

DEC 02 2015

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Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

David Vance #149096 Claimant

vs.

State of Arkansas, Respondent

AR Dept. of Correction

Do Not Write in These Spaces Claim No. 16-0415-CC Date Filed December 2, 2015 Amount of Claim \$ 10,000.00 Fund DOC

Personal Injury, Pain & Suff.

COMPLAINT

David Vance #149096 the above named Claimant, of P.O. Box 500, Grady, AR 71644

County of represented by (Legal Counsel, if any, for Claim)

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

State agency involved: Arkansas Department of Correction Amount sought: \$10,000.00

Month, day, year and place of incident or service: July 21, 2015 Cummins unit Arkansas Department of Correction

Explanation: I was on the South Hall yard around 3pm it was in the mid 90's that day I started to feel dizzy and felt like I was going to pass out... Sgt Hudson if I may step inside the door and explained why that I was dizzy and felt like I was going to pass out... Sgt Turner had to leave so I ask Sgt Shirley Hudson again and she told me no. she told me to go drink some hot water. I informed her that I have been, then she told me to go sit down in the sun, there was no shade or trees to get out of the heat. she was at the door and I ask her again and she refused again, so I left and start to walk of and made it a little ways and then I passed out. And the next thing I remember was the infirmary staff there. They had to wheel me down to infirmary when I got there my blood pressure was 160/107 they said I was border line stroke. They put cold towel on my neck arms and gave me some medicine. I am diabetes and High Blood Pressure. I was told by several inmates and an officer that she didn't call a code on me for a while and that someone else had to call the code. Sgt Hudson told inmates that I was faking and she wasn't going to call a code. Then she started kicking me in the arm telling me to get up. I was unconscious at this time when she was assaulting me. I had a knot on the back of my head that happened at this time she put my life in danger by refusing to call for me some help and by kicking me. I have sign affidavits from several inmates.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? yes when? 7-26-2015 to whom? Arkansas Department of Correction - warden Strougal Gradyville office Wendy Kelly and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim?

and that the nature thereof is as follows: and was acquired on in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

David Vance (Print Claimant/Representative Name) David Vance (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Grady Ark (City) (State)

(SEAL) on this 10 day of November 2015 (Date) (Month) (Year)

SF1-R7/99

My Commission Expires:

FREDDIE SANDERS Notary Public Jefferson County Commission Number 12691824 Notary Public - Arkansas My Commission Expires April 20, 2025

(Year)

INMATE NAME: Vance, David L.

ADC #: 149096

GRIEVANCE#: CU-15-01382

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

July 26, 2015, you grieved that, "On 7-21-15, I suffered a heat related syncopal episode while on yard call. I have laid out the particulars of that episode in a separate grievance. This grievance concerns additional actions taken by Sgt. Hudson during the above named episode. While I was unconscious, it was relayed to me by several inmates, many of whom have filed affidavits attesting to the fact, that I was kicked by Sgt. Hudson more than once and kept yanking on my arms telling me to get up. It was obvious that I was unresponsive at that point, yet Sgt. Hudson continued to engage in this being unprofessional conduct. I reiterate that her actions were assertive in nature, extremely unprofessional and could have contributed to more serious predical problems and potentially death. The only thing that will resolve this grievance is to take corrective action against Sgt. Hudson for her actions to send a message that such behavior with not be to tolerated. I anticipate retaliation, other directly or indirectly, for this grievance."

The Warden responded, "Please be advised, Sgt. S. Hudson states, you were treated with respect. At no time did she cause any harm to you. Upon Sgt. Hudson seing you in distress on the ground, she called for medical staff, and they arrived promptly. You have not provided sufficient evidence to suggest your allegations are true. Also, your allegations are based on the hear-say from other inmates. Therefore, if you were unconscious, you do not have a positive verification of anyone else's actions. Based on my review, all staff followed protocol and acted professional during this incident. I do not find merit to your complaint."

After reviewing all supporting documentation, I have determined that I concur with the Warden's response of no merit. I am unable to substantiate your allegations of staff's failure to follow proper protocol when providing you with medical treatment. I am unable find evidence in your allegations that Sgt Hudson acted in an inappropriate manner.

Appeal denied.



Director

9-25-15

Date

*Brad Atten*  
*Back side* 2

INMATE NAME: Vance, David L.

ADC #: 149096A

GRIEVANCE #: CU-15-01382

WARDEN/CENTER SUPERVISOR'S DECISION

I have reviewed your grievance dated July 26, 2015. You state, "On 7-21-15, I suffered a heat related syncopal episode while on yard call. I have laid out the particulars of that episode in a separate grievance. This grievance concerns additional actions taken by Sgt. Hudson during the above named episode. While I was unconscious, it was relayed to me by several inmates, many of whom have filed affidavits attesting to the fact, that I was kicked by Sgt. Hudson more than once and kept yanking on my arms telling me to get up. It was obvious that I was unresponsive at that point, yet Sgt. Hudson continued to engage in this being unprofessional conduct. I reiterate that her actions were asserlitive in nature, extremely unprofessional and could have contributed to more serious predical problems and potentially death. The only thing that will resolve this grievance is to take corrective action against Sgt. Hudson for her actions to send a message that such behavior with not be to tolerated. I anticipate retaliation, other directly or indirectly, for this grievance."

*assaultive NO asserlitive*

Please be advised, Sgt. S. Hudson states, you were treated with respect. At no time did she cause any harm to you. Upon Sgt. Hudson seing you in distress on the ground, she called for medical staff, and they arrived promptly. You have not provided sufficient evidence to suggest your allegations are true. Also, your allegations are based on the hear-say from other inmates. Therefore, if you were unconscious, you do not have a positive verification of anyone else's actions. Based on my review, all staff followed protocol and acted professional during this incident. I do not find merit to your complaint.

  
Signature of Warden/Supervisor or Designee

*Ward*  
Title

*8-12-15*  
Date RECEIVED

AUG 19 2015

**INMATE'S APPEAL**

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATIVE BUILDING

If you are not satisfied with this response, you may appeal this decision within five working days by filing in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

*The affidavits referred to above do not constitute hear-say. They are first hand accounts witnessed by the inmates themselves. Secondly, it is obvious the warden did not consult the available security cameras on the yard that would have verified my account of things. Nothing has been done to correct this particular problem with Sgt. Hudson. I do intend to call the hotline over this to make a further complaint and I will take a stress test if asked to do so.*

**3**

David Vance

Inmate Signature

149096

ADC#

8-12-15

Date

RECEIVED

AUG 19 2015

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DAVIS VANCE (ADC 149096)

CLAIMANT

Arkansas Claims Commission

V.

NO. 16-0415-CC

DEC 21 2015

ARKANSAS DEPARTMENT OF CORRECTION

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RESPONDENT


**ANSWER**

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

1. Respondent denies liability in this claim and asserts it will hold the Claimant to strict proof on each allegation unless admitted by Respondent. Respondent reserves the right to plead further upon completion of the investigation by internal affairs and requests the matter be held in abeyance until the investigation is complete.
2. The applicable account information required by the Commission is:
  - a. Agency number: 0480
  - b. Cost Center: HCA 0100
  - c. Internal Order: 340301
  - d. Fund Center: 509

WHEREFORE, for the reasons cited above the Respondent prays that the claim be dismissed with prejudice and that Claimant take nothing, or in the alternative that the matter be held in abeyance until completion of the investigation by internal affairs.

Respectfully submitted,  
Department of Correction Office of Counsel

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

**CERTIFICATE OF SERVICE**

I certify that a copy of this pleading has been served this 18 day of December, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

David Vance (ADC 149096)  
Cummins Unit  
P.O. Box 500  
Grady, AR 71644-0500

  
LISA MILLS WILKINS Ark. Bar #87190

Before The Arkansas state Claims Commission

David Vance (ADC 149096)

Claimant

v.

No. 16-0415-CC

Arkansas Department of Correction

Respondent  
Arkansas State Claims Commission  
JAN 25 2016

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Motion for Production of Documents

Comes Now the Claimant David Vance (ADC 149096), and for his motion for video camera footage and infirmary notes.

1. That the Arkansas Department of Correction provide the video footage for the South Hall yard on 7-21-15 between 2:30 pm and 3:30 pm for Claimant to view and for hearing.

2. That The Arkansas Department of Correction provide the infirmary note for 7-21-15.

where the Claimant can prove his case against the Arkansas Department of Corrections.

wherefore, for the reason cited above the Claimant prays that the information be shown to him and if the Respondent refuses that the Claimant be granted what is asked and the Department of corrections be held responsible.

Respectfully submitted  
David Vance (ADC 149096)

David Vance  
P.O. Box 500  
Grady, AR 71644

Certificate of Service

I certify that a copy of this pleading has been served this 20 day of January 2016, on the Respondent by placing a copy of the same in the U.S. postage, regular postage to:

Arkansas Department of Correction Attn: Lisa Wilkins Atty.  
P.O. Box 8707 Pine Bluff, Arkansas 71611

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DAVID VANCE (ADC #149096)

Arkansas Claims Commission CLAIMANT

V.

NO. 16-0415-CC

JAN 29 2016

ARKANSAS DEPARTMENT OF CORRECTION

RECEIVED RESPONDENT

**RESPONSE TO MOTION FOR PRODUCTION OF DOCUMENTS**

COMES NOW the Respondent, Arkansas Department of Correction, and for its Response to Motion for Production of Documents, states and responds as follows:

1. Response to Production of Documents No. 1: No longer available.
2. Response to Production of Documents No. 2: Objection. Claimant is not allowed to have medical records in his possession. You may view this by making an appointment with the infirmary staff in accordance with the rules at the unit.

Respectfully submitted,  
Department of Correction Office of Counsel

  
LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor  
Post Office Box 8707  
Pine Bluff, AR 71611  
(870)267-6844 Office  
(870)267-6373 Facsimile

**CERTIFICATE OF SERVICE**

I certify that a copy of the DISCOVERY RESPONSE has been served this 26 day of January, 2016, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

DAVID VANCE (ADC #149096)  
CUMMINS UNIT  
P. O. Box 500  
GRADY, AR 71644-0500

  
LISA MILLS WILKINS Ark. Bar #87190

Before The Arkansas State Claims Commission

David Vance (AOC 149096)

V.

Arkansas Department of Corrections

Arkansas  
State Claims Commission  
No: 16-0415-22  
FEB 08 2016

Claimant

Respondent

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Response To Response from Motion of Production of Documents

Comes Now the Claimant, Response to Respondent Response to motion of Production of Documents.

1. Response to Production of Documents # 1. No longer Available, this is considered a Brady violation by them not keeping camera footage of an accident or crime by erasing it or destroying it. Brady v. Maryland 373 U.S. 83, 54 Cl. L. Ed. 2d 215 when Evidence is suppressed or when requested violates due process where the evidence is material either to guilt or punishment.

2. Response to production of Documents # 2. not allow to have ~~medical~~ <sup>medical</sup> records or copies of document in possession. This is a violation of my rights to be able to present a complete defense, because these records would show where I did make other complaints about problem from this incident, like the knot on the back of my head which is still there, the Recurring Headaches, and I had pain for over two weeks because of the Stertum Rub and the records would have showed where Sgt Hudson admitted that I told her I felt like I was going to pass out, and she still refused me medical help.

David Vance (AOC 149096)

David Vance  
David Vance (AOC 149096)  
P.O. Box 500 Grady, AR 71644

I certify that a copy of this Discovery Response has been served this 4 day of February, 2016 on the Respondent by placing a copy of the same in the U.S. mail regular postage to:

Arkansas Department of Correction office of Counsel.  
Attn Lisa Wilkins Attorney Supervisor  
P.O. Box 2707 Pine Bluff, AR 71611



STATE CLAIMS COMMISSION DOCKET  
OPINION

10,000.00

Amount of Claim \$ \_\_\_\_\_

Claim No. 16-0415-CC

David Vance #149096

Attorneys

Claimant

Pro se

Claimant

vs.

AR Department of Corrections

Lisa Wilkins, Attorney

Respondent

Respondent

State of Arkansas

Date Filed December 2, 2015

Type of Claim

Personal Injury, Pain & Suffering

FINDING OF FACTS

This claim was filed for personal injury and pain & suffering in the amount of \$10,000.00 against Arkansas Department of Corrections.

Present at a hearing March 9, 2016 was the Claimant, pro se, and the Respondent, represented by Lisa Wilkins, Attorney.

The Claims Commission unanimously finds liability on the part of the Respondent in this claim and unanimously awards the Claimant the amount of \$500.00 and hereby directs the Respondent agency to pay the claim out current fiscal year revenue.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously awards this claim in the amount of \$500.00 and hereby orders the Respondent agency to pay the claim out current fiscal year revenue.

Date of Hearing \_\_\_\_\_

March 9, 2016

Date of Disposition \_\_\_\_\_

March 9, 2016

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

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

MAR 25 2016

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IN THE CLAIMS REVIEW SUBSOMMITTEE  
OF THE ARKANSAS GENERAL ASSEMBLY

DAVID VANCE (ADC #149096)

CLAIMANT

V.

NO. 16-0415-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

NOTICE OF APPEAL

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

Notice is hereby given that the Respondent is appealing the granting of the decision by the Arkansas State Claims Commission rendered MARCH 9, 2016, in the above matter to the General Assembly of the State of Arkansas in accordance with Arkansas Statute 19-10-211.

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

Respectfully submitted,  
Department of Correction Office of Counsel

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

CERTIFICATE OF SERVICE

I certify that a copy of the NOTICE OF APPEAL has been served this 22 day of March, 2016, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

DAVID VANCE (ADC #149096)  
CUMMINS UNIT  
P. O. BOX 500  
GRADY, AR 71644-0500

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190