

ARKANSAS STATE CLAIMS COMMISSION
-Claim Form-

Arkansas
State Claims Commission
JUN 16 2021

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

RECEIVED

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

Harper Victor attorney@theharperlawoffice.com
(last name) (first name) (email)

717 S. Lincoln Star City AR 71667 870-628-4118
(address) (city) (state) (zip) (primary phone)

Arkansas Bar Number: 84066

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

2. Claimant

G & L Gasaway Farms

(title/last name/first name or company) (email)

(address) (city) (state) (zip) (primary phone)

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

Arkansas Department of Corrections

(state agency involved)

4. Incident Date

5/23/20

5. Claim Type

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form.

Damage to crop on 160 acre field; 50 acres total loss; 25 acres damaged. ADC sprayed its soybean crop by use of a ground rig applicator. The chemicals drifted across the property and crops of the claimant damaging or destroying claimant's cotton crop.

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

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

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

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

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

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

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

Ground rig applicator	N/A	Keith Bell
(type of state vehicle involved)	(license number)	(driver)

7. Check here if this claim involves personal injury.

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

I do not have health insurance

8. Amount Sought: \$86,880.00

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.

[Signature]
Claimant

[Signature]
Attorney for Claimant
R. Victor Harper

ACKNOWLEDGEMENT

State of Arkansas
County of Lincoln

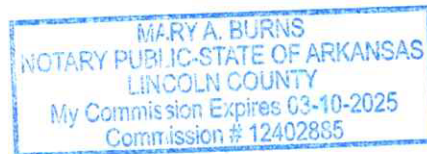
On this the 15 day of June, 2021, before me, the undersigned notary, personally appeared Greg Gasaway known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

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

[Signature]
Signature of Notary Public

[seal of office]

My Commission expires: 3/10/25



ACKNOWLEDGMENT

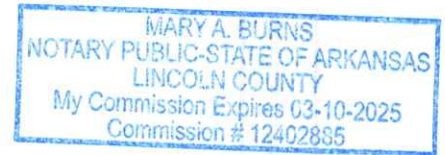
State of Arkansas

County of Lincoln

On this 15 day of June, 2021, before, the undersigned notary, personally appeared R. Victor Harper, known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledge that he executed the same for the purposes therein contained.

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

Mary A Burns
Signature of Notary Public



[Seal of Office]

My commission expires: 3/10/25

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

**GREG GASAWAY AND LANCE
GASAWAY D/B/A G&L GASAWAY
FARMS**

CLAIMANT

V.

CLAIM NO. 211352

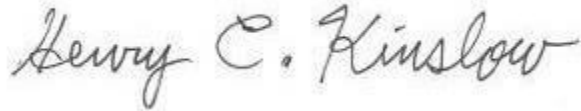
**ARKANSAS DIVISION OF
CORRECTION**

RESPONDENT

ORDER

Now before the Arkansas State Claims Commission (the “Claims Commission”) is a Settlement Agreement and Release signed by Greg Gasaway on behalf of G&L Gasaway Farms (the “Claimant”), Claimant’s attorney, and Dexter Payne, director of the Arkansas Division of Correction (the “Respondent”). Based upon a review of the pleadings and the Settlement Agreement and Release, the Claims Commission hereby APPROVES the Settlement Agreement and Release, and REFERS the total award of \$27,000.00 to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION

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

DATE: May 19, 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).