

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

State Claims Commission

MAR 25 2015

G5

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- ☐ Mr.
☒ Mrs.
☐ Ms.
☐ Miss

Valerie R. Young

Claimant

vs.

State of Arkansas, Respondent

AR State Police

COMPLAINT

Valerie R. Young

the above named Claimant, of

3308 Lehigh Dr Little Rock

3308 Lehigh Dr

County of Pul

represented by

(Legal Counsel, if any, for Claim)

of

(Street and No.)

(City)

(State)

(Zip Code)

(Phone No.)

(Fax No.)

says:

State agency involved:

State Police Department

Amount sought:

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

SEE police report

Explanation:

I Valerie Young was traveling north bound on Stagecoach Road, I noticed a blue pickup and wearing around (traffic) and the car hit my right side striking my right side of my right shoulder. I was not able to turn my head quickly to see what were happening.

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

(Yes or No)

; when?

(Month)

(Day)

(Year)

; 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?

; if so, state name and address

(Name)

(Street or R.F.D. & No.)

(City)

(State)

(Zip Code)

and that the nature thereof is as follows:

; and was acquired on

in the following manner:

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

(Print Claimant/Representative Name)

Valerie R. Young

(Signature of Claimant/Representative)

Valerie R. Young

TO and subscribed before me at

Little Rock

AR

on this

25th

day of

March

2015

(Date)

(Month)

(Year)

Garianne Smith

(Notary Public)

My Commission Expires:

11

(Month)

01/2020

(Day)

(Year)

SF1-R7/99

OFFICIAL SEAL
GARIANNE SMITH
NOTARY PUBLIC, ARKANSAS
JEFFERSON COUNTY
COMMISSION #12379402
MY COMMISSION EXP. 11-01-2020

ARKANSAS STATE CLAIMS COMMISSION
MOTOR VEHICLE ACCIDENT REPORT FORM

SECTION I
CLAIMANT

De Valerie R Young ADDRESS 3308 Whigh
CITY & STATE Little Rock Ark ZIP CODE 72204

DATE OF ACCIDENT: 3/13/2015 TIME: 11:12 AM

MOTOR VEHICLE DAMAGED: TYPE Used Camry MAKE Toyota YEAR _____

DRIVEN BY: Valerie R Young ADDRESS 3308 Whigh Dr

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

See police report and doctor report

SECTION II

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

If repairs have not been made, list three estimates below and attach copies of each of them.

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

SECTION III

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

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

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

NAME OF INSURANCE CARRIER

California Casualty

ADDRESS

P.O. Box 42630 Phoenix, AZ 85080-2

SECTION IV

Type of State Vehicle involved _____ License No. _____

Driver _____ Property of which State Agency _____

If accident was investigated by the State Police, give name of investigating officer: _____

If investigation was made by some other agency, give name and title of officer making the investigation: Moreno, Raymond

SECTION V

The undersigned states on oath that he/she is familiar with the matters and things set forth in the above statement, and that he/she verily believes that they are true.



Signature of Claimant

Little Rock, AR
City, State

day of March, 2015
month year

Gianne Smith
Notary Public

My Commission Expires 11/1/2020

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

SECTION I
CLAIMANT

NAME Vahrie Young ADDRESS 3308 Lehigh Dr.
CITY & STATE Little Rock AR ZIP CODE 72204
DATE OF INCIDENT: 3/13/2015 19 11:12 AM

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

SEE police report AND doctor report.

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

SECTION II

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

NOTE: Attach a copy of repair bill.

If repairs have not been made, list three estimates below and attach copies of each of them.

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

SECTION III

Was property covered by insurance? Yes (☒) No ()
If yes, what is the deductible? \$ 500.00

NAME OF INSURANCE CARRIER

California Casualty

ADDRESS

P.O. Box 42630 Phoenix, AZ 85080-263

SECTION IV

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

If yes, what is the deductible? \$ 500.00

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

NAME OF INSURANCE CARRIER

California Casualty

ADDRESS

P.O. Box 42630 Phoenix, AZ 85080-2

SECTION V

If incident was investigated by the police or by some other agency, give name and title of officer/person making the investigation: SEE police report

SECTION VI

The undersigned states on oath that he/she is familiar with the matters and things set forth in the above statement, and that he/she verily believes that they are true.



(Notary Seal) and subscribed before me at Little Rock, AR
City & State
day 25th of March, 2015
month year

Signature of Claimant

[Signature]

City & State

My Commission Expires 11/01/2020

[Signature]

Signature of Notary Public

SCA APPRAISAL COMPANY FOR CALIFORNIA CASUALTY
NEW YORK SERVICE CENTER - 41 LUDLAM AVE, BAYVILLE, NY 11709
LOS ANGELES SERVICE CENTER - PO BOX 1455, BURBANK, CA 91507
REQUEST A SUPPLEMENT 24 HRS A DAY 7 DAYS A WEEK AT: WWW.SCA-APPRAISAL.COM
FOR ADDITIONAL ASSISTANCE CALL 800-572-8010

*** ESTIMATE ***

Claimant states this is the repair bill

02/18/2015 01:49 PM

Owner

Owner: HERTZ RENT A CAR
Contact: HERTZ RENT A CAR
Address: 10500 W. MARKHAM

Work/Day: (501)492-5530
Work/Day: (501)492-5530
FAX:

City State Zip: Little Rock, AR 72205

Control Information

Claim #: 50000293583
Loss Date/Time: 02/13/2015 06:00 AM
Deductible: \$500.00
File #: 5493990

Insured Policy #: 101-7572450
Loss Type: Collision

Accounting #:

Ins. Company: California Casualty
Company Contact: California Casualty
Address: PO BOX 42630
City State Zip: Phoenix, AZ 85080

Work/Day: (800)841-4736
FAX: (800)803-1398

Agent:

Insured: VALERIE YOUNG
Address:

Home/Day: (501)912-0571
Work/Day: (501)912-0571

Claim Rep: California Casualty
Contact: KEELY BENNETT
Address: PO BOX 42630

Work/Day: (800)841-4736
Work/Day: (800)866-4846
FAX: (800)803-1398

City State Zip: Phoenix, AZ 85080

Inspection

Inspection Date: 02/18/2015 11:25 AM
Inspection Location: WITH INSURED
City State Zip: Little Rock, AR 72204
Primary Impact: Right Side
Driveable: Yes

Inspection Type: Independent Field
Contact: VALARIE YOUNG

Secondary Impact:
Rental Assisted:

Assigned Date/Time:
First Contact Date/Time:

Received Date/Time: 02/18/2015 09:37 AM
Appointment Date/Time: 02/19/2015 08:00 AM

Appraiser Name: BRIAN STEVENS
Address: P.O. BOX 1455

Appraiser License #:
Work/Day: (800)572-8010
FAX: (800)544-1332
FAX:

City State Zip: Burbank, CA 91507

Repairer

Repairer: NON CHOSEN

Contact: NON NON

2014 Toyota Camry 2014,5 SE 4 DR Sedan
Claim #: 50000283583

02/18/2015 01:09 PM

Address: _____

(000)000-0000

Home/Day: (000)000-0000

FAX: (000)000-0000

City State Zip: _____, AR 00000

Regulation ID: 00-0000000

License #: _____

Target Complete Date/Time: _____

Days To Repair: 1

Remarks

"FOR ALL SUPPLEMENTS UTILIZE www.sca-appraisal.com FOR ADDITIONAL
ASSISTANCE CONTACT 800-572-8010"

Vehicle

2014 Toyota Camry 2014,5 SE 4 DR Sedan
4cyl Gasoline 2.5 DOHC
6-Speed Automatic

Lic.Plates: 735 WGG

Lic Expire: _____

Prod Date: 06/2014

Veh Insp# : _____

Condition: _____

Ext. Color: Gray

Ext. Refinish: Two-Stage

Lic State: AR

VIN: 4T1BF1FK5EU432236

Mileage: 12,336

Mileage Type: Actual

Code: Y1778C

Int. Color: _____

Int. Refinish: _____

Options

1st Row LCD Monitor(s)
Air Conditioning
Auto Headlamp Control
Cruise Control
Fog Lights
Heated Power Mirrors
Keyless Entry System
Leather Steering Wheel
Overhead Console
Power Steering
Rear Spoiler
Rem Trunk-L/Gate Release
Sport Seats
Strg Wheel Radio Control
Tinted Glass
Trip Computer
Wireless Audio Streaming

2nd Row Head Airbags
Aluminum/Alloy Wheels
Auxiliary Audio Input
Daytime Running Lights
Halogen Headlights
IPOD Control
Knee Air Bags
Lighted Entry System
Power Brakes
Power Windows
Rear View Camera
Side Airbags
Sport Suspension
Tachometer
Tire Pressure Monitor
USB Audio Input(s)
Wireless Phone Connect

AM/FM CD Player
Anti-Lock Brakes
Center Console
Dual Airbags
Head Airbags
Intermittent Wipers
LED Brakelights
MP3 Decoder
Power Door Locks
Rear Side Airbags
Rear Window Defroster
Split Folding Rear Seat
Stability Cntrl Suspens
Tilt & Telescopic Steer
Traction Control System
Velour/Cloth Seats

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Front Doors										
1	E	230		Housing,Mirror Outer RT	8790806410	\$233.97			0.9	SM
2	E	330	01	Cover,Frt Door Mirror RT	879150606000	\$48.50			0.2	SM
Manual Entries										
3	SB	M60		Hazardous Waste Removal	Sublet Repair	\$2.00*				SM
>> "FOR ALL SUPPLEMENTS UTILIZE www.sca-appraisal.com FOR ADDITIONAL										
>> ASSISTANCE CONTACT 800-572-8010"										

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3 Items

MC Message

01 CALL DEALER FOR EXACT PART # / PRICE

Estimate Total & Entries

Gross Parts				\$282.47	
Parts & Material Total					\$282.47
Tax on Parts & Material		@ 9.000%			\$25.42
Labor	Rate	Replace	Repair Hrs	Total Hrs	
		Hrs			
Sheet Metal (SM)	\$48.00	1.1		1.1	\$52.80
Mech/Elec (ME)	\$75.00				
Frame (FR)	\$55.00				
Refinish (RF)	\$48.00				
Paint & Materials	\$32.00				
Labor Total				1.1 Hours	\$52.80
Tax on Labor		@ 9.000%			\$4.75
Sublet Repairs					\$2.00
Tax on Sublet		@ 9.000%			\$0.18
Gross Total					\$367.62
Less: Deductible					\$500.00-
Net Total				(\$-132.38)	\$0.00

Alternate Parts C/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 30101 North Georgia
 Recycled Parts No

Audatex Estimating 7.0.417 ES 02/18/2015 01:54 PM REL 7.0.417 DT 02/01/2015
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THIS ESTIMATE MAY HAVE BEEN PREPARED BASED ON THE USE OF AUTOMOBILE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LIKE KIND AND QUALITY IN TERMS OF FIT, QUALITY AND PERFORMANCE TO REPLACEMENT PARTS AVAILABLE FROM THE ORIGINAL MANUFACTURER.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. THE AFTERMARKET CRASH PARTS USED IN THE PREPARATION OF THIS ESTIMATE ARE WARRANTED BY THE MANUFACTURER OR DISTRIBUTOR OF SUCH PARTS INSTEAD OF THE MANUFACTURER OF YOUR VEHICLE.
 AS REQUIRED BY ARKANSAS CODE TITLE 23, CHAPTER 89, SUB-CHAPTER 2, (23-89-216), THE FOLLOWING NOTICE IS PROVIDED, AND IS APPLICABLE TO YOU IF YOU ARE INSURED ON THE POLICY UNDER WHICH PAYMENT IS BEING MADE FOR DAMAGE TO THIS VEHICLE: FAILURE TO USE THE INSURANCE PROCEEDS IN ACCORDANCE WITH A SECURITY AGREEMENT BETWEEN YOU AND A LIENHOLDER, IF ANY, MAY CONSTITUTE THE CRIMINAL OFFENSE OF DEFRAUDING A SECURED CREDITOR IN VIOLATION OF

2014 Toyota Camry 2014.6 SE 4 DR Sedan
 Claim # 1 50000263589

02/18/2015 01:48 PM

ARKANSAS CODE SECTION 5-12 37-203. IF YOU HAVE ANY QUESTIONS, CONTACT YOUR LIENHOLDER.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Op Codes

* = User-Entered Value
 EC = Replace Economy
 ET = Partial Replace Labor
 TE = Partial Replace Price
 L = Refinish
 TT = Two-Tone
 BR = Blend Refinish
 CG = Chipguard
 AA = Appearance Allowance

E = Replace OEM
 OE = Replace PXN OE Srpis
 EP = Replace PXN
 PM = Replace PXN Reman/Rebld
 PC = Replace PXN Reconditioned
 SB = Sublet Repair
 I = Repair
 RI = R & I Assembly
 RP = Related Prior Damage

NG = Replace NAGS
 UE = Replace OE Surplus
 EU = Replace Recycled
 UM = Replace Reman/Rebuilt
 UC = Replace Reconditioned
 N = Additional Labor
 IT = Partial Repair
 P = Check



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Arkansas Uniform Motor Vehicle Collision Report

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Attachments

Report Number

2015-016832

SUMMARY	Date	2/13/2015	Day	FRIDAY	Time	11:12 AM	Time Notified	11:12 AM	Time Arrived	11:47 AM	Unit Assigned	T107	District	92	
	Road/Street/Highway					Latitude		Longitude		Section		Log Mile			
	At Intersection With					Not at Intersection, But		Direction		Of Reference Point					
	County					County GLC		City		City GLC					
ENVIRONMENT	PULASKI					AR 05 119		LITTLE ROCK		AR 052320119					
	Hit and Run		Not in City, But		Direction		Of Reference City		Speed Limit Posted		Speed Limit		Speed Limit 2		
	<input type="checkbox"/> Yes								YES		35				
	<input type="checkbox"/> No		2		0		0		0		0		0		
	Atmospheric Conditions					Light Conditions					Accident Locale				
	CLEAR					DAYLIGHT					URBAN				
	Surface Conditions					Road System					Road Surface				
	DRY					CITY STREET					ASPHALT				
	Road Alignment					Road Profile					Traffic Lanes(#)		Traffic Flow		
	STRAIGHT					LEVEL					2		DIVIDED BY MEDIAN - NO BAR		
Construction/Maintenance Zone					Roadway Defects										
NO					NO DEFECTS										
Relation to Junction					Traffic Controls										
INTERSECTION RELATED					LANE MARKINGS, TRAFFIC LANES MARKED										
Traffic Control Devices					Type of Collision					Fire Occurrence					
FUNCTIONING PROPERLY					SIDESWIPE SAME DIRECTION					NO FIRE OCCURRENCE					
Rank		Officer - Last Name			Officer - First Name			Officer - MI		Officer - Suffix					
OFC		MORENO			RAYMOND										
Officer - Signature					Officer - Badge Number			Officer - Department							
					10668			LITTLE ROCK PD							
					Reviewing Officer			Date Filed		Photos					
					CHRIST, JAMES					NO					
Rank		Supervisor - Last Name			Supervisor - First Name			Supervisor - MI		Supervisor - Suffix					
SGT		CHRIST			JAMES										
Supervisor - Signature					Supervisor - Badge Number			Supervisor Da							
					29113										
					Supervisor - Department										
					LITTLE ROCK PD										

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Capital Health Care
121 S. University Avenue Little Rock, AR 72204
501-562-4900 Fax 501-562-4905

Name of Patient: Valerie Young Birth date: 9-9-63
Date of injury: 2-13-75 Date of first examination: 2-13-75
Had patient received first aid before coming to you? Yes ☐ No ☒
From whom: _____
Was patient hospitalized? Yes ☐ No ☒ If yes, Date: _____ Hospital: _____

Patient's complaints (Subjective): Neck and Back pain head ache

Diagnosis (ICD-9 with description): 847.0, 847.1, 784.0, 783.1

Describe any other injury or disease affecting present condition: none

Have you previously treated patient for same or similar condition? Yes ☐ No ☒
If yes, When? _____

Nature of treatment: Chiropractic and Physical Therapy

Is treatment totally related to the accident? Yes ☒ No ☐
If no, Explain: _____

Were X-rays taken? Yes ☒ No ☐ If Yes, by whom? Capital Health Care
Date: 2/13/75

Further Treatment: _____ Last date of treatment: 2-25-75
Further treatment necessary? Yes ☐ No ☒ If yes, to what date? _____

Prognosis: Has patient made a complete recovery? Yes ☒ No ☐
If yes, on what date? 2-26-75

If not, do you anticipate a complete recovery? Yes ☐ No ☒
If yes, on what date? _____

If a complete recovery is not expected, explain in detail why not: _____

Disability: Date disability began: _____ Date released to resume work: _____
Any restrictions? Yes ☐ No ☒ If yes, describe: _____
Estimated future duration of total disability: _____

Date of this report: 2-26-75 Signed by: [Signature]
Brad Chambers D.C.

SUPINE

SLR

Braggards

Bowstring

WLR

DLR/milgrams

Goldthwaits

Gaenslens

Patricks

Soto Hall/Linders

PRONE

Derfield/Short Leg

Vachlas

Ely Heel to Buttock

Erichsens

Gillis/Hibbs

PALPATION

+1 to +4

Mild-Severe Pain

S=Spasm E=Edema

L R

OCC

C1

C2

C3

C4

C5

C6

C7

T1

T2

T3

T4

T5

T6

T7

T8

T9

T10

T11

T12

L1

L2

L3

L4

L5

SAC

IL

PEL

GOC

Dermatomes (N H D A)

area

Comments

PALPATION

+1 to +4 M-S Pain, S=Spasm E=Edema

L

R

OCC

C1

C2

C3

C4

C5

C6

C7

T1

T2

T3

T4

T5

T6

T7

T8

T9

T10

T11

T12

L1

L2

L3

L4

L5

SAC

IL

PEL

GOC

Dermatomes (N H D A)

area

Original symptoms still present

1.

2.

3.

4.

5.

New symptoms/exacerbations

1.

2.

3.

4.

5.

Pt. reports

% improvement

Comments

PALPATION

+1 to +4 M-S Pain, S=Spasm E=Edema

L

R

OCC

C1

C2

C3

C4

C5

C6

C7

T1

T2

T3

T4

T5

T6

T7

T8

T9

T10

T11

T12

L1

L2

L3

L4

L5

SAC

IL

PEL

GOC

Dermatomes (N H D A)

area

Original symptoms still present

1.

2.

3.

4.

5.

New symptoms/exacerbations

1.

2.

3.

4.

5.

Pt. reports

% improvement

Comments

PALPATION

+1 to +4 M-S Pain, S=Spasm E=Edema

L

R

OCC

C1

C2

C3

C4

C5

C6

C7

T1

T2

T3

T4

T5

T6

T7

T8

T9

T10

T11

T12

L1

L2

L3

L4

L5

SAC

IL

PEL

GOC

Dermatomes (N H D A)

area

Original symptoms still present

1.

2.

3.

4.

5.

New symptoms/exacerbations

1.

2.

3.

4.

5.

Pt. reports

% improvement

Comments

20324.11
2-19-15

osis

- CERVICAL**
- 1.8 C. Syndrome
 - 1.2 Cervicocranial Syndrome
 - 2.0 C. Disc Syndrome
 - 3.3 Cervicobrachial Syndrome
 - 3.2 C. Plexus disorder
 - 3.1 C. Myofasciitis
 - 0.4 C. Myositis, C. polymyositis
 - 3.2 C. Neuralgia
 - 4.9 C. Nerve Root Compression
 - 3.4 C. Brachial radiculitis/neuritis
 - 3.1 C. spine pain/cervicalgia
 - 0.9 C. Kinesalgia
 - 3.5 C. Torticollis
 - 8.8 C. Fascitis
 - 7.0 C. sprain/strain
 - 1.0 C. osteoarthritis
 - 2.4 C. Disc Degeneration
 - 7.4 C. hypolordosis
 - 0.4 Dizziness/Vertigo
 - 7.0 Hyperext. Hyperflex inj. to c.sp. (whiplash)
 - 4.0 Headache
 - 6.1 Migraine headache
 - 7.8 Tension headache

- THORACIC**
- 24. 722.11 T. Disc Syndrome
 - 25. 353.3 T. Plexus Disorder
 - 26. 724.1 T. spine pain
 - 27. 722.51 T. Disc degeneration
 - 28. 724.4 T. neuritis/radiculitis
 - 29. 724.4 T. radiculitis
 - 30. 786.5 Chest pain
 - 31. 720.9 T. spondylitis
 - 32. 847.1 T. sprain/strain
 - 33. 721.2 T. osteoarthritis
 - 34. 737.3 T. scoliosis
 - 35. 724.9 T. nerve root compression
 - 36. 729.2 T. neuralgia
 - 37. 729.1 T. myofasciitis/myalgia/myositis
 - 38. 724.5 T. Backache
 - 39. 728.85 T Muscle spasm

- LUMBAR**
- 40. 722.1 L. disc syndrome
 - 41. 722.93 L. disc disorder
 - 42. 353.1 L. plexus disorder
 - 43. 724.6 L.S. or S.I. Joint disorders
 - 44. 724.2 L. syndrome/Lumbalgia
 - 45. 724.5 Backache
 - 46. 724.3 Sciatica
 - 47. 724.4 L. neuritis/radiculitis
 - 48. 722.52 L. disc degeneration
 - 49. 724.8 L. facet syndrome
 - 50. 847.2 L. sprain/strain
 - 51. 724.9 L. nerve root compression
 - 52. 756.15 L.S. anomaly
 - 53. 846.0 L.S. sprain/strain
 - 54. 721.3 L. osteoarthritis
 - 55. 722.6 L. disc degeneration
 - 56. 722.83 L. postlaminectomy syndrome
 - 57. 729.2 L. neuralgia
 - 58. 729.1 L. myofasciitis
 - 59. 846.1 Sacroiliac sprain/strain
 - 60. 756.12 Spondylolisthesis
 - 61. 728.85 L. muscle spasm

- MISC.**
- 62. 840.0 Shoulder sprain/strain
 - 63. 719.41 Shoulder pain
 - 64. 726.10 Shoulder bursitis
 - 65. 841.0 Elbow sprain/strain
 - 66. 726.3 Elbow bursitis, epicondylitis
 - 67. 727.19 Elbow tenosynovitis
 - 68. 844.0 Knee sprain/strain
 - 69. 726.6 Knee bursitis
 - 70. 727.09 Knee tenosynovitis
 - 71. 845.0 Ankle sprain/strain
 - 72. 845.1 Foot sprain/strain
 - 73. 843.0 Hip sprain/strain
 - 74. 726.5 Hip bursitis
 - 75. 782.0 Paresthesia/Numb./Tingling
 - 76. 781.0 Spasms
 - 77. 842.1 Wrist sprain/strain
 - 78. 733.0 Osteoporosis
 - 79. 716.9 Arthritis
 - 80. 780.7 Fatigue/Malaise
 - 81. 354.0 Carpal Tunnel Syndrome
 - 82. 720.0 Rheumatoid arthritis
 - 83. 782.3 Edema

1				2				3			
X-Ray	Date	C.M.	Factors	X-Ray	Date	C.M.	Factors	X-Ray	Date	C.M.	Factors
XC2 XC3 XC5 XC7				XS1 XC2 XC3 XC5 XC7				XS1 XC2 XC3 XC5 XC7			
XT4 XLT2 A.P				XT2 XT4 XLT2 A.P				XT2 XT4 XLT2 A.P			
Lat.				Lat.				Lat.			
XL4 XL6 A.P				XL2 XL4 XL6 A.P				XL2 XL4 XL6 A.P			
Lat.				Lat.				Lat.			
Obl.				Obl.				Obl.			
				OTHER				OTHER			

Cervical Spine

- ☒ Negative for recent fracture, dislocation or gross osteopathology as visualized.
- ☐ Bone mineralization appears adequate for the patient's stated age.
- ☐ Atlantodental interspace measures 4mm mm. >3mm adult & >5mm child.
- ☐ George's line ☐ appears normal ☒ is disrupted @ C6
- ☐ Cervical lordotic curve appears M / Mod / Sev decreased. ☒ Reversed.
- ☐ 4 mm retrolisthesis of _____
- ☐ Disc spaces are Unremarkable / M / Mod / Sev narrowed between _____
- ☐ M / Mod / Sev spondylophytic activity @ _____
- ☐ M / Mod / Sev subchondral sclerosis @ _____
- ☐ Hypertrophic changes of the joints of Lushcka.
- ☐ M / Mod / Sev Lt / Rt convexity of the cerv / cerv-thor spine with apex @ _____ with the spinous processes rotated into the ☐ convexity ☐ concavity.
- ☐ M / Mod / Sev neuroforaminal narrowing between _____
- ☐ Anomalies / other _____
- ☐ Anterior cervical structures are unremarkable _____

THORACIC SPINE

- ☐ Negative for recent fracture, dislocation or gross osteopathology as visualized.
- ☐ Bone mineralization appears adequate for the patient's stated age.
- ☐ M / Mod / Sev ☐ Decrease ☐ Accentuation of the thoracic kyphosis.
- ☐ Disc spaces are unremarkable / M / Mod / Sev narrowed between _____

- ☐ M / Mod / Sev spondylophytic activity @ _____
 - ☐ M / Mod / Sev subchondral sclerosis of _____
 - ☐ M / Mod / Sev Lt / Rt convex thoracic curvature with apex @ _____ with the spinous processes rotated into the ☐ convexity ☐ concavity.
 - ☐ Soft tissue markings are within normal limits, or _____
- LUMBAR SPINE**
- ☐ Negative for recent fracture, dislocation, or gross osteopathology as visualized
 - ☐ Bone mineralization appears adequate for the patient's stated age.
 - ☐ M / Mod / Sev ☐ decreased ☐ increased lumbar lordotic curve.
 - ☐ Disc spaces are unremarkable / M / Mod / Sev narrowed between _____
 - ☐ M / Mod / Sev spondylophytic activity @ _____
 - ☐ M / Mod / Sev subchondral sclerosis of _____
 - ☐ Ullman's Line is WNL ☐ Spondylolytic ☐ Spondylolisthesis Grade (1) (2) (3) (4)
 - ☐ Retrolisthesis of _____ mm is noted @ _____
 - ☐ Sacral Base Angle ☐ <34 ☐ >48 ☐ L/S disc angle is ☐ <10 ☐ >15
 - ☐ L/R Innominate is inf / sup and ext / int rotated with respect to the R/L.
 - ☐ M / Mod / Sev Lt/Rt convexity of the lumbar spine with the apex @ _____
 - ☐ Anterior ☐ Posterior deviation of the weight bearing line @ L3.
 - ☐ Sacroiliac Joint, hip articulations and pubic symphysis are well maintained.
 - ☐ Soft tissue markings are within normal limits or _____

Arkansas Claims Commission
APR 17 2015
RECEIVED

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

VALERIE YOUNG

CLAIMANT

v.

NO. 15-0650-CC

ARKANSAS STATE POLICE

RESPONDENT

ANSWER

Comes now the Respondent, the Arkansas State Police (ASP), by and through its General Counsel, Gregory Downs, and for its Answer to the Complaint of Claimant Valerie Young states as follows:

1. The Respondent denies that it is liable for any injuries allegedly suffered by the Claimant.
2. The Respondent denies that it is responsible for property damages to the Claimant's vehicle.
3. The Respondent denies that it is liable for medical costs incurred by the Claimant as a result of any alleged injuries.
4. The Respondent denies that the Claimant is entitled to an award of damages for pain and suffering.
5. Unless specifically admitted herein, all other allegations of the Complaint are denied.
6. Pleading affirmatively, an unknown driver fleeing from police pursuit was the proximate cause of the Claimant's alleged property damage and injuries, as indicated by the Little Rock Police accident report the Claimant submitted with her claim. *See* Ark. Uniform Motor Vehicle Collision Accident Report No. 2015-016832, p. 4. ("UNKNOWN DRIVER


CAUSED THIS COLLISION BY PASSING ILLEGALLY ON THE RIGHT WHILE ATTEMPTING TO EVADE POLICE IN A STOLEN VEHICLE”).

7. The following are the applicable codes for the Department in this claim:
Agency Code: 0960; Fund Code: SMP8800; Cost Center: 456607; Appropriation Code: 519; and Internal Order: I0960248.

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

Respectfully submitted,

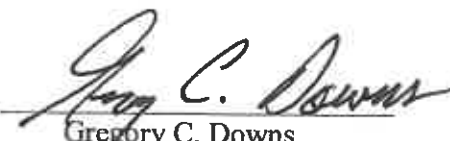
ARKANSAS STATE POLICE

By: 
Gregory C. Downs
Bar No. 2005274
General Counsel
Arkansas State Police
1 State Police Plaza Drive
Little Rock, AR 72209
(501) 618-8350

CERTIFICATE OF SERVICE

I, Gregory C. Downs, do hereby certify that I have served the foregoing by mailing a copy of same, by U.S. Mail, postage prepaid, this 16th day of April, 2015, to:

Valerie R. Young
3308 Lehigh Dr.
Little Rock, AR 72204


Gregory C. Downs
General Counsel
Arkansas State Police

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas Claims Commission

JUN 02 2015

CLAIMAINT RECEIVED

VALARIE YOUNG

VS.

Claim No. 15-0650-CC

ARKANSAS STATE POLICE

RESPONDENT

MOTION FOR SUMMARY JUDGMENT

Comes, the Respondent, Arkansas State Police, and moves for Summary Judgment under Ark. Code Ann. § 19-10-204(b)(3)(B) and Ark. Rule Civ. P.-56. Respondent submits that there is no genuine issue as to any material fact and that it is entitled to judgment as a matter of law.

Respectfully submitted,

ARKANSAS STATE POLICE

By: _____

Gregory C. Downs
Gregory C. Downs (Bar # 2005274)

General Counsel

1 State Police Plaza Drive

Little Rock, AR 72209

501-618-8350

Certificate of Service

I, Gregory C. Downs, General Counsel for the Arkansas State Police, Respondent herein, do hereby certify that I have served the foregoing by mailing a copy of same, by U.S. Mail, postage prepaid, this 1st day of June, 2015, addressed to:

Valarie Young
3308 Lehigh Drive
Little Rock, AR 72204

Gregory C. Downs
Gregory C. Downs

Arkansas Claims Commission
JUN 02 2015
RECEIVED

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

VALARIE YOUNG

CLAIMAINT

VS.

Claim No. 15-0650-CC

ARKANSAS STATE POLICE

RESPONDENT

BRIEF IN SUPPORT OF MOTION
FOR SUMMARY JUDGMENT

Respondent, the Arkansas State Police (Respondent/ASP), offers the following brief in support of its Motion for Summary Judgment in the Complaint of Valarie Young (Claimant/Young).

I. STATEMENT OF FACTS

On February 24, 2015, ASP Sergeant Todd Quick activated his emergency equipment and attempted to stop a stolen Toyota Camry in Little Rock. The driver of the stolen Camry failed to stop and Sergeant Quick initiated pursuit on Interstate 430. The pursuit continued on city streets with Sergeant Quick's lights and siren still activated until the stolen vehicle became disabled in a Little Rock resident's front yard. The passenger was apprehended at the scene but the driver fled. The Little Rock Police Department obtained the name of the driver of the stolen vehicle and initiated a criminal investigation.

In the process of fleeing from pursuit, the driver of the stolen vehicle struck the passenger-side mirror of the Claimant's vehicle. The ASP vehicle did not strike or otherwise cause damage to the Claimant's vehicle on February 24, 2015.

Pursuant to Arkansas law it was the duty of the ASP to attempt to arrest the driver of the stolen vehicle. The only document Claimant submits to support of her claim that Respondent is Arkansas Uniform Motor Vehicle Collision Report No. 2015-016832, prepared by the Little Rock Police Department. Exhibit A. That report submitted by Claimant concludes in the narrative summary that an "UNKNOWN DRIVER CAUSED THIS COLLISION BY PASSING ILLEGALLY ON THE RIGHT WHILE ATTEMPTING TO EVADE POLICE IN A STOLEN VEHICLE." *Id.* (emphasis original). The report also states that the Claimant told Little Rock Police that driver of the stolen vehicle "MOVED TO HER RIGHT AND PASSED HER, STRIKING HER RIGHT SIDE MIRROR." *Id.*

The facts of this case clearly reflect that during all times ASP Sergeant Todd Quick was performing his duties as required by law and that any damages allegedly suffered by the Claimant were directly caused by the driver of a stolen vehicle by impacting her mirror. Accordingly, there is not an iota of evidence which has been submitted by the Claimant to support their claim against Respondent for liability of the charges in this case.

II. APPLICABLE LAW

A. Summary Judgment under Arkansas Law

The Arkansas State Claims Commission "shall make no reward for any claim which, as a matter of law, would be dismissed from a court of law or equity for reasons other than sovereign immunity." Ark. Code Ann. § 19-10-204(b) (3) (A). "Specifically, if the facts of a given claim would cause the claim to be dismissed as a matter of law from a court of general jurisdiction, then the commission shall make no award on the

claim.” Ark. Code Ann. § 19-10-204(b)(3)(B). The Arkansas Rules of Civil Procedure apply in cases before the Commission, unless the Commission’s Rules of Practice and Procedure are to the contrary. *See* Rule 8.1 of the General Rules of Practice and Procedure Before the Arkansas State Claims Commission.

Rule 56(b) of the Arkansas Rules of Civil Procedure provides that a party against whom a claim is asserted “may move with or without supporting affidavits for a summary judgment in his favor as to all or any part thereof.” *Id.* Summary judgment should be granted if the evidence shows that “there is no *genuine* issue as to any *material* fact and that the moving party is entitled to a judgment as a matter of law on the issues specifically set forth in the motion.” Ark. R. Civ. P. 56(c)(2) (emphasis added). The burden is on the moving party to demonstrate that, even though the facts may be in dispute, reasonable minds could not differ as to the conclusion to be drawn from them. *See Moeller v. Theis Realty, Inc.*, 13 Ark. App. 266, 683 S.W.2d 239 (1985). When a party cannot present proof on an essential element of his or her claim, there is no remaining genuine issue of material fact, and the party moving for summary judgment is entitled to judgment as a matter of law. *See Short v. Little Rock Dodge, Inc.*, 297 Ark. 104, 759 S.W.2d 553 (1988). The Rule 56 standard for awarding summary judgment under the Arkansas Rules of Civil Procedure is substantively identical to Rule 56 of the Federal Rules of Civil Procedure, which also provides that summary judgment should be granted if the evidence shows that “there is no *genuine* issue as to any *material* fact and that the moving party is entitled to a judgment as a matter of law.” Fed. R. Civ. P. 56(c) (emphasis added).

B. Negligence

In order to prevail in its claim that the ASP is liable for any alleged damages, the Claimant has the burden to prove both that: (1) the ASP was *negligent*; and (2) that such negligence was the *proximate cause* of his death. *Mangrum v. Pigue*, 359 Ark. 373, 383, 198 S.W.3d 496, 501 (2004). Negligence is the failure to do something that a reasonably careful person would do, or the doing of something that a reasonably careful person would not do. *Id.* Proximate cause means a cause, which, in a natural and continuous sequence, produces damage and without which the damage would not have occurred. *Mangrum*, 359 Ark. 373, 198 S.W.3d 496.

III. Argument

Here, there is no evidence that the ASP was negligent. To the contrary, ASP Sergeant Todd Quick was performing his duties as required by law in attempting to arrest and pursue a fleeing felon. Arkansas Code Annotated § 12-8-106(a) (1) (A) provides as follows:

It shall be the *duty* of the Department of Arkansas State Police to:
Patrol the public highways, make arrests, and enforce the law of
this state relating to motor vehicles and the use of the state
highways.

Further, the U.S. Supreme Court has held that vehicular flight is a dangerous and violent felony that demands pursuit by law enforcement officers. In the 2011 *Sykes* decision, the U.S. Supreme Court held that that felony fleeing under state law was a violent crime that allowed for sentencing enhancements, stating as follows:

The attempt to elude capture is a direct challenge to an officer's authority. It is a provocative and dangerous act that dares, and in a typical case requires, the officer to give chase. The felon's conduct gives the officer

reason to believe that the defendant has something more serious than a traffic violation to hide.

Sykes v. United States, 131 S. Ct. 2267, 2273, 180 L. Ed. 2d 60 (2011). The *Sykes* Court continued to state that it had previously

rejected the possibility that police could eliminate the danger from a vehicle flight by giving up the chase because the perpetrator "might have been just as likely to respond by continuing to drive recklessly as by slowing down and wiping his brow."

Id. (quoting *Scott v. Harris*, 550 U.S. 372, 385, 127 S.Ct. 1769, 167 L.Ed.2d 686 (2007)).

In sum, the U.S. Supreme Court has held that fleeing from the police is a violent crime that requires police to engage in pursuit. And here, with emergency equipment activated, Respondent's employee Sergeant Quick was performing his statutory duties by pursuing and attempting to arrest individuals who had stolen a vehicle fled from a traffic stop. Thus, there are no facts that would allow the Claimant to establish negligence on the part of the Respondent.

Similarly, there is no evidence that the Respondent was the proximate cause of any damages claimed by Young. Instead, as she states in her Complaint and as quoted by the Little Rock Police Department in the Accident Report she attached to her Complaint, the *driver of a stolen vehicle* struck her passenger side-mirror, not Sergeant Quick. Therefore the driver of the stolen vehicle that struck the Claimant on February 24, 2015, was the proximate cause of any damages. *See Exhibit A.*

Accordingly, because there are no genuine issues of material fact and there is no legal authority that provides any support of her claim against Respondent, the Commission should grant this Motion for Summary Judgment as provided under Ark. Code Ann. § 19-10-204(b)(3)(B).

IV. Conclusion

WHEREFORE, because any damages allegedly incurred by the Claimant were caused by an unknown driver of a stolen vehicle and there are no genuine issues of material fact at issue, the Respondent requests that the Commission grant this Motion for Summary Judgment and dismiss the claim.

Respectfully submitted,

ARKANSAS STATE POLICE

By: 

Gregory C. Downs, Bar No. 2005274
General Counsel
1 State Police Plaza Dr.
Little Rock, AR 72209
(501) 618-8350

Certificate of Service

I, Gregory C. Downs, do hereby certify that I have served the foregoing Brief on Claimant by mailing a copy of same by U. S. Mail, postage prepaid this 1st day of June, 2015 to:

Valarie Young
3308 Lehigh Drive
Little Rock, AR 72204

By: 

Gregory C. Downs
General Counsel
Arkansas State Police

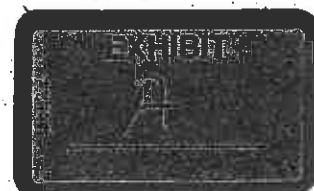


Arkansas Uniform Motor Vehicle Collision Report

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Report Number

2015-016832

S U M M A R Y	Date	2/13/2015	Day	FRIDAY	Time	11:12 AM	Time Notified	11:12 AM	Time Arrived	11:47 AM	Unit Assigned	T107	District	92	
	Road/Street/Highway						Latitude		Longitude		Section		Log Mile		
	STAGECOACH														
	At Intersection With						Not at Intersection, But		Direction		Of Reference Point				
ROCKWOOD															
County				County GLC		City		City GLC							
PULASKI				AR 05 119		LITTLE ROCK		AR 052320119							
Hit and Run		Not in City, But		Direction		Of Reference City		Speed Limit Posted		Speed Limit		Speed Limit 2			
<input type="checkbox"/> Yes								YES		35					
<input type="checkbox"/> No		Number of Vehicles		Number of Carriers		Number of Pedestrians		Number of Witnesses		Number of Property Owners					
		2		0		0		0		0					
E N V I R O N M E N T	Atmospheric Conditions				Light Conditions				Accident Locale						
	CLEAR				DAYLIGHT				URBAN						
	Surface Conditions				Road System				Road Surface						
	DRY				CITY STREET				ASPHALT						
	Road Alignment				Road Profile				Traffic Lanes(#)		Traffic Flow				
	STRAIGHT				LEVEL				2		DIVIDED BY MEDIAN - NO BAR				
	Construction/Maintenance Zone				Roadway Defects										
NO				NO DEFECTS											
Relation to Junction				Traffic Controls											
INTERSECTION RELATED				LANE MARKINGS, TRAFFIC LANES MARKED											
Traffic Control Devices				Type of Collision				Fire Occurrence							
FUNCTIONING PROPERLY				SIDESWIPE SAME DIRECTION				NO FIRE OCCURRENCE							
Rank	Officer - Last Name				Officer - First Name				Officer - MI		Officer - Suffix				
OFC	MORENO				RAYMOND										
Officer - Signature				Officer - Badge Number				Officer - Department							
				10668				LITTLE ROCK PD							
				Reviewing Officer				Date Filed		Photos					
				CHRIST, JAMES						NO					
Rank	Supervisor - Last Name				Supervisor - First Name				Supervisor - MI		Supervisor - Suffix				
SGT	CHRIST				JAMES										
Supervisor - Signature				Supervisor - Badge Number				Supervisor - Da							
				29113											
				Supervisor - Department											
				LITTLE ROCK PD											



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Arkansas Uniform Motor Vehicle Collision Report

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D R I V E R	Driver - Last Name UNKNOWN			Driver - First Name UNKNOWN			Driver - MI		Driver - Suffix		Driver - Telephone # (999)-999-9999	
	Driver - Address UNKNOWN			Driver - City NOT AVAILABLE			Driver - State NA		Driver - Zip Code 99999			
	Driver - License Number UNKNOWN		DL State NA	DL Endorse.	DL Class	DL Restrictions	Driver - Date of Birth 99/99/2099		Driver - Race AFRICAN AMERICAN		Driver - Sex MALE	
	Driver - Ejection Code NOT EJECTED			Driver - Injury POSSIBLE INJURY			Air Bag NO AIRBAG DEPLOYMENT					
	Driver - Safety Equipment UNKNOWN											
	Driver - Vision Obscured UNKNOWN											
	Test Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Test Type(s) <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> Toxicology			Driver - Condition UNKNOWN		Driver - Impairment UNKNOWN				
	Blood/Breath/Urine Results											

V E H I C L E	Owner - Last Name UNKNOWN			Owner - First Name UNKNOWN			Owner - MI		Owner - Suffix		
	Owner - Address UNKNOWN			Owner - City NOT AVAILABLE			Owner - State NA		Owner - Zip Code 99999		
	License Plate	Year 9999	Make TOYOTA	Model COROLLA		Plate - Year 2015	Plate - State AR	Plate - Number 441 OMJ			
	<input checked="" type="checkbox"/> Yes	Vehicle - Body 4 DOOR	Vehicle - Color 1 BLUE	Vehicle - Color 2		Vehicle Identification Number 54FBYU4EE1DP157394					
	<input type="checkbox"/> No										
	Insurance - Company Name UNKNOWN			Insurance - Policy Number UNKNOWN			Number of Passengers 0		MultiPass Req'd. NO		
	CMV Qualifying Information <input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats)										
	Trailer(s) Attached NO		Number of Trailers		Registration State			Plate Number			

Vehicle Damage

Point of Initial Contact		Estimated Damage \$.00	
TRAILER		CAR	
<input type="checkbox"/> TOP <input type="checkbox"/> >		<input type="checkbox"/> TOP <input type="checkbox"/> >	
<input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Undercarriage	
Vehicle Defects UNKNOWN		Direction of Travel NORTH	
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Collision Damage FUNCTIONAL	
Name of Towing Service ASHER		Vehicle Action PASSING	
City Vehicle Removed To LITTLE ROCK		First Harmful Event ON ROADWAY	
Injury Transported <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Contributing Factors CARELESS PROHIBITED DRIVING, TOO FAST FOR CONDITIONS	
EMS Notified		Collision with fixed object NO COLLISION WITH FIXED OBJECT	
EMS Arrived		Prior Vehicle Damage UNKNOWN	
Hospital Name		Damage Location UNKNOWN	
		Address Vehicle Removed To CRIME SCENE BAY	
		State Vehicle Removed To AR	
		Zip Vehicle Removed To 72201	
		Transported By	
		Hospital City	
		Hospital State	



Arkansas Uniform Motor Vehicle Collision Report

2015-016832

D R I V E R	Driver - Last Name YOUNG			Driver - First Name VALERIE			Driver - MI R		Driver - Suffix		Driver - Telephone #	
	Driver - Address 3308 LEHIGH DRIVE			Driver - City LITTLE ROCK			Driver - State AR		Driver - Zip Code 72204			
	Driver - License Number 912899335		DL State AR	DL Endorse.	DL Class D	DL Restrictions	Driver - Date of Birth 9/9/1963		Driver - Race AFRICAN AMERICAN		Driver - Sex FEMALE	
	Driver - Ejection Code NOT EJECTED			Driver - Injury NO INJURY / PROPERTY DAMAGE					Air Bag NO AIRBAG DEPLOYMENT			
	Driver - Safety Equipment LAP AND SHOULDER BELT											
	Driver - Vision Obscured NOT OBSCURED											
	Test Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Test Type(s) <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> Toxicology		Driver - Condition APPEARED NORMAL Driver - Impairment NONE							
	Blood/Breath/Urine Results											
V E H I C L E	Owner - Last Name HERTZ			Owner - First Name			Owner - MI		Owner - Suffix			
	Owner - Address 2905 N. 32ND STREET			Owner - City FORT SMITH			Owner - State AR		Owner - Zip Code 72904			
	License Plate	Year 2014	Make TOYOTA	Model CAMRY		Plate - Year 2015	Plate - State AR	Plate - Number 735 WGG				
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle - Body 4 DOOR		Vehicle - Color 1 SILVER		Vehicle - Color 2		Vehicle Identification Number 4T1BF1FK5EU432326				
	Insurance - Company Name CALIFORNIA CASUALTY			Insurance - Policy Number 101 7572450			Number of Passengers 0		MultiPass Reqd. NO			
	CMV Qualifying Information <input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/> Haz Mat Placard (any vehicle type)											
	Trailer(s) Attached NO		Number of Trailers		Registration State		Plate Number					
Vehicle Damage						Estimated Damage \$250.14						
Point of Initial Contact <div style="display: flex; justify-content: space-around;"><div style="text-align: center;">TRAILER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown</div><div style="text-align: center;">CAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -- TOP <input type="checkbox"/> > <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage</div></div>						Direction of Travel NORTH		Vehicle Action GOING STRAIGHT				
						Collision Damage FUNCTIONAL		First Harmful Event ON ROADWAY				
						First Harmful Collision With MV IN TRANSPORT						
						Contributing Factors NONE						
						Collision with fixed object NO COLLISION WITH FIXED OBJECT						
Vehicle Defects NO DEFECTS						Prior Vehicle Damage NO		Damage Location				
Vehicle Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of Towing Service				Address Vehicle Removed To						
		City Vehicle Removed To				State Vehicle Removed To			Zip Vehicle Removed To			
Injury Transported <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EMS Notified		EMS Arrived		Transported By						
		Hospital Name				Hospital City		Hospital State				

Narrative

SUMMARY OF DISPATCH:
OFFICERS WERE DISPATCHED TO LISTED ADDRESS TO INVESTIGATE A TWO VEHICLE, NON-INJURY, HIT AND RUN ACCIDENT.
RESPONDING FROM CHICOT AND BASELINE ROADS, OFFICERS ARRIVED AT 11:47 AM.



Arkansas Uniform Motor Vehicle Collision Report

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Narrative

AREA OF IMPACT:
VEHICLES WERE MOVED PRIOR TO OFFICERS ARRIVAL. AOI IS AN ESTIMATE BASED ON DRIVER #2 STATEMENT AND DEBRIS FOUND IN THE ROADWAY. IT WAS ESTIMATED TO BE: 95FT SOUTH OF SCL OF ROCKWOOD, 4FT WEST OF THE ECL OF STAGECOACH.

SUMMARY OF DRIVER #2 STATEMENT:
MS. YOUNG IDENTIFIED HERSELF WITH HER ARKANSAS DRIVER'S LICENSE AND AS THE DRIVER OF VEHICLE #2. MS. YOUNG STATED THAT AS SHE WAS TRAVELING NORTH BOUND ON STAGECOACH ROAD SHE NOTICED A LOT OF BLUE LIGHTS IN HER MIRROR. SHE THEN NOTICED ANOTHER CAR PASSING AND WEAVING AROUND TRAFFIC. THE CAR MOVED TO HER RIGHT AND PASSED HER, STRIKING HER RIGHT SIDE VIEW MIRROR. NO OTHER PART OF THE VEHICLE WAS IMPACTED. VEHICLE #2 CONTINUED ON WITH POLICE IN PURSUIT. MS. YOUNG STATED THAT SHE THINKS SHE MAY HAVE STRAINED HER NECK DUE TO TURNING HER HEAD QUICKLY TO SEE WHAT WAS HAPPENING.

SUMMARY OF INVESTIGATION:
UNKNOWN DRIVER CAUSED THIS COLLISION BY PASSING ILLEGALLY ON THE RIGHT WHILE ATTEMPTING TO EVADE POLICE IN A STOLEN VEHICLE. (RELATED TO 2015-014769)

MVR IN USE (12C249)



Diagram / Photo 1

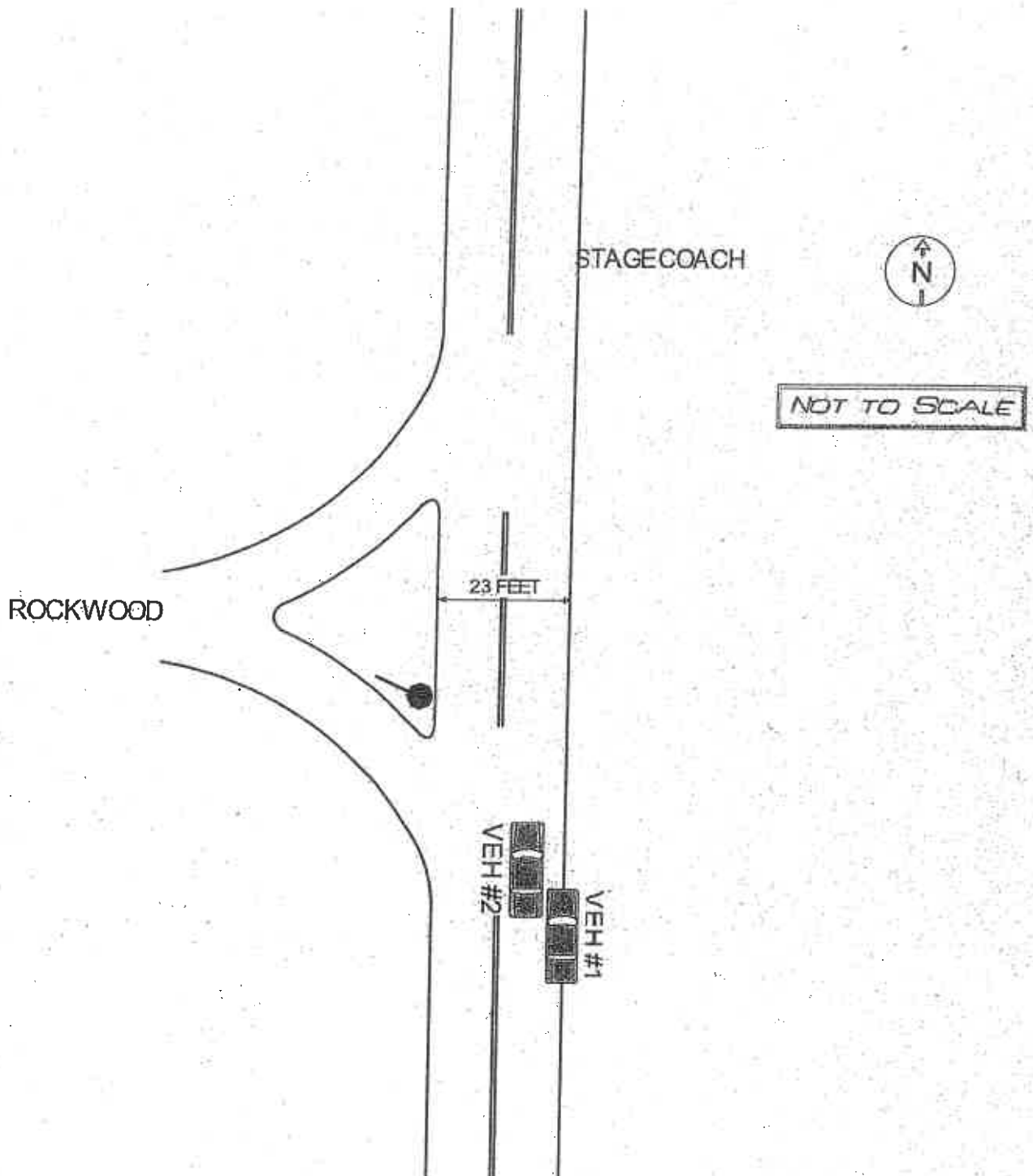
Arkansas Uniform Motor Vehicle Collision Report

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Report Number

2015-016832



STATE CLAIMS COMMISSION DECREE
OPINION

Amount of Claim \$ 2

Claim No. 15-0650-CC

<u>Valerie Young</u>	Claimant	<u>Pro se</u>	Claimant
vs.			
<u>AR State Police</u>	Respondent	<u>Gregory Downs, Attorney</u>	Respondent
<u>State of Arkansas</u>			
<u>Date Filed</u>	<u>March 25, 2015</u>	<u>Type of Claim</u>	<u>Personal Injury, Property Damage, Pain & Suffering</u>

FINDING OF FACTS

The Claims Commission hereby unanimously grants the Respondent's "Motion for Summary Judgment" due to Claimant's failure to timely file a response.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously grants the Respondent's "Motion for Summary Judgment" due to Claimant's failure to timely file a response.

Date of Hearing July 9, 2015

Date of Disposition July 9, 2015

<u>[Signature]</u>	Chairman
<u>[Signature]</u>	Commissioner
<u>[Signature]</u>	Commissioner

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

To: Arkansas State Claims Commission
From: Valerie Young
Subj: Respond Arkansas State Police
Date: July 10, 2015

To The Arkansas State Claims Commission, I Valerie Young was not aware of writing a response for this Motion For Summary Judgment.

Thank You.
Valerie Young
(501) 912-0571

(I wish to appeal
pursuit this case.)

Arkansas
State Claims Commission
JUL 14 2015

RECEIVED