

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of ArkansasARKANSAS STATE
CLAIMS COMMISSION

MAR 3 2010

RECEIVED

☐ Mr.
☒ Mrs.
☐ Ms.
☐ Miss

Celeste Kassing, Claimant

vs.

State of Arkansas, Respondent
AR Highway & Transportation

Do Not Write in These Spaces	
Claim No.	10-0776-CC
Date Filed	March 3, 2010 (Month) (Day) (Year)
Amount of Claim	\$ 3,000,000.00
Fund	AHTD

COMPLAINT

Personal Injury/ Negligence/
Pain & Suffering, etc.

Celeste Kassing, the above named Claimant, of 20534 E. City Rd 157, Blair, Oklahoma 73526, County of Jackson, represented by Richard Whiffen, 109 S. Box 924, Interstate Dr., Sikeston, Mo 63801 573-471-0600 573-472-1477 says:

State agency involved: Highway and Transportation Amount sought: 3 million dollars

Month, day, year and place of incident or service: 6/16/07 US Hwy 64 in Cross County.

Explanation: I was driving a Semi with no trailer West bound on US Hwy 64. At the intersection of CR 521 a Semi pulling a spray rig failed to yield. I am unable to work permanently and my husband was killed. County Road 521 was missing its stop sign and the State knew or should have known it was down.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? No; when? to whom? and that the following action was taken thereon: (Department)

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? Yes; if so, state name and address: Sitton Motor Line, Joplin, MO 64801, Workers' Compensation, and that the nature thereof is as follows: payment of benefits, and was acquired on various dates 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.

Celeste Kassing
(Print Claimant/Representative Name)Celeste Kassing
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at

(SEAL)

on this 23rd day of July 2009
(Date) (City) (State) (Month) (Year)

(Notary Public)

My Commission Expires

NOTARY PUBLIC State of Oklahoma
 RENEE HOWARD
 Commission # 03007791
 Jackson County, Oklahoma
 Commission Expires June 08, 2011

(Day) (Year)

SF1- R7/99

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ARKANSAS STATE
CLAIMS COMMISSION

MAR 3 2010

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

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☐ Mr.
☒ Mrs.
☐ Ms.
☐ Miss

Celeste Kassing as Claimant
Personal Representative of the Estate
of David Kassing
State of Arkansas, Respondent
AR Highway & Transportation

Do Not Write in These Spaces	
Claim No.	10-0777-CC
Date Filed	March 3, 2010 (Month) (Day) (Year)
Amount of Claim	3,000,000.00
Fund	AHTD

COMPLAINT Wrongful Death

Celeste Kassing the above named Claimant, of 20534 E. Cray Rd 157 Blair
(Name) (Street or R.F.D. & No.) (City)
Oklahoma 73526 County of Jackson represented by Richard Whiffen
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claimant)
of P.O. Box 924 Sikeston Mo 63801 573-471-0600 573-472-1477 says:
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)
State agency involved: Highway and Transportation Amount sought: 3 million dollars

Month, day, year and place of incident or service: 6/16/07 US Hwy 64 in Cross County.
Explanation: I was driving a Semi with no trailer West bound on US Hwy 64. At
the intersection of CR 521 a Semi pulling a spray rig failed to yield.
I am unable to work permanently and my husband was killed.
County Road 521 was missing its stop sign and the State knew or should
have known it was down.

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? Yes : if so, state name and address
Sitton Motor Line Joplin Mo 64801
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)
and that the nature thereof is as follows: Workers' Compensation
: and was acquired on various dates in the following manner:
payment of benefits

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.

Celeste Kassing

(Print Claimant/Representative Name)

Celeste Kassing

(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Altus, OK

(City)

(State)

(SEAL)

on this 23rd day of July 2009

(Date)

(Month)

(Year)

NOTARY PUBLIC State of Oklahoma
RENEE HOWARD
Commission # 03007791

Jackson County, Oklahoma
Commission Expires June 08, 2011

SF1-R7/99

My Commission Expires:

(Month)

(Day)

(Year)

Celeste Kassing v. AHTD
10-0776-CC & 10-0777-CC

This claim was originally set up as two separate claims. They will now be combined and heard as one individual claim.

INSTRUCTIONS
SEE HANDBOOK

DECEDENT

NAME OF DECEDENT _____
DATE OF DEATH _____
USE BY Physician or Institution

SEE INSTRUCTIONS ON OTHER SIDE

1-800-555-5555

THEOREM

ENVIRONMENT

22

CALTECH

1990

3 AUGUST 1998

DECEASED NAME (Print Name, Last, First, Middle Initial) David Oscar Kassing Jr.		SEX Male		DATE OF BIRTH (Month, Day, Year) June 16, 2007	
4. SOCIAL SECURITY NUMBER 79		5a. UNDER 1 YEAR Months Days		5b. UNDER 1 DAY Hours Minutes	
6. PLACE OF BIRTH (Country only) Beatrice, Nebraska		7. BIRTHPLACE (Day and Date of Foreign Country) Beatrice, Nebraska			
8. MARITAL STATUS (Print Name of Spouse) Married		9. PLACE OF DEATH (City, Town, or Locality) Cross		10. COUNTY OF DEATH Cross	
11. MARITAL STATUS (Print Name of Spouse) Married		12. OCCUPATION (Print Name of Business or Industry) Trucking		13. KIND OF BUSINESS/INDUSTRY Trucking	
14. RESIDE IN STATE Oklahoma		15. COUNTY Payne		16. CITY, TOWN, OR LOCALITY OF DEATH Wynn	
17. ZIP CODE 73059		18. WAS DECEASED OF HISPANIC ORIGIN? (Specify Month, Year - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. RACE - American Indian, Black, White, etc. White	
20. EDUCATION (Print Name of School) 620 Freeman Rd.		21. DEGREE OF EDUCATION High School Graduate		22. TYPE OF BUSINESS/INDUSTRY Trucking	
23. FATHER'S NAME (Print Name) David O. Kassing Sr.		24. MOTHER'S NAME (Print Name) Matilda Kassing		25. MAILING ADDRESS (Print Name of Business, City or Town, State, Zip Code) 620 W. Freeman Rd. Perkins OK 73059	
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other		27. DATE OF DISPOSITION (Month, Day, Year) June 21, 2007		28. LOCATION OF DISPOSITION Fairview Cemetery, Apache, OK	
29. NAME AND ADDRESS OF FUNERAL HOME Huckley's Funeral Service, P.O. Box 1095, Valliant, OK 74764		30. LICENSE NUMBER 1300		31. TYPE OF DEATH Massive Trauma - (Head, Upper Body)	
32. IMMEDIATE CAUSE (Print Cause of Death) Massive Trauma - (Head, Upper Body)		33. UNDERLYING CAUSE (Print Cause of Death) Massive Trauma - (Head, Upper Body)		34. MANNER OF DEATH Accident	
35. TIME OF DEATH 10:00 PM		36. DATE OF DEATH June 16, 2007		37. TIME OF INJURY 10:00 PM	
38. PLACE OF INJURY 620 Freeman Rd.		39. LOCALITY OF INJURY Wynn		40. COUNTY OF INJURY Cross	
41. MEDICAL EXAMINER (Print Name of Medical Examiner) Dr. [Signature]		42. DATE OF EXAMINATION June 16, 2007		43. TIME OF EXAMINATION 10:00 PM	
44. SIGNATURE OF MEDICAL EXAMINER [Signature]		45. DATE OF SIGNATURE June 16, 2007		46. TIME OF SIGNATURE 10:00 PM	
47. SIGNATURE OF DECEASED [Signature]		48. DATE OF SIGNATURE June 16, 2007		49. TIME OF SIGNATURE 10:00 PM	
50. SIGNATURE OF WITNESS [Signature]		51. DATE OF SIGNATURE June 16, 2007		52. TIME OF SIGNATURE 10:00 PM	
53. SIGNATURE OF WITNESS [Signature]		54. DATE OF SIGNATURE June 16, 2007		55. TIME OF SIGNATURE 10:00 PM	
56. SIGNATURE OF WITNESS [Signature]		57. DATE OF SIGNATURE June 16, 2007		58. TIME OF SIGNATURE 10:00 PM	
59. SIGNATURE OF WITNESS [Signature]		60. DATE OF SIGNATURE June 16, 2007		61. TIME OF SIGNATURE 10:00 PM	
62. SIGNATURE OF WITNESS [Signature]		63. DATE OF SIGNATURE June 16, 2007		64. TIME OF SIGNATURE 10:00 PM	
65. SIGNATURE OF WITNESS [Signature]		66. DATE OF SIGNATURE June 16, 2007		67. TIME OF SIGNATURE 10:00 PM	
68. SIGNATURE OF WITNESS [Signature]		69. DATE OF SIGNATURE June 16, 2007		70. TIME OF SIGNATURE 10:00 PM	
71. SIGNATURE OF WITNESS [Signature]		72. DATE OF SIGNATURE June 16, 2007		73. TIME OF SIGNATURE 10:00 PM	
74. SIGNATURE OF WITNESS [Signature]		75. DATE OF SIGNATURE June 16, 2007		76. TIME OF SIGNATURE 10:00 PM	
77. SIGNATURE OF WITNESS [Signature]		78. DATE OF SIGNATURE June 16, 2007		79. TIME OF SIGNATURE 10:00 PM	
80. SIGNATURE OF WITNESS [Signature]		81. DATE OF SIGNATURE June 16, 2007		82. TIME OF SIGNATURE 10:00 PM	
83. SIGNATURE OF WITNESS [Signature]		84. DATE OF SIGNATURE June 16, 2007		85. TIME OF SIGNATURE 10:00 PM	
86. SIGNATURE OF WITNESS [Signature]		87. DATE OF SIGNATURE June 16, 2007		88. TIME OF SIGNATURE 10:00 PM	
89. SIGNATURE OF WITNESS [Signature]		90. DATE OF SIGNATURE June 16, 2007		91. TIME OF SIGNATURE 10:00 PM	
92. SIGNATURE OF WITNESS [Signature]		93. DATE OF SIGNATURE June 16, 2007		94. TIME OF SIGNATURE 10:00 PM	
95. SIGNATURE OF WITNESS [Signature]		96. DATE OF SIGNATURE June 16, 2007		97. TIME OF SIGNATURE 10:00 PM	
98. SIGNATURE OF WITNESS [Signature]		99. DATE OF SIGNATURE June 16, 2007		100. TIME OF SIGNATURE 10:00 PM	

ARKANSAS STATE
CLAIMS COMMISSION
3 2010

MAR 3 2010

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THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

AUG - 1 - 07

Michael A. Adams
State Registrar

WARNING

ANY REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

1309335

VB-112



Arkansas Uniform Motor Vehicle Collision Report

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Report Number

190607037

SUMMARY	Date	6/16/2007	Day	7 - Saturday	Time	10:57 AM	Time Notified	10:58 AM	Time Arrived	11:29 AM	Unit Assigned	D-11
	Road/Street/Highway				Latitude		Longitude		Section	Log Mile		
	U.S. 64 WEST				00° 00.0		00° 00.0		15	2.57		
	At Intersection With				Not at Intersection, But		Direction		Of Reference Point			
CR 145												
ENVIRONMENT	District	1	County	CROSS	County GLC	AR 05 037		City	City GLC			
	Hit and Run	Not in City, But		Direction	Of Reference City		Speed Limit Posted	Speed Limit	Speed Limit 2			
	<input type="checkbox"/> Yes	11.60 Mi		WEST	WYNNE		YES	55				
	<input checked="" type="checkbox"/> No	Number of Vehicles		Number of Witnesses		Pedestrian (Y/N)		Number of Pedestrians				
		2		1		NO		0				
ENVIRONMENT	Atmospheric Conditions				Light Conditions				Accident Locale			
	CLEAR				DAYLIGHT				RURAL			
	Surface Conditions				Road System				Road Surface			
	DRY				U.S. HIGHWAY				ASPHALT			
	Road Alignment				Road Profile				Traffic Lanes(%)		Traffic Flow	
	STRAIGHT				LEVEL				THREE		NOT DIVIDED	
CITATIONS	Construction/Maintenance Zone				Roadway Defects				Fire Occurrence			
	NO				NO DEFECTS				NO FIRE OCCURRENCE			
	Relation to Junction				Traffic Controls							
	INTERSECTION				NO TRAFFIC CONTROLS							
	Traffic Control Devices				Type of Collision							
	DEVICE NOT FUNCTIONING				ANGLE							
CITATIONS	Defendant - Last Name				Defendant - First Name				Defendant - MI		Defendant - Suffix	
	MOORE				DAVID				L			
	1	Charge				Statute				Citation Number		
	2	FAILURE TO YIELD				27-51-503				Pend 1st 5		
	3	Charge				Statute				Citation Number		
4	Charge				Statute				Citation Number			
OFFICER	Rank	Officer - Last Name		Officer - First Name		Officer - MI		Officer - Suffix				
	CPL	Stewart		Kelvin		W						
	Officer - Signature		Officer - Badge Number		Officer - Department							
			164		ASP - Troop D							
SUPERVISOR	Reviewing Officer		Date Filed		Photos							
					NO							
	Rank	Supervisor - Last Name		Supervisor - First Name		Supervisor - MI		Supervisor - Suffix				
	SGT	WATSON		CHARLES								
Supervisor - Signature		Supervisor - Badge Number		Supervisor - Department		Supervisor Da						
		317		ASP - Troop D								

ARKANSAS STATE
CLAIMS COMMISSION

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Arkansas Uniform Motor Vehicle Collision Report

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Report Number

190607037

D R I V E R	Driver - Last Name KASSING			Driver - First Name CELESTE			Driver - MI EILLEN		Driver - Suffix		Driver - Telephone # (800)-533-4765	
	Driver - Address 620 W FREEMAN RD			Driver - City PERKINS			Driver - State OK		Driver - Zip Code 74059 0000			
	Driver - License Number		DL State OK	DL Endorse.	DL Class A	DL Restrictions	Driver - Date of Birth 4/28/1957		Driver - Race CAUCASIAN		Driver - Sex FEMALE	
	CMV Supplement Req'd. YES		Driver - Ejection Code NOT EJECTED		Driver - Injury DISTORTED MEMBER		Driver - Vision Obscured NOT OBSCURED					
	Driver - Safety Equipment UNKNOWN											
	Test Requested (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Driver - Condition APPEARED NORMAL				Driver - Impairment UNKNOWN		Blood/Breath/Urine Results			
V E H I C L E	Trailers (Y/N) NO		Trailers (#)		Registration State		Plate Number					
	Owner - Last Name KASSING			Owner - First Name CELESTE			Owner - MI EILLEN		Owner - Suffix			
	Owner - Address 620 W FREEMAN RD			Owner - City PERKINS			Owner - State OK		Owner - Zip Code 74059 0000			
	License Plate (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Year 1995	Make PETERBILT	Model 377	Plate - Year 2007	Plate - State OK	Plate - Number 2HP768		Vehicle Identification Number 1XPCD68X3TD411569		
	Vehicle - Body CONV		Vehicle - Color 1 WHITE		Vehicle - Color 2		Vehicle Identification Number 1XPCD68X3TD411569					
	Insurance - Company Name UNKNOWN AT TIME OF REPO		Insurance - Policy Number		Prop. Damage NO		Estimated Damage \$15,000.00		Number of Passengers 1			
Vehicle Damage												
Point of Initial Contact <div style="display: flex; justify-content: space-around;"><div>TRAILER <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div></div><div>CAR <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div></div></div><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>												

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Arkansas Uniform Motor Vehicle Collision Report

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Report Number

190607037

D R I V E R	Driver - Last Name MOORE			Driver - First Name DAVID			Driver - MI L		Driver - Suffix		Driver - Telephone # (870)-697-3204	
	Driver - Address 6 CR 1670			Driver - City WYNNE			Driver - State AR		Driver - Zip Code 72396			
	Driver - License Number	DL State AR	DL Endorse.	DL Class A	DL Restrictions	Driver - Date of Birth 10/23/1960	Driver - Race CAUCASIAN		Driver - Sex MALE			
	CMV Supplement Req'd. YES	Driver - Ejection Code NOT EJECTED		Driver - Injury OTHER VISBLE INJURY		Driver - Vision Obscured NOT OBSCURED						
2	Driver - Safety Equipment UNKNOWN											
V E H I C L E	Test Requested (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Driver - Condition APPEARED NORMAL			Driver - Impairment UNKNOWN			Blood/Breath/Urine Results PENDING			
			Trailers (Y/N) YES		Trailers (#) 1		Registration State AR		Plate Number PT58718			
	Owner - Last Name PRIBBLE FARM PARTNERSHIP			Owner - First Name			Owner - MI		Owner - Suffix			
	Owner - Address 97 CR 145			Owner - City WYNNE			Owner - State AR		Owner - Zip Code 72396			
2	License Plate (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Year 1996	Make VOLVO	Model CONV		Plate - Year 2007	Plate - State AR	Plate - Number F218178		Vehicle Identification Number 4V4JDBJF8TN853832		
	Vehicle - Body CONV		Vehicle - Color 1 WHITE		Vehicle - Color 2		Vehicle Identification Number 4V4JDBJF8TN853832					
	Insurance - Company Name NATIONAL LIABILITY & FIRE			Insurance - Policy Number 73APR202768			Prop. Damage NO	Estimated Damage \$10,000.00	Number of Passengers 0			
	Vehicle Damage											
Point of Initial Contact <div style="display: flex; justify-content: space-around;"><div style="text-align: center;">TRAILER <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px solid black;"></div><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 20px;">TOP</div></div></div><div style="text-align: center;">CAR <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"><div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 1px solid black;"></div><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 20px;">TOP</div></div></div></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div style="text-align: center;"><input type="checkbox"/> Unknown</div><div style="text-align: center;"><input type="checkbox"/> Undercarriage</div></div>						Direction of Travel NORTH		Vehicle Action GOING STRAIGHT				
Collision Damage DISABLED						First Harmful Event ON ROADWAY						
First Harmful Collision With MV IN TRANSPORT												
Contributing Factors FAILURE TO YIELD												
Collision with fixed object NO COLLISION WITH FIXED OBJECT												
Vehicle Defects NO DEFECTS						Prior Vehicle Damage NO		Damage Location				
Vehicle Towed (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Towing Service DIAMOND D WRECKER				Address Vehicle Removed To 5055 HWY 70 WEST						
		City Vehicle Removed To FORREST CITY				State Vehicle Removed To AR		Zip Vehicle Removed To 72335				
Injury Transported (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EMS Notified 10:58 AM		EMS Arrived 11:12 AM		Transported By SOUTHERN PARAMEDIC SERVICE - WYNNE						
Hospital Name CROSSRIDGE COMMUNITY HOSPITAL						Hospital City WYNNE		Hospital State AR				



Arkansas Uniform Motor Vehicle Collision Report

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CARRIER	Gross Vehicle Rating <input type="checkbox"/> 10,001 to 26,000 Pounds <input type="checkbox"/> More than 26,000 Pounds		U.S. DOT # 02567 ICC MC #												
	Interstate Carrier <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Carrier Name SITTON MOTOR LINES Carrier City JPOLIN Carrier State MO Carrier Zip Code 64805												
	Cargo Body Type NOT APPLICABLE														
	Vehicle Configuration TRUCK TRACTOR (BOBTAIL)														
1	Sequence of Events (First) COLLISION WITH A MOTOR VEHICLE IN TRANSPORT														
	Sequence of Events (Second) RAN OFF ROADWAY														
	Sequence of Events (Third) OTHER														
	Sequence of Events (Fourth)														
2	Hat Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No		Haz Mat Leakage <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit Placard Number from diamond box 1 Digit Number from bottom of Diamond												
	Gross Vehicle Rating <input type="checkbox"/> 10,001 to 26,000 Pounds <input checked="" type="checkbox"/> More than 26,000 Pounds														
	U.S. DOT # UNKNOWN ICC MC # UNKNOWN														
	Interstate Carrier <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Carrier Name PRIBBLE FARM PARTNERSHIP Carrier City WYNNE Carrier State AR Carrier Zip Code 72396												
3	Cargo Body Type FLATBED														
	Vehicle Configuration TRACTOR/SEMI-TRAILER														
	Sequence of Events (First) COLLISION WITH A MOTOR VEHICLE IN TRANSPORT														
	Sequence of Events (Second) RAN OFF ROADWAY														
4	Sequence of Events (Third) OTHER														
	Sequence of Events (Fourth)														
	Hat Mat Placard <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Haz Mat Leakage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4 Digit Placard Number from diamond box NONE 1 Digit Number from bottom of Diamond NONE												
	PASSENGER														
1	Passenger - Last Name KASSING		Passenger - First Name DAVID		Passenger - MI O		Passenger - Suffix JR								
	Passenger - Address 620 W FREEMAN		Passenger - City PERKINS		Passenger - State OK		Passenger - Zip Code 73059								
	Position In/On Vehicle <table border="1"><tr><td><input checked="" type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input checked="" type="checkbox"/> 3</td></tr><tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 6</td></tr><tr><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 8</td><td><input type="checkbox"/> 9</td></tr></table>		<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Passenger - Race CAUCASIAN Passenger - Sex MALE Age 79 Passenger - Occupancy VEHICLE #1	
	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3												
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6													
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9													
Safety Equipment Used NONE USED Ejection Code PARTIALLY EJECTED Injury Code FATAL INJURY															



Arkansas Uniform Motor Vehicle Collision Report

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Report Number

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WITNESS
1

Witness - Last Name CASKEY	Witness - First Name JAMES	Witness - MI R	Witness - Suffix
Witness - Address 71 WOODRUFF HWY 405	Witness - City MCCRORY	Witness - State AR	Witness - Zip Code 72101
Witness - Notes			

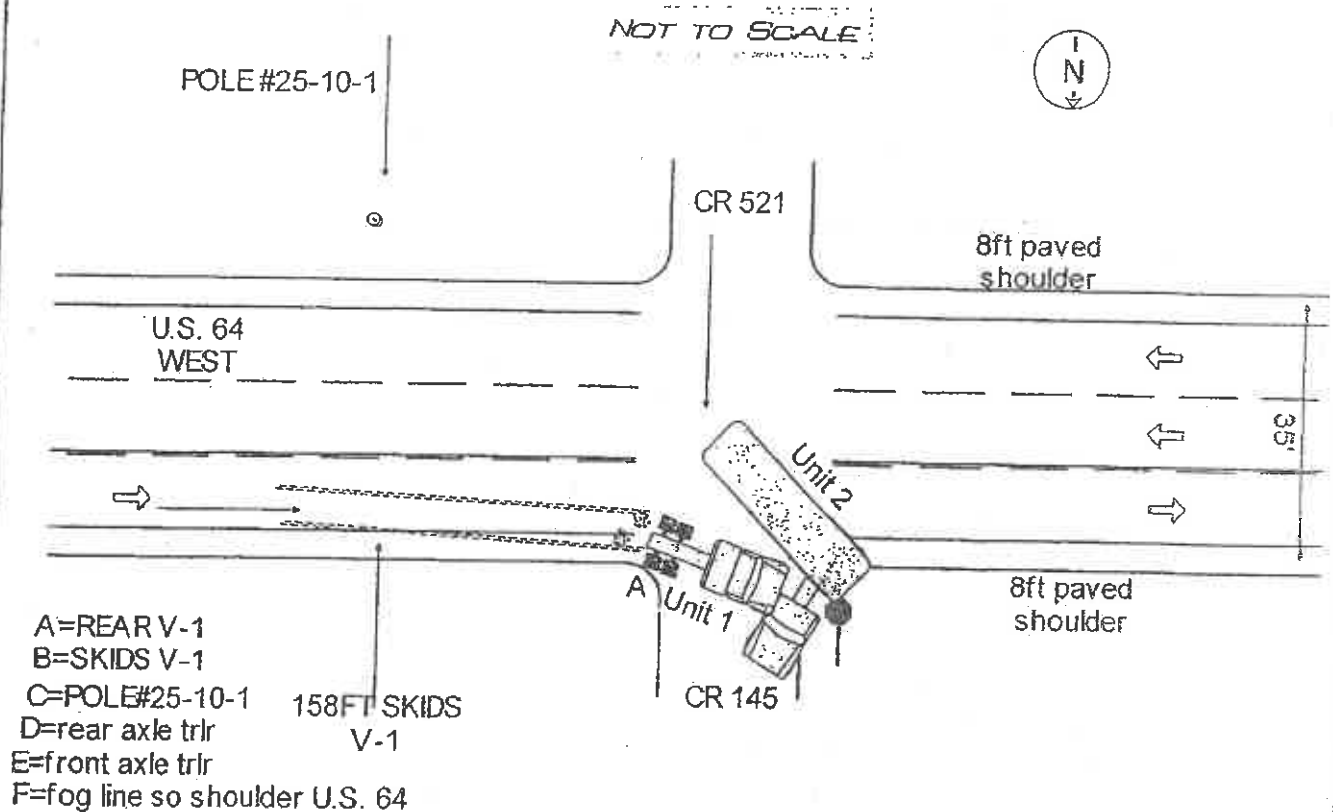
Attached Original Statement Witness Signature

☐ Yes
☐ No

Signature Date

DIAGRAM / PICTURE
1

Diagram



Narrative

THIS WAS A TWO VEHICLE ACCIDENT ON U.S. 64 OPERATOR 1 (KASSING) WAS WEST ON U.S. 64 APPROACHING CR 145 WHEN OPERATOR 2(MOORE) WHO WAS NORTH ON CR 521 ATTEMPTING TO CROSS PULLED INTO HER PATH. INVESTIGATION SHOWED V-1 ATTEMPTED TO AVOID COLLISION BY SKIDDING 158FT PRIOR TO IMPACT BUT WAS UNABLE TO DO SO, AFTER IMPACT V-1 TRAVELED APPROX 23FT AND CAME TO REST ON NORTH SHOULDER OF U.S. 64. IMPACT WITH V-1 CAUSED PASSENGER V-1 TO BE PARTIALLY EJECTED THRU FRONT WINDSHIELD. DRIVER V-1 WAS TRAPPED IN CAB V-1 AND EXTRICATED BY WYNNE FIRE RESCUE. IMPACT CAUSED CAB OF V-2 TO JACKKNIFE UNDER THE



Arkansas Uniform Motor Vehicle Collision Report

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Report Number

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Narrative

TRAILER HE WAS PULLING, DR V-2 TRANSPORTED TO CROSSRIDGE HOSPITAL.

MEASUREMENTS

A-F=38FT

D-F=21FT

E-F=22FT

AOI =3FT SOUTH OF NORTH FOG LINE U.S. 64

AND 64FT WEST OF POLE#25-10-1

ALSO NOTE THERE WAS NO STOP SIGN LOCATED ON CR 521.



ARKANSAS STATE POLICE

ASP-81
(Rev. 06/01)

Accident Supplement Driver/Witness Statement Form

Report #: 190607
X Name: Randy Moore Date: 6-16-07 Time: 11 ☒ AM ☐ PM
(First/MI/Last Name) (Month/Day/Year)
X Address: 6 CR 1670 Wynne AR 72290
City State Zip Code
X Phone Number: (870) 697-3204 X Date of Birth: 10-23-60
Area Code Telephone (Month/Day/Year)

Drivers License #: _____ ☐ DL ☐ CDL State: AR
Vehicle Make: Volvo Model: _____ Vehicle License #: F State: AR
Location of Accident: U.S. 64

Statement of: ☒ Driver ☐ Passenger ☐ Witness Are You Injured? ☒ Yes ☐ No
(Check One) (Check One)

Driver/Passenger/Witness Statement I couldn't tell you anything

As the driver of the vehicle, were any of the following conditions a contributing factor in this accident?

- ☐ Unconsciousness ☐ Epileptic Condition
☐ Other nervous disorder or marked mental confusion
☐ Result of any physical disability, disease, disorder or any other medical condition

X unable
Signature (First/MI/Last Name)

Cpl. K. Stewart #164

Signature of Officer: (Rank/First/MI/Last Name/Badge #)



ARKANSAS STATE POLICE

ASP-81
(Rev. 06/01)

Accident Supplement Driver/Witness Statement Form

Report #:

Name: James Robert Caskey Date: 6-16-07 Time: 11:47 ☒ AM ☐ PM
(First/MI/Last Name) (Month/Day/Year)

Address: 11 Woodcut Hwy #405 McCrory AR 72101
City State Zip Code

Phone Number: 1870 919-6377 Date of Birth: 08-31-69
Area Code Telephone (Month/Day/Year)

Drivers License #: ☐ DL ☐ CDL State:

Vehicle Make: Model: Vehicle License #: State:

Location of Accident: U.S. 64 CR 145

Statement of: ☐ Driver ☐ Passenger ☒ Witness Are You Injured? ☐ Yes ☐ No
(Check One) (Check One)

Driver/Passenger/Witness Statement

The truck with Sprayer was going North on Boeckmann Rd. The other truck with no trailer was going West on Hwy #64. The truck on Boeckmann Rd never slowed, stopped or anything. It went straight across Hwy 64 toward County Road 145. The other truck locked up the brakes and plowed into the first truck. It hit it in the right side.

As the driver of the vehicle, were any of the following conditions a contributing factor in this accident?

- ☐ Unconsciousness ☐ Epileptic Condition
☐ Other nervous disorder or marked mental confusion
☐ Result of any physical disability, disease, disorder or any other medical condition

James R. Caskey
Signature (First/MI/Last Name)

Cpl. K. Stewart #164

Signature of Officer: (Rank/First/MI/Last Name/Badge #)

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Account #	Check Number	Date	Amount of Check	Payee	Medical Appliances	Transaction Amount	Advance From	To
24619244	25058	07/10/2007	60.00	UP/LIFT INDUSTRIES, INC. DBA WHEELCHAIR E	Medical Appliances	60.00	06/25/07	06/25/07
	25070	07/17/2007	1,060.60	CLAIM INDEMNITY SERVICE, INC	Travel Expense	1,060.60	07/16/07	07/16/07
	25080	07/23/2007	2,487.80	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	2,487.80	06/21/07	07/03/07
	25086	07/23/2007	925.41	SYSTEMEDIC CORPORATION	Medical Case Management	925.41	06/19/07	06/25/07
	25092	07/26/2007	247.42	CELESTE E KASSING	Mileage	247.42	07/16/07	07/19/07
	25100	07/27/2007	94.00	COLLISON & SHERRY FAM DENT PC	Medical Expense	94.00	07/19/07	07/19/07
	25136	08/09/2007	577.15	PICKETT'S CLINIC PHARMACY	Prescription/Drugs	577.15	07/20/07	07/25/07
	25153	08/20/2007	207.73	CELESTE E KASSING	Mileage	207.73	07/31/07	08/16/07
	25154	08/20/2007	2,140.45	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	2,140.45	07/05/07	07/31/07
	25155	08/20/2007	6,737.77	AIR EVAC EMS INC	Ambulance Services	6,737.77	06/16/07	06/16/07
	25158	08/20/2007	89.00	CAMPBELL CLINIC	Medical Expense	89.00	06/18/07	06/18/07
	25159	08/20/2007	2,935.00	COLLISON & SHERRY FAM DENT PC	Medical Expense	115.00	07/31/07	07/31/07
	25160	08/20/2007	15.65	EMPIRE INC	Medical Expense	2,820.00	07/19/07	07/19/07
	25162	08/20/2007	16,303.04	FAIRPAY SOLUTIONS	Medical Billing Review Expense/Bill Review (IRS)	15.65	07/13/07	07/13/07
	25162	08/20/2007	16,303.04	FAIRPAY SOLUTIONS	Medical Billing Review Expense/Bill Review (IRS)	2,038.22	08/02/07	08/02/07
	25166	08/20/2007	22,585.47	INTEGRIS SOUTHWEST MED CT	Hospital - IRS, Non-owner BI - All States	14,264.82	06/25/07	07/16/07
	25167	08/20/2007	527.50	INTERVENTIONAL ASSOC OF MEMPHIS	Medical Expense	22,585.47	06/20/07	06/20/07
	25176	08/20/2007	669.74	ORTHOPEDIC ASSOCIATES INC	Medical Expense	527.50	06/29/07	06/29/07
	25176	08/20/2007	669.74	ORTHOPEDIC ASSOCIATES INC	Medical Expense	339.08	07/13/07	07/13/07
	25176	08/20/2007	669.74	ORTHOPEDIC ASSOCIATES INC	Medical Expense	163.08	07/31/07	07/31/07
	25177	08/20/2007	39,584.13	REG MED CTR AT MPHIS	Hospital - IRS, Non-owner BI - All States	167.58	06/16/07	08/25/07
	25178	08/20/2007	882.50	SMITH, MICHAEL SHAWN MD	Medical Expense	39,584.13	07/02/07	07/07/07
	25178	08/20/2007	882.50	SMITH, MICHAEL SHAWN MD	Medical Expense	303.00	06/25/07	06/29/07
	25178	08/20/2007	882.50	SMITH, MICHAEL SHAWN MD	Medical Expense	327.00	07/09/07	07/13/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	Medical Expense	252.50	06/18/07	06/19/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	Medical Expense	882.50	06/16/07	06/16/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	Medical Expense	500.00	06/16/07	06/16/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	Medical Expense	600.00	06/18/07	06/18/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	Medical Expense	35.00	06/18/07	06/18/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	Medical Expense	17.50	06/17/07	06/17/07

ARKANSAS STATE
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Account #	Check Number	Date	Amount of Check	Payee	Transaction Amount	Advances	From	To
24619244	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	17.50		06/17/07	06/17/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	175.00		06/16/07	06/16/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	97.50		06/16/07	06/16/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	87.50		06/17/07	06/17/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	77.50		06/16/07	06/16/07
	25182	08/20/2007	2,942.50	UT MEDICAL GROUP, INC.	295.00		06/16/07	06/16/07
	25183	08/20/2007	697.92	WALGREEN CO.	77.50		06/16/07	06/16/07
	25183	08/20/2007	697.92	WALGREEN CO.	203.12		07/16/07	07/16/07
	25211	09/10/2007	1,085.13	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	356.66		07/16/07	07/16/07
	25214	09/10/2007	320.93	ASBURY MEDICAL SUPPLY	1,085.13		08/09/07	08/30/07
	25214	09/10/2007	320.93	ASBURY MEDICAL SUPPLY	24.12		07/14/07	07/14/07
	25214	09/10/2007	320.93	ASBURY MEDICAL SUPPLY	45.52		08/14/07	08/14/07
	25217	09/10/2007	4,517.00	CAMPBELL CLINIC	251.29		07/14/07	07/14/07
	25217	09/10/2007	4,517.00	CAMPBELL CLINIC	943.00		06/18/07	06/18/07
	25218	09/10/2007	50.00	D. BRENT Tipton, M.D., INC	3,574.00		06/18/07	06/18/07
	25220	09/10/2007	51.86	EMPCARE INC	50.00		07/16/07	07/16/07
	25235	09/10/2007	84.00	MICHAEL SHAWN SMITH, MD	51.86		08/09/07	08/09/07
	25237	09/10/2007	4,410.00	ORTHOPEDIC ASSOC AMB SURG CENTER	84.00		08/28/07	08/28/07
	25238	09/10/2007	1,606.08	ORTHOPEDIC ASSOCIATES INC	4,410.00		08/09/07	08/09/07
	25238	09/10/2007	1,606.08	ORTHOPEDIC ASSOCIATES INC	53.06		08/16/07	08/16/07
	25240	09/10/2007	193.00	RADIOLOGY CONSULTANTS, INC	1,553.00		08/09/07	08/09/07
	25240	09/10/2007	193.00	RADIOLOGY CONSULTANTS, INC	95.00		07/05/07	07/05/07
	25243	09/10/2007	410.00	SOUTHERN CARE INC.	98.00		07/02/07	07/02/07
	25250	09/10/2007	304.50	VALR OP CLINIC	410.00		06/16/07	06/16/07
	25250	09/10/2007	304.50	VALR OP CLINIC	55.00		09/04/07	09/04/07
	25250	09/10/2007	304.50	VALR OP CLINIC	55.00		08/27/07	08/27/07
	25251	09/10/2007	1,070.44	WALGREEN CO.	139.50		08/22/07	08/24/07
	25251	09/10/2007	1,070.44	WALGREEN CO.	55.00		08/30/07	08/30/07
	25251	09/10/2007	1,070.44	WALGREEN CO.	72.38		08/31/07	08/31/07
	25252	09/10/2007	577.50	WILLIAM PERKINS, M.D.	179.60		08/28/07	08/31/07
	25252	09/10/2007	577.50	WILLIAM PERKINS, M.D.	577.50		08/09/07	08/09/07

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Account #	Check Number	Date	Amount of Check	Payee	Transaction	Amount	Advance	From	To
24619244	25292	09/26/2007	110.00	VALIR OP CLINIC	Physical Therapy - IRS Reportable	55.00		09/06/07	09/06/07
	25292	09/26/2007	110.00	VALIR OP CLINIC	Physical Therapy - IRS Reportable	55.00		09/10/07	09/10/07
	25321	10/09/2007	132.99	CELESTE E KASSING	Mileage	132.99		08/28/07	09/13/07
	25330	10/10/2007	45.52	ASBURY MEDICAL SUPPLY	Medical Expense	45.52		09/14/07	09/14/07
	25336	10/10/2007	525.41	JGMH HEALTHCARE CORP	Medical Expense	525.41		09/18/07	09/18/07
	25340	10/10/2007	85.08	ORTHOPEDIC ASSOCIATES INC	Medical Expense	85.08		09/13/07	09/13/07
	25341	10/10/2007	24.43	PICKETTS CLINIC PHARMACY	Pre-certification/Admission Expenses - IRS	24.43		08/10/07	08/10/07
	25344	10/10/2007	330.00	VALIR OP CLINIC	Medical Expense	55.00		09/12/07	09/12/07
	25344	10/10/2007	330.00	VALIR OP CLINIC	Medical Expense	55.00		09/17/07	09/17/07
	25344	10/10/2007	330.00	VALIR OP CLINIC	Medical Expense	55.00		09/20/07	09/20/07
	25344	10/10/2007	330.00	VALIR OP CLINIC	Medical Expense	55.00		09/24/07	09/24/07
	25344	10/10/2007	330.00	VALIR OP CLINIC	Medical Expense	55.00		09/27/07	09/27/07
	25383	10/19/2007	609.55	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	609.55		10/01/07	10/01/07
	25379	10/25/2007	132.99	CELESTE E KASSING	Mileage	132.99		10/05/07	10/11/07
	25390	10/26/2007	85.08	ORTHOPEDIC ASSOCIATES INC	Medical Expense	85.08		10/05/07	10/05/07
	25391	10/26/2007	70.00	RADIOLOGY CONSULTANTS, INC	Radiology	70.00		08/28/07	08/28/07
	25394	10/26/2007	220.00	VALIR OP CLINIC	Medical Expense	55.00		10/09/07	10/09/07
	25394	10/26/2007	220.00	VALIR OP CLINIC	Medical Expense	55.00		10/15/07	10/15/07
	25394	10/26/2007	220.00	VALIR OP CLINIC	Medical Expense	55.00		10/17/07	10/17/07
	25394	10/26/2007	220.00	VALIR OP CLINIC	Medical Expense	55.00		10/04/07	10/04/07
	25424	11/14/2007	45.52	ASBURY MEDICAL SUPPLY	Prescription/Drugs	179.60		09/27/07	10/02/07
	25435	11/14/2007	4,463.35	MAYS HOUSECALL HOME HEALTH, INC	Medical Case Management	4,463.35		10/14/07	10/14/07
	25449	11/14/2007	330.00	VALIR OP CLINIC	Medical Expense	55.00		10/19/07	10/19/07
	25449	11/14/2007	330.00	VALIR OP CLINIC	Medical Expense	55.00		10/22/07	10/22/07
	25449	11/14/2007	330.00	VALIR OP CLINIC	Medical Expense	55.00		10/24/07	10/24/07
	25449	11/14/2007	330.00	VALIR OP CLINIC	Medical Expense	55.00		10/31/07	10/31/07
	25495	12/14/2007	1,264.42	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	1,264.42		10/26/07	10/29/07
	25496	12/14/2007	525.00	ALTUS COUNSELING	Medical Expense	200.00		10/12/07	10/26/07

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Account #	Check Number	Date	Amount of Check	Payee	Transaction Amount	Advance	From	To
24619244	25496	12/14/2007	525.00	ALTUS COUNSELING	Medical Expense	325.00	08/03/07	09/29/07
	25498	12/14/2007	45.52	ASBURY MEDICAL SUPPLY	Medical Expense	45.52	11/14/07	11/14/07
	25511	12/14/2007	84.00	MICHAEL SHAWN SMITH, MD	Medical Expense	84.00	11/06/07	11/06/07
	25512	12/14/2007	53.08	ORTHOPEDIC ASSOCIATES INC	Medical Expense	53.08	11/06/07	11/06/07
	25517	12/14/2007	440.00	VALIR OP CLINIC	Medical Expense	55.00	11/18/07	11/18/07
	25517	12/14/2007	440.00	VALIR OP CLINIC	Medical Expense	110.00	11/21/07	11/28/07
	25517	12/14/2007	440.00	VALIR OP CLINIC	Medical Expense	55.00	11/02/07	11/02/07
	25517	12/14/2007	440.00	VALIR OP CLINIC	Medical Expense	110.00	11/13/07	11/19/07
	25517	12/14/2007	440.00	VALIR OP CLINIC	Medical Expense	55.00	11/09/07	11/09/07
	25520	12/14/2007	242.62	WALGREEN CO.	Prescription/Drugs	55.00	11/30/07	11/30/07
	25520	12/14/2007	242.62	WALGREEN CO.	Medical Expense	169.05	11/01/07	11/01/07
	25576	01/09/2008	50.58	ORTHOPEDIC ASSOCIATES INC	Medical Billing Review Expense/Bill Review (IRS)	74.57	11/08/07	11/09/07
	25580	01/09/2008	221.34	WALGREEN CO.	Medical Expense	50.58	12/20/07	12/20/07
	25600	01/22/2008	300.00	ISO SERVICES, INC.	Prescription/Drugs	74.57	12/17/07	12/17/07
	25601	01/22/2008	516.31	CELESTE E KASSING	Adjuster Expenses	300.00	12/31/07	12/31/07
	25604	01/24/2008	602.81	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Mileage	516.31	11/01/07	12/28/07
	25605	01/24/2008	416.50	ANESTHESIOLOGY SPECIALISTS INC	Medical Case Management	602.81	11/15/07	12/20/07
	25607	01/24/2008	91.04	ASBURY MEDICAL SUPPLY	Medical Expense	416.50	12/11/07	12/11/07
	25607	01/24/2008	91.04	ASBURY MEDICAL SUPPLY	Medical Expense	45.52	12/14/07	12/14/07
	25611	01/24/2008	899.37	DAVID E JOHNSEN PH D	Medical Expense	45.52	01/14/08	01/14/08
	25612	01/24/2008	49.62	EMPIRE INC	Medical Expense	899.37	12/28/07	12/28/07
	25623	01/24/2008	1,553.00	ORTHOPEDIC ASSOCIATES INC	Medical Expense	49.62	12/11/07	12/11/07
	25629	01/24/2008	226.50	VALIR OP CLINIC	Medical Expense	1,553.00	12/11/07	12/11/07
	25629	01/24/2008	226.50	VALIR OP CLINIC	Medical Expense	55.00	01/11/08	01/11/08
	25629	01/24/2008	226.50	VALIR OP CLINIC	Medical Expense	116.50	12/27/07	01/04/08
	25630	01/24/2008	170.08	WALGREEN CO.	Medical Expense	55.00	01/02/08	01/02/08
	25630	01/24/2008	170.08	WALGREEN CO.	Prescription/Drugs	95.51	01/02/08	01/02/08
	25632	01/24/2008	5,237.50	ORTHOPEDIC ASSOC AMB SURG CENTER	Prescription/Drugs	74.57	01/10/08	01/11/08
	25650	02/07/2008	900.00	ALTUS COUNSELING	Medical Expense	5,237.50	12/11/07	12/11/07
	25650	02/07/2008	900.00	ALTUS COUNSELING	Medical Expense	300.00	10/29/07	11/19/07
					Medical Expense	300.00	11/28/07	12/14/07

Account #	Check Number	Date	Amount of Check	Payee	Transaction Description	Amount	Advance	From	To
24619244	25650	02/07/2008	900.00	ALTUS COUNSELING	Medical Expense	300.00		12/19/07	01/18/08
	25662	02/07/2008	84.00	MICHAEL SHAWN SMITH, M.D.	Medical Expense	84.00		01/22/08	01/22/08
	25663	02/07/2008	53.08	ORTHOPEDIC ASSOCIATES INC	Medical Expense	53.08		01/16/08	01/16/08
	25670	02/07/2008	150.00	VALIR OP CLINIC	Physical Therapy - IRS Reportable	150.00		01/29/08	01/31/08
	25692	02/21/2008	45.52	ASBURY MEDICAL SUPPLY	Medical Expense	45.52		02/14/08	02/14/08
	25709	02/21/2008	150.00	VALIR OP CLINIC	Medical Expense	75.00		02/07/08	02/07/08
	25709	02/21/2008	150.00	VALIR OP CLINIC	Medical Expense	75.00		02/05/08	02/05/08
	25710	02/21/2008	914.21	WALGREEN CO.	Prescription/Drugs	188.02		01/23/08	01/25/08
	25710	02/21/2008	914.21	WALGREEN CO.	Prescription/Drugs	171.87		01/24/08	01/25/08
	25710	02/21/2008	914.21	WALGREEN CO.	Prescription/Drugs	207.88		01/24/08	01/25/08
	25710	02/21/2008	914.21	WALGREEN CO.	Prescription/Drugs	168.05		10/02/07	10/02/07
	25722	02/27/2008	974.29	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	974.29		12/28/07	01/23/08
	25723	02/27/2008	171.50	ANESTHESIOLOGY SPECIALISTS INC	Medical Expense	171.50		12/11/07	12/11/07
	25779	03/14/2008	84.00	MICHAEL SHAWN SMITH, M.D.	Medical Expense	84.00		02/26/08	02/26/08
	25782	03/14/2008	133.08	ORTHOPEDIC ASSOCIATES INC	Medical Expense	133.08		02/26/08	02/26/08
	25790	03/14/2008	150.00	VALIR OP CLINIC	Medical Expense	75.00		02/21/08	02/21/08
	25790	03/14/2008	150.00	VALIR OP CLINIC	Medical Expense	75.00		02/19/08	02/19/08
	25791	03/14/2008	292.24	WALGREEN CO.	Prescription/Drugs	26.67		02/28/08	02/28/08
	25803	03/21/2008	1,037.70	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	1,037.70		01/23/08	02/28/08
	25804	03/21/2008	45.52	ASBURY MEDICAL SUPPLY	Medical Expense	45.52		03/14/08	03/14/08
	25808	03/21/2008	75.00	VALIR OP CLINIC	Medical Expense	75.00		03/12/08	03/12/08
	25809	03/21/2008	273.17	WALGREEN CO.	Prescription/Drugs	273.17		03/02/08	03/02/08
	25840	03/31/2008	150.00	VALIR OP CLINIC	Medical Expense	75.00		03/20/08	03/20/08
	25840	03/31/2008	150.00	VALIR OP CLINIC	Medical Expense	75.00		03/17/08	03/17/08
	25841	03/31/2008	526.35	WALGREEN CO.	Prescription/Drugs	313.89		03/08/08	03/08/08
	25864	04/07/2008	75.00	VALIR OP CLINIC	Medical Expense	75.00		03/25/08	03/25/08
	25888	04/22/2008	638.70	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	638.70		03/04/08	04/02/08
	25902	04/22/2008	251.50	MEDICAL PLAZA IMAGING	Medical Expense	251.50		03/31/08	03/31/08
	25903	04/22/2008	133.08	ORTHOPEDIC ASSOCIATES INC	Medical Expense	133.08		03/31/08	03/31/08
	25909	04/22/2008	306.94	WALGREEN CO.	Prescription/Drugs	273.16		03/31/08	03/31/08

Account #	Check Number	Date	Amount of Check	Payee	Transaction	Amount	Advances	From	To
24619244	25965	05/19/2008	514.10	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	514.10		04/04/08	04/15/08
	25966	05/19/2008	45.52	ASBURY MEDICAL SUPPLY	Medical Expense	45.52		04/14/08	04/14/08
	25972	05/19/2008	2,635.00	EBI, L. P.	Medical Expense	2,635.00		04/17/08	04/17/08
	25977	05/19/2008	139.00	CELESTE E KASSING	Medical Expense	139.00		03/27/08	04/15/08
	25982	05/19/2008	158.13	OU MEDICAL CENTER	Hospital - IRS, Non-owner BI - All States	158.13		04/15/08	04/15/08
	25983	05/19/2008	165.50	OU PHYSICIANS	Medical Expense	18.50		04/15/08	04/15/08
	25983	05/19/2008	165.50	OU PHYSICIANS	Medical Expense	147.00		04/15/08	04/15/08
	25987	05/19/2008	178.50	VALIR OP CLINIC	Medical Expense	59.50		04/23/08	04/23/08
	25987	05/19/2008	178.50	VALIR OP CLINIC	Medical Expense	59.50		05/08/08	05/08/08
	25987	05/19/2008	178.50	VALIR OP CLINIC	Medical Expense	59.50		04/17/08	04/17/08
	25988	05/19/2008	266.47	WALGREEN CO.	Prescription/Drugs	232.69		04/11/08	04/11/08
	25996	05/30/2008	298.77	HOLIDAY INN EXPRESS	Lodging Expense	298.77		03/27/08	04/30/08
	26000	05/30/2008	84.00	SMITH, MICHAEL SHAWN MD	Medical Expense	84.00		05/13/08	05/13/08
	26002	05/30/2008	59.50	VALIR OP CLINIC	Medical Expense	59.50		05/12/08	05/12/08
	26003	05/30/2008	273.17	WALGREEN CO.	Prescription/Drugs	273.17		05/03/08	05/03/08
	26019	06/04/2008	160.05	CELESTE E KASSING	Mileage	160.05		05/13/08	05/27/08
	26033	06/12/2008	691.54	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	691.54		04/18/08	05/13/08
	26041	06/12/2008	224.25	OU MEDICAL CENTER	Hospital - IRS, Non-owner BI - All States	224.25		05/13/08	05/13/08
	26042	06/12/2008	73.50	OU PHYSICIANS	Medical Expense	28.50		05/13/08	05/13/08
	26042	06/12/2008	73.50	OU PHYSICIANS	Medical Expense	45.00		05/13/08	05/13/08
	26045	06/12/2008	178.50	VALIR OP CLINIC	Medical Expense	59.50		05/22/08	05/22/08
	26045	06/12/2008	178.50	VALIR OP CLINIC	Medical Expense	59.50		05/15/08	05/15/08
	26045	06/12/2008	178.50	VALIR OP CLINIC	Medical Expense	59.50		05/29/08	05/29/08
	26078	06/30/2008	95.70	CELESTE E KASSING	Mileage	95.70		05/03/08	06/17/08
	26091	07/11/2008	91.04	ASBURY MEDICAL SUPPLY	Medical Expense	45.52		06/14/08	06/14/08
	26091	07/11/2008	91.04	ASBURY MEDICAL SUPPLY	Medical Expense	45.52		05/14/08	05/14/08
	26093	07/11/2008	248.00	COMANCHE COUNTY MEMORIAL	Medical Expense	248.00		05/01/08	05/31/08
	26102	07/11/2008	84.00	MICHAEL SHAWN SMITH, M.D.	Medical Expense	84.00		03/31/08	03/31/08
	26107	07/11/2008	187.00	VALIR OP CLINIC	Medical Expense	88.00		06/26/08	06/26/08
	26107	07/11/2008	187.00	VALIR OP CLINIC	Medical Expense	59.50		06/19/08	06/19/08
	26107	07/11/2008	187.00	VALIR OP CLINIC	Medical Expense	59.50		06/12/08	06/12/08

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Account #	Check Number	Date	Amount of Check	Payee	Transaction	Amount	Advance	From	To
24619244	26127	07/22/2008	273.74	DAVE ALLGOOD	Mileage	273.74		07/17/08	07/17/08
	26145	07/23/2008	224.25	OU MEDICAL CENTER	Medical Expense	224.25		07/09/08	07/09/08
	26149	07/23/2008	28.00	VALIR OP CLINIC	Medical Expense	28.00		07/03/08	07/03/08
	26150	07/23/2008	200.79	WALGREEN CO.	Prescription/Drugs	200.79		06/20/08	06/20/08
	26171	08/05/2008	198.00	COMANCHE CO. MEMORIAL HOSP.	Medical Expense	198.00		06/01/08	06/30/08
	26190	08/14/2008	1,295.06	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	1,295.06		05/15/08	07/13/08
	26191	08/14/2008	52.00	AMAL MOORAD MD	Medical Expense	52.00		07/21/08	07/21/08
	26194	08/14/2008	322.50	DJO, LLC	Medical Expense	322.50		07/08/08	07/08/08
	26206	08/14/2008	24,526.80	OU MEDICAL CENTER	Hospital - IRS, Non-owner BI - All States	24,500.80		07/11/08	07/14/08
	26207	08/14/2008	98.00	OU PHYSICIANS	Medical Expense	51.00		07/08/08	07/08/08
	26207	08/14/2008	98.00	OU PHYSICIANS	Medical Expense	27.00		07/09/08	07/09/08
	26207	08/14/2008	98.00	OU PHYSICIANS	Medical Expense	20.00		07/11/08	07/11/08
	26211	08/14/2008	36.91	WALGREEN CO.	Prescription/Drugs	36.91		07/02/08	07/02/08
	26240	08/28/2008	677.89	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Medical Case Management	677.89		07/14/08	07/29/08
	26249	08/28/2008	9,336.35	INTEGRIS SOUTHWEST MED CT	Hospital - IRS, Non-owner BI - All States	9,336.35		07/14/08	07/21/08
	26252	08/28/2008	131.75	MICHAEL L TALBERT	Medical Expense	8.50		07/13/08	07/19/08
	26252	08/28/2008	131.75	MICHAEL L TALBERT	Medical Expense	52.25		07/11/08	07/12/08
	26252	08/28/2008	131.75	MICHAEL L TALBERT	Medical Expense	73.00		07/11/08	07/11/08
	26254	08/28/2008	3,661.00	OU PHYSICIANS	Medical Expense	1,182.50		07/11/08	07/11/08
	26254	08/28/2008	3,661.00	OU PHYSICIANS	Medical Expense	2,498.50		07/11/08	07/11/08
	26256	08/28/2008	534.00	VALIR OP CLINIC	Medical Expense	63.50		08/20/08	08/20/08
	26256	08/28/2008	534.00	VALIR OP CLINIC	Medical Expense	96.00		08/04/08	08/05/08
	26256	08/28/2008	534.00	VALIR OP CLINIC	Medical Expense	74.00		07/23/08	07/23/08
	26256	08/28/2008	534.00	VALIR OP CLINIC	Medical Expense	63.50		08/13/08	08/13/08
	26256	08/28/2008	534.00	VALIR OP CLINIC	Medical Expense	63.50		08/18/08	08/18/08
	26256	08/28/2008	534.00	VALIR OP CLINIC	Medical Expense	63.50		08/15/08	08/15/08
	26259	08/28/2008	436.50	CELESTE E KASSING	Medical Expense	110.00		08/08/08	08/11/08
	26287	09/17/2008	547.21	ADVOCATE INDEPENDENT CASE MANAGEMENT SER	Mileage	498.50		07/08/08	07/30/08
	26289	09/17/2008	104.60	ASBURY MEDICAL SUPPLY	Medical Case Management	547.21		08/01/08	08/26/08
	26289	09/17/2008	104.60	ASBURY MEDICAL SUPPLY	Medical Expense	44.60		07/14/08	07/14/08
	26289	09/17/2008	104.60	ASBURY MEDICAL SUPPLY	Medical Expense	60.00		07/18/08	07/18/08

Account #	Check Number	Date	Amount of Check	Payee	Transaction Amount	Advance	From	To
24619244	26301	09/17/2008	411.00	MICHAEL SHAWN SMITH, M.D.	Medical Expense	84.00	08/26/08	08/26/08
	26301	09/17/2008	411.00	MICHAEL SHAWN SMITH, M.D.	Medical Expense	327.00	07/14/08	07/18/08
	26305	09/17/2008	222.75	OU MEDICAL CENTER	Medical Expense	222.75	08/26/08	08/26/08
	26310	09/17/2008	317.50	VALIR OP CLINIC	Medical Expense	63.50	09/10/08	09/10/08
	26310	09/17/2008	317.50	VALIR OP CLINIC	Medical Expense	63.50	08/22/08	08/22/08
	26310	09/17/2008	317.50	VALIR OP CLINIC	Medical Expense	63.50	08/25/08	08/25/08
	26310	09/17/2008	317.50	VALIR OP CLINIC	Medical Expense	63.50	08/29/08	08/29/08
	26379	10/14/2008	20.00	OU PHYSICIANS	Medical Expense	20.00	09/05/08	09/05/08
	26385	10/14/2008	63.50	VALIR OP CLINIC	Medical Expense	63.50	08/26/08	08/26/08
	26430	11/05/2008	84.00	MICHAEL SHAWN SMITH, M.D.	Medical Expense	84.00	09/12/08	09/12/08
	26433	11/05/2008	51.00	OU PHYSICIANS	Medical Expense	51.00	10/21/08	10/21/08
	26443	11/05/2008	508.00	VALIR OP CLINIC	Medical Expense	63.50	09/19/08	09/19/08
	26443	11/05/2008	508.00	VALIR OP CLINIC	Medical Expense	39.50	10/03/08	10/03/08
	26443	11/05/2008	508.00	VALIR OP CLINIC	Medical Expense	63.50	10/10/08	10/10/08
	26443	11/05/2008	508.00	VALIR OP CLINIC	Medical Expense	87.50	09/24/08	09/24/08
	26443	11/05/2008	508.00	VALIR OP CLINIC	Medical Expense	87.50	10/01/08	10/03/08
	26470	11/24/2008	813.21	ADVOCATE, LLC	Medical Case Management	63.50	09/17/08	09/26/08
	26483	11/24/2008	261.50	OU MEDICAL CENTER	Medical Expense	813.21	08/29/08	10/21/08
	26484	11/24/2008	2,285.04	OU PHYSICIANS	Medical Expense	235.50	10/21/08	10/21/08
	26489	11/24/2008	317.50	VALIR OP CLINIC	Medical Expense	27.00	10/21/08	10/21/08
	26489	11/24/2008	317.50	VALIR OP CLINIC	Medical Expense	63.50	10/08/08	10/08/08
	26489	11/24/2008	317.50	VALIR OP CLINIC	Medical Expense	103.00	10/15/08	10/17/08
	26489	11/24/2008	317.50	VALIR OP CLINIC	Medical Expense	63.50	10/29/08	10/29/08
	26489	11/24/2008	317.50	VALIR OP CLINIC	Medical Expense	63.50	10/24/08	10/24/08
	26519	12/12/2008	324.50	MICHAEL SHAWN SMITH, M.D.	Medical Expense	24.00	10/17/08	10/17/08
	26521	12/12/2008	600.00	SOUTHWEST OKLAHOMA MRI, LLC	MRI	324.50	11/18/08	11/18/08
	26522	12/12/2008	294.00	VALIR OP CLINIC	Physical Therapy - IRS Reportable	83.50	11/12/08	11/12/08
	26522	12/12/2008	294.00	VALIR OP CLINIC	Physical Therapy - IRS Reportable	83.50	11/14/08	11/14/08
	26522	12/12/2008	294.00	VALIR OP CLINIC	Physical Therapy - IRS Reportable	103.00	11/05/08	11/07/08
	26522	12/12/2008	294.00	VALIR OP CLINIC	Medical Expense	24.00	11/07/08	11/07/08

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Account #	Check Number	Date	Amount of Check	Payee	Transaction Amount	Advance From	To
24619244	26564	01/07/2009	660.00	CELESTE E KASSING	660.00	10/22/08	12/23/08
	26574	01/15/2009	1,086.80	ADVOCATE, LLC	1,086.80	10/22/08	12/16/08
	26588	01/15/2009	84.00	MICHAEL SHAWN SMITH, M.D.	84.00	12/16/08	12/16/08
	26589	01/15/2009	303.08	ORTHOPEDIC ASSOCIATES INC	303.08	12/15/08	12/15/08
	26590	01/15/2009	166.13	OU MEDICAL CENTER	166.13	12/16/08	12/16/08
	26595	01/15/2009	668.00	VALIR OP CLINIC	59.50	12/11/08	12/11/08
	26595	01/15/2009	668.00	VALIR OP CLINIC	107.50	11/17/08	11/19/08
	26595	01/15/2009	668.00	VALIR OP CLINIC	107.50	11/26/08	12/01/08
	26595	01/15/2009	668.00	VALIR OP CLINIC	107.50	12/08/08	12/11/08
	26595	01/15/2009	668.00	VALIR OP CLINIC	143.00	11/19/08	11/24/08
	26595	01/15/2009	668.00	VALIR OP CLINIC	143.00	12/01/08	12/03/08
	26607	01/23/2009	352.00	ISO SERVICES, INC.	352.00	12/31/08	12/31/08

PERMANENT PARTIAL DISABILITY

Sub Total

\$199,895.21

24619244	25099	07/27/2007	161.80	CLAIM RESEARCH SERVICES INC	Investigation Expense - Non SIU (IRS)	07/10/07	07/10/07
	25181	08/20/2007	6,029.46	THORNHILL RAMIREZ & ASSOCIATES	Witness Fees, Expert	07/05/07	
	25256	09/12/2007	8,191.12	CROCKETT	Non-Staff Adjuster Fees and Expenses	06/16/07	08/14/07

TEMPORARY TOTAL DISABILITY

Sub Total

\$14,392.38

24619244	25059	07/11/2007	891.56	CELESTE E KASSING	Temporary Total Disability	06/16/07	07/13/04
	25073	07/16/2007	222.89	CELESTE E KASSING	Temporary Total Disability	07/14/07	07/20/07
	25091	07/25/2007	222.89	CELESTE E KASSING	Temporary Total Disability	07/21/07	07/27/07
	25110	08/01/2007	222.89	CELESTE E KASSING	Temporary Total Disability	07/28/07	08/03/07
	25134	08/09/2007	222.89	CELESTE E KASSING	Temporary Total Disability	08/04/07	08/10/07
	25144	08/15/2007	222.89	CELESTE E KASSING	Temporary Total Disability	08/11/07	08/17/07
	25186	08/22/2007	222.89	CELESTE E KASSING	Temporary Total Disability	08/18/07	08/24/07
	25197	08/29/2007	222.89	CELESTE E KASSING	Temporary Total Disability	08/25/07	08/31/07
	25204	09/05/2007	222.89	CELESTE E KASSING	Temporary Total Disability	09/01/07	09/07/07
	25255	09/12/2007	222.89	CELESTE E KASSING	Temporary Total Disability	09/08/07	09/14/07
	25264	09/19/2007	222.89	CELESTE E KASSING	Temporary Total Disability	09/15/07	09/21/07
	25270	09/26/2007	222.89	CELESTE E KASSING	Temporary Total Disability	09/22/07	09/28/07
	25311	10/03/2007	222.89	CELESTE E KASSING	Temporary Total Disability	09/29/07	10/05/07

Account #	Check Number	Date	Amount of Check	Payee	Transaction Description	Transaction Amount	Advance	From	To
24619244	25324	10/10/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		10/09/07	10/12/07
	25356	10/17/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		10/13/07	10/19/07
	25375	10/24/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		10/20/07	10/26/07
	25402	10/31/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		10/27/07	11/02/07
	25415	11/07/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		11/03/07	11/09/07
	25422	11/14/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		11/10/07	11/16/07
	25460	11/19/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		11/17/07	11/23/07
	25469	11/28/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		11/24/07	11/30/07
	25485	12/05/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		12/01/07	12/07/07
	25492	12/11/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		12/08/07	12/14/07
	25525	12/19/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		12/15/07	12/21/07
	25533	12/26/2007	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		12/22/07	12/28/07
	25559	01/02/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		12/29/07	01/04/08
	25569	01/09/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		01/05/08	01/11/08
	25589	01/16/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		01/12/08	01/18/08
	25603	01/23/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		01/19/08	01/25/08
	25640	01/30/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		01/26/08	02/01/08
	25649	02/06/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		02/02/08	02/08/08
	25680	02/13/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		02/09/08	02/15/08
	25690	02/20/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		02/16/08	02/22/08
	25721	02/27/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		02/23/08	02/29/08
	25750	03/05/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		03/01/08	03/07/08
	25760	03/11/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		03/07/08	03/13/08
	25796	03/19/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		03/15/08	03/21/08
	25815	03/26/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		03/22/08	03/28/08
	25843	04/02/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		03/29/08	04/04/08
	25866	04/09/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		04/05/08	04/11/08
	25876	04/16/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		04/12/08	04/18/08
	25911	04/23/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		04/19/08	04/25/08
	25922	04/30/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		04/26/08	05/02/08
	25933	05/07/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		05/03/08	05/09/08
	25946	05/14/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		05/10/08	05/16/08
	25956	05/19/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		05/17/08	05/23/08

Account #	Check Number	Date	Amount of Check	Payee	Transaction	Amount	Advance	From	To
24619244	23990	05/27/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		05/24/08	05/30/08
	26017	06/04/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		05/31/08	06/06/08
	26029	06/11/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		06/07/08	06/13/08
	26053	06/18/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		06/14/08	06/20/08
	26069	06/23/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		06/21/08	06/27/08
	26079	07/01/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		06/28/08	07/04/08
	26089	07/09/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		07/05/08	07/11/08
	26117	07/16/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		07/12/08	07/18/08
	26132	07/23/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		07/19/08	07/25/08
	26160	07/30/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		07/26/08	08/01/08
	26179	08/06/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		08/02/08	08/08/08
	26188	08/13/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		08/09/08	08/15/08
	26225	08/20/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		08/16/08	08/22/08
	26235	08/27/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		08/23/08	08/29/08
	26266	09/03/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		08/30/08	09/05/08
	26277	09/10/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		09/06/08	09/12/08
	26286	09/17/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		09/13/08	09/19/08
	26331	09/24/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		09/20/08	09/26/08
	26344	10/01/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		09/27/08	10/03/08
	26353	10/08/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		10/04/08	10/10/08
	26367	10/15/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		10/11/08	10/17/08
	26396	10/22/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		10/18/08	10/24/08
	26405	10/29/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		10/25/08	10/31/08
	26416	11/05/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		11/01/08	11/07/08
	26454	11/12/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		11/08/08	11/14/08
	26462	11/19/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		11/15/08	11/21/08
	26494	11/25/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		11/22/08	11/28/08
	26502	12/03/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		11/29/08	12/05/08
	26511	12/10/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		12/06/08	12/12/08
	26537	12/17/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		12/13/08	12/19/08
	26546	12/23/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		12/20/08	12/26/08
	26555	12/30/2008	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		12/27/08	01/02/09
	26563	01/07/2009	222.89	CELESTE E KASSING	Temporary Total Disability	222.89		01/03/09	01/09/09

52

25

Account #	Check Number	Date	Amount of Check	Payee	Transaction Amount	Advance	From	To
24619244	26573	01/14/2009	222.89	CELESTE E KASSING	222.89		01/10/09	01/16/09
	26603	01/21/2009	222.89	CELESTE E KASSING	222.89		01/17/09	01/23/09
	26622	01/29/2009	222.89	CELESTE E KASSING	222.89		01/24/09	01/30/09
	26629	02/04/2009	222.89	CELESTE E KASSING	222.89		01/31/09	02/05/09
	Sub Total					\$19,168.54		
	Grand Total					\$242,307.18		



SHAWN SMITHS, M.D., P.C.
PHYSICAL MEDICINE & REHABILITATION

5100 N BROOKLINE
SUITE 300
OKLAHOMA CITY, OK 73112
OFFICE 405 603 8760
FAX 405 603 8762

PHYSIATRIC EVALUATION

RE: KASSING, CELESTE
Date: 11/12/09
Claim #: 35435
Date of Injury: 06/16/07

ARKANSAS STATE
CLAIMS COMMISSION

MAR 3 2010

RECEIVED

HISTORY OF PRESENT ILLNESS:

Celeste returns for follow up after a traumatic brain injury, left supracondylar femur fracture, reactive depression and bilateral shoulder discomfort. The patient states the Medrol dose pack made her sick to her stomach and really did not change her pain much but she has improved enough to be more functional. She still remains quite depressed and distraught related to her losses from her brain injury and side effects from her brain injury. She is on Trazodone 100 mg q. h.s. She is on Celexa 20 mg a day which she thinks helps some and Topamax 100 mg q. h.s. She is not taking her Celebrex right now as she did not understand that she was supposed to resume it after the Medrol dose pack was discontinued. She is still having dyspepsia from the use of the non-steroidal agents. She denies any suicidal or homicidal ideations. The patient is talking about getting her case settled in the future.

PHYSICAL EXAMINATION:

Blood pressure is 130/90, pulse 80, she weighs 202 pounds. She still is emotionally labile and cries easily when discussing her losses with regards to her husband and her ability to work. She still has limited range of motion of her shoulders and lower extremities which are painful with excessive range of motion especially on the right. She is having tingling in her right hands which is unchanged. The case manager is not present today.

RECOMMENDATIONS:

I recommend increasing Celexa to 40 mg a day and continue with the Topamax 100 mg at h.s., resume the Celebrex 200 mg a day and resume the Nexium 40 mg b.i.d. for dyspepsia. I will continue to try and get her into see a psychiatrist. I still remain concerned about her mental health, however, I have been unable to get anything approved in the realm of psychiatry due to the fact that I can't find any psychiatrists who take worker's comp.

RE: KASSING, CELESTE
Date: 11/12/09

I will see her in follow up in one month's time. We will continue to actively treat her current symptoms. I am hopeful that her depression will stabilize and that her pain will be under better control so she may be more functional at home. As I have noted in previous records I feel that Celeste is totally permanently disabled and I believe she has already received social security disability. Given her multiple orthopedic injuries, her short term memory problems and her emotional lability I don't see her being retrained either.

I declare under penalty of perjury that the above statements are true and accurate to the best of my knowledge.


Shawn Smith, M.D.

SS/jm

cc: Rao Hogan
Fax: (405) 602-8930

Dan Davis, Attorney At Law
325 N.W. 13th Street
Oklahoma City, OK. 73103

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PHYSIATRIC EVALUATION

RE: KASSING, CELESTE
Date: 12/17/09
Claim #: 35435
Date of Injury: 06/16/07
Page: 1

ARKANSAS STATE
CLAIMS COMMISSION
MAR 3 2010

RECEIVED

HISTORY OF PRESENT ILLNESS:

Celeste returns for follow up for traumatic brain injury, left supracondylar femur fracture, reactive depression and bilateral shoulder discomfort. Since our last visit she seems to have a little brighter affect and mood. "Tex" is no longer staying with her. She does arrive here today with the wife of her local counselor. Celeste states she is still having numbness and tingling in her hands, right greater than left but realizes this is not related to her work comp injury. Her shoulders continue to have some limitation of mobility but she has had to do more function on her own at home. She states she has no one to assist her with her diabetes or supervise her medication use but she states she is doing well with this use of a pill organizer. She reports that she is less depressed and denies any suicidal ideations and her counselor is to send me a report. She is still not sleeping well. She is on Trazodone 100 mg at h.s. for her depression and brain injury. She is on Celecoxib 20 mg a day and Topamax 100 mg q. h.s. She did report that she has not been able to take the Topamax for about a week but now is back on it. She has more headaches and discomfort of pain without it. She is not having significant dyspepsia. She remains on medication for her diabetes including Janumet and for her blood pressure including Norvasc and Cozaar. She is on Darvocet N-100 twice a day for pain and Nexium 40 mg b.i.d. for dyspepsia while on the Celebrex 200 mg a day. She has had no recent falls. She is interested in obtaining a firearm for protection. She does have a home alarm system.

PHYSICAL EXAMINATION:

Blood pressure is 130/90, pulse 88, she weighs 194 pounds. She is down eight pounds. She has a brighter affect and mood. She is more jovial today but she has a lot of problems with word finding and some short term memory issues exist when questioning about multiple details of recent medication use and activities at home. Celeste continues to try and minimize her deficits although she has some real problems related to her brain injury. She does not like confrontation over this. In addition her left leg pain has worsened and she is interested in trying something different for pain. She still has fairly good mobility of the left lower extremity but has pain with ambulation and palpation.

She ambulates with a wide base of support but has good gait pattern with some antalgia.

RE: KASSING, CELESTE
Date: 12/17/09
Page: 2

IMPRESSION:

1. Traumatic brain injury with persistent cognitive and behavioral issues, better controlled.
2. Chronic insomnia post-injury with post-traumatic stress symptoms. Increase Trazodone to 150 mg q. h.s.
3. Post-traumatic headaches continue taking Topamax as prescribed.
4. Post-traumatic arthritis of the left leg with previous femur fracture. I want to continue to see how she is doing on the Darvocet. I may want to try her on Ultram instead if she calls back for medication but I am going to stall her for now to see how she does since she frequently asks for different medications

RECOMMENDATIONS:

With regards to her depression and behavioral disturbance this seems to be more stable on Celexa 20 mg a day and the Trazodone now going to 150 mg at h.s. I would like to see her in follow up in another month to make sure she is stable. I also recommended that she does not have any firearms given her emotional lability at times due to her brain injury. I have encouraged her to follow up with her primary care doctor for diabetes and neuropathic symptoms of her hands and feet.

I declare under penalty of perjury that the above statements are true and accurate to the best of my knowledge.


Shawn Smith, M.D.

SS/jm

cc: Rae Hogan
Fax: (405) 602-8930

Dan Davis
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ARKANSAS STATE
CLAIMS COMMISSION

MAR 3 2010

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PHYSIATRIC EVALUATION

RE: KASSING, CELESTE
Date: 01/21/10
Claim #: 35435
Date of Injury: 06/16/07
Page: 1

HISTORY OF PRESENT ILLNESS:

Celeste returns for follow up after a traumatic brain injury of the left supracondylar femoral fracture, reactive depression, bilateral shoulder discomfort and sequelae related to the brain injury.

The patient arrives with two friends who stay with her during most of the exam. She reports she has not been on medication now for two months due to financial concerns. She is reporting some vivid dreams and having difficulty blurring reality from them. She denies any homicidal or suicidal ideations. She has been selling things at home in order to try and maintain her current property at home. She still takes Darvocet p.r.n. for pain which she tries to use sparingly and takes over-the-counter anti-inflammatories at times. She is off her Celebrex, Nexium, Trazodone, Topamax, and Celexa. She also has not been taking her Norvasc, Cozaar or diabetic agents. She does not even have a way to check her blood sugars.

PHYSICAL EXAMINATION:

Blood pressure is 160/100, pulse 80, she weighs 194 pounds and she is 5'5. The patient has emotional lability. She has some mild flight of ideas but is not frankly delusional. She tries to minimize problems but at the same time she is quite tearful at times with feelings of hopelessness. She continues to have painful range of motion of her right shoulder and median nerve symptoms in her right hand in the first three digits with numbness and tingling. She has an equivocal Tinel's sign. Left lower extremity continues to be painful at the supracondylar region of the knee with painful range of motion but no significant joint swelling or edema. She has antalgic gait but ambulates with at least 5/5 strength in the lower extremities but is limited secondary to pain and guarding.

RE: KASSING, CELESTE

Date: 01/21/10

Page: 2

RECOMMENDATIONS:

At this time Celeste reports that the worker's comp carrier is bankrupt. In the meantime until she can clarify these issues in terms of payment for medications I have switched her to medications she can buy affordably at Wal-Mart for \$10 for a three month supply. I have given her Celexa 20 mg a day, Trazodone 150 mg q. h.s. and recommended she take Prilosec 20 mg over-the-counter or Omeprazole generic. The Topamax will be too expensive and since she has been off of it for two months I want to see how she does without it and if her dreams blur with reality at nighttime continues we may need to look at resuming Topamax or another agent.

I reluctantly gave her medication including Lisinopril 10 mg a day and Glyburide 5 mg a day to substitute for the more expensive Januvia, Norvasc and Cozaar she has been taking until she can get in to see a primary care physician to avoid any stroke or anything that might worsen her brain injury. I will see her back in follow up in two months time but will call and check on her in the next two weeks to see how she is doing with the medications. Her friends promised that they will make sure she checks her blood sugar at least three times a week and monitor her blood pressure. Celeste promised that she currently has no suicidal or homicidal ideations. I recommended she get continued counseling if able to given the limited resources available. I also encouraged Celeste to find a new primary care physician as I will not be able to perform that role long term.



Shawn Smith, M.D.

SS/jm

cc: Rae Hogan
Fax: (405) 602-8930

Dan Davis
Attorney at Law
525 N.W. 13th Street
Oklahoma City, OK 73103

Kelley Metheny, Laser Law Firm
Fax: (501) 376-2417

RE: KASSING, CELESTE
Date: 01/21/10
Page: 3

cc: Richard Whiffen
Attorney at Law
Fax: (573) 472-1477

#2701

UNITED STATES DISTRICT COURT

Eastern District of Arkansas
Western Division

return
after Keith
sum

CELESTE KASSING, Individually
and CELESTE KASSING, as Personal Representative
of DAVID KASSING

SUMMONS IN A CIVIL ACTION

V.
THE PRIBBLE FARM PARTNERSHIP, PRIBBLE CUSTON APPLICATION, LLC,
BRYAN PRIBBLE, VERNON PRIBBLE AND RANDY L. MOORE

CASE NUMBER: 4:09CV00268JLH

TO: (Name and address of Defendant) Randy L. Moore
6 CR 1670
Wynne, AR 72396

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS
JUL 07 2009
JAMES W. McCORMACK, CLERK
By: DEP CLERK

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Richard Whiffen
P.O. Box 924
Sikeston, Missouri 63801

ARKANSAS STATE
CLAIMS COMMISSION
AUG 10 2009
RECEIVED

answer to the complaint which is served on you with this summons, within Twenty days after service
this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you
the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the
erk of this Court within a reasonable period of time after service.

JAMES W. McCORMACK

06/15/2009
DATE

ARKANSAS STATE
CLAIMS COMMISSION
MAR 3 2010
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DEPUTY CLERK
Haller Robinson

ARKANSAS STATE
CLAIMS COMMISSION

MAR 3 2010

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
HELENA DIVISION

JURY TRIAL DEMANDED

CELESTE KASSING, Individually
and CELESTE KASSING, as Personal Representative
of DAVID KASSING

Plaintiff,

vs.

Case No: 2-08-CV-0205JLH

THE PRIBBLE FARM PARTNERSHIP, PRIBBLE CUSTOM APPLICATION LLC,
BRYAN PRIBBLE, VERNON PRIBBLE AND RANDY L. MOORE. Defendants.

COUNT I

FIRST AMENDED COMPLAINT FOR WRONGFUL DEATH

COMES NOW, Celeste Kassing as the Personal Representative of the Estate of David Kassing, by and through her attorney, Richard Whiffen and states as follows:

1. Plaintiff is a citizen of the State of Oklahoma and is the lawfully appointed Personal Representative of the Estate of David Kassing in the Circuit Court of Cross County, Arkansas and is the lawfully appointed administrator of the Estate of David Kassing, a/k/a David Kassing, Jr. in the District Court of Payne County, Oklahoma in Case No: PB-2007-113.
2. Pribble Custom Application LLC is an Arkansas business organization licensed to transact business within the State of Arkansas and operates within Cross County, Arkansas.
3. Defendant, Pribble Farm Partnership is an Arkansas business organization having employees, partners and assets within Cross County, Arkansas.
4. Defendants Vernon Pribble and Bryan Pribble are residents of Cross County, Arkansas are partners in the Pribble Farm Partnership.
5. Defendant Randy L. Moore is a resident of Cross County, Arkansas and is an employee of Defendants Pribble Custom Application LLC, and/or Pribble Farm Partnership, Vernon Pribble and Bryan Pribble.
6. Pribble Custom Application LLC, Pribble Farm Partnership, Bryan Pribble and Vernon Pribble are vicariously liable for the acts of Defendant, Randy L. Moore as Randy L. Moore was an agent or employee of the Defendants at the time of the acts complained of in this complaint.
7. On June 16, 2007, David Kassing was a passenger in a semi-tractor trailer traveling in a westerly direction along US Highway 64 in Cross County, Arkansas

at or near the intersection of County Road 521. At the same time and location, Randy L. Moore was operating a vehicle owned by Pribble Farm Partnership and leased to Pribble Custom Application LLC and was traveling in a northerly direction on County Road 521.

8. At the intersection of US Highway 64 and County Road 521, Defendant, Randy L. Moore carelessly and negligently failed to stop and failed to yield the right of way and failed to keep a proper lookout and pulled into the path of the semi-tractor trailer operated by Celeste Kassing in which David Kassing was a passenger.
9. Defendant Randy L. Moore was guilty of negligence which was the proximate cause of the above described collision and which negligence is imputed to Defendants, Vernon Pribble, Bryan Pribble, Pribble Farm Partnership and Pribble Custom Application LLC by reason of joint enterprise and/or agency. Specifically the negligent acts include:
 - a. Failing to yield to the right of way.
 - b. Failure to keep a proper lookout.
 - c. Failure to stop at an intersection.
10. The acts of negligence on the part of Randy L. Moore, which are imputed to the Pribble Farm Partnership, Pribble Custom Application LLC, Bryan Pribble and Vernon Pribble, were the proximate cause of the death of David Kassing and were the proximate cause of the injuries and damages sustained.
11. On June 16, 2007, at the time of David Kassing's death, he was gainfully employed and earning a livelihood for himself and contributing to his family.
12. David Kassing, left a surviving spouse, Celeste Kassing, who has suffered and will continue to suffer mental anguish by the reason of such wrongful death.
13. Plaintiff individually and as Personal Representative of the estate of David Kassing, deceased, is entitled to recover the following damages, all of which are proximately caused by the negligence and willful wanton conduct of Defendant, Randy L. Moore and for which Defendants Pribble Custom Application LLC, Pribble Farm Partnership, Vernon Pribble and Bryan Pribble are vicariously liable:
 - a. Pecuniary injuries suffered by Celeste Kassing because of the loss of contribution, loss of consortium, society, companionship and marriage relationship and mental anguish suffered by Celeste Kassing all in the sum of Three Million Dollars (\$3,000,000.00).
 - b. Expenses related to the funeral of David Kassing.

IN THE DISTRICT COURT OF PAYNE COUNTY
STATE OF OKLAHOMA

IN THE DISTRICT COURT OF
Payne County, Oklahoma
FILED
FEB 16 2010
By: LISA S. LAMBERT, Court Clerk

In the Matter of the Estate of)

DAVID OSCAR KASSING, JR., Deceased)

Case No.: PB-2007-113

Judge: Michael Stano

ORDER

ON THIS 16th day of February, 2010, there came on for hearing the Petitioner's Application to Approve Settlement and Apportion Settlement Proceeds received in a wrongful death and personal injury claim. The Court after hearing evidence and argument finds as follows:

1. That the settlement in the amount of \$974,500.00 is approved for both the wrongful death claim and the personal injury claim;
2. That of the total amount of proceeds, 724,500.00 is apportioned to the Estate for the wrongful death claim and 250,000.00 is apportioned to Celeste Kassing for her personal injury claim.

IT IS SO ORDERED.

Michael Stano

JUDGE OF THE DISTRICT COURT

ARKANSAS STATE
CLAIMS COMMISSION

MAR 3 2010

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State of Oklahoma
County of Payne
I, Lisa S. Lambert, Court Clerk, in and for Payne County,
OK, do hereby certify that the above and foregoing is a true
and correct copy of the original instrument now on file and
of record in my office at Stillwater, OK. In testimony hereof
I have hereunto set my hand and signed my official seal
this 16th day of February, 2010.
Lisa S. Lambert, Court Clerk

[Handwritten signature]

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**
CELESTE KASSING, INDIVIDUALLY **CLAIM NO. 10-0776-CC**

Arkansas
State Claims Commis
OCT 08 2014

RECEIVED

and

**CELESTE KASSING,
PERSONAL REPRESENTATIVE
OF THE ESTATE OF DAVID KASSING**

**CLAIM NO. 10-0777-CC
CLAIMANTS**

V.

**ARKANSAS STATE HIGHWAY AND
TRANSPORTATION DEPARTMENT**

RESPONDENT

RESPONDENT'S PRETRIAL BRIEF

This Claim should be denied and dismissed as there was no negligence on the part of the Respondent and the claimed negligence did not proximately cause the accident.

Facts

Claimant states in her complaints that at the intersection of highway 64 and county road 521 a Semi pulling a spray rig failed to yield, and that county road 521 was missing its stop sign and the State knew or should have known it was down. This accident occurred on Saturday, June 16, 2007. The semi pulling the spray rig was driven by Mr. Randy Moore, an employee of Pribble Farms. Mr. Moore drove in front of Claimant's vehicle, causing a collision. Claimant was severely injured and her husband was killed. Claimant settled her lawsuit against Mr. Moore and his employer for \$1,000,000 and is now claiming negligence against the Respondent because of the stop sign. Claimant has also received \$50,000 in settlement from her Workers Comp claim.

AHTD employee, Kenneth Balch, will testify that he observed a stop sign at the intersection within approximately one hour before the accident. Randy Moore's testimony,

given in the lawsuit against his employer, states that he knew that he was supposed to stop at the highway, whether or not there was a stop sign there. Mr. Moore testified that he does not know why he did not stop as his last memory was about a quarter of a mile before reaching the intersection.

Lack of Proximate Cause

Claimants' damages were not proximately caused by any claim of negligence against the Respondent. The essential elements of a cause of action for negligence are that the plaintiff show a duty owed and a duty breached, and that the defendant's negligence was a proximate cause of the plaintiff's damages. *Scott v. Cent. Ark. Nursing Ctrs., Inc.*, 101 Ark.App. 424, 278 S.W.3d 587 (2008). Proximate cause is defined, for negligence purposes, as that which, in a natural and continuous sequence, unbroken by any efficient intervening cause, produces the injury, and without which the result would not have occurred. *Id.*

Claimant will not be able to prove that any negligence on the part of the Respondent caused the stop sign to be missing, or that the stop sign had been missing for a sufficient amount of time for Respondent to have been aware that it was missing and timely respond by replacing it. Regardless, Mr. Moore's testimony clearly indicates that any claim of negligence on the part of the Respondent, even if true, was not a proximate cause of Claimants' damages. It is the intervening act by Mr. Moore of failing to stop *where he knew he should stop*, and driving into the path of the Claimant, that was the proximate cause of Claimant's damages. In other words, the lack of a stop sign did not "cause" Mr. Moore to fail to stop.

Mr. Moore's deposition was taken on July 7, 2009, as part of the previous lawsuit against Mr. Moore and his employer. Mr. Moore explained that he had been working at a farm south of highway 64 on county road 521. He had loaded a spray rig onto a trailer and intended to drive

north on county road 521, across highway 64, and to the shop of his employer, Pribble Farms, which was located on another county road north of highway 64. Mr. Moore went on to testify, while being questioned by counsel for Claimant:

Q. There's been some indication that there was a stop sign that should have controlled CR 521 as you were proceeding on that, and intersecting US 64. Was there a stop sign up at the time of this accident?

A. I couldn't tell you that either.

Q. This intersection of CR 521 and US 64, is this an intersection that you went through often during the course of your employment?

A. Yes sir.

Q. And would it be a fair statement to say that you were very familiar with this area?

A. Yes sir.

Q. Do you remember this accident?

A. No sir, I don't -- I don't remember anything, other than somebody hollering at me to see if I was okay.

Q. Are you contending that you were unconscious prior to this accident?

A. I don't ever remember getting to that road, or anything.

Q. **In the past**, when you had come to this intersection of 521 and US 64, **did you understand that if you were northbound on 521 that you had to come to a stop when you got to US 64?**

A. **Yes sir, I'm fully aware of that.**

Q. What is the last recollection that you have before this accident?

A. About a quarter of a mile back down the road, at the rice well.

(Emphasis added)

Deposition of Randy Moore beginning at page 10, line 25 through page 12, line 2.

and,

Q. Since the date of this accident, have you ever gone back out to the accident site to stop and look?

A. I look at it everyday. I cross that place everyday.

Q. And it's a fair statement that you crossed it everyday before this accident as well?

A. I come in and out of that road everyday, yes sir.

Q. **Would it also be fair to say that even if a stop sign was not up there, you knew you had to stop as you approached US 64?**

A. **Yes sir.**

(Emphasis added)

Deposition of Randy Moore beginning at page 33, line 13.

and,

Q. This intersection that we're talking about, with US 64, is this an intersection that you had been familiar with the entire – your entire adult life?

A. Yes sir, and through it as least once a day.

Deposition of Randy Moore beginning at page 62, line 15.

This testimony makes it clear that the lack of a stop sign did not cause Mr. Moore to drive out into the path of Claimant's vehicle. From past experience, Mr. Moore knew that he was supposed to stop at the intersection of US 64.

Mr. Moore has no memory of why he did not stop at the intersection. Because of this, Counsel for the Claimant directly asked Mr. Moore, "Would it also be fair to say that even if a stop sign was not up there, you knew you had to stop as you approached US 64?", to which Mr. Moore replied, "Yes sir." This question was asked in order to prove negligence on the part of Mr. Moore so that Claimant could collect the \$1,000,000 settlement from Moore's employer. It is now a direct contradiction for Claimant to contend that the missing stop sign caused Mr. Moore to drive into the path of Claimant's vehicle. Pribble Farms would not have agreed to pay the Claimant \$1,000,000 if they thought that the Highway Department was responsible for causing this accident.

The fact that Mr. Moore's negligence was the sole proximate cause of the accident is recorded by Claimant's accident reconstruction expert, Mr. Robert W. Painter, Jr., in his report provided in Claimant's Answers to Discovery. In that report, Mr. Painter concludes in part: "5. *"Moore" was inattentive while operating his motor vehicle;* 6. *"Moore" is the sole cause of the collision;*". Mr. Painter also made note in his report that, *"Moore" further stated that he drove through that intersection every day and knew that he was supposed to stop at the intersection.*" See Report of Robert W. Painter, Jr. included as part of Respondent's Pretrial Information.

An essential element of a cause of action for negligence is that the defendant's negligence was a proximate cause of the plaintiff's damages. *Scott v. Cent. Ark. Nursing Ctrs., Inc., supra*. Because Mr. Moore testified that even if a stop sign was not up there, he knew he had to stop as he approached US 64, *see depo page 33, line 13*, any negligence on the part of the Respondent could not have proximately caused Claimant's damages. With or without a stop sign, Mr. Moore knew at the time of the accident that he was supposed to stop at the intersection. Testimony will indicate that the missing stop sign played no part in causing the accident.

Additionally, Arkansas Code Annotated §27-51-501(b), dealing with vehicles approaching or entering an intersection, regardless of traffic controls, states that when two vehicles enter an intersection from different highways at the same time, the driver of the vehicle on the left shall yield the right-of-way to the vehicle on the right. Mr. Moore's vehicle was on the left and his negligence in failing to yield was the sole proximate cause of the accident.

No Negligence

In addition to a lack of proximate causation, the evidence in this case will indicate that there was no negligence on the part of the Respondent. AHTD employee Kenneth Balch will testify that he observed the stop sign at the intersection when he drove north on County Road 521 and crossed Highway 64 about an hour prior to the accident. AHTD Area Maintenance Supervisor Billy Ficker will testify that his office had not received any reports of a stop sign missing at that intersection prior to the accident. He will also testify that he drove his roads at least once a week and that he did not observe a missing stop sign at that intersection prior to the accident. Claimant will attempt to infer that the stop sign was missing for over six weeks prior to the accident by introducing a picture of the intersection taken by the State Police after an accident on the north side of the highway on May 4, 2007 and a picture taken by an insurance

adjuster on June 4, 2007. These photographs would likely be inadmissible in circuit court as Claimant has no other evidence to indicate that the stop sign remained missing the entire time between May 4, 2007 and June 16, 2007. The testimony from Respondent's witnesses will refute that inference. The relevant time period for this case is the date of the accident, June 16, 2007 or the day or so prior to June 16, 2007. Claimant has no evidence that the stop sign was not in place within the week prior to the accident. Respondent has direct witness testimony that the stop sign was in place within an hour or so prior to the accident.

With no evidence to indicate that the Respondent knew or should have known about a missing stop sign within an hour of Mr. Balch's observation, and in sufficient time to respond prior to the accident, there is no proof of negligence on the part of the Respondent.

Damages

As stated earlier, Claimant settled her lawsuits against the negligent party in this case, Mr. Moore and his employer, for \$1,000,000 and has also received \$50,000 in settlement from her Workers Comp claim. In addition to this, health insurance, social security disability and Workers Compensation have paid a significant part of Claimant's medical expenses and lost wages. In the event that any damages are awarded in this matter, those damages should be reduced by \$1,050,000 plus all amount paid by other third-parties such as health insurance, social security disability and Workers Compensation.

Conclusion

Claimant's damages were not proximately caused by any claim of negligence against the Respondent. Additionally there is no proof that the Respondent was negligent. These claims should be denied and dismissed.

ARKANSAS STATE HIGHWAY AND
TRANSPORTATION DEPARTMENT

By: David Dawson

David Dawson
Staff Attorney
Arkansas Bar No. 93087
AHTD, Legal Division
P. O. Box 2261
Little Rock, AR 72203-2261
(501) 569-2277
(501) 569-2165

CERTIFICATE OF SERVICE

I, David Dawson, certify that I have served the foregoing upon the Claimant by mailing a true copy of same this the 8 day of October, 2014 to:

Richard Whiffen
Attorney at Law
P. O. Box 924
Sikeston, MO 63801

David Dawson
David Dawson

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

ARKANSAS STATE
CLAIMS COMMISSION

MAR 18 2010

CELESTE KASSING

CLAIMANT RECEIVED

V.

CLAIM NO. 10-0776-CC

ARKANSAS STATE HIGHWAY AND
TRANSPORTATION DEPARTMENT

RESPONDENT

ANSWER AND MOTION TO
HOLD CASE IN ABEYANCE

COMES THE RESPONDENT and for its Answer to the Complaint and Motion to Hold Case in Abeyance, herein states:

1. The Respondent denies all allegations of the Complaint not admitted herein.
2. The Claimant's damage, if any, was not caused by the Arkansas State Highway and Transportation Department or its employees.
3. Respondent specifically denies negligence and states that any damage the Claimant may have sustained resulted solely from the negligence of a third party or third parties, not associated with the Respondent.
4. Respondent reserves the right to amend its Answer or otherwise plead further in this case.

Motion to Hold Case in Abeyance

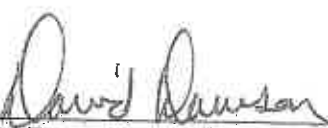
5. Counsel for Claimant stated in his letter to the Claims Commission on February 26, 2010 that "We do have a claim pending with the Guaranty Fund for self-insured employers in Missouri." This Claim should be held in abeyance, with no action taken, apart from discovery, until all claims against the Guaranty Fund for self-insured employers in Missouri, are adjudicated to a final conclusion, and until the completion of any other viable claims or lawsuits regarding this matter that may be filed in the future, including any lawsuits that might be filed in or

removed to Federal Court, and also including the completion of any appeals to State or Federal Appeals Court.

WHEREFORE, the Respondent PRAYS that this case be held in abeyance, for dismissal of the Complaint, and all other proper relief.

ARKANSAS STATE HIGHWAY AND
TRANSPORTATION DEPARTMENT

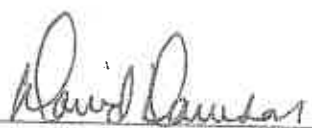
By: _____


David Dawson, Ark Bar No. 93087
Staff Attorney
Mark Umeda, Ark Bar No. 2007-285
Staff Attorney
P. O. Box 2261
Little Rock, AR 72203-2261
(501) 569-2277

CERTIFICATE OF SERVICE

I, David Dawson, certify that a true and correct copy of the foregoing Answer and Motion To Hold Case in Abeyance was sent by U.S. Mail, postage prepaid this 7 day of March, 2010, to:

Richard Whiffen
Attorney at Law
P. O. Box 924
Sikeston, MO 63801


David Dawson

STAT. CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 3,000,000.00

Claim No. 10-0776-CC

Celeste Kassing

Claimant

Attorneys

Richard Whiffen, Attorney

Mickey Walsh, Attorney Claimant

vs.

AR Highway Transportation Department

Respondent

David Dawson, Legal Counsel

Respondent

State of Arkansas

Date Filed

March 3, 2010

Type of Claim

Personal Injury

FINDING OF FACTS

This claim was filed for personal injury, pain and suffering, and negligence in the amount of \$3,000,000.00 against the Arkansas State Highway and Transportation Department.

Present at the hearing on April 10, 2015 was the Claimant, represented by Attorneys Richard Whiffen and Mickey Walsh and the Respondent, represented by David Dawson, Staff Attorney.

The Claims Commission hereby unanimously denies and dismissed this claim for lack of proximate cause.

The Claimant was injured on May 16, 2007 when a large farm truck pulling a large trailer and farm implement drove into the path of Claimant's vehicle at the intersection of County Road 521 and Highway 64 in western Cross County, causing a vehicle collision. The farm truck was owned by Pribble Farms and was being driven by an employee of Pribble Farms, Randy Moore. Claimant had the right of way on Highway 64. Mr. Moore failed to yield and drove from County Road 521 onto Highway 64 into the path of Claimant. The police accident report noted that the stop sign for County Road 521 was not in place at the time of the accident. Respondent is responsible for the placement and maintenance of stop signs along Highway 64. Moore also testified that he was very familiar with the intersection, having lived near there his whole life, and that even if a stop sign was not in place at the time of the accident, he was fully aware and knew that he was supposed to stop when he got to Highway 64.

The essential elements of a cause of action for negligence are that the plaintiff show a duty owed and a duty breached, and that the defendant's negligence was a proximate cause of the plaintiff's damages. *Scott v. Cent. Ark. Nursing Ctrs., Inc.*, 101 Ark.App. 424, 278 S.W.3d 587 (2008). Proximate cause is defined, for negligence purposes, as which, in a natural and continuous sequence, unbroken by any efficient intervening cause produces the injury, and without which the result would not have occurred. *Id.* Because a Third-Party, Mr. Moore, testified that he was fully aware that he was supposed to stop at Highway 64 even if there was no stop sign there, the Commission does not believe that a missing stop sign was proximate cause of the collision that caused the Claimant's injuries. Claimant argued that the law requires Respondent to provide a warning, even to inattentive drivers, and that there could have been negligence on the part of both Mr. Moore and the Respondent that proximately caused the collision that injured Claimant. While the Commission agrees that there can be shared negligence and causation on the part of more than one party, the Claimant failed to provide sufficient evidence in this instance to prove that a missing stop sign was the proximate cause of this accident.

IT IS SO ORDERED

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts and argument of Counsel, the Claims Commission hereby unanimously denies and dismissed this claim for lack of proximate cause.

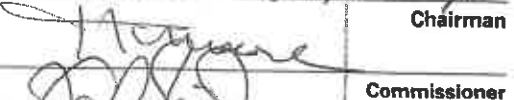
April 10, 2015

Date of Hearing

April 10, 2015

Date of Disposition


Chairman


Commissioner


Commissioner

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

Arkansas Claims Commission
MAY 26 2015
RECEIVED

CELESTE KASSING, INDIVIDUALLY

CLAIM NO. 10-0776-CC

and

CELESTE KASSING,
PERSONAL REPRESENTATIVE
OF THE ESTATE OF DAVID KASSING

CLAIM NO. 10-0777-CC

CLAIMANTS

V.

ARKANSAS STATE HIGHWAY AND
TRANSPORTATION DEPARTMENT

RESPONDENT

MOTION TO RECONSIDER

COMES NOW the Claimant by and through her attorneys Richard Whiffen and Micky Walsh and for her Motion states as follows:

STATEMENT OF THE CASE

1. A hearing was held on this matter on April 10, 2015 wherein the Commission had determined that the missing stop sign was not the proximate cause of this collision.
2. This identical issue was raised by the Defendant in its Motion for Summary Judgment. In its ruling, the Commission ruled against the Arkansas State Highway and Transportation Department.
3. The Claimant Celeste Kassing was injured and her husband, David Kassing, died on May 16, 2007, at the intersection of County Road 521 and Highway 64 in Cross County, Arkansas.
4. The stop sign was not in place at the time of the accident.

5. At the hearing of April 10, 2015, the Claimant presented pictures of the subject stop sign being absent 12 days prior to the accident and 43 days prior to that. The Claimant also presented pictures that, for the subsequent 3 days after the accident, the stop sign was still not up. The stop sign was absent at this location despite the presence of a highway department district headquarters 10.4 miles away employing over 100 people.
6. The location in question has been involved in two fatality accidents within a month-and-a-half. On May 4, 2007, an accident occurred that resulted in a death and a serious bodily injury. That accident was investigated by Arkansas State Police. Photographs that were taken on the date of this accident and subsequent photographs taken by an adjuster who was working the case clearly demonstrate that the stop sign for northbound traffic on County Road 521 was down. The investigating officer from that accident was present at the hearing and would have testified that it is the responsibility of the Arkansas State Police to survey the area where accidents have occurred, and if there are any missing traffic control devices, to notify the Arkansas State Highway Department so that they can be put back up.
7. Evidence was further presented to the Commission concerning Arkansas Statute Title 27-53-211, which states as follows:

“(A) It shall be the duty of the Arkansas State Highway and Transportation department to inspect all accident locations on the state highway system in Arkansas as reported to the Department by the Department of Arkansas State Police pursuant to subsection 27-53-207(B), where accidents which resulted in a human fatality occurred within the preceding twelve month period and where two or more

accidents involving a personal bodily injury occurred at the same location. The inspection shall determine within the judgment of the Department personnel, whether safety improvements, increased visibility, warning signs, traffic control devices, or any other safety improvements are warranted which could reduce or prevent the future occurrence of any similar accidents at the same locations.”

In depositions that were taken from state highway department employees, none of them were aware that this was even required by Arkansas law. They further admitted that there was no investigation performed at this location following either of these accidents. The above statute is a duty that is imposed upon the Arkansas State Highway Department. It is not argued that this would have in any way prevented the accident that the Kassings were involved in. However, it does show that the State is not fulfilling its duties and obligations to the motoring public in the State of Arkansas. This is true even though each of the state highway department employees all testified that stop signs were duty one. They each testified that it is the responsibility of each and every employee, as they drive the roads of Arkansas, to note whether appropriate traffic control devices are erected. If there are not appropriate traffic control devices, they are to notify the State Highway Department so that they can be erected. In addition, the employees testified that each road was traveled at least one time per week with the express intent of identifying down or damaged traffic control devices. This would mean that state employees had gone down that road at least six times in between the first accident and the Kassing accident. Arkansas law recognizes the State’s duty in Title 27-52-105 which states:

“(A) The State Highway Commission shall place and maintain traffic control devices, conforming to its manual and specifications, upon all state highways as it shall deem necessary to indicate and to carry out the provisions of this chapter or to regulate, warn or guide traffic.”

This statute is mandatory in that it uses the word “**shall**.” The State Highway Department had determined that stop signs should have been utilized in this area. The law requires that they “shall” maintain those devices.

8. At the hearing, Respondent presented deposition testimony of the driver of the vehicle, who went through where the stop sign should have been. The driver did testify at his deposition that he knew he was supposed to stop. This was obviously “in retrospect”. There was no testimony indicating that he was aware that he needed to stop at the time.
9. Respondent’s argument, that it cannot be held responsible when the person knows or should’ve known to stop makes the purpose of the Highway Department sign illogical.
10. The Highway Department has a duty, under State law, to provide traffic control devices, according to their own standards, for the benefit of the traveling public. The Highway Department determined that it needed a sign at this intersection. Every driver has a duty, day or night, to keep a proper lookout, to stay on their side of the road, and to yield to the right of way. Absent the invention of stop signs, these actions should never happen – but they do. The Highway Department

put this sign there as warning to the forgetful or to the unwary. The duty is not only to the person approaching the stop sign, but is to individuals that they may collide with if they do not obey the rules, which is a common occurrence.

11. The pictures presented to the Commission show a long straight country road with a long straight on the other side of Highway 64. This would have been the direction of travel for Mr. Moore who caused the accident. Mr. Moore caused this accident in part and the Highway Department caused this accident in part and is responsible for the extensive injuries suffered by Celeste Kassing and the death of David Kassing by failing to provide the last warning that the Arkansas State Highway Department had already deemed was necessary.

ARGUMENT AND AUTHORITY

Proximate cause is defined as being “that which in a natural and continuous sequence, unbroken by any efficient intervening cause, produces the injury, and without which the result would not have occurred. *State Farm Mutual Auto Insurance Company v. Pharr*, 305 Ark. 459, 808 S.W. 2d 769, 771 (1991). While “proximate cause is the efficient and responsible cause, it need not be the last or nearest one.” *Id.* An “original act or omission is not eliminated as a proximate cause by an intervening cause unless the latter is in itself sufficient to stand as the cause of the injury”. *Id.* The “mere fact that other causes intervene between the original act of negligence and the injury for its recovery is sought is not sufficient to relieve the original actor of liability if the injury is the natural and probable sequence of the original negligent act or omission and as such as might reasonably had been foreseen as probable.” *Id.* The “question of intervening efficient cause is simply whether it is the original act of negligence or an

independent intervening act that is the proximate cause of an injury: this is a question for the jury.” *Id.* citing *Nation Wide Rentals Company v. Carter*, 298 Ark. 97, 765 S.W. 2d, 931 (1989). Proximate cause “becomes a question of law *only* if reasonable minds could *not* differ.” *George* at 213.

Proximate cause, however, is not always extinguished by an intervening act. Proximate cause also looks at the foreseeability of the event. See *Obert v. Seville*, 253 Ill. App. 3d 677, 624 N.E. 2d 928 (2nd Dist. Ill. 1993). An act will not relieve the defendant of liability if the “defendant could reasonably foresee the intervening act.” *Id.* Therefore, there may be more than one proximate cause of a plaintiff’s injuries. In *Obert*, the municipal defendant argued that an obstructed stop sign was not the proximate cause of the plaintiff’s injuries. The Illinois court determined that the city could have reasonably foreseen that the absence of an unobstructed stop sign would allow a driver to fail to exercise reasonable care when approaching the intersection. The court determined that this intervening act was a foreseeable act of negligence and precluded a ruling that the driver was the sole proximate cause of the injuries.

A similar argument comes out of the Eastern District of Arkansas which mimics the reasoning and purpose of municipal signs and warning devices. In *Quinn v. U.S.*, 312 F.Supp. 999, (ED AR 1970), the United States Government denied that the alleged negligence of its agents and servants proximately caused the Plaintiff’s damages. The Plaintiffs allege that the United States was negligent in erecting a barricade without adequately warning the public in failing to use signing devices for their construction. Plaintiff argued that a warning should have been present describing the steep road grade. The Court stated that the government had a duty to maintain “signs or other warning devices adequate to inform the public of the existence of the

hill in question with its sharply descending grade, the maximum safe speed to be used in descending the hill, the existence and location of the barricade.” *Id.* The Court even dispelled the argument that this duty is discharged to those who are already familiar with the area. In support of this argument, the Court recognized that “even in the case of those who had driven over the access road sufficiently to familiarize themselves with its features, it must be remembered that the duty to warn of danger runs not only to the careful individual, but also to one whose momentarily inattention and carelessness may, if not alerted, victimize the innocent.” *Id.* citing *United States v. State of Washington*, 351 F.2d 913 (9th Cir. 1965). Furthermore, “even those individuals who are aware of the general location of dangers may, unless reminded, be taken by surprise.” *Id.* Emphasis added.

In this matter, there are multiple instances showing that the stop sign at the intersection was down for more than a month. Photographs from multiple time periods confirm that the stop sign was down and there have been no records produced or testimony indicating stop signs were placed at the northbound section of the road subsequent to the photographs being taken. This provides constructive notice to the state that a hazardous condition was present. Furthermore, this hazardous condition presented a foreseeable risk that drivers, even drivers who had traversed the road before, would negligently enter the intersection due to the stop sign’s absence.

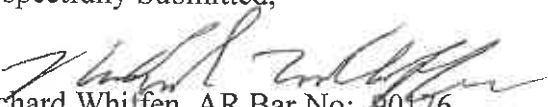
As stated in *Obert*, there can be more than one proximate cause to an accident. Drivers are asked to follow the rules of the road and make many decisions during their time behind the wheel. Additionally, more and more often, a driver is potentially distracted by the radio or his own personal thoughts. This is why the State of Arkansas made the decision to affirmatively place a stop sign at the intersection to safeguard against drivers failing to give the right-of-way to

drivers on the preferred highway. The State of Arkansas' decision to place and maintain the stop sign at the intersection is an admission that this intersection required a stop sign to guard against the "momentary inattention and carelessness" of drivers as described in *Quinn v. U.S.* Therefore, Plaintiff's claim against the State of Arkansas should be heard and damages awarded accordingly.

Arkansas makes it mandatory that the State Highway Department maintain all traffic control devices. This is certainly a recognition of the importance of these devices. To allow the state to take the position that people should be stopping as they approach this intersection, regardless of whether there is a stop sign or not, allows the Arkansas State Highway Department to shirk its duty and responsibility that it has to the motoring public. This duty extends to other vehicles that are using the roadway, such as the Kassing vehicle, that have no reason to believe or expect that the state has not honored its obligation to maintain their roads in a safe condition. It is also evident that the Arkansas State Highway Department was not aware of the Arkansas law that required them to perform investigations at accidents such as the one that occurred on May 4, 2007 and the Kassing accident that occurred on June 16, 2007. Since each of these accidents involved a fatality, it was incumbent upon the department to investigate this intersection. In addition, the statute states that if there are more than one accident at an intersection, then this intersection shall be investigated regardless of whether there were any deaths. Once again, the motoring public in Arkansas and Arkansas residents should expect that the state is going to abide by the law, just as the state expects its citizens to do so. This Commission is the only public authority available to the Kassings and other citizens to see that these laws and duties are fulfilled.

WHEREFORE, Claimant prays that the Court will reconsider its finding of facts in light of the prior ruling of the Commission, a copy of which is attached hereto; and for the safety of the public.

Respectfully Submitted,



Richard Whiffen, AR Bar No: 90176

Attorney at Law

PO Box 924

Sikeston, MO 63801

Telephone: 573-471-0600

Facsimile: 573-472-1477

and

Micky Walsh, OK Bar No. 9327

BEELER, WALSH & WALSH, P.L.L.C.

4508 N. Classen Boulevard

Oklahoma City, OK 73118

Telephone: (405) 843-7600

Telephone: (405) 810-9339

Facsimile: (405) 606-7050

Attorneys for Plaintiff

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 3,000,000.00

Claim No. 10-0777-CC
10-0776-CC

Attorneys

Celeste Kassing Claimant
Est. of David Kassing

Richard Whiffen, Attorney Claimant
Mickey Walsh, Attorney

AR Highway Transportation Department Respondent
State of Arkansas

David Dawson, Legal Counsel Respondent

Date Filed March 3, 2010

Type of Claim Personal Injury

FINDING OF FACTS

This claim was filed for personal injury, pain and suffering, and negligence in the amount of \$3,000,000.00 against the Arkansas State Highway and Transportation Department.

Present at the hearing on April 10, 2015 was the Claimant, represented by Attorneys Richard Whiffen and Mickey Walsh and the Respondent, represented by David Dawson, Staff Attorney.

The Claims Commission hereby unanimously denies and dismissed this claim for lack of proximate cause. The Claimant was injured on May 16, 2007 when a large farm truck pulling a large trailer and farm implement drove into the path of Claimant's vehicle at the intersection of County Road 521 and Highway 64 in western Cross County, causing a vehicle collision. The farm truck was owned by Pribble Farms and was being driven by an employee of Pribble Farms, Randy Moore. Claimant had the right of way on Highway 64. Mr. Moore failed to yield and drove from County Road 521 onto Highway 64 into the path of Claimant. The police accident report noted that the stop sign for County Road 521 was not in place at the time of the accident. Respondent is responsible for the placement and maintenance of stop signs along Highway 64. Moore also testified that he was very familiar with the intersection, having lived near there his whole life, and that even if a stop sign was not in place at the time of the accident, he was fully aware and knew that he was supposed to stop when he got to Highway 64.

The essential elements of a cause of action for negligence are that the plaintiff show a duty owed and a duty breached, and that the defendant's negligence was a proximate cause of the plaintiff's damages. *Scott v. Cent. Ark. Nursing Ctrs., Inc.*, 101 Ark.App. 424, 278 S.W.3d 587 (2008). Proximate cause is defined, for negligence purposes, as which, in a natural and continuous sequence, unbroken by any efficient intervening cause, produces the injury, and without which the result would not have occurred. *Id.* Because a Third-Party, Mr. Moore, testified that he was fully aware that he was supposed to stop at Highway 64 even if there was no stop sign there, the Commission does not believe that a missing stop sign was proximate cause of the collision that caused the Claimant's injuries. Claimant argued that the law requires Respondent to provide a warning, even to inattentive drivers, and that there could have been negligence on the part of both Mr. Moore and the Respondent that proximately caused the collision that injured Claimant. While the Commission agrees that there can be shared negligence and causation on the part of more than one party, the Claimant failed to provide sufficient evidence in this instance to prove that a missing stop sign was the proximate cause of this accident.

IT IS SO ORDERED

*These two claims were heard consecutively as one claim.

CONCLUSION

Upon consideration of all the evidence, the Commission unanimously denies and dismisses the claim.

Date of Hearing April 10, 2015

Date of Disposition April 10, 2015

Amended Opinion to include Claim # 10-0777-CC and the name Est. of David Kassing. Time to appeal still stands from the date of April 28, 2015.

Any questions contact Brenda Wade

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS
CELESTE KASSING, INDIVIDUALLY**

CLAIM NO. 10-0776-CC

Arkansas Claims Commission
JUN 01 2015
RECEIVED

and

**CELESTE KASSING,
PERSONAL REPRESENTATIVE
OF THE ESTATE OF DAVID KASSING**

**CLAIM NO. 10-0777-CC
CLAIMANTS**

V.

**ARKANSAS STATE HIGHWAY AND
TRANSPORTATION DEPARTMENT**

RESPONDENT

**RESPONDENT'S RESPONSE TO
MOTION FOR RECONSIDERATION**

Claimant's Motion for Reconsideration should be denied for the following reasons:

Rule 7.1 of the Arkansas State Claims Commission Rules & Regulations states that Petitions for Re-Hearing and/or Motions for Reconsideration will only be entertained if they set forth new or additional evidence which was not available to the moving party at the time of the scheduled hearing. Claimant's Motion does not set forth new or additional evidence which was not available at the time of the hearing, it simply restates the arguments made prior to and at the hearing.

Additionally, Claimant's Motion includes a statement that is misleading. The first sentence of paragraph 6 under "Statement Of The Case" reads, "The location in question has been involved in two fatality accidents within a month-and-a-half." This wrongfully infers that the May 4, 2007 accident is somehow related to the Claimant's accident or to the fault of the Respondent. In the May 4, 2007 accident a driver ran a stop sign on the North side of the highway, which is the opposite side from where the Claimant's accident occurred. Additionally, the stop sign WAS in place, yet the driver still failed to stop and collided with another vehicle.


This in no way can be attributable to the Respondent. The statement in the first sentence is misleading and should be disregarded.

Also, Claimant's citation of *Obert v. Seville*, 253 Ill.App.3d 677, 624 N.E.2d 928 (2nd Dist. Ill. 1993), an Illinois case, is misplaced and inapplicable here. First, Illinois law is not controlling in Arkansas. Second, in that case the City of Aurora attempted to argue that any potential negligence from an obstructed stop sign was not a proximate cause of plaintiff's injuries because the driver was unable to recall the events leading up to and the details of the accident. That was not the basis for the Commission's conclusion in this case. The Commission's conclusion was based upon the testimony of Randy Moore, as solicited by Claimant's own counsel, that he knew beforehand that he was supposed to stop at the intersection, regardless of whether there was a stop sign present or not.

Conclusion

Claimant has not set forth new or additional evidence which was not available to the moving party at the time of the scheduled hearing. Additionally, Claimant's arguments are misleading and inapplicable to the facts of this case. Therefore Claimant's Motion for Reconsideration should be denied.

ARKANSAS STATE HIGHWAY AND
TRANSPORTATION DEPARTMENT

By: 
David Dawson
Staff Attorney
Arkansas Bar No. 93087
AHTD, Legal Division
P. O. Box 2261
Little Rock, AR 72203-2261
(501) 569-2277
(501) 569-2165

CERTIFICATE OF SERVICE

I, David Dawson, certify that I have served the foregoing upon the Claimant by mailing a true copy of same this the 28 day of May, 2015, to:

Richard Whiffen
Attorney at Law
P. O. Box 924
Sikeston, MO 63801

~~Mickey Walsh~~
~~Attorney at Law~~
~~4508 N. Classen Boulevard~~
~~Oklahoma City, Oklahoma 73118~~



David Dawson

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 5,000,000.00

Claim No. 18-8776-CC
18-8777-CC

Celeste Kassing
Estate of David Kassing Claimant

Attorneys

Richard Whiffen, Attorney Claimant
Mickey Walsh, Attorney

AR Highway Department
State of Arkansas Respondent

David Dawson, Attorney Respondent

Date Filed March 3, 2010

Type of Claim Personal Injury, Pain & Suffering,
Negligence, Wrongful Death

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 April 10, 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 April 10, 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.

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WHIFFEN & BEUSSINK, L.L.P.**Attorneys at Law****P.O. Box 924****102 South Interstate Drive****Sikeston, Missouri 63801****Telephone No: 573-471-0600 Fax No: 573-472-1477**

Date & Time Sent _____

TO: Arkansas State Claims Commission
Attn: Jenna

FAX NO: 501-682-2823

DATE: June 29, 2015

RE: Celeste Kassing vs. AHTD
Claim No. 10-0776-CC

Celeste Kassing, Personal Representative of the Estate of David Kassing vs.
AHTD
Claim No. 10-0777-CC

Dear Jenna:

Per my conversation a few moments ago with Melissa, I am notifying the Commission that are appealing Claims No. 10-0776-CC and 10-0777-CC. These are companion cases from the same accident.

It's my understanding that you will send this on to the legislative subcommittee that reviews these claims and that no formal form, motion or filing is required to meet our 30-day deadline. Thank you very much for your assistance. I look forward to hearing from the legislative subcommittee on proceeding from this point.

Sincerely yours,


Richard Whiffen

RDW:ada

fcc: Micky Walsh
David Dawson - 501-569-2164

Arkansas Claims Commission
JUN 29 2015
RECEIVED

This transmittal consists of 1 page(s), including this cover page.

THIS FACSIMILE CONTAINS PRIVILEGES AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THE FACSIMILE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYER OR AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE IMMEDIATELY NOTIFY US, BY TELEPHONE, AND RETURN THE ORIGINAL FACSIMILE TO US AT THE ABOVE ADDRESS VIA THE U. S. POSTAL SERVICE. THANK YOU.

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