

Please Read Instructions on Reverse Side of yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

Arkansas
State Claims Commission
MAY 23 2014

RECEIVED

- ☒ Mr.
☐ Mrs.
☐ Ms.
☐ Miss

Benny Taylor and Carlotta Taylor, Claimant

vs.

State of Arkansas, Respondent
State Police

Do Not Write in These Spaces	
Claim No.	14-0895-CC
Date Filed	May 27, 2014 (Month) (Day) (Year)
Amount of Claim \$	10,000.00
Fund	ASP 7962.50 (Car Value) 500.00 (DED)

COMPLAINT

Personal Injury, Pain & Suffering
Loss of Wages, Mental Anguish

Benny Taylor and Carlotta Taylor the above named Claimant, of 391 Brookhaven Dr. White Hall
(Name) (Street or R.F.D. & No.) (City)
AR 71602 (State) (Zip Code) (870) 718-7233 County of Jefferson represented by
(Daytime-Phone No.) (Legal Counsel, if any, for Claim)
of 870-247-3255 office
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: Arkansas State Police Amount sought: \$10,000.00

Month, day, year and place of incident or service: May 29, 2011 Saline County, AR

Explanation: We were traveling on Hwy 70 to Bryant. Trooper was in front of us. Pulled over off road we were on the inside lane. State law mandates you make a U-turn. I see it trooper coming toward me. I tried to stop he had no lights no siren on. He hit him to side of his vehicle. Trooper was making a U-turn to catch up to us going toward Hot Springs. Carlotta had with small back tire. The window on the left side of the car was broken in my husband's neck. The trooper yelled at me and was going to shoot at him. My husband told him he was a cop. I suppose to run or people. He had to stay 2 days in ER my husband of 6. We had less of holiday, loss of work had to cancel vacation plans. We had to look and look for a job. Impossible to take on that was total. We had to make several trips cause we were far on my car (which was on its last leg) mileage, meal hotel expense. We had only one vehicle. We have been totally inconvenienced by this whole ordeal. I still have neck pain and stress and anxiety due to this wreck. Our insurance had to pay for everything. Carlotta Taylor was driving my husband Benny Taylor was passenger. Chief White State Trooper was the driver who hit us. Michael Lee no accident to Police report was the witness. The accident occurred on May 29, 2011 around 5:30 pm on Hwy 70 between Hot Springs and I-30. Self defense was the investigation officer. I don't know how to describe all that happened. The reason we have waited so long was because it is just sick to think about. The 3 of us including the trooper are very lucky to be alive.

In support 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? (Month) (Day) (Year); to whom? (Department)
(Yes or No) 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? NO; 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.

Carlotta Taylor Benny R Taylor (Print Claimant/Representative Name) Carlotta Taylor Benny R Taylor (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Pine Bluff, AR

on this 22nd day of May, 2014

(Date) (Month) (Year)

(Notary Public)

My Commission Expires: May 21 2017
(Month) (Day) (Year)

OFFICIAL SEAL
JALENA D. HILL
Notary Public - Arkansas
Garland County
Commission # 12361342
My Comm. Exp. May 21, 2017

SF1- R7/99

ARKANSAS STATE CLAIMS COMMISSION
MOTOR VEHICLE ACCIDENT REPORT FORM

SECTION I

CLAIMANT Benny Taylor and Carletha Taylor ADDRESS 391 Brookhaven

Dr. CITY & STATE White Hall, AR ZIP CODE 71602

DATE OF ACCIDENT: May 29 2011 TIME: 5:00 PM

MOTOR VEHICLE DAMAGED: TYPE F 150 Pickup MAKE FORD YEAR 1999

DRIVEN BY: Carletha Taylor ADDRESS 391 Brookhaven Dr.

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

State Trooper made a U-turn in front of us. Truck was totaled, lawn mower had damage. Trooper caused wreck.

SECTION II

Has this vehicle been repaired? Yes (☒) No (☒) If repairs have been made, give the following information: Amount \$ 7,962.50 Have you paid for the repairs? Yes () No (☒) NOTE: Attach a copy of repair bill. Totalled

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 ADDRESS

State Farm P.O. Box 661001 Dallas, TX 75266-1001

SECTION IV

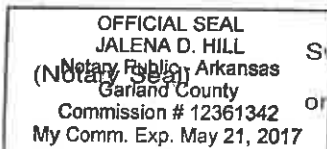
Type of State Vehicle involved Dodge Charger License No. _____

Driver Chet White Property of which State Agency Arkansas State Police

If accident was investigated by the State Police, give name of investigating officer: CPL Jeff Ramsey If investigation was made by some other agency, give name and title of officer making the investigation: _____

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.



Sworn to and subscribed before me at Pine Bluff, AR City, State
on this 29th day of May 2011 year

My Commission Expires May 21, 2017

Benny Taylor Carletha Taylor
Signature of Claimant

[Signature]
Notary Public

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

SECTION 1

CLAIMANT Benny Taylor and Carletha Taylor ADDRESS 319 Braselmann Dr.
CITY & STATE White Hall, AR ZIP CODE 71602
DATE OF INCIDENT: May 29 2011 TIME 5:00 PM

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

Trooper made a U-turn in front of us. This was a very traffic jam. We were trapped in a
smalling truck had to kill deer to get out. Spent 2 days at ER with neck issues and multiple
bruises. Still have neck issues but could not afford to go to doctor because it would all be out of pocket.
Still have anxiety if I see a trooper. Benny had injury but is at now. Except for stress
He also experience mental stress due to the accident.

SECTION II

Has this property been repaired? Yes () No () If repairs have been made, give the following
information: Amount: \$ 246,250 10,000.00 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? \$ 5000.00

NAME OF INSURANCE CARRIER State Farm ADDRESS PO BOX 661001 Dallas, TX 75266-1001

SECTION IV

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

If yes, what is the deductible? \$ N/A

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

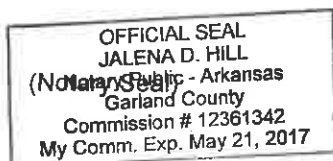
NAME OF INSURANCE CARRIER State Farm ADDRESS PO BOX 661001 Dallas, TX 75266-1001

SECTION V

If incident was investigated by the police or by some other agency, give name and title of officer/person making the investigation: Arkansas State Police, CPL Jeff Ramsey

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.



Sworn to and subscribed before me at

on this 20th day of May, 2011
day month year

Signature of Claimant

City & State

My Commission Expires May 21, 2017

Signature of Notary Public

TAYLOR - WHITE

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Attachments

Report Number

620511168



Arkansas Uniform Motor Vehicle Collision Report

SUMMARY	Date	5/29/2011	Day	SUNDAY	Time	05:00 PM	Time Notified	05:00 PM	Time Arrived	05:14 PM	Unit Assigned	A-81	District												
	Road/Street/Highway				70		Latitude		Longitude		Section	10	Log Mile	5											
	At Intersection With				Not at intersection, But		110 Ft		Direction	EAST	Of Reference Point			PT. VIEW RD.											
	County		SALINE		County GLC		AR 05 125		City		City GLC														
ENVIRONMENT	Hit and Run	<input type="checkbox"/> Yes		Not in City, But	9.00 Mi		Direction	WEST		Of Reference City	BENTON		Speed Limit Posted	YES	Speed Limit	55	Speed Limit 2								
		<input checked="" type="checkbox"/> No		Number of Vehicles		2		Number of Carriers		0		Number of Pedestrians		0		Number of Witnesses		1	Number of Property Owners	0					
	Atmospheric Conditions				CLEAR				Light Conditions				DAYLIGHT				Accident Locale				RURAL				
	Surface Conditions				DRY				Road System				U.S. HIGHWAY				Road Surface				ASPHALT				
	Road Alignment				CURVE				Road Profile				GRADE				Traffic Lanes(%)		3		Traffic Flow		NOT DIVIDED		
	Construction/Maintenance Zone				NO				Roadway Defects				NO DEFECTS												
	Relation to Junction				NON-JUNCTION				Traffic Controls				LANE MARKINGS												
	Traffic Control Devices				FUNCTIONING PROPERLY				Type of Collision				ANGLE				Fire Occurrence				NO FIRE OCCURRENCE				
Rank	CPL	Officer - Last Name				RAMSEY				Officer - First Name				JEFF				Officer - MI				Officer - Suffix			
Officer - Signature								Officer - Badge Number				1				Officer - Department				ASP - TROOP A					
								Reviewing Officer				JOHNSON, DON				Date Filed		29-May-11		Photos		YES			
Rank	SGT	Supervisor - Last Name				JOHNSON				Supervisor - First Name				DON				Supervisor - MI				Supervisor - Suffix			
Supervisor - Signature								Supervisor - Badge Number				465				Supervisor - Department		ASP - TROOP A							

TAYLOR - WHITE

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Report Number

620511168



Arkansas Uniform Motor Vehicle Collision Report

D R I V E R	Driver - Last Name WHITE			Driver - First Name CHET			Driver - MI A		Driver - Suffix		Driver - Telephone #																														
	Driver - Address 1619 PINWOOD DR.			Driver - City BENTON			Driver - State AR		Driver - Zip Code 72019																																
	Driver - License Number		DL State AR	DL Endorse. M	DL Class D	DL Restrictions	Driver - Date of Birth 7/7/1976		Driver - Race CAUCASIAN		Driver - Sex MALE																														
	Driver - Ejection Code NOT EJECTED			Driver - Injury POSSIBLE INJURY					Air Bag NO AIRBAG DEPLOYMENT																																
	Driver - Safety Equipment LAP AND SHOULDER BELT																																								
	Driver - Vision Obscured NOT OBSCURED																																								
	Test Requested		Test Type(s)			Driver - Condition APPEARED NORMAL																																			
	<input type="checkbox"/> Yes		<input type="checkbox"/> Blood <input type="checkbox"/> Urine			Driver - Impairment NONE																																			
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology																																						
	Blood/Breath/Urine Results																																								
V E H I C L E	Owner - Last Name ARKANSAS STATE POLICE			Owner - First Name			Owner - MI		Owner - Suffix																																
	Owner - Address #1 STATE POLICE PLAZA			Owner - City LITTLE ROCK			Owner - State AR		Owner - Zip Code 72209																																
	License Plate	Year 2010	Make DODGE	Model CHARGER			Plate - Year 2011	Plate - State AR	Plate - Number A-35																																
	<input checked="" type="checkbox"/> Yes	Vehicle - Body 4 DOOR			Vehicle - Color 1 WHITE		Vehicle - Color 2 BLUE		Vehicle Identification Number 283AA4CT7AH113715																																
	<input type="checkbox"/> No																																								
	Insurance - Company Name N/A			Insurance - Policy Number XXXXXX			Number of Passengers 0		Multi/Pass 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 \$4,000.00																																		
	Point of Initial Contact <table border="0"><tr><td colspan="3">TRAILER</td><td colspan="3">CAR</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td colspan="2">-- TOP <input type="checkbox"/> ></td><td><input type="checkbox"/></td><td colspan="2">-- TOP <input type="checkbox"/> ></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3"><input type="checkbox"/> Unknown</td><td colspan="3"><input type="checkbox"/> Undercarriage</td></tr></table>						TRAILER			CAR			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-- TOP <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"/>	<input type="checkbox"/>	<input type="checkbox"/> Unknown			<input type="checkbox"/> Undercarriage			Direction of Travel EAST		Vehicle Action OTHER		
TRAILER			CAR																																						
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<input type="checkbox"/> Unknown			<input type="checkbox"/> Undercarriage																																						
Collision Damage DISABLED						First Harmful Event ON ROADWAY																																			
First Harmful Collision With MV IN TRANSPORT																																									
Contributing Factors OTHER																																									
Collision with fixed object NO COLLISION WITH FIXED OBJECT																																									
Vehicle Defects NO DEFECTS						Prior Vehicle Damage NO		Damage Location																																	
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Towing Service WEISE TOWING				Address Vehicle Removed To 401 WILLOW																																			
		City Vehicle Removed To BENTON				State Vehicle Removed To AR		Zip Vehicle Removed To 72015																																	
Injury Transported <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EMS Notified 05:00 PM		EMS Arrived 05:15 PM		Transported By MED TRAN																																			
		Hospital Name SALINE MEMORIAL HOSPITAL				Hospital City BENTON		Hospital State AR																																	

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TAYLOR - WHITE

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Report Number

620511168



Arkansas Uniform Motor Vehicle Collision Report

D R I V E R	Driver - Last Name TAYLOR			Driver - First Name CARROLOTTA			Driver - MI M		Driver - Suffix		Driver - Telephone #																																				
	Driver - Address 319 BROOKHAVEN DR			Driver - City WHITE HALL			Driver - State AR		Driver - Zip Code 71603																																						
	Driver - License Number		DL State AR	DL Endorse	DL Class D	DL Restrictions	Driver - Date of Birth 4/8/1961		Driver - Race CAUCASIAN		Driver - Sex FEMALE																																				
	Driver - Ejection Code NOT EJECTED			Driver - Injury POSSIBLE INJURY					Air Bag DEPLOYED AIRBAG																																						
	Driver - Safety Equipment LAP AND SHOULDER BELT																																														
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	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 - Impalment NONE																																									
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V E H I C L E	Owner - Last Name TAYLOR			Owner - First Name BENNY			Owner - MI		Owner - Suffix																																						
	Owner - Address 319 BROOKHAVEN DR			Owner - City WHITE HALL			Owner - State AR		Owner - Zip Code 71602																																						
	License Plate	Year 1999	Make FORD	Model F150		Plate - Year 2012	Plate - State AR	Plate - Number 7870NC																																							
	<input checked="" type="checkbox"/> Yes	Vehicle - Body PICKUP		Vehicle - Color 1 GREEN		Vehicle - Color 2		Vehicle Identification Number 1FTRX17W8XKB24602																																							
	<input type="checkbox"/> No																																														
	Insurance - Company Name STATE FARM			Insurance - Policy Number 0285199B0804B			Number of Passengers 1		MultiPass Req. 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)																																														
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	Vehicle Damage						Estimated Damage \$7,000.00																																								
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		Hospital Name				Hospital City		Hospital State																																							

TAYLOR - WHITE

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Report Number

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Arkansas Uniform Motor Vehicle Collision Report

PASSENGER 1	Passenger - Last Name TAYLOR		Passenger - First Name BENNY		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #1	
	Passenger - Address 319 BROOKHAVEN_DR		Passenger - City WHITE HALL		Passenger - State AR		Passenger - Zip Code 71602	
	Position In/On Vehicle <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		Passenger - Race CAUCASIAN		Passenger - Sex MALE		Age 69	
	<input type="checkbox"/> Riding/Hanging Outside <input type="checkbox"/> Bed of Pickup <input type="checkbox"/> Trailing <input type="checkbox"/> Other/Unknown		Safety Equipment Used LAP AND SHOULDER BELT		Ejection Code NOT EJECTED		Injury Code POSSIBLE INJURY	
	Air Bag DEPLOYED AIRBAG		Injury Transported <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EMS NOTIFIED		EMS ARRIVED	
TRANSPORTED BY		HOSPITAL NAME		HOSPITAL CITY		HOSPITAL STATE		
WITNESS 1								
Witness - Last Name TARNO		Witness - First Name MICHAEL		Witness - MI D		Witness - Suffix		
Witness - Address 9841 HWY. 115		Witness - City POCAHONTAS		Witness - State AR		Witness - Zip Code 72455		
Narrative								
OPER. V-1 (TAYLOR) AND OPER. V-2 (WHITE) WERE EASTBOUND ON U.S. HWY. 70. ACCORDING TO THE DRIVER OF V-1 AS SHE WAS FOLLOWING V-2 WHO WAS IN A MARKED ARKANSAS STATE POLICE CAR, SHE NOTICED V-2 PULL TO THE SIDE OF THE ROAD, WITH THE BLUE LIGHTS ON. V1 MOVED INTO THE NUMBER TWO LANE AT THIS TIME TO ALLOW THE TROOPER PLENTY OF ROOM. V-2 MADE A U-TURN IN FRONT OF V-1. V-2 APPLIED THE BRAKES AND STEERED LEFT TO AVIOD HITTING V-2 BUT SHE WAS UNABLE TO DO SO. V-1'S RIGHT FRONT STRUCK V-2'S LEFT SIDE. V-1 CAME TO REST UPRIGHT FACING NORTHEAST PARTIALLY IN THE WESTBOUND TRAFFIC LANE. V-2 CAME TO REST UPRIGHT IN THE DITCH ON THE NORTH SIDE OF THE HIGHWAY FACING NORTH. NOTES: FOUND AT THE SCENE WAS A BRAKE MARK FROM V-1 THAT MEASURED 19 FT. MADE BY THE LEFT FRONT WHEEL OF V-1, THIS MARK HAS A TURN NEAR THE END OF THE MARK THAT MEASURED 2FT. THIS IS THE AREA OF IMPACT WHERE V-1 HIT V-2 THE IMPACT CAUSED THE TURN IN THE SKID MARK. MICHAEL D. TARNO ADL 916597848 OF 9841 HWY 115 POCAHONTAS ARK 72455 WAS A WITNESS TO THIS ACCIDENT. PHONE NUMBER 870 214-0596... THE WITNESS STATEMENT IS ATTACHED TO THIS REPORT. THE WITNESS STATED THAT THE TROOPER WAS TRAVELING IN THE RIGHT LANE.								

TAYLOR - WHITE

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Attachments

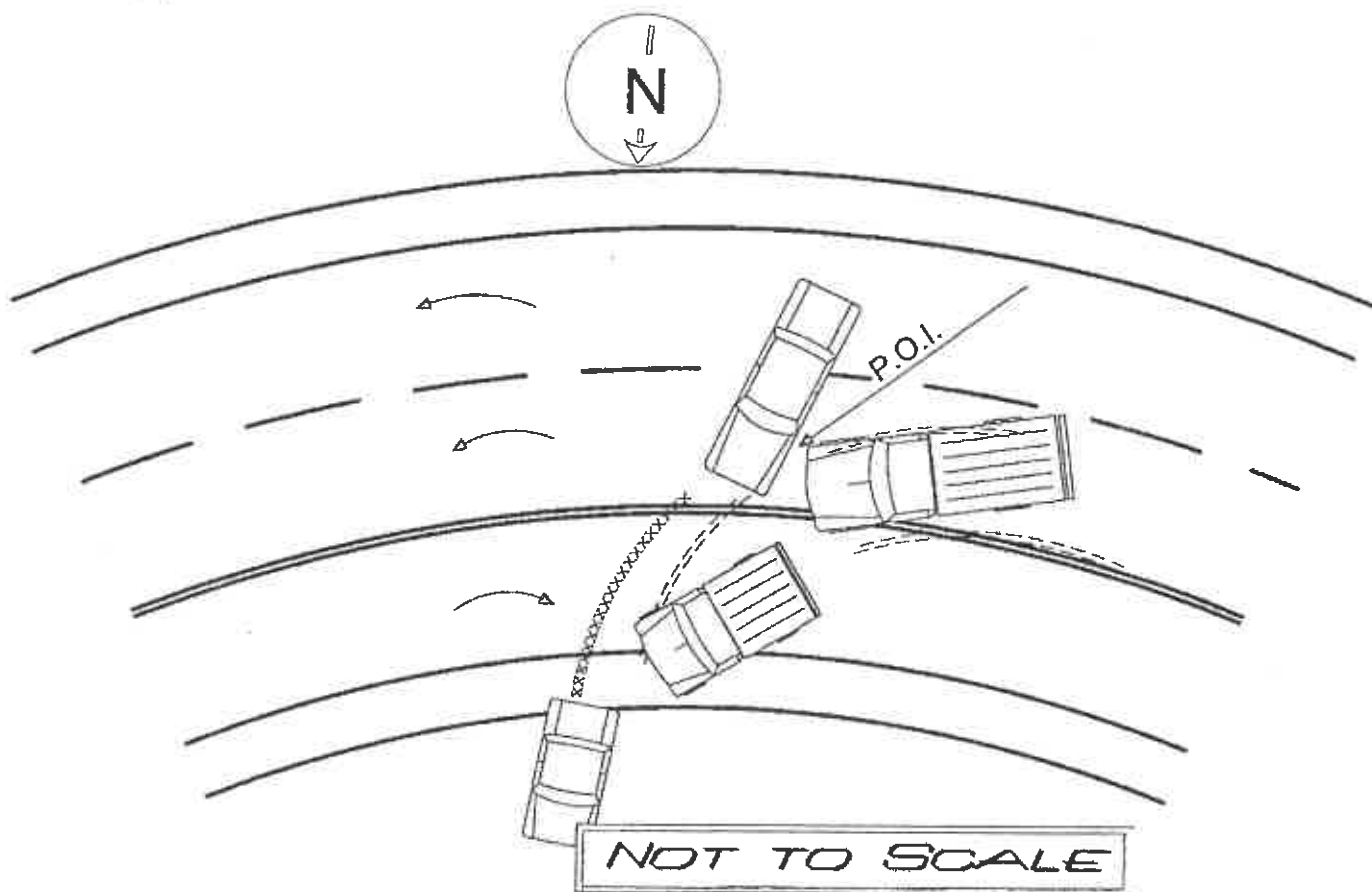
Report Number

620511168



Diagram / Photo 1

Arkansas Uniform Motor Vehicle Collision Report



State Farm®

Providing Insurance and Financial Services

Home Office, Bloomington, Illinois 61710



June 08, 2011

Benny R Taylor
319 Brookhaven Dr
White Hall AR 71602-2866

Arkansas Total Loss Unit
P.O. Box 1384
Columbia MO 65205-9726

RE: Claim Number: 04-019P-618
Date of Loss: 05/29/2011
Our Insured:

Dear Benny R Taylor:

As discussed, your policy provides for payment of the actual cash value of your vehicle, less any applicable deductible. Actual cash value is determined by the market value, age, and condition of your vehicle at the time the loss occurred.

To assist us in determining actual cash value, we consider information obtained by our representatives, and information provided by you, vehicle valuation services, and other sources. If you have additional information you wish us to consider or if you believe we have not correctly determined the actual cash value of your vehicle, please contact us at the number indicated below.

Actual cash value:	\$	7,450.00
Plus: Taxes	+\$	503.25
License and title fees:	+\$	9.25
Less: Deductible	-\$	<u>500.00</u>
Retained Salvage Value (if applicable)	-\$	N/A
Payment to Lienholder/Lease Company (if applicable)	-\$	N/A
Net amount payable:	\$	7,462.50

If you have any questions concerning this total loss settlement please contact us.

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State Farm Mutual Automobile Insurance Company



State Farm
Mid-South Auto Claims
P.O. Box 661001
Dallas, TX 75266-1001

December 20, 2011

Benny R. Taylor
319 Brookhaven Drive
Whitehall, AR 71602-2866

RE: Claim Number: 04-019P-618
 Date of Loss: 05/29/11
 Insured: Benny R. & Carolotta Taylor
 Injured: Benny Taylor & Carolotta Taylor
 Amount Paid: \$651.90 MPC for Benny
 \$5000.00 MPC for Carolotta

Dear Mr. & Mrs. Taylor:

Your claim has been referred to State Farm's Complex/Litigation team.

Your agreement with State Farm and your policy states: *If we make payment under this policy and the person or organization to or for whom we make payment recovers or has recovered from another person or organization, then the person (you) or organization to or for whom we make payment must protect our Right of Recovery for the benefits paid on their behalf.*

The above is contingent upon your settlement with the adverse party having "made you whole."

In the event that you have a change of address and/or telephone number during the handling of this matter, please contact us to update our file.

We appreciate your patience and cooperation. Should you have any questions, feel free to contact me at the number listed below.

Sincerely,

Joe Langley
Team AR Complex/LIT
Claim Representative
(866) 587-5774
FAX 800-726-4093

BEFORE THE STATE CLAIMS COMMISSION

Arkansas
State Claims Commission
JUL 01 2014
RECEIVED

**BENNY TAYLOR and
CARLOTTA TAYLOR**

CLAIMANTS

v.

NO. 14-0895-CC

ARKANSAS STATE POLICE

RESPONDENT

ANSWER

Comes now the Respondent, the Arkansas State Police (ASP), by and through its attorney, Elaine Lee, and for its Answer to the Complaint of Claimants Benny Taylor and Carlotta Taylor states:

1. The Respondent denies that it is liable for the Claimants' property damages.

2. The Respondent denies that it is liable for any injuries allegedly suffered by the Claimants.

3. The Respondent denies that the Claimants are entitled to an award of damages for pain and suffering.

4. Unless specifically admitted herein, all other allegations of the Complaint are denied.

5. The Claimants indicated in the Arkansas State Claims Commission Motor Vehicle Accident Report Form that the damaged vehicle was covered by insurance with a deductible in the amount of \$500.00. Arkansas Code Annotated §19-10-302 states that "the [Claims] Commission shall hear no claim until the claimant has exhausted all remedies against insurers, including the claimant's insurer." Accordingly, the Arkansas

State Police is only permitted under Arkansas law to accept liability in the amount of the Claimants' insurance deductible, \$500.00.

6. The following are the applicable codes for the Respondent: a) Agency Code: 960; Fund Code: SMP8800; Cost Center: 456607; Appropriation Code: 519; and Internal Order I0960248.

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

Respectfully submitted,

ARKANSAS STATE POLICE

By: Elaine Lee
Elaine G. Lee
Bar No. 2006162
Arkansas State Police
Associate General Counsel
1 State Police Plaza Drive
Little Rock, AR 72209
(501) 618-8930

CERTIFICATE OF SERVICE

I, Elaine Lee, do hereby certify that I have served the foregoing by mailing a copy of same, by U.S. Mail, postage prepaid, this 30th day of June, 2014,

Benny Taylor and Carlotta Taylor
319 Brookehaven Dr.
White Hall, AR 71602

Elaine Lee
Elaine Lee
Associate General Counsel
Arkansas State Police

N.A.D.A. Valuation Report
PREPARED FOR:
State Farm Insurance

Summary

Claim Information

Claim Number: 04-019P-618-01
Policy Number:
Owner: TAYLOR , BENNY
(870) 247-9487
Version #: 1
Coverage Type of Loss: Collision
Loss Date: 05/29/2011
Reported Date:
Valuation Report Date: 06/03/2011 10:39:14
Valuation Report ID: 2701763

Vehicle Information

Loss Vehicle: 1999 FORD F 150 XLT EXT CAB PKP 4.6L 8 Cyl GAS A
2WD
VIN: 1FTRX17W8XKB24602
Mileage: 105,392 miles
Location: AR 716022866
Exterior Color: METALLIC DARK GREEN
License Plate: NO TAGS

Valuation Summary

Total Retail Value:	\$7,450.00
Loss Vehicle Adjustments	
Prior Damage Adjustment:	\$0.00
After Market Parts Adjustment:	\$0.00
Refurbishment Adjustment:	\$0.00
Market Value:	\$7,450.00
Settlement Adjustments	
Deductible:	-\$500.00
Settlement Value:	\$6,950.00

Loss Vehicle Detail

Loss Vehicle: 1999 FORD F 150 XLT EXT CAB PKP 4.6L 8 Cyl GAS A 2WD

Standard Equipment

Exterior

Bumper, Front Chrome

Bumper, Rear Step, Chrome
Doors, Four
Fold Down Tailgate
Halogen Headlamps
Stop Light, High Mounted With Cargo Box Light
Tailgate, Removable
Wheels, Polished Aluminum With Chrome Hub, 7.0J 5-Hole

Interior

Air Conditioning, Manual
Forced Air Ventilation With 2 Side Window Demisters and Four Adjustable
Instrument Panel Registers
Front Headrests
Mirrors, Chrome Cap, Aero, Power
Privacy Glass, Quarter/Side
Radio, Electronic AM/FM Stereo Cassette, Digital Clock, 24 Watts, Noise
Reduction, Automatic Music Search (AMS), and 4 Speakers
Seat, Rear 40/60 Split Bench, Cloth
Seats, Front Cloth 40/60 Split Bench With Recliners, Manual Driver's Lumbar
Support, and Fold Down Center Armrest With Cupholder and Storage Compartment
Located Under Armrest
Side Window Defoggers
Sun Visors, Cloth With Left Hand Strap and Right Hand Mirror
Tinted Glass
Windows, Rear/Quarter, Flipout Quarter Glass
Wipers, Speed Dependent Interval

Mechanical

Brakes, Power Front Disc, Rear Disc With Four Wheel Anti-Lock
Steering, Power, Recirculating Ball
Tilt Steering With 5 Positions

Safety

Airbags, Depowered Driver and Passenger, With Deactivation Switch For Passenger
Side (To Be Used With Rear Facing Child Safety Seat)
Cross Cab and Side Door Intrusion Beams
Fuel Pump Inertia Shutoff Switch That Shuts Off Fuel Flow To Engine In
Collision
Power Windows/Locks With Delayed Accessory Power For Windows and One-Touch Down
On Driver Side Window
Seat Belts, 3 Point In Outboard Positions, Center Lap Belt, Front and Rear
SecuriLock(TM) Anti Theft Ignition
Tailgate Key Lock

N.A.D.A Vehicle Equipment

1999 FORD TRUCK F150 Pickup-V8 Styleside
Supercab XL X(0/1)7*

Aluminum/Alloy Wheels
XLT Pkg

Loss Vehicle Total Retail Value

Loss Vehicle: 1999 FORD F 150 XLT EXT CAB PKP 4.6L 8 Cyl GAS A 2WD

Guide Valuation: N.A.D.A. Southwest - Retail Value

Base Value:	\$5,900.00
Mileage Adjustment:	\$1,075.00
Automatic Transmission:	Standard
w/o Pwr Windows-XLT:	Standard
Cruise Control:	Standard
Air Conditioning:	Standard
w/o Pwr Door Locks-XLT:	Standard
Aluminum/Alloy Wheels:	\$125.00
XLT Pkg:	\$350.00
Total Retail Value:	\$7,450.00

Loss Vehicle Adjustments

Loss Vehicle: 1999 FORD F 150 XLT EXT CAB PKP 4.6L 8 Cyl GAS A 2WD

Prior Damage Adjustments

Description	Adjustment Amount
WINDSHIELD	\$0.00

After Market Parts Adjustments

Category	Description	Adjustment Type	Purchase Date	Amount Paid	Adjustment Amount
EXTERIOR	Hitch - Ball Mount				

Valuation Notes:

THE AIRBAG WAS TAPED UP BY THE WRECKER DRIVER BECAUSE OF THE BLOOD ON THE BAG. STORAGE IS \$35.00 A DAY. NI HAS REMOVED ALL PERSONAL ITEMS & VEH IS READY FOR PIC KUP.

15

Facsimile Cover Sheet
Carátula de facsímilConfidential Business
Confidencial EmpresarialState Farm®
Providing Insurance and Financial Services
Su Compañía de Seguros y Servicios Financieros
Home Office, Bloomington, Illinois 61710
Oficina Central, Bloomington, Illinois

Brenda Wade

November 20, 2015

To / A

Date / Fecha

Office/Address / Oficina/Dirección

2

Telephone number / Número de teléfono

Fax number / Número de fax

Total pages / Cantidad de páginas

Insured / Asegurado(a)

Claim number / Número de reclamo

Policy number / Número de póliza

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Ian McHale

From / De

Office/Address/Location / Oficina/Dirección/Lugar

Telephone number / Número de teléfono

Fax number / Número de fax

Message / Mensaje

From: 2693848548, Subject: 04-019P-618 TAYLOR, BENNY
TXt: "Confirmation of coverage for Benny Taylor."



Confirmation of Coverage

04-019P-618

Claim Number

This policy is issued by:

- ☒ State Farm Mutual Automobile Insurance Company
☐ State Farm County Mutual Insurance Company of Texas
☐ State Farm Fire and Casualty Company
☐ State Farm Lloyds
☐ State Farm Indemnity Company
☐ State Farm Guaranty Insurance Company
☐ State Farm Florida Insurance Company

(Write in the name of the appropriate State Farm® affiliate)

This confirms that policy number 028512904B, covering a(n) 1999 Ford Pickup F150, 1FTRX17W8XKB24602, was issued to Benny R Taylor and Carolotta Taylor and was in effect on the accident date of May 29, 2011. The coverages and limits of liability for this policy on that date were:

A 25/60/25, C 5,000, D500, G500, H, U 25/50, U1 25, W 25/50, S1, T1

Claim Team Manager

7/3/2014

1/1

State Farm Insurance 269-384-2526

Nov/19/2015 3:43:53 PM

17



Facsimile Cover Sheet
Carátula de facsímil

Confidential Business
Confidencial Empresarial

State Farm®
Providing Insurance and Financial Services
Su Compañía de Seguros y Servicios Financieros
Home Office, Bloomington, Illinois 61710
Oficina Central, Bloomington, Illinois

Brenda Wade

November 20, 2015

To / A

Date / Fecha

Office/Address / Oficina/Dirección

4

Telephone number / Número de teléfono

Fax number / Número de fax

Total pages / Cantidad de páginas

Insured / Asegurado(a)

Claim number / Número de reclamo

Policy number / Número de póliza

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Ian McHale

From / De

Office/Address/Location / Oficina/Dirección/Lugar

Telephone number / Número de teléfono

Fax number / Número de fax

Message / Mensaje

From: 2693848548, Subject: 04-019P-618 TAYLOR, BENNY
Txt: "Vehicle evaluation for Benny Taylor."

Russellville trip	222 Miles	0.42	93.24
White Hall to Rogers	244 Miles	0.42	102.48
Rogers to Neosho, MO	49.7 Miles	0.42	20.87
Neosho, MO to Miami, OK	34.3 Miles	0.42	14.4
Miami, OK to Pryor	52.2 Miles	0.42	21.92
Pryor, Ok to White Hall x 2 cars	300 Miles	0.42	252
Toll Roads			504.91
			10
Two trips to LR one to take paper work the second for Legislative court and court	37.76 Miles x 2		514.91
			63.44
			578.35
Russellville AR 6/18 Western Sizzlin lunch			20
We ate Subway in Clarksville 6/20			12
Bufflo Restaurant			40
Place in Pryor OK			20
Wendys in Clarksville			12
Hotel Miami, OK			91.67
			195.67

Massage			100
Tens Machine			40
Bio Freeze			30
Meds Prescription and Aleve			35
			205

Deductible Insurance			500
----------------------	--	--	-----

Difference in What insurance paid
& what we paid for truck and taxes
(Which we would not have been out had trooper not hit us)

			2788.68
--	--	--	----------------

Lawnmower
Time invested
Labor fixing lawnmower, 3 people
cleaning out truck in 100 degree heat,
preparing documents, copies, going to Post Office to prove I sent paperwork, etc
aprox 40 hours x 12 hour (Which is less than I make an hour)

Loss of work and vacation			1664.08
---------------------------	--	--	----------------

Loss of having vehicle

1149.21

Price for Mailing documents the 1st time

21.35

Price for 2nd mailing? (Will include receipt)

Pain, Suffering, Stress for two people
Dr. Visit

5000
210

Total

12,962.23

Asking to be compensated

10,000.00

-2962.23

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (800) 718-7233

Taylor
319 Brookhaven Dr
White Hall, AR 71602



EK 506825353 US

UNITED STATES
POSTAL SERVICE®PRIORITY
★ MAIL ★
EXPRESS™

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available*)
☐ 10:30 AM Delivery Required (additional fee, where available*)
 *Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE ()

AR State Claims Commission
101 East Capitol Suite 410
Little Rock, AR 72201-3823

ZIP + 4® (U.S. ADDRESSES ONLY)

ORIGIN (POSTAL SERVICE USE ONLY)

☐ 1-Day☒ 2-Day☐ Military☐ DPO

PO ZIP Code

71602

Scheduled Delivery Date

2/23/15

Postage

\$ 21.35

Date Accepted (MM/DD/YYYY)

2/21/15

Schedule Delivery Time

☐ 10:30 AM
☒ 3:00 PM
☐ 12 NOON

Insurance Fee

\$

COD Fee

\$

Time Accepted

11:31 AM

10:30 AM Delivery Fee

\$

Return Receipt Fee

\$

Live Animal Transportation Fee

\$

Weight

☐ Flat Rate

3 lbs. 13 ozs.

Sunday/Holiday Premium Fee

\$

Total Postage & Fees

\$ 21.35

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)

Time

☐ AM☐ PM

Employee Signature

Delivery Attempt (MM/DD/YYYY)

Time

☐ AM☐ PM

Employee Signature

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 ■ \$100.00 insurance included.

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9995

1-ORIGIN POST OFFICE COPY

Product Tracking & Reporting

[Help](#)[Home](#)[Search](#)[Reports](#)[Manual Entry](#)[Rates/
Commitments](#)[PTR / EDW](#)[USPS Corporate
Accounts](#)

September 15, 2015

USPS Tracking Intranet Tracking Number Result

Result for Domestic Tracking Number EK50 6825 353U S

Destination and Origin

Destination

ZIP Code	City	State
722013824	LITTLE ROCK	AR

Origin

ZIP Code	City	State
716029998	WHITE HALL	AR

Tracking Number Classification

Class/Service

Class/Service: Priority Mail Express PO-Add
 Class of Mail Code/Description: EX / Priority Mail Express 1-Day™

Destination Address Information

Address: 101 E CAPITOL AVE STE 410
 City: LITTLE ROCK
 State: AR
 5-Digit ZIP Code: 72201
 4-Digit ZIP Code add on: 3824
 Delivery Point Code: 10
 Record Type Code: Building/Apartment

Service Delivery Information

Service Performance Date: Scheduled Delivery Day and Time: Monday, 02/23/2015 15:00
 Predicted Delivery Date: Monday, 02/23/2015
 Delivery Option Indicator: 6 - No Sunday Delivery
 Zone: 01
 PO Box: N
 Other Information: [Service Calculation Information](#)

Payment

Postage: \$21.35
 Weight: 3 lb(s) 14 oz(s)
 Rate Indicator: PRIORITY MAIL EXPRESS PO TO ADDRESSEE

Extra Services

Extra Services Details

Description	Amount
PO to Addressee	
Up to \$100 insurance included	\$0.00

Events

Event	Event Code	Event Date	Event Time	Location	Input Method	Scanner ID	Carrier Route	Posting Date / Time (Central Time)	Other Information
DELIVERED	01	02/23/2015	11:38	LITTLE ROCK, AR 72201	Scanned	IMD 030SHEN995 (non-wireless)	Scanned by route 2201C072	02/23/2015 15:34:42	<div>View Delivery Signature and Address</div> <div>Facility Finance Number: 045145 Recipient Name: M HAMRIC</div> <div>Request Delivery Record</div>
OUT FOR DELIVERY	OF	02/23/2015	08:00						

22

Event	Event Code	Event Date	Event Time	Location	Input Method	Scanner ID	Carrier Route	Posting Date / Time (Central Time)	Other Information
				LITTLE ROCK, AR 722029998	System Generated			02/23/2015 10:35:36	
SORTING/PROCESSING COMPLETE	PC	02/23/2015	07:50	LITTLE ROCK, AR 722029998	System Generated			02/23/2015 10:24:05	
ARRIVAL AT UNIT	07	02/23/2015	06:55	LITTLE ROCK, AR 722029998	Scanned	IMD 030SHCN486 (non-wireless)	Scanned by route 2202F600	02/23/2015 10:20:03	
ENROUTE/PROCESSED	10	02/21/2015	19:52	LITTLE ROCK, AR 72231	Scanned	IMD 030SHEQ370 (non-wireless)	Scanned by route 00000000	02/21/2015 22:59:38	
ENROUTE/PROCESSED	10	02/21/2015	19:51	LITTLE ROCK, AR 72231	Scanned	IMD 030SHND104 (non-wireless)	Scanned by route 00000000	02/21/2015 22:58:37	
DEPART POST OFFICE	SF	02/21/2015	17:26	WHITE HALL, AR 716029998	System Generated			02/21/2015 17:36:32	
ACCEPT OR PICKUP	03	02/21/2015	11:29	WHITE HALL, AR 716029998	Scanned	POS	Destined to route C072	02/21/2015 12:12:34	Facility Finance Number: 047013

Enter up to 35 items separated by commas.

Select Search Type:

Product Tracking & Reporting, All Rights Reserved
Version: 4.3.0.11

23



24 hour Instant Info Line 540-1212

P.O. Box 7878, Pine Bluff, AR 71611

(870) 535-7222

Member FDIC

Visit our web site at www.relybank.com

Page: 3

BENNY TAYLOR

Account Number: 41399
Statement Date: 3/20/15

		ATM/DEBIT CARD TRANSACTIONS	
Date	Deposits	Withdrawals	Location
2/17		16.73	POS PURCHASE
2/17		19.95	BROOKSHIRES 104 PINE BLUFF AR
2/17		200.00	POS PURCHASE
2/23		4.99	COUNTRY KITCHEN PINE BLUFF AR
2/23		17.52	POS PURCHASE
2/23		18.72	AT&T BILL PAYMENT 800-288-2020 TX
2/23		21.35	POS PURCHASE
2/24		15.00	APL* ITUNES.COM/BILL 866-712-7753 CA
2/24		18.99	POS PURCHASE
2/25		6.33	WINGS TO GO WHITE HALL AR
2/25		10.99	POS PURCHASE
2/26		9.43	COUNTRY KITCHEN PINE BLUFF AR
2/27		16.65	POS PURCHASE
3/02		9.10	USPS 0470130510 PINE BLUFF AR
3/02		11.42	POS PURCHASE
3/02		66.15	SHELL OIL 57442257507 WHITE HALL AR
3/03		13.98	POS PURCHASE
			BROOKSHIRES 104 PINE BLUFF AR
			POS PURCHASE
			MCDONALD'S F26698 WHITE HALL AR
			POS PURCHASE
			POPEYE'S CHICKEN #08844 WHITE HALL AR
			POS PURCHASE
			EL PARIAN Mexican Resta WHITE HALL AR
			POS PURCHASE
			MCDONALD'S F26698 WHITE HALL AR
			POS PURCHASE
			WALGREENS 4720 DOLLARWA PINE BLUFF AR
			POS PURCHASE
			BROOKSHIRES 104 PINE BLUFF AR

Benny or Cookie Taylor

319 Brookhaven Dr

870 718-7233 cell

AR Clarks Commiss

CR

Look for 2-21-15 Express

24

The night of Saturday, February, 21, 2015 the day I mailed paperwork to commission. I had terrible pain in my neck. I stayed in bed all day Sunday, Monday I had to go to the doctor. I am attaching the report. I am not saying the wreck is the total cause of my pain, but it certainly didn't help. My pain has and still is bad due to the wreck.

Dr. Visit & X-Ray \$210.00

Sick Day 2/23/2015 \$122.00

Personal Day ½ am 9/14/2015 Legislative Committee \$74.42

Sleepiness Nights

Anxiety

Pain & Suffering

Probable neck surgery in the future

G Taylor

TIMM REECE, MD
FAMILY MEDICINE
OF WHITE HALL, P.A.

Patient: TAYLOR, CARLOTTA COOKIE
Date of Birth: 4/8/1961
Sex: F

Date of Exam: 2/23/2015 11:41:20 AM
Patient ID: 7138
Referring Physician: Dr. Timm Reece

Radiologist:
LIM, RODOLFO MD

Report Date: 3/3/2015 3:53:27 PM

CERVICAL SPINE, 3 VIEWS

INDICATION: Neck pain.

FINDINGS: Three views of the cervical spine show osteoporosis. There is mild anterolisthesis of C3 on C4. No acute bony destructive process. Odontoid process is intact. There is narrowing of the C5-C6 disc space. Sclerosis noted along the facet joints of C3-C4 and C7-T1 levels. Paraspinal soft tissues are unremarkable. Reversal of the usual cervical lordosis due to muscle spasm and/or positioning.

IMPRESSION: Osteoporosis. Multilevel degenerative facet joint changes. Mild anterolisthesis of C3 on C4. Osteoporosis. Degenerative disc changes at C5-C6.

Signed by LIM, RODOLFO MD at 3/4/2015 7:20:47 AM

Account Activity Report
FAMILY MEDICINE OF WHITE HALL, P.A.

Provider Totals

Provider	Charges	Receipts	Adjustments	Procedures
TR Reece, Timothy C M.D.	210.00	0.00	0.00	5
TOTAL	210.00	0.00	0.00	5

**** Provider Receipts Totals Do Not Include Provider Cross-Allocations ****

Google

Directions to Russellville, AR
111 mi - about 1 hour 42 mins

Round trip

x 2



319 Brookhaven Dr, White Hall, AR 71602

1. Head north on Brookhaven Dr toward Turner Ave

go 305 ft
total 305 ft

2. Turn left onto Turner Ave

go 0.2 mi
total 0.2 mi3. Turn right onto Dollarway Rd
About 2 minsgo 0.9 mi
total 1.1 mi4. Turn left onto W Holland Ave
About 1 mingo 0.6 mi
total 1.7 mi5. Turn left to stay on W Holland Ave
About 57 secsgo 0.6 mi
total 2.3 mi6. Turn right to merge onto I-530 N
About 28 minsgo 31.5 mi
total 33.8 mi

7. Continue onto US-167 N/US-65 N

go 0.5 mi
total 34.2 mi8. Merge onto I-30 E/US-167 N/US-65 N
About 4 minsgo 4.2 mi
total 38.5 mi

9. Take the Interstate 40 W exit on the left

go 0.3 mi
total 38.7 mi10. Keep left, follow signs for I-40 W/Fort Smith/US-65 N and merge onto I-40 W/US-65 N
Continue to follow I-40 W
About 58 minsgo 68.9 mi
total 108 mi

11. Take exit 84 for AR-331 toward Russellville/US-64

go 0.3 mi
total 108 mi12. Turn left onto AR-331 S (signs for US-64)
About 1 mingo 0.5 mi
total 108 mi13. Turn right onto E Main St
About 4 minsgo 2.3 mi
total 111 mi

14. Turn right onto N Arkansas Ave

go 108 ft
total 111 mi

Russellville, AR

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2015 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.



Directions to Rogers, AR
244 mi – about 3 hours 39 mins



319 Brookhaven Dr, White Hall, AR 71602

1. Head north on Brookhaven Dr toward Turner Ave

go 305 ft
total 305 ft



2. Turn left onto Turner Ave

go 0.2 mi
total 0.2 mi



3. Turn right onto Dollarway Rd
About 2 mins

go 0.9 mi
total 1.1 mi



4. Turn left onto W Holland Ave
About 1 min

go 0.6 mi
total 1.7 mi



5. Turn left to stay on W Holland Ave
About 57 secs

go 0.6 mi
total 2.3 mi



6. Turn right to merge onto I-530 N
About 28 mins

go 31.5 mi
total 33.8 mi



7. Continue onto US-167 N/US-65 N

go 0.5 mi
total 34.2 mi



8. Merge onto I-30 E/US-167 N/US-65 N
About 4 mins

go 4.2 mi
total 38.5 mi



9. Take the Interstate 40 W exit on the left

go 0.3 mi
total 38.7 mi



10. Keep left, follow signs for I-40 W/Fort Smith/US-65 N and merge onto I-40 W/US-65 N
Continue to follow I-40 W
About 1 hour 59 mins

go 141 mi
total 179 mi



11. Take exit 12 for I-540 N toward Fayetteville

go 0.4 mi
total 180 mi



12. Continue onto I-49 N
About 50 mins

go 57.8 mi
total 237 mi



13. Take exit 78 for AR-264 toward Lowell/Cave Spring/Rogers

go 0.3 mi
total 238 mi



14. Turn right onto AR-264 E/W Monroe Ave (signs for Rogers/Lowell)
About 1 min

go 0.6 mi
total 238 mi



15. Turn left onto N Bloomington St
About 3 mins

go 2.0 mi
total 240 mi

16. Continue onto S 8th St
About 7 mins

go 3.5 mi
total 244 mi



17. Turn right onto W Walnut St
About 56 secs

go 0.4 mi
total 244 mi



18. Turn right onto S 3rd St

go 377 ft
total 244 mi



19. Turn left at the 1st cross street onto W Elm St

go 95 ft
total 244 mi



Rogers, AR

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.
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30



Directions to Neosho, MO
49.7 mi – about 57 mins



Rogers, AR

1. Head **west** on **W Elm St** toward **S 3rd St**

go 95 ft
total 95 ft



2. Turn **left** at the 1st cross street onto **S 3rd St**

go 384 ft
total 479 ft



3. Turn **right** at the 1st cross street onto **W Poplar St**
About 1 min

go 0.4 mi
total 0.5 mi



4. Turn **right** onto **S 8th St**
About 3 mins

go 1.6 mi
total 2.1 mi



5. Sharp **left** onto **W Hudson Rd**
About 4 mins

go 2.6 mi
total 4.7 mi

6. Continue onto **SE 14th St**
About 58 secs

go 0.4 mi
total 5.0 mi



7. Turn **right** to merge onto **I-49 N/US-71 N** toward **Bella Vista**
About 5 mins

go 5.8 mi
total 10.8 mi



8. Continue onto **US-71 N**
About 16 mins

go 15.0 mi
total 25.8 mi



9. Continue onto **I-49/US-71 N**
About 16 mins

go 19.6 mi
total 45.4 mi



10. Take exit **Exit 24** for **US-60** toward **Neosha/Seneca**

go 0.2 mi
total 45.7 mi



11. Turn **right** onto **US-60 E** (signs for **Neosho**)
About 2 mins

go 1.2 mi
total 46.9 mi



12. Turn **left** onto **S Neosho Blvd**

go 0.2 mi
total 47.1 mi



13. Keep **right** to stay on **S Neosho Blvd**
About 3 mins

go 1.6 mi
total 48.7 mi



14. Turn **right** onto **Hill St**
About 2 mins

go 0.6 mi
total 49.3 mi



15. Turn **left** onto **S Jefferson St**
About 1 min

go 0.3 mi
total 49.6 mi



16. Turn **right** onto **W Main St**

go 0.1 mi
total 49.7 mi



Neosho, MO

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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Directions to Miami, OK
34.3 mi – about 44 mins

Neosho, MO

1. Head west on **E Main St** toward **S Wood St**
go 0.1 mi
total 0.1 mi
2. Turn right at the 2nd cross street onto **S Jefferson St**
go 377 ft
total 0.2 mi
3. Turn left at the 1st cross street onto **W Spring St**
go 0.1 mi
total 0.3 mi
4. **W Spring St** turns right and becomes **Spring Hill St**
go 404 ft
total 0.4 mi
5. Continue onto **W McCord St**
About 1 min
go 0.4 mi
total 0.8 mi
6. Turn left onto **N Neosho Blvd**
go 0.1 mi
total 0.9 mi
7. Turn right onto **W Harmony St**
About 53 secs
go 0.5 mi
total 1.4 mi
8. Turn right onto **I-49BUS/MO-86 W**
Continue to follow **MO-86 W**
About 7 mins
go 5.0 mi
total 6.4 mi
9. Turn left to stay on **MO-86 W**
About 7 mins
go 5.9 mi
total 12.3 mi
10. Turn left onto **Iris Rd**
About 3 mins
go 2.0 mi
total 14.4 mi
11. Turn left onto **MO-43 S**
About 4 mins
go 4.3 mi
total 18.6 mi
12. Turn right onto **State Highway U**
Entering Oklahoma
About 6 mins
go 5.5 mi
total 24.2 mi
13. Continue onto **OK-10 N**
About 13 mins
go 9.9 mi
total 34.1 mi
14. Turn right onto **S Main St/Rte 66**
go 0.3 mi
total 34.3 mi

Miami, OK

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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Directions to Pryor Creek, OK
52.2 mi – about 51 mins



Miami, OK

1. Head **south** on **S Main St/Rte 66** toward **1st Ave SE**

go 0.3 mi
total 0.3 mi



2. Turn left at the 3rd cross street onto **3rd Ave SE/Steve Owens Blvd**
About 3 mins

go 1.4 mi
total 1.7 mi



3. Turn right onto **Industrial Pkwy**
Partial toll road

go 0.3 mi
total 2.0 mi



4. Keep right at the fork, follow signs for **I-44 W/Tulsa** and merge onto **I-44**
Toll road
About 26 mins

go 30.5 mi
total 32.5 mi



5. Take exit **283** toward **US-69/Big Cabin**
Toll road

go 0.4 mi
total 32.9 mi

6. Continue straight
Toll road

go 157 ft
total 32.9 mi



7. Turn left onto **US-69 S**
About 20 mins

go 19.2 mi
total 52.1 mi



8. Turn left onto **E Graham Ave**

go 440 ft
total 52.2 mi



9. Turn left onto **N Adair St**

go 253 ft
total 52.2 mi



Pryor Creek, OK

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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Directions to 319 Brookhaven Dr, White Hall,
AR 71602
300 mi – about 4 hours 29 mins



Pryor Creek, OK

1. Head south on N Adair St toward E Graham Ave



2. Turn right onto E Graham Ave
About 48 secs

go 226 ft
total 226 ft



3. Turn left at the 1st cross street onto US-69 S/S Mill St
Continue to follow US-69 S
About 35 mins

go 407 ft
total 0.1 mi



4. Turn left to merge onto OK-351/Muskogee Turnpike E toward Ft. Smith
Partial toll road
About 26 mins

go 33.3 mi
total 33.4 mi



5. Take the exit on the left onto I-40 E
Partial toll road
Entering Arkansas
About 2 hours 48 mins

go 30.1 mi
total 63.5 mi



6. Keep right at the fork to continue on US-65 S, follow signs for Interstate 30 W/Little Rock

go 0.4 mi
total 262 mi



7. Merge onto I-30 W/US-65 S
About 4 mins

go 4.3 mi
total 266 mi



8. Keep left at the fork to continue on US-167 S/US-65 S

go 0.3 mi
total 266 mi



9. Continue onto I-530 S/US-65 S
About 28 mins

go 31.3 mi
total 298 mi



10. Take exit 32 toward AR-256/White Hall/P.B. Arsenal

go 0.2 mi
total 298 mi



11. Turn left onto W Holland Ave (signs for AR-256/White Hall/P.B. Arsenal)
About 1 min

go 0.8 mi
total 299 mi



12. Turn right to stay on W Holland Ave
About 1 min

go 0.6 mi
total 299 mi



13. Turn right onto Dollarway Rd
About 2 mins

go 0.9 mi
total 300 mi



14. Turn left onto Turner Ave
About 1 min

go 0.2 mi
total 300 mi



15. Turn right onto Brookhaven Dr
Destination will be on the right

go 305 ft
total 300 mi



319 Brookhaven Dr, White Hall, AR 71602

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2015 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.



$$75.52 \times .42 = 31.72$$

Trip to:

Little Rock, AR

37.76 miles / 39 minutes

Notes

Road trip

X 2

31.72

63.44



319 Brookhaven Dr, White Hall, AR 71602-2866

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0.09 Mi

0.09 Mi Total

0.2 Mi

0.3 Mi Total

1.3 Mi

1.6 Mi Total

0.6 Mi

2.3 Mi Total

0.5 Mi

2.8 Mi Total

31.4 Mi

34.2 Mi Total

1.7 Mi

35.9 Mi Total

0.9 Mi

36.8 Mi Total

0.1 Mi

36.9 Mi Total

0.2 Mi

37.1 Mi Total

0.6 Mi

37.8 Mi Total

1. Start out going north on Brookhaven Dr toward Turner Ave (Portions unpaved). [Map](#)

2. Turn left onto Turner Ave. [Map](#)

3. Turn right onto Dollarway Rd / AR-365. [Map](#)
Moore's Bar-B-Q is on the corner

4. Turn left onto W Hoadley Rd. [Map](#)
*W Hoadley Rd is 0.2 miles past Lloyd Ave
If you reach Semora Rd you've gone a little too far*

5. W Hoadley Rd becomes W Holland Ave. [Map](#)

6. Merge onto I-530 N / US-65 N toward Little Rock. [Map](#)

7. Merge onto I-30 E / US-65 N / US-167 N via the exit on the left. [Map](#)

8. Merge onto I-630 W via EXIT 139B. [Map](#)

9. Take EXIT 1B toward Center St / Broadway. [Map](#)

10. Merge onto W 11th St. [Map](#)

11. Turn right onto Broadway St / US-70 E / US-67 N / AR-5 / AR-365. [Map](#)
*Broadway St is just past S Spring St
If you reach S Arch St you've gone a little too far*

12. Welcome to LITTLE ROCK, AR. [Map](#)
Your destination is just past W 2nd St



Little Rock, AR

35



Benny Taylor
xx

US

Room Number: 208
Arrival Date: 06-20-11
Departure Date: 06-21-11
Confirmation Number: 330203
Rate Code: BAR
Page No: 1 of 1

INVOICE

A/R No:
Folio No: 39689

Date	Description	Charges	Credits
06-20-11	Cash		91.67
06-20-11	Room	89.00	
06-20-11	Tribal Tax	2.67	
Total		91.67	91.67
Balance		0.00	

Mary or Corbelle Taylor
 Palma Taylor
 PO BOX 1001
 20000 Highway 50
 Waco TX 76788

13213
 Date 7/21/11
 Title Case Spa
 One Hundred for ex 100 \$141.96
 Mrs Bluff National Bank
 P.O. BOX 1001
 P.O. BOX 1001, WACO, TX 76788

07/12/2011 3215 \$141.96

Paid \$100.00 for massage

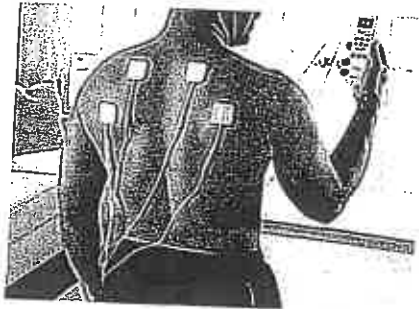
41.96 Additional



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Heat Sensitive Products
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Women's Health
Diet & Fitness
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Homeopathic Remedies
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Kosher
Non-GMO
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Jacquie Eubanks BSN, RN

BioFreeze Roll-On by BioFreeze



3 OZ, ROLL-ON: 1 ADD TO CART
\$15.49

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Description

Temporary relief from minor aches and pains of sore muscles & joints associated with: arthritis, backache, strains, sprains.†

BioFreeze Pain Relieving Roll-On provides a number of unique features. The roller ball allows for product application without the need to use your hands also providing a nice massage for soft tissue wherever you apply product, and can be used in trigger point therapy.

BioFreeze Pain Reliever may be used up to four times a day - both before exercise or therapy (to relieve painful movement), and afterwards (to soothe muscle or joint soreness). In some cases, BioFreeze products may even be used during exercises or therapy.

Features:

- Applies easier and penetrates quickly
- Enhanced and more natural formula
- Colorless (dye-free) options
- Proprietary herbal blend
- 100% paraben-free
- Propylene glycol-free
- Effective skin conditioners
- Greaseless and non-staining with vanishing scent
- Manufactured in the USA
- Not tested on animals

Suggested Usage

Adults and children 2 years of age and older: Rub a thin film over affected areas not more than 4 times daily; massage not necessary.

Children under 2 years of age: consult physician.

Ingredients

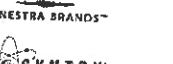
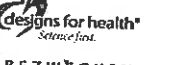
Active Ingredients / Purpose
Menthol USP 4% / Cooling Pain Relief

Inactive Ingredients: Aloe Barbadensis Leaf Extract, Arnica Montana Flower Extract, Arctium Lappa Root (Butdock) Extract, Boswellia Carterii Resin Extract, Calendula Officinalis Extract, Carbomer, Camellia Sinensis (Green Tea) Leaf Extract, Camphor USP, Glycerin, Ilex Paraguariensis Leaf Extract, Isopropyl Alcohol, Isopropyl Myristate, Melissa Officinalis (Lemon Balm) Leaf Extract, Silicon Dioxide, Tocopheryl (Vitamin E) Acetate, Triethanolamine, Purified Water USP, Blue 1, Yellow 5.

NO NSAIDs, Ibuprofen, Aspirin or Salicylate.

Warnings

For external use only. Flammable: Keep away from excessive heat or open flame. Ask a doctor before use if you have sensitive skin. When using this product: avoid contact with the eyes or mucous membranes, do not apply to wounds or damaged skin. Do not use with other ointments, creams, sprays or liniments. Do not apply to irritated skin or if excessive irritation develops.





Patient Name: BENNY R TAYLOR
Street Address:
City:
Birthday: 01/14/1942
Phone No: (000)000-0000

State:
Zip:

Pharmacy Name:
Street Address:
City:
Phone No:
Federal Tax ID:

BROOKSHIRE PHARMACY #104
5805 DOLLARWAY
PINE BLUFF
(870) 247-5854

State: AR Zip: 71602
Fax No: (866) 575-4533

Adj Date Sold	Store #	Rx #	Fill #	Product	NDC #	Qty	Unit	Days	Prescriber Name	TP Total Amt Paid	PT Pay Amt Total	Primary TP Name	Prior Auth	LOF
06/24/14	104	6638101	00	FLUTICASON PROPR 50 MCG SPRAY	60505-0829-01	16.000	GM	30	STEPHEN SHORTS	8.44	10.00	HUMANANA ENHANCED		N
09/29/2014	104	6645774	00	AMOXICILIN 500 MG CAPSULE	16714-0289-04	21.000	EA	7	DONNA MASSEY	0.00	3.99	HUMANANA ENHANCED		N
11/06/2014	104	6646879	00	SERTRALINE HCL 50 MG TABLET	65862-0012-30	60.000	EA	60	MICHAEL HUBER	0.00	6.99	HUMANANA ENHANCED		N
11/28/2014	104	6651515	00	GENTAMICIN 0.1% CREAM	45802-0056-35	15.000	GM	10	DON LUM	21.83	10.00	HUMANANA ENHANCED		N
02/09/2015	104	6658152	00	FLUCONAZOLE 200 MG TABLET	16714-0693-01	4.000	EA	28	DON LUM	0.04	11.20	HUMANANA ENHANCED		N
02/20/2015	104	4462533	00	ALPRAZOLAM 0.25 MG TABLET	00781-1061-01	30.000	EA	10	R COLEMAN	0.00	8.86	Cash		N



Patient Name:	CARLOTTA TAYLOR	Pharmacy Name:	BROOKSHIRE PHARMACY #104
Street Address:	319 BROOKHAVEN	Street Address:	5805 DOLLARWAY
City:	PINE BLUFF	City:	PINE BLUFF
Birthday:	04/08/1961	State:	AR
Phone No:	(000) 000-0000	Zip:	71602
		Phone No:	(870) 247-5854
		Federal Tax ID:	
		State:	AR
		Fax No:	(866) 575-4533
		Zip:	71602

Adj Date	Sold	Store #	Rx #	Fill #	Product	NDC #	Qty	Unit	Days	Prescriber Name	TP Total Amt Paid	PT Pay Amt Total	Primary TP Name	Prior Auth	LOF
02/23/2015	02/23/2015	104	6659344	00	CYCLOBENZAPRINE 10 MG TABLET	00603-3079-34	30.000	EA	30	TIMMOTHY REECE	0.00	3.99	AR BENEFITS HEALTH		N
02/23/2015	02/23/2015	104	6659345	00	METHYLPREDNISOLONE 4 MG DOSEPK	00603-4593-15	21.000	EA	6	TIMMOTHY REECE	13.48	15.00	AR BENEFITS HEALTH		N
02/23/2015	03/02/2015	104	6659382	00	IBUPROFEN 800 MG TABLET	67877-0296-05	60.000	EA	30	TIMMOTHY REECE	0.00	6.99	AR BENEFITS HEALTH		N
03/02/2015	03/02/2015	104	6651226	03	LEVOTHYROXINE 100 MCG TABLET	00781-5194-92	30.000	EA	30	MAHER ALESALI	0.00	6.99	AR BENEFITS HEALTH		N
03/10/2015	03/21/2015	104	6660642	00	ALENDRONATE SODIUM 70 MG TAB	16714-0533-01	4.000	EA	28	TIMMOTHY REECE	0.00	3.99	AR BENEFITS HEALTH		N
03/20/2015	03/21/2015	104	6644027	05	AMLODIPINE-BENAZEPRIL 10-20 MG	55111-0341-01	30.000	EA	30	R COLEMAN	15.16	15.00	AR BENEFITS HEALTH		N
03/19/2015	03/21/2015	104	6661755	00	VIT D2 1,25 MG (50,000 UNIT)	50111-0990-01	5.000	EA	35	MAHER ALESALI	0.00	8.33	AR BENEFITS HEALTH		N

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June 08, 2011

Benny R Taylor
319 Brookhaven Dr
White Hall AR 71602-2866

Arkansas Total Loss Unit
P.O. Box 1384
Columbia MO 65205-9726

RE: Claim Number: 04-019P-618
Date of Loss: 05/29/2011
Our Insured:

Dear Benny R Taylor:

As discussed, your policy provides for payment of the actual cash value of your vehicle, less any applicable deductible. Actual cash value is determined by the market value, age, and condition of your vehicle at the time the loss occurred.

To assist us in determining actual cash value, we consider information obtained by our representatives, and information provided by you, vehicle valuation services, and other sources. If you have additional information you wish us to consider or if you believe we have not correctly determined the actual cash value of your vehicle, please contact us at the number indicated below.

Actual cash value:	\$	7,450.00
--------------------	----	----------

Plus: Taxes	+\$	503.25
License and title fees:	+\$	9.25

Less: Deductible	-\$	<u>500.00</u>
------------------	-----	---------------

Retained Salvage Value (if applicable)	-\$	N/A
--	-----	-----

Payment to Lienholder/Lease Company (if applicable)	-\$	N/A
--	-----	-----

Net amount payable:	\$	7,462.50
---------------------	----	----------

If you have any questions concerning this total loss settlement please contact us.



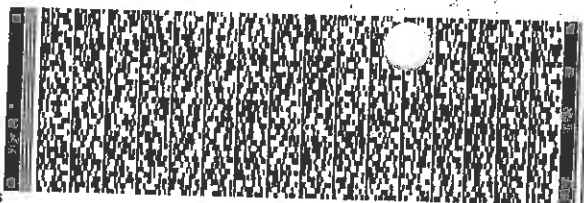
VEHICLE REGISTRATION CERTIFICATE
STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
KEEP THIS DOCUMENT IN YOUR VEHICLE

VEHICLE IDENTIFICATION NUMBER
1FTRW12W16FB03897

LICENSE PLATE **7870NC** LICENSE TYPE/USE **PCLP PK** DECAL COLOR **B** EXPIRATION DATE **2012-02-29** DECAL NO **7870NC**
 YEAR **006** MAKE **FORD** MODEL **F1S** BODY **CW** COLOR **BLU** FUEL **G** CYL **8** UNLADEN WEIGHT **004000** DISPLACEMENT **00000** AXLES **00**
 OWNER'S COUNTY **JEFFERSON** ODOMETER **114873** DATE ISSUED **2011-08-31** 164328260
 LE NUMBER **35021106085** RENEWAL IDENTIFICATION NUMBER (RNL) **07777875** ISSUING STATE: **AR** TITLE PRINT STATUS **PRINT FROM BATCHMAIL**
 OWNER(S) **TAYLOR CARLOTTA OR TAYLOR BENNEY** VERIFICATION CODE: **9762**
19 BROOKHAVEN DR TITLE BRANDS **NEW OUT/ST DEALER**
WHITE HALL AR 71602

TAYLOR CARLOTTA OR
TAYLOR BENNEY
319 BROOKHAVEN DR
WHITE HALL AR 71602

"Owner must sign in the space indicated on back of this certificate"



REGISTRATION FEE	0.00	REPLACEMENT FEE	0.00	VEN PURCHASE PRICE	9530.00	LOCAL TAX(1) 35 - 00	40.63
CREDIT	0.00	TRANSFER FEE	1.00	PLUS EXT WARR	0.00	LOCAL TAX(2) 35 - 03	25.00
ADDITIONAL FEES	0.00	TITLE FEE	10.00	LESS TRADE IN	0.00	LOCAL TAX(3)	0.00
PRO RATED FEES	0.00	LIEN FEE	0.00	TAXABLE PRICE	9530.00	LOCAL TAX(4)	0.00
SPECIAL FEE (1)	0.00	PENALTY	0.00	STATE TAX	571.80	TOTAL TAXES	637.43
SPECIAL FEE (2)	0.00	POSTAGE	.25	STATE TAX PENALTY	0.00	TOTAL REG FEES	13.75
SPECIAL FEE (3)	2.50	TEMP TAG FEE	0.00	LOCAL TAX PENALTY	0.00	TOTAL PAID	651.18
		LIENHOLDER(S)					

OFF-TRANS INFO
 TRANSFER AND TITLE
 2011-08-31 16:43:28 P.M
 WHITE HALL 35-02
 BRENDA DELAHUNT
 8512 DOLLARWAY
 (870)247-5565
 RXBDELA 2011-08-31

INSTRUCTIONS:
 1) Remove decal by bending paper along dotted line.
 2) Lift edge of decal and slowly peel.
 3) See back side for instructions.

PAYMENT NO 1 22 049479 J
PAYMENT AMOUNT \$7,462.50
ISSUE DATE 06-08-2011
AUTHORIZED BY CARROLL, BEVERLY
PHONE (866) 297-4224



CLAIM NO 04-019P-618
LOSS DATE 05-29-2011
POLICY NO 0285-129-04B
INSURED TAYLOR, BENNY R & CAROLL

BENNY R. TAYLOR
319 BROOKHAVEN DR
WHITE HALL AR 71602-2866

FILE COPY

REMARKS Total Loss Settlement in Exchange for Original Title

COVERAGE DESCRIPTION
COLLISION-MULTIPLE VEHICLE

ON BEHALF OF
TAYLOR, BENNY R & CAROLLOTTA

AMOUNT
7,462.50

RETAIN STUB FOR RECORDS



P.O. Box 700 - Pryor, OK 74362 - (918) 825-4090

PURCHASER'S NAME CARLOTTA TAYLOR OR BENNY TAYLOR SOC. SEC. NO. _____
 PURCHASER'S ADDRESS 319 BROOKHAVEN DR D/O/B 04/08/61 DATE 07/26/11
 CITY, STATE & ZIP WHITE HALL AR 71602-2866 LIC. NO. _____
 RESIDENCE PHONE _____
 BUSINESS PHONE _____

VEHICLE BEING PURCHASED

PLEASE ENTER MY ORDER ☒ NEW ☐ CAR ☒ STOCK NO.
 FOR THE FOLLOWING: ☒ USED ☒ TRUCK 51604A
☐ DEMO ☐

YEAR 2006 MAKE FOR MILEAGE 114873
 MODEL OR SERIES F-150 BODY TYPE PU
 COLOR _____ TRIM _____
 M.V.I. OR SER. NO. 1FTRW12W16FB03897 ENG. TYPE _____
 TO BE DELIVERED ON OR ABOUT 07/26/11 SALESMAN BUSKEY, DWON L

IF A NEW VEHICLE SALE ...

The only warranties applying to this vehicle are those offered by the manufacturer.

IF USED VEHICLE SALE - CHECK APPROPRIATE BOX

☐ AS IS: this Vehicle is sold "as is" by us. This motor vehicle is sold as is without any warranty. The purchaser will bear the entire expense of repairing or correcting any defects that presently exist or that may occur in the Vehicle.

☐ OR
 The only Dealer Warranty on this vehicle is the Limited Warranty which is issued with and made a part of this order form.

CONTRACTUAL DISCLOSURE STATEMENT FOR USED VEHICLE ONLY

"The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale."

USED VEHICLE TRADED IN AND/OR OTHER CREDIT

YEAR _____ MAKE OF TRADE-IN _____ MILEAGE _____
 MODEL OR SERIES _____ BODY TYPE _____
 COLOR _____ TRIM _____
 M.V.I. OR SER. NO. _____ ENG. TYPE _____

Balance Owed To:

Address:

Used Trade-In Allowance \$ _____

Balance Owed on Trade-In \$ _____

Net Allowance on Used Trade-In \$ _____

Rebates \$ _____

Cash With Order \$ _____

TOTAL CREDIT (Transfer to Right Column) \$ _____

MEMO:

Cash Price of Vehicle & Accessories \$ 9401.00

STATE AND LOCAL TAXES (If any) \$ _____

Documentary Fee 199.00

License, License Transfer, Title, Registration Fee

TOTAL PRICE OF UNIT \$ 9600.00

TOTAL CREDIT (TRANSFERRED FROM LEFT) COLUMN \$ _____

UNPAID CASH BALANCE ON DELIVERY \$ 9600.00

Purchaser agrees that this Order on the face and reverse side hereof and any attachments hereto includes all the terms and conditions, that this Order cancels and supersedes any prior agreements and as of the date hereof comprises the complete and exclusive statement of the terms of the agreement relating to the subject matters covered hereby, and that THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE. Purchaser by his execution of this Order acknowledges that he has read its terms and conditions and has received a true copy of the Order. IF A DOCUMENTARY FEE OR PREPARATION CHARGE IS MADE, YOU HAVE A RIGHT TO A WRITTEN ITEMIZED PRICE FOR EACH SPECIFIC SERVICE PERFORMED. Dealers may not charge customer for services which are paid for by the manufacturer.

Accepted By: 07/26/11

Date

Dealer or His Authorized Representative

07/26/11

Date

Purchaser's Signature

RETAIL ORDER FOR A MOTOR VEHICLE -

"THANK YOU - WE APPRECIATE YOUR BUSINESS"

IF A CREDIT SALE, REQUIRED INFORMATION CONTAINED ON A SEPARATE DISCLOSURE STATEMENT IS MADE A PART OF THIS FORM

45

Approximately 40 hours total spent

Cleaning out truck and unloading 3 hours x 3 people

3 hours to repair Lawnmower

Getting all this together getting statements, looking for records, going and getting records etc. 20hours

Hours spent looking on line for a truck half way comparable to the one we had 8

At \$12.00 an hour which is less than I make would be a total of \$480.00

Benny purchase a used mower for spare parts, the cost of the mower was \$250.00. We have submitted what the parts would have cost if we had to purchase them. Used mower had to be transported to our home from out of town. Plus the time it took to take parts off of old mower and fix existing mower.

There was also damage to the gas grill in back of the truck but we did not ask for compensation for it.

"16843"

Per Page: 12 ▼

Sort By: Popularity ▼

★ = Free



96843-0637

BAR ASSY-PIVOT
POWDER BLACK

Price: \$82.72

Qty:

1

Add to Cart

Per Page: 12 ▼

Sort By: Popularity ▼

★ = Free s

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I know my part number

Enter your part number below

717-0943A

**I don't know my part number
but I know my model**

Fill in the boxes below to search for
your model and view manufacturers'
diagrams for your model.

Enter brand here

Enter model here

Whause
13 Feb 2015

I was very pleased with both the
speed of response and the ease
of use.



Part search result for '717-0943A'

4 parts found

Page 1 of 1 - 1

Cub Cadet 717-0943A USE 717-0943C STEERING SEGMENT	Not available	
Cub Cadet 717-0943C Alternative for 717-0943A: STEERING SEGMENT GEAR	Your price: \$50.13 0 of these in your cart	Qty: <input type="text"/> <input type="button" value="Add to cart"/>
MTD 717-0943A USE 717-0943C GEAR SEGMENT-ST	Not available	
Troy-Bilt 717-0943A USE 717-0943C GEAR SEGMENT-ST	Not available	
White Outdoor 717-0943A USE 717-0943C GEAR SEGMENT-ST	Not available	

Page 1 of 1 - 1

Warm Down

After a work session with your snow blower, move to a dry area and let the machine run without a snow load on it. This will allow snow buildup to vibrate and melt-off from the heat of the engine avoiding iced-up/frozen parts.

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512-288-4355

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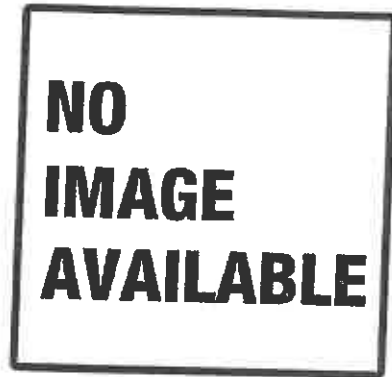
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MY GARAGE
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PARTS LOOK UP
FIND YOUR PART...CLICK HERE 

Parts Look Up



MTD NO LONGER AVAILABLE

Part#: 7380781

MTD

\$18.52 x 2

 No Sales Tax!
*EXCEPT IN MD

Qty: 1

 Add to Cart

left 9 right

Description	Specs
Description NO LONGER AVAILABLE	
Fits Model N/A	
Replaces OEM N/A	

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Lawn Mower Parts!

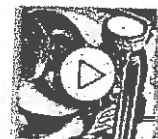


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50

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**Front Axle Ass'y.-L.H.**

Part Number: 738-0781



Availability: Discontinued

This part is no longer available from the manufacturer.

Product Information

Manufacturer: MTD

Category Number: 738-0781

Classification: Part

Shipping: Ships Worldwide

Repair Guides**Videos:****Articles:****How to Winterize Your Lawn Tractor**

This maintenance guide will help teach you the steps and methods of winterizing a lawn tractor.

August 28, 2013

**How to Replace the Drive Belts on a Troy-Bilt Pony Lawn Tractor**

This article will walk you through the process of removing and replacing the drive belts in a Troy-Bilt Pony lawn tractor...

September 30, 2013

Compatibility

This part is compatible with the following machines:

[149-818-054 Lawn Tractor](#)[140-840H000 \(1990\) Lawn Tractor](#)[140-840H013 \(1990\) Lawn Tractor](#)[140-840H050 Lawn Tractor](#)[See more of the 35 compatible machines >](#)**MTD**[149-812-050 Lawn Tractor](#)[149-812-135 \(3Z995-6\) Lawn Tractor](#)[149-812A050 Lawn Tractor](#)[149-813-000 \(1989\) Lawn Tractor](#)**Discussion****Discussion for Front Axle Ass'y.-L.H. - (738-0781)**You need to be [signed in](#) to participate in the discussion.

Ask a question, answer a question, or post a comment!

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ABOUT SSL CERTIFICATES



IE TAYLOR

Social Security # [REDACTED]

TIME SHEET

WHITE HALL HIGH SCHOOL

Department WHHS

WEEK:

DATE	TIME IN	TIME OUT	HOURS	IF ABSENT, REASON
MAY 30, 2011				MEMORIAL DAY
MAY 31, 2011			8	Sick (wreck)
JUNE 1, 2011	8:00	4:00	8	
JUNE 2, 2011	8:00	4:00	8	
JUNE 3, 2011	8:00	4:00	8	
TOTAL				

SECOND WEEK:

DATE	TIME IN	TIME OUT	HOURS	IF ABSENT, REASON
JUNE 6, 2011	8:00	4:00	8	
JUNE 7, 2011	8:00	4:00	8	
JUNE 8, 2011	8:00	4:00	8	
JUNE 9, 2011	8:00	4:00	8	
JUNE 10, 2011	8:00	4:00	8	
TOTAL				

IF SUBSTITUTE USED, PLEASE COMPLETE:

DATE	HOURS	SUBSTITUTE	SOCIAL SECURITY #

SUPERVISOR'S SIGNATURE

Jim B...

TOTAL HOURS

EMPLOYEE'S SIGNATURE

Cookie Taylor

DATE

6/10/11

COOKIE TAYLOR

Social Security [REDACTED]

TIME SHEET

School WHITE HALL HIGH SCHOOL

Department WHHS

FIRST WEEK:

DATE	TIME IN	TIME OUT	HOURS	IF ABSENT, REASON
JUNE 13, 2011			8	Vacation
JUNE 14, 2011			8	
JUNE 15, 2011			8	
JUNE 16, 2011			8	
JUNE 17, 2011			8	
TOTAL				

SECOND WEEK:

DATE	TIME IN	TIME OUT	HOURS	IF ABSENT, REASON
JUNE 20, 2011			8	Vacation
JUNE 21, 2011			8	Vacation
JUNE 22, 2011			8	Vacation
JUNE 23, 2011			8	Vacation
JUNE 24, 2011			8	School Business Leadership
TOTAL			40	

IF SUBSTITUTE USED, PLEASE COMPLETE:

DATE	HOURS	SUBSTITUTE	SOCIAL SECURITY #

SUPERVISOR'S SIGNATURE

TOTAL HOURS 40

EMPLOYEE'S SIGNATURE

DATE 6/24/11

me. Cookie Taylor

SSN# [REDACTED]

TIME SHEET

School WHITE HALL HIGH SCHOOL

Department WHHS

FIRST WEEK:

DATE	TIME IN	TIME OUT	HOURS	IF ABSENT, REASON
May 26, 2014	8:00	4:00	8	MEMORIAL DAY - HOLIDAY
May 27, 2014	8:00	4:00	8	
May 28, 2014	8:00	4:00	8	
May 29, 2014	8:00	4:00	4	SICK 8-12
May 30, 2014	8:00	4:00	8	
TOTAL			40	

SECOND WEEK:

DATE	TIME IN	TIME OUT	HOURS	IF ABSENT, REASON
June 2, 2014	8:00	4:00	8	INSERVICE
June 3, 2014	8:00	4:00	8	
June 4, 2014	8:00	4:00	8	Vacation
June 5, 2014	8:00	4:00	8	Vacation
June 6, 2014	8:00	4:00	8	Vacation
TOTAL			40	

IF SUBSTITUTE USED, PLEASE COMPLETE:

DATE	HOURS	SUBSTITUTE	SOCIAL SECURITY #

SUPERVISORS SIGNATURE

[Signature]

TOTAL HOURS

EMPLOYEE'S SIGNATURE

Cookie Taylor

DATE

Name Cookie Taylor

SSN#

TIME SHEET

School WHITE HALL HIGH SCHOOL

Department WHHS

FIRST WEEK:

DATE	TIME IN	TIME OUT	HOURS	IF ABSENT, REASON
February 2, 2015	8:00	4:00	8	
February 3, 2015	8:00	4:00	8	
February 4, 2015	8:00	4:00	8	
February 5, 2015			8	Sick
February 6, 2015	8:00	4:00	8	
			TOTAL	40

SECOND WEEK:

DATE	TIME IN	TIME OUT	HOURS	IF ABSENT, REASON
February 9, 2015	8:00	4:00	8	
February 10, 2015	8:00	4:00	8	
February 11, 2015	8:00	4:00	8	
February 12, 2015	8:00	4:00	8	
February 13, 2015	8:00	4:00	8	IN SERVICE
			TOTAL	40

IF SUBSTITUTE USED, PLEASE COMPLETE:

DATE	HOURS	SUBSTITUTE	SOCIAL SECURITY #

SUPERVISORS SIGNATURE

Don Stinger

TOTAL HOURS

EMPLOYEE'S SIGNATURE

Cookie Taylor

DATE

2/13/15

55

Name COOKIE TAYLOR

SSN# [REDACTED]

TIME SHEET

School

WHITE HALL HIGH SCHOOL

Department WHHS

FIRST WEEK:

DATE	TIME IN	TIME OUT	HOURS	IF ABSENT, REASON
September 14, 2015	8:00	4:00	4	4. Personal
September 15, 2015	8:00	4:00	8	
September 16, 2015	8:00	4:00	8	SB Corp
September 17, 2015	8:00	4:00	8	
September 18, 2015	8:00	4:00	8	
			TOTAL	40

SECOND WEEK:

DATE	TIME IN	TIME OUT	HOURS	IF ABSENT, REASON
September 21, 2015	8:00	4:00	8	
September 22, 2015	8:00	4:00	8	
September 23, 2015	8:00	4:00	8	
September 24, 2015	8:00	4:00	8	
September 25, 2015	8:00	4:00	8	
			TOTAL	40

IF SUBSTITUTE USED, PLEASE COMPLETE.

DATE	HOURS	SUBSTITUTE	SOCIAL SECURITY #
9-16-15	8	S. Boykin	

SUPERVISORS SIGNATURE

TOTAL HOURS

EMPLOYEE'S SIGNATURE

DATE

9/25/15
9-16-15

my salary during 2011

LINDA	PACE	178	8,241.4	0	BUS DRIVER	9
CHRISTIE	PARK	180	16,304.4	79	PARAPROFESSIONAL-NON INST	5
JANET	PENN	178	17,274.9	84	PARAPROFESSIONAL-NON INST	5
RHONDA	PERRY	261	23,093.28	81	CUSTODIAN - FULL TIME	3
SHARON	PHILLIPS	178	3,759.36	77	CUSTODIAN - PART TIME	6
SHARON	PHILLIPS	178	4,748.15	77	FOOD SERVICE-OTHR PERSONN	6
SHARON	PHILLIPS	178	3,759.36	77	FOOD SERVICE-OTHR PERSONN	6
SHARON	PHILLIPS	178	4,748.15	77	CUSTODIAN - PART TIME	6
VAN	PORTER	261	34,932.24	0	GENERAL MAINTENANCE	3
STEVIE	QUARLES	261	35,767.44	0	GENERAL MAINTENANCE	3
NANCY	RAMSEY	185	17,260.5	76	PARAPROFESSIONAL-INSTRUC	5
SHIRLEY	RANEY	261	20,206.62	78	CUSTODIAN - FULL TIME	3
SHIRLEY	RANEY	178	9,254.22	77	BUS DRIVER	9
TRACY	REED	195	19,177.25	84	SECRETARY/ADMIN. ASST.	5
RANDY	REYNOLDS	261	42,908.4	0	BUS/VEHICLE MECH FOREMAN	3
RANDY	REYNOLDS	261	8,045.33	0	BUS/VEHICLE MECH FOREMAN	3
PHYLLIS	RIDGEWAY	245	53,270.79	0	BOOKKEEPER/ACCOUNTANT/AUD	2
VICKIE	ROBERTS	180	15,818.4	78	FOOD SERV.MGR SCHOOL CAF.	6
STEVEN	ROBERTS	178	7,611.28	0	BUS DRIVER	9
JOYCE	ROBINSON	261	8,659.98	0	CUSTODIAN - FULL TIME	3
DONNA	ROBINSON	180	12,717.9	76	FOOD SERVICE-OTHR PERSONN	6
R	ROCHELLE	178	17,274.9	79	PARAPROFESSIONAL-NON INST	5
JANICE	ROSE	195	18,924.75	79	SECRETARY/ADMIN. ASST.	5
LINDA	ROWLAND	180	13,068.9	79	FOOD SERVICE-OTHR PERSONN	6
WENDIE	RUSHING	180	13,068.9	79	FOOD SERVICE-OTHR PERSONN	6
PATTY	RUSHING	245	36,593.2	0	BOOKKEEPER/ACCOUNTANT/AUD	2
LATONYA	SCOTT	180	15,926.4	81	PARAPROFESSIONAL-INSTRUC	5
LAURA BETH	SHANER	225	24,516	80	SECRETARY/ADMIN. ASST.	3
KATHLEEN	SIMPSON	180	12,483.9	79	FOOD SERVICE-OTHR PERSONN	6
DEVERA	SMITH	180	13,068.9	81	FOOD SERVICE-OTHR PERSONN	6
CRYSTAL	SMITH	180	16,794	78	PARAPROFESSIONAL-NON INST	5
ALEENE	SMITH	178	8,693.52	0	BUS DRIVER	9
CHRIS	STANFIELD	261	22,675.68	76	CUSTODIAN - FULL TIME	3
MARK	STANFIELD	261	32,698.08	0	BUS/VEHICLE MECH WORKER	3
MARK	STANFIELD	261	6,130.89	0	BUS/VEHICLE MECH WORKER	3
LESLIE	STILTNER	178	8,764.72	0	BUS DRIVER	9
LESLIE	STILTNER	178	12,472.46	76	SECRETARY/ADMIN. ASST.	5
CARLOTTA	TAYLOR	245	28,929.6	76	SECRETARY/ADMIN. ASST.	4
JOE	TERRY	178	8,241.4	0	BUS DRIVER	9
A	THOMAS	180	13,068.9	79	FOOD SERVICE-OTHR PERSONN	6
BRENDA	THOMAS	195	20,404.25	78	SECRETARY/ADMIN. ASST.	5
JOE	THORNTON	178	10,267.04	0	BUS DRIVER	9
BRANDY	TOMBOLI	180	16,929	84	PARAPROFESSIONAL-INSTRUC	5
SANDRA	TREVINO	261	24,408.72	77	HEAD CUSTODIAN	3
BETTY	TULLY	180	17,469	79	PARAPROFESSIONAL-INSTRUC	5
LEIGH	TURNER	178	4,606.64	77	PARAPROFESSIONAL-NON INST	5
LEIGH	TURNER	178	9,254.22	77	BUS DRIVER	9
LEE	VAUGHN	180	16,304.4	76	STUDY HALL MONITOR	5
VICKI	WATTS	180	12,600.9	81	FOOD SERVICE-OTHR PERSONN	6
DWAYNE	WALKER	261	25,035.12	84	HEAD CUSTODIAN	3
SHERRY	WALLS	261	25,035.12	79	HEAD CUSTODIAN	3
ELIZABETH	WALT	195	18,486	81	SECRETARY/ADMIN. ASST.	5

WHITE HALL SCHOOL DISTRICT

Classified Salary Info

2014-2015

R	ROCHELLE	180	18,076.5	79	PARAPROFESSIONAL-NON INST	5	9
EDDIE	RODGERS	261	20,650.32	0	GROUNDS	3	7
IRENE	ROHRSCHEIB	180	12,893.4	81	FOOD SERVICE-OTHR PERSONN	6	0
JANICE	ROSE	195	19,582.88	79	SECRETARY/ADMIN. ASST.	5	7
LINDA	ROWLAND	180	13,595.4	79	FOOD SERVICE-OTHR PERSONN	6	9
PATTY	RUSHING	245	37,475.2	0	BOOKKEEPER/ACCOUNTANT/AUD	2	27
RICHARD	SAUCIER	178	4,076.2	0	BUS DRIVER	9	0
LATONYA	SCOTT	180	17,806.5	81	PARAPROFESSIONAL-INSTRUC	5	7
LAURA BETH	SHANER	225	25,506	80	SECRETARY/ADMIN. ASST.	4	3
KATHLEEN	SIMPSON	180	13,127.4	79	FOOD SERVICE-OTHR PERSONN	6	6
JUDY	SLOAN	178	8,223.6	0	BUS DRIVER	9	0
JUDY	SLOAN	261	20,115.27	76	CUSTODIAN - FULL TIME	3	0
SUSAN	SMITH	180	8,845.2	81	FOOD SERVICE-OTHR PERSONN	6	0
KIM	STACEY	261	13,000.	0	ENERGY ED SP	7	3
CHRIS	STANFIELD	261	23,824.08	76	CUSTODIAN - FULL TIME	3	11
MARK	STANFIELD	261	33,637.68	0	BUS/VEHICLE MECH WORKER	3	17
LESLIE	STILTNER	178	8,960.52	0	BUS DRIVER	9	22
LESLIE	STILTNER	178	13,010.91	76	SECRETARY/ADMIN. ASST.	5	9
HEATHER	STONE	185	17,884.88	81	PARAPROFESSIONAL-INSTRUC	5	2
CARLIOTTA	TAYLOR	245	29,811.6	76	SECRETARY/ADMIN. ASST.	4	12
A	THOMAS	180	13,595.4	79	FOOD SERVICE-OTHR PERSONN	6	10
BRENDA	THOMAS	195	19,582.88	78	SECRETARY/ADMIN. ASST.	5	9
JOE	THORNTON	178	10,427.24	0	BUS DRIVER	9	12
BRANDY	TOMBOLI	180	17,671.5	84	PARAPROFESSIONAL-INSTRUC	5	10
SANDRA	TREVINO	261	25,557.12	80	HEAD CUSTODIAN	3	6
J'LYN	TUCKER	180	13,127.4	76	FOOD SERVICE-OTHR PERSONN	6	3
GREGORY	TURCHI	261	23,197.68	81	CUSTODIAN - FULL TIME	3	2
LEIGH	TURNER	178	4,766.84	78	PARAPROFESSIONAL-NON INST	5	17
LEIGH	TURNER	178	12,282	78	BUS DRIVER	9	18
LEE	VAUGHN	180	18,076.5	76	STUDY HALL MONITOR	5	11
VICKI	WAITS	180	15,993.9	84	FOOD SERV.MGR SCHOOL CAF.	6	10
DWAYNE	WALKER	261	25,974.72	84	HEAD CUSTODIAN	3	12
SHERRY	WALLS	261	25,974.72	79	HEAD CUSTODIAN	3	11
JUANITA	WATSON	245	28,557.2	76	SECRETARY/ADMIN. ASST.	4	13
NANCY	WEBB	261	14,498.55	78	CUSTODIAN - FULL TIME	3	2
AMBER	WELCH	195	22,464	84	NURSE - LPN	5	2
JAMES	WELCH	261	25,974.72	78	HEAD CUSTODIAN	3	33
RICHARD	WELCH	178	9,711.68	0	BUS DRIVER	9	12

Benny Taylor**02/19/2015 10:00 AM****P/UP
LARGE**

Reservation: 9/LTB0

Date Taken:

By:

Origin: BRANCH

Vehicle

Car Class: P/UP LARGE
Rate Quoted: \$46.82/DAY
\$257.50/WEEK
\$1,029.99/MONTH

Specials:
Mileage Charge: NO CHARGE
Preferences:

\$1,149.21

Authorization
Status:
Car Class:
Auth Amount:
of Days:
Max Per Day:
Total Max Amount:
% Auth:

Product/Services

DAMAGE WAIVER \$19.99/DAY
PAI \$3.00/DAY
RAP \$4.99/DAY
SUPPLEMENTAL LIABILITY PROTECTION 2 \$13.80/DAY

Authorization**Pick Up/Return****Pick Up Date:** 02/19/2015**Pick Up Time:** 10:00 AM**Pick Up Group:** A0051_EAN HOLDINGS_ LLC**Pick Up Branch:** PINE BLUFF 5178

2217 S OLIVE ST

PINE BLUFF, AR 716016527

Enterprise

Return Date: 03/15/2015**Return Time:** 10:00 AM**Return Group:** A0051_EAN HOLDINGS_ LLC**Return Branch:** PINE BLUFF 5178

2217 S OLIVE ST

PINE BLUFF, AR 716016527

Pick Up Method:**Pick Up Location:****Directions:****Return Method:****Return Location:****Renter Information**

vehicle not for pulling trailers

Home:**Work:****Other:****Bill-to****Rental Type:** RETAIL**Claim Type:****Claim/Pol/PO/RO:****Insured Name:****Shop****Renters Vehicle:****Flight Information****Airline:****Flight:****Terminal:****Arrival Date:****Arrival Time:**

First off, I have a great deal of respect for the job our State Troopers do. I know they their lives are put at risk daily to protect our state. I am however very disturbed to learn that the Arkansas State Troopers feel no liability for the wreck we were involved in on May 29, 2011. I do not think the State Trooper was issued a citation but clearly, he should have been. Had we been involved in a wreck with another person, they would have been given a ticket and their insurance held responsible for my medical and vehicle expenses. As it was, my insurance had to pay for all our expenses. We have been inconvenienced by having to prove what money we have had to pay and stress we have been caused. A State Trooper recently stopped me. I truly was going into a full-fledged panic attack. I could not stop shaking; all I could think about was that Dodge Charger State Trooper car pulling in front of me. That wreck has traumatized me. Not sure, I will ever forgot the things that happened that day. I was made to feel like a criminal. At least 15 State Troopers converged upon the scene. Only one person inquired how I was doing, I realize now I was in shock. My insurance paid all the claims and maxed out. I have constant problems with my neck but could not go to doctor because when I told them it was from a wreck, I would have to pay up front. It really unnerves me when I read articles such as a guy shopping lifting was injured by the police and he was compensated thousands of dollars. Really!? I was minding my own business heading to a family function and I get ran over and the State Police don't have any liability!

BEFORE THE STATE CLAIMS COMMISSION

BENNY TAYLOR and
CARLOTTA TAYLOR

CLAIMANTS

v.

NO. 14-0895-CC

ARKANSAS STATE POLICE

RESPONDENT

ANSWER

Comes now the Respondent, the Arkansas State Police (ASP), by and through its attorney, Elaine Lee, and for its Answer to the Complaint of Claimants Benny Taylor and Carlotta Taylor states:

1. The Respondent denies that it is liable for the Claimants' property damages.

2. The Respondent denies that it is liable for any injuries allegedly suffered by the Claimants.

3. The Respondent denies that the Claimants are entitled to an award of damages for pain and suffering.

4. Unless specifically admitted herein, all other allegations of the Complaint are denied.

5. The Claimants indicated in the Arkansas State Claims Commission Motor Vehicle Accident Report Form that the damaged vehicle was covered by insurance with a deductible in the amount of \$500.00. Arkansas Code Annotated §19-10-302 states that "the [Claims] Commission shall hear no claim until the claimant has exhausted all remedies against insurers, including the claimant's insurer." Accordingly, the Arkansas

State Police is only permitted under Arkansas law to accept liability in the amount of the Claimants' insurance deductible, \$500.00.

6. The following are the applicable codes for the Respondent: a) Agency Code: 960; Fund Code: SMP8800; Cost Center: 456607; Appropriation Code: 519; and Internal Order I0960248.

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

Respectfully submitted,

ARKANSAS STATE POLICE

By: Elaine Lee

Elaine G. Lee
Bar No. 2006162
Arkansas State Police
Associate General Counsel
1 State Police Plaza Drive
Little Rock, AR 72209
(501) 618-8930

*The above statement
is highly insulting.*

CERTIFICATE OF SERVICE

I, Elaine Lee, do hereby certify that I have served the foregoing by mailing a copy of same, by U.S. Mail, postage prepaid, this 30th day of June, 2014,

Benny Taylor and Carlotta Taylor
319 Brookehaven Dr.
White Hall, AR 71602

Elaine Lee

Elaine Lee
Associate General Counsel
Arkansas State Police



Mike Beebe
Governor

State of Arkansas

ARKANSAS STATE POLICE

1 State Police Plaza Drive Little Rock, Arkansas 72209-4822 www.asp.arkansas.gov

"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"



Stan Witt
Director

June 30, 2014

ARKANSAS STATE POLICE COMMISSION

Daniel "Woody" Futrell
Chairman
Nashville

Wallace Fowler
Vice-Chairman
Jonesboro

Frank Guinn, Jr.
Secretary
Paragould

Dr. Lewis Shepherd
Arkadelphia

John Allison
Conway

Bob Burns
Little Rock

Jane Dunlap Christenson
Harrison

Director Norman L. Hodges, Jr.
State Claims Commission
101 E. Capitol Avenue, Suite 410
Little Rock, AR 72201-3823

Re: Benny Taylor and Carlotta Taylor v. Arkansas State Police
Arkansas State Claims Commission Case No. 14-0895-CC

Dear Director Hodges:

Enclosed please find the original plus two (2) copies of Respondent ASP's Answer in the above referenced matter, as well as an electronic copy of the same.

Please do not hesitate to contact me if you need anything else.

Sincerely,

Elaine Lee
Assistant General Counsel

cc: Benny Taylor and Carlotta Taylor w/encl

State Police is only permitted under Arkansas law to accept liability in the amount of the Claimants' insurance deductible, \$500.00.

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ARKANSAS STATE POLICE

By: Elaine Lee

Elaine G. Lee
Bar No. 2006162
Arkansas State Police
Associate General Counsel
1 State Police Plaza Drive
Little Rock, AR 72209
(501) 618-8930

*The above statement
is highly insulting.*

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Benny Taylor and Carlotta Taylor
319 Brookehaven Dr.
White Hall, AR 71602

Elaine Lee

Elaine Lee
Associate General Counsel
Arkansas State Police



TAYLOR - WHITE

Page 2 / 5

Attachments

Report Number

Arkansas Uniform Motor Vehicle Collision Report

620511168

D R I V E R	Driver - Last Name TAYLOR			Driver - First Name CARROLOTTA			Driver - MI M		Driver - Suffix		Driver - Telephone #	
	Driver - Address 319 BROOKHAVEN DR			Driver - City WHITE HALL			Driver - State AR		Driver - Zip Code 71603			
	Driver - License Number		DL State AR	DL Endorse.	DL Class D	DL Restrictions	Driver - Date of Birth 4/8/1961		Driver - Race CAUCASIAN		Driver - Sex FEMALE	
	Driver - Ejection Code NOT EJECTED			Driver - Injury POSSIBLE INJURY					Air Bag DEPLOYED AIRBAG			
	Driver - Safely Equipment LAP AND SHOULDER BELT											
V E H I C L E	Driver - Vision Obscured NOT OBSCURED											
	Test Requested		Test Type(s)			Driver - Condition APPEARED NORMAL						
	<input type="checkbox"/> Yes		<input type="checkbox"/> Blood <input type="checkbox"/> Urine			Driver - Impalment NONE						
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology									
	Blood/Breath/Urine Results											
V E H I C L E	Owner - Last Name TAYLOR			Owner - First Name BENNY			Owner - MI		Owner - Suffix			
	Owner - Address 319 BROOKHAVEN DR			Owner - City WHITE HALL			Owner - State AR		Owner - Zip Code 71602			
	License Plate		Year "	Make		Model		Plate - Year		Plate - State		Plate - Number
	<input checked="" type="checkbox"/> Yes		1999	FORD		F150		2012		AR		7870NC
	<input type="checkbox"/> No		Vehicle - Body PICKUP		Vehicle - Color 1 GREEN		Vehicle - Color 2		Vehicle Identification Number 1FTRX17W8XKB24602			
	Insurance - Company Name STATE FARM			Insurance - Policy Number 0285199B0804B			Number of Passengers 1			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 \$7,000.00					
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"/> <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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Undercarriage </div> </div>						Direction of Travel EAST			Vehicle Action AVOIDING VEHICLE			
						Collision Damage DISABLED			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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Towing Service WEISE TOWING				Address Vehicle Removed To 401 WILLOW						
		City Vehicle Removed To BENTON				State Vehicle Removed To AR			Zip Vehicle Removed To 72015			
Injury Transported <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EMS Notified		EMS Arrived		Transported By						
		Hospital Name				Hospital City			Hospital State			

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TAYLOR - WHITE

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Attachments

Report Number

Arkansas Uniform Motor Vehicle Collision Report

620511168

D R I V E R	Driver - Last Name WHITE			Driver - First Name CHET			Driver - MI A		Driver - Suffix		Driver - Telephone #																																		
	Driver - Address 1619 PINEWOOD DR.			Driver - City BENTON			Driver - State AR		Driver - Zip Code 72019																																				
	Driver - License Number		DL State AR	DL Endorse. M	DL Class D	DL Restrictions	Driver - Date of Birth 7/7/1976		Driver - Race CAUCASIAN		Driver - Sex MALE																																		
	2 Driver - Ejection Code NOT EJECTED			Driver - Injury POSSIBLE INJURY				Air Bag NO AIRBAG DEPLOYMENT																																					
	Driver - Safety Equipment LAP AND SHOULDER BELT																																												
	Driver - Vision Obscured NOT OBSCURED																																												
	Test Requested		Test Type(s)			Driver - Condition APPEARED NORMAL																																							
	<input type="checkbox"/> Yes		<input type="checkbox"/> Blood <input type="checkbox"/> Urine			Driver - Impairment NONE																																							
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Breath <input type="checkbox"/> Toxicology																																										
	Blood/Breath/Urine Results																																												
V E H I C L E	Owner - Last Name ARKANSAS STATE POLICE			Owner - First Name			Owner - MI		Owner - Suffix																																				
	Owner - Address #1 STATE POLICE PLAZA			Owner - City LITTLE ROCK			Owner - State AR		Owner - Zip Code 72209																																				
	License Plate	Year 2010	Make DODGE	Model CHARGER			Plate - Year 2011	Plate - State AR	Plate - Number A-85																																				
	<input checked="" type="checkbox"/> Yes	Vehicle - Body 4 DOOR		Vehicle - Color 1 WHITE		Vehicle - Color 2 BLUE		Vehicle Identification Number 2B3AA4CT7AH113715																																					
	<input type="checkbox"/> No																																												
	Insurance - Company Name N/A			Insurance - Policy Number XXXXXX			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 \$4,000.00																																						
	Point of Initial Contact <table border="0"><tr><td colspan="3">TRAILER</td><td colspan="3">CAR</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3"><input type="checkbox"/> Unknown</td><td colspan="3"><input type="checkbox"/> Undercarriage</td></tr></table>						TRAILER			CAR			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unknown			<input type="checkbox"/> Undercarriage			Direction of Travel EAST		Vehicle Action OTHER
TRAILER			CAR																																										
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
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Injury Transported <input checked="" type="checkbox"/> Yes		EMS Notified 05:00 PM		EMS Arrived 05:15 PM		Transported By MED TRAN																																							
<input type="checkbox"/> No		Hospital Name SALINE MEMORIAL HOSPITAL				Hospital City BENTON		Hospital State AR																																					

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TAYLOR - WHITE

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Attachments

Report Number

Arkansas Uniform Motor Vehicle Collision Report

620511168

PASSENGER 1	Passenger - Last Name TAYLOR		Passenger - First Name BENNY		Passenger - MI	Passenger - Suffix	Passenger - Occupancy VEHICLE #1		
	Passenger - Address 319 BROOKHAVEN_DR		Passenger - City WHITE HALL		Passenger - State AR		Passenger - Zip Code 71602		
	Position In/On Vehicle		Passenger - Race CAUCASIAN		Passenger - Sex MALE		Age 69		
	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		<input type="checkbox"/> Riding/Hanging Outside						
	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		<input type="checkbox"/> Bed of Pickup						
	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		<input type="checkbox"/> Trailing						
			<input type="checkbox"/> Other/Unknown						
			Safety Equipment Used LAP AND SHOULDER BELT						
			Ejection Code NOT EJECTED		Injury Code POSSIBLE INJURY		Air Bag DEPLOYED AIRBAG		
	Injury Transported <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EMS NOTIFIED		EMS ARRIVED		TRANSPORTED BY		
		HOSPITAL NAME		HOSPITAL CITY		HOSPITAL STATE			
WITNESS 1									
Witness - Last Name TARNO			Witness - First Name MICHAEL			Witness - MI D		Witness - Suffix	
Witness - Address 9841 HWY. 115			Witness - City POCAHONTAS			Witness - State AR		Witness - Zip Code 72455	
Narrative									
OPER. V-1 (TAYLOR) AND OPER. V-2 (WHITE) WERE EASTBOUND ON U.S. HWY. 70. ACCORDING TO THE DRIVER OF V-1 AS SHE WAS FOLLOWING V-2 WHO WAS IN A MARKED ARKANSAS STATE POLICE CAR, SHE NOTICED V-2 PULL TO THE SIDE OF THE ROAD, WITH THE BLUE LIGHTS ON. V1 MOVED INTO THE NUMBER TWO LANE AT THIS TIME TO ALLOW THE TROOPER PLENTY OF ROOM. V-2 MADE A U-TURN IN FRONT OF V-1. V-2 APPLIED THE BRAKES AND STEERED LEFT TO AVOID HITTING V-2 BUT SHE WAS UNABLE TO DO SO. V-1'S RIGHT FRONT STRUCK V-2'S LEFT SIDE. V-1 CAME TO REST UPRIGHT FACING NORTHEAST PARTIALLY IN THE WESTBOUND TRAFFIC LANE. V-2 CAME TO REST UPRIGHT IN THE DITCH ON THE NORTH SIDE OF THE HIGHWAY FACING NORTH. NOTES: FOUND AT THE SCENE WAS A BRAKE MARK FROM V-1 THAT MEASURED 19 FT. MADE BY THE LEFT FRONT WHEEL OF V-1, THIS MARK HAS A TURN NEAR THE END OF THE MARK THAT MEASURED 2FT. THIS IS THE AREA OF IMPACT WHERE V-1 HIT V-2 THE IMPACT CAUSED THE TURN IN THE SKID MARK. MICHAEL D. TARNO ADL 916597848 OF 9841 HWY 115 POCAHONTAS ARK 72455 WAS A WITNESS TO THIS ACCIDENT. PHONE NUMBER 870 214-0596... THE WITNESS STATEMENT IS ATTACHED TO THIS REPORT. THE WITNESS STATED THAT THE TROOPER WAS TRAVELING IN THE RIGHT LANE.									

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TAYLOR - WHITE

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Attachments

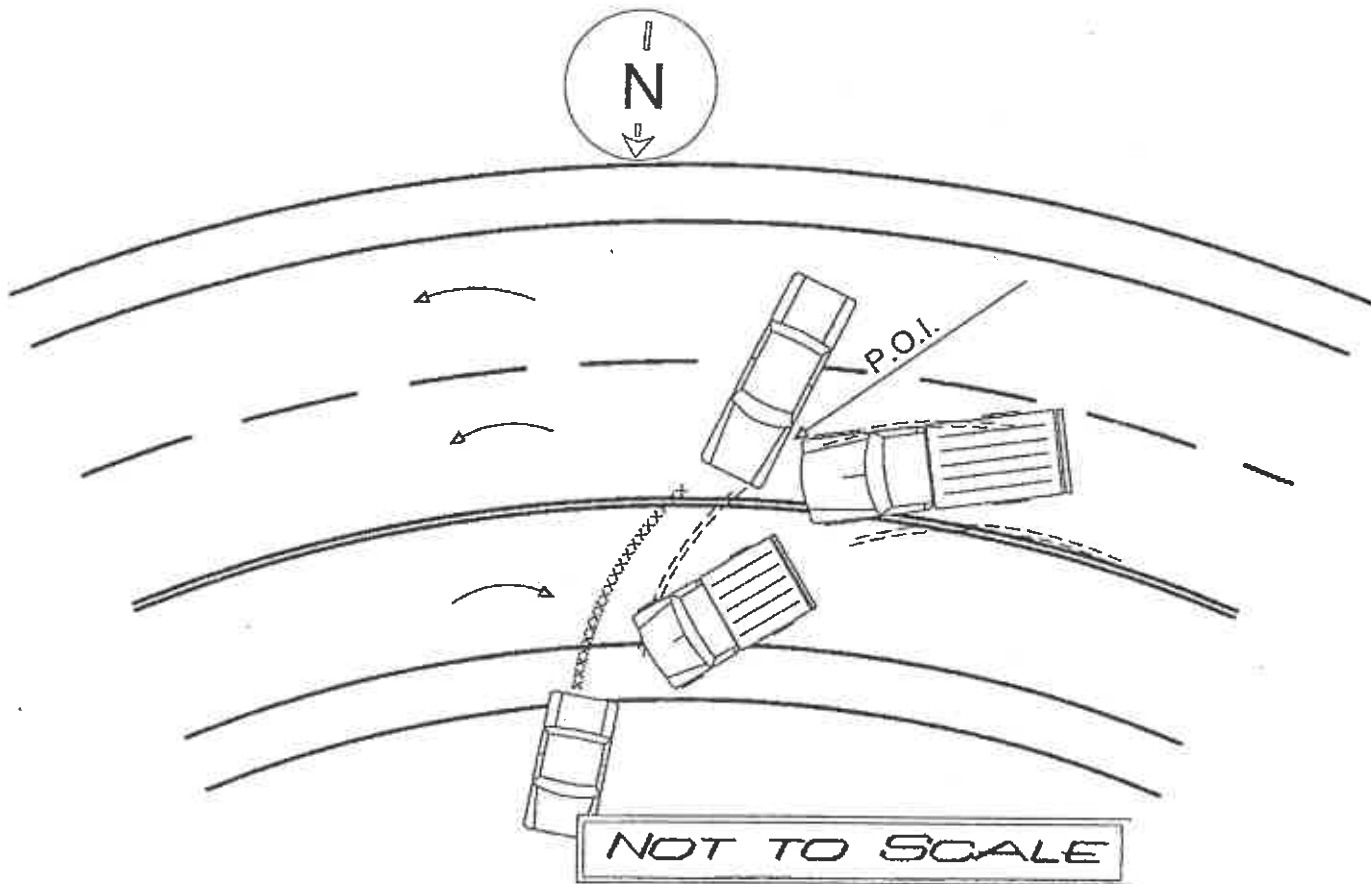
Report Number

620511168



Diagram / Photo 1

Arkansas Uniform Motor Vehicle Collision Report



TAYLOR - WHITE

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Attachments

Report Number

620511168



Arkansas Uniform Motor Vehicle Collision Report

SUMMARY	Date	5/29/2011	Day	SUNDAY	Time	05:00 PM	Time Notified	05:00 PM	Time Arrived	05:14 PM	Unit Assigned	A-81	District			
	Road/Street/Highway				Latitude		Longitude		Section		Log Mile					
	70								10		5					
	At Intersection With				Not at Intersection, But		Direction		Of Reference Point							
				110 Ft		EAST		PT. VIEW RD.								
County				County GLC		City		City GLC								
SALINE				AR 05 125												
Hit and Run		Not in City, But		Direction		Of Reference City		Speed Limit Posted		Speed Limit		Speed Limit 2				
<input type="checkbox"/> Yes		9.00 Mi		WEST		BENTON		YES		65						
<input checked="" type="checkbox"/> No		Number of Vehicles		Number of Carriers		Number of Pedestrians		Number of Witnesses		Number of Property Owners						
		2		0		0		1		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					
	CURVE				GRADE				3		NOT DIVIDED					
	Construction/Maintenance Zone				Roadway Defects											
NO				NO DEFECTS												
Relation to Junction				Traffic Controls												
NON-JUNCTION				LANE MARKINGS												
Traffic Control Devices				Type of Collision				Fire Occurrence								
FUNCTIONING PROPERLY				ANGLE				NO FIRE OCCURRENCE								
Rank	Officer - Last Name				Officer - First Name				Officer - MI		Officer - Suffix					
CPL	RAMSEY				JEFF											
Officer - Signature				Officer - Badge Number				Officer - Department								
				1				ASP - TROOP A								
				Reviewing Officer				Date Filed		Photos						
				JOHNSON, DON				29-May-11		YES						
Rank	Supervisor - Last Name				Supervisor - First Name				Supervisor - MI		Supervisor - Suffix					
SGT	JOHNSON				DON											
Supervisor - Signature				Supervisor - Badge Number				Supervisor Da								
				465												
				Supervisor - Department												
				ASP - TROOP A												

2 days spent in ER 1 Sunday and 1 Memorial Day

Next day out sick May 31, 2011

Would have taken more days off sick but had a new boss that started June 1, 2011. I scheduled my vacation around him being out. My vacation that was planned for and saved up for from last year was ruined. We couldn't go to lake to relax because we didn't have truck to pull a boat.

I spent 2 and half weeks looking for a truck on Auto Trader. We have bought several vehicles this way and have been able to buy more for less. Trucks are especially hard to find because even though they have lots of miles they still want way too much for them. We also had to wait until OUR insurance sent us a check. Thank god they gave us some money toward sales tax but we couldn't find a truck for the exact amount of money they sent us to replace our perfectly good truck we had. We found 4 different trucks we looked at one in Russellville, Rogers, Nesho and Pryor.

I had to take ½ day off to deliver paperwork to commission on May 29, 2014

February 5, 2015 for phone conference

Future date for hearing.

State Farm Mutual Automobile Insurance Company



State Farm
Mid-South Auto Claims
P.O. Box 661001
Dallas, TX 75266-1001

December 20, 2011

Benny R. Taylor
319 Brookhaven Drive
Whitehall, AR 71602-2866

RE: Claim Number: 04-019P-618
Date of Loss: 05/29/11
Insured: Benny R. & Carolotta Taylor
Injured: Benny Taylor & Carolotta Taylor
Amount Paid: \$651.90 MPC for Benny
\$5000.00 MPC for Carolotta

Hospital Bills

Dear Mr. & Mrs. Taylor:

Your claim has been referred to State Farm's Complex/Litigation team.

Your agreement with State Farm and your policy states: *If we make payment under this policy and the person or organization to or for whom we make payment recovers or has recovered from another person or organization, then the person (you) or organization to or for whom we make payment must protect our Right of Recovery for the benefits paid on their behalf.*

The above is contingent upon your settlement with the adverse party having "made you whole."

In the event that you have a change of address and/or telephone number during the handling of this matter, please contact us to update our file.

We appreciate your patience and cooperation. Should you have any questions, feel free to contact me at the number listed below.

Sincerely,

Joe Langley

Joe Langley
Team AR Complex/LIT
Claim Representative
(866) 587-5774
FAX 800-726-4093



Saline Memorial Hospital - Emergency Department

#1 Medical Park Drive Benton, AR 72015 (501) 776-6000

Patient: BENNY TAYLOR, D.O.B: 01/14/1942 Med. Rec. # 02004800310 16-77-60

Date: 05/29/2011 Time: 20:15

- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- any new or severe symptoms.

x *[Signature]*

BENNY TAYLOR or Responsible Person

BENNY TAYLOR or Responsible Person has received this information and tells me that all questions have been answered.

GENTAMYCIN EYE DROPS OR OINTMENT.

Take this medicine in the following dose: 1/2 inch ointment in the affected eye(s) every 2 hours while awake.

This is an antibiotic eye medicine. It treats infections caused by bacteria. Side effects may include: itching, redness, burning or stinging of the eyes. Allergy would show up as: **worsening redness, pain or itching in or around the eye.**

Do the following:

- Gently clean your eye of any drainage before using this medicine.
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose, apply the dose as soon as possible. If it is almost time for your next dose, skip the dose. Do not double the doses.

To use the drops or ointment:

- 1) Wash your hands and remove the cap.
- 2) Do not touch the tip of the bottle or tube to your fingers or your eye.
- 3) Tilt your head back and pull the lower eyelid down to form a small pouch.
- 4) Hold the medicine bottle over your eye. Gently squeeze the bottle until the drops fall gently into the pouch. For ointment, squeeze out a line of ointment across the pouch.
- 5) Gently close your eye for one to two minutes to spread the medicine over your eye. Be sure your vision is clear before driving or using machinery.

Call your doctor if you have:

- any sign of allergy.
- no improvement.
- any new or severe symptoms.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR

RECOVERY. Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **call or visit your doctor right away.** If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

[Signature]

RN Staff Signature

[Handwritten: 235]

ARRIVAL TIME 5:51 AM (PM)

Patient Name Benny Taylor



ED Admission Time 1930 Exam Room 3
ED Discharge Time 2040 ATS Band # _____

Triage Class:

☐ I ☐ II ☐ III ☒ IV ☐ V

Date 5/29/11 Triage Time 1808 RN Kedgner
Name Taylor, Benny Age 69 Sex m
ERP _____ PCP NLND
Mode of Arrival: ☐ EMS ☒ Ambulatory ☐ W/C ☐ Carried
EMS Treatment PTA: ☐ Report Received ☐ IV ☐ O2 ☐ Other: _____

ALLERGIES: ☐ NKDA

Sulfa

☐ dyes/contrast
☐ latex/adhesives
☐ food:

BP: 125/84 SaO2: 97 HR: 84 TEMP: 98.3 RR: 20 Level of Pain: 2
☐ Room air ☐ O2: _____
☐ Oral ☐ Rectal

Chief Complaint/Triage Assessment:

MVC - no pain @ eye, @ elbow, @ ribs @ restraint
@ airbag deployment

Onset 1° PTA

VITAL SIGNS	BP	SaO2	HR	T	R	LOP
Time RN						

Past Medical/Surgical History

☐ None
☐ Asthma
☒ CAD
☐ Cancer
☐ CHF
☐ COPD
☐ CVA
☐ Diabetes
☐ GI Disorder
☐ Migraines
☐ Seizures
☐ Tonsillectomy/Adenoidectomy
☐ Appendectomy
☒ CABG Sept 28-11
☐ Cardiac stents
☐ Cholecystectomy
☐ Hysterectomy
☐ Hypertension
☐ Pacemaker/AICD
☐ Psychiatric Disorder
☐ Renal Disease
☐ Thyroid Disease
☐ ↑ chol.

Home Medications: ☐ None ☒ See Home Medication List Sheet

Advance Directive: ☐ Yes ☒ No

Social History: ☐ Tobacco use ☒ ETOH rare ☐ Illicit drug use ☒

Learning Barriers: ☒ No ☐ Yes Type _____

Nutritional Risk: ☒ No ☐ Yes

Immunizations: ☒ DTD ☒ Yes ☐ No Tetanus: ☐ <5 years ☒ >5 years

Pneumovax: ☒ Yes ☐ No Year: _____ Flu Vaccine: ☒ Yes ☐ No Year: _____

Discharge Vitals: BP 123/73 SaO2: 96 HR: 67 RR: 20 LOP: None

Outcome:

☐ Unchanged
☒ Improved

Discharge Mode:

☒ Ambulatory
☐ Ambulance
☐ W/C
☐ Stretcher
☐ Carried
☐ Crutches
☐ Walker

Disposition:

☒ Home/Discharged
☐ Nursing Home:
☐ Transferred to:
☐ Funeral Home:
☐ Admit/Room:
☐ Report to:
☐ Transported by:

Instructions:

☒ Given written instructions
☒ Verbalized understanding
☒ Patient ☐ Family ☐ Caregiver
☒ PRX given x 7
☐ School/work excuse till:
☐ Left AMA (☐ signed AMA form)
☐ Discharged with driver

Patient Property: _____

given to: ☐ patient ☐ family ☐ security ☐ Other

☐ placed in safe



ED Nursing Record
Page 1 of 2

Progress Notes

12/30/10

TAYLOR, BENNY
Room/Bed: ED/OP Admission: 5/29/2011
Sex: M Age: 69 yr 4 m DOB: 1/14/1942
Att. Phy.: CHARLES MASON
MR: 16-77-60 Acct#: 2004800310



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ex0011

Light Blue 47

Neuro:	<input checked="" type="checkbox"/> Alert oriented to person, place, time <input type="checkbox"/> No apparent neurologic deficit <input type="checkbox"/> see primary assessment	<input type="checkbox"/> disoriented to person <input type="checkbox"/> disoriented to place <input type="checkbox"/> disoriented to time	<input type="checkbox"/> weakness <input type="checkbox"/> confusion <input type="checkbox"/> decreased LOC	Time	Initials	Actions/Procedures
CV:	<input checked="" type="checkbox"/> regular rate <input type="checkbox"/> regular rhythm <input type="checkbox"/> see primary assessment	<input type="checkbox"/> pulses strong <input type="checkbox"/> cap refill < 3 sec	<input type="checkbox"/> tachycardia <input type="checkbox"/> bradycardia <input type="checkbox"/> irregular rhythm			Cardiac monitor applied Pulse ox placed Supplemental O2: EKG completed Repeat EKG done Lab/blood draw
Resp:	<input checked="" type="checkbox"/> no respiratory distress <input type="checkbox"/> breathe sounds clear and equal <input type="checkbox"/> see primary assessment	<input type="checkbox"/> mild distress <input type="checkbox"/> mod. distress <input type="checkbox"/> severe distress	<input type="checkbox"/> wheezing <input type="checkbox"/> crackles			Blood Culture-1st set drawn Blood Culture-2nd set drawn UA-midstream collection Foley: <input type="checkbox"/> Fr placed
Psych:	<input checked="" type="checkbox"/> calm <input type="checkbox"/> cooperative	<input type="checkbox"/> anxious <input type="checkbox"/> agitated	<input type="checkbox"/> uncooperative <input type="checkbox"/> see primary assessment			In & Out Cath for UA Surgery packet complete CT consent complete Oral contrast start <input type="checkbox"/> Oral contrast done <input type="checkbox"/> Flu swab obtained <input type="checkbox"/> Strep swab obtained <input type="checkbox"/>
Skin:	<input type="checkbox"/> warm, dry <input checked="" type="checkbox"/> no cyanosis	<input type="checkbox"/> skin intact <input type="checkbox"/> diaphoresis	<input type="checkbox"/> rash			
Ext:	<input checked="" type="checkbox"/> move all extremities <input checked="" type="checkbox"/> no pedal edema	<input type="checkbox"/> non tender <input type="checkbox"/> limited ROM	<input type="checkbox"/> tenderness <input type="checkbox"/> pedal edema	<input type="checkbox"/> see primary assessment		
GI/GU:	<input checked="" type="checkbox"/> no GI/GU complaint <input type="checkbox"/> see primary assessment <input type="checkbox"/> soft	<input type="checkbox"/> nontender <input type="checkbox"/> nondistended <input type="checkbox"/> bowel sounds present	<input type="checkbox"/> tenderness <input type="checkbox"/> guarding <input type="checkbox"/> rebound	<input type="checkbox"/> distention <input type="checkbox"/> rigidity <input type="checkbox"/> abnormal bowel sounds		Fall Risk: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Safety Measures: <input type="checkbox"/> ID Bracelet <input checked="" type="checkbox"/> Bed locked and down <input type="checkbox"/> Side rails up <input checked="" type="checkbox"/> Allergy band

Primary Assessment/Additional Findings:

Extremities to @ back and pain to @
med. ribs. States not tender, front not tender. Significant
bc to @ side of neck and whole area. Denies loss of
consciousness. No or cl @ eye redness and irritation.

IV Starts							IV Fluids					
Time	Initials	Location	Gauge	# Attempts	DC Time	Initials	Start Time	Stop Time	Location	Solution	Rate	Amount In

EMERGENCY DEPARTMENT MEDICATION RECORD (See ED MAR for further meds given)

Start Time:	Stop Time:	Medication:	Dose:	Route:	Location:	Initials:	Response/LOP	Time	RN:
2006	2020	Ativan 4mg POADAR (C3819AA)	EX 7/16/2013 0.5mg	IM	ED/ICU	KH	medicated	2014	KH
2022	2022	Benztamine eye and 4 inch apta		Drage	KH	medicated	2014		KH

Additional Nursing Notes:

RN Signature and Initials:

RN Signature and Initials:

RN Signature and Initials:



06/08/10

ED Nursing Record
Page 2 of 2

Progress Notes

TAYLOR, BENNY
Room/Bed: ED/OP Admission: 5/29/2011
Sex: M Age: 89 yr 4 m DOB: 1/14/1942
Att. Phy.: CHARLES MASON
MR: 16-77-80 Acct#: 2004800310

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#25 MVC
check box or circle word(s) if affirmative, strike word(s) if negative, note additional findings

Date: Time: Room:

Patient's PMD or Specialists: Vital Signs Reviewed

P: BP: RR: T: oral Wght: lb kg
symp rectal

Allergies: NKDA see RN notes

Arrived by: EMS walk-in wheelchair
Historian: patient family / friend EMS

Chief Complaint: MVC

History of Present Illness Levels 1, 2, 3: 1-3 elements Levels 4, 5: 4 or more elements

Onset: today am pm
yesterday am pm
2 min. hours days P.T.A.

Accident Description:

Patient: in auto Collision: versus auto
on motorcycle versus motorcycle
on bicycle versus object
pedestrian lost control

Patient Location: driver Vehicle Impact Site (Patient's Vehicle):
front passenger
left rear passenger
right rear passenger
on bicycle
pedestrian
Estimated Speed (mph) at Impact:

Location of Pain / Injuries:

head abdomen RUE
face upper back LUE
neck lower back RLE
chest pelvis LLE

Severity:

At worst (0-10): mild mod. severe
At present (0-10): mild mod. severe

Course / Timing:

constant same worse
intermittent fluctuating better gone

Modifying Factors:

lap belt ambulatory at scene
shoulder belt extricated
airbag deployed spinal immobilization
contributing factors: vehicle damage:
ETOH seizure none moderate
drugs syncope mild severe

Associated Symptoms: none

loss of consciousness focal weakness
transient confusion numbness / tingling
nausea / vomiting

Context:

Pt states his eye had been bothering him - when air-bag deployed the dust got in his eye and irritated it further

Review of Systems Levels 1, 2, 3: 1 system Level 4: 2-9 systems Level 5: 10 or more systems

All Systems Reviewed and were Negative (except as marked below)

History Limited due to Altered Mental Status or Patient Acuity

Constit: fatigue fever diaphoresis

GU: urinary problems hematuria LMP:

Eyes: visual change pain

Musc: see History of Present Illness for Musc symptoms

ENT: sore throat ear pain

Neuro: headache neuro deficit

CV: chest pain palpitations

Skin: laceration abrasion swelling

Resp: shortness of breath cough

Psych: anxiety depression

GI: abdominal pain diarrhea black / bloody stools

Immun / Allerg: HIV / AIDS

Past, Family, and Social History Levels 1, 2, 3: no history areas Level 4: 1 history area Level 5: 2-3 history areas

PMH: none unknown see RN notes
HTN CHF high cholest. CVA
CAD/MI PE IDDM seizure
arrhythmia COPD NIDDM dementia

Meds: none see RN notes
ASA warfarin

Surgical Hx: none

Family Hx: none
CAD at < 55 y/o

Social Hx: unknown

Tobacco yes no

ETOH yes no

Drugs:

Home circumstances: retired
lives alone
with family or friend

Tetanus current: yes no

Physical Exam Level 1: 1 organ system Levels 2, 3: 2-5 organ systems Level 4: 6-7 organ systems Level 5: 8 or more organ systems

Gen: distress: none mild moderate severe
nutrition: nl malnourished obese

hydration: nl
dehydrated

CV: regular rate, rhythm heart sounds nl, no murmur
distal pulses strong and symmetric

Head: no evidence of trauma no Raccoon Eyes no Battle's sign

Resp: no resp. distress breath sounds clear and equal chest nontender

Eyes: PERL EOMI lids, sclera nl
red
Fluorescein uptake
No P.D.

Abd: soft, nontender no organomegaly rectal nl, heme negative

ENT: external facial exam nl no hemotympanum nasal exam nl

GU: male: inspection nl testicular exam nl prostate nl
female: inspection nl bimanual exam nontender

Neck: nontender painless ROM trachea midline
abrasion
red
congestion

Neuro: alert and oriented x 3 cranial nerves intact speech nl
no motor deficit sensation intact to light touch gait nl

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SALINE MEMORIAL
HOSPITAL
#1 MEDICAL PARK DRIVE
BENTON, AR 72015

TAYLOR, BENNY
Room/Bed: ED/OP Admission: 5/29/2011
Sex: M Age: 69 yr 4 m DOB: 1/14/1942
Att. Phy.: CHARLES MASON
MR: 16-77-60 Acct#: 2004800310

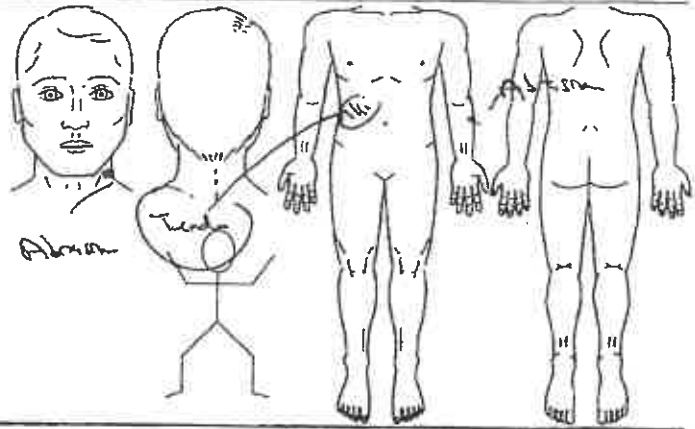


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Physical Exam (continued)

☐ Exam limited by patient condition or acuity

#25 mvc

Psych: ☐ affect, mood nl ☐ judgment nlSkin: ☐ warm, dry ☐ no cyanosisMusculoskel: ☐ no thoracic, lumbar, or sacral vertebral tenderness ☐ pelvis stableRUE: ☒ non-traumatic appearance
☒ non-tender to palpation
☒ full range of motionLUE: ☒ non-traumatic appearance
☒ non-tender to palpation
☒ full range of motionRLE: ☒ non-traumatic appearance
☒ non-tender to palpation
☒ full range of motionLLE: ☒ non-traumatic appearance
☒ non-tender to palpation
☒ full range of motion

Medical Decision Making Level 1: straightforward Levels 2-3: low complexity Level 4: moderate complexity Level 5: high complexity

Differential Dx

☐ contusion ☐ laceration / abrasion ☐ head injury / concussion ☐ chest trauma ☐ penetrating injury
☐ sprain / strain ☐ fracture ☐ dislocation / subluxation ☐ cervical injury ☐ abdominal trauma ☐
Labs: ☐ CBC: ☐ nl ☐ nl except values noted below:

WBC _____ Hb _____ Hct _____ Plt _____

☐ Chem: ☐ nl ☐ nl except values noted below:Na _____ K _____ Cl _____ CO₂ _____

BUN _____ Cr _____ Glucose _____

☐ UA: ☐ nl RBCs _____ WBCs _____
dip _____☐ ETOH:☐ Drug Screen:☐ PT / PTT / INR:☐ Cardiac Enzymes:☐ CPK:☐ Pulse Ox: _____ % on ☐ RA or ☐ O₂: _____Saturation is: ☐ normal ☐ hypoxic☐ EKG: rate: _____ rhythm: _____

axis: _____ intervals: _____ ST/T-waves: _____

comments: _____

compared to: _____ ☐ no significant change ☐ changed

X-rays / Imaging

(NAD - no acute disease)

interpreted by: ☐ me ☐ radiologist☐ discussed w/ radiologist1. _____ ☐ NAD 2. _____ ☐ NAD3. _____ ☐ NAD 4. _____ ☐ NAD 5. _____ ☐ NAD

Treatment / Management / Course

medication / treatment: response:

☐ tetanus
☐ pain meds
☐ antibiotics
☐ sling
☐ splint
☐ crutches
Reviewed: ☐ nurses notes ☐ EMS notes ☐ old records☐ Procedure: _____ ☐ see addendum☐ Critical Care: _____ min. ☐ see addendum☐ Consultation: Dr. _____ (time) _____

Notes:

Wound Repair: ☐ sutures ☐ staples ☐ adhesive

Location: _____ Length: _____ cm

Depth: ☐ superficial ☐ subcut ☐ intramuscularShape: ☐ linear ☐ irregular ☐ flap ☐ stellateContaminated: ☐ minimal ☐ moderate ☐ severe☐ Neurovascular intact adjacent and distal to wound

Anesthesia: _____ cc of _____

(with: ☐ epi ☐ bicarb)Explored: ☐ no tendon or nerve injury☐ no F.B. ☐ F.B. found ☐ F.B. removed☐ thoroughly cleansed and / or irrigated

Repair: _____ # of _____-O _____ sutures

_____ # of _____-O _____ sutures

☐ Multi-layer repair (☐ skin ☐ subcut ☐ fascia)Course: ☐ same ☐ better ☐ worse☐ signed out to _____ (time) _____

Diagnosis

1. Abdominal abrasion 2. multiple abrasion 3. Chest wall contusion

Disposition

☐ Home ☐ Admit (☐ medical ☐ surgical ☐ monitor ☐ ICU) Admit Physician: _____☐ Transfer to: _____☐ Case and instructions discussed with, understood by, and agreed upon by: ☐ patient ☐ family ☐ caretakerFollow up: ☒ PMD and/or ☐ other clinician _____☐ in _____ days or ☐ p r n ☐ Written instructions providedCondition: ☐ unchanged ☐ improved ☐ stable

Discharge Prescriptions / Instructions:

- Gent. opthal ointment q 2 hrs while awake

- Lorazepam po

- Discharge instructions q 2 hrs

SALINE MEMORIAL
HOSPITAL

#1 MEDICAL PARK DRIVE
 BENTON, AR 72015

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TAYLOR, BENNY
 Room/Bed: ED/OP Admission: 5/29/2011
 Sex: M Age: 69 yr 4 m DOB: 1/14/1942
 Att. Phy.: CHARLES MASON
 MR: 16-77-60 Acct#: 2004800310



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Emergency Department Physician's Orders

Date: _____ Allergies: _____

COMMON LABS:

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> CBC | <input type="checkbox"/> Amylase | <input type="checkbox"/> Flu Swab | <input type="checkbox"/> Lipid Profile |
| <input type="checkbox"/> BMP | <input type="checkbox"/> Blood Culture x _____ | <input type="checkbox"/> Rapid Strep | |
| <input type="checkbox"/> CMP (BMP + Liver Enzyme) | <input type="checkbox"/> CRP | <input type="checkbox"/> RSV Swab | |
| <input type="checkbox"/> BNP | <input type="checkbox"/> LFT | Stool | |
| <input type="checkbox"/> D Dimer | <input type="checkbox"/> Lipase | <input type="checkbox"/> C Diff | |
| <input type="checkbox"/> ETOH | <input type="checkbox"/> PT/PTT | <input type="checkbox"/> E Coli | |
| <input type="checkbox"/> Finger Stick Glucose | <input type="checkbox"/> PT with INR | <input type="checkbox"/> Rotovirus | |
| <input type="checkbox"/> I Stat 6 | <input type="checkbox"/> Type and Cross _____ units | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> UA | <input type="checkbox"/> Type and Screen | | |
| <input type="checkbox"/> UPT | <input type="checkbox"/> UR Culture | | |
| <input type="checkbox"/> UDS | <input type="checkbox"/> Wound Culture _____ | | |

- ☐ Abdominal = CBC, BMP, LFT, Amylase, Lipase, UA: ☐ CRP, ☐ UPT
- ☐ Cardiac = CBC, BMP, CK, MB, Troponin, Myoglobin, Mg, EKG, P-CXR, ☐ BNP, ☐ D Dimer, ☐ PT, ☐ PTT
- ☐ CVA w/u = CBC, BMP, PT/PTT, Finger Stick Glucose, STAT Head CT, ☐ EKG, ☐ Lipid Profile
- ☐ Geri Psych w/u = CBC, BMP, UA
- ☐ Psych w/u = CBC, BMP, ETOH, UA, UDS, UPT
- ☐ Septic w/u = CBC, CMP, PT/PTT, Finger Stick Glucose, BCX2, UA, UR CX, P CXR, Lactic Acid
- ☐ Trauma Lab = CBC, BMP, LFT, PT/PTT, UA-dip for blood, Type and Screen
- Altered Mental Status/OD = ☐ CBC, ☐ CMP, ☐ ETOH, ☐ UDS, ☐ UA, ☐ UPT, ☐ Acetaminophen, ☐ Salicylate, ☐ Ammonia Level
- Pelvic Problem = ☐ CBC, ☐ Type and RH, ☐ UA: ☐ UPT, ☐ BHCG, ☐ Serum Pregnancy, ☐ Wet Prep, ☐ GC/Chlamdia
- Seizure w/u = ☐ CBC, ☐ BMP, ☐ ETOH, ☐ UDS, ☐ UPT (female), ☐ Head CT, ☐ Dilantin, ☐ Tegretol, ☐ Phenobarbital, ☐ Depakote

X-RAY:

- ☐ AAS
- ☐ C-Spine
- ☐ CXR
- ☐ PA/Lat
- ☐ Portable
- ☐ L Spine
- ☐ AP Pelvis
- ☐ Other _____

CT:

- ☐ Abd. and pelvis with contrast
- ☐ C-Spine
- ☐ Head
- ☐ PE Protocol
- ☐ Stone Protocol

US:

- ☐ Abd.
- ☐ Gallbladder
- ☐ Pelvic
- ☐ Venous Dopler

CARDIO:

- ☐ EKG
- ☐ ABG
- ☐ Updraft
- ☐ Albuterol
- ☐ Albuterol/Atrovent (Duoneb)
- ☐ Heliox
- ☐ Pulmocort
- ☐ Xopenex

NURSING ORDERS:

- ☐ Blood sent _____ ☐ Urine sent _____ ☐ Other sent _____ ☐ EKG Done _____
- ☐ O2: _____

☐ Place on Cardiac Monitor

☐ Saline lock: _____

☐ IV: _____ @ _____ ml/hr

☐ IV bolus: _____

☐ Foley Cath: _____

☒ TdaP ☐ Td

Gentamicin 80mg q8h

to OS

SA



02/10/10

ED Department Physician Orders

Progress Notes

TAYLOR, BENNY
Room/Bed: ED/OP Admission: 5/29/2011
Sex: M Age: 69 yr 4 m DOB: 1/14/1942
Att. Phy.: CHARLES MASON
MR: 16-77-60 Acct#: 2004800310



Att. Phy.:

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pa0090b

Height: _____

Weight: _____

Page 1 of 1

Allergies: Med/Food	Reactions

Source of Med List (check all that apply)

☐ Patient/Family Recall Med List☐ Pharmacy contacted☐ MD Contacted☐ MAR from other facility (attach)☐ List completed by patient/family☐ Other: _____Nurse Signature AC

1. MD ORDERS ON ADMISSION

(to be completed on admission and signed below)

PRE-ADMISSION MEDICATION LIST

List all Prescriptions, OTC meds, Herbals, Patches, Inhalers, Eye Drops, Samples, Medicated Lotions, Vitamins/Supplements, etc)
(PLEASE PRINT)

Continue in Hospital

STOP

CHANGE See MD orders

Name, Dosage, Route & Frequency

Last Dose Date/Time

Continue upon Discharge

STOP

CHANGE see prescriptions

Simvastatin 40 mg

Finestrade 5mg

1. ADMISSION ORDERS - DO NOT FAX TO PHARMACY UNTIL SIGNED BY PHYSICIAN OR NURSE

Orders received from Dr. _____ RN/LPN

PHYSICIAN SIGNATURE: _____ Date: _____ Time: _____

Orders Noted By: _____ Date: _____ Time: _____

New Discharge Medications:

2. DISCHARGE ORDERS

Orders received from Dr. _____ RN/LPN

PHYSICIAN SIGNATURE: _____ Date: _____ Time: _____

Orders Noted By: _____ Date: _____ Time: _____

Medication Reconciliation Orders

Date Printed: 7/26/2010 2:33 P

Physician Orders

Room/Bed:

Age/Sex:

DOB:

TAYLOR, BENNY

Room/Bed: ED/OP Admission: 5/29/2011

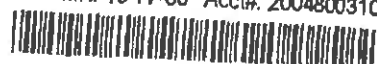
Sex: M Age: 69 yr 4 m DOB: 1/14/1942

Att. Phy.: CHARLES MASON

MR: 16-77-60 Acct#: 2004800310



05/13/10



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Saline Memorial Hospital - Emergency Department
#1 Medical Park Drive Benton, AR 72015 (501) 776-6000
Patient: BENNY TAYLOR, D.O.B: 01/14/1942 Med. Rec. # 02004800310 16-77-60
Date: 05/29/2011 Time: 20:15

Discharge Instructions

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by Scott Archer, M.D.,

THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE

Call as soon as possible to make an appointment to see your doctor in 2 days. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department if your symptoms get worse.

SPECIAL INFORMATION

FOLLOW DISCHARGE INSTRUCTIONS. APPLY GENTAMICIN EYE OINTMENT TO LEFT EYE EVERY 2 HOURS WHILE AWAKE. DEEP BREATHING EXERCISED EVERY 2 HOURS WHILE AWAKE. TAKE LORTAB AS PRESCRIBED.

THIS INFORMATION IS ABOUT YOUR DIAGNOSIS

CORNEAL ABRASION

A corneal abrasion is a scratch or cut on your cornea. The cornea is a clear layer that lies directly over the colored part of your eye. Corneal abrasions are painful. You may also have redness and blurred vision. It may feel like you have sand in your eye. The doctor put some numbing medicine into your eye for the exam. He or she may have also put some dye in your eye to make it easier to see the abrasion. Treatment usually includes dilating your eye (making your pupil large) and applying antibiotic ointment.

If you wear contact lenses, do not wear them until your doctor says it is okay.

Follow these instructions:

- Apply the medicines exactly as prescribed.
- Keep follow-up appointments with your doctor. This is very important for a corneal abrasion.

- Do not use contact lenses until your doctor says it is okay.

Call your doctor if you have:

- eye or vision problems.
- any new or severe symptoms.

ABRASIONS.

Your scrape should heal quickly. It may be more likely to get infected.

Do the following:

- Clean the wound daily with soap and water.
- Wash your hands before and after touching the wound.
- Put a thin layer of the antibiotic ointment on it to help healing.
- Keep the area open to the air.

Call your doctor if you have:

- increased redness, swelling or pain.
- pus, drainage or red streaks from your wound.
- fever.
- any new or severe symptoms.

CHEST WALL CONTUSION.

Your injury today caused a bruise of your chest wall. It should heal quickly. The chest wall protects your lungs and heart. The lower chest wall also protects your spleen, liver, stomach and pancreas. We found these organs to be normal today.

Do the following:

- Take deep breaths each hour even if it hurts.
- Support your affected chest wall with a pillow when you cough.

CALL YOUR DOCTOR OR RETURN TO THE EMERGENCY DEPARTMENT IF YOU HAVE:

- shortness of breath and trouble breathing.
- blood with your cough.
- increased chest pain.
- cough, chills or fever.
- stomach upset, vomiting or shoulder pain.
- blood in your vomit or urine.
- light-headedness.
- any new or severe symptoms.

THIS INFORMATION IS ABOUT YOUR MEDICINE

HYDROCODONE & ACETAMINOPHEN (Vicodin, Lortab, Lortab elixir, Norco, Zydane, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth in the following dose: every 4 to 6 hours if needed for pain. Do not take more than per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to relieve moderate to severe pain. Hydrocodone is a pain



Saline Memorial Hospital - Emergency Department

#1 Medical Park Drive Benton, AR 72015 (501) 776-6000

Patient: BENNY TAYLOR, D.O.B: 01/14/1942 Med. Rec. # 02004800310 16-77-60

Date: 05/29/2011 Time: 20:15

reliever related to codeine. Acetaminophen is a less potent pain reliever. Together the medicines provide better pain relief than each does on its own. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- sleepiness
- upset stomach, nausea or vomiting
- constipation (hard stools)
- dizziness
- drowsiness
- vision changes
- mood changes
- dry mouth
- muscle twitches
- decreased urination
- decreased sex drive
- decreased appetite

Other side effects may occur, but are not as common.

Allergy would show up as: **rash or itching, facial or throat swelling, wheezing or shortness of breath.** This medicine can be habit forming if used for a long period of time.

Before taking this medicine, tell your doctor if:

- you are allergic to any medicines, foods or dyes, especially acetaminophen or hydrocodone.
- you are pregnant or breast-feeding.
- you have a history of alcoholism.
- you have a history of liver disease or hepatitis.
- you have severe diarrhea or colitis.
- you have a history of lung or breathing problems, such as asthma or emphysema.
- you have trouble urinating.
- you have thyroid or adrenal gland problems.
- you have seizures or a history of brain trauma or disease.

Follow these instructions:

- Take this medicine **with food** to avoid an upset stomach.
- To avoid constipation while taking this medicine:
 - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day.
 - Include extra fiber in your diet.
 - Exercise daily.
- Never take more of this medicine than prescribed.
- Read the labels of non-prescription medicines. Many contain acetaminophen. To avoid an overdose, do not take any other medicines that contain acetaminophen.
- Sit or stand slowly to avoid dizziness.
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.

• Watch for signs of dependence:

- feeling that you "cannot live without this medicine".
- you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery while taking this medicine.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.

Talk with your doctor before taking any other medicines (including herbals) as you may require additional monitoring especially:

- naltrexone
- MAO inhibitor such as isocarboxazid (Marplan), phenelzine (Nardil), or tranylcypromine (Pamate). Dangerous side effects can occur.
- other pain medicines
- seizure medicines, such as phenytoin (Dilantin), phenobarbital, carbamazepine
- other medicines that cause sedation (dangerous sedation or sleepiness can occur):
 - sleeping pills tranquilizers or sedatives such as phenobarbital (Solfoton, Luminal), amobarbital (Amytal), secobarbital (Seconal), flurazepam (Prosom) and temazepam (Restoril)
 - antihistamines (cold or allergy medicines) such as Benadryl, Dimetane, Chlor-Trimeton, others
 - antidepressant medicines
 - anti-anxiety medicines such as alprazolam (Xanax), diazepam (Valium), lorazepam (Ativan), others
 - anticholinergics such as Atrovent, Pro-Banthine, Levsin, Anaspaz, Donnatal, Quarzan, Bentyl, Antispas, scopolamine
 - phenothiazines such as Thorazine, Prolixin, Mellaril, Compazine, others
- belladonna (Donnatal), clidinium (Quarzan), dicyclomine (Bentyl, Antispas), hyoscyamine (Levsin, Anaspaz), ipratropium (Atrovent), propantheline (Pro-Banthine) and scopolamine (Transderm-Scop)

Call your doctor if you have:

- any sign of dependence.
- any sign of allergy.
- increased pain not helped by the pain medicine.
- slow, weak breathing.
- seizures.
- slow or irregular heart beat.



ns0078

PATIENT RIGHTS

As a patient of Saline Memorial Hospital, you are entitled to health care that is safe, therapeutic, and delivered by competent and qualified personnel. You have the right to health services that are focused on your individual needs. We recognize our obligation to support your rights to:

- 1) Equal access to quality care, regardless of race, creed, age, sex, religion, national origin, or ability to pay in accordance with Title IV and VII of the Civil Rights Acts of 1964 and their implementing regulations.
- 2) Privacy concerning your treatment and medical records.
- 3) An understandable explanation from your doctor about your treatment.
- 4) Participate in your plan of care.
- 5) Expect a quick response to reports of pain.
- 6) Refusal of care or treatment as well as an explanation of the possible consequences of your refusal.
- 7) An Advance Directive, such as a Living Will or Durable Power of Attorney.
- 8) A review and an explanation of your medical records.
- 9) Information about any relationships between the hospital and outside parties that may affect your care.
- 10) Consent or refuse to participate in research affecting your care.
- 11) Information about realistic alternative treatments when hospital care is no longer appropriate.
- 12) Information about hospital rules, charges and payment methods.
- 13) Discussion with a pharmacist about medications prescribed for you during your hospital stay or upon discharge.
- 14) Privacy regarding your health information:
 - a) Restrictions regarding the uses and disclosures of your health information for the purpose of treatment, payment and health care operations.
 - b) Saline Memorial Hospital provides confidential communication of your health information.
 - c) Access to any of your protected health information that is maintained in a designated record within a reasonable time frame.
- 15) An amendment of your protected health information for as long Saline Memorial Hospital maintains the information in a designated record.
- 16) Receive an accounting of disclosures of your protected health information by Saline Memorial Hospital.
- 17) Freedom from restraint or seclusion that is not clinically justified.
- 18) Care in a setting that is free from abuse and harassment.

Responsibilities

In addition to your rights as a patient, you also have responsibilities:

- To provide information about past illnesses, hospitalization, medication and other matters relating to your health history in order to effectively treat your illness.
- To cooperate with all hospital staff and to ask questions if directions and/or procedures are not understood.
- To be considerate of other patients and hospital personnel and to assist in the control of noise, smoking, and the number of visitors in your room at one time.
- To be respectful of the property of other persons and the property of the hospital.
- To follow the instruction and the medical orders of doctors, nurses and other hospital staff in order to enable them to properly communicate with the doctors and nurses.
- To have family members available to the hospital staff for review of your treatment in case you are unable to properly communicate with the doctors and nurses.
- To pay all bills for medical services rendered either through your insurance company or by being individually responsible for payment of any medical services which are not covered by your insurance policies, including services your health plan determines to be not medically necessary or experimental/investigational.
- To not take drugs/medication which you have not been prescribed by your doctor and administered at the hospital.
- To not complicate or endanger your ability to get well by consuming alcohol or toxic substances while in the hospital.
- To ask for pain relief when it first begins and to discuss pain relief options with the doctor or nurse.
- To request notification of a family member/representative and/or physician if so desired.

CHILDREN'S PATIENT RIGHTS

If you are under 18 and a patient at Saline Memorial Hospital, you and your parents or guardians have the following rights:

- 1) Respect for you as individuals and the supportive role of your parents or guardians.
- 2) Nutrition, rest, sleep, warmth and all other physiological needs as well as freedom to move about and explore.
- 3) Nurturing and supportive care that meets your emotional needs, fosters open communication, and builds trust.
- 4) Concern for your self-esteem by attempts to provide:
 - a) The reassuring presence of a parent or other caring person.
 - b) The appropriate responses to expressions of feelings and fear.
 - c) As much control as possible over yourself and your situation.
 - d) The opportunity to work through your experiences verbally, through play or other appropriate ways.
 - e) Recognition and rewards for coping well in difficult situations.
- 5) Varied activities such as play, learning and social interaction that helps meet your cognitive, social, emotional, and physiological needs.
- 6) Quick response to reports of pain.
- 7) Information about what to expect before, during, and after procedures and treatment.
- 8) Participation with your parents or guardians in decisions affecting your medical treatment.

I have been provided a copy of my patient rights and have been provided an opportunity to ask questions

Patient/Guardian Signature

05/29/11

Date

Saline Memorial Hospital strives to meet and/or exceed our patient's expectations. However, if a question or concern is not promptly resolved by staff who are present, please call the hospital operator by dialing "0" or 501-776-6000 and ask to speak with Administration or the house manager. If you have a question or concern not promptly resolved by staff who are present, you have the right to register a complaint with the Arkansas Department of Health Facility Services at 501-661-2201 or mail a complaint to Arkansas Department of Health Facility Services Freeway Medical Building 5800 W. 10th Street, Suite 400 Little Rock, AR. 72204-1704.



04/20/2009

Discharge Planning/U.R.

TAYLOR, BENNY

Room/Bed:

Admission: 05/29/11

Age/Sex: 69Y M

MR: 16-77-60

DOB: 1/14/1942

Att. Phy.: MASON, CHAI



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Saline Memorial Hospital
1 Medical Park Drive
Benton, AR 72015

Light Blue 20

Conditions of Admission

Medical Consent Authorization: The undersigned does hereby authorize his Physician (whether one or more) to administer such treatment, prescribe such anesthesia, and to perform such surgery as his Physician may deem necessary or advisable in the diagnosis and treatment of his condition. Should surgery be undertaken by his Physician, the undersigned authorized the presence and participation of one or more member of the medical staff to be designated by said hospital, and the member or members of said staff are hereby permitted to aid and participate in the treatment and surgery to the undersigned for which no additional fees shall be charged the patient. The above authorization shall expire upon the discharge and removal of the patient from said hospital. The hospital is authorized to dispose of tissues removed in the performance of surgery prescribed by the undersigned physician.

Notice of Privacy Practices: The signing of the condition of admission acknowledges the written receipt of adequate notice of the uses and disclosures of the protected health information (PHI). PHI may be retrieved or sent in an electronic format with any physician where your PHI may reside.

CareView System Authorization: Careview allows healthcare professionals to monitor your stay in your hospital room from the nurse's station and is operational during your entire stay. It captures and stores all images during your stay in your room. The CareView System is Health Insurance Portability and Accountability Act (HIPPA) compliant with secure servers, multiple firewalls, 128-bit encryption and a complete audit trail.

Assignment of Insurance Benefits: I authorize payment directly to the hospital and Physician(s) accepting this assignment of all hospitalization and medical benefits applicable and otherwise payable to me but not to exceed the reasonable and customary charge for these services by said hospital and physician(s). I understand I am financially responsible to the hospital and physician(s) for charges not covered by this authorization. The hospital will only file insurance, Medicare or Medicaid, which is presented prior to discharge. If your insurance carrier requires pre-certification, it is your responsibility that the appropriate action is taken.

Terms for Admission: Admission deposit or acceptable hospitalization insurance is required for admission to this hospital. Total account is due on discharge with allowance made for insurance coverage approved and verified prior to discharge. Any exception to the above must be made before or at the time of admission.

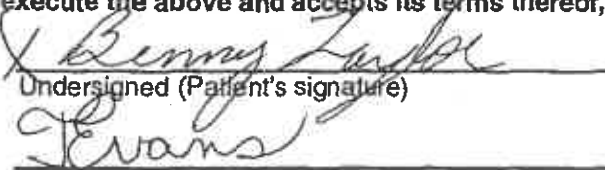
Surety Agreement: In accordance with the above terms, and in consideration of the hospital agreement to render treatment and furnish supplies, the undersigned patient and/or undersigned surety, do hereby agree upon demand to pay the aforesaid hospital, its agents or assigns whatever sums of money that shall become due on the account of the patient, and that such liability shall be joint and several.

Patient's Certification Authorization: I certify that the information given by me in applying for payment under the Title XVIII of the Social Security Act is correct. I authorize any holders of medical or other information about me to be released to the Social Security Administration or its intermediaries or carriers, any information needed for this or related medicare claim. I request that payment or authorized benefits be made on my behalf.

Non-Medical Necessity for Private Room: I understand and agree the private room difference is not covered by Medicare and I agree to pay all the difference due upon discharge.

Personal Valuables: It is understood that the hospital maintains a safe for the safekeeping of money and valuable and agreed that the hospital shall not be liable for the loss or damage to any money, jewelry, glasses, dentures, documents, furs, fur coats, and fur garments, or other articles for value unless placed therein, and agreed that the hospital shall not be liable for loss or damage to any other personal property unless deposited with the hospital for safekeeping. The hospital assumes a maximum liability of \$500.00 for items placed in safekeeping.

The undersigned certifies that he/she has read the foregoing, is the patient or is duly authorized by the patient to execute the above and accepts its terms thereof, and has received a copy thereof.


Undersigned (Patient's signature)

Signature - If signed by undersigned's authorized agent


Witness

Relationship to undersigned

Witness (need only if signatures are made by (X))

5/29/11
Date and time of signing

18:35

TAYLOR, BENNY

Room/Bed:

Admission: 05/29/11

Age/Sex: 89Y M

MR: 16-77-60

DOB: 1/14/1942

Att. Phy.: MASON, CHARLES F



ARRIVAL TIME 5:50 AM (PM)

Patient Name

Carlotta Taylor



er0010

ED Admission Time 1815 Exam Room C

Triage Class:

ED Discharge Time 2140 ATS Band #

☐ I ☐ II ☐ III ☒ IV ☐ V

Date 5/29/11 Triage Time 1803 RN Ardinger

Name Taylor, Carlotta Age 50 Sex F

ERP PCP NMD

Mode of Arrival: ☐ EMS ☒ Ambulatory ☐ W/C ☐ CarriedEMS Treatment PTA: ☐ Report Received ☐ IV ☐ O2 ☐ Other:ALLERGIES: ☐ NKDA

Pen

- ☐ dyes/contrast
☐ latex/adhesives
☐ food:

BP: 139/92 SaO2: 95 HR: 121 TEMP: 98 RR: 20 Level of Pain: 8 c
☐ Oral ☐ Rectal at present at worst movement

Chief Complaint/Triage Assessment

MVC - c/o (R) arm, (R) shoulder, (R) elbow (+) restraint,
 (+) airbag deployment

Onset 1° PTA

VITAL SIGNS	BP	SaO2	HR	T	R	LOP
Time RN						

Past Medical/Surgical History

- ☐ None ☐ Appendectomy
☐ Asthma ☐ CABG
☐ CAD ☐ Cardiac stents
☐ Cancer ☒ Cholecystectomy
☐ CHF ☒ Hysterectomy
☐ COPD ☒ Hypertension
☐ CVA ☐ Pacemaker/AICD
☐ Diabetes ☐ Psychiatric Disorder
☐ GI Disorder ☐ Renal Disease
☐ Migraines ☒ Thyroid Disease
☐ Seizures ☐ Tonsillectomy/Adenoidectomy
☐ Alcohol

Home Medications: ☐ None ☒ See Home Medication List SheetAdvance Directive: ☐ Yes ☒ NoSocial History: ☐ Tobacco use ☒ ETOH OCC ☐ Illicit drug useLearning Barriers: ☒ No ☐ Yes TypeNutritional Risk: ☒ No ☐ YesImmunizations: ☒ UTD ☐ Yes ☐ No Tetanus: ☐ <5 years ☒ 5 yearsPneumovax: ☐ Yes ☒ No Year: Flu Vaccine: ☒ Yes ☐ No Year:

Discharge Vitals: BP: SaO2: HR: RR: LOP:

Outcome:

- ☐ Unchanged
☒ Improved

Discharge Mode:

- ☐ Ambulatory ☐ Carried
☐ Ambulance ☐ Crutches
☐ W/C ☐ Walker
☐ Stretcher

Disposition:

- ☒ Home/Discharged
☐ Nursing Home:
☐ Transferred to:
☐ Funeral Home:
☐ Admit/Room:
☐ Report to:
☐ Transported by

Instructions:

- ☒ Given written instructions
☒ Verbalized understanding
☐ Patient ☐ Family ☐ Caregiver
☒ RX given x
☐ School/work excuse till:
☐ Left AMA (☐ signed AMA form)
☐ Discharged with driver

Patient Property:

given to: ☐ patient ☐ family ☐ security ☐ Other☐ placed in safe

12/30/10

ED Nursing Record

Page 1 of 2

Progress Notes

TAYLOR, CARLOTTA M
 Room/Bed: ED/OPA Admission: 5/29/2011
 Sex: F Age: 50 yr 1 m DOB: 4/8/1961
 Att. Phy.: CHARLES MASON
 MR: 16-77-58 Acct#: 2004800286

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#25 MVC
check box or circle word(s) if affirmative, strike word(s) if negative, note additional findings

Date: 5/29/11 Time: 20:22 Room: 2

Patient's PMD or Specialists: ☒ Vital Signs Reviewed

P: BP: RR: T: ☐ oral ☐ Wght: ☐ lb ☐ kg
☐ tympanic ☐ rectal

Allergies: ☐ NKDA ☐ see RN notes

Chief Complaint: MVC

Arrived by: ☐ EMS ☒ walk-in ☐ wheelchair
Historian: ☐ patient ☐ family / friend ☐ EMS

History of Present Illness Levels 1, 2, 3: 1-3 elements Levels 4, 5: 4 or more elements

Onset: ☒ today ☐ am ☐ pm
☐ yesterday ☐ am ☐ pm
☐ min. ☐ hours ☐ days P.T.A.

Accident Description:

Patient: ☒ in auto Collision: ☒ versus auto
☐ on motorcycle ☐ versus motorcycle
☐ on bicycle ☐ versus object
☐ pedestrian ☐ lost control

Patient Location: ☒ driver Vehicle Impact Site (Patient's Vehicle):
☐ front passenger
☐ left rear passenger
☐ right rear passenger
☐ on bicycle
☐ pedestrian
Estimated Speed (mph) at Impact:

Location of Pain / Injuries:

☐ head ☐ abdomen ☒ RUE
☐ face ☐ upper back ☐ LUE
☒ neck ☐ lower back ☐ RLE
☐ chest ☐ pelvis ☐ LLE

Severity:

At worst (0-10): ☐ mild ☐ mod. ☐ severe
At present (0-10): ☐ mild ☐ mod. ☐ severe

Course / Timing:

☐ constant ☐ same ☐ worse
☐ intermittent ☐ fluctuating ☐ better
☐ gone

Modifying Factors:

☒ lap belt ☐ ambulatory at scene
☒ shoulder belt ☐ extricated
☐ airbag deployed ☐ spinal immobilization
☐ contributing factors: ☐ vehicle damage:
☐ ETOH ☐ seizure ☐ none ☐ moderate
☐ drugs ☐ syncope ☐ mild ☐ severe

Associated Symptoms: ☒ none

☐ loss of consciousness ☐ focal weakness
☐ transient confusion ☐ numbness / tingling
☐ nausea / vomiting

Context:

Review of Systems Levels 1, 2, 3: 1 system Level 4: 2-9 systems Level 5: 10 or more systems

☒ All Systems Reviewed and were Negative (except as marked below)

☐ History Limited due to Altered Mental Status or Patient Acuity

Constit: ☐ fatigue ☐ fever ☐ diaphoresis

GU: ☐ urinary problems ☐ hematuria ☐ LMP:

Eyes: ☐ visual change ☐ pain

Musc: ☒ see History of Present Illness for Musc symptoms

ENT: ☐ sore throat ☐ ear pain

Neuro: ☐ headache ☐ neuro deficit

CV: ☐ chest pain ☐ palpitations

Skin: ☐ laceration ☐ abrasion ☐ swelling

Resp: ☐ shortness of breath ☐ cough

Psych: ☐ anxiety ☐ depression

GI: ☐ abdominal pain ☐ diarrhea ☐ black / bloody stools

Immun / Allerg: ☐ HIV / AIDS

Past, Family, and Social History Levels 1, 2, 3: no history areas Level 4: 1 history area Level 5: 2-3 history areas

PMH: ☐ none ☐ unknown ☐ see RN notes
☒ HTN ☐ CHF ☐ high cholest. ☐ CVA
☐ CAD / MI ☐ PE ☐ IDDM ☐ seizure
☐ arrhythmia ☐ COPD ☐ NIDDM ☐ dementia

Meds: ☐ none ☐ see RN notes
☐ ASA ☐ warfarin

Surgical Hx: ☐ none

Social Hx: ☐ unknown

Tobacco: ☐ yes ☒ no

ETOH: ☐ yes ☒ no

Drugs:

Family Hx: ☐ none

☐ CAD at < 55 y/o

Home circumstances: ☐ lives alone
☐ with family or friend

Tetanus current: ☐ yes ☐ no

Physical Exam Level 1: 1 organ system Levels 2, 3: 2-5 organ systems Level 4: 6-7 organ systems Level 5: 8 or more organ systems

Gen: distress: ☒ none ☐ mild ☐ moderate ☐ severe
nutrition: ☒ nl ☐ malnourished ☐ obese

hydration: ☐ nl ☐ dehydrated
CV: ☒ regular rate, rhythm ☐ heart sounds nl, no murmur
☐ distal pulses strong and symmetric

Head: ☒ no evidence of trauma ☐ no Raccoon Eyes ☐ no Battle's sign

Resp: ☒ no resp. distress ☐ breath sounds clear and equal ☐ chest nontender

Eyes: ☒ PERRL ☐ EOMI ☐ lids, sclera nl

Abd: ☒ soft, nontender ☐ no organomegaly ☐ rectal nl, heme negative

ENT: ☒ external facial exam nl ☐ no hemotympanum ☐ nasal exam nl

GU: male: ☐ inspection nl ☐ testicular exam nl ☐ prostate nl
female: ☐ inspection nl ☐ bimanual exam nontender

Neck: ☒ nontender ☐ painless ROM ☐ trachea midline

Neuro: ☒ alert and oriented x 3 ☐ cranial nerves intact ☐ speech nl
☒ no motor deficit ☐ sensation intact to light touch ☐ gait nl

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**SALINE MEMORIAL
HOSPITAL**

#1 MEDICAL PARK DRIVE
BENTON, AR 72015

TAYLOR, CARLOTTA M
Room/Bed: ED/OP Admission: 5/29/2011
Sex: F Age: 50 yr 1 m DOB: 4/8/1961
Att. Phy.: CHARLES MASON
MR: 16-77-58 Acct#: 2004800286



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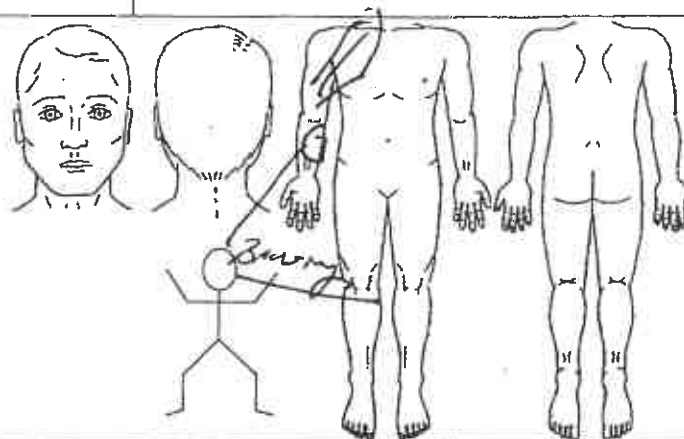
Physical Exam (continued)	<input type="checkbox"/> Exam limited by patient condition or acuity
Psych: <input type="checkbox"/> affect, mood nl <input type="checkbox"/> judgment nl	
Skin: <input type="checkbox"/> warm, dry <input type="checkbox"/> no cyanosis	
Musculoskel: <input type="checkbox"/> no thoracic, lumbar, or sacral vertebral tenderness <input type="checkbox"/> pelvis stable	

RUE: ☐ non-traumatic appearance
☐ non-tender to palpation
☐ nl range of motion

LUE: ☒ non-traumatic appearance
☒ non-tender to palpation
☐ nl range of motion

RLE: ☒ non-traumatic appearance
☒ non-tender to palpation
☒ nl range of motion

LLE: ☒ non-traumatic appearance
☒ non-tender to palpation
☒ nl range of motion



Medical Decision Making Level 1: straightforward Level 2-3: low complexity Level 4: moderate complexity Level 5: high complexity

Differential Dx ☐ contusion ☐ laceration / abrasion ☐ head injury / concussion ☐ chest trauma ☐ penetrating injury
☐ sprain / strain ☐ fracture ☐ dislocation / subluxation ☐ cervical injury ☐ abdominal trauma ☐

Labs ☐ CBC: ☐ nl ☐ nl except values noted below: ☐ ETOH: ☐ Drug Screen:
WBC _____ Hb _____ Hct _____ Plt _____
☐ Chem: ☐ nl ☐ nl except values noted below: ☐ PT / PTT / INR:
Na _____ K _____ Cl _____ CO₂ _____
BUN _____ Cr _____ Glucose _____
☐ UA: ☐ nl ☐ RBCs _____ WBCs _____
dip _____

☐ **Pulse Ox:** _____ % on ☐ RA or ☐ O₂: _____
Saturation is: ☐ normal ☐ hypoxic
☐ **EKG:** rate: _____ rhythm: _____
axis: _____ intervals: _____ ST/T-waves: _____
comments: _____
compared to: _____ ☐ no significant change ☐ changed

X-rays / Imaging interpreted by: ☐ me ☐ radiologist
(NAD: no acute disease) ☐ discussed w/ radiologist
1. C spine - neg ☐ NAD 2. RT Skull ☐ NAD
3. RT elbow ☐ NAD 4. _____ ☐ NAD 5. _____ ☐ NAD

Treatment / Management / Course

medication / treatment: response:

- ☐ tetanus
☐ pain meds
☐ antibiotics
☐ sling
☐ splint
☐ crutches

Reviewed: ☐ nurses notes ☐ EMS notes ☐ old records
☐ Procedure: _____ ☐ see addendum
☐ Critical Care: _____ min. ☐ see addendum
☐ Consultation: Dr. _____ (time) _____
Notes:

Wound Repair: ☐ sutures ☐ staples ☐ adhesive
Location: _____ Length: _____ cm
Depth: ☐ superficial ☐ subcut. ☐ intramuscular
Shape: ☐ linear ☐ irregular ☐ flap ☐ stellate
Contaminated: ☐ minimal ☐ moderate ☐ severe
☐ Neurovascular intact adjacent and distal to wound
Anesthesia: _____ cc of _____
(with: ☐ epi ☐ bicarb)
Explored: ☐ no tendon or nerve injury
☐ no FB. ☐ FB. found ☐ FB. removed
☐ thoroughly cleansed and / or irrigated
Repair: _____ # of _____-O _____ sutures
_____ # of _____-O _____ sutures
☐ Multi-layer repair (☐ skin ☐ subcut ☐ fascia)

Course: ☐ same ☐ better ☐ worse ☐ signed out to _____ (time) _____

Diagnosis Contusion RT forearm 3. Cervical strain

Disposition ☐ Home ☐ Admit (☐ medical ☐ surgical ☐ monitor ☐ ICU) Admit Physician: _____ ☐ Transfer to: _____

☐ Care and instructions discussed with, understood by, and agreed upon by: ☐ patient ☐ family ☐ caretaker

Follow up: ☐ PMD and/or ☐ other clinician ☐ In _____ days or ☐ prn ☐ Written instructions provided

Condition: ☐ unchanged ☐ improved ☐ stable

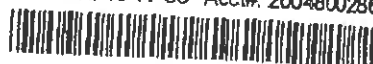
Discharge Prescriptions / Instructions:

signature Charles Mason title _____ date 5/22/11 time 02:40
signature MASON title _____ date _____ time _____

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SALINE MEMORIAL
HOSPITAL
#1 MEDICAL PARK DRIVE
BENTON, AR 72015

TAYLOR, CARLOTTA M
Room/Bed: ED/OP Admission: 5/23/2011
Sex: F Age: 50 yr 1 m DOB: 4/8/1961
Att. Phy.: CHARLES MASON
MR: 16-77-58 Acct#: 2004800286



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Emergency Department Physician's Orders

Date: _____ Allergies: _____

COMMON LABS:

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> CBC | <input type="checkbox"/> Amylase | <input type="checkbox"/> Flu Swab | <input type="checkbox"/> Lipid Profile |
| <input type="checkbox"/> BMP | <input type="checkbox"/> Blood Culture x _____ | <input type="checkbox"/> Rapid Strep | |
| <input type="checkbox"/> CMP (BMP + Liver Enzyme) | <input type="checkbox"/> CRP | <input type="checkbox"/> RSV Swab | |
| <input type="checkbox"/> BNP | <input type="checkbox"/> LFT | Stool | |
| <input type="checkbox"/> D Dimer | <input type="checkbox"/> Lipase | <input type="checkbox"/> C Diff | |
| <input type="checkbox"/> ETOH | <input type="checkbox"/> PT/PTT | <input type="checkbox"/> E Coli | |
| <input type="checkbox"/> Finger Stick Glucose | <input type="checkbox"/> PT with INR | <input type="checkbox"/> Rotovirus | |
| <input type="checkbox"/> I Stat 6 | <input type="checkbox"/> Type and Cross _____ units | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> UA | <input type="checkbox"/> Type and Screen | | |
| <input type="checkbox"/> UPT | <input type="checkbox"/> UR Culture | | |
| <input type="checkbox"/> UDS | <input type="checkbox"/> Wound Culture _____ | | |

- ☐ Abdominal = CBC, BMP, LFT, Amylase, Lipase, UA: ☐ CRP, ☐ UPT
- ☐ Cardiac = CBC, BMP, CK, MB, Troponin, Myoglobin, Mg, EKG, P-CXR, ☐ BNP, ☐ D Dimer, ☐ PT, ☐ PTT
- ☐ CVA w/u = CBC, BMP, PT/PTT, Finger Stick Glucose, STAT Head CT, ☐ EKG, ☐ Lipid Profile
- ☐ Geri Psych w/u = CBC, BMP, UA
- ☐ Psych w/u = CBC, BMP, ETOH, UA, UDS, UPT
- ☐ Septic w/u = CBC, CMP, PT/PTT, Finger Stick Glucose, BCX2, UA, UR CX, P CXR, Lactic Acid
- ☐ Trauma Lab = CBC, BMP, LFT, PT/PTT, UA-dip for blood, Type and Screen
- Altered Mental Status/OD = ☐ CBC, ☐ CMP, ☐ ETOH, ☐ UDS, ☐ UA, ☐ UPT, ☐ Acetaminophen, ☐ Salicylate, ☐ Ammonia Level
- Pelvic Problem = ☐ CBC, ☐ Type and RH, ☐ UA: ☐ UPT, ☐ BHCG, ☐ Serum Pregnancy, ☐ Wet Prep, ☐ GC/Chlamdia
- Seizure w/u = ☐ CBC, ☐ BMP, ☐ ETOH, ☐ UDS, ☐ UPT (female), ☐ Head CT, ☐ Dilantin, ☐ Tegretol, ☐ Phenobarbital, ☐ Depakote

X-RAY:

- ☐ AAS
- ☒ C Spine *RT Shoulder*
- ☒ CXB *RT elbow*
- ☐ PA/Lat
- ☐ Portable
- ☐ L Spine
- ☐ AP Pelvis
- ☐ Other _____

CT:

- ☐ Abd. and pelvis with contrast
- ☐ C-Spine
- ☐ Head
- ☐ PE Protocol
- ☐ Stone Protocol

US:

- ☐ Abd.
- ☐ Gallbladder
- ☐ Pelvic
- ☐ Venous Dopler

CARDIO:

- ☐ EKG
- ☐ ABG
- ☐ Updraft
- ☐ Albuterol
- ☐ Albuterol/Atrovent (Duoneb)
- ☐ Heliox
- ☐ Pulmocort
- ☐ Xopenex

NURSING ORDERS:

- ☐ Blood sent _____ ☐ Urine sent _____ ☐ Other sent _____ ☐ EKG Done _____
- ☐ O2: _____
- ☐ Place on Cardiac Monitor
- ☐ Saline lock: _____
- ☐ IV: _____ @ _____ ml/hr
- ☐ IV bolus: _____
- ☐ Foley Cath: _____ ☐ TdaP ☐ Td

2004 4/25 5/25 - done

cont'd 5/3/25 IT PO

If cont'd 5/3/25 4/4

[Signature]



ED Department Physician Orders

Progress Notes

02/10/10

TAYLOR, CARLETTA M
Room/Bed: ED/OP Admission: 5/29/2011
Sex: F Age: 50 yr 1 m DOB: 4/8/1961
Att. Phy.: CHARLES MASON
MR: 16-77-58 Acct#: 2004800286





Saline Memorial Hospital - Emergency Department

#1 Medical Park Drive Benton, AR 72015 (501) 776-6000

Patient: CARLLOTTA TAYLOR, D.O.B: 04/08/1961 Med. Rec. # 02004800286 16-77-58

Date: 05/29/2011 Time: 21:29

Discharge Instructions

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by Charles Mason, M.D..

THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE

Call your doctor if you do not get better. Call sooner if you feel worse. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department if your symptoms get worse.

THIS INFORMATION IS ABOUT YOUR DIAGNOSIS

CERVICAL STRAIN.

Neck muscle strains can be very painful. They are also likely to get better quickly and completely. If you overstretch a muscle, or work it too hard, you will strain it. Muscles are made up of thousands of tiny fibers. When you strain a muscle, a few of these fibers break. Your neck muscles will feel better when these damaged fibers heal. Expect to feel completely better in one week.

Do the following:

- Rest your neck.
- Put an ice pack on your neck for 20 minutes, 3 times a day for the next 2 days. Put a cloth between the ice pack and your skin.
- Take pain medicines as prescribed by your doctor.

Call your doctor if you have:

- increased pain.
- weakness, numbness or tingling.
- any new or severe symptoms.

CONTUSIONS (Bruises).

Contusions are an injury to a body part caused by a blunt object. The force of the injury breaks some of the tiny blood vessels in and under the skin. Leaking blood from these broken vessels causes the swelling and the blue color. As the bruise heals, the swelling will

go away. The bruise will change as the blood is washed away from the inside. Its color will change from blue to yellow-green and later to a faint brown. It should disappear completely in about 3 weeks.

Do the following:

- Apply ice packs. These help keep the swelling down in the first 2 days after an injury. After that, it should get steadily better.
- After 2 days, use warm packs. That will help the injury heal faster.

Call your doctor if you have:

- increased pain or swelling.
- fever.
- pain lasting longer than 1 week.
- any new or severe symptoms.

THIS INFORMATION IS ABOUT YOUR MEDICINE

HYDROCODONE & ACETAMINOPHEN (Vicodin, Lortab, Lortab elixir, Norco, Zydone, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth in the following dose: every 4 to 6 hours if needed for pain. Do not take more than per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to relieve moderate to severe pain. Hydrocodone is a pain reliever related to codeine. Acetaminophen is a less potent pain reliever. Together the medicines provide better pain relief than each does on its own. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- sleepiness
- upset stomach, nausea or vomiting
- constipation (hard stools)
- dizziness
- drowsiness
- vision changes
- mood changes
- dry mouth
- muscle twitches
- decreased urination
- decreased sex drive
- decreased appetite

Other side effects may occur, but are not as common.

Allergy would show up as: **rash or itching, facial or throat swelling, wheezing or shortness of breath.** This medicine can be habit forming if used for a long period of time.

Before taking this medicine, tell your doctor if:

- you are allergic to any medicines, foods or dyes, especially acetaminophen or hydrocodone.
- you are pregnant or breast-feeding.



Saline Memorial Hospital - Emergency Department

#1 Medical Park Drive Benton, AR 72015 (501) 776-6000

Patient: CARLOTTA TAYLOR, D.O.B: 04/08/1961 Med. Rec. # 02004800286 16-77-58

Date: 05/29/2011 Time: 21:29

- you have a history of alcoholism.
- you have a history of liver disease or hepatitis.
- you have severe diarrhea or colitis.
- you have a history of lung or breathing problems, such as asthma or emphysema.
- you have trouble urinating.
- you have thyroid or adrenal gland problems.
- you have seizures or a history of brain trauma or disease.

Follow these instructions:

- Take this medicine **with food** to avoid an upset stomach.
- To avoid constipation while taking this medicine:
 - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day.
 - Include extra fiber in your diet.
 - Exercise daily.
- Never take more of this medicine than prescribed.
- Read the labels of non-prescription medicines. Many contain acetaminophen. To avoid an overdose, do not take any other medicines that contain acetaminophen.
- Sit or stand slowly to avoid dizziness.
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.
- Watch for signs of dependence:
 - feeling that you "cannot live without this medicine".
 - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery while taking this medicine.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.

Talk with your doctor before taking any other medicines (including herbals) as you may require additional monitoring especially:

- naltrexone
- MAO inhibitor such as isocarboxazid (Marplan), phenelzine (Nardil), or tranylcypromine (Pamate). Dangerous side effects can occur.
- other pain medicines
- seizure medicines, such as phenytoin (Dilantin), phenobarbital, carbamazepine
- other medicines that cause sedation (dangerous sedation or sleepiness can occur):

- sleeping pills tranquilizers or sedatives such as phenobarbital (Solfoton, Luminal), amobarbital (Amytal), secobarbital (Seconal), flurazepam (Prosom) and temazepam (Restoril)
- antihistamines (cold or allergy medicines) such as Benadryl, Dimetane, Chlor-Trimeton, others
- antidepressant medicines
- anti-anxiety medicines such as alprazolam (Xanax), diazepam (Valium), lorazepam (Ativan), others
- anticholinergics such as Atrovent, Pro-Banthine, Levsin, Anaspaz, Donnatal, Quarzan, Bentyl, Antispas, scopolamine
- phenothiazines such as Thorazine, Prolixin, Mellaril, Compazine, others
- belladonna (Donnatal), clidinium (Quarzan), dicyclomine (Bentyl, Antispas), hyoscyamine (Levsin, Anaspaz), ipratropium (Atrovent), propantheline (Pro-Banthine) and scopolamine (Transderm-Scop)

Call your doctor if you have:

- any sign of dependence.
- any sign of allergy.
- increased pain not helped by the pain medicine.
- slow, weak breathing.
- seizures.
- slow or irregular heart beat.
- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- any new or severe symptoms.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR

RECOVERY. Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **call or visit your doctor right away.** If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

CARLOTTA TAYLOR or Responsible Person



Saline Memorial Hospital - Emergency Department

#1 Medical Park Drive Benton, AR 72015 (501) 776-6000

Patient: CARLOTTA TAYLOR, D.O.B: 04/08/1961 Med. Rec. # 02004800286 16-77-58

Date: 05/29/2011 Time: 21:29

CARLOTTA TAYLOR or Responsible Person has received this information and tells me that all questions have been answered.

RN Staff Signature

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PATIENT RIGHTS

As a patient of Saline Memorial Hospital, you are entitled to health care that is safe, therapeutic, and delivered by competent and qualified personnel. You have the right to health services that are focused on your individual needs. We recognize our obligation to support your rights to:

- 1) Equal access to quality care, regardless of race, creed, age, sex, religion, national origin, or ability to pay in accordance with Title IV and VII of the Civil Rights Acts of 1964 and their implementing regulations.
- 2) Privacy concerning your treatment and medical records.
- 3) An understandable explanation from your doctor about your treatment.
- 4) Participate in your plan of care.
- 5) Expect a quick response to reports of pain.
- 6) Refusal of care or treatment as well as an explanation of the possible consequences of your refusal.
- 7) An Advance Directive, such as a Living Will or Durable Power of Attorney.
- 8) A review and an explanation of your medical records.
- 9) Information about any relationships between the hospital and outside parties that may affect your care.
- 10) Consent or refuse to participate in research affecting your care.
- 11) Information about realistic alternative treatments when hospital care is no longer appropriate.
- 12) Information about hospital rules, charges and payment methods.
- 13) Discussion with a pharmacist about medications prescribed for you during your hospital stay or upon discharge.
- 14) Privacy regarding your health information:
 - a) Restrictions regarding the uses and disclosures of your health information for the purpose of treatment, payment and health care operations.
 - b) Saline Memorial Hospital provides confidential communication of your health information.
 - c) Access to any of your protected health information that is maintained in a designated record within a reasonable time frame.
- 15) An amendment of your protected health information for as long Saline Memorial Hospital maintains the information in a designated record.
- 16) Receive an accounting of disclosures of your protected health information by Saline Memorial Hospital.
- 17) Freedom from restraint or seclusion that is not clinically justified.
- 18) Care in a setting that is free from abuse and harassment.

Responsibilities

In addition to your rights as a patient, you also have responsibilities:

- To provide information about past illnesses, hospitalization, medication and other matters relating to your health history in order to effectively treat your illness.
- To cooperate with all hospital staff and to ask questions if directions and/or procedures are not understood.
- To be considerate of other patients and hospital personnel and to assist in the control of noise, smoking, and the number of visitors in your room at one time.
- To be respectful of the property of other persons and the property of the hospital.
- To follow the instruction and the medical orders of doctors, nurses and other hospital staff in order to enable them to properly communicate with the doctors and nurses.
- To have family members available to the hospital staff for review of your treatment in case you are unable to properly communicate with the doctors and nurses.
- To pay all bills for medical services rendered either through your insurance company or by being individually responsible for payment of any medical services which are not covered by your insurance policies, including services your health plan determines to be not medically necessary or experimental/investigational.
- To not take drugs/medication which you have not been prescribed by your doctor and administered at the hospital.
- To not complicate or endanger your ability to get well by consuming alcohol or toxic substances while in the hospital.
- To ask for pain relief when it first begins and to discuss pain relief options with the doctor or nurse.
- To request notification of a family member/representative and/or physician if so desired.

CHILDREN'S PATIENT RIGHTS

If you are under 18 and a patient at Saline Memorial Hospital, you and your parents or guardians have the following rights:

- 1) Respect for you as individuals and the supportive role of your parents or guardians.
- 2) Nutrition, rest, sleep, warmth and all other physiological needs as well as freedom to move about and explore.
- 3) Nurturing and supportive care that meets your emotional needs, fosters open communication, and builds trust.
- 4) Concern for your self-esteem by attempts to provide:
 - a) The reassuring presence of a parent or other caring person.
 - b) The appropriate responses to expressions of feelings and fear.
 - c) As much control as possible over yourself and your situation.
 - d) The opportunity to work through your experiences verbally, through play or other appropriate ways.
 - e) Recognition and rewards for coping well in difficult situations.
- 5) Varied activities such as play, learning and social interaction that helps meet your cognitive, social, emotional, and physiological needs.
- 6) Quick response to reports of pain.
- 7) Information about what to expect before, during, and after procedures and treatment.
- 8) Participation with your parents or guardians in decisions affecting your medical treatment.

I have been provided a copy of my patient rights and have been provided an opportunity to ask questions


Patient/Guardian Signature

05/29/11

Date

Saline Memorial Hospital strives to meet and/or exceed our patient's expectations. However, if a question or concern is not promptly resolved by staff who are present, please call the hospital operator by dialing "0" or 501-776-6000 and ask to speak with Administration or the house manager. If you have a question or concern not promptly resolved by staff who are present, you have the right to register a complaint with the Arkansas Department of Health Facility Services at 501-661-2201 or mail a complaint to Arkansas Department of Health Facility Services Freeway Medical Building 5800 W. 10th Street, Suite 400 Little Rock, AR. 72204-1704.

TAYLOR, CARLOTTA M

Room/Bed:

Admission: 05/29/11

Age/Sex: 50Y F

MR: 16-77-58

DOB: 4/08/1961

Att. Phy.: MASON, CHAI

Discharge Planning/U.R.



04/20/2009





Saline Memorial Hospital
1 Medical Park Drive
Benton, AR 72015

Light Blue 20

Conditions of Admission

Medical Consent Authorization: The undersigned does hereby authorize his Physician (whether one or more) to administer such treatment, prescribe such anesthesia, and to perform such surgery as his Physician may deem necessary or advisable in the diagnosis and treatment of his condition. Should surgery be undertaken by his Physician, the undersigned authorized the presence and participation of one or more member of the medical staff to be designated by said hospital, and the member or members of said staff are hereby permitted to aid and participate in the treatment and surgery to the undersigned for which no additional fees shall be charged the patient. The above authorization shall expire upon the discharge and removal of the patient from said hospital. The hospital is authorized to dispose of tissues removed in the performance of surgery prescribed by the undersigned physician.

Notice of Privacy Practices: The signing of the condition of admission acknowledges the written receipt of adequate notice of the uses and disclosures of the protected health information (PHI). PHI may be retrieved or sent in an electronic format with any physician where your PHI may reside.

CareView System Authorization: Careview allows healthcare professionals to monitor your stay in your hospital room from the nurse's station and is operational during your entire stay. It captures and stores all images during your stay in your room. The CareView System is Health Insurance Portability and Accountability Act (HIPPA) compliant with secure servers, multiple firewalls, 128-bit encryption and a complete audit trail.

Assignment of Insurance Benefits: I authorize payment directly to the hospital and Physician(s) accepting this assignment of all hospitalization and medical benefits applicable and otherwise payable to me but not to exceed the reasonable and customary charge for these services by said hospital and physician(s). I understand I am financially responsible to the hospital and physician(s) for charges not covered by this authorization. The hospital will only file insurance, Medicare or Medicaid, which is presented prior to discharge. If your insurance carrier requires pre-certification, it is your responsibility that the appropriate action is taken.

Terms for Admission: Admission deposit or acceptable hospitalization insurance is required for admission to this hospital. Total account is due on discharge with allowance made for insurance coverage approved and verified prior to discharge. Any exception to the above must be made before or at the time of admission.

Surety Agreement: In accordance with the above terms, and in consideration of the hospital agreement to render treatment and furnish supplies, the undersigned patient and/or undersigned surety, do hereby agree upon demand to pay the aforesaid hospital, its agents or assigns whatever sums of money that shall become due on the account of the patient, and that such liability shall be joint and several.

Patient's Certification Authorization: I certify that the information given by me in applying for payment under the Title XVIII of the Social Security Act is correct. I authorize any holders of medical or other information about me to be released to the Social Security Administration or its intermediaries or carriers, any information needed for this or related medicare claim. I request that payment or authorized benefits be made on my behalf.

Non-Medical Necessity for Private Room: I understand and agree the private room difference is not covered by Medicare and I agree to pay all the difference due upon discharge.

Personal Valuables: It is understood that the hospital maintains a safe for the safekeeping of money and valuable and agreed that the hospital shall not be liable for the loss or damage to any money, jewelry, glasses, dentures, documents, furs, fur coats, and fur garments, or other articles for value unless placed therein, and agreed that the hospital shall not be liable for loss or damage to any other personal property unless deposited with the hospital for safekeeping. The hospital assumes a maximum liability of \$500.00 for items placed in safekeeping.

The undersigned certifies that he/she has read the foregoing, is the patient or is duly authorized by the patient to execute the above and accepts its terms thereof, and has received a copy thereof.


Undersigned (Patient's signature)

Signature - If signed by undersigned's authorized agent


Witness

Relationship to undersigned

Witness (need only if signatures are made by (X))

5/29/11
Date and time of signing

18:21

TAYLOR, CARLOTTA M

Room/Bed: Admission: 05/29/11

Age/Sex: 50Y F MR: 16-77-58

DOB: 4/08/1961 Att. Phy.: MASON, CHARLES F



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Saline Memorial Hospital

#1 Medical Park Drive
Benton AR 72015

Patient Information

Name: **TAYLOR, CARLLOTTA M**
Status: **EMERGENCY** Service: **EMR** Account: **2004800286** MR#: **16-77-58**
Admit Priority: **1** Svc Type: **E** Admit Type: **1**
Race: **W** Sex: **F** Admit Date/Time: **5/29/2011 18:21**
Marital Status: **M** Religion: **UNK** Age: **50Y 1M** Birth Date: **4/8/1961**
Authorization: **AUTH SIGNED** SSN:
Adv. Directive: **INFORMED & REFUSED** Power of Attorney: **N/A**
Address: **319 BROOKHAVEN DR WHITE HALL, AR, 71602**
Phone: **(870) 247-9487** Occupation:
Employer: **Unknown**
Attending Physician: **CHARLES MASON , MD**
Admitting Physician: **CHARLES MASON , MD**
Primary Care Physician:
Admitting Diagnosis: **MVC, R ARM, R SHOULDER, R ELBOW, RESTRAINT**

Guarantor Information

Name: **TAYLOR , CARLLOTTA** Birth Date: **4/8/1961**
Address: **319 BROOKHAVEN DR , WHITE HALL, AR, 71602**
Phone: **(870) 247-9487**

Emergency Contact

Name: **TAYLOR , ESTEE**
Emergency Contact Phone: **(870) 489-0745**

Insurance Companies

Policy Holder: **TAYLOR , CARLLOTTA** PH Employer: **Unknown**
Provider: **MEDICAL REIMB OF AMERICA 425 DUKE DRIVE STE 475, FRANKLIN, TN, 37067**
Policy#: **430177278**
Insurance Group: Pre Cert#:

Policy Holder: **TAYLOR , CARLLOTTA** PH Employer: **Unknown**
Provider: **HEALTH ADVANTAGE HMO PO BOX 8069, LITTLE ROCK, AR, 72203**
Policy#: **PXGY0020746601**
Insurance Group: **0020010000** Pre Cert#:

Saline Memorial Hospital
Emergency Department
Discrepancy Follow-Up

Patient: TAYLOR, CARLOTTA MR# 16-77-58

Date of Service: 5-29-11 Treating Physician: MASON

Date of Follow-Up: 5-30-11

☐ Laboratory

☒ X-Ray

- ☐ No follow-up needed.
- ☐ Confirmation that the primary care physician has received report.
- ☐ Confirmation Laboratory results faxed to _____.
- ☐ Patient told to return to the Emergency Department.
- ☒ Patient told of the finding(s) Soft tissue swelling

C-spine area

And patient needs to ELU C-spine X-Rays possible.

C-spine C/T

☐ Start of Antibiotic(s) of _____.

Called to _____ Pharmacy (patient pharmacy of choice).

☐ Stop current antibiotic of _____.

On- Duty Emergency Physician Menard

Call made by: _____.

1205 Left Message for Pt. to call ED.
1300 Pt called ED gave above info, Pt lives in White Hall, ask if
JRMIC would be ok, Fine for JRMIC Per DR. Menard, have JRMIC
ED call me when Pt gets there (P) 1450 Spoke E Nurse @ JRMIC ED
give above information (P)

MRN: 000085332
Visit: 2816083
Age: 50y (08-Apr-1961)

TAYLOR, CARLLOTTA
Gender: Female

JRMC
Location: Unknown

ED Discharge Note [Authored: 30-May-2011 16:06] - for Visit: 2816083, Complete,
Entered, Signed in Full, General

Discharge Instructions:

ED Physician:

- **ED Physician** Dr. Skowronski
- **Discharge Disposition** Patient discharged to home
- **Instruction Given To** Family
- **Verbalized Understanding** Yes
- **Prescriptions** sent home with 1 prescription
- **ED return instruction** return immediately to the ED if any worsening of symptoms
- **Follow up with Primary Care Provider** 2 - 3 days
- **Work/School Excuse** 1 Day
- **1.** FLEXERIL. HEAT. TAKE PAIN MEDICATIONS AS DIRECTED.

Patient Condition:

- **Condition at Discharge** Without complaints
- **Systolic BP** 101
- **Diastolic BP** 71
- **Temperature** 98
- **Pulse** 80
- **Respiratory Rate** 20 /min
- **Pulse Oximeter Reading** 100

Launch Home Medication/Exit Care:

- **AppLaunch** Exit Care

Discharge Instructions Completed:

- **Discharge Instructions Complete** Yes

Electronic DC Note Request:

- **Did patient request electronic copy of Discharge Note?** No

Electronic Signatures:

Raley, Shelly (RN) (Signed 30-May-2011 16:12)

Entered: Discharge Instructions,

Authored: Discharge Instructions

Last Updated: 30-May-2011 16:12

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JRMC
Patient Results

All results performed dates from 30-May-2011

TAYLOR, CARLOTTA M	Unknown	53y	F	Skowronski, John
DSC		08-Apr-1961		000085332 / 2816083

Criteria for selection:

30-May-2011 14:36	CT C-Spine Wo Contrast	1 or more Final Results Received
-------------------	------------------------	----------------------------------

CT C-Spine Wo Contrast

Final

Taylor, Carlotta M 2816083-0811633

PROCEDURE: CT scan cervical spine without contrast.

INDICATION: Neck pain.

TECHNIQUE: Reconstructed 1 mm helical acquisitions were obtained through the cervical spine without contrast and sagittal reformatted images were obtained

FINDINGS: Mild kyphotic deformity in the cervical spine is identified. No fractures are seen. There is mild narrowing of disc space height at C5-C6 and minimal anterior ligamentous calcification at C6-C7. There is Schmorl's node formation along the inferior endplate of C3.

There are right greater than left facet arthropathy changes at the C2-C3 level. Facet arthropathy changes are seen at C3-C4. Bilateral facet arthropathy changes at C4-C5 and to lesser degree C5-C6. Right greater than left uncovertebral arthropathy is present at C5-C6. No acute fracture lines are evident. No prevertebral soft tissue swelling is seen. There is no stranding of the paraspinal soft tissues.

IMPRESSION:

1. Multilevel facet arthropathy changes in the upper and mid cervical spine, right more pronounced than left.
2. No acute fracture seen.
3. Mild disc degeneration at C5-C6.

PLEASE CONTACT ME IF THIS INTERPRETATION REQUIRES FURTHER CLARIFICATION OR IS INCONSISTENT WITH THE CLINICAL IMPRESSION

Interpreting Physician: Edward Angtuaco, MD Transcriptionist: Self-Edit
Date Dictated: 05/30/2011 14:36:00 Date Transcribed: 05/30/2011 14:38
Electronically Signed by: Edward Angtuaco, MD on 05/30/2011 14:39:43

cc: John Skowronski, MD, Ordering Physician

MRN: 000085332
Visit: 2816083
Age: 50y (08-Apr-1961)

TAYLOR, CARLLOTTA
Gender: Female

JRMC
Location: Unknown

General, Adult-Juv [Authored: 30-May-2011 15:08] - for Visit: 2816083,
Complete, Entered, Signed in Full, General

MSE Information:

- Reason for Visit C/O HAD A WRECK YESTERDAY WAS CALLED BACK FROM SALINE MEMORIAL ER TOLD TO GET TO NEAREST ER TO GET A CT SCAN OF NECK.
- Systolic BP 124
- Diastolic BP 82
- Pulse 97
- Respiratory Rate 18 /min
- Temperature 98.9
- SpO2 100 %
- Weight - lbs 148 lbs
- Weight - oz 0 oz
- Weight in kg 67.13 kg
- Primary Care Provider COLEMAN
- Visit Classification Emergent

HPI:

- Chief Complaint PAIN.
- History Obtained from patient
- Precipitating Event MOTOR VEHICLE COLLISION
- Location of Symptoms NECK, RIGHT ARM.
- Context of Symptoms DRIVER, +SEAT BELTS. +AIRBAG DEPLOYMENT. SEEN YESTERDAY AT SALINE MEMORIAL. ADVISED THEY NEEDED A CT C-SPINE DUE TO CONCERN ABOUT X-RAY.
- Aggravating Factors Movement, Touch
- Relieving Factors None

ROS:

- General denies any new problems such as fevers, chills, loss of appetite
- Skin/Breast denies any new problems such as rash, itching, wounds
- Ophthalmologic denies any new problems, such as eye pain, discharge, double vision, or irritation
- ENMT denies any new problems, such as earache, sore throat, nasal problems, or hearing problems.
- Respiratory and Thorax denies any new problems, such as cough, wheezing, shortness of breath, pain when breathing, or abnormal sputum production.
- Cardiovascular denies any new problems, such as chest pain, palpitations, dyspnea on exertion, orthopnea, paroxysmal nocturnal dyspnea, or peripheral edema
- Gastrointestinal positive
- Gastrointestinal Symptoms nausea
- Genitourinary denies any new problems, such as hematuria, flank

MRN: 000085332
Visit: 2816083
Age: 50y (08-Apr-1961)

TAYLOR, CARLLOTTA
Gender: Female

JRMC
Location: Unknown

- **Musculoskeletal**
- **Neurological**
- **Psychiatric**
- **Hematology/Lymphatics**
- **Endocrine**
- **Allergic**
- **Allergy Types**
- **Immunologic**

pain, urine discoloration, incontinence, dysuria, increased frequency, nocturia, and male/female specific symptoms

see HPI

denies any new problems, such as weakness, numbness, dizziness, headaches, difficulty walking, talking, or thinking

denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

denies any new problems, such as abnormal bruising, bleeding, or enlarged or tender lymph nodes.

denies any new problems, such as increased intolerance to heat or cold, polydipsia, polyuria, or weight change.

positive

reactions to medicines PENICILLIN

denies any new problems, with immunity to infections.

PFSH:

- **Past Med Hx**
- **Past Surgical HX**
- **Past Surgical HX**
- **Domestic Environment**

Hypercholesterolemia, Hypertension, Thyroid Disorder

Cholecystectomy

Hysterectomy, complete

lives with family

Social History-Other:

- **Tobacco**
- **Alcohol Use**
- **Alcohol Use Descriptors**
- **Drug Use**

Denies current tobacco use

Current ETOH use

Social ETOH use

Denies current drug use

Differential Diagnosis:

- **Differential Diagnosis**

C-SPINE SPRAIN, STRAIN, FRACTURE, DISLOCATION

PE:

General/Skin/HEENT/MS:

- **General**
- **General Details**
- **Skin**
- **Skin Details**
- **Ecchymosis location(s)**
- **Eyes**
- **Head and Neck**
- **Head Details**
- **Neck Details**
- **Musculoskeletal**

detailed exam

This is a white female well-developed obese

detailed exam

ecchymosis

RIGHT FOREARM

PERRL/EOMI, conjunctiva clear

detailed exam

normal

MILDLY SORE PARASPINAL MUSCLES.

normal strength and range of motion

MRN: 000085332
Visit: 2816083
Age: 50y (08-Apr-1961)

TAYLOR, CARLLOTTA
Gender: Female

JRMC
Location: Unknown

Resp/CV/GI/GU:

- **Respiratory and Thorax** normal bilateral air entry, breath sounds equal, nonlabored, clear to auscultation
- **Cardiovascular** regular rate and rhythm, no murmurs
- **Gastrointestinal** soft, nontender, no masses palpable, bowel sounds present, no rigidity or guarding, no abdominal bruit

Neuro/Psych/Lymph/Breasts:

- **Neurological** alert and oriented, with intact reflexes and sensations, normal strength, responds to verbal commands

ORDERS:

- **DT Adult, -0.5 ml IM One Time-Only, priority-STAT**
Stop After-1 Times
, Instructions:-For ER Administration Only
Tetanus Diphtheria, Start Date-30-May-2011, 30-May-2011, Active

HOME MEDICATIONS:

- **Home Medications** HOME MEDICATION STATUS: INCOMPLETE
MEDICATION HISTORY

ENCOUNTER ASSESSMENT AND PLAN:

Test Interpretations:

- **Radiology Tests Interpretation** CT C-SPINE-NORMAL

DIAGNOSIS/CLINICAL IMPRESSION:

Med/Surg Hx:

- **CONTUSED FOREARM:** 30-May-2011 15:15, 30-May-2011, Active
- **NECK SPRAIN:** 30-May-2011 15:16, 30-May-2011, Active

ALLERGIES:

- **PENICILLIN CLASS ALLERGY CODE:** Unknown

TREATMENT PLAN:

Treatment Plan:

- **1.** FLEXERIL. HEAT. TAKE PAIN MEDICATIONS AS DIRECTED.

Discharge Instructions:

- **ED return instruction** return immediately to the ED if any worsening of symptoms
- **Follow up with Primary Care Provider** 2 - 3 days

Electronic Signatures:

Skowronski, John (MD) (Signed 30-May-2011 15:16)

Entered: MSE Information, HPI, ROS, PFSH, Differential Diagnosis, PE, ORDERS, HOME MEDICATIONS, ENCOUNTER ASSESSMENT AND PLAN, DIAGNOSIS/CLINICAL IMPRESSION, ALLERGIES, TREATMENT PLAN, Discharge Instructions,

Authored: MSE Information, HPI, ROS, PFSH, Differential Diagnosis, PE, ORDERS, HOME MEDICATIONS, ENCOUNTER ASSESSMENT AND PLAN, DIAGNOSIS/CLINICAL IMPRESSION, ALLERGIES, TREATMENT PLAN, Discharge Instructions

100

MRN: 000085332 Visit: 2816083 Age: 50y (08-Apr-1961)	TAYLOR, CARLLOTTA Gender: Female	JRMC Location: Unknown
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Last Updated: 30-May-2011 15:16

101

MRN: 000085332
Visit: 2816083
Age: 50y (08-Apr-1961)

TAYLOR, CARLLOTTA
Gender: Female

JRMC
Location: Unknown

General, Adult-Juv [Authored: 30-May-2011 15:08] - for Visit: 2816083,
Complete, Entered, Signed in Full, General

MSE Information:

- Reason for Visit C/O HAD A WRECK YESTERDAY WAS CALLED BACK FROM SALINE MEMORIAL ER TOLD TO GET TO NEAREST ER TO GET A CT SCAN OF NECK
- Systolic BP 124
- Diastolic BP 82
- Pulse 97
- Respiratory Rate 18 /min
- Temperature 98.9
- SpO2 100 %
- Weight - lbs 148 lbs
- Weight - oz 0 oz
- Weight in kg 67.13 kg
- Primary Care Provider COLEMAN
- Visit Classification Emergent

HPI:

- Chief Complaint PAIN.
- History Obtained from patient
- Precipitating Event MOTOR VEHICLE COLLISION
- Location of Symptoms NECK, RIGHT ARM.
- Context of Symptoms DRIVER, +SEAT BELTS. +AIRBAG DEPLOYMENT. SEEN YESTERDAY AT SALINE MEMORIAL. ADVISED THEY NEEDED A CT C-SPINE DUE TO CONCERN ABOUT X-RAY.
- Aggravating Factors Movement, Touch
- Relieving Factors None

ROS:

- General denies any new problems such as fevers, chills, loss of appetite
- Skin/Breast denies any new problems such as rash, itching, wounds
- Ophthalmologic denies any new problems, such as eye pain, discharge, double vision, or irritation
- ENMT denies any new problems, such as earache, sore throat, nasal problems, or hearing problems.
- Respiratory and Thorax denies any new problems, such as cough, wheezing, shortness of breath, pain when breathing, or abnormal sputum production.
- Cardiovascular denies any new problems, such as chest pain, palpitations, dyspnea on exertion, orthopnea, paroxysmal nocturnal dyspnea, or peripheral edema
- Gastrointestinal positive
- Gastrointestinal Symptoms nausea
- Genitourinary denies any new problems, such as hematuria, flank

Requested by: Johnson, Nakevia (Coder), 13-Feb-2015 12:34

Page 1 of 4

102

MRN: 000085332
Visit: 2816083
Age: 50y (08-Apr-1961)

TAYLOR, CARLLOTTA
Gender: Female

JRMC
Location: Unknown

- Musculoskeletal
- Neurological
- Psychiatric
- Hematology/Lymphatics
- Endocrine
- Allergic
- Allergy Types
- Immunologic

pain, urine discoloration, incontinence, dysuria, increased frequency, nocturia, and male/female specific symptoms

see HPI

denies any new problems, such as weakness, numbness, dizziness, headaches, difficulty walking, talking, or thinking

denies depression, anxiety, memory loss, mental disturbance, suicidal ideation, hallucinations, paranoia

denies any new problems, such as abnormal bruising, bleeding, or enlarged or tender lymph nodes.

denies any new problems, such as increased intolerance to heat or cold, polydipsia, polyuria, or weight change.

positive

reactions to medicines PENICILLIN

denies any new problems, with immunity to infections.

PFSH:

- Past Med Hx
- Past Surgical HX
- Past Surgical HX
- Domestic Environment

Hypercholesterolemia, Hypertension, Thyroid Disorder

Cholecystectomy

Hysterectomy, complete

lives with family

Social History-Other:

- Tobacco
- Alcohol Use
- Alcohol Use Descriptors
- Drug Use

Denies current tobacco use

Current ETOH use

Social ETOH use

Denies current drug use

Differential Diagnosis:

- Differential Diagnosis

C-SPINE SPRAIN, STRAIN, FRACTURE, DISLOCATION

PE:

General/Skin/HEENT/MS:

- General
- General Details
- Skin
- Skin Details
- Ecchymosis location(s)
- Eyes
- Head and Neck
- Head Details
- Neck Details
- Musculoskeletal

detailed exam

This is a white female well-developed obese

detailed exam

ecchymosis

RIGHT FOREARM

PERRL/EOMI, conjunctiva clear

detailed exam

normal

MILDLY SORE PARASPINAL MUSCLES.

normal strength and range of motion

MRN: 000085332
Visit: 2816083
Age: 50y (08-Apr-1961)

TAYLOR, CARLLOTTA
Gender: Female

JRMC
Location: Unknown

Resp/CV/GI/GU:

- **Respiratory and Thorax** normal bilateral air entry, breath sounds equal, nonlabored, clear to auscultation
- **Cardiovascular** regular rate and rhythm, no murmurs
- **Gastrointestinal** soft, nontender, no masses palpable, bowel sounds present, no rigidity or guarding, no abdominal bruit

Neuro/Psych/Lymph/Breasts:

- **Neurological** alert and oriented, with intact reflexes and sensations, normal strength, responds to verbal commands

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ALLERGIES:

- **PENICILLIN CLASS ALLERGY CODE:** Unknown

TREATMENT PLAN:

Treatment Plan:

- **1.** FLEXERIL. HEAT. TAKE PAIN MEDICATIONS AS DIRECTED.

Discharge Instructions:

- **ED return instruction** return immediately to the ED if any worsening of symptoms
- **Follow up with Primary Care Provider** 2 - 3 days

Electronic Signatures:

Skowronski, John (MD) (Signed 30-May-2011 15:16)

Entered: MSE Information, HPI, ROS, PFSH, Differential Diagnosis, PE, ORDERS, HOME MEDICATIONS, ENCOUNTER ASSESSMENT AND PLAN, DIAGNOSIS/CLINICAL IMPRESSION, ALLERGIES, TREATMENT PLAN, Discharge Instructions,

Authored: MSE Information, HPI, ROS, PFSH, Differential Diagnosis, PE, ORDERS, HOME MEDICATIONS, ENCOUNTER ASSESSMENT AND PLAN, DIAGNOSIS/CLINICAL IMPRESSION, ALLERGIES, TREATMENT PLAN, Discharge Instructions

104

MRN: 000085332

Visit: 2816083

Age: 50y (08-Apr-1961)

TAYLOR, CARLLOTTA

Gender: Female

JRMC

Location: Unknown

Last Updated: 30-May-2011 15:16

105

**Jefferson Regional
Medical Center**
1600 West 40th Avenue
Pine Bluff AR 71603



Main Number
(870) 541-7100
Emergency Center
(870) 541-7111

EXITCARE® PATIENT INFORMATION

Patient Name: CARLLOTTA TAYLOR

Attending Caregiver: Dr. Skowronski

Excuse from Work or School

CARLLOTTA TAYLOR needs to be excused from

- ☒ Work
☐ School
☐ Physical activity

Beginning now and through the following date:

- ☐ He/she may return to work/school but still avoid physical activity from now until:
☐ He/she may return to full physical activity as of:

Caregiver's Signature: Relly Ralley RN

Date: 5/30/2011

ADDITIONAL NOTES AND INSTRUCTIONS

Please excuse Mrs. Taylor from work for Tuesday.

Document Released: 6/13/2002 Document Revised: 9/26/2009 Document Reviewed: 12/18/2008

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Jefferson Regional Medical Center
Discharge Instructions - ED

Demographics

Name: TAYLOR, CARLOTTA M Visit #: 2816083
Admit Date: 5/30/2011 1:16:00 PM
DOB: 4/8/1961 Gender: Female
Marital Status: Married Race: White
Ethnicity: Non-Hispanic
Language: English
Address: 319 BROOKHAVEN DR, WHITE HALL, AR, 71602-2866
Email:
Home phone: (870)247-9487
Business phone: (870)247-3255

Support Information

Patient does not have a "Do Not Resuscitate Order"
Guarantor: CARLOTTA TAYLOR 319 BROOKHAVEN DR , WHITE HALL, AR,
716022866
Next of Kin: ESTEE TAYLOR, CELL # , WHITE HALL, AR, 716020000

Care Providers

ED Physician: Dr. Skowronski
Primary Care Provider: Coleman MD, Roy

Allergy Information

PENICILLIN CLASS ALLERGY CODE Reaction: Unknown

Medication(s)

Continued Home Medications
None

Discontinued Home Medications
None

New Home Medications
Cyclobenzaprine: 10 mg by mouth Three Times a Day

Discharge Instructions

Discharge Disposition: Patient discharged to home

Instruction Given To: Family

ED return instruction: return immediately to the ED if any worsening
of symptoms

Follow up with Primary Care Provider: 2 - 3 days

Work/School Excuse: 1 Day

1.: FLEXERIL. HEAT. TAKE PAIN MEDICATIONS AS DIRECTED.

Condition at Discharge: Without complaints

Discharging Unit: ER Trauma 3 Phone Number: 870-541-6400

Vital Signs

Systolic BP Systolic: 101

Diastolic BP Diastolic: 71

Temperature Degrees F: 98

Pulse Pulse: 80

Respiratory Rate Respirations/min: 20 /min

Pulse Oximeter Reading: 100

Pending Results

No Pending Results

Results

Radiology

CT C-Spine Wo Contrast

CT C-Spine Wo Contrast: 5/30/2011 2:36:00 PM

FINDINGS: Mild kyphotic deformity in the cervical spine is identified. No fractures are seen. There is mild narrowing of disc space height at C5-C6 and minimal anterior ligamentous calcification at C6-C7 . There is Schmorl's node formation along the inferior endplate of C3.

There are right greater than left facet arthropathy changes at the C2-C3 level. Facet arthropathy changes are seen at C3-C4. Bilateral facet arthropathy changes at C4-C5 and to lesser degree C5-C6. Right greater than left uncovertebral arthropathy is present at C5-C6. No acute fracture lines are evident. No prevertebral soft tissue swelling is seen. There is no stranding of the paraspinal soft tissues.

IMPRESSION:

1. Multilevel facet arthropathy changes in the upper and mid cervical spine, right more pronounced than left.
2. No acute fracture seen.
3. Mild disc degeneration at C5-C6.

Patient Specific Instructions Given From ExitCare:

Form - Excuse from Work School Phys Activity
Neck Injury, Home Care After

=====

You may receive a telephone survey regarding your care at JRMC. We value your opinion and encourage you to participate. We always want to provide quality patient care and rely on your feedback to know how we are doing.

Please remember to keep regularly scheduled appointments with your Primary Care Physician.

For emergencies 24 hours a day 7 days a week call your primary physician at 870-541-7100 or your nearest local hospital.

If you have a history or new diagnosis of Heart Failure; as a healthcare provider, JRMC recommends that you call your physician's office if you experience an unexplained weight gain, go to the closest Emergency Room if you experience a problem breathing, call your physician if edema/swelling reoccurs, and make an appointment if heart failure symptoms return.

2 days spent in ER 1 Sunday and 1 Memorial Day

Next day out sick May 31, 2011

Would have taken more days off sick but had a new boss that started June 1, 2011. I scheduled my vacation around him being out. My vacation that was planned for and saved up for from last year was ruined. We couldn't go to lake to relax because we didn't have truck to pull a boat.

I spent 2 and half weeks looking for a truck on Auto Trader. We have bought several vehicles this way and have been able to buy more for less. Trucks are especially hard to find because even though they have lots of miles they still want way too much for them. We also had to wait until OUR insurance sent us a check. Thank god they gave us some money toward sales tax but we couldn't find a truck for the exact amount of money they sent us to replace our perfectly good truck we had. We found 4 different trucks we looked at one in Russellville, Rogers, Nesho and Pryor.

I had to take ½ day off to deliver paperwork to commission on May 29, 2014

February 5, 2015 for phone conference

Future date for hearing.

On Sunday afternoon on May 29, 2011 we were heading to Bryant on Hwy 70 for a family gathering. We had stopped at the rest area and when we pulled out we saw the State Trooper up ahead of us pulling out from a road onto to Hwy 70. We were behind him for the majority of the trip. He pulled off the road pop his lights on briefly, at this point we were on a three lane stretch of the hwy, and I pulled into the lane furthest from the Trooper (obeying State law) the next thing I remember is the Trooper is heading straight to me! I braked, screamed and held on. He was traveling at a high speed and did not have a siren or his lights on. The next thing I remember is my truck is smoking and the cab is filled with smoke and powered from both airbags deploying. We were trapped in truck, I knew I had a gas can, a gas grill and a lawnmower in back of my truck and here I see smoke. I was terrified! We tried both doors couldn't get out. I finally had to kick open driver's door and my husband had to climb over to get out. Once out I tried to check on the trooper's well being, He yelled out me and told me I was suppose to yield for an emergency vehicle, my husband yelled back and said you're not suppose to run over people. I was in a state of shock. We had to call Jerry Taylor my husband's brother to come pick us up and take us to hospital. We were offered to ride in ambulance but, at the time didn't think we needed to ride in ambulance. My children had to drive to Benton to Saline Memorial Hospital to pick us up. The following day Saline Memorial called to say that they were not happy with something they saw on my neck x-ray. I had to go Memorial Day to JPMC ER and have more test done.

I found out later that the State trooper was in pursuit of a speeder heading toward Hot Springs. He knew we were there cause after the Trooper yelled at me then he said where are the people in the green truck!? I said I am one of the people in the green truck.

The reason we have waited so long to do anything about this is because it is very traumatic to even think of about the wreck, but I can remember every detail now just like it was yesterday. Still gives me chills to think of how close the trooper and we were close to death. I can't go by a Trooper pulled over on the side of the road without having anxiety.

February 18, 2015

To Whom It May Concern:

My name is Estee Ann Sneed. I am the oldest daughter of Benny & Carlotta "Cookie" Taylor. They were involved in a wreck with a State Trooper on May 29, 2011. I cannot express to you the feeling my sister (Annabeth) and I had when we received a call that our parents had been involved in a car accident. We rushed to Saline Memorial Hospital ER to check on them and take them home. My mom had multiple contusions and burns from the air bag deployment. My father suffered injuries to his left eye, elbow, and ribs. Which incidentally he recently had major cardiothoracic surgery prior to these injuries.

Upon my arrival both my mother and father were in a mild state of shock. We took them home from the Hospital ER. The following day I had to take my mom to JRMC ER because Saline Memorial had called her wanting her to come back to hospital for a repeat X-ray, due to a suspicious finding on her cervical X-ray. We went to JRMC for the repeat X-ray due to my mother unable to bare the trip back to Benton, AR due to her pain in her cervical region.

I have watched my mom experience a state of pure anxiety including tremors every time we see a trooper on the side of the road. She continues to suffer from neck and back pain to this day and has tried multiple home therapies to try to alleviate the pain, but has been unsuccessful. She did attempt to seek medical attention for her neck and back pain, but was unable to afford the upfront doctor's fee due to the nature of the injury being a motor vehicle accident. My dad is consumed over this wreck. He has suffered major anxiety and insomnia due to the injustice he has endured.

My father did not rent a vehicle because the company did not offer a vehicle with towing capacity, which is what he primarily used his damaged vehicle for. In addition, the cost for the vehicle which did not meet all of his needs was over a thousand dollars upfront, which he could not afford on a vehicle that did not meet all of his needs such as the towing capacity. He has truly suffered from major stress, which is taking a toll on his health. The State Police will not suffer from these mental and physical ailments, while my parents who were not at fault in any way are the ones having to get statements to prove what they should be compensated for. I do not know that you can put a dollar amount on the stress, pain and anguish they have gone thru over the past three years over this wreck. My parents are not trying to take advantage of the State, but if they were in a wreck with anyone else with insurance they would have been fairly compensated in a more timely fashion.

Any questions, please feel free to call 870-489-0745.

Sincerely,

Handwritten signature of Estee Ann Sneed in cursive script, followed by the text "MSN, FNP-C".

Estee Ann Sneed, MSN, FNP-C

To Whom It May Concern:

My brother Benny Taylor and his wife Cookie Taylor were to have dinner at my house along with other family members on May 29, 2011. I was in the middle of grilling steaks when I got a call that they had been involved in an accident. My other brother Jerry Taylor and myself, rushed to the scene to see more state troopers than I have ever seen in one place. When we arrived on the scene traffic was backed up for miles. I could tell upon arrival that everyone involved was lucky to be alive. My Brother Benny Taylor's vehicle was on the wrong side of the road. The trooper's car was in a ditch. We picked them up and transported them to Saline Memorial ER. My brother Jerry was a State Senator at the time, and the Head Trooper on the scene talked to him. He indicated to him that Trooper Chet White was in the wrong.

On May 31, 2011, I met my brother and his wife at Weise Towing & Services in Benton AR to help clean out truck and transport his mower and gas grill home. It took a long time to clean out truck. The back glass had been shattered and glass was everywhere. We had to be very careful not to get cut. They had been at the lake so truck was full and also my brother had lots of tools that he kept in his truck. It was an ordeal trying to get lawn mower out of back of truck, the front axles were both badly bent, so we had to physically push and steer mower out of one truck into my truck. It was extremely difficult to move the mower. It took hours to clean out truck and put lawnmower, grill, gas tank and etc. in my sister in law's car and my truck. I think my brother had owned the truck for around 10 years. So, therefore he had a lot of things in the truck that he used for his rental property. It was very hot that day and I am a severe diabetic so, I had to be very careful not to get over heated. It was very hot inside the shop where truck was stored. It was a very doughty task for all of us. I live in Bryant and drove my truck to White Hall where we had to unload again. The grill also had damage to the leg. We were able to straighten that up.

I think instead of my brother and his wife having to prove all their expenses. The State Trooper involved in accident should be thanking my sister in law. Had she not tried to stop as quickly as she did, he more than likely would have been killed or had far worse injuries than he sustained. My brother and I have discussed this wreck on lots of occasions. He gets very irate and upset when it is discussed. It has caused him quite a lot of stress.

Any further questions please call 501-773-4834.

Sincerely,



Tom Taylor

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 500.00

Claim No. 14-0895-CC

Benny & Carlotta Taylor

Attorneys

Pro se

Claimant

Claimant

vs.

Arkansas State Police

Elaine Lee, Attorney

Respondent

Respondent

State of Arkansas May 27, 2014

Personal Injury, Pain & Suffering,

Date Filed

Type of Claim Loss of Wages, Mental Anguish

FINDING OF FACTS

This claim was filed for personal injury, pain & suffering, loss of wages and mental anguish in the amount of \$500.00 against the Arkansas State Police.

The Respondent admitted liability and recommended payment in the amount of \$500.00, which represents the Claimant's applicable insurance deductible in a letter or Answer received February 6, 2015.

The Claims Commission hereby unanimously allows this claim in the amount of \$500.00 and directs the Claims Commission Clerk to issue a voucher in payment thereof.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously allowed this claim in the amount of \$500.00 and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.

April 9, 2015

Date of Hearing

April 9, 2015

Date of Disposition

Chairman

Commissioner

Commissioner

April 28, 2015

Arkansas Claims Commission

MAY 01 2015

RECEIVED

To The Arkansas Claims Commission:

We do hereby unanimously appeal this totally ridiculous decision by the claims commission. We were misinformed when you told us that you would be reasonable. Awarding \$500.00 that was owed to us for our deductible, and lumping for personal injury, pain and suffering, loss of wages and mental anguish is a total insult. You asked us to provide you with more documentation (which we did). You also, said you would pay a reasonable amount. You did not. There was loss wages, out of pocket expense, lots of mental anguish and stress. Pain and suffering for which I finally had to go to a doctor for and had an x ray of my neck done, it does show damage. I pray that none of you on this Claims commission ever have to endure what we have had to for the last close to four years. If you did you would see things in a total different light. We really needed this check because it is owed to us but, due to the fact that we are appealing we have enclosed the check.

Sincerely,

Benny Taylor
Carlotta Taylor

Benny & Carlotta "Cookie Taylor

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STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ \$10,000.00

Claim No. 14-0895-CC

Benny & Carlotta Taylor

Claimant

Attorneys

Pro se

Claimant

vs.

AR State Police

Respondent

Greg Downs, Attorney

Respondent

State of Arkansas

May 27, 2014

Date Filed

Personal Injury, Pain & Suffering, loss

Type of Claim of wages and mental anguish

FINDING OF FACTS

This claim was filed for property damage, personal injury and pain and suffering, and mental anguish in the amount of \$10,000.00 against the Arkansas State Police.

After further review of the case and consideration of the additional information provided by the Claimant, the Claims Commission awards the total amount of \$1,112.00. An award was made for the deductible (\$500.00), for pain and suffering, (\$500.00), and \$112.00 for lost wages. The decision was made with consideration of the Claimant's elimination of all other remedies, as well as the presentation of undocumented medical expenses. One Commissioner dissents.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission hereby allows this claim in the amount of \$1,112.00 and directs the Claims Commission Clerk to issue a voucher in payment thereof.

Date of Hearing February 11, 2016

Date of Disposition February 11, 2016

Chairman

Commissioner

Commissioner

Arkansas
State Claims Commission
MAR 07 2016

March 4, 2016

RECEIVED

To the Arkansas State Claims Commission

We request an appeal of your decision regarding our claim to the Arkansas State Legislative Committee.

Claim number 14-0895-CC

Sincerely,

A handwritten signature in cursive script, appearing to read "Benny Taylor Carllotta Taylor".

Benny & Carllotta Taylor