- per A.D.C. policy. Then I would not have been injured, as this incident would not have occurred either.*

However, due to A.D.C. prison guards (officers) at the Delta Regional Unit Prison Jeremy Edwards, and Michael Ballard disregarding their training and A.D.C. policy and procedures. I was wrongfully injured... and thus, I have not been compensated in any type, form, or fashion. Nor have my injuries associated with this incident been properly treated, or cared for.



Inmate Signature

103901

ADC#

5-29-2013

Date

RECEIVED

JUN 12 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

8

IGTT405
3GT

Attachment V

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL or REJECTION OF APPEAL

TO: Inmate Loftis, Orvil D. ADC #: 103901C
 FROM: Harris, Grant E TITLE: Assistant Director (ADC)
 RE: Receipt of Grievance DR-13-00256 DATE: 06/12/2013

Please be advised, the appeal of your grievance dated
04/26/2013
 was received in my office on this date 06/12/2013

You will receive communication from this office regarding this Grievance by 07/25/2013

- ☐ The time allowed for appeal has expired
- ☐ The matter is non-grievable and does not involve retaliation:
 - ☐ (a) Parole and/or Release matter
 - ☐ (b) Transfer
 - ☐ (c) Job Assignment unrelated to medical restriction
 - ☐ (d) Disciplinary matter
 - ☐ (e) Matter beyond the Department's control and/or matter of State/Federal law
 - ☐ (f) Involves an anticipated event
- ☐ You did not send all the proper Attachments:
 - ☐ (a) Unit Level Grievance Form (Attachment 1)
 - ☐ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
 - ☐ (c) Did not give reason for disagreement in space provided for appeal
 - ☐ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
 - ☐ (e) Unsanitary form(s) or documents received
 - ☐ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

9

INMATE NAME: Loftis, Orvil D.

ADC #: 103901

GRIEVANCE#: DR-13-00256

I have received your formal grievance dated 04/29/13 in reference to being escorted to the shower in G-pod by Officer Edwards and you slipped and fell down a flight of stairs.

After reviewing all supporting documentation, I have determined that this entire matter was thoroughly investigated and appeal in grievance #DR-13-00236, which was responded to on 06/06/13 and needs no further discussion.

Based on the above stated information, I find no merit in your complaint.
Appeal denied.


Director

6-28-2013
Date

Arkansas Claims Commission

JUL 04 2014

RECEIVED

REQUEST FOR INTERVIEW

UNIT Delta Regional

DATE: 5-1-2013

TO:

Ms. Kilgore / Major Law

OFFICE of Safety and Sanitation Sgt

FROM:

Leftis
(Inmate's Name)

NUMBER: 103901

BKS: Max #2

JOB ASSIGNMENT:

N/A

SUPERVISOR:

N/A

WORKING HOURS:

TO:

GIVE A DETAILED REASON FOR INTERVIEW:

At this time I am requesting to have A.D.C. officer Sgt. Ballard placed on my enemy alert list. Due to he is a threat to my state of well-being.

Rale Leftis
Inmate's Signature

ADC-CDC-6

Received on 5-8-2013

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Delta RegionalName Orvil Dale LoftisADC# 103901 Brks # Max 2 Job Assignment N/A

5-1-2013 (Date) STEP ONE: Informal Resolution

5-2-2013 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The facts are still clear here thatSgt. Ballard disregarded policy when he did not secure my safety per "post orders" in his area (punitive isolation)

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 4-12-2013, At approximately 6:30pm ADCOfficer Sgt. Michael Ballard was in violation of A.D.C. policy Administrative Regulation 404 section V - Policy, and Administrative Regulations 407 - sections III, Applicability; IV, Policy, and V, Procedures. due to he (Ballard) totally disregarded the "post orders" of punitive segregation here at the Delta Regional Unit (A.D.C.) that night of 4-12-2013 - which specifically state: "there will be two officers escorting each inmate 'at all times' while in restraints in punitive segregation, and maximum security."By Sgt. Ballard neglecting to ensure my safety, which resulted in me being injured on the night of 4-12-2013 ... for simply being unsupervised by his Lieutenant Lilly Phillips; thus allowed to disregard A.D.C. policy. He (Ballard) should be reprimanded to the fullest as so directed by Administrative Regulations 407 Section V Procedures - Subsection C - which states: "An area supervisor's failure to ensure that safety and sanitation policies and procedures are implemented and enforced in his/her area of responsibility is grounds for disciplinary action" - so as to possibly "deter other correction officers from such unethical, and unreasonable conduct in the future".Inmate Signature Dale Loftis 103901Date 5-1-2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 5-1-13 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: Date 5-1-13PRINT STAFF NAME (PROBLEM SOLVER) Set Fung ID Number 6153 Staff Signature Set Fung Date Received 5-1-13Describe action taken to resolve complaint, including dates: Policy AR 404 pertains to outside facility escorts and transporting inmates and does not pertain to inside facility escorts. However Lt Phillips does not have to be present on Escort Wing when moving inmates due to a Sergeant being present
Sgt. L. Phillips 5-2-13 Dale Loftis 5-2-2013Staff Signature & Date Returned Inmate Signature & Date Received This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No).Staff Who Received Step Two Grievance: Date: Action Taken: May 13 2013 Forwarded to Grievance Officer/Warden/Other) Date: If forwarded, provide name of person receiving this form: Date:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate

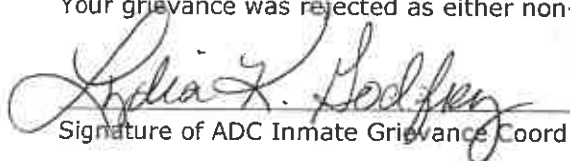
ADMINISTRATION BUILDING

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Loftis, Orvil D.
FROM: Godfrey, Lydia K
DATE: 05/06/2013

ADC #: 103901C
TITLE: ADC Inmate Grievance Coord
GRIEVANCE #: DR-13-00268

Please be advised, I have received your Grievance dated 05/01/2013 on 05/03/2013.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.


Signature of ADC Inmate Grievance Coord

CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☒ This Grievance has been determined to be an emergency situation, as you so indicated.

- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☒ This Grievance was REJECTED because it was either non-grievable () untimely, was a duplicate of , or was frivolous or vexatious.

INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. **RECEIVED** Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

MAY 13 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING


Inmate Signature

103901
ADC #

5-7-2013
Date

This grievance was rejected on unreasonable grounds. To say that it was untimely is not a sufficient, suitable answer, as though it is in violation of (A.D. 10-32) and (A.R. - 835) of the A.D.C. policy, as well as it is a violation of my DUE PROCESS RIGHTS.

Per policy - It specifically states: that I have 15 working days to file a grievance from the time of the incident. This particular incident occurred on 4-12-2013 at approx. 6:30 pm. Therefore, there's no way of explaining how this grievance can be adequately determined to be untimely.

Furthermore, this rejection makes no logical sense whatsoever... due to the fact that I filed another grievance # (DR-13-00267) on this very same day as I did this one. Which was found to be with merit, and turned over to the warden here at this unit to be addressed by 6-3-2013. "Now, the question comes to mind! How can two (2) grievances be filed on the very same day... but one of them found to be with merit, and the other one rejected as untimely? Seems as though "someone" is attempting to "deliberately disregard policy" here, rather than address these matters accordingly in regards to this particular grievance #DR-13-00268, (concerns Sgt. Michael Ballard).

Once you have reviewed these documents and took necessary measures to address this complaint. I pray that you will send all documents back to me.

Thank You.

13

IGTT405
3GT

Attachment V

ACKNOWLEDGEMENT OF GRIEVANCE APPEAL or REJECTION OF APPEAL

TO: Inmate Loftis, Orvil D. ADC #: 103901C
 FROM: Harris, Grant E TITLE: Assistant Director (ADC)
 RE: Receipt of Grievance DR-13-00268 DATE: 05/13/2013

Please be advised, the appeal of your grievance dated
05/01/2013
 was received in my office on this date 05/13/2013

You will receive communication from this office regarding this Grievance by 06/25/2013

- ☐ The time allowed for appeal has expired
- ☐ The matter is non-grievable and does not involve retaliation:
 - ☐ (a) Parole and/or Release matter
 - ☐ (b) Transfer
 - ☐ (c) Job Assignment unrelated to medical restriction
 - ☐ (d) Disciplinary matter
 - ☐ (e) Matter beyond the Department's control and/or matter of State/Federal law
 - ☐ (f) Involves an anticipated event
- ☐ You did not send all the proper Attachments:
 - ☐ (a) Unit Level Grievance Form (Attachment 1)
 - ☐ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
 - ☐ (c) Did not give reason for disagreement in space provided for appeal
 - ☐ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
 - ☐ (e) Unsanitary form(s) or documents received
 - ☐ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

14

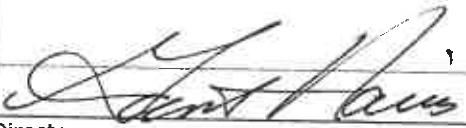
INMATE NAME: Loftis, Orvil D.

ADC #: 103901

GRIEVANCE#:DR-13-00268

I have received your formal grievance dated 05/02/13 in reference to Sgt. Ballard violated ADC policy on 04/12/13 while escorting you from your cell.

After reviewing all supporting documentation, I have determined that I concur with the Unit's rejection for being untimely. You have failed to follow policy so therefore the merits of your appeal will not be addressed and is denied.


Director

6-3-2013
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center Delta RegionalName Orvil Dale LoftisADC# 103901 Brks # Max #2 Job Assignment N/A5-2-2013 (Date) STEP ONE: Informal Resolution(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): It is the Ark. Dept. of Correction policy to ensure secure procedures and safety precautions while escorting and/or transporting offenders at all times.As it is the policy of the Ark. Dept. of Correction that all employees are responsible for maintaining safety and sanitation procedures at this facility.Additionally; policy states: to ensure that safety and sanitation are well planned, aggressively pursued, and continually supervised. As so it also states: Promoting facility safety and sanitation is the responsibility of every offender and employee. [Sec. Administrative Regulations 404 and 407.]Therefore, it was the responsibility of every Chief Commanding A.D.C. officer/ Official from Sgt. Michael Ballard, Lieutenant Lilly Phillips, Captain Rodrick Johnson, Major Michael Lowe... to Deputy Warden James Gibson, and Senior Warden James (Jimmy) Banks here at the Delta Regional Unit A.D.C. to ensure that the proper safety precautions were administered, "aggressively pursued", and "continually supervised" - while I was being escorted in restraints on the night of 4-12-2013. However, the neglect thereof resulted in me being injured from these aforementioned A.D.C. officials disregarding the States prison policy and procedures.

Inmate Signature

Date

Dale Loftis 103901 5-2-2013If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 5-2-13 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____PRINT STAFF NAME (PROBLEM SOLVER) Sgt. D. Johnson ID Number 6153 Staff Signature Sgt. D. Johnson Date Received 5-2-13Describe action taken to resolve complaint, including dates: Capt Johnson stated that the appropriate disciplinary actions have been taken on the appropriate date. That was recorded on when you felt, and has been advised to do a better job when recording inmates.Staff Signature & Date Returned Sgt. D. Johnson 5-6-13Inmate Signature & Date Received Dale Loftis 5-6-2013This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

FOR OFFICE USE ONLY

GRV. # _____

Date Received: _____

GRV. Code #: _____

Orvil Loftis
#103901

15-0044-CC
Additional Material
Rec'd

The amount sought
is \$12,000 total of
\$36,000?
Please specify.

~~OK~~

$$\$12,000^{\text{ov}} - (\times 3)$$

$$\$12,000^{\text{ov}} - \text{per respondent}$$

$$\begin{array}{r} \times \quad 3 \\ \hline \$36,000^{\text{ov}} - \text{Total} \end{array}$$

Arkansas
State Claims Commission
JUL 25 2014

RECEIVED

Loftis, Orvil Dale (^{ADC}#103901)

Medical ID-# 3049305

MR #001103732

THE FOLLOWING ARE A LIST OF DOCUMENTS
IN WHICH ARE BEING REQUESTED TO RECIEVE
(2)-TWO COPIES EACH OF:

- (1.) CHSS027J - CONDENSED HEALTH SERVICES ENCOUNTER - PID# 0020148
DATED: 4-12-2013 TIME 07:28:26 PM.
CLINICAL ASSESSMENT DONE BY JOHANNIE ANN HINES-(LPN)
- (2.) CLINICAL ORDERS
ENCOUNTER DATE - 4-12-2013, ENCOUNTER TIME 07:07:18 PM
- (3.) CHSS027J - CONDENSED HEALTH SERVICES - PID # 0020148
DATED 5-1-2013 TIME 01:29:11 AM.
CLINICAL ASSESSMENT DONE BY GLORIA M. HARVEST - (LPN)
- (4.) OCS5011P - CONDENSED CONSULTATION REQUEST
DATED 8-1-2013
ASSESSMENT DONE BY DEBORAH YORK-(RN)

The following list
by title, number, and
dates, and times. Is
the documents pertaining
to the injuries and
incident report, for
which this claim comes.
In case your office
might feel the need to
have these subpoenaed.

Arkansas
State Claims Commission

JUL 25 2014

RECEIVED

July 23, 2014

Mr. Norman Hodges Jr.
101 East Capitol Ave. Suite 410
Little Rock, AR. 72201-3823

Arkansas
State Claims Commission

JUL 25 2014

RECEIVED

Dear Mr. Hodges

Enclosed please find copies of grievances and requests in my many attempts to obtain the requested documents (supporting my injury - regarding my claim), from the letter I received from your office ... enclosed also, is a copy of that letter.

Notice on the response section (bottom) of the following page - titled: "INMATE REQUEST FORM" - the Warden's response in denying me copies of these requested documents. He states that there attorney contacted your office and someone in your office stated that these such documents are not need to set up my claim. See: the last (2) two sentences of the warden's response.

I have went through a lot of rigmarole with the administration trying to get you these documents. And will continue to do so through the courts "if needed" to obtain such documentation in order to proceed with

my claim.

However, I was able to review my medical file with two security guards observing. From which I wrote a list of the documents pertaining to this particular injury and thus, am sending you a copy of that list of documents such you feel the need to have them subpoenaed. (SEE: the following envelope along with the complaint and specifying amount sought as you requested.

I pray this information will suffice in order for you to proceed with my claim.

If it's not, than "please" let me know, and I will make the proper arrangements to draw up petitions to be served - ordering the administration to release these copies of requested documents.

Once again, I hope this will suffice in these proceedings. Or "perhaps" the A.D.C. attorney and your office have made the arrangements to cooperate with one another in this matter.

'Thank You' - for your time, efforts, and courtesies in this matter.

Sincerely;
Orvil Dal Leftis.

2.)

Arkansas
State Claims Commissio.

JUL 25 2014

RECEIVED

20

Inmate Request Form

RECEIVED/RLW

This form is to be used by inmates to contact staff with request on issues they may have. You should allow 3-5 working days to receive a response to your request. This is the Randall L. Williams Unit's in-house form.

JUL 22 2014

WARDENS OFFICE

Name: LOFTIS, O ADC #: 103901 Barracks: CELL BLOCK 1 Date: 7-21-2014

Staff Directed to: MR. Mark Cashion Office: Warden's

My request is directed to the following area: (Check One)

Chaplain <input type="checkbox"/>	Classification <input type="checkbox"/>	Commissary <input type="checkbox"/>	Asst/Deputy Warden <input type="checkbox"/>
Issuance <input type="checkbox"/>	Food Service <input type="checkbox"/>	Hobbycraft <input type="checkbox"/>	Library/Law Library <input type="checkbox"/>
Laundry <input type="checkbox"/>	Mailroom <input type="checkbox"/>	Medical <input type="checkbox"/>	Mental Health <input type="checkbox"/>
Parole <input type="checkbox"/>	Pre Release <input type="checkbox"/>	Property <input type="checkbox"/>	Records <input type="checkbox"/>
Security <input type="checkbox"/>	Visitation <input type="checkbox"/>	Warden <input checked="" type="checkbox"/>	Other <input type="checkbox"/>

Give a detailed reason for your request: Today I met with infirmiry staff concerning review in my medical records and having some copies made of a few documents... for which are "essentially necessary" right now, in order to move further in the proceeding of a State Claim - from an incident that occurred over a year ago at the Delta Reg Unit. After discussing these matters today (along with receiving a response to a recd grievance on the matter) with these infirmiry staff, I was advised that you are the administrative "Custodian" over these "public records" and they are "mere" the "holders". And, I was advised that you would have to be the "one" to authorize the copying of these essential documents. Therefore, MR Cashion, Sir.

Have you talked to any staff about your request? Yes ☒ No ☐ If yes, who did you talk to and when? (Continue on Next Page)

Ms Michelle Woods - DN/USA (see: "ATTACHED" - Grievance Response)

Inmate Signature: Dale Loftis Date: 7-21-2014

Staff Responding: WARDEN CASHION Date: 7-23-14

Response: Your request concerning copies of medical records has been received in my office; your request is denied. Per ADC legal staff inmates are not allowed copies of their medical records; you can however review such records and make notes. Our attorney did contact the Arkansas Claims Commission and they stated they would set up your claim without such documents.

I am referring this to:

cc: WANDA SUBS
JOHN CRAB

Staff Member Signature: [Signature] Date: 7/23/14

Inmate File

due to this advisement by Ms. Michelle Woods (RN-HSA). [See: response to grievance "attached"], I would like to ask you at this time to be allowed the opportunity to obtain - (at my expense of course) (2) copies of each requested document from my medical records. [SEE: "attached" list of 4 pages of documentation], for which I am requesting to receive copies of: - (Listed: (1) (2) (3) (4) ...)

I'm requesting these copies in regards to a July 7, 2014 letter from Mr. Norman L. Hodges Jr. Director of the Ark. State Claims Commission... advising me that I will need to send him these supporting documents before his office can proceed further with my claim.

I am acting pro se in this matter, i.e. - (representing my self). Wherefore, I am asking for these copies - (at my expense - "see attached" inmate check filled out for the purchase of said copies); pursuant to - A.C.A. § 25-19-101 et. seq - A.C.A. § 25-19-105 (a) (1) (A) (B) (ii), - and (2) (A), (C), (3) of the FREEDOM of Information Act.

(SEE: - also "attached" letter from Arkansas State Claims Commission to concur with reasons for requesting these copies.)

"With all due respect sir, I pray you will honor this request to obtain these copies of 4 pages from my medical - "public records". And instruct the proper medical personnel people to make these copies for me as soon as possible. This request of your authorization is "greatly appreciated" as well!

"Thank You" - Respectfully: Orvil Dale Laffis.
Submitted: 22

Arkansas
State Claims Comm
JUL 25 2014

RECEIVED

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center Randall L. WilliamsName Orvil Dale LoftisADC# 103901 Brks # Celi Block 1 Job Assignment Unass.

FOR OFFICE USE ONLY

GRV. # _____

Date Received: _____

GRV. Code #: _____

7-14-2014 (Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: _____

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: (medical) or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 7-8-2014 I requested to review my medical records, and have certain documents - (pertaining to an injury which occurred on 4-12-2013) copied, by submitting a written request to the "custodian" of these particular records, - one (Ms. Charla Harrison) - pursuant to my rights under A.C.A. § 25-19-101 et seq. (FOIA) - 1967.

Today is 7-14-2014, (5) - five working days after requesting to review and receive copies of the aforementioned documents, which is past the (3) three working days required by A.C.A § 25-19-105(e) of the Freedom of Information Act of 1967.

I am in the process of initiating pro-se litigation - (acting as my own attorney in these litigating matters) and requesting this information, subject to disclosure - pursuant to A.C.A § 25-19-105, (a) (i), (B), (ii) - (FOIA) - without being denied the right thereof, - and with sufficient documentation to show the 'proof' of an actual "current litigating claim" (on person) at this present time. Therefore, I would like to know why am I being denied these rights to review, and receive certain copies from my medical records here at the Randall L. Williams Facility which are under the control and management of Ms. Charla Harrison

Inmate Signature

Date

Dale Loftis 7-14-2014If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? _____ (Yes or No). If yes, name of the person in that department receiving this form: Michelle Woods Date 7/14/14

L.T. F. Allen Michelle Woods 7/14/14
 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: 1. Please send a request to review your records to me. 2. You can not have copies as these records belong to ADC so if you want copies you should send a request to Warden Cashman as I can not authorize copies
Michelle Woods 7/18/14
 Staff Signature & Date Returned Inmate Signature & Date Received Dale Loftis 7-21-2014

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

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 7, 2014

Mr. Orvil Loftis, #103901
7206 West 7th Street
Pine Bluff, AR 71603

RE: Orvil Loftis, #103901
Vs.
Dept. of Correction

Dear Mr. Loftis:

This is to acknowledge receipt of your complaint form and grievances. Before this office can proceed further with your claim, you will need to send us documents supporting your allegations of injury. Your complaint form and grievances will remain in this office until we receive your supporting documents. Once we receive your documentations then we will proceed to with your claim.

Sincerely,

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

Norman L. Hodges, Jr.
Director

NLH/sh

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ORVIL LOFTIS (ADC 103901)

CLAIMANT

V.

NO. 15-0044-CC

ARKANSAS DEPARTMENT OF CORRECTION

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: HCA 0100
 - 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 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 this pleading has been served this 31 day of July, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Orvil Loftis (ADC 103901)
Randall L. Williams Unit
7206 W. 7th Ave.
Pine Bluff, AR 71603


LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ORVIL LOFTIS (ADC #103901)

CLAIMANT

V.

NO. 15-0044-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

Arkansas
State Claims Commission
AUG 07 2014
RECEIVED

MOTION TO DISMISS

COMES NOW the Respondent, Arkansas Department of Correction, and for its Motion to Dismiss states as follows:

1. Claimant alleges claims of failure to follow policy, negligence, personal injury and pain and suffering. He is seeking \$36,000.00 in damages.
2. Claimant only states, conclusively, that three employees, Officers Edwards, Jones and Ballard, neglected their job duties and he was injured.
3. Arkansas law requires fact pleading, and a complaint must state facts, not mere conclusions, in order to entitle the pleader to relief. According to Ark. R. Civ. P. 8(a)(1), a pleading that sets forth a claim for relief shall contain a statement in ordinary and concise language of facts showing that the pleader is entitled to relief. Rules 12(b)(6) and 8(a)(1) must be read together in testing the sufficiency of a complaint. *Smith v. Eisen*, 97 Ark. App. 130, 139, 245 S.W.3d 160 (Ark. App. 2006). Claimant has merely stated conclusions and no facts to support his allegations.
4. To survive a motion to dismiss, a complaint must contain sufficient factual matter, when accepted as true, to 'state a claim to relief that is plausible on its face.' *Ashcroft v. Iqbal*, 129 S. Ct. 1937, 1949 (U.S. 2009) citing *Twombly* at 550 U. S. 544 (2007). A claim has facial plausibility when the plaintiff pleads factual content that allows the court to draw the reasonable inference that the defendant is liable for the misconduct alleged. The plausibility standard is not akin to a 'probability requirement,' but it asks for more than a sheer possibility that a defendant has acted unlawfully. Where a complaint pleads facts that are "merely consistent with" a defendant's liability, it 'stops short of the line between possibility and plausibility of 'entitlement to relief.' *Id.*, *Twombly*. Threadbare recitals of the elements of a cause of action, supported by merely conclusory statements, also do not suffice. *Id.*
9. Claimant has failed to state a cause of action for any of the above cause of action which and this matter should be dismissed under ARCP 12(b)(6).

WHEREFORE, for the reasons submitted above, Respondent requests that the matter 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 MOTION TO DISMISS has been served this 14th day of August, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

ORVIL LOFTIS (ADC #103901)
DELTA REGIONAL UNIT
880 E. GAINES
DERMOTT, AR 71638

Lisa Mills Wilkins
LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas
State Claims Commission
AUG 18 2014

ORVIL LOFTIS (ADC #103901)

CLAIMANT
RECEIVED

V.

ARKANSAS DEPARTMENT OF CORRECTIONS

RESPONDENT

ANSWER

Comes now, the Claimant, Orvil Loftis (ADC #103901), and for its answer, states and alleges as follows:

1. Claimant states claim, and proves claim for failure to follow policy, in result, negligence, personal injury, and pain and suffering was initiated when respondent failed to provide adequate care while in restraints.
2. Arkansas law does require fact pleading, and claimant used the necessary procedure to prove facts in the administrative grievance procedure, which was found by appeal committee to have merit.
3. According to Ark. R. Civ. P. 8(A)(1), a statement in ordinary and concise language of facts showing that the court has jurisdiction of the claim and is the proper venue and that the pleader is entitled to relief. (2) A demand for the relief to which the claimant consider himself entitled.

WHEREFORE, for the reasons cited above the claimant prays that the respondents motion to dismiss not be granted and claimant have the opportunity to be heard by the commission, and the commission grant no additional investigation.

Respectfully Submitted
Claimant



Orvil Loftis (ADC #103901)
7206 W 7th Street
Pine Bluff, AR. 71603

CERTIFICATE OF SERVICE

I certify that a copy of this answer has been served this 13th day of August, 2014, on respondent by placing a copy of the same in the U.S. Mail, regular postage to:

Lisa Mills Wilkins Ark. Bar # 87190
Attorney Supervisor
Post Office Box 8707
Pine Bluff, AR. 71611



Orvil Loftis (ADC #103901)

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 12,000.00

Claim No. 15-0044-CC

Orvil Loftis, #103901 Claimant
vs. Pro se Claimant

Department of Correction Respondent
State of Arkansas Respondent

Date Filed July 23, 2014

Type of Claim Personal Injury, Negligence, P
& Suffering, Failure to Follow
Procedure,

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 September 11, 2014

Date of Disposition September 11, 2014


Chairman

Commissioner

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.

APR 22 2015

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ORVIL LOFTIS (ADC # 103901)

RECEIVED
CLAIMANT

V.

NO. 15-0044-CC

ARKANSAS DEPARTMENT OF CORRECTION

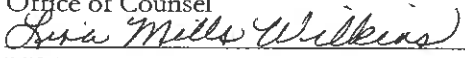
RESPONDENT

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 alleges personal injury, pain and suffering, negligence, and failure to follow policy and seeks \$12,000.00. Claimant has failed to state a claim under ARCP 12(B)(6) and the claim should be dismissed.
2. On April 12, 2013, Claimant was to be escorted to the showers in G-POD by Officer Edwards. Before Officer Edwards could complete locking the cell door and take Claimant's arm, Claimant proceeded down the stairs in violation of orders to wait to be escorted. See Exhibit "A". Claimant, by his own admission, tripped and tumbled down the stairs. See Exhibit "B".
3. Claimant suffered redness to the left shoulder, left forehead, left elbow, but able to lift left arm to shoulder height in all position with complaint of pain with movement. Claimant did have a follow up visit in the infirmary and x-rays, but no breaks were found.
4. Had Claimant waited to be escorted as per the policy, the incident very well could have been avoided. The policy is in place to prevent such accidents from happening. Once Claimant began falling down the stairs, there was nothing Officer Edwards could do.
5. A motion to dismiss is proper when there are no facts upon which relief can be granted. ARCP 12(B)(6). Claimant has shown no facts upon which he is entitled to relief and therefore this claim should be dismissed.

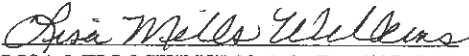
WHEREFORE, for the reasons stated about and the evidence submitted, the Claims filed should be dismissed.

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 TO DISMISS has been served this 22 day of April, 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

ORVIL LOFTIS (ADC # 103901)
NCU
10 PRISON CIRCLE
CALICO ROCK, AR 72519


LISA MILLS WILKINS Ark. Bar #87190

INMATE NAME: Loftis, Orvil D.

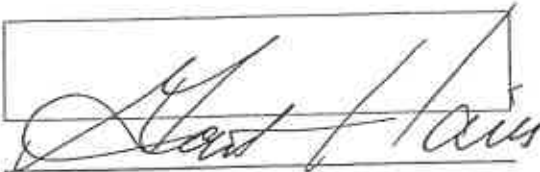
ADC #: 103901

GRIEVANCE#: DR-13-00236

I have received your formal grievance dated 04/22/13 in reference to being escorted to the shower in G-Pod by Officer Edwards and slipped on stairway and fell down a flight of stairs.

After reviewing all supporting documentation, I have determined that this entire matter was investigated and the appropriate action was taken concerning your accident and proper protocol for treatment of any injuries. It was determined that before Officer Edwards could take your arm while escorting, you moved quickly from your cell before he could lock the door. In the future, I suggest you stand by your cell door while it is being locked and allow the Officer to assist you.

Appeal denied due to this matter being resolved at the Unit Level and the appropriate corrective action was taken.



Director

5-6-2013
Date

RECEIVED

JUN 10 2013

WARDEN'S OFFICE

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Delta Regional UnitName Orville Dale LoftisADC# 103901 Brks # Max 2 Job Assignment N/A

FOR OFFICE USE ONLY

GRV. # DR-13-00256Date Received: 4-29-13GRV. Code #: 8034-26-2013 (Date) STEP ONE: Informal Resolution4-29-2013 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Officer Edwards did not open the door; it was officer Jones who opened the door; where Edwards along with another officer should have had hands on Unit Policy "post order" for punitive segregation clearly states that two officers are to escort inmate at all times

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 4-12-2013 at approx. 6:30 pm while being escorted to

a shower stall in G-Pod from H-Pod by Jeromy Edwards (COT). I tripped down a flight of stairs and was injured in several places of my body. This occurred while ADC officer Jeromy Edwards just stood by watching me fall without making an effort to grab a hold of me to keep me from falling any further (withstanding more injuries). Officer Eugene Jones at this was escorting inmate Chambers to the shower (behind us) wherefore they both (inmate Chambers and officer Jones) were as I fell. This incident could have, and "should have" been avoided. If Sgt. Michael Ballard would have been following A.D.C. protocol - by supervising his officers so as to ensure that there were two officers escorting each inmate (while inmates are in restraints) rather than allowing just one officer per inmate to escort that night, of 4-12-2013, I feel as though the incident would not have happened if we had two officers on both sides of me (holding me) while being escorted down the stairway. But, because of Sgt. Ballard's neglect to comply to ADC policy and procedure, to oversee (supervise) his under-ranked officers so as to ensure my safety; I was wrongfully injured. There should have been the proper amount of security officers to protect me from being hurt while being escorted. However there was not, due to Sgt. Michael Ballard neglected his duties as senior officer that post, to follow the ADC policy and procedures. He (Ballard) was out of compliance of ADC pol (A.R. 404 & A.R. 407)

Inmate Signature Dale LoftisDate 4-26-2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-26-13 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) Sgt. D. Tange ID Number 6153 Staff Signature Sgt. D. Tange Date Received 4-26-13

Describe action taken to resolve complaint, including dates: Sgt. Ballard stated that you were being escorted to the shower from H-Pod to G-Pod and when officer Edwards opened the door you proceeded to the shower before officer Edwards could place handcuffs on your handcuffs he said A.R. 404 & 407 does not state you need two officers

Staff Signature & Date Returned Dale Loftis 4-28-13 Inmate Signature & Date Received Dale Loftis 4-28-13

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? RECEIVED (Yes or No). Date: _____

Staff Who Received Step Two Grievance: _____

Action Taken: _____ (Forwarded to Grievance Office/Other) Date: _____

If forwarded, provide name of person receiving this form: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipt to Inmate After Completion of Step One and Step Two



Exhibit

OFFICE OF THE WARDEN
GRIEVANCE DIVISION
ADMINISTRATIVE SERVICES

33

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas Claims Commission
MAY 01 2015
RECEIVED

ORVIL LOFTIS (ADC #103901)

CLAIMANT

V.

NO. 15-0044-CC

ARKANSAS DEPARTMENT OF CORRECTIONS

RESPONDENT

ANSWER

COMES NOW, the Claimant Orvil Loftis (ADC #103901), and for its ANSWER to the Respondent's Motion to Dismiss, states and alleges as follows:

1. Claimant states claim and proves claim for failure to follow policy, in result, negligence, personal injury, and pain and suffering was initiated when respondent failed to provide adequate care while in restraints. Claimant seeks \$36,000.00 in damages.

SEE: Original Claim filed by Claimant on July 23, 2014 – Also - SEE: Respondent's First (1st) Motion to Dismiss filed August 6, 2014 to concur Claimant is seeking \$36,000.00 in damages rather than \$12,000.00 in which the Respondent is stating that Claimant is seeking via Respondent's second Motion to Dismiss dated April 22, 2015.

2. After Claimant's "Answer" to Respondent's first Motion to Dismiss dated August 13, 2014. A hearing was conducted by the Claims Commission on the matter. And as a result the Claims Commission (after finding of facts) unanimously denied and dismissed the Respondent's Motion to Dismiss on September 11, 2014, and thus

set the Claim for a hearing. SEE: STATE CLAIMS COMMISSION DOCKET
OPINION (NO. 15-0044-CC) Date of Disposition September 11, 2014 to concur.

3. Arkansas Law requires fact pleading, and Claimant used the necessary procedure herein to prove "Facts" in the administrative grievance procedure, which were found by appeal committee to have merit.

SEE: Exhibits A thru G

4. Per proper security practices (as in policy) for escorting inmates in restraints. There will be two officers escorting the inmate "at all times" so that the safety of the restrained inmate is well protected.

SEE: Exhibits D, and E to concur.

5. In the Respondent's Motion to Dismiss (Paragraph 2.) Respondent's statement is inconsistent with the evidence of fact in this matter. SEE: Video surveillance records, as well as Exhibits A, B, D and E to see that there is a real inconsistency in the corroboration of factual evidence and Respondent's statement in this case.

Specifically, in Exhibit A. Per Officer Edwards and Sgt. Ballard. "SEE: reports they wrote on this incident",

Officer Edwards stated he was not escorting Claimant. But then in Exhibit D. Officer Sgt. Ballard stated that Claimant was being escorted by Officer Edwards. Therefore "proving" (with intent to deceive). That the very statement's from the Respondent herein are so irreparably tainted. Consequently making it impossible to conform those statements to the actual "factual evidence" in this matter.

SEE: Exhibits A, and D to concur.

6. When Respondent granted Claimant merit in Exhibits B and E. Analogically Respondent admitted liability in this Claim.

SEE: Exhibits B and E

7. According to Ark.R.Civ.P. 3(A)(1). A statement in ordinary and concise language of facts showing that the court has jurisdiction of the claim and is the proper venue and that the pleader is entitled to relief. (2) A demand for the relief to which the Claimant consider himself entitled.
8. Respondent brings no new evidence to show cause why this Claim should be Dismissed. Rather the Respondent only reiterates the same exact reason, quoting ARCP 12(b)(6) for dismissal. Which was unanimously denied thereof by the Claims Commission on September 11, 2014. And therefore in that same respect the decision should remain.

Wherefore, for the reasons cited above the Claimant prays that the Respondents Motion to Dismiss not be granted, and thus dismissed, and the Claimant have the opportunity to be heard by the Commission, and the Commission grant no additional investigation in this matter.

That the Commission will set this Claim for a hearing and all parties notified accordingly.

Respectfully Submitted

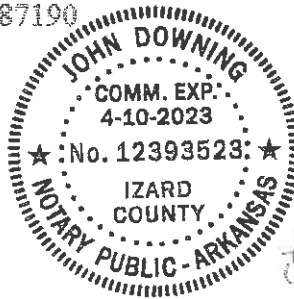
Claimant

Orvil Dale Loftis
Orvil Loftis (ADC #10390)
10 Prison Circle
Calico Rock, AR. 72519

CERTIFICATE OF SERVICE

I certify that a copy of the "Answer" has been served this 29th day of April 2015 on the below Respondent by placing a copy of the same in the U.S. Mail, regular postage to:

Lisa Mills Wilkins Ark. Bar #87190
Attorney Supervisor - (ADC)
P.O. Box 8707
Pine Bluff, AR. 71611



4-29-2023
DATE

Orvil Dale Loftis
Orvil Dale Loftis (ADC #107401)

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public on this 29th day of April 2015

John Downing
NOTARY PUBLIC

My Commission Expires 4-10-2023

UNIT LEVEL GRIEVANCE FORM (Attachment I) MAY 01 2015Unit/Center Delta Regional UnitName Orvil Dale Loftis

RECEIVED

FOR OFFICE USE ONLY

GRV. # DR-13-00236Date Received: 4-22-13GRV. Code #: 803ADC# 103901 Brks # Max #2 Job Assignment N/A4-15-13 (Date) STEP ONE: Informal Resolution4-22-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Officer Jeromy Edwards was escorting me to the shower and I did fall in this manner. The cameras and Jones report will show this.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 4-12-2013 at approximately 6:30 p.m., I inmate Orvil Dale Loftis (while being escorted to a shower stall in Gr-Pod from my cell in H-Pod (H-7)) by A.D.C. officer Jeromy Edwards (P.D. Shift)-here at the Delta Reg. Unit in Dermott, AR.) became a little dizzy and tripped up on a slippery concrete stairway, and fell down a flight of stairs. I tumbled, and rolled, hitting my head on a metal railing hard, and my shoulder, elbow, and knee hitting hard on the concrete steps (stairs), along with my neck, and lower back landing hard on the corner edges of the steps, all the while with restraints (handcuffs) on my wrist behind my back) as I fell all the way to the floor in a downward direction.

All this occurred while officer Jeromy Edwards "looked on", neglecting to grab a hold of me to protect me from being subject to unsafe conditions, posing an even more substantial risk of serious physical harm, and bodily injuries.

The "seemingly very untrained" officer Jeromy Edwards was unsupervised by his senior officer A.D.C. Sgt. Michael Ballard, and thus was allowed to disregard his training and neglect his duties in following prison policy and procedures...-(when escorting an inmate in restraints). [See: Administrative Regulations 403 & 404]

Inmate Signature Dale Loftis ADC #103901Date 4-15-2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/16/13 (date), and determined to be **Step One** and/or an Emergency Grievance No (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: Sgt. A. Tour

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number 0Staff Signature Sgt. A. TourDate No4/16/13

Date Received

Describe action taken to resolve complaint, including dates:

Per Officer Edwards and Sgt. Ballard see reports the note on this incident. Early 2013
Per Mr. Edwards: he was not escorting inmate Loftis and did not fall down in the manner
in which he is stating
4/21/13

Staff Signature & Date Returned

Inmate Signature & Date Received Dale Loftis 4-22-13This form was received on MAY 01 2013 (date), per Step Two. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance:

Date:

Action Taken:

(Forwarded to SUPERVISOR)

INMATE RECEIVED BUILDING

If forwarded, provide name of person receiving this form:

Date:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back

IGTT410
3GS

Attachment III

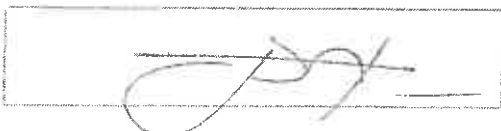
INMATE NAME: Loftis, Orvil D.

ADC #: 103901C

GRIEVANCE #: DR-13-00236

WARDEN/CENTER SUPERVISOR'S DECISION

Your grievance dated 4-15-13 concerning falling down the stairs on 4-12-13 has been reviewed. Due to the issues of this matter, action deemed necessary is being initiated. Therefore, your grievance is with merit.



Signature of Warden/Supervisor or Designee

WARDEN

Title

5/2/2013
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? *FOR THE AFFOREMENTION (ABOVE) RESPONSE DOES NOTHING TO ASSURE ME THAT OFFICERS EDWARDS AND BALLARD HAVE BEEN DISCIPLINED FOR THEIR UNETHICAL CONDUCTS (OF DISREGARDING POLICY), WHICH ENTAILED ME BEING INJURED.*

NOR HAVE I BEEN COMPENSATED IN ANY FORM FOR MY INJURIES THAT CAME VIA - THESE A.D.C. OFFICERS NEGLECTING THEIR DUTIES; TO ENSURE THAT THIS TYPE OF NEGLECT DOES'NT CONTINUE TO HAPPEN BY OTHER A.D.C. OFFICERS "IN THE FUTURE".

FURTHERMORE, I HAVE YET TO BE TREATED FOR MY INJURIES, AND ACHES AND PAINS ASSOCIATED WITH THOSE INJURIES CONCERNING ME FALLING DOWN THE STAIRS ON 4-12-2013. AFTER MANY SICK CALLS AND DOCTOR REFERRALS.



Inmate Signature

103901

ADC#

5-21-2013

Date

RECEIVED

MAY 28 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

INMATE NAME: Loftis, Orvil D.

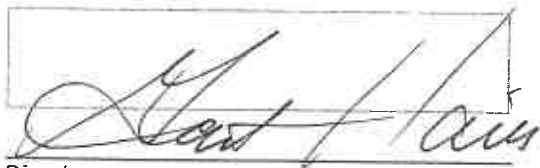
ADC #: 103901

GRIEVANCE#: DR-13-00236

I have received your formal grievance dated 04/22/13 in reference to being escorted to the shower in G-Pod by Officer Edwards and slipped on stairway and fell down a flight of stairs.

After reviewing all supporting documentation, I have determined that this entire matter was investigated and the appropriate action was taken concerning your accident and proper protocol for treatment of any injuries. It was determined that before Officer Edwards could take your arm while escorting, you moved quickly from your cell before he could lock the door. In the future, I suggest you stand by your cell door while it is being locked and allow the Officer to assist you.

Appeal denied due to this matter being resolved at the Unit Level and the appropriate corrective action was taken.



Director

Date

5-6-2013

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Delta Regional Unit

Name Orvil Dale Loftis

ADC# 103901 Brks # Max #2 Job Assignment N/A

4-26-2013 (Date) STEP ONE: Informal Resolution

4-29-2013 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Officer Edwards did not open the door where Edwards along with another officer should have had hands on Unit Policy "post order" for punitive segregation clearly states that two officers are to escort inmate at all time

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 4-12-2013 at approx. 6:30 pm while being escorted to a shower stall in G-Pod from H-Pod by Jeremy Edwards (COT). I tripped down a flight of stairs and was injured in several places of my body. This occurred while ADC officer Jeremy Edwards just stood by watching me fall without making an effort to grab a hold of me to keep me from falling any further (withstanding more injuries). Officer Eugene Jones at this was escorting inmate Chambers to the shower (behind us) wherefore they both (inmate Chambers and officer Jones) what as I fell. This incident could have, and "should have" been avoided. IF Sgt. Michael Ballard would have been following A.D.C. protocol - by supervising his officers so as to ensure that there were two officers escorting each inmate (while inmates are in restraints) rather than allowing just one officer per inmate to escort that night, of 4-12-2013. I feel as though the incident would not have happened if would had two officers on both sides of me (holding me) while being escorted down the stairway. But, because of Sgt. Ballard's neglect to comply to ADC policy and procedure, to oversee (supervise) his underranked officers so as to ensure my safety; I was wrongfully injured. There should have been the proper amount of security officers to protect me from being hurt while being escorted. However there was not, due to Sgt. Michael Ballard neglected his duties as senior officer, that post, to follow the ADC policy and procedures. He (Ballard) was out of compliance of ADC policy (A.R. 404 & A.R. 407).

Inmate Signature Dale Loftis #103901

Date 4-26-2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-26-13 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form:

Sgt. L. Tandy 6153 Sgt. L. Tandy
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date 4-26-13

Describe action taken to resolve complaint, including dates: Sgt. Ballard stated that you were being escorted to the shower from H-Pod to G-Pod and when Officer Edwards opened the door you proceeded to the shower before Officer Edwards could place hands on your handcuffs he said AR 404 & 407 does not state you need two officers per inmate
Sgt. Tandy 4-28-13
Staff Signature & Date Returned Inmate Signature & Date Received Dale Loftis 4-28-13

This form was received on (date), pursuant to **Step Two**. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: Date:

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date:

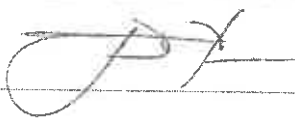
If forwarded, provide name of person receiving this form:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL Given back

INMATE NAME: Loftis, Orvil D.ADC #: 103901CGRIEVANCE #: DR-13-00256

WARDEN/CENTER SUPERVISOR'S DECISION

Your grievance dated 4-26-13 concerning falling down the stairs on 4-12-13 has been reviewed. Staff explained that when the door was opened to G-pod you proceeded without interaction directly to the shower before the officer could close the door and take proper control of your restraints. You should have waited for the officer to escort you. Also, it was discovered that security staff were escorting two inmates with 2 officers, which is not proper security practice. Corrective action has been taken concerning staff performance; however, you will not be advised of personnel action. Subsequently, your grievance is with merit.



Signature of Warden/Supervisor or Designee

WARDEN

Title

5/29/2013

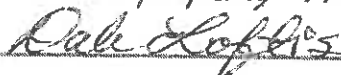
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? *It's so repulsive that Sergeant Michael Ballard would use such a defensive response - i.e., - to say that I should have waited for the officer to escort me, - in an attempt to cast the blame upon me in this matter. Rather, taking responsibility for his own actions - of "disregarding policy" and "neglecting his duties" as area supervisor... to ensure that the proper security measures were being administered when escorting me (while I was in restraints). Wherefore if one of the two officers in which "should have been escorting me" would have had their hands properly on me (in the securing of my safety) - as is the proper security practice for officers to follow - (set forth in the guidelines) - per A.D.C. policy. Then I would not have been injured, as this incident would not have occurred either.*

However, due to A.D.C. prison guards - (officers) at the Delta Regional Unit Prison, Jeremy Edwards, and Michael Ballard disregarding their training and A.D.C. policy and procedures. I was wrongfully injured... and thus, I have not been compensated in any type, form, or fashion. Nor have my injuries associated with this incident been properly treated, or cared for.



Inmate Signature

103901

ADC#

5-29-2013

Date

RECEIVED

JUN 12 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

42

IGTT430
3GD

Attachment VI

INMATE NAME: Loftis, Orvil D.

ADC #: 103901

GRIEVANCE#: DR-13-00256

I have received your formal grievance dated 04/29/13 in reference to being escorted to the shower in G-pod by Officer Edwards and you slipped and fell down a flight of stairs.

After reviewing all supporting documentation, I have determined that this entire matter was thoroughly investigated and appeal in grievance #DR-13-00236, which was responded to on 06/06/13 and needs no further discussion.

Based on the above stated information, I find no merit in your complaint.
Appeal denied.



Director

6-28-2013
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Delta Regional

Name Orvil Dale Loftis

ADC# 103901 Brks # Max #2 Job Assignment N/A

FOR OFFICE USE ONLY

GRV. # _____

Date Received: _____

GRV. Code #: _____

5-2-2013 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: _____

_____ (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): It is the Ark. Dept. of Correction policy to ensure secure procedures and safety precautions while escorting and/or transporting offenders at all times. As it is the policy of the Ark. Dept. of Correction that all employees are responsible for maintaining safety and sanitation procedures at this facility.

Additionally; policy states: to ensure that safety and sanitation are well planned, aggressively pursued, and continually supervised. As so it also states: Promoting facility safety and sanitation is the responsibility of every offender and employee. [Sec: Administrative Regulations 404 and 407.]

Therefore, it was the responsibility of every Chief Commanding A.D.C. officer/ Official from Sgt. Michael Ballard, Lieutenant Lilly Phillips, Captain Roderick Johnson, Major Michael Lowe, to Deputy Warden James Gibson, and Senior Warden James (Jimmy) Ban here at the Delta Regional Unit A.D.C. to ensure that the proper safety precautions were administered, "aggressively pursued", and "continually supervised" - while I was being escorted in restraints on the night of 4-12-2013. However, the neglect on their part resulted in me being injured from these aforementioned A.D.C. officials disregarding the States prison policy and procedures.

Dale Loftis 103901
Inmate Signature

5-2-2013
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 5-2-13 (date), and determined to be Step One and/or an Emergency Grievance? Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt. D. [Signature] 6153 Sgt. D. [Signature] 5-2-13
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Capt Johnson stated that the appropriate disciplinary action has been taken on the appropriate date that was occurring when you felt, and has been advised to do a better job when escorting inmates.
Sgt. D. [Signature] 5-6-13 Dale Loftis 5-6-2013
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL** - to Inmate After Completion of Step One and Step Two.

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 12,000.00?

Claim No. 15-0044-CC

<u>Orvil Loftis, #103901</u> Claimant		<u>Attorneys</u>	
vs.		<u>Pro se</u> Claimant	
<u>AR Dept. of Correction</u> Respondent		<u>Lisa Wilkins, Attorney</u> Respondent	
<u>State of Arkansas</u>			
<u>Date Filed</u>	<u>July 23, 2014</u>	<u>Type of Claim</u>	<u>Failure to Follow Procedure, Pain & Suffering, Negligence, Personal Injury</u>

FINDING OF FACTS

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss" for reasons set forth in paragraphs 2, 3, and 4 contained in the motion. Therefore, this claim is hereby unanimously denied and dismissed.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss" for reasons set forth in paragraphs 2, 3, and 4 contained in the motion. Therefore, this claim is hereby unanimously denied and dismissed.

Date of Hearing May 14, 2015

Date of Disposition May 14, 2015

<u>H. H. H.</u>	Chairman
<u>M. H.</u>	Commissioner
<u>J. H.</u>	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.

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas Claims Commission

JUN 08 2015

PETITION FOR RECONSIDERATION

RECEIVED

Comes now the Claimant, and for his "Motion for Reconsideration" from the decision rendered by Claims Commission on May 14, 2015:

1. On September 11, 2014, Claims Commission "unanimously" denied and dismissed Respondent's Motion to Dismiss, and a Hearing was to be set.
2. The said Hearing never took place and Claimant's Claim was placed on hold by the Commission, awaiting a Hearing Date.
3. Before the Commission rendered a decision to deny Respondent's Motion to Dismiss, Claimant made attempts to contact Commission / and Respondent to determine the actions and course of said Hearing. (See: Commission's response letters dated Aug. 4, 2014, Aug. 12, 2014 and Mar. 6, 2015)
4. On April 22, 2015, the Respondent filed another Motion to Dismiss, under the same character and evidence submitted by Claimant which proved officer's involvement in his failure to follow proper procedures passed down to the officer during his orientation as an O.J.T. (On-Job-Training) Segment of Hiring. Which led to the Claimant's suffering, serious injury and negligence on the officer's part. (See: Ex's B & E Wardens Answer / Decision, See highlighted sections)
5. On May 14, 2015, the same Commission Officer (Chairman) who denied Respondent's 1st Motion to Dismiss, granted Respondent's 2nd Motion to Dismiss without giving Claimant the said set Hearing that was suppose to be scheduled by the Commission's Chairman at the September 11th, **2014** hearing.

6. The Claimant asks that the Commission grant this Claim, and the said monetary damages of the claim, or the Commission have both parties appear before the commission in a Hearing within (7) seven working days, for both Parties to present all evidence. This will show the Commission is not prejudice against Claimant for being incarcerated, and fairness in justice is in the best interest of the Chairman, and the Commission for State Claims of Arkansas.
7. This Motion for Reconsideration is proper when all facts supporting where officer's failed to follow Procedure and Policy which led to Claimant suffering body injury. Respondent has failed to provide any evidence to prove officer's innocence, and all evidence of statements submitted and Claimant should be Granted Reconsideration and all damages awarded.

WHEREFORE for the reasons states above and the Evidence and Statements submitted, this Claim should be granted.

Respectfully Submitted

Orvil Dale Loftis

Orvil Loftis #103901

Pro Se Claimant

North Central Unit (ADC)

10 Prison Circle

Calico Rock, AR. 72519

I Certify that a copy of this Motion for Reconsideration has been served this 14th day of June, 2015 on the Arkansas State Claims Commission.

Orvil Dale Loftis

Orvil Loftis #103901

EXHIBIT B.

IGTT410
JGS

Attachment III

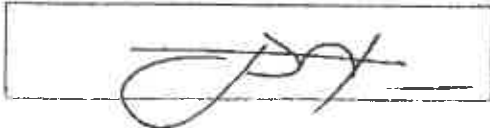
INMATE NAME: Loftis, Orvil D.

ADC #: 103901C

GRIEVANCE #: DR-13-00236

WARDEN/CENTER SUPERVISOR'S DECISION

Your grievance dated 4-15-13 concerning falling down the stairs on 4-12-13 has been reviewed. Due to the issues of this matter, action deemed necessary is being initiated. Therefore, your grievance is with merit.



Signature of Warden/Supervisor or Designee

WARDEN

Title

5/2/2013
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? *FOR THE AFFOREMENTION (ABOVE) RESPONSE DOES NOTHING TO ASSURE ME THAT OFFICERS EDWARDS AND BALLARD HAVE BEEN DISCIPLINED FOR THEIR UNETHICAL CONDUCTS (OF NSREGARDING POLICY), WHICH ENTAILED ME BEING INJURED.*

NOR HAVE I BEEN COMPENSATED IN ANY FORM FOR MY INJURIES THAT CAME VIA - THESE A.D.C. OFFICERS NEGLECTING THEIR DUTIES, - TO ENSURE THAT THIS TYPE OF NEGLECT DOES'NT CONTINUE TO HAPPEN BY OTHER A.D.C. OFFICERS "IN THE FUTURE".

FURTHERMORE, I HAVE YET TO BE TREATED FOR MY INJURIES, AND ACHES AND PAINS ASSOCIATED WITH THOSE INJURIES CONCERNING ME FALLING DOWN THE STAIRS ON 4-12-2013. AFTER MANY SICK CALLS AND DOCTOR REFERRALS.

Orvil D. Loftis
Inmate Signature

103901
ADC#

5-21-2013
Date

RECEIVED

MAY 28 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

EXHIBIT E.

IGTT410
3GS

Attachment III

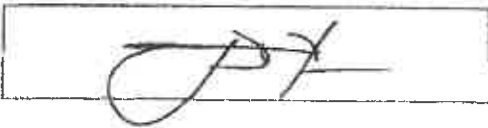
INMATE NAME: Loftis, Orvil D.

ADC #: 103901C

GRIEVANCE #: DR-13-00256

WARDEN/CENTER SUPERVISOR'S DECISION

Your grievance dated 4-26-13 concerning falling down the stairs on 4-12-13 has been reviewed. Staff explained that when the door was opened to G-pod you proceeded without interaction directly to the shower before the officer could close the door and take proper control of your restraints. You should have waited for the officer to escort you. Also, it was discovered that security staff were escorting two inmates with 2 officers, which is not proper security practice. Corrective action has been taken concerning staff performance; however, you will not be advised of personnel action. Subsequently, your grievance is with merit.



Signature of Warden/Supervisor or Designee

WARDEN

Title

5/28/2013
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? *It's so repulsive that Sergeant Michael Ballard would use such a defensive response - i.e., - to say that I should have waited for the officer to escort me, - in an attempt to cast the blame upon me in this matter. Rather, taking responsibility for his own actions - of "disregarding policy" and "neglecting his duties" as area supervisor... to ensure that the proper security measures were being administered when escorting me (while I was in restraints). Wherefore if one of the two officers in which should have been escorting me would have had their hands properly on me (in the securing of my safety) - as is the proper security practice for officers to follow - (set forth in the guidelines) - per A.D.C. policy. Then I would not have been injured, as this incident would not have occurred either.*

However, due to A.D.C. prison guards (officers) at the Delta Regional Unit Prison, Jeremy Edwards, and Michael Ballard disregarding their training and A.D.C. policy and procedures. I was wrongfully injured... and thus, I have not been compensated in any type, form, or fashion. Nor have my injuries associated with this incident been properly treated, or cared for.

Orvil D. Loftis

Inmate Signature

103901

ADC#

5-29-2013

Date

RECEIVED

JUN 12 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 12,000.007

Claim No. 15-0044-CC

Orvil Loftis, #103901 Claimant
vs.

Attorneys

Pro se Claimant

AR Dept. of Correction Respondent
State of Arkansas

Lisa Wilkins, Attorney Respondent

Date Filed July 23, 2014

Type of Claim Personal Injury, Negligence,
Pain & Suffering, Failure to Follow
Procedure

FINDING OF FACTS

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that was not previously available. Therefore, the Commission's May 14, 2015, order remains in effect.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that was not previously available. Therefore, the Commission's May 14, 2015, order remains in effect.

Date of Hearing June 11, 2015

Date of Disposition June 11, 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.

50

JUN 30 2015

RECEIVED

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ORVIL LOFTIS

GENERAL ASSEMBLY

CLAIMANT

v.

(Claim # 15-0044-CC)

ARK. DEPT. OF CORR.

"NOTICE OF APPEAL"

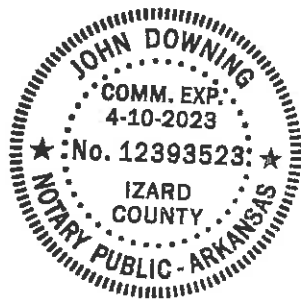
RESPONDENT

Comes now the Claimant, and for his "Notice of Appeal", from the decision rendered by Claims Commission to Deny Claimant's "Motion for Reconsideration" on June 11, 2015.

1. Claimant's original hearing was ignored and never granted for reasons the commission never explained.
2. Commission denied Respondent's original "Motion to Dismiss" and set a hearing on September 11, 2014.
3. Respondent's same exact "Motion to Dismiss" granted (for reasons that prove Officer's guilt of neglect with resulted in Claimant's injury and pain and suffering); on May 14, 2015.
4. Commission denied Claimant's "Motion for Reconsideration" for reasons Claimant didn't submit new evidence, when the original evidence showed guilt on Officers part. "Original Evidence granted Claimant a Hearing by Commission". "Original Evidence was enough for Commission to deny Respondent's first "Motion to Dismiss" and set Hearing. (See: Sept. 11, 2014 Conclusion)
5. See: Exhibit B - Attachment III - of Grievance process, Warden took action on Officer. See: Exhibit C - Attachment IV - of Grievance process, shows Officer's guilt of not following proper procedure. See: Exhibit E - Attach III - highlighted section Warden's stated Officer didn't follow proper security practice, Warden granted merit to complaint.

6. This "Notice of Appeal" is proper and ask the General Assembly to Grant Claimant's Appeal and Grant Claimant the Original Oral Hearing that was set forth by the Denial of Respondent's "Motion to Dismiss" made by the Commission on September 11, 2014

WHEREFORE for the reasons stated in the above paragraphs, Claimant ask the General Assembly to Grant Claimant's **Appeal, AND SET THIS CLAIM FOR HEARING.**



Respectfully Submitted,

Orvil Dale Loftis
Orvil Lotis #103901
Pro Se Claimant
North Central Unit
10 Prison Circle
Calico Rock, AR 72519

6-25-15

Date

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public on this 25th
day of June, 2015

John Downing
NOTARY PUBLIC

My Commission Expires 4-10-2023

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Delta Regional Unit

Name Orvil Dale Loftis

ADC# 103901 Brks # Max #2 Job Assignment N/A

4-15-13 (Date) STEP ONE: Informal Resolution

4-22-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Officer Jeremy Edwards was escorting me to the shower and I did fall in this manner. The cameras and Jones report w/ show this.
(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 4-12-2013 at approximately 6:30pm, I inmate Orvil Dale Loftis (while being escorted to a shower stall in G-Pod from my cell in H-Pod(H-77) by A.D.C. officer Jeremy Edwards (P.D-Shift) - here at the Delta Reg. Unit in Dermott, AR.) became a little dizzy and tripped up on a slippery concrete stairway, and fell down a flight of stairs. I tumbled and rolled, hitting my head on a metal railing hard, and my shoulder, elbow and knee hitting hard on the concrete steps (stairs); along with my neck, and lower back landing hard on the corner edges of the steps, all the while with restraints (handcuffs) on my wrist behind my back) as I fell all the way to the floor in a downward direction.

All this occurred while Officer Jeremy Edwards "looked on", neglecting to grab a hold of me to protect me from being subject to unsafe conditions, posing an even more substantial risk of "serious physical harm" and bodily injuries.

The "seemingly very untrained" Officer Jeremy Edwards was unsupervised by his senior Officer A.D.C. Sgt. Michael Ballard; and thus was allowed to disregard his training, and neglect his duties in following prison policy and procedures... (when escorting an inmate in restraints). [See: Administrative Regulations 403 & 404]

Dale Loftis ADC # 103901
Inmate Signature

4-15-2013
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4/16/13 (date), and determined to be **Step One** and/or an Emergency Grievance NO (Yes or NO). This form was forwarded to medical or mental health? NO (Yes or NO). If yes, name of the person in that department receiving this form:

Sgt. A. Lewis 0 Sgt. A. Lewis
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date 4/16/13

Describe action taken to resolve complaint, including dates: Per Officer Edwards and Sgt. Ballard see reports they wrote on this incident. Ed said he saw Per Mr. Edwards he was not escorting inmate Loftis and did let fall down in the H-Pod in which he is staying.

Sgt. A. Lewis 4/21/13 **RECEIVED** Dale Loftis 4-22-13
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on 4-22-13 (date) per 4-22-13 **Step Two**. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: Date:

Action Taken: (Forwarded to Supervisor Inmate Grievance Officer/Warden/Other) Date:

If forwarded, provide name of person receiving this form: Date:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE**-Grievance Officer: **ORIGINAL**-Given back

EXHIBIT B.

IGTT410
3GS

Attachment III

INMATE NAME: Loftis, Orvil D.

ADC #: 103901C

GRIEVANCE #: DR-13-00236

WARDEN/CENTER SUPERVISOR'S DECISION

Your grievance dated 4-15-13 concerning falling down the stairs on 4-12-13 has been reviewed. Due to the issues of this matter, action deemed necessary is being initiated. Therefore, your grievance is with merit.



Signature of Warden/Supervisor or Designee

WARDEN

Title

5/2/2013
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? *FOR THE AFFOREMENTION (ABOVE) RESPONSE DOES NOTHING TO ASSURE ME THAT OFFICERS EDWARDS AND BALLARD HAVE BEEN DISCIPLINED FOR THEIR UNETHICAL CONDUCTS (OF DISREGARDING POLICY), WHICH ENTAILED ME BEING INJURED.*

NOR HAVE I BEEN COMPENSATED IN ANY FORM FOR MY INJURIES THAT CAME VIA - THESE A.D.C. OFFICERS NEGLECTING THEIR DUTIES; TO ENSURE THAT THIS TYPE OF NEGLECT DOES'NT CONTINUE TO HAPPEN BY OTHER A.D.C. OFFICERS "IN THE FUTURE".

FURTHERMORE, I HAVE YET TO BE TREATED FOR MY INJURIES, AND ACHES, AND PAINS ASSOCIATED WITH THOSE INJURIES CONCERNING ME FALLING DOWN THE STAIRS ON 4-12-2013. AFTER MANY SICK CALLS AND DOCTOR REFERRALS,



Inmate Signature

103901

ADC#

5-21-2013

Date

RECEIVED

MAY 28 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

EXHIBIT C.

IGTT430
3GD

Attachment VI

INMATE NAME: Loftis, Orvil D.

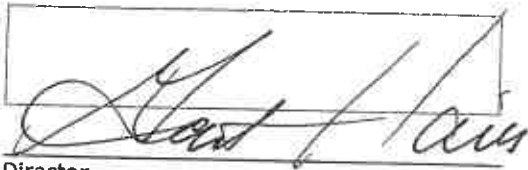
ADC #: 103901

GRIEVANCE#: DR-13-00236

I have received your formal grievance dated 04/22/13 in reference to being escorted to the shower in G-Pod by Officer Edwards and slipped on stairway and fell down a flight of stairs.

After reviewing all supporting documentation, I have determined that this entire matter was investigated and the appropriate action was taken concerning your accident and proper protocol for treatment of any injuries. It was determined that before Officer Edwards could take your arm while escorting, you moved quickly from your cell before he could lock the door. In the future, I suggest you stand by your cell door while it is being locked and allow the Officer to assist you.

Appeal denied due to this matter being resolved at the Unit Level and the appropriate corrective action was taken.



Director

Date

5-6-2013

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Delta Regional Unit

Name Orvil Dale Loftis

ADC# 103901 Brks # Max # 2 Job Assignment N/A.

FOR OFFICE USE ONLY

GRV. # DR-13-00256

Date Received: 4-29-13

GRV. Code #: 803

4-26-2013 (Date) STEP ONE: Informal Resolution

4-29-2013 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Officer Edwards did not open the door where Edwards along with another officer should have had hands on inmate at all time
Unit Policy "post order" for punitive segregation clearly states that two officers are to escort inmate at all time

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 4-12-2013 at approx. 6:30 pm while being escorted to a shower stall in G-Pod from H-Pod by Jeromy Edwards (COI)... I tripped down a flight of stairs and was injured in several places of my body. This occurred while ADC officer Jeromy Edwards just stood by watching me fall without making an effort to grab a hold of me to keep me from falling any further (withstanding more injuries). Officer Eugene Jones at this was escorting inmates to the shower (behind us) wherefore they both inmate Chambers and officer Jones were as I fell. This incident could have, and "should have" been avoided. If Sgt. Michael Ballard would have been following A.D.C. protocol - by supervising his officers so as to ensure that there were two officers escorting each inmate (while inmates are in restraints) rather than allowing just one officer per inmate to escort that night, of 4-12-2013, I feel as though the incident would not have happened if would have had two officers on both sides of me (holding me) while being escorted down the stairway. But, because of Sgt. Ballard's neglect to comply to ADC policy and procedure, to oversee (supervise) his underranked officers - so as to ensure my safety; I was wrongfully injured. There should have been the proper amount of security officers to protect me from being hurt while being escorted. However there was not, due to Sgt. Michael Ballard neglected his duties as senior officer that post, to follow the ADC policy and procedures. He (Ballard) was out of compliance of ADC policy (A.R. 404 & A.R. 407).

Inmate Signature Dale Loftis #103901

Date 4-26-2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-26-13 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form:

Sgt. D. Taylor 6153 Sgt. D. Taylor 4-26-13
 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Sgt. Ballard stated that you were being escorted to the shower from H-Pod to G-Pod and when Officer Edwards opened the door you proceeded to the shower before Officer Edwards could place hands on your handcuffs he said AR 404 & 407 does not state you need two officers
Escort + Rev Inmate Sgt. Taylor 4-26-13

Staff Signature & Date Returned Dale Loftis 4-28-13 Inmate Signature & Date Received

This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: Date: RECEIVED

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date:

If forwarded, provide name of person receiving this form: Date: JUN 12 2013

DISTRIBUTION: YELLOW & PINK - Inmate Receipts: RI, IIF, Grievance Officer, ADC, Inmate

EXHIBIT E.

IGTT410
3GS

Attachment III


INMATE NAME: Loftis, Orvil D.

ADC #: 103901C

GRIEVANCE #: DR-13-00256

WARDEN/CENTER SUPERVISOR'S DECISION

Your grievance dated 4-26-13 concerning falling down the stairs on 4-12-13 has been reviewed. Staff explained that when the door was opened to G-pod you proceeded without interaction directly to the shower before the officer could close the door and take proper control of your restraints. You should have waited for the officer to escort you. Also, it was discovered that security staff were escorting two inmates with 2 officers, which is not proper security practice. Corrective action has been taken concerning staff performance; however, you will not be advised of personnel action. Subsequently, your grievance is with merit.



Signature of Warden/Supervisor or Designee

WARDEN
Title

5/28/2013
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? *It's so repulsive that Sergeant Michael Ballard would use such a defensive response - i.e., - to say that I should have waited for the officer to escort me - in an attempt to cast the blame upon me in this matter. Rather, taking responsibility for his own actions - of "disregarding policy" and "neglecting his duties" as area supervisor... to ensure that the proper security measures were being administered when escorting me (while I was in restraints). Wherefore if one of the two officers in which "should have been escorting me" would have had their hands properly on me (in the securing of my safety) - as is the proper security practice for officers to follow - (set forth in the guidelines) - per A.D.C. policy. Then I would not have been injured, as this incident would not have occurred either.*

However, due to A.D.C. prison guards (officers) at the Delta Regional Unit Prison, Jeremy Edwards, and Michael Ballard disregarding their training and A.D.C. policy and procedures. I was wrongfully injured... and thus, I have not been compensated in any type, form, or fashion. Nor have my injuries associated with this incident been properly treated, or cared for.

Orvil Loftis

Inmate Signature

103901

ADC#

5-29-2013

Date

RECEIVED

JUN 12 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

57

EXHIBIT F.

IGTT430
3GD

Attachment VI

INMATE NAME: Loftis, Orvil D.

ADC #: 103901

GRIEVANCE#: DR-13-00256

I have received your formal grievance dated 04/29/13 in reference to being escorted to the shower in G-pod by Officer Edwards and you slipped and fell down a flight of stairs.

After reviewing all supporting documentation, I have determined that this entire matter was thoroughly investigated and appeal in grievance #DR-13-00236, which was responded to on 06/06/13 and needs no further discussion.

Based on the above stated information, I find no merit in your complaint.
Appeal denied.



Director

6-28-2013
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Delta Regional

Name Orvil Dale Loftis

ADC# 103901 Brks # Max 2 Job Assignment N/A

FOR OFFICE USE ONLY

GRV. # _____

Date Received: _____

GRV. Code #: _____

5-2-2013 (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: _____

_____ (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): It is the Ark. Dept. of Correction policy to ensure secure procedures and safety precautions while escorting and/or transporting offenders at all times. As it is the policy of the Ark. Dept. of Correction that all employees are responsible for maintaining safety and sanitation procedures at this facility.

Additionally; policy states: to ensure that safety and sanitation are well planned, aggressively pursued, and continually supervised. As so it also states: Promoting facility safety and sanitation is the responsibility of every offender and employee. [Sec: Administrative Regulations 404 and 407.]

Therefore, it was the responsibility of every Chief Commanding A.D.C. officer/ Official from Sgt. Michael Ballard, Lieutenant Lilly Phillips, Captain Roderick Johnson, Major Michael Lowe, to Deputy Warden James Gibson, and Senior Warden James (Jimmy) Brown here at the Delta Regional Unit A.D.C. to ensure that the proper safety precautions were administered, "aggressively pursued", and "continually supervised" - while I was being escorted in restraints on the night of 4-12-2013. However, the neglect there resulted in me being injured from these aforementioned A.D.C. officials disregarding the States prison policy and procedures.

Dale Loftis 103901

5-2-2013

Inmate Signature

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 5-2-13 (date), and determined to be Step One and/or an Emergency Grievance. Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____

Sgt. D. Johnson 6153 Sgt. D. Johnson 5-2-13
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Capt Johnson stated that the appropriate disciplinary actions have been taken on the appropriate staff that was escorting you when you felt, and her to advised to do a better job when escorting inmates.
Sgt. D. Johnson 5-6-13 Dale Loftis 5-6-2013

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

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