

Please Read Instructions on Reverse Side of Yellow copy
Please print in ink or type

Arkansas
State Claims Commission
MAY 12 2014

F1.

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- Mr.
- Mrs.
- Ms.
- Miss

Bryan Like, #119963, Claimant

vs.

State of Arkansas, Respondent
Dept. of Corr.

Do Not Write in These Spaces		
Claim No.	14-0858-CC	
Date Filed	May 12, 2014	
	(Month)	(Day) (Year)
Amount of Claim \$	25,000.00	
Fund	DOC	

COMPLAINT
Personal Injury, Pain & Suffer; Negligence, Failure to Follow Procedure

Bryan Like, #119963, the above named Claimant, of Arkansas,
(Name) (Street or R.F.D. & No.) (City)
(State) (Zip Code) (Daytime Phone No.) County of LEE represented by Pro Se!
(Legal Counsel, if any, for Claim)
of Pro Se! (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

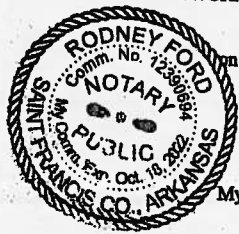
State agency involved: Ark. Dept. of Correction Amount sought: \$25,000.00

Month, day, year and place of incident or service: On or about Wednesday, October 23, 2013, the
Explanation: Claimant was forcedly ordered to operate a faulty machine that the respondents knew was faulty, yet ordered claimant to operate. This caused a serious injury to the claimant's left arm. Not only did the respondents, A.D.C., fail to properly help claimant get proper, needed medical care, in order to cover-up the "clearly established" policy of providing protective equipment, etc., the respondents not only denied claimant proper appeals via a retaliatory disciplinary that was written on him (the claimant), but also, the respondents retaliatorily denied claimant's various institutional grievances written by the claimant as attached exhibits 1, p.p. thru 7; exhibits 2, p.p. 1 & 2; and exhibit 3, p. 17. The attempts made by the claimant amounted to object futility. The claimant's injury was not only ignored, but was retaliated upon by being sent to another A.D.C. facility East Arkansas Regional Unit (E.A.R.U.)-1. There was no reasonable justification for the transfer to a more unfavorable facility and again, was only to cover-up the incident of Wednesday, October 23, 2013, which is wrong and ignore claimant's injury complained of.

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? No; if so, state name and address _____
and that the nature thereof is as follows: _____ (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)
_____ 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.
X BRYAN LIKE #119963 (Print Claimant/Representative Name) X Bryan Like ADC #119963 (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Brickeys (City) Arkansas (State)
(SEAL) on this 126 day of Mar (Date) 2014 (Year)
Rodney Ford (Notary Public)
My Commission Expires: Oct 18 (Month) 2022 (Year)



SF1-R7/99

UNIT LEVEL GRIEVANCE FORM (Attachment 1)

GRIEVANCE/RECEIVED

Unit/Center WVU

JAN 03 2014

Name B. Like

EAST AR REGIONAL UNIT

ADC# 119963 Brks # 15 Job Assignment TC

FOR OFFICE USE ONLY	
GRV. #	<u>EA-13-02319</u>
Date Received:	<u>12-31-13</u>
GRV. Code #:	<u>803</u>

12-26-13 (Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) If the issue was not resolved during Step One, state why: _____

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 12-27-13 I received a grievance from Central Office (EA-13-02183) stating that I failed to follow proper procedure by not sending attachment 1 with the warden's response. I did not send this grievance to central office. The grievance officer at Earle Ms. McDaniels and Ms. Hill sent my grievance to central office instead of sending it to me at the WRIGHTSVILLE UNIT. Both officials are attempting to sabotage all of my grievances to prevent me from exhausting my administrative remedies regarding my injury. My arm (left) was severely injured due to faulty equipment. Therefore Mr. Andrews, Major Glover, Warden Bure, Larry May and John Doe 1 through 25 are responsible for such injury. And the reason why the grievance officers are sabotaging my use of the grievance procedure.

Bryan Like
Inmate Signature

12-26-13
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 12-26-13 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

BOLUIS, H 24059 BOLUIS, H 12-26-13
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Sent to Ms. Coleman - Grievance Office.

Staff Signature & Date Returned

x Bryan Like 12-26-13
Inmate Signature & Date Received

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.

BK051044

IGTT410
3GS

Attachment III

INMATE NAME: Like, Brian

ADC #: 119963C

GRIEVANCE #: EA-13-02319

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Like, you grieve you received a grievance (EA-13-02183) from Central Office on 12/24/2013 stating you failed to follow proper procedure by not sending attachment 1 with the Warden's Response and you have not sent this grievance to Central Office and the grievance office is trying to sabotage you. Your complaint is noted. Ms. McDaniel, Program Specialist/Inmate Grievance Supervisor, stated no one in the grievance office is trying to sabotage you from using the grievance procedure. She also stated when a grievance is Warden Respond both the attachment 1 and the response is sent to the inmate and the grievance staff did not send a warden response to Central Office. Without further evidence, I find no merit in your complaint.

[Redacted Signature Box]

Signature of Warden/Supervisor or Designee

Warden

Title

1/20/14

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling 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?

By the time my original grievance (EA-13-02183) was sent to the central office, I didn't get an answer from the grievance due to the fact that central office received it too late. This was not my fault. I sent the grievance in the appropriate time frame. This also happened with my retaliation grievance # (EA-13-02112). I am grieving that my original grievance (EA-13-02183) has never been answered from the central office.

Bryan Like

Inmate Signature

119963

ADC#

2/1/14

Date

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JAN 29 2014

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

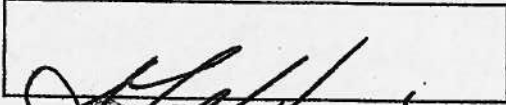
INMATE NAME: Like, Brian

ADC #: 119963

GRIEVANCE#:EA-13-02319

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

Please be advised inmate Like your appeals were processed in accordance with AD 12-16. Per AD 12-16, a written decision or rejection of an appeal at this level is the end of the grievance process. Therefore, I find no merit to your complaint and no further action is warranted at this time.



Director

3-10-2014
Date

EARU20130903A
 TABE 9/10 Survey
 WILLIAMS
 EARu
 Entire group

Skill Areas	L/F	RS	NA	SS	GE	NP	NRS	NS	OM	Predicted GED
Reading	MO	9	25	405	2.4	13	2	3	20	
Math Compu	EO	19	25	432	3.8	18		3	80	
Applied Math	EO	5	25	200	0.0	1		1	0	
Language	EO	6	25	340	1.4	5	1	2	17	
Total Math		24	50	316	2.0	2	2	1		
Total Battery		39	100	353	2.0	3		1		

L/F=Test Lev & Frm RS=Raw Score NA=No. Attempted
 SS=Scale Score GE=Grade Equiv NP=National %ile
 NRS=Literary Level NS=National Stan OM=% Obj. Mastered

Objectives	Score	MST	Percent	Objectives	Score	MST	Percent
Reading				Language			
M01 Intrp Graph	0/ 4	-	0	E30 Usage	4/ 5	+	80
M02 Wd In Contx	0/ 4	-	0	E31 Sent Forma	0/ 4	-	0
M03 Recall Info	1/ 6	-	16	E32 Para Devel	1/ 4	-	25
M04 Const Mean	6/ 6	+	100	E33 Capitaliz	0/ 4	-	0
M05 Eval/Ex Mng	2/ 5	-	40	E34 Punctuation	0/ 4	-	0
Subtest Avg			36	E35 Writg Conv	1/ 4	-	25
Math Compu				Subtest Avg			24
E11 Add Whl Num	5/ 6	+	83	Total Average			
E12 Sub Whl Num	4/ 5	+	80				39
E13 Mul Whl Num	5/ 5	+	100				
E14 Div Whl Num	2/ 5	-	40				
E15 Decimals	3/ 4	+	75				
Subtest Avg			76				

Applied Math	Score	MST	Percent
E21 Num Operatn	1/ 5	-	20
E22 Comp Contxt	1/ 3	-	33
E23 Estimation	0/ 2	-	0
E24 Measurement	0/ 3	-	0
E25 Geometry	1/ 2	P	50
E26 Data Analy	1/ 4	-	25
E27 Stat/Prob	0/ 2	-	0
E28 Pre-Alg/Alg	1/ 2	P	50
E29 Prob Solvg	0/ 2	-	0
Subtest Avg			20

Arkansas
 State Claims Commission

SEP 24 2014

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'MST'=Mastery Level '-'=Non-Mastery 'P'=Partial Mastery '+'=Mastery

5

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

BRYAN LIKE (ADC 119963)

Arkansas Claims Commission

CLAIMANT

V.

NO. 14-0858-CC

MAY 15 2014

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ARKANSAS DEPARTMENT OF CORRECTION

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

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 14 day of May 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Bryan Like (ADC 119963)
East Arkansas Regional Unit
PO Box 180
Brickeys, AR 72320-0180

Lisa Mills Wilkins

LISA MILLS WILKINS Ark. Bar #87190

JUL 04 2014

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

BRYAN LIKE (ADC #119963)

RECEIVED
CLAIMANT

V.

NO. 14-0858-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

RESPONDENT'S MOTION TO DISMISS

COMES NOW the Respondent, Arkansas Department of Correction, and for its MOTION TO DISMISS, states and responds as follows:

1. Claimant files a claim for personal injury, negligence, pain and suffering, and mental anguish. He seeks \$25,000.00. Claimant has failed to state a cause of action under ARCP 12(B)(6) and the claims should be dismissed.
2. Claimant alleges that on October 23, 2013, he was operating a faulty cotton compressor when he caused serious injury to his left forearm.
3. Claimant attended safety meetings at the EARU Farm Division where the property use of shop tools and equipment was discussed at each weekly meeting. See Exhibit "A".
4. On October 22, 2013, Claimant was instructed by Robert Andrews, Farm Manager, to drive the tractor and module builder to the field where they were picking cotton and wait for Mr. Andrews to set it up. When Andrews arrived at the location, he observed that Claimant had attempted to set up the machine on his own and had injured his left forearm and he was taken to the infirmary. Mr. Andrews wrote him a disciplinary for failure to follow a direct order. The disciplinary was dismissed.
5. Claimant stated to Mr. Andrews that he 'just wasn't thinking' and his forearm was caught in the hydrolics of the cotton module.
6. Claimant was taken to the infirmary and treated for his injuries. Then taken to UAMS where it was determined that he had only a muscle injury. Correctcare personnel treated his injures according to the medical advice of UAMS physicians. He was given a 2 week lay-in and hydrocodone for pain, then Tramadol, and x-rays were taken. There was no attempt to cover up the injury as Claimant was seen by an outside provider on the same day and was followed up by Dr. Simmons of CorrectCare. All of this is well documented. No cover-up of his injury occurred or was attempted.
7. Statements were taken by other farm worker inmates who will testify that they attend safety meetings every Monday and are always trained on how to operate all equipment safely and correctly before being allowed to run it alone. See Exhibit "B".
8. If Claimant had waited until Mr. Andrews arrived to set up this machine, this accident would not have occurred.
9. Respondent prays that the claim be dismissed because Claimant has failed to state a cause of action under ARCP 12(B)(6) and the claims should be dismissed.

WHEREFORE, for the reasons stated above and the evidence submitted, the Claim must be dismissed.

Respectfully submitted,

Arkansas Claims Commission

Department of Correction
Office of Counsel

JUL 04 2014

RECEIVED

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 above MOTION TO DISMISS has been served this 3 day of July, 2014, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to

BRYAN LIKE (ADC #119963)

EARU

P. O. BOX 180

BRICKEYS, AR 72320-0180

Lisa Mills Wilkins

LISA MILLS WILKINS Ark. Bar #87190



*Arkansas Department of Corrections
East Arkansas Regional Unit
Farm Division*

P.O. Box 180
Brickeys AR 72320
(870) 295-3959

Safety Meeting

Arkansas Claims Commission
JUL 04 2014

Date: 11-21-13
Department: Farm

RECEIVED

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. Don't ride on tractor fenders or drawbar. When riding in the back of a truck SIT DOWN FLAT in the bed. There will be no standing in the back, or sitting on the side of any vehicle. Use caution when hitching or unhitching Implements. Do not move tractors unless told to do so. There will be NO OBSCENE language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the Evacuation Plan. In case of Fire, Explosion, Weather, or Chemical emergency, all Employees and Inmates report to the South tower for a head count.

Inmates Attended:

Bryan Sike #119963

Daggs
Supervisor



**Arkansas Department of Corrections
East Arkansas Regional Unit
Farm Division**

P.O. Box 180
Brickeys AR 72320
(870) 295-3959

Safety Meeting

Date: 9-23-13
Department: Farms

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. Don't ride on tractor fenders or drawbar. When riding in the back of a truck SET DOWN FLAT in the bed. There will be no standing in the back, or sitting on the side of any vehicle. Use caution when hitching or unhitching Implements. Do not move tractors unless told to do so. There will be NO OBSCENE language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the Evacuation Plan. In case of Fire, Explosion, Weather, or Chemical emergency, all Employees and Inmates report to the South tower for a head count.

Inmates Attended:

Blik # 1:9965

B. Paul
Supervisor



Arkansas Department of Corrections
East Arkansas Regional Unit
Farm Division

P.O. Box 180
Brickeys AR 72320
(870) 295-3959
Arkansas Claims Commission

Safety Meeting

Date: 9-30-13

Department: Farm

JUL 04 2014

RECEIVED

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. Don't ride on tractor fenders or drawbar. When riding in the back of a truck SIT DOWN FLAT in the bed. There will be no standing in the back, or sitting on the side of any vehicle. Use caution when hitching or unhitching Implements. Do not move tractors unless told to do so. There will be NO OBSCENE language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the Evacuation Plan. In case of Fire, Explosion, Weather, or Chemical emergency, all Employees and Inmates report to the South tower for a head count.

[Redacted area]

B. Likert 119963

[Lined area for notes]

R. Parson
Supervisor



**Arkansas Department of Corrections
East Arkansas Regional Unit
Farm Division**

P.O. Box 180
Brickeys AR 72320
(870) 295-3959

Safety Meeting

Date: 10-7-13
Department: Farm

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. Don't ride on tractor fenders or drawbar. When riding in the back of a truck SIT DOWN FLAT in the bed. There will be no standing in the back, or sitting on the side of any vehicle. Use caution when hitching or unhitching Implements. Do not move tractors unless told to do so. There will be NO OBSCENE language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the explosion, Weather, or Chemical emergency, all Employees for a head count.

Handwritten notes on a lined form, including "Bike # 119963".

Handwritten notes on a lined form, including "Earl Farm" and "Bobby".

B. Parson
Supervisor



*Arkansas Department of Corrections
East Arkansas Regional Unit
Farm Division*

P.O. Box 180
Brickeys AR 72320
(870) 293-3959

Safety Meeting

Date: 10-14-13

Department: Farm maintenance

Topics Discussed: Overall safety, Personal protective equipment, glasses, boots, gloves etc. Proper handling of Chemicals. Proper use of shop tools and equipment. Operation of Tractors & Equipment safely. Gas pumps (don't fill if engine is running). Use jack stands. Don't ride on tractor fenders or drawbar. When riding in the back of a truck SIT DOWN FLAT in the bed. There will be no standing in the back, or sitting on the side of any vehicle. Use caution when hitching or unhitching implements. Do not move tractors unless told to do so. There will be NO OBSCENE language used at anytime. We have a female Secretary and frequent visitors. Proper use of all tire repair or inflation equipment. Make sure you are familiar with the Evacuation Plan. In case of Fire, Explosion, Weather, or Chemical emergency, all Employees must report to the front entrance for a head count.

14-13

Brian Lake #119963

D. J. [Signature]
Supervisor

Arkansas Claims Commission

JUL 04 2014

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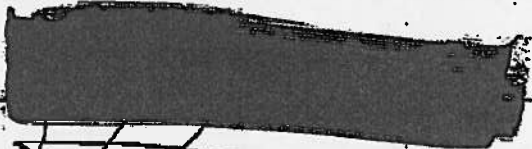
CA Form #57

ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name  Rank/Status/Number  Unit E.A.R.U.

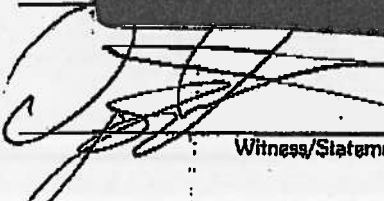
STATEMENT: We go over safety meetings over
all the equipment on how to operate
safely and properly. We have safety
meetings every Monday also.

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.



10-24-13

Date


Witness/Statement Taken By





Exhibit

B

CS Form #62

ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name  Rank/Status/Number  Unit EARL

STATEMENT: We have safety meetings every Monday
We have been trained on all machinery correctly
and safety.

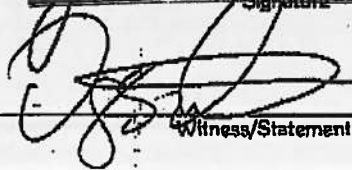
Also with all tools and wearing safety
glasses at all times. The protective gloves, aprons,
and breathing apparatuses for handling chemicals.

Also the emergency shut off button that
shuts off all gas to gas pumps.

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.



10-24-13
Date


Witness/Statement Taken By



Arkansas Claims Commission

JUL 04 2014

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CS Form 667

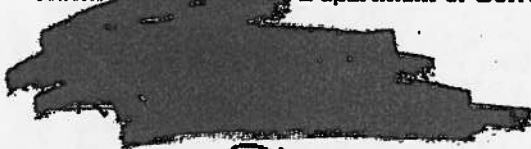
ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name:  Rank/Status/Number:  Unit: E.A.R.U

STATEMENT: On about August 26, 2012 I along with
 fellow inmates were hire on as a Farm Crew
 helper. since that time there has been alot
 of different inmates hire on and we all have
 been told and warned as machine and Equipment
 operators, how to use equipment. Therefore
 we all should know how to stay clear of
 all machinery, also we sign safety rules
 each and every Monday.

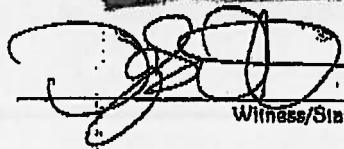


I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.



10-24-2013



Date



Witness/Statement Taken By


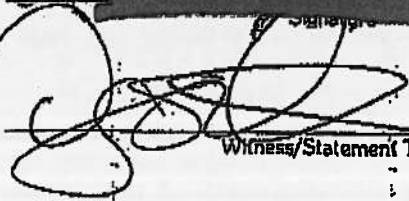
CS Form #67

ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name  Rank/Status/Num  Unit E.A.R. 11

STATEMENT: We have safety meeting on every Monday.
Each inmate have been following the safety rule.
We have been trained how to operate the machine
safely & correctly.

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.



Witness/Statement Taken By

10/29/13
Date

CS Form #67

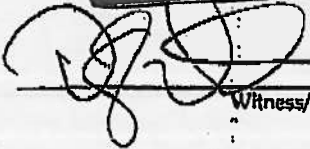
ARKANSAS DEPARTMENT OF CORRECTION
STATEMENT OF WITNESS

Name  Rank/Status/Num  Unit EADU

STATEMENT: This is written by ~~Didaka~~ because I'm ~~blind~~
States he cannot write. Safety meetings are held every
Monday) and we are always trained on how to
operate all equipment safely & correctly before being
allowed to run it by our self

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.

 _____ Date 10-29-13

 _____
Witness/Statement Taken By


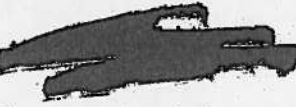
Arkansas Claims Commission

JUL 04 2014

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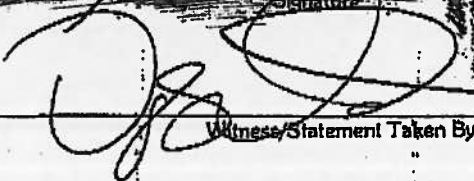
CS Form 107

ARKANSAS DEPARTMENT OF CORRECTION STATEMENT OF WITNESS

Name:  Rank/Status/Number:  Unit: E.A.R.U.

STATEMENT: On every monday we cover the Basic
safety in the shop and before anyone is
allowed to run any equipment we cover all
safety aspect and are trained

I make this statement freely, under no duress, and without undue coercion exerted against me by any correctional officer or official of the Arkansas Department of Correction.

10-24-13
Date

Witness Statement Taken By

From: BRYAN LIKE # 119963
E. A. R. U.
P.O. BOX 180
BRIKLEY'S, AR 72320-0180

Arkansas
State Claims Commission
MAY 12 2014

RECEIVED

To: ARKANSAS STATE CLAIMS COMMISSION
101 E. CAPITOL AVE., SUITE 410
LITTLE ROCK, AR 72320 - 0180

RE: ENCLOSED STATE CLAIM w/ Exhibits 1-thru-3

DEAR COMMISSION;

Enclosed you will please find
a pleading that I need processed and filed. I
have provided exhibits 1-thru-3. There's
TEN (10) PAGES IN ALL, COUNTING THIS COVER
LETTER. Please acknowledge a TEN such is
RECEIVED. Thank you.

STATE OF ARKANSAS
COUNTY OF LEE

Sworn to before me on this 06 DAY OF
May 2014.

131. [Signature]

My Comm. Exp. Oct. 18, 2022
NOTARY PUBLIC

Sincerely,
1st Bryan Like # 119963
BRYAN LIKE #



FROM: Mr. Bryan Like #11403
E.A.R. II.
P.O. Box 180
BrickYS, Ar 72320-0180

TO: Arkansas State Claims Commission
101 E. Capitol Ave., Suite 410
Little Rock Ar 72201-3223

Arkansas
State Claims Commission
MAY 29 2014
RECEIVED

Re: Enclosed of Exhibits 1-through-5

Dear Commission:

- (1) U.S.M. ~~is~~ the Documents to show that MY hand was crushed. I went to U.S.M.S. on 10-23-13. I ask that the claims call U.S.M.S. to obtain proof of my words.
- (2) I have enclosed medical documents to show, to I was given treatment. And medical limitations, for MY HAND.
- (3) I file Grievance's due to the unusual treatment I was given, I enclosed A Resound's or the Resound's of the Grievance i file.

Enclosed of Exhibits 1-through-5
I sincerely pray that I be given A hearing.
THANK YOU

I declare under Penalty that all the above is true and correct
to the best of my knowledge
Executed this _____ day of _____ 2014

d.o.c #119963

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)

MSF-207

PART 1 - RESTRICTIONS: **RESTRICT INMATE FROM:**

Restrict assignment requiring strenuous physical activity for periods in excess of 0 hours.

Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing.

Restrict assignment requiring handling, lifting of heavy materials in excess of 0 pounds or requiring overhead work for a period in excess of 0 hours.

PART 2 - LIMITATIONS: **INMATE REQUIRES:**

* Bed Rest days. Reason:

No Duty days. Reason: medical

No Yard Call days. Reason:

No Sports days. Reason: medical

One Arm/Hand Duty days.

PART 3 - SPECIAL AUTHORIZATIONS: **INMATE IS AUTHORIZED TO:**

Report to the Infirmary for Special Treatments()

Soak:

Exercise:

Other:

Bathe in the Infirmary

Sitz Bath

Cast

Other:

Have in Possession:

Cane

Crutches

Brace: (describe briefly) wear brace with left arm sling

Prescribed Footwear:

Orthopedic Appliance: (describe briefly) to wear arm sling left forearm

Other: ten days lay-in from school, re-evaluate then

* Go to Dining/Pill Window/Shower Only

Arkansas
State Claims Commission
MAY 29 2014
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This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 10/23/2013 03:16:00 PM
 This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 11/03/2013 03:16:00 PM

James Harold Simmons Jr
10-23-2013

Name: Like, Brian
 DOB: 10/28/1978
 ADC#: 119963

James Harold Simmons Jr

Distribution: Original - Medical Jacket

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)

MSF-207

PART 1 - RESTRICTIONS: RESTRICT INMATE FROM:

- Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour.
- Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour.
- Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.

PART 2 - LIMITATIONS: INMATE REQUIRES:

- * Bed Rest days. Reason:
- No Duty days. Reason:
- No Yard Call days. Reason:
- No Sports days. Reason:
- One Arm/Hand Duty 90 days.

PART 3 - AUTHORIZATIONS: INMATE IS AUTHORIZED TO:

- Report to the Infirmary for Special Treatments ()
 - Soak:
 - Exercise:
 - Other: No writing for 3 mo
- Bathe in the Infirmary
 - Sitz Bath
 - Cast
 - Other:
- Have in Possession:
 - Cane
 - Crutches
 - Brace: (describe briefly)
 - Prescribed Footwear:
 - Orthopedic Appliance: (describe briefly)
 - Other:
- * Go to Dining/Pill Window/Shower Only

Arkansas
State Claims Commission
MAY 29 2014
RECEIVED

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 01/23/2014 02:50:00 PM
 This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 04/22/2014 02:50:00 PM

  Name: Like Brian
 DOB: 10/28/1978
 ADC#: 119963

Charles Conrad Schock

Distribution: Original - Medical Jacket

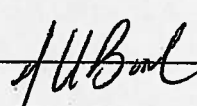
INMATE NAME: Like, Brian

ADC #: 119963C

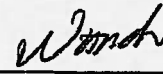
GRIEVANCE #: EA-13-02112

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Like, you grieve on 10-23-13 you filed a grievance on Mr. Andrew and out of retaliation you received a disciplinary. Your complaint is noted. Mr. Andrews, Farm Shop Supervisor stated you were written a disciplinary for disobey a direct order, which caused you to be injured. The disciplinary was not were out of retaliation. Therefore, I find you complaint without merit.



Signature of Warden/Supervisor or Designee



Title

11/25/13

Date

Andrew's Exhibit # 2, p. 2 of 2

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling 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?

RECEIVED
NOV 26 2013
INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

Inmate Signature

ADC#

Date

BK05/04/14

Attachment III
Exhibits 4.

INMATE NAME: Like, Brian

ADC #: 119963C

GRIEVANCE #: EA-13-02319

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Like, you grieve you received a grievance (EA-13-02183) from Central Office on 12/24/2013 stating you failed to follow proper procedure by not sending attachment 1 with the Warden's Response and you have not sent this grievance to Central Office and the grievance office is trying to sabotage you. Your complaint is noted. Ms. McDaniel, Program Specialist/Inmate Grievance Supervisor, stated no one in the grievance office is trying to sabotage you from using the grievance procedure. She also stated when a grievance is Warden Respond both the attachment 1 and the response is sent to the inmate and the grievance staff did not send a warden response to Central Office. Without further evidence, I find no merit in your complaint.

[Signature box]

Signature of Warden/Supervisor or Designee

Ward
Title

Arkansas
State Claims Commission
RECEIVED
MAY 29 2014

1/28/14
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling 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?

By the time my original grievance (EA-13-02183) was sent to the central office, I didn't get an answer from the grievance due to the fact that central office received it too late. This was not my fault. I sent the grievance in the appropriate time frame. This also happened with my retaliation grievance (EA-13-02112). I am grieving that my original grievance (EA-13-02183) has never been answered from the central office.

Inmate Signature

ADC#

Date

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JAN 29 2014

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

26

IGTT410
3GS

Prost Oddy

Attachment III
Exhibits 2

INMATE NAME: Like, Brian

ADC #: 119963C

GRIEVANCE #: EA-14-00216

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Like, you grieve Mrs. Roberts threatened you with disciplinary action for asking why was your mail delayed. Your complaint is noted. Mrs. Roberts, Mailroom Supervisor, stated she did not threaten to write you up, but as she was returning from the Max unit, you begin to yell through the barrack door using profanity and accusing her of not giving you your mail. She also stated she did ask the officer on the door for your information and it was given to her, but no paperwork was done by her against you. Your complaint is without merit.

[Signature]

Signature of Warden/Supervisor or Designee

Warden

Title

2/24/14

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling 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?

I would like to receive further investigation concerning this matter. I think that this deserves further action because the unit warden continues to violate policy, allow others/lower officials & staff to do what they want to do

Bryan Like

Inmate Signature

119963

ADC#

2/26/14

Date

Arkansas
State Claims Commission
MAY 29 2014

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MAR 10 2014

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

RECEIVED

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 25,000.00

Claim No. 14-0858-CC

Bryan Like, #119963 Claimant
vs.

Attorneys
Pro se. Claimant

AR DOC
State of Arkansas Respondent

Lisa Wilkins, Staff Attorney Respondent

Date Filed July 4, 2014

Type of Claim Personal Injury, Pain & Suffering,
Negligence, Failure to Follow Procedure

FINDING OF FACTS

The Claims Commission hereby unanimously denied and dismissed the Respondent's "Motion to Dismiss." Therefore, this claim is hereby set for hearing and all parties notified accordingly.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denied and dismissed the Respondent's "Motion to Dismiss." Therefore, this claim is hereby set for hearing and all parties notified accordingly.

Date of Hearing August 14, 2014

Date of Disposition August 14, 2014

Richard May Chairman
Jim Baker Commissioner
Bill Lovick 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.

(1)

Sept. 22, 2014

Arkansas
State Claims Commission

SEP 24 2014

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BRYAN LIKE # 119963
E. A. R. U.
P.O. Box 180
BRICKY'S, AR. 72320

RE. CLAIM # 14-0858-CC BRYAN LIKE
VS. DEPARTMENT OF CORRECTIONS

NORMAN L. HODGES, JR. Director
ARKANSAS STATE CLAIMS COMMISSION
601 EAST CAPITOL AV. SUITE 410
KITTLE ROCK, AR. 72201-3823

DEAR MR. HODGES:

THANK YOU FOR YOUR LETTER, DATED 9/16/2014
YOU ADVISED ME THAT I'M SCHEDULED FOR A
HEARING 10-17-14.

I'M LOOKING FORWARD TO THIS HEARING BUT
I DO HAVE A PROBLEM, I CAN'T READ OR WRITE
SO I'M ASKING YOU TO PLEASE APPOINT SOMEONE
TO REPRESENT ME.

I WOULD LIKE TO HAVE THE U.A.M.S. STAFF AS
MY WITNESS. A MRS. PITTMAN & R.M. AND DR.
SIMMONS.

I'M ENCLOSED MY TAPE TEST RESULTS
SHOWING I CAN'T READ OR WRITE.

(2)

I'm Also inclosing my one work Duty
Script.

I also would ASK that MR. Andrews
THE FARM MANAGER BE PRESENT AND GIVE
A STRESS TEST.

Sir, the bottom line I was hurt on
FALUTED EQUIPMENT.

Your Truly,
Bryson Lee

Arkansas
State Claims Commission

SEP 24 2014

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STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 25,000.00

Claim No. 14-0858-CC

Bryan Like, #119963
Claimant

Attorneys
P10 SC
Claimant

vs.
AR Department of Corrections

Lisa Wilkins, Attorney

State of Arkansas
Respondent
May 12, 2014

Respondent

Date Filed

Type of Claim
Failure to follow procedure,
Personal injury, Pain & Suffering,
Negligence

FINDING OF FACTS

This claim was filed for failure to follow procedure, personal injury and pain and suffering and negligence in the amount of \$25,000.00, against Arkansas Department of Corrections.

Present at a hearing October 17, 2014, was the Claimant, pro se, and the Respondent, represented by Lisa Wilkins, Attorney.

The Claims Commission unanimously find negligence on the part of the Respondent and unanimously award Claimant the amount of \$2,500.00 for his pain and suffering.

The Claims Commission hereby unanimously awards this claim in the amount of \$2,500.00, and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously awarded this claim in the amount of \$2,500.00 and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.

October 17, 2014

Date of Hearing

October 17, 2014

Date of Disposition

Richard L. May
Chairman

J. Hancock
Commissioner

Bill Lawrence
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 Claims Commission

NOV 20 2014

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CLAIMANT

IN THE CLAIMS REVIEW SUBSOMMITTEE
OF THE ARKANSAS GENERAL ASSEMBLY

BRYAN LIKE (ADC #119963)

V. NO. 14-0858-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 October 17, 2014, 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 19 day of November, 2014, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

BRYAN LIKE (ADC #119963)
EAMU
P. O. BOX 970
MARIANNA, AR 72360-0970

Lisa Mills Wilkins
LISA MILLS WILKINS Ark. Bar #87190