

APR 30 2015

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RECEIVED

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Jeffery Pitts #092070 Claimant

vs.

State of Arkansas, Respondent
AR Dept. of Correction

Do Not Write in These Spaces		
Claim No.	15-0779-CC	
Date Filed	April 30, 2015	
	(Month) (Day) (Year)	
Amount of Claim \$	12,500.00	
Fund	DOC	
Negligence, Pain & suffering		
Failure to follow procedure		

COMPLAINT

Jeffery Pitts 092070 the above named Claimant, of P.O. Box 970, Marianna, AR 72360

AR (State) (Zip Code) (Daytime Phone No.) County of LEE represented by PRO-SE (Legal Counsel, if any, for Claim)

of (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: AR DEPT. OF CORRECTIONS Amount sought: \$12,500.00

Month, day, year and place of incident or service: FEBRUARY 2, 2015 E.A.R.U. ARK. STATE PRISON 14BKS SHOWER

Explanation: WHILE BEING HOUSED AT THE ABOVE NAMED LOCATION AS A STATE INMATE AND BEING SUBJECT TO THE 'AR' AND 'AD'S' AND ANY OTHER RULES AND REGULATIONS PRESCRIBED BY ANY OFFICER OF THE STATE, I WAS INJURED DUE TO THE NEGLIGENT BEHAVIOR OF THE EMPLOYEES OF THE AR DEPT. OF CORRECTIONS. A OUTLINE OF SUCH EVENTS ARE AS FOLLOWS ON 2-2-15 AT APPROX 10:45 PM, WHILE ATTEMPTING TO STEP INTO THE SHOWER FROM MY WHEEL CHAIR TO THE HANDICAP SEAT, A PIECE OF LOOSE TILE SLIPPED OUT FROM UNDER MY FOOT CAUSING ME TO FALL AND INJURE MYSELF SEVERELY. I WAS UNABLE TO GET UP I WAS BLEEWING FROM MY (EYE BALL) (FACE) AND (PALM OF MY HAND) I SUMMONED HELP FROM THE OTHER INMATES IN THE BKS, WHO IN TURN NOTIFIED SECURITY (CPL CARTER) ASSIGNED TO 14-16 BKS CONTROL WHO ENTERED THE BKS SEEN ME ON THE FLOOR AND CALLED HIS SUPERVISOR (SGT DAVIS) WHO IN TURN REPORTED TO THE BARRACKS SEEN THAT MEDICAL ATTENTION WAS NEEDED, SO SHE CALLED FOR MEDICAL TO RESPOND AT WHICH TIME NURSE (S. SHERMAN LPN) RESPONDED AND WHEN SHE EVALUATED ME, SHE SEEN THAT I NEEDED TO BE TREATED MORE THOROUGHLY AND HAD ME TAKEN TO THE UNIT INFIRMARY UNDER CONSTANT ESCORT BY SECURITY. UPON ARRIVAL AT THE UNIT INFIRMARY I WAS TREATED ALL THE INJURIES WERE DOCUMENTED AND I WAS PLACED ON THE LIST TO SEE DR. BUTLER

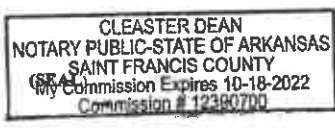
As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? YES; when? 2 9 15; to whom? AR DEPT OF CORR.

and that \$ NONE was paid thereon; (2) Has any third person or corporation an interest in this claim? NO; if so, state name and address

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.

Jeffery Pitts (Print Claimant/Representative Name) Jeffery Pitts (Signature of Claimant/Representative)



SWORN TO and subscribed before me at Bruney AR

on this 20 day of April 2015

Cleaster Dean (Notary Public)

SF1- R7/99

My Commission Expires: 10 - 18 - 2022

(CONTINUATION)

2 of 6

THE DIRECTOR OF MEDICAL AT E.A.R.U. ON 2-4-15 I WAS SEEN BY (DR. B. BUTLER) AND UPON HIS EVALUATION HE IMMEDIATELY ARRANGED TO HAVE ME SENT OUT FOR EMERGENCY TREATMENT AT U.A.M.S AS HE WAS CONCERNED THAT THE SEVERITY OF DAMAGE TO MY EYE COULD LEAD TO IRREPAIRABLE DAMAGE OR EVEN THE LOSS OF THE EYE. THE CUTS TO MY HAND ALTHOUGH DEEP AND VERY PAINFUL HE DEEMED TO BE SUPERFICIAL AS WELL AS THE CUTS ON MY FACE. UPON MY ARRIVAL AT U.A.M.S. I WAS EVALUATED AND TREATED, IT WAS DISCOVERED THAT I HAD A FRACTURED EYE SOCKET, AS WELL AS A PIECE OF MY EYEBALL ACTUALLY MISSING DUE TO DEBRI MAKING CONTACT WITH MY EYEBALL. THIS INJURY HAS CAUSED ME GREAT HARM AND PAIN, AS SINCE THIS INCIDENT HAS TRANSPIRED I HAVE BEEN SUFFERING FREQUENT HEADACHES, BLURRED VISION, DIZZINESS THE INABILITY TO CLOSE MY EYE COMPLETELY, CONSTANT IRRITATION, DRY EYE, CONSTANT REDNESS THESE ARE JUST A FEW OF THE SYMPTOMS THAT PLAGUE ME SINCE THE ACCIDENT. I BEEN TOLD THAT THESE AILMENTS CAN LAST A LIFETIME WITH THIS TYPE OF INJURY. THE FOLLOWING EMPLOYEES ARE RESPONSIBLE FOR ENFORCING (AR 407) WHICH IN FACT IS INDICATED IN A SUBSECTION OF SAID AR LISTED ABOVE A SECTION THAT CLEARLY GIVE A POSITION TO A SAFETY INSPECTION AND SANITATION SUPERVISOR. AND DURING THE TIME OF THIS INCIDENT (SGT T. JOHNSON) WAS AND STILL IS RESPONSIBLE FOR MAKING "ROUNDS" TO THE BARRACKS' AND RECORD ANY SAFETY AND SANITATION HAZARD AND DIRECT THE PROPER STAFF TO CORRECT THE HAZARD, AND IF THE HAZARD IS NOT REMEDIED, SHALL PREPARE A REPORT TO THE WARDEN OR DESIGNEE FOR THE UNIT. WHEN (SGT T. JOHNSON)

MADE HER ROUNDS TO (14 BKS) I HAVE PERSONALLY
RELAIED TO HER THE PROBLEM WITH THE TILE BEING LOOSE
IN THE SHOWER AND THE MATT ON THE FLOOR WAS NOT ONLY
UNCOMPATIBLE FOR A WHEEL CHAIR BUT CLEARLY DID NOT COVER
ENOUGH FLOOR, HER RESPONSE IN REGARDS TO THE TILE WAS
" ALL THE TILES LOOSE" IN REGARDS TO THE MATT, SHE CLAIMED
THATS ALL THE FLOOR MATT THAT WAS AVAZLABLE. I TRIED TO
EXPLAIN TO HER THE MATT WAS/ IS RAISED TO HIGH AND THAT IT/
THEY ARE NOT COMPATABLE FOR WHEEL CHAIR ACCESS, SHE DID NOT
DOCUMENT OR EVEN ATTEMPT TO REMEDY EITHER SAFETY HAZARD. WHEN
MY ACCIDENT OCCURRED PICTURES OF MY INJURIES, THE FLOOR MATT,
LOOSE TILE, MISSING TILE, EN UNEVEN FLOOR THE ENTIRE SHOWER BAY.
AN INSPECTION OF THE PHOTOS WILL SHOW THAT THESE SAFETY
HAZARDS HAVE EXHISTED FOR SOME TIME, WHEN MY VISION FINALLY
CLEARED UP SOME, I FILED A GRIEVANCE ON THE ENTIRE MATTER.
JEE ENCLOSED GRIEVANCE DATED 2-9-15, AND COMPLETELY EXHAUSTED
BY THE ASSISTANT DIRECTORS DECISION DATED 4-10-15, E.A.R.U MAINTANCE
SUPERVISOR JASON YARBROUGH RESPONDED THAT MAINT. HAD NOT RECEIVED
A WORK ORDER OR OOS ON THE SHOWER. THAT CLEARLY SHOWS
THAT NO REPORTS OR WORK ORDERS WERE PREPARED AND IF ONE
OR MORE WERE PREPARED THE INSPECTION (SGT T. JOHNSON) WAS
NEBLEGENT BY NOT FOLLOWING UP. ON 2-9-15 MAINT. SUPERVISOR
(JASON YARBROUGH) STATED IN HIS GRIEVANCE RESPONSE THAT PLANS
WERE IN PLACE TO TAKE UP REMAZNING TILE AND SET UP A
DATE TO EPOXY THE FLOOR, FINALLY ON 3-9-15 ANOTHER
INSPECTION (SGT. WINFREY) INSPECTED THE BARRACKS, INSPECTED
THE SHOWER AND NOTICED THAT NO ACTION HAD BEEN TAKEN
TO REMEDY THE HAZARD IN THE SHOWER, SHE PHOTOGRAPHED
THE AREA AND STATED TO ME THAT SHE WAS GONNA
INFORM HER SUPERVISOR OF THE LACK OF ACTION TAKEN 3

ON 3-18-15 MAINT. SUPERVISOR (J. YARBROUGH) CAME TO 14 BKS AND FINALLY ATTEMPTED TO REMEDY THE HAZARD. HE WAS UNSUCCESSFUL AND HAD TO DO FOLLOW UP WORK AS HE WAS APPARENTLY UNEXPERIENCED IN THE WORKINGS OF EPOXY AND ALLOWED THE EPOXY TO RUN DOWN THE DRAIN CAUSING IT TO CLOG AND THE SHOWER TO BACK UP MAKING IT NEARLY IMPOSSIBLE TO MOVE AROUND, AND DEFINITELY UNSAFE AS THE SHOWER FLOOR WAS HOLDING 1" TO 1 1/2" OF STANDING WATER. HE ALSO REMOVED THE LOCK ON THE FLOOR THAT SECURES THE HANDICAP CHAIR UNOPERABLE. ON 2-9-15 GOING BACK BRIEFLY MAINTENANCE DIRECTOR MARK ANDREWS INSPECTED THE SHOWER BAY (TILE FLOOR) AND RECOGNIZED THE HAZARD IMMEDIATELY AND HAD HIS SUBORDANATE COME BACK TO REMOVE TILE THAT MORNING. THIS SHOWS A PATTERN OF VIOLATION OF POLICY THATS IN PLACE TO INSURE THE SAFETY AND WELFARE OF MYSELF WHILE USING THE FACILITIES PROVIDED TO ME BY THE AR. DEPT OF CORR. THIS IS A STATE AGENCY TO WHICH I AM CONFINED AND AM REQUIRED TO BY (AR AND AD) TO COMPLY WITH GOOD HYGIENE PRACTICE, OR BE SUBJECTED TO DISCIPLINARY ACTION. SO I AM EFFECTIVELY BEING FORCED TO USE A FACILITY UNSAFE AND DANGEROUS, AND THAT CAUSED ME TO FALL AND BE INJURED SEVERELY WITH RESIDUAL AFFECTS THAT MAY LAST A LONG TIME IF NOT PERMANENT. THEREFORE IN ACCORDANCE A.C.A. § 19-10-201 I AM LAUNCHING A CLAIM AGAINST THE AR. DEPT. OF CORR. IN THE SUM OF \$12,500⁰⁰ (TWELVE THOUSAND FIVE HUNDRED) DOLLARS AND NO CENTS, MAINLY FOR THE NEGLECTFUL BEHAVIOR OR LACK OF ABILITY OF (SGT T. JOHNSON) OR LACK OF TRAINING OF SAFO (SGT. T. JOHNSON)

IN THE ABILITY TO SAFEGUARD THE POLICY SHE IS ASSIGNED TO MAKE SURE STAYS ADHERED TO BY ALL THOSE INVOLVED IN COMPLIANCE ENFORCEMENT. AND I WOULD REQUEST THE RIGHT AND ABILITY TO NAME OTHERS IN THE FUTURE AS I AM CURRENTLY IN THE STAGE 3 OF APPEALS ON GRIEVANCES REQUESTING NAMES OF RESPONSIBLE PARTIES. THE WARDEN OF E.A.R.U GAYLON LAY IS ALSO TO BE NAMED AS THE WARDEN OF THE UNIT HE IS THE ULTIMATE SUPERVISOR AND RESPONSIBLE FOR THE TRAINING OF ALL OFFICERS OF THE DEPT. OF CORR. AT E.A.R.U. THE MONIES REQUESTED IN THIS CLAIM BREAK UP INTO THE FOLLOWING CATEGORIES, "DAMAGES" "PAIN AND SUFFERING" AND LOST INCOME, \$8,000⁰⁰ (EIGHT THOUSAND DOLLARS) FOR IMMEDIATE DAMAGE TO MY HAND, FACE AND EYEBALL, EYE SOCKET. \$4,000⁰⁰ (FOUR THOUSAND DOLLARS) FOR PAIN AND SUFFERING, CURRENT AND FUTURE, AND \$500⁰⁰ DOLLARS (FIVE HUNDRED) FOR LOSS OF INCOME. I AM CURRENTLY IN THE HOBBY CRAFT PROGRAM AND AM PAID FOR CUSTOM WOOD WORK THAT I CREATE, AND I HAVE NOT BEEN ABLE TO WORK TO MY FULL POTENTIAL AS THE WOOD DUST FROM SANDING THE WOOD IRRITATES MY EYE, NOT ALLOWING ME TO TAKE ON LARGE PROJECTS THAT REQUIRE LOTS OF SANDING, AND FINISHING. I WOULD REQUEST THAT A HEARING BE SET UP FOR MY CLAIM, AND THAT I MAY BE GIVEN AN OPPORTUNITY TO PRESENT EVIDENCE, PHYSICAL, MATERIAL AND WITNESS' AND THAT IF ANY FAULT MAY BE FOUND IN MY APPLICATION, THAT AS A PRO-SE APPLICANT I BE GIVEN THE OPPORTUNITY TO CORRECT SUCH FAULTS.

I RESPECTFULLY AND WITH ALL GOOD FAITH AND TESTIMONY SUBMIT THIS CLAIM AND SWARE THAT ALL THAT I HAVE STATED IS HONEST, TRUTHFUL AND TO THE BEST OF MY RECOLLECTION.

Jeffery Pitts #92070
RESPECTFULLY

JEFFERY PITTS #092070

JEFFERY PITTS
CLAIMANT

SIGNATURE OF CLAIMANT *Jeffery Pitts*

SWORN TO AND SUBSCRIBED BEFORE ME AT BRICKLEY AR
CITY STATE

ON THIS 20 DAY OF April YEAR 2015

CLEASTER DEAN
NOTARY PUBLIC-STATE OF ARKANSAS
SAINT FRANCIS COUNTY
My Commission Expires 10-18-2022
Commission # 12380700

Cleaster Dean
NOTARY PUBLIC

MY COMMISSION EXPIRES 10-18-2022
MONTH DAY YEAR

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 12,500.00

Claim No. 15-0779-CC

Jeffery Pitts, #092070 Claimant Pro se Claimant
vs.
Department of Corrections Respondent Lisa Wilkins, Attorney Respondent
State of Arkansas
Date Filed April 30, 2015 Type of Claim Failure to Follow Procedure, Pain & Suffering, Negligence

FINDING OF FACTS

The Claims Commission hereby unanimously denies the Claimant's "Motion to Compel" filed with this office on August 20, 2015, after finding that the Respondent replied satisfactorily to the Claimant's "Request for Production of Documents." Therefore, the Claimant's "Motion to Compel" is hereby unanimously denied and dismissed.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION
The Claims Commission hereby unanimously denies the Claimant's "Motion to Compel."

Date of Hearing October 15, 2015

Date of Disposition October 15, 2015

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

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 12,500.00

Claim No. 15-0779-CC

<u>Jeffery Pitts, #092070</u> Claimant	Attorneys	<u>Pro se</u> Claimant
vs.		
<u>Department of Corrections</u> Respondent		<u>Lisa Wilkins, Attorney</u> Respondent
<u>State of Arkansas</u>		
Date Filed <u>April 30, 2015</u>	Type of Claim	<u>Failure to Follow Procedure, Negligence, Pain & Suffering</u>

FINDING OF FACTS

The Claims Commission hereby unanimously denies the Respondent's "Motion to Dismiss" due to an issue of fact and orders this claim to be set for hearing.


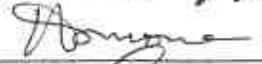
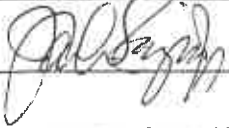
(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denies the Respondent's "Motion to Dismiss" due to an issue of fact and orders this claim to be set for hearing.

Date of Hearing September 10, 2015

Date of Disposition September 10, 2015


Chairman

Commissioner

Commissioner

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

STATE CLAIMS COMMISSION DOCKET
OPINION

12,500.00

15-0779-CC

Amount of Claim \$ _____

Claim No. _____

Jeffery Pitts #092070

Attorneys

Pro se

Claimant

Claimant

vs.

AR Department of Corrections

Lisa Wilkins, Attorney

Respondent

Respondent

State of Arkansas

April 30, 2015

Date Filed _____

Type of Claim _____

Negligence, Pain & Suffering &
Failure to Follow Procedure

FINDING OF FACTS

This claim was filed for failure to follow procedure, mental anguish in the amount of \$12,500.00 against Arkansas Department of Corrections.

Present at a hearing December 9, 2015, was the Claimant, pro se, and the Respondent, represented by Lisa Wilkins, Attorney.

After hearing all the evidence presented the Claims Commission unanimously finds for the Claimant in the amount of \$750.00 and hereby orders the Claims Commission clerk to issue a voucher in payment thereof.

Therefore, this claim is hereby unanimously dismissed.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission unanimously grants in the amount of \$750.00 and hereby orders the Claims Commission clerk to issue a voucher in payment thereof.

Date of Hearing December 9, 2015

Date of Disposition December 9, 2015

Chairman
 Commissioner
 Commissioner

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

IN THE CLAIMS REVIEW SUBSOMMITTEE
OF THE ARKANSAS GENERAL ASSEMBLY

JEFFERY PITTS (ADC #092070)

CLAIMANT

V.

NO. 15-0779-CC Arkansas Claims Commission

ARKANSAS DEPARTMENT OF CORRECTION

DEC 18 2015

RESPONDENT

RECEIVED

NOTICE OF APPEAL

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

Notice is hereby given that the Respondent is appealing the granting of the decision by the Arkansas State Claims Commission rendered DECEMBER 9, 2015, in the above matter to the General Assembly of the State of Arkansas in accordance with Arkansas Statute 19-10-211.

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

Respectfully submitted,
Department of Correction Office of Counsel

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

CERTIFICATE OF SERVICE

I certify that a copy of the NOTICE OF APPEAL has been served this 17 day of December, 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

JEFFERY PITTS (ADC #092070)
WRIGHTSVILLE UNIT
P. O. BOX 1000
WRIGHTSVILLE, AR 72183

Lisa Mills Wilkins
LISA MILLS WILKINS Ark. Bar #87190