

ARKANSAS STATE CLAIMS COMMISSION

-Claim Form-

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

1. Claimant's Legal Counsel - ☒ (If representing yourself (Pro Se) please check this box and proceed to section 2)

Arkansas
State Claims Commission

(last name)

(first name)

(email)

APR 11 2024

(address)

(city)

(state)

(zip)

(primary phone)

RECEIVED

Arkansas Bar Number:

If not licensed to practice law in Arkansas, please
contact the Claims Commission for more information.

2. Claimant

Holliman, Milton

(title/last name/first name or company)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

3. State Agency Involved: (must be an Arkansas state agency. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities)

Arkansas Department of Transportation

(state agency involved)

4. Incident Date

4/3/24

5. Claim Type

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form. Arkansas State Department of Transportation driver failed to yield to on coming traffic and hit my car. I also would like compensation for loss of work per day no less than \$500 dollars per day. also have attached crash report.

- 5a. Check here if this claim involves damage to a motor vehicle. ☒

- 5b. Check here if this claim involves damage to property other than a motor vehicle. ☐

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

I did not have insurance covering my property/motor vehicle at the time of damage. ☐

All property damage claims require ONE of the following (please attach):

1. Invoice(s) documenting repair costs, OR ☒
2. Three (3) estimates for repair of the damaged property, OR
3. An explanation why repair bill(s) or estimate(s) cannot be provided.

6. Was a state vehicle involved? (If Yes, please complete the following section) Yes

2022 Ford F-Series pickup [REDACTED] Harrison Andrew
 (type of state vehicle involved) (license number) (driver) Ganaway

7. Check here if this claim involves personal injury.

All personal injury claims require a copy of your medical insurance information and relevant medical bills in place at the time of the incident.

I do not have health insurance ☒

8. Amount Sought: \$43,293.18 for Truck Repair

\$500 per Days of loss of work from the date of accident until I return back to work

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Miller Holliman
 Claimant

ACKNOWLEDGEMENT

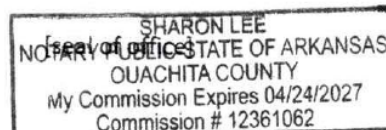
State of Arkansas
 County of Ouachita

On this the 9th day of April, 2024, before me, the undersigned notary, personally appeared Miller Holliman known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

[Signature]
 Signature of Notary Public

My Commission expires: 4/24/2027



520306

ARKANSAS MOTOR VEHICLE CRASH REPORT
NARRATIVE

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Crash Report #

V-1 was traveling north on United States Highway 79. V-2 was traveling across the intersection of United States Highway 79 and State Highway 273.

Due to the driver of V-2 inattentive driving and failure to yield the right of way, V-2 entered the intersection and into the lane of V-1 causing the front right bumper of V-2 to collide with the front left bumper of V-1. After colliding, V-1 continued traveling north approximately 375 feet north before coming to a controlled stop on the northbound shoulder outside shoulder. V-2 continued traveling in a northern direction approximately 66 feet before coming to a stop on the inside northbound shoulder.

This crash was due to the driver of V-2 inattentive driving and failure to yield the right of way at an intersection.

Williams Body and Glass, Inc

330 Adams Ave SW

Camden, AR 71701

Phone: (870) 837-1772 Fax: (870) 837-1705

Est ID: 383

Written by: Mitchell Williams - mitchell@williamsbodyandglass.com

File #

Date Of Loss

Insp Date:

4/8/2024

Owner: MILTON HOLLIMAN - Claimant

Contact: MILTON HOLLIMAN

Address

Phone

Cell or email

Ins Company

Claim Rep

Policy #

Claim #

Vehicle Information

2001 Freightliner Century 120 6X4

VIN

License Plate:

Unit # 9111

Color MAROON

Mileage 0

Repair Days 17

Line	Damage Description	Qty	Operation	Price	MU	Ext Price	BMT	BT	Labor	Paint	Sublet
1	FRT BUMPER END LT		Repair Op					2.5		1.6	
	Clear Coat Application: Refinish time 1.2 hrs. less applied overlap includes 0.4 hrs clear coat.										
2	HOOD SHELL	1	Replace OEM	9,875.00		9,875.00		9.0		11.1	
	Clear Coat Application: Refinish time 8.6 hrs. less applied overlap includes 2.5 hrs clear coat.										
3	HL PANEL, OUTER LT	1	Replace OEM	1,025.00		1,025.00		0.8			
4	LATCH ASSY, HOOD LT	1	Replace OEM	385.00		385.00		0.2			
5	STRAP, FUEL TANK LT	2	Replace OEM	410.06		820.12		0.5			
6	BRKT, STEP PLATE LWR-LT	2	Replace OEM	115.00		230.00		0.3			
7	STEP PLATE, UPPER-LT	1	Replace OEM	185.00		185.00		0.2			
8	STEP PLATE, LOWER-LT	1	Replace OEM	185.00		185.00		0.2			
9	PANEL, DOOR OUTER LT		Color Blend					Inc		3.5	
	Clear Coat Application: Refinish time 2.8 hrs. less applied overlap includes 0.7 hrs clear coat.										
10	PANEL, INR DR TRIM LT		R & I Operation					0.4			
11	STEP, MID FAIRING LT	1	Replace OEM	185.00		185.00		0.5			
12	VENT GLASS LT		R & I Operation					1.8			
13	DOOR HANDLE, CAB LT		R & I Operation					0.7			
14	FUEL TANK LT	1	Replace OEM	2,710.93		2,710.93		2.0			
	Labor for Fuel Tank replacement is for a 120 gallon tank mounted with straps.										
15	PANEL, SLEEPER SIDE LT		Repair Op					22.5		5.9	
	Clear Coat Application: Refinish time 4.8 hrs. less applied overlap includes 1.1 hrs clear coat.										
16	WING, SIDE DEFL LT		Repair Op					6.0		5.2	
	Clear Coat Application: Refinish time 4 hrs. less applied overlap includes 1.2 hrs clear coat.										
17	HANDLE, CMPT DOOR LT	1	Replace OEM	275.00		275.00		Inc			
18	LUGGAGE DOOR LT	1	Replace OEM	975.00		975.00		1.0		2.6	
	Clear Coat Application: Refinish time 2 hrs. less applied overlap includes 0.6 hrs clear coat.										
19	WHEEL, FRT AXLE-ALUM LT	1	Replace OEM	387.43		387.43		0.8			
20	WHEEL, REAR-ALUM LFO	2	Replace OEM	468.00		936.00		1.6			
21	TIRE, REAR AXLE-LFO	2	Replace OEM	763.73		1,527.46		Inc			

Line	Damage Description	Qty	Operation	Price	MU	Ext Price	BMT	BT Labor	Paint	Sublet
22	RAIL, FAIRING SD UPR LT	1	Replace OEM	295.00		295.00		0.7		
23	RAIL, FAIRING SD LWR LT	1	Replace OEM	295.00		295.00		0.7		
24	FAIRING, SIDE FRT-LT	1	Replace OEM	1,250.00		1,250.00		1.8	3.9	
Clear Coat Application: Refinish time 3 hrs. less applied overlap includes 0.9 hrs clear coat.										
25	FAIRING, SIDE REAR LT	1	Replace OEM	1,125.00		1,125.00		2.4	3.5	
Clear Coat Application: Refinish time 2.8 hrs. less applied overlap includes 0.7 hrs clear coat.										
26	FAIRING, SIDE MID LT	1	Replace OEM	1,250.00		1,250.00		2.4	3.3	
Clear Coat Application: Refinish time 2.5 hrs. less applied overlap includes 0.8 hrs clear coat.										
27	LID, FUEL COVER	1	Replace OEM	145.00		145.00		0.2	0.7	
Clear Coat Application: Refinish time hrs. less applied overlap includes hrs clear coat.										
28	BRKT, FAIRING MOUNT L/F	1	Replace OEM	365.00		365.00		0.7		
29	RETAINER BRKT, FRG L/R	1	Replace OEM	365.00		365.00		0.7		
30	RAIL, FRNG REAR UPR LT	1	Replace OEM	265.00		265.00		Inc		
31	RAIL, FRNG REAR LWR LT	1	Replace OEM	265.00		265.00		Inc		
32	BRKT, FAIRING REAR LT	1	Replace OEM	325.00		325.00		0.7		
# 33	HAZARDOUS WASTE	1	Replace AM	5.00		5.00		Inc		
# 34	FLEX ADDITIVE	1	Replace AM	8.00		8.00		Inc		
# 35	COVER CAR	1	Replace AM	25.00		25.00		0.5		
# 36	RIVETS	25	Replace AM	3.25		81.25		Inc		
# 37	TIRE MOUNT & BALANCE	3	Replace AM	48.00		144.00		Inc		
# 38	3 WHEEL ALIGNMENT	1	Replace AM	365.00		365.00		Inc		

Indicates Manual Entry Sup= Supplement Item F= Frame Labor M= Mechanical Labor BT= Betterment Type BX= Truck Box Item

BMT= Percentage of Betterment applies to Parts and/or Labor as indicated plus applicable sales tax. Line totals shown above do not include taxes.

* User selected to override TruckWriter labor and disable automated overlap protection.

Labor Detail Subtotals

Body Hrs	61.8	@	95.00	5,871.00
Paint Hrs	41.3	@	95.00	3,923.50
Mech Hrs	0.0	@	110.00	0.00
Frame Hrs	0.0	@	110.00	0.00

Parts Detail Subtotals

OEM Parts:	25,646.94	(List Prices)	
Less 0% Discount	=	Net OEM Parts	25,646.94
Non-OEM:	628.25	w/Mark Ups =	628.25
Sublet Tax:	0.00	(Not Taxable)	

Parts Total	-----	26,275.19
Labor Total	-----	9,794.50
Sublet	-----	0.00
Paint Materials	41.3 Hrs @ Rate 55.00	2,271.50
Shop Materials	61.8 Hrs @ Rate 15.00	927.00
Towing	-----	0.00
Sales Tax	29,473.69 @ Rate 10.250%	3,021.05
Labor Tax	9,794.50 @ Rate 10.250%	1,003.94

BT= Betterment Type

1= Part Only

2= Part and Labor

Adjustments	Estimate Grand Total	\$	43,293.18
	Less Deductible	\$	0.00 -
	Less Betterment Inc Tax	\$	0.00 -
	Net Estimate Amt	\$	43,293.18

Estimate Remarks

Estimate is valid for 30 days from date written.

Damage Status: Repairable

Line	Damage Description	Qty	Operation	Price	MU	Ext Price	BMT	BT	Labor	Paint	Sublet
------	--------------------	-----	-----------	-------	----	-----------	-----	----	-------	-------	--------

--	--	--	--	--	--	--	--	--	--	--	--

Prior or Unrelated Damage Section

#Name?

#Name?

#Name?

Prior Damage Total

#Error

Prior Damage Section is only an estimated dollar amount and will not affect final Estimate Grand Total or Net Estimate.

Repairer

Contact

Fax

e-mail

The above named repairer agrees to repair vehicle as per the contents of this estimate. Repairer also agrees to notify the appraiser if hidden or unforeseen damages are discovered during the repair process for prior approval.

Est agreed by: **X**

Date

Arkansas
State Claims Commission

APR 11 2024

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Drivers' Last Names HOLLIMAN, GANAWAY

Juvenile Involved ☐ Yes ☒ No **ARKANSAS MOTOR VEHICLE CRASH REPORT** Severity ☐ Fatality ☐ Injury ☒ PDO# of Motor Vehicles 2
Automobiles, Motorcycles, etc.

Rev. 2019-1

Crash Report #

of Non-Motorists 0
Pedestrians, Bicyclists, etc.

Investigating Agency STATE POLICE TROOP F

Investigating Officer

TRP Moore TreVaughn 447
Rank Last First Middle Suffix Badge #

Signature

CRASH DATE AND TIME

Date of Crash (MM/DD/YYYY)	Time of Crash (HH:MM AM/PM)	Date Police Notified	Time Police Notified	Date Police Arrived	Time Police Arrived
04/03/2024	10:25 AM	04/03/2024	10:40 AM	04/03/2024	11:18 AM

CRASH LOCATION

County	City	Latitude	Longitude
Dallas	Rural Dallas	33.813241° N	92.450069° W
Road/Street/Highway	Section	Log Mile	At Intersection With
79 (79)	6B	0.000	273

Not in City, but _____ of the City Limits of _____
Distance (feet or miles to two decimal places) Direction (N/S/E/W) CityNot at Intersection, but _____ of _____
Distance (feet or miles to two decimal places) Direction (N/S/E/W) Reference point

CRASH FACTORS AND CONDITIONS

First Harmful Event 205	Location of First Harmful Event 100	School Bus Related 000	Roadway Surface Condition 100	Weather Conditions
<input type="checkbox"/> 100 Overturn/rollover <input type="checkbox"/> 101 Fire/explosion <input type="checkbox"/> 102 Immersion, full or partial <input type="checkbox"/> 103 Jackknife <input type="checkbox"/> 104 Cargo/equipment loss or shift <input type="checkbox"/> 113 Fell/jumped from motor vehicle <input type="checkbox"/> 115 Object thrown or fallen on or near motor vehicle <input type="checkbox"/> 198 Other non-collision	<input type="checkbox"/> 100 On roadway <input type="checkbox"/> 101 Shoulder <input type="checkbox"/> 102 Median <input type="checkbox"/> 103 Roadside <input type="checkbox"/> 104 Gore <input type="checkbox"/> 105 Separator <input type="checkbox"/> 106 In parking lane or zone <input type="checkbox"/> 107 Off roadway, location unknown <input type="checkbox"/> 108 Outside right-of-way (traffic)	<input type="checkbox"/> 000 No, school bus not involved <input type="checkbox"/> 100 Yes, school bus directly involved <input type="checkbox"/> 101 Yes, school bus indirectly involved	<input type="checkbox"/> 100 Dry <input type="checkbox"/> 101 Wet <input type="checkbox"/> 102 Snow <input type="checkbox"/> 103 Slush <input type="checkbox"/> 104 Ice or frost <input type="checkbox"/> 105 Water (standing or moving) <input type="checkbox"/> 106 Sand <input type="checkbox"/> 107 Mud, dirt, or gravel <input type="checkbox"/> 108 Oil <input type="checkbox"/> 198 Other	Check all that apply: <input checked="" type="checkbox"/> 100 Clear <input type="checkbox"/> 101 Cloudy <input type="checkbox"/> 102 Fog <input type="checkbox"/> 103 Smog <input type="checkbox"/> 104 Smoke <input type="checkbox"/> 105 Rain <input type="checkbox"/> 106 Sleet <input type="checkbox"/> 107 Hail <input type="checkbox"/> 198 Other
<input type="checkbox"/> 200 Pedestrian <input type="checkbox"/> 201 Pedalcycle <input type="checkbox"/> 202 Other non-motorist <input type="checkbox"/> 203 Railway vehicle (train, engine) <input type="checkbox"/> 204 Animal (live) <input type="checkbox"/> 205 Motor vehicle in transport <input type="checkbox"/> 206 Parked motor vehicle <input type="checkbox"/> 207 Falling/shifting cargo or anything set in motion by motor vehicle <input type="checkbox"/> 208 Work zone/maintenance equipment <input type="checkbox"/> 298 Other non-fixed object	<input type="checkbox"/> 202 Type of Collision <input type="checkbox"/> 100 Single vehicle crash <input type="checkbox"/> 200 Front to rear <input type="checkbox"/> 201 Front to front <input type="checkbox"/> 202 Angle <input type="checkbox"/> 203 Sideswipe, same direction <input type="checkbox"/> 204 Sideswipe, opposite direction <input type="checkbox"/> 205 Rear to side <input type="checkbox"/> 206 Rear to rear <input type="checkbox"/> 980 Other (describe below)	<input type="checkbox"/> 100 Not an intersection <input type="checkbox"/> 100 Four-way intersection <input type="checkbox"/> 101 T-intersection <input type="checkbox"/> 102 Y-intersection <input type="checkbox"/> 103 L-intersection <input type="checkbox"/> 104 Traffic circle <input type="checkbox"/> 105 Roundabout <input type="checkbox"/> 106 Five-point or more <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 999 Unknown <input type="checkbox"/> 100 Daylight <input type="checkbox"/> 101 Dawn <input type="checkbox"/> 102 Dusk <input type="checkbox"/> 103 Dark - lighted <input type="checkbox"/> 104 Dark - not lighted <input type="checkbox"/> 105 Dark - unknown lighting <input type="checkbox"/> 198 Other	<input type="checkbox"/> 108 Freezing rain or freezing drizzle <input type="checkbox"/> 109 Snow <input type="checkbox"/> 110 Blowing snow <input type="checkbox"/> 111 Severe crosswind <input type="checkbox"/> 112 Blowing sand, soil, or dirt
<input type="checkbox"/> 300 Impact attenuator/crash cushion <input type="checkbox"/> 301 Bridge overhead structure <input type="checkbox"/> 302 Bridge pier or support <input type="checkbox"/> 303 Bridge rail <input type="checkbox"/> 304 Cable barrier <input type="checkbox"/> 305 Culvert <input type="checkbox"/> 306 Curb <input type="checkbox"/> 307 Ditch <input type="checkbox"/> 308 Embankment <input type="checkbox"/> 309 Guardrail face <input type="checkbox"/> 310 Guardrail end <input type="checkbox"/> 311 Concrete traffic barrier <input type="checkbox"/> 312 Other traffic barrier <input type="checkbox"/> 313 Tree (standing) <input type="checkbox"/> 314 Utility pole/light support <input type="checkbox"/> 315 Traffic sign support <input type="checkbox"/> 316 Traffic signal support <input type="checkbox"/> 317 Other post, pole, or support <input type="checkbox"/> 318 Fence <input type="checkbox"/> 319 Mailbox <input type="checkbox"/> 320 Building <input type="checkbox"/> 398 Other fixed object	<input type="checkbox"/> 101 Relation to Junction <input type="checkbox"/> 000 Non-junction <input type="checkbox"/> 100 Intersection <input type="checkbox"/> 101 Intersection related <input type="checkbox"/> 102 Entrance or exit ramp <input type="checkbox"/> 103 Entrance or exit ramp related <input type="checkbox"/> 104 Railway grade crossing <input type="checkbox"/> 105 Crossover related <input type="checkbox"/> 106 Driveway access <input type="checkbox"/> 107 Driveway access related <input type="checkbox"/> 108 Shared-use path or trail <input type="checkbox"/> 109 Acceleration or deceleration <input type="checkbox"/> 110 Through roadway <input type="checkbox"/> 198 Other location within an interchange area (median, shoulder, and road)	<input type="checkbox"/> 101 Road System <input type="checkbox"/> 100 Interstate <input type="checkbox"/> 101 US highway <input type="checkbox"/> 102 State highway <input type="checkbox"/> 103 County road <input type="checkbox"/> 104 City street <input type="checkbox"/> 105 Frontage road <input type="checkbox"/> 106 Ramp <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 999 Unknown <input type="checkbox"/> 100 Environmental Factors Check all that apply: <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Weather conditions <input type="checkbox"/> 101 Visual obstructions <input type="checkbox"/> 102 Glare <input type="checkbox"/> 103 Animals in roadway <input type="checkbox"/> 198 Other	<input type="checkbox"/> 999 Unknown <input type="checkbox"/> 100 Roadway Conditions Check all that apply: <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Backup due to prior crash <input type="checkbox"/> 101 Backup due to prior non-recurring incident <input type="checkbox"/> 102 Backup due to regular congestion <input type="checkbox"/> 103 Toll booth / plaza related <input type="checkbox"/> 104 Road surface condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 105 Debris <input type="checkbox"/> 106 Ruts, holes, or bumps <input type="checkbox"/> 107 Work zone <input type="checkbox"/> 108 Worn, travel-polished surface <input type="checkbox"/> 109 Obstruction in roadway <input type="checkbox"/> 110 Traffic control device inoperative, missing, or obscured <input type="checkbox"/> 111 Shoulders (none, low, soft, high) <input type="checkbox"/> 112 Non-highway work <input type="checkbox"/> 198 Other:
999 Unknown	999 Unknown	<input type="checkbox"/> 100 Trafficway Classification <input type="checkbox"/> 100 Trafficway, on road <input type="checkbox"/> 101 Trafficway, not on road <input type="checkbox"/> 102 Non-trafficway (describe below)	<input type="checkbox"/> 100	<input type="checkbox"/> 999 Unknown

If 198, 298, or 398, describe:

WORK ZONE CRASH INFORMATION

Work Zone 000	Location Relative to Work Zone 970	Work Zone Type 970	Worker(s) Present 970	Law Enforcement Present 970
<input type="checkbox"/> 000 No <input type="checkbox"/> 100 Yes <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 100 Before the first work zone warning <input type="checkbox"/> 101 Advance warning area <input type="checkbox"/> 102 Transition area <input type="checkbox"/> 103 Activity area <input type="checkbox"/> 104 Termination area <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 100 Lane closure <input type="checkbox"/> 101 Lane shift or crossover <input type="checkbox"/> 102 Work on shoulder or media <input type="checkbox"/> 103 Intermitent or moving work <input type="checkbox"/> 198 Other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 000 No <input type="checkbox"/> 100 Yes <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 000 No law enforcement presence <input type="checkbox"/> 100 Officer present <input type="checkbox"/> 101 Law enforcement vehicle only present <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown

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Crash Report #

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Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ATTACHMENTS	
	Type	Description
	Driver statement	Statement from Driver 1
	Driver statement	Statement from Driver 2

NON-VEHICULAR PROPERTY DAMAGE					
Description of Property Damage	Damage Estimate	Owner Contacted	Name	Street	Address
					City State Postal Code

WITNESSES' CONTACT INFORMATION							
Last Name	First Name	Middle Name	Suffix	Address	City	State	Postal Code

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Motor Vehicle #		ARKANSAS MOTOR VEHICLE CRASH REPORT				Crash Report #	
1		VEHICLE INFORMATION					
DESCRIPTION AND IDENTIFICATION							
<input type="checkbox"/> Check if this vehicle had no driver		Hit and Run 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene		100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene		000	
VIN				Vehicle Body Type		204	
Vehicle Year, Make, and Model 2001 Freightliner Tractor Trailer				Passenger Vehicles 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Mini-van 107 Passenger van (seats any number if personal; up to 8) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle			
License Plate AR 2024				<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known data)			
Trailer #1 License Plate AR				<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known data)			
Trailer #2 License Plate				<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known data)			
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown LOGGINS LOGISTICS INC				Truck (> 10,000 lbs) 200 Single unit truck (2 axles) 201 Single unit truck (3 or more axles) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs)			
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown				Bus / Van / Limo (9 or more seats, including driver) 300 School bus 301 Transit/city bus 302 Motor coach/intercity/cross-country bus 303 Limousine 304 Van (seats 9-15, including driver) 390 Other vehicle (seats 9-15, including driver) 391 Other vehicle (seats 16 or more, including driver)			
Motor Carrier Type 100 000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 999 Unknown		Motor Carrier ID Numbers USDOT # MC/MX # State #				Cycle / Low Speed 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle	
Motor Carrier Name <input type="checkbox"/> Unknown Loggins Logistics, Inc							
Motor Carrier Address <input type="checkbox"/> Unknown							
Cargo Body Type 000 No cargo body 100 Bus 101 Van / enclosed box 102 Grain / chips / grain 103 Pole trailer 104 Cargo tank 105 Log 106 Intermodal container chassis 107 Vehicle towing another vehicle 108 Flatbed 109 Dump 110 Concrete mixer 111 Auto transporter 112 Garbage / refuse 198 Other 999 Unknown						108	
GVWR/GCWR 102 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable		Hazardous Materials Placard 000 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown		Hazardous Material ID (4-digit # or name from middle of diamond or rectangular box) Hazardous Material Class (1-digit # from bottom of diamond)		Hazardous Materials Released from Vehicle Cargo Compartment 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)	
INSURANCE				DAMAGE			
Insurance <input type="checkbox"/> Uninsured at time of crash <input type="checkbox"/> Unknown (fill in any known details) Insurance Company NAIC # 16535 Policy # UNKNOWN		Damage Severity 101 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown Damage Estimate \$3,000 Damage Prior to the Crash <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)		Initial Contact Point (check 1) 6 7 8 9 10 11 12 5 4 3 2 1		Damaged Areas (check all that apply) 6 7 8 9 10 11 12 5 4 3 2 1	
TOWING							
Towed 000 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage		Towed By Towed To					

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Motor Vehicle #

1

ARKANSAS MOTOR VEHICLE CRASH REPORT **VEHICLE INFORMATION**

Crash Report #

MOTOR VEHICLE CIRCUMSTANCES

Vehicle Usage 000	Emergency Vehicle Usage 970	Vehicle Maneuver 100
000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services 112 Incident response 999 Unknown	100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment 103 Emergency operation, emergency warning equipment 970 Not applicable 999 Unknown Travel Direction 100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadw 999 Unknown	100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other 999 Unknown
Vehicle Defects <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 100 Brake <input type="checkbox"/> 103 Steering <input type="checkbox"/> 106 Tires <input type="checkbox"/> 109 Tail lights <input type="checkbox"/> 112 Mirrors <input type="checkbox"/> 115 Fuel system <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown </div> <div> <input type="checkbox"/> 101 Exhaust system <input type="checkbox"/> 104 Power train <input type="checkbox"/> 107 Wheels <input type="checkbox"/> 110 Turn signals <input type="checkbox"/> 113 Wipers <input type="checkbox"/> 116 Cruise control </div> <div> <input type="checkbox"/> 102 Body or doors <input type="checkbox"/> 105 Suspension <input type="checkbox"/> 108 Headlights <input type="checkbox"/> 111 Windows or windshield <input type="checkbox"/> 114 Truck coupling, trailer hitch, or safety chain </div> </div>		
Traffic Control Device Types and Statuses <i>Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.</i>		
Traffic Control Device Type <i>Check all that apply.</i>		Device Status <i>Use above codes.</i>
<input type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing traffic control signal <input type="checkbox"/> 101 Traffic control signal <input type="checkbox"/> 102 Stop sign <input type="checkbox"/> 103 Yield sign <input type="checkbox"/> 104 Slow or warning sign <input type="checkbox"/> 105 Person (officer, flagman, crossing guard) <input type="checkbox"/> 106 School zone sign/device <input type="checkbox"/> 107 Pedestrian signal <input type="checkbox"/> 108 No passing signal <input type="checkbox"/> 109 Words or symbols painted on roadway <input checked="" type="checkbox"/> 110 Traffic lanes marked <input type="checkbox"/> 111 Railway crossing with gate and signals <input type="checkbox"/> 112 Railway crossing with flashing signals only <input type="checkbox"/> 113 Railway crossing with crossbuck only <input type="checkbox"/> 198 Other: <input type="checkbox"/> 999 Unknown		100 Functioning properly 101 Functioning improperly 102 Inoperative or missing 999 Unknown
Trafficway Description 498 100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (paved >4 feet) 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier Grassy Median 999 Unknown	Roadway Surface 101 100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown	Roadway Alignment 100 100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown
Roadway Grade 100 100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown	Posted Speed Limit 45 Use the posted speed limit that applied to this vehicle at the time of the crash.	
Total # of Lanes 4		

MOTOR VEHICLE EVENTS

Sequence of Events 1	205	2		3		4		5		6		7		8		9		10																															
Most Harmful Event		205																																															
Non-Collision										Collision with Non-Fixed Object										Collision with Fixed Object										Unknown																			
100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fell/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision										200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object										300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support 317 Other post, pole, or support										318 Fence 319 Mailbox 320 Building 398 Other fixed object <i>If 198, 298, or 398 is used, describe below:</i>										999 Unknown									

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Motor Vehicle # 1		ARKANSAS MOTOR VEHICLE CRASH REPORT				DRIVER INFORMATION		Crash Report #																																																					
DRIVER INFORMATION																																																													
Name <input type="checkbox"/> Unknown HOLLIMAN MILTON EARL <small>Last First Middle Suffix</small>					Date of Birth/Age <div style="background-color: black; width: 100px; height: 30px;"></div>		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Race 101 100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Island 104 American Indian 198 Other 999 Unknown																																																				
Address <input type="checkbox"/> Unknown <div style="background-color: black; width: 100%; height: 20px;"></div>					Street <div style="background-color: black; width: 100%; height: 20px;"></div>		City <div style="background-color: black; width: 100%; height: 20px;"></div>		State <div style="background-color: black; width: 100%; height: 20px;"></div>																																																				
DRIVER LICENSE INFORMATION																																																													
License Status 100 000 Not licensed 100 Valid license 200 Suspended 201 Revoked 202 Expired 203 Cancelled or denied 204 Disqualified 999 Unknown		License Number <div style="background-color: black; width: 100%; height: 20px;"></div>		Restrictions on License <small>Check all that apply.</small> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below)		Restrictions Violated <small>Check all that apply.</small> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below)																																																							
Endorsements on License <small>Check all that apply.</small> <input type="checkbox"/> 000 None <input type="checkbox"/> 100 Double/triple trailers <input type="checkbox"/> 101 Passenger <input checked="" type="checkbox"/> 102 Tank vehicle <input type="checkbox"/> 103 Hazardous materials <input type="checkbox"/> 104 Tank vehicle & hazardous materials <input type="checkbox"/> 105 School <input type="checkbox"/> 106 Motorcycle <input type="checkbox"/> 107 Motor driven cycle <input type="checkbox"/> 108 Valid without photo <input type="checkbox"/> 198 Other (describe below)		Endorsements Violated <small>Check all that apply.</small> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Double/triple trailers <input type="checkbox"/> 101 Passenger <input type="checkbox"/> 102 Tank vehicle <input type="checkbox"/> 103 Hazardous materials <input type="checkbox"/> 104 Tank vehicle & hazardous materials <input type="checkbox"/> 105 School <input type="checkbox"/> 106 Motorcycle <input type="checkbox"/> 107 Motor driven cycle <input type="checkbox"/> 108 Valid without photo <input type="checkbox"/> 198 Other (describe below)																																																											
DRIVER SEATING AND SAFETY INFORMATION																																																													
Seating Position 110 Standard Vehicle Seats <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="5">Front</th> </tr> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Other</th> </tr> <tr> <td>1</td> <td>110</td> <td>120</td> <td>130</td> <td>180</td> </tr> <tr> <td>2</td> <td>210</td> <td>220</td> <td>230</td> <td>280</td> </tr> <tr> <td>3</td> <td>310</td> <td>320</td> <td>330</td> <td>380</td> </tr> <tr> <td>4</td> <td>410</td> <td>420</td> <td>430</td> <td>480</td> </tr> <tr> <td>5</td> <td>510</td> <td>520</td> <td>530</td> <td>580</td> </tr> </table> Other Seating Positions 800 Sleeper section of cab (truck) 801 Passenger section of bus 802 Enclosed passenger/cargo area 803 Unenclosed passenger/cargo area 804 Passenger/cargo area, unknown if enclosed 805 Trailing unit 806 Riding on motor vehicle exterior Unknown 999 Unknown				Front					Row	Left	Middle	Right	Other	1	110	120	130	180	2	210	220	230	280	3	310	320	330	380	4	410	420	430	480	5	510	520	530	580	Restraint Systems Used 100 000 None used - motor vehicle occupant 100 Shoulder and lap belt used 101 Shoulder belt only used 102 Lap belt only used 103 Restraint used - type unknown 104 Child restraint system - forward facing 105 Child restraint system - rear facing 106 Booster seat 107 Child restraint - type unknown 198 Other 970 Not applicable 999 Unknown																						
Front																																																													
Row	Left	Middle	Right	Other																																																									
1	110	120	130	180																																																									
2	210	220	230	280																																																									
3	310	320	330	380																																																									
4	410	420	430	480																																																									
5	510	520	530	580																																																									
Bus Seating Position (Complete if 801 was selected for Seating Position above.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="6">Front</th> </tr> <tr> <th colspan="3">Driver</th> <th colspan="3">Aisle</th> </tr> <tr> <td>1A</td> <td>1B</td> <td>1C</td> <td>1D</td> <td>1E</td> <td>1F</td> </tr> <tr> <td>2A</td> <td>2B</td> <td>2C</td> <td>2D</td> <td>2E</td> <td>2F</td> </tr> <tr> <td>3A</td> <td>3B</td> <td>3C</td> <td>3D</td> <td>3E</td> <td>3F</td> </tr> <tr> <td>4A</td> <td>4B</td> <td>4C</td> <td>4D</td> <td>4E</td> <td>4F</td> </tr> <tr> <td>5A</td> <td>5B</td> <td>5C</td> <td>5D</td> <td>5E</td> <td>5F</td> </tr> <tr> <td>...</td> <td>...</td> <td>...</td> <td>...</td> <td>...</td> <td>...</td> </tr> <tr> <td>##A</td> <td>##B</td> <td>##C</td> <td>##D</td> <td>##E</td> <td>##F</td> </tr> </table>				Front						Driver			Aisle			1A	1B	1C	1D	1E	1F	2A	2B	2C	2D	2E	2F	3A	3B	3C	3D	3E	3F	4A	4B	4C	4D	4E	4F	5A	5B	5C	5D	5E	5F	##A	##B	##C	##D	##E	##F	Air Bags Deployed Check all that apply: <input checked="" type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			
Front																																																													
Driver			Aisle																																																										
1A	1B	1C	1D	1E	1F																																																								
2A	2B	2C	2D	2E	2F																																																								
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4A	4B	4C	4D	4E	4F																																																								
5A	5B	5C	5D	5E	5F																																																								
...																																																								
##A	##B	##C	##D	##E	##F																																																								
				Motorcycle Helmet Usage 000 000 No helmet worn 100 DOT-compliant motorcycle helmet worn 101 Non-DOT-compliant motorcycle helmet worn 102 Helmet worn, unknown if DOT-compliant 999 Unknown if helmet worn Eye Protection Usage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																																																									
				Ejection 000 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown Extrication 000 000 Not extricated 100 Extricated 999 Unknown																																																									
				Ejection Path 000 000 Not ejected 100 Side door opening 101 Side window 102 Windshield 103 Back window 104 Back door/tailgate opening 105 Roof opening (sun roof, convertible top down) 106 Roof (convertible top up) 198 Other (e.g., back of pickup truck, torn-off roof, car cut in half)																																																									

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Motor Vehicle # 1		ARKANSAS MOTOR VEHICLE CRASH REPORT				Page 6 of 12	
DRIVER INFORMATION		Crash Report # XXXXXXXXXX					
MEDICAL INFORMATION							
Injury Status	5	Type of Medical Transportation	000	EMS Notified	EMS Arrived		
1 (K) Fatal injury 2 (A) Suspected serious injury 3 (B) Suspected minor injury 4 (C) Possible injury 5 (O) No apparent injury		000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other		Date _____ Time _____ Date _____ Time _____			
Trauma Band #		199 Transported, but method unknown 999 Unknown if transported		Transported to Medical Facility By			
				Medical Facility Transported To			
DRIVER CONDITION AND CIRCUMSTANCES							
Condition at Time of Crash <i>Check all that apply:</i>		Driver Distracted By		Driver Vision Obscured By			
<input checked="" type="checkbox"/> 000 Apparently normal <input type="checkbox"/> 100 Physically impaired <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed) <input type="checkbox"/> 102 Ill (sick) or fainted <input type="checkbox"/> 103 Asleep or fatigued <input type="checkbox"/> 104 Under the influence of medication or other substance <input type="checkbox"/> 105 Under the influence of alcohol <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown		000 Not distracted 100 Manually operating an electronic communication device (texting, typing, etc.) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <i>If 980 or 981, describe below:</i>		000 No obstruction noted 100 Rain, snow, fog, smoke, sand, or dust 101 Reflected glare, bright sunlight, or headlights 102 Curve, hill, or other roadway design feature 103 Building, billboard, or other structure 104 Trees, crops, or vegetation 105 In-transport motor vehicle (including load) 980 Other visual obstruction (describe below)		106 Not in-transport motor vehicle (parked, working) 107 Splash or spray of passing vehicle 108 Inadequate defrost or defog system 109 Inadequate vehicle lighting system 110 Obstruction interior to the vehicle 111 External mirrors 112 Broken or improperly cleaned windshield 113 Obstructing angles on vehicle 199 Vision obscured - no details	
Driver Suspected of Alcohol Usage		Alcohol Test Type Given		Alcohol Test Result Status		Blood Alcohol Content	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test 999 Unknown if tested		000 Results pending 101 Results received 970 Not applicable 999 Unknown		970 <input type="checkbox"/> Result received from Crime Lab	
Driver Suspected of Drug Usage		Drug Test Type Given		Drug Test Results		Citations	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested		<input type="checkbox"/> Pending/Negative <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending <input type="checkbox"/> Positive Results (check all that apply) <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbiturates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 298 Other positive result (describe below)		<input type="checkbox"/> Result received from Crime Lab <input checked="" type="checkbox"/> Not Applicable/Unknown <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	
						Citation # _____ Charges _____	
DRIVER ACTIONS AT TIME OF CRASH							
Check all that apply:							
<input checked="" type="checkbox"/> 000 No contributing action <input type="checkbox"/> 999 Unknown							
Disregarded Traffic Signs or Controls		Improper Maneuver		Other Actions			
<input type="checkbox"/> 100 Disregarded red light <input type="checkbox"/> 101 Disregarded other traffic signal <input type="checkbox"/> 102 Disregarded stop sign <input type="checkbox"/> 103 Disregarded yield sign <input type="checkbox"/> 104 Disregarded other traffic sign <input type="checkbox"/> 105 Disregarded other road markings <input type="checkbox"/> 106 Disregarded officer or flagman		<input type="checkbox"/> 300 Improper right turn <input type="checkbox"/> 301 Improper left turn <input type="checkbox"/> 302 Improper U-turn <input type="checkbox"/> 303 Improper backing <input type="checkbox"/> 304 Improper passing <input type="checkbox"/> 305 Improper lane change <input type="checkbox"/> 306 Improperly parked		<input type="checkbox"/> 600 Impeding traffic <input type="checkbox"/> 601 Ran off roadway <input type="checkbox"/> 602 Crowded off roadway <input type="checkbox"/> 603 Crossing median <input type="checkbox"/> 604 Failed to yield right-of-way <input type="checkbox"/> 605 Failed to keep in proper lane <input type="checkbox"/> 606 Wrong side of road <input type="checkbox"/> 607 Wrong way <input type="checkbox"/> 608 Followed too closely <input type="checkbox"/> 609 Cutting in <input type="checkbox"/> 610 Over-correcting or over-steering <input type="checkbox"/> 980 Other contributing action (describe below)			
Swerved or Avoided		Improper Use of Lights or Signals					
<input type="checkbox"/> 200 Swerved or avoided due to wind <input type="checkbox"/> 201 Swerved or avoided due to slippery surface <input type="checkbox"/> 202 Swerved or avoided due to motor vehicle <input type="checkbox"/> 203 Swerved or avoided due to non-motorist in roadway <input type="checkbox"/> 204 Swerved or avoided due to object in roadway <input type="checkbox"/> 205 Swerved or avoided due to animal in roadway		<input type="checkbox"/> 400 Driving without lights <input type="checkbox"/> 401 Failed to dim headlights <input type="checkbox"/> 402 Failed to use improper signal					
		Unsafe Operation					
		<input type="checkbox"/> 500 Reckless operation <input type="checkbox"/> 501 Aggressive operation <input type="checkbox"/> 502 Inattentive, careless, negligent, or erratic operation <input type="checkbox"/> 503 Under the influence of alcohol <input type="checkbox"/> 504 Under the influence of drugs					

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Motor Vehicle # 2		ARKANSAS MOTOR VEHICLE CRASH REPORT		Page <u>7</u> of <u>12</u>																																																		
		VEHICLE INFORMATION		Crash Report # [REDACTED]																																																		
DESCRIPTION AND IDENTIFICATION																																																						
<input type="checkbox"/> Check if this vehicle had no driver <input type="checkbox"/> Hit and Run 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene		100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene 000 Vehicle Body Type Passenger Vehicles 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Mini-van 107 Passenger van (seats any number if personal; up to 8 if commercial) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle Truck (> 10,000 lbs) 200 Single unit truck (2 axles) 201 Single unit truck (3 or more axles) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) Bus / Van / Limo (9 or more seats, including driver) 300 School bus 301 Transit/city bus 302 Motor coach/intercity/cross-country bus 303 Limousine 304 Van (seats 9-15, including driver) 390 Other vehicle (seats 9-15, including driver) 391 Other vehicle (seats 16 or more, including driver) Cycle / Low Speed 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle 000 Unknown 999 Unknown type of motor vehicle <i>If 198, 298, 390, 391, or 498, describe below:</i>																																																				
VIN [REDACTED]																																																						
Vehicle Year, Make, and Model 2022 Ford F-Series pickup																																																						
License Plate AR [REDACTED] 2024		<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known data)																																																				
Trailer #1 License Plate		<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known data)																																																				
Trailer #2 License Plate		<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known data)																																																				
Owner Name <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown AR DEPT. OF TRANSPORTATION																																																						
Owner Address <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown PO BOX 2261 LITTLE ROCK AR 72203-2261																																																						
Motor Carrier Type 000 000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 999 Unknown		Motor Carrier ID Numbers USDOT # MC/MX # State # State																																																				
Motor Carrier Name <input type="checkbox"/> Unknown																																																						
Motor Carrier Address <input type="checkbox"/> Unknown																																																						
Cargo Body Type 000 No cargo body 104 Cargo tank 109 Dump 198 Other 100 Bus 105 Log 110 Concrete mixer 101 Van / enclosed body 106 Intermodal container chassis 111 Auto transporter 102 Grain / chips / grain 107 Vehicle towing another vehicle 112 Garbage / refuse 103 Pole trailer 108 Flatbed 999 Unknown		000																																																				
GVWR/GCWR 970 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable	Hazardous Materials Placard 000 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown	Hazardous Material ID (4-digit # or name from middle of diamond or rectangular box) Hazardous Material Class (1-digit # from bottom of diamond)	Hazardous Materials Released from Vehicle Cargo Compartment 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)																																																			
INSURANCE																																																						
Insurance <input type="checkbox"/> Uninsured at time of crash <input checked="" type="checkbox"/> Unknown (fill in any known details)		Damage Severity 102 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown																																																				
Insurance Company		Damage Estimate \$15,000																																																				
NAIC #		Damage Prior to the Crash <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)																																																				
Policy #																																																						
DAMAGE																																																						
		Initial Contact Point (check 1) <table border="1" style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</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></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>12</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></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>		7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	Damaged Areas (check all that apply) <table border="1" style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</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></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>12</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>	7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5	4	3	2	1
7	8	9	10	11																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
5	4	3	2	1																																																		
7	8	9	10	11																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12																																																		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																		
5	4	3	2	1																																																		
		<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																																																		
TOWING																																																						
Towed 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage		Towed By Moro Creek Towing																																																				
Towed To 407 Overpass St.		Fordyce, AR AR 71742																																																				

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Motor Vehicle # <div style="border: 1px solid black; padding: 2px; text-align: center;">2</div>	ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION	Page <div style="border: 1px solid black; padding: 2px; text-align: center;">8</div> of <div style="border: 1px solid black; padding: 2px; text-align: center;">12</div> Crash Report # <div style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></div>																																				
MOTOR VEHICLE CIRCUMSTANCES																																						
Vehicle Usage <div style="border: 1px solid black; padding: 2px; text-align: center;">000</div> 000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services 112 Incident response 999 Unknown	Emergency Vehicle Usage <div style="border: 1px solid black; padding: 2px; text-align: center;">970</div> 100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment 103 Emergency operation, emergency warning equipment 970 Not applicable 999 Unknown Travel Direction <div style="border: 1px solid black; padding: 2px; text-align: center;">100</div> 100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadw 999 Unknown	Vehicle Maneuver <div style="border: 1px solid black; padding: 2px; text-align: center;">109</div> 100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other 999 Unknown																																				
Vehicle Defects <i>Check all that apply.</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Brake <input type="checkbox"/> 103 Steering <input type="checkbox"/> 106 Tires <input type="checkbox"/> 109 Tail lights <input type="checkbox"/> 112 Mirrors <input type="checkbox"/> 115 Fuel system <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown </div> <div style="width: 33%;"> <input type="checkbox"/> 101 Exhaust system <input type="checkbox"/> 104 Power train <input type="checkbox"/> 107 Wheels <input type="checkbox"/> 110 Turn signals <input type="checkbox"/> 113 Wipers <input type="checkbox"/> 116 Cruise control </div> <div style="width: 33%;"> <input type="checkbox"/> 102 Body or doors <input type="checkbox"/> 105 Suspension <input type="checkbox"/> 108 Headlights <input type="checkbox"/> 111 Windows or windshield <input type="checkbox"/> 114 Truck coupling, trailer hitch, or safety chain </div> </div>																																						
Traffic Control Device Types and Statuses <i>Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Traffic Control Device Type <i>Check all that apply.</i></th> <th style="text-align: center;">Device Status <i>Use above codes.</i></th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 000 None</td><td></td></tr> <tr><td><input type="checkbox"/> 100 Flashing traffic control signal</td><td></td></tr> <tr><td><input type="checkbox"/> 101 Traffic control signal</td><td></td></tr> <tr><td><input type="checkbox"/> 102 Stop sign</td><td></td></tr> <tr><td><input type="checkbox"/> 103 Yield sign</td><td></td></tr> <tr><td><input type="checkbox"/> 104 Slow or warning sign</td><td></td></tr> <tr><td><input type="checkbox"/> 105 Person (officer, flagman, crossing guard)</td><td></td></tr> <tr><td><input type="checkbox"/> 106 School zone sign/device</td><td></td></tr> <tr><td><input type="checkbox"/> 107 Pedestrian signal</td><td></td></tr> <tr><td><input type="checkbox"/> 108 No passing signal</td><td></td></tr> <tr><td><input type="checkbox"/> 109 Words or symbols painted on roadway</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> 110 Traffic lanes marked</td><td style="text-align: center;">100</td></tr> <tr><td><input type="checkbox"/> 111 Railway crossing with gate and signals</td><td></td></tr> <tr><td><input type="checkbox"/> 112 Railway crossing with flashing signals only</td><td></td></tr> <tr><td><input type="checkbox"/> 113 Railway crossing with crossbuck only</td><td></td></tr> <tr><td><input type="checkbox"/> 198 Other:</td><td></td></tr> <tr><td><input type="checkbox"/> 999 Unknown</td><td></td></tr> </tbody> </table>			Traffic Control Device Type <i>Check all that apply.</i>	Device Status <i>Use above codes.</i>	<input type="checkbox"/> 000 None		<input type="checkbox"/> 100 Flashing traffic control signal		<input type="checkbox"/> 101 Traffic control signal		<input type="checkbox"/> 102 Stop sign		<input type="checkbox"/> 103 Yield sign		<input type="checkbox"/> 104 Slow or warning sign		<input type="checkbox"/> 105 Person (officer, flagman, crossing guard)		<input type="checkbox"/> 106 School zone sign/device		<input type="checkbox"/> 107 Pedestrian signal		<input type="checkbox"/> 108 No passing signal		<input type="checkbox"/> 109 Words or symbols painted on roadway		<input checked="" type="checkbox"/> 110 Traffic lanes marked	100	<input type="checkbox"/> 111 Railway crossing with gate and signals		<input type="checkbox"/> 112 Railway crossing with flashing signals only		<input type="checkbox"/> 113 Railway crossing with crossbuck only		<input type="checkbox"/> 198 Other:		<input type="checkbox"/> 999 Unknown	
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<input type="checkbox"/> 198 Other:																																						
<input type="checkbox"/> 999 Unknown																																						
Trafficway Description <div style="border: 1px solid black; padding: 2px; text-align: center;">498</div> 100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (paved >4 feet) 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier Grassy Median 999 Unknown	Roadway Surface <div style="border: 1px solid black; padding: 2px; text-align: center;">101</div> 100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown																																					
Roadway Grade <div style="border: 1px solid black; padding: 2px; text-align: center;">100</div> 100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown	Roadway Alignment <div style="border: 1px solid black; padding: 2px; text-align: center;">100</div> 100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown																																					
Total # of Lanes <div style="border: 1px solid black; padding: 2px; text-align: center;">4</div>	Posted Speed Limit <div style="border: 1px solid black; padding: 2px; text-align: center;">45</div> <i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i>																																					
MOTOR VEHICLE EVENTS																																						
Sequence of Events 1 <div style="border: 1px solid black; padding: 2px; text-align: center;">205</div> 2 <div style="border: 1px solid black; padding: 2px; text-align: center;">108</div> 3 <div style="border: 1px solid black; padding: 2px; text-align: center;"></div> 4 <div style="border: 1px solid black; padding: 2px; text-align: center;"></div> 5 <div style="border: 1px solid black; padding: 2px; text-align: center;"></div> 6 <div style="border: 1px solid black; padding: 2px; text-align: center;"></div> 7 <div style="border: 1px solid black; padding: 2px; text-align: center;"></div> 8 <div style="border: 1px solid black; padding: 2px; text-align: center;"></div> 9 <div style="border: 1px solid black; padding: 2px; text-align: center;"></div> 10 <div style="border: 1px solid black; padding: 2px; text-align: center;"></div>																																						
Most Harmful Event <div style="border: 1px solid black; padding: 2px; text-align: center;">205</div>																																						
Non-Collision 100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fell/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision	Collision with Non-Fixed Object 200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object	Collision with Fixed Object 300 Impact attenuator/crash curbs 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support 317 Other post, pole, or support 318 Fence 319 Mailbox 320 Building 398 Other fixed object 999 Unknown <i>If 198, 298, or 398 is used, describe below:</i>																																				

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Motor Vehicle # 2		ARKANSAS MOTOR VEHICLE CRASH REPORT				DRIVER INFORMATION		Crash Report # [REDACTED]																																																						
DRIVER INFORMATION																																																														
Name <input type="checkbox"/> Unknown GANAWAY HARRISON ANDREW <small>Last First Middle Suffix</small>					Date of Birth/Age [REDACTED]		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Race 100 100 White/Caucasian 101 Black/African-American 102 Hispanic 103 Asian/Pacific Island 104 American Indian 198 Other 999 Unknown																																																					
Address <input type="checkbox"/> Unknown [REDACTED] <small>Street City State Postal Code</small>																																																														
DRIVER LICENSE INFORMATION																																																														
License Status 100 000 Not licensed 100 Valid license 200 Suspended 201 Revoked 202 Expired 203 Cancelled or denied 204 Disqualified 999 Unknown		License Number 937845923		Restrictions on License Check all that apply. <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below)		Restrictions Violated Check all that apply. <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below)																																																								
Endorsements on License Check all that apply. <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Double/triple trailers <input type="checkbox"/> 101 Passenger <input type="checkbox"/> 102 Tank vehicle <input type="checkbox"/> 103 Hazardous materials <input type="checkbox"/> 104 Tank vehicle & hazardous materials <input type="checkbox"/> 105 School <input type="checkbox"/> 106 Motorcycle <input type="checkbox"/> 107 Motor driven cycle <input type="checkbox"/> 108 Valid without photo <input type="checkbox"/> 198 Other (describe below)		Endorsements Violated Check all that apply. <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Double/triple trailers <input type="checkbox"/> 101 Passenger <input type="checkbox"/> 102 Tank vehicle <input type="checkbox"/> 103 Hazardous materials <input type="checkbox"/> 104 Tank vehicle & hazardous materials <input type="checkbox"/> 105 School <input type="checkbox"/> 106 Motorcycle <input type="checkbox"/> 107 Motor driven cycle <input type="checkbox"/> 108 Valid without photo <input type="checkbox"/> 198 Other (describe below)																																																												
DRIVER SEATING AND SAFETY INFORMATION																																																														
Seating Position 110 Standard Vehicle Seats <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Row</th> <th>Left</th> <th>Middle</th> <th>Right</th> <th>Other</th> </tr> </thead> <tbody> <tr><td>1</td><td>110</td><td>120</td><td>130</td><td>180</td></tr> <tr><td>2</td><td>210</td><td>220</td><td>230</td><td>280</td></tr> <tr><td>3</td><td>310</td><td>320</td><td>330</td><td>380</td></tr> <tr><td>4</td><td>410</td><td>420</td><td>430</td><td>480</td></tr> <tr><td>5</td><td>510</td><td>520</td><td>530</td><td>580</td></tr> </tbody> </table>			Row	Left	Middle	Right	Other	1	110	120	130	180	2	210	220	230	280	3	310	320	330	380	4	410	420	430	480	5	510	520	530	580	Other Seating Positions 800 Sleeper section of cab (truck) 801 Passenger section of bus 802 Enclosed passenger/cargo area 803 Unenclosed passenger/cargo area 804 Passenger/cargo area, unknown if enclosed 805 Trailing unit 806 Riding on motor vehicle exterior Unknown 999 Unknown			Restraint Systems Used 100 000 None used - motor vehicle occupant 100 Shoulder and lap belt used 101 Shoulder belt only used 102 Lap belt only used 103 Restraint used - type unknown 104 Child restraint system - forward facing 105 Child restraint system - rear facing 106 Booster seat 107 Child restraint - type unknown 198 Other 970 Not applicable 999 Unknown			Motorcycle Helmet Usage 000 000 No helmet worn 100 DOT-compliant motorcycle helmet worn 101 Non-DOT-compliant motorcycle helmet worn 102 Helmet worn, unknown if DOT-compliant 999 Unknown if helmet worn Eye Protection Usage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																							
Row	Left	Middle	Right	Other																																																										
1	110	120	130	180																																																										
2	210	220	230	280																																																										
3	310	320	330	380																																																										
4	410	420	430	480																																																										
5	510	520	530	580																																																										
Bus Seating Position (Complete if 801 was selected for Seating Position above.) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Front</th> <th rowspan="6" style="writing-mode: vertical-rl; transform: rotate(180deg);">Aisle</th> <th colspan="3">Front</th> </tr> <tr> <th colspan="3">Driver</th> <th colspan="3"></th> </tr> <tr> <th>1A</th><th>1B</th><th>1C</th> <th>1D</th><th>1E</th><th>1F</th> </tr> </thead> <tbody> <tr><td>2A</td><td>2B</td><td>2C</td><td>2D</td><td>2E</td><td>2F</td></tr> <tr><td>3A</td><td>3B</td><td>3C</td><td>3D</td><td>3E</td><td>3F</td></tr> <tr><td>4A</td><td>4B</td><td>4C</td><td>4D</td><td>4E</td><td>4F</td></tr> <tr><td>5A</td><td>5B</td><td>5C</td><td>5D</td><td>5E</td><td>5F</td></tr> <tr><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td><td>⋮</td></tr> <tr><td>##A</td><td>##B</td><td>##C</td><td>##D</td><td>##E</td><td>##F</td></tr> </tbody> </table>			Front			Aisle	Front			Driver						1A	1B	1C	1D	1E	1F	2A	2B	2C	2D	2E	2F	3A	3B	3C	3D	3E	3F	4A	4B	4C	4D	4E	4F	5A	5B	5C	5D	5E	5F	⋮	⋮	⋮	⋮	⋮	⋮	##A	##B	##C	##D	##E	##F	Air Bags Deployed Check all that apply: <input checked="" type="checkbox"/> 000 Not deployed <input type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown			Ejection 000 Extrication 000 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown 000 Not extricated 100 Extricated 999 Unknown Ejection Path 000 000 Not ejected 100 Side door opening 101 Side window 102 Windshield 103 Back window 104 Back door/tailgate opening 105 Roof opening (sun roof, convertible top down) 106 Roof (convertible top up) 198 Other (e.g., back of pickup truck, torn-off roof, car cut in half)	
Front			Aisle	Front																																																										
Driver																																																														
1A	1B	1C		1D	1E		1F																																																							
2A	2B	2C		2D	2E		2F																																																							
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##A	##B	##C	##D	##E	##F																																																									

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Motor Vehicle # <div style="border: 1px solid black; padding: 2px; text-align: center;">2</div>	ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION	Page <div style="border: 1px solid black; padding: 0 5px;">10</div> of <div style="border: 1px solid black; padding: 0 5px;">12</div> Crash Report # <div style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></div>												
MEDICAL INFORMATION														
Injury Status <div style="border: 1px solid black; padding: 0 5px;">5</div> 1 (K) Fatal injury 2 (A) Suspected serious injury 3 (B) Suspected minor injury 4 (C) Possible injury 5 (O) No apparent injury Trauma Band #	Type of Medical Transportation <div style="border: 1px solid black; padding: 0 5px;">000</div> 000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other 199 Transported, but method unknown 999 Unknown if transported	EMS Notified Date _____ Time _____ EMS Arrived Date _____ Time _____ Transported to Medical Facility By _____ Medical Facility Transported To _____												
DRIVER CONDITION AND CIRCUMSTANCES														
Condition at Time of Crash <i>Check all that apply:</i> <input checked="" type="checkbox"/> 000 Apparently normal <input type="checkbox"/> 100 Physically impaired <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed) <input type="checkbox"/> 102 Ill (sick) or fainted <input type="checkbox"/> 103 Asleep or fatigued <input type="checkbox"/> 104 Under the influence of medication or drugs <input type="checkbox"/> 105 Under the influence of alcohol <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown	Driver Distracted By <div style="border: 1px solid black; padding: 0 5px;">000</div> 000 Not distracted 100 Manually operating an electronic communication device (texting, typing) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <i>If 980 or 981, describe below:</i> _____	Driver Vision Obscured By <div style="border: 1px solid black; padding: 0 5px;">000</div> 000 No obstruction noted 100 Rain, snow, fog, smoke, sand, or dust 101 Reflected glare, bright sunlight, or headlights 102 Curve, hill, or other roadway design feature 103 Building, billboard, or other structure 104 Trees, crops, or vegetation 105 In-transport motor vehicle (including load) 980 Other visual obstruction (describe below) _____ 106 Not in-transport motor vehicle (parked, working) 107 Splash or spray of passing vehicle 108 Inadequate defrost or defog system 109 Inadequate vehicle lighting system 110 Obstruction interior to the vehicle 111 External mirrors 112 Broken or improperly cleaned windshield 113 Obstructing angles on vehicle 199 Vision obscured - no details												
Driver Suspected of Alcohol Usage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Alcohol Test Type Given <div style="border: 1px solid black; padding: 0 5px;">000</div> 000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test 999 Unknown if tested	Alcohol Test Result Status <div style="border: 1px solid black; padding: 0 5px;">970</div> 100 Results pending 101 Results received 970 Not applicable 999 Unknown												
		Blood Alcohol Content <input type="checkbox"/> Result received from Crime Lab												
		Speeding Related <div style="border: 1px solid black; padding: 0 5px;">000</div> 000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown												
Driver Suspected of Drug Usage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Drug Test Type Given <div style="border: 1px solid black; padding: 0 5px;">000</div> 000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested	Drug Test Results Pending/Negative <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending Positive Results (check all that apply) <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbiturates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 298 Other positive result (describe below) _____ <input type="checkbox"/> Result received from Crime Lab												
		Citations <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Citation #</th> <th>Charges</th> </tr> </thead> <tbody> <tr> <td>400A1660066</td> <td>27-51-104(b)(8): INATTENTIVE DRIVING</td> </tr> <tr> <td></td> <td>27-51-503: FAIL TO YIELD AT INTERSECTION</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Citation #	Charges	400A1660066	27-51-104(b)(8): INATTENTIVE DRIVING		27-51-503: FAIL TO YIELD AT INTERSECTION						
Citation #	Charges													
400A1660066	27-51-104(b)(8): INATTENTIVE DRIVING													
	27-51-503: FAIL TO YIELD AT INTERSECTION													
DRIVER ACTIONS AT TIME OF CRASH														
<i>Check all that apply:</i> <input type="checkbox"/> 000 No contributing action <input type="checkbox"/> 999 Unknown														
Disregarded Traffic Signs or Controls <input type="checkbox"/> 100 Disregarded red light <input type="checkbox"/> 101 Disregarded other traffic signal <input type="checkbox"/> 102 Disregarded stop sign <input type="checkbox"/> 103 Disregarded yield sign <input type="checkbox"/> 104 Disregarded other traffic sign <input type="checkbox"/> 105 Disregarded other road markings <input type="checkbox"/> 106 Disregarded officer or flagman	Improper Maneuver <input type="checkbox"/> 300 Improper right turn <input type="checkbox"/> 301 Improper left turn <input type="checkbox"/> 302 Improper U-turn <input type="checkbox"/> 303 Improper backing <input type="checkbox"/> 304 Improper passing <input type="checkbox"/> 305 Improper lane change <input type="checkbox"/> 306 Improperly parked	Other Actions <input type="checkbox"/> 600 Impeding traffic <input type="checkbox"/> 601 Ran off roadway <input type="checkbox"/> 602 Crowded off roadway <input type="checkbox"/> 603 Crossing median <input checked="" type="checkbox"/> 604 Failed to yield right-of-way <input type="checkbox"/> 605 Failed to keep in proper lane <input type="checkbox"/> 606 Wrong side of road <input type="checkbox"/> 607 Wrong way <input type="checkbox"/> 608 Followed too closely <input type="checkbox"/> 609 Cutting in <input type="checkbox"/> 610 Over-correcting or over-steering <input type="checkbox"/> 980 Other contributing action (describe below) _____												
Swerved or Avoided <input type="checkbox"/> 200 Swerved or avoided due to wind <input type="checkbox"/> 201 Swerved or avoided due to slippery surface <input type="checkbox"/> 202 Swerved or avoided due to motor vehicle <input type="checkbox"/> 203 Swerved or avoided due to non-motorist in roadway <input type="checkbox"/> 204 Swerved or avoided due to object in roadway <input type="checkbox"/> 205 Swerved or avoided due to animal in roadway	Improper Use of Lights or Signals <input type="checkbox"/> 400 Driving without lights <input type="checkbox"/> 401 Failed to dim headlights <input type="checkbox"/> 402 Failed to or improper signal Unsafe Operation <input type="checkbox"/> 500 Reckless operation <input type="checkbox"/> 501 Aggressive operation <input checked="" type="checkbox"/> 502 Inattentive, careless, negligent, or erratic operation <input type="checkbox"/> 503 Under the influence of alcohol <input type="checkbox"/> 504 Under the influence of drugs													

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ARKANSAS MOTOR VEHICLE CRASH REPORT
NARRATIVE

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Crash Report # [REDACTED]

V-1 was traveling north on United States Highway 79. V-2 was traveling across the intersection of United States Highway 79 and State Highway 273.

Due to the driver of V-2 inattentive driving and failure to yield the right of way, V-2 entered the intersection and into the lane of V-1 causing the front right bumper of V-2 to collide with the front left bumper of V-1. After colliding, V-1 continued traveling north approximately 375 feet north before coming to a controlled stop on the northbound shoulder outside shoulder. V-2 continued traveling in a northern direction approximately 66 feet before coming to a stop on the inside northbound shoulder.

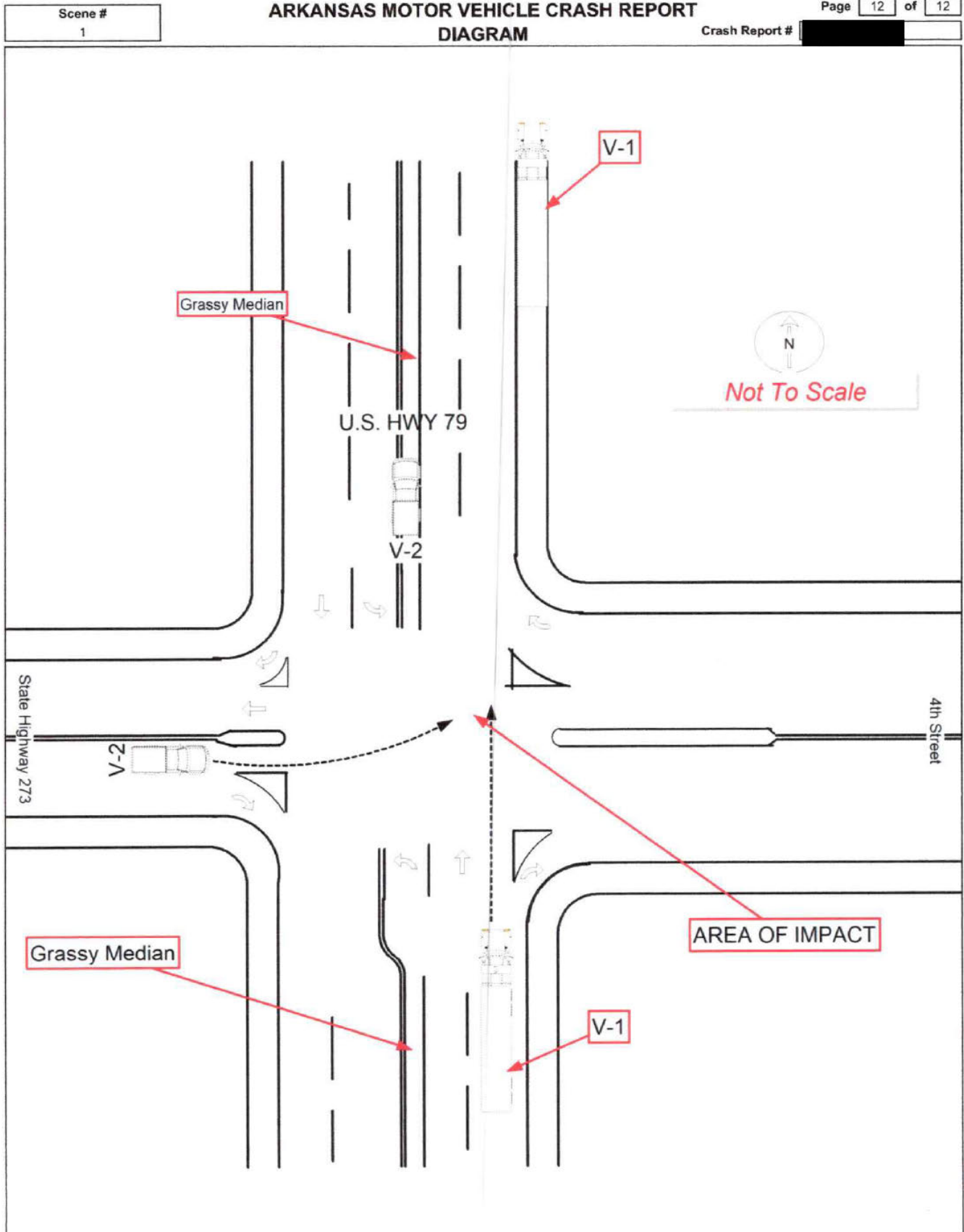
This crash was due to the driver of V-2 inattentive driving and failure to yield the right of way at an intersection.

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ARKANSAS MOTOR VEHICLE CRASH REPORT
DIAGRAM

Page 12 of 12

Crash Report # [REDACTED]



The police report from 4-3-2024 states that the 2001 Burgundy Freightliner is owned by Loggins Logistics. This write up is to put truth to the fact that the Freightliner in question is owned by Milton Holliman, not Loggins Logistics. Milton Holliman is running under the authority of Loggins Logistics, but Loggins Logistics does not own the 2001 Burgundy Freightliner.

Attached you will find a copy of the title.

The title shows that the truck is owned by Mr. Milton Holliman.

Arkansas
State Claims Commission

APR 13 2024

RECEIVED

CERTIFICATE OF TITLE

STATE OF ARKANSAS

VEHICLE IDENTIFICATION NUMBER [REDACTED]		YEAR 2001	MAKE FRHT	MODEL CST120	BODY TYPE TT
TITLE NUMBER [REDACTED]	PREVIOUS TITLE NUMBER [REDACTED]	PREV. TITLE STATE AR	ISSUE DATE 09/15/2021	ODOMETER 0	UNLADEN WEIGHT 80000

MAILING ADDRESS

REMARKS

OD EXEMPT

MILTON HOLLIMAN
[REDACTED]

OWNER

HOLLIMAN, MILTON
[REDACTED]

OWNER'S SIGNATURE (IF JOINT OWNERSHIP, BOTH MUST SIGN)
THIS TITLE MUST BE SIGNED UPON RECEIPT BY OWNERS

VEHICLE IDENTIFICATION NUMBER



TITLE NUMBER



The Department of Finance and Administration, State of Arkansas, hereby certifies that the applicant named hereon is duly registered as the owner of the vehicle described above. From the statements of the owner and the records on file with this department the hereon described vehicle is subject to the liens enumerated hereon.

In Witness Whereof, I have affixed my hand and seal.

COMMISSIONER OF REVENUE

VOID IF ALTERED

Federal and State law requires that you state the mileage in connection with the transfer of ownership.
Failure to complete or providing a false statement may result in fines and or imprisonment.

Title Assignment by Owner(s)	<p>TITLE ASSIGNMENT BY OWNER AND The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address.</p> <p>Buyer(s) Printed Name _____</p> <p>Buyer(s) Printed Address _____</p> <p>_____</p> <p>with warranty to be free of all encumbrances except as follows: LIEN IN FAVOR OF _____</p> <p>Address _____</p> <p>DESCRIPTION OF VEHICLE TRADED IN (IF ANY) VEHICLE IDENTIFICATION NUMBER _____</p> <p>YEAR _____ MAKE _____ MODEL _____</p> <p><small>Note to Seller. A copy of this title assignment, fully completed, is sufficient to use to claim a sales tax credit toward the purchase of another vehicle.</small></p>	<p>ODOMETER DISCLOSURE I certify that to the best of my knowledge that the odometer reading provided in the box below is the actual mileage of the vehicle unless one of the following statements is checked:</p> <p>Odometer Reading (no tenths) <input type="checkbox"/> EXCEEDS MECHANICAL LIMITS. The mileage stated is in excess of the odometer's mechanical limits.</p> <p><input type="checkbox"/> WARNING -- ODOMETER DISCREPANCY The odometer is not the actual mileage.</p> <p>BILL OF SALE Date of Sale _____</p> <p>Full Sales Price of this Vehicle \$ _____</p> <p>Less Trade In \$ _____</p> <p>Net Taxable Trade Difference \$ _____</p> <p>Seller(s) Printed Name _____</p> <p>Seller(s) Printed Address _____</p> <p>Seller(s) Signature _____</p> <p>"I am aware of the above odometer certification made by the seller"</p> <p>Buyer's Printed Name _____</p> <p>Buyer's Signature _____</p>	
	First Dealer Reassignment	<p>TITLE ASSIGNMENT BY DEALER AND The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address.</p> <p>Buyer(s) Printed Name _____</p> <p>Buyer(s) Printed Address _____</p> <p>_____</p> <p>with warranty to be free of all encumbrances except as follows: LIEN IN FAVOR OF _____</p> <p>Address _____</p> <p>DESCRIPTION OF VEHICLE TRADED IN (IF ANY) VEHICLE IDENTIFICATION NUMBER _____</p> <p>YEAR _____ MAKE _____ MODEL _____</p>	<p>ODOMETER DISCLOSURE I certify that to the best of my knowledge that the odometer reading provided in the box below is the actual mileage of the vehicle unless one of the following statements is checked:</p> <p>Odometer Reading (no tenths) <input type="checkbox"/> EXCEEDS MECHANICAL LIMITS. The mileage stated is in excess of the odometer's mechanical limits.</p> <p><input type="checkbox"/> WARNING -- ODOMETER DISCREPANCY The odometer is not the actual mileage.</p> <p>BILL OF SALE Date of Sale _____</p> <p>Full Sales Price of this Vehicle \$ _____</p> <p>Less Trade In \$ _____</p> <p>Net Taxable Trade Difference \$ _____</p> <p>Dealer's Printed Name _____</p> <p>Dealer's License Number _____</p> <p>Dealer's Signature _____</p> <p>"I am aware of the above odometer certification made by the dealer"</p> <p>Buyer's Printed Name _____</p> <p>Buyer's Signature _____</p>
		Second Dealer Reassignment	<p>TITLE ASSIGNMENT BY DEALER AND The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address.</p> <p>Buyer(s) Printed Name _____</p> <p>Buyer(s) Printed Address _____</p> <p>_____</p> <p>with warranty to be free of all encumbrances except as follows: LIEN IN FAVOR OF _____</p> <p>Address _____</p> <p>DESCRIPTION OF VEHICLE TRADED IN (IF ANY) VEHICLE IDENTIFICATION NUMBER _____</p> <p>YEAR _____ MAKE _____ MODEL _____</p>

OTM Wrecker Service

1571 Highway 79 N
McNeil, AR, 71752-6402
otmwreckerservice@gmail.com
(870)695-2002

Invoice

Invoice No: [REDACTED]
Date: 04/10/2024
Terms: NET 0
Due Date: 04/10/2024

Bill To: Milton Holliman
[REDACTED]

Unit number

Color: Burgundy - Big Truck Enterprises Camden, AR

Description	Quantity	Rate	Amount
Heavy Duty Hookup Fee (After Hours) Picked up at Gulf Station in Fordyce, AR and towed to Williams Body and Glass in Camden, AR	1	\$600.00	\$600.00
Mileage El Dorado, AR to Fordyce, AR to Camden, AR	81	\$7.00	\$567.00
Payment Instructions			
Disregard debit/credit card fee if paying by check. We appreciate your business!			
Subtotal			\$1,167.00
Credit/Debit Card Fee 3.75%			\$43.76
Ouachita County 8%			\$93.36
Total			\$1,304.12
Paid			\$0.00
Balance Due			\$1,304.12



Comments

Service Date: 4/6/2024

From: [ASCC New Claims](#)
To: [REDACTED]
Bcc: [Kathryn Irby](#)
Subject: Milton Holliman, Claim No. 241725 - deficient
Date: Tuesday, April 16, 2024 10:25:00 AM
Attachments: [REDACTED]

Dear Mr. Holliman,

This office received claim documents relating to an incident that occurred on April 2, 2024. Your claim cannot be filed, however, because you did not include a copy of the insurance declarations covering the damaged property or a statement that the vehicle was not covered by insurance at the time of the incident. You can obtain a copy of your insurance declarations, if you do not have them, from your insurer or insurance agent.

Please send this documentation to our office. Your other claim documents will be retained here to be filed upon receipt of the requested documentation.

Thank you,
Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

From: [REDACTED]
To: [ASCC New Claims](#)
Subject: Milton Holliman - Proof of Insurance Card
Date: Tuesday, April 16, 2024 11:22:15 AM
Attachments: [IMG_0899.jpg](#)
[IMG_0900.jpg](#)

[You don't often get email from bigtruck21@icloud.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]



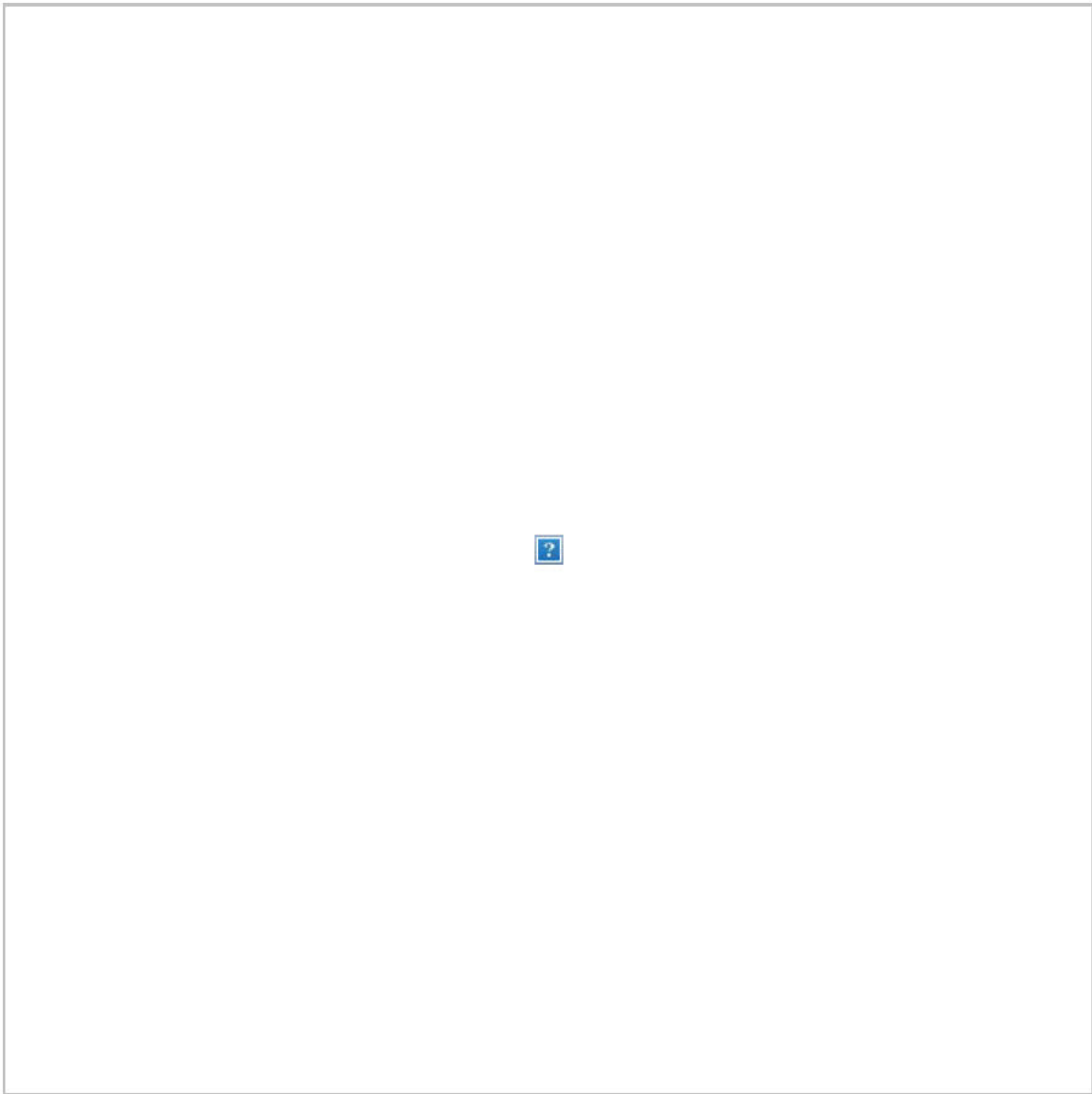
Sent from my iPhone

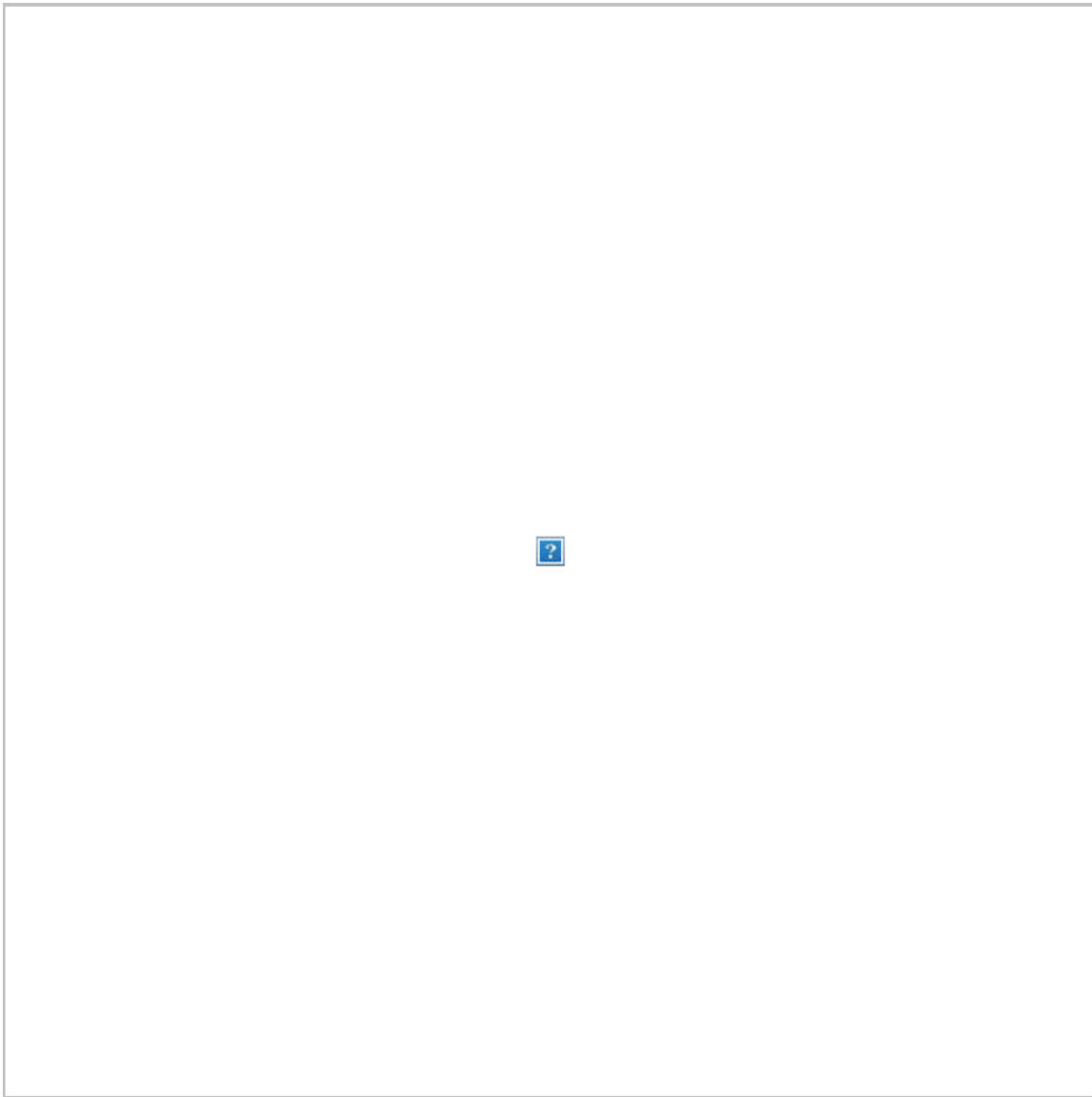
From: [REDACTED]
To: [ASCC New Claims](#)
Cc: [REDACTED]
Subject: Milton Holliman - Proof of Insurance and Insurance Declaration
Date: Tuesday, April 16, 2024 11:29:53 AM
Attachments: [REDACTED]

You don't often get email from [REDACTED]. [Learn why this is important](#)

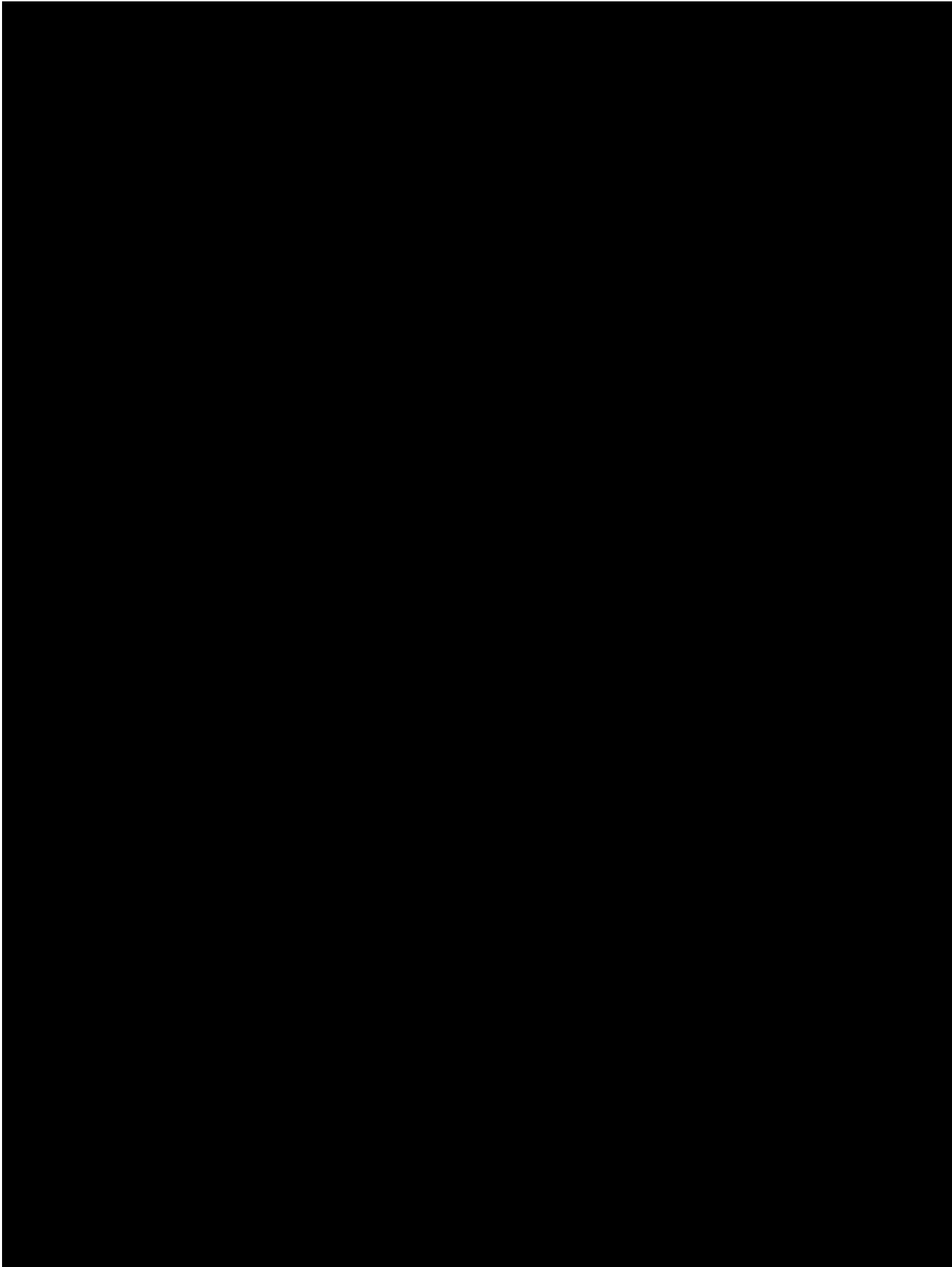
Below you will find attachments for Milton Holliman Insurance Declarations.

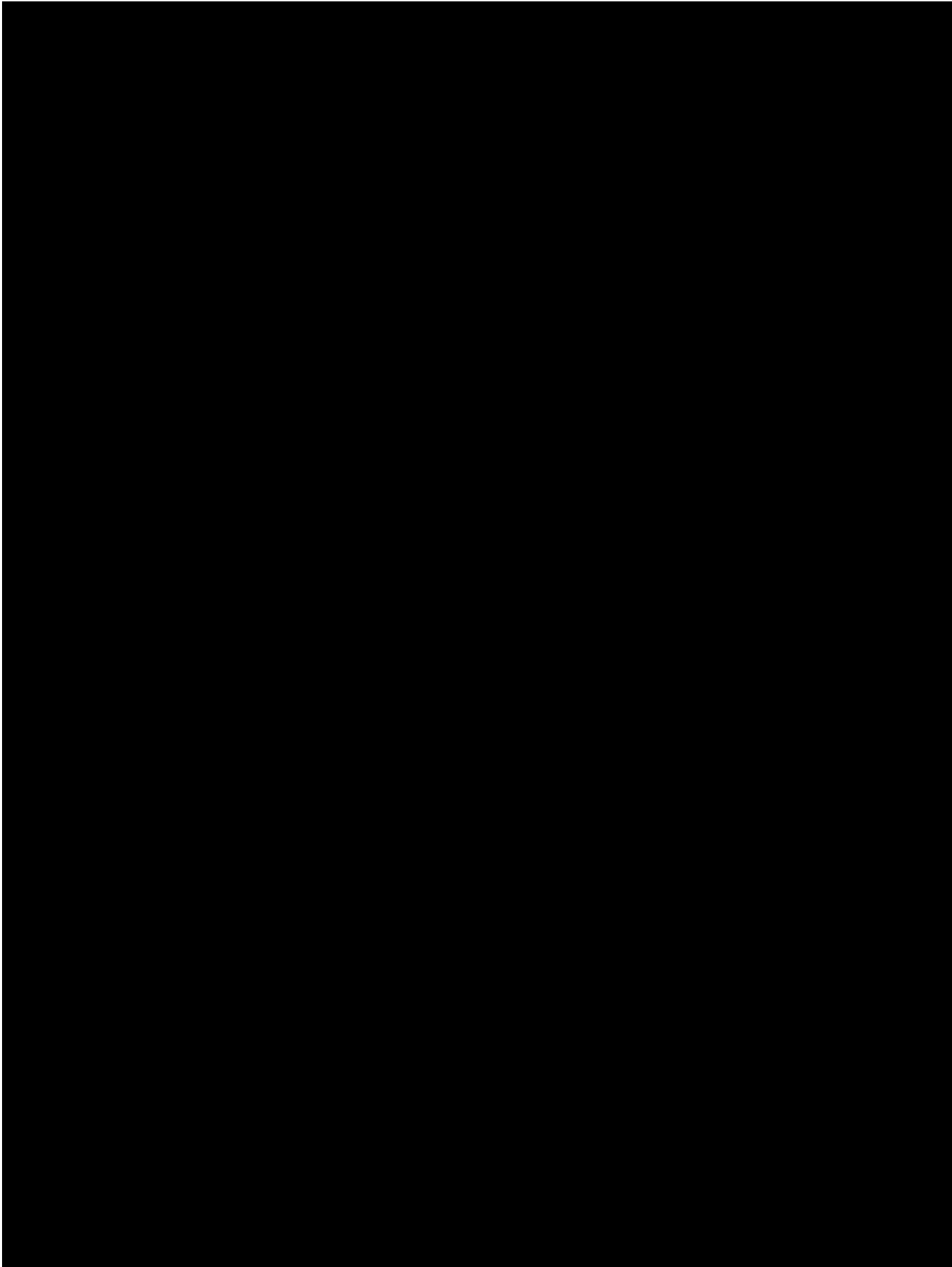


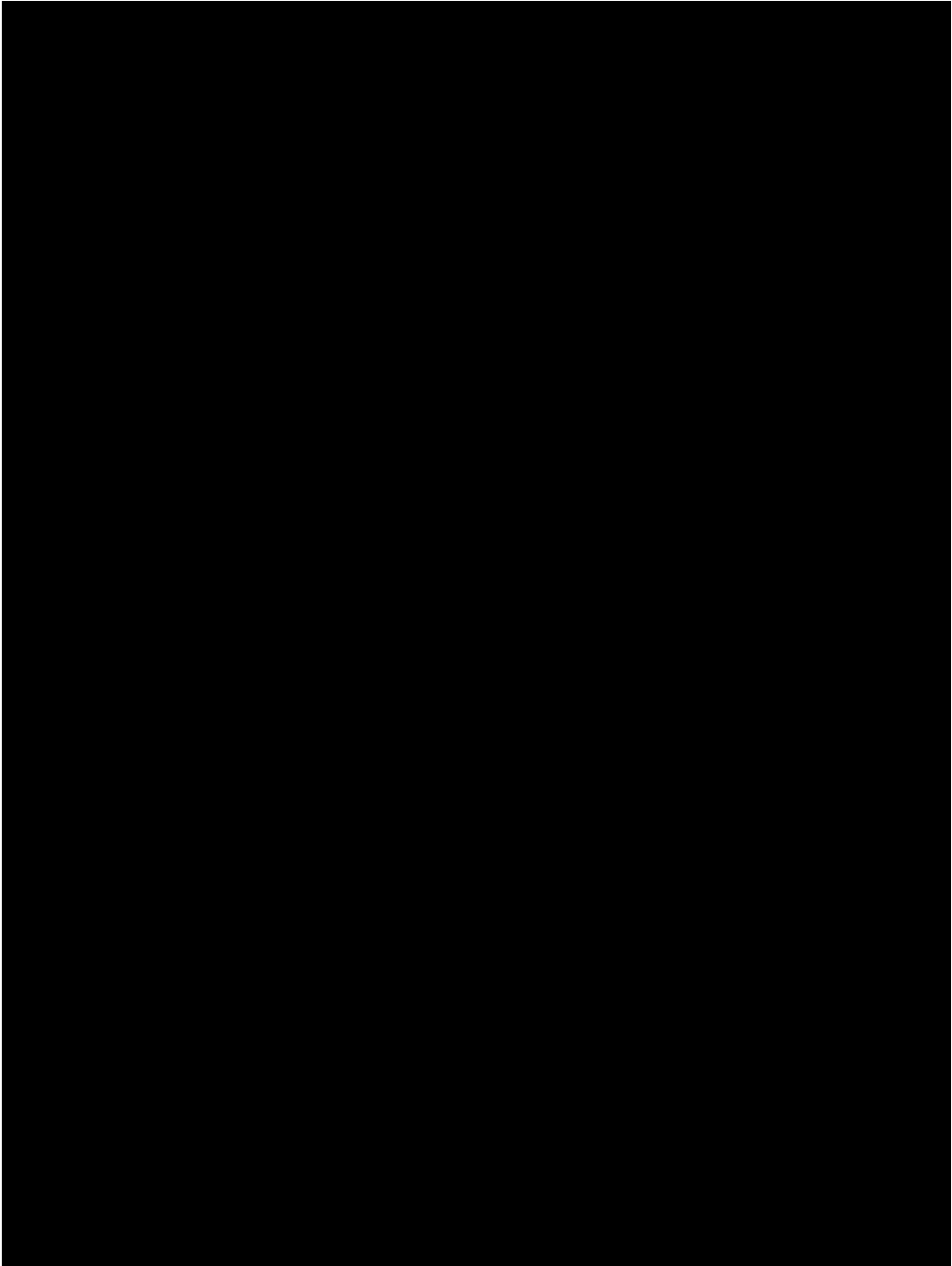





[Yahoo Mail: Search, Organize, Conquer](#)







From: [ASCC New Claims](#)
To: [Davenport, Michelle L.](#); [Blakley, Sharon](#); lakeysha.walker@ardot.gov
Cc: [Kathryn Irby](#)
Subject: CLAIM: Milton Holliman v. ArDOT, Claim No. 241725
Date: Wednesday, April 24, 2024 1:28:00 PM
Attachments: 

Please see attached. Contact Kathryn Irby with any questions.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

ARKANSAS STATE CLAIMS COMMISSION

(501)682-1619
FAX (501)682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, AR 72201-3823

April 24, 2024

Ms. Michelle Davenport
Arkansas Department of Transportation
Post Office Box 2261
Little Rock, Arkansas 72209

(via email)

RE: ***Milton Holliman v. Arkansas Department of Transportation***
Claim No. 241725

Dear Ms. Davenport,

Enclosed please find a copy of the above-styled claim filed against the Arkansas Department of Transportation. Pursuant to the Arkansas Rules of Civil Procedure, as well as Claims Commission Rule 2.2, you have **thirty days from the date of service** in which to file a responsive pleading.

Your responsive pleading should include your agency number, fund code, appropriation code, and activity/section/unit/element that this claim should be charged against, if liability is admitted, or if the Claims Commission approves this claim for payment. This information is necessary even if your agency denies liability.

Sincerely,

Kathryn Irby

ES: cmcdaniel

cc: Milton Holliman, *Claimant* (w/o encl.) (via email)

<p>Note to Claimant or Claimant's counsel: The Claims Commission copied you on this correspondence to provide you with confirmation that your claim has been processed and served upon the respondent agency.</p>
--

From: [ASCC New Claims](#)
To: [REDACTED]
Bcc: [Kathryn Irby](#)
Subject: Milton Holliman v. ArDOT, Claim No. 241725
Date: Wednesday, April 24, 2024 1:28:00 PM
Attachments: [Milton Holliman ArDOT agency ltr .pdf](#)

Dear Mr. Holliman,

Attached please find a copy of the letter sent with your claim to the Arkansas Department of Transportation.

Thank you,
Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

From: [Blakley, Sharon D.](#)
To: [ASCC Pleadings](#)
Cc: [Newberry, Helen A.](#)
Subject: Holliman v ARDOT Claim 241725 ANS-MtHA
Date: Friday, May 17, 2024 10:41:28 AM
Attachments: [Holliman.241725 ANS-MtHA.2024.05.17.pdf](#)

Please acknowledge receipt of the attached Answer & Motion to Hold Claim in Abeyance for the referenced matter.

Sharon D. Blakley
ARDOT - Legal Administrator
(501) 569-2022 fax (501)569-2164
Sharon.Blakley@ardot.gov



ARKANSAS DEPARTMENT OF TRANSPORTATION

ArDOT.gov | IDriveArkansas.com | Lorie H. Tudor, P.E., Director

LEGAL DIVISION | Jay D. Wilkins, Staff Attorney | Jay.Wilkins@ardot.gov
10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261 | Phone: 501.569.2277 | Fax: 501.569.2164

May 17, 2024

Milton Holliman
[REDACTED]
[REDACTED]Re: *Milton Holliman v. Arkansas Dept. of
Transportation Claim No. 241725*

Dear Mr. Holliman:

Reference is made to the subject claim. The purpose of this letter is to inform you that the Arkansas Department of Transportation (Department) has filed an Motion to Hold your claim in Abeyance with the Arkansas State Claims Commission. Enclosed, you will find a copy of the Motion to Hold in Abeyance that contains the legal arguments that support the Department's position.

Please know this is not the final decision regarding your claim. The handling of your claim, as well as the final decision, is made by the Arkansas State Claims Commission. If you have questions concerning when a decision will be issued, you can contact them at (501) 682-1619.

If you need to submit additional information to the Arkansas State Claims Commission or if you wish to dispute the Motion to Dismiss, please do so in writing because this provides a record of your submission. Their address is 101 E Capitol Avenue, #410, Little Rock, AR 72201. The law requires that you provide a copy to our Legal Division so that we are aware of the information as well. Our address is Arkansas Department of Transportation, Legal Division, P.O. Box 2261, Little Rock, AR 72203.

One other point to make is that if you need legal advice, none of the Department's attorneys can provide it to you or even discuss the merits of your claim over the phone or by email. The reason for this, is that we represent the Arkansas Department of Transportation. If you need legal advice, please contact your own attorney.

If you have any questions, concerns, or you would like additional information concerning this process, please contact Helen Newberry at (501) 569-2003. We appreciate your patience as we seek a resolution to this disagreement through the process that has been established by State law.

Sincerely,

Helen Newberry
Staff Attorney, Arkansas Dept of Transportation

Enclosure

cc: Katherine Irby, Director
Arkansas State Claims Commission (via email)

**BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**

MILTON HOLLIMAN

CLAIMANT

V.

CLAIM NO. 241725

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

MOTION TO HOLD CLAIM IN ABEYANCE

COMES NOW the Respondent, Arkansas Department of Transportation, by and through its Staff Attorney, Helen Newberry, entering her appearance herein, and for its Motion to Hold Claim in Abeyance, states the following:

1. Respondent does not dispute liability as to the cause of the property damage to the 2001 Freightliner. Respondent disputes liability for all other monetary damages sought by Claimant.

2. Respondent affirmatively states that Claimant has a duty to mitigate any damages he may have experienced as a result of the collision that resulted in his Claim.

3. Respondent is uninsured and is not required to have insurance pursuant to A.C.A. §§ 27-22-101(b) and 27-13-102(d).

4. Ark. Code Ann. § 19-10-302 requires a Claimant to exhaust all remedies against insurers, stating:

- (a) The Arkansas State Claims Commission shall not dismiss a claim with prejudice on grounds that the claimant has received or is due benefits under a policy of insurance. However, the commission shall hear no claim until the claimant has exhausted all remedies against insurers, including the claimant's insurer.
- (b) Every claim filed with the commission shall be accompanied by a sworn affidavit on a form to be provided by the commission, signed by the claimant and witnessed by the claimant's insurer and legal counsel, if any, that the claimant has exhausted all remedies against

insurers, including claimant's insurer. The affidavit shall further state the total amount of insurance benefits paid to the claimant.

4. The Commission should hold this claim in abeyance until the Claimant has fully exhausted its remedies against its own insurance.

5. A copy of what Claimant states is his auto policy declarations page is attached hereto as Exhibit "A" and incorporated herein by reference. The auto policy declarations page submitted by Claimant is illegible and appears to be incomplete.

6. The auto policy declarations page is therefore deficient and does not provide the information outlining all coverages, whether accepted or declined, associated premiums, and deductible amounts and possible lienholders as illustrated in a complete declarations page for the correct period of coverage.

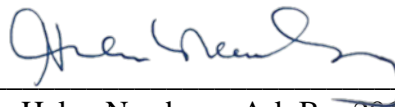
7. Respondent further states that Claimant provided a different insurer name, "Zurich American Insurance Company," when exchanging insurance information with the ARDOT employee involved in the collision.

8. That although Claimant provided documentation alleging that he owns the 2001 Freightliner, it appears that Claimant is not the party that has insured the vehicle, that the vehicle may not be registered to him, and therefore it is unclear whether Claimant is the proper party to reimburse for payment of any kind.

WHEREFORE, Respondent respectfully requests that this matter be held in abeyance pending Claimant's resolution of all claims against any applicable insurance coverage, including coverage from Claimant's own self-insurer.

**RESPECTFULLY SUBMITTED,
ARKANSAS DEPARTMENT OF TRANSPORTATION**

By: _____



Helen Newberry Ark Bar 2018101
Staff Attorney
ARDOT, Legal Division
P. O. Box 2261

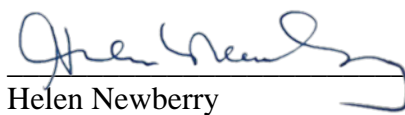
Little Rock, AR 72203-2261
(501) 569-2003
helen.newberry@ardot.gov

CERTIFICATE OF SERVICE

I, Helen Newberry, certify that I have served the foregoing Motion to Hold Claim in Abeyance upon the Claimant by mailing a true copy of same this 17th of May 2024 to:

Milton Holliman

[REDACTED]
[REDACTED]



Helen Newberry

From: [Blakley, Sharon D.](#)
To: [ASCC Pleadings](#)
Cc: [Newberry, Helen A.](#); [REDACTED]
Subject: Holliman v ARDOT Claim 241725 - ANSWER and EMERGENCY MOTION FOR PAYMENT
Date: Thursday, June 6, 2024 11:48:40 AM
Attachments: [Holliman.241725 ER Motion for Payment.pdf](#)

Please acknowledge receipt of the attached Answer and Emergency Motion for Payment of Storage Fees for the referenced claim. The Commission's consideration of this Motion would be much appreciated.

Sharon D. Blakley
ARDOT - Legal Administrator
(501) 569-2022 fax (501)569-2164
Sharon.Blakley@ardot.gov

**BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**

MILTON HOLLIMAN

CLAIMANT

VS.

CLAIM NO. 241725

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

ANSWER AND EMERGENCY MOTION FOR PAYMENT OF STORAGE FEES

COMES THE RESPONDENT, Arkansas Department of Transportation, by and through its Staff Attorney, Helen Newberry, and for its Answer and Emergency Motion for Payment of Storage Fees, states the following:

1. That the Respondent does not dispute liability.
2. That the Claimant filed the instant claim for damages against Respondent.
3. That after informal discovery, Respondent is satisfied that Claimant is the owner of the vehicle at issue. *See Claimant's current CAB card attached and incorporated as Exhibit 1.*
4. That the Claimant's vehicle is not covered by a full coverage automobile insurance policy.
5. There is no genuine dispute as to any material fact, and the Respondent is entitled to judgment as a matter of law, pursuant to Ark. R. Civ. Proc. 56.
6. That although Respondent admits liability, due to the amount of the claim and extent of the damage caused by Respondent, informal discovery is still ongoing, and Respondent is still in the process of investigating the extent of its legal liability.
7. That upon information and belief, Claimant's damaged vehicle is currently at an automobile repair shop Williams Body & Glass Inc. (hereinafter "the repair shop") awaiting repairs.

8. That the repair shop has begun to charge storage fees and refuses to release Claimant's vehicle until storage fees are paid.

9. That because of the complexity and dollar amount of the expected judgment for the Claimant in this matter, it is in the best interest of both parties for Claimant's vehicle to be removed from the repair shop immediately to avoid further storage fees.

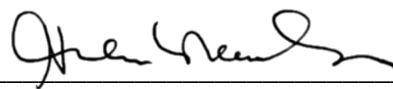
10. That the current rate of storage is \$50 per day, and the accrual of charges creates an emergency, hence why Respondent asks that the Claims Commission issue a partial judgment immediately. *See Storage Invoice attached and incorporated as Exhibit 2.*

11. It is reasonable for the Respondent to pay the Claimant's storage fees so that he may remove his vehicle from storage, in consideration that Respondent is at fault for Claimant's damage.

12. There is no genuine issue of material fact, and the Arkansas State Claims Commission should enter partial judgment in the amount of \$3,252.38, which reflects the amount due as of the date of this pleading.

WHEREFORE, Respondent prays that partial Judgment in the amount of \$3,252.38 be paid to avoid further storage fees, and for all other just and proper relief to which it may be entitled.

**RESPECTFULLY SUBMITTED,
ARKANSAS DEPARTMENT OF TRANSPORTATION**

By: 
 Helen Newberry AR Bar No. 2018101
 Staff Attorney
 (501) 569-2003
 helen.newberry@ardot.gov
 Arkansas Department of Transportation
 P. O. Box 2261
 Little Rock, AR 72203-2261

CERTIFICATE OF SERVICE

I, Helen Newberry, certify that I have served the foregoing Answer and Motion for Summary Judgment upon the Claimant by mailing a true copy this 6th day of June 2024, by U.S. Mail, with sufficient postage attached to:

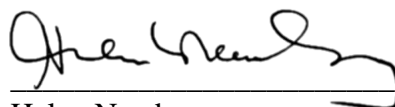
Milton Holliman

[REDACTED]

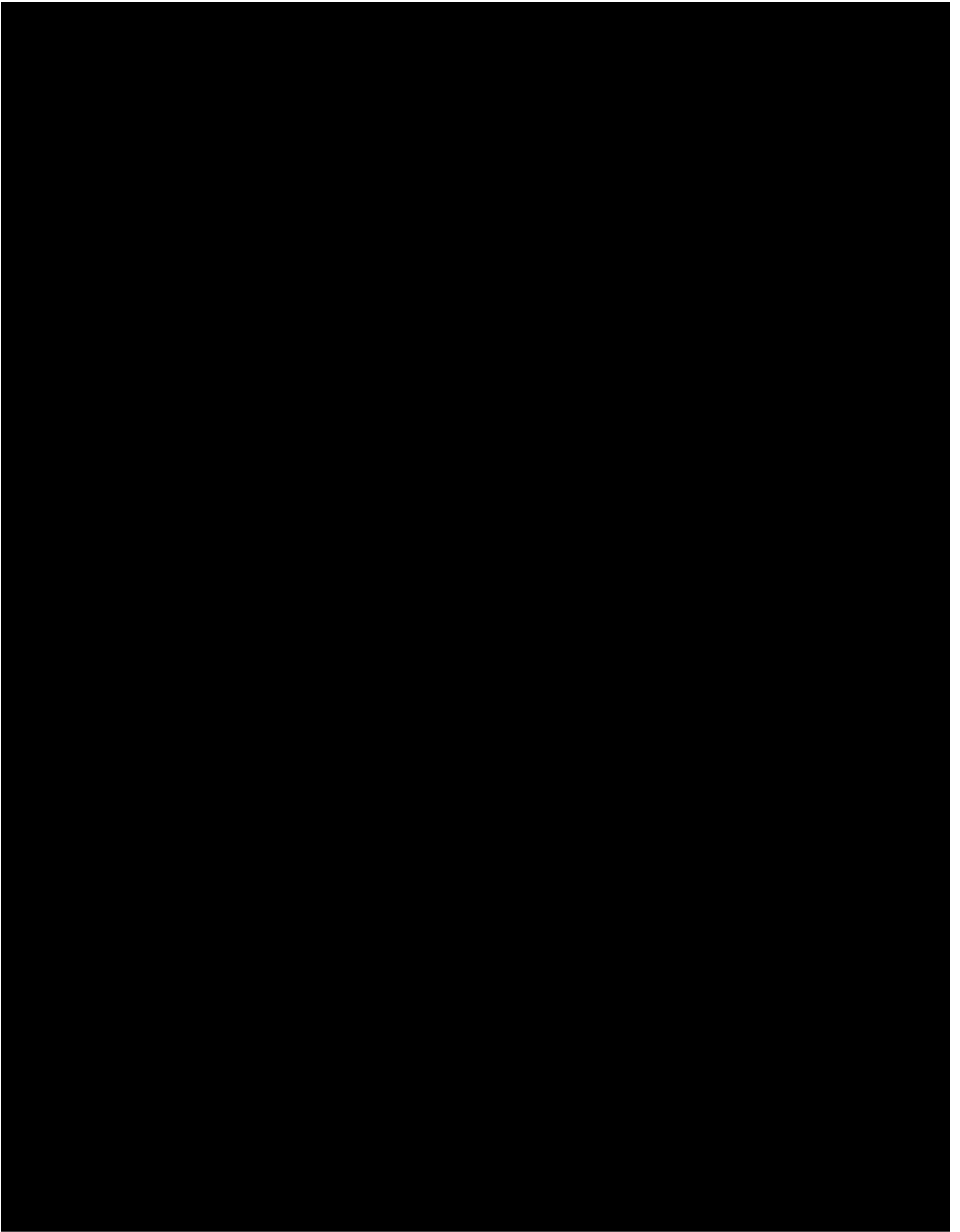
[REDACTED]

Via email to

[REDACTED]

A handwritten signature in black ink, appearing to read "Helen Newberry", written over a horizontal line.

Helen Newberry



From: [Newberry, Helen A.](#)
To: [ASCC Pleadings;](#) [REDACTED]
Cc: [Kathryn Irby; Blakley, Sharon D.](#)
Subject: Holliman v ARDOT Claim 241725 - ANSWER and EMERGENCY MOTION FOR PAYMENT
Date: Thursday, June 6, 2024 1:45:06 PM
Attachments: [Outlook-14ej5nis.png](#)
[HOLLIMAN.241725 amended ER mot to pay part pmt.pdf](#)

Please acknowledge receipt of the attached Amended Answer and Emergency Motion for Payment of Storage Fees for the referenced claim. The Commission's consideration of this Motion would be much appreciated.

Helen Newberry

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2003



**BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**

MILTON HOLLIMAN

CLAIMANT

VS.

CLAIM NO. 241725

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

**AMENDED ANSWER AND EMERGENCY MOTION FOR PAYMENT OF STORAGE
FEES**

COMES THE RESPONDENT, Arkansas Department of Transportation, by and through its Staff Attorney, Helen Newberry, and for its Amended Answer and Emergency Motion for Payment of Storage Fees, states the following:

1. Respondent incorporates herein the Answer and Emergency Motion for Payment of Storage Fees filed on this day June 6, 2024.
2. That the Respondent does not dispute liability.
3. That the Claimant filed the instant claim for damages against Respondent.
4. That after informal discovery, Respondent is satisfied that Claimant is the owner of the vehicle at issue. *See Claimant's current CAB card attached and incorporated as Exhibit 1.*
5. That the Claimant's vehicle is not covered by a full coverage automobile insurance policy.
6. There is no genuine dispute as to any material fact, and the Respondent is entitled to judgment as a matter of law, pursuant to Ark. R. Civ. Proc. 56.
7. That although Respondent admits liability, due to the amount of the claim and extent of the damage caused by Respondent informal discovery is still ongoing, and Respondent is still in the process of investigating the extent of its legal liability.

8. That upon information and belief, Claimant's damaged vehicle is currently at an automobile repair shop Williams Body & Glass Inc. (hereinafter "the repair shop") awaiting repairs.

9. That the repair shop has begun to charge storage fees and refuses to release Claimant's vehicle until storage fees are paid.

10. That because of the complexity and dollar amount of the expected judgment for the Claimant in this matter, it is in the best interest of both parties for Claimant's vehicle to be removed from the repair shop immediately to avoid further storage fees and thereby mitigate future damages.

11. That the current rate of storage is \$50 per day, and the accrual of charges creates an emergency, hence why Respondent asks that the Claims Commission issue a partial judgment immediately. *See Storage Invoice attached and incorporated as Exhibit 2.*

12. It is reasonable for the Respondent to pay the Claimant's storage fees so that he may remove his vehicle from storage, in consideration that Respondent is at fault for Claimant's damage.

13. There is no genuine issue of material fact, and the Arkansas State Claims Commission should enter partial judgment in the amount of \$3,252.38, which reflects the amount due as of the

date of this pleading, as well as an additional \$1,000.00 to allow for process and handling time for the check.

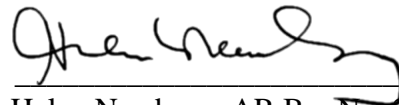
14. Claimant will supply Respondent with the final invoice after payment so that Respondent can calculate any over or under payment into the final motion for summary judgment.

15. Upon information and belief Claimant does not dispute this motion. Respondent has discussed the filing of this motion with Claimant, explained to him the contents, and Claimant has agreed to the terms of this motion for emergency partial payment.

WHEREFORE, Respondent prays that partial Judgment in the total amount of \$4,252.38 be paid to avoid further storage fees, and for all other just and proper relief to which it may be entitled.

RESPECTFULLY SUBMITTED,
ARKANSAS DEPARTMENT OF TRANSPORTATION

By: _____



Helen Newberry AR Bar No. 2018101
Staff Attorney
(501) 569-2003
helen.newberry@ardot.gov
Arkansas Department of Transportation
P. O. Box 2261
Little Rock, AR 72203-2261

CERTIFICATE OF SERVICE

I, Helen Newberry, certify that I have served the foregoing Answer and Motion for Summary Judgment upon the Claimant by mailing a true copy this 6th day of June 2024, by U.S. Mail, with sufficient postage attached to:

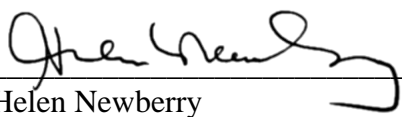
Milton Holliman

██████████

██████████████████

Via email to

██████████████████████████████████████


Helen Newberry



WILLIAMS BODY & GLASS INC

EXHIBIT 2

Invoice

330 ADAMS AVE SW
AR 71701

Date	Invoice #
6/5/2024	

Bill To
Milton Holliman

Ins Co/Claim#

RO#	Yr/Make/Model/VIN
	2001 Freight Century#G10313

Quantity	Description	Rate	Amount
59	Storage	50.00	2,950.00T
	Sales Tax	10.25%	302.38

--

Total	\$3,252.38
--------------	------------

Balance Due

From: [REDACTED]
To: [Newberry, Helen A.](#)
Cc: [ASCC Pleadings](#); [Blakley, Sharon D.](#); [Kathryn Irby](#)
Subject: Re: Holliman v ARDOT Claim 241725 - ANSWER and EMERGENCY MOTION FOR PAYMENT
Date: Thursday, June 6, 2024 2:01:14 PM
Attachments: [Outlook-14ej5nis.png](#)

Some people who received this message don't often get email from [REDACTED] [Learn why this is important](#)

I agree

On Thu, Jun 6, 2024 at 1:56 PM Milton Holliman [REDACTED] > wrote:

On Thu, Jun 6, 2024 at 1:45 PM Newberry, Helen A. <Helen.Newberry@ardot.gov> wrote:

Please acknowledge receipt of the attached Amended Answer and Emergency Motion for Payment of Storage Fees for the referenced claim. The Commission's consideration of this Motion would be much appreciated.

Helen Newberry

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2003



From: [REDACTED]
To: [Kathryn Irby](#)
Cc: [ASCC Pleadings](#); [Blakley, Sharon D.](#); [Newberry, Helen A.](#)
Subject: Re: Holliman v ARDOT Claim 241725 - ANSWER and EMERGENCY MOTION FOR PAYMENT
Date: Friday, June 7, 2024 11:05:03 AM
Attachments: [image001.png](#)

You don't often get email from [REDACTED] [Learn why this is important](#)

Received

On Fri, Jun 7, 2024 at 10:06 AM Kathryn Irby <Kathryn.Irby@arkansas.gov> wrote:

Mr. Holliman, thank you for this information.

Mr. Holliman and Ms. Newberry, I have submitted this claim to the Commission for an order. I expect to have an order to send to the parties on June 14.

Thanks,

Kathryn Irby

From: Milton Holliman [REDACTED] >
Sent: Thursday, June 6, 2024 2:01 PM
To: Newberry, Helen A. <Helen.Newberry@ardot.gov>
Cc: ASCC Pleadings <ASCCPleadings@arkansas.gov>; Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: Re: Holliman v ARDOT Claim 241725 - ANSWER and EMERGENCY MOTION FOR PAYMENT

Some people who received this message don't often get email from [REDACTED] [Learn why this is important](#)

I agree

On Thu, Jun 6, 2024 at 1:56 PM Milton Holliman <[REDACTED]> wrote:

On Thu, Jun 6, 2024 at 1:45 PM Newberry, Helen A. <Helen.Newberry@ardot.gov> wrote:

Please acknowledge receipt of the attached Amended Answer and Emergency Motion for Payment of Storage Fees for the referenced claim. The Commission's consideration of this Motion would be much appreciated.

Helen Newberry

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2003



From: [Newberry, Helen A.](#)
To: [Kathryn Irby](#)
Cc: [Blakley, Sharon D.](#)
Subject: W-9 letter to Milton Holliman Claim 241725
Date: Tuesday, June 11, 2024 1:40:24 PM
Attachments: [Outlook-olp1moyp.png](#)
[HOLLIMAN W9 letter.pdf](#)

Ms. Irby,

Please see attached letter sent today, thank you.

Helen Newberry

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2003





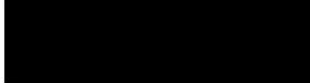
ARKANSAS DEPARTMENT OF TRANSPORTATION

ArDOT.gov | IDriveArkansas.com | Lorie H. Tudor, P.E., Director

LEGAL DIVISION | Helen Newberry, Staff Attorney | Helen.Newberry@ardot.gov
10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261 | Phone: 501.569.2003 | Fax: 501.569.2164

June 11, 2024

Milton Holliman



Re: *Milton Holliman v. Arkansas Dept of Transportation*
Claim No. 241725

Dear Mr. Holliman:

The accounting department of the Arkansas Department of Transportation is required to have a fully completed and signed Request for Taxpayer Identification Number and Certification, IRS Form W-9, in order to complete processing your claim check. This is necessary due to auditor requirements that a certification be on file for all entities to which the department remits funds.

Delay in submitting the completed IRS Form W-9 will, in turn; delay the processing of your claim check. We are sorry for the inconvenience. However, the Legal Division of the Arkansas Department of Transportation is unable to obtain, on your behalf, any amount awarded by the Arkansas State Claims Commission, unless the W-9 has been submitted.

Sincerely,

/s/ Helen Newberry

Helen Newberry
Staff Attorney, Arkansas Dept. of Transportation

HN/sdb
Enclosure

cc: Katherine Irby, Director
Arkansas State Claims Commission (via email)

From: [Kathryn Irby](#)
To: [REDACTED]
Cc: [Newberry, Helen A.](#)
Subject: RE: Holliman v ARDOT Claim 241725 - ANSWER and EMERGENCY MOTION FOR PAYMENT
Date: Thursday, June 13, 2024 12:00:00 PM
Attachments: [image001.png](#)

Mr. Holliman, you sent the below email to me, not to Ms. Newberry. I am copying her on this email to provide her with a copy of your 6-12 email.

Kathryn Irby

From: Milton Holliman [REDACTED]
Sent: Wednesday, June 12, 2024 8:04 AM
To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: Re: Holliman v ARDOT Claim 241725 - ANSWER and EMERGENCY MOTION FOR PAYMENT

You don't often get email from [REDACTED]. [Learn why this is important](#)

Hey mrs Newberry could u please give me a call when u get a chance [REDACTED]
 thanks

On Fri, Jun 7, 2024 at 11:04 AM Milton Holliman <[REDACTED]> wrote:

Received

On Fri, Jun 7, 2024 at 10:06 AM Kathryn Irby <Kathryn.Irby@arkansas.gov> wrote:

Mr. Holliman, thank you for this information.

Mr. Holliman and Ms. Newberry, I have submitted this claim to the Commission for an order. I expect to have an order to send to the parties on June 14.

Thanks,
 Kathryn Irby

From: Milton Holliman <[REDACTED]>
Sent: Thursday, June 6, 2024 2:01 PM
To: Newberry, Helen A. <Helen.Newberry@ardot.gov>
Cc: ASCC Pleadings <ASCCPleadings@arkansas.gov>; Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; Kathryn Irby <Kathryn.Irby@arkansas.gov>
Subject: Re: Holliman v ARDOT Claim 241725 - ANSWER and EMERGENCY MOTION FOR PAYMENT

Some people who received this message don't often get email from [REDACTED]. [Learn why this is important](#)

I agree

On Thu, Jun 6, 2024 at 1:56 PM Milton Holliman <[REDACTED]> wrote:

On Thu, Jun 6, 2024 at 1:45 PM Newberry, Helen A. <Helen.Newberry@ardot.gov> wrote:

Please acknowledge receipt of the attached Amended Answer and Emergency Motion for Payment of Storage Fees for the referenced claim. The Commission's consideration of this Motion would be much appreciated.

Helen Newberry

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2003



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**MILTON HOLLIMAN****CLAIMANT****V.****CLAIM NO. 241725****ARKANSAS DEPARTMENT OF
TRANSPORTATION****RESPONDENT****ORDER**

Now before the Arkansas State Claims Commission (the “Commission”) is an amended motion filed by Arkansas Department of Transportation (the “Respondent”) for payment of storage fees in the claim of Milton Holliman (the “Claimant”). Based upon a review of the claim file and the law of the State of Arkansas, the Commission hereby finds as follows:

1. Claimant filed the instant claim on April 11, 2024, alleging that Claimant’s vehicle was damaged in a collision with a vehicle owned by Respondent and operated by an employee of Respondent.
2. Respondent filed an amended answer admitting liability. Respondent also filed the instant emergency motion for payment of storage fees.
3. Claimant sent correspondence to the Commission agreeing with Respondent’s motion.
4. As such, the Commission herein AWARDS Claimant \$4,252.38 as recommended by Respondent and orders the Respondent to pay the claim out of current fiscal year revenue. The Commission notes that this is a partial judgment.

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION

Solomon Graves



ARKANSAS STATE CLAIMS COMMISSION

Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION

Henry Kinslow, chair

DATE: June 14, 2024

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

From: [Kathryn Irby](#)
To: [Newberry, Helen A.](#); [REDACTED]
Cc: [Blakley, Sharon D.](#)
Subject: ORDER: Holliman v. ArDOT, Claim No. 241725
Date: Friday, June 14, 2024 9:12:00 AM
Attachments: [C114--Holliman v. ArDOT, 241725.pdf](#)

Mr. Holliman and Ms. Newberry, please see attached order entered by the Commission.

Thanks,
Kathryn Irby

Kathryn Irby
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-2822

From: [Blakley, Sharon D.](#)
To: [ASCC Pleadings](#)
Cc: [Newberry, Helen A.](#); [REDACTED]
Subject: Holliman v ARDOT Claim 241725 ANS-MSJ
Date: Wednesday, July 24, 2024 11:58:52 AM
Attachments: [image001.png](#)
[Holliman.241725.MSJ+Ex.2024.07.24.pdf](#)

Please acknowledge receipt of the attached Answer & Motion for Summary Judgment.

Sharon D. Blakley
ARDOT - Legal Administrator
(501) 569-2022 fax (501)569-2164
Sharon.Blakley@ardot.gov



**BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**

MILTON HOLLIMAN

CLAIMANT

VS.

CLAIM NO. 241725

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

ANSWER AND MOTION FOR SUMMARY JUDGMENT

COMES NOW the Respondent, Arkansas Department of Transportation, by and through its Staff Attorney, Helen Newberry, and for its Answer and its Motion for Summary Judgment, states the following:

1. That the Respondent does not dispute liability.
2. That the Claimant filed the instant claim for damages against Respondent.
3. That the Claimant is not covered by an automobile insurance policy.
4. There is no genuine dispute as to any material fact, and the Respondent is entitled to judgment as a matter of law, pursuant to Ark. R. Civ. Proc. 56.
5. That although Claimant is required to submit three (3) estimates for repair according the Arkansas State Claims Commission policy on the official Claims form, Respondent recognizes the hardship caused by the difficulty of moving the damaged vehicle and therefore does not object to the claimant only submitting two estimates. *See attached hereto Williams Body and Glass, Inc. estimate marked "Exhibit 1" and OTM Wrecker Service repair estimate marked "Exhibit 2."*

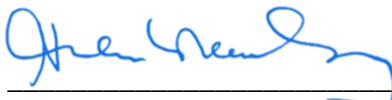
6. That the Respondent has agreed to pay \$43,293.18 to Claimant, the lesser of the two estimates provided, for repair of the damaged vehicle. *See attached hereto Williams Body and Glass, Inc. estimate marked "Exhibit 1."*
7. It is reasonable for the Respondent to pay the amount sought by Claimant.
8. This is the maximum amount allowable under Arkansas Statute.
9. That Claimant also submit proof of damages in the form of wrecker service to move the damaged vehicle after the accident. Respondent has agreed to pay \$1,304.12, the amount paid by the Claimant for the service. *See attached hereto OTM Wrecker Service Invoice marked "Exhibit 3."*
10. It is reasonable for the Respondent to pay the amount sought by Claimant.
11. That Claimant claimed "loss of work per day no less than \$500 per day." After informal discovery, Claimant sent Respondent three pay invoices for the weeks prior to the accident. *See attached hereto Owner Operator Settlement Summary dated 03/21/2024, 03/28/2024, and 04/04/2024 marked "Exhibit 4."*
12. That the Claimant's per week average net pay according to Exhibit 4 is \$992.68.
13. That Respondent asserts the Claimant has the duty to mitigate damages, in the form of outside employment, and so recommends that Claimant be paid 50% of his average pay per week from the time of damages to the entry of this Motion.
14. That Respondent has agreed to pay \$496.34 per week from to April 3, 2024 to July 23, 2024, for a total of \$8,437.78 in lost wages.
15. It is reasonable for the Respondent to pay the amount sought by Claimant.

16. There is no genuine issue of material fact, and the Arkansas State Claims Commission should enter judgment in the amount of \$53,035.08.

WHEREFORE, Respondent prays for Judgment in Claimant's favor the amount of \$53,035.08, and for all other just and proper relief to which it may be entitled.

RESPECTFULLY SUBMITTED,

ARKANSAS DEPARTMENT OF
TRANSPORTATION

By: 
Helen Newberry, Ark Bar 2018101
Staff Attorney
ARDOT Legal Division
P.O. Box 2261
Little Rock, AR 72203-2261
(501) 569-2003

CERTIFICATE OF SERVICE

I, Helen Newberry, certify that I have served the foregoing Answer and Motion for Summary Judgment upon the Claimant by mailing a true copy this 24th day of July 2024, by email to:

Milton Holliman

██████████
██████████████████
██████████████████████████████

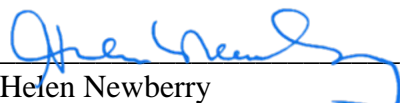

Helen Newberry

EXHIBIT 1

Williams Body and Glass, Inc

330 Adams Ave SW

Camden, AR 71701

Phone: (870) 837-1772 Fax: (870) 837-1705

Est ID: 383

Written by: Mitchell Williams - mitchell@williamsbodyandglass.com

File #

Date Of Loss

Insp Date:

4/8/2024

Owner: MILTON HOLLIMAN - Claimant

Contact: MILTON HOLLIMAN

Address

Phone

Cell or email

Ins Company

Claim Rep

Policy #

Claim #

Vehicle Information

2001 Freightliner Century 120 6X4

VIN

License Plate:

Unit # 9111

Color MAROON

Mileage 0

Repair Days 17

Line	Damage Description	Qty	Operation	Price	MU	Ext Price	BMT	BT	Labor	Paint	Sublet
1	FRT BUMPER END LT		Repair Op						2.5	1.6	
	Clear Coat Application: Refinish time 1.2 hrs. less applied overlap includes 0.4 hrs clear coat.										
2	HOOD SHELL	1	Replace OEM	9,875.00		9,875.00			9.0	11.1	
	Clear Coat Application: Refinish time 8.6 hrs. less applied overlap includes 2.5 hrs clear coat.										
3	HL PANEL, OUTER LT	1	Replace OEM	1,025.00		1,025.00			0.8		
4	LATCH ASSY, HOOD LT	1	Replace OEM	385.00		385.00			0.2		
5	STRAP, FUEL TANK LT	2	Replace OEM	410.06		820.12			0.5		
6	BRKT, STEP PLATE LWR-LT	2	Replace OEM	115.00		230.00			0.3		
7	STEP PLATE, UPPER-LT	1	Replace OEM	185.00		185.00			0.2		
8	STEP PLATE, LOWER-LT	1	Replace OEM	185.00		185.00			0.2		
9	PANEL, DOOR OUTER LT		Color Blend						Inc	3.5	
	Clear Coat Application: Refinish time 2.8 hrs. less applied overlap includes 0.7 hrs clear coat.										
10	PANEL, INR DR TRIM LT		R & I Operation						0.4		
11	STEP, MID FAIRING LT	1	Replace OEM	185.00		185.00			0.5		
12	VENT GLASS LT		R & I Operation						1.8		
13	DOOR HANDLE, CAB LT		R & I Operation						0.7		
14	FUEL TANK LT	1	Replace OEM	2,710.93		2,710.93			2.0		
	Labor for Fuel Tank replacement is for a 120 gallon tank mounted with straps.										
15	PANEL, SLEEPER SIDE LT		Repair Op						22.5	5.9	
	Clear Coat Application: Refinish time 4.8 hrs. less applied overlap includes 1.1 hrs clear coat.										
16	WING, SIDE DEFL LT		Repair Op						6.0	5.2	
	Clear Coat Application: Refinish time 4 hrs. less applied overlap includes 1.2 hrs clear coat.										
17	HANDLE, CMPT DOOR LT	1	Replace OEM	275.00		275.00			Inc		
18	LUGGAGE DOOR LT	1	Replace OEM	975.00		975.00			1.0	2.6	
	Clear Coat Application: Refinish time 2 hrs. less applied overlap includes 0.6 hrs clear coat.										
19	WHEEL, FRT AXLE-ALUM LT	1	Replace OEM	387.43		387.43			0.8		
20	WHEEL, REAR-ALUM LFO	2	Replace OEM	468.00		936.00			1.6		
21	TIRE, REAR AXLE-LFO	2	Replace OEM	763.73		1,527.46			Inc		

Line	Damage Description	Qty	Operation	Price	MU	Ext Price	BMT	BT Labor	Paint	Sublet
22	RAIL, FAIRING SD UPR LT	1	Replace OEM	295.00		295.00		0.7		
23	RAIL, FAIRING SD LWR LT	1	Replace OEM	295.00		295.00		0.7		
24	FAIRING, SIDE FRT-LT	1	Replace OEM	1,250.00		1,250.00		1.8	3.9	
Clear Coat Application: Refinish time 3 hrs. less applied overlap includes 0.9 hrs clear coat.										
25	FAIRING, SIDE REAR LT	1	Replace OEM	1,125.00		1,125.00		2.4	3.5	
Clear Coat Application: Refinish time 2.8 hrs. less applied overlap includes 0.7 hrs clear coat.										
26	FAIRING, SIDE MID LT	1	Replace OEM	1,250.00		1,250.00		2.4	3.3	
Clear Coat Application: Refinish time 2.5 hrs. less applied overlap includes 0.8 hrs clear coat.										
27	LID, FUEL COVER	1	Replace OEM	145.00		145.00		0.2	0.7	
Clear Coat Application: Refinish time hrs. less applied overlap includes hrs clear coat.										
28	BRKT, FAIRING MOUNT L/F	1	Replace OEM	365.00		365.00		0.7		
29	RETAINER BRKT, FRG L/R	1	Replace OEM	365.00		365.00		0.7		
30	RAIL, FRNG REAR UPR LT	1	Replace OEM	265.00		265.00		Inc		
31	RAIL, FRNG REAR LWR LT	1	Replace OEM	265.00		265.00		Inc		
32	BRKT, FAIRING REAR LT	1	Replace OEM	325.00		325.00		0.7		
# 33	HAZARDOUS WASTE	1	Replace AM	5.00		5.00		Inc		
# 34	FLEX ADDITIVE	1	Replace AM	8.00		8.00		Inc		
# 35	COVER CAR	1	Replace AM	25.00		25.00		0.5		
# 36	RIVETS	25	Replace AM	3.25		81.25		Inc		
# 37	TIRE MOUNT & BALANCE	3	Replace AM	48.00		144.00		Inc		
# 38	3 WHEEL ALIGNMENT	1	Replace AM	365.00		365.00		Inc		

Indicates Manual Entry Sup= Supplement Item F= Frame Labor M= Mechanical Labor BT= Betterment Type BX= Truck Box Item

BMT= Percentage of Betterment applies to Parts and/or Labor as indicated plus applicable sales tax. Line totals shown above do not include taxes.

* User selected to override TruckWriter labor and disable automated overlap protection.

Labor Detail Subtotals

Body Hrs	61.8	@	95.00	5,871.00
Paint Hrs	41.3	@	95.00	3,923.50
Mech Hrs	0.0	@	110.00	0.00
Frame Hrs	0.0	@	110.00	0.00

Parts Detail Subtotals

OEM Parts:	25,646.94	(List Prices)	
Less 0% Discount	=	Net OEM Parts	25,646.94
Non-OEM:	628.25	w/Mark Ups =	628.25
Sublet Tax:	0.00	(Not Taxable)	

Parts Total	-----	26,275.19
Labor Total	-----	9,794.50
Sublet	-----	0.00
Paint Materials	41.3 Hrs @ Rate 55.00	2,271.50
Shop Materials	61.8 Hrs @ Rate 15.00	927.00
Towing	-----	0.00
Sales Tax	29,473.69 @ Rate 10.250%	3,021.05
Labor Tax	9,794.50 @ Rate 10.250%	1,003.94

BT= Betterment Type

1= Part Only

2= Part and Labor

Adjustments	Estimate Grand Total	\$	43,293.18
	Less Deductible	\$	0.00 -
	Less Betterment Inc Tax	\$	0.00 -
	Net Estimate Amt	\$	43,293.18

Estimate Remarks

Estimate is valid for 30 days from date written.

Damage Status: Repairable

EXHIBIT 1

Line	Damage Description	Qty	Operation	Price	MU	Ext Price	BMT	BT	Labor	Paint	Sublet
------	--------------------	-----	-----------	-------	----	-----------	-----	----	-------	-------	--------

--	--	--	--	--	--	--	--	--	--	--	--

Prior or Unrelated Damage Section

#Name?

#Name?

#Name?

Prior Damage Total

#Error

Prior Damage Section is only an estimated dollar amount and will not affect final Estimate Grand Total or Net Estimate.

Repairer

Contact

Fax

e-mail

The above named repairer agrees to repair vehicle as per the contents of this estimate. Repairer also agrees to notify the appraiser if hidden or unforeseen damages are discovered during the repair process for prior approval.

Est agreed by: **X**

Date

Arkansas
State Claims Commission

APR 11 2024

RECEIVED

EXHIBIT 1

EXHIBIT 2

OTM Wrecker Service

1571 Highway 79 N
 McNeil, AR, 71762-6402
 otmwreckerservice@gmail.com
 (870)695-2002

Invoice

Invoice No: [REDACTED]
 Date: 06/07/2024
 Terms: NET 0
 Due Date: 06/04/2024

Bill To: Milton Holliman
 [REDACTED]

Unit number

Estimate for 2001 Freightliner Century 120 6x4

Description	Quantity	Rate	Amount
Frt Bumper end LT Repair/ Labor hours	5	\$125.00	\$625.00
Hood Shell Replace	1	\$11,000.00	\$11,000.00
HL Panel Replace outer HL panel	1	\$1,500.00	\$1,500.00
Hood Latch Assembly Replace	1	\$360.00	\$360.00
Fuel Tank Straps Replace	2	\$415.00	\$830.00
Step Plate Bracket Replace	2	\$110.00	\$220.00
Upper Step Plate Replace	1	\$190.00	\$190.00
Lower Step Plate Replace	1	\$190.00	\$190.00
Outer Door Panel Repair	4	\$125.00	\$500.00
Inner Door Trim Panel Remove and Install/ Labor Hours	0.5	\$125.00	\$62.50
Mid Fairing Step Replace	1	\$190.00	\$190.00

EXHIBIT 2

OTM Wrecker Service - Invoice [REDACTED] 6/04/2024

Description	Quantity	Rate	Amount
Vent Glass Remove and Install / Labor hours	2	\$125.00	\$250.00
Cab Door Handle Remove and Install / Labor Hours	1	\$125.00	\$125.00
Fuel Tank Replace	1	\$2,700.00	\$2,700.00
Sleeper Side Panel Repair/ Labor hours	30	\$125.00	\$3,750.00
Side Wing Repair / Labor Hours	12	\$125.00	\$1,500.00
CMPT Door Handle Replace	1	\$270.00	\$270.00
Luggage Door Replace	1	\$1,000.00	\$1,000.00
Front Axle Wheel Replace	1	\$395.00	\$395.00
Rear Wheel Replace	2	\$475.00	\$950.00
Rear Axle Tire Replace	2	\$750.00	\$1,500.00
Upper Fairing Rail Replace	1	\$310.00	\$310.00
Lower Fairing Rail Replace	1	\$310.00	\$310.00
Front Side Fairing Replace	1	\$1,300.00	\$1,300.00
Rear Side Fairing Replace	1	\$1,100.00	\$1,100.00
Mid Side Fairing Replace	1	\$1,300.00	\$1,300.00
Fuel Cover Lid Replace	1	\$160.00	\$160.00
Fairing Mount Bracket Replace	1	\$390.00	\$390.00

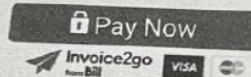
EXHIBIT 2

OTM Wrecker Service - [REDACTED] - 06/04/2024

Description	Quantity	Rate	Amount
Retainer Bracket Replace	1	\$385.00	\$385.00
Upper Rear Rail Replace	1	\$250.00	\$250.00
Lower Rear Rail Replace	1	\$250.00	\$250.00
Rear Fairing Bracket Replace	1	\$345.00	\$345.00
Tire Mount and Balance Replace	3	\$55.00	\$165.00
Wheel Alignment	3	\$125.00	\$375.00
Misc Shop Items	1	\$75.00	\$75.00
Labor Hours Hours that are not already figured into quote	64.5	\$125.00	\$8,062.50

Payment Instructions
 Disregard debit/credit card fee if paying by check. We
 appreciate your business!

Subtotal	\$42,885.00
Credit/Debit Card Fee 3.75%	\$1,608.19
COLUMBIA COUNTY 8.5%	\$3,629.08
Total	\$48,122.27
Paid	\$0.00



Balance Due	\$48,122.27
--------------------	--------------------

Comments

Estimate is good for 30 days from 6/3/2024
 This is an ESTIMATE ONLY price is subject to change.

EXHIBIT 3

OTM Wrecker Service

1571 Highway 79 N
McNeil, AR, 71752-6402
otmwreckerservice@gmail.com
(870)695-2002

Invoice

Invoice No: [REDACTED]
Date: 04/10/2024
Terms: NET 0
Due Date: 04/10/2024

Bill To: Milton Holliman
[REDACTED]

Unit number

Color: Burgundy - Big Truck Enterprises Camden, AR

Description	Quantity	Rate	Amount
Heavy Duty Hookup Fee (After Hours) Picked up at Gulf Station in Fordyce, AR and towed to Williams Body and Glass in Camden, AR	1	\$600.00	\$600.00
Mileage El Dorado, AR to Fordyce, AR to Camden, AR	81	\$7.00	\$567.00
Payment Instructions			Subtotal
Disregard debit/credit card fee if paying by check. We appreciate your business!			\$1,167.00
			Credit/Debit Card Fee 3.75%
			\$43.76
			Ouachita County 8%
			\$93.36
			Total
			\$1,304.12
			Paid
			\$0.00
Pay Now			Balance Due
Invoice2go from Bill			\$1,304.12

Invoice2go from Bill



Comments

Service Date: 4/6/2024

03/21/2024 0841

Owner Operator Settlement Summary

Page 3

Loggins Logistics, Inc.

Check # : [REDACTED]

Period ending: 03/16/2024

Check date: 03/21/2024

For MHOLLIM Holliman, Milton

Email: [REDACTED]

Driver paid at 78.00 % of order

Origin	Destination	Loaded	Miles	Tractor	Ship DT	Gross Pay	Rate	Net Pay
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DEDUCTIONS

Order Number	Description	Memo	Date	Unit	Rate	
0360385	Fuel: 9111 BEARDEN AR	01036262	03/10/24	1.00	597.310	-\$597.31
0360385	Fees: 9111 BEARDEN AR	01036262	03/10/24	1.00	2.500	-\$2.50
						<u>-\$599.81</u>

PAY SUMMARY

ORDER PAY:	\$2,158.33
OTHER EARNINGS:	<u>\$381.33</u>
TOTAL GROSS EARNINGS:	\$2,539.66
DEDUCTIONS:	<u>-\$1,198.30</u>
NET PAY:	<u>\$1,341.36</u>

DIRECT DEPOSIT DISTRIBUTION

Acct type	Bank ABA #	Acct number	Acct distribution	Amount
Checking	[REDACTED]	[REDACTED]	100.00%	\$1,341.36

DISPATCH SUMMARY

ORDERS:	8
MOVES:	8
LOADED MILES:	559.0
EMPTY MILES:	<u>0</u>
TOTAL MILES:	<u>559.0</u>

YTD SUMMARY

EARNINGS: \$14,526.56

Milton Holliman

03/28/2024 0824

Owner Operator Settlement Summary

EXHIBIT 4

Page 3

Loggins Logistics, Inc.

[REDACTED]

Check # : [REDACTED]

Period ending: 03/23/2024

Check date: 03/28/2024

For MHOLLIM Holliman, Milton

Email: [REDACTED]

Driver paid at 78.00 % of order

Origin	Destination	Loaded	Miles	Tractor	Ship DT	Gross Pay	Rate	Net Pay
--------	-------------	--------	-------	---------	---------	-----------	------	---------

PAY SUMMARY

ORDER PAY:	\$1,998.63
OTHER EARNINGS:	\$287.64
TOTAL GROSS EARNINGS:	\$2,286.27
DEDUCTIONS:	-\$1,420.85
NET PAY:	\$865.42

DIRECT DEPOSIT DISTRIBUTION

Acct type	Bank ABA #	Acct number	Acct distribution	Amount
Checking	[REDACTED]	[REDACTED]	100.00%	\$865.42

DISPATCH SUMMARY

ORDERS:	7
MOVES:	7
LOADED MILES:	612.0
EMPTY MILES:	0
TOTAL MILES:	612.0

YTD SUMMARY

EARNINGS:	\$16,812.83
-----------	-------------

Milton Holliman

[REDACTED]

[REDACTED]

04/04/2024 0812

Owner Operator Settlement Summary

EXHIBIT 4

Page 3

Loggins Logistics, Inc.

For MHOLLIM Holliman, Milton
Driver paid at 78.00 % of order

Period ending: 03/30/2024

Email:

Check # :

Check date: 04/04/2024

Origin	Destination	Loaded	Miles	Tractor	Ship DT	Gross Pay	Rate	Net Pay
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PAY SUMMARY

ORDER PAY:	\$1,607.22
OTHER EARNINGS:	\$259.46
TOTAL GROSS EARNINGS:	\$1,866.68
DEDUCTIONS:	-\$1,095.42
NET PAY:	\$771.26

DIRECT DEPOSIT DISTRIBUTION

Acct type	Bank ABA #	Acct number	Acct distribution	Amount
Checking			100.00%	\$771.26

DISPATCH SUMMARY

ORDERS:	5
MOVES:	5
LOADED MILES:	541.0
EMPTY MILES:	0
TOTAL MILES:	541.0

YTD SUMMARY

EARNINGS:	\$18,679.51
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Milton Holliman

From: [Newberry, Helen A.](#)
To: [Kathryn Irby](#)
Subject: Fw: Holliman v ARDOT Claim 241725 ANS-MSJ
Date: Wednesday, July 24, 2024 1:22:53 PM
Attachments: [image001.png](#)
[Outlook-nkfjlzh3.png](#)

FYI

Helen Newberry

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2003



From: Milton Holliman <[REDACTED]>
Sent: Wednesday, July 24, 2024 1:18 PM
To: ASCC Pleadings <ASCCPleadings@arkansas.gov>
Cc: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; Newberry, Helen A. <Helen.Newberry@ardot.gov>
Subject: Re: Holliman v ARDOT Claim 241725 ANS-MSJ

CAUTION: This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

On Wed, Jul 24, 2024 at 12:10 PM ASCC Pleadings <ASCCPleadings@arkansas.gov> wrote:
 Received. I do not object

From: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>
Sent: Wednesday, July 24, 2024 11:59 AM
To: ASCC Pleadings <ASCCPleadings@arkansas.gov>
Cc: Newberry, Helen A. <Helen.Newberry@ardot.gov>; [REDACTED]
Subject: Holliman v ARDOT Claim 241725 ANS-MSJ

Please acknowledge receipt of the attached Answer & Motion for Summary Judgment.

Sharon D. Blakley
 ARDOT - Legal Administrator
 (501) 569-2022 fax (501)569-2164

Sharon.Blakley@ardot.gov



From: [Newberry, Helen A.](#)
 To: [Kathryn Irby](#)
 Cc: [Blakley, Sharon D.](#)
 Subject: Re: Holliman v ARDOT Claim 241725 ANS-MSJ
 Date: Wednesday, July 24, 2024 1:57:14 PM
 Attachments: [image001.png](#)
[image002.png](#)
[Outlook-jsb00bcp.png](#)

Thank you, Ms. Irby. Please reach out if the Commission needs anything else from us.

Helen Newberry
 Staff Attorney
 Arkansas Department of Transportation
 P.O. Box 2261
 Little Rock, AR 72203-2261
 Phone: 501-569-2003

From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
 Sent: Wednesday, July 24, 2024 1:47 PM
 To: Newberry, Helen A. <Helen.Newberry@ardot.gov>
 Cc: [REDACTED]; Blakley, Sharon D. <Sharon.Blakley@ardot.gov>
 Subject: RE: Holliman v ARDOT Claim 241725 ANS-MSJ

CAUTION: This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Mr. Holliman and Ms. Newberry, since Mr. Holliman does not object to ARDOT's motion for summary judgment, I can go ahead and submit this claim to the Commission for an order at the Commission's August meeting. Once the Commission enters an order, this claim will be sent to the Legislature for review, approval, and placement on an appropriations bill in late spring 2025.

Thanks,
 Kathryn Irby

From: Newberry, Helen A. <Helen.Newberry@ardot.gov>
 Sent: Wednesday, July 24, 2024 1:23 PM
 To: Kathryn Irby <Kathryn.Irby@arkansas.gov>
 Subject: Fw: Holliman v ARDOT Claim 241725 ANS-MSJ

FYI

Helen Newberry
 Staff Attorney
 Arkansas Department of Transportation
 P.O. Box 2261
 Little Rock, AR 72203-2261
 Phone: 501-569-2003

From: Milton Holliman [REDACTED]
 Sent: Wednesday, July 24, 2024 1:18 PM
 To: ASCC Pleadings <ASCCPleadings@arkansas.gov>
 Cc: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; Newberry, Helen A. <Helen.Newberry@ardot.gov>
 Subject: Re: Holliman v ARDOT Claim 241725 ANS-MSJ

CAUTION: This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

On Wed, Jul 24, 2024 at 12:10 PM ASCC Pleadings <ASCCPleadings@arkansas.gov> wrote:

Received. I do not object

From: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>
 Sent: Wednesday, July 24, 2024 11:59 AM
 To: ASCC Pleadings <ASCCPleadings@arkansas.gov>
 Cc: Newberry, Helen A. <Helen.Newberry@ardot.gov>; [REDACTED]
 Subject: Holliman v ARDOT Claim 241725 ANS-MSJ

Please acknowledge receipt of the attached Answer & Motion for Summary Judgment.

Sharon D. Blakley
ARDOT - Legal Administrator
(501) 569-2022 fax (501)569-2164
Sharon.Blakley@ardot.gov



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**MILTON HOLLIMAN****CLAIMANT****V.****CLAIM NO. 241725****ARKANSAS DEPARTMENT OF
TRANSPORTATION****RESPONDENT****ORDER**

Now before the Arkansas State Claims Commission (the “Claims Commission”) is the motion filed by the Arkansas Department of Transportation (the “Respondent”) seeking summary judgment as to the claim of Milton Holliman (the “Claimant”). Based upon a review of Respondent’s motion, the arguments made therein, and the law of Arkansas, the Claims Commission hereby finds as follows:

1. Claimant filed his claim in April 2024 seeking an unspecified amount of damages following a collision with one of Respondent’s employees.

2. The Commission previously entered an order in this matter on June 14, 2024, granting Respondent’s emergency motion for payment of storage fees and awarded Claimant \$4,252.38.

3. Respondent filed a motion for summary judgment, recommending a payment to Claimant in the amount of \$53,035.08, representing the repair cost to Claimant’s vehicle, the wrecker service cost, and Claimant’s lost wages.

4. Claimant sent correspondence stating that he does not object to Respondent’s motion for summary judgment.

5. Pursuant to Rule 56(c)(2), summary judgment is appropriate when there are no genuine issues as to any material fact, and the moving party is entitled to judgment as a matter of law. *See Hisaw v. State Farm Mutual Auto Insurance Co.*, 353 Ark. 668, 122 S.W.3d 1 (2003).

Summary judgment motions are subject to a shifting burden, in that once the moving party has made a *prima facie* showing of entitlement to summary judgment, “the burden then shifts to the nonmoving party to show that material questions of fact remain.” *Flentje v. First National Bank of Wynne*, 340 Ark. 563, 569, 11 S.W.3d 531, 536 (2000). Summary judgment is useful “when there is no real issue of fact to be decided.” *Hughes Western World, Inc. v. Westmoore Manufacturing Co.*, 269 Ark. 300, 301, 601 S.W.2d 826, 826 (1980).

6. The Commission finds that Respondent made a *prima facie* showing of entitlement and that no material questions of fact remain. As such, the Commission GRANTS Respondent’s motion for summary judgment and AWARDS Claimant \$53,035.08. Pursuant to Ark. Code Ann. § 19-10-215(b), the Claims Commission refers this total award of \$53,035.08 to the General Assembly for review, approval, and, if approved, placement on an appropriations bill.

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow, chair



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris

DATE: August 22, 2024

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

From: [Kathryn Irby](#)
To: [REDACTED]; [Newberry, Helen A.](#)
Cc: [Blakley, Sharon](#); [Mika Tucker](#)
Bcc: [Kathryn Irby](#)
Subject: ORDER: Holliman v. ArDOT, Claim No. 241725
Date: Tuesday, September 3, 2024 4:04:00 PM
Attachments: [C19--Holliman v. ArDOT, 241725.pdf](#)

Mr. Holliman and Ms. Newberry, please see attached order. This claim file will be sent to the Legislature for review, approval, and placement on an appropriations bill. I will send you an email when the claim file has been sent.

Thanks,
Kathryn Irby

Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619