ARKANSAS CLAIMS COMMISSION

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



Questions? Send an email to ascc.new.claims@arkansas.go

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

CLAIM FORM

1. Claimant. If a claim involves more than one claimant, additional pages may be attached with the other claimant name(s) and contact information.

SPICER K	ATELYN				
(title	last name/com	oan first name	(emai)	
(address)					
(city)		(:	state)	(zip)	(primary phone)
	int's Legal Counsel.	be left blank.	ding pro se). Pleas mation about whe claimant is procee	se review en a busii ding pro	Ark. Code Ann. § ness entity may file se, this section may
Lacy		Brandon	brando	•	wfirm.com
(title)	(last name)	(first name)		(ema	ail)
630 S. M	ain Street				2003098
(address)					AR bar number
Jonesbor	0		AR	72401	(870) 932-4522
(city)			(state)	(zip)	(primary phone)
3. State <i>l</i>		The Commission can o Arkansas. Please revie including Ark. Code An more information. This Commission.	w the Commission's in. § 19-10-204 and	s jurisdicti Ark. Code	ional statutes, e Ann. § 21-5-701, for
Arkansas	Department of Tra	nsportation			
4. Incide	nt Date 9/19/2022				
5. Locatio	on of Incident				
6. CHECK	HFRF if this claim	involves damage to a u	motor vehicle.		

7. CHECK HERE if this claim involves damage to property other than a motor vehicle.

8. Explanation of Incide	•	of your claim, including why you believe liable for your damages under Arkansas pages to this form.
	T OF VEHICLE AND MADE CONTACT.	OF BETHESDA, AR WHEN AN ARDOT VEHICLE IS AN OBVIOUS TOTAL LOSS,
9. Insurance Coverage.	incident. This is not the same as an	clarations in effect at the time of the insurance card. You can obtain a copy of our insurer or insurance agent. Please
**If you did NOT have in incident, CHECK HERE	surance covering the damaged prop \Box	erty or motor vehicle at the time of
You must submit (1) invo	Documents for Property Damage Cl ice(s) documenting the repair costs, umentation cannot be provided.	aim (2) three estimates for repair, OR (3) an
11. If a state vehicle was	involved, please provide the follow	ing information
(type of state vehicle inv	olved) (license number)	(driver)
12. If your claim involve	s personal injuries, please CHECK HE	RE
13. Health insurance cov		quire a copy of your health insurance ime of the incident. Please review Ark. nore information.
**If you did NOT hav	e health insurance on the date of th	e incident, CLICK HERE
14. Amount of Damages	, if known: \$0.00	
	IMPORTANT!	
courthouse for these la questions about the cla non-exhaustive list of s Commission website (a	nmission is a lawsuit against a stat wsuits. Please note that Commiss	ion staff can answer general advice. The Commission rules and a sion can be found on the . The Arkansas Rules of Civil

STOP!

This signature page must be completed in the presence of a Notary Public. Do not sign until you are directed to do so by the Notary Public. If there is more than one claimant involved in this claim, each claimant must complete a separate signature page.

If you are an ARKANSAS-LICENSED ATTORNEY submitting a claim on behalf of your client, there is a different signature page that must be used. Please call (501)682-1619 and ask for an attorney signature page.

If a BUSINESS OR CORPORATE ENTITY is filing a claim without an attorney (and meets the requirements of Ark. Code Ann. § 19-10-222 for doing so), there is a different signature page that must be used. Please call (501)682-1619 and ask for a corporate signature page.

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 of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Claimant Signature	

ACKNOWLEDGEMENT

State of	
County of	
personally appeared kno	
,	
	[seal of office]
	[sear or ormac]
My Commission Expires:	

Arkansas State Claims Commission

SEP 3 0 2022

ARKANSAS STATE CLAIMS COMMISSION

RECEIVED

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



KATHRYN IRBY DIRECTOR

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

CLAIM SUBMISSION SIGNATURE PAGE

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.

Claimant Name (must be printed legibly)

Acknowledgement

State of Ly Causa

County of MONEL

On this the day of the day of the personally appeared while which to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

Anwitness whereof I hereunto set my hand and official seal.

Signature of Notary Public

My Commission expires:

[Seal of Office

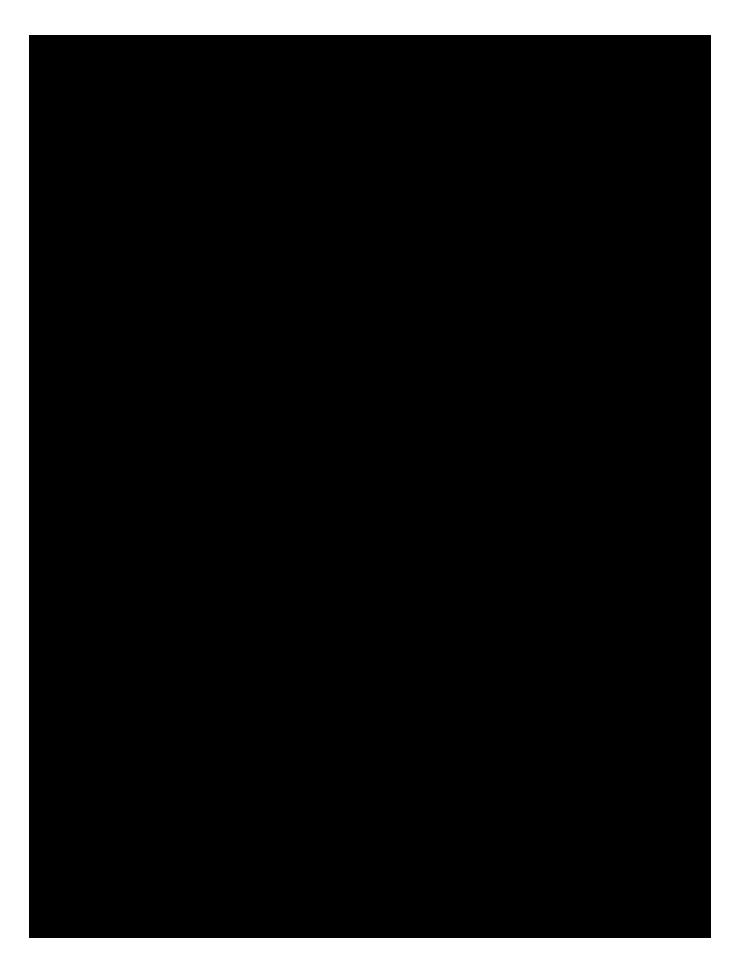












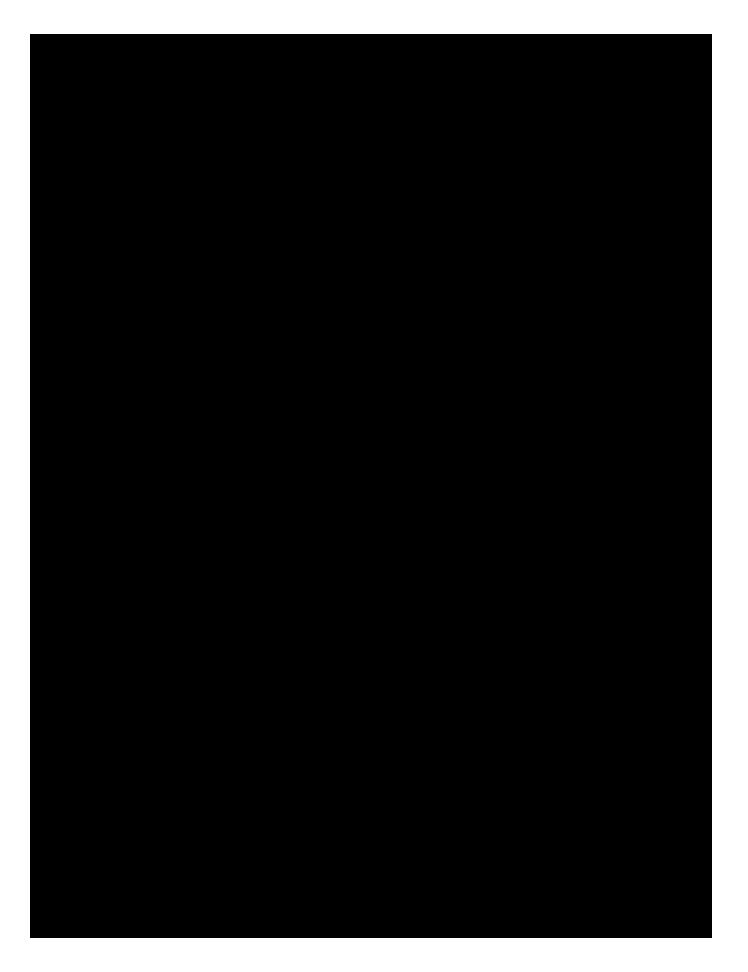












		mes			MOTORI		- 00	CII DED	ODT		Page 1 of 1		
Juven	ile Involve	d Yes	☑ No AR	KANSA	S MOTOR VE	HICL 2019-1	E CRA	ISH REP	ORT S	everity	tality 🗹 Injury 🗆 PD		
# of Motor Ve Automobiles, Moto	ehicles rcycles, etc.	2			332.1	77.1	Cr	rash Report #	•				
of Non-Mot	orists	0	Investigating A	gency ST	ATE POLICE TROO	PB							
nvestigating	Officer	CPL	Barnett		Chris 36 Signatu First Middle Suffix Badge #						Chris K Bassett		
		Rank	Lost	H	CRASH DAT			S(IIIX SHINE					
Date of Crash	(MM/DD/Y	yyy Tim	e of Crash (H	:MM AM/PM)	Date Police Notific			e Notified	Date Police	Arrived	Time Police Arrived		
09/1	9/2022		02:19 PM		09/19/2022		02:2	0 PM	09/1	9/2022	02:31 PM		
					CRASH L	OCAT							
County ndependence	9		City Rural In	dependence			_	5348° N		91.741410			
oad/Street/F ETHESDA R	10. 10.				Section 1	Log Mi	le .939	At Intersec	tion With				
lot in City, b		March or contin) Direction (of the City	y Limits o	of City						
lot at latera	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		s to two decimal places	Direction		of	5/0						
lot at Interse	section, but		(feet or miles to two de		Direction (N/S/E/W)	Refer	ença point						
			(ti t pro-		ASH FACTORS			IONS ay Surface	100	Weather Co	nditions		
irst Harmful		205	Location of Fire Harmful Event	100	Related	000	Conditi		100	Check all that app			
101 Fire/explo	nolan		100 On roadway 101 Shoulder		000 No, school bus		100 Dry 101 Wet			☑ 100 Clear			
102 Immersion 103 Jackknife		4	101 Shoulder 102 Median		not involved 100 Yes, school bus		102 Snow			101 Cloudy	108 Freezing rain or		
104 Cargo/equipment loss or shift 103 Roadside				directly involved		103 Slush			☐ 102 Fog	- treezing anzzie			
104 Cargulequipment uss or sint 113 Fell/jumped from motor vehicle 115 Object thrown or fallen on or near motor vehicle 106 In parking lane or zon			101 Yes, school bus indirectly involved		104 Ice or 105 Water	r trost r (standing or mov	vina)	☐ 103 Smog	□ 109 Snow				
		zone	Type of	000	106 Sand		- 4/	☐ 104 Smoke	110 Blowing snow				
198 Other non			107 Off roadway, local		Intersection	000	107 Mud, 108 Oil	dirt, or gravel		105 Rain	111 Severe crosswind		
200 Pedestria			108 Outside right-of- 999 Unknown	ray (tranicway)	000 Not an intersection		198 Other			☐ 106 Sleet	112 Blowing sand, soil, or dirt		
201 Pedalcycl 202 Other non			Type of Collisio	n 201	100 Four-way intersection 101 T-intersection	K1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			107 Hail	301, 01 011		
203 Railway v		engine)	100 Single vehicle cri	80.00	102 Y-intersection		999 Unkn	OWT		☐ 198 Other			
204 Animal (III			200 Front to rear		103 L-intersection 104 Traffic circle		Light C	ondition	100				
205 Motor veh 206 Parked m		ort .	201 Front to front 202 Angle		105 Roundabout		100 Daylis			999 Unknow	n		
207 Falling/sh	ifting cargo or		203 Sideswipe, same		106 Five-point or more		101 Dawn 102 Dusk			Roadway Co	nditione		
set in mot 208 Work zon	tion by motor		204 Sideswipe, oppor 205 Rear to side	site direction	999 Unknown	1	103 Dark	- lighted		Check all that app			
298 Other nor		a adnibiliant	206 Rear to rear		Road System 100 Interstate	102		- not lighted		▼ 000 None	7		
300 Impact at		cushion	980 Other (describe t	elow)	101 US highway		198 Other	 unknown lighting 	9		due to prior crash		
301 Bridge ov	erhead structi				102 State highway					101 Backup			
302 Bridge pie 303 Bridge rai			Relation to	107	103 County road 104 City street		999 Unkn	own			ming incident		
304 Cable bar			Junction 000 Non-junction		105 Frontage road		Environ Check all	nmental Fact	ors	☐ 102 Backup			
305 Culvert			100 Intersection		106 Ramp		Ø 000 N			congesti 103 Toll boot			
306 Curb 307 Ditch			101 Intersection related 102 Entrance or exit		999 Unknown	1	☐ 100 V	Veather conditions	3	103 Toll Book			
308 Embankm			103 Entrance or exit	name industrial	Property Classification	100	☐ 101 V	visual obstructions			snow, slush, etc.)		
309 Guardrail 310 Guardrail			104 Railway grade or	ossing	100 Public property		☐ 102 G	Blare		☐ 105 Debris			
311 Concrete			105 Crossover relate 106 Driveway access	1	101 Private property		☐ 103 A	Animals in roadwa	y.	106 Ruts, ho	les, or bumps		
312 Other traf			107 Driveway access	related			☐ 198 C	Other:		☐ 107 Work 20			
			108 Shared-use path	or trail						_	avel-polished surface		
313 Tree (star	n support		109 Acceleration or d 110 Through roadway				☐ 999 U	Inknown		109 Obstruct			
313 Tree (star 314 Utility pole 315 Traffic sig		nort	198 Other location wi		Trafficway Classif	fication			100	110 Traffic or	ontrol device lve, missing, or obscured		
313 Tree (star 314 Utility pole 315 Traffic sig 316 Traffic sig		polit	interchange area (median, shoulde	r and readside)	100 Trafficway, on road 101 Trafficway, not on ro	ad					rs (none, low, soft, high)		
313 Tree (star 314 Utility pole 315 Traffic sig	st, pole, or sup		fillesian, andalac		102 Non-trafficway (desc					☐ 112 Non-high			
313 Tree (star 314 Utility pole 315 Traffic sig 316 Traffic sig 317 Other pos 318 Fence 319 Mailbox	st, pole, or sup									☐ 198 Other:	200		
313 Tree (star 314 Utility pole 315 Traffic sig 316 Traffic sig 317 Other pos 318 Fence 319 Mailbox 320 Building			999 Unknown		1								
313 Tree (star 314 Utility pole 315 Traffic sig 316 Traffic sig 317 Other pos 318 Fence 319 Mailbox	ed object		999 Unknown							999 Unknow			
313 Tree (star 314 Utility pole 315 Traffic sig 316 Traffic sig 317 Other pos 318 Fence 319 Mailbox 320 Building 398 Other fixe	ed object		999 Unknown			-	-	54.5					
313 Tree (star 314 Utility pole 315 Traffic sig 316 Traffic sig 317 Other pos 318 Fence 319 Mailbox 320 Building 398 Other foxe 999 Unknown 198, 298, or 398	od object i, describe			1.11	ORK ZONE CRA	SH IN	1444			I am Enfa-	The same		
313 Tree (star 314 Utility pole 315 Traffic sig 316 Traffic sig 317 Other pos 318 Fence 319 Mailbox 320 Building 398 Other fixe 999 Unknown 198, 298, or 396 Vork Zone	d object describe	ocation R	elative	970 Wor	k Zone Type	ASH IN	970 W	orker(s) Pres	sent 970	the second state of the second	ement Present 97		
313 Tree (star 314 Utility pol 315 Traffic sig 316 Traffic sig 316 Traffic sig 317 Other pos 318 Fence 319 Mailbox 320 Building 398 Utility 999 Unknown 198, 298, or 396	od object describe	Work Zo	elative ne	970 Wor	k Zone Type ane closure	ASH IN	970 W		sent 970	000 No law enfo 100 Officer pres	prement Present 97		
313 Tree (star 314 Utility pole 315 Traffic sig 316 Traffic sig 317 Other pos 318 Fence 319 Mailbox 320 Building 398 Other fixe 999 Unknown	describe	Work Zo 0 Before the 1 Advance w	elative ne first work zone warning aming area	970 Wor 100 L 101 L 102 V	k Zone Type ane closure ane shift or crossover Vork on shoulder or media	n L	970 W 000 100 970	orker(s) Pres 0 No 0 Yes 0 Not applicable	sent 970	000 No law enfo 100 Officer pres 101 Law enforc	prement Present 97 proment presence sent ement vehicle only present		
313 Tree (star 314 Utility cole 315 Traffic sig 316 Traffic sig 317 Other pos 318 Fence 319 Mailbox 320 Building 398 Other foxe 999 Unknown 198, 298, or 396 Vork Zone	od object describe 000 Le to	Work Zo 0 Before the 1 Advance w 2 Transition	elative firet work zone warning arning area area	970 Wor 100 L 101 L 102 V 103 h	k Zone Type ane closure ane shift or crossover York on shoulder or media ntermittent or moving work	n L	970 W 000 100 970	orker(s) Pres 0 No 0 Yes	sent 970	000 No law enfo 100 Officer pres 101 Law enforc 970 Not applica	prement Present 97 proment presence sent ement vehicle only present		
313 Tree (star 314 Utility pole 315 Traffic sig 316 Traffic sig 317 Other pos 318 Fence 318 Mailbox 320 Building 398 Other foxe 999 Unknown 198, 298, or 396 Vork Zone 0 No 10 Yes	od object describe 000 Lo to 10 10 10	Work Zo 0 Before the 1 Advance w	elative ne first work zone warning aming area area	970 Wor 100 L 101 L 102 V	k Zone Type ane closure ane shift or crossover York on shoulder or media ntermittent or moving work	n L	970 W 000 100 970	orker(s) Pres 0 No 0 Yes 0 Not applicable	sent 970	000 No law enfo 100 Officer pres 101 Law enforc	perment Present 97 proament presence sent ement vehicle only present		

ash Report	#								Page	2 of 1
Photos Taken						ATTACHMENTS				
Yes		Туре					Desc	ription		
No	Driver statem	ent		Stateme	ant from	Driver 1				
	Driver statem	ent		Stateme	ent from	Driver 2				
	-				_					
	L.									
							_			
				NON-VEHICUI	AR PRO	PERTY DAMAGE				
scription of Pro	operty Damage	Damage Estimate	Owner Contacted		Name		Street	Addr City	ess	State Postal Code
							-			
				WITNESSES'	CONTAC	TINFORMATION				
Last Name		First Name		Middle Name	Suffix	Addres	s	City	State	Postal Code
									-	
			-							
									-	
			-							

Motor Vehicle #	ARI		TOR VEHICLE			Page 3 of 14
-1			ICLE INFORMA		Crash R	eport#
		DESCRI	TION AND IDENT		Vehicle Body Type	405
001 No, v	Run Id not leave the scene whicle & driver left the scene why driver left the scene		hicle & driver left the scene ly driver left the scene	000	Passenger Vehicles 100 2-door 101 4-door	105
VIN					102 Hatchback 103 Convertible	
Vehicle Year, Make, and M	Model				104 Station wagon 105 Pick-up	
Yeur Make		Madel	-		106 Mini-van	11 E-10 - 10 - 10 W - 10 W
License Plate		Moder	Missing		107 Passenger van (seats 108 Cargo van (10,000 lb	s any number if personal; up to 8 if business) s or less)
			Unknown (fill in a	all known details)	109 Sport utility vehicle 110 Large utility vehicle	7.000
State Number Trailer #1 License Plate		Year	Missing		111 Motor home/recreation	
			Unknown (fill in a	all known details)	198 Other passenger veh Truck (> 10,000 lbs)	Cle
State Number Trailer #2 License Plate					200 Single unit truck (2 a)	
Trailer wz License i late			Missing	di kanun datale)	201 Single unit truck (3 or 202 Single unit truck with	
State Number	ana Policia		Unknown (fill in a	sii kilowii details)	203 Truck tractor only (bo 204 Tractor/semi-trailer	btail)
Owner Name Same a ARKANSAS DEPARTMEN		N			205 Tractor/doubles	and an income
Owner Address Same a	The state of the s	,,			206 Construction/mainten 207 Farm equipment	ance equipment
PO BOX 2261	- 1	ITTLE ROCK		AR 72203-2261	298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) ore seats, including driver]
Motor Carrier Type	000 Motor Carrier ID	Numbers	State P	USUBI GOOD	300 School bus 301 Transit/city bus	
000 Personal transportation L 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other trud 1996 Unknown	USDOT #		Stat	e	302 Motor coach/intercity/ 303 Limousine 304 Van (seats 9-15, incli 390 Other vehicle (seats 9-15)	uding driver)
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Unknown				Cycle / Low Speed 400 Motorcycle	
-					401 Motor scooter 402 Moped	
100 Bus 105 L 101 Van / enclosed box 106 Ir 102 Grain / chips / gravel 107 V	cargo tank	109 Dump 110 Concrete mixer 111 Auto transporter 112 Garbage / refuse	State F 198 Other 999 Unknown	ostal Code	403 ATV (3, 4, or 6 wheel 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle Unknown 999 Unknown type of mol # 198, 298, 390, 391, or 49	erlow speed vehicle or vehicle
GVWR/GCWR 97	1		Hazardous Material ID			lous Materials Released 970
100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs	000 Placard not required 100 Placard displayed 200 Placard required but	not displayed	4-digit # or name from middle of diamond or rectangular box) Hazardous Material Cl 11-digit # from	lass	000 No. 100 Yes	ehicle Cargo Compartment hazardous materials not released hazardous materials released applicable (not carrying hazardous materials
970 Not applicable	999 Unknown		bottom of diamond)	DA	MAGE	
Insurance		Damage Severity	102	Initial	Contact Point	Damaged Areas
Uninsured at time of crash	Unknown (fill in any known details)	000 No damage 100 Minor damage		7 8	(check 1)	(check all that apply)
Insurance Company SELF IN	SURED	101 Functional damag 102 Disabling damage 999 Unknown Damage Estimate		600	2 12	6 0 0 0 12
NAIC#		S: Damage Prior to	20,000 the Crash	5 4	-collision	5 4 3 2 1
Policy#		Yes (describe be		100 Can	ercamage	☐ 113 Top ☐ 114 Undercamage ☐ 999 Unknown
		-	TOWING		1	
Towed 000 Not lowed	000 Towed By		ionii.			
100 Towed, but not due to disabling 101 Towed due to disabling damas						
	Street			City	CRACH DEPORT - MOTOR	ete Postal Code VEHICLE DESCRIPTION AND IDENTIFICATIO

Motor Vehicle # 1 Vehicle Usage 000 No special function 100 Taxi				VEHICL	EINFORM	AT	ION Crash Report #	
000 No special function								
000 No special function			MC	TOR VEH	CLE CIRCUI	ISN	ANCES	
	000	Emergeno	y Vehicle Us	sage		170	Vehicle Maneuver	106
101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus		101 Non-eme 102 Emerger	cy operation, er cable	rt mergency warnin	g equipment not in g equipment in use	JSC.	100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning fight 106 Turning left	
106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services w 112 Incident response 999 Unknown	ehicle	Travel Dire 100 Northbou 101 Southbou 102 Eastbour 103 Westbou 104 Not on ro 999 Unknown	and and and and and andway			102	107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other	
Vehicle Defects Check all that apply							999 Unknown	
☐ 103 Steering ☐ ☐ 106 Tires ☐	104 Pov 107 Wha	eels	1	102 Body or 105 Suspens	ion ts		Traffic Control Device Types and Statuses 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. 100 Functioning 101 Functioning 102 Inoperative 999 Unknown	properly improperly
	110 Tun 113 Wip			114 Truck co			Traffic Control Device Type	Device Status
	A CONTRACTOR	ise control	,		safety chains		000 None	
							☐ 100 Flashing traffic control signal	
☐ 198 Other							101 Traffic control signal	
1						-		
999 Unknown							102 Stop sign	
Trafficway Description		200	Roadway S	urface		101	103 Yield sign	
100 One-way trafficway 200 Two-way, not divided			100 Concrete 101 Asphalt		-		☐ 104 Slow or warning sign	
201 Two-way, not divided, with a continu			102 Gravel				105 Person (officer, flagman, crossing guard)	
300 Two-way, divided, unprotected (paint		et) median	103 Dirt 198 Other				☐ 106 School zone sign/device	
400 Two-way, divided, positive cable ban 401 Two-way, divided, positive concrete			150 Olidi				☐ 107 Pedestrian signal	
498 Two-way, divided, other type of posit	ive barrie	er:	999 Unknown				☐ 108 No passing signal	
							☐ 109 Words or symbols painted on roadway	
999 Unknown		11.704	Danduna A	Hannant	45	100	- Control of the cont	100
Roadway Grade 100 Level 999 Unknown		100	Roadway A 100 Straight	uignment	L	100	110 Traffic lanes marked	100
101 Hillcrest			200 Curve left				☐ 111 Railway crossing with gate and signals	
102 Uphill			201 Curve righ				☐ 112 Railway crossing with flashing signals only	
103 Downhill 104 Sag (bottom)			999 Unknown	ection unknown			☐ 113 Railway crossing with crossbuck only	
			Posted Spe	and I limit		-	☐ 198 Other:	
Total # of Lanes		2	Use the posted	speed limit that ap	DWHC2	5	999 Unknown	
			to this vehicle a	t the time of the cr	es/i.	-		
				MOTOR	VEHICLE EV	EN		
Sequence of Events 1 111 Most Harmful Event 205	2	205	3	4	5		6 7 8 9	10
Non-Collision		Collis	ion with Nor	-Fixed Object	t (ollis	sion with Fixed Object	Unknown
100 Overturn/rollover		200 Pec	testrian	-	3		pact attenuator/crash cushion 318 Fence	999 Unknown
101 Fire/explosion		201 Pec	ialcycle er non-motorist				idge overhead structure 319 Mailbox idge pier or support 320 Building	
102 Immersion, full or partial 103 Jackknife		203 Rai	lway vehicle (tra		3	03 Br	idge rail 398 Other fixed object	
104 Cargo/equipment loss or shift			mal (live) for vehicle in tra	insport			able barrier silvert If 198, 298, or 398 is us	ed, describe below:
105 Equipment failure (blown tire, brake failure, etc.)			ked motor vehic			06 Cu	urb	AND A LONG
106 Separation of units			ling/shifting card			07 Di	tch nbankment	
107 Ran off roadway right				on by motor veh nance equipment			pankment pardrail face	
108 Ran off roadway left 109 Deliberately crossed median			er non-fixed obj		3	10 Gu	uardrail end	
110 Unintentionally crossed median		-4.00					oncrete traffic barrier	
111 Crossed centerline							ther traffic barrier ee (standing)	
112 Downhill runaway 113 Fell/jumped from motor vehicle					3	14 Ut	ility pole/light support	
THE RESIDENCE OF THE PARTY OF T					3	15 Tr	affic sign support	
114 Reentering roadway 115 Object thrown or fallen on or near m	4	4.7				IR Te	affic signal support	

Motor Vehicl	e#		AF	KAN			VEHICLE CR			ach D	eport#	Page 5	of 14
1							RINFORMATIO	N	Cra	asn R	eport #		
						DRIVE	R INFORMATION						
Name Unk	nown							Date of Bir	th/Age Se	× Ø	Male Female	Race 100 White/Caucasian	100
											Unknown	101 Black/African-An	
Address Unk	nown	First				Middle	Suffix			_		102 Hispanic 103 Asian/Pacific Isla	nder
Address 🔲 Offi	didwii											104 American Indian	.,
Street						City		State	Postal Cod	o		198 Other 999 Unknown	
Sirent							CENSE INFORMAT						
License Status	100 Lice	ense Nu	mber				Restrictions on Licer	nse Check all	that apply. R	estric	tions Vic	olated Check at	that app
000 Not licensed 100 Valid license							☐ 000 None		V	000 N	Vone		
200 Suspended	Lic	ense Sta	ate	Lice	nse Cla	SS	☐ 100 With licensed adult			100 V	Vith license	ed adult.	
201 Revoked 202 Expired		A	R		A		101 Corrective lenses			101 0	Corrective k	enses	
203 Cancelled or denie	ed Is C	ommer	cial Drive	Licens	e?		☐ 102 Mechanical aid			102 N	Mechanical	aid	
204 Disqualified 999 Unknown		Yes	□ N				☐ 103 Prosthetic aid				rosthetic a		
Endorsements or	License	1	Endorsen	nents Vi	olated		104 Automatic transmis	esion		-		ransmission	
Check all that apply	2 - 24 -47	_	Check all that				13.12.14.10.11.12.12.12.12.12.12.12.12.12.12.12.12.	iol011			Outside min		_
000 None	- 1		☑ 000 Non		ett.		105 Outside mirror			7.5	CE1		
100 Double/triple to	railers		100 Dou		railers		106 Daylight only				Daylight onl		eleier D
101 Passenger		-	101 Pass	_			107 Class B or C with p					with passengers and	ciass D
102 Tank vehicle			102 Tank				☐ 108 Class C only with p	4				y with passengers	
103 Hazardous ma	terials	_	103 Haza				☐ 109 Vehicles without ai	rbrakes		_		hout airbrakes	
✓ 104 Tank vehicle 8	hazardous ma	terials [☐ 104 Tank	vehicle 8	hazardou	us materials	110 Interlock device			-	nterlock de		
105 School			☐ 105 Scho	loc			111 School, church, or	transit bus		111 8	school, chu	rch, or transit bus	
☐ 106 Molorcycle		1	☐ 106 Moto	rcycle			112 Class D only with p	assengers		1120	Class D only	y with passengers	
107 Motor driven c	ycle		107 Moto	or driven o	ycle		☐ 113 Diesel fuel, fertilize	er only		113 0	Diesel fuel,	fertilizer only	
108 Valid without p	hoto][108 Valid	without p	hoto		☐ 114 Seasonal farm ser	vice vehicle		1145	Seasonal fa	rm service vehicle	
☐ 198 Other (describ	e below)		☐ 198 Othe	r (describ	e below)		☐ 198 Other (describe be	low)		198 0	ther (desc	ribe below)	
1 110 120	Right Other 130 180	800 Slee 801 Pas 802 End 803 Une	Seating P eper section senger secti losed passe enclosed passesenger/carg	ositions of cab (tn on of bus nger/carg senger/ca	110	Restrain 000 None (100 Should 101 Should 102 Lap be 103 Restra 104 Child (105 Child (AND SAFETY INF t Systems Used used - motor vehicle occupan ler and lap belt used ler belt only used it only used it only used int used - type unknown estraint system - forward faci estraint system - rear facing	t			000 No hel 100 DOT-c motorc 101 Non-D motorc 102 Helme unknow	ompliant cycle helmet worn OT-compliant cycle helmet worn t worn, wn if DOT-compliant	000
2 210 220	230 280	unki	nown if enclo			106 Booste	er seat estraint - type unknown					wn if helmet wom tection Usage	_
3 310 320	330 380	805 Trai 806 Ridi	iling unit ing on motor	vehicle e	terior	198 Other					☐ Yes		
1 4 1 12- 1 12-	430 480	Unkno		- 390	0.3	970 Not ap	plicable				☑ No		
4 410 420	530 580	999 Unk				999 Unkno					☐ Unkno		,
4 410 420 5 510 520						Air Bags	Deployed		Ejection		000	Extrication	000
						Chock all I			000 Not ejec 100 Ejected,		y	000 Not extricated 100 Extricated	
5 510 520	tion		abova.)			_	ot deployed		101 Ejected,	totally		999 Unknown	
5 510 520		g Position i	ale a tred				eployed: front eployed: side		970 Not appl 999 Unknow				
5 510 520 Bus Seating Posi	elected for Seatin	g Position (Front	-						Ejection F	lath			_
5 510 520 Bus Seating Posi (Complete if 801 was se	elected for Seatin			1E	1F	11	eployed: curtain			aui			000
5 510 520 Bus Seating Posi (Complete if 801 was se	alected for Seatin		1D 2D	1E 2E	1F 2F	☐ 102 D	eployed: curtain eployed: other		000 Not ejec	ted	ina	970 Not applicable	000
5 510 520 Bus Seating Posi (Complete if 801 was se	elected for Seatin		1D 2D 3D	2E 3E	2F 3F	102 0	eployed: other		100 Side doo 101 Side win	ted or open dow	ing	970 Not applicable 999 Unknown	000
5 510 520 Bus Seating Position (Complete if 801 was seating Position 1	1C 2C 3C 4C	Front	1D 2D 3D 4D	2E 3E 4E	2F 3F 4F	102 D	eployed: other ot applicable		100 Side doo 101 Side win 102 Windshi	ted or open dow eld	ing		.000
5 510 520 Bus Seating Positive (Complete if 801 was seating Positive 1A 1B 2A 2B 3A 3B	1C 2C 3C		1D 2D 3D	2E 3E	2F 3F	102 0	eployed: other ot applicable		100 Side doo 101 Side win 102 Windshii 103 Back wir 104 Back do	ted or open dow eld ndow or/tailga	ate opening	999 Unknown	000
5 510 520 Bus Seating Posi (Complete if 801 was se Driver 1A 1B 2A 2B 3A 3B 4A 4B	1C 2C 3C 4C	Front	1D 2D 3D 4D	2E 3E 4E 5E	2F 3F 4F	102 D	eployed: other ot applicable		100 Side doc 101 Side win 102 Windshii 103 Back win 104 Back do 105 Roof ope	ted or open dow eld ndow or/tailga ening (s	ate opening	999 Unknown	000
5 510 520 Bus Seating Position (Complete if 801 was seating Position 11	1C 2C 3C 4C	Front	1D 2D 3D 4D	2E 3E 4E 5E	2F 3F 4F 5F	102 D	eployed: other ot applicable		100 Side doc 101 Side win 102 Windshir 103 Back wir 104 Back do 105 Roof ope converti 106 Roof (co	ted or open dow eld ndow or/tailga ening (s ble top nvertib	ate opening sun roof, down) le top up)	999 Unknown	000
5 510 520 Bus Seating Posit (Complete if 801 was se 1A 1B 2A 2B 3A 38 4A 4B 5A 5B	1C 2C 3C 4C 5C	Front	1D 2D 3D 4D 5D	2E 3E 4E 5E	2F 3F 4F 5F	102 D	eployed: other ot applicable		100 Side doc 101 Side win 102 Windshir 103 Back wir 104 Back do 105 Roof ope converti 106 Roof (co 198 Other (e	ted or open dow eld ndow or/tailgi ening (s ble top nvertib .g., bac	ate opening sun roof, down) le top up)	999 Unknown	000

Motor Vehicl	e #]	AR	KANS		-		ICLE CRASI	H REPO	Crash R	Page 6	of 14
1					_			RMATION		Glastille	срокти	
	300	Type of Medical	Ť	- cutotle		EMS No		ORMATION		EMS Arrive	d	_
njury Status (K) Fatal injury	5	000 Not transported	Trans	portation	101	EM2 NO	uneu			EMO ATTVO	i.g	
(A) Suspected seriou		100 EMS air				Date		Time		Livere	Time	
(B) Suspected minor(C) Possible injury	injury	101 EMS ground 102 Law enforcement				Transpo	orted to	Medical Facility B	У			
(O) No apparent injur	y .	198 Other				/						
rauma Band #						Medical	Facility	Transported To				
C020216		199 Transported, but		unknown								
		999 Unknown if trans	ported	DB	WERG	ONDITI	ON AN	ID CIRCUMSTA	NCES	7		
Condition at Time	of Cre	eh	Drive	r Distrac		ONDIN	000	Driver Vision Obs				105
thack all that apply:		isii	20 A 10.75	t distracted			000	000 No obstruction no			ot in-transport motor vehicle	100
2 000 Apparently not			100 Ma	nually ope	rating an e			100 Rain, snow, fog, s			arked, working)	
100 Physically imp 101 Emotional (dep		anny disturbed etc.)				exting, typing ectronic devi		101 Reflected glare, be or headlights	right sunlight,		plash or spray of passing vehicle adequate defrost or defog syster	
102 III (sick) or fain		angry, distances, etc.,				ctronic devic		102 Curve, hill, or other	er roadway	109 Ina	adequate vehicle lighting system	
103 Asleep or fatig					with an ele	ctronic devic	98	design feature 103 Building, billboard	or other eta		bstruction interior to the vehicle dernal mirrors	
104 Under the influ	ence of			ssenger her distract	ion inside t	he vehicle		104 Trees, crops, or vi		112 Br	oken or improperly cleaned wind	Ishleld
105 Under the influ	ence of	alcohol	981 Of	her distract	ion outside	the vehicle		105 In-transport motor			bstructing angles on vehicle	
198 Other			0.00	known if di 981, descr				(including load) 980 Other visual obstr	uction (descri		sion obscured - no details	
7 000 (14)			11 900 O	aut. descr	ing delow.			7.500 0000	- Landard			
999 Unknown Driver Suspected	Alco	hol Test Type Gi	ven	1 00	o Alco	hol Test	Result S	Status 970	Blood Ale	cohol Content	Speeding Related	000
of Alcohol Usage		lo test given		_ 00	100 F	tesults pend		1207			000 Not speeding	
-10		est refused				lesults received to applicable					100 Racing 101 Exceeded speed limit	
☐ Yes		slood test treath test				iot applicativ Inknown					102 Too fast for conditions	
₩ No	102 L	Irine test			17000						999 Unknown	
	198.0	Other type of test			4100				- Resu	t received from		
Unknown	9991	Inknown if tested	_	_					Crime	Lab		
Driver Suspected		Test Type Give	n	000	Drug Te	st Results		Result received from	om Crime Lat	Citations		
of Drug Usage	000 N	lo test given		000	Pendin	g/Negativ	e	Not Applicable/U		Citation #	Charges	
☐ Yes		est refused				Results neg			ble	200A0301109	FAIL TO YIELD WHEN	TURNING
E		Blood test Urine test			100	Results pen	ding	999 Unknown		200/40301103	LEFT	
₩ No		oth blood and urine to	ests					all that apply)				
Unknown	198 (Other type of lest				Amphetamir		206 Methamphe	etamines			
201111111	999 L	Joknown if tested				Barbiturates Benzodiaze		☐ 207 Oplates ☐ 208 Oxycodone				
	1000	100100111111111111111111111111111111111			100	Cannabinoid		209 Propoxyphe				
						Cocaine	40	210 Phencyclidi				
				1	_	Methadone			22.4.2.16			
					298	Other positiv	ve result (describe below)				
					DRIVE	RACTIC	NS AT	T TIME OF CRA	SH			
Check all that app	ly:											
000 No contribu	ting actio	in		1	□ 999 Uni	mown						
Disregarded Tra	ffic Sic	ns or Controls		In	nproper	Maneuver			0	ther Actions		
☐ 100 Disregarded					300 Imp	roper right to	urri		-	3 600 Impeding tra		
☐ 101 Disregarded				1	☐ 301 lmp	roper left tur	n			601 Ran off road		
☐ 102 Disregarder	stop sig	n				roper U-turn			_	602 Crowded off		
☐ 103 Disregarde	26,000,000					roper backir				603 Crossing me 604 Failed to yiel		
104 Disregarder						roper passir roper lane c				605 Failed to kee		
☐ 105 Disregarde						roperly park	20.70		_	606 Wrong side		
						Use of Lig		Signals		607 Wrong way		
Swerved or Avo		due to wind	-			ring without				608 Followed too	closely	
		due to slippery surfac	0			ed to dim he	C. C. C. C. C.			609 Cutting in	tion or sugar standard	
		due to motor vehicle		1	402 Fai	led to or imp	roper sign	al	_		ting or over-steering buting action (describe below)	
203 Swerved or	avoided	due to non-motorist in		y u	nsafe O	peration				_ 300 Other contri	Aming Aming (anamine paint)	
		due to object in roady				kless opera	tion					
205 Swerved or	avoided	due to animal in road	way			gressive ope						
								ligent, or erratic operation	חם			
				I	503 Un	der the influe	ence of alc	conol				
						der the influe	Same of the	186				

2		VE	SICLE INCOMA		Grash R		
			HICLE INFORMA	STATE AND ADDRESS.		eport#	
		DESCR	IPTION AND IDENT				1
Check if this vehicle had no driver	2377	400 Van	unhida 8 dei en las tha nanna	000	Vehicle Body Type Passenger Vehicles		10
	d not leave the scene chicle & driver left the scene		vehicle & driver left the scene only driver left the scene		100 2-door		
	ly driver left the scene	101 100,1	any anna nanana sama		101 4-door		
N					102 Hatchback		
hicle Year, Make, and N	odel				103 Convertible 104 Station wagon		
micle real, make, and w	oder				105 Pick-up		
gr Maku		Model			106 Mini-van		
cense Plate		MIANE	☐ Missing			any number if personal; up to 8 if	busine
					108 Cargo van (10,000 lbs 109 Sport utility vehicle	or less)	
nte Number		Year	Unknown (fill in a	Il known details)	110 Large utility vehicle		
ailer #1 License Plate			☐ Missing		111 Motor home/recreation		
			-	II become distribute	198 Other passenger vehic	cle	
te Number			Unknown (fill in a	II Known details)	Truck (> 10,000 lbs) 200 Single unit truck (2 ax	lock	
ailer #2 License Plate			☐ Missing		201 Single unit truck (3 or		
			Unknown (fil) in a	Il known details)	202 Single unit truck with t	railer	
te Number			The supposed from a re-	- (and the same)	203 Truck tractor only (bot	btail)	
wner Name Same a	driver Unknown				204 Tractor/semi-trailer 205 Tractor/doubles		
					206 Construction/maintena	ance equipment	
wner Address 🗹 Same a	driver Unknown				207 Farm equipment	CLANDICCIND > 40 000 (E-1)	
				7		GVWR/GCWR > 10,000 lbs) pre seats, including driver)	
pot		ilty	State Pr	ostal Code	300 School bus	or same, monading differ	
otor Carrier Type	000 Motor Carrier ID	Numbers			301 Transit/city bus		
O Personal transportation	USDOT#				302 Motor coach/intercity/o	cross-country bus	
0 Interstate carrier 1 Intrastate carrier					303 Limousine 304 Van (seats 9-15, inclu	ding dayer)	
2 Not in commerce - governme	MC/MX#				390 Other vehicle (seats 9		
3 Not in commerce - other truck			State	9		6 or more, including driver)	
9 Unknown	Waterna				Cycle / Low Speed		
otor Carrier Name	Unknown				400 Motorcycle 401 Motor scooter		
					401 Motor scooter 402 Moped		
lotor Carrier Address	Unknown				403 ATV (3, 4, or 6 wheels	s)	
lotor Carrier Address	JUNIONI				404 Snowmobile		
					405 Golf cart 406 Low speed vehicle		
real		lity	State P	ostal Code	498 Other motorized cycle	/low speed vehicle	
argo Body Type	and took	109 Dump	198 Other	000	Unknown		
0 No cargo body 104 C 0 Bus 105 L	argo tank	110 Concrete mixer	190 Other		999 Unknown type of moto	or vehicle	
	termodal container chassis	111 Auto transporter			If 198, 298, 390, 391, or 498	8, describe below:	
02 Grain / chips / gravel 107 V		112 Garbage / refus	0				
3 Pole trailer 108 F			Transactions Managed In		Hazard	ous Materials Released	97
VWR/GCWR 970		s Placard 000	Hazardous Material ID (4-digit # or nume from middle			ehicle Cargo Compartment	
00 10,000 lbs or less 01 10,001 - 26,000 lbs	100 Placard not required 100 Placard displayed		of diamond or rectangular box)		000 No, h	nazardous materials not released	
2 More than 26,000 lbs	200 Placard required but	not displayed.	Hazardous Material Cl	ass	100 Yes,	hazardous materials released	materia
0 Not applicable	999 Unknown		bottom of diamond)		970 Not a	applicable (not carrying hazardous	materia
INSURA	NCE			DA	MAGE		
surance		Damage Severit	ty 102		Contact Point	Damaged Areas	
Uninsured at time of crash	Unknown	000 No damage	102		(check 1)	(check all that app	y)
	(fill in any known details)	100 Minor damage		7 1	9 10 11		11
surance Company		101 Functional dama					
		102 Disabling damag	ye .	6 🗆	☑ 12	6 🗆 🖚	V
		Damage Estima		1			
AIC#			\$15,000	5	3 2 1	5 4 3 2	1
		Damage Prior to	o the Crash	□ 000 No	n-collision	☐ 097 No damage	
1		✓ No prior damag		☐ 100 Ca	go loss	☐ 113 Top	
olicy#		Yes (describe t	4.3 (4.4)	☐ 113 Top	Y.		
Average and			77	☐ 114 Und	fercarriage	☐ 114 Undercarriage	
	4			☐ 999 Uni	nown	999 Unknown	
			TOWING				
-			TOWING				
owed	101 Towed By	20.					
0 Not towed 0 Towed, but not due to disabling	L and W Recove	ту					_
1 Towed due to disabling damag	Towed 10				35	70004	
	#2 Doss Lane			Batesville, Ar	AF		
	Street			City	CRASH REPORT - MOTIOR	ete Postal Code VEHICLE DESCRIPTION AND IDEN	TIFICA

Motor Vehicle #		AR	KANSA	S MOTO				KEPOR	Crash Report #	age 8 of 14	
2		_		VEHIC				_	Crasii Report#		
				OTOR VE	HICLE CI					100	
Vehicle Usage 000 No special function 00 Taxi 01 School bus/school transport 02 Church bus 03 Transit/commuter bus 04 Intercity bus 05 Charter/tour bus	000	100 Non-eme 101 Non-eme 102 Ernerger	cy operation,	ransport	ning equipmen	970 t not in use In use	100 Move 101 Nego 102 Back 103 Chan 104 Over 105 Turni 106 Turni	ging lanes taking/passing ng right ng left	y straight ahead	100	
108 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency servi 112 Incident response 1999 Unknown	ces vehicle	Travel Dir 100 Northbor 101 Southbor 102 Eastbor 103 Westbor 104 Not on n 999 Unknow	ound ound und kund roadway					107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other			
Vehicle Defects Check all the ✓ 000 None 100 Brake: 103 Steering 106 Tires 109 Tall lights		heels		102 Body o	nsion ghts	ald	Check the control de location of Use the	Control Devi to box next to each evice that was pre- of the crash, codes to the right s of each traffic co	to record 101 Functioning in	nproperty missing	
112 Mirrors	☐ 113 W			☐ 114 Truck	coupling, traile	r		Traffic Co	ontrol Device Type ack all that apply.	Use above codes	
115 Fuel system	☐ 116 Cr	uise control		hitch, i	or safety chain	g	☐ 000 N	Vone			
198 Other							☐ 100 F	lashing traffic co	ontrol signal		
7 139 Other							☐ 101 T	raffic control sig	nal		
Table 1	_						☐ 102 S	Stop sign			
999 Unknown		_	1-			115.50	□ 103 Y				
rafficway Description		200	Roadway 100 Concret			101	_	7 7 17 1 2	ning		
00 One-way trafficway 00 Two-way, not divided			101 Asphalt				_	Slow or warning !			
201 Two-way, not divided, with a co	ontinuous left	turn lane	102 Gravel				105 Person (officer, flagman, crossing guard) 106 School zone sign/device				
00 Two-way, divided, unprotected 00 Two-way, divided, positive cab		leet) median	103 Dirt 198 Other				106 5	School zone sign	/device	- 1	
101 Two-way, divided, positive con	crete barrier		100 90101				☐ 107 F	edestrian signal			
198 Two-way, divided, other type o	f positive bar	rier	999 Unknow	m.			□ 108 h	No passing signa	al .		
The state of the s									s painted on roadway		
999 Unknown			Do a drawn	Alignment		1 400	_	raffic lanes man		100	
Roadway Grade 100 Level 999 Unknow		100	100 Straight			100	-			(00	
100 Level 999 Unknown 101 Hillcrest	11		200 Curve le				_		with gate and signals	-	
ID2 Uphill			201 Curve n				☐ 112 F	Railway crossing	with flashing signals only		
103 Downfill 104 Sag (bottom)			999 Unknow	direction unknow			☐ 113 F	Railway crossing	with crossbuck only		
372910			Dontard C	peed Limit			198 0	Other:			
Total # of Lanes		2	Use the poste	ed speed limit that	applied	55	□ 999 (Inknown		T O.L.	
			to this vehicle	at the time of the	crash.			eminent!			
				мото	R VEHIC	E EVEN	15			1 40	
_	205	2	3	4	5		6	7	8 9	10	
Non-Collision		Collis	ion with N	on-Fixed Obj	ect	Collis	ion with	Fixed Object		Unknown	
100 Overtum/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife		200 Pe 201 Pe 202 Ott 203 Ra	destrian dalcycle her non-motor ilway vehicle (ist.		301 Br 302 Br 303 Br	idge overhe idge pier or idge rail	1-4-	ion 318 Fence 319 Mallbox 320 Building 398 Other fixed object	999 Unknown	
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 Fellijumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or n	tailway vehicle (train, engine) 303 Bri snimal (live) 304 Ca flotor vehicle in transport 305 Cu rarked motor vehicle 306 Cc falling/shifting cargo or nything set in motion by motor vehicle 308 Er Vork zone/maintenance equipment 309 Gu 310 Gu 311 Cc 312 Ot 313 Tr 314 Ut					304 Cable barrier 305 Culvert 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 pola/light support 315 Traffic sign support 315 Traffic sign support					

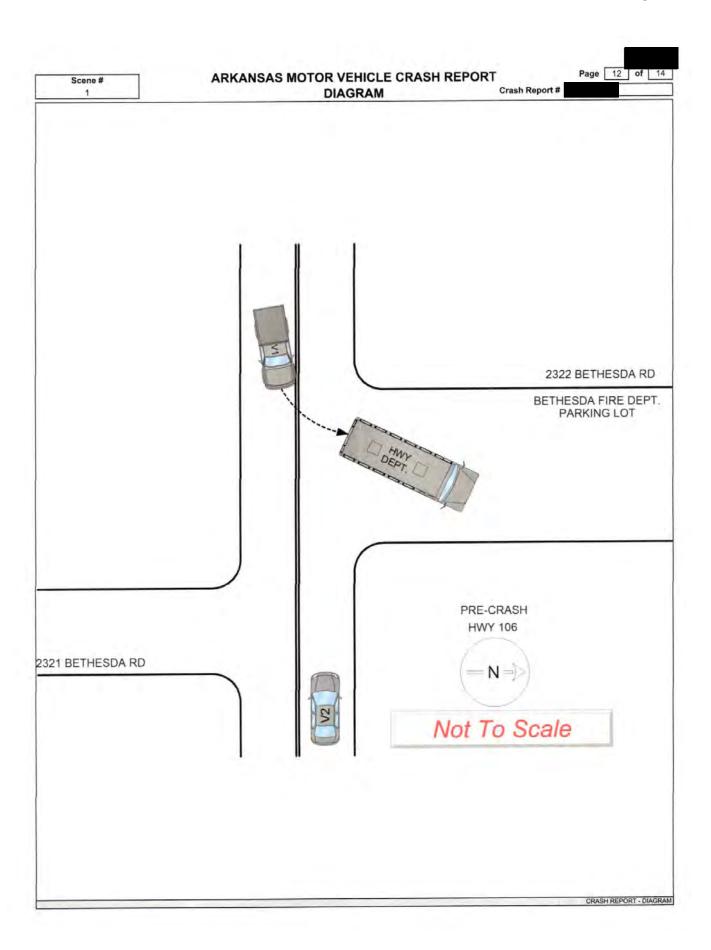
Motor Vehicle			ARKAN			R VEHICLE CRA			Danc + #	Page 9	of 14
2					DRIVE	R INFORMATIO	N	Crash	Report #		
					DRIVE	ER INFORMATION				District	
Name Unkno	wn						A STATE OF THE STA	n/Age Sex [Male Female	Race 100 White/Caucasia	100
						100	04/07/19 Age: 29	55	Unknow	101 Black/African-Ar	
Address Unkno	wn	First			Middle	Suffix				102 Hispanic 103 Asian/Pacific Isla	
										104 American Indian 198 Other	
Street					City		State	Postal Code		999 Unknown	
		-		DF	RIVER LI	CENSE INFORMAT			1-11		
License Status	100 Licer	se Number				Restrictions on Licer	nse Check all ti	iat appry.	rictions Vi	Diated Check a	il that app
100 Valid license						☑ 000 None			0 None	17 - 10M	
200 Suspended 201 Revoked	Licer	se State	Lice	nse Cla		☐ 100 With licensed adult			0 With license		
202 Expired		AR		D)	☐ 101 Corrective lenses		_	1 Corrective I		_
203 Cancelled or denied 204 Disqualified	19.15	mmercial Dri	ver Licens	e?		☐ 102 Mechanical aid		_	2 Mechanical		
999 Unknown			ements V	olated		103 Prosthetic aid			3 Prosthetic a		
Endorsements on L Check all that apply.	Cerise	Check all	that apply	Jialeu		☐ 104 Automatic transmis	ssion		4 Automatic t		
☑ 000 None		☑ 000	None			☐ 105 Outside mirror		_	5 Outside mir		
☐ 100 Double/triple traile	irs	100	Double/triple	railers		☐ 106 Daylight only			6 Daylight on		1,000
☐ 101 Passenger		101	assenger			☐ 107 Class B or C with p		-	70	C with passengers and	class D
102 Tank vehicle		102	ank vehicle			☐ 106 Class C only with p				y with passengers	
☐ 103 Hazardous mater	als	103	Hazardous m	aterials		☐ 109 Vehicles without air	rbrakes			thout airbrakes	
104 Tank vehicle & ha	zardous mater	ials 104	Tank vehicle	& hazardou	us materials	☐ 110 Interlock device			0 Interlock de		
105 School		105	School			111 School, church, or				rch, or transit bus	_
106 Motorcycle		□ 1061	Motorcycle			112 Class D only with p	assengers			y with passengers	
☐ 107 Motor driven cycle		☐ 107 l	Motor driven	cycle		☐ 113 Diesel fuel, fertilize			3 Diesel fuel,		
☐ 108 Valid without pho	0	☐ 108 Y	/alid without	photo		☐ 114 Seasonal farm serv	vice vehicle		4-7-00	rm service vehicle	
☐ 198 Other (describe b	alow)	198	Other (descri	e below)		☐ 198 Other (describe bel	low)	19	8 Other (desc	ribe below)	
Seating Position Standard Vehicle S		Other Seatin	g Position	110 s	Restrair 000 None 100 Should 101 Should	AND SAFETY INFO Int Systems Used used - motor vehicle occupant der and lap belt used der belt only used		100	000 No he 100 DOT-o motors		000
	oht Other	801 Passenger s	ection of bus			elt only used aint used - type unknown			motor	cycle helmet worn	
1 110 120 1		802 Enclosed pa 803 Unenclosed				restraint system - forward facil restraint system - rear facing	ng		102 Helme	t worn, wn if DOT-compliant	
2 210 220 2	30 280	804 Passenger/o unknown if e			106 Boost	er seat			999 Unkno	wn if helmet wom	
		805 Trailing unit		utoele-	107 Child 198 Other	restraint - type unknown			Eye Pro	tection Usage	
3 310 320 3	30 480	806 Riding on m	utor vehicle é	Atenor	970 Not as	policable			₩ No		
		Unknown			999 Unkno				Unkn	own	
4 410 420 4	30 (580 (-	999 Unknown			dud Ulikik			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	000	Extrication	000
4 410 420 4	30 (580 (-	999 Unknown			P364-E207-1	s Deployed		Ejection	000	A RECEIVE OF THE REST. AT	
4 410 420 4 5 510 520 5	30 580	999 Unknown			Air Bag:	that apply:		Ejection 000 Not ejected 100 Ejected, par		000 Not extricated 100 Extricated	
4 410 420 4 5 510 520 5	30 580 -				Air Bags	that apply: Not deployed		000 Not ejected 100 Ejected, par 101 Ejected, tota	tially		
4 410 420 4 5 510 520 5 Bus Seating Positio (Complete if 801 was select	n sted for Seating				Air Bags Check all	that apply:		000 Not ejected 100 Ejected, par	tially	100 Extricated	
4 410 420 4 5 510 520 5 Bus Seating Positio (Complete if 801 was select Driver	n Fr	Position above.)	1E	I 1F	Air Bags Check all □ 000 h □ 100 t □ 101 t □ 102 t	that apply: Not deployed Deployed: front Deployed: side Deployed: curtain		000 Not ejected 100 Ejected, par 101 Ejected, tota 970 Not applicat 999 Unknown Ejection Pati	tially ally ole	100 Extricated 999 Unknown	
4 410 420 4 5 510 520 5 Bus Seating Positio (Complete if 801 was selected) Driver 1A 1B 2A 2B	n sted for Seating Fr	Position above.)	2E	2F	Air Bags Check all □ 000 h □ 100 t □ 101 t □ 102 t	that apply: Not deployed Deployed: front Deployed: side		000 Not ejected 100 Ejected, par 101 Ejected, tota 970 Not applicat 999 Unknown	tially olly ole	100 Extricated	
4 410 420 4 5 510 520 5 Bus Seating Positio (Complete if 801 was select Driver 1A 1B 2A 2B 3A 3B	n sted for Seating Fi	Position above.)	2E 3E	2F 3F	Air Bags Check all 000 h 100 t 100 t 100 t 100 t 100 t 100 t	that apply: Not deployed Deployed: front Deployed: side Deployed: curtain		000 Not ejected 100 Ejected, par 101 Ejected, tota 970 Not applicat 999 Unknown Ejection Pati 000 Not ejected 100 Side door of 101 Side window	tially alty ble	100 Extricated 999 Unknown 970 Not applicable	
4 410 420 4 5 510 520 5 Bus Seating Position (Complete if 801 was select Driver 1A 1B 2A 2B 3A 3B 4A 4B	n Francisco Seating Fran	Position above.) ont 10 20 30 40	2E 3E 4E	2F	Air Bags Check all 000 h 100 t 100 t 100 t 100 t 100 t 100 t	that apply: Not deployed Deployed: front Deployed: side Deployed: curtain Deployed: other		000 Not ejected 100 Ejected, par 101 Ejected, tota 970 Not applicat 999 Unknown Ejection Pat 000 Not ejected 100 Side door o 101 Side window 102 Windshield 103 Back windo	natially salty sal	100 Extricated 999 Unknown 970 Not applicable 999 Unknown	
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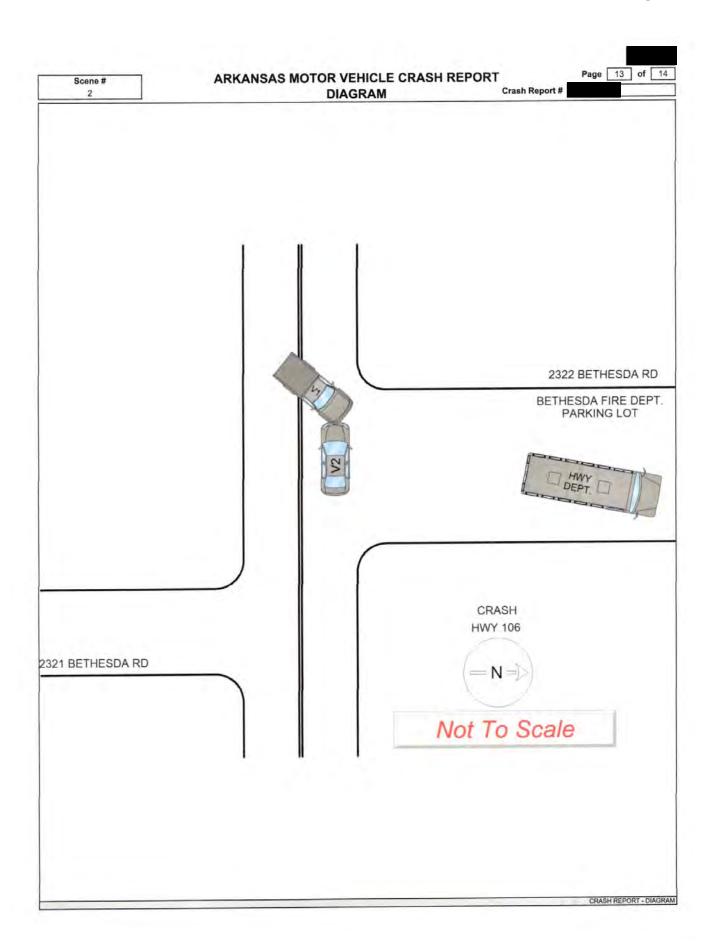
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000 Apparently non	mal	000 Not distracte		actronic	100 No obstruction no 100 Rain, snow, fog, s			ot in-transport motor vehicle arked, working)	
100 Physically impa	aired	100 Manually op communicati		exting, typing, dialing)		right sunlight,	107 Sp	plash or spray of passing vehicle	
	ressed, angry, disturbed,				or headlights	ar randway		adequate defrost or defog syster adequate vehicle lighting system	
102 III (sick) or faint		102 Talking on h 103 Other activity			102 Curve, hill, or other design feature	si Tuduway		estruction interior to the vehicle	
103 Asleep or fatigu	ued ence of medication or dru	104 Passenger	1		103 Building, billboard		cture 111 Ex	demal mirrors	
104 Under the influence 105 Un		980 Other distract			104 Trees, crops, or v 105 In-transport motor			oken or improperly cleaned wind ostructing angles on vehicle	usnield
198 Other	since or ancorror	999 Unknown if		the venicle	(including load)		199 Vi	sion obscured - no details	
		If 980 or 981, desc	tribe below:		980 Other visual obstr	ruction (descri	be below)		
999 Unknown									-
Priver Suspected	Alcohol Test Type	Given	00	hol Test Result S	Status 970	Blood Al	cohol Content	Speeding Related 000 Not speeding	999
of Alcohol Usage	000 No test given 001 Test refused	_		esults pending esults received				100 Racing	
Yes	100 Blood test		970 N	ot applicable				101 Exceeded speed limit	
	101 Breath test		999 U	nknown				102 Too fast for conditions 999 Unknown	
₩ No	102 Urine test 198 Other type of test							333 CHAIOMI	
Unknown	100 data type of teat					☐ Resu	t received from		
	999 Unknown if tested					Chine	Lab		
Oriver Suspected	Drug Test Type G	iven 000		st Results	Result received from			Characa	
of Drug Usage	000 No test given		-	g/Negative	Not Applicable		Citation #	Charges	
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	999 Unknown if tested		-	Benzodiazepines	☐ 208 Oxycodone	9			
			0.00	Cannabinoids	209 Propoxyph				_
			□ 204	Cocaine	210 Phencyclid	ine (PCP)			
				Methadone			-		
			298	Other positive result (describe below)				
			DRIVER	R ACTIONS A	T TIME OF CRA	ASH			
Check all that appl	ly:								
☑ 000 No contribut	ing action		☐ 999 Unk	nown					
	fic Signs or Control	. 4	mproper I	Maneuver		0	ther Actions		
100 Disregarded				roper right turn			600 Impeding tra	ffic	
☐ 101 Disregarded				roper left turn			601 Ran off road		
☐ 102 Disregarded	A special and the second second		☐ 302 Imp				602 Crowded off		
☐ 103 Disregarded				roper backing			603 Crossing me		
☐ 104 Disregarded				roper passing			604 Failed to yie	N. A. S. Santa and A. S.	
☐ 105 Disregarded				roper lane change			605 Failed to kee		
☐ 106 Disregarded				roperly parked	et and a		607 Wrong way	21. 32X	
Swerved or Avoi				Use of Lights or	signais		608 Followed too	closely	
200 Swerved or				ring without lights ed to dim headlights			609 Cutting in		
	avoided due to slippery su avoided due to motor veh			ed to aim neadigitis ed to or improper sign	nal			ing or over-steering	
	avoided due to motor ven	ATTO COMPLETE					980 Other contrib	outing action (describe below)	
	avoided due to object in n	arkings.	Insafe Op	kless operation		_			
	avoided due to animal in	73 W. A. C.	_	ressive operation					
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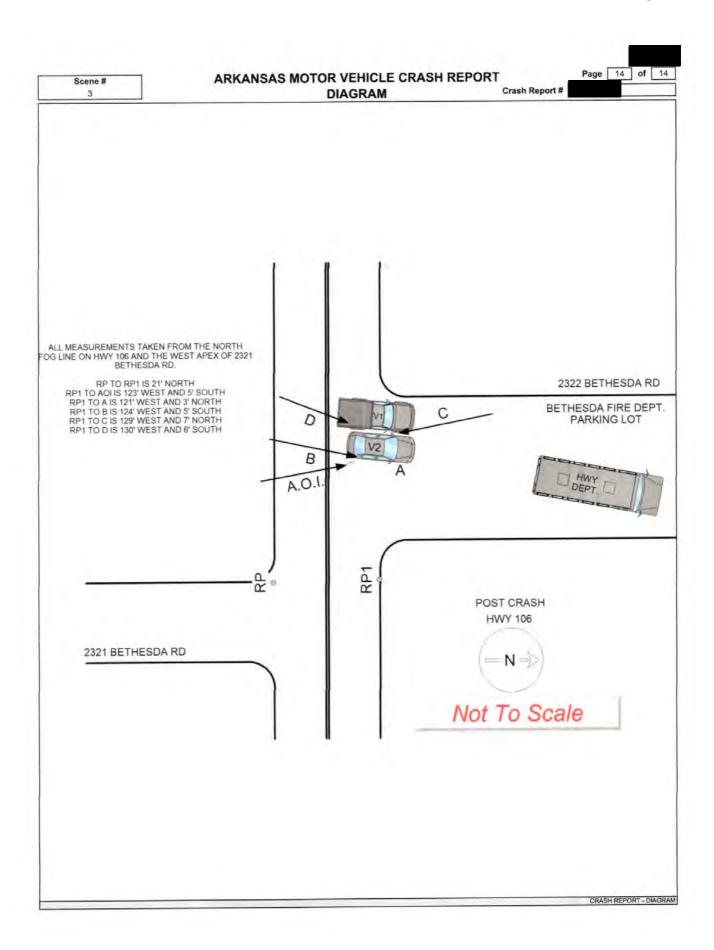
ARKANSAS MOTOR VEHICLE CRASH REPORT NARRATIVE Crash Report

Page	11	of	14
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V1 was traveling eastbound on State Highway 106 behind a large Highway Department vehicle. V2 was traveling westbound on State Highway 106 in the westbound traffic lane. The large Highway Department Vehicle turned left into the parking lot at 2322 Bethesda Road (Bethesda Fire Department). V1 followed the large vehicle and did not yield to oncoming traffic. This caused V2's front bumper to strike V1's front bumper, both vehicles became disabled in the highway. Both operators were transported by EMS.
CRASH REPORT - NARRATIVE







ENAME CO	ARKANSAS	STATE	POLICE	ASP 81 (Rev. 06/04/2019)
ALE POLE	Crash Rep Driver/Witne	ort Suppless Statem		
Crash Date: 9-19	22 Time: 219	DAM 🖺	PM Report #:	
Name;			Date of Birth:	
Address:	# and Street or P.O. Box #	City	Sta	ate Zip Code
Phone Number: (a Code Telephone#	Em		
Driver's License #:	2		Dr □ c	CDL State:
Vehicle Make: Location of Crash:	HWY 106/ Reth	esda File	License #:	State;
Statement of: Dr	iver Passenger			Yes No
Driver/Passenger/Without Shake		CAL BANUS		observal him
unable to aveil	d him.			
As the <i>driver</i> of the veh	icle, were any of the following	ng conditions a	contributing factor i	n this accident?
	☐ Epileptic Condition	nfusion		
	sical disability, disease, disc		er medical condition	igh
Signature of Driver:	A Ally Spirst/MI/L	iUV ast Name)	Date	e: 9-19-22
Signature of Officer:	Cal Ch	13/ Plu	CHIS Date	e: 9-19-22



ARKANSAS STATE POLICE

ASP 81 (Rev. 06/04/2019)

Crash Report Supplement Driver/Witness Statement Form

Crash Date			
	: 9-19-22 . Time: 2:19	DAM DPM Report #:	
Name:		Date of Birth:	ath (Dow/ Year)
Address: _	House # and Street or P.O. Box #	City State	Zip Code
Phone Num	nber: ()	Email:	
Driver's Lice		□ DE CDL S	state:
Vehicle Mal	Drug and Day	Vehicle License #: Sta	ite: _
Statement of	of: Driver Passenger W	Vitness Are You Injured? Yes [Check One	
Ø F 8	JON't remember 19494	11 W/AT HAPPENE	
As the drive	e r of the vehicle, were any of the following	g conditions a contributing factor in this ac	cident?
	er of the vehicle, were any of the following	g conditions a contributing factor in this ac	ccident?
☐ Uncon			ccident?
Uncon	sciousness	usion	ccident?
Uncon Other	sciousness	usion der or any other medical condition	cident?

From: ASCC New Claims

To: Looney, Rita S.; Sparks, Trella A.; Blakley, Sharon

Cc: Kathryn Irby

Subject: CLAIM: Katelyn Spicer v. ArDOT, Claim No. 230400

Date: Monday, October 3, 2022 1:35:00 PM

Attachments: Katelyn Spronger og greder pdf

Katelyn Spronger og greder pdf

Katelyn Spronger og greder pdf

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

October 3, 2022

Ms. Rita Looney Arkansas Department of Transportation Post Office Box 2261 Little Rock, Arkansas 72209 (via email)

RE: Katelyn Spicer v. Arkansas Department of Transportation Claim No. 230400

Dear Ms. Looney,

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: Katelyn Spicer, Claimant (w/o encl.) (via email)

From: **ASCC New Claims**

To:

"Kathryn Irby" Bcc:

Subject: Date: Attachments:

Dear Ms. Spicer,

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: Stephanie Crawford
To: ASCC Pleadings

 Cc:
 Kathryn Irby: rita.looney@ardot.gov

 Subject:
 FW: No. 230400 - Katelyn Spicer v. ArDOT

 Date:
 Tuesday, October 4, 2022 4:52:52 PM

Attachments: image actions

I am re-sending this email since I previously had Ms. Looney's email wrong.

From: Stephanie Crawford

Sent: Tuesday, October 4, 2022 4:50 PM

To: asccpleadings@arkansas.gov

Cc: Kathryn Irby <Kathryn.Irby@arkansas.gov>; rita.looney@arkansas.gov; Brandon Lacy

<brandon@lacylawfirm.com>

Subject: No. 230400 - Katelyn Spicer v. ArDOT

Attached please find an Entry of Appearance to be filed on behalf of the Claimant, Katelyn Spicer.

At this time, we are requesting a copy of all documents filed in this case prior to the filing of Mr. Lacy's Entry of Appearance.

Thank you,



Stephanie Crawford

Legal Assistant 630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522

Facsimile: 870-932-4529

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER

CLAIMANT

V.

CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

ENTRY OF APPEARANCE

Now on this _____ day of October, 2022, notice is hereby provided to the Commission and all counsel of record that the undersigned attorney enters his appearance on behalf of Claimant, Katelyn Spicer, to appear as her counsel of record in the above-captioned matter.

Respectfully Submitted

By: Brandon Lacy (2003098)

Brandon Lacy LACY LAW FIRM 630 S. Main Street Jonesboro, AR 72401 Ph: (870) 932-4522

brandon@lacylawfirm.com

CERTIFICATE OF SERVICE

Ms. Rita Looney P. O. Box 2261 Little Rock, AR 72203-2261 rita.looney@arkansas.gov

Brandon Lacy #2003098

From: <u>Kathryn Irby</u>

To: <u>Stephanie Crawford</u>; <u>ASCC Pleadings</u>

Cc: rita.looney@ardot.gov; Brandon Lacy; Sparks, Trella A.

Subject: INFO REQUESTED: Spicer v. ArDOT, Claim No. 230400

Washeaday, Oatabas F. 2022 7 57 00 MM.

Date: Wednesday, October 5, 2022 7:57:00 AM

Attachments: CLAIM Katelyn Color V. 2010 100 msg

image......png

Brandon, I can confirm receipt of your entry of appearance. Per Stephanie's request, I am attaching a copy of the claim file that was sent to ArDOT on 10/3/2022.

I am also adding Trella Sparks to this email.

Thanks, Kathryn Irby

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

From: Stephanie Crawford <stephanie@lacylawfirm.com>

Sent: Tuesday, October 4, 2022 4:53 PM

To: ASCC Pleadings <asccpleadings@arkansas.gov>

Cc: Kathryn Irby <Kathryn.Irby@arkansas.gov>; rita.looney@ardot.gov

Subject: FW: No. 230400 - Katelyn Spicer v. ArDOT

I am re-sending this email since I previously had Ms. Looney's email wrong.

From: Stephanie Crawford

Sent: Tuesday, October 4, 2022 4:50 PM

To: asccpleadings@arkansas.gov

Cc: Kathryn Irby < Kathryn Irby Kathryn Irby @arkansas.gov>

The second of the second

brandon@lacylawfirm.com>

Subject: No. 230400 - Katelyn Spicer v. ArDOT

Attached please find an Entry of Appearance to be filed on behalf of the Claimant, Katelyn Spicer.

At this time, we are requesting a copy of all documents filed in this case prior to the filing of Mr. Lacy's Entry of Appearance.

Thank you,



Stephanie Crawford

Legal Assistant 630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522

Facsimile: 870-932-4529

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From: Stephanie Crawford
To: ASCC Pleadings

Cc: <u>rita.looney@ardot.gov</u>; <u>Trella.Sparks@ardot.gov</u>; <u>Brandon Lacy</u>

Subject: Spicer v. ArDOT, Claim No. 230400

Date: Wednesday, October 5, 2022 2:51:23 PM

Attachments: Image Prints

Matter to Spicer v. ArDOT, Claim No. 230400

Attached please find Claimant's Motion to Stay and Hold Claim in Abeyance that we are submitting for filing with the Commission today. Please confirm receipt.

Thank you,

Stephanie Crawford

Legal Assistant

630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522

Facsimile: 870-932-4529

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANT

V.

CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

CLAIMANT'S MOTION TO STAY AND HOLD CLAIM IN ABEYANCE

Comes the Claimant, Katelyn Spicer, by and through her attorney, Brandon Lacy of Lacy Law Firm, and for her Motion to Stay and Hold Claim in Abeyance, states:

- 1. This claim was initially commenced by Claimant's liability insurance carrier.
- 2. Since the claim was commenced, the Claimant has retained the undersigned counsel to represent her interest moving forward.
- 3. Claimant's counsel does not believe moving forward with this claim at this time is appropriate. Claimant is still receiving medical treatment, and the identification of the amount of her claim sought is impossible until she has further clarification on the nature, extent and duration of her injuries. Moreover, Claimant cannot identify the amount of medical bills for treatment of her injuries until treatment is further along.
- 4. Accordingly, Claimant respectfully requests that the Commission stay her claim and hold it in abeyance until further notice.

WHEREFORE, Claimant prays that the Court grant her Motion, stay the case and hold it in abeyance until further notification from her counsel, and award her any and all other appropriate relief to which she may be entitled.

Respectfully/Submitted,

By: Brandon Lacy (2003098)

Brandon Lacy LACY LAW FIRM 630 S. Main Street Jonesboro, AR 72401 Ph: (870) 932-4522 brandon@lacylawfirm.com

CERTIFICATE OF SERVICE

Ms. Rita Looney Ms. Trella Sparks P. O. Box 2261 Little Rock, AR 72203-2261 rita.looney@ardot.gov trella.sparks@ardot.gov

Brandon Lacy #2003098

From: <u>Kathryn Irby</u>

To: Sparks, Trella A.; Looney, Rita S.

Cc: Blakley, Sharon; Brandon Lacy; ASCC Pleadings; Andrews, Amanda J.

Subject: RE: Spicer v. ArDOT, Claim No. 230400

Date: Wednesday, October 5, 2022 4:08:00 PM

Attachments: image. ...png

Great, thanks.

Kathryn

From: Sparks, Trella A. <Trella.Sparks@ardot.gov> Sent: Wednesday, October 5, 2022 4:07 PM

To: Kathryn Irby <Kathryn.Irby@arkansas.gov>; Looney, Rita S. <Rita.Looney@ardot.gov>

Cc: Blakley, Sharon <Sharon.Blakley@ardot.gov>; Brandon Lacy <brandon@lacylawfirm.com>; ASCC

Pleadings < ASCCPleadings@arkansas.gov> **Subject:** RE: Spicer v. ArDOT, Claim No. 230400

I have forwarded to Amanda Andrews, the Staff Attorney assigned to handle this claim.

From: Kathryn Irby < <u>Kathryn Irby@arkansas.gov</u>>
Sent: Wednesday, October 5, 2022 4:06 PM

To: Looney, Rita S. <Rita.Looney@ardot.gov>; Sparks, Trella A. <Trella.Sparks@ardot.gov>

Cc: Blakley, Sharon < Sharon.Blakley@ardot.gov >; Brandon Lacy < brandon@lacylawfirm.com >; ASCC

Pleadings < <u>ASCCPleadings@arkansas.gov</u>> **Subject:** RE: Spicer v. ArDOT, Claim No. 230400

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Ms. Looney and Ms. Sparks, is ArDOT in agreement with Mr. Lacy's motion? If so, I will submit it to the Claims Commission for an order.

Thanks, Kathryn Irby

From: Misty Scott < <u>Misty.Scott@arkansas.gov</u>> **On Behalf Of** ASCC Pleadings

Sent: Wednesday, October 5, 2022 3:05 PM **To:** Kathryn Irby < <u>Kathryn.Irby@arkansas.gov</u>> **Subject:** FW: Spicer v. ArDOT, Claim No. 230400

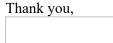
From: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>

Sent: Wednesday, October 5, 2022 2:51 PM

To: ASCC Pleadings asccpleadings@arkansas.gov>

Cc: <u>rita.looney@ardot.gov</u>; <u>Trella.Sparks@ardot.gov</u>; Brandon Lacy < <u>brandon@lacylawfirm.com</u>> **Subject:** Spicer v. ArDOT, Claim No. 230400

Attached please find Claimant's Motion to Stay and Hold Claim in Abeyance that we are submitting for filing with the Commission today. Please confirm receipt.



?

Stephanie Crawford

Legal Assistant 630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522

Facsimile: 870-932-4529

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From: Kathryn Irby
To: Andrews, Amanda J.

 Cc:
 Blakley, Sharon; Brandon Lacy; ASCC Pleadings

 Subject:
 ORDER: Spicer v. ArDOT, Claim No. 230400

 Date:
 Wednesday, October 5, 2022 4:26:00 PM

Attachments: Spice Track-pdf

image of png

Mr. Lacy and Ms. Andrews, please see attached order entered by the Claims Commission. Per the order, I have placed this claim into an abeyance status.

Thanks, Kathryn Irby

From: Andrews, Amanda J. <Amanda.Andrews@ardot.gov>

Sent: Wednesday, October 5, 2022 4:15 PM

To: Kathryn Irby <Kathryn.Irby@arkansas.gov>; Sparks, Trella A. <Trella.Sparks@ardot.gov>; Looney, Rita S. <Rita.Looney@ardot.gov>

Cc: Blakley, Sharon <Sharon.Blakley@ardot.gov>; Brandon Lacy <bra> cbrandon@lacylawfirm.com>; ASCC

Pleadings Subject: RE: Spicer v. ArDOT, Claim No. 230400

Ms. Irby,

ARDOT has reviewed the Claimant's Motion to hold her claim in abeyance and does not object to an order granting same.

Please let me know if you require anything further from us.

Sincerely,

Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation P.O. Box 2261 Little Rock, AR 72203-2261

Office: (501) 569-2278 Fax: (501) 569-2164

Email: amanda.andrews@ardot.gov



From: Kathryn Irby < Kathryn Irby Kathryn Irby @arkansas.gov>
Sent: Wednesday, October 5, 2022 4:09 PM

To: Sparks, Trella A. <<u>Trella.Sparks@ardot.gov</u>>; Looney, Rita S. <<u>Rita.Looney@ardot.gov</u>>

Cc: Blakley, Sharon < Sharon.Blakley@ardot.gov>; Brandon Lacy < brandon@lacylawfirm.com>; ASCC Pleadings < ASCCPleadings@arkansas.gov>; Andrews, Amanda J. < Amanda.Andrews@ardot.gov>

Subject: RE: Spicer v. ArDOT, Claim No. 230400

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Great, thanks.

Kathryn

From: Sparks, Trella A. <<u>Trella.Sparks@ardot.gov</u>>
Sent: Wednesday, October 5, 2022 4:07 PM

To: Kathryn Irby < Kathryn Irby <a href="mailto:Kathryn Irby "mailto:Kathryn "mailto:Kathryn "mailto:Kathryn "mailto:Kathryn "mailto:Kathryn "mailto:Kathryn "mailt

Cc: Blakley, Sharon < Sharon.Blakley@ardot.gov >; Brandon Lacy < brandon@lacylawfirm.com >; ASCC

Pleadings < <u>ASCCPleadings@arkansas.gov</u>> **Subject:** RE: Spicer v. ArDOT, Claim No. 230400

I have forwarded to Amanda Andrews, the Staff Attorney assigned to handle this claim.

From: Kathryn Irby < Kathryn Irby Kathryn Irby @arkansas.gov>
Sent: Wednesday, October 5, 2022 4:06 PM

To: Looney, Rita S. <Rita.Looney@ardot.gov>; Sparks, Trella A. <Trella.Sparks@ardot.gov>

Cc: Blakley, Sharon <<u>Sharon.Blakley@ardot.gov</u>>; Brandon Lacy <<u>brandon@lacylawfirm.com</u>>; ASCC

Pleadings < ASCCPleadings@arkansas.gov > Subject: RE: Spicer v. ArDOT, Claim No. 230400

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.

Ms. Looney and Ms. Sparks, is ArDOT in agreement with Mr. Lacy's motion? If so, I will submit it to the Claims Commission for an order.

Thanks, Kathryn Irby

From: Misty Scott < Misty.Scott@arkansas.gov > On Behalf Of ASCC Pleadings

Sent: Wednesday, October 5, 2022 3:05 PM **To:** Kathryn Irby < <u>Kathryn.Irby@arkansas.gov</u>> **Subject:** FW: Spicer v. ArDOT, Claim No. 230400

From: Stephanie Crawford < stephanie@lacylawfirm.com>

Sent: Wednesday, October 5, 2022 2:51 PM

To: ASCC Pleadings asccpleadings@arkansas.gov>

Cc: rita.looney@ardot.gov; Trella.Sparks@ardot.gov; Brandon Lacy < brandon@lacylawfirm.com >

Subject: Spicer v. ArDOT, Claim No. 230400

Attached please find Claimant's Motion to Stay and Hold Claim in Abeyance that we are submitting for filing with the Commission today. Please confirm receipt.





Stephanie Crawford

Legal Assistant 630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522

Facsimile: 870-932-4529

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

KATELYN SPICER CLAIMANT

V. CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

ORDER

Now before the Arkansas State Claims Commission (the "Claims Commission") is the motion filed by Katelyn Spicer (the "Claimant") to stay or hold in abeyance Claimant's claim filed against the Arkansas Department of Transportation (the "Respondent"). Respondent confirmed that it does not object to Claimant's motion. As such, the Claims Commission will place this claim in abeyance pending notification that Claimant is ready to proceed. Claimant's motion is GRANTED.

IT IS SO ORDERED.

ARKANSAS STATE CLAIMS COMMISSION

Lewy C. Kinslow

Courtney Baird Dexter Booth Henry Kinslow, Co-Chair Paul Morris, Co-Chair Sylvester Smith

DATE: October 5, 2022

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date 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 the date 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: Blakley, Sharon
To: ASCC Pleadings

Cc:Andrews, Amanda J.; Brandon LacySubject:Spicer v ARDOT Claim 230400 ANS-MTDDate:Tuesday, October 18, 2022 2:40:11 PM

Attachments:

Spicer 230 45 22 10 18 pdf

Please acknowledge receipt of the attached Answer & Motion to Dismiss for the referenced claim.

Sharon D. Blakley ARDOT - Legal Office Manager Tax Intercept Unit Administrator (501) 569-2022 fax (501)569-2164

Sharon.Blakley@ardot.gov

ArDOT Logo (email)





ARKANSAS DEPARTMENT OF TRANSPORTATION

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

LEGAL DIVISION | Amanda J. Andrews, Staff Attorney | Amanda.Andrews@ardot.gov 10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261 | Phone: 501.569.2278 | Fax: 501.569.2164

October 18, 2022

Ms. Kathryn Irby, Director Arkansas State Claims Commission 101 East Capitol Avenue, Suite 410 Little Rock, AR 72201-3823

(Via Electronic Mail)

Re: Katelyn Spicer v. Arkansas Department of Transportation

Claim No. 230400

Dear Ms. Irby:

Enclosed please find the Respondent's Answer to be filed in the above-styled claim. I request that you acknowledge receipt at your earliest convenience.

Please do not hesitate to contact me if you have any questions or require anything further.

Respectfully,

Amanda J. Andrews

Amanda J. Andrews

Staff Attorney

AJA\sdb Enclosures

cc: **Brandon Lacy**

brandon@lacylawfirm.com

BEFORE THE STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANT

V. CLAIM NO. 230400

RESPONDENT

ARKANSAS DEPARTMENT OF TRANSPORTATION

ANSWER OR, IN THE ALTERNATIVE, MOTION TO DISMISS

COMES NOW the Respondent, Arkansas Department of Transportation, by and through its Staff Attorney, Amanda J. Andrews, and for its Answer to the claim of Claimant, Katelyn Spicer, or, in the alternative, Motion to Dismiss, states the following:

- 1. Respondent does not dispute liability.
- 2. Respondent requests that this matter be scheduled for a hearing to determine the nature and extent of the Claimant's damages, if any.
- 3. Pleading affirmatively, Respondent states that Claimant failed to include in the written claim form "a statement of facts sufficiently clear to identify the Claimant, the Respondent state agency or agencies, the circumstances giving rise to the claim and *the amount of monetary damages sought*" as is required under Rule 2.1 of the Arkansas State Claims Commission Rules (emphasis added). *See also* Ark. Code Ann. § 19-10-208(b)(4).
- 4. Pleading affirmatively, Respondent states that Claimant failed to provide any proof that she filed a claim with her insurance carrier, State Farm Mutual Automobile Insurance Company, for coverage related to the underlying incident or that any such claim has been denied.

- 5. Arkansas Code Annotated § 19-10-302 requires a Claimant to exhaust all remedies against any insurers before pursuing a claim before the Arkansas State Claims Commission ("Commission") and states:
 - (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.
- 6. Claimant stated in Paragraph 5b of the written claim form that she did not have have insurance covering the vehicle she was driving at the time of the incident. However, the Arkansas Motor Vehicle Crash Report, which was attached to the Claimant's written claim form, stated on page 7 that the Claimant's vehicle was insured under a policy issued by State Farm Mutual Automobile Insurance Company.
- 7. A copy of Claimant's insurance coverage is attached hereto as Exhibit "A" and incorporated herein by reference. The policy includes coverage for Uninsured Motor Vehicle Bodily Injury in the amount of \$25,000 per person and \$50,000 per accident, Uninsured Motor Vehicle Property Damage in the amount of \$25,000 per accident, and Medical Payments in the amount of \$5,000.
- 8. As a state agency, Respondent is not required to meet motor vehicle liability insurance requirements on its owned vehicles, including the vehicle involved in the underlying incident, pursuant to Arkansas Code Annotated §§ 27-22-101(b) and 27-13-102(d), and is, therefore, uninsured.

9. Although the present claim is currently held in abeyance pending the Claimant's completion of medical treatment, Respondent requests that the claim be dismissed on the grounds that the Claimant has failed to fully exhaust her remedies against her own insurer, State Farm Mutual Automobile Insurance Company, or, in the alternative, that the Claimant be required to correct the deficits in the written claim, including the omission of the amount of monetary damages sought and the exhaustion of all remedies against insurers, including the Claimant's insurer, as required by Rule 2.1 of the Arkansas State Claims Commission Rules and Arkansas Code Annotated §§ 19-10-208(b)(4) and 19-10-302.

WHEREFORE, the Respondent, Arkansas Department of Transportation, prays that the claim of Claimant, Katelyn Spicer, be dismissed or, in the alternative, that the Claimant be ordered to correct the deficits in the written claim.

Respectfully submitted,

ARKANSAS DEPARTMENT OF TRANSPORTATION

Amanda J. Andrews

By:

Amanda J. Andrews, Staff Attorney (Ark. Bar No. 2005205)

Post Office Box 2261

Little Rock, AR 72203-2261

(501) 569-2278

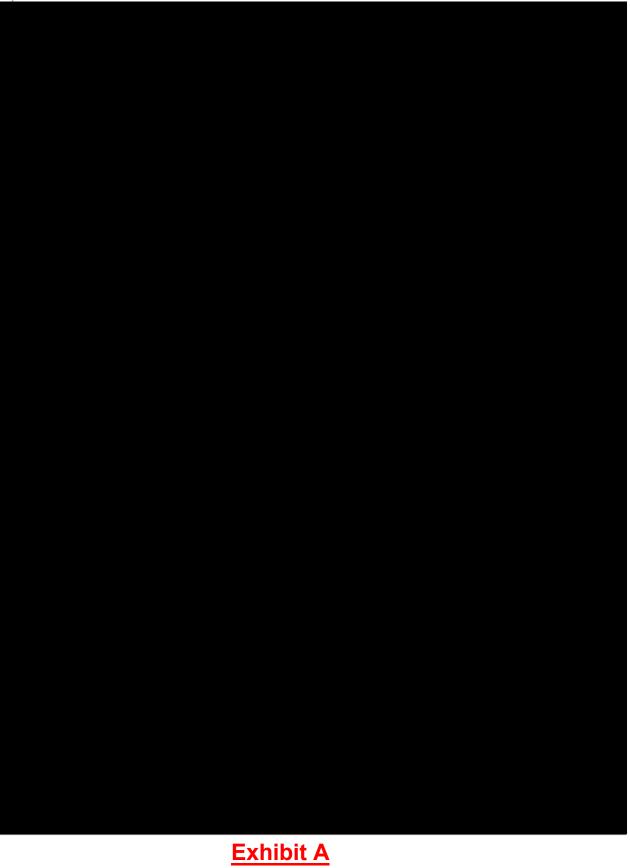
Amanda.Andrews@ardot.gov

CERTIFICATE OF SERVICE

I, Amanda J. Andrews, certify that a true and correct copy of the foregoing notice has been served upon Claimant by delivery of same via electronic mail this 18th day of October, 2022, to:

Brandon Lacy Lacy Law Firm 630 South Main Street Jonesboro, AR 72401 brandon@lacylawfirm.com Amanda J. Andrews

Amanda J. Andrews











 From:
 Kathryn Irby

 To:
 Andrews, Amanda J.

 Cc:
 Blakley, Sharon; Brandon Lacy

Subject: RE: Spicer v ARDOT Claim 230400 ANS-MTD Date: Thursday, January 12, 2023 2:54:00 PM

Attachments: image. ...png

Brandon and Amanda, the Claims Commission is going to hold off on ruling on this MTD until the claim comes out of abeyance. When that happens, please feel free to follow up on this motion (if it hasn't been resolved by then).

Thanks, Kathryn

From: Blakley, Sharon <Sharon.Blakley@ardot.gov>

Sent: Tuesday, October 18, 2022 2:40 PM

To: ASCC Pleadings < ASCCPleadings@arkansas.gov>

Cc: Andrews, Amanda J. <Amanda.Andrews@ardot.gov>; Brandon Lacy

<Brandon@lacylawfirm.com>

Subject: Spicer v ARDOT Claim 230400 ANS-MTD

Please acknowledge receipt of the attached Answer & Motion to Dismiss for the referenced claim.

Sharon D. Blakley ARDOT - Legal Office Manager Tax Intercept Unit Administrator (501) 569-2022 fax (501)569-2164 Sharon.Blakley@ardot.gov

ArDOT Logo (email)



From: Stephanie Crawford To: **ASCC Pleadings**

Amanda.Andrews@ardot.gov; Brandon Lacy Cc: Subject: No. 230400 - Katelyn Spicer v. ArDOT Date: Thursday, June 15, 2023 1:49:21 PM Attachments:

w Englay o. 15.23.pdf

Attached please find Claimant's Motion to Lift Stay that we are submitting for filing with the Commission today. Please confirm receipt.

Thank you,

?

Stephanie Crawford

Legal Assistant

630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522 Facsimile: 870-932-4529

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202 W, MEADOW FAYETTEVILLE, AR 72701 P 479,595,0909 F 479,595,0928

BRANDON@LACYLAWFIRM.COM • WWW.LACYLAWFIRM.COM

630 S. MAIN STREET JONESBORO, AR 72401 P 870.932.4522 F 870.932.4529

June 15, 2023

VIA ELECTRONIC MAIL TO ascepleadings@arkansas.gov

Arkansas State Claims Commission Attn: Ms. Kathryn Irby 101 East Capital Avenue, Suite 410 Little Rock, AR 72201

> Re: Katelyn Spicer v. Arkansas Department of Transportation Claim No. 230400

Dear Kathryn,

Enclosed please find Claimant's Motion to Lift Stay to be filed with the Arkansas Claims Commission. Please contact me with any questions or concerns.

Yours Truly,

Brandon W. Lacy.

BWL/sc

Enclosure(s): As stated above

cc: Ms. Amanda J. Andrews (via electronic mail to Amanda.Andrews@ardot.gov)

BEFORE, THE ARKANSAS STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER

CLAIMANT

V.

CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

CLAIMANT'S MOTION TO LIFT STAY

Comes the Claimant, Katelyn Spicer, by and through her attorney, Brandon Lacy of Lacy Law Firm, and for her Motion to Lift Stay, states:

- 1. On October 5, 2022, the Claims Commission entered an Order staying this claim and placing it in abeyance to allow the Claimant time to exhaust avenues of recovery against her uninsured motorist insurance coverage. The Order states that the abeyance would be lifted pending notification that Claimant is ready to proceed.
- 2. Claimant has now exhausted all available coverage under her motor vehicle insurance policy. She has recovered the limits of all available coverage, and said limits are insufficient to make her whole for the injuries she sustained in the wreck that was caused by the Respondent's employee.
- 3. Accordingly, Claimant requests that the stay be lifted, that it be removed from abeyance, that this claim be placed back on the Commission's active docket, and that the matter be scheduled for a hearing.

Respectfully Submitted,

By: Brandon Lacy (2003098)

Brandon Lacy LACY LAW FIRM 630 S. Main Street Jonesboro, AR 72401 Ph: (870) 932-4522 brandon@lacylawfirm.com

CERTIFICATE OF SERVICE

I, Brandon Lacy, certify that a copy of the foregoing pleading was served, via email, upon the following counsel of record in the above captioned case on June _______, 2023:

Ms. Amanda J. Andrews P. O. Box 2261 Little Rock, AR 72203-2261 Amanda.Andrews@ardot.gov

Brandon Lacy #2003098

From: <u>Andrews, Amanda J.</u>

To: Stephanie Crawford; ASCC Pleadings
Cc: Brandon Lacy; Blakley, Sharon D.
Subject: RE: No. 230400 - Katelyn Spicer v. ArDOT
Date: Wednesday, June 21, 2023 9:52:05 AM

Attachments: image.ing

Thank you, Stephanie. Please include Sharon Blakley on all correspondence related to this matter.

Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261 Office: (501) 569-2278 Fax: (501) 569-2164

Email: amanda.andrews@ardot.gov



From: Stephanie Crawford <stephanie@lacylawfirm.com>

Sent: Thursday, June 15, 2023 1:49 PM

To: asccpleadings@arkansas.gov

Cc: Andrews, Amanda J. <Amanda.Andrews@ardot.gov>; Brandon Lacy

<brandon@lacylawfirm.com>

Subject: No. 230400 - Katelyn Spicer v. ArDOT

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Attached please find Claimant's Motion to Lift Stay that we are submitting for filing with the Commission today. Please confirm receipt.

Thank you,



Stephanie Crawford

Legal Assistant 630 South Main Street Jonesboro, AR 72401

Phone: 870-932-4522 Facsimile: 870-932-4529

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From: Blakley, Sharon D.

To: ASCC Pleadings

Cc: Andrews, Amanda J.; Brandon Lacy

Subject: Spicer v ARDOT Claim 230400 Respondent"s 1st Set of Interrogatories & Requests for Production of Documents

Date: Wednesday, September 6, 2023 2:46:00 PM

Attachments: image property

imago pri png Spicer 2301 Long Lunzo 2,09,06 pd

Spicer.230400.IV. N. F. Dr. Stant W att.2023.09.06.pdf

Please acknowledge receipt of the attached Respondent's First Set of Interrogatories and Requests for Production of Documents Propounded to the Claimant.

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

ArDOT Logo (email)





ARKANSAS DEPARTMENT OF TRANSPORTATION

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

LEGAL DIVISION | Amanda J. Andrews, Staff Attorney | Amanda.Andrews@ardot.gov 10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261 | Phone: 501.569.2278 | Fax: 501.569.2164

Via Electronic Mail

September 6, 2023

Ms. Kathryn Irby
Director, Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, AR 72201-3823

Katelyn Spicer v. Arkansas Department of Transportation

Claim No. 230400

Dear Ms. Irby:

Re:

Enclosed is Respondent's Fist Set of Interrogatories and Requests for Production of Documents Propounded to Claimant.

I request that you acknowledge receipt at your earliest convenience. Please do not hesitate to contact me if you have any questions or require anything further.

Respectfully,

Amanda J. Andrews Staff Attorney

Amanda J. Andrews

AJA\sdb Enclosures

cc w/ enc:
Brandon Lacy
Lacy Law Firm
630 South Main Street
Jonesboro, AR 72401
brandon@lacylawfirm.com
Via Electronic Mail

BEFORE THE STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANT

V. CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

RESPONDENT'S FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS PROPOUNDED TO CLAIMANT

PURSUANT TO RULE 26 OF THE ARKANSAS RULES OF CIVIL PROCEDURE,

the Respondent, Arkansas Department of Transportation, propounds its First Set of Interrogatories and Requests for Production of Documents to Claimant as follows:

Interrogatory No. 1: State your name, address, telephone number, date of birth, and Social Security number:

Interrogatory No. 2: State the name, telephone number and employer of each person or entity who has investigated on your behalf the occurrence which is the subject matter of this claim.

Interrogatory No. 3: Identify all persons whom Claimant will call as expert witnesses to give opinion testimony at the hearing of this case.

Interrogatory No. 4: Identify each person who has knowledge of any facts connected to the incident that is the subject of this claim, state the facts known to each such person, and indicate whether the person has made a written or recorded statement, identifying the custodian of each statement.

Interrogatory No. 5: Identify all documents and exhibits you will or may offer as evidence at the hearing of this matter and identify the custodians of each such item.

Interrogatory No. 6: Please state in your own words how the incident that is the subject of this claim occurred.

Interrogatory No. 7: State whether within the ten (10) years preceding the incident that is the subject of this claim you suffered any injuries, diseases, illnesses or other maladies which required the services of a doctor, psychologist, therapist, counselor or any other physical or mental health care provider or practitioner. If so, list separately the name and address of each such physical or mental health care provider or practitioner who was consulted, who examined or who rendered treatment, the date of the initial consultation, examination and/or treatment, the nature of the injury, disease, illness, or other malady for which the physical or mental health care provider or practitioner examined, consulted, or treated and the treatment that was rendered.

Interrogatory No. 8: Describe in detail each and every injury that you suffered as a result of the incident that is the subject of this claim.

Interrogatory No. 9: State the name and address of every physical or mental health care practitioner or provider who was consulted or who examined or rendered treatment for any of the injuries that resulted from the incident that is the subject of this claim. For each such physical or mental health care provider or practitioner, please list the dates of consultation, examination or treatment and the nature of the injury for which consultation, examination or treatment was rendered.

Interrogatory No. 10: In connection with your claim for medical and other health care expenses incurred as a result of the incident that is the subject of this claim, please identify and itemize each medical, hospital or other health care bill or expense for which you make a claim in this case.

Interrogatory No. 11: If other than medical expenses, you have incurred financial or material loss or damage which you attribute to the incident that is the subject of this claim, please list, describe and itemize each and every such loss or expense.

Interrogatory No. 12: State the nature, dates, duration and extent of any and all preexisting physical, mental, psychological or emotional conditions, illnesses, diseases or other maladies which you had prior to the incident that is the subject to this claim.

Interrogatory No. 13: Do you claim that the incident that is the subject of this claim caused or contributed to the aggravation or activation of a pre-existing physical, psychological, emotional or mental condition? If so, please list each such pre-existing, condition and how it has affected you differently since the incident that is the subject of this claim.

Interrogatory No. 14: State whether you have suffered any injuries, illnesses, diseases or other maladies since the date of the incident that is the subject of this claim. If so, list the nature of the injury, illness, disease or other malady with the date of occurrence of same and the name and address of each doctor or other physical or mental health care provider or practitioner who has consulted or who rendered treatment in connection therewith.

Interrogatory No. 15: State whether you were unable to work as a result of any of the injuries you sustained in the incident that is the subject of this claim. If so, give the inclusive dates of such inability, the name of every doctor or other physical or mental health care provider or practitioner who advised you not to work and the first day that you were able to return to work. If you were unable to work for more than one period following the occurrence that is the subject of the claim, please provide the requested information for each such period. Further, if you were off from work following the incident that is the subject of this claim, for any reason other than injuries sustained in the subject incident, please state the time periods and the reason why you were off from work.

Interrogatory No. 16: List the name, address and telephone number of all places where you have been employed during the ten (10) years prior to the incident that is the subject of this

claim. For each such place of employment, please list the inclusive dates of such employment, your earnings, and your reason for leaving that place of employment.

Interrogatory No. 17: Please list the name of your current employer and state your job title, job duties and your salary, wages or income received.

Interrogatory No. 18: If you claim you have suffered "a loss of earnings," and/or "a loss of earning capacity" as a result of the incident that is the subject of this claim, please state the total amount of dollars you claim as damages and describe the method you used in calculating such loss.

Interrogatory No. 19: Have you ever been involved in any other accident including but not limited to, automobile accidents, slips and falls, on the job accidents, or exercise or sporting accidents, either before or after the occurrence which is the subject of this claim? If so, please state the date, location and parties involved, whether you were injured as a result of the accident, whether you received any compensation for said accident, and if so, the amount of compensation received and from whom. If suit was filed, please state the date suit was filed, the name(s) of the party or parties, where suit was filed, the docket number of the suit and the disposition of the case.

Interrogatory No. 20: State whether you have been involved in any other civil and/or criminal litigation. If so, please state the following:

- a. The general nature of the litigation;
- b. The style of each lawsuit, including the Court in which it was filed and the docket number;
- c. The outcome of the lawsuit; and
- d. The date which judgment was tendered or the case was dismissed.

Interrogatory No. 21: Have you ever been arrested and/or convicted of any criminal offense? If so, please state the date of the arrest, the charges placed against you, the court involved in the disposition of the charges, and the disposition of the charges against you.

Interrogatory No. 22: Please list each and every policy of insurance that you had in effect at the time of the incident that is the subject of this claim, including but not limited to, automobile liability insurance, comprehensive automobile insurance, uninsured automobile insurance, underinsured automobile insurance, medical pay or personal injury protection under an automobile policy, health insurance, accident, injury and/or disability insurance, supplemental insurance or umbrella insurance. Please list the name of the insurer, the address and telephone number of the insurer, the type of policy, the amount(s) of coverage afforded under the policy, and the deductibles.

Interrogatory No. 23: Please itemize each and every payment you have received from all sources related to the incident that is the subject of this claim, or was made to a third party on your behalf as a result of the incident that is the subject of this claim, including but not limited to insurance payments.

Interrogatory No. 24: Please list and describe all other claims or lawsuits you have with any other entity or party, including insurers, workers compensation, government agencies, etc., arising out of the incident that is the subject of this claim and describe the current status or outcome of each claim.

Interrogatory No. 25: Identify your health insurance carrier, as of the date of the incident that is the subject of this claim.

Interrogatory No. 26: Please consider the foregoing Interrogatories and Requests for Production of Documents as continuing and furnish by way of supplemental response such additional information as may hereinafter be acquired which augments or modifies the answers to the foregoing Interrogatories and Requests for Production of Documents, such supplemental responses to be served within ten (10) days after receipt of such information or as soon as received if less than ten (10) days before an assigned trial date. Will you do so?

REQUESTS FOR PRODUCTION OF DOCUMENTS

Request for Production No. 1: Please provide a copy of any reports or documents produced by any person identified in Answer to Interrogatory No. 2.

Request for Production No. 2: Please provide a copy of any reports or documents produced by any person identified in Answer to Interrogatory No. 3.

Request for Production No. 3: Please provide a copy of any written statements referred to in Answer to Interrogatory No. 4.

Request for Production No. 4: Please provide copies of all documents, items, charts, models, diagrams or similar devices identified in Answer to Interrogatory No. 5.

Request for Production No. 5: Please provide all medical records which pertain to any and all injuries you allegedly sustained as a result of the incident that is the subject of this claim.

Request for Production No. 6: Please provide all medical bills which pertain to any and all injuries you allegedly sustained as a result of the incident that is the subject of this claim.

Request for Production No. 7: Please provide documentation of any other financial or material loss you incurred as a result of the incident that is the subject of this claim, including but not limited to, loss of earnings or loss of earning capacity.

Request for Production No. 8: Please provide a copy of each and every insurance policy, including the declaration page that you identified in your Answer to Interrogatory No. 22.

Request for Production No. 9: Please provide a copy of any and all checks, bank statements, or invoices evidencing payments to you or on your behalf as identified in your answer to Interrogatory No. 23.

Request for Production No. 10: Please produce a copy of any declarations or summary of coverages under any insurance policy that were in effect on the date of the incident that is the subject of this claim.

1.2.a

Request for production No. 11: Please produce a copy of the front and back of your health

insurance card that was in effect on the date of the incident that is the subject of this claim.

Request for Production No. 12: Please produce the sworn affidavit, as required by the

Arkansas Claims Commission, signed by the claimant and witnessed by claimant's insurer and legal

counsel, that claimant has exhausted all remedies against insurers, including the claimant's insurer.

Such affidavit shall state the total amount of insurance benefits paid to the claimant.

Request for Production No. 13: Please sign and produce the Form 4506 Request for

Copy of Tax Return form. If you refuse to sign, please explain your refusal.

Request for Production No. 14: Please sign and produce the enclosed HIPPA

authorization. If you refuse to sign, please explain your refusal.

Request for Production No. 17: Please sign and produce the enclosed Business Records

Authorization. If you refuse to sign, please explain your refusal.

Respectfully submitted,

ARKANSAS DEPARTMENT OF TRANSPORTATION

Bv:

Amanda J. Andrews, Staff Attorney (Ark. Bar No. 2005205)

Post Office Box 2261

Little Rock, AR 72203-2261

manda J. Andrews

Amanda. And rews@ardot.gov

(501) 569-2278

CERTIFICATE OF SERVICE

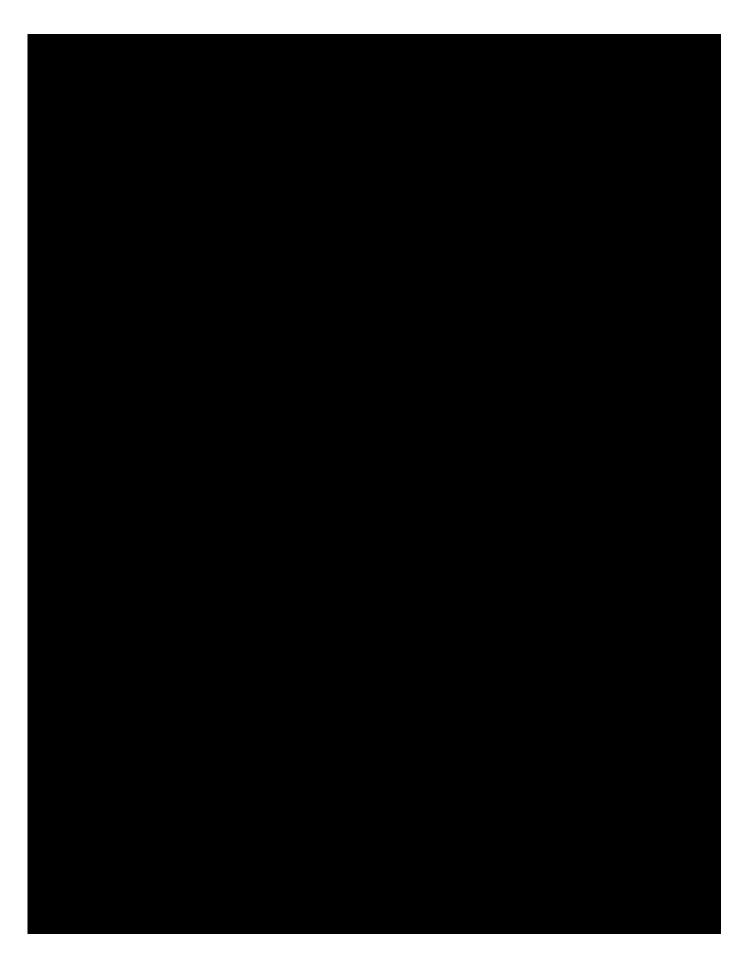
I, Amanda J. Andrews, certify that I have served the foregoing upon the Claimant by sending a true copy of same by electronic mail this 6th day of September, 2023, to the following:

Brandon Lacy Lacy Law Firm 630 South Main Street Jonesboro, AR 72401 brandon@lacylawfirm.com

Amanda J. Andrews

Amanda J. Andrews





AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

PATIENT'S NAME: PATIENT'S SSN:
PATIENT'S DOB:
COVERED ENTITY:
(To be completed by Requester)
1. I hereby authorize ANY HEALTH INSURER, THIRD-PARTY ADMINISTRATOR, CLAIMS ADMINISTRATOR, or HEALTH CARE PROVIDER ("COVERED ENTITY") to make the disclosure of the PATIENT'S health information as described below. This authorization is intended to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), HIPAA regulations, and other state and federal laws and regulations that may create a right of privacy in the health information approved to be disclosed by this authorization. 2. The health information to be disclosed is as follows: Complete medical record, including but not limited to: hospital records, medical records, doctor's and/or nurse's notes, information relating to alcohol or drug use or behavioral or mental health, including psychotherapy notes and records, medication records, prescriptions, imaging films, x-rays or other radiologic films, laboratory tests and results, diagnostic records and reports, including but not limited to MRI, CT scan, Myelogram, etc., statements of any and all charges, and any other records pertaining to hospitalization, medical treatment, medical history, prognosis, etiology, and expense not enumerated above. 3. The time period for which the health information identified above is authorized to be disclosed is Sept 19, 2019 to Present. 4. This information may be disclosed to and used by the following individual or organization: Arkansas Department of Transportation, Legal Division, 10324 Interstate 30, Little Rock, Arkansas 72203, and its attorneys, employees, and representative(s). 5. The purpose for which disclosure of this health information is authorized is use in the matter pending before the Arkansas State Claims Commission, Katelyn Spicer v. Arkansas Department of Transportation, Claim
No. 230400, and any appeal thereof. 6. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. 7. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons receiving it, and would then no longer be protected by federal privacy regulations. 8. I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the COVERED ENTITY. I understand the revocation will not apply to information that has already been released in response to this authorization nor to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire upon the conclusion of the matter pending before the Arkansas State Claims Commission, Katelyn Spicer v. Arkansas Department of Transportation, Claim No. 230400, and any appeal thereof. 9. I understand that I may request a copy of this authorization form that I have signed by sending a written request to the COVERED ENTITY. I further understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR §164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal and state confidentiality rules or 45 CFR §164.508. I understand that if I have questions about disclosure of my health information, I can contact my attorneys or the COVERED ENTITY.
Signature of Patient or Legal Representative If Signed by Legal Representative, Relationship to Patient

Photostatic copy of this Authorization shall serve in its stead.

Date

BUSINESS RECORDS AUTHORIZATION

EMPLOYEE'S NAME:	
EMPLOYEE'S SSN:	
EMPLOYEE'S DOB:	
EMPLOYER:	4. J.l., D. maratan
(10 be comple	ted by Requester)
I hereby expressly authorize the release of ar relating to my employment with your company. The off for sick leave, job performance, evaluation sheet regarding my job performance with your establishment relationship.	ts, W-2s, pay scales, and all other information
This Authorization was signed voluntarily by Arkansas Department of Transportation or any of access to all business, employment and/or financial	<u>-</u>
Signature	Date
If Signed by Legal Representative, Relationship to Employee	

Photostatic copy of this Authorization shall serve in its stead.

From: Stephanie Crawford
To: ASCC Pleadings

Cc: <u>Amanda.Andrews@ardot.gov</u>; <u>Blakley, Sharon</u>; <u>Brandon Lacy</u>

 Subject:
 Spicer v ARDOT | Claim No. 230400

 Date:
 Monday, September 11, 2023 2:41:19 PM

Attachments: image page

CROCE RICE CONTROL AND ADDRESS OF THE CONTROL AN

Please confirm receipt of the attached Claimant's First Set of Interrogatories and Requests for Production of Documents Propounded to the Respondent as well as Claimant's Requests for Admission Propounded to the Respondent.

Thank you,

Stephanie Crawford

Legal Assistant 630 South Main Street

Jonesboro, AR 72401 Phone: 870-932-4522 Facsimile: 870-932-4529

* * * * CONFIDENTIALITY NOTICE * * * *

The information contained in this e-mail, and in any attachment, may be confidential and/or privileged. This email is intended to be reviewed only by the individual or organization named above. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this e-mail and its attachments, if any, or the information contained herein, is strictly prohibited. If you have received this e-mail in error, please immediately notify sender by return e-mail and delete this e-mail from your system. Additionally Lacy Law Firm attempts to sweep e-mail and attachment for viruses, it does not guarantee that either is virus-free and accepts no liability for any damage sustained as a result of viruses. Thank you.



202 W. MEADOW FAYETTEVILLE, AR 72701 P 479.595.0909 F 479.595.0928

BRANDON@LACYLAWFIRM.COM

630 S. MAIN STREET JONESBORO, AR 72401 P 870.932.4522 F 870.932.4529

September 11, 2023

VIA ELECTRONIC MAIL TO ascepleadings@arkansas.gov

Arkansas State Claims Commission Attn: Ms. Kathryn Irby 101 East Capital Avenue, Suite 410 Little Rock, AR 72201

> Re: Katelyn Spicer v. Arkansas Department of Transportation Claim No. 230400

Dear Kathryn,

Enclosed please find the following:

- Claimant's First Set of Interrogatories and Requests for Production of Documents Propounded to Respondent Arkansas Department of Transportation; and
- Claimant's Requests for Admissions Propounded to Respondent Arkansas Department of Transportation.

Please contact me with any questions or concerns.

Brandon W. Lacy

Yours Truly,

BWL/sc

Enclosure(s): As stated above

cc: Ms. Amanda J. Andrews (via electronic mail to Amanda Andrews@ardot.gov)

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANT

V. CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

CLAIMANT'S FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS PROPOUNDED TO RESPONDENT ARKANSAS DEPARTMENT OF TRANSPORTATION

The Claimant, Katelyn Spicer, propounds the following Interrogatories and Requests for Production to the Respondent, Arkansas Department of Transportation, to be answered and responded to under oath in accordance with the Arkansas Rules of Civil Procedure:

<u>INTERROGATORY NO. 1</u>: Please identify each person who assisted in the preparation of the answers to these Interrogatories and responses to these Requests for Production.

<u>INTERROGATORY NO. 2</u>: Please give your address, telephone number, date of birth, and social security number.

INTERROGATORY NO. 3: Please list each school, college, or other educational institution you have attended, the number of years you attended such school, and any degrees obtained from each school.

INTERROGATORY NO. 4: Beginning ten (10) years prior to the accident giving rise to this lawsuit and continuing through the time of the trial of this cause, please list all persons and/or entities by whom you have been employed, including any self-employment; and for each employer or self-employment, include their address, your job duties, the date your employment began, the date your employment ended, the rate of pay with each such employment, and the reason, if any, for the termination of such employment.

INTERROGATORY NO. 5: If you have ever been arrested for or convicted of driving while intoxicated or another felony or misdemeanor offense, please state the nature of the offense the place and time of the arrest, and conviction, if any, and any prison, jail or probation time served.

INTERROGATORY NO. 6: If you have ever had your driver's license suspended, canceled or revoked for any reason, please state the reason for such suspension, cancellation or revocation, and the place and time such action occurred.

INTERROGATORY NO. 7: If you have ever been involved in a motor vehicle collision or accident prior to or after the accident giving rise to this lawsuit, please state when and where each such accident or collision occurred, the nature of such occurrence, and the extent of personal and/or property damage done and the nature of injuries to any person involved therein.

INTERROGATORY NO. 8: Please describe in detail the motor vehicle you were driving when the accident giving rise to this lawsuit occurred. Please include in your description the registered owner's name, the make, model and model year of the vehicle, and the condition of the brakes, lights, tires, turn signals and steering apparatus at the time of the incident made the basis of this suit.

<u>INTERROGATORY NO. 9</u>: Please state in detail your version of the subject incident and the way in which you incurred any personal injury or property damage as a direct result of such incident. Please include in your answer the time of day or night, weather conditions, and road or street conditions.

<u>INTERROGATORY NO. 10</u>: If you consumed or ingested any intoxicating liquor, beer, or other substances, or consumed or ingested any drugs, whether prescription or otherwise,

within the twenty-four hour period preceding the subject incident, please state the following:

- (a) what you consumed;
- (b) how much you consumed;
- (c) what time you consumed each drink;
- (d) where such consumption occurred; and
- (e) the name, address, and telephone number of anyone witnessing your consumption of alcohol.

INTERROGATORY NO. 11: Identify any pictures, diagrams, or layouts that were made of the scene of this incident, after the incident in question, that you are aware of, whether you or someone else generated same and identify who has possession of said items.

INTERROGATORY NO. 12: Do you have any type of indemnification agreement with any other party or entity herein regarding any liability for this occurrence? If so, please identify such entities.

INTERROGATORY NO. 13: Please describe the trip of your vehicle during which said incident occurred; answer with regard to the point of departure, the streets traveled, the purpose of said trip, and any stops made during the trips and prior to such incident and the purpose of any stop.

INTERROGATORY NO. 14: Did you have any alcoholic beverages in your vehicle the day of the accident, during the accident, or after the accident? If so, please state the amount and how and where you obtained the alcohol.

<u>INTERROGATORY NO. 15</u>: Describe what happened to your vehicle after the accident, including where it was towed, and where it is currently located.

INTERROGATORY NO. 16: Describe any modifications or repairs performed on your vehicle since the time of the accident.

INTERROGATORY NO. 17: Do you contend that the injuries and/or damages suffered by Katelyn Spicer from the subject collision were proximately caused by someone other than you? If so, please explain fully the facts and circumstances and individuals that proximately caused this accident.

INTERROGATORY NO. 18: Please list the names, addresses and telephone numbers of all persons known by you or your attorney to be eyewitnesses to the matters alleged in the Claimant's Complaint.

INTERROGATORY NO. 19: Please state whether you have in force and effect any policies of liability insurance, including any umbrella policies, homeowner policies, policies for any businesses that you have an ownership interest, that may provide coverage for the potential liability described in the Complaint. This interrogatory covers not only personal policies of insurance, but insurance that may cover your vehicle, home, businesses, or any other policy that may exist.

INTERROGATORY NO. 20: If the answer to the preceding interrogatory is in the affirmative, please state the following with respect to each such policy of liability insurance:

- (a) the name and address of the company issuing such policy or policies;
- (b) the number of such policies;
- (c) the limits of liability under such policies;
- (d) the primary policy holder and name or names of individuals insured under each such policies; and
- (e) the amount of money claimed under each available coverage.

REQUEST FOR PRODUCTION NO. 1: Please provide a certified copy of the policy of insurance and declarations pages for each and every policy listed in your answer to the preceding interrogatory.

<u>INTERROGATORY NO. 21</u>: Please list all lawsuits in which you have ever been involved as a party, giving the approximate filing date, the court in which it was pending, and the names of all parties.

INTERROGATORY NO. 22: Please state whether you, or anyone on your behalf, have reached a settlement with any other party or potential party in this suit and, if so, the details of such settlement.

<u>INTERROGATORY NO. 23</u>: State the names and addresses of all persons with whom you have discussed the incident described in the Claimant's Complaint.

INTERROGATORY NO. 24: Please give the names, addresses, and telephone numbers of all persons whom you or your attorney may call as (a) lay or (b) expert witnesses at the trial of this case.

<u>INTERROGATORY NO. 25</u>: In regard to the persons named in answer to preceding interrogatory, please state the subject matter on which they are expected to testify, the substance of the facts and opinions to which they are expected to testify, and a summary of the grounds for each opinion.

INTERROGATORY NO. 26: Please state whether anyone has taken a written or recorded statement from you about the matters described in the Claimant's Complaint. If so, state the date of the statement, the person to whom the statement was given and the custodian of the statement.

REQUEST FOR PRODUCTION NO. 2: Please furnish a copy of each photograph, motion picture, video, map, drawing, chart, diagram, measurement, survey, or other documents concerning the incidents, including the scene of the incident, the vehicles involved in the incident and any accident reconstruction.

REQUEST FOR PRODUCTION NO. 3: Please furnish a copy of all written or other documentation of any inspection, examination, test, repair or analysis of the subject vehicle involved in the incident made the basis of this lawsuit, or the scene of the incident in question.

REQUEST FOR PRODUCTION NO. 4: Please produce, for each expert witness identified in answer to the interrogatories, the following:

- (a) All documents and tangible things (including all written reports, drawings, physical models, visual aids, compilations of data and other materials) prepared by an expert or for an expert, in anticipation of the expert's trial and deposition testimony. This request should be deemed to include documents and tangible things which reflect the factual observations, tests, supporting data, calculations, or opinions of an expert who may be called as an expert witness. If a written report has not been requested, Claimant hereby requests that a report be generated and produced to Claimant without the necessity of filing a motion to compel.
- (b) All standards, authoritative treatises and/or learned treatises, codes, statutes, articles, or other published data that are basis of any mental impression or opinion formulated by any designated expert witness of this respondent.
- (c) A current copy of each such expert's curriculum vitae, resume, publication list and listing of all testimony provided by such expert(s) during depositions and/or trials.
- (d) Any and all photographs, videotapes, audio tapes, computer generated printouts, drawings, charts, data compilations, recordings, graphs, calculations, and/or diagrams in the possession of said expert that relate to any issue in this cause.
- (e) A report from such expert setting forth his impressions and opinions about this case and the facts supporting such opinions.
- (f) All trial exhibits which each such expert has prepared or will prepare for use in trial, or will rely upon at trial.

REQUEST FOR PRODUCTION NO. 5: Please produce a copy of the certificate of title on the subject vehicle driven by you on the day of the incident made the basis of this suit.

REQUEST FOR PRODUCTION NO. 6: Please produce copies of any movies, videotapes or other reproduction of the accident scene.

REQUEST FOR PRODUCTION NO. 7: Please produce a copy of any damage appraisal made of the subject vehicle.

REQUEST FOR PRODUCTION NO. 8: Please produce each document that you or your attorney may introduce into evidence or refer to at any hearing or trial of this matter, or that you may show to the Court during Opening Statement, Closing Argument, or at any other time, or that may be relied upon by any witness identified in your response to these Interrogatories.

INTERROGATORY NO. 27: Please provide a summary and approximate date of any and all statements that have been made to you, or that you or your attorney are aware of, by Katelyn Spicer.

REQUEST FOR PRODUCTION NO. 9: Please produce any and all documents in your possession or that of your attorney which originated from Katelyn Spicer or which refer to her in any way.

REQUEST FOR PRODUCTION NO. 10: Please sign and return the attached Arkansas Traffic Violation Authorization.

INTERROGATORY NO. 28: Have you ever been known by any other names? If so, please identify:

- (a) the name(s);
- (b) when such names were used; and

(c) where such names were used.

INTERROGATORY NO. 29: Did you have a driver's license to operate a motor vehicle on the date of the accident, and if so, please state:

- (a) the type, the date of issuance and expiration;
- (b) the state of issuance and number of license; and
- (c) all offenses, violations, or restrictions recorded on or against such license.

INTERROGATORY NO. 30: With respect to your driving background, please state:

- (a) how many years driving experience you have had;
- (b) how many years you have been a licensed driver; and
- (c) whether you have ever had a driver's license which contained restrictions of any sort, and if so, the date, state, and type of restriction.

<u>INTERROGATORY NO. 31</u>: Do you have normal vision and hearing without the use of corrective apparatus? If not, please state:

- (a) were you wearing corrective apparatus at the time of the accident?
- (b) the present location of said apparatus;
- (c) the date prescribed and the name and address of the prescriber; and
- (d) the date and complete address of the place where said apparatus was purchased.

INTERROGATORY NO. 32: Have you had your vision or hearing examined within the last five years? If so, as to each examination please state:

- (a) the date and reason therefore;
- (b) the name, address and telephone number of the examiner; and
- (c) the results or action taken.

<u>INTERROGATORY NO. 33</u>: At any time prior to the time of this accident had you ever been advised by any physician or other qualified person that you required glasses, corrective lenses, or hearing aids? If so, please state:

- (a) the date, name and address of the physician or person;
- (b) the reason therefore; and
- (c) the action taken by you.

<u>INTERROGATORY NO. 34</u>: Have you ever had any form of mental illness, fits or convulsions, fainting spells, epilepsy, nervous breakdown, tuberculosis, alcoholism or drug addiction? If so, for each such occurrence or reoccurrence within one year prior to this accident, please state:

- (a) describe the condition;
- (b) the date of onset;
- (c) your address at the time of onset;
- (d) the names and address of all qualified persons treating you for the condition, with inclusive dates of treatment:
- (e) the names and address of all hospitals, institutions, etc. where you were treated for such condition, whether in-patient or out-patient, and inclusive date of treatment; and
- (f) the date of termination or present status of the condition.

<u>INTERROGATORY NO. 35</u>: If you were the operator of a motor vehicle involved in this accident or operated the motor vehicle immediately prior to the accident then, please state:

(a) name, address and telephone number of each owner of the vehicle, and identify which of same, if any, gave you permission to use the vehicle.

<u>INTERROGATORY NO. 36</u>: If any owner of the vehicle was related to you at the time of the accident, please state what relationship you were to the owner, and further state:

- (a) did you reside within the same premises at the time of the accident?
- (b) was the vehicle you were operating available to you generally from the owner around and including the time of the accident?
- (c) whether or not you were using the vehicle for any family purposes of the owner, at the time of the accident.

<u>INTERROGATORY NO. 37</u>: Were you in an establishment or residence where liquor was dispensed or had you ingested any liquor within twenty-four hours prior to the accident? If so, for each such occasion, please state:

- (a) the name and address of the establishment or residence;
- (b) the times of day of your presence therein;
- (c) the name and address of each person accompanying you;
- (d) the name, type and quantity of each alcoholic beverage consumed;
- (e) the exact time of consumption of each drink; and
- (f) the name and address of each person in whose company you consumed each drink.

INTERROGATORY NO. 38: After the accident, were you requested to undergo any type of sobriety test? If so, for each such test you actually had, please state:

- (a) the type;
- (b) the length of time after the accident;
- (c) the name and address of the person or place where given;
- (d) the results thereof;
- (e) the name and address of the person having present custody of the record thereof; and

(f) if you refused any such tests, the name, address and telephone number of each person whom you refused.

<u>INTERROGATORY NO. 39</u>: Describe hourly if possible your general activities for twenty-four hours preceding the accident and two hours after the accident and specify all your hours of employment.

<u>INTERROGATORY NO. 40</u>: At the time of the accident, please state, to your best recollection, the following:

- (a) the exact date, day of the week and time;
- (b) the direction you were traveling immediately prior to impact;
- (c) the speeds at which you were traveling prior to the point of impact, at the distances of approximately one mile, one-half mile, one-quarter mile, 250 feet and 50 feet;
- (d) the visibility and light conditions; and
- (e) the weather, including approximate wind conditions and temperature.

<u>INTERROGATORY NO. 41</u>: Was your attention diverted from traffic at any time within the last approximate 500 feet point prior to the point of impact? If so, please state:

- (a) the approximate distance from point of impact;
- (b) the distance you traveled while diverted (in feet or seconds);
- (c) the speeds of your vehicle while diverted;
- (d) by what your attention was diverted; and
- (e) your distance from Claimant when you first noticed it after your concentration returned (in feet or seconds).

<u>INTERROGATORY NO. 42</u>: State where each party and vehicle involved in the accident was at the instant your first noticed each, in the following manner:

- (a) in feet or seconds of each;
- (b) the compass direction of each; and
- (c) the traffic lane each was in.

INTERROGATORY NO. 43: If any Claimant was also driving a vehicle, did you observe it reduce speed or stop prior to the accident? If so, at the time you observed this please state your respective locations in the following manner:

- (a) in feet or seconds from each other;
- (b) in compass direction you were each traveling; and
- (c) the traffic lanes you were each in at such time.

INTERROGATORY NO. 44: Did Claimant remain in your line of vision at all times after first observed until the impact? If not, state why not.

INTERROGATORY NO. 45: Do you claim that any unexpected mechanical failure or malfunction of the vehicle you were then driving and/or any vehicle involved in the accident caused or contributed to the cause of the accident? If so, as to each such occurrence, state:

- (a) the nature and extent of the same;
- (b) the amount of time (in seconds) prior to the impact, when you first noticed the same; and
- (c) if you further allege such defect caused or contributed to the cause of the accident, describe how.

<u>INTERROGATORY NO. 46</u>: At the time of the accident, please state whether or not you felt tired, sleepy or ill, and, if so, describe such condition in detail to your best recollection.

INTERROGATORY NO. 47: If you were an owner or co-owner of the automobile you were driving at the time of the accident, please state:

- (a) the date, place and name and address of the place where purchased;
- (b) whether new or used when purchased, and the mileage on it at such time; and
- (c) the date, name and address of each place where repaired within one year immediately preceding the accident, and describe each repair.

INTERROGATORY NO. 48: Did you swerve, blow your horn, or do anything else whatever in an attempt to avoid the accident? If so, to each act, please state:

- (a) the distance (in feet or seconds) prior to the point of impact when you did the same;
- (b) describe what you did, and the resulting effect.

<u>INTERROGATORY NO. 49</u>: Did you observe the extent of damage to the parties or vehicles involved prior to their being moved from the accident site after the accident? If so, please describe in detail all of such damage.

INTERROGATORY NO. 50: Did police investigate the accident? If so, please state:

- (a) how many minutes after the time of impact the first officer arrived;
- (b) the number of officers and name of the department investigating;
- (c) whether you were interrogated by any officer as to how the accident occurred;
- (d) whether any officer required you to make a written statement regarding what happened;
- (e) specify each citation you received as a result of the accident, how you pled to each and the disposition thereof including the name and address of the court involved.

INTERROGATORY NO. 51: If you had any conversations at the scene of the accident, please identify who was present during such conversation and exactly what was said by whom.

<u>INTERROGATORY NO. 52</u>: List the name, address, phone number and job title or capacity of each person known to you, your attorneys, or other representatives acting on your behalf, who investigated the accident.

<u>INTERROGATORY NO. 53</u>: Subsequent to investigation at the scene, have you made a report to any governmental department concerning the accident? If so, as to each, please state:

- (a) the date made, to whom, and the purpose therefore;
- (b) the name, address, telephone number and job title or capacity of each person assisting you.

INTERROGATORY NO. 54: If you admit that you alone caused this accident and do not contend Claimant caused or contributed to the cause of this accident, do you deny that Claimant's injuries resulted entirely from this accident? If so, please state all facts upon which you base such denial.

INTERROGATORY NO. 55: Whether or not you intend to use such person as a witness and/or for other evidentiary purposes herein, please state whether or not you have consulted with any expert in regard to the present accident, including, but not limited to any insurance adjuster, attorney and/or other type of expert, and, if so, please state for each:

- (a) their name, present address, telephone number, place of employment and job title, if any;
- (b) each date of such consultation;
- (c) each date they performed any service on your behalf as a result of such consultation;
- (d) describe in detail the purpose for each such consultation; and
- (e) describe in detail what they did on your behalf as a result of each such consultation and the cost of each such consultation.

INTERROGATORY NO. 56: If the answer to the foregoing question is "yes," please state whether or not any such expert performed any test on your behalf and, if so, for each such test, please state:

(a) what was tested;

- (b) the date of each test;
- (c) whether a report was made as a result of each test and, if so, to whom;
- (d) if a written report was made for each such test, please state who has present custody, care and/or control of each such report; and
- (e) the cost of each such test.

INTERROGATORY NO. 57: Whether or not you intend to use the same as evidence herein, please state whether or not any test not covered by the previous two questions was made on your behalf with respect to the present accident and, if so, please state:

- (a) the name, present address, telephone number, employer and job title of each person making each such test;
- (b) what was tested;
- (c) the date of each test;
- (d) whether a report was made as a result of each such test and, if so, to whom;
- (e) if a written report was made for each such test, please state who has present custody, care and/or control of each such report; and
- (f) the cost of each such test.

INTERROGATORY NO. 58: Whether or not you intend to use the same as evidence herein, as a result of this accident, state whether or not you, your attorneys, insurance adjusters, and/or other representatives have obtained any statements of any type, whether written, recorded and/or otherwise, from any person, (including any Plaintiff(s), relative to some facet of this lawsuit, and if so, for each such statement please state the following:

- (a) the name, present address and telephone number of each person making each such statement;
- (b) the date and place where each such statement was made;

- (c) the type of each such statement, i.e., written, recorded and/or other type; and
- (d) the name, present address and telephone number of the person within whose custody each such statement is.

INTERROGATORY NO. 59: Identify by name, firm name, affiliation name, business telephone number and home address, each person respondent expects to call as a witness at the time of trial of this action.

INTERROGATORY NO. 60: State whether or not you, your representative, agent and/or attorney, have taken any moving pictures of any Claimant herein, and if so, state for each taken:

- (a) name the individual subject of such;
- (b) the date of each such moving picture taken;
- (c) the length of time (in seconds, minutes or hours) said moving picture consumes when projected from start to end;
- (d) the name, address and telephone number of each person taking such pictures;
- (e) identify the scene and site by address or other description sufficient to locate same, where each such moving picture was taken;
- (f) state the name, address and telephone number of the person having the care, custody and control or each such moving picture; and
- (g) state the name, address and telephone number of the place where said moving pictures were developed and the date.

<u>INTERROGATORY NO. 61</u>: Please state whether you conducted or plan to conduct an investigation into the circumstances surrounding the accident. If so, state:

- (a) the complete name, address, title and official capacity of each person involved in such investigation;
- (b) the complete name, address, title and official capacity of the person who ordered the investigation conducted;

- (c) the complete name, address, title official capacity of each person who participated in the investigation; and
- (d) whether a written report was prepared subsequent to the investigation.

INTERROGATORY NO. 62: Please identify by question number and sub letter each question herein, the answer to which was provided to you by your representative, agent and/or attorney (i.e., each answer you have given not known personally by you when you signed your answers herein), and further:

(a) identify specifically the person who so provided you with each answer.

INTERROGATORY NO. 63: Have you ever been convicted of a felony or any other crime involving fraud or deceit?

<u>INTERROGATORY NO. 64</u>: Please state completely and fully all representations, statements, declarations or admissions made by this party or any agents, servants or employees of this party which you might attempt to make known to the judge or jury in the trial of this lawsuit.

INTERROGATORY NO. 65: Please state if you were employed at the time of the accident. If so, please state the name, address and telephone number of your employer and whether or not you are still employed by the same person, firm or company presently.

INTERROGATORY NO. 66: At the time of the accident did you have a cell phone with you in the vehicle? If so, please provide the following information:

- (a) Service provider's name and address and your phone number;
- (b) The approximate time you last used the phone prior to the accident to make or receive a phone call;
- (c) The approximately time prior to the accident you last used the cell phone to send or receive a text;

- (d) The approximate time prior to the accident you last used the cell phone to send or receive an email;
- (e) The approximate time prior to the accident you last used the cell phone for any purpose other than a call or text;
- (f) State whether you were holding or otherwise using the phone for any reason at the time of impact.

REQUEST FOR PRODUCTION NO. 11: Provide a copy of your cell phone statement showing the biographical information on the account statement and the time period starting 30 minutes before the collision and including 30 minutes after the collision for any and all calls made or received and text messages made or received.

INTERROGATORY NO. 67: Please state whether you had a cell phone at the time of the accident. If so, please provide said cell phone number and provider.

REQUEST FOR PRODUCTION NO. 12: Please sign and return the authorization attached to these interrogatories entitled Telephone Records Authorization.

INTERROGATORY NO. 68: Please list every type of social media in which you participate, i.e., Twitter, Facebook, etc., and for each media, please list your user name or the name under which each account is identified.

REQUEST FOR PRODUCTION NO. 13: Please provide the complete contents of your currently and/or previously existing Facebook accounts, downloaded pursuant to the instructions below and copied in full on to the flash drive provided.

- (a) After logging in to your Facebook account, go to "Account Settings."
- (b) Under the "General Account Settings" tab, click on "Download a copy of your Facebook data."
- (c) Click the green "Start My Archive" link.

- (d) If you receive a pop-up message from Facebook at this time, select "Start My Archive" again.
- (e) You will receive a confirmation email sent to your registered email address at this time.
- (f) You will later receive an email to your registered email address from Facebook that says "Your Facebook Download is Ready." Click the provided link within the email to begin downloading your Facebook data.
- (g) You will be taken to a page that prompts you to click "Download Archive." Click "Download Archive."
- (h) If you receive a pop-up on your computer, select "Open."
- (i) Once your downloaded Facebook data opens, you can save it in its entirety, on to the provided flash drive.

Provide the fully downloaded archive on a flash drive in response to the Request for Production. You are not to alter or filter this download or the download process and shall provide your Facebook account in its entirety pursuant to the instructions above, including, but not limited to production of private messages, wall posts you have received, wall posts you have written, photos posted by you and photos you have been "tagged" in, and events that you have created and/or received invitations to attend.

INTERROGATORY NO. 39: Please consider all of these Interrogatories and Requests for Production as continuing until the date of trial and update them as to comply with the Arkansas Rules of Civil Procedure. Will you do so?

DATED this 11th day of September, 2023.

Respectfully Submitted,

Brandon W. Lacy #03098 630 S. Main Street Jonesboro, AR 72401 (870) 932-4522 brandon@lacylawfirm.com

Attorney for Claimant

sy:_____

Brandon W. Lacy

CERTIFICATE OF SERVICE

I, Brandon Lacy, certify that a copy of the foregoing pleading was served, via email, upon the following counsel of record in the above captioned case on September 11, 2023:

Ms. Amanda J. Andrews P. O. Box 2261 Little Rock, AR 72203-2261 Amanda.Andrews@ardot.gov

Brandon Lacy #2003098

ARKANSAS TRAFFIC VIOLATION AUTHORIZATION

I,, hereby authorize the State of Arkansas Office of
Driver's Services to release my traffic violation record to LACY LAW FIRM, and make available
for inspection and/or copying any records or materials relating to me which the State of Arkansas
Office of Driver's Services may have in its possession or control.
DATED this day of
NAME
Driver's License No
Date of Birth:
WITNESS

Telephone Records Authorization Form

Ι,,	hereby authorize and give consent to Lacy Law Firm, 630
South Main Street, Jonesboro, Arkansa	as 72401, to obtain my cellular telephone records, including
detailed list of all outgoing and incomi	ing calls, voicemails received and/or posted, text messages
received and/or posted and the call deta	ail and data detail for all calls, SMS, MS, or other message
sent or received for cell phone number	for SEPTEMBER 19, 2022.
	Print or Type Name

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANT

V.

CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

CLAIMANT'S REQUESTS FOR ADMISSIONS PROPOUNDED TO RESPONDENT ARKANSAS DEPARTMENT OF TRANSPORTATION

Comes now the Claimant, Katelyn Spicer, pursuant to Rule 36 of the Arkansas Rules of Civil Procedure, and states the following as her Requests for Admission applicable to the Respondent, Arkansas Department of Transportation ("ArDOT"). Pursuant to Rule 37(c) of the Arkansas Rules of Civil Procedure, if ArDOT fails to admit the truth of the matters requested and if Claimant proves the truth of the matter, Claimant shall apply for an order requiring ArDOT to pay expenses incurred in making that proof, including reasonable attorney's fees.

REQUEST FOR ADMISSION NO. 1: Please admit that you were 100% at fault for the motor vehicle collision into Katelyn Spicer on September 19, 2022 that is the basis of this lawsuit.

REQUEST FOR ADMISSION NO.2: Please admit that Katelyn Spicer was zero percent at fault for the motor vehicle collision on September 19, 2022 that is the basis of this lawsuit.

REQUEST FOR ADMISSION NO. 3: Please admit that your negligence caused the motor vehicle collision into Katelyn Spicer on September 19, 2022 that is the basis of this lawsuit.

REQUEST FOR ADMISSION NO. 4: Please admit that on September 19, 2022, you were traveling eastbound on State Highway 106 in Rural Independence County, Arkansas preparing to turn left into the parking lot of the Bethesda Fire Department located at 2322 Bethesda Road.

1.2.a

REQUEST FOR ADMISSION NO. 5: Please admit that on September 19, 2022,

Katelyn Spicer was traveling westbound on State Highway 106 in Rural Independence County,

Arkansas.

REQUEST FOR ADMISSION NO. 6: Please admit that on September 19, 2022, you

failed to yield to Claimant's approaching vehicle, thus striking the front bumper of Ms. Spicer's

vehicle.

REQUEST FOR ADMISSION NO. 7: Please admit that it was your negligence in

failing to yield to Claimant's vehicle on September 19, 2022 which was the proximate cause of

the collision with Katelyn Spicer.

REQUEST FOR ADMISSION NO. 8: Please admit that your negligence on September

19, 2022 was the proximate cause of personal injury to Katelyn Spicer.

REQUEST FOR ADMISSION NO. 9: Please admit that your negligence on September

19, 2022 was the proximate cause of all personal injuries claimed by Katelyn Spicer in her

Complaint.

Respectfully Submitted,

Brandon W. Lacy #03098

630 S. Main Street

Jonesboro, AR 72401

(870) 932-4522

brandon@lacylawfirm.com

Attorney for Glaimant

By:___

Brandon W. Lacy

CERTIFICATE OF SERVICE

I, Brandon Lacy, certify that a copy of the foregoing pleading was served, via email, upon the following counsel of record in the above captioned case on September 11, 2023:

Ms. Amanda J. Andrews P. O. Box 2261 Little Rock, AR 72203-2261 Amanda.Andrews@ardot.gov

Brandon Lacy #2003098

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

KATELYN SPICER CLAIMANT

V. CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

ORDER

Now before the Arkansas State Claims Commission (the "Commission") is the motion filed by Katelyn Spicer (the "Claimant") to lift the stay in Claimant's claim against the Arkansas Department of Transportation (the "Respondent"). Respondent did not respond to the motion. For good cause shown, the Commission GRANTS the motion but directs that a form insurance affidavit be transmitted to Claimant along with this Order. Claimant is directed to complete and return the affidavit within 20 days of the date of this Order.

IT IS SO ORDERED.

ARKANSAS STATE CLAIMS COMMISSION
Courtney Baird

ARKANSAS STATE CLAIMS COMMISSION Paul Morris, Chair

ARKANSAS STATE CLAIMS COMMISSION Sylvester Smith

DATE: September 22, 2023

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Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date 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 the date 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 on behalf of ASCC Pleadings
To: Brandon Lacy; Andrews, Amanda J.
Cc: Blakley, Sharon; Mika Tucker

Subject: ORDER: Spicer v. ArDOT, Claim No. 230400

Date: Sunday, September 24, 2023 2:06:00 PM

Attachments: 53 Spicer 2001 Query in cellifted.pdf

Brandon and Amanda, please see attached order entered by the Commission. Per the Commission's order, I am also attaching a form exhaustion of remedies affidavit for Claimant's use.

Thanks, Kathryn Irby

Arkansas State Claims Commission

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

AFFIDAVIT REGARDING EXHAUSTION OF INSURANCE REMEDIES

Ark. Code Ann. § 19-10-302(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 the claimant's insurer. The affidavit shall further state the total amount of insurance benefits paid to the claimant.

Please attach additional pages, if needed, to provide the information requested.

State of			
I, exhaust my re	emedies against insurers, incl	swear under ouding my insu	oath that I have taken the following actions to arer:
I hereb	by state that I have received th	e following p	ayments from insurers:
I here knowledge.	by state under oath that the f	Foregoing state	ements are true and correct to the best of my
		Signature	of Affiant
Witnessed by			with
Witnessed by	(print name)	(title) (Claimant's insurer)
	(signature)		If you did not have insurance coverage for the applicable person, vehicle, or property, write N/A on these blanks.
	(print name)	, legal counsel for Claimant, if any.	
			If you are not represented by an attorney, write N/A on these blanks.
	(signature)		
Subscribed and sworn to me on da		day of	, 20
		Signature	of Notary Public
My commission	on expires:		

From: Stephanie Crawford
To: ASCC Pleadings

Cc: <u>Amanda.Andrews@ardot.gov</u>; <u>Blakley, Sharon</u>; <u>Brandon Lacy</u>

Subject:Spicer v. ArDOT, Claim No. 230400Date:Monday, October 9, 2023 10:27:21 AM

Attachments: image 22 and ACC: Rese to the Control of the Control

Responses to 15, Amous Amous Respondent.pdf

Document 1 ros zuon 1 255.pdf

Attached please find Claimant's Responses to Respondent's First Set of Interrogatories and Requests for Production of Documents. Please confirm receipt.

Thank you,

Stephanie Crawford

Legal Assistant

630 South Main Street Jonesboro, AR 72401

Phone: 870-932-4522 Facsimile: 870-932-4529

* * * * CONFIDENTIALITY NOTICE * * * *

The information contained in this e-mail, and in any attachment, may be confidential and/or privileged. This email is intended to be reviewed only by the individual or organization named above. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this e-mail and its attachments, if any, or the information contained herein, is strictly prohibited. If you have received this e-mail in error, please immediately notify sender by return e-mail and delete this e-mail from your system. Additionally Lacy Law Firm attempts to sweep e-mail and attachment for viruses, it does not guarantee that either is virus-free and accepts no liability for any damage sustained as a result of viruses. Thank you.



202 W. MEADOW FAVETTEVILLE, AR 72701 P 479.595,0909 F 479.595,0928

BRANDON@LACYLAWFIRM.COM ♦ WWW.LACYLAWFIRM.COM

630 S. MAIN STREFT JONESBORO, AR 72401 P 870.932.4522 F 870.932.4529

October 9, 2023

VIA ELECTRONIC MAIL TO ascepleadings@arkansas.gov

Arkansas State Claims Commission Attn: Ms. Kathryn Irby 101 East Capital Avenue, Suite 410 Little Rock, AR 72201

> Re: Katelyn Spicer v. Arkansas Department of Transportation Claim No. 230400

Dear Kathryn,

Enclosed please find Claimant's Responses to Respondent's First Set of Interrogatories and Requests for Production of Documents along with Claimant's Document Production bates labeled Spicer_Document Production 1-255.

Please contact me with any questions or concerns.

Brandon W. Lacy

BWL/sc

Enclosure(s): As stated above

: Ms. Amanda Andrews (via electronic mail to Amanda.Andrews@ardot.gov)

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANT

V.

CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

CLAIMANT'S RESPONSES TO RESPONDENT'S FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS

Comes the Claimant, Katelyn Spicer, by and through her attorney, Brandon Lacy of Lacy Law Firm, and for her Responses to Respondent's First Set of Interrogatories and Requests for Production of Documents, states:

INTERROGATORY NO. 1: State your name, address, telephone number, date of birth, and Social Security number.

RESPONSE: Katelyn Spicer;

INTERROGATORY NO. 2: State the name, telephone number and employer of each person or entity who has investigated on your behalf the occurrence which is the subject matter of this claim.

RESPONSE: None other than the officers identified on the accident report.

INTERROGATORY NO. 3: Identify all persons whom Claimant will call as expert witnesses to give opinion testimony at the hearing of this case.

RESPONSE: Claimant has not yet identified which witnesses who will testify at the hearing of this matter. At this time, any medical care provider who treated Claimant for her injuries may be called. This response will be supplemented as discovery continues.

INTERROGARORY NO. 4: Identify each person who has knowledge of any facts connected to the incident that is the subject of this claim, state the facts known to each such person, and indicate whether the person has made a written or recorded statement, identifying the custodian of each statement.

RESPONSE: Katelyn Spicer;

This response will be supplemented as discovery continues.

INTERROGATORY NO. 5: Identify all documents and exhibits you will or may offer as evidence at the hearing of this matter and identify the custodians of each such item.

RESPONSE: Claimant has not yet determined which exhibits she will introduce at the hearing of this matter. At this time, Claimant intends to introduce her medical records and expenses associated with the treatment she received and the diagrams attached to the accident report. This response will be supplemented as discovery continues.

INTERROGATORY NO. 6: Please state in your own words how the incident that is the subject of this claim occurred.

RESPONSE: See Complaint. In addition, Claimant will make herself available for deposition at a mutually agreeable time.

INTERROGATORY NO. 7: State whether within the ten (10) years preceding the incident that is the subject of this claim you suffered any injuries, diseases, illnesses or other maladies which required the services of a doctor, psychologist, therapist, counselor or any other physical or mental health care provider or practitioner. If so, list separately the name and address

of each such physical or mental health care provider or practitioner who was consulted, who examined or who rendered treatment, the date of the initial consultation, examination and/or treatment, the nature of the injury, disease, illness, or other malady for which the physical or mental health care provider or practitioner examined, consulted, or treated and the treatment that was rendered.

RESPONSE: Objection. This interrogatory is overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and notwithstanding this objection,

INTERROGATORY NO. 8: Describe in detail each and every injury that you suffered as a result of the incident that is the subject of this claim.

RESPONSE:

INTERROGATORY NO. 9: State the name and address of every physical or mental health care practitioner or provider who was consulted or who examined or rendered treatment for any of the injuries that resulted from the incident that is the subject of this claim. For each such physical or mental health care provider or practitioner, please list the dates of consultation, examination or treatment and the nature of the injury for which consultation, examination or treatment was rendered.

RESPONSE:



INTERROGATORY NO. 10: In connection with your claim for medical and other health care expenses incurred as a result of the incident that is the subject of this claim, please identify and itemize each medical, hospital or other health care bill or expense for which you make a claim in this case.

RESPONSE: See attached itemized medical expense list. This response may be supplemented as discovery continues.

INTERROGATORY NO. 11: If other than medical expenses, you have incurred financial or material loss or damage which you attribute to the incident that is the subject of this claim, please list, describe and itemize each and every such loss or expense.

RESPONSE:

These amounts are being compiled and will be forwarded in a supplemental response.

INTERROGATORY NO. 12: State the nature, dates, duration and extent of any and all pre-existing physical, mental, psychological or emotional conditions, illnesses, diseases or other maladies which you had prior to the incident that is the subject to this claim.

RESPONSE: Objection. This interrogatory is overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and notwithstanding this objection,

INTERROGATORY NO. 13: Do you claim that the incident that is the subject of this claim caused or contributed to the aggravation or activation of a pre-existing physical, psychological, emotional or mental condition? If so, please list each such pre-existing, condition and how it has affected you differently since the incident that is the subject of this claim.

RESPONSE:

INTERROGATORY NO. 14: State whether you have suffered any injuries, illnesses, diseases or other maladies since the date of the incident that is the subject of this claim. If so, list the nature of the injury, illness, disease or other malady with the date of occurrence of same and the name and address of each doctor or other physical or mental health care provider or practitioner who has consulted or who rendered treatment in connection therewith.

RESPONSE: Objection. This interrogatory is overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and notwithstanding this objection.

INTERROAGORY NO. 15: State whether you were unable to work as a result of any of the injuries you sustained in the incident that is the subject of this claim. If so, give the inclusive dates of such inability, the name of every doctor or other physical or mental health care provider or practitioner who advised you not to work and the first day that you were able to return to work. If you were unable to work for more than one period following the occurrence that is the subject

of the claim, please provide the requested information for each such period. Further, if you were off from work following the incident that is the subject of this claim, for any reason other than injuries sustained in the subject incident, please state the time periods and the reason why you were off from work.



INTERROGATORY NO. 16: List the name, address and telephone number of all places where you have been employed during the ten (10) years prior to the incident that is the subject of this claim. For each such place of employment, please list the inclusive dates of such employment, your earnings, and your reason for leaving that place of employment.





INTERROGATORY NO. 17: Please list the name of your current employer and state your job title, job duties and your salary, wages or income received.

RESPONSE:

INTERROGATORY NO. 18: If you claim you have suffered "a loss of earnings," and/or "a loss of earning capacity" as a result of the incident that is the subject of this claim, please state the total amount of dollars you claim as damages and describe the method you used in calculating such loss.

RESPONSE: This amount is being calculated and will be provided in a supplemental response.

INTERROGATORY NO. 19: Have you ever been involved in any other accident including but not limited to, automobile accidents, slips and falls, on the job accidents, or exercise

or sporting accidents, either before or after the occurrence which is the subject of this claim? If so, please state the date, location and parties involved, whether you were injured as a result of the accident, whether you received any compensation for said accident, and if so, the amount of compensation received and from whom. If suit was filed, please state the date suit was filed, the name(s) of the party or parties, where suit was filed, the docket number of the suit and the disposition of the case.

RESPONSE:

INTERROGATORY NO. 20: State whether you have been involved in any other civil and/or criminal litigation. If so, please state the following:

- a. The general nature of the litigation;
- The style of each lawsuit, including the Court in which it was filed and the docket number;
- c. The outcome of the lawsuit; and
- The date which judgment was tendered or the case was dismissed.

RESPONSE:

INTERROGATORY NO. 21: Have you ever been arrested and/or convicted of any criminal offense? If so, please state the date of the arrest, the charges placed against you, the court involved in the disposition of the charges, and the disposition of the charges against you.

RESPONSE:

INTERROGATORY NO. 22: Please list each and every policy of insurance that you had in effect at the time of the incident that is the subject of this claim, including but not limited to, automobile liability insurance, comprehensive automobile insurance, uninsured automobile insurance, underinsured automobile insurance, medical pay or personal injury protection under an

automobile policy, health insurance, accident, injury and/or disability insurance, supplemental insurance or umbrella insurance. Please list the name of the insurer, the address and telephone number of the insurer, the type of policy, the amount(s) of coverage afforded under the policy, and the deductibles.

RESPONSE:

INTERROGATORY NO. 23: Please itemize each and every payment you have received from all sources related to the incident that is the subject of this claim, or was made to a third party on your behalf as a result of the incident that is the subject of this claim, including but not limited to insurance payments.

RESPONSE:

INTERROGATORY NO. 24: Please list and describe all other claims or lawsuits you have with any other entity or party, including insurers, workers compensation, government agencies, etc., arising out of the incident that is the subject of this claim and describe the current status or outcome of each claim.

RESPONSE:

INTERROGATORY NO. 25: Identify your health insurance carrier, as of the date of the incident that is the subject of this claim.

RESPONSE:

INTERROGATORY NO. 26: Please consider the foregoing Interrogatories and Requests for Production of Documents as continuing and furnish by way of supplemental response such additional information as may hereinafter be acquired which augments or modifies the answers to the foregoing Interrogatories and Requests for Production of Documents, such supplemental responses to be served within ten (10) days after receipt of such information or as soon as received if less than ten (10) days before an assigned trial date. Will you do so?

RESPONSE: Claimant will comply with the Arkansas Rules of Civil Procedure.

REQUESTS FOR PRODUCTION OF DOCUMENTS

REQUEST FOR PRODUCTION NO. 1: Please provide a copy of any reports or documents produced by any person identified in Answer to Interrogatory No. 2.

RESPONSE: See attached Arkansas Motor Vehicle Crash Report.

REQUEST FOR PRODUCTION NO. 2: Please provide a copy of any reports or documents produced by any person identified in Answer to Interrogatory No. 3.

RESPONSE: Claimant has not yet identified which witnesses who will testify at the hearing of this matter. This response will be supplemented as discovery continues.

REQUEST FOR PRODUCTION NO. 3: Please provide a copy of any written statements referred to in Answer to Interrogatory No. 4.

RESPONSE: See attached medical records. This response may be supplemented as discovery continues.

REQUEST FOR PRODUCTION NO. 4: Please provide copies of all documents, items, charts, models, diagrams or similar devices identified in Answer to Interrogatory No. 5.

RESPONSE: See attached medical records and medical expenses and Arkansas

Motor Vehicle Crash Report. This response may be supplemented as discovery continues.

REQUEST FOR PRODUCTION NO. 5: Please provide all medical records which pertain to any and all injuries you allegedly sustained as a result of the incident that is the subject of this claim.

RESPONSE: See attached medical records. This response may be supplemented as discovery continues.

REQUEST FOR PRODUCTION NO. 6: Please provide all medical bills which pertain to any and all injuries you allegedly sustained as a result of the incident that is the subject of this claim.

RESPONSE: See attached medical expenses. This response may be supplemented as discovery continues.

REQUEST FOR PRODUCTION NO. 7: Please provide documentation of any other financial or material loss you incurred as a result of the incident that is the subject of this claim, including but not limited to, loss of earnings or loss of earning capacity.

RESPONSE: This information is being compiled and will be provided in a supplemental response.

REQUEST FOR PRODUCTION NO. 8: Please provide a copy of each and every insurance policy, including the declaration page that you identified in your Answer to Interrogatory No. 22.

RESPONSE: See attached declarations page from

This response may be supplemented as discovery continues.

REQUEST FOR PRODUCTION NO. 9: Please provide a copy of any and all checks, bank statements, or invoices evidencing payments to you or on your behalf as identified in your answer to Interrogatory No. 23.

RESPONSE: See attached payment information from and itemized list of claims paid by

REQUEST FOR PRODUCTION NO. 10: Please produce a copy of any declarations or summary of coverages under any insurance policy that were in effect on the date of the incident that is the subject of this claim.

RESPONSE: See attached declarations page from

This response may be supplemented as discovery continues.

REQUEST FOR PRODUCTION NO. 11: Please produce a copy of the front and back of your health insurance card that was in effect on the date of the incident that is the subject of this claim.

RESPONSE: See attached.

REQUEST FOR PRODUCTION NO. 12: Please produce the sworn affidavit, as required by the Arkansas Claims Commission, signed by the claimant and witnessed by claimant's insurer and legal counsel, that claimant has exhausted all remedies against insurers, including the claimant's insurer. Such affidavit shall state the total amount of insurance benefits paid to the claimant.

RESPONSE: This affidavit has been sent to for signature and will be forwarded upon receipt.

REQUEST FOR PRODUCTION NO. 13: Please sign and produce the Form 4506 Request for Copy of Tax Return form. If you refuse to sign, please explain your refusal.

RESPONSE: See attached.

REQUEST FOR PRODUCTION NO. 14: Please sign and produce the enclosed HIPPA authorization. If you refuse to sign, please explain your refusal.

RESPONSE: See attached.

REQUEST FOR PRODUCTION NO. 17: Please sign and produce the enclosed Business Records Authorization. If you refuse to sign, please explain your refusal.

RESPONSE: See attached.

Respectfully Submitted,

Brandon W. Lacy #03098 630 S. Main Street Jonesboro, AR 72401 (870) 932-4522

brandon@lacylawfirm.com

Attorney for Claimant

Brandon W. Lacy

CERTIFICATE OF SERVICE

By:

I, Brandon Lacy, certify that a copy of the foregoing pleading was served, via email, upon the following counsel of record in the above captioned case on October 9, 2023:

Ms. Amanda J. Andrews P. O. Box 2261 Little Rock, AR 72203-2261 Amanda.Andrews@ardot.gov

Brandon Lacy #2003098

















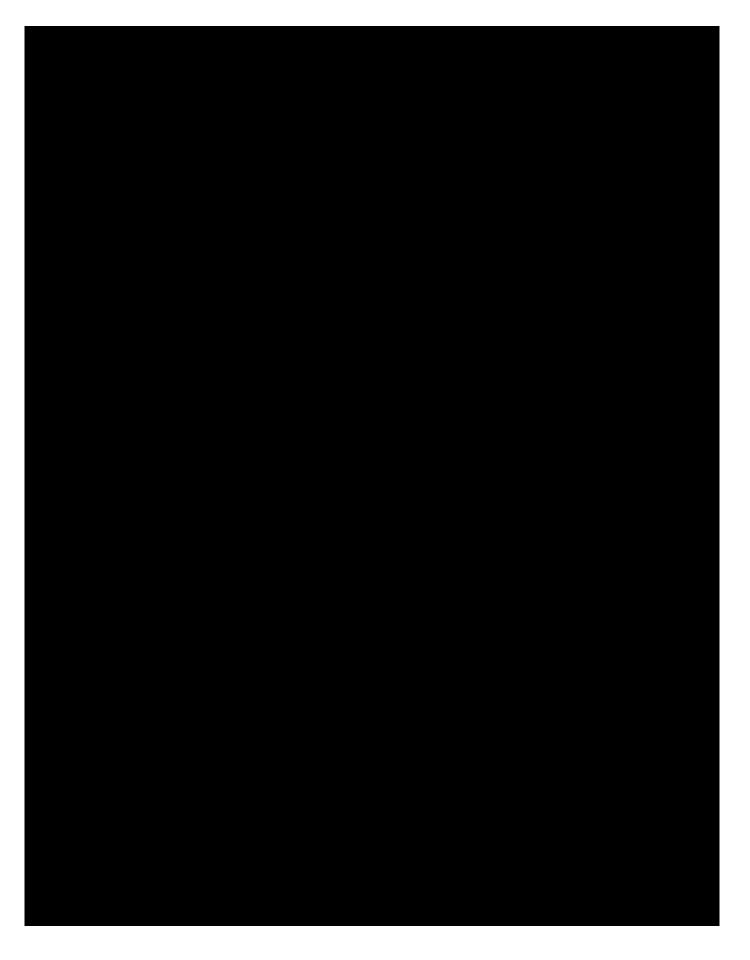


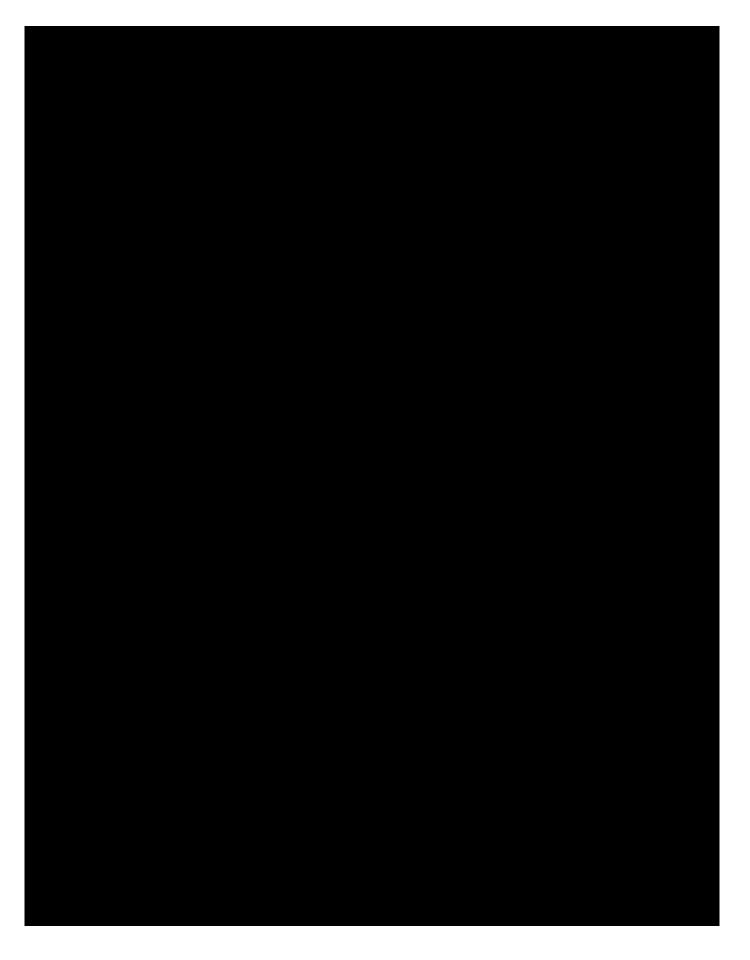






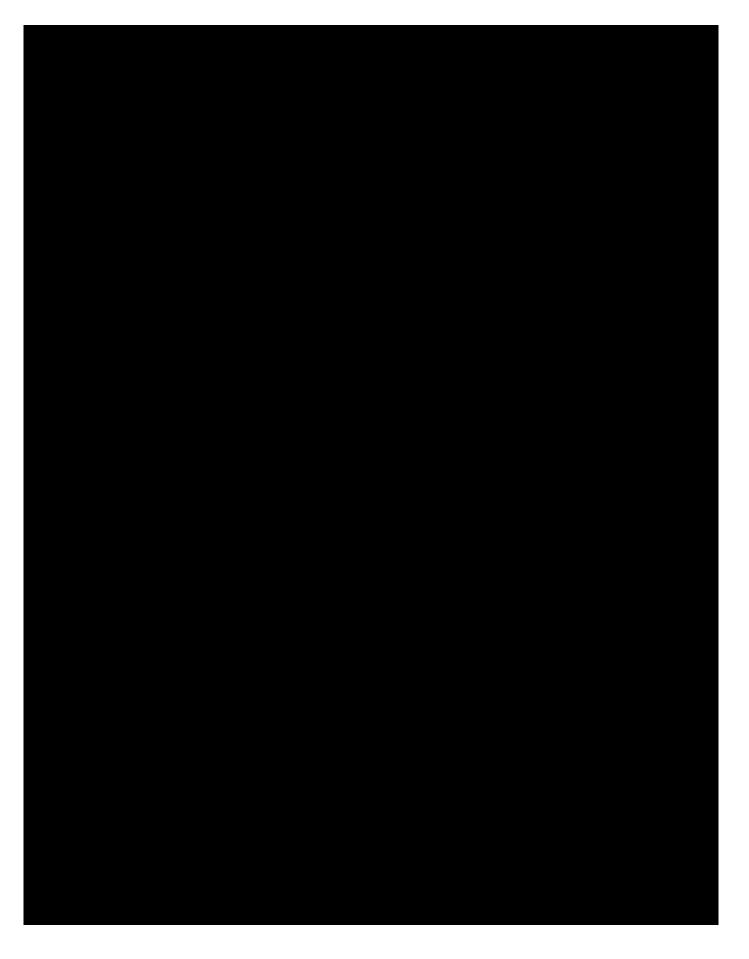




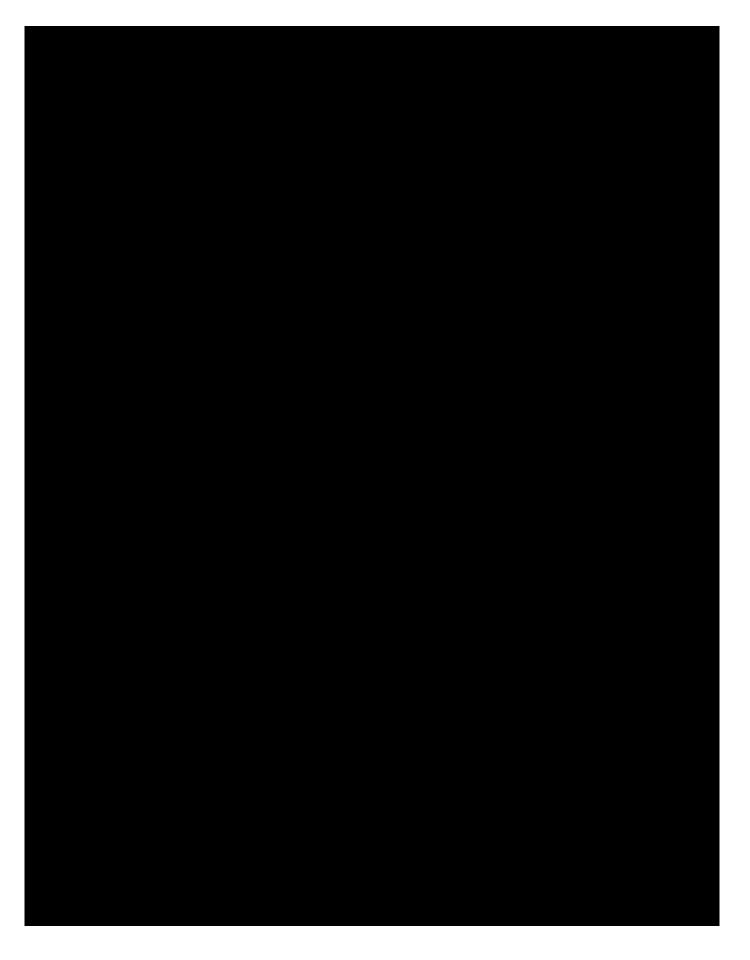


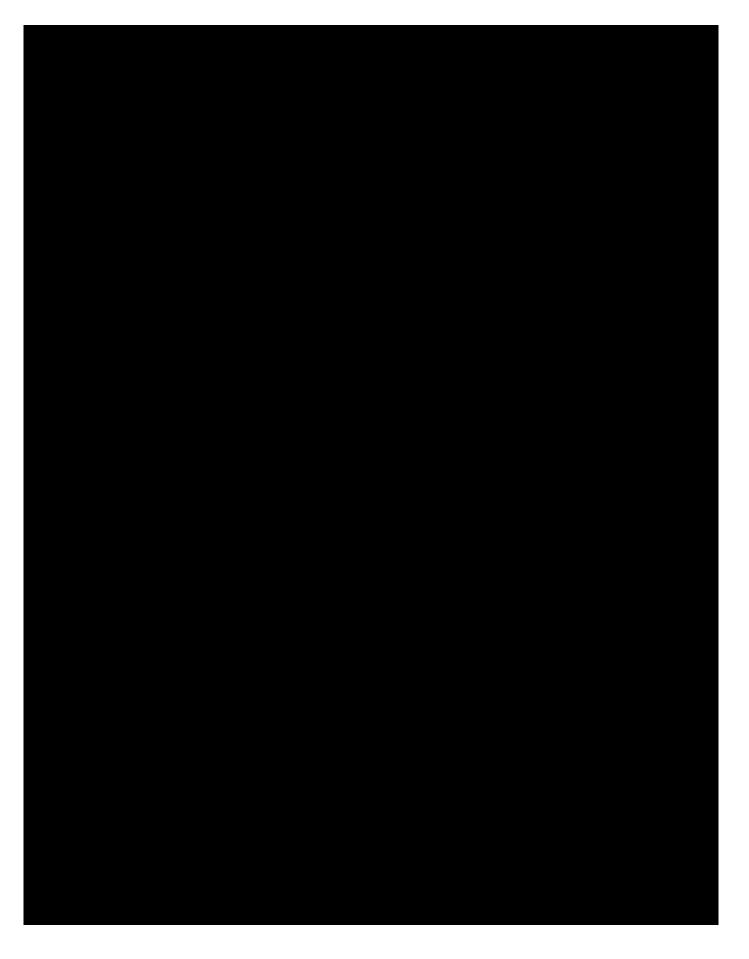


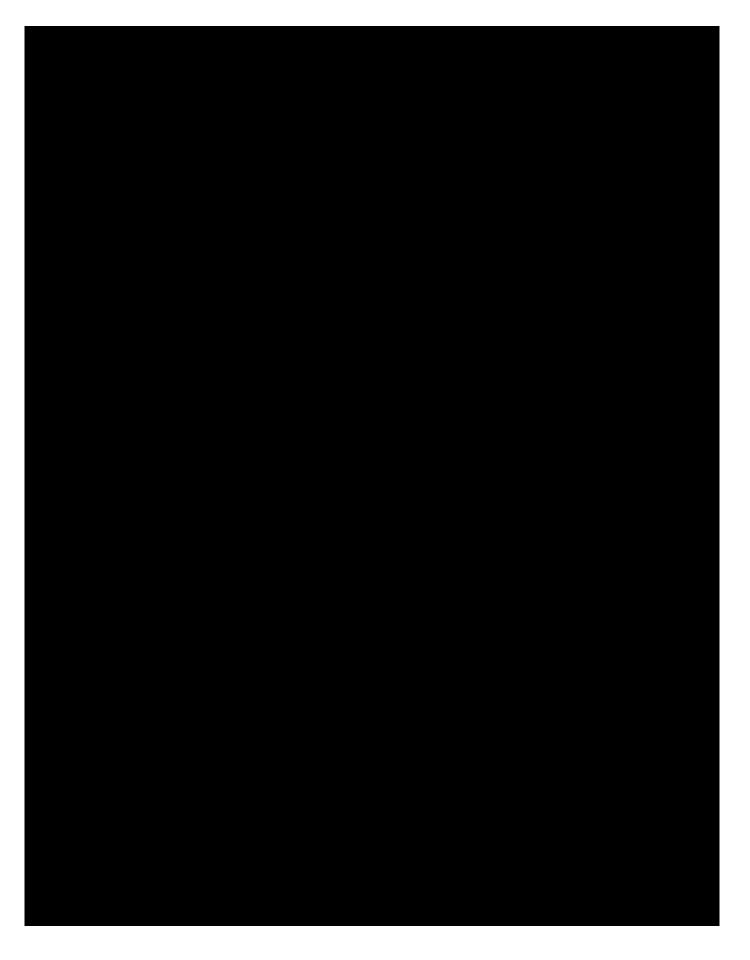




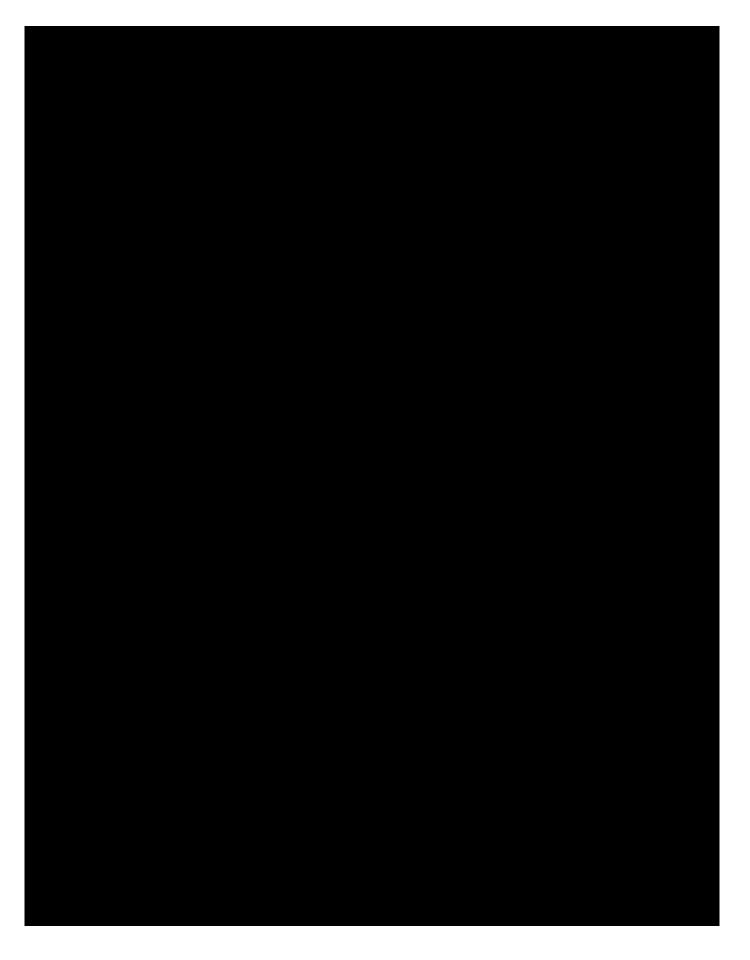


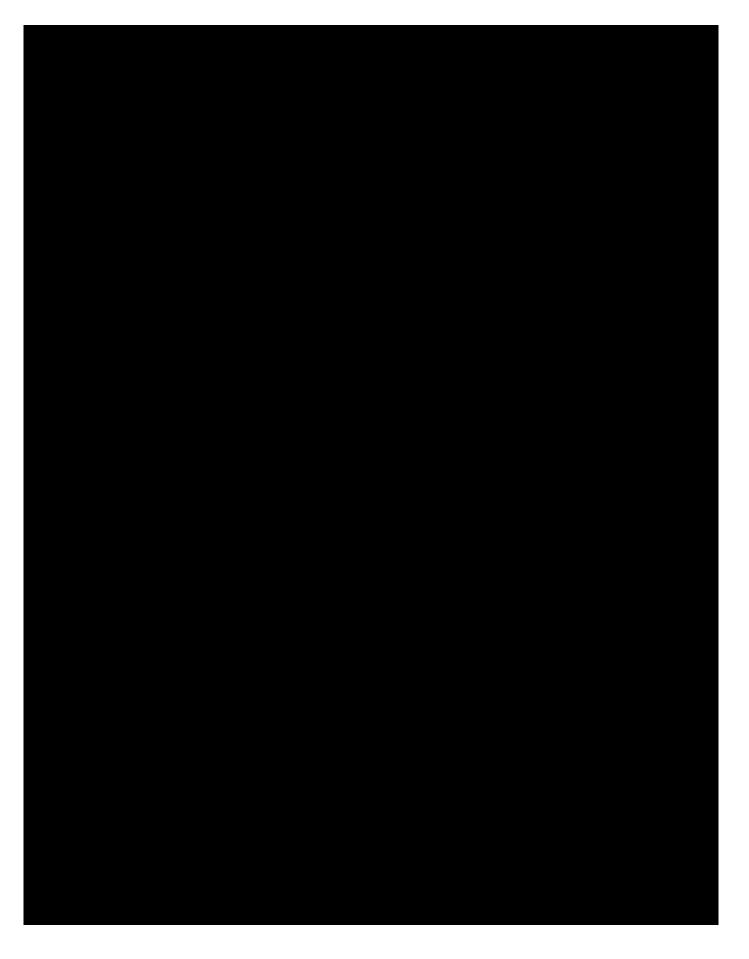






































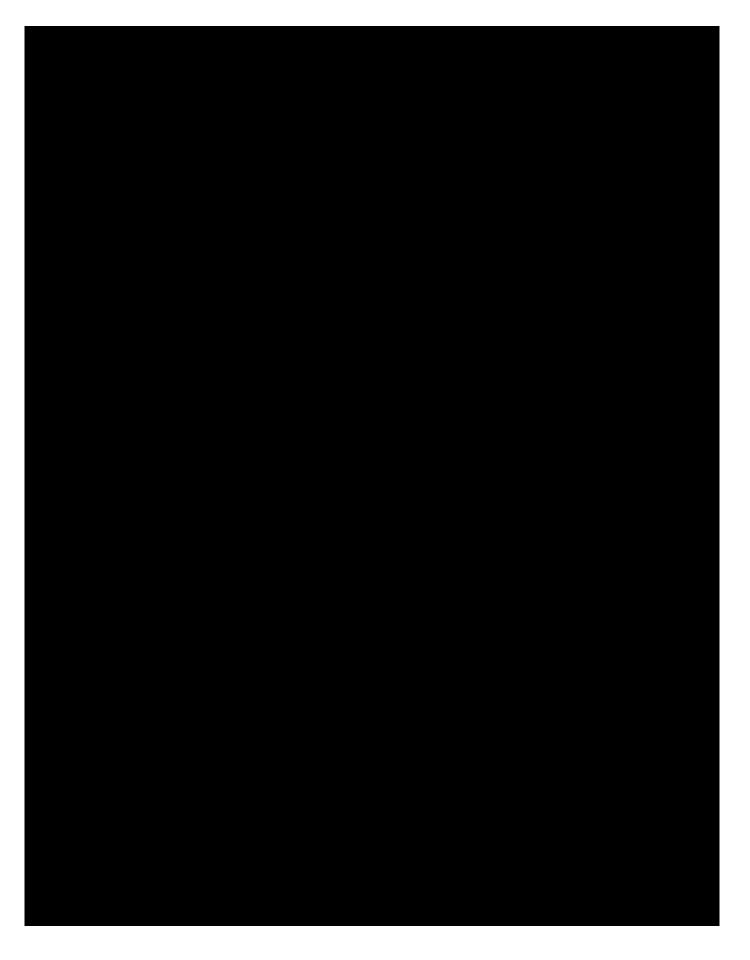




















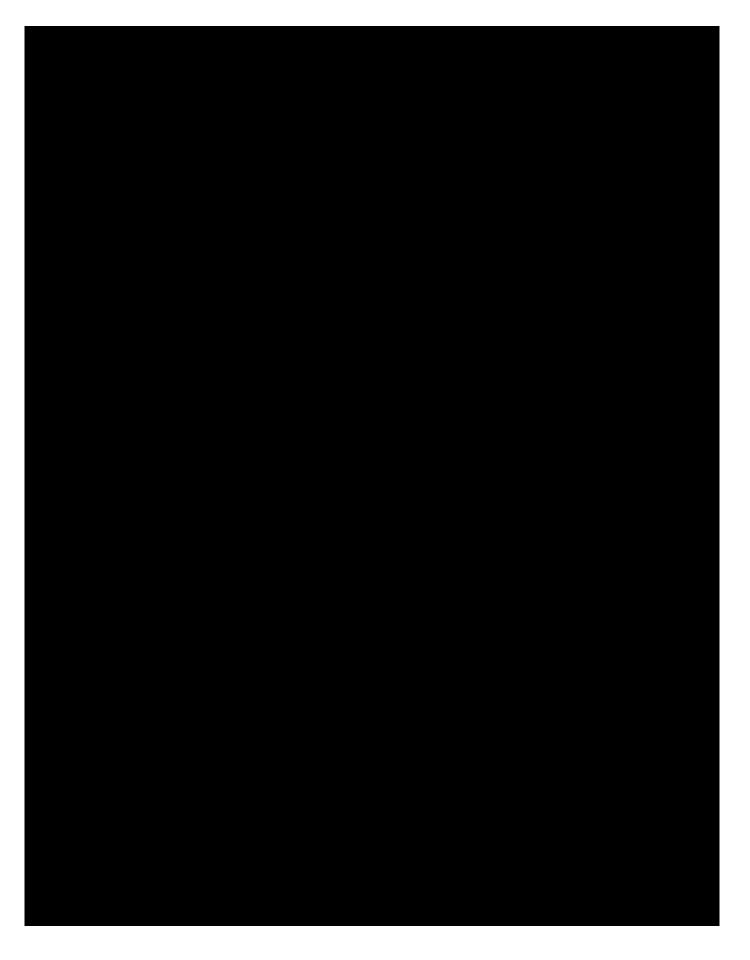


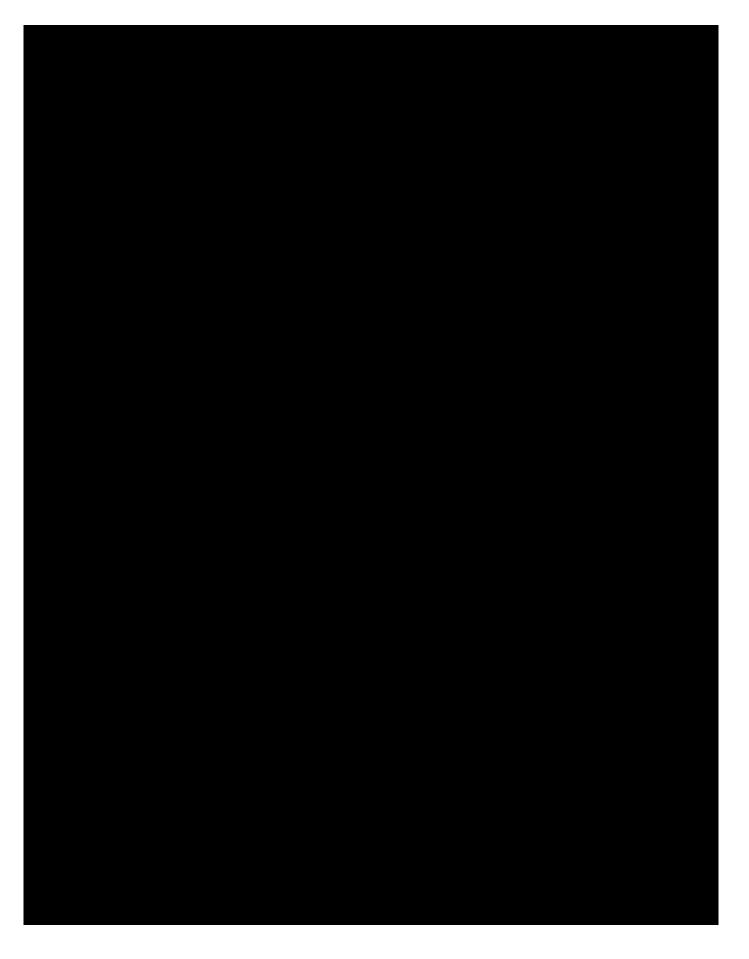


















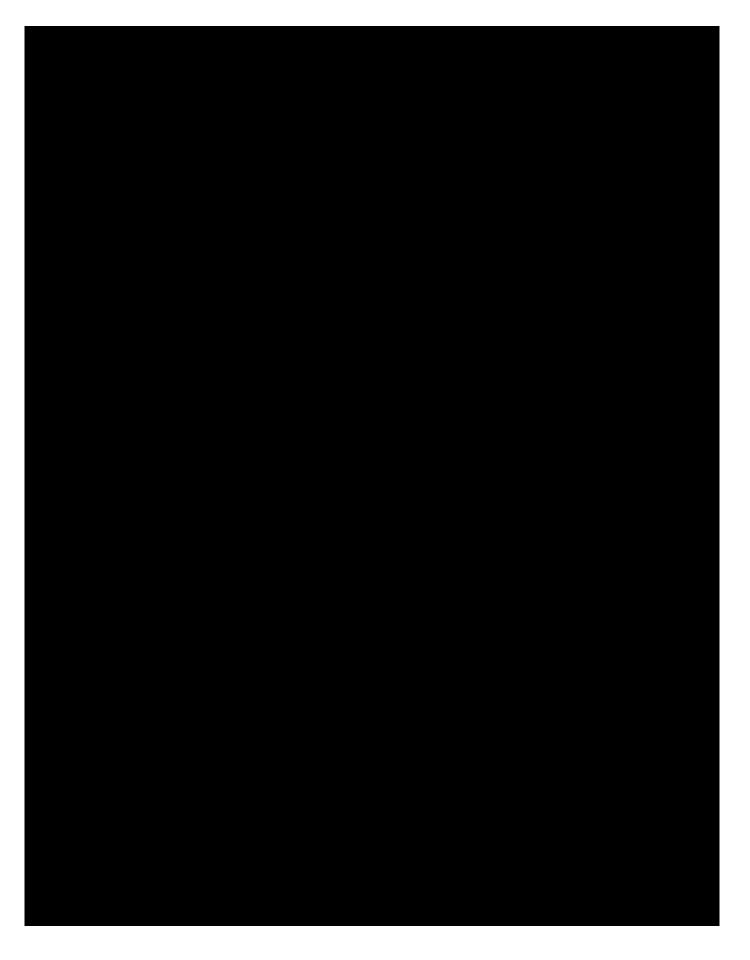
















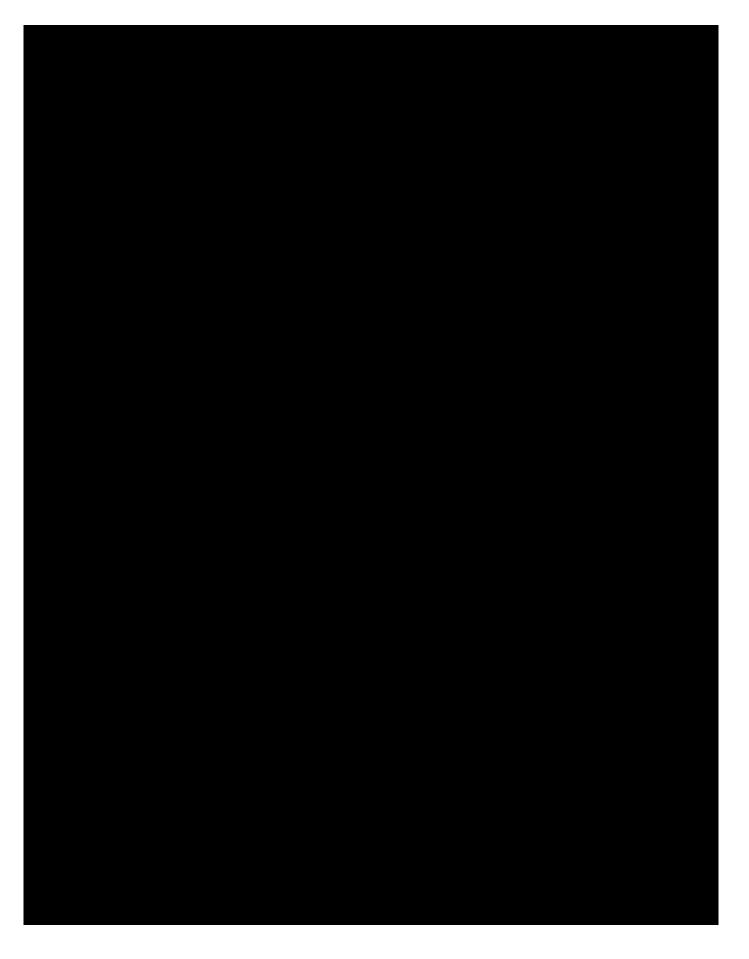
























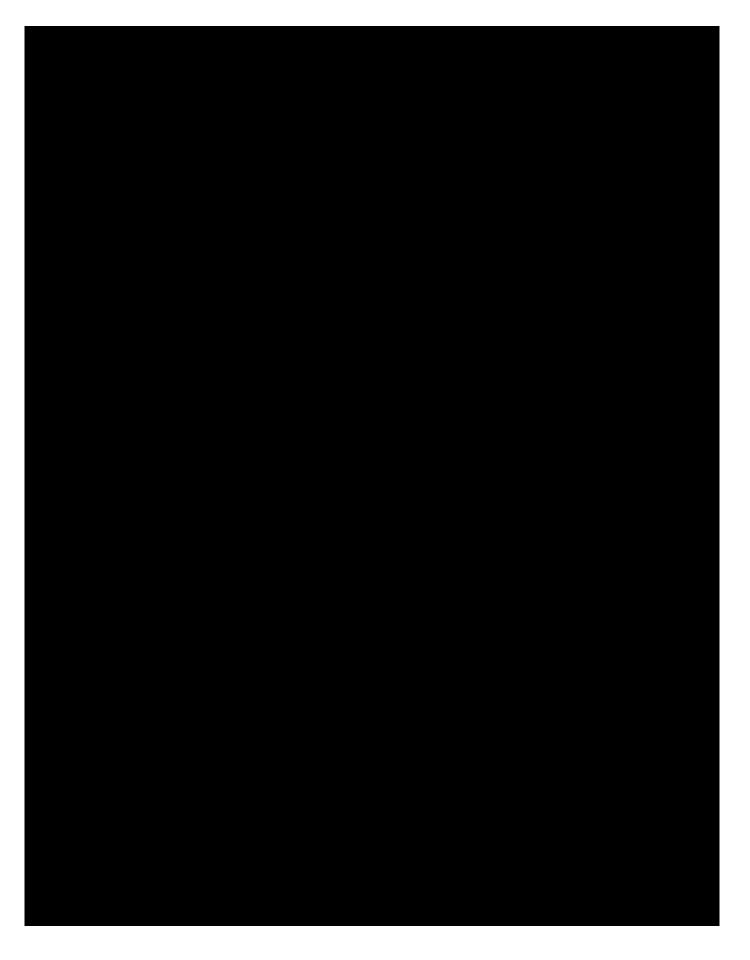
















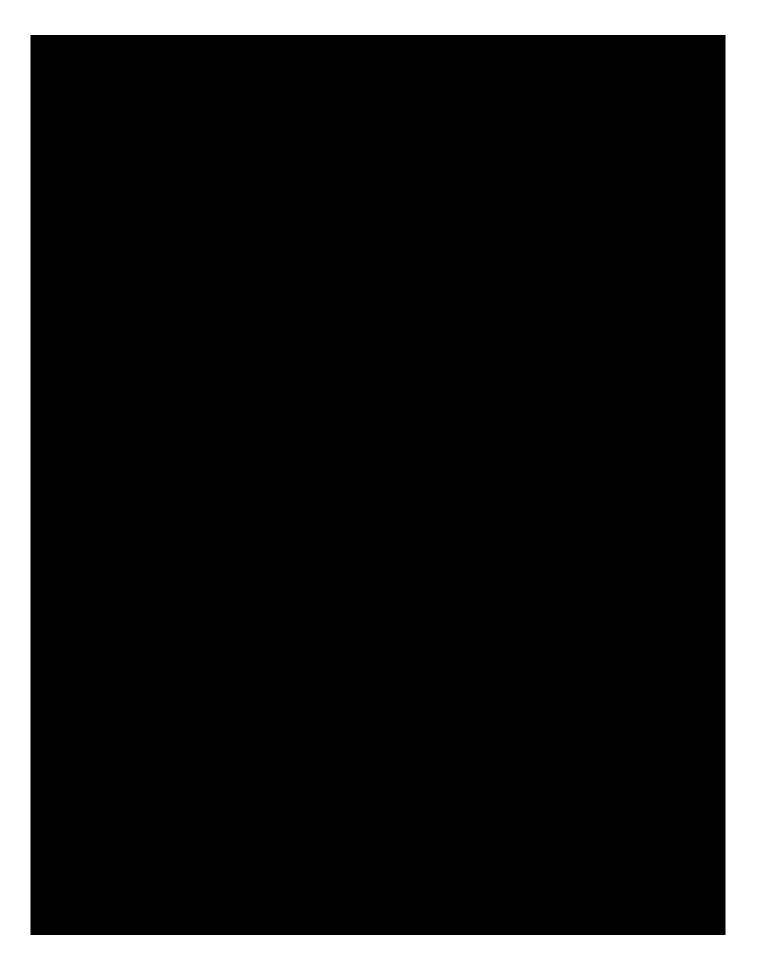




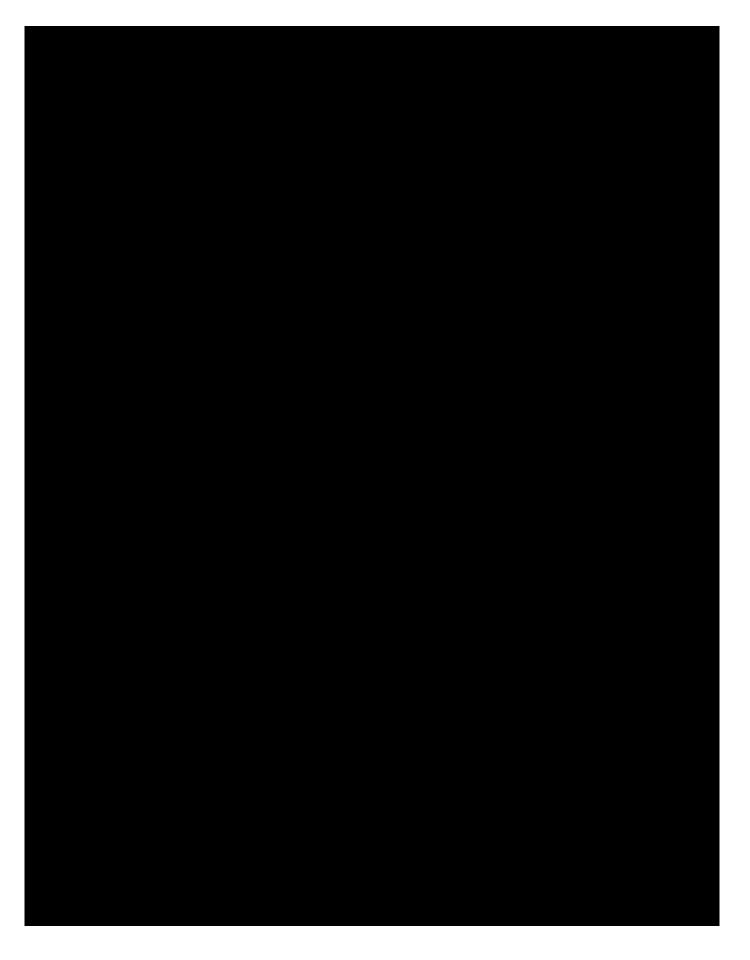




















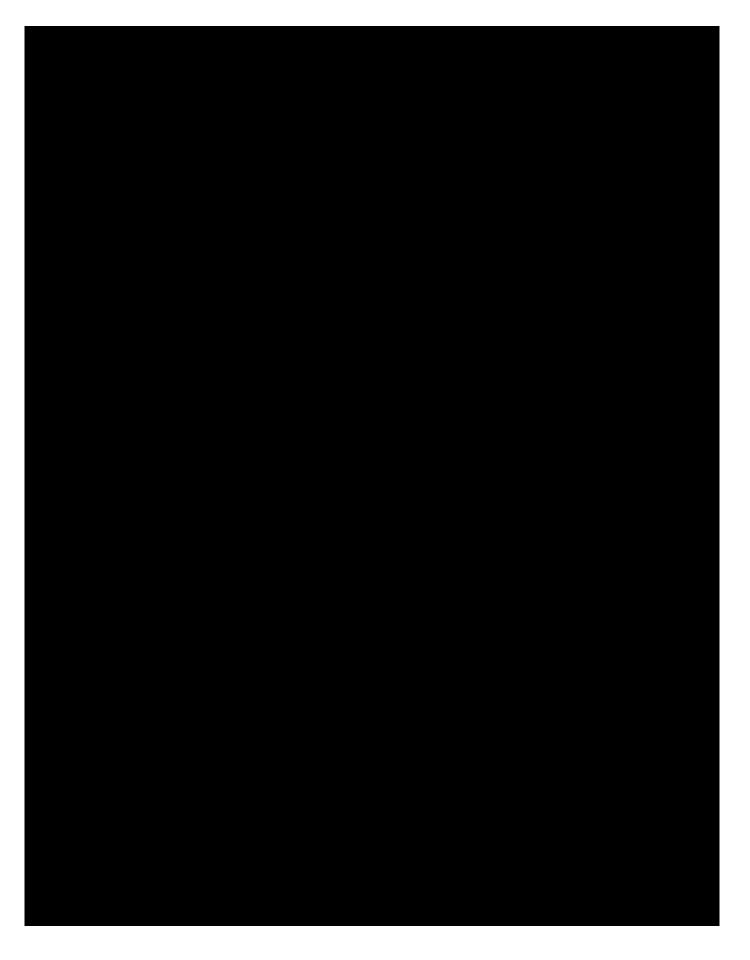






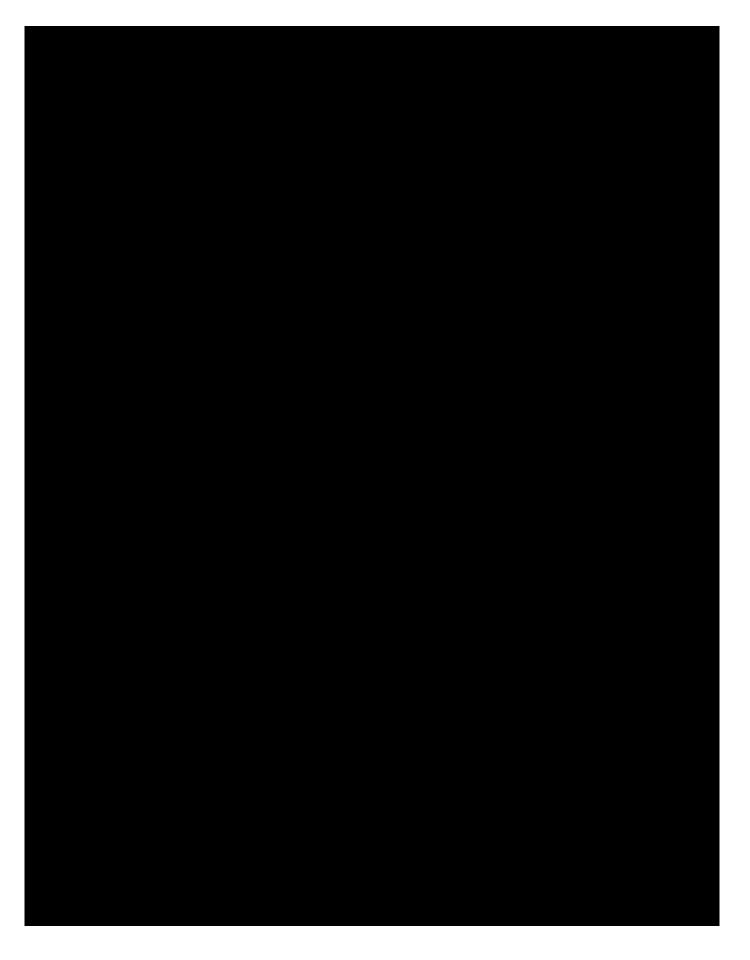


































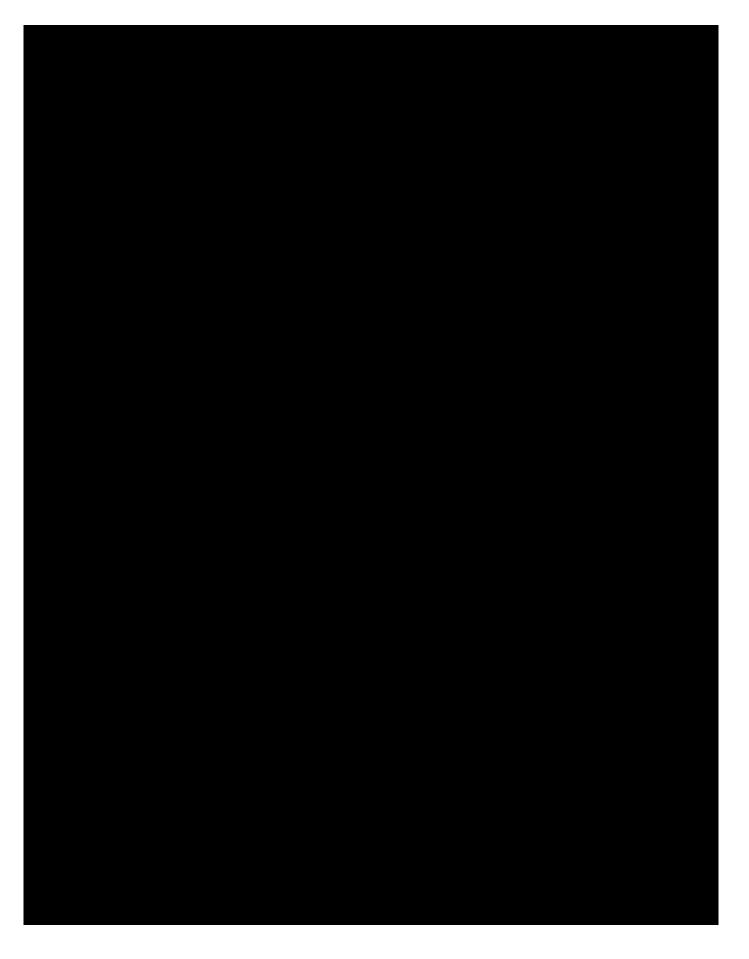


















































































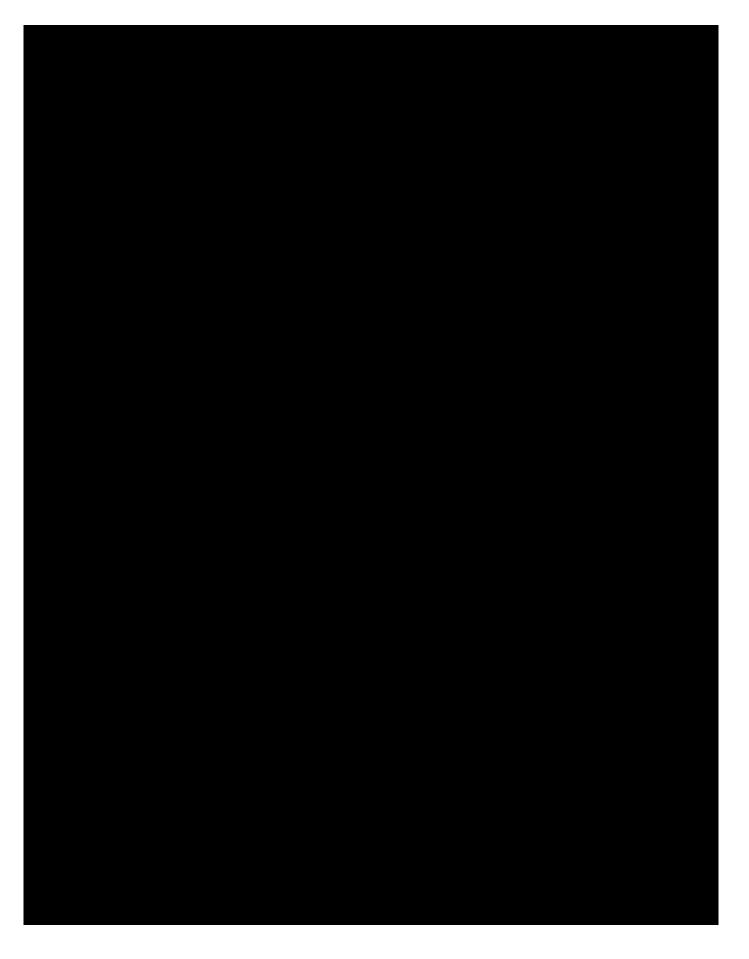






























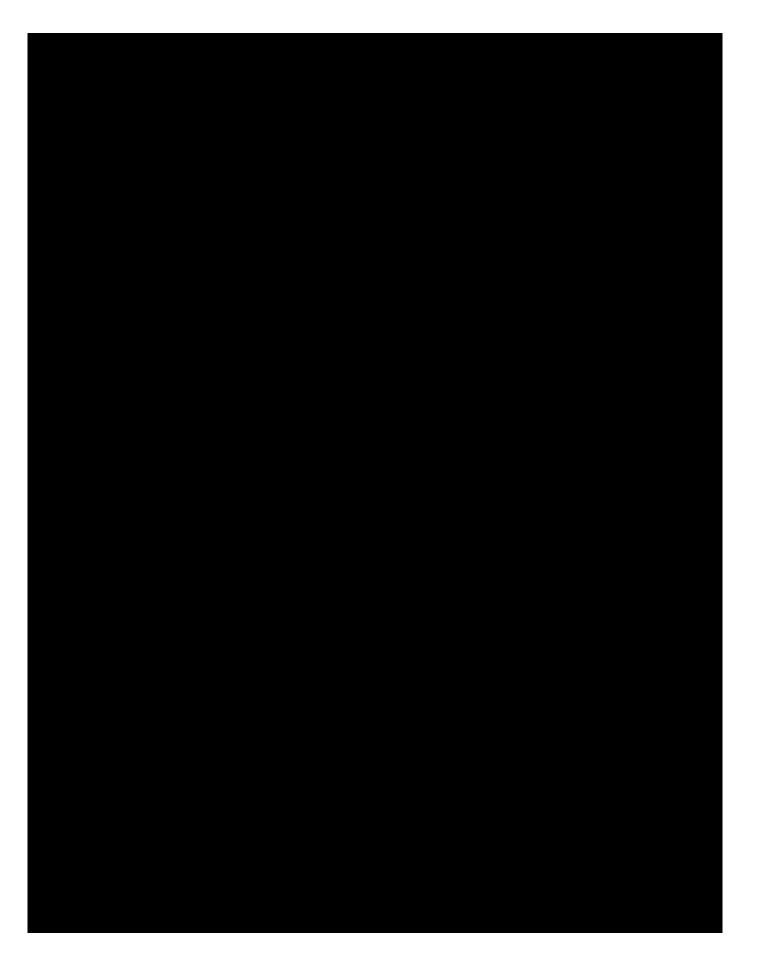


















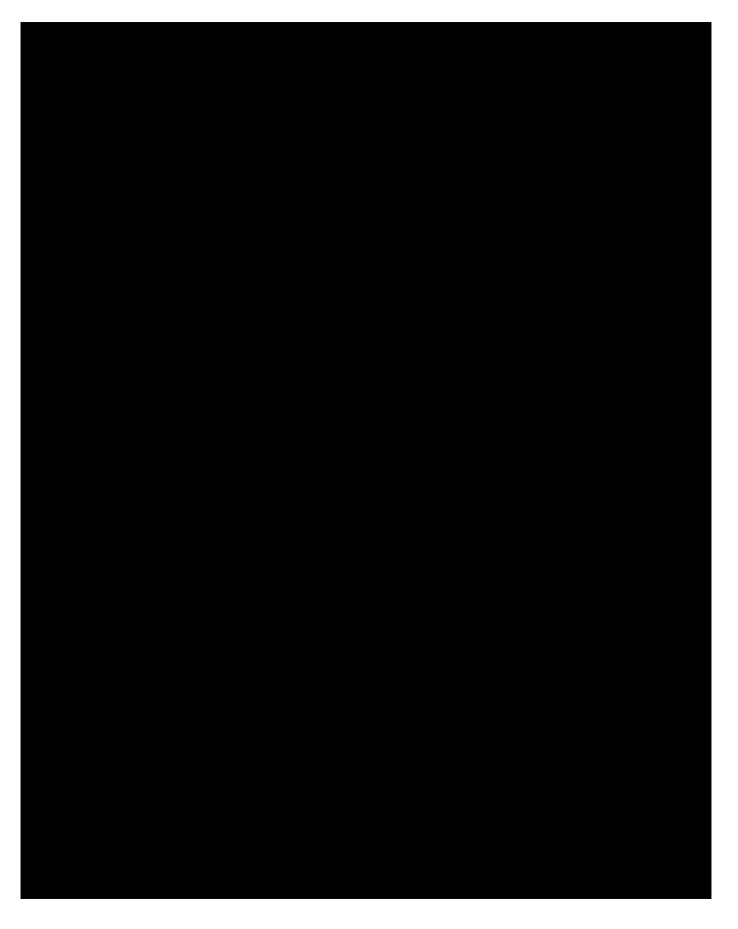
























Drivers' Last N	lamos								55560 Page 1 of 1
		No ARKANSA	S MOTOR VE	HICLI	CRA	SH REP	ORT Se	verity	tality 🗹 Injury 🗆 Pi
# of Motor Vehicles Automobiles, Motorcycles, etc.	2	-		2019-1		ash Report	7		
# of Non-Motorists Pedastrians, Bicyclists, etc.	0	Investigating Agency S1	ATE POLICE TROO	PB					
nvestigating Officer	CPL	Barnett	Chris			36	Signati		K Bornett
nroongaming content	Rank	Last	First	Mid		Suffix Badge	#	-my	N. Garriett
Date of Crash (MM/DD/	yyyyı Tin	ne of Crash (HH:MM AM/PM)	Date Police Notific		ne Police	Notified	Date Police	Arrived	Time Police Arrived
09/19/2022		02:19 PM	09/19/2022		02:20	PM	09/19	9/2022	02:31 PM
			CRASH L	OCATI			4-	1	
County ndependence		City Rural Independence	e		Latitud 35.786			91.74141	
Road/Street/Highway			Section	Log Mil		At Intersec	tion With		
BETHESDA RD (106)			1	4,	939				
Not in City, but	es (faat ne mila	s to two discimal places) Direction	of the City	/ Limits o	City				
Not at Intersection, bu		STO TWO ORIGINAL PROCESSY DESCRIPTION		of					
for at intersection, be		(feet or miles to two decimal places)	Direction (N/S/E/W)	Refere	nçe point	ove.			
irst Harmful Event	005	Location of First 100	School Bus	000	_	y Surface	100	Weather Co	nditions
	205	Harmful Event	Related	000	Conditio		100	Check all that app	oly:
100 Overtum/rollover 101 Fire/explosion 102 Immersion, full or part 103 Jackknife 104 Caron/equipment loss	(a)	100 On roadway 101 Shoulder	000 No, school bus not involved		100 Dry 101 Wet			☑ 100 Clear	
102 Immersion, full or part	al	102 Median	100 Yes, school bus		102 Snow			101 Cloudy	108 Freezing rain or freezing drizzle
104 mm Brindalbillatit toac		103 Roadside	directly involved 101 Yes, school bus		103 Slush 104 Ice or	Froel		☐ 102 Fog	The second second second
113 Fell/jumped from moto 115 Object thrown or faller		104 Gore 105 Separator	indirectly involved			(standing or mo	ving)	☐ 103 Smog	109 Snow
on or near motor vehi		106 In parking lane or zone	Type of	000	106 Sand	and Dissoil		☐ 104 Smoke	110 Blowing snow
198 Other non-collision		107 Off roadway, location unknown 108 Outside right-of-way (trafficway)	Intersection 000 Not an intersection	-	108 Oil	dirt, or gravel		☐ 105 Rain	713 Blowing Fond
200 Pedestrian 201 Pedalcycle		999 Unknown	100 Four-way intersection	n	198 Other			☐ 106 Sleet	soil, or dirt
202 Other non-motorist		Type of Collision 201	101 T-intersection					107 Hail	
203 Railway vehicle (train, 204 Animal (live)	engine)	100 Single vehicle crash 200 Front to rear	102 Y-intersection 103 L-intersection		999 Unkno		1 550	☐ 198 Other	
203 Railway vehicle (train, 204 Animal (live) 205 Motor vehicle in trans, 206 Parked motor vehicle 207 Falling/shifting cargo	port	201 Front to front	104 Traffic circle		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ondition	100		
206 Parked motor vehicle		202 Angle	105 Roundabout 106 Five-point or more		100 Daylig 101 Dawn			999 Unknow)
207 Falling/shifting cargo of set in motion by motor		203 Sideswipe, same direction 204 Sideswipe, opposite direction	999 Unknown		102 Dusk	w. co. c. c.		Roadway Co	enditions
208 Work zone/maintenan	ce equipment	205 Rear to side	Road System	102	103 Dark - 104 Dark -	not lighted		Check all that app	oly:
		206 Rear to rear 980 Other (describe below)	100 Interstate		105 Dark -	unknown lightin	9	☑ 000 None	
300 impact attenuator/cras 301 Bridge overhead struc 302 Bridge pier or support		300 Other (describe odion)	101 US highway 102 State highway		198 Other			☐ 100 Backup	
302 Bridge pier or support		Relation to 107	103 County road		999 Unkno	own		101 Backup	due to prior irring incident
303 Bridge rail 304 Cable barrier		Junction	104 City street 105 Frontage road		545.55.60	mental Fact	ors	102 Backup	
303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb		100 Non-junction 100 Intersection	106 Ramp		Check all the 1000 No			congesti	
306 Curb 307 Ditch		101 Intersection related	999 Unknown	,	-	eather condition		103 Toll boot	
307 Ditch 308 Embankment		102 Entrance or exit ramp 103 Entrance or exit ramp related	Property	100		sual obstructions		104 Road su (wet, icv	, snow, slush, etc.)
309 Guardrall face		104 Railway grade crossing	100 Public property		☐ 102 G			☐ 105 Debris	
310 Guardrail end 311 Concrete traffic barrie	r	105 Crossover related 106 Driveway access	101 Private property		☐ 103 Ar	nimals in roadwa	y	106 Ruts, ho	les, or bumps
312 Other traffic barrier		107 Driveway access related			☐ 198 O	ther:		☐ 107 Work 20	
313 Tree (standing) 314 Utility pole/light suppo	rt	108 Shared-use path or trail 109 Acceleration or deceleration land							avel-polished surface
315 Traffic sign support		110 Through roadway		TN	999 U	nknown	1 154	109 Obstruct	
316 Traffic signal support 317 Other post, pole, or sa	pport	198 Other location within an interchange area	Trafficway Classif	ication			100	inoperati	ve, missing, or obscured
318 Fence		(median, shoulder, and roadside	100 Trafficway, on road 101 Trafficway, not on ro	ad				111 Shoulde	rs (none, low, soft, high)
319 Mailbox 320 Building			102 Non-trafficway (desc	ribe below)				112 Non-high	hway work
398 Other fixed object		999 Unknown						☐ 198 Other:	
999 Unknown								999 Unknow	1
198, 298, or 396, describe		10	ORK ZONE CRA	SHINE	ORMAT	TION		The street	
	ocation R		rk Zone Type			orker(s) Pres	sent 970	Law Enforce	ement Present 97
Nork Zone	o Work Zo	010	Lane closure		0.0	No	370	000 No law enfe	proement presence
000		first work zone warning sign 101	Lane shift or crossover			Yes Not applicable		100 Officer pres	ent ement vehicle only present
00 No 00 Yes	04 8 3		Work on shoulder or media Intermittent or moving work			Not applicable Unknown		970 Not applica	
00 No 00 Yes 99 Unknown	01 Advance w 02 Transition	area						999 Unknown	
00 No 00 Yes 1 1 1	02 Transition 03 Activity are	198	Other					222 OHVIONII	
00 Na 00 Yes 99 Unknown	02 Transition 03 Activity are 04 Terminatio	n area	Other					333 OHARWII	
00 No 00 Yes 99 Unknown	02 Transition 03 Activity are	n area 198 n area 970							SH RERORT - CRASH SUMM

555602 Page 2 of 14 Crash Report # ATTACHMENTS Photos Taken Description ☐ Yes Type ₩ No Statement from Driver 1 Driver statement Statement from Driver 2 Driver statement NON-VEHICULAR PROPERTY DAMAGE Address Name **Description of Property Damage** State Postal Code WITNESSES' CONTACT INFORMATION
Middle Name | Suffix | Addres State Postal Code Address City First Name **Last Name** Spicer_Document Production 223

Motor Vehicle #	ARI		OTOR VEHICL			Page 3 of 14
1			HICLE INFOR		Crash R	eport #
		DESCR	RIPTION AND IDE		Marie Date Description	
had no driver 0000	and Run No, did not leave the scene No, vehicle & driver left the scene		vehicle & driver left the sce only driver left the scene	000	Vehicle Body Type Passenger Vehicles 100 2-door	105
VIN 002	No, only driver left the scene				101 4-door 102 Hatchback	
Vehicle Year, Make,	and Model				103 Convertible 104 Station wagon	
Tuniore Tear, mane,	and mener				105 Pick-up	
Year Make		Model			106 Mini-van 107 Passenger van (seats	any number if personal; up to 8 if business
License Plate			☐ Missing		108 Cargo van (10,000 lbs 109 Sport utility vehicle	or less)
State Number		Year	Unknown (fil	in all known details)	110 Large utility vehicle	San Aban
Trailer #1 License Pl	ate		☐ Missing		111 Motor home/recreation 198 Other passenger vehic	
State Number			Unknown (fill	in all known details)	Truck (> 10,000 lbs)	iašv.
Trailer #2 License Pla	ate		☐ Missing		200 Single unit truck (2 axl 201 Single unit truck (3 or	more axles)
			Unknown (fill	in all known details)	202 Single unit truck with t 203 Truck tractor only (bot	railer
Owner Name S	Same as driver Unknown				204 Tractor/semi-trailer	, soul
The state of the s	MENT OF TRANSPORTATIO	N			205 Tractor/doubles 206 Construction/maintena	ance equipment
Owner Address 🔲 S					207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs)
PO BOX 2261		ITTLE ROCK	AR State	AR 72203-2261	Bus / Van / Limo (9 or mo	ore seats, including driver)
Motor Carrier Type	000 Motor Carrier ID	Numbers	State	Postal Gode	300 School bus 301 Transit/city bus	
000 Personal transportation					302 Motor coach/intercity/o	cross-country bus
100 Interstate carrier 101 Intrastate carrier	MC/MX#				303 Limousine 304 Van (seats 9-15, inclu	
102 Not in commerce - gov 103 Not in commerce - other	emment			itate	390 Other vehicle (seats 9	-15, including driver) 6 or more, including driver)
999 Unknown	Olate #				Cycle / Low Speed	a ministration of management and
Motor Carrier Name	Unknown				400 Motorcycle 401 Motor scooter	
					402 Moped	
Motor Carrier Addres	ss Unknown				403 ATV (3, 4, or 6 wheels 404 Snowmobile	5)
					405 Golf cart 406 Low speed vehicle	
Street Cargo Body Type	- 0	fly	State	Postal Code 000	498 Other motorized cycle	Now speed vehicle
000 No cargo body 100 Bus 101 Van / enclosed box 102 Grain / chips / gravel	104 Cargo tank 105 Log 106 Intermodal container chassis 107 Vehicle towing another vehicle	109 Dump 110 Concrete mixel 111 Auto transporte 112 Garbage / refu	er 999 Unknown		Unknown 999 Unknown type of moto # 198, 298, 390, 391, or 498	
103 Pole trailer GVWR/GCWR	108 Flatbed 970 Hazardous Materials	Placard 000	Hazardous Materia	IID	Hazard	ous Materials Released 970
100 10,000 lbs or less	970 Hazardous Materials 000 Placard not required	000	(4-digit # or name from mid of diamond or rectangular t	die		ehicle Cargo Compartment
101 10,001 - 26,000 lbs 102 More than 26,000 lbs	100 Placard displayed 200 Placard required but r	not displayed	Hazardous Materia	Class	100 Yes,	hazardous materials released
970 Not applicable	999 Unknown		(1-digit # from bottom of diamond)		970 Not a	applicable (not carrying hazardous material
INS	SURANCE				MAGE	
Insurance	- Unknown	Damage Sever	ity 10		Contact Point (check 1)	Damaged Areas (check all that apply)
Uninsured at time of o	(fill in any known details)	100 No damage 100 Minor damage		7 8		7 8 9 10 11
Insurance Company		101 Functional dan 102 Disabling dama				00000
SEL	F INSURED	999 Unknown		- 60 -	□ □ □ □ □	6 0 0 0 0 0
NAIC #		Damage Estim	\$20,000	5 4		5 4 3 2 1
NAIL #		Damage Prior	to the Crash	□ 000 Non	-collision	☐ 097 No damage
NAIC#		☑ No prior dama	age	☐ 100 Car		□ 113 Тор
nale #		I P Was Ideas the	below)	☐ 113 Top		☐ 114 Undercamage
Policy#		Yes (describe		114 Und	And the second s	
		☐ Yas (describe		☐ 114 Und	And the second s	999 Unknown
Policy#		Yes (describe	TOWING		And the second s	
Policy#	000 Towed By	☐ Yes (describe	TOWING		And the second s	
Policy # Towed 000 Not lowed 100 Towed, but not due to di	isabiling damage	☐ Yes (describe	TOWING		And the second s	
Policy # Towed	isabiling damage	Yas (describe	TOWING		And the second s	

Motor Vehicle #		AR	KANSAS MOTOR VEHI	CLE C	RASH REPORT Pa	ge 4 of 14
1			VEHICLE INFO			
			MOTOR VEHICLE CI	RCUMST	ANCES	
Vehicle Usage	000	Emergend	y Vehicle Usage	970	Vehicle Maneuver	106
000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/four bus	500	101 Non-em 102 Emerger			100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing fanes 104 Overtaking/passing 105 Turning right 106 Turning left	
106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency serv 112 Incident response 999 Unknown	Y 1.	Travel Dir 100 Northbo 101 Southbo 102 Eastbou 103 Westbou 104 Not on n 999 Unknown	und und nd und aadway	102	107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other	
Vehicle Defects Check all the	at apply				999 Unknown	
	101 Ex 104 Po 107 Wi	neels	102 Body or doors 105 Suspension 108 Headlights	eld	Traffic Control Device Types and Statuses 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. 100 Functioning pr 101 Functioning in 102 Inoperative or 999 Unknown	properly missing
112 Mirrors	☐ 113 Wi		114 Truck coupling, traile		Traffic Control Device Type Check all that apply.	Device Status
115 Fuel system	☐ 116 Cm	uise control	hitch, or safety chain	15	☐ 000 None	
☐ 198 Other					☐ 100 Flashing traffic control signal	
					☐ 101 Traffic control signal	
					☐ 102 Stop sign	
999 Unknown		1	15 / 2 /	-	☐ 103 Yield sign	
Trafficway Description 100 One-way trafficway		200	Roadway Surface	101	104 Slow or warning sign	
200 Two-way, not divided			101 Asphalt			_
201 Two-way, not divided, with a c 300 Two-way, divided, unprotected			102 Gravel 103 Dirt		105 Person (officer, flagman, crossing guard)	_
400 Two-way, divided, positive cab		acty median	198 Other		☐ 106 School zone sign/device	
401 Two-way, divided, positive cor 498 Two-way, divided, other type of		ior			☐ 107 Pedestrian signal	
430 TWO-Way, divided, onles type o	n positive ball	ruit	999 Unknown		☐ 108 No passing signal	
999 Unknown					☐ 109 Words or symbols painted on roadway	
Roadway Grade		100	Roadway Alignment	100	✓ 110 Traffic lanes marked	100
100 Level 999 Unknow 101 Hillcrest	n		100 Straight 200 Curve left		111 Railway crossing with gate and signals	
102 Uphill			201 Curve right		☐ 112 Railway crossing with flashing signals only	
103 Downhill 104 Sag (bottom)			299 Curve, direction unknown 999 Unknown		113 Railway crossing with crossbuck only	
25 0 × X 10 0 0					198 Other:	
Total # of Lanes		2	Posted Speed Limit Use the posted speed limit that applied	55	999 Unknown	
	_		to this vehicle at the time of the crash	FEVEN		
			moter vene	LE EVEN		
	205	2 205	3 4 5	4	6 7 8 9	10
Non-Collision		Collis	ion with Non-Fixed Object	Collis	sion with Fixed Object	Unknown
100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife		201 Per 202 Ott 203 Rai	destrian dalcycle ner non-motorist Iway vehicle (train, engine)	301 Br 302 Br 303 Br	pact attenuator/crash cushion 318 Fence 319 Malibox 319 Malibox 320 Building 398 Other fixed object	999 Unknown
104 Cargo/equipment loss or shift 105 Equipment failure (blown fire, brake failure, etc.) 105 Separation of units 107 Ran off roadway left 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill unaway 113 Fell/jumped from motor vehici 114 Reentering roadway 115 Object thrown or fallen on or a 186 Other non-collision	in e	205 Mo 206 Pai 207 Fal any 208 Wo 298 Oth	imal (live) tor vehicle in transport rised motor vehicle ling/shifting cargo or thing set in motion by motor vehicle risk zone/maintenance equipment rer non-fixed object	305 Ct 306 Ct 307 Di 308 En 309 Gt 310 Gt 312 Ot 312 Ot 313 Tr 314 Ut 315 Tr 316 Tr	urb tch hoankment landrall face lardrall face lardrall end oncrete traffic barrier her traffic barrier ee (standing) litty pole/light support affic sign support affic signal support her post, pole, or support	
				n •	Document Production 2	UMSTANCES AND EVEN

	r Vehicle #		AR	KANS			R VEHICLE CR.			Caret		Page 5	of 14
	1				D	RIVER	RINFORMATIO	N		Crash F	Report #		
						DRIVE	R INFORMATION						
lame	Unknown							Date of B	irth/Age	A	Male Female	Race 100 White/Caucasi	100
											Unknow	n 101 Black/African-A	
Address	☐ Unknown		First	-	Mi	iddle	Suffix					102 Hispanic 103 Asian/Pacific Is	slander
daress	_ onleibin											104 American India	
Street					Cit	ty		State	Postal	Code		198 Other 1999 Unknown	
							CENSE INFORMAT	ION					
icense S	tatus 100	Licens	e Number				Restrictions on Lice	nse Check a	il that apply.	Restri	ctions Vi	olated Check	all that app
000 Not licen 100 Valid lice							☐ 000 None			2 000	None		
200 Suspend	ded	Licens	e State	Licens	se Class	s	100 With licensed adu	t		□ 100	With licens	ed adult	
01 Revoked 02 Expired	1	1	AR		A		101 Corrective lenses			☐ 101	Corrective	lenses	
03 Cancelle		Is Con	mercial Driver	License	?		☐ 102 Mechanical aid			102	Mechanica	laid	
04 Disqualif 199 Unknown		⊠ Y	es 🗆 No				☐ 103 Prosthetic aid			103	Prosthetic :	aid	
Endorsem	ents on Lice	nse	Endorsem Check all that	ents Viol	lated		☐ 104 Automatic transmi	ssion		104	Automatic I	transmission	
000 None	300 70		₹ 000 None				☐ 105 Outside mirror			105	Outside mi	rror	
	ble/triple trailers		100 Doub		lers	-	☐ 106 Daylight only			106	Daylight on	ly	
101 Pass	Contract of the San		☐ 101 Pass				107 Class B or C with	passengers and	class D			C with passengers an	d class D
101 Fass			☐ 102 Tank		_	_	☐ 108 Class C only with	-				ly with passengers	
	ardous materials	_	☐ 103 Haza		riale	_	☐ 109 Vehicles without a	-		_	e.inc. a	thout airbrakes	
	vehicle & hazar	daus matoris				materiale	110 Interlock device	- Control		_	Interlock de	A DELICIONAL DELICATION OF THE PERSON OF THE	
		dons marcha	□ 105 Scho		idzai yous	majoriais	111 School, church, or	transit hus		_		urch, or transit bus	_
105 Scho					_	_	112 Class D only with					ly with passengers	
106 Moto			☐ 106 Moto		12	_	112 Class B only was					fertilizer only	_
107 Moto	or driven cycle		107 Moto	r anven cycl								GUILLEGI WITH	
				lake a law also	_							em eanilea vahirla	
	d without photo er (describe belov	v)	☐ 108 Valid		oto		114 Seasonal farm sel	vice vehicle		□ 114	Seasonal fa	arm service vehicle cribe below)	
☐ 198 Othe	er (describe below	v)		r (describe b	oto below)	Restrain	114 Seasonal farm sel	vice vehicle (low)	N	□ 114	Seasonal fa	rcle Helmet Usag	e 000
198 Othe	er (describe below			DRIV	below)	Restrain 000 None	114 Seasonal farm sei	vice vehicle vlow) ORMATIO	N [☐ 114 ☐ 198	Seasonal fa	rcle Helmet Usag	e 000
198 Othe	er (describe below osition	ts0	198 Othe	DRIV	below) /ER SE	Restrain 000 None to 100 Should 101 Should	☐ 114 Seasonal farm sei☐ 198 Other (describe bein 198 Other	vice vehicle vlow) ORMATIO	N	☐ 114 ☐ 198	Motorcy 000 No he 100 DOT-	rcle Helmet Usag imet worm compliant cycle belinet worn	e 000
198 Othe	osition Vehicle Sea	ts O	ther Seating P. 00 Sleeper section	DRIV ositions of cab (truck on of bus	below) /ER SE	Restrain 000 None u 100 Should 101 Should 102 Lap be	☐ 114 Seasonal farm sei☐ 198 Other (describe be☐ AND SAFETY INFt t Systems Used used - motor vehicle occuparier and lap belt used	vice vehicle vlow) ORMATIO	N	☐ 114 ☐ 198	Motorcy 000 No he 100 DOT-1 motor	rcle Helmet Usag imet wom compliant cycle helmet wom cycle helmet wom cycle helmet wom	e 000
198 Othe	osition Vehicle Sear Front Middle Right	ts Other 180 80	ther Seating P. 00 Sleeper section of Passenger section (14 Passenger section) 22 Enclosed passer 33 Unenclosed passer	DRIV DRIV ositions of cab (truck inger/cargo a senger/cargo a	/ER SE 110 (x)	Restrain 000 None u 100 Should 101 Should 102 Lap be 103 Restrai 104 Child re	AND SAFETY INF t Systems Used used - motor vehicle occupar ter and lap belt used ter belt only used int used - type unknown estraint system - forward fac	ormatio	N	☐ 114 ☐ 198	Motorcy 000 No he 100 DOT- motor 101 Non-E motor	rcle Helmet Usag imet wom compliant cycle helmet wom OT-compliant cycle helmet wom at wom.	e 0000
198 Other	osition Vehicle Sear Front Middle Right 120 130	ts Other 180 80	ther Seating P. 00 Sleeper section 11 Passenger section 21 Enclosed passer 23 Unenclosed passer 4 Passenger/carge	DRIV DRIV ositions of cab (truck on of bus oger/cargo a senger/cargo a senger/cargo a area,	/ER SE 110 (x)	Restrain 000 None to 100 Should 101 Should 102 Lap be 103 Restrai 104 Child no 105 Child no 106 Booste	AND SAFETY INF t Systems Used used - motor vehicle occupar er and lap belt used ler belt only used it only used int used - type unknown estraint system - forward facestraint system - rear facing or seat	ormatio	N	☐ 114 ☐ 198	Motorcy 000 No he 100 DOT- motor 101 Non-E motor 102 Helms 1999 Unkno	rcle Helmet Usag imet worn compliant cycle helmet worn OT-compliant cycle helmet worn st worn, at worn if DOT-compliant own if helmet worn	e 0000
Seating Postandard Row Left 1 110	osition Vehicle Sea Front Middle Right 120 130 220 230	ts Other 88 80 80 80 80 80 80 80 80 80 80 80 80	ther Seating P. O Sleeper section Passenger section Superior section Unenclosed passed Unenclosed passed Superior section Trailing unit	DRIV DSITIONS of cab (truck on of bus onger/cargo a senger/cargo a area, sed	/ER SE 110 (c)	Restrain 000 None to 100 Should 101 Should 102 Lap be 103 Restrai 104 Child no 105 Child no 106 Booste	☐ 114 Seasonal farm sei ☐ 198 Other (describe bei ☐ 199 ☐	ormatio	N	☐ 114 ☐ 198	Motorcy 000 No he 100 DOT- motor 102 Helm 999 Unkno	rcle Helmet Usag imet wom compliant cycle helmet wom iOT-compliant cycle helmet wom at wom, wn if DOT-compliant	e 000
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198 Othe Seating Po Standard 1	Vehicle Seat Front 120 130 220 230 320 330 420 430 520 530 Front 120 130 1	ts Other 88 80 80 80 80 80 90 90 90 90 90 90 90 90 90 90 90 90 90	ther Seating Properties of the Passenger section of the Passenger section of the Passenger section of the Passenger section of the Passenger (and	DRIV DSITIONS ositions of cab (truck on of bus ger/cargo a send area, ssed vehicle exter 1E 2E 3E 4E 5E	/ER SE 110 Area o area area o area 1F 2F 3F 4F	Restrain 000 None 100 Should 100 Should 101 Should 102 Lap be 103 Restrain 104 Child in 106 Sholtan 106 Child in 106 Booste 107 Child in 198 Other 970 Not ap 999 Unknor Air Bags Check all in 000 N 100 D 101 D 102 D 102 D 102 D 103 D 104 D 105 D 1	□ 114 Seasonal farm sei □ 198 Other (describe bei □ 198 Other (descri	ormatio	Ejectio 000 Not s 100 Eject 101 Eject 970 Not s 999 Units 100 Side 101 Side 102 Winc 103 Back 104 Back 105 Roof	1100 198 100 100 100 100 100 100	Motorcy 000 No he 100 DOT- motor 101 Non-E motor 102 Helm 299 Unkn Eye Pro V No Unkn 000 Illy	rcle Helmet Usag imet wom compliant cycle helmet wom into cycle helmet wom out cycle helmet wom at wom, with JOT-compliant own if DOT-compliant own if helmet wom tection Usage Extrication 100 Extricated 100 Extricated 100 Extricated 999 Unknown	000
198 Othe Seating Po Standard Row Left 1 110 2 210 3 310 4 410 5 510 Sus Seatin (Complete if 14 2A 3A 4A 5A 4A 5A 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Vehicle Seat Front 120 130 220 230 320 330 420 430 520 530 Front 120 130 1	ts Other 88 80 80 80 80 80 90 90 90 90 90 90 90 90 90 90 90 90 90	ther Seating Properties of the Passenger section of the Passenger section of the Passenger section of the Passenger section of the Passenger (and	DRIV ositions of cab (truck on of bus nger/cargo a senger/cargo a vehicle exte	/ER SE 110 Area o area area o area 1F 2F 3F 4F	Restrain 000 None 100 Should 100 Should 101 Should 102 Lap be 103 Restrain 104 Child in 106 Sholtan 106 Child in 106 Booste 107 Child in 198 Other 970 Not ap 999 Unknor Air Bags Check all in 000 N 100 D 101 D 102 D 102 D 102 D 103 D 104 D 105 D 1	□ 114 Seasonal farm sei □ 198 Other (describe bei □ 198 Other (descri	ormatio	Ejectio 000 Not e 100 Eject 101 Eject 970 Not e 999 Unkr Ejectio 100 Not e 101 Side 101 Side 102 Wince 103 Back 104 Back 105 Roof 106 Roof	114 198 198 100 100 100 100 100 100 100 100 100 10	Motorcy Other (description of the control of the co	rcle Helmet Usag imet worn compliant cycle helmet worn OT-compliant cycle helmet worn it worn, win if DOT-compliant own if helmet worn tection Usage Extrication 000 Not extricated 100 Extricated 100 Extricated 999 Unknown	000
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Motor Vehicle	#	ARKANS			ICLE CRAS	H REPO	Orash R	Page 6	of 14
1					DRMATION		Grash R	eport #	
		_	_		ORMATION		Fac A-A		_
Injury Status	5 Type of Medica 000 Not transported	I Transportation	101 E	MS Notified			EMS Arrive	d	
1 (K) Fatal injury 2 (A) Suspected serious			Du		Time		Date	Time	
3 (B) Suspected minor in	jury 101 EMS ground 102 Law enforcement	ant .	Tr	ansported to	Medical Facility E	Зу			
f (C) Possible injury 5 (O) No apparent injury	198 Other	an,							
Trauma Band #			Me	edical Facility	y Transported To				
C020216	199 Transported, bit 999 Unknown if tran	ut method unknown							
	1999 Ottkilowii ii ii 8i		VER CON	DITION AN	ID CIRCUMSTA	ANCES			
Condition at Time	of Crash	Driver Distract		000	Driver Vision Ob				105
Check all that apply: 000 Apparently norm		000 Not distracted			000 No obstruction no			ot in-transport motor vehicle arked, working)	
☐ 100 Physically impair		100 Manually oper		nic g, typing, dialing)	100 Rain, snow, fog, s 101 Reflected glare, b			arked, working) blash or spray of passing vehicle	,
101 Emotional (depre	essed, angry, disturbed, etc	101 Talking on har	ds-free electron	nic device	or headlights		108 In	adequate defrost or defog system adequate vehicle lighting system	
102 III (sick) or fainte		102 Talking on har 103 Other activity			102 Curve, hill, or other design feature	er roadway		ostruction interior to the vehicle	
103 Asleep or fatigue	nce of medication or drugs	104 Passenger			103 Building, billboard			dernal mirrors oken or improperly cleaned wind	debiold
105 Under the influer		980 Other distracti 981 Other distracti			104 Trees, crops, or v 105 In-transport moto			bstructing angles on vehicle	usnieju
198 Other		999 Unknown if dis	stracted		(including load)		199 Vi	sion obscured - no details	
70000		If 980 or 981, descri	be below.		980 Other visual obstr	ruction (desch	De DelOW)		
999 Unknown Driver Suspected	Alcohol Test Type C	Siven aa	a Alcohol	Test Result S	Status 970	Blood Ale	cohol Content	Speeding Related	000
of Alcohol Usage	000 No test given	Siven 00	100 Result		970	-	control of the contro	000 Not speeding	000
200	001 Test refused		101 Result	s received		k		100 Racing 101 Exceeded speed limit	
☐ Yes	100 Blood test 101 Breath test		970 Not ap 999 Unkno					102 Too fast for conditions	
☑ No	102 Urine test		1					999 Unknown	
□ Heknows	198 Other type of test					Resul	It received from		
Unknown	999 Unknown if tested					Crime	Lab		
Driver Suspected	Drug Test Type Give	en 000	Drug Test R	esults	Result received fr		and the second second second		
of Drug Usage	000 No test given		Pending/Ne		Not Applicable/		Citation #	Charges	Company to the Company of the Compan
☐ Yes	100 Blood test		☐ 000 Resu		☑ 970 Not applica ☐ 999 Unknown	Bble	200A0301109	FAIL TO YIELD WHEN	TURNING
₩ No	101 Urine test	1016						-	_
5.00	102 Both blood and urine 198 Other type of test	tests	200 Amp	esults (check	206 Methamph	etamines			
Unknown			201 Barb		☐ 207 Opiates				
	999 Unknown if tested		☐ 202 Benz		☐ 208 Oxycodone				
			203 Canr		209 Propoxyph				
		- 1	204 Coca		210 Phencyclic	ine (PCP)			
				r positive result (describe below)				
			2						
			DRIVER A	CTIONS A	T TIME OF CRA	ASH			
Check all that apply			-/AIN-INE						
☐ 000 No contribution			999 Unknow	n					
	ic Signs or Controls		proper Man			O	ther Actions		
100 Disregarded r			300 Improper			E	3 600 Impeding tra	offic	
☐ 101 Disregarded o	Application and Applications	- 0	301 Improper	r left turn		-	601 Ran off road		
☐ 102 Disregarded s		-	302 Improper			_	602 Crowded off	- Table - Tabl	
103 Disregarded y	and the Report of the Control of the		303 Improper				603 Crossing me 604 Failed to yie		
104 Disregarded o			304 Improper 305 Improper				605 Failed to kee		
☐ 105 Disregarded of		_	306 Imprope				606 Wrong side	THE PART OF THE PA	
Swerved or Avoid				of Lights or	Signals	-	607 Wrong way	4.4	
200 Swerved or a			400 Driving v				608 Followed to	closely	
201 Swerved or a	voided due to slippery surfa			dim headlights	2		609 Cutting in 610 Over-correc	ting or over-steering	
	voided due to motor vehicle	The state of the s	402 Failed to	or improper sign	nal	_		buting action (describe below)	
Action 10 to	voided due to non-motorist	City Control of the C	nsafe Opera						
	voided due to object in road voided due to animal in roa	4.000	500 Reckless						
200 Swerved or 8	voiced due to attitual ii! tod		501 Aggress		ligent, or erratic operati	ion			
			_ SUZ mattenti	ve, careiess, rieg		may 1			
		r	7 503 Under th	e influence of air	cohol				
				ne influence of alc ne influence of dri	uos			T-DRIVER CONDUCTION AND CIR.	

Motor Vehicle	e#	ARI		OTOR VEHICLE				Page 7 of
2				HICLE INFORMA			Crash Repo	IT#
			DESCR	IPTION AND IDENT	IFICA	TION		
	001 No, vehic	In ot leave the scene de & driver left the scene driver left the scene		vehicle & driver left the scene only driver left the scene		000	Vehicle Body Type Passenger Vehicles 100 2-door 101 4-door	L
/IN							102 Hatchback 103 Convertible	
/ehicle Year, Mak	e, and Mod	del					104 Station wagon	
							105 Pick-up 106 Mini-van	
lcense Plate	taka		Model	☐ Missing			107 Passenger van (seats any 108 Cargo van (10,000 lbs or k	number if personal; up to 8 if bus
				Unknown (fill in a	all known d	(alaile)	109 Sport utility vehicle	133]
railer #1 License	Diete		Year		an renown o	Cionoj	110 Large utility vehicle 111 Motor home/recreational vehicle	ehicle
raller #1 License	Plate			Missing		7.30	198 Other passenger vehicle	
tate Number				Unknown (fill in a	all known d	letaits)	Truck (> 10,000 lbs) 200 Single unit truck (2 axles)	
railer #2 License	Plate			☐ Missing			201 Single unit truck (3 or more	
tate Number				Unknown (fill in a	ali known d	letails)	202 Single unit truck with trailer 203 Truck tractor only (bobtail)	
	Same as dr	iver Unknown					204 Tractor/semi-trailer 205 Tractor/doubles	
							206 Construction/maintenance	equipment
Owner Address [Same as dr	iver Unknown					207 Farm equipment 298 Other heavy vehicle (GVW	/R/GCWR > 10,000 lbs)
			ity	State F	ostal Code		Bus / Van / Limo (9 or more s	
itreet Motor Carrier Typ	e 0	00 Motor Carrier ID		Sino 1	Onte Ocot		300 School bus 301 Transit/city bus	
00 Personal transport	ation	USDOT #					302 Motor coach/intercity/cross	s-country bus
00 Interstate carrier 01 Intrastate carrier		MC/MX#					303 Limousine 304 Van (seats 9-15, including	
02 Not in commerce - 03 Not in commerce -				Stat			390 Other vehicle (seats 9-15, 391 Other vehicle (seats 16 or	
999 Unknown		State #		3181		_	Cycle / Low Speed	more, successing entropy
Motor Carrier Nam	ne 🔲 U	nknown					400 Motorcycle 401 Motor scooter	
							402 Moped	
Motor Carrier Add	ress 🗆 U	nknown					403 ATV (3, 4, or 6 wheels) 404 Snowmobile	
							405 Golf cart 406 Low speed vehicle	
Street Posts Tupo			dy	State F	ostal Code	000	498 Other motorized cycle/low	speed vehicle
Cargo Body Type 000 No cargo body	104 Carg	o tank	109 Dump	198 Other	L	000	Unknown	E COLO
00 Bus 01 Van / enclosed box	105 Log	modal container chassis	110 Concrete mixer 111 Auto transporter	00011-1			999 Unknown type of motor ve # 198, 298, 390, 391, or 498, des	
02 Grain / chips / grav		de towing another vehicle	112 Garbage / refus					
03 Pole trailer	970	Hazardous Material	Placard 000	Hazardous Material ID)	_		Materials Released
00 10,000 lbs or less		000 Placard not required		(4-digit III or name from middle of diamond or rectangular box)				:le Cargo Compartment L rdous materials not released
01 10,001 - 26,000 lb: 02 More than 26,000		100 Placard displayed 200 Placard required but	not displayed	Hazardous Material C	lass		100 Yes, haza	ardous materials released
70 Not applicable		999 Unknown	0.3.0.0	bottom of diamond)			970 Not applic	cable (not carrying hazardous ma
	NSURAN	ICE				-	MAGE	Daniel Acces
nsurance	stance F	Unknown	Damage Severi 000 No damage	ty 102			Contact Point (check 1)	Damaged Areas (check all that apply)
■ Uninsured at time	of crash L	(fill in any known details)	100 Minor damage		E	7 8	9 10 11	7 8 9 10 11
nsurance Compa	nv		101 Functional dama 102 Disabling dama		1/1/2/16			0000
			999 Unknown Damage Estima		6			
NAIC#				\$15,000	1	5 4		5 4 3 2 1
27.07		100	Damage Prior to	o the Crash	1 0	000 Non	-collision	☐ 097 No damage
			☑ No prior damag		1	100 Can		□ 113 Тор
Policy #			Yes (describe	below)	1000	113 Top 114 Und	ercarriage	114 Undercarriage
					5.00	999 Unk		999 Unknown
				TOWING				
Towed	1	01 Towed By		TOMING			and the second	
00 Not towed		L and W Recove	ry					
		esacal .						
100 Towed, but not due 101 Towed due to disab	to disabling da ling damage	Towed To			Batesvii		AR	72501

Motor Vehicle #		AR	KANSAS MOTOR VEHI	CLE C	RASH REPORT	ge 8 of 14
2			VEHICLE INFO			
			MOTOR VEHICLE CI	RCUMST	ANCES	
Vehicle Usage	000	Emergend	y Vehicle Usage	970	Vehicle Maneuver	100
000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus	000	100 Non-eme 101 Non-eme 102 Emerger 103 Emerger 970 Not appl	ergency, non-transport ergency transport cy operation, emergency warning equipmen cy operation, emergency warning equipmen cable	nt not in use nt in use	100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing	
104 Intercity bus 105 Charter/tour bus 106 Shuttle bus		999 Unknow		1 100	105 Turning right 106 Turning left 107 Making U-turn	
107 Military 108 Police 109 Ambulance 110 Fire truck 1112 Incident response 112 Incident response	ces vehicle	Travel Dir 100 Northbor 101 Southbor 102 Eastbor 103 Westbor 104 Not on n 999 Unknown	and und nd nd adway	103	108 Leaving traffic lane 109 Entering traffic lane 110 Stowing 111 Parked 112 Stopped in traffic 198 Other	
Vehicle Defects Check all that	apply				999 Unknown	
	101 E	heels	☐ 102 Body or doors ☐ 105 Suspension ☐ 108 Headlights ☐ 111 Windows or windshi	ield	Traffic Control Device Types and Statuses 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.	properly missing
112 Mirrors	☐ 113 W		114 Truck coupling, traile		Traffic Control Device Type Check all that apply.	Device Status Use above codes
115 Fuel system		ruise control	hitch, or safety chair	ns	☐ 000 None	
T 100 Others					☐ 100 Flashing traffic control signal	
198 Other					101 Traffic control signal	- 1
					102 Stop sign	
999 Unknown			received and the second	11.50	103 Yield sign	
Trafficway Description		200	Roadway Surface	101		
100 One-way trafficway 200 Two-way, not divided			100 Concrete 101 Asphalt		104 Slow or warning sign	
201 Two-way, not divided, with a co			102 Gravel		☐ 105 Person (officer, flagman, crossing guard)	
300 Two-way, divided, unprotected 400 Two-way, divided, positive cable		feet) median	103 Dirt 198 Other		☐ 106 School zone sign/device	
401 Two-way, divided, positive cond	rete barrier	140			☐ 107 Pedestrian signal	
498 Two-way, divided, other type of	positive bar	nier	999 Unknown		☐ 108 No passing signal	10.00
608 (1-1-1-1-1-1	_	_			☐ 109 Words or symbols painted on roadway	
999 Unknown Roadway Grade	_	100	Roadway Alignment	100	☑ 110 Traffic lanes marked	100
100 Level 999 Unknown		100	100 Straight	100	☐ 111 Railway crossing with gate and signals	
101 Hillcrest			200 Curve left			
102 Uphill 103 Downhill			201 Curve right 299 Curve, direction unknown		☐ 112 Railway crossing with flashing signals only	
104 Sag (bottom)			999 Unknown		113 Railway crossing with crossbuck only	
Total # of Lanes			Posted Speed Limit	52	☐ 198 Other:	
, , , , , , , , , , , , , , , , , , , ,		2	Use the posted speed limit that applied to this vehicle at the time of the crash.	55	999 Unknown	
			MOTOR VEHIC	LE EVEN	ITS	
Sequence of Events 1 2	205	2	3 4 5		6 7 8 9	10
Most Harmful Event	205				of the desired and the	0.0055062
Non-Collision			ion with Non-Fixed Object		sion with Fixed Object mact attenuator/crash cushion 318 Fence	999 Unknown
100 Overturn/rollover			destrian dalcycle		npact attenuator/crash cushion 318 Fence ridge overhead structure 319 Mailbox	535 OIMIOWII
101 Fire/explosion 102 Immersion, full or partial		202 Ot	ner non-motorist	302 Br	ridge pier or support 320 Building	
103 Jackknife			ilway vehicle (train, engine) imel (live)		able barrier	
104 Cargo/equipment loss or shift 105 Equipment failure		205 Mg	otor vehicle in transport	305 C	ulvert. If 198, 298, or 398 is used	describe below:
(blown tire, brake failure, etc.)			rked motor vehicle Iling/shifting cargo or	306 C		
106 Separation of units 107 Ran off roadway right		an	ything set in motion by motor vehicle	308 Er	mbankment	
108 Ran off roadway left		208 W	ork zone/maintenance equipment		uardrail face	
109 Deliberately crossed median		298 Ot	her non-fixed object		uardrail end oncrete traffic barrier	
110 Unintentionally crossed median	1			312 0	ther traffic barrier	
111 Crossed centerline				313 Tr	ree (standing)	
111 Crossed centerline 112 Downhill runaway						
112 Downhill runaway 113 Fell/jumped from motor vehicle				314 U	tility pole/light support	
112 Downhill runaway		hicle		314 U 315 To 316 To		

Motor Vehicle #	7	AF	RKAN			R VEHICLE CRASH	REPO			Page 9	of 14
2				1	DRIVE	RINFORMATION		Crash F	Report #		
					DRIVE	R INFORMATION			-		
ame Unknown						Date	of Birth/A	ge Sex 🗆	Male Female	Race 100 White/Caucasia	100
									Unknown	101 Black/African-A	
ddress 🔲 Unknown		irst	_	- 1	Middle	Suffix				102 Hispanic 103 Asian/Pacific Is	lander
duress Otherown										104 American India	
treet					City	State		Postal Code		198 Other 1999 Unknown	
0.001						CENSE INFORMATION					
icense Status 100	License I	Number				Restrictions on License	Check all that	apply. Restric	ctions Vi	olated Check	all that app
00 Not licensed 00 Valid license						☑ 000 None		☑ 000	None		
0 Suspended	License S	State	Lice	nse Clas	s	☐ 100 With licensed adult		□ 100	With license	ed adult	
01 Revoked 02 Expired		AR		D		☐ 101 Corrective lenses		☐ 101	Corrective (enses	
3 Cancelled or denied	Is Comm	ercial Drive	r Licens	e?		☐ 102 Mechanical aid		102	Mechanical	aid	
14 Disqualified 19 Unknown	☐ Yes	⊠ N				103 Prosthetic aid		103	Prosthetic a	aid	
ndorsements on Licen	ise	Endorsen Check all that	nents VI	olated		☐ 104 Automatic transmission		104	Automatic t	ransmission	
000 None		☑ 000 Non				☐ 105 Outside mirror		105	Outside mir	rror	
100 Double/triple trailers		☐ 100 Dou	_	railers		☐ 106 Daylight only		106	Daylight on	ly	
101 Passenger		☐ 101 Pass				☐ 107 Class B or C with passenge	ers and class	D 🗆 107	Class B or	C with passengers and	d class D
102 Tank vehicle		☐ 102 Tani				☐ 108 Class C only with passenge			Class C onl	y with passengers	
103 Hazardous materials		☐ 103 Haz		aterials		☐ 109 Vehicles without airbrakes		☐ 109	Vehicles wi	thout airbrakes	
104 Tank vehicle & hazard	nus materials	☐ 104 Tani			s materials	110 Interlock device		110	Interlock de	evice	
105 School	uus matemas	☐ 105 Sch		A HOLSH GOS	a mare min	111 School, church, or transit b	ous	-		urch, or transit bus	
		☐ 106 Mote	-			112 Class D only with passenge			Wall of the W	ly with passengers	
1 106 Motorcycle	_	☐ 100 Mot						_			
107 Motor driven cycle		IL I IU/ WIU		N/mlo		113 Diesel fuel fertilizer only		11 113	DIESELTURE.	Jernitzer Oniv	
				1		113 Diesel fuel, fertilizer only	ide			fertilizer only	
108 Valid without photo		☐ 108 Valid	d without p	ohoto		113 Diesel fuel, fertilizer only 114 Seasonal farm service vehi 198 Other (describe below)	icle	☐ 114	Seasonal fa	arm service vehicle cribe below)	
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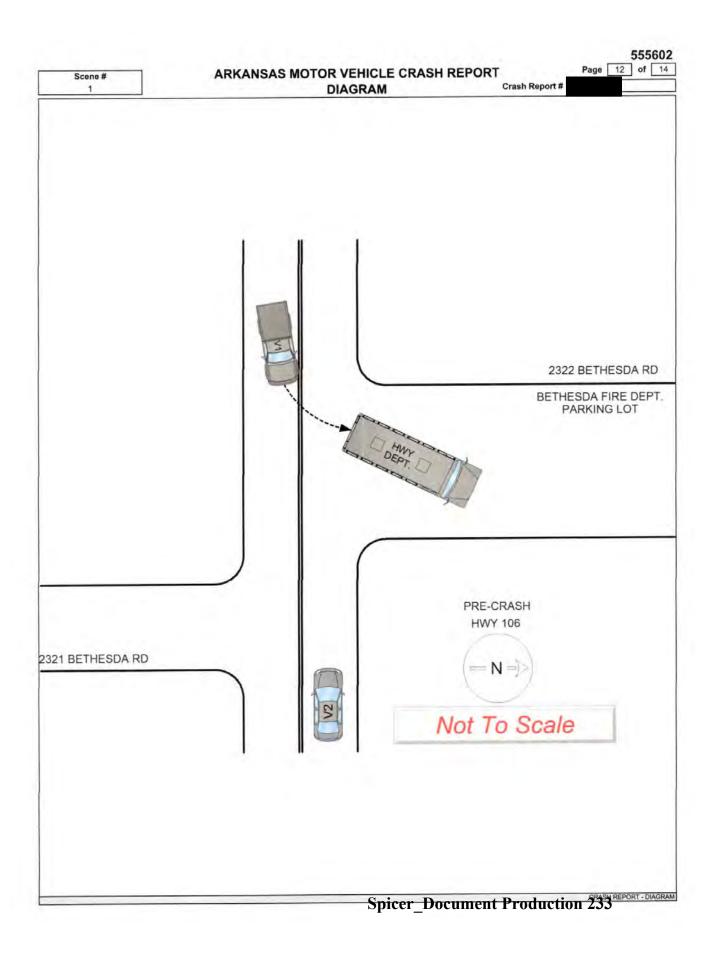
Motor Vehicle	#		ARKANS						H KEPU		Page 10	of 1
2					_		DRMAT		-	Grasii	тероп н	
							ORMATI	ON		EMS Arriv	ad .	_
njury Status (K) Fatal injury	3	Type of Medical 000 Not transported	Transportatio	101	EMS No	Delitito				EM2 AITIV	ed	
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(B) Suspected minor in	njury	101 EMS ground			Transp	orted to	Medical F	acility E	Зу			
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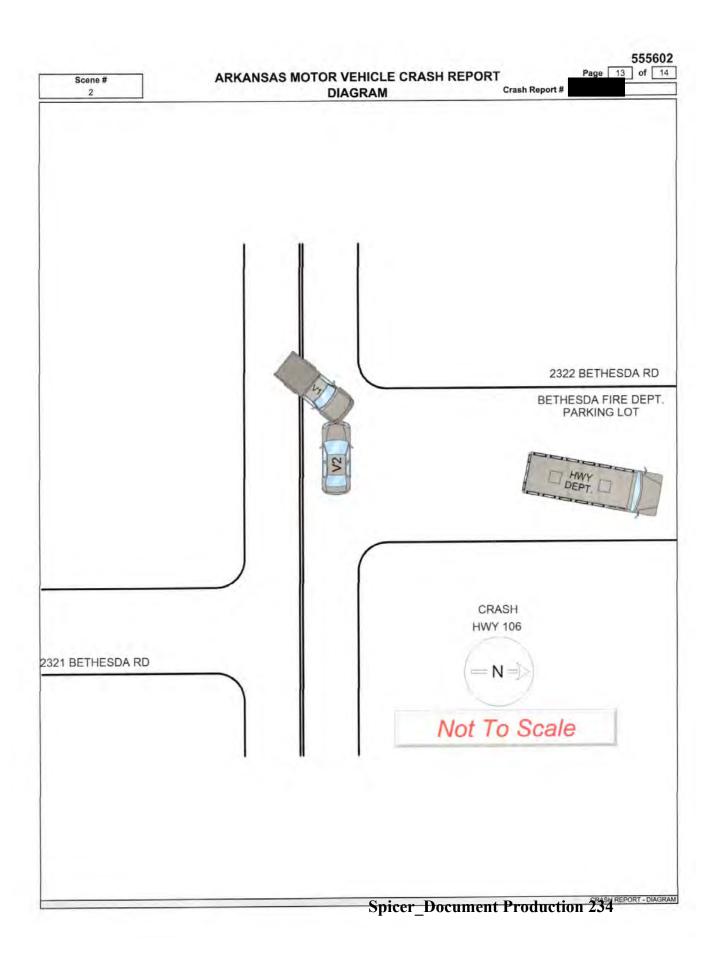
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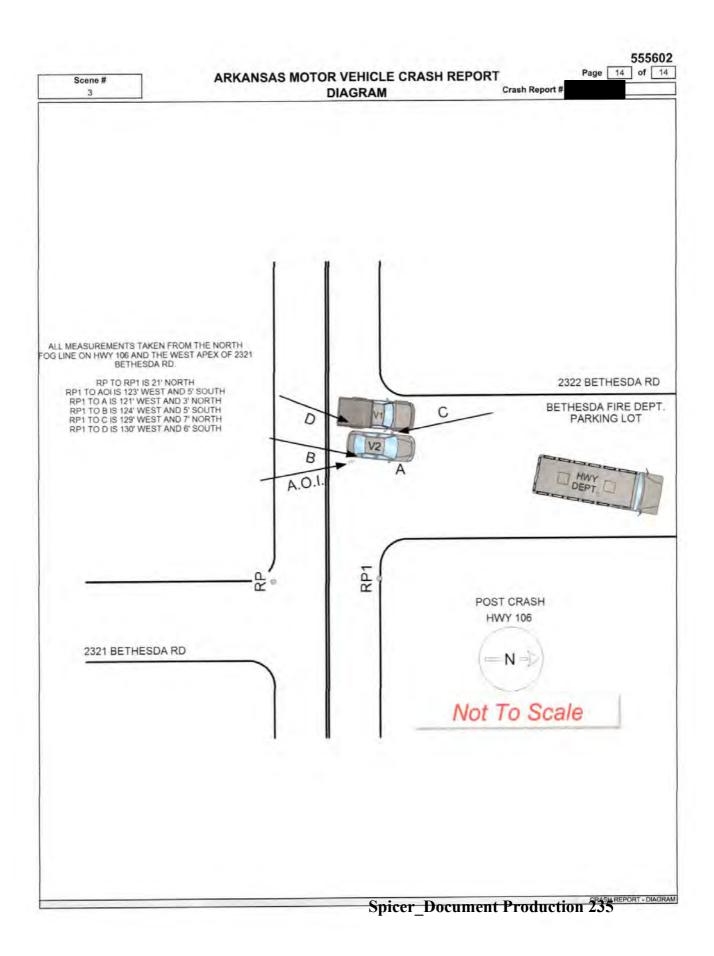
ARKANSAS MOTOR VEHICLE CRASH REPORT NARRATIVE

	Page	11
sh Report #		

V1 was traveling eastbound on State Highway 106 behind a large Highway Department vehicle. V2 was traveling westbound on State Highway 106 in the westbound traffic lane. The large Highway Department Vehicle turned left into the parking lot at 2322 Bethesda Road (Bethesda Fire Department). V1 followed the large vehicle and did not yield to oncoming traffic. This caused V2's front bumper to strike V1's front bumper. both vehicles became disabled in the highway. Both operators were transported by EMS.
Spicer_Document Production 232 Peport - NARRATIVE





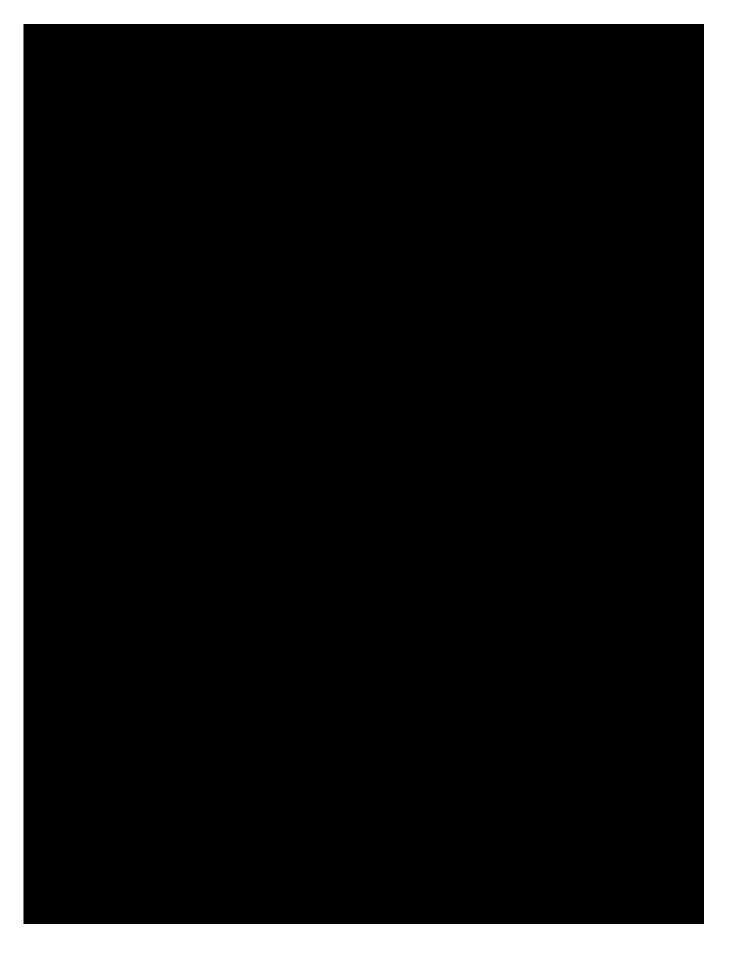


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Spicer_Document Production 237

































From: Stephanie Crawford

To: ASCC Pleadings

Cc: <u>Amanda.Andrews@ardot.gov</u>; <u>Blakley</u>, <u>Sharon</u>; <u>Brandon Lacy</u>

Subject: Spicer v. ArDOT, Claim No. 230400

Date: Wednesday, October 11, 2023 10:41:55 AM

Attachments: image. ...png

ACC; Affidavit Re Exmuss or mourance 10.11.23.pdf

Attached please find correspondence from Mr. Brandon Lacy regarding the matter referenced above.

Thank you,

Stephanie Crawford

Legal Assistant

630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522 Facsimile: 870-932-4529

* * * * CONFIDENTIALITY NOTICE * * * *

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BRANDON@LACYLAWFIRM.COM

♦ WWW.LACYLAWFIRM.COM

630 S. Main Street Jonesboro, AR 7240 I P'870.932.4522 F 870.932.4529

October 11, 2023

VIA ELECTRONIC MAIL TO ascepleadings@arkansas.gov

Arkansas State Claims Commission Attn: Ms. Kathryn Irby 101 East Capital Avenue, Suite 410 Little Rock, AR 72201

> Katelyn Spicer v. Arkansas Department of Transportation Claim No. 230400

Dear Kathryn,

In accordance with the Court's Order dated September 22, 2023, enclosed please find an executed Affidavit Regarding Exhaustion of Insurance Remedies.

Please contact me with any questions or concerns.

Yours Truly,

Dictated But Not Read To Avoid Delay

Brandon W. Lacy

BWL/sc

Enclosure(s): As stated above

cc: Ms. Amanda J. Andrews (via electronic mail to Amanda Andrews@ardot.gov)



From: Andrews, Amanda J.

To: ASCC Pleadings; Kathryn Irby

Cc: Blakley, Sharon D.; Dodson, Angela R.; Brandon Lacy

Subject: Spicer v. ARDOT, Claim No. 230400 - Respondent"s Responses to Interrogatories, Requests for Production of

Documents and Requests for Admission

Date: Wednesday, November 15, 2023 1:32:43 PM

Attachments: image sipp

Spicer 23046

Good afternoon,

Attached for filing in the above matter are ARDOT's Responses to Interrogatories and Requests for Production of Documents and Responses to Requests for Admission. At your convenience, please acknowledge receipt.

Sincerely,

Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation P.O. Box 2261

Little Rock, AR 72203-2261 Office: (501) 569-2278 Fax: (501) 569-2164

Email: amanda.andrews@ardot.gov



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANT

V. CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

RESPONDENT'S ANSWERS AND OBJECTIONS TO CLAIMANT'S FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS

COMES NOW Respondent, Arkansas Department of Transportation, by and through undersigned counsel, and for its Answers and Objections to the first set of Interrogatories and Requests for Production of Documents propounded by the Claimant, states as follows:

<u>INTERROGATORY NO. 1</u>: Please identify each person who assisted in the preparation of the answers to these Interrogatories and responses to these Requests for Production.

ANSWER TO INTERROGATORY NO. 1: Respondent answers the Interrogatories and Requests for Production contained herein with the assistance of its Staff Attorney, Amanda J. Andrews.

<u>INTERROGATORY NO. 2</u>: Please give your address, telephone number, date of birth, and social security number.

ANSWER TO INTERROGATORY NO. 2: Objection. Respondent is a governmental entity and does not have a date of birth or social security number. Without waiving such objection, Respondent's address and telephone number are Post Office Box 2261, Little Rock, AR 72203-2261, (501) 569-2000.

<u>INTERROGATORY NO. 3</u>: Please list each school, college, or other educational institution you have attended, the number of years you attended such school, and any degrees obtained from each school.

ANSWER TO INTERROGATORY NO. 3: None.

INTERROGATORY NO. 4: Beginning ten (10) years prior to the accident giving rise to this lawsuit and continuing through the time of the trial of this cause, please list all persons and/or entities by whom you have been employed, including any self-employment; and for each employer or self-employment, include their address, your job duties, the date your employment began, the date your employment ended, the rate of pay with each such employment, and the reason, if any, for the termination of such employment.

ANSWER TO INTERROGATORY NO. 4: None.

INTERROGATORY NO. 5: If you have ever been arrested for or convicted of driving while intoxicated or another felony or misdemeanor offense, please state the nature of the offense the place and time of the arrest, and conviction, if any, and any prison, jail or probation time served.

ANSWER TO INTERROGATORY NO. 5: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Further, it is not applicable as Respondent is a governmental entity.

INTERROGATORY NO. 6: If you have ever had your driver's license suspended, canceled or revoked for any reason, please state the reason for such suspension, cancellation or revocation, and the place and time such action occurred.

ANSWER TO INTERROGATORY NO. 6: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Further, it is not applicable as Respondent is a governmental entity.

<u>INTERROGATORY NO. 7</u>: If you have ever been involved in a motor vehicle collision or accident prior to or after the accident giving rise to this lawsuit, please state when and where

each such accident or collision occurred, the nature of such occurrence, and the extent of personal and/or property damage done and the nature of injuries to any person involved therein.

ANSWER TO INTERROGATORY NO. 7: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Further, it is not applicable as Respondent is a governmental entity.

INTERROGATORY NO. 8: Please describe in detail the motor vehicle you were driving when the accident giving rise to this lawsuit occurred. Please include in your description the registered owner's name, the make, model and model year of the vehicle, and the condition of the brakes, lights, tires, turn signals and steering apparatus at the time of the incident made the basis of this suit.

ANSWER TO INTERROGATORY NO. 8: Respondent owned the vehicle involved in the incident, and its parts were in good, working condition.

INTERROGATORY NO. 9: Please state in detail your version of the subject incident and the way in which you incurred any personal injury or property damage as a direct result of such incident. Please include in your answer the time of day or night, weather conditions, and road or street conditions.

ANSWER TO INTERROGATORY NO. 9: Objection. This Interrogatory is vague, ambiguous and overly broad. Further, Respondent has not asserted a claim for any personal injury or property damage. Without waiving such objection, Respondent states that its employees were traveling west on Highway 106 in Independence County, Arkansas, and the vehicle involved in the underlying incident struck the Claimant's vehicle while attempting to make a left turn. The incident occurred at approximately 2:19 p.m., and the weather was reportedly dry and clear.

<u>INTERROGATORY NO. 10</u>: If you consumed or ingested any intoxicating liquor, beer, or other substances, or consumed or ingested any drugs, whether prescription or otherwise, within the twenty-four hour period preceding the subject incident, please state the following:

- (a) what you consumed;
- (b) how much you consumed;
- (c) what time you consumed each drink;
- (d) where such consumption occurred; and
- (e) the name, address, and telephone number of anyone witnessing your consumption of alcohol.

ANSWER TO INTERROGATORY NO. 10: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Further, it is not applicable as Respondent is a governmental entity.

<u>INTERROGATORY NO. 11</u>: Identify any pictures, diagrams, or layouts that were made of the scene of this incident, after the incident in question, that you are aware of, whether you or someone else generated same and identify who has possession of said items.

ANSWER TO INTERROGATORY NO. 11: Respondent has photographs of the vehicles involved in the incident and the scene of the incident taken by its employees and diagrams of the incident contained in the Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage and the Arkansas Motor Vehicle Crash Report.

INTERROGATORY NO. 12: Do you have any type of indemnification agreement with any other party or entity herein regarding any liability for this occurrence? If so, please identify such entities.

ANSWER TO INTERROGATORY NO. 12: Objection, this Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

INTERROGATORY NO. 13: Please describe the trip of your vehicle during which said incident occurred; answer with regard to the point of departure, the streets traveled, the purpose of said trip, and any stops made during the trips and prior to such incident and the purpose of any stop.

ANSWER TO INTERROGATORY NO. 13: Respondent's employees were performing striping maintenance work along Highway 106.

INTERROGATORY NO. 14: Did you have any alcoholic beverages in your vehicle the day of the accident, during the accident, or after the accident? If so, please state the amount and how and where you obtained the alcohol.

ANSWER TO INTERROGATORY NO. 14: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

<u>INTERROGATORY NO. 15</u>: Describe what happened to your vehicle after the accident, including where it was towed, and where it is currently located.

ANSWER TO INTERROGATORY NO. 15: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, Respondent's vehicle was determined to be a total loss. It is located at Respondent's main office location in Little Rock, Arkansas, and is scheduled to be sold at an auction.

<u>INTERROGATORY NO. 16</u>: Describe any modifications or repairs performed on your vehicle since the time of the accident.

ANSWER TO INTERROGATORY NO. 16: See objection and answer to Interrogatory No. 15.

INTERROGATORY NO. 17: Do you contend that the injuries and/or damages suffered by Katelyn Spicer from the subject collision were proximately caused by someone other than you? If so, please explain fully the facts and circumstances and individuals that proximately caused this accident.

ANSWER TO INTERROGATORY NO. 17: Objection. This Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product doctrine. Further, this Interrogatory is vague, ambiguous, overly broad, and calls for a legal conclusion. Without waiving such objection, discovery is ongoing, and Respondent has not completed its evaluation of the evidence.

INTERROGATORY NO. 18: Please list the names, addresses and telephone numbers of all persons known by you or your attorney to be eyewitnesses to the matters alleged in the Claimant's Complaint.

ANSWER TO INTERROGATORY NO. 18:

<u>INTERROGATORY NO. 19</u>: Please state whether you have in force and effect any policies of liability insurance, including any umbrella policies, homeowner policies, policies for any businesses that you have an ownership interest, that may provide coverage for the potential

liability described in the Complaint. This interrogatory covers not only personal policies of insurance, but insurance that may cover your vehicle, home, businesses, or any other policy that may exist.

ANSWER TO INTERROGATORY NO. 19: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Further, it is not applicable as Respondent is uninsured.

<u>INTERROGATORY NO. 20</u>: If the answer to the preceding interrogatory is in the affirmative, please state the following with respect to each such policy of liability insurance:

- (a) the name and address of the company issuing such policy or policies;
- (b) the number of such policies;
- (c) the limits of liability under such policies;
- (d) the primary policy holder and name or names of individuals insured under each such policies; and
- (e) the amount of money claimed under each available coverage.

ANSWER TO INTERROGATORY NO. 20: See objection and answer to Interrogatory No. 19.

REQUEST FOR PRODUCTION NO. 1: Please provide a certified copy of the policy of insurance and declarations pages for each and every policy listed in your answer to the preceding interrogatory.

ANSWER TO REQUEST FOR PRODUCTION NO. 1: See objection and answer to Interrogatory No. 19.

<u>INTERROGATORY NO. 21</u>: Please list all lawsuits in which you have ever been involved as a party, giving the approximate filing date, the court in which it was pending, and the names of all parties.

ANSWER TO INTERROGATORY NO. 21: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence.

INTERROGATORY NO. 22: Please state whether you, or anyone on your behalf, have reached a settlement with any other party or potential party in this suit and, if so, the details of such settlement.

ANSWER TO INTERROGATORY NO. 22: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

<u>INTERROGATORY NO. 23</u>: State the names and addresses of all persons with whom you have discussed the incident described in the Claimant's Complaint.

ANSWER TO INTERROGATORY NO. 23: Objection. This Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product doctrine. Further, this Interrogatory is vague, ambiguous and overly broad. Without waiving such objection, the following current or former employees of Respondent discussed the underlying incident:

INTERROGATORY NO. 24: Please give the names, addresses, and telephone numbers of all persons whom you or your attorney may call as (a) lay or (b) expert witnesses at the trial of this case.

ANSWER TO INTERROGATORY NO. 24: Discovery is ongoing, and Respondent has not determined who it will call as a witness at the trial of this matter. Without waiving such objection, Respondent states that it may call Claimant, any of Claimant's medical providers, any of Respondent's current or former employees identified herein, and any and all individuals identified during the course of discovery or prehearing disclosures. Respondent reserves the right to supplement its response hereto.

INTERROGATORY NO. 25: In regard to the persons named in answer to preceding interrogatory, please state the subject matter on which they are expected to testify, the substance of the facts and opinions to which they are expected to testify, and a summary of the grounds for each opinion.

ANSWER TO INTERROGATORY NO. 25: The individuals identified in the preceding interrogatory would testify as to the events of the underlying incident and/or the Claimant's injuries and damages.

INTERROGATORY NO. 26: Please state whether anyone has taken a written or recorded statement from you about the matters described in the Claimant's Complaint. If so, state the date of the statement, the person to whom the statement was given and the custodian of the statement.

ANSWER TO INTERROGATORY NO. 26: Objection. This Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product doctrine. Further, this Interrogatory is vague, ambiguous and overly broad. Without waiving such objection, completed and provided a written statement in an Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage, and the drivers' written statements are contained in the Arkansas Motor Vehicle Crash Report.

REQUEST FOR PRODUCTION NO. 2: Please furnish a copy of each photograph, motion picture, video, map, drawing, chart, diagram, measurement, survey, or other documents concerning the incidents, including the scene of the incident, the vehicles involved in the incident and any accident reconstruction.

ANSWER TO REQUEST FOR PRODUCTION NO. 2: See attached.

REQUEST FOR PRODUCTION NO. 3: Please furnish a copy of all written or other documentation of any inspection, examination, test, repair or analysis of the subject vehicle involved in the incident made the basis of this lawsuit, or the scene of the incident in question.

ANSWER TO REQUEST FOR PRODUCTION NO. 3: Objection. This Request is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, the vehicle was a total loss.

REQUEST FOR PRODUCTION NO. 4: Please produce, for each expert witness identified in answer to the interrogatories, the following:

(a) All documents and tangible things (including all written reports, drawings, physical models, visual aids, compilations of data and other materials) prepared by an expert or for an expert, in anticipation of the expert's trial and deposition testimony. This request should be deemed to include documents and tangible things which reflect

the factual observations, tests, supporting data, calculations, or opinions of an expert who may be called as an expert witness. If a written report has not been requested, Claimant hereby requests that a report be generated and produced to Claimant without the necessity of filing a motion to compel.

- (b) All standards, authoritative treatises and/or learned treatises, codes, statutes, articles, or other published data that are basis of any mental impression or opinion formulated by any designated expert witness of this respondent.
- (c) A current copy of each such expert's curriculum vitae, resume, publication list and listing of all testimony provided by such expert(s) during depositions and/or trials.
- (d) Any and all photographs, videotapes, audio tapes, computer generated printouts, drawings, charts, data compilations, recordings, graphs, calculations, and/or diagrams in the possession of said expert that relate to any issue in this cause.
- (e) A report from such expert setting forth his impressions and opinions about this case and the facts supporting such opinions.
- (f) All trial exhibits which each such expert has prepared or will prepare for use in trial, or will rely upon at trial.

ANSWER TO REQUEST FOR PRODUCTION NO. 4: Discovery is ongoing, and Respondent has not determined whether it will call an expert witness at the trial of this matter. Respondent reserves the right to supplement its response hereto.

REQUEST FOR PRODUCTION NO. 5: Please produce a copy of the certificate of title on the subject vehicle driven by you on the day of the incident made the basis of this suit.

ANSWER TO REQUEST FOR PRODUCTION NO. 5: Objection. This Request is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence.

REQUEST FOR PRODUCTION NO. 6: Please produce copies of any movies, videotapes or other reproduction of the accident scene.

ANSWER TO REQUEST FOR PRODUCTION NO. 6: Respondent is not aware of any such movies, videotapes or other reproduction of the incident scene.

REQUEST FOR PRODUCTION NO. 7: Please produce a copy of any damage appraisal made of the subject vehicle.

ANSWER TO REQUEST FOR PRODUCTION NO. 7: Objection. This Request is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, the vehicle was a total loss.

REQUEST FOR PRODUCTION NO. 8: Please produce each document that you or your attorney may introduce into evidence or refer to at any hearing or trial of this matter, or that you may show to the Court during Opening Statement, Closing Argument, or at any other time, or that may be relied upon by any witness identified in your response to these Interrogatories.

ANSWER TO REQUEST FOR PRODUCTION NO. 8: Discovery is ongoing, and Respondent has not yet determined what documents, if any, it will introduce or utilize at the trial of this matter. Without waiving such objection, Respondent may introduce or utilize the Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage, Arkansas Motor Vehicle Crash Report, photographs of the scene of the incident and the vehicles involved, and Claimant's medical records. Respondent reserves the right to introduce any and all documents identified herein, by the parties during the course of discovery, and in any pre-hearing disclosures. Respondent further reserves the right to supplement its response hereto as discovery progresses.

INTERROGATORY NO. 27: Please provide a summary and approximate date of any and all statements that have been made to you, or that you or your attorney are aware of, by Katelyn Spicer.

ANSWER TO INTERROGATORY NO. 27: Respondent is only aware of the Claimant's written statement contained in the Arkansas Motor Vehicle Crash Report.

REQUEST FOR PRODUCTION NO. 9: Please produce any and all documents in your possession or that of your attorney which originated from Katelyn Spicer or which refer to her in any way.

ANSWER TO REQUEST FOR PRODUCTION NO. 9: Objection. This Request is vague, ambiguous and overly broad. Without waiving such objection, Claimant already has in her possession documents produced by her in response to Respondent's discovery requests. Respondent does not have in its possession any other documents that are responsive to this Request. Respondent reserves the right to supplement its response hereto as discovery progresses.

REQUEST FOR PRODUCTION NO. 10: Please sign and return the attached Arkansas Traffic Violation Authorization.

ANSWER TO REQUEST FOR PRODUCTION NO. 10: Objection. This Request is not reasonably calculated to lead to the discovery of admissible evidence, as well as impossible. Respondent is a governmental entity.

INTERROGATORY NO. 28: Have you ever been known by any other names? If so, please identify:

- (a) the name(s);
- (b) when such names were used; and

(c) where such names were used.

ANSWER TO INTERROGATORY NO. 28: Arkansas Highway and Transportation Department.

<u>INTERROGATORY NO. 29</u>: Did you have a driver's license to operate a motor vehicle on the date of the accident, and if so, please state:

- (a) the type, the date of issuance and expiration;
- (b) the state of issuance and number of license; and
- (c) all offenses, violations, or restrictions recorded on or against such license.

ANSWER TO INTERROGATORY NO. 29: No.

INTERROGATORY NO. 30: With respect to your driving background, please state:

- (a) how many years driving experience you have had;
- (b) how many years you have been a licensed driver; and
- (c) whether you have ever had a driver's license which contained restrictions of any sort, and if so, the date, state, and type of restriction.

ANSWER TO INTERROGATORY NO. 30: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, see Answer to Interrogatory No. 29.

<u>INTERROGATORY NO. 31</u>: Do you have normal vision and hearing without the use of corrective apparatus? If not, please state:

- (a) were you wearing corrective apparatus at the time of the accident?
- (b) the present location of said apparatus;
- (c) the date prescribed and the name and address of the prescriber; and
- (d) the date and complete address of the place where said apparatus was purchased.

ANSWER TO INTERROGATORY NO. 31: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

INTERROGATORY NO. 32: Have you had your vision or hearing examined within the last five years? If so, as to each examination please state:

- (a) the date and reason therefore;
- (b) the name, address and telephone number of the examiner; and
- (c) the results or action taken.

ANSWER TO INTERROGATORY NO. 32: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

<u>INTERROGATORY NO. 33</u>: At any time prior to the time of this accident had you ever been advised by any physician or other qualified person that you required glasses, corrective lenses, or hearing aids? If so, please state:

- (a) the date, name and address of the physician or person;
- (b) the reason therefore; and
- (c) the action taken by you.

ANSWER TO INTERROGATORY NO. 33: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

<u>INTERROGATORY NO. 34</u>: Have you ever had any form of mental illness, fits or convulsions, fainting spells, epilepsy, nervous breakdown, tuberculosis, alcoholism or drug

addiction? If so, for each such occurrence or reoccurrence within one year prior to this accident, please state:

- (a) describe the condition;
- (b) the date of onset;
- (c) your address at the time of onset;
- (d) the names and address of all qualified persons treating you for the condition, with inclusive dates of treatment;
- (e) the names and address of all hospitals, institutions, etc. where you were treated for such condition, whether in-patient or out-patient, and inclusive date of treatment; and
- (f) the date of termination or present status of the condition.

ANSWER TO INTERROGATORY NO. 34: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

<u>INTERROGATORY NO. 35</u>: If you were the operator of a motor vehicle involved in this accident or operated the motor vehicle immediately prior to the accident then, please state:

(a) name, address and telephone number of each owner of the vehicle, and identify which of same, if any, gave you permission to use the vehicle.

ANSWER TO INTERROGATORY NO. 35: Respondent owned the vehicle involved in the incident, and it was being operated by

<u>INTERROGATORY NO. 36</u>: If any owner of the vehicle was related to you at the time of the accident, please state what relationship you were to the owner, and further state:

(a) did you reside within the same premises at the time of the accident?

- (b) was the vehicle you were operating available to you generally from the owner around and including the time of the accident?
- (c) whether or not you were using the vehicle for any family purposes of the owner, at the time of the accident.

ANSWER TO INTERROGATORY NO. 36: See Answer to Interrogatory No. 35.

INTERROGATORY NO. 37: Were you in an establishment or residence where liquor was dispensed or had you ingested any liquor within twenty-four hours prior to the accident? If so, for each such occasion, please state:

- (a) the name and address of the establishment or residence;
- (b) the times of day of your presence therein;
- (c) the name and address of each person accompanying you;
- (d) the name, type and quantity of each alcoholic beverage consumed;
- (e) the exact time of consumption of each drink; and
- (f) the name and address of each person in whose company you consumed each drink.

ANSWER TO INTERROGATORY NO. 37: See Answer to Interrogatory No. 10.

INTERROGATORY NO. 38: After the accident, were you requested to undergo any type of sobriety test? If so, for each such test you actually had, please state:

- (a) the type;
- (b) the length of time after the accident;
- (c) the name and address of the person or place where given;
- (d) the results thereof;
- (e) the name and address of the person having present custody of the record thereof; and

(f) if you refused any such tests, the name, address and telephone number of each person whom you refused.

ANSWER TO INTERROGATORY NO. 38: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

<u>INTERROGATORY NO. 39</u>: Describe hourly if possible your general activities for twenty-four hours preceding the accident and two hours after the accident and specify all your hours of employment.

ANSWER TO INTERROGATORY NO. 39: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence.

<u>INTERROGATORY NO. 40</u>: At the time of the accident, please state, to your best recollection, the following:

- (a) the exact date, day of the week and time;
- (b) the direction you were traveling immediately prior to impact;
- (c) the speeds at which you were traveling prior to the point of impact, at the distances of approximately one mile, one-half mile, one-quarter mile, 250 feet and 50 feet;
- (d) the visibility and light conditions; and
- (e) the weather, including approximate wind conditions and temperature.

ANSWER TO INTERROGATORY NO. 40: See objection and answer to Interrogatory No. 9.

INTERROGATORY NO. 41: Was your attention diverted from traffic at any time within the last approximate 500 feet point prior to the point of impact? If so, please state:

- (a) the approximate distance from point of impact;
- (b) the distance you traveled while diverted (in feet or seconds);
- (c) the speeds of your vehicle while diverted;
- (d) by what your attention was diverted; and
- (e) your distance from Claimant when you first noticed it after your concentration returned (in feet or seconds).

ANSWER TO INTERROGATORY NO. 41: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, Respondent states that its employee's attention was not diverted from traffic prior to the incident.

<u>INTERROGATORY NO. 42</u>: State where each party and vehicle involved in the accident was at the instant your first noticed each, in the following manner:

- (a) in feet or seconds of each;
- (b) the compass direction of each; and
- (c) the traffic lane each was in.

ANSWER TO INTERROGATORY NO. 42: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, Respondent states that its employee created a diagram of the incident, which is included in the Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage, attached hereto.

<u>INTERROGATORY NO. 43</u>: If any Claimant was also driving a vehicle, did you observe it reduce speed or stop prior to the accident? If so, at the time you observed this please state your respective locations in the following manner:

- (a) in feet or seconds from each other;
- (b) in compass direction you were each traveling; and
- (c) the traffic lanes you were each in at such time.

ANSWER TO INTERROGATORY NO. 43: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, see description of the incident contained in the Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage, attached hereto.

INTERROGATORY NO. 44: Did Claimant remain in your line of vision at all times after first observed until the impact? If not, state why not.

ANSWER TO INTERROGATORY NO. 44: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence.

INTERROGATORY NO. 45: Do you claim that any unexpected mechanical failure or malfunction of the vehicle you were then driving and/or any vehicle involved in the accident caused or contributed to the cause of the accident? If so, as to each such occurrence, state:

- (a) the nature and extent of the same;
- (b) the amount of time (in seconds) prior to the impact, when you first noticed the same; and
- (c) if you further allege such defect caused or contributed to the cause of the accident, describe how.

ANSWER TO INTERROGATORY NO. 45: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

INTERROGATORY NO. 46: At the time of the accident, please state whether or not you felt tired, sleepy or ill, and, if so, describe such condition in detail to your best recollection.

ANSWER TO INTERROGATORY NO. 46: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence.

INTERROGATORY NO. 47: If you were an owner or co-owner of the automobile you were driving at the time of the accident, please state:

- (a) the date, place and name and address of the place where purchased;
- (b) whether new or used when purchased, and the mileage on it at such time; and
- (c) the date, name and address of each place where repaired within one year immediately preceding the accident, and describe each repair.

ANSWER TO INTERROGATORY NO. 47: Respondent owned the vehicle involved in the incident.

INTERROGATORY NO. 48: Did you swerve, blow your horn, or do anything else whatever in an attempt to avoid the accident? If so, to each act, please state:

- (a) the distance (in feet or seconds) prior to the point of impact when you did the same;
- (b) describe what you did, and the resulting effect.

ANSWER TO INTERROGATORY NO. 48: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

<u>INTERROGATORY NO. 49</u>: Did you observe the extent of damage to the parties or vehicles involved prior to their being moved from the accident site after the accident? If so, please describe in detail all of such damage.

ANSWER TO INTERROGATORY NO. 49: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, yes. See photographs attached hereto.

INTERROGATORY NO. 50: Did police investigate the accident? If so, please state:

- (a) how many minutes after the time of impact the first officer arrived;
- (b) the number of officers and name of the department investigating;
- (c) whether you were interrogated by any officer as to how the accident occurred;
- (d) whether any officer required you to make a written statement regarding what happened;
- (e) specify each citation you received as a result of the accident, how you pled to each and the disposition thereof including the name and address of the court involved.

ANSWER TO INTERROGATORY NO. 50: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, the incident was investigated by the Arkansas State Police, who arrived approximately ten (10) minutes after the incident occurred yes. Respondent's employee who was involved in the incident spoke to the investigating officer and stated that he could not recall what happened. Respondent's employee received a citation for failing to yield when turning left.

<u>INTERROGATORY NO. 51</u>: If you had any conversations at the scene of the accident, please identify who was present during such conversation and exactly what was said by whom.

ANSWER TO INTERROGATORY NO. 50: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, Respondent's employee who was involved in the incident spoke to the investigating officer.

INTERROGATORY NO. 52: List the name, address, phone number and job title or capacity of each person known to you, your attorneys, or other representatives acting on your behalf, who investigated the accident.

ANSWER TO INTERROGATORY NO. 50: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, the incident was investigated by the Arkansas State Police, and the following of Respondent's employees:

<u>INTERROGATORY NO. 53</u>: Subsequent to investigation at the scene, have you made a report to any governmental department concerning the accident? If so, as to each, please state:

- (a) the date made, to whom, and the purpose therefore;
- (b) the name, address, telephone number and job title or capacity of each person assisting you.

ANSWER TO INTERROGATORY NO. 50: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, no.

INTERROGATORY NO. 54: If you admit that you alone caused this accident and do not contend Claimant caused or contributed to the cause of this accident, do you deny that

Claimant's injuries resulted entirely from this accident? If so, please state all facts upon which you base such denial.

ANSWER TO INTERROGATORY NO. 54: Objection. This Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product doctrine. Further, this Interrogatory is vague, ambiguous, overly broad, and calls for a legal conclusion. Without waiving such objection, discovery is ongoing, and Respondent has not completed its evaluation of the evidence.

INTERROGATORY NO. 55: Whether or not you intend to use such person as a witness and/or for other evidentiary purposes herein, please state whether or not you have consulted with any expert in regard to the present accident, including, but not limited to any insurance adjuster, attorney and/or other type of expert, and, if so, please state for each:

- (a) their name, present address, telephone number, place of employment and job title, if any;
- (b) each date of such consultation;
- (c) each date they performed any service on your behalf as a result of such consultation;
- (d) describe in detail the purpose for each such consultation; and
- (e) describe in detail what they did on your behalf as a result of each such consultation and the cost of each such consultation.

ANSWER TO INTERROGATORY NO. 55: Objection. This Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product doctrine. Further, this Interrogatory is vague, ambiguous, and overly broad. Without waiving such objection, no.

INTERROGATORY NO. 56: If the answer to the foregoing question is "yes," please state whether or not any such expert performed any test on your behalf and, if so, for each such test, please state:

- (a) what was tested;
- (b) the date of each test;
- (c) whether a report was made as a result of each test and, if so, to whom;
- (d) if a written report was made for each such test, please state who has present custody, care and/or control of each such report; and
- (e) the cost of each such test.

ANSWER TO INTERROGATORY NO. 56: See objection and answer to Interrogatory No. 55.

<u>INTERROGATORY NO. 57</u>: Whether or not you intend to use the same as evidence herein, please state whether or not any test not covered by the previous two questions was made on your behalf with respect to the present accident and, if so, please state:

- (a) the name, present address, telephone number, employer and job title of each person making each such test;
- (b) what was tested;
- (c) the date of each test;
- (d) whether a report was made as a result of each such test and, if so, to whom;
- (e) if a written report was made for each such test, please state who has present custody, care and/or control of each such report; and
- (f) the cost of each such test.

ANSWER TO INTERROGATORY NO. 57: Objection. This Interrogatory is vague, ambiguous, and overly broad. Without waiving such objection, no.

INTERROGATORY NO. 58: Whether or not you intend to use the same as evidence herein, as a result of this accident, state whether or not you, your attorneys, insurance adjusters, and/or other representatives have obtained any statements of any type, whether written, recorded and/or otherwise, from any person, (including any Plaintiff(s), relative to some facet of this lawsuit, and if so, for each such statement please state the following:

- (a) the name, present address and telephone number of each person making each such statement;
- (b) the date and place where each such statement was made;
- (c) the type of each such statement, i.e., written, recorded and/or other type; and
- (d) the name, present address and telephone number of the person within whose custody each such statement is.

ANSWER TO INTERROGATORY NO. 58: Objection. This Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product doctrine. Further, this Interrogatory is vague, ambiguous, and overly broad. Without waiving such objection, Brody Matheny completed and provided a written statement in an Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage, and the drivers' written statements are contained in the Arkansas Motor Vehicle Crash Report.

<u>INTERROGATORY NO. 59</u>: Identify by name, firm name, affiliation name, business telephone number and home address, each person respondent expects to call as a witness at the time of trial of this action.

ANSWER TO INTERROGATORY NO. 59: See answer to Interrogatory No. 24.

INTERROGATORY NO. 60: State whether or not you, your representative, agent and/or attorney, have taken any moving pictures of any Claimant herein, and if so, state for each taken:

- (a) name the individual subject of such;
- (b) the date of each such moving picture taken;
- (c) the length of time (in seconds, minutes or hours) said moving picture consumes when projected from start to end;
- (d) the name, address and telephone number of each person taking such pictures;
- (e) identify the scene and site by address or other description sufficient to locate same, where each such moving picture was taken;
- (f) state the name, address and telephone number of the person having the care, custody and control or each such moving picture; and
- (g) state the name, address and telephone number of the place where said moving pictures were developed and the date.

ANSWER TO INTERROGATORY NO. 60: See objection and answer to Interrogatory No. 11.

<u>INTERROGATORY NO. 61</u>: Please state whether you conducted or plan to conduct an investigation into the circumstances surrounding the accident. If so, state:

- (a) the complete name, address, title and official capacity of each person involved in such investigation;
- (b) the complete name, address, title and official capacity of the person who ordered the investigation conducted;
- (c) the complete name, address, title official capacity of each person who participated in the investigation; and
- (d) whether a written report was prepared subsequent to the investigation.

ANSWER TO INTERROGATORY NO. 61: See objection and answer to Interrogatory No. 50.

INTERROGATORY NO. 62: Please identify by question number and sub letter each question herein, the answer to which was provided to you by your representative, agent and/or attorney (i.e., each answer you have given not known personally by you when you signed your answers herein), and further:

(a) identify specifically the person who so provided you with each answer.

ANSWER TO INTERROGATORY NO. 62: Respondent answers the Interrogatories contained herein with the assistance of its Staff Attorney, Amanda J. Andrews.

INTERROGATORY NO. 63: Have you ever been convicted of a felony or any other crime involving fraud or deceit?

ANSWER TO INTERROGATORY NO. 63: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Further, it is not applicable as Respondent is a governmental entity.

<u>INTERROGATORY NO. 64</u>: Please state completely and fully all representations, statements, declarations or admissions made by this party or any agents, servants or employees of this party which you might attempt to make known to the judge or jury in the trial of this lawsuit.

ANSWER TO INTERROGATORY NO. 64: Objection. This Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product doctrine. Further, this Interrogatory is vague, ambiguous, and overly broad. Without waiving such objection, discovery is ongoing, and Respondent has not yet determined what

statements, if any, it will introduce or utilize at the trial of this matter. Respondent may introduce the Arkansas Motor Vehicle Crash Report, which contains a statement from the Claimant.

INTERROGATORY NO. 65: Please state if you were employed at the time of the accident. If so, please state the name, address and telephone number of your employer and whether or not you are still employed by the same person, firm or company presently.

ANSWER TO INTERROGATORY NO. 65: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Further, it is not applicable as Respondent is a governmental entity.

INTERROGATORY NO. 66: At the time of the accident did you have a cell phone with you in the vehicle? If so, please provide the following information:

- (a) Service provider's name and address and your phone number;
- (b) The approximate time you last used the phone prior to the accident to make or receive a phone call;
- (c) The approximately time prior to the accident you last used the cell phone to send or receive a text;
- (d) The approximate time prior to the accident you last used the cell phone to send or receive an email;
- (e) The approximate time prior to the accident you last used the cell phone for any purpose other than a call or text;
- (f) State whether you were holding or otherwise using the phone for any reason at the time of impact.

ANSWER TO INTERROGATORY NO. 66: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Further, it is not applicable as Respondent is a governmental entity.

REQUEST FOR PRODUCTION NO. 11: Provide a copy of your cell phone statement showing the biographical information on the account statement and the time period starting 30 minutes before the collision and including 30 minutes after the collision for any and all calls made or received and text messages made or received.

ANSWER TO REQUEST FOR PRODUCTION NO. 11: See objection and answer to Interrogatory No. 66.

INTERROGATORY NO. 67: Please state whether you had a cell phone at the time of the accident. If so, please provide said cell phone number and provider.

ANSWER TO INTERROGATORY NO. 67: See objection and answer to Interrogatory No. 66.

REQUEST FOR PRODUCTION NO. 12: Please sign and return the authorization attached to these interrogatories entitled Telephone Records Authorization.

ANSWER TO REQUEST FOR PRODUCTION NO. 12: See objection and answer to Interrogatory No. 66.

INTERROGATORY NO. 68: Please list every type of social media in which you participate, i.e., Twitter, Facebook, etc., and for each media, please list your user name or the name under which each account is identified.

ANSWER TO INTERROGATORY NO. 69: Objection. This Interrogatory is vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving such objection, Respondent has accounts on Facebook, Instagram and X.

REQUEST FOR PRODUCTION NO. 13: Please provide the complete contents of your currently and/or previously existing Facebook accounts, downloaded pursuant to the instructions below and copied in full on to the flash drive provided.

- (a) After logging in to your Facebook account, go to AAccount Settings.@
- (b) Under the AGeneral Account Settings@ tab, click on ADownload a copy of your Facebook data.@
- (c) Click the green AStart My Archive@ link.
- (d) If you receive a pop-up message from Facebook at this time, select AStart My Archive@ again.
- (e) You will receive a confirmation email sent to your registered email address at this time.
- (f) You will later receive an email to your registered email address from Facebook that says AYour Facebook Download is Ready.@ Click the provided link within the email to begin downloading your Facebook data.
- (g) You will be taken to a page that prompts you to click ADownload Archive.@ Click ADownload Archive.@
- (h) If you receive a pop-up on your computer, select AOpen.@
- (i) Once your downloaded Facebook data opens, you can save it in its entirety, on to the provided flash drive.

Provide the fully downloaded archive on a flash drive in response to the Request for Production. You are not to alter or filter this download or the download process and shall provide your Facebook account in its entirety pursuant to the instructions above, including, but not limited to production of private messages, wall posts you have received, wall posts you have written, photos posted by you and photos you have been Atagged@ in, and events that you have created and/or received invitations to attend.

1.2.a

ANSWER TO REQUEST FOR PRODUCTION NO. 13: Objection. This Request is

vague, ambiguous, overly broad, and not reasonably calculated to lead to the discovery of

admissible evidence. Without waiving such objection, as a governmental entity, the contents of

Respondent's social media account are available to the public.

INTERROGATORY NO. 39: Please consider all of these Interrogatories and Requests

for Production as continuing until the date of trial and update them as to comply with the Arkansas

Rules of Civil Procedure. Will you do so?

ANSWER TO INTERROGATORY NO. 39: Respondent will comply with the

Arkansas Rule of Civil Procedure and the Rules of the Arkansas State Claims Commission.

Respectfully submitted,

ARKANSAS DEPARTMENT OF TRANSPORTATION

Amanda J. Andrews

By:

Amanda J. Andrews, Staff Attorney (Ark. Bar No. 2005205)

manda J. Andrews

Post Office Box 2261

Little Rock, AR 72203-2261

(501) 569-2278

Amanda.Andrews@ardot.gov

CERTIFICATE OF SERVICE

I, Amanda J. Andrews, certify that a true and correct copy of the foregoing notice has been served upon Claimant by delivery of same via electronic mail this 15th day of November, 2023, to:

Brandon Lacy Lacy Law Firm 630 South Main Street Jonesboro, AR 72401

Amanda J. Andrews

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANT

V. CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

RESPONDENT'S ANSWERS TO CLAIMANT'S FIRST SET OF REQUESTS FOR ADMISSIONS

COMES NOW Respondent, Arkansas Department of Transportation, by and through undersigned counsel, and for its Answers to the first set of Requests Admissions propounded by the Claimant, states as follows:

REQUEST FOR ADMISSION NO. 1: Please admit that you were 100% at fault for the motor vehicle collision into Katelyn Spicer on September 19, 2022 that is the basis of this lawsuit.

ANSWER TO REQUEST NO. 1: Admit.

REQUEST FOR ADMISSION NO.2: Please admit that Katelyn Spicer was zero percent at fault for the motor vehicle collision on September 19, 2022 that is the basis of this lawsuit.

ANSWER TO REQUEST NO. 2: Objection. Discovery is ongoing, and Respondent does not have sufficient knowledge to admit or deny.

REQUEST FOR ADMISSION NO. 3: Please admit that your negligence caused the motor vehicle collision into Katelyn Spicer on September 19, 2022 that is the basis of this lawsuit.

ANSWER TO REQUEST NO. 3: Admit.

REQUEST FOR ADMISSION NO. 4: Please admit that on September 19, 2022, you were traveling eastbound on State Highway 106 in Rural Independence County, Arkansas

preparing to turn left into the parking lot of the Bethesda Fire Department located at 2322 Bethesda Road.

ANSWER TO REQUEST NO. 4: Admit.

REQUEST FOR ADMISSION NO. 5: Please admit that on September 19, 2022, Katelyn Spicer was traveling westbound on State Highway 106 in Rural Independence County, Arkansas.

ANSWER TO REQUEST NO. 5: Admit.

REQUEST FOR ADMISSION NO. 6: Please admit that on September 19, 2022, you failed to yield to Claimant's approaching vehicle, thus striking the front bumper of Ms. Spicer's vehicle.

ANSWER TO REQUEST NO. 6: Admit.

REQUEST FOR ADMISSION NO. 7: Please admit that it was your negligence in failing to yield to Claimant's vehicle on September 19, 2022 which was the proximate cause of the collision with Katelyn Spicer.

ANSWER TO REQUEST NO. 7: Admit.

REQUEST FOR ADMISSION NO. 8: Please admit that your negligence on September 19, 2022 was the proximate cause of personal injury to Katelyn Spicer.

ANSWER TO REQUEST NO. 8: Objection. Discovery is ongoing, and Respondent does not have sufficient knowledge to admit or deny.

REQUEST FOR ADMISSION NO. 9: Please admit that your negligence on September 19, 2022 was the proximate cause of all personal injuries claimed by Katelyn Spicer in her Complaint.

ANSWER TO REQUEST NO. 9: Objection. Discovery is ongoing, and Respondent does not have sufficient knowledge to admit or deny.

Respectfully submitted,

ARKANSAS DEPARTMENT OF TRANSPORTATION

Amanda J. Andrews

By:

Amanda J. Andrews, Staff Attorney (Ark. Bar No. 2005205)

Post Office Box 2261

Little Rock, AR 72203-2261

(501) 569-2278

Amanda.Andrews@ardot.gov

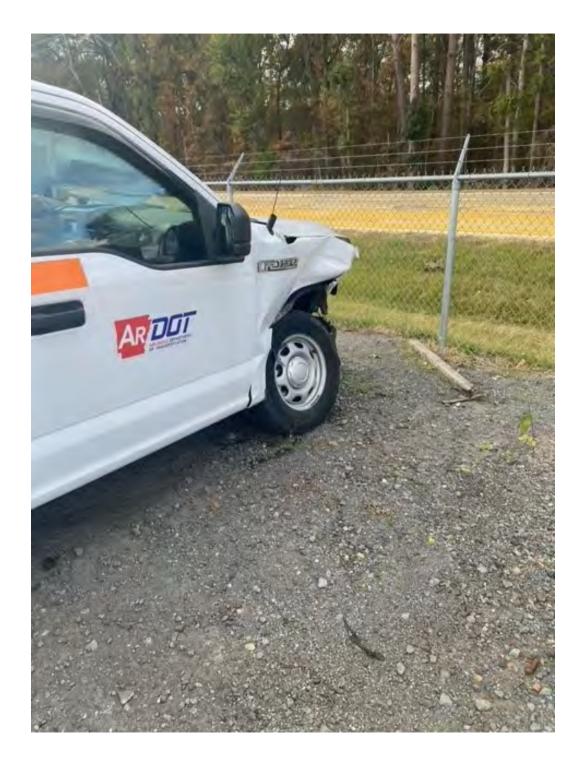
CERTIFICATE OF SERVICE

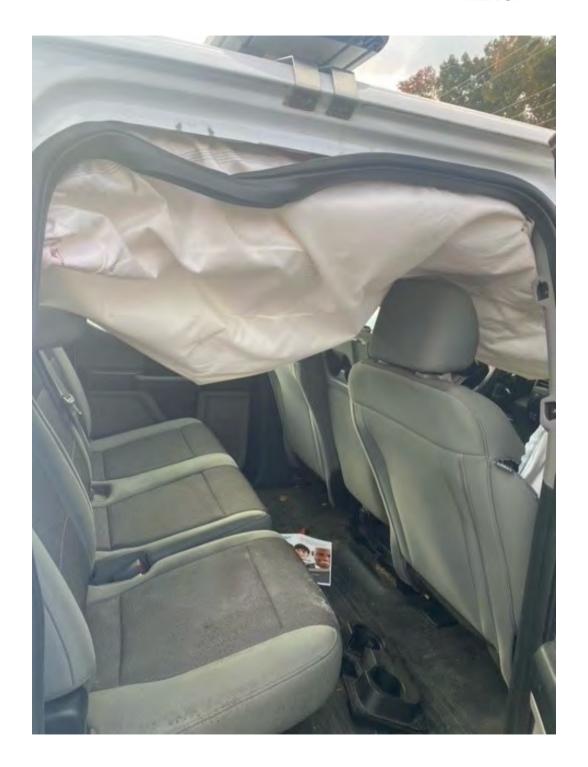
I, Amanda J. Andrews, certify that a true and correct copy of the foregoing notice has been served upon Claimant by delivery of same via electronic mail this 15th day of November, 2023, to:

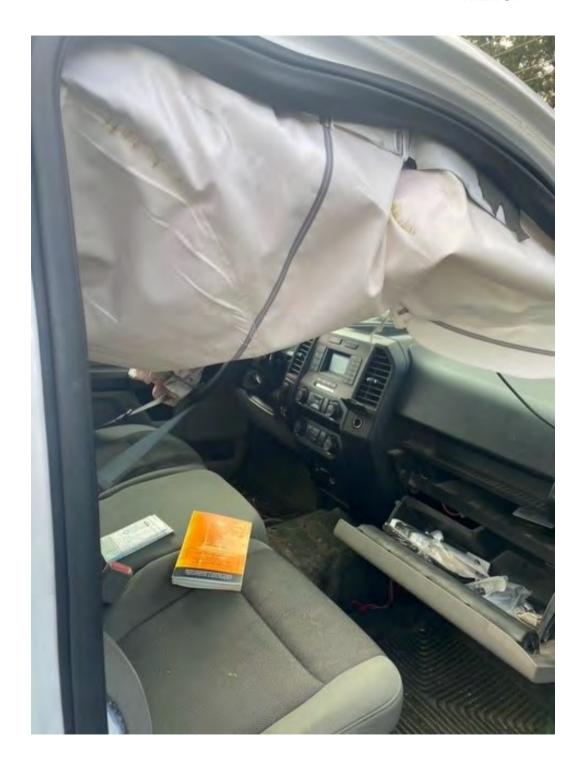
Brandon Lacy Lacy Law Firm 630 South Main Street Jonesboro, AR 72401

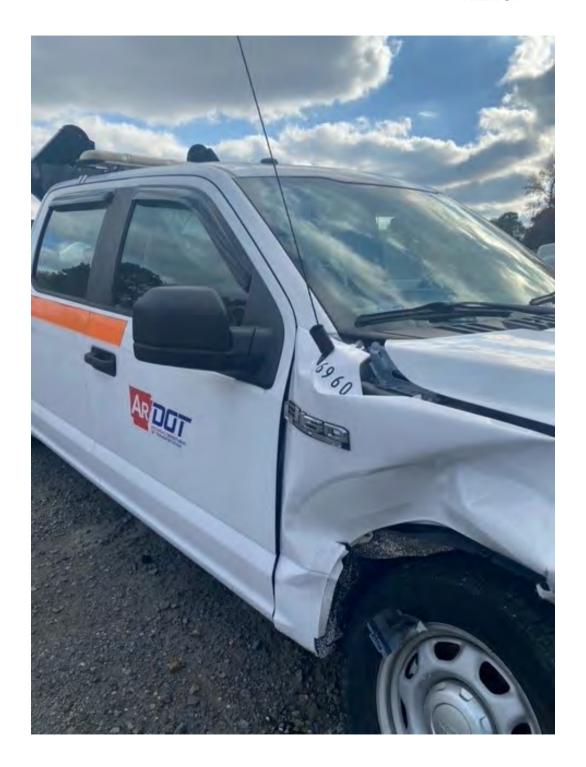
Amanda J. Andrews

Amanda J. Andrews

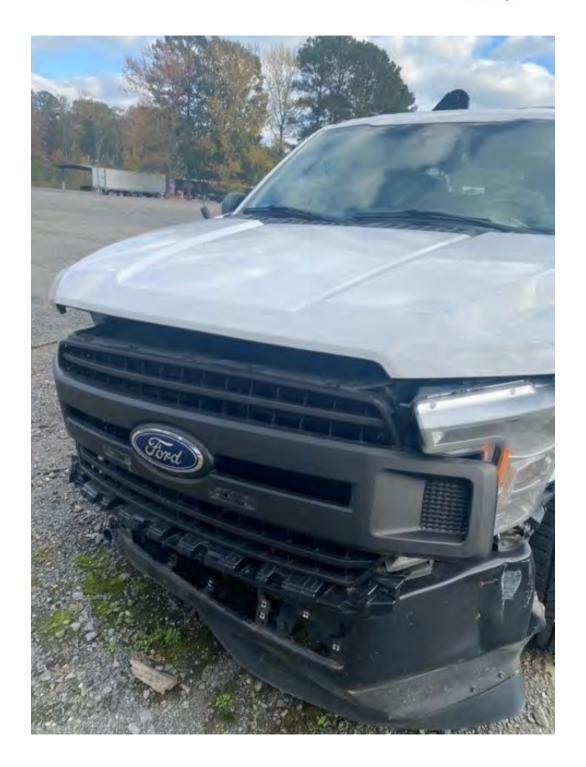




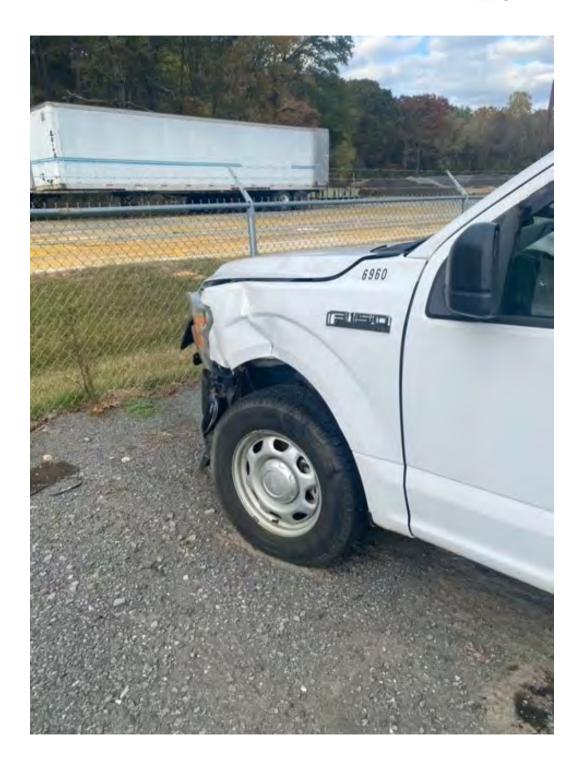






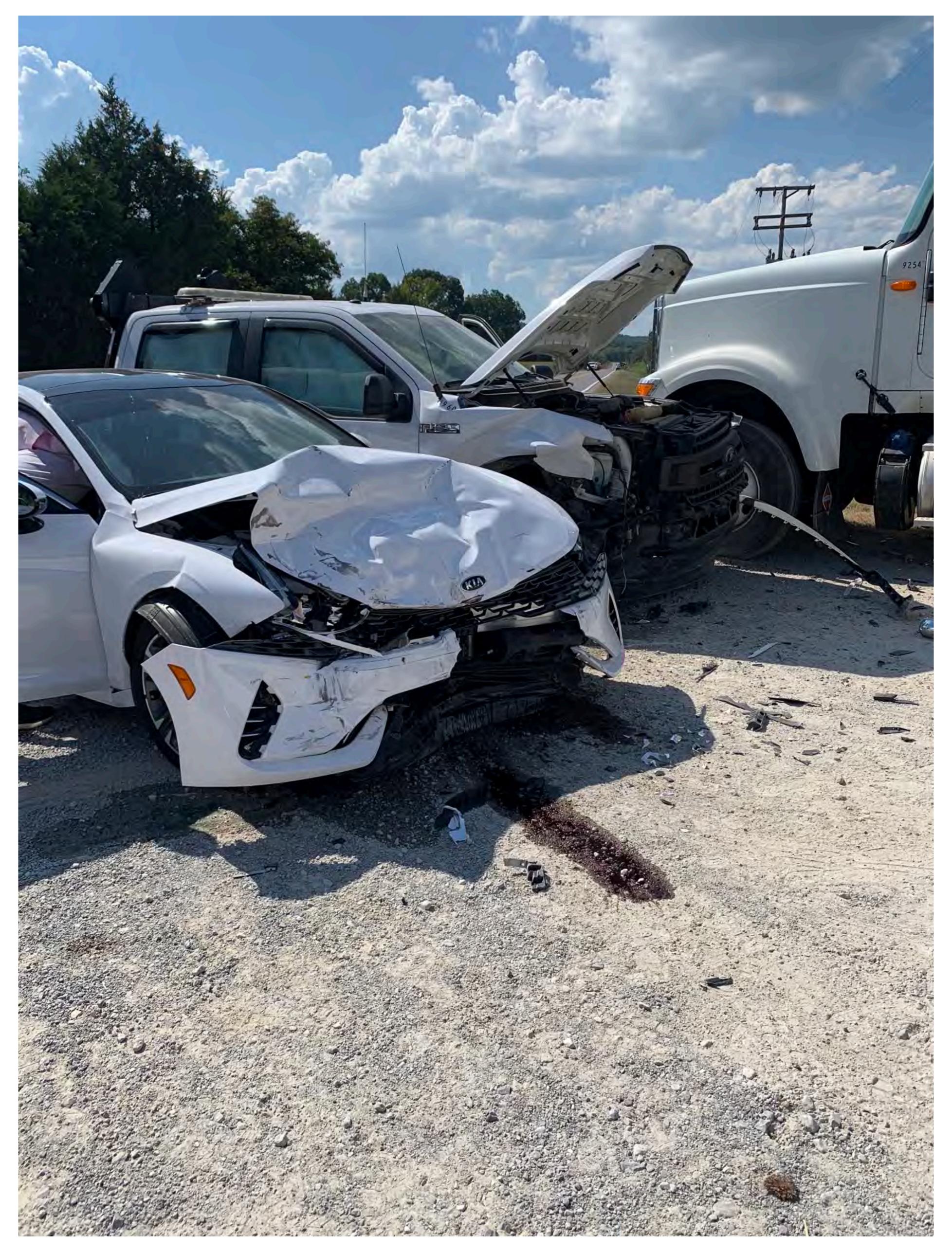




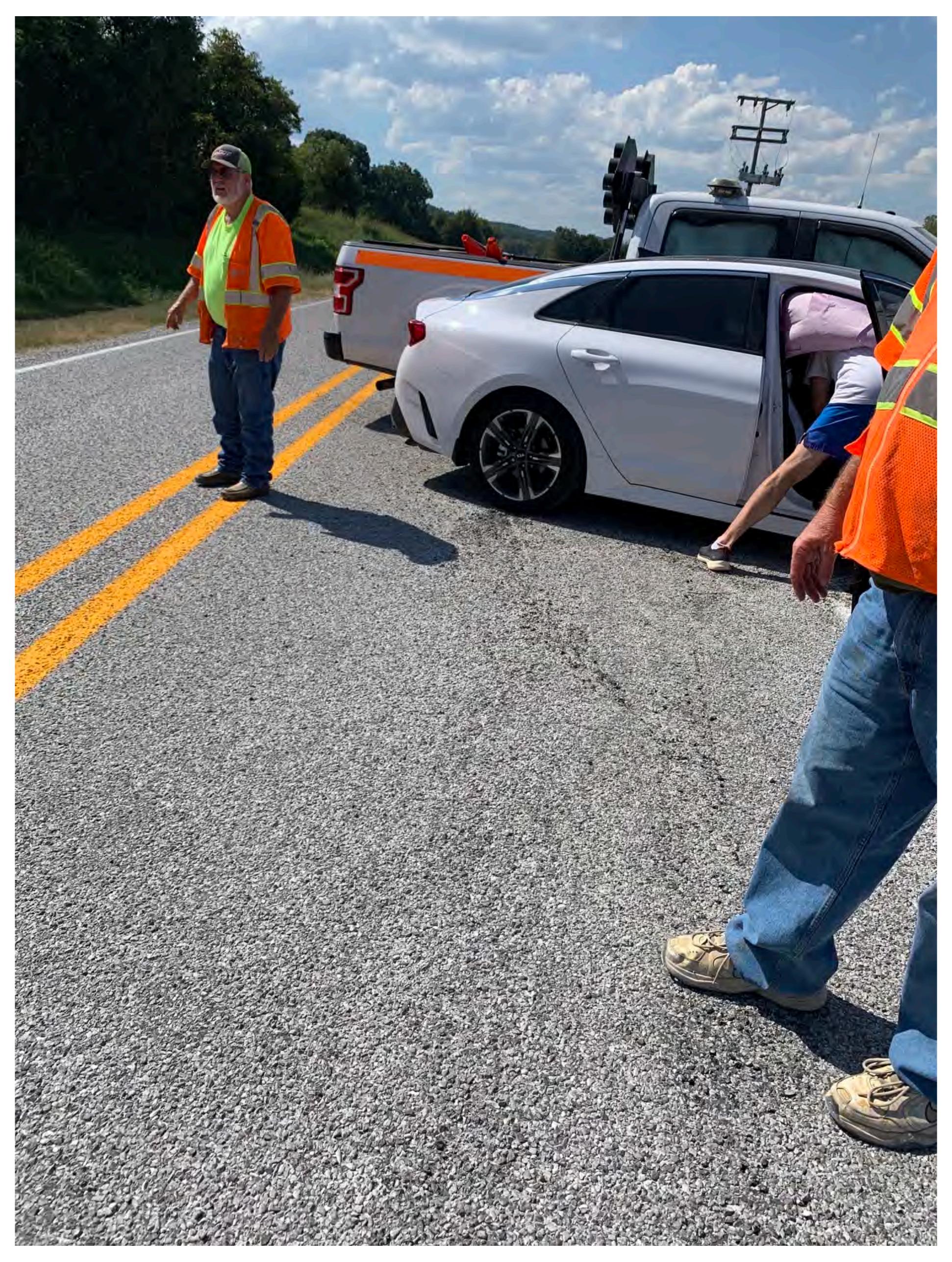


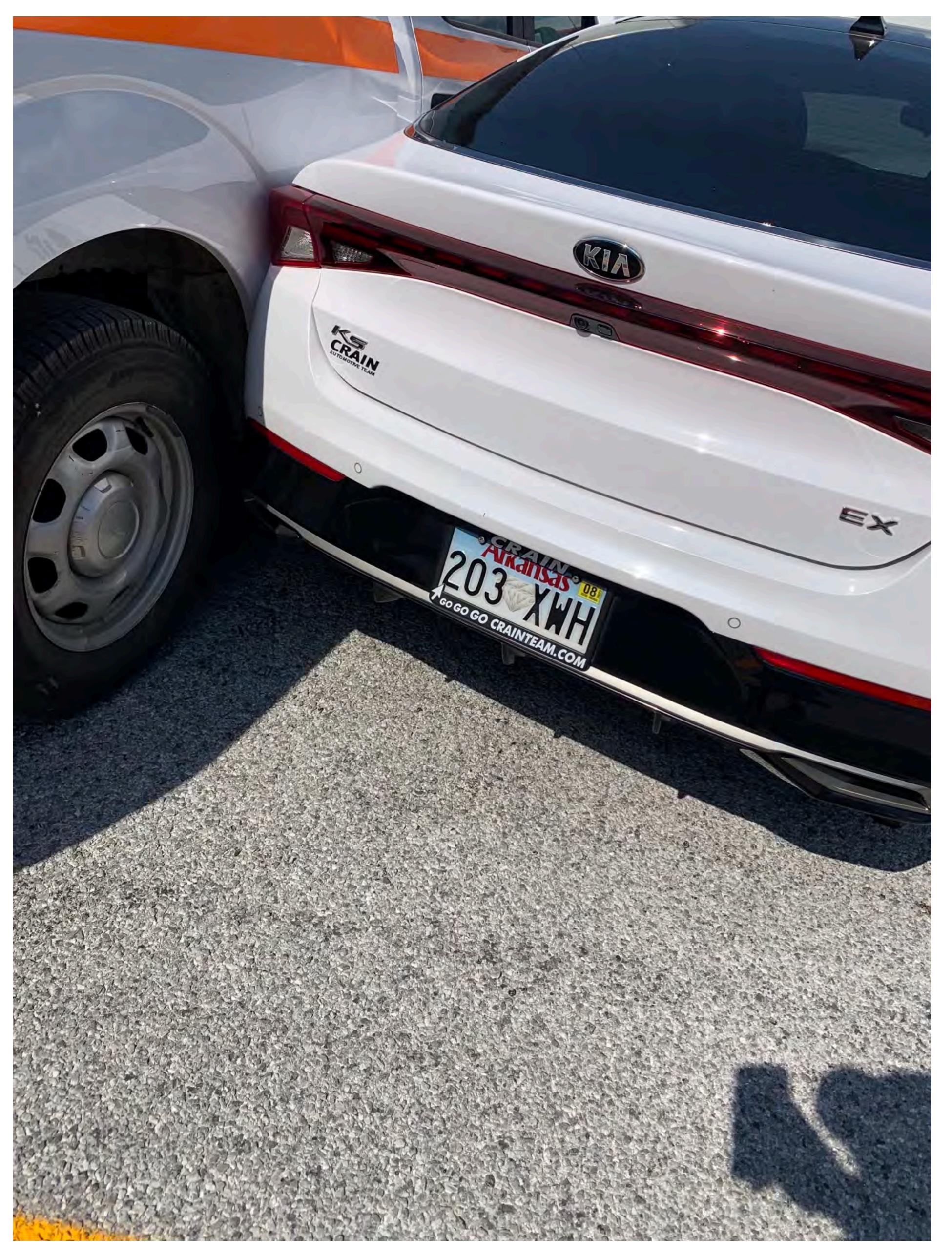
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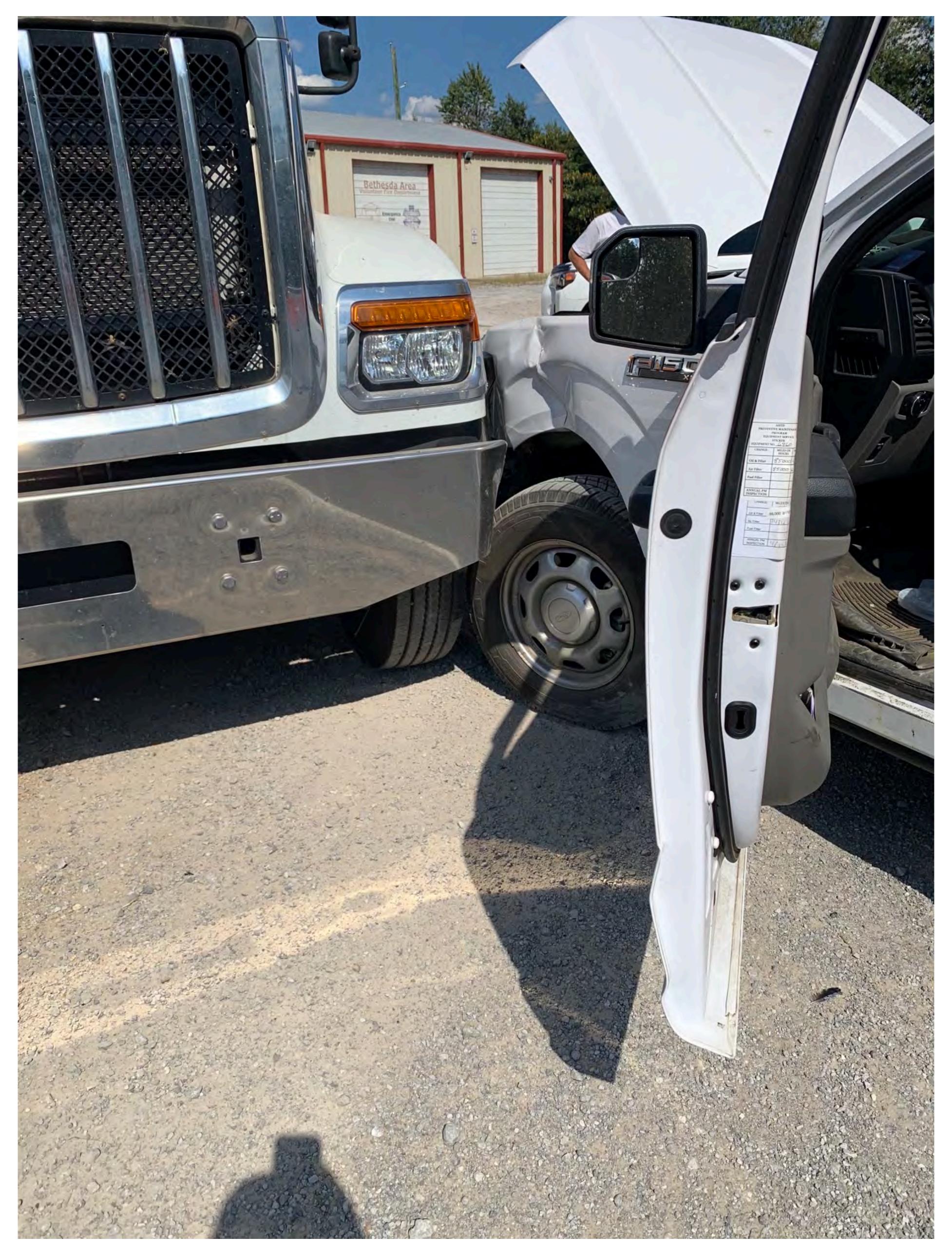












Rev. 10/07/2014, CS

Form 19-466

320922163

ARKANSAS DEPARTMENT OF TRANSPORTATION WORKFORCE DEVELOPMENT, HEALTH AND SAFETY

Little Rock, Arkansas

REPORT OF MOTOR VEHICLE, EQUIPMENT AND/OR PROPERTY DAMAGE TO BE COMPLETED BY ARDOT PERSONNEL ONLY

A. DEPARTMENT OWNED EQUIPMENT: This form must be completely filled out for department equipment involved in any kind of accident, or other causes.	and submitted by the employee operating, or by the employee responsible
B. PRIVATE PROPERTY: Regardless of whose fault, this form must be used to report buildings, telephone or power lines and poles, fences, etc., which involve department	rt any damage to private property, such as damage to motor vehicles,
Operator_	Employee ID No.
Home Ado	Driver's License No
Central Office Main kace Statewick Striping	Zip Or District
ion or Section	ional Title Striping he per
Date of Accident 9-19-22	Hour a.m. 2:15 p.m.
Accident Occurred on highway number 106 Sec 1	County Independence 32
Log Mile Opprox 5.0 Or Reference Or Reference	t of Bothesila Fire department
VEHICLE 1 ARDOT'S No	
Truck Year	
Car Other Description	
Other For what purpose was equipment being us	ed at the time accident occurred? Escorting Striping
	possible frame damage enfeat passengerside.
Estimated cost of repair the Colonia Totales Estimate by	
Where can equipment be seen? <u>Central Shop</u>	
VEHICLE 2 OR Description of vehicle or other property damage PROPERTY DAMAGE If Motor Vehicle - Registration No	StateYear
Operated by K9telyn Spicer	Operator's License No.
Owned by K9+e14n Spicer Address	
Description of damage D159618 d 15,000	
Where can equipment be seen? Land w Recove	Pry Bates ville AR 72501
other property damage /V/A	
Ooes owner have liability insurance?	
If so, write name and address of compar	
Name and address of injured Aod in Tured	Arkansas Department of Transportation Received
	SEP 3 0 2022

Legal Division

Form 19-466

Rev. 10/07/2014, CS

ARKANSAS DEPARTMENT OF TRANSPORTATION WORKFORCE DEVELOPMENT, HEALTH AND SAFETY Little Rock, Arkansas

REPORT OF MOTOR VEHICLE, EQUIPMENT AND/OR PROPERTY DAMAGE

	OPERATOR MU	ST SECURE NAMES	AND ADDRESS OF	ALL WITNESSES	
Name		Address		D.L. No.	
Name		Address		D.L. No	
Name		Address		D.L. No	
WEATHER (Check one) Clear Raining Snowing Fog Specify other	ROAD CHARACTER (Check two) Straight road Curve Level On Grade Hillerest	ROAD SURFACE (Check one) Dry Wet Snowy or Icy Specify other	ROAD TYPE (Check one or more) Driver 12 1 driving lane 2 driving lanes 3 driving lanes Divided roadway Expressway, parkway, toll road	TRAFFIC CONTROL (Check one or more) Stop sign Stop & go signal Officer or watchman R.R. gates or signal Specify other No traffic control	KIND OF LOCALITY (Check one) Apartments, stores, factories One-family homes Farms, fields No marginal development
LIGHT CONDITIONS (Check one) Daylight Dawn or dusk Darkness	Driver 12 Speed too fast Failed to yield right Drove left to cente	Driver 1 2	ITRIBUTING CIRCUMSTA Passed stop sign Disregarded traffic signal Followed too closely Made improper turn	Driver 12	lights
WHAT DRIVE Driver No. 1 w Driver No. 2 w	口口面	on Hwy	106-1	treet or highway) Street or highway)	
(Check one for each driv	orer) Driver 1 2 Go straight ahead Overtake	Driver 1 2 Make right turn Make left turn Make U turn	Driver 1 2 Slow or stop Start in traffic lane Start from parked		c ain stopped in traffic lane ain parked
WHAT PEDESTRIAN					
Pedestrian was going	Along Across	or into(Street name or h	fromfrom(N	tototo	west to east side, etc.)
(Check one)	Crossing or entering a Crossing or entering r Getting on or offvehi Walking in roadway	otat intersection Star	lking in roadway with trai nding in roadway shing or working on vehicle ter working in roadway	fie Playing in ro Other in road Not in roadv Had been dr	dway vay

Form 19-466

Rev. 10/07/2014, CS

ARKANSAS DEPARTMENT OF TRANSPORTATION WORKFORCE DEVELOPMENT, HEALTH AND SAFETY Little Rock, Arkansas

REPORT OF MOTOR VEHICLE, EQUIPMENT AND/OR PROPERTY DAMAGE

DIAGRAM HOW ACCIDENT OCCURRED drive wind perking lot of Balbasda FD Striping are hine Shid to est by a mow we hicle 2 We hicle 1 We hicle 2 We hicle 2 We hicle 2 We hicle 3 We hicle 1 We hicle 1 We hicle 1 We hicle 1 We hicle 2 We hicle 2 We hicle 3 We hicle 1 We hicle 1 We hicle 2 We hicle 3 We hicle 1 We hicle 3 We hicle 4 We hicle 1 We hicle 4 We hicle 2 We hicle 2 We hicle 3 We hicle 4 We hicle 4 We hicle 6 We hicle 6 We hicle 6 We hicle 8 We hicle 9 We hicle 9 We hicle 9 We hicke 9 We hicle 9
SEAT BELT WORN PROPERLY: Yes No N/A
DESCRIBE WHAT HAPPENED: Vehicle 1 traveling East bound failed to acknowledge and yield to
yehicle 2 as vehicle I made a left turn following the stripping machine into the fire expertment parking crea.
Vehicle 2 applied brakes and attempted to swerre to the right to avoid uchicle I causing front left corner of
REVIEW: What law enforcement agency reviewed accident' Ackensas Stale Police
Has District - Division Official personally reviewed this accident? Yes No
Opinion of Supervisor Preventable Motor Vehicle Preventable Equipment Non-Preventable Motor Vehicle Non-Preventable Equipment
SIGNATURES:
Employee_ Date <u>09 - 22 - 2022</u>
Supervisor Letter Crew Date 9-26-22
District-Division Official D Title ASST. Sign Date 9/25/20 THIS REPORT MUST BE MADE OUT AND MAILED TO WORKFORCE DEVELOPMENT, HEALTH AND SAFETY WITHIN 10 DAYS AFTER ACCIDENT OCCURRED
MAILING INSTRUCTIONS: Original - Legal Division 2nd Copy - Workforce Development, Health and Safety 3rd Copy - Division or District File 4th Copy - Equipment & Procurement

3 of 3

Vehicle 2 and the front right corner of vehicle I to collide causing extensive damage to both vehicles.



ARKANSAS STATE POLICE Troop B

3200 Hwy. 367 North, Newport, AR 72112

What To Do After A Collision

- 1. Contact your insurance agency and advise them you have been involved in a collision. They will need the other party's name(s), address(es) and the name of their insurance company.
- 2. If the collision results in damage to the property of any one person in excess of \$1000.00, in bodily injury or in the death of any person, you must submit, within 30 days, a written report (SR-1) to the Financial Responsibility Unit, Department of Finance and Administration, P.O. Box 3278, Little Rock, Arkansas, 72203-3278. Forms for this report are available at all Arkansas State Revenue Offices.
- 3. For instructions on how to purchase and download the report online, please go to <u>crashreports.ark.org</u> You can also download the Crash Records Request Form for mail- in requests at <u>asp.arkansas.gov/services-and-programs/detail/crash-records</u>. If you have questions related to obtaining a crash report, please call 501-618-8128 or contact ASP Troop B (Newport) at 870-523-8829.
- 4. Arkansas Code Annotated Section 27-53-210 (b)(1) requires that a \$10.00 fee be collected for each copy of a basic accident report.

INFORMATION EXCHANGE You May Fill Out and Exchange Your Information With Other Driver(s) Involved

Name:	*		Phone Nu	mber	
Address:					
	Street	City	State	Zip Code	
Name of Insurance	ce Company				
Insurance Policy I	Number				_
Location of Accid	ent		Date	Time	
Year & Make of A	Auto		License #	DL#	

NOTE: INVOLVED PARTIES' NAMES, HOME ADDRESSES, HOME PHONE NUMBERS AND DRIVER LICENSE NUMBERS CANNOT BE PROVIDED BY THE INVESTIGATING TROOPER.

Debraadlast	Va									555602 Page 1 of 14
Drivers' Last I Juvenile Invol		s 121 No. A	RKANSA	S MOTOR VE	HICL	E CF	RASH REF	PORT s	everity \square F	atality 🗹 Injury 🔲 PDO
# of Motor Vehicles Automobiles, Motorcycles, etc		S PINO 1			2019-1		Crash Report			assay E nyery E ve e
# of Non-Motorists Pedestrians, Bicyclists, etc	0	Investigati	ng Agency ST	ATE POLICE TROO	РВ					
Investigating Officer	CPL	Barnett	(Chris			36	Signa		V 0
investigating online.	Rank	Last	F	irst	Mic		Suffix Badge	e#	_/VL	s K Bainett
Data of Carab	T	ne of Crash		CRASH DAT			lice Notified	Date Police	Arrived	Time Police Arrived
Date of Crash (MM/DD 09/19/2022	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	02:19	(HH:MM AM/PM)	09/19/2022	eu III		2:20 PM		19/2022	02:31 PM
03/13/2022		02.10	7 1 101	CRASH L	OCATI		2.201111	55.		
County		City		CRASH L	.OCA II		itude		Longitud	ie
Independence			al Independence			35.	786348° N		91.74141	0° W
Road/Street/Highway				Section	Log Mil		At Interse	ction With		
BETHESDA RD (106)				1	4.	939				
Not in City, but				of the City	y Limits o					
		es to two decimal p	laces) Direction	(N/S/E/W)		City				
Not at Intersection, b		(feet or miles to h	vo decimal places)	Direction (N/S/E/W)	of Refer	nce pair	nt			
				ASH FACTORS	AND C	OND	ITIONS			
First Harmful Event	205	Location of Harmful Eve		School Bus Related	000		dway Surface dition	100	Weather Co	
100 Overtum/rollover 101 Fire/explosion 102 Immersion, full or par 103 Jackknife		100 On roadway		000 No, school bus		100 D	ry		☑ 100 Clear	
102 Immersion, full or par 103 Jackknife	rtial	101 Shoulder 102 Median		not involved 100 Yes, school bus		102 S	now		☐ 101 Cloudy	☐ 108 Freezing rain or freezing drizzle
104 Cargo/equipment los 113 Fell/jumped from mo	s or shift tor vehicle	103 Roadside 104 Gore		directly involved 101 Yes, school bus			e or frost		☐ 102 Fog	100 Coou
115 Object thrown or falle on or near motor veh	en	105 Separator 106 In parking la	ne or zone	Type of	000	105 W 106 S	/ater (standing or mo and	oving)	☐ 103 Smog ☐ 104 Smoke	110 Blowing snow
198 Other non-collision	iicic	107 Off roadway	, location unknown t-of-way (trafficway)	Intersection	000		lud, dirt, or gravel		☐ 105 Rain	111 Severe crosswinds
200 Pedestrian 201 Pedalcycle		999 Unknown		000 Not an intersection 100 Four-way intersection	n	198 O			☐ 106 Sleet ☐ 107 Hail	soil, or dirt
200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train 204 Animal (live) 205 Motor vehicle in trans 205 Parked motor vehicle 207 Failing/shifting cargo set in motion by moto 208 Work zone/maintena	n, engine)	Type of Coll 100 Single vehic		101 T-intersection 102 Y-intersection		999 U	nknown		198 Olher	
204 Animal (live) 205 Molor vehicle in trans		200 Front to real 201 Front to fron		103 L-intersection 104 Traffic circle			t Condition	100	190 Odlei	
206 Parked motor vehicle 207 Falling/shifting cargo		202 Angle 203 Sideswipe, s		105 Roundabout 106 Five-point or more		100 D 101 D	aylight awn		999 Unknov	vn
set in motion by mote	or vehicle	204 Sideswipe, o	opposite direction	999 Unknown	_	102 D	usk ark - lighted		Roadway C	
208 Work zone/maintena 298 Other non-fixed object		205 Rear to side 206 Rear to rear		Road System 100 Interstate	102	104 D	ark - not lighted ark - unknown lightir	na	€ 000 None	оргу:
300 Impact attenuator/cra		980 Other (desci	ribe below)	101 US highway 102 State highway		198 O		ig	☐ 100 Backup	due to prior crash
302 Bridge pier or suppor		Relation to	107	103 County road		999 U	nknown		101 Backup	due to prior curring incident
303 Bridge rail 304 Cable barrier		Junction 000 Non-junction	1	104 City street 105 Frontage road		Envi	ironmental Fac	tors	☐ 102 Backup	due to regular
305 Culvert 306 Curb 307 Ditch 308 Embankment		100 Intersection 101 Intersection		106 Ramp 999 Uriknown		☑ 00	00 None		conges	oth / plaza related
307 Ditch 308 Embankment		102 Entrance or		Property Classification	100	_	00 Weather condition 01 Visual obstruction		104 Road si	urface condition y, snow, slush, etc.)
309 Guardrail face 310 Guardrail end		104 Railway grad	de crossing	100 Public property		_	02 Glare		105 Debris	y, anon, aloun, alon,
311 Concrete traffic barrier 312 Other traffic barrier	er	105 Crossover re 106 Driveway ac	cess	101 Private property			03 Animals in roadwa 98 Other:	зу	☐ 106 Ruts, h	
313 Tree (standing)		107 Driveway ac 108 Shared-use	path or trail				o Other.			ravel-polished surface
314 Utility pole/light supp 315 Traffic sign support		109 Acceleration 110 Through roa	or deceleration lane dway			99	99 Unknown		109 Obstruc	
316 Traffic signal support 317 Other post, pole, or s		198 Other location		Trafficway Classif 100 Trafficway, on road	fication			100	110 Traffic of inopera	control device tive, missing, or obscured
318 Fence 319 Mailbox			oulder, and roadside							ers (none, low, soft, high)
320 Building 398 Other fixed object		999 Unknown		102 Non-traineway (ueso	ince pelow)				☐ 112 Non-hig ☐ 198 Other:	griway work
999 Unknown		1		1						
If 198, 298, or 398, describe:					A 1 -11-11		A TION		999 Unknov	yn
Work Zone	Location R	Polative	1000	ORK ZONE CRA	SH INF	970	ATION Worker(s) Pre	sent 970	Law Enfor	cement Present 970
000 No	to Work Zo	ne	100 1	ane closure	1	9/0	000 No	9/0	000 No law en	forcement presence
999 Unknown	101 Advance v		102 \	ane shift or crossover Vork on shoulder or media			100 Yes 970 Not applicable			cement vehicle only present
	102 Transition 103 Activity are	area	103	ntermittent or moving work Other			999 Unknown		970 Not applic 999 Unknown	able
	104 Terminalio 970 Not applica	in area								
	999 Unknown	4510		Not applicable Jnknown						

555602 Page ² of ¹⁴ Crash Report # ATTACHMENTS Photos Taken Yes Description Туре **✓** No Statement from Driver 1 Driver statement Driver statement Statement from Driver 2 NON-VEHICULAR PROPERTY DAMAGE Damage Owner Estimate Contacted Address City Description of Property Damage Name State Postal Code WITNESSES' CONTACT INFORMATION
Middle Name Suffix Addres State Postal Code City Last Name First Name Address CRASH REPORT - ATTACHMENTS / PROPERTY DAMAGE / WITNESSES

		A DI	ZANCACM	OTOR VEHICLE	CDACH	DEDORT	555602 Page 3 of 14
Motor Vehic	le#	AR		HICLE INFORM		Crash R	
			DESCR	IPTION AND IDENT	IFICATION		
Check if this vehicle	Hit and Rur	1			000	Vehicle Body Type	105
had no driver		t leave the scene		vehicle & driver left the scene	000	Passenger Vehicles	
		e & driver left the scene	101 Yes, o	only driver left the scene		100 2-door	
VIN	002 No, only di	river left the scene				101 4-door 102 Hatchback	
						103 Convertible	
Vehicle Year, Ma	ke, and Mode	el				104 Station wagon	
						105 Pick-up 106 Mini-van	
Year License Plate	Make		Model			107 Passenger van (seats	any number if personal; up to 8 if business)
License Flate				■ Missing		108 Cargo van (10,000 lbs	or less)
			Year	✓ Unknown (fill in a	all known details)	109 Sport utility vehicle 110 Large utility vehicle	
Trailer #1 Licens	e Plate		7007	☐ Missing		111 Molor home/recreation	
				_	all because detaile)	198 Other passenger vehic	cle
State Number				Unknown (fill in a	all known details)	Truck (> 10,000 lbs) 200 Single unit truck (2 ax	lac)
Trailer #2 Licens	e Plate					201 Single unit truck (2 ax	
				☐ Unknown (fill in a	all known details)	202 Single unit truck with t	railer
State Number		—				203 Truck tractor only (bot 204 Tractor/semi-trailer	otail)
	Same as driv					205 Tractor/doubles	
		F TRANSPORTATIO	N			206 Construction/maintena	ance equipment
Owner Address	Same as driv	-				207 Farm equipment 298 Other heavy vehicle (6	GVWR/GCWR > 10,000 lbs)
PO BOX 2261			ITTLE ROCK		AR 72203-2261		ore seats, including driver)
Motor Carrier Ty	DO 000		Numbers	State F	Postal Code	300 School bus	
000 Personal transpor		USDOT#	Numbers			301 Transit/city bus 302 Motor coach/intercity/o	orace country bue
100 Interstate carrier	itation	03001#				303 Limousine	cross-country bus
101 Intrastate carrier		MC/MX #				304 Van (seats 9-15, inclu	
102 Not in commerce 103 Not in commerce		St-10 #		Stat		390 Other vehicle (seats 9	L15, including driver) 6 or more, including driver)
999 Unknown		State #		Stat		Cycle / Low Speed	o or more, including driver)
Motor Carrier Na	me 🔲 Uni	known				400 Motorcycle	
11						401 Motor scooter	
						402 Moped 403 ATV (3, 4, or 6 wheels	3)
Motor Carrier Ad	Idress LI Uni	Known				404 Snowmobile	-1
						405 Golf cart	
Street		C	itv	State F	Postal Code	406 Low speed vehicle 498 Other motorized cycle	/low speed vehicle
Cargo Body Type		tomle	100 Dump	109 Other	000	Unknown	
000 No cargo body 100 Bus	104 Cargo 105 Log	талк	109 Dump 110 Concrete mixer	198 Other		999 Unknown type of moto	or vehicle
101 Van / enclosed bo	ox 106 Interm	odal container chassis	111 Auto transporter			If 198, 298, 390, 391, or 498	describe below:
102 Grain / chips / gra			112 Garbage / refuse	e 555 GIRIOWII			
103 Pole trailer	108 Flatbe		Discoul	Hazardous Material ID		Hozord	ous Materials Released 970
GVWR/GCWR 100 10.000 lbs or less	0,0	Hazardous Materials 000 Placard not required	Placard 000	4-digit # or name from middle			ous Materials Released 970 ehicle Cargo Compartment
101 10,001 - 26,000 II		100 Placard displayed		of diamond or rectangular box)			azardous materials not released
102 More than 26,000) lbs 2	200 Placard required but r	ot displayed	Hazardous Material C	lass		hazardous materials released applicable (not carrying hazardous materials)
970 Not applicable		999 Unknown		bottom of diamond)		37011018	pplicable (not carrying hazardous materials)
	INSURANC	CE			DA	MAGE	
Insurance		Habassa	Damage Severit	ty 102		Contact Point	Damaged Areas
Uninsured at time	e of crash 🗹	Unknown (fill in any known details)	000 No damage			check 1)	(check all that apply)
Insurance Comp	201	(100 Minor damage 101 Functional dama	age	7 8	9 10 11	7 8 9 10 11
insurance comp	any		102 Disabling damag			and the second s	
	SELF INSUR	ED	999 Unknown	A-		□ □ □ □	6 0 0 0 12
NAIC#			Damage Estima	\$20,000	5 4		5 4 3 2 1
NAIC#							
			Damage Prior to		000 Non-		☐ 097 No damage
Deliau #			No prior damag		☐ 100 Carg	UIUSS	☐ 113 Top
Policy #			Yes (describe b	JCIOW)	☐ 113 top	егсалтіале	☐ 114 Undercarriage
					999 Unki		□ 999 Unknown
				TOWING			
Towed	000	Towed By					
100 Not towed 100 Towed, but not due	to disabling dam	age					
101 Towed due to disal		Towed To					
		Street			City	Sta	te Postal Code

		ADICANO		. VELUOL E 6	DAGU DEDODE	Pag	555602 ie 4 of 14
Motor Vehicle #		ARKANS		EINFORMAT	RASH REPORT	Crash Report #	e 4 01 14
Vehicle Usage	Emor	gency Vehicle		CLE CIRCUMS	Vehicle Maneuver		100
000 No special function	000	gency venicie n-emergency, non	-	970	100 Movement essentially si	traight ahead	106
100 Taxi		n-emergency trans			101 Negotiating a curve	aught anodo	
101 School bus/school transport				g equipment not in use	102 Backing		
102 Church bus 103 Transit/commuter bus		iergency operatior t applicable	n, emergency warning	g equipment in use	103 Changing lanes 104 Overtaking/passing		
104 Intercity bus	999 Un				105 Turning right		
105 Charter/lour bus					106 Turning left		
106 Shuttle bus 107 Military	Trave	I Direction		102	107 Making U-lurn 108 Leaving traffic lane		
108 Police		rthbound		1	109 Entering traffic lane		
109 Ambulance		uthbound stbound			110 Slowing		
110 Fire truck	102 14/	estbound			111 Parked 112 Stopped in traffic		
111 Non-transport emergency services 112 Incident response	104 No	t on roadway			198 Other		
999 Unknown	999 Un	known					
Vehicle Defects Check all that app	ply.				999 Unknown		
☑ 000 None					Traffic Control Device	Types and Statuses	
☐ 100 Brake	101 Exhaust sy	retern	☐ 102 Body or d	loore	Check the box next to each tr	-1 -14b-	
	104 Power train		105 Suspensi		control device that was presented to cation of the crash.	TO Functioning imp	
	107 Wheels		☐ 108 Headlight		Use the codes to the right to r the status of each traffic contr		issing
_	110 Turn signa	s	☐ 111 Windows		device present	OBS SIMILOWII	
	113 Wipers		114 Truck cou	ıpling, trailer	Traffic Con	trol Device Type	Device Status Use above codes
☐ 115 Fuel system ☐	116 Cruise con	trol	hitch, or s	afety chains	☐ 000 None		
100 Other					☐ 100 Flashing traffic contr	rol sinnal	
☐ 198 Other					☐ 101 Traffic control signal		
999 Unknown	- 4	- 15 .		Face	102 Stop sign		
Trafficway Description 100 One-way trafficway	2	00 Roadway	y Surface	101	103 Yield sign		
200 Two-way, not divided		101 Asphal			104 Slow or warning sign		
201 Two-way, not divided, with a contin					☐ 105 Person (officer, flagr	man, crossing guard)	
300 Two-way, divided, unprotected (pai 400 Two-way, divided, positive cable ba		lian 103 Dirt 198 Other			☐ 106 School zone sign/de	vice	
401 Two-way, divided, positive concrete		100 Ollici			☐ 107 Pedestrian signal		
498 Two-way, divided, other type of pos	sitive barrier	999 Unknov	wn		☐ 108 No passing signal		
						ainted on southway	
999 Unknown		na Dondway	/ Alignment	1 400	109 Words or symbols p		400
Roadway Grade 100 Level 999 Unknown		100 Straigh	_	100	✓ 110 Traffic lanes marked		100
101 Hillcrest		200 Curve I	left		☐ 111 Railway crossing wit	h gate and signals	
102 Uphill		201 Curve i			☐ 112 Railway crossing with	h flashing signals only	
103 Downhill 104 Sag (bottom)		999 Unknov	direction unknown wn		☐ 113 Railway crossing wit	h crossbuck only	
Total # of Lanes		Posted S	peed Limit		☐ 198 Other:		
	2	Use the post	ted speed limit that app e at the time of the cras	lied 55	999 Unknown		
		IO IIIIa Veriici		VEHICLE EVEN	TS		
Sequence of Events 1 111	2 205	3	7 4	1 5	6 7	1 8 9	10
Sequence of Events 1111							
Most Harmful Event 205							
Non-Collision	С	ollision with N	on-Fixed Object	Colli	sion with Fixed Object		Unknown
100 Overtum/rollover	20	0 Pedestrian		300 ln	pact altenuator/crash cushion	318 Fence	999 Unknown
101 Fire/explosion		1 Pedalcycle			idge overhead structure	319 Mailbox	
102 Immersion, full or partial 103 Jackknife		2 Other non-motor 3 Railway vehicle			idge pier or support idge rail	320 Building 398 Other fixed object	
104 Cargo/equipment loss or shift		4 Animal (live)	(train, origino)		able barrier		
105 Equipment failure		5 Motor vehicle in		305 C		If 198, 298, or 398 is used, d	escribe below:
(blown tire, brake failure, etc.) 106 Separation of units		6 Parked motor ve 7 Falling/shifting c		306 C 307 D		Mr.	
107 Ran off roadway right	20		notion by motor vehic	le 308 E	nbankment		
108 Ran off roadway left		8 Work zone/main	tenance equipment	309 G	uardrail face		
109 Deliberately crossed median 110 Unintentionally crossed median	29	8 Other non-fixed	object		uardrail end oncrete traffic barrier		
111 Crossed centerline					her traffic barrier		
112 Downhill runaway					ee (standing)	1	
113 Fell/jumped from motor vehicle 114 Reentering roadway					ility pole/light support affic sign support		
114 Reentenng roadway 115 Object thrown or fallen on or near n	notor vehicle				affic signal support		
198 Other non-collision					her post, pole, or support		
					CRASH REP	ORT - MOTOR VEHICLE CIRCUI	MSTANCES AND EVENTS

Mot	or Vehic	le#	7	Α	RKAN	ISAS	MOTO	R VEHICLE CRASH	l REP	ORT		55560 Page 5 of 14		
	1						DRIVE	RINFORMATION		Crash I	Report #			
							DRIVE	ER INFORMATION						
Name	Un	known						Dat	te of Birt	_		Race 100		
										_	Female Unknow	100 White/Caucasian 101 Black/African-American		
Lost	- Du	known	F	irst			Middle	Suffix			DIIKIOW	102 Hispanic		
Address	□ Un	Known										103 Asian/Pacific Islander 104 American Indian		
							0.10	State		Postal Code		198 Other 999 Unknown		
street							City PIVER I I	CENSE INFORMATION		Postal Code		1999 UNKNOWN		
icense	Status	100	License I	Number			WEIVE!	Restrictions on License	Check all t	hat apply Restri	ctions Vi	olated Check all that app		
000 Not lic	ensed	100	-					□ 000 None	Gricon dii t	☑ 000	None	Option on the app		
100 Valid I 200 Suspe			License S	State	Lice	ense Cla	ee				_	and made (I)		
01 Revok	ed		License	AR	1	A	7.5	100 With licensed adult			With licens			
02 Expire	ed elled or deni	ied						✓ 101 Corrective lenses			Corrective			
204 Disqu	alified	icu	✓ Yes	ercial Drive		se?		☐ 102 Mechanical aid		102	Mechanica	l aid		
99 Unkno	ements o	n Licon		Endorse		iolatod		☐ 103 Prosthetic aid		□ 103	Prosthetic	aid		
Check all th	at apply.	n Licens	Je	Check all the	at apply.	iolateu		☐ 104 Automatic transmission		□ 104	Automatic	transmission		
☐ 000 No	one			☑ 000 No	ne			☐ 105 Outside mirror		105	Outside mi	rror		
100 Do	ouble/triple	trailers		100 Do	uble/triple	trailers		☐ 106 Daylight only		106	Daylight on	ily		
101 Pa	essenger			☐ 101 Pas	ssenger			☐ 107 Class B or C with passeng	gers and cl	ass D 🔲 107	Class B or	C with passengers and class D		
☐ 102 Ta	nk vehicle			☐ 102 Tar	nk vehicle			☐ 108 Class C only with passeng	gers	108	Class C on	ly with passengers		
☐ 103 Ha	3 Hazardous materials 103 Hazardous materia							☐ 109 Vehicles without airbrakes	s	109	Vehicles w	ithout airbrakes		
7 104 Ta	Tank vehicle & hazardous materials 104 Tank vehicle & haz						ıs materials	☐ 110 Interlock device	□ 110	110 Interlock device				
_	5 School 105 School							☐ 111 School, church, or transit	hus		111 School, church, or transit bus			
								☐ 112 Class D only with passeng				ly with passengers		
_	106 Motorcycle ☐ 106 Motorcycle 107 Motor driven cycle ☐ 107 Motor driven cycle								gers			fertilizer only		
					-	-		113 Diesel fuel, fertilizer only						
	alid without ther (describ	_		☐ 108 Val				☐ 114 Seasonal farm service vel☐ 198 Other (describe below)	hicle			arm service vehicle cribe below)		
					DR	_	-	AND SAFETY INFORM	IATION		Madana			
Seating	Position					110		t Systems Used used - motor vehicle occupant		100	Motorcy 000 No he	/cle Helmet Usage 000		
Standa	rd Vehic	le Seats	Othe	er Seating	Position	s	100 Should	der and lap belt used			100 DOT-	compliant		
	Fron	t		leeper section				der belt only used elt only used				cycle helmet worn DOT-compliant		
Row L	eft Middle	Right		assenger sec inclosed pass			103 Restra	int used - type unknown			motor	cycle helmet worn		
1 1	10 120	130	180 803 L	Inenclosed pa	ssenger/c			estraint system - forward facing estraint system - rear facing			102 Helme	et worn, own if DOT-compliant		
2 2	10 220	230		assenger/care			106 Booste	er seat			999 Unkno	own if helmet worn		
3 3	10 320	330	380 805 T	railing unit			107 Child r 198 Other	estraint - type unknown			الله الله	tection Usage		
4 4	10 420	430	480	Riding on moto	r vehicle e	xterior					☐ Yes			
5 5	10 520	530	580	nown			970 Not ap 999 Unkno				Unkn	own		
		-	999 (Inknown				Deployed		Ejection	000	Extrication 000		
Rue Son	ting Pos	ition				1	Check all I			000 Not ejected	-	000 Not extricated		
	•		Seating Position	n ahove 1				ot deployed		100 Ejected, partia 101 Ejected, totally		100 Extricated 999 Unknown		
Complete	our was s	selecida (Ol	Front	ni above j				eployed: front		970 Not applicable				
	Driver			1				eployed: side		999 Unknown				
1A	1B	1C		1D	1E	1F		eployed: curtain eployed: other		Ejection Path 000 Not ejected		970 Not applicable		
2A	2B	2C		2D	2E	2F	196 1	epioyea. Other		100 Side door ope	ning	999 Unknown		
3A 4A	3B 4B	3C 4C		3D 4D	3E 4E	3F 4F	□ 970 N	ot applicable		101 Side window 102 Windshield	1			
5A	4B 5B	5C	Aisle	5D	4E 5E	4F 5F	999 U			102 Windshield 103 Back window				
Ort		7.0	ş.	35			1			104 Back door/tails		g		
	:			1		:				105 Roof opening convertible to	p down)			
•	3			1		:				106 Roof (converti 198 Other (e.g., ba		n truck		
				-						torn-off roof, o				
##A	##B	##C		##D	##E	##F								

Motor Vehicle	#	ARKA	ISAS M	OTOR VEH	IICLE CRAS	H REP	ORT	Page 6	of 14
1			DI	RIVER INFO	ORMATION		Crash Re	eport #	
				MEDICAL INF	ORMATION				
Injury Status	5 Type of Medical	Transportat	on 101	EMS Notified			EMS Arrivo	d	
1 (K) Fatal injury 2 (A) Suspected serious	000 Not transported		-		***		la.	Mark of the	
2 (A) Suspected serious in: 3 (B) Suspected minor in:				Transported to	Medical Facility E	By	Date	Time	-
(C) Possible injury	102 Law enforcemen	nt		The second second		,			
(O) No apparent injury	198 Other								
Frauma Band #	400 T	. — - th d d		Medical Facility	y Transported To				
C020216	199 Transported, but 999 Unknown if trans		n						
			RIVER C	ONDITION AN	ID CIRCUMSTA	NCES			
Condition at Time of	of Crash	Driver Distr		000	Driver Vision Ob		,		105
Check all that apply: 2 000 Apparently norm.	al	000 Not distrac		1	000 No obstruction no			t in-transport motor vehicle	
■ 100 Apparently norm ■ 100 Physically impair		100 Manually o			100 Rain, snow, fog, s			rked, working)	
	essed, angry, disturbed, etc.)	101 Talking on	nion device (te hands-free ele	xting, typing, dialing) ctronic device	101 Reflected glare, b or headlights	right sunligh		ash or spray of passing vehicle dequate defrost or defog syster	
102 III (sick) or fainter		102 Talking on	hand-held elec	tronic device	102 Curve, hill, or other	er roadway	109 Ina	dequate vehicle lighting system	
103 Asleep or fatigue	d	103 Other activ		tronic device	design feature 103 Building, billboard	or other str		struction interior to the vehicle ernal mirrors	
_	ice of medication or drugs	980 Other distr		e vehicle	104 Trees, crops, or v			oken or improperly cleaned wind	dshield
105 Under the influer	ice of alcohol	981 Other distr	action outside t		105 In-transport motor		113 Ob	structing angles on vehicle	
1 198 Other		999 Unknown i			(including load) 980 Other visual obstr	uction (deco		ion obscured - no details	
7 000 Unkg		If 980 or 981, de	suide delow:		Jood Other Visual ODSI	adion (ucabl	noc ociow)		
999 Unknown Priver Suspected	Alcohol Test Type Gi	iven T	non Alcol	nol Test Result S	Status 1 076	Blood Al	cohol Content	Speeding Related	000
f Alcohol Usage	000 No test given		000	esulls pending	Status 970	SISSU AI	Jones Goment	000 Not speeding	000
0.71	001 Test refused		101 Re	sults received				100 Racing	
☐ Yes	100 Blood test			t applicable				101 Exceeded speed limit	
₽ No	101 Breath test 102 Urine test			nknown				102 Too fast for conditions 999 Unknown	
V NO	198 Other type of test								
Unknown						☐ Resu	ult received from		
	999 Unknown if tested						e Lab		
Priver Suspected of Drug Usage	Drug Test Type Give	n 000	Drug Tes		Result received from			Channe	
i Ding usage	000 No test given 001 Test refused		_	/Negative	Not Applicable/t		Citation #	Charges	
☐ Yes	100 Blood test			Results negative	999 Unknown	ole	200A0301109	FAIL TO YIELD WHEN LEFT	TURNING
☑ No	101 Urine test 102 Both blood and urine te	sala			_			CELL	
T	198 Other type of test	:5(5	-	Results (check		Jaminos		1	
Unknown			☐ 200 Amphetamines ☐ 206 Methamphetamine ☐ 201 Barbiturates ☐ 207 Opiates						
	999 Unknown if tested			lenzodiazepines	208 Oxycodone				
			_	Cannabinoids	209 Propoxyphe				
			204 0	Cocaine	210 Phencyclidi	ne (PCP)			
			□ 205 N	Methadone					
			298 0	Other positive result (describe below)				
			DRIVER	ACTIONS AT	T TIME OF CRA	SH			
heck all that apply.									
☐ 000 No contributing	action		☐ 999 Unkm	own					
_			_			0	ther Actions		
100 Disregarded Traffi	c Signs or Controls	_	Improper M				600 Impeding traff	īc	
100 Disregarded of	_		☐ 300 Impre				☐ 600 impeding trail		
☐ 102 Disregarded st			☐ 302 Impre				602 Crowded off r	-	
☐ 103 Disregarded yi			☐ 303 Impro				603 Crossing med		
☐ 104 Disregarded of			☐ 304 Impro	-			604 Failed to yield		
☐ 105 Disregarded of	-			pper lane change			605 Failed to keep	- '	
☐ 106 Disregarded of	fficer or flagman		☐ 306 Impro	perly parked			☐ 606 Wrong side of	road	
Swerved or Avoide	ed		Improper U	se of Lights or S	Signals		☐ 607 Wrong way		
200 Swerved or av				ng without lights			☐ 608 Followed too	closely	
201 Swerved or av	oided due to slippery surface	9	☐ 401 Faile	d to dim headlights			609 Culting in		
	oided due to motor vehicle		☐ 402 Faile	d to or improper sign:	al		☐ 610 Over-correctin	ig or over-steering iting action (describe below)	
_	oided due to non-motorist in	-	Unsafe Ope	eration			☐ 900 Other Countibr	iting action (describe below)	
	oided due to object in roadw	-	☐ 500 Reck	less operation					
☐ 205 Swerved or av	oided due to animal in roadv	vay		essive operation					
					igent, or erratic operatio	n			
				r the influence of alc					
				r the influence of dru					

Motor Vehicl	e #	ARKA		OTOR VEHICI			Page 7 of
2			-	HICLE INFOR			rash Report #
Check if this vehicle	LIC LD		DESCR	RIPTION AND IDE		1	The second secon
had no driver	Hit and Run 000 No, did not le	ave the scene	100 Yes	vehicle & driver left the sce	000	Vehicle Body Passenger Vehicl	
	001 No, vehicle &	driver left the scene		only driver left the scene		100 2-door	
	002 No, only drive	er left the scene				101 4-door 102 Hatchback	
IN						103 Convertible	
ehicle Year Mal	ce and Model					104 Station wagon	
						105 Pick-up 106 Mini-van	
icense Plate	Make		Model	Missing			n (seats any number if personal; up to 8 if busine
				_	: II	108 Cargo van (10 109 Sport utility vel	
ate Number			Year	Unknown (til	in all known details)	110 Large utility ve	hide
railer #1 License	Plate					111 Molor home/re 198 Other passeng	
				Unknown (fil	in all known details)	And the second of the second of	
ate Number railer #2 License	Plate			- Attacks		200 Single unit true	
				☐ Missing		201 Single unit truc 202 Single unit truc	ck (3 or more axles)
ate Number				Unknown (fil	in all known details)	203 Truck tractor o	nly (bobtail)
wnor Namo	Same as driver	☐ Unknown				204 Tractor/semi-tr 205 Tractor/double	
							naintenance equipment
wner Address [Same as driver	Unknown				207 Farm equipme	ent
							ehicle (GVWR/GCWR > 10,000 lbs) (9 or more seats, including driver)
reet lotor Carrier Typ	0 000	Motor Carrier ID N	ımhore	State	Postal Code	300 School bus	
0 Personal transport	000	USDOT #	illipera			301 Transit/city bus	
10 Interstate carrier	auo.	03001#				302 Motor coach/in	itercity/cross-country bus
11 Intrastate carrier 12 Not in commerce -	government	MC/MX #				304 Van (seats 9-1	
3 Not in commerce -		State #		9	tate		(seats 9-15, including driver) (seats 16 or more, including driver)
99 Unknown						Cycle / Low Speed	
lotor Carrier Nar	ne 🔲 Unkno	wn				400 Motorcycle	
						401 Motor scooter 402 Moped	
lotor Carrier Add	dress 🗍 Unkno	wn				403 ATV (3, 4, or 6	wheels)
						404 Snowmobile 405 Golf cart	
treet		City		State	Postal Code	406 Low speed veh	nicle
argo Body Type		City		Graie	000	ACT TO SECURE	ed cycle/low speed vehicle
00 No cargo body	104 Cargo tar		9 Dump	198 Other		Unknown	
00 Bus 01 Van / enclosed bo:	105 Log		0 Concrete mixer 1 Auto transporter			999 Unknown type	or motor venicle 1, or 498, describe below:
02 Grain / chips / grav		wing another vehicle 11				11 190, 290, 390, 391	, or 430, describe octow.
03 Pole trailer	108 Flatbed						
VWR/GCWR	0,0	zardous Materials P	acard 000	Hazardous Material			azardous Materials Released 97
00 10,000 lbs or less 01 10,001 - 26,000 lb		Placard not required Placard displayed		of diamond or rectangular b			10 No, hazardous materials not released
2 More than 26,000		Placard required but not of	isplayed	Hazardous Material	Class	10	00 Yes, hazardous materials released
0 Not applicable	999	Unknown		bottom of diamond)		9/	70 Not applicable (not carrying hazardous materia
	NSURANCE				D.	AMAGE	
surance	111-		ımage Severit	y 10:	2 Initia	al Contact Point	Damaged Areas
 Uninsured at time 			No damage Minor damage		1	(check 1)	(check all that apply)
surance Compa		, 10) Minor damage 1 Functional dama	age		8 9 10 11	7 8 9 10 11
		10	2 Disabling damag		6 0		12 6 - 21
			Unknown Image Estima	te	- ° ¦-		
AIC#			_	\$15,000		4 3 2 1	5 4 3 2 1
		D	mage Prior to		000 No		☐ 097 No damage
			No prior damag		□ 100 Ca		- '
olicy #			Yes (describe b		☐ 113 To	•	☐ 113 Top
					_	dercarriage	114 Undercarriage
		. 1			☐ 999 Ur	known	999 Unknown
				TOWING			
owed	101	Towed By					
0 Not towed		L and W Recovery					
0 Towed, but not due		Towed To					
1 Towed due to disable	iny damage	#2 Doss Lane			Batesville, Ar		AR 72501

																555602
Motor Vehicle #		AR	KANS	AS M	OTOF	VEH	ICLE (CR	RASH REI	PORT	Γ			Page	8	of 14
2				VE	HICL	E INF	ORMA	TI	ON		Cra	sh Rep	ort#			
							IRCUMS									
Vehicle Usage	000	Emergen	cy Vehicle				970		Vehicle Man	euver					-	100
000 No special function	000	_	ergency, nor	_			011		100 Movement e		straigh	it ahead				1.00
100 Taxi		101 Non-em							101 Negotiating	a curve						
101 School bus/school transport 102 Church bus		102 Emerge 103 Emerge						1	102 Backing 103 Changing la	nes						
103 Transit/commuter bus		970 Not app	licable	.,		3 adarbina			104 Overtaking/p	passing						
104 Intercity bus 105 Charter/tour bus		999 Unknow	n						105 Turning righ 106 Turning left	t						
106 Shuttle bus		Travel Di	rostion				1 1	_	107 Making U-tu	rn						
107 Military		100 Northbo					103	500	108 Leaving traff							
108 Police 109 Ambulance		101 Southbo							109 Entering traf	tic lane						
110 Fire truck		102 Easlbou							111 Parked							
111 Non-transport emergency service	ces vehicle	103 Westoo							112 Stopped in to	raffic						
112 Incident response 999 Unknown		999 Unknow							198 Other							
Vehicle Defects Check all that	apply.								999 Unknown							
☑ 000 None								- 1	Traffic Contr	ol Devi	ce Tv	oes and	d Statu	ses		
100 Perlin	- 404 F				10 D-4	d			Check the box no	ext to each	traffic	100		ning prope	erly	
100 Brake 103 Steering	☐ 104 Pc	thaust system)2 Body or ()5 Suspens				control device the	ash.		^{the} 101	1 Functio	ning impro	perly	
103 Steering	☐ 104 FC				08 Headligh				Use the codes to the status of each	the right to	o record	i 102	2 Inopera 9 Unknov	ilive or mis	ssing	
109 Tail lights	110 Tu				_	s or windshi	ield		device present					VII		
☐ 112 Mirrors	☐ 113 W	-				upling, trail		1	Tr	affic Co	ntrol	Device	Туре		Devi	ice Status
☐ 115 Fuel system	☐ 116 Cr	uise control			hitch, or	safety chair	ns	- 1	☐ 000 None							
☐ 198 Other								1	☐ 100 Flashing	traffic cor	ntrol sid	nal				
I 190 Other								1				jii di				
								-	101 Traffic co		iai				-	
999 Unknown									☐ 102 Stop sig	n					_	
Trafficway Description		200	Roadwa	y Surfa	ce		101	1	103 Yield sig	n						
00 One-way trafficway 00 Two-way, not divided			100 Concre						☐ 104 Slow or v	warning si	ign					
200 Two-way, not divided, with a cor	ntinuous left	turn lane	101 Aspha 102 Gravel					- 1	☐ 105 Person (officer, fla	gman,	crossing	guard)			
300 Two-way, divided, unprotected (painted >4 f		103 Dirt					1	☐ 106 School z	one sign/	device					
400 Two-way, divided, positive cable 401 Two-way, divided, positive conc			198 Other					H	_						_	
498 Two-way, divided, other type of		ier	999 Unkno	14 m				-	107 Pedestri	_					_	
			999 UIKIO	WII				1	☐ 108 No passi	ing signal						
999 Unknown									☐ 109 Words o	r symbols	painte	d on road	iway		20	
Roadway Grade		100	Roadwa		nent		100)	☑ 110 Traffic la	nes mark	eď					100
100 Level 999 Unknown 101 Hillcrest			100 Straigh 200 Curve						☐ 111 Railway	crossing v	with gal	e and sig	ınals			
102 Uphill			201 Curve					I	☐ 112 Railway	crossina v	with flas	shina sian	als only			
103 Downhill			299 Curve, 999 Unkno		unknown			-	☐ 113 Railway		_				-	
104 Sag (bottom)								- 1		crossing v	WILLI CIU	SSOUCK O	illy		+	-
Total # of Lanes		2	Posted S				55		☐ 198 Other:							
		-	to this vehic	tea speea le at the tin	limit that app ne of the cra	pilea ish			999 Unknown	1						
				M	OTOR	VEHIC	LE EVEI	NT	S							
Sequence of Events 1 2	05	2	3		4	5		6		7		8		9	7 1	0
Sequence of Events	00				_	1 -						1				
Most Harmful Event 2	05															
Non Collision		Callia	ion with A	lan Eive	d Obina		Call	ioio	on with Fived	Ohiost					Unkn	LOWIN .
Non-Collision 100 Overtum/rollover		200 Per	ion with N	ion-rixe	ea Objec				on with Fixed act attenuator/cras			Fence	_			nknown
101 Fire/explosion		201 Per	dalcycle				301 E	3ridg	ge overhead struc	ture	319	Mailbox			000 0.	
102 Immersion, full or partial 103 Jackknife			er non-moto lway vehicle		aino)				ge pier or support ge rail			Building Other fixe				1
104 Cargo/equipment loss or shift			mal (live)	(train, en	yme)				le barrier		390	Other lix	eu oojec			
105 Equipment failure		205 Mo	tor vehicle in				305 C	Culve	ert		If :	98, 298,	or 398 is	s used, des	scribe belo	ow:
(blown tire, brake failure, etc.) 106 Separation of units			ked motor ve ling/shifting o				306 C 307 E									
107 Ran off roadway right			thing set in r		motor vehic	cle	308 E	Emba	ankment							
108 Ran off roadway left			rk zone/mair		equipment				rdrail face							
109 Deliberately crossed median 110 Unintentionally crossed median		298 Oth	er non-fixed	object					rdrail end crete traffic barriei	г						
111 Crossed centerline							312 0	Othe	er traffic barrier	•						
112 Downhill runaway									(standing)							
113 Fell/jumped from motor vehicle 114 Reentering roadway									y pole/light suppo ic sign support	IL						
115 Object thrown or fallen on or nea	ar motor veh	icle					316 T	raffi	ic signal support							
198 Other non-collision							317 0	Othe	er post, pole, or su	pport						1
								_		20101101	DOOR	LICTOR	Limitante			AND FUELTO

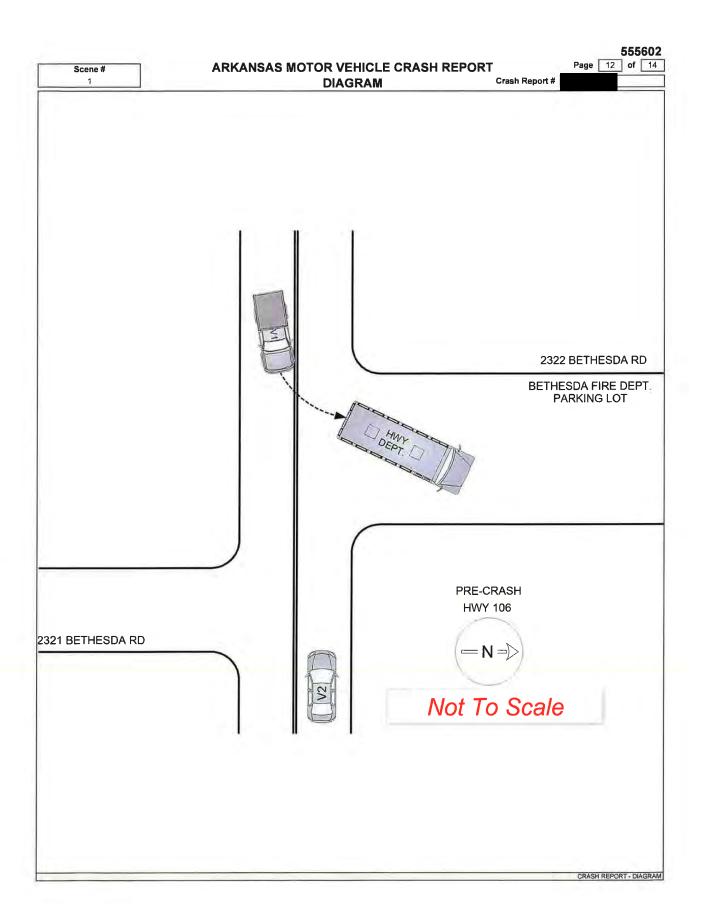
											555602
Motor Vehicle #	1	Al	RKAN			R VEHICLE CRA				Page 9	of 14
2						RINFORMATION	1	Crasn	Report #		
Name Unknown			-	_	DRIVE	R INFORMATION	Date of Bird	h/Age Sex	Mala	Race	100
Name 🔲 Unknown							Date of Biri		Female	100 White/Caucasia	100
Last	Fir	er!			Middle	Suffix			Unknown	101 Black/African-A 102 Hispanic	merican
Address Unknown	Cil	3/			widate:	Sunx				103 Asian/Pacific Isl	
										104 American Indian 198 Other	1
Street					City		State	Postal Code		999 Unknown	
				DF	IVER LI	CENSE INFORMATION					
License Status 100	License N	lumber				Restrictions on Licens	e Check all	пат арріу.	ctions Vio	olated Check a	all that apply.
100 Valid license						☑ 000 None		☑ 000	None		
200 Suspended 201 Revoked	License S		LICE	ense Clas		☐ 100 With licensed adult		□ 100	With license	d adult	
202 Expired	1	AR		D		☐ 101 Corrective lenses		□ 101	Corrective le	enses	
203 Cancelled or denied 204 Disqualified	Is Comme			se?		☐ 102 Mechanical aid		□ 102	Mechanical a	aid	
999 Unknown	☐ Yes	1		:-1-4-1		☐ 103 Prosthetic aid		1 03	Prosthetic ai	d	
Endorsements on Licens Check all that apply.	ie	Endorser Check all tha	nents v t apply.	iolated		☐ 104 Automatic transmissi	on	□ 104	Automatic tra	ansmission	
		☑ 000 Nor	ne		-	☐ 105 Outside mirror		□ 105	Outside min	or	
☐ 100 Double/triple trailers		☐ 100 Dou	uble/triple	trailers		☐ 106 Daylight only		□ 106	Daylight only	/	
☐ 101 Passenger		☐ 101 Pas	senger			☐ 107 Class B or C with pas	ssengers and cl	ass D 🔲 107	Class B or C	with passengers and	J class D
☐ 102 Tank vehicle		☐ 102 Tar	ık vehicle			☐ 108 Class C only with pas	ssengers	108	Class C only	with passengers	
■ 103 Hazardous materials		☐ 103 Haz	zardous m	aterials		☐ 109 Vehicles without airb	rakes	109	Vehicles with	nout airbrakes	
☐ 104 Tank vehicle & hazardo	us materials	☐ 104 Tar	ık vehicle	& hazardou	s materials	☐ 110 Interlock device		☐ 110	Interlock dev	rice	
☐ 105 School		☐ 105 Sch	lool			☐ 111 School, church, or tra	ansit bus	111	School, chur	ch, or transit bus	
☐ 106 Motorcycle		☐ 106 Mo	torcycle			☐ 112 Class D only with pas	ssengers	□ 112	Class D only	with passengers	
☐ 107 Motor driven cycle		☐ 107 Mot	or driven	cycle		☐ 113 Diesel fuel, fertilizer o	only	113	Diesel fuel, f	ertilizer only	
☐ 108 Valid without photo		☐ 108 Vali	id without	photo		☐ 114 Seasonal farm service	e vehicle	□ 114	Seasonal fai	m service vehicle	
☐ 198 Other (describe below)		☐ 198 Oth	er (descril	oe below)		☐ 198 Other (describe below	w)	□ 198	Other (descr	ibe below)	
			DR	IVER S	-	AND SAFETY INFO	RMATION				
Seating Position				110		t Systems Used		100	Motorcyc 1000 No heln	le Helmet Usage	000
Standard Vehicle Seats	Othe	r Seating F	osition	s	100 Should	ised - motor vehicle occupant er and lap belt used			100 DOT-co	ompliant	
Front		eeper section				er belt only used It only used				ycle helmet worn DT-compliant	
	802 Er	assenger sect nclosed passe			103 Restrai	int used - type unknown			motorcy	ycle helmet worn	
	180 803 Ui	nenclosed pa	ssenger/c			estraint system - forward facing estraint system - rear facing			102 Helmet unknow	worn, in if DOT-compliant	
2 210 220 230		assenger/carg iknown if encl			106 Booste	r seat			999 Unknov	vn if helmet worn	
3 310 320 330		ailing unit iding on moto	r vohiclo o	vlorior	198 Other	estraint - type unknown			Eye Prote	ection Usage	
4 410 420 430	480	=	venicie e	ALCHOI	970 Not apr	olianhla			₩ No		
5 510 520 530	580 Unkr	nknown			999 Unknov				☐ Unkno	wn	
	000 0				Air Bags	Deployed		Ejection	000	Extrication	000
Bus Seating Position					Check all th	hat apply:		000 Not ejected 100 Ejected, partia		000 Not extricated 100 Extricated	
(Complete if 801 was selected for	Seating Position	n above.)		-	_	ot deployed		101 Ejected, totally	y .	999 Unknown	
	Front				_	eployed: front eployed: side		970 Not applicable 999 Unknown			
Driver		10	40	45	T	eployed: side eployed: curtain		Ejection Path	-		000
1A 1B 1C 2A 2B 2C		1D 2D	1E 2E	1F 2F		eployed: other		000 Not ejected		970 Not applicable	
3A 3B 3C		3D	3E	3F				100 Side door ope 101 Side window	ning	999 Unknown	
4A 4B 4C		4D	4E	4F	970 No	ot applicable		102 Windshield			
5A 5B 5C	Aisle	5D	5E	5F	aaa 01	HINDUNII		103 Back window 104 Back door/tails	gate opening		
								105 Roof opening	(sun roof,		
		:	:	1				convertible to 106 Roof (converti	ble (op up)		
								198 Other (e.g., ba			
##A ##B ##C		##D	##E	##F				tom-on root, t	or out in ridii	,	

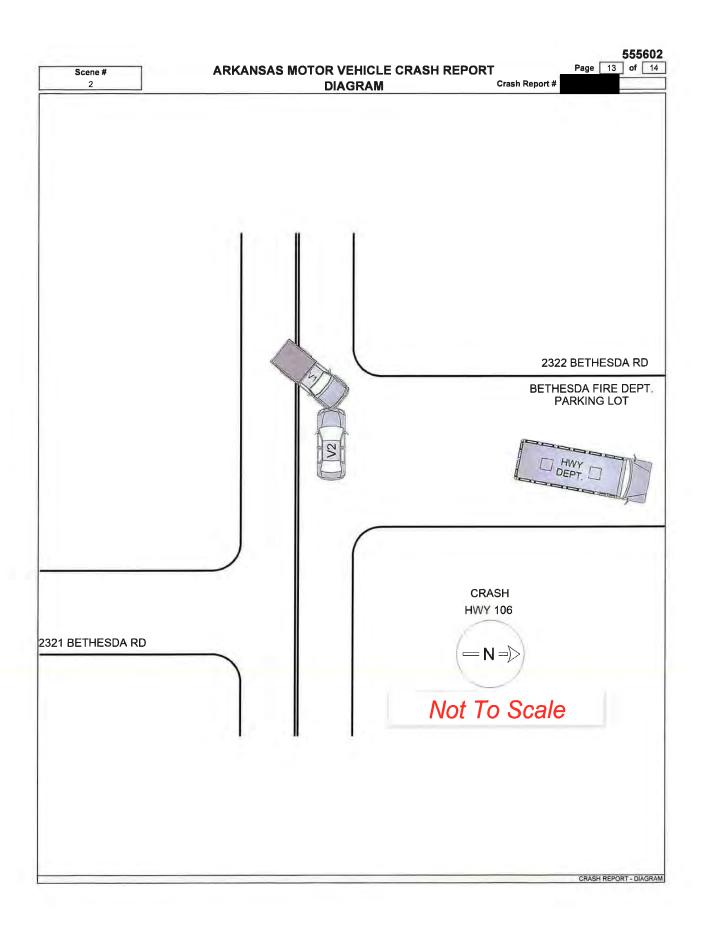
Motor Vehicle	#	ARKAN	ISAS M	OTOR	VEH	IICLE CRAS	H REPO	ORT	55560 Page 10 of 1			
2						ORMATION			Report #			
				MEDICA	LINE	ORMATION						
njury Status	3 Type of Medical	Transportati	_	EMS Not				EMS Arrive	ed			
1 (K) Fatal injury	000 Not transported											
2 (A) Suspected serious 3 (B) Suspected minor in				Transpo	rted to	Medical Facility E	₹v	Date	Time			
(C) Possible injury	102 Law enforcemen	t		Transpo	rieu io	Medical Lacinty L	<i>-</i> y					
(O) No apparent injury	198 Other											
Trauma Band #				Medical	Facility	y Transported To						
C020179	199 Transported, but 999 Unknown if trans		n									
	1393 Offkriown it trans		PIVER C	ONDITIC	N A N	ID CIRCUMSTA	NCES					
Condition at Time of	of Crash	Driver Distr		SINDIFIC	000	Driver Vision Ob			00			
Check all that apply:		000 Not distrac	-	1	000	000 No obstruction no	_	106 N	ot in-transport motor vehicle			
000 Apparently norm100 Physically impair		100 Manually o	perating an ele			100 Rain, snow, fog, s			parked, working)			
	essed, angry, disturbed, etc.)		ition device (te			101 Reflected glare, b or headlights	right sunlight,		plash or spray of passing vehicle adequate defrost or defog system			
102 III (sick) or fainter		102 Talking on				102 Curve, hill, or other	er roadway		adequate vehicle lighting system			
103 Asleep or fatigue		103 Other activ	ity with an elec	tronic device		design feature			bstruction interior to the vehicle			
	nce of medication or drugs	104 Passenger 980 Other distra	action inside th	e vehicle		103 Building, billboard 104 Trees, crops, or v			xternal mirrors roken or improperly cleaned windshield			
105 Under the influer	nce of alcohol	981 Other distra	action outside			105 In-transport motor		113 0	bstructing angles on vehicle			
☐ 198 Other		999 Unknown if				(including load)	votice (descri		ision obscured - no details			
7 000 11 1		If 980 or 981, de:	scribe below:			980 Other visual obstr	uction (descri	DE DEIUW)				
999 Unknown Driver Suspected	Alcohol Test Type Gi	100	Alan	nol Test R	ocult 6	Status and	Blood Ale	cohol Content	Speeding Related 99			
of Alcohol Usage	000 No test given	ven _	000	esults pendin		Status 970	- SIOOU AIG	John Guillett	Speeding Related 99 000 Not speeding			
	001 Test refused		101 R	esults receive					100 Racing			
☐ Yes	100 Blood test			t applicable					101 Exceeded speed limit			
☑ No	101 Breath lest 102 Urine test		999 0	ıknown					102 Too fast for conditions 999 Unknown			
▼ 140	198 Other type of test								See Similari			
Unknown							Resul	l received from				
	999 Unknown if tested						Crime	Lau				
Oriver Suspected of Drug Usage	Drug Test Type Giver	000	1 0	t Results		Result received from			1 Channe			
n Drug Osage	000 No test given 001 Test refused		-	/Negative		Not Applicable/U		Citation #	Charges			
☐ Yes	100 Blood test	☐ 000 Results negative ☐ 970 Not applicable ☐ 100 Results pending ☐ 999 Unknown										
☑ No	101 Urine test 102 Both blood and urine te	eta	I -		•				V-			
	198 Other type of test	:5(5		mphetamine		all that apply) 206 Methamphe	atamines					
Unknown	,		_	arbiturates	3	207 Opiates	ctamines					
	999 Unknown if tested		_	Benzodiazepi	nes	208 Oxycodone						
			203 0	annabinoids		209 Propoxyphe	ene					
			204 0	Cocaine		210 Phencyclidi	ine (PCP)					
			_	lethadone								
			298 0	Other positive	result (d	describe below)			B			
			DRIVER	ACTIO	IS A	TIME OF CRA	SH					
Check all that apply												
	g action		☐ 999 Unkr	own								
	c Signs or Controls		Improper N				Ot	her Actions				
100 Disregarded re			☐ 300 Impr		3			600 Impeding tra	ffic			
☐ 101 Disregarded o	•		☐ 300 Impr				-	601 Ran off road				
☐ 102 Disregarded si			☐ 302 Impre					602 Crowded off	•			
☐ 103 Disregarded yi			303 Impre					603 Crossing me				
■ 104 Disregarded o	ther traffic sign		☐ 304 Impre	per passing				604 Failed to yiel	d right-of-way			
☐ 105 Disregarded o	-		☐ 305 Impri		_			605 Failed to keep in proper lane				
☐ 106 Disregarded o	flicer or flagman		☐ 306 Impress	perly parked				606 Wrong side of road				
			Improper U			Signals		607 Wrong way				
	oided due to wind		400 Drivi	-				608 Followed too closely				
☐ 200 Swerved or av	200 Swerved or avoided due to wind		401 Faile		_			609 Cutting in 610 Over-correct	ing or over-steering			
200 Swerved or av	oided due to slippery surface			d to or improv	per signa	al		 ☐ 610 Over-correcting or over-steering ☐ 980 Other contributing action (describe below) 				
200 Swerved or av 201 Swerved or av 202 Swerved or av	oided due to slippery surface oided due to motor vehicle		☐ 402 Faile	a to or impro				1 900 Other Commi	outing action (describe below)			
☐ 200 Swerved or av☐ 201 Swerved or av☐ 202 Swerved or av☐ 203 Swerve	oided due to slippery surface oided due to motor vehicle oided due to non-motorist in	roadway	Unsafe Ope	ration				900 Other continu	outing action (describe below)			
200 Swerved or av 201 Swerved or av 202 Swerved or av 203 Swerved or av 204 Swerved or av	oided due to slippery surface oided due to motor vehicle oided due to non-motorist in oided due to object in roadw	roadway ay -	Unsafe Ope	eration less operatio			-	1 960 Other continu	outing action (describe below)			
200 Swerved or av 201 Swerved or av 202 Swerved or av 203 Swerved or av 204 Swerved or av	oided due to slippery surface oided due to motor vehicle oided due to non-motorist in	roadway ay -	Unsafe Ope 500 Reck	eration less operation essive operat	ion	igopt or orgalis seed of	_	1 ago Other countr	outing action (describe below)			
201 Swerved or av 202 Swerved or av 203 Swerved or av 204 Swerved or av	oided due to slippery surface oided due to motor vehicle oided due to non-motorist in oided due to object in roadw	roadway ay -	Unsafe Ope 500 Reck	eration less operation essive operation entive, carele	ion ss, negli	igent, or erratic operatio	_	1 ago Orner contin	uting action (describe below)			

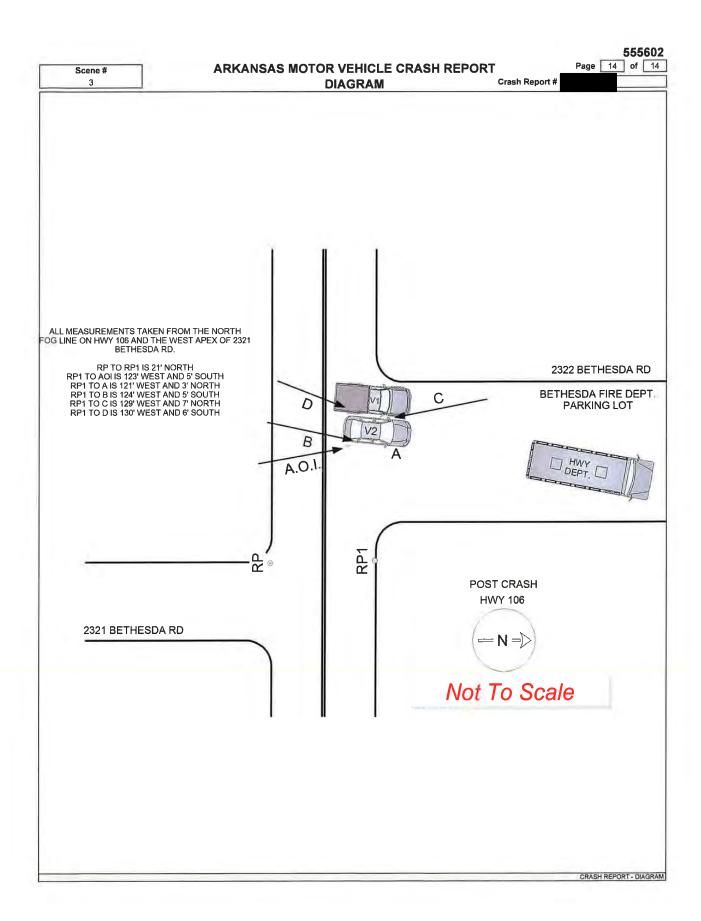
ARKANSAS MOTOR VEHICLE CRASH REPORT	
NARRATIVE	Crash Report

			222	002
	Page	11	of	14
#				

V1 was traveling eastbound on State Highway 106 behind a large Highway Department vehicle. V2 was
traveling westbound on State Highway 106 in the westbound traffic lane. The large Highway Department Vehicle
turned left into the parking lot at 2322 Bethesda Road (Bethesda Fire Department). V1 followed the large vehicle
turned let into the parking lot at 2322 Bethesda Noau (Bethesda i ne Department). Vi lollowed the large venicle
and did not yield to oncoming traffic. This caused V2's front bumper to strike V1's front bumper. both vehicles
became disabled in the highway. Both operators were transported by EMS.
CRASH REPORT - NARRATIVE







						_					55560
Drivers' L			4.51				- 00	ACU DES	ODT		Page 1 of 14
		d Yes	No ARK	ANSA	S MOTOR VE	2019-1	ECR	ASH REF	ORI S	everity D F	atality 🗹 Injury 🗌 PD0
# of Motor Vehic Automobiles, Motorcycl	les, etc.	2				22.21	0	rash Report	#		
# of Non-Motoris Pedestrians, Bicyclists.	ets.	0	Investigating Ag	ency ST.	ATE POLICE TROO	PB					
Investigating Off		CPL Rank	Barnett		Chris ^{iirst}	Mic	idle	36 Suffix Badg	Signer		s K Barnett
					CRASH DAT	TE AND	TIME				The Later of
Date of Crash (MM/DD/Y	YYY) Tim	ne of Crash (нн:м	M AM/PM)	Date Police Notific	ed Ti	me Polic	ce Notified	Date Police	And the same	Time Police Arrived
09/19/20	022		02:19 PM		09/19/2022		02:	20 PM	09/1	9/2022	02:31 PM
					CRASHL	OCATI				Longitue	
County Independence			City Rural Inde	pendence			-	86348" N		91.7414	
Road/Street/High BETHESDA RD (100				Section 1	Log Mil	e .939	At Interse	ction With		
Not in City, but	Distance	Heat no mila	s to two decimal places)	Direction	of the City	y Limits o	f City				
No. of latera wall			s to two onennar places?	Directory		of					
Not at Intersection	on, but		(fast or miles la lwo decin		Direction (N/S/E/W)	Refer	ence point				
				_	ASH FACTORS	_	_			Weather Co	anditions
First Harmful Ev		205	Location of First Harmful Event	100	School Bus Related	000	Condi		100	Check all that a	
100 Overtum/rallov 101 Fire/explosion 102 Immersion, ful 103 Jackknife			100 On roadway 101 Shoulder		000 No, school bus not involved		100 Dry 101 Wet			☑ 100 Clear	
103 Jackknife			102 Median 103 Roadside		100 Yes, school bus directly involved		102 Sno 103 Slus			101 Cloudy	108 Freezing rain or freezing drizzle
113 Fell/jumped fro	om motor		104 Gore		101 Yes, school bus		104 lce	or frost	u čan)	☐ 102 Fog ☐ 103 Smog	☐ 109 Snow
115 Object thrown on or near mo		0	105 Separator 106 In parking lane or zo		Type of	000	106 San		oving)	104 Smoke	110 Blowing snow
198 Other non-coll			107 Off roadway, locatio 108 Outside right-of-way		Intersection 000 Not an intersection		107 Muc 108 Oil	d, dirt, or gravel		☐ 105 Rain	111 Severe crosswinds 112 Blowing sand.
200 Pedestrian 201 Pedalcycle 202 Other non-mot			999 Unknown	T	100 Four-way intersection	in	198 Oth	er		☐ 106 Sleet ☐ 107 Hail	soil, or dirt
9 202 Other non-mol ≤ 203 Railway vehicl		engine)	Type of Collision 100 Single vehicle crash	201	101 T-intersection 102 Y-intersection		999 Unk	nown		198 Other	
# 204 Animal (live)		.5. 20	200 Front to rear 201 Front to front		103 L-intersection 104 Traffic circle		1000	Condition	100	100 0000	
3 206 Parked motor	vehicle		202 Angle	matica	105 Roundabout 106 Five-point or more		100 Day 101 Day		-	999 Unknow	MTI
	by motor	vehicle	203 Sideswipe, same dir 204 Sideswipe, opposite		999 Unknown		102 Dus	k - lighted		Roadway C	
208 Work zone/ma 298 Other non-fixe		e equipment	205 Rear to side 206 Rear to rear		Road System 100 Interstale	102	104 Dar	k - not lighted		Check all that at	oply.
	ator/crast		980 Other (describe belo	ow).	101 US highway		198 Oth	k - unknown lightir er	19	The second second	due to prior crash
S 300 impact attenua 301 Bridge overhe 302 Bridge pier or		ure	Relation to	107	102 State highway 103 County road		999 Unk	nown		101 Backup	due to prior curring incident
≤ 303 Bridge rail 304 Cable barner			Junction 000 Non-unction	101	104 City street 105 Frontage road		Enviro	onmental Fac	tors	☐ 102 Backup	due to regular
305 Culvert 306 Curb			100 Intersection		106 Ramp 999 Unknown		Ø 000	If that apply: None		conges	stion oth / plaza related
₽ 307 Ditch			101 Intersection related 102 Entrance or exit ran	p	Property	100	_	Weather condition		☐ 104 Road s	surface condition
309 Guardrail face			103 Entrance or exit ram 104 Railway grade cross		Classification 100 Public property		101	Visual obstruction Glare	IS	105 Debris	ry, snow, slush, etc.)
310 Guardrail end 311 Concrete traffi	c barrier		105 Crossover related 106 Driveway access		101 Private property		☐ 103	Animals in roadw	ау	☐ 106 Ruts, h	
312 Other traffic ba 313 Tree (standing			107 Driveway access re 108 Shared-use path or				198	Other:		107 Work z	rone travel-polished surface
314 Utility pole/ligh 315 Traffic sign su	nt support		109 Acceleration or dece		11-		999	Unknown			ction in roadway
316 Traffic signal s 317 Other post, po	support		110 Through roadway 198 Other location within	an	Trafficway Classif	fication			100	110 Traffic	control device ative, missing, or obscured
318 Fence	ne, ui sup	part	(median, shoulder, a	and roadside)	100 Trafficway, on road 101 Trafficway, not on ro	ad					ers (none, low, soft, high)
319 Mailbox 320 Building			-		102 Non-trafficway (desc	cribe below)				112 Non-hi	ghway work
398 Other fixed ob 999 Unknown	ject		999 Unknown		-					☐ 198 Other:	
If 198, 298, or 398, des	cribe									999 Unknow	wn
					ORK ZONE CRA	SH IN					
		Work Zo			rk Zone Type ane closure		310	Norker(s) Pre	sent 970		forcement presence 970
000 No 100 Yes 999 Unknown	10 10 10		first work zone warning si arning area area ar	gn 101 L 102 V	ane shift or crossover Vork on shoulder or media ntermittent or moving work		1 9	00 Yes 70 Not applicable 99 Unknown		100 Officer pre	esent rcement vehicle only present cable
	97	0 Not applica		970 1	Not applicable						
	99	9 Unknown			Jinknown						TO CENARY ARABIC

555602 Page 2 of 14 Crash Report # ATTACHMENTS Photos Taken Description ☐ Yes Туре **✓** No Statement from Driver 1 Driver statement Driver statement Statement from Driver 2 NON-VEHICULAR PROPERTY DAMAGE Address City Owner Contacted Name Description of Property Damage State Postal Code WITNESSES' CONTACT INFORMATION
Middle Name Suffix Address State Postal Code Address City **Last Name** First Name CRASH REPORT - ATTACHMENTS / PROPERTY DAMAGE / WITNESSES

had no driver 000	is a pos-			HICLE INFORM	ATION	Clas	sh Report #
had no driver 000	and Burn			THE RESERVE ASSESSMENT		-	
had no driver 000			DESCR	IPTION AND IDENT		Mahiala Badu Tu	in a
1002	t and Run 0 No, did not leave the 1 No, vehicle & driver I	left the scene		vehicle & driver left the scene only driver left the scene	000	Vehicle Body Ty Passenger Vehicles 100 2-door	9.1
VIN	2 No, only driver left th	e scene				101 4-door 102 Hatchback	
Vehicle Year, Make,	and Model					103 Convertible 104 Station wagon	
remote reat, wake,	and woder					105 Pick-up	
Year Make	0		Model			106 Mini-van 107 Passenger van (s	seats any number if personal; up to 8 if business
License Plate				☐ Missing		108 Cargo van (10,00	00 lbs or less)
State Number			Year	Unknown (fill in	all known details)	109 Sport utility vehice 110 Large utility vehice	
Trailer #1 License Pl	late			Missing		111 Motor home/recr 198 Other passenger	
				Unknown (fill in	all known details)	Truck (> 10,000 lbs)	
State Number Trailer #2 License Pl	late			☐ Missing		200 Single unit truck 201 Single unit truck	
				Unknown (fill in	all known details)	202 Single unit truck	with trailer
State Number	Samo as drives	Unknown		C Strengate from the	an Jerestin Messins)	203 Truck tractor only 204 Tractor/semi-trail	
Owner Name S ARKANSAS DEPART			v.			205 Tractor/doubles	
Owner Address	The state of the s	Unknown				206 Construction/mai 207 Farm equipment	
PO BOX 2261	- Same		TTLE ROCK		AR 72203-2261	298 Other heavy veh Bus / Van / Limo (9	icle (GVWR/GCWR > 10,000 lbs) or more seats, including driver]
Motor Carrier Type	000 Moto	or Carrier ID				300 School bus 301 Transit/city bus	
000 Personal transportation 100 Interstate carrier	usp	OT#					rcity/cross-country bus
101 Intrastate carrier	MC/I	MX#				304 Van (seats 9-15,	including driver)
102 Not in commerce - gov 103 Not in commerce - oth	vemment			Sta			eats 9-15, including driver) eats 16 or more, including driver)
999 Unknown	O.G.	e #		3id		Cycle / Low Speed	sas to or more, moduling drivery
Motor Carrier Name	Unknown					400 Motorcycle	
						401 Motor scooter 402 Moped	
Motor Carrier Addres	ss Unknown					403 ATV (3, 4, or 6 w 404 Snowmobile	rheels)
						405 Golf cart	
Streat		C	ty	State	ostal Code	406 Low speed vehicles 498 Other motorized	de cycle/low speed vehicle
Cargo Body Type	101 Come look		109 Dump	198 Other	000	Unknown	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
000 No cargo body 100 Bus	104 Cargo tank 105 Log		110 Concrete mixer	130 Other		999 Unknown type of	
101 Van / enclosed box 102 Grain / chips / gravel 103 Pole trailer	106 Intermodal conta 107 Vehicle towing at 108 Flatbed		111 Auto transporter 112 Garbage / refuse			# 198, 298, 390, 391, (or 498, describe below:
GVWR/GCWR	970 Hazardo	us Materials	Placard 000	Hazardous Material II			m Vehicle Cargo Compartment 970
100 10,000 lbs or less 101 10,001 - 26,000 lbs		d not required d displayed		of diamond or rectangular box		000	No, hazardous materials not released
102 More than 26,000 lbs	200 Placar	rd required but n	ot displayed	Hazardous Material C	lass		Yes, hazardous materials released Not applicable (not carrying hazardous material
970 Not applicable	999 Unkno	OWN		bottom of diamond)			That applicable (not corrying naza-sous material
	SURANCE					MAGE	Downward Assess
Insurance Uninsured at time of o	- Unknown	0	Damage Severit 000 No damage	102		Contact Point check 1)	Damaged Areas (check all that apply)
Uninsured at time of o	crash (fill in any	known details)	100 Minor damage		7 8	9 10 11	7 8 9 10 11
Insurance Company			101 Functional dama 102 Disabling damag				
SEL	F INSURED	- 11	999 Unknown				12 6 0 0 0 0 12
NAIC#			Damage Estima	\$20,000	5 4	3 2 1	5 4 3 2 1
WAIC #			Damage Prior to	2014011	☐ 000 Non	-collision	☐ 097 No damage
			No prior damag		☐ 100 Can	go loss	☐ 113 Top
Policy#			Yes (describe t	pelow)	☐ 113 Top		☐ 114 Undercarriage
					☐ 114 Und ☐ 999 Unk		999 Unknown
					☐ 999 OUK	Well	
				TOWING			
Towed	000 Tow	red By					
000 Not lowed 100 Towed, but not due to d		. a. + .					
101 Towed due to disabling		ed To					
	Street				City		State Postul Code

Motor Vehicle #		AR	KANSAS MOTOR VEH		KASH KEPUKI	of 14			
1			VEHICLE INF	ORMAT	ION Crash Report #				
			MOTOR VEHICLE	CIRCUMST	ANCES				
Vehicle Usage	000	Emergend	y Vehicle Usage	970	Vehicle Maneuver	106			
000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transil/commuter bus 104 Intercity bus 105 Charter/tour bus		101 Non-eme		ent not in use ent in use	100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left				
106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency service 112 Incident response 999 Unknown	es vehicle	Travel Dir 100 Northboo 101 Southbo 102 Eastbou 103 Westbou 104 Not on n 999 Unknow	und und nd und adway	102	107 Making U-lum 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other				
Vehicle Defects Check all that a	apply				999 Unknown				
	104 Pc	heels	☐ 102 Body or doors ☐ 105 Suspension ☐ 108 Headlights ☐ 111 Windows or winds	biold	Traffic Control Device Types and Statuses 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. Traffic Control Status of each traffic control device present.	erly			
109 Tail lights 112 Mirrors	110 Tu		114 Truck coupling, tra		Traffic Control Device Type Device Check all that apply. Use abo	e Status			
115 Fuel system		ruise control	hitch, or safety cha		□ 000 None				
T 100 Other	-				☐ 100 Flashing traffic control signal				
☐ 198 Other					101 Traffic control signal				
					☐ 102 Stop sign				
999 Unknown				1000	103 Yield sign				
Trafficway Description		200	Roadway Surface 100 Concrete	101					
200 Two-way, not divided	00 One-way trafficway 00 Two-way, not divided				104 Slow or warning sign				
201 Two-way, not divided, with a con 300 Two-way, divided, unprotected (p	tinuous left	turn lane	102 Gravel 103 Dirt		105 Person (officer, flagman, crossing guard)	_			
400 Two-way, divided, positive cable		eet/median	198 Other		☐ 106 School zone sign/device				
401 Two-way, divided, positive concr 498 Two-way, divided, other type of p		nar			107 Pedestrian signal				
498 Two-way, divided, birter type or p	ositive oai	irei.	999 Unknown		☐ 108 No passing signal				
999 Unknown					109 Words or symbols painted on roadway				
Roadway Grade		100	Roadway Alignment	100	☑ 110 Traffic lanes marked	00			
100 Level 999 Unknown			100 Straight 200 Curve left		☐ 111 Railway crossing with gate and signals				
101 Hillcrest 102 Uphill			201 Curve right		☐ 112 Railway crossing with flashing signals only				
103 Downhill			299 Curve, direction unknown		113 Railway crossing with crossbuck only				
104 Sag (bottom)			999 Unknown		198 Other:				
Total # of Lanes		2	Posted Speed Limit Use the posted speed limit that applied	55					
			to this vehicle at the time of the crash.		999 Unknown				
			MOTOR VEHIC	CLE EVEN	TS				
Sequence of Events 1 1 Most Harmful Event 2	11	2 205	3 4 5		6 7 8 9 10				
Non-Collision		Collis	ion with Non-Fixed Object	Collis	sion with Fixed Object Unkno	wn			
100 Overturn/rollover		200 Per	destrian	300 lm	pact attenuator/crash cushion 318 Fence 999 Unk	помп			
101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift		202 Ott 203 Ra	dalcycle ner non-motorist Ilway vehicle (train, engine) mai (live)	302 Br 303 Br	Bridge overhead structure 319 Mailbox 319 Mailbox 320 Building 320 Building 398 Other fixed object Cable barrier				
105 Equipment failure (blown tire, brake failure, etc.) 105 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fellfyumped from motor vehicle 14 Reentering roadway 115 Object thrown or failen on or nee		205 Mo 206 Pai 207 Fal any 208 Wo 298 Oth	tor vehicle in transport riced motor vehicle lling/shifting cargo or whiting set in motion by motor vehicle rick zone/maintenance equipment liter non-fixed object	305 Ct 306 Ct 307 Di 308 Er 309 Gt 310 Ct 312 Ot 313 Tr 314 Ut 315 Tr	ulvert If 198, 298, or 398 is used, describe below urb	Z)			

	- 14 10 - 1			Δ1	OK A N	242	MOTO	R VEHICLE CRASH R	FPORT			Page 5	5560 of 14
Moto	or Vehicle	e #		^'	WAI			R INFORMATION		Crash I	Report #		
					-			ER INFORMATION					
Name	□ Unk	nown					DRIVE		Birth/Age	Sex 🗸	Male	Race	100
reame	LIOIR	IIOWII									Female	100 White/Caucasia	n —
Last				गडी			Middle	Suffix			Unknown	101 Black/African-A 102 Hispanic	mencan
	☐ Unki	nown		1744.			Hilbaro					103 Asian/Pacific Isl	
												104 American Indian 198 Other	1
Street							City	Stale	Postal	Code		999 Unknown	_
						DF	RIVER LI	Restrictions on License		Reetri	ctions Vie	alated	_
License I 000 Not lice	Control or a late	100	License		· · · · · · · · · · · · · · · · · · ·			Onec	ok all that apply.	- 13	The same	Check (ill that apply
100 Valid li	cense				416464			□ 000 None		☑ 000	7525	10 h	
200 Susper 201 Revoke			License		Lice	nse Cla		100 With licensed adult		_	With license		
202 Expired	1			AR		.А	\	☑ 101 Corrective lenses		-	Corrective k		
204 Disqua			Is Comm	ercial Drive		e?		☐ 102 Mechanical aid			Mechanical		
999 Unknov	wn ments on	Hanna		Endorser		olated	_	☐ 103 Prosthetic aid		-	Prosthetic a		
Check all the	al apply	License		Check all tha	apply.	olateu		☐ 104 Automatic transmission		104	Automatic to	ransmission	
□ 000 No	ne			☑ 000 Nor	e			☐ 105 Outside mirror		105	Outside min	ror	
☐ 100 Do	uble/triple tra	ailers		☐ 100 Dou	ble/triple	railers		☐ 106 Daylight only		106	Daylight on	У	
☐ 101 Pa	ssenger			☐ 101 Pas	senger			☐ 107 Class B or C with passengers a	ind class D	107	Class B or (C with passengers and	class D
☐ 102 Tar	nk vehicle			☐ 102 Tan	k vehicle			☐ 108 Class C only with passengers		☐ 108 Class C only with passengers			
☐ 103 Ha	zardous mat	erials		☐ 103 Haz	ardous m	eterials		☐ 109 Vehicles without airbrakes		☐ 109 Vehicles without airbrakes			
☑ 104 Tar	nk vehicle &	hazardous	materials	☐ 104 Tan	k vehicle	hazardo	us materials	☐ 110 Interlock device		110	Interlock de	vice	
☐ 105 Sch	hool			☐ 105 Sch	001			111 School, church, or transit bus		111	School, chu	rch, or transit bus	
106 Mo	106 Motorcycle 106 Motorcycle						☐ 112 Class D only with passengers		112	Class D onl	y with passengers		
☐ 107 Mo	☐ 107 Motor driven cycle ☐ 107 Motor driven cycle						☐ 113 Diesel fuel, fertilizer only		113	Diesel fuel,	fertilizer only		
☐ 108 Val	lid without ph	noto		☐ 108 Val	d without	photo		☐ 114 Seasonal farm service vehicle		□ 114	Seasonal fa	rm service vehicle	
☐ 198 Oth	ner (describe	below)		☐ 198 Oth	er (describ	e below)		198 Other (describe below)		198	Other (desc	ribe below)	
Standar	d Vehicle	Seats	800	er Seating f	osition of cab (tr	110	Restrair 000 None 100 Should 101 Should 102 Lap be	AND SAFETY INFORMATION IN Systems Used used - motor vehicle occupant der and lap belt used der belt only used alt only used	ION	100	000 No hel 100 DOT-c motord 101 Non-D		000
1 11		-	802 8	Enclosed passe Jnenclosed pa	inger/carg			aint used - type unknown restraint system - forward facing			102 Helme	t worn,	
2 21	-	1	80 804	Passenger/carg	o area,	igo alea	105 Child	restraint system - rear facing er seat				wn if DOT-compliant wn if helmet wom	
3 31	1			unknown if end Trailing unit	osed		107 Child	restraint - type unknown				tection Usage	
4 41				Riding on moto	vehicle e	xterior	198 Other				Yes		
5 51		-		nown			970 Not as				☑ No ☐ Unkno	NATI	
0 0	020	500	999	Jnknown			999 Unkno	s Deployed	Ejectio	n .	000	Extrication	000
	ting Posit		eating Positi	on abova)			Check all	that apply: lot deployed	000 Not 6		illy	000 Not extricated 100 Extricated 999 Unknown	000
, see quant			Front					Deployed: front	970 Not a 999 Unkr		1		
	Driver					-	11	Deployed: side Deployed: curtain	Ejectio				000
1A 2A	1B 2B	1C 2C		1D 2D	1E 2E	1F 2F		Deployed: other	000 Not	ejected	55.2	970 Not applicable	-
3A	38	3C		3D	3E	3F			100 Side 101 Side	door ope window	ning	999 Unknown	
4A	4B	4C	4	4D	4E	4F	970	Not applicable	102 Wind	shield			
5A	58	5C	Aisie	5D	5E	5F	355	and the second of		door/tail	gate opening	3	
:	•	:		:	:	i			105 Roof con-	opening vertible to (convert	(sun roof,		
****	##B	##C		##D	##E	##F	1				car cut in ha		
##A	##D	mmG		HTU.	- WILL	- 001	4				0040	PEROPT - DRIVER IN	ECSEMANTI/

Motor Vehic	le#		ARI	KANS						H REP	ORT Crash R		6 of		
1_		1			_	-	RINFO		_		Clasii K	eport w			
							AL INF	ORMA	TION		EMS Arrive				
njury Status	5	Type of Medical 000 Not transported	Transp	ortation	101	EMS N	otified				EMS Arrive	d			
(K) Fatal injury (A) Suspected serio	us injury	100 EMS air				Date			Time		Date	1/11/9			
(B) Suspected mind		101 EMS ground				Transo	orted to	Medical	Facility E	Зу					
(C) Possible injury (O) No apparent inj	in	102 Law enforcement 198 Other	t.												
rauma Band #	ny .	150 Culci				Medica	I Facility	Transp	orted To				-		
C020216		199 Transported, but	method i	unknown											
		999 Unknown if trans	ported						70 CH CH	an a					
	_					ONDIT			CUMSTA		-				
Condition at Tim	e of Cra	sh	73337	Distrac	ted By		000	12.00		scured By		at in tennessed motor vehicles	10		
	ormal			distracted	ating an el	ectronic			snow for s	oted smoke, sand,		ot in-transport motor vehicle arked, working)			
100 Physically im						exting, typir	ng, dialing)	101 Refle	cted glare, b	oright sunlight	107 Sp	plash or spray of passing ve			
		angry, disturbed, etc.)				ectronic dev			adlights	- madein		adequate defrost or defog s adequate vehicle lighting sy			
102 III (sick) or fa						ctronic devi			e, hill, or othe in feature	erroadway		adequate vertice lighting sy bstruction interior to the veh			
103 Asleep or fat		and Continue to divine	104 Pas	senger				103 Build	ing, billboard	f, or other str	icture 111 Ex	dernal mirrors			
104 Under the inf					on inside t	ne vehicle the vehicle			s, crops, or v		112 Br	oken or improperly cleaned bstructing angles on vehicle	windshield		
198 Other	nence or a	alcoriol		nown if dis		the venicle			idina load)	ABUILIE		sion obscured - no details			
			444.4	981. descri	a di ancono					ruction (descr	ibe below)				
999 Unknown															
Driver Suspecte		hol Test Type Gi	ven	00	9		Result S	Status	970	Blood Al	cohol Content	Speeding Related	00		
of Alcohol Usag	1000	lo test given				esults pend				1		000 Not speeding 100 Recing	_		
☐ Yes		est refused slood test			101 Results received 970 Not applicable					li .		101 Exceeded speed limit			
L 165		reath test				nknown						102 Too fast for conditions	5		
☑ No	No 102 Urine test 198 Other type of test											999 Unknown			
☐ Unknown	198.0	iner type of test							Resu	It received from					
LI OHKHOWH	9991	Joknown if tested									It received from e Lab				
Driver Suspecte		Test Type Give	n	000	Pending/Negative Not Applicable/Unknot						Citations				
of Drug Usage		lo test given	L	1.77							Citation #	Charge	95		
☐ Yes		est refused Blood test			☐ 000 Results negative ☑ 970 Not applicable						200A0301109	FAIL TO YIELD WH			
5.0		Irine test			100	Results per	nding	□ 999	9 Unknown		240.000.100	LEFT			
₩ No		oth blood and urine to	ests		Positive Results (check all that apply)										
Unknown	198.0	Other type of lest			☐ 200 Amphetamines ☐ 206 Methamphetamines						700-0				
200	999 (Jnknown if tested			_	Barbiturate		_	7 Opiates 8 Oxycodone						
	1			1		Benzodiaze Cannabino			9 Propoxyph						
					204		nus		0 Phencyclid						
	- 1			1		Methadone		7		200 4 2 0 0					
				- 1	and the second		tive result (describe b	elow)						
					DRIVE	ACTI	ONS A	TIME	OF CRA	ASH					
Check all that ap	nlv:			_	7614	discar!	-			-					
					1 999 Unk	naum									
000 No contrib											ther Actions				
Disregarded Tr			_			Maneuve					600 Impeding tra	offic	_		
☐ 100 Disregard						roper right roper left tu					601 Ran off road				
101 Disregard				1.5		roper U-tur					602 Crowded off				
☐ 102 Disregard						roper back					603 Crossing me				
				1		roper passi				6	604 Failed to yiel	ld right-of-way			
104 Disregard				-		roper lane				_	☐ 605 Failed to kee				
☐ 104 Disregard ☐ 105 Disregard					306 lmp	roperly par	ked				☐ 606 Wrong side of road				
☐ 105 Disregard	106 Disregarded officer or flagman				proper	Use of Li	ights or	Signals			607 Wrong way	clasaly			
☐ 105 Disregard	oided				400 Driv	ing without	t lights				☐ 608 Followed too ☐ 609 Cutting in	Libsely			
☐ 105 Disregard ☐ 106 Disregard		due to wind		Г								ting or over-steering			
□ 105 Disregard □ 106 Disregard Swerved or Av □ 200 Swerved □ 201 Swerved	r avoided r avoided	due to slippery surfac	8		☐ 401 Failed to dim headlights ☐ 402 Failed to or improper signal						 ☐ 610 Over-correcting or over-steering ☐ 980 Other contributing action (describe below) 				
105 Disregard 106 Disregard Swerved or Av 200 Swerved of 201 Swerved of 202 Swerved of	r avoided r avoided r avoided	due to slippery surfac due to motor vehicle		1	402 Fail	Unsafe Operation						buting action (describe belo	w)		
□ 105 Disregard □ 106 Disregard Swerved or Av □ 200 Swerved (□ 201 Swerved (□ 202 Swerved (□ 203 Swerved (□ 20	r avoided r avoided r avoided r avoided	due to slippery surfact due to motor vehicle due to non-motorist in	roadway	U	nsafe Op	eration					980 Other contrib	buting action (describe belo	w)		
105 Disregard 106 Disregard Swerved or Av. 200 Swerved 201 Swerved 202 Swerved 203 Swerved 204 Swerved	or avoided or avoided or avoided or avoided or avoided	due to slippery surfac due to motor vehicle due to non-motorist in due to object in roady	roadway	U U	safe Op	eration kless oper	ation				980 Other contrib	buting action (describe belo	w)		
105 Disregard 106 Disregard Swerved or Av. 200 Swerved 201 Swerved 202 Swerved 203 Swerved 204 Swerved	or avoided or avoided or avoided or avoided or avoided	due to slippery surfact due to motor vehicle due to non-motorist in	roadway		500 Rec	eration kless operaressive op	ation eration			_	980 Other contrib	buting action (describe belo	w)		
105 Disregard 106 Disregard Swerved or Av. 200 Swerved 201 Swerved 202 Swerved 203 Swerved 204 Swerved	or avoided or avoided or avoided or avoided or avoided	due to slippery surfac due to motor vehicle due to non-motorist in due to object in roady	roadway	U U	500 Rec	eration kless opera ressive op tentive, car	ation eration	ligent, or e	matic operati	_	☐ 980 Other contrib	buting action (describe belo	w)		

Motor Vehicle #		ARI		OTOR VEHICLE			Page 7 of Report#
2				HICLE INFORM			Report #
Check if this vehicle Hit	15		DESCR	IPTION AND IDEN		DELLE BULLE	
had no driver 000	No, vehic	n ot leave the scene de & driver left the scene driver left the scene		vehicle & driver left the scene only driver left the scene	000	Passenger Vehicles 100 2-door 101 4-door	_
/IN	Litto, only	and internal				102 Hatchback	
ehicle Year, Make,	and Mod	iel				103 Convertible 104 Station wagon	
						105 Pick-up 106 Mini-van	
nar Maku	9		Model			107 Passenger van (sea	ats any number if personal; up to 8 if busi
icense Plate				Missing		108 Cargo van (10,000 l 109 Sport utility vehicle	lbs or less)
tate Number			Year	Unknown (fill in	all known details)	110 Large utility vehicle	
railer #1 License Pl	ate			☐ Missing		111 Motor home/recreat 198 Other passenger ve	
Xt. xt.				Unknown (fill in	all known details)	Truck (> 10,000 (bs)	
railer #2 License Pl	ate			Missing		200 Single unit truck (2 a 201 Single unit truck (3 a	
				Unknown (fil) in	all known details)	202 Single unit truck with	h trailer
Owner Name S	Same as dri	iver Unknown				203 Truck tractor only (b 204 Tractor/semi-trailer	oodaii)
mier wante 1213	James as ull					205 Tractor/doubles 206 Construction/mainte	nance equipment
Owner Address 🔽 S	Same as dri	iver Unknown				207 Farm equipment	
							(GVWR/GCWR > 10,000 lbs) more seats, including driver)
Street	100	1	Number	State	Postal Code	300 School bus	
Notor Carrier Type 00 Personal transportation	00	USDOT#	Mullipers			301 Transit/city bus 302 Motor coach/intercit	v/cross-country bus
00 Interstate carrier		15 30 -				303 Limousine	
02 Not in commerce - gov	vernment	MC/MX #				304 Van (seats 9-15, inc 390 Other vehicle (seats	9-15, including driver)
03 Not in commerce - othe 99 Unknown	er truck	State #		Sta	te	391 Other vehicle (seats Cycle / Low Speed	s 16 or more, including driver)
Motor Carrier Name	Ur	nknown				400 Motorcycle	
						401 Motor scooter 402 Moped	
Motor Carrier Addres	ss 🗆 Ur	nknown				403 ATV (3, 4, or 6 when	els)
notor Garrier Address						404 Snowmobile 405 Golf cart	
Street			Ny .	State	Postal Gode	406 Low speed vehicle 498 Other motorized cyc	olo/loss enped subjele
Cargo Body Type	Talk and	3.0	7000	400 00	000	Unknown	denow speed venide
00 No cargo body 00 Bus	104 Cargo 105 Log	o tank	109 Dump 110 Concrete mixer	198 Other		999 Unknown type of me	
01 Van / enclosed box 02 Grain / chips / gravel 03 Pole trailer	106 Intern		111 Auto transporte 112 Garbage / refus			# 198, 298, 390, 391, or 4	198, describe below:
GVWR/GCWR	970	Hazardous Materials	s Placard 000	Hazardous Material II			rdous Materials Released Vehicle Cargo Compartment
100 10,000 lbs or less 101 10,001 - 26,000 lbs		000 Placard not required 100 Placard displayed		of diamond or rectangular box		000 No	, hazardous materials not released
02 More than 26,000 lbs		200 Placard required but i	not displayed	Hazardous Material C	lass		s, hazardous materials released at applicable (not carrying hazardous materials)
70 Not applicable		999 Unknown		bottom of diamond)			
	SURAN	CE	Damage Severi			AMAGE al Contact Point	Damaged Areas
nsurance Uninsured at time of o	crash [Unknown	000 No damage	ty 102	-	(check 1)	(check all that apply)
		(fill in any known details)	100 Minor damage 101 Functional dam		7	8 9 10 11	7 8 9 10 11
nsurance Company			102 Disabling dama			□ □ □ □ 12	
			999 Unknown Damage Estima	ate	- 16 -		
IAIC#				\$15,000		4 3 2 1	5 4 3 2 1
			Damage Prior t	o the Crash	□ 000 No	n-collision	☐ 097 No damage
T 40 40 11 1			☑ No prior dama		☐ 100 Ca		☐ 113 Top
Policy #			Yes (describe	Delow)	☐ 113 To	p dercarriage	☐ 114 Undercarriage
		1.00			999 Un	and the second s	999 Unknown
				TOWING		200	
owed	1 47	Towed By		TOWNS			
00 Not towed		L and W Recove	ry				
00 Towed, but not due to di 01 Towed due to disabling	lisabling dar damage	Towed To			0.000		Y. 15.33
		#2 Doss Lane			Batesville, Ar		AR 72501
		Streat			City		State Postal Code

Motor Vehicle #		AR	KANSAS MOTOR VEH	HICLE CF	MOTITUE	e 8 of 14			
2			VEHICLE INF	ORMAT	ON Crash Report #				
			MOTOR VEHICLE	CIRCUMST	ANCES				
Vehicle Usage 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	000	100 Non-eme 101 Non-eme 102 Ernerger		970 ment not in use nent in use	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				
106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency service 112 Incident response 999 Unknown		Travel Direction 100 Northbox 101 Southbox 102 Eastbour 103 Westbour 104 Not on re 999 Unknown	and und id ind adway	103					
Vehicle Defects Check all thei ☑ 000 None ☐ 100 Brake ☐ 103 Steering ☐ 106 Tires	101 Ex	heels	☐ 102 Body or doors ☐ 105 Suspension ☐ 108 Headlights ☐ 111 Windows or wind:	ehiald	999 Unknown Traffic Control Device Types and Statuses Check the box next to each traffic control device thet was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present. 999 Unknown	roperly			
109 Tail lights	110 Tu		114 Truck coupling, tr		Traffic Control Device Type Check all that apply.	Device Status Use above codes			
115 Fuel system	-	uise control	hitch, or safety ch	nains	☐ 000 None				
T Ing Office					☐ 100 Flashing traffic control signal				
☐ 198 Other					101 Traffic control signal				
- Carrier of the Carr					☐ 102 Stop sign	1			
999 Unknown		-	Day day Buday	1.787	103 Yield sign	1 11 11 11			
Trafficway Description		200	Roadway Surface 100 Concrete	101	☐ 104 Slow or warning sign	-			
100 One-way trafficway 200 Two-way, not divided			101 Asphalt		105 Person (officer, flagman, crossing guard)				
201 Two-way, not divided, with a co 300 Two-way, divided, unprotected	ntinuous left	turn lane	102 Gravel 103 Dirt			1 1			
400 Two-way, divided, positive cable	e barrier	eet) median	198 Other		106 School zone sign/device				
401 Two-way, divided, positive cond	crete barrier	424			107 Pedestrian signal				
498 Two-way, divided, other type of	positive par	ner	999 Unknown		☐ 108 No passing signal				
999 Unknown					■ 109 Words or symbols painted on roadway				
Roadway Grade		100	Roadway Alignment	100	✓ 110 Traffic lanes marked	100			
100 Level 999 Unknown	1	2.647	100 Straight		☐ 111 Railway crossing with gate and signals				
101 Hillcrest 102 Uphill			200 Curve left 201 Curve right		112 Railway crossing with flashing signals only				
103 Downhill			299 Curve, direction unknown		113 Railway crossing with crossbuck only				
104 Sag (bottom)			999 Unknown	-					
Total # of Lanes		2	Posted Speed Limit	55	198 Other.				
		*	Use the posted speed limit that applied to this vehicle at the time of the crash.	- 77	999 Unknown				
			MOTOR VEHI	ICLE EVEN	TS	_			
	205	2	3 4	5	6 7 8 9	10			
Non-Collision		Collis	ion with Non-Fixed Object		sion with Fixed Object	Unknown 999 Unknown			
100 Overtum/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife		201 Pe 202 Ott 203 Ra	destrian dalcycle ner non-motorist ilway vehicle (train, engine)	301 Br 302 Br 303 Br	Impact attenuator/crash cushion Bridge overhead structure Bridge pier or support Bridge rail Bridge rail Bridge rail 398 Other fixed object				
104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 108 Separation of units 107 Ran off roadway right 108 Ran off roadway right 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fellijumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or no 198 Other non-collision		205 Mc 206 Pa 207 Fa 207 Fa 208 Wc 298 Ou	imal (live) tor vehicle in transport rked motor vehicle Illing/shifting cargo or thing set in motion by motor vehicle rk zone/maintenance equipment rer non-fixed object	305 Cu 306 Cc 307 Di 308 En 309 Gu 311 Cc 312 Oi 313 Tn 314 Utl 315 Tn 316 Tr	urb	describe below:			

Mot	tor Vehicle #	7	AF	KAN	SAS	мотог	R VEHICLE CRASH	REPOR	T		Page 9	of 14	
	2					DRIVE	RINFORMATION		Crash F	Report #			
						DRIVE	R INFORMATION						
Name	Unknown						Date	of Birth/Ag			Race	100	
									_	Female Unknown	100 White/Caucasia 101 Black/African-A		
ast			irat		- 9	Middle	Suffix			OTIKITOWI	102 Hispanic 103 Asian/Pacific Isl	ander	
Address	☐ Unknown										104 American Indian		
Street					- 4	City	State	P	ostal Code		198 Other 999 Unknown		
50 001							CENSE INFORMATION						
lcense	100	License	Number				Restrictions on License	heck all that ap	Restri	ctions Vi	olated Check	ill that app	
00 Not lice 00 Valid II			92	8132662			☑ 000 None		☑ 000	None			
00 Suspe	ended	License	State	Lice	nse Clas	ss	☐ 100 With licensed adult		100	With license	ed adult		
01 Revok 02 Expire			AR		D		☐ 101 Corrective lenses		☐ 101	Corrective	enses		
03 Cance 04 Disqua	elled or denied	100000000000000000000000000000000000000	ercial Drive		e?		☐ 102 Mechanical aid		102	Mechanical	aid		
999 Unkna	DWG	☐ Yes					☐ 103 Prosthetic aid		103	Prosthetic a	aid		
Endorse Check all th	ments on Licer	ise	Endorser Check all tha	apply	olated		☐ 104 Automatic transmission		□ 104	Automatic t	ransmission		
☑ 000 No	one		☑ 000 Non	е			☐ 105 Outside mirror		□ 105	Outside mir	rror		
100 Do	ouble/triple trailers		☐ 100 Dou	ble/triple t	ailers		☐ 106 Daylight only		□ 106	Daylight on	ly		
□ 101 Pa	assenger		☐ 101 Pas	senger			☐ 107 Class B or C with passenger	s and class D	107	Class B or	C with passengers and	class D	
☐ 102 Ta	ank vehicle		☐ 102 Tan	k vehicle			☐ 108 Class C only with passenger	S	108	Class C on	y with passengers		
☐ 103 Ha	azardous materials		☐ 103 Haz	ardous ma	terials		☐ 109 Vehicles without airbrakes		109	☐ 109 Vehicles without airbrakes			
104 Ta	ank vehicle & hazard	ous materials	☐ 104 Tan	k vehicle &	hazardou	is materials	☐ 110 Interlock device		110	110 Interlock device			
105 Sc	chool		☐ 105 Sch	ool			111 School, church, or transit bu	S	111	School, chu	urch, or transit bus		
106 Mc	otorcycle		☐ 106 Mot	orcycle			112 Class D only with passenger	S	112	Class D on	ly with passengers		
☐ 107 Motor driven cycle ☐ 107 Motor driven cycle							☐ 113 Diesel fuel, fertilizer only		□ 113	Diesel fuel,	fertilizer only		
□ 108 Va	alid without photo		☐ 108 Vali	d without p	hoto		☐ 114 Seasonal farm service vehic	le	☐ j14	Seasonal fa	arm service vehicle		
☐ 198 OI	ther (describe below		☐ 198 Oth	er (describ	e below)		☐ 198 Other (describe below)		198	Other (desc	cribe below)		
	Position	s Oth	er Seating F		110	Restrain 000 None	AND SAFETY INFORMA at Systems Used used - motor vehicle occupant fer and lap belt used	TION	100	000 No he 100 DOT-0	compliant	000	
	Front		Sleeper section		ck)		der belt only used alt only used				cycle helmet wom OOT-compliant		
Row L	eft Middle Right		Passenger sect Enclosed passe		area	103 Restra	int used - type unknown				cycle helmet worn		
	10 120 130	180 803	Jnenclosed pa	senger/ca			estraint system - forward facing estraint system - rear facing			unkno	wn if DOT-compliant		
2 2	10 220 230		Passenger/carg unknown if end			106 Booste	er seat restraint - type unknown				own if helmet wom tection Usage		
-	10 320 330	806	Trailing unit Riding on moto	vehicle e	terior	198 Other	one of the outside in			☐ Yes	rection deale		
4 4	10 420 430	480 Unl	nown			970 Not ap	plicable			☑ No			
7 4	10 520 530	680	Jnknown			999 Unkno				Unkn	1000	_	
						Air Bags	Deployed		ction Not elected	000	Extrication 000 Not extricated	000	
-						Check all		100	Ejected, partia		100 Extricated		
5 5	ating Position		ion above.)			_	lot deployed Deployed: front		Ejected, totally Not applicable		999 Unknown		
5 5 Bus Sea	ating Position oil 801 was selected f						Deployed: side	999	Unknown				
5 5 Bus Sea	e if 801 was selected f	or Seating Posit					landarade medala	Eje	ction Path			000	
5 5 Bus Sea			1D	1E	1F	102 0	A Company of the comp	000	Not aigeted		970 Not applicable	000	
5 5 Bus Sea (Complete	Driver 1B 1C 2B 2C		2D	2E	2F	1	Deployed: curtain	100	Not ejected Side door ope	ning	970 Not applicable 999 Unknown	_ 00	
5 5 Bus Sea (Complete	Driver		2D 3D	2E 3E	2F 3F	198 0	A Company of the comp	100		ning		_ 000	
5 5 Bus Sea (Complete	Driver 1B 1C 2B 2C	Front	2D	2E	2F	198 0	Deployed: other	100 101 102 103	Side door ope Side window Windshield Back window		999 Unknown	_ 000	
5 5 Bus Sea (Complete 1A 2A 3A 4A	Driver		2D 3D 4D	2E 3E 4E	2F 3F 4F 5F	970 1	Deployed: other	100 101 102 103 104	Side door ope Side window Windshield Back window Back door/tall Roof opening	gate openin	999 Unknown	000	
5 5 5 SBus Sea (Complete SA	Driver	Front	2D 3D 4D 5D	2E 3E 4E 5E	2F 3F 4F 5F	970 1	Deployed: other	100 101 102 103 104 105	Side door ope Side window Windshield Back window Back door/talk Roof opening convertible to	gate openin (sun roof, p down)	999 Unknown	_ 000	
5 5 Bus Sea (Complete 1A 2A 3A 4A 5A	Driver	Front	2D 3D 4D 5D	2E 3E 4E 5E	2F 3F 4F 5F	970 1	Deployed: other	100 101 102 103 104 105	Side door ope Side window Windshield Back window Back door/tall Roof opening	gate openin (sun roof, p down) ble top up) ack of picku	999 Unknown g p truck,	_ 000	

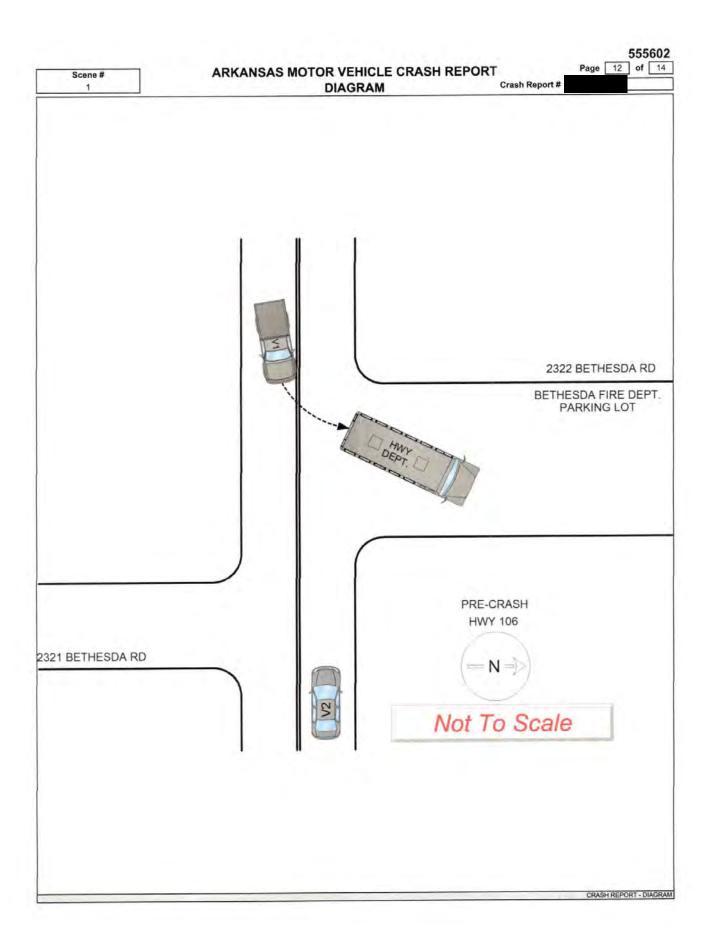
Motor Vehicle	#		ARKA	NSAS					H KEP	Crash R	Page 10	1.40	
2						ER INFO	_	-		Drash is			
						ICAL INF	ORMA	TION		EMS Arrive		_	
njury Status		ype of Medical	Transporta	ition	101 EMS	Notified				EMS Arrive	ed		
(K) Fatal Injury (A) Suspected serious		00 Not transported 00 EMS air			Date			Time		Date	11/2/100		
(B) Suspected minor it	njury 1	01 EMS ground			Transported to Medical Facility By								
(C) Possible injury		02 Law enforcement											
(O) No apparent injury	,	98 Other			110	leal Caallin	Tranco	orded To					
	rauma Band #		Medical Facility Transported To 9 Transported, but method unknown										
C020179		99 Unknown if trans		JWII.									
		-		DRIVE	R COND	ITION AN	ID CIR	CUMSTA	ANCES				
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100 Apparently normal				100 Manually operating an electronic			100 Rain, snow, fog, smoke, sand, or dust (parked, working)						
100 Physically impaired con 101 Emotional (depressed, angry, disturbed, etc.) 101 Tal				nication device (texting, typing, dialing) 101 Reflected glare, bright suited on hands-free electronic device or headlights					oright sunlight		plash or spray of passing vehicle adequate defrost or delog syste		
				n hand-held electronic device 102 Curve, hill, or other roadwa					er roadway	109 ln	adequate vehicle lighting system	T)	
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f Alcohol Usage		No test given			100 Results pending 101 Results received						100 Racing		
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L 183	101 Breath test				999 Unknown					102 Too fast for conditions			
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Disregarded Traffic Signs or Controls				Improper Maneuver						600 Impeding traffic			
100 Disregarded red light				300 Improper right turn					10.00	601 Ran off roadway			
101 Disregarded other traffic signal				301 Improper left turn					100	602 Crowded off roadway			
☐ 102 Disregarded stop sign ☐ 103 Disregarded yield sign				☐ 302 Improper U-turn ☐ 303 Improper backing						603 Crossing median			
103 Disregarded yield sign				☐ 304 Improper passing						☐ 604 Failed to yield right-of-way			
105 Disregarded other road markings				305 Improper lane change						☐ 605 Failed to keep in proper lane			
106 Disregarded officer or flagman				☐ 306 Improperly parked					Ī	606 Wrong side	of road		
Swerved or Avoided					Improper Use of Lights or Signals					607 Wrong way			
200 Swerved or avoided due to wind				400 Driving without lights					_	608 Followed too closely			
200 Swerved or avoided due to slippery surface				401 Failed to dim headlights						609 Cutting in			
201 Swerved or avoided due to slippery surface 202 Swerved or avoided due to motor vehicle				407 Failed to or improper signal						☐ 610 Over-correcting or over-steering			
203 Swerved or avoided due to non-motorist in roadway			roadway							☐ 980 Other contri	buting action (describe below)		
205 Swerved or avoided due to object in roadway 205 Swerved or avoided due to object in roadway 205 Swerved or avoided due to animal in roadway				Unsafe Operation					_				
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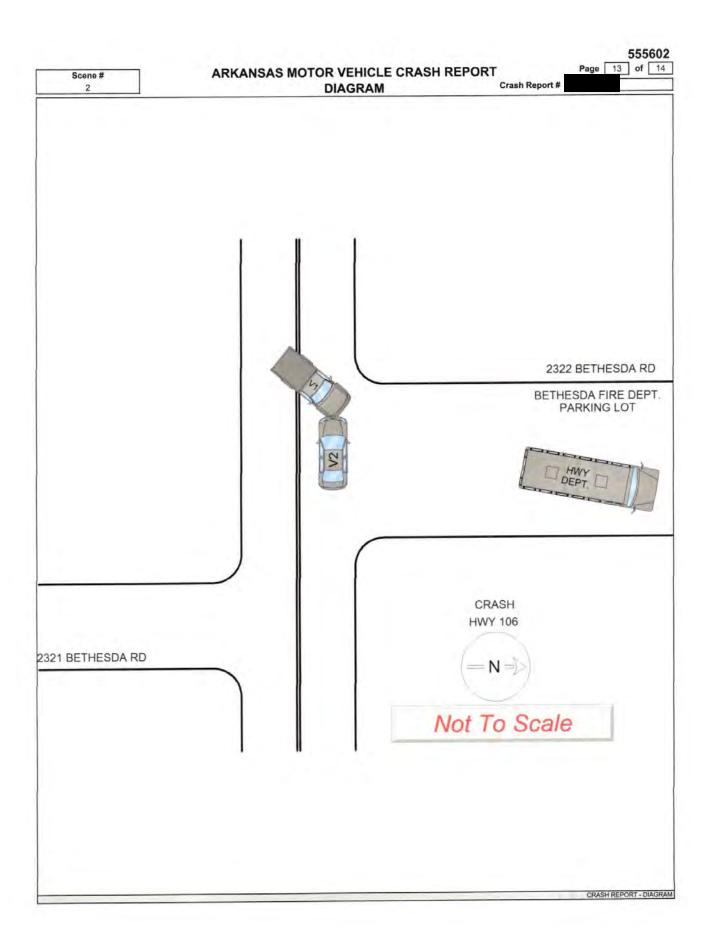
ARKANSAS MOTOR VEHICLE CRASH REPORT NARRATIVE Crash Report

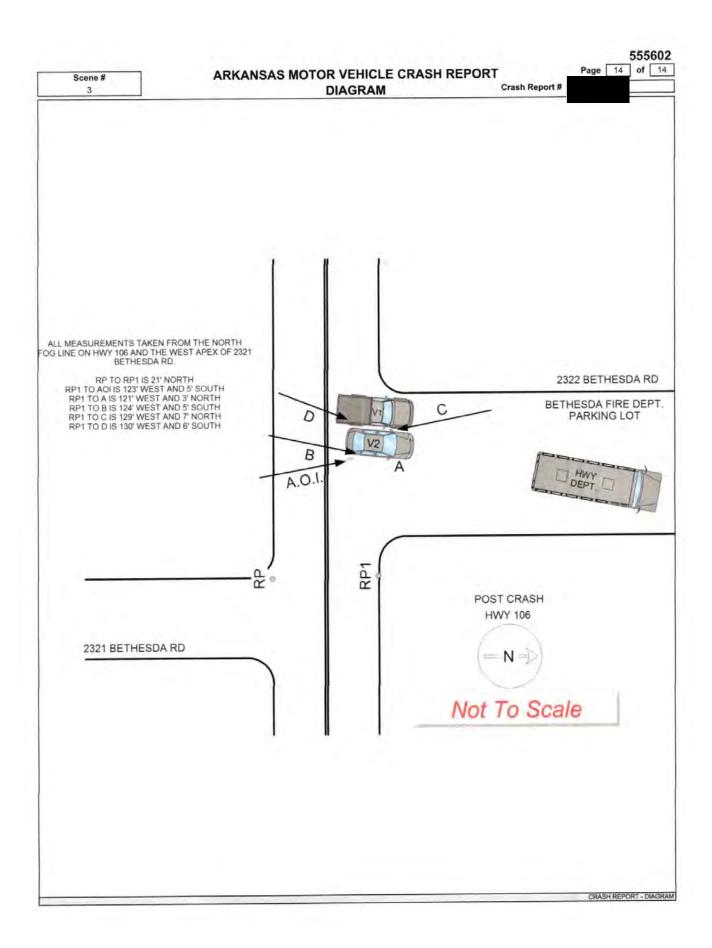
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V1 was traveling eastbound on State Highway 106 behind a large Highway Department vehicle. V2 was traveling westbound on State Highway 106 in the westbound traffic lane. The large Highway Department Vehicle turned left into the parking lot at 2322 Bethesda Road (Bethesda Fire Department). V1 followed the large vehicle and did not yield to oncoming traffic. This caused V2's front bumper to strike V1's front bumper. both vehicles became disabled in the highway. Both operators were transported by EMS.

CRASH REPORT - NARRATIVE
CRASH REPURT - NARRATIVE









ARKANSAS STATE POLICE

ASP 81 (Rev. 06/04/2019)

Crash Report Supplement Driver/Witness Statement Form

	Driver/Witne	ess Statement Form	
Crash Date:	9-19-22 · Time: 2-19	□AM □PM Report #	d: _
Name;		ate of Birth	h: (Month/Day/Year)
Address: _	House # and Street or P.O. Box #	City	State Zip Code
Phone Number	r: ()	Email:	
Driver's Licens	se #:	☑ DL	CDL State:
Vehicle Make: Location of Cra	they and All	usela file Doot.	
Statement of:		Witness Are You Injured	1? Yes No
Driver/Passeng	Statement:	Of Barul # 36 7	
I was	diving straight like fire dept sheed of -s	Normal + then	J observal him
As the driver of	f the vehicle, were any of the followin	ng conditions a contributing fo	actor in this accident?
	ousness	, containing a containing of	
Other ner	rvous disorder or marked mental con	nfusion	
Result of	any physical disability, disease, diso	order or any other medical cor	ndition
Signature of D	eriver: Atthy Sp.	iOY ast Name)	Date: 9-19-12
Signature of O	fficer:	13 (lue 436 st Name/Badge #)	Date: 9-19-22

SHANISTS	A	RKANSAS	STATE P	OLICE	ASP 81 (Rev. 06/04/2019)
A TE POUR		Crash Rep Driver/Witne	ort Suppleme ss Statement		
Crash Date:	9-19-22.	Time: 2:19	оам брм	Report #: _	
Name;			Da	ate of Birth:	(Month / Day / Year)
Address:	House # and Stree	et or P.O. Box #	City	State	e Zip Code
Phone Numbe	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Email:		
Driver's Licen	se #:	Telephone#		DOL DC	DL State:
Vehicle Make:	1000	7 1			
Location of Cr	rash: HWY	106 / Bethesd	a fire Dept		
Statement of:	Driver C	Passenger V	Vitness Are Yo	u Injured?	Yes No
		e any of the following	g conditions a contr	ributing factor in	this accident?
Other ne	rvous disorder or	marked mental conf	fusion		
☐ Result of	any physical disa	ability, disease, disor	der or any other m	edical condition	
Signature of E	Driver: Bro	(First/MI/La	k () / st Namel	Date:	9-19-22

From: Stephanie Crawford
To: ASCC Pleadings

Cc: Andrews, Amanda J.; Blakley, Sharon; Brandon Lacy

Subject:Spicer v. ArDOT, Claim No. 230400Date:Tuesday, January 9, 2024 2:58:28 PM

Attachments: image page

ACC; hearing respect 1.7.24.pdf

You don't often get email from stephanie@lacylawfirm.com. Learn why this is important

Attached please find correspondence from Attorney Brandon Lacy regarding the claim referenced above.

Thank you,

Stephanie Crawford

Legal Assistant

630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522

Facsimile: 870-932-4529

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BRANDON@LACYLAWFIRM.COM ♦ WWW.LACYLAWFIRM.COM

630 S. MAIN STREET JONESBORO, AR 72401 P 870.932.4522 F 870.932.4529

January 9, 2024

VIA ELECTRONIC MAIL TO ascepleadings@arkansas.gov

Arkansas State Claims Commission Attn: Ms. Kathryn Irby 101 East Capital Avenue, Suite 410 Little Rock, AR 72201

> Re: Katelyn Spicer v. Arkansas Department of Transportation Claim No. 230400

Dear Kathryn,

I represent the Claimant in the above-referenced claim. I am requesting that a one-hour hearing be scheduled at the Commission's first available opportunity in 2024. Thank you for your attention to this matter.

Tours Truly

Brandon W. Lacy

BWL/sc

cc: Ms. Amanda J. Andrews (via electronic mail to Amanda, Andrews@ardot.gov)

From: Andrews, Amanda J.

To: Kathryn Irby; Brandon Lacy

Cc: <u>Stephanie Crawford</u>; <u>Blakley, Sharon D.</u>

Subject: RE: INFO NEEDED: Spicer v. ArDOT, Claim No. 230400

Date: Wednesday, January 10, 2024 9:43:34 AM

Attachments: image image

Yes, I believe that is sufficient time.

If that changes after the Claimant's deposition or upon the receipt of supplemental discovery responses, we will notify you promptly.

Thanks so much,

Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261 Office: (501) 569-2278 Fax: (501) 569-2164

Email: amanda.andrews@ardot.gov



From: Kathryn Irby <Kathryn.Irby@arkansas.gov> Sent: Wednesday, January 10, 2024 9:38 AM

To: Andrews, Amanda J. <Amanda.Andrews@ardot.gov>; Brandon Lacy

<brandon@lacylawfirm.com>

Cc: Stephanie Crawford <stephanie@lacylawfirm.com>; Blakley, Sharon D.

<Sharon.Blakley@ardot.gov>

Subject: RE: INFO NEEDED: Spicer v. ArDOT, Claim No. 230400

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.

Amanda, am I reading your email correctly that you think 2 hours is sufficient for this hearing?

Kathryn

From: Andrews, Amanda J. < <u>Amanda.Andrews@ardot.gov</u>>

Sent: Wednesday, January 10, 2024 8:23 AM

To: Kathryn Irby < Kathryn Irby Kathryn Irby @arkansas.gov>

To the statement of the s

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Blakley, Sharon D.

<<u>Sharon.Blakley@ardot.gov</u>>

Subject: Re: INFO NEEDED: Spicer v. ArDOT, Claim No. 230400

Based on the information I have received so far in response to discovery requests, I anticipate that the hearing will take longer than 1 hour. ARDOT requests equal time for its case to that given to the Claimant and also requests that the hearing be held in person.

Sincerely,

Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation P.O. Box 2261

Little Rock, AR 72203-2261 Office: (501) 569-2278 Fax: (501) 569-2164

Email: amanda.andrews@ardot.gov



From: Kathryn Irby < Kathryn.Irby@arkansas.gov > Sent: Wednesday, January 10, 2024 8:07 AM

To: Brandon Lacy < brandon@lacylawfirm.com >

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>; Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>

Subject: RE: INFO NEEDED: Spicer v. ArDOT, Claim No. 230400

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Amanda, do you agree?

Kathryn

From: Brandon Lacy < brandon@lacylawfirm.com>

Sent: Tuesday, January 9, 2024 3:43 PM **To:** Kathryn Irby < <u>Kathryn Irby@arkansas.gov</u>>

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>; Blakley, Sharon <<u>Sharon.Blakley@ardot.gov</u>>

Subject: Re: INFO NEEDED: Spicer v. ArDOT, Claim No. 230400

I can present my case with 1-2 witnesses. I would prefer 1 hour for my case in chief but if we need to do the entire hearing in 1 hour I think we can do it.

Brandon Lacy

Error! Filename not specified.

630 S. Main Street 202 W. Meadow Street Jonesboro, AR 72401 Fayetteville, AR 72701 PH: 870-932-4522 PH: 479-595-0909 FX: 870-932-4529 FX: 479-595-0928

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On Jan 9, 2024, at 3:02 PM, Kathryn Irby < Kathryn.Irby@arkansas.gov> wrote:

Brandon and Amanda, how long do the parties anticipate needing for this hearing?

Kathryn

From: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>

Sent: Tuesday, January 9, 2024 2:58 PM

To: ASCC Pleadings asccpleadings@arkansas.gov>

Cc: Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>; Blakley, Sharon <<u>Sharon.Blakley@ardot.gov</u>>; Brandon Lacy <<u>brandon@lacvlawfirm.com</u>>

Subject: Spicer v. ArDOT, Claim No. 230400

You don't often get email from stephanie@lacylawfirm.com. Learn why this is important

Attached please find correspondence from Attorney Brandon Lacy regarding the claim referenced above.

Thank you, <image001.png>

Stephanie Crawford

Legal Assistant 630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522

Facsimile: 870-932-4529

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<ACC; hearing request 1.9.24.pdf>

From: Stephanie Crawford
To: ASCC Pleadings

Cc: Andrews, Amanda J.; Blakley, Sharon; Alexander.Denker@ardot.gov; Brandon Lacy

Subject: Spicer v. ArDOT, Claim No. 230400

Date: Thursday, January 25, 2024 10:42:54 AM

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Ist Supplemental Responses to the second and the by Respondent.pdf

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You don't often get email from stephanie@lacylawfirm.com. Learn why this is important

Attached please find Claimant's First Supplemental Responses to Respondent's First Set of Interrogatories and Requests for Production of Documents. Please confirm receipt.

Thank you,

Stephanie Crawford

Legal Assistant

630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522

Facsimile: 870-932-4529

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630 S. Main Street Jonesboro, AR 72401 P 870.932.4522 F 870.932.4529

January 25, 2024

VIA ELECTRONIC MAIL TO ascepleadings@arkansas.gov

Arkansas State Claims Commission Attn: Ms. Kathryn Irby 101 East Capital Avenue, Suite 410 Little Rock, AR 72201

> Re: Katelyn Spicer v. Arkansas Department of Transportation Claim No. 230400

Dear Kathryn,

Enclosed please find Claimant's First Supplemental Responses to Respondent's First Set of Interrogatories and Requests for Production of Documents along with Claimant's Document Production bates labeled Spicer_Document Production 256-517.

Please contact me with any questions or concerns.

Brandon W. Lacy

BWL/sc

cc:

Enclosure(s): As stated above

Ms. Amanda Andrews (via electronic mail to Amanda.Andrews@ardot.gov)

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANT

V. CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

CLAIMANT'S FIRST SUPPLEMENTAL RESPONSES TO RESPONDENT'S FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS

Comes the Claimant, Katelyn Spicer, by and through her attorney, Brandon Lacy of Lacy
Law Firm, and for her Supplemental Responses to Respondent's First Set of Interrogatories and
Requests for Production of Documents, states:

INTERROGATORY NO. 5: Identify all documents and exhibits you will or may offer as evidence at the hearing of this matter and identify the custodians of each such item.

RESPONSE: Claimant has not yet determined which exhibits she will introduce at the hearing of this matter. At this time, Claimant intends to introduce her medical records and expenses associated with the treatment she received and the diagrams attached to the accident report. This response will be supplemented as discovery continues.

SUPPLEMENTAL RESPONSE: Claimant has not yet determined which exhibits she will introduce at the hearing of this matter. At this time, Claimant intends to introduce her medical records and expenses associated with the treatment she received, photographs depicting the property damage to her vehicle as a result of the collision, and the diagrams attached to the accident report. This response may be supplemented as discovery continues. The additional medical records and photographs are attached hereto.

INTERROGATORY NO. 7: State whether within the ten (10) years preceding the incident that is the subject of this claim you suffered any injuries, diseases, illnesses or other

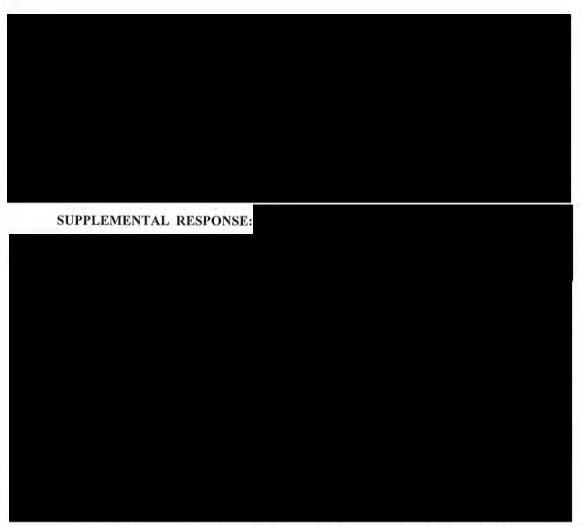
maladies which required the services of a doctor, psychologist, therapist, counselor or any other physical or mental health care provider or practitioner. If so, list separately the name and address of each such physical or mental health care provider or practitioner who was consulted, who examined or who rendered treatment, the date of the initial consultation, examination and/or treatment, the nature of the injury, disease, illness, or other malady for which the physical or mental health care provider or practitioner examined, consulted, or treated and the treatment that was rendered.

RESPONSE: Objection. This interrogatory is overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and notwithstanding this objection,

SUPPLEMENTAL RESPONSE:

INTERROGATORY NO. 9: State the name and address of every physical or mental health care practitioner or provider who was consulted or who examined or rendered treatment for any of the injuries that resulted from the incident that is the subject of this claim. For each such physical or mental health care provider or practitioner, please list the dates of consultation, examination or treatment and the nature of the injury for which consultation, examination or treatment was rendered.

RESPONSE:



INTERROGATORY NO. 10: In connection with your claim for medical and other health care expenses incurred as a result of the incident that is the subject of this claim, please identify and itemize each medical, hospital or other health care bill or expense for which you make a claim in this case.

RESPONSE: See attached itemized medical expense list. This response may be supplemented as discovery continues.

SUPPLEMENTAL RESPONSE: See attached updated itemized medical expense list.

INTERROGATORY NO. 11: If other than medical expenses, you have incurred financial or material loss or damage which you attribute to the incident that is the subject of this claim, please list, describe and itemize each and every such loss or expense.







INTERROGATORY NO. 12: State the nature, dates, duration and extent of any and all pre-existing physical, mental, psychological or emotional conditions, illnesses, diseases or other maladies which you had prior to the incident that is the subject to this claim.

RESPONSE: Objection. This interrogatory is overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and notwithstanding this objection,

SUPPLEMENTAL RESPONSE:

INTERROGATORY NO. 13: Do you claim that the incident that is the subject of this claim caused or contributed to the aggravation or activation of a pre-existing physical,

psychological, emotional or mental condition? If so, please list each such pre-existing, condition and how it has affected you differently since the incident that is the subject of this claim.

RESPONSE:

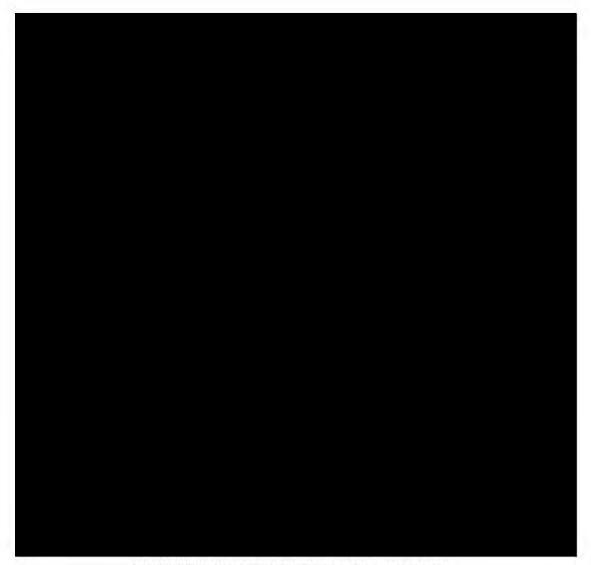
SUPPLEMENTAL RESPONSE:

INTERROGATORY NO. 18: If you claim you have suffered "a loss of earnings," and/or "a loss of earning capacity" as a result of the incident that is the subject of this claim, please state the total amount of dollars you claim as damages and describe the method you used in calculating such loss.

RESPONSE: This amount is being calculated and will be provided in a supplemental response.

SUPPLEMENTAL RESPONSE:

6



REQUESTS FOR PRODUCTION OF DOCUMENTS

REQUEST FOR PRODUCTION NO. 4: Please provide copies of all documents, items, charts, models, diagrams or similar devices identified in Answer to Interrogatory No. 5.

RESPONSE: See attached medical records and medical expenses and Arkansas Motor Vehicle Crash Report. This response may be supplemented as discovery continues.

SUPPLEMENTAL RESPONSE: See attached medical records and medical expenses, Arkansas Motor Vehicle Crash Report, and photographs depicting the property damage to Claimant's vehicle. This response may be supplemented as discovery continues.

REQUEST FOR PRODUCTION NO. 5: Please provide all medical records which pertain to any and all injuries you allegedly sustained as a result of the incident that is the subject of this claim.

RESPONSE: See attached medical records. This response may be supplemented as discovery continues.

SUPPLEMENTAL RESPONSE:

This response may be supplemented as discovery continues.

REQUEST FOR PRODUCTION NO. 6: Please provide all medical bills which pertain to any and all injuries you allegedly sustained as a result of the incident that is the subject of this claim.

RESPONSE: See attached medical expenses. This response may be supplemented as discovery continues.

SUPPLEMENTAL RESPONSE:

This response may be

supplemented as discovery continues.

REQUEST FOR PRODUCTION NO. 7: Please provide documentation of any other financial or material loss you incurred as a result of the incident that is the subject of this claim, including but not limited to, loss of earnings or loss of earning capacity.

RESPONSE: This information is being compiled and will be provided in a supplemental response.

SUPPLEMENTAL RESPONSE:

REQUEST FOR PRODUCTION NO. 12: Please produce the sworn affidavit, as required by the Arkansas Claims Commission, signed by the claimant and witnessed by claimant's insurer and legal counsel, that claimant has exhausted all remedies against insurers, including the claimant's insurer. Such affidavit shall state the total amount of insurance benefits paid to the claimant.

RESPONSE: This affidavit has been sent to for signature and will be forwarded upon receipt.

SUPPLEMENTAL RESPONSE: See attached.

Respectfully Submitted,

Brandon W. Lacy #03098 630 S. Main Street Jonesboro, AR 72401 (870) 932-4522 brandon@lacylawfirm.com

Attorney for Claimant

By: Brandon W. Lacy

CERTIFICATE OF SERVICE

I, Brandon Lacy, certify that a copy of the foregoing pleading was served, via email, upon the following counsel of record in the above captioned case on January _______, 2024:

Ms. Amanda J. Andrews P. O. Box 2261 Little Rock, AR 72203-2261 Amanda.Andrews@ardot.gov

Brandon Lacy #2003098



























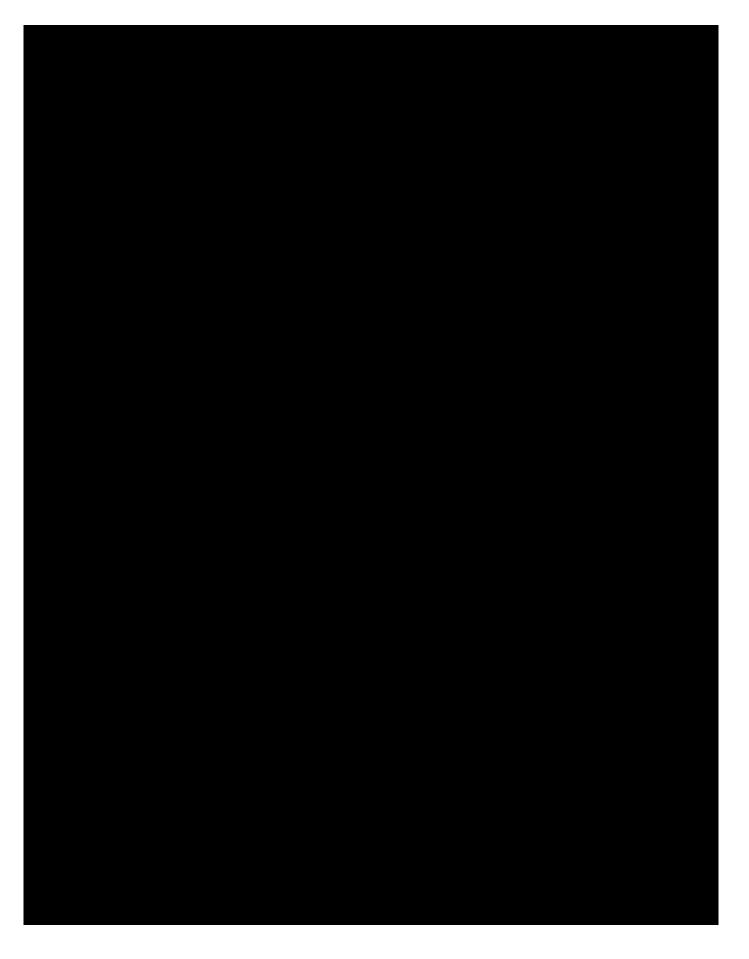


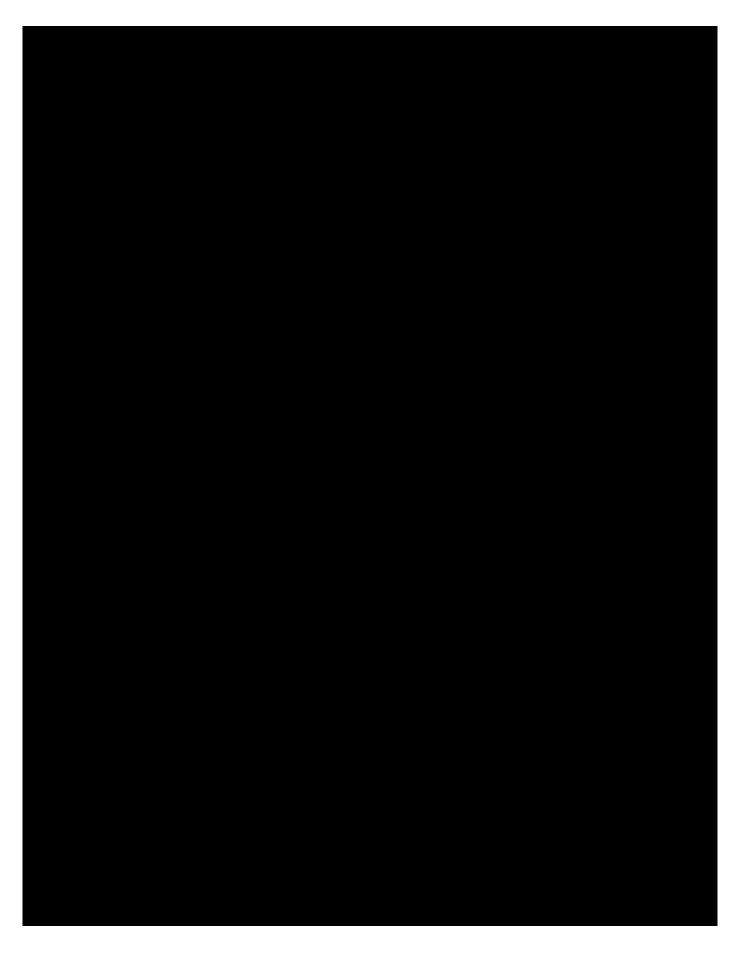








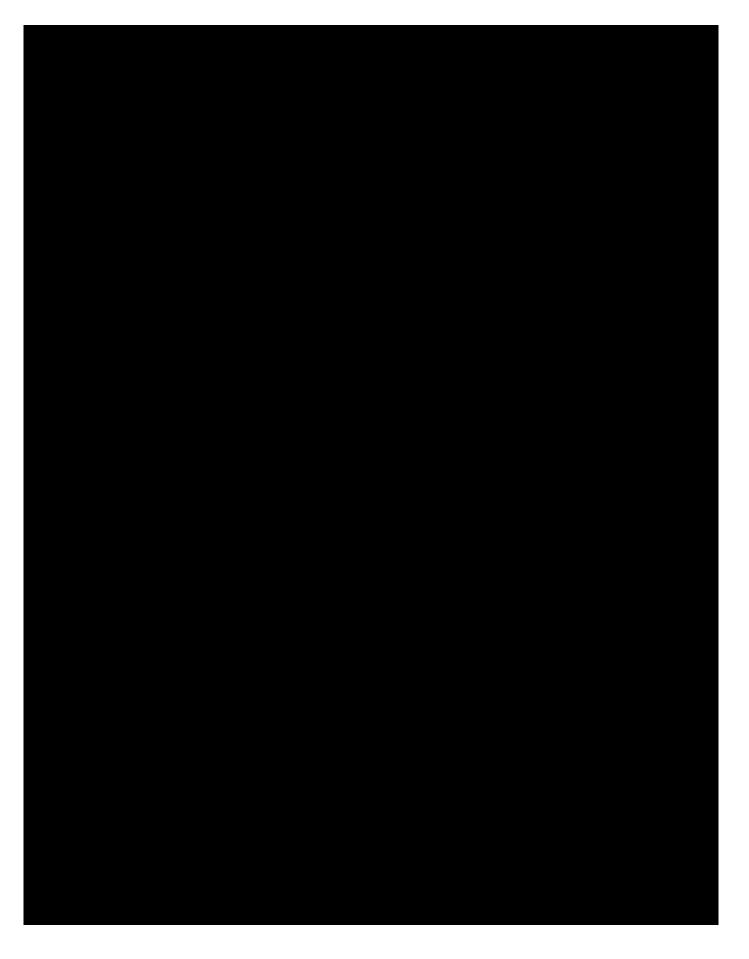








































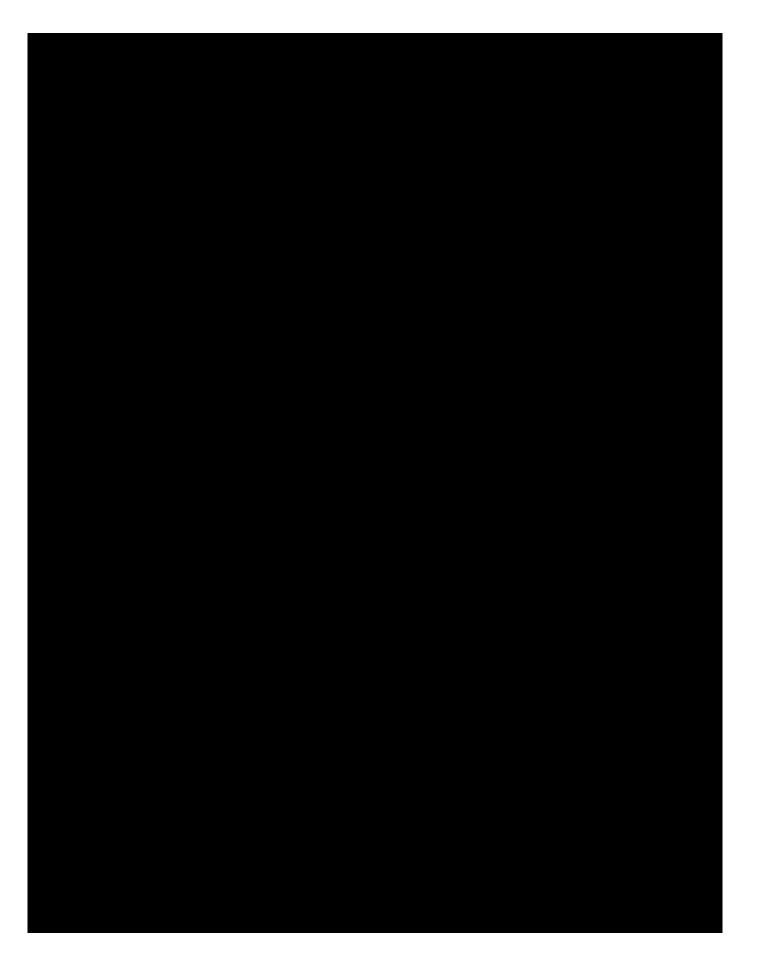




























































































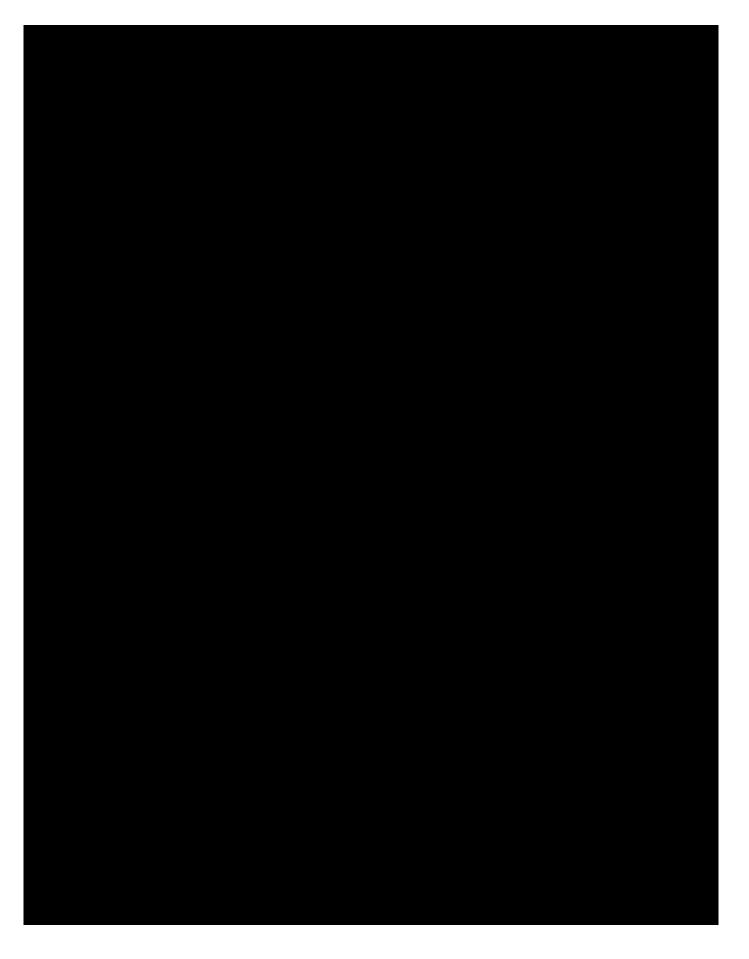
































































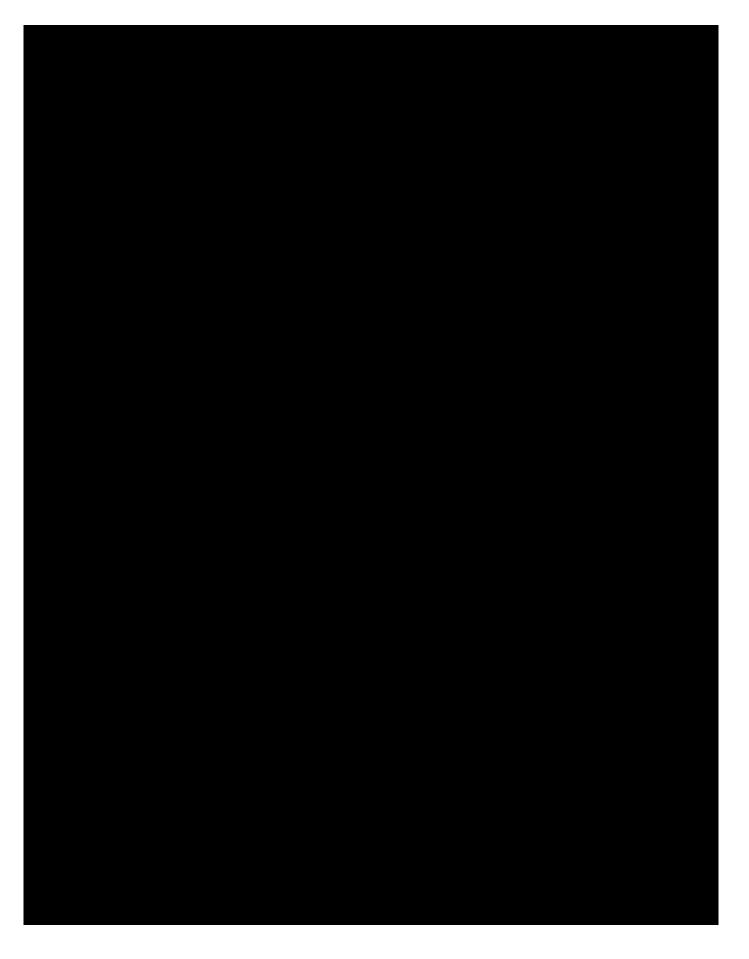








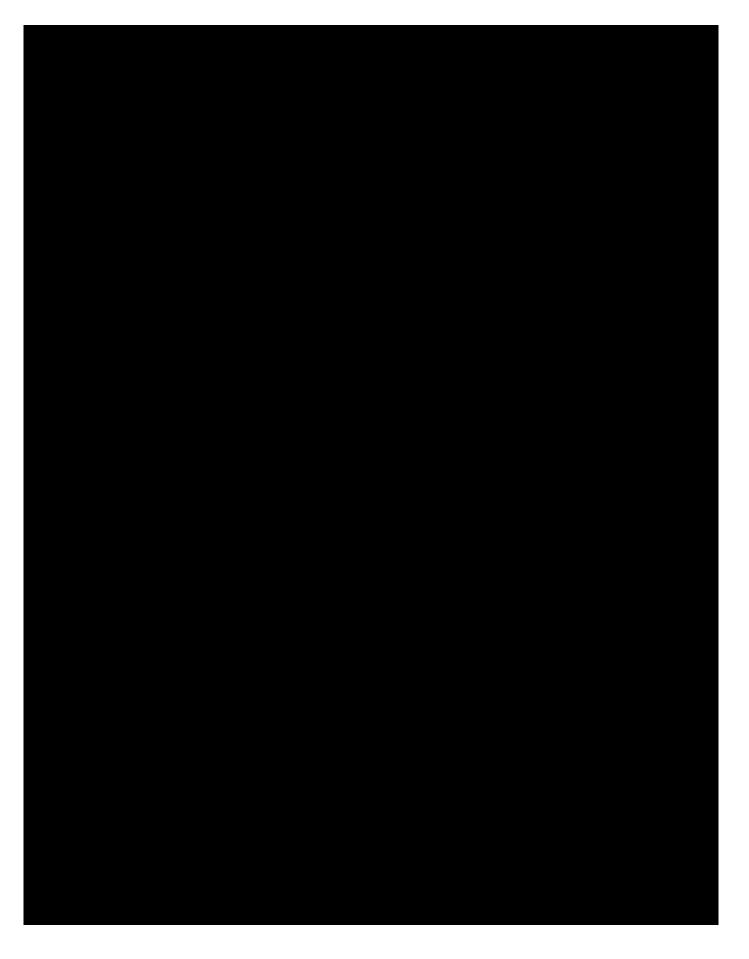


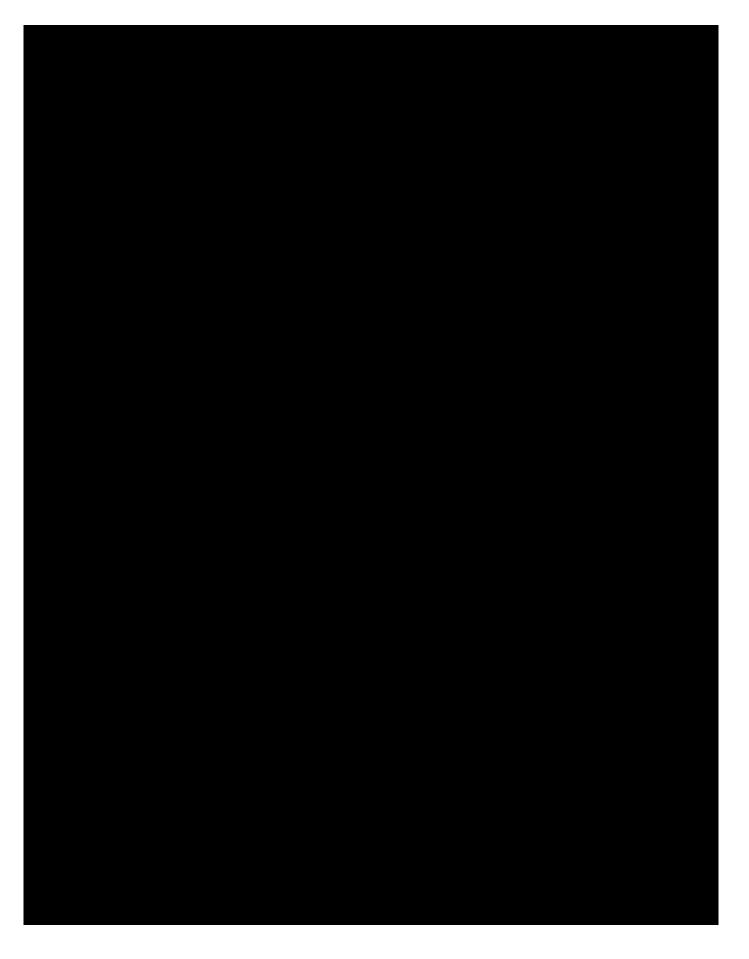














































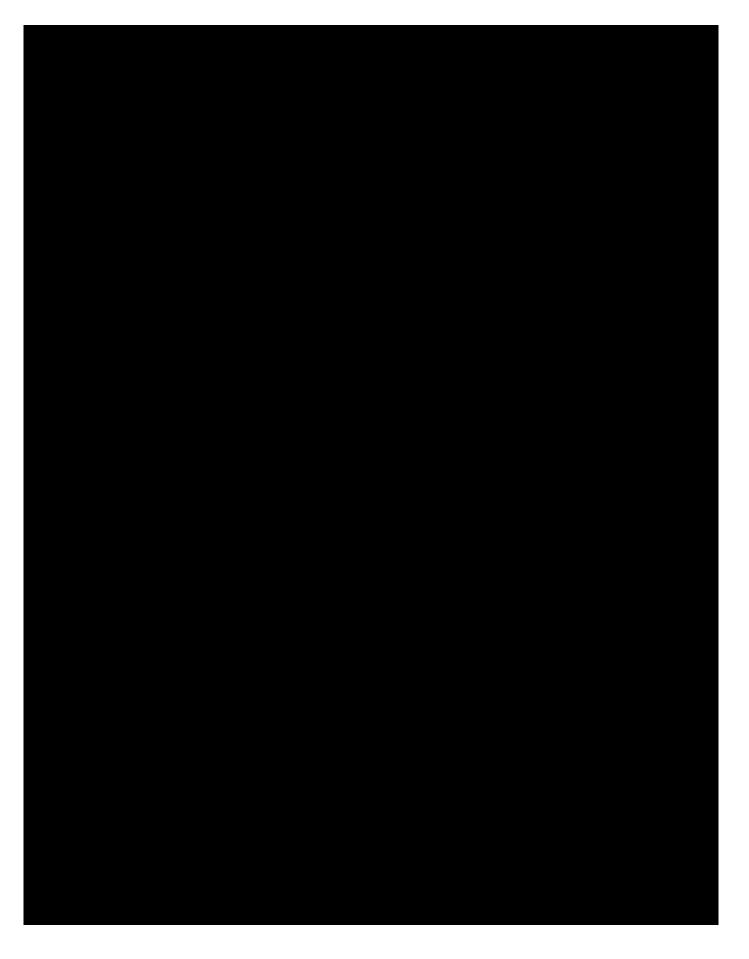
















































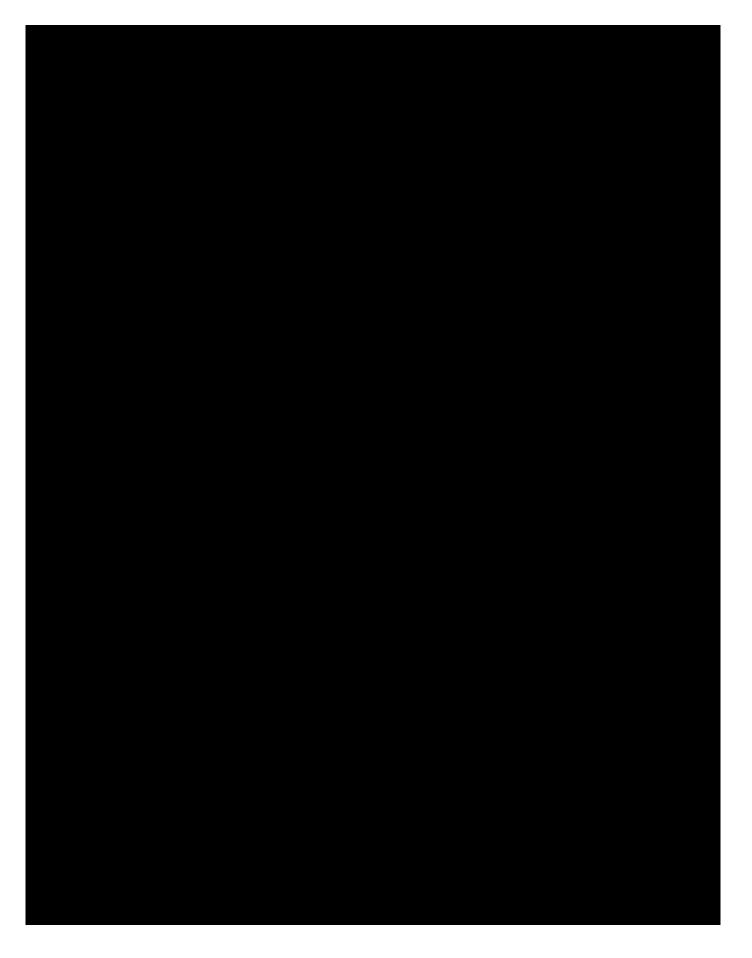


















































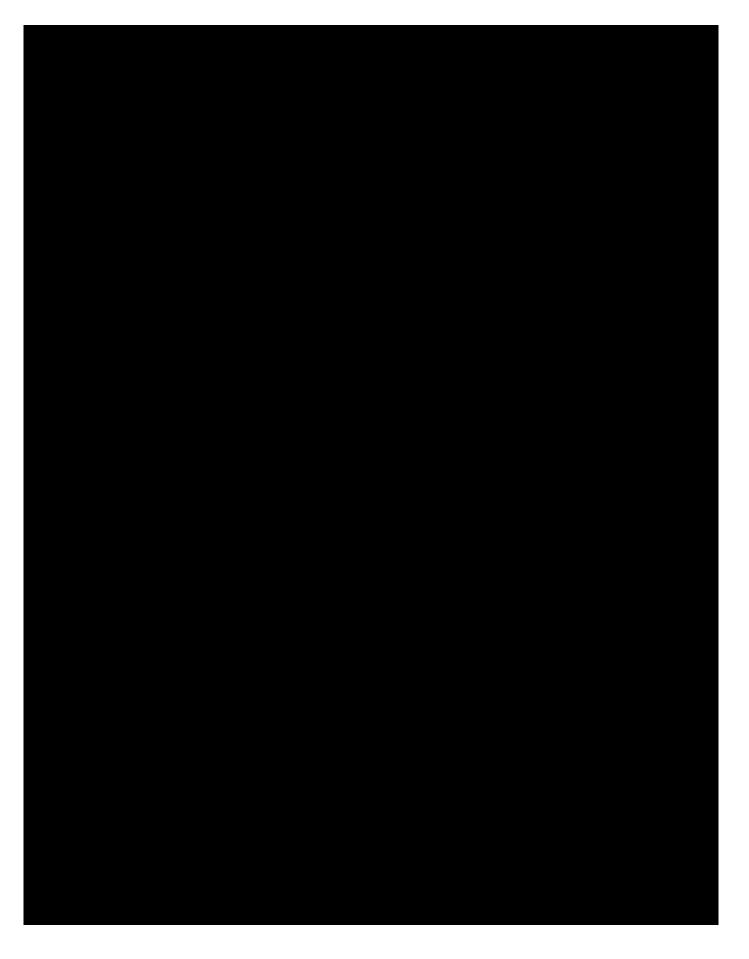


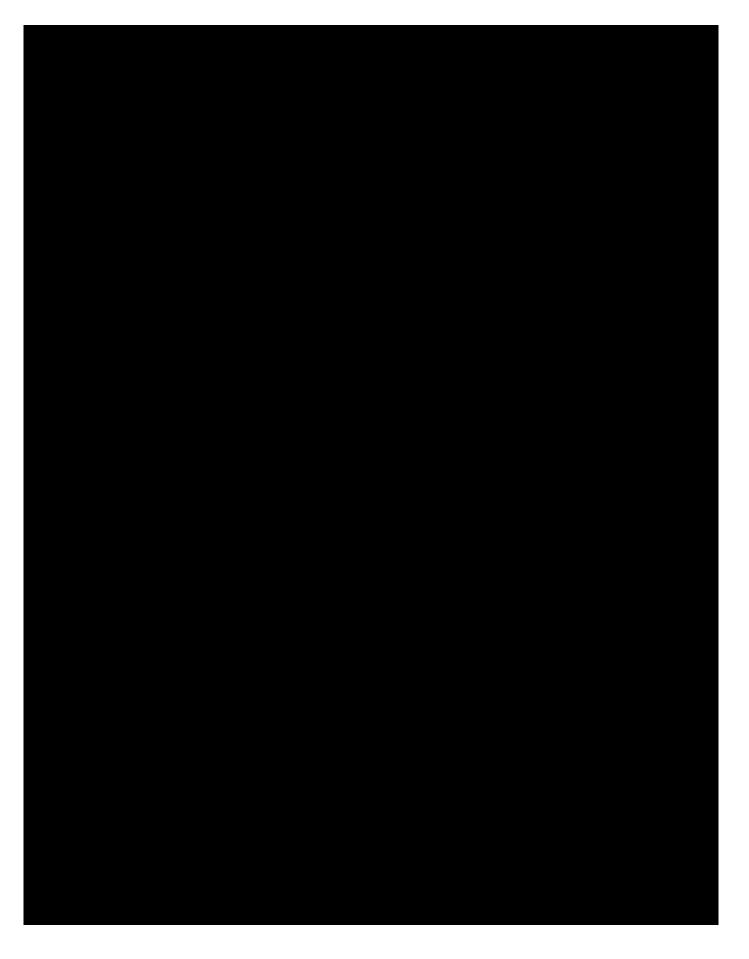




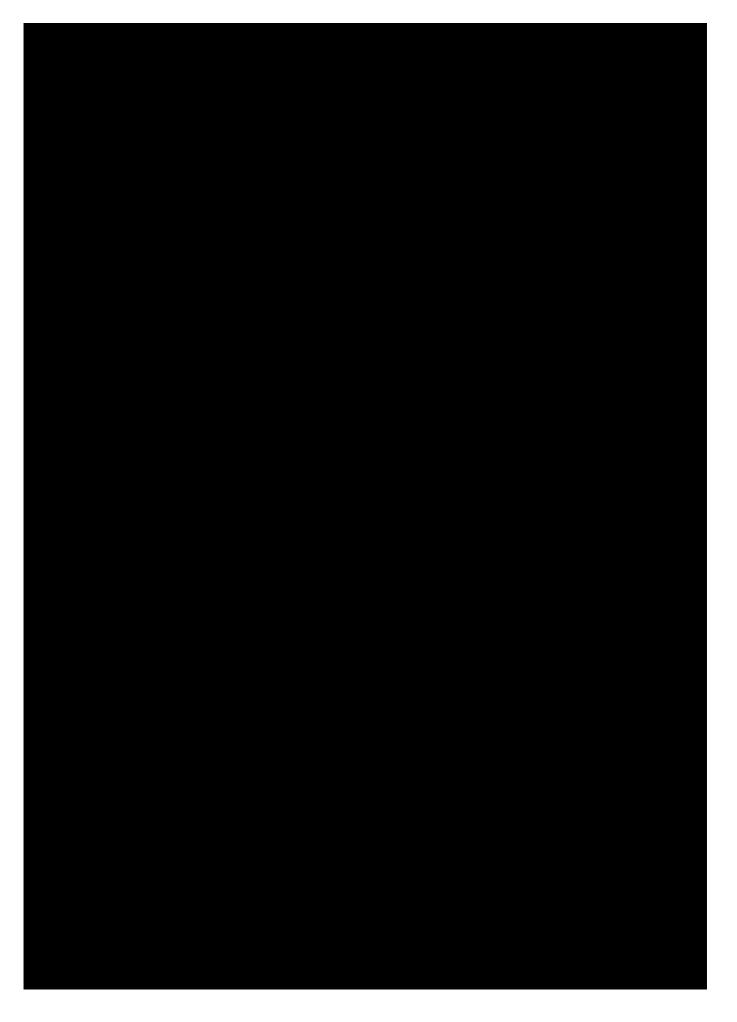






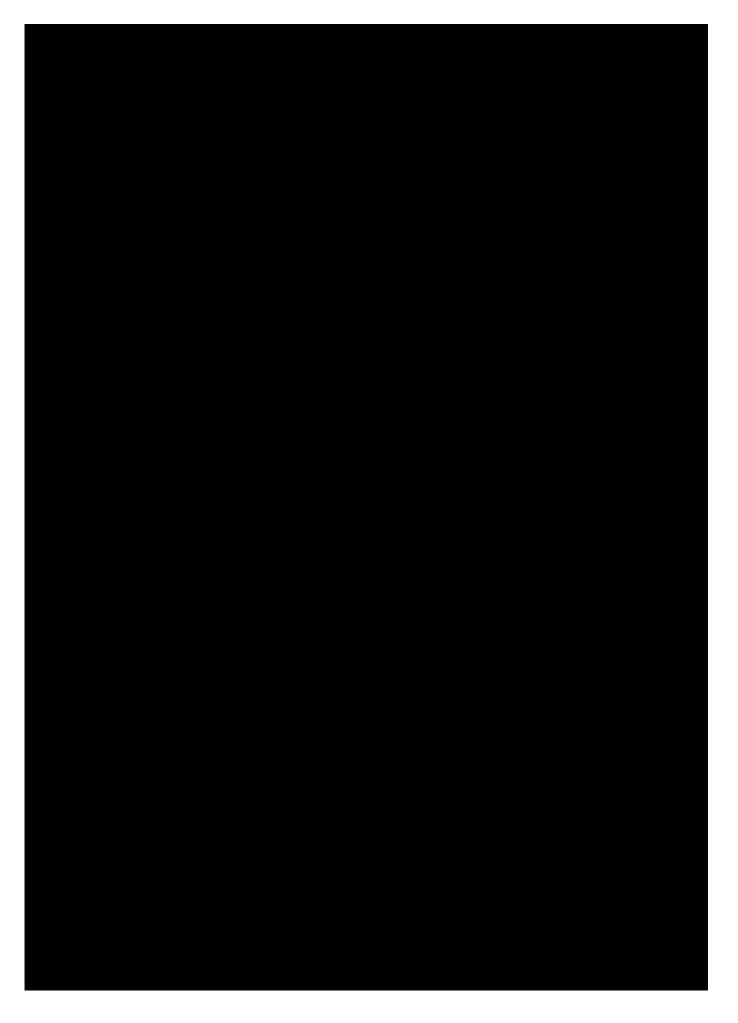


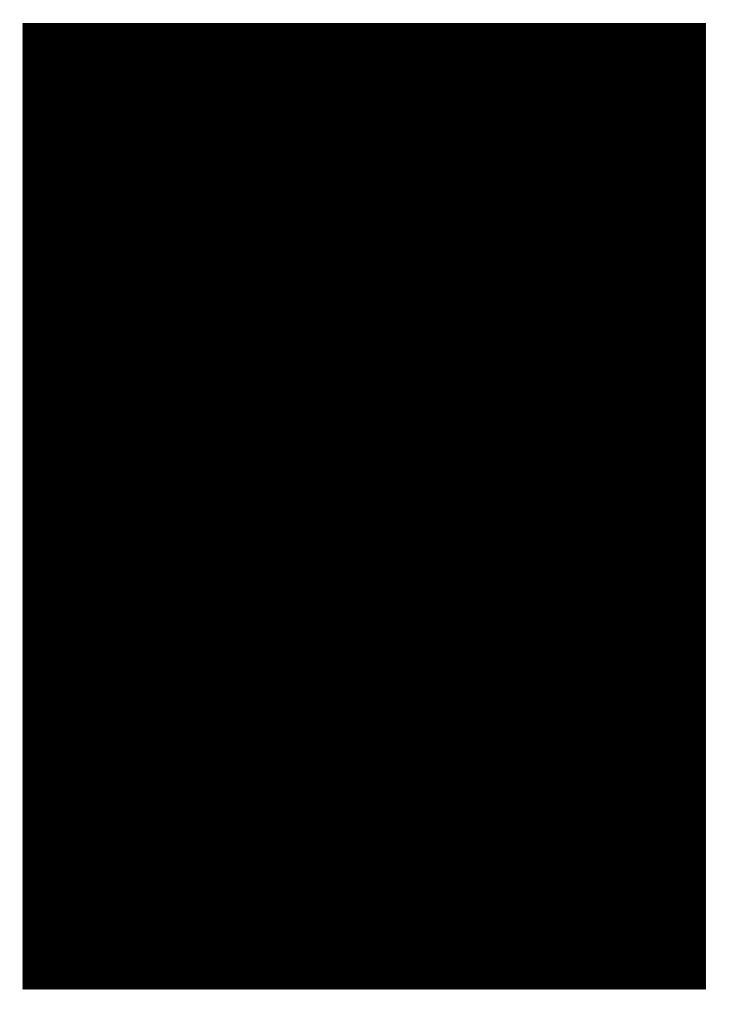


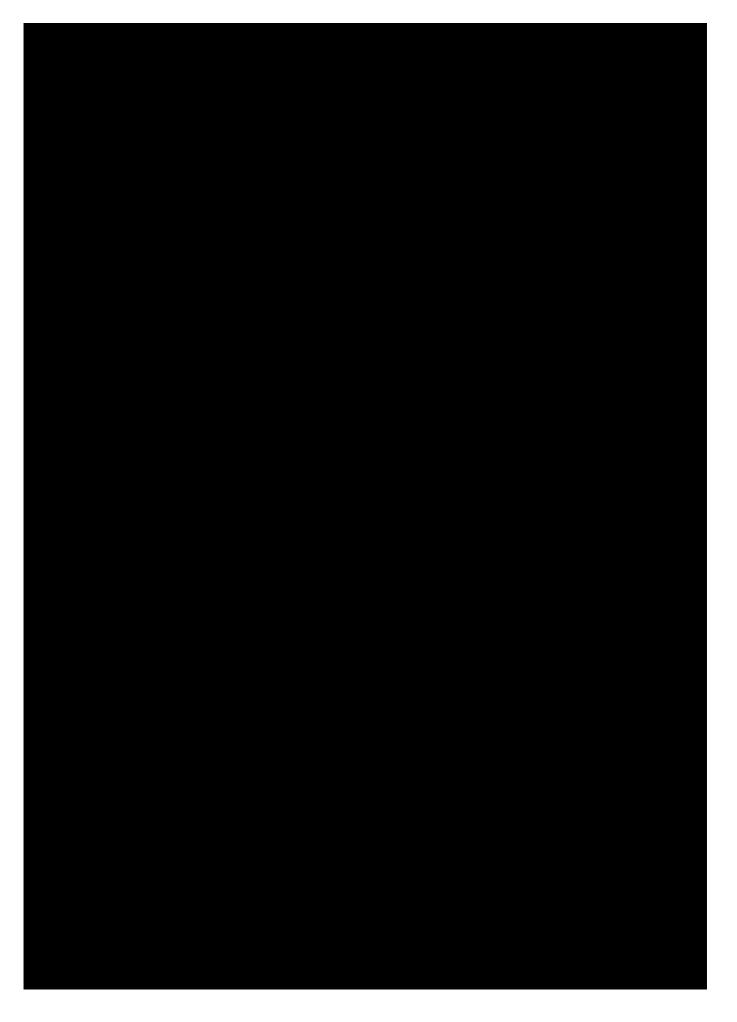


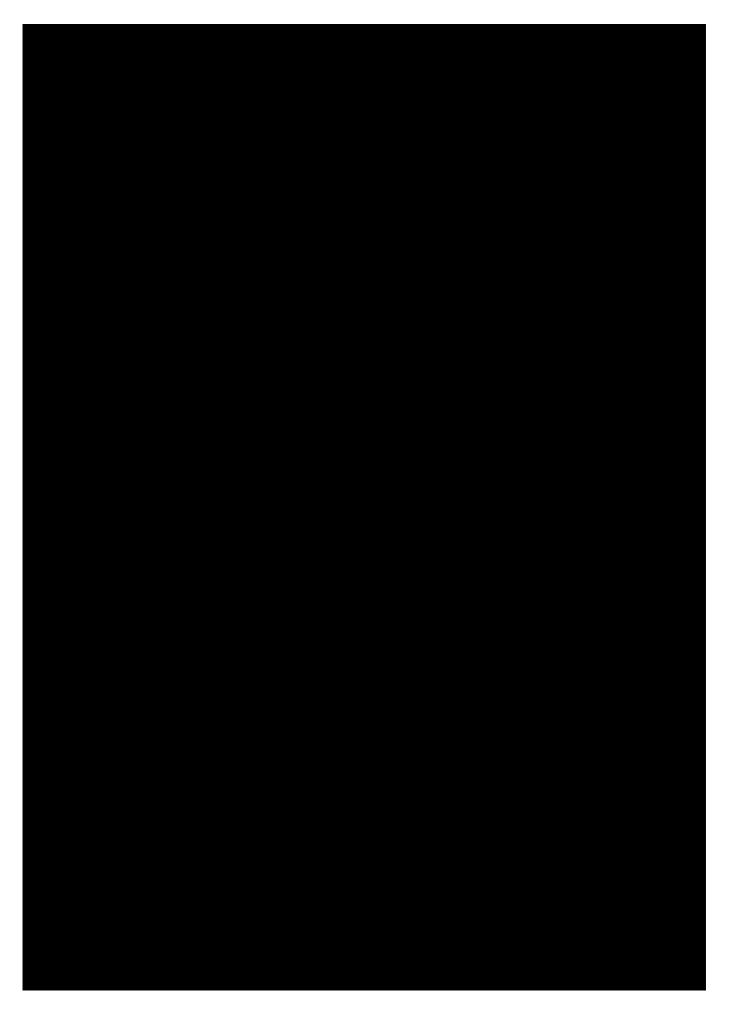


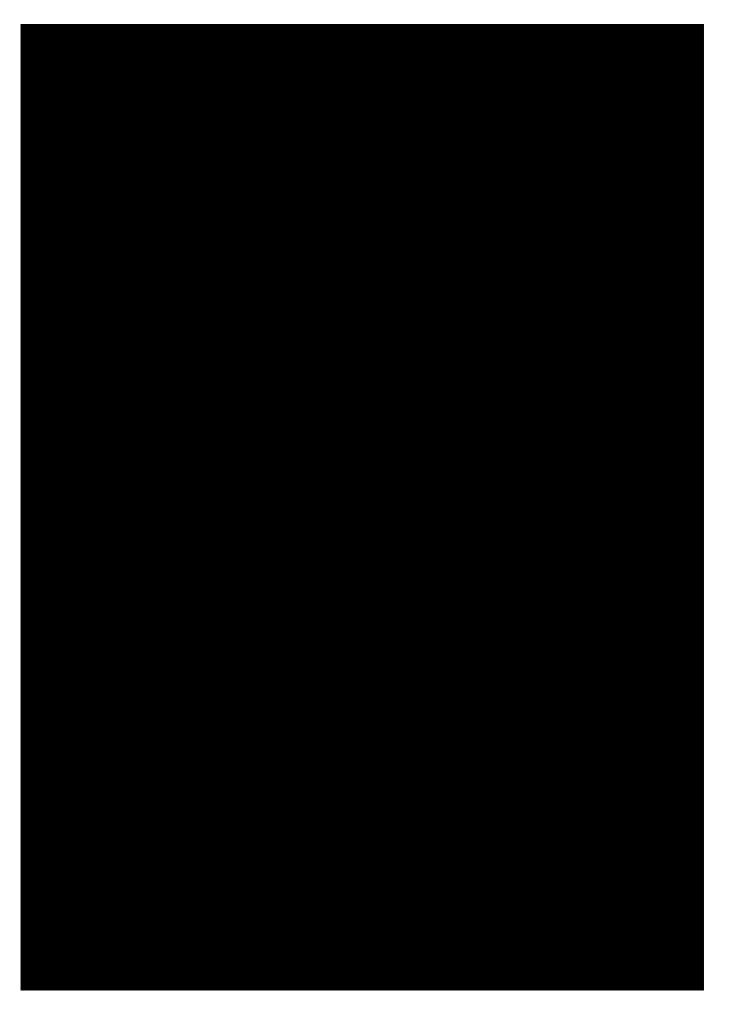


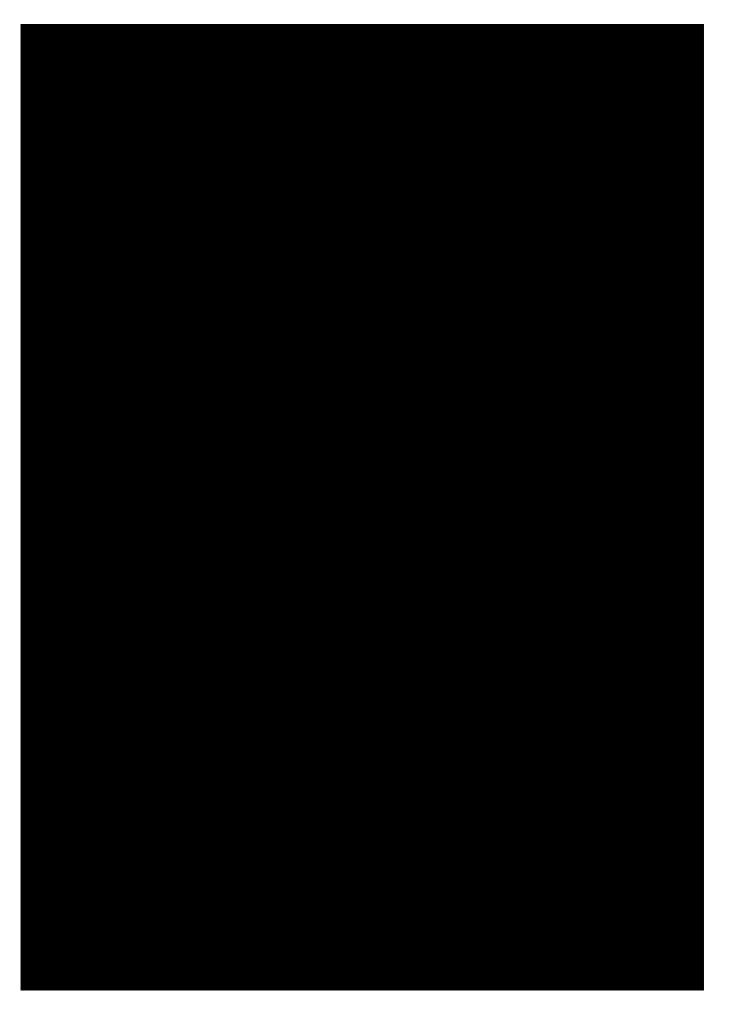




















































































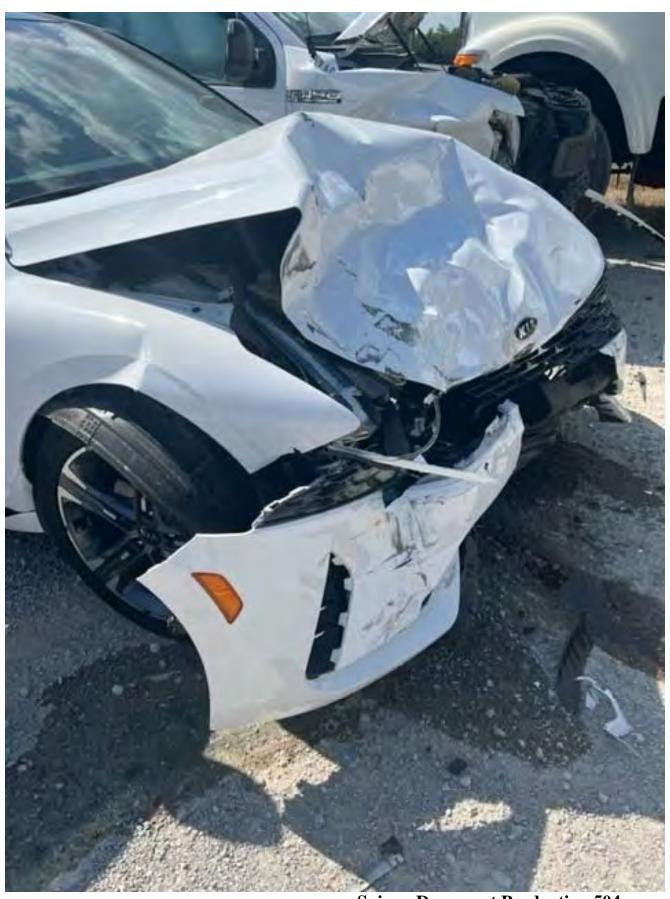
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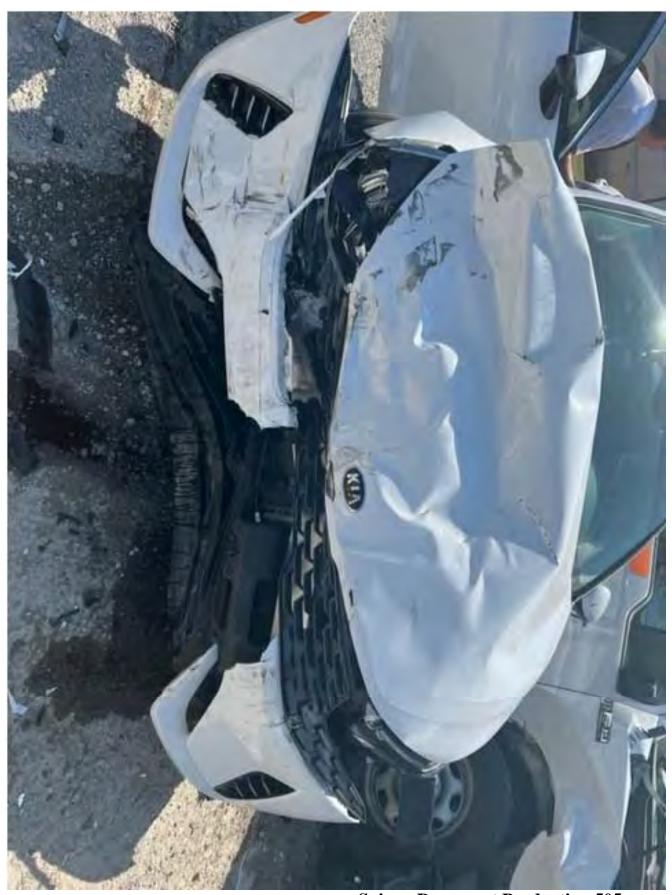
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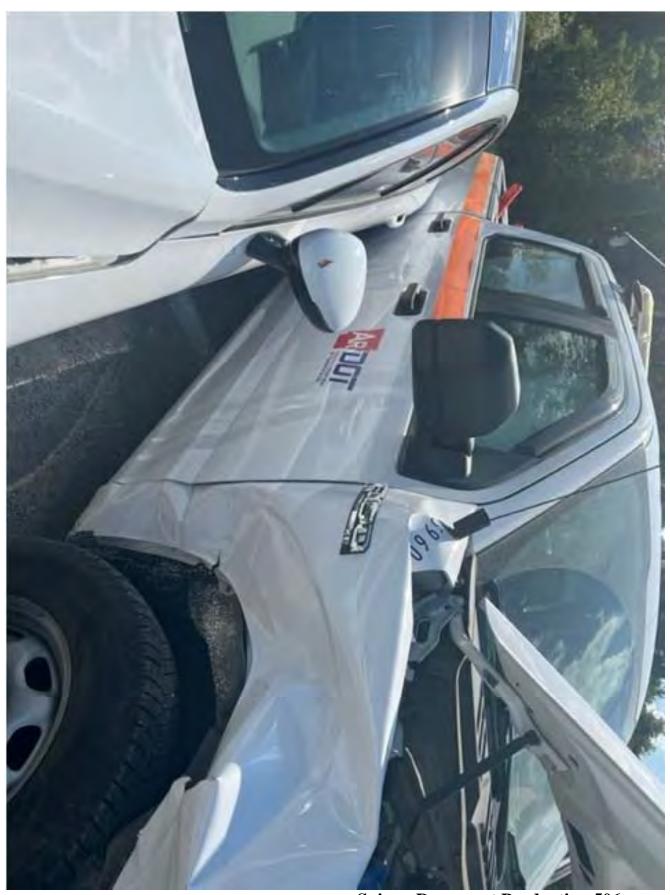
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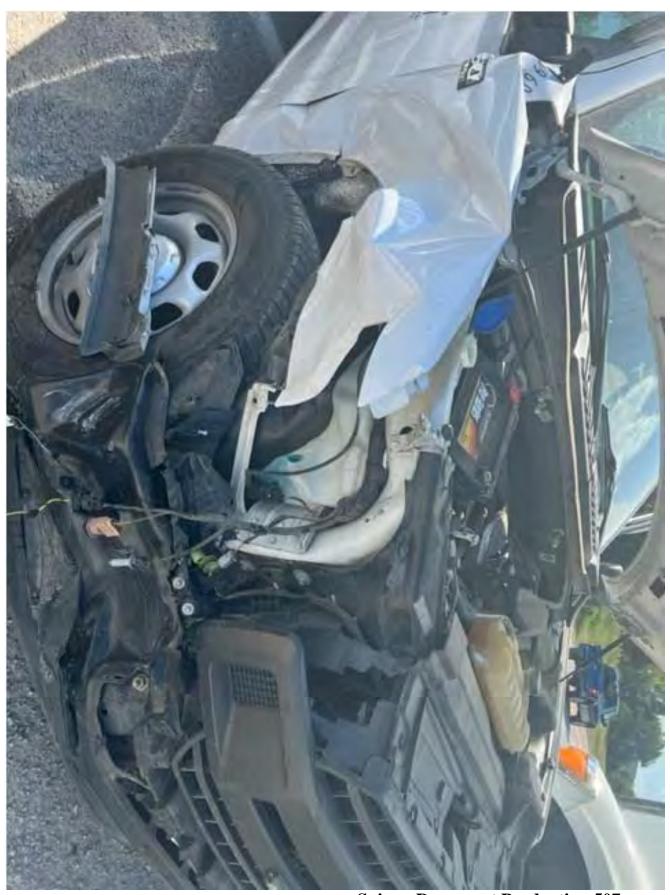
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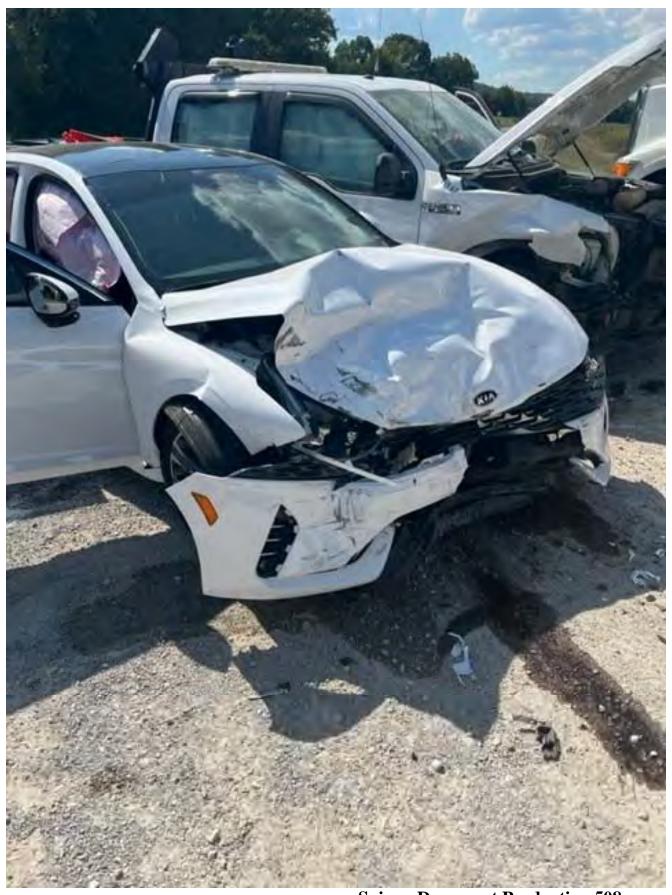
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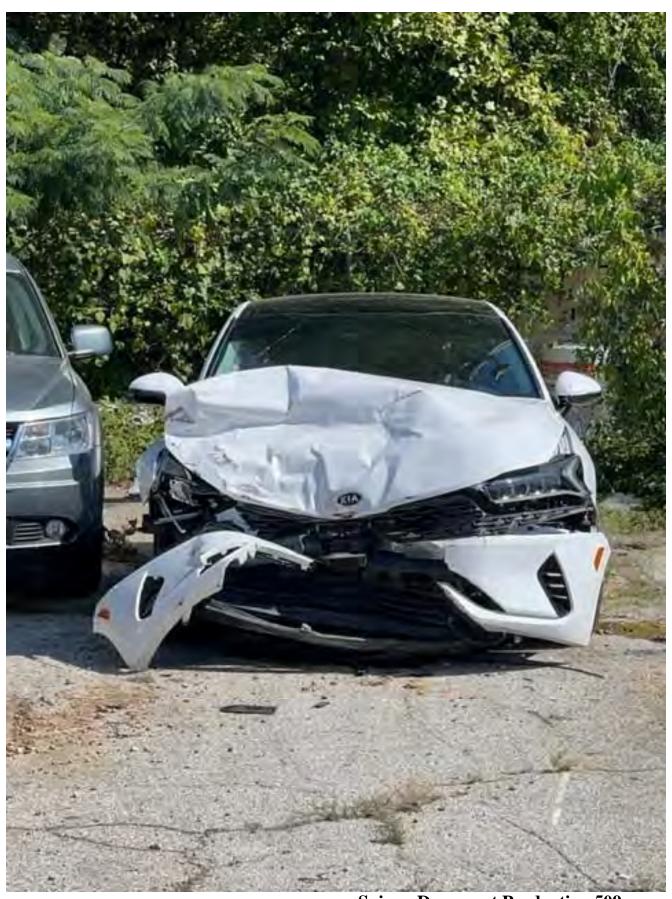
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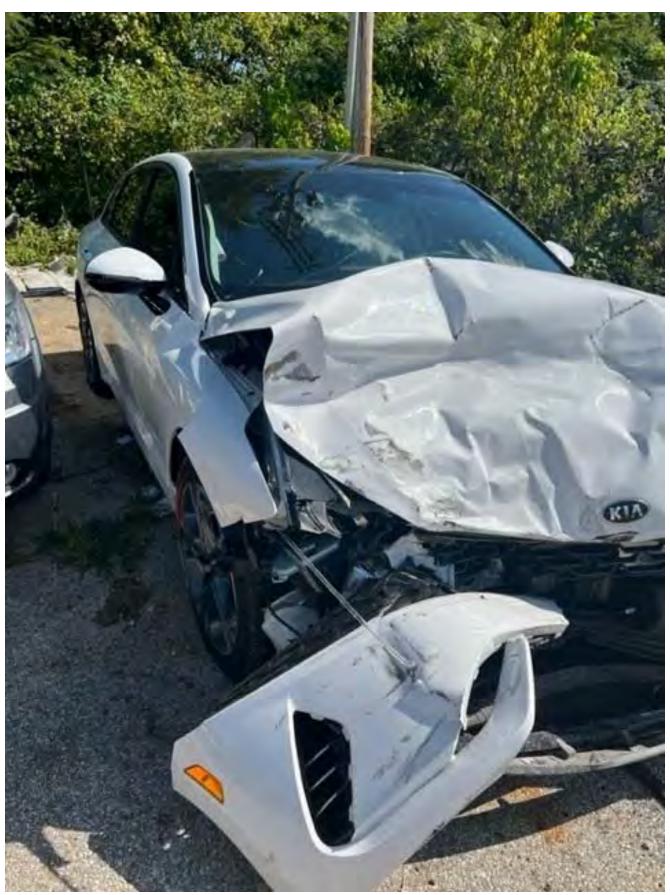
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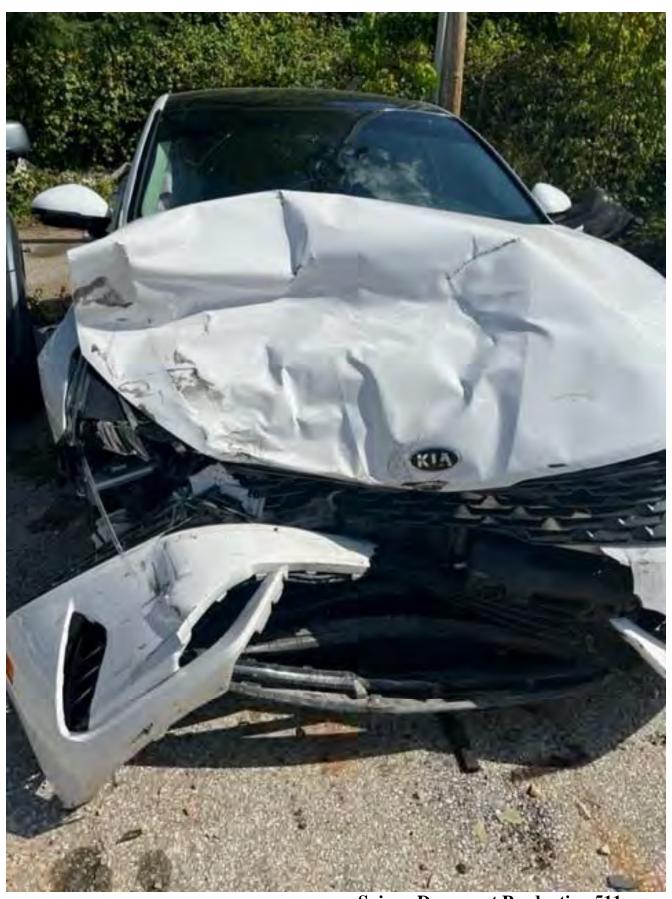
Spicer_Document Production 508



Spicer_Document Production 509



Spicer_Document Production 510



Spicer_Document Production 511





From: Brandon Lacy

To: <u>Kathryn Irby; Andrews, Amanda J.</u>
Cc: <u>Stephanie Crawford; Blakley, Sharon D.</u>

Subject: RE: INFO NEEDED: Spicer v. ArDOT, Claim No. 230400

Date: Tuesday, February 6, 2024 2:39:16 PM

Attachments: image ipg

Kathryn:

I'm following up to make sure I'm not missing something. Did this hearing get scheduled? Or are we waiting on something? Thanks,

Brandon

From: Kathryn Irby <Kathryn.Irby@arkansas.gov> Sent: Wednesday, January 10, 2024 9:38 AM

To: Andrews, Amanda J. <Amanda.Andrews@ardot.gov>; Brandon Lacy

<brandon@lacylawfirm.com>

Cc: Stephanie Crawford <stephanie@lacylawfirm.com>; Blakley, Sharon D.

<Sharon.Blakley@ardot.gov>

Subject: RE: INFO NEEDED: Spicer v. ArDOT, Claim No. 230400

Amanda, am I reading your email correctly that you think 2 hours is sufficient for this hearing?

Kathryn

From: Andrews, Amanda J. < <u>Amanda.Andrews@ardot.gov</u>>

Sent: Wednesday, January 10, 2024 8:23 AM

To: Kathryn Irby <<u>Kathryn.Irby@arkansas.gov</u>>; Brandon Lacy <<u>brandon@lacylawfirm.com</u>>

Cc: Stephanie Crawford < stephanie@lacylawfirm.com>; Blakley, Sharon D.

<<u>Sharon.Blakley@ardot.gov</u>>

Subject: Re: INFO NEEDED: Spicer v. ArDOT, Claim No. 230400

Based on the information I have received so far in response to discovery requests, I anticipate that the hearing will take longer than 1 hour. ARDOT requests equal time for its case to that given to the Claimant and also requests that the hearing be held in person.

Sincerely,

Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation P.O. Box 2261 Little Rock, AR 72203-2261 Office: (501) 569-2278 Fax: (501) 569-2164

Email: amanda.andrews@ardot.gov



From: Kathryn Irby < Kent: Wednesday, January 10, 2024 8:07 AM
To: Brandon Lacy brandon@lacylawfirm.com

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>; Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>

Subject: RE: INFO NEEDED: Spicer v. ArDOT, Claim No. 230400

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.

Amanda, do you agree?

Kathryn

From: Brandon Lacy < brandon@lacylawfirm.com>

Sent: Tuesday, January 9, 2024 3:43 PM **To:** Kathryn Irby Kathryn.lrby@arkansas.gov

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>; Blakley, Sharon <<u>Sharon.Blakley@ardot.gov</u>>

Subject: Re: INFO NEEDED: Spicer v. ArDOT, Claim No. 230400

I can present my case with 1-2 witnesses. I would prefer 1 hour for my case in chief but if we need to do the entire hearing in 1 hour I think we can do it.

Brandon Lacy

Error! Filename not specified.

630 S. Main Street 202 W. Meadow Street Jonesboro, AR 72401 Fayetteville, AR 72701 PH: 870-932-4522 PH: 479-595-0909 FX: 870-932-4529 FX: 479-595-0928

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On Jan 9, 2024, at 3:02 PM, Kathryn Irby < Kathryn.Irby@arkansas.gov> wrote:

Brandon and Amanda, how long do the parties anticipate needing for this hearing?

Kathryn

From: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>

Sent: Tuesday, January 9, 2024 2:58 PM

To: ASCC Pleadings asccpleadings@arkansas.gov>

Cc: Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>; Blakley, Sharon <<u>Sharon.Blakley@ardot.gov</u>>; Brandon Lacy <<u>brandon@lacylawfirm.com</u>>

Subject: Spicer v. ArDOT, Claim No. 230400

You don't often get email from stephanie@lacylawfirm.com. Learn why this is important

Attached please find correspondence from Attorney Brandon Lacy regarding the claim referenced above.

Thank you, <image001.png>

Stephanie Crawford

Legal Assistant 630 South Main Street Jonesboro, AR 72401

Phone: 870-932-4522 Facsimile: 870-932-4529

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does not guarantee that either is virus-free and accepts no liability for any damage sustained as a result of viruses. Thank you.

<ACC; hearing request 1.9.24.pdf>

From: Kathryn Irby

To: Brandon Lacy; Andrews, Amanda J.
Cc: Stephanie Crawford; Blakley, Sharon D.

Subject: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Date:Friday, February 16, 2024 1:54:00 PMAttachments:Spicer v. Aston. La control of the pdf

Brandon and Amanda, please see attached.

Apologies for the delay – we have had a huge influx of claims, which is slowing everything down.

Thanks, Kathryn

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

ARKANSAS STATE CLAIMS COMMISSION

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



KATHRYN IRBY DIRECTOR

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

February 16, 2024

Mr. Brandon W. Lacy Lacy Law Firm 630 South Main Street Jonesboro, Arkansas 72401 (via email)

Ms. Amanda J. Andrews Arkansas Department of Transportation Post Office Box 2261 Little Rock, Arkansas 72203 (via email)

RE: Katelyn Spicer v. Arkansas Department of Transportation Claim No. 230400

Dear Mr. Lacy and Ms. Andrews,

The Claims Commission has scheduled this claim for a two-hour hearing on **Thursday**, **August 22**, **2024**, beginning at 9:00 a.m. All parties will attend via Zoom. If either party objects to the Zoom format, a written objection must be submitted via email (kathryn.irby@arkansas.gov) or received via mail no later than February 23, 2024. The Zoom invitation is enclosed.

The following prehearing materials are due on or before August 1, 2024:

- Each party's list of witnesses who will testify live at the hearing or via deposition;
- Each party's list of exhibits that may be introduced at the hearing, along with a copy of the proposed exhibits;
- Deposition transcripts if any deposition testimony will be submitted in lieu of live testimony;
- Prehearing briefs if either party would like to submit for Commission review; and
- Subpoena requests (absent a showing of good cause, the Commission will not issue subpoenas for requests received after the prehearing material deadline).

Please note that a party's failure to submit a witness list or exhibit list may prevent that party from being able to introduce witness testimony or exhibits at hearing.

To the extent that either party intends to file a motion of any kind, absent a showing of good cause, the motion must be submitted in sufficient time to allow the motion to be fully briefed pursuant to the Arkansas Rules of Civil Procedure by **August 1, 2024**.

Please note that a copy of any filing must be served upon the opposing party in accordance with the Arkansas Rules of Civil Procedure.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

Kathryn Irby

ES: kmirby

Kathryn Irby -- Claims Commission is inviting you to a scheduled Zoom meeting.

Topic: Hearings

Time: Aug 22, 2024 09:00 AM Central Time (US and Canada)

Join Zoom Meeting

https://us06web.zoom.us/j/86187799786?pwd=0j3SC65mMEIraalsxOZVJC9vislcQ7.1

Meeting ID: 861 8779 9786

Passcode: ymNi5M

Dial by your location

- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 646 931 3860 US
- +1 929 436 2866 US (New York)
- +1 301 715 8592 US (Washington DC)

Meeting ID: 861 8779 9786

Passcode: 841664

Find your local number: https://us06web.zoom.us/u/kc0AEzFVJN

From: Kathryn Irby
To: "Brandon Lacy"

Cc: "Stephanie Crawford"; "Andrews, Amanda J."; "Blakley, Sharon D."

Subject: HEARING RESCHEDULED: Spicer v. ArDOT, Claim No. 230400

Date: Tuesday, February 20, 2024 1:31:00 PM

Attachments: Spicer v. ArDOT, 200 to the proceed to Nov 2024).pdf

Brandon and Amanda, please see attached hearing rescheduling letter and new Zoom invitation.

Thanks, Kathryn

From: Kathryn Irby <Kathryn.Irby@arkansas.gov>
Sent: Tuesday, February 20, 2024 1:28 PM

To: Brandon Lacy <brandon@lacylawfirm.com>

Cc: Stephanie Crawford <stephanie@lacylawfirm.com>; Andrews, Amanda J. <Amanda.Andrews@ardot.gov>; Blakley, Sharon D. <Sharon.Blakley@ardot.gov>

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Brandon and Amanda, I'm going to put this claim on November 7 date. Let me know if any concerns.

Kathryn

From: Brandon Lacy < <u>brandon@lacylawfirm.com</u>>

Sent: Monday, February 19, 2024 3:42 PM **To:** Kathryn Irby < Kathryn.lrby@arkansas.gov>

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>; Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>

Subject: Re: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Kathryn:

As much as I would like to push this claim forward, I'm afraid I can't get it ready for hearing in time to get the pre-hearing materials completed by March. The deposition of my client the other week revealed some things I need to provide to Amanda, and I'm doing my best to get them, but some of them involve getting medical records, and I have little control over how fast they will provide them. I'm fairly confident we could have everything ready by the September date, but if that's not a sure thing and there's a chance we'll just get bumped, I'm okay with the November date as well.

In addition, I realized that we were still working off the complaint that was filed by my client's automobile insurer simply to surrogate a property damage claim as the operative pleading in the case. I need to file an amended complaint that includes my client's own personal injury damages, not simply State Farm's property damage claim. I'm not aware of a form for an amended complaint, do you suggest we just submit another complaint on the standard form and file it under the active case number?

Brandon Lacy Lacy Law Firm

630 S. Main Street 202 W. Meadow Street
Jonesboro, AR 72401 Fayetteville, AR 72703
PH: 870-277-1144 PH: 479-957-9645
FX: 870-277-1143 FX: 870-277-1143

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On Feb 19, 2024, at 3:09 PM, Kathryn Irby < Kathryn.Irby@arkansas.gov> wrote:

Actually, one of my ADC hearing dates is now available due to a conflict with ADC's counsel – if **Thursday, April 11** works for both parties, I can schedule this claim for hearing then. That would only give the parties until March 21 to submit their prehearing materials, though, including any depo transcripts.

Kathryn

From: Kathryn Irby < Kathryn.Irby@arkansas.gov

Sent: Monday, February 19, 2024 2:18 PM

To: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Brandon Lacy

<brandon@lacylawfirm.com>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>

Cc: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Brandon and Amanda, I can put this claim as second out on May 10 if a ½ day hearing that is set goes away. I can also put this claim as second out on September 20, although if the September 19 hearing goes into a second day, I would have to push this hearing at the last minute. Alternatively, my next first-out, 2 hour opening right now is November 7.

Please let me know your thoughts.

Kathryn

From: Stephanie Crawford < stephanie@lacylawfirm.com>

Sent: Monday, February 19, 2024 11:19 AM

To: Kathryn Irby < Kathryn Irby <a href="mailto:Kathryn Irby "mailto:Kathryn "mailto:Kathryn "mailto:Kathryn "mailto:Kathryn "mailto

<<u>brandon@lacylawfirm.com</u>>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>

Cc: Blakley, Sharon D. < <u>Sharon.Blakley@ardot.gov</u>>

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Kathryn,

Mr. Lacy has a conflict with August 22, 2024. He has a jury trial scheduled to take place in a separate matter from August 21-23, 2024. Could you please provide us with alternate dates?

Thank you, <image001.png>

Stephanie Crawford

Legal Assistant 630 South Main Street Jonesboro, AR 72401

Phone: 870-932-4522 Facsimile: 870-932-4529

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From: Kathryn Irby < <u>Kathryn.Irby@arkansas.gov</u>>

Sent: Friday, February 16, 2024 1:55 PM

To: Brandon Lacy <<u>brandon@lacylawfirm.com</u>>; Andrews, Amanda J.

<Amanda.Andrews@ardot.gov>

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Blakley, Sharon D.

<<u>Sharon.Blaklev@ardot.gov</u>>

Subject: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Brandon and Amanda, please see attached.

Apologies for the delay – we have had a huge influx of claims, which is slowing everything down.

Thanks, Kathryn

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

ARKANSAS STATE CLAIMS COMMISSION

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



KATHRYN IRBY DIRECTOR

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

February 16, 2024

Mr. Brandon W. Lacy Lacy Law Firm 630 South Main Street Jonesboro, Arkansas 72401 (via email)

Ms. Amanda J. Andrews Arkansas Department of Transportation Post Office Box 2261 Little Rock, Arkansas 72203 (via email)

RE: Katelyn Spicer v. Arkansas Department of Transportation Claim No. 230400

Dear Mr. Lacy and Ms. Andrews,

The Claims Commission has scheduled this claim for a two-hour hearing on **Thursday**, **November 7, 2024**, beginning at 9:00 a.m. All parties will attend via Zoom. If either party objects to the Zoom format, a written objection must be submitted via email (kathryn.irby@arkansas.gov) or received via mail no later than February 26, 2024. The Zoom invitation is enclosed.

The following prehearing materials are due on or before October 17, 2024:

- Each party's list of witnesses who will testify live at the hearing or via deposition;
- Each party's list of exhibits that may be introduced at the hearing, along with a copy of the proposed exhibits;
- Deposition transcripts if any deposition testimony will be submitted in lieu of live testimony;
- Prehearing briefs if either party would like to submit for Commission review; and
- Subpoena requests (absent a showing of good cause, the Commission will not issue subpoenas for requests received after the prehearing material deadline).

Please note that a party's failure to submit a witness list or exhibit list may prevent that party from being able to introduce witness testimony or exhibits at hearing.

To the extent that either party intends to file a motion of any kind, absent a showing of good cause, the motion must be submitted in sufficient time to allow the motion to be fully briefed pursuant to the Arkansas Rules of Civil Procedure by **October 17, 2024**.

Please note that a copy of any filing must be served upon the opposing party in accordance with the Arkansas Rules of Civil Procedure.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

Kathryn Irby

ES: kmirby

Kathryn Irby -- Claims Commission is inviting you to a scheduled Zoom meeting.

Topic: Hearings

Time: Nov 7, 2024 09:00 AM Central Time (US and Canada)

Join Zoom Meeting

https://us06web.zoom.us/j/88607166102?pwd=qbCAfBXHfI20Oy1uiIWaMMUtF95a2c.1

Meeting ID: 886 0716 6102

Passcode: J5W3U2

Dial by your location

- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 646 931 3860 US

Meeting ID: 886 0716 6102

Passcode: 958707

Find your local number: https://us06web.zoom.us/u/kcjOqNlCJI

From: Brandon Lacy

To: <u>Andrews, Amanda J.</u>; <u>Kathryn Irby</u>

Cc: Stephanie Crawford; Blakley, Sharon D.; Davenport, Michelle L.

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Date: Tuesday, February 20, 2024 3:28:46 PM

Attachments: image ijpg

Thank you.

From: Andrews, Amanda J. <Amanda.Andrews@ardot.gov>

Sent: Tuesday, February 20, 2024 3:19 PM

To: Kathryn Irby <Kathryn.Irby@arkansas.gov>; Brandon Lacy <brandon@lacylawfirm.com>

Cc: Stephanie Crawford <stephanie@lacylawfirm.com>; Blakley, Sharon D.

<Sharon.Blakley@ardot.gov>; Davenport, Michelle L. <Michelle.Davenport@ardot.gov>

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Thank you, Kathryn.

Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation P.O. Box 2261

Little Rock, AR 72203-2261 Office: (501) 569-2278 Fax: (501) 569-2164

Email: amanda.andrews@ardot.gov



From: Kathryn Irby < <u>Kathryn.Irby@arkansas.gov</u>>

Sent: Tuesday, February 20, 2024 3:16 PM

To: Brandon Lacy < <u>brandon@lacylawfirm.com</u>>; Andrews, Amanda J.

<<u>Amanda.Andrews@ardot.gov</u>>

Cc: Stephanie Crawford < stephanie@lacylawfirm.com>; Blakley, Sharon D.

<<u>Sharon.Blakley@ardot.gov</u>>; Davenport, Michelle L. <<u>Michelle.Davenport@ardot.gov</u>>

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

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I have changed the hearing format to in-person.

Thanks, Kathryn From: Brandon Lacy < brandon@lacylawfirm.com>

Sent: Tuesday, February 20, 2024 2:59 PM

To: Andrews, Amanda J. Andrews@ardot.gov; Kathryn Irby Kathryn.Irby@arkansas.gov

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Blakley, Sharon D.

<<u>Sharon.Blakley@ardot.gov</u>>; Davenport, Michelle L. <<u>Michelle.Davenport@ardot.gov</u>>

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Hi Kathryn, I should have honestly requested that it be in-person, it just slipped my mind that the default for the Commission was Zoom. I'm sorry for not mentioning it sooner, but I join in Amanda's request that the hearing be in-person. Thanks,

Brandon

From: Andrews, Amanda J. < Amanda. Andrews@ardot.gov>

Sent: Tuesday, February 20, 2024 2:50 PM

To: Kathryn Irby < Kathryn.Irby@arkansas.gov>; Brandon Lacy < brandon@lacylawfirm.com>

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Blakley, Sharon D.

<<u>Sharon.Blakley@ardot.gov</u>>; Davenport, Michelle L. <<u>Michelle.Davenport@ardot.gov</u>>

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Kathryn,

I received the hearing notice in the above matter and respectfully request that the hearing be held in person. This is a disputed personal injury claim that involves significant medical records with, possibly, 3-D models of the injuries, and the evidence will be more efficiently handled in person. I notified opposing counsel of our intent to request an in-person hearing per the hearing notice, and he agreed that the matter should be held in person. Brandon may have more to add as to the Claimant's wishes, but he authorized me to share with you that he is in full agreement with an in-person hearing.

You have my thanks for your consideration of this request. I am happy to answer any questions you may have or provide additional information.

Sincerely,

Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261 Office: (501) 569-2278 Fax: (501) 569-2164

Email: amanda.andrews@ardot.gov



From: Kathryn Irby < Kathryn.Irby@arkansas.gov>
Sent: Tuesday, February 20, 2024 1:28 PM

To: Brandon Lacy < brandon@lacylawfirm.com>

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>; Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

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.

Brandon and Amanda, I'm going to put this claim on November 7 date. Let me know if any concerns.

Kathryn

From: Brandon Lacy < <u>brandon@lacylawfirm.com</u>>

Sent: Monday, February 19, 2024 3:42 PM **To:** Kathryn Irby < <u>Kathryn Irby@arkansas.gov</u>>

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>; Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>

Subject: Re: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Kathryn:

As much as I would like to push this claim forward, I'm afraid I can't get it ready for hearing in time to get the pre-hearing materials completed by March. The deposition of my client the other week revealed some things I need to provide to Amanda, and I'm doing my best to get them, but some of them involve getting medical records, and I have little control over how fast they will provide them. I'm fairly confident we could have everything ready by the September date, but if that's not a sure thing and there's a chance we'll just get bumped, I'm okay with the November date as well.

In addition, I realized that we were still working off the complaint that was filed by my client's automobile insurer simply to surrogate a property damage claim as the operative pleading in the case. I need to file an amended complaint that includes my client's own personal injury damages, not simply State Farm's property damage claim. I'm not aware of a form for an amended complaint, do you suggest we just submit another complaint on the standard form and file it under the active

case number?

Brandon Lacy Lacy Law Firm

 630 S. Main Street
 202 W. Meadow Street

 Jonesboro, AR 72401
 Fayetteville, AR 72703

 PH: 870-277-1144
 PH: 479-957-9645

 FX: 870-277-1143
 FX: 870-277-1143

* * * * CONFIDENTIALITY NOTICE * * * *

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On Feb 19, 2024, at 3:09 PM, Kathryn Irby < Kathryn.Irby@arkansas.gov > wrote:

Actually, one of my ADC hearing dates is now available due to a conflict with ADC's counsel – if **Thursday, April 11** works for both parties, I can schedule this claim for hearing then. That would only give the parties until March 21 to submit their prehearing materials, though, including any depo transcripts.

Kathryn

From: Kathryn Irby <<u>Kathryn.Irby@arkansas.gov</u>>

Sent: Monday, February 19, 2024 2:18 PM

To: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Brandon Lacy

<brandon@lacylawfirm.com>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>

Cc: Blakley, Sharon D. < Sharon.Blakley@ardot.gov>

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Brandon and Amanda, I can put this claim as second out on May 10 if a ½ day hearing that is set goes away. I can also put this claim as second out on September 20, although if the September 19 hearing goes into a second day, I would have to push this hearing at the last minute. Alternatively, my next first-out, 2 hour opening right now is November 7.

Please let me know your thoughts.

Kathryn

From: Stephanie Crawford < stephanie@lacylawfirm.com>

Sent: Monday, February 19, 2024 11:19 AM

To: Kathryn Irby < Kathryn Irby <a href="mailto:Kathryn Irby "mailto:Kathryn "mailto:Kathryn "mailto:Kathryn "mailto:Kathryn "mailto:Kathryn "mailto:Kath

<brandon@lacylawfirm.com>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>

Cc: Blakley, Sharon D. < Sharon.Blakley@ardot.gov>

Subject: RE: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Kathryn,

Mr. Lacy has a conflict with August 22, 2024. He has a jury trial scheduled to take place in a separate matter from August 21-23, 2024. Could you please provide us with alternate dates?

Thank you, <image001.png>

Stephanie Crawford

Legal Assistant

630 South Main Street Jonesboro, AR 72401 Phone: 870-932-4522 Facsimile: 870-932-4529

* * * * CONFIDENTIALITY NOTICE * * * *

The information contained in this e-mail, and in any attachment, may be confidential and/or privileged. This email is intended to be reviewed only by the individual or organization named above. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this e-mail and its attachments, if any, or the information contained herein, is strictly prohibited. If you have received this e-mail in error, please immediately notify sender by return e-mail and delete this e-mail from your system. Additionally Lacy Law Firm attempts to sweep e-mail and attachment for viruses, it does not guarantee that either is virus-free and accepts no liability for any damage sustained as a result of viruses. Thank you.

From: Kathryn Irby < <u>Kathryn.Irby@arkansas.gov</u>>

Sent: Friday, February 16, 2024 1:55 PM

To: Brandon Lacy <<u>brandon@lacylawfirm.com</u>>; Andrews, Amanda J. <<u>Amanda.Andrews@ardot.gov</u>>

Cc: Stephanie Crawford <<u>stephanie@lacylawfirm.com</u>>; Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>

Subject: HEARING SCHEDULED: Spicer v. ArDOT, Claim No. 230400

Brandon and Amanda, please see attached.

Apologies for the delay – we have had a huge influx of claims, which is slowing everything down.

Thanks, Kathryn

Kathryn Irby Arkansas State Claims Commission 101 East Capitol Avenue, Suite 410 Little Rock, Arkansas 72201 (501) 682-2822 From: Stephanie Crawford
To: ASCC Pleadings

Cc: Andrews, Amanda J.; Blakley, Sharon D.; Brandon Lacy

Subject: Spicer v. ArDOT, Claim No. 230400

Date: Tuesday, February 20, 2024 2:17:12 PM

Attachments: imedia 2 leng

ttachments: image 1,290 ACC: America 1,200,24, pdf

Amended Complaint.pdf

You don't often get email from stephanie@lacylawfirm.com. Learn why this is important

Attached please find Claimant's Amended Complaint to be filed in the matter referenced above. Please confirm receipt.

Thank you,

Stephanie Crawford

Legal Assistant

630 South Main Street

Jonesboro, AR 72401 Phone: 870-932-4522 Facsimile: 870-932-4529

* * * * CONFIDENTIALITY NOTICE * * * *

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202 W. MEADOW FAYETTEVILLE, AR 72701 P 479.595.0909 F 479.595.0928

630 S. MAIN STREET JONESBORO, AR 72401 P 870.932.4522 F 870.932.4529

February 20, 2024

VIA ELECTRONIC MAIL TO ascepleadings@arkansas.gov

Arkansas State Claims Commission Attn: Ms. Kathryn Irby 101 East Capital Avenue, Suite 410 Little Rock, AR 72201

> Katelyn Spicer v. Arkansas Department of Transportation Re:

Claim No. 230400

Dear Kathryn,

Enclosed please find Claimant's Amended Complaint that we are submitting to be filed in the matter referenced above.

Please contact me with any questions or concerns.

Yours truly,

Dictated But Not Read To Avoid Delay

Brandon W. Lacy

BWL/sc

Enclosure(s): As stated above

cc: Ms. Amanda Andrews (via electronic mail to Amanda.Andrews@ardot.gov)

ARKANSAS CLAIMS COMMISSION

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



arclaimscommission.arkansas.gov ascc.new.claims@arkansas.gov

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

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)						
Spicer, Katelyn						
(title/last name/first nam	= -10	email)				
(address)	(city)	(state)	(zip)	(primary phone)		
2. Claimant's Legal Coun proceed to section 2)	sel - 🔲 (If represe	enting yourself (Pro	Se) please ch	eck this box and		
Lacy	Brandon		brandon@lacylawfirm.o			
(last name)	(first nam	ne)	(em	ail)		
630 S. Main Street	Jonesboro	AR	72401	(870) 932-4522		
(address)	(city)	(state)	(zip)	(primary phone)		
Arkansas Bar Number:	2003098		not licensed to practice law in Ark ontact the Claims Commission for			
3. State Agency Involved	(If this section is no	t completed this cl	aim will be ret	urned as deficient).		
The agency(ies) involved no jurisdiction over coun	must be Arkansas st	tate agencies. The				
Arkansas Department o	f Transportation					
(state agency involved)						
4. Incident Date						
09-19-2022						
5. Claim Type Negligence - Property D Negligence - Personal In						
Please provide the locati required please attach ac				f additional space is		
Location of Incident Rui	ral Independence Cou	inty. Arkansas				

Explanation of Incident Motor vehicle collision - Claimant's was traveling along Highway 106 in Rural Independence County outside of Bethesda, AR when an ArDOT vehicle pulled in front of vehicle and made contact. Vehicle is an obvious total loss. Driver injured. Receiving treatment at

5a. Check here if this claim involves dama	ge to a motor vehicle	e. 🗶				
5b. Check here if this claim involves dama	ge to property other	than a motor vehicle.				
All property damage claims require a copy	of your insurance de	clarations covering the	property or			
motor vehicle at the time of damage.	Please do not include a copy of your insurance card You may obtain a copy of your insurance declaration from your insurance agent.					
I did not have insurance covering my prope	rty/motor vehicle at	the time of damage.				
All property damage claims require ONE o 1. Invoice(s) documenting repair costs, OF 2. Three (3) estimates for repair of the da 3. An explaination why repair bill(s) or est 6. Was a state vehicle involved? (If Yes, p	R maged property, OR cimate(s) cannot be p	rovided.				
(type of state vehicle involved) (lice	ense number)	(driver)				
7. Check here if this claim involves person	al injury.					
All personal injury claims require a copy o at the time of the incident.	f your medical insura	nce information in place	e			
I do not have health insurance						
8. Amount Sought: \$ 100,000.00						

ARKANSAS STATE CLAIMS COMMISSION

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



KATHRYN IRBY DIRECTOR

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

CLAIM SUBMISSION SIGNATURE PAGE

The undersigned attorney 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 nonfrivolous 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.

Brandon W. Lacy

Attorney Name (must be printed legibly)
Attorney Signature
Acknowledgement
State of Arkansas
County of Craighead
On this the 20th day of Furtuary, 20 24, before me, the undersigned notary personally appeared <u>Prandon Locy</u> 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.
Juhani Cauford [Soul of Office]
Signature of Notary Public STEPHANIE CRAWFORD MY COMMISSION # 12364146
My Commission expires: 1428 EXPIRES: January 14, 2028 Greene County

From: Stephanie Crawford
To: ASCC Pleadings

Cc: Andrews, Amanda J.; Blakley, Sharon D.; Alexander.Denker@ardot.gov; Brandon Lacy

Subject:Spicer v. ArDOT, Claim No. 230400Date:Wednesday, March 27, 2024 1:15:06 PM

Attachments: image png

ACC: 2nd Supp hespito Last and the Ds 3.27.24.pdf

2nd Supplemental Responses to the second and Ar Ds by Respondent.pd

Document From Jon 519 524.pdf

You don't often get email from stephanie@lacylawfirm.com. Learn why this is important

Attached please find Claimant's First Supplemental Responses to Respondent's First Set of Interrogatories and Requests for Production of Documents. Please confirm receipt.

The OneDrive link below contains a video referenced in Claimant's Document Production.

Sternum video - 3D - taken 3 weeks post-MVA.mov

Thank you,

Stephanie Crawford

Legal Assistant



630 S. Main Street
Jonesboro, AR 72401
PH: 870-932-4522
FX: 870-932-4529
FX: 479-595-0928



303 E Millsap Road Fayetteville, AR 72703 P 479.595.0909 F 479.595.0928

LACY LAW FIRM

630. S. Main Street Jonesboro, AR 72401 P 870.932.4522 F 870.932.4529

PLEASE NOTE OUR NEW ADDRESS AT OUR FAYETTEVILLE LOCATION

March 27, 2024

VIA ELECTRONIC MAIL TO ascepleadings@arkansas.gov

Arkansas State Claims Commission Attn: Ms. Kathryn Irby 101 East Capital Avenue, Suite 410 Little Rock, AR 72201

> Katelyn Spicer v. Arkansas Department of Transportation Re: Claim No. 230400

Dear Kathryn,

Enclosed please find Claimant's Second Supplemental Responses to Respondent's First Set of Interrogatories and Requests for Production of Documents along with Claimant's Document Production bates labeled Spicer Document Production 518-524.

Please contact me with any questions or concerns.

Yours truly,

Dictated But Not Read To Avoid Delay

Brandon W. Lacy

BWL/sc

Enclosure(s): As stated above

Ms. Amanda Andrews (via electronic mail to Amanda.Andrews@ardot.gov) cc:

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANT

V. CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

CLAIMANT'S SECOND SUPPLEMENTAL RESPONSES TO RESPONDENT'S FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS

Comes the Claimant, Katelyn Spicer, by and through her attorney, Brandon Lacy of Lacy

Law Firm, and for her Second Supplemental Responses to Respondent's First Set of

Interrogatories and Requests for Production of Documents, states:

INTERROGARORY NO. 4: Identify each person who has knowledge of any facts connected to the incident that is the subject of this claim, state the facts known to each such person, and indicate whether the person has made a written or recorded statement, identifying the custodian of each statement.

RESPONSE: Katelyn Spicer;

This response will be supplemented as discovery continues.

SUPPLEMENTAL RESPONSE:

Katelyn Spicer, Katelyn will testify regarding the events of the day in question, everything she recalls before, during and after the collision, the injuries she received in the collision, and her treatment for these injuries.



This response may be supplemented as discovery continues.

INTERROGATORY NO. 10: In connection with your claim for medical and other health care expenses incurred as a result of the incident that is the subject of this claim, please identify and itemize each medical, hospital or other health care bill or expense for which you make a claim in this case.

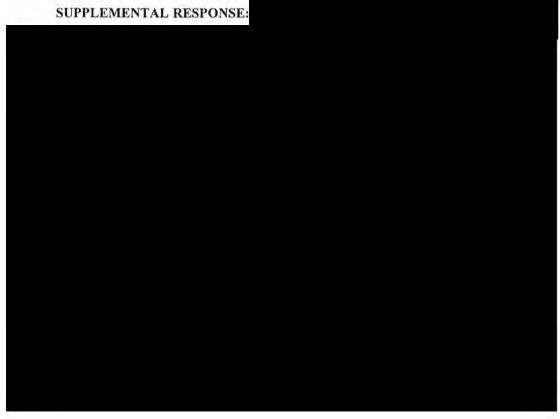
RESPONSE: See attached itemized medical expense list. This response may be supplemented as discovery continues.

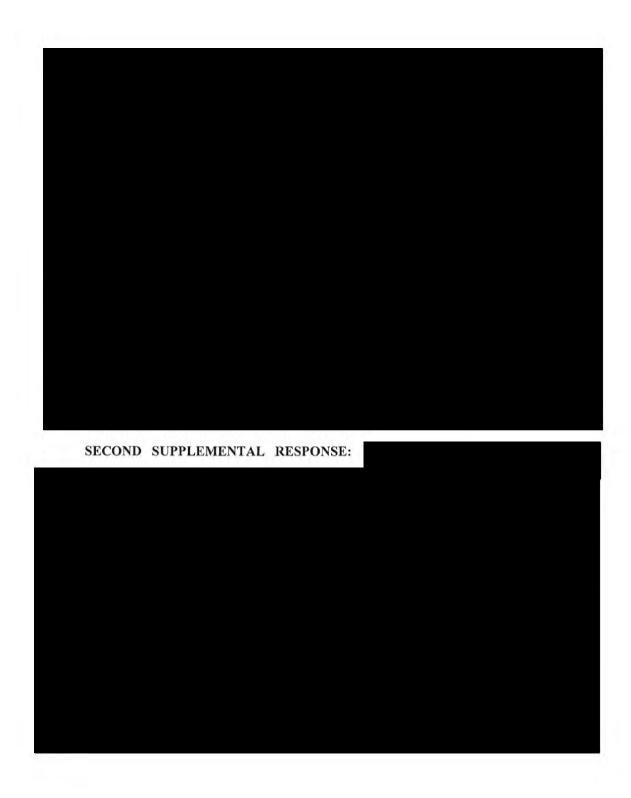
SUPPLEMENTAL RESPONSE: See attached updated itemized medical expense list.

SECOND SUPPLEMENTAL RESPONSE: See attached updated itemized medical expense list.

INTERROGATORY NO. 11: If other than medical expenses, you have incurred financial or material loss or damage which you attribute to the incident that is the subject of this claim, please list, describe and itemize each and every such loss or expense.

	RESPONSE:												
		These	amounts	are	being	compiled	and	will	be	forwarded	in	a	
sup	oplemental response.												







REQUESTS FOR PRODUCTION OF DOCUMENTS

REQUEST FOR PRODUCTION NO. 4: Please provide copies of all documents, items, charts, models, diagrams or similar devices identified in Answer to Interrogatory No. 5.

RESPONSE: See attached medical records and medical expenses and Arkansas Motor Vehicle Crash Report. This response may be supplemented as discovery continues.

SUPPLEMENTAL RESPONSE: See attached medical records and medical expenses, Arkansas Motor Vehicle Crash Report, and photographs depicting the property damage to Claimant's vehicle. This response may be supplemented as discovery continues.

SECOND SUPPLEMENTAL RESPONSE:

This response may be supplemented as discovery continues.

Respectfully Submitted,

Brandon W. Lacy #03098 630 S. Main Street Jonesboro, AR 72401 (870) 932-4522 brandon@lacylawfirm.com

Attorney for Claimant

Brandon W. Lacy

CERTIFICATE OF SERVICE

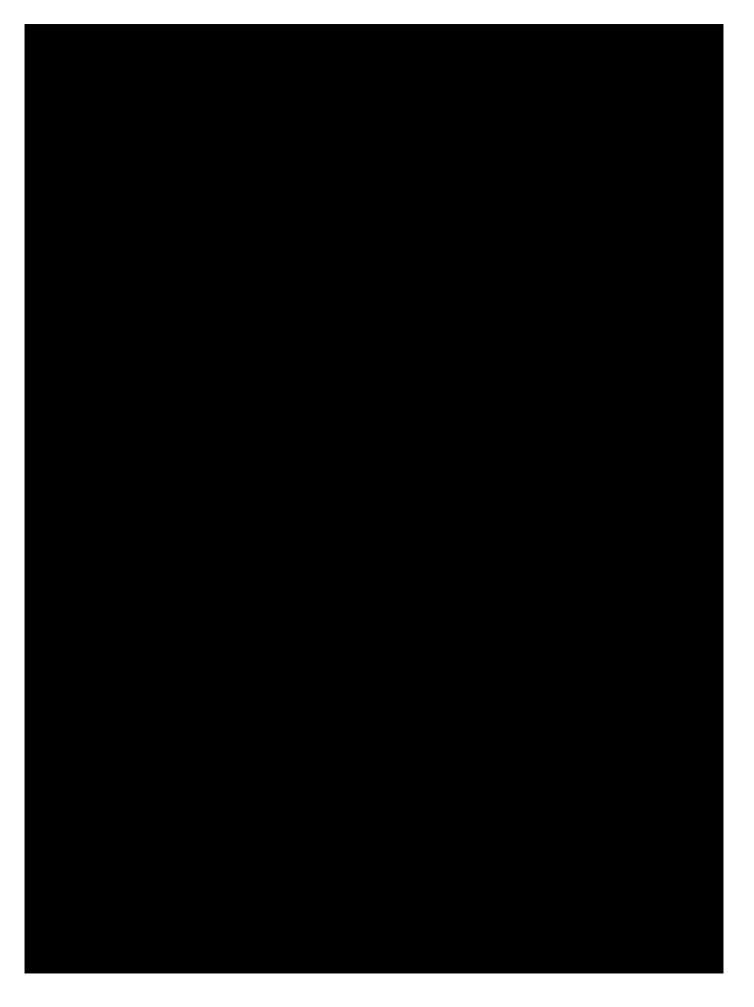
I, Brandon Lacy, certify that a copy of the foregoing pleading was served, via email, upon the following counsel of record in the above captioned case on March 2024:

Ms. Amanda J. Andrews P. O. Box 2261 Little Rock, AR 72203-2261 Amanda.Andrews@ardot.gov

Brandon Lacy #2003098



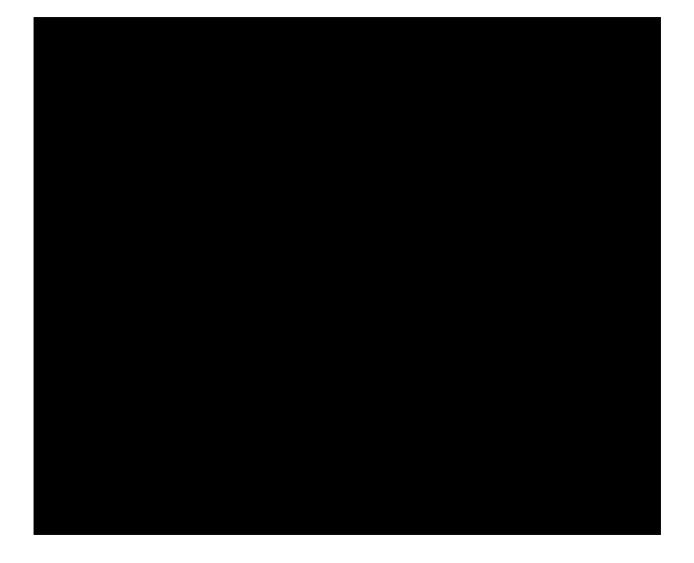
Video Showing 3D Image of Sternum



I.2.a



I.2.a







From: <u>Blakley, Sharon D.</u>

To: ASCC Pleadings; Kathryn Irby
Cc: Martinez, Ivan; Brandon Lacy

Subject: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in Abeyance

Date: Friday, September 13, 2024 2:12:49 PM

Attachments: image property

Please acknowledge receipt of the attached Motion to Hold Claim in Abeyance for the referenced claim.

Sharon D. Blakley

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



September 13, 2024

Ms. Kathryn Irby, Director Arkansas State Claims Commission 101 East Capitol Avenue, Suite 410 Little Rock, AR 72201-3823 (via email)

Re: Katelyn Spicer v. Arkansas Dept of Transportation Claim No. 230400

Dear Ms. Irby:

Please find attached my Motion to Hold Claim in Abeyance in the above-styled claim. Please confirm receipt at your earliest convenience.

Sincerely,

Ivan Martinez

Iván Martínez

Staff Attorney, Arkansas Dept. of Transportation

IM/sdb Enclosure

cc: Brandon Lacy Lacy Law Firm 630 S Main St. Jonesboro, AR 72401

BEFORE THE STATE CLAIMS COMMISSION OF THE STATE OF ARKANSAS

KATELYN SPICER CLAIMANTS

V. CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

MOTION TO HOLD CLAIM IN ABEYANCE

COMES THE RESPONDENT, Arkansas Department of Transportation, by and through its Staff Attorney, Iván Martínez, and for its Motion to Hold Claim in Abeyance, states the following:

- 1. Claimant Katelyn Spicer filed her Amended Claim on February 20, 2024, and submitted therewith proof of medical insurance for Katelyn Spicer, and proof of uninsured motorist bodily injury coverage, medical payments coverage, underinsured motorist bodily injury coverage, and uninsured motorist property damage coverage for the vehicle of Katelyn Spicer.
- 2. Claimant has submitted proof that they filed claims for personal injury coverage under uninsured motorist and medical payments coverage, but failed to submit proof that they filed a claim for underinsured motorist personal injury coverage with any insurance carrier providing coverage to or on behalf of such Claimant on the date of the incident that gave rise to this Claim, the amount of benefits paid for any such insurance claim, or proof that any such underinsured motorist insurance claim was denied. The coverage details provided to Respondent are attached to this Motion as exhibit "A" and incorporated herein by reference. The Affidavit Regarding Exhaustion of Insurance Remedies is attached to this Motion as exhibit "B" and incorporated herein by reference.
- 3. Respondent is uninsured and is not required to have insurance pursuant to Arkansas Code Annotated §§ 27-22-101(b) and 27-13-102(d).

1.2.a

4. Arkansas Code Annotated § 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

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

claimant has exhausted all remedies against insurers, including the claimant's

paid to the claimant.

5. On the date of the incident, Katelyn Spicer had health insurance coverage through

A copy of health insurance coverage verification submitted with the

Claim Form is attached hereto as Exhibit "C" and incorporated herein by reference.

6. The Commission should hold this claim in abeyance until Claimants have fully

exhausted all remedies against any insurer, including each Claimants' own insurer for

underinsured motorist coverage.

WHEREFORE, Respondent, Arkansas Department of Transportation, prays that this

matter be held in abeyance pending exhaustion of any and all available insurance coverage, for its

costs herein expended, and for all other just and equitable relief to which it may be entitled.

Respectfully submitted,

ARKANSAS DEPARTMENT OF TRANSPORTATION

By: Avan Martinez

Iván Martínez, Ark Bar No. 2024003

Staff Attorney

ARDOT Legal Division

P. O. Box 2261

Little Rock, AR 72203-2261

(501) 569-2158

Ivan.Martinez@ardot.gov

CERTIFICATE OF SERVICE

I, Iván Martínez, certify that a true and correct copy of the foregoing notice has been served via electronic mail this <u>13th</u> day of September, 2024, to the following:

Brandon Lacy Attorney for Claimant Lacy Law Firm 630 S Main St Jonesboro, AR 72401

Avan Martinez

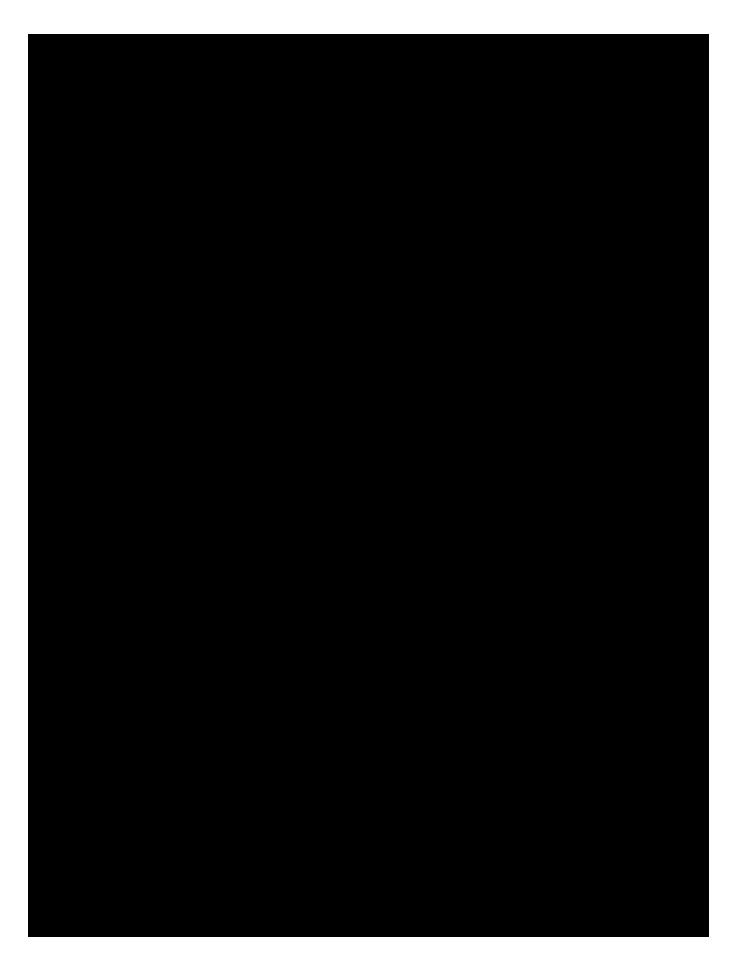
Iván Martínez





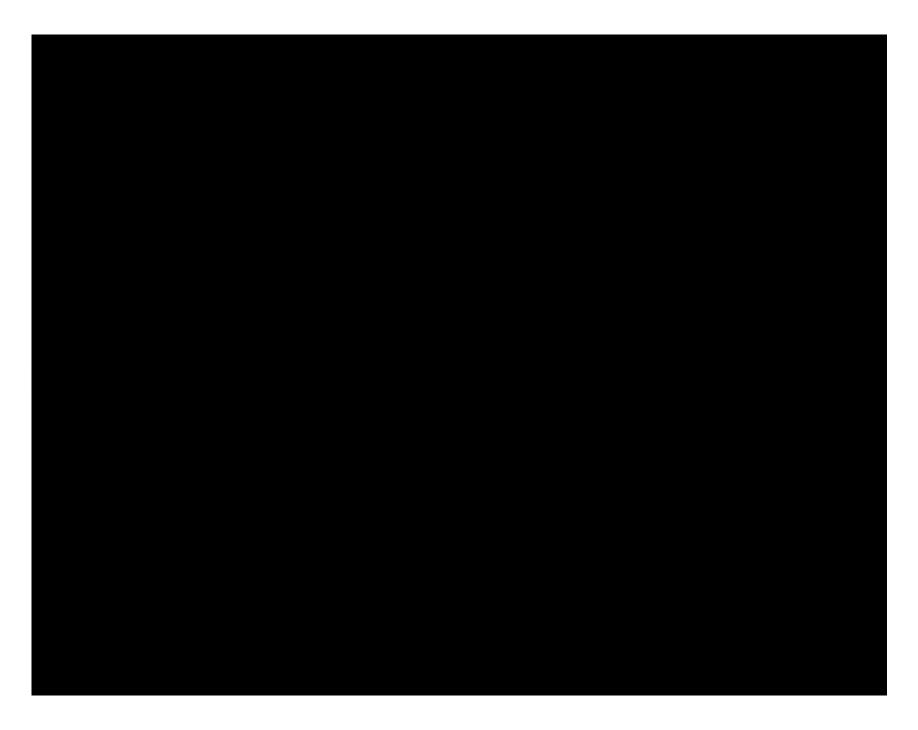




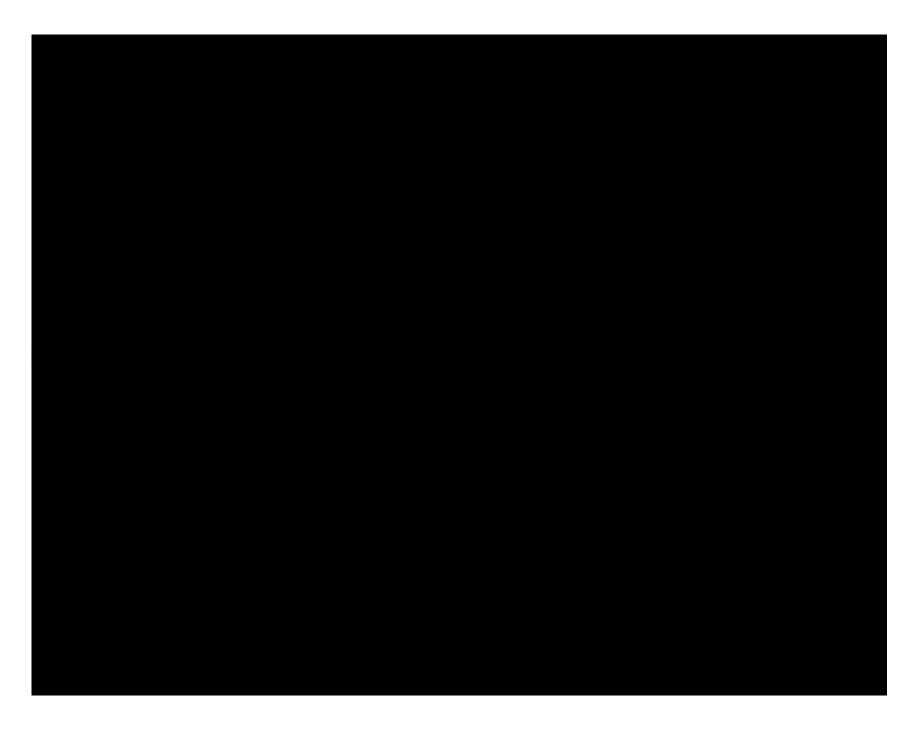




I.2.a



I.2.a



From: Brandon Lacy

To: <u>Blakley, Sharon D.</u>; <u>ASCC Pleadings</u>; <u>Kathryn Irby</u>

Cc: <u>Martinez, Ivan</u>

Subject: RE: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in Abeyance

Date: Friday, September 13, 2024 2:47:08 PM

Attachments: image.co.png

Metier Control of Cont

Sharon:

I realize we have new counsel on this case from ARDOT, so perhaps they have not had the opportunity to review the file completely. A motion to hold the claim in abeyance was filed long ago, and the claim was held in abeyance while we exhausted the UM coverage. Once we did, we lifted the stay, as you can see in the attached pleadings. The stay was lifted, we completed discovery, and we are now ready for trial in November. I certainly don't mind detailing all of this in a formal response, but I think simply withdrawing this motion would probably make the record less messy. Let me know if I am missing anything.

Brandon

From: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>

Sent: Friday, September 13, 2024 2:13 PM

Subject: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in Abeyance

Please acknowledge receipt of the attached Motion to Hold Claim in Abeyance for the referenced claim.

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



From: <u>Martinez, Ivan</u>

To: <u>Brandon Lacy; Blakley, Sharon D.; ASCC Pleadings; Kathryn Irby</u>

Subject: RE: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in Abeyance

Date: Friday, September 13, 2024 3:15:39 PM

Attachments: images and

Good afternoon Mr. Lacy,

I have reviewed the file and determined that it would be proper to file my own Motion to Hold the Claim in Abeyance due to there being some ongoing issues with this claim. Ultimately, it is up to Claims Commission whether to grant or deny our Motion. Then we can proceed accordingly.

I look forward to working with you further. Please feel free to contact me directly about any other concerns you have about this claim.

Kind Regards,

Iván Martínez

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2158



From: Brandon Lacy <brandon@lacylawfirm.com>

Sent: Friday, September 13, 2024 2:47 PM

To: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; ASCC Pleadings

<ascorpleadings@arkansas.gov>; Kathryn Irby <Kathryn.Irby@arkansas.gov>

Cc: Martinez, Ivan < Ivan.Martinez@ardot.gov>

Subject: RE: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in Abeyance

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Sharon:

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Brandon

From: Blakley, Sharon D. < Sharon.Blakley@ardot.gov>

Sent: Friday, September 13, 2024 2:13 PM

To: ASCC Pleadings < <u>ASCCPleadings@arkansas.gov</u>>; Kathryn Irby < <u>Kathryn.Irby@arkansas.gov</u>> **Cc:** Martinez, Ivan < <u>Ivan.Martinez@ardot.gov</u>>; Brandon Lacy < <u>brandon@lacylawfirm.com</u>>

Subject: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in Abeyance

Please acknowledge receipt of the attached Motion to Hold Claim in Abeyance for the referenced claim.

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



From: <u>Kathryn Irby</u>

To: <u>Martinez, Ivan; Brandon Lacy; Blakley, Sharon D.; ASCC Pleadings</u>

Subject: INFO NEEDED: Spicer v ARDOT Claim 230400

Date: Saturday, September 14, 2024 10:46:27 AM

Attachments:

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Attachments: image page

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 RE: INFO NEEDED: Spicer v ARDOT Claim 230400

 Date:
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Brandon, I will make a note of your objection. And you are correct that, per the hearing letter, all motions should be filed in sufficient time to be fully briefed by October 17. If I need to schedule a special hearing for the abeyance motion to be considered, I will do so.

Brandon and Ivan, please confer next week to determine whether this is a misunderstanding or a new dispute. If I am going to need to schedule a special hearing, I need to get working on that. **Please give me an update by next Friday.**

Kathryn

From: Brandon Lacy
 Sent: Saturday, September 14, 2024 12:18 PM
 To: Kathryn Irby <Kathryn.Irby@arkansas.gov>

Cc: Martinez, Ivan <Ivan.Martinez@ardot.gov>; Blakley, Sharon D. <Sharon.Blakley@ardot.gov>;

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Subject: Re: INFO NEEDED: Spicer v ARDOT Claim 230400

Kathryn:

I will have to object to anything that results in a continuance of my client's trial, particularly when it is due to a motion that, in my opinion, is completely baseless. In fact, I suspect the motion was filed simply to obtain a continuance since there are no other valid grounds for requesting one.

My client has waited a long time for her day, and there is absolutely no reason this could not have been raised sooner if it was a legitimate concern. I will file my response as soon as I possibly can, but please note that I object to continuing my clients trial. The scheduling order contains some language (I am not in front of my computer at the moment and am goi g from memory), that any motion should be filed in time to be heard by October 17. If we can't meet that deadline, then obviously a continuance might be warranted, but otherwise I would request that we proceed according to the scheduling order.

Brandon Lacy

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<image002.png>

From: <u>Martinez, Ivan</u>

To: <u>Kathryn Irby; Brandon Lacy</u>
Cc: <u>Blakley, Sharon D.; ASCC Pleadings</u>

Subject: RE: INFO NEEDED: Spicer v ARDOT Claim 230400

Date: Monday, September 16, 2024 10:57:23 AM

State Farm Uninsuled motoris

Spicer Insural, Leoverage pdf

Good morning Kathryn,

I will review the case file again. However, I was unable to find any agreement between Brandon and any previous ARDOT attorney. Since they are no longer at the Department and we do not have access to their emails, I would appreciate it if Brandon could share that with me. I would be happy to review it and to make good on any prior commitment made on behalf of ARDOT.

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Based on Insurance Coverage document provided for the Claimant she has both uninsured and underinsured benefits for bodily injury. The only outstanding issue for the sake of my Motion to Hold Claim in Abeyance pertains to the underinsured motorist benefits. Once, that is resolved I'd be happy to withdraw it.

It is not my intent to waste the Commission's or ARDOT's time and resources. I only seek to zealously advocate for my client.

I hope everyone has a wonderful day.

Kind Regards,

Iván Martínez

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2158



From: Kathryn Irby <Kathryn.Irby@arkansas.gov> **Sent:** Saturday, September 14, 2024 12:30 PM **To:** Brandon Lacy <bra>

 To: Brandon Lacy <

Cc: Martinez, Ivan <Ivan.Martinez@ardot.gov>; Blakley, Sharon D. <Sharon.Blakley@ardot.gov>;

ASCC Pleadings < ASCCPleadings@arkansas.gov>

Subject: RE: INFO NEEDED: Spicer v ARDOT Claim 230400

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Brandon, I will make a note of your objection. And you are correct that, per the hearing letter,

all motions should be filed in sufficient time to be fully briefed by October 17. If I need to schedule a special hearing for the abeyance motion to be considered, I will do so.

Brandon and Ivan, please confer next week to determine whether this is a misunderstanding or a new dispute. If I am going to need to schedule a special hearing, I need to get working on that. **Please give me an update by next Friday.**

Kathryn

From: Brandon Lacy <<u>brandon@lacylawfirm.com</u>>
Sent: Saturday, September 14, 2024 12:18 PM
To: Kathryn Irby <<u>Kathryn.Irby@arkansas.gov</u>>

Cc: Martinez, Ivan < Ivan.Martinez@ardot.gov>; Blakley, Sharon D. < Sharon.Blakley@ardot.gov>;

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Brandon Lacy

WE HAVE MOVED OUR FAYETTEVILLE OFFCE. PLEASE NOTE THE NEW ADDRESS BELOW:

630 S. Main Street 303 E. Millsap Rd.

Jonesboro, AR 72401 Fayetteville, AR 72701

PH: 870-932-4522 PH: 479-595-0909 FX: 870-932-4529 FX: 479-595-0928

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On Sep 14, 2024, at 12:10 PM, Kathryn Irby < Kathryn.Irby@arkansas.gov > wrote:

Brandon, thanks for this information. I will not add this matter to the September 20 docket.

Brandon and Ivan, I will wait until the briefing period is over to schedule a hearing, but for your planning purposes, I am looking at converting the November 7 in-person claim hearing to a motion hearing.

Kathryn

From: Brandon Lacy <<u>brandon@lacylawfirm.com</u>>
Sent: Saturday, September 14, 2024 12:04 PM
To: Kathryn Irby <<u>Kathryn.Irby@arkansas.gov</u>>

Cc: Martinez, Ivan < ! Blakley, Sharon D.

<<u>Sharon.Blakley@ardot.gov</u>>; ASCC Pleadings <<u>ASCCPleadings@arkansas.gov</u>>

Subject: Re: INFO NEEDED: Spicer v ARDOT Claim 230400

I'm sorry Kathryn, I am in depositions in Russellville on September 20. And while I would like to be able to file a response on Monday, in order to fully explain the facts showing how ARDOT has not only voiced no objection to any insurance issue and agreed to moving forward with this case prior to this late filing, but to set forth the facts in the discovery responses and deposition testimony (including EOB's,

records, etc. that have all been produced in discovery) explaining that the reason its prior counsel has not done so is because she was fully aware of the exhaustion of each of the sources of coverage now cited in this motion, I will likely need more time than one day. Given the number of attorneys who have picked up this file for ARDOT since its original counsel left, I can understand why there might be some confusion, particularly given the scrivener's error in the exhaustion affidavit calling it under insurance benefits rather than, what the discovery documents and deposition testimony clarify was, in actuality, uninsurance benefits, this is confusion that could have easily been clarified by a phone call before filing this motion. Suffice it to say, while I believe this motion will prove to be an unfortunate waste of time and resources, it is one that I need to respond to fully and completely in order to make the record clear.

In addition, counsel's obvious misinterpretation of the file gives me great concern regarding his willingness to abide by ARDOT's prior counsel's commitment, in writing, that ARDOT would be admitting liability in this case. Based upon that commitment, I refrained from taking a number of depositions of ARDOT employees and witnesses. If new counsel intends to simply ignore its prior counsel's decisions (which I am gathering from his decision to disregard prior counsel's decision that insurance has been exhausted and we can proceed with litigation), then I will now need to file a formal motion for summary judgment as to liability to make sure my client is not sandbagged with some new approach to this case at trial that has not heretofore been disclosed.

Brandon Lacy

WE HAVE MOVED OUR FAYETTEVILLE OFFCE. PLEASE NOTE THE NEW ADDRESS BELOW:

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Jonesboro, AR 72401 Fayetteville, AR 72701

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On Sep 14, 2024, at 10:46 AM, Kathryn Irby <<u>Kathryn.Irby@arkansas.gov</u>> wrote:

Ivan and Brandon, I would note that the stay was lifted in September 2023 without objection from ArDOT. I would also note that I do not have open hearing days between now and the November 7 claim hearing. If Brandon can file a response to the abeyance motion on Monday (with any reply from ArDOT due on Tuesday), I would like to add a motion hearing to the September 20 docket. ArDOT is the respondent in all of those hearings, so I assume that the date will work for Ivan or one of the other ArDOT attorneys.

Brandon, please let me know if September 20 will work for you, so that I can send a hearing letter and get this file to the commissioners.

Kathryn

From: Martinez, Ivan < <u>Ivan.Martinez@ardot.gov</u>>

Sent: Friday, September 13, 2024 3:16 PM

To: Brandon Lacy <<u>brandon@lacylawfirm.com</u>>; Blakley, Sharon D.

<<u>Sharon.Blakley@ardot.gov</u>>; ASCC Pleadings

<<u>ASCCPleadings@arkansas.gov</u>>; Kathryn Irby <<u>Kathryn.Irby@arkansas.gov</u>>

Subject: RE: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in Abeyance

Good afternoon Mr. Lacy,

I have reviewed the file and determined that it would be proper to file my own Motion to Hold the Claim in Abeyance due to there being some ongoing issues with this claim. Ultimately, it is up to Claims Commission whether to grant or deny our Motion. Then we can proceed accordingly.

I look forward to working with you further. Please feel free to contact me directly about any other concerns you have about this claim. Kind Regards,

Iván Martínez

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2158 <image001.png>

From: Brandon Lacy < brandon@lacylawfirm.com>

Sent: Friday, September 13, 2024 2:47 PM

To: Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>; ASCC Pleadings

<<u>ASCCPleadings@arkansas.gov</u>>; Kathryn Irby

<Kathryn.Irby@arkansas.gov>

Cc: Martinez, Ivan < Ivan.Martinez@ardot.gov>

Subject: RE: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in

Abeyance

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Sharon:

Brandon

I realize we have new counsel on this case from ARDOT, so perhaps they have not had the opportunity to review the file completely. A motion to hold the claim in abeyance was filed long ago, and the claim was held in abeyance while we exhausted the UM coverage. Once we did, we lifted the stay, as you can see in the attached pleadings. The stay was lifted, we completed discovery, and we are now ready for trial in November. I certainly don't mind detailing all of this in a formal response, but I think simply withdrawing this motion would probably make the record less messy. Let me know if I am missing anything.

From: Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>

Sent: Friday, September 13, 2024 2:13 PM

To: ASCC Pleadings <<u>ASCCPleadings@arkansas.gov</u>>; Kathryn Irby <<u>Kathryn.Irby@arkansas.gov</u>>

Cc: Martinez, Ivan <<u>Ivan.Martinez@ardot.gov</u>>; Brandon Lacy <<u>brandon@lacylawfirm.com</u>>

Subject: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in Abeyance

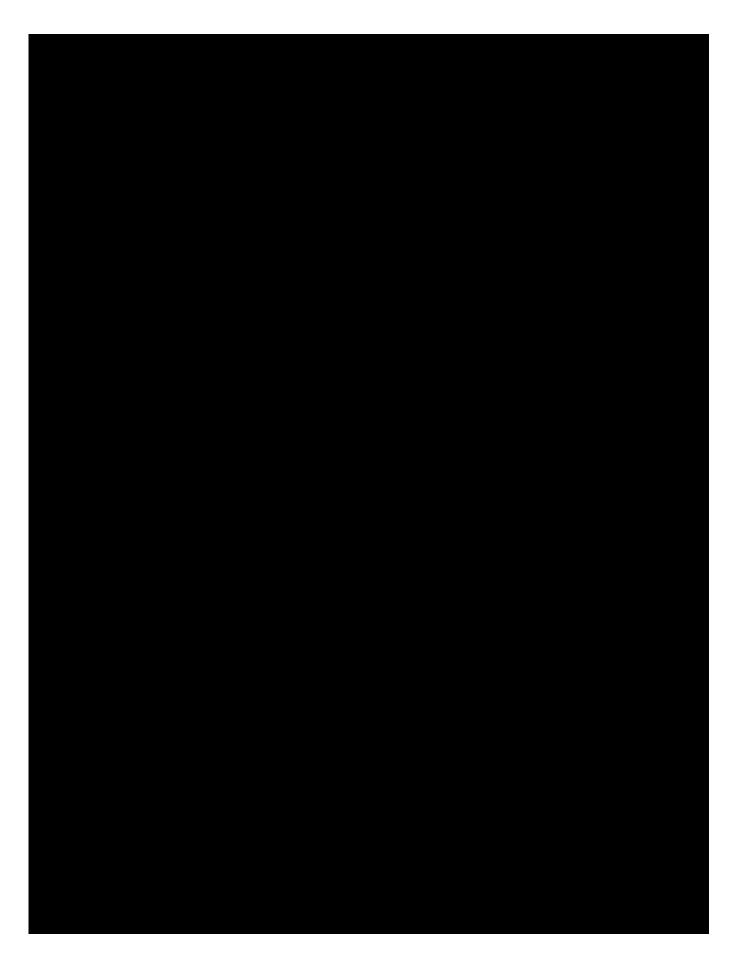
Please acknowledge receipt of the attached Motion to Hold Claim in Abeyance for the referenced claim.

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

<image002.png>















From: Brandon Lacy

To: Martinez, Ivan; Kathryn Irby
Cc: Blakley, Sharon D.; ASCC Pleadings

Subject: RE: INFO NEEDED: Spicer v ARDOT Claim 230400

Date: Monday, September 16, 2024 11:11:29 AM

Attachments: image of png

I'll forward you Amanda's email so I don't have to make it a part of the record (which I intended to do if I needed to file something formally)

Regarding UIM, you can't recover underinsurance and uninsurance. Look at the statutory definitions of the two. If the at-fault party doesn't have insurance (which is the case here), they are uninsured. If they don't have sufficient coverage limits, they are underinsured. I've been doing PI work for twenty years, I promise you, if I could recover both UM and UIM on the same claim, I might not be practicing law any more. IN this case, Spicer recovered UM because ARDOT is not insured. That's all she can collect on the policy (in addition to the PIP, which she collected).

From: Martinez, Ivan <Ivan.Martinez@ardot.gov>

Sent: Monday, September 16, 2024 10:55 AM

To: Kathryn Irby < Kathryn.Irby@arkansas.gov>; Brandon Lacy < brandon@lacylawfirm.com>

Cc: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; ASCC Pleadings <ASCCPleadings@arkansas.gov>

Subject: RE: INFO NEEDED: Spicer v ARDOT Claim 230400

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Iván Martínez

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2158



From: Kathryn Irby < Kathryn.Irby@arkansas.gov > Sent: Saturday, September 14, 2024 12:30 PM
To: Brandon Lacy < brandon@lacylawfirm.com >

Cc: Martinez, Ivan ! Blakley, Sharon D. | Sharon.Blakley@ardot.gov; Blakley, Sharon D. | Sharon Blakley@ardot.gov; Blakley, Sharon D. | Sharon Blakley@ardot.gov; Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley@ardot.gov; Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley@ardot.gov; Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley@ardot.gov; Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley@ardot.gov; Blakley, Sharon Blakley, Sharo

ASCC Pleadings < ASCC Pleadings@arkansas.gov>

Subject: RE: INFO NEEDED: Spicer v ARDOT Claim 230400

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Cc: Martinez, Ivan < Ivan.Martinez@ardot.gov>; Blakley, Sharon D. < Sharon.Blakley@ardot.gov>;

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commissioners.

Kathryn

From: Martinez, Ivan < lvan.Martinez@ardot.gov>

Sent: Friday, September 13, 2024 3:16 PM

To: Brandon Lacy < <u>brandon@lacylawfirm.com</u>>; Blakley, Sharon D.

<<u>Sharon.Blakley@ardot.gov</u>>; ASCC Pleadings

<<u>ASCCPleadings@arkansas.gov</u>>; Kathryn Irby

<Kathryn.Irby@arkansas.gov>

Subject: RE: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in

Abeyance

Good afternoon Mr. Lacy,

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I look forward to working with you further. Please feel free to contact me directly about any other concerns you have about this claim. Kind Regards.

Iván Martínez

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2158

<image001.png>

From: Brandon Lacy < brandon@lacylawfirm.com>

Sent: Friday, September 13, 2024 2:47 PM

To: Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>; ASCC Pleadings

<<u>ASCCPleadings@arkansas.gov</u>>; Kathryn Irby

<Kathryn.Irby@arkansas.gov>

Cc: Martinez, Ivan < Ivan.Martinez@ardot.gov>

Subject: RE: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in

Abeyance

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Sharon:

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completed discovery, and we are now ready for trial in November. I certainly don't mind detailing all of this in a formal response, but I think simply withdrawing this motion would probably make the record less messy. Let me know if I am missing anything.

Brandon

From: Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>

Sent: Friday, September 13, 2024 2:13 PM

To: ASCC Pleadings < <u>ASCCPleadings@arkansas.gov</u>>; Kathryn Irby

<Kathryn.Irby@arkansas.gov>

Cc: Martinez, Ivan <<u>Ivan.Martinez@ardot.gov</u>>; Brandon Lacy

brandon@lacylawfirm.com>

Subject: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in

Abeyance

Please acknowledge receipt of the attached Motion to Hold Claim in Abeyance for the referenced claim.

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

<image002.png>

From: Martinez, Ivan
To: Brandon Lacy
Cc: Kathryn Irby

Subject: RE: Spicer v. ARDOT, ASCC Claim # 230400

Date: Monday, September 16, 2024 12:12:14 PM

Attachments: image inc

Thank you, Brandon. We will still not be disputing liability. The only remaining issue is still damages. However, I think it is possible we can come to an agreement between now and November.

Kind Regards,

Iván Martínez

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2158



From: Brandon Lacy

Sent: Monday, September 16, 2024 11:12 AM

To: Martinez, Ivan <Ivan.Martinez@ardot.gov>

Cc: Kathryn Irby <Kathryn.Irby@arkansas.gov>

Subject: FW: Spicer v. ARDOT, ASCC Claim # 230400

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Here is Amanda's admission of liability, which she said she confirmed with ARDOT's Chief Counsel.

From: Andrews, Amanda J. < Amanda. Andrews@ardot.gov>

Sent: Monday, June 10, 2024 1:10 PM

To: Brandon Lacy < <u>brandon@lacylawfirm.com</u>> **Subject:** Spicer v. ARDOT, ASCC Claim # 230400

Brandon,

Do you have time today to talk about the above claim? I spoke with our Chief Counsel, and we will be admitting liability. We continue to dispute the damages, and I wanted to talk through a couple of things with you. Please let

me know when you are available.

Thank you,

Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation P.O. Box 2261

Little Rock, AR 72203-2261 Office: (501) 569-2278

Fax: (501) 569-2164

Email: amanda.andrews@ardot.gov



From: <u>Martinez, Ivan</u>

To: Brandon Lacy; Kathryn Irby
Cc: Blakley, Sharon D.; ASCC Pleadings

Subject: RE: INFO NEEDED: Spicer v ARDOT Claim 230400

Date: Monday, September 16, 2024 12:16:40 PM

Attachments: image. I png

Good afternoon Kathryn,

Upon further review, I will be withdrawing my Motion.

Apologies to the Commission for the time expended while this matter was resolved.

Please let me know if there is anything else I need to do on our end.

Kind Regards,

Iván Martínez

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2158



From: Brandon Lacy <brandon@lacylawfirm.com> Sent: Monday, September 16, 2024 11:11 AM

To: Martinez, Ivan <Ivan.Martinez@ardot.gov>; Kathryn Irby <Kathryn.Irby@arkansas.gov>

Cc: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; ASCC Pleadings <ASCCPleadings@arkansas.gov>

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From: Martinez, Ivan < Ivan.Martinez@ardot.gov>
Sent: Monday, September 16, 2024 10:55 AM

To: Kathryn Irby < Kathryn.Irby@arkansas.gov >; Brandon Lacy < brandon@lacylawfirm.com >

Cc: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; ASCC Pleadings <ASCCPleadings@arkansas.gov>

Subject: RE: INFO NEEDED: Spicer v ARDOT Claim 230400

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I hope everyone has a wonderful day.

Kind Regards,

Iván Martínez

Staff Attorney
Arkansas Department of Transportation

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2158



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Sent: Saturday, September 14, 2024 12:30 PM

To: Brandon Lacy < brandon@lacylawfirm.com>

Cc: Martinez, Ivan ! Blakley, Sharon D. | Sharon.Blakley@ardot.gov; Blakley, Sharon D. | Sharon Blakley@ardot.gov; Blakley, Sharon D. | Sharon Blakley@ardot.gov; Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley@ardot.gov; Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley@ardot.gov; Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley@ardot.gov; Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley, Sharon Blakley@ardot.gov; Blakley, Sharon Blakley, Sharo

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Jonesboro, AR 72401 Fayetteville, AR 72701

PH: 870-932-4522 PH: 479-595-0909

FX: 870-932-4529 FX: 479-595-0928

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To: Kathryn Irby <<u>Kathryn.Irby@arkansas.gov</u>>

Cc: Martinez, Ivan < Ivan.Martinez@ardot.gov>; Blakley, Sharon D.

<<u>Sharon.Blakley@ardot.gov</u>>; ASCC Pleadings <<u>ASCCPleadings@arkansas.gov</u>>

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Brandon, please let me know if September 20 will work for you, so that I can send a hearing letter and get this file to the commissioners.

Kathryn

From: Martinez, Ivan < lvan.Martinez@ardot.gov>

Sent: Friday, September 13, 2024 3:16 PM

To: Brandon Lacy < <u>brandon@lacylawfirm.com</u>>; Blakley, Sharon D.

<<u>Sharon.Blakley@ardot.gov</u>>; ASCC Pleadings

<<u>ASCCPleadings@arkansas.gov</u>>; Kathryn Irby

<Kathryn.Irby@arkansas.gov>

Subject: RE: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in

Abeyance

Good afternoon Mr. Lacy,

I have reviewed the file and determined that it would be proper to file my own Motion to Hold the Claim in Abeyance due to there being some ongoing issues with this claim. Ultimately, it is up to Claims Commission whether to grant or deny our Motion. Then we can proceed accordingly.

I look forward to working with you further. Please feel free to contact me directly about any other concerns you have about this claim.

Kind Regards,

Iván Martínez

Staff Attorney Arkansas Department of Transportation P.O. Box 2261

Little Rock, AR 72203-2261 Phone: 501-569-2158

<image001.png>

From: Brandon Lacy < brandon@lacylawfirm.com>

Sent: Friday, September 13, 2024 2:47 PM

To: Blakley, Sharon D. <<u>Sharon.Blakley@ardot.gov</u>>; ASCC Pleadings

<<u>ASCCPleadings@arkansas.gov</u>>; Kathryn Irby

< Kathryn. Irby@arkansas.gov>

Cc: Martinez, Ivan < lvan.Martinez@ardot.gov>

Subject: RE: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in

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To: ASCC Pleadings <<u>ASCCPleadings@arkansas.gov</u>>; Kathryn Irby

<Kathryn.Irby@arkansas.gov>

Cc: Martinez, Ivan < ! Brandon Lacy brandon@lacylawfirm.com>

Subject: Spicer v ARDOT Claim 230400 - Motion to Hold Claim in Abeyance

Please acknowledge receipt of the attached Motion to Hold Claim in Abeyance for the referenced claim.

Sharon D. Blakley
ARDOT - Legal Administrator
(501) 569-2022 fax (501)569-2164
Sharon.Blakley@ardot.gov
<image002.png>

From: <u>Kathryn Irby</u>

To: Martinez, Ivan; Brandon Lacy
Cc: Blakley, Sharon D.; ASCC Pleadings

Subject: RE: INFO NEEDED: Spicer v ARDOT Claim 230400

Date: Monday, September 16, 2024 12:20:00 PM

Attachments: image of the programment image.

Thanks for this information. I have noted in the file that the abeyance motion has been withdrawn. Hopefully the parties will be able to resolve this matter prior to hearing, but if not, I will see you all on November 7.

Kathryn Irby

From: Martinez, Ivan <Ivan.Martinez@ardot.gov> Sent: Monday, September 16, 2024 12:17 PM

To: Brandon Lacy <brandon@lacylawfirm.com>; Kathryn Irby <Kathryn.Irby@arkansas.gov>

Cc: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; ASCC Pleadings <ASCCPleadings@arkansas.gov>

Subject: RE: INFO NEEDED: Spicer v ARDOT Claim 230400

Good afternoon Kathryn,

Upon further review, I will be withdrawing my Motion.

Apologies to the Commission for the time expended while this matter was resolved.

Please let me know if there is anything else I need to do on our end.

Kind Regards,

Iván Martínez

Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2158



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Sent: Monday, September 16, 2024 11:11 AM

To: Martinez, Ivan < Ivan.Martinez@ardot.gov>; Kathryn Irby < Kathryn.Irby@arkansas.gov>

Cc: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; ASCC Pleadings <ASCCPleadings@arkansas.gov>

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Staff Attorney

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Phone: 501-569-2158

<image001.png>

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ARDOT - Legal Administrator
(501) 569-2022 fax (501)569-2164
Sharon.Blakley@ardot.gov
<image002.png>

From: <u>Blakley, Sharon D.</u>

To: <u>ASCC Pleadings</u>; <u>Kathryn Irby</u>

 Cc:
 Denker, Alexander C.; Martinez, Ivan; Brandon Lacy

 Subject:
 Spicer v ARDOT Claim 230400 Settlement and Release

Date: Friday, October 4, 2024 10:49:42 AM

Attachments: image image

Spicer 230 to some Spicer 230 to

Please acknowledge receipt of the Full and Complete Settlement and Release for the referenced claim.

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



October 4, 2024

Ms. Kathryn Irby, Director Arkansas State Claims Commission 101 East Capitol Avenue, Suite 410 Little Rock, AR 72201-3823 (via email)

Re:

Katelyn Spicer v. Arkansas Department of Transportation

Claim No. 230400

Dear Ms. Irby:

The parties have come to a full and complete settlement of the above referenced claim and recommend the Claims Commission approve payment in the amount of Ninety-five Thousand and 00/100 Dollars (\$95,000.00). Attached is the executed Full and Complete Settlement and Release.

With the approval of the Commissioners, we ask that you remove this matter from the upcoming November 7, 2024, Hearing Docket. Additionally, we understand that once an Order has been entered, the matter will be forwarded to the Bureau of Legislative Research to be referred to the Claims Review Subcommittee pursuant to Ark. Code Ann. § 19-10-211.

Thank you for your consideration. Please do not hesitate to contact me if you have any questions.

Sincerely,

Alexander Denker

Alexander C. Denker Staff Attorney, Arkansas Dept. of Transportation

AD/sdb Enclosure

cc: Brandon Lacy Attorney for Claimant

> 630 S Main St. Jonesboro, AR 72401

Lacy Law Firm

In Re:

Katelyn Spicer Claim No. 230400

FULL AND COMPLETE SETTLEMENT AND RELEASE

KNOW ALL MEN BY THESE PRESENTS that the undersigned, being of lawful age, for and in consideration of the sum of Ninety-five Thousand and 00/100 Dollars (\$95,000.00), to the undersigned in hand paid, and other good and valuable considerations, receipt whereof is hereby acknowledged, do hereby for themselves and executors, administrators, successors, and assigns their release, acquit and forever discharge:

The Arkansas Department of Transportation (ARDOT), The Arkansas State Highway Commission and Commissioners, their administrators, employees, agents, assigns, heirs, servants, and all other persons, firms or corporations liable, or who may be claimed to be liable, from any and all claims, demands, damages, actions, causes of actions or suits of any kind or nature whatsoever, including, but not limited to, any claim for bad faith, personal injury, wrongful death, injury to property, for any and all damages, known or unknown, which may have resulted or may result or develop in the future from the accident or occurrence which is the subject of the dispute in the claim filed before the Arkansas State Claims Commission - Claim No. 230400.

The undersigned hereby accepts ARDOT's unconditional promise not to dispute liability for said claim filed by the undersigned before the Arkansas State Claims Commission as full and complete consideration as described above. It is understood that tender of payment by warrant made payable to the undersigned in the amount of Ninety-five Thousand and 00/100 Dollars (\$95,000.00), has been agreed to by the undersigned. This settlement, in accordance with Arkansas State Law, requires approval from the Arkansas State Claims Commission. The undersigned hereby accepts the aforementioned sum as full, sufficient, final consideration, and final payment

with respect to the above-mentioned claim before the Arkansas State Claims Commission for all claims past, present, and future.

The undersigned, hereby declares the terms of this settlement have been completely read, are fully understood, and are voluntarily accepted for the purpose of making a full and final compromise, adjustment, and settlement of any and all claims, disputed or otherwise, for the express purpose of dismissing and precluding forever any and all claims, including further or additional claims arising out of the aforesaid matter.

EXECUTED on this the day of Ochole, 2024

BY CLAIMANT:

Katelyn Spicer

APPROVED:

Brandon Lacy Attorney for Claimant Lacy Law Firm 630 S Main St Jonesboro, AR 72401 Counsel for Claimant

BY RESPONDENT:

Alexander Denker Alexander C. Denker, Ark. Bar No. 2022074 Arkansas Department of Transportation P.O. Box 2261 Little Rock, AR 72203-2261

(501) 569-2165 alexander.denker@ardot.gov Counsel for Respondent From: <u>Kathryn Irby</u>
To: <u>Blakley, Sharon D.</u>

Cc: Denker, Alexander C.; Martinez, Ivan; Brandon Lacy

Subject: HEARING REMOVED FROM DOCKET: Spicer v ARDOT Claim 230400 Settlement and Release

Date: Saturday, October 5, 2024 8:02:00 AM

Thanks for this information. I will submit this settlement to the Commission for an order of approval. I have removed the hearing from the November docket.

Let me know if you have any questions.

Kathryn

From: Blakley, Sharon D. <Sharon.Blakley@ardot.gov>

Sent: Friday, October 4, 2024 10:50 AM

To: ASCC Pleadings <ASCCPleadings@arkansas.gov>; Kathryn Irby <Kathryn.Irby@arkansas.gov>

Cc: Denker, Alexander C. <Alexander.Denker@ardot.gov>; Martinez, Ivan <Ivan.Martinez@ardot.gov>; Brandon Lacy

Verandon@lacylawfirm.com>

Subject: Spicer v ARDOT Claim 230400 Settlement and Release

Please acknowledge receipt of the Full and Complete Settlement and Release for the referenced claim.

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



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

KATELYN SPICER CLAIMANT

V. CLAIM NO. 230400

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

ORDER

Now before the Arkansas State Claims Commission (the "Claims Commission") is a Full and Complete Settlement and Release (the "Agreement") signed by Katelyn Spicer (the "Claimant"), Claimant's attorney, and counsel for the Arkansas Department of Transportation (the "Respondent"). Based upon a review of the claim file and the Agreement, the Claims Commission hereby APPROVES the Agreement, and REFERS the total award of \$95,000.00 to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215.

IT IS SO ORDERED.

ARKANSAS STATE CLAIMS COMMISSION Solomon Graves

Soloron Humes

ARKANSAS STATE CLAIMS COMMISSION Henry Kinslow, Chair

Lewy C. Kinslow

ARKANSAS STATE CLAIMS COMMISSION Sylvester Smith

DATE: November 7, 2024

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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 c2of 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: <u>Brandon Lacy</u>; <u>Martinez, Ivan</u>

Cc: Blakley, Sharon

Subject:ORDER: Spicer v. ArDOT, Claim No. 230400Date:Thursday, November 7, 2024 9:29:00 AM

Attachments: C2 Spice ... 250400.pdf

Brandon and Ivan, please see attached order entered by the Commission. I am getting ready to transmit this claim to BLR. I will copy you both on my email.

Kathryn

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