

Arkansas State Claims Commission

AUG 0 1 2013

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Arkansas State Claims Commission

AUG 1 2 2013

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

CARLA BREWER JOHNSON Claimant

vs.

State of Arkansas, Respondent State of Arkansas

Do Not Write in These Spaces Claim No. 14-0126-CC Date Filed August 12, 2013 Amount of Claim \$ ? Fund SOA

Death Benefit

COMPLAINT

CARLA JOHNSON the above named Claimant, of 1905 DENALI WAY BARKING (Name) (Street or R.F.D. & No.) (City)

AR 72923 (474) 461-1082 County of SEBASTIAN represented by (State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

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

State agency involved: SEBASTIAN COUNTY SHERIFF'S OFFICE Amount sought:

Month, day, year and place of incident or services: 03/02/2013 LAVACA ARKANSAS, SEBASTIAN COUNTY

Explanation: At 4:20 am on 3-2-2013 two 911 calls were received at the Sebastian County Sheriff's Office. The callers stated a white vehicle had run off Highway 96 in Lavaca and was on it's side in a ditch. Corporal Terry W. Johnson was on the Lavaca beat for the SCSD. He could not be raised on the radio. Other units responded and it was discovered the vehicle off the road was the patrol unit of Corporal Terry Johnson. Lavaca Fire Department had to cut into the vehicle to extricate Corporal Johnson. Sebastian County EMS rushed Corporal Johnson to Mercy Hospital in Fort Smith. Despite the efforts of medical staff Corporal Johnson died of his injuries at 12:42 am on 03/02/2013.

Corporal Johnson was on duty for the Sheriff's Office from 6:00 pm to 4:20 am on 3-2-13. He was scheduled to be off shift at 6:00 am on 3-2-13. He was on routine patrol on his beat in Sebastian County at the time of his death resulting from the accident.

The accident was investigated by Arkansas State Police. His body was sent to the State Crime Lab.

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? No; when? ; to whom? ; and that the following action was taken thereon: (Department)

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? ; if so, state name and address

(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

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

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

Carla Brewer Johnson Carla Brewer Johnson (Signature) (Signature)

SWORN TO and subscribed before me at Fort Smith AR

on this 8th day of August 2013 (Date) (City) (State)

Valerie Elaine Towler Migeo (Signature) (City) (State)

My Commission Expires: 08/01/2016 (Month) (Day) (Year)

SP1-R799



# CERTIFICATE OF LIVE BIRTH

State of Oklahoma - Department of Health

LOCAL REG. NO. \_\_\_\_\_

STATE FILE NO. **135-65-003954**

1. PLACE OF BIRTH a. COUNTY <b>LeFlore</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Oklahoma</b> b. COUNTY <b>LeFlore</b>	
b. CITY, TOWN, OR LOCATION <b>Poteau</b>		c. CITY, TOWN, OR LOCATION <b>Spiro</b>	
c. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION <b>LeFlore County Memorial Hospital</b>		d. STREET ADDRESS <b>General Delivery</b>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	f. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input type="checkbox"/>

CHILD	3. CHILD'S NAME (Type or print)		
	First <b>Terry</b>	Middle <b>Wayne</b>	Last <b>Johnson</b>
FATHER	4. SEX <b>Male</b>		5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>
	5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>		6. DATE OF BIRTH Month <b>2</b> Day <b>3</b> Year <b>65</b>

MOTHER	7. FATHER'S NAME			8. COLOR OR RACE	
	First <b>Earnest</b>	Middle <b>J.</b>	Last <b>Johnson</b>	<b>Colored</b>	
9. AGE (At time of this birth) <b>34</b> YEARS		10. BIRTHPLACE (State or foreign country) <b>Oklahoma</b>	11a. USUAL OCCUPATION <b>Bakery</b>		11b. KIND OF BUSINESS OR INDUSTRY

MOTHER	12. MOTHER'S MAIDEN NAME			13. COLOR OR RACE	
	First <b>Gladys</b>	Middle <b>Marie</b>	Last <b>Blocker</b>	<b>Colored</b>	
14. AGE (At time of this birth) <b>35</b> YEARS		15. BIRTHPLACE (State or foreign country) <b>Oklahoma</b>	16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth)		
			a. How many OTHER children are now living? <b>5</b>	b. How many OTHER children were born alive but are now dead? <b>0</b>	c. How many fetal deaths (fetuses born dead at ANY time after conception)? <b>0</b>

17. INFORMANT  
**Mrs. Johnson - Mother**

18. MOTHER'S MAILING ADDRESS  
**General Delivery Spiro, Oklahoma**

19a. LENGTH OF PREGNANCY COMPLETED WEEKS	19b. WEIGHT OF CHILD AT BIRTH <b>6</b> LB. <b>5</b> OZ.	20. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--	--	---

21a. WAS BLOOD OF THIS CHILD'S MOTHER TESTED FOR SYPHILIS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	21b. DATE TEST MADE	21c. IF NO TEST, STATE REASON THEREFOR:
---	---------------------	---

I hereby certify that this child was born alive on the date stated above.	22a. SIGNATURE <i>[Signature]</i>	22b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> D.C. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)
	22c. ADDRESS <b>Poteau, Oklahoma</b>	22d. DATE SIGNED <b>2-6-65</b>

23a. DATE REC'D. BY LOCAL REG.	23b. REGISTRAR'S SIGNATURE	24. DATE RECEIVED BY STATE REGISTRAR <b>FEB 11 1965</b>
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THIS LINE FOR USE OF STATE REGISTRAR	DATE CORRECTIONS MADE	ITEMS CORRECTED	AUTHORITY	CLERK
--------------------------------------	-----------------------	-----------------	-----------	-------

VS 152 12-58



## State Department of Health

State of Oklahoma

ROGER C. PIRRONG  
STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST  
HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

*[Signature]*  
STATE REGISTRAR

OCT 27 1962

BOND AND AFFIDAVIT FOR MARRIAGE LICENSE

STATE OF ARKANSAS  
County of Sebastian )

Book 186 Page 24

KNOW ALL MEN BY THESE PRESENTS, than we, the undersigned.

Terry W. Johnson having arrived at the age of 42 years: DOB 2/03/1965 and

Carla Annetta Brewer having arrived at the age of 43 years: DOB 3/28/1964: state on oath that we are the identical persons who have this day applied for a Marriage License in the County and State of aforesaid, and that we are now single and unmarried and may lawfully contract and be joined in marriage. That we have a lawful right to the License and that we will faithfully carry into effect and comply with the provisions of the laws of the State of Arkansas. That we do hereby firmly bind ourselves, our heirs, executors and administrators, unto the State of Arkansas, for the use and benefit of the Common School Fund of Sebastian County, in the penal sum of ONE HUNDRED DOLLARS, for payment which sum truly to be made.

The Condition of the above obligation is such that whereas, if we shall, within sixty(60) days from the date hereof, return the License to the office of the Clerk of the County Court of said County, duly executed and officially signed by someone authorized by Law to solemnize the Rite of Matrimony, then this obligation shall be void, otherwise, it shall remain in full force and effect.

Entered into and signed this 28th day of June, 2007.

Terry Johnson  
(Principal)  
Carla Brewer  
(Surety)

CONSENT

The undersigned parents (or guardian) do hereby consent to the marriage of our(my) minor son(ward) named herein.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

CONSENT

The undersigned parents (or guardian) do hereby consent to the marriage of our(my) minor daughter(ward) named herein.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

Sworn to and subscribed before me, this 28th day of June, A.D., 2007.

By Renata Smithson  
Deputy Clerk

\_\_\_\_\_  
DORIS TATE  
County Clerk

MARRIAGE LICENSE

STATE OF ARKANSAS  
County of Sebastian ) To Any Person Authorized by Law to Solemnize Marriage - Greeting:  
YOU ARE HEREBY COMMANDED to solemnize the rite and publish the bans of Matrimony between

Mr. Terry W. Johnson of Fort Smith, in the County of Sebastian, State of Arkansas, aged 42 years, and

M Carla Annetta Brewer of Fort Smith, in the County of Sebastian, State of Arkansas, aged 43 years.

according to law, and do you officially sign and return this License to the parties herein named.

WITNESS my hand and official seal, this 28th day of June, 2007.  
By Renata Smithson  
Deputy Clerk

\_\_\_\_\_  
DORIS TATE  
County Clerk

CERTIFICATE OF MARRIAGE

STATE OF ARKANSAS  
County of Sebastian ) I, Alan M Smith do hereby certify that on the 20th day of July, 2007, I did duly and according to law, as commanded in the foregoing License, solemnize the rite and publish the bans of Matrimony between the parties therein named.

My credentials are recorded in Recorder's Office Sebastian County, Arkansas, Book E, Page 360

Witness my hand this 20th day of July, 2007.

Alan M Smith  
(Signature of Official Administering Vows)

Pastor, King Solomon Christian  
Title

(Endorsed) filed for record this 23rd day of July, 2007

By Dorothy Selinger  
Deputy Clerk

Book #: 186 Page #: 24  
\_\_\_\_\_  
DORIS TATE  
County Clerk

TYPE / PRINT IN  
PERMANENT  
BLACK INK  
SEE  
INSTRUCTIONS

ARKANSAS DEPARTMENT OF HEALTH  
Vital Records  
CERTIFICATE OF DEATH

387  
302

NAME OF DECEASED - Johnson, Terry W. (0200-13)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>Terry Wayne Johnson</b>		2. SEX <b>M</b>	3a. DATE OF DEATH (Month/Day/Year) <b>Mar 02, 2013</b>	3b. TIME OF DEATH <b>12:40</b>
4. SOCIAL SECURITY NO.	5a. AGE - Last Birthday (Year) <b>48</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 30 DAY Days: _____ Months: _____	6. DATE OF BIRTH (Month/Day/Year) <b>Feb. 8, 1965</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Poteau, Oklahoma</b>	8a. RESIDENCE STATE or FOREIGN COUNTRY <b>Arkansas</b>	8b. COUNTY <b>Sebastian</b>	8c. CITY OR TOWN <b>Barling</b>	
9. NUMBER AND STREET <b>1905 Denali Way</b>	10. ZIP CODE <b>72923</b>	11. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
12a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room <input type="checkbox"/> Dead on Arrival	12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Other (Specify): _____	12c. COUNTY OF DEATH <b>Sebastian</b>		
13. FATHER'S NAME (First, Middle, Last) <b>Earnest Jay Johnson</b>	14. MOTHER'S NAME (First, Middle, Last) <b>Gladys Maria Blocker</b>	15. BIRTHPLACE (City and State or Foreign Country) <b>Barling, Arkansas</b>		
16a. FATHER'S NAME <b>Carla Johnson</b>	16b. RELATIONSHIP TO DECEDENT <b>Wife</b>	16c. MARITAL ADDRESS (City and State or Foreign Country) <b>1905 Denali Way Barling, Arkansas 72923</b>		
17a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____	17b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Dak Cemetery Fort Smith, Arkansas</b>			
17c. LOCATION - CITY, TOWN, AND STATE <b>Fort Smith, Arkansas</b>	17d. SIGNATURE (Print name and sign) of Burial Agent <b>Ronald Edwards</b>			
17e. LICENSE # <b>9</b>	17f. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Edwards Funeral Home 201 No. 12th Fort Smith, Arkansas 72901</b>			
18a. DATE PRONOUNCED DEAD <b>Mar 02, 2013</b>	18b. TIME PRONOUNCED DEAD <b>12:40</b>	18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (First/Last) <b>Stephen Taylor, MD</b>		18d. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. PART I. Enter the chain of events - immediate, remote, or contributing - that led to the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. <b>Fractured Cervical Vertebrae</b>				APPROXIMATE INTERVAL: Onset to Death
20. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
21. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No				21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				
23. DO THE ABOVE CAUSE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No		24. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		
25a. DATE OF INJURY <b>Mar 02, 2013</b>	25b. TIME OF INJURY <b>Unknown</b>	25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, school, etc.) <b>Roadway</b>	25d. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26. LOCATION OF INJURY (e.g. State Highway, Interstate, etc.) <b>State Highway 96 State Highway 266, Lavaca, AR</b>				27. DESCRIBE HOW INJURY OCCURRED: <b>On duty law enforcement officer in single vehicle accident.</b>
28. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____				
29. Verify (Check all that apply): <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination and investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner - On the basis of examination, autopsy, investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Hospice Registered Nurse - On the basis of my knowledge, death occurred due to the cause(s) and manner stated.				
SIGNATURE: <b>Stephen A. Erickson, M.D.</b>		Deputy Chief Medical Examiner - <b>Mar 04, 2013</b>		
30a. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 29a. (City/State/Zip) <b>Stephen A. Erickson, M.D., 3 Natural Resources Dr Little Rock, AR 72206</b>				30b. LICENSE # <b>C-7688</b>
31. SIGNATURE OF REGISTRAR: <b>Katherine Smith, D.C.</b>				32. FOR REGISTRATION ONLY - DATE FILED (Month/Day/Year) <b>March 11, 2013</b>



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

MAR 11 2013

Paul W. Johnson  
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

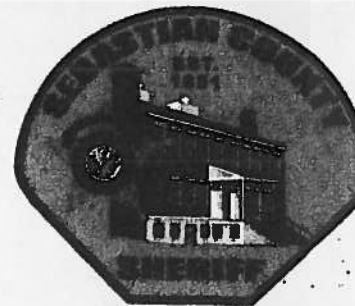
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# SEBASTIAN COUNTY SHERIFF'S OFFICE

SHERIFF BILL HOLLENBECK

*Honor and Integrity*

SINCE 1851



Arkansas  
State Claims Commission

AUG 01 2013

RECEIVED

July 30, 2013

Arkansas State Claims Commission  
1001 East Capitol Avenue Suite 410  
Little Rock, AR 72201

To Whom It May Concern:

This letter is being provided to your office to process Corporal Johnson's death benefits from the Arkansas State Claims Commission. Please accept this letter as acknowledgment from our records and confirmation from his spouse, Carla Johnson, that Corporal Terry Johnson did not have any children.

Please contact our office should you have any questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Bill Hollenbeck", followed by a long horizontal line extending to the right.

Bill Hollenbeck, Sheriff

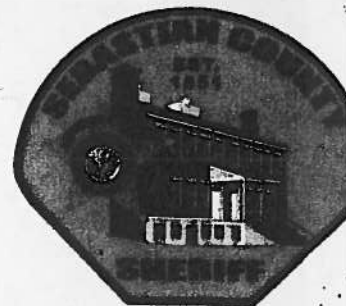


# SEBASTIAN COUNTY SHERIFF'S OFFICE

SHERIFF BILL HOLLENBECK

*Honor and Integrity*

SINCE 1851



Arkansas  
State Claims Commission

AUG 01 2013

RECEIVED

July 30, 2013

Arkansas State Claims Commission  
1001 East Capitol Avenue Suite 410  
Little Rock, AR 72201

To Whom It May Concern:

This letter is being provided to your office to process Corporal Johnson's death benefits from the Arkansas State Claims Commission. Please accept this letter as verification of Corporal Terry Johnson's date of employment with the Sebastian County Sheriff's Office as August 1, 1994 and his date of death as March 2, 2013.

Please contact our office should you have any questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Bill Hollenbeck", is written over a horizontal line.

Bill Hollenbeck, Sheriff



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**Affidavit for Special Power of Attorney  
(PSOB)**

I, Carla Johnson, do hereby grant special limited power of attorney to Sebastian County Sheriff's Deputy Philip Pevehouse to act in my stead in reference to filing for benefits related to the PSOB for Corporal Terry Johnson who was my husband. This special power is only granted for the purpose of filing for the benefits.

Carla A. Johnson 6-6-13

Carla Johnson Date

Debra L. Brewer 6/6/13

Notary Public Date



Subscribed and sworn before me this 6th  
day of June, 2013, a Notary Public,  
in and for Sebastian County,  
State of Arkansas.  
Debra L. Brewer  
(Signature)

NOTARY PUBLIC  
My Commission expires 2/2/2017

# Arkansas Uniform Motor Vehicle Collision Report

**650313105**

<b>SUMMARY</b>	Date	3/2/2013	Day	SATURDAY	Time	04:20 AM	Time Notified	05:00 AM	Time Arrived	05:26 AM	Unit Assigned	H7	District	
	Road/Street/Highway	STATE HIGHWAY 96					Latitude		Longitude		Section	3	Log Mile	2.13
	At Intersection With						Not at Intersection, But	120 Ft	Direction	WEST	Of Reference Point	HARDING ST		
	County	SEBASTIAN		County GLC	AR 05 131		City	LAVACA		City GLC	AR 052230131			
	Hit and Run	<input type="checkbox"/> Yes	Not in City, But		Direction		Of Reference City		Speed Limit Posted	YES	Speed Limit	35	Speed Limit 2	
		<input checked="" type="checkbox"/> No	Number of Vehicles	1	Number of Carriers	0	Number of Pedestrians	0	Number of Witnesses	0	Number of Property Owners	0		

<b>ENVIRONMENT</b>	Atmospheric Conditions	CLEAR	Light Conditions	DARK	Accident Locale	RURAL		
	Surface Conditions	DRY	Road System	STATE HIGHWAY	Road Surface	ASPHALT		
	Road Alignment	STRAIGHT	Road Profile	LEVEL	Traffic Lanes(#)	2	Traffic Flow	NOT DIVIDED
	Construction/Maintenance Zone	NO	Roadway Defects	NO DEFECTS				
	Relation to Junction	NON-JUNCTION	Traffic Controls	LANE MARKINGS, TRAFFIC LANES MARKED				
	Traffic Control Devices	FUNCTIONING PROPERLY	Type of Collision	SINGLE VEHICLE			Fire Occurrence	NO FIRE OCCURENCE

Rank	TRP	Officer - Last Name	DACUS		Officer - First Name	CALLIE		Officer - MI	M	Officer - Suffix	
Officer - Signature	<i>Callie M. Paces</i>				Officer - Badge Number	129		Officer - Department	ASP - TROOP H		
Rank	LT	Supervisor - Last Name	Joe		Supervisor - First Name	Scott		Supervisor - MI	B	Supervisor - Suffix	
Supervisor - Signature	<i>John L. Paces 292</i>				Supervisor - Badge Number	292		Supervisor - Department	ASP - TROOP H		

Arkansas State Claims Commission

AUG 01 2013

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## Arkansas Uniform Motor Vehicle Collision Report

## Narrative

ACCIDENT REPORT # 650313105

STATE HIGHWAY 96

SECTION 3; LOG MILE 2.13

LAVACA CITY LIMITS

TRP. CALLIE M. DACUS #129

## SUMMARY

ON SATURDAY, MARCH 2ND, 2013 AT APPROXIMATELY 5:01 A.M., I RECEIVED A PHONE CALL FROM TROOP H DISPATCH ADVISING THAT A DEPUTY HAD BEEN INVOLVED IN AN ACCIDENT IN THE LAVACA CITY LIMITS ON STATE HIGHWAY 96. THE ACCIDENT OCCURRED AT APPROXIMATELY 4:20 A.M. SEBASTIAN COUNTY SHERIFF'S DEPARTMENT REQUESTED THAT THE ARKANSAS STATE POLICE INVESTIGATE THE ACCIDENT. I ADVISED TROOP H THAT I WOULD BE ENROUTE FROM MY HOUSE IN A COUPLE MINUTES.

TROOP H ADVISED THAT EMS AND THE FIRE DEPARTMENT WERE DISPATCHED TO THE SCENE AT THE TIME THE ACCIDENT OCCURRED. THE DEPUTY HAD TO BE EXTRICATED FROM THE VEHICLE AND WAS TRANSPORTED TO MERCY HOSPITAL. SHERIFF'S DEPUTIES ON SCENE REQUESTED GREG'S CAR CARE TO TOW THE VEHICLE.

I ARRIVED ON SCENE AT 5:28 A.M. AND OBSERVED A TAHOE ON ITS PASSENGER SIDE IN THE SOUTH DITCH. AFTER MAKING CONTACT WITH FIRST RESPONDERS, I ASCERTAINED THE NAME OF THE DRIVER (DEP. TERRY W. JOHNSON). I WAS INFORMED THAT HIS CONDITION DID NOT LOOK GOOD. I BEGAN MY INVESTIGATION OF THE ACCIDENT SCENE BY OBTAINING MEASUREMENTS AND DRAWING A DIAGRAM. I THEN HAD THE WRECKER SERVICE REMOVE THE VEHICLE FROM THE SCENE.

AFTER BEING ADVISED THAT DEPUTY JOHNSON'S CONDITION WAS VERY CRITICAL, I HAD TROOP H NOTIFY A SUPERVISOR AND WAS CONTACTED BY SGT. RANDALL DIAS. SGT. DIAS WAS BRIEFED ON THE ACCIDENT AND ARRIVED ON SCENE A SHORT TIME LATER. AFTER SGT DIAS ARRIVED ON SCENE, A PHOTO DIAGRAM WAS COMPLETED AND MEASUREMENTS WERE TAKEN. AFTER ALL INFORMATION WAS GATHERED AT THE ACCIDENT SCENE, SGT DIAS AND I WENT TO GREG'S CAR CARE TO TAKE PICTURES AND GATHER INFORMATION FROM THE DEPUTY'S VEHICLE.

AT APPROXIMATELY 12:42 P.M. DEPUTY JOHNSON SUCCEMDED TO HIS INJURIES AT MERCY HOSPITAL AND WAS SENT TO THE ARKANSAS STATE CRIME LAB FOR AN AUTOPSY. THE IN-CAR VIDEO RECORDING WAS DOWNLOADED BY SEBASTIAN COUNTY SHERIFF'S DEPARTMENT PERSONNEL AND A COPY WAS GIVEN TO THE ARKANSAS STATE POLICE. LAVACA POLICE DEPARTMENT HAD ALSO TAKEN PICTURES OF THE ACCIDENT SCENE PRIOR TO MY ARRIVAL, AND A COPY OF 64 PICTURES WAS GIVEN TO THE STATE POLICE AND WILL BE INCLUDED WITH THIS REPORT.

## ACCIDENT NARRATIVE:

ACCIDENT SCENE: THE ACCIDENT OCCURRED ON STATE HIGHWAY 96 EASTBOUND. THE SECTION OF HIGHWAY WAS LOCATED WITHIN THE CITY LIMITS OF LAVACA. THIS IS AN EAST/WEST HIGHWAY WITH ASPHALT ROAD SURFACE. THIS IS A TWO LANE ROADWAY SEPARATED BY A DOUBLE YELLOW LINES. THE ROADWAY HAS ASPHALT SHOULDERS THAT ARE PARALLEL TO THE ROADWAY. THE ROADWAY COVERS A LARGE CONCRETE DRAINAGE CULVERT THAT IS PROTECTED BY GUARDRAILS ON BOTH SIDES OF THE ROADWAY WHERE THE ACCIDENT OCCURRED.

ACCIDENT SITUATION: V1, DRIVEN BY CPL. TERRY W. JOHNSON, WAS TRAVELING EASTBOUND ON STATE HIGHWAY 96 COMING OUT OF RIGHT HAND CURVE, NEAR THE INTERSECTION OF STATE HIGHWAY 255. THE ACCIDENT OCCURRED WHEN CPL. JOHNSON'S PATROL VEHICLE LEFT THE ROADWAY ON THE RIGHT AFTER EXITING THE CURVE, AND STRUCK A GUARDRAIL. AFTER IMPACT, THE PATROL VEHICLE TRAVELED UP THE GUARDRAIL, STRUCK A CONCRETE SUPPORT POST BEFORE GOING AIRBOURNE ACROSS THE DRAINAGE DITCH. AFTER STRICKING THE GURADRIL AND BECOMING AIRBOURNE, IT ROTATED IN THE AIR TO IT'S RIGHT SIDE, BEFORE COMING DOWN IN THE DITCH ON IT'S PASSENGER SIDE AND TOP. AFTER IMPACTING THE DITCH BANK, THE PATROL VEHICLE CONTINUED TRAVELING EASTBOUND ON THE PASSENGER SIDE BEFORE IT'S FRONT END STRUCK A UTILITY POLE AND CAME TO FINAL REST ON IT'S RIGHT SIDE FACING EAST. DEPUTY JOHNSON'S VEHICLE TRAVELLED A TOTAL OF APPROXIMATLEY 85 FEET FROM THE POINT THAT IT FIRST IMPACTED THE GUARDRAIL UNTIL IT'S FINAL REST AT THE UTILITY POLE.



# Arkansas Uniform Motor Vehicle Collision Report

Diagram / Photo 1

Hwy 8.

NOT TO SCALE

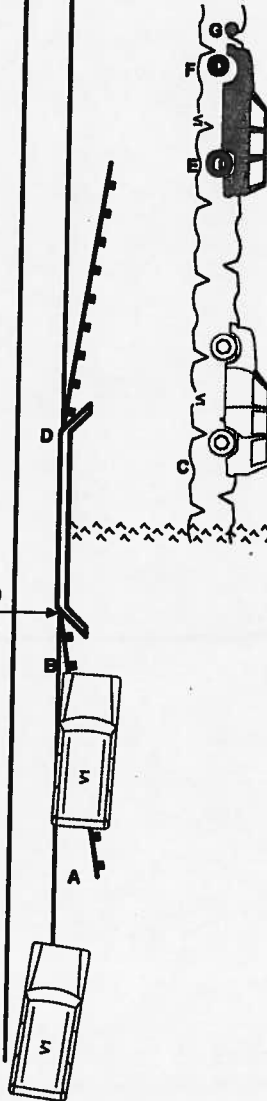


State Highway 96/ Main St

↓ ↑

4ft 5in 10ft 4in 10ft 6in 4ft 7in

Westbound Eastbound





# Arkansas Uniform Motor Vehicle Collision Report

Diagram / Photo 2

Harding St.

State Highway 96/Main St



NOT TO SCALE

4ft 5in 10ft 4in 10ft 6in 4ft 7in



Photo Diagram  
#650313105  
Trp. Callie M. Dacus #129

Victim:  
Sebastian County  
Deputy Terry W. Johnson

Impact Point

Reference Point

Historical Marker Sign

**Arkansas Uniform Motor Vehicle Collision Report**

Report Number

**650313105**

Diagram / Photo 3

**Diagram Measurements**  
**Accident Report #650313105**  
**State Highway 96, Lavaca City Limits**  
**Speed Limit 35 MPH**  
**Trp. Callie M. Dacus #129**

**Reference Point is the West corner of a  
concrete culvert on the South side of the roadway.**

**Measurement start from point A.**

**A: End of Guardrail**  
**27ft 4 in West; 4ft 1in South of RP**

**B: Concrete Support Post**  
**4ft 4in West; 1ft 2in South of RP**

**C: Impact Furrow**  
**12ft 9 in East; 15ft 0in South of RP**

**D: End of Concrete Culvert**  
**18ft 3in East of RP**

**E: Final Resting Point**  
**Rear Tire**  
**45ft 7in East, 9ft 6in South of RP**

**F: Final Resting Point**  
**Front Tire**  
**54ft 5in East, 9ft 6in South of RP**

**G: Utility Pole**  
**58ft 9in East; 14ft 1in South of RP**

**H: Harding St**  
**120ft 6in East; 31ft 4in North of RP**



# Arkansas Uniform Motor Vehicle Collision Report

## Diagram / Photo 4

Photo 1 Accident Scene overall view facing East	N/A
Photo 2 Accident Scene facing Southeast (Taken from Reference Point)	R.P. (0,0)
Photo 3 Accident scene facing Southwest (Taken from right fog line)	0', 4'7" N
Photo 4 Accident scene facing South (Taken from fog line, parallel to Road Sign)	47'8" W, 4'7" N
Photo 5 Accident scene facing Southeast (Taken from fog line, parallel to start of the guardrail)	27'4"W, 4' 7"N
Photo 5a Guardrail facing East (Close Up)	N/A
Photo 6 Accident scene facing South (Taken from fog line, parallel to gouge in the guardrail)	12'4"W, 4'7"N
Photo 6a Guardrail gouge facing East (Close up)	N/A
Photo 7 Accident scene facing South (Taken from fog line, parallel to guardrail concrete support post)	4'4"W, 4'7"N
Photo 7a Concrete support post facing East	N/A
Photo 8 Accident scene facing South (Taken from fog line, parallel to impact furrow)	12'9"E, 4'7"N
Photo 8a Impact furrow facing Southeast (Close up)	N/A
Photo 9 Accident scene facing South (Taken from fog line, parallel to utility pole)	58'9"E, 4'7"N
Photo 10 Accident scene facing Southwest	N/A
Photo 11 Impact furrow facing Southwest	N/A
Photo 12 Front Passenger fender of patrol car	N/A
Photo 13 Passenger side of patrol car	N/A
Photo 14 Front passenger side of patrol car	N/A
Photo 15 Rear passenger side of patrol car	N/A
Photo 16 Rear of patrol car	N/A
Photo 17 Front driver side of patrol car	N/A
Photo 18 Driver seat and Seat belt position	N/A
Photo 19 Taken from Driver side facing passenger side	N/A
Photo 20 Right Rear tire of patrol car	N/A
Photo 21 Right Front tire of the patrol car	N/A
Photo 22 Left Front tire of the patrol car	N/A
Photo 23 Left rear tire of the patrol car	

## Photo Information Sheet

Accident Report #650313105  
March 2nd 2013  
Photo Taken By Sgt. Randall Dias #244

All measurements of the photo locations were taken from the reference point located at the West rear corner of the concert culvert drainage ditch.





SEP 04 2013

RECEIVED

BEFORE THE STATE CLAIMS COMMISSION  
OF THE STATE OF ARKANSAS

CARLA JOHNSON

CLAIMANT

V.

NO. 14-0126-CC

STATE OF ARKANSAS

RESPONDENT

RESPONDENT'S ANSWER

Respondent, State of Arkansas, by and through its attorneys, Attorney General Dustin McDaniel and Assistant Attorney General Jonathan Q. Warren, respectfully states the following:

1. The Arkansas State Claims Commission has jurisdiction over this matter pursuant to Ark. Code Ann. § 21-5-702.
2. This claim was filed within five years of the deceased's death, which occurred on March 2, 2013.
3. Carla Johnson, the Claimant, is the wife of the deceased, Terry Johnson.
4. Respondent admits that Terry Johnson was employed as Corporal with the Sebastian County Sheriff's Office and was working in his official capacity on March 2, 2013.
5. Respondent admits that Johnson died as a result of injuries sustained in a single-car accident along Highway 96 in Lavaca, Arkansas.
6. Arkansas Code Annotated § 21-5-704(a)(1)(A) provides:

The state shall pay to the designated beneficiary or, if there is no designated beneficiary, then to the surviving spouse or surviving children under the age of twenty-two (22) or, if there is no surviving spouse or surviving children under the age of twenty-two (22), then to the surviving children twenty-two (22) years of age or older or to the surviving parents of any covered public employee who is killed in the official line of duty, the sum of fifty thousand dollars (\$50,000).

7. Respondent agrees that Terry Johnson was a public employee who died in the line of duty as the result of injuries sustained in a single-car accident when his patrol car overturned and stopped in a ditch, and that, accordingly, his surviving spouse, Carla Johnson, would be entitled to the sum of fifty thousand dollars (\$50,000).

8. Arkansas Code Annotated § 21-5-705(a) provides:

The state shall pay the additional sum of one hundred fifty thousand dollars (\$150,000) to the designated beneficiary, surviving spouse, or surviving children under the age of twenty-two (22) of any:

(1) Police officer, wildlife enforcement officer of the Arkansas State Game and Fish Commission, commissioned law enforcement officer or emergency response employee of the State Parks Division of the Department of Parks and Tourism, Department of Community Correction employee, or employee of the Department of Correction whose death occurred:

(A) After January 1, 2003; and

(B) Either:

(i) In the official line of duty as the result of a criminal or negligent action of another person or persons or as the result of the engagement in exceptionally hazardous duty; or

(ii) In the line of duty while the officer or employee was performing emergency medical activities; and

(2) Firefighter, emergency medical technician, or employee of the Arkansas Forestry Commission killed after July 1, 1987, while responding to, engaging in, or returning from a fire, rescue incident, a hazardous material or bomb incident, an emergency medical activity, or simulated training thereof.

9. Respondent agrees that the decedent's death occurred after January 1, 2003 and as the result of the engagement in exceptionally hazardous duty. As a result, Carla Johnson, the surviving spouse is entitled to the additional sum of one hundred fifty thousand dollars (\$150,000).
10. Pursuant to Ark. Code Ann. § 6-82-503(a), scholarship benefits are available whenever a covered public employee suffers fatal injuries or wounds or becomes permanently and totally disabled as a result of injuries that occurred in the performance of a hazardous duty within the scope of his employment or which occurred en route to or returning from a location where a hazardous situation existed.
11. Respondents agree that the circumstances causing Terry Johnson's death satisfy the hazardous duty requirement set forth in Ark. Code Ann. § 6-82-503(a).
12. Respondent admits that Carla Johnson, decedent's spouse, is eligible to receive a scholarship benefit as set forth in Ark. Code Ann. § 6-82-503.
13. Ark. Code Ann. § 6-82-503(c) provides that scholarship benefits shall be awarded at the same time death benefits are awarded pursuant to Ark. Code Ann. § 21-5-701 et seq.
14. Therefore, Respondent requests that scholarship benefits be awarded at the same time death benefits are awarded.
15. Respondent denies any allegations not specifically admitted herein.
16. Respondent reserves the right to amend this Answer.

WHEREFORE, Respondent requests that the Claims Commission set this matter for hearing to determine the benefits awarded.

Respectfully submitted,

DUSTIN McDANIEL,  
Attorney General

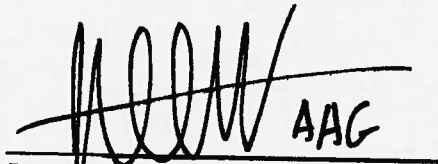
By.  AAG

Jonathan Q. Warren  
Arkansas Bar No. 2006043  
Assistant Attorney General  
Attorney for State of Arkansas  
323 Center Street, Suite 200  
Little Rock, Arkansas 72201  
Telephone: (501) 682.3658  
Fax: (501) 682.2591  
jonathan.warren@arkansasag.gov

**CERTIFICATE OF SERVICE**

I, Jonathan Q. Warren, Assistant Attorney General, do hereby certify that a copy of the foregoing document has been served by placing a copy of same in the U.S. Mail, on September 4, 2013, addressed to the following:

Carla Johnson  
1905 Denali Way  
Barling, AR 72923



Jonathan Q. Warren  
Arkansas Bar No. 2006043  
Assistant Attorney General  
Attorney for State of Arkansas  
323 Center Street, Suite 200  
Little Rock, Arkansas 72201  
Telephone: (501) 682.3658  
Fax: (501) 682.2591  
jonathan.warren@arkansasag.gov

STATE CLAIMS COMMISSION DOCKET  
OPINION

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

Claim No. 14-0126-CC

Carla Johnson Claimant

Attorneys  
Pro se Claimant

vs.

State of Arkansas Respondent

Jonathan Warren, Asst. Atty. General Respondent

Date Filed August 12, 2013

Type of Claim Death Benefit & Scholarship Benefits

FINDING OF FACTS

This claim was filed for death benefit and scholarship benefit in an unspecified amount of against the State of Arkansas.

The Claimant, pro se, and the State of Arkansas, represented by Jonathan Warren, Assistant Attorney General, were present at a hearing on December 13, 2013.

The Arkansas State Claims Commission unanimously awards Claimant the amount of \$50,000.00. The Arkansas State Claims Commission finds no statutory basis for awarding any additional monies in this claim as the law provides those additional monies shall only be paid if, as found in §21-5-705(B), the death occurred under the following circumstances:

- (i) In the official line of duty as the result of the criminal or negligent action of another person or persons or as the result of the engagement in exceptionally hazardous duty; or
- (ii) In the time of duty while the officer or employee were performing emergency medical activities; and et cet.

No such activity occurred in this situation and, as the state police report clearly states, the wreck did not see the deceased ejected from the vehicle, there was no obscured vision, the night was clear, the road conditions were dry, the road straight, level and with no defects or construction work occurring on it, the lanes were clearly marked, was not near an intersection and involved only the deceased vehicle. Additionally, no evidence or testimony was presented that the deceased had been called to the scene of an accident or other incident, that he had informed his office of same and no such activity was found on the in-car recordings. The deceased was simply performing his normal patrol duty. Whether the deceased has some health emergency or dozed off is not known, but based on the evidence it is clear no "hazardous duty" was present.

As state provided higher educational scholarship benefits are tied to the presence of the "hazardous duty" requirement previously cited the Arkansas State Claims Commission makes no such award.

The Claimant is unanimously awarded the amount of \$50,000.00.

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 total amount of \$50,000.00 and directs the Claims Commission Clerk to issue a voucher in payment thereof.

December 13, 2013

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

December 13, 2013

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

[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.

Arkansas  
State Claims Commission  
JAN 10 2014

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

RECEIVED

**CARLA JOHNSON**

**CLAIMANT**

**V.**

**NO. 14-0126-CC**

**STATE OF ARKANSAS**

**RESPONDENT**

**NOTICE OF APPEAL**

Pursuant to Ark. Code Ann. § 19-10-211, Respondent, the State of Arkansas, by and through its attorneys, Attorney General Dustin McDaniel and Assistant Attorney General Jonathan Q. Warren, respectfully files its notice of appeal of the Arkansas State Claims Commission's decision in the above-captioned claim, heard before the Commission on December 13, 2013.

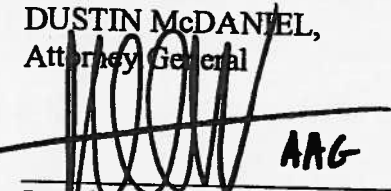
For the record on appeal, Respondent designates the entire record of the Commission regarding Claim No. 14-0126-CC, including any and all pleadings, motions, briefs, evidence, orders, audio recordings of hearings, and notices of appeal.

WHEREFORE, Respondent realizes that the Commission shall, in a timely manner, notify the Legislative Council or the appropriate committee of the General Assembly and all parties to the claim when any notice of appeal to the General Assembly is filed, pursuant to Ark. Code Ann. § 19-10-211(c).

Respectfully submitted,

DUSTIN McDANIEL,  
Attorney General

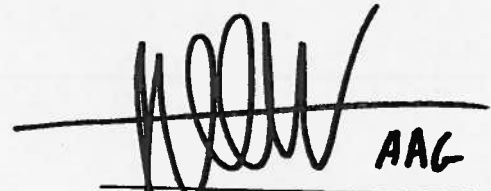
By:

  
Jonathan Q. Warren  
Arkansas Bar No. 2006043  
Assistant Attorney General  
Attorney for State of Arkansas  
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Little Rock, Arkansas 72201  
Telephone: (501) 682.3658  
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jonathan.warren@arkansasag.gov

**CERTIFICATE OF SERVICE**

I, Jonathan Q. Warren, Assistant Attorney General, do hereby certify that a copy of the foregoing document has been served by placing a copy of same in the U.S. Mail, on January 10, 2014, addressed to the following:

Carla Johnson  
1905 Denali Way  
Barling, AR 72923

  
Jonathan Q. Warren  
Arkansas Bar No. 2006043  
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