

**From:** [Katari Hawthorne](#)  
**To:** [ASCC New Claims](#)  
**Subject:** new claim paperwork  
**Date:** Thursday, June 30, 2022 2:46:23 PM  
**Attachments:** [image001.png](#)  
[Scan\\_2022-06-30-143639035.pdf](#)  
[IMG\\_5526.JPG](#)  
[IMG\\_5528.JPG](#)  
[IMG\\_5531.JPG](#)  
[IMG\\_5532.JPG](#)  
[IMG\\_5534.JPG](#)

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You don't often get email from khawthorne@bruceflint.com. [Learn why this is important](#)

New claim paperwork for client: Jonathan Boone

Thanks!

**Katari Hawthorne**

Claims Investigator/Information Technology  
Flint, Crawford & Cogburn, P.L.L.C.

201 West 5th

El Dorado, Arkansas 71730

Phone: 870.862.9400

Fax: 870.862.9402

[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)

[www.flintandcrawford.com](http://www.flintandcrawford.com)



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LAW OFFICES OF

# FLINT, CRAWFORD & COGBURN

2821 Richmond Road  
Texarkana, TX 75503  
P: (903) 334-8928  
F: (903) 334-8853

201 W 5<sup>th</sup> Street  
El Dorado, AR 71730  
P: (870) 862-9400  
F: (870) 862-9402

222 N. Hervey, Ste C  
Hope, AR 71801  
P: (870) 474-5071  
F: (870) 474-5074

## FACSIMILE

TO: Arkansas Claims Commission

FAX NO: 1.501.682.2823

FROM: FCC El Dorado

SENDER: Katari H.

DATE: 6/30/22

RE: Claim Form Submission

# OF PAGES: 20 (INCLUDING COVER PAGE)

MESSAGE/CONTENTS: AR Claims Paperwork / Medical Ins Card / Salvage yard /  
bill  
proof of no insurance / police Report

**IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL Haley Carr IMMEDIATELY AT 870-862-9400**

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Please note the following paperwork was also emailed to [arclaimscommission.arkansas.gov](mailto:arclaimscommission.arkansas.gov). The email also contains pictures of the ~~vehicle~~ property damage to the vehicle which is not driveable.

# ARKANSAS CLAIMS COMMISSION

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



arclaimscommission.arkansas.gov  
ascc.new.claims@arkansas.gov

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

## CLAIM FORM

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

1. Claimant(s)

Boone Jonathan

(title/last name/first name or company)

(email)



(address)

(city)

(state)

(zip)

(primary phone)

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

Crawford

Darla

dcrawford@bruceflint.com

(last name)

(first name)

(email)

2821 Richmond Rd., Texarkana, TX 75503 (903)334-8928

(address)

(city)

(state)

(zip)

(primary phone)

Arkansas Bar Number: 2009053 *If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

3. State Agency Involved (If this section is not completed this claim will be returned as deficient).

The agency(ies) involved must be Arkansas state agencies. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities.

AR Dept. of Transportation - AR Highway Police

(state agency involved)

4. Incident Date

June 15, 2022

5. Claim Type

MVA - Property Damage & Bodily Injury

Please provide the location of the incident and an explanation of your claim. If additional space is required please attach additional pages for your statements to this form.

Location of Incident Hwy 167, Union County Arkansas

Explanation of Incident Traveling south on Highway 167 when the officer attempted to make a u-turn and traveled into the path of Mr. Boone.

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

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

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

Please do not include a copy of your insurance card. You may obtain a copy of your insurance declaration from your insurance agent.

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

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

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

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

AR Dept. of Transportation      [REDACTED]      Brian Sturdivant  
 (type of state vehicle involved)      (license number)      (driver)

7. Check here if this claim involves personal injury.

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

I do not have health insurance

8. Amount Sought: \$ unknown at this time

**STOP!**

**The following section MUST be completed in the presence of a Notary Public.**

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

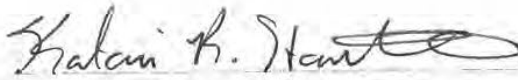
  
Claimant

**ACKNOWLEDGEMENT**

State of Arkansas  
County of Union

On this the 30<sup>th</sup> day of June, 20 22, before me, the undersigned notary, personally appeared Jonathan Boone known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

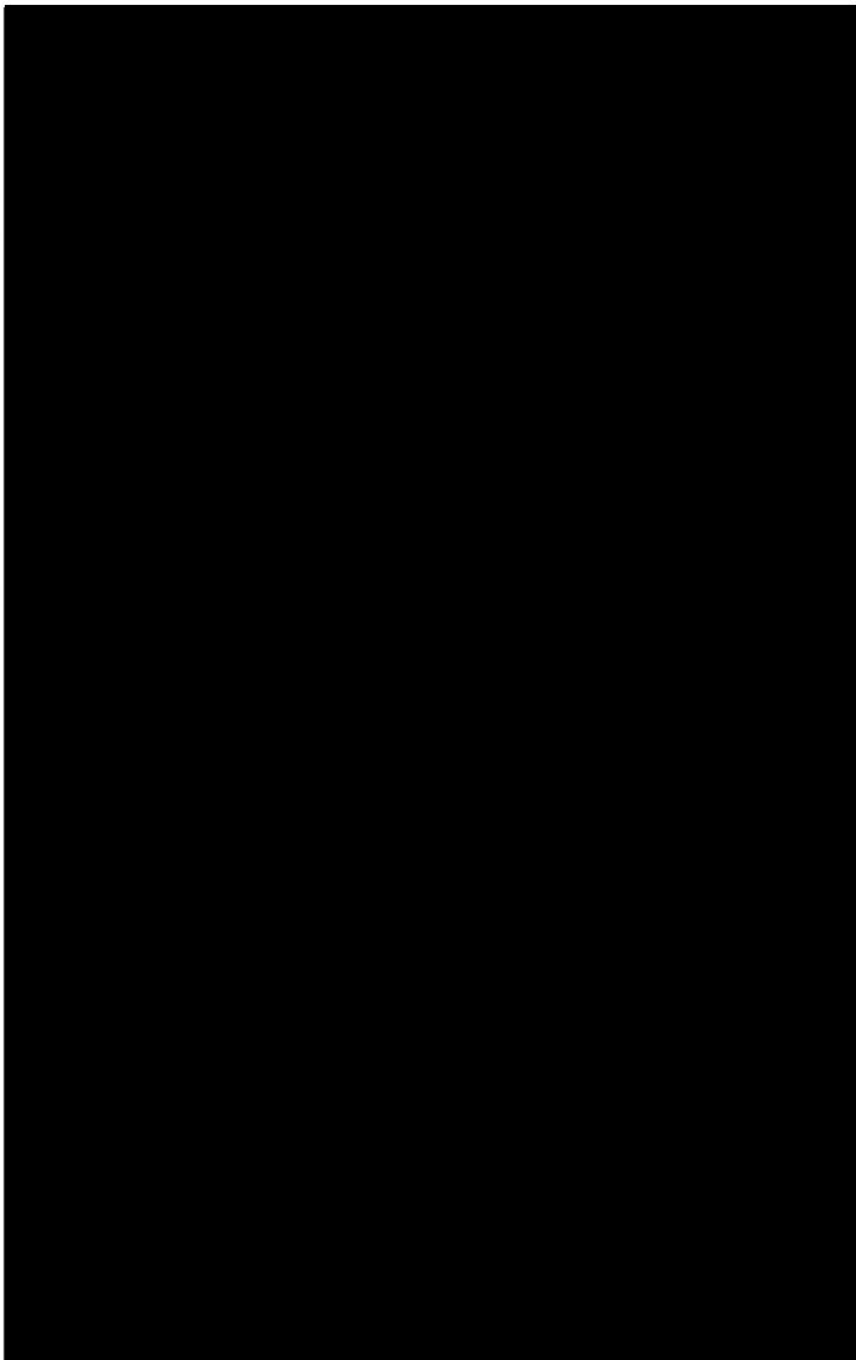
In witness whereof I hereunto set my hand and official seal.

  
Signature of Notary Public

[seal of office]

My Commission Expires: 7/1/28

**KATARI RASHUND HAWTHORNE  
UNION COUNTY  
NOTARY PUBLIC - ARKANSAS  
My Commission Expires 07/01/2028  
Commission No. 12704526**





**Night Stalker LLC**

169 Saulsbury Lane  
El Dorado, AR 71730  
870-814-1455  
nightstalkerllc@yahoo.com

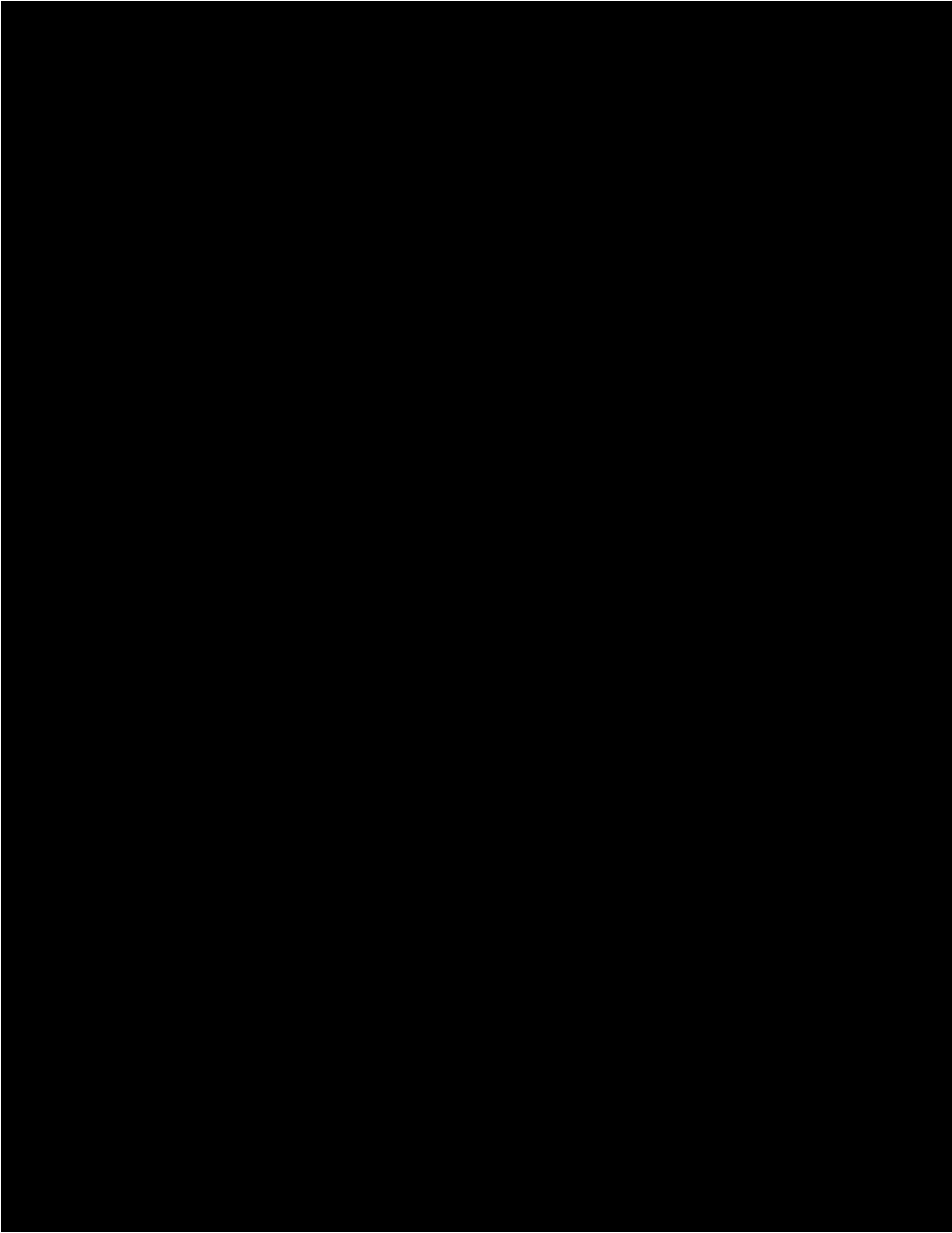
INVOICE  
INV085

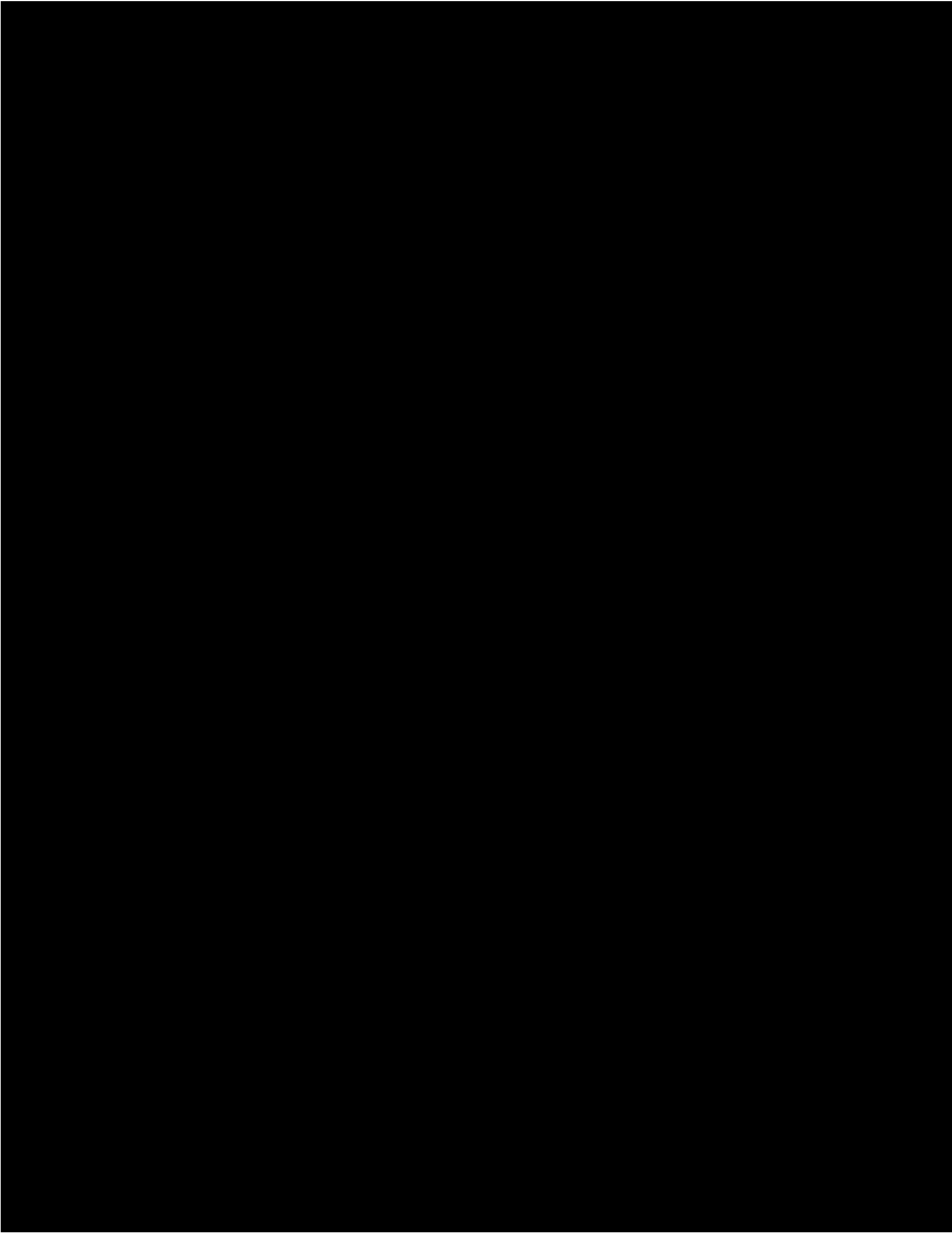
DATE  
Jun 28, 2022

DUE  
On Receipt

BALANCE DUE  
USD \$1,105.00

DESCRIPTION	RATE	QTY	AMOUNT
<b>2003 AUDI Q5</b>	\$1,105.00	1	\$1,105.00
WA1C2AFPGA024155			
TOW		125	
ADMIN		45	
CLEAN UP		250	
EXTRA MAN		100	
STORAGE STARTED ON 16TH @ 45 A DAY		585	
<b>SUBTOTAL</b>			\$1,105.00
<b>TAX (0%)</b>			\$0.00
<b>TOTAL</b>			\$1,105.00
<b>BALANCE DUE</b>			<b>USD \$1,105.00</b>





Drivers' Last Names **BOONE, STURDIVANT**

Juvenile Involved  Yes  No **ARKANSAS MOTOR VEHICLE CRASH REPORT** Severity  Fatality  Injury  PDO

# of Motor Vehicles **2**  
*Automobiles, Motorcycles, etc.*

Rev. 2019-1

Crash Report # **[REDACTED]**

# of Non-Motorists **0**  
*Pedestrians, Bicyclists, etc.*

Investigating Agency **STATE POLICE TROOP F**

Investigating Officer **CPL Walker Billy L 326**  
*Rank Last First Middle Suffix Badge #* Signature *[Signature]*

**CRASH DATE AND TIME**

Date of Crash (MM/DD/YYYY)	Time of Crash (HH:MM AMPM)	Date Police Notified	Time Police Notified	Date Police Arrived	Time Police Arrived
06/15/2022	12:05 PM	06/15/2022	12:17 PM	06/15/2022	12:41 PM

**CRASH LOCATION**

County Union	City Rural Union	Latitude 33.064683° N	Longitude 92.693288° W
Road/Street/Highway JUNCTION CITY HWY (167)	Section 1	Log Mile 4.143	At Intersection With
Not in City, but _____ of the City Limits of _____ <i>Distance (feet or miles to two decimal places) Direction (N/S/E/W) City</i>			
Not at Intersection, but _____ of _____ <i>Distance (feet or miles to two decimal places) Direction (N/S/E/W) Reference point</i>			

**CRASH FACTORS AND CONDITIONS**

<b>First Harmful Event</b> 205	<b>Location of First Harmful Event</b> 100	<b>School Bus Related</b> 000	<b>Roadway Surface Condition</b> 100	<b>Weather Conditions</b>
<input type="checkbox"/> 100 Overturn/rollover <input type="checkbox"/> 101 Fire/explosion <input type="checkbox"/> 102 Immersion, full or partial <input type="checkbox"/> 103 Jackknife <input type="checkbox"/> 104 Cargo/equipment loss or shift <input type="checkbox"/> 113 Fell/jumped from motor vehicle <input type="checkbox"/> 115 Object thrown or fallen on or near motor vehicle <input type="checkbox"/> 198 Other non-collision	<input type="checkbox"/> 100 On roadway <input type="checkbox"/> 101 Shoulder <input type="checkbox"/> 102 Median <input type="checkbox"/> 103 Roadside <input type="checkbox"/> 104 Gore <input type="checkbox"/> 105 Separator <input type="checkbox"/> 106 In parking lane or zone <input type="checkbox"/> 107 Off roadway, location unknown <input type="checkbox"/> 108 Outside right-of-way (trafficway) <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 000 No, school bus not involved <input type="checkbox"/> 100 Yes, school bus directly involved <input type="checkbox"/> 101 Yes, school bus indirectly involved  <b>Type of Intersection</b> 000 <input type="checkbox"/> 000 Not an intersection <input type="checkbox"/> 100 Four-way intersection <input type="checkbox"/> 101 T-intersection <input type="checkbox"/> 102 Y-intersection <input type="checkbox"/> 103 L-intersection <input type="checkbox"/> 104 Traffic circle <input type="checkbox"/> 105 Roundabout <input type="checkbox"/> 106 Five-point or more <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 100 Dry <input type="checkbox"/> 101 Wet <input type="checkbox"/> 102 Snow <input type="checkbox"/> 103 Slush <input type="checkbox"/> 104 Ice or frost <input type="checkbox"/> 105 Water (standing or moving) <input type="checkbox"/> 106 Sand <input type="checkbox"/> 107 Mud, dirt, or gravel <input type="checkbox"/> 108 Oil <input type="checkbox"/> 198 Other  <b>Light Condition</b> 100 <input type="checkbox"/> 100 Daylight <input type="checkbox"/> 101 Dawn <input type="checkbox"/> 102 Dusk <input type="checkbox"/> 103 Dark - lighted <input type="checkbox"/> 104 Dark - not lighted <input type="checkbox"/> 105 Dark - unknown lighting <input type="checkbox"/> 198 Other  <b>Environmental Factors</b> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Weather conditions <input type="checkbox"/> 101 Visual obstructions <input type="checkbox"/> 102 Glare <input type="checkbox"/> 103 Animals in roadway <input type="checkbox"/> 198 Other: <input type="checkbox"/> 999 Unknown	<input checked="" type="checkbox"/> 100 Clear <input type="checkbox"/> 101 Cloudy <input type="checkbox"/> 102 Fog <input type="checkbox"/> 103 Smog <input type="checkbox"/> 104 Smoke <input type="checkbox"/> 105 Rain <input type="checkbox"/> 106 Sleet <input type="checkbox"/> 107 Hail <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown  <b>Roadway Conditions</b> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Backup due to prior crash <input type="checkbox"/> 101 Backup due to prior non-recurring incident <input type="checkbox"/> 102 Backup due to regular congestion <input type="checkbox"/> 103 Toll booth / plaza related <input type="checkbox"/> 104 Road surface condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 105 Debris <input type="checkbox"/> 106 Ruts, holes, or bumps <input type="checkbox"/> 107 Work zone <input type="checkbox"/> 108 Worn, travel-polished surface <input type="checkbox"/> 109 Obstruction in roadway <input type="checkbox"/> 110 Traffic control device inoperative, missing, or obscured <input type="checkbox"/> 111 Shoulders (none, low, soft, high) <input type="checkbox"/> 112 Non-highway work <input type="checkbox"/> 198 Other: <input type="checkbox"/> 999 Unknown
<b>Collision with Non-Fixed Object</b> <input type="checkbox"/> 200 Pedestrian <input type="checkbox"/> 201 Pedalcycle <input type="checkbox"/> 202 Other non-motorist <input type="checkbox"/> 203 Railway vehicle (train, engine) <input type="checkbox"/> 204 Animal (live) <input type="checkbox"/> 205 Motor vehicle in transport <input type="checkbox"/> 206 Parked motor vehicle <input type="checkbox"/> 207 Falling/shifting cargo or anything set in motion by motor vehicle <input type="checkbox"/> 208 Work zone/maintenance equipment <input type="checkbox"/> 298 Other non-fixed object	<b>Type of Collision</b> 202 <input type="checkbox"/> 100 Single vehicle crash <input type="checkbox"/> 200 Front to rear <input type="checkbox"/> 201 Front to front <input type="checkbox"/> 202 Angle <input type="checkbox"/> 203 Sideswipe, same direction <input type="checkbox"/> 204 Sideswipe, opposite direction <input type="checkbox"/> 205 Rear to side <input type="checkbox"/> 206 Rear to rear <input type="checkbox"/> 980 Other (describe below)	<b>Road System</b> 101 <input type="checkbox"/> 100 Interstate <input type="checkbox"/> 101 US highway <input type="checkbox"/> 102 State highway <input type="checkbox"/> 103 County road <input type="checkbox"/> 104 City street <input type="checkbox"/> 105 Frontage road <input type="checkbox"/> 106 Ramp <input type="checkbox"/> 999 Unknown	<b>Property Classification</b> 100 <input type="checkbox"/> 100 Public property <input type="checkbox"/> 101 Private property	<b>Trafficway Classification</b> 100 <input type="checkbox"/> 100 Trafficway, on road <input type="checkbox"/> 101 Trafficway, not on road <input type="checkbox"/> 102 Non-trafficway (describe below)
<b>Collision with Fixed Object</b> <input type="checkbox"/> 300 Impact attenuator/crash cushion <input type="checkbox"/> 301 Bridge overhead structure <input type="checkbox"/> 302 Bridge pier or support <input type="checkbox"/> 303 Bridge rail <input type="checkbox"/> 304 Cable barrier <input type="checkbox"/> 305 Culvert <input type="checkbox"/> 306 Curb <input type="checkbox"/> 307 Ditch <input type="checkbox"/> 308 Embankment <input type="checkbox"/> 309 Guardrail face <input type="checkbox"/> 310 Guardrail end <input type="checkbox"/> 311 Concrete traffic barrier <input type="checkbox"/> 312 Other traffic barrier <input type="checkbox"/> 313 Tree (standing) <input type="checkbox"/> 314 Utility pole/light support <input type="checkbox"/> 315 Traffic sign support <input type="checkbox"/> 316 Traffic signal support <input type="checkbox"/> 317 Other post, pole, or support <input type="checkbox"/> 318 Fence <input type="checkbox"/> 319 Mailbox <input type="checkbox"/> 320 Building <input type="checkbox"/> 398 Other fixed object <input type="checkbox"/> 999 Unknown	<b>Relation to Junction</b> 000 <input type="checkbox"/> 000 Non-junction <input type="checkbox"/> 100 Intersection <input type="checkbox"/> 101 Intersection related <input type="checkbox"/> 102 Entrance or exit ramp <input type="checkbox"/> 103 Entrance or exit ramp related <input type="checkbox"/> 104 Railway grade crossing <input type="checkbox"/> 105 Crossover related <input type="checkbox"/> 106 Driveway access <input type="checkbox"/> 107 Driveway access related <input type="checkbox"/> 108 Shared-use path or trail <input type="checkbox"/> 109 Acceleration or deceleration lane <input type="checkbox"/> 110 Through roadway <input type="checkbox"/> 198 Other location within an interchange area (median, shoulder, and roadside) <input type="checkbox"/> 999 Unknown	<i>If 198, 298, or 398, describe</i>		

**WORK ZONE CRASH INFORMATION**

<b>Work Zone</b> 000	<b>Location Relative to Work Zone</b> 970	<b>Work Zone Type</b> 970	<b>Worker(s) Present</b> 970	<b>Law Enforcement Present</b> 970
<input type="checkbox"/> 000 No <input type="checkbox"/> 100 Yes <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 100 Before the first work zone warning sign <input type="checkbox"/> 101 Advance warning area <input type="checkbox"/> 102 Transition area <input type="checkbox"/> 103 Activity area <input type="checkbox"/> 104 Termination area <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 100 Lane closure <input type="checkbox"/> 101 Lane shift or crossover <input type="checkbox"/> 102 Work on shoulder or median <input type="checkbox"/> 103 Intermittent or moving work <input type="checkbox"/> 198 Other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 000 No <input type="checkbox"/> 100 Yes <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 000 No law enforcement presence <input type="checkbox"/> 100 Officer present <input type="checkbox"/> 101 Law enforcement vehicle only present <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown

Crash Report #

Page 2 of 12

Photos Taken		ATTACHMENTS	
<input type="checkbox"/> Yes		Type	Description
<input checked="" type="checkbox"/> No		Driver statement	Statement from Driver 1
		Driver statement	Statement from Driver 2
		Witness statement	Statement from Witness 1

NON-VEHICULAR PROPERTY DAMAGE						
Description of Property Damage	Damage Estimate	Owner Contacted	Name		Address	
			Street	City	State	Postal Code

WITNESSES' CONTACT INFORMATION							
Last Name	First Name	Middle Name	Suffix	Address	City	State	Postal Code
MCDONALD	LANDRICK	D					

<b>Motor Vehicle #</b> 1	<b>ARKANSAS MOTOR VEHICLE CRASH REPORT</b>	Page <span style="border:1px solid black; padding: 0 5px;">3</span> of <span style="border:1px solid black; padding: 0 5px;">12</span>
<b>VEHICLE INFORMATION</b>		Crash Report # <span style="border:1px solid black; padding: 0 20px;"> </span>

**DESCRIPTION AND IDENTIFICATION**

<input type="checkbox"/> Check if this vehicle had no driver	<b>Hit and Run</b> 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene	100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene	000	<b>Vehicle Body Type</b> 101
<b>VIN</b> <span style="border:1px solid black; padding: 0 20px;"> </span>		<b>Passenger Vehicles</b> 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Mini-van 107 Passenger van (seats any number if personal; up to 6 if business) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle		
<b>Vehicle Year, Make, and Model</b> 2016 Audi Q5 <small>Year Make Model</small>		<b>Truck (&gt; 10,000 lbs)</b> 200 Single unit truck (2 axles) 201 Single unit truck (3 or more axles) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs)		
<b>License Plate</b> AR <span style="border:1px solid black; padding: 0 10px;"> </span> 2023 <small>State Number Year</small>		<b>Bus / Van / Limo (9 or more seats, including driver)</b> 300 School bus 301 Transit/city bus 302 Motor coach/intercity/cross-country bus 303 Limousine 304 Van (seats 9-15, including driver) 390 Other vehicle (seats 9-15, including driver) 391 Other vehicle (seats 16 or more, including driver)		
<b>Trailer #1 License Plate</b> <small>State Number</small>		<b>Cycle / Low Speed</b> 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle		
<b>Trailer #2 License Plate</b> <small>State Number</small>		<b>Unknown</b> 599 Unknown type of motor vehicle <i>If 198, 298, 390, 391, or 498, describe below:</i>		
<b>Owner Name</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown JONATHAN J BOONE		<b>Hazardous Materials Released from Vehicle Cargo Compartment</b> 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)		
<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown <span style="border:1px solid black; padding: 0 20px;"> </span>		<b>Hazardous Materials Placard</b> 000 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown		
<b>Motor Carrier Type</b> 000 000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 999 Unknown		<b>Motor Carrier ID Numbers</b> USDOT # <span style="border:1px solid black; padding: 0 20px;"> </span> MC/MX # <span style="border:1px solid black; padding: 0 20px;"> </span> State # <span style="border:1px solid black; padding: 0 20px;"> </span>		
<b>Motor Carrier Name</b> <input type="checkbox"/> Unknown		<b>Hazardous Material Class</b> <small>(1-digit # from bottom of diamond)</small>		
<b>Motor Carrier Address</b> <input type="checkbox"/> Unknown <small>Street City State Postal Code</small>		<b>Damage Severity</b> 102 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown		
<b>Cargo Body Type</b> 000 000 No cargo body 100 Bus 101 Van / enclosed box 102 Grain / chips / gravel 103 Pole trailer		104 Cargo tank 105 Log 106 Intermodal container chassis 107 Vehicle towing another vehicle 108 Flatbed		
<b>GVWR/GCWR</b> 970 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable		<b>Hazardous Material ID</b> <small>(4-digit # or name from middle of diamond or rectangular box)</small>		

<b>INSURANCE</b>		<b>DAMAGE</b>																																																					
<input type="checkbox"/> Uninsured at time of crash <input type="checkbox"/> Unknown (fill in any known details)	<b>Insurance Company</b> <span style="border:1px solid black; padding: 0 20px;"> </span>	<b>NAIC #</b> <span style="border:1px solid black; padding: 0 20px;"> </span>	<b>Policy #</b> <span style="border:1px solid black; padding: 0 20px;"> </span>	<b>Damage Estimate</b> \$8,000	<b>Damage Prior to the Crash</b> <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)																																																		
<b>Initial Contact Point (check 1)</b>		<b>Damaged Areas (check all that apply)</b>																																																					
<table border="1" style="width:100%; text-align:center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>		7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	<table border="1" style="width:100%; text-align:center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>				7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
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5	4	3	2	1																																																			
		<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																																																					

<b>TOWING</b>			
<b>Towed</b> 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage	<b>Towed By</b> NIGHT STALKER WRECKER SERVICE	<b>Towed To</b> 5690 Moro Bay Hwy	<b>EL DORADO AR 71730</b> <small>City State Postal Code</small>

Motor Vehicle #  
1

ARKANSAS MOTOR VEHICLE CRASH REPORT  
VEHICLE INFORMATION

Crash Report #

MOTOR VEHICLE CIRCUMSTANCES

<b>Vehicle Usage</b> 000	<b>Emergency Vehicle Usage</b> 970	<b>Vehicle Maneuver</b> 100
000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services vehicle 112 Incident response 999 Unknown	100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment not in use 103 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown	100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other
<b>Vehicle Defects</b> <i>Check all that apply.</i>	<b>Travel Direction</b> 101	<b>Traffic Control Device Types and Statuses</b>
<input checked="" type="checkbox"/> 000 None  <input type="checkbox"/> 100 Brake <input type="checkbox"/> 103 Steering <input type="checkbox"/> 106 Tires <input type="checkbox"/> 109 Tail lights <input type="checkbox"/> 112 Mirrors <input type="checkbox"/> 115 Fuel system  <input type="checkbox"/> 198 Other  <input type="checkbox"/> 999 Unknown	100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown	999 Unknown <i>Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.</i> 100 Functioning properly 101 Functioning improperly 102 Inoperative or missing 999 Unknown
<b>Trafficway Description</b> 201	<b>Roadway Surface</b> 101	<b>Traffic Control Device Type</b> <i>Check all that apply.</i>
100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (painted >4 feet) median 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier  999 Unknown	100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other  999 Unknown	<input type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing traffic control signal <input type="checkbox"/> 101 Traffic control signal <input type="checkbox"/> 102 Stop sign <input type="checkbox"/> 103 Yield sign <input type="checkbox"/> 104 Slow or warning sign <input type="checkbox"/> 105 Person (officer, flagman, crossing guard) <input type="checkbox"/> 106 School zone sign/device <input type="checkbox"/> 107 Pedestrian signal <input type="checkbox"/> 108 No passing signal <input type="checkbox"/> 109 Words or symbols painted on roadway <input checked="" type="checkbox"/> 110 Traffic lanes marked <input type="checkbox"/> 111 Railway crossing with gate and signals <input type="checkbox"/> 112 Railway crossing with flashing signals only <input type="checkbox"/> 113 Railway crossing with crossbuck only <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown
<b>Roadway Grade</b> 100	<b>Roadway Alignment</b> 100	<b>Device Status</b> <i>Use above codes</i>
100 Level 999 Unknown	100 Straight 200 Curve left 201 Curve right 298 Curve, direction unknown 999 Unknown	
<b>Total # of Lanes</b> 5	<b>Posted Speed Limit</b> 60	
	<i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i>	

MOTOR VEHICLE EVENTS

Sequence of Events 1 [205] 2 [108] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

Most Harmful Event [205]

<b>Non-Collision</b>	<b>Collision with Non-Fixed Object</b>	<b>Collision with Fixed Object</b>	<b>Unknown</b>
100 Overtum/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fell/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision	200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object	300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support 317 Other post, pole, or support	318 Fence 319 Mailbox 320 Building 398 Other fixed object  999 Unknown  <i>If 198, 298, or 398 is used, describe below:</i>

Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report #

DRIVER INFORMATION section containing Name (BOONE, JONATHAN), Date of Birth, Sex (Male), Race (White/Caucasian), and Address fields.

DRIVER LICENSE INFORMATION section containing License Status (Valid), License Number, License State (LA), License Class (E), and various Restriction and Endorsement checkboxes.

DRIVER SEATING AND SAFETY INFORMATION section containing Seating Position (110), Restraint Systems Used (100), Motorcycle Helmet Usage (000), Air Bags Deployed, Ejection, and Extrication details.

<b>Motor Vehicle #</b>
1

**ARKANSAS MOTOR VEHICLE CRASH REPORT  
DRIVER INFORMATION**

Crash Report # [REDACTED]

MEDICAL INFORMATION			
<b>Injury Status</b>	<b>4</b>	<b>Type of Medical Transportation</b>	<b>101</b>
1 (K) Fatal injury 2 (A) Suspected serious injury 3 (B) Suspected minor injury 4 (C) Possible injury 5 (O) No apparent injury	000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other	<b>EMS Notified</b>	<b>EMS Arrived</b>
		06/15/2022 12:23 PM <i>Date Time</i>	06/15/2022 12:33 PM <i>Date Time</i>
<b>Trauma Band #</b>	<b>E946053</b>	<b>Transported to Medical Facility By</b>	
	199 Transported, but method unknown 999 Unknown if transported	<span style="background-color: black; color: black;">[REDACTED]</span>	
		<b>Medical Facility Transported To</b>	
		<span style="background-color: black; color: black;">[REDACTED]</span>	

DRIVER CONDITION AND CIRCUMSTANCES															
<b>Condition at Time of Crash</b> <i>Check all that apply:</i>	<b>Driver Distracted By</b>	<b>Driver Vision Obscured By</b>													
<input checked="" type="checkbox"/> 000 Apparently normal <input type="checkbox"/> 100 Physically impaired <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> 102 Ill (sick) or fainted <input type="checkbox"/> 103 Asleep or fatigued <input type="checkbox"/> 104 Under the influence of medication or drugs <input type="checkbox"/> 105 Under the influence of alcohol <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown	<b>000</b> 000 Not distracted 100 Manually operating an electronic communication device (texting, typing, dialing) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <i>If 980 or 981, describe below:</i>	<b>000</b> 000 No obstruction noted 100 Rain, snow, fog, smoke, sand, or dust 101 Reflected glare, bright sunlight, or headlights 102 Curve, hill, or other roadway design feature 103 Building, billboard, or other structure 104 Trees, crops, or vegetation 105 In-transport motor vehicle (including load) 980 Other visual obstruction (describe below)	<b>000</b> 106 Not in-transport motor vehicle (parked, working) 107 Splash or spray of passing vehicle 108 Inadequate defrost or defog system 109 Inadequate vehicle lighting system 110 Obstruction interior to the vehicle 111 External mirrors 112 Broken or improperly cleaned windshield 113 Obstructing angles on vehicle 199 Vision obscured - no details												
<b>Driver Suspected of Alcohol Usage</b>	<b>Alcohol Test Type Given</b>	<b>Alcohol Test Result Status</b>	<b>Blood Alcohol Content</b>												
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>000</b> 000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test 999 Unknown if tested	<b>970</b> 100 Results pending 101 Results received 970 Not applicable 999 Unknown	<b>000</b> 000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown <input type="checkbox"/> Result received from Crime Lab												
<b>Driver Suspected of Drug Usage</b>	<b>Drug Test Type Given</b>	<b>Drug Test Results</b>	<b>Citations</b>												
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>000</b> 000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested	<input type="checkbox"/> Result received from Crime Lab <b>Pending/Negative</b> <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending <b>Not Applicable/Unknown</b> <input checked="" type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown <b>Positive Results (check all that apply)</b> <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbiturates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 298 Other positive result (describe below)	<table border="1"> <thead> <tr> <th>Citation #</th> <th>Charges</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Citation #	Charges										
Citation #	Charges														

DRIVER ACTIONS AT TIME OF CRASH		
<i>Check all that apply:</i>		
<input checked="" type="checkbox"/> 000 No contributing action <input type="checkbox"/> 999 Unknown	<b>Disregarded Traffic Signs or Controls</b> <input type="checkbox"/> 100 Disregarded red light <input type="checkbox"/> 101 Disregarded other traffic signal <input type="checkbox"/> 102 Disregarded stop sign <input type="checkbox"/> 103 Disregarded yield sign <input type="checkbox"/> 104 Disregarded other traffic sign <input type="checkbox"/> 105 Disregarded other road markings <input type="checkbox"/> 106 Disregarded officer or flagman	<b>Improper Maneuver</b> <input type="checkbox"/> 300 Improper right turn <input type="checkbox"/> 301 Improper left turn <input type="checkbox"/> 302 Improper U-turn <input type="checkbox"/> 303 Improper backing <input type="checkbox"/> 304 Improper passing <input type="checkbox"/> 305 Improper lane change <input type="checkbox"/> 306 Improperly parked
<b>Swerved or Avoided</b> <input type="checkbox"/> 200 Swerved or avoided due to wind <input type="checkbox"/> 201 Swerved or avoided due to slippery surface <input type="checkbox"/> 202 Swerved or avoided due to motor vehicle <input type="checkbox"/> 203 Swerved or avoided due to non-motorist in roadway <input type="checkbox"/> 204 Swerved or avoided due to object in roadway <input type="checkbox"/> 205 Swerved or avoided due to animal in roadway	<b>Improper Use of Lights or Signals</b> <input type="checkbox"/> 400 Driving without lights <input type="checkbox"/> 401 Failed to dim headlights <input type="checkbox"/> 402 Failed to or improper signal <b>Unsafe Operation</b> <input type="checkbox"/> 500 Reckless operation <input type="checkbox"/> 501 Aggressive operation <input type="checkbox"/> 502 Inattentive, careless, negligent, or erratic operation <input type="checkbox"/> 503 Under the influence of alcohol <input type="checkbox"/> 504 Under the influence of drugs	<b>Other Actions</b> <input type="checkbox"/> 600 Impeding traffic <input type="checkbox"/> 601 Ran off roadway <input type="checkbox"/> 602 Crowded off roadway <input type="checkbox"/> 603 Crossing median <input type="checkbox"/> 604 Failed to yield right-of-way <input type="checkbox"/> 605 Failed to keep in proper lane <input type="checkbox"/> 606 Wrong side of road <input type="checkbox"/> 607 Wrong way <input type="checkbox"/> 608 Followed too closely <input type="checkbox"/> 609 Cutting in <input type="checkbox"/> 610 Over-correcting or over-steering <input type="checkbox"/> 980 Other contributing action (describe below)

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Crash Report #

DESCRIPTION AND IDENTIFICATION

Form containing vehicle details: Hit and Run (000), Vehicle Body Type (109), VIN, Vehicle Year/Make/Model (2018 Ford Bronco), License Plate (AR), Motor Carrier Type (000), Motor Carrier ID Numbers, Motor Carrier Name, Motor Carrier Address, Cargo Body Type (000), GAWR/GCWR (970), Hazardous Materials Placard (000), Hazardous Material ID, Hazardous Material Class, and Hazardous Materials Released from Vehicle Cargo Compartment (970).

INSURANCE

Insurance section: Includes Insurance (Unknown), Insurance Company (SELF INSURED), NAIC #, and Policy #.

Damage Severity (102), Damage Estimate (\$10,000), and Damage Prior to the Crash (No prior damage).

Initial Contact Point (check 1) grid showing impact location and type (000 Non-collision).

Damaged Areas (check all that apply) grid showing damage locations (097 No damage).

TOWING

Towing section: Towed (101), Towed By (OTM WERCKER SERVICE), Towed To (231 Commerce Dr., EL DORADO, AR 71730).

Motor Vehicle #  
2

ARKANSAS MOTOR VEHICLE CRASH REPORT  
VEHICLE INFORMATION

Crash Report # [REDACTED]

MOTOR VEHICLE CIRCUMSTANCES																																							
<b>Vehicle Usage</b> 108	<b>Emergency Vehicle Usage</b> 100	<b>Vehicle Maneuver</b> 107																																					
000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services vehicle 112 Incident response 999 Unknown	100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment not in use 103 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown	100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other																																					
<b>Vehicle Defects</b> <i>Check all that apply.</i>	<b>Travel Direction</b> 101	<b>Traffic Control Device Types and Statuses</b>																																					
<input checked="" type="checkbox"/> 000 None	100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown	<p><i>Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.</i></p> <table border="1"> <thead> <tr> <th>Traffic Control Device Type</th> <th>Device Status</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 000 None</td> <td>100 Functioning properly</td> </tr> <tr> <td><input type="checkbox"/> 100 Flashing traffic control signal</td> <td>101 Functioning improperly</td> </tr> <tr> <td><input type="checkbox"/> 101 Traffic control signal</td> <td>102 Inoperative or missing</td> </tr> <tr> <td><input type="checkbox"/> 102 Stop sign</td> <td>999 Unknown</td> </tr> <tr> <td><input type="checkbox"/> 103 Yield sign</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 104 Slow or warning sign</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 105 Person (officer, flagman, crossing guard)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 106 School zone sign/device</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 107 Pedestrian signal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 108 No passing signal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 109 Words or symbols painted on roadway</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 110 Traffic lanes marked</td> <td>100</td> </tr> <tr> <td><input type="checkbox"/> 111 Railway crossing with gate and signals</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 112 Railway crossing with flashing signals only</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 113 Railway crossing with crossbuck only</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 198 Other:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 999 Unknown</td> <td></td> </tr> </tbody> </table>		Traffic Control Device Type	Device Status	<input type="checkbox"/> 000 None	100 Functioning properly	<input type="checkbox"/> 100 Flashing traffic control signal	101 Functioning improperly	<input type="checkbox"/> 101 Traffic control signal	102 Inoperative or missing	<input type="checkbox"/> 102 Stop sign	999 Unknown	<input type="checkbox"/> 103 Yield sign		<input type="checkbox"/> 104 Slow or warning sign		<input type="checkbox"/> 105 Person (officer, flagman, crossing guard)		<input type="checkbox"/> 106 School zone sign/device		<input type="checkbox"/> 107 Pedestrian signal		<input type="checkbox"/> 108 No passing signal		<input type="checkbox"/> 109 Words or symbols painted on roadway		<input checked="" type="checkbox"/> 110 Traffic lanes marked	100	<input type="checkbox"/> 111 Railway crossing with gate and signals		<input type="checkbox"/> 112 Railway crossing with flashing signals only		<input type="checkbox"/> 113 Railway crossing with crossbuck only		<input type="checkbox"/> 198 Other:		<input type="checkbox"/> 999 Unknown	
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<input type="checkbox"/> 103 Steering	<input type="checkbox"/> 104 Power train	<input type="checkbox"/> 105 Suspension																																					
<input type="checkbox"/> 106 Tires	<input type="checkbox"/> 107 Wheels	<input type="checkbox"/> 108 Headlights																																					
<input type="checkbox"/> 109 Tail lights	<input type="checkbox"/> 110 Turn signals	<input type="checkbox"/> 111 Windows or windshield																																					
<input type="checkbox"/> 112 Mirrors	<input type="checkbox"/> 113 Wipers	<input type="checkbox"/> 114 Truck coupling, trailer hitch, or safety chains																																					
<input type="checkbox"/> 115 Fuel system	<input type="checkbox"/> 116 Cruise control																																						
<input type="checkbox"/> 198 Other																																							
<input type="checkbox"/> 999 Unknown																																							
<b>Trafficway Description</b> 201	<b>Roadway Surface</b> 101	<b>Traffic Control Device Type</b> <i>Check all that apply.</i>																																					
100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (painted >4 feet) median 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier 999 Unknown	100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown	<input type="checkbox"/> 102 Stop sign																																					
<b>Roadway Grade</b> 100	<b>Roadway Alignment</b> 100	<input type="checkbox"/> 103 Yield sign																																					
100 Level 999 Unknown	100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown	<input type="checkbox"/> 104 Slow or warning sign																																					
<b>Total # of Lanes</b> 5	<b>Posted Speed Limit</b> 60	<input type="checkbox"/> 105 Person (officer, flagman, crossing guard)																																					
	<i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i>	<input type="checkbox"/> 106 School zone sign/device																																					
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MOTOR VEHICLE EVENTS

Sequence of Events 1 [198] 2 [205] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

Most Harmful Event [205]

Non-Collision	Collision with Non-Fixed Object	Collision with Fixed Object	Unknown
100 Overtum/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fell/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision	200 Pedestrian 201 Pedalcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 206 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object	300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support 317 Other post, pole, or support	318 Fence 319 Mailbox 320 Building 398 Other fixed object 999 Unknown
<p><i>If 198, 298, or 398 is used, describe below:</i></p> <p>U-TURN</p>			

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report #

DRIVER INFORMATION section containing Name (STURDIVANT BRIAN CRAWFORD), Date of Birth/Age, Sex (Male), Race (100), and Address fields.

DRIVER LICENSE INFORMATION section containing License Status (100), License Number, License State (AR), License Class (D), and various Restriction and Endorsement checkboxes.

DRIVER SEATING AND SAFETY INFORMATION section containing Seating Position (110), Restraint Systems Used (100), and Motorcycle Helmet Usage (000) details.

Bus Seating Position section containing a grid for Driver and Front seats, and Air Bags Deployed, Ejection, and Extrication details.

<b>Motor Vehicle #</b>
2

**ARKANSAS MOTOR VEHICLE CRASH REPORT  
DRIVER INFORMATION**

Crash Report # XXXXXXXXXX

MEDICAL INFORMATION			
<b>Injury Status</b>	<b>5</b>	<b>Type of Medical Transportation</b>	<b>000</b>
1 (K) Fatal injury		000 Not transported	
2 (A) Suspected serious injury		100 EMS air	
3 (B) Suspected minor injury		101 EMS ground	
4 (C) Possible injury		102 Law enforcement	
5 (O) No apparent injury		198 Other	
<b>Trauma Band #</b>		199 Transported, but method unknown	
		999 Unknown if transported	
<b>EMS Notified</b>		<b>EMS Arrived</b>	
Date _____ Time _____		Date _____ Time _____	
<b>Transported to Medical Facility By</b>			
<b>Medical Facility Transported To</b>			

DRIVER CONDITION AND CIRCUMSTANCES					
<b>Condition at Time of Crash</b>		<b>Driver Distracted By</b>		<b>Driver Vision Obscured By</b>	
<i>Check all that apply:</i> <input checked="" type="checkbox"/> 000 Apparently normal <input type="checkbox"/> 100 Physically impaired <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> 102 Ill (sick) or fainted <input type="checkbox"/> 103 Asleep or fatigued <input type="checkbox"/> 104 Under the influence of medication or drugs <input type="checkbox"/> 105 Under the influence of alcohol <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown		000 Not distracted 100 Manually operating an electronic communication device (texting, typing, dialing) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <i>If 980 or 981, describe below:</i>		000 No obstruction noted 100 Rain, snow, fog, smoke, sand, or dust 101 Reflected glare, bright sunlight, or headlights 102 Curve, hill, or other roadway design feature 103 Building, billboard, or other structure 104 Trees, crops, or vegetation 105 In-transport motor vehicle (including load) 980 Other visual obstruction (describe below)	
<b>Driver Suspected of Alcohol Usage</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Alcohol Test Type Given</b> 000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test 999 Unknown if tested		<b>Alcohol Test Result Status</b> 100 Results pending 101 Results received 970 Not applicable 999 Unknown	
<b>Driver Suspected of Drug Usage</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Drug Test Type Given</b> 000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested		<b>Blood Alcohol Content</b> <input type="checkbox"/> Result received from Crime Lab	
<b>Speeding Related</b> 000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown		<b>Drug Test Results</b> <b>Pending/Negative</b> <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending <b>Positive Results (check all that apply)</b> <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbiturates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 298 Other positive result (describe below)		<b>Citations</b> <b>Charges</b>	
<input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown		<input type="checkbox"/> 206 Methamphetamines <input type="checkbox"/> 207 Opiates <input type="checkbox"/> 208 Oxycodone <input type="checkbox"/> 209 Propoxyphene <input type="checkbox"/> 210 Phencyclidine (PCP)		Citation # _____ Charges _____	

DRIVER ACTIONS AT TIME OF CRASH		
<i>Check all that apply:</i>		
<input type="checkbox"/> 000 No contributing action <input type="checkbox"/> 999 Unknown		
<b>Disregarded Traffic Signs or Controls</b>	<b>Improper Maneuver</b>	<b>Other Actions</b>
<input type="checkbox"/> 100 Disregarded red light <input type="checkbox"/> 101 Disregarded other traffic signal <input type="checkbox"/> 102 Disregarded stop sign <input type="checkbox"/> 103 Disregarded yield sign <input type="checkbox"/> 104 Disregarded other traffic sign <input type="checkbox"/> 105 Disregarded other road markings <input type="checkbox"/> 106 Disregarded officer or flagman	<input type="checkbox"/> 300 Improper right turn <input type="checkbox"/> 301 Improper left turn <input checked="" type="checkbox"/> 302 Improper U-turn <input type="checkbox"/> 303 Improper backing <input type="checkbox"/> 304 Improper passing <input type="checkbox"/> 305 Improper lane change <input type="checkbox"/> 306 Improperly parked	<input type="checkbox"/> 600 Impeding traffic <input type="checkbox"/> 601 Ran off roadway <input type="checkbox"/> 602 Crowded off roadway <input type="checkbox"/> 603 Crossing median <input type="checkbox"/> 604 Failed to yield right-of-way <input type="checkbox"/> 605 Failed to keep in proper lane <input type="checkbox"/> 606 Wrong side of road <input type="checkbox"/> 607 Wrong way <input type="checkbox"/> 608 Followed too closely <input type="checkbox"/> 609 Cutting in <input type="checkbox"/> 610 Over-correcting or over-steering <input type="checkbox"/> 980 Other contributing action (describe below)
<b>Swerved or Avoided</b>	<b>Improper Use of Lights or Signals</b>	
<input type="checkbox"/> 200 Swerved or avoided due to wind <input type="checkbox"/> 201 Swerved or avoided due to slippery surface <input type="checkbox"/> 202 Swerved or avoided due to motor vehicle <input type="checkbox"/> 203 Swerved or avoided due to non-motorist in roadway <input type="checkbox"/> 204 Swerved or avoided due to object in roadway <input type="checkbox"/> 205 Swerved or avoided due to animal in roadway	<input type="checkbox"/> 400 Driving without lights <input type="checkbox"/> 401 Failed to dim headlights <input type="checkbox"/> 402 Failed to or improper signal	
	<b>Unsafe Operation</b>	
	<input type="checkbox"/> 500 Reckless operation <input type="checkbox"/> 501 Aggressive operation <input type="checkbox"/> 502 Inattentive, careless, negligent, or erratic operation <input type="checkbox"/> 503 Under the influence of alcohol <input type="checkbox"/> 504 Under the influence of drugs	

ARKANSAS MOTOR VEHICLE CRASH REPORT  
NARRATIVE

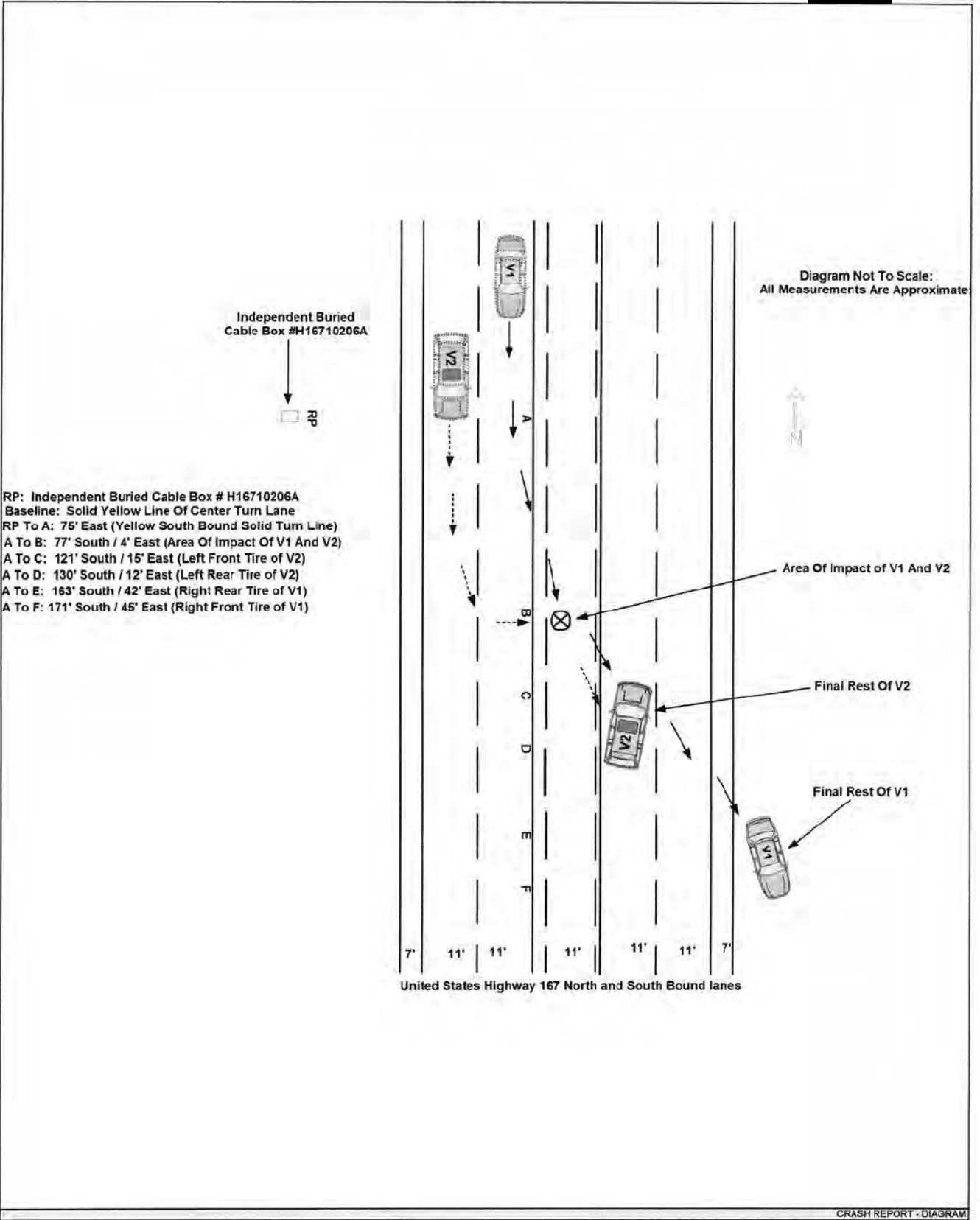
Crash Report # [REDACTED]

V2 was traveling southbound on United States Highway 167 in the outside lane of traffic. V1 was traveling southbound on United States Highway 167, in the inside of traffic behind V2. My investigation of this accident revealed: As V1 was passing V2 in the inside lane of traffic, the driver of V2 attempted to make a U-turn. V2 travelled into the inside traffic lane into the path of V1. The driver of V1 took evasive action by swerving into the center turn lane. The driver of V1 was unsuccessful in this attempt due V2 entering into the center turn lane also. The front right side of V1 struck the left front side of V2 in the center turn lane of United States Highway 167. The impact of the collision caused V2 to spin in a clockwise direction and come to a final rest in the inside northbound lane of United States Highway 167. V2 came to a final rest 44 feet South of the area of impact, facing in a northern direction. After impact V1 continued traveling in a South direction across the northbound lanes of traffic, and ran off the left side of the roadway. V1 came to a final rest on the northbound roadside, facing in a southern direction approximately 86 feet south of the area of impact.

Scene #  
1

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DIAGRAM

Crash Report # [REDACTED]













**From:** [Katari Hawthorne](#)  
**To:** [ASCC New Claims](#)  
**Subject:** claim # 230005  
**Date:** Wednesday, July 6, 2022 10:27:14 AM  
**Attachments:** [image001.png](#)  
[IMG\\_5526.JPG](#)  
[IMG\\_5528.JPG](#)  
[IMG\\_5529.JPG](#)  
[IMG\\_5530.JPG](#)  
[IMG\\_5531.JPG](#)  
[IMG\\_5532.JPG](#)  
[IMG\\_5533.JPG](#)  
[IMG\\_5534.JPG](#)  
[police report.pdf](#)  
[TowingInvoice.pdf](#)  
[approval-07062022100630.pdf](#)

---

You don't often get email from khawthorne@bruceflint.com. [Learn why this is important](#)

Please find property damage photos, police report, towing invoice (still occurring charges for storage) attached

Thanks!

## **Katari Hawthorne**

Claims Investigator/Information Technology

Flint, Crawford & Cogburn, P.L.L.C.

201 West 5th

El Dorado, Arkansas 71730

Phone: 870.862.9400

Fax: 870.862.9402

[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)

[www.flintandcrawford.com](http://www.flintandcrawford.com)



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Drivers' Last Names BOONE, STURDIVANT

Juvenile Involved [ ] Yes [x] No ARKANSAS MOTOR VEHICLE CRASH REPORT Severity [ ] Fatality [x] Injury [ ] PDO

# of Motor Vehicles 2

Rev. 2019-1

Crash Report # [REDACTED]

# of Non-Motorists 0

Investigating Agency STATE POLICE TROOP F

Investigating Officer CPL Walker Billy L 326

Signature [Signature]

CRASH DATE AND TIME

Table with 6 columns: Date of Crash, Time of Crash, Date Police Notified, Time Police Notified, Date Police Arrived, Time Police Arrived.

CRASH LOCATION

Form with fields for County, City, Latitude, Longitude, Road/Street/Highway, Section, Log Mile, At Intersection With, Not in City, but, Not at Intersection, but.

CRASH FACTORS AND CONDITIONS

Large form with multiple sections: First Harmful Event, Location of First Harmful Event, School Bus Related, Roadway Surface Condition, Weather Conditions, Type of Collision, Road System, Roadway Conditions, Relation to Junction, Property Classification, Environmental Factors, Trafficway Classification.

WORK ZONE CRASH INFORMATION

Form with 4 columns: Work Zone, Location Relative to Work Zone, Work Zone Type, Worker(s) Present, Law Enforcement Present.



Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Crash Report #

DESCRIPTION AND IDENTIFICATION

Form containing vehicle details: Hit and Run (000), Vehicle Body Type (101), VIN, Year/Make/Model (2016 Audi Q5), License Plate (AR), Owner Name (JONATHAN J BOONE), Motor Carrier Type (000), Motor Carrier ID Numbers, Motor Carrier Name, Motor Carrier Address, Cargo Body Type (000), GVWR/GCWR (970), Hazardous Materials Placard (000), Hazardous Material ID, Hazardous Material Class, Hazardous Materials Released from Vehicle Cargo Compartment (970).

Form containing insurance and damage information: Insurance (Uninsured at time of crash), Insurance Company, NAIC #, Policy #, Damage Severity (102), Damage Estimate (\$8,000), Damage Prior to the Crash (No prior damage), Initial Contact Point (check 1), Damaged Areas (check all that apply).

TOWING

Towing information: Towed (101), Towed By (NIGHT STALKER WRECKER SERVICE), Towed To (5690 Moro Bay Hwy, EL DORADO, AR, 71730).

Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Crash Report #

MOTOR VEHICLE CIRCUMSTANCES

Table with columns: Vehicle Usage (000), Emergency Vehicle Usage (970), Vehicle Maneuver (100), and Travel Direction (101). Includes codes for various vehicle types and maneuvers.

Vehicle Defects section with a grid of checkboxes for items like Brake, Steering, Tires, Mirrors, Exhaust system, Power train, Wheels, Wipers, Cruise control, etc.

Traffic Control Device Types and Statuses section with checkboxes for various traffic control devices like flashing signals, stop signs, yield signs, etc.

Trafficway Description (201) and Roadway Surface (101) section with codes for trafficway types and surface materials like concrete, asphalt, gravel, etc.

Roadway Grade (100) and Roadway Alignment (100) section with codes for road grades and alignments like straight, curve left, curve right, etc.

Total # of Lanes (5) and Posted Speed Limit (60) section.

MOTOR VEHICLE EVENTS

Sequence of Events section with 10 numbered boxes for event sequence.

Most Harmful Event 205

Collision types section with columns: Non-Collision, Collision with Non-Fixed Object, Collision with Fixed Object, and Unknown. Lists various collision scenarios and codes.

Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report #

DRIVER INFORMATION

Name: BOONE JONATHAN J, Date of Birth/Age, Sex: Male, Race: 101, Address, Street, City, State, Postal Code

DRIVER LICENSE INFORMATION

License Status: 100, License Number, License State: LA, License Class: E, Restrictions on License, Endorsements on License, Endorsements Violated

DRIVER SEATING AND SAFETY INFORMATION

Seating Position: 110, Restraint Systems Used: 100, Motorcycle Helmet Usage: 000, Air Bags Deployed, Ejection, Extrication, Ejection Path

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report #

Motor Vehicle # 1

MEDICAL INFORMATION

Injury Status 4, Type of Medical Transportation 101, EMS Notified 06/15/2022 12:23 PM, EMS Arrived 06/15/2022 12:33 PM, Trauma Band # B946053

DRIVER CONDITION AND CIRCUMSTANCES

Condition at Time of Crash, Driver Distracted By 000, Driver Vision Obscured By 000, 000 Apparently normal, 100 Physically impaired, 101 Emotional (depressed, angry, disturbed, etc.)

Driver Suspected of Alcohol Usage, Alcohol Test Type Given 000, Alcohol Test Result Status 970, Blood Alcohol Content, Speeding Related 000, 000 No test given, 001 Test refused, 100 Blood test

Driver Suspected of Drug Usage, Drug Test Type Given 000, Drug Test Results, Citations, 000 No test given, 001 Test refused, 100 Blood test

DRIVER ACTIONS AT TIME OF CRASH

Check all that apply: 000 No contributing action, Disregarded Traffic Signs or Controls, Improper Maneuver, Other Actions, Swerved or Avoided, Improper Use of Lights or Signals, Unsafe Operation

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Crash Report #

DESCRIPTION AND IDENTIFICATION

Hit and Run, VIN, Vehicle Year, Make, and Model, License Plate, Trailer License Plates, Owner Name, Owner Address, Motor Carrier Type, Motor Carrier Name, Motor Carrier Address, Cargo Body Type, GVWR/GCWR, Hazardous Materials Placard, Hazardous Material ID, Hazardous Material Class, Hazardous Materials Released from Vehicle Cargo Compartment, Insurance, Damage, Damaged Areas

Insurance, Damage, Damaged Areas (continued)

TOWING

Towed, Towed By, Towed To

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Crash Report #

MOTOR VEHICLE CIRCUMSTANCES

Table with columns: Vehicle Usage (108), Emergency Vehicle Usage (100), Vehicle Maneuver (107), and Travel Direction (101). Includes codes for various vehicle types and directions.

Vehicle Defects section with checkboxes for various components like Brake, Steering, Tires, etc. Includes a Traffic Control Device Types and Statuses table with checkboxes for signal types.

Trafficway Description (201) and Roadway Surface (101) section. Lists trafficway types (e.g., one-way, two-way) and surface materials (e.g., concrete, asphalt).

Roadway Grade (100), Roadway Alignment (100), and Posted Speed Limit (60) section. Lists grade types, alignment types, and speed limit information.

MOTOR VEHICLE EVENTS

Sequence of Events 1-10 and Most Harmful Event (205) input fields.

Table with columns: Non-Collision, Collision with Non-Fixed Object, Collision with Fixed Object, and Unknown. Lists various event codes and descriptions.

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report #

DRIVER INFORMATION

Name: BRIAN CRAWFORD, Date of Birth/Age, Sex: Male, Race: 100, Address, Street, City, State, Postal Code

DRIVER LICENSE INFORMATION

License Status: 100, License Number: 911475311, License State: AR, License Class: D, Restrictions on License, Endorsements on License, Endorsements Violated

DRIVER SEATING AND SAFETY INFORMATION

Seating Position: 110, Restraint Systems Used: 100, Motorcycle Helmet Usage: 000, Air Bags Deployed, Ejection, Extrication, Ejection Path

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report #

MEDICAL INFORMATION section containing Injury Status, Type of Medical Transportation, EMS Notified, EMS Arrived, Trauma Band #, and Medical Facility Transported To.

DRIVER CONDITION AND CIRCUMSTANCES

DRIVER CONDITION AND CIRCUMSTANCES section containing Condition at Time of Crash, Driver Distracted By, Driver Vision Obscured By, and Driver Suspected of Alcohol Usage.

DRIVER CONDITION AND CIRCUMSTANCES section containing Alcohol Test Type Given, Alcohol Test Result Status, Blood Alcohol Content, and Speeding Related.

DRIVER CONDITION AND CIRCUMSTANCES section containing Driver Suspected of Drug Usage, Drug Test Type Given, Drug Test Results, and Citations.

DRIVER ACTIONS AT TIME OF CRASH

DRIVER ACTIONS AT TIME OF CRASH section containing various checkboxes for actions like Disregarded Traffic Signs, Improper Maneuver, Other Actions, Swerved or Avoided, Improper Use of Lights, and Unsafe Operation.

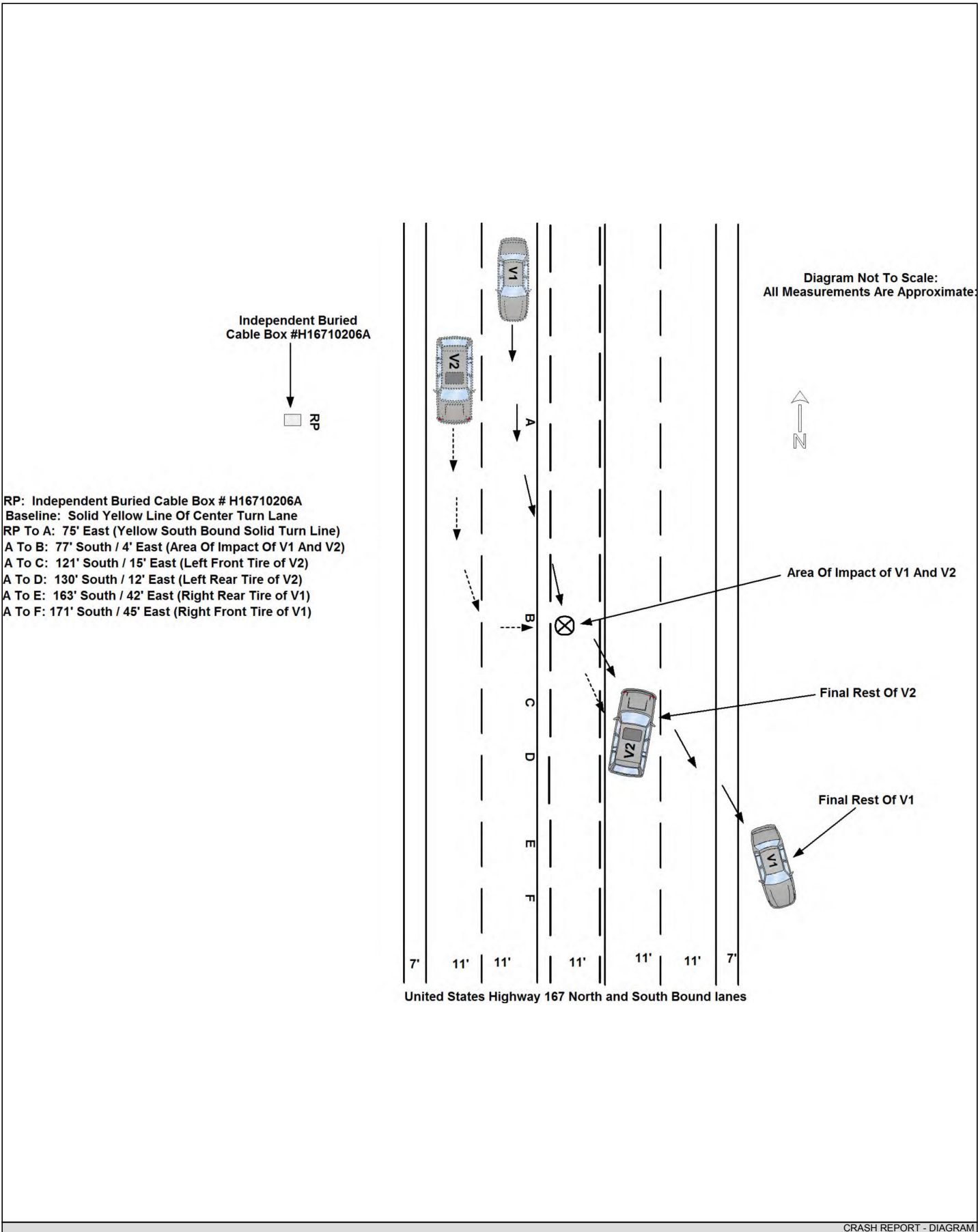
ARKANSAS MOTOR VEHICLE CRASH REPORT  
NARRATIVE

V2 was traveling southbound on United States Highway 167 in the outside lane of traffic. V1 was traveling southbound on United States Highway 167, in the inside of traffic behind V2. My investigation of this accident revealed: As V1 was passing V2 in the inside lane of traffic, the driver of V2 attempted to make a U-turn. V2 travelled into the inside traffic lane into the path of V1. The driver of V1 took evasive action by swerving into the center turn lane. The driver of V1 was unsuccessful in this attempt due V2 entering into the center turn lane also. The front right side of V1 struck the left front side of V2 in the center turn lane of United States Highway 167. The impact of the collision caused V2 to spin in a clockwise direction and come to a final rest in the inside northbound lane of United States Highway 167. V2 came to a final rest 44 feet South of the area of impact, facing in a northern direction. After impact V1 continued traveling in a South direction across the northbound lanes of traffic, and ran off the left side of the roadway. V1 came to a final rest on the northbound roadside, facing in a southern direction approximately 86 feet south of the area of impact.

Scene #  
1

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DIAGRAM

Crash Report # [REDACTED]





**Bruce A. Flint**  
Attorney  
Licensed in TX, AR, LA, OK, & MA  
bruceflint2013@gmail.com



**Darla S. Crawford**  
Attorney  
Licensed in TX & AR  
dcrawford@bruceflint.com

**Brandon C. Cogburn**  
Attorney  
Licensed in TX & AR  
bcogburn@bruceflint.com

LAW OFFICES OF  
**FLINT, CRAWFORD & COGBURN**

July 6, 2022

Arkansas Claims Commission  
101 East Capitol Avenue, Suite 410  
Little Rock, Arkansas 72201-3823

**VIA FAX 501-682-2823** [REDACTED]

**Via Email [ascc.new.claims@arkansas.gov](mailto:ascc.new.claims@arkansas.gov)**

RE:           OUR CLIENT:       Jonathan Boone  
              YOUR INSURED:   Brian Sturdivant  
              CLAIM NO.:       230005  
              D.O.A:            6/15/22

To Whom it May Concern:

Please be advised that our law firm has been retained to represent the above referenced claimants in a cause of action for personal injuries and property damage from an accident which occurred on or about the above date.

Please list our firm as attorney of record in this matter and direct all correspondence to our client through this office. Also, please note that a percentage of our client's recovery has been assigned to this firm by contract. If we could be of any further assistance, please give us a call.

***Notice of Denial of Authorization to Negotiate or Make Direct Payments:***

Please note that my client and I do not authorize you to make any direct payments to any medical providers or possible lienholders. Any communication with a medical provider or lienholder regarding my client's medical/billing information is an invasion of my client's right to privacy and violates federal law, which includes the Health Information Portability and Accountability Act of 1996 ("HIPAA"). All medical and other bills for our client must be negotiated through my office. You are not authorized to negotiate with any medical providers or lienholders on my client's behalf. If you make payments to anyone other than my client and my firm, it will be our position that you have made a gift to another recipient for payment unrelated to the underlying claim referenced above, as well as committed tortious interference between my client and my firm. In addition, we would assert a contractual attorney fee lien in the original value of the payment.

We look forward to working with you in this matter.

Sincerely,

Bruce A. Flint, Darla Smith Crawford and Brandon C. Cogburn  
Attorneys at Law/kh

Flint, Crawford & Cogburn  
201 West 5th Street  
El Dorado, AR 71730-3847  
(870) 862-9400

2821 Richmond Road, Texarkana, TX 75503-2123  
(888) 793-5468 | (903) 334-8928 | Fax: (903) 334-8853  
www.flintcrawford.com  
Se Habla Espanol / Se Fala Portugues Brasileiro

Flint, Crawford & Cogburn  
222 N. Hervey Street, Suite C  
Hope, AR 71801  
(870) 474-5071



LAW OFFICES OF  
**FLINT, CRAWFORD & COGBURN**

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Texarkana, TX 75503  
P: (903) 334-8928  
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201 W 5<sup>th</sup> Street  
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F: (870) 862-9402

222 N. Hervey, Ste C  
Hope, AR 71801  
P: (870) 474-5071  
F: (870) 474-5074

**FACSIMILE**

TO: Arkansas Claims Commission

FAX NO: 1-501-682-2823

FROM: Fcc El Dorado

SENDER: Katar: H.

DATE: 7/6/22

RE: claim # 230005

# OF PAGES: 14 (INCLUDING COVER PAGE)

MESSAGE/CONTENTS: LOR/Police Report

**IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL Haley Carr IMMEDIATELY AT 870-862-9400**

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Druce A. Flint  
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Brandon C. Cogburn  
Attorney  
Licensed in TX & AR  
bcogburn@bruceflint.com

FLINT, CRAWFORD & COGBURN

July 6, 2022

Arkansas Claims Commission  
101 East Capitol Avenue, Suite 410  
Little Rock, Arkansas 72201-3823

VIA FAX 501-682-2823

Via Email [ascc.new.claims@arkansas.gov](mailto:ascc.new.claims@arkansas.gov)

RE: OUR CLIENT: Jonathan Boone  
YOUR INSURED: Brian Sturdivant  
CLAIM NO.: 230005  
D.O.A: 6/15/22

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Sincerely,

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(870) 474-5071

535562

Drivers' Last Names **BOONE, STURDIVANT** Page 1 of 12

Juvenile Involved  Yes  No **ARKANSAS MOTOR VEHICLE CRASH REPORT** Severity  Fatality  Injury  PDO

# of Motor Vehicles **2** Automobiles, Motorcycles, etc. Rev. 2019-1 Crash Report #

# of Non-Motorists **0** Pedestrians, Bicyclists, etc. Investigating Agency **STATE POLICE TROOP F**

Investigating Officer **CPL Walker Billy L 326** Signature *Billy Walker*

CRASH DATE AND TIME table with columns: Date of Crash, Time of Crash, Date Police Notified, Time Police Notified, Date Police Arrived, Time Police Arrived.

CRASH LOCATION table with columns: County, City, Rural Union, Latitude, Longitude.

Road/Street/Highway **JUNCTION CITY HWY (167)** Section **1** Log Mile **4.143** At Intersection With

Not In City, but \_\_\_\_\_ of the City Limits of \_\_\_\_\_

Not at Intersection, but \_\_\_\_\_ of \_\_\_\_\_

CRASH FACTORS AND CONDITIONS

Main crash factors table with columns: First Harmful Event, Location of First Harmful Event, School Bus Related, Roadway Surface Condition, Weather Conditions, Collision with Non-Fixed Object, Collision with Fixed Object, Light Condition, Roadway Conditions, Environmental Factors, Property Classification, Trafficway Classification.

WORK ZONE CRASH INFORMATION

Work zone information table with columns: Work Zone, Location Relative to Work Zone, Work Zone Type, Worker(s) Present, Law Enforcement Present.

CRASH REPORT - CRASH SUMMARY



535562

Motor Vehicle #  
1

### ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Page 3 of 12

Crash Report #

#### DESCRIPTION AND IDENTIFICATION

Check if this vehicle had no driver <input type="checkbox"/>	<b>Hit and Run</b> 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene	100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene	000	<b>Vehicle Body Type</b> 101
---	--	---	-----	---------------------------------

<b>VIN</b>		<b>Vehicle Year, Make, and Model</b> 2016 Audi Q5
------------	--	--

<b>Licensor Plate</b> AR	<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)	<b>Vehicle Body Type</b> Passenger Vehicles 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Mini-van 107 Passenger van (seats any number if personal; up to 8 if busness) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle
-----------------------------	--	--

<b>Trailer #1 Licensor Plate</b>	<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)	<b>Truck (&gt; 10,000 lbs)</b> 200 Single unit truck (2 axles) 201 Single unit truck (3 or more axles) 202 Single unit truck with trailer 203 Truck tractor only (bobtail) 204 Tractor/semi-trailer 205 Tractor/doubles 206 Construction/maintenance equipment 207 Farm equipment 298 Other heavy vehicle (GVWR/GCWR > 10,000 lbs) Bus / Van / Limo (8 or more seats, including driver)
----------------------------------	--	---

<b>Trailer #2 Licensor Plate</b>	<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)	<b>Cycle / Low Speed</b> 400 Motorcycle 401 Motor scooter 402 Moped 403 ATV (3, 4, or 6 wheels) 404 Snowmobile 405 Golf cart 406 Low speed vehicle 498 Other motorized cycle/low speed vehicle
----------------------------------	--	--

<b>Owner Name</b> JONATHAN J BOONE	<input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown	<b>Motor Carrier Type</b> 000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 998 Unknown
---------------------------------------	---	--

<b>Owner Address</b>	<input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown	<b>Motor Carrier ID Numbers</b> USDOT # MC/MX # State #
----------------------	---	--

<b>Motor Carrier Name</b>	<input type="checkbox"/> Unknown	<b>Motor Carrier Address</b>	<input type="checkbox"/> Unknown
---------------------------	----------------------------------	------------------------------	----------------------------------

<b>Motor Carrier Address</b>	<input type="checkbox"/> Unknown	<b>Cargo Body Type</b> 000 No cargo body 100 Bus 101 Van / enclosed box 102 Grain / chips / gravel 103 Pole trailer 104 Cargo tank 105 Log 106 Intermodal container chassis 107 Vehicle towing another vehicle 108 Flatbed 109 Dump 110 Concrete mixer 111 Auto transporter 112 Garbage / refuse 198 Other 999 Unknown
------------------------------	----------------------------------	--

<b>GVWR/GCWR</b> 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable	970	<b>Hazardous Materials Placard</b> 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown	000	<b>Hazardous Material ID</b> (4-digit # or name from middle of diamond or rectangular box) <b>Hazardous Material Class</b> (1-digit # from bottom of diamond)	<b>Hazardous Materials Released from Vehicle Cargo Compartment</b> 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)	970
---	-----	--	-----	--	--	-----

<b>Insurance</b> <input type="checkbox"/> Uninsured at time of crash <input type="checkbox"/> Unknown (fill in any known details)	<b>Insurance Company</b>	<b>NAIC #</b>	<b>Policy #</b>	<b>Damage Severity</b> 102 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown <b>Damage Estimate</b> \$8,000 <b>Damage Prior to the Crash</b> <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)	<b>Initial Contact Point (check 1)</b> 7 8 9 10 11 6 8 12 5 4 3 2 1	<b>Damaged Areas (check all that apply)</b> 7 8 9 10 11 6 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 998 Unknown
---	--------------------------	---------------	-----------------	---	--	--

<b>Insurance</b> <input type="checkbox"/> Uninsured at time of crash <input type="checkbox"/> Unknown (fill in any known details)	<b>Insurance Company</b>	<b>NAIC #</b>	<b>Policy #</b>	<b>Damage Severity</b> 102 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown <b>Damage Estimate</b> \$8,000 <b>Damage Prior to the Crash</b> <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)	<b>Initial Contact Point (check 1)</b> 7 8 9 10 11 6 8 12 5 4 3 2 1	<b>Damaged Areas (check all that apply)</b> 7 8 9 10 11 6 12 5 4 3 2 1 <input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 998 Unknown
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### ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Crash Report #

Motor Vehicle #  
1

#### MOTOR VEHICLE CIRCUMSTANCES

<b>Vehicle Usage</b> 000	<b>Emergency Vehicle Usage</b> 970	<b>Vehicle Maneuver</b> 100
000 No special function 100 Taxi 101 School bus/school transport 102 Church bus 103 Transit/commuter bus 104 Intercity bus 105 Charter/tour bus 106 Shuttle bus 107 Military 108 Police 109 Ambulance 110 Fire truck 111 Non-transport emergency services vehicle 112 Incident response 999 Unknown	100 Non-emergency, non-transport 101 Non-emergency transport 102 Emergency operation, emergency warning equipment not in use 103 Emergency operation, emergency warning equipment in use 970 Not applicable 999 Unknown	100 Movement essentially straight ahead 101 Negotiating a curve 102 Backing 103 Changing lanes 104 Overtaking/passing 105 Turning right 106 Turning left 107 Making U-turn 108 Leaving traffic lane 109 Entering traffic lane 110 Slowing 111 Parked 112 Stopped in traffic 198 Other
	<b>Travel Direction</b> 101	
	100 Northbound 101 Southbound 102 Eastbound 103 Westbound 104 Not on roadway 999 Unknown	

<b>Vehicle Defects</b> <i>Check all that apply.</i>	<b>Traffic Control Device Types and Statuses</b>
<input checked="" type="checkbox"/> 000 None	<i>Check the box next to each traffic control device that was present at the location of the crash. Use the codes to the right to record the status of each traffic control device present.</i>
<input type="checkbox"/> 100 Brake	<input type="checkbox"/> 100 Functioning properly
<input type="checkbox"/> 103 Steering	<input type="checkbox"/> 101 Functioning improperly
<input type="checkbox"/> 106 Tires	<input type="checkbox"/> 102 Inoperative or missing
<input type="checkbox"/> 109 Tail lights	<input type="checkbox"/> 999 Unknown
<input type="checkbox"/> 112 Mirrors	
<input type="checkbox"/> 115 Fuel system	
<input type="checkbox"/> 198 Other	
<input type="checkbox"/> 999 Unknown	

<b>Trafficway Description</b> 201	<b>Roadway Surface</b> 101	<b>Traffic Control Device Type</b> <i>Check all that apply.</i>	<b>Device Status</b> <i>Use above codes.</i>
100 One-way trafficway 200 Two-way, not divided 201 Two-way, not divided, with a continuous left turn lane 300 Two-way, divided, unprotected (painted >4 feet) median 400 Two-way, divided, positive cable barrier 401 Two-way, divided, positive concrete barrier 498 Two-way, divided, other type of positive barrier 999 Unknown	100 Concrete 101 Asphalt 102 Gravel 103 Dirt 198 Other 999 Unknown	<input type="checkbox"/> 000 None <input type="checkbox"/> 100 Flashing traffic control signal <input type="checkbox"/> 101 Traffic control signal <input type="checkbox"/> 102 Stop sign <input type="checkbox"/> 103 Yield sign <input type="checkbox"/> 104 Slow or warning sign <input type="checkbox"/> 105 Person (officer, flagman, crossing guard) <input type="checkbox"/> 106 School zone sign/device <input type="checkbox"/> 107 Pedestrian signal <input type="checkbox"/> 108 No passing signal <input type="checkbox"/> 109 Words or symbols painted on roadway <input checked="" type="checkbox"/> 110 Traffic lanes marked <input type="checkbox"/> 111 Railway crossing with gate and signals <input type="checkbox"/> 112 Railway crossing with flashing signals only <input type="checkbox"/> 113 Railway crossing with crossbuck only <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown	
<b>Roadway Grade</b> 100	<b>Roadway Alignment</b> 100		
100 Level 101 Hillcrest 102 Uphill 103 Downhill 104 Sag (bottom) 999 Unknown	100 Straight 200 Curve left 201 Curve right 299 Curve, direction unknown 999 Unknown		
<b>Total # of Lanes</b> 5	<b>Posted Speed Limit</b> 60		
	<i>Use the posted speed limit that applied to this vehicle at the time of the crash.</i>		

#### MOTOR VEHICLE EVENTS

Sequence of Events 1 205 2 108 3 4 5 6 7 8 9 10

Most Harmful Event 205

<b>Non-Collision</b>	<b>Collision with Non-Fixed Object</b>	<b>Collision with Fixed Object</b>	<b>Unknown</b>
100 Overturn/rollover 101 Fire/explosion 102 Immersion, full or partial 103 Jackknife 104 Cargo/equipment loss or shift 105 Equipment failure (blown tire, brake failure, etc.) 106 Separation of units 107 Ran off roadway right 108 Ran off roadway left 109 Deliberately crossed median 110 Unintentionally crossed median 111 Crossed centerline 112 Downhill runaway 113 Fall/jumped from motor vehicle 114 Reentering roadway 115 Object thrown or fallen on or near motor vehicle 198 Other non-collision	200 Pedestrian 201 Motorcycle 202 Other non-motorist 203 Railway vehicle (train, engine) 204 Animal (live) 205 Motor vehicle in transport 208 Parked motor vehicle 207 Falling/shifting cargo or anything set in motion by motor vehicle 208 Work zone/maintenance equipment 298 Other non-fixed object	300 Impact attenuator/crash cushion 301 Bridge overhead structure 302 Bridge pier or support 303 Bridge rail 304 Cable barrier 305 Culvert 306 Curb 307 Ditch 308 Embankment 309 Guardrail face 310 Guardrail end 311 Concrete traffic barrier 312 Other traffic barrier 313 Tree (standing) 314 Utility pole/light support 315 Traffic sign support 316 Traffic signal support 317 Other post, pole, or support	318 Fence 319 Mailbox 320 Building 398 Other fixed object 999 Unknown

*If 198, 298, or 398 is used, describe below:*

Motor Vehicle #  
1

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DRIVER INFORMATION

Crash Report #

**DRIVER INFORMATION**

Name  Unknown  
BOONE JONATHAN J  
 Last First Middle Suffix  
 Date of Birth/Age Sex  Male  Female  Unknown Race 101  
 100 White/Caucasian  
 101 Black/African-American  
 102 Hispanic  
 103 Asian/Pacific Islander  
 104 American Indian  
 198 Other  
 999 Unknown

Address  Unknown  
 Street City State Postal Code

**DRIVER LICENSE INFORMATION**

License Status 100 000 Not licensed 100 Valid license 200 Suspended 201 Revoked 202 Expired 203 Cancelled or denied 204 Disqualified 999 Unknown	License Number [Redacted]	Restrictions on License <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class D <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below)	Restrictions Violated <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 With licensed adult <input type="checkbox"/> 101 Corrective lenses <input type="checkbox"/> 102 Mechanical aid <input type="checkbox"/> 103 Prosthetic aid <input type="checkbox"/> 104 Automatic transmission <input type="checkbox"/> 105 Outside mirror <input type="checkbox"/> 106 Daylight only <input type="checkbox"/> 107 Class B or C with passengers and class D <input type="checkbox"/> 108 Class C only with passengers <input type="checkbox"/> 109 Vehicles without airbrakes <input type="checkbox"/> 110 Interlock device <input type="checkbox"/> 111 School, church, or transit bus <input type="checkbox"/> 112 Class D only with passengers <input type="checkbox"/> 113 Diesel fuel, fertilizer only <input type="checkbox"/> 114 Seasonal farm service vehicle <input type="checkbox"/> 198 Other (describe below)
License State LA License Class E	Is Commercial Driver License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Endorsements on License <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Double/triple trailers <input type="checkbox"/> 101 Passenger <input type="checkbox"/> 102 Tank vehicle <input type="checkbox"/> 103 Hazardous materials <input type="checkbox"/> 104 Tank vehicle & hazardous materials <input type="checkbox"/> 105 School <input type="checkbox"/> 106 Motorcycle <input type="checkbox"/> 107 Motor driven cycle <input type="checkbox"/> 108 Valid without photo <input type="checkbox"/> 198 Other (describe below)	Endorsements Violated <i>Check all that apply.</i> <input checked="" type="checkbox"/> 000 None <input type="checkbox"/> 100 Double/triple trailers <input type="checkbox"/> 101 Passenger <input type="checkbox"/> 102 Tank vehicle <input type="checkbox"/> 103 Hazardous materials <input type="checkbox"/> 104 Tank vehicle & hazardous materials <input type="checkbox"/> 105 School <input type="checkbox"/> 106 Motorcycle <input type="checkbox"/> 107 Motor driven cycle <input type="checkbox"/> 108 Valid without photo <input type="checkbox"/> 198 Other (describe below)

**DRIVER SEATING AND SAFETY INFORMATION**

Seating Position 110	Restraint Systems Used 100 000 None used - motor vehicle occupant 100 Shoulder and lap belt used 101 Shoulder belt only used 102 Lap belt only used 103 Restraint used - type unknown 104 Child restraint system - forward facing 105 Child restraint system - rear facing 106 Booster seat 107 Child restraint - type unknown 198 Other 970 Not applicable 999 Unknown	Motorcycle Helmet Usage 000 000 No helmet worn 100 DOT-compliant motorcycle helmet worn 101 Non-DOT-compliant motorcycle helmet worn 102 Helmet worn, unknown if DOT-compliant 999 Unknown if helmet worn																																																																		
Standard Vehicle Seats <table border="1"> <tr><th colspan="5">Front</th></tr> <tr><th>Row</th><th>Left</th><th>Middle</th><th>Right</th><th>Other</th></tr> <tr><td>1</td><td>110</td><td>120</td><td>130</td><td>180</td></tr> <tr><td>2</td><td>210</td><td>220</td><td>230</td><td>280</td></tr> <tr><td>3</td><td>310</td><td>320</td><td>330</td><td>380</td></tr> <tr><td>4</td><td>410</td><td>420</td><td>430</td><td>480</td></tr> <tr><td>5</td><td>510</td><td>520</td><td>530</td><td>580</td></tr> </table>	Front					Row	Left	Middle	Right	Other	1	110	120	130	180	2	210	220	230	280	3	310	320	330	380	4	410	420	430	480	5	510	520	530	580	Other Seating Positions 800 Sleeper section of cab (truck) 801 Passenger section of bus 802 Enclosed passenger/cargo area 803 Unenclosed passenger/cargo area 804 Passenger/cargo area, unknown if enclosed 805 Trailing unit 806 Riding on motor vehicle exterior Unknown 999 Unknown	Eye Protection Usage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																															
Front																																																																				
Row	Left	Middle	Right	Other																																																																
1	110	120	130	180																																																																
2	210	220	230	280																																																																
3	310	320	330	380																																																																
4	410	420	430	480																																																																
5	510	520	530	580																																																																
Bus Seating Position (Complete if 801 was selected for Seating Position above.) <table border="1"> <tr><th colspan="3">Driver</th><th colspan="6">Front</th></tr> <tr><th>1A</th><th>1B</th><th>1C</th><th>1D</th><th>1E</th><th>1F</th><th>1G</th><th>1H</th></tr> <tr><td>2A</td><td>2B</td><td>2C</td><td>2D</td><td>2E</td><td>2F</td><td>2G</td><td>2H</td></tr> <tr><td>3A</td><td>3B</td><td>3C</td><td>3D</td><td>3E</td><td>3F</td><td>3G</td><td>3H</td></tr> <tr><td>4A</td><td>4B</td><td>4C</td><td>4D</td><td>4E</td><td>4F</td><td>4G</td><td>4H</td></tr> <tr><td>5A</td><td>5B</td><td>5C</td><td>5D</td><td>5E</td><td>5F</td><td>5G</td><td>5H</td></tr> <tr><td>...</td><td>...</td><td>...</td><td>...</td><td>...</td><td>...</td><td>...</td><td>...</td></tr> <tr><td>##A</td><td>##B</td><td>##C</td><td>##D</td><td>##E</td><td>##F</td><td>##G</td><td>##H</td></tr> </table>	Driver			Front						1A	1B	1C	1D	1E	1F	1G	1H	2A	2B	2C	2D	2E	2F	2G	2H	3A	3B	3C	3D	3E	3F	3G	3H	4A	4B	4C	4D	4E	4F	4G	4H	5A	5B	5C	5D	5E	5F	5G	5H	...	...	...	...	...	...	...	...	##A	##B	##C	##D	##E	##F	##G	##H	Air Bags Deployed <i>Check all that apply:</i> <input type="checkbox"/> 000 Not deployed <input checked="" type="checkbox"/> 100 Deployed: front <input type="checkbox"/> 101 Deployed: side <input type="checkbox"/> 102 Deployed: curtain <input type="checkbox"/> 198 Deployed: other <input type="checkbox"/> 970 Not applicable <input type="checkbox"/> 999 Unknown	Ejection 000 000 Not ejected 100 Ejected, partially 101 Ejected, totally 970 Not applicable 999 Unknown	Extrication 000 000 Not extricated 100 Extricated 999 Unknown
Driver			Front																																																																	
1A	1B	1C	1D	1E	1F	1G	1H																																																													
2A	2B	2C	2D	2E	2F	2G	2H																																																													
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...	...	...	...	...	...	...	...																																																													
##A	##B	##C	##D	##E	##F	##G	##H																																																													
		Ejection Path 000 000 Not ejected 100 Side door opening 101 Side window 102 Windshield 103 Back window 104 Back door/hallgate opening 105 Roof opening (sun roof, convertible top down) 106 Roof (convertible top up) 198 Other (e.g., back of pickup truck, tom-off roof, car cut in half)																																																																		

<b>Motor Vehicle #</b> 1	<b>ARKANSAS MOTOR VEHICLE CRASH REPORT</b>	<b>Page</b> 8 <b>of</b> 12
	<b>DRIVER INFORMATION</b>	<b>Crash Report #</b> [REDACTED]

MEDICAL INFORMATION			
<b>Injury Status</b> 4	<b>Type of Medical Transportation</b> 101	<b>EMS Notified</b> 06/15/2022 12:23 PM	<b>EMS Arrived</b> 06/15/2022 12:33 PM
1 (K) Fatal injury 2 (A) Suspected serious injury 3 (B) Suspected minor injury 4 (C) Possible injury 5 (O) No apparent injury	000 Not transported 100 EMS air 101 EMS ground 102 Law enforcement 198 Other	Date Time	Date Time
<b>Trauma Band #</b> B946053		<b>Transported to Medical Facility By</b> [REDACTED]	
		<b>Medical Facility Transported To</b> [REDACTED]	
199 Transported, but method unknown 999 Unknown if transported			

DRIVER CONDITION AND CIRCUMSTANCES			
<b>Condition at Time of Crash</b> <i>Check all that apply</i> <input checked="" type="checkbox"/> 000 Apparently normal <input type="checkbox"/> 100 Physically impaired <input type="checkbox"/> 101 Emotional (depressed, angry, disturbed, etc.) <input type="checkbox"/> 102 Ill (sick) or fainted <input type="checkbox"/> 103 Asleep or fatigued <input type="checkbox"/> 104 Under the influence of medication or drugs <input type="checkbox"/> 105 Under the influence of alcohol <input type="checkbox"/> 198 Other <input type="checkbox"/> 999 Unknown	<b>Driver Distracted By</b> 000 000 Not distracted 100 Manually operating an electronic communication device (texting, typing, dialing) 101 Talking on hands-free electronic device 102 Talking on hand-held electronic device 103 Other activity with an electronic device 104 Passenger 980 Other distraction inside the vehicle 981 Other distraction outside the vehicle 999 Unknown if distracted <i>If 980 or 981, describe below:</i>	<b>Driver Vision Obscured By</b> 000 000 No obstruction noted 100 Rain, snow, fog, smoke, sand, or dust 101 Reflected glare, bright sunlight, or headlights 102 Curve, hill, or other roadway design feature 103 Building, billboard, or other structure 104 Trees, crops, or vegetation 105 In-transport motor vehicle (including load) 980 Other visual obstruction (describe below)	
<b>Driver Suspected of Alcohol Usage</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Alcohol Test Type Given</b> 000 000 No test given 001 Test refused 100 Blood test 101 Breath test 102 Urine test 198 Other type of test 999 Unknown if tested	<b>Alcohol Test Result Status</b> 970 100 Results pending 101 Results received 970 Not applicable 999 Unknown	<b>Blood Alcohol Content</b> <input type="checkbox"/> Result received from Crime Lab
			<b>Speeding Related</b> 000 000 Not speeding 100 Racing 101 Exceeded speed limit 102 Too fast for conditions 999 Unknown
<b>Driver Suspected of Drug Usage</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Drug Test Type Given</b> 000 000 No test given 001 Test refused 100 Blood test 101 Urine test 102 Both blood and urine tests 198 Other type of test 999 Unknown if tested	<b>Drug Test Results</b> <input type="checkbox"/> Pending/Negative <input type="checkbox"/> 000 Results negative <input type="checkbox"/> 100 Results pending <b>Positive Results (check all that apply)</b> <input type="checkbox"/> 200 Amphetamines <input type="checkbox"/> 201 Barbiturates <input type="checkbox"/> 202 Benzodiazepines <input type="checkbox"/> 203 Cannabinoids <input type="checkbox"/> 204 Cocaine <input type="checkbox"/> 205 Methadone <input type="checkbox"/> 298 Other positive result (describe below)	<input type="checkbox"/> Result received from Crime Lab <b>Citations</b> Citation # Charges

DRIVER ACTIONS AT TIME OF CRASH		
<i>Check all that apply:</i>		
<input checked="" type="checkbox"/> 000 No contributing action <b>Disregarded Traffic Signs or Controls</b> <input type="checkbox"/> 100 Disregarded red light <input type="checkbox"/> 101 Disregarded other traffic signal <input type="checkbox"/> 102 Disregarded stop sign <input type="checkbox"/> 103 Disregarded yield sign <input type="checkbox"/> 104 Disregarded other traffic sign <input type="checkbox"/> 105 Disregarded other road markings <input type="checkbox"/> 106 Disregarded officer or flagman <b>Swerved or Avoided</b> <input type="checkbox"/> 200 Swerved or avoided due to wind <input type="checkbox"/> 201 Swerved or avoided due to slippery surface <input type="checkbox"/> 202 Swerved or avoided due to motor vehicle <input type="checkbox"/> 203 Swerved or avoided due to non-motorist in roadway <input type="checkbox"/> 204 Swerved or avoided due to object in roadway <input type="checkbox"/> 205 Swerved or avoided due to animal in roadway	<input type="checkbox"/> 999 Unknown <b>Improper Maneuver</b> <input type="checkbox"/> 300 Improper right turn <input type="checkbox"/> 301 Improper left turn <input type="checkbox"/> 302 Improper U-turn <input type="checkbox"/> 303 Improper backing <input type="checkbox"/> 304 Improper passing <input type="checkbox"/> 305 Improper lane change <input type="checkbox"/> 306 Improperly parked <b>Improper Use of Lights or Signals</b> <input type="checkbox"/> 400 Driving without lights <input type="checkbox"/> 401 Failed to dim headlights <input type="checkbox"/> 402 Failed to or improper signal <b>Unsafe Operation</b> <input type="checkbox"/> 500 Reckless operation <input type="checkbox"/> 501 Aggressive operation <input type="checkbox"/> 502 Inattentive, careless, negligent, or erratic operation <input type="checkbox"/> 503 Under the influence of alcohol <input type="checkbox"/> 504 Under the influence of drugs	<b>Other Actions</b> <input type="checkbox"/> 600 Impeding traffic <input type="checkbox"/> 601 Ran off roadway <input type="checkbox"/> 602 Crowded off roadway <input type="checkbox"/> 603 Crossing median <input type="checkbox"/> 604 Failed to yield right-of-way <input type="checkbox"/> 605 Failed to keep in proper lane <input type="checkbox"/> 606 Wrong side of road <input type="checkbox"/> 607 Wrong way <input type="checkbox"/> 608 Followed too closely <input type="checkbox"/> 609 Cutting in <input type="checkbox"/> 610 Over-correcting or over-steering <input type="checkbox"/> 980 Other contributing action (describe below)

535562

**ARKANSAS MOTOR VEHICLE CRASH REPORT**

**VEHICLE INFORMATION**

Page **7** of **12**  
Crash Report # **[REDACTED]**

**DESCRIPTION AND IDENTIFICATION**

<input type="checkbox"/> Check if this vehicle had no driver	<b>Hit and Run</b> 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene	100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene	000	<b>Vehicle Body Type</b> <b>Passenger Vehicle</b> 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 108 Mini-van 107 Passenger van (seats any number if personal; up to 8 if business) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle	109
<b>VIN</b>	[REDACTED]			198 Other passenger vehicle	
<b>Vehicle Year, Make, and Model</b>					
2018	Ford	Bronco (through 1977)/ Bronco II/Explorer/ Exp			
<b>License Plate</b>					
AR	[REDACTED]	2019	<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)		
<b>Trailer #1 License Plate</b>					
<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)					
<b>Trailer #2 License Plate</b>					
<input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)					
<b>Owner Name</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown					
AR DEPT OF TRANSPORTATION					
<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown					
PO BOX 2281	LITTLE ROCK	AR	72203-2261		
<b>Motor Carrier Type</b> 000 <b>Motor Carrier ID Numbers</b>					
000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 999 Unknown	USDOT # _____ MC/MX # _____ State # _____ State _____				
<b>Motor Carrier Name</b> <input type="checkbox"/> Unknown					
<b>Motor Carrier Address</b> <input type="checkbox"/> Unknown					
<b>Cargo Body Type</b> 000					
000 No cargo body 100 Bus 101 Van / enclosed box 102 Grain / chips / gravel 103 Pole trailer	104 Cargo tank 105 Log 106 Intermodal container chassis 107 Vehicle towing another vehicle 108 Flatbed	109 Dump 110 Concrete mixer 111 Auto transporter 999 Unknown	198 Other	999 Unknown	
<b>GVWR/GCWR</b> 970 <b>Hazardous Materials Placard</b> 000 <b>Hazardous Material ID</b> (4-digit # or name from middle of diamond or rectangular box) <b>Hazardous Material Class</b> (1-digit # from bottom of diamond) <b>Hazardous Materials Released from Vehicle Cargo Compartment</b> 970					
100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable	000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown	000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)			

<b>INSURANCE</b>		<b>DAMAGE</b>																																																			
<input type="checkbox"/> Uninsured at time of crash <input checked="" type="checkbox"/> Unknown (fill in any known details)	<b>Damage Severity</b> 102 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown	<b>Initial Contact Point (check 1)</b>	<b>Damaged Areas (check all that apply)</b>																																																		
<b>Insurance Company</b> SELF INSURED	<b>Damage Estimate</b> \$10,000	<table border="1" style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>	7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	<table border="1" style="width: 100%; text-align: center;"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>	7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
5	4	3	2	1																																																	
<b>NAIC #</b>	<b>Damage Prior to the Crash</b> <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)	<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown	<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																																																		

<b>TOWING</b>			
<b>Towed</b> 101	000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage	<b>Towed By</b> OTM WERCKER SERVICE	<b>Towed To</b> 231 Commerce Dr. EL DORADO AR 71730
		City	State Postal Code

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Page 8 of 12

Crash Report #

MOTOR VEHICLE CIRCUMSTANCES

Table with columns: Vehicle Usage (109), Emergency Vehicle Usage (100), Vehicle Maneuver (107), and Travel Direction (101). Includes codes for various vehicle types and directions.

Vehicle Defects (Check all that apply) and Traffic Control Device Types and Statuses. Includes checkboxes for brake, steering, tires, etc., and a table for traffic control devices.

Trafficway Description (201) and Roadway Surface (101). Lists trafficway types like one-way, two-way, and surface materials like concrete, asphalt, gravel.

Roadway Grade (100) and Roadway Alignment (100). Lists grades like level, hillcrest, uphill, downhill, sag, and alignments like straight, curve left/right.

Total # of Lanes (5) and Posted Speed Limit (60). Includes a note to use the posted speed limit that applied to the vehicle at the time of the crash.

MOTOR VEHICLE EVENTS

Sequence of Events: 1 [198], 2 [205], 3 [ ], 4 [ ], 5 [ ], 6 [ ], 7 [ ], 8 [ ], 9 [ ], 10 [ ]

Most Harmful Event: 205

Table with columns: Non-Collision, Collision with Non-Fixed Object, Collision with Fixed Object, and Unknown. Lists various event codes and descriptions like 'Overtaken/rollover', 'Pedestrian', 'Impact attenuator/crash cushion', etc.

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Page 9 of 12

Crash Report #

DRIVER INFORMATION section containing Name (STURDIVANT BRIAN CRAWFORD), Date of Birth/Age, Sex (Male), Race (100), and Address fields.

DRIVER LICENSE INFORMATION section containing License Status (100), License Number, License State (AR), License Class (D), and various Restriction and Endorsement checkboxes.

DRIVER SEATING AND SAFETY INFORMATION section containing Seating Position (110), Restraint Systems Used (100), Air Bags Deployed, Ejection, and Extrication details.

Motor Vehicle #	2
-----------------	---

### ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Page	10	of	12
Crash Report #			

MEDICAL INFORMATION			
Injury Status	5	Type of Medical Transportation	000
1 (K) Fatal Injury		000 Not transported	EMS Notified
2 (A) Suspected serious Injury		100 EMS air	EMS Arrived
3 (B) Suspected minor Injury		101 EMS ground	Date _____ Time _____
4 (C) Possible Injury		102 Law enforcement	Transported to Medical Facility By
5 (Q) No apparent Injury		198 Other	Date _____ Time _____
Trauma Band #		199 Transported, but method unknown	Medical Facility Transported To
		999 Unknown if transported	

DRIVER CONDITION AND CIRCUMSTANCES			
Condition at Time of Crash <i>Check all that apply:</i>	Driver Distracted By	Driver Vision Obscured By	
<input checked="" type="checkbox"/> 000 Apparently normal	000 Not distracted	000 No obstruction noted	106 Not in-transport motor vehicle (parked, working)
<input type="checkbox"/> 100 Physically impaired	100 Manually operating an electronic communication device (texting, typing, dialing)	100 Rain, snow, fog, smoke, sand, or dust	107 Splash or spray of passing vehicle
<input type="checkbox"/> 101 Emotional (depressed, angry, disturbed, etc.)	101 Talking on hands-free electronic device	101 Reflected glare, bright sunlight, or headlights	108 Inadequate mirror or defog system
<input type="checkbox"/> 102 Ill (sick) or fatigued	102 Talking on hand-held electronic device	102 Curve, hill, or other roadway design feature	109 Inadequate vehicle lighting system
<input type="checkbox"/> 103 Asleep or fatigued	103 Other activity with an electronic device	103 Building, billboard, or other structure	110 Obstruction interior to the vehicle
<input type="checkbox"/> 104 Under the influence of medication or drugs	104 Passenger	104 Trees, crops, or vegetation	111 External mirrors
<input type="checkbox"/> 105 Under the influence of alcohol	980 Other distraction inside the vehicle	105 In-transport motor vehicle (including load)	112 Broken or improperly cleaned windshield
<input type="checkbox"/> 198 Other	981 Other distraction outside the vehicle	980 Other visual obstruction (describe below)	113 Obstructing angles on vehicle
<input type="checkbox"/> 999 Unknown	999 Unknown if distracted		199 Vision obscured - no details
	<i>If 980 or 981, describe below:</i>		

Driver Suspected of Alcohol Usage	Alcohol Test Type Given	Alcohol Test Result Status	Blood Alcohol Content	Speeding Related
<input type="checkbox"/> Yes	000 No test given	100 Results pending		000 Not speeding
<input checked="" type="checkbox"/> No	001 Test refused	101 Results received		100 Racing
<input type="checkbox"/> Unknown	100 Blood test	970 Not applicable	<input type="checkbox"/> Result received from Crime Lab	101 Exceeded speed limit
	101 Breath test	998 Unknown		102 Too fast for conditions
	102 Urine test			999 Unknown
	198 Other type of test			
	999 Unknown if tested			

Driver Suspected of Drug Usage	Drug Test Type Given	Drug Test Results	Citations	Charges
<input type="checkbox"/> Yes	000 No test given	Pending/Negative	Citation #	Charges
<input checked="" type="checkbox"/> No	001 Test refused	<input type="checkbox"/> 000 Results negative		
<input type="checkbox"/> Unknown	100 Blood test	<input type="checkbox"/> 100 Results pending		
	101 Urine test	<input checked="" type="checkbox"/> 970 Not applicable		
	102 Both blood and urine tests	<input type="checkbox"/> 999 Unknown		
	198 Other type of test	<b>Positive Results (check all that apply)</b>		
	999 Unknown if tested	<input type="checkbox"/> 200 Amphetamines		
		<input type="checkbox"/> 201 Barbiturates		
		<input type="checkbox"/> 202 Benzodiazepines		
		<input type="checkbox"/> 203 Cannabinoids		
		<input type="checkbox"/> 204 Cocaine		
		<input type="checkbox"/> 205 Methadone		
		<input type="checkbox"/> 206 Methamphetamines		
		<input type="checkbox"/> 207 Opiates		
		<input type="checkbox"/> 208 Oxycodone		
		<input type="checkbox"/> 209 Propoxyphene		
		<input type="checkbox"/> 210 Phencyclidine (PCP)		
		<input type="checkbox"/> 298 Other positive result (describe below)		

DRIVER ACTIONS AT TIME OF CRASH		
<i>Check all that apply:</i>		
<input type="checkbox"/> 000 No contributing action	<input type="checkbox"/> 999 Unknown	
<b>Disregarded Traffic Signs or Controls</b>	<b>Improper Maneuver</b>	<b>Other Actions</b>
<input type="checkbox"/> 100 Disregarded red light	<input type="checkbox"/> 300 Improper right turn	<input type="checkbox"/> 600 Impeding traffic
<input type="checkbox"/> 101 Disregarded other traffic signal	<input type="checkbox"/> 301 Improper left turn	<input type="checkbox"/> 601 Ran off roadway
<input type="checkbox"/> 102 Disregarded stop sign	<input checked="" type="checkbox"/> 302 Improper U-turn	<input type="checkbox"/> 602 Crowded off roadway
<input type="checkbox"/> 103 Disregarded yield sign	<input type="checkbox"/> 303 Improper backing	<input type="checkbox"/> 603 Crossing median
<input type="checkbox"/> 104 Disregarded other traffic sign	<input type="checkbox"/> 304 Improper passing	<input type="checkbox"/> 604 Failed to yield right-of-way
<input type="checkbox"/> 105 Disregarded other road markings	<input type="checkbox"/> 305 Improper lane change	<input type="checkbox"/> 605 Failed to keep in proper lane
<input type="checkbox"/> 106 Disregarded officer or flagman	<input type="checkbox"/> 306 Improperly parked	<input type="checkbox"/> 606 Wrong side of road
<b>Swerved or Avoided</b>	<b>Improper Use of Lights or Signals</b>	<input type="checkbox"/> 607 Wrong way
<input type="checkbox"/> 200 Swerved or avoided due to wind	<input type="checkbox"/> 400 Driving without lights	<input type="checkbox"/> 608 Followed too closely
<input type="checkbox"/> 201 Swerved or avoided due to slippery surface	<input type="checkbox"/> 401 Failed to dim headlights	<input type="checkbox"/> 609 Cutting in
<input type="checkbox"/> 202 Swerved or avoided due to motor vehicle	<input type="checkbox"/> 402 Failed to or improper signal	<input type="checkbox"/> 610 Over-correcting or over-steering
<input type="checkbox"/> 203 Swerved or avoided due to non-motorist in roadway	<b>Unsafe Operation</b>	<input type="checkbox"/> 980 Other contributing action (describe below)
<input type="checkbox"/> 204 Swerved or avoided due to object in roadway	<input type="checkbox"/> 500 Reckless operation	
<input type="checkbox"/> 205 Swerved or avoided due to animal in roadway	<input type="checkbox"/> 501 Aggressive operation	
	<input type="checkbox"/> 502 Inattentive, careless, negligent, or erratic operation	
	<input type="checkbox"/> 503 Under the influence of alcohol	
	<input type="checkbox"/> 504 Under the influence of drugs	

ARKANSAS MOTOR VEHICLE CRASH REPORT  
NARRATIVE

Crash Report # [REDACTED]

V2 was traveling southbound on United States Highway 167 in the outside lane of traffic. V1 was traveling southbound on United States Highway 167, in the inside of traffic behind V2. My investigation of this accident revealed: As V1 was passing V2 in the inside lane of traffic, the driver of V2 attempted to make a U-turn, V2 travelled into the inside traffic lane into the path of V1. The driver of V1 took evasive action by swerving into the center turn lane. The driver of V1 was unsuccessful in this attempt due V2 entering into the center turn lane also. The front right side of V1 struck the left front side of V2 in the center turn lane of United States Highway 167. The impact of the collision caused V2 to spin in a clockwise direction and come to a final rest in the inside northbound lane of United States Highway 167. V2 came to a final rest 44 feet South of the area of impact, facing in a northern direction. After impact V1 continued traveling in a South direction across the northbound lanes of traffic, and ran off the left side of the roadway. V1 came to a final rest on the northbound roadside, facing in a southern direction approximately 86 feet south of the area of impact.

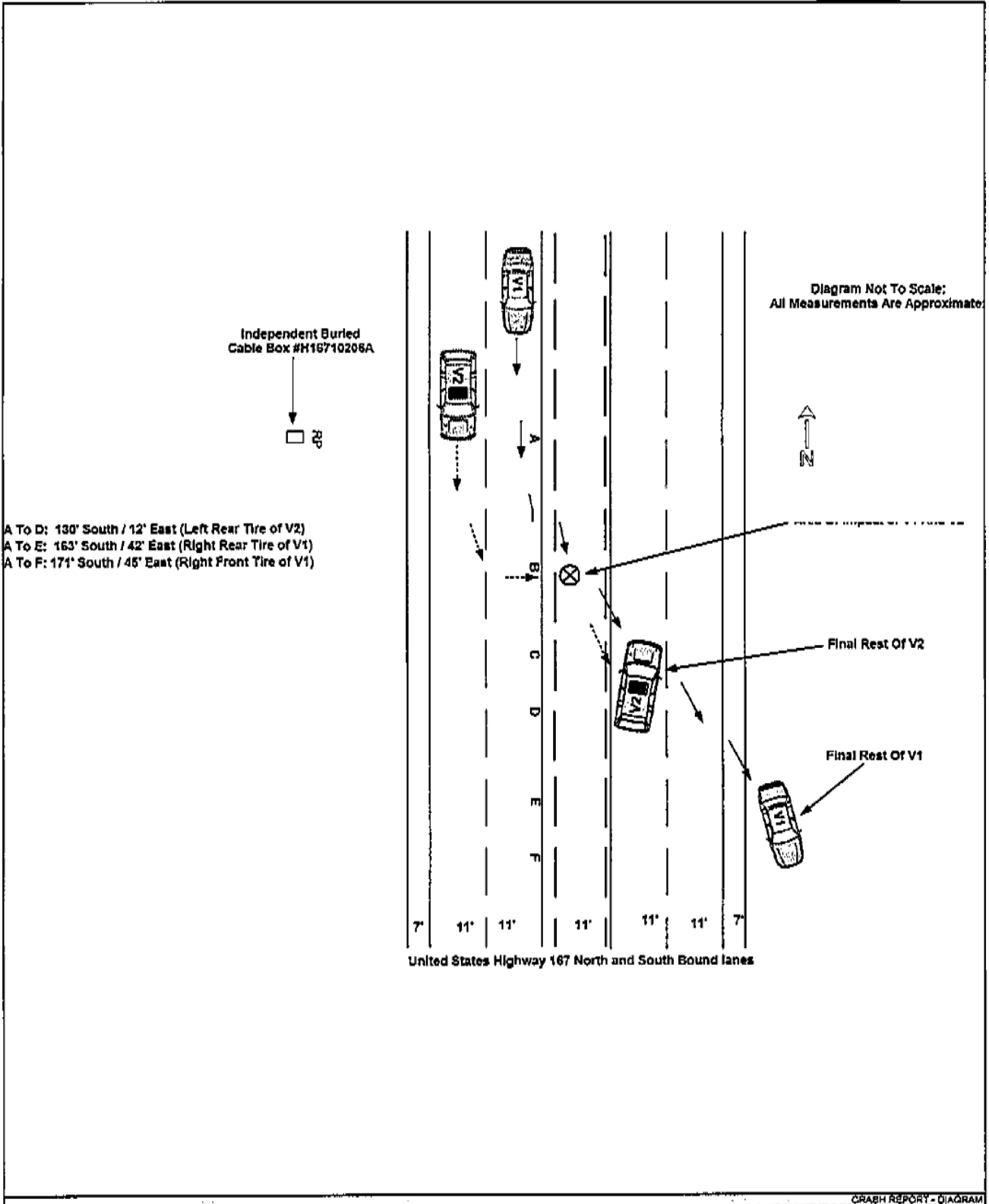
[Empty lined area for additional narrative text]

Scene #  
1

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DIAGRAM

Page 12 of 12

Crash Report # [REDACTED]

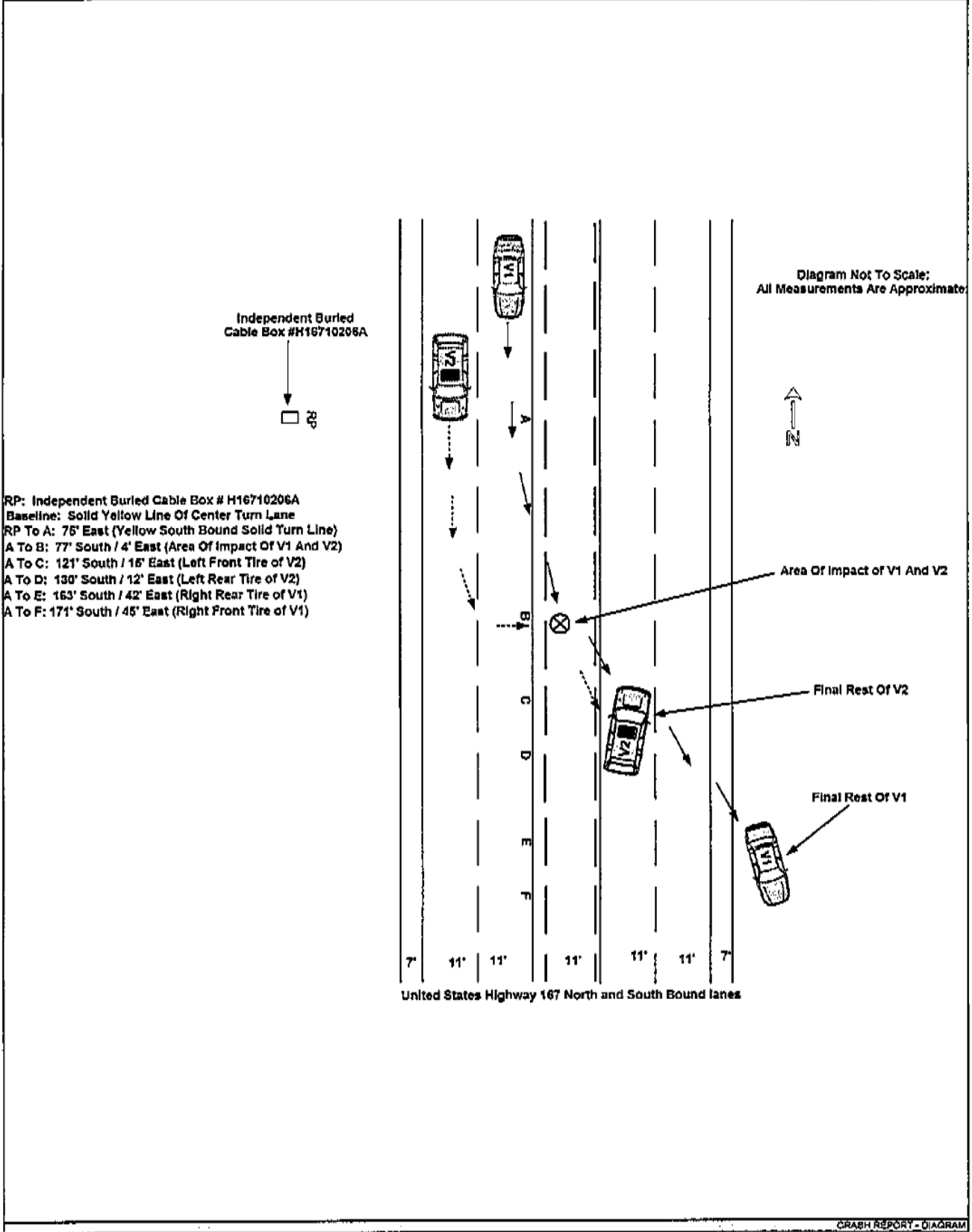


Scene #  
1

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DIAGRAM

Page 12 of 12

Crash Report #



**Bruce A. Flint**  
Attorney  
Licensed in TX, AR, LA, OK, & MA  
bruceflint2013@gmail.com



**Darla S. Crawford**    **Brandon C. Cogburn**  
Attorney                      Attorney  
Licensed in TX & AR      Licensed in TX & AR  
dcrawford@bruceflint.com    bcogburn@bruceflint.com

Arkansas  
State Claims Commission

JUL 08 2022

RECEIVED

July 6, 2022

Arkansas Claims Commission  
101 East Capitol Avenue, Suite 410  
Little Rock, Arkansas 72201-3823

VIA FAX 501-682-2823 [REDACTED]

Via Email [ascc.new.claims@arkansas.gov](mailto:ascc.new.claims@arkansas.gov)

RE:                      OUR CLIENT:                      Jonathan Boone  
                                 YOUR INSURED:                      Brian Sturdivant  
                                 CLAIM NO.:                              230005  
                                 D.O.A:                                      6/15/22

To Whom it May Concern:

Please be advised that our law firm has been retained to represent the above referenced claimants in a cause of action for personal injuries and property damage from an accident which occurred on or about the above date.

Please list our firm as attorney of record in this matter and direct all correspondence to our client through this office. Also, please note that a percentage of our client's recovery has been assigned to this firm by contract. If we could be of any further assistance, please give us a call.

**Notice of Denial of Authorization to Negotiate or Make Direct Payments:**

Please note that my client and I do not authorize you to make any direct payments to any medical providers or possible lienholders. Any communication with a medical provider or lienholder regarding my client's medical/billing information is an invasion of my client's right to privacy and violates federal law, which includes the Health Information Portability and Accountability Act of 1996 ("HIPAA"). All medical and other bills for our client must be negotiated through my office. If you are not authorized to negotiate with any medical providers or lienholders on my client's behalf. If you make payments to anyone other than my client and my firm, it will be our position that you have made a gift to another recipient for payment unrelated to the underlying claim referenced above, as well as committed tortious interference between my client and my firm. In addition, we would assert a contractual attorney fee lien in the original value of the payment.

We look forward to working with you in this matter.

Sincerely,

Bruce A. Flint, Darla Smith Crawford and Brandon C. Cogburn  
Attorneys at Law/kh

Flint, Crawford & Cogburn  
201 West 5th Street  
El Dorado, AR 71730-3847  
(870) 862-9400

2821 Richmond Road, Texarkana, TX 75503-2123  
(888) 793-5468 | (903) 334-8928 | Fax: (903) 334-8853  
[www.flintcrawford.com](http://www.flintcrawford.com)  
Se Habla Espanol / Se Fala Portugues Brasileiro

Flint, Crawford & Cogburn  
222 N. Hervey Street, Suite C  
Hope, AR 71801  
(870) 474-5071

**From:** [ASCC New Claims](#)  
**To:** [Looney, Rita S.](#); [Sparks, Trella A.](#); [Blakley, Sharon](#)  
**Cc:** [Kathryn Irby](#)  
**Subject:** CLAIM: Jonathan Boone v. ArDOT, Claim No. 230005  
**Date:** Tuesday, July 12, 2022 11:54:00 AM  
**Attachments:** [Jonathan Boone ArDOT agency ltr .pdf](#)  
[Received by 5016822823. 06302022 1503.msg](#)  
[new claim paperwork.msg](#)  
[claim # 230005.msg](#)  
[Jonathan Boone -- more supporting docs.pdf](#)  
[Jonathan Boone Arkansas Motor Vehicle Crash Report Diagram.pdf](#)

---

Please see attached. Contact Kathryn Irby with any questions.

Thank you,  
Caitlin

**Caitlin McDaniel**

*Administrative Specialist II*

**Arkansas State Claims Commission**

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

July 12, 2022

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

(via email)

RE: ***Jonathan Boone v. Arkansas Department of Transportation***  
**Claim No. 230005**

---

Dear Ms. Looney,

Enclosed please find a copy of the above-styled claim filed against the Arkansas Department of Transportation. Pursuant to the Arkansas Rules of Civil Procedure, as well as Claims Commission Rule 2.2, you have **thirty days from the date of service** in which to file a responsive pleading.

Your responsive pleading should include your agency number, fund code, appropriation code, and activity/section/unit/element that this claim should be charged against, if liability is admitted, or if the Claims Commission approves this claim for payment. This information is necessary even if your agency denies liability.

Sincerely,

Kathryn Irby

ES: cmcdaniel

cc: Darla Crawford, *counsel for Claimant* (w/o encl.) (via email)

**From:** [ASCC New Claims](#)  
**To:** ["dcrawford@bruceflint.com"](mailto:dcrawford@bruceflint.com)  
**Bcc:** ["Kathryn Irby"](#)  
**Subject:** Jonathan Boone v. ArDOT, Claim No. 230005  
**Date:** Tuesday, July 12, 2022 11:54:00 AM  
**Attachments:** [Jonathan Boone ArDOT agency ltr .pdf](#)

---

Dear Ms. Crawford,

Attached please find a copy of the letter sent with Mr. Boone's claim to the Arkansas Department of Transportation.

Thank you,  
Caitlin

**Caitlin McDaniel**

*Administrative Specialist II*

**Arkansas State Claims Commission**

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

**From:** [Blakley, Sharon](#)  
**To:** [Kathryn Irby](#)  
**Cc:** [Looney, Rita S.](#); [Sparks, Trella A.](#); [Andrews, Amanda J.](#)  
**Subject:** RE: CLAIM: Jonathan Boone v. ArDOT, Claim No. 230005  
**Date:** Tuesday, July 12, 2022 5:49:21 PM

---

Kathryn,  
 I was able to download these claim documents.  
 I have added Amanda Andrews to this email.  
 This personal injury claim will be assigned to Amanda.  
 Thank you and have a nice evening.  
 Sharon

---

**From:** ASCC New Claims <ASCC.New.Claims@arkansas.gov>  
**Sent:** Tuesday, July 12, 2022 2:28 PM  
**To:** Looney, Rita S. <Rita.Looney@ardot.gov>; Sparks, Trella A. <Trella.Sparks@ardot.gov>; Blakley, Sharon <Sharon.Blakley@ardot.gov>  
**Subject:** CLAIM: Jonathan Boone v. ArDOT, Claim No. 230005

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please see the below Dropbox link. Our email sending these claim docs was returned as undeliverable.

Let me know if you have any trouble accessing the documents.

<https://www.dropbox.com/scl/fo/5a0le9qaugr8hxyr2fduh/h?dl=0&rlkey=vn1422xc2y8w1t15yjbvtrfq4>

Thanks!

Kathryn

---

**From:** Caitlin McDaniel <[Caitlin.McDaniel@arkansas.gov](mailto:Caitlin.McDaniel@arkansas.gov)>  
**Sent:** Tuesday, July 12, 2022 12:12 PM  
**To:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Subject:** Request to Send via Dropbox: FW: CLAIM: Jonathan Boone v. ArDOT, Claim No. 230005

This claim to the agency returned as undeliverable. I've added the error message to the database.

---

**From:** ASCC New Claims  
**Sent:** Tuesday, July 12, 2022 11:57 AM  
**To:** Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Cc:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>

**Subject:** CLAIM: Jonathan Boone v. ArDOT, Claim No. 230005

Please see attached. Contact Kathryn Irby with any questions.

Thank you,  
Caitlin

**Caitlin McDaniel**

*Administrative Specialist II*

**Arkansas State Claims Commission**

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

**From:** [Blakley, Sharon](#)  
**To:** [ASCC Pleadings](#)  
**Cc:** [Andrews, Amanda J.](#); [Darla Crawford](#)  
**Subject:** Boone v ARDOT Claim 230005 - ANS  
**Date:** Wednesday, August 10, 2022 12:57:19 PM  
**Attachments:** [image001.png](#)  
[Boone.230005.ANS- Request Hearing 8.10.22 .pdf](#)  
[Boone.230005.ANS.cvr ltr.8.10.22 .pdf](#)

---

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

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

ArDOT Logo (email)





ARKANSAS DEPARTMENT OF TRANSPORTATION

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

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

August 10, 2022

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

*(Via Electronic Mail)*

Re: *Jonathan Boone v. Arkansas Department of Transportation*  
Claim No. 230005

Dear Ms. Irby:

Enclosed is the Answer in the above-styled claim. I request that you acknowledge receipt at your earliest convenience.

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

Respectfully,

Amanda J. Andrews  
Staff Attorney

AJA\sdb  
Enclosures

cc: Darla Crawford  
FLINT, CRAWFORD & COGBURN  
2821 Richmond Road  
Texarkana, TX 75503  
*Via Electronic Mail*

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

**JONATHAN BOONE**

**CLAIMANT**

**V.**

**CLAIM NO. 230005**

**ARKANSAS DEPARTMENT OF TRANSPORTATION**

**RESPONDENT**

**ANSWER**

**COMES NOW** Respondent, Arkansas Department of Transportation, by and through its Staff Attorney, Amanda J. Andrews, and for its Answer to the Claim states the following:

1. The Respondent does not dispute liability.
2. The Respondent requests that this matter be scheduled for a hearing to determine

the nature and extent of the Claimant’s damages, if any.

**WHEREFORE**, Respondent prays that this matter be heard before the Arkansas State Claims Commission to determine the nature and extent of Claimant’s damages, if any.

**Respectfully submitted,**

**ARKANSAS DEPARTMENT OF TRANSPORTATION**



By: \_\_\_\_\_  
Amanda J. Andrews, Staff Attorney (Ark. Bar No. 2005205)  
Post Office Box 2261  
Little Rock, AR 72203-2261  
Amanda.Andrews@ardot.gov  
(501) 569-2278

**CERTIFICATE OF SERVICE**

I, Amanda J. Andrews, certify that I have served the foregoing upon the Claimant by sending a true copy of same via electronic mail this 10<sup>th</sup> day of August, 2022, to the following:

Darla Crawford  
FLINT, CRAWFORD & COGBURN  
2821 Richmond Road  
Texarkana, TX 75503  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)



\_\_\_\_\_  
Amanda J. Andrews

**From:** [Kathryn Irby](#)  
**To:** [dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com); [Andrews, Amanda J.](#)  
**Cc:** [Blakley, Sharon](#)  
**Subject:** DISCOVERY: Boone v. ArDOT, Claim No. 230005  
**Date:** Tuesday, December 13, 2022 9:07:00 PM

---

Ms. Crawford and Ms. Andrews, the Claims Commission would like for the parties to conduct discovery in this matter. If the parties are able to agree upon damages, a settlement agreement may be submitted to the Commission for approval. If the parties are unable to agree on damages, please let me know when discovery is nearing completion, so we can get this claim added to the hearing docket.

Future filings should be submitted to [ascpleadings@arkansas.gov](mailto:ascpleadings@arkansas.gov), although if you file a settlement agreement, I would ask that you also copy me.

Thanks,  
Kathryn Irby

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

**From:** [Kimberly Follis](#)  
**To:** [ASCC Pleadings](#)  
**Subject:** FW: Boone v ARDOT Claim 230005 - INT and RFP  
**Date:** Tuesday, December 27, 2022 10:14:04 AM  
**Attachments:** [image001.jpg](#)  
[image002.png](#)  
[image003.jpg](#)  
[Plaintiff's INT and RFP to Defendant \(Claims Commission\).pdf](#)  
[Plaintiff's INT and RFP to Defendant \(Claims Commission\).doc](#)

You don't often get email from [kfollis@bruceflint.com](mailto:kfollis@bruceflint.com). [Learn why this is important](#)

**From:** Kimberly Follis  
**Sent:** Tuesday, December 27, 2022 10:03 AM  
**To:** [ascpleading@arkansas.gov](mailto:ascpleading@arkansas.gov)  
**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; [Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov); Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; [Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)  
**Subject:** FW: Boone v ARDOT Claim 230005 - INT and RFP

Good morning,

Please find the attached Discovery to the Arkansas Department of Transportation, sent December 9, 2023 for the above referenced matter.

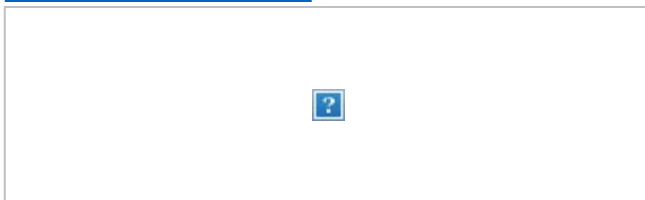
I have included the Discovery in word format for your convenience.

Thank you.

Sincerely,

**Kimberly Follis**

Litigation Paralegal  
 2821 Richmond Road, Texarkana, Texas 75503  
 Phone: 903.334.8928 – Fax: 903.334.8853  
[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)  
[litigation@bruceflint.com](mailto:litigation@bruceflint.com) (e-service)  
[www.flintandcrawford.com](http://www.flintandcrawford.com)



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**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Friday, December 9, 2022 10:29 AM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Cc:** Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; Katari

Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>

**Subject:** Boone v ARDOT Claim 230005 - INT and RFP

Amanda,

Attached please find our discovery.

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

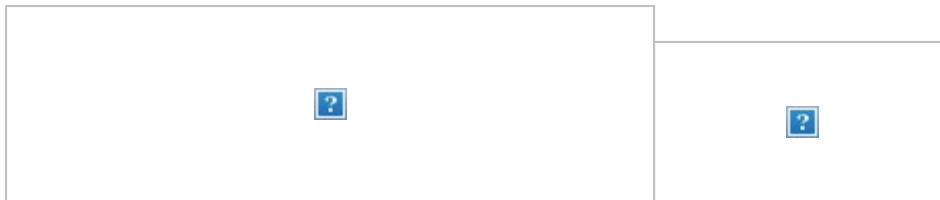
Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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## BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JONATHAN BOONE

CLAIMANT

VS.

CLAIM NO. 230005

ARKANSAS  
DEPARTMENT OF  
TRANSPORTATION

RESPONDENT

**PLAINTIFF'S FIRST SET OF INTERROGATORIES AND REQUESTS FOR  
PRODUCTION OF DOCUMENTS PROPOUNDED TO DEFENDANT**

Comes now the Claimant, Jonathan Boone, by and through his attorney, Darla Crawford, Flint, Crawford & Cogburn, and serves upon Defendant the following Interrogatories and Requests for Production of Documents pursuant to Ark. R. Civ. P. 33 and 34, to be answered separately, in writing, under oath and signed within thirty days after service.

**INTERROGATORY NO. 1:** State the names, telephone number(s), employers, titles, and complete present or last known addresses of all persons known to you, your attorneys, or other representatives who have knowledge of the facts alleged or described in the Complaint.

**INTERROGATORY NO. 2:** For each person listed in response to Interrogatory No. 1, state briefly the facts of which such persons have knowledge.

**INTERROGATORY NO. 3:** Is the Defendant correctly named and spelled? If not, please give the exact and full name of the Defendant.

**INTERROGATORY NO. 4:** Please state the following for Brian Crawford Sturdivant:

- (a) Full name;
- (b) Date of birth;
- (c) Location of birth;
- (d) Residence address;

- (e) State that issued driver's license;
- (f) Driver's license number;
- (g) Employer at the time of the accident;
- (h) Title / position held on the date of the accident; and
- (i) Current employer

**INTERROGATORY NO. 5:** Please state whether Defendant contends there is any other party that caused or contributed to Plaintiff's injuries including any person or entity that Defendant may seek to name as a liable non-party and if yes, identify the person/entity.

**INTERROGATORY NO. 6:** State the name, telephone number, and complete present or last known address of any eyewitness known to you, your representatives or attorneys, to have seen any part of the incident described in the pleadings in this case.

**INTERROGATORY NO. 7:** State the names, telephone numbers, and complete present or last known addresses of all persons known to you, your attorneys or other representatives, who have knowledge of any facts relevant or material to the issue of damages claimed by Plaintiff in this case.

**INTERROGATORY NO. 8:** For each person listed in response to Interrogatory No. 7, state briefly the facts of which such persons have knowledge.

**INTERROGATORY NO. 9:** State whether your attorneys or anyone acting on your or their behalf obtained or possess statements in any form from any person regarding any relevant or material issue in this case. If so, for each such statement state:

- (a) The name, telephone number and address of the person from whom such statement was taken;

- (b) The date on which such statement was taken;
- (c) The name, address and telephone number of the person and the employer of such person who took such statement;
- (d) The names and addresses of all persons having a copy of such statement; and,
- (e) Whether such statements were oral, handwritten, typewritten, by recording device or by court reporter. If oral, please state the substance of said statement.

**REQUEST FOR PRODUCTION NO. 1:** You are requested to produce and attach to your answers to these interrogatories a copy of each such statement.

**INTERROGATORY NO. 10:** Do you, your attorneys or anyone acting on your or their behalf have or know of any photographs or video/audio tapes concerning the plaintiff(s), the events and happenings alleged in the complaint, the scene of the incident, or the areas or persons or vehicles involved, made either before, after or at the time of the events in question? If so, as to each such photograph or tape state:

- (a) The date it was taken;
- (b) The name, address, and telephone number of the person taking it;
- (c) What each photograph or tape purports to show, illustrate or represent; and
- (d) The name and address of every person having a print or copy of such photograph or video/audio tape.

**REQUEST FOR PRODUCTION NO. 2:** Please produce and attach to your answers to these interrogatories a copy of each such photograph or video/audio tape.

**INTERROGATORY NO. 11:** Do you, your attorneys or anyone acting on your or their behalf have or know of any written reports concerning the events and happenings alleged in

the complaint, the scene of the incident, the areas, persons, vehicles or equipment involved, made either before, after or at the time of the events in question? If so, as to each such report state:

- (a) The date it was taken;
- (b) The name, address, and telephone number of the person taking it;
- (c) The name and address of every person having a print or copy of such report.

**REQUEST FOR PRODUCTION NO. 3:** Please produce and attach to your answers to these interrogatories a copy of each such report, including the Form 19-466 "Report of Motor Vehicle, Equipment, and/or Property Damage to be completed by ARDOT personnel only."

**INTERROGATORY NO. 12:** Do you or your attorneys or other representatives have knowledge of any diagram, model or drawing of the scene of the incident which is the subject of this litigation? If so, for each such diagram, model or drawing state:

- (a) The date on which such diagram, model or drawing was made;
- (b) The name, address, and telephone number of the person making such diagram, model or drawing;
- (c) What the diagram, model or drawing purports to show, illustrate or represent; and
- (d) The name, telephone number, and address of every person who has a print or copy of such diagram, model or drawing.

**REQUEST FOR PRODUCTION NO. 4:** Please produce and attach to your answers to these interrogatories a copy of each such diagram, model or drawing.

**INTERROGATORY NO. 13:** Identify by name, address, and telephone number each person whom you expect to call as an expert witness at the trial of this case. Please state

the subject matter on which such expert is expected to testify, the substance of the facts and opinions to which the expert is expected to testify and a summary of the grounds for each such opinion.

**REQUEST FOR PRODUCTION NO. 5:** Please produce a copy of the curriculum vitae of each expert whom you may call at trial of this matter.

**INTERROGATORY NO. 14:** Please list and describe all books, documents, photographs, charts, graphs, and demonstrative aids which you plan to use in either voir dire, opening statement, or closing argument.

**INTERROGATORY NO. 15:** State the name, telephone number(s), and complete addresses of all persons who will testify as witnesses on behalf of the Defendant at the trial of this case.

**INTERROGATORY NO. 16:** Please identify each and every document and other writing or exhibit that you intend to introduce into evidence at the trial of this case.

**INTERROGATORY NO. 17:** With reference to this case, state whether any documents, photographs, or exhibits have been lost, altered, or destroyed.

**REQUEST FOR PRODUCTION NO. 6:** Please produce and attach to your answers to these interrogatories a copy of any and all statements of the Plaintiff.

**REQUEST FOR PRODUCTION NO. 7:** Please provide copies of any reports, letters, documents, or opinions regarding the incident complained of in Claimant's Complaint which have been written or reviewed by any expert witness whom you or your attorneys plan to call at the trial of this case.

**REQUEST FOR PRODUCTION NO. 8:** Please produce copies of any and all

correspondence purportedly sent to the Claimant by the Respondents.

**INTERROGATORY NO. 18:** As a result of this incident, did Brian Crawford Sturdivant file a claim for injury and/or workers compensation? If so, please provide a copy of all claims and workers compensation documentation.

**INTERROGATORY NO. 19:** Please describe the entire work history of Brian Crawford Sturdivant.

**INTERROGATORY NO. 20:** Please describe the entire and full educational background of Brian Crawford Sturdivant.

**INTERROGATORY NO. 21:** If Brian Crawford Sturdivant has been involved in litigation within ten (10) years before the underlying case referenced in the Complaint, then set forth the following as to each instance of previous litigation:

- (a) The complete caption/style of the litigation including case number, court, and venue;
- (b) The name and address of the attorney representing Defendant in that litigation;
- (c) Whether Defendant represented himself or acted pro se at any time during the litigation;
- (d) The name and address of the lawyers representing the other parties in the case; and
- (e) A brief description of the nature of the case and the outcome of the case.

**INTERROGATORY NO. 22:** Please state whether at the time of the incident you or anyone else had in force and effect any policies of insurance providing coverage for you or others involved in the incident relative to liability, medical payments to you or to others, physical

damage to vehicles, coverage for accidental death or injury, or the like. For each policy state the following:

- (a) The name of the insurance carrier;
- (b) The named insured as shown on the policy;
- (c) Coverage limits per person, per occurrence and aggregate limits;
- (d) Whether the policy is an occurrence or claims made policy;
- (e) Whether the coverage is primary, excess or umbrella; and,
- (f) Whether any insurance carrier has denied coverage or is defending under a reservation of rights.

**REQUEST FOR PRODUCTION NO. 9:** Please produce a certified copy of any and all insurance policies referenced in your answer to Interrogatory No. 22 above.

**INTERROGATORY NO. 23:** Please state whether Brian Crawford Sturdivant has ever been arrested, charged with or convicted of a felony within the last ten (10) years.

**INTERROGATORY NO. 24:** If the answer to Interrogatory No. 23 was in the affirmative, please state the felony crimes of which Brian Crawford Sturdivant has been arrested, charged with or convicted, the date and nature of the offense, the court in which the arrest or charge was pending, and the disposition of the charge.

**INTERROGATORY NO. 25:** At the time of the incident, was any person in the car with Brian Crawford Sturdivant. If so, please provide the names, address, titles, employers, and telephone numbers for those persons.

**INTERROGATORY NO. 26:** At the time of the incident, please state all places that Brian Crawford Sturdivant had been that day and to where Brian Crawford Sturdivant was

going at the time of the incident.

**REQUEST FOR PRODUCTION NO. 10:** Please provide a copy of all GPS Tracking and summary for the day of the incident on the vehicle occupied by Brian Crawford Sturdivant at the time of the incident.

**INTERROGATORY NO. 27:** Was Brian Crawford Sturdivant suffering from any physical infirmity, disability or sickness at the time of the occurrence that could, in any way, impair his ability to operate a motor vehicle at the time of the incident described in the Complaint? If so, what was the nature of the infirmity, disability or sickness?

**INTERROGATORY NO. 28:** Did any defect in the motor vehicle which Brian Crawford Sturdivant was operating at the time of the incident described in the complaint contribute to the incident? If so, describe the nature of the defect and how it contributed to the incident.

**INTERROGATORY NO. 29:** List the name and address of all persons, corporations or entities who were registered title owners or who had ownership interest in, or right to control, the motor vehicle being operated by Brian Crawford Sturdivant at the time of the incident described in the complaint, and describe both the nature of the ownership interest or right to control the vehicle, and the vehicle itself, including the year, make, model and vehicle identification number.

**INTERROGATORY NO. 30:** At the time of the incident, did Brian Crawford Sturdivant have any personal automobile insurance? If so, please provide a copy of the policy and declarations page.

**INTERROGATORY NO. 31:** At the time of the incident described in the

complaint, was Brian Crawford Sturdivant engaged in any mission or activity for any other person or entity, including any employer? If so, state the name and address of that person or entity and the nature of the mission or activity.

**INTERROGATORY NO. 32:** Please state whether within the twenty-four hour period prior to the incident described in the complaint Brian Crawford Sturdivant consumed or imbibed any alcohol or other drug.

**INTERROGATORY NO. 33:** If the answer is yes to the previous interrogatory, please describe the alcohol or drug, the quantity imbibed or consumed and when and where he consumed it or them.

**INTERROGATORY NO. 34:** Please provide the complete driving record for Brian Crawford Sturdivant to include, but not limited to all accidents, citations tickets, moving violations, and convictions, within the last ten (10) years.

**INTERROGATORY NO. 35:** Did you provide Brian Crawford Sturdivant with any training or manuals on the operations of a vehicle?

**REQUEST FOR PRODUCTION NO. 11:** If so, please provide a copy of all training materials, manuals, employee manuals, and policies and procedures that were provided to Brian Crawford Sturdivant and/or that were in place at the time of the accident.

**INTERROGATORY NO. 36:** Has an estimate for repairs been completed for the vehicles Defendant or Plaintiff were driving at the time of the incident, or have any repairs been made to the vehicle(s)?

**REQUEST FOR PRODUCTION NO. 12:** If your response to the previous interrogatory is in the affirmative, please attach copies of such to your responses, including the

Form 19-466 "Report of Motor Vehicle, Equipment, and/or Property Damage to be completed by ARDOT personnel only."

**INTERROGATORY NO. 37:** At the time of the incident described in the complaint, was there a cellular telephone in the vehicle Brian Crawford Sturdivant was driving? If so, state the name and address of the owner of the cellular phone, the cellular phone number and the cellular phone service provider. If more than one cellular telephone was in the vehicle, please list the above requested information for each such phone.

**REQUEST FOR PRODUCTION NO. 13:** If your response to Interrogatory No.37 was in the affirmative, please produce for copying and inspection an itemized listing of all phone calls and text messages made both to and from each cellular phone, and any emails sent and/or received from each cellular phone for the hour immediately prior and immediately following the incident described in the Complaint.

**INTERROGATORY NO. 38:** If a cellular telephone was in use at the time of the collision described in the complaint, please state the name, address and telephone number of the individual operating said cellular phone.

**INTERROGATORY NO. 39:** Please describe any exhibits you intend to introduce at the trial of this cause.

**REQUEST FOR PRODUCTION NO. 14:** Please produce a copy of any exhibits identified in response to Interrogatory No. 39 above.

**REQUEST FOR PRODUCTION NO. 15:** Please sign the attached Authorization for Release of Driver's History and return it with your responses to these Interrogatories.

**REQUEST FOR PRODUCTION NO. 16:** Please sign the attached Authorization for

Criminal History Record Check and return it with your responses to these Interrogatories and Requests for Production of Documents. If you fail or refuse to do so, please state each and every reason for your failure or refusal. **Please return original executed document.**

**REQUEST FOR PRODUCTION NO. 17:** Please provide all internal reports, claims reports, and/or other documents that mention this incident and/or this Claimant, including the Form 19-466 "Report of Motor Vehicle, Equipment, and/or Property Damage to be completed by ARDOT personnel only."

**INTERROGATORY NO. 40:** Please consider the foregoing Interrogatories as continuing and furnish by way of supplemental response such additional information as may hereinafter be acquired which augments or modifies the answers to the foregoing Interrogatories, such supplemental responses to be served within ten (10) days after receipt of such information or as soon as received if less than ten (10) days before an assigned trial date. Will you do so?

Respectfully submitted,

**FLINT, CRAWFORD & COGBURN, P.L.L.C.**

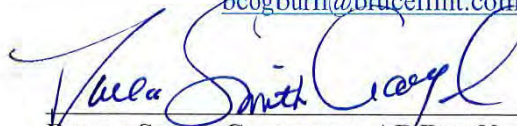
2821 Richmond Road

Texarkana, Texas 75503

Office: 903-334-8928

Facsimile: 903-334-8853

E-mail: [litigation@bruceflint.com](mailto:litigation@bruceflint.com)  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
[bruceflint2013@gmail.com](mailto:bruceflint2013@gmail.com)  
[bcogburn@bruceflint.com](mailto:bcogburn@bruceflint.com)



DARLA SMITH CRAWFORD, AR BAR NO. 2009053

BRANDON COGBURN, AR BAR NO. 2002094

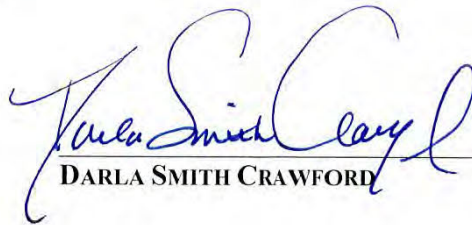
BRUCE A. FLINT, AR BAR NO. 98100

**Attorneys for Plaintiff**

**CERTIFICATE OF SERVICE**

I, Darla Smith Crawford, do hereby certify that I have served a copy of the above and foregoing upon the Respondent by sending a true copy of same via electronic mail this 9<sup>th</sup> day of Dec., 2022, to the following:

Amanda J. Andrews (2005205)  
ARKANSAS DEPARTMENT OF TRANSPORTATION  
P.O. Box 2261  
Little Rock, Arkansas 72203-2261  
TEL: (501) 569-2278  
E-MAIL: [Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)  
*Attorney for Respondent*

  
DARLA SMITH CRAWFORD



STATE OF ARKANSAS  
Department of Finance  
And Administration

**DRIVER SERVICES**  
**Driving Records**  
Ragland Building, Room 1130  
Post Office Box 1272  
Little Rock, Arkansas 72203  
Phone: (501) 682-7207  
Fax: (501) 682-2075  
<http://www.state.ar.us/dfa>

**ARKANSAS DRIVING RECORDS RELEASE FORM**

I, \_\_\_\_\_ DO HEREBY AUTHORIZE  
OFFICE OF DRIVER SERVICES TO RELEASE MY:

- INSURANCE RECORD - \$7.00
- COMMERCIAL RECORD - \$10.00

TO: \_\_\_\_\_  
(NAME)

\_\_\_\_\_

(ADDRESS)

\_\_\_\_\_

(CITY, STATE, ZIP)

THIS RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE NEXT FIVE (5) YEARS, UNLESS A FORMAL WITHDRAWAL IS FILED BY ME.

SIGNATURE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ARKANSAS DRIVERS LICENSE # \_\_\_\_\_

CURRENT DATE \_\_\_\_\_

THIS FORM MUST BE FILLED OUT IN FULL FOR RECORDS TO BE PROCESSED.



# ARKANSAS STATE POLICE

ASP 122  
(Rev. 02/19/2019)

## Identification Bureau Individual Record Check Request Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Jr./Sr./III \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_  
 List ALL other names ever used (married, maiden, shortened, etc.) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Month/Day/Year)  
 Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
Street/P.O. Box  
 \_\_\_\_\_  
City State Zip Code

### APPLICANT RECORD NOTICE

**Obtaining Copy:** Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.33 or the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

**Change, Correction, or Updating:** Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name) (Month/Day/Year)

Release to: \_\_\_\_\_  
(First/MI/Last Name) OR Full Name of Agency

Mailing Address: \_\_\_\_\_  
Street/P.O. Box  
 \_\_\_\_\_  
City State Zip Code

**WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED (OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK) THIS REQUEST FORM MUST BE NOTARIZED**

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

### **BELOW FOR OFFICE USE ONLY**

82005 State Record Check

Back

**From:** [Kimberly Follis](#)  
**To:** [Andrews, Amanda J.](#); [ASCC Pleadings](#)  
**Cc:** [Darla Crawford](#); [Katari Hawthorne](#); [Blakley, Sharon](#); [Kathryn Irby](#)  
**Subject:** FW: Boone v ARDOT Claim 230005 - INT and RFP  
**Date:** Friday, December 30, 2022 8:48:30 AM  
**Attachments:** [image001.jpg](#)  
[image002.png](#)  
[image003.jpg](#)  
[Plaintiff's INT and RFP to Defendant \(Claims Commission\).pdf](#)  
[Plaintiff's INT and RFP to Defendant \(Claims Commission\).doc](#)

Some people who received this message don't often get email from [kfollis@bruceflint.com](mailto:kfollis@bruceflint.com). [Learn why this is important](#)

Ms. Andrews,

I realized my mistake and forwarded the Discovery to the correct email address the same day.

I appreciate your catching it as well.

I apologize, I only re-sent it to the one email address that was incorrect.

Please see the below email for confirmation.

Thank you and have a wonderful weekend.

Sincerely,

**Kimberly Follis**

Litigation Paralegal

2821 Richmond Road, Texarkana, Texas 75503

Phone: 903.334.8928 – Fax: 903.334.8853

[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)

[litigation@bruceflint.com](mailto:litigation@bruceflint.com) (e-service)

[www.flintandcrawford.com](http://www.flintandcrawford.com)



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---

**From:** Kimberly Follis  
**Sent:** Tuesday, December 27, 2022 10:14 AM  
**To:** [ascpleadings@arkansas.gov](mailto:ascpleadings@arkansas.gov)  
**Subject:** FW: Boone v ARDOT Claim 230005 - INT and RFP

---

**From:** Kimberly Follis  
**Sent:** Tuesday, December 27, 2022 10:03 AM  
**To:** [ascpleading@arkansas.gov](mailto:ascpleading@arkansas.gov)

**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; [Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov); Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; [Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)

**Subject:** FW: Boone v ARDOT Claim 230005 - INT and RFP

Good morning,

Please find the attached Discovery to the Arkansas Department of Transportation, sent December 9, 2023 for the above referenced matter.

I have included the Discovery in word format for your convenience.

Thank you.

Sincerely,

## Kimberly Follis

Litigation Paralegal

2821 Richmond Road, Texarkana, Texas 75503

Phone: 903.334.8928 – Fax: 903.334.8853

[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)

[litigation@bruceflint.com](mailto:litigation@bruceflint.com) (e-service)

[www.flintandcrawford.com](http://www.flintandcrawford.com)



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---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Sent:** Friday, December 9, 2022 10:29 AM

**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

**Cc:** Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>

**Subject:** Boone v ARDOT Claim 230005 - INT and RFP

Amanda,

Attached please find our discovery.

Thanks!

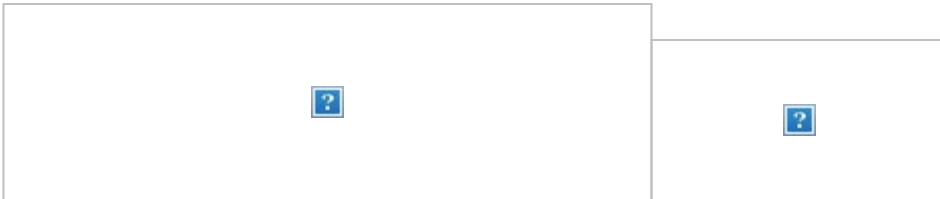
**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** [Andrews, Amanda J.](#)  
**To:** [Darla Crawford](#); [Kimberly Follis](#); [ASCC Pleadings](#)  
**Cc:** [Katari Hawthorne](#); [Blakley, Sharon](#); [Kathryn Irby](#)  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP  
**Date:** Tuesday, January 3, 2023 8:52:33 AM  
**Attachments:** [image006.jpg](#)  
[image007.jpg](#)  
[image008.png](#)  
[image009.jpg](#)  
[image010.jpg](#)  
[image011.jpg](#)

Thank you so much, Ms. Crawford. I have made note that our response time began on December 30, 2022.

### Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation  
 P.O. Box 2261  
 Little Rock, AR 72203-2261  
 Office: (501) 569-2278  
 Fax: (501) 569-2164  
 Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Friday, December 30, 2022 8:38 AM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>;  
 ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Cc:** Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>;  
 Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP

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I apologize that the discovery was sent to an incorrect email address. Kimberly will get them sent to the correct email address. I am happy to agree to the response time beginning from today since that is the date they will be filed as required. Again, I apologize for the mixup.

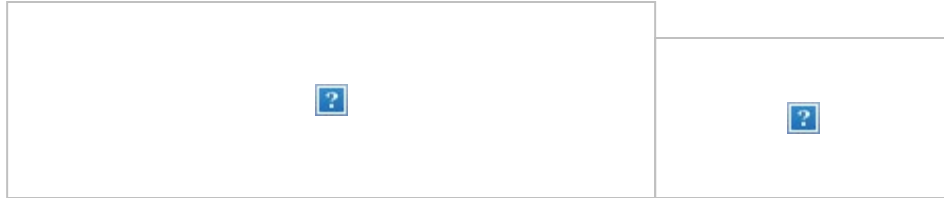
Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Friday, December 30, 2022 7:41 AM  
**To:** Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP

Ms. Crawford – It appears that you sent the discovery requests to an incorrect email address. The email address for filing pleadings and discovery with the Commission is [ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov).

Kathryn – When will the discovery requests be considered filed so that I can calculate the response date? I very much appreciate your help.

### **Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
 P.O. Box 2261  
 Little Rock, AR 72203-2261  
 Office: (501) 569-2278  
 Fax: (501) 569-2164  
 Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)




---

**From:** Andrews, Amanda J.  
**Sent:** Friday, December 30, 2022 7:36 AM

**To:** Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; [ascpleading@arkansas.gov](mailto:ascpleading@arkansas.gov)  
**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>;  
Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP

Kathryn,

Ms. Crawford sent ARDOT discovery requests but did not know to file them with the Commission. Does our response time begin on the date they were sent via email or the date they were filed with the Commission?

I appreciate your assistance and clarification.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



---

**From:** Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>  
**Sent:** Tuesday, December 27, 2022 10:03 AM  
**To:** [ascpleading@arkansas.gov](mailto:ascpleading@arkansas.gov)  
**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** FW: Boone v ARDOT Claim 230005 - INT and RFP

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Good morning,

Please find the attached Discovery to the Arkansas Department of Transportation, sent December 9, 2023 for the above referenced matter.

I have included the Discovery in word format for your convenience.

Thank you.

Sincerely,

## Kimberly Follis

Litigation Paralegal  
2821 Richmond Road, Texarkana, Texas 75503  
Phone: 903.334.8928 – Fax: 903.334.8853  
[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)  
[litigation@bruceflint.com](mailto:litigation@bruceflint.com) (e-service)  
[www.flintandcrawford.com](http://www.flintandcrawford.com)



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---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Friday, December 9, 2022 10:29 AM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Cc:** Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>  
**Subject:** Boone v ARDOT Claim 230005 - INT and RFP

Amanda,  
Attached please find our discovery.

Thanks!  
**Darla Crawford**  
Attorney at Law  
Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road  
Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** [Andrews, Amanda J.](#)  
**To:** [Darla Crawford](#); [Kimberly Follis](#); [ASCC Pleadings](#)  
**Cc:** [Katari Hawthorne](#); [Blakley, Sharon](#); [Kathryn Irby](#)  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP  
**Date:** Tuesday, February 14, 2023 8:37:04 AM  
**Attachments:** [image006.jpg](#)  
[image007.jpg](#)  
[image008.png](#)  
[image009.jpg](#)  
[image010.jpg](#)  
[image011.jpg](#)

---

Thank you

### **Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Tuesday, February 14, 2023 8:36 AM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>;  
ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Cc:** Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>;  
Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP

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Ms. Andrews,  
I will approve a 2 week extension.

Thanks!

**Darla Crawford**

Attorney at Law  
Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road  
Texarkana, Texas 75503  
Phone: 903.334.8928

Fax: 903.334.8853  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Tuesday, February 14, 2023 7:40 AM  
**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Cc:** Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP

Ms. Crawford,

I apologize for the delay in our responses. I mis-calendared the response deadline. I am preparing for a jury trial next week and hoped you would grant me an additional 2 weeks to complete the responses.

Again, I am sorry for my oversight and appreciate your understanding.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)




---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Monday, February 13, 2023 5:47 PM

**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>;  
ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Cc:** Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>;  
Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP

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Ms. Andrews,

Can you please provide a status as to the discovery responses?

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

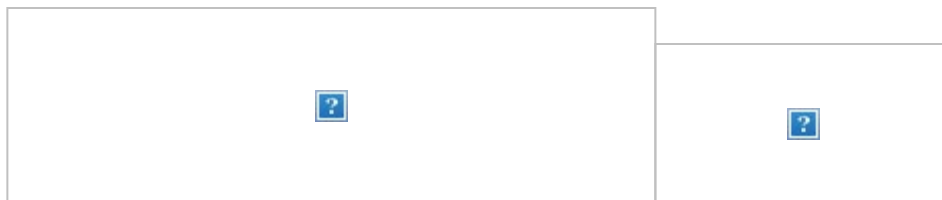
Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

**Sent:** Tuesday, January 3, 2023 8:52 AM

**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>

**Cc:** Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>;  
Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>

**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP

Thank you so much, Ms. Crawford. I have made note that our response time began on December 30, 2022.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



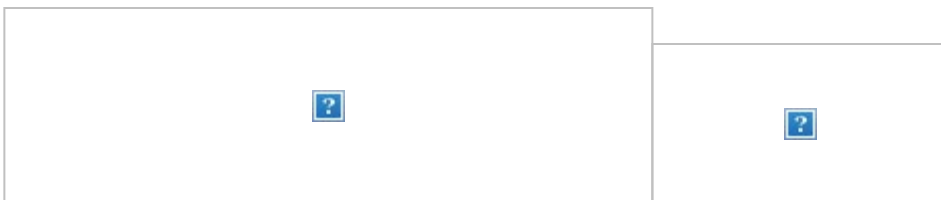
---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Friday, December 30, 2022 8:38 AM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>;  
ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Cc:** Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>;  
Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP

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I apologize that the discovery was sent to an incorrect email address. Kimberly will get them sent to the correct email address. I am happy to agree to the response time beginning from today since that is the date they will be filed as required. Again, I apologize for the mixup.

Thanks!  
**Darla Crawford**  
Attorney at Law  
Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road  
Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Friday, December 30, 2022 7:41 AM  
**To:** Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP

Ms. Crawford – It appears that you sent the discovery requests to an incorrect email address. The email address for filing pleadings and discovery with the Commission is [ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov).

Kathryn – When will the discovery requests be considered filed so that I can calculate the response date? I very much appreciate your help.

### **Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



---

**From:** Andrews, Amanda J.  
**Sent:** Friday, December 30, 2022 7:36 AM  
**To:** Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; [ascpleading@arkansas.gov](mailto:ascpleading@arkansas.gov)  
**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** RE: Boone v ARDOT Claim 230005 - INT and RFP

Kathryn,

Ms. Crawford sent ARDOT discovery requests but did not know to file them with the Commission. Does our response time begin on the date they were sent via email or the date they were filed with the Commission?

I appreciate your assistance and clarification.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



---

**From:** Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>

**Sent:** Tuesday, December 27, 2022 10:03 AM

**To:** [ascpleading@arkansas.gov](mailto:ascpleading@arkansas.gov)

**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Andrews, Amanda J.

<[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>; Blakley, Sharon

<[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>

**Subject:** FW: Boone v ARDOT Claim 230005 - INT and RFP

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

Please find the attached Discovery to the Arkansas Department of Transportation, sent December 9, 2023 for the above referenced matter.

I have included the Discovery in word format for your convenience.

Thank you.

Sincerely,

**Kimberly Follis**

Litigation Paralegal

2821 Richmond Road, Texarkana, Texas 75503

Phone: 903.334.8928 – Fax: 903.334.8853

[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)

[litigation@bruceflint.com](mailto:litigation@bruceflint.com) (e-service)

[www.flintandcrawford.com](http://www.flintandcrawford.com)

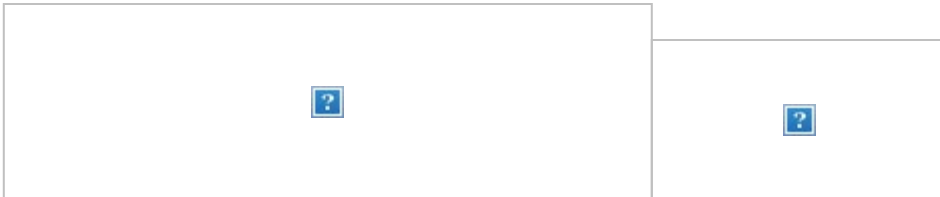


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**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Friday, December 9, 2022 10:29 AM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Cc:** Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; Katari Hawthorne <[khawthorne@bruceflint.com](mailto:khawthorne@bruceflint.com)>  
**Subject:** Boone v ARDOT Claim 230005 - INT and RFP

Amanda,  
Attached please find our discovery.

Thanks!  
**Darla Crawford**  
Attorney at Law  
Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road  
Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
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**From:** [Sparks, Trella A.](#)  
**To:** [Darla Crawford](#)  
**Cc:** [Andrews, Amanda J.](#); [Blakley, Sharon](#); [Looney, Rita S.](#); [Kimberly Follis](#); [ASCC Pleadings](#); [Kathryn Irby](#)  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005  
**Date:** Tuesday, February 28, 2023 10:29:13 AM  
**Attachments:** [image001.jpg](#)  
[image002.png](#)  
[image003.png](#)

Thank you!

---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Tuesday, February 28, 2023 10:26 AM  
**To:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>  
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**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

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I will approve another 2 week extension, and we will update the calendar due date as 3/14/23.

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

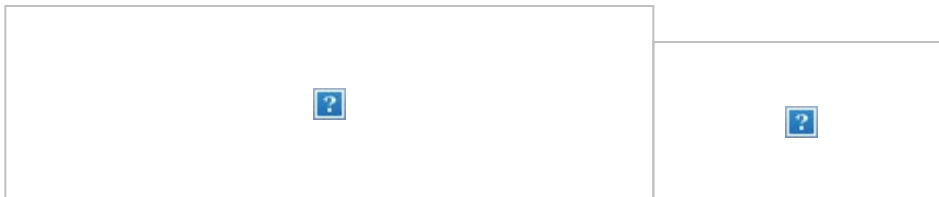
Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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**Subject:** Boone vs. ARDOT, Claim No. 230005

Ms. Crawford,

Staff Attorney Amanda Andrews is unexpectedly out sick today, and it has come to my attention that we have some outstanding discovery.

Would you be so kind as to grant a two-week extension for Ms. Andrews to return and get those answers sent out to you, please?

That would make our answers due by March 14, 2023.

Thank you,

**Trella A. Sparks, Deputy Chief Counsel**  
Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
(501) 569-2157



**From:** [Andrews, Amanda J.](#)  
**To:** [Kathryn Irby](#); [Sparks, Trella A.](#); [Darla Crawford](#)  
**Cc:** [Blakley, Sharon](#); [Looney, Rita S.](#); [Kimberly Follis](#); [ASCC Pleadings](#)  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005  
**Date:** Thursday, March 2, 2023 7:44:18 AM  
**Attachments:** [image004.jpg](#)  
[image005.jpg](#)  
[image006.png](#)  
[image007.png](#)

---

All,

I apologize for my unexpected absence. I very much appreciate the understanding and additional time to respond.

### Amanda J. Andrews, Staff Attorney

Arkansas Department of Transportation  
 P.O. Box 2261  
 Little Rock, AR 72203-2261  
 Office: (501) 569-2278  
 Fax: (501) 569-2164  
 Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)




---

**From:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Sent:** Tuesday, February 28, 2023 12:35 PM  
**To:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

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Received, thanks.

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<[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>

**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

Thank you!

---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Sent:** Tuesday, February 28, 2023 10:26 AM

**To:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>

**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>

**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

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I will approve another 2 week extension, and we will update the calendar due date as 3/14/23.

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

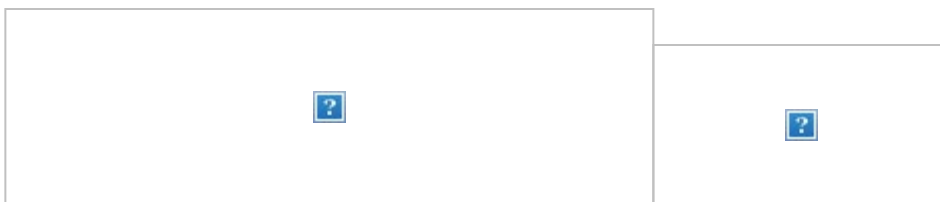
Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

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**From:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>

**Sent:** Tuesday, February 28, 2023 9:39 AM

**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>

**Subject:** Boone vs. ARDOT, Claim No. 230005

Ms. Crawford,

Staff Attorney Amanda Andrews is unexpectedly out sick today, and it has come to my attention that we have some outstanding discovery.

Would you be so kind as to grant a two-week extension for Ms. Andrews to return and get those answers sent out to you, please?

That would make our answers due by March 14, 2023.

Thank you,

**Trella A. Sparks, Deputy Chief Counsel**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

(501) 569-2157



**From:** [Andrews, Amanda J.](#)  
**To:** [ASCC Pleadings](#); [Kathryn Irby](#); [Darla Crawford](#)  
**Cc:** [Blakley, Sharon](#); [Kimberly Follis](#)  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005  
**Date:** Tuesday, March 14, 2023 4:07:25 PM  
**Attachments:** [image007.jpg](#)  
[image008.jpg](#)  
[image009.png](#)  
[image010.png](#)  
[image001.jpg](#)  
[ARDOT Answers-INT-RFP.pdf](#)

---

Good afternoon,

Attached for filing please find ARDOT's Answers to the Claimant's Interrogatories and Requests for Production of Documents.

Please let me know if you have any issues opening the document.

Sincerely,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



---

**From:** Misty Scott <Misty.Scott@arkansas.gov> **On Behalf Of** ASCC Pleadings  
**Sent:** Thursday, March 2, 2023 8:39 AM  
**To:** Andrews, Amanda J. <Amanda.Andrews@ardot.gov>; Kathryn Irby <Kathryn.Irby@arkansas.gov>; Sparks, Trella A. <Trella.Sparks@ardot.gov>; Darla Crawford <dcrawford@bruceflint.com>  
**Cc:** Blakley, Sharon <Sharon.Blakley@ardot.gov>; Looney, Rita S. <Rita.Looney@ardot.gov>; Kimberly Follis <kfollis@bruceflint.com>; ASCC Pleadings <ASCCPleadings@arkansas.gov>  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

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Received.

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**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Thursday, March 2, 2023 7:44 AM  
**To:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

All,

I apologize for my unexpected absence. I very much appreciate the understanding and additional time to respond.

### **Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



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**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
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<[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>

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Thank you!

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**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

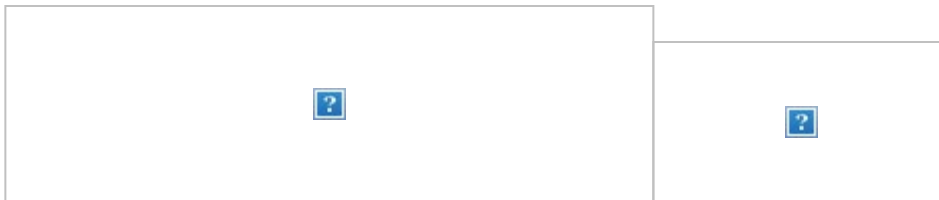
Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

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<[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>

**Subject:** Boone vs. ARDOT, Claim No. 230005

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Thank you,

**Trella A. Sparks, Deputy Chief Counsel**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

(501) 569-2157



## BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JONATHAN BOONE

CLAIMANT

VS.

CLAIM NO. 230005

ARKANSAS DEPARTMENT OF TRANSPORTATION

RESPONDENT

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

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

**INTERROGATORY NO. 1:** State the names, telephone number(s), employers, titles, and complete present or last known addresses of all persons known to you, your attorneys, or other representatives who have knowledge of the facts alleged or described in the Complaint.

**ANSWER TO INTERROGATORY NO. 1:** Objection, this Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product privilege. Further, this Interrogatory is vague, ambiguous and overly broad. Without waiving such objection, Respondent states that following individuals may have knowledge of the underlying incident: Claimant; Brian Sturdivant; Landrick McDonald; law enforcement and emergency personnel who responded to the scene of the incident, including Corporal Billy Walker and members of [REDACTED]; members of Night Stalker Wrecker Service; and medical personnel who provided treatment to Claimant following the incident.

**INTERROGATORY NO. 2:** For each person listed in response to Interrogatory No. 1, state briefly the facts of which such persons have knowledge.

**ANSWER TO INTERROGATORY NO. 2:** Objection, this Interrogatory seeks

information protected from discovery by the attorney-client privilege and the attorney work product privilege. Further, this Interrogatory is vague, ambiguous and overly broad. Without waiving such objection, Respondent states that individuals identified in Answer to Interrogatory No. 1 would have knowledge of the manner in which the incident occurred, damages to the vehicles involved in the incident and any medical injury suffered by Claimant as a result of the incident.

**INTERROGATORY NO. 3:** Is the Defendant correctly named and spelled? If not, please give the exact and full name of the Defendant.

**ANSWER TO INTERROGATORY NO. 3:** Yes.

**INTERROGATORY NO. 4:** Please state the following for Brian Crawford Sturdivant:

- (a) Full name;
- (b) Date of birth;
- (c) Location of birth;
- (d) Residence address;
- (e) State that issued driver's license;
- (f) Driver's license number;
- (g) Employer at the time of the accident;
- (h) Title / position held on the date of the accident; and
- (i) Current employer

**ANSWER TO INTERROGATORY NO. 4:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible

evidence. Without waiving such objection, Brian Sturdivant; [REDACTED]; Arkansas driver's license number [REDACTED] Law Enforcement Offer with the Arkansas Highway Police.

**INTERROGATORY NO. 5:** Please state whether Defendant contends there is any other party that caused or contributed to Plaintiff's injuries including any person or entity that Defendant may seek to name as a liable non-party and if yes, identify the person/entity.

**ANSWER TO INTERROGATORY NO. 5:** Objection, this Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product privilege. Without waiving such objection, Respondent is not aware of any other party that caused or contributed to the Plaintiff's injuries. Discovery is ongoing and Respondent reserves the right to amend its Answer hereto.

**INTERROGATORY NO. 6:** State the name, telephone number, and complete present or last known address of any eyewitness known to you, your representatives or attorneys, to have seen any part of the incident described in the pleadings in this case.

**ANSWER TO INTERROGATORY NO. 6:** Respondent is only aware of the witnesses identified in the Arkansas Motor Vehicle Crash Report.

**INTERROGATORY NO. 7:** State the names, telephone numbers, and complete present or last known addresses of all persons known to you, your attorneys or other representatives, who have knowledge of any facts relevant or material to the issue of damages claimed by Plaintiff in this case.

**ANSWER TO INTERROGATORY NO. 7:** See objection and Answer to Interrogatory No. 1. Respondent reserves the right to amend its Answer hereto.

**INTERROGATORY NO. 8:** For each person listed in response to Interrogatory No. 7, state briefly the facts of which such persons have knowledge.

**ANSWER TO INTERROGATORY NO. 8:** See objection and Answer to Interrogatory No. 7.

**INTERROGATORY NO. 9:** State whether your attorneys or anyone acting on your or their behalf obtained or possess statements in any form from any person regarding any relevant or material issue in this case. If so, for each such statement state:

- (a) The name, telephone number and address of the person from whom such statement was taken;
- (b) The date on which such statement was taken;
- (c) The name, address and telephone number of the person and the employer of such person who took such statement;
- (d) The names and addresses of all persons having a copy of such statement; and,
- (e) Whether such statements were oral, handwritten, typewritten, by recording device or by court reporter. If oral, please state the substance of said statement.

**ANSWER TO INTERROGATORY NO. 9:** Objection, this Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product privilege. Further, this Interrogatory is vague, ambiguous and overly broad. Without waiving such objection, Respondent states that the only statements of which it is aware are contained in the Arkansas Motor Vehicle Crash Report and the Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage.

**REQUEST FOR PRODUCTION NO. 1:** You are requested to produce and attach to your answers to these interrogatories a copy of each such statement.

**ANSWER TO REQUEST FOR PRODUCTION NO. 1:** See objection and Answer to Interrogatory No. 9. The Arkansas Motor Vehicle Crash Report was attached to the claim.

However, it does not appear that the Claimant included the written witness statements obtained by the responding officer. The witness statements and the Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage are attached hereto.

**INTERROGATORY NO. 10:** Do you, your attorneys or anyone acting on your or their behalf have or know of any photographs or video/audio tapes concerning the plaintiff(s), the events and happenings alleged in the complaint, the scene of the incident, or the areas or persons or vehicles involved, made either before, after or at the time of the events in question? If so, as to each such photograph or tape state:

- (a) The date it was taken;
- (b) The name, address, and telephone number of the person taking it;
- (c) What each photograph or tape purports to show, illustrate or represent; and
- (d) The name and address of every person having a print or copy of such photograph or video/audio tape.

**ANSWER TO INTERROGATORY NO. 10:** Respondent is only aware of the photographs submitted with the claim.

**REQUEST FOR PRODUCTION NO. 2:** Please produce and attach to your answers to these interrogatories a copy of each such photograph or video/audio tape.

**ANSWER TO REQUEST FOR PRODUCTION NO. 2:** See objection and Answer to Interrogatory No. 10.

**INTERROGATORY NO. 11:** Do you, your attorneys or anyone acting on your or their behalf have or know of any written reports concerning the events and happenings alleged in the complaint, the scene of the incident, the areas, persons, vehicles or equipment involved,

made either before, after or at the time of the events in question? If so, as to each such report state:

- (a) The date it was taken;
- (b) The name, address, and telephone number of the person taking it;
- (c) The name and address of every person having a print or copy of such report.

**ANSWER TO INTERROGATORY NO. 11:** Objection, this Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product privilege. Further, this Interrogatory is vague, ambiguous and overly broad. Without waiving such objection, Respondent states that the only reports of which it is aware are the Arkansas Motor Vehicle Crash Report and the Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage.

**REQUEST FOR PRODUCTION NO. 3:** Please produce and attach to your answers to these interrogatories a copy of each such report, including the Form 19-466 “Report of Motor Vehicle, Equipment, and/or Property Damage to be completed by ARDOT personnel only.”

**ANSWER TO REQUEST FOR PRODUCTION NO. 3:** See attached.

**INTERROGATORY NO. 12:** Do you or your attorneys or other representatives have knowledge of any diagram, model or drawing of the scene of the incident which is the subject of this litigation? If so, for each such diagram, model or drawing state:

- (a) The date on which such diagram, model or drawing was made;
- (b) The name, address, and telephone number of the person making such diagram, model or drawing;
- (c) What the diagram, model or drawing purports to show, illustrate or represent; and
- (d) The name, telephone number, and address of every person who has a print or copy

of such diagram, model or drawing.

**ANSWER TO INTERROGATORY NO. 12:** Objection, this Interrogatory seeks information protected from discovery by the attorney-client privilege and the attorney work product privilege. Further, this Interrogatory is vague, ambiguous and overly broad. Without waiving such objection, Respondent states that the only diagram, model or drawing of which it is aware is contained in the Arkansas Motor Vehicle Crash Report.

**REQUEST FOR PRODUCTION NO. 4:** Please produce and attach to your answers to these interrogatories a copy of each such diagram, model or drawing.

**ANSWER TO REQUEST FOR PRODUCTION NO. 4:** See objection and Answer to Request for Production No. 1.

**INTERROGATORY NO. 13:** Identify by name, address, and telephone number each person whom you expect to call as an expert witness at the trial of this case. Please state the subject matter on which such expert is expected to testify, the substance of the facts and opinions to which the expert is expected to testify and a summary of the grounds for each such opinion.

**ANSWER TO INTERROGATORY NO. 13:** Discovery is ongoing, and Respondent has not yet determined what expert witness(es), if any, it will call at the trial of this matter. Without waiving such objection, Respondent does not anticipate calling an expert witness at this time. Respondent reserves the right to supplement its response hereto.

**REQUEST FOR PRODUCTION NO. 5:** Please produce a copy of the curriculum vitae of each expert whom you may call at trial of this matter.

**ANSWER TO REQUEST FOR PRODUCTION NO. 5:** See objection and Answer to Interrogatory No. 13.

**INTERROGATORY NO. 14:** Please list and describe all books, documents, photographs, charts, graphs, and demonstrative aids which you plan to use in either voir dire, opening statement, or closing argument.

**ANSWER TO INTERROGATORY NO. 14:** Objection. Discovery is ongoing, and Respondent has not yet determined what documents or information it will use at the trial of this matter. Without waiving the objection, Respondent may use the Arkansas Motor Vehicle Crash Report, the Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage, photographs of the scene of the incident and the vehicles involved, repair estimate(s) for Claimant's vehicle, towing invoice, and medical records of the Claimant. Respondent reserves the right to use at trial any and all documents identified in these Answers to Claimant's Interrogatories and/or by the parties during the course of discovery and further reserves the right to supplement its response hereto as discovery progresses.

**INTERROGATORY NO. 15:** State the name, telephone number(s), and complete addresses of all persons who will testify as witnesses on behalf of the Defendant at the trial of this case.

**ANSWER TO INTERROGATORY NO. 15:** Objection. Discovery is ongoing, and Respondent has not determined who it will call as witnesses at the trial of this matter. Without waiving such objection, Respondent reserves the right to call as a witness any and all individuals identified in these Answers to Claimant's Interrogatories and/or identified by the parties during the course of discovery. Respondent reserves the right to supplement its response hereto.

**INTERROGATORY NO. 16:** Please identify each and every document and other writing or exhibit that you intend to introduce into evidence at the trial of this case.

**ANSWER TO INTERROGATORY NO. 16:** Objection. Discovery is ongoing, and

Respondent has not yet determined what documents or information it will introduce at the trial of this matter. Without waiving the objection, Respondent may introduce the Arkansas Motor Vehicle Crash Report, the Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage, photographs of the scene of the incident and the vehicles involved, repair estimate(s) for Claimant's vehicle, towing invoice, and medical records of the Claimant. Respondent reserves the right to introduce any and all documents identified in these Answers to Claimant's Interrogatories and/or by the parties during the course of discovery and further reserves the right to supplement its response hereto as discovery progresses.

**INTERROGATORY NO. 17:** With reference to this case, state whether any documents, photographs, or exhibits have been lost, altered, or destroyed.

**ANSWER TO INTERROGATORY NO. 17:** Respondent is not aware that any documents, photographs, or exhibits have been lost, altered, or destroyed.

**REQUEST FOR PRODUCTION NO. 6:** Please produce and attach to your answers to these interrogatories a copy of any and all statements of the Plaintiff.

**ANSWER TO REQUEST FOR PRODUCTION NO. 6:** See objection and Answer to Interrogatory No. 9. The written witness statements are attached hereto.

**REQUEST FOR PRODUCTION NO. 7:** Please provide copies of any reports, letters, documents, or opinions regarding the incident complained of in Claimant's Complaint which have been written or reviewed by any expert witness whom you or your attorneys plan to call at the trial of this case.

**ANSWER TO REQUEST FOR PRODUCTION NO. 7:** See objection and Answer to Interrogatory No. 13.

**REQUEST FOR PRODUCTION NO. 8:** Please produce copies of any and all

correspondence purportedly sent to the Claimant by the Respondents.

**ANSWER TO REQUEST FOR PRODUCTION NO. 8:** Objection, this Interrogatory is vague, ambiguous and overly broad. Respondent states that Claimant has knowledge and possession of any correspondence sent to him by Respondent.

**INTERROGATORY NO. 18:** As a result of this incident, did Brian Crawford Sturdivant file a claim for injury and/or workers compensation? If so, please provide a copy of all claims and workers compensation documentation.

**ANSWER TO INTERROGATORY NO. 18:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Mr. Sturdivant did not file a workers' compensation claim.

**INTERROGATORY NO. 19:** Please describe the entire work history of Brian Crawford Sturdivant.

**ANSWER TO INTERROGATORY NO. 19:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Respondent will make Mr. Sturdivant available for a deposition.

**INTERROGATORY NO. 20:** Please describe the entire and full educational background of Brian Crawford Sturdivant.

**ANSWER TO INTERROGATORY NO. 20:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Respondent will make Mr. Sturdivant available for a deposition.

**INTERROGATORY NO. 21:** If Brian Crawford Sturdivant has been involved in litigation within ten (10) years before the underlying case referenced in the Complaint, then set forth the following as to each instance of previous litigation:

- (a) The complete caption/style of the litigation including case number, court, and venue;
- (b) The name and address of the attorney representing Defendant in that litigation;
- (c) Whether Defendant represented himself or acted pro se at any time during the litigation;
- (d) The name and address of the lawyers representing the other parties in the case; and
- (e) A brief description of the nature of the case and the outcome of the case.

**ANSWER TO INTERROGATORY NO. 21:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Respondent will make Mr. Sturdivant available for a deposition.

**INTERROGATORY NO. 22:** Please state whether at the time of the incident you or anyone else had in force and effect any policies of insurance providing coverage for you or others involved in the incident relative to liability, medical payments to you or to others, physical damage to vehicles, coverage for accidental death or injury, or the like. For each policy state the following:

- (a) The name of the insurance carrier;
- (b) The named insured as shown on the policy;

- (c) Coverage limits per person, per occurrence and aggregate limits;
- (d) Whether the policy is an occurrence or claims made policy;
- (e) Whether the coverage is primary, excess or umbrella; and,
- (f) Whether any insurance carrier has denied coverage or is defending under a reservation of rights.

**ANSWER TO INTERROGATORY NO. 22:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Respondent states that its motor vehicles are not insured, as is permitted by Arkansas law.

**REQUEST FOR PRODUCTION NO. 9:** Please produce a certified copy of any and all insurance policies referenced in your answer to Interrogatory No. 22 above.

**ANSWER TO REQUEST FOR PRODUCTION NO. 9:** See objection and Answer to Interrogatory No. 22.

**INTERROGATORY NO. 23:** Please state whether Brian Crawford Sturdivant has ever been arrested, charged with or convicted of a felony within the last ten (10) years.

**ANSWER TO INTERROGATORY NO. 23:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, no.

**INTERROGATORY NO. 24:** If the answer to Interrogatory No. 23 was in the affirmative, please state the felony crimes of which Brian Crawford Sturdivant has been arrested, charged with or convicted, the date and nature of the offense, the court in which the arrest or charge was pending, and the disposition of the charge.

**ANSWER TO INTERROGATORY NO. 24:** See objection and Answer to

Interrogatory No. 23.

**INTERROGATORY NO. 25:** At the time of the incident, was any person in the car with Brian Crawford Sturdivant. If so, please provide the names, address, titles, employers, and telephone numbers for those persons.

**ANSWER TO INTERROGATORY NO. 25:** No.

**INTERROGATORY NO. 26:** At the time of the incident, please state all places that Brian Crawford Sturdivant had been that day and to where Brian Crawford Sturdivant was going at the time of the incident.

**ANSWER TO INTERROGATORY NO. 26:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Respondent will make Mr. Sturdivant available for a deposition.

**REQUEST FOR PRODUCTION NO. 10:** Please provide a copy of all GPS Tracking and summary for the day of the incident on the vehicle occupied by Brian Crawford Sturdivant at the time of the incident.

**ANSWER TO REQUEST FOR PRODUCTION NO. 10:** Respondent will supplement its Answer hereto if such information is available.

**INTERROGATORY NO. 27:** Was Brian Crawford Sturdivant suffering from any physical infirmity, disability or sickness at the time of the occurrence that could, in any way, impair his ability to operate a motor vehicle at the time of the incident described in the Complaint? If so, what was the nature of the infirmity, disability or sickness?

**ANSWER TO INTERROGATORY NO. 27:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible

evidence. Without waiving said objection, no.

**INTERROGATORY NO. 28:** Did any defect in the motor vehicle which Brian Crawford Sturdivant was operating at the time of the incident described in the complaint contribute to the incident? If so, describe the nature of the defect and how it contributed to the incident.

**ANSWER TO INTERROGATORY NO. 28:** Respondent is not aware of any such defect.

**INTERROGATORY NO. 29:** List the name and address of all persons, corporations or entities who were registered title owners or who had ownership interest in, or right to control, the motor vehicle being operated by Brian Crawford Sturdivant at the time of the incident described in the complaint, and describe both the nature of the ownership interest or right to control the vehicle, and the vehicle itself, including the year, make, model and vehicle identification number.

**ANSWER TO INTERROGATORY NO. 29:** Arkansas Department of Transportation; 2018 Ford Explorer; license plate number [REDACTED]

**INTERROGATORY NO. 30:** At the time of the incident, did Brian Crawford Sturdivant have any personal automobile insurance? If so, please provide a copy of the policy and declarations page.

**ANSWER TO INTERROGATORY NO. 30:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence.

**INTERROGATORY NO. 31:** At the time of the incident described in the complaint, was Brian Crawford Sturdivant engaged in any mission or activity for any other

person or entity, including any employer? If so, state the name and address of that person or entity and the nature of the mission or activity.

**ANSWER TO INTERROGATORY NO. 31:** Mr. Sturdivant was on duty for the Arkansas Highway Police at the time of the incident.

**INTERROGATORY NO. 32:** Please state whether within the twenty-four hour period prior to the incident described in the complaint Brian Crawford Sturdivant consumed or imbibed any alcohol or other drug.

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

**INTERROGATORY NO. 33:** If the answer is yes to the previous interrogatory, please describe the alcohol or drug, the quantity imbibed or consumed and when and where he consumed it or them.

**ANSWER TO INTERROGATORY NO. 33:** See objection and Answer to Interrogatory No. 32.

**INTERROGATORY NO. 34:** Please provide the complete driving record for Brian Crawford Sturdivant to include, but not limited to all accidents, citations tickets, moving violations, and convictions, within the last ten (10) years.

**ANSWER TO INTERROGATORY NO. 34:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Respondent will supplement its response hereto and provide a signed driver records release.

**INTERROGATORY NO. 35:** Did you provide Brian Crawford Sturdivant with

any training or manuals on the operations of a vehicle?

**ANSWER TO INTERROGATORY NO. 35:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, no.

**REQUEST FOR PRODUCTION NO. 11:** If so, please provide a copy of all training materials, manuals, employee manuals, and policies and procedures that were provided to Brian Crawford Sturdivant and/or that were in place at the time of the accident.

**ANSWER TO REQUEST FOR PRODUCTION NO. 11:** See objection to Answer to Interrogatory No. 35.

**INTERROGATORY NO. 36:** Has an estimate for repairs been completed for the vehicles Defendant or Plaintiff were driving at the time of the incident, or have any repairs been made to the vehicle(s)?

**ANSWER TO INTERROGATORY NO. 36:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Respondent's vehicle was not repaired.

**REQUEST FOR PRODUCTION NO. 12:** If your response to the previous interrogatory is in the affirmative, please attach copies of such to your responses, including the Form 19-466 "Report of Motor Vehicle, Equipment, and/or Property Damage to be completed by ARDOT personnel only."

**ANSWER TO REQUEST FOR PRODUCTION NO. 12:** See objection to Answer to Interrogatory No. 36.

**INTERROGATORY NO. 37:** At the time of the incident described in the complaint, was there a cellular telephone in the vehicle Brian Crawford Sturdivant was driving?

If so, state the name and address of the owner of the cellular phone, the cellular phone number and the cellular phone service provider. If more than one cellular telephone was in the vehicle, please list the above requested information for each such phone.

**ANSWER TO INTERROGATORY NO. 37:** Objection, this Interrogatory is vague, ambiguous, overly broad and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Respondent will make Mr. Sturdivant available for a deposition.

**REQUEST FOR PRODUCTION NO. 13:** If your response to Interrogatory No.37 was in the affirmative, please produce for copying and inspection an itemized listing of all phone calls and text messages made both to and from each cellular phone, and any emails sent and/or received from each cellular phone for the hour immediately prior and immediately following the incident described in the Complaint.

**ANSWER TO REQUEST FOR PRODUCTION NO. 13:** See objection to Answer to Interrogatory No. 37.

**INTERROGATORY NO. 38:** If a cellular telephone was in use at the time of the collision described in the complaint, please state the name, address and telephone number of the individual operating said cellular phone.

**ANSWER TO INTERROGATORY NO. 38:** See objection to Answer to Interrogatory No. 37.

**INTERROGATORY NO. 39:** Please describe any exhibits you intend to introduce at the trial of this cause.

**ANSWER TO INTERROGATORY NO. 39:** See objection to Answer to Interrogatory No. 16.

**REQUEST FOR PRODUCTION NO. 14:** Please produce a copy of any exhibits identified in response to Interrogatory No. 39 above.

**ANSWER TO REQUEST FOR PRODUCTION NO. 14:** Written witness statements and the Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage are attached hereto.

**REQUEST FOR PRODUCTION NO. 15:** Please sign the attached Authorization for Release of Driver's History and return it with your responses to these Interrogatories.

**ANSWER TO REQUEST FOR PRODUCTION NO. 15:** Respondent will supplement its response hereto.

**REQUEST FOR PRODUCTION NO. 16:** Please sign the attached Authorization for Criminal History Record Check and return it with your responses to these Interrogatories and Requests for Production of Documents. If you fail or refuse to do so, please state each and every reason for your failure or refusal. **Please return original executed document.**

**ANSWER TO REQUEST FOR PRODUCTION NO. 16:** Respondent will supplement its response hereto.

**REQUEST FOR PRODUCTION NO. 17:** Please provide all internal reports, claims reports, and/or other documents that mention this incident and/or this Claimant, including the Form 19-466 "Report of Motor Vehicle, Equipment, and/or Property Damage to be completed by ARDOT personnel only."

**ANSWER TO REQUEST FOR PRODUCTION NO. 17:** The Arkansas Department of Transportation Report of Motor Vehicle, Equipment and/or Property Damage is attached hereto.

**INTERROGATORY NO. 40:** Please consider the foregoing Interrogatories as

continuing and furnish by way of supplemental response such additional information as may hereinafter be acquired which augments or modifies the answers to the foregoing Interrogatories, such supplemental responses to be served within ten (10) days after receipt of such information or as soon as received if less than ten (10) days before an assigned trial date. Will you do so?

**ANSWER TO INTERROGATORY NO. 40:** Respondent will comply with the Arkansas Rules of Civil Procedure.

Respectfully submitted,

ARKANSAS DEPARTMENT OF TRANSPORTATION



By: \_\_\_\_\_  
Amanda J. Andrews, Staff Attorney (Ark. Bar No. 2005205)  
Post Office Box 2261  
Little Rock, AR 72203-2261  
(501) 569-2278  
Amanda.Andrews@ardot.gov

**CERTIFICATE OF SERVICE**

I, Amanda J. Andrews, certify that a true and correct copy of the foregoing notice has been served upon counsel of record by delivery of same via electronic mail this 14<sup>th</sup> day of March, 2023, to:

Darla Crawford  
FLINT, CRAWFORD & COGBURN  
2821 Richmond Road  
Texarkana, TX 75503  
dcrawford@bruceflint.com



\_\_\_\_\_  
Amanda J. Andrews

ARKANSAS DEPARTMENT OF TRANSPORTATION  
TRAINING and SAFETY  
Little Rock, Arkansas

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

- A. DEPARTMENT OWNED EQUIPMENT: This form must be completely filled out and submitted by the employee operating, or by the employee responsible for department equipment involved in any kind of accident, or other causes.
- B. PRIVATE PROPERTY: Regardless of whose fault, this form must be used to report any damage to private property, such as damage to motor vehicles, buildings, telephone or power lines and poles, fences, etc., which involve department equipment or employees. Also damage by blasting or other causes.

Operator Brian Sturdivant Age [REDACTED] Employee ID No. [REDACTED]  
 Home Address [REDACTED] Driver's License No. [REDACTED]  
 Central Office AHP Zip [REDACTED] Or District District 4  
 Date of Employment [REDACTED] Division or Section [REDACTED] Functional Title Law Enforcement Officer  
 Date of Accident June 15, 2022 Hour 12:12 a.m. [REDACTED] p.m.  
 Accident Occurred on highway number US167 County Union  
 Log Mile 4 Or Reference [REDACTED]

VEHICLE 1 ARDOT'S No. [REDACTED]

Truck Year 18 Make Ford Model Police Interceptor

Car Other Description [REDACTED]

Other For what purpose was equipment being used at the time accident occurred? law enforcement patrol

Description of damage Front-end damage with left-front wheel separation.

Estimated cost of repair \$12,757.51 Estimate by Sally's Body Shop

Where can equipment be seen? ARDOT Little Rock

VEHICLE 2  
OR  
PROPERTY  
DAMAGE

Description of vehicle or other property damage 2016 Audi Q5

If Motor Vehicle - Registration No. [REDACTED] State AR Year 2023

Operated by Jonathan J. Boone Operator's License No. [REDACTED]

Owned by Jonathan J. Boone Address [REDACTED]

Description of damage Front-end damage

Where can equipment be seen? Night Stalker Wrecker, 5690 Moro Bay Hwy, El Dorado, AR

Other property damage N/A

owner have liability insurance? Yes

write name and address of company [REDACTED]

name and address of injured Jonathan J. Boone

ARKANSAS DEPARTMENT OF TRANSPORTATION

TRAINING and SAFETY  
Little Rock, Arkansas

REPORT OF MOTOR VEHICLE, EQUIPMENT AND/OR PROPERTY DAMAGE

OPERATOR MUST SECURE NAMES AND ADDRESS OF ALL WITNESSES

Name Landrick McDonald Address [Redacted] D.L. No. [Redacted]  
 Name N/A Address \_\_\_\_\_ D.L. No. \_\_\_\_\_  
 Name N/A Address \_\_\_\_\_ D.L. No. \_\_\_\_\_

<b>WEATHER</b> (Check one) <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> _____ Specify other _____	<b>ROAD CHARACTER</b> (Check two) <input checked="" type="checkbox"/> Straight road <input type="checkbox"/> Curve  <input checked="" type="checkbox"/> Level <input type="checkbox"/> On Grade <input type="checkbox"/> Hillcrest	<b>ROAD SURFACE</b> (Check one) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy or icy <input type="checkbox"/> _____ Specify other _____	<b>ROAD TYPE</b> (Check one or more) Driver 1 2 <input type="checkbox"/> 1 driving lane <input type="checkbox"/> 2 driving lanes <input type="checkbox"/> 3 driving lanes <input checked="" type="checkbox"/> 4 or more lanes <input type="checkbox"/> Divided roadway <input type="checkbox"/> Expressway, parkway, toll road	<b>TRAFFIC CONTROL</b> (Check one or more) <input type="checkbox"/> Stop sign <input type="checkbox"/> Stop & go signal <input type="checkbox"/> Officer or watchman <input type="checkbox"/> R.R. gates or signal <input type="checkbox"/> _____ Specify other _____ <input checked="" type="checkbox"/> No traffic control	<b>KIND OF LOCALITY</b> (Check one) <input type="checkbox"/> Apartments, stores, factories <input type="checkbox"/> One-family homes <input type="checkbox"/> Farms, fields <input checked="" type="checkbox"/> No marginal development				
<b>LIGHT CONDITIONS</b> (Check one) <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dawn or dusk <input type="checkbox"/> Darkness	<b>CONTRIBUTING CIRCUMSTANCES</b> <table border="0"> <tr> <td data-bbox="414 1092 755 1239">           Driver            1 2  <input type="checkbox"/> Speed too fast  <input type="checkbox"/> Failed to yield right of way  <input type="checkbox"/> Drove left to center  <input type="checkbox"/> Improper overtaking         </td> <td data-bbox="755 1092 1039 1239">           Driver            1 2  <input type="checkbox"/> Passed stop sign  <input type="checkbox"/> Disregarded traffic signal  <input type="checkbox"/> Followed too closely  <input checked="" type="checkbox"/> Made improper turn         </td> <td data-bbox="1039 1092 1453 1239">           Driver            1 2  <input type="checkbox"/> Other improper driving  <input type="checkbox"/> Inadequate brakes  <input type="checkbox"/> Improper lights  <input type="checkbox"/> Had been drinking         </td> </tr> </table>					Driver 1 2 <input type="checkbox"/> Speed too fast <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Drove left to center <input type="checkbox"/> Improper overtaking	Driver 1 2 <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Followed too closely <input checked="" type="checkbox"/> Made improper turn	Driver 1 2 <input type="checkbox"/> Other improper driving <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Improper lights <input type="checkbox"/> Had been drinking	
Driver 1 2 <input type="checkbox"/> Speed too fast <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Drove left to center <input type="checkbox"/> Improper overtaking	Driver 1 2 <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Followed too closely <input checked="" type="checkbox"/> Made improper turn	Driver 1 2 <input type="checkbox"/> Other improper driving <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Improper lights <input type="checkbox"/> Had been drinking							
<b>WHAT DRIVERS WERE GOING TO DO BEFORE ACCIDENT</b>									
Driver No. 1 was headed <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W on <u>US167</u> _____ Driver No. 2 was headed <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W on <u>US167</u> _____ _____ (Street or highway) _____ (Street or highway)									
(Check one for each driver) <table border="0"> <tr> <td data-bbox="414 1459 609 1564">           Driver            1 2  <input type="checkbox"/> Go straight ahead  <input type="checkbox"/> Overtake         </td> <td data-bbox="609 1459 803 1564">           Driver            1 2  <input type="checkbox"/> Make right turn  <input type="checkbox"/> Make left turn  <input checked="" type="checkbox"/> Make U. turn         </td> <td data-bbox="803 1459 1039 1564">           Driver            1 2  <input type="checkbox"/> Slow or stop  <input type="checkbox"/> Start in traffic lane  <input type="checkbox"/> Start from parked position         </td> <td data-bbox="1039 1459 1453 1564">           Driver            1 2  <input type="checkbox"/> Back  <input type="checkbox"/> Remain stopped in traffic lane  <input type="checkbox"/> Remain parked         </td> </tr> </table>						Driver 1 2 <input type="checkbox"/> Go straight ahead <input type="checkbox"/> Overtake	Driver 1 2 <input type="checkbox"/> Make right turn <input type="checkbox"/> Make left turn <input checked="" type="checkbox"/> Make U. turn	Driver 1 2 <input type="checkbox"/> Slow or stop <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from parked position	Driver 1 2 <input type="checkbox"/> Back <input type="checkbox"/> Remain stopped in traffic lane <input type="checkbox"/> Remain parked
Driver 1 2 <input type="checkbox"/> Go straight ahead <input type="checkbox"/> Overtake	Driver 1 2 <input type="checkbox"/> Make right turn <input type="checkbox"/> Make left turn <input checked="" type="checkbox"/> Make U. turn	Driver 1 2 <input type="checkbox"/> Slow or stop <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from parked position	Driver 1 2 <input type="checkbox"/> Back <input type="checkbox"/> Remain stopped in traffic lane <input type="checkbox"/> Remain parked						
<b>WHAT PEDESTRIAN WAS DOING</b> Pedestrian was going <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Along <input type="checkbox"/> Across or into _____ _____ (Street name or highway no.) from _____ to _____ _____ (N.E. corner to S.E. corner, or west to east side, etc.) (Check one) <input type="checkbox"/> Crossing or entering at intersection <input type="checkbox"/> Crossing or entering not at intersection <input type="checkbox"/> Getting on or off vehicle <input type="checkbox"/> Walking in roadway -- against traffic <input type="checkbox"/> Walking in roadway -- with traffic <input type="checkbox"/> Standing in roadway <input type="checkbox"/> Pushing or working on vehicle <input type="checkbox"/> Other working in roadway <input type="checkbox"/> Playing in roadway <input type="checkbox"/> Other in roadway <input type="checkbox"/> Not in roadway <input type="checkbox"/> Had been drinking									

ARKANSAS DEPARTMENT OF TRANSPORTATION  
TRAINING and SAFETY  
Little Rock, Arkansas

REPORT OF MOTOR VEHICLE, EQUIPMENT AND/OR PROPERTY DAMAGE

DIAGRAM HOW ACCIDENT OCCURRED

Indicate  
NORTH  
by arrow

SEE Attached

SEAT BELT WORN PROPERLY:  Yes  No  N/A

DESCRIBE WHAT HAPPENED:

(Refer to vehicle by number) V1 and V2 were southbound on US167. V1 was in the outside lane and V2 was in the inside lane. As V2 was passing V1, V1 made a u-turn in front of V2 and collided causing damage to the front end of both V1 and V2.

REVIEW: What law enforcement agency reviewed accident? Arkansas State Police

Has District - Division Official personally reviewed this accident?  Yes  No

Opinion of Supervisor  Preventable Motor Vehicle  Preventable Equipment  
 Non-Preventable Motor Vehicle  Non-Preventable Equipment

SIGNATURES:

Employee Brian Stauden Date 08/21/22

Supervisor Cpt. D. Haymen Crew AHP Date 06/22/22

District-Division Official [Signature] Title Chief Date 6-28-22

THIS REPORT MUST BE MADE OUT AND MAILED TO TRAINING and SAFETY  
WITHIN 10 DAYS AFTER ACCIDENT OCCURRED

MAILING INSTRUCTIONS:  
Original - Legal Division  
2nd Copy - Training and Safety  
3rd Copy - Division or District File  
4th Copy - Equipment & Procurement

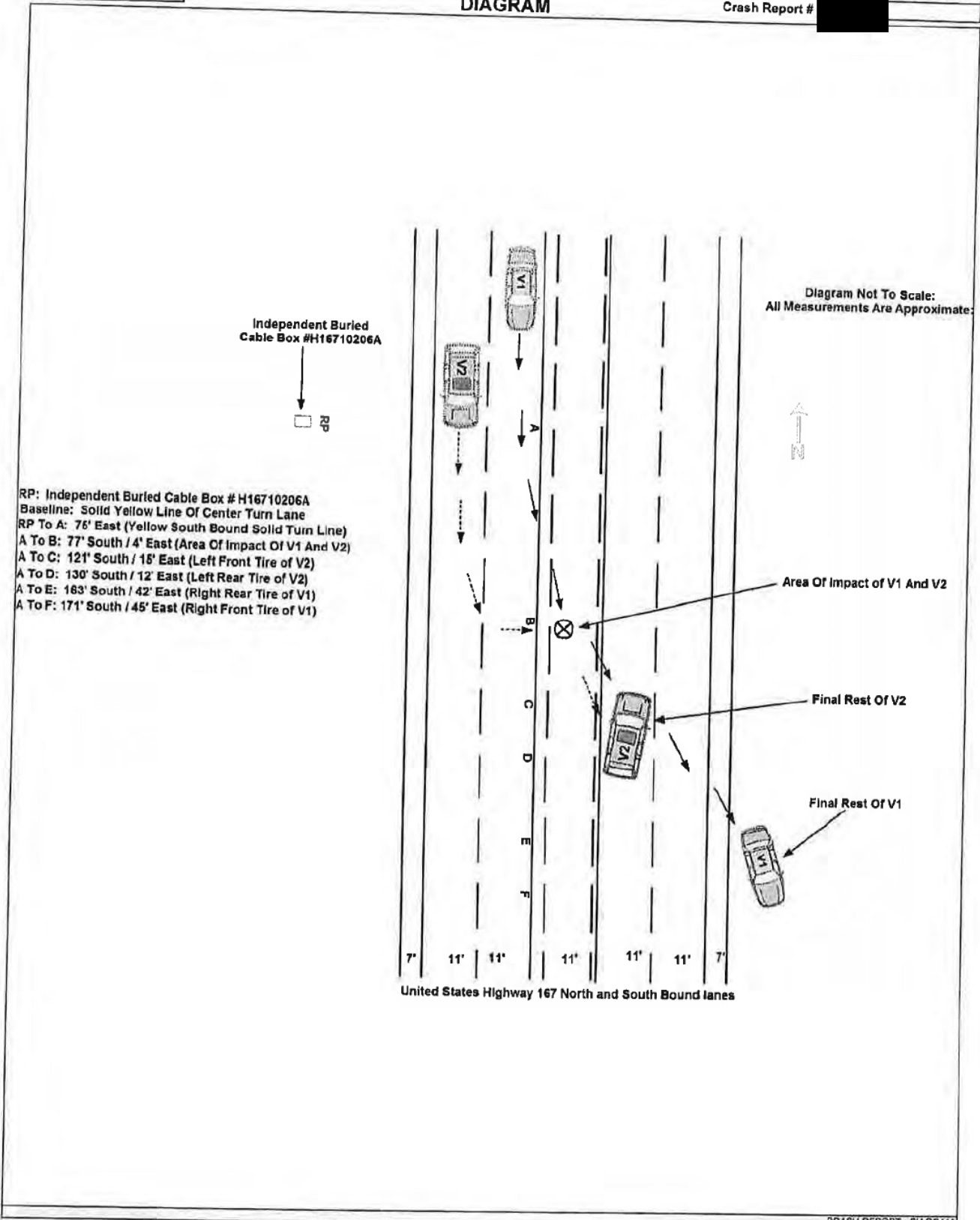
DATE COMPLETED \_\_\_\_\_

Scene #  
1

# ARKANSAS MOTOR VEHICLE CRASH REPORT DIAGRAM

535562  
Page 12 of 12

Crash Report # [REDACTED]



CRASH REPORT - DIAGRAM



# ARKANSAS STATE POLICE

ASP 81  
(Rev. 06/04/2019)

## Crash Report Supplement Driver/Witness Statement Form

Crash Date: 6/15/22 Time: 1:20  AM  PM Report #: [Redacted]  
(Mo./Day/Year)

Name: Jonathan S Boone Date of Birth: [Redacted]

Address: [Redacted]

Phone Number: [Redacted] Email: \_\_\_\_\_

Driver's License # [Redacted]  DL  CDL State: AR

Vehicle Make: Audi Model: Q5 Vehicle License #: [Redacted] State: AR

Location of Crash: U.S. 167 S

Statement of:  Driver  Passenger  Witness Are You Injured?  Yes  No  
(Check One) (Check One)

Driver/Passenger/Witness Statement:  
I left work me and my co-workers we got down by the church. I don't think he saw me. He made a U-turn in front of me. I tried to miss him but it was nothing I could do.

As the *driver* of the vehicle, were any of the following conditions a contributing factor in this accident?  
 Unconsciousness  Epileptic Condition  
 Other nervous disorder or marked mental confusion  
 Result of any physical disability, disease, disorder or any other medical condition

Signature of Driver: [Signature] Date: 6/15/22  
(First/MI/Last Name)

Signature of Officer: Sr. Cpl. Billy Walker #326 Date: 6/15/22  
(Rank/Post/MI/Last Name/Badge #)



# ARKANSAS STATE POLICE

ASP 81  
(Rev. 06/04/2019)

## Crash Report Supplement Driver/Witness Statement Form

Crash Date: 06/15/22 Time: 12:12  AM  PM Report #: [Redacted]  
(Mo./Day/Year)

Name: Brian Crawford Sturdiant Date of Birth: [Redacted]  
(First/MI/Last Name) (Month/Day/Year)

Address: [Redacted]  
House # and Street or P.O. Box # City State Zip Code

Phone Number: [Redacted] Email: brian.sturdiant@ARDOT.GOV

Driver's License # [Redacted]  DL  CDL State: AR

Vehicle Make: Ford Model: Exp/Ext Vehicle License #: [Redacted] State: AR

Location of Crash:  Hwy 167 S - North of Caledonia Rd

Statement of:  Driver  Passenger  Witness Are You Injured?  Yes  No  
(Check One) (Check One)

Driver/Passenger/Witness Statement:

While patrolling SRB on Hwy 167 S, near Caledonia Rd. I observed an oncoming  
car, decided to stop car for hazard safety inspection. Checked my mirrors did not observe  
any vehicles to the rear. Began my you turn, heard hard braking and tires, I turned and looked  
out my driver side door window. Observed passenger car attempt to swerve left. Passenger car  
struck on my front left corner of patrol unit. After my vehicle came to a stop, I advised in  
to dispatch of the accident. Quickly checked for injury, I exited my vehicle to check occupants  
of passenger car. Driver met me stated he was ok, asked if I was ok. Driver shortly after complained  
of back pain. Passenger car engine area began smoking, I used my fire extinguisher on the vehicle observed no fire.

As the driver of the vehicle, were any of the following conditions a contributing factor in this accident?

- Unconsciousness  Epileptic Condition
- Other nervous disorder or marked mental confusion
- Result of any physical disability, disease, disorder or any other medical condition

Signature of Driver: Brian C. Sturdiant  
(First/MI/Last Name)

Date: 06/15/22

Signature of Officer: Sr. Cpl. Billy Walker #326  
(Rank/First/MI/Last Name/Badge #)

Date: 06/15/22



# ARKANSAS STATE POLICE

ASP 81  
(Rev. 06/04/2019)

## Crash Report Supplement Driver/Witness Statement Form

Crash Date: 06/15/22 Time: 1240  AM  PM Report #: [Redacted]

Name: Landrick D McDonald Date of Birth: [Redacted]

Address: [Redacted]

Phone Number: [Redacted] Email: \_\_\_\_\_

Driver's License  DL  CDL State: LA

Vehicle Make: Impala Model: 2014 Vehicle License #: [Redacted] State: LA

Location of Crash: \_\_\_\_\_

Statement of:  Driver  Passenger  Witness Are You Injured?  Yes  No  
(Check One) (Check One)

Driver/Passenger/Witness Statement:  
John and the officer was going south, John was on the left side passing the officer on the right side and the officer tried to make a U turn and hit John

As the driver of the vehicle, were any of the following conditions a contributing factor in this accident?  
 Unconsciousness  Epileptic Condition  
 Other nervous disorder or marked mental confusion  
 Result of any physical disability, disease, disorder or any other medical condition

Signature of Driver: Landrick D McDonald Date: 06/15/22  
(First/MI/Last Name)

Signature of Officer: Sr. Sgt. Billy Walker #326 Date: 06/15/22  
(Rank/Post/MI/Last Name/Badge #)

**From:** [Andrews, Amanda J.](#)  
**To:** [ASCC Pleadings](#); [Kathryn Irby](#); [Darla Crawford](#)  
**Cc:** [Blakley, Sharon](#); [Kimberly Follis](#)  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005  
**Date:** Wednesday, March 15, 2023 10:01:03 AM  
**Attachments:** [image003.jpg](#)  
[image004.jpg](#)  
[image005.png](#)  
[image006.png](#)  
[image007.jpg](#)  
[Supplement - Vehicle Photos.pdf](#)

---

Attached please find additional photos as a supplement to ARDOT's discovery responses.

Thank you,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



---

**From:** Andrews, Amanda J.  
**Sent:** Tuesday, March 14, 2023 4:07 PM  
**To:** [ASCC Pleadings <ASCCPleadings@arkansas.gov>](mailto:ASCCPleadings@arkansas.gov); [Kathryn Irby <Kathryn.Irby@arkansas.gov>](mailto:Kathryn.Irby@arkansas.gov); [Darla Crawford <dcrawford@bruceflint.com>](mailto:dcrawford@bruceflint.com)  
**Cc:** [Blakley, Sharon <Sharon.Blakley@ardot.gov>](mailto:Sharon.Blakley@ardot.gov); [Kimberly Follis <kfollis@bruceflint.com>](mailto:kfollis@bruceflint.com)  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

Good afternoon,

Attached for filing please find ARDOT's Answers to the Claimant's Interrogatories and Requests for Production of Documents.

Please let me know if you have any issues opening the document.

Sincerely,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)

---

**From:** Misty Scott <[Misty.Scott@arkansas.gov](mailto:Misty.Scott@arkansas.gov)> **On Behalf Of** ASCC Pleadings**Sent:** Thursday, March 2, 2023 8:39 AM**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>**Cc:** Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Received.

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**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>**Sent:** Thursday, March 2, 2023 7:44 AM**To:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>**Cc:** Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

All,

I apologize for my unexpected absence. I very much appreciate the understanding and additional time to respond.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261  
 Little Rock, AR 72203-2261  
 Office: (501) 569-2278  
 Fax: (501) 569-2164  
 Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)




---

**From:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Sent:** Tuesday, February 28, 2023 12:35 PM  
**To:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Received, thanks.

---

**From:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>  
**Sent:** Tuesday, February 28, 2023 10:29 AM  
**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

Thank you!

---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Tuesday, February 28, 2023 10:26 AM  
**To:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>  
**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

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I will approve another 2 week extension, and we will update the calendar due date as 3/14/23.

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

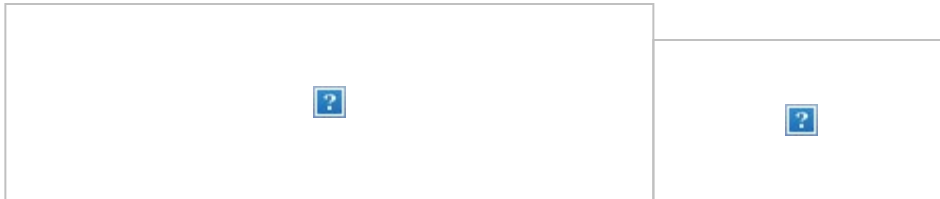
Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>

**Sent:** Tuesday, February 28, 2023 9:39 AM

**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>

**Subject:** Boone vs. ARDOT, Claim No. 230005

Ms. Crawford,

Staff Attorney Amanda Andrews is unexpectedly out sick today, and it has come to my attention that we have some outstanding discovery.

Would you be so kind as to grant a two-week extension for Ms. Andrews to return and get those answers sent out to you, please?

That would make our answers due by March 14, 2023.

Thank you,

**Trella A. Sparks, Deputy Chief Counsel**

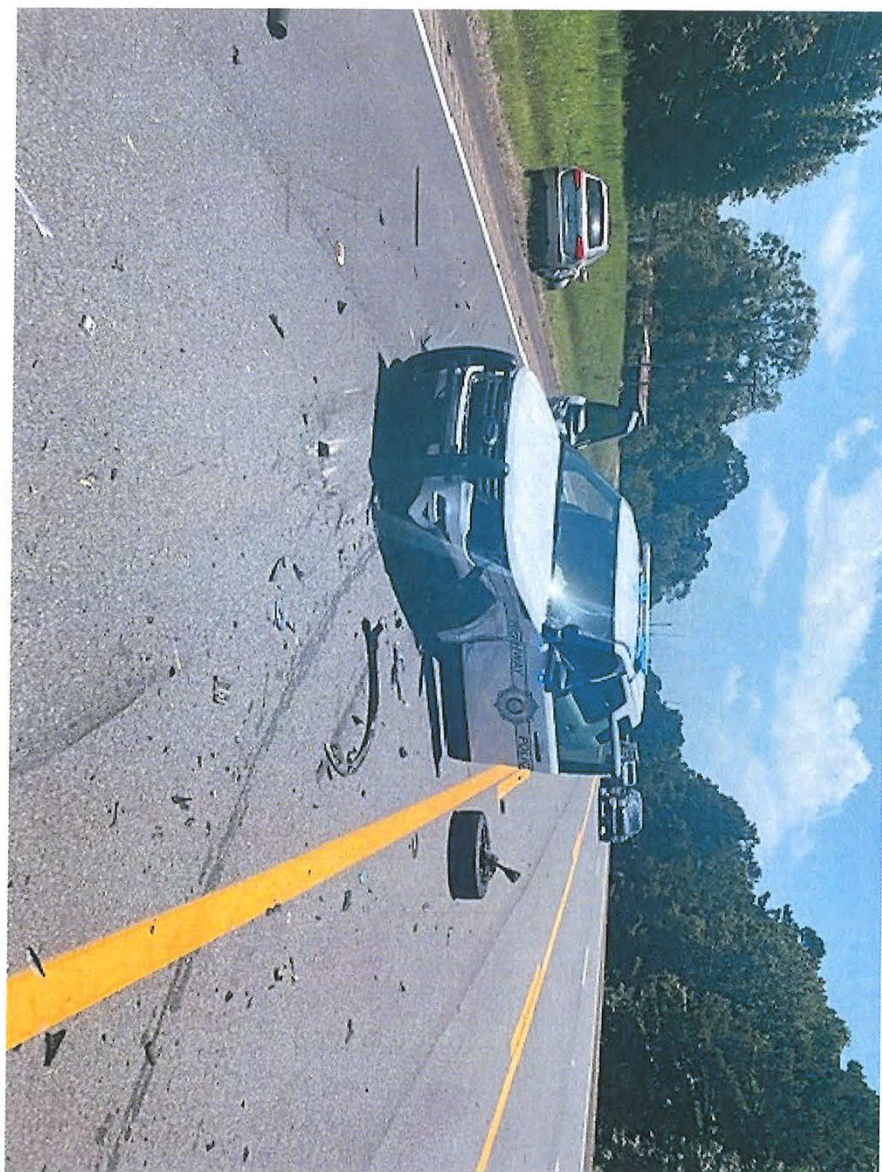
Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

(501) 569-2157



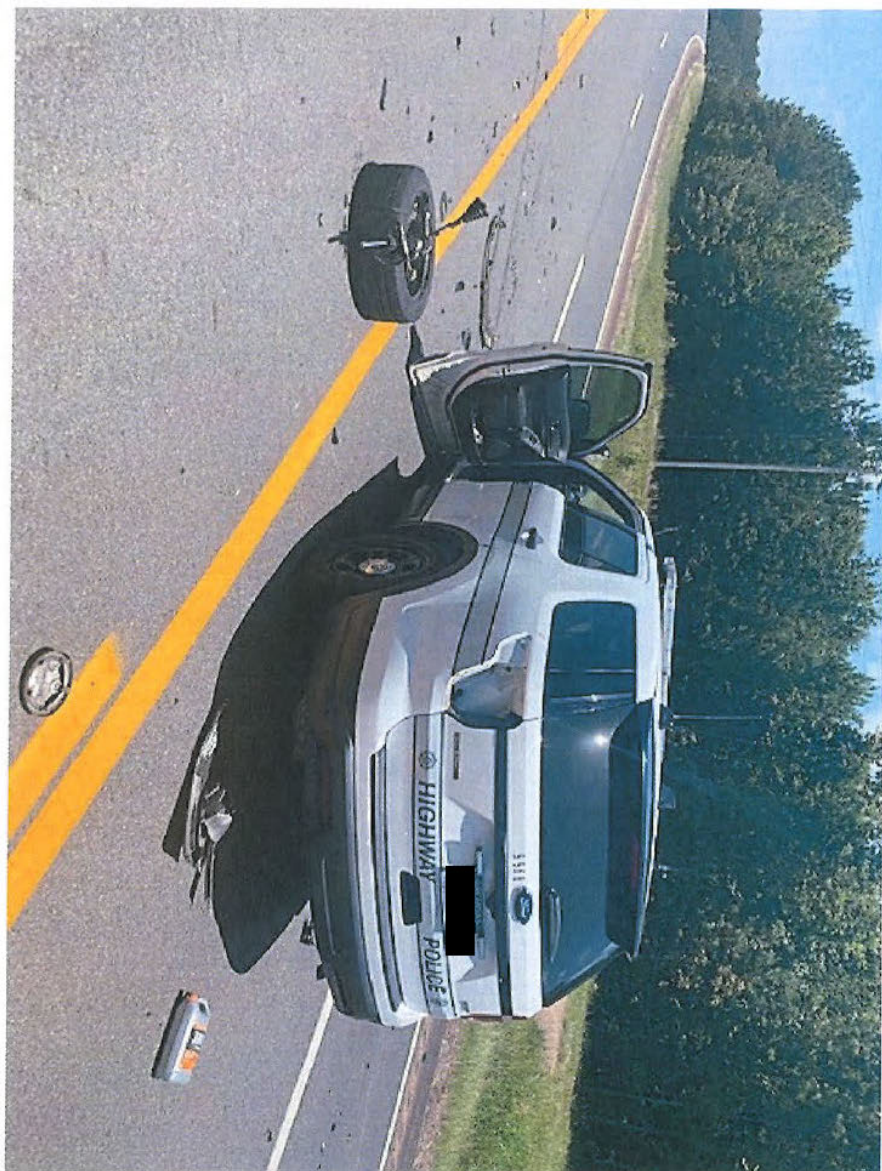






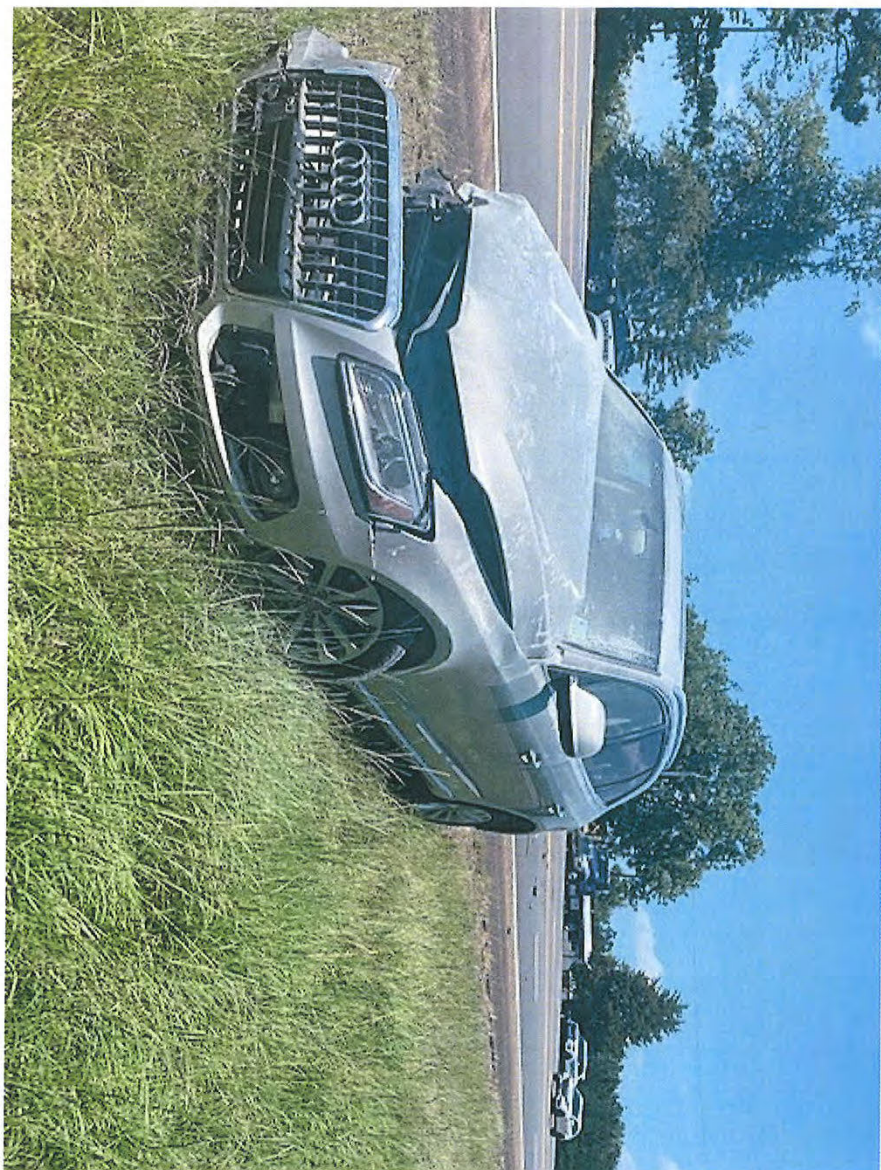












**From:** [Andrews, Amanda J.](#)  
**To:** [ASCC Pleadings](#); [Kathryn Irby](#); [Darla Crawford](#)  
**Cc:** [Blakley, Sharon](#); [Kimberly Follis](#)  
**Subject:** RE: Boone vs. ARDOT, Claim No. 230005  
**Date:** Tuesday, March 21, 2023 8:18:02 AM  
**Attachments:** [image003.jpg](#)  
[image004.jpg](#)  
[image005.png](#)  
[image006.png](#)  
[image007.jpg](#)  
[Brian Sturdivant - ASP Record Check.pdf](#)  
[Brian Sturdivant - DF&A Driving Records Release Form.pdf](#)

---

Good morning,

Attached please find signed records release forms for Brian Sturdivant, as a supplement to ARDOT's discovery responses.

Thank you,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



---

**From:** Andrews, Amanda J.

**Sent:** Wednesday, March 15, 2023 10:01 AM

**To:** [ASCC Pleadings](#) <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; [Kathryn Irby](#) <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; [Darla Crawford](#) <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** [Blakley, Sharon](#) <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; [Kimberly Follis](#) <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>

**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

Attached please find additional photos as a supplement to ARDOT's discovery responses.

Thank you,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)

---

**From:** Andrews, Amanda J.**Sent:** Tuesday, March 14, 2023 4:07 PM**To:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>;Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>**Cc:** Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

Good afternoon,

Attached for filing please find ARDOT's Answers to the Claimant's Interrogatories and Requests for Production of Documents.

Please let me know if you have any issues opening the document.

Sincerely,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)

---

**From:** Misty Scott <[Misty.Scott@arkansas.gov](mailto:Misty.Scott@arkansas.gov)> **On Behalf Of** ASCC Pleadings

**Sent:** Thursday, March 2, 2023 8:39 AM

**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>

**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Received.

---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

**Sent:** Thursday, March 2, 2023 7:44 AM

**To:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>

**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

All,

I apologize for my unexpected absence. I very much appreciate the understanding and additional time to respond.

### **Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)




---

**From:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>

**Sent:** Tuesday, February 28, 2023 12:35 PM

**To:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis

<[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>

**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Received, thanks.

---

**From:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>

**Sent:** Tuesday, February 28, 2023 10:29 AM

**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>

**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

Thank you!

---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Sent:** Tuesday, February 28, 2023 10:26 AM

**To:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>

**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>; Kimberly Follis <[kfollis@bruceflint.com](mailto:kfollis@bruceflint.com)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>

**Subject:** RE: Boone vs. ARDOT, Claim No. 230005

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I will approve another 2 week extension, and we will update the calendar due date as 3/14/23.

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



The information contained in this message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

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**From:** Sparks, Trella A. <[Trella.Sparks@ardot.gov](mailto:Trella.Sparks@ardot.gov)>  
**Sent:** Tuesday, February 28, 2023 9:39 AM  
**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Blakley, Sharon <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Looney, Rita S. <[Rita.Looney@ardot.gov](mailto:Rita.Looney@ardot.gov)>  
**Subject:** Boone vs. ARDOT, Claim No. 230005

Ms. Crawford,

Staff Attorney Amanda Andrews is unexpectedly out sick today, and it has come to my attention that we have some outstanding discovery.

Would you be so kind as to grant a two-week extension for Ms. Andrews to return and get those answers sent out to you, please?

That would make our answers due by March 14, 2023.

Thank you,

**Trella A. Sparks, Deputy Chief Counsel**  
Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
(501) 569-2157





# ARKANSAS STATE POLICE

ASP 122  
(Rev. 02/19/2019)

## Identification Bureau Individual Record Check Request Form

Sturdivant Last Name      Brian First Name      Crawford Middle Name      Jr./Sr./III

Daytime Phone #: [REDACTED]

List ALL other names ever used (married, maiden, shortened, etc.) \_\_\_\_\_

Date of Birth: [REDACTED] State of Birth: Arkansas Race: W Sex: M

Social Security #: \_\_\_\_\_ Driver's License #: [REDACTED] AR State

Mailing Address: [REDACTED] \_\_\_\_\_

[REDACTED] City      [REDACTED] State      [REDACTED] Zip Code

### APPLICANT RECORD NOTICE

**Obtaining Copy:** Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.33 or the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

**Change, Correction, or Updating:** Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: Brian C. Sturdivant Date: 03/20/2023  
(First/MI/Last Name) (Month/Day/Year)

Release to: \_\_\_\_\_  
(First/MI/Last Name) OR Full Name of Agency

Mailing Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City State Zip Code

WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED (OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK) THIS REQUEST FORM MUST BE NOTARIZED

STATE OF ARKANSAS

COUNTY OF UNION

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the 20<sup>th</sup> day of March, 2023



### BELOW FOR OFFICE USE ONLY

82005 State Record Check

Back



STATE OF ARKANSAS  
Department of Finance  
And Administration

**DRIVER SERVICES**  
**Driving Records**  
Ragland Building, Room 1130  
Post Office Box 1272  
Little Rock, Arkansas 72203  
Phone: (501) 682-7207  
Fax: (501) 682-2075  
<http://www.state.ar.us/dfa>

**ARKANSAS DRIVING RECORDS RELEASE FORM**

I, Brian Sturdivant DO HEREBY AUTHORIZE  
OFFICE OF DRIVER SERVICES TO RELEASE MY:

- INSURANCE RECORD - \$7.00
- COMMERCIAL RECORD - \$10.00

TO: \_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

THIS RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE NEXT FIVE (5) YEARS, UNLESS A FORMAL WITHDRAWAL IS FILED BY ME.

SIGNATURE Brian Sturdivant

DATE OF BIRTH \_\_\_\_\_

ARKANSAS DRIVERS LICENSE # \_\_\_\_\_

CURRENT DATE 03/20/2023

THIS FORM MUST BE FILLED OUT IN FULL FOR RECORDS TO BE PROCESSED.

**From:** [Andrews, Amanda J.](#)  
**To:** [ASCC Pleadings; Darla Crawford](#)  
**Cc:** [Kathryn Irby; Blakley, Sharon D.](#)  
**Subject:** Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant  
**Date:** Monday, February 5, 2024 1:04:59 PM  
**Attachments:** [image001.jpg](#)  
[Boone.230005.INT-RFPDtoClaimant.pdf](#)

---

Good afternoon,

Please find ARDOT's first set of Interrogatories and Requests for Production of Documents to Claimant to be filed in the above matter. At your earliest convenience, please confirm your receipt of this filing.

Please let me know if you have any issues opening the attachment or have any questions.

Sincerely,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



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

**JONATHAN BOONE**

**CLAIMANT**

**V.**

**CLAIM NO. 230005**

**ARKANSAS DEPARTMENT OF TRANSPORTATION**

**RESPONDENT**

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

COMES NOW Respondent, Arkansas Department of Transportation, and propounds its First Set of Interrogatories and Requests for Production of Documents to Claimant, Jonathan Boone, pursuant to the Rules of the Arkansas State Claims Commission and the Arkansas Rules of Civil Procedure:

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

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

**Interrogatory No. 3:** Identify each and every person who will be called to testify on behalf of Claimants at a hearing in this matter, and for each witness, state the person's name, address, phone number and occupation, whether the person will testify as an expert or lay witness, the facts to which the person will testify, and whether the person prepared or produced any report(s) or document(s) related to the incident that is the subject of this claim.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Interrogatory No. 26:** Please describe in detail all damage to the vehicle that was involved in the incident that is the subject of this claim.

**Interrogatory No. 27:** Please state whether you had a mobile device in your possession at the time of the incident that is the subject of this claim. If so, please identify whose name the account was held in, the carrier, and the phone number.

**Interrogatory No. 28:** Please state the purpose of your trip on the day of the incident that is the subject of this claim, where your travel originated prior to the incident, and to where you intended to travel.

**Interrogatory No. 29:** Please provide a detailed explanation of why you believe the Respondent was negligent and a detailed factual basis for each claim of negligence, including specific references to any rules, regulations or standards that you claim Respondent may have violated.

**Interrogatory No. 30:** Please consider the foregoing Interrogatories and Requests for Production of Documents as continuing and furnish by way of supplemental response such additional information as may hereinafter be acquired which augments or modifies the answers to the foregoing Interrogatories and Requests for Production of Documents, such supplemental responses to be served within ten (10) days after receipt of such information or as soon as received if less than ten (10) days before an assigned trial date. Will you do so?

#### **REQUESTS FOR PRODUCTION OF DOCUMENTS**

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

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

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

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

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

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

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

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

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

**Request for Production No. 10:** Please produce a copy of the declarations page of the insurance policy that covered the vehicle that was involved in the incident that is the subject of this claim.

**Request for Production No. 11:** Please produce a copy of any declarations or summary of coverages under any insurance policy that were in effect on the date of the incident that is the subject of this claim.

**Request for production No. 12:** Please produce a copy of the front and back of your health insurance card that was in effect on the date of the incident that is the subject of this claim.

**Request for Production No. 13:** Please sign the enclosed Arkansas Driving Records Release Form. If you refuse to sign, please explain your refusal.

**Request for Production No. 14:** Please sign and produce IRS Form 4506, Request for Copy of Tax Return. If you refuse to sign, please explain your refusal.

**Request for Production No. 15:** Please sign and produce the enclosed Authorization to Disclose Health Information. If you refuse to sign, please explain your refusal.

**Request for Production No. 16:** Please sign and produce the enclosed Business Records Authorization. If you refuse to sign, please explain your refusal.

**Request For Production of Documents No. 17:** Please produce a copy of all phone records that exist for the mobile device identified in your Answer to Interrogatory No. 27 for the date of the incident that is the subject of this claim.

**Respectfully submitted,**

**ARKANSAS DEPARTMENT OF TRANSPORTATION**

*Amanda J. Andrews*

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Amanda J. Andrews, Staff Attorney (Ark. Bar No. 2005205)  
Post Office Box 2261  
Little Rock, AR 72203-2261  
Amanda.Andrews@ardot.gov  
(501) 569-2278

**CERTIFICATE OF SERVICE**

I, Amanda J. Andrews, certify that I have served the foregoing upon the Claimants by sending a true copy of same via electronic mail this 5<sup>th</sup> day of February, 2024, to the following:

Darla Crawford  
Flint, Crawford & Cogburn  
2821 Richmond Road  
Texarkana, TX 75503  
dcrawford@bruceflint.com  
*Counsel for Claimants*



\_\_\_\_\_  
Amanda J. Andrews

**BUSINESS RECORDS AUTHORIZATION**

EMPLOYEE'S NAME:

EMPLOYEE'S SSN:

EMPLOYEE'S DOB:

EMPLOYER: \_\_\_\_\_  
*(To be completed by Requester)*

I hereby expressly authorize the release of any personnel files and/or any other documents relating to my employment with your company. This would include documentation such as time off for sick leave, job performance, evaluation sheets, W-2s, pay scales, and all other information regarding my job performance with your establishment, including reason for termination of the employment relationship.

This Authorization was signed voluntarily by me with the express understanding that the Arkansas Department of Transportation or any of their representatives, should have complete access to all business, employment and/or financial records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Signed by Legal Representative,  
Relationship to Employee



**STATE OF ARKANSAS  
Department of Finance  
And Administration**

**DRIVER SERVICES  
Driving Records**  
Ragland Building, Room 1070  
Post Office Box 1272  
Little Rock, Arkansas 72203  
Phone: (501) 683-0984  
Fax: (501) 682-2075  
www.dfa.arkansas.gov

**ARKANSAS DRIVING RECORDS RELEASE FORM**

I, \_\_\_\_\_ do hereby authorize the Department of Finance and Administration, Office of Driver Services to release a copy of my:

- Insurance - \$8.50
- Commercial (Employment) Record - \$10.00
- History Record- \$8.50 \*



**Beginning October 1, 2019 Insurance and History Records will increase to \$8.50.**

PLEASE: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX		
TO:		
ADDRESS:		
CITY:	STATE:	ZIPCODE:

**This release shall remain in full force and effect for the next five years, unless a formal withdrawal is filed by me.**

SIGNATURE		DATE
DATE OF BIRTH	TELEPHONE NUMBER	DRIVER'S LICENSE NUMBER

\* History records may only be purchased at the Driving Records Central Location. Checks or money orders should be made payable to DFA Driving Records. Requests can be made in the following ways:

<p><b>In Person:</b></p>  <p>Ragland Building-Room 1070 1900 w. 7<sup>TH</sup> Street Little Rock, Arkansas 72201</p>	<p><b>By Mail:</b></p>  <p>Driving Records Section P.O. Box 1272- Room 1070 Little Rock, Arkansas 72203</p>
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Form **4506**

(November 2021)

Department of the Treasury  
Internal Revenue Service

**Request for Copy of Tax Return**

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506, visit [www.irs.gov/form4506](http://www.irs.gov/form4506).**

OMB No. 1545-0429

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax return is being sent to the third party, ensure that lines 5 through 7 are completed before signing. (see instructions).

**6 Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ \_\_\_\_\_

**Note:** If the copies must be certified for court or administrative proceedings, check here . . . . .

**7 Year or period requested.** Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions).

____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

<b>8 Fee.</b> There is a \$43 fee for each return requested. <b>Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.</b>	
<b>a</b> Cost for each return . . . . .	<b>\$ 43.00</b>
<b>b</b> Number of returns requested on line 7 . . . . .	
<b>c</b> Total cost. Multiply line 8a by line 8b . . . . .	<b>\$</b>

**9** If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here . . . . .

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions. Phone number of taxpayer on line 1a or 2a

<b>Sign Here</b>	▶ Signature (see instructions)	Date
	▶ Print/Type name	Title (if line 1a above is a corporation, partnership, estate, or trust)
	▶ Spouse's signature	Date
	▶ Print/Type name	

Section references are to the Internal Revenue Code unless otherwise noted.

**Future Developments**

For the latest information about Form 4506 and its instructions, go to [www.irs.gov/form4506](http://www.irs.gov/form4506).

**General Instructions**

**Caution:** Do not sign this form unless all applicable lines, including lines 5 through 7, have been completed.

**Designated Recipient Notification.** Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

**Taxpayer Notification.** Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form.** Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

**How long will it take?** It may take up to 75 calendar days for us to process your request.

**Where to file.** Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request based on the address of your most recent return.

**Chart for individual returns (Form 1040 series)**

**If you filed an individual return and lived in:**

**Mail to:**

Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301

Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin

Internal Revenue Service  
RAIVS Team  
Stop 6705 S-2  
Kansas City, MO 64999

Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming

Internal Revenue Service  
RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

**Chart for all other returns**

**For returns not in Form 1040 series, if the address on the return was in:**

**Mail to:**

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service  
RAIVS Team  
Stop 6705 S-2  
Kansas City, MO 64999

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

**Specific Instructions**

**Line 1b.** Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, please include it on this line 3.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party – Business, with Form 4506.

**Line 7.** Enter the end date of the tax year or period requested in mmm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 return, or 03/31/2017 for a first quarter Form 941 return.

**Signature and date.** Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5 through 7, are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5a. Form 2848 showing the delegation must be attached to Form 4506.

**Privacy Act and Paperwork Reduction Act**

**Notice.** We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; **and Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224.

Do not send the form to this address. Instead, see *Where to file* on this page.

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

PATIENT’S NAME:  
PATIENT’S SSN:  
PATIENT’S DOB:

COVERED ENTITY: \_\_\_\_\_

*(To be completed by Requester)*

1. I hereby authorize **ANY HEALTH INSURER, THIRD-PARTY ADMINISTRATOR, CLAIMS ADMINISTRATOR, or HEALTH CARE PROVIDER (“COVERED ENTITY”)** to make the disclosure of the **PATIENT’S** health information as described below. This authorization is intended to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), HIPAA regulations, and other state and federal laws and regulations that may create a right of privacy in the health information approved to be disclosed by this authorization.

2. The health information to be disclosed is as follows: Complete medical record, including but not limited to: hospital records, medical records, doctor’s and/or nurse’s notes, information relating to alcohol or drug use or behavioral or mental health, including psychotherapy notes and records, medication records, prescriptions, imaging films, x-rays or other radiologic films, laboratory tests and results, diagnostic records and reports, including but not limited to MRI, CT scan, Myelogram, etc., statements of any and all charges, and any other records pertaining to hospitalization, medical treatment, medical history, prognosis, etiology, and expense not enumerated above.

3. The time period for which the health information identified above is authorized to be disclosed is June 15, 2022, to Present.

4. This information may be disclosed to and used by the following individual or organization: Arkansas Department of Transportation, Legal Division, P.O. Box 2261, Little Rock, AR 72203-2261, and its attorneys, employees, and representative(s).

5. The purpose for which disclosure of this health information is authorized is use in the matter pending before the Arkansas State Claims Commission, *Jonathan Boone v. Arkansas Department of Transportation*, Claim No. 230005, and any appeal thereof.

6. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

7. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons receiving it and would then no longer be protected by federal privacy regulations.

8. I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the **COVERED ENTITY**. I understand the revocation will not apply to information that has already been released in response to this authorization nor to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire upon the conclusion of the matter pending before the Arkansas State Claims Commission, *Jonathan Boone v. Arkansas Department of Transportation*, Claim No. 230005, and any appeal thereof.

9. I understand that I may request a copy of this authorization form that I have signed by sending a written request to the **COVERED ENTITY**. I further understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR §164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal and state confidentiality rules or 45 CFR §164.508. I understand that if I have questions about disclosure of my health information, I can contact my attorneys or the **COVERED ENTITY**.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
If Signed by Legal Representative, Relationship to Patient

\_\_\_\_\_  
Date

**From:** [Christy McCoy](#)  
**To:** [Andrews, Amanda J.](#); [Darla Crawford](#)  
**Cc:** [ASCC Pleadings](#)  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents  
**Date:** Tuesday, March 5, 2024 1:41:46 PM  
**Attachments:** [image002.png](#)  
[image003.jpg](#)  
[CLAIMANT'S RESPONSE TO RESPONDANT'S INTERROGATORIES AND REQUEST FOR PRODUCTION.pdf](#)  
[SIGNED AUTH.pdf](#)  
[no coverage.pdf](#)  
[Lost Wage Verification Form.pdf](#)  
[disability paid benefits.pdf](#)  
[police report.pdf](#)  
[WITNESS STATEMENT 1.pdf](#)  
[WITNESS STATEMENT 2.pdf](#)  
[WITNESS STATEMENT 3.pdf](#)  
[ID Cards Back.pdf](#)  
[ID Cards Front.pdf](#)

You don't often get email from mccoym@bruceflint.com. [Learn why this is important](#)

### **ATTACHMENTS EMAIL # 1**

Claimant's Responses  
Signed Authorizations  
National General Proof of No Insurance  
Met Life Short Term Disability Benefits  
Lost Wage Verification Form  
Police Report  
(3) Witness Statements  
Front and Back Copy of Health Insurance

Good Afternoon.

Please find attached the Claimant's Responses to Respondent's First Set of Interrogatories and Request for Production of Documents.

I will be sending a second and third email following this one with remaining attachments as the file is too large to send in one email.

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road

Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Andrews, Amanda J. <Amanda.Andrews@ardot.gov>  
**Sent:** Monday, February 5, 2024 2:03 PM  
**To:** Christy McCoy <mccoy@bruceflint.com>; Darla Crawford <dcrawford@bruceflint.com>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Yes, absolutely. Please see attached Word version.

### **Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



---

**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Sent:** Monday, February 5, 2024 1:25 PM  
**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Amanda,

Could you please send the Word form for these?

Thank you

Sincerely,

*Christy McCoy*

Litigation Paralegal  
Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road  
Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Monday, February 5, 2024 1:18 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** Fwd: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Sent from my Verizon, Samsung Galaxy smartphone  
Get [Outlook for Android](#)

---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Monday, February 5, 2024 1:04:48 PM  
**To:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Good afternoon,

Please find ARDOT's first set of Interrogatories and Requests for Production of Documents to Claimant to be filed in the above matter. At your earliest

convenience, please confirm your receipt of this filing.

Please let me know if you have any issues opening the attachment or have any questions.

Sincerely,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



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

**JONATHAN BOONE**

**CLAIMANT**

**V.**

**CLAIM NO. 230005**

**ARKANSAS DEPARTMENT OF TRANSPORTATION**

**RESPONDENT**

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

COMES NOW Claimant, Jonathan Boone, by and through his attorneys, Flint, Crawford & Cogburn, and hereby provides the following responses to Respondent, Arkansas Department of Transportation's First Set of Interrogatories and Requests for Production of Documents, and states as follows:

**INTERROGATORIES**

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

**RESPONSE:** Claimant objects on the grounds that this request seeks information in violation of his rights of privacy. Claimant further objects to this request to the extent that it calls for information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving said objection, Claimant states:

Jonathan Boone [REDACTED] D.O.B. [REDACTED] and last four of social [REDACTED]

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

**RESPONSE:** Claimant objects to this request to the extent that it calls for information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving said objection, Claimant states:

His attorneys of record are Flint, Crawford & Cogburn, 2821 Richmond Road, Texarkana TX 75503.

**Interrogatory No. 3:** Identify each and every person who will be called to testify on behalf of Claimants at a hearing in this matter, and for each witness, state the person's name, address, phone number and occupation, whether the person will testify as an expert or lay witness, the facts to which the person will testify, and whether the person prepared or produced any report(s) or document(s) related to the incident that is the subject of this claim.

**RESPONSE:** Discovery is still ongoing, and Claimant is unsure as to which witnesses will be requested to testify at trial. Claimant anticipates calling the following: Jonathan Boone, Landrick D. McDonald, Officer Brian Crawford Sturdivant, Vanessa and Daryl Holiday and Kimberly Singleton.

Claimant reserves the right to call in this proceeding any of the following individuals who may have knowledge of relevant facts:

- Any individual whose name is reflected in any document which has been or will be mentioned in any deposition;
- Any individual whose name is reflected in any document which has been or will be exchanged or disclosed in the course of discovery or in any response to request for disclosure;
- Any individual whose name is reflected in any document which has been or will be mentioned in any document obtained by any party in this case pursuant to a Medical Authorization and/or by deposition on written questions;
- Any individual whose name is reflected in any medical records related to the examination, evaluation or treatment of Jonathan Boone;

- Any individual, expert and/or entity whose name is reflected in any document which has been or will be submitted to the Court for affidavit;
- Any individual whose name is reflected in any record provided through disclosures, discovery, answers to interrogatories, depositions or written questions;
- Any individual identified in Claimant or Respondent Trial Witnesses and/or Expert Witnesses Designations;
- Any individual whose name is reflected in any document attached as an exhibit to any deposition taken or offered into evidence by any party in this case;
- Any individual, expert and/or entity whose name appears in the transcript of any deposition taken in this matter;
- Any individual, expert, and/or entity whose name is reflected in any document which has been or will be attached to the transcript of any deposition;
- Any person identified as a person having knowledge of relevant facts in all depositions taken by Claimant or Respondent in this case;
- Any individual, expert and/or entity whose name is reflected in any document which has been, and which will be subpoenaed by any party; and,
- Any individual as rebuttal and/or impeaching witnesses, the necessity of whose testimony cannot reasonably be anticipated before trial.

Claimant also reserves the right to supplement this designation if further discovery reveals the need for additional testimony. Claimant reserves the right to supplement this designation should it become necessary to do so. Further, Claimant incorporates by reference all fact witnesses designated by any Respondents herein either by formal designation or responses and supplemental/amended responses to discovery requests.

Claimant has not retained the services of any experts at this time. Discovery is ongoing and Claimant is unsure as to which expert witnesses will be requested to testify at trial. Claimant reserves the right to call any experts identified by Respondent for the purpose of cross-examination and impeachment. Further, Claimant reserves the right to call at trial any of the following individuals who may have knowledge of relevant facts:

- Any individual, expert and/or entity who has been or will be named by any party in answers to any interrogatory;
- Any individual, expert and/or entity whose name appears on any document which has been or will be produced by any party in any response to request for production;
- Any individual, expert and/or entity who has been or will be named by any party in response to any request for disclosure;
- Any individual, expert and/or entity whose name is reflected in any document which has been or will be submitted to the Court by affidavit;
- Any individual, expert and/or entity whose name is reflected in any document which has been or will be subpoenaed by any party;
- Any individual, expert and/or entity whose name appears in the transcript of any deposition taken in this matter;
- Any individual, expert and/or entity whose name is reflected in any document which has been or will be attached to the transcript of any deposition;
- Any and/or all of Jonathan Boone's physicians and healthcare providers, examining and/or treating Jonathan Boone's prior and/or subsequent to the death which made the basis of this lawsuit, including the custodians of medical records and billing records, and identified by Claimant and/or Respondent in response to written discovery; and,

- Any and all medical providers and/or custodian of medical and billing records of the Jonathan Boone's treating physicians and who have knowledge as to the injuries for which the Jonathan Boone's was treated and the reasonableness and necessity of any care or treatment rendered to the Jonathan Boone's herein.

Claimant reserves the right to supplement this designation should it become necessary to do so. Further, Claimant incorporates by reference all experts designated by any Respondents herein either by formal designation or responses and supplemental/amended responses to discovery requests.

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

**RESPONSE:** Claimant objects to this interrogatory as it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Jonathan Boone (Claimant), Brian Studivant (Respondent), Landrick McDonald (witness at the scene of the accident), Vanessa and Daryl Holiday (witnesses at the scene of the accident), Kimberly Singleton (witness at the scene of the accident) and Officer Billy Walker Badge # 326 (Arkansas State Police). There are Driver and Witness statements attached in the Police Report.

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

**RESPONSE:** Claimant objects to this interrogatory as it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the

discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Discovery is still ongoing, and Claimant is unsure as to which demonstrative evidence will be used or relied on at trial. In addition to exhibits yet to be determined, Claimant may offer into evidence, medical bills and records, police report, photos and driver/witness statements and lost wage form.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Claimant was heading home from work when the Respondent made a U-turn from the outside lane, turning in front of Claimant, causing Claimant to violently slam into Respondent's vehicle. The Claimant could not stop soon enough to avoid the collision.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad, unduly burdensome and seeks information that is irrelevant to the subject matter of this litigation, and not

reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: None.

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

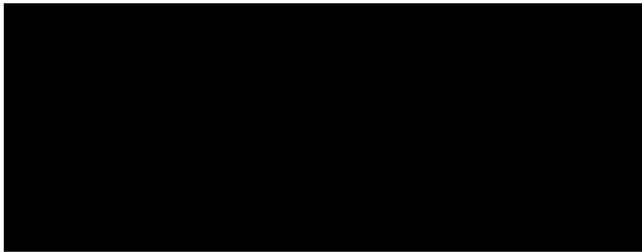
**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states:



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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states:

1.



2.

3. [REDACTED]

4. [REDACTED]

5. [REDACTED]

6. [REDACTED]

7. [REDACTED]

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: He is still treating, but medicals up to 7/18/23 are:

**MEDICAL BILLS TO DATE:**

PROVIDER	BILLED	PAID	BALANCE
[REDACTED]			

<b>TOTALS</b>	

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: That he has lost wages due to the incident that is the subject of this claim. The dates absent due to injury are 06/20/2022- 07/24/2023. The total number of hours absent due to injury is 2,032 hours. The total gross wage value of hours absent due to injury is [REDACTED]. Claimant also has lost his job due to his injuries sustained in the accident that is the subject of this claim. Claimant suffers from [REDACTED].

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad, unduly burdensome and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: None.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad, unduly burdensome and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: None. See response above.

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

**RESPONSE:** Claimant objects to this request to the extent that it calls for information that is irrelevant to the subject matter of this litigation and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Claimant has no new injuries or illnesses.

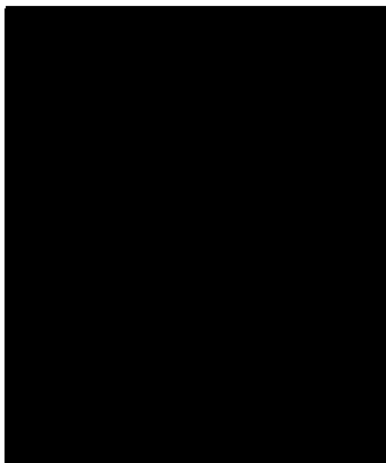
**Interrogatory No. 15:** State whether you were unable to work as a result of any of the injuries you sustained in the incident that is the subject of this claim. If so, give the inclusive dates of such inability, the name of every doctor or other physical or mental health care provider or practitioner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

following the incident that is the subject of this claim, for any reason other than injuries sustained in the subject incident, please state the time periods and the reason why you were off from work.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: The dates absent from work due to injury are 06/20/2022- 07/24/2023. Claimant also has lost his job due to his injuries that he sustained in the accident that is the subject of this claim.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad, unduly burdensome and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states starting with the most recent employer:





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

**RESPONSE:** Claimant objects to this request to the extent that it seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: [REDACTED] was Claimant's previous employer.

Claimant lost his job due to his injuries that he sustained in the accident that is the subject of this claim. Claimant suffers from [REDACTED]

[REDACTED] Claimant is now unemployed at this time.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad, unduly burdensome and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Please see response to interrogatory number 11.

**Interrogatory No. 19:** Have you ever been involved in any other accident including but not limited to, automobile accidents, slips and falls, on the job accidents, or exercise or sporting accidents, either before or after the occurrence which is the subject of this claim? If so, please state the date, location and parties involved, whether you were injured as a result of the accident, whether you

received any compensation for said accident, and if so, the amount of compensation received and from whom. If suit was filed, please state the date suit was filed, the name(s) of the party or parties, where suit was filed, the docket number of the suit and the disposition of the case.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad, unduly burdensome and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: He was a passenger in an automobile accident in 2001. A lawsuit was filed, and the Claimant settled the claim.

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

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: He was a passenger in an automobile accident in 2001 that resulted in a lawsuit. Claimant has [REDACTED]  
Claimant states that [REDACTED]

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

**RESPONSE:** Claimant objects to this request to the extent that it seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Claimant has [REDACTED]

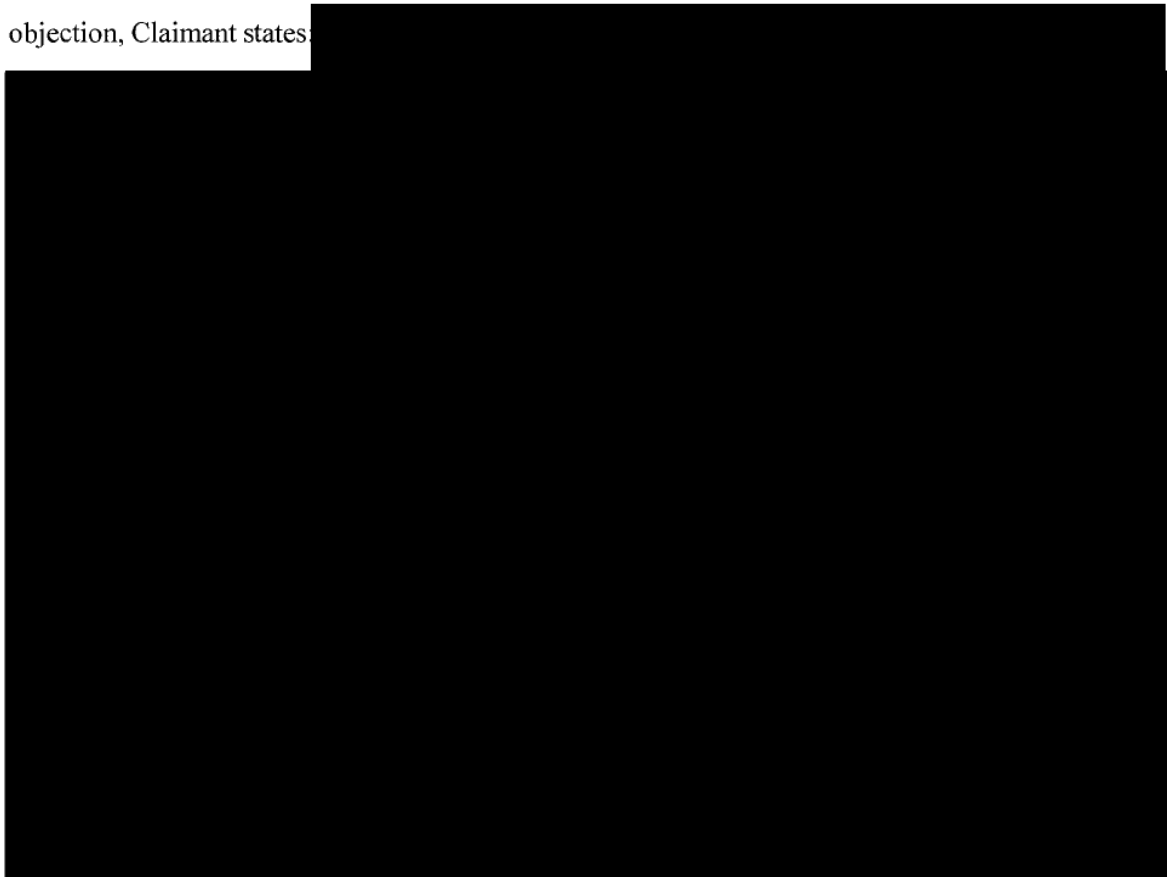
**Interrogatory No. 22:** Please list each and every policy of insurance that you had in effect at the time of the incident that is the subject of this claim, including but not limited to, automobile liability insurance, comprehensive automobile insurance, uninsured automobile insurance, underinsured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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad, unduly burdensome and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: None. Claimant's Policy of Insurance with [REDACTED]

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated

to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states:



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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: None.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: [REDACTED]

**Interrogatory No. 26:** Please describe in detail all damage to the vehicle that was involved in the incident that is the subject of this claim.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: The vehicle was totaled. The front end of the vehicle was destroyed. The front tire broke from the axel. The air bag deployed. Please refer to the PD photos attached.

**Interrogatory No. 27:** Please state whether you had a mobile device in your possession at the time of the incident that is the subject of this claim. If so, please identify whose name the account was held in, the carrier, and the phone number.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Yes. His previous number was with [REDACTED]

**Interrogatory No. 28:** Please state the purpose of your trip on the day of the incident that is the subject of this claim, where your travel originated prior to the incident, and to where you intended to travel.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated

to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: He was going home from work.

**Interrogatory No. 29:** Please provide a detailed explanation of why you believe the Respondent was negligent and a detailed factual basis for each claim of negligence, including specific references to any rules, regulations or standards that you claim Respondent may have violated.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: The Claimant was traveling southbound on US Highway 167 on the inside lane of traffic a short distance behind the Respondent who was also traveling South on 167 in the outside lane. The Respondent attempted to make a U-turn crossing into the Claimant's lane of traffic. The front right side of the Claimant's vehicle collided with the front left side of the Respondent's vehicle. The Claimant's vehicle travelled south across the northbound lanes of traffic and ran off the left side of the roadway approximately 86 feet south of the area of impact. The negligence of Respondent caused serious injuries and property damage to the Claimant.

**Interrogatory No. 30:** Please consider the foregoing Interrogatories and Requests for Production of Documents as continuing and furnish by way of supplemental response such additional information as may hereinafter be acquired which augments or modifies the answers to the foregoing Interrogatories and Requests for Production of Documents, such supplemental responses to be served within ten (10) days after receipt of such information or as soon as received if less than ten (10) days before an assigned trial date. Will you do so?

**RESPONSE:** Claimant will comply with the State Claims Commission and the Arkansas Rules of Civil Procedure.

**REQUESTS FOR PRODUCTION OF DOCUMENTS**

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

**RESPONSE:** Claimant objects to this request to the extent that it seeks information not reasonably calculated to lead to the discovery of admissible evidence and, therefore, is not discoverable under the Arkansas Rules of Civil Procedure. Subject to and without waiving the foregoing objection, Claimant states: None.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Claimant does not have documents in his possession responsive to this request.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Please find driver and witness statements and police report attached hereto.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Discovery is still ongoing, and Claimant is unsure as to which demonstrative evidence will be relied upon at trial. In addition to exhibits yet to be determined, Claimant may offer into evidence, medical bills and records, police report, photos and driver/witness statements which are attached hereto.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Please find medical records attached hereto.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Please find medical bills attached hereto.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated

to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Please find Claimant's Loss Wage Verification Form attached hereto.

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: None. Claimant's Policy of Insurance with [REDACTED]

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

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Please find attached hereto, an [REDACTED]

**Request for Production No. 10:** Please produce a copy of the declarations page of the insurance policy that covered the vehicle that was involved in the incident that is the subject of this claim.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing

objection, Claimant states: None. [REDACTED]

**Request for Production No. 11:** Please produce a copy of any declarations or summary of coverages under any insurance policy that were in effect on the date of the incident that is the subject of this claim.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: None. [REDACTED]

**Request for production No. 12:** Please produce a copy of the front and back of your health insurance card that was in effect on the date of the incident that is the subject of this claim.

**RESPONSE:** Claimant objects to this request to the extent that it seeks information not reasonably calculated to lead to the discovery of admissible evidence and, therefore, is not discoverable under the Arkansas Rules of Civil Procedure. Subject to and without waiving the foregoing objection, Claimant states: Please find a copy of health insurance card attached hereto.

**Request for Production No. 13:** Please sign the enclosed Arkansas Driving Records Release Form. If you refuse to sign, please explain your refusal.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Please find Arkansas Driving Records Release Form attached hereto.

**Request for Production No. 14:** Please sign and produce IRS Form 4506, Request for Copy of Tax Return. If you refuse to sign, please explain your refusal.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad, unduly burdensome, seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence and, therefore, is not discoverable under the Arkansas Rules of Civil Procedure.

**Request for Production No. 15:** Please sign and produce the enclosed Authorization to Disclose Health Information. If you refuse to sign, please explain your refusal.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Please find Authorization to Disclose Health Information attached hereto.

**Request for Production No. 16:** Please sign and produce the enclosed Business Records Authorization. If you refuse to sign, please explain your refusal.

**RESPONSE:** Claimant objects to this request to the extent that it is overly broad and seeks information that is irrelevant to the subject matter of this litigation, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing objection, Claimant states: Please find Business Records Authorization attached hereto.

**Request For Production of Documents No. 17:** Please produce a copy of all phone records that exist for the mobile device identified in your Answer to Interrogatory No. 27 for the date of the incident that is the subject of this claim.

**RESPONSE:** Claimant objects to this request on the grounds that it seeks information in violation of his rights of privacy. Subject to and without waiving said objection, Claimant does not have documents in his possession responsive to this request.

Respectfully submitted,

**FLINT, CRAWFORD & COGBURN, P.L.L.C.**

2821 Richmond Road

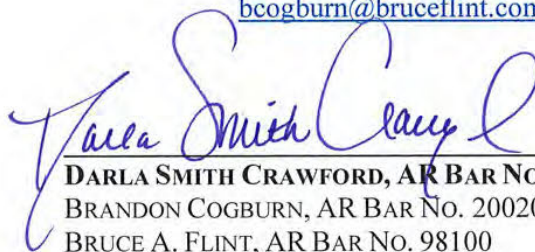
Texarkana, Texas 75503

Office: 903-334-8928 Facsimile: 903-334-8853

E-mail: [dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)

[bruceflint2013@gmail.com](mailto:bruceflint2013@gmail.com)

[bcogburn@bruceflint.com](mailto:bcogburn@bruceflint.com)



**DARLA SMITH CRAWFORD, AR BAR NO. 2009053**

**BRANDON COGBURN, AR BAR NO. 2002094**

**BRUCE A. FLINT, AR BAR NO. 98100**

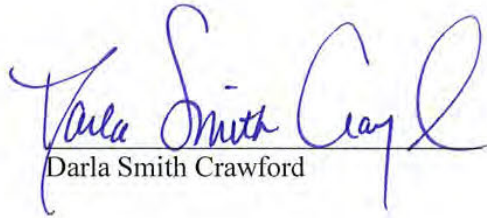
**Attorneys for Claimant**

**CERTIFICATE OF SERVICE**

I, Darla Smith Crawford, certify that I have served the foregoing upon the Respondent by sending a true copy of same via electronic mail this 5<sup>th</sup> day of March, 2024, to the following:

**ARKANSAS DEPARTMENT OF TRANSPORTATION**

Amanda J. Andrews, Staff Attorney  
Post Office Box 2261  
Little Rock, AR 72203-2261  
Amanda.Andrews@ardot.gov  
(501) 569-2278

  
Darla Smith Crawford

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

PATIENT'S NAME: Jonathan Boone

PATIENT'S SSN: [REDACTED]

PATIENT'S DOB: [REDACTED]

COVERED ENTITY: \_\_\_\_\_

*(To be completed by Requester)*

1. I hereby authorize **ANY HEALTH INSURER, THIRD-PARTY ADMINISTRATOR, CLAIMS ADMINISTRATOR, or HEALTH CARE PROVIDER ("COVERED ENTITY")** to make the disclosure of the **PATIENT'S** health information as described below. This authorization is intended to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), HIPAA regulations, and other state and federal laws and regulations that may create a right of privacy in the health information approved to be disclosed by this authorization.

2. The health information to be disclosed is as follows: Complete medical record, including but not limited to: hospital records, medical records, doctor's and/or nurse's notes, information relating to alcohol or drug use or behavioral or mental health, including psychotherapy notes and records, medication records, prescriptions, imaging films, x-rays or other radiologic films, laboratory tests and results, diagnostic records and reports, including but not limited to MRI, CT scan, Myelogram, etc., statements of any and all charges, and any other records pertaining to hospitalization, medical treatment, medical history, prognosis, etiology, and expense not enumerated above.

3. The time period for which the health information identified above is authorized to be disclosed is June 15, 2022, to Present.

4. This information may be disclosed to and used by the following individual or organization: Arkansas Department of Transportation, Legal Division, P.O. Box 2261, Little Rock, AR 72203-2261, and its attorneys, employees, and representative(s).

5. The purpose for which disclosure of this health information is authorized is use in the matter pending before the Arkansas State Claims Commission, *Jonathan Boone v. Arkansas Department of Transportation*, Claim No. 230005, and any appeal thereof.

6. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

7. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons receiving it and would then no longer be protected by federal privacy regulations.

8. I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the **COVERED ENTITY**. I understand the revocation will not apply to information that has already been released in response to this authorization nor to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire upon the conclusion of the matter pending before the Arkansas State Claims Commission, *Jonathan Boone v. Arkansas Department of Transportation*, Claim No. 230005, and any appeal thereof.

9. I understand that I may request a copy of this authorization form that I have signed by sending a written request to the **COVERED ENTITY**. I further understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR §164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal and state confidentiality rules or 45 CFR §164.508. I understand that if I have questions about disclosure of my health information, I can contact my attorneys or the **COVERED ENTITY**.

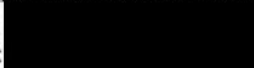
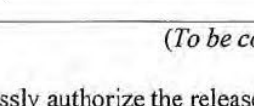
  
Signature of Patient or Legal Representative

\_\_\_\_\_  
If Signed by Legal Representative, Relationship to Patient

3-5-24  
Date

*Photostatic copy of this Authorization shall serve in its stead.*

**BUSINESS RECORDS AUTHORIZATION**

EMPLOYEE'S NAME: Jonathan Boone  
EMPLOYEE'S SSN:   
EMPLOYEE'S DOB: 

EMPLOYER: \_\_\_\_\_  
*(To be completed by Requester)*

I hereby expressly authorize the release of any personnel files and/or any other documents relating to my employment with your company. This would include documentation such as time off for sick leave, job performance, evaluation sheets, W-2s, pay scales, and all other information regarding my job performance with your establishment, including reason for termination of the employment relationship.

This Authorization was signed voluntarily by me with the express understanding that the Arkansas Department of Transportation or any of their representatives, should have complete access to all business, employment and/or financial records.

X   
Signature

X 3-5-24  
Date

\_\_\_\_\_  
If Signed by Legal Representative,  
Relationship to Employee

*Photostatic copy of this Authorization shall serve in its stead.*



STATE OF ARKANSAS  
Department of Finance  
And Administration

**DRIVER SERVICES**  
**Driving Records**  
Ragland Building, Room 1070  
Post Office Box 1272  
Little Rock, Arkansas 72203  
Phone: (501) 683-0984  
Fax: (501) 682-2075  
www.dfa.arkansas.gov

**ARKANSAS DRIVING RECORDS RELEASE FORM**

I, Jonathan Boone do hereby authorize the Department of Finance and Administration, Office of Driver Services to release a copy of my:

- Insurance - \$8.50
- Commercial (Employment) Record - \$10.00
- History Record- \$8.50 \*

**Beginning October 1, 2019 Insurance and History Records will increase to \$8.50.**

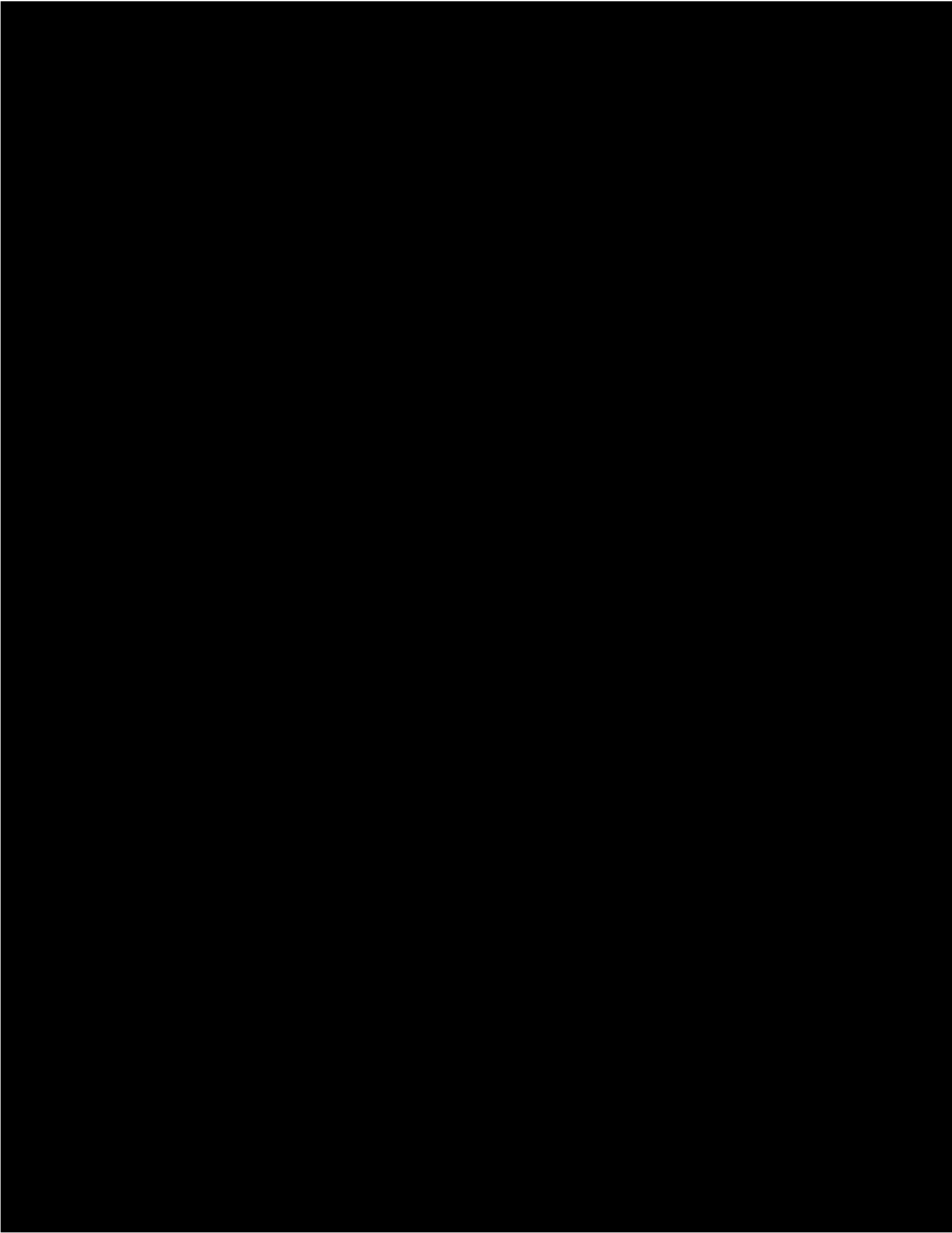
PLEASE: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX		
TO:		
ADDRESS:		
CITY:	STATE:	ZIPCODE:

**This release shall remain in full force and effect for the next five years, unless a formal withdrawal is filed by me.**

SIGNATURE 		DATE 3-5-24
DATE OF BIRTH	TELEPHONE NUMBER	DRIVER'S LICENSE NUMBER

\* History records may only be purchased at the Driving Records Central Location. Checks or money orders should be made payable to DFA Driving Records. Requests can be made in the following ways:

<b>In Person:</b>  Ragland Building-Room 1070 1900 w. 7 <sup>TH</sup> Street Little Rock, Arkansas 72201	<b>By Mail:</b>  Driving Records Section P.O. Box 1272- Room 1070 Little Rock, Arkansas 72203
--	---



LAW OFFICES OF FLINT, CRAWFORD & COGBURN P.L.L.C.

2821 Richmond Road, Texarkana, TX 75503

Phone (903) 334-8928 (888) 793-5468

Fax (903) 334-8853

Please Fax: Attn Darla Crawford

Lost Wage Verification Form

Name of Employee: Jonathan Bourne

Social Security Number: [REDACTED]

Position/Title of Employee: [REDACTED]

Name of Employer: [REDACTED]

Address of Employer: [REDACTED]

Name/Position of Person Verifying Employment: Jamie Frisby

Employment Data:

(A) Hourly Wage Rate: [REDACTED]

(B) Weekly Wage Rate: \_\_\_\_\_

(C) Monthly Wage Rate: \_\_\_\_\_

(D) Number Hours Worked Weekly: 40.50

(E) Overtime Rate: [REDACTED]

(F) Dates Absent Due to Injury: 06/20/2022 - 07/24/2023

(G) Total Number of Hours Absent due to Injury: 2032

(H) Total Gross Wage Value of Hours Absent Due to Injury: [REDACTED]

(I) Date Employee was Hired: 05/12/2021

(J) Date Employee Returned to Work: 07/24/2023

(K) Worker's Compensation Involved? No

(L) Was job/position lost as a result of time off/missed work due to the accident/injury? ( ) YES (  ) NO

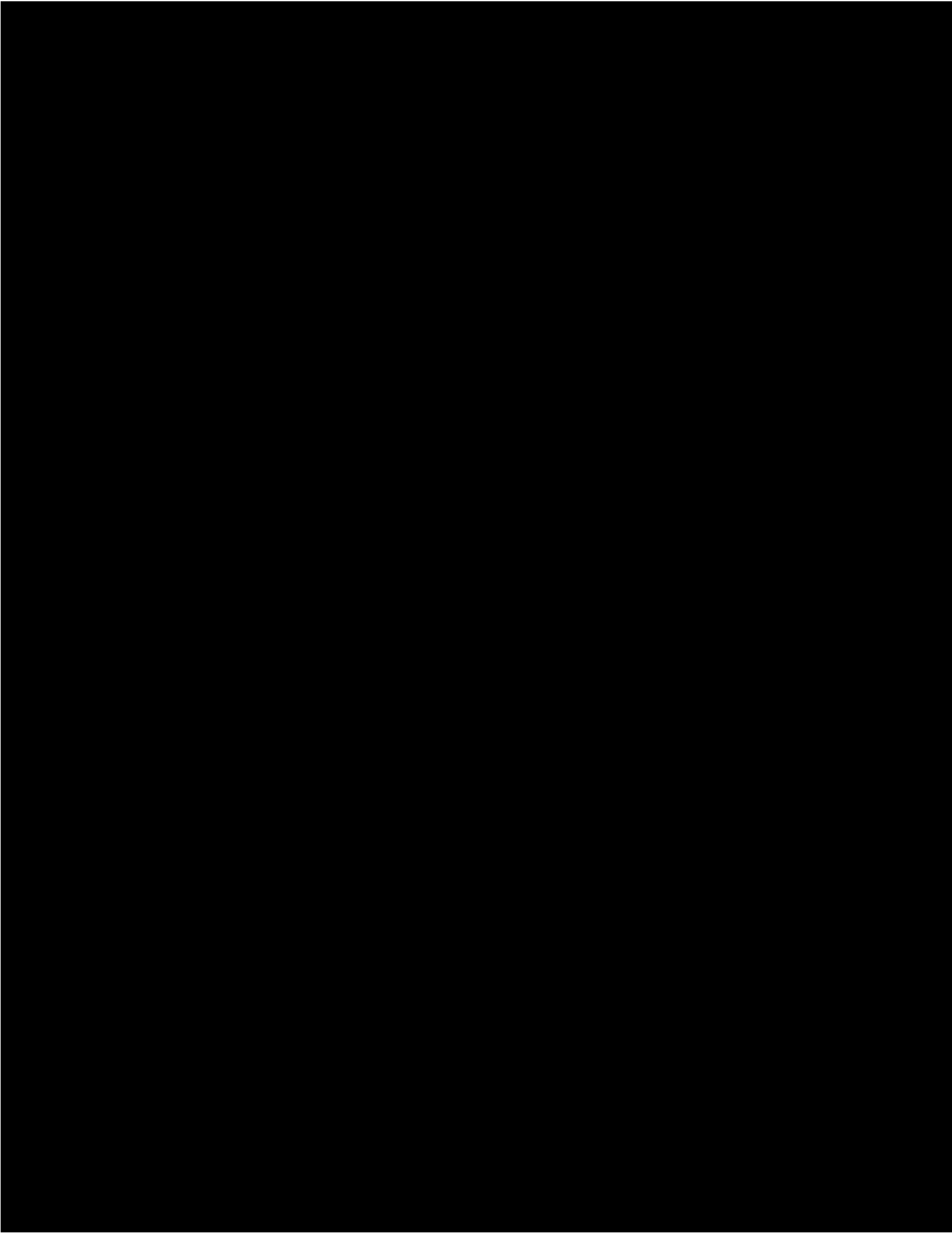
Explanation/Comments: Employee was on STD and LTD while injured. He should have the amounts he drew.

10/19/2023  
Date

870-677-3960  
Phone Number

Jamie Frisby  
Signature of person verifying lost wages

Jamie Frisby  
Printed name of person verifying lost wages



Drivers' Last Names BOONE, STURDIVANT

Juvenile Involved [ ] Yes [x] No ARKANSAS MOTOR VEHICLE CRASH REPORT Severity [ ] Fatality [x] Injury [ ] PDO

# of Motor Vehicles 2

Rev. 2019-1

Crash Report # [REDACTED]

# of Non-Motorists 0

Investigating Agency STATE POLICE TROOP F

Investigating Officer CPL Walker Billy L 326 Signature [Signature]

CRASH DATE AND TIME

Table with 6 columns: Date of Crash, Time of Crash, Date Police Notified, Time Police Notified, Date Police Arrived, Time Police Arrived.

CRASH LOCATION

Form with fields for County, City, Latitude, Longitude, Road/Street/Highway, Section, Log Mile, At Intersection With, Not in City, but, Not at Intersection, but.

CRASH FACTORS AND CONDITIONS

Large form with multiple sections: First Harmful Event, Location of First Harmful Event, School Bus Related, Roadway Surface Condition, Weather Conditions, Type of Collision, Road System, Roadway Conditions, Relation to Junction, Property Classification, Environmental Factors, Trafficway Classification.

WORK ZONE CRASH INFORMATION

Form with 4 columns: Work Zone, Location Relative to Work Zone, Work Zone Type, Worker(s) Present, Law Enforcement Present.



Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Crash Report #

DESCRIPTION AND IDENTIFICATION

Hit and Run, Vehicle Body Type, VIN, Vehicle Year, Make, and Model, License Plate, Trailer License Plates, Owner Name and Address, Motor Carrier Type and Name, Cargo Body Type, GVWR/GCWR, Hazardous Materials Placard, Hazardous Material ID and Class, Hazardous Materials Released from Vehicle Cargo Compartment.

Insurance, Damage Severity, Initial Contact Point, Damaged Areas, Damage Estimate, Damage Prior to the Crash.

TOWING

Towed, Towed By, Towed To, Street, City, State, Postal Code.

Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Crash Report #

MOTOR VEHICLE CIRCUMSTANCES

Table with columns: Vehicle Usage (000), Emergency Vehicle Usage (970), Vehicle Maneuver (100), and Travel Direction (101). Includes codes for various vehicle types and maneuvers.

Vehicle Defects section with a list of checkboxes for various components like Brake, Steering, Tires, etc., and a 'Check all that apply' instruction.

Traffic Control Device Types and Statuses section with checkboxes for various traffic control devices and their status.

Traffic Control Device Type and Device Status table with columns for device type and status, including checkboxes for various signs and signals.

Trafficway Description section with checkboxes for various trafficway types like One-way, Two-way, etc.

Roadway Surface section with checkboxes for various surface types like Concrete, Asphalt, Gravel, etc.

Roadway Grade section with checkboxes for various grade types like Level, Hillcrest, Uphill, etc.

Roadway Alignment section with checkboxes for various alignment types like Straight, Curve left, etc.

Total # of Lanes section with a value of 5.

Posted Speed Limit section with a value of 60.

Traffic Control Device Type and Device Status table (continued) with checkboxes for various device types.

MOTOR VEHICLE EVENTS

Sequence of Events row with 10 numbered boxes, where box 1 contains '205'.

Most Harmful Event 205

Table with columns: Non-Collision, Collision with Non-Fixed Object, Collision with Fixed Object, and Unknown. Lists various event codes and descriptions.

Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report #

DRIVER INFORMATION

Name: BOONE JONATHAN J, Date of Birth/Age, Sex: Male, Race: 101, Address, Street, City, State, Postal Code

DRIVER LICENSE INFORMATION

License Status: 100, License Number, License State: LA, License Class: E, Restrictions on License, Endorsements on License, Endorsements Violated

DRIVER SEATING AND SAFETY INFORMATION

Seating Position: 110, Restraint Systems Used: 100, Motorcycle Helmet Usage: 000, Air Bags Deployed, Ejection, Extrication, Ejection Path

Motor Vehicle # 1

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report #

MEDICAL INFORMATION section containing Injury Status, Type of Medical Transportation, EMS Notified, EMS Arrived, Trauma Band #, and Medical Facility information.

DRIVER CONDITION AND CIRCUMSTANCES

DRIVER CONDITION AND CIRCUMSTANCES section containing Condition at Time of Crash, Driver Distracted By, Driver Vision Obscured By, and other driver-related details.

Alcohol and Blood Alcohol Content section containing Driver Suspected of Alcohol Usage, Alcohol Test Type Given, Alcohol Test Result Status, Blood Alcohol Content, and Speeding Related information.

Drug Test and Citations section containing Driver Suspected of Drug Usage, Drug Test Type Given, Drug Test Results, and Citations information.

DRIVER ACTIONS AT TIME OF CRASH

DRIVER ACTIONS AT TIME OF CRASH section containing various checkboxes for driver actions such as Disregarded Traffic Signs, Improper Maneuver, Other Actions, Swerved or Avoided, Improper Use of Lights, and Unsafe Operation.

ARKANSAS MOTOR VEHICLE CRASH REPORT  
VEHICLE INFORMATION

Crash Report # [REDACTED]

Motor Vehicle #  
2

DESCRIPTION AND IDENTIFICATION

Check if this vehicle had no driver <input type="checkbox"/>	<b>Hit and Run</b> 000 No, did not leave the scene 001 No, vehicle & driver left the scene 002 No, only driver left the scene	100 Yes, vehicle & driver left the scene 101 Yes, only driver left the scene	000	<b>Vehicle Body Type</b> <b>Passenger Vehicles</b> 100 2-door 101 4-door 102 Hatchback 103 Convertible 104 Station wagon 105 Pick-up 106 Mini-van 107 Passenger van (seats any number if personal; up to 8 if business) 108 Cargo van (10,000 lbs or less) 109 Sport utility vehicle 110 Large utility vehicle 111 Motor home/recreational vehicle 198 Other passenger vehicle	109
<b>VIN</b> [REDACTED]					
<b>Vehicle Year, Make, and Model</b> 2018 Ford Bronco (through 1977)/ Bronco II/Explorer/ Exp					
<b>License Plate</b> AR [REDACTED] 2019 State Number Year					
<b>Trailer #1 License Plate</b> State Number <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)					
<b>Trailer #2 License Plate</b> State Number <input type="checkbox"/> Missing <input type="checkbox"/> Unknown (fill in all known details)					
<b>Owner Name</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown AR DEPT OF TRANSPORTATION					
<b>Owner Address</b> <input type="checkbox"/> Same as driver <input type="checkbox"/> Unknown PO BOX 2261 LITTLE ROCK AR 72203-2261 Street City State Postal Code					
<b>Motor Carrier Type</b> 000 000 Personal transportation 100 Interstate carrier 101 Intrastate carrier 102 Not in commerce - government 103 Not in commerce - other truck 999 Unknown		<b>Motor Carrier ID Numbers</b> USDOT # _____ MC/MX # _____ State # _____ State _____			
<b>Motor Carrier Name</b> <input type="checkbox"/> Unknown					
<b>Motor Carrier Address</b> <input type="checkbox"/> Unknown Street City State Postal Code					
<b>Cargo Body Type</b> 000 000 No cargo body 100 Bus 101 Van / enclosed box 102 Grain / chips / gravel 103 Pole trailer 104 Cargo tank 105 Log 106 Intermodal container chassis 107 Vehicle towing another vehicle 108 Flatbed 109 Dump 110 Concrete mixer 111 Auto transporter 112 Garbage / refuse 198 Other 999 Unknown					
<b>GVWR/GCWR</b> 970 100 10,000 lbs or less 101 10,001 - 26,000 lbs 102 More than 26,000 lbs 970 Not applicable		<b>Hazardous Materials Placard</b> 000 000 Placard not required 100 Placard displayed 200 Placard required but not displayed 999 Unknown		<b>Hazardous Material ID</b> (4-digit # or name from middle of diamond or rectangular box) <b>Hazardous Material Class</b> (1-digit # from bottom of diamond)	
<b>Hazardous Materials Released from Vehicle Cargo Compartment</b> 970 000 No, hazardous materials not released 100 Yes, hazardous materials released 970 Not applicable (not carrying hazardous materials)					

INSURANCE

DAMAGE

<b>Insurance</b> <input type="checkbox"/> Uninsured at time of crash <input checked="" type="checkbox"/> Unknown (fill in any known details)	<b>Insurance Company</b> SELF INSURED	<b>NAIC #</b>	<b>Policy #</b>	<b>Damage Severity</b> 102 000 No damage 100 Minor damage 101 Functional damage 102 Disabling damage 999 Unknown	<b>Damage Estimate</b> \$10,000	<b>Damage Prior to the Crash</b> <input checked="" type="checkbox"/> No prior damage <input type="checkbox"/> Yes (describe below)	<b>Initial Contact Point (check 1)</b> <table border="1"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td colspan="3" style="text-align: center;">➔</td><td>12</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>	7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	➔			12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1	<b>Damaged Areas (check all that apply)</b> <table border="1"> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td colspan="3" style="text-align: center;">➔</td><td>12</td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr> </table>	7	8	9	10	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	➔			12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	4	3	2	1
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5	4	3	2	1																																																								
<input type="checkbox"/> 000 Non-collision <input type="checkbox"/> 100 Cargo loss <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																																																												
<input type="checkbox"/> 097 No damage <input type="checkbox"/> 113 Top <input type="checkbox"/> 114 Undercarriage <input type="checkbox"/> 999 Unknown																																																												

TOWING

<b>Towed</b> 101 000 Not towed 100 Towed, but not due to disabling damage 101 Towed due to disabling damage	<b>Towed By</b> OTM WERCKER SERVICE	<b>Towed To</b> 231 Commerce Dr. EL DORADO AR 71730 Street City State Postal Code
--	--	---

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT VEHICLE INFORMATION

Crash Report #

MOTOR VEHICLE CIRCUMSTANCES

Table with columns: Vehicle Usage (108), Emergency Vehicle Usage (100), Vehicle Maneuver (107), and Travel Direction (101). Includes codes for various vehicle types and directions.

Vehicle Defects section with a grid of checkboxes for items like Brake, Steering, Tires, Mirrors, Exhaust system, Power train, Wheels, Wipers, Cruise control, etc.

Traffic Control Device Types and Statuses section with checkboxes for various traffic control devices like flashing signals, stop signs, yield signs, etc.

Traffic Control Device Type and Device Status table with columns for device type and status, including checkboxes for various traffic signs.

Trafficway Description (201) and Roadway Surface (101) section with checkboxes for trafficway types and surface materials like concrete, asphalt, gravel, etc.

Roadway Grade (100) and Roadway Alignment (100) section with checkboxes for roadway grades and alignment types like straight, curve left, etc.

Total # of Lanes (5) and Posted Speed Limit (60) section with checkboxes for lane counts and speed limits.

MOTOR VEHICLE EVENTS

Sequence of Events table with 10 numbered boxes for recording event sequences.

Most Harmful Event 205

Collision types table with columns: Non-Collision, Collision with Non-Fixed Object, Collision with Fixed Object, and Unknown. Lists various collision scenarios.

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report #

DRIVER INFORMATION

Name: BRIAN CRAWFORD, Date of Birth/Age, Sex: Male, Race: 100, Address, Street, City, State, Postal Code

DRIVER LICENSE INFORMATION

License Status: 100, License Number: 911475311, License State: AR, License Class: D, Restrictions on License, Endorsements on License

DRIVER SEATING AND SAFETY INFORMATION

Seating Position: 110, Restraint Systems Used: 100, Motorcycle Helmet Usage: 000, Standard Vehicle Seats, Other Seating Positions

Bus Seating Position, Air Bags Deployed, Ejection, Extrication, Ejection Path

Motor Vehicle # 2

ARKANSAS MOTOR VEHICLE CRASH REPORT DRIVER INFORMATION

Crash Report #

MEDICAL INFORMATION section containing Injury Status, Type of Medical Transportation, EMS Notified, EMS Arrived, Trauma Band #, and Medical Facility Transported To.

DRIVER CONDITION AND CIRCUMSTANCES

DRIVER CONDITION AND CIRCUMSTANCES section containing Condition at Time of Crash, Driver Distracted By, Driver Vision Obscured By, and Driver Suspected of Alcohol Usage.

DRIVER CONDITION AND CIRCUMSTANCES section containing Alcohol Test Type Given, Alcohol Test Result Status, Blood Alcohol Content, and Speeding Related.

DRIVER CONDITION AND CIRCUMSTANCES section containing Driver Suspected of Drug Usage, Drug Test Type Given, Drug Test Results, and Citations.

DRIVER ACTIONS AT TIME OF CRASH

DRIVER ACTIONS AT TIME OF CRASH section containing various checkboxes for actions like Disregarded Traffic Signs, Improper Maneuver, Other Actions, Swerved or Avoided, Improper Use of Lights, and Unsafe Operation.

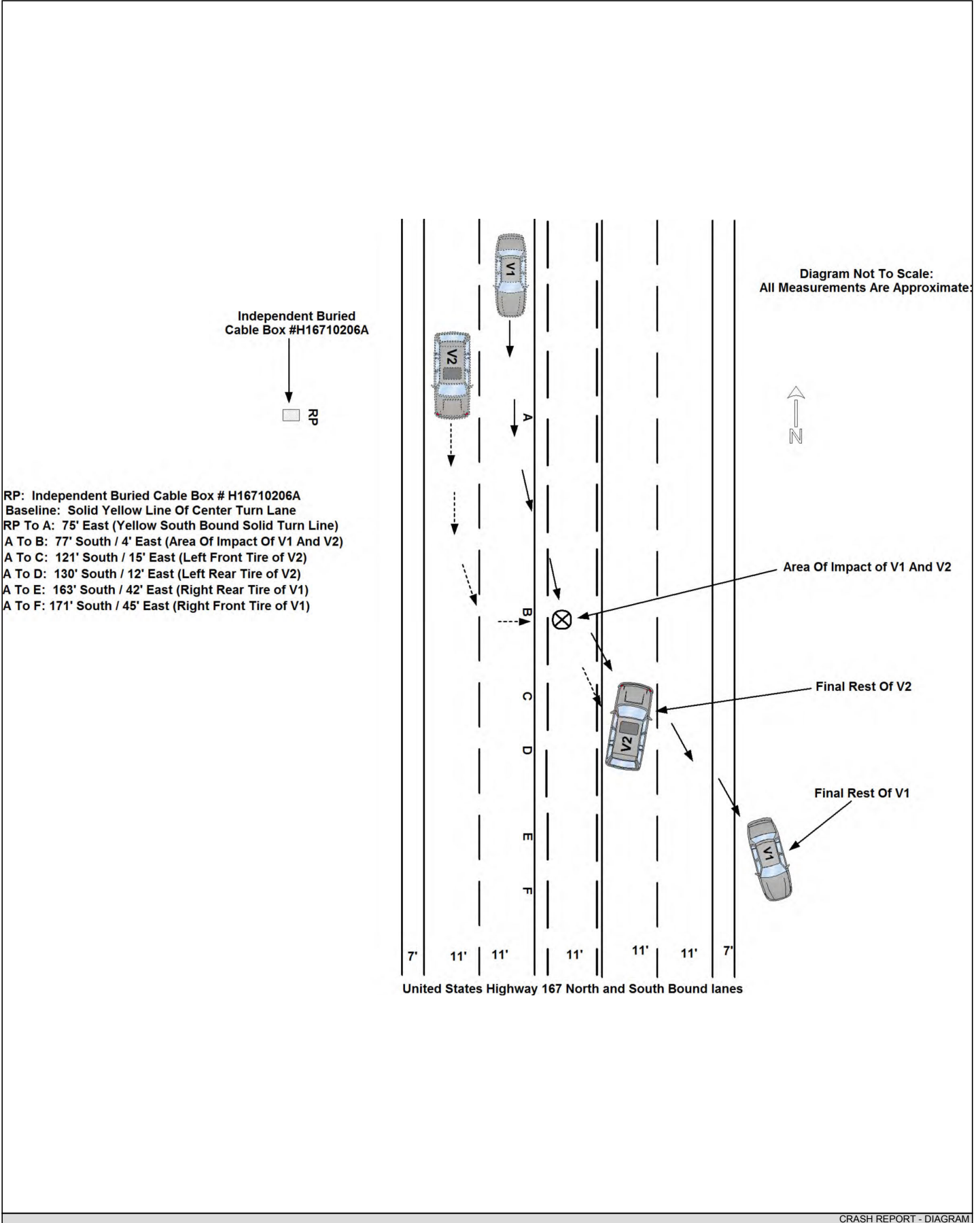
ARKANSAS MOTOR VEHICLE CRASH REPORT  
NARRATIVE

V2 was traveling southbound on United States Highway 167 in the outside lane of traffic. V1 was traveling southbound on United States Highway 167, in the inside of traffic behind V2. My investigation of this accident revealed: As V1 was passing V2 in the inside lane of traffic, the driver of V2 attempted to make a U-turn. V2 travelled into the inside traffic lane into the path of V1. The driver of V1 took evasive action by swerving into the center turn lane. The driver of V1 was unsuccessful in this attempt due V2 entering into the center turn lane also. The front right side of V1 struck the left front side of V2 in the center turn lane of United States Highway 167. The impact of the collision caused V2 to spin in a clockwise direction and come to a final rest in the inside northbound lane of United States Highway 167. V2 came to a final rest 44 feet South of the area of impact, facing in a northern direction. After impact V1 continued traveling in a South direction across the northbound lanes of traffic, and ran off the left side of the roadway. V1 came to a final rest on the northbound roadside, facing in a southern direction approximately 86 feet south of the area of impact.

Scene #  
1

ARKANSAS MOTOR VEHICLE CRASH REPORT  
DIAGRAM

Crash Report # [REDACTED]





# ARKANSAS STATE POLICE

ASP 81  
(Rev. 06/04/2019)

## Crash Report Supplement Driver/Witness Statement Form

Crash Date: 06/15/22 Time: 12:12  AM  PM Report #: [REDACTED]  
(Mo./Day/Year)

Name: Brian Crawford Sturdiant Date of Birth: [REDACTED]  
(First/MI/Last Name)

Address: [REDACTED]  
House # and Street or P.O. Box # City State Zip Code

Phone Number: [REDACTED] Email: brian.sturdiant@ARDOT.GOV

Driver's License # [REDACTED]  DL  CDL State: AR

Vehicle Make: Ford Model: Exp/Ext Vehicle License #: [REDACTED] State: AR

Location of Crash:  Hwy 167 S - North of Caledonia Rd

Statement of:  Driver  Passenger  Witness Are You Injured?  Yes  No  
(Check One) (Check One)

Driver/Passenger/Witness Statement:

While patrolling SR on Hwy 167 S, near Caledonia Rd. I observed an oncoming  
car, decided to stop car for hazard safety inspection. Checked my mirrors did not observe  
any vehicles to the rear. Began my you turn, heard hard braking and tires, I turned and looked  
out my driver side door window. Observed passenger car attempt to swerve left. Passenger car  
struck on my front left corner of patrol unit. After my vehicle came to a stop, I advised in  
to dispatch of the accident. Quickly checked for injury, I exited my vehicle to check occupants  
of passenger car. Driver met me stated he was ok, asked if I was ok. Driver shortly after complained  
of back pain. Passenger car engine area began smoking, I used my fire extinguisher on the vehicle observed no fire.

As the driver of the vehicle, were any of the following conditions a contributing factor in this accident?

- Unconsciousness  Epileptic Condition
- Other nervous disorder or marked mental confusion
- Result of any physical disability, disease, disorder or any other medical condition

Signature of Driver: Brian C. Sturdiant  
(First/MI/Last Name)

Date: 06/15/22

Signature of Officer: Sr. Cpl. Billy Walker #326  
(Rank/First/MI/Last Name/Badge #)

Date: 06/15/22



# ARKANSAS STATE POLICE

ASP 81  
(Rev. 06/04/2019)

## Crash Report Supplement Driver/Witness Statement Form

Crash Date: 6/15/22 Time: 1:20  AM  PM Report #: [Redacted]

Name: Jonathan S Boone Date of Birth: [Redacted]

Address: [Redacted]

Phone Number: [Redacted] Email: \_\_\_\_\_

Driver's License # [Redacted]  DL  CDL State: AR

Vehicle Make: Audi Model: Q5 Vehicle License #: [Redacted] State: AR

Location of Crash: U.S. 167 S

Statement of:  Driver  Passenger  Witness Are You Injured?  Yes  No  
(Check One) (Check One)

Driver/Passenger/Witness Statement:  
I left work me and my co-workers we got down by the church. I don't think he saw me. He made a U-turn in front of me. I tried to miss him but it was nothing I could do.

As the *driver* of the vehicle, were any of the following conditions a contributing factor in this accident?  
 Unconsciousness  Epileptic Condition  
 Other nervous disorder or marked mental confusion  
 Result of any physical disability, disease, disorder or any other medical condition

Signature of Driver: [Signature] Date: 6/15/22  
(First/MI/Last Name)

Signature of Officer: Sr. Cpl. Billy Walker #326 Date: 6/15/22  
(Rank/Post/MI/Last Name/Badge #)



# ARKANSAS STATE POLICE

ASP 81  
(Rev. 06/04/2019)

## Crash Report Supplement Driver/Witness Statement Form

Crash Date: 06/15/22 Time: 1240  AM  PM Report #: [Redacted]

Name: Landrick D McDonald Date of Birth: [Redacted]

Address: [Redacted]

Phone Number: [Redacted] Email: \_\_\_\_\_

Driver's License  DL  CDL State: LA

Vehicle Make: Impala Model: 2014 Vehicle License #: [Redacted] State: LA

Location of Crash: \_\_\_\_\_

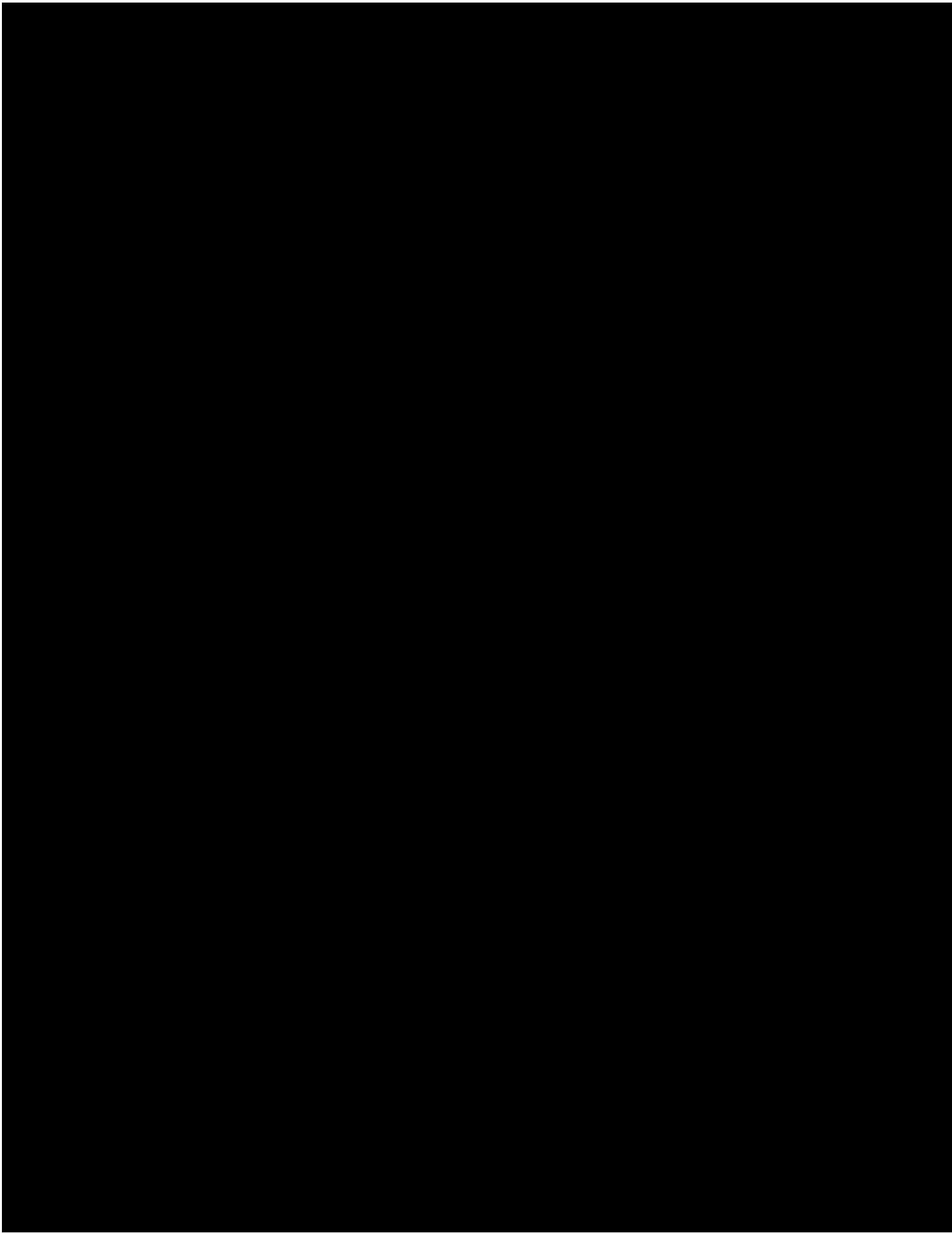
Statement of:  Driver  Passenger  Witness Are You Injured?  Yes  No  
(Check One) (Check One)

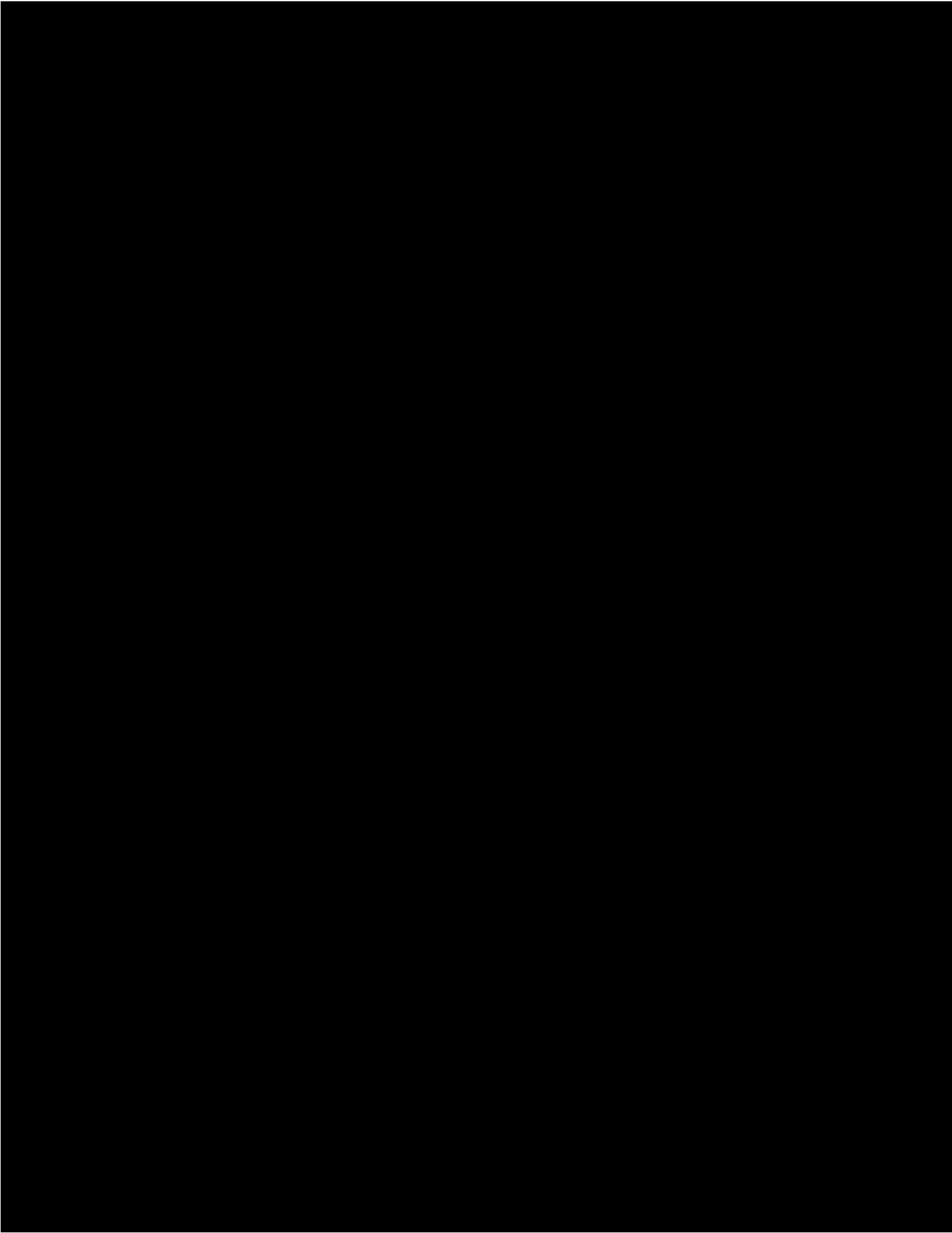
Driver/Passenger/Witness Statement:  
John and the officer was going south, John was on the left side passing the officer on the right side and the officer tried to make a U turn and hit John

As the driver of the vehicle, were any of the following conditions a contributing factor in this accident?  
 Unconsciousness  Epileptic Condition  
 Other nervous disorder or marked mental confusion  
 Result of any physical disability, disease, disorder or any other medical condition

Signature of Driver: Landrick D McDonald Date: 06/15/22  
(First/MI/Last Name)

Signature of Officer: Sr. Sgt. Billy Walker #326 Date: 06/15/22  
(Rank/Post/MI/Last Name/Badge #)





**From:** [Christy McCoy](#)  
**To:** [Andrews, Amanda J.](#); [Darla Crawford](#)  
**Cc:** [ASCC Pleadings](#)  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents  
**Date:** Tuesday, March 5, 2024 1:47:02 PM  
**Attachments:** [image001.png](#)  
[image002.jpg](#)  
[IMG\\_5526.JPG](#)  
[IMG\\_5527.JPG](#)  
[IMG\\_5528.JPG](#)  
[IMG\\_5529.JPG](#)  
[IMG\\_5530.JPG](#)  
[IMG\\_5531.JPG](#)  
[IMG\\_5532.JPG](#)  
[IMG\\_5533.JPG](#)  
[IMG\\_5534.JPG](#)

You don't often get email from [mccoy@bruceflint.com](mailto:mccoy@bruceflint.com). [Learn why this is important](#)

**ATTACHMENTS EMAIL # 2**

Photos

Please find attached additional attachments to Claimant’s Responses to Interrogatories and Request for Production.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Christy McCoy  
**Sent:** Tuesday, March 5, 2024 1:41 PM  
**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford

<dcrawford@bruceflint.com>

**Cc:** 'ASCCPleadings@arkansas.gov' <ASCCPleadings@arkansas.gov>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

### **ATTACHMENTS EMAIL # 1**

Claimant's Responses

Signed Authorizations

[REDACTED]

Lost Wage Verification Form

Police Report

(3) Witness Statements

Front and Back Copy of Health Insurance

Good Afternoon.

Please find attached the Claimant's Responses to Respondent's First Set of Interrogatories and Request for Production of Documents.

I will be sending a second and third email following this one with remaining attachments as the file is too large to send in one email.

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

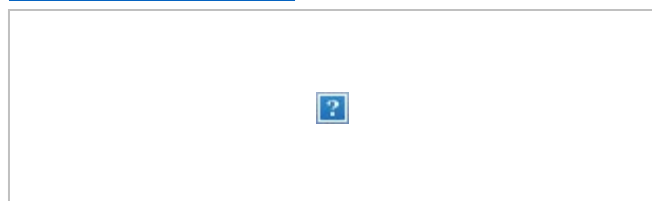
Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

**Sent:** Monday, February 5, 2024 2:03 PM

**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Yes, absolutely. Please see attached Word version.

### **Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



---

**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>

**Sent:** Monday, February 5, 2024 1:25 PM

**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

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Amanda,

Could you please send the Word form for these?

Thank you

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*Christy McCoy*

Litigation Paralegal

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928  
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**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Monday, February 5, 2024 1:18 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** Fwd: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

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**Sent:** Monday, February 5, 2024 1:04:48 PM  
**To:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Good afternoon,

Please find ARDOT's first set of Interrogatories and Requests for Production of Documents to Claimant to be filed in the above matter. At your earliest convenience, please confirm your receipt of this filing.

Please let me know if you have any issues opening the attachment or have any questions.

Sincerely,

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Arkansas Department of Transportation  
P.O. Box 2261  
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Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)





















**Kathryn Irby**

---

**From:** Christy McCoy <mccoy@bruceflint.com>  
**Sent:** Tuesday, March 5, 2024 1:56 PM  
**To:** Andrews, Amanda J.; Darla Crawford  
**Cc:** ASCC Pleadings  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents  
**Attachments:** IMG\_5534.JPG; IMG\_5533.JPG; MR-Green Clinic DOS 4-20-23.pdf; MR-Green Clinic DOS 7-18-23.pdf; MR-Green Clinic DOS 5-18-23.pdf; BR-Green Clinic DOS 4-20-23, 5-18-23,7-18-23.pdf; BOONE NW IMAGING.pdf; BOONE GREEN CLINIC RECORDS.pdf; BOONE GREEN CLINIC BILLS.pdf; BOONE REEVES MEMORIAL RECORDS.pdf; BOONE REEVES MEMORIAL BILLS.pdf; RADIOLOGY ASSOC BILL.pdf

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**Email # 3 ATTACHMENTS**

Remaining Photos and Some Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
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**To:** 'Andrews, Amanda J.' <Amanda.Andrews@ardot.gov>; Darla Crawford <dcrawford@bruceflint.com>  
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**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

**ATTACHMENTS EMAIL # 2**

Photos

Please find attached additional attachments to Claimant’s Responses to Interrogatories and Request for Production.

Sincerely,

*Christy McCoy*

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**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

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**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

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**Cc:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>

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P.O. Box 2261

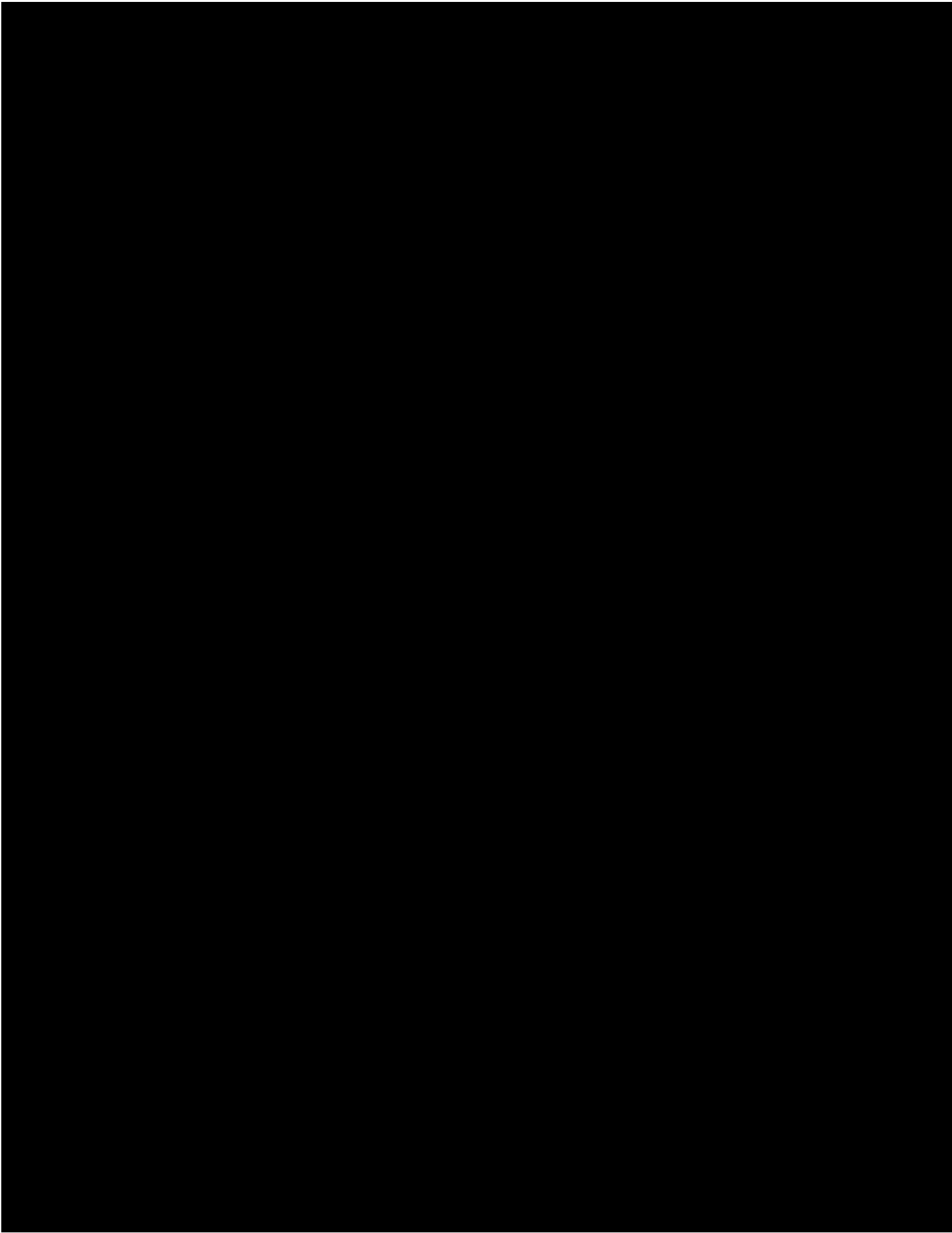
Little Rock, AR 72203-2261

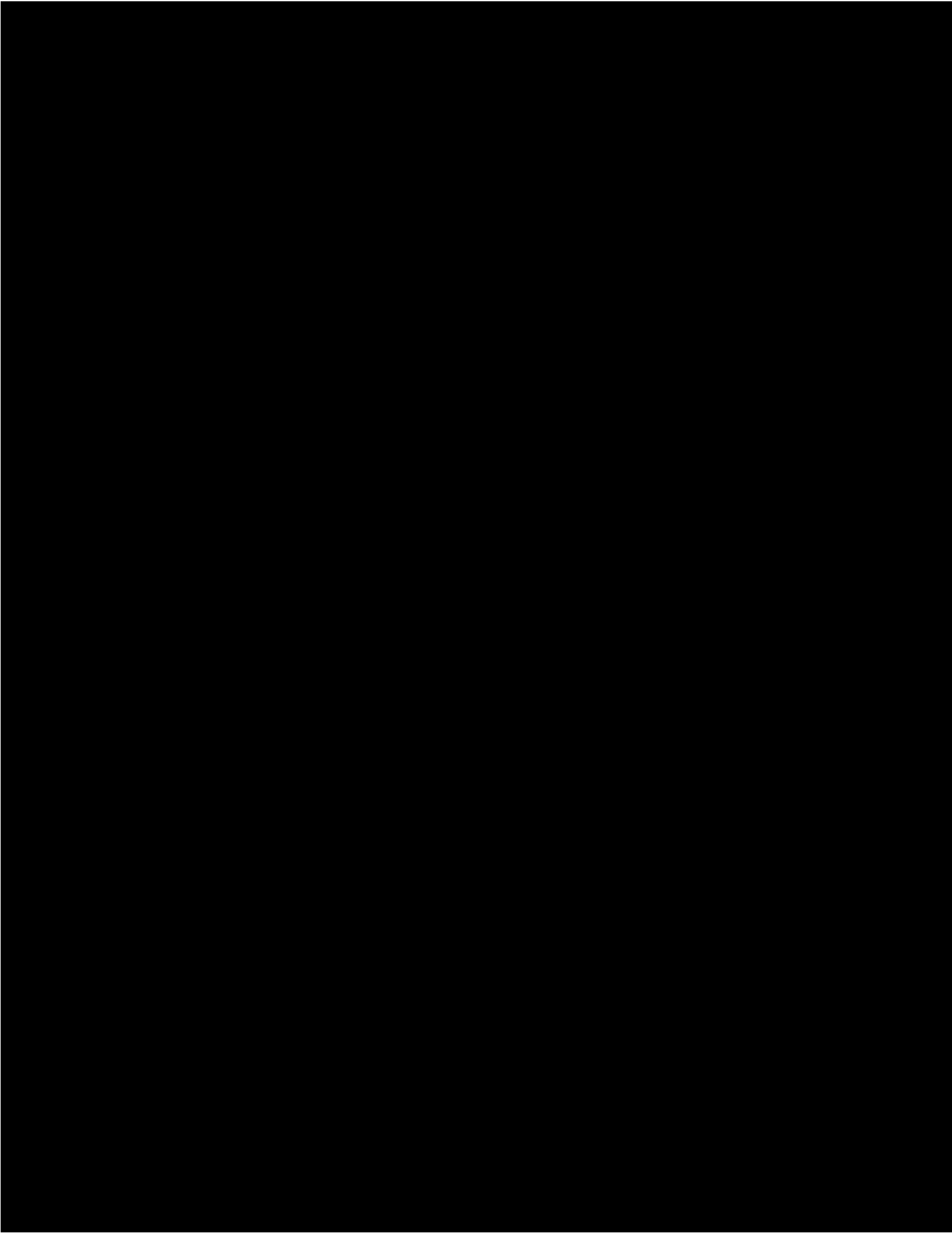
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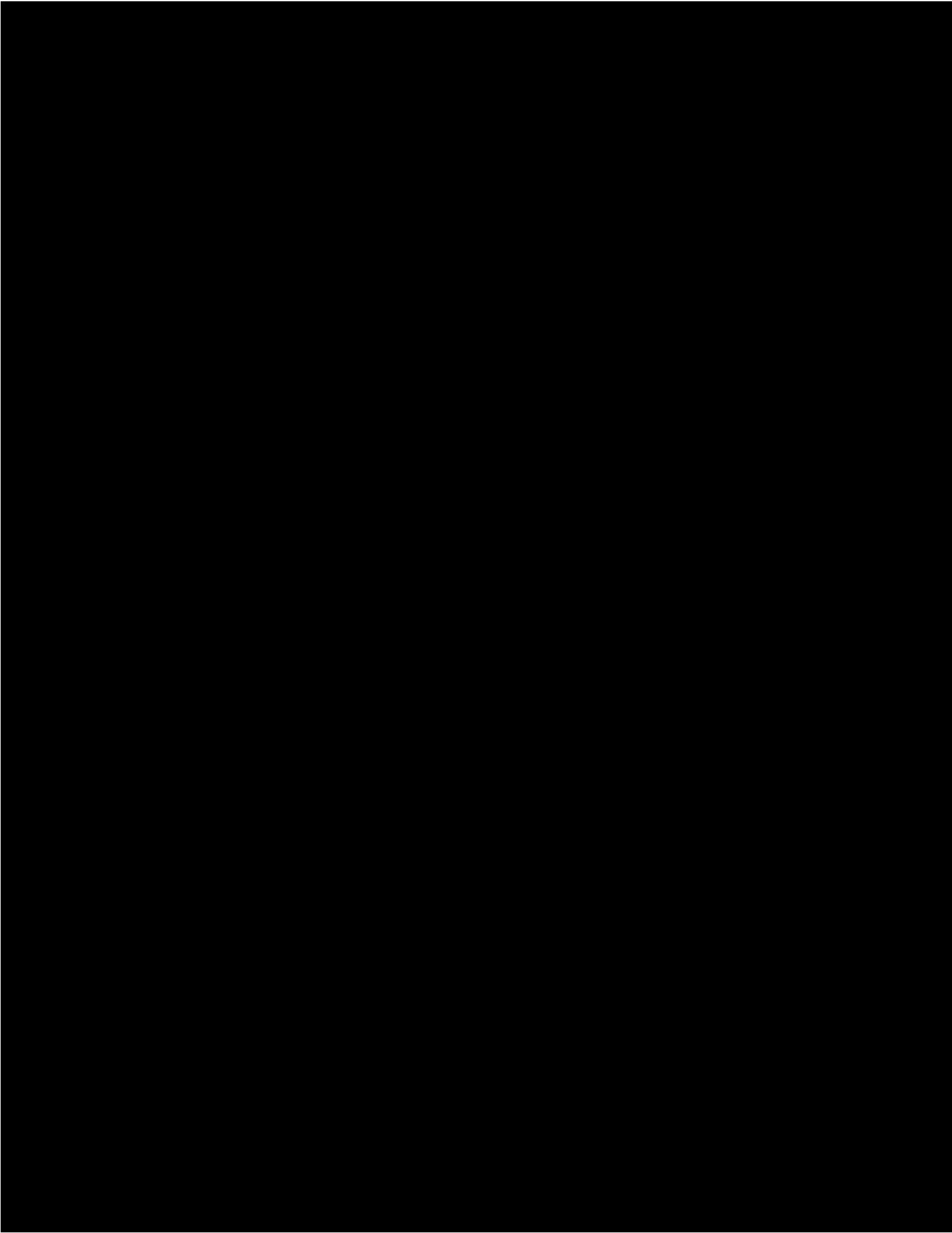
Fax: (501) 569-2164

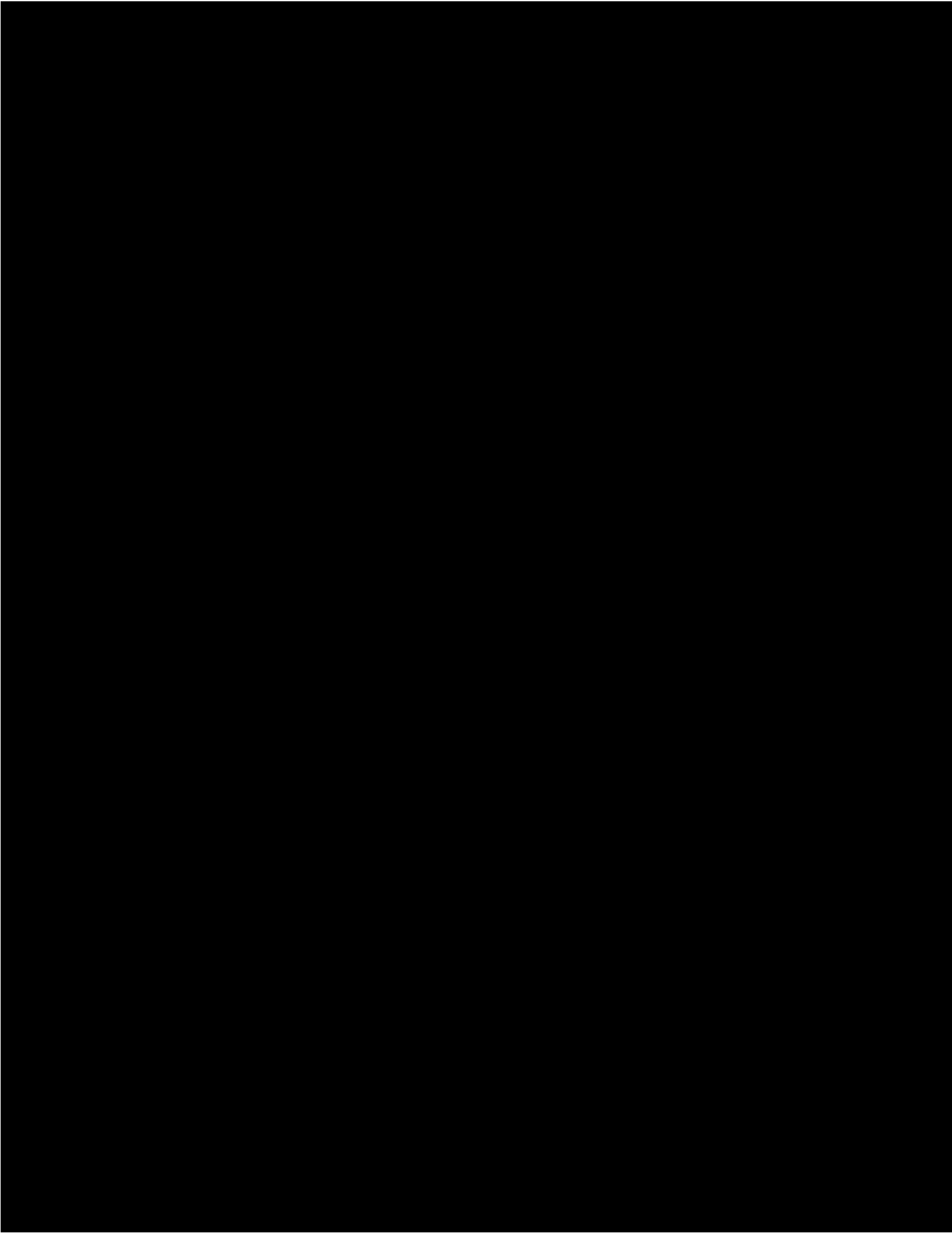
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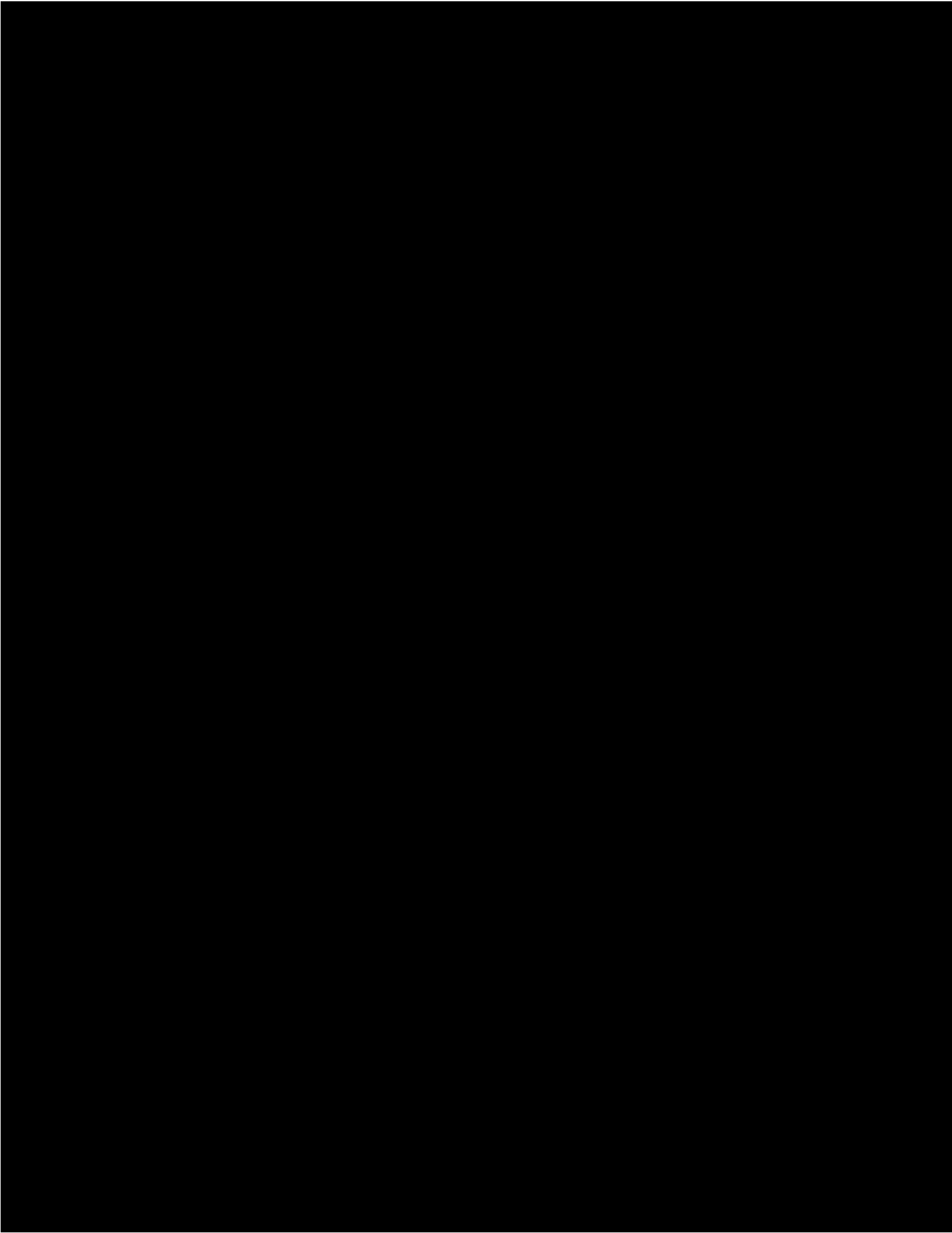


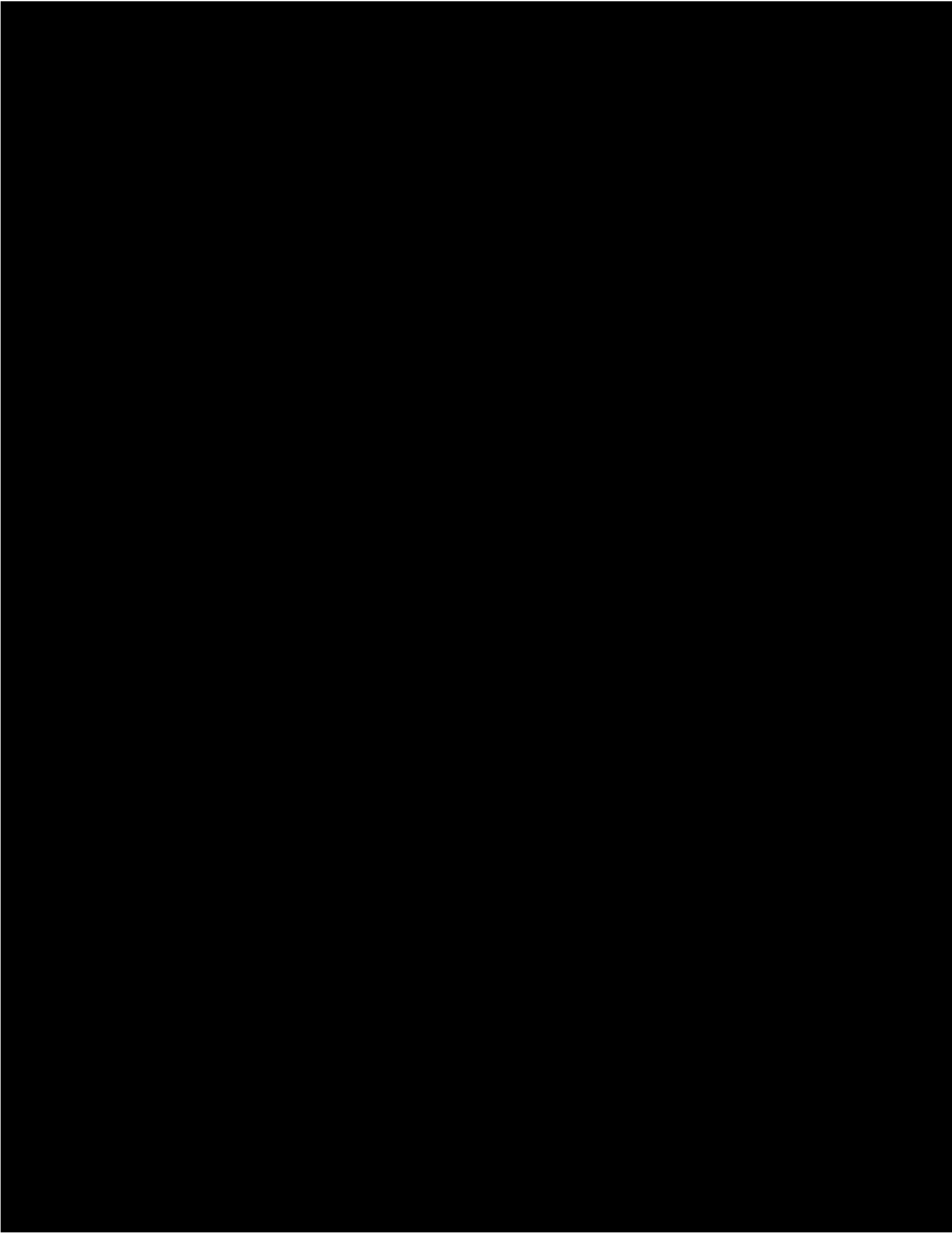


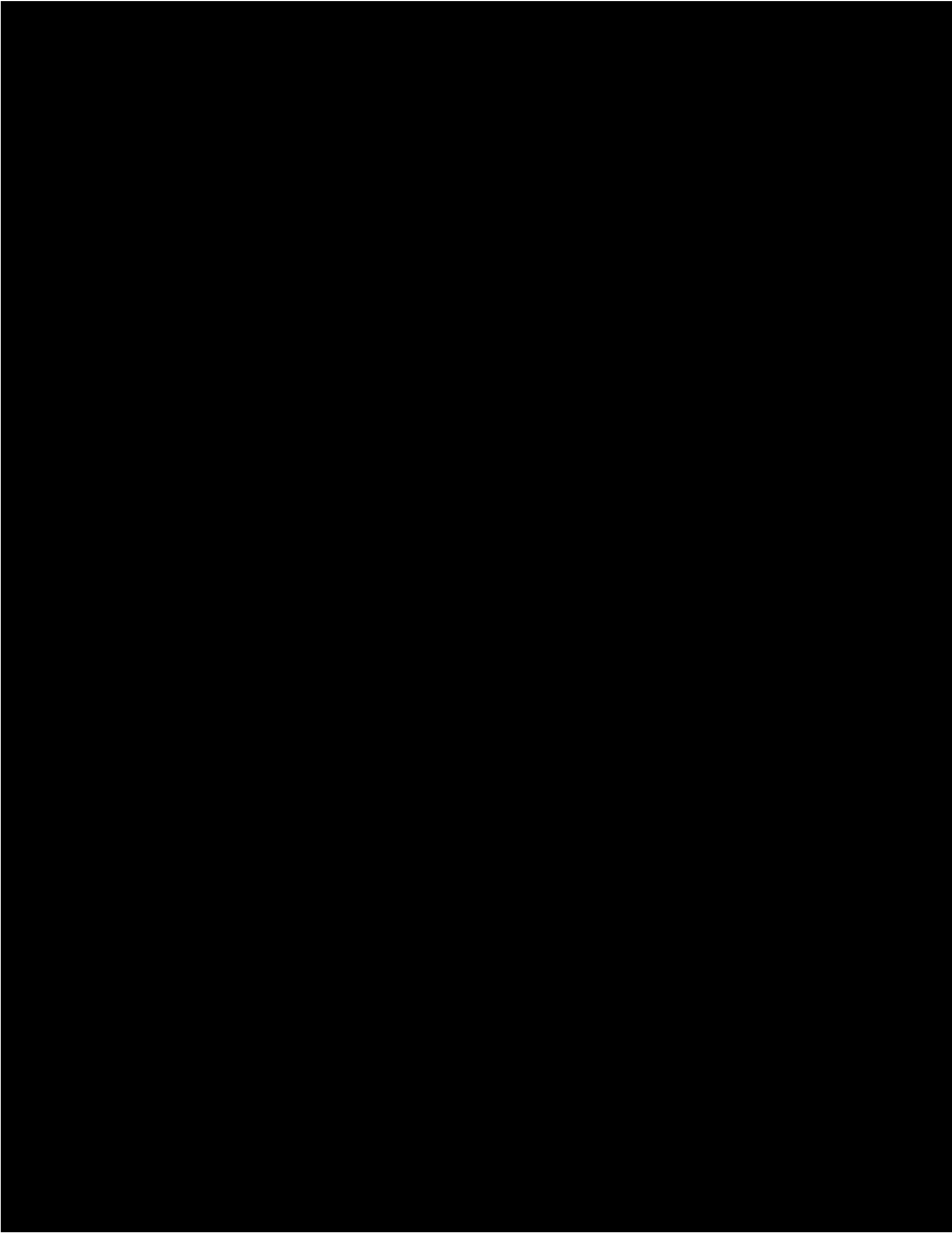


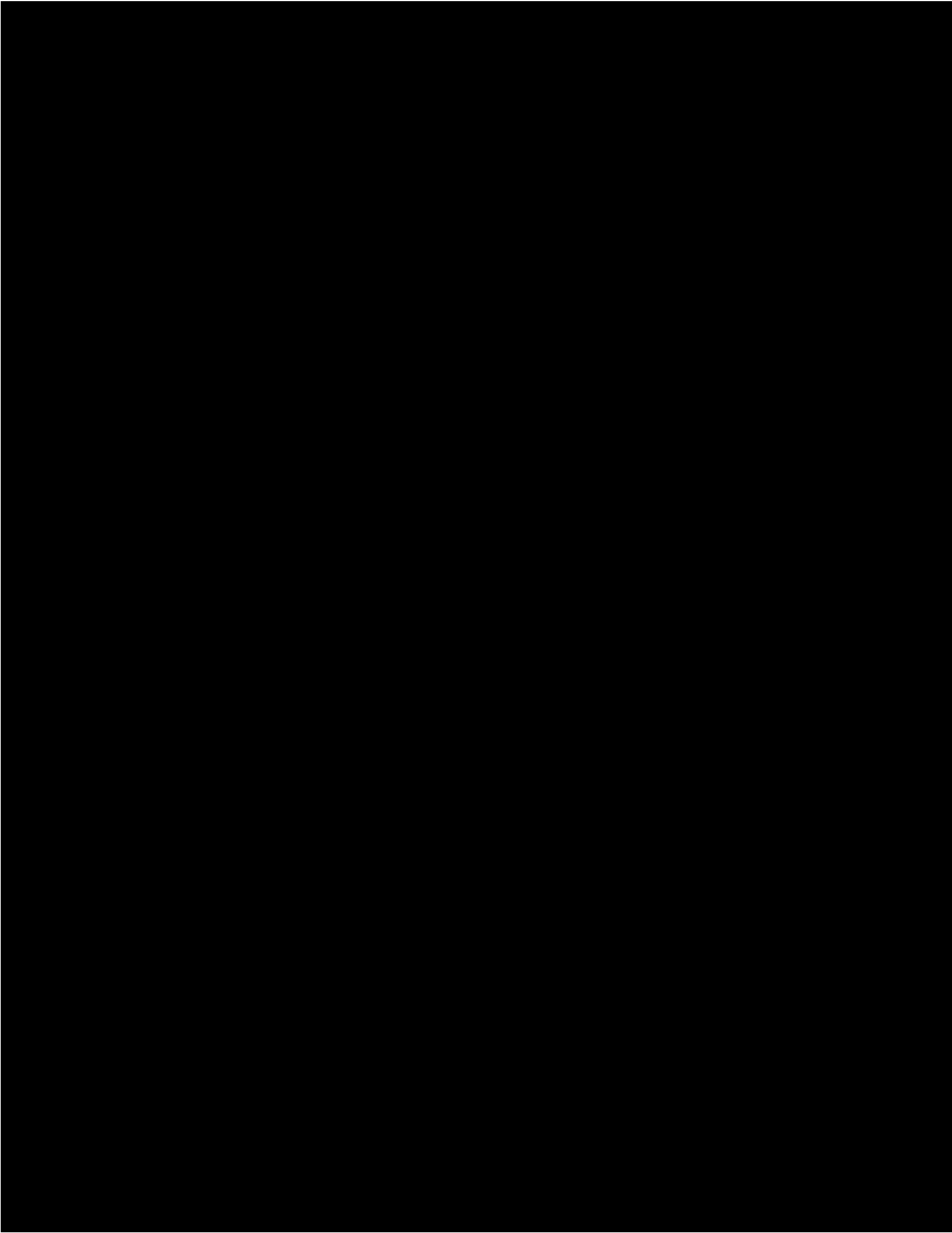


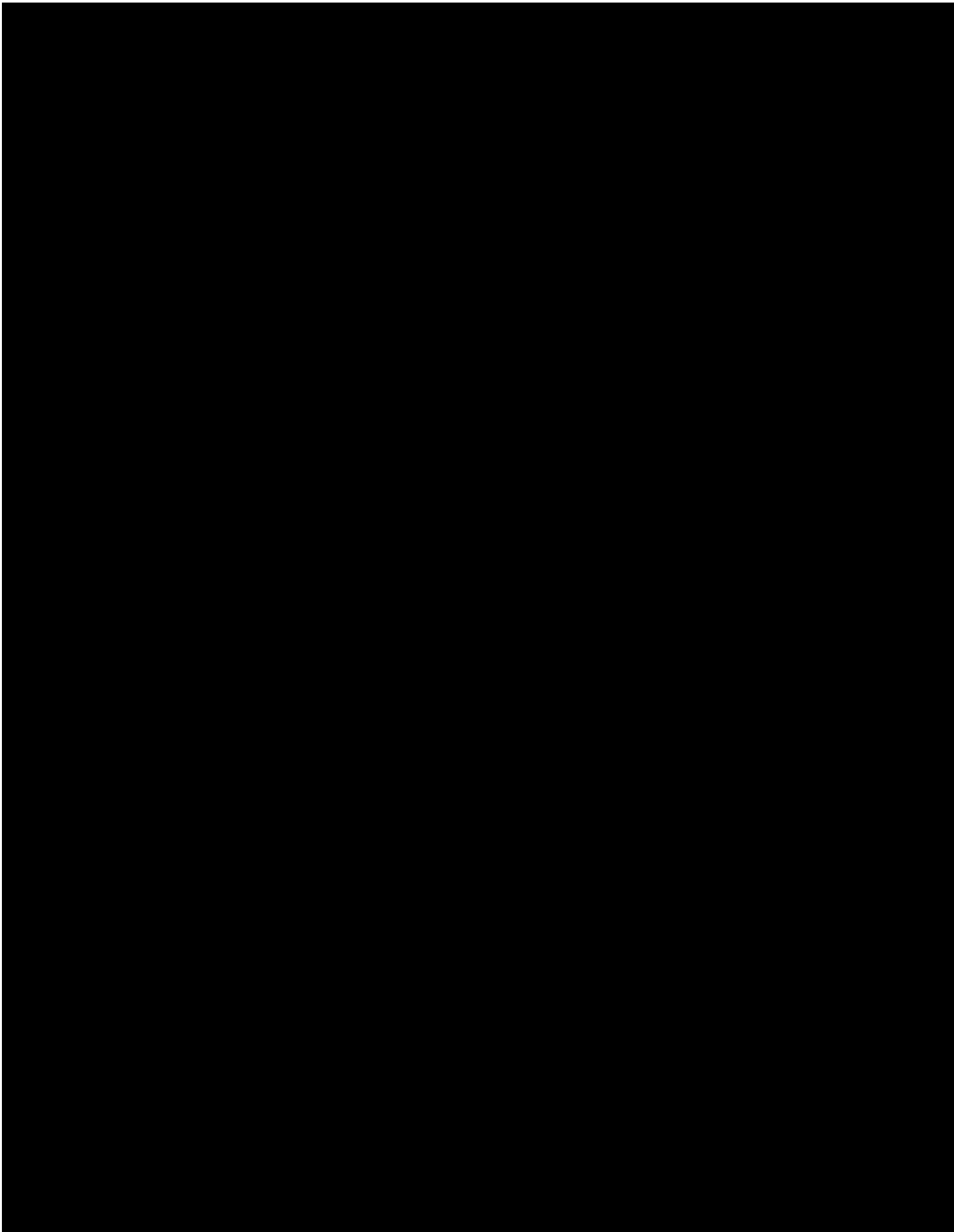


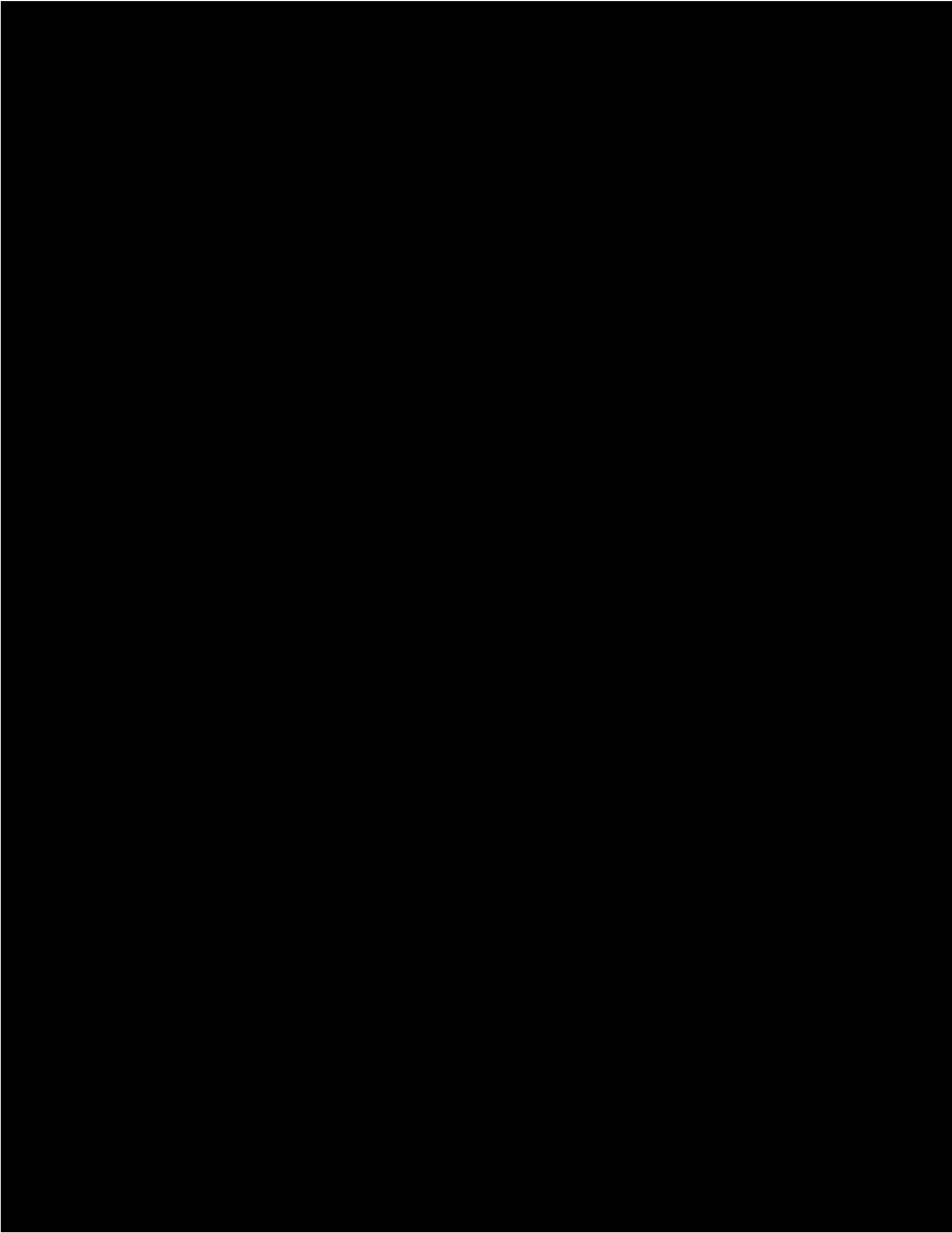


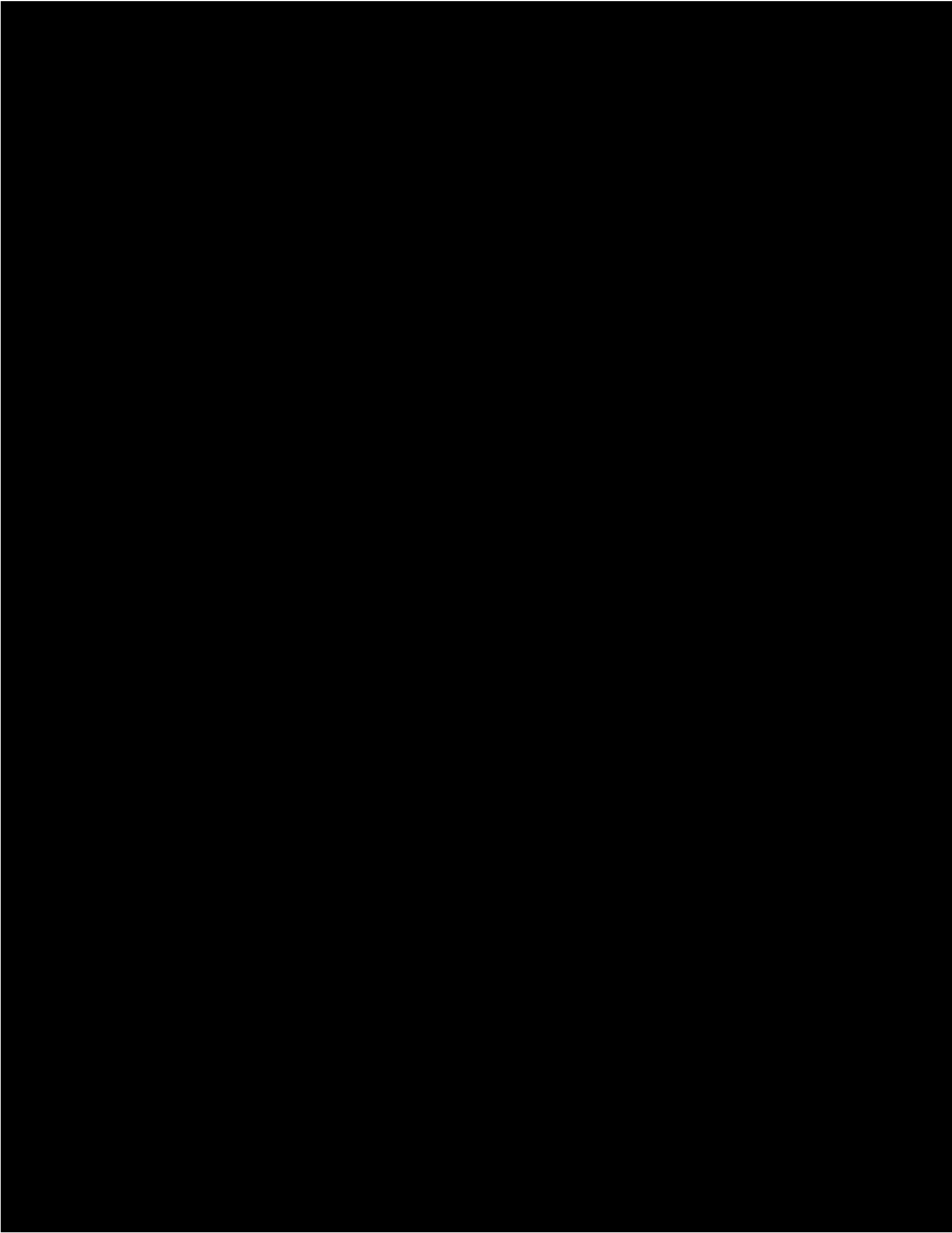


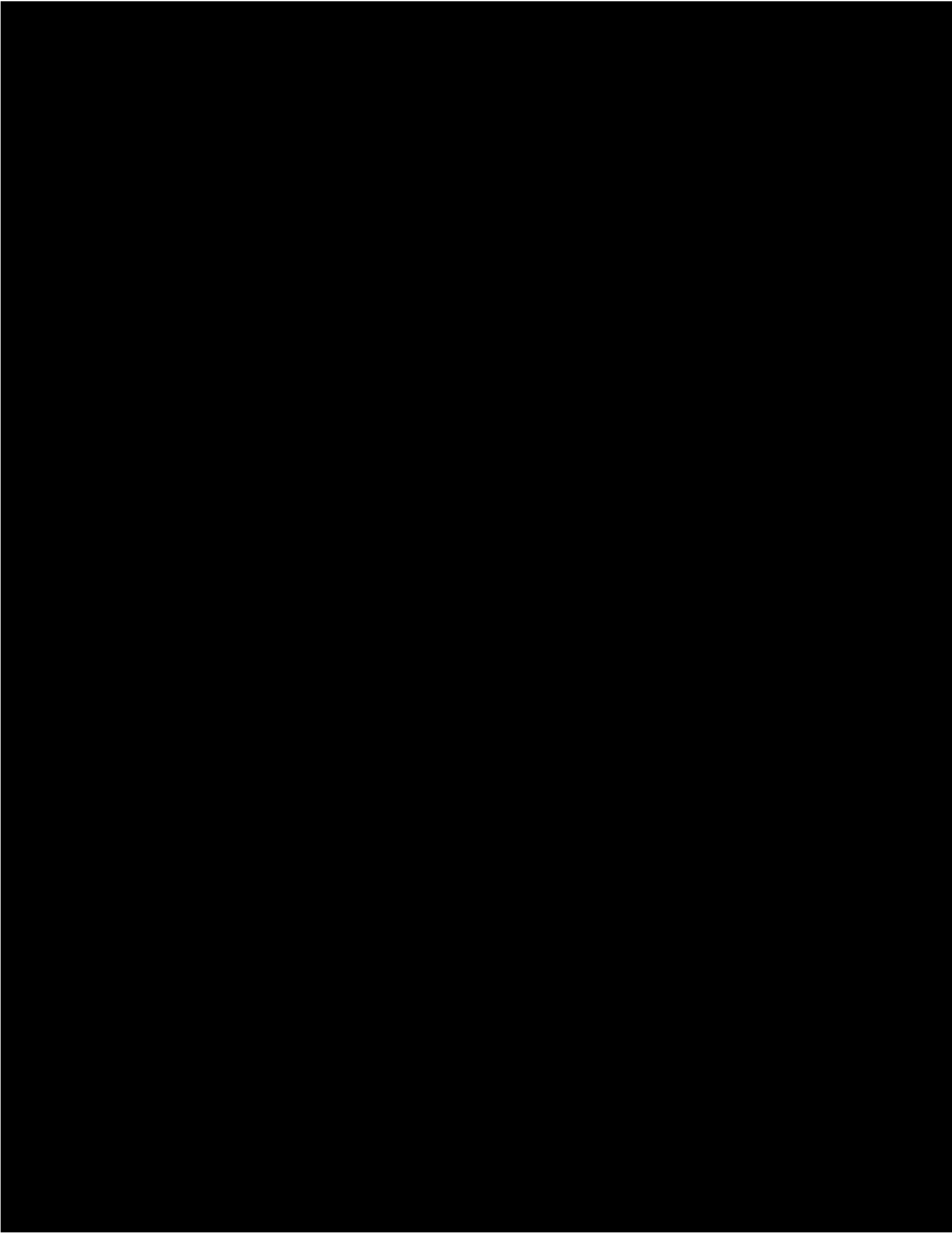


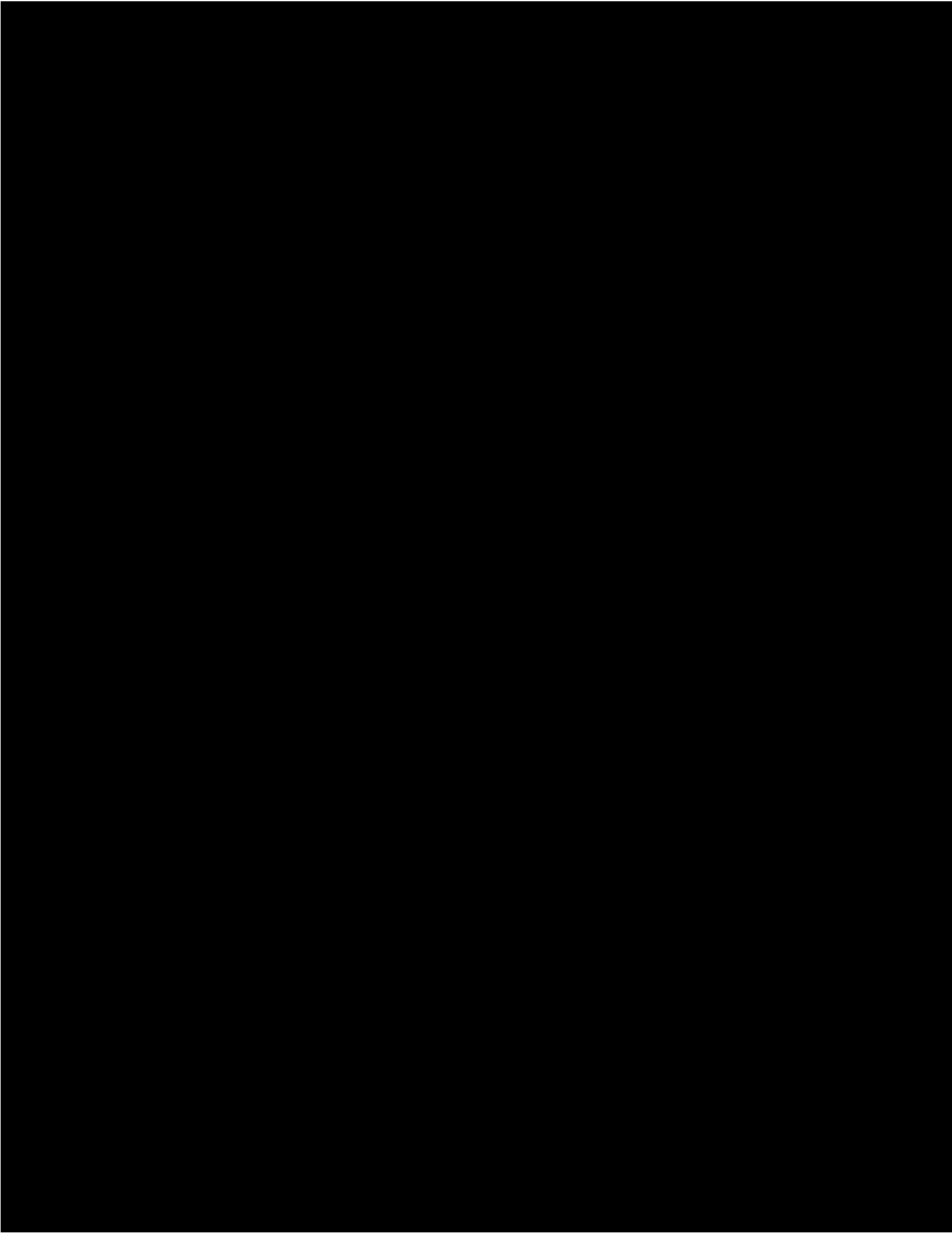


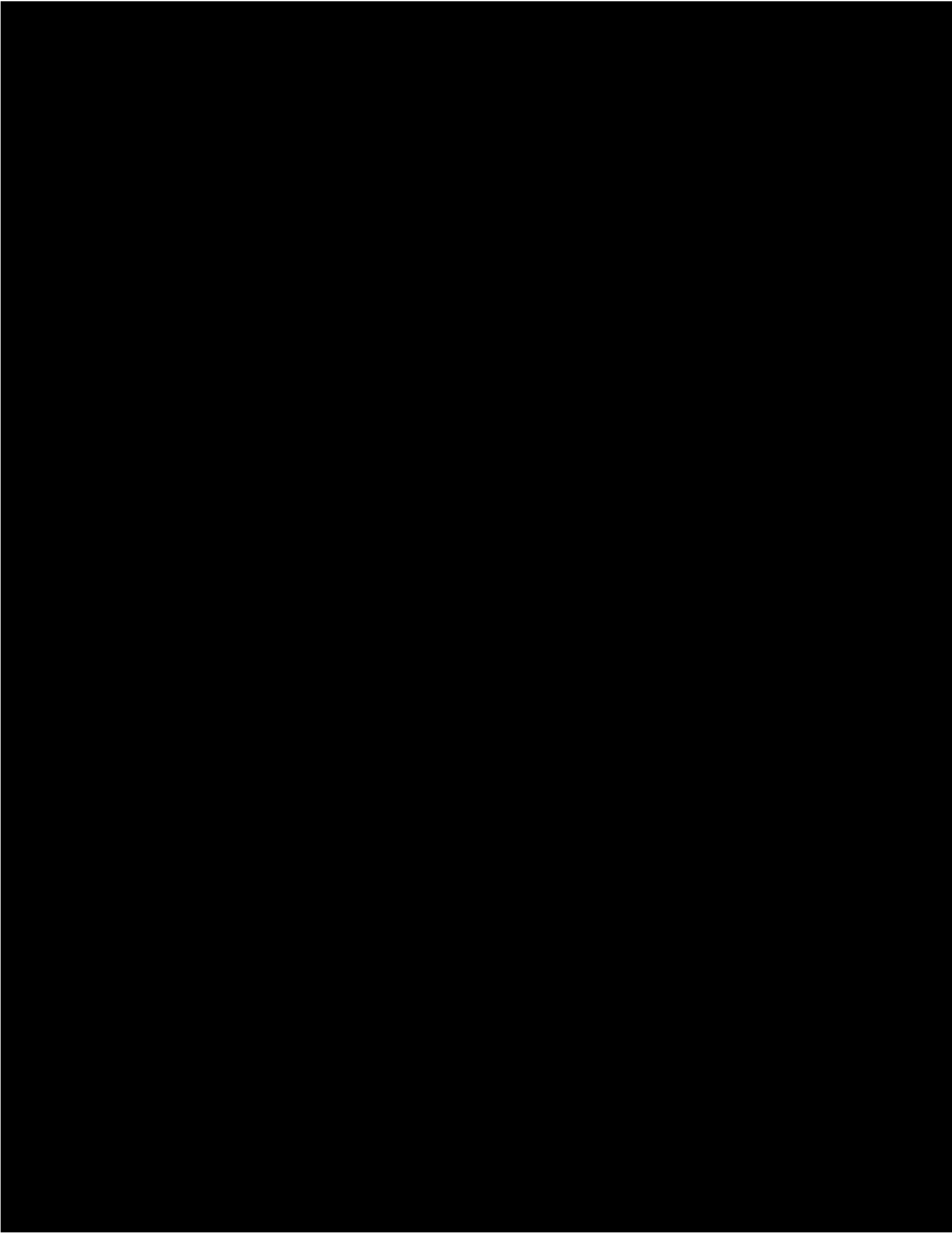


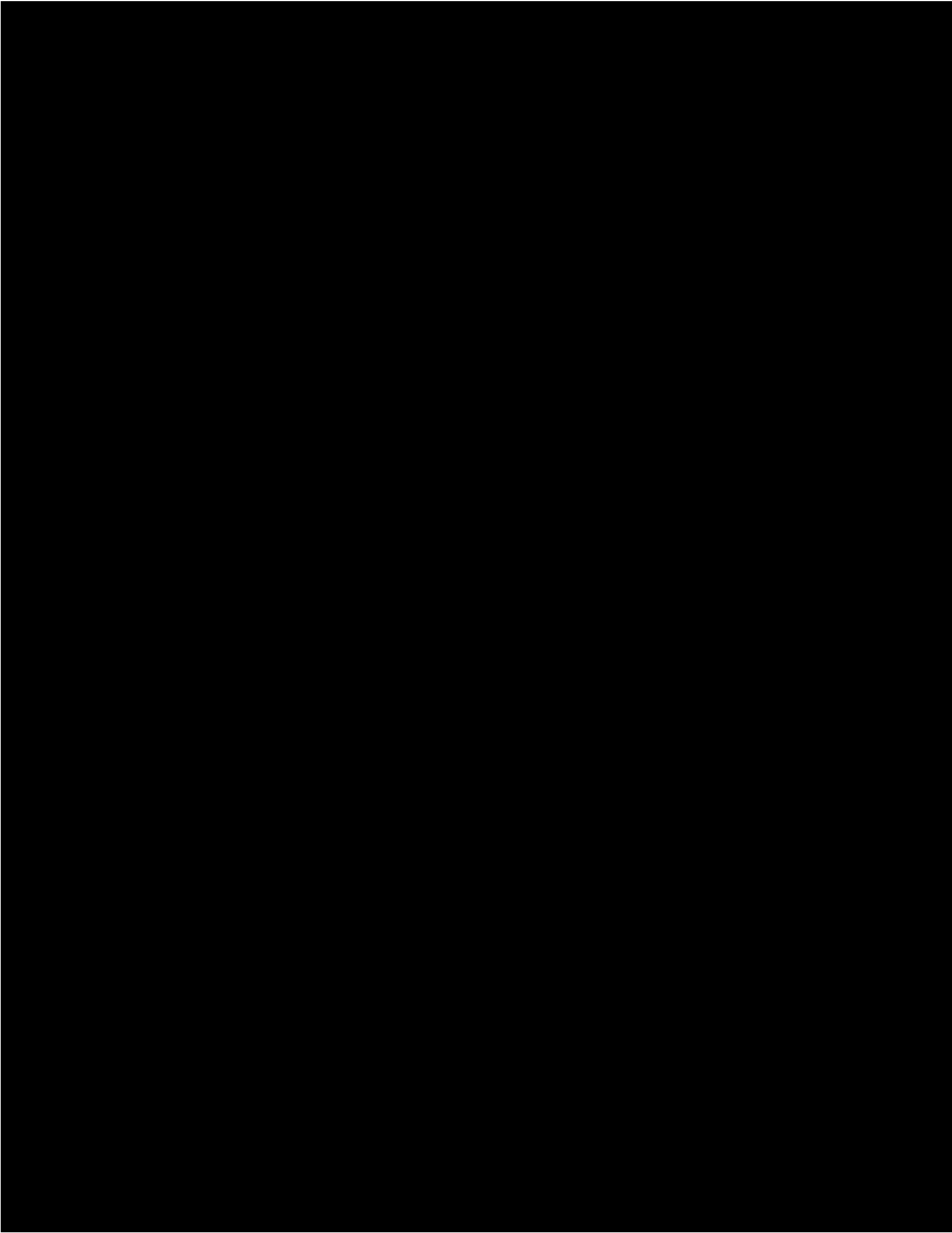


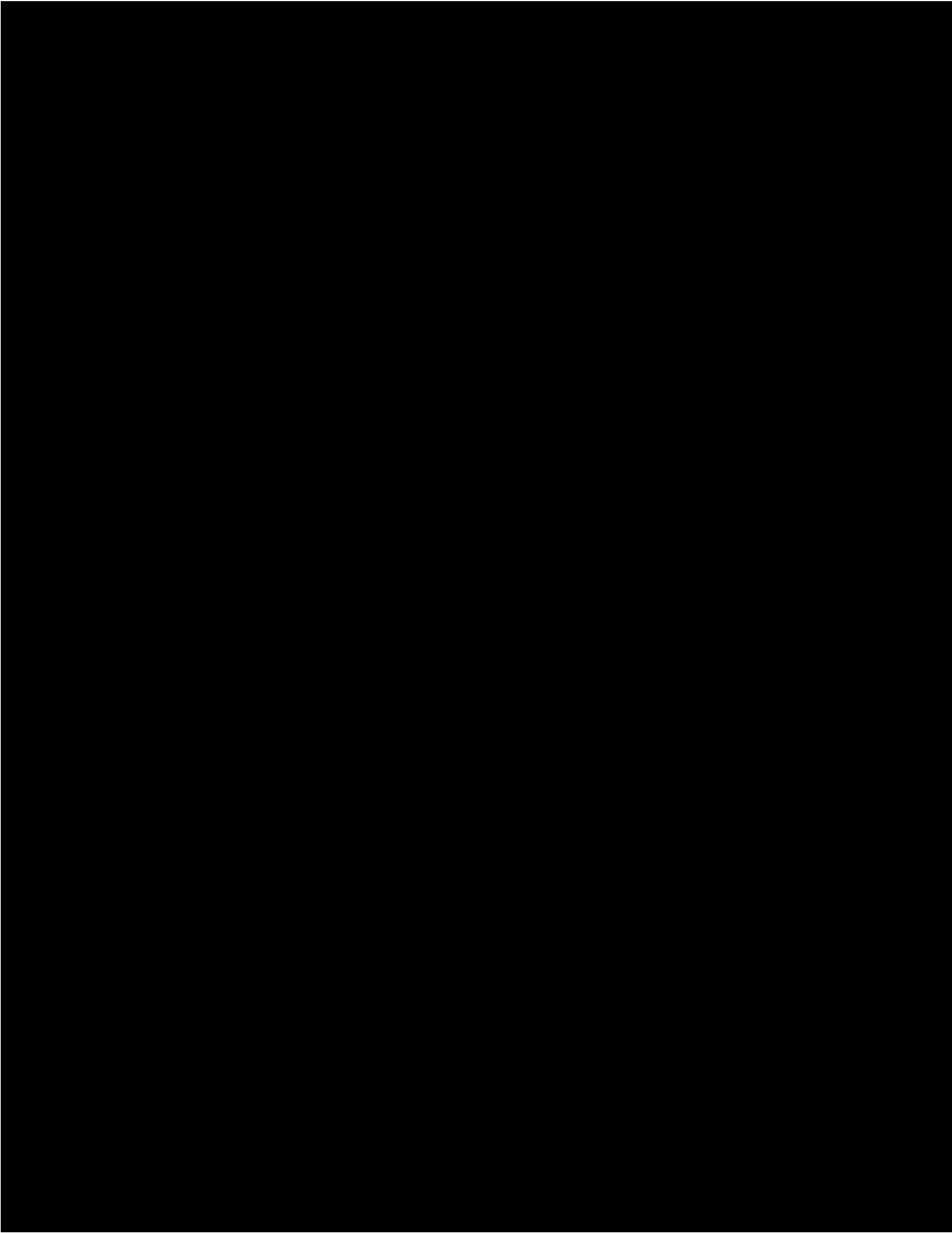


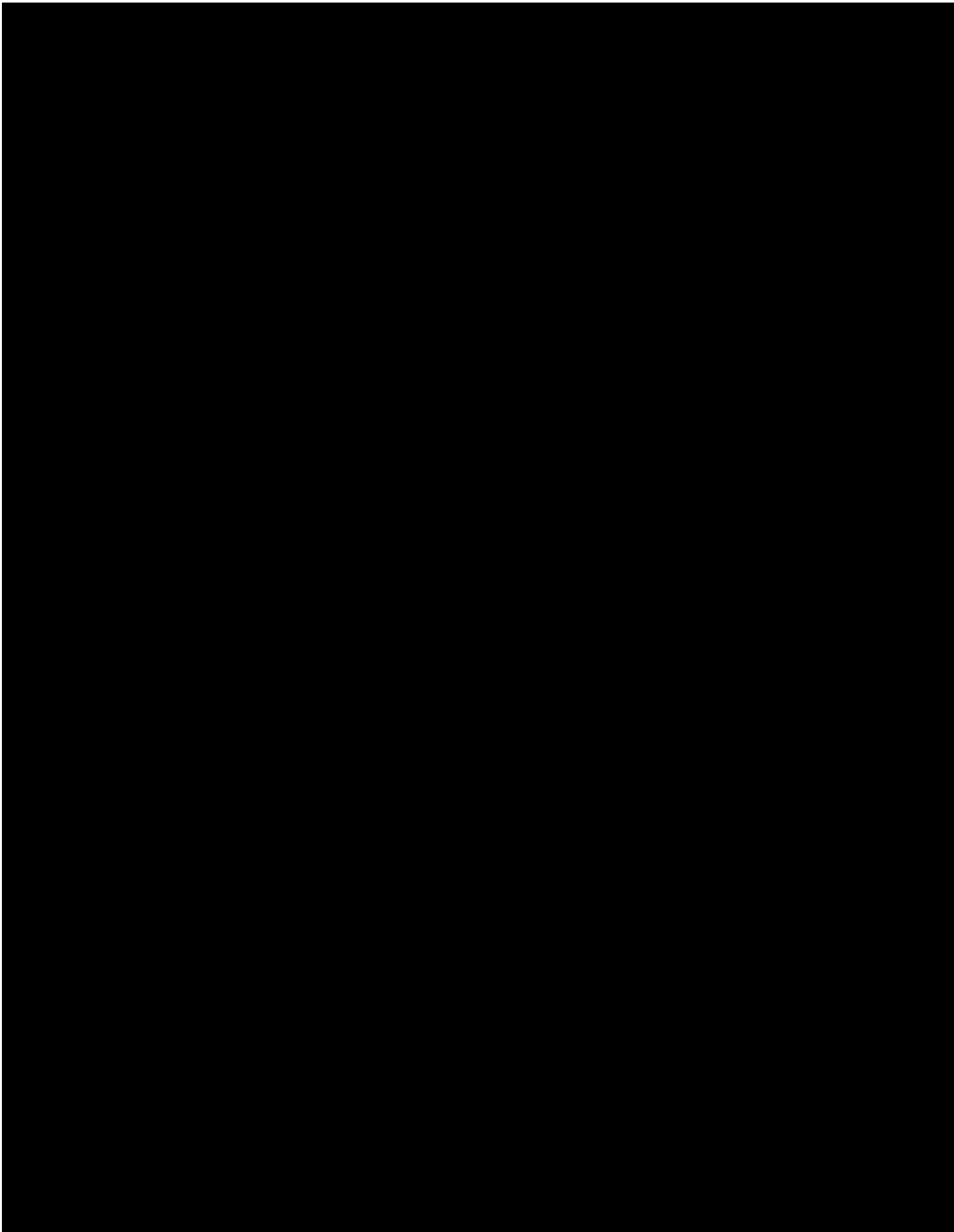


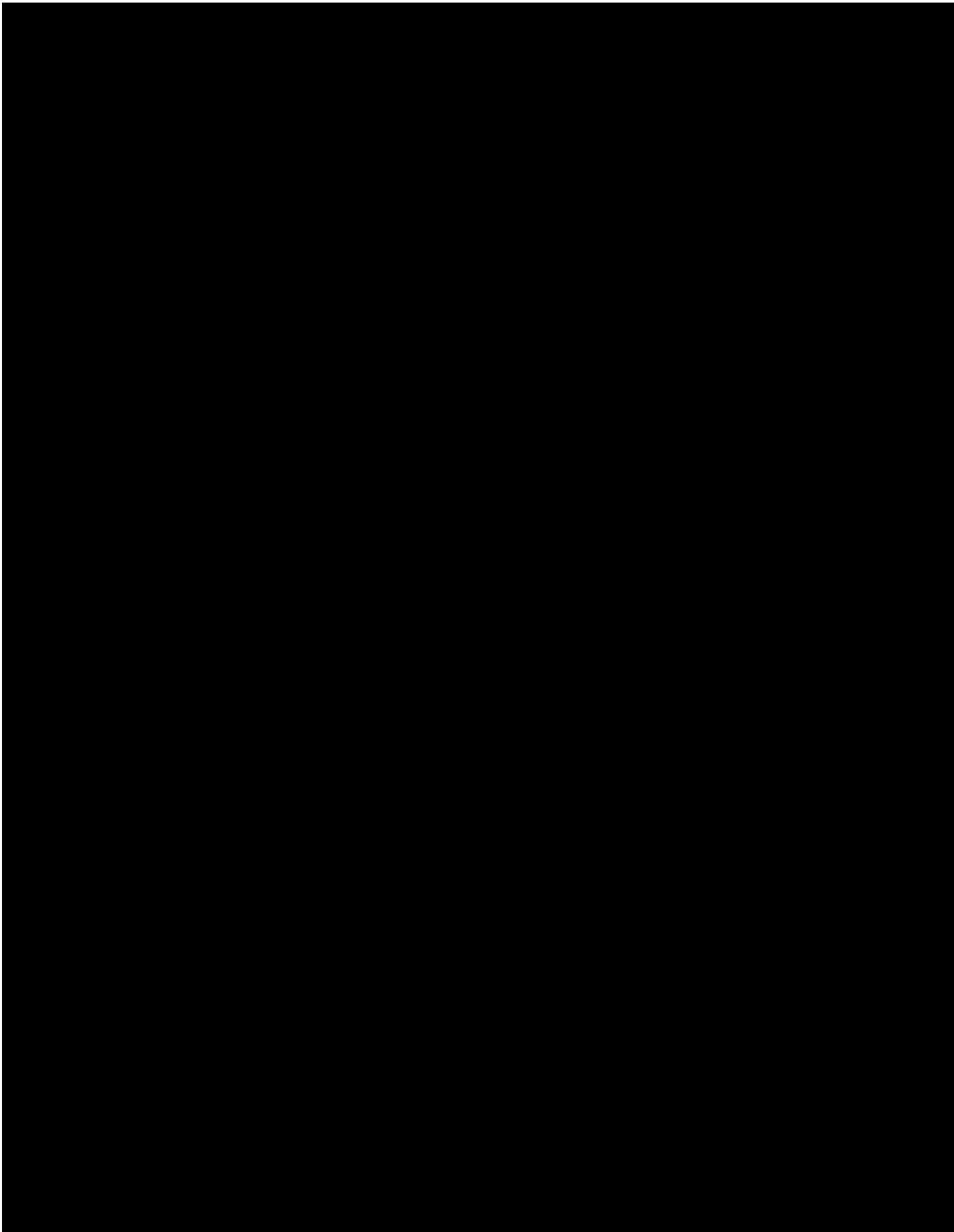


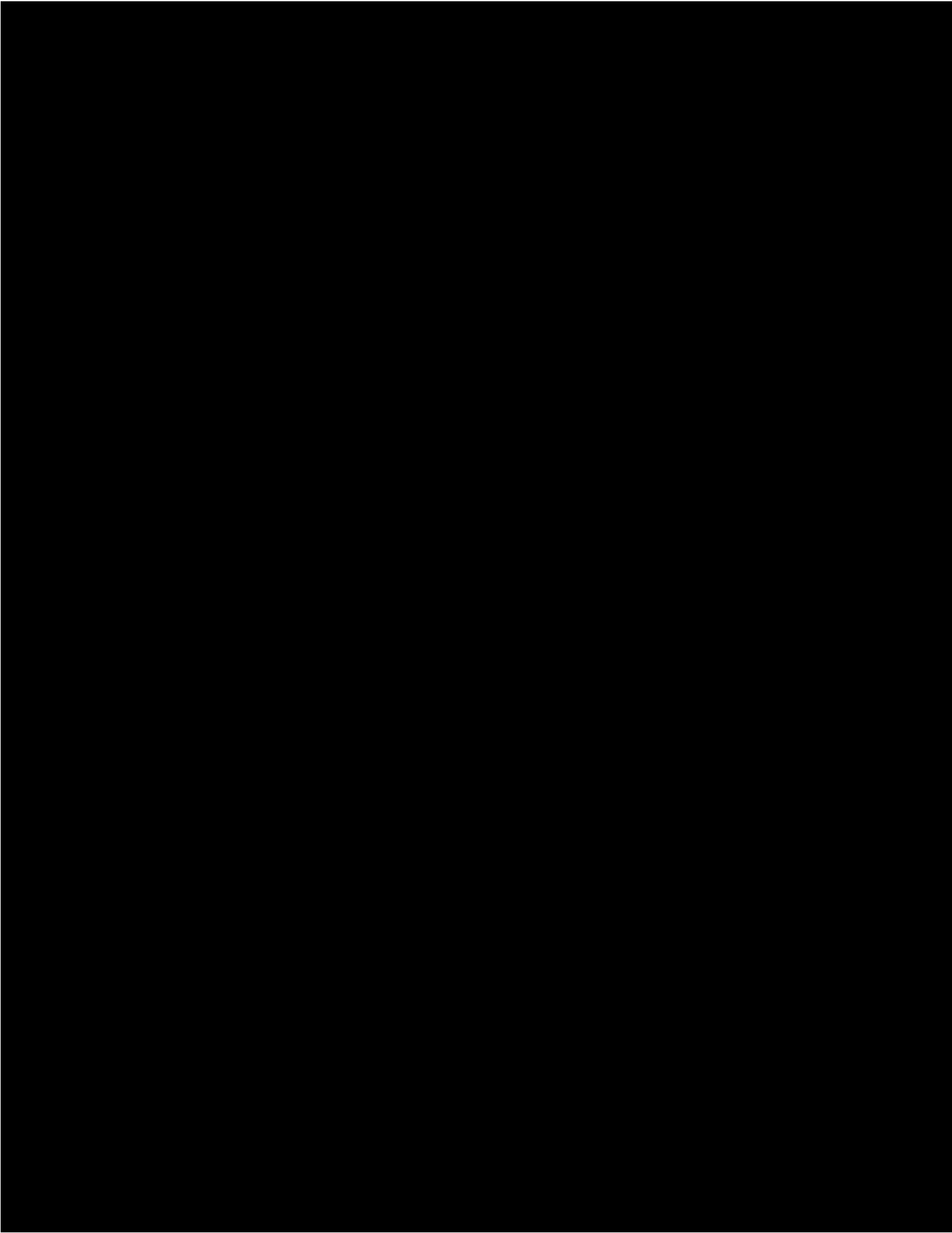


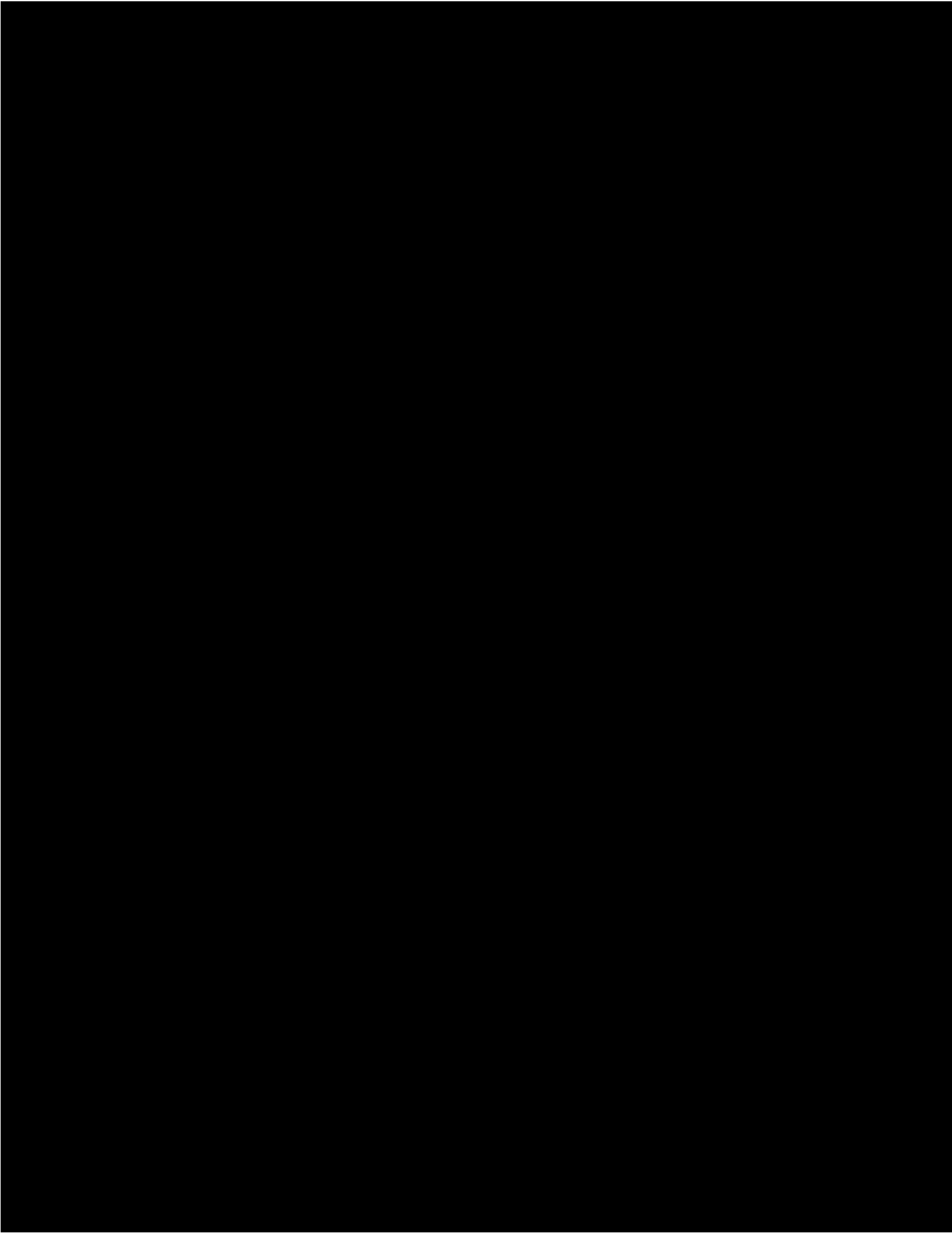


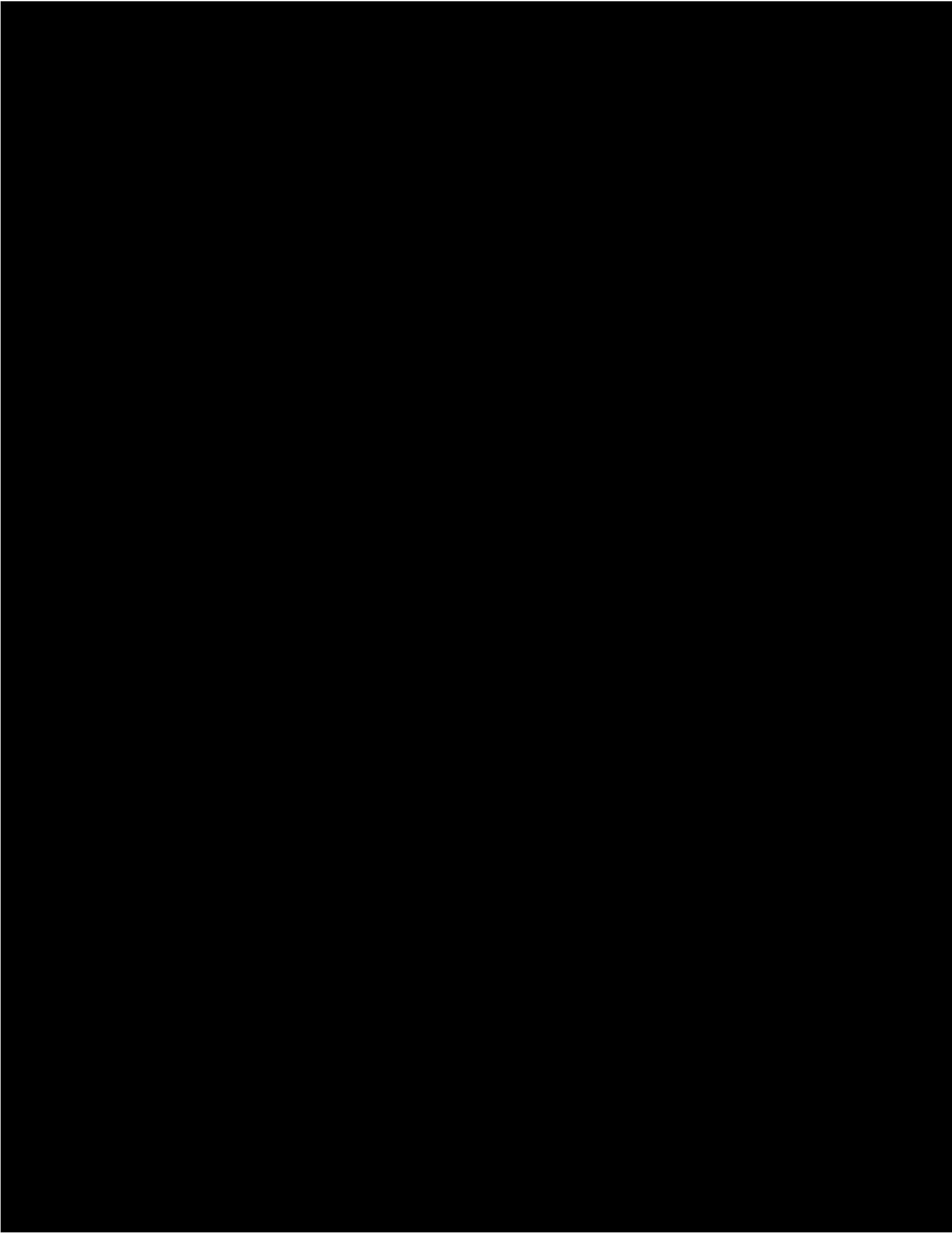


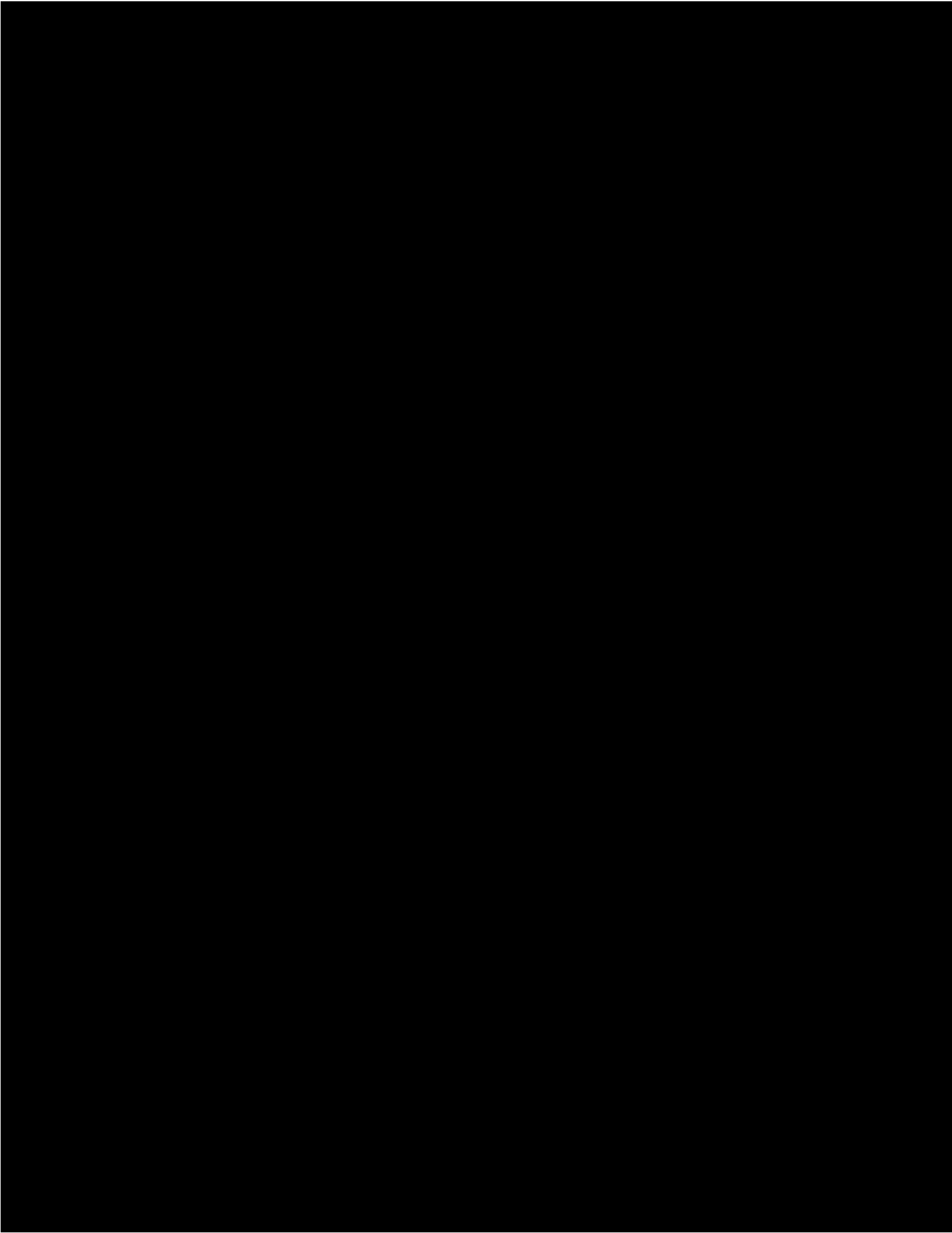


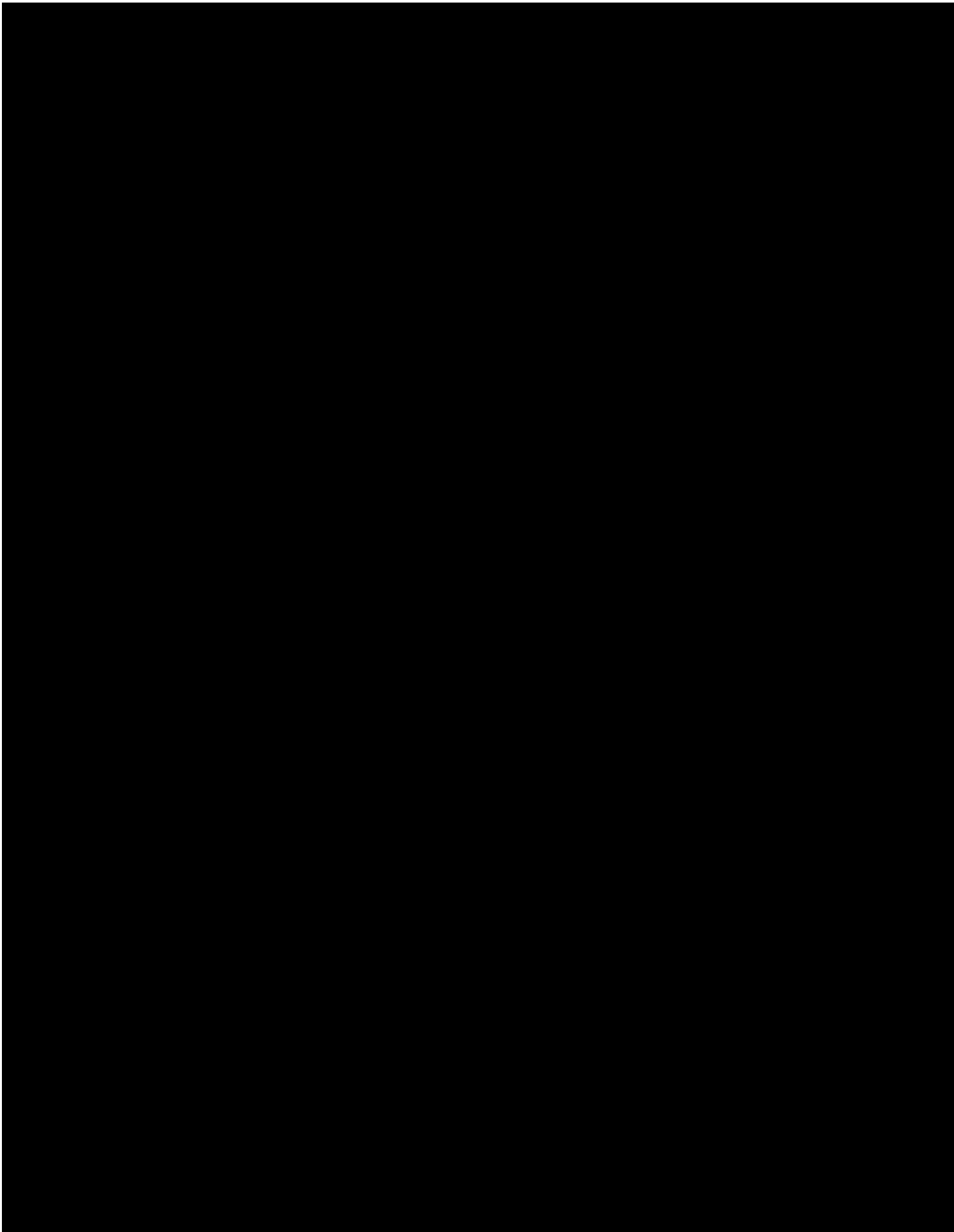


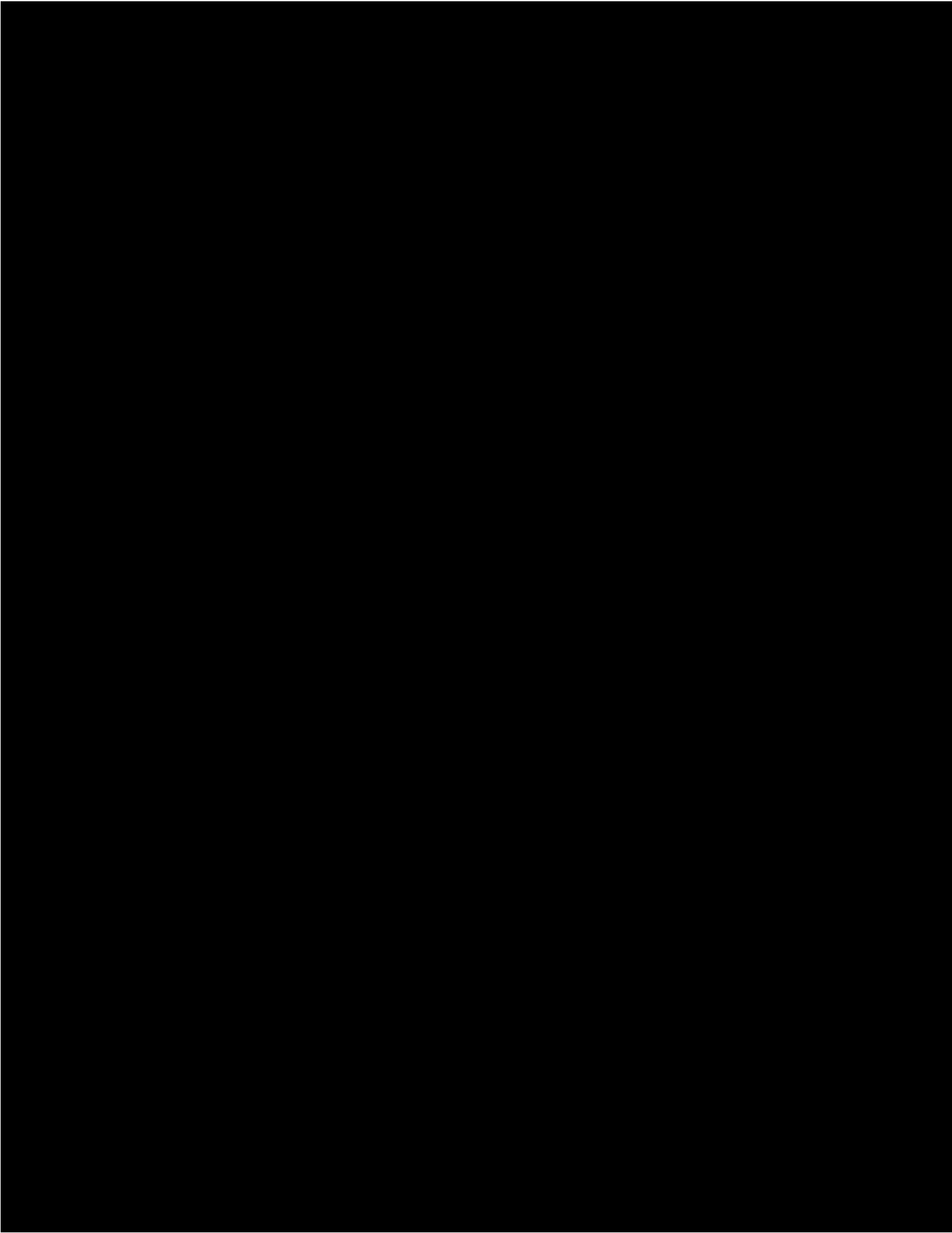


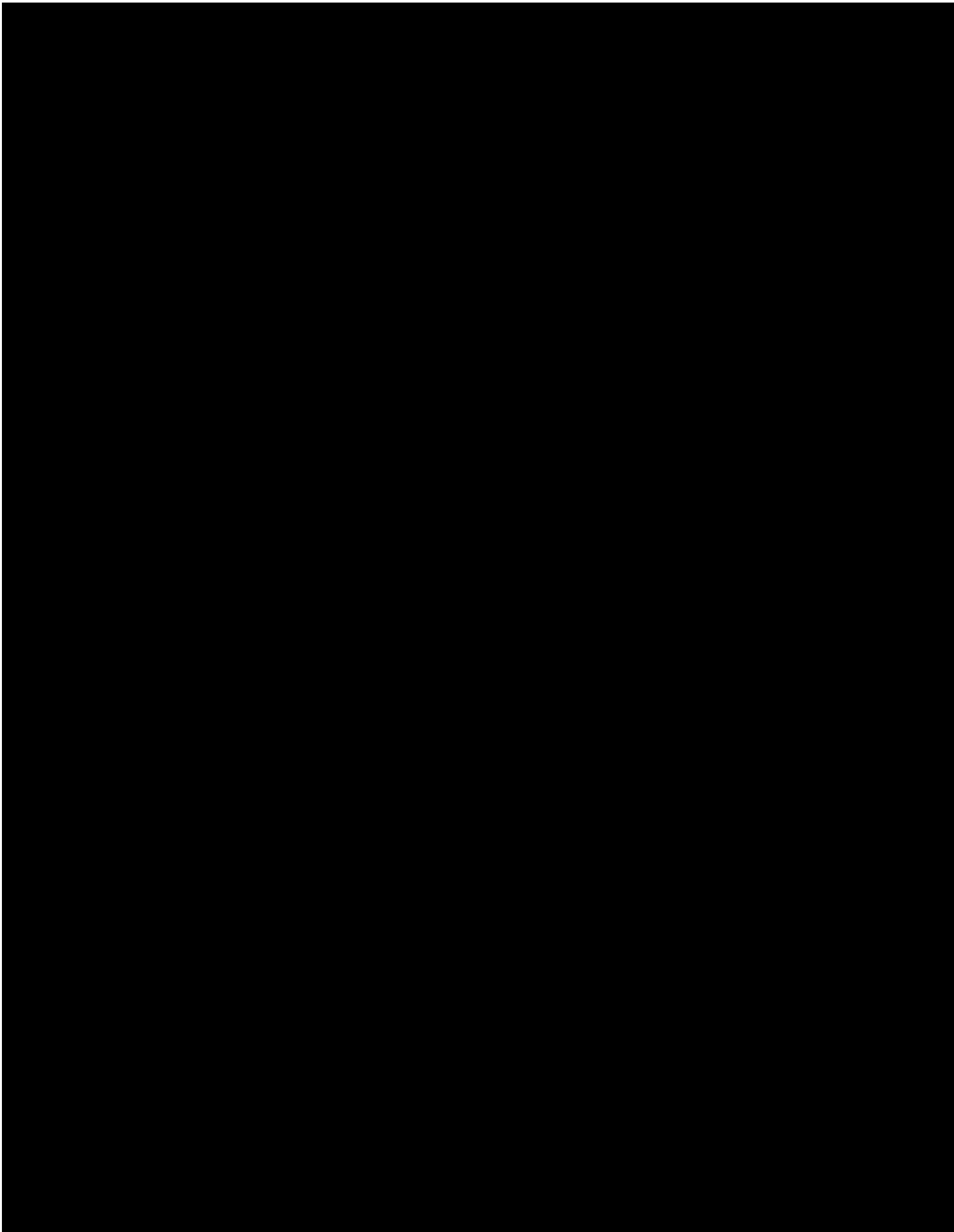


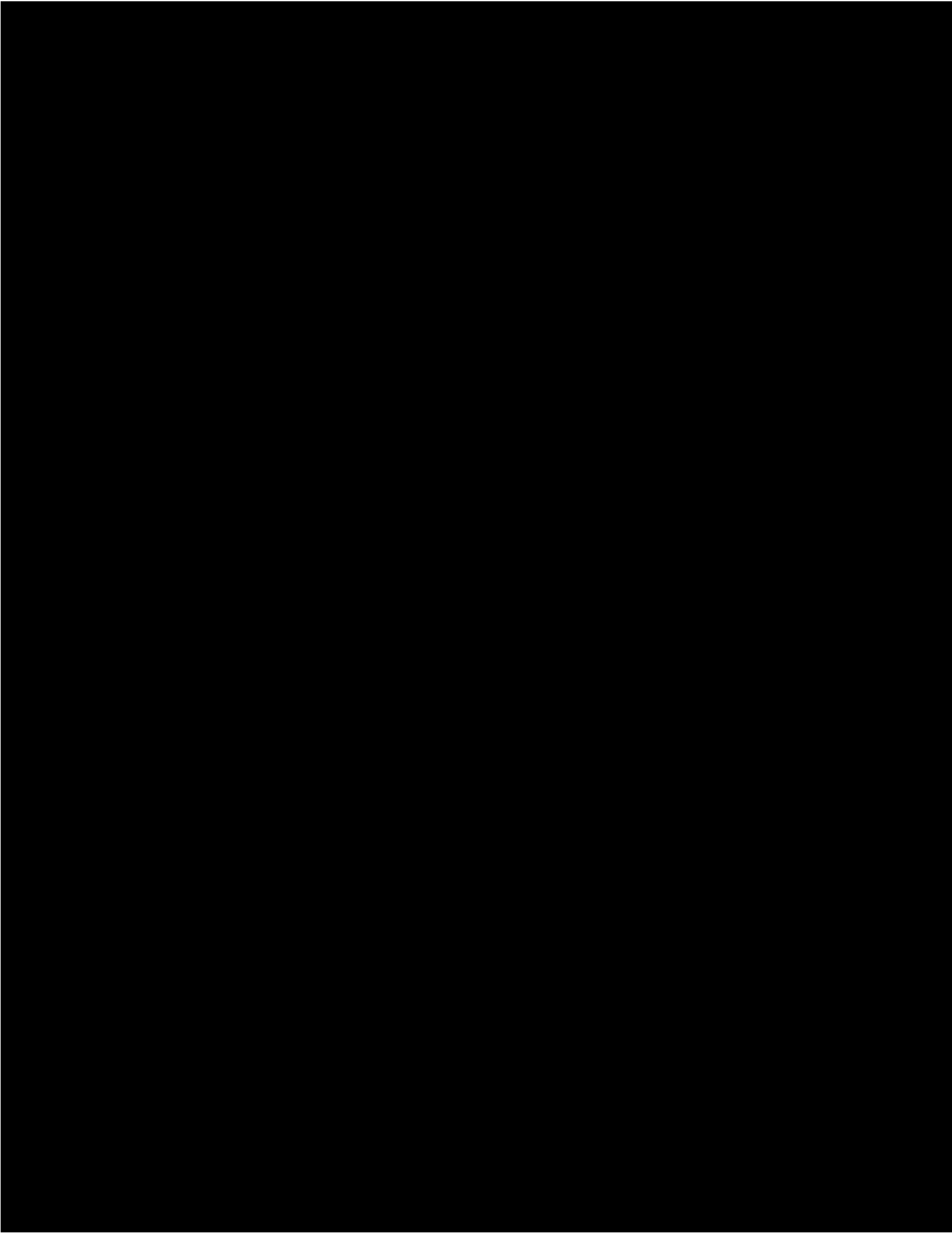


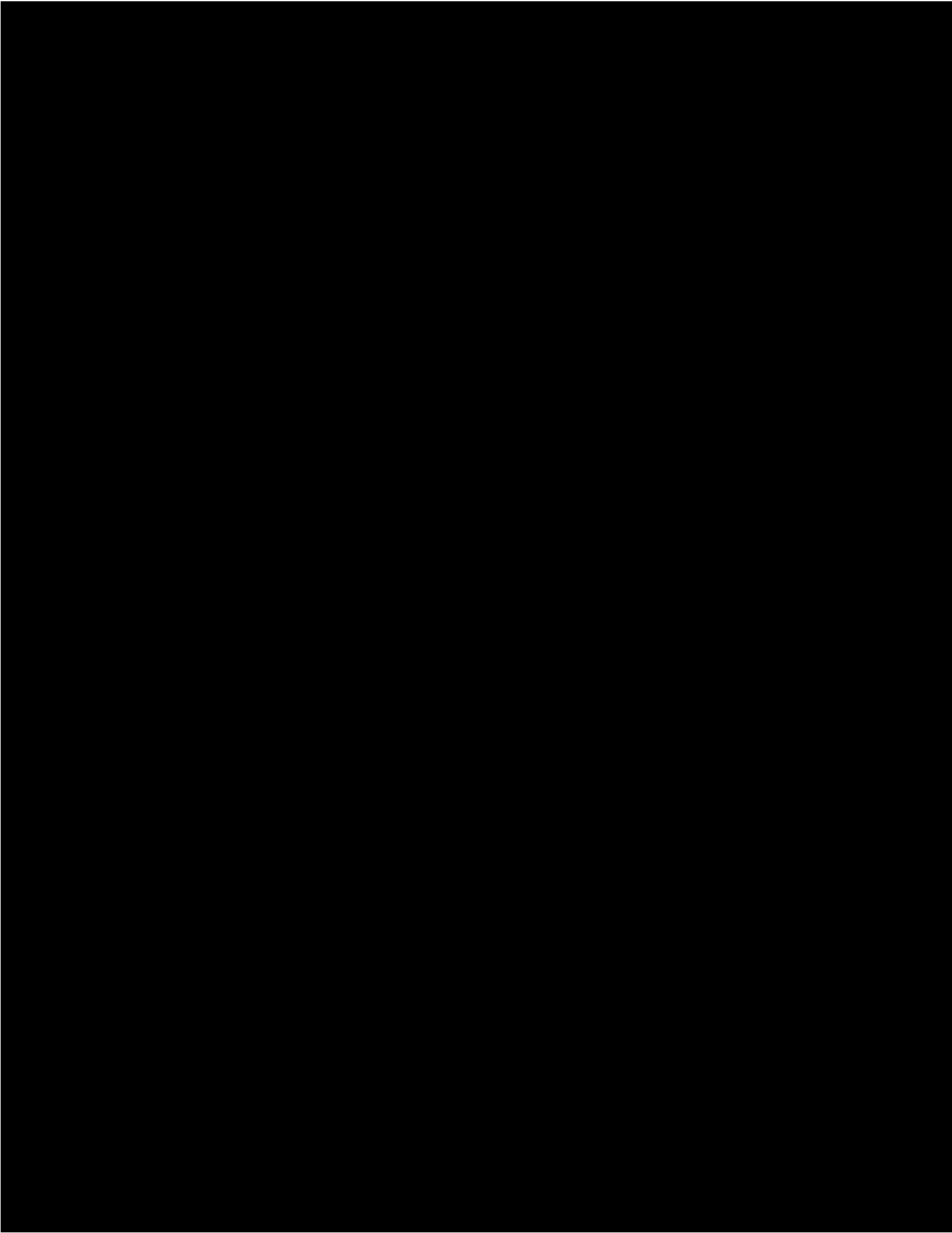


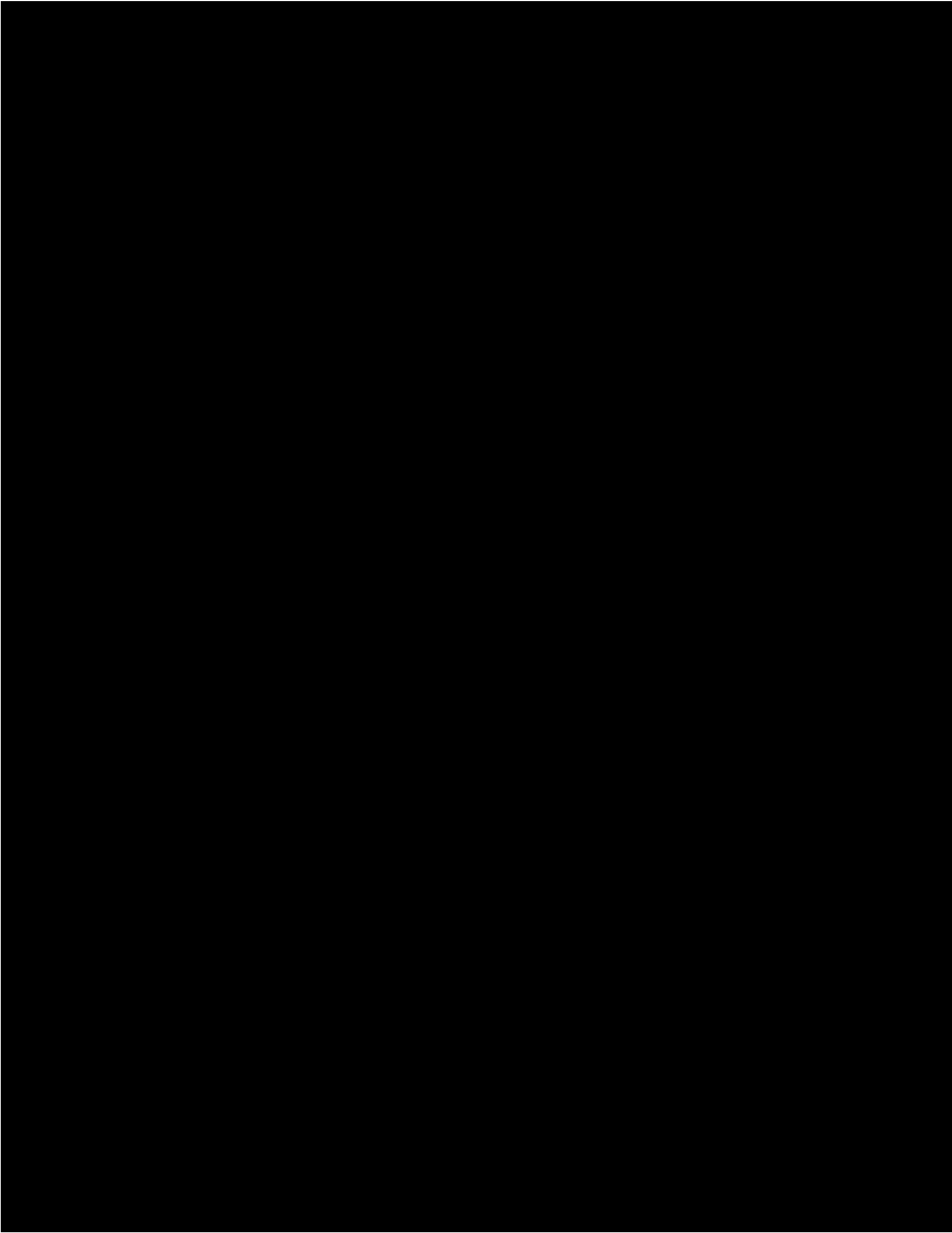


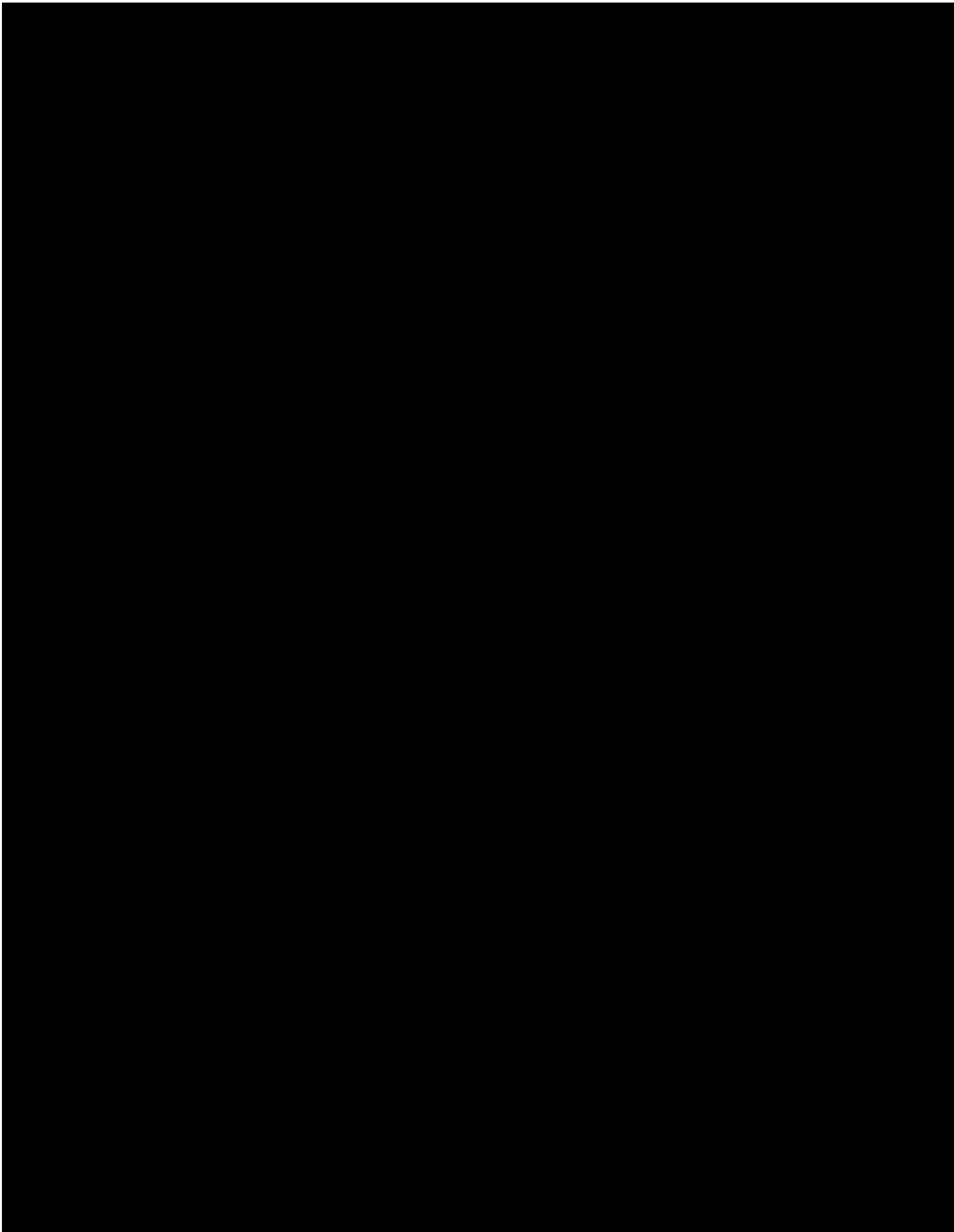


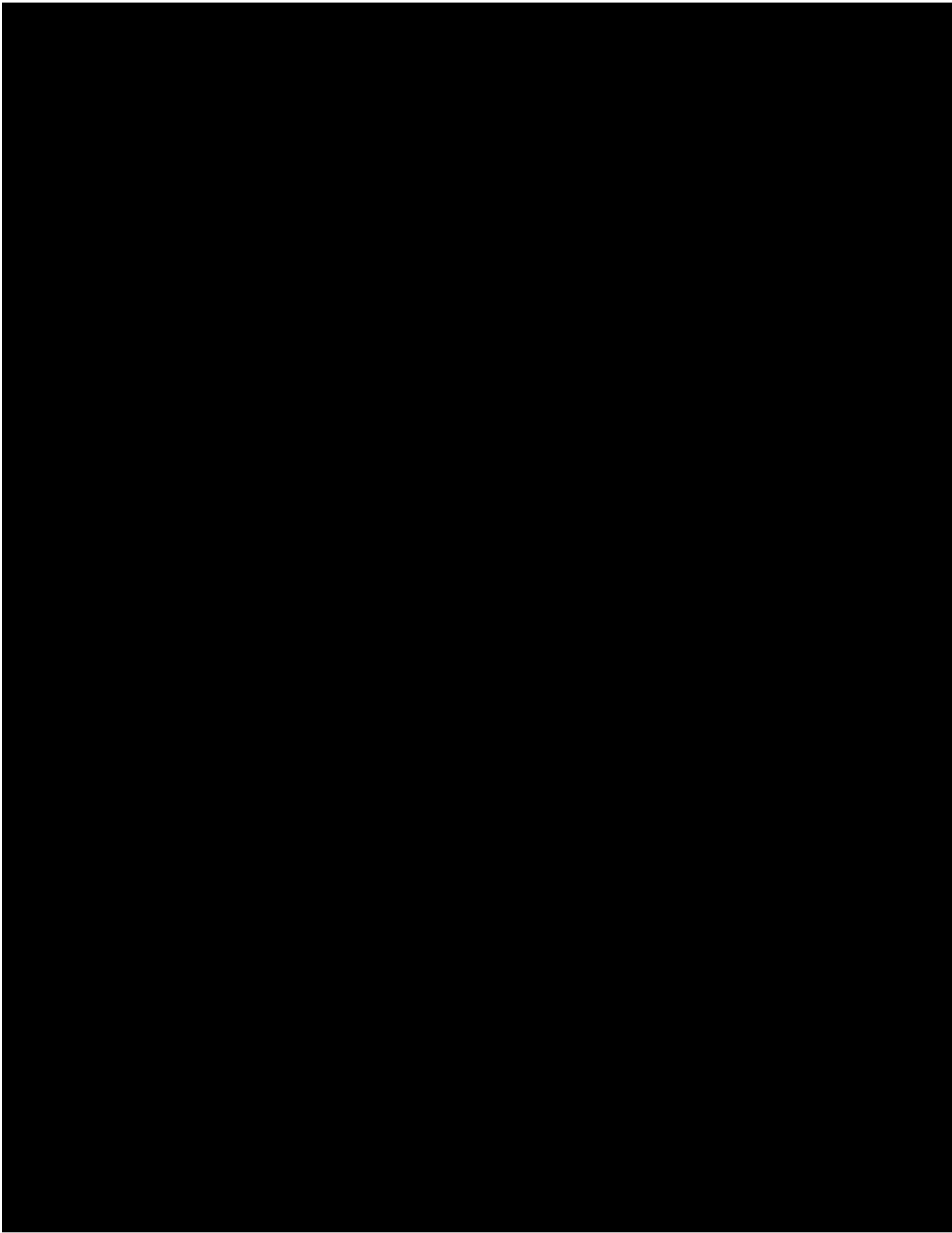


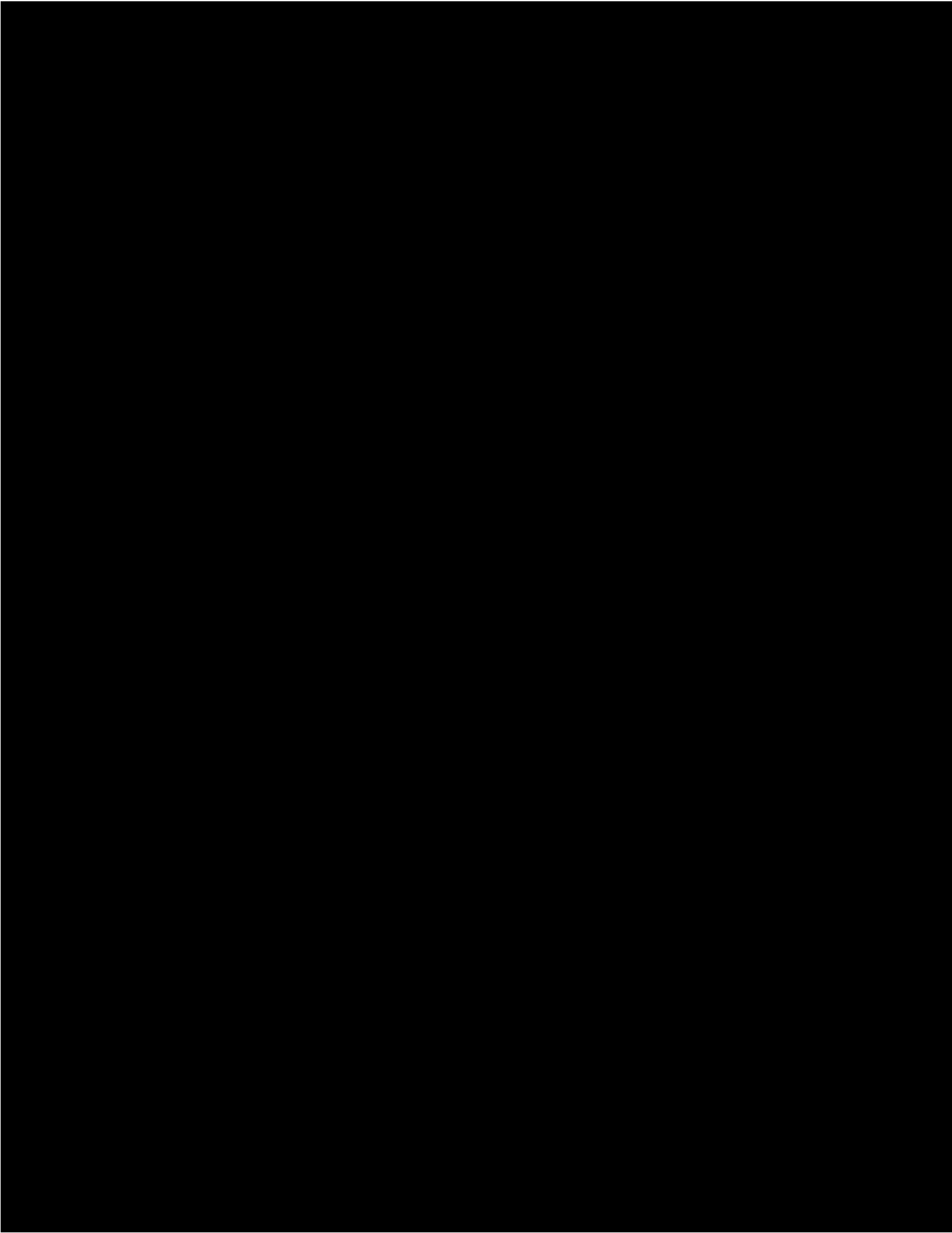


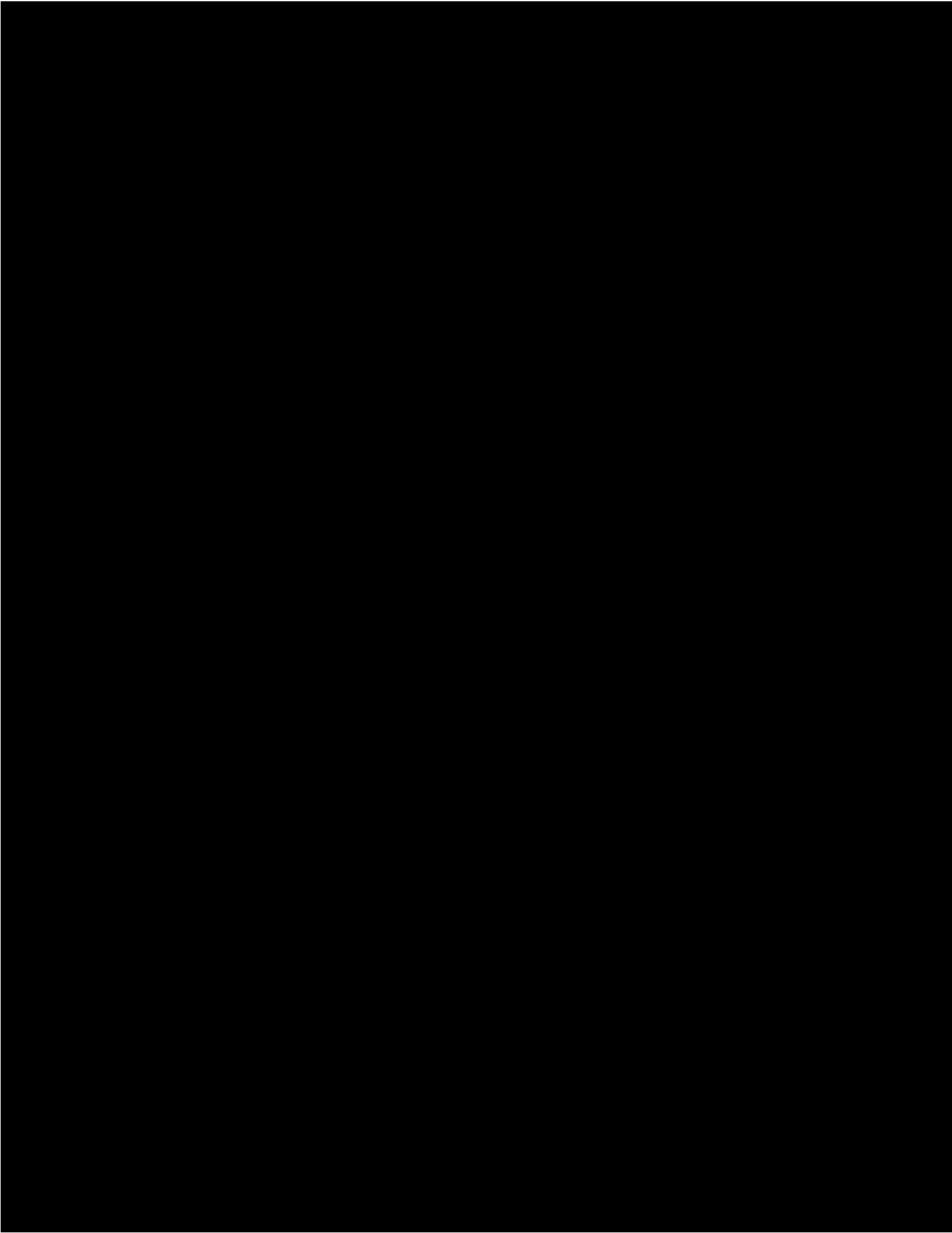


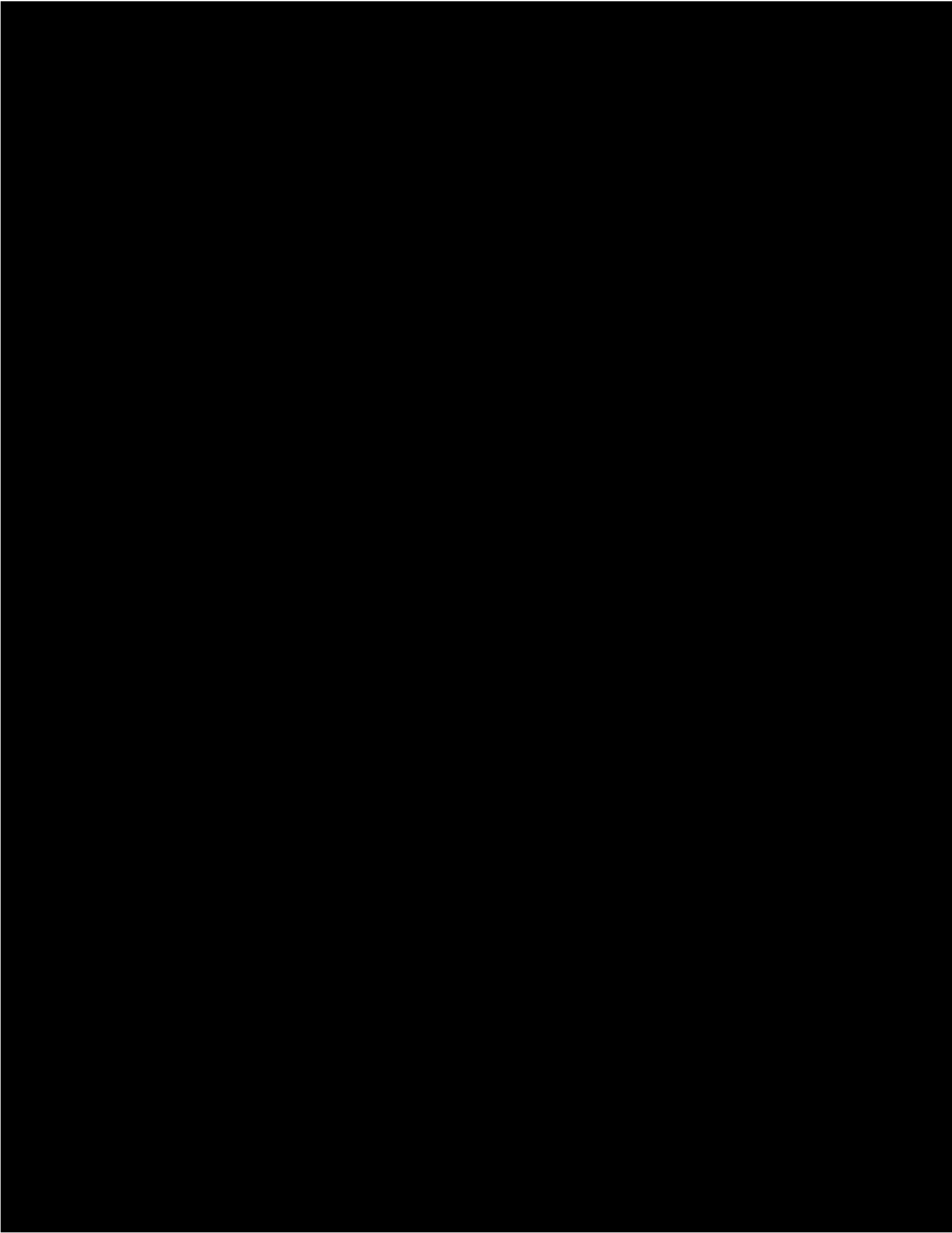


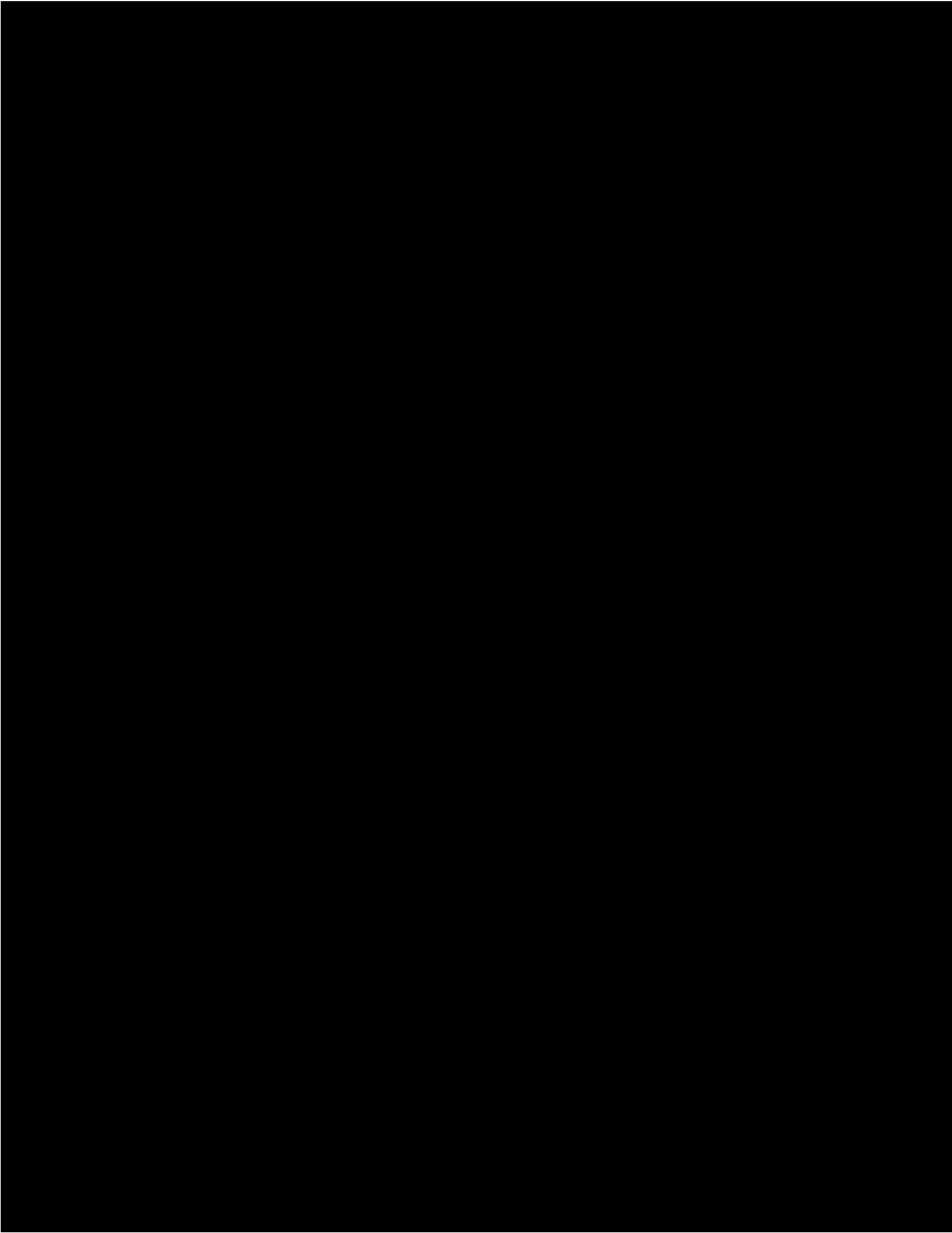


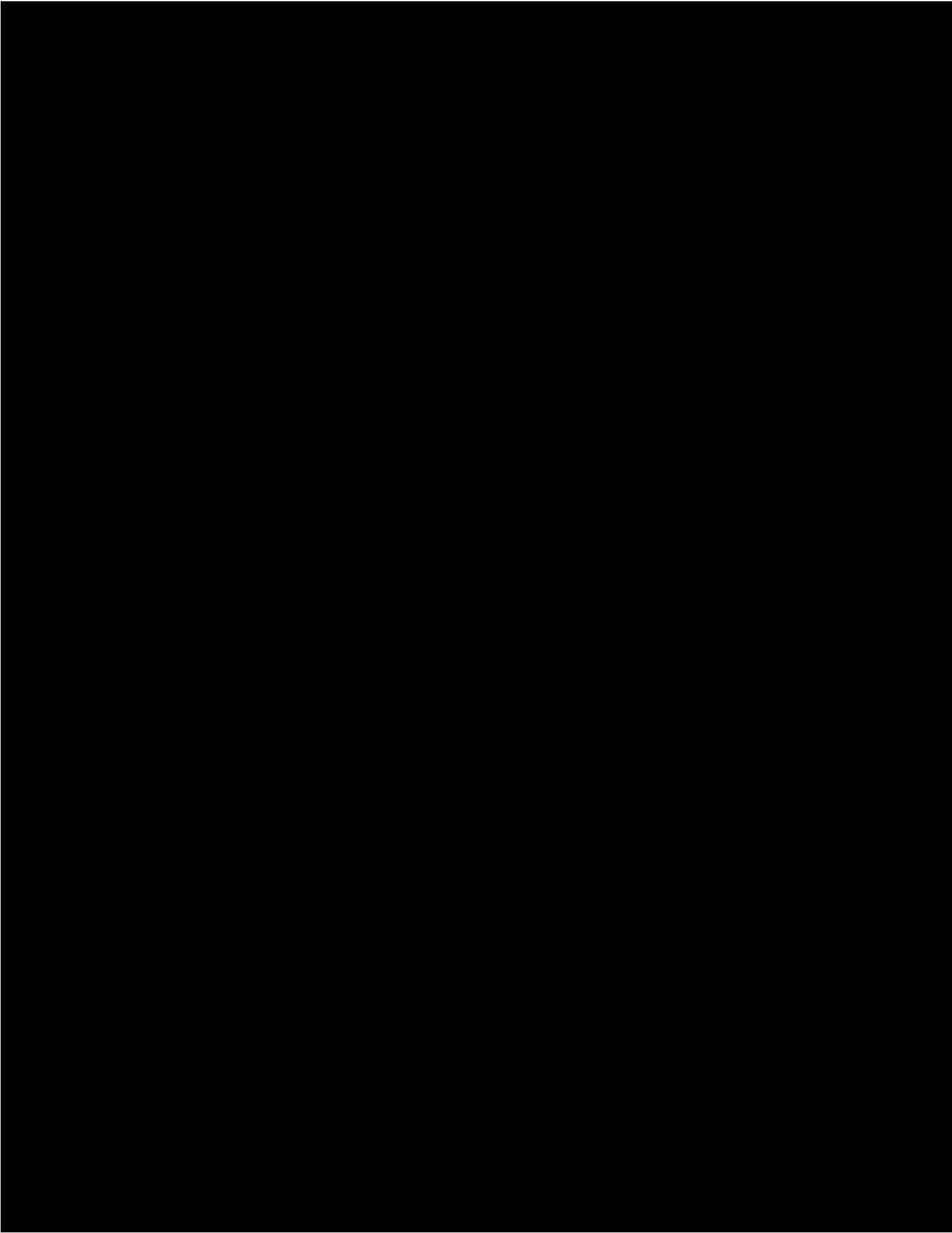


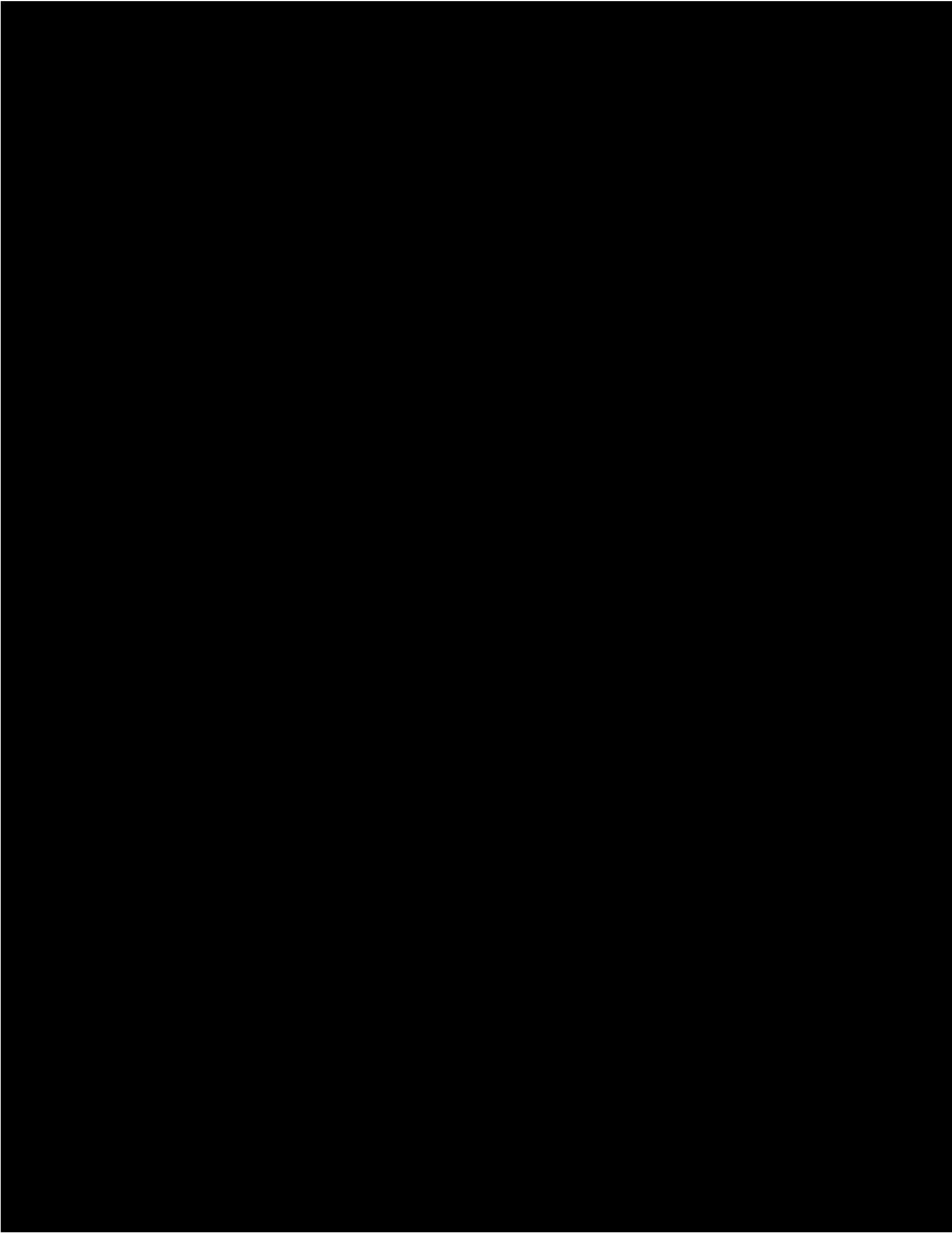


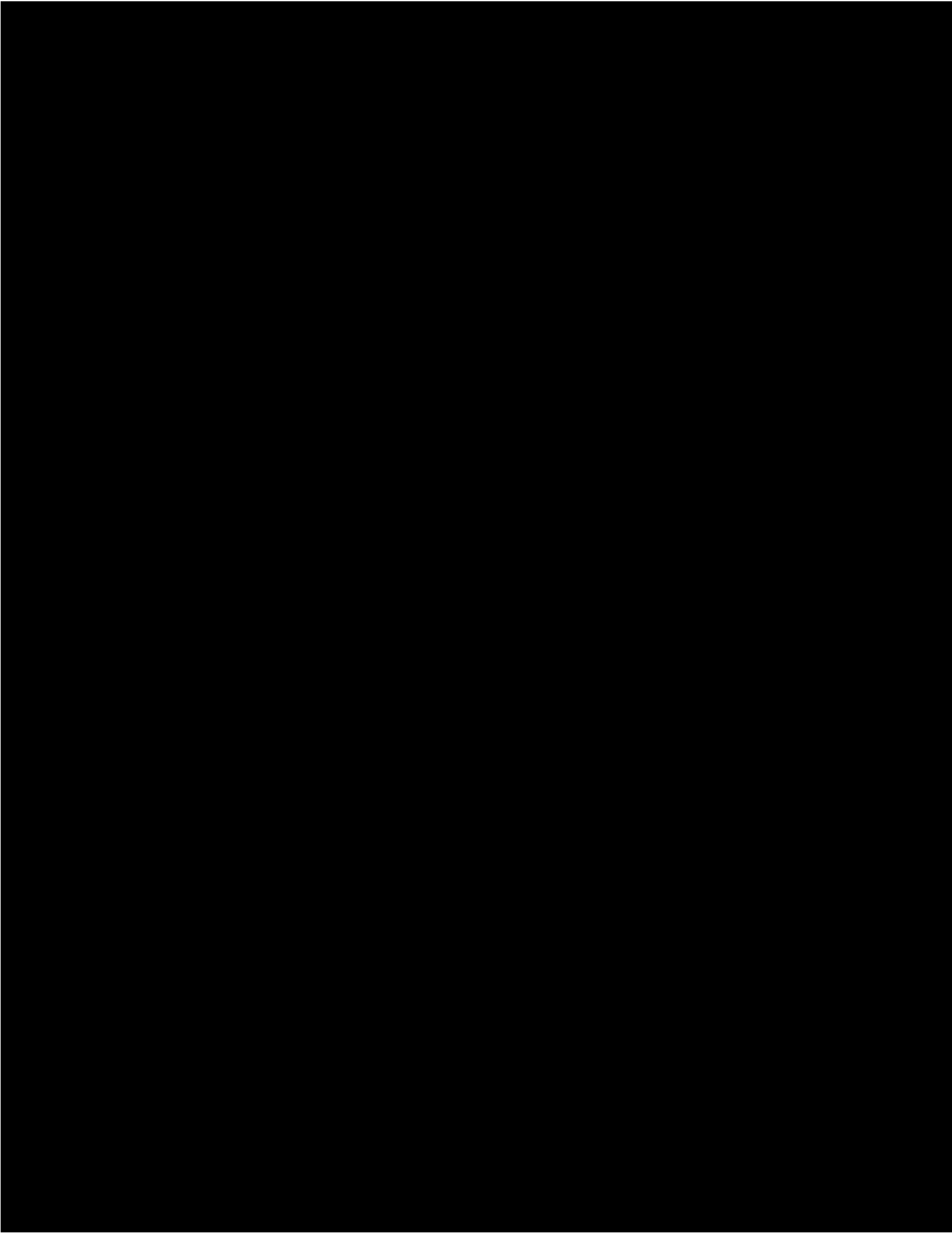


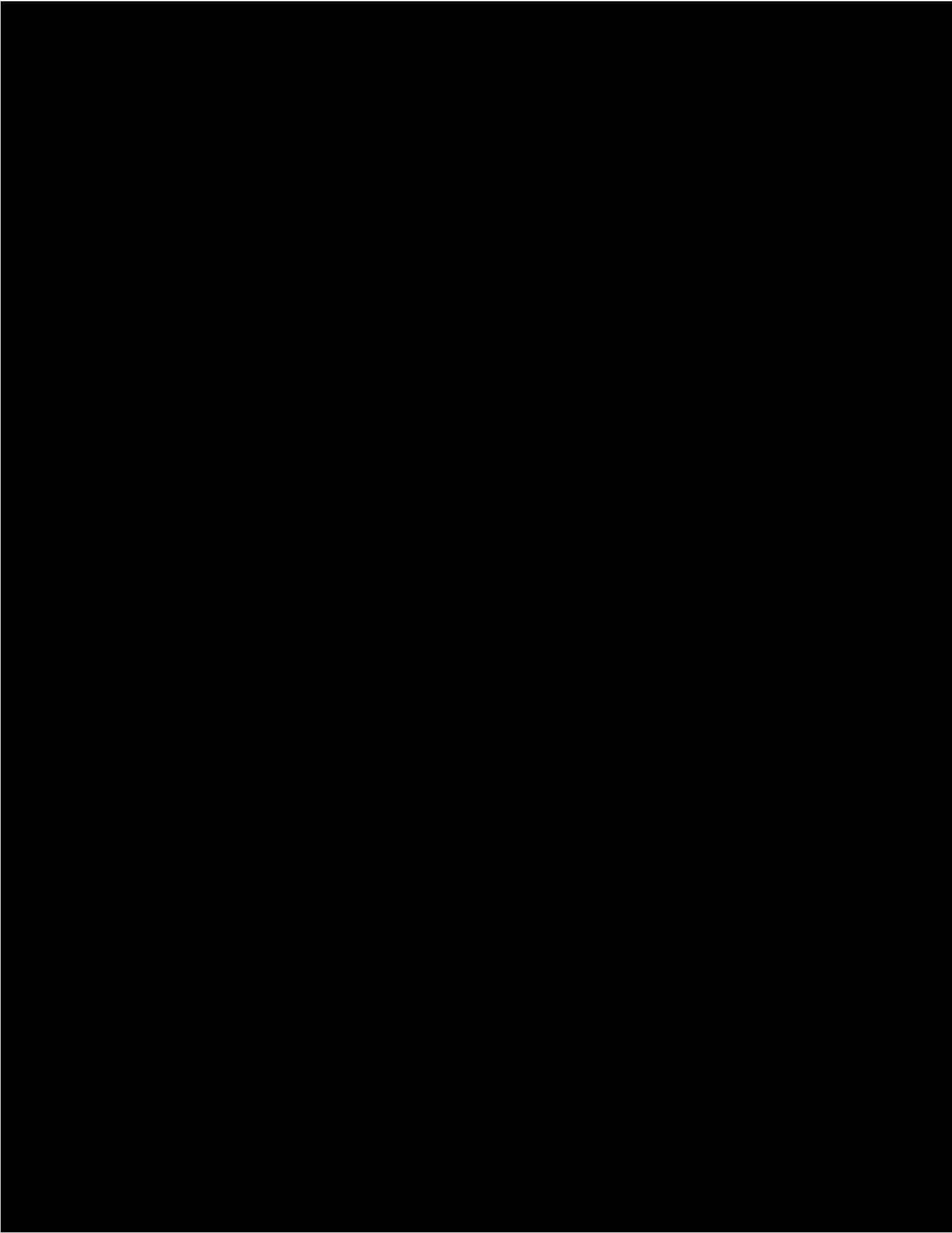


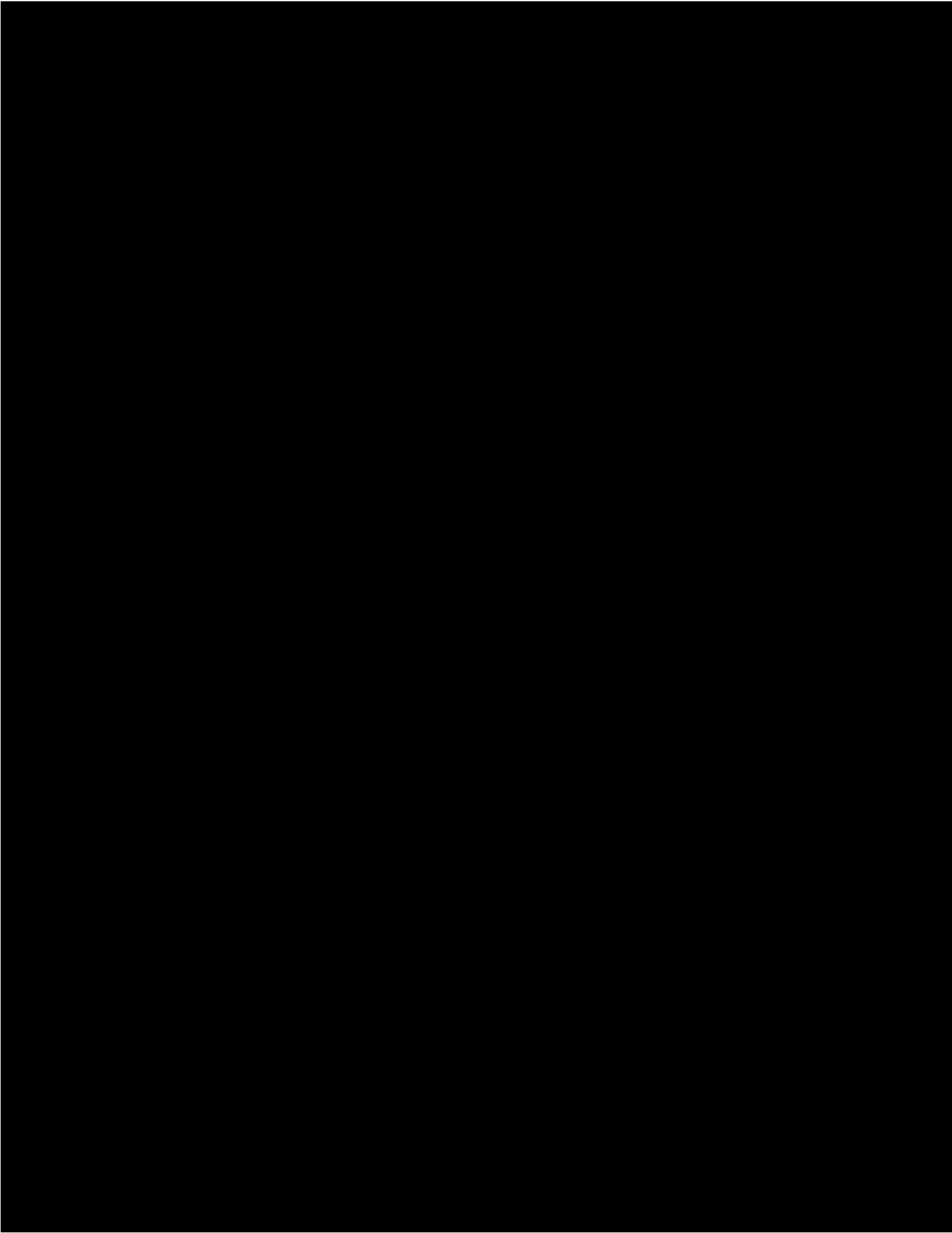


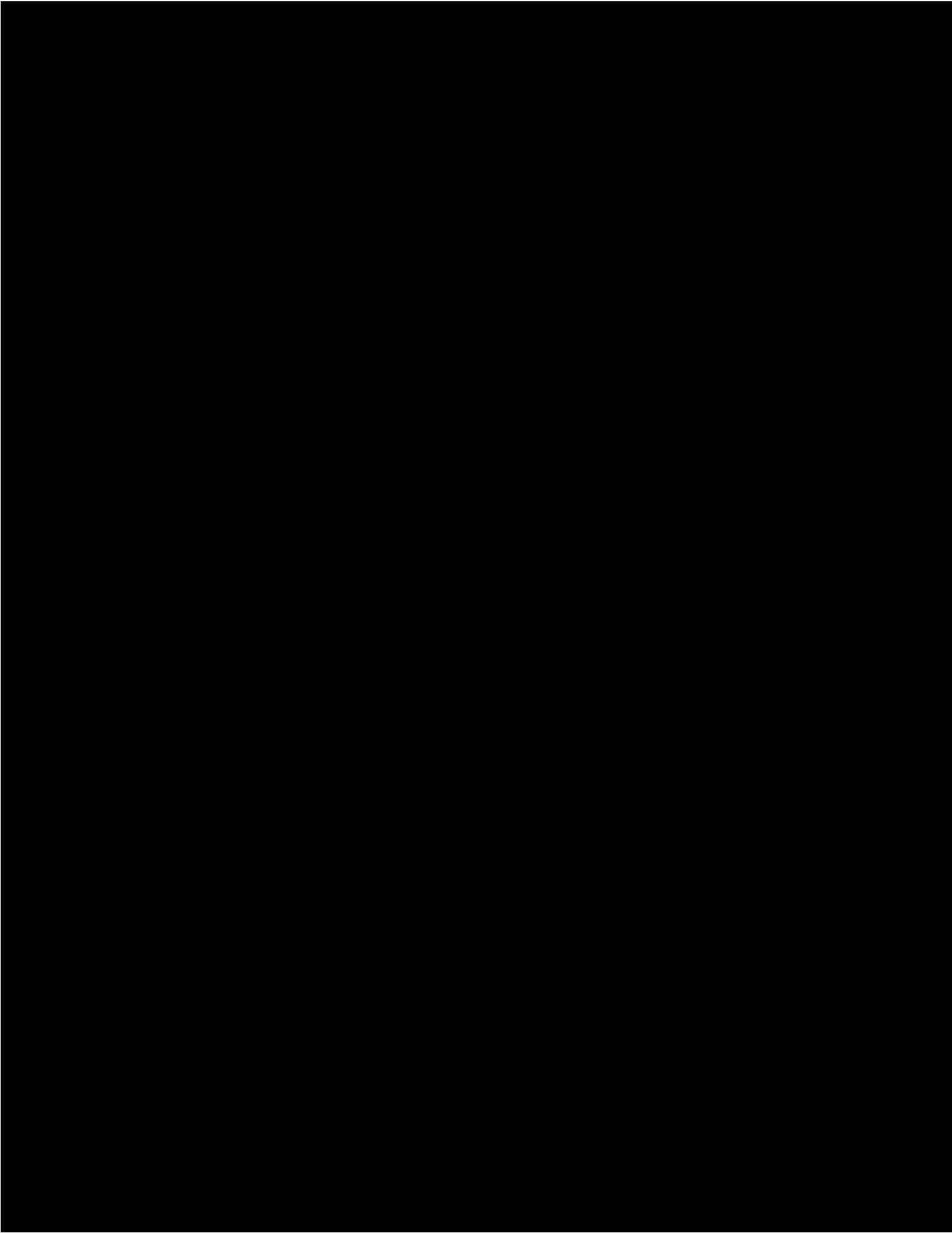


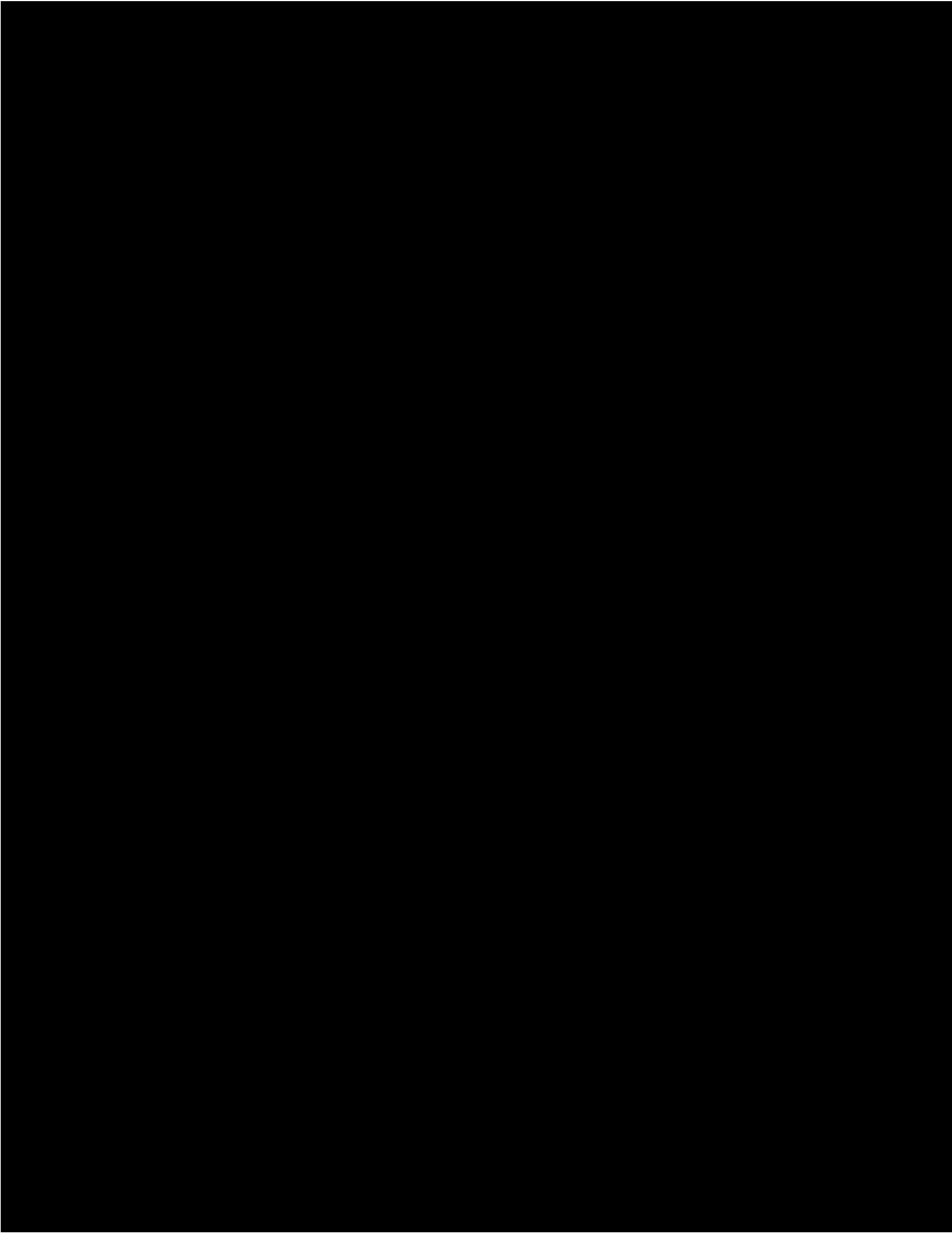


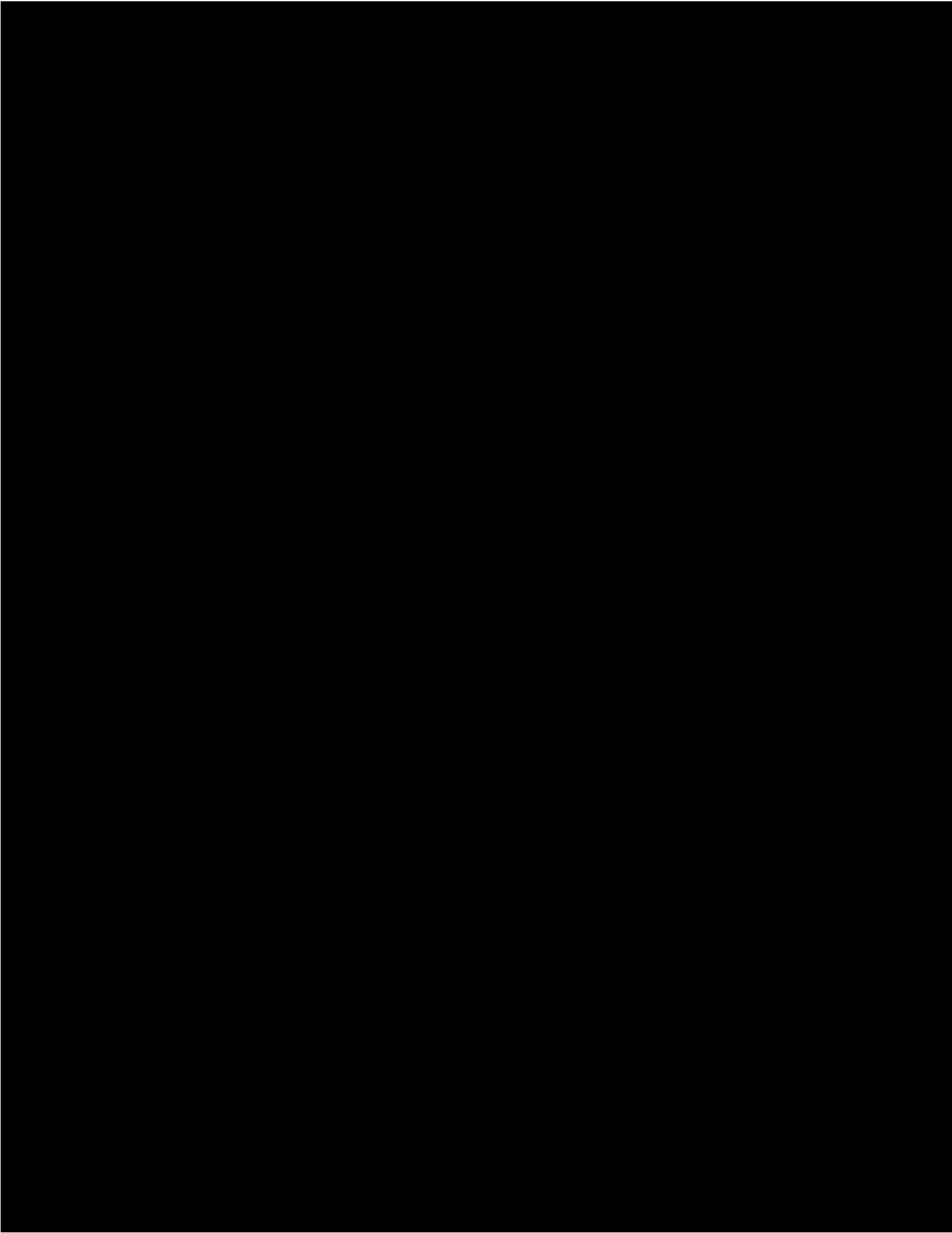


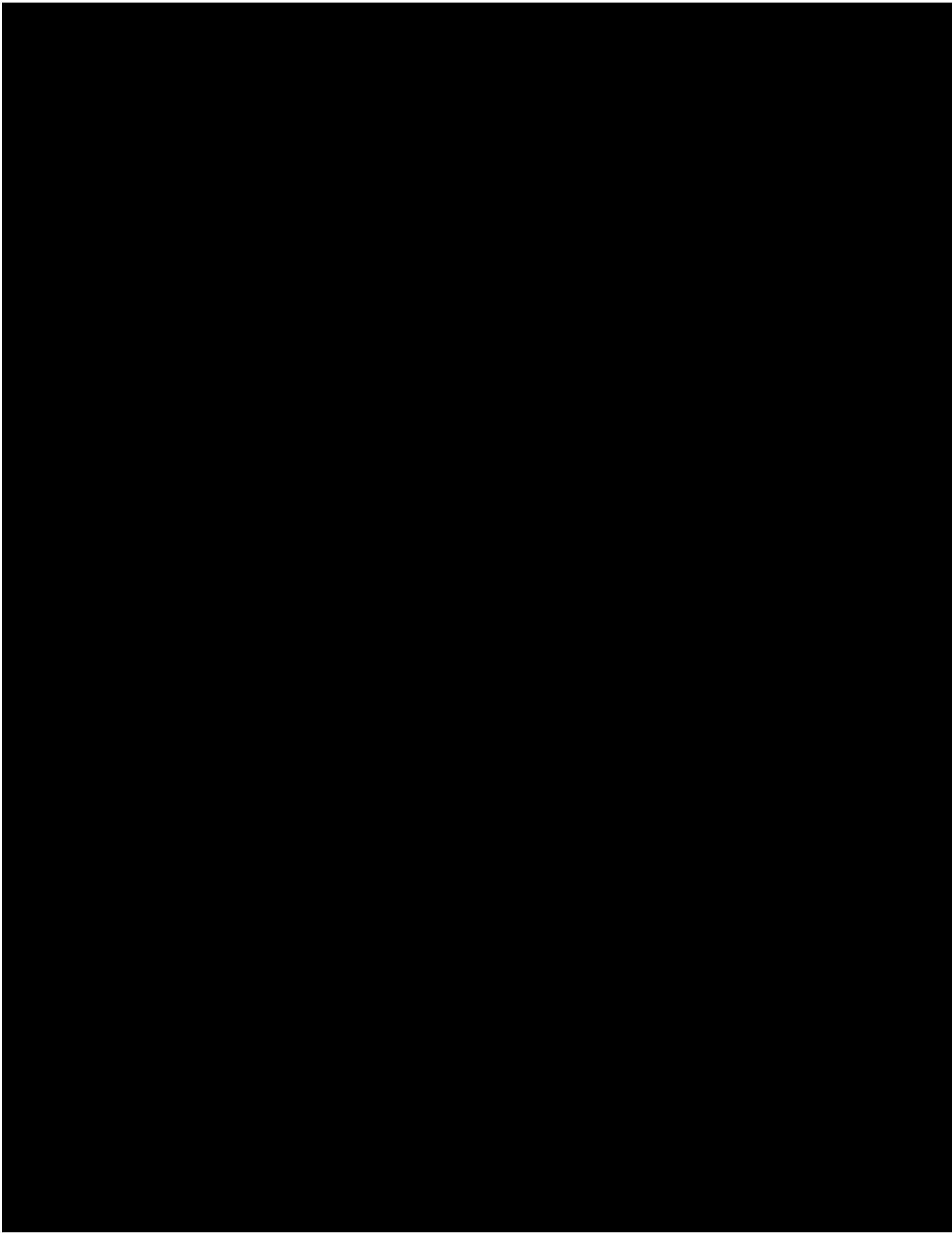


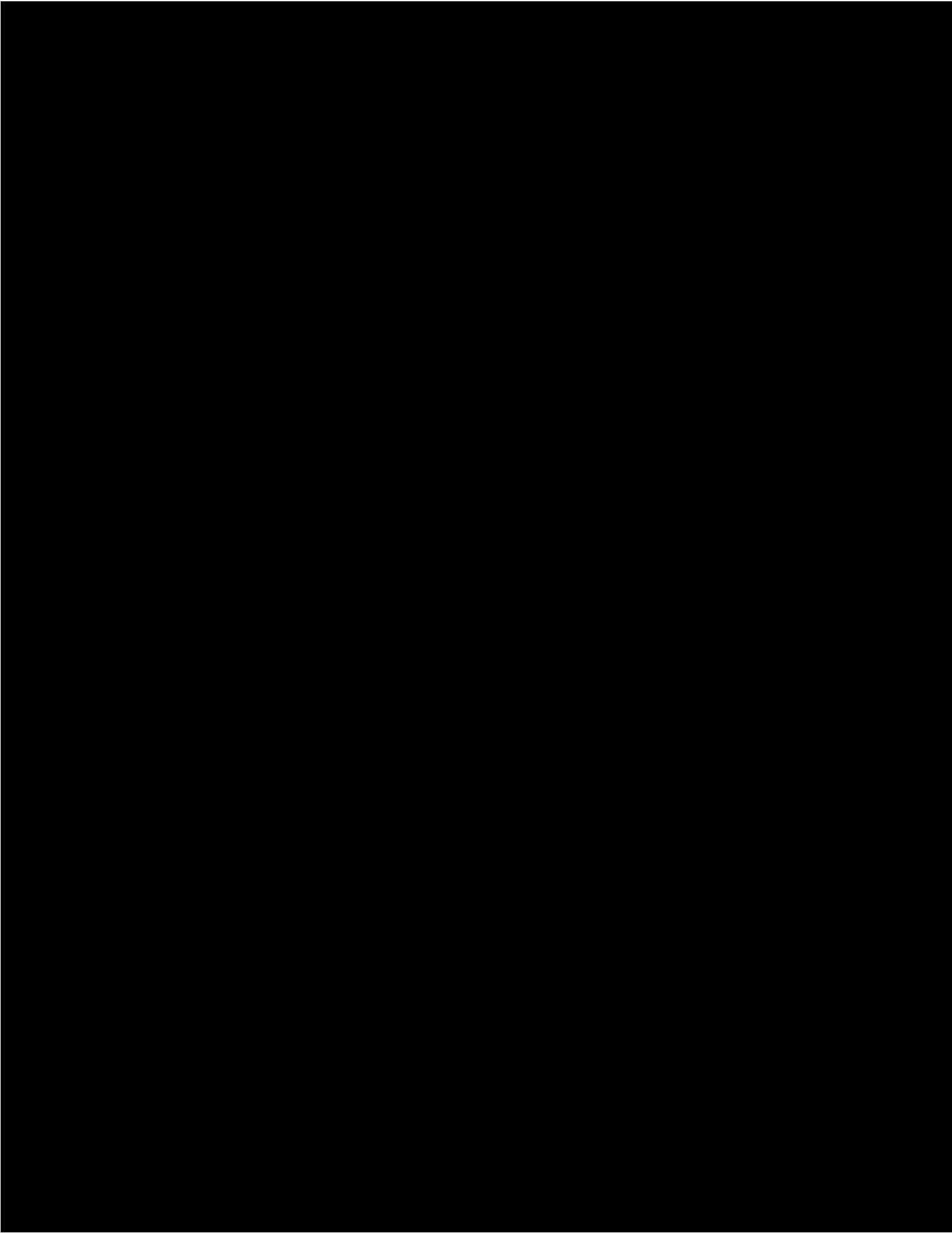


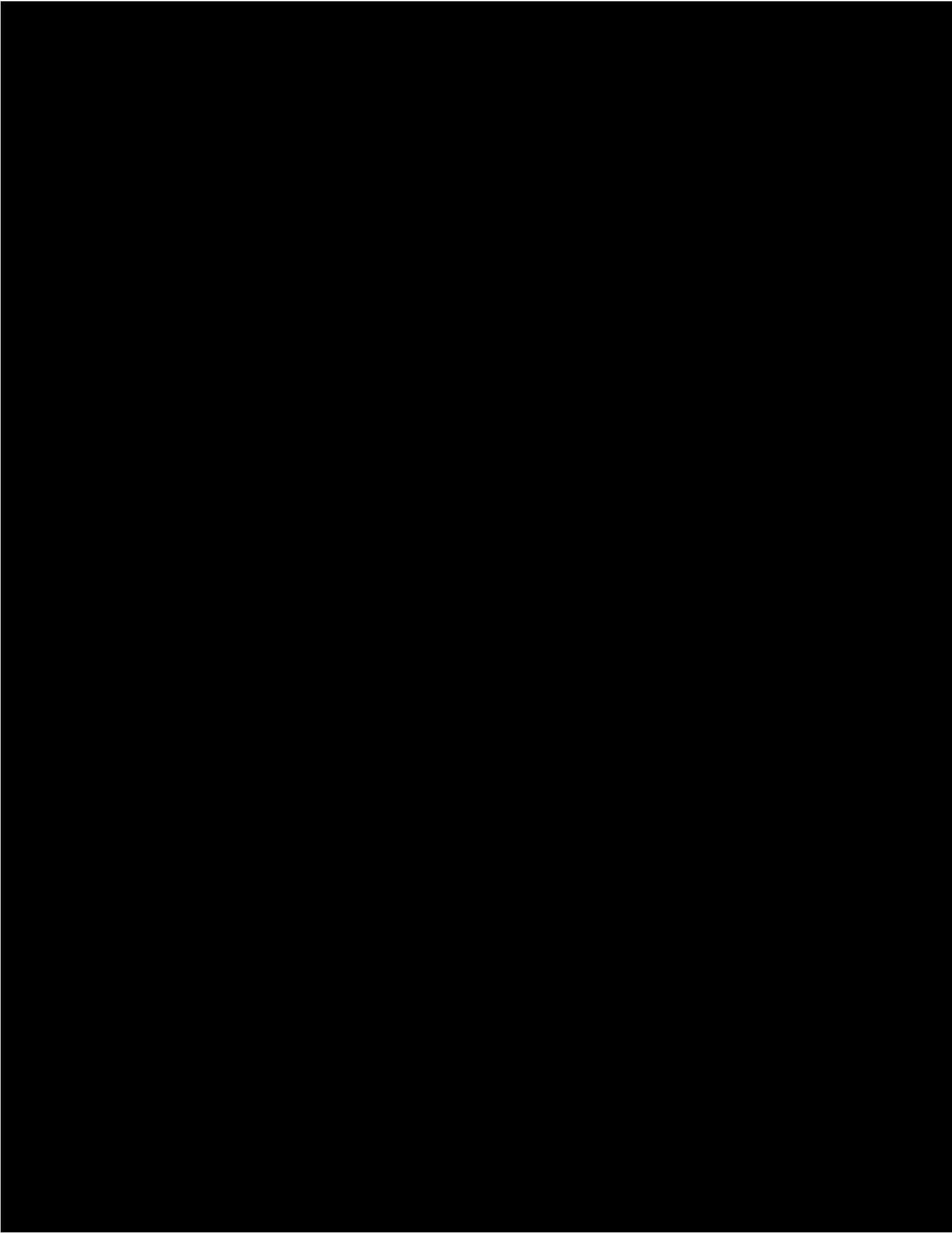


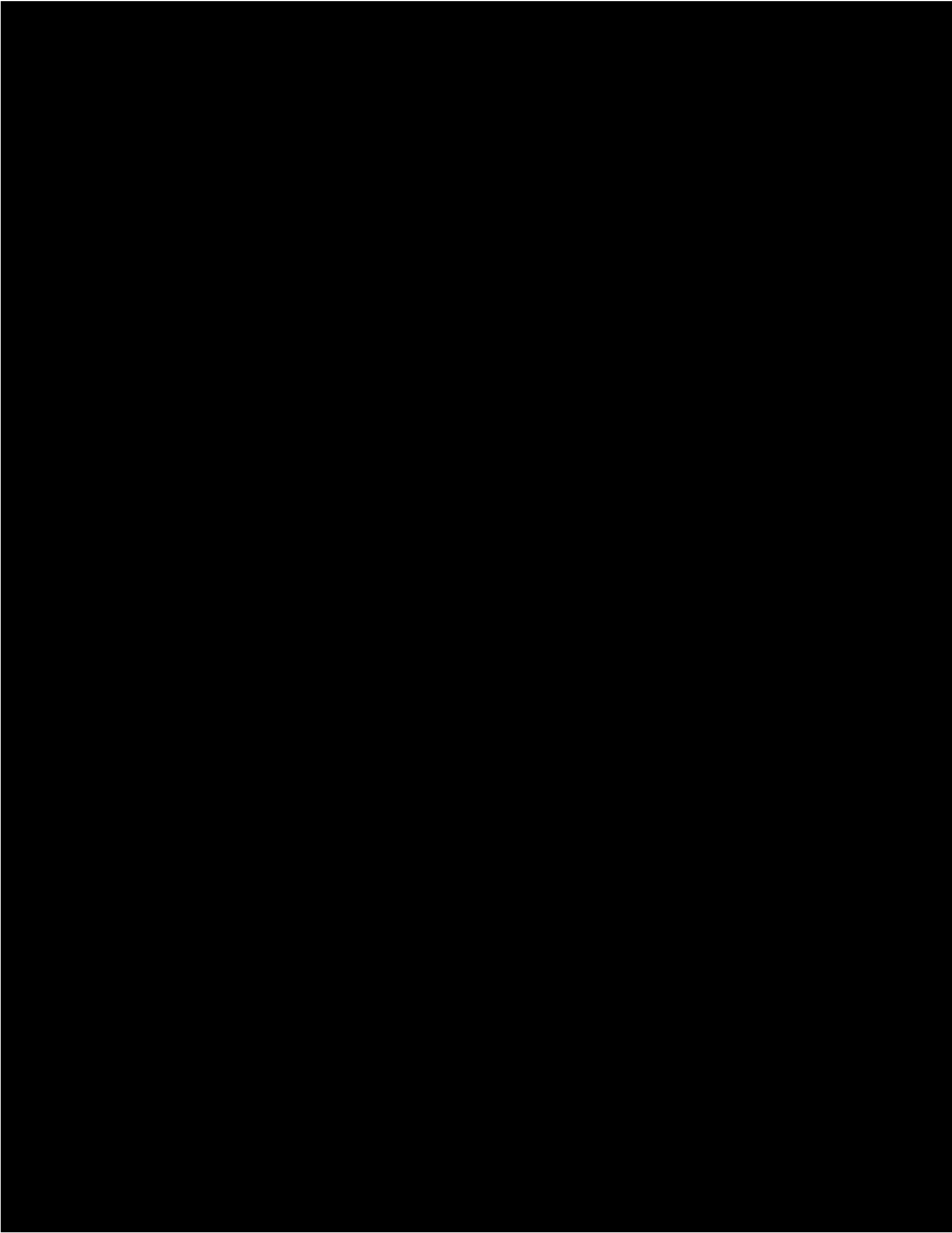


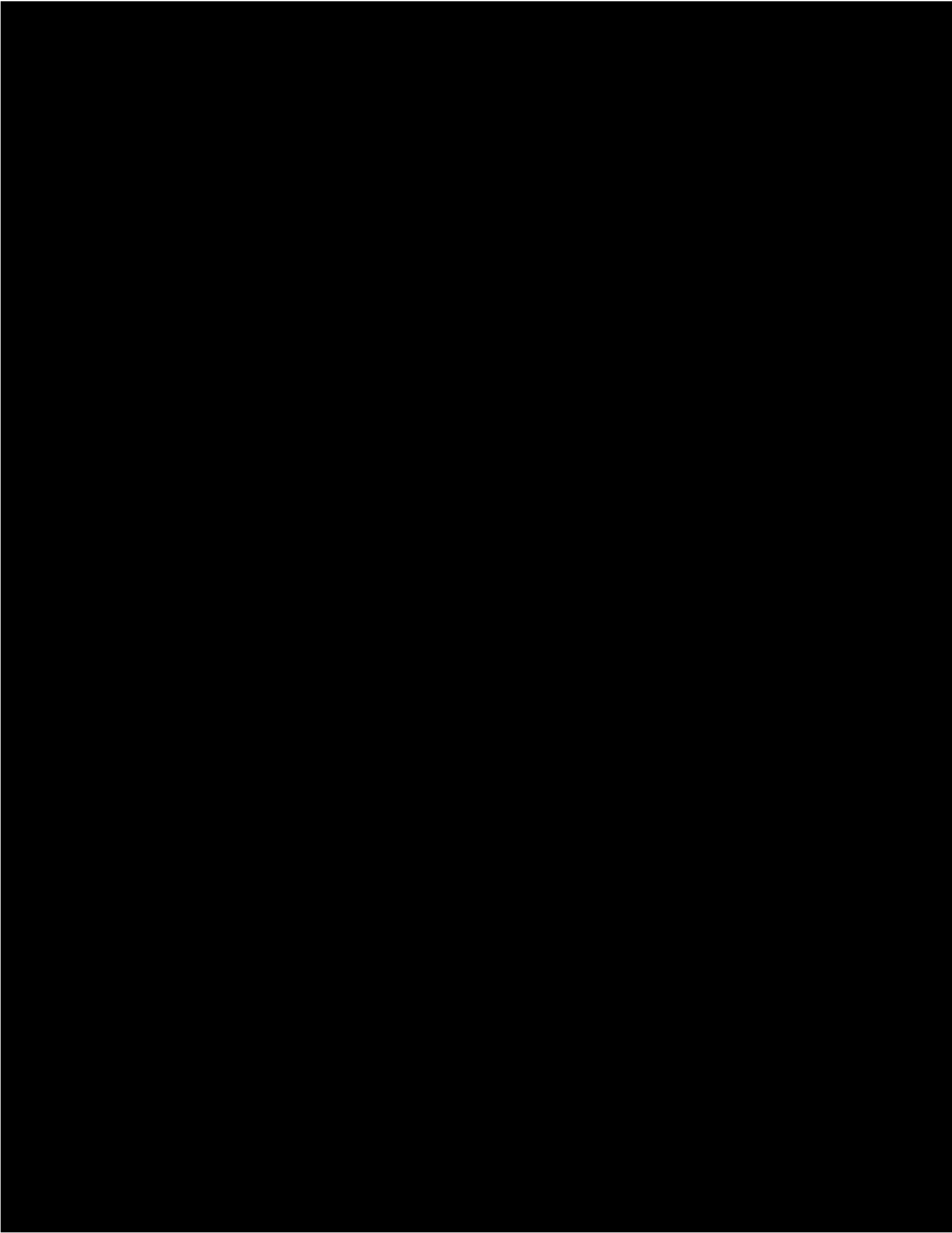


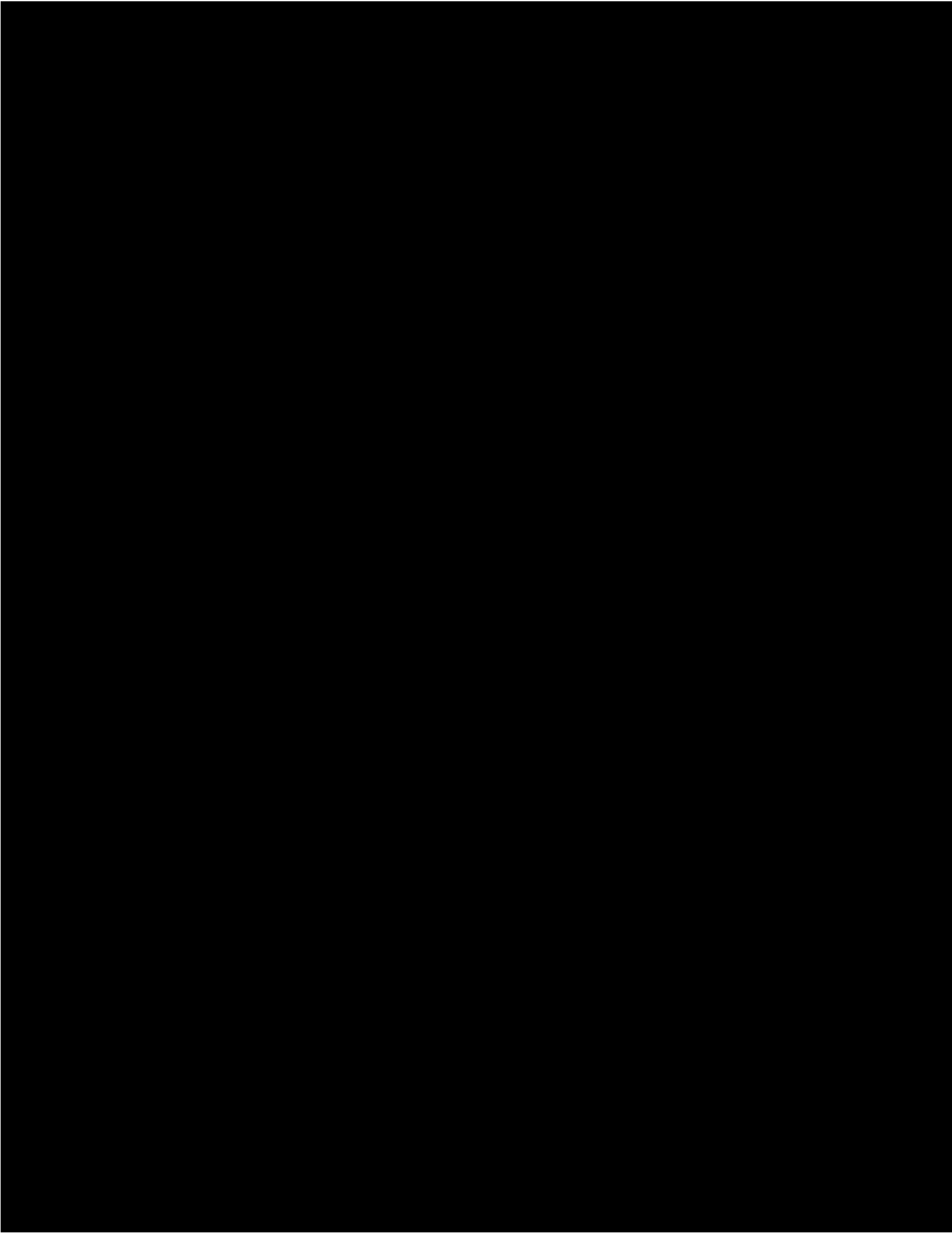


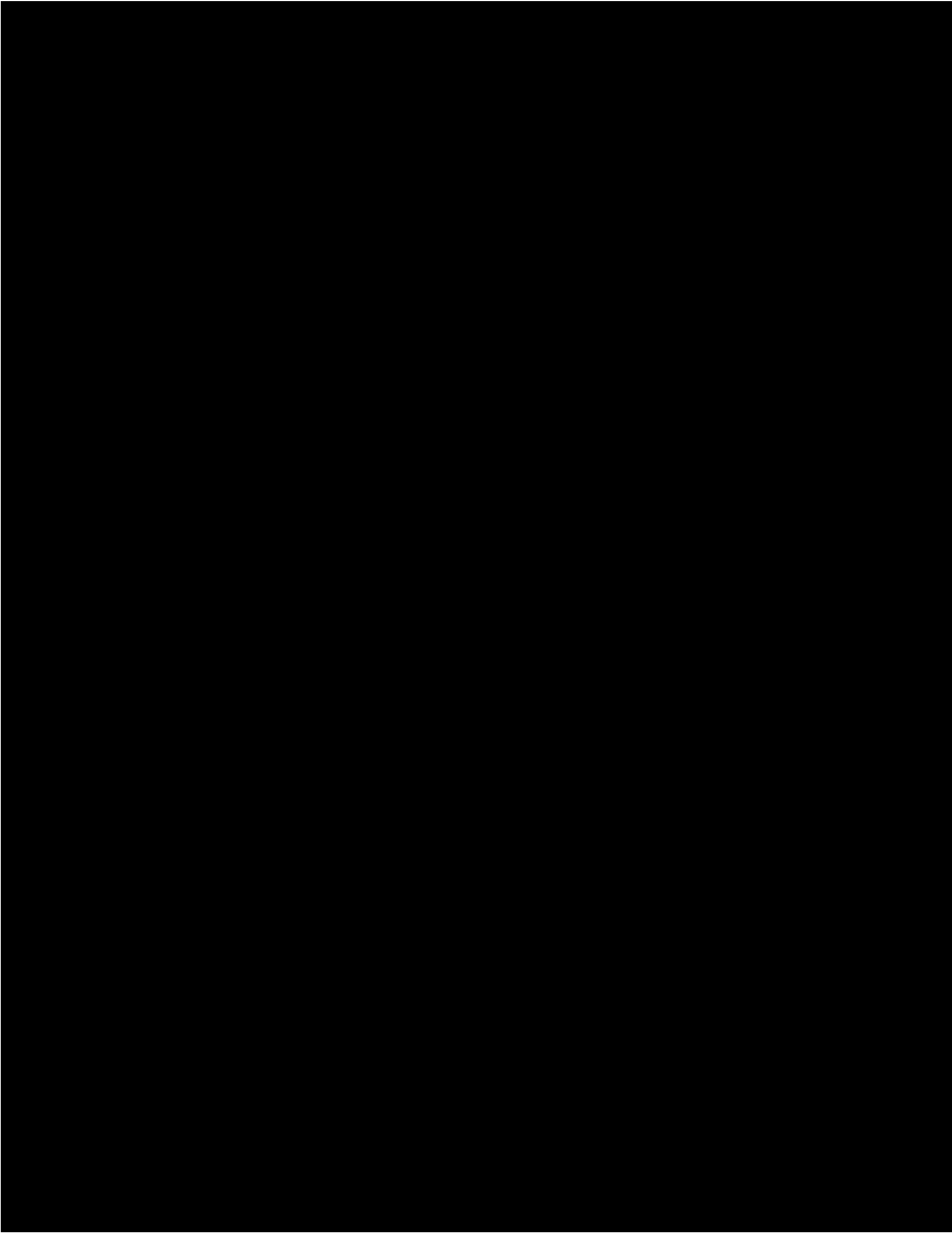


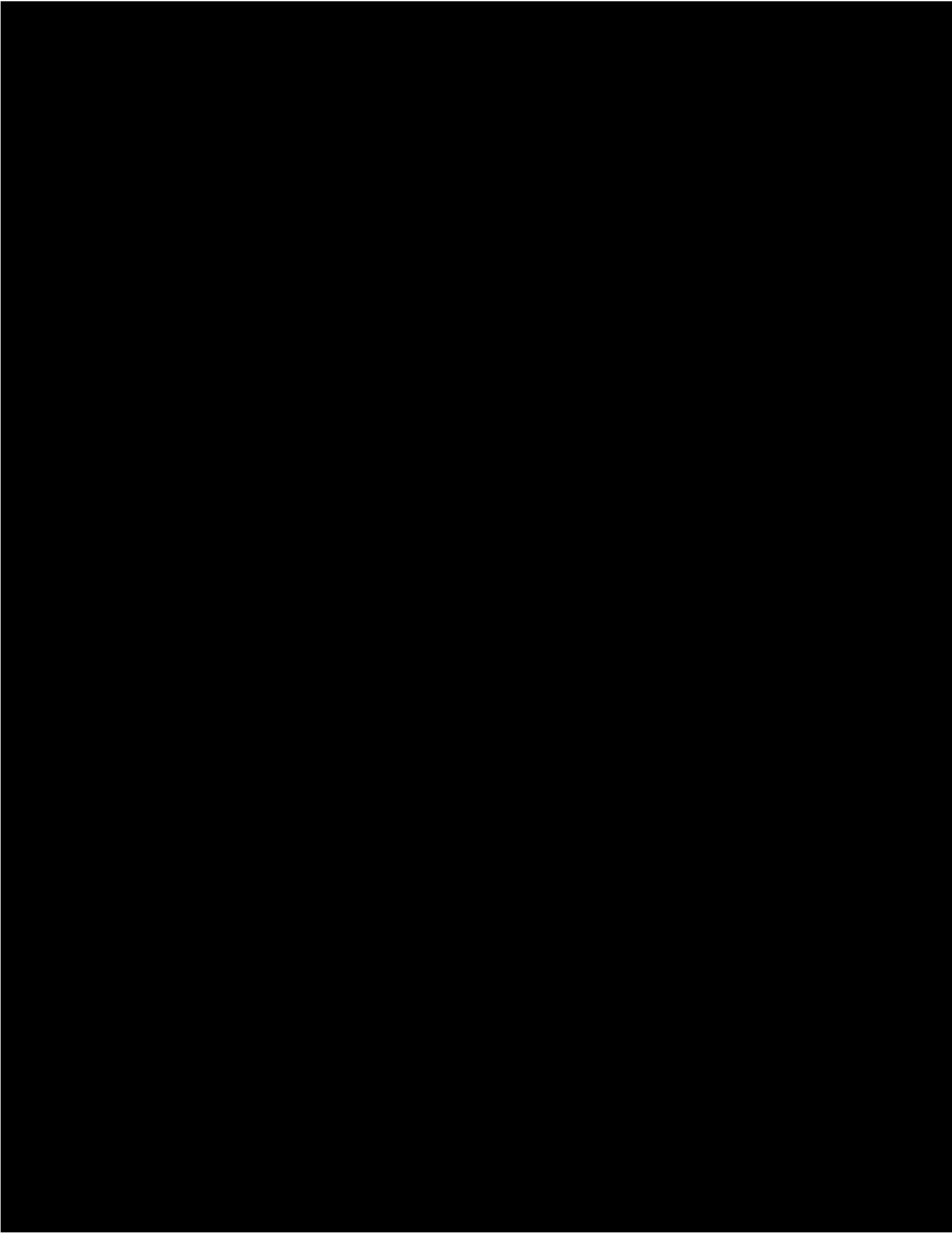


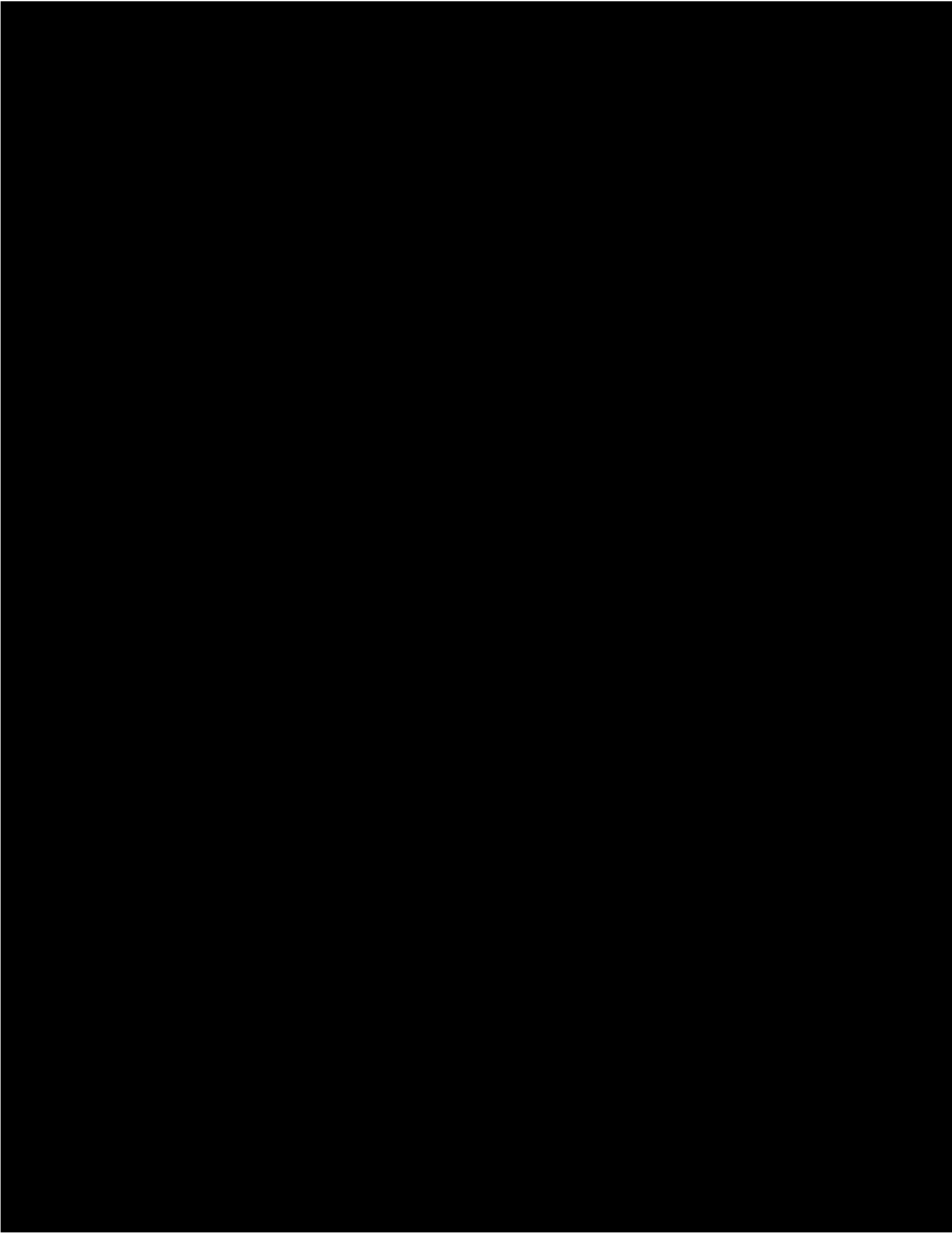


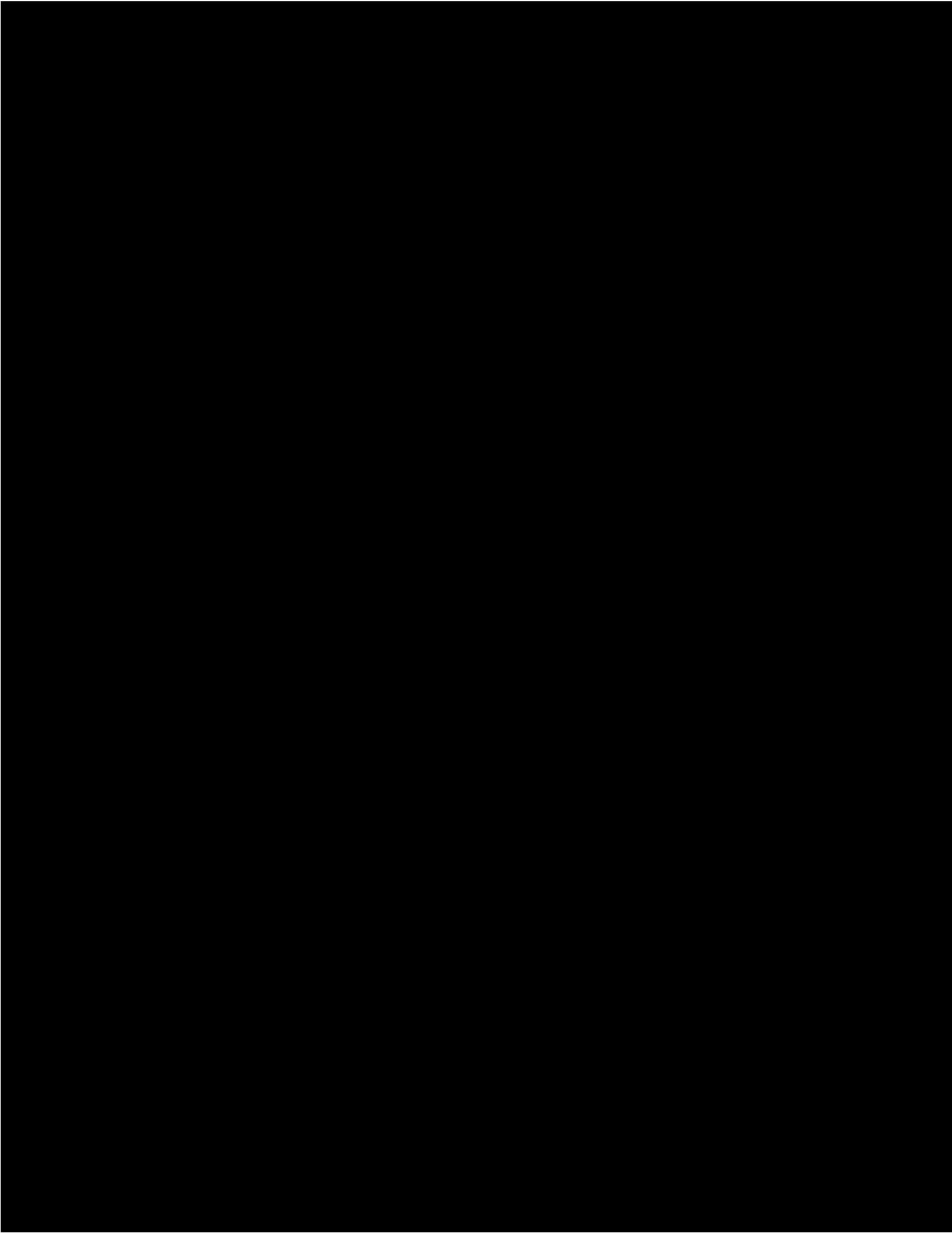


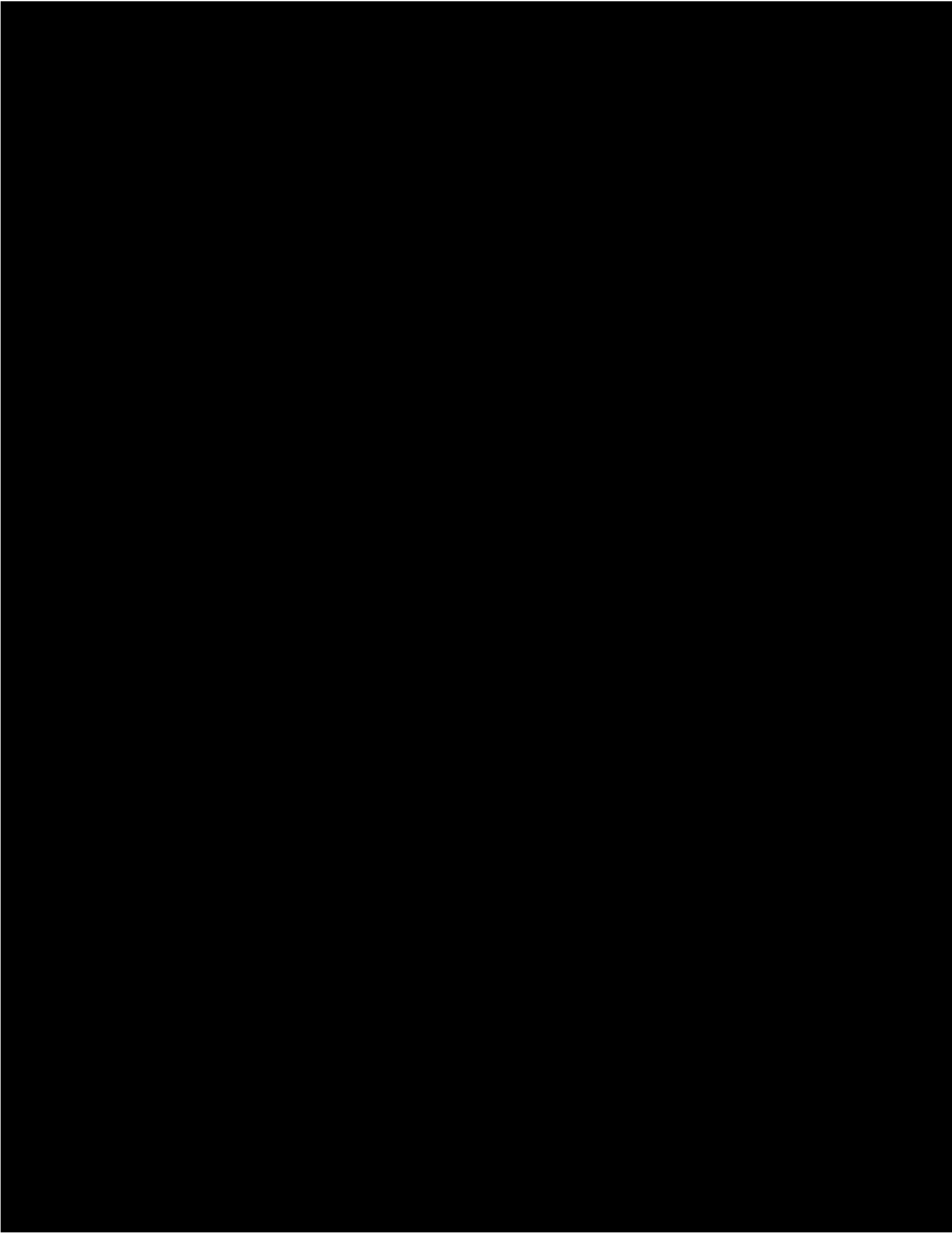


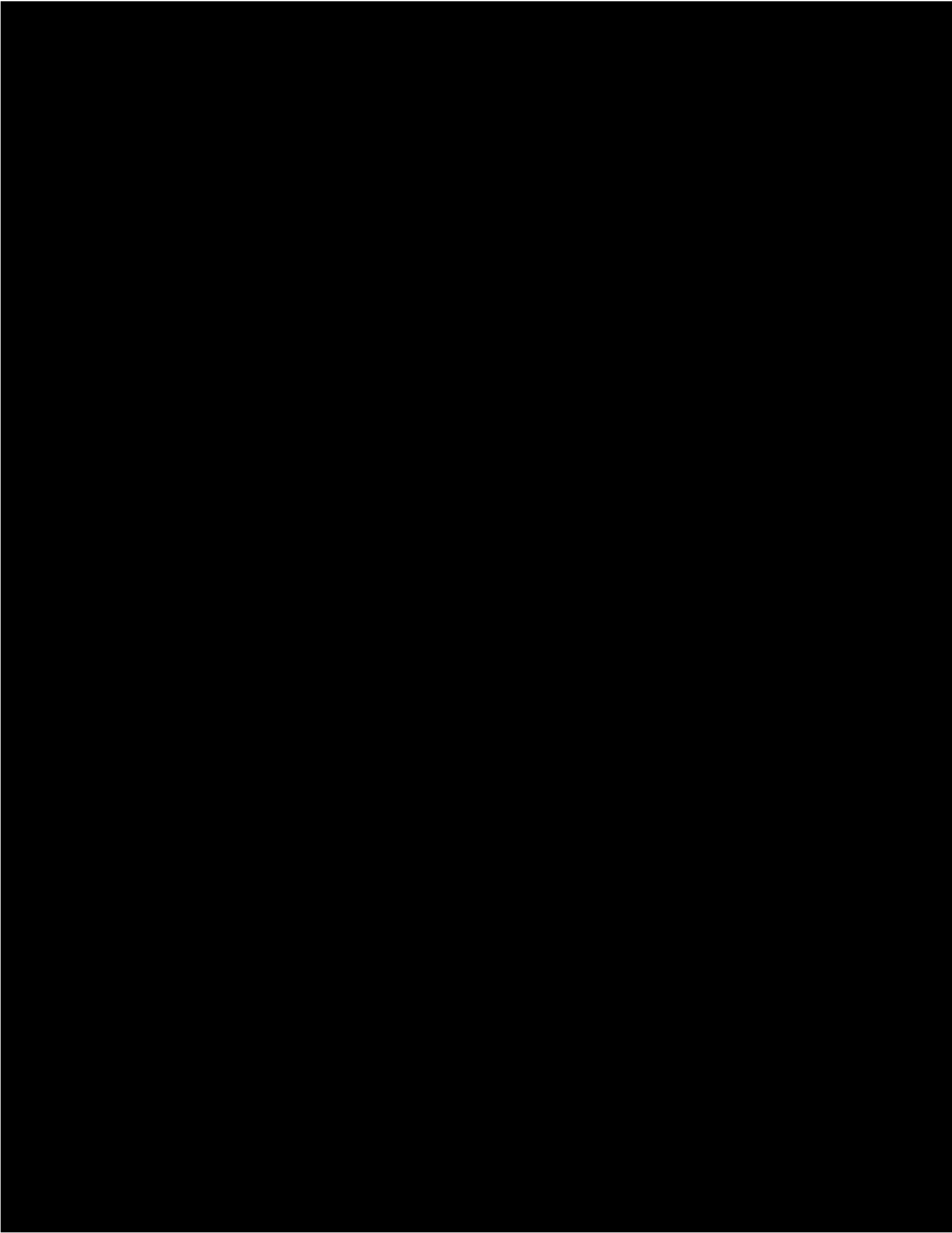


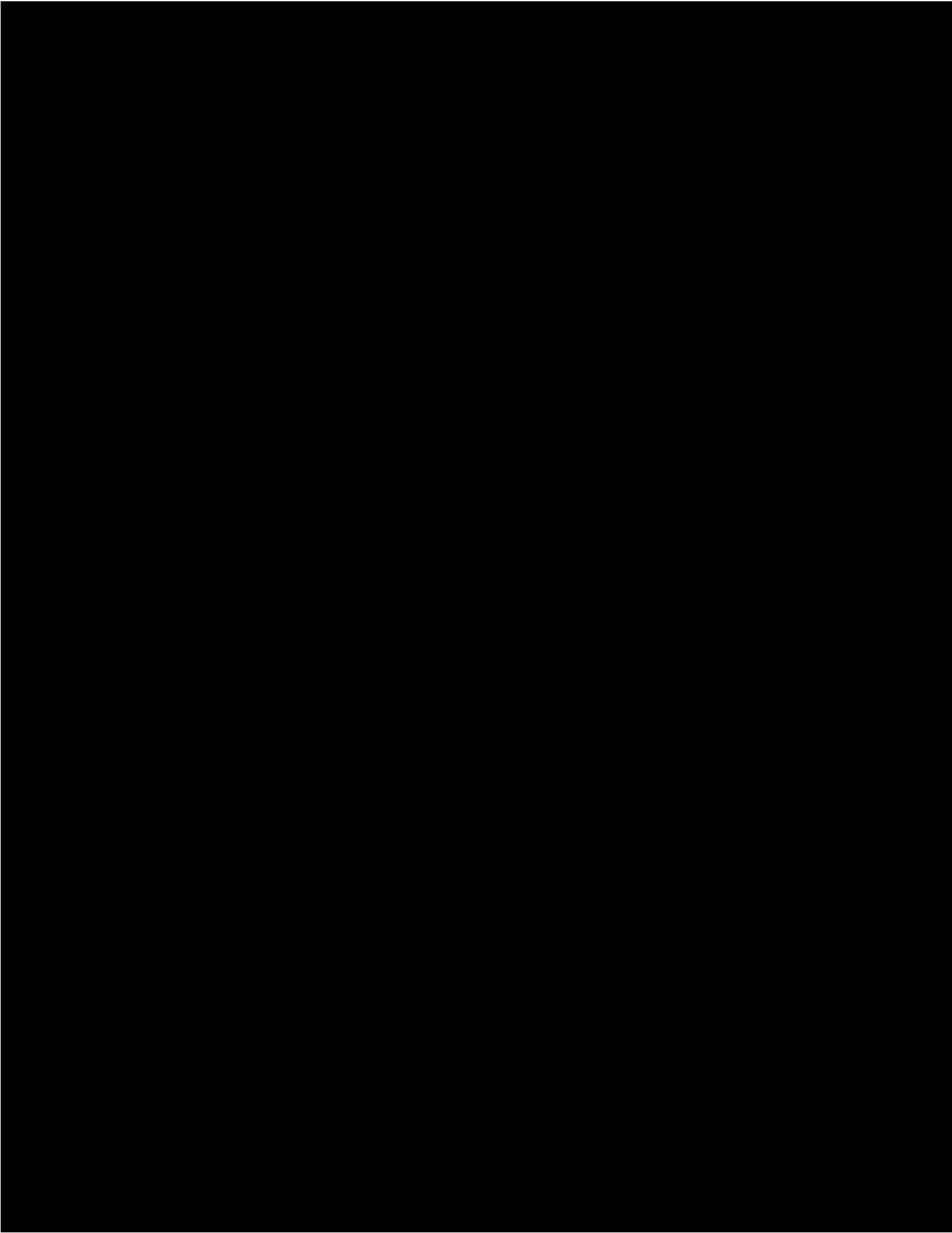


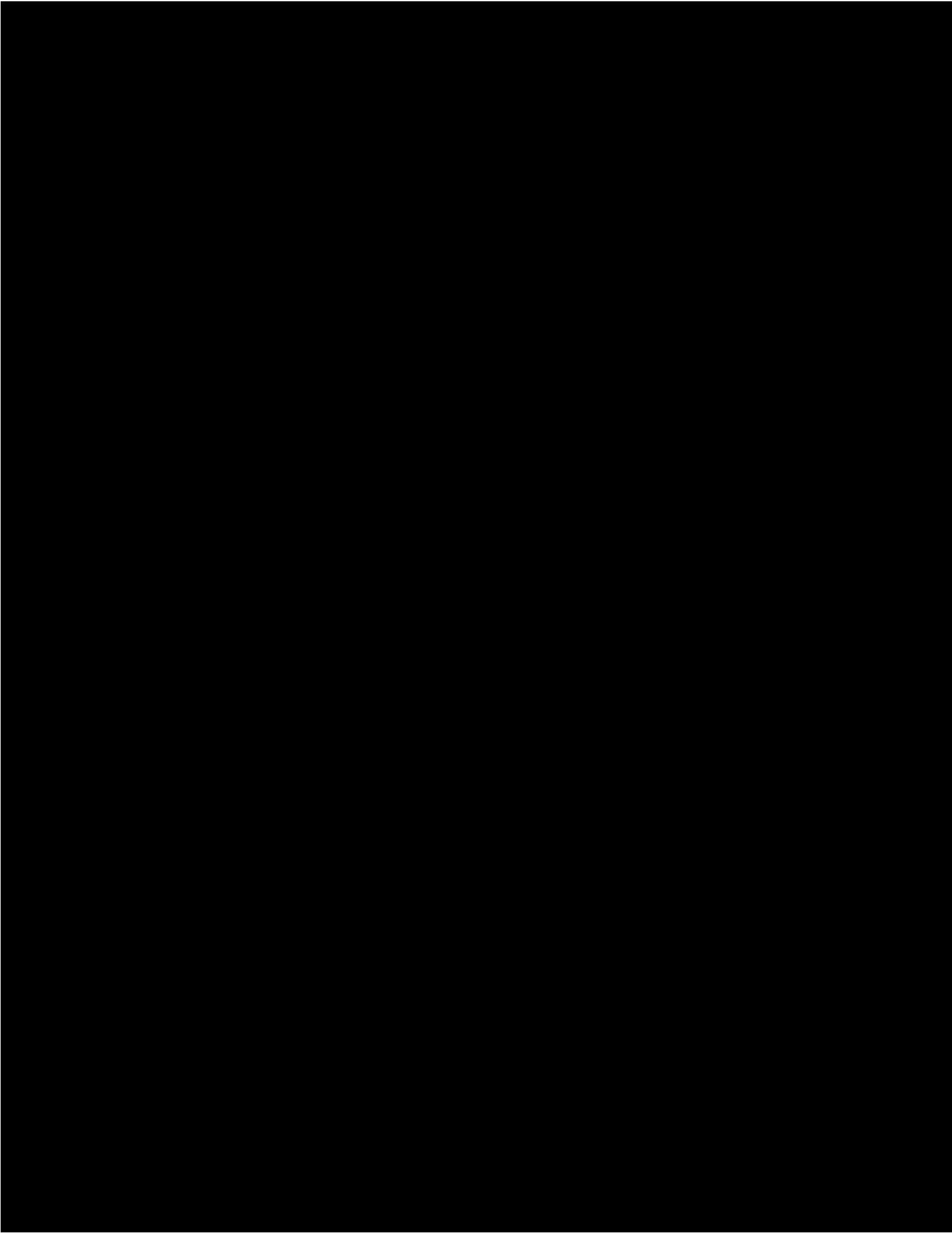


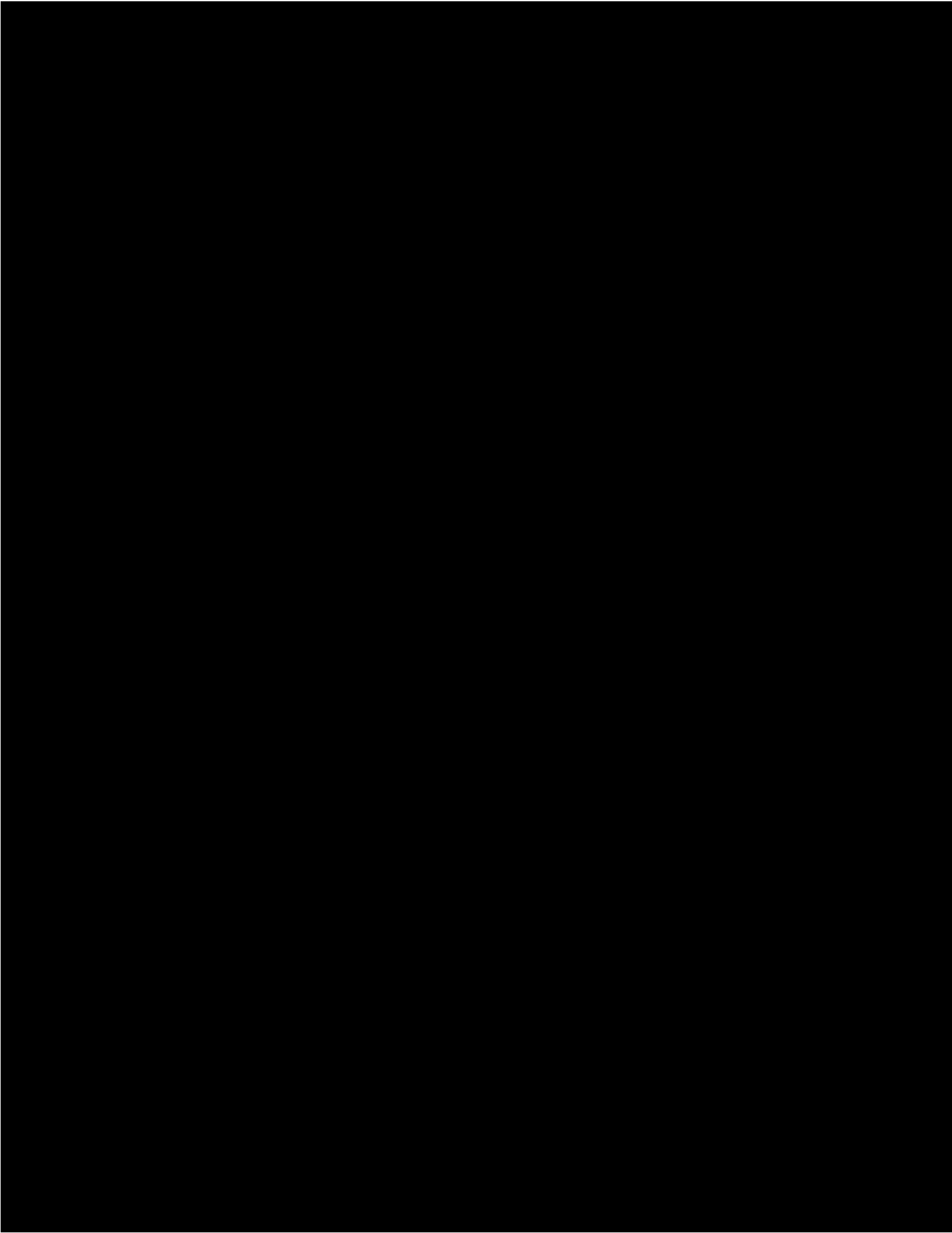


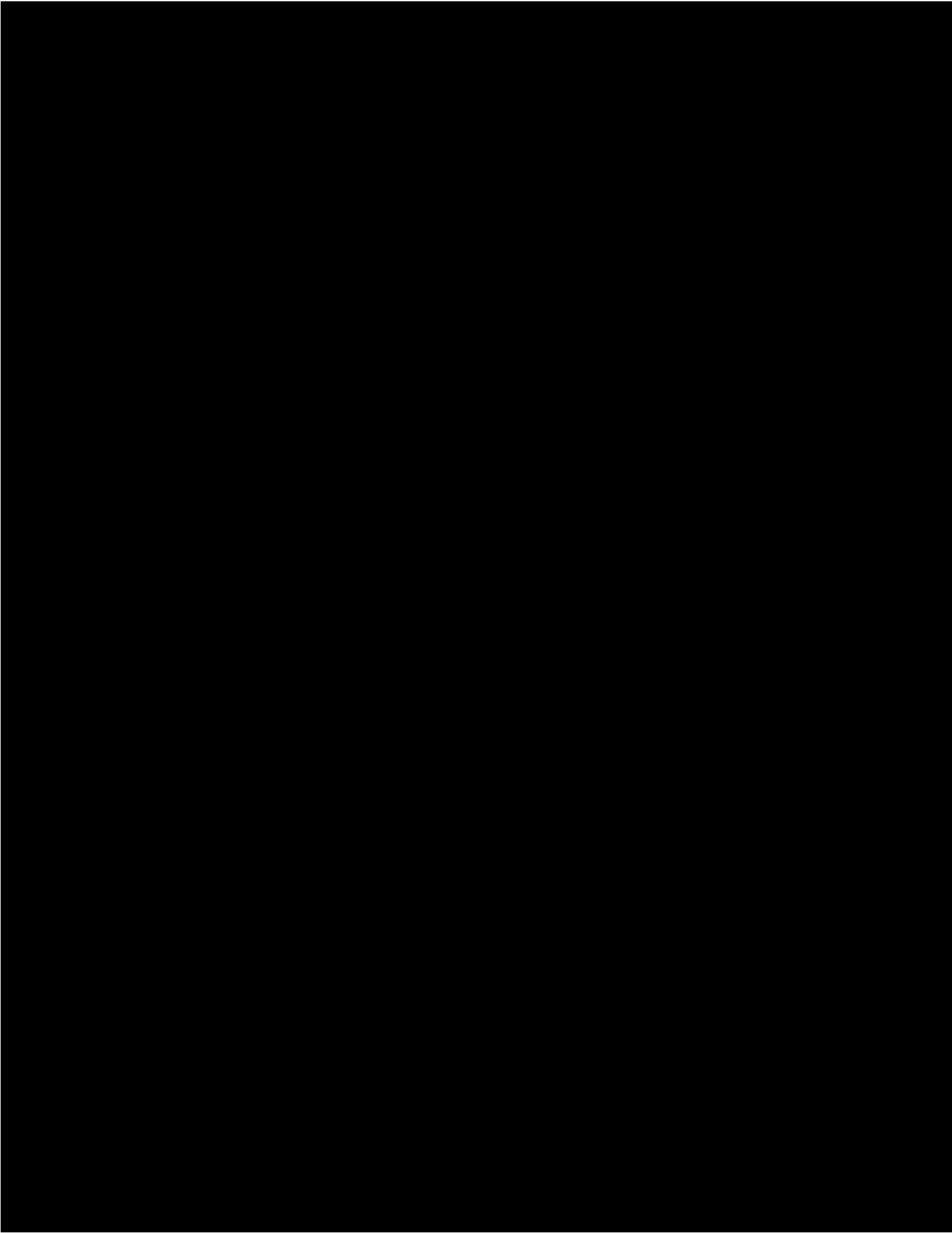


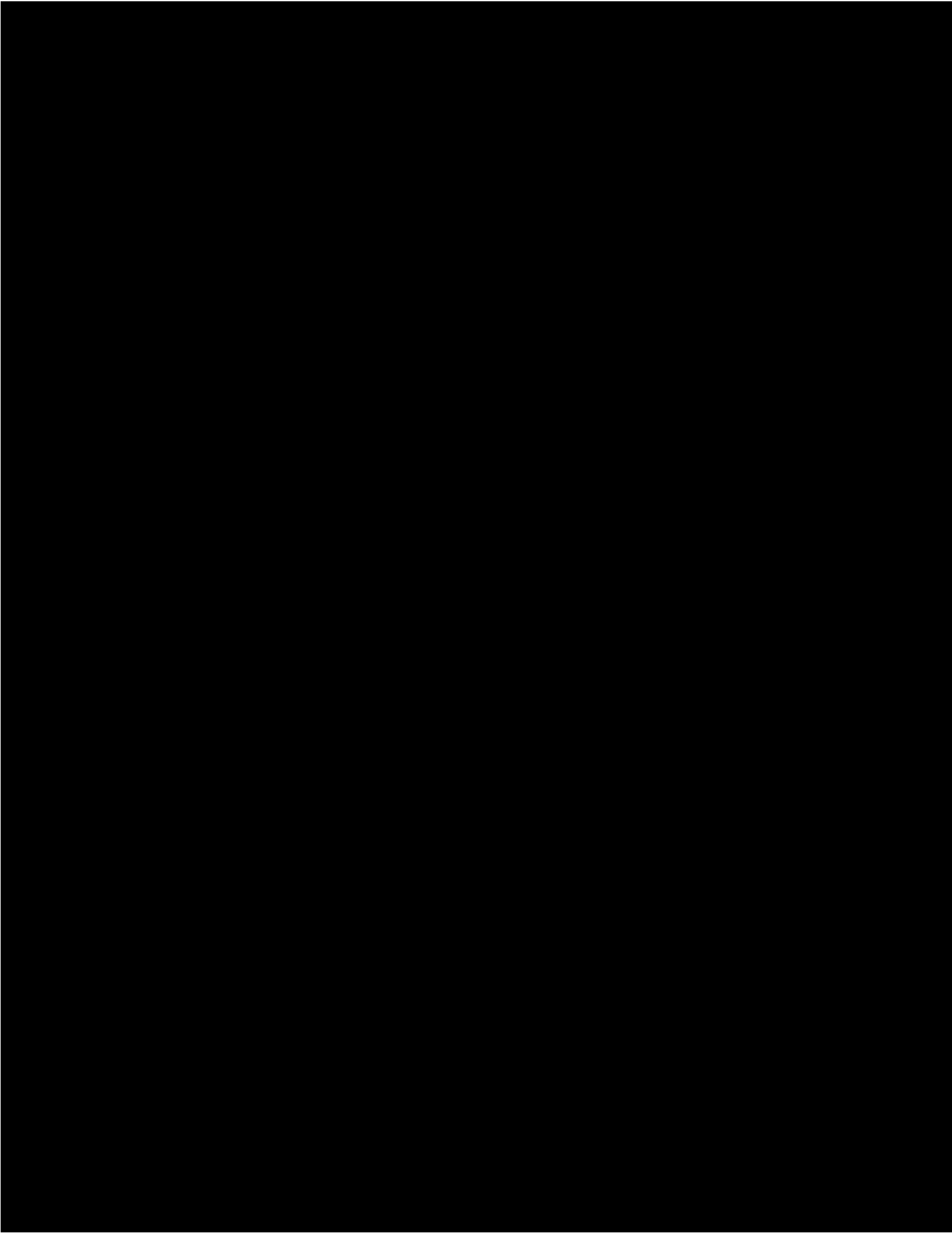


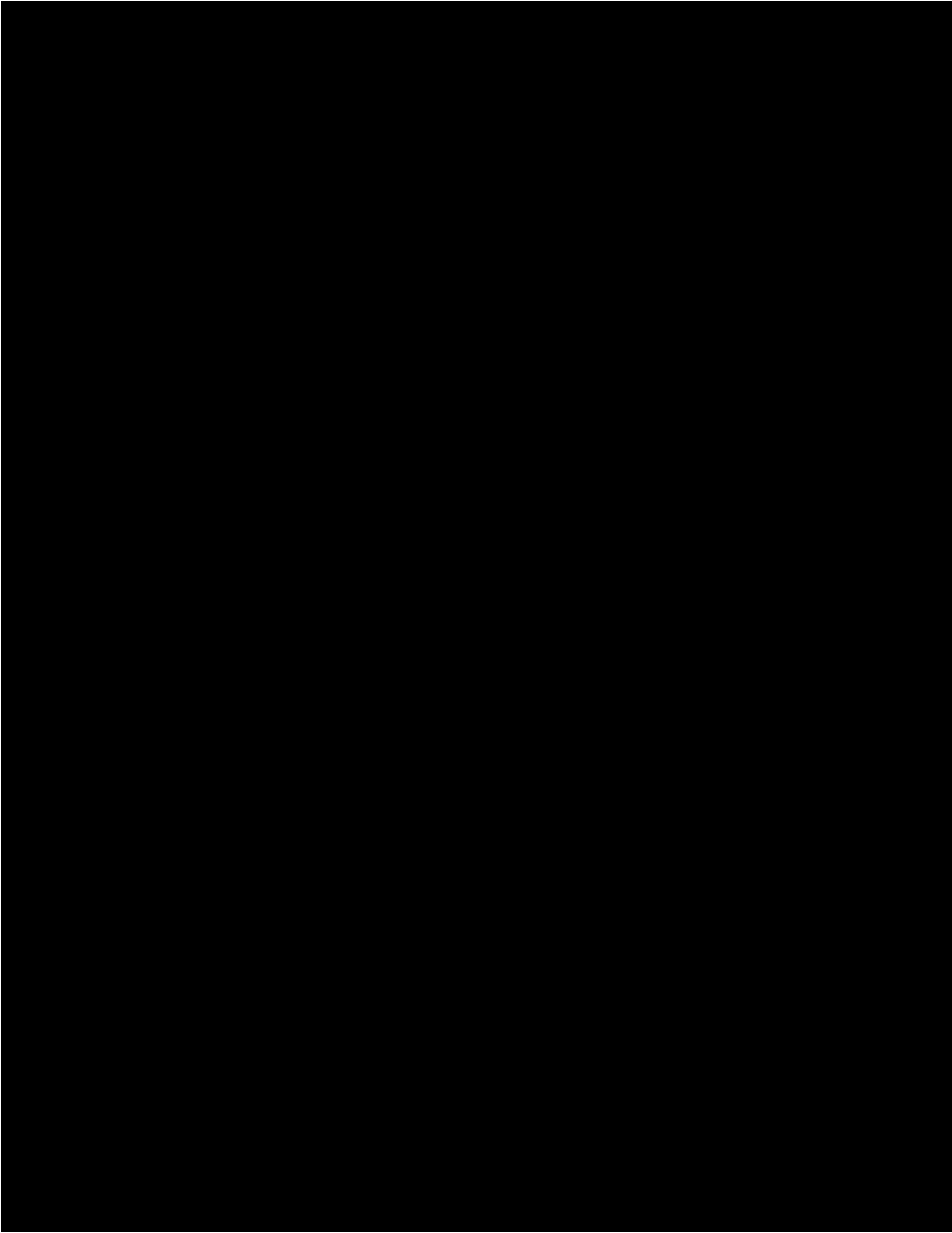


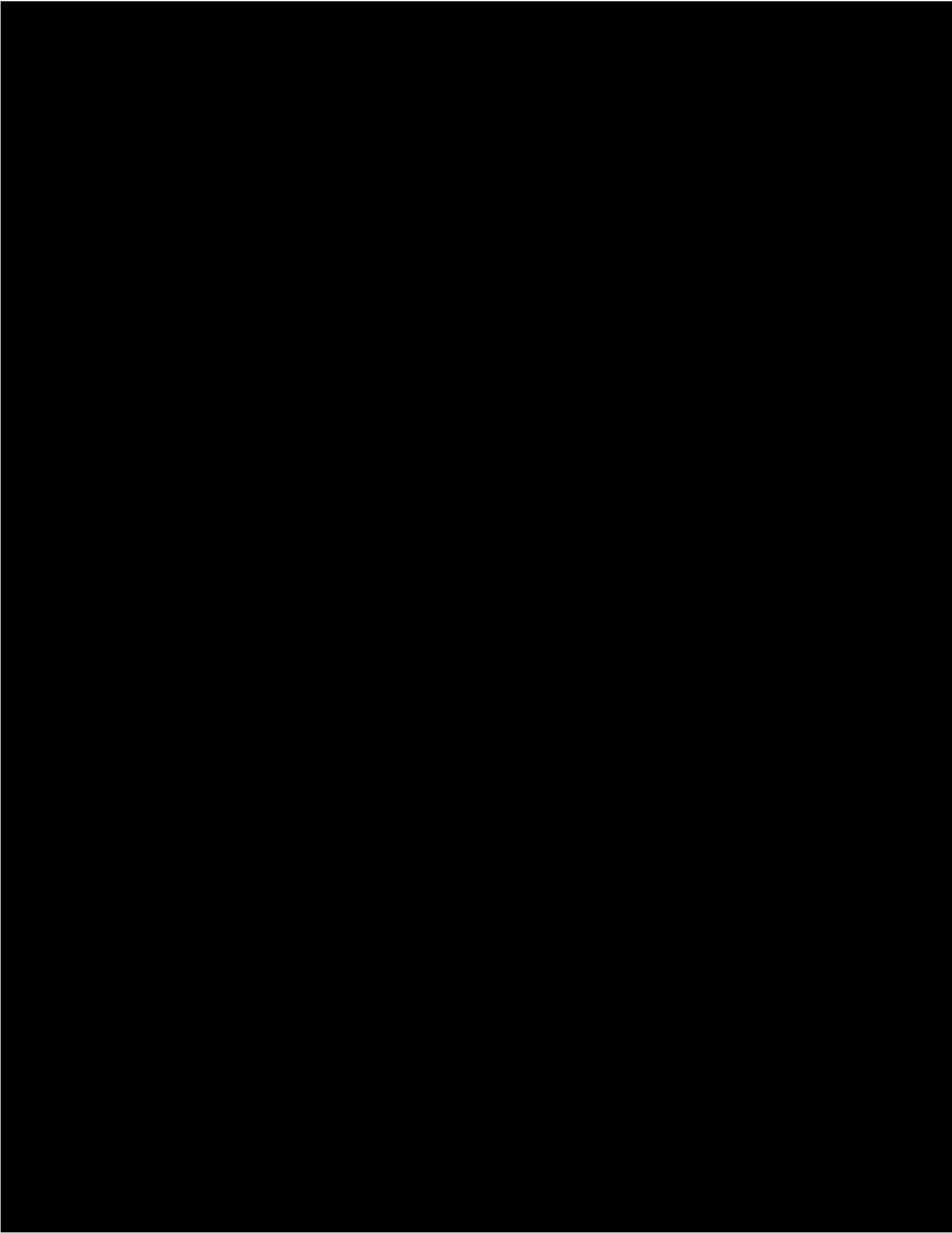


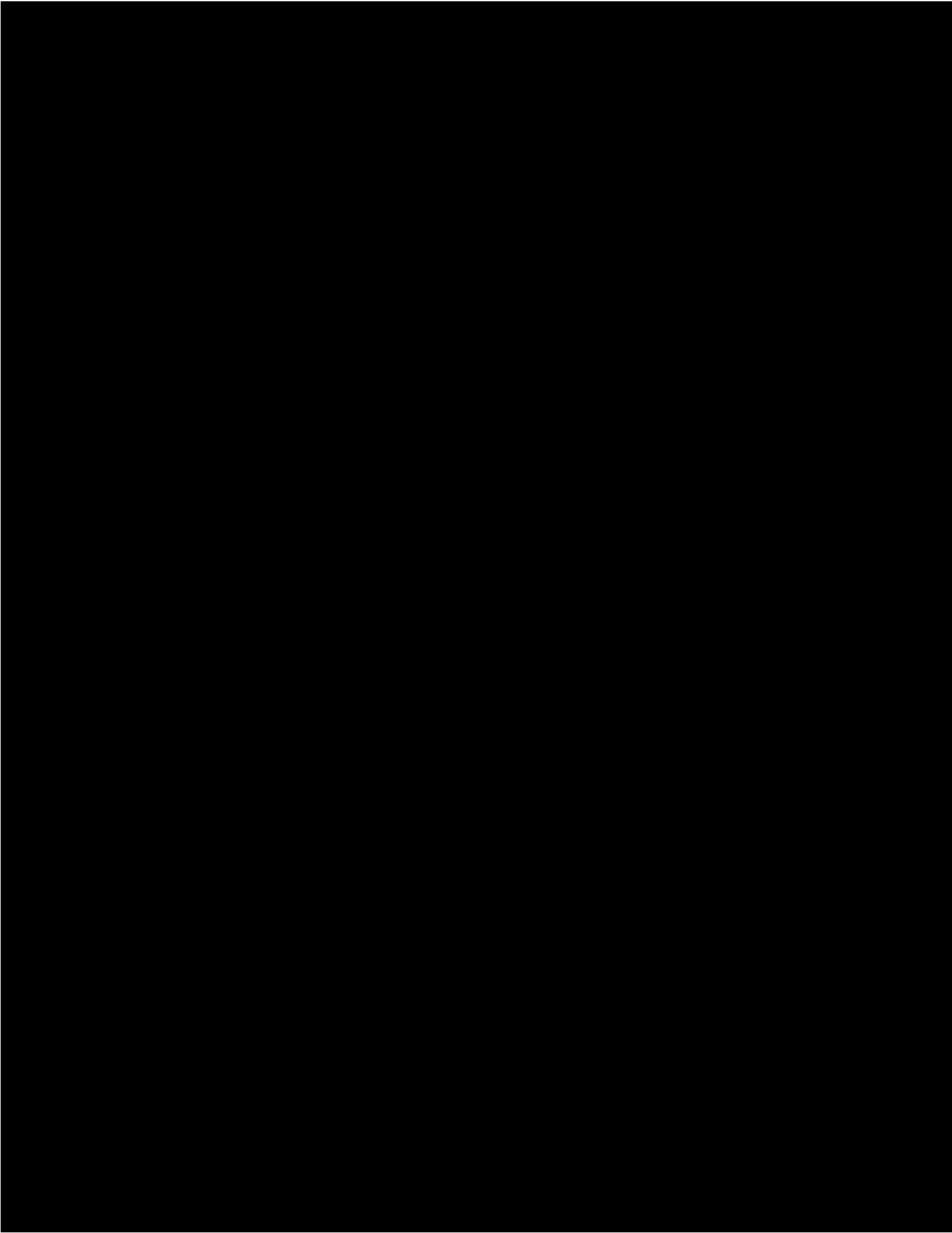


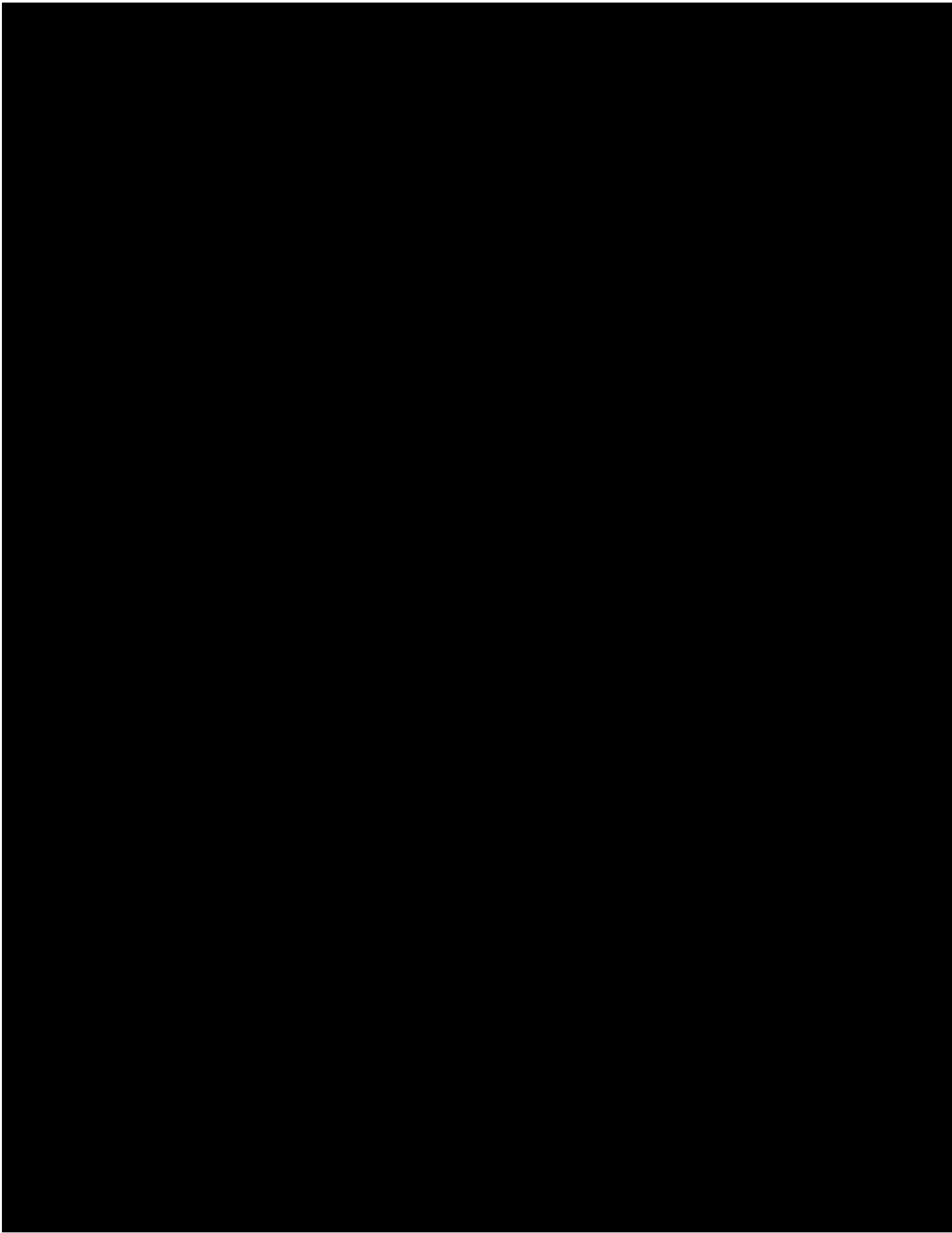


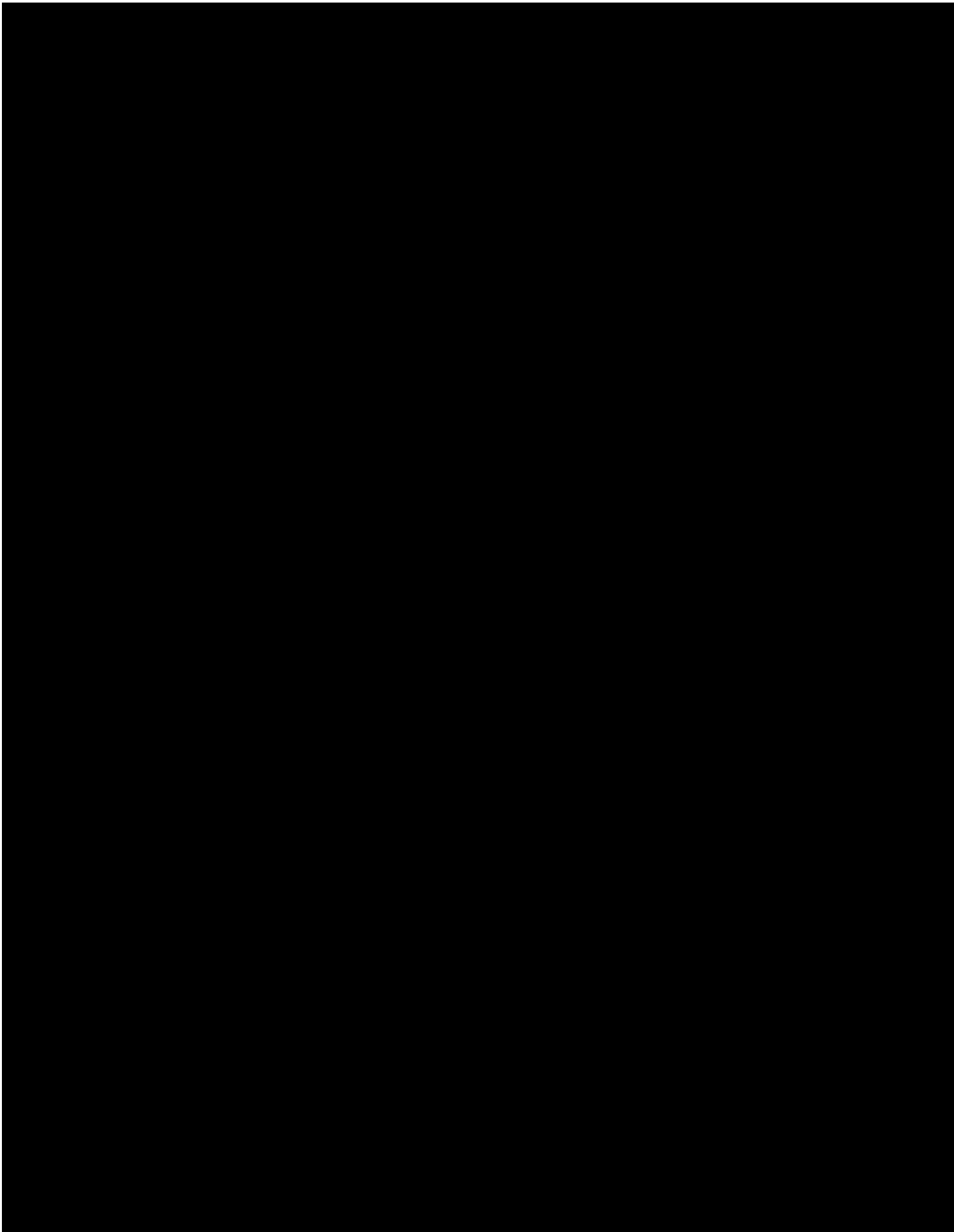


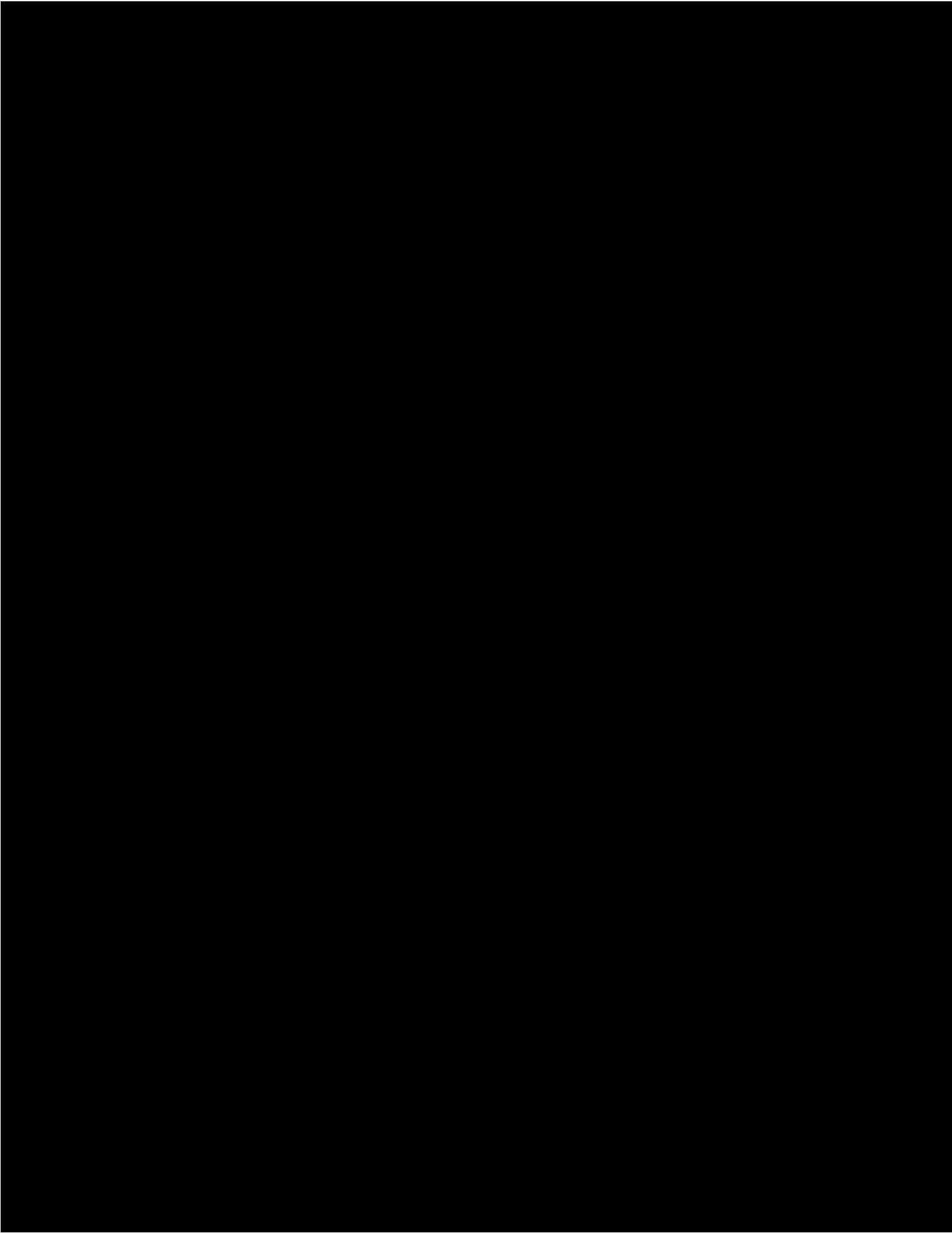


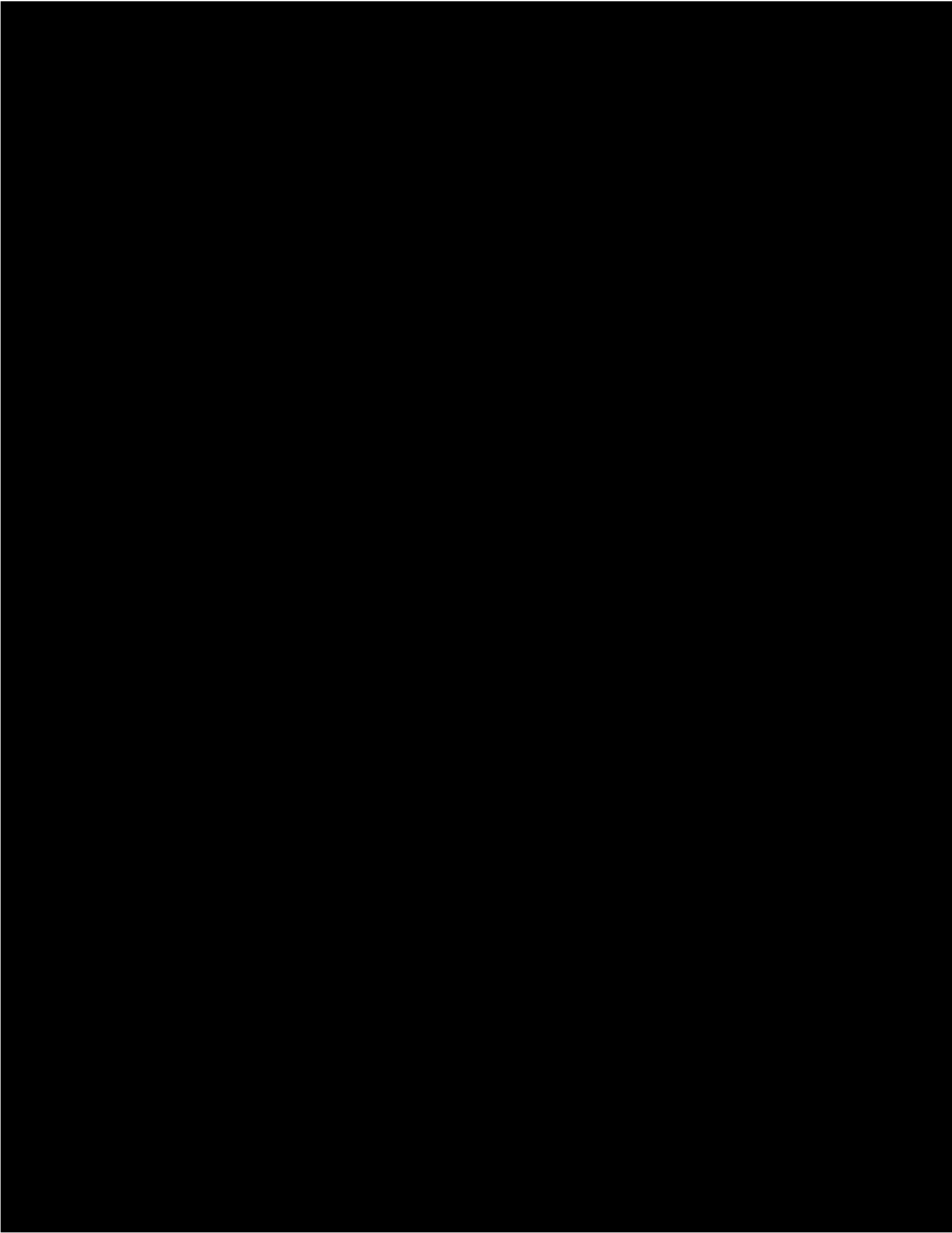


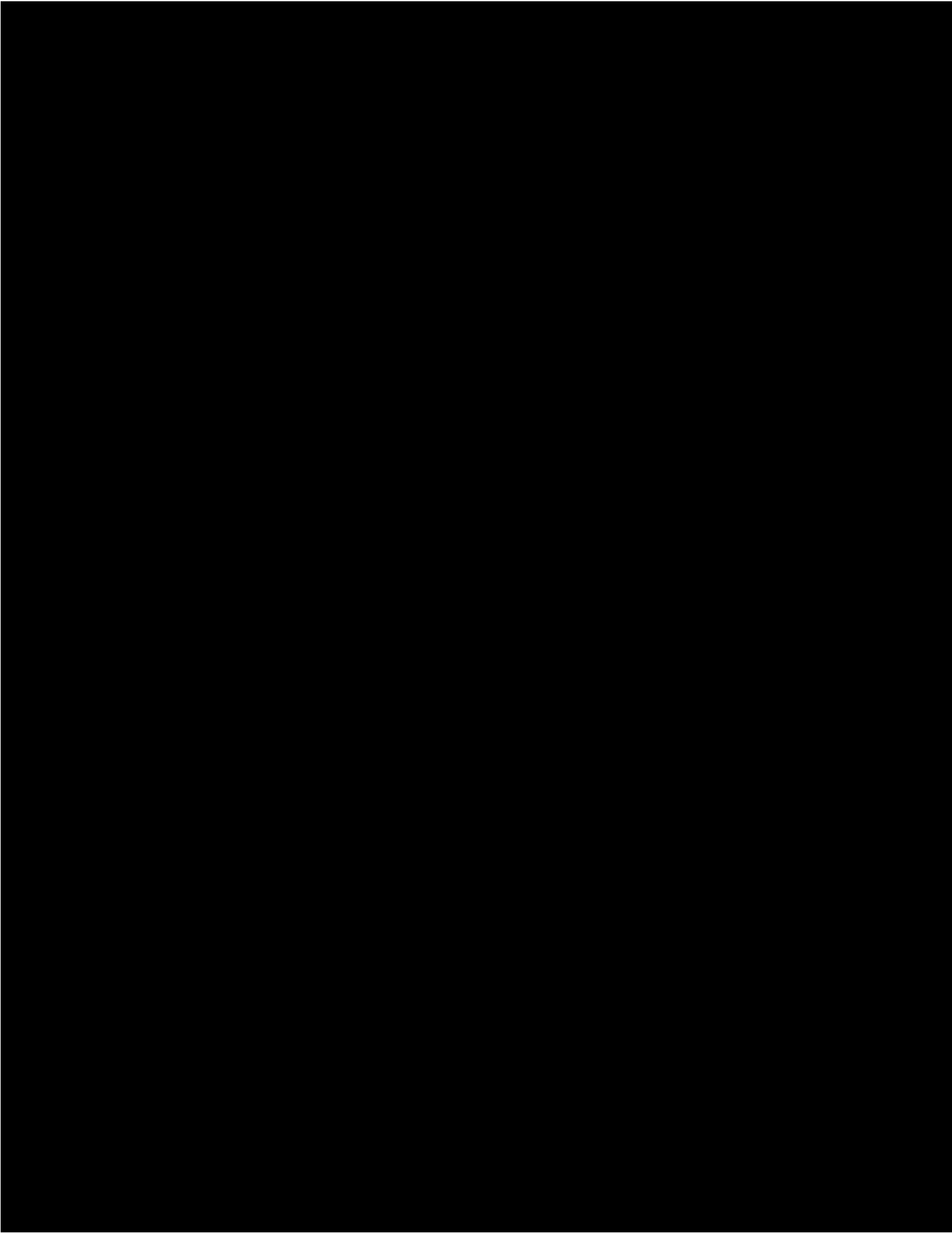


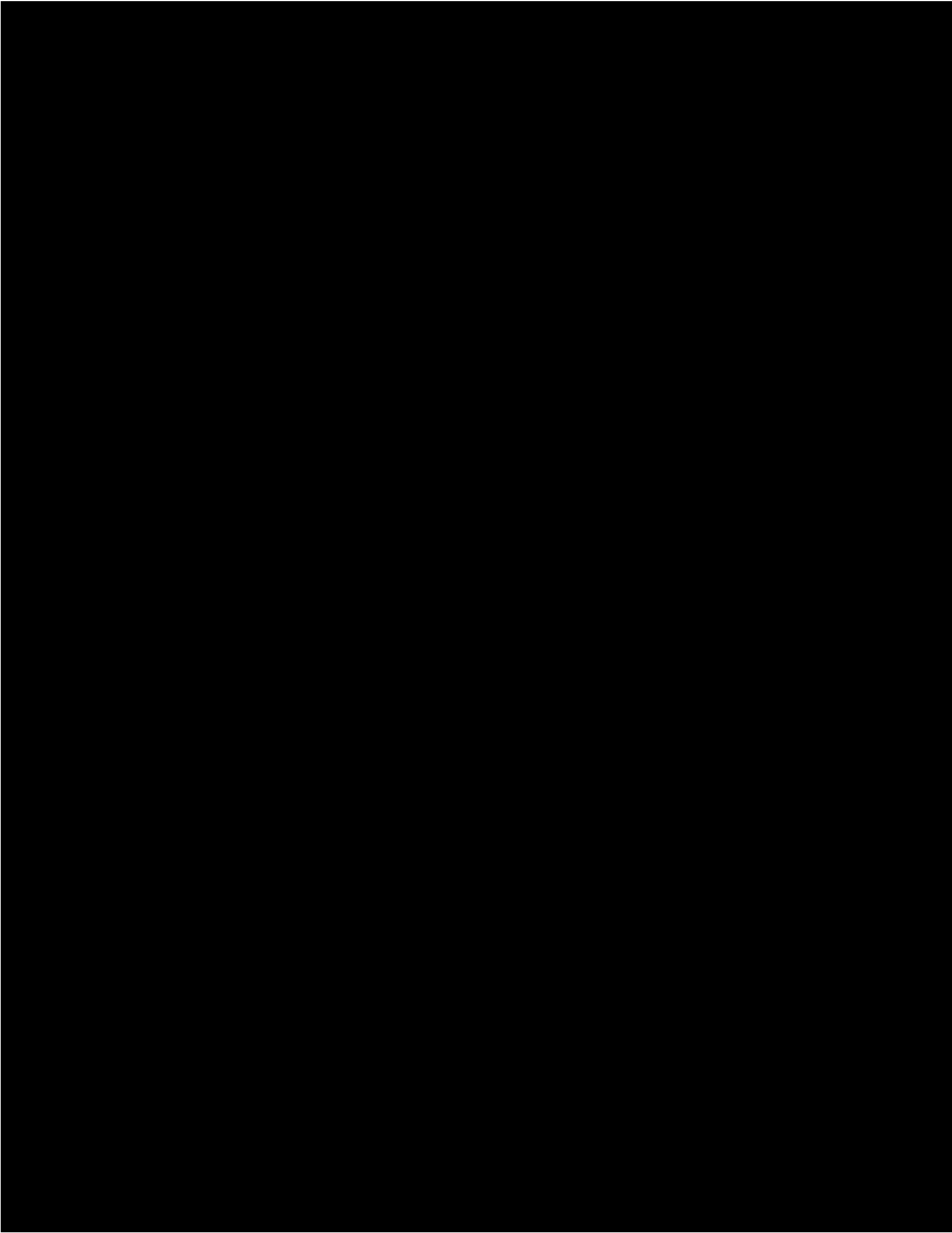


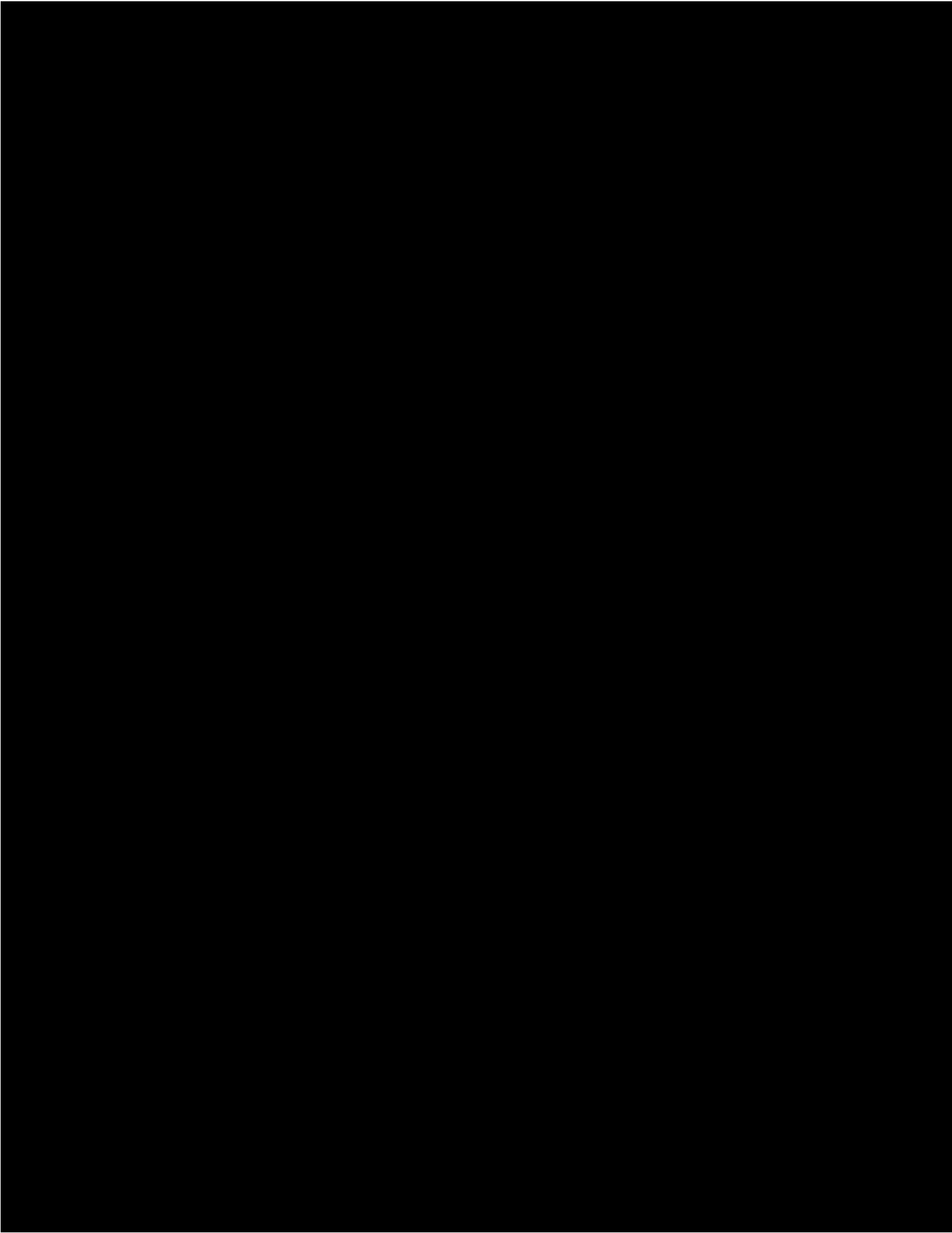


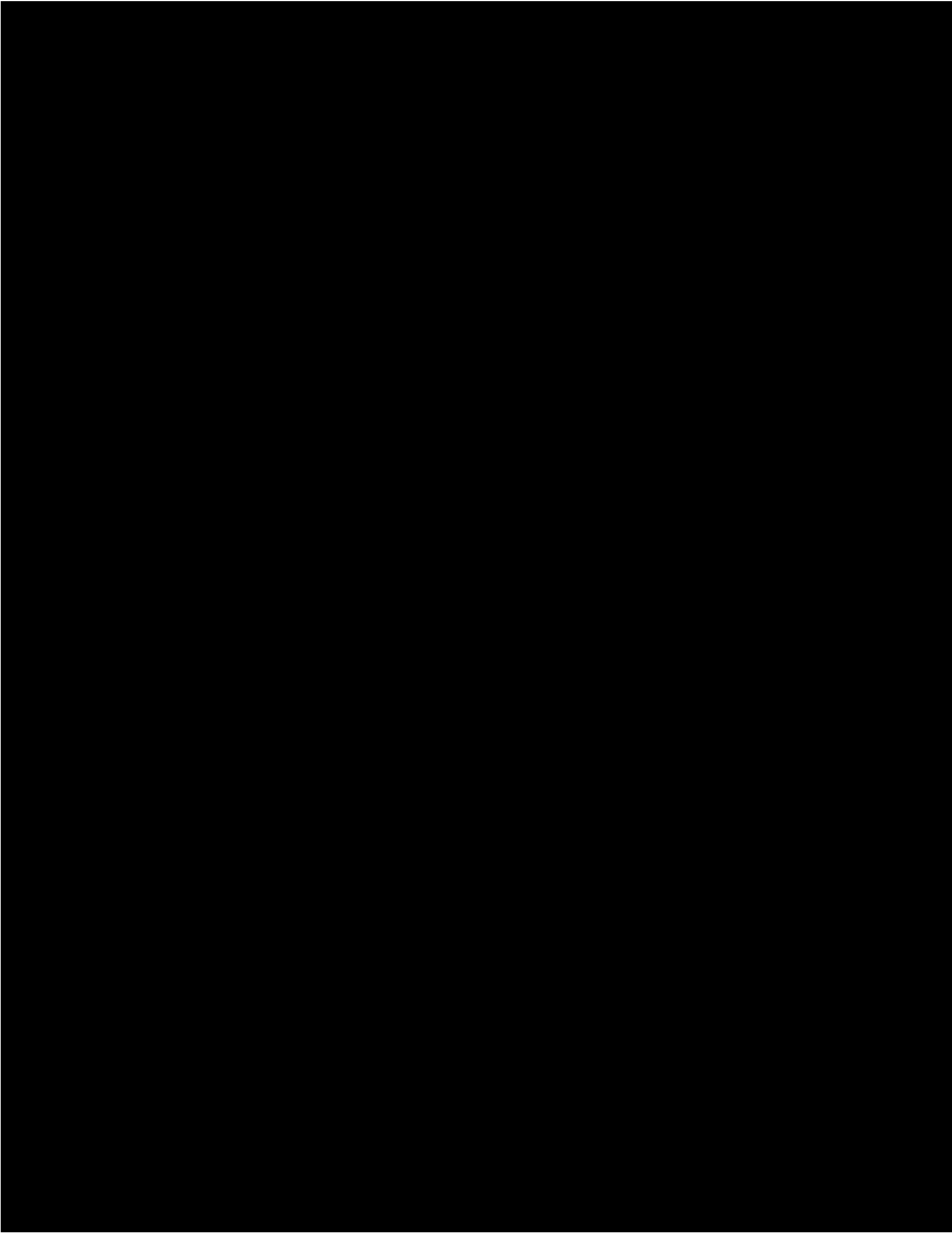


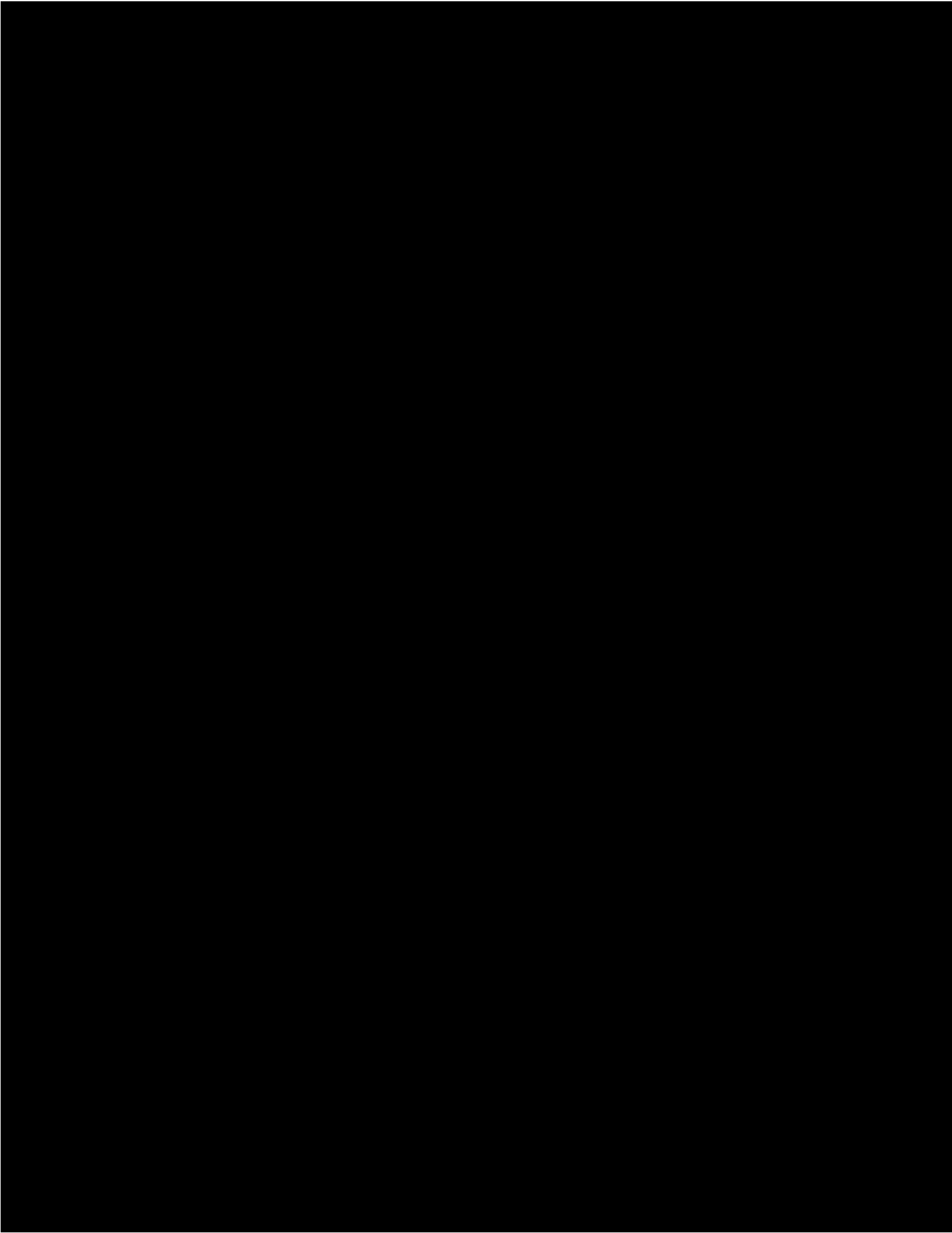


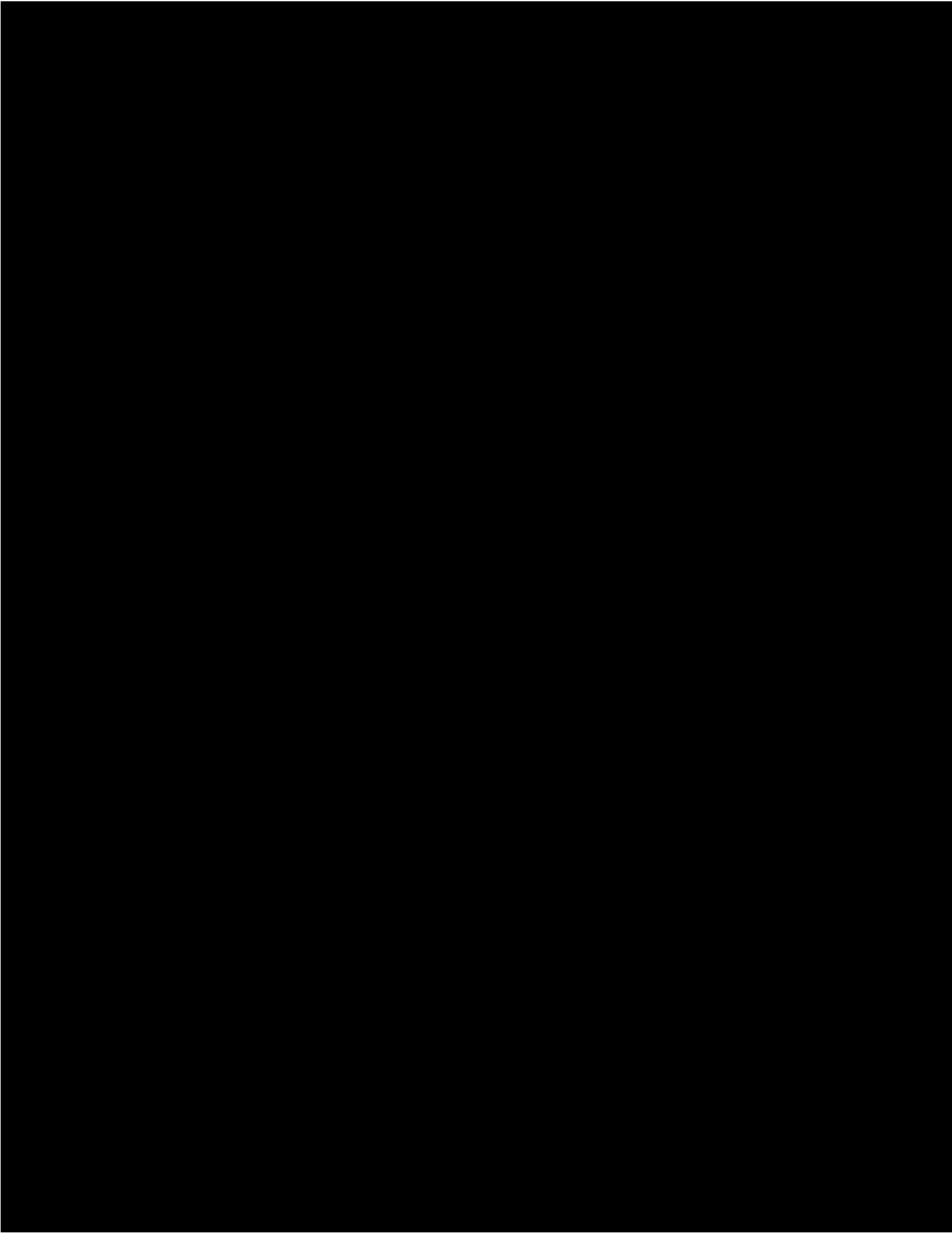


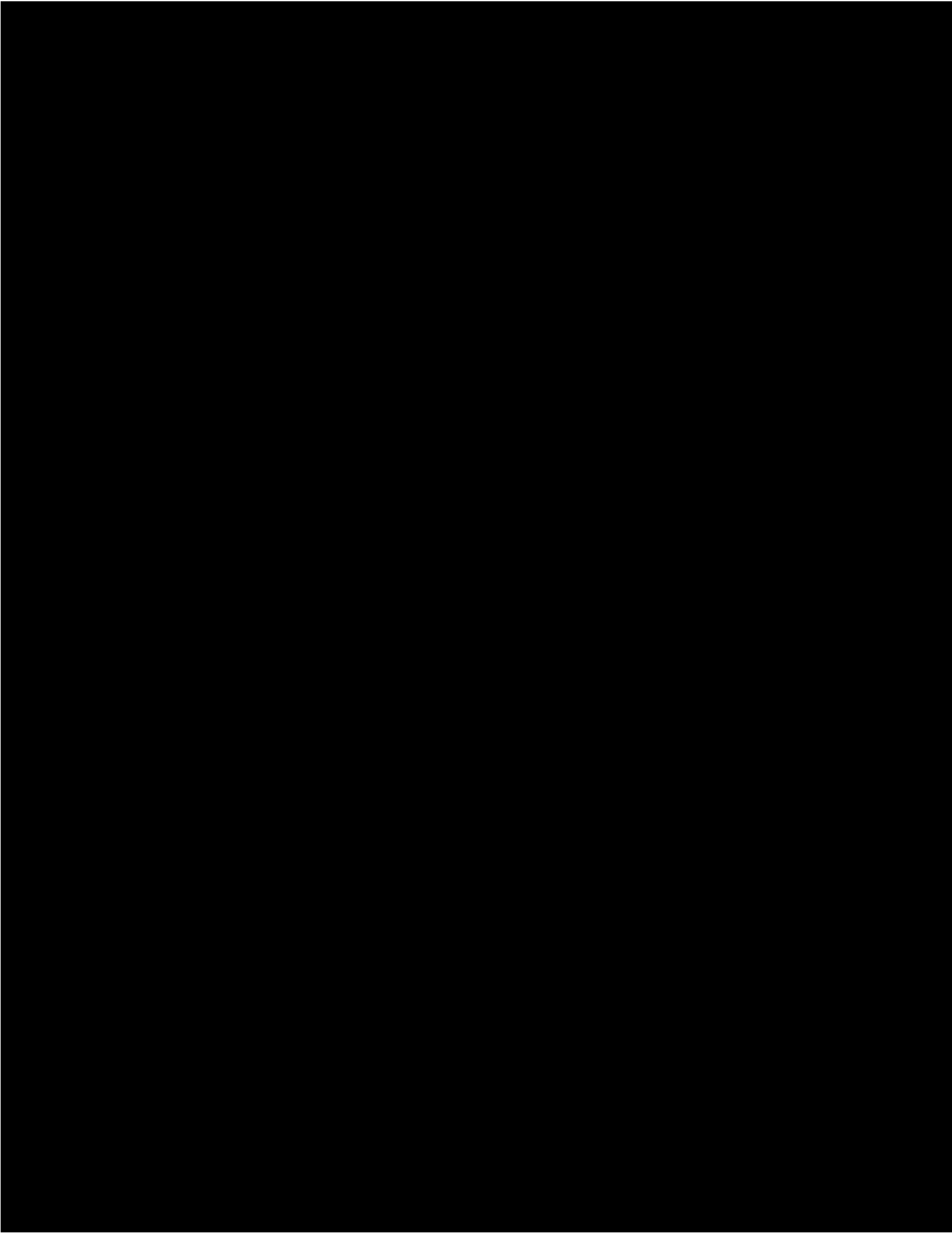


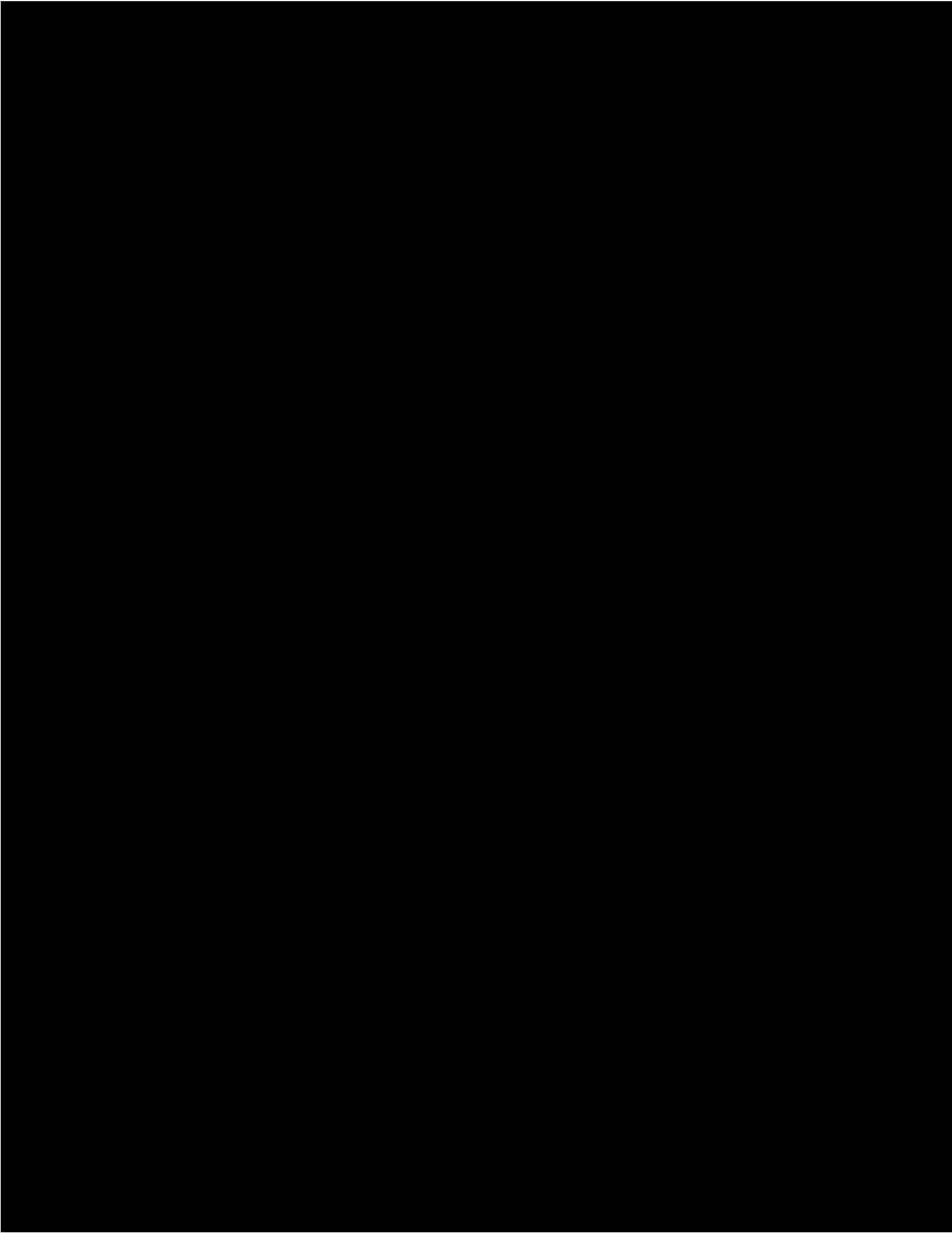


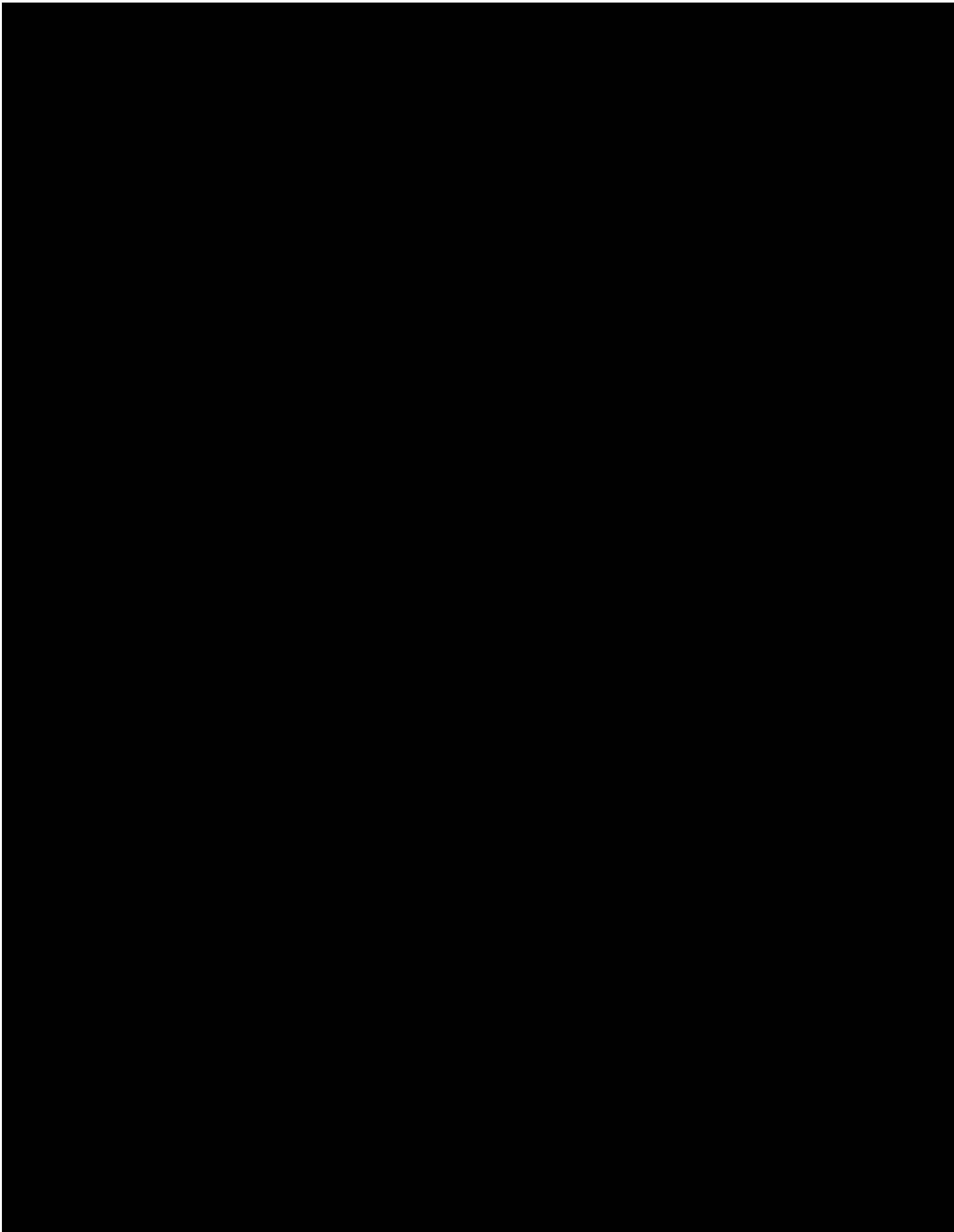


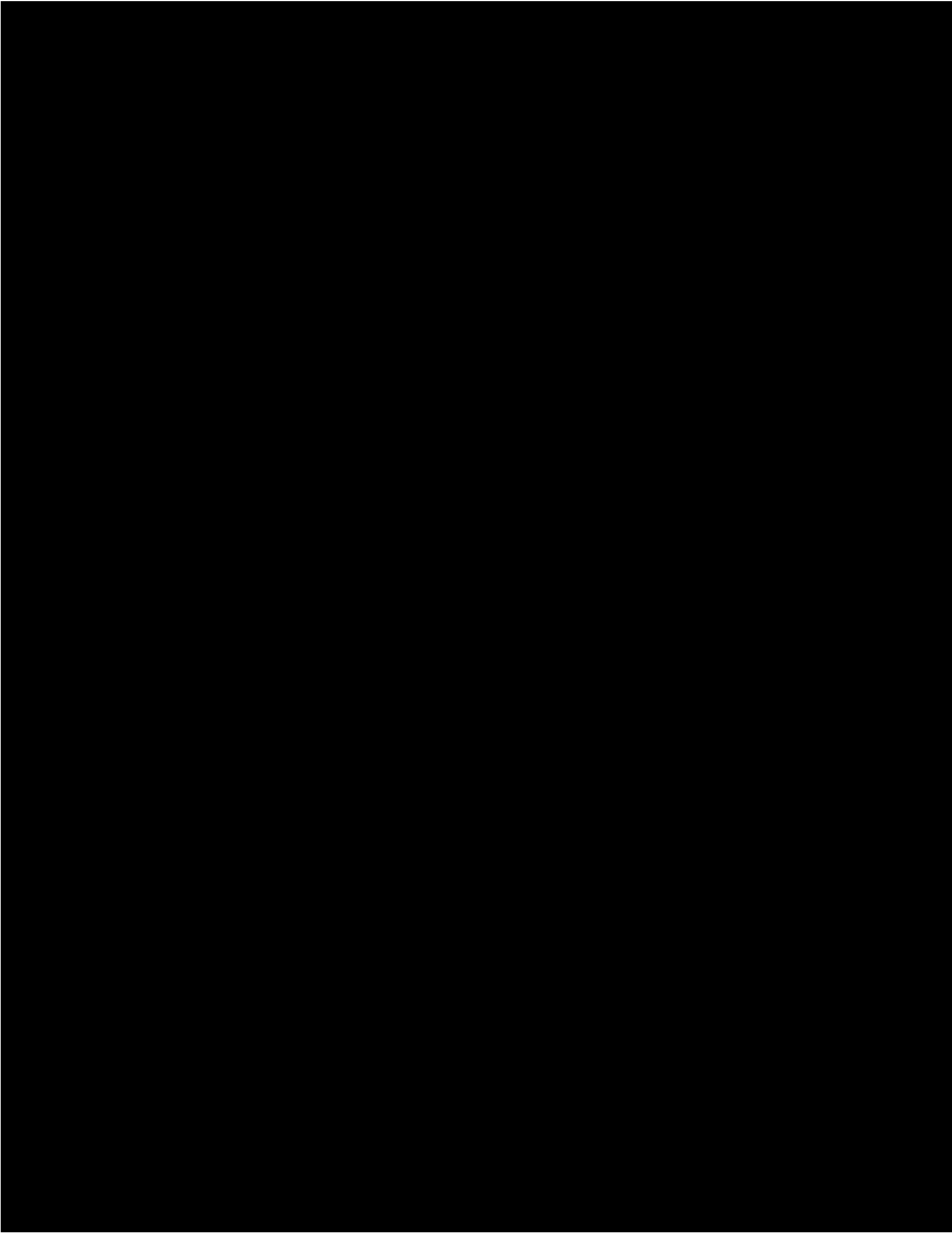


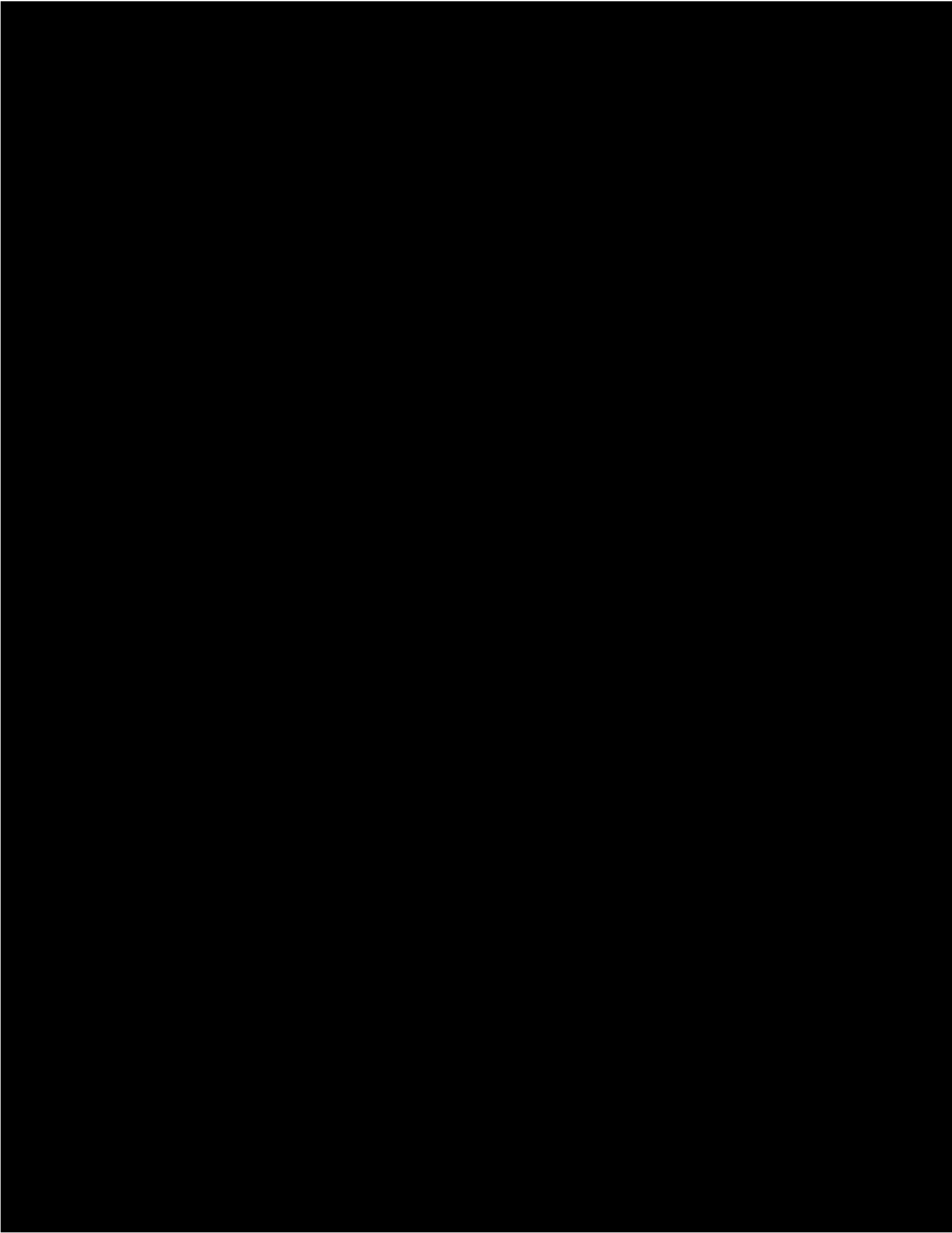


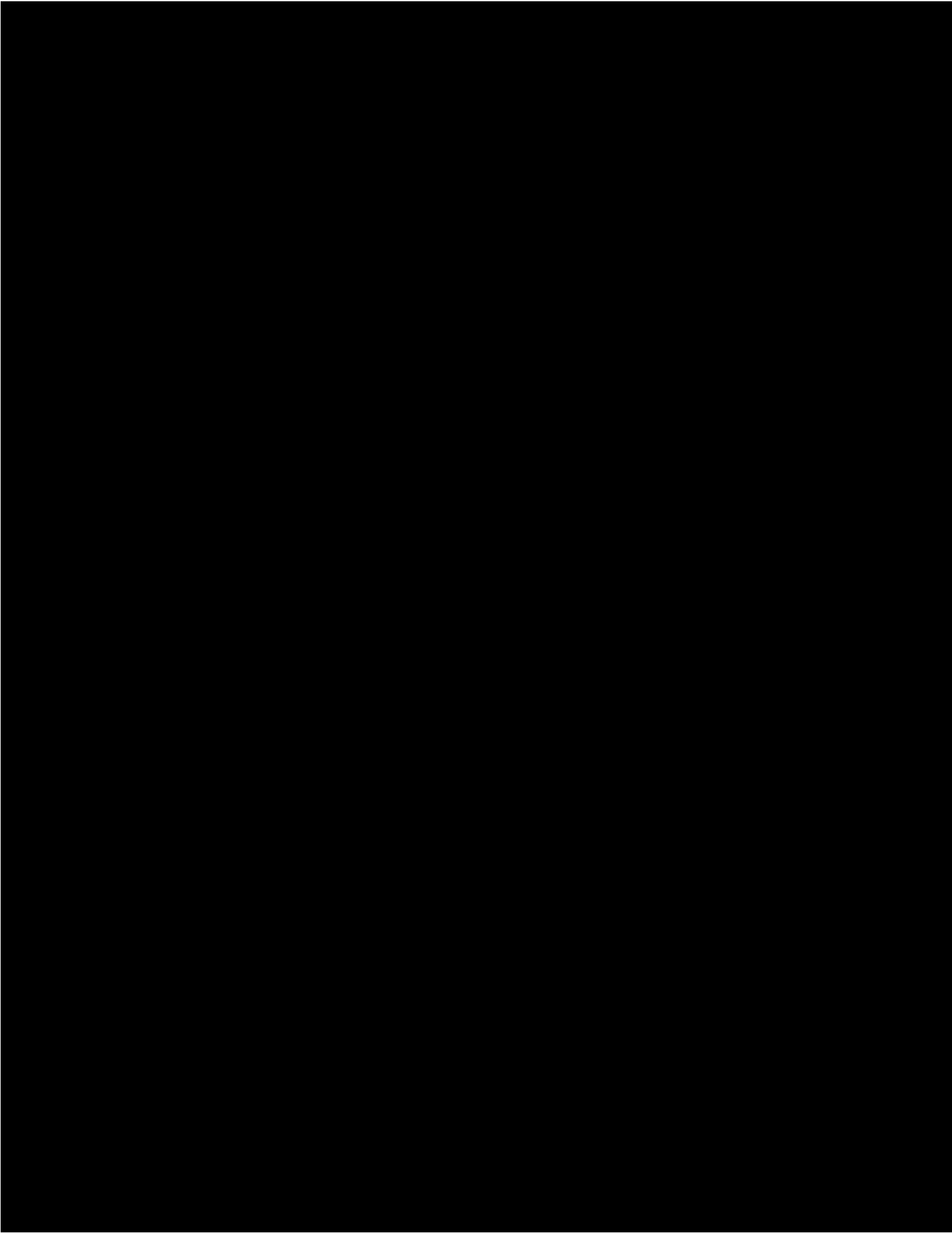


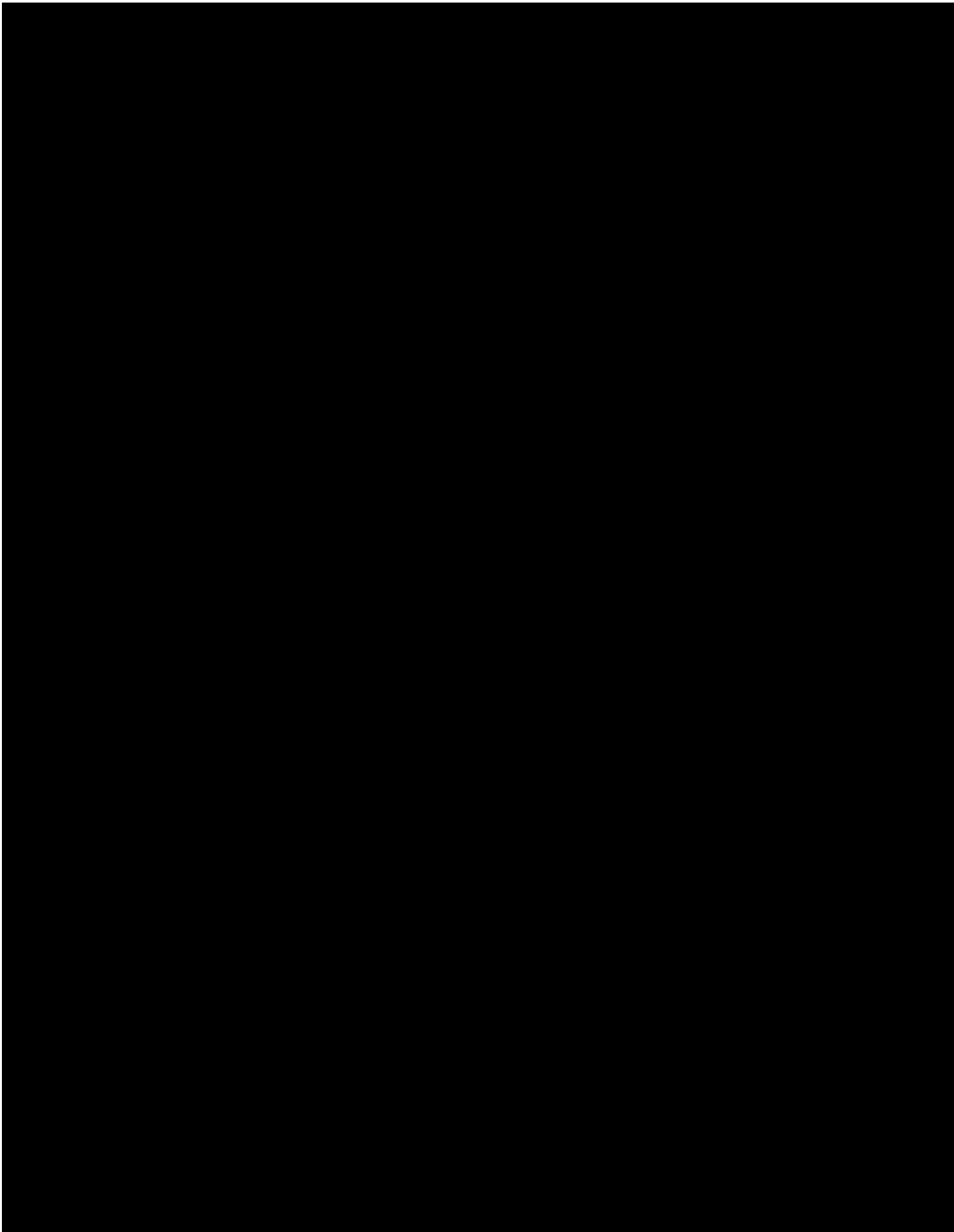


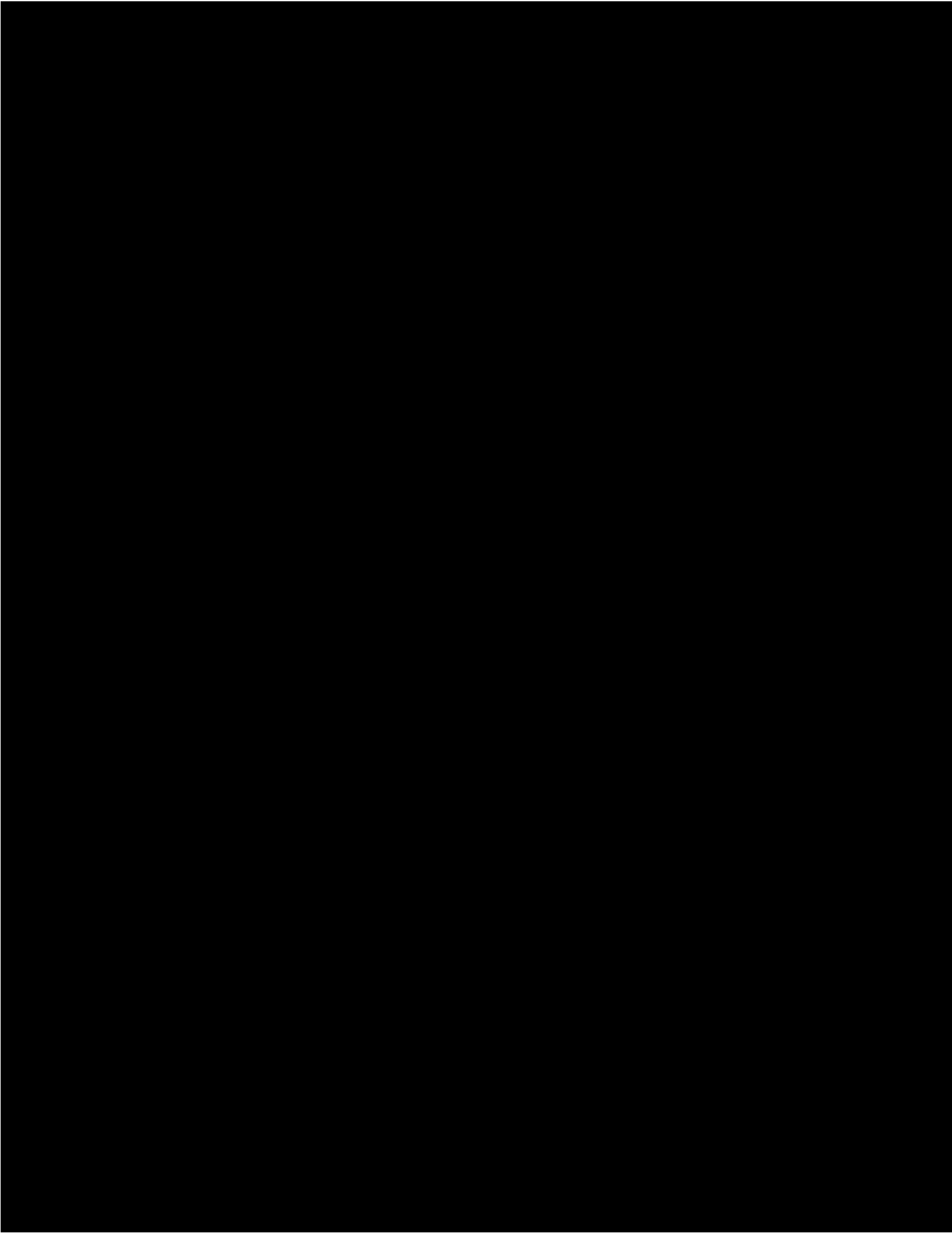


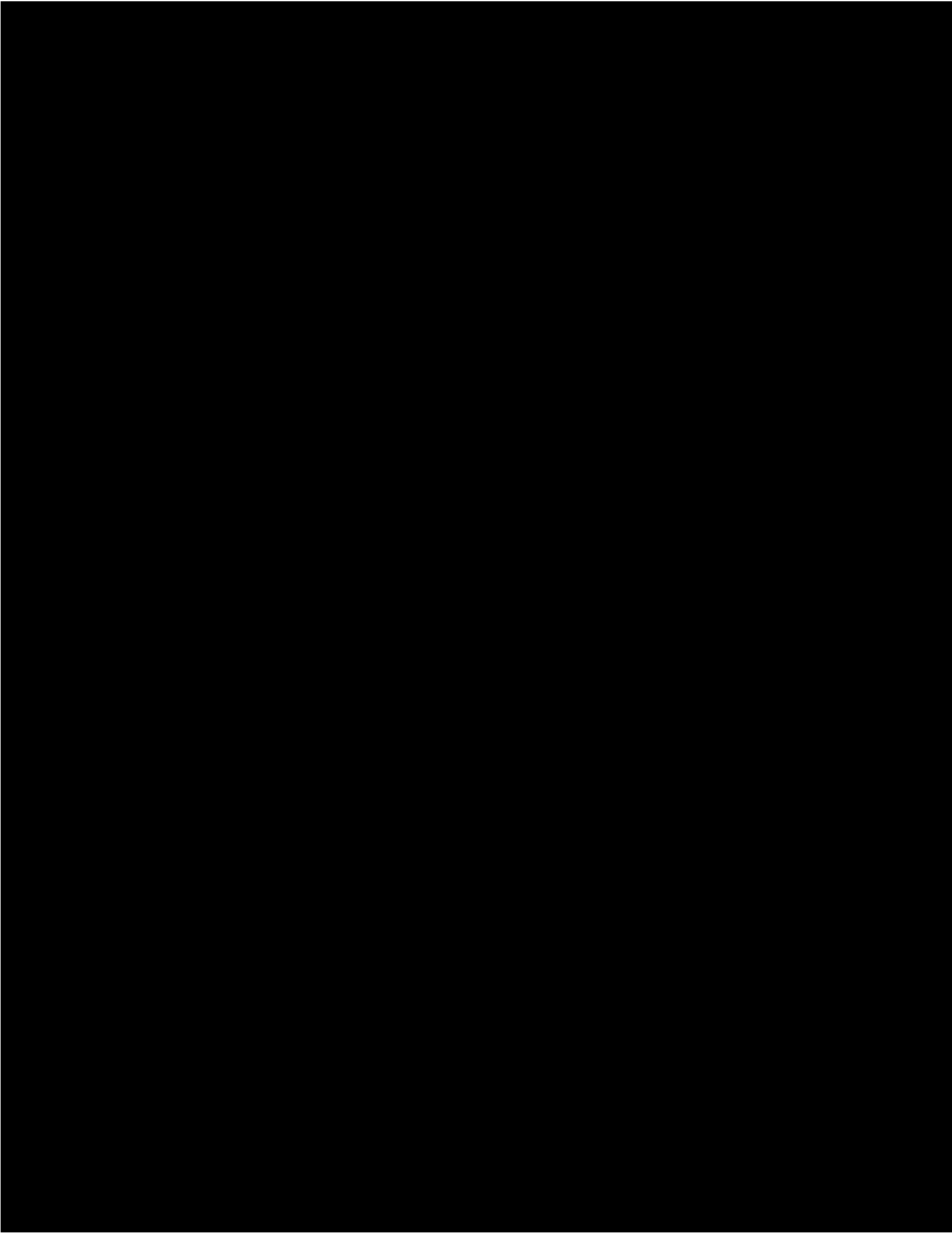


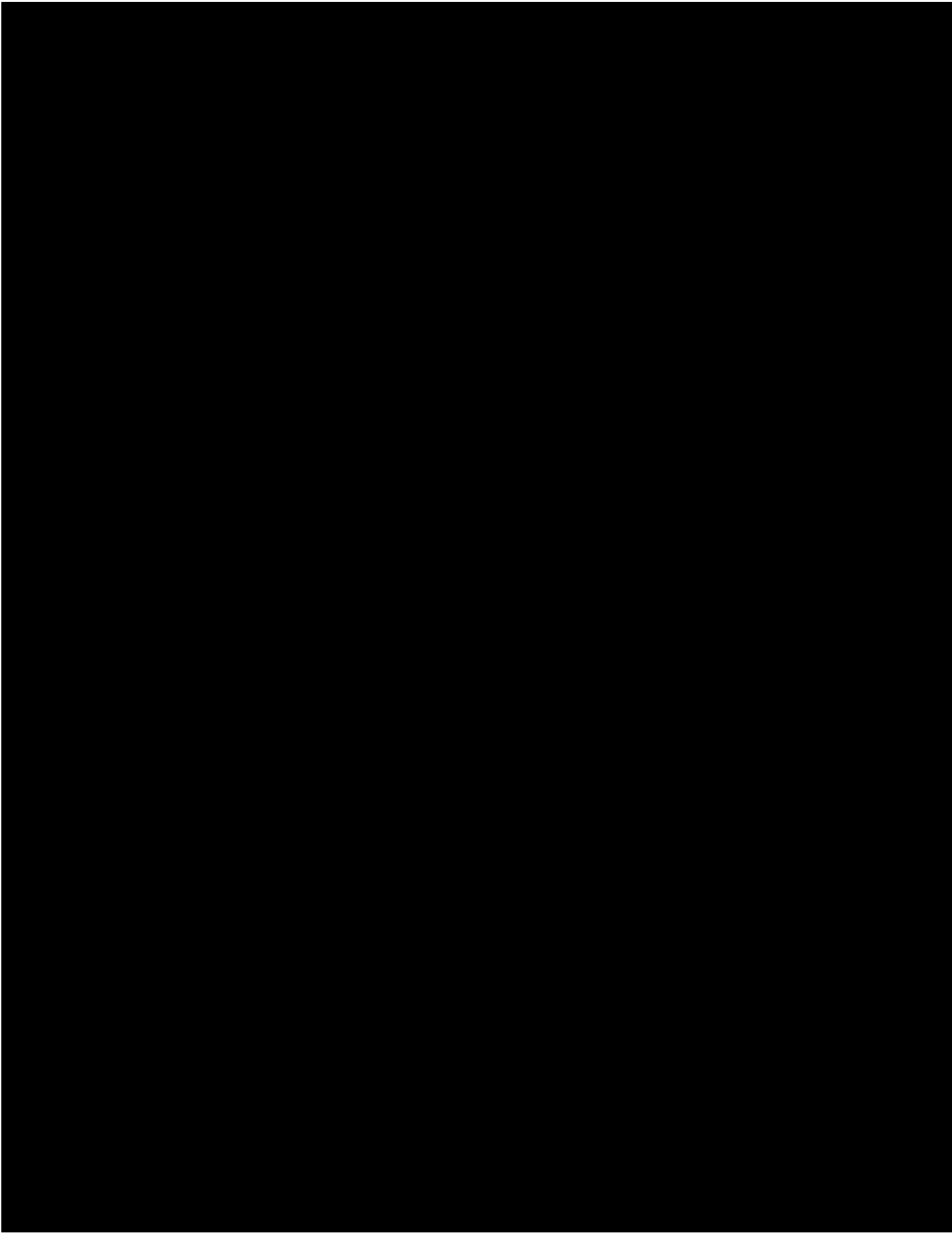


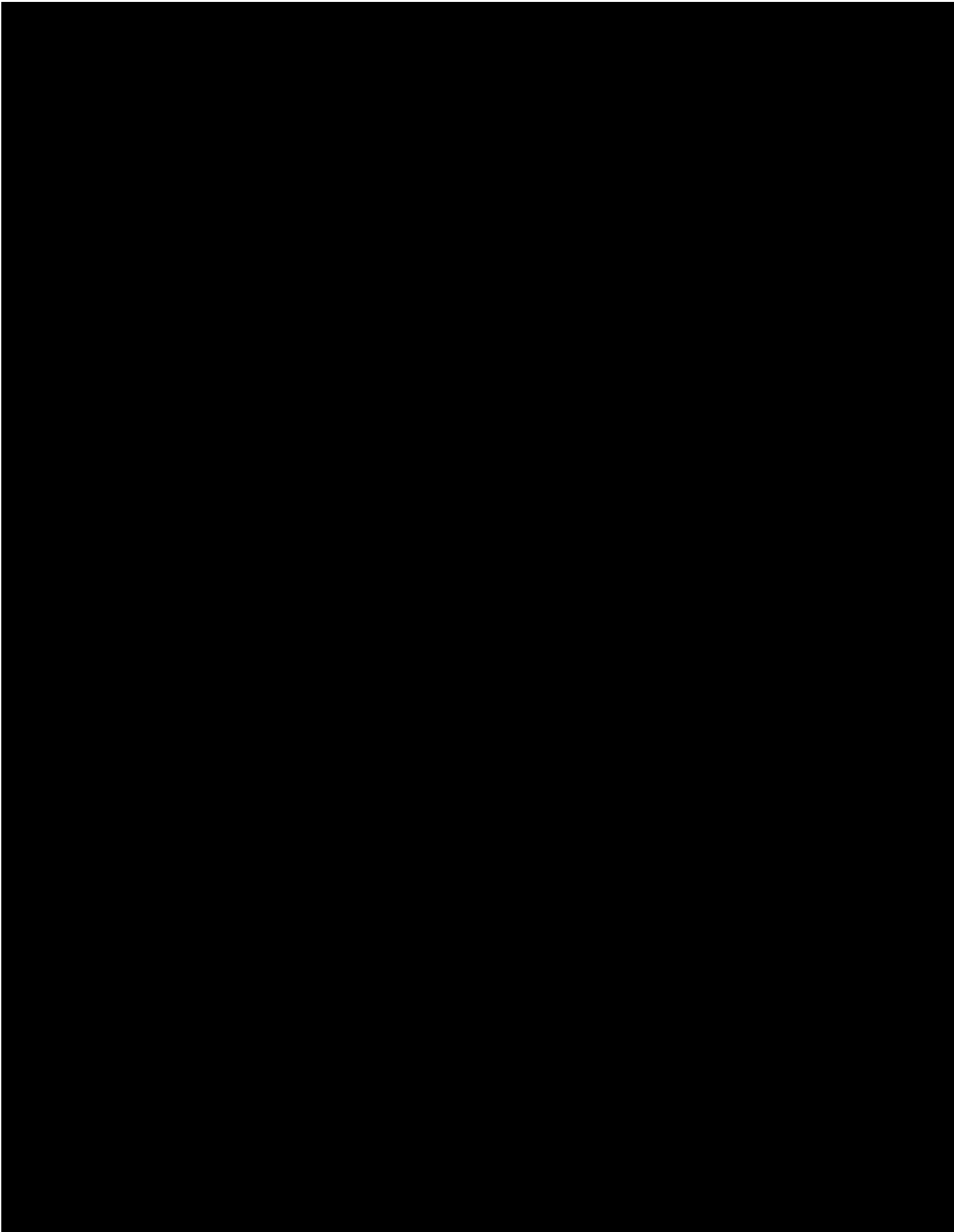


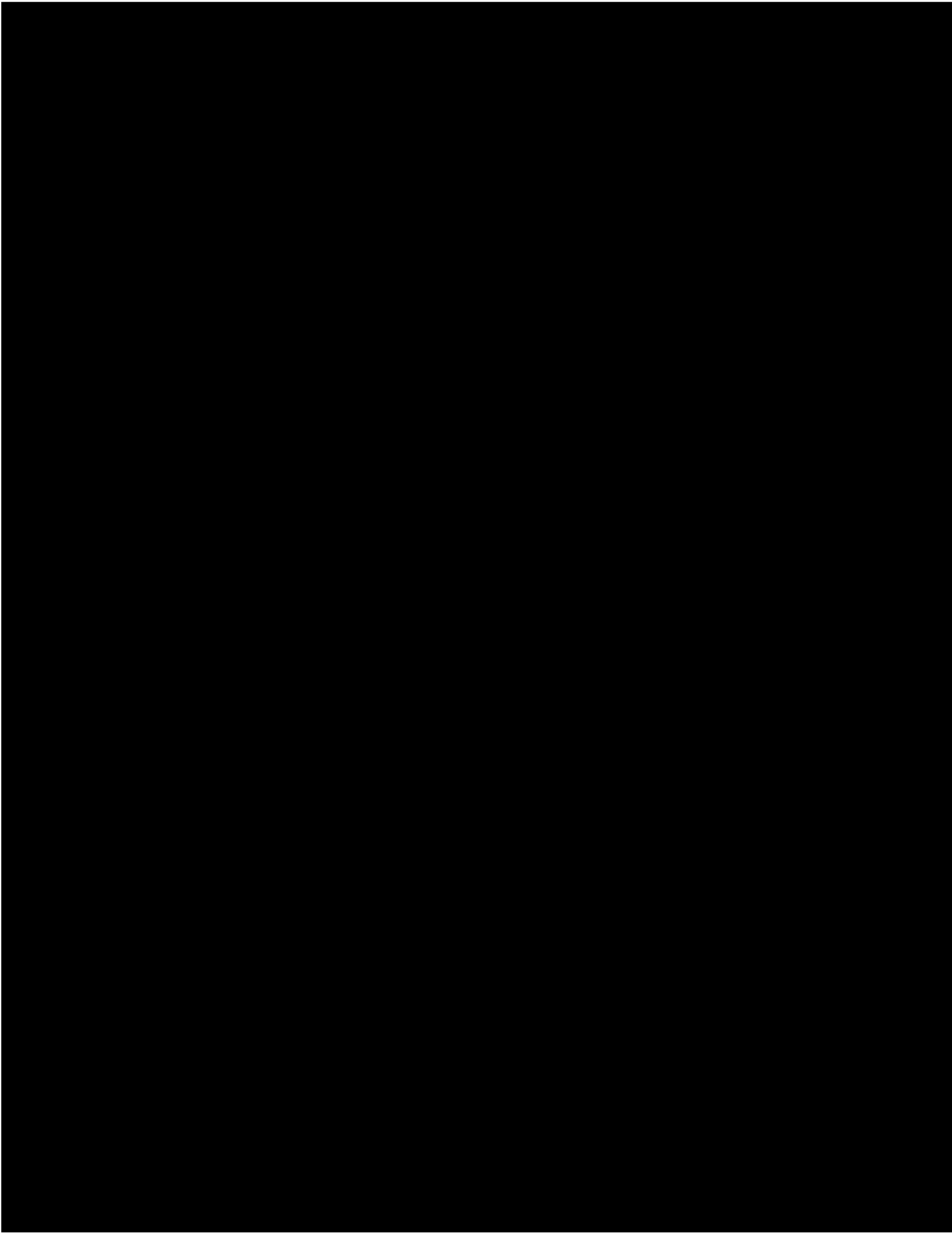


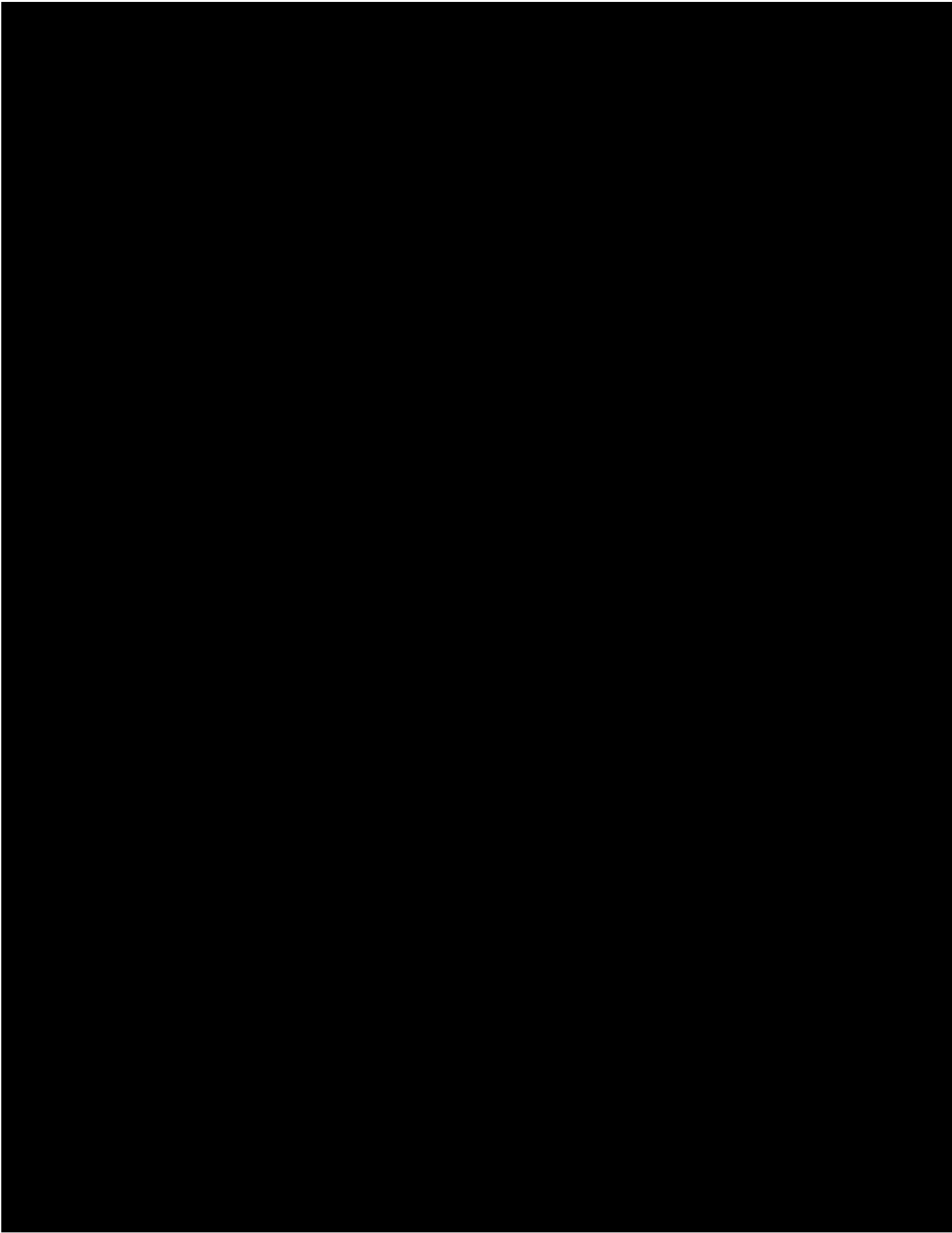


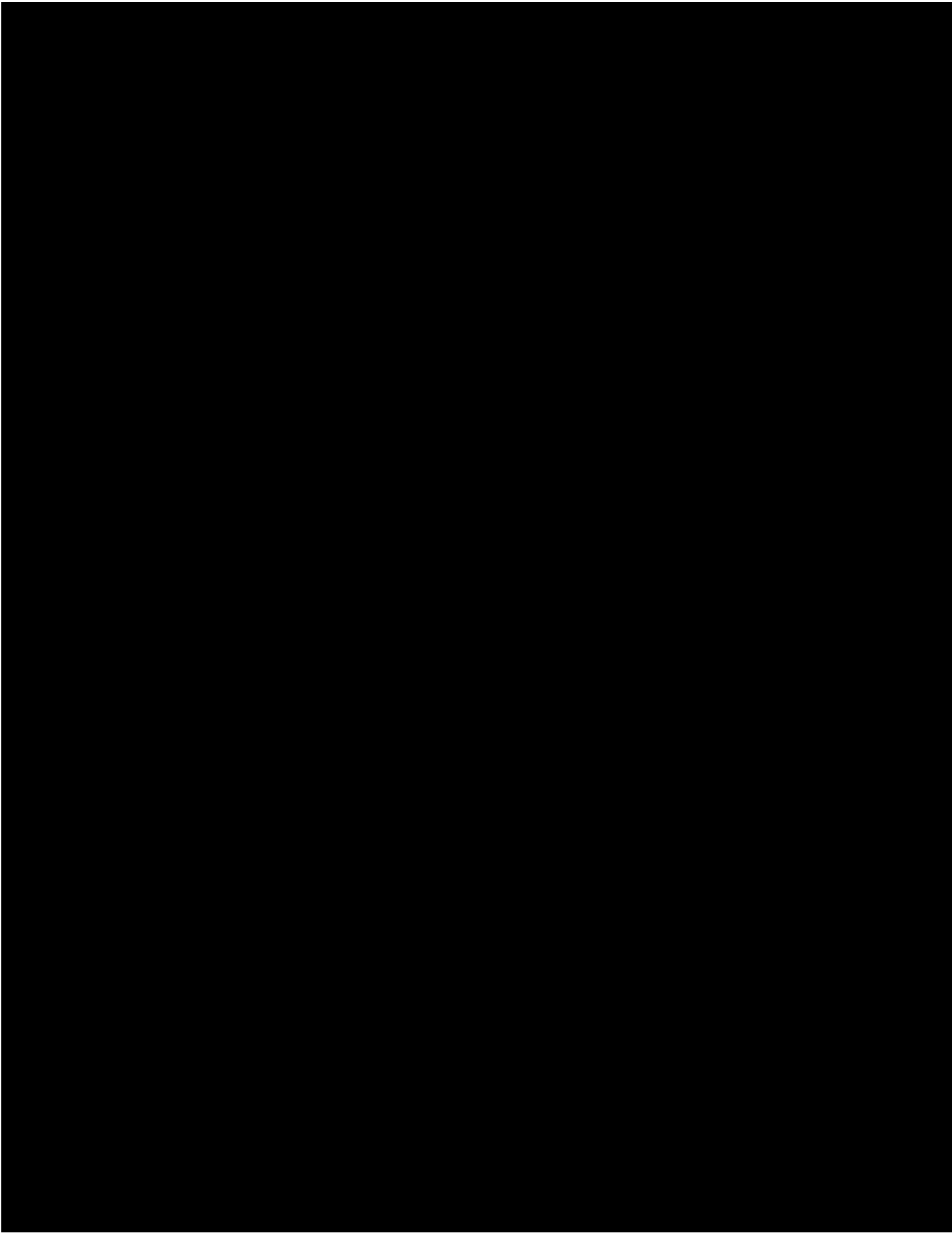


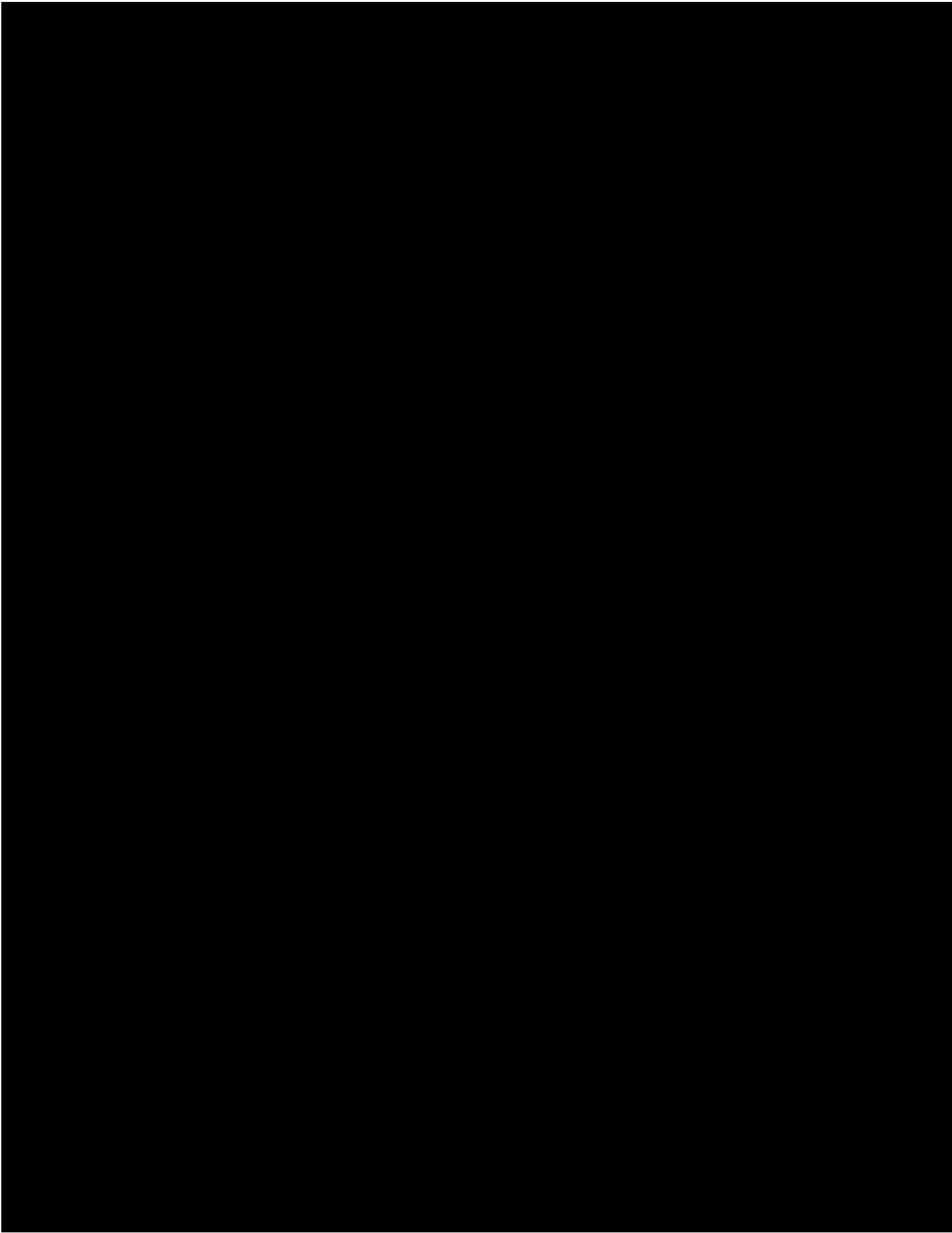


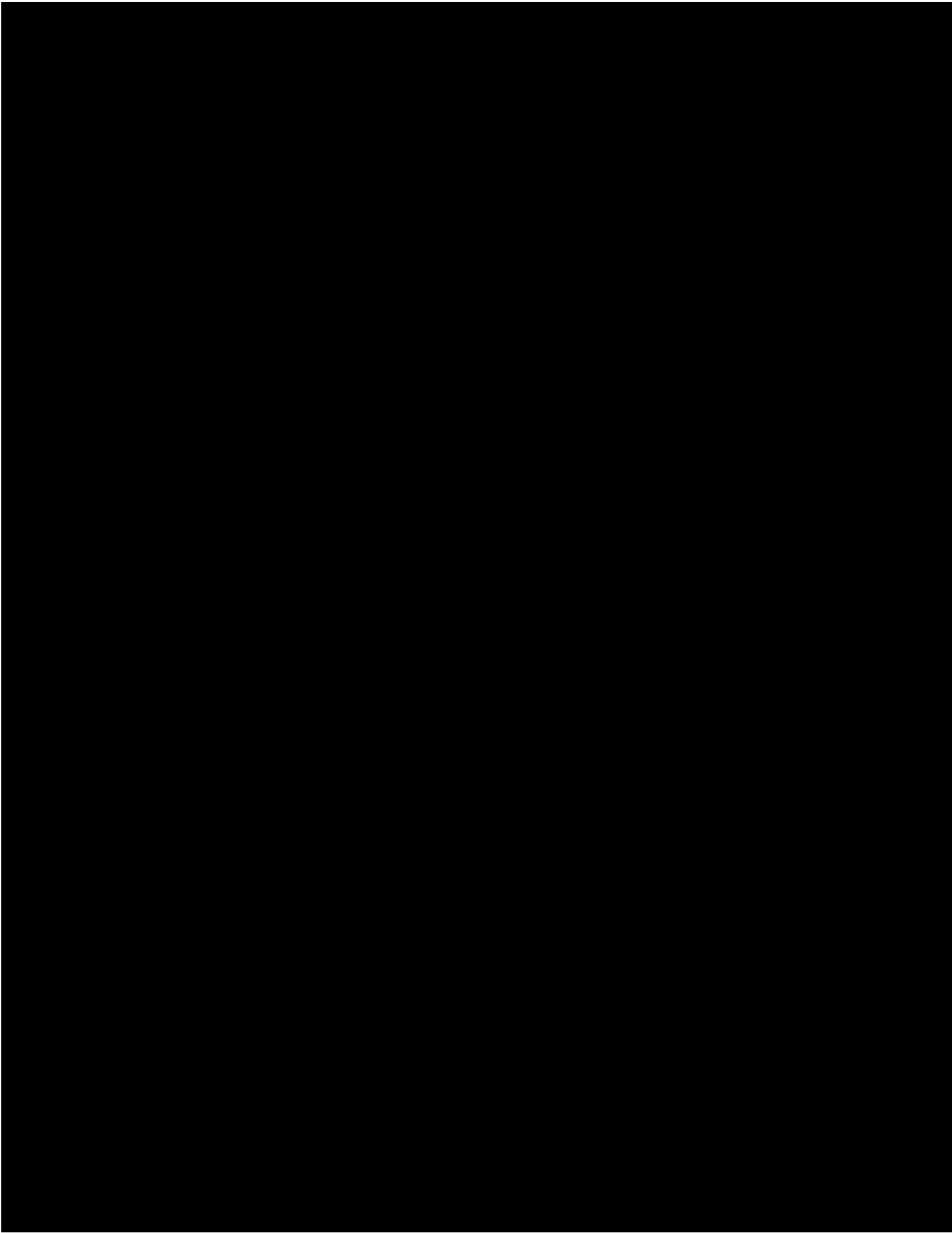


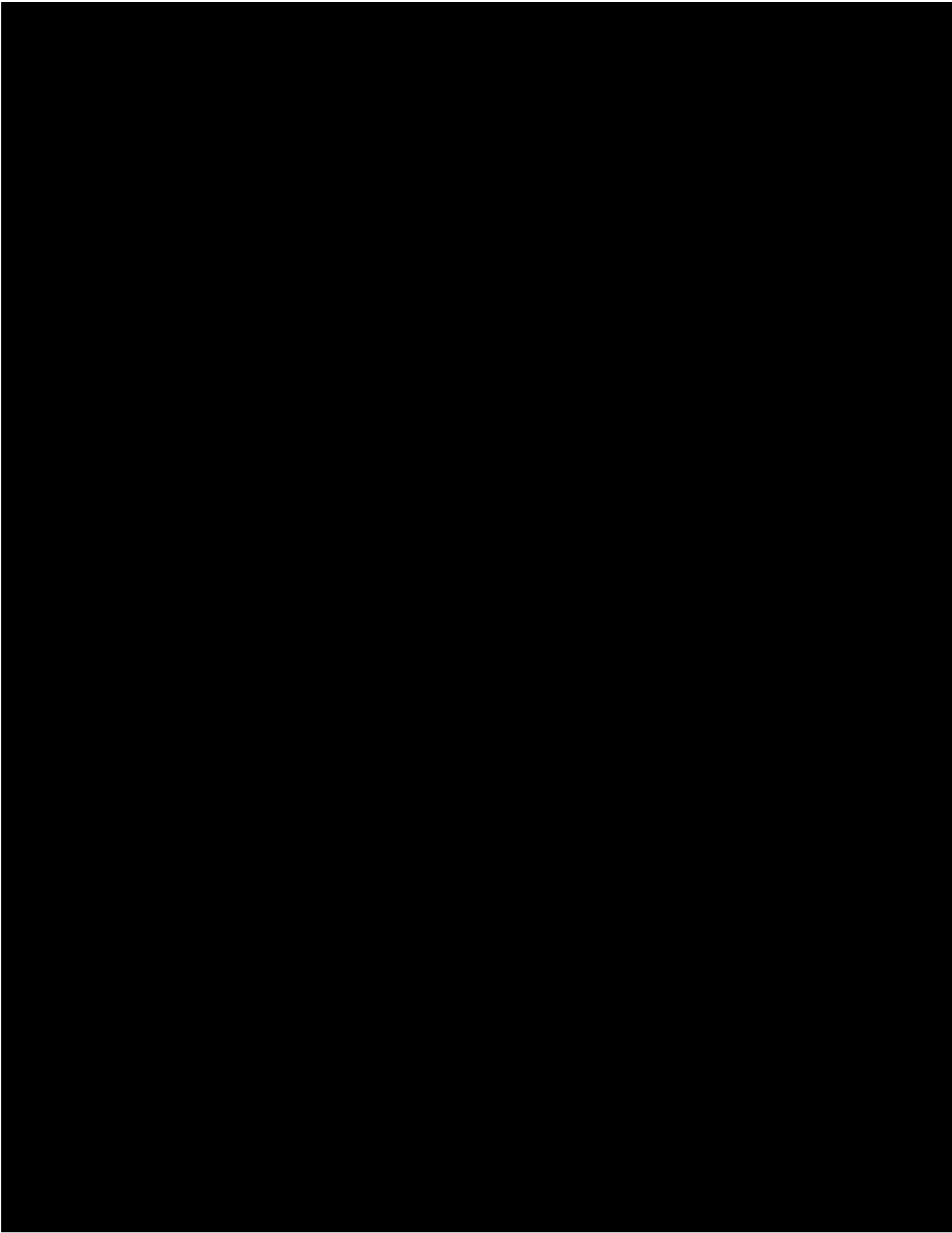


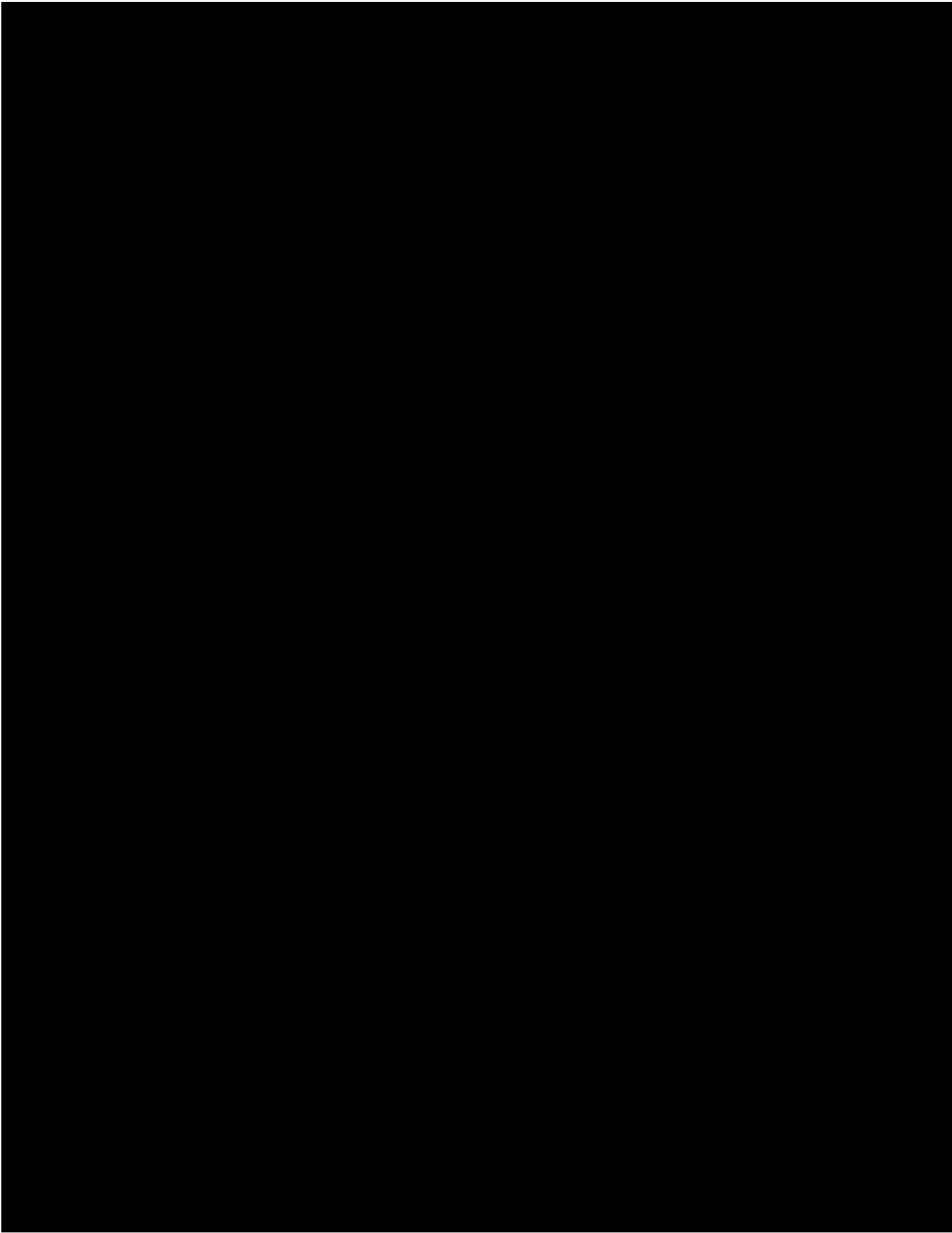


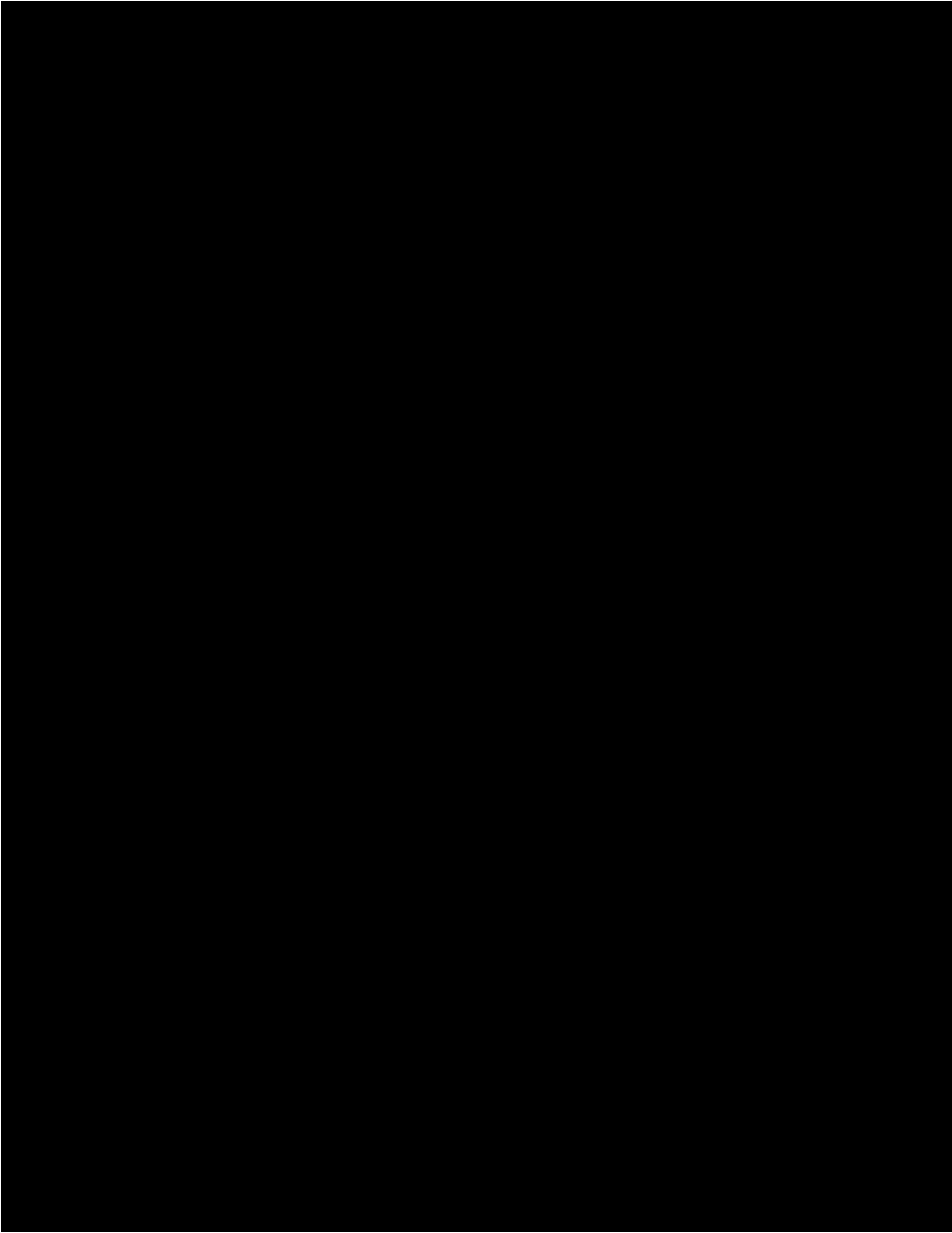


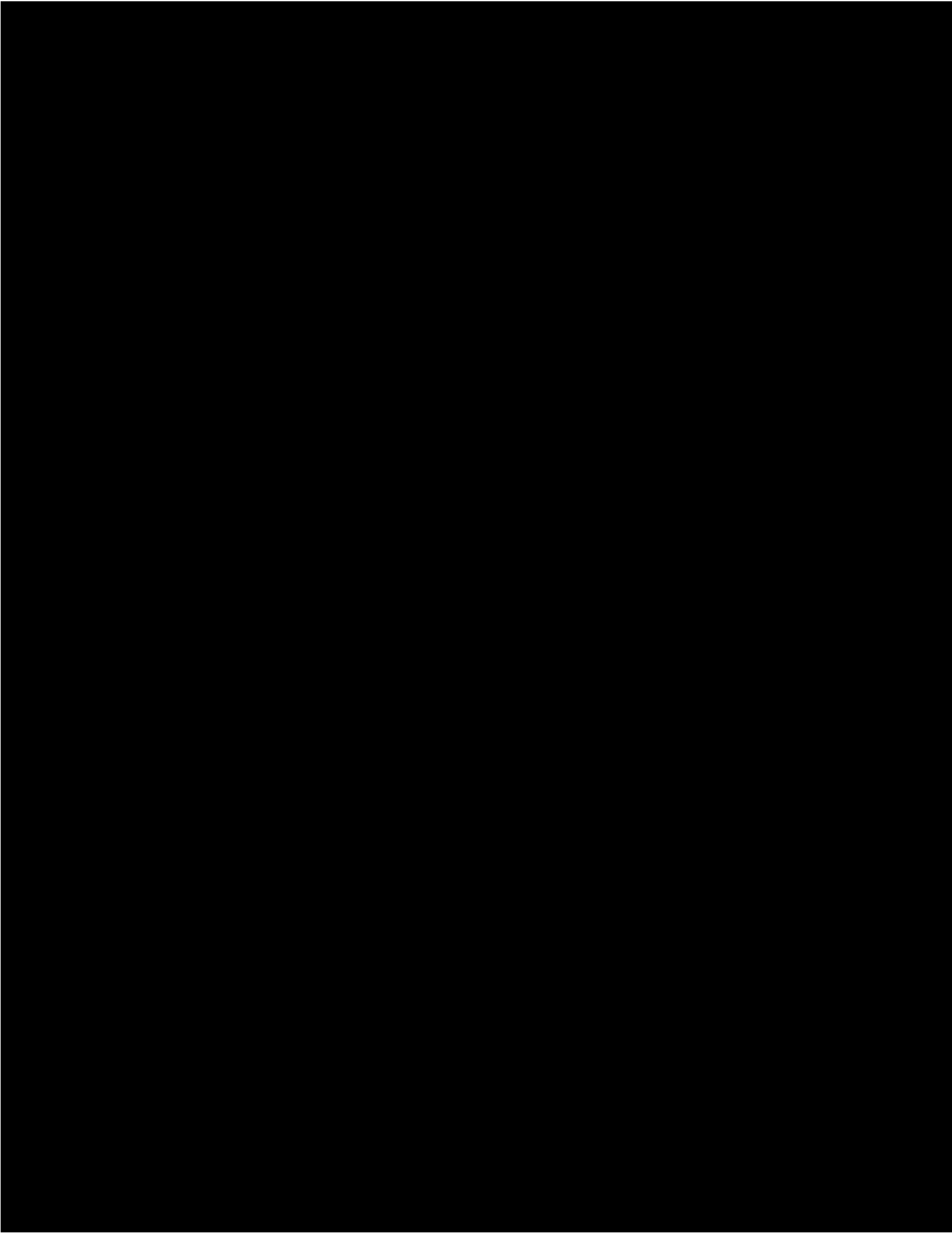


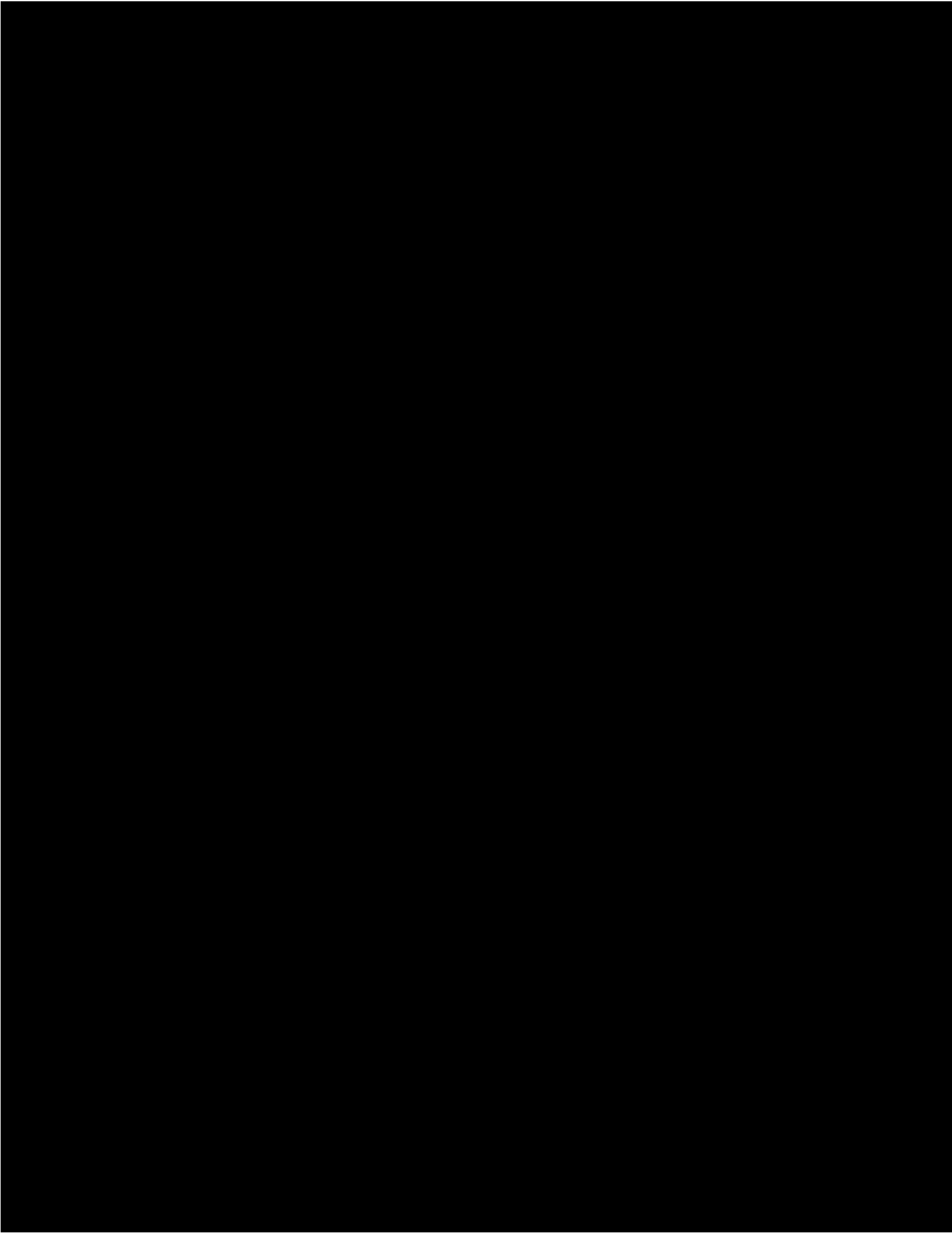


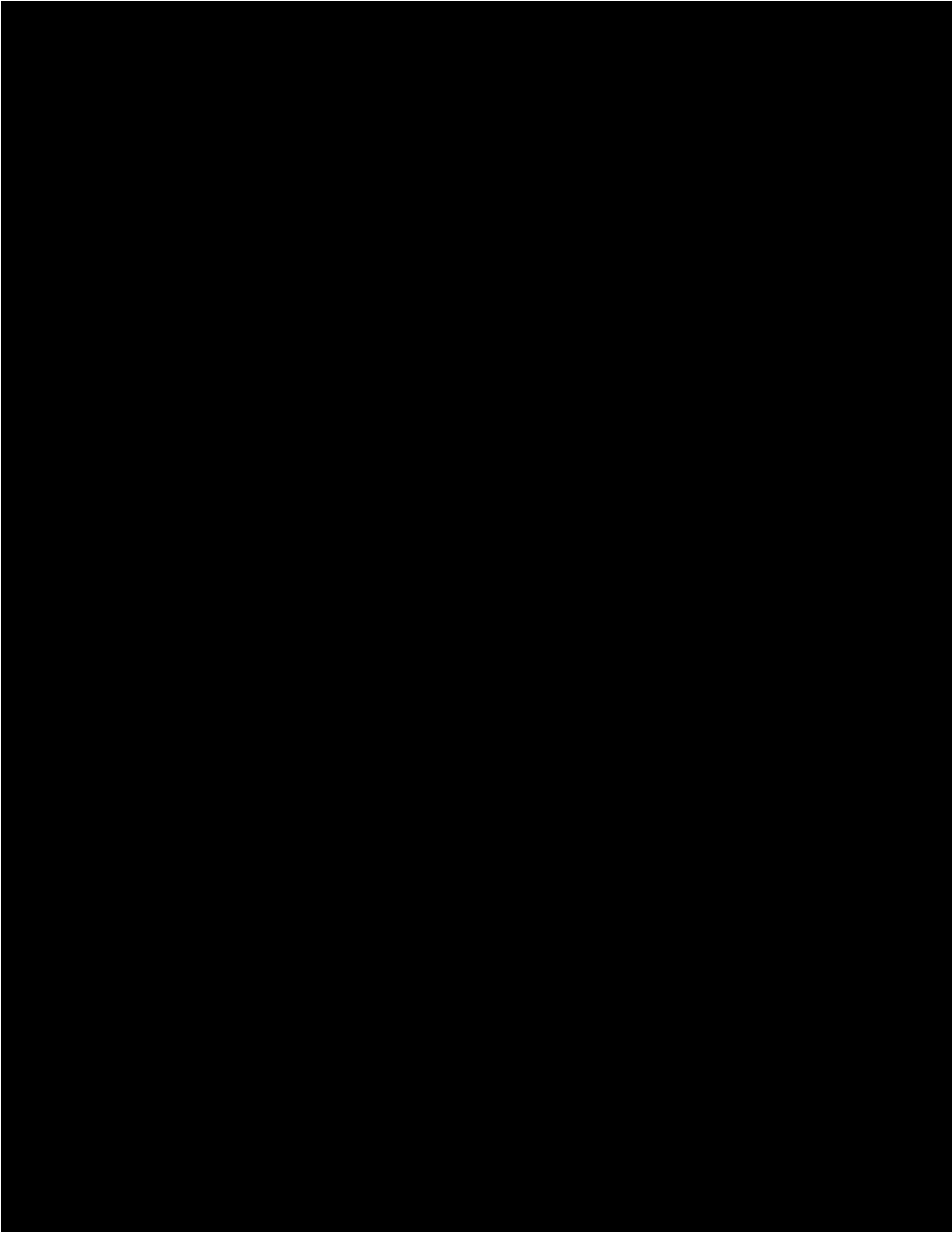


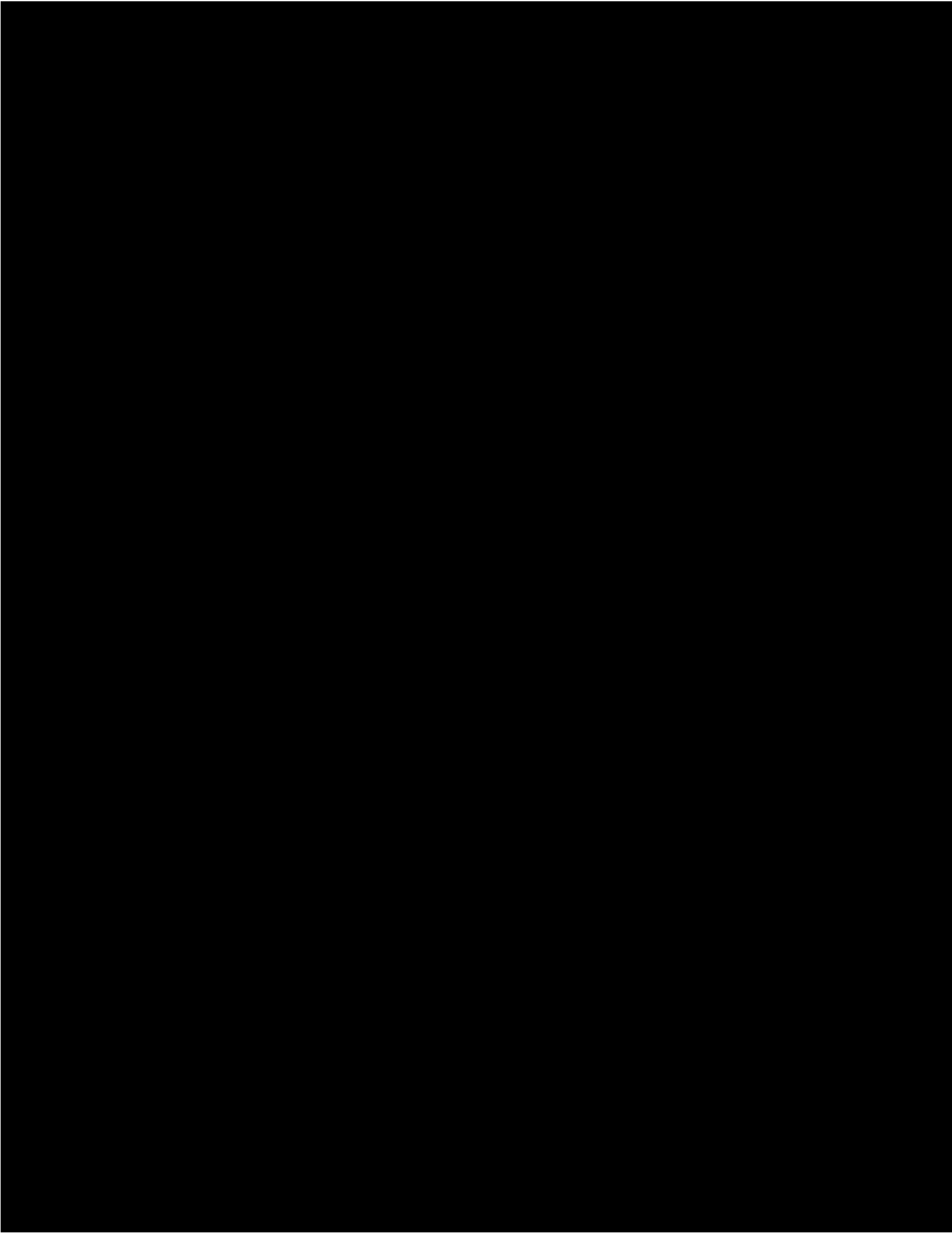


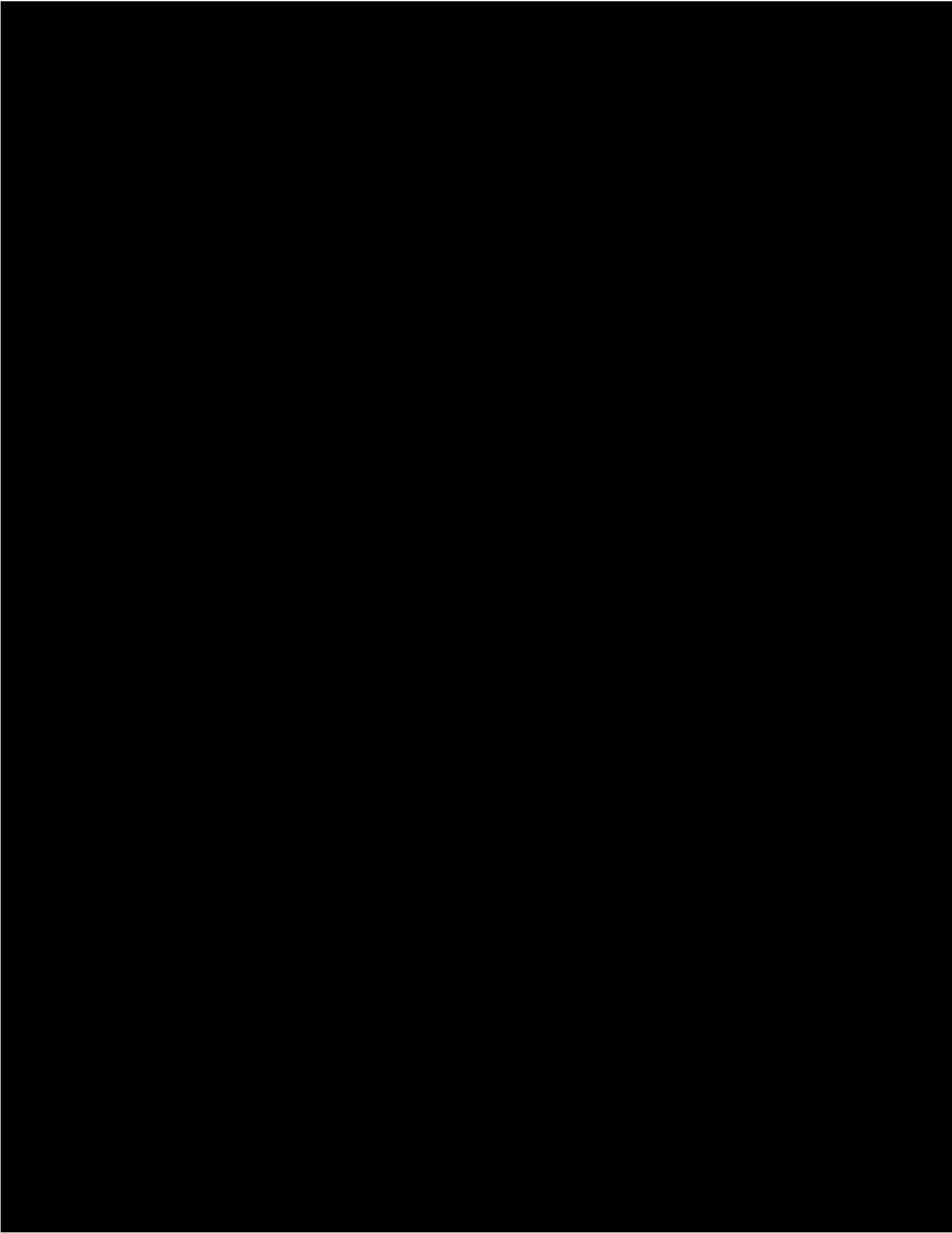


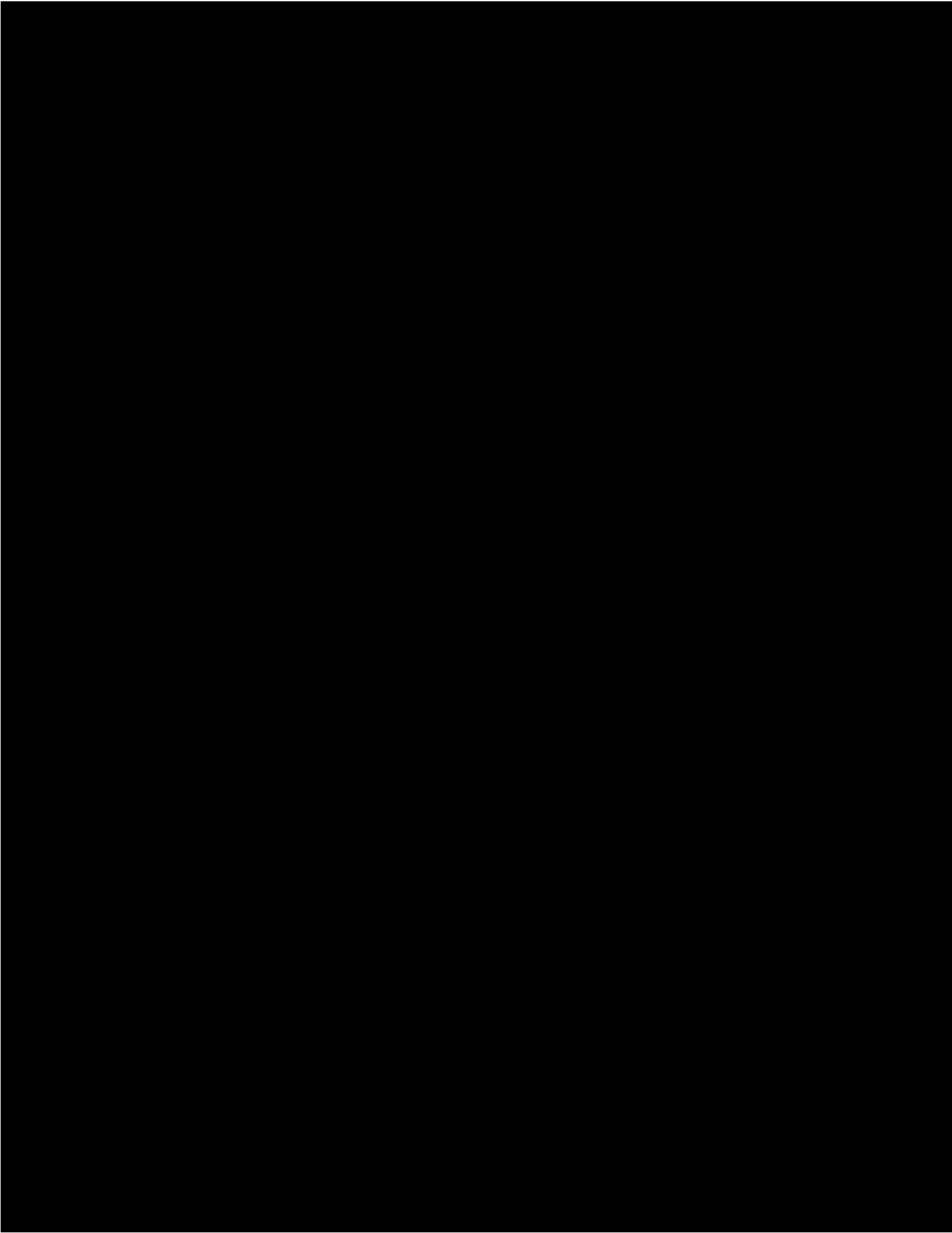


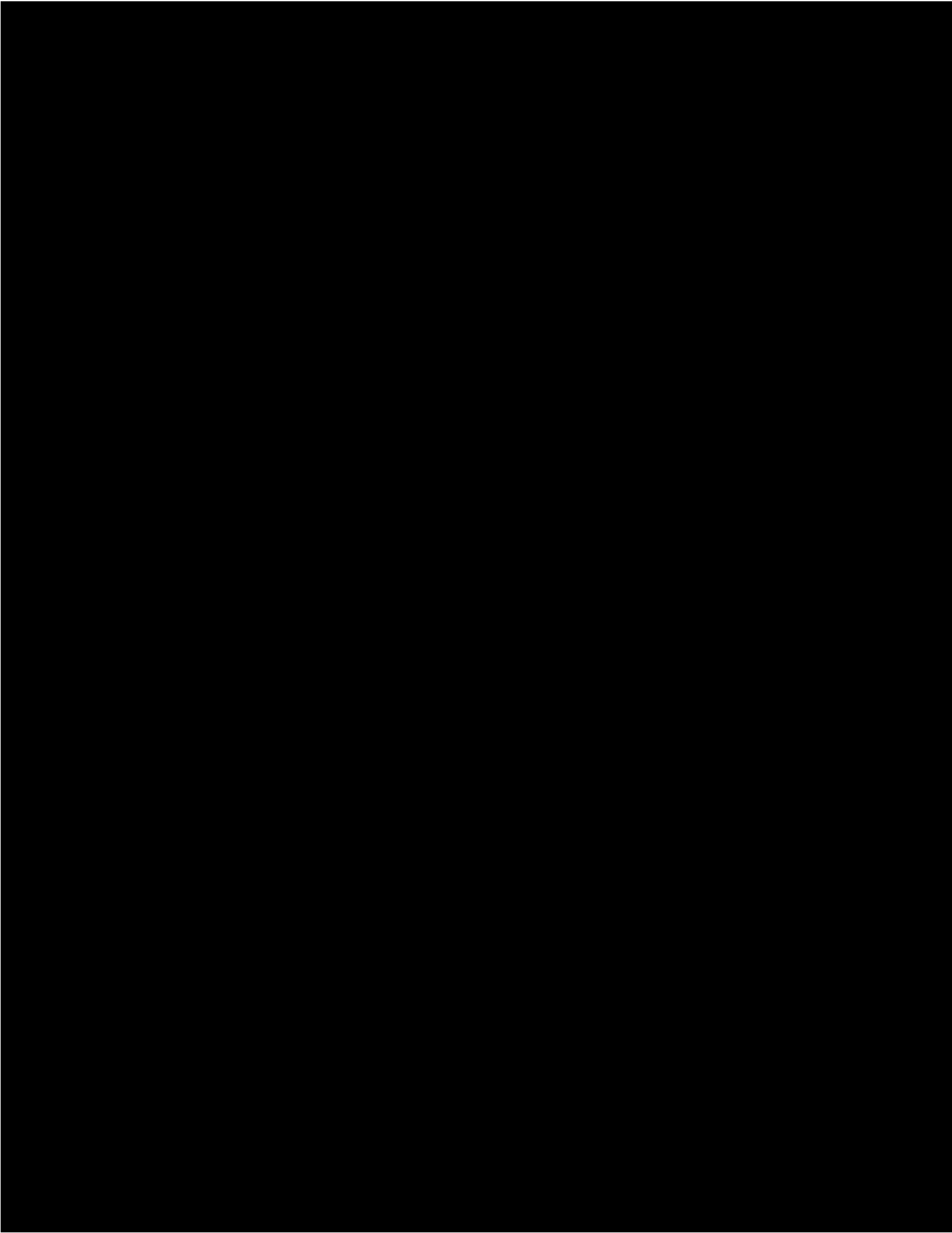


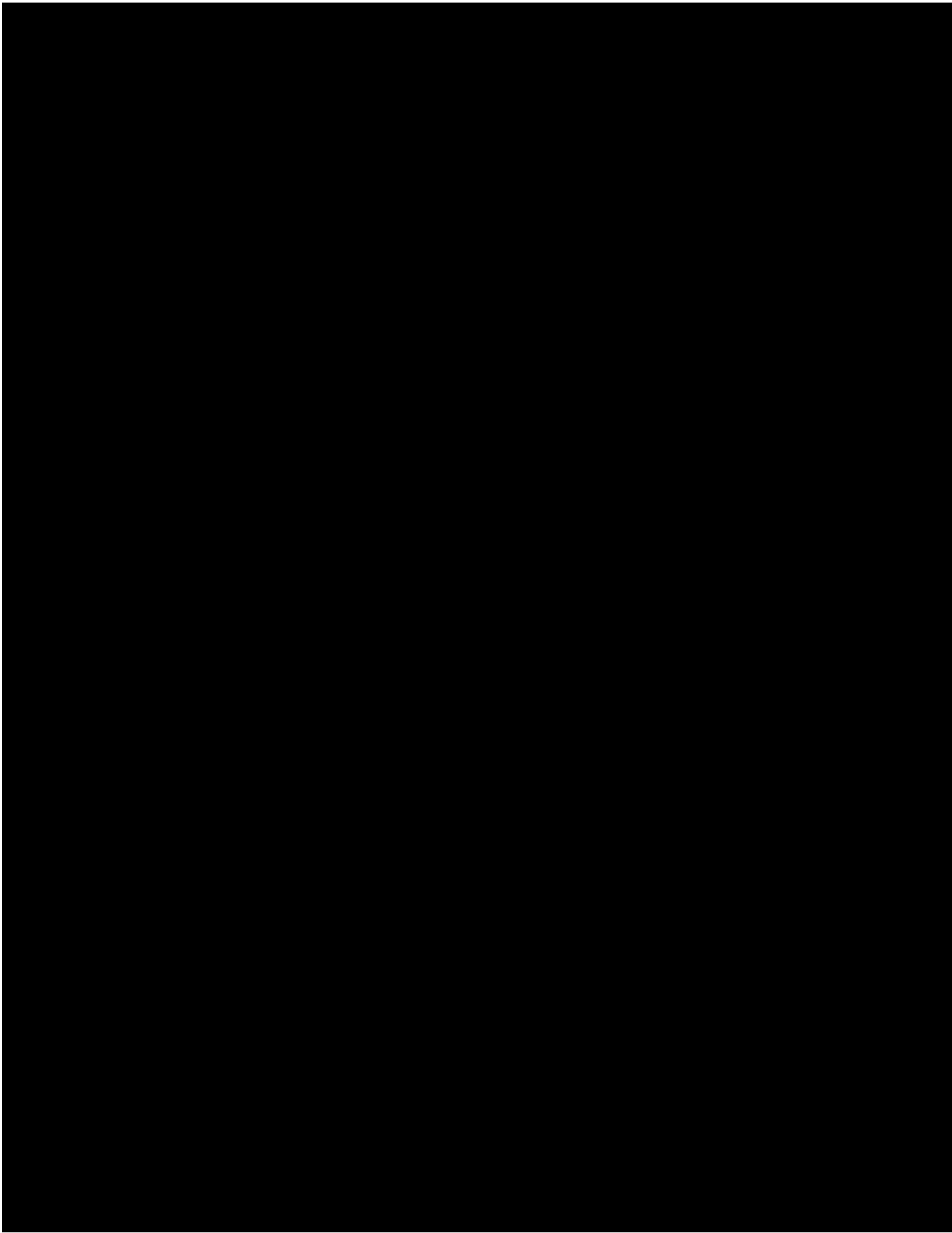


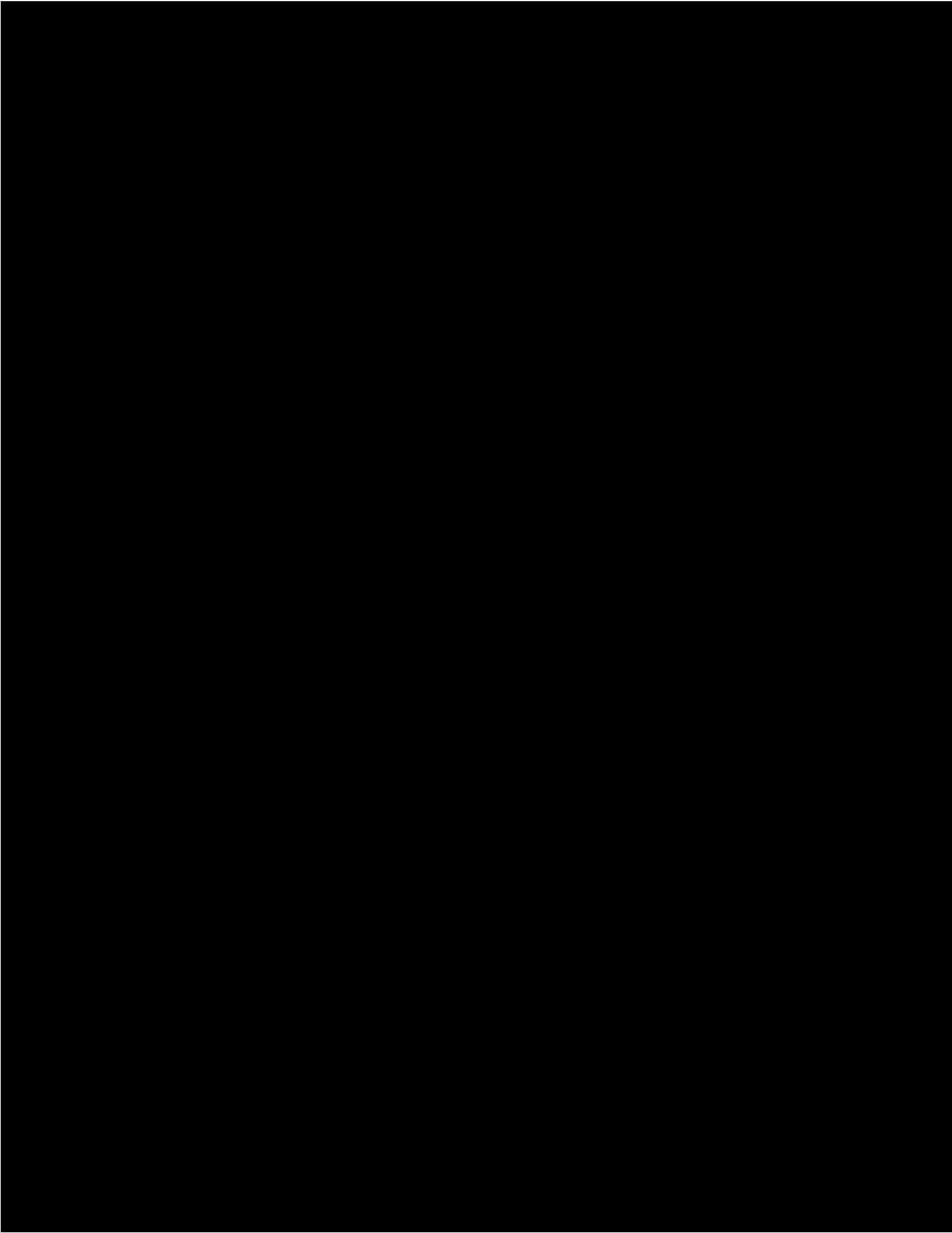


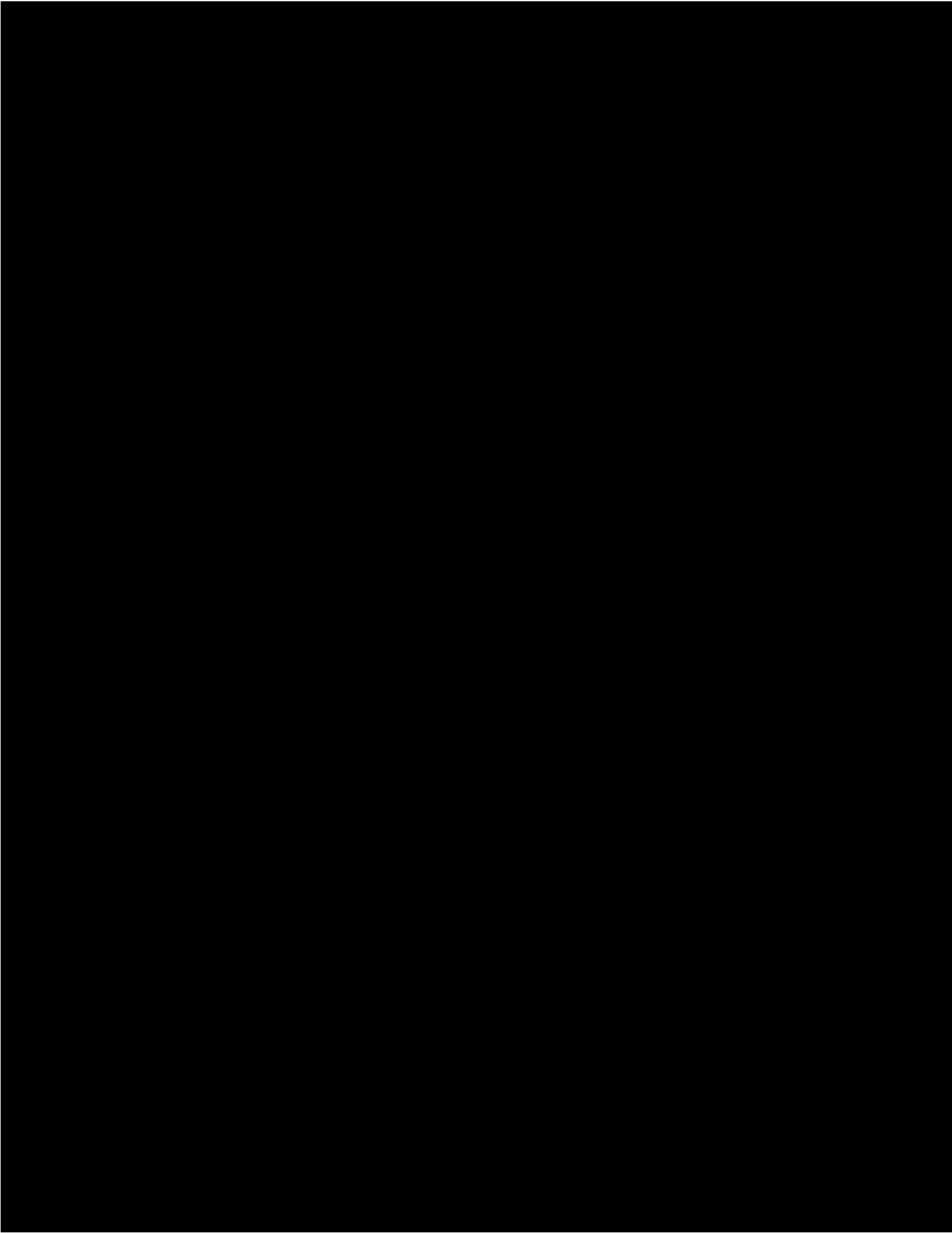


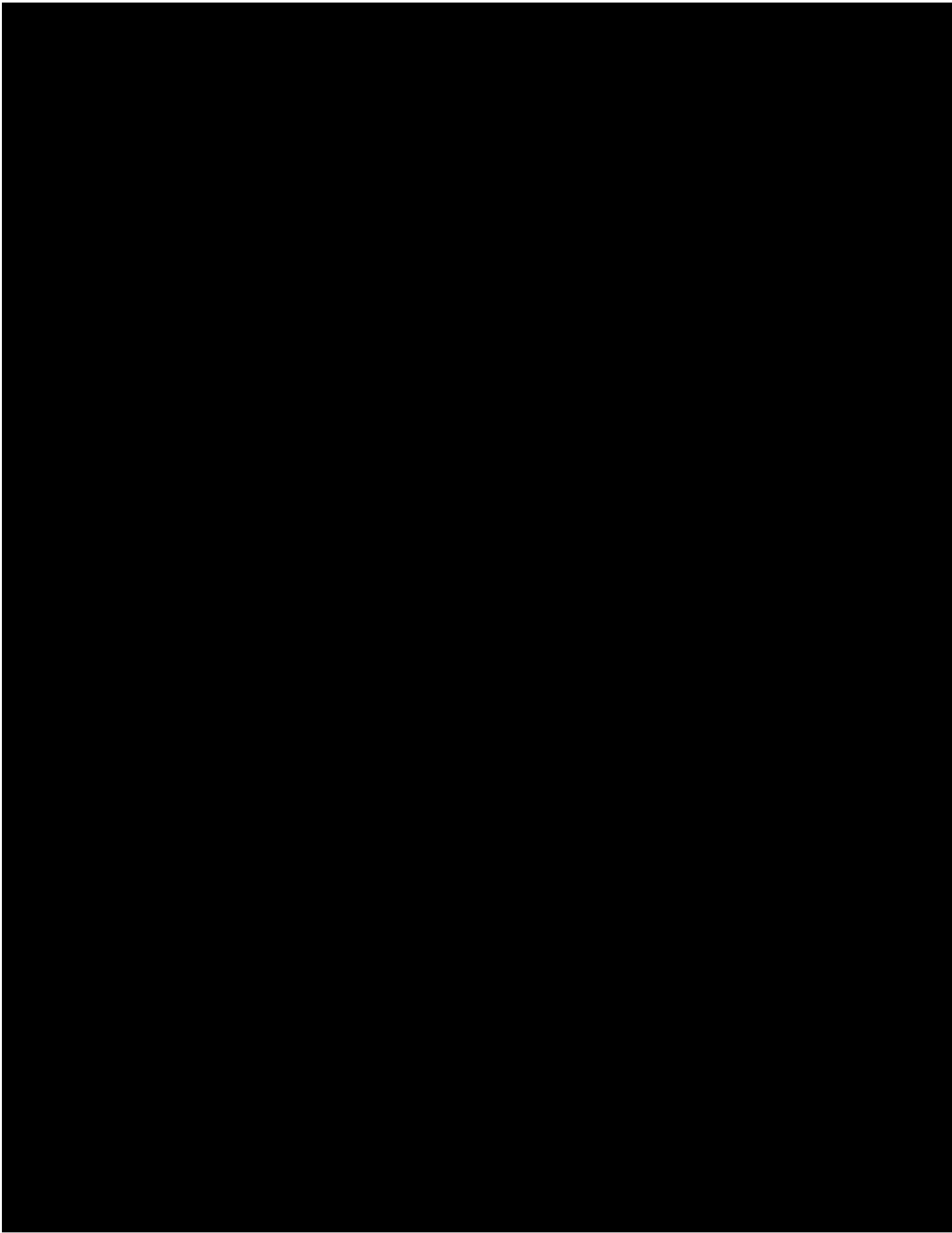


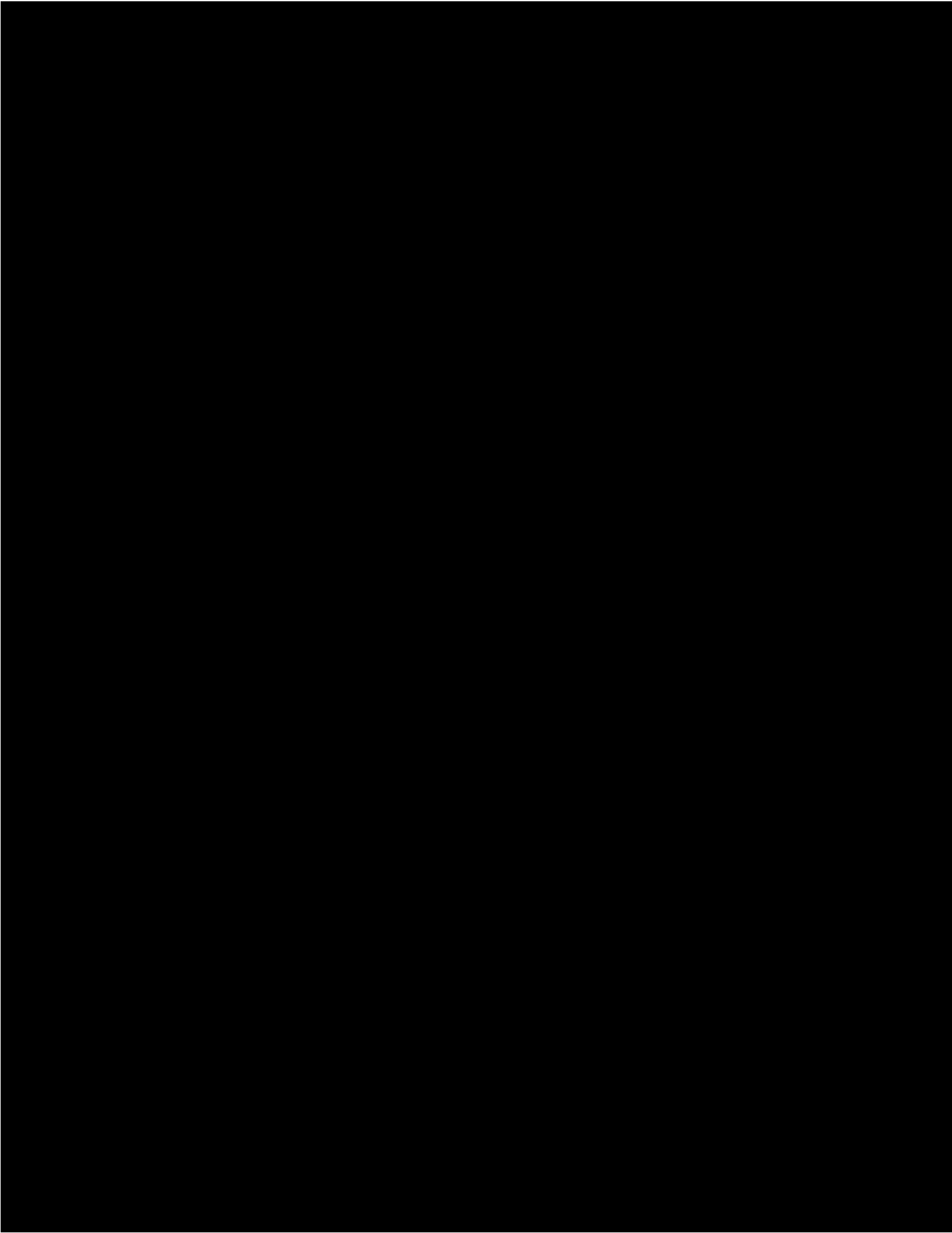


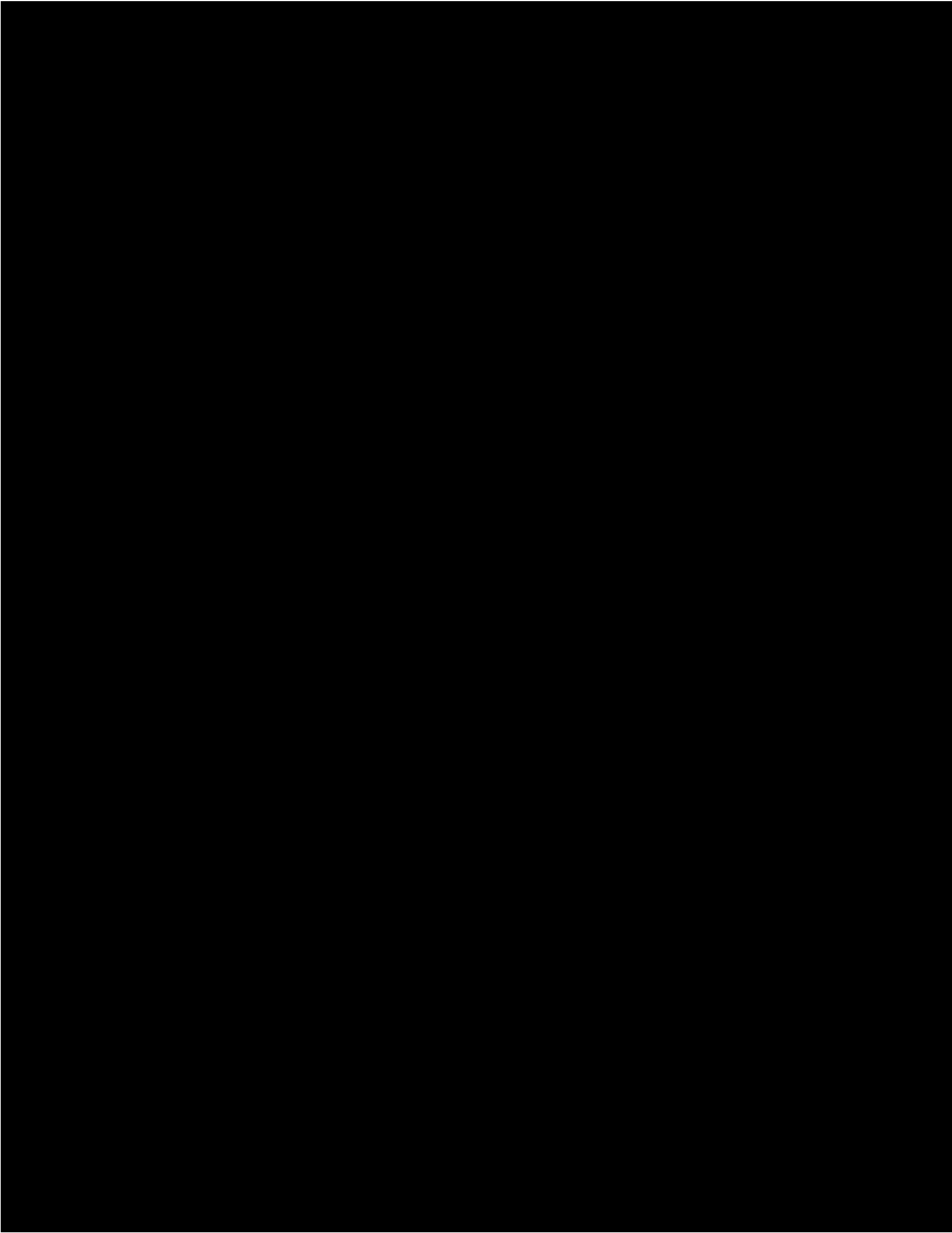


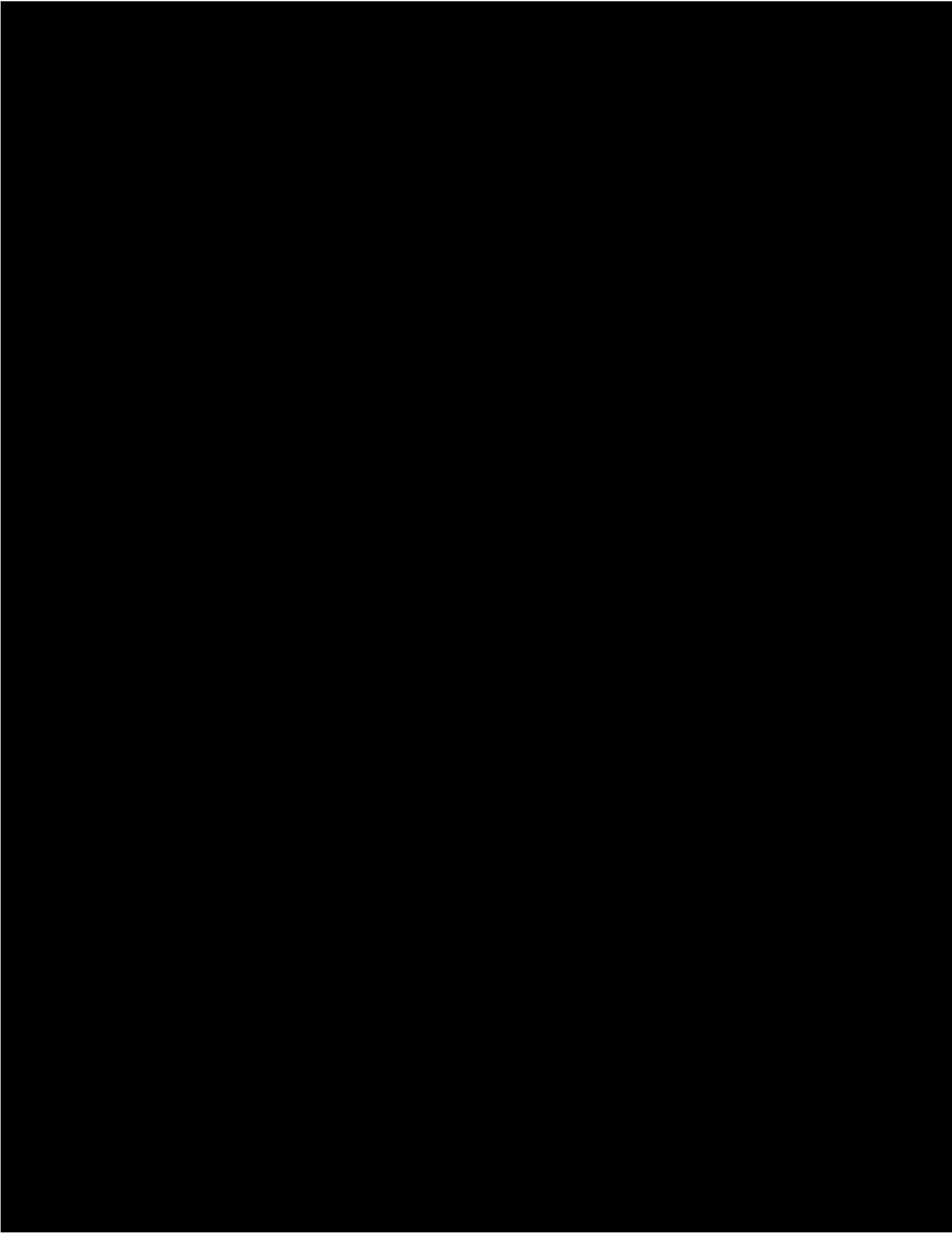


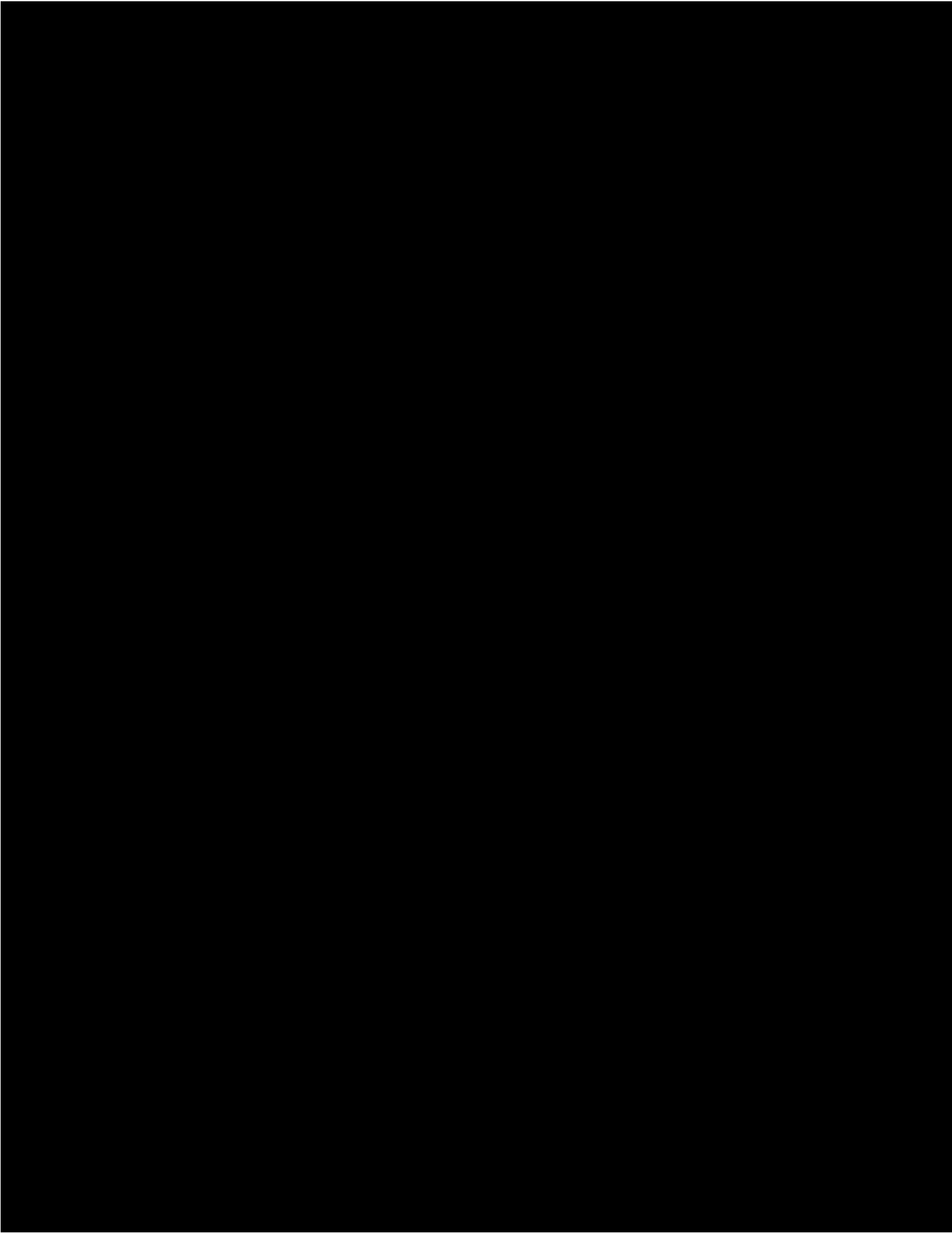


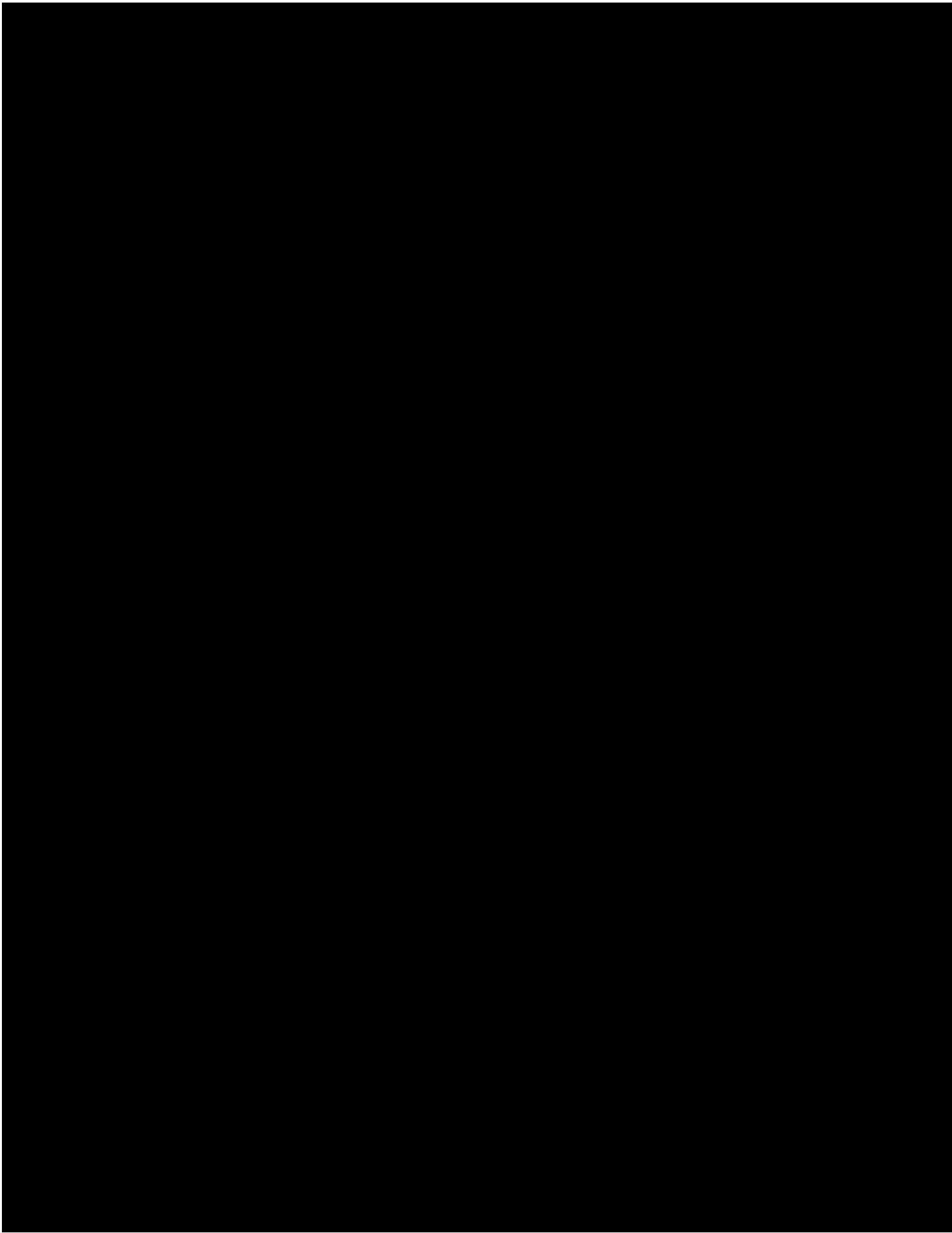


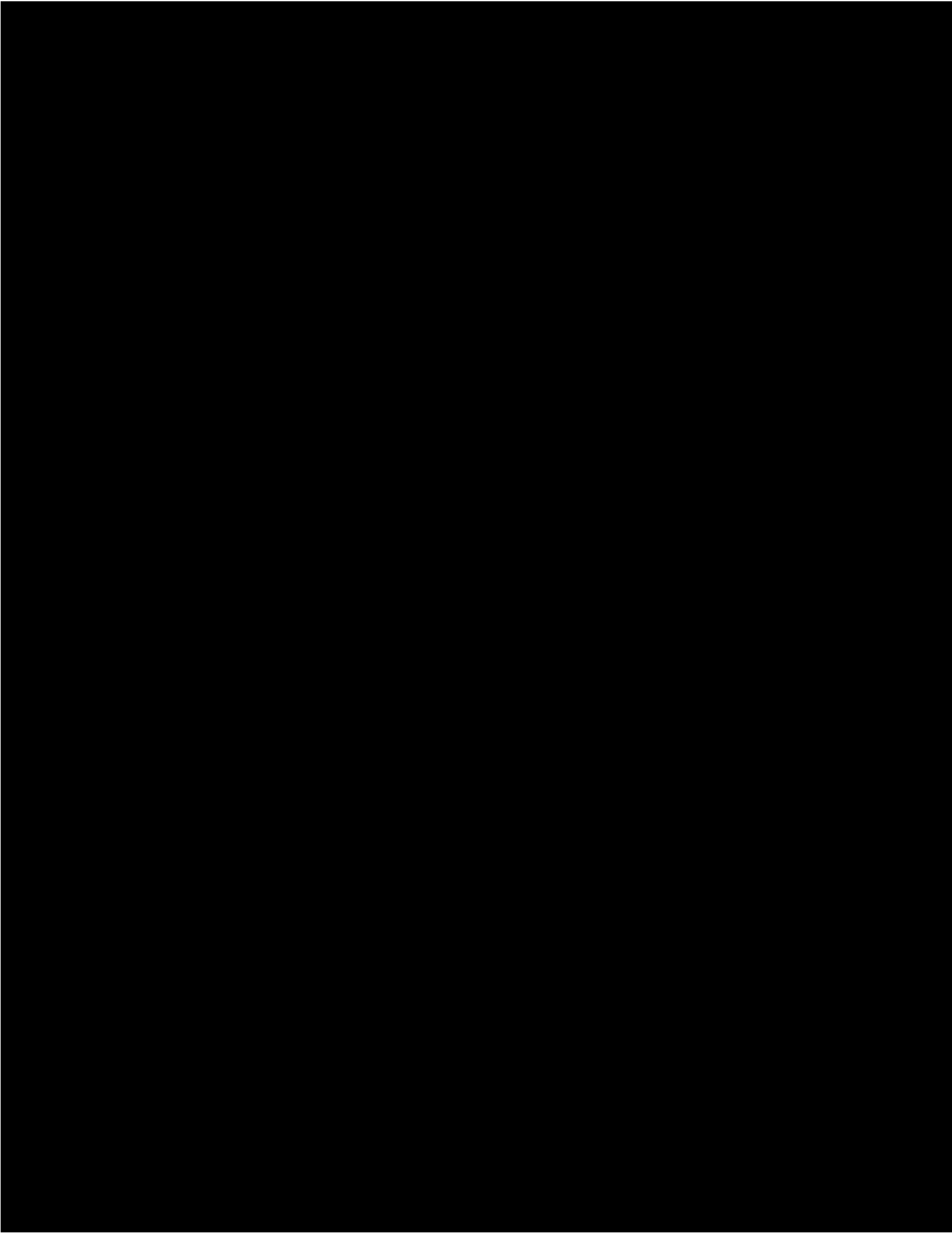


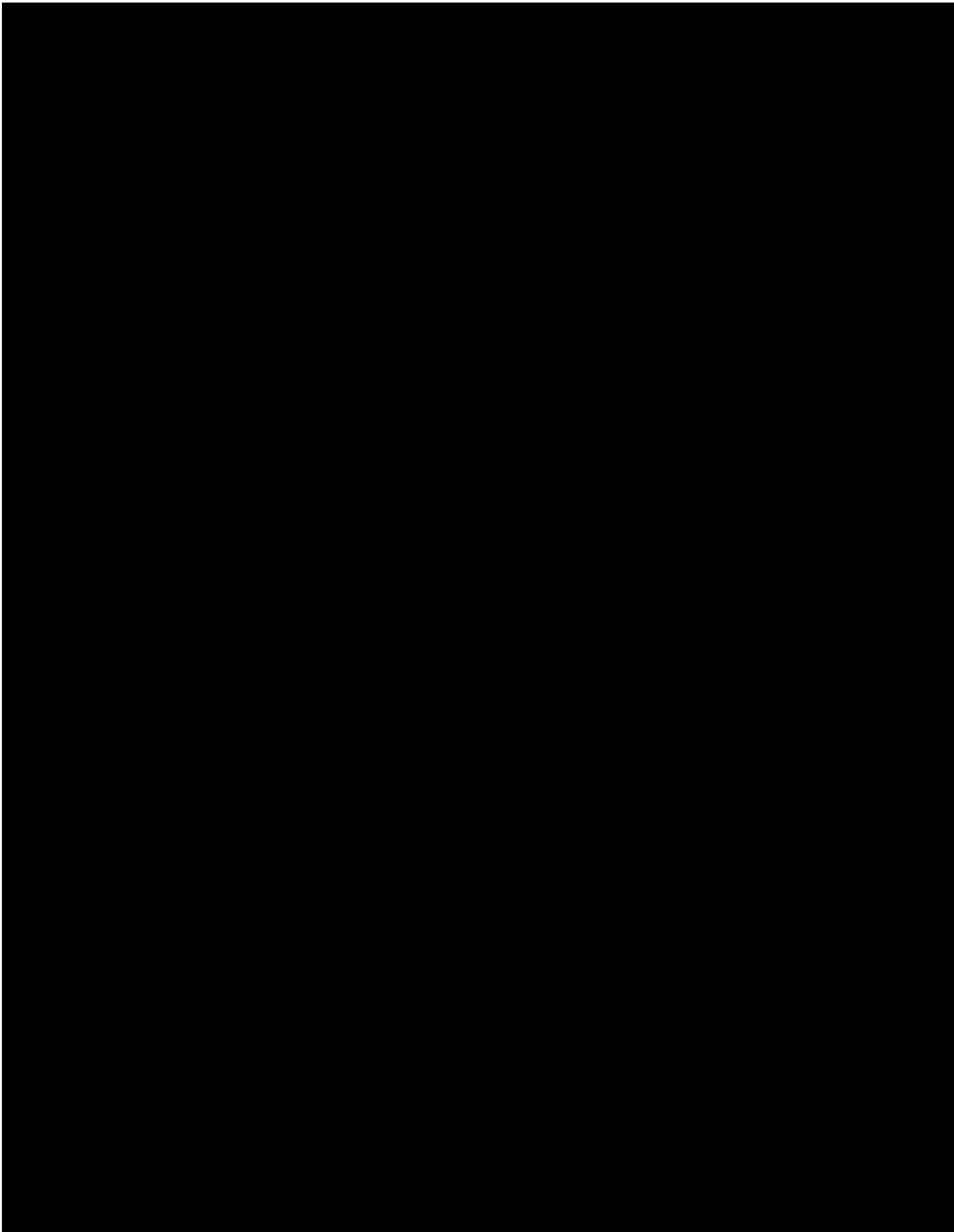


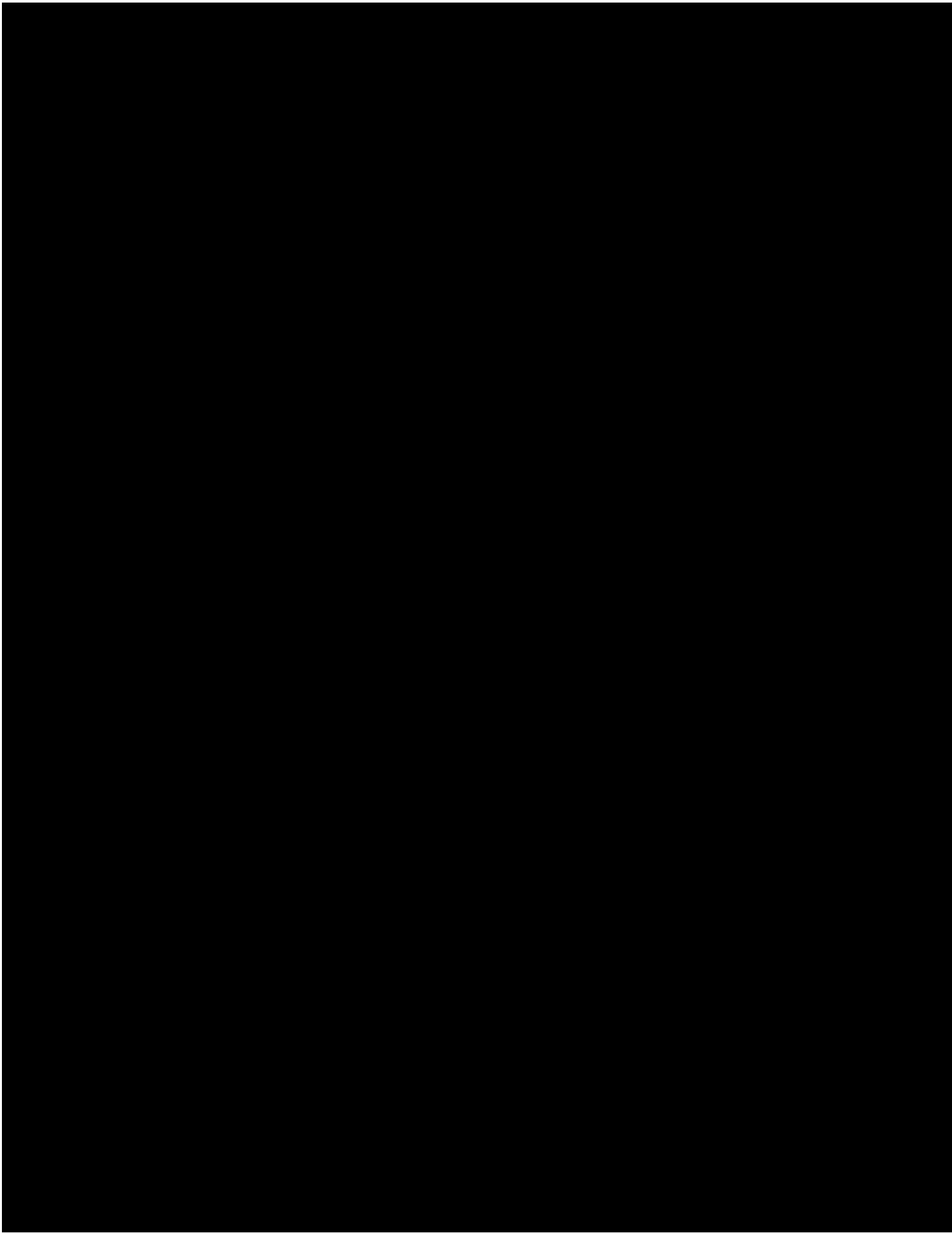


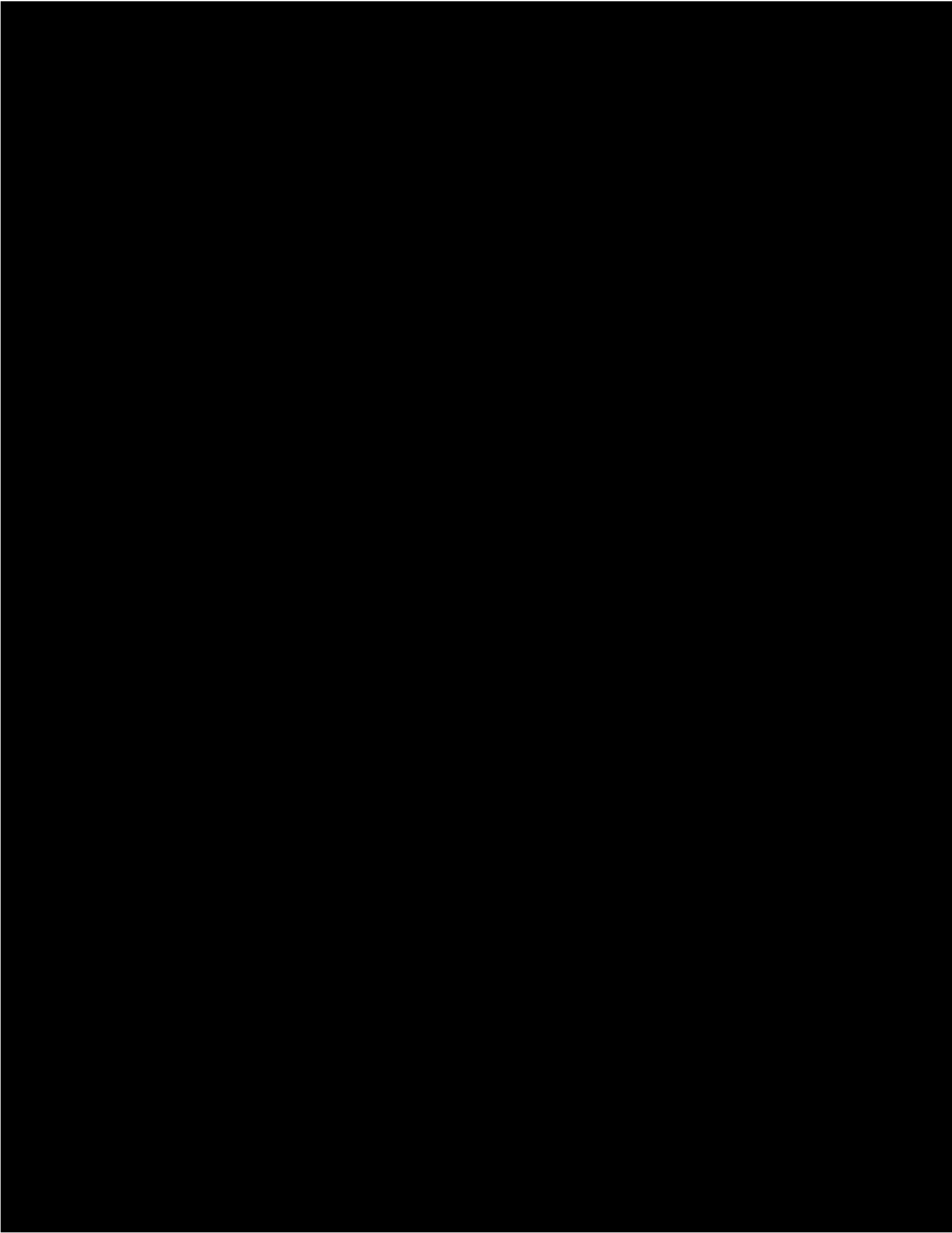


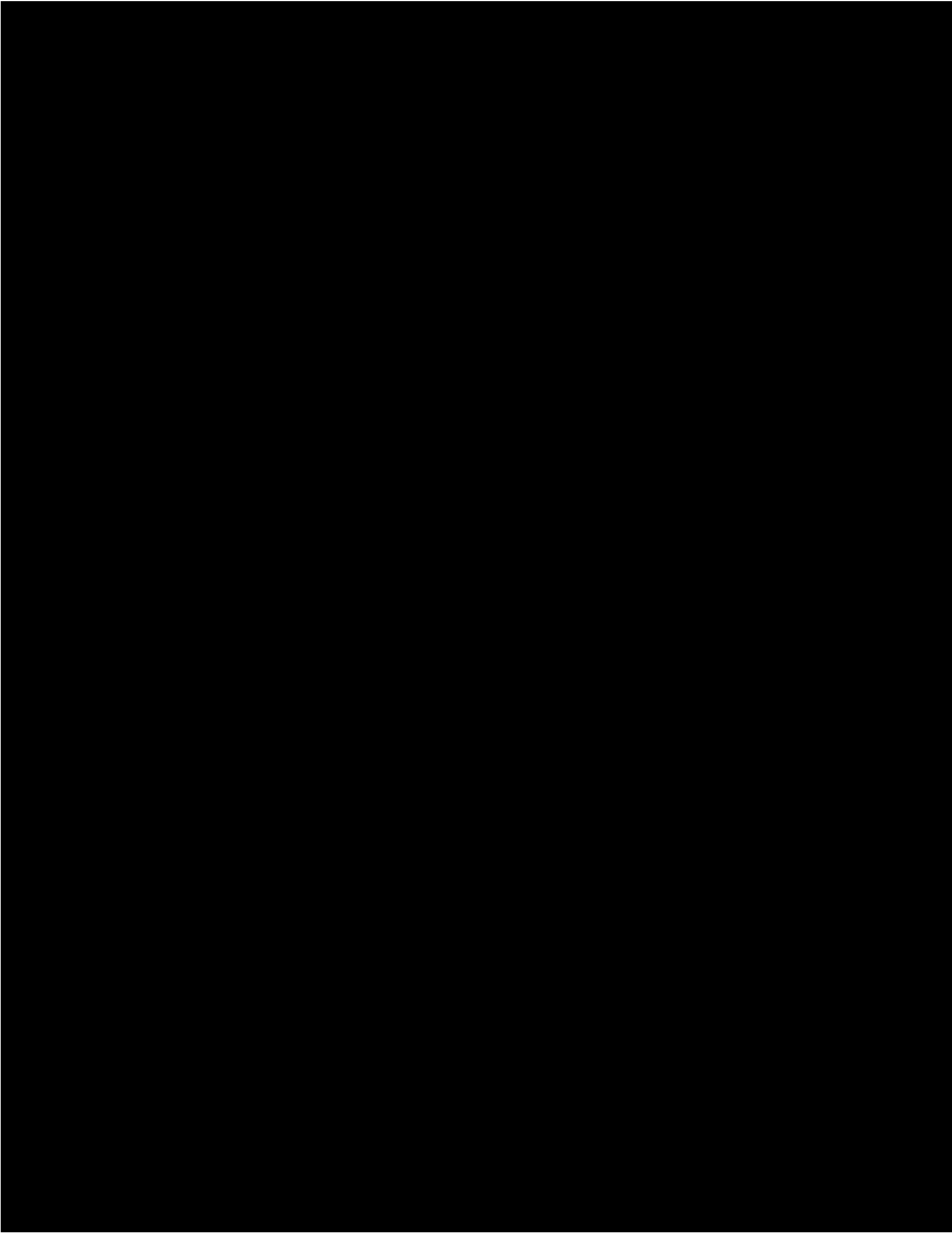


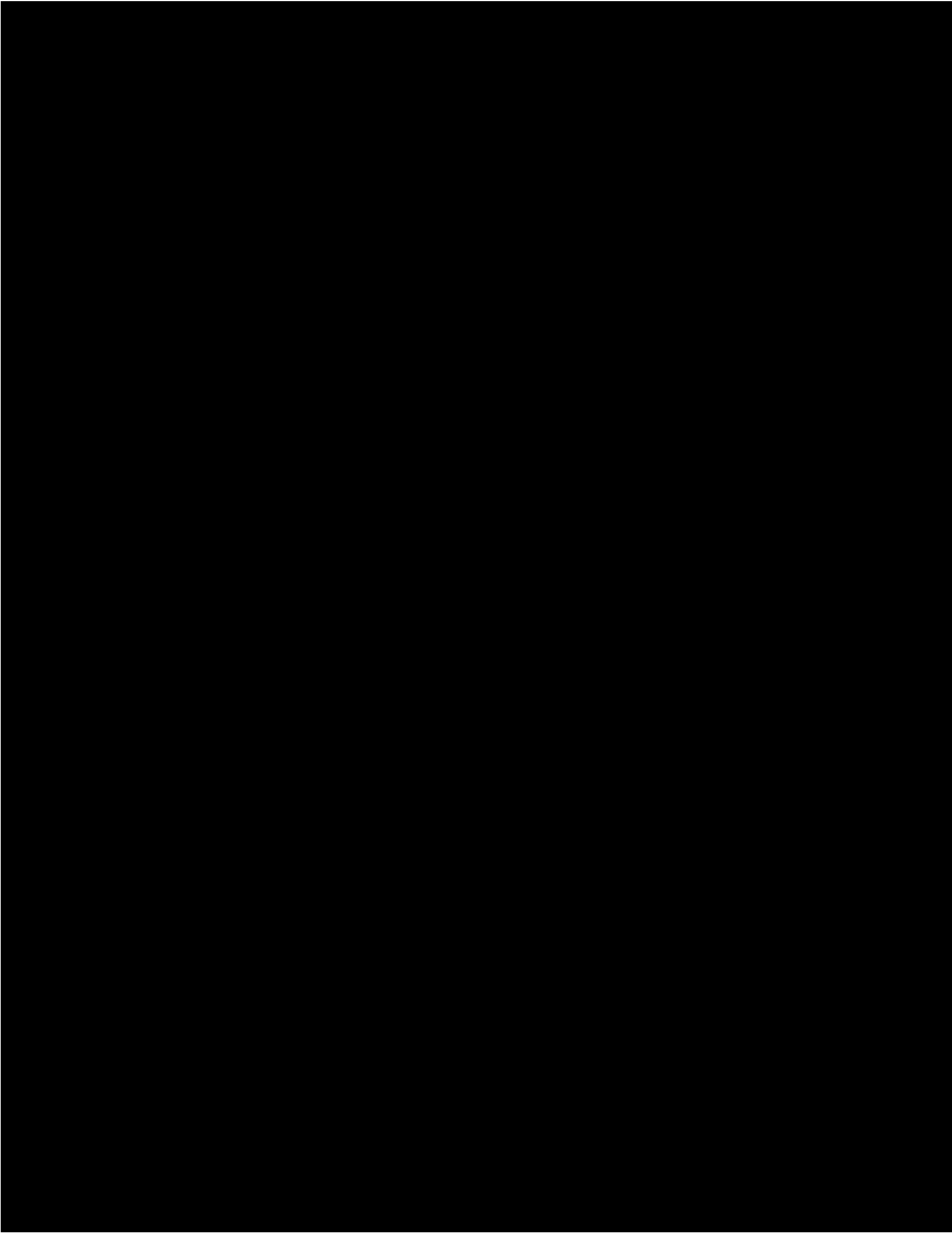


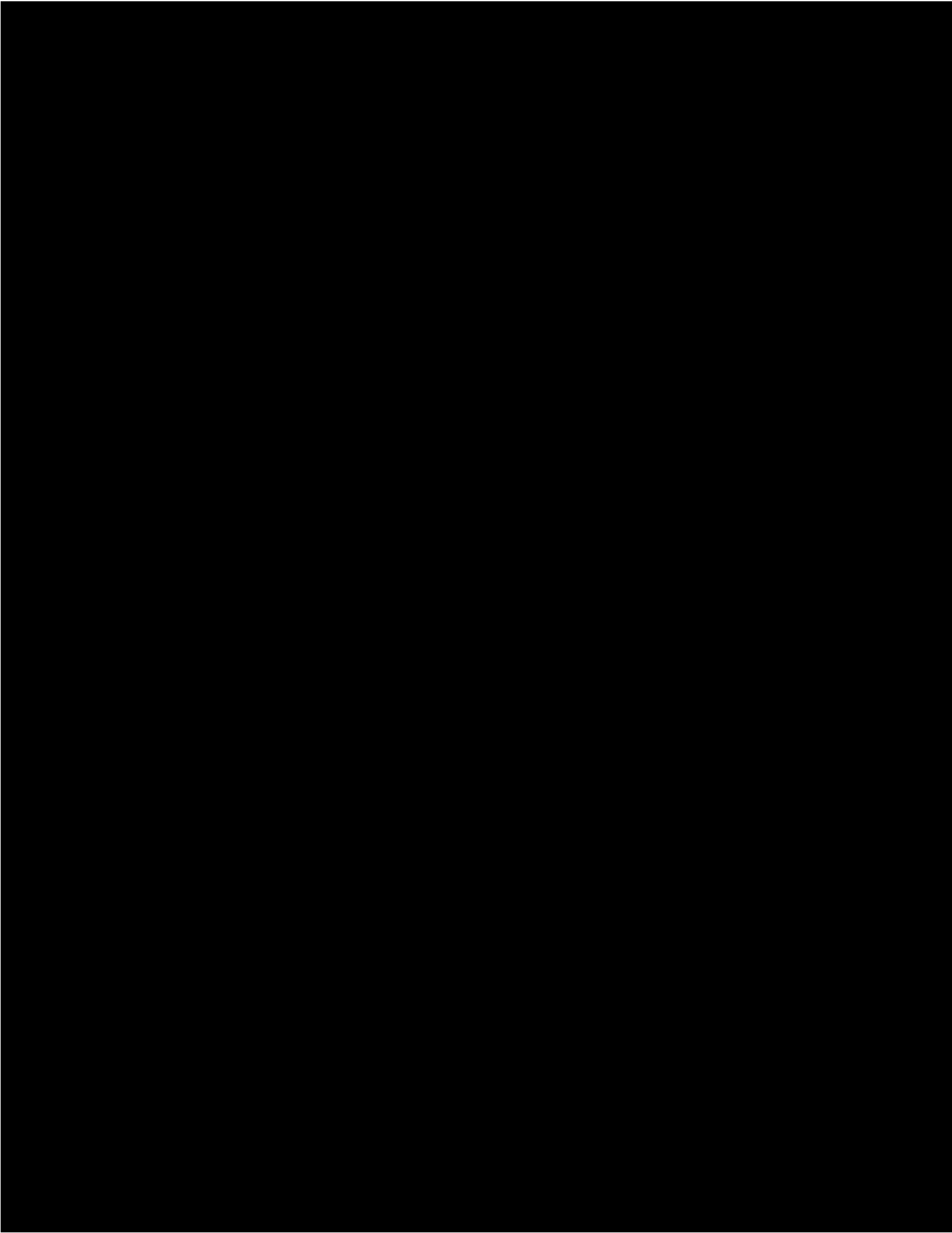


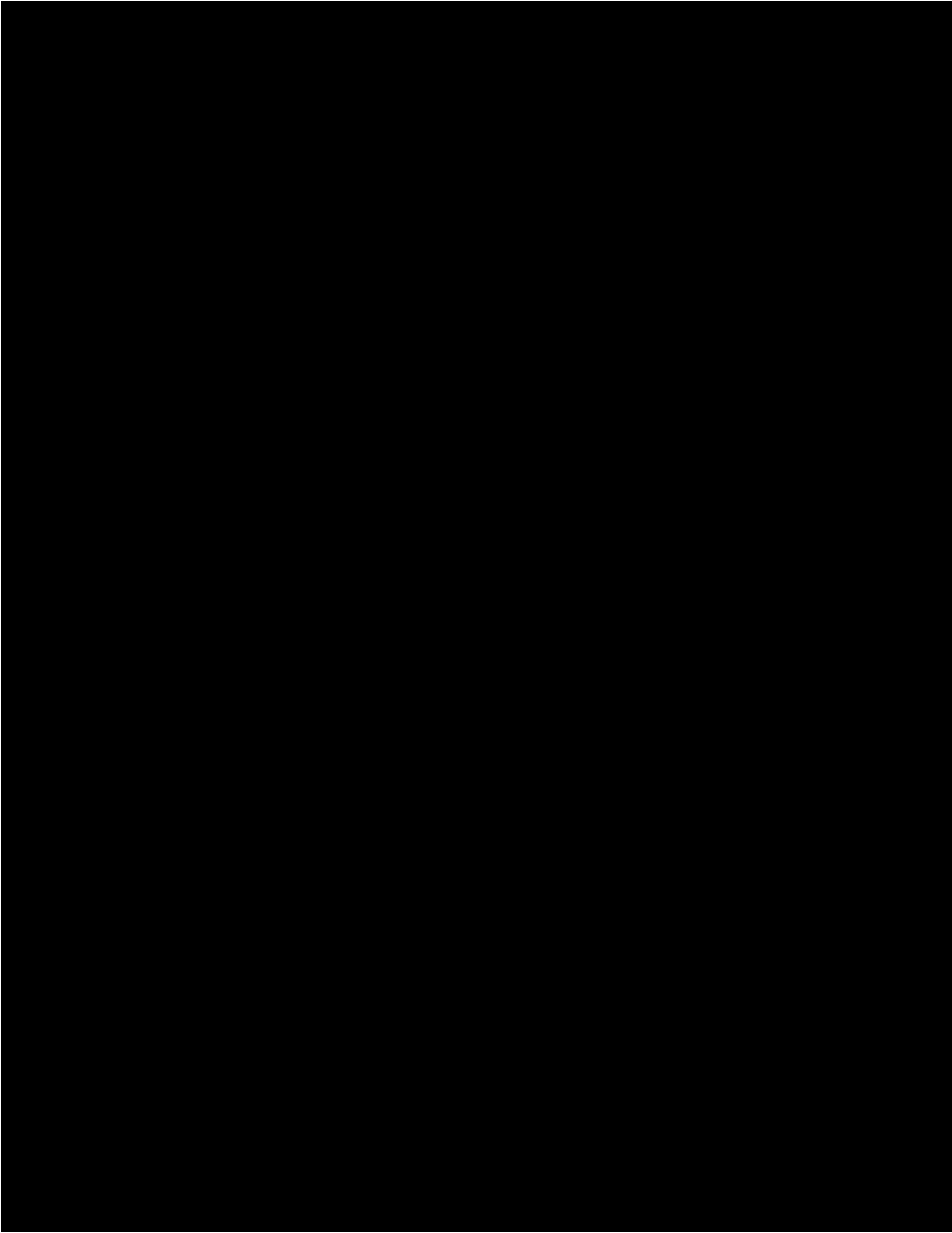


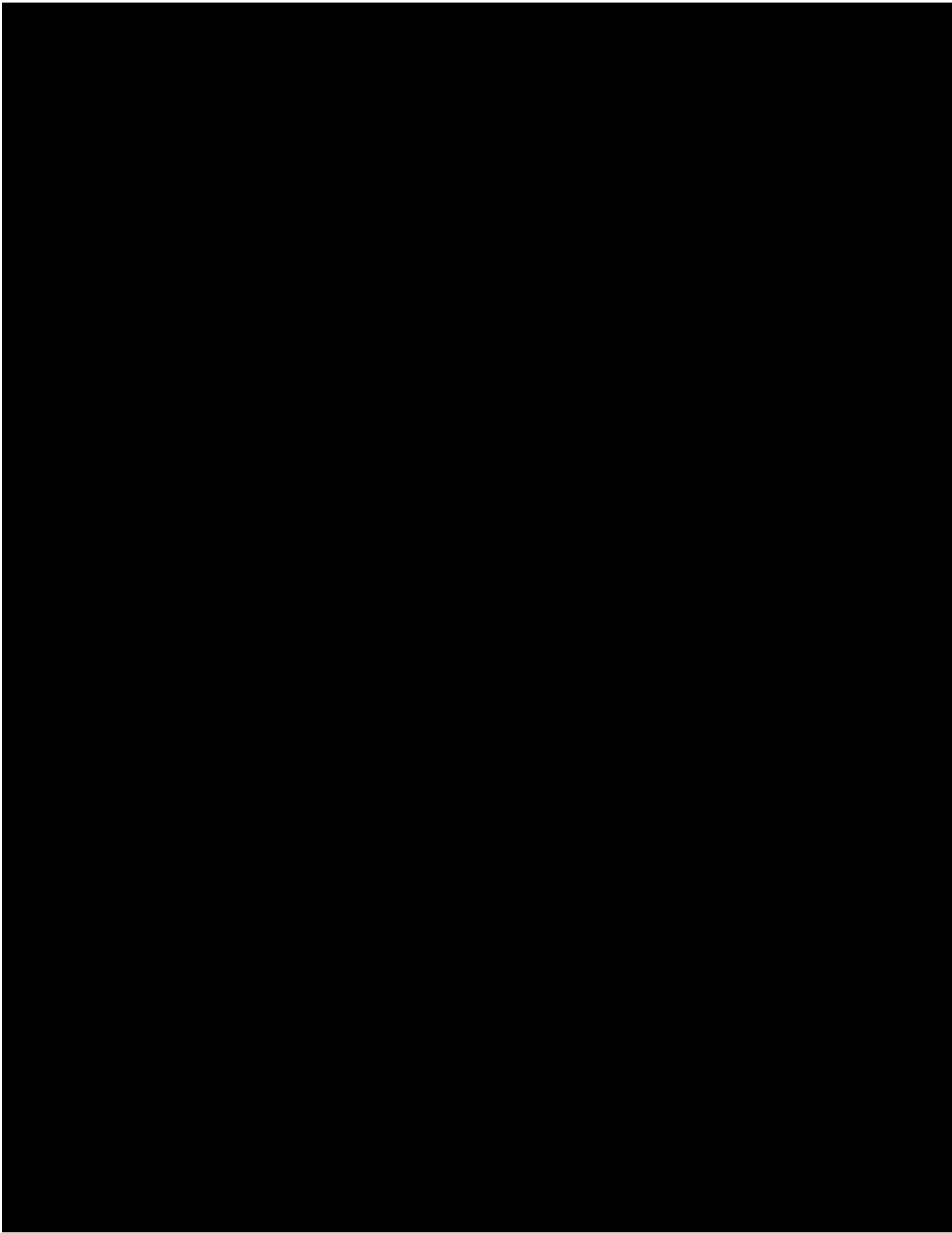


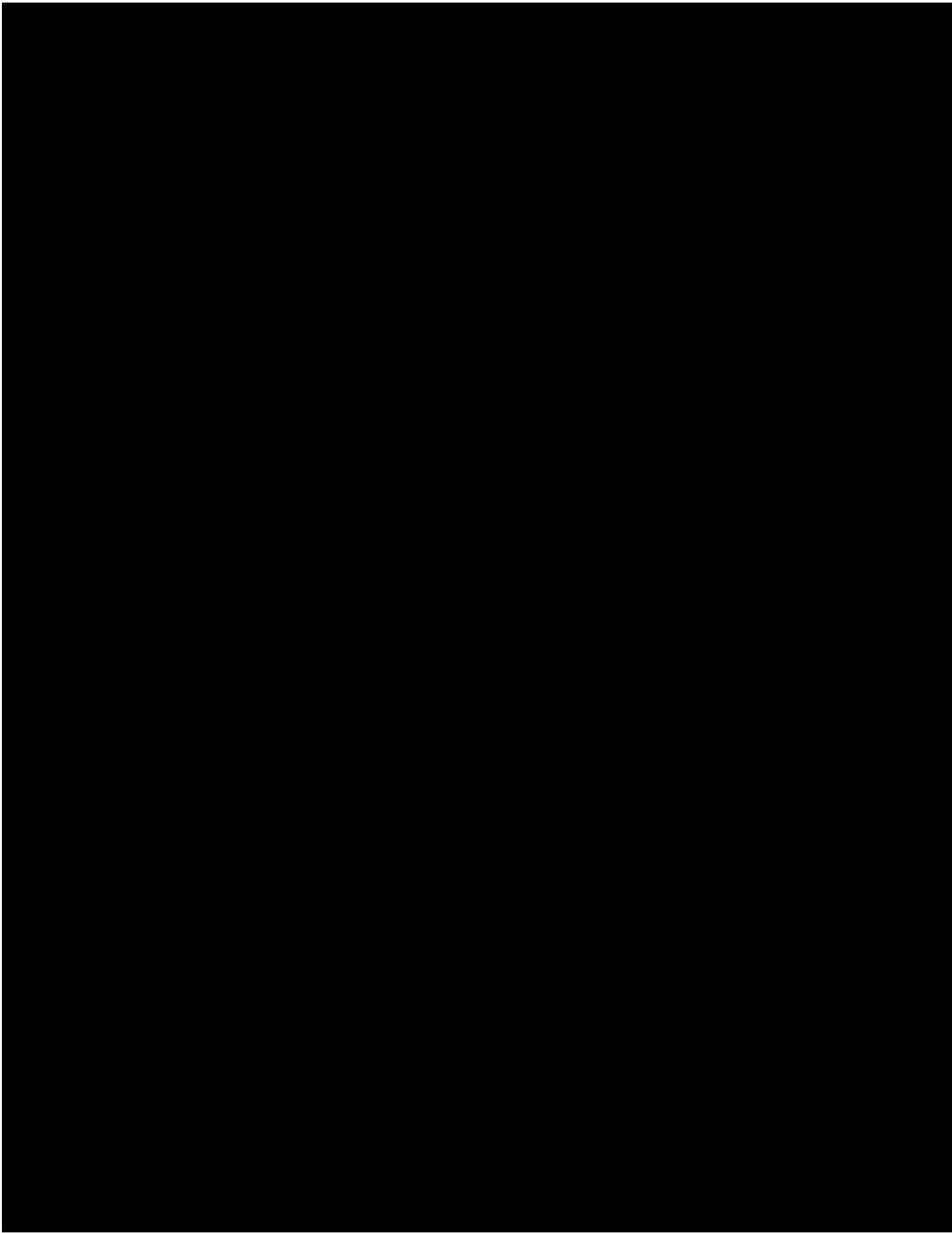


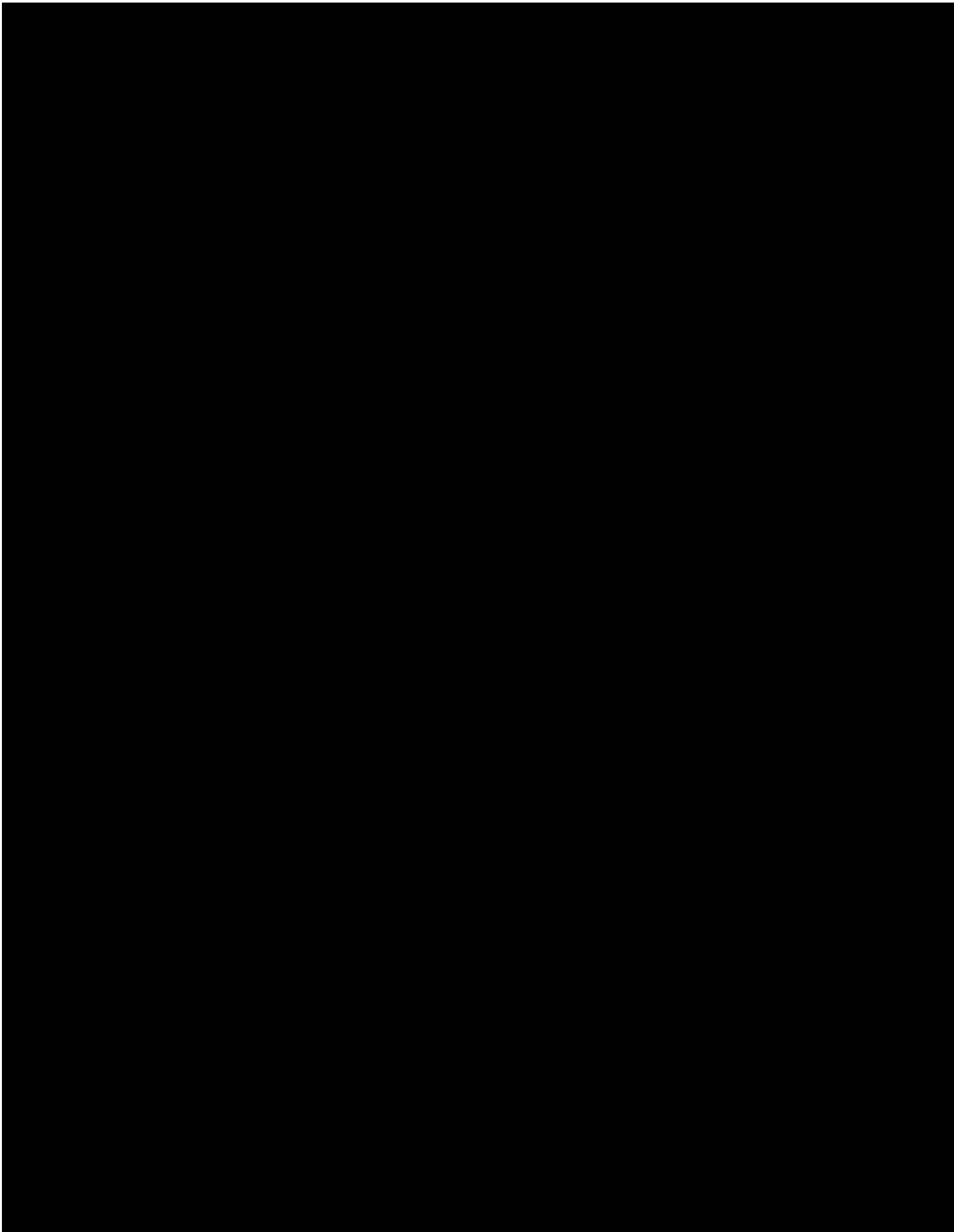


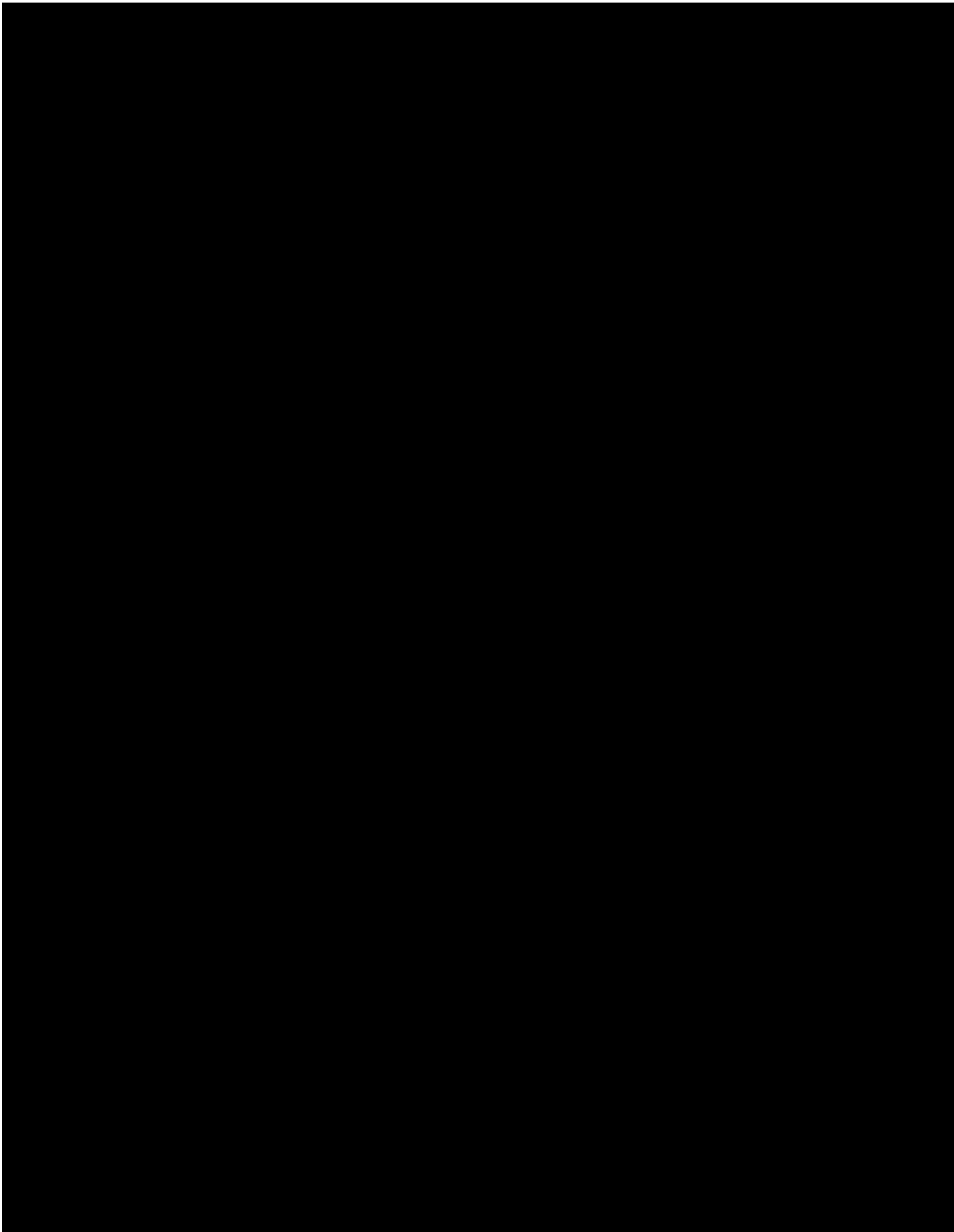


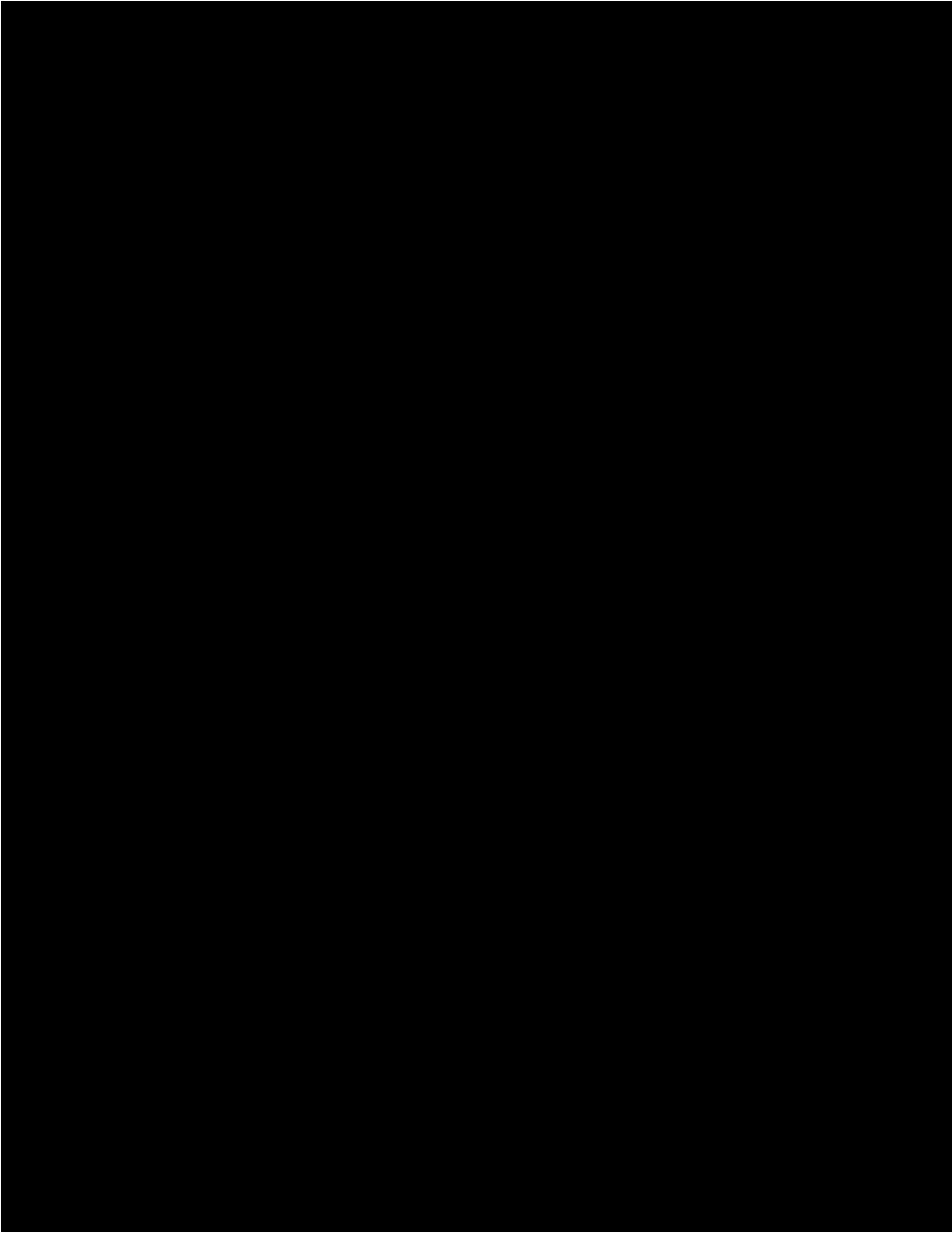


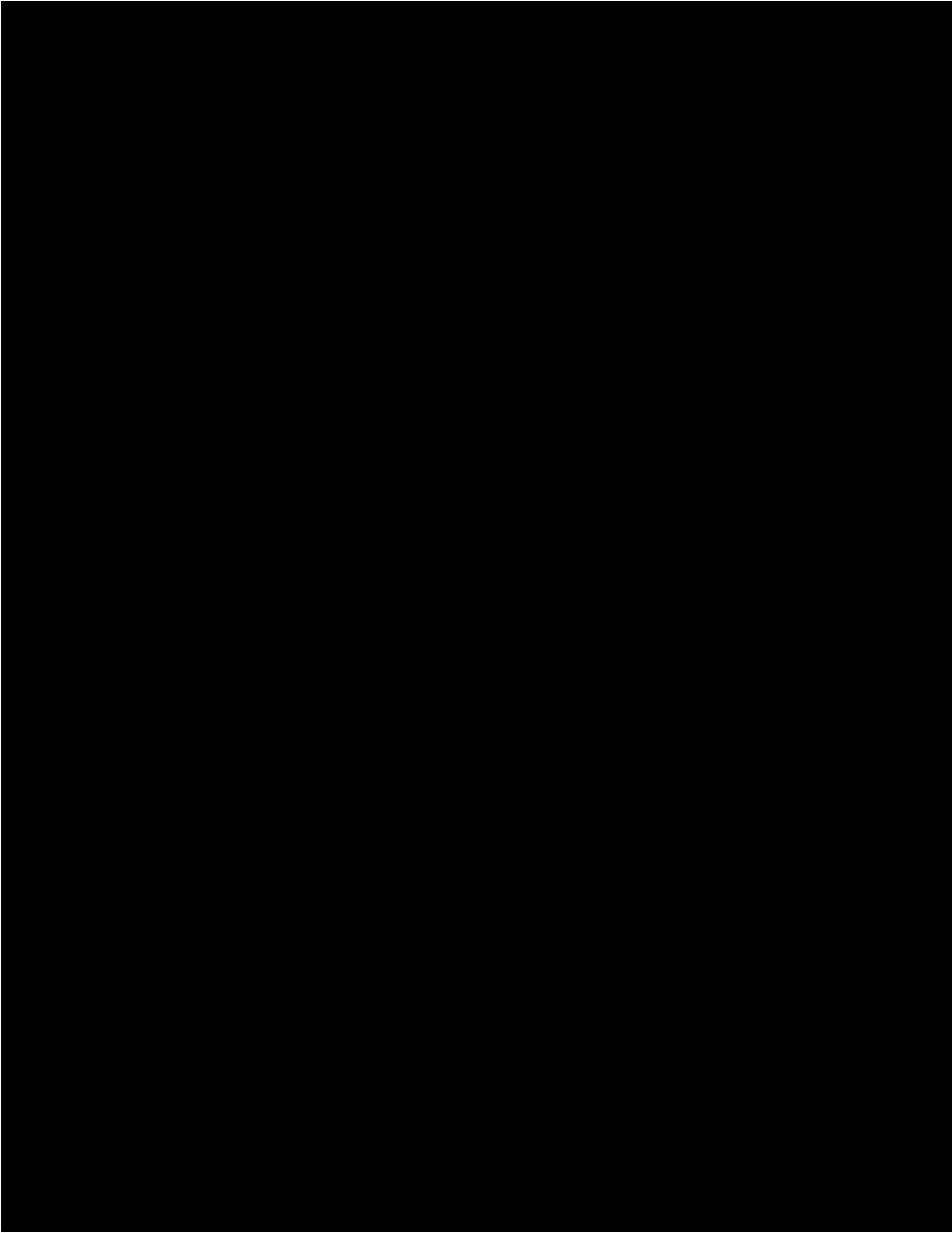


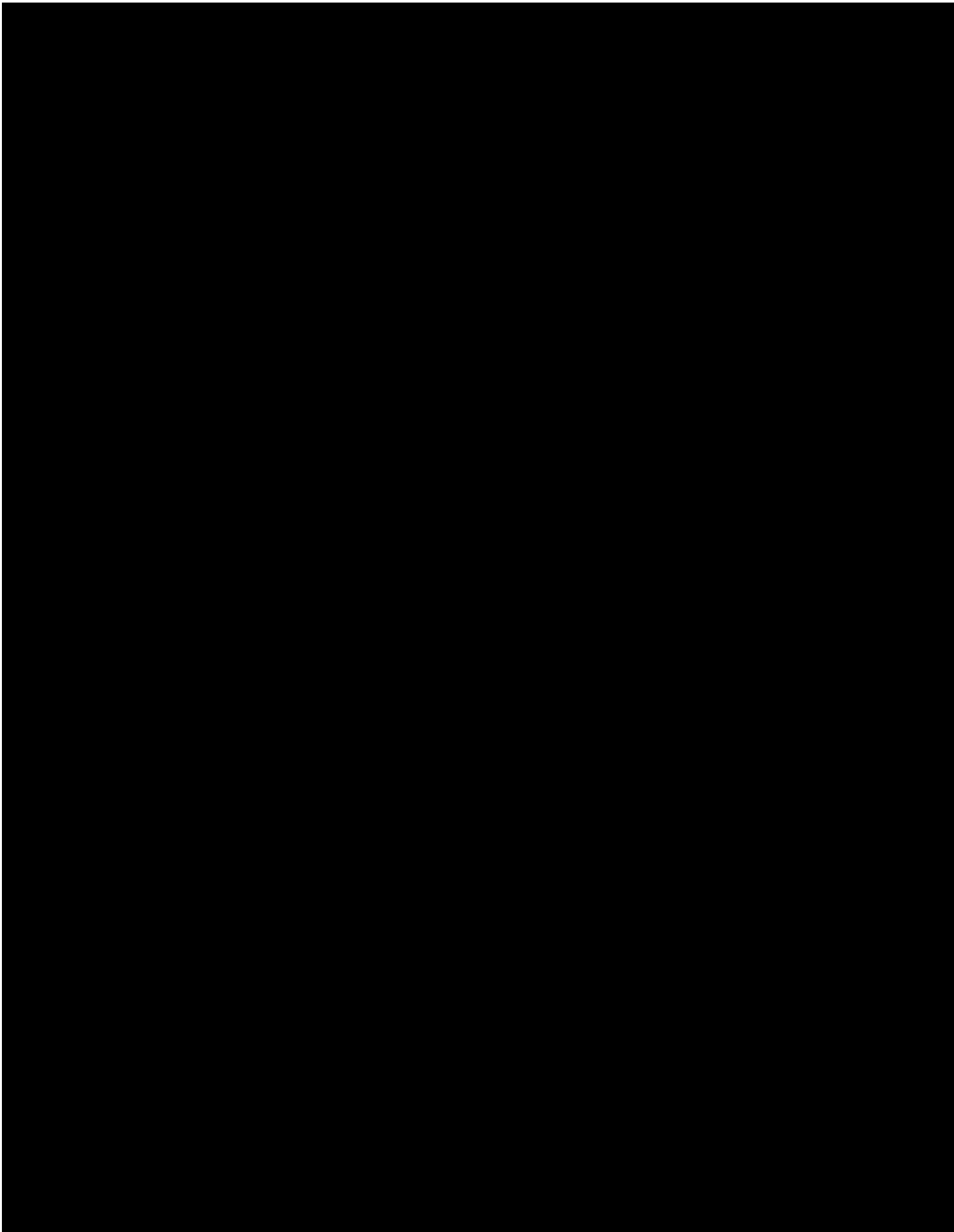


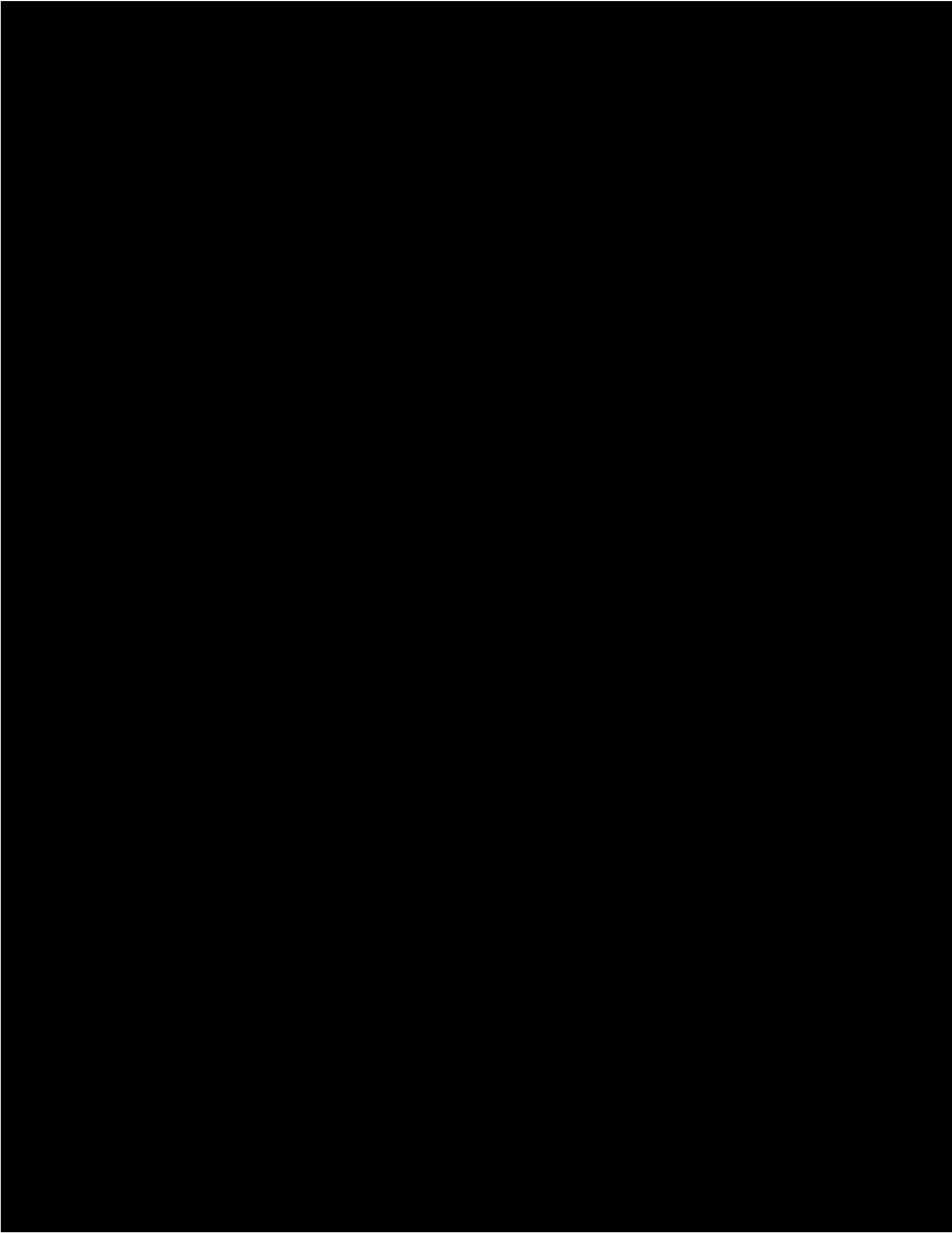


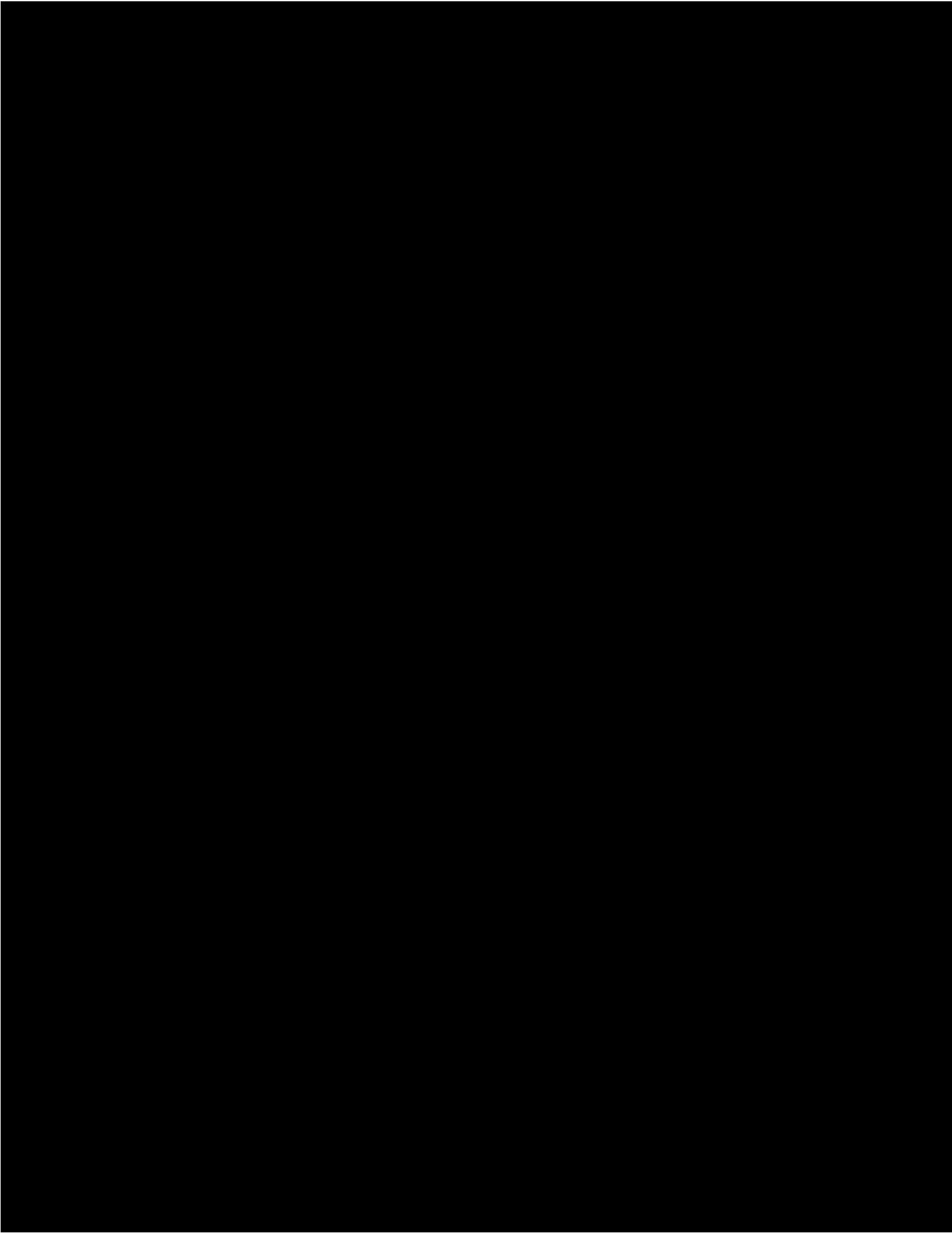


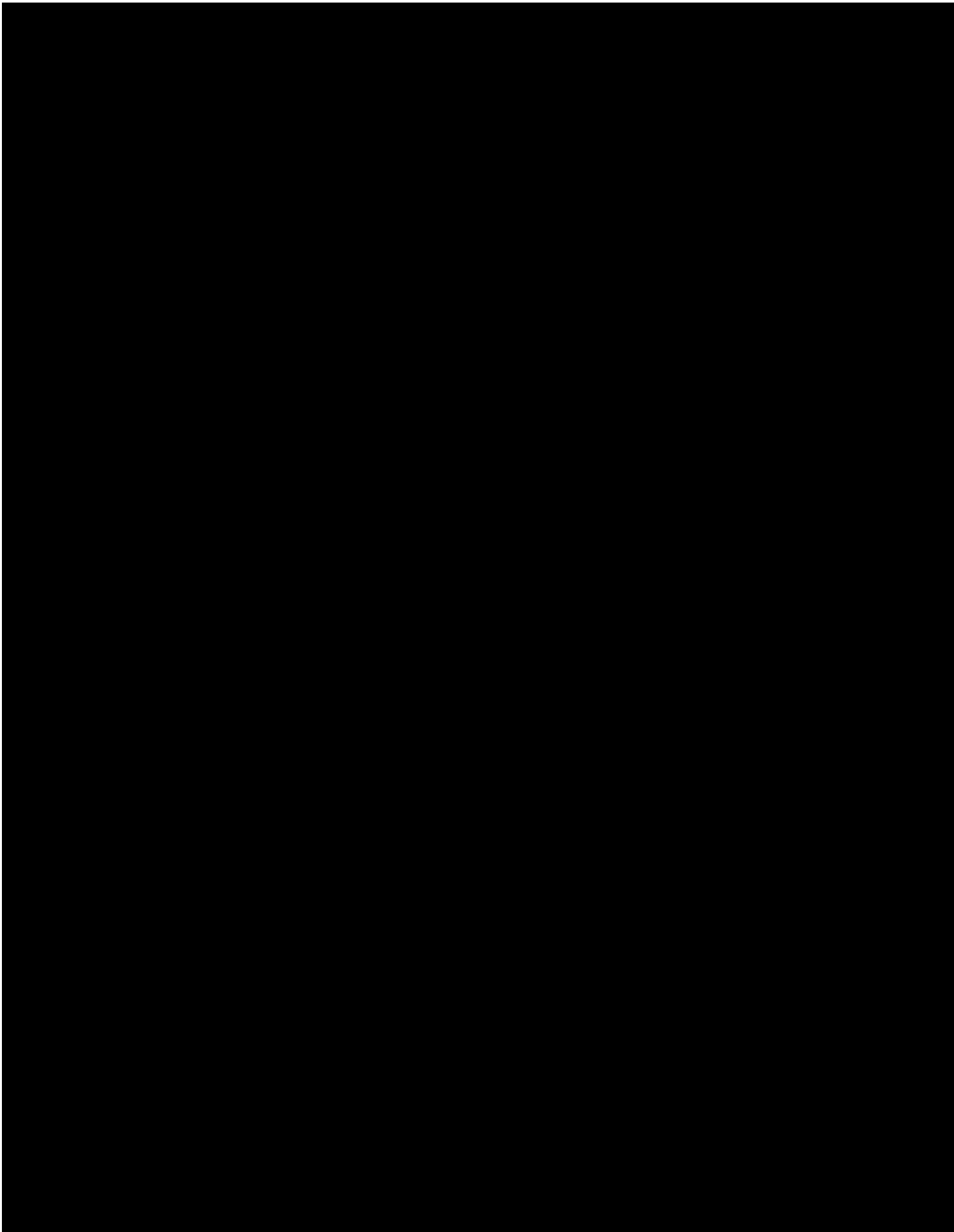


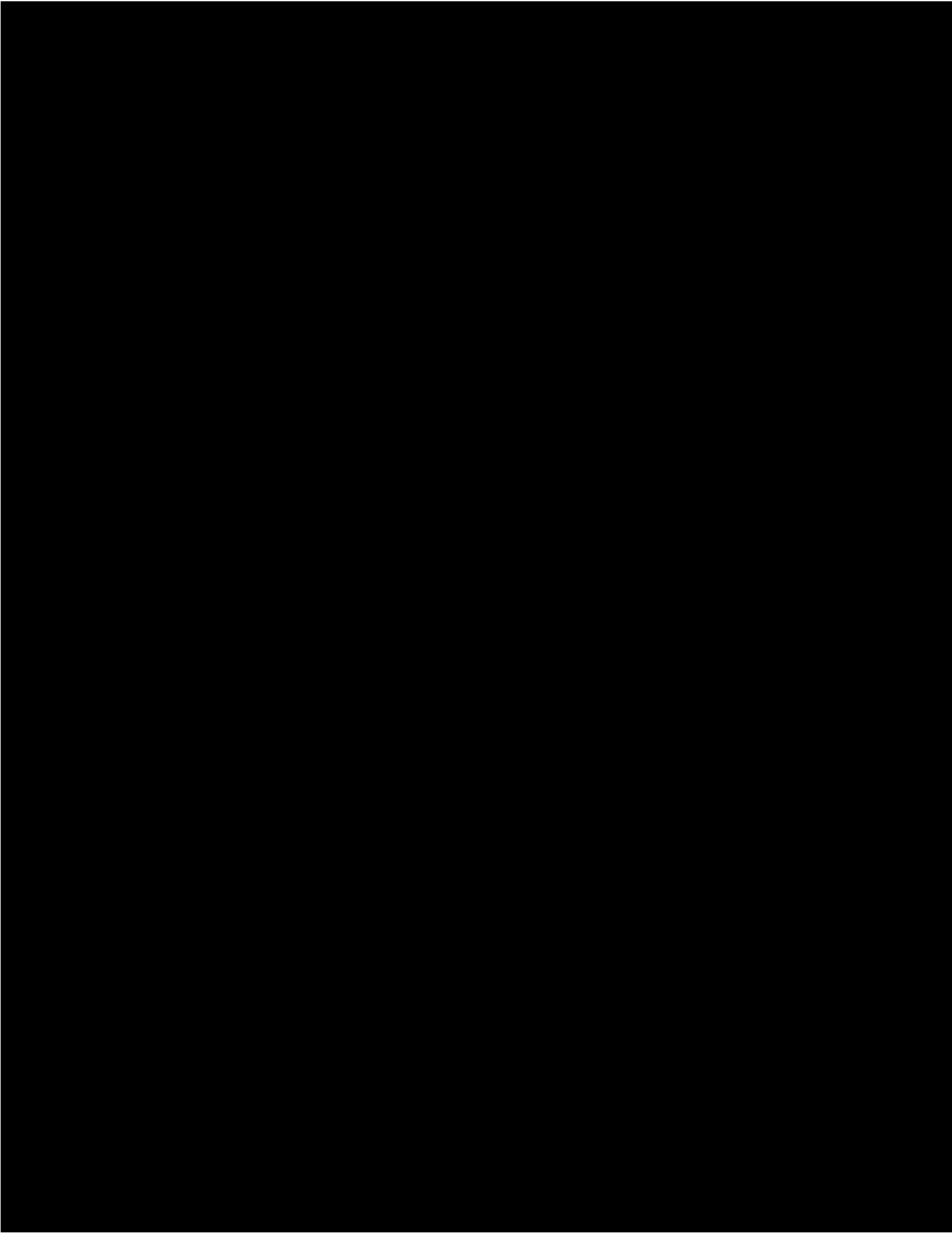


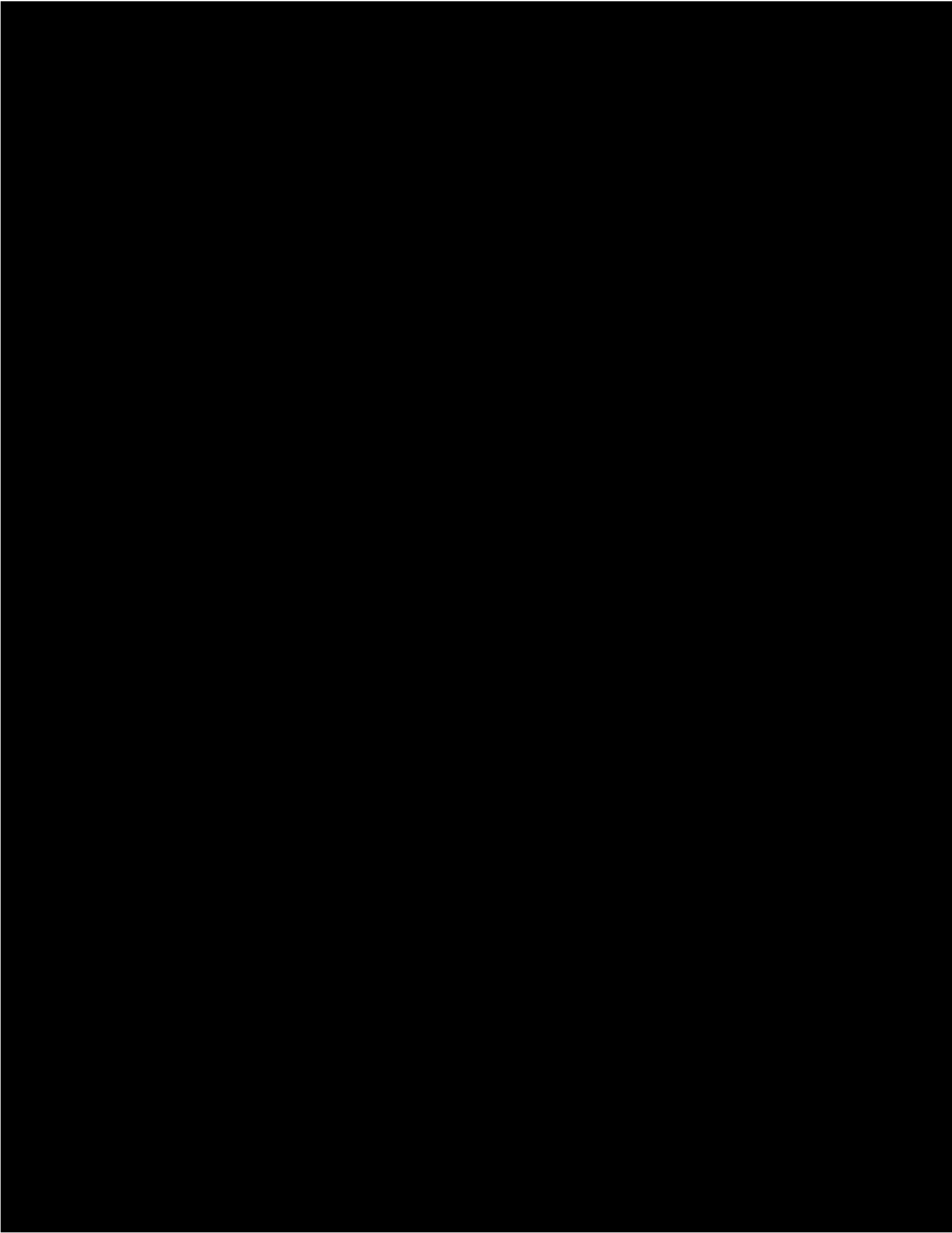


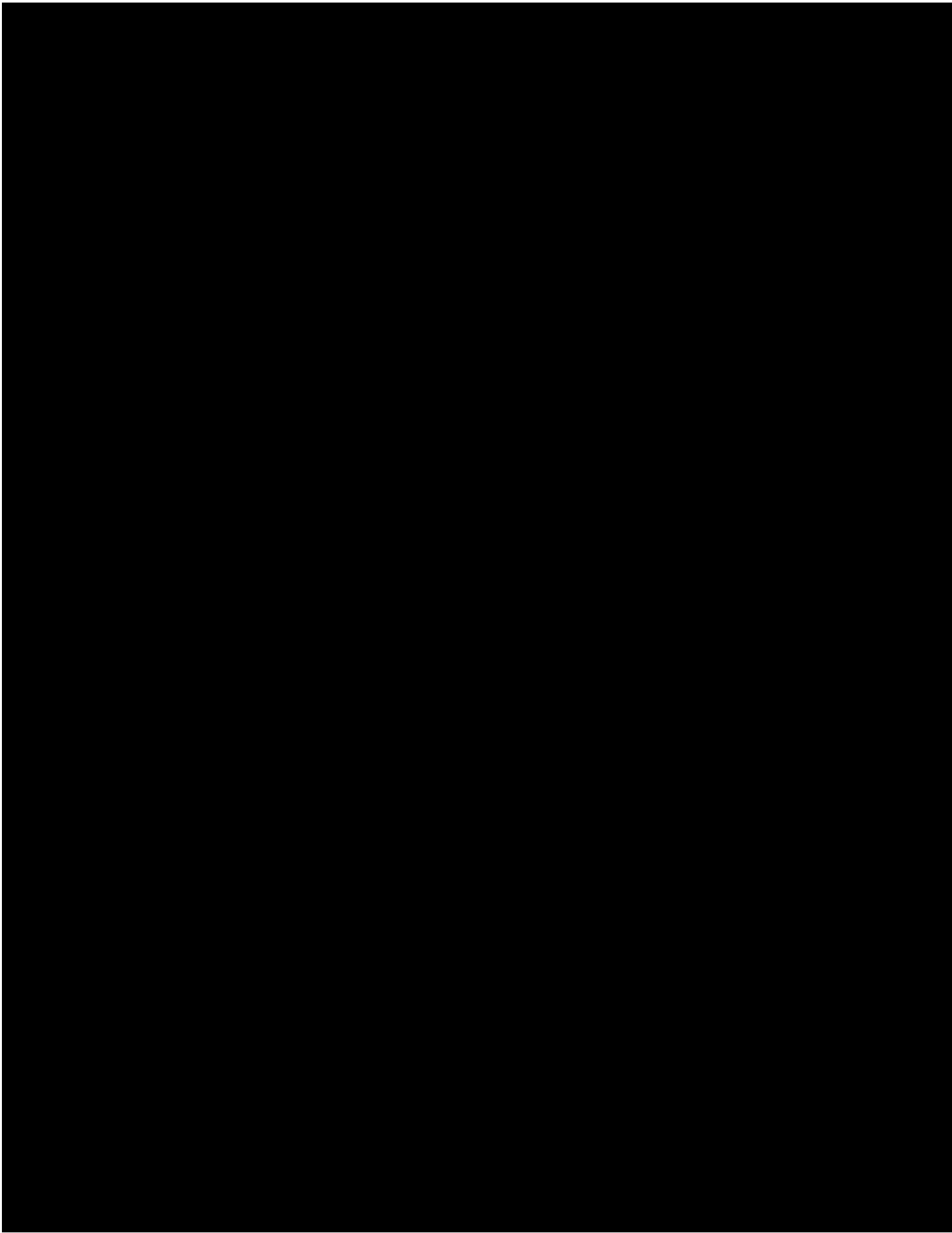


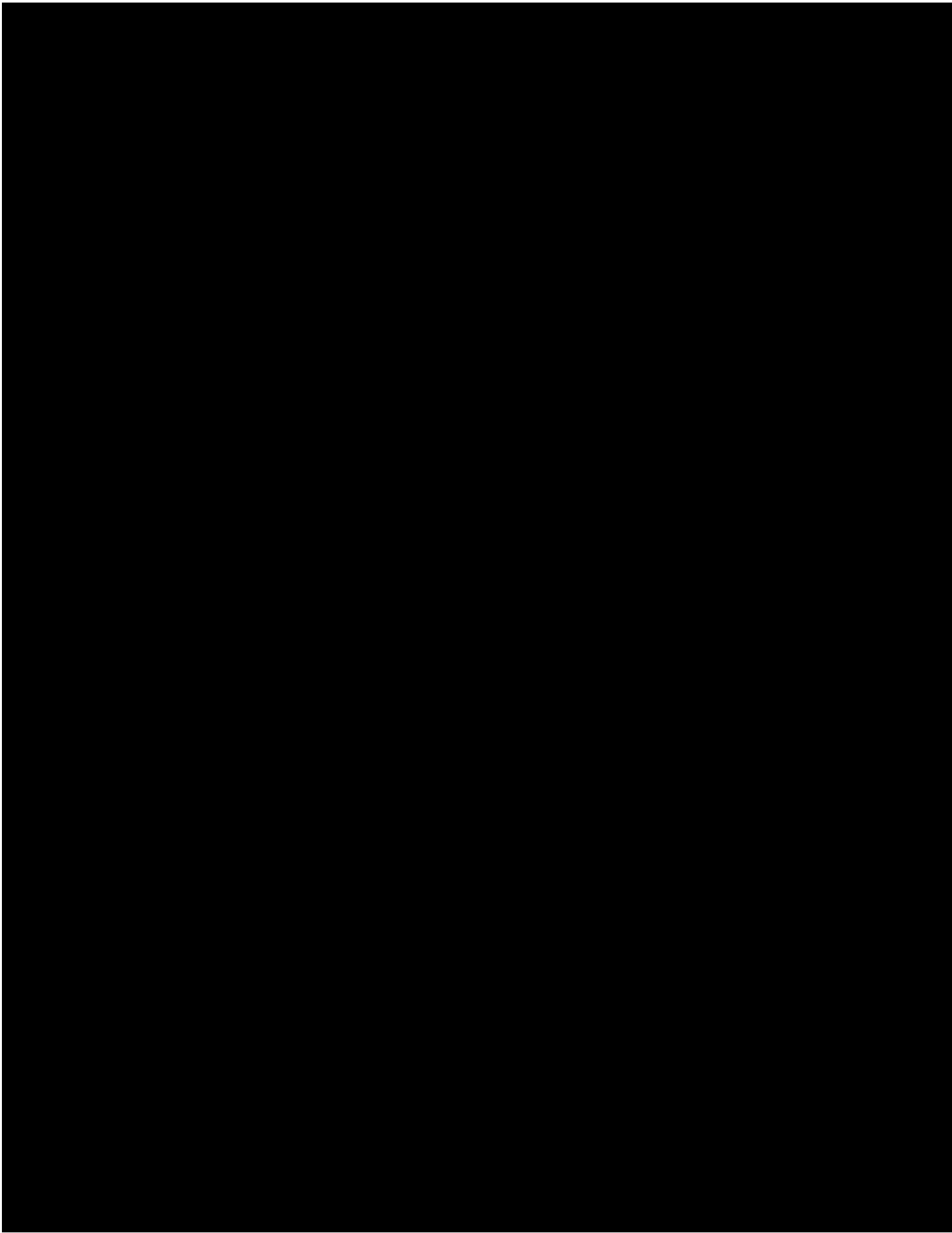


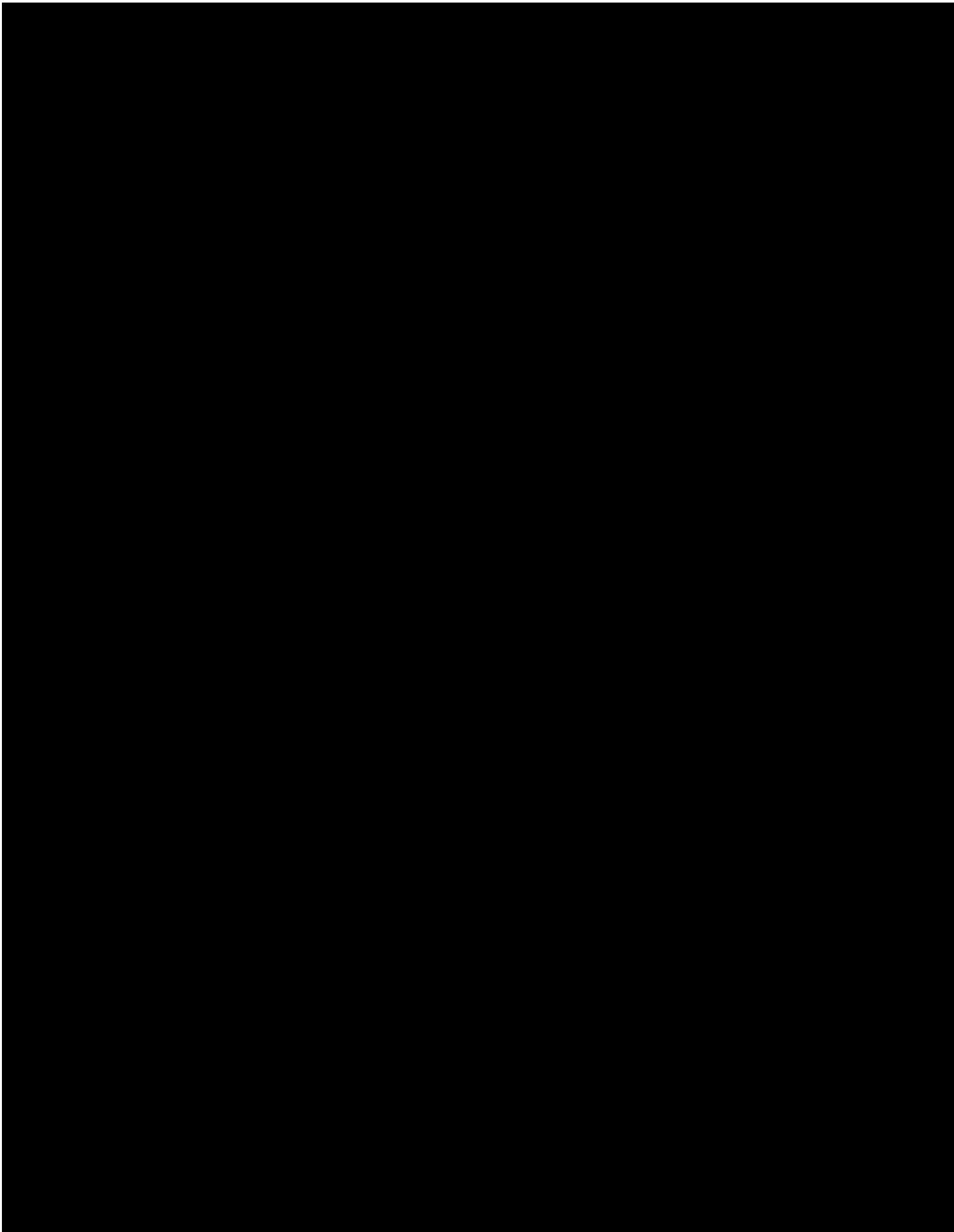


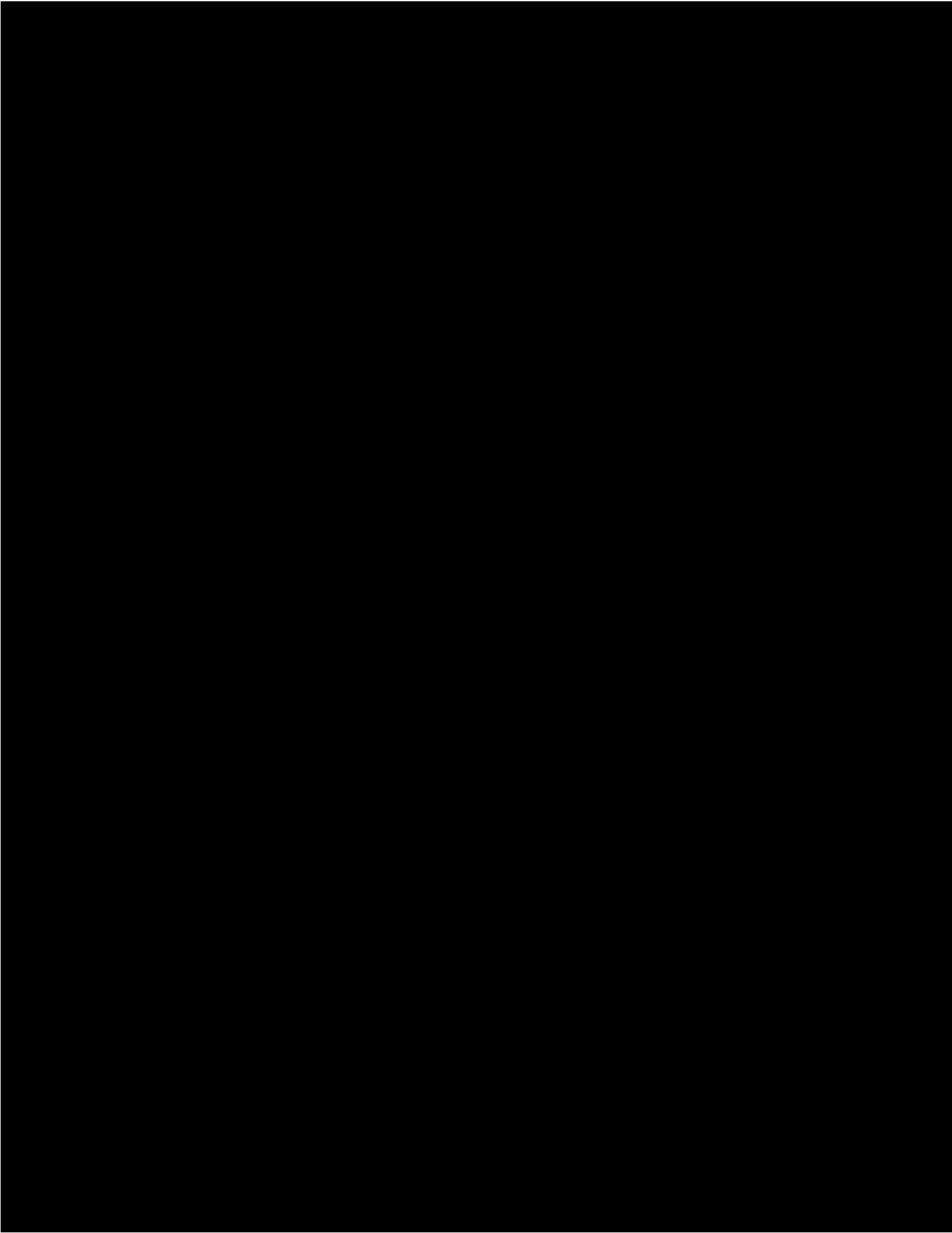


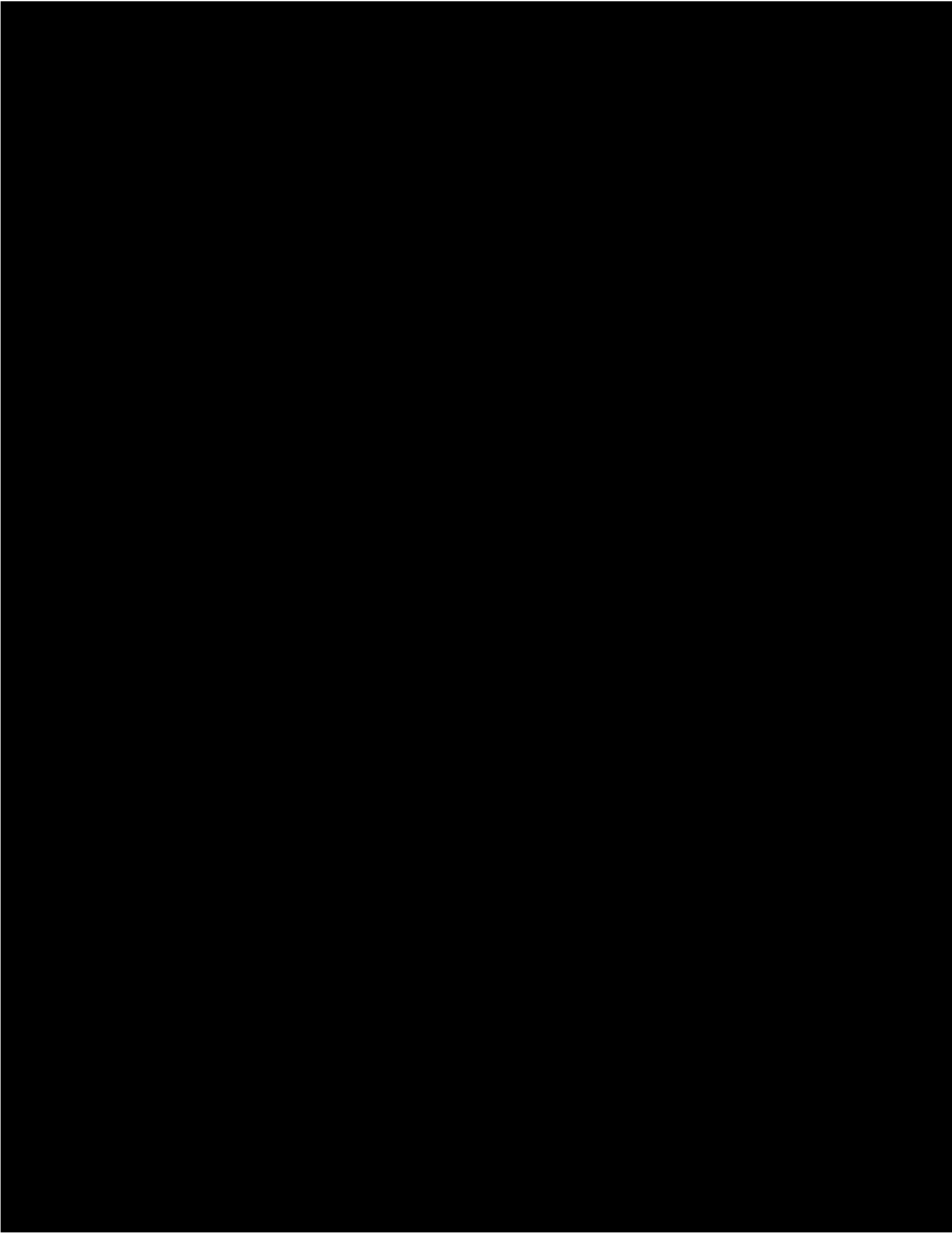


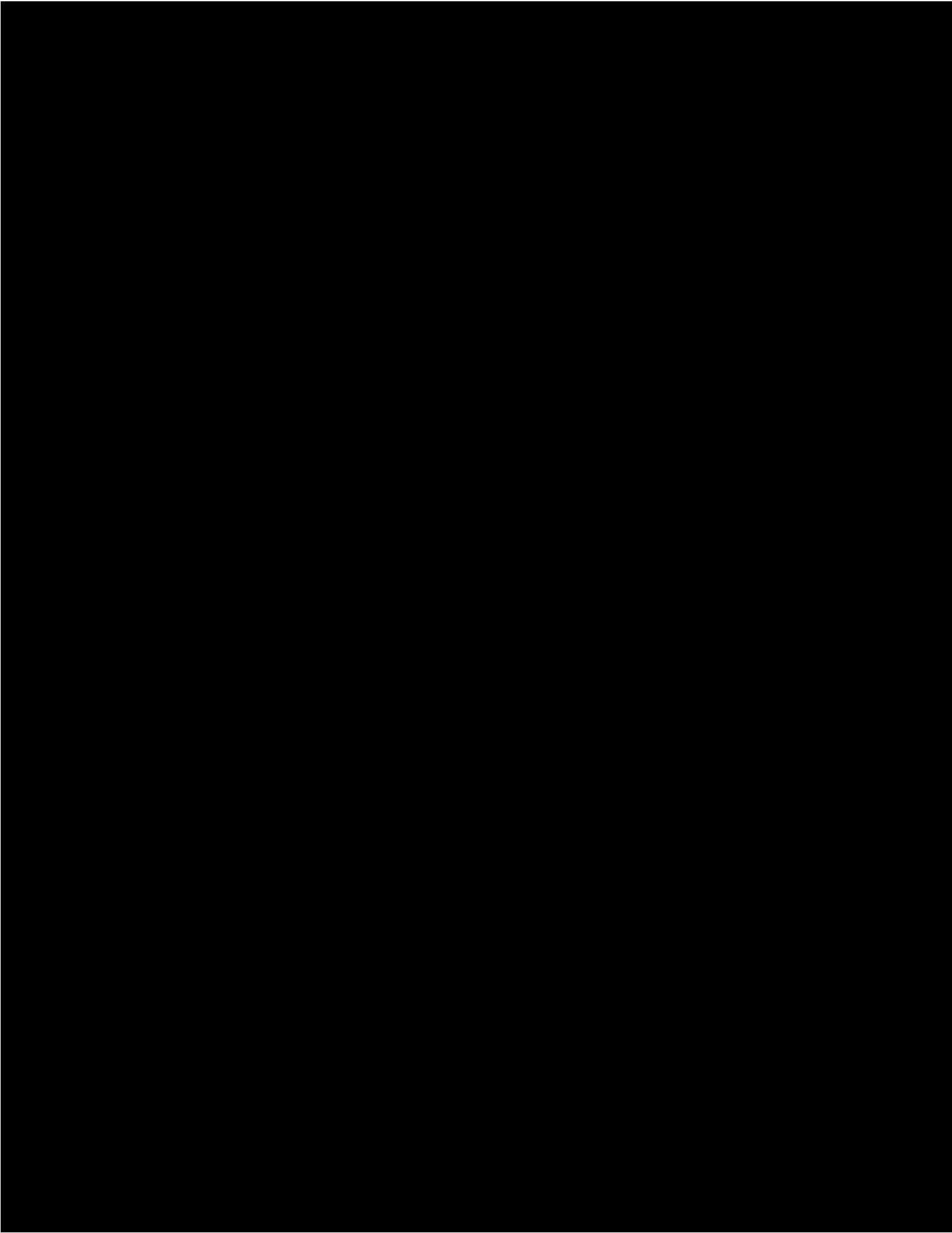


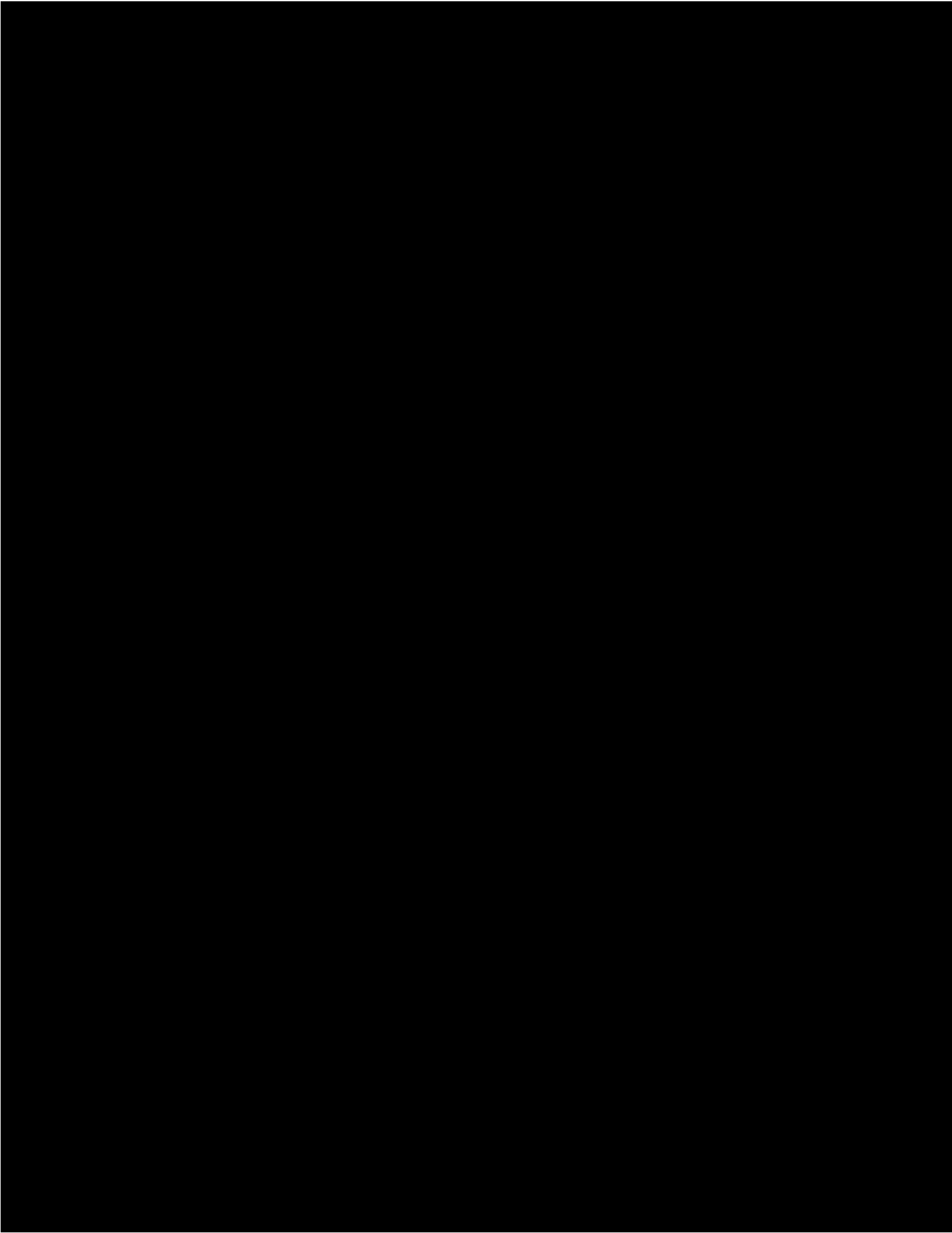


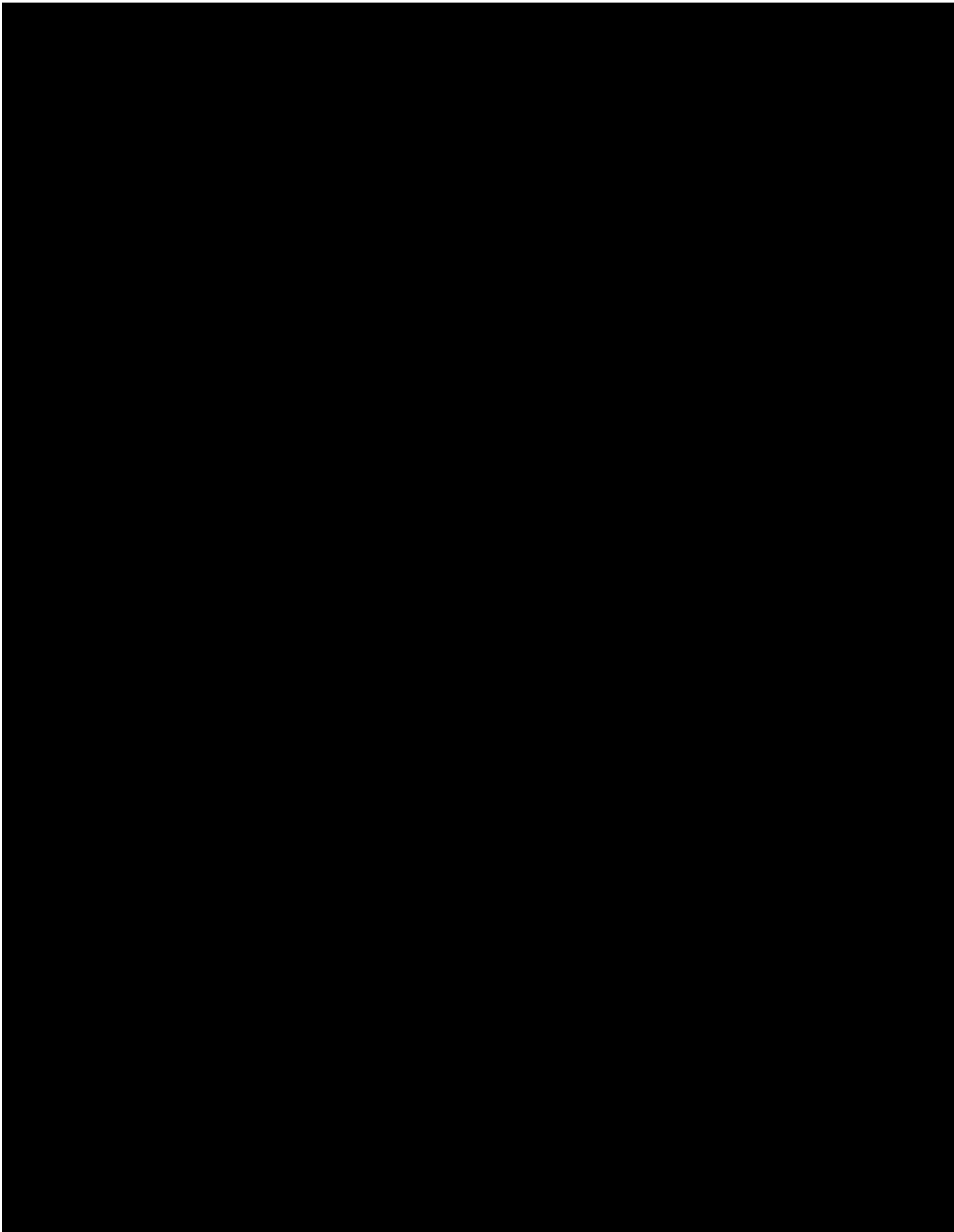


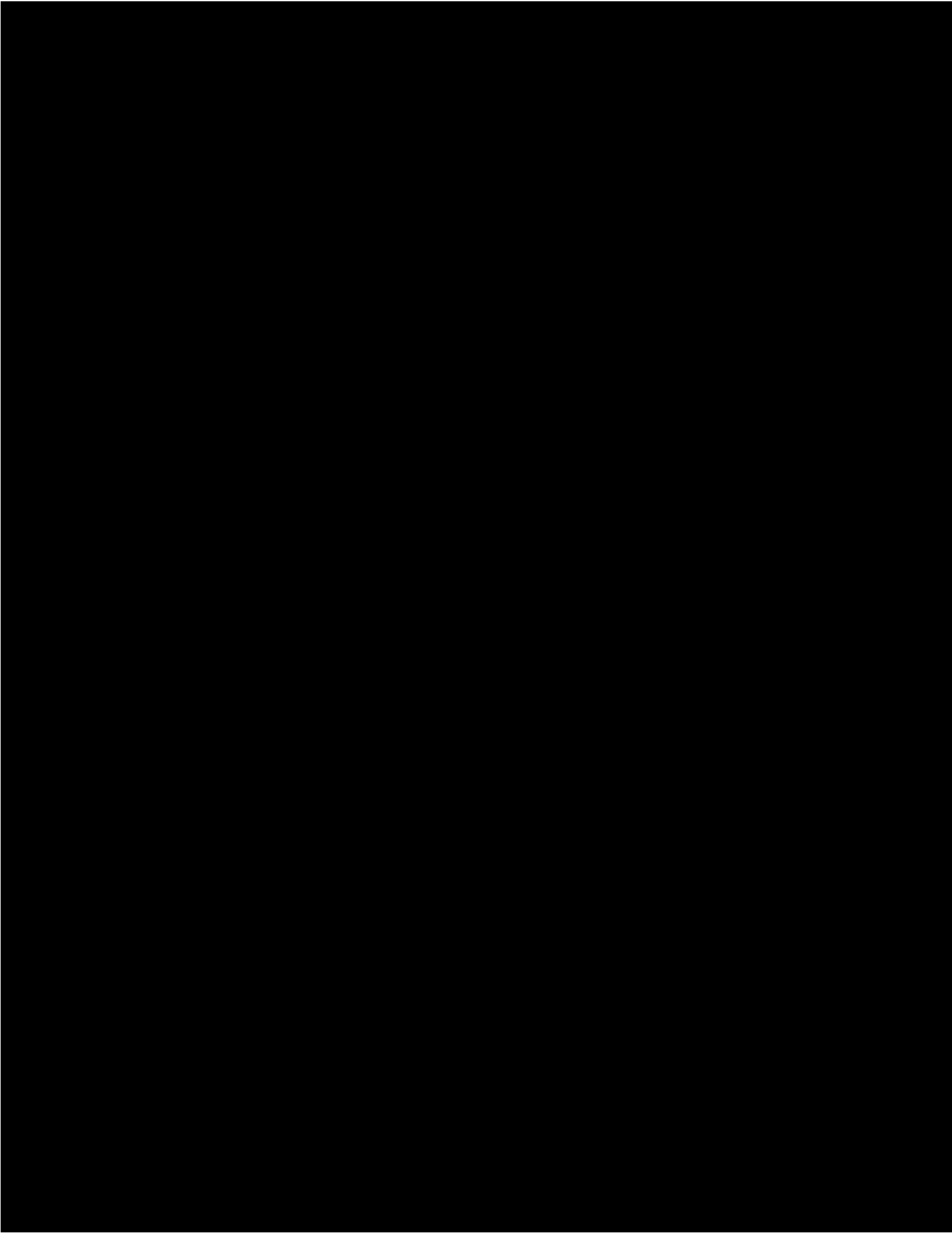


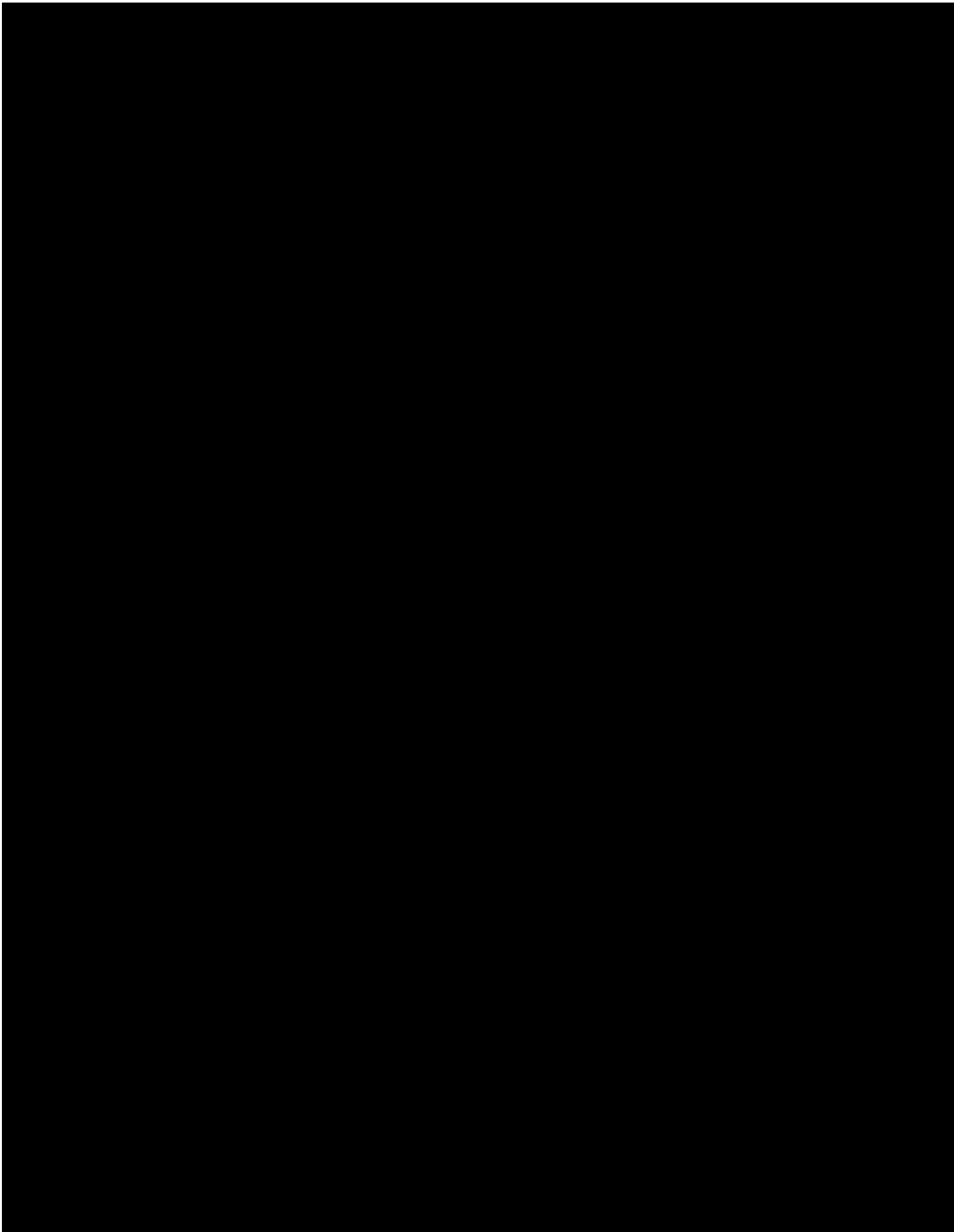


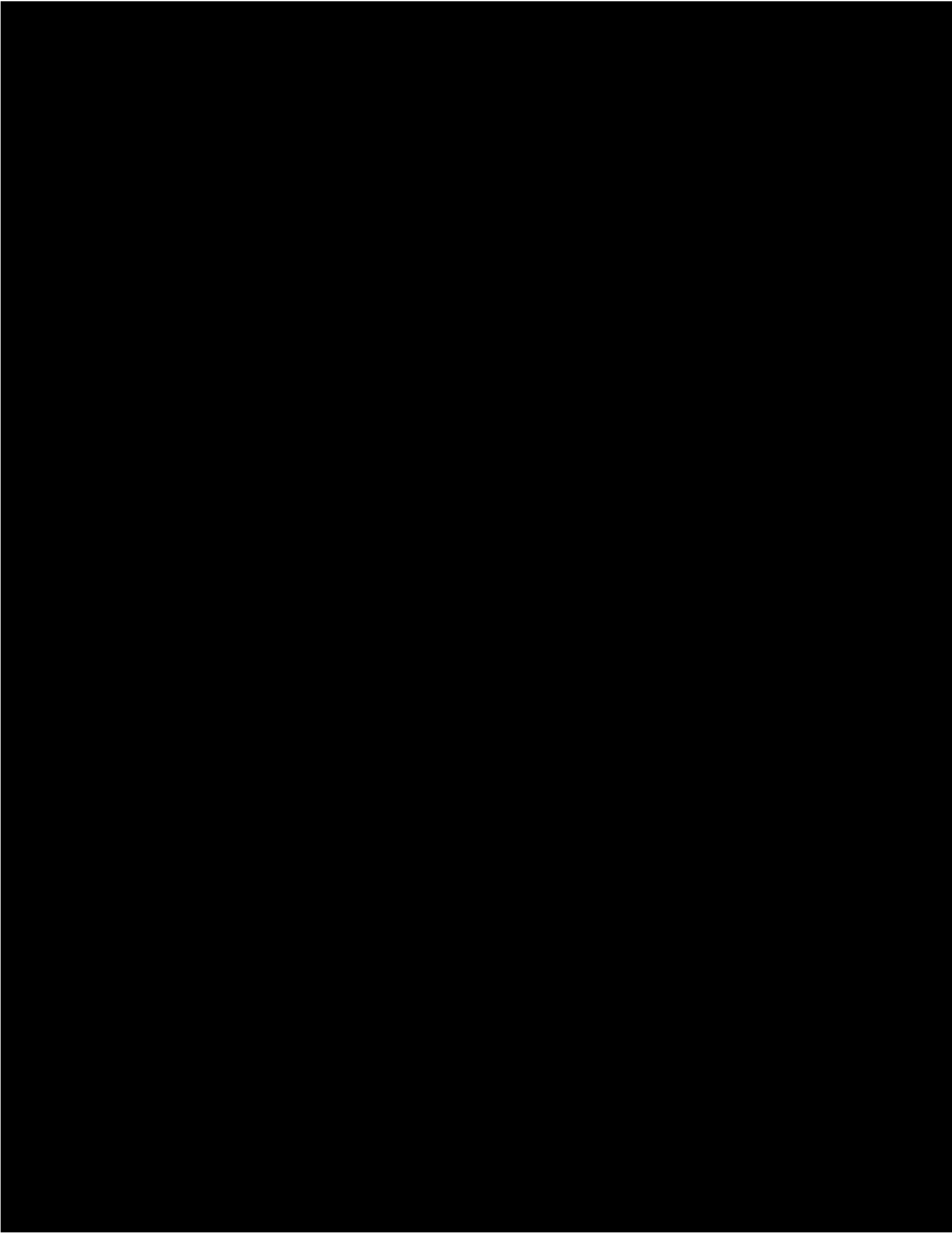


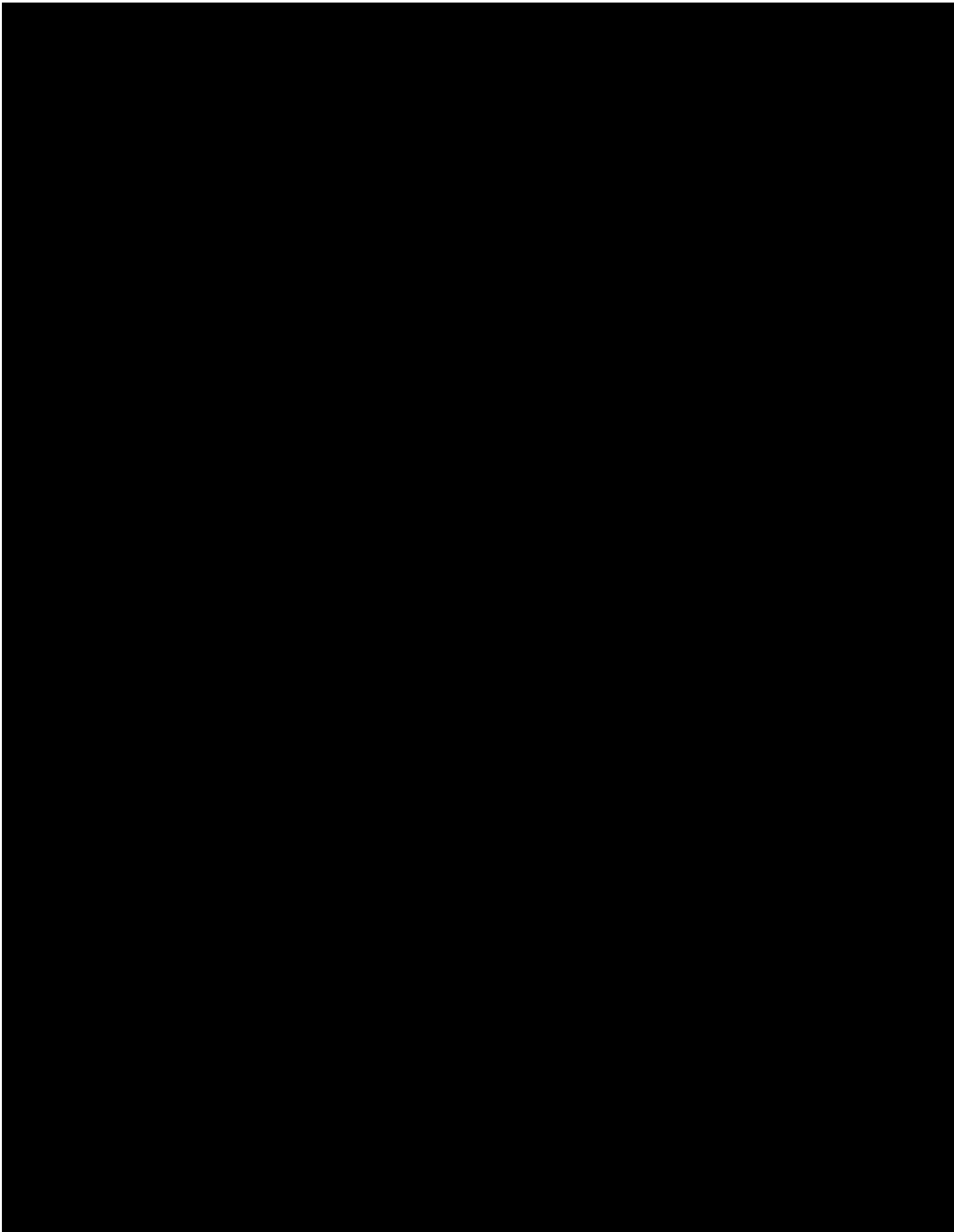


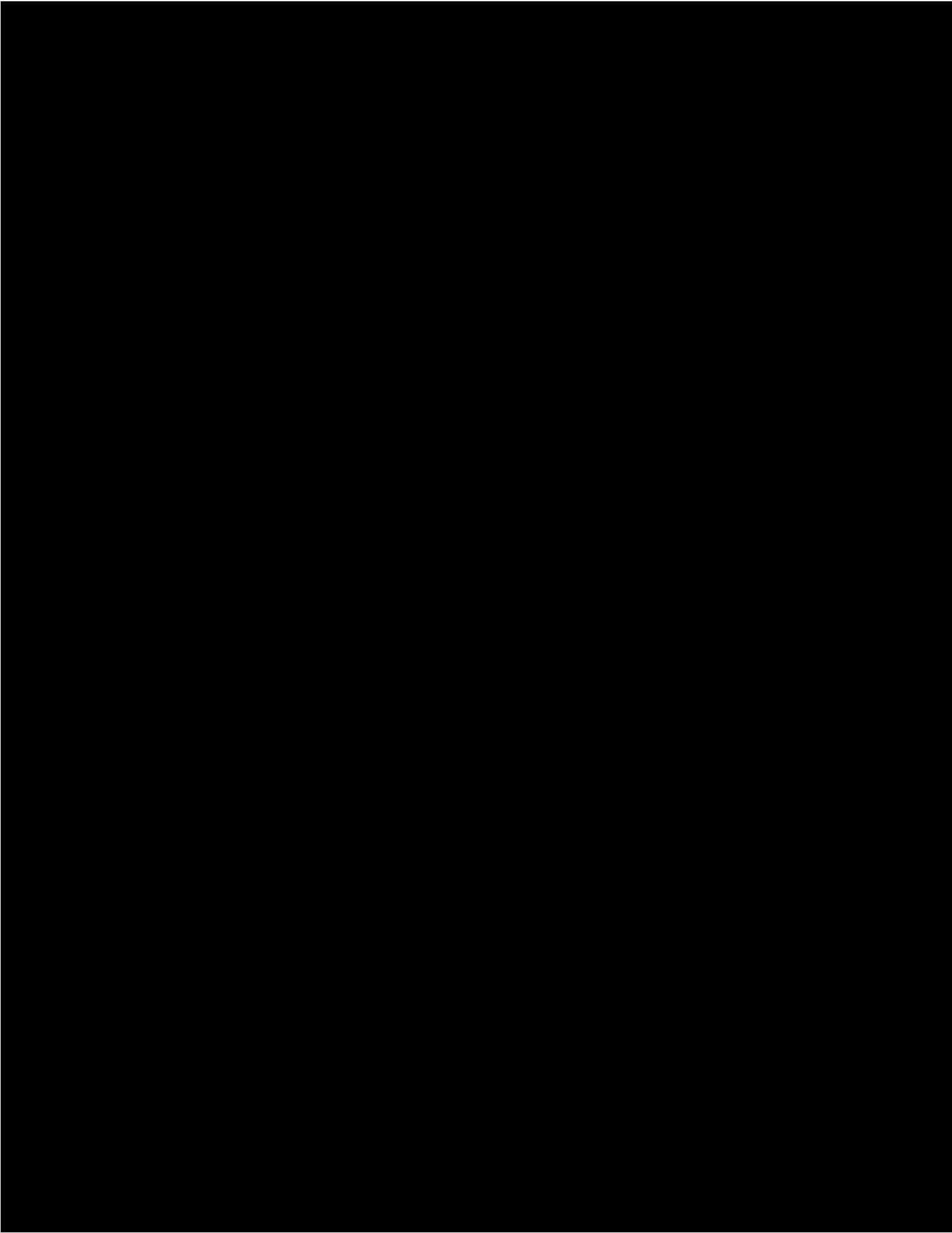


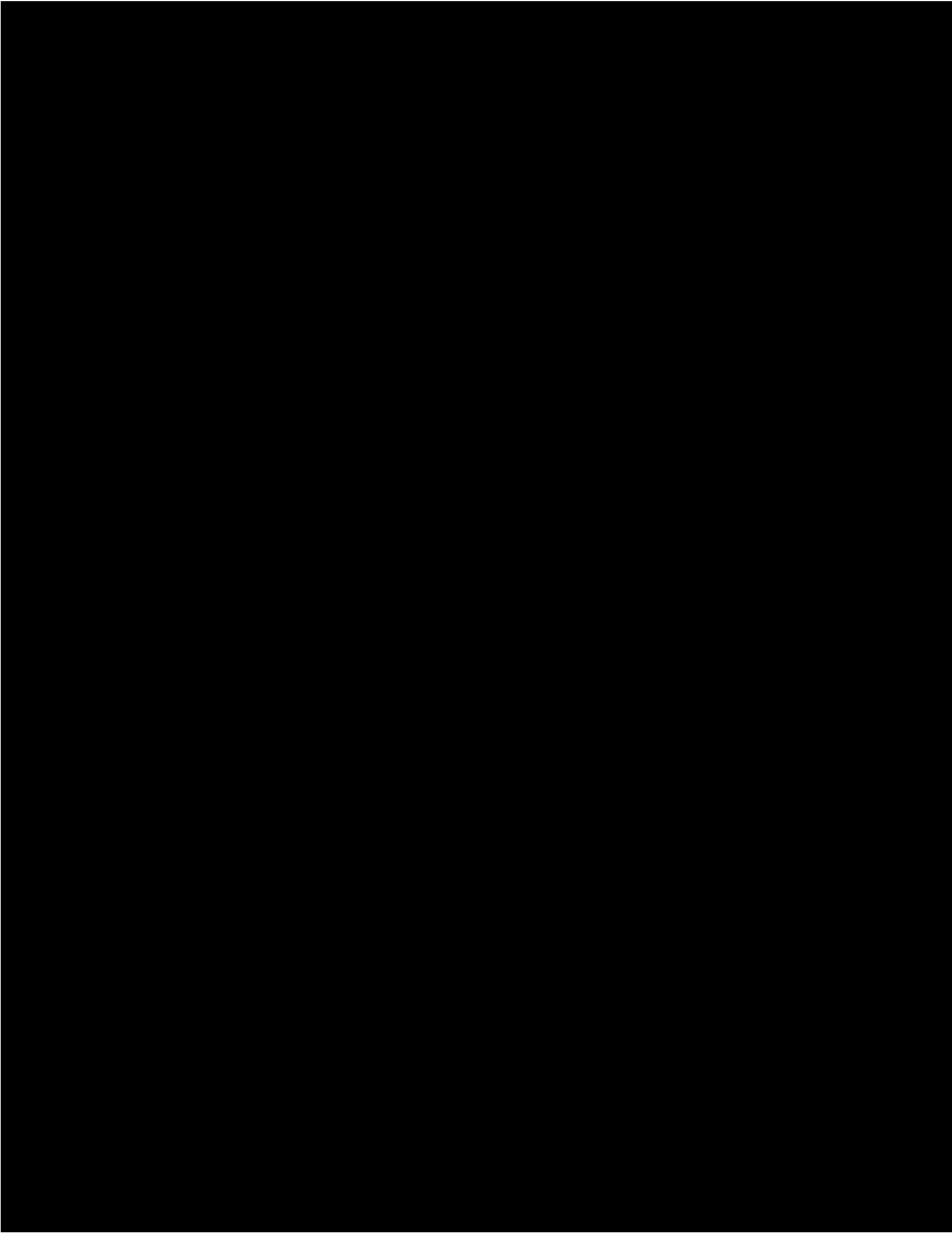


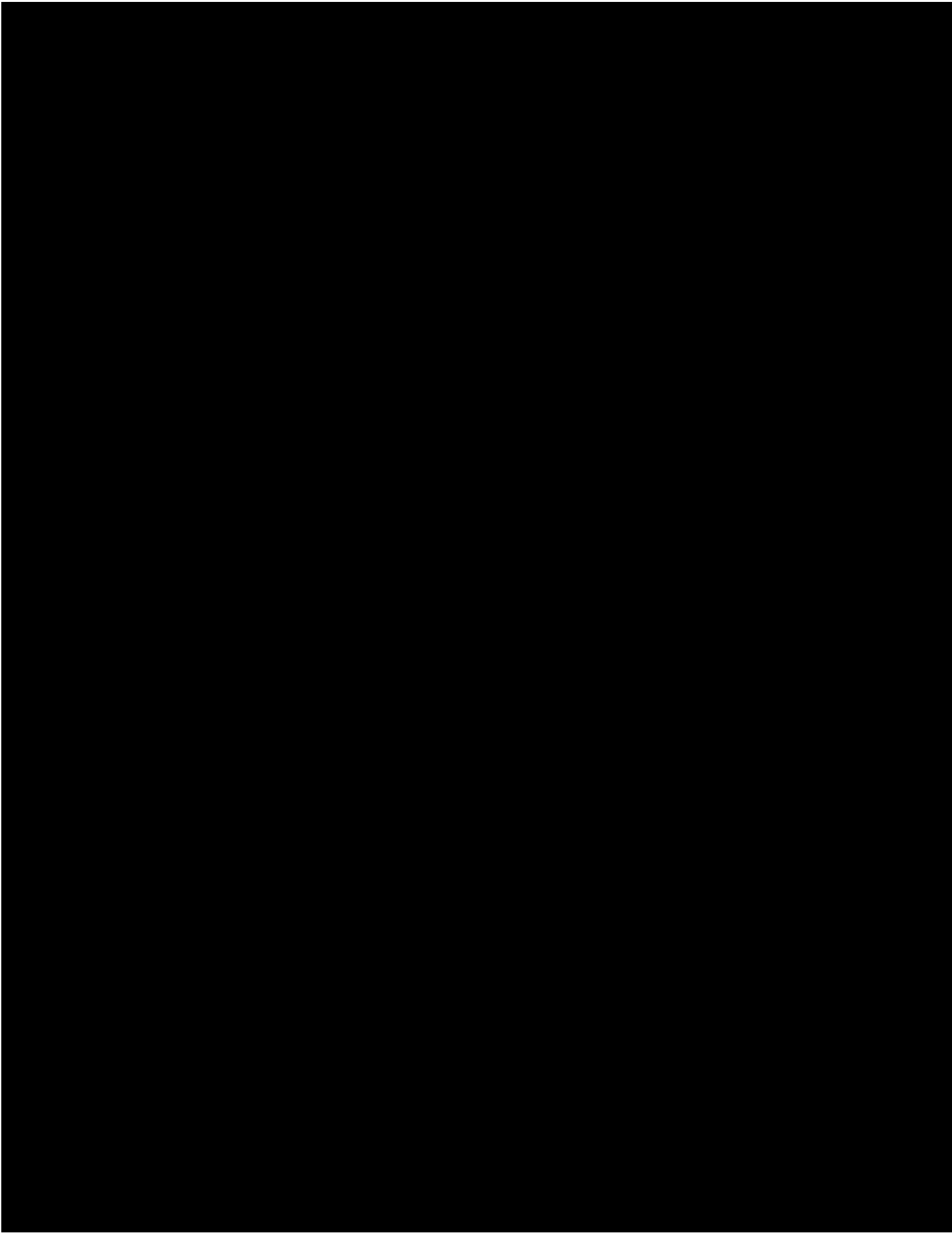


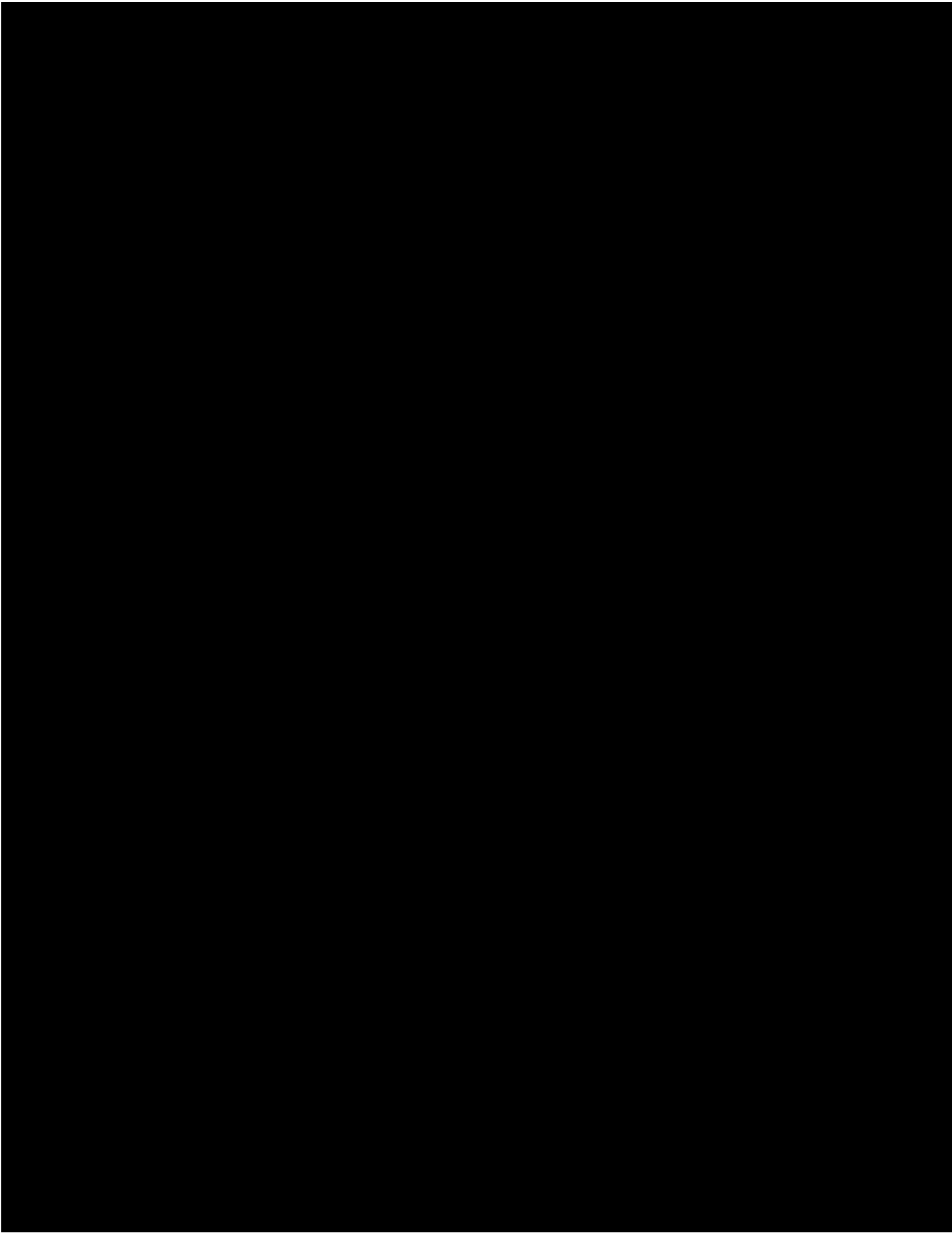


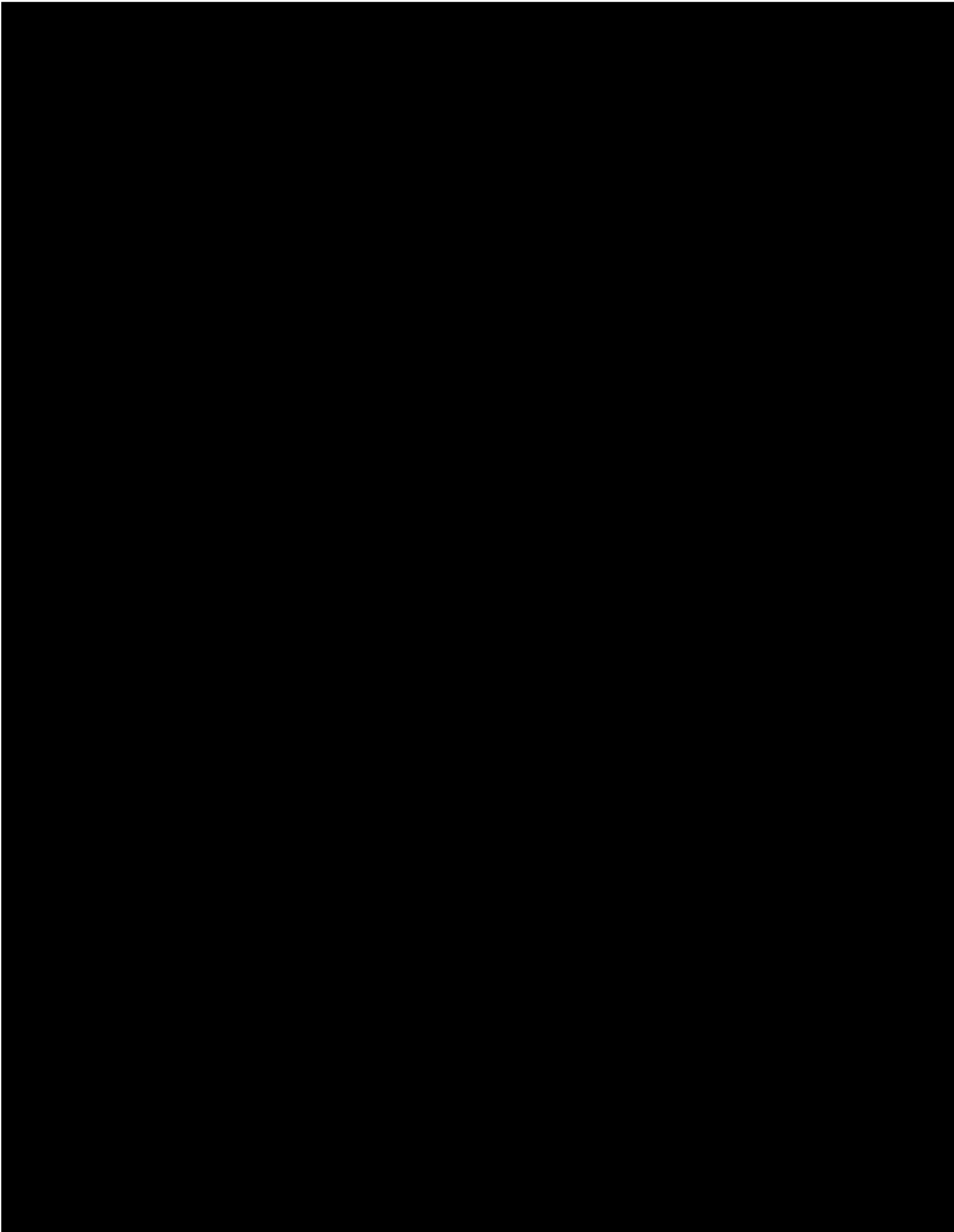


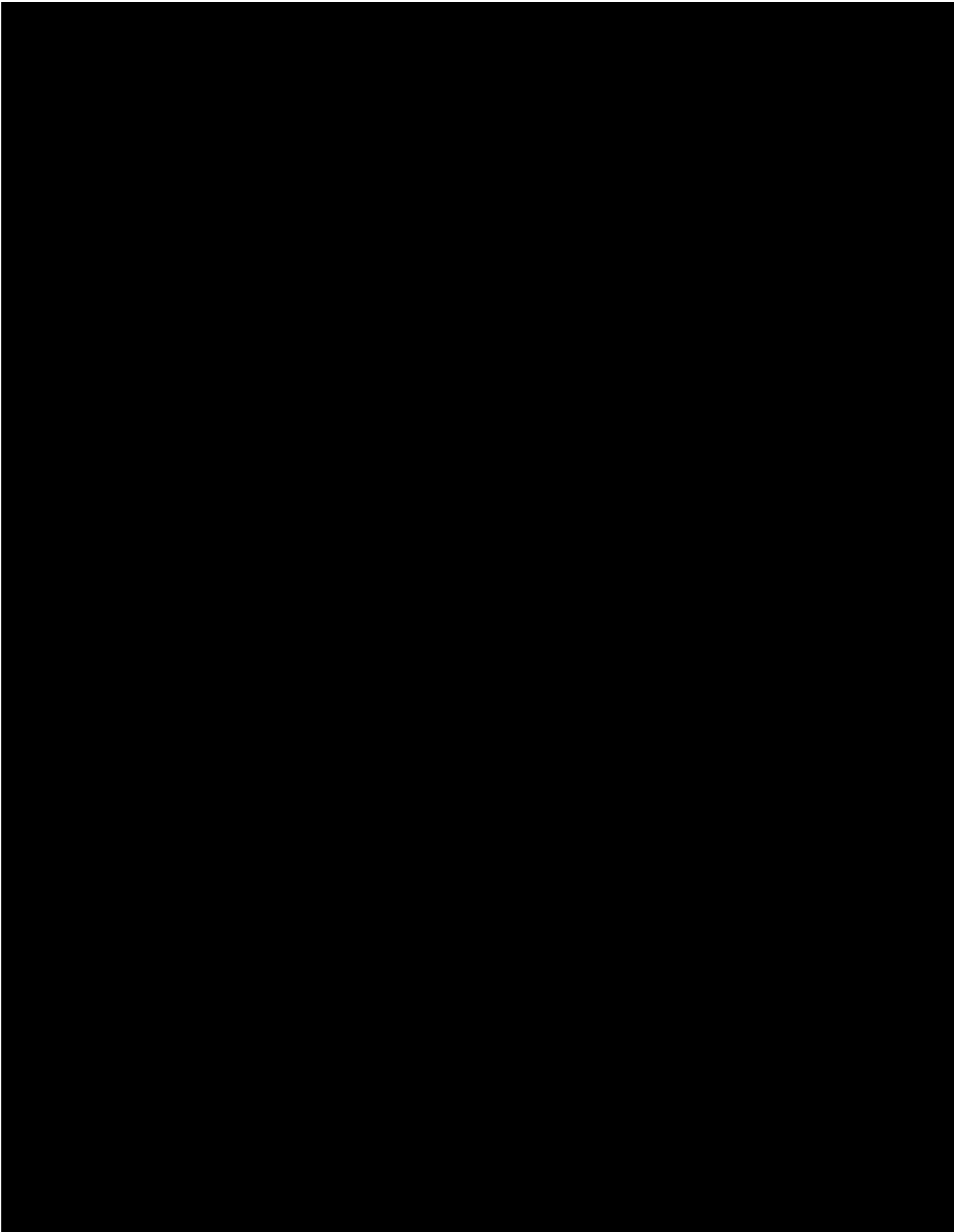


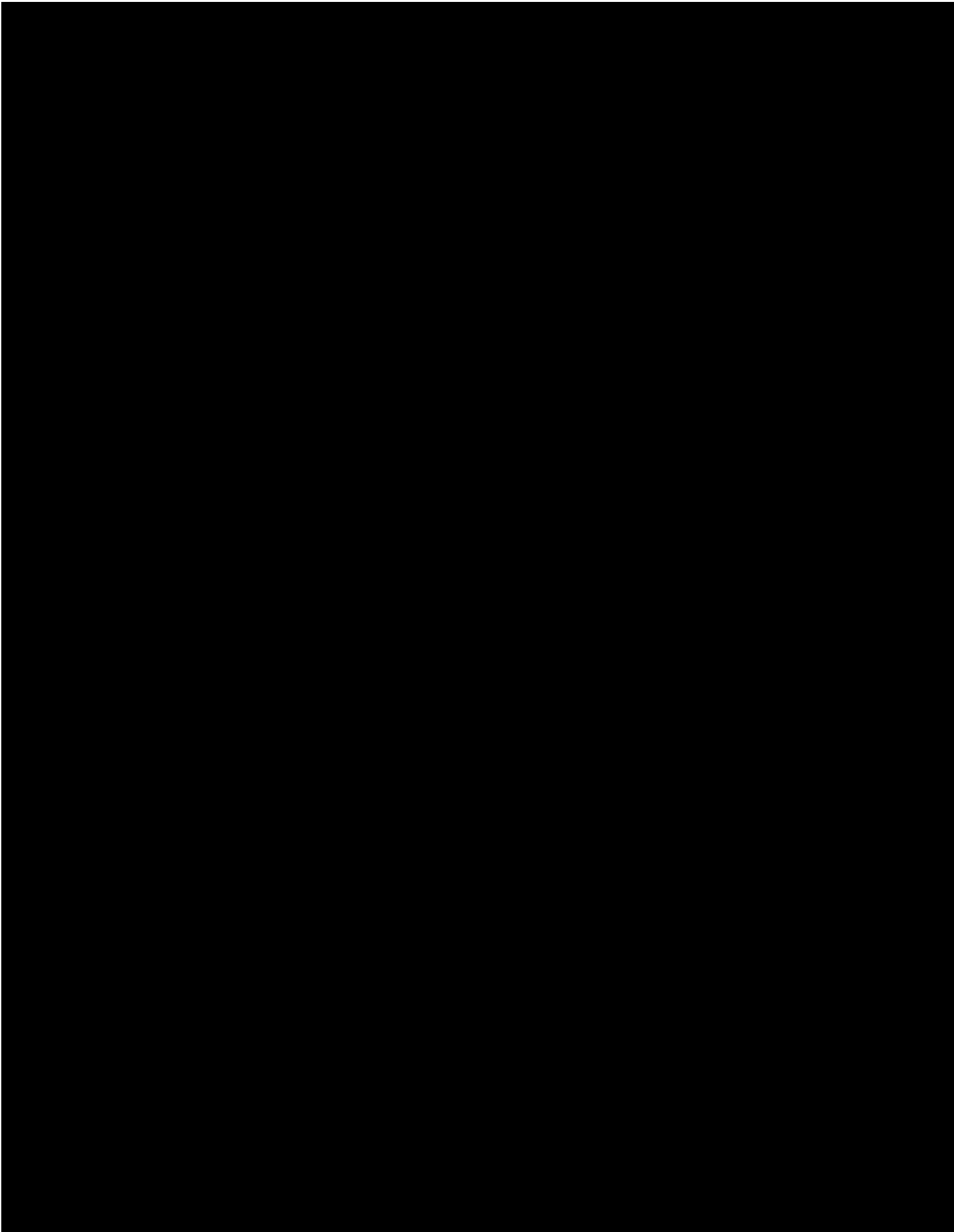


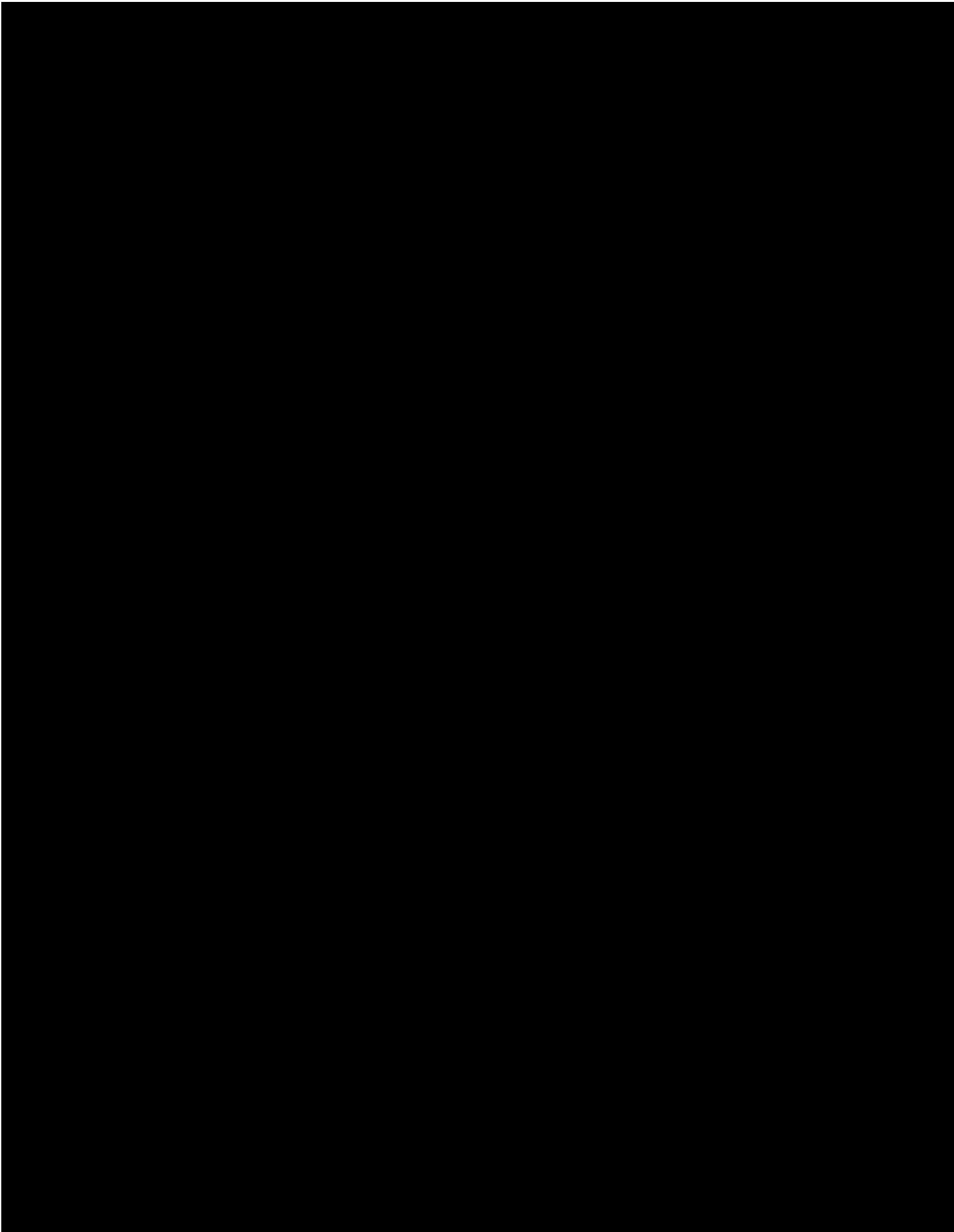


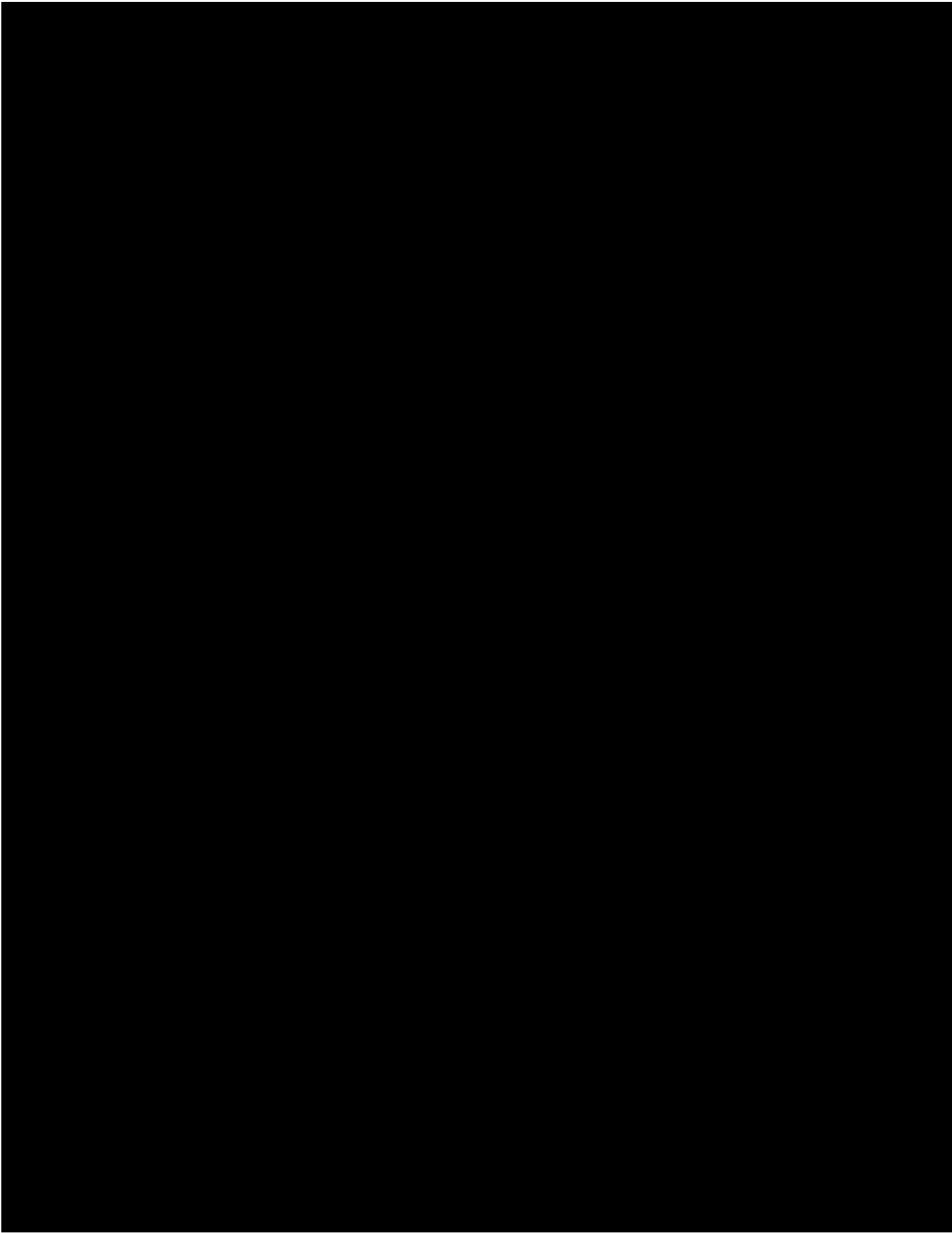


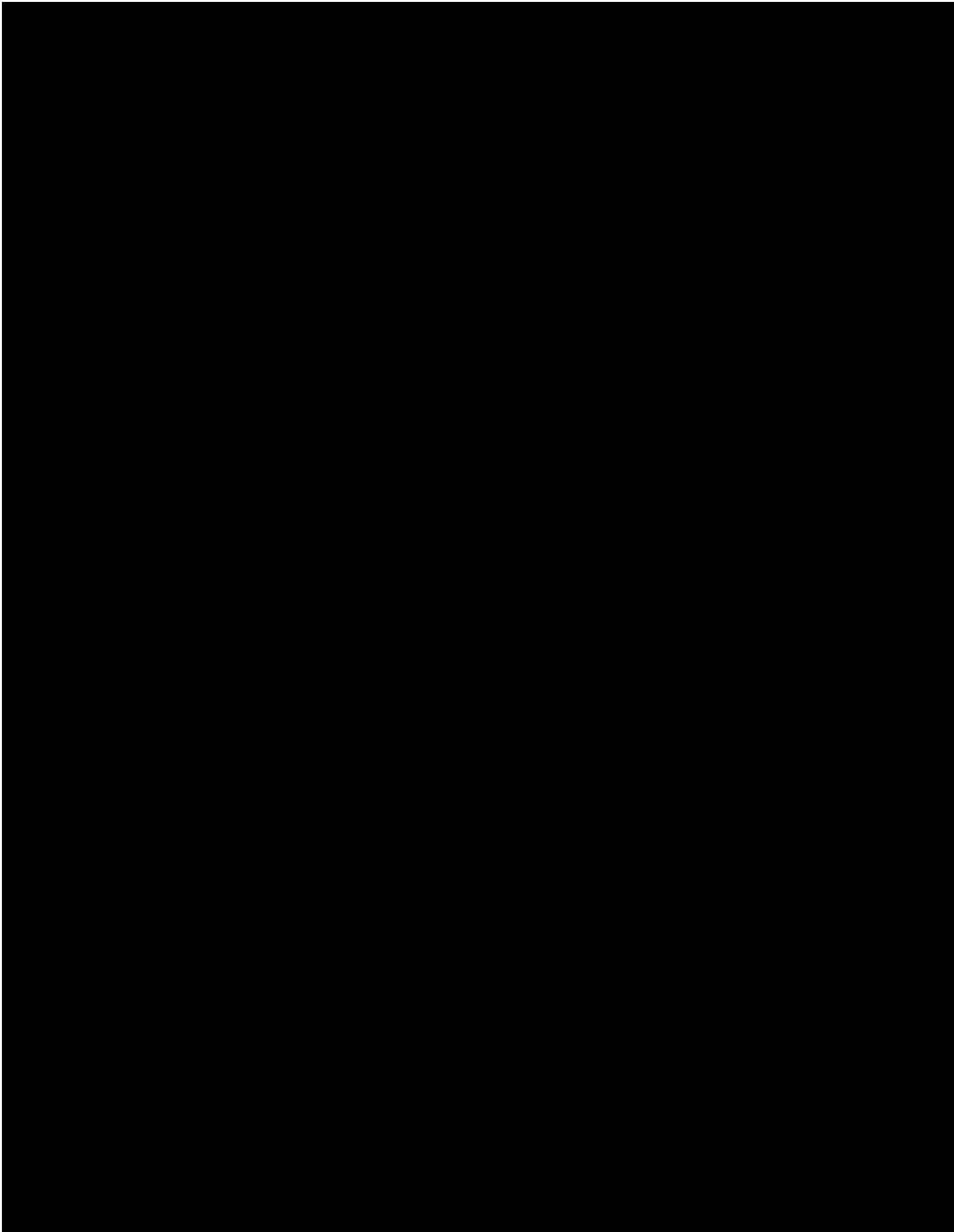


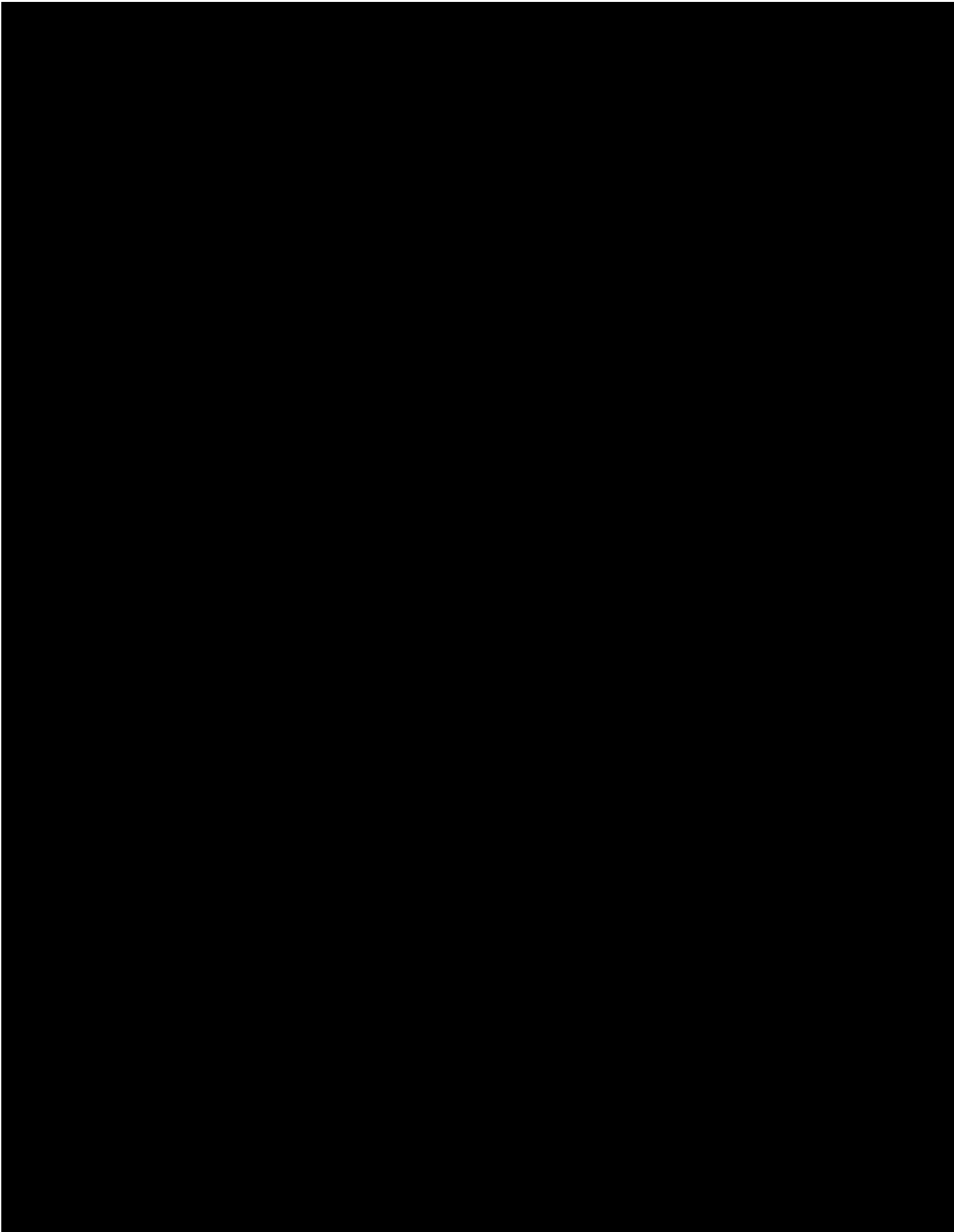


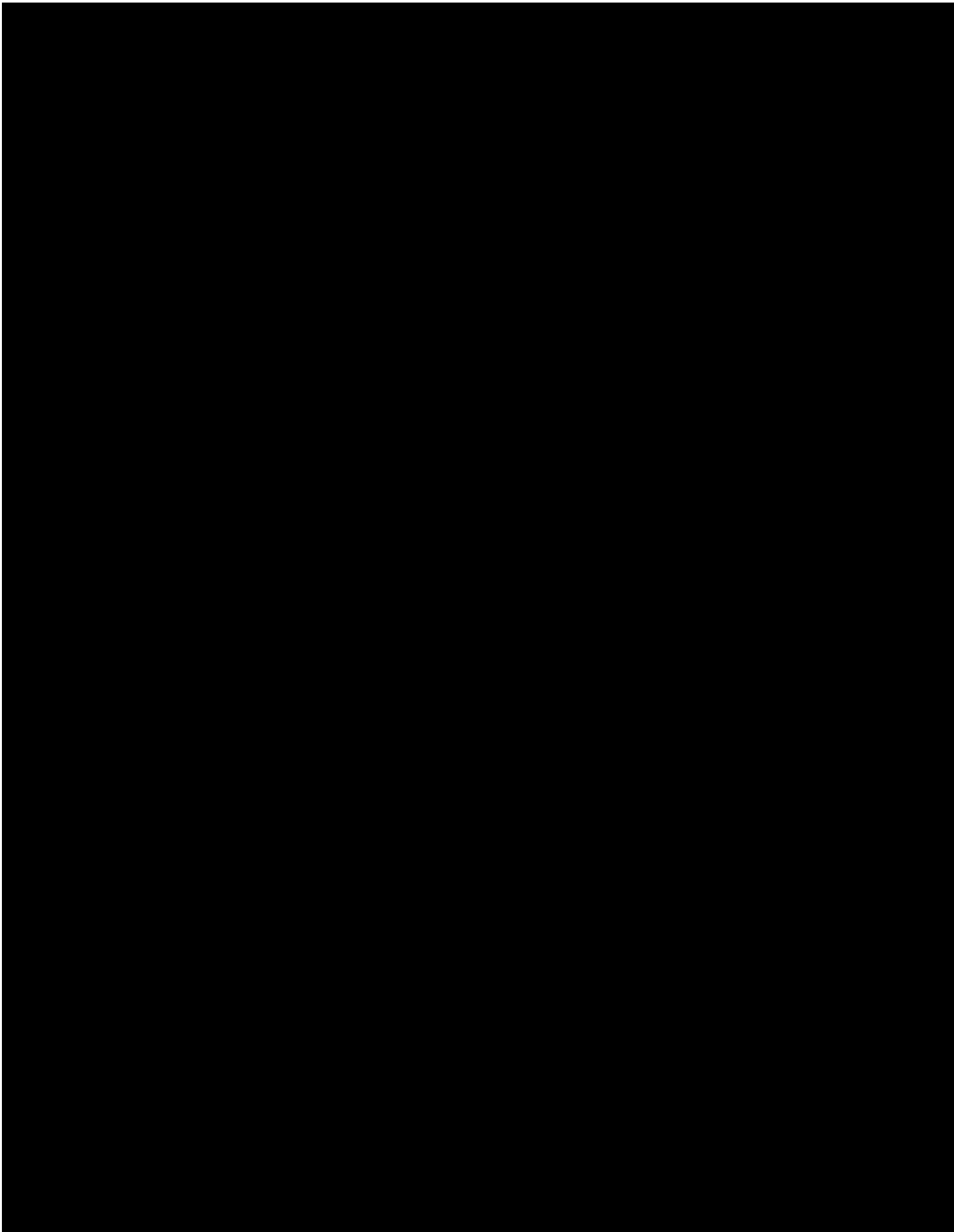


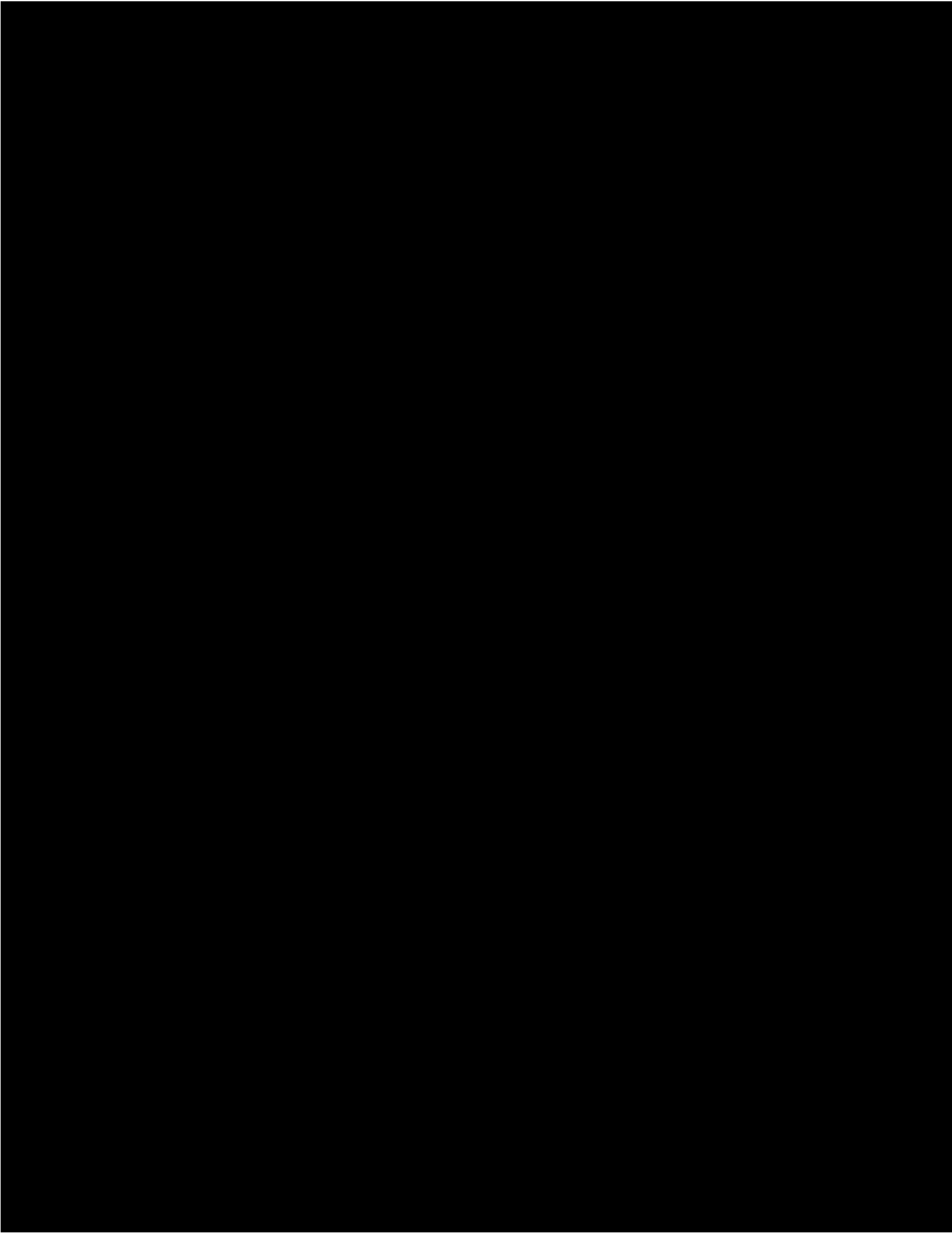


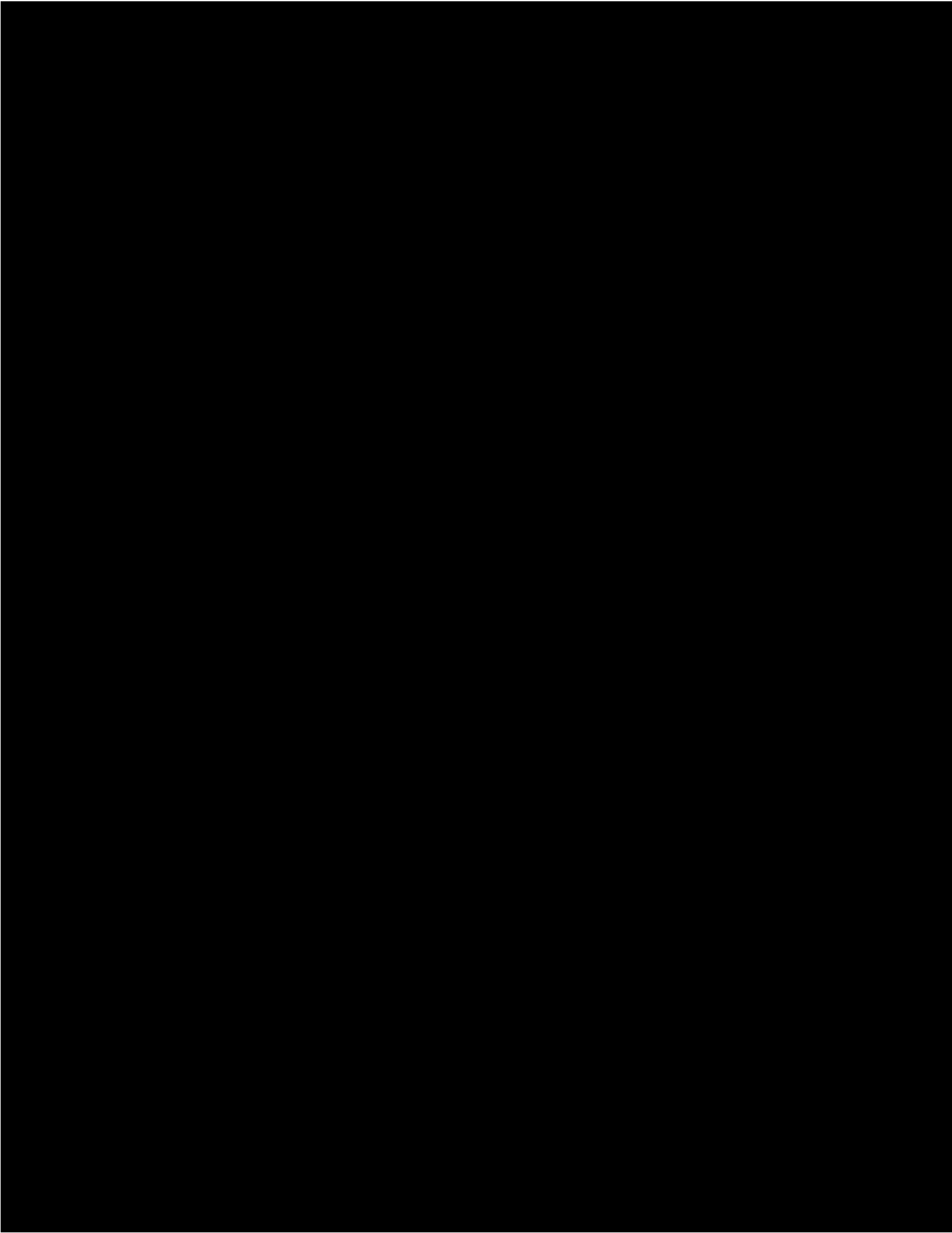


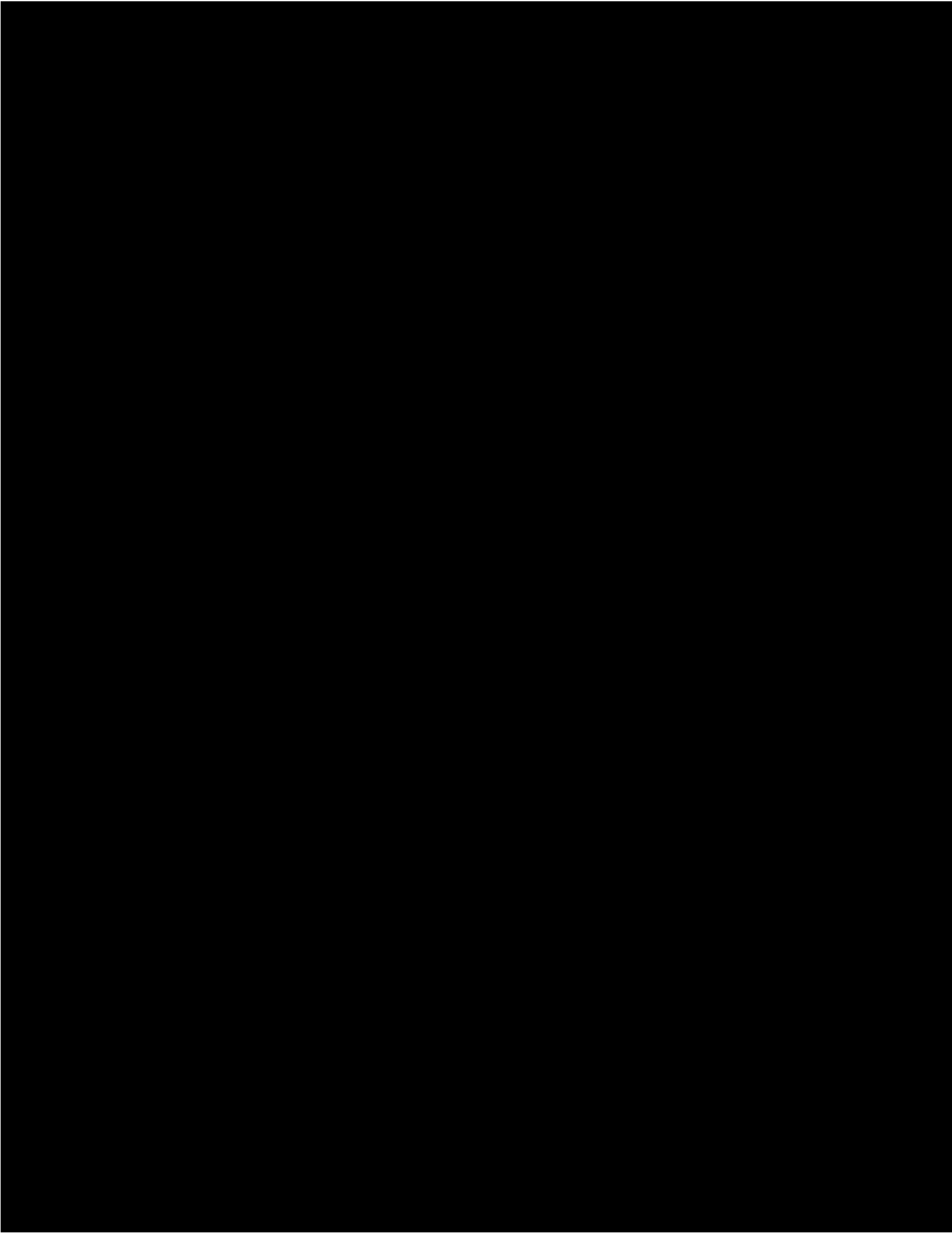


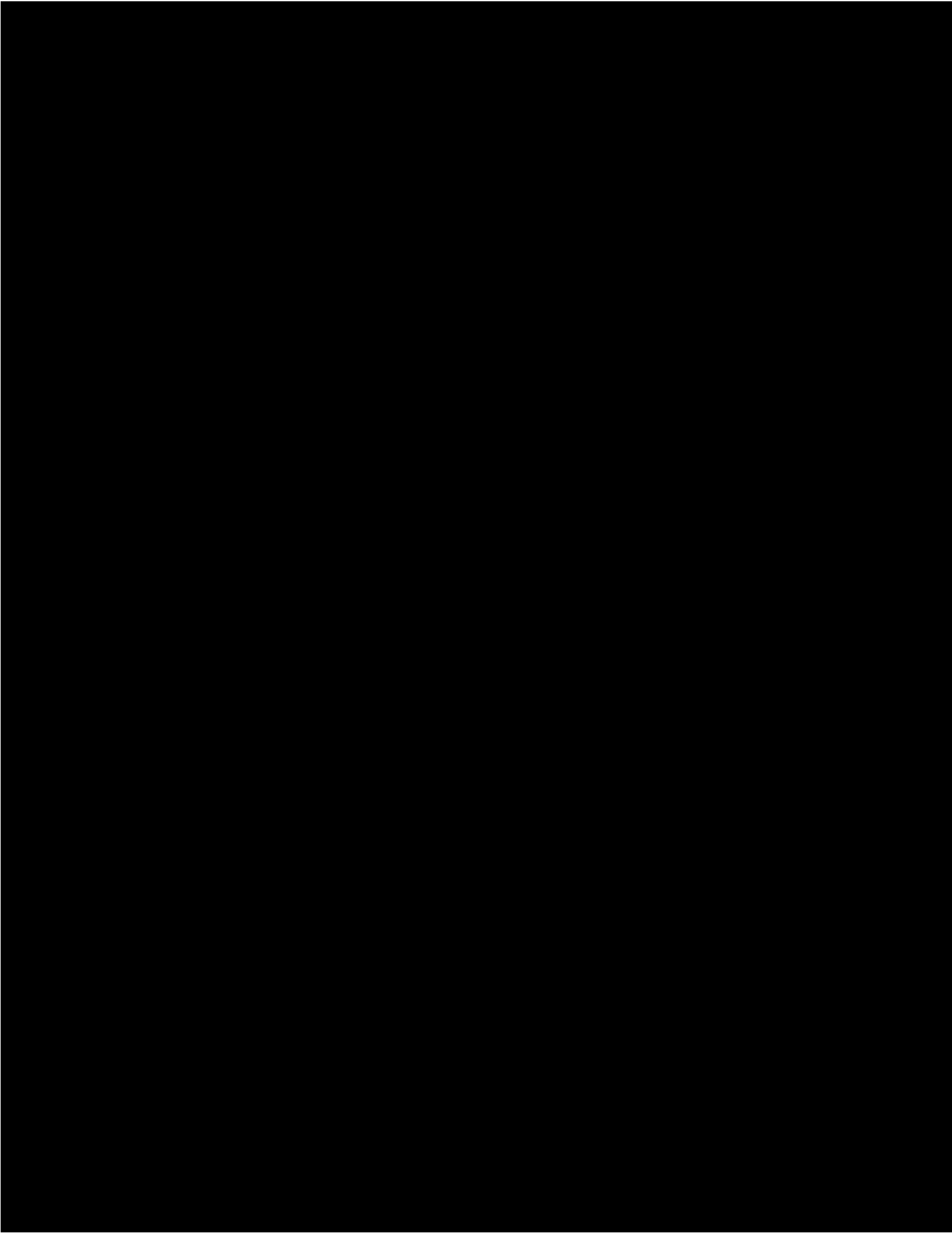


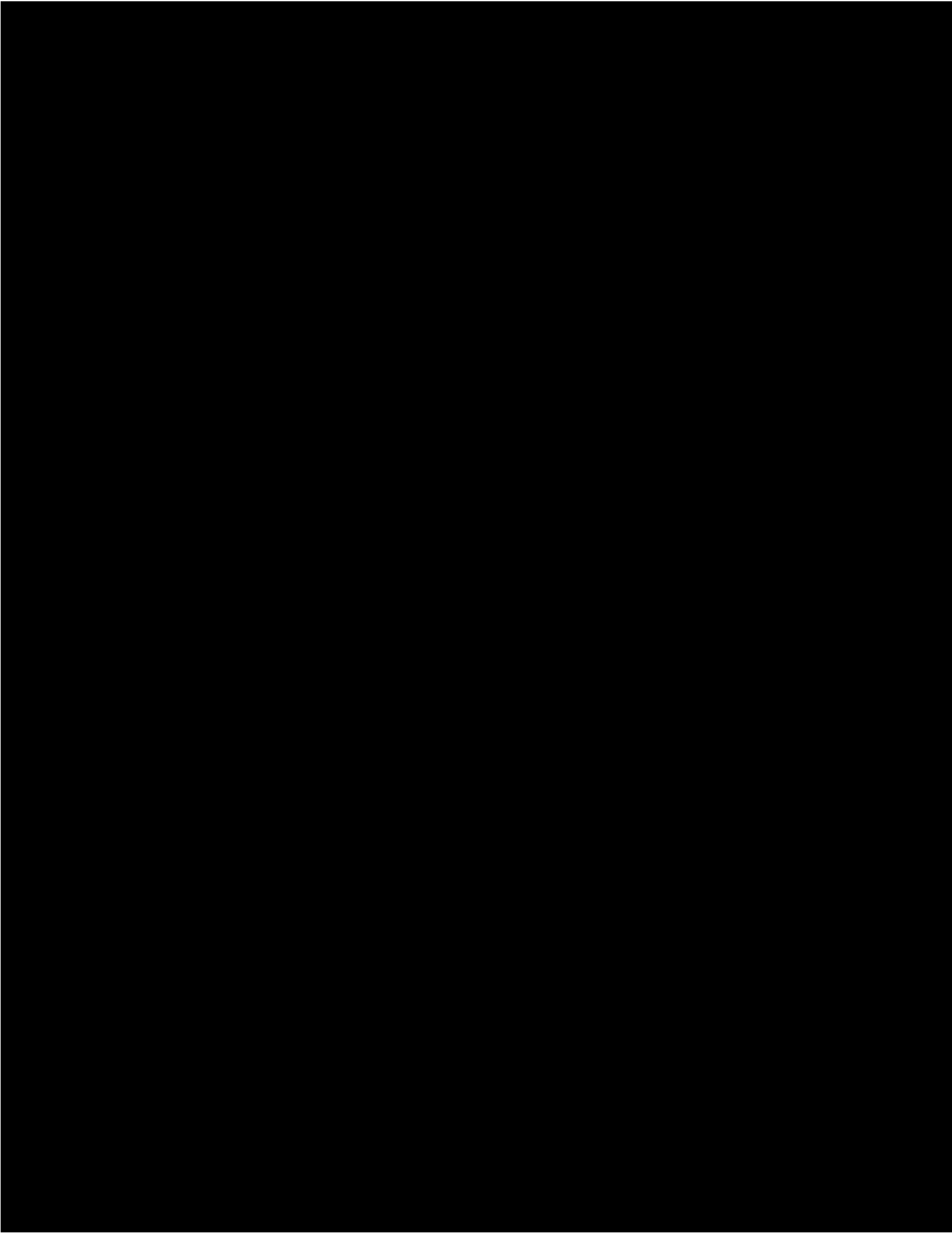


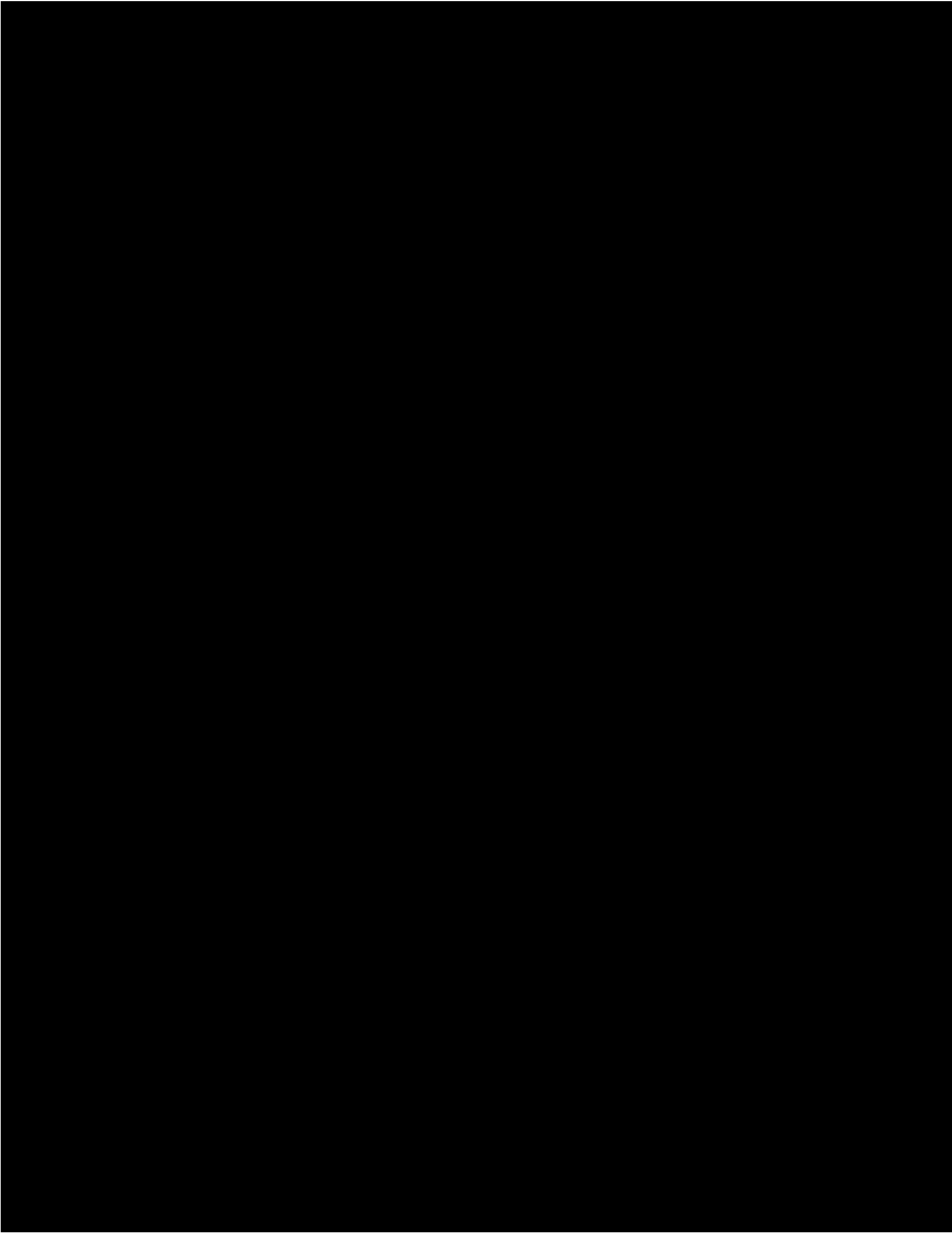


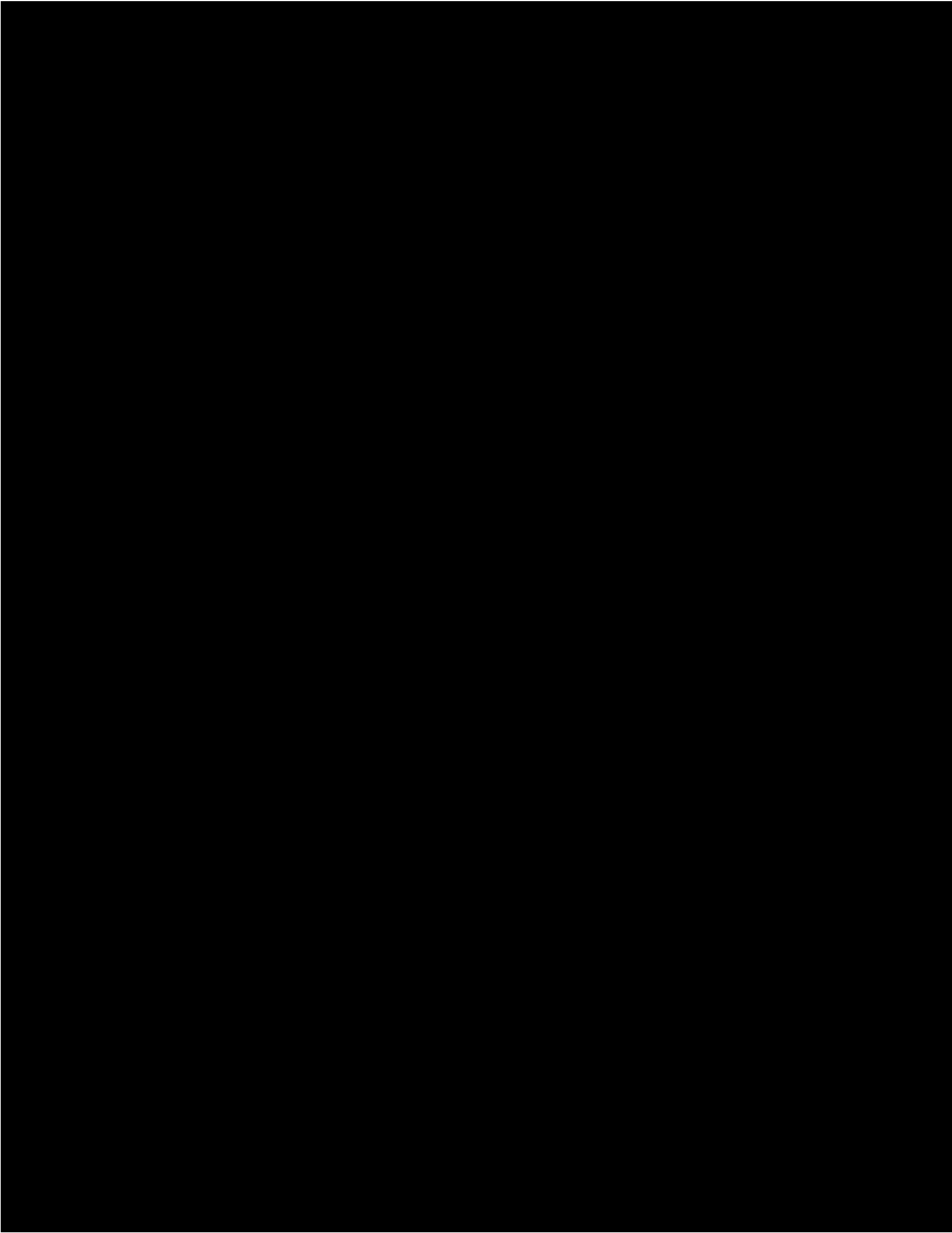


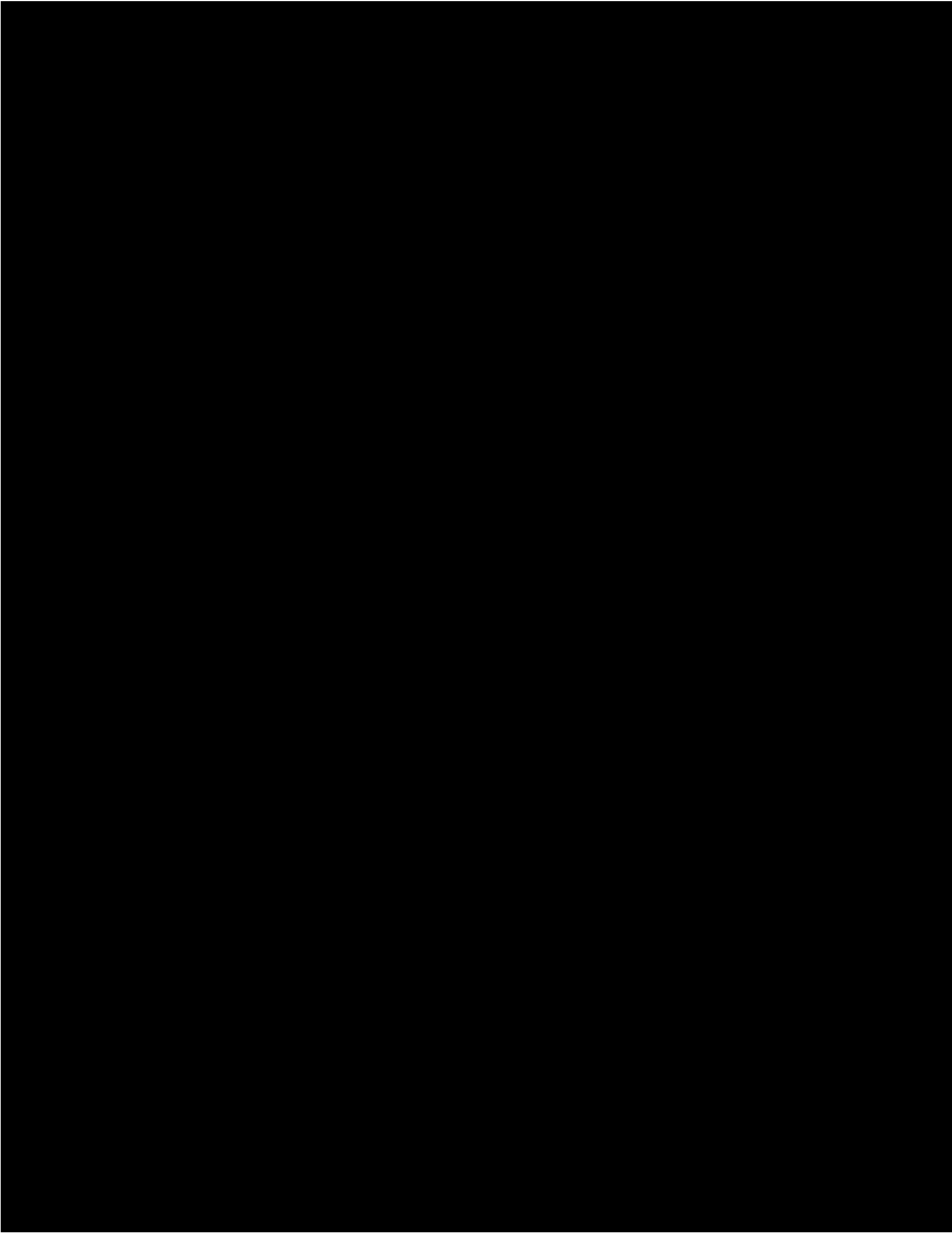


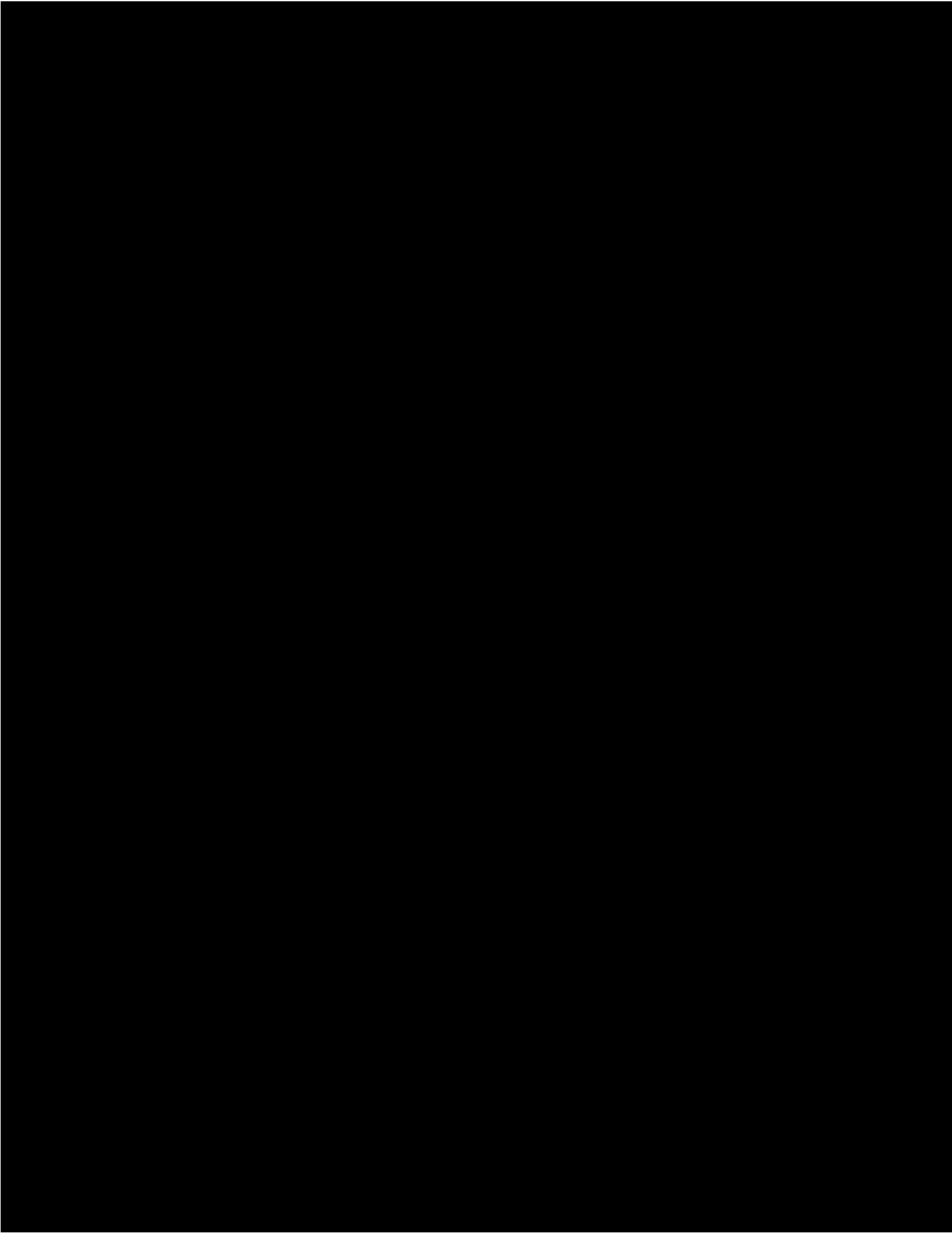


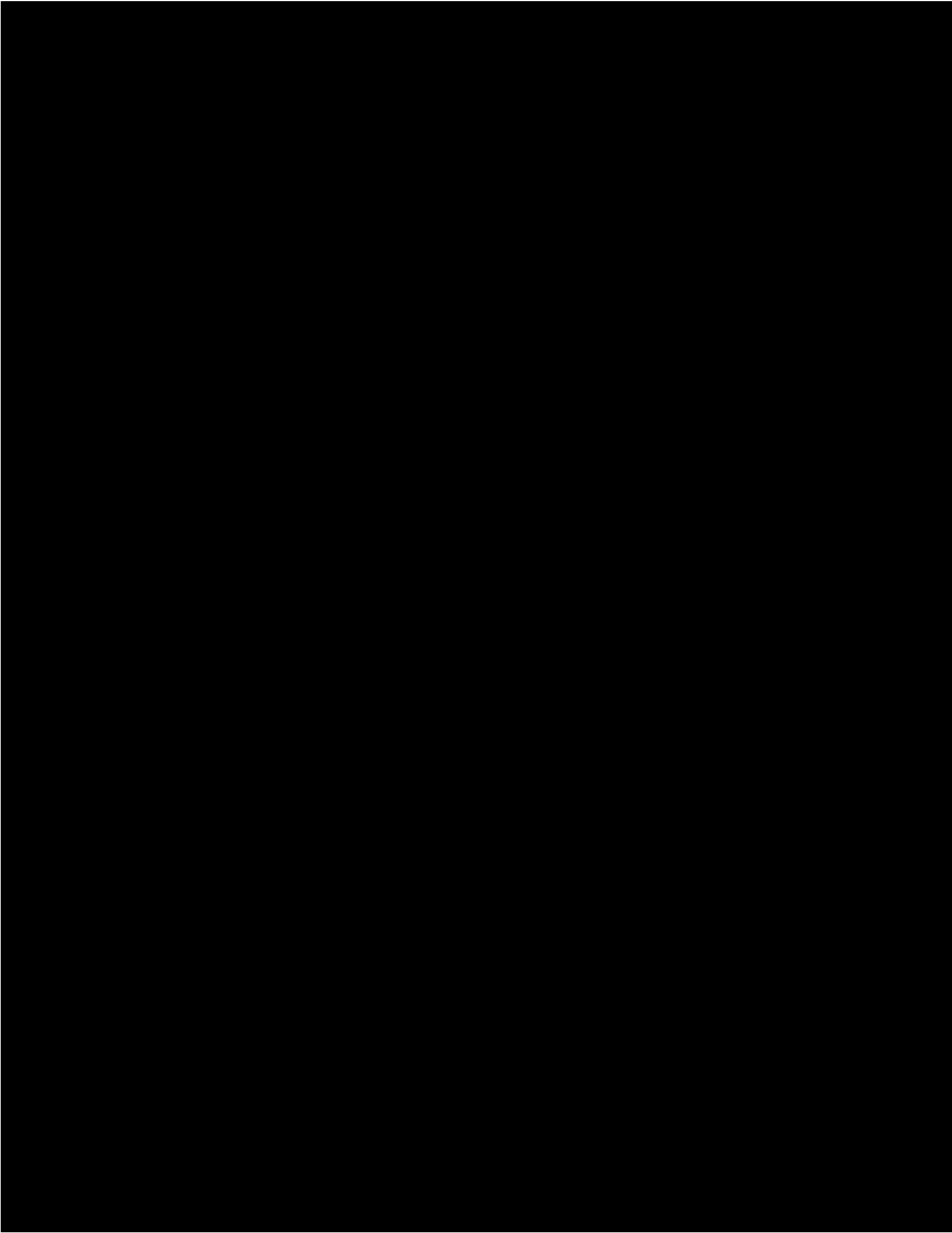


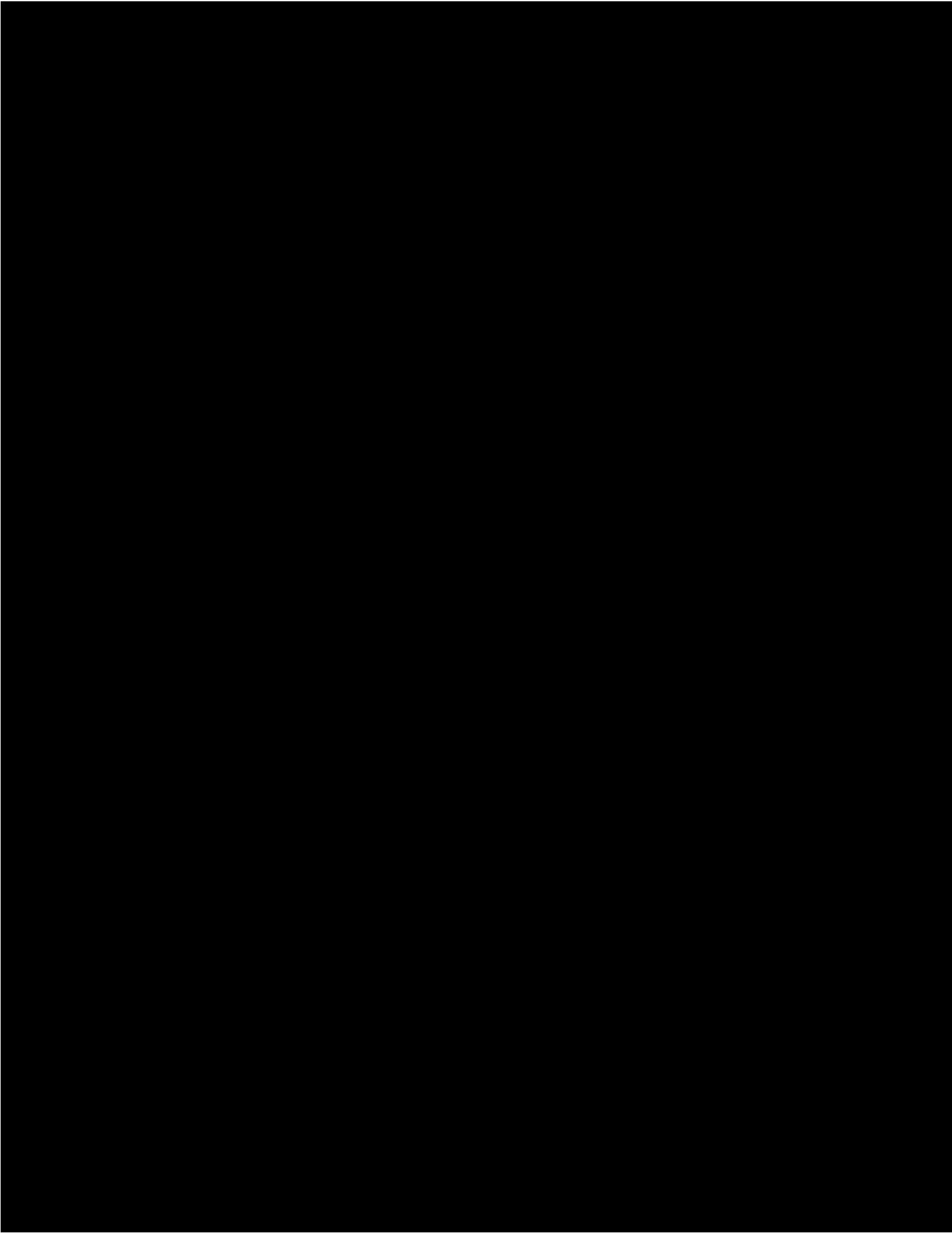


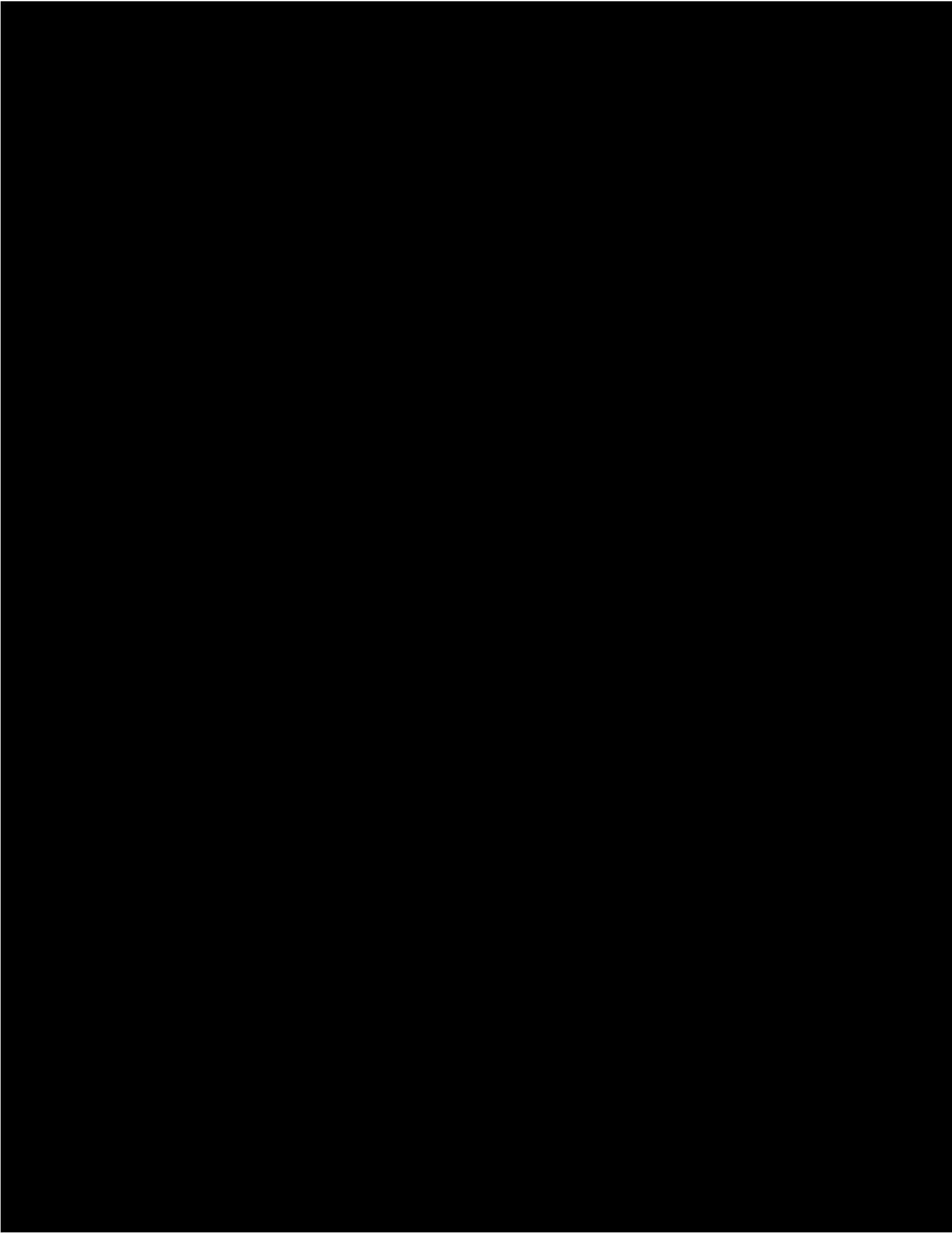


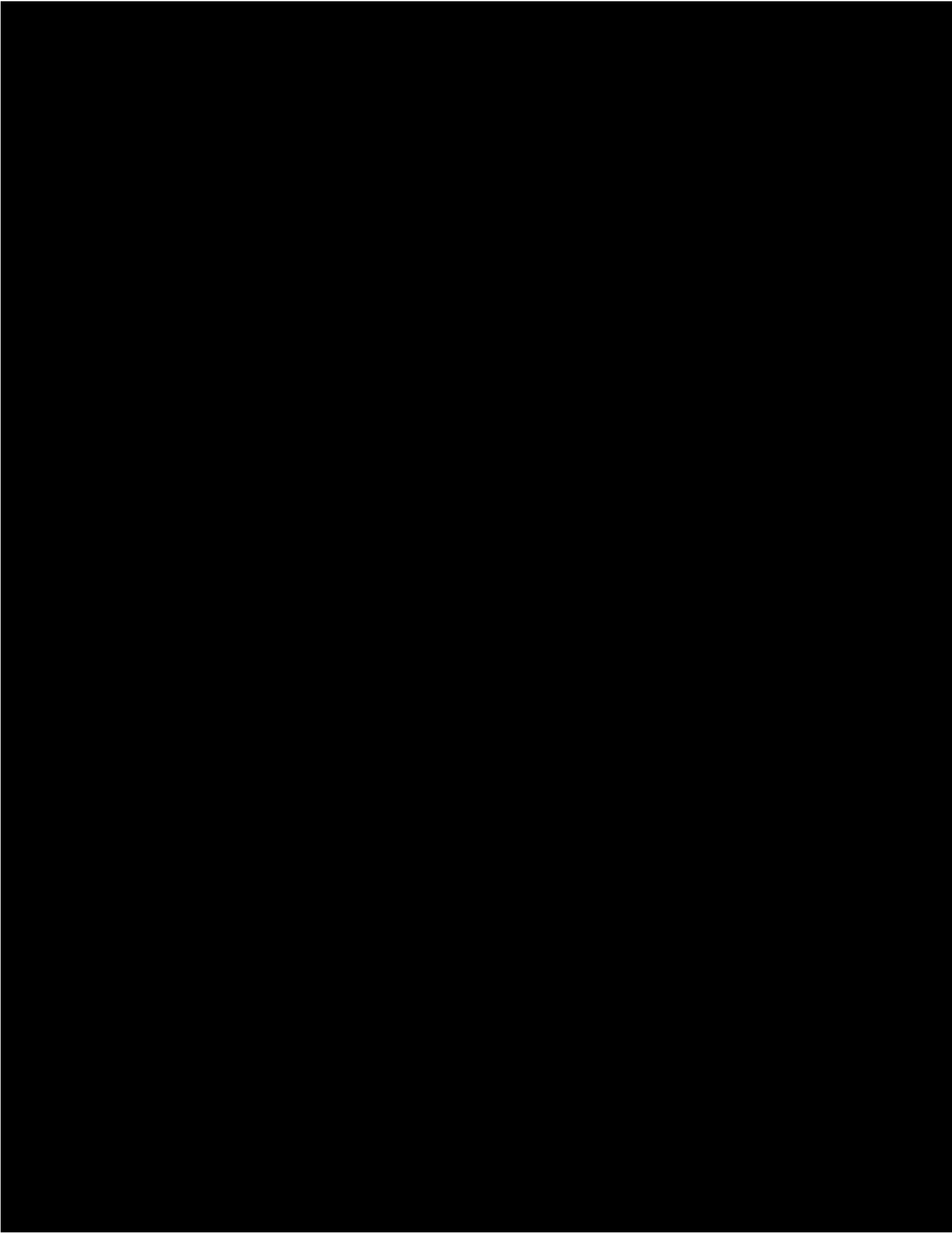


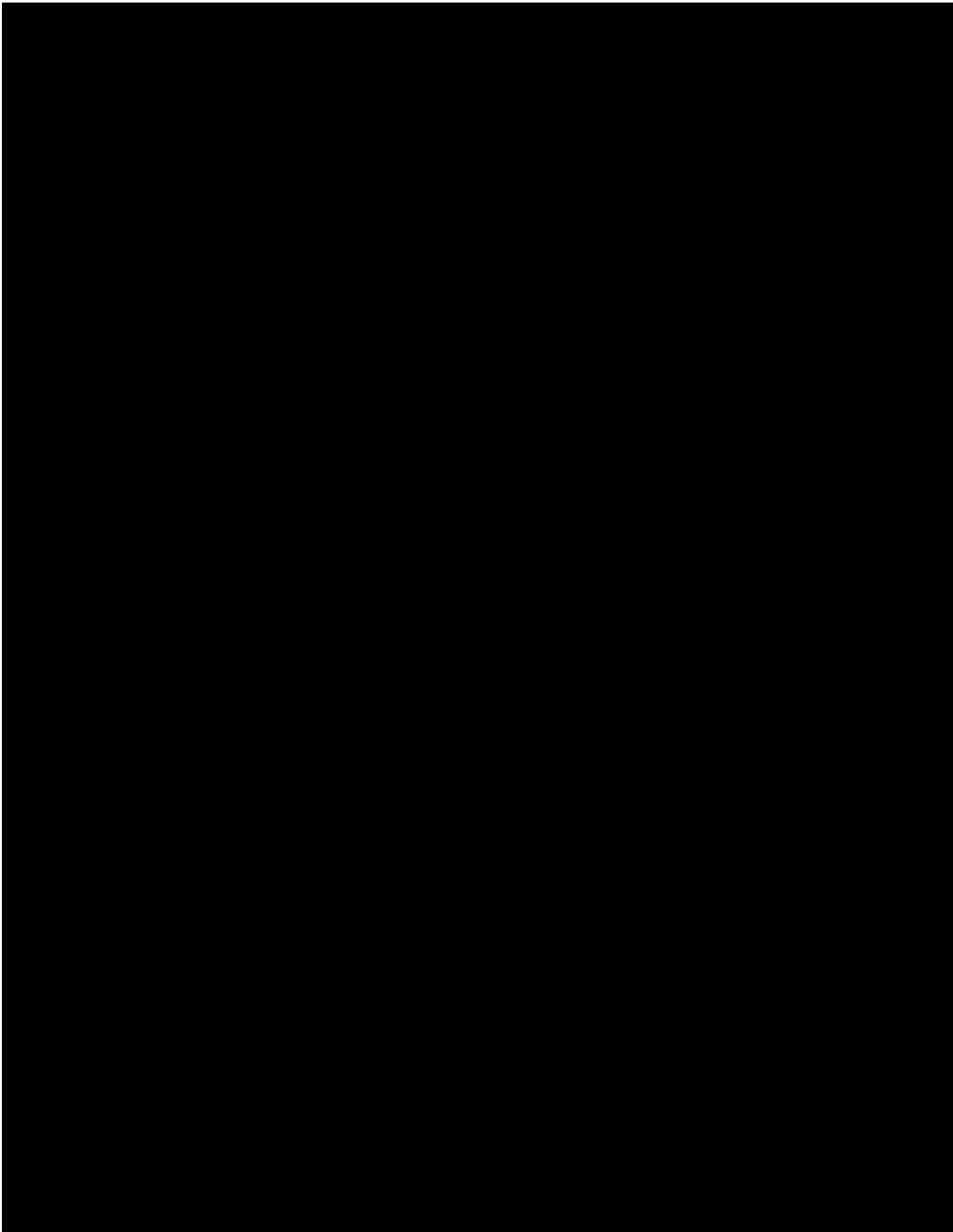


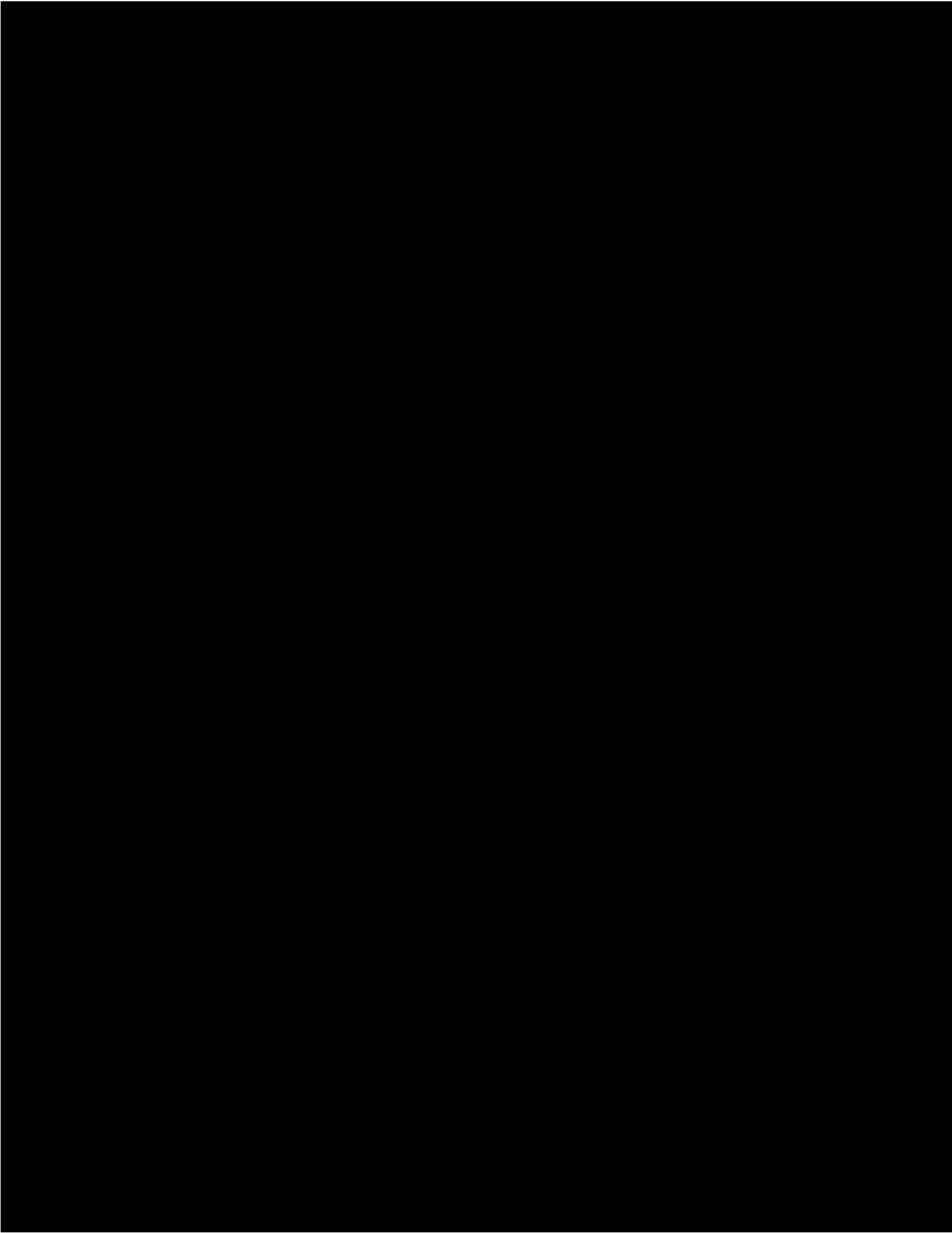


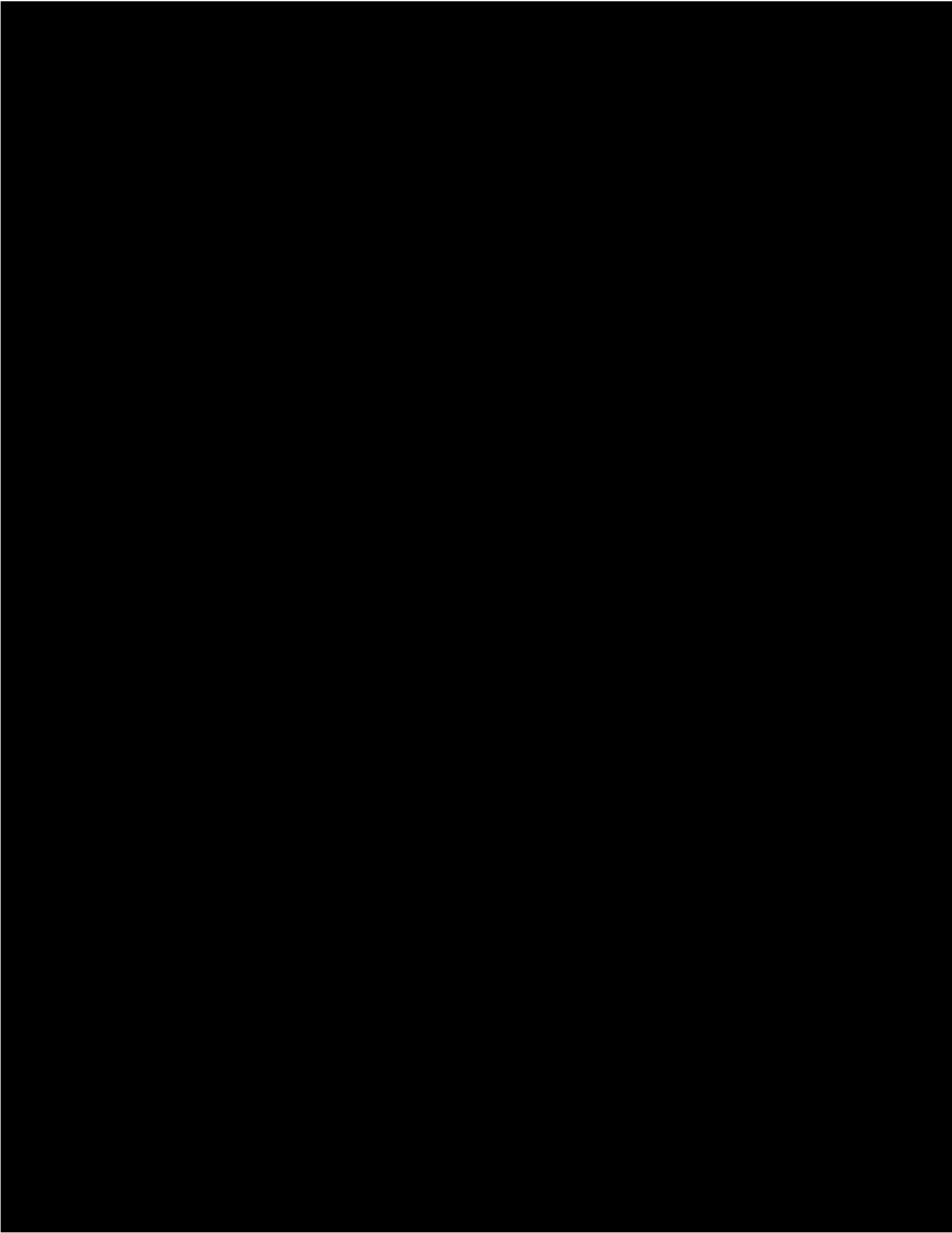


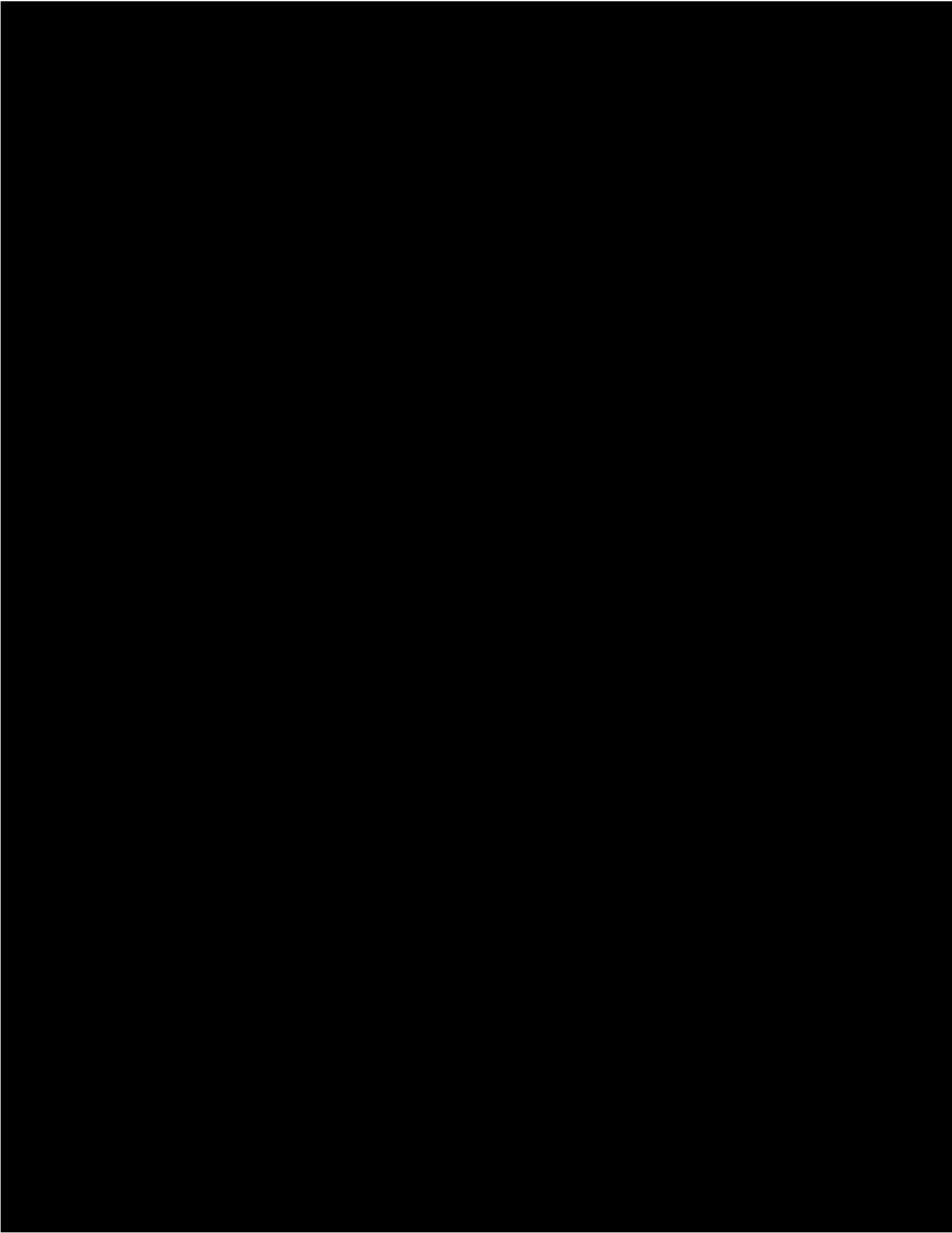


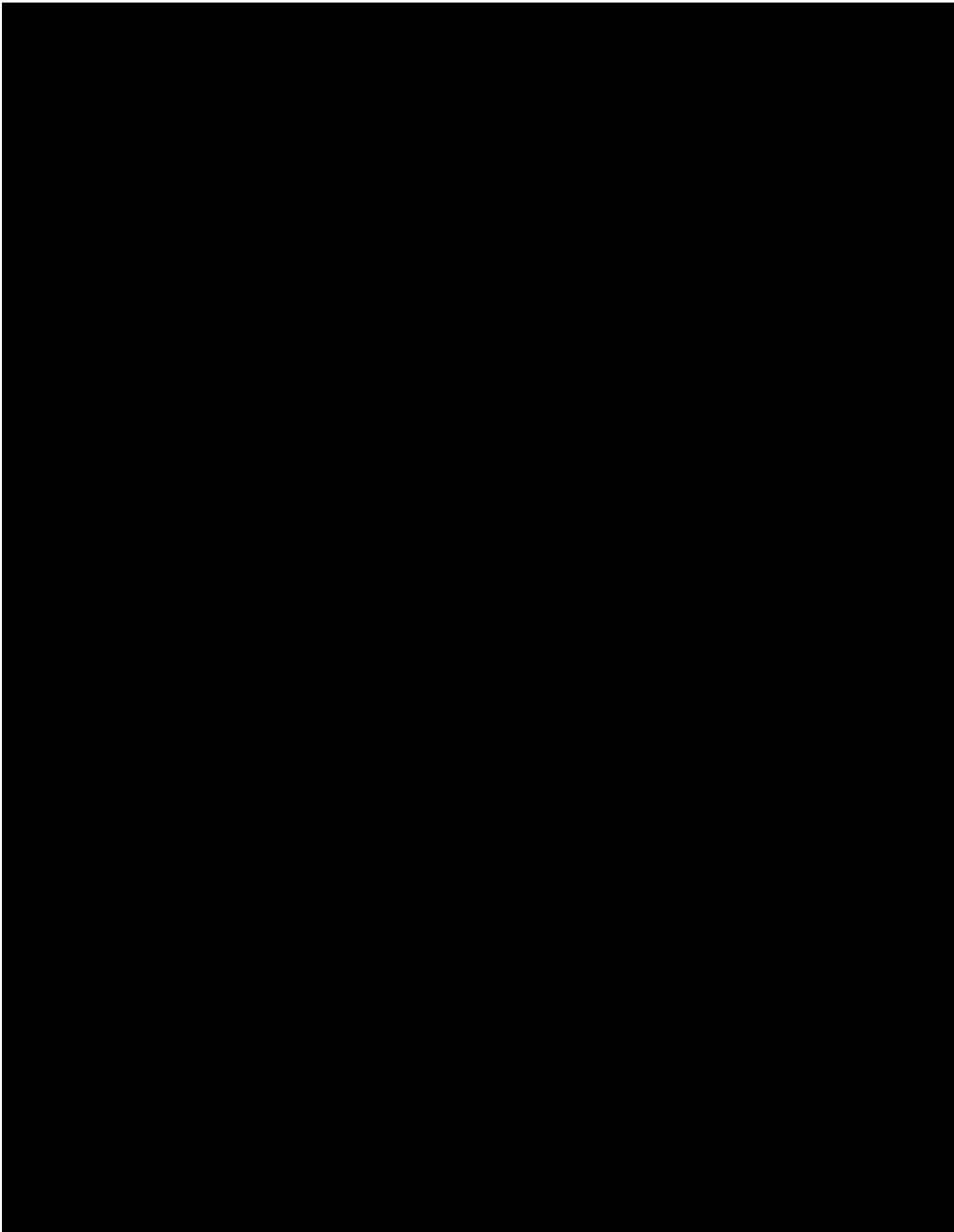


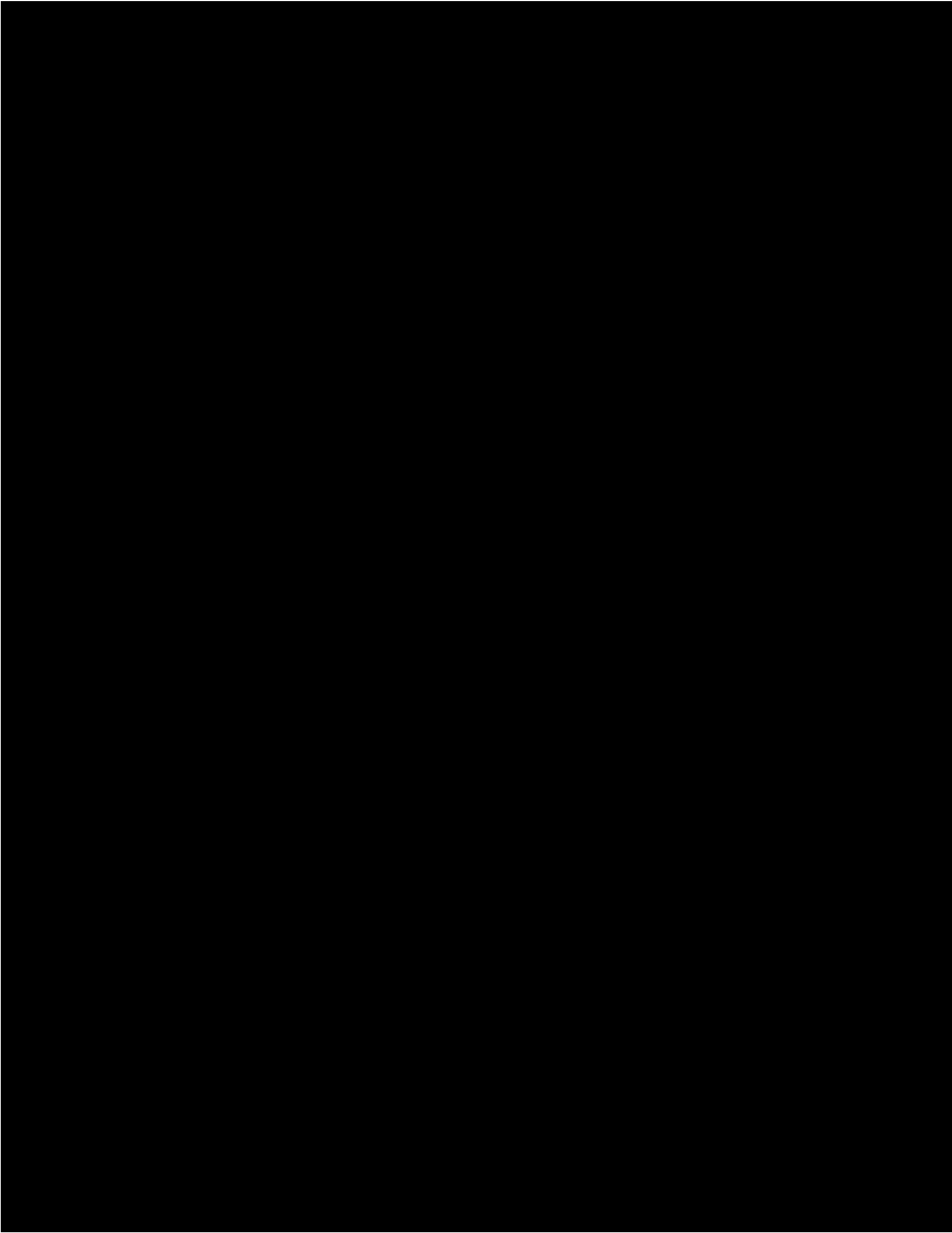


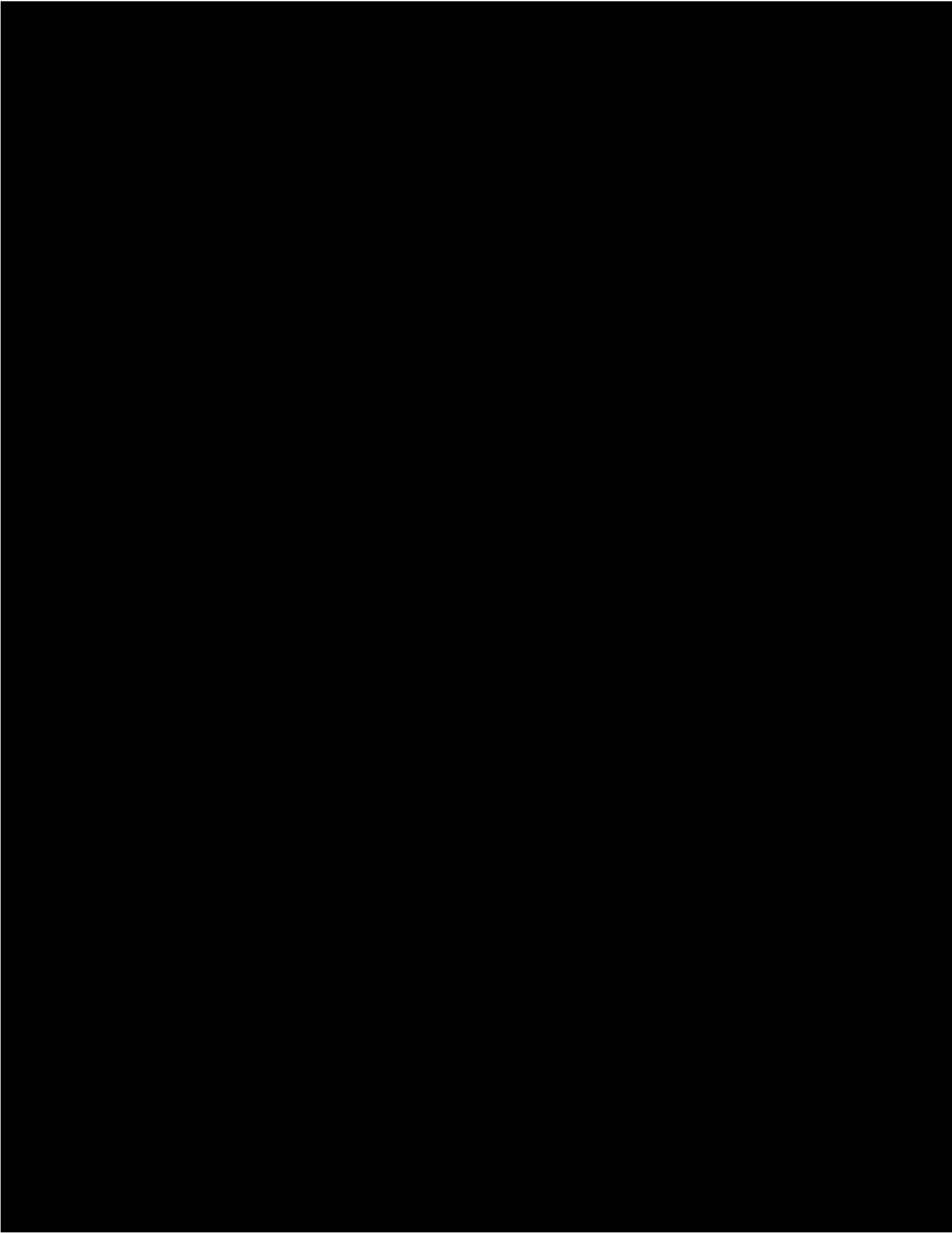


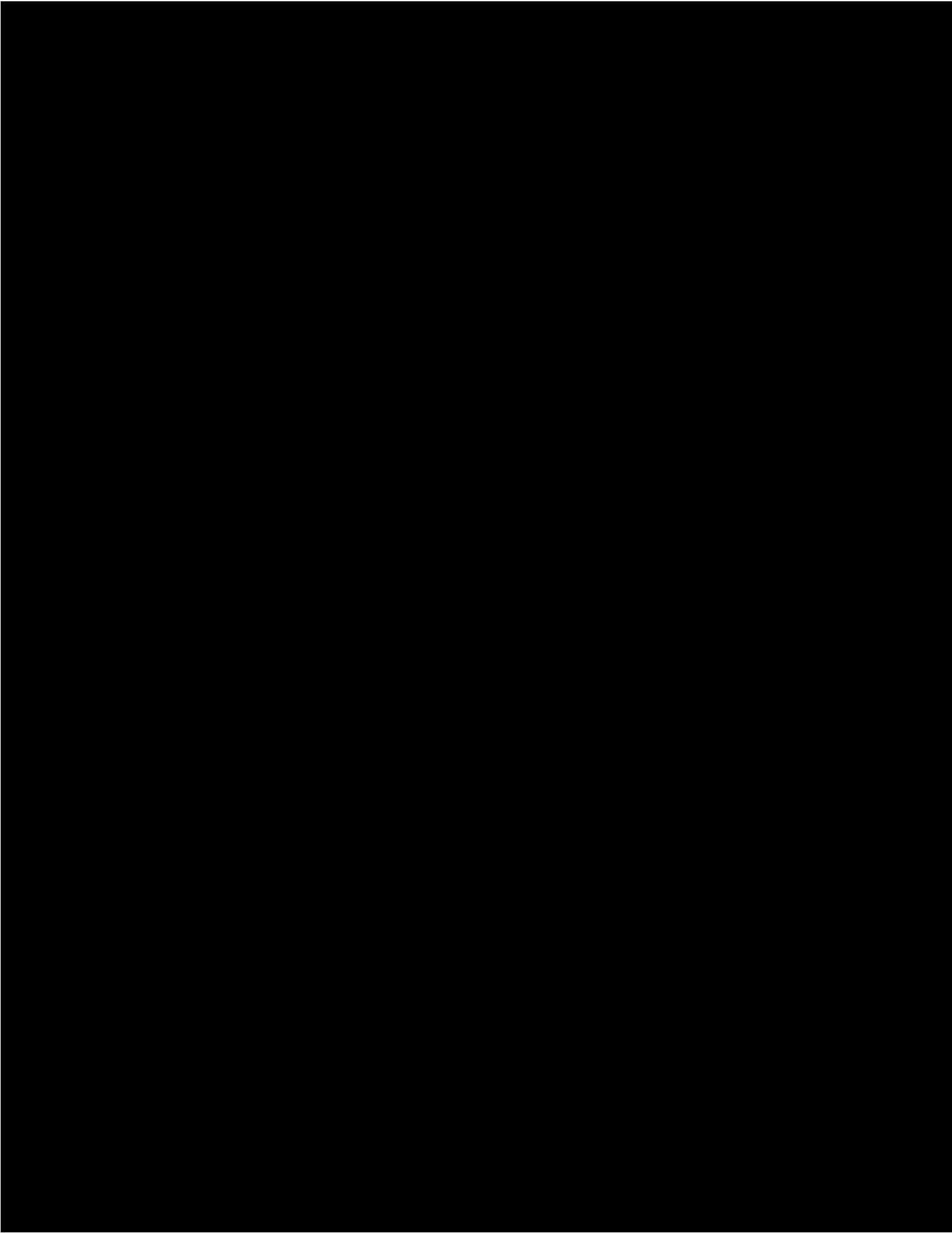


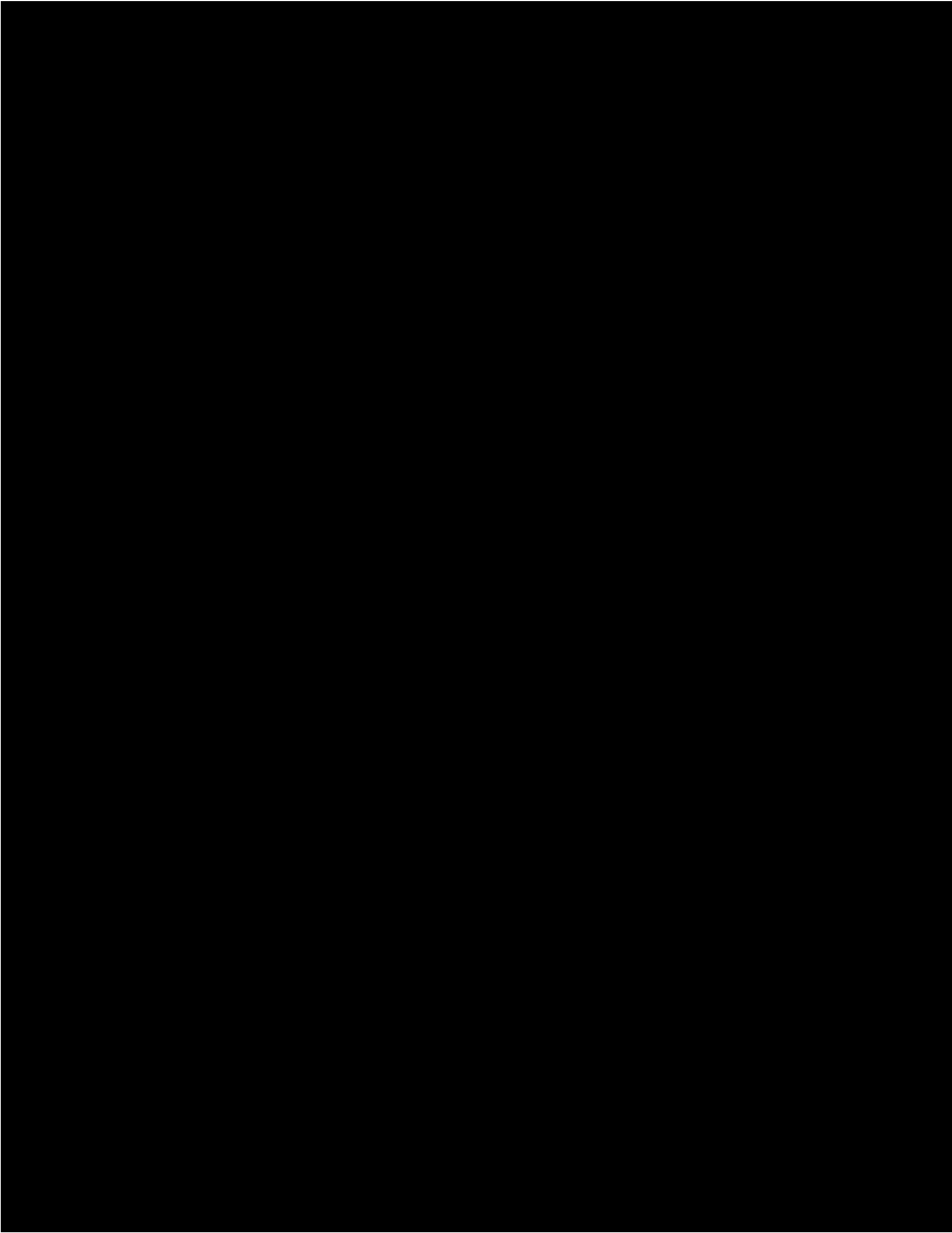


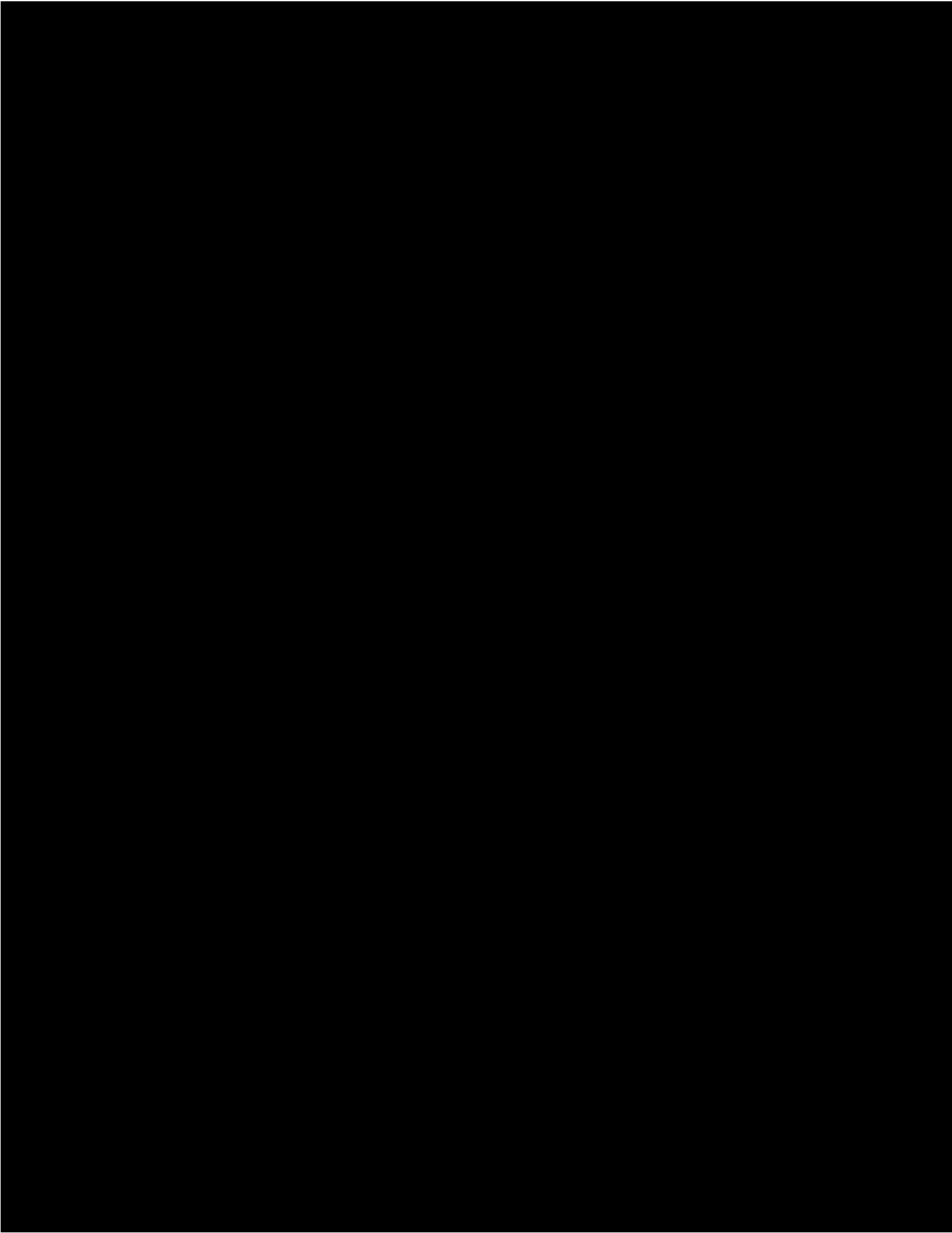


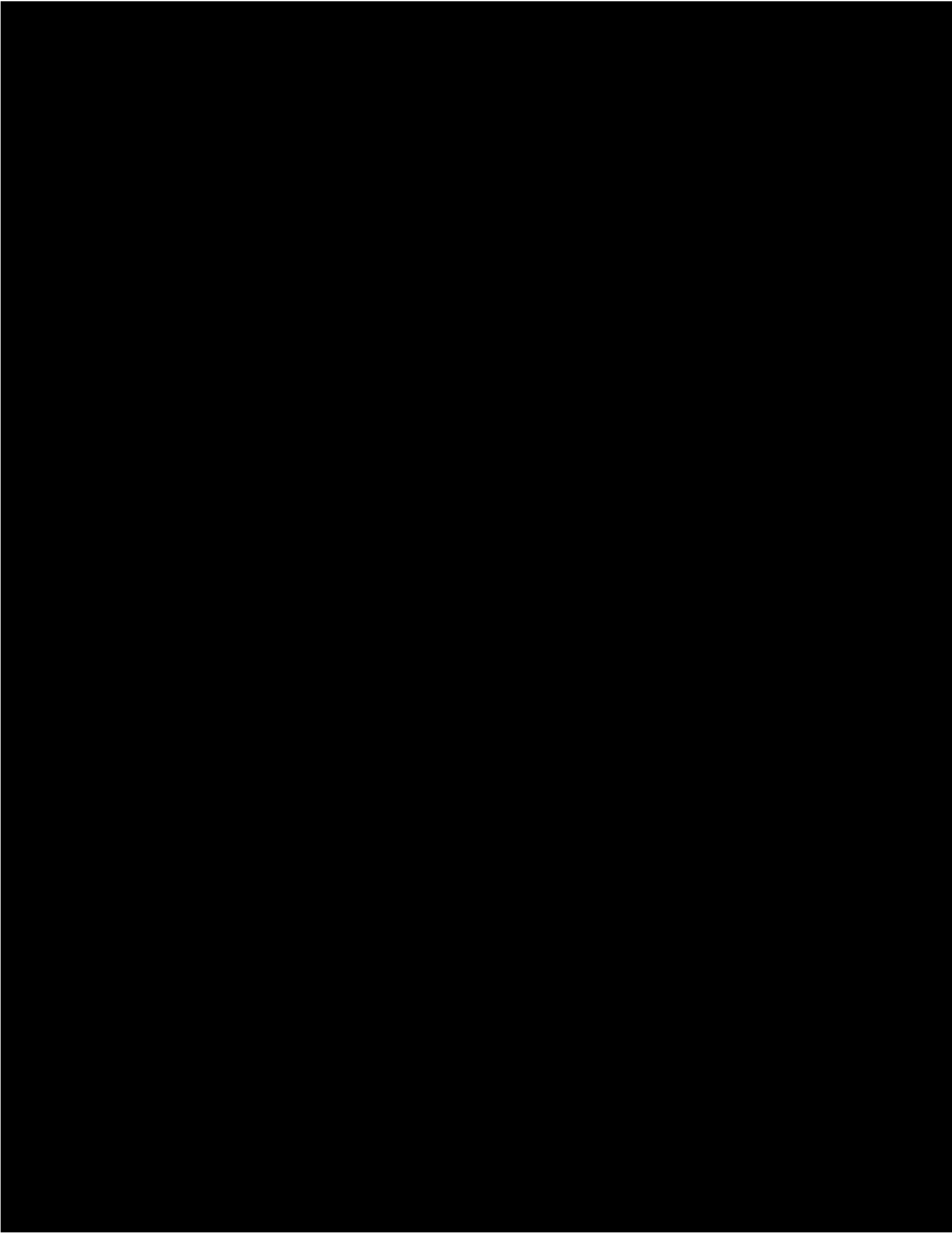


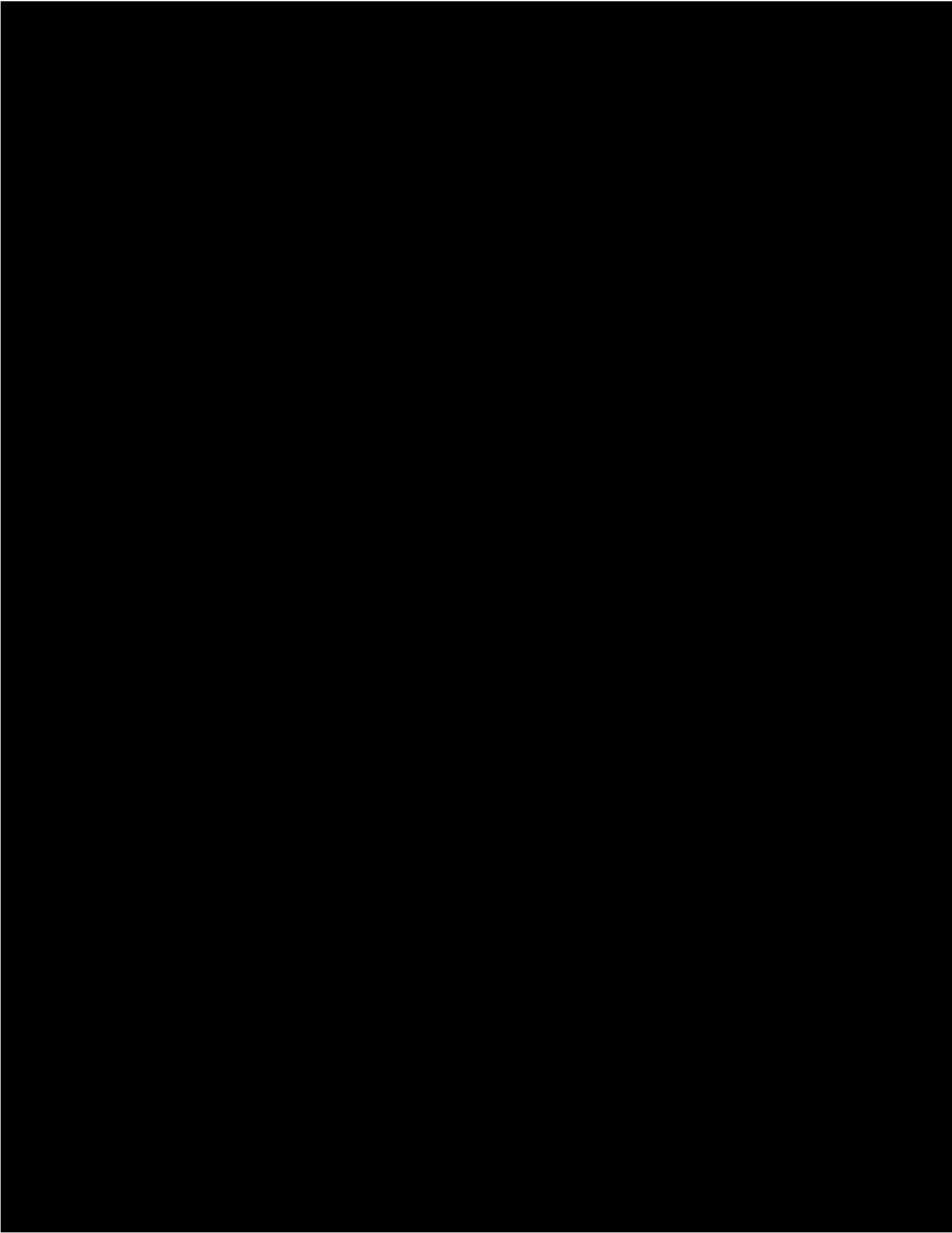


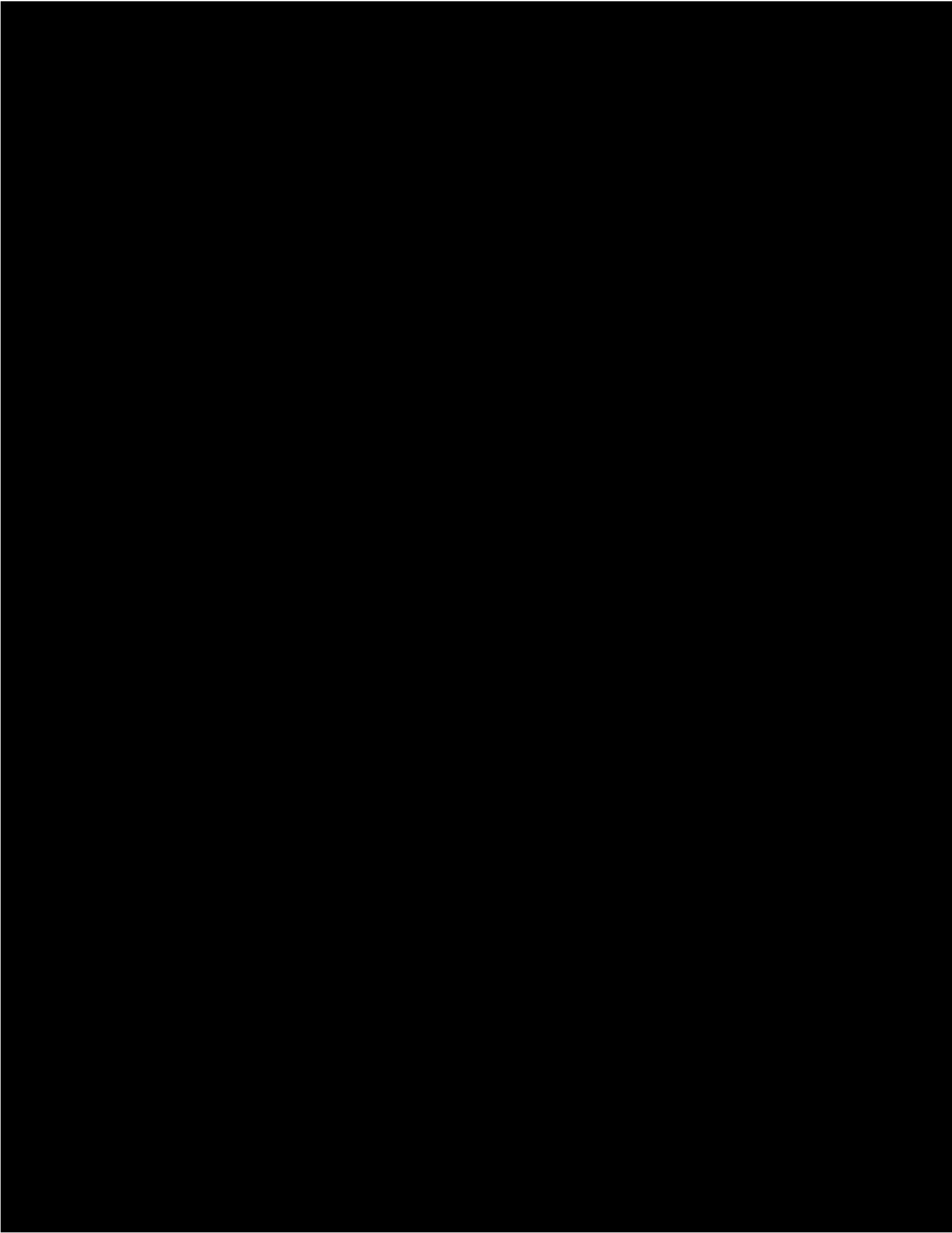


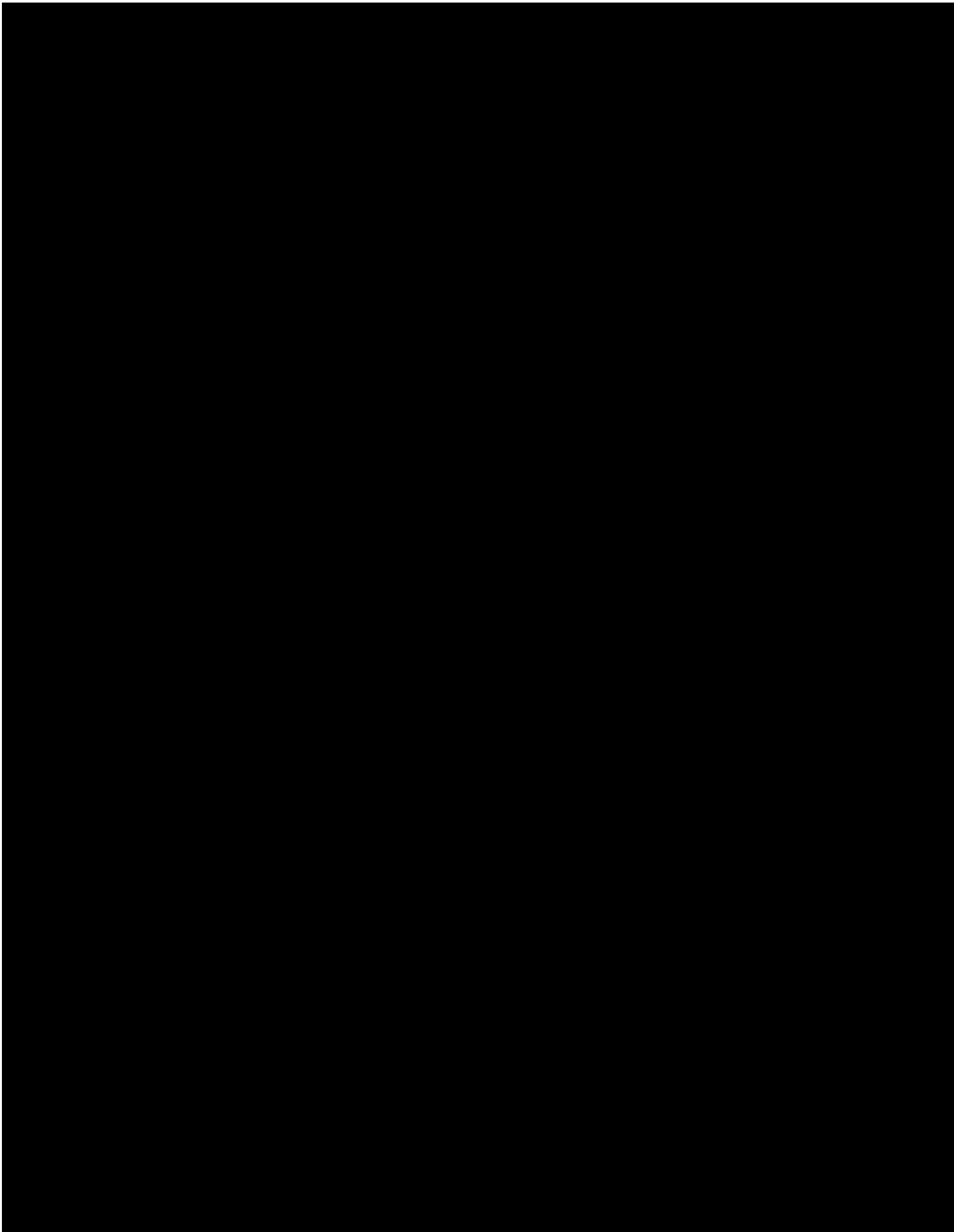


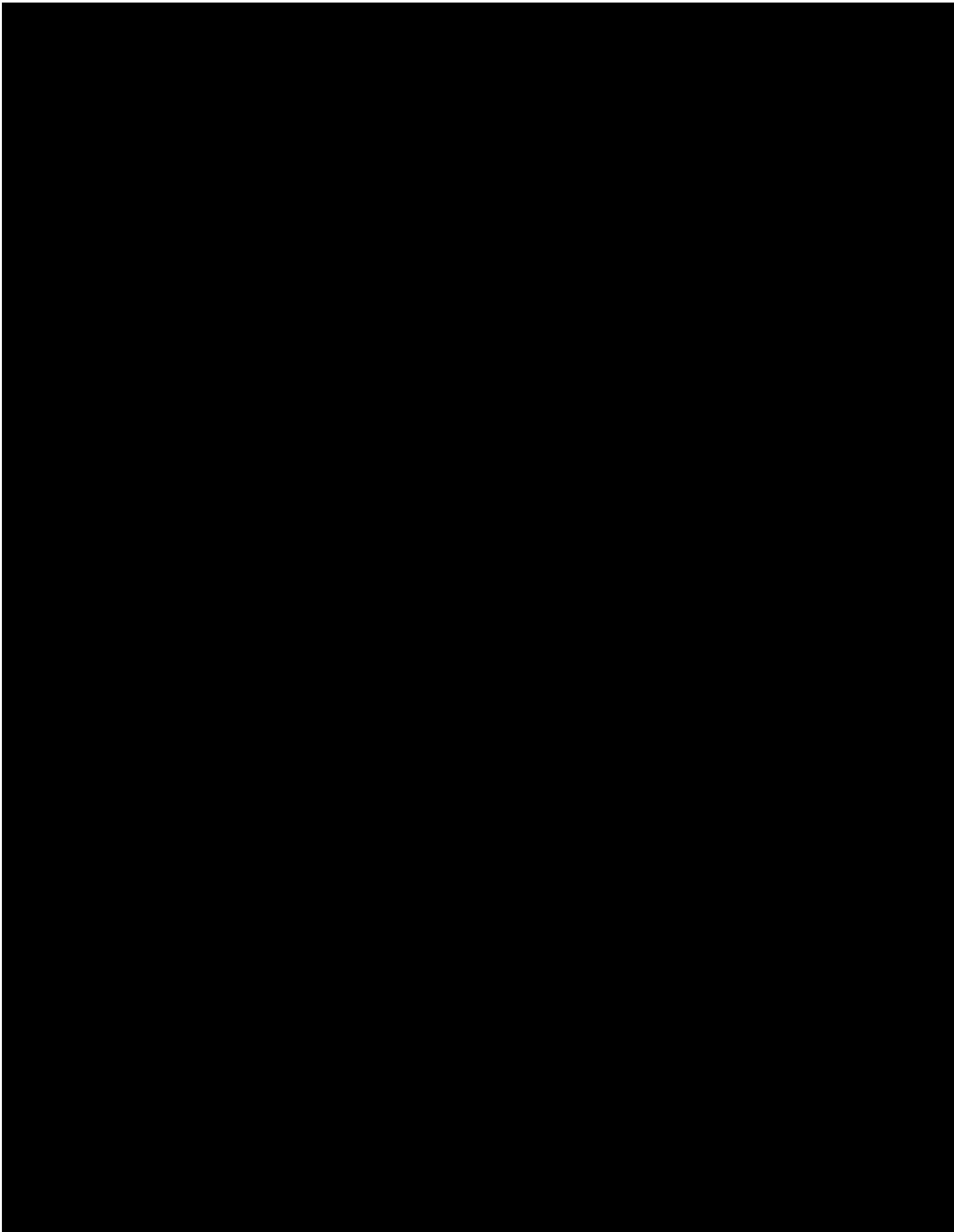


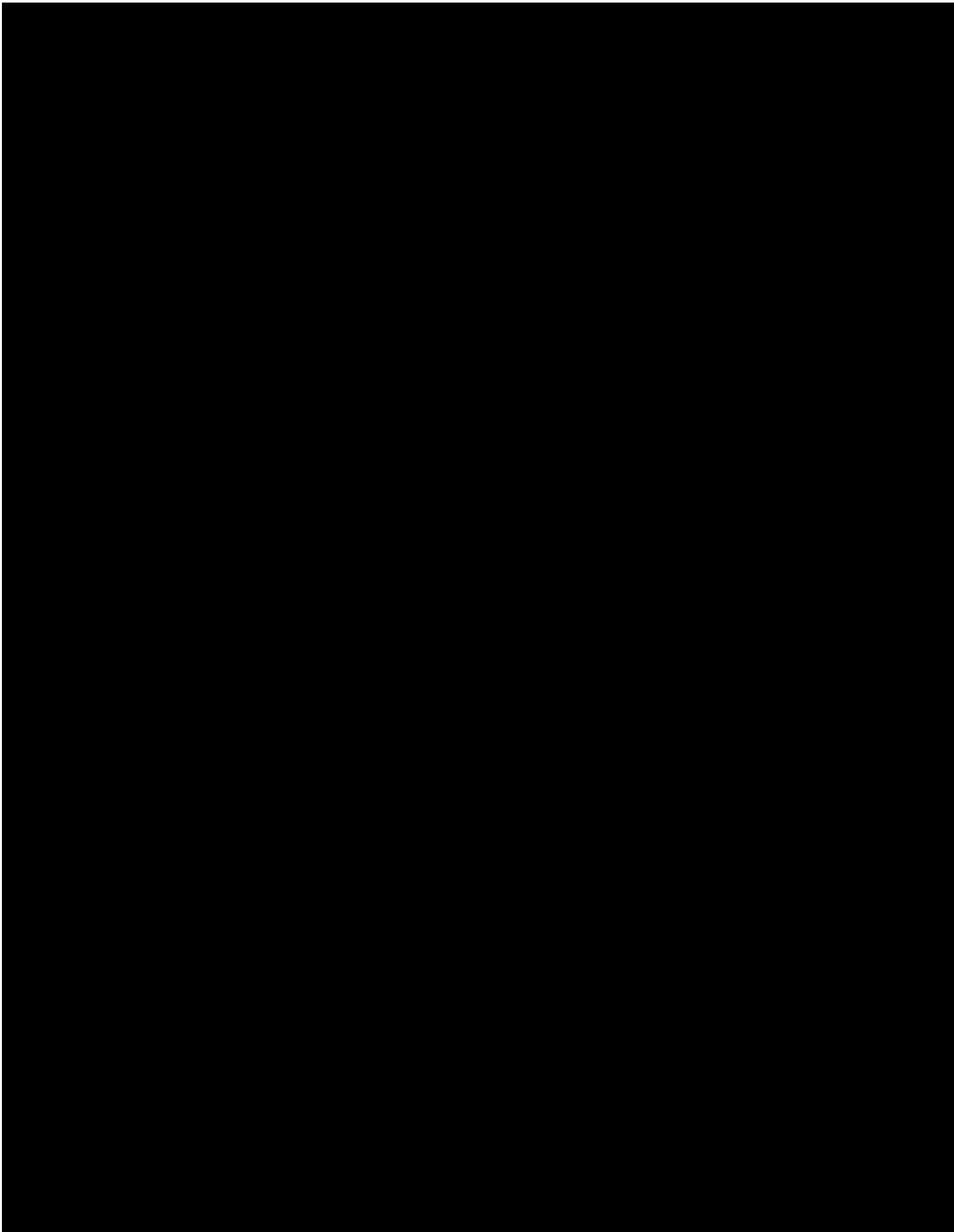


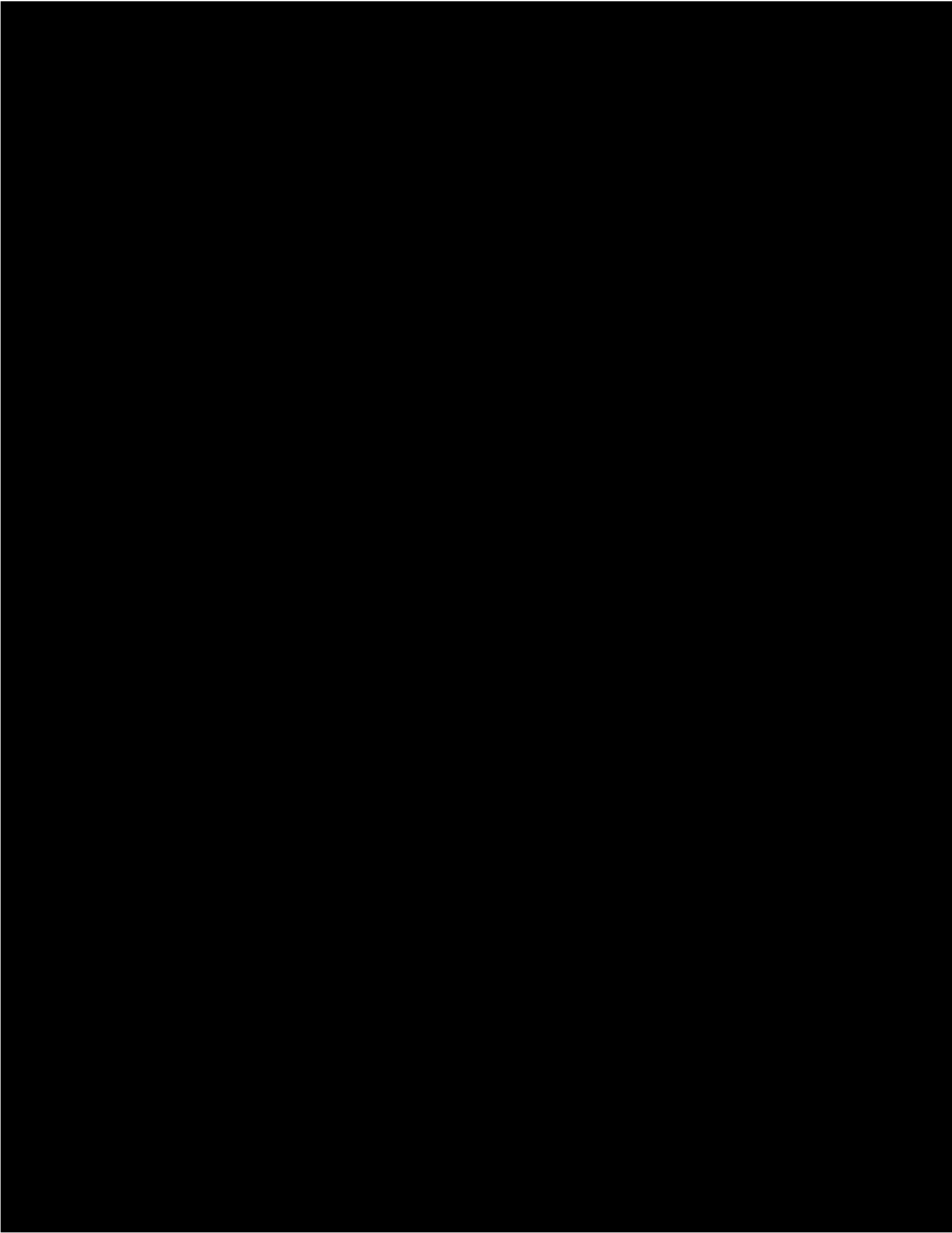


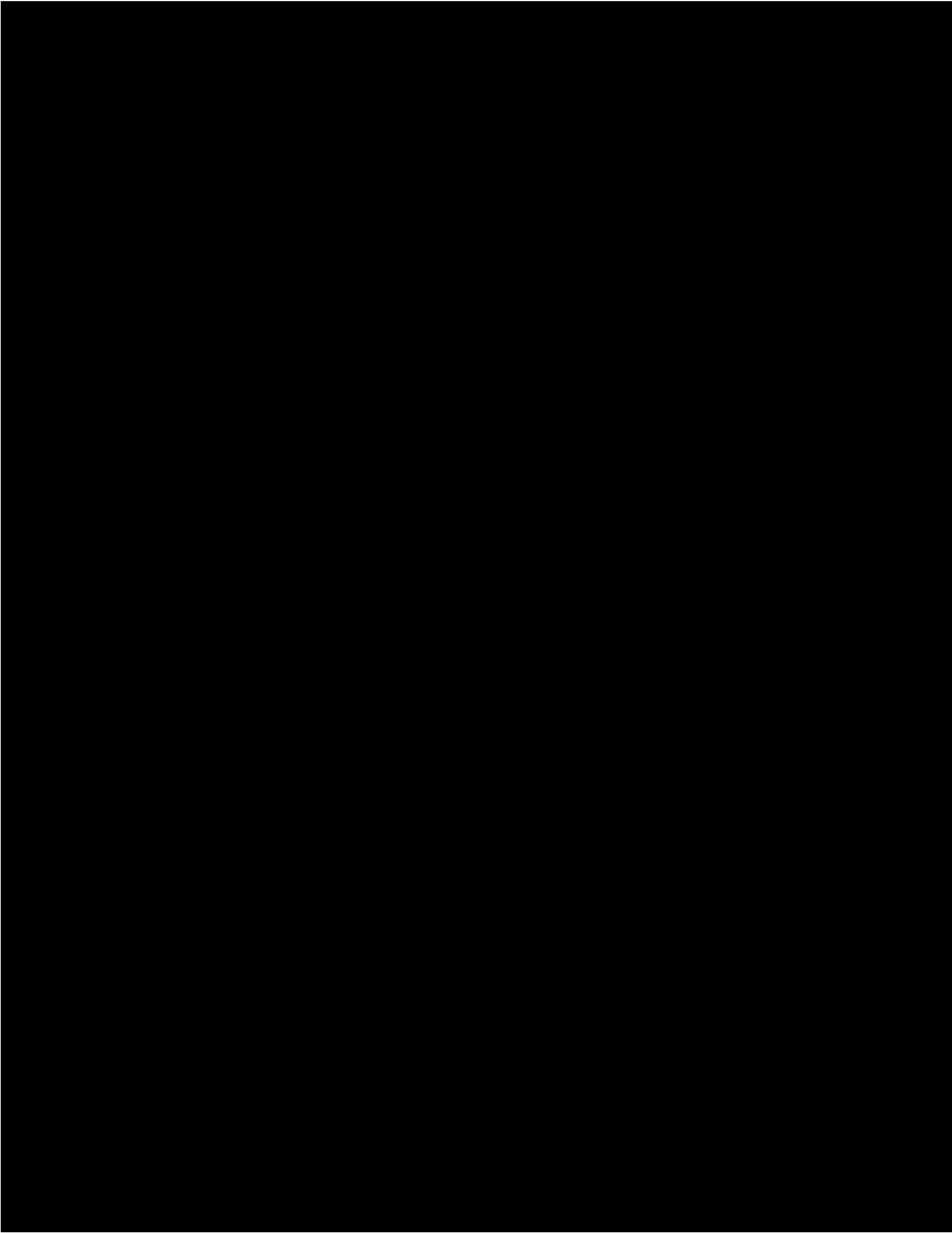


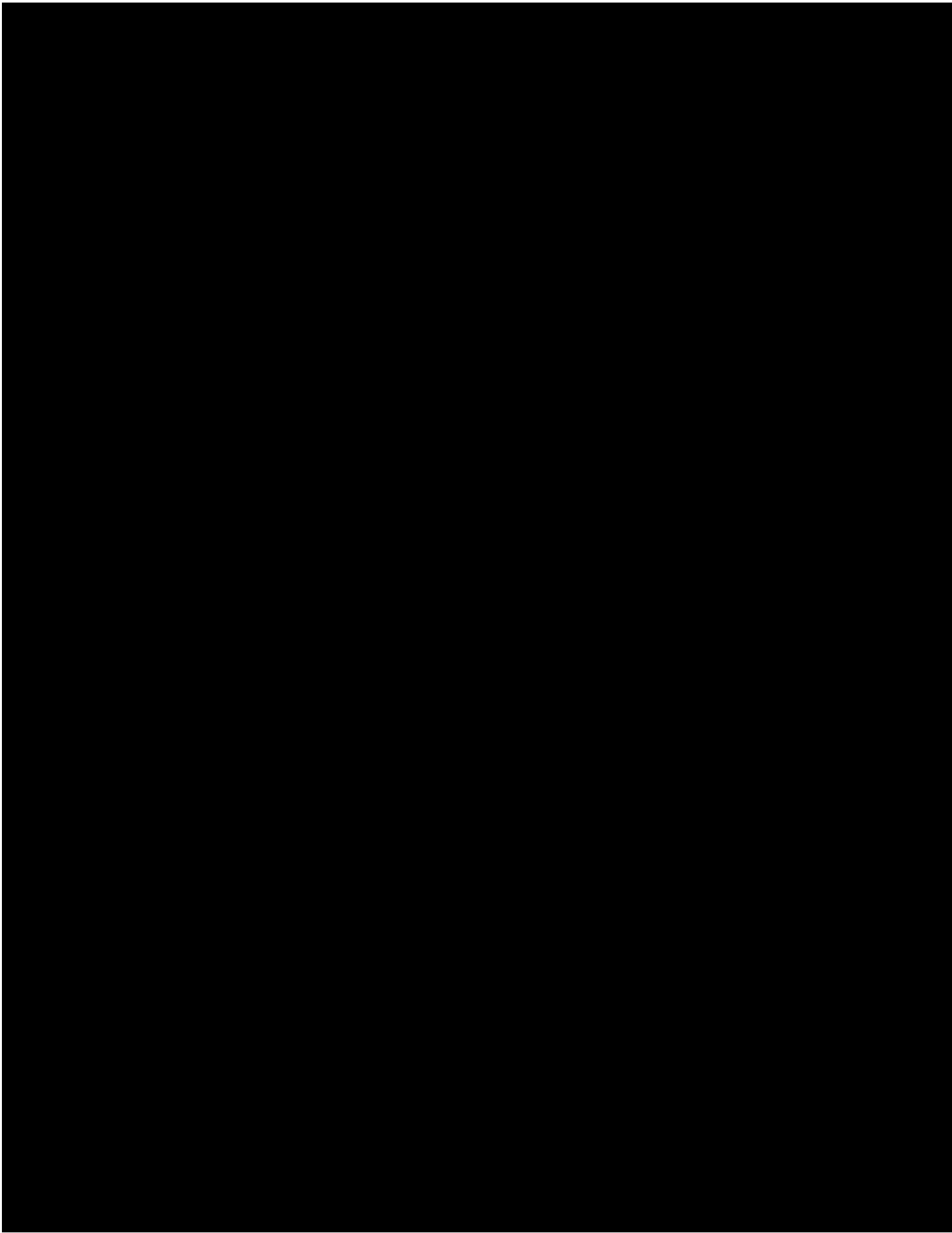


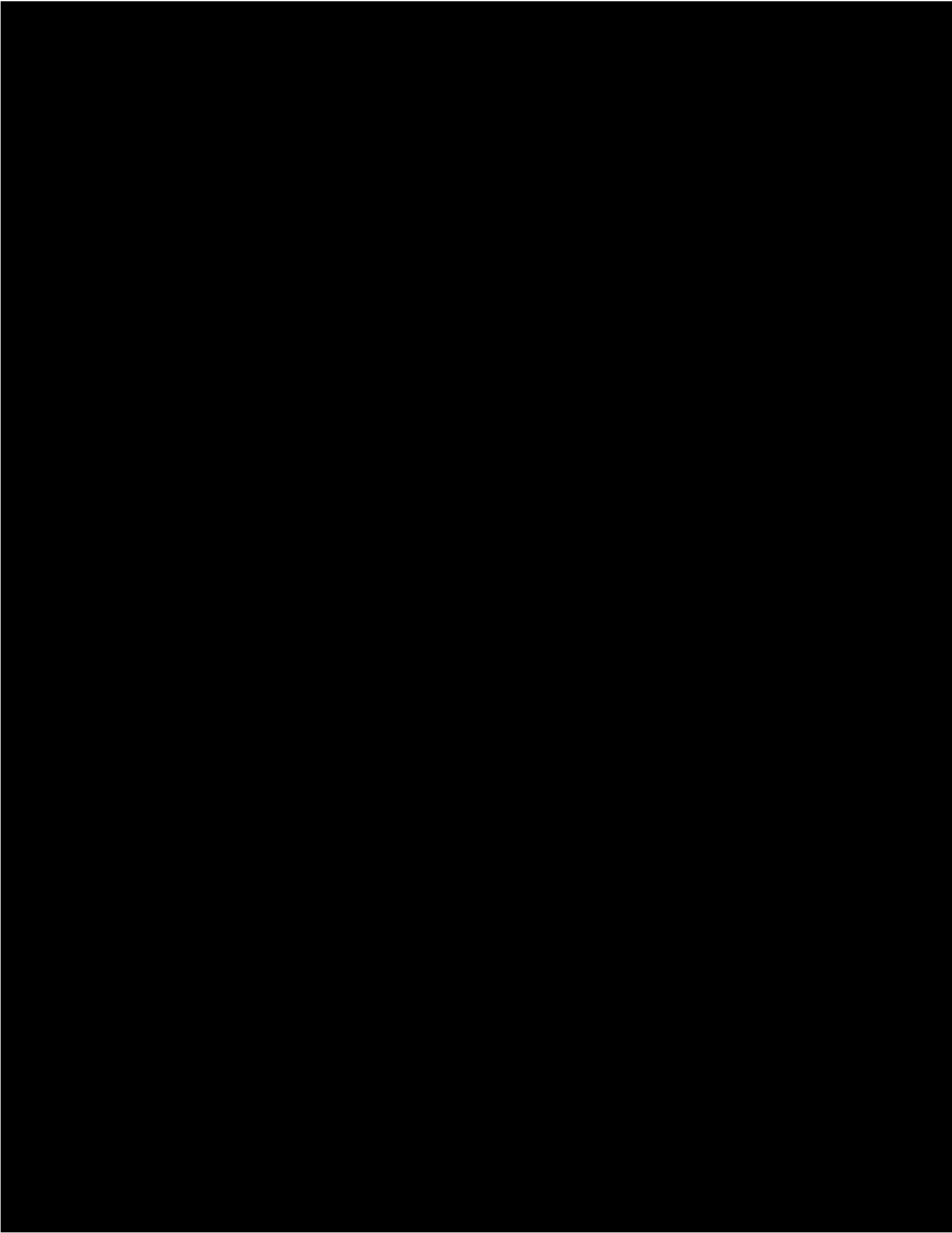


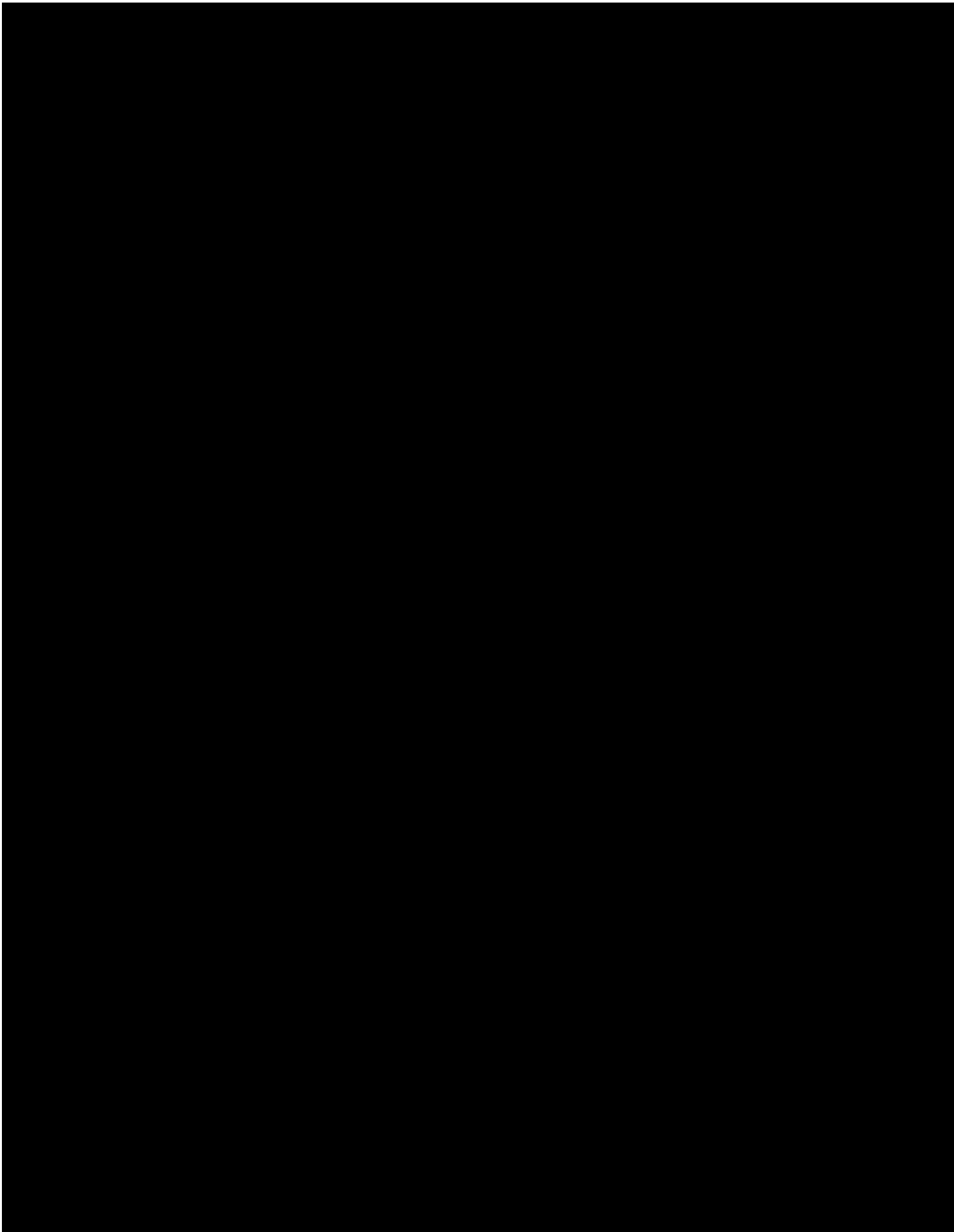


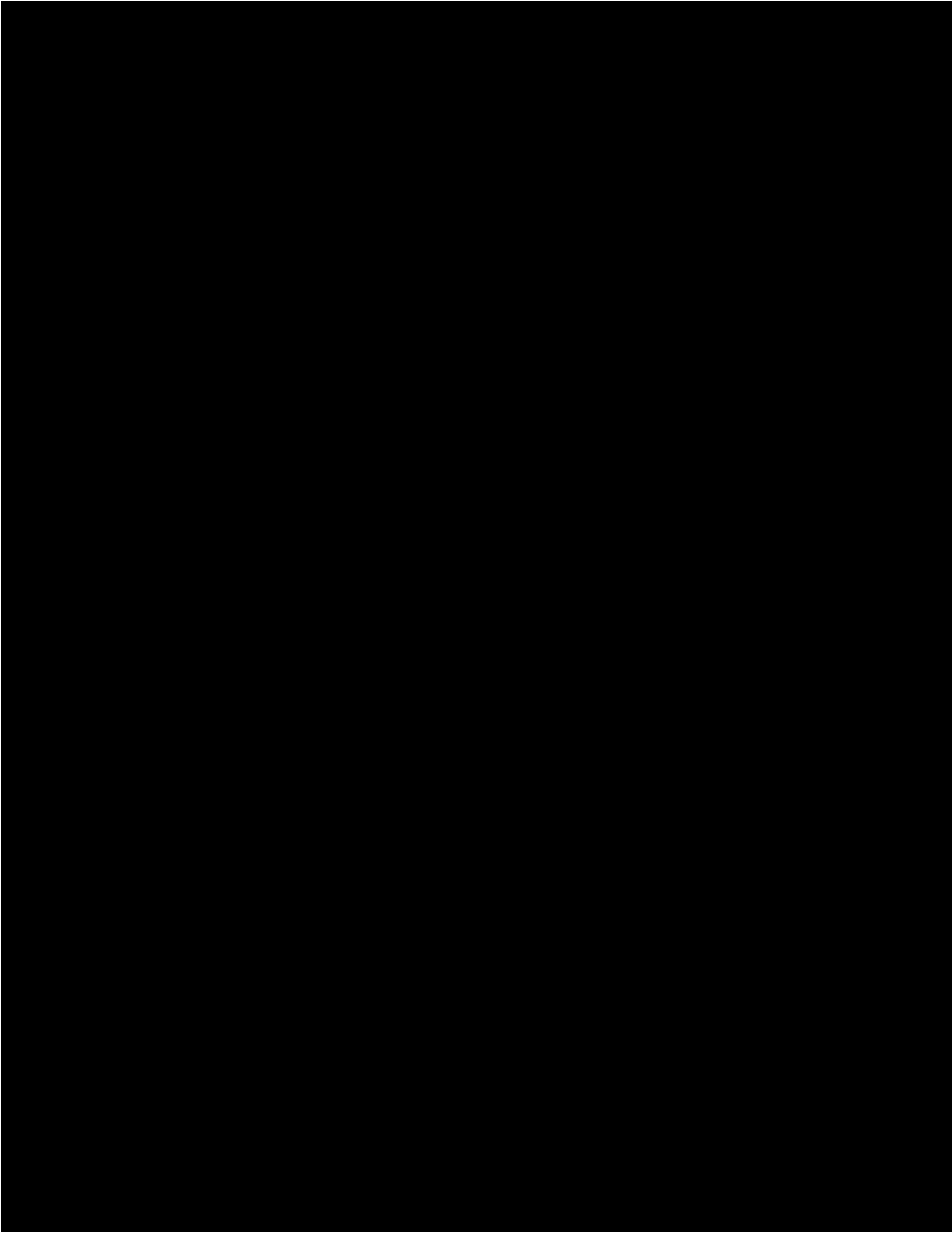


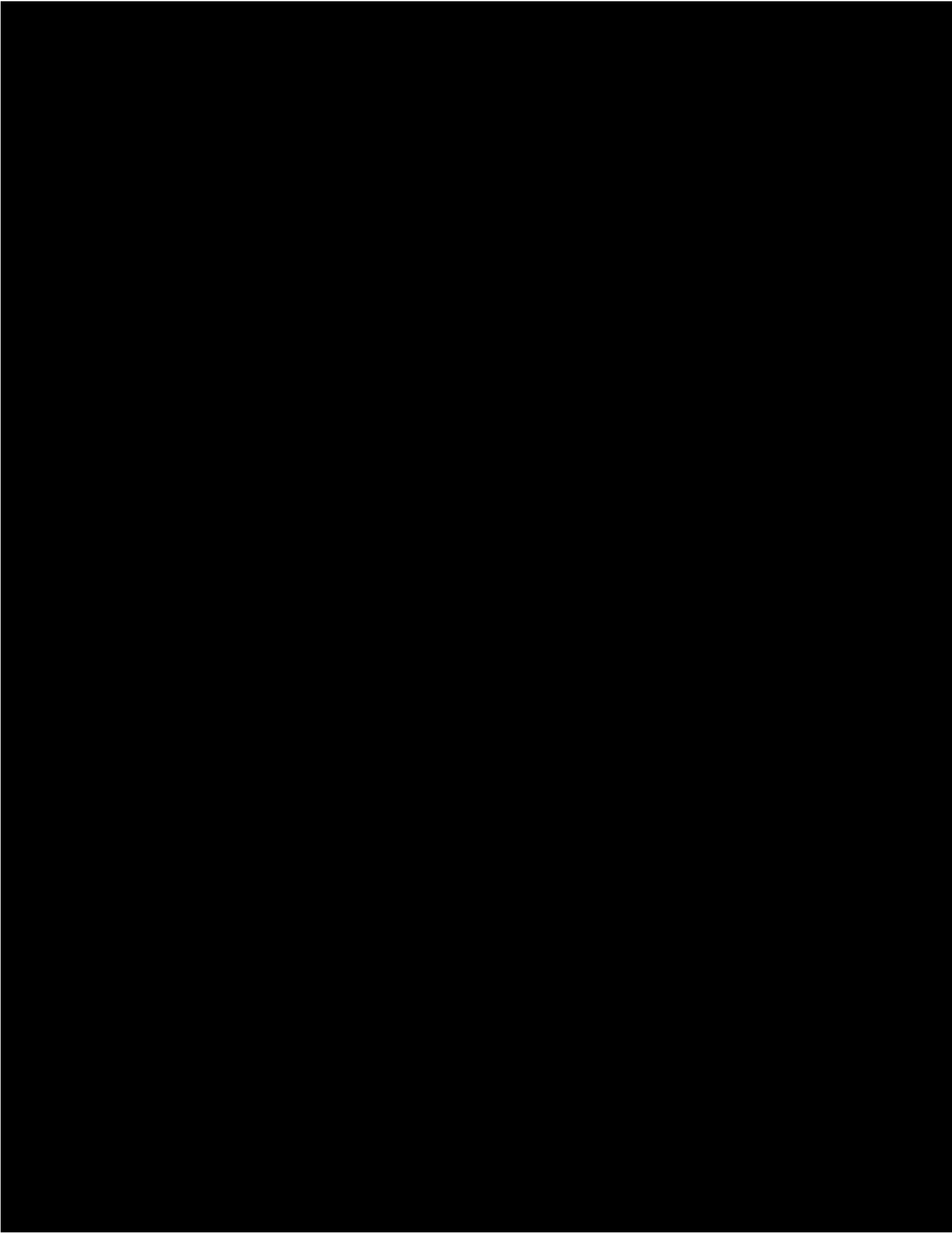


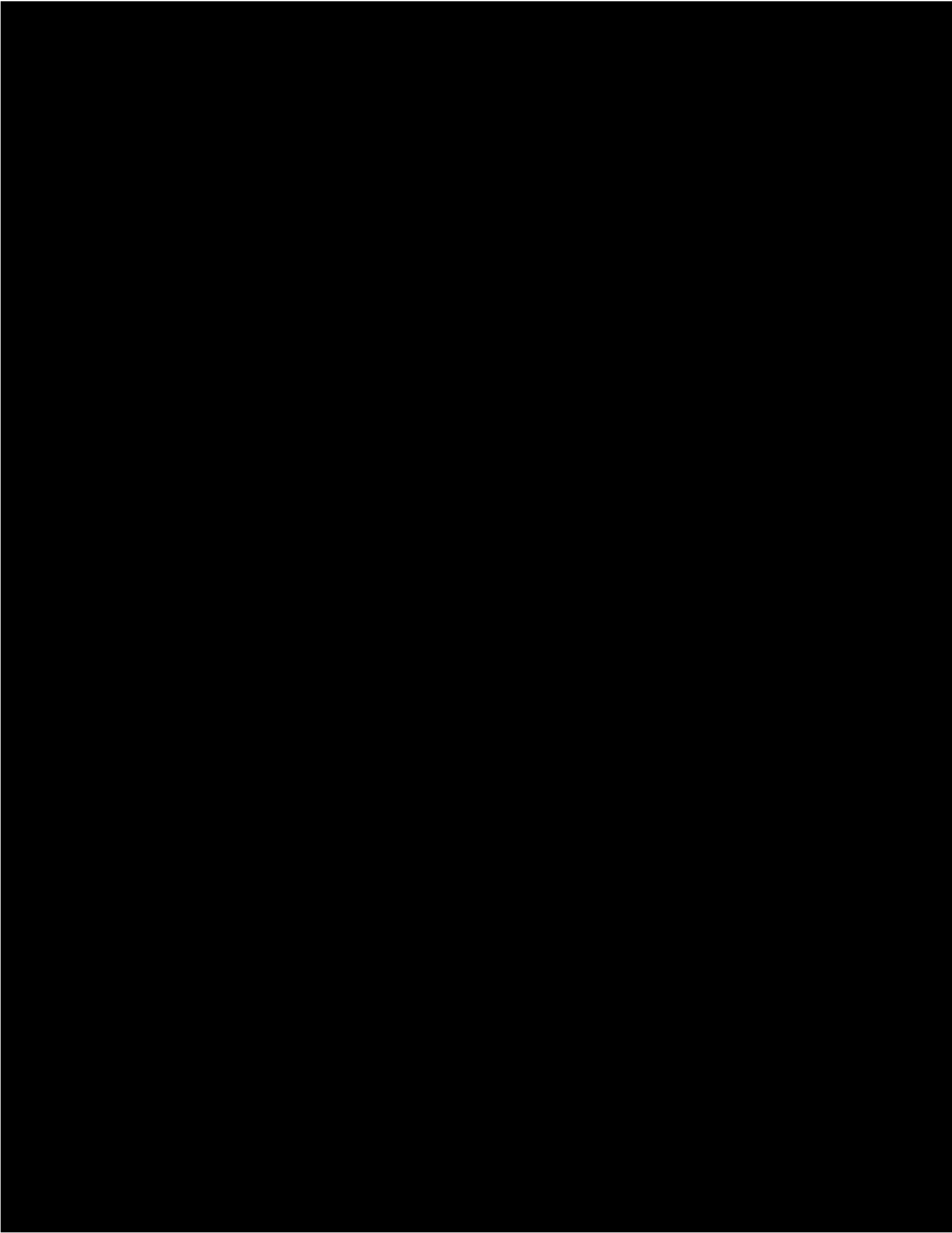


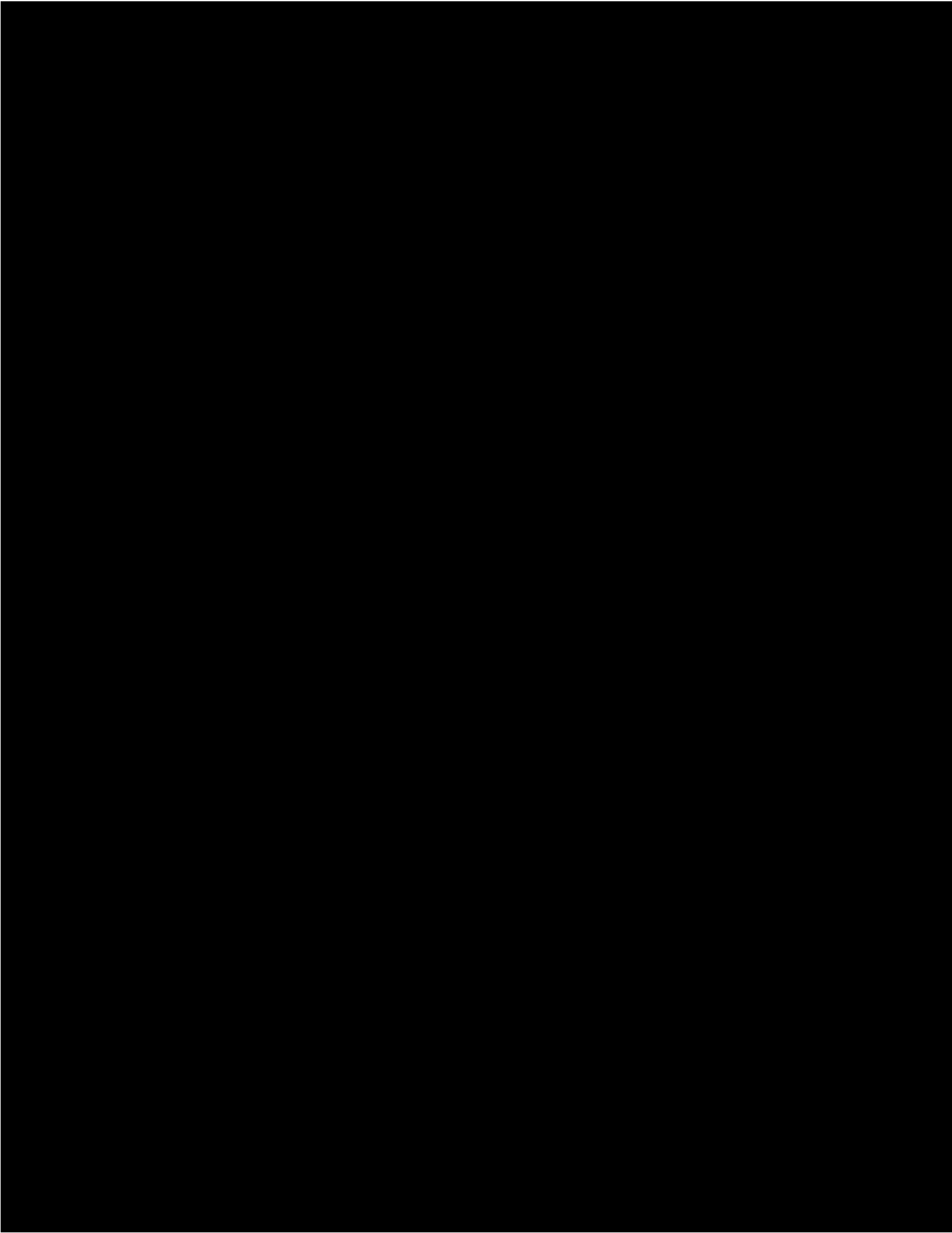


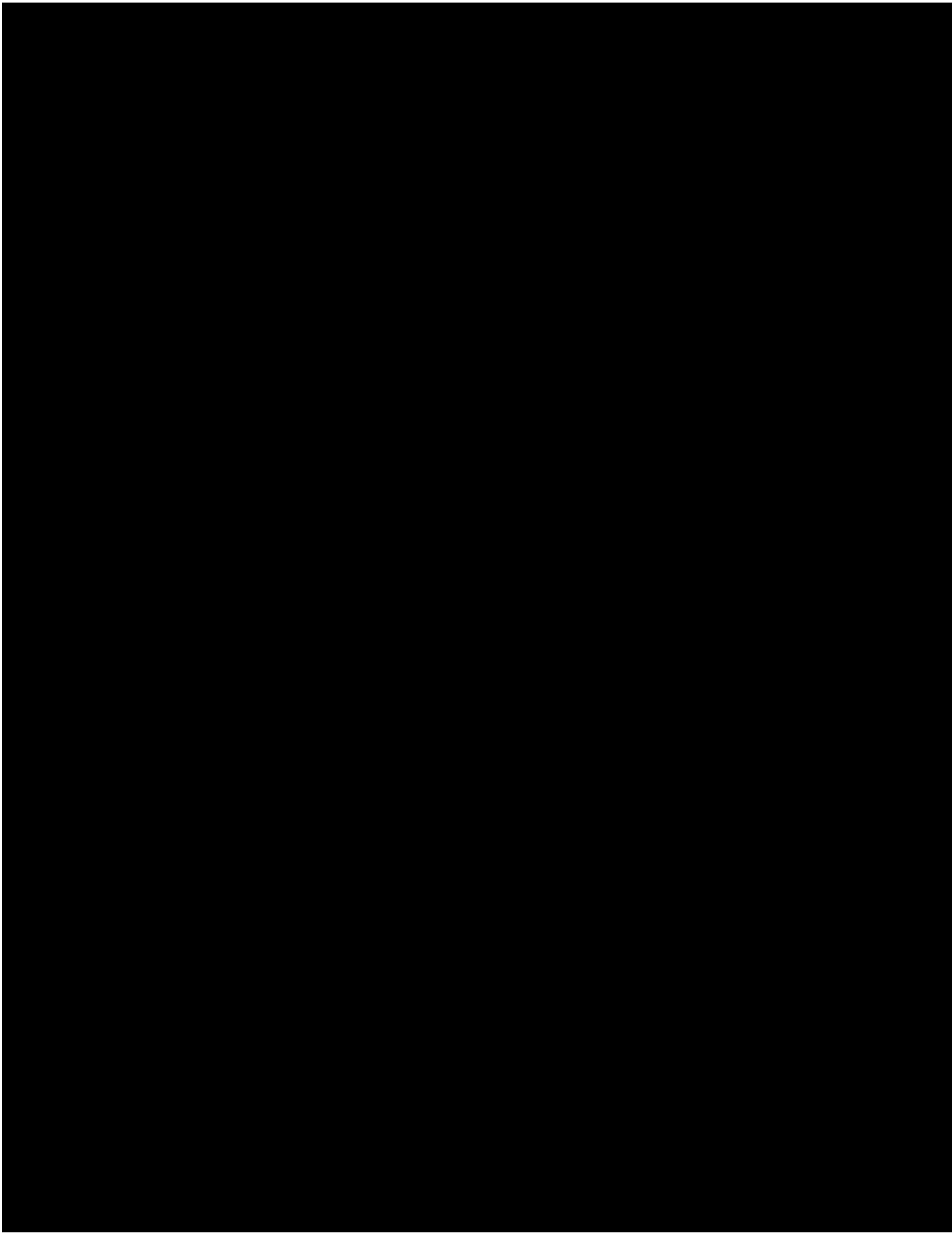


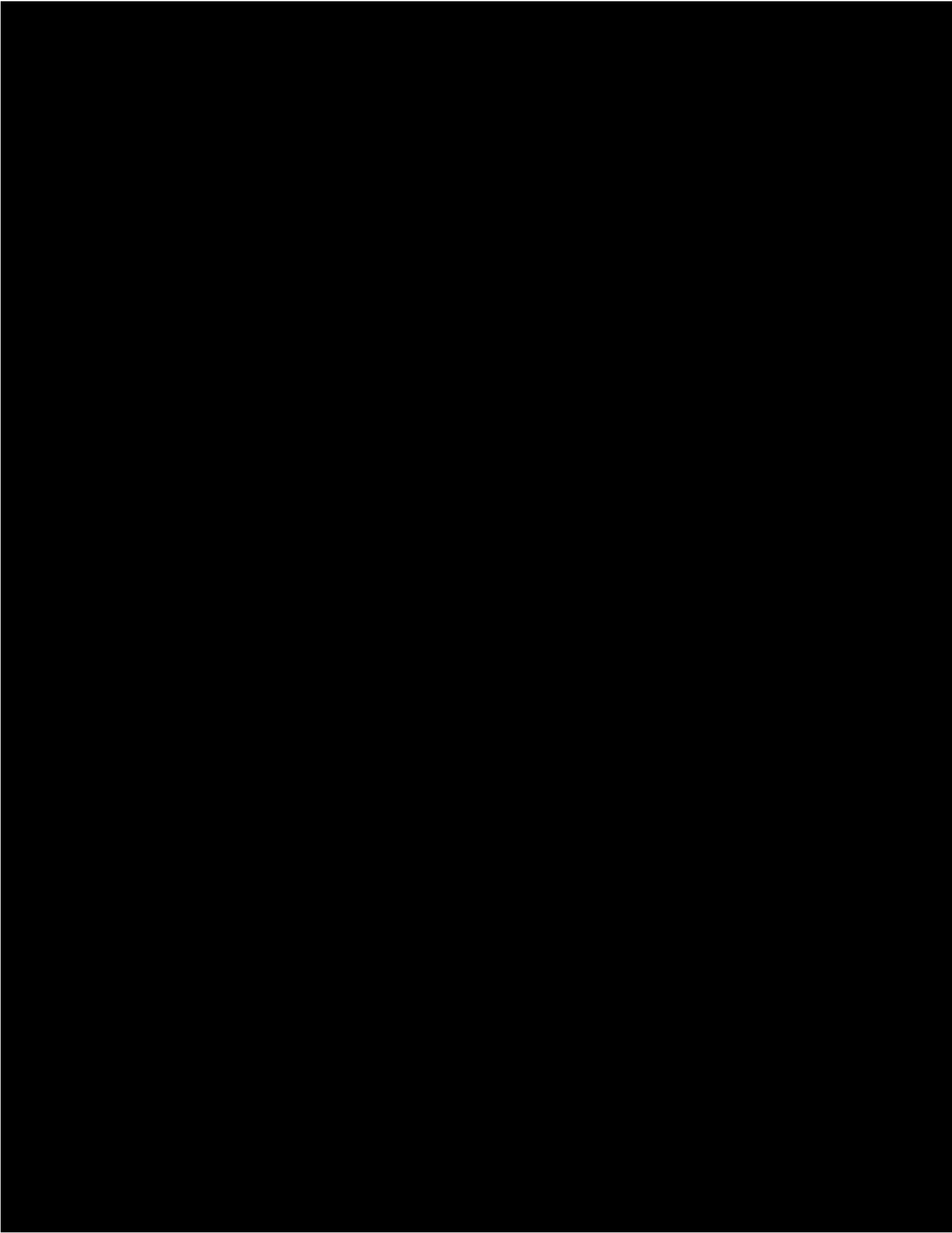


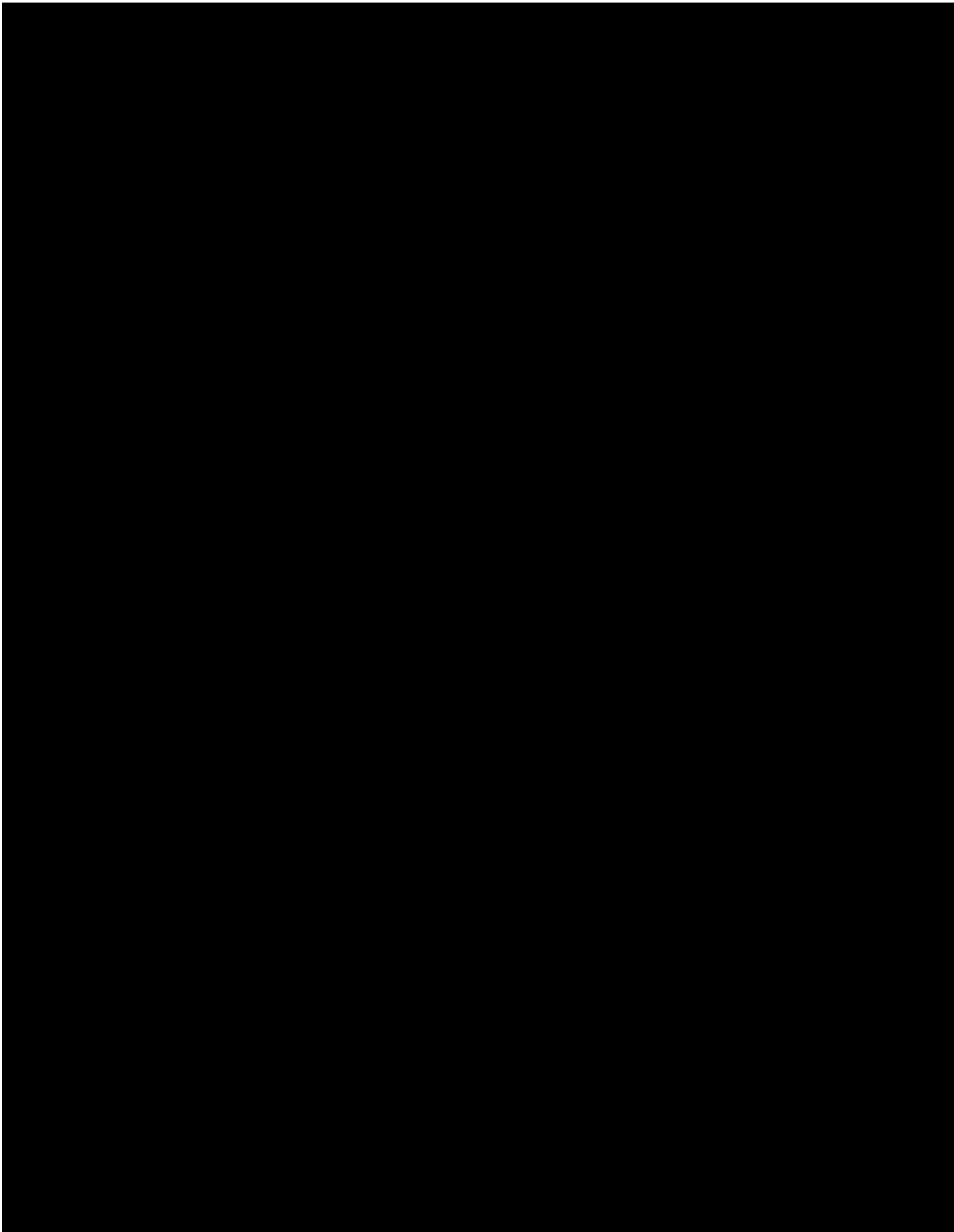


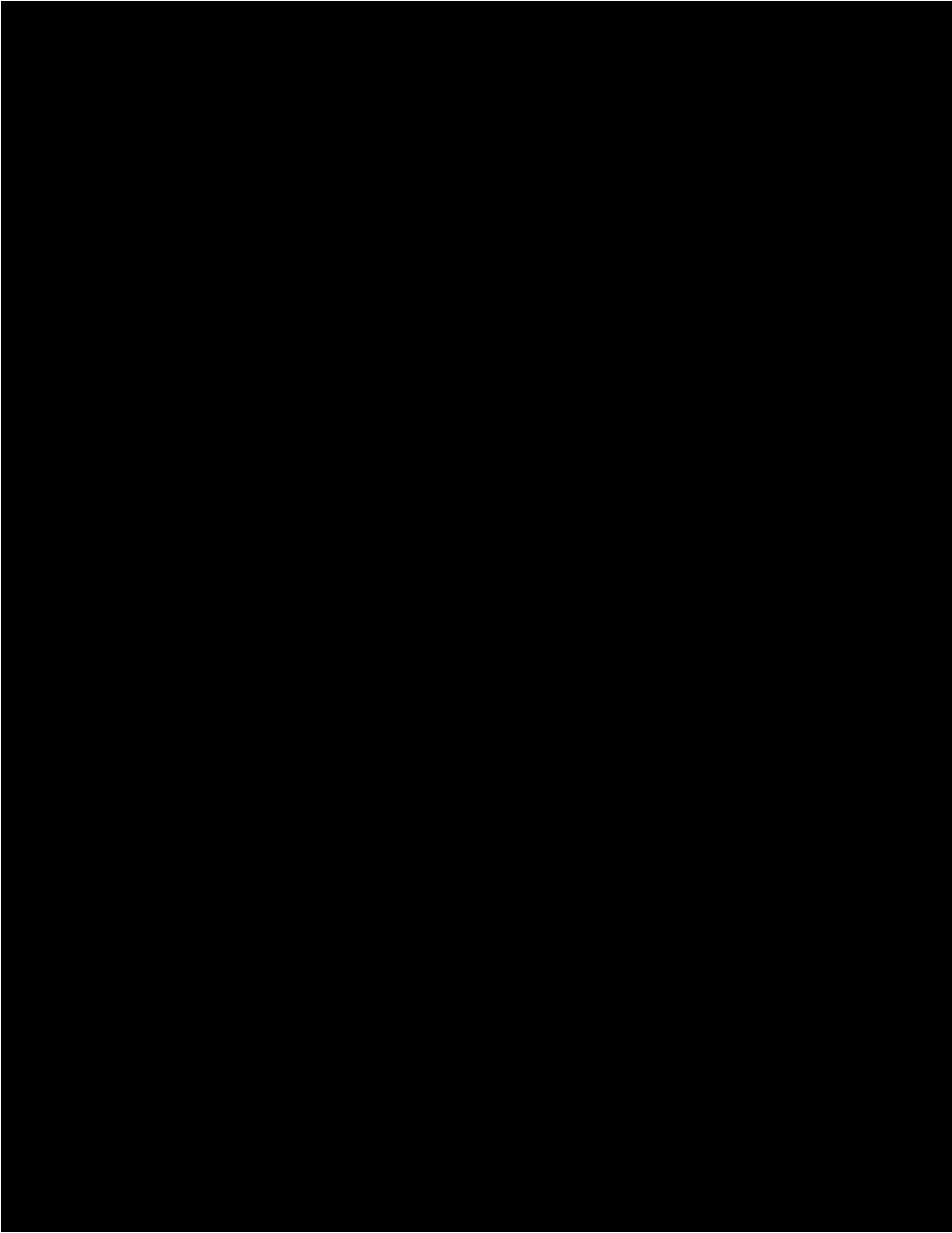


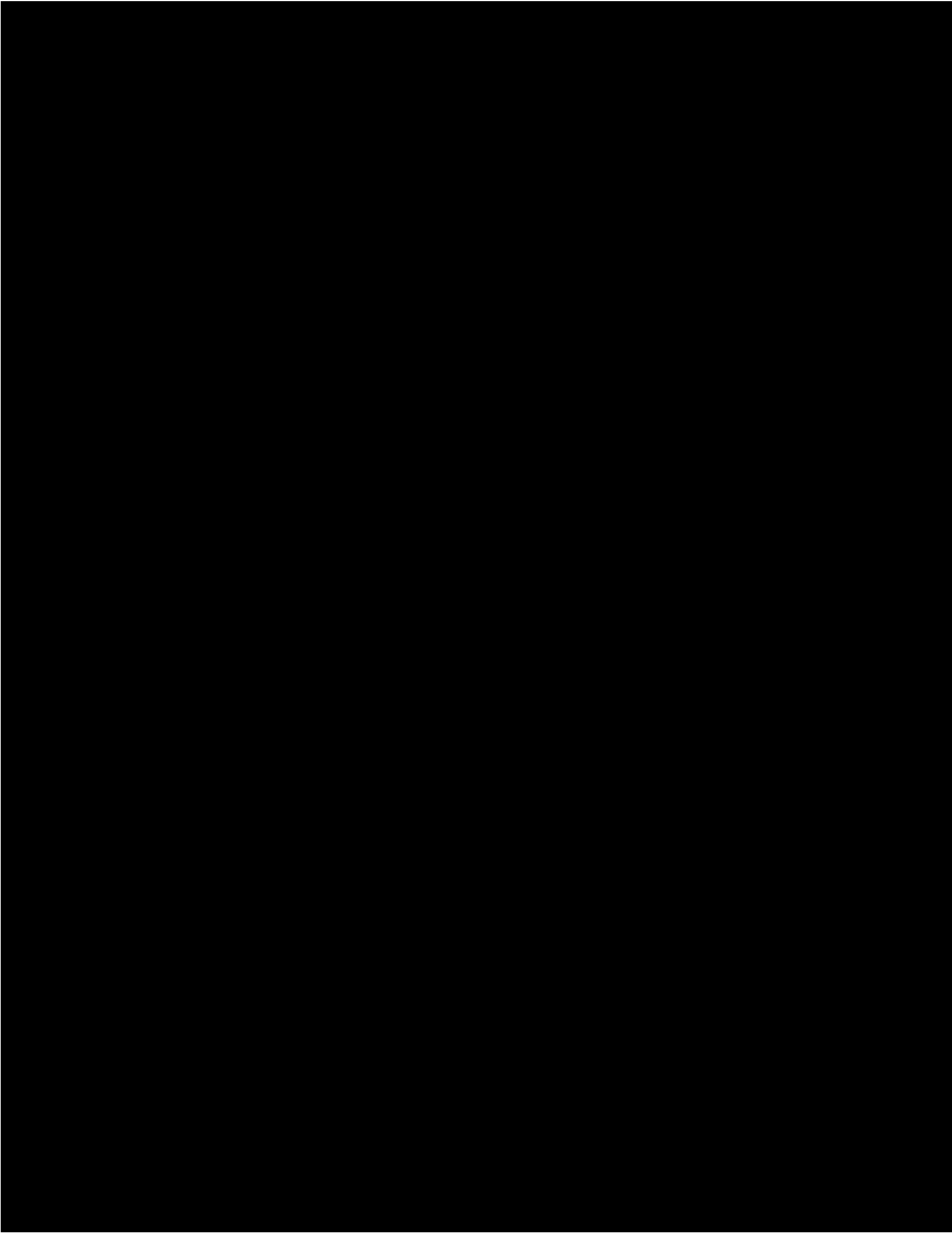


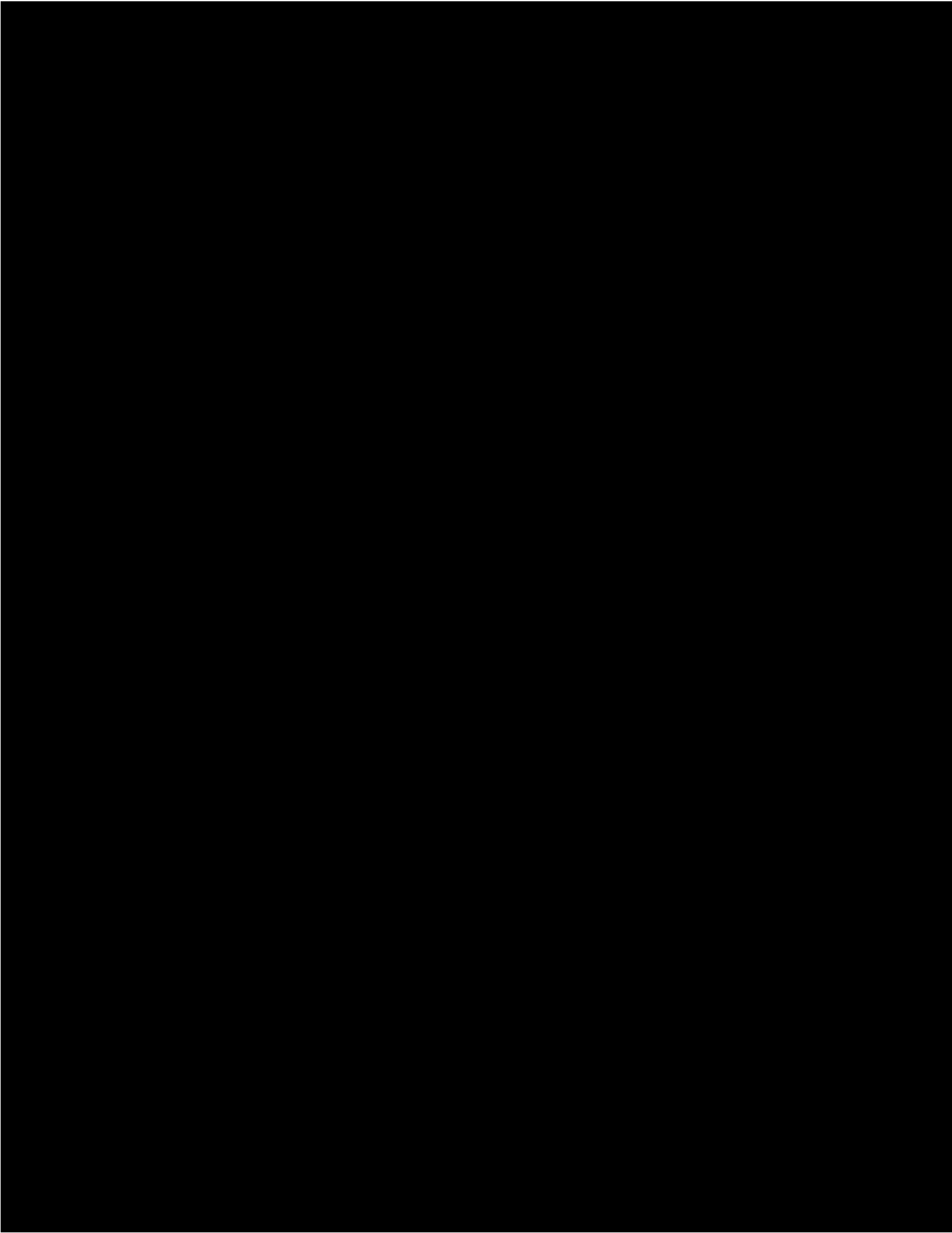


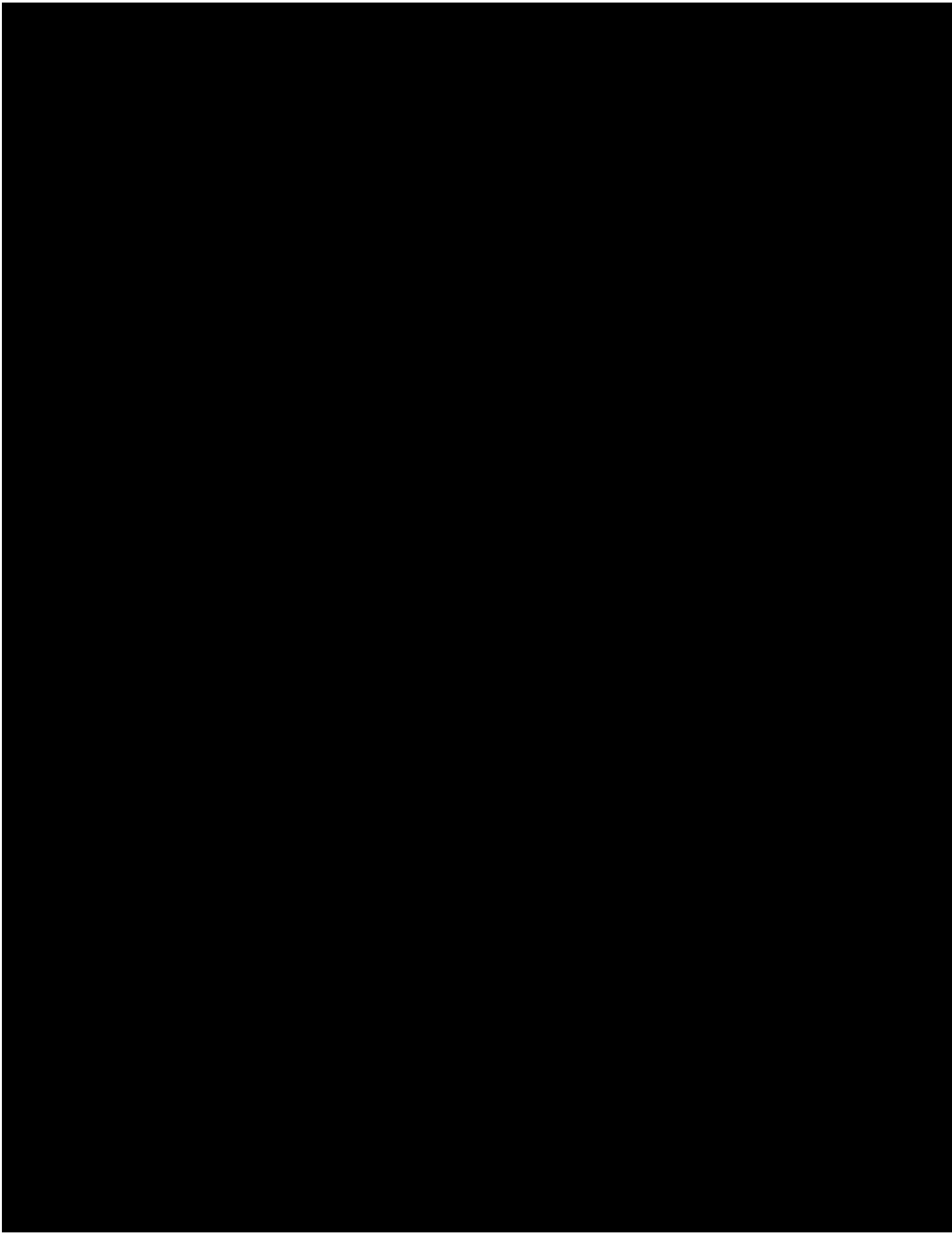


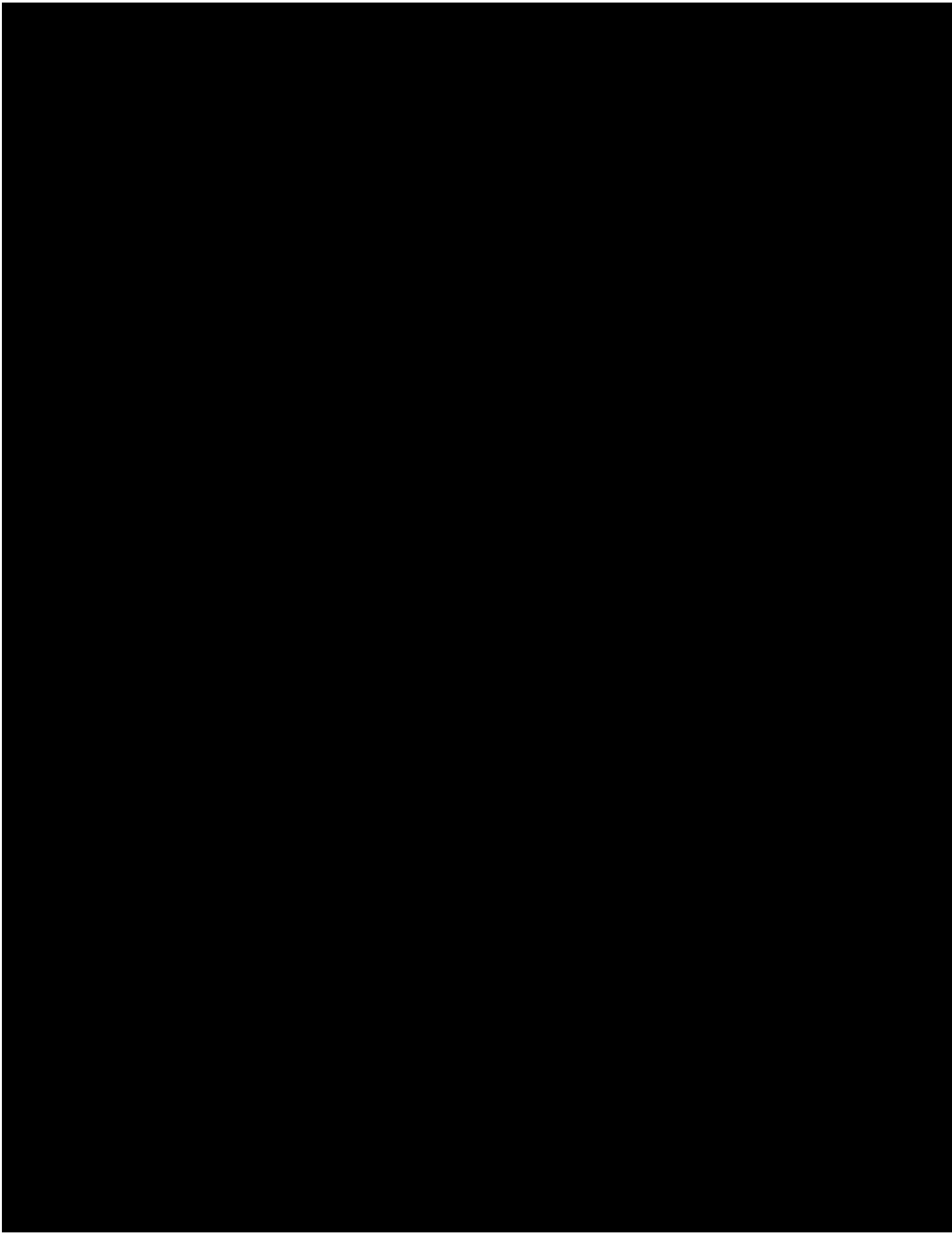


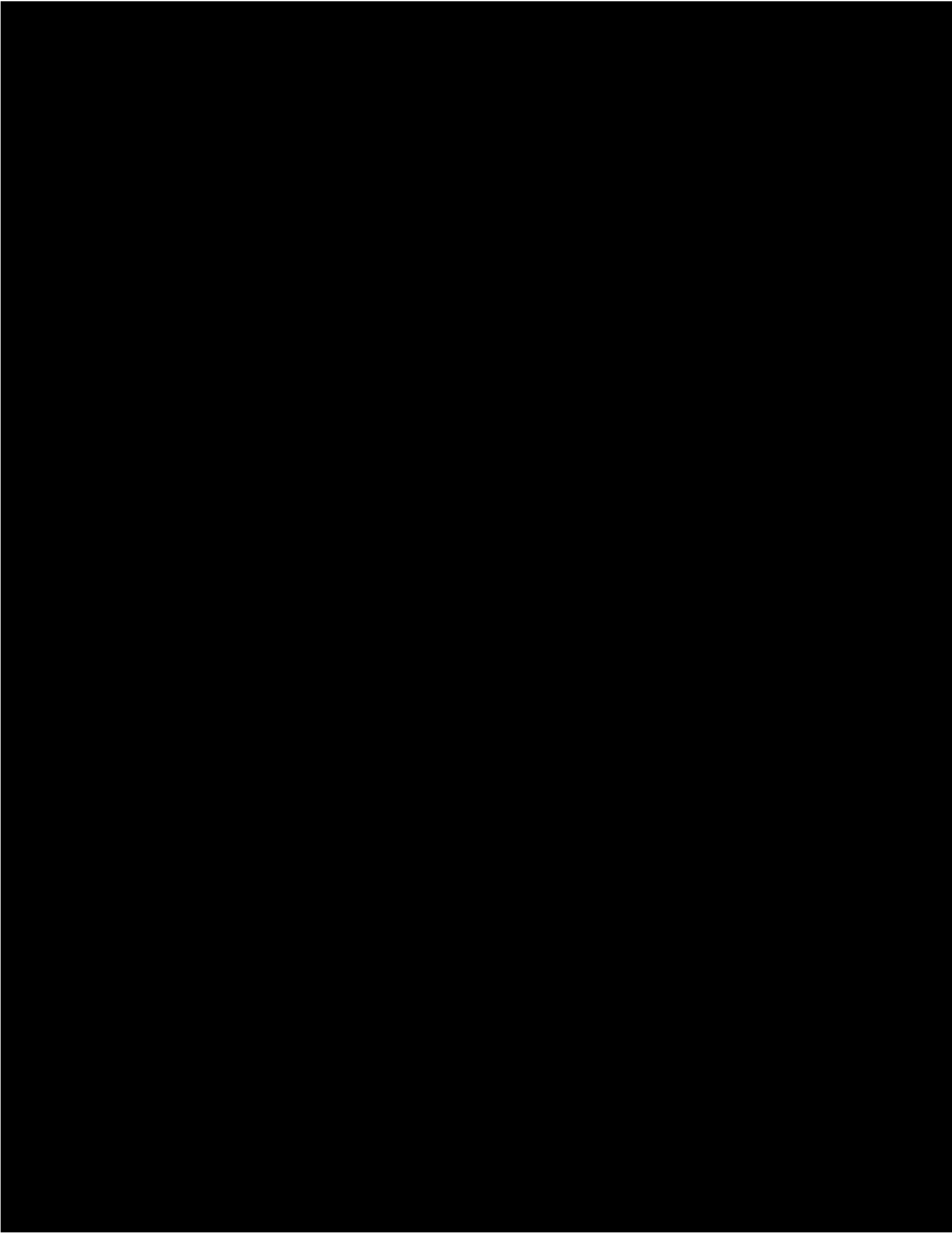


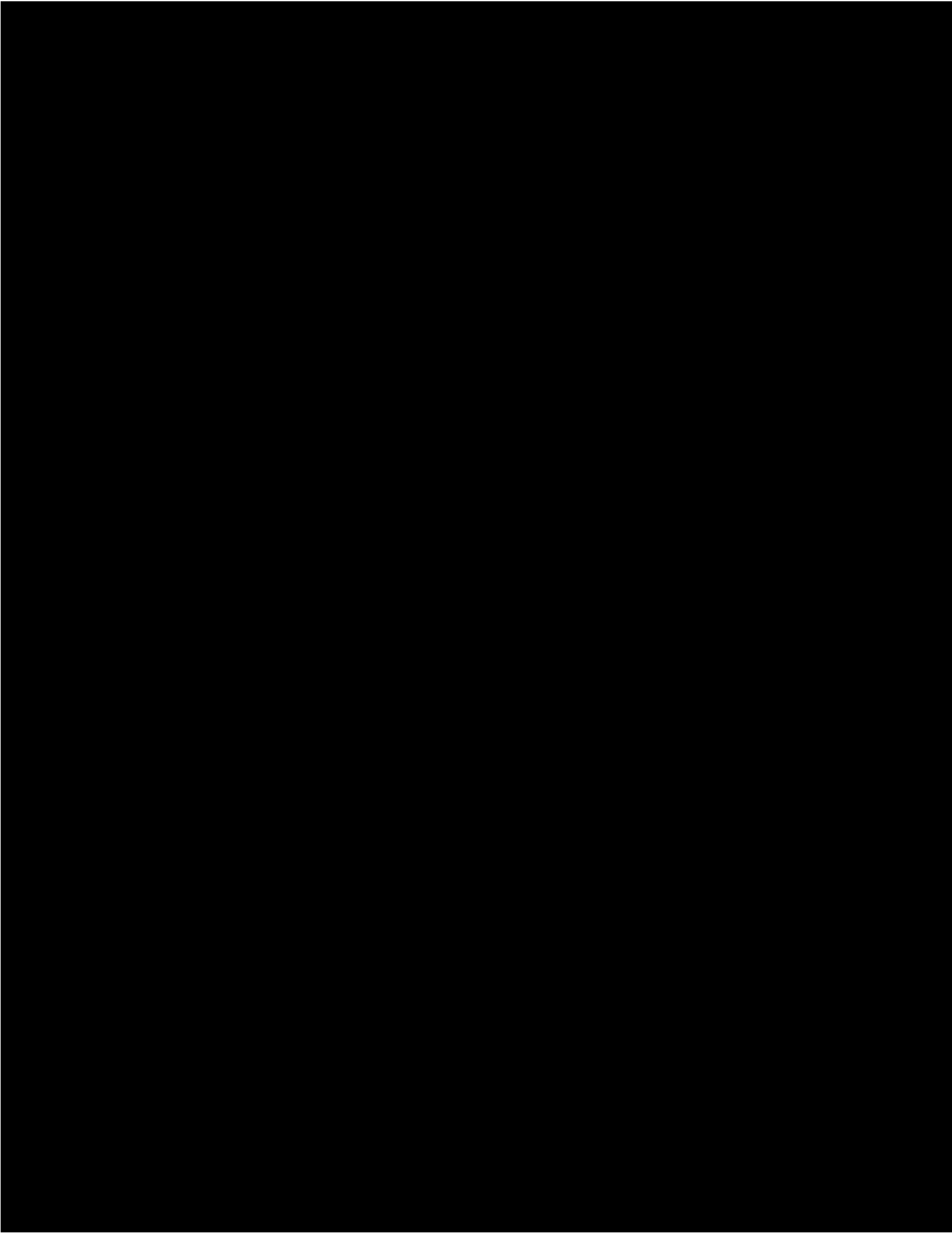


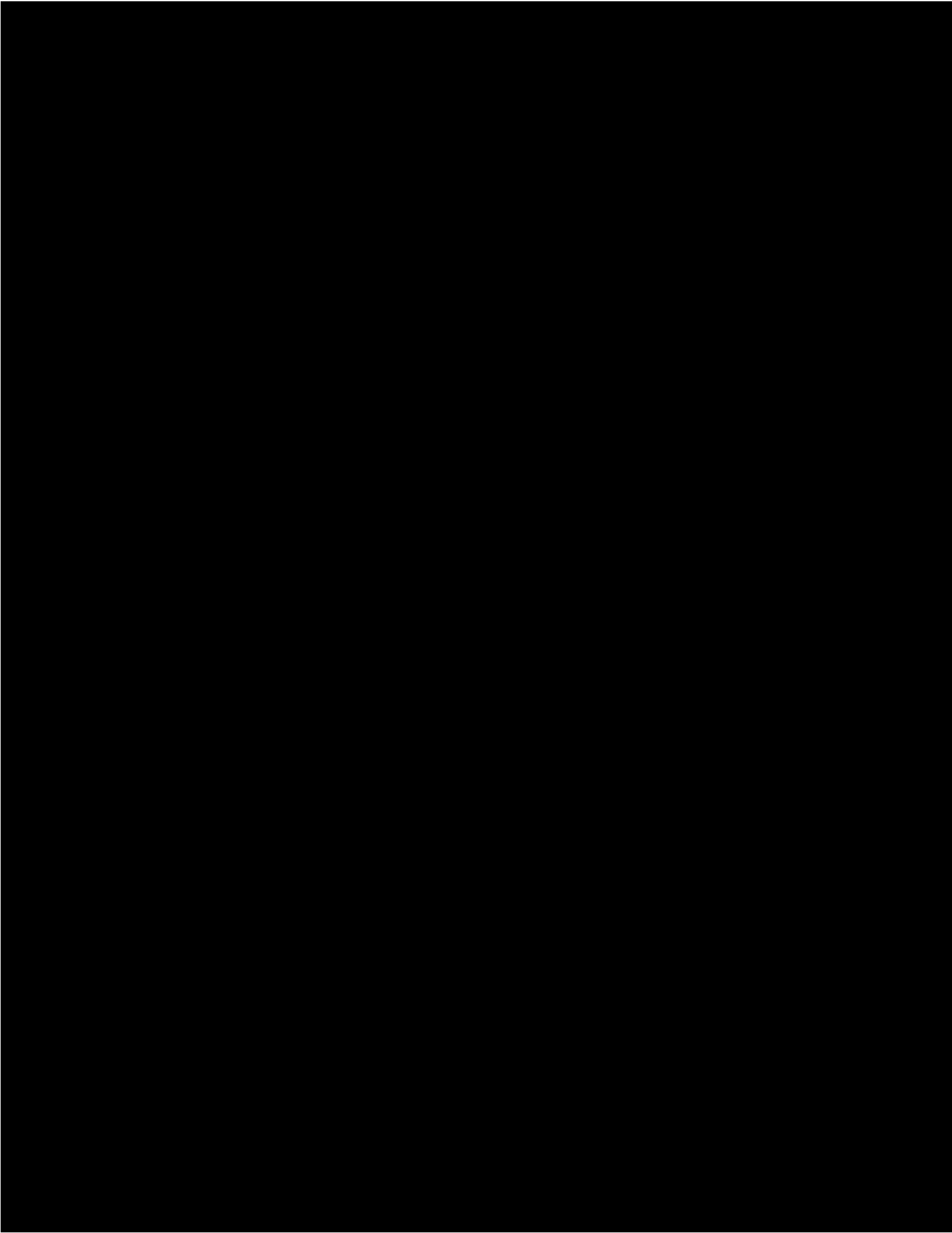


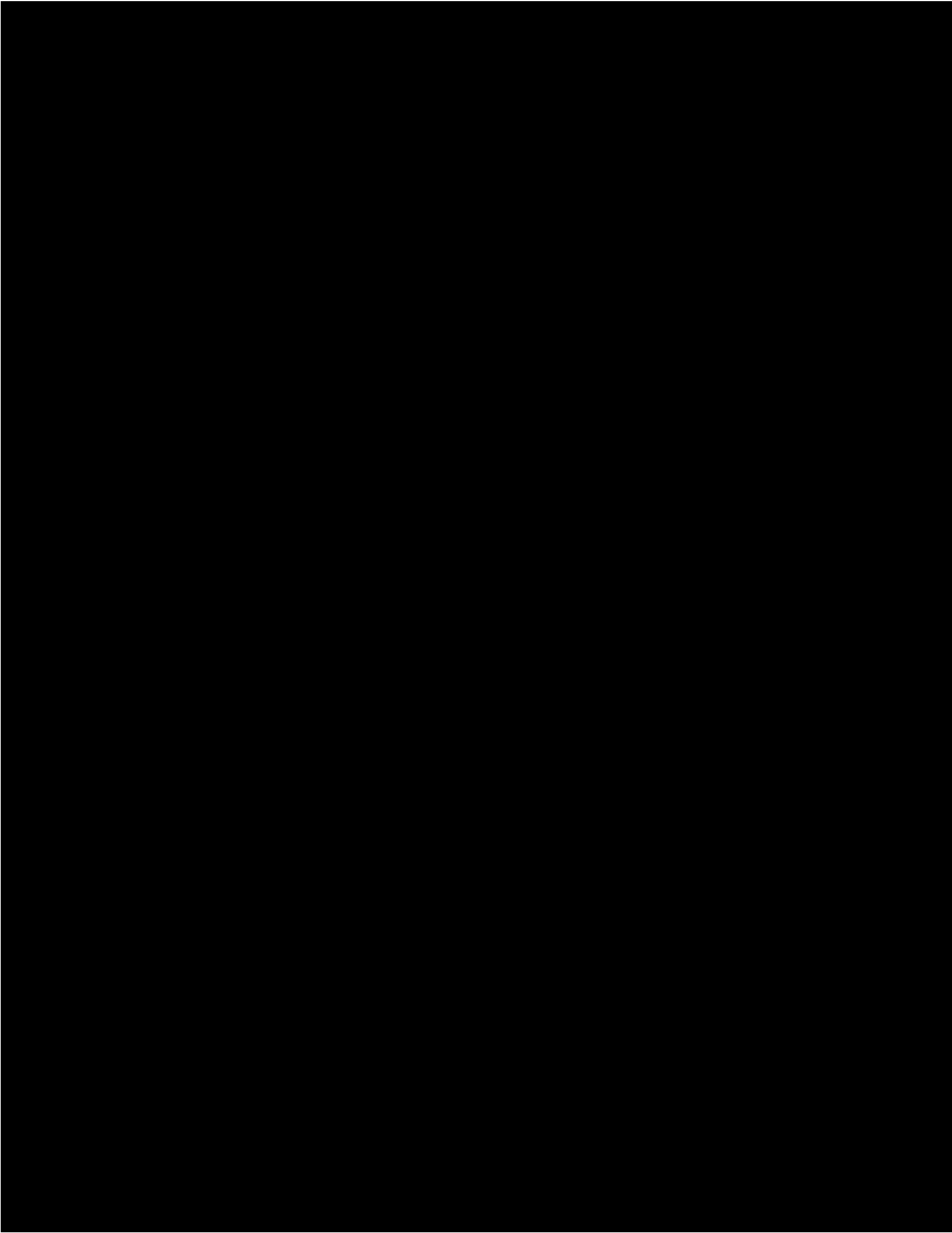


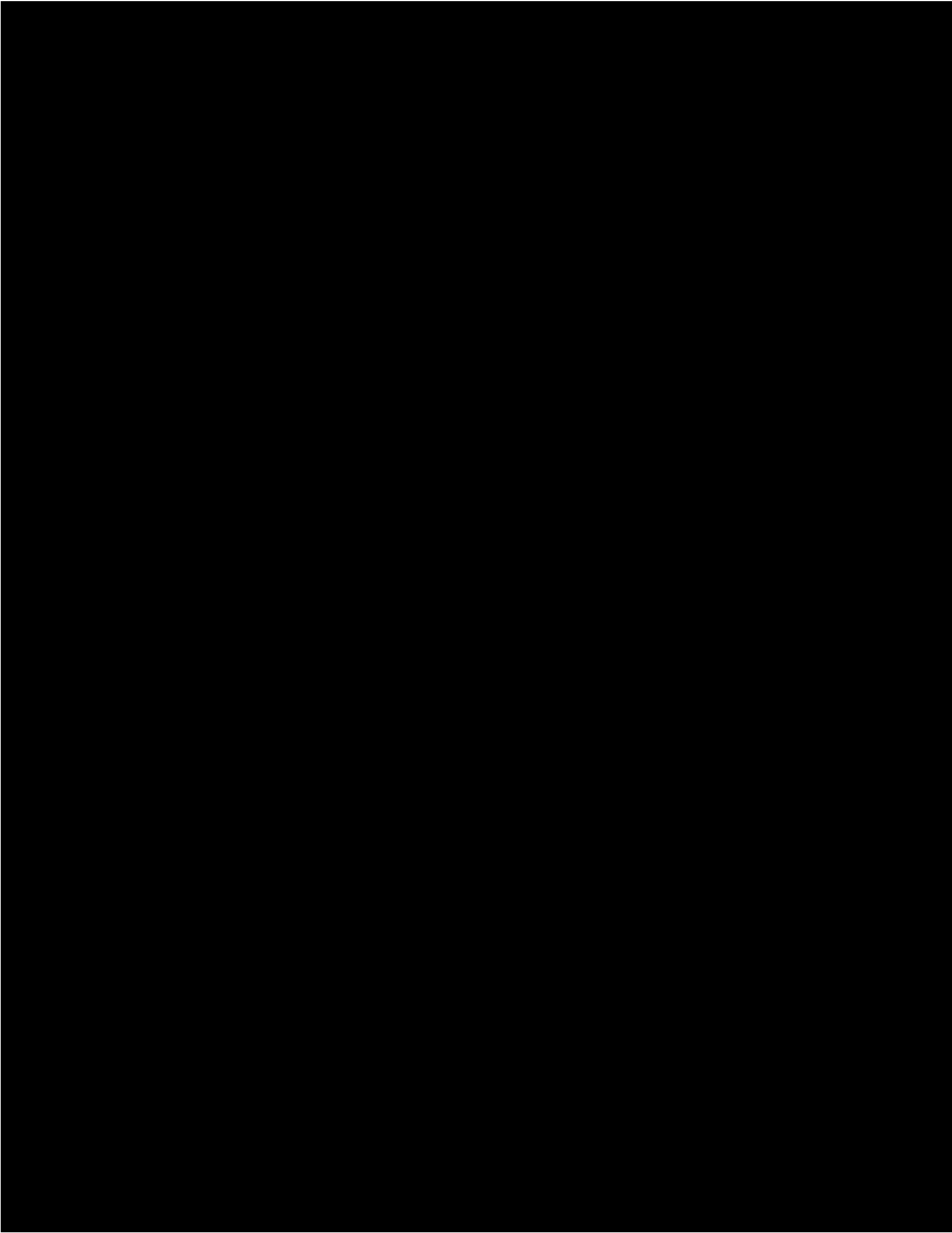


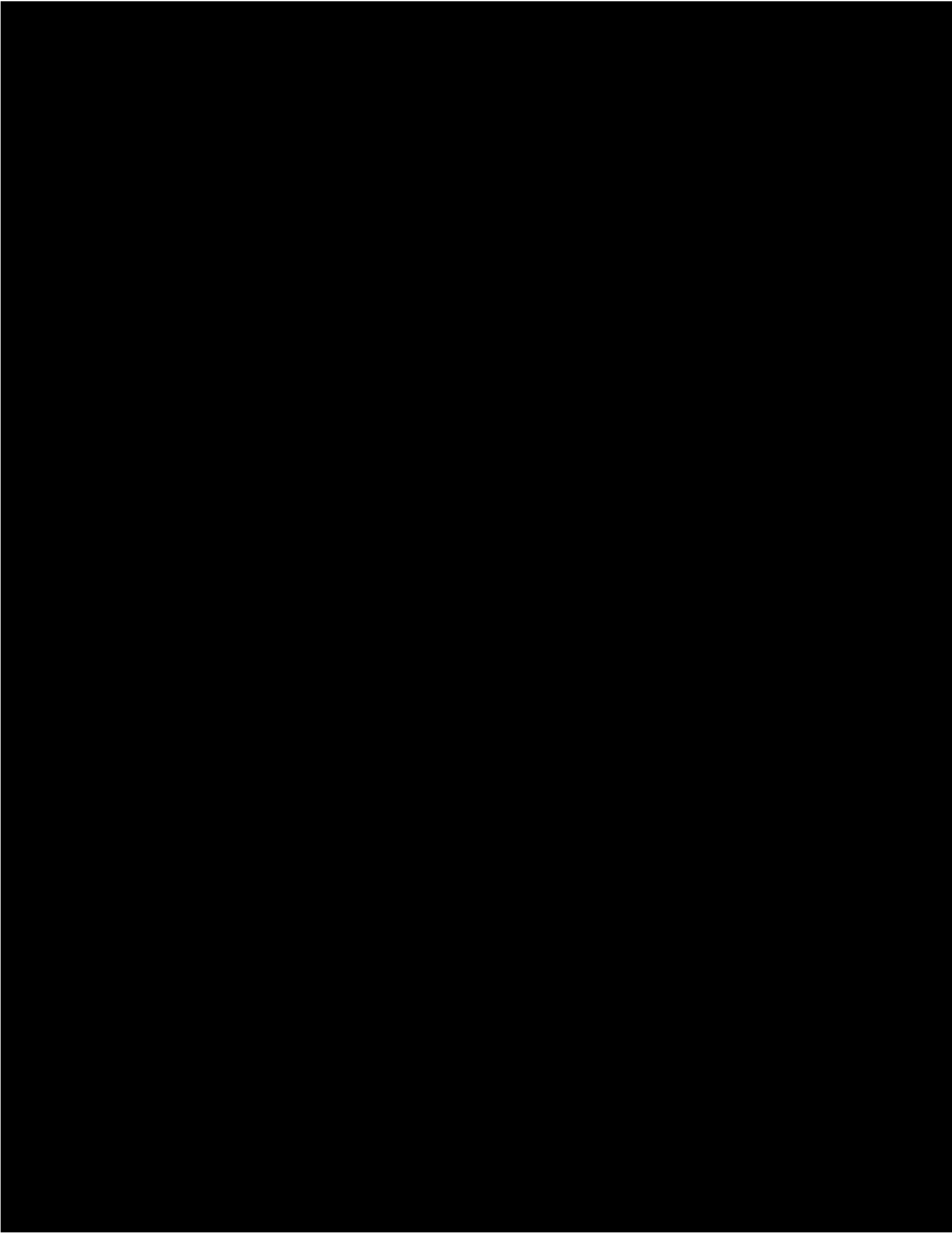


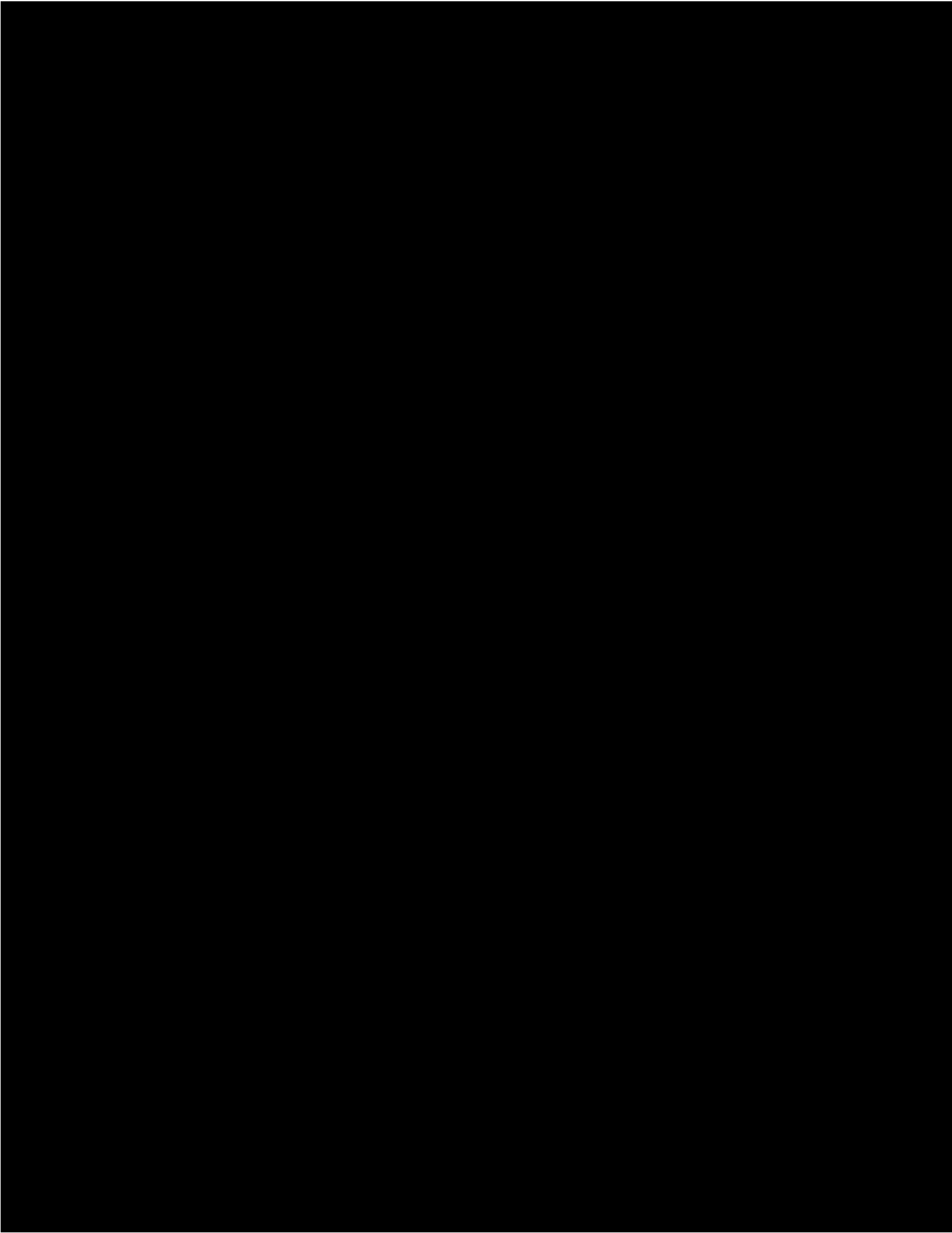


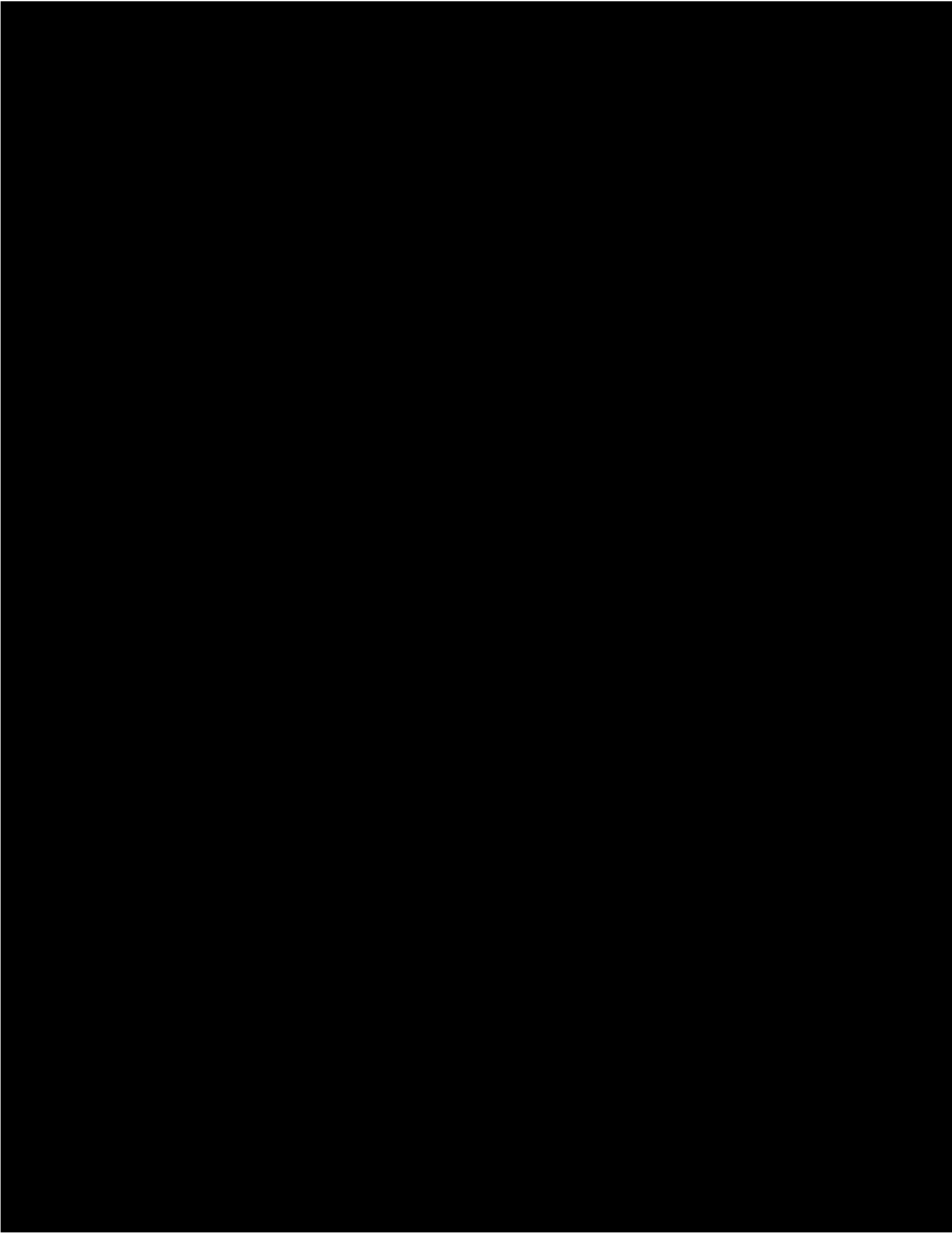


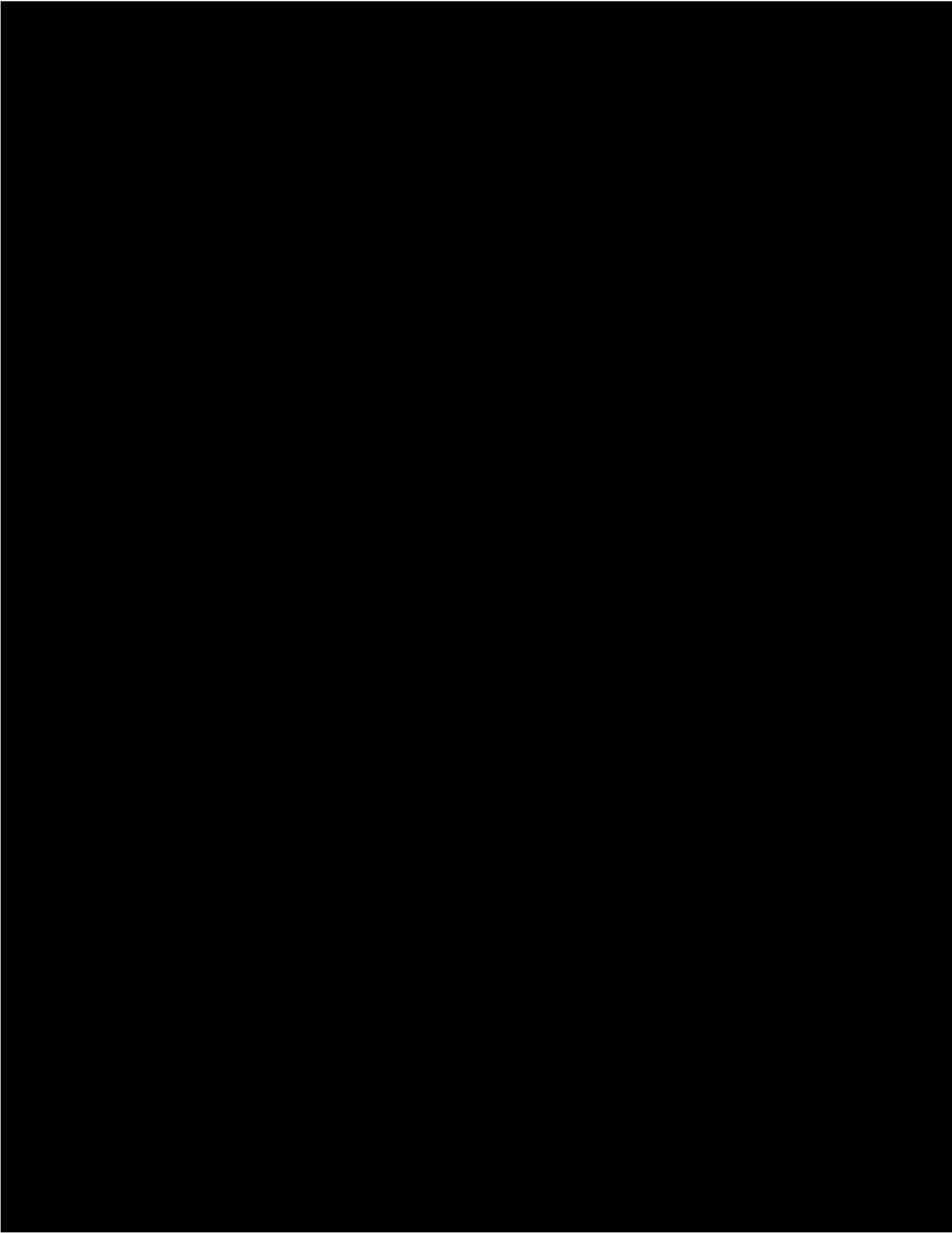


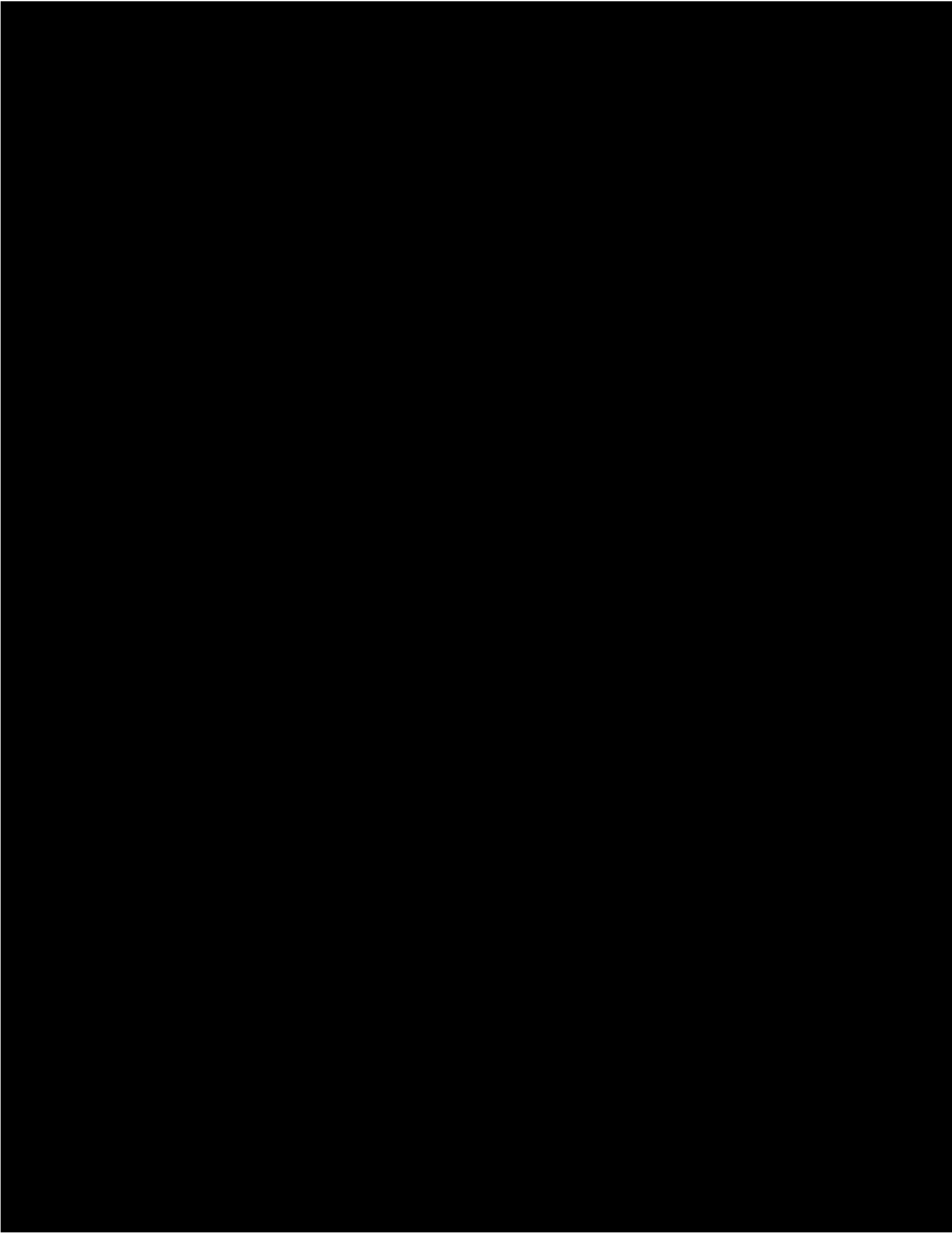


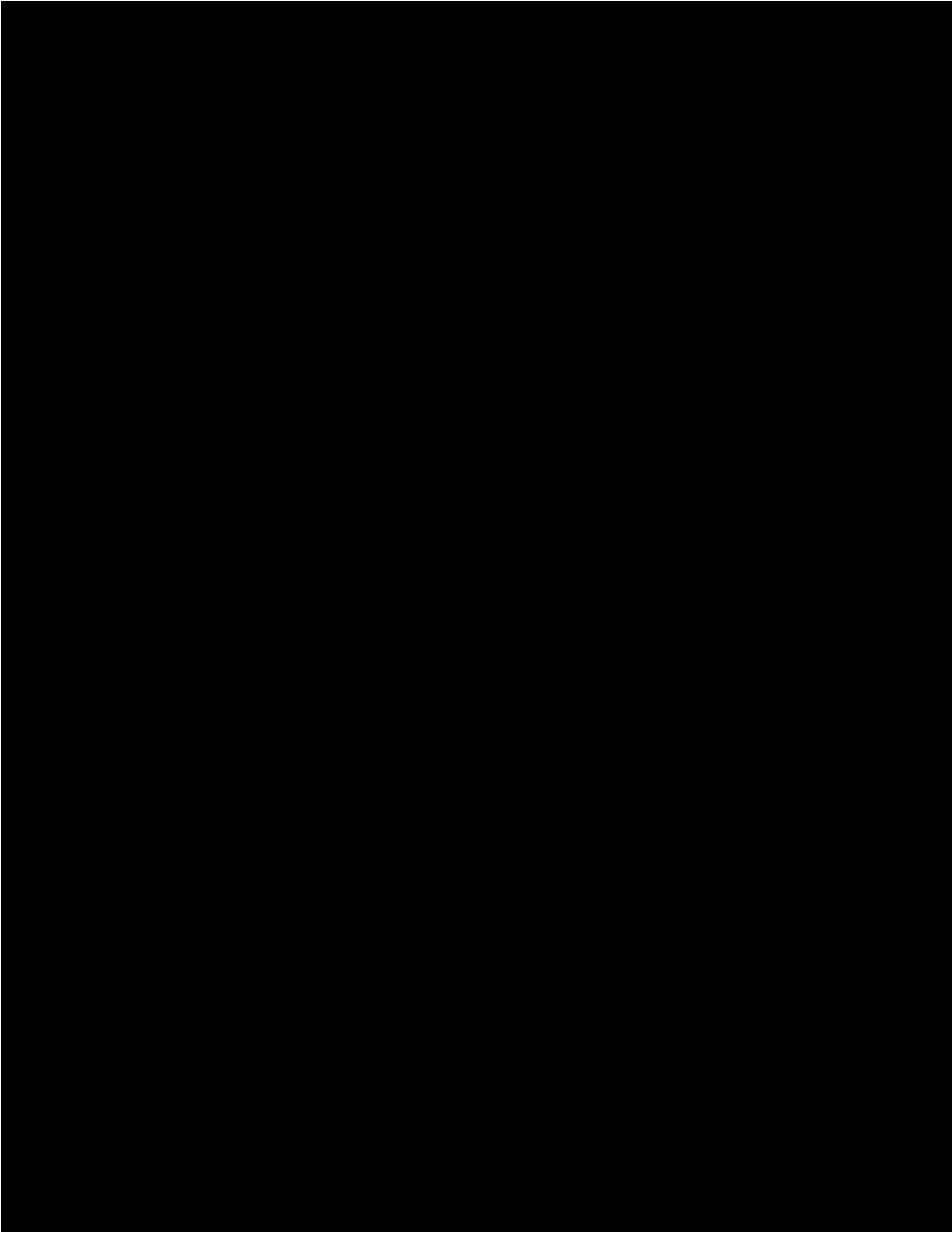


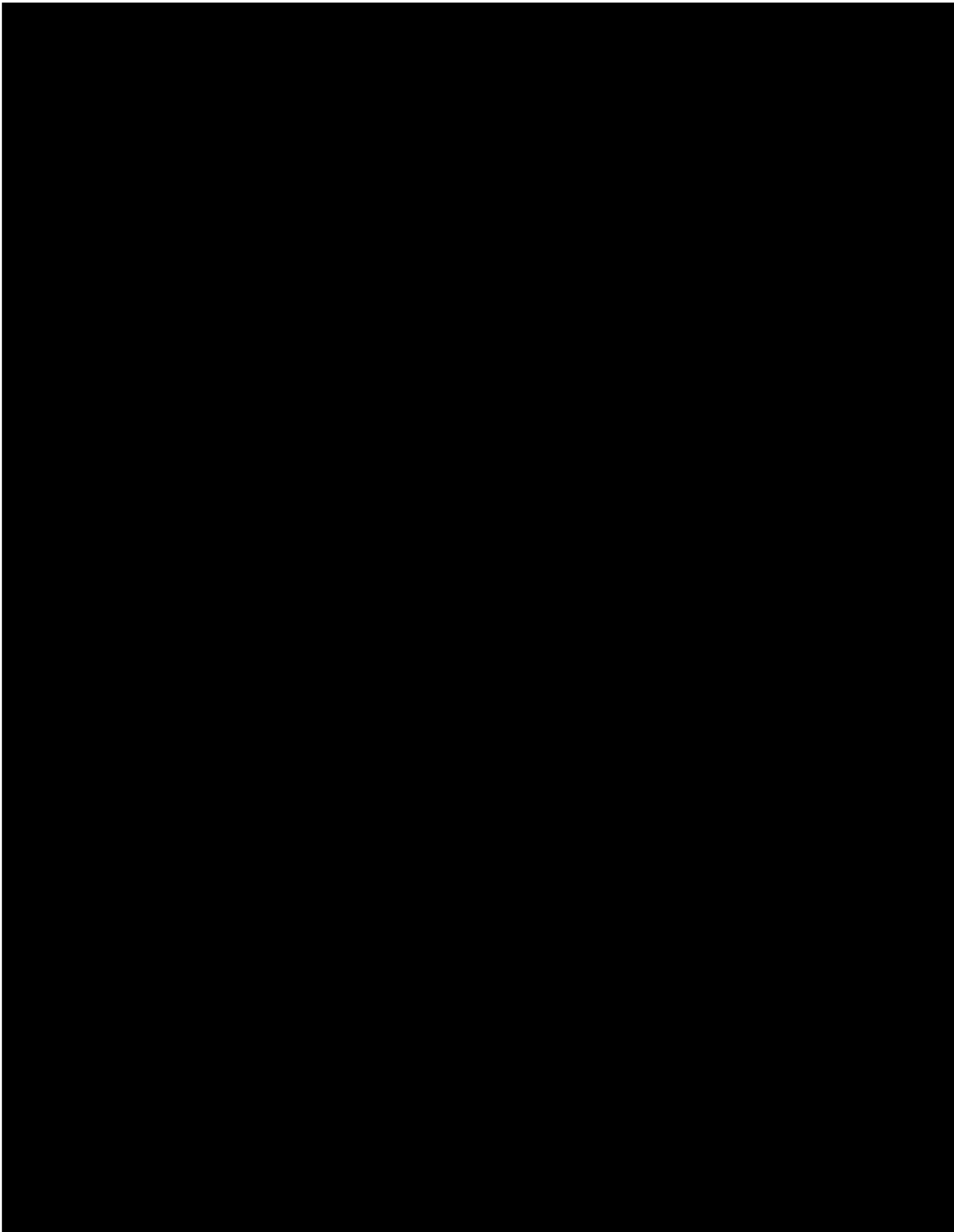


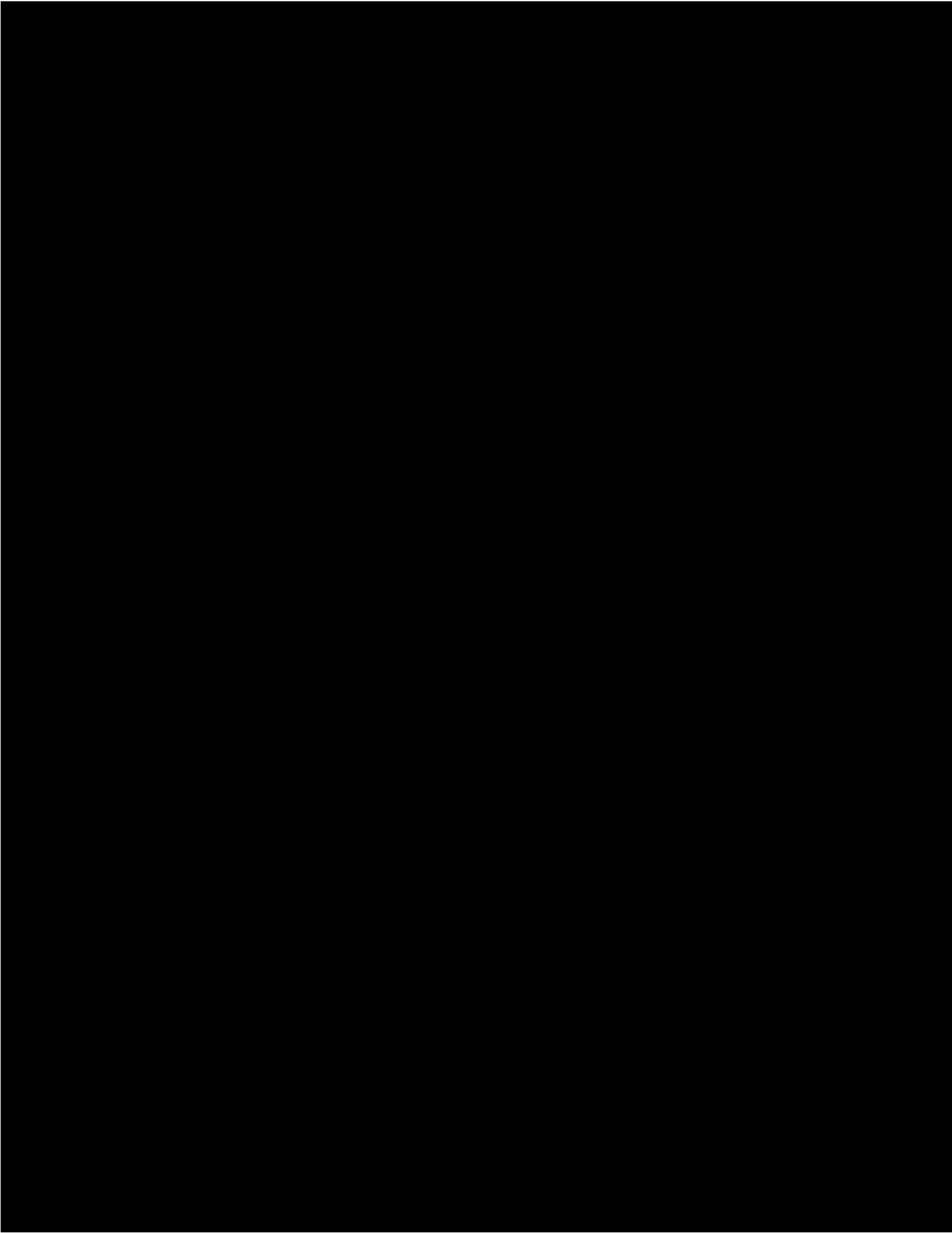


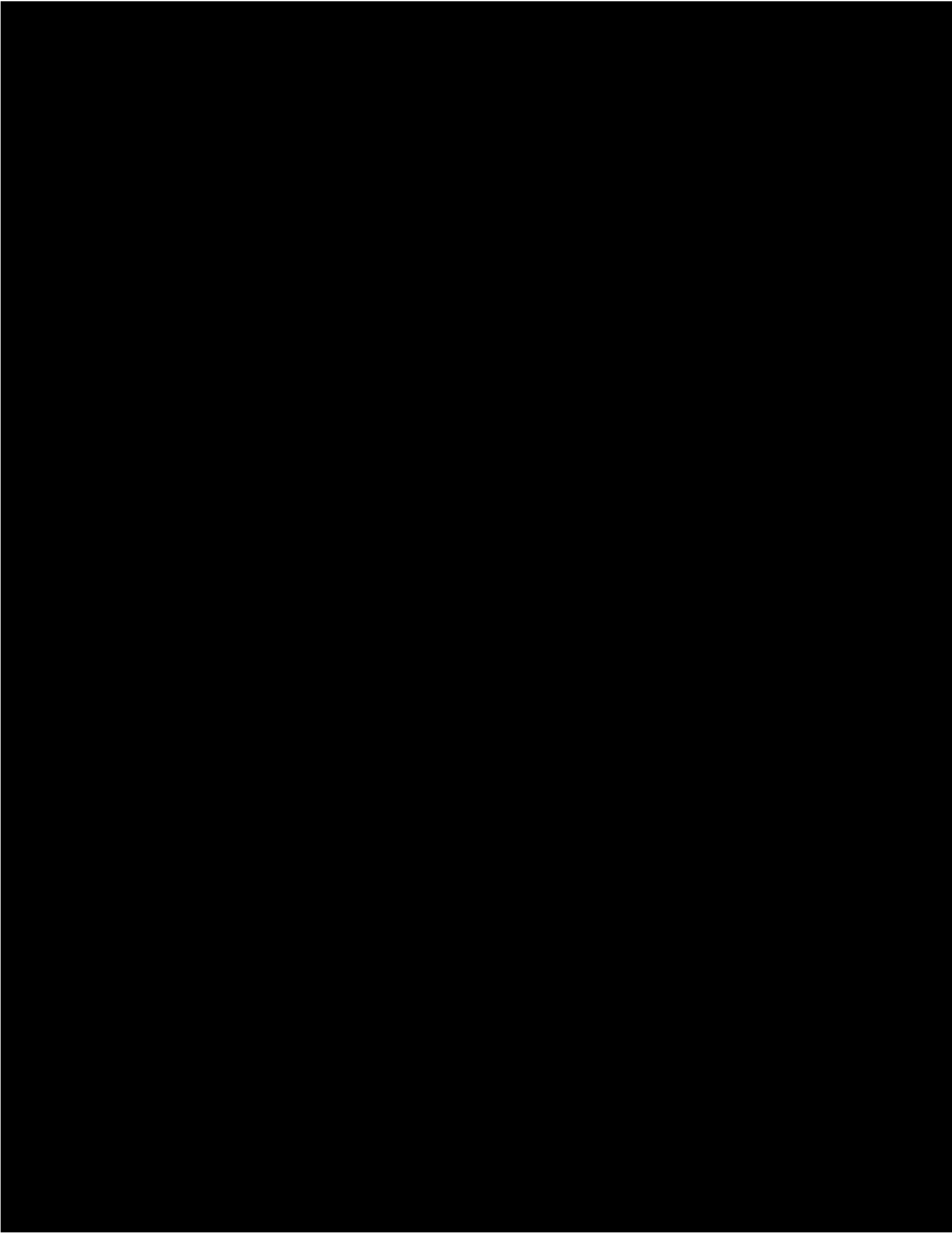


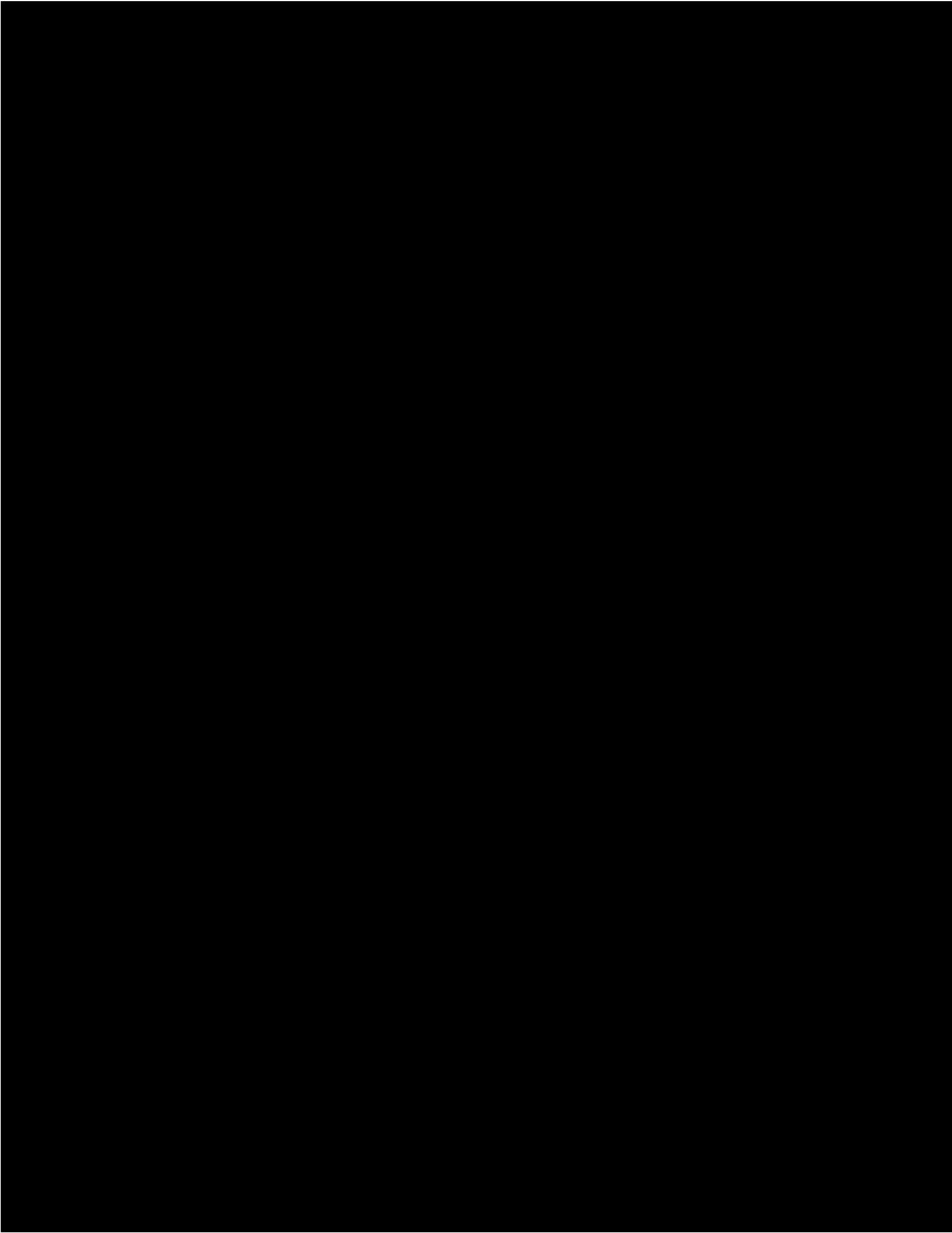


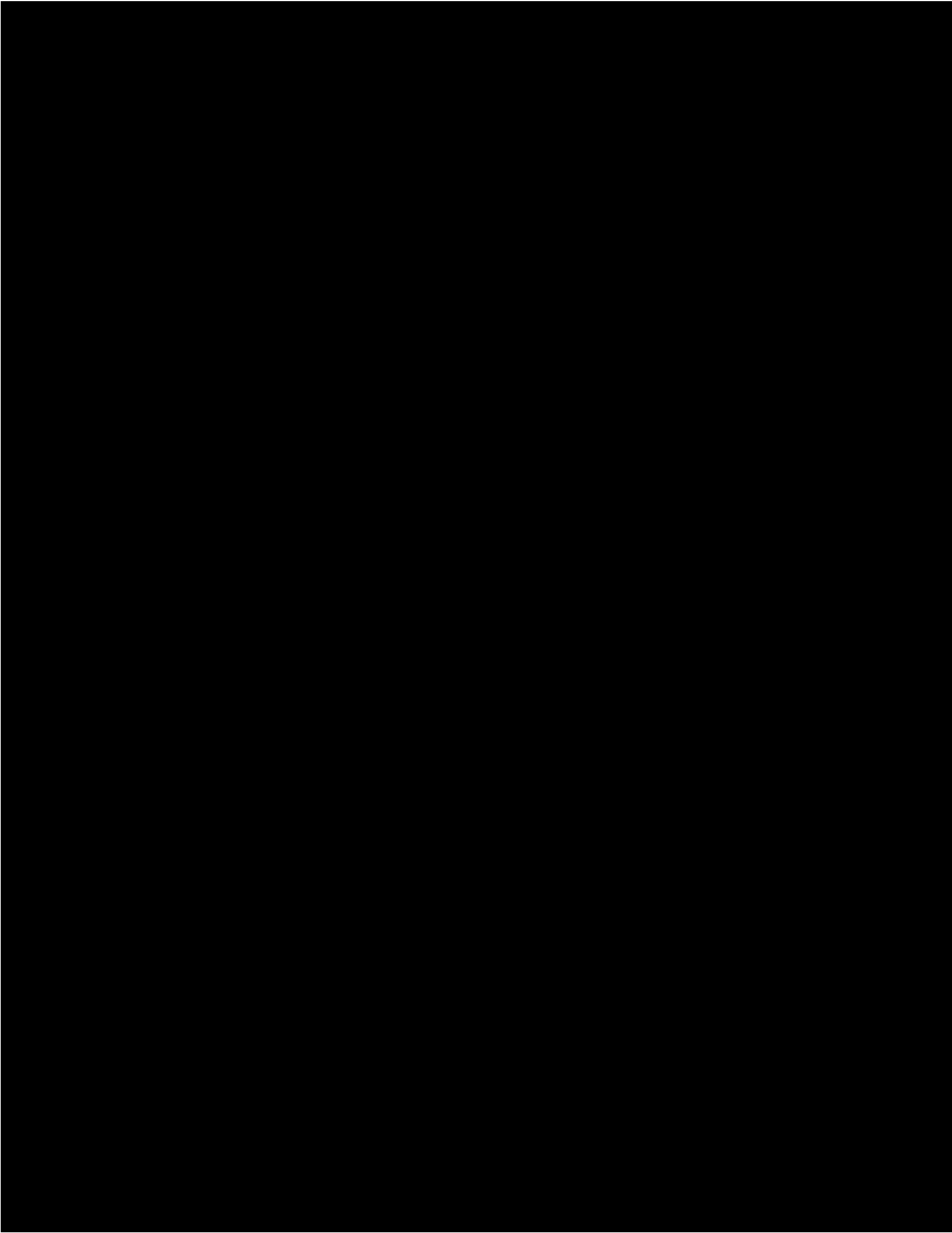


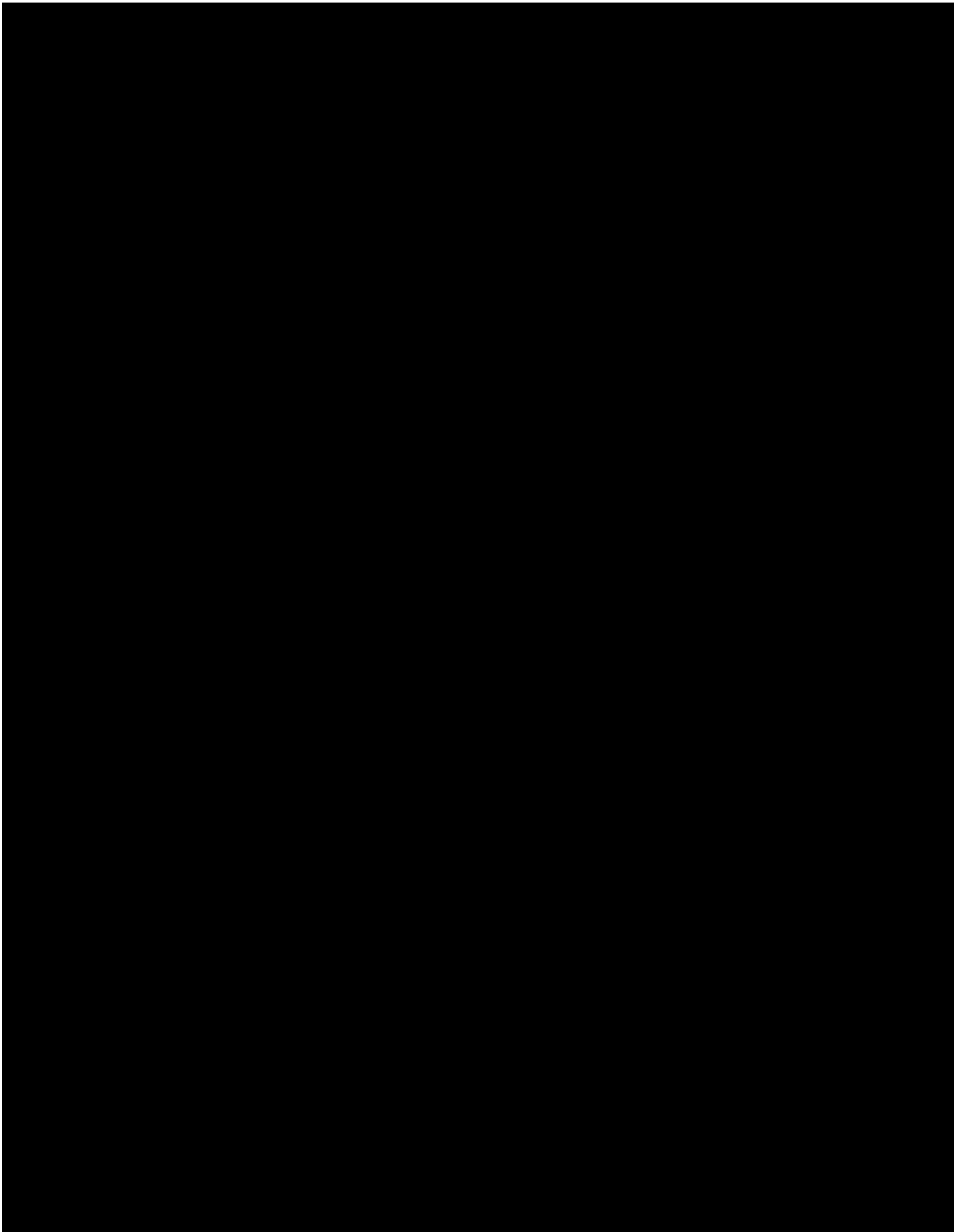


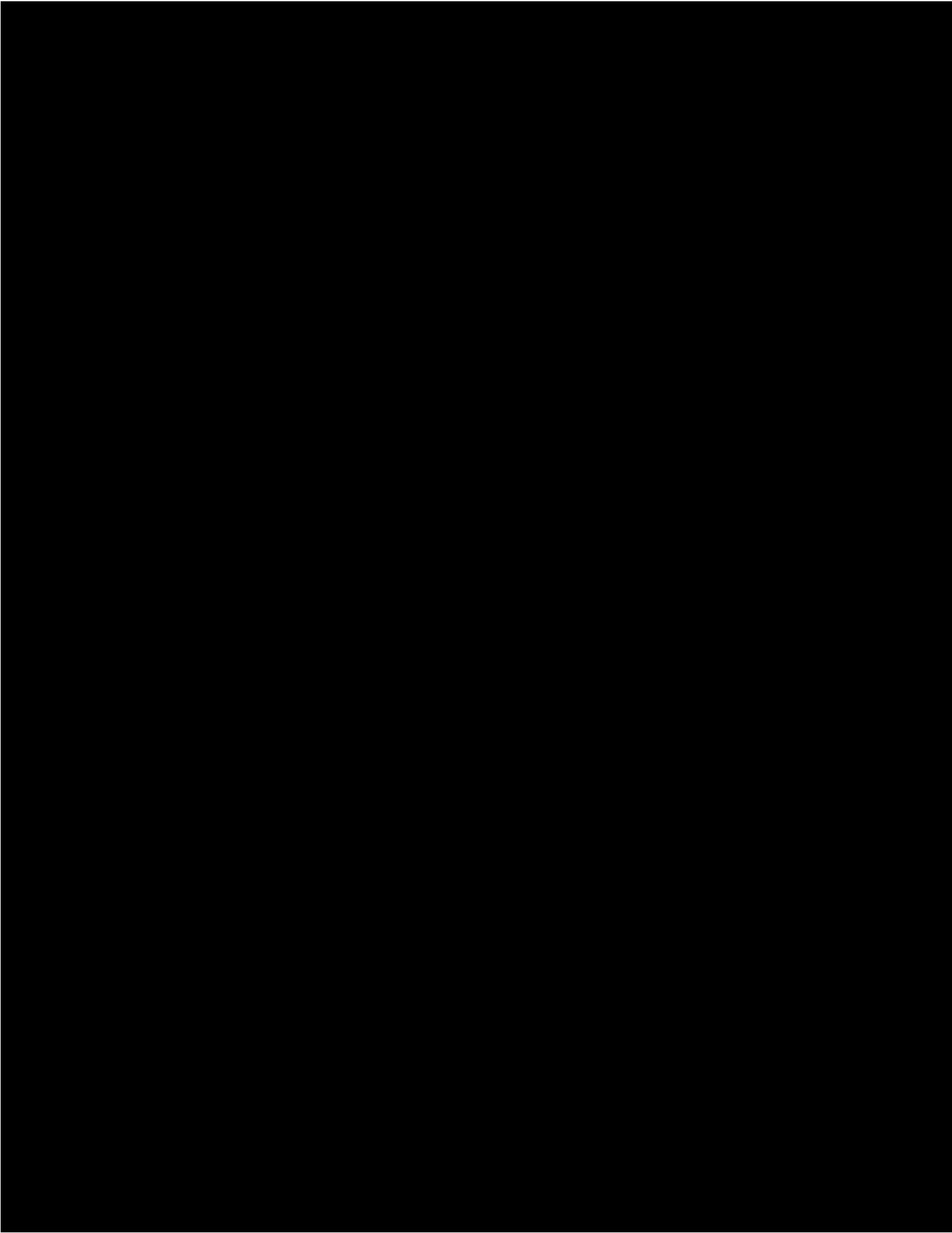


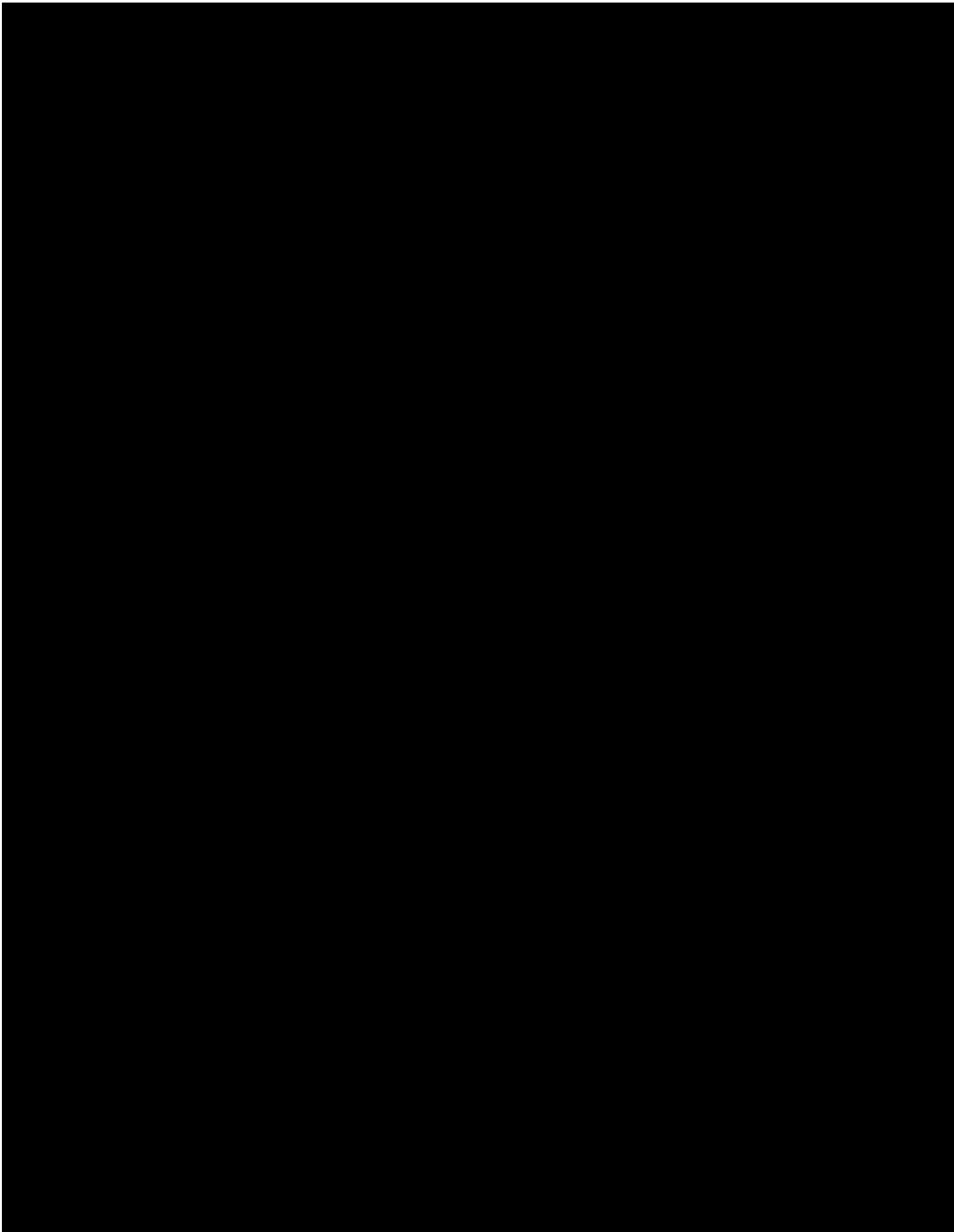


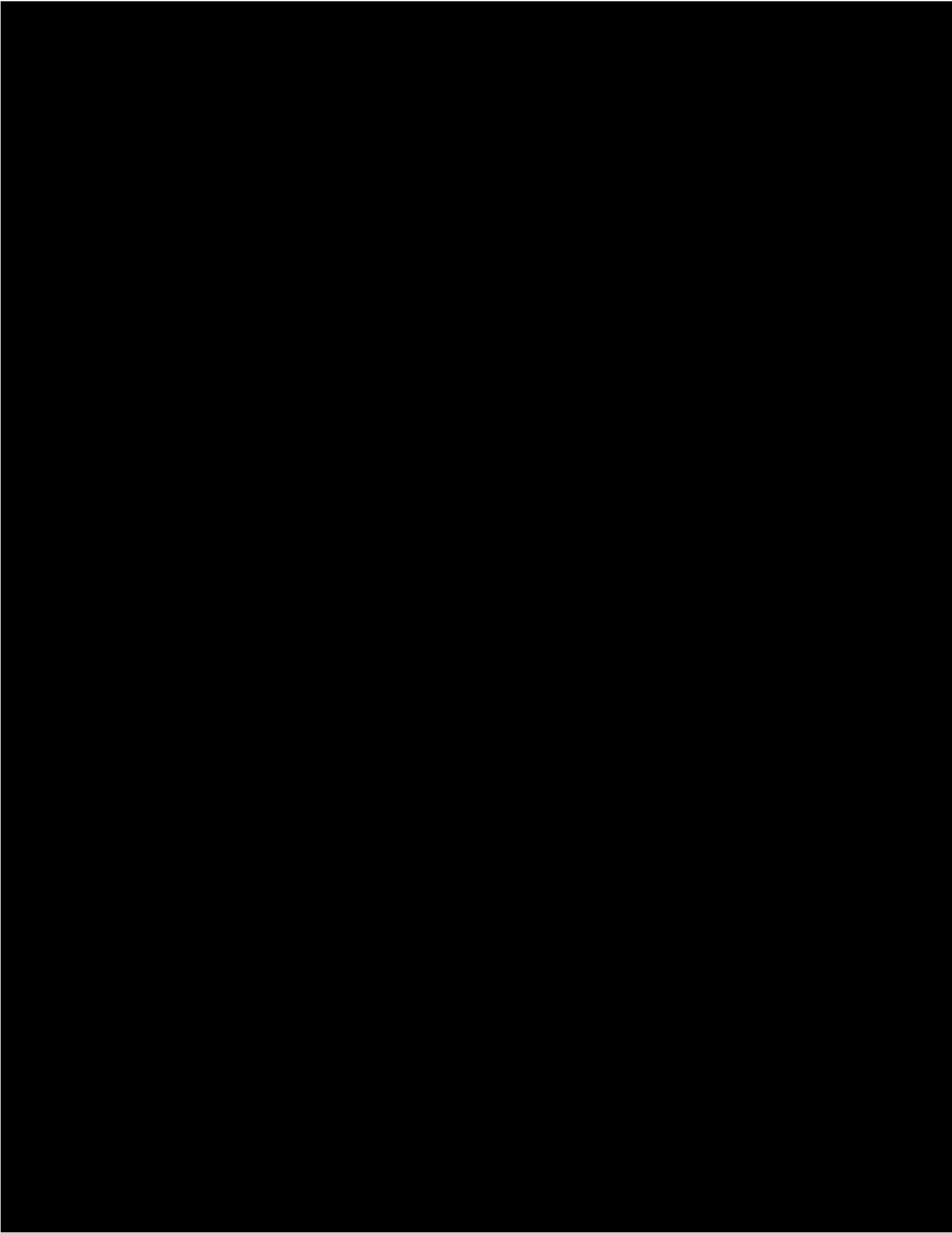


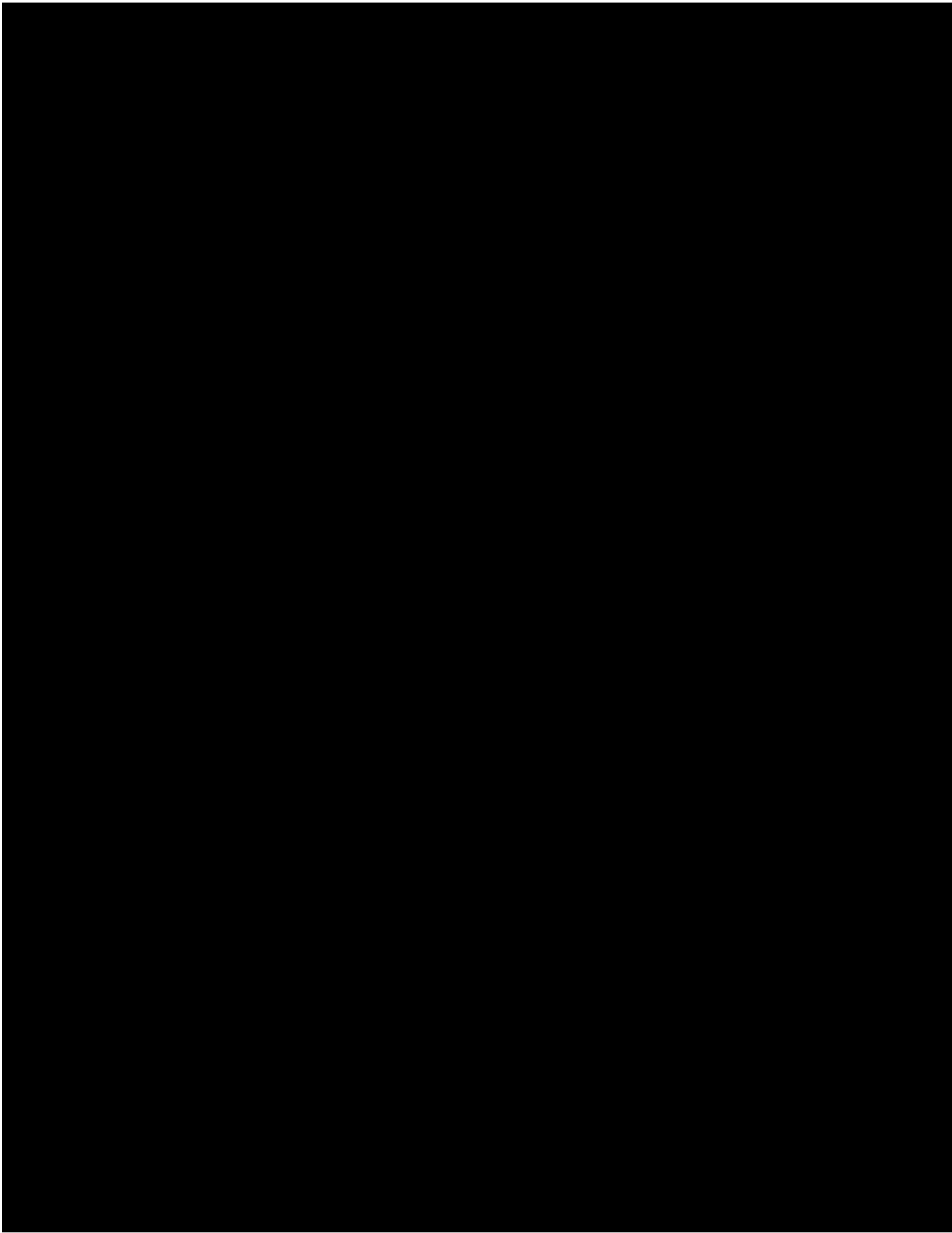


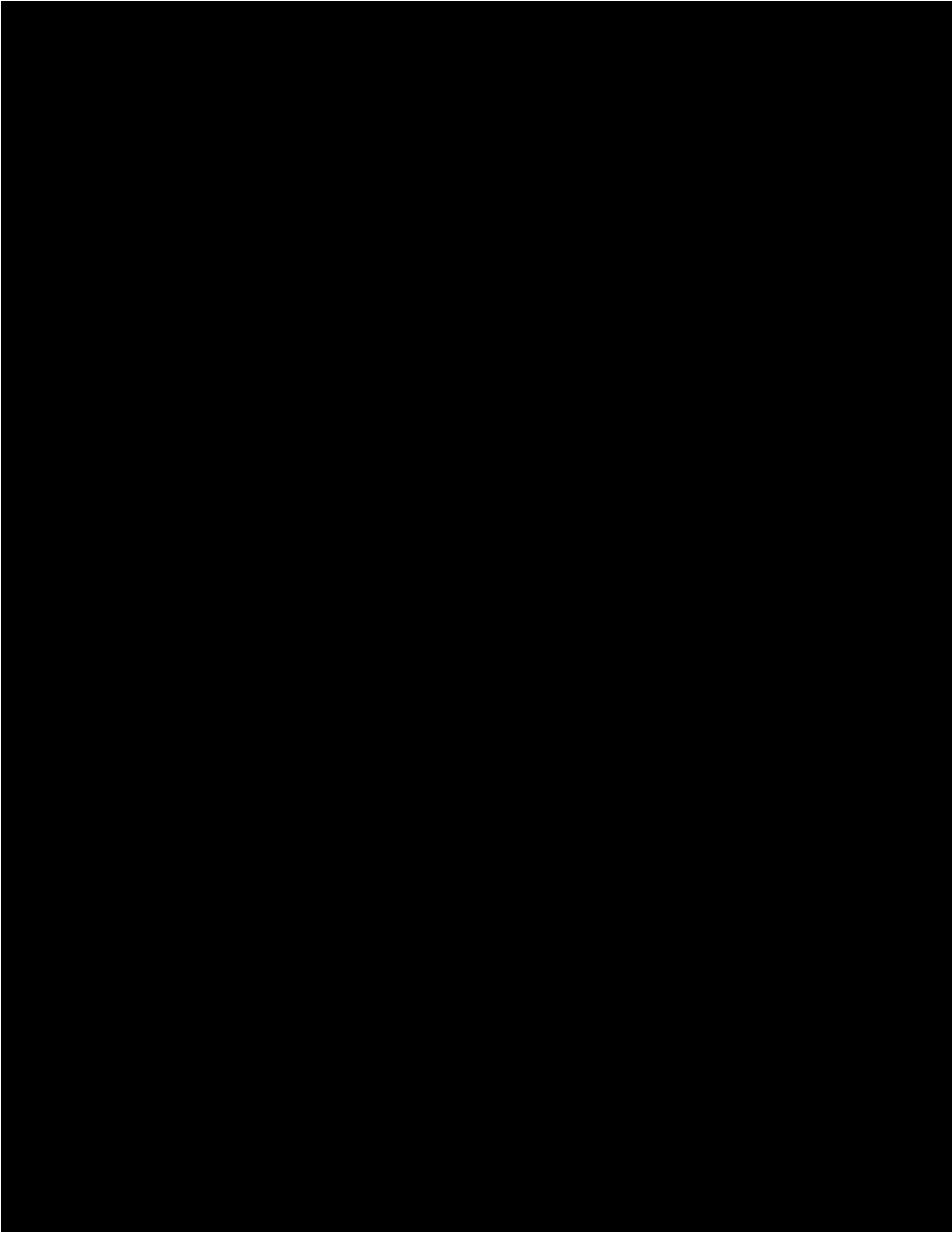


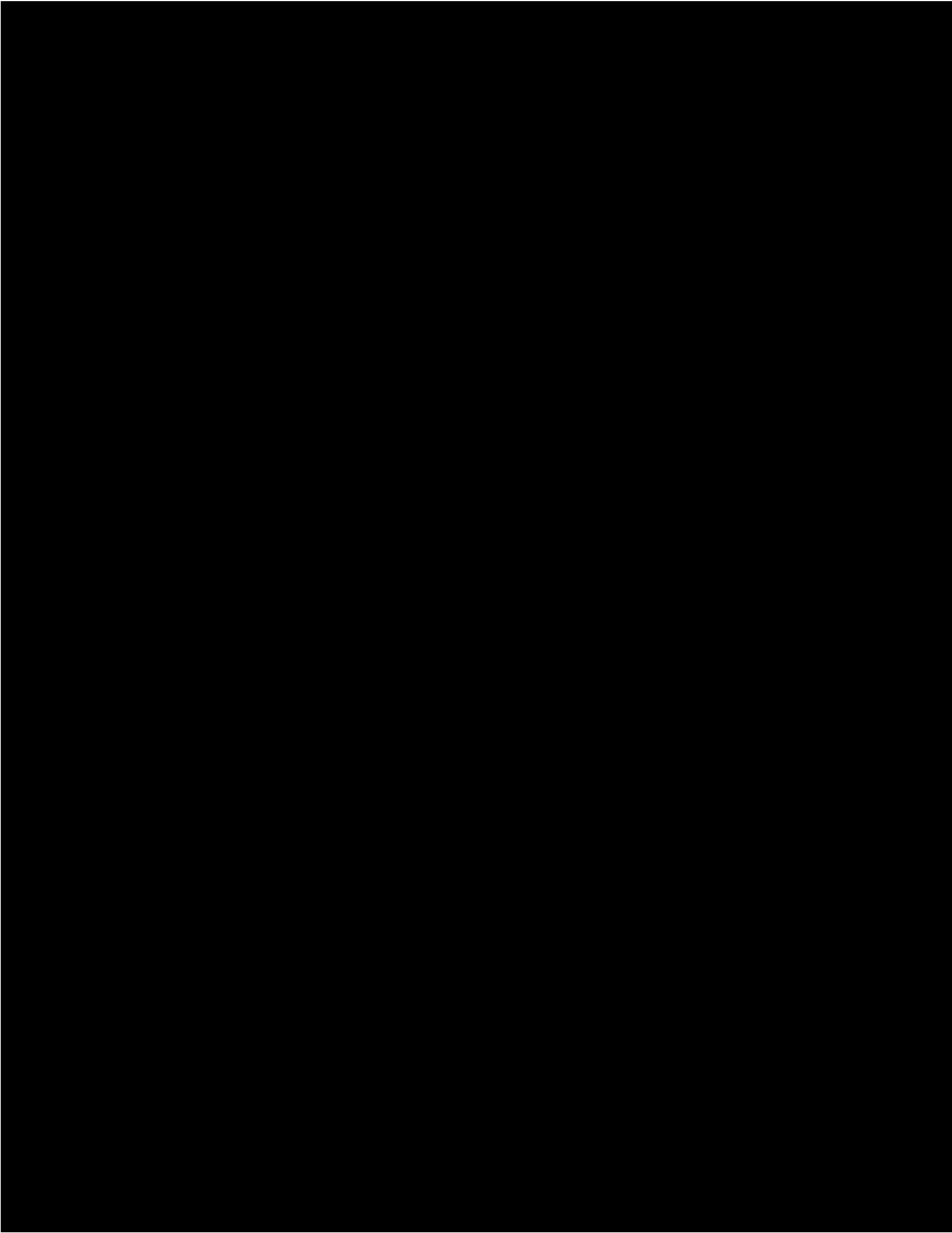


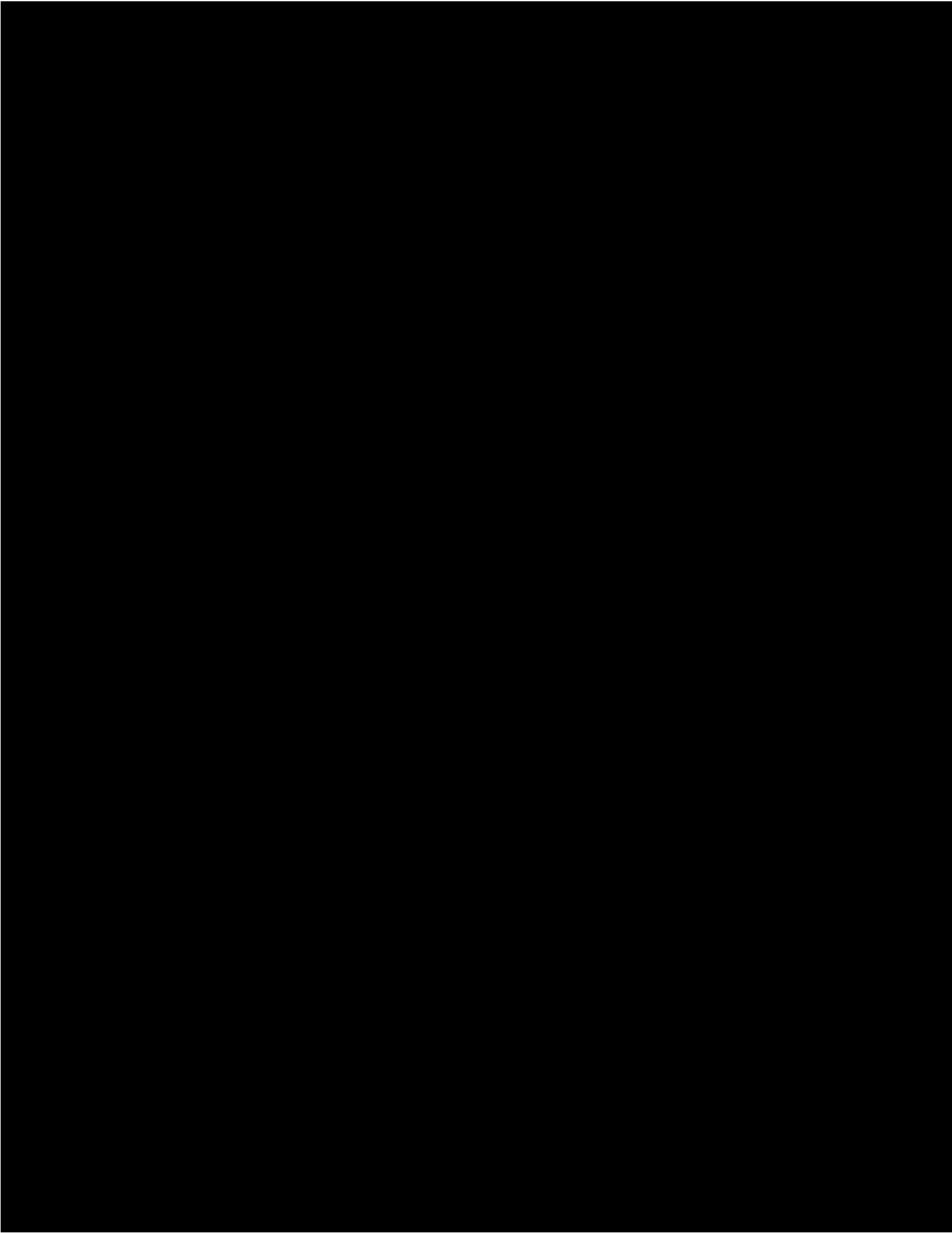


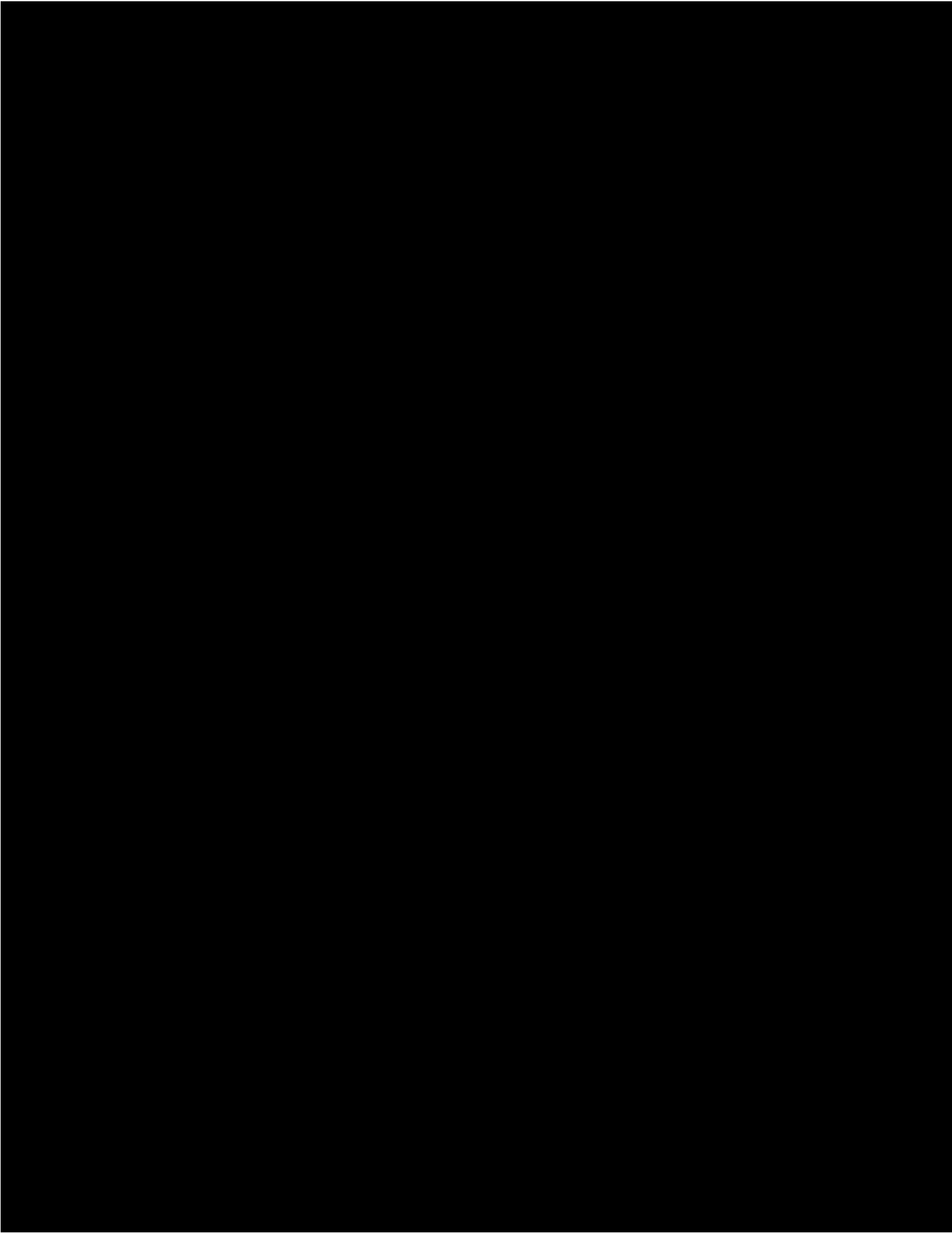


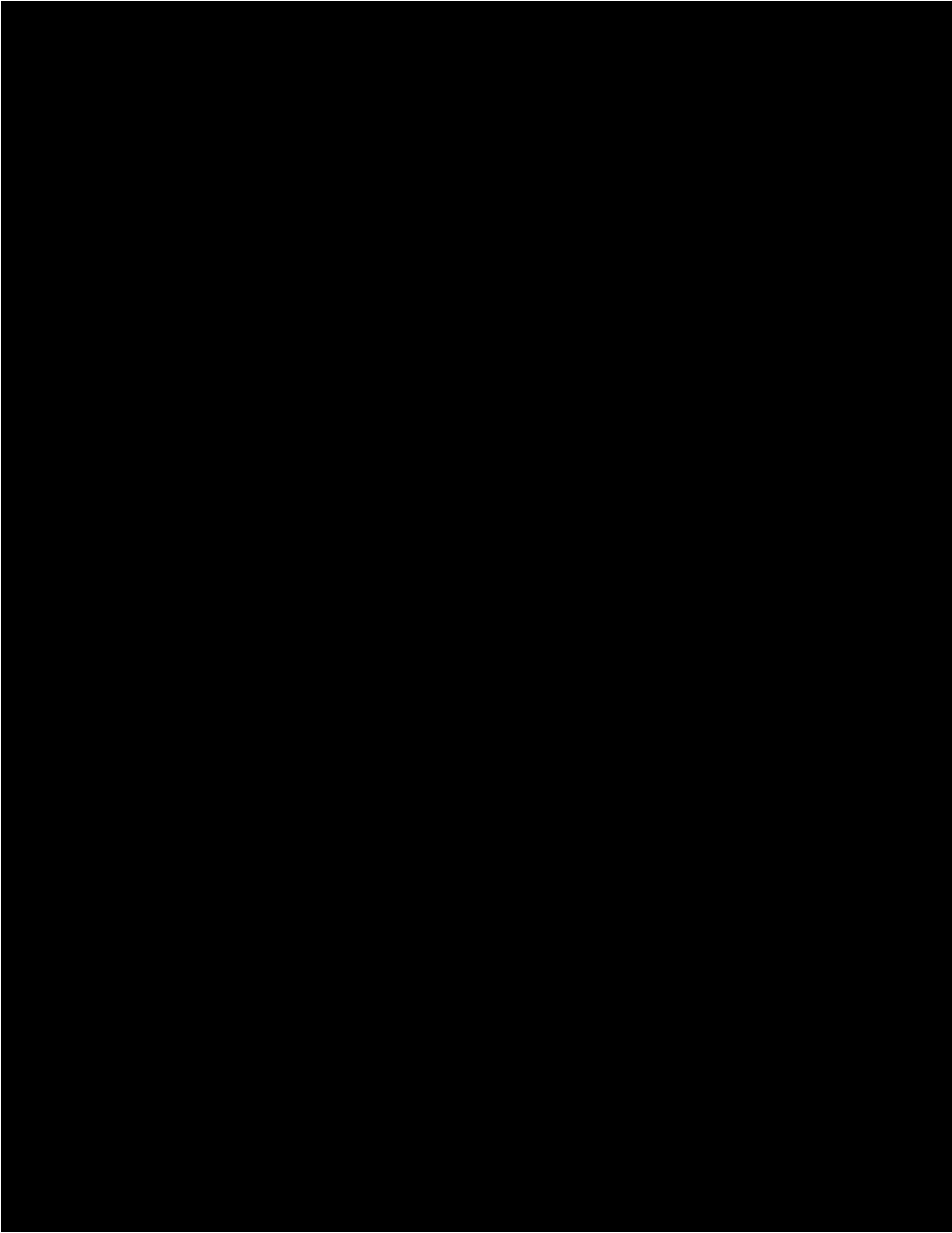


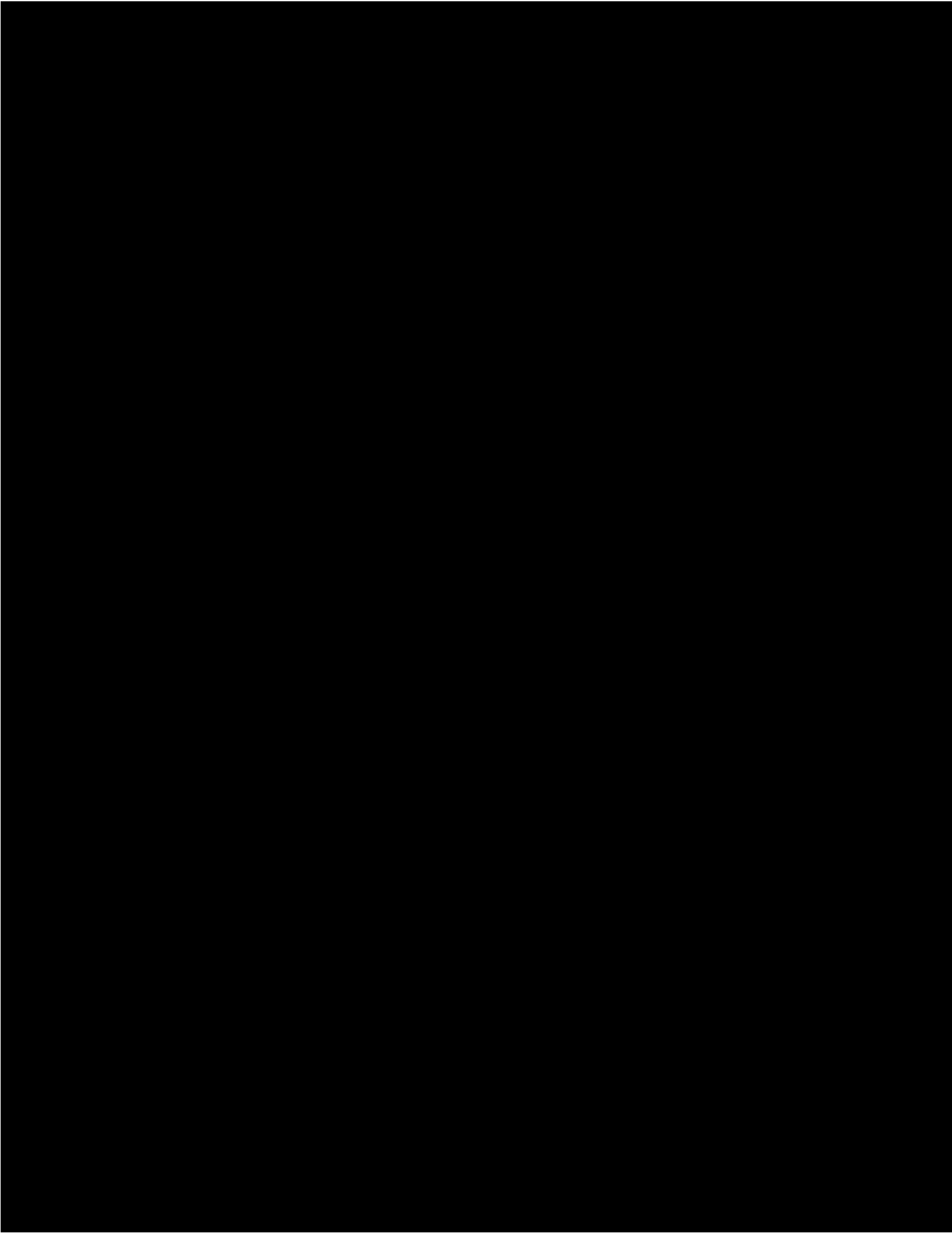


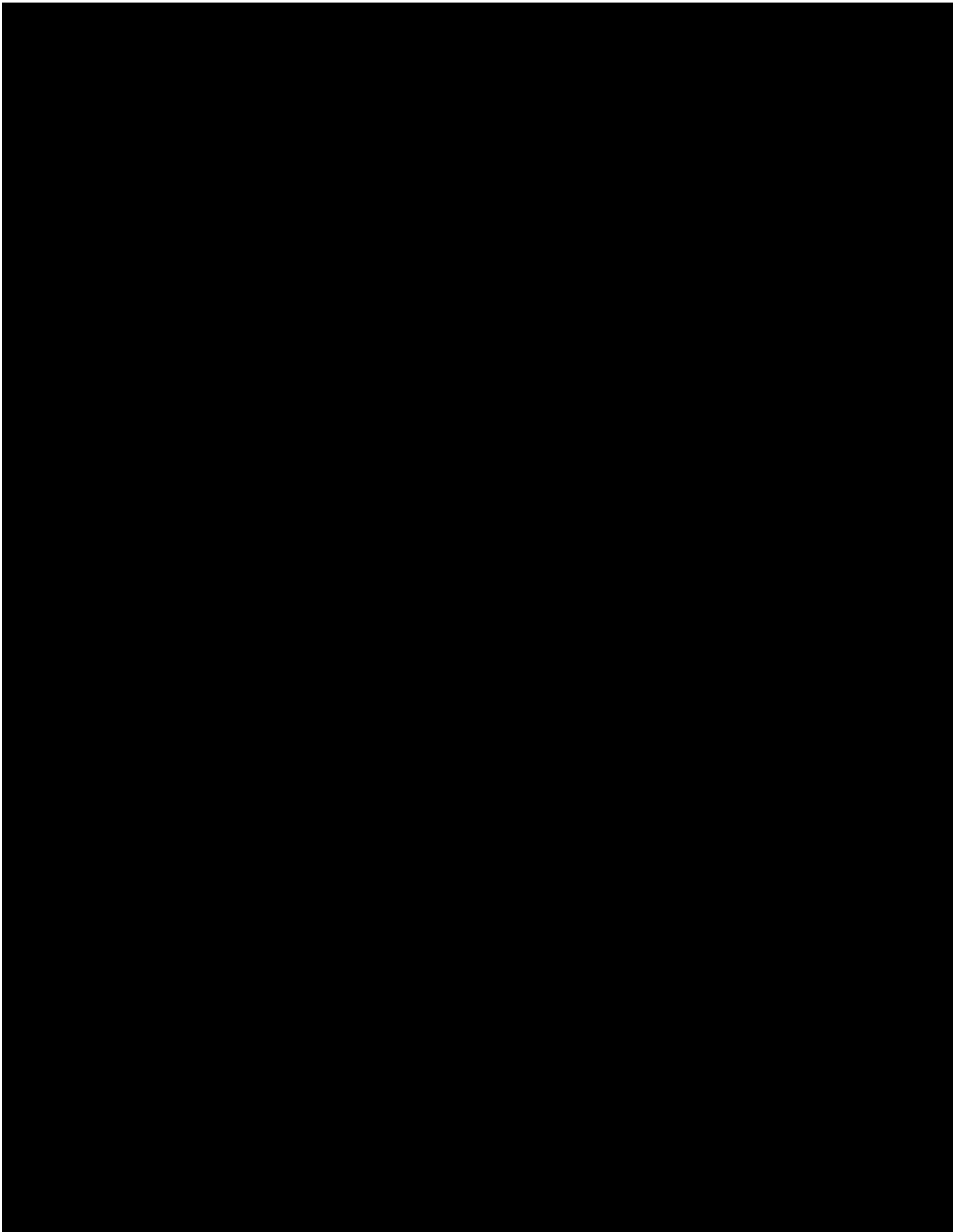


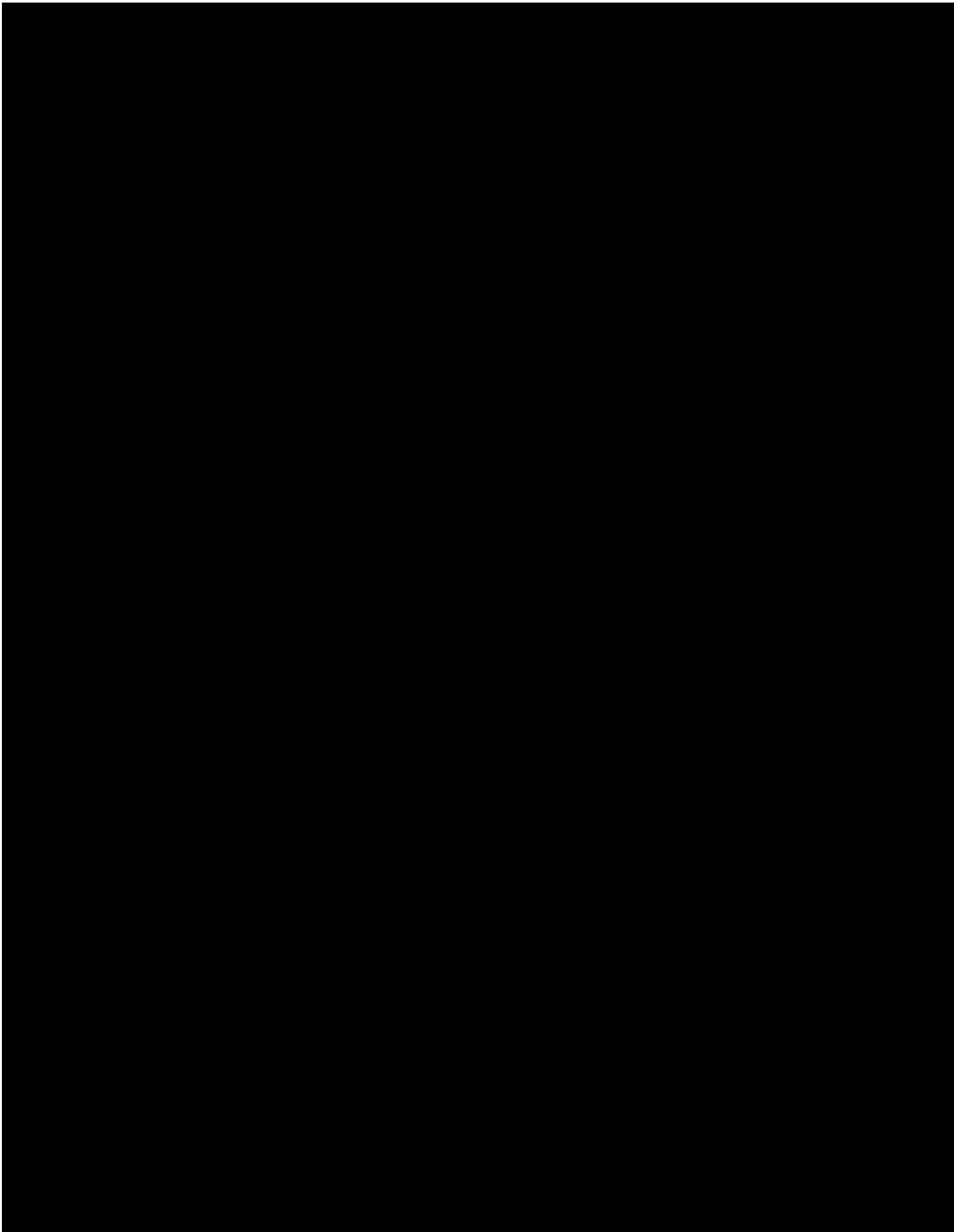


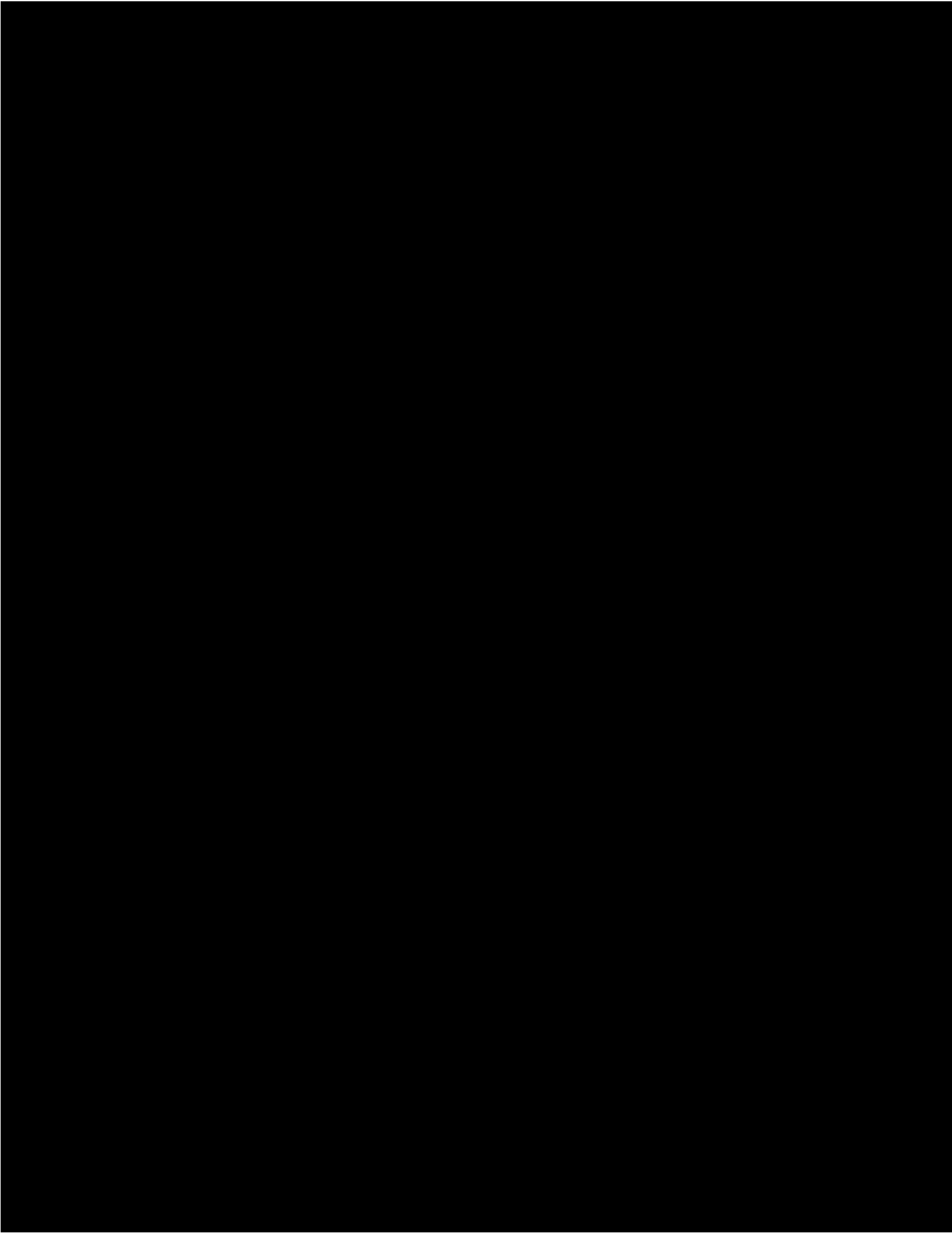


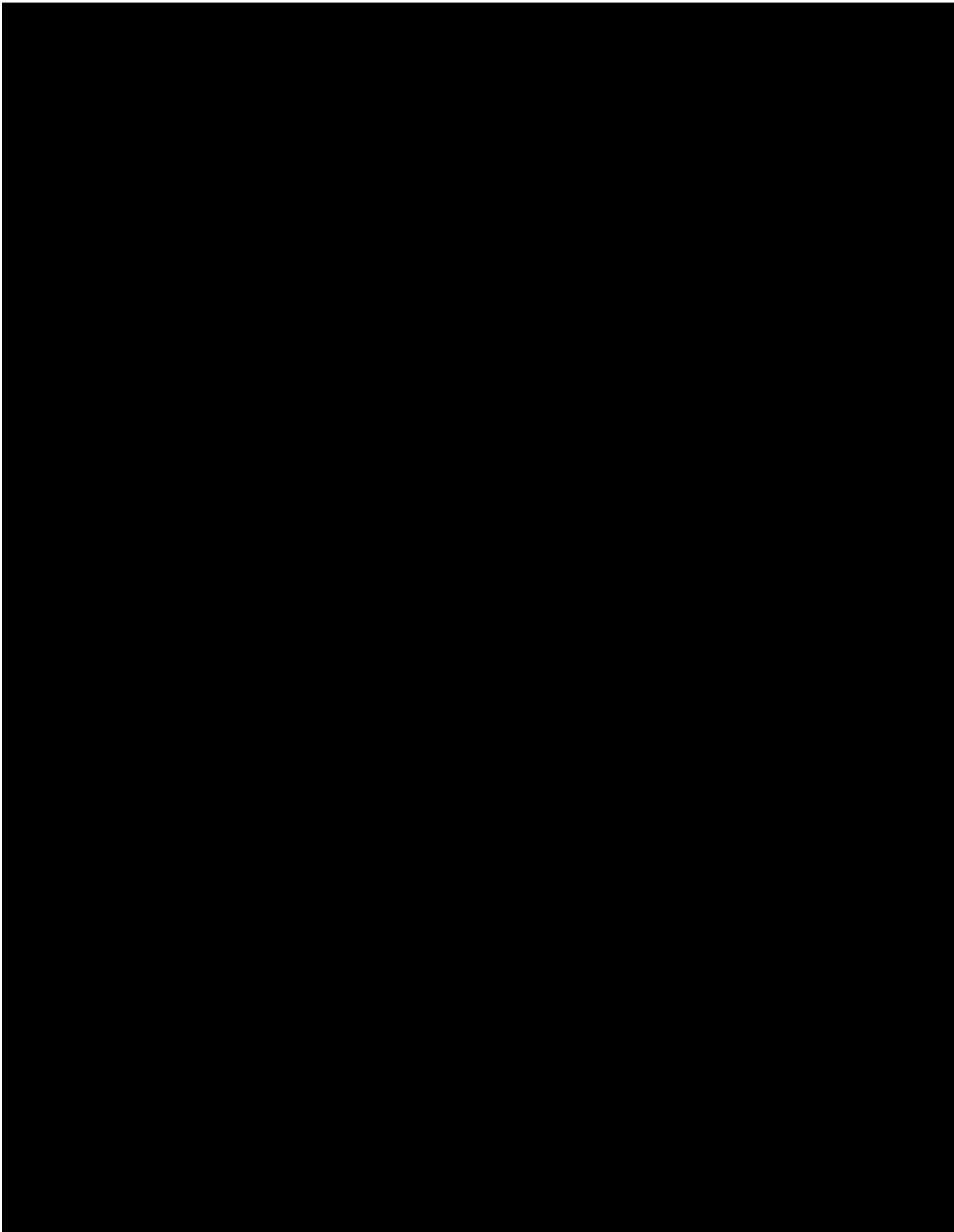


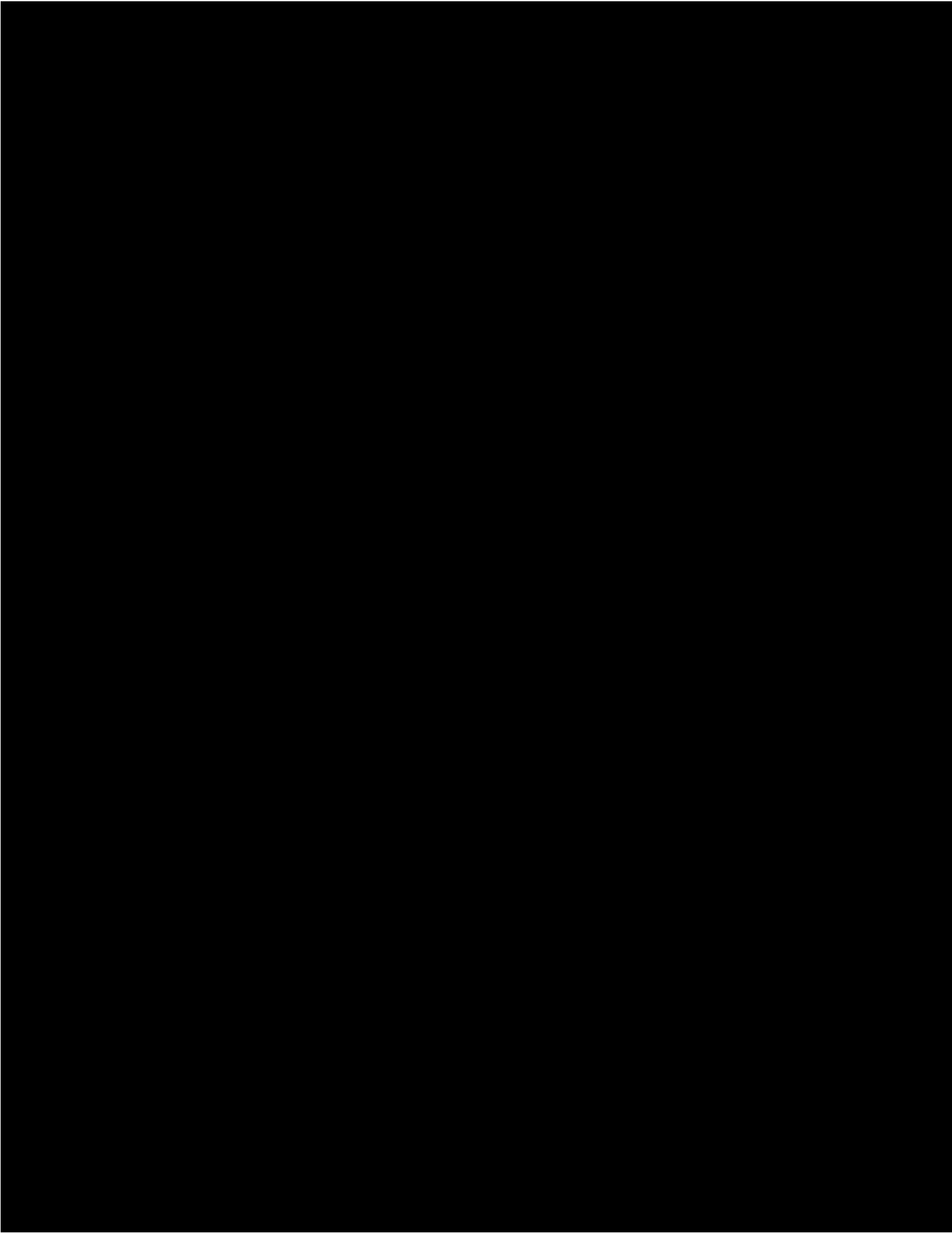


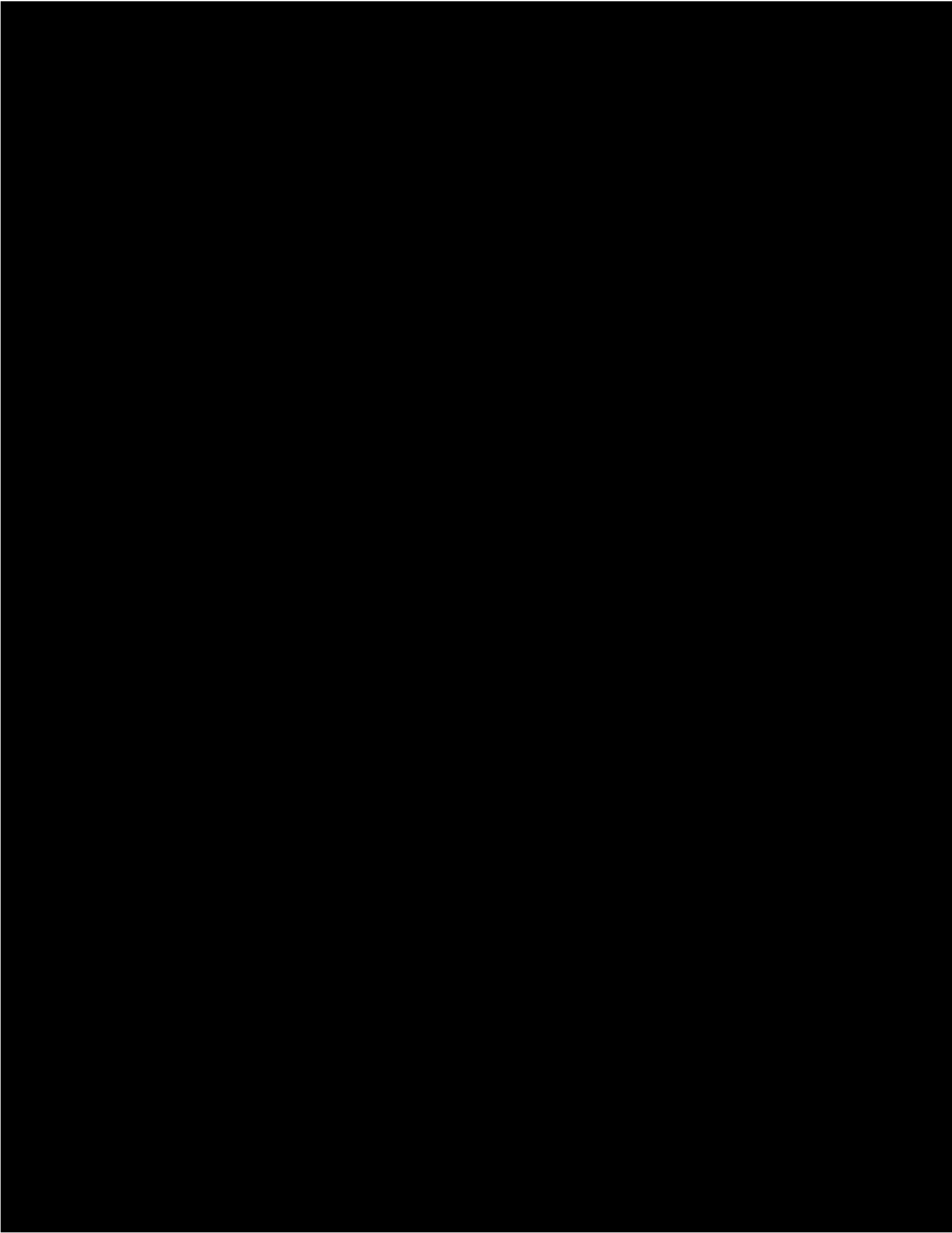


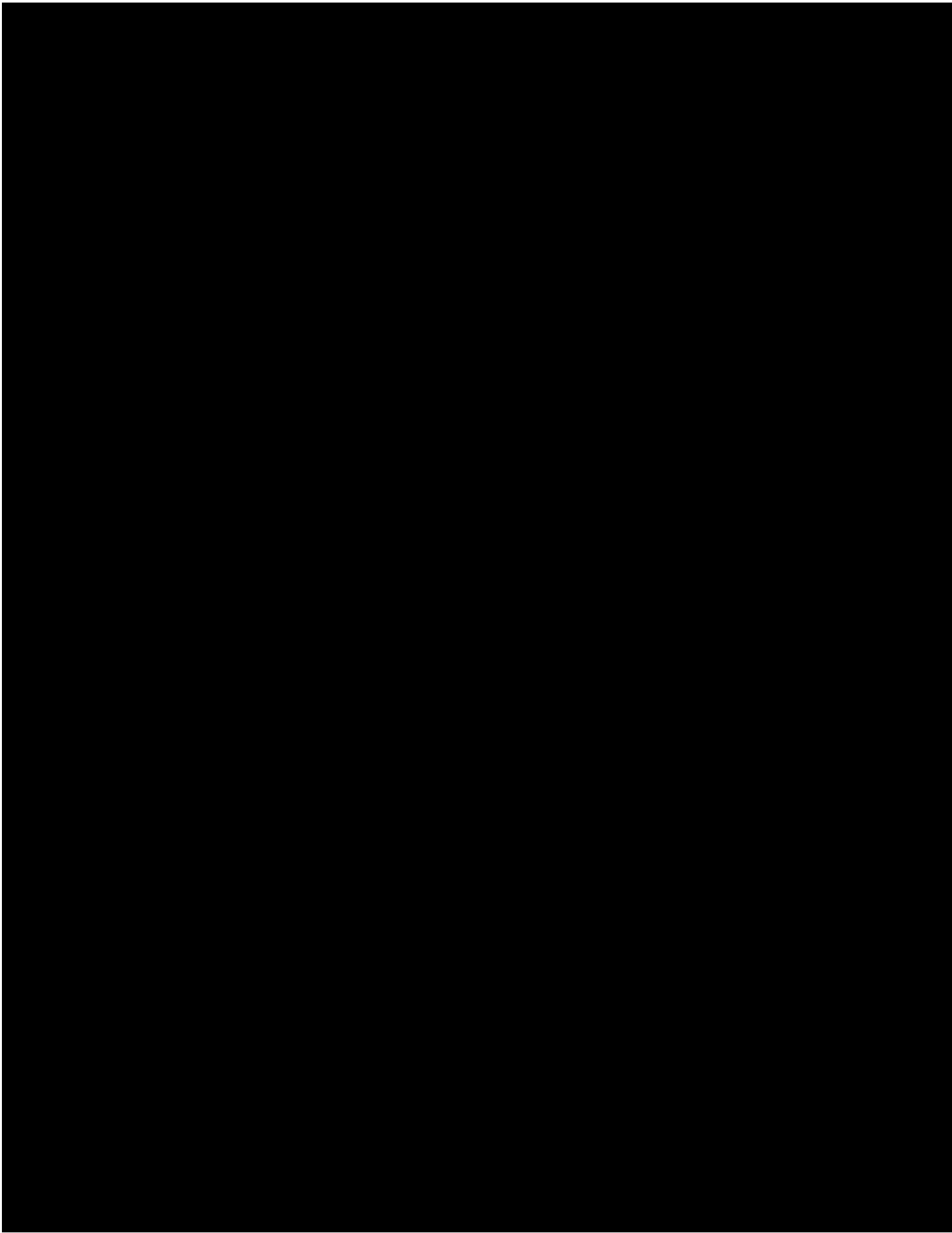


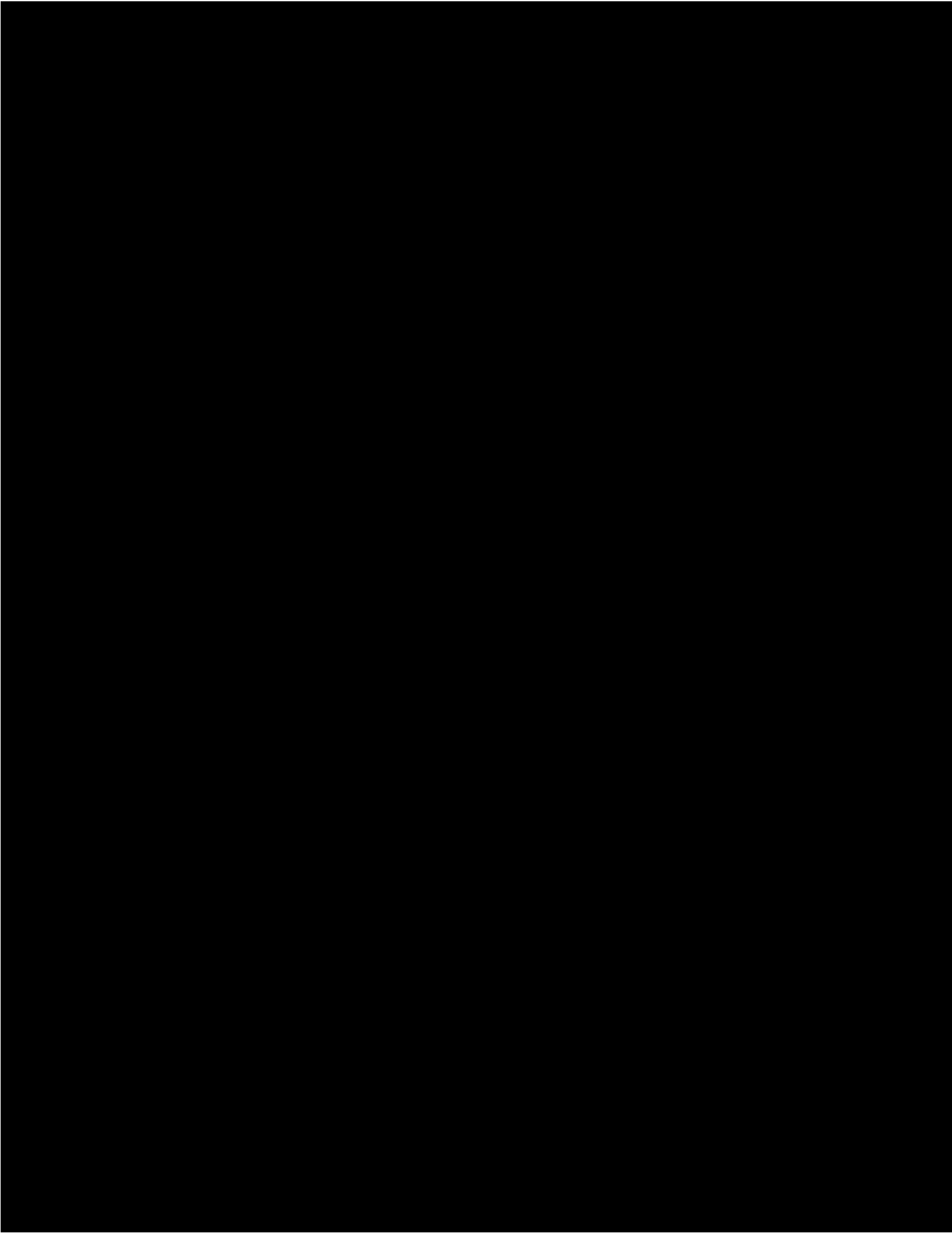


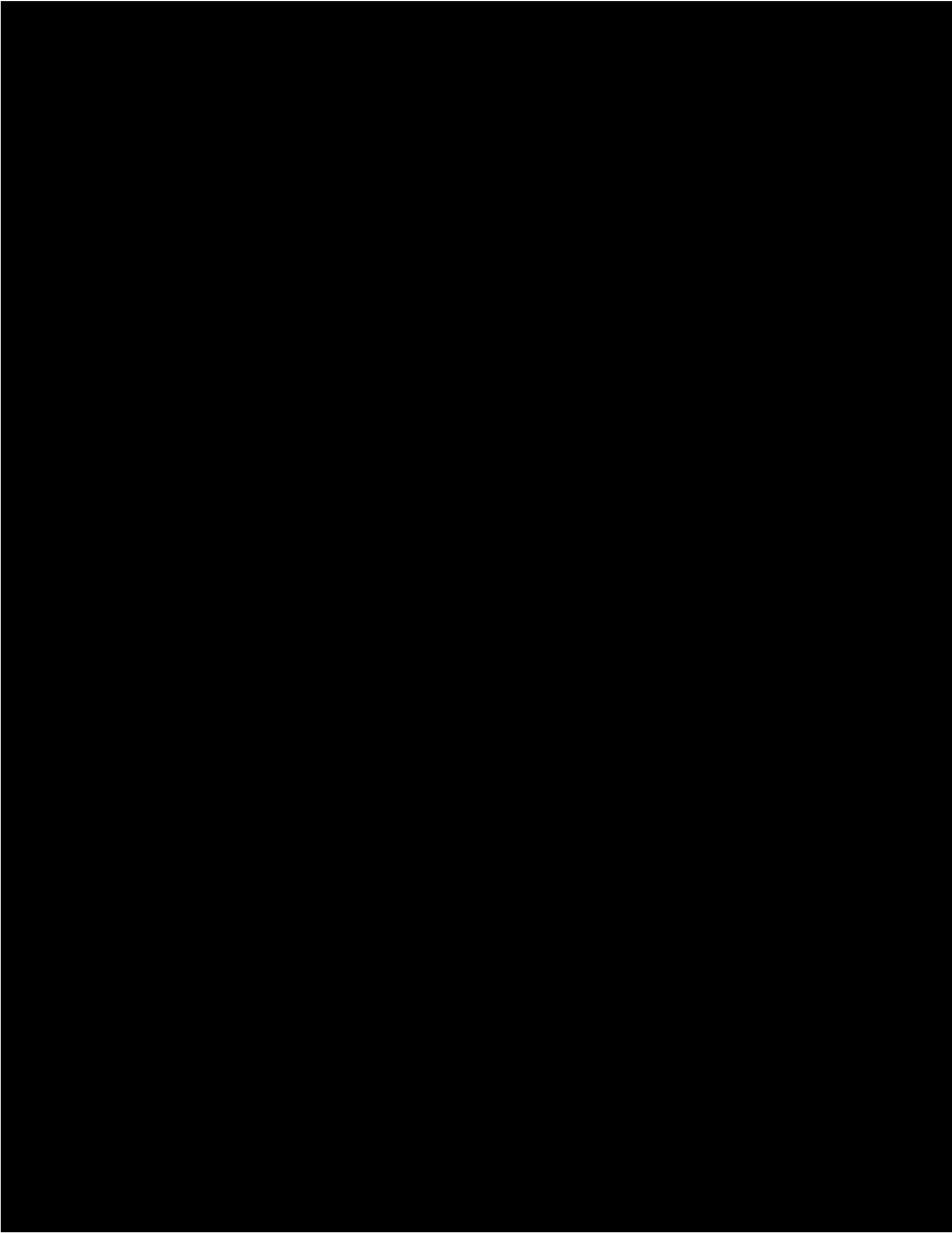


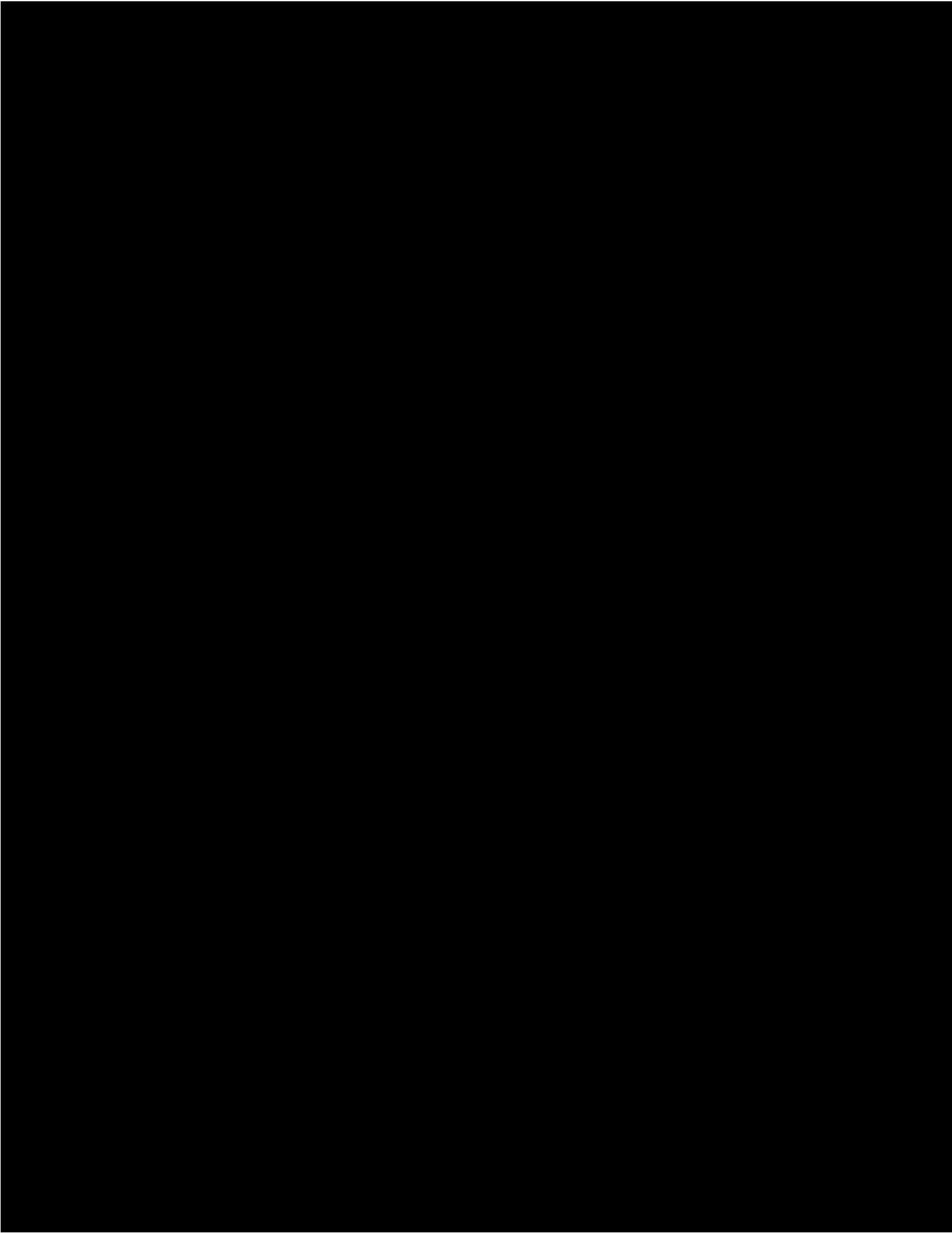


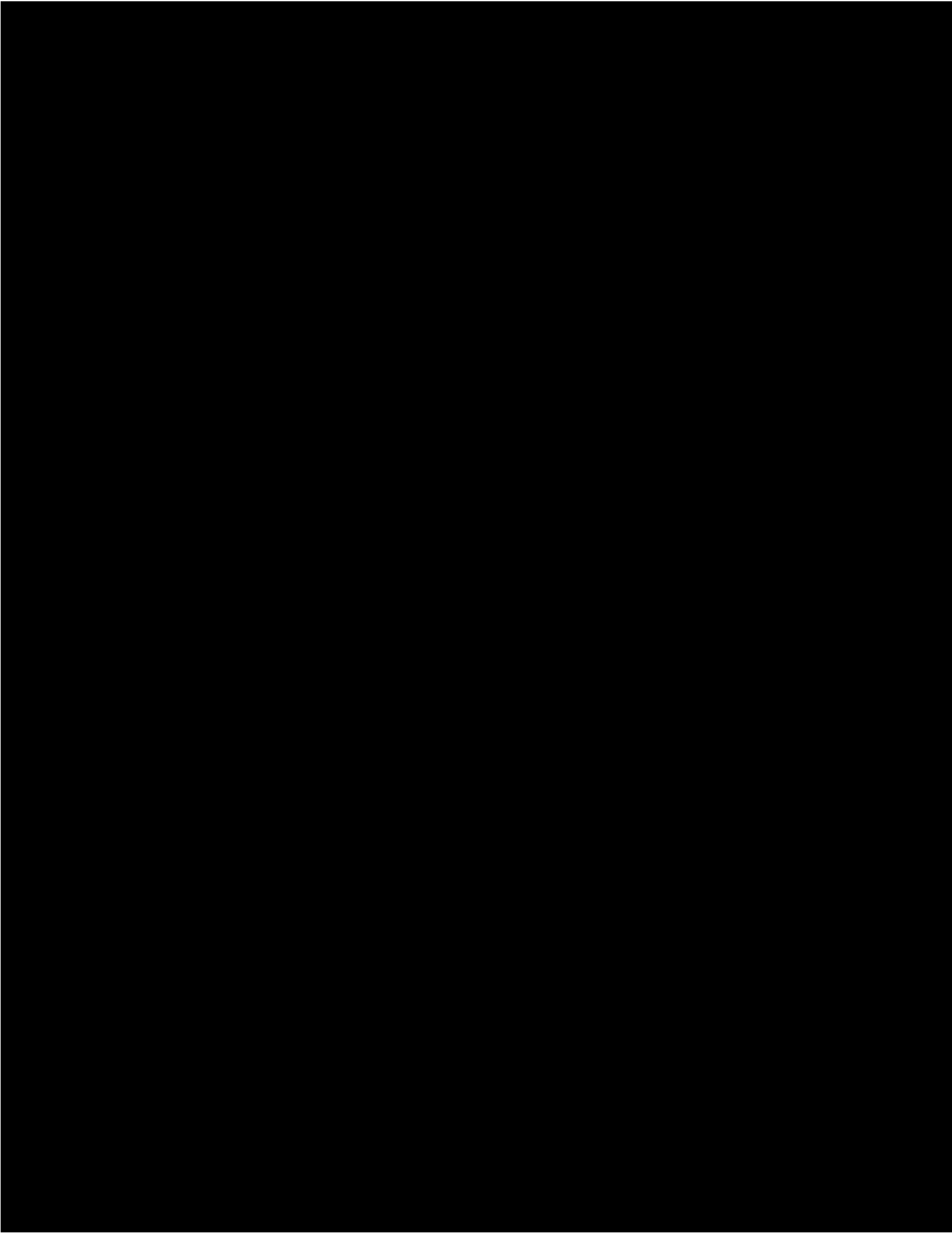


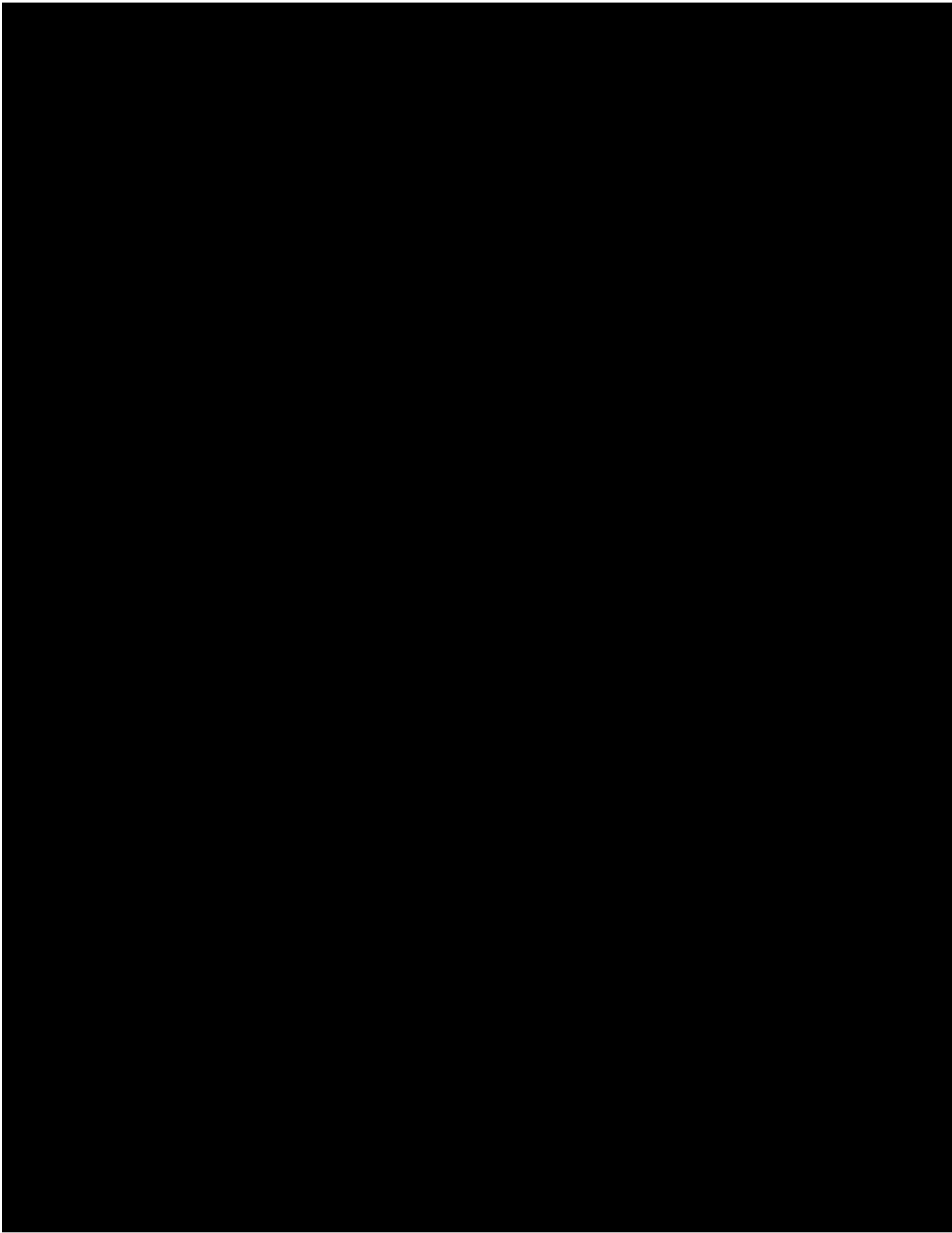


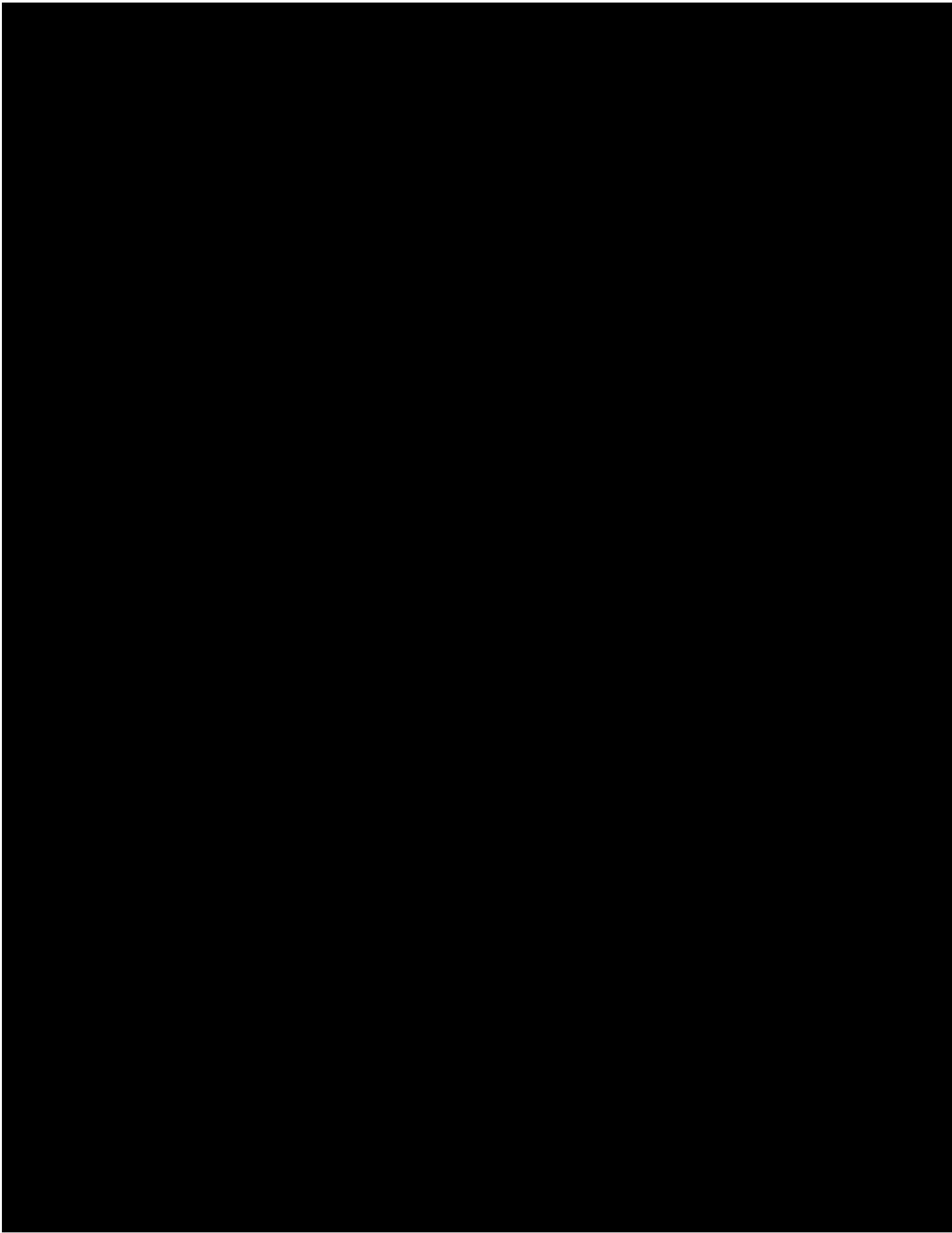


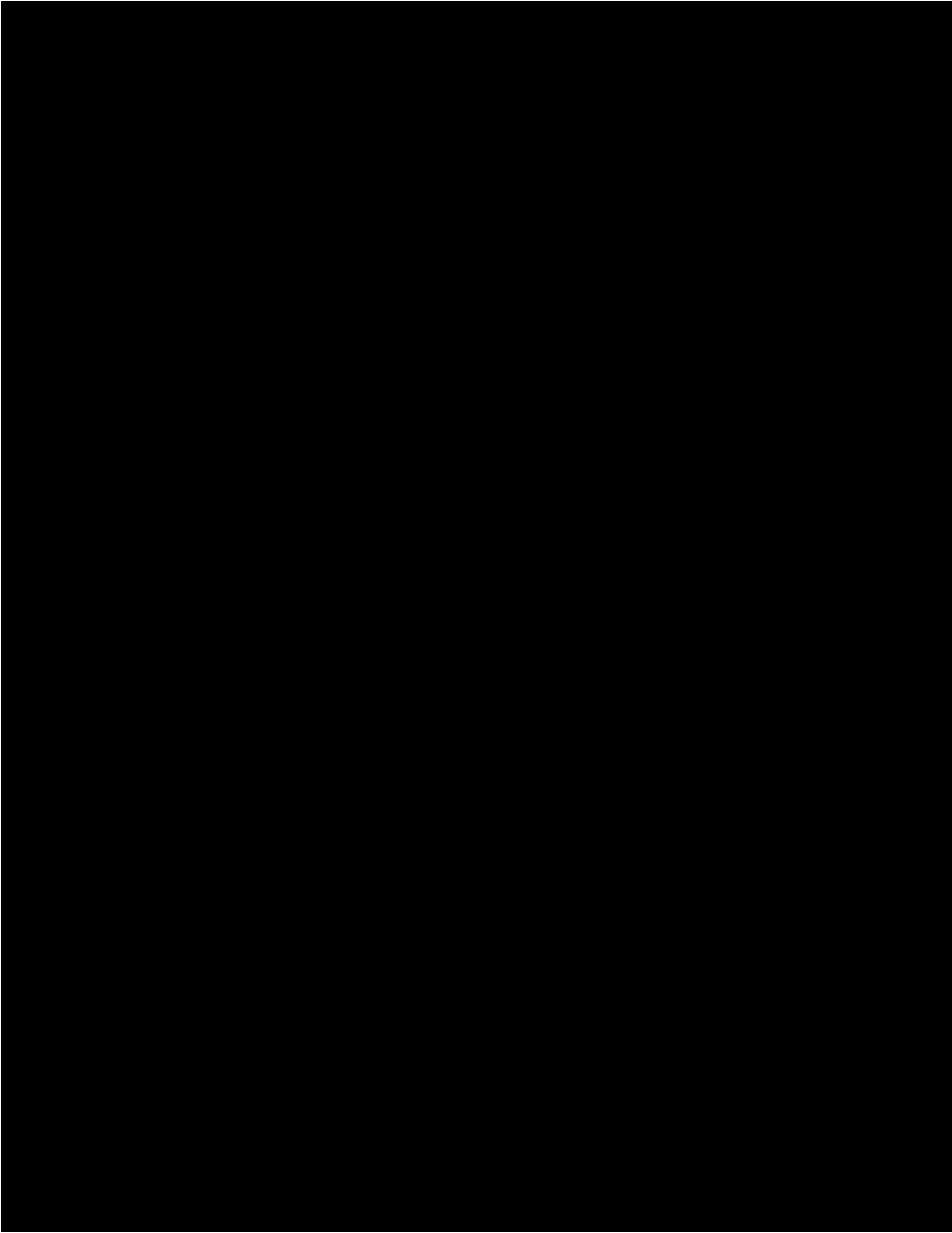


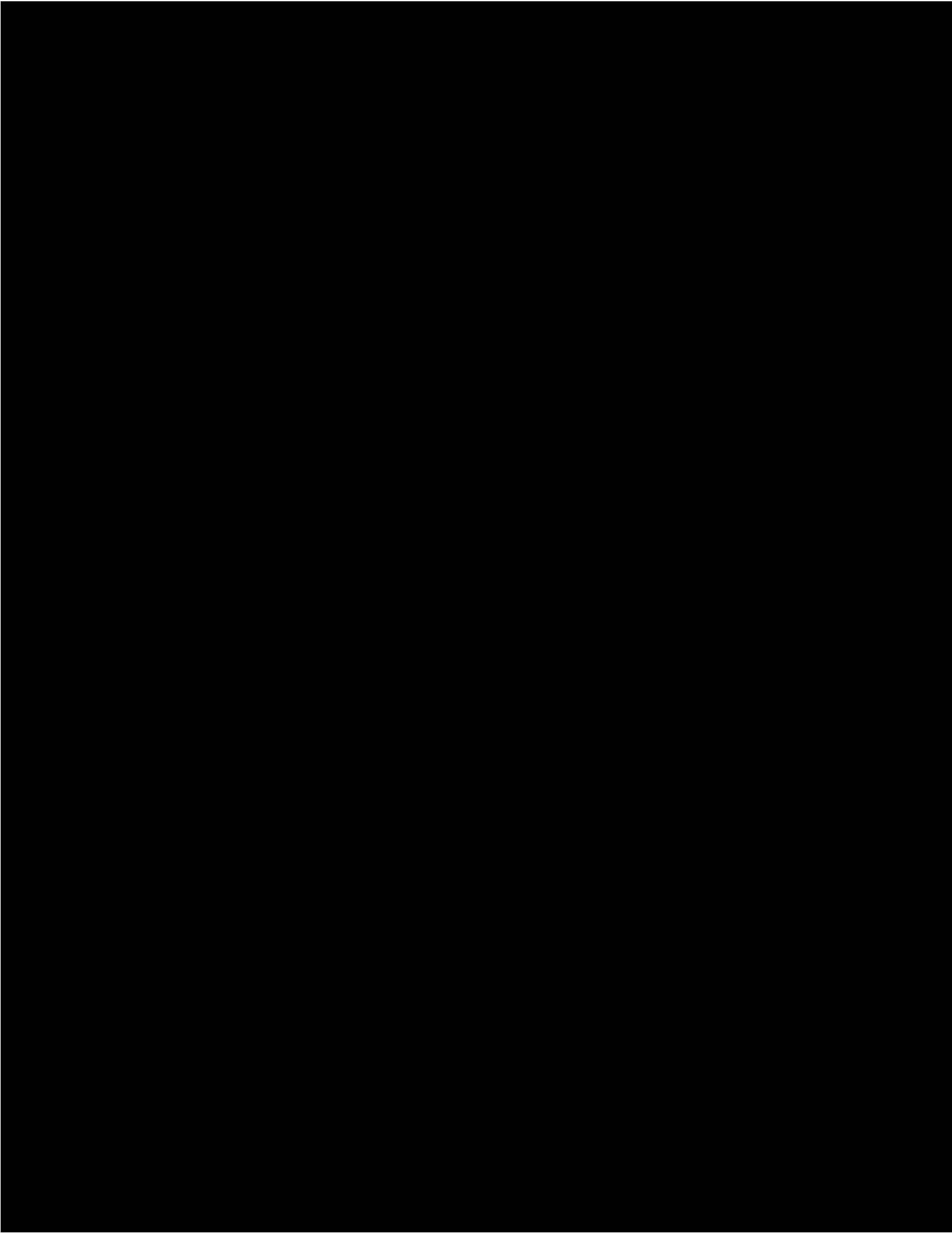


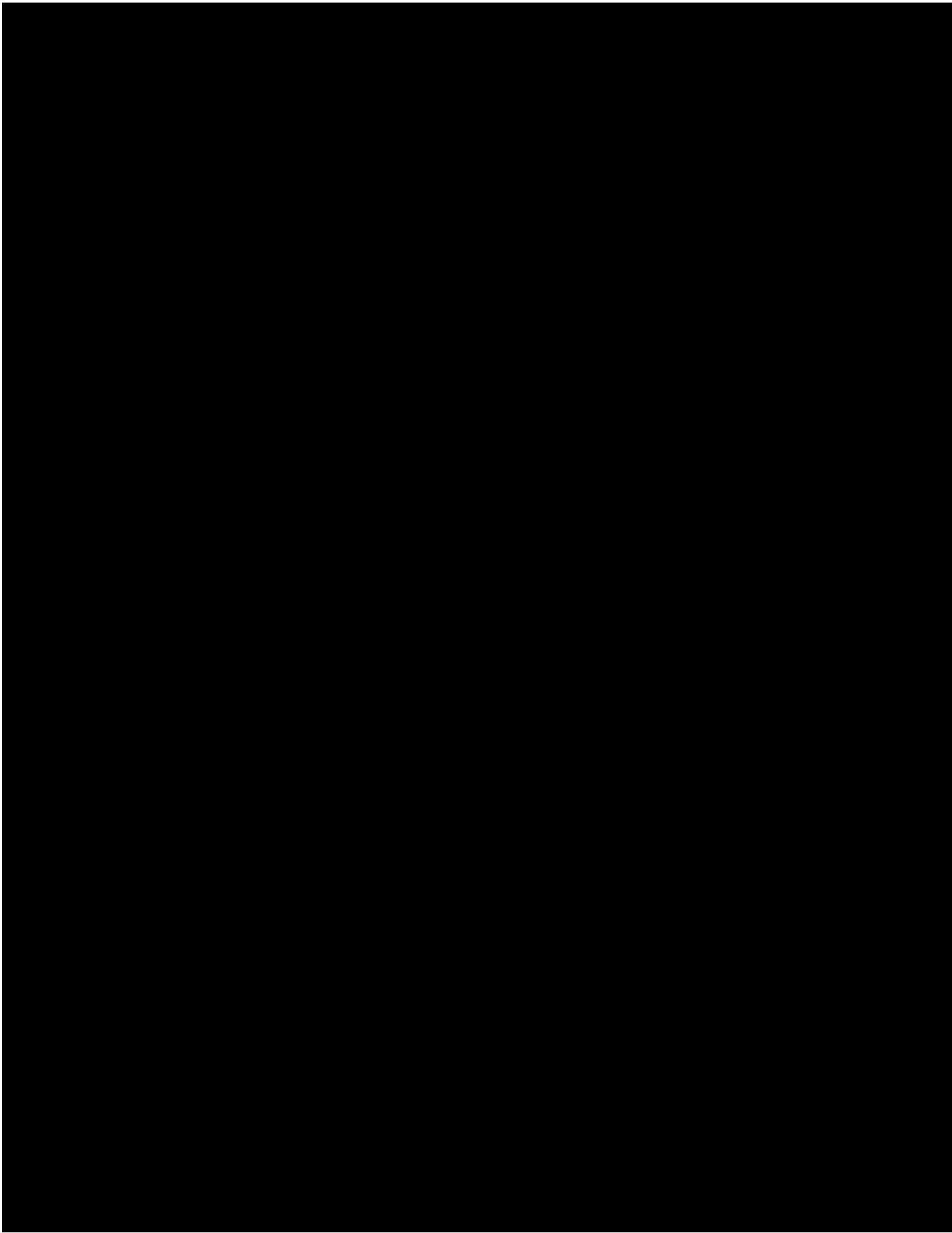


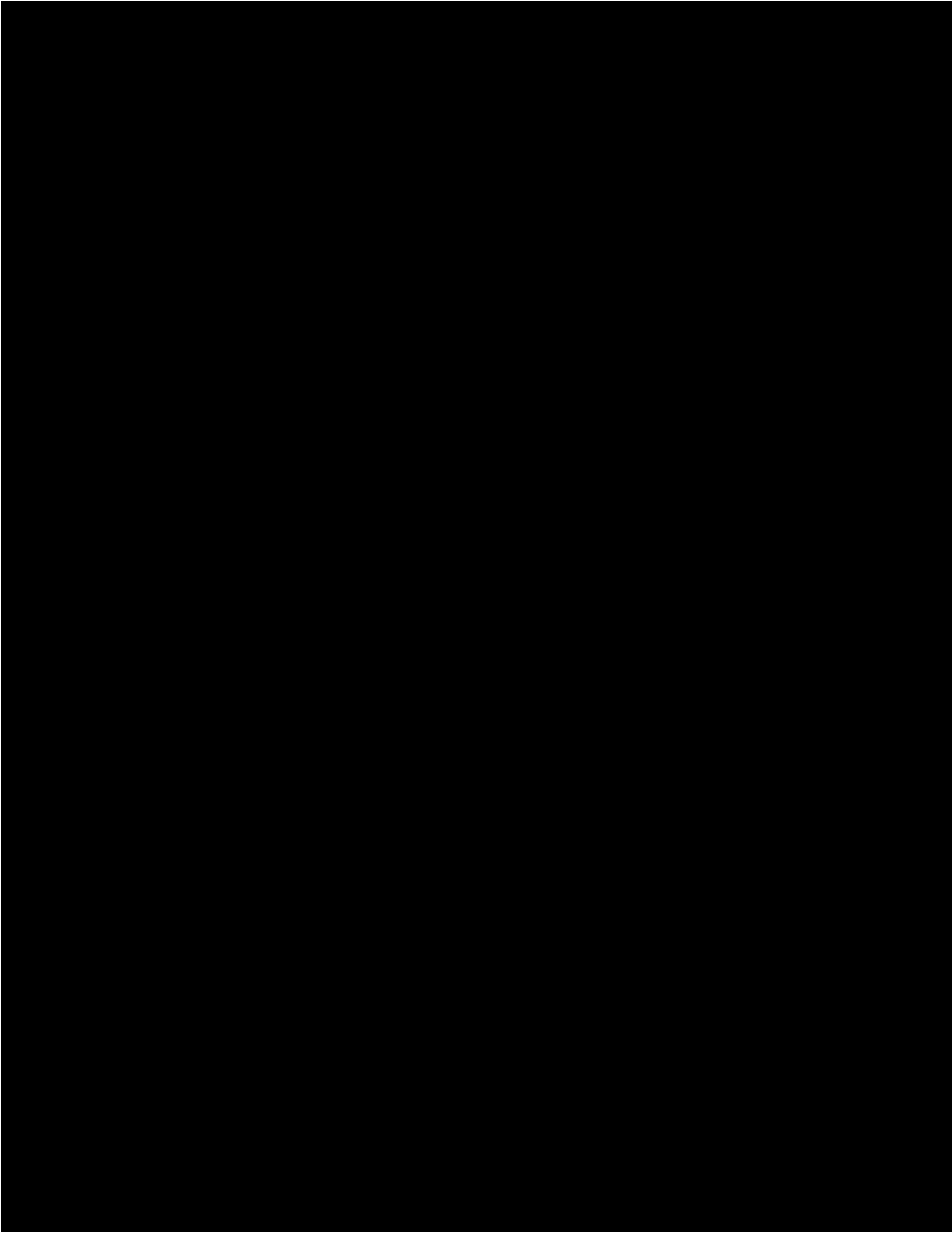


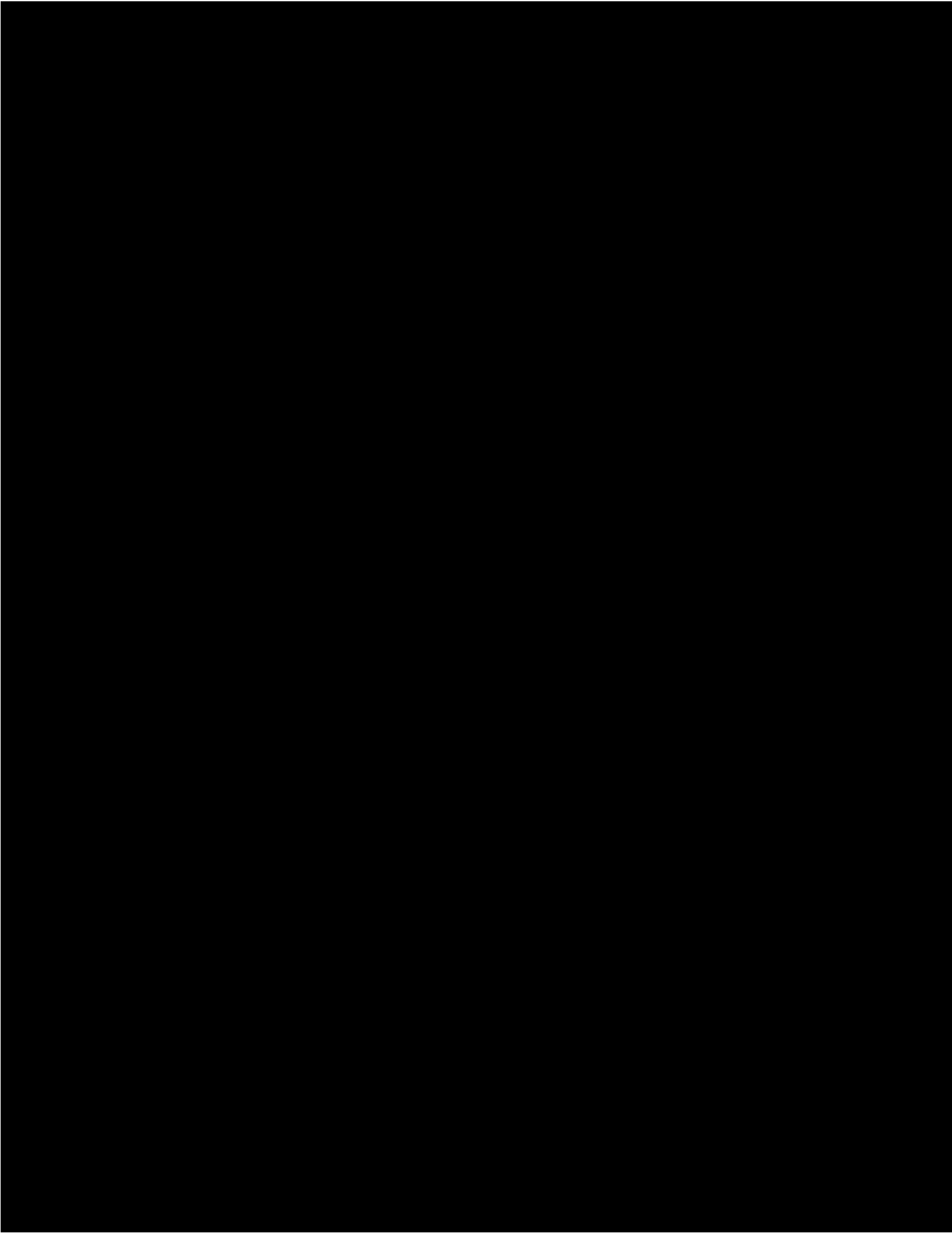


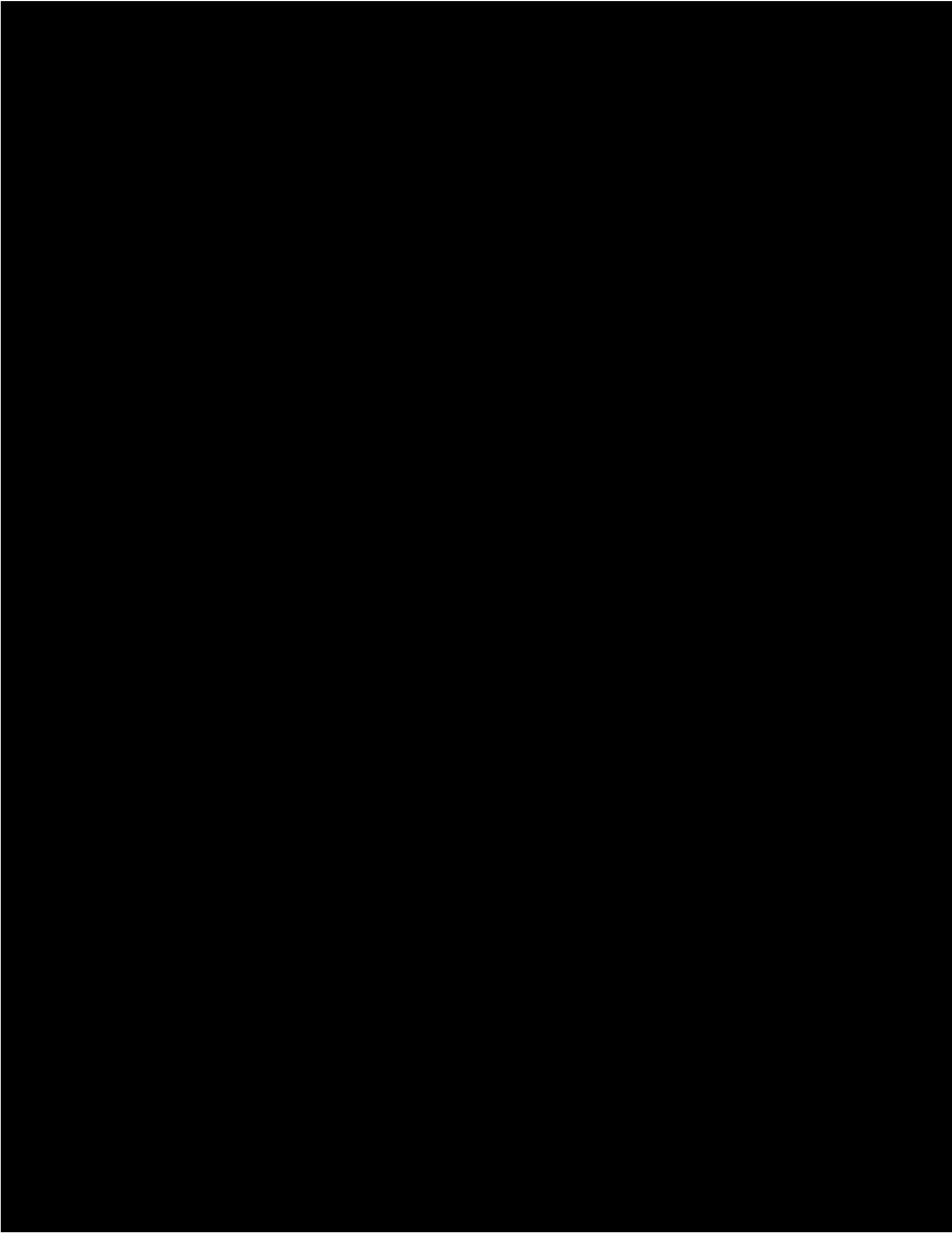


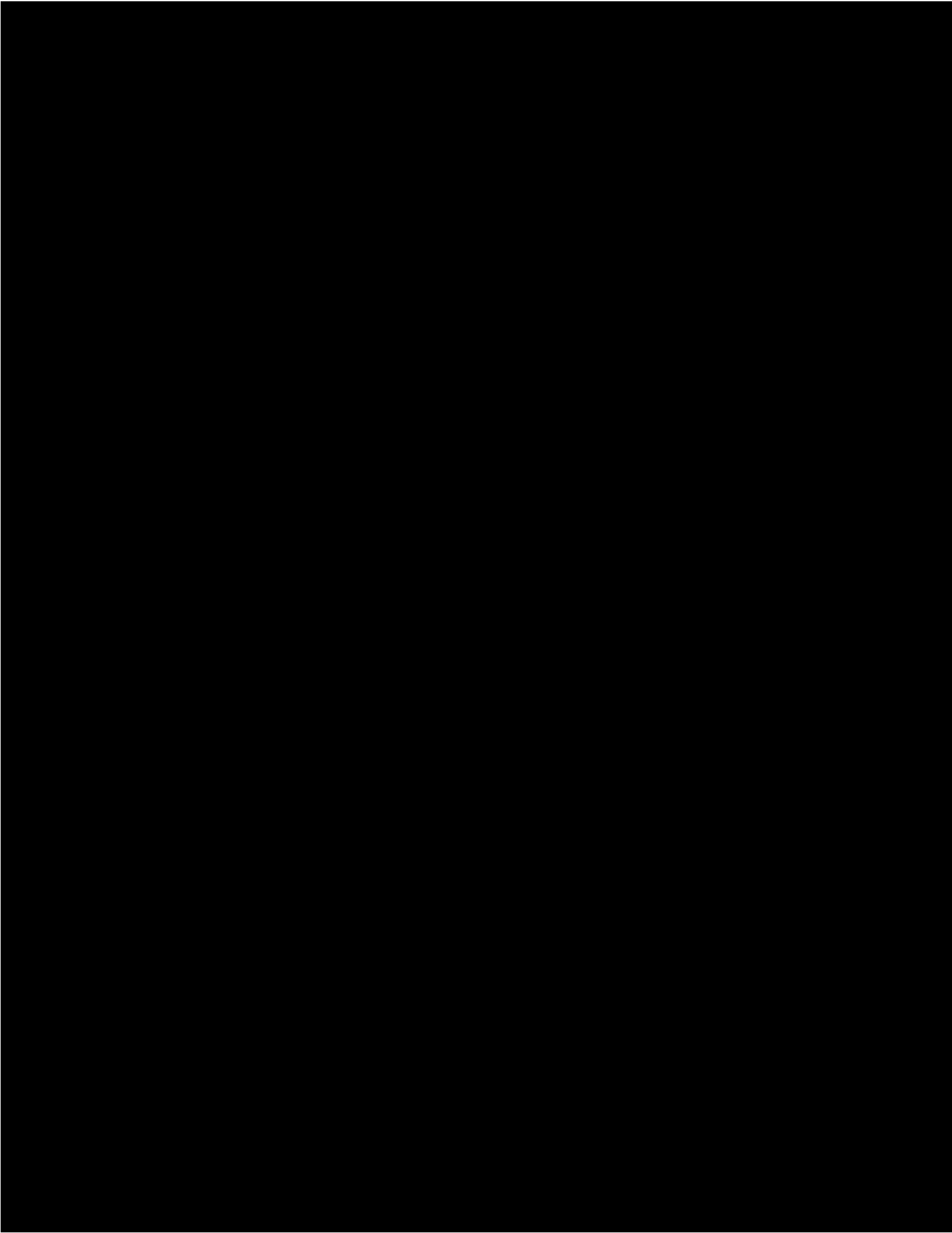


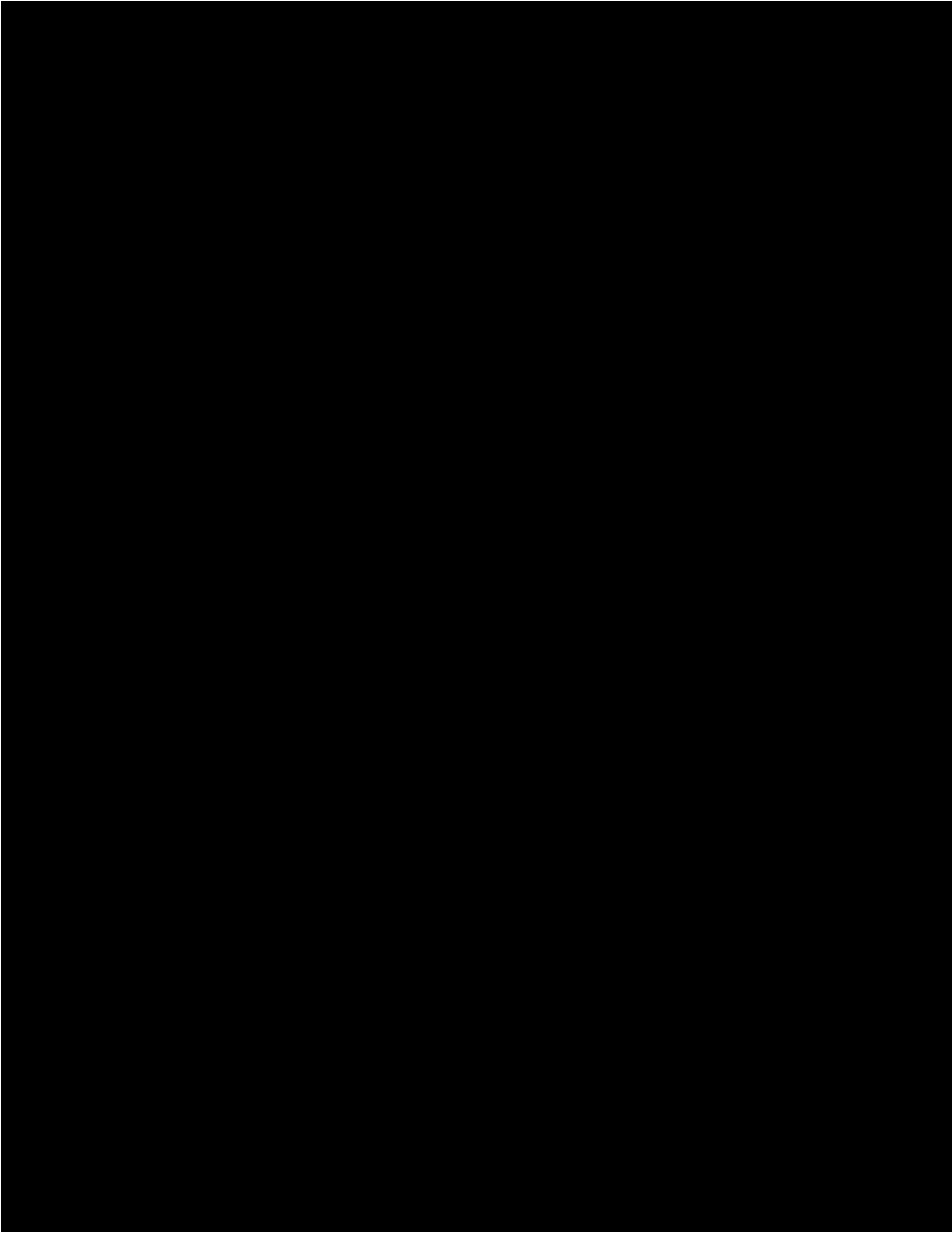


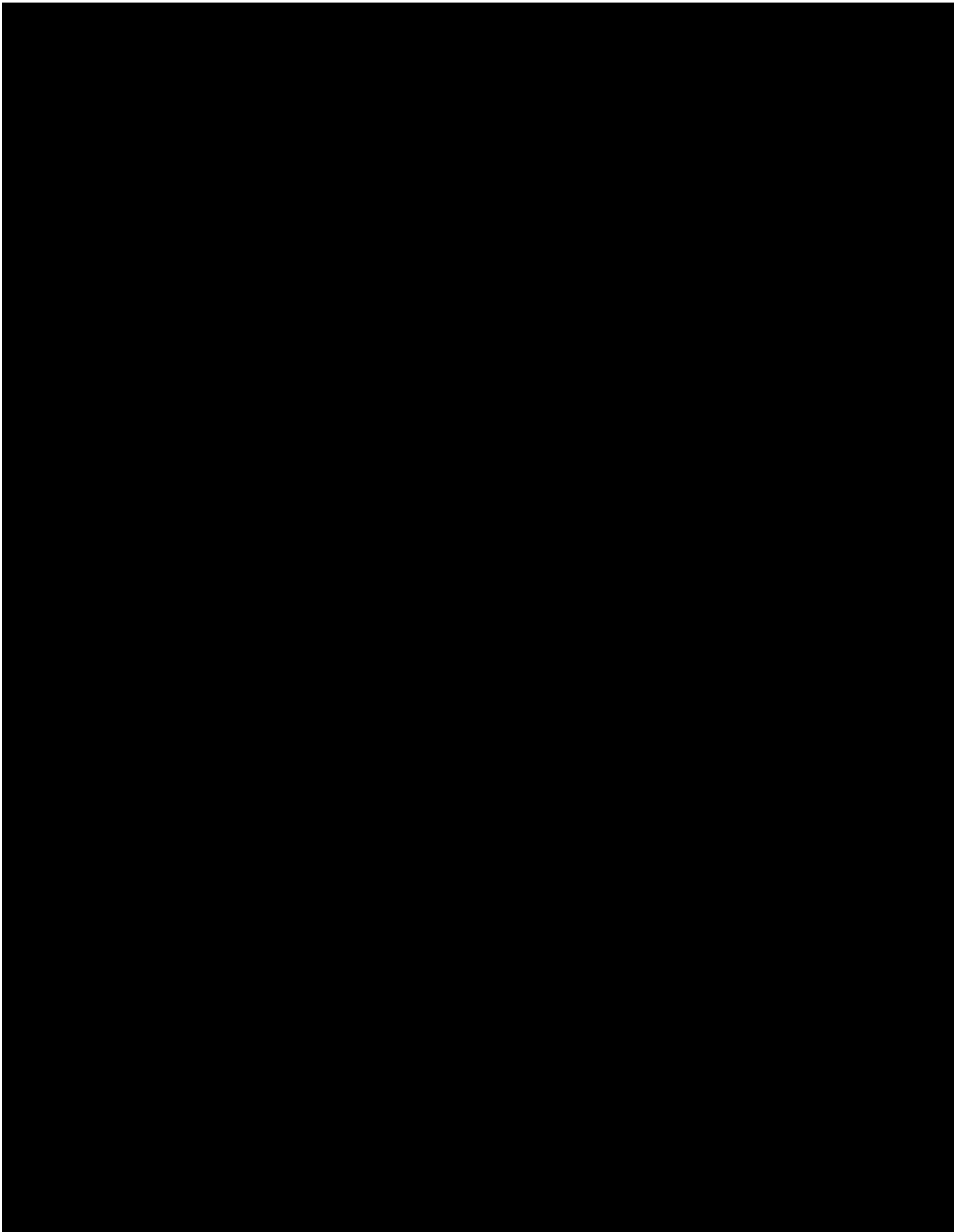


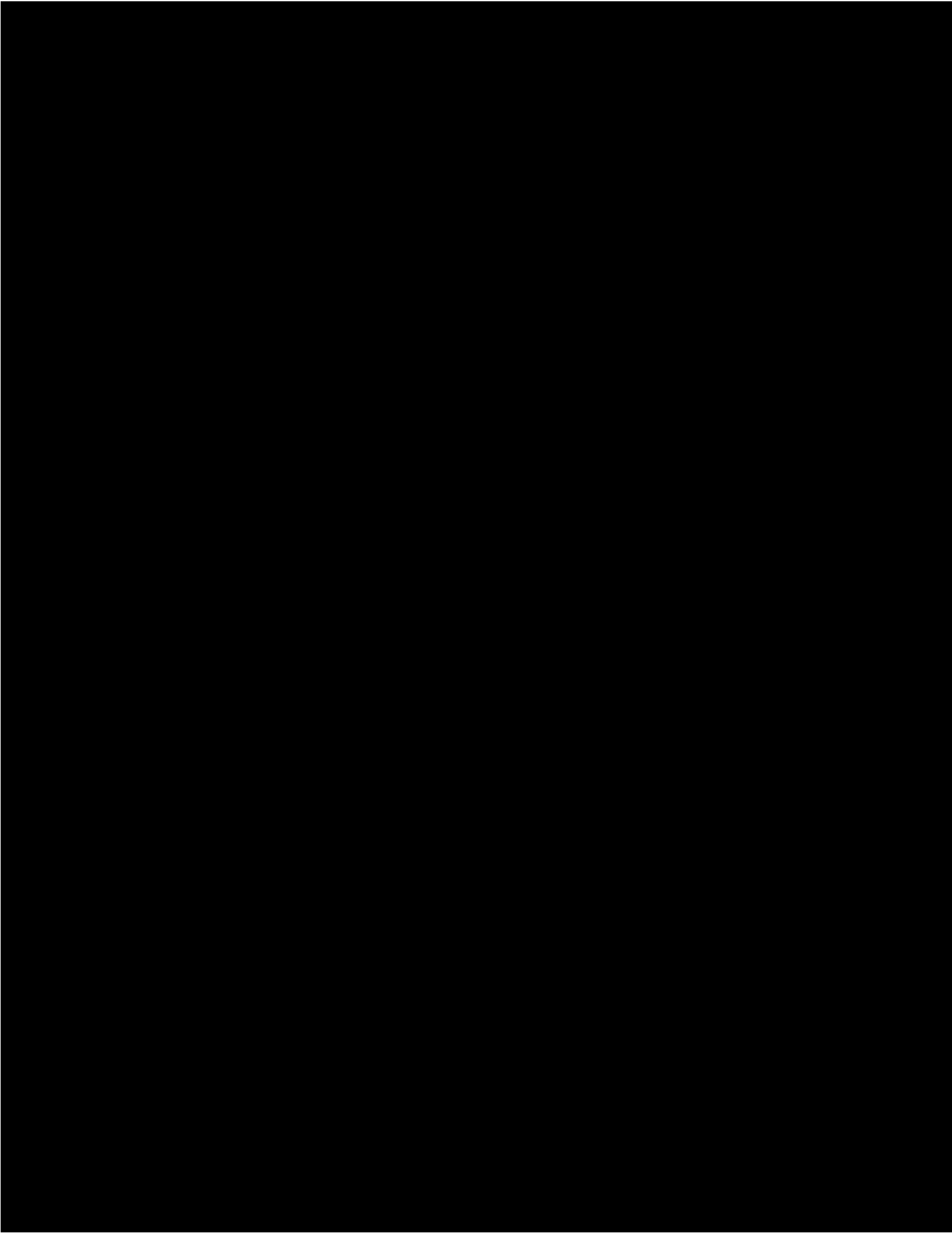


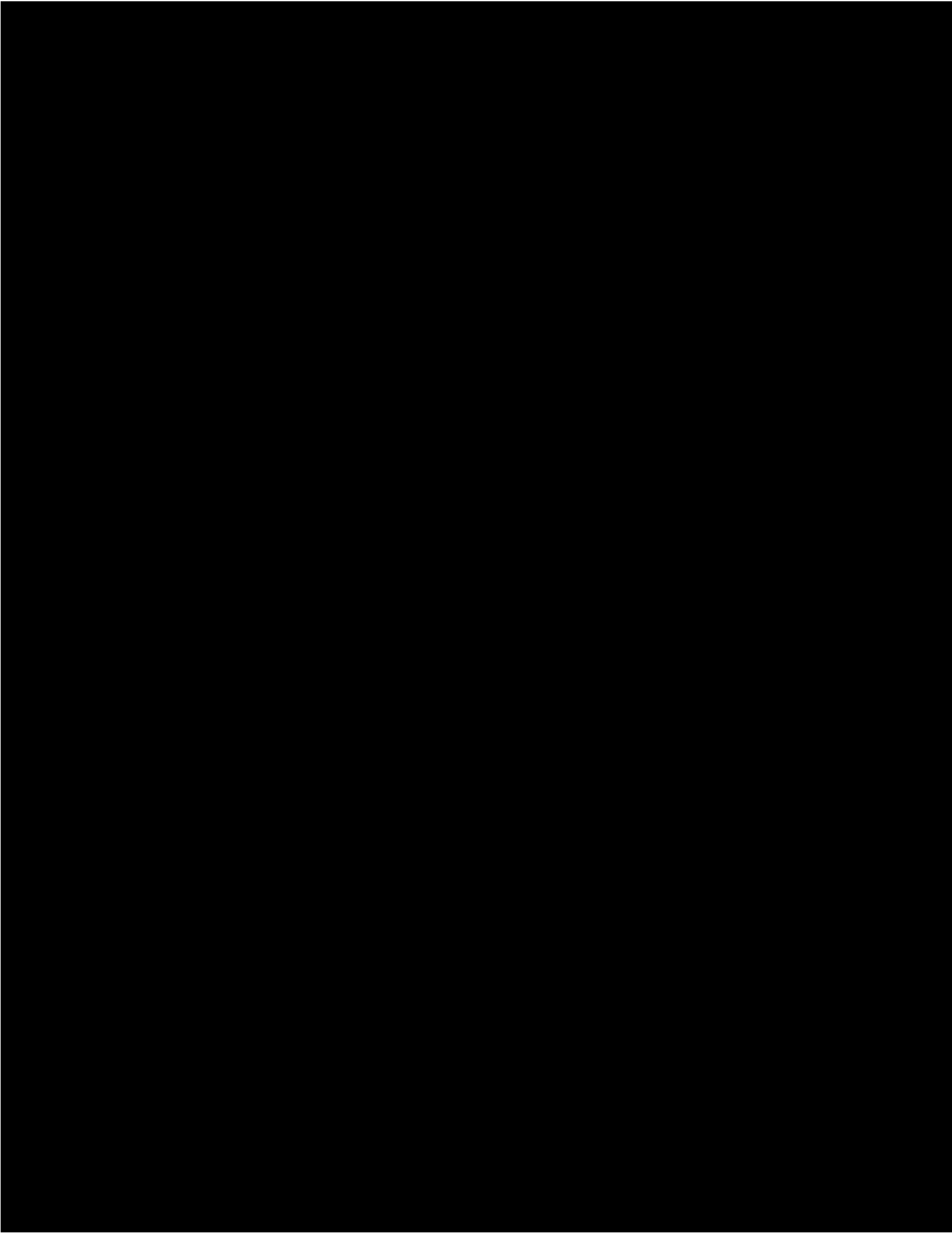


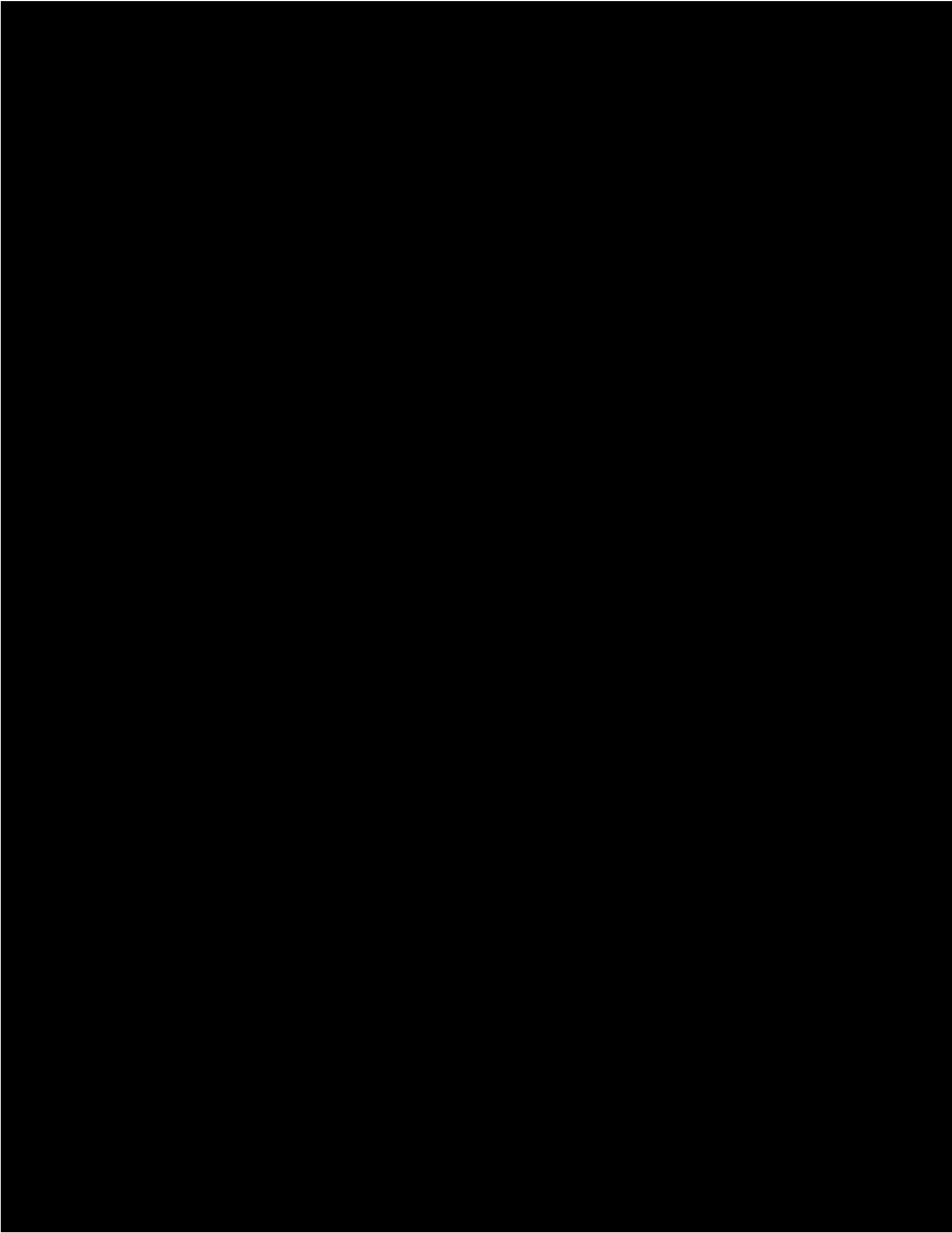


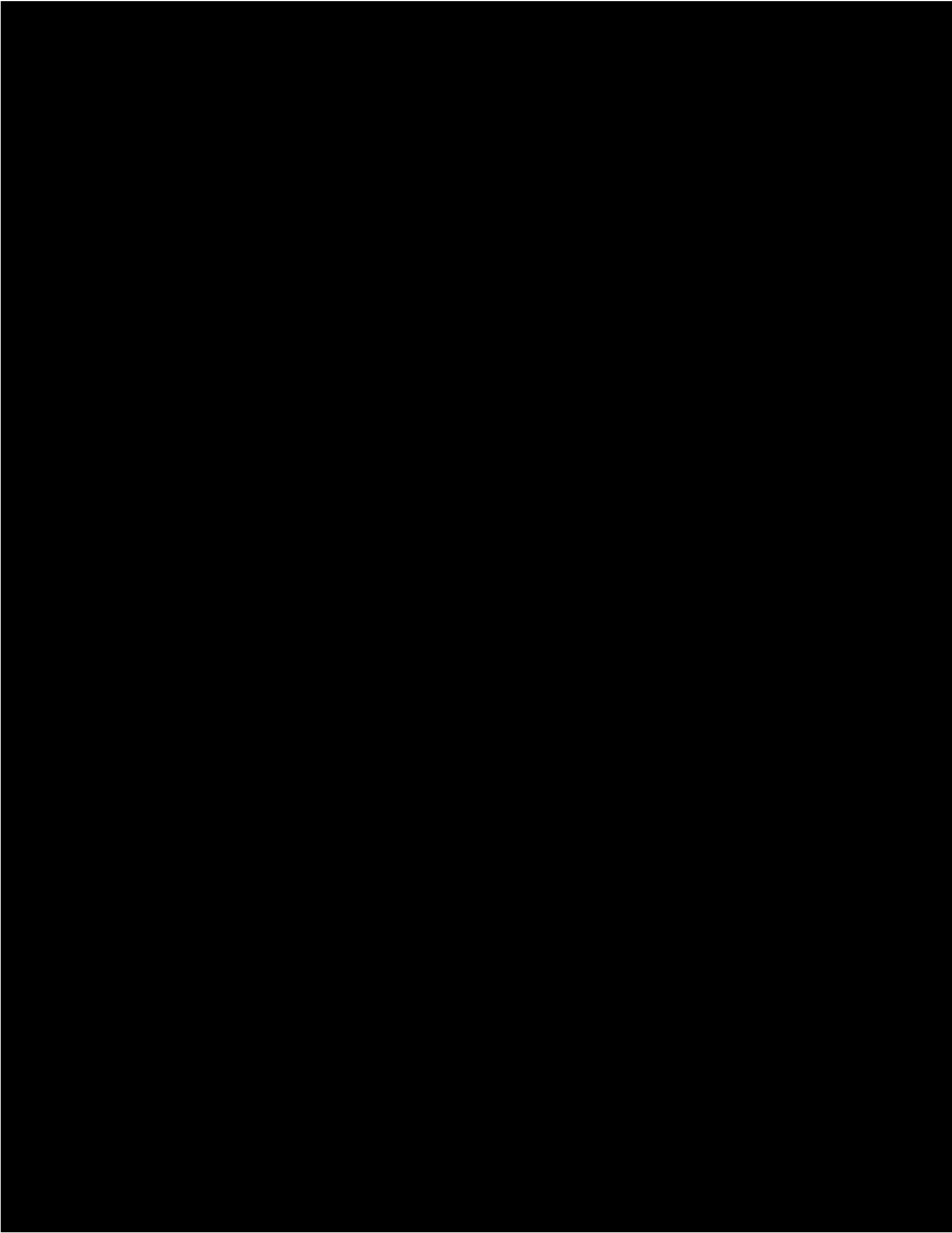


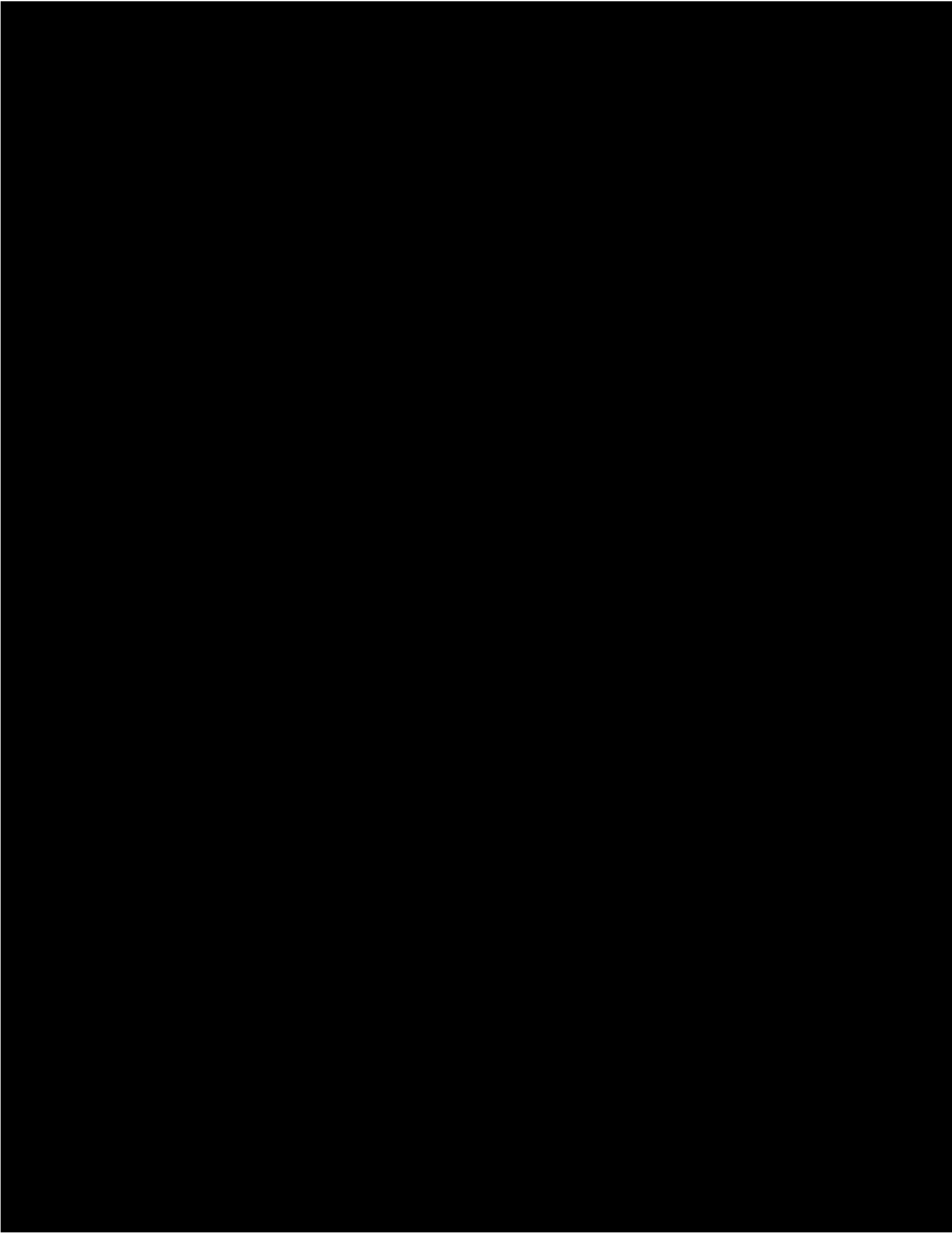


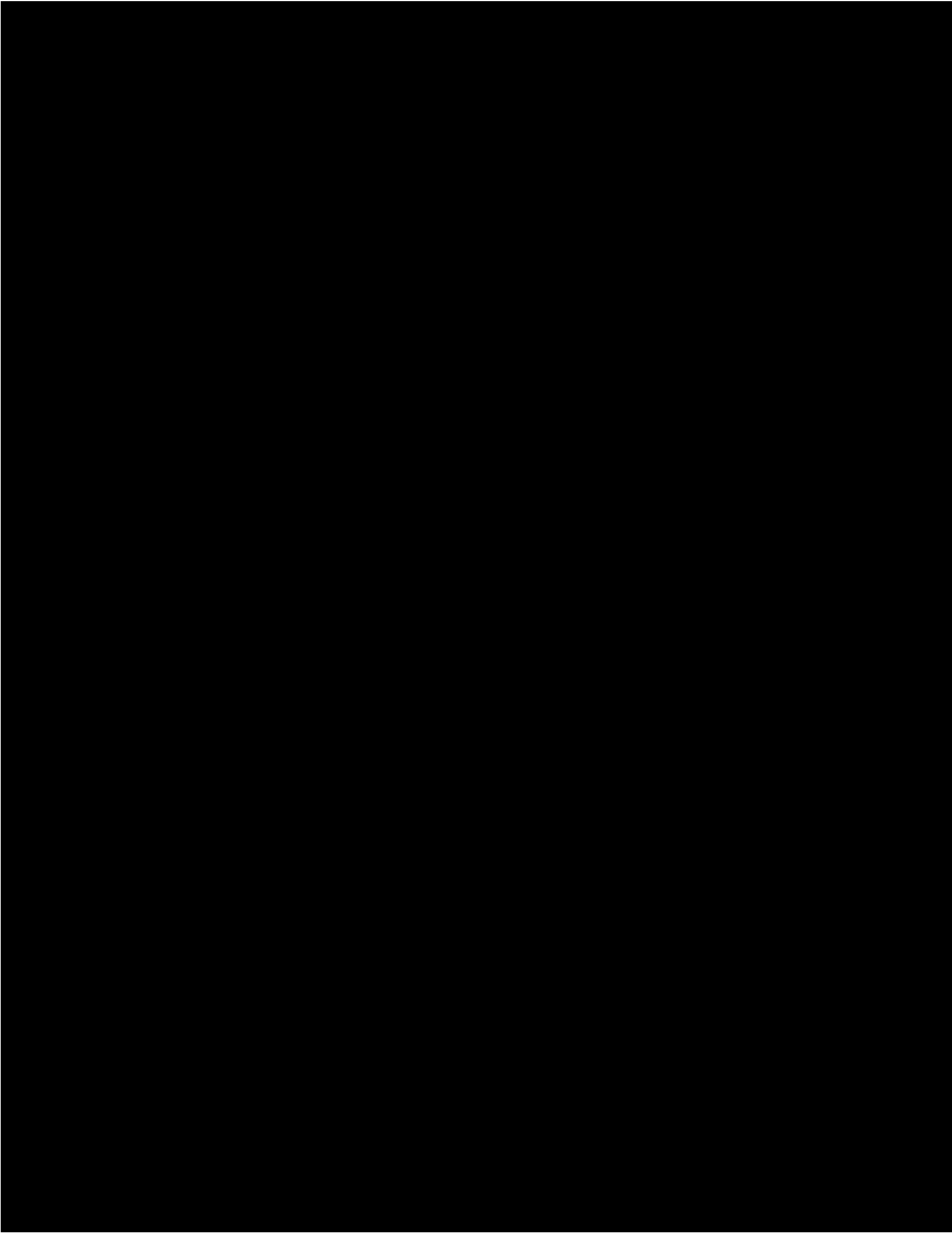


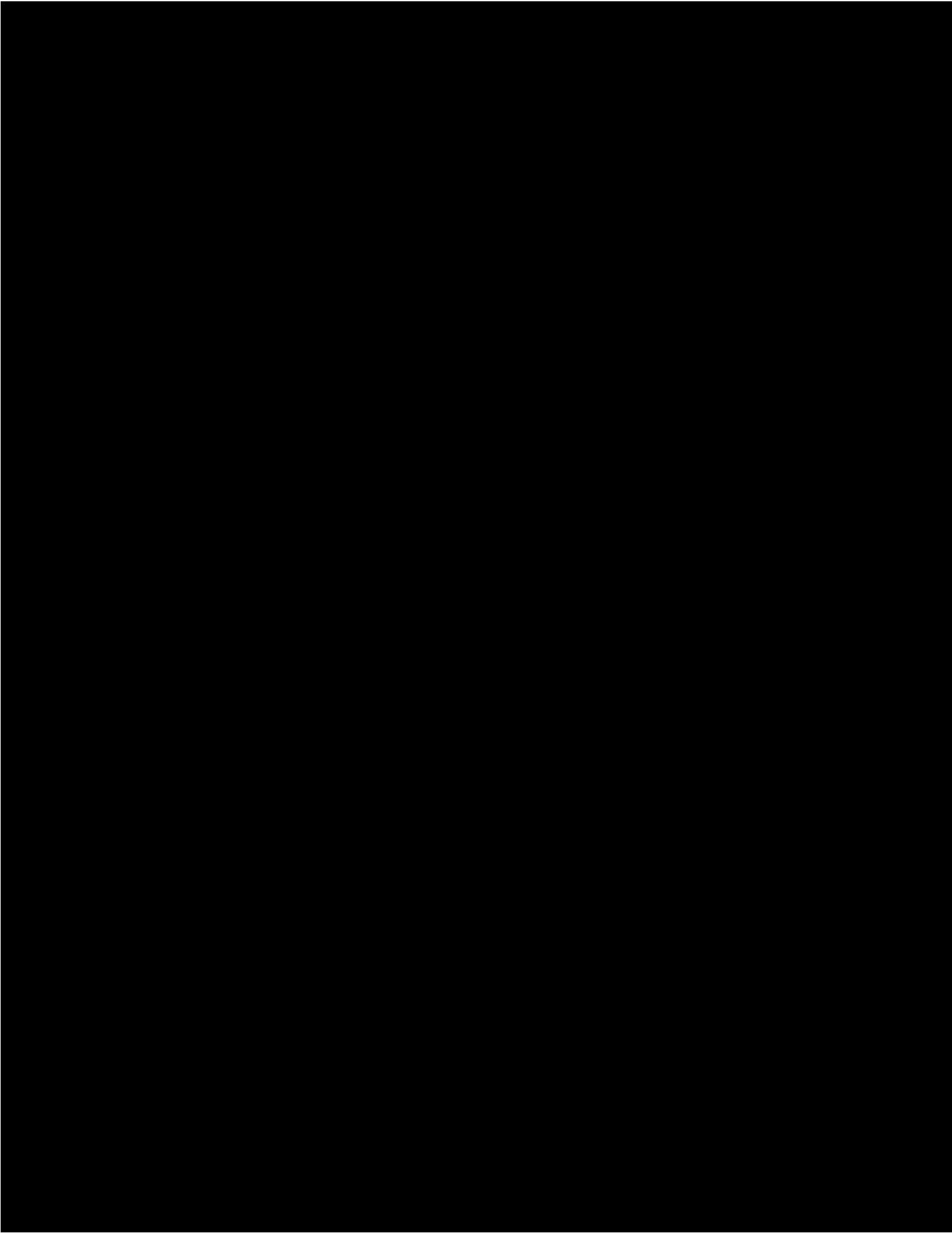


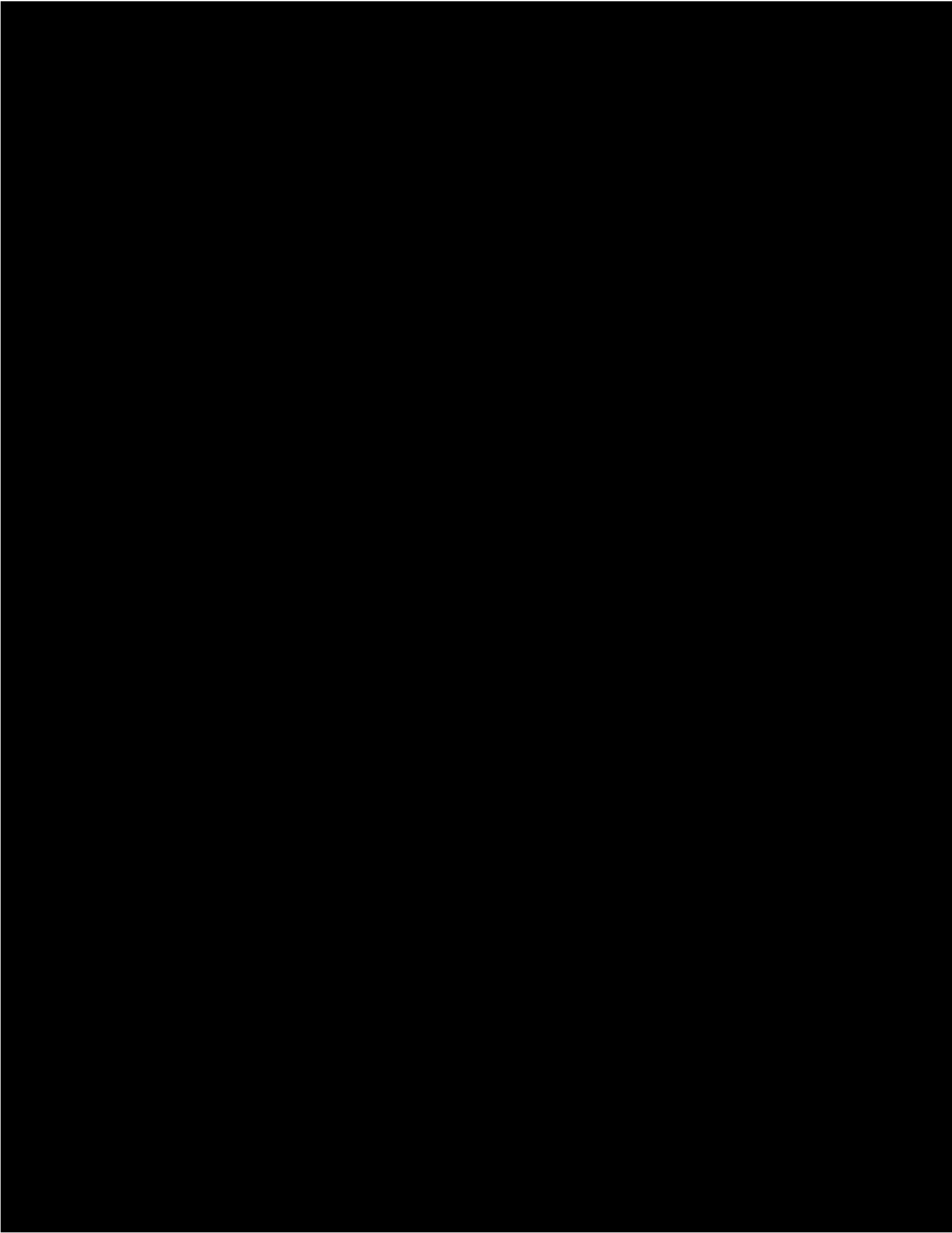


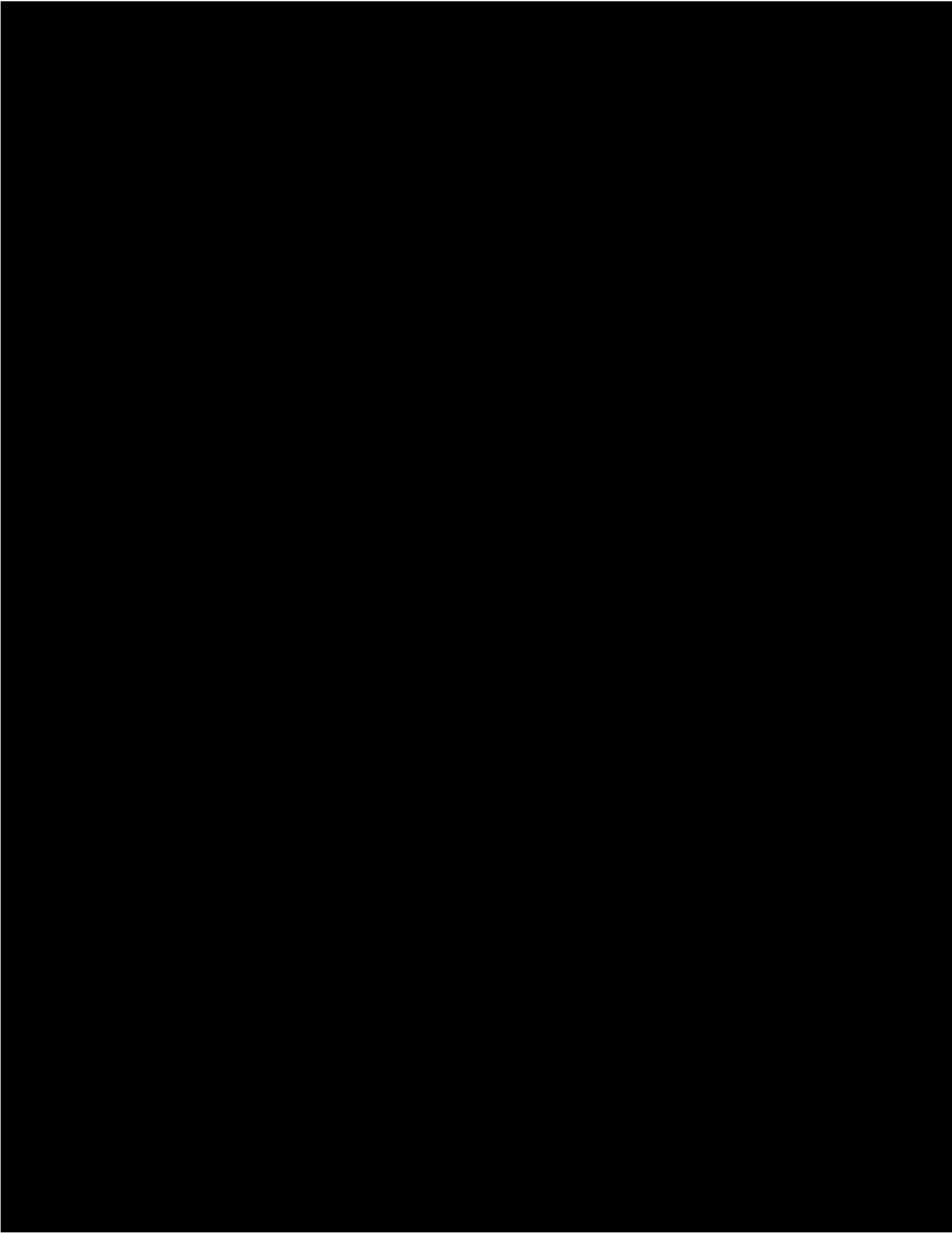








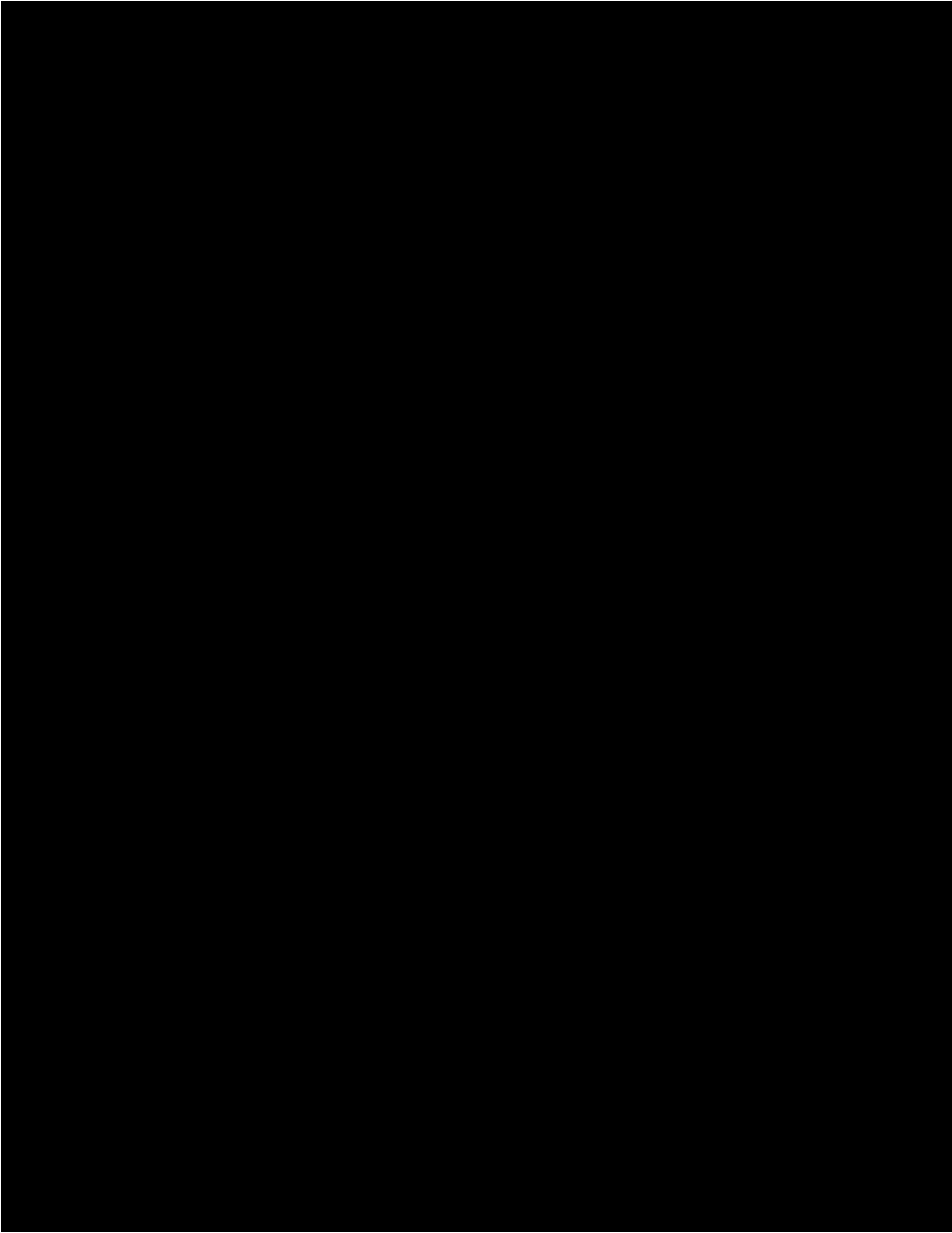


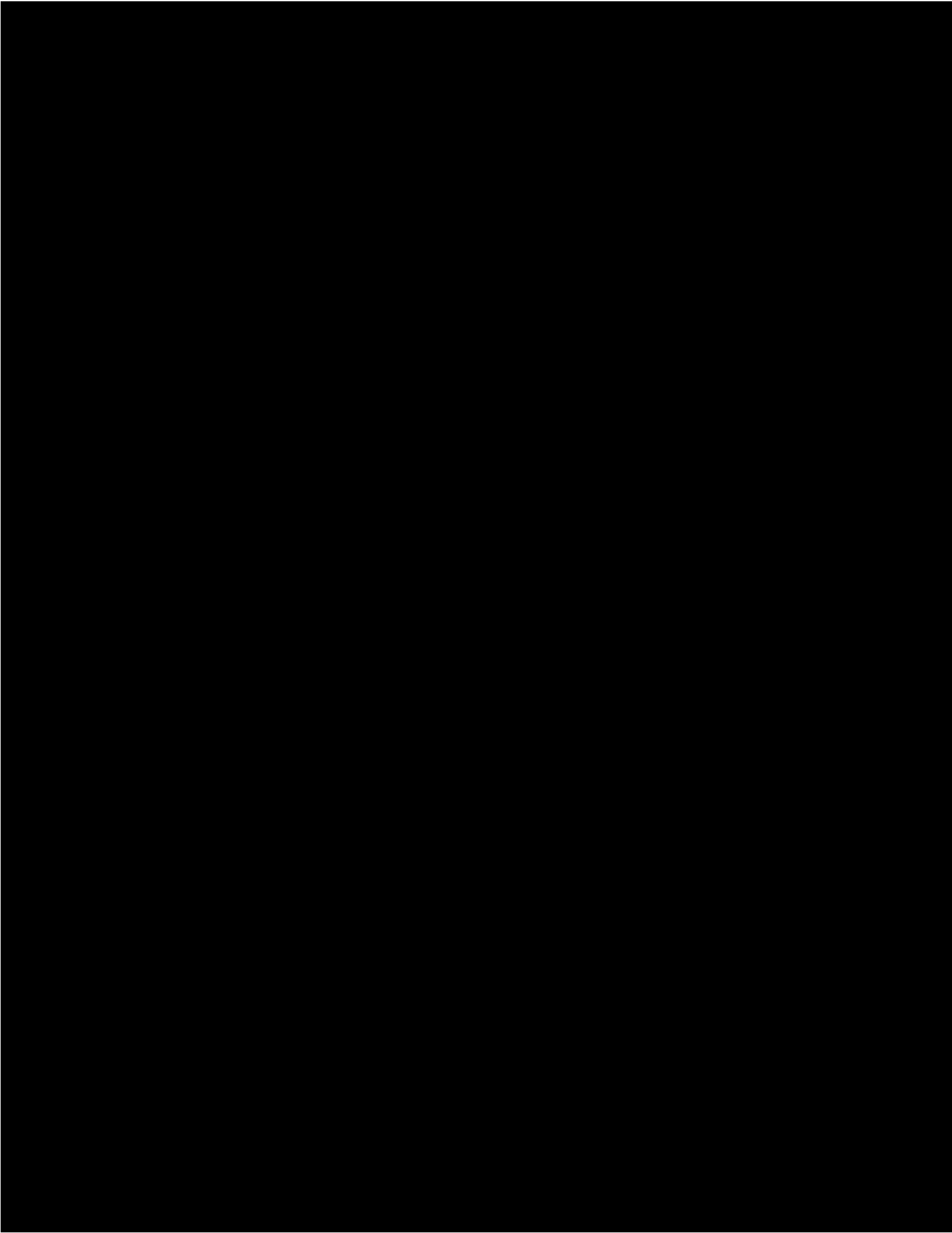


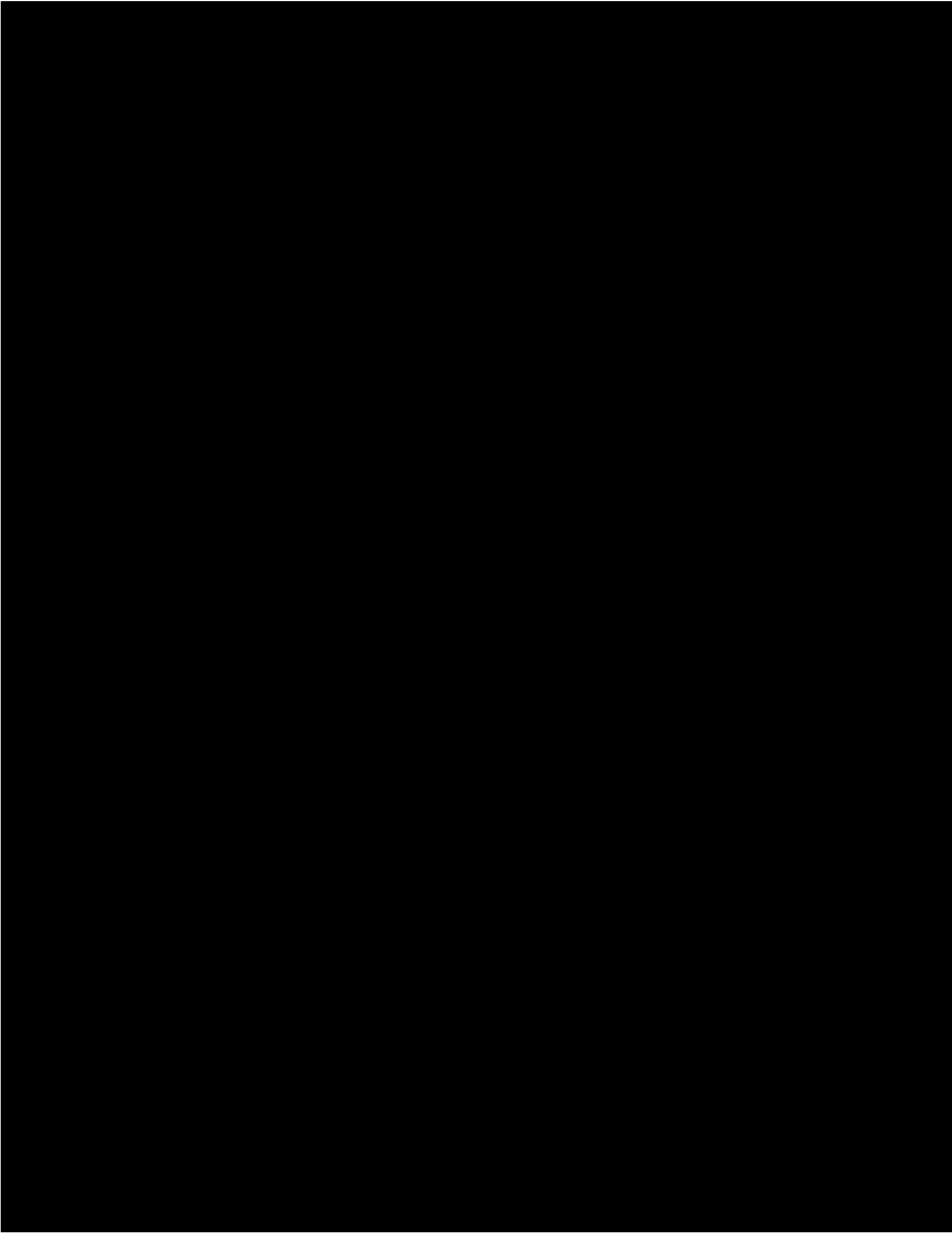


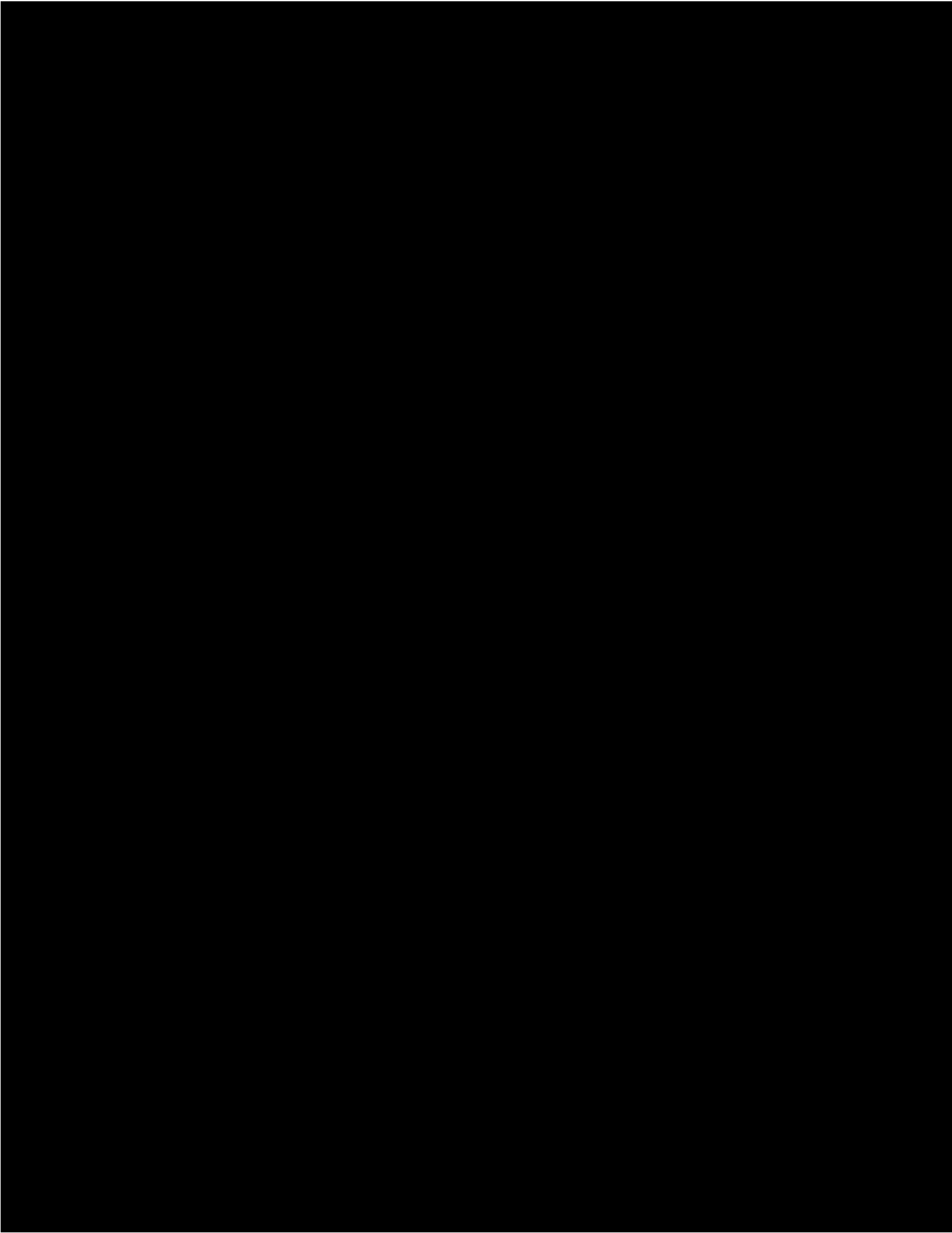


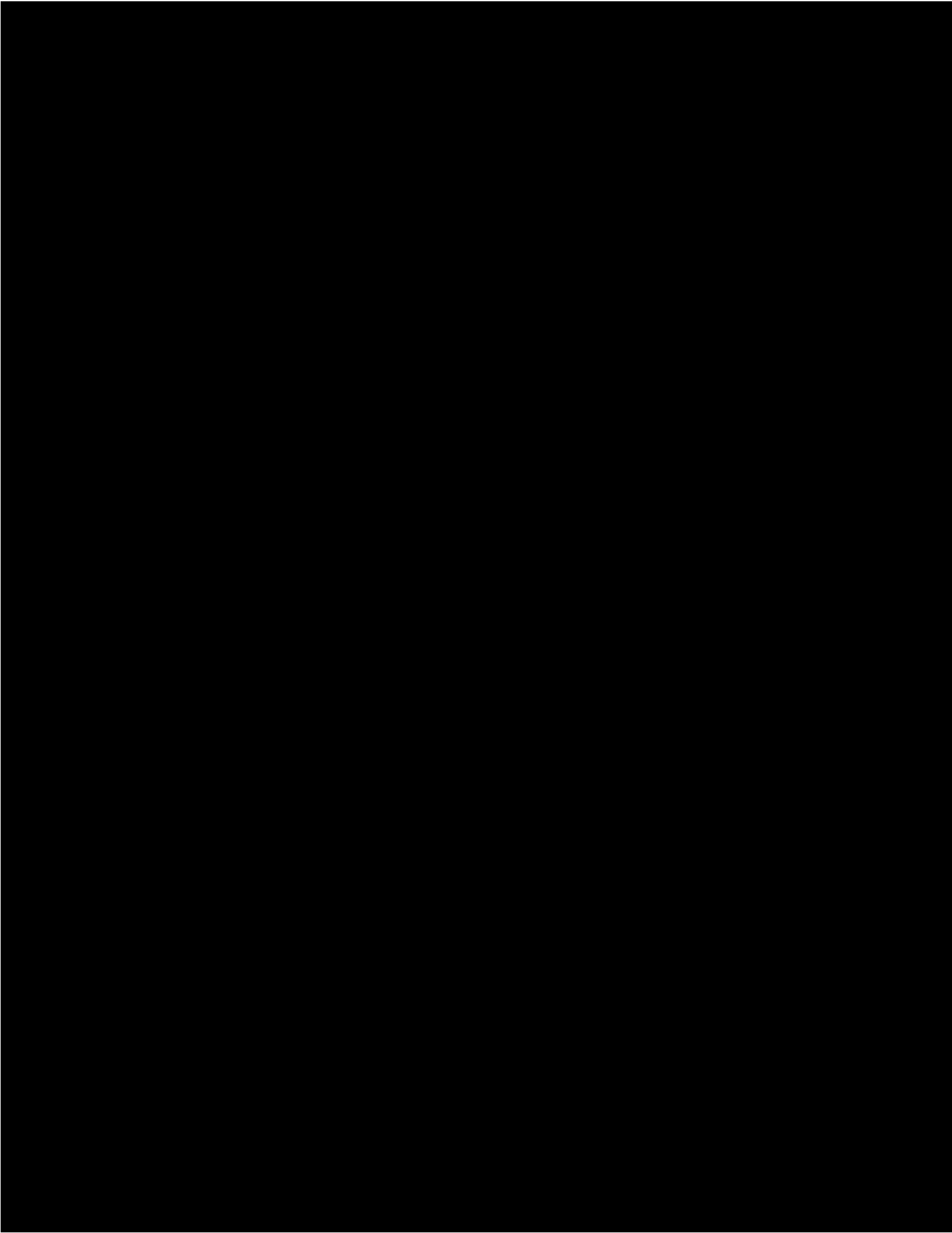


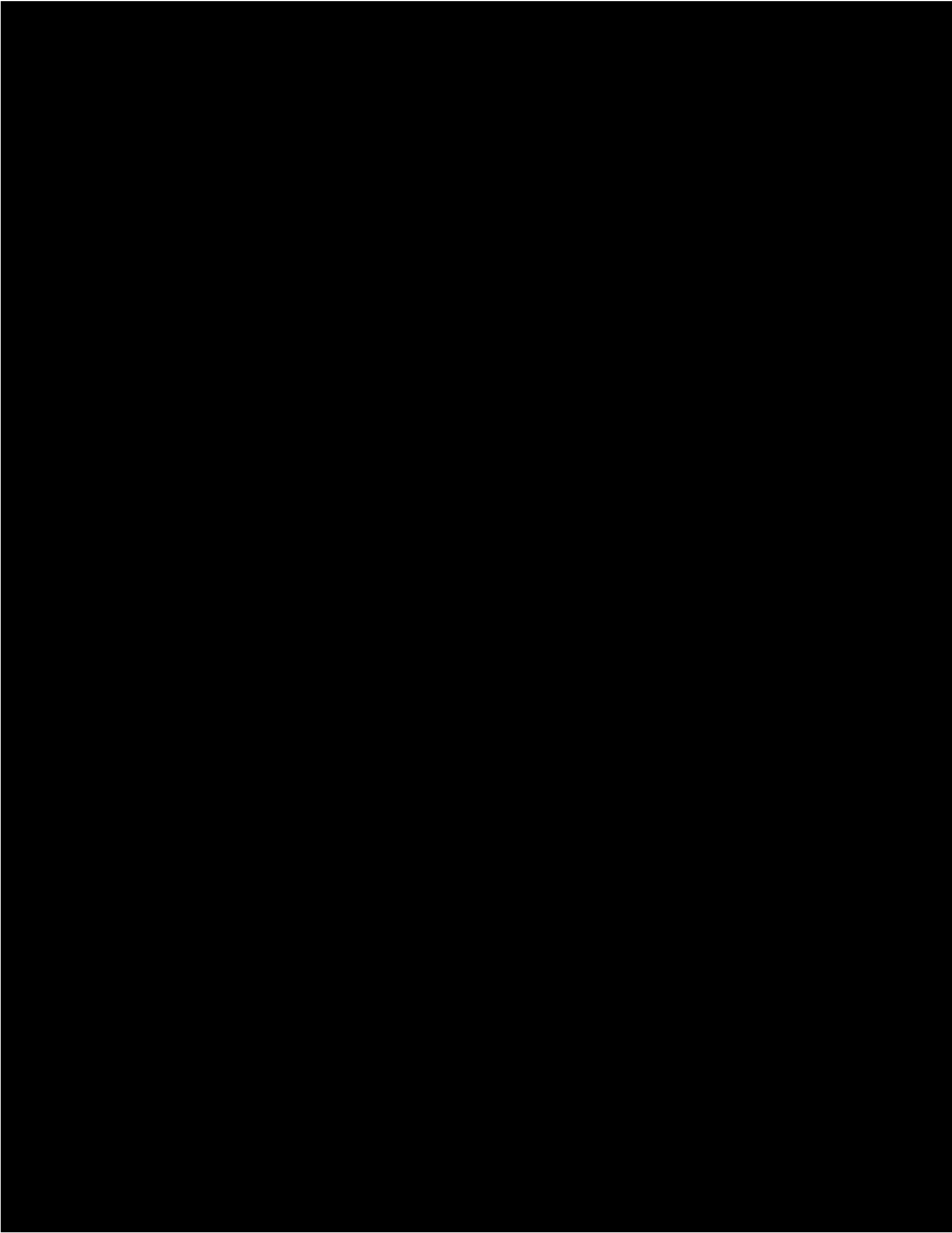


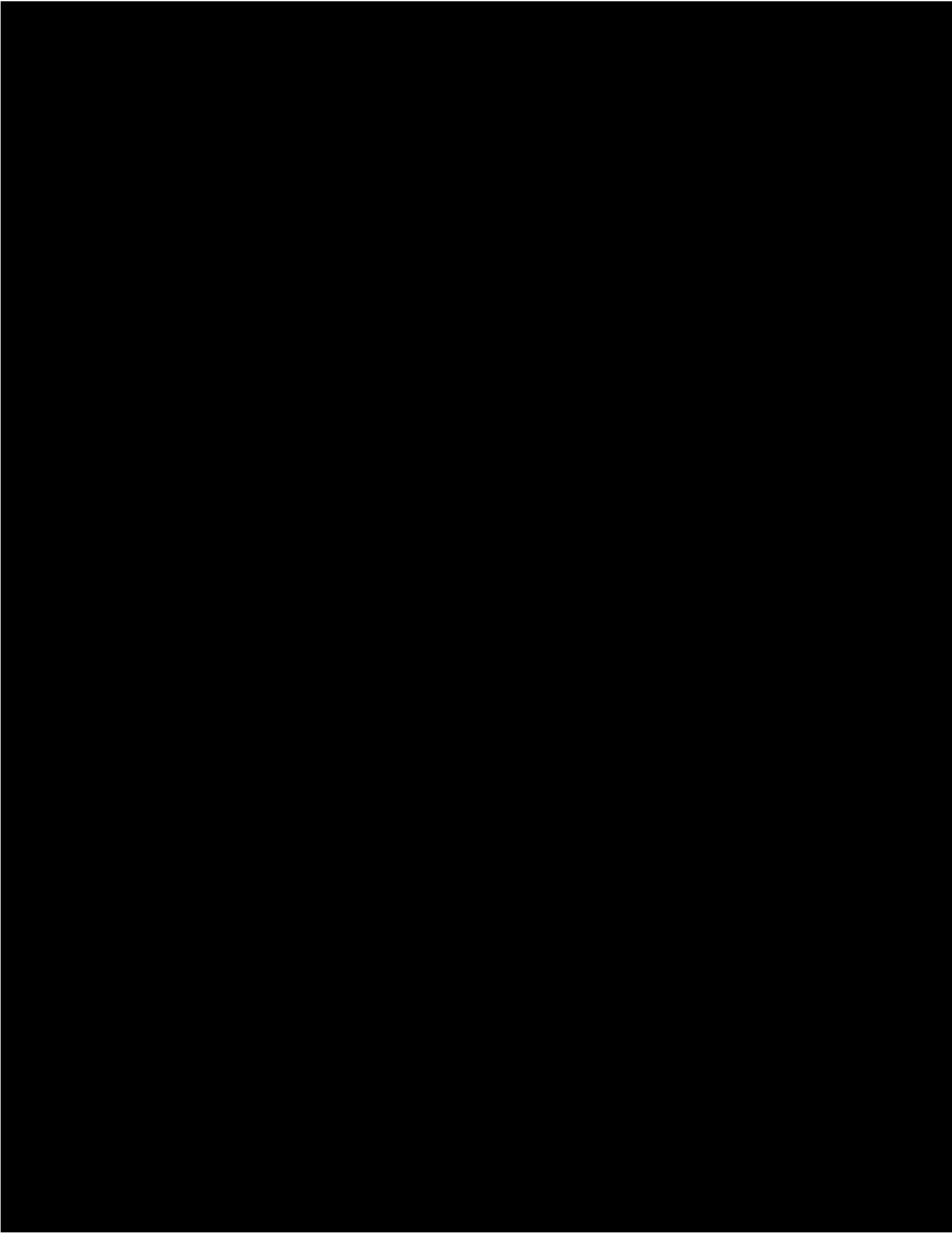


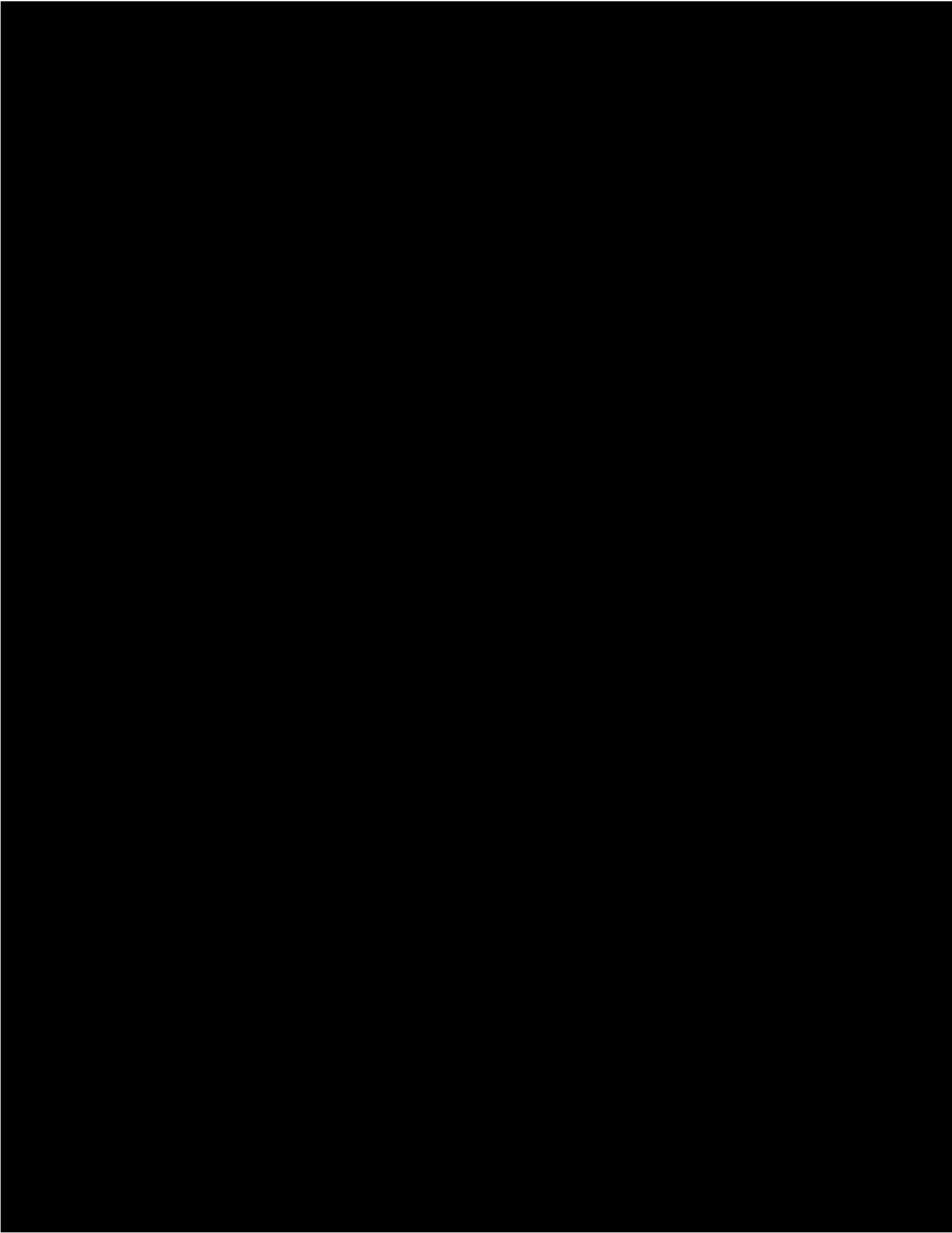


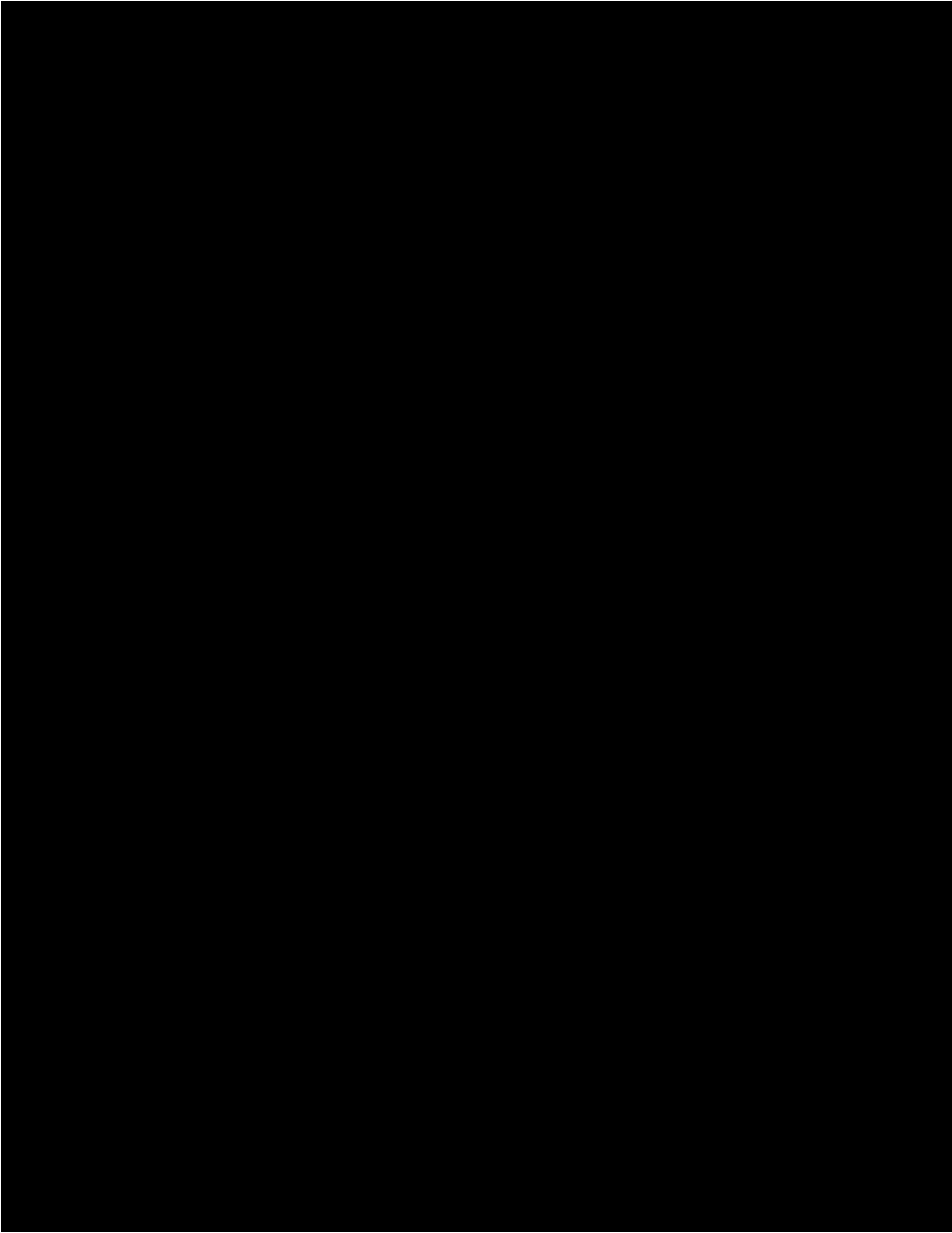


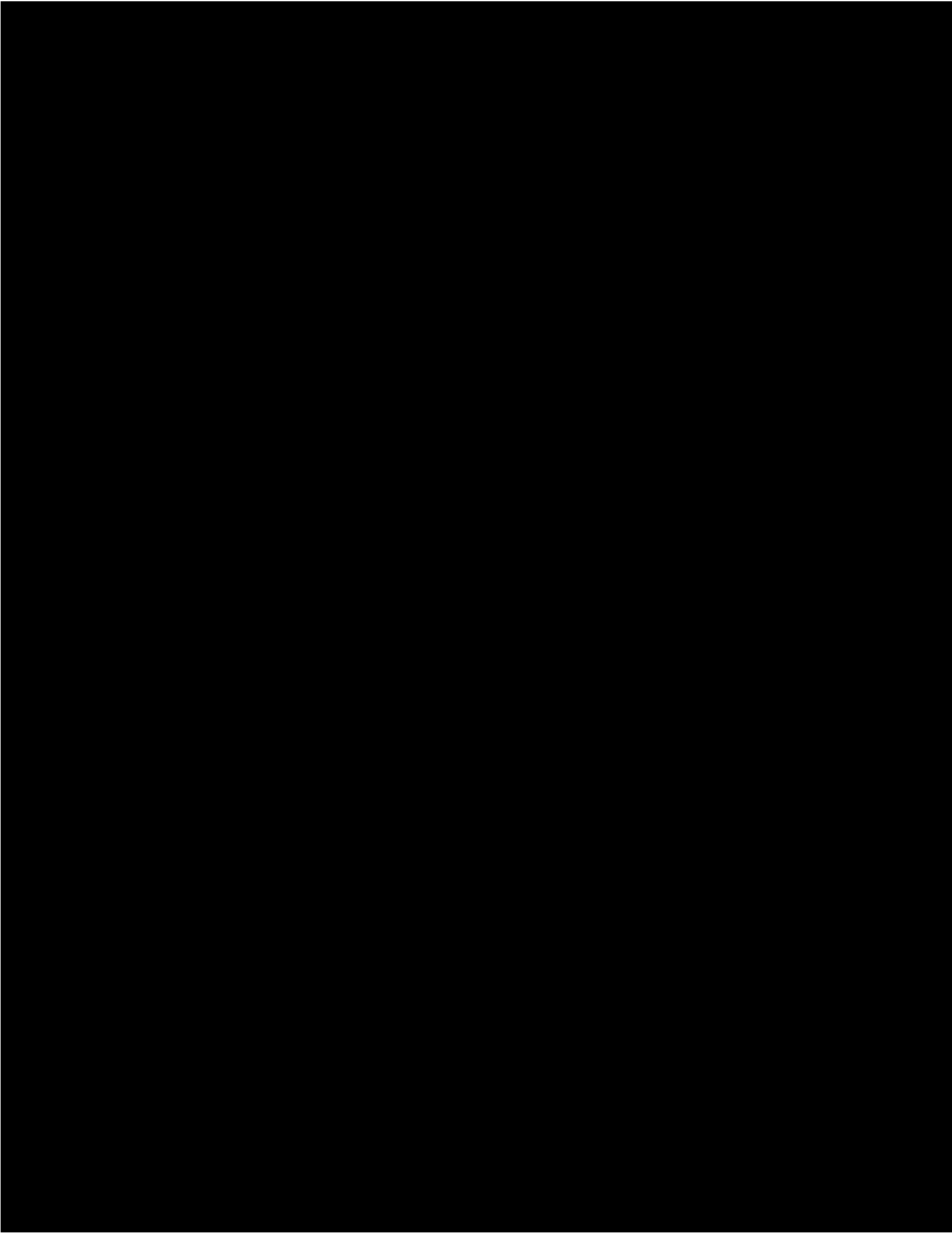


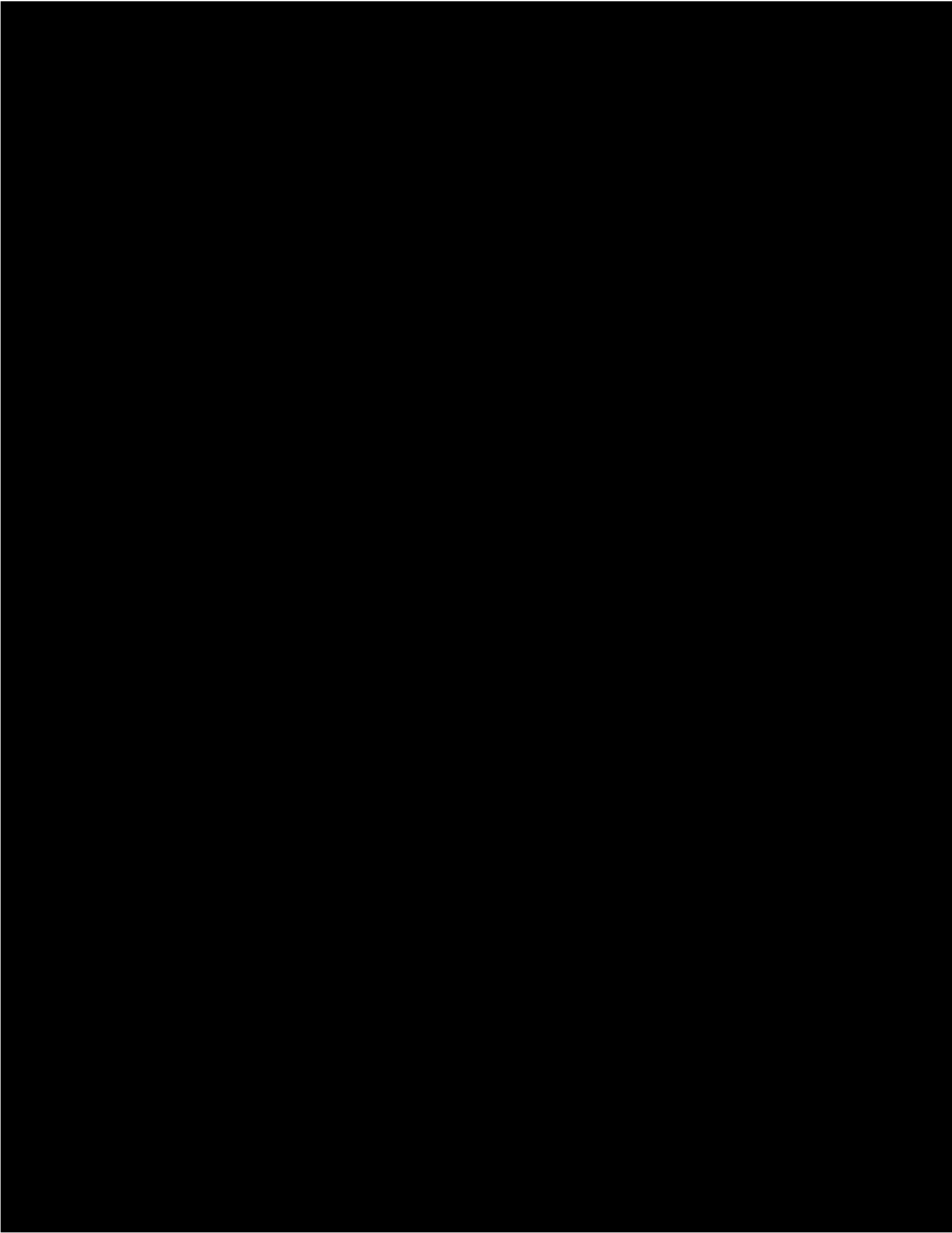


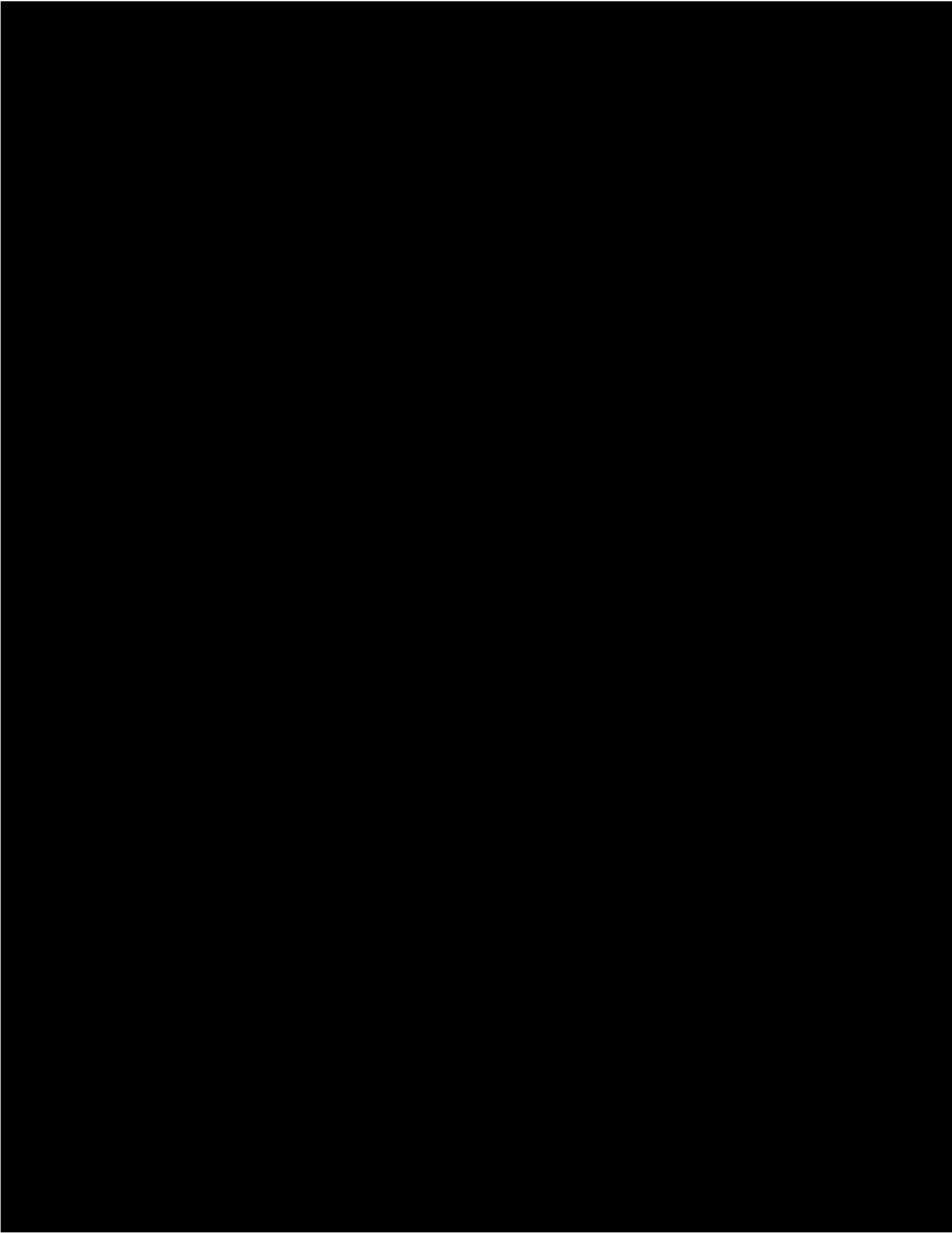


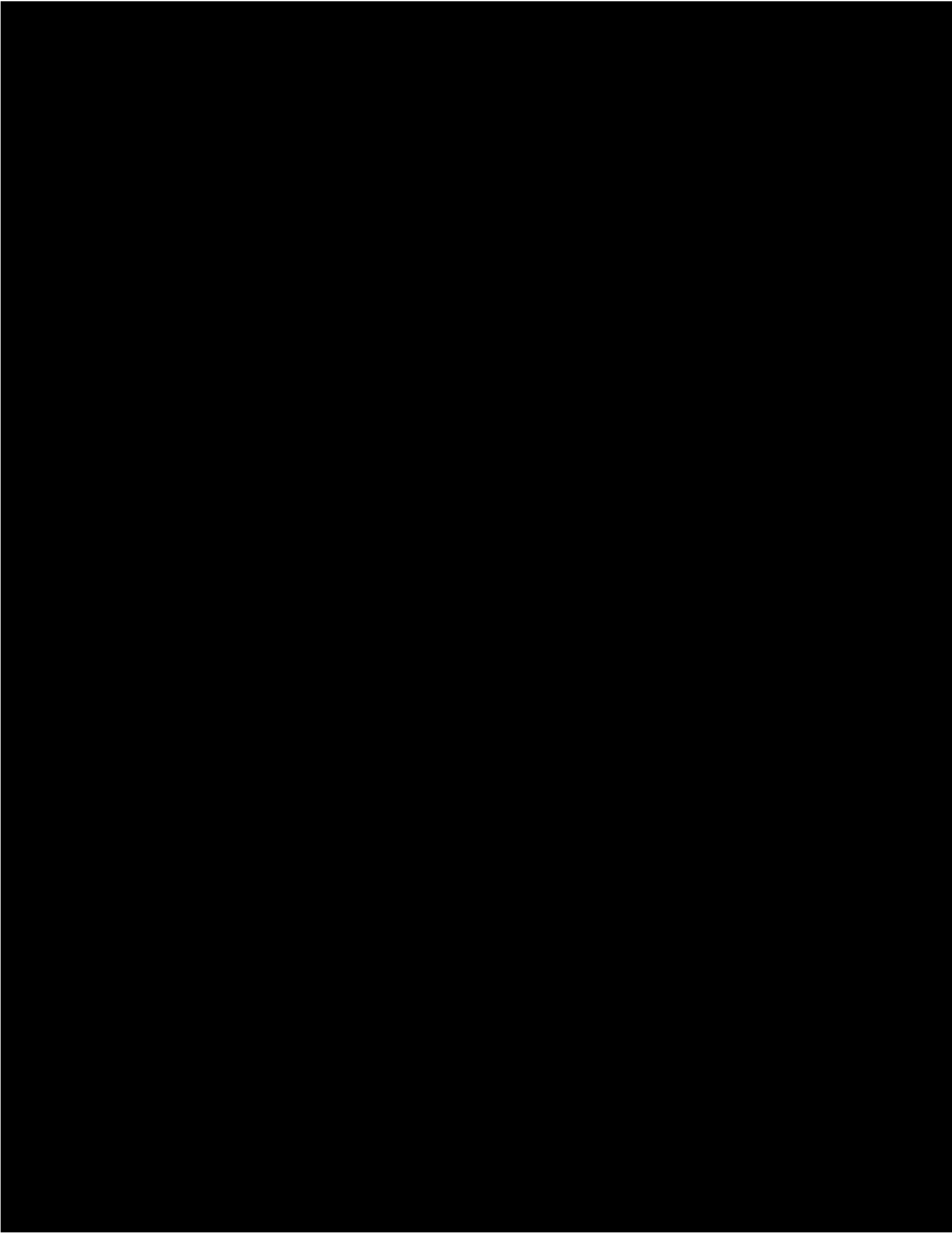


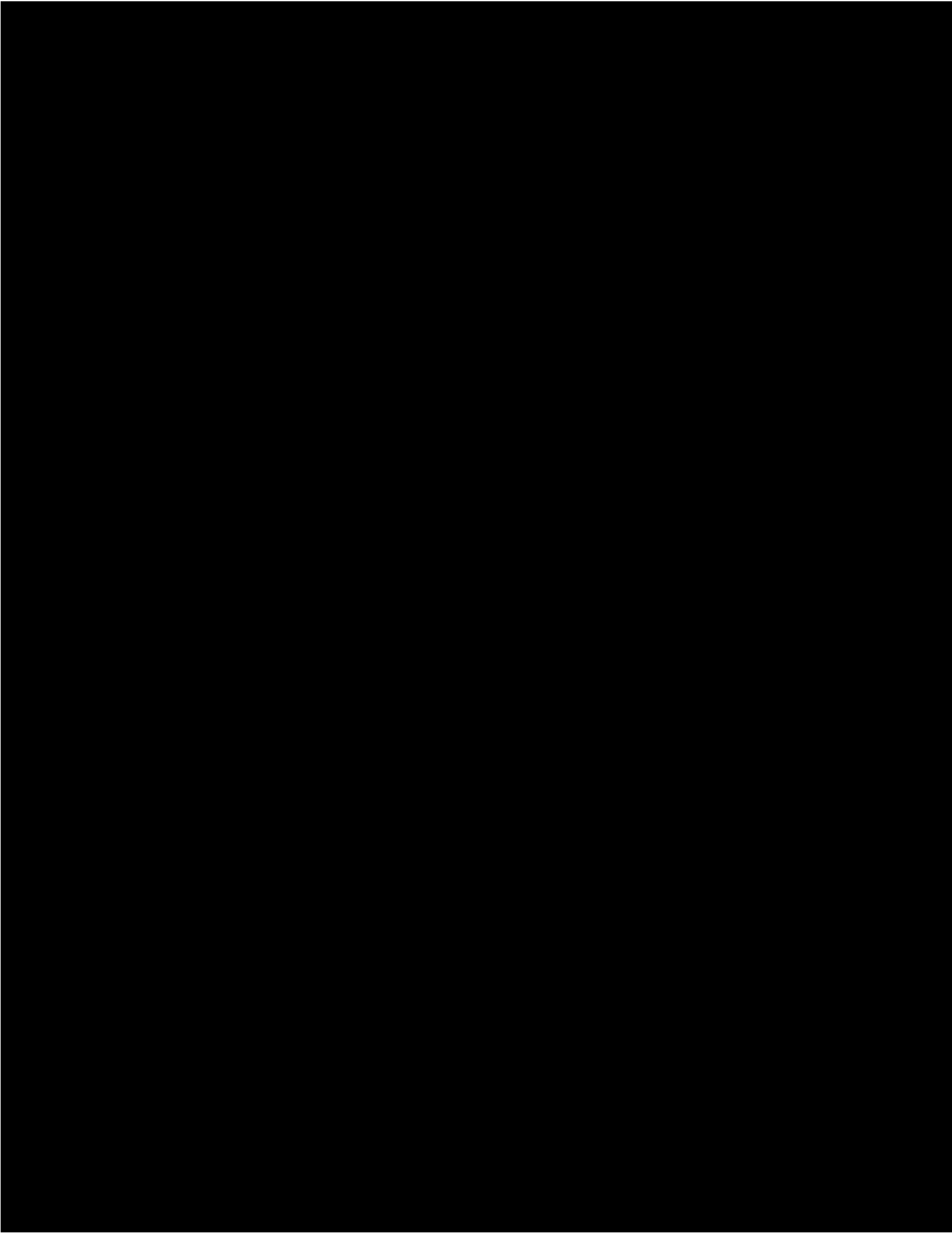


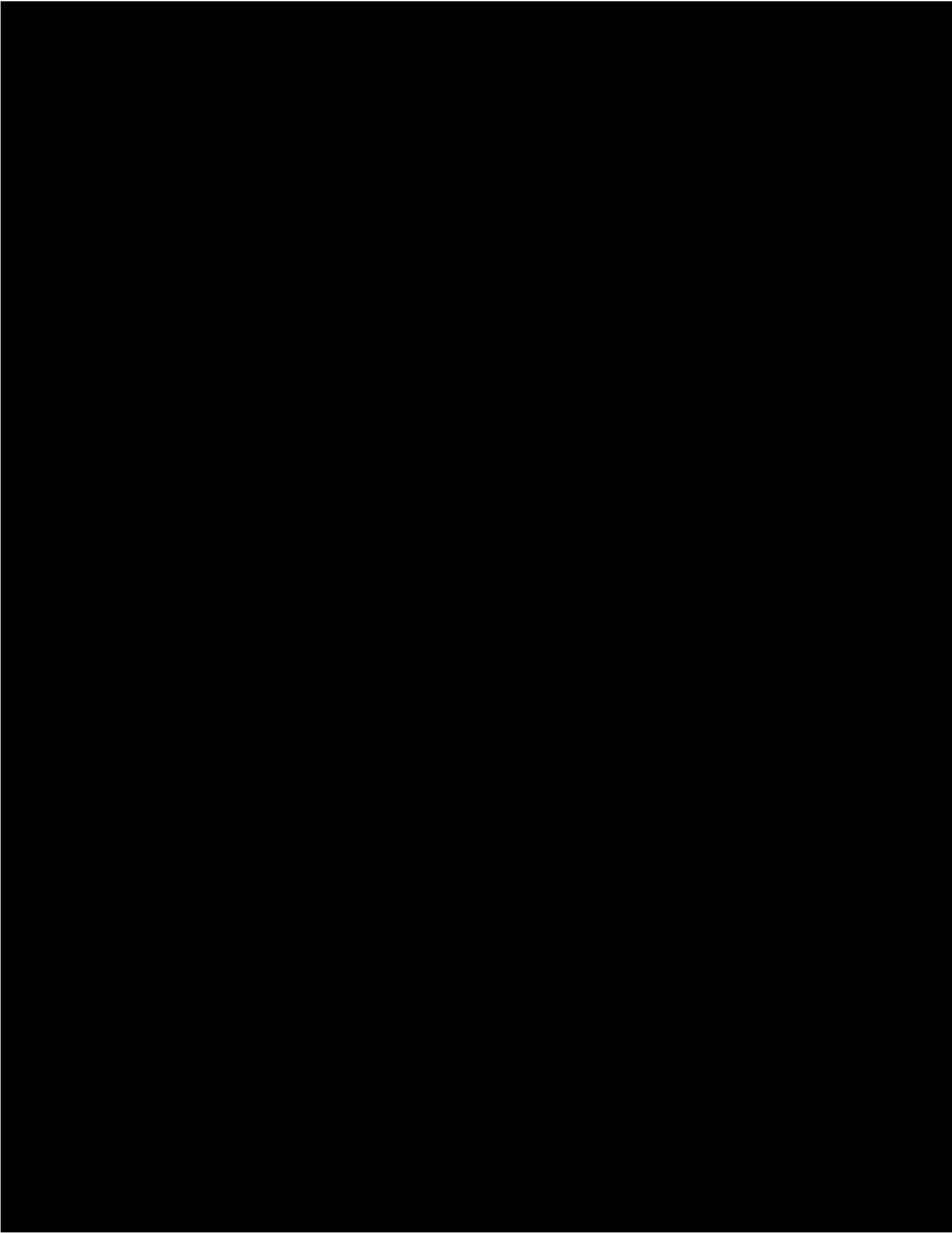


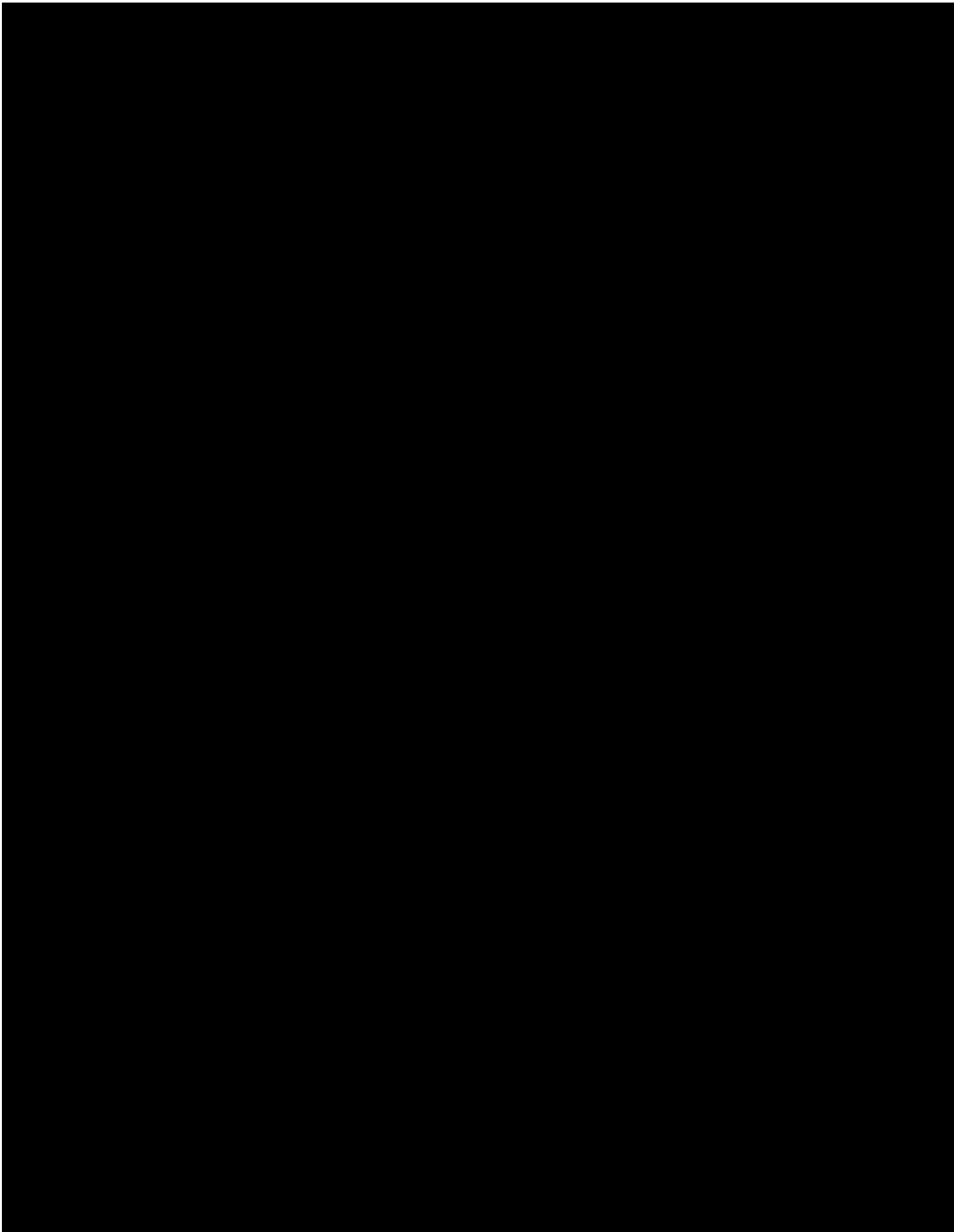












**Kathryn Irby**

---

**From:** Christy McCoy <mccoy@bruceflint.com>  
**Sent:** Tuesday, March 5, 2024 1:58 PM  
**To:** Andrews, Amanda J.; Darla Crawford  
**Cc:** ASCC Pleadings  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents  
**Attachments:** Updated [REDACTED] records.pdf; [REDACTED] .pdf; [REDACTED] 6-17-22 and 6-22-22.pdf; [REDACTED] BILL.pdf; [REDACTED] BILL.pdf; [REDACTED] Bill.pdf

You don't often get email from mccoy@bruceflint.com. [Learn why this is important](#)

**Email # 4 ATTACHMENTS**

Remaining Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Christy McCoy  
**Sent:** Tuesday, March 5, 2024 1:56 PM  
**To:** 'Andrews, Amanda J.' <Amanda.Andrews@ardot.gov>; Darla Crawford <dcrawford@bruceflint.com>  
**Cc:** 'ASCCPleadings@arkansas.gov' <ASCCPleadings@arkansas.gov>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

**Email # 3 ATTACHMENTS**

Remaining Photos and Some Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Christy McCoy

**Sent:** Tuesday, March 5, 2024 1:46 PM

**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

## ATTACHMENTS EMAIL # 2

Photos

Please find attached additional attachments to Claimant's Responses to Interrogatories and Request for Production.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Christy McCoy

**Sent:** Tuesday, March 5, 2024 1:41 PM

**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

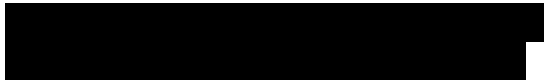
**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

**ATTACHMENTS EMAIL # 1**

Claimant's Responses

Signed Authorizations



Lost Wage Verification Form

Police Report

(3) Witness Statements

Front and Back Copy of Health Insurance

Good Afternoon.

Please find attached the Claimant's Responses to Respondent's First Set of Interrogatories and Request for Production of Documents.

I will be sending a second and third email following this one with remaining attachments as the file is too large to send in one email.

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Monday, February 5, 2024 2:03 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Yes, absolutely. Please see attached Word version.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
 P.O. Box 2261  
 Little Rock, AR 72203-2261  
 Office: (501) 569-2278  
 Fax: (501) 569-2164  
 Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Sent:** Monday, February 5, 2024 1:25 PM  
**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Amanda,  
 Could you please send the Word form for these?  
 Thank you

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road

Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Monday, February 5, 2024 1:18 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** Fwd: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

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---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Monday, February 5, 2024 1:04:48 PM  
**To:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Good afternoon,

Please find ARDOT's first set of Interrogatories and Requests for Production of Documents to Claimant to be filed in the above matter. At your earliest convenience, please confirm your receipt of this filing.

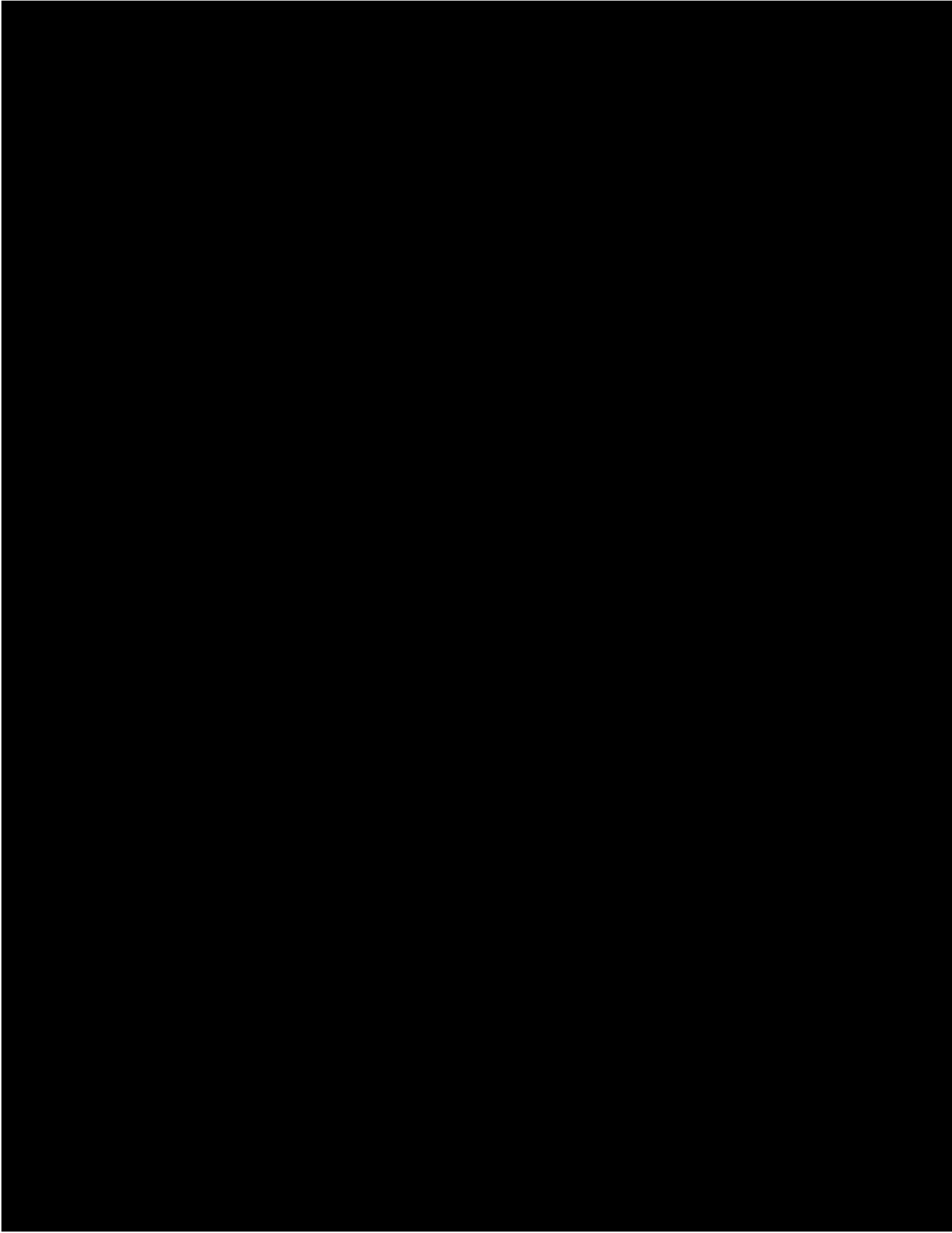
Please let me know if you have any issues opening the attachment or have any questions.

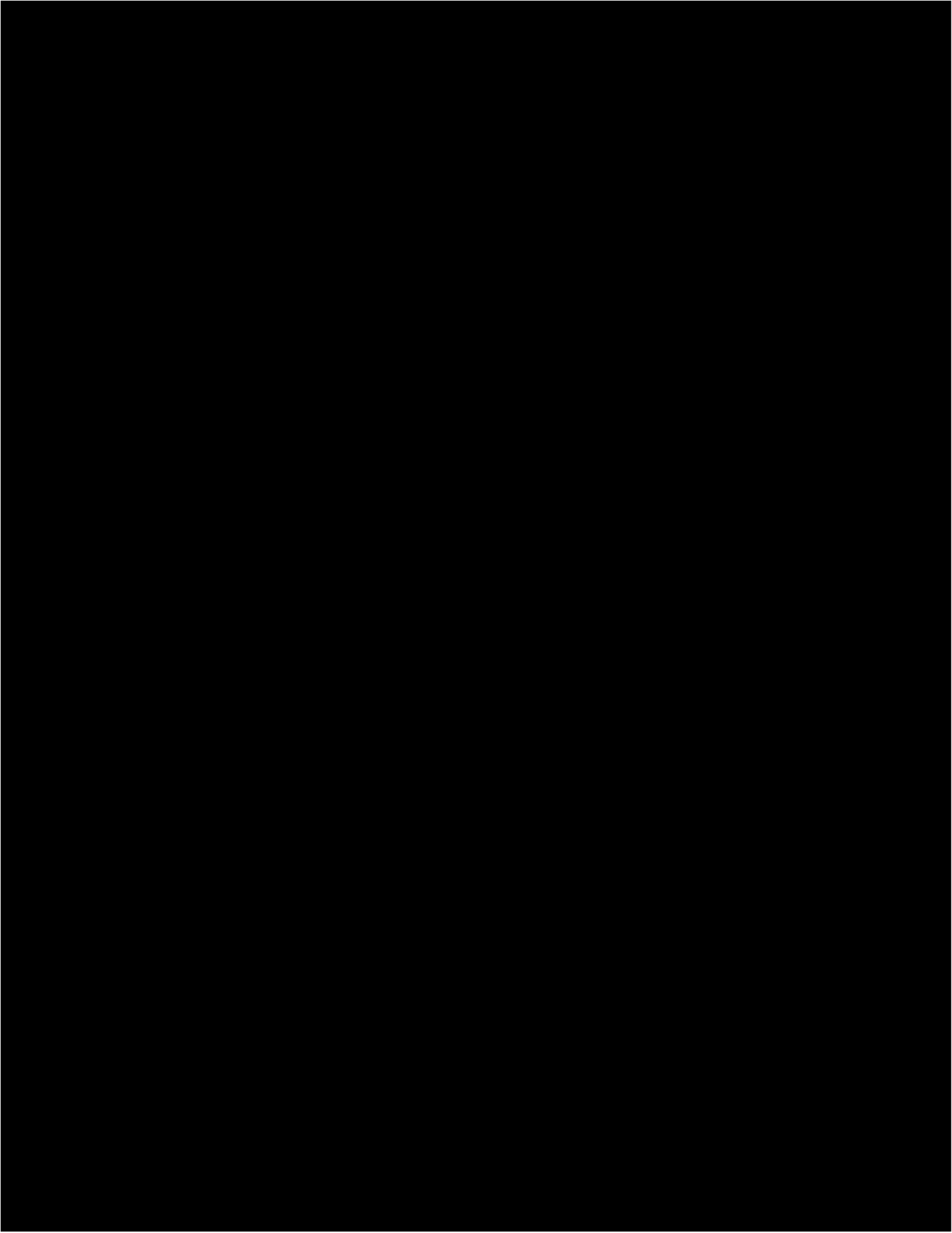
Sincerely,

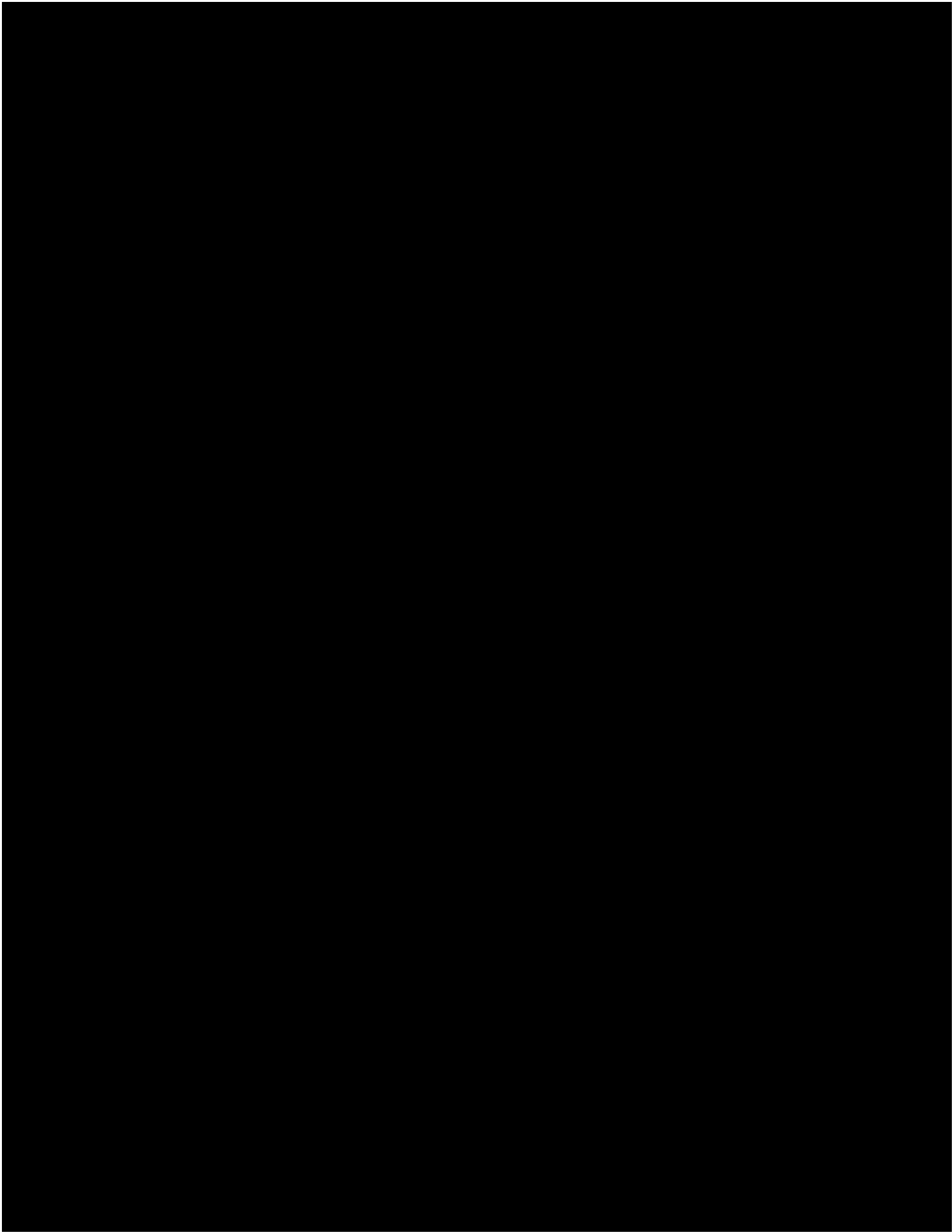
**Amanda J. Andrews, Staff Attorney**  
Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164

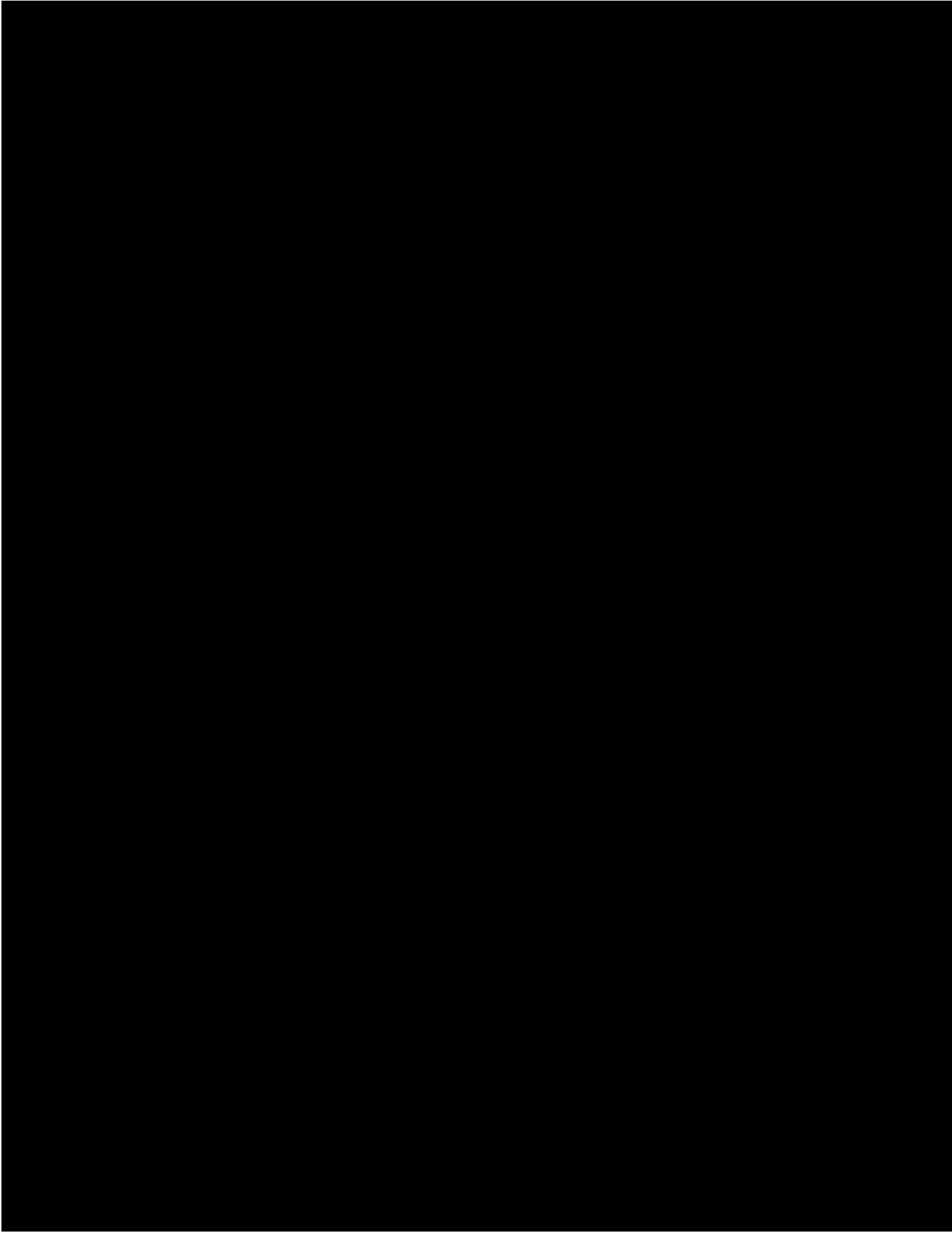
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)

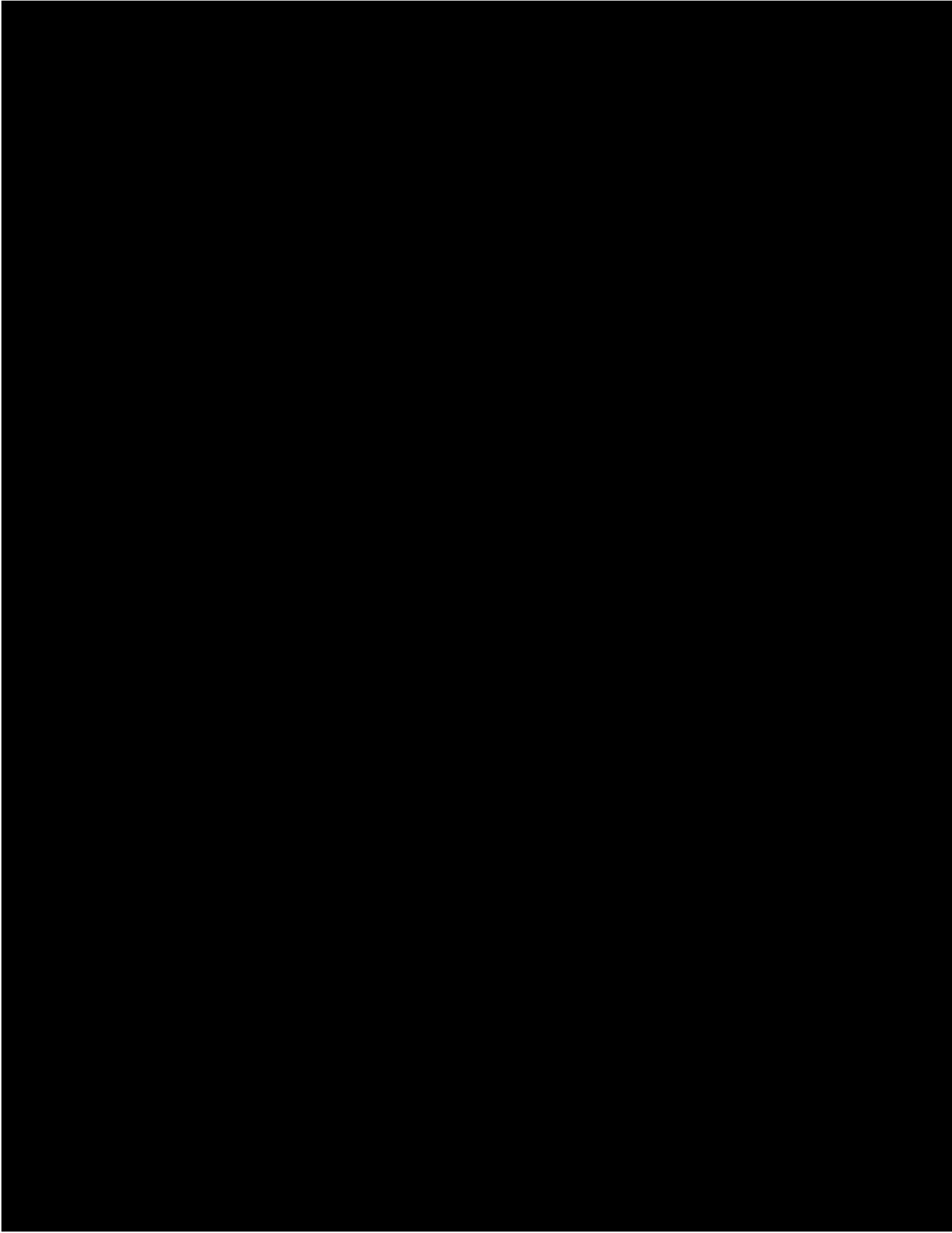


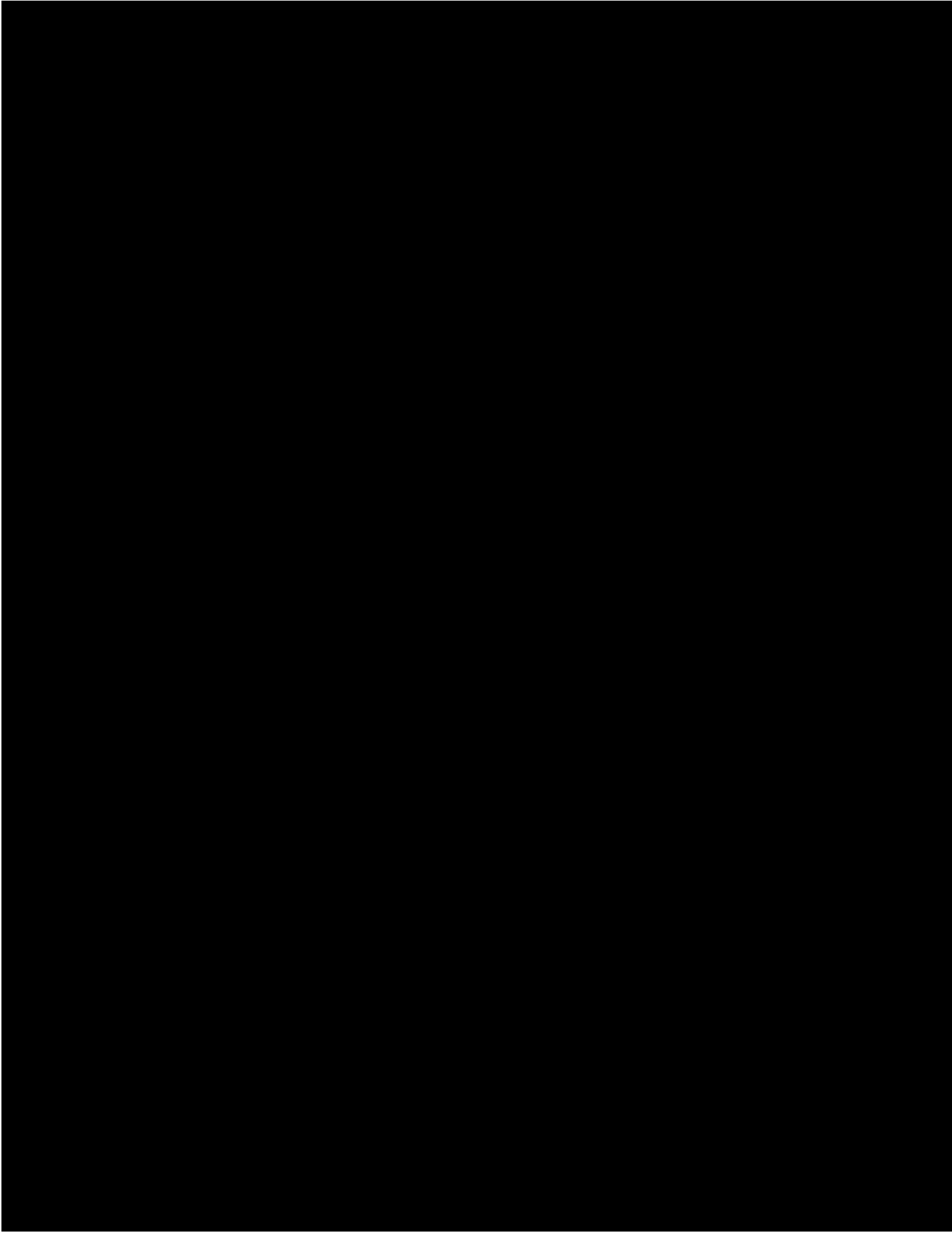


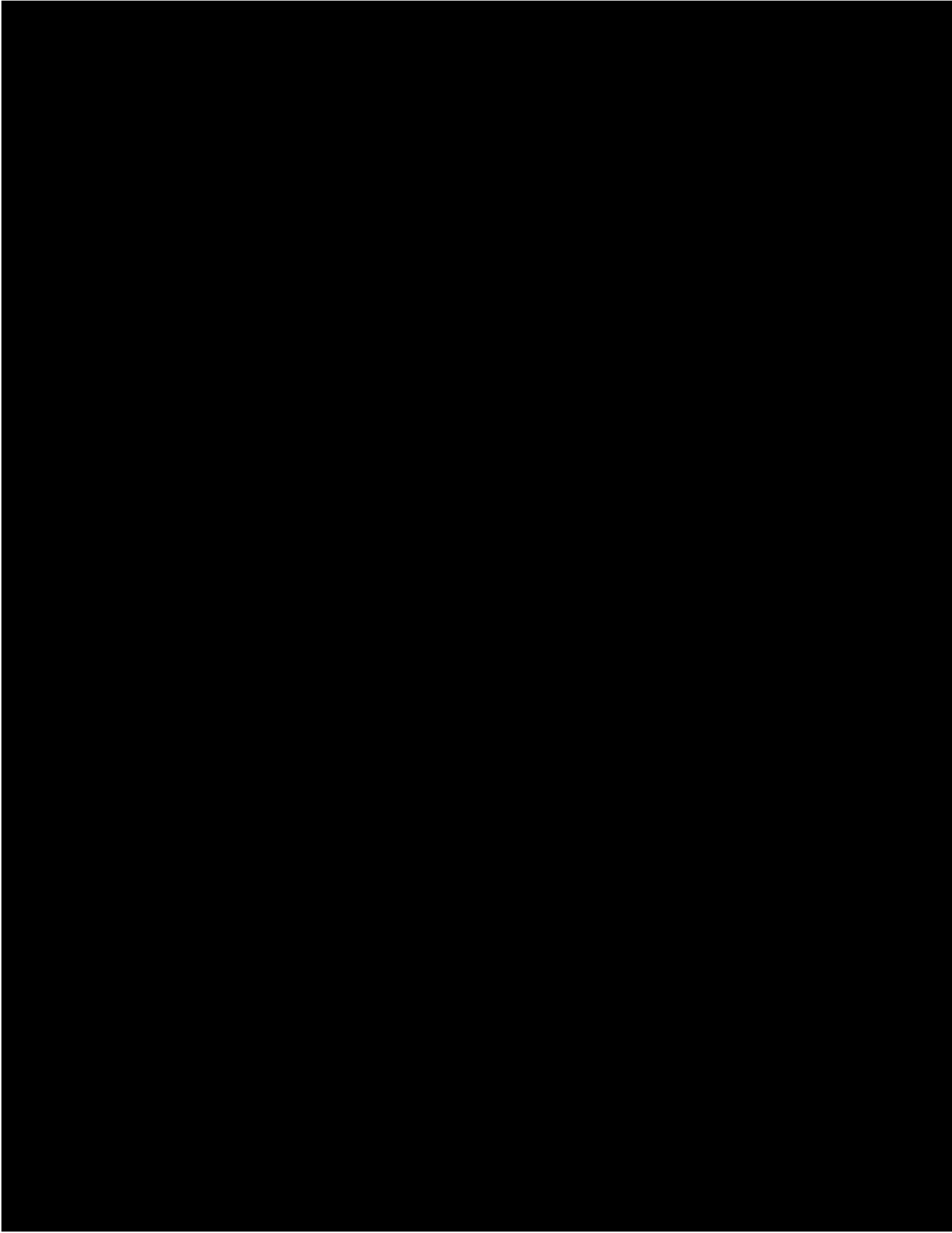


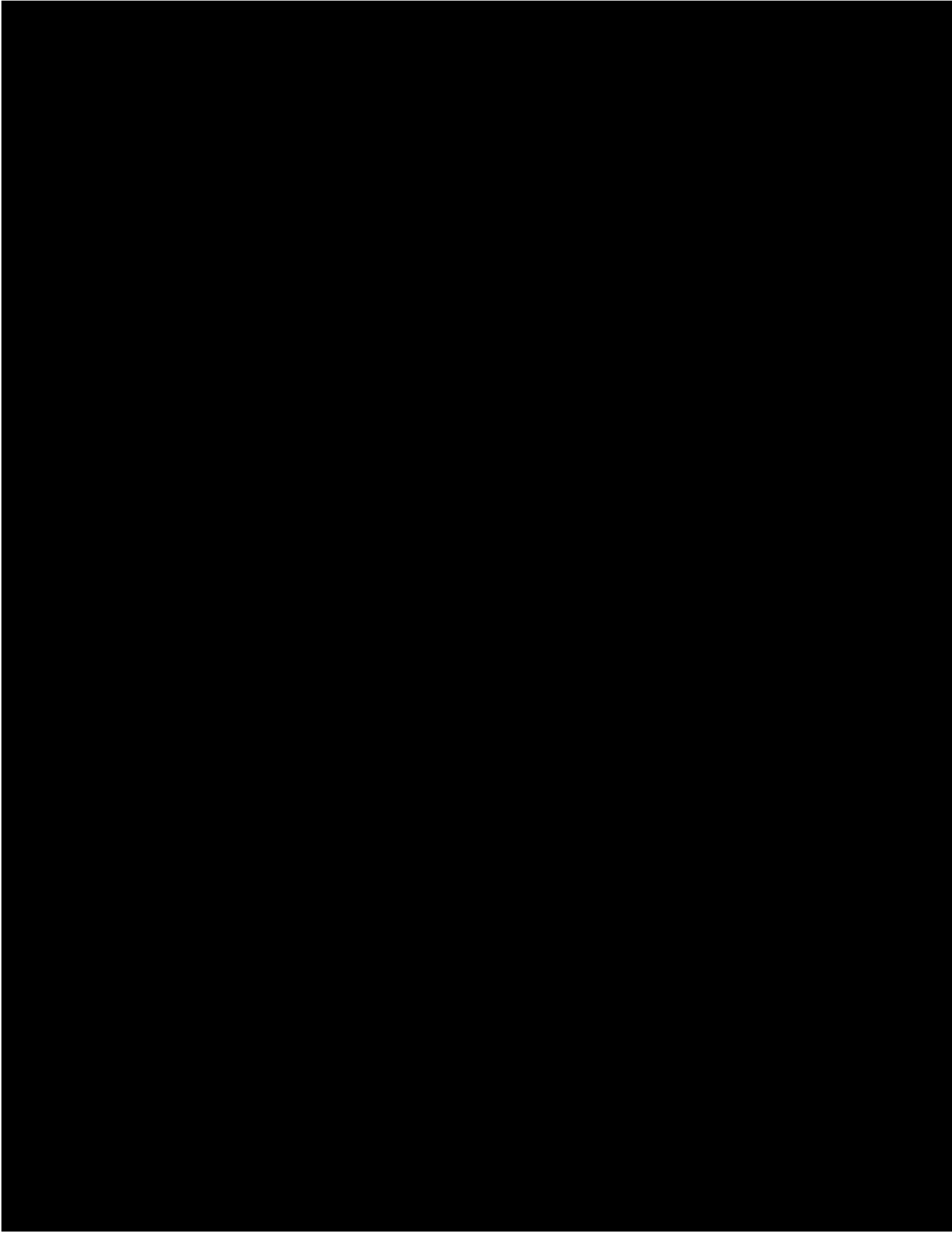


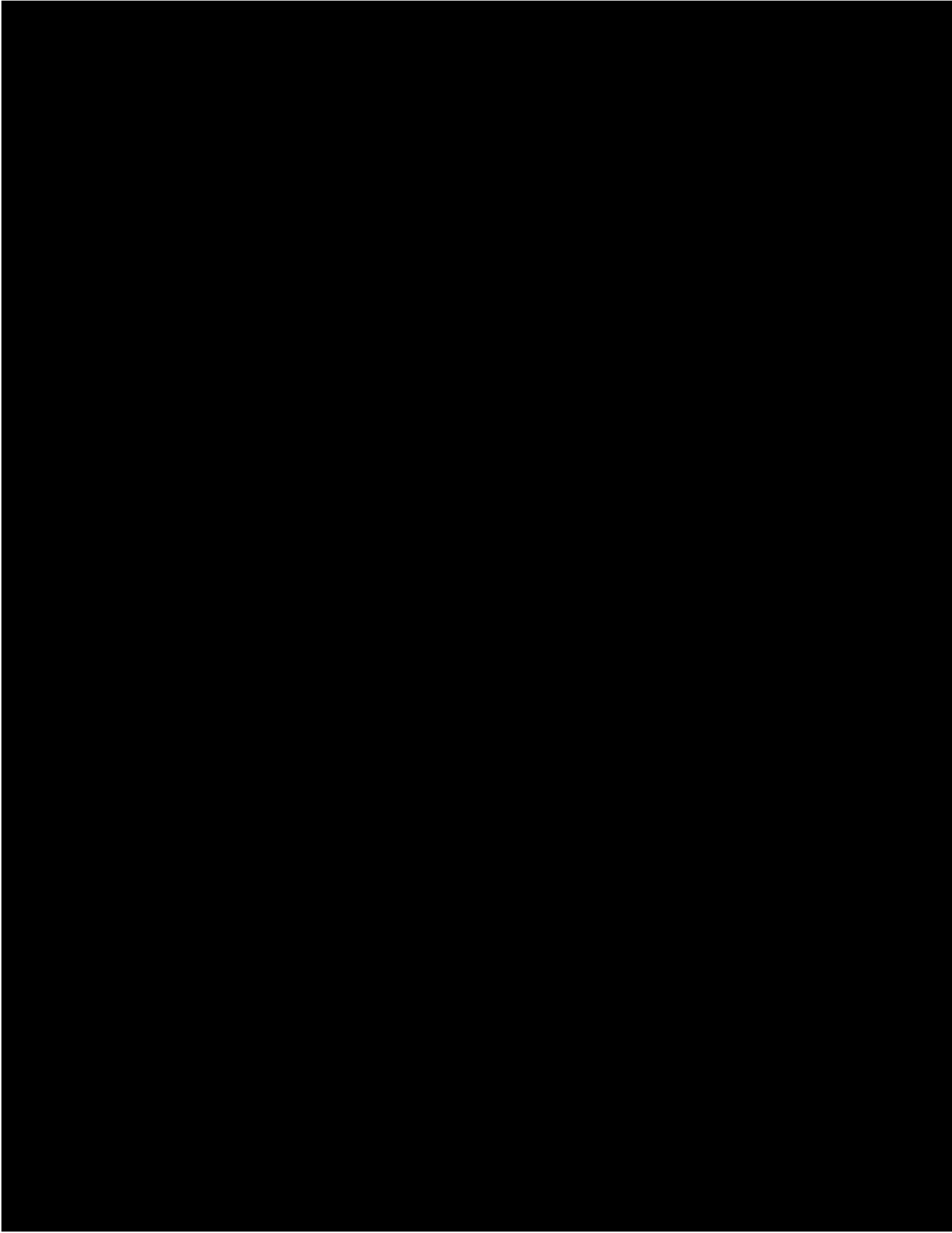


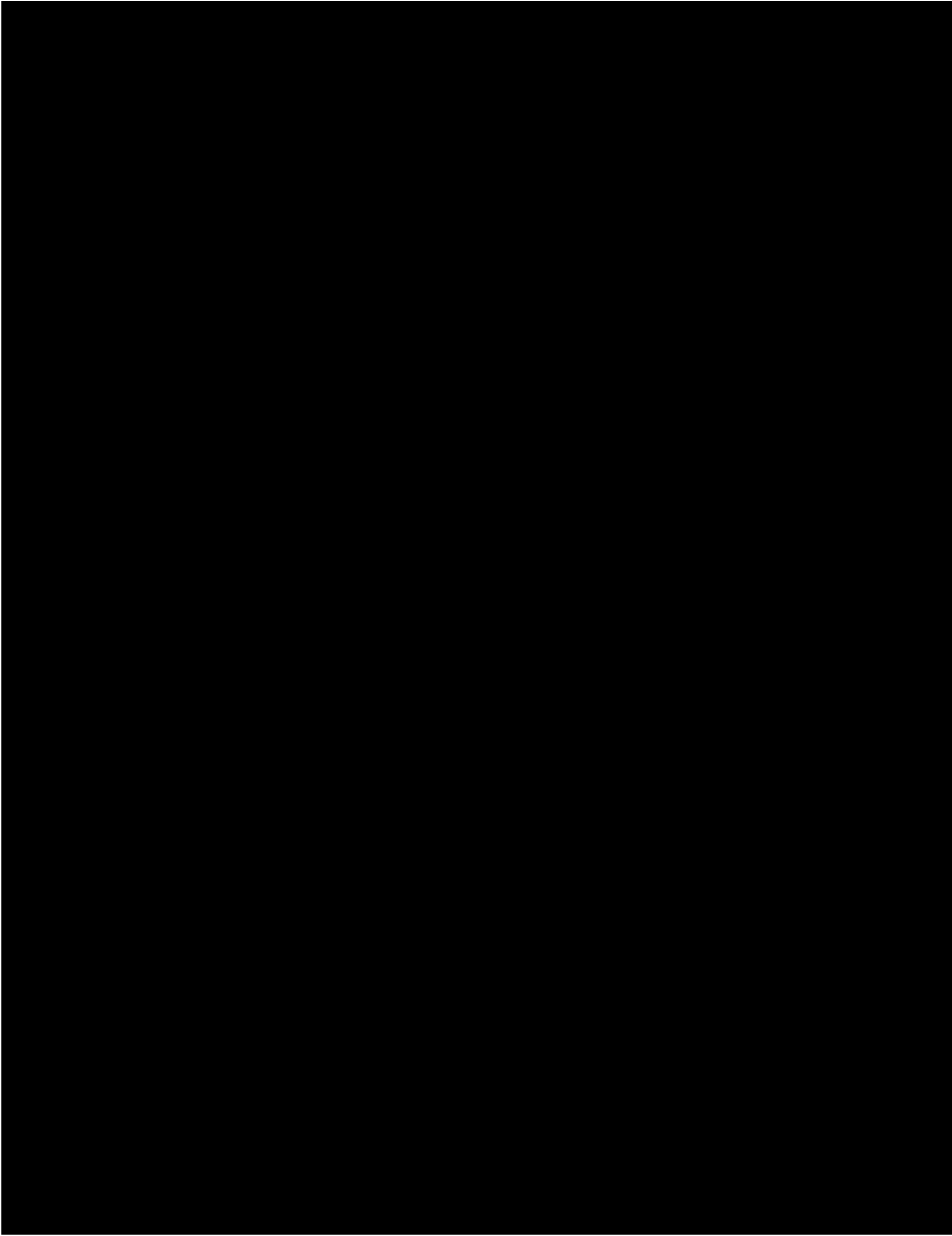


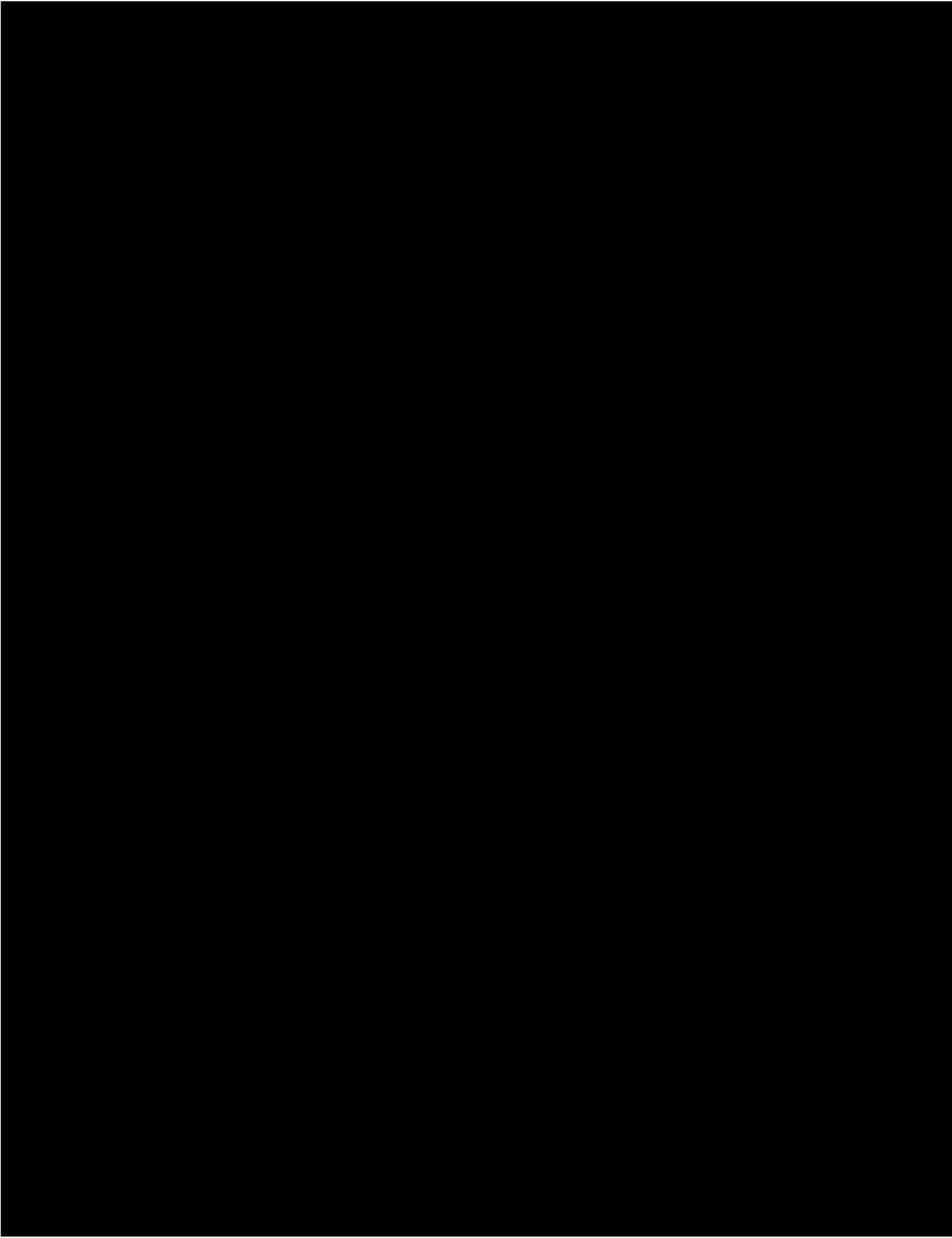


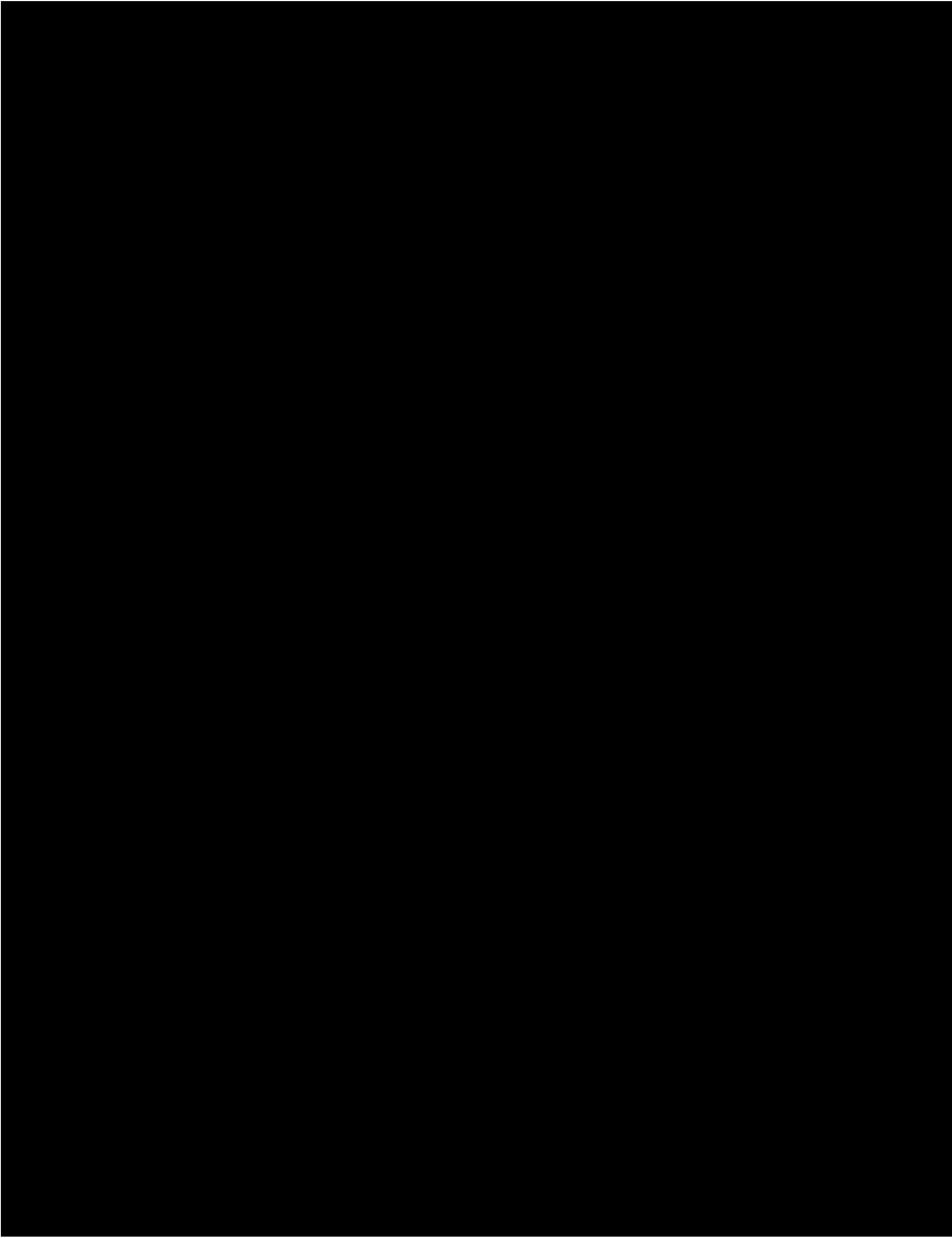


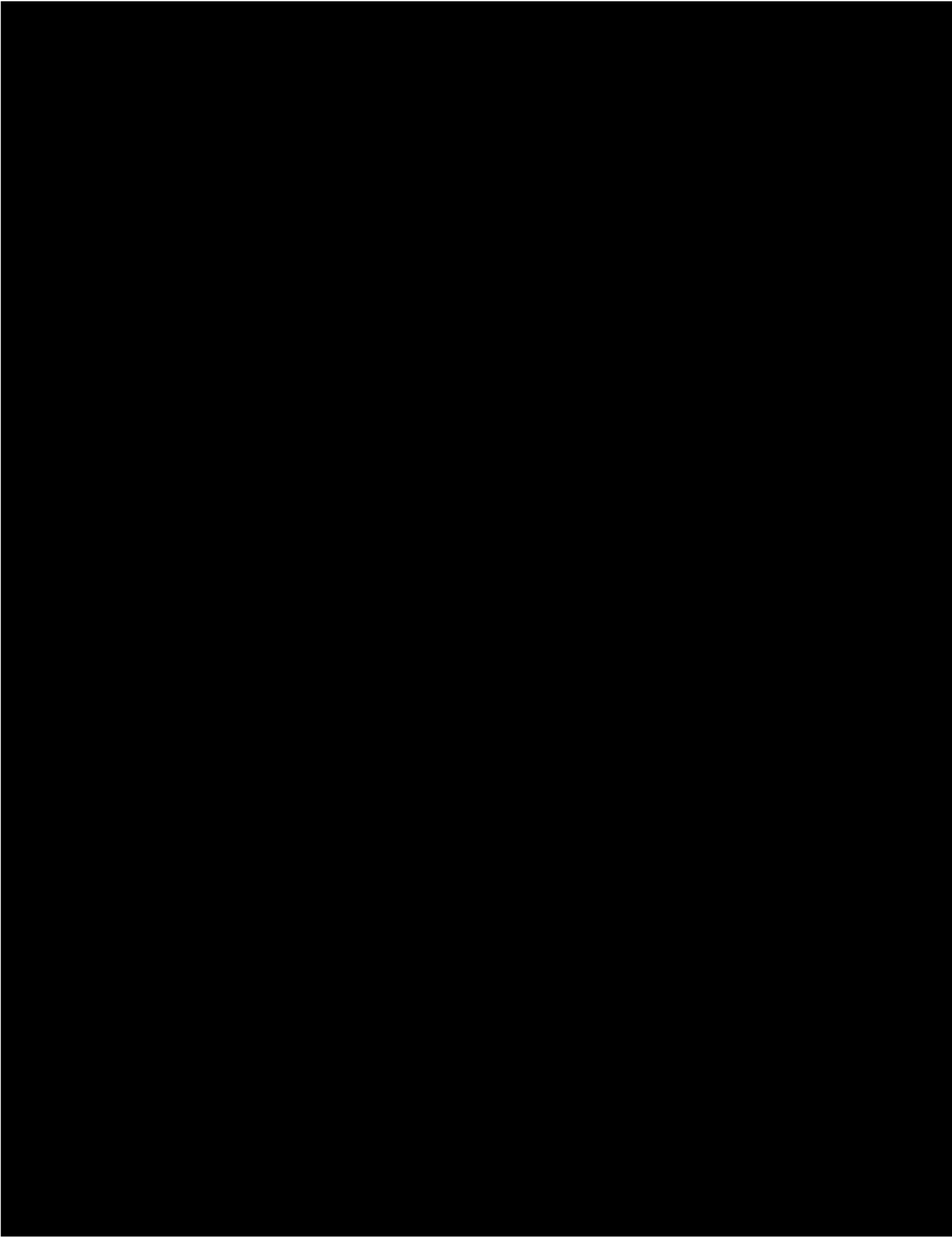


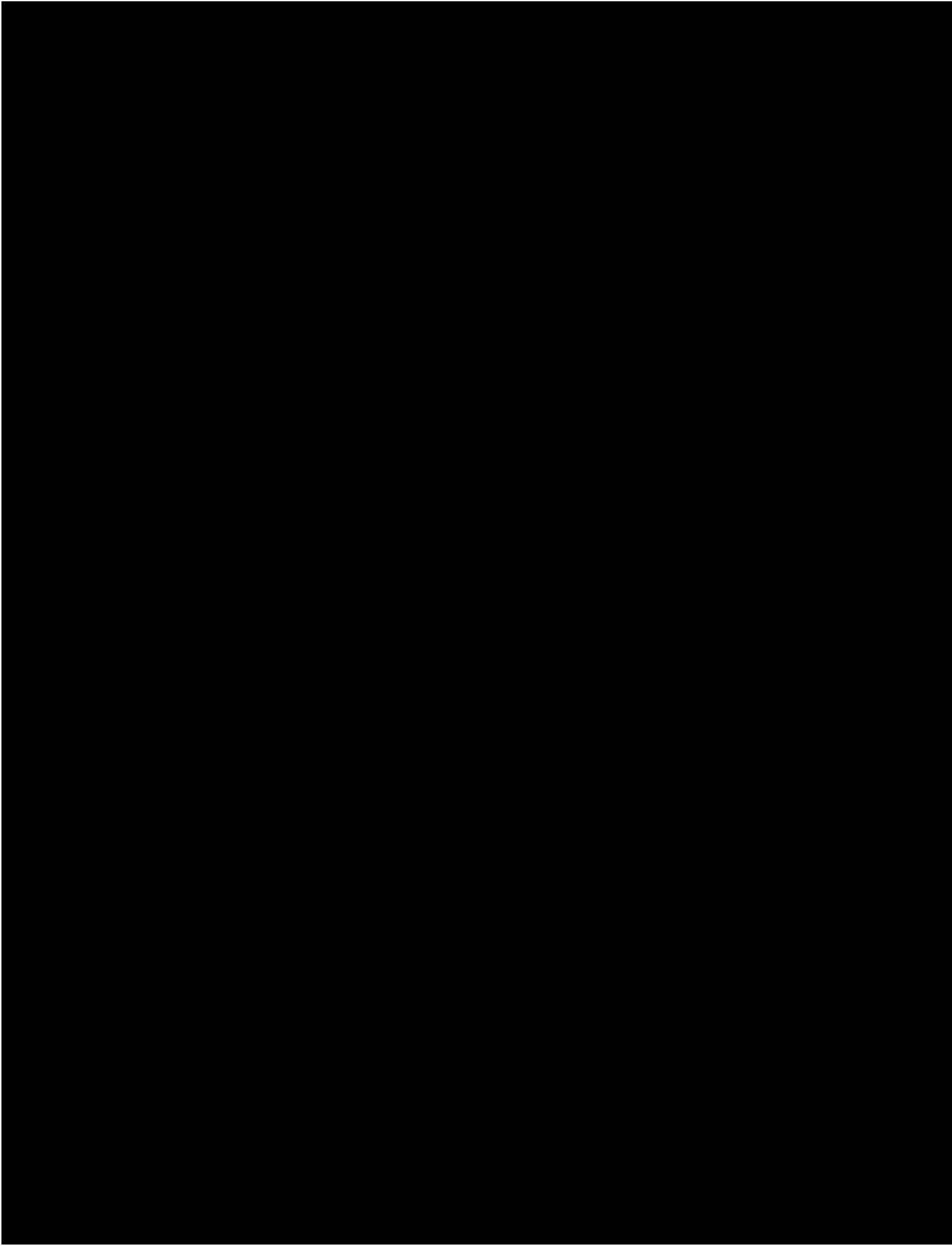


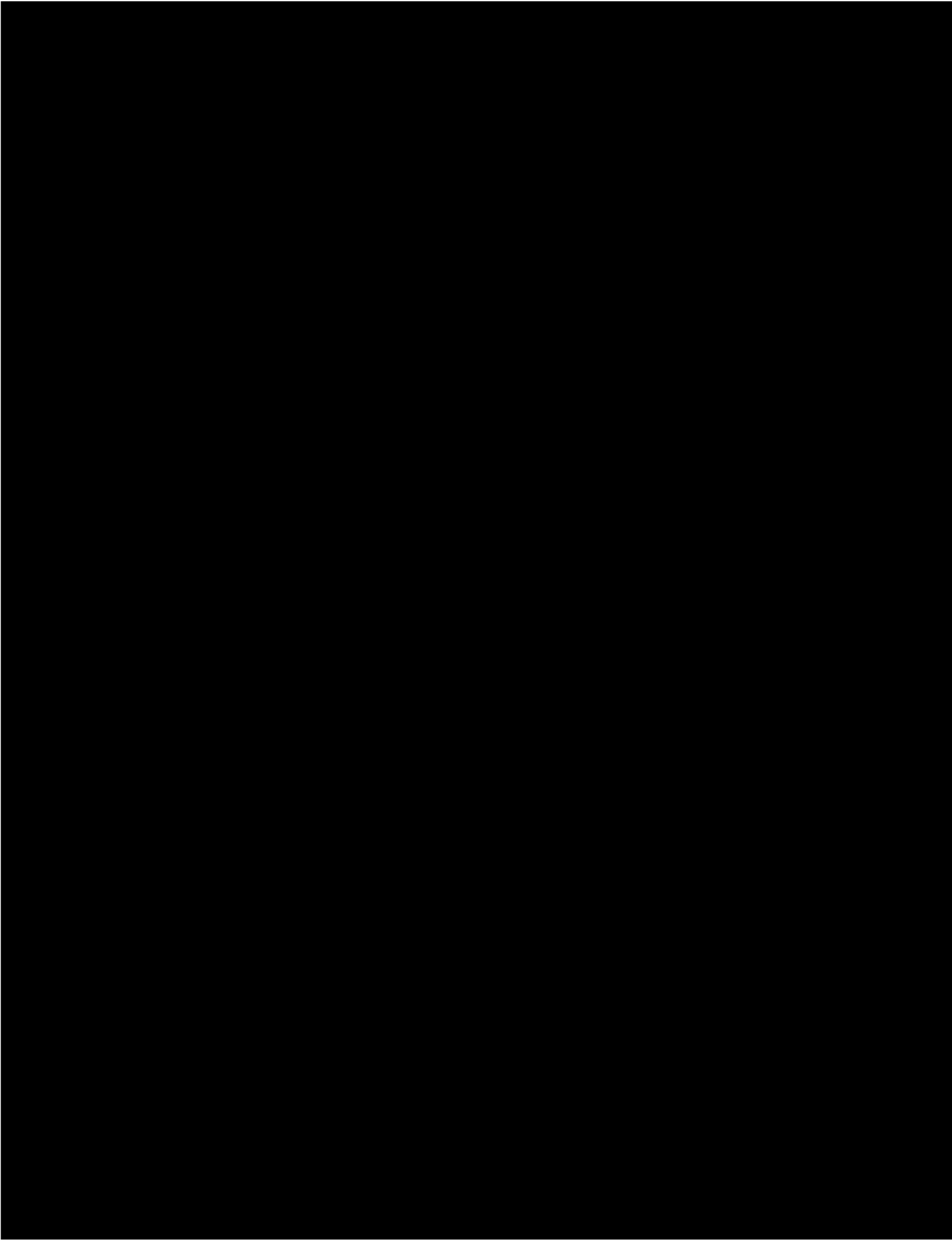


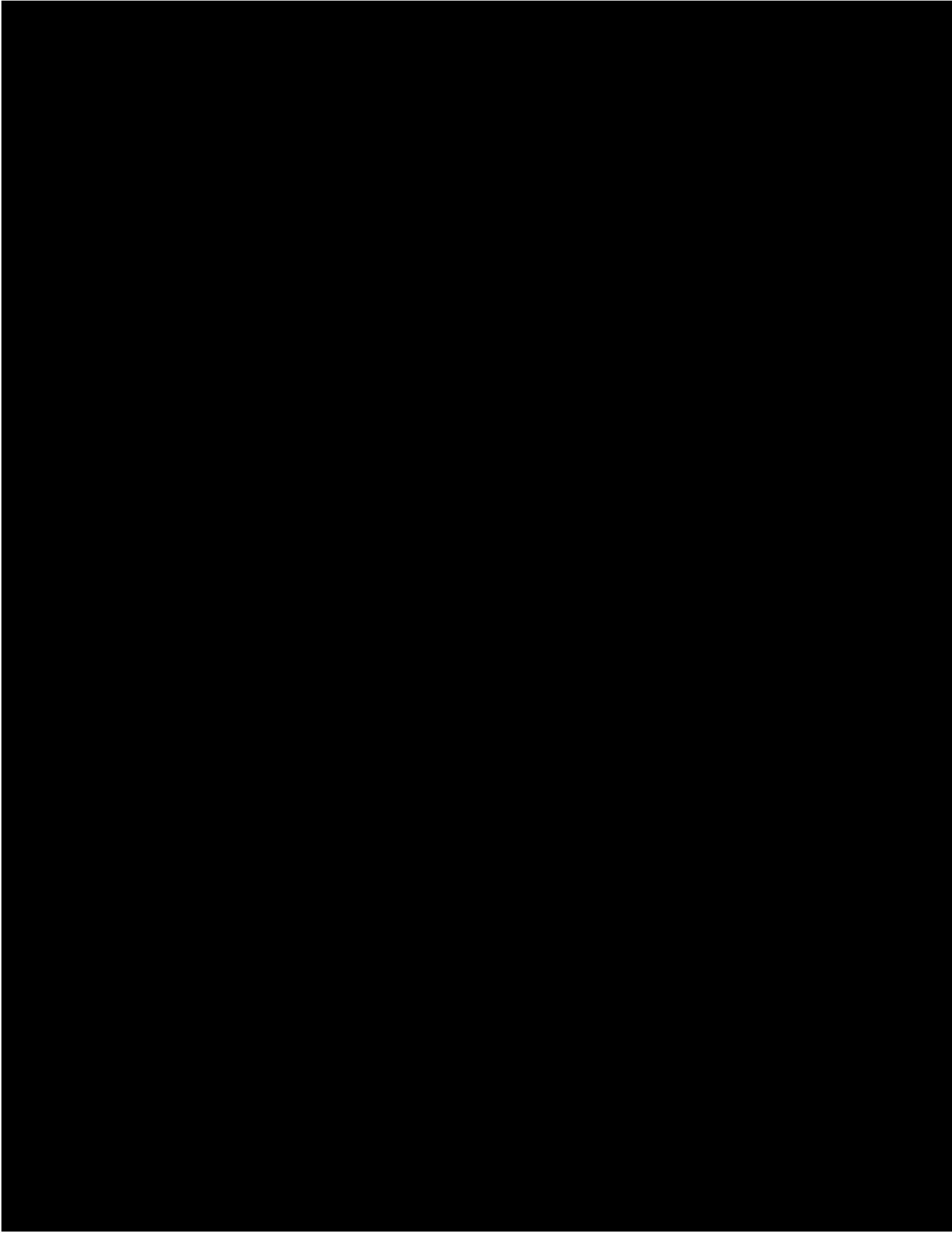


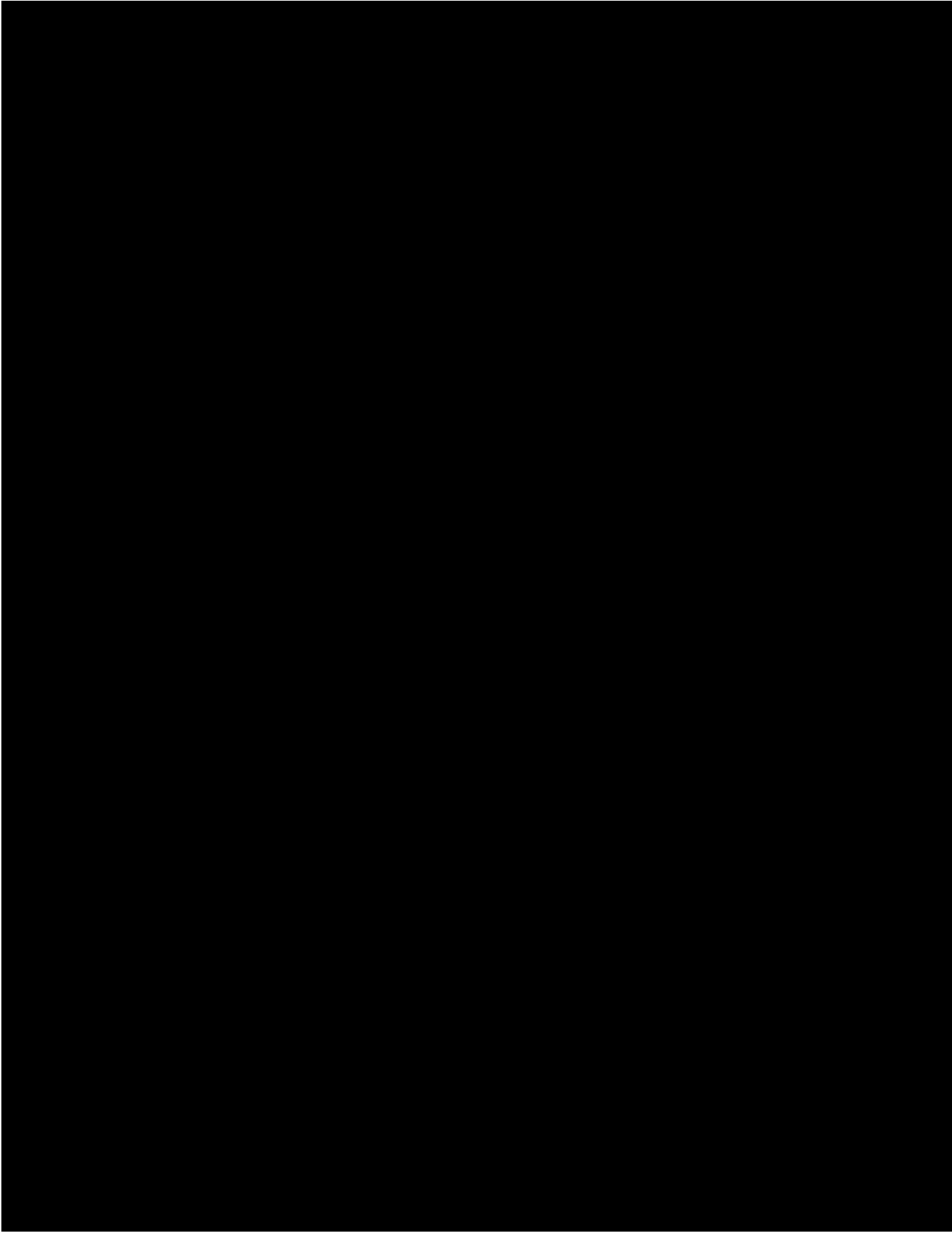


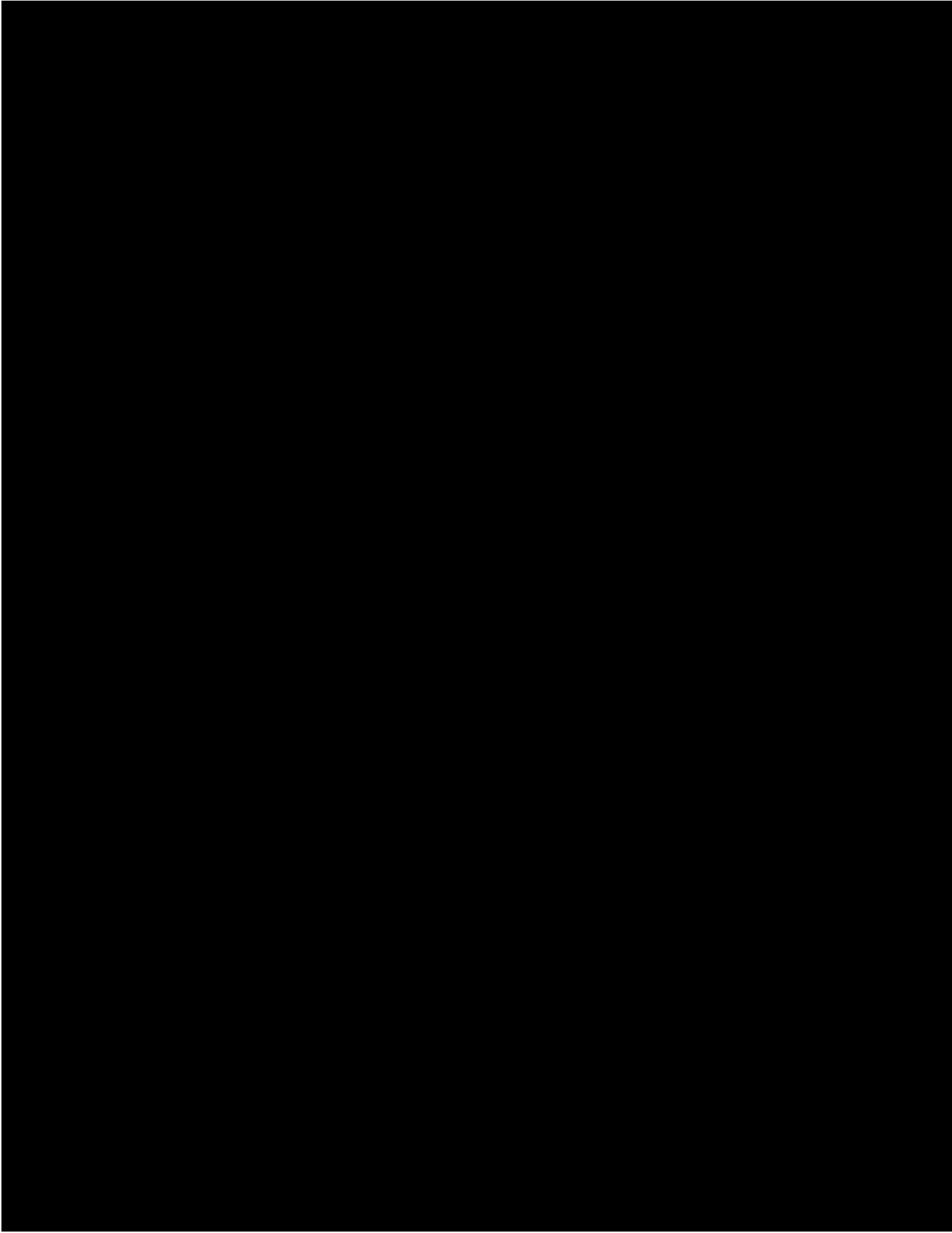


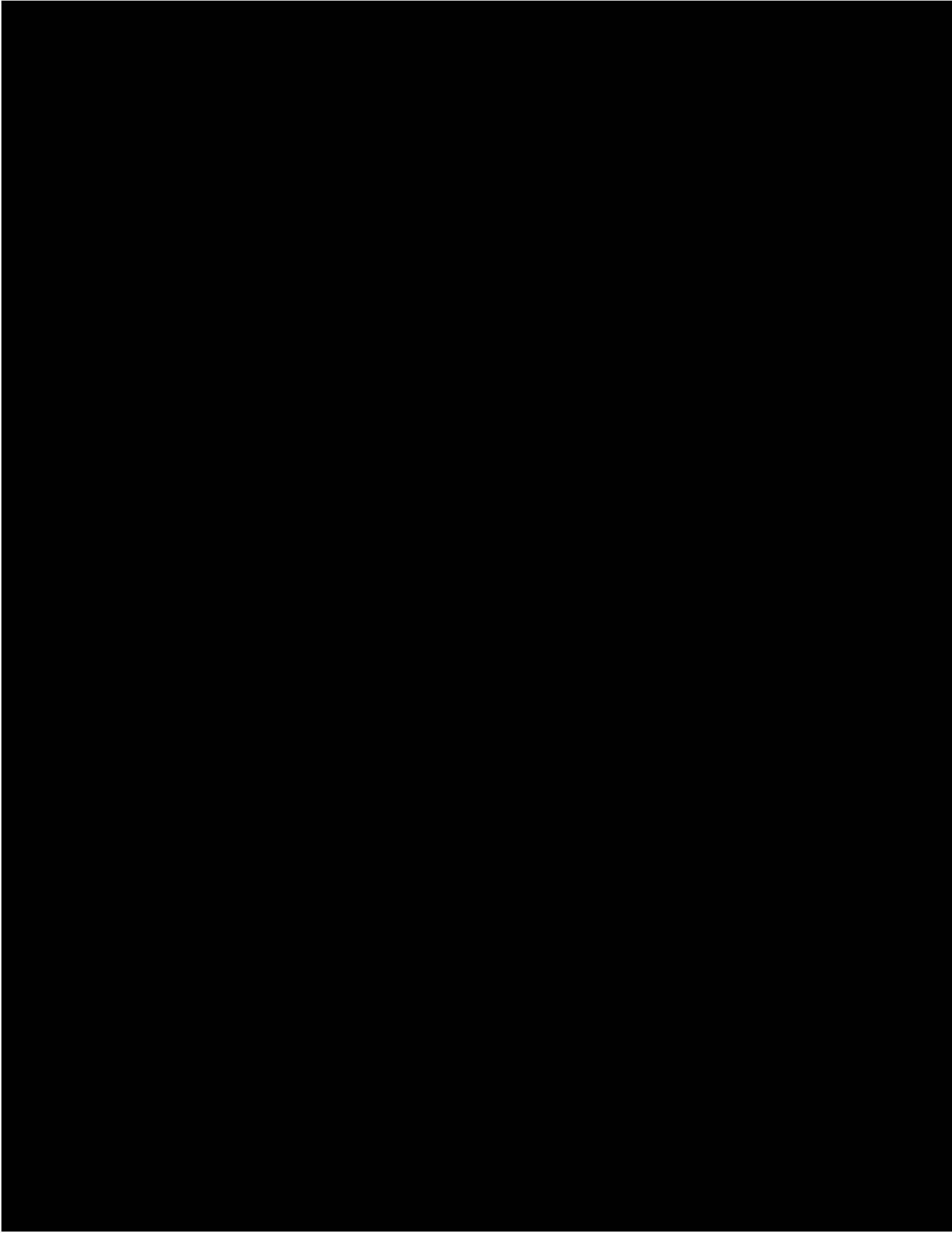


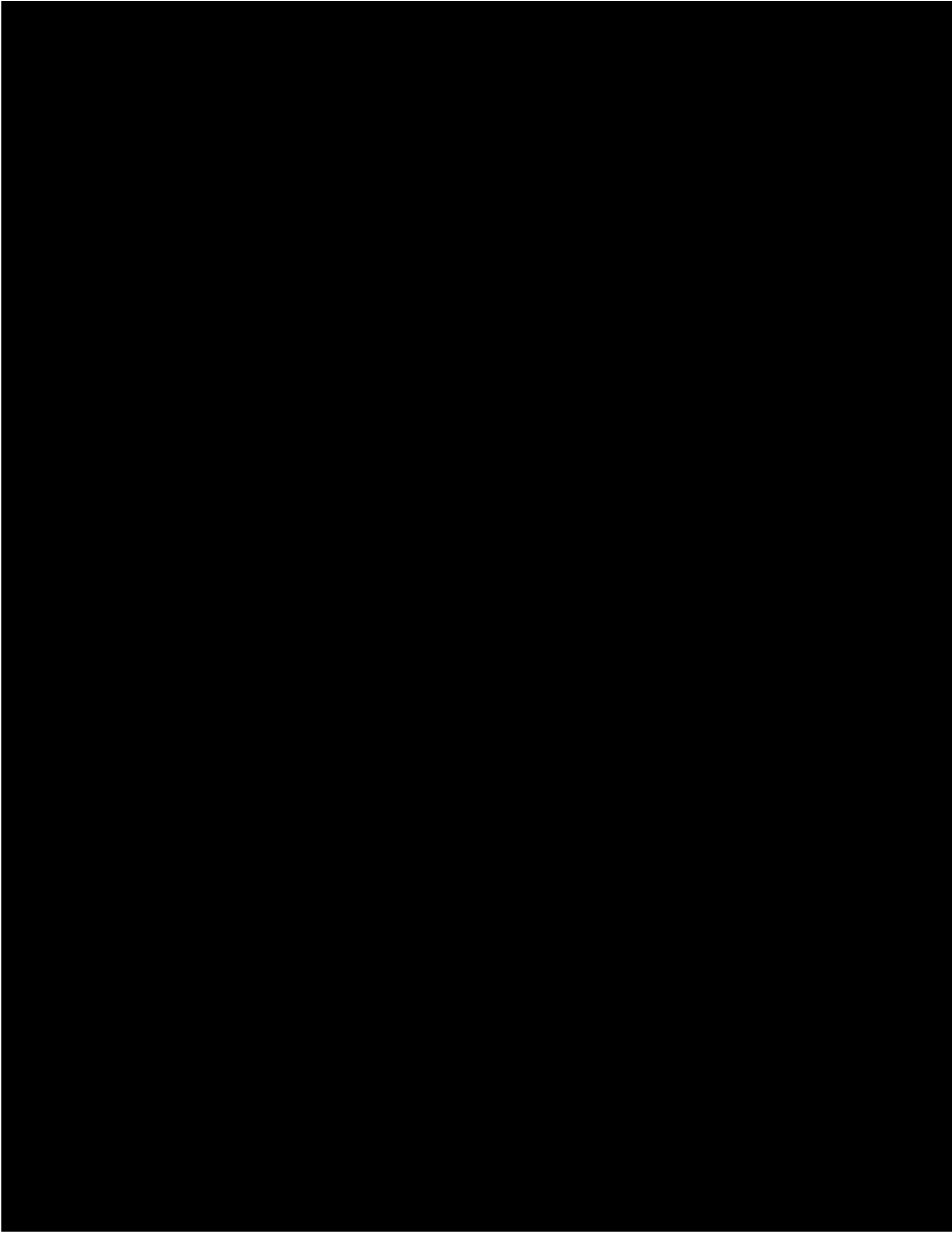


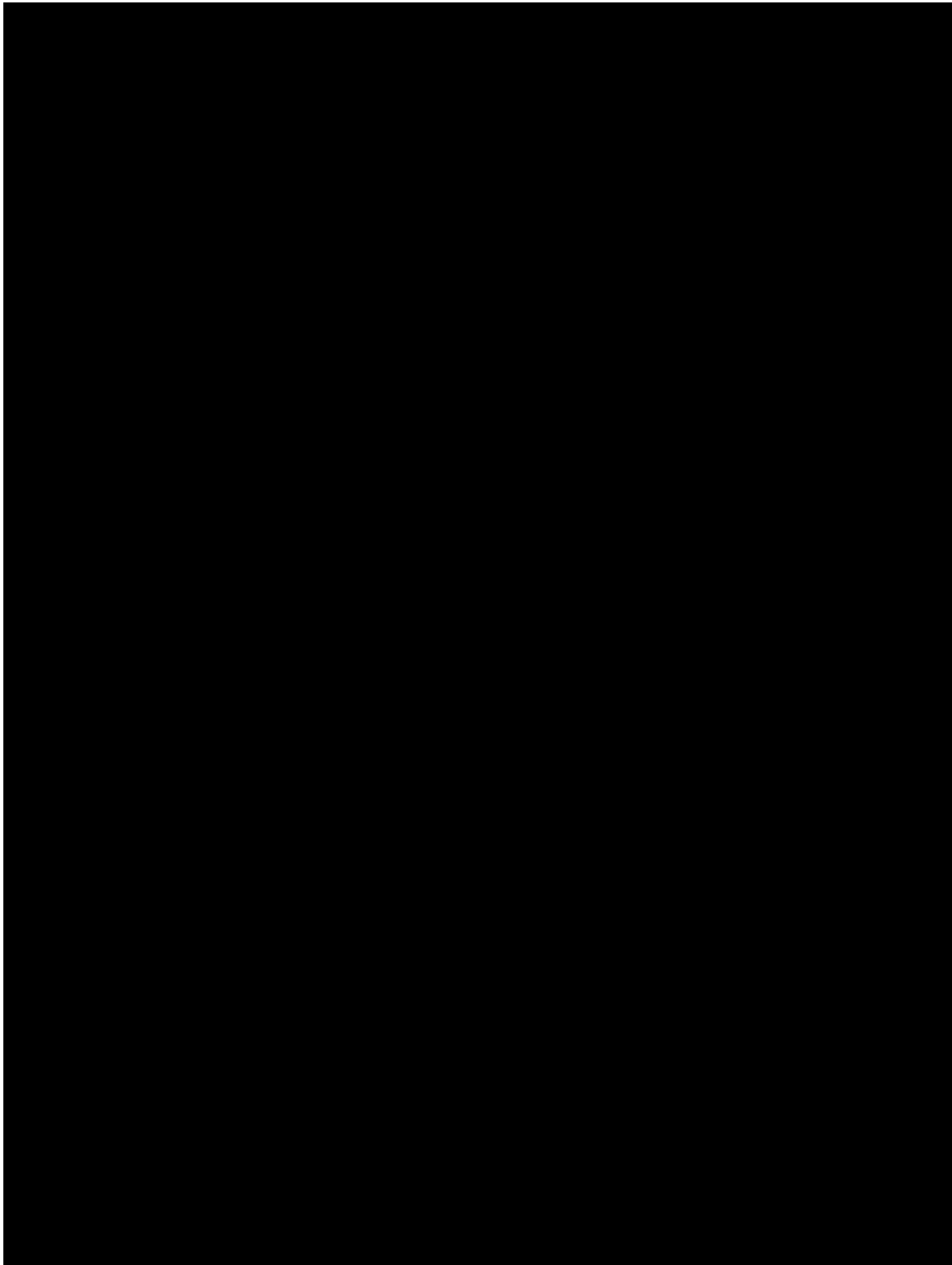


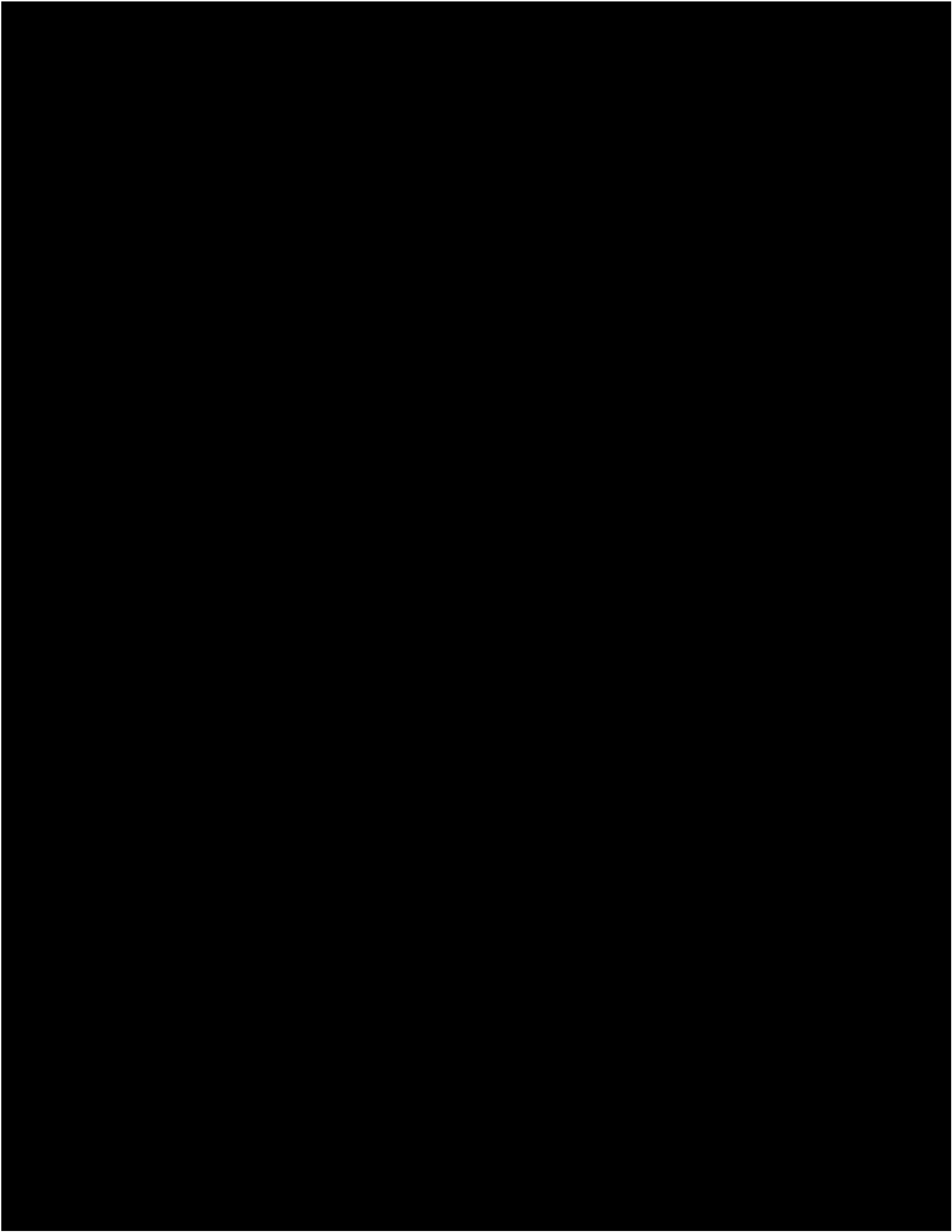


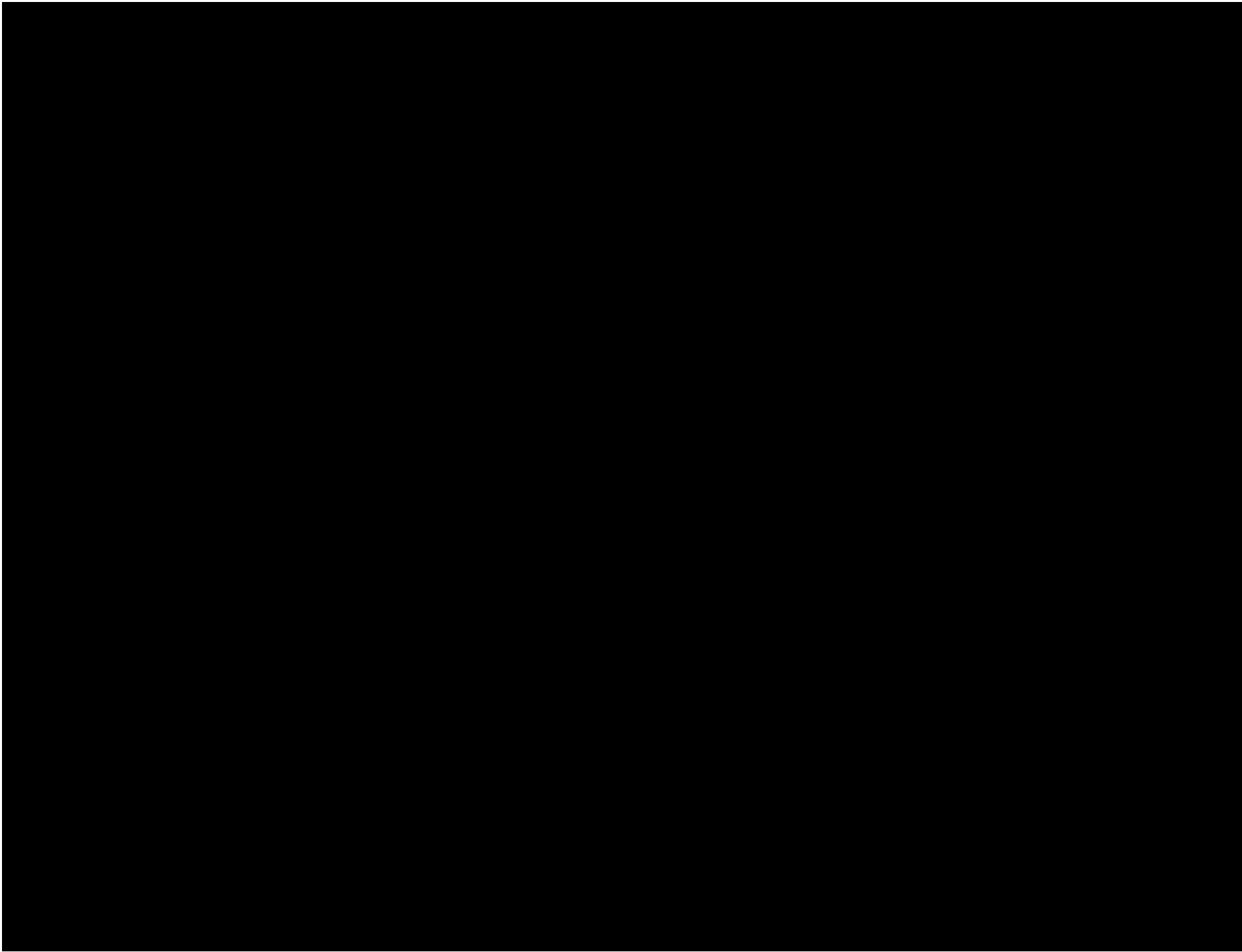


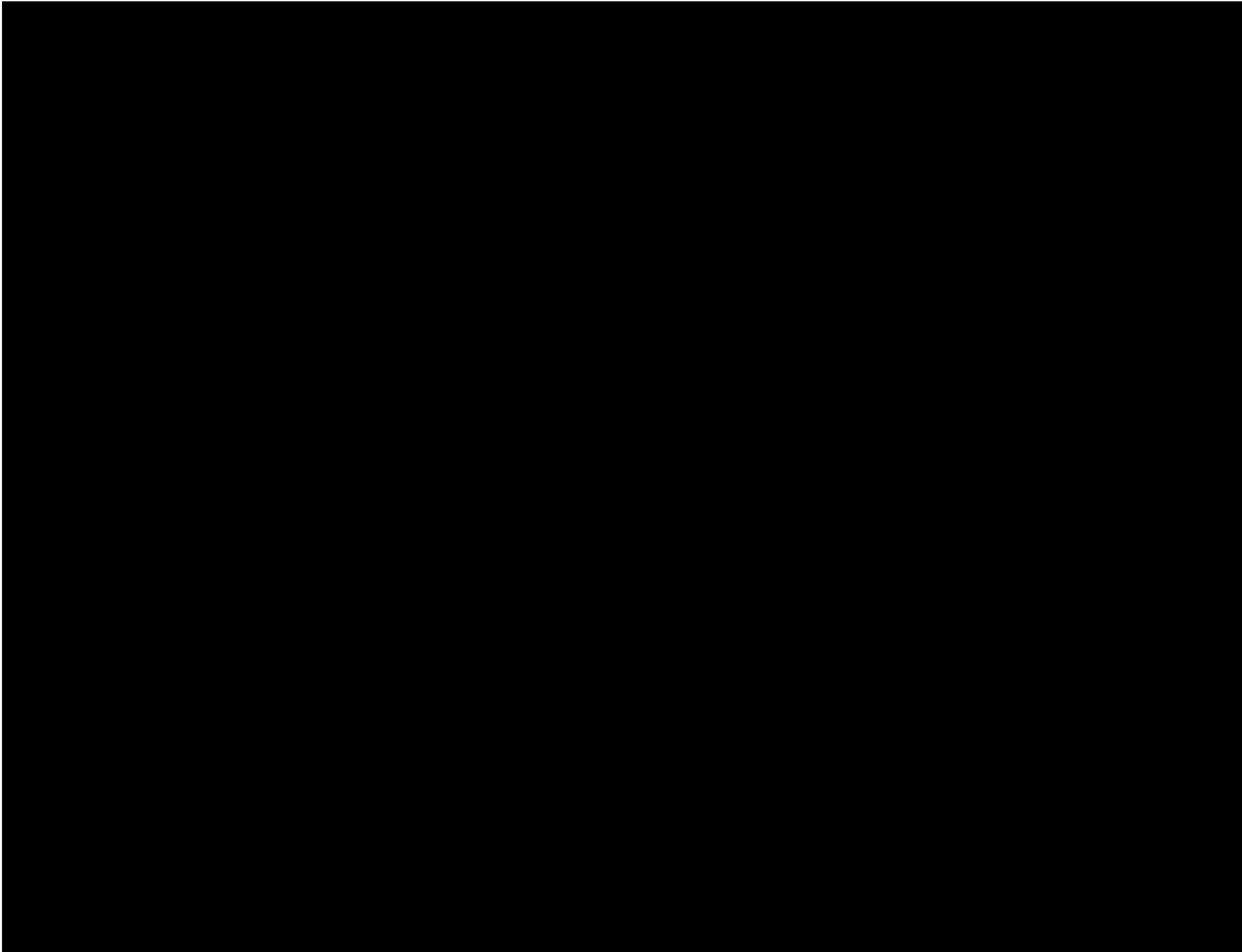


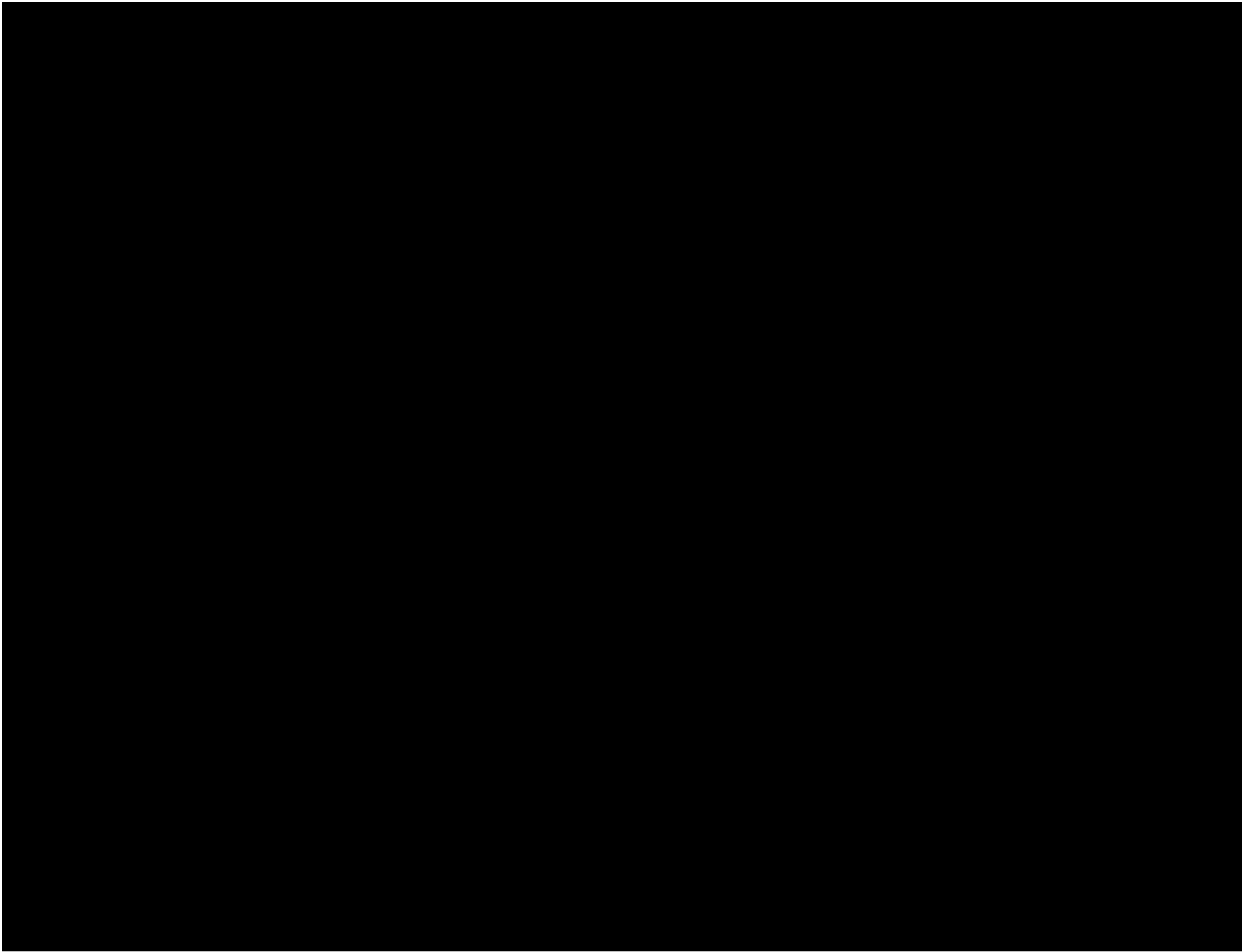


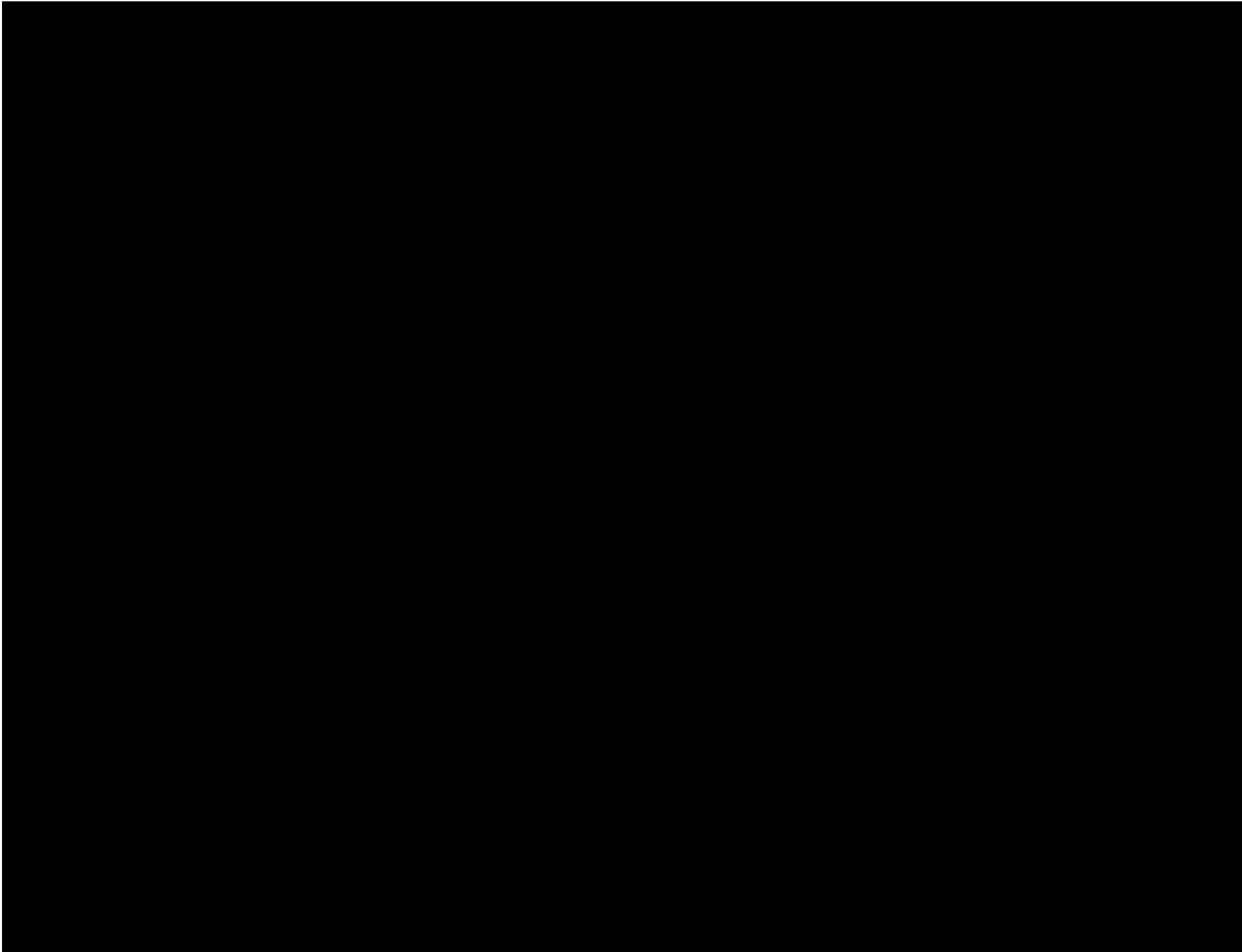


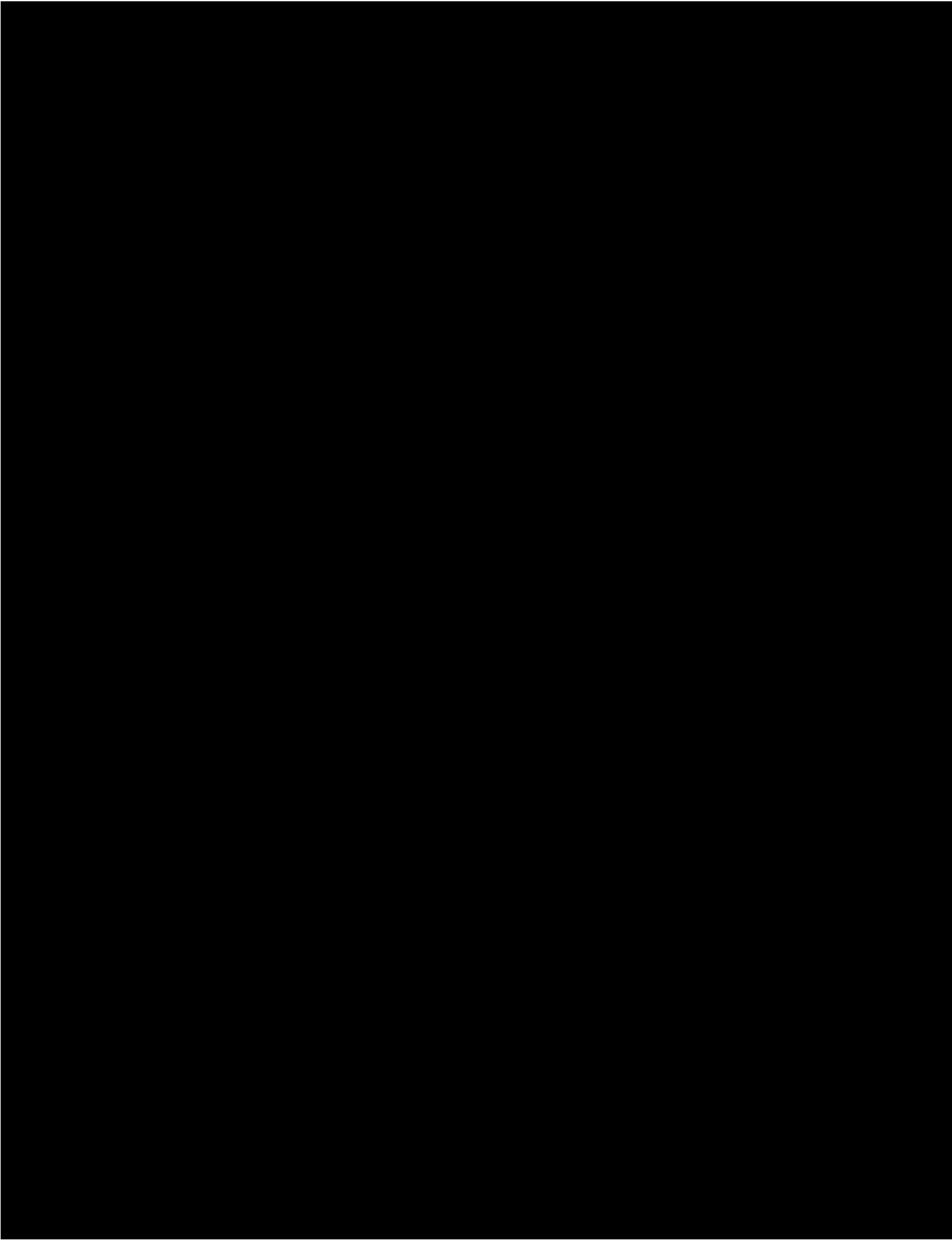


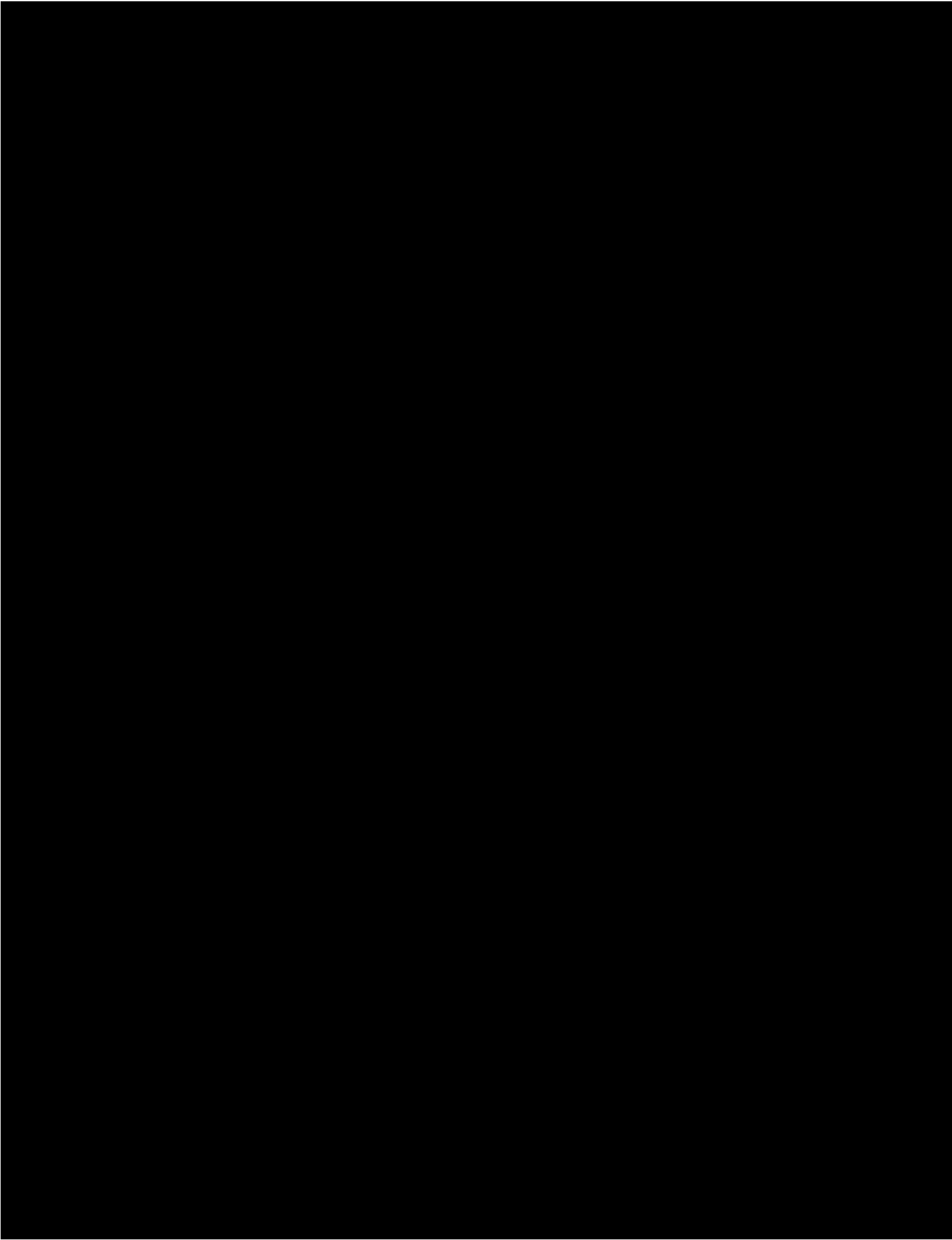


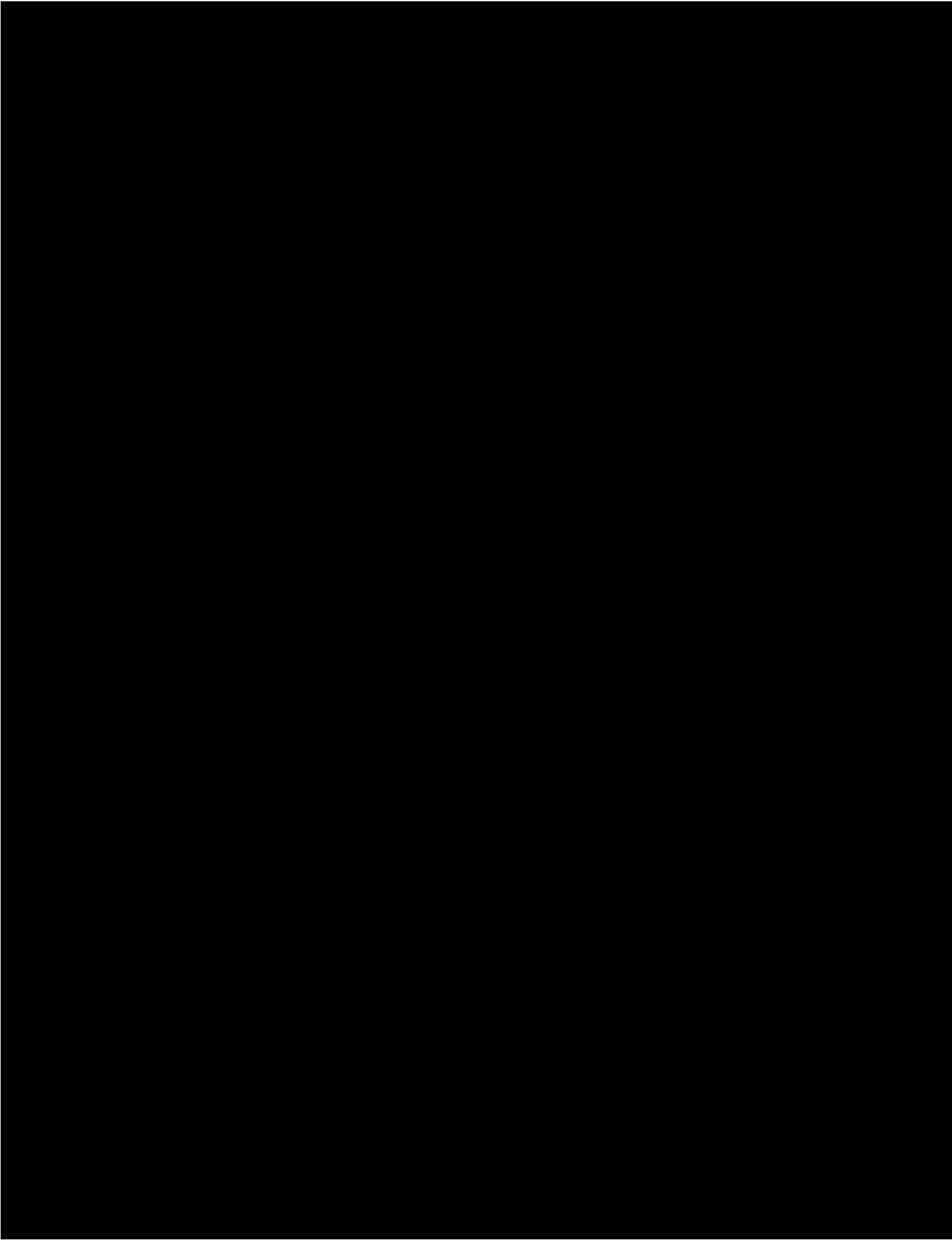


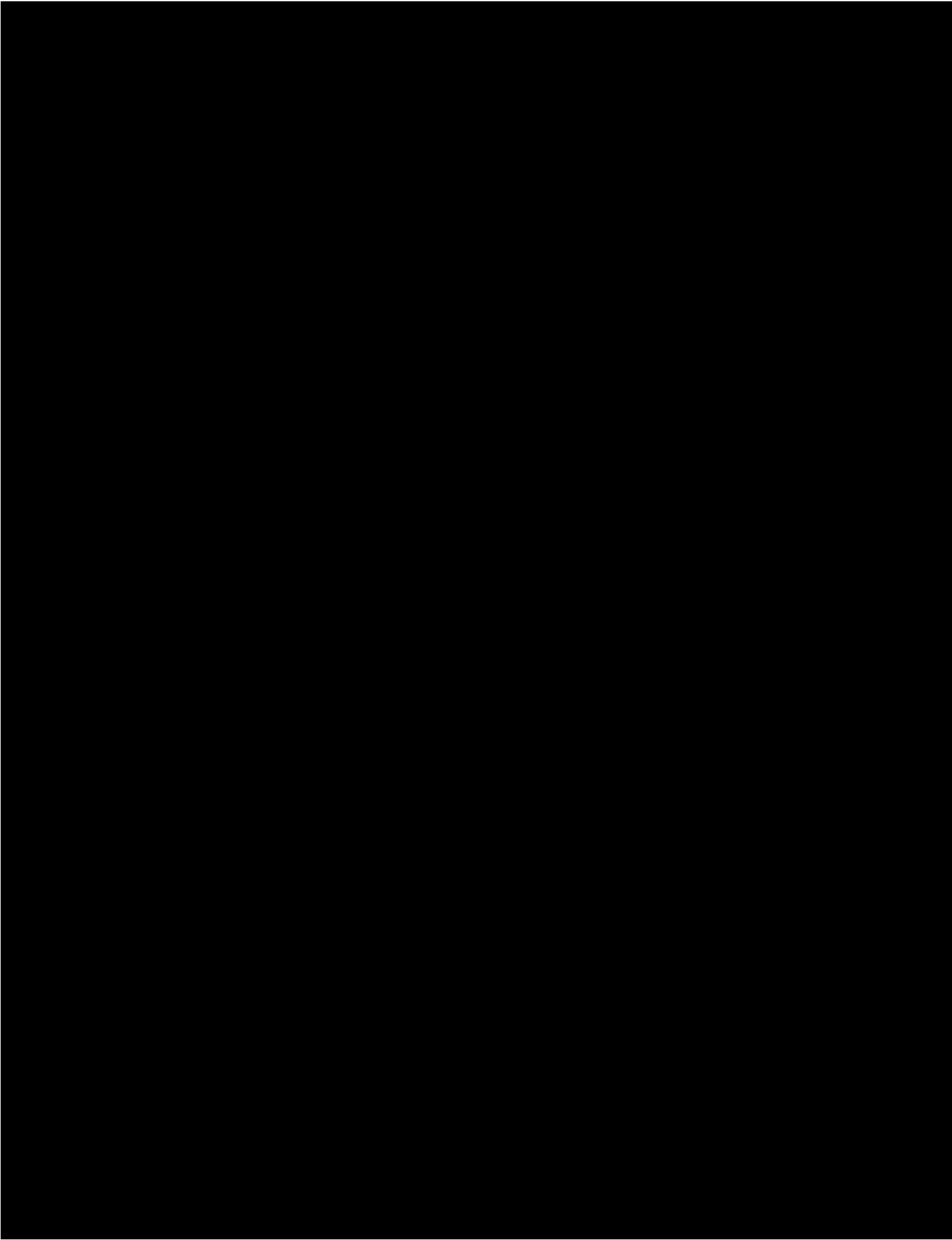


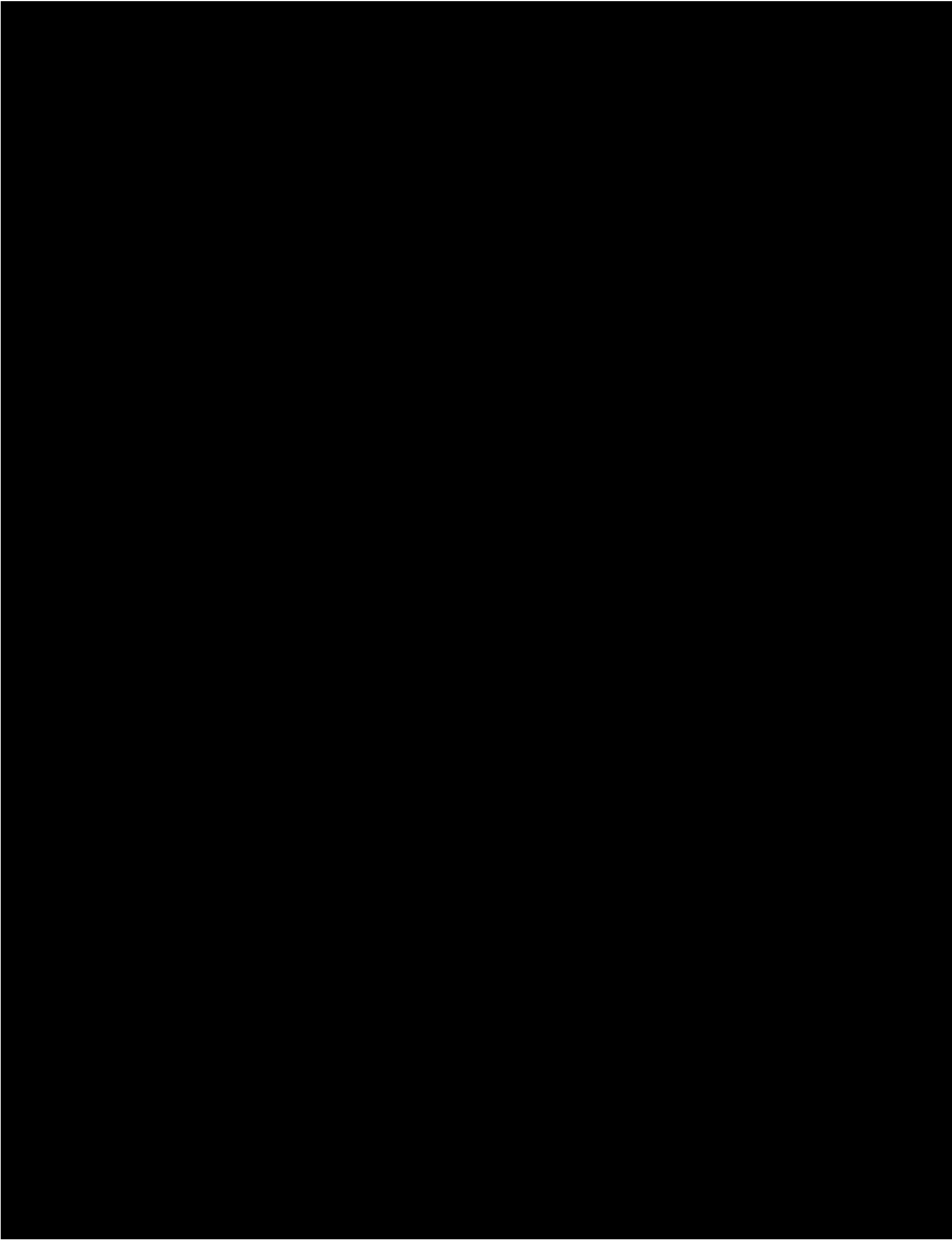


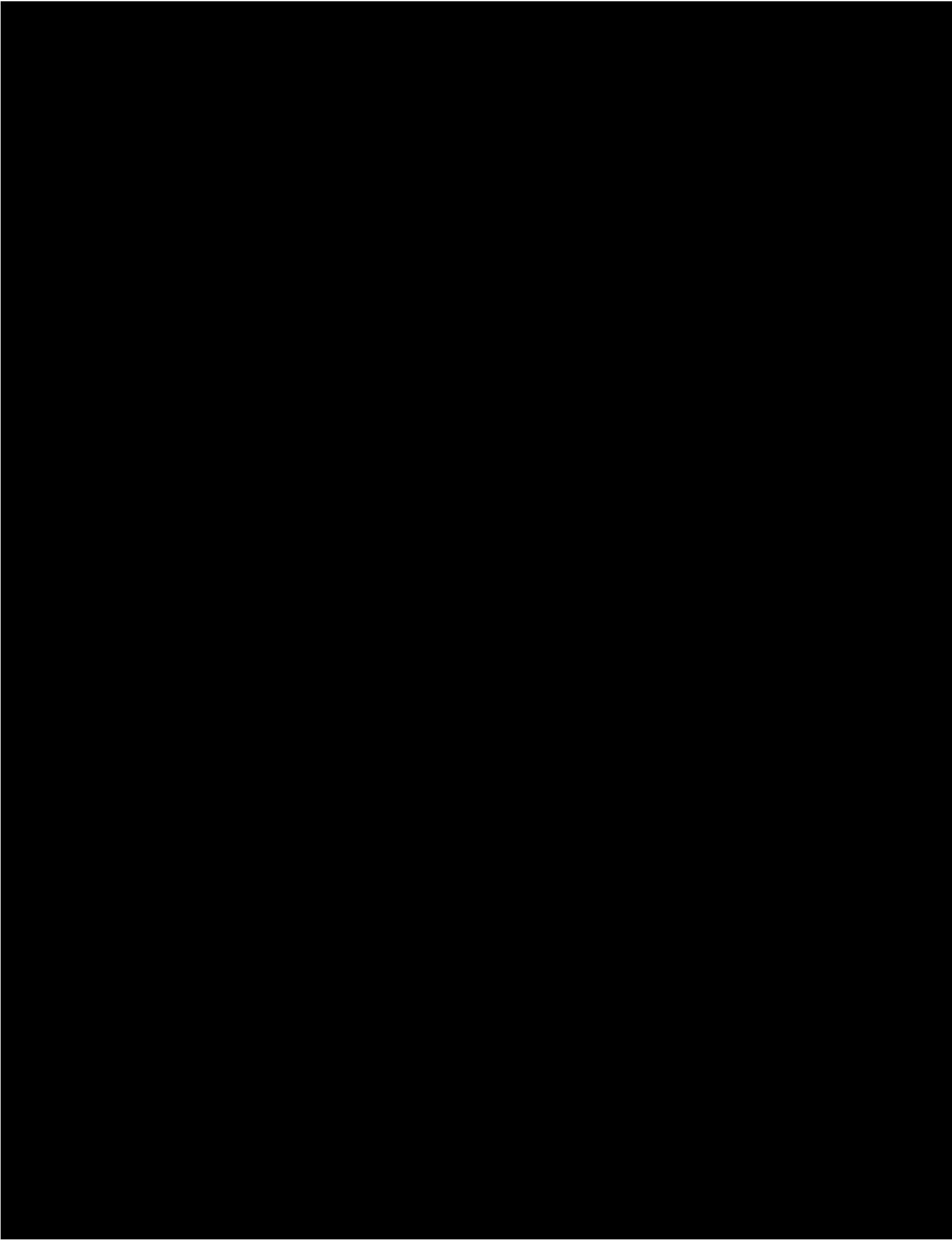


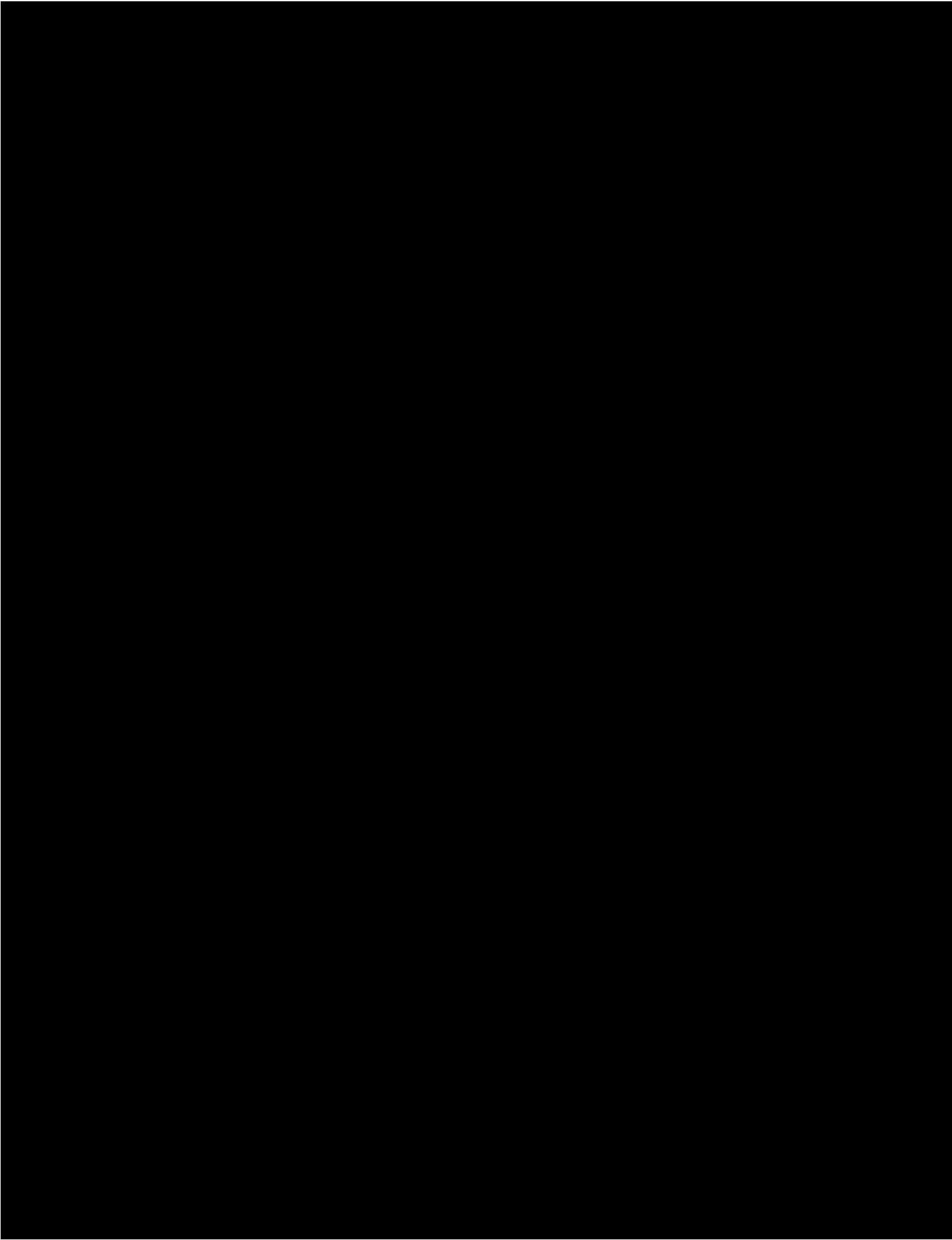


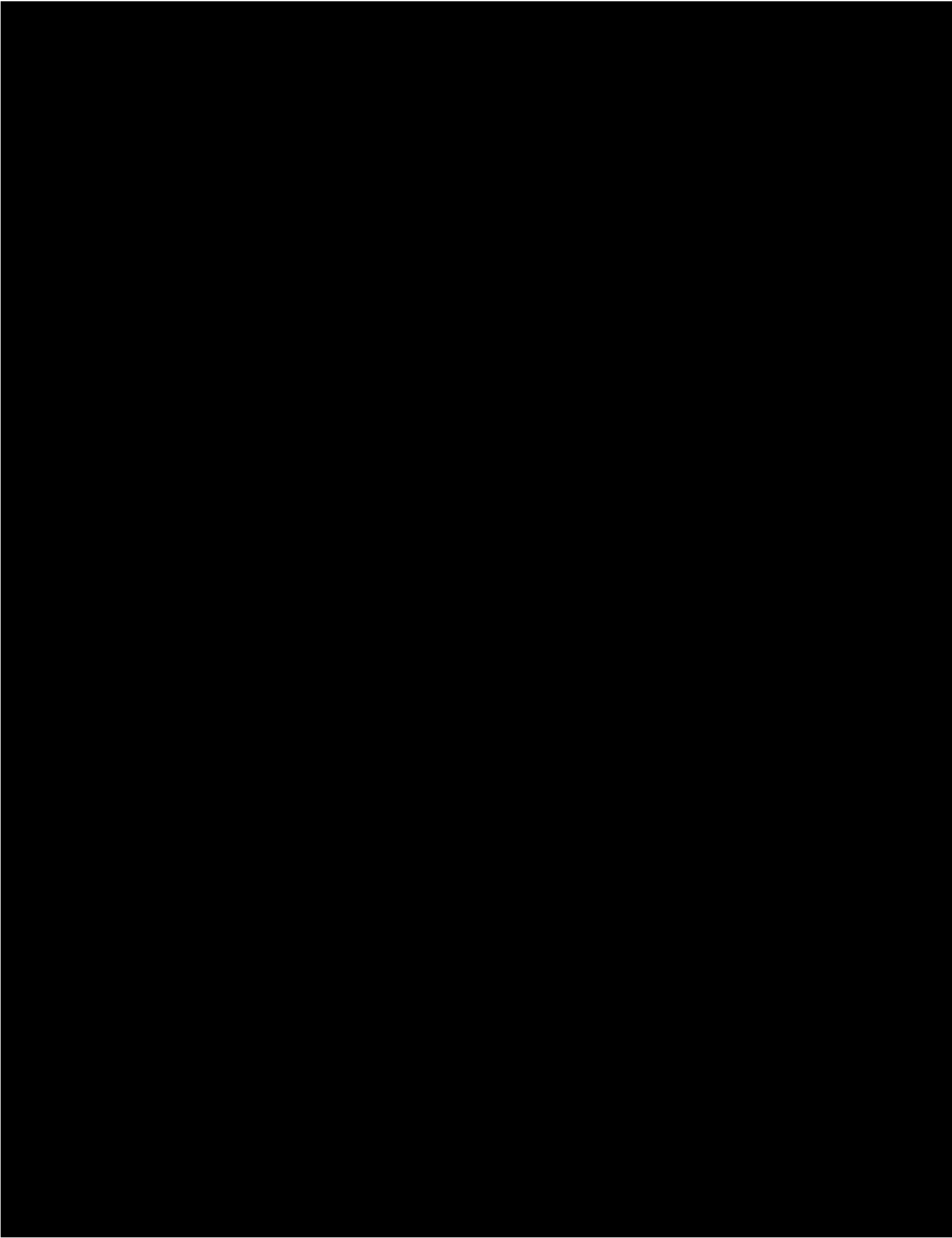


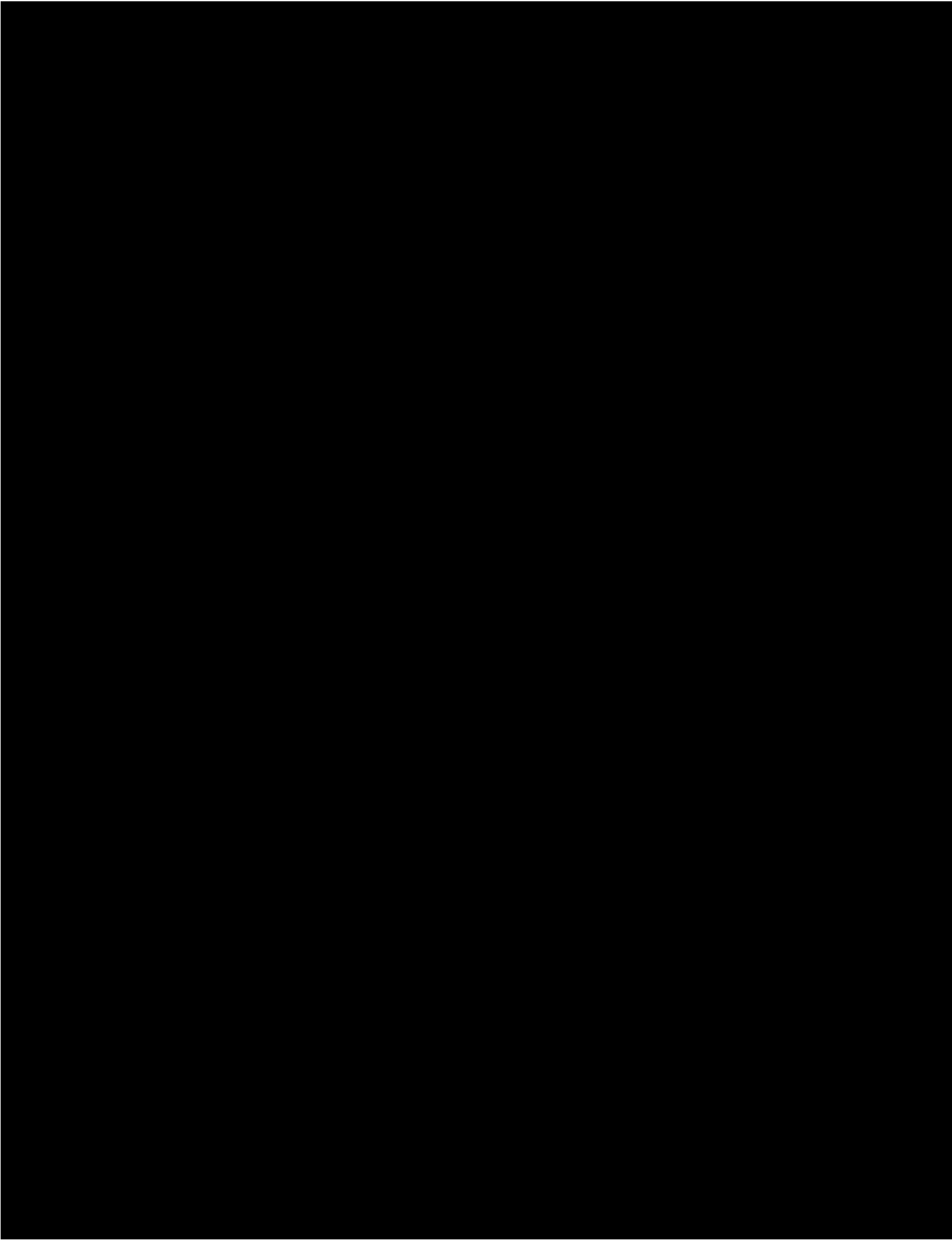


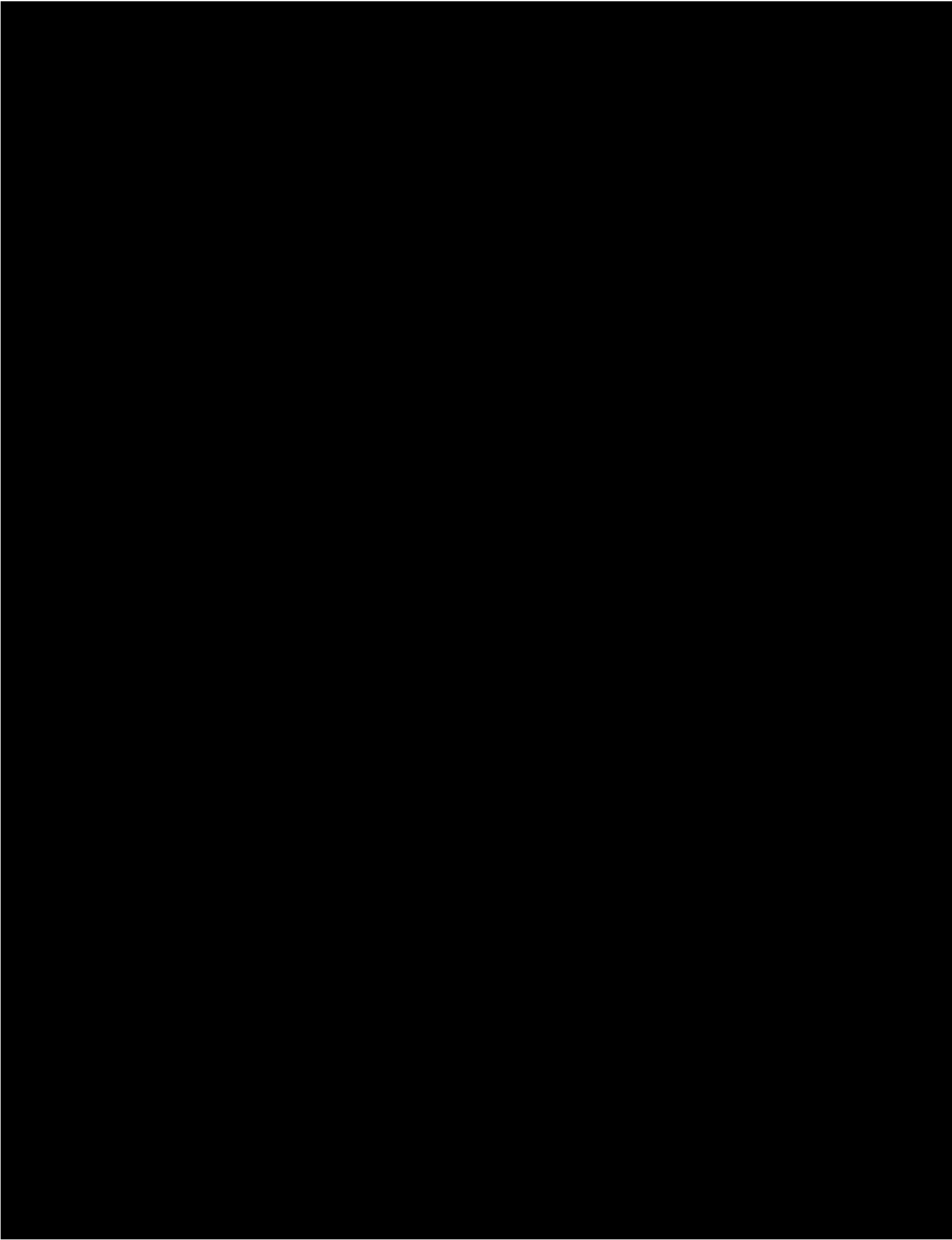


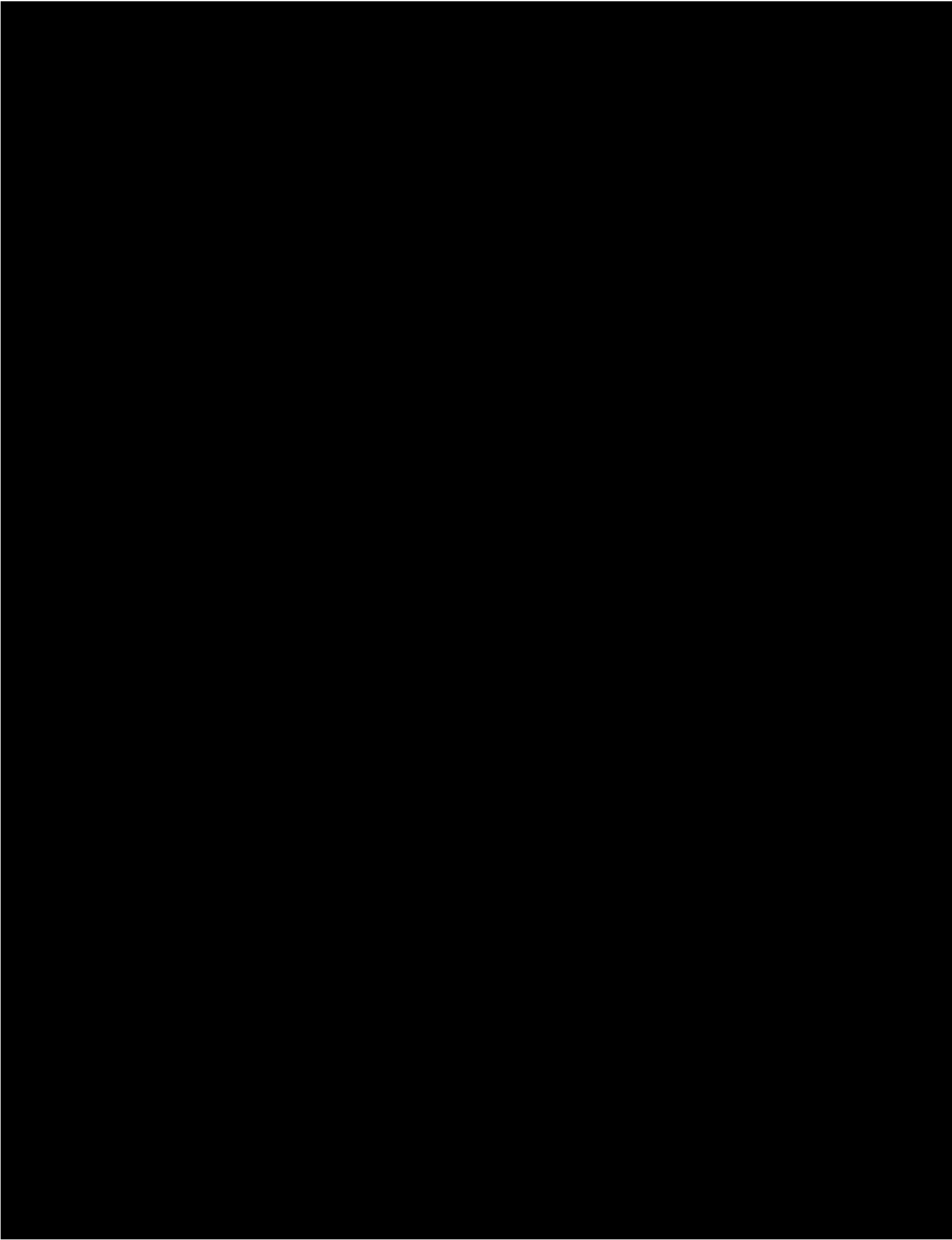


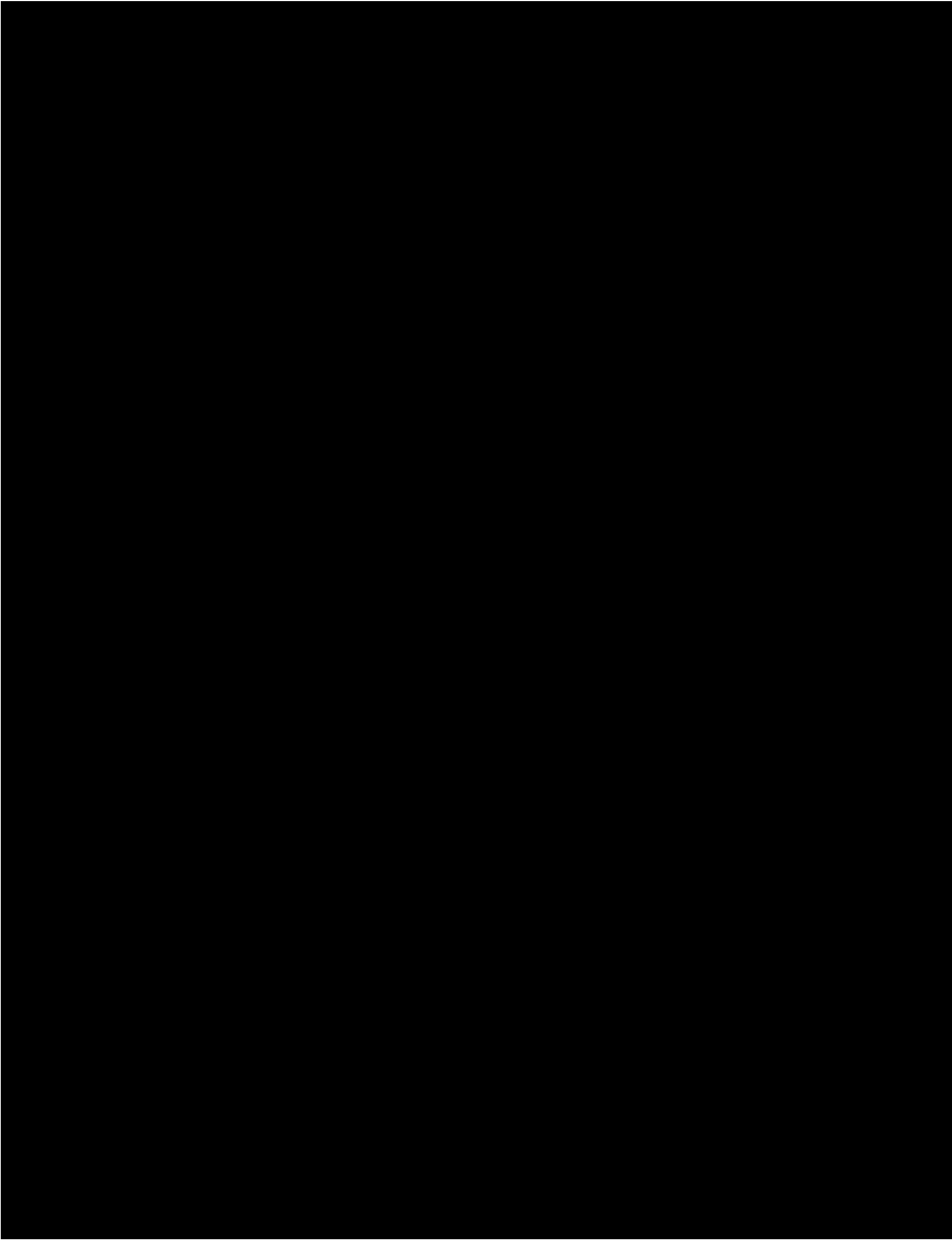


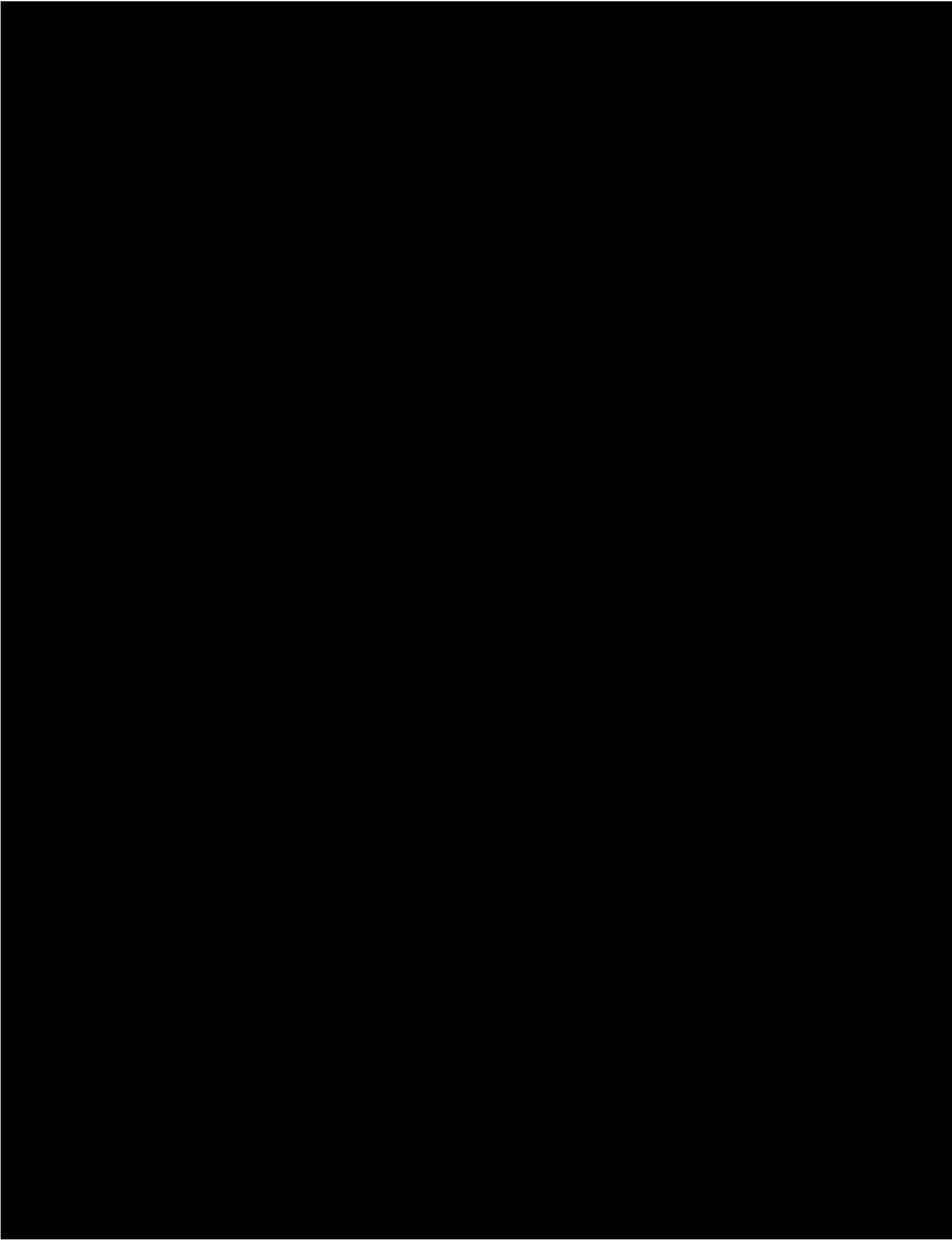


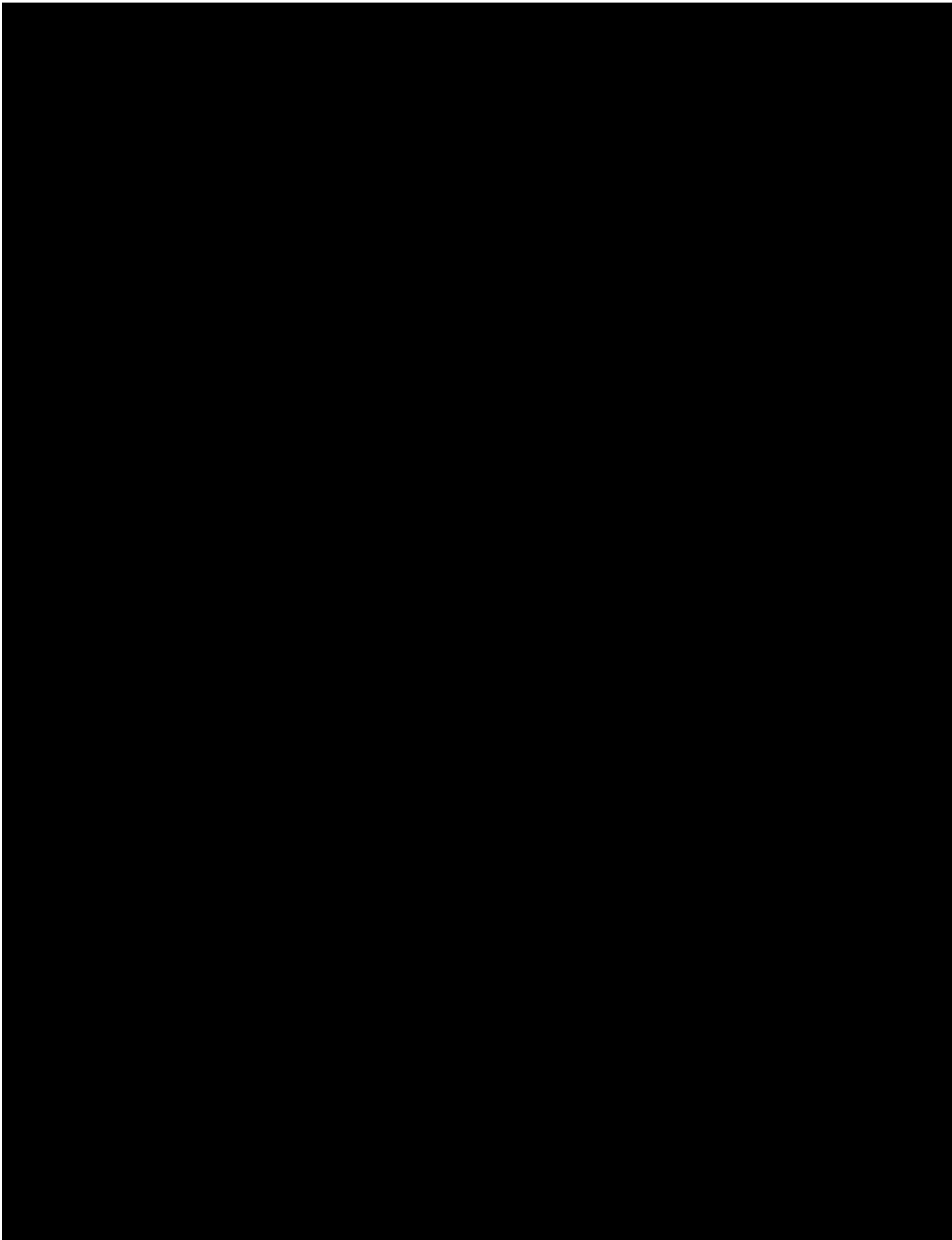


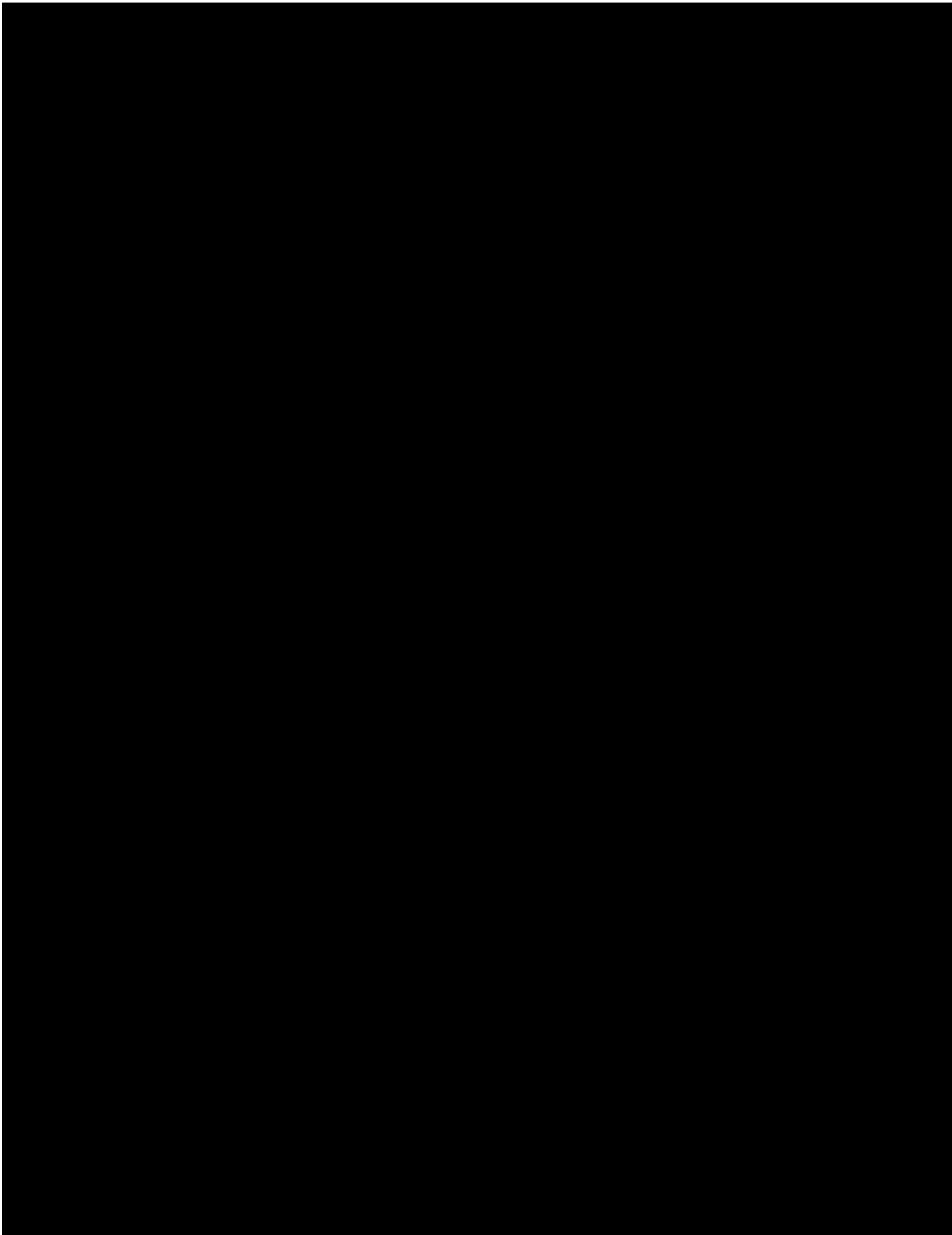


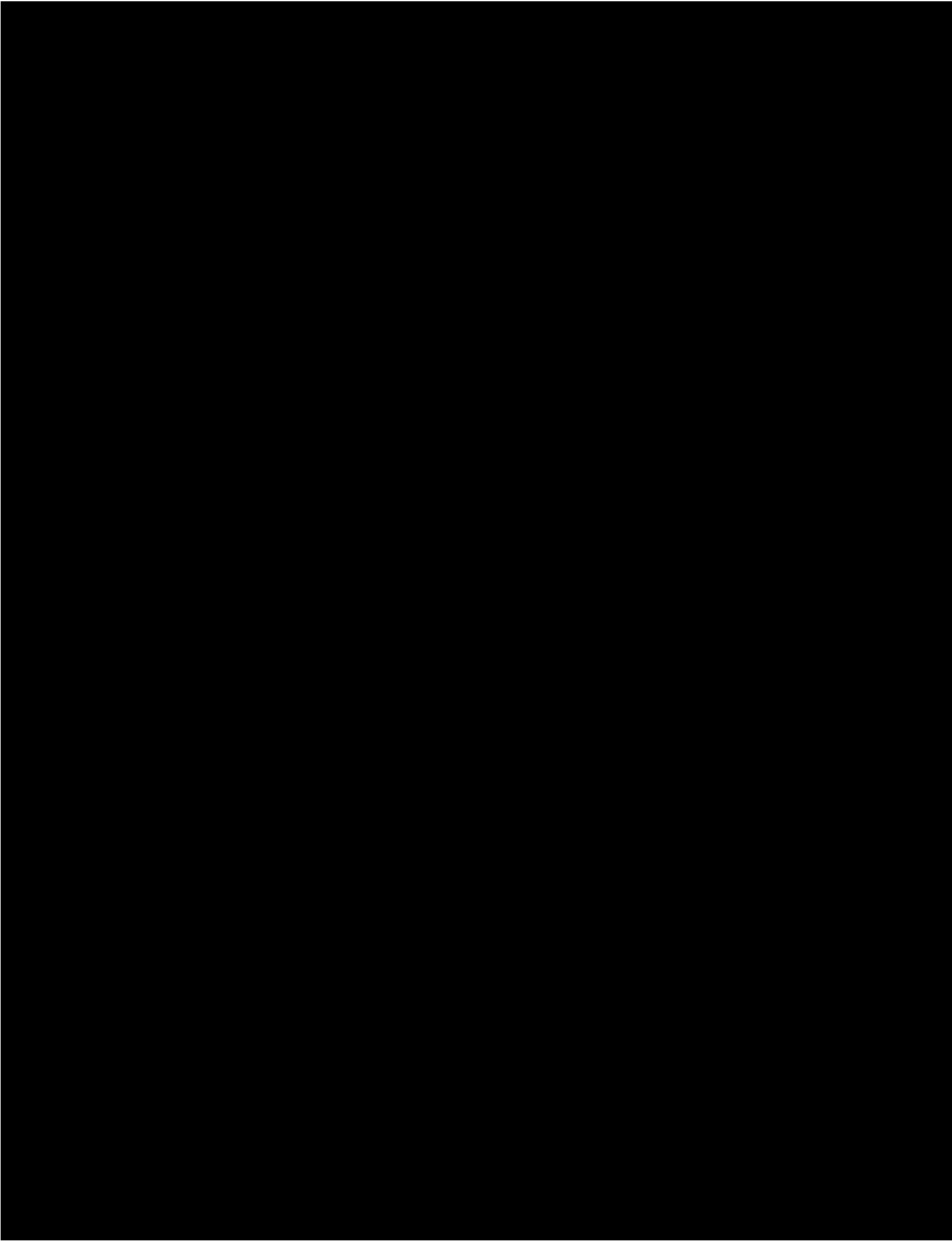


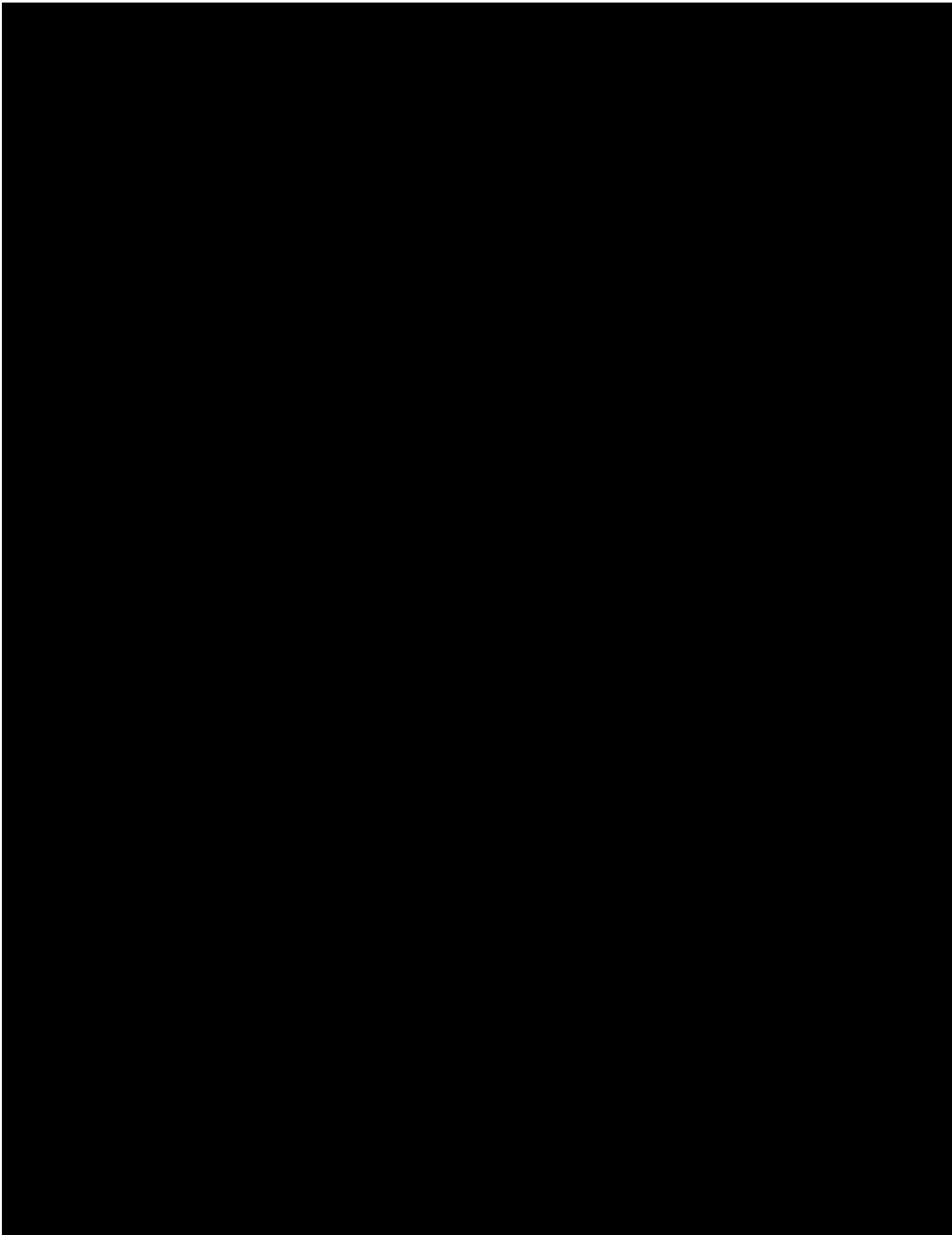


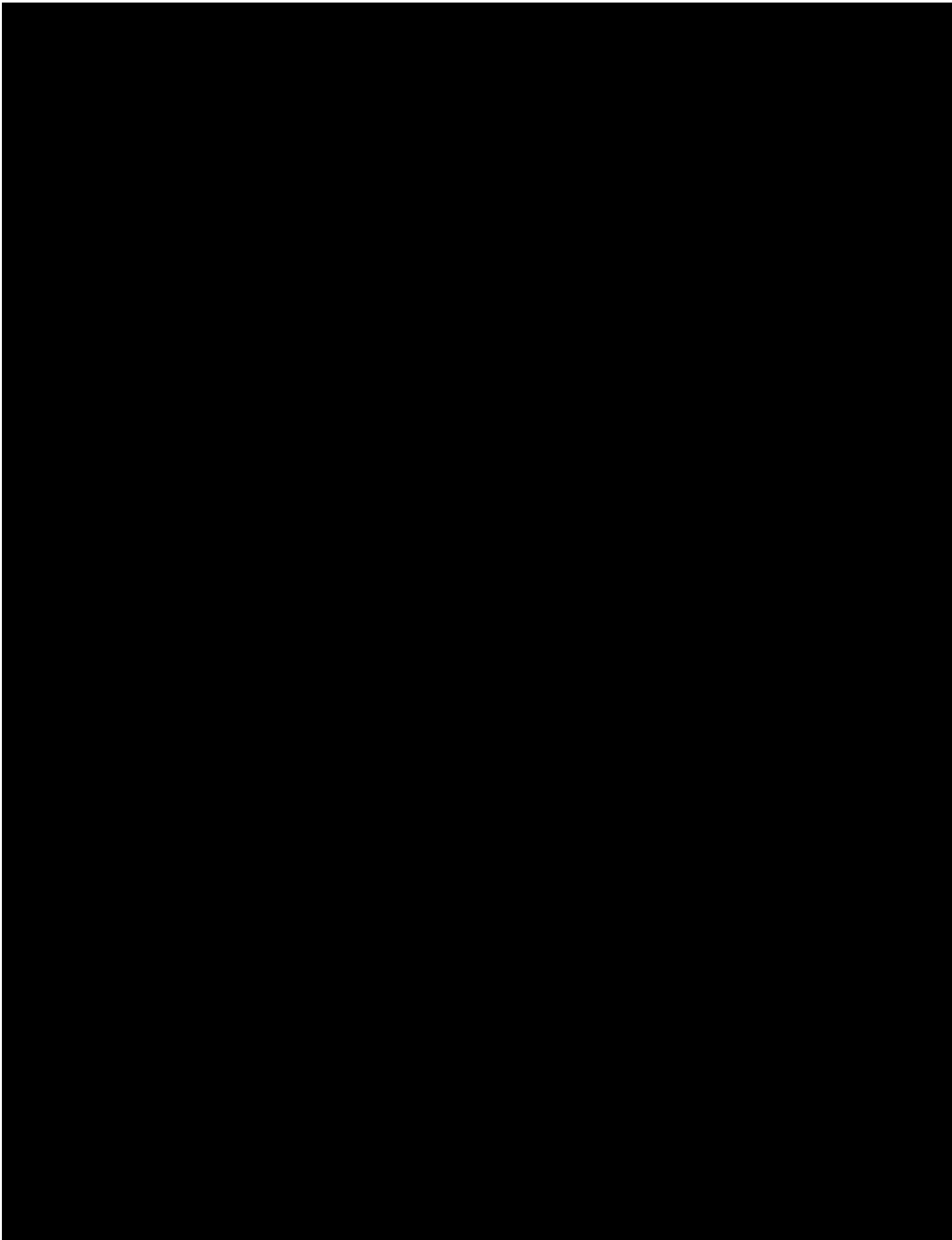


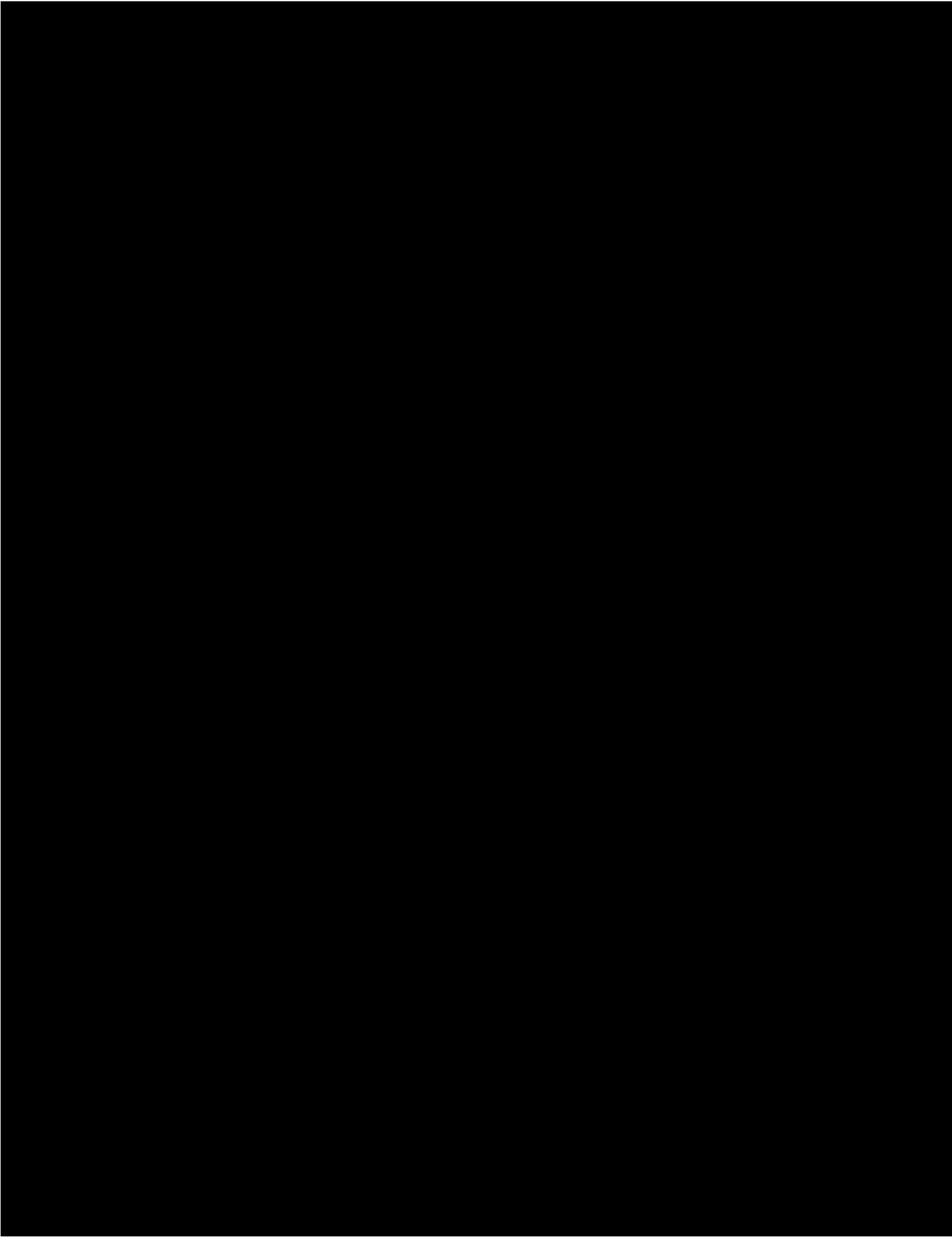


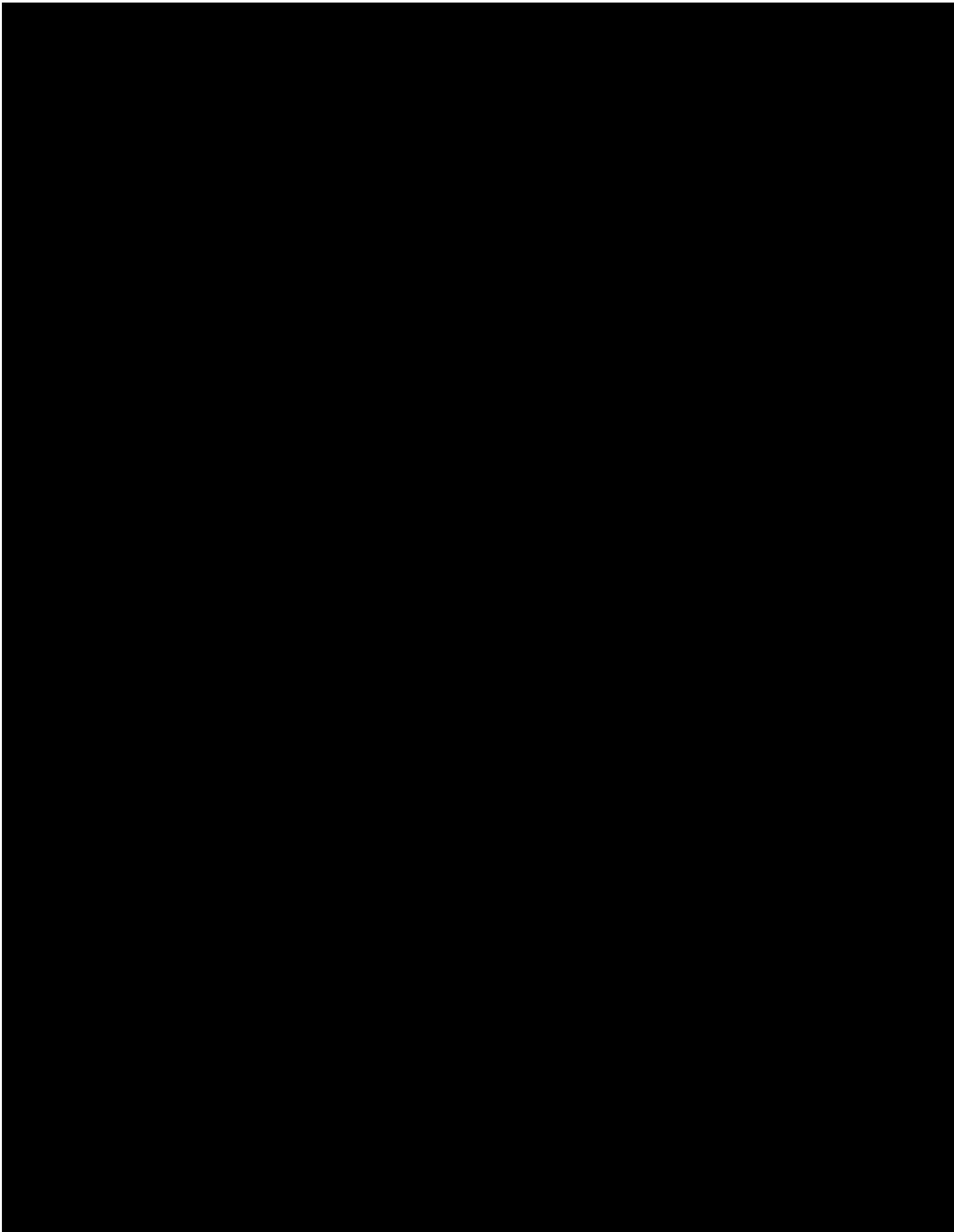


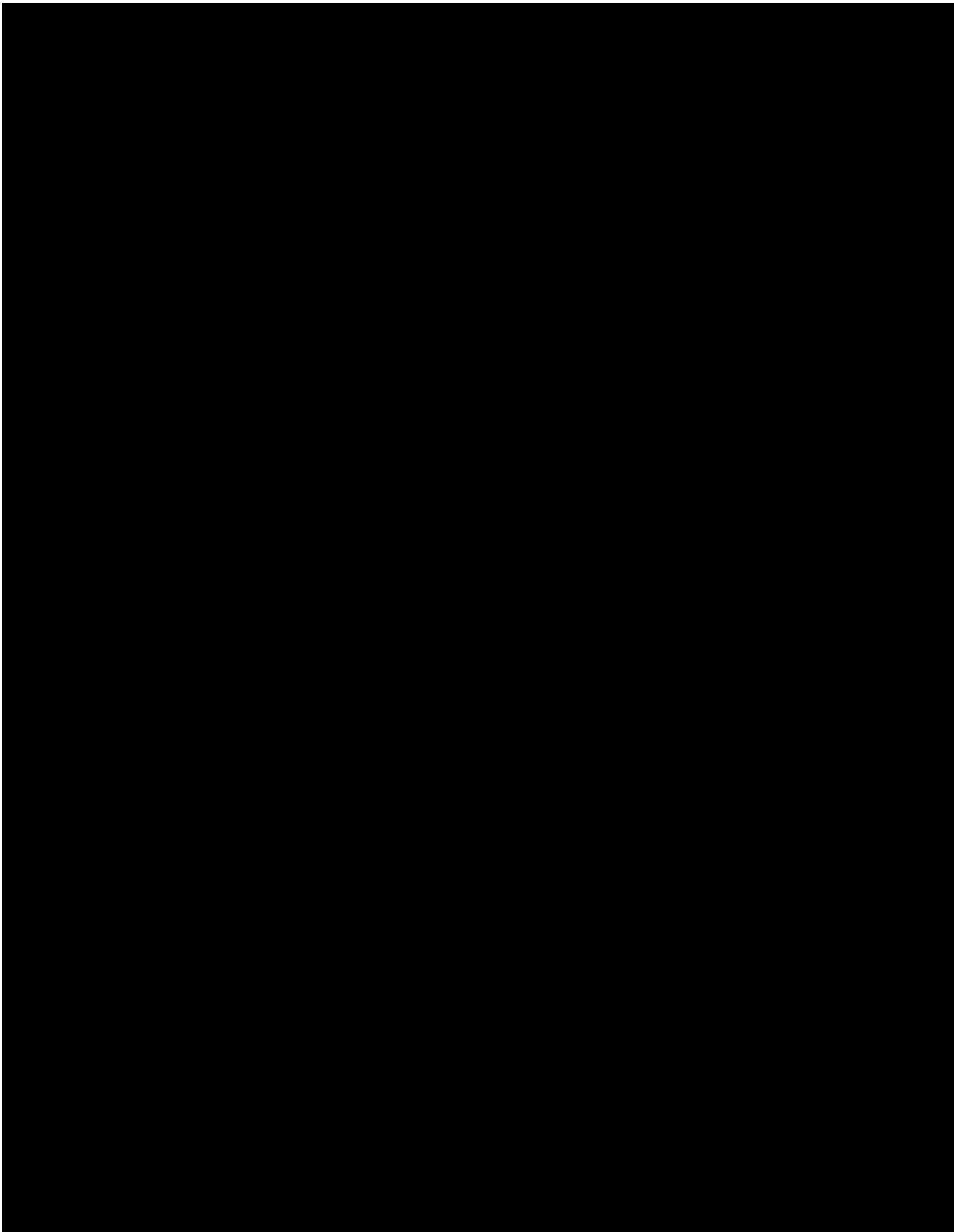


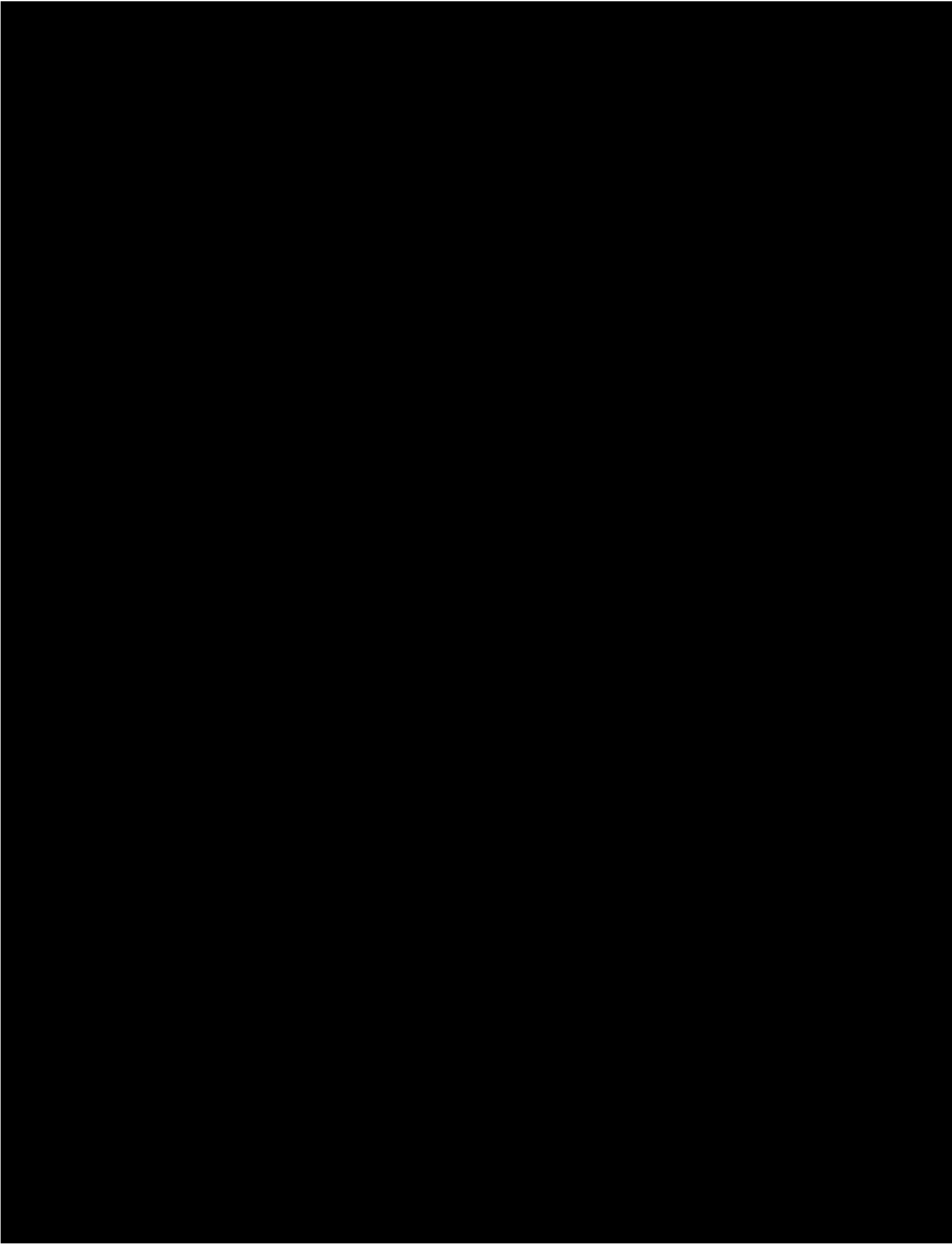


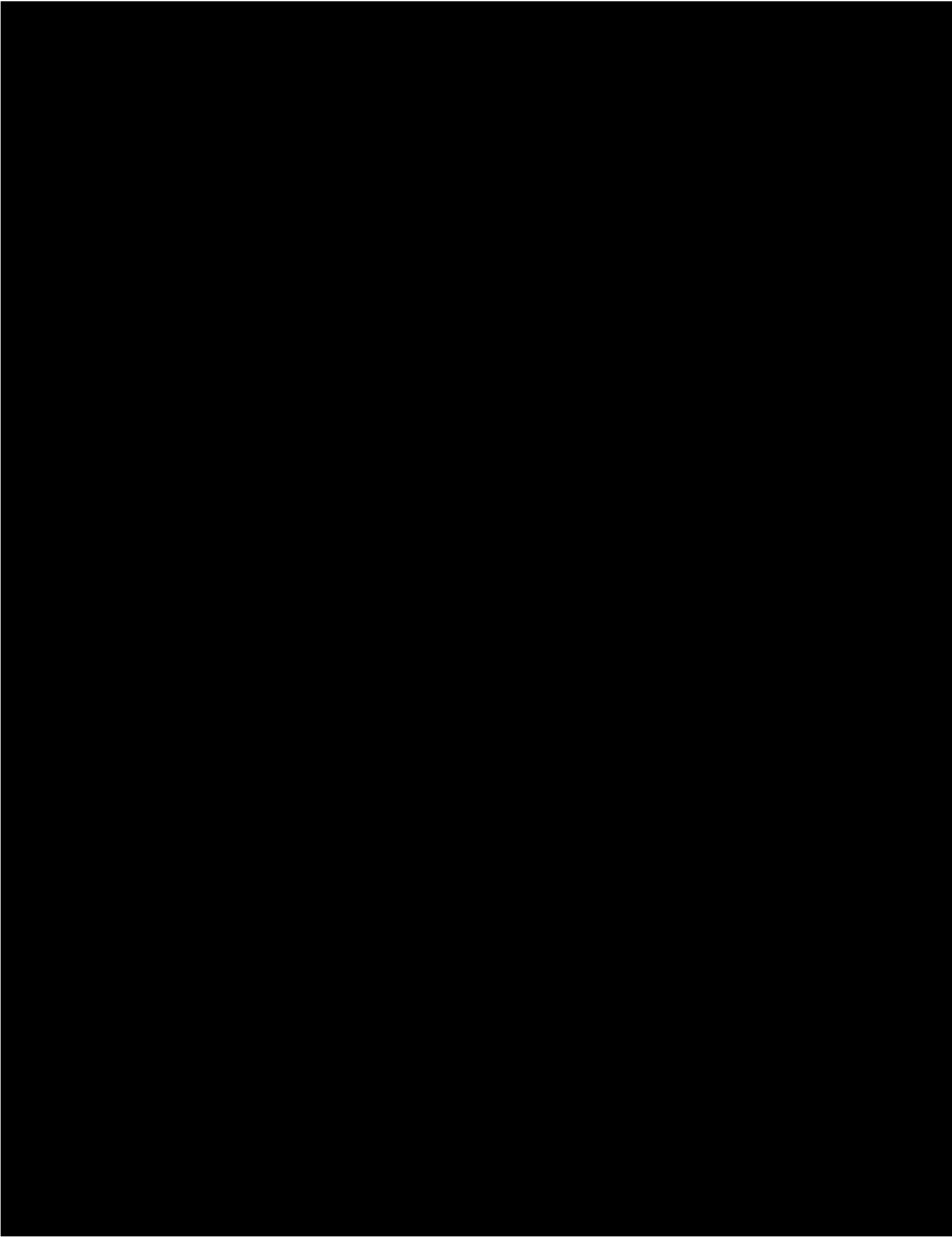


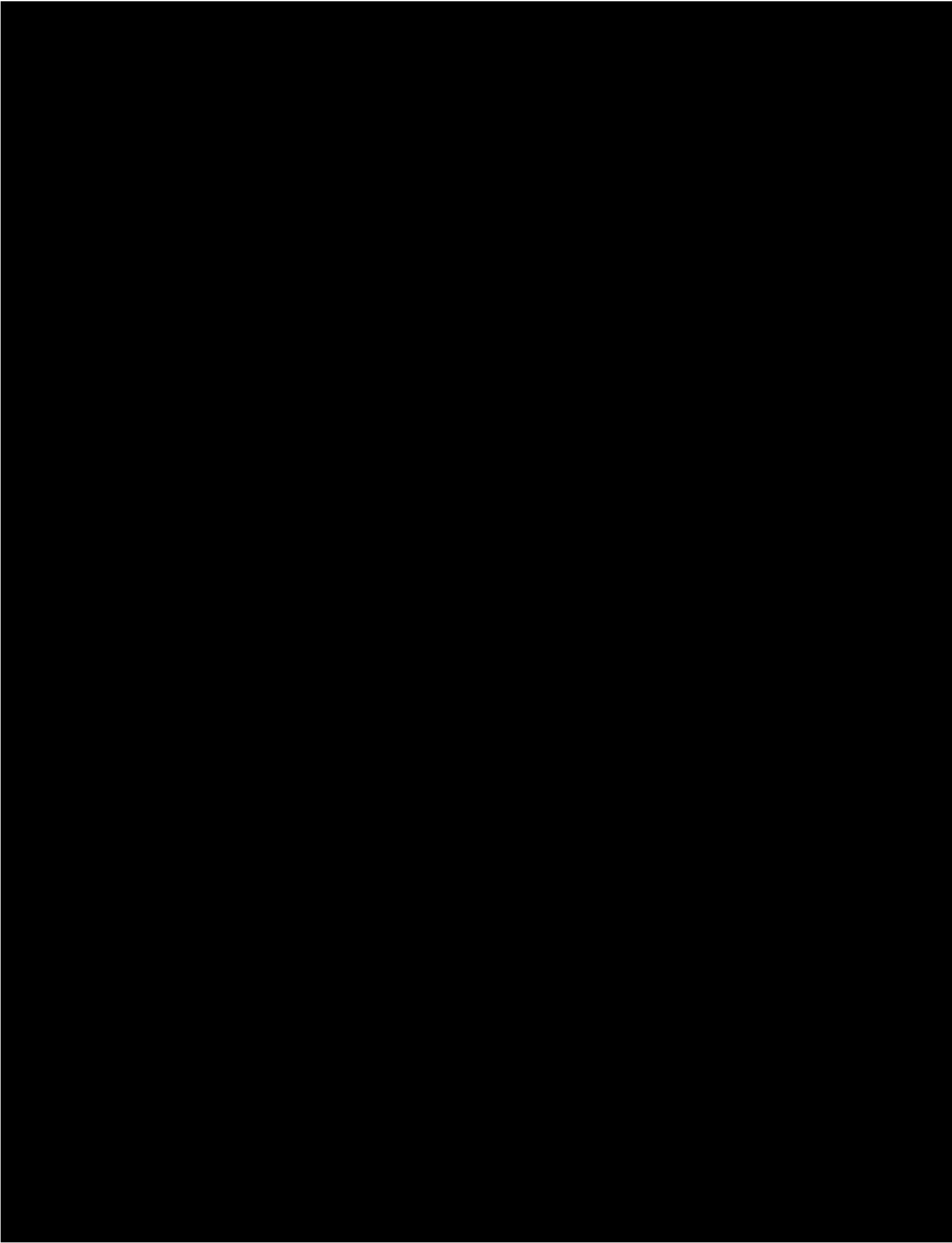


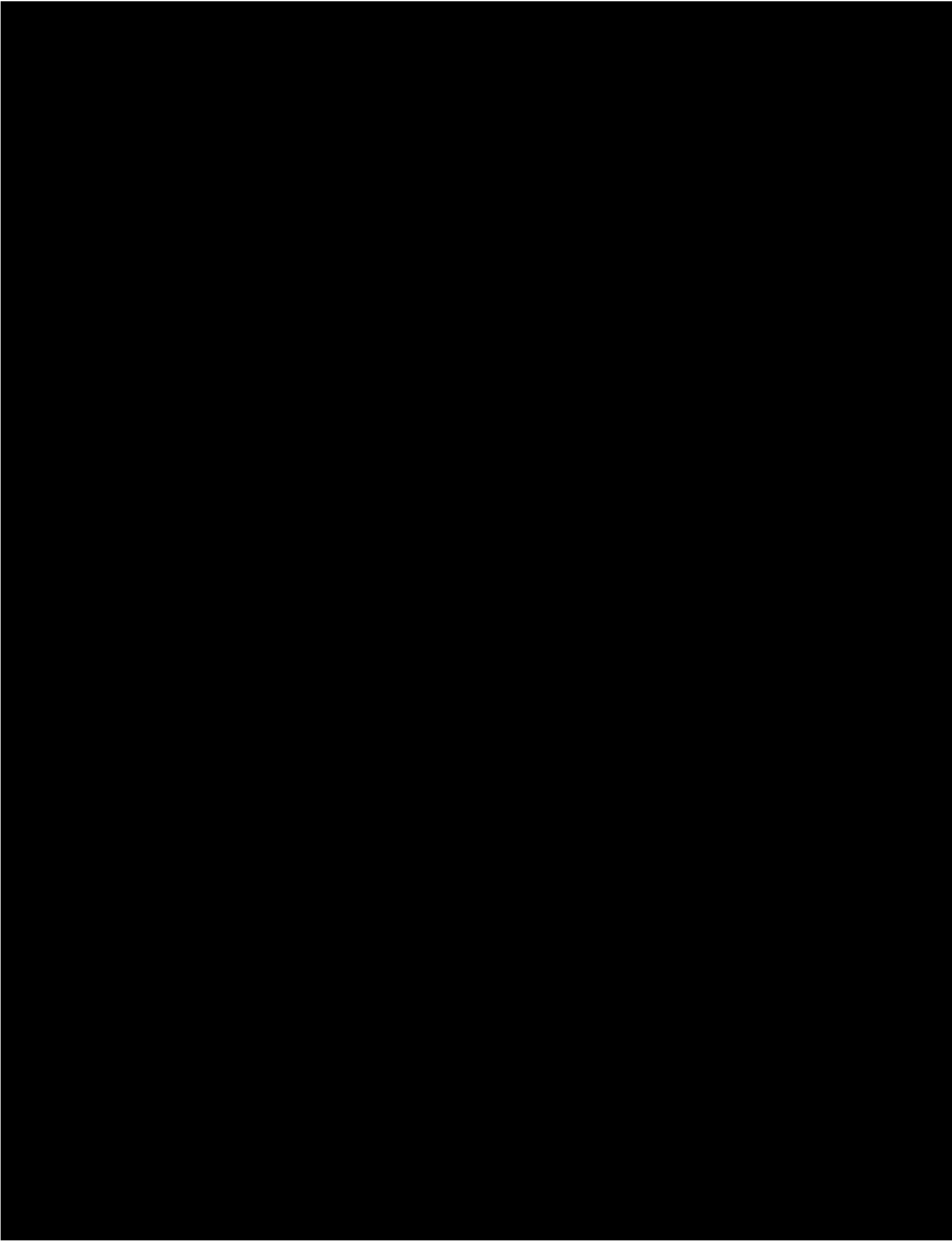


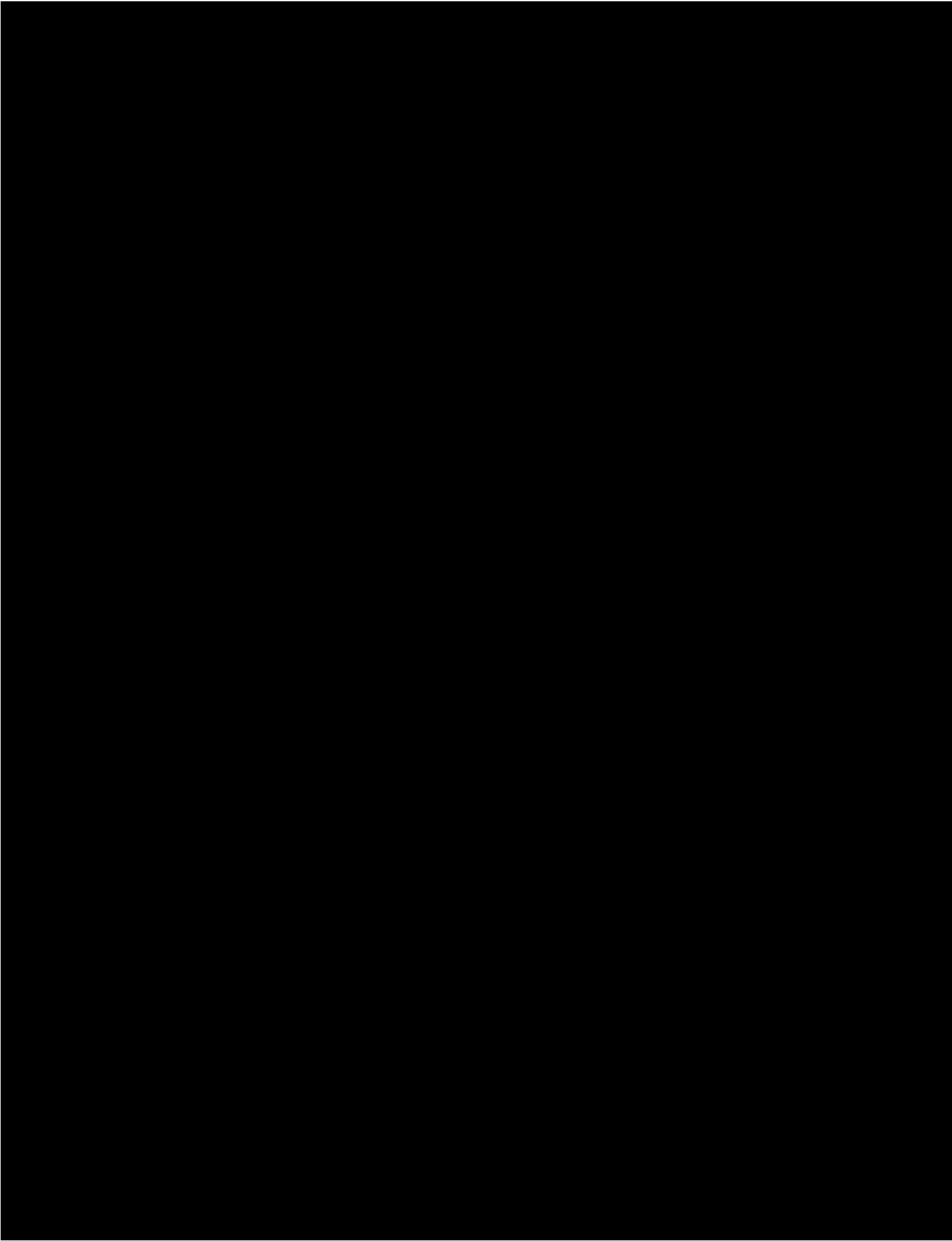


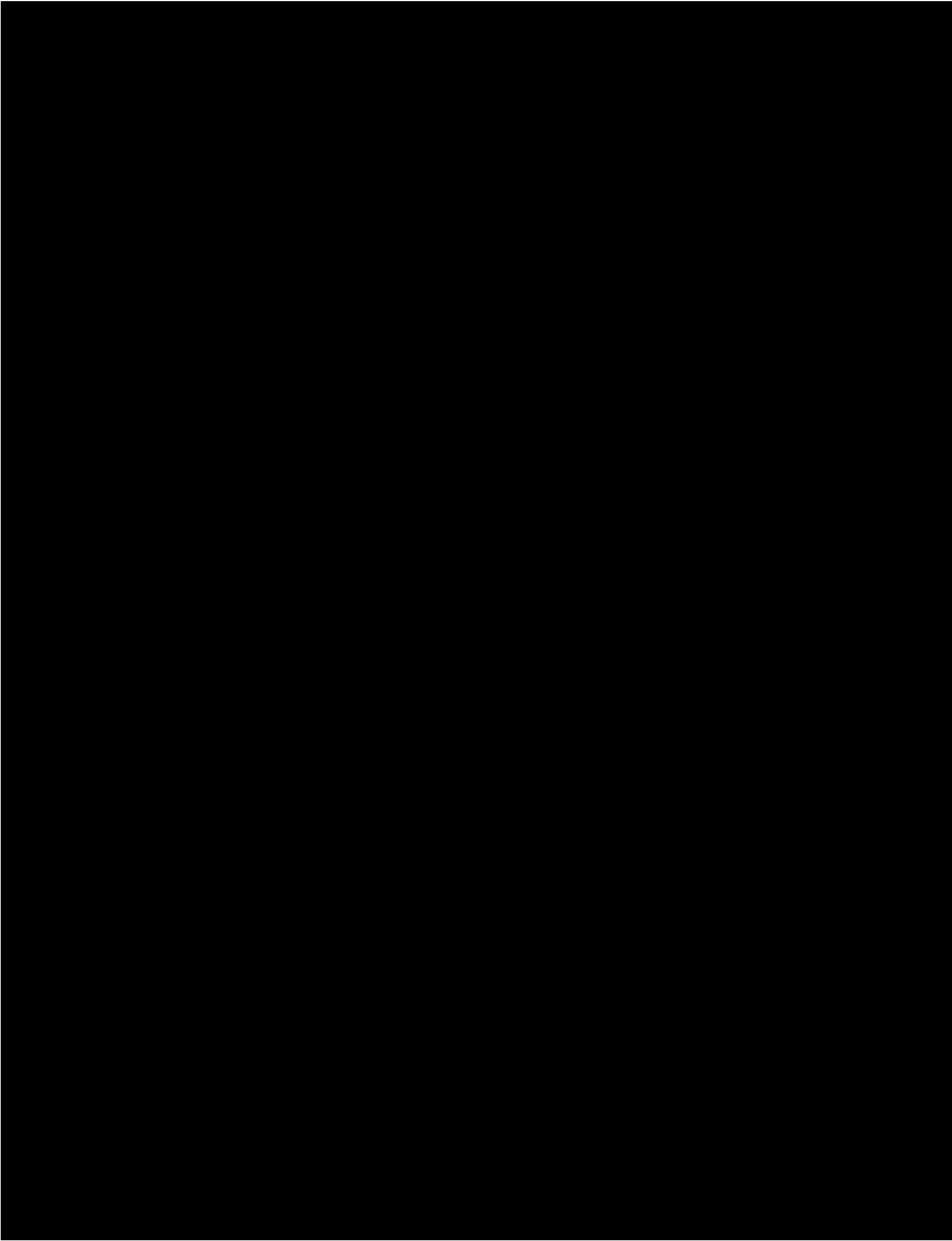


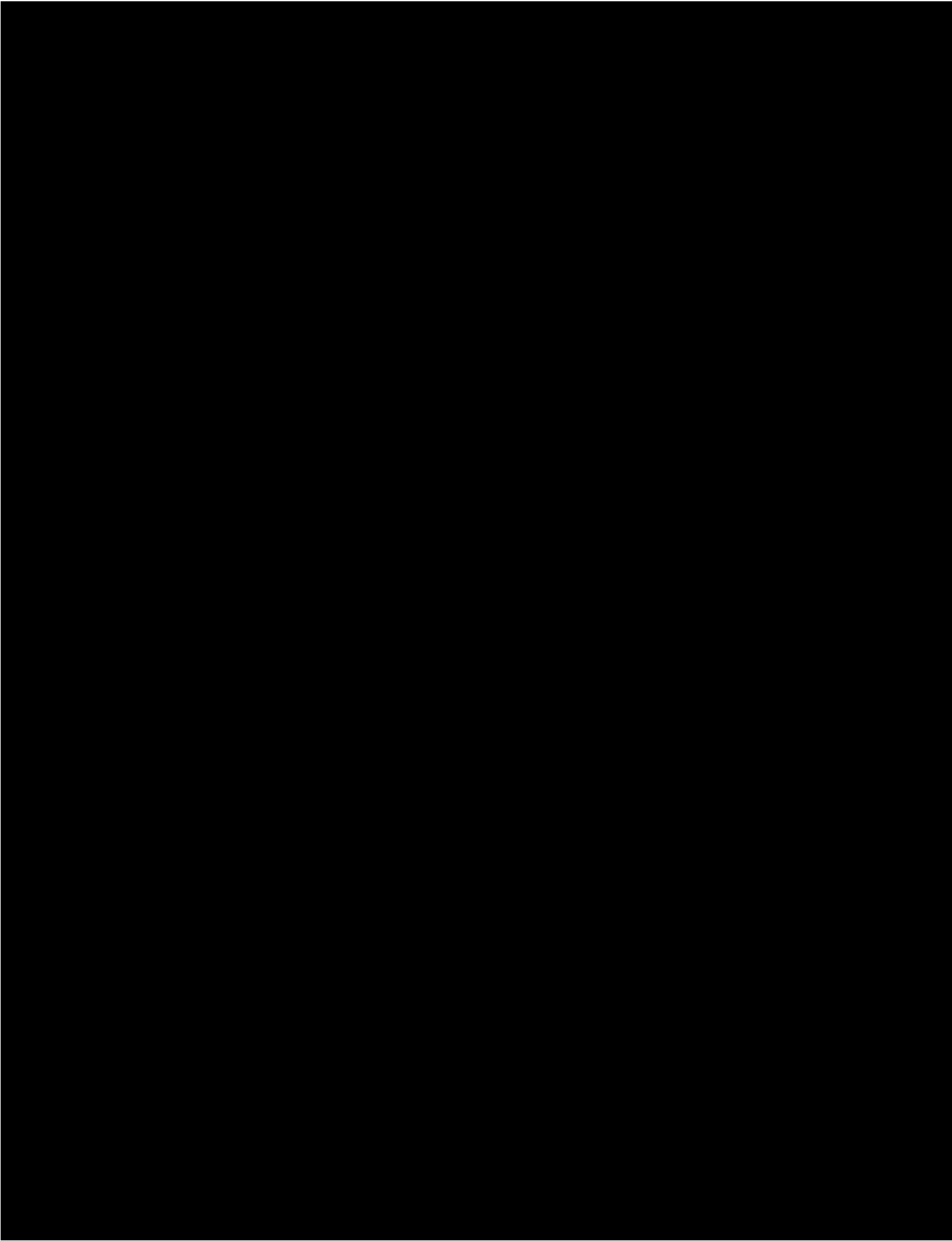


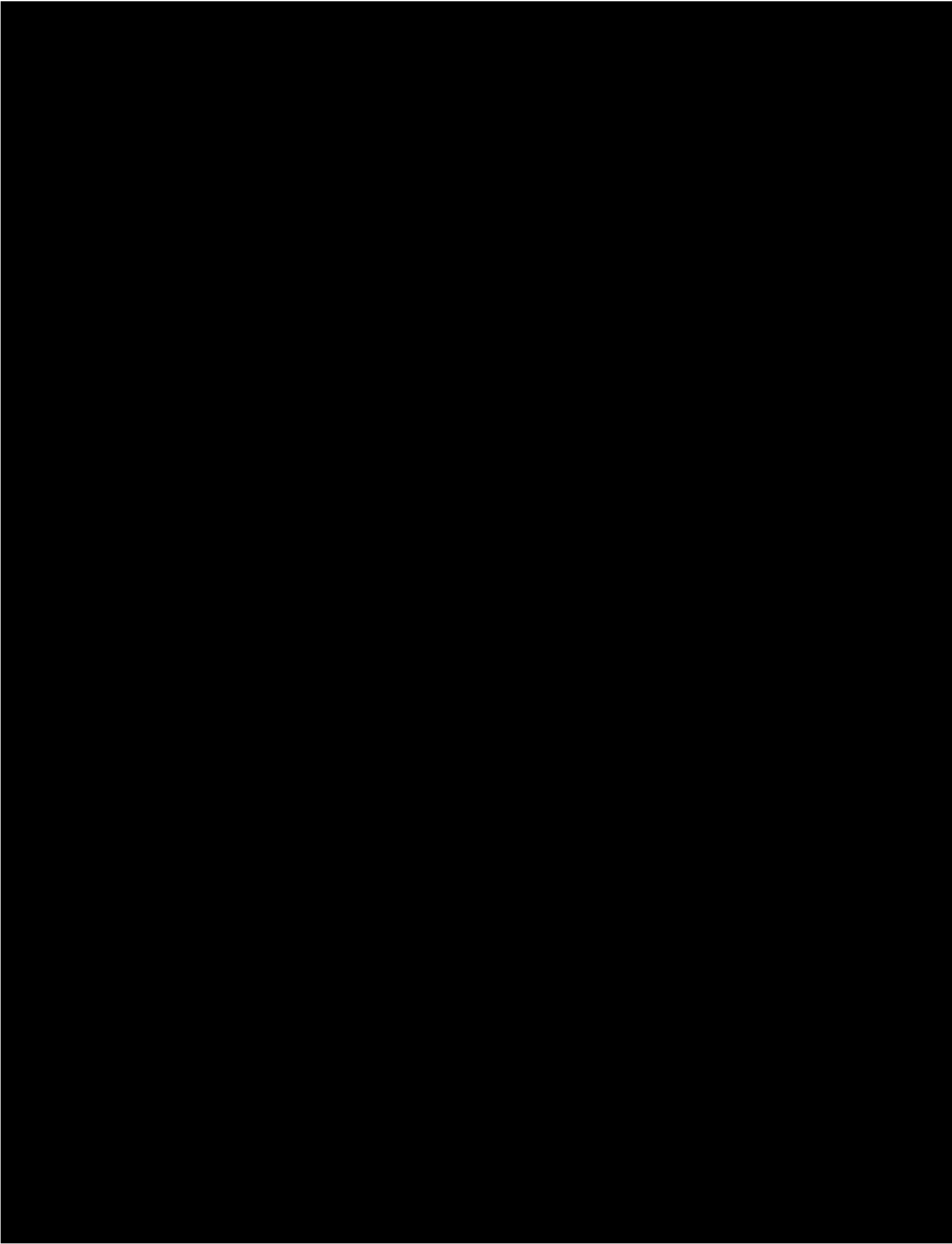


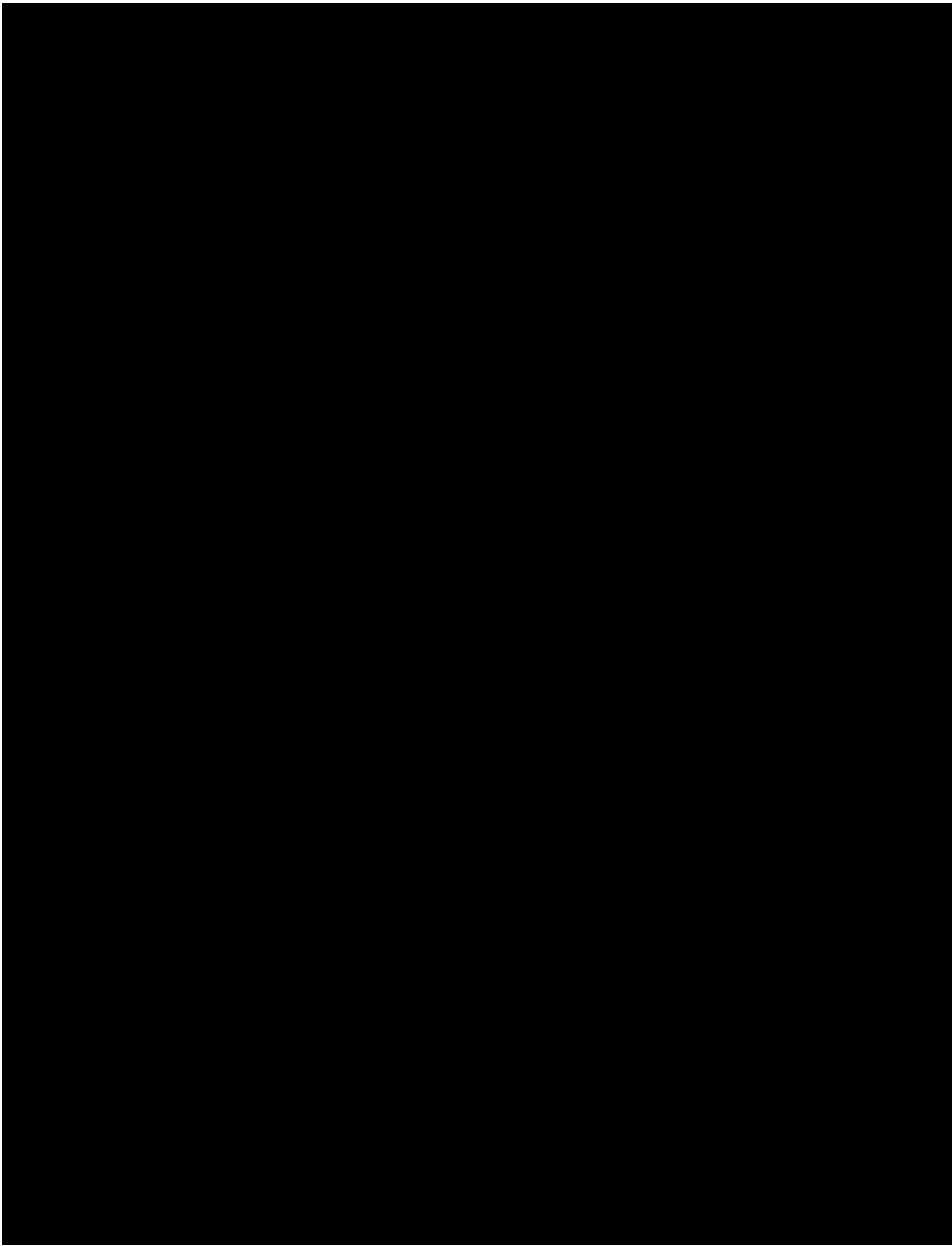


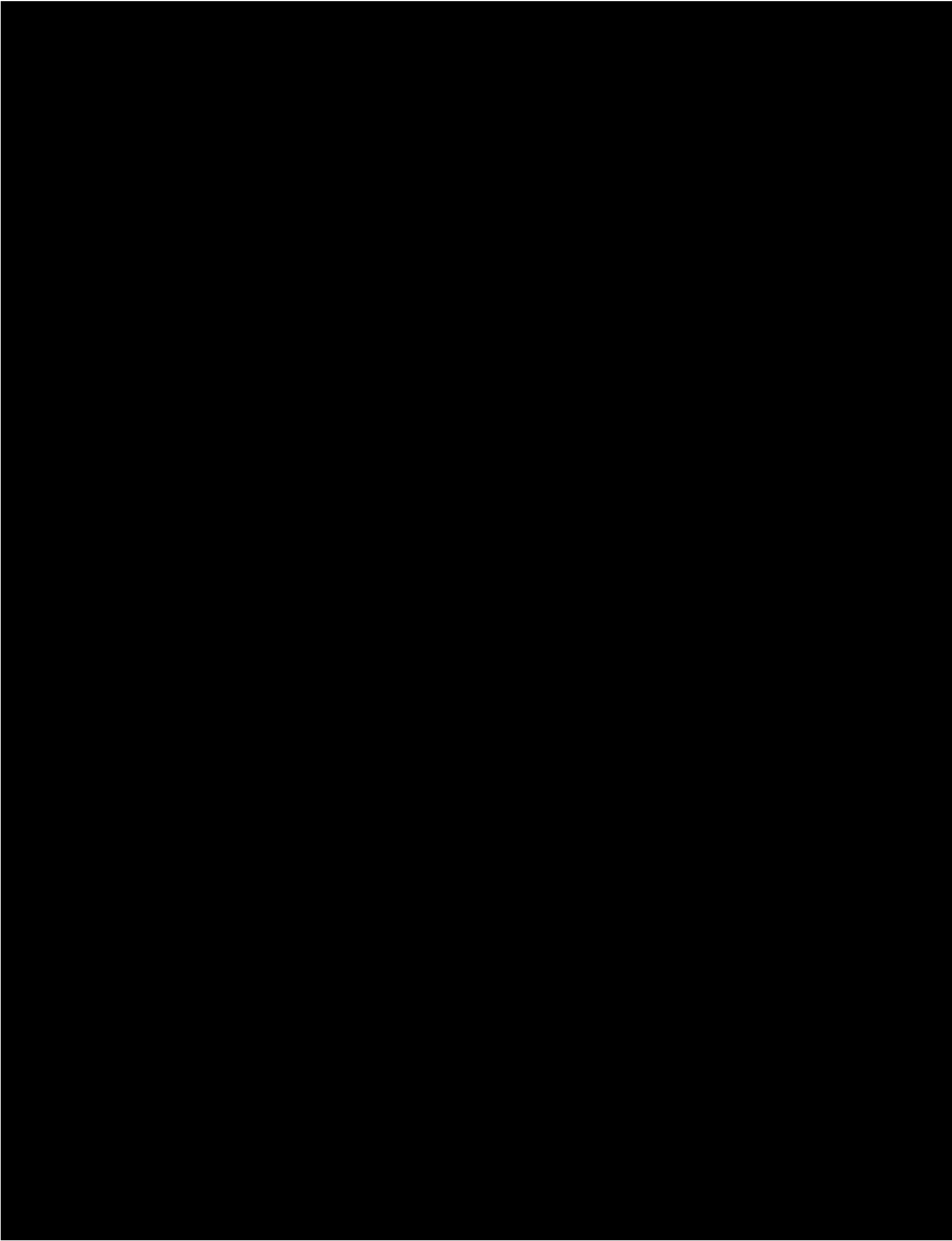


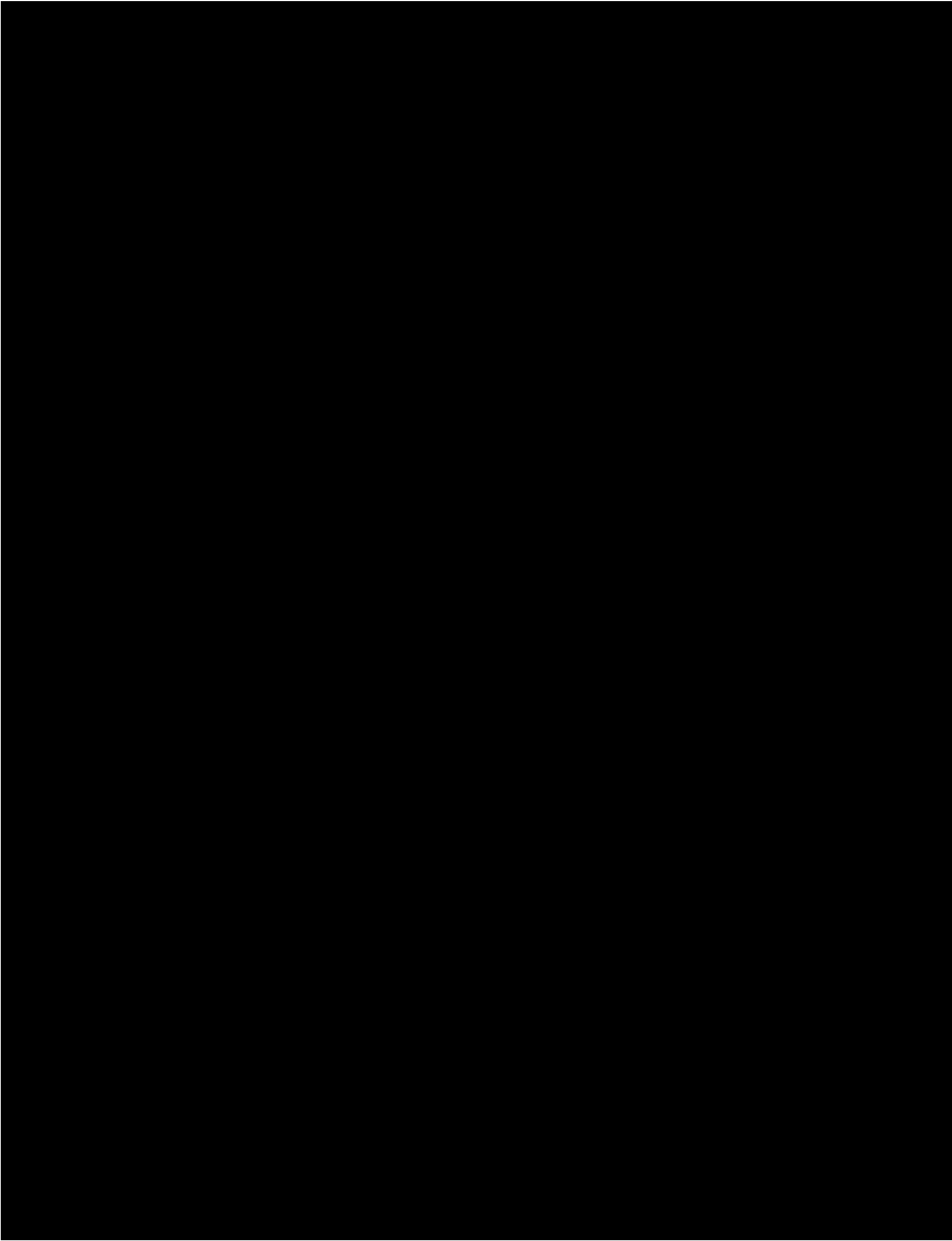


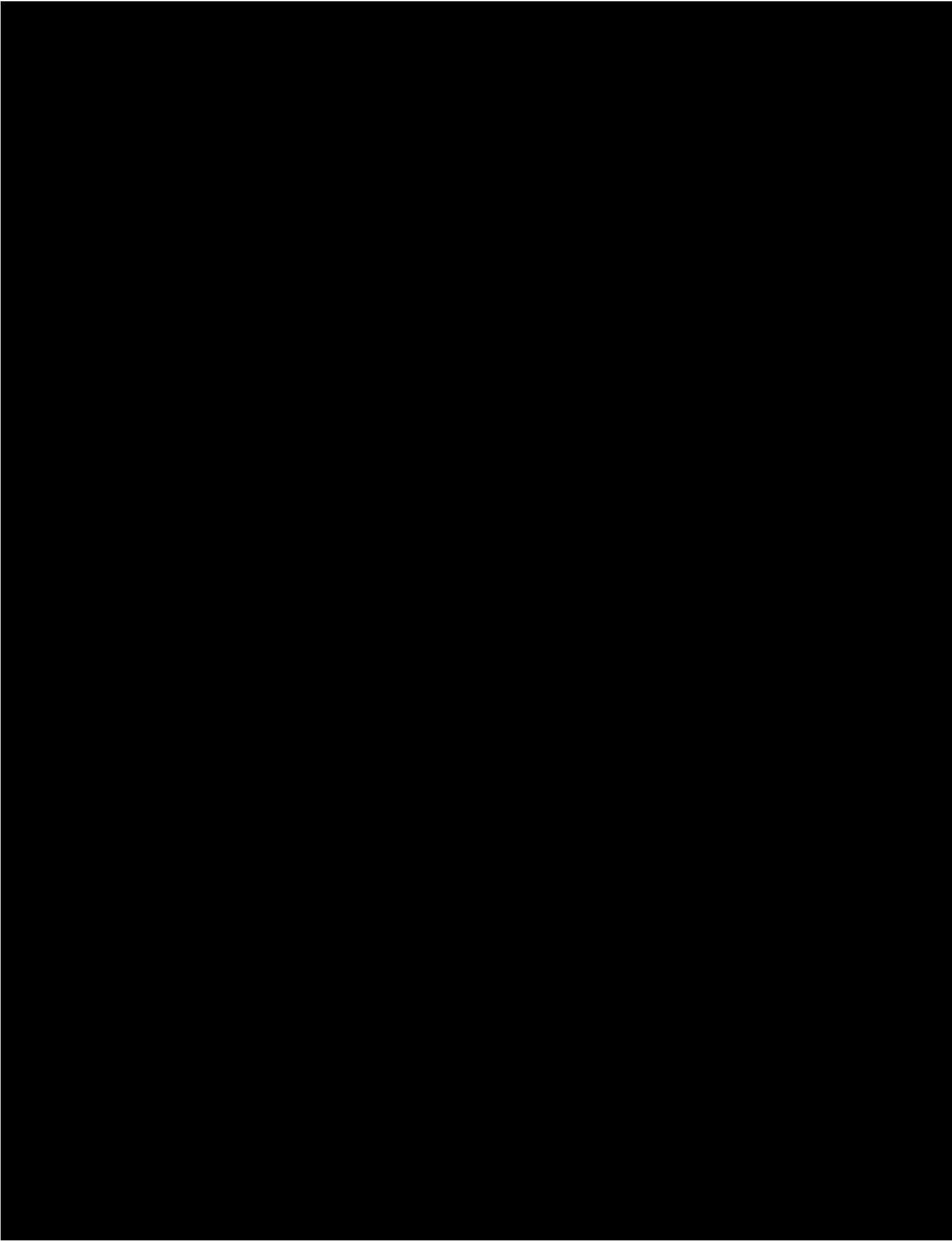


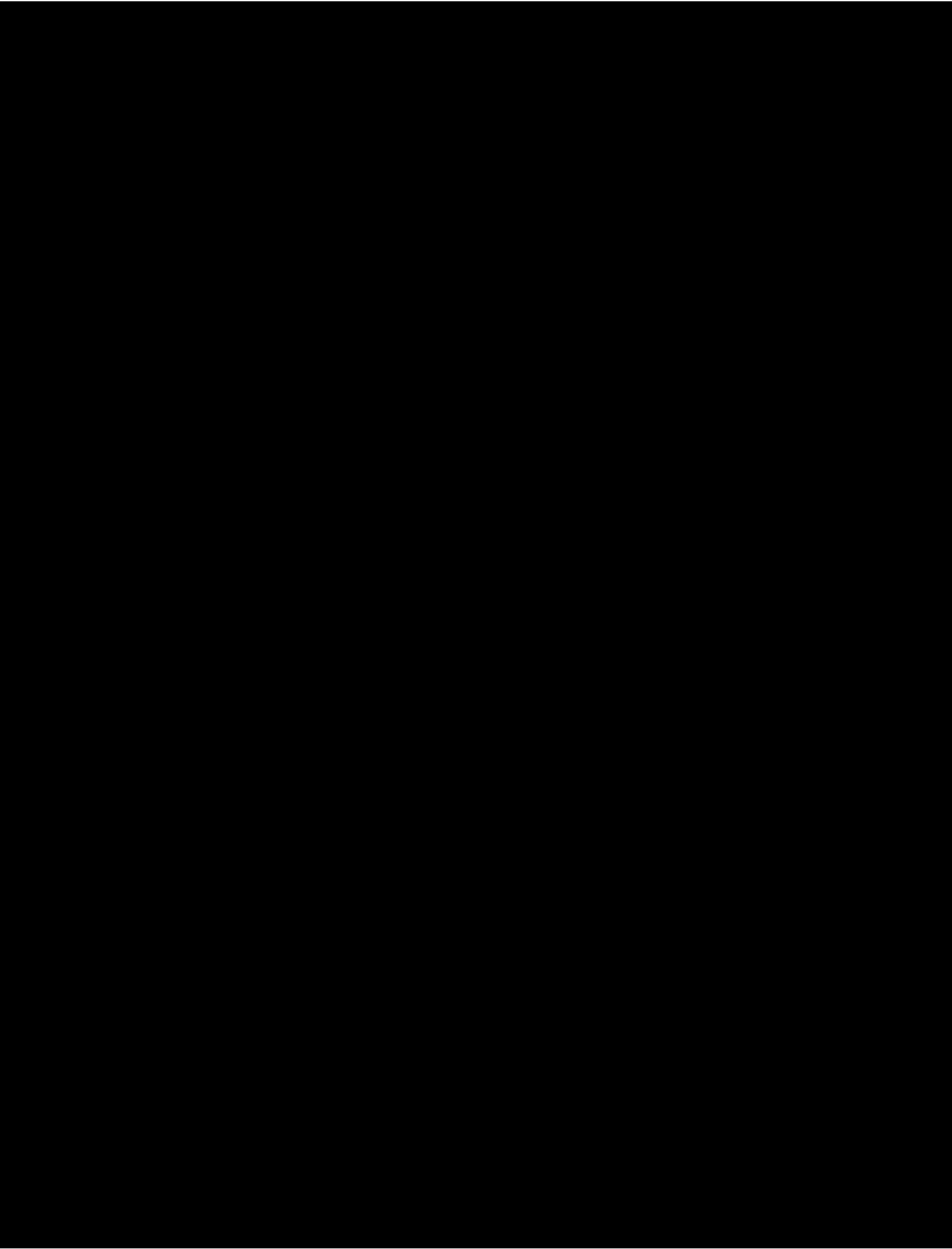


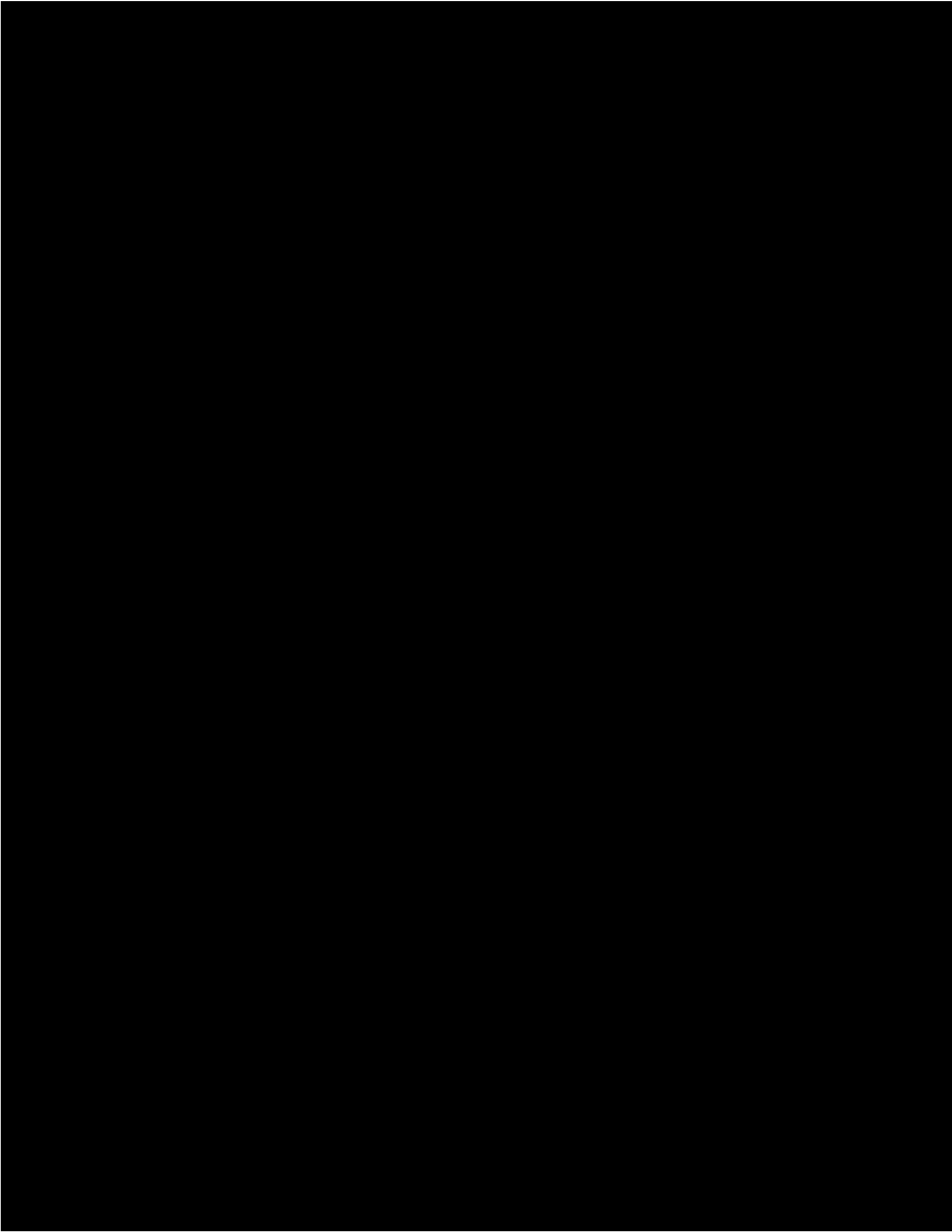


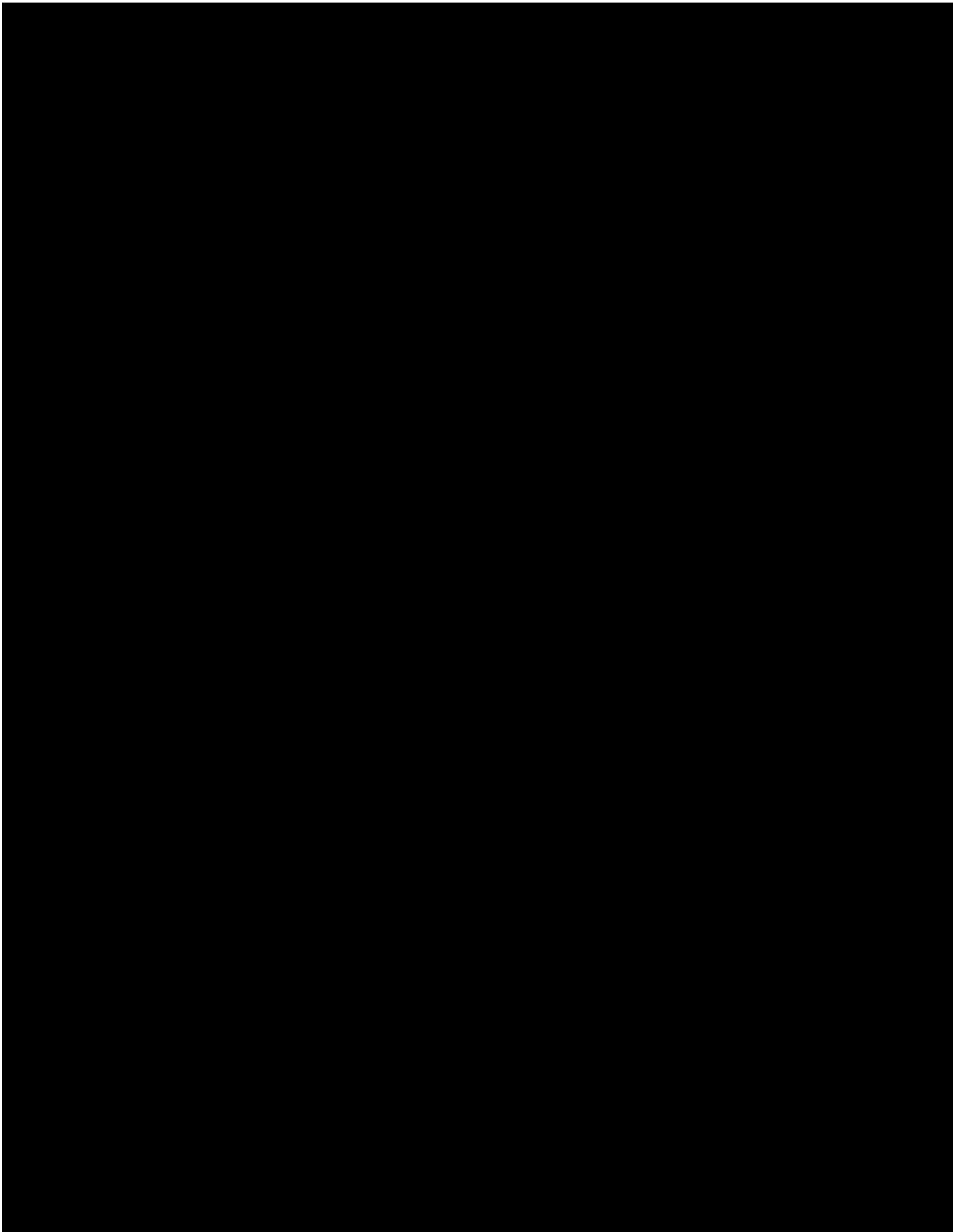


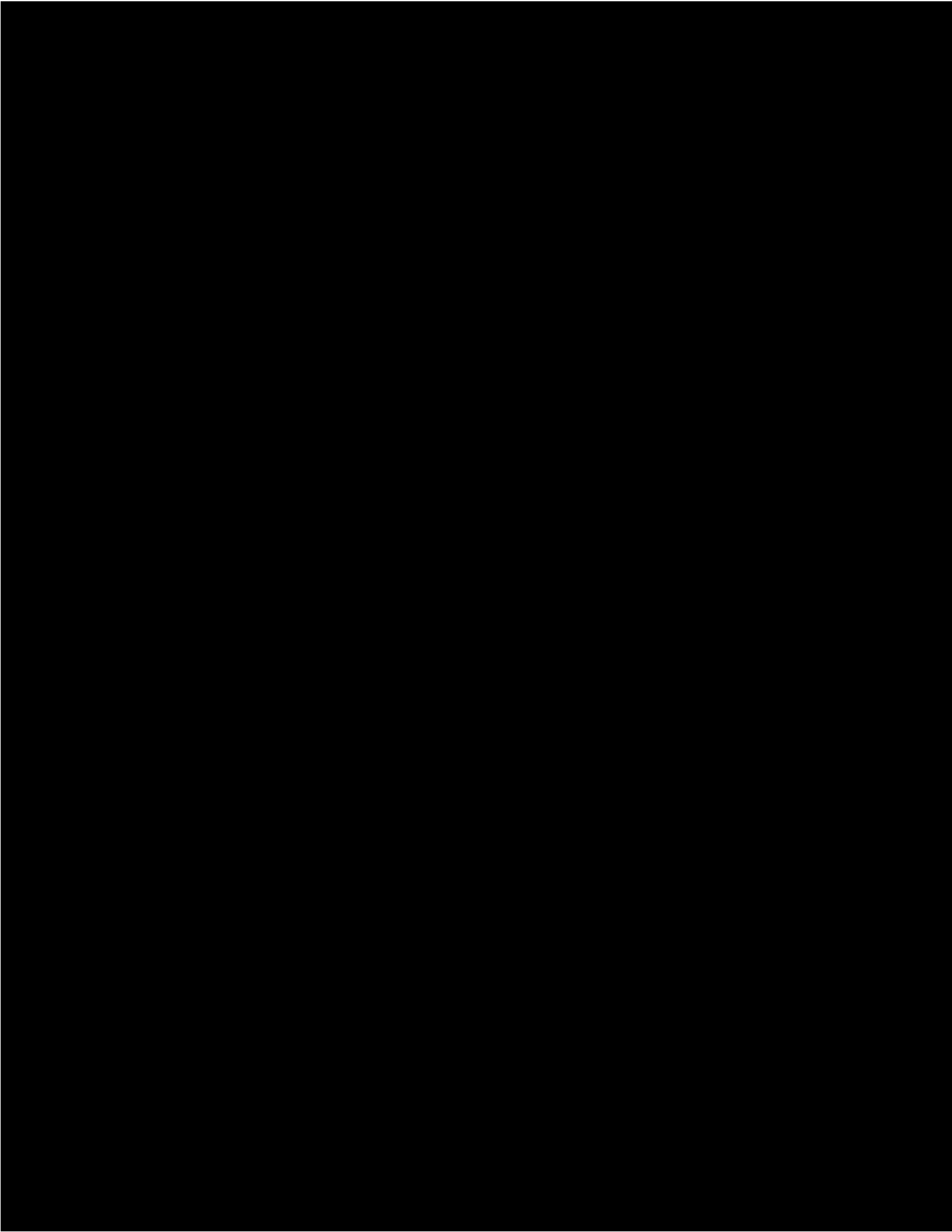


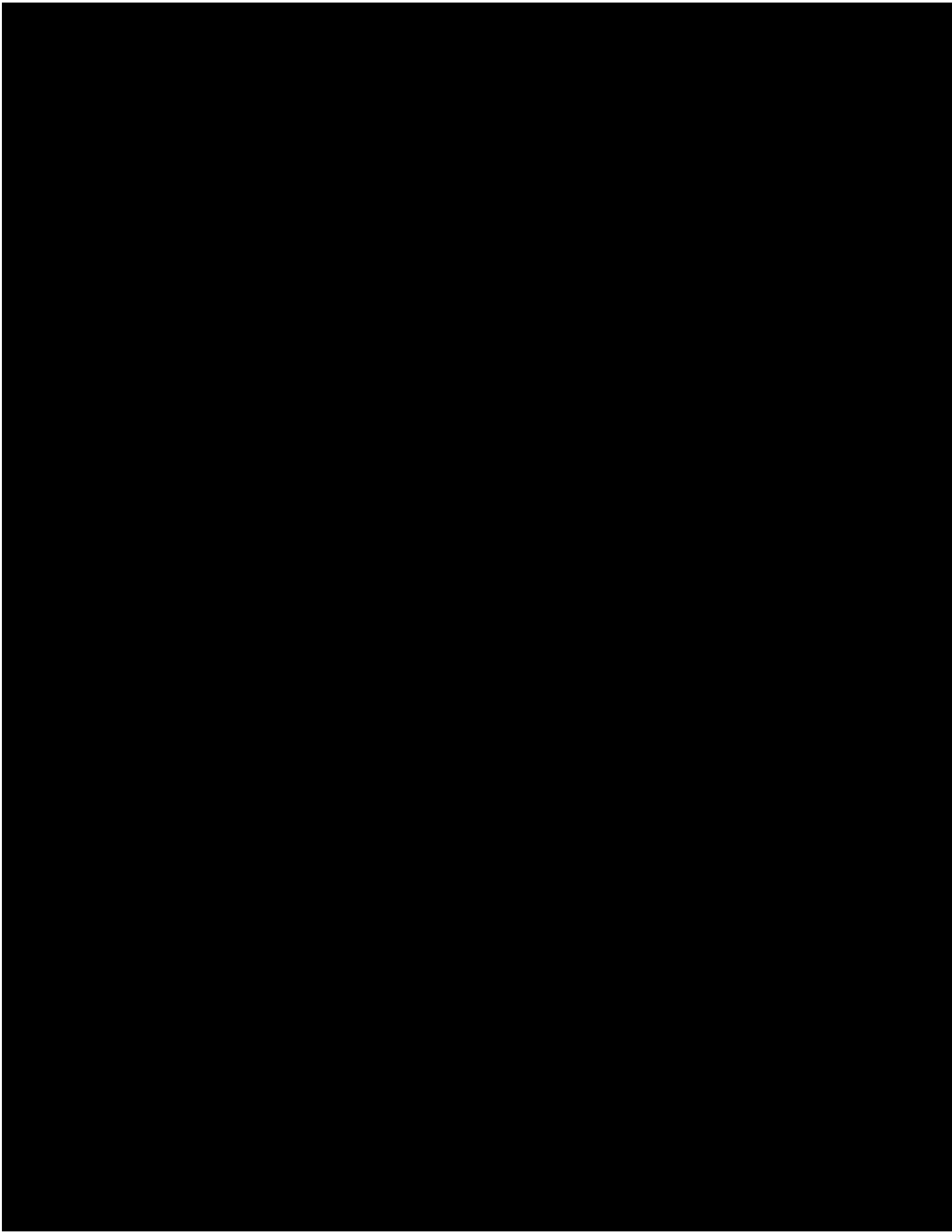


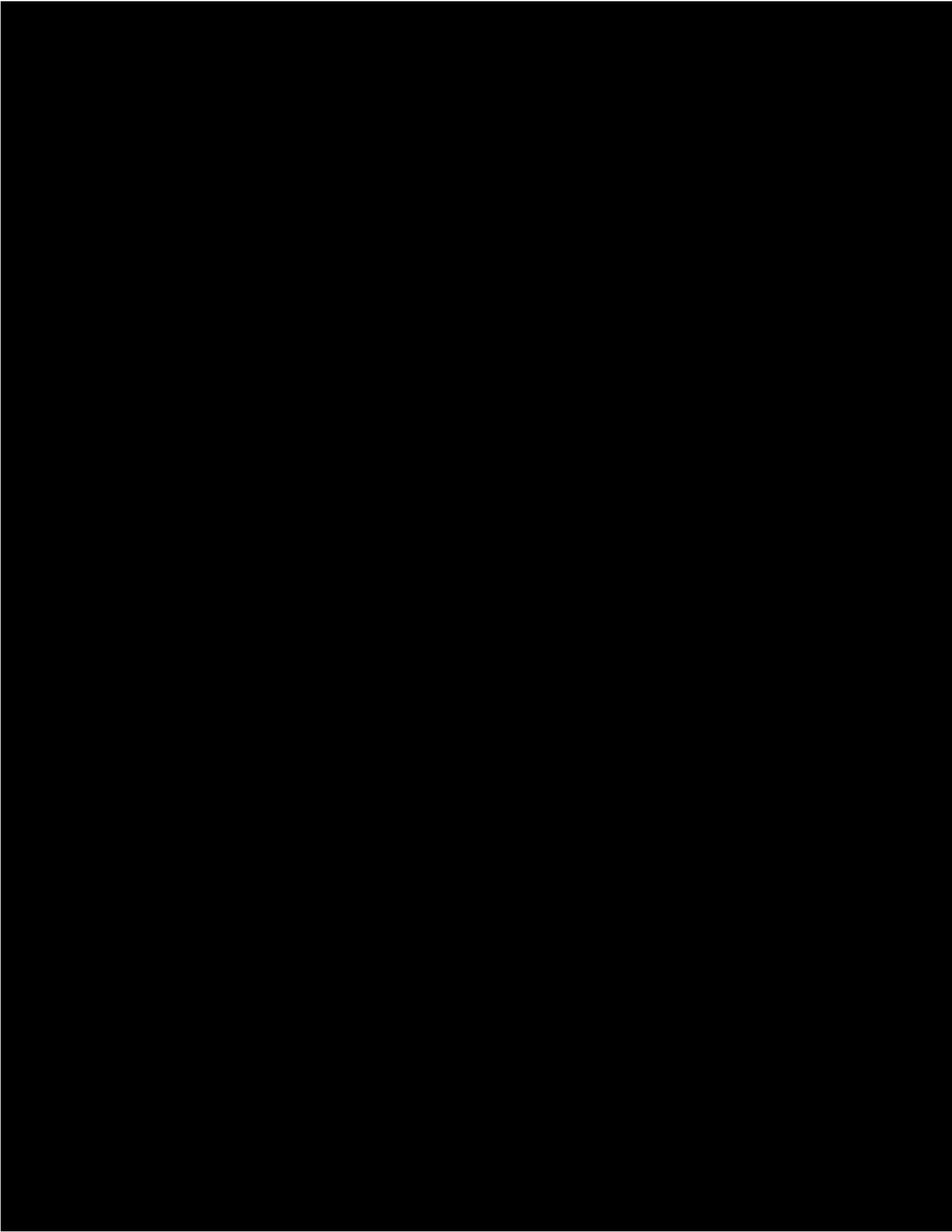


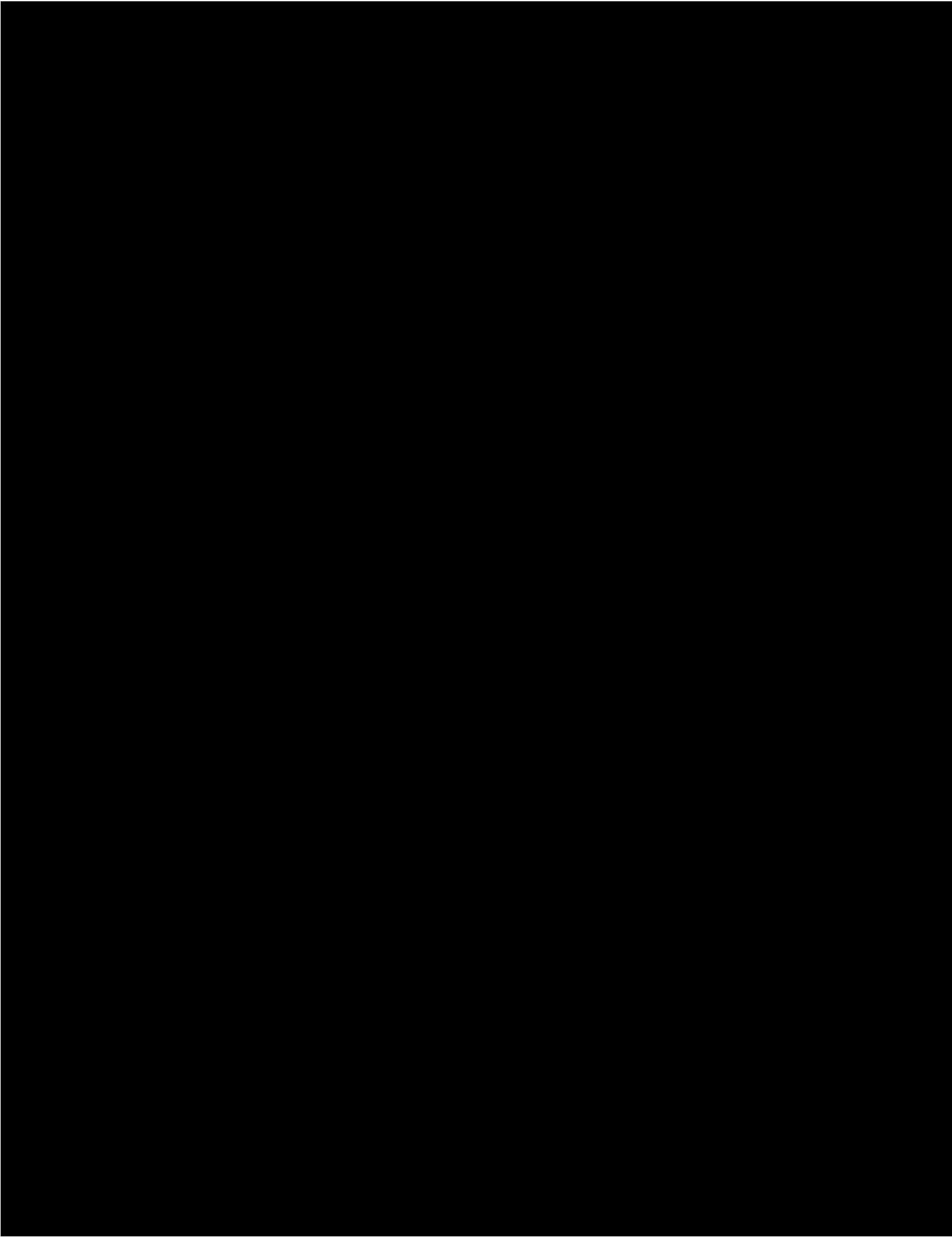


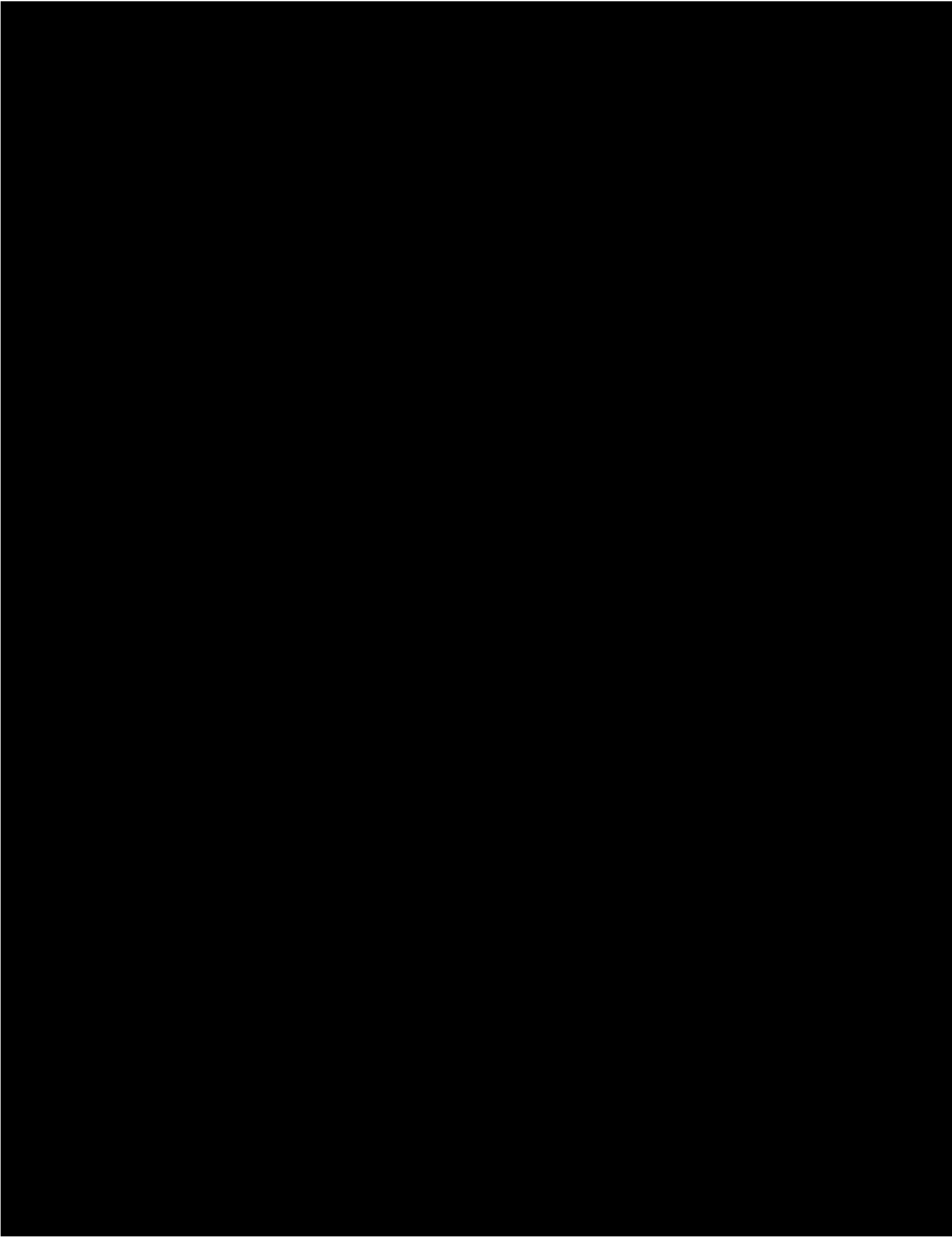


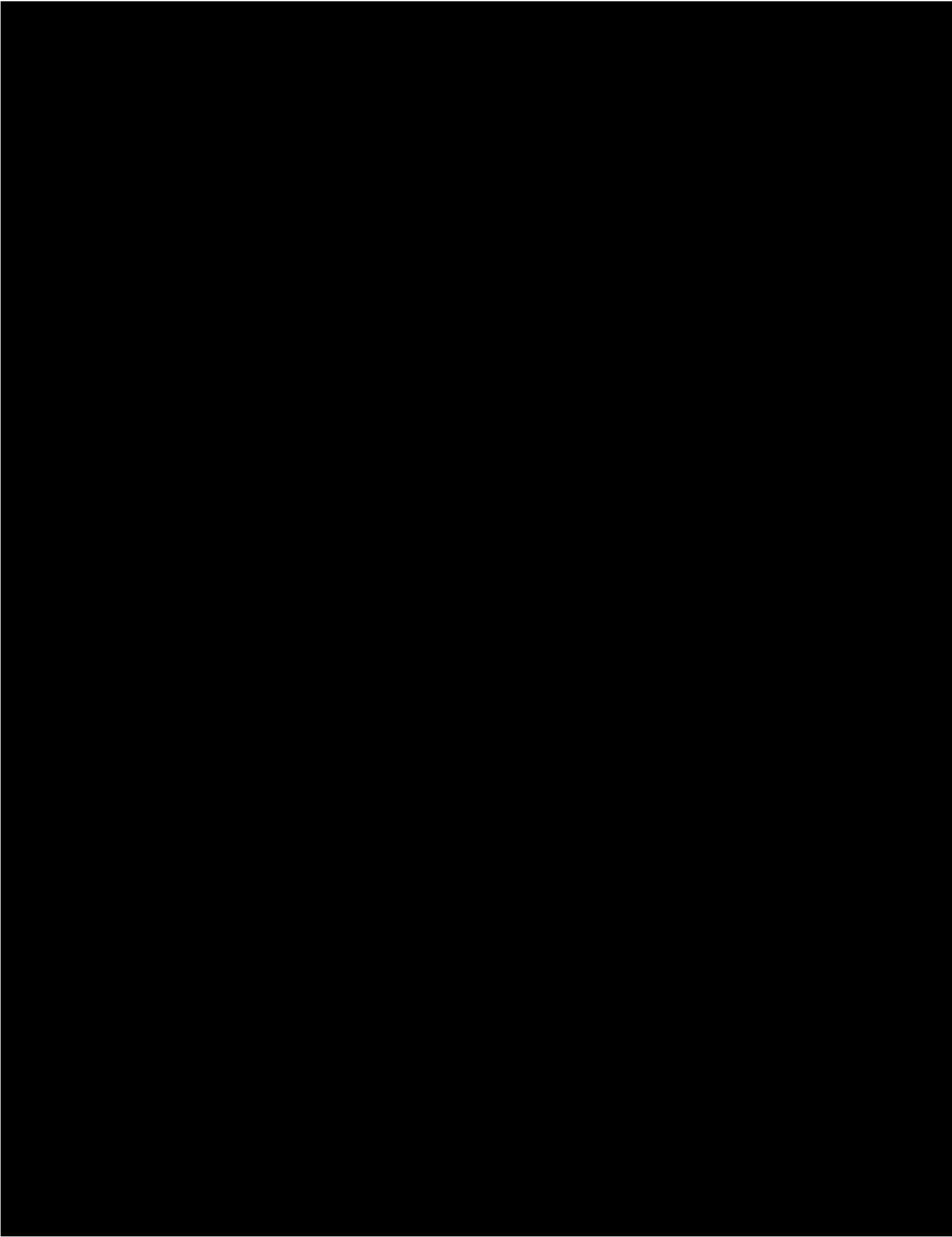


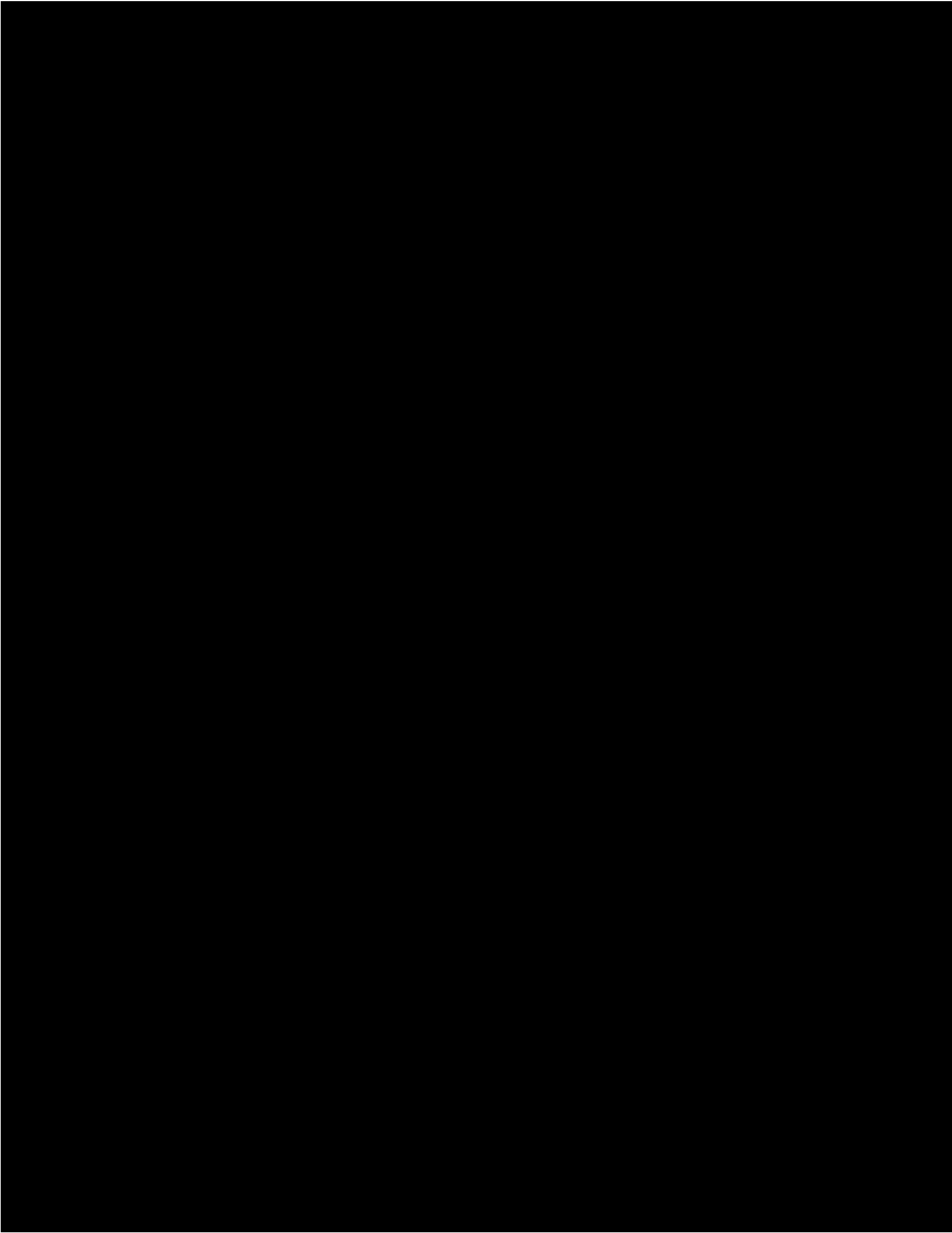


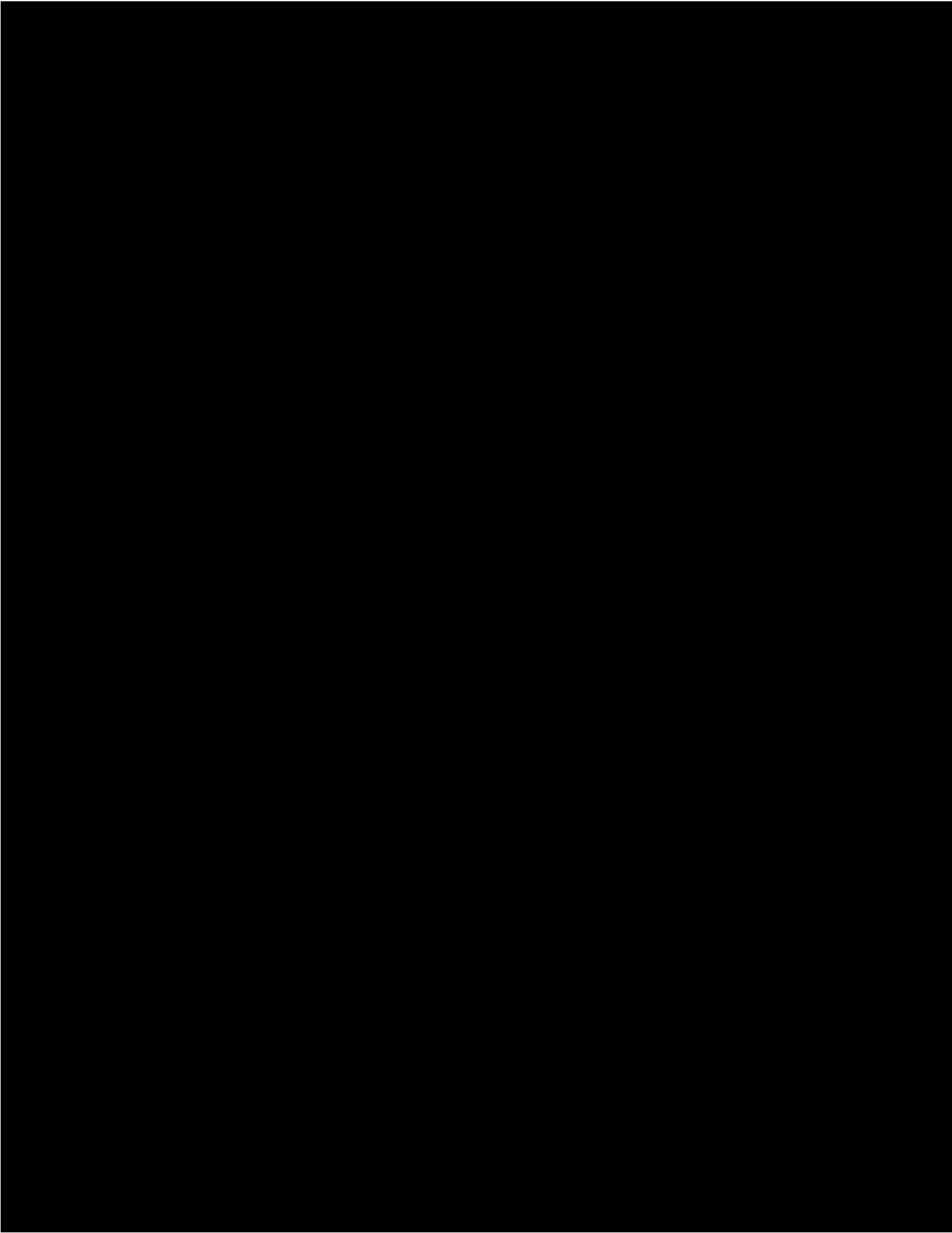


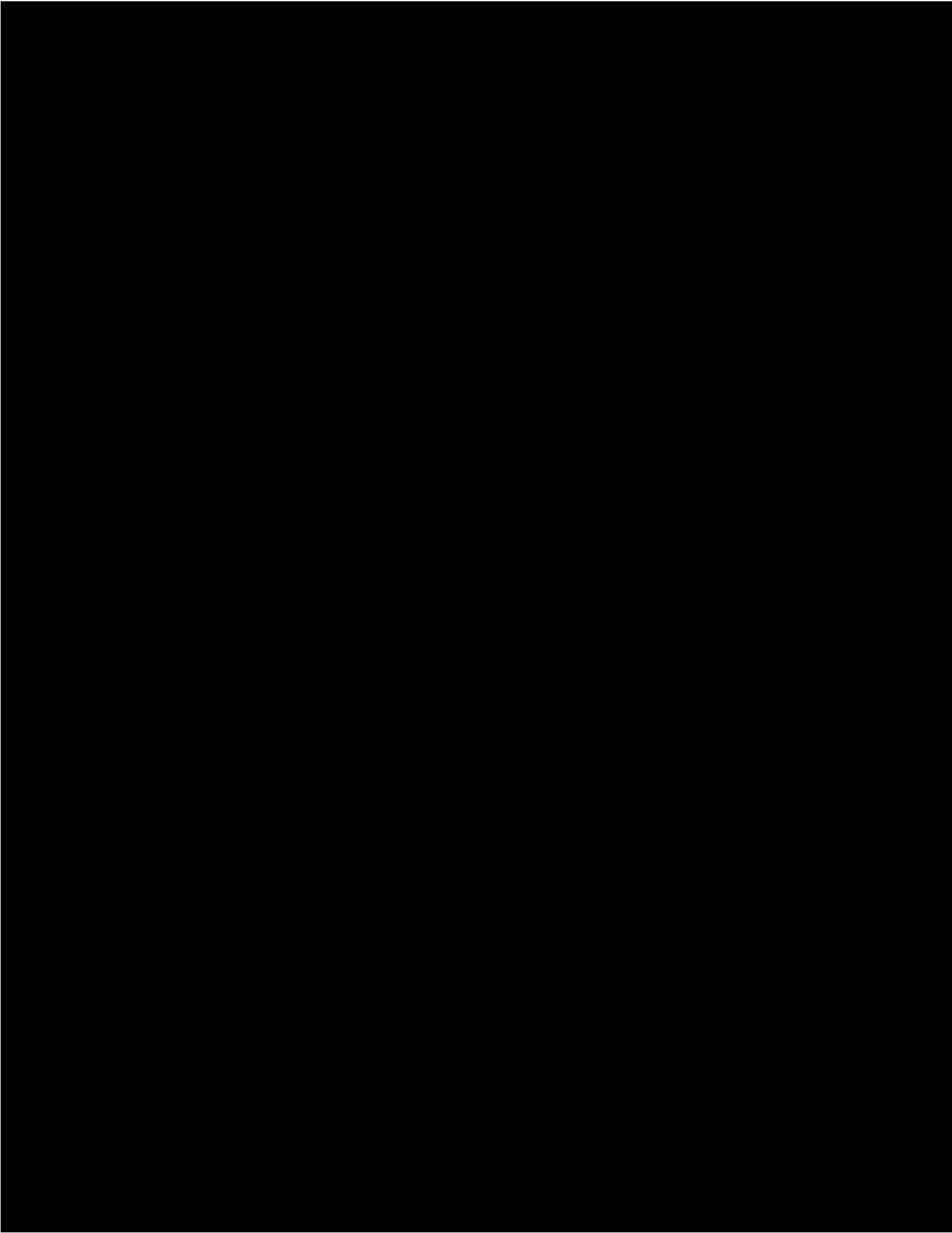


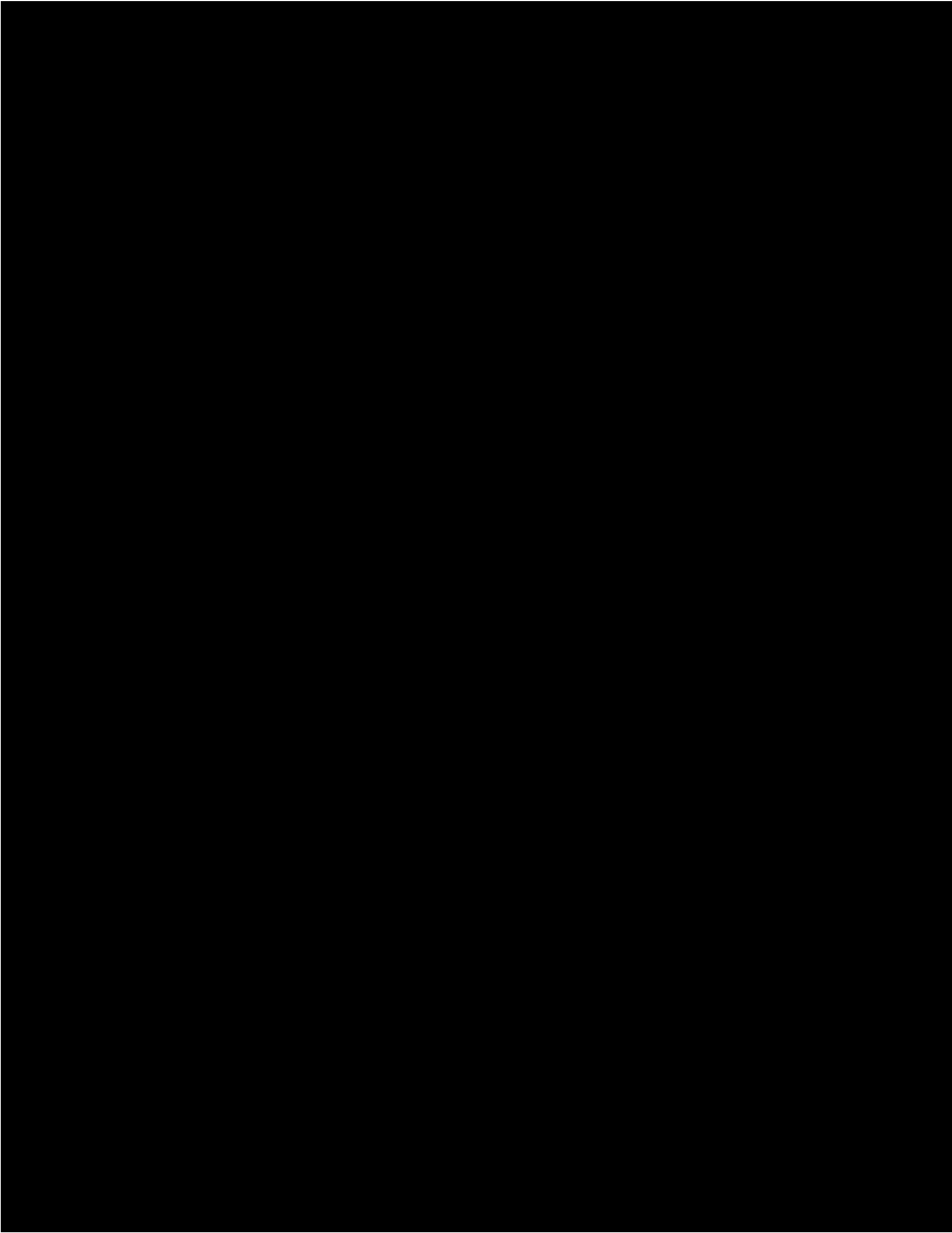


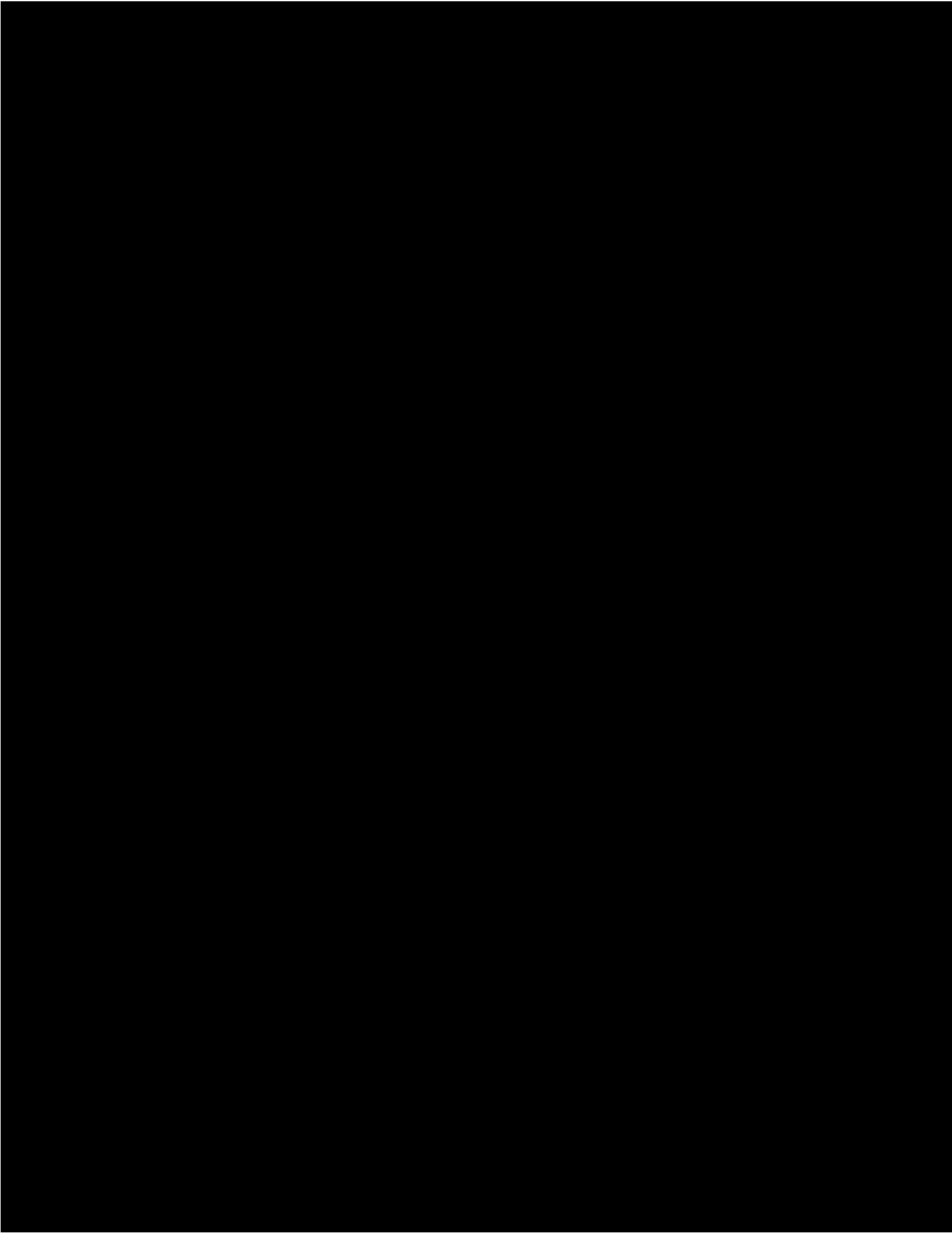


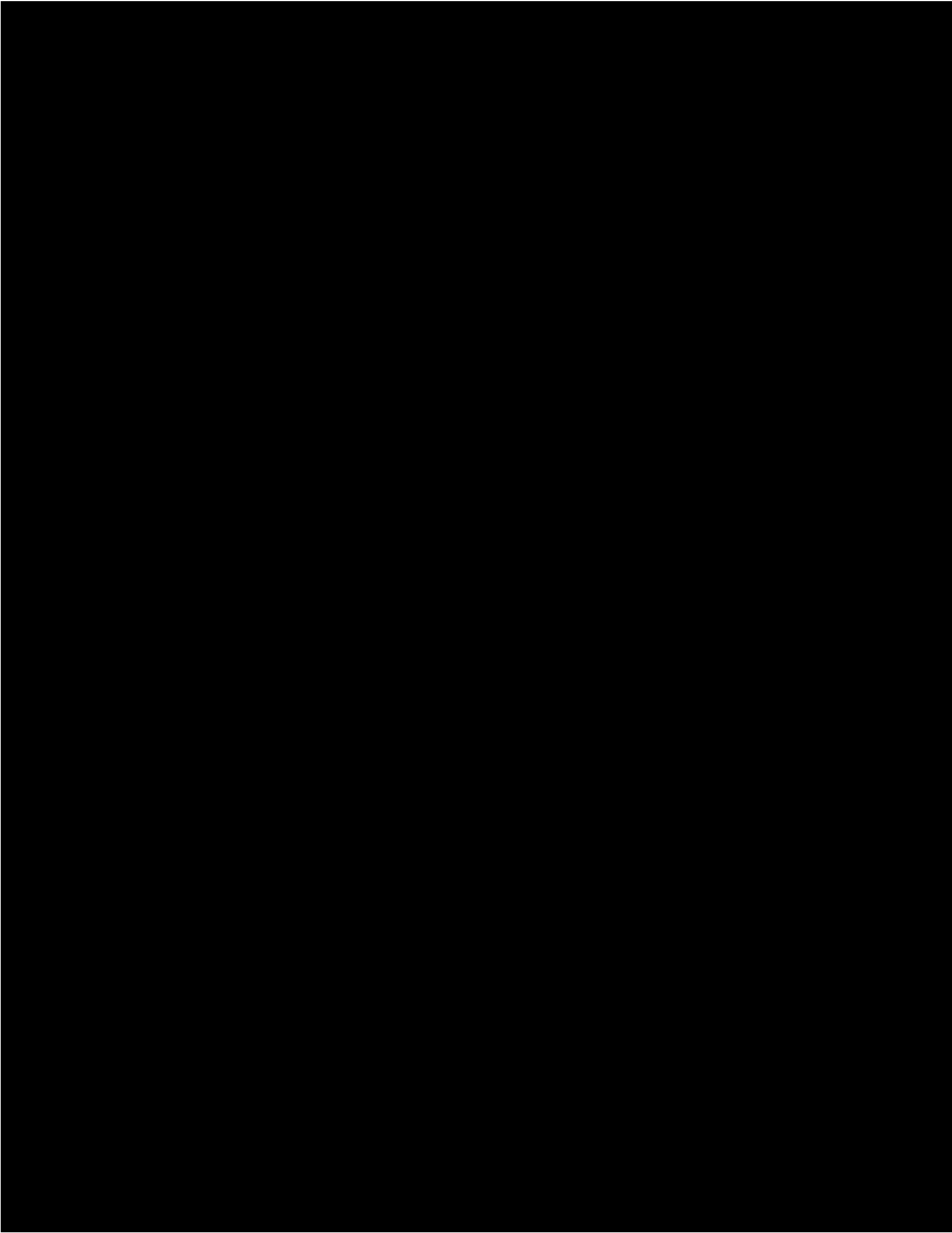


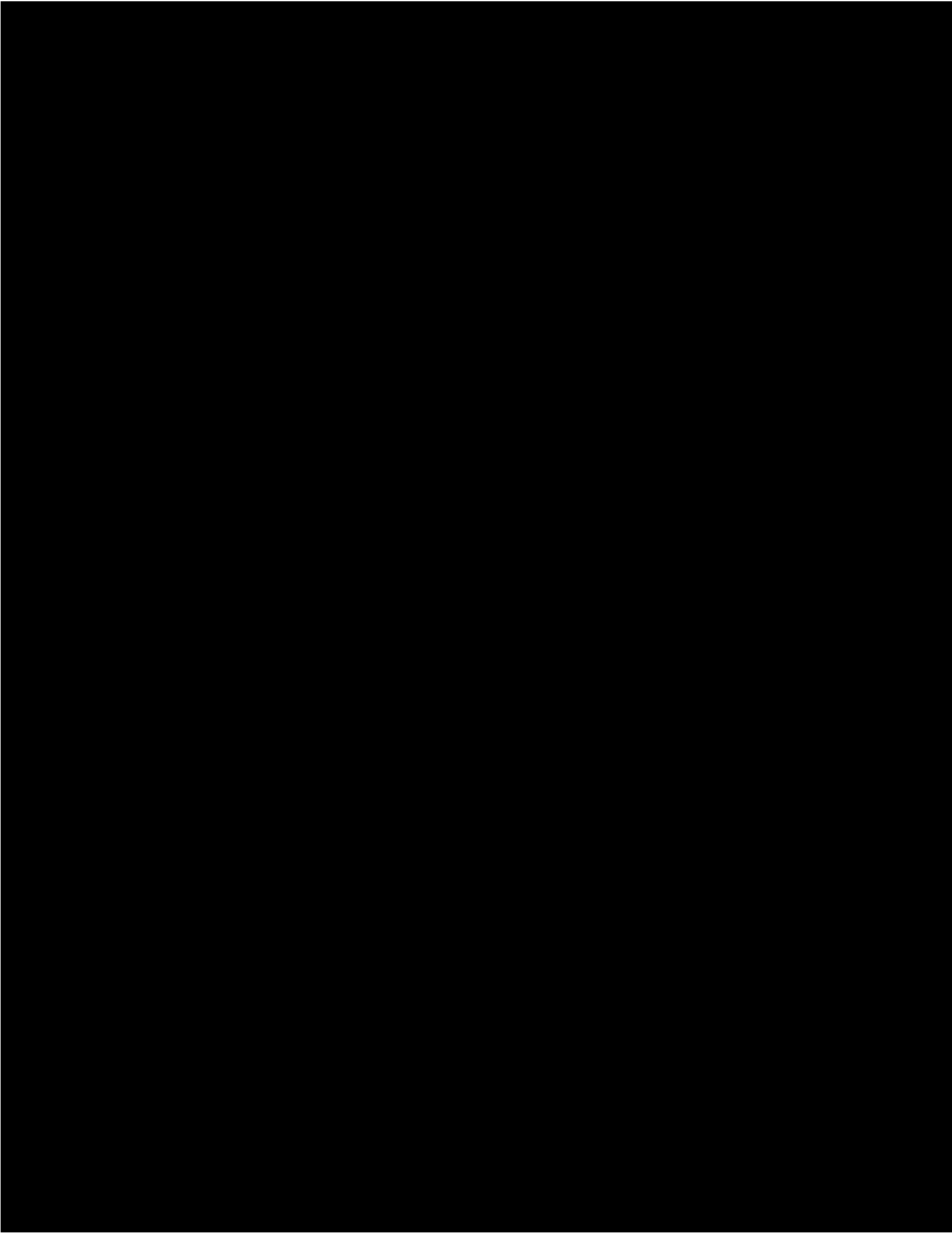


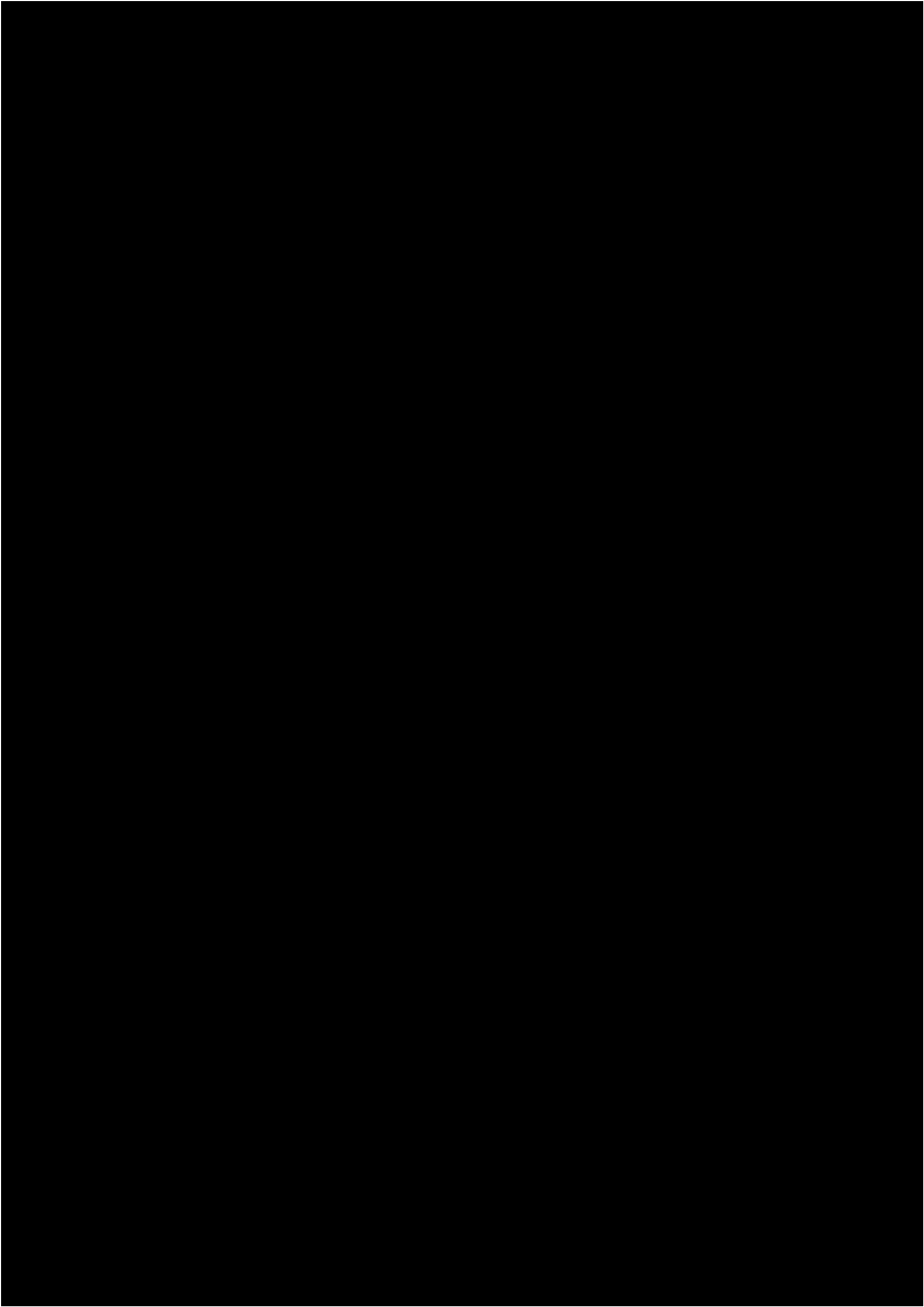


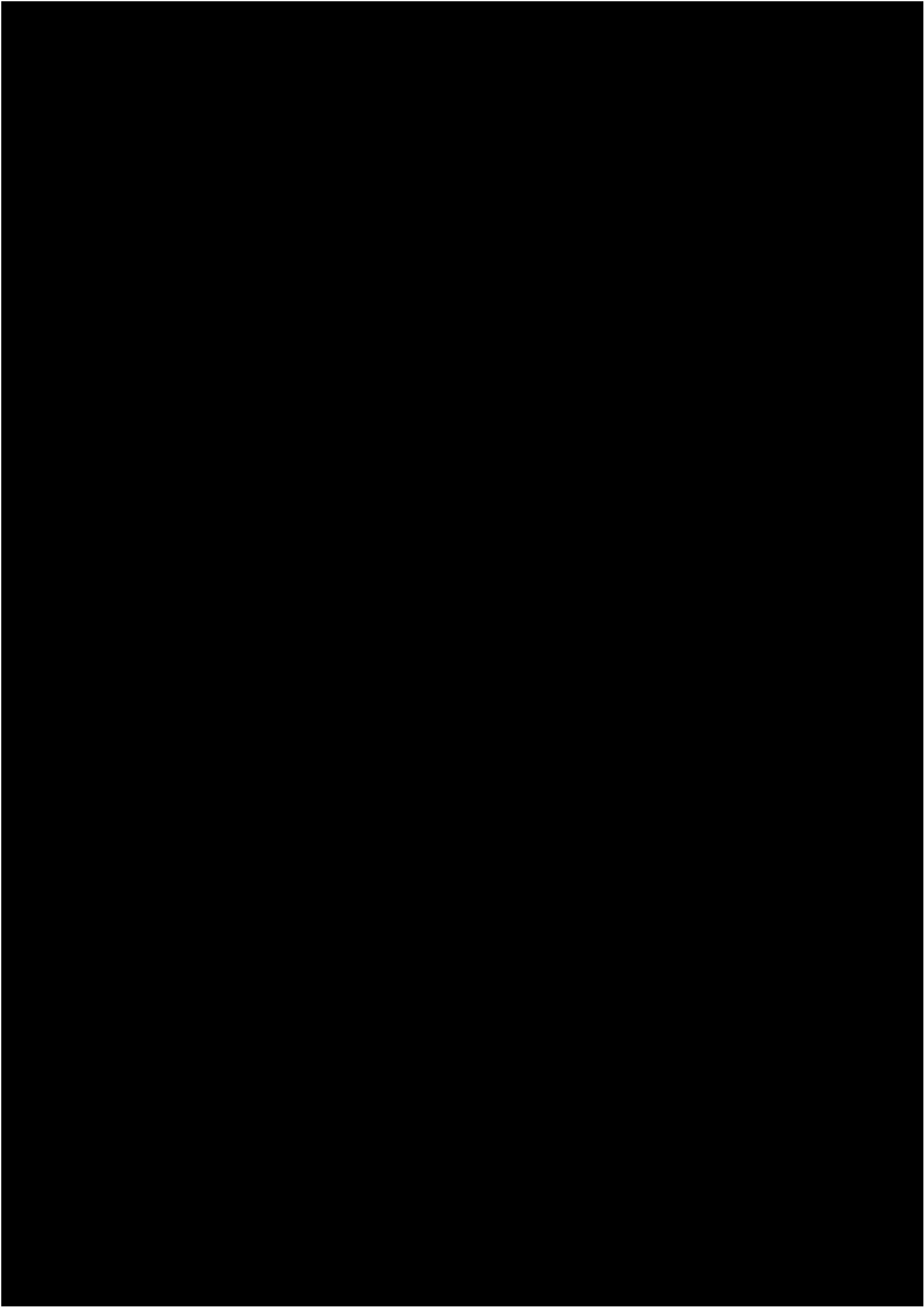


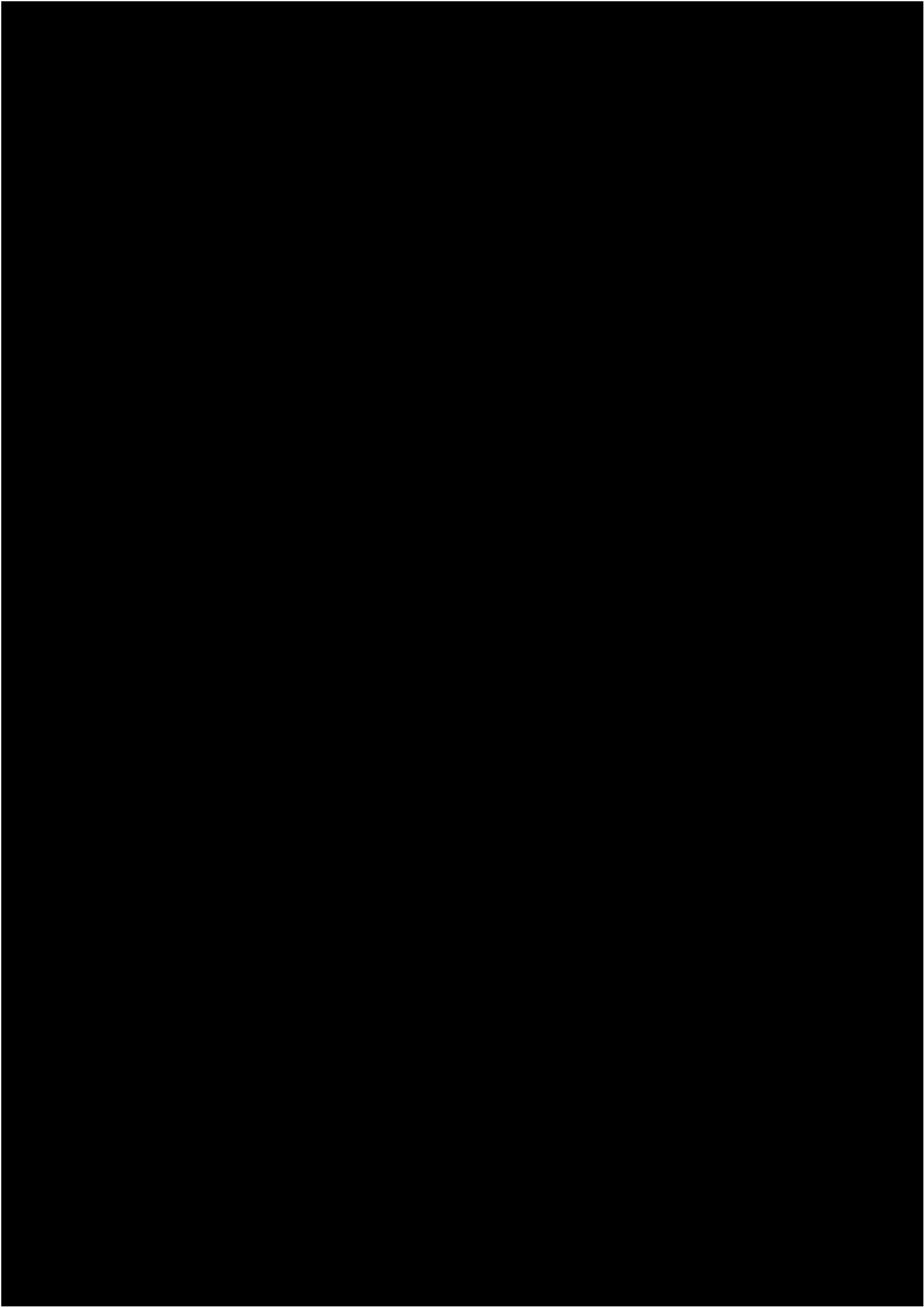


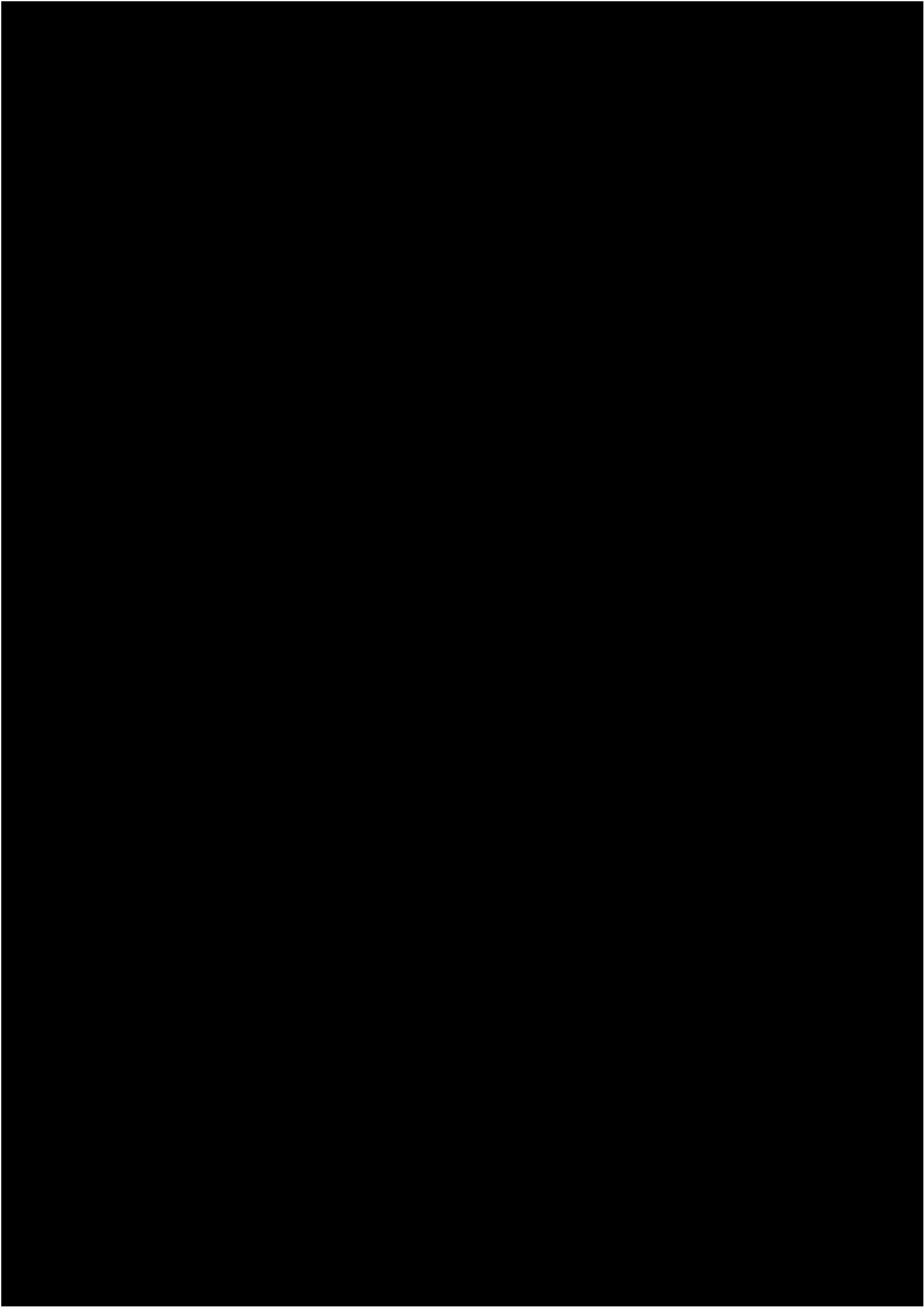


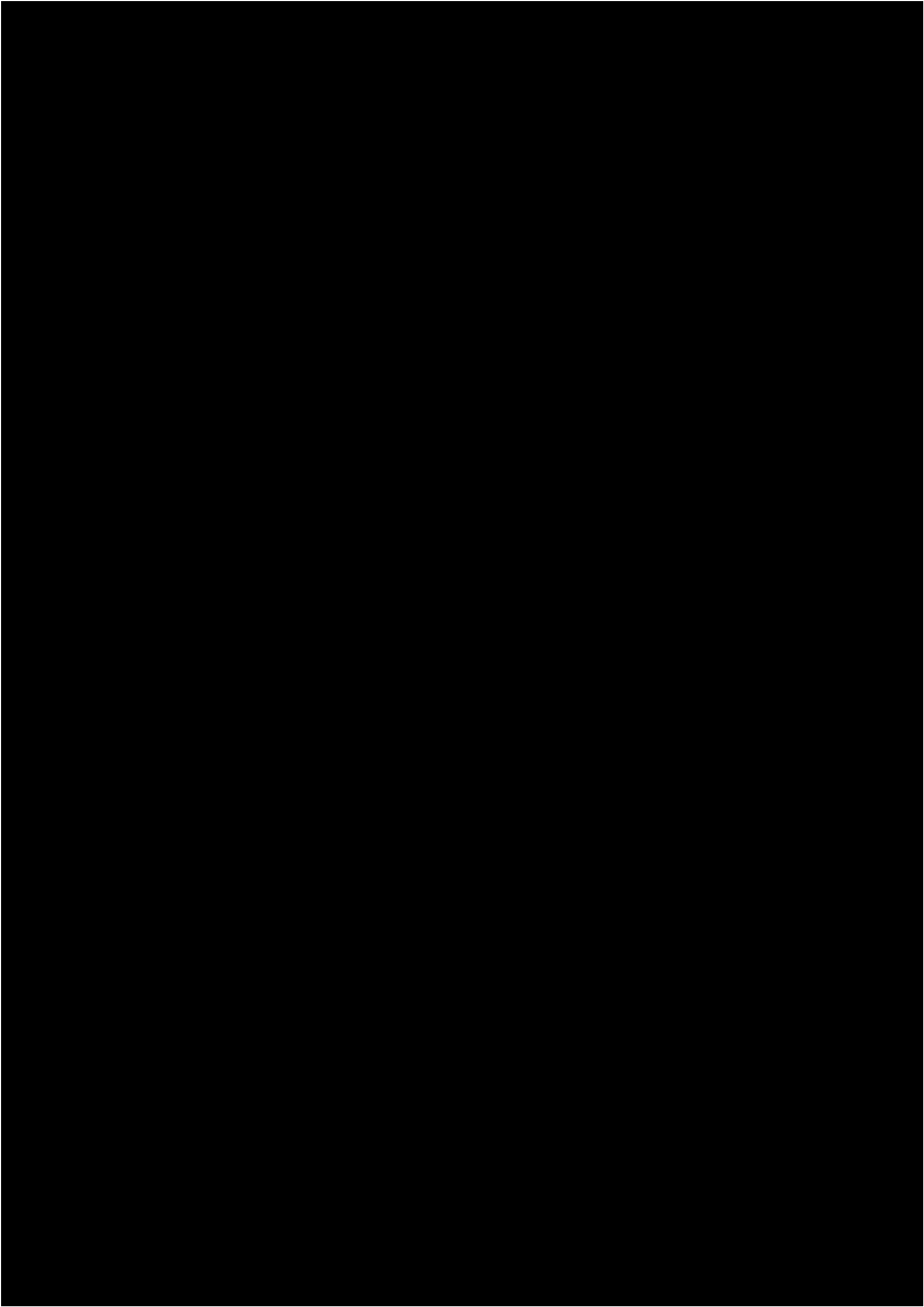


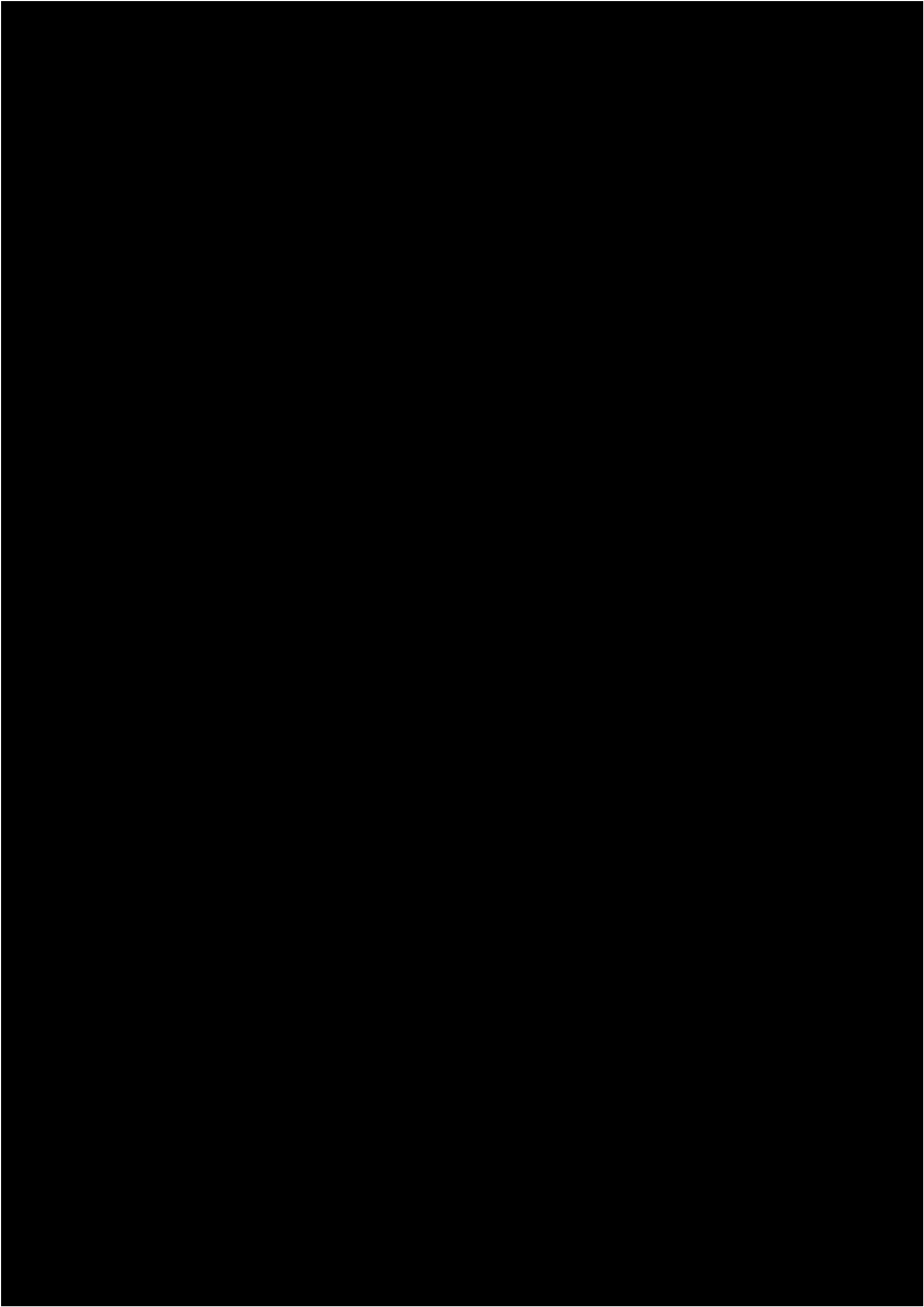


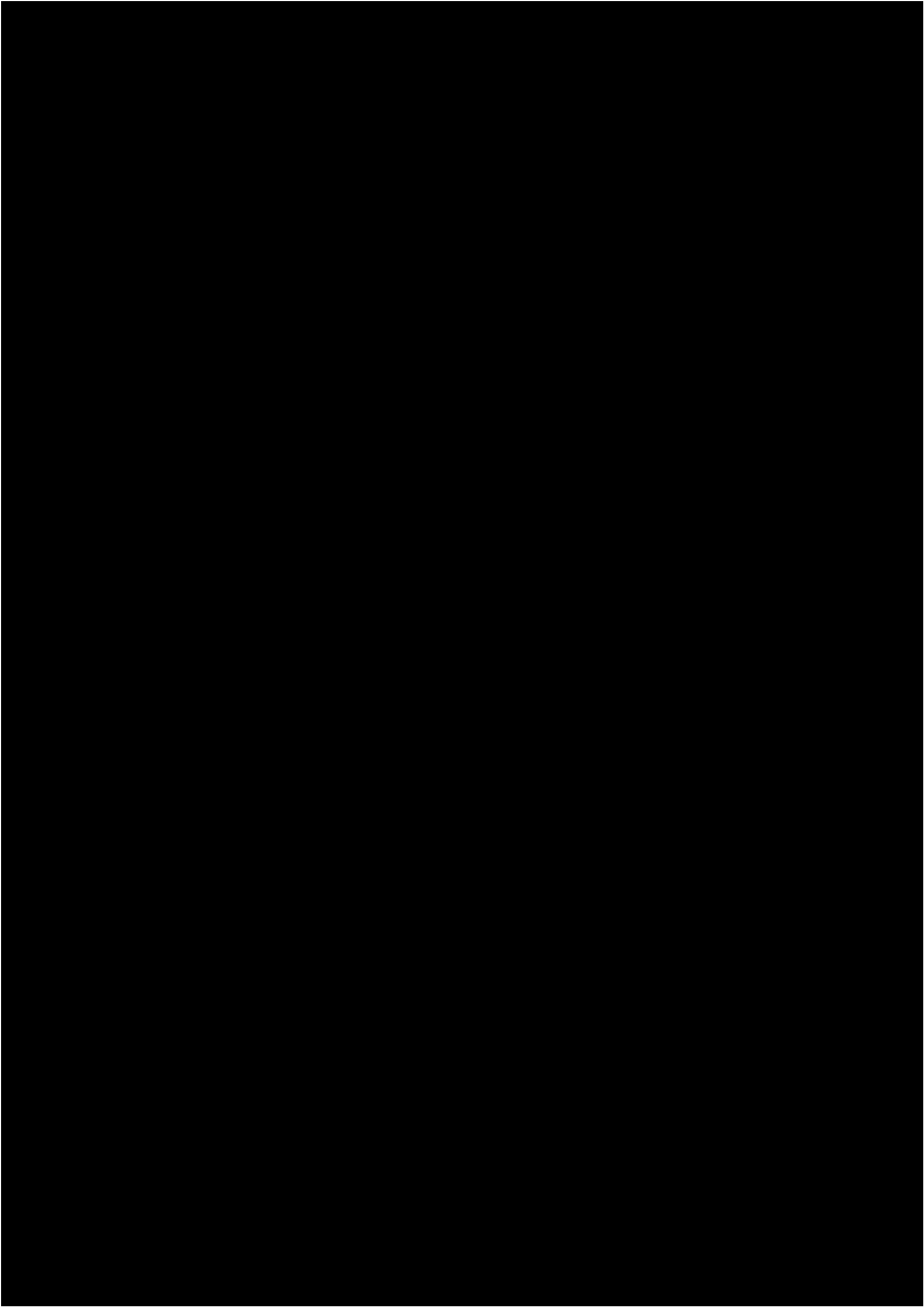


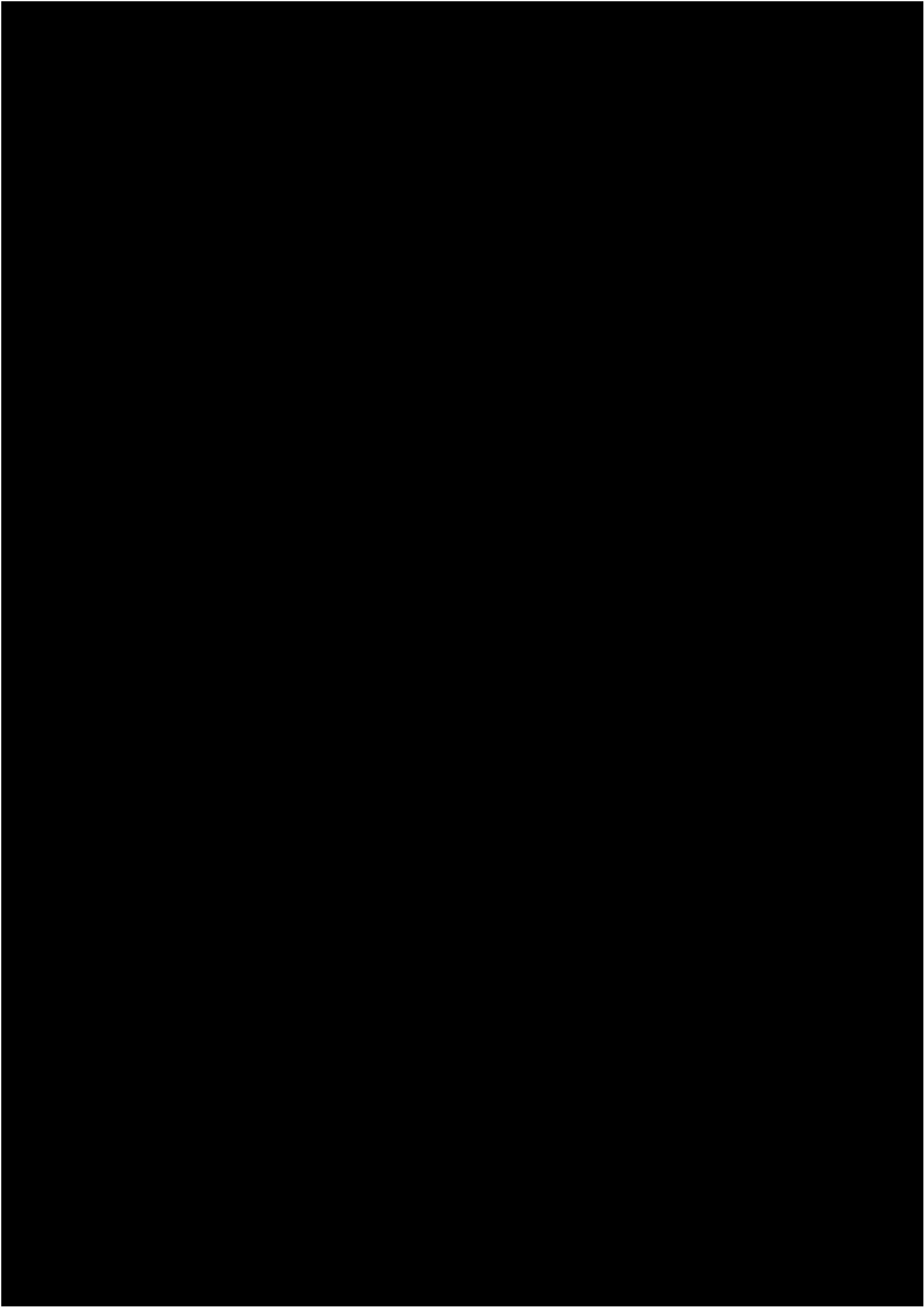


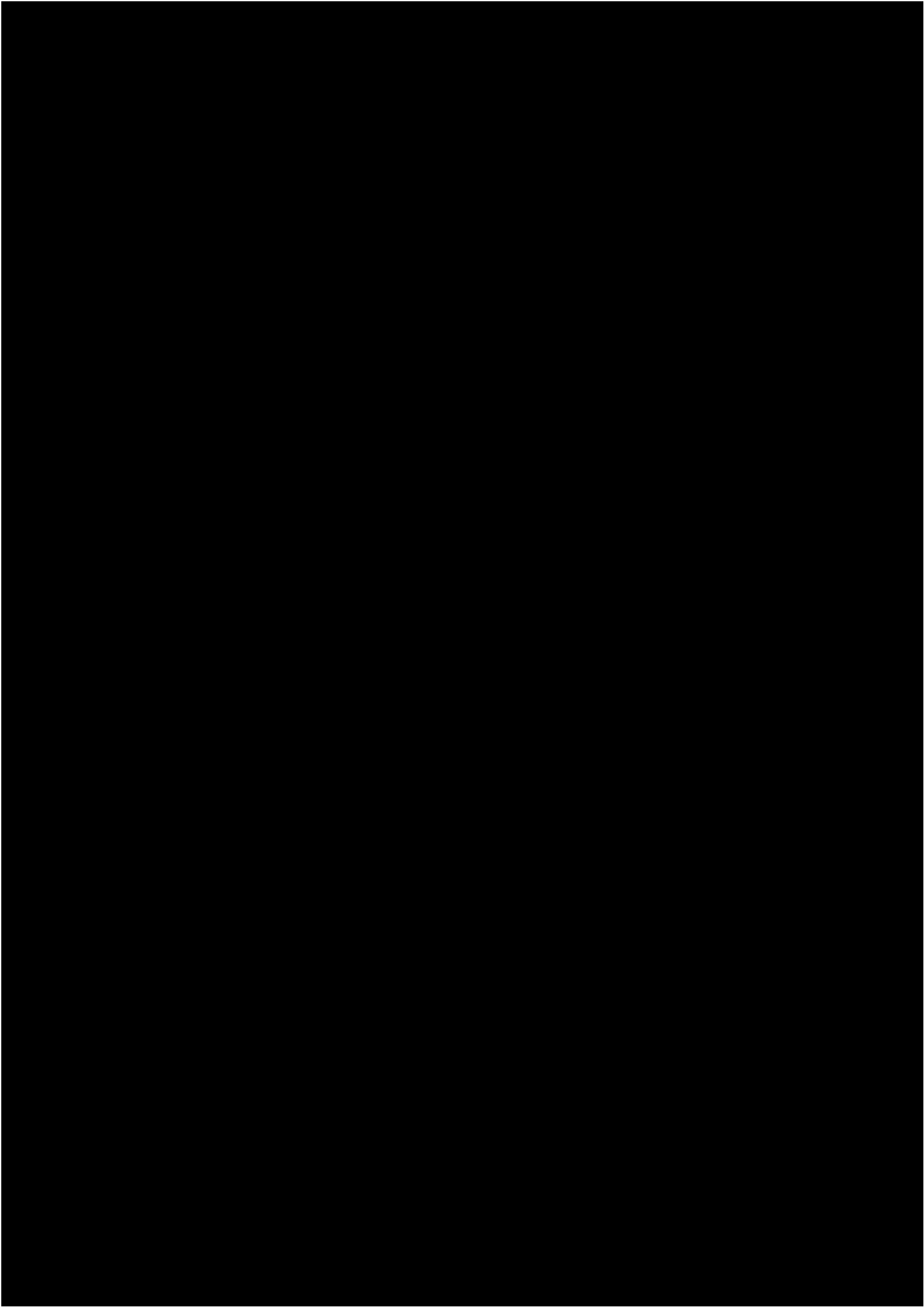


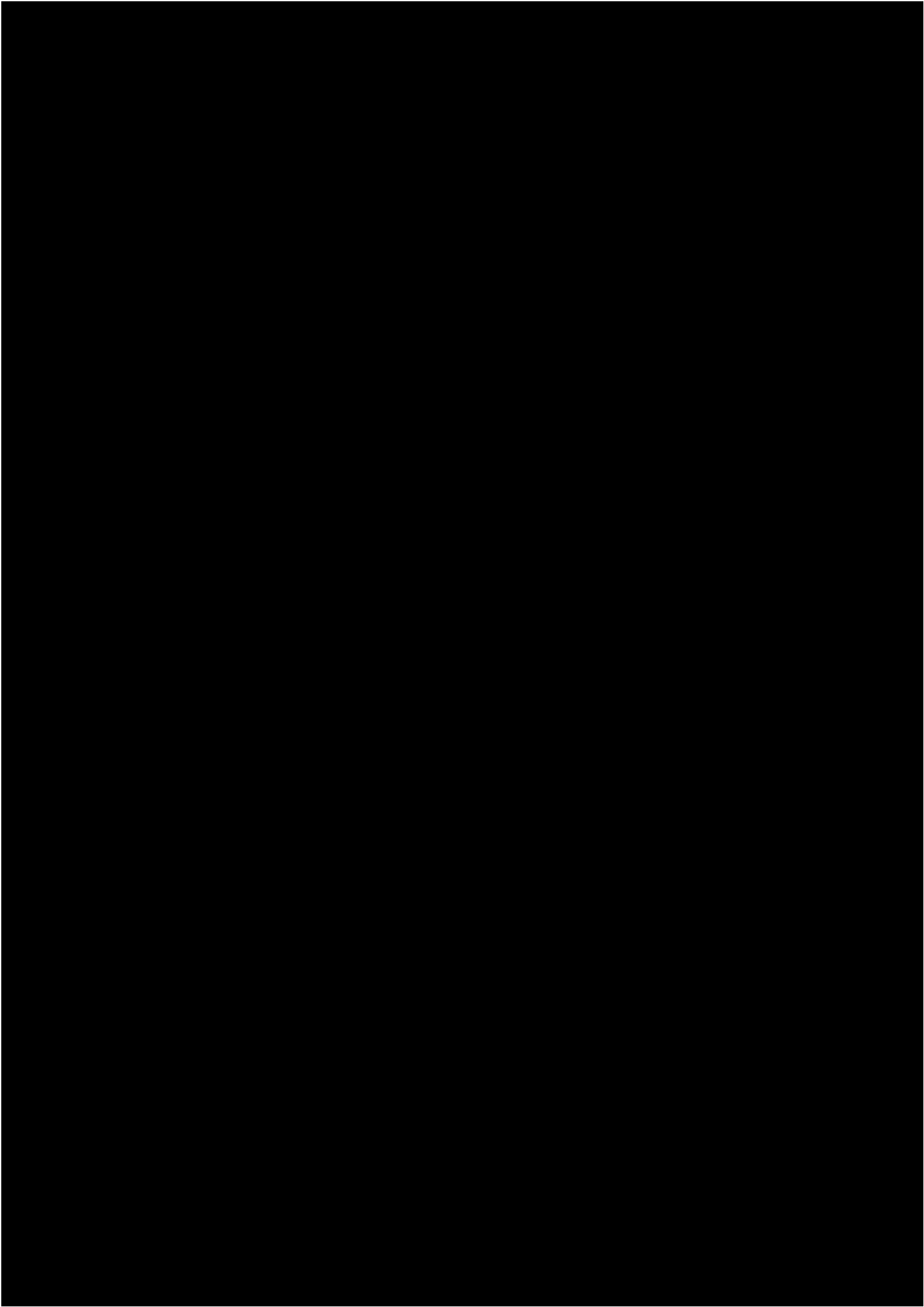


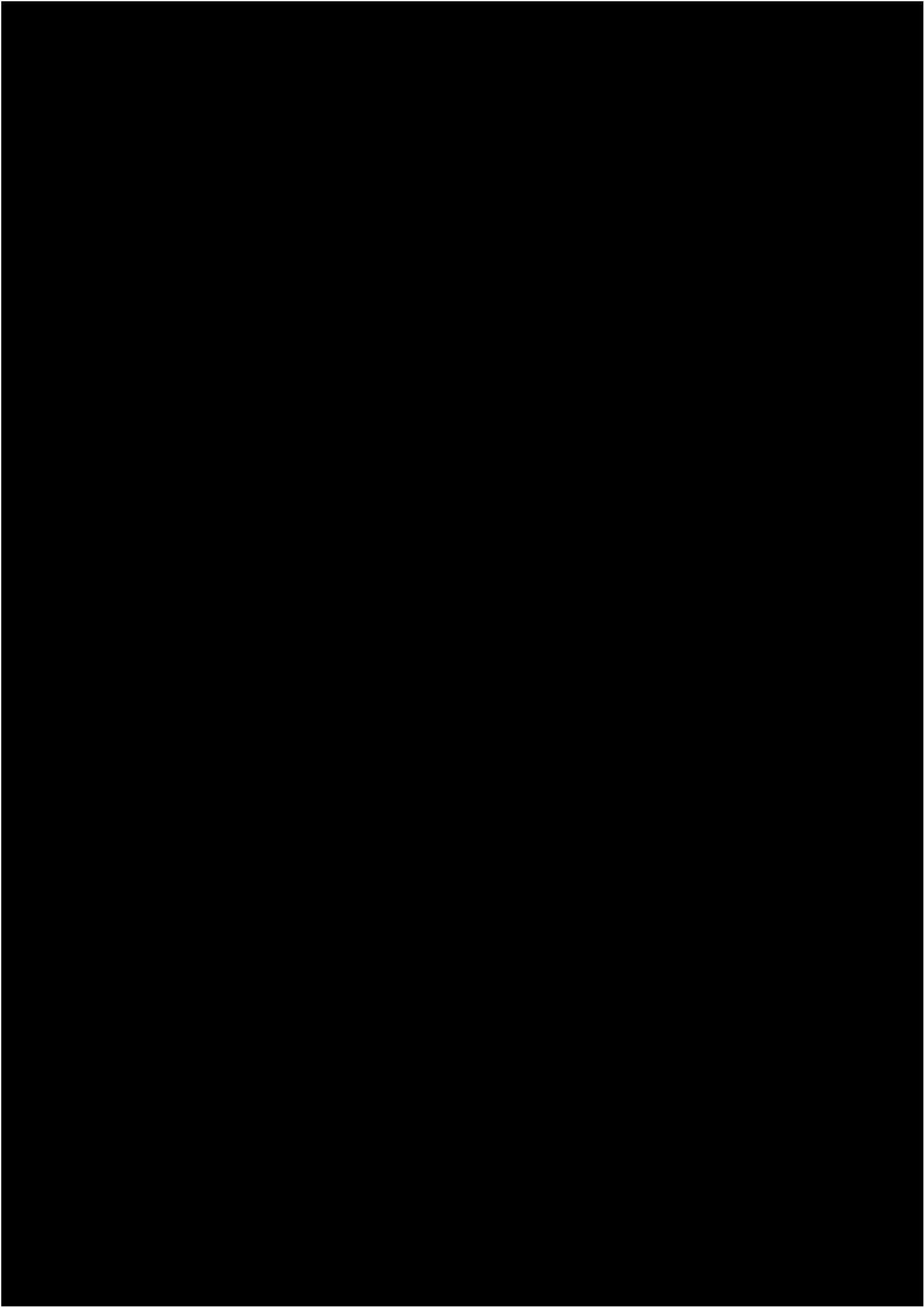


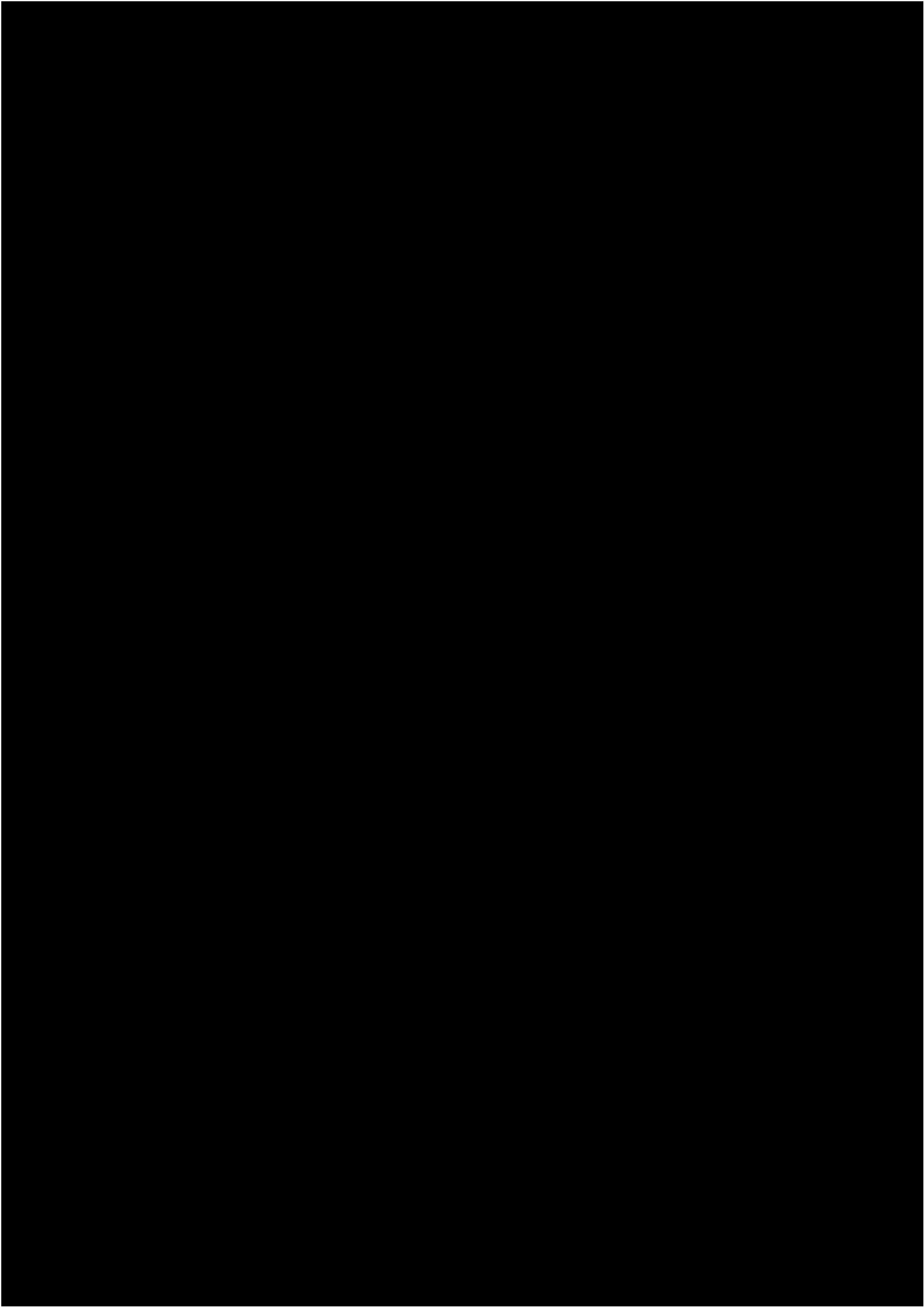


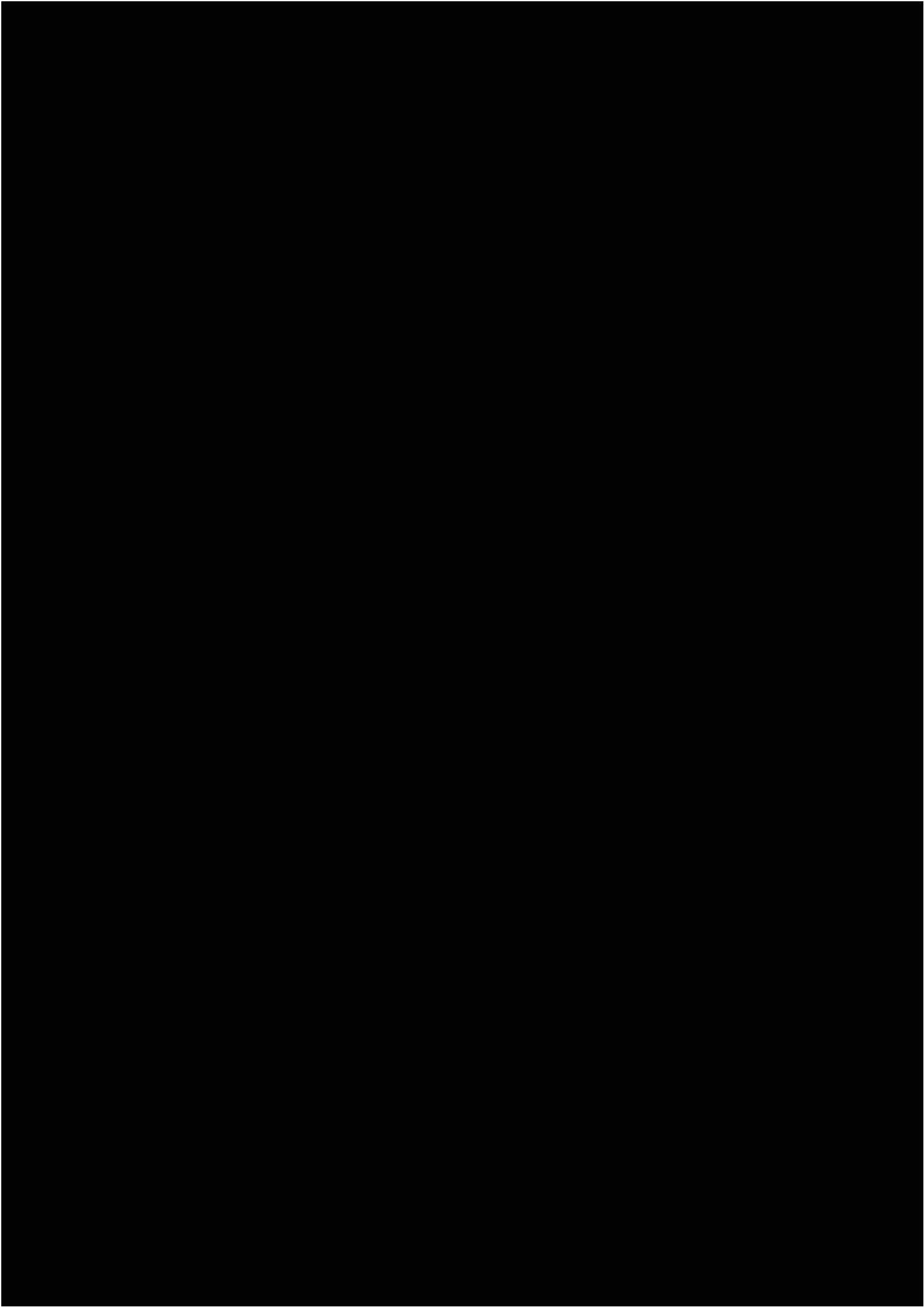


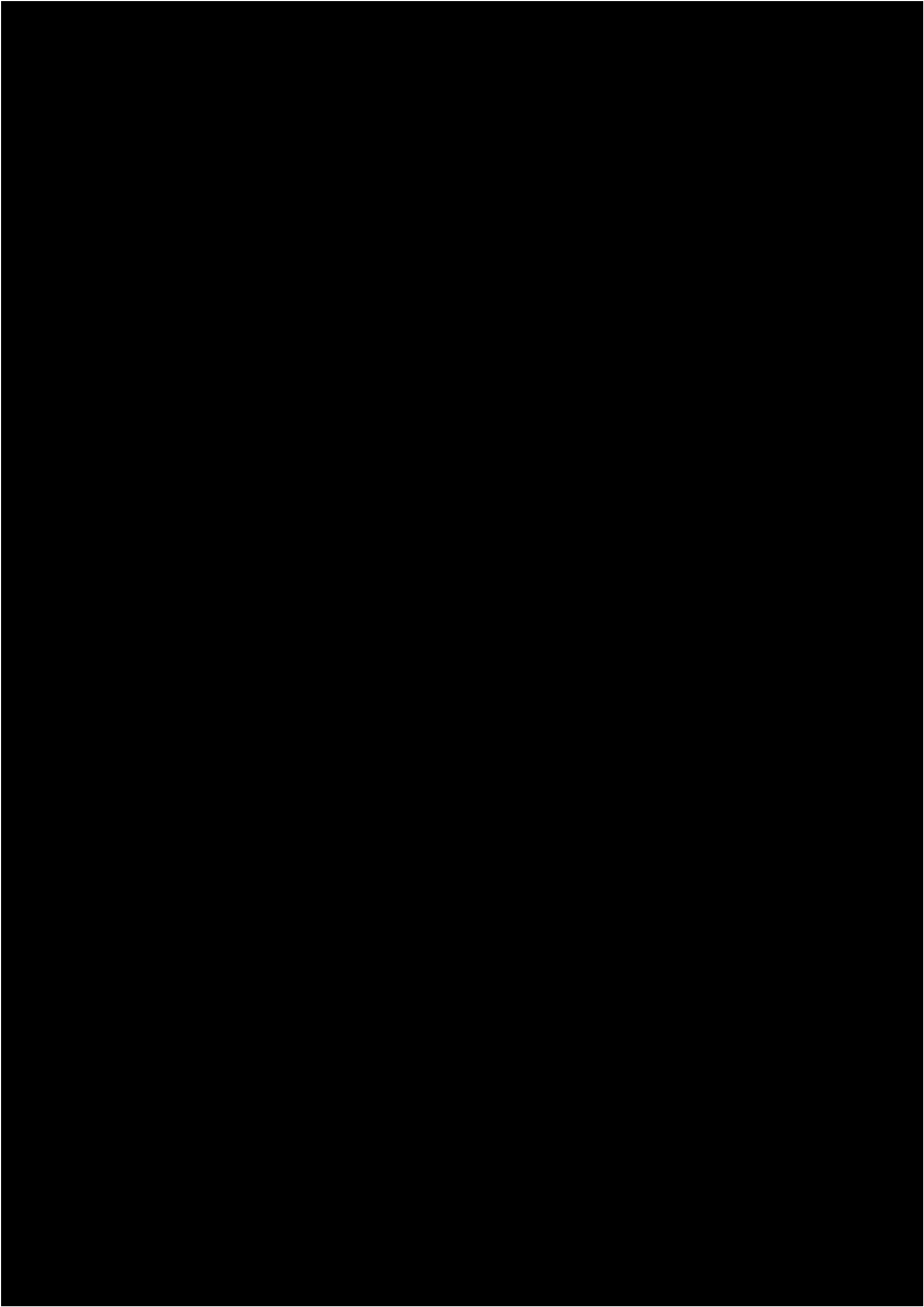


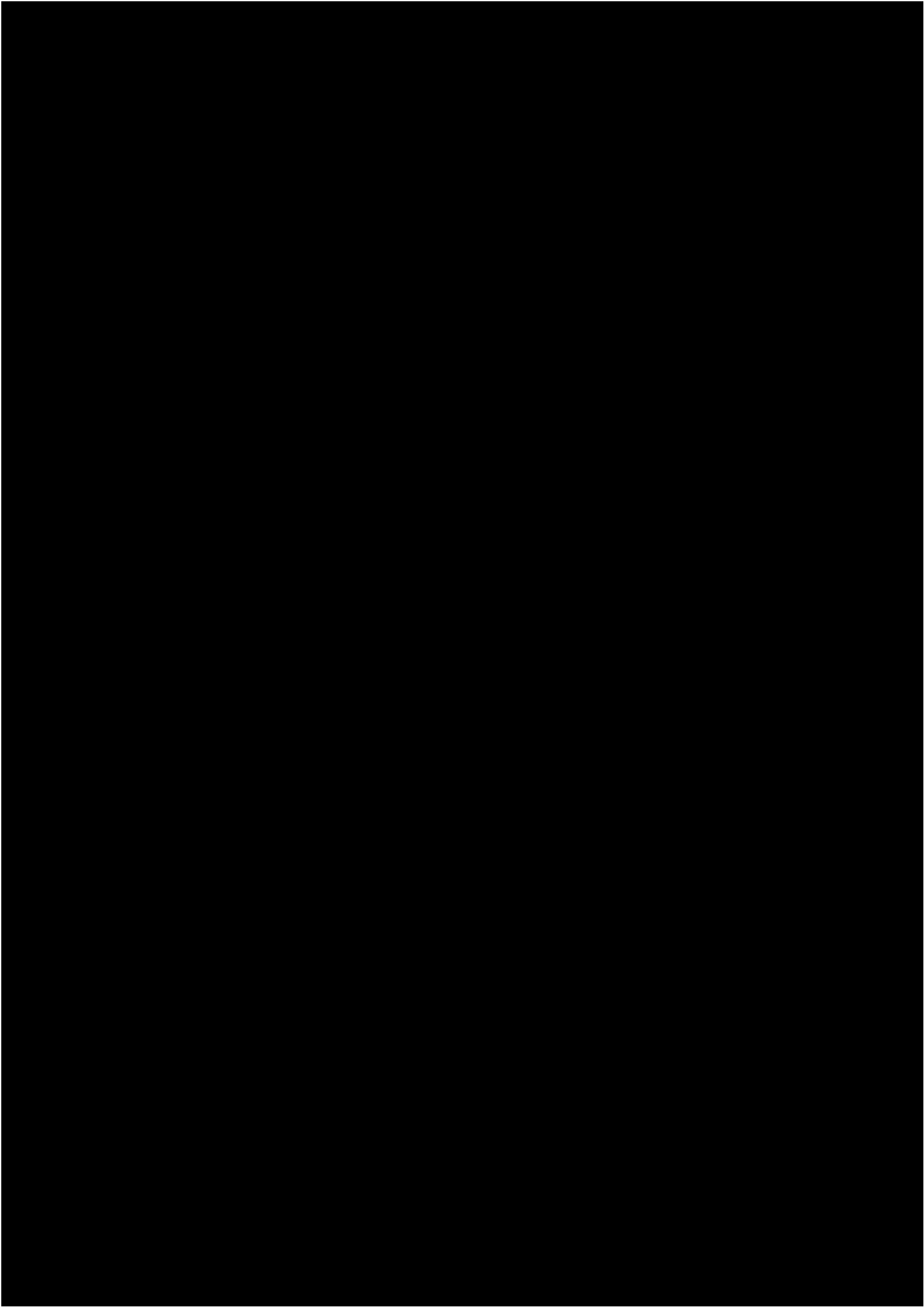


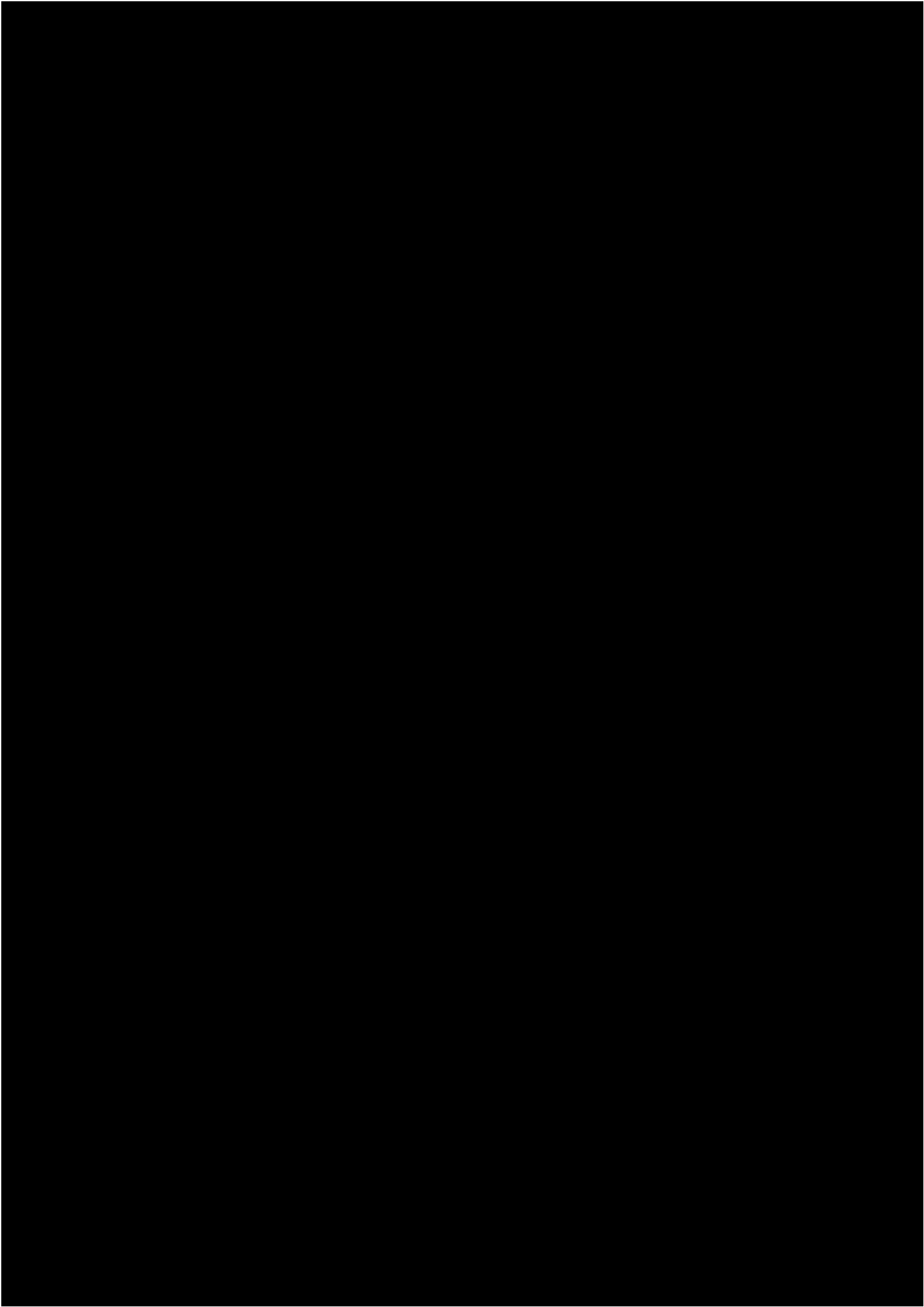


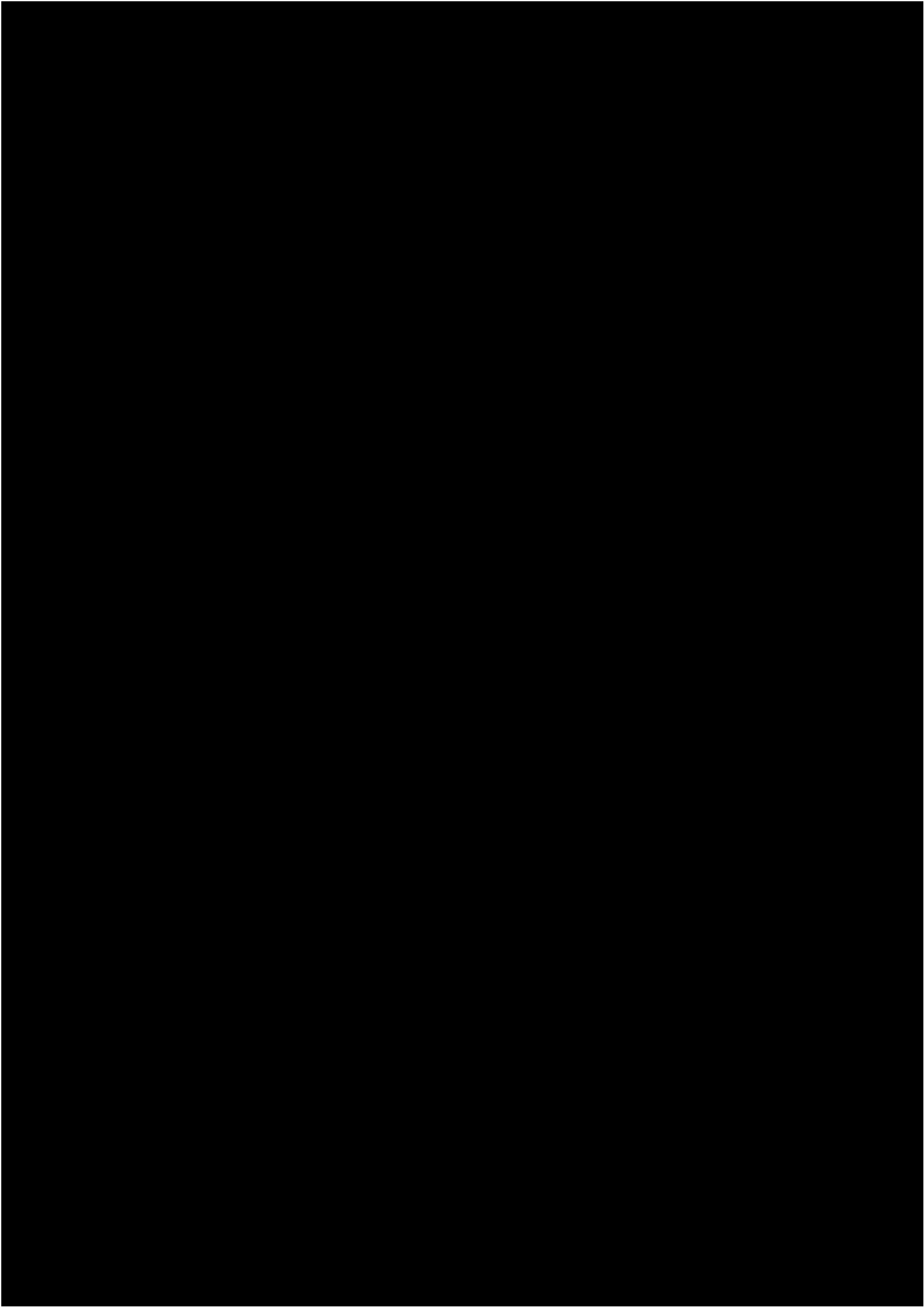


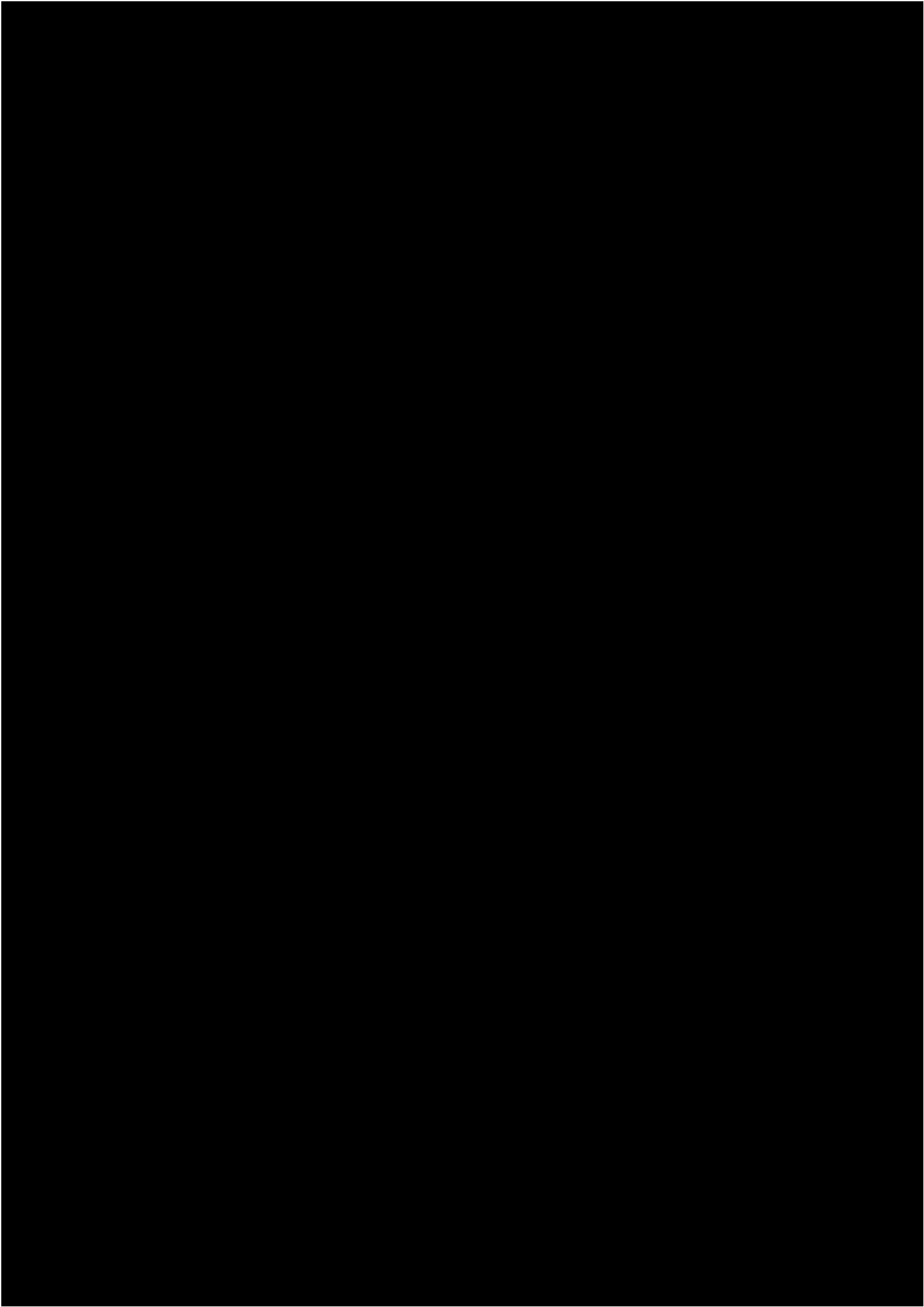


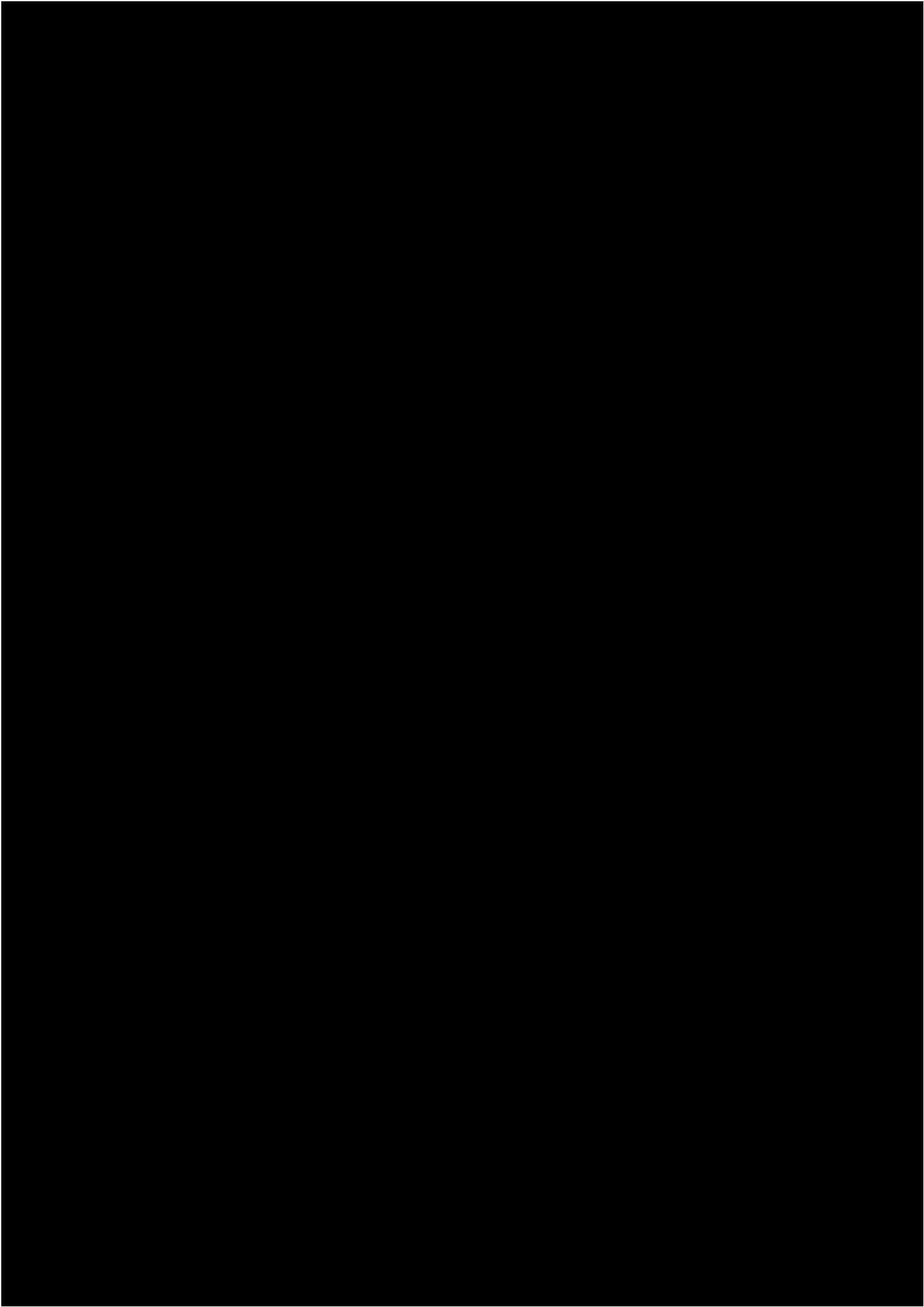


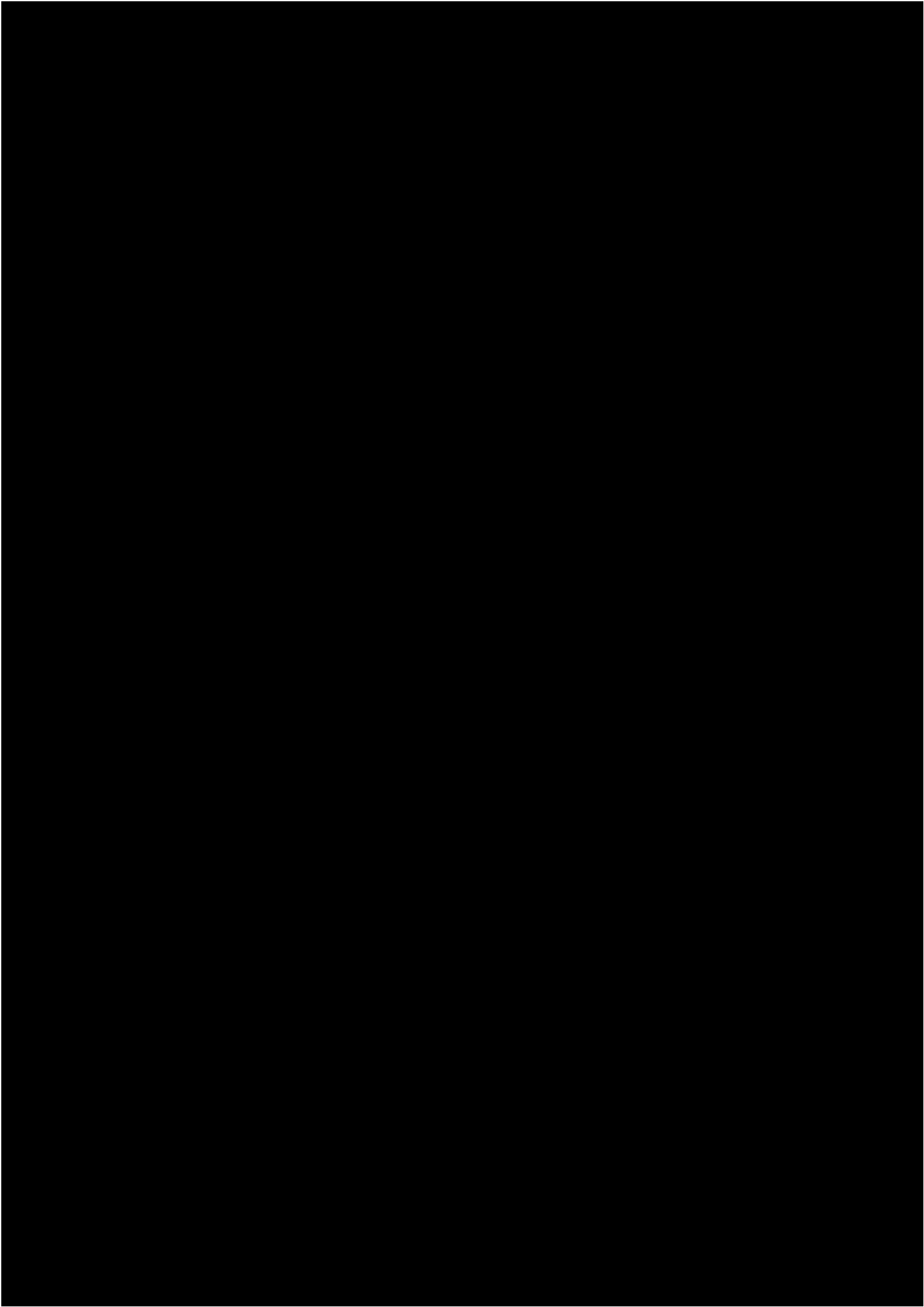


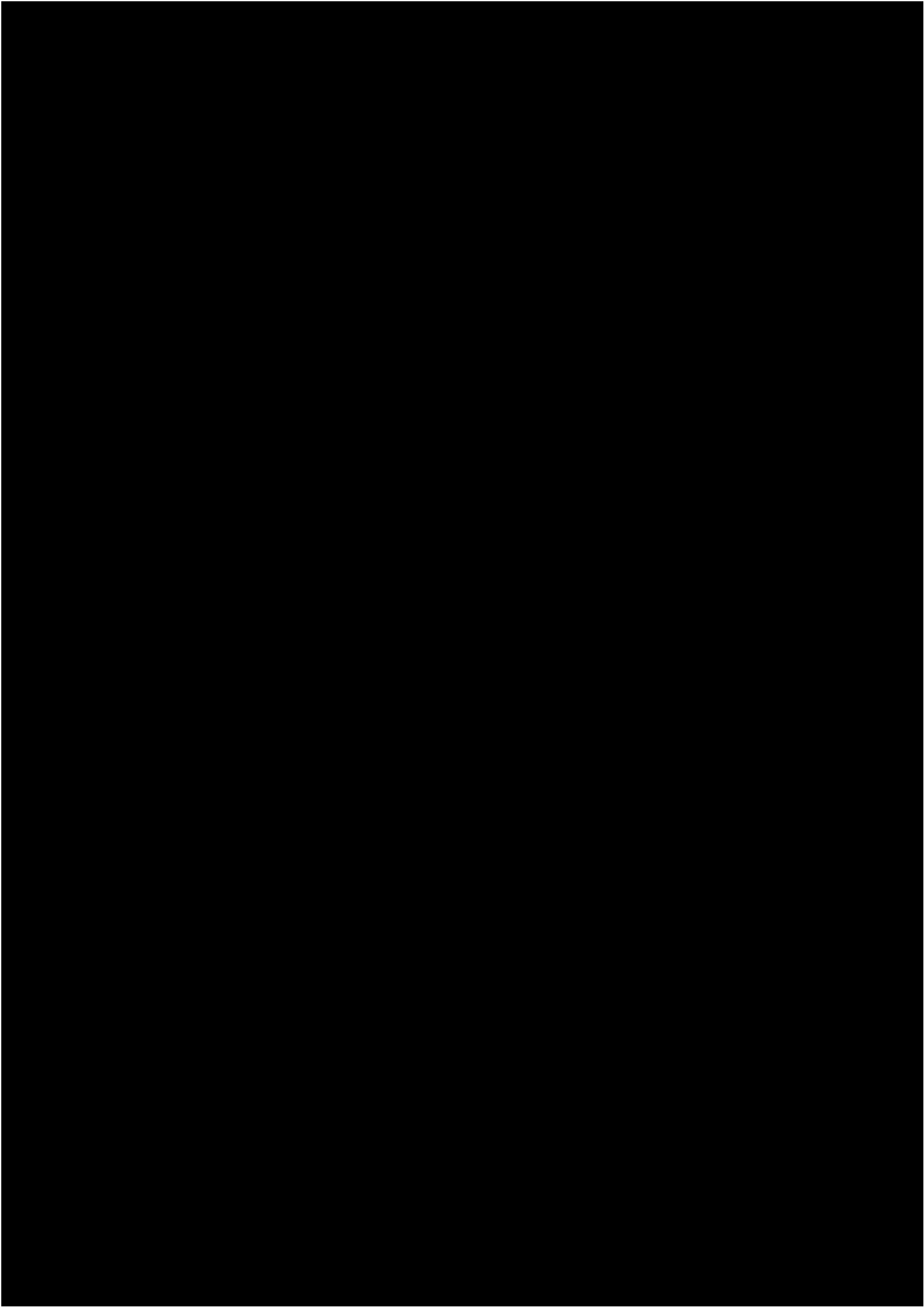


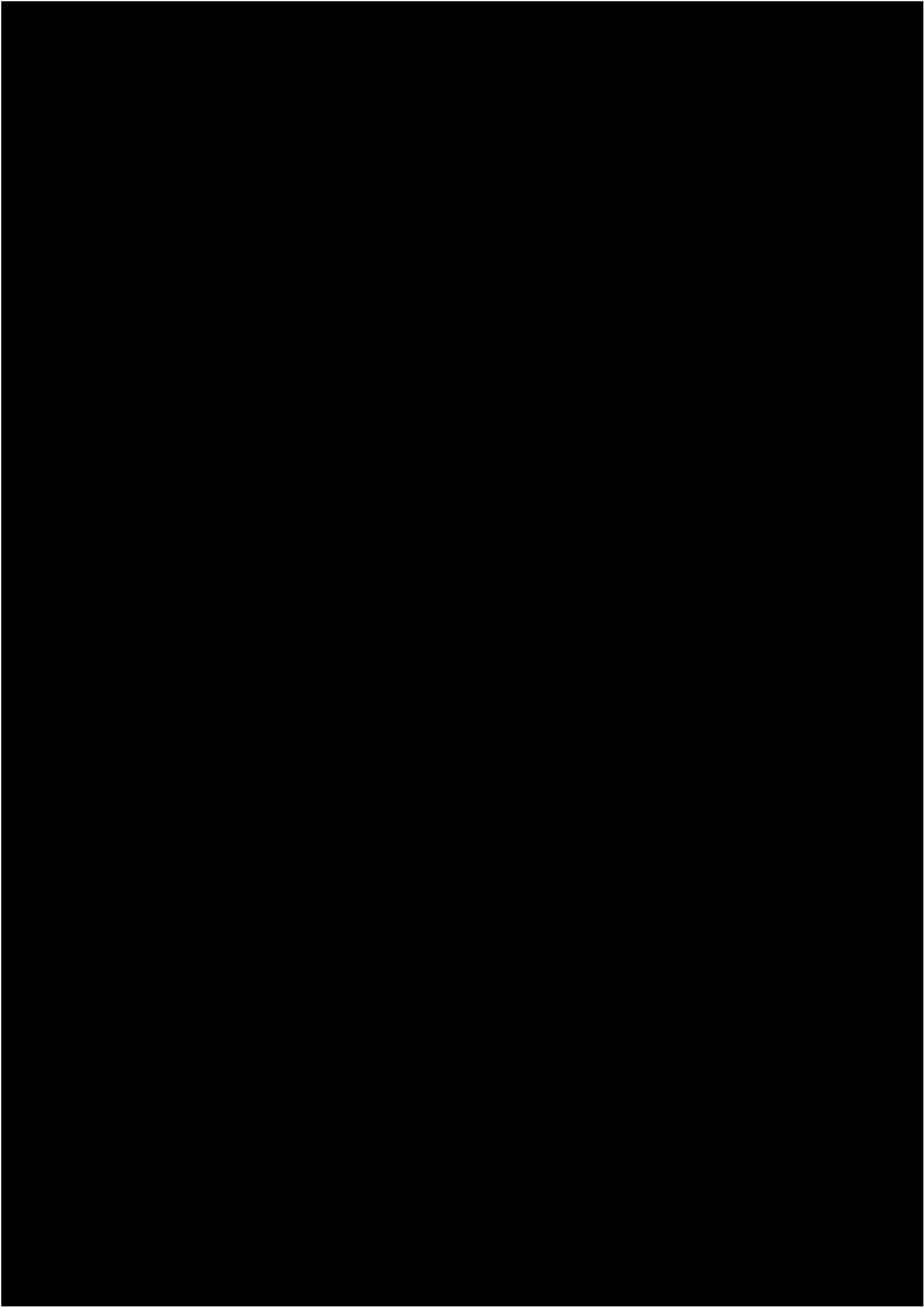


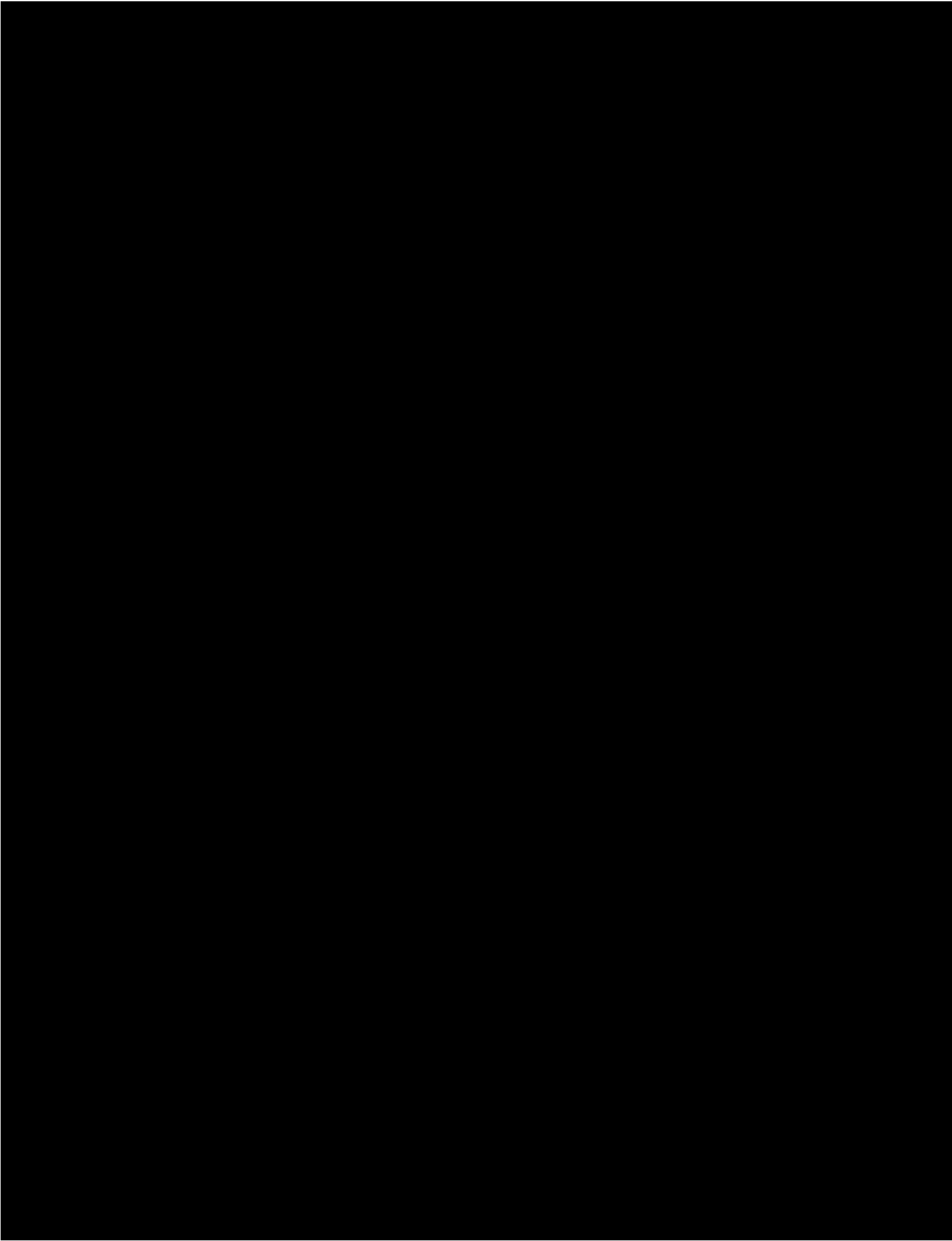


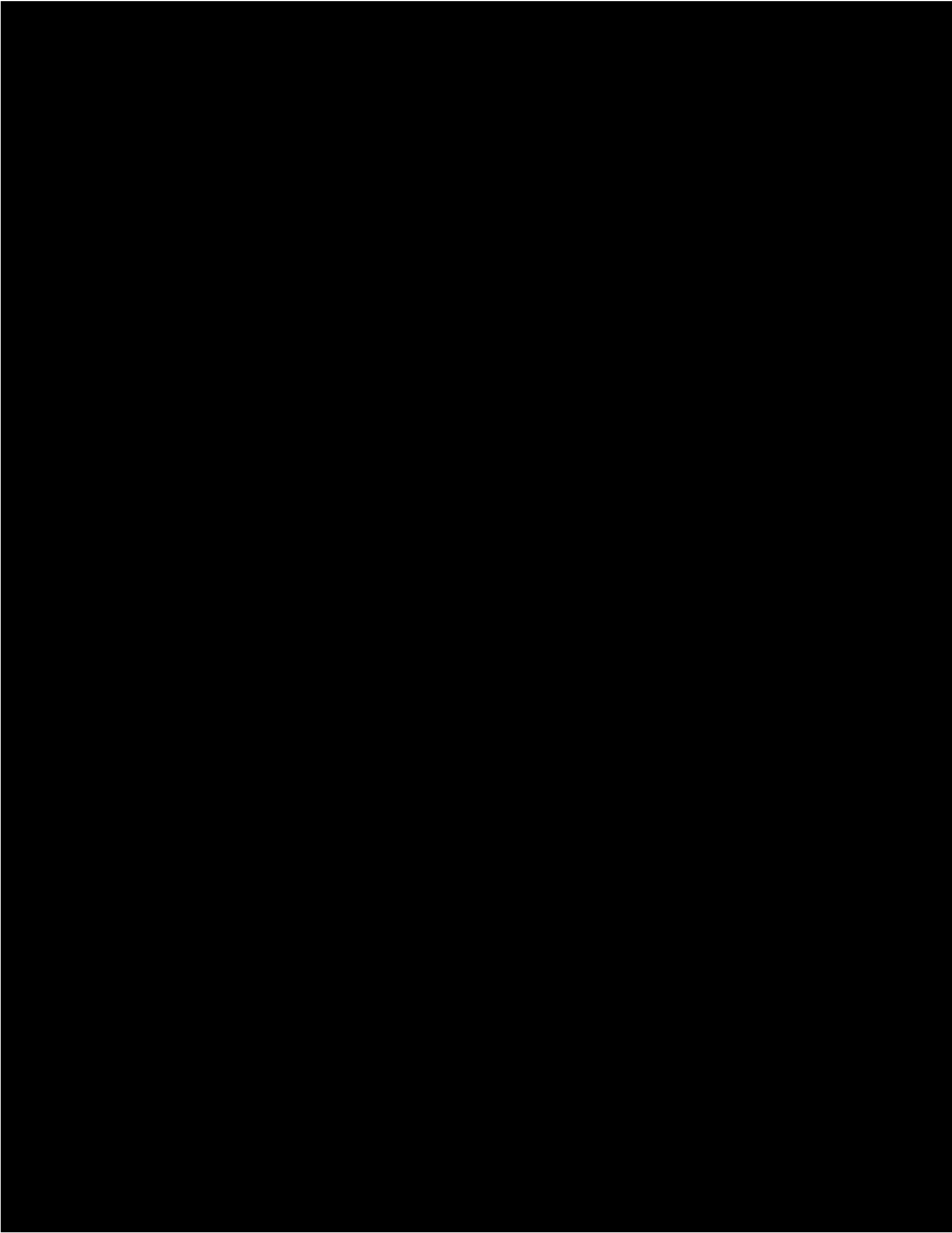


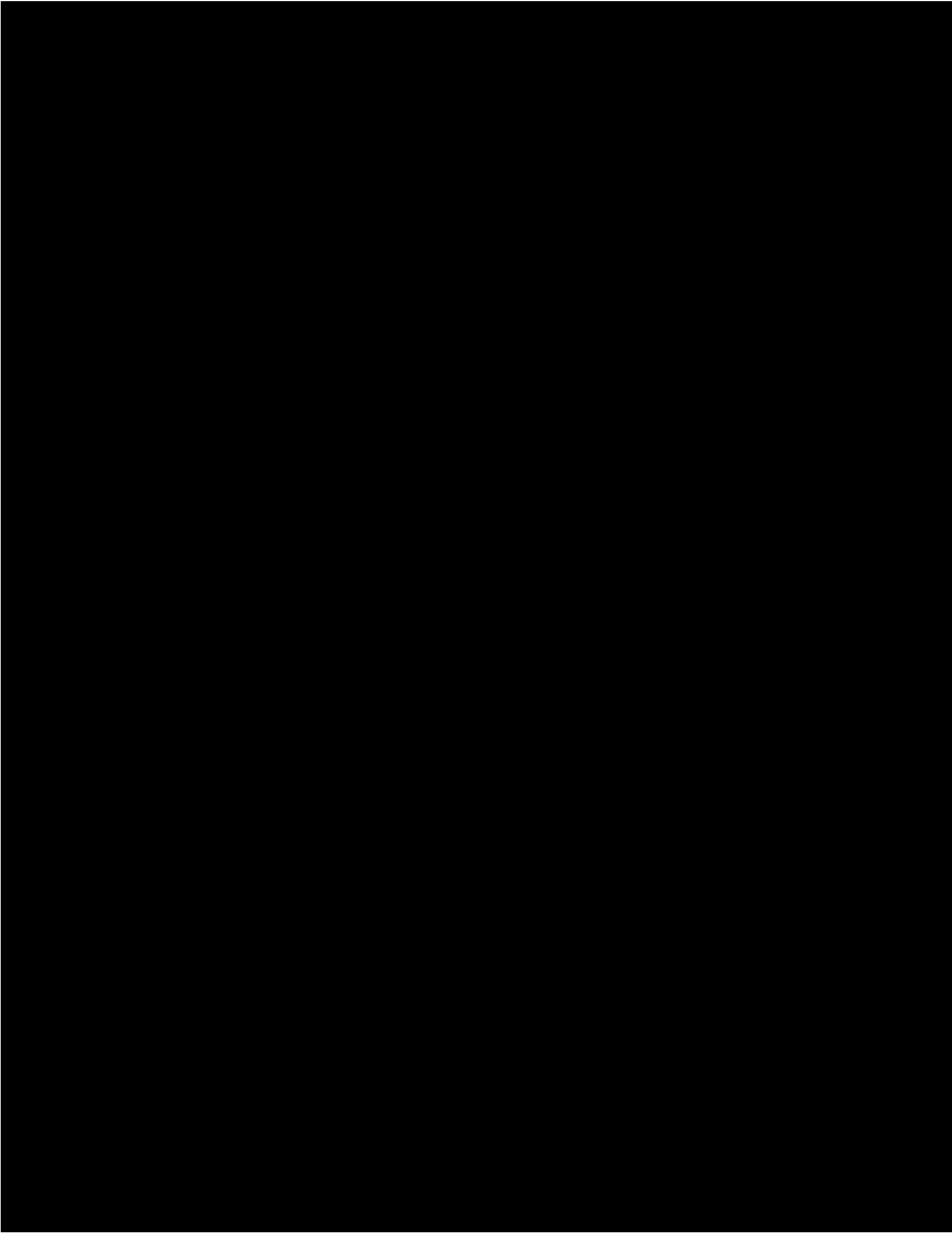


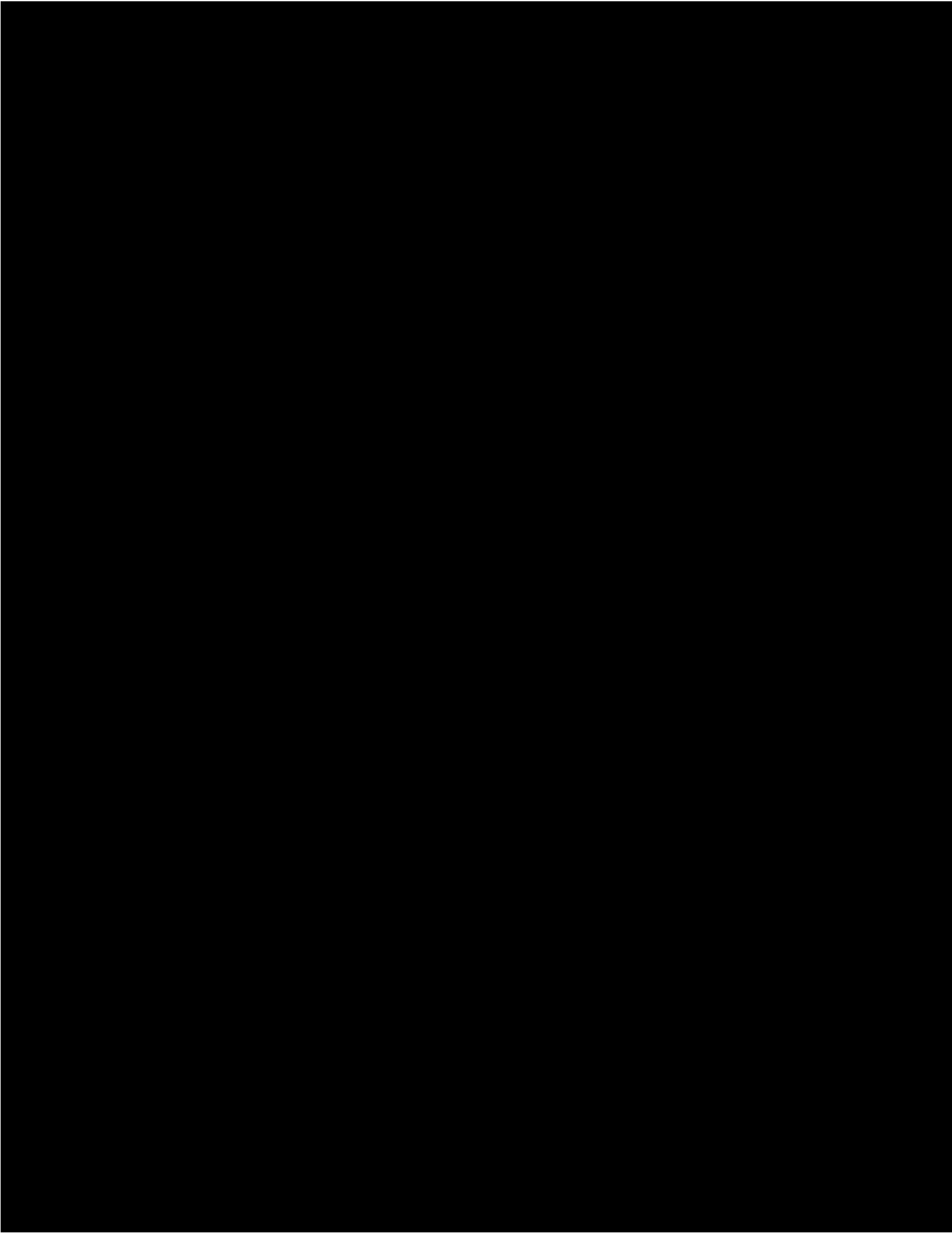


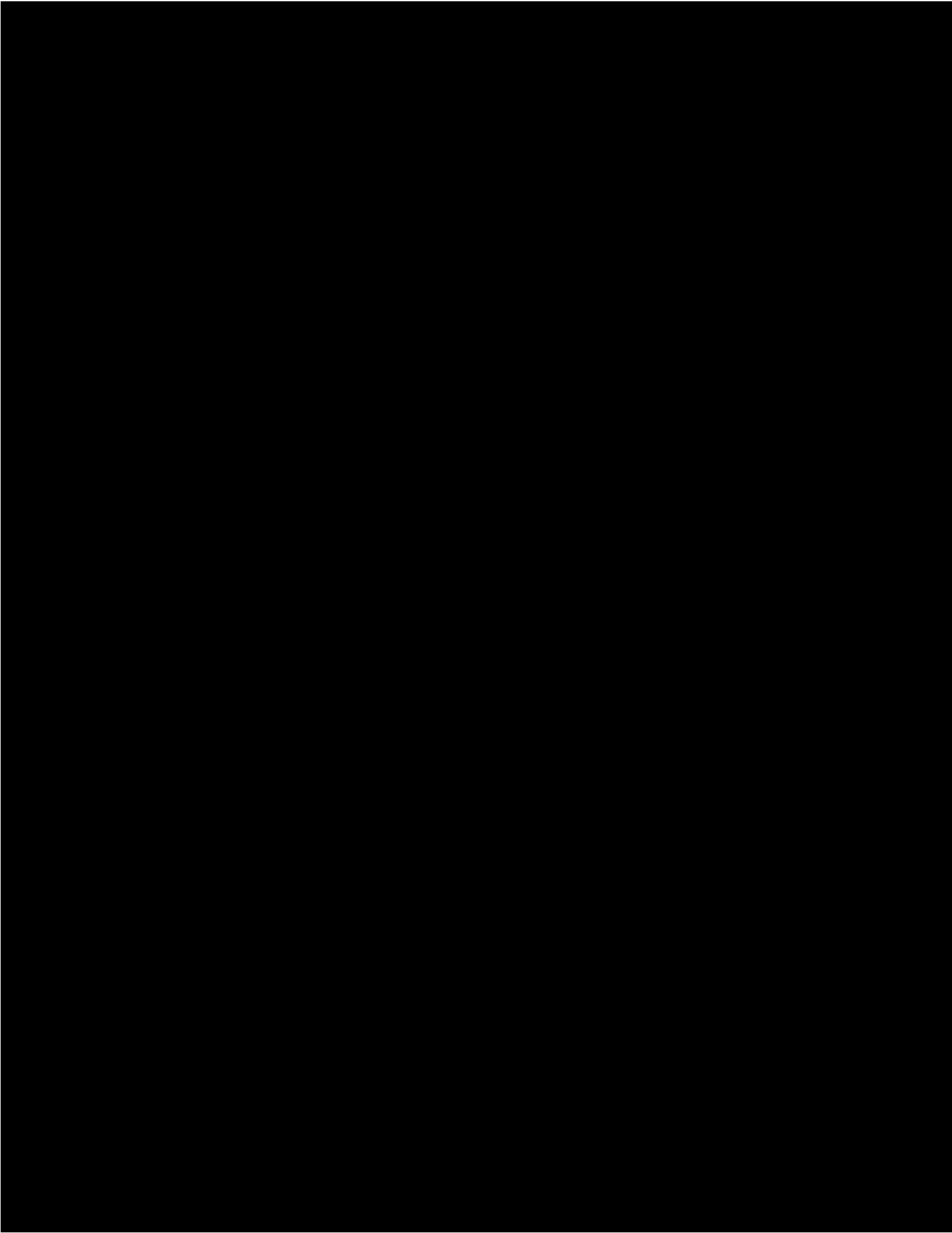


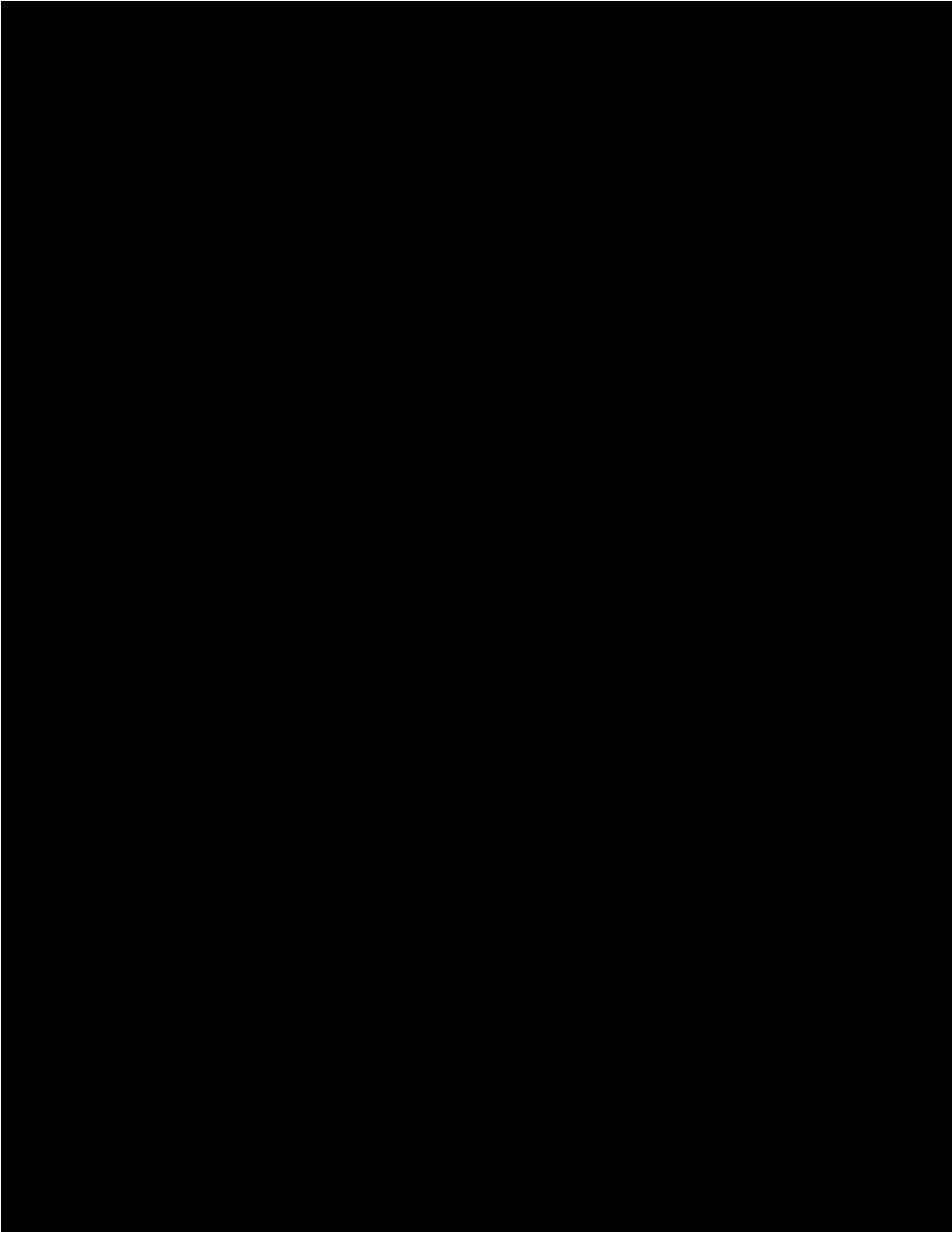


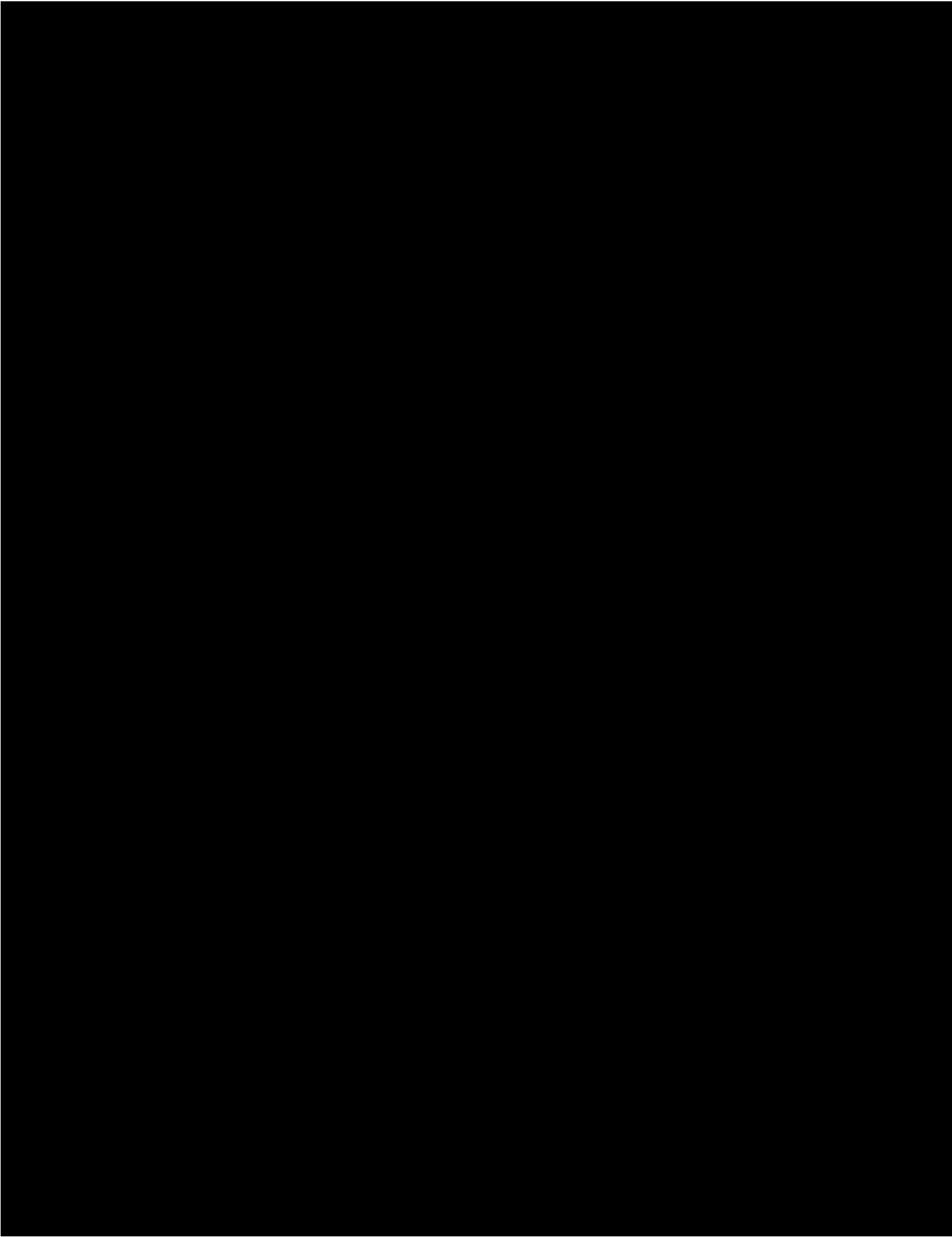


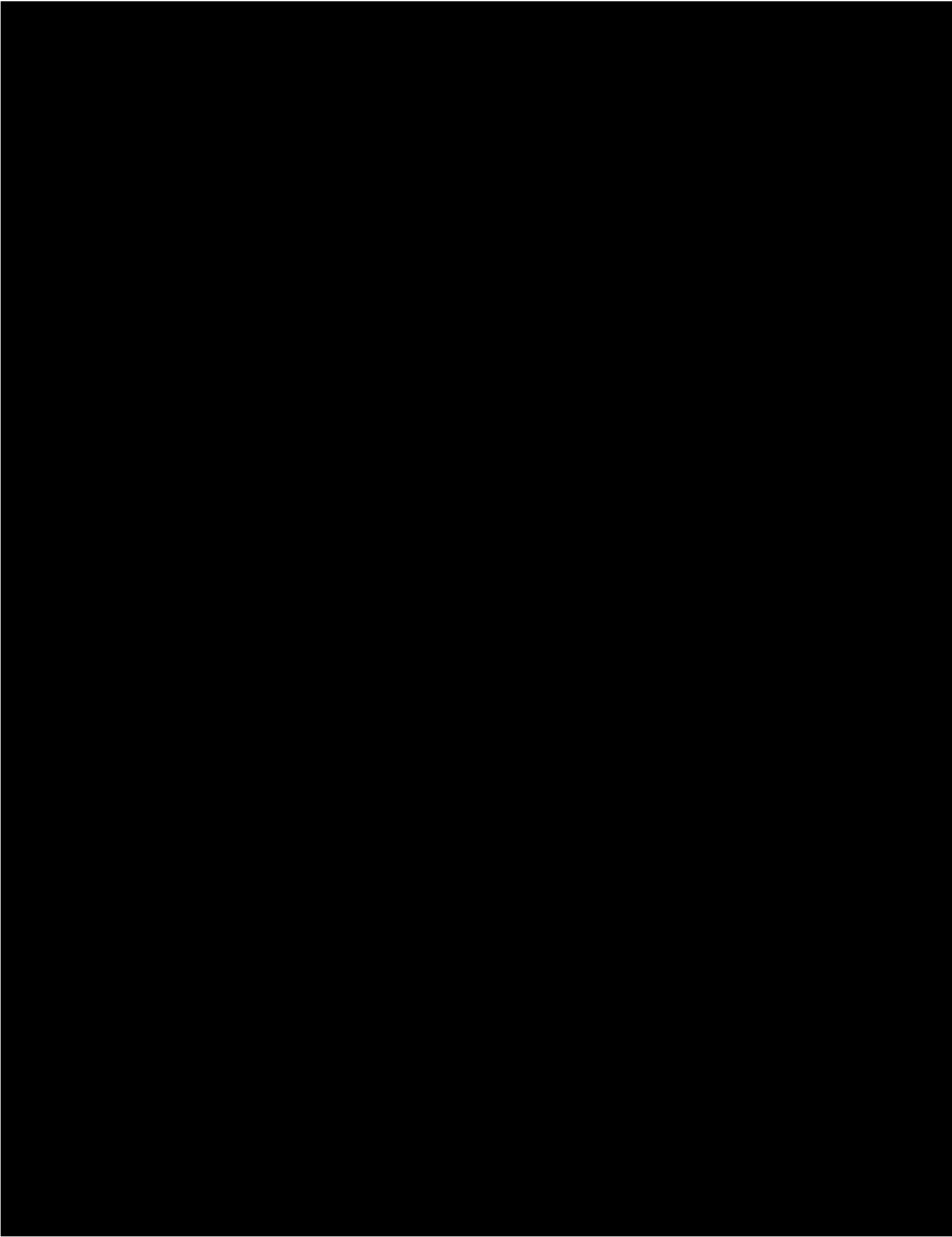


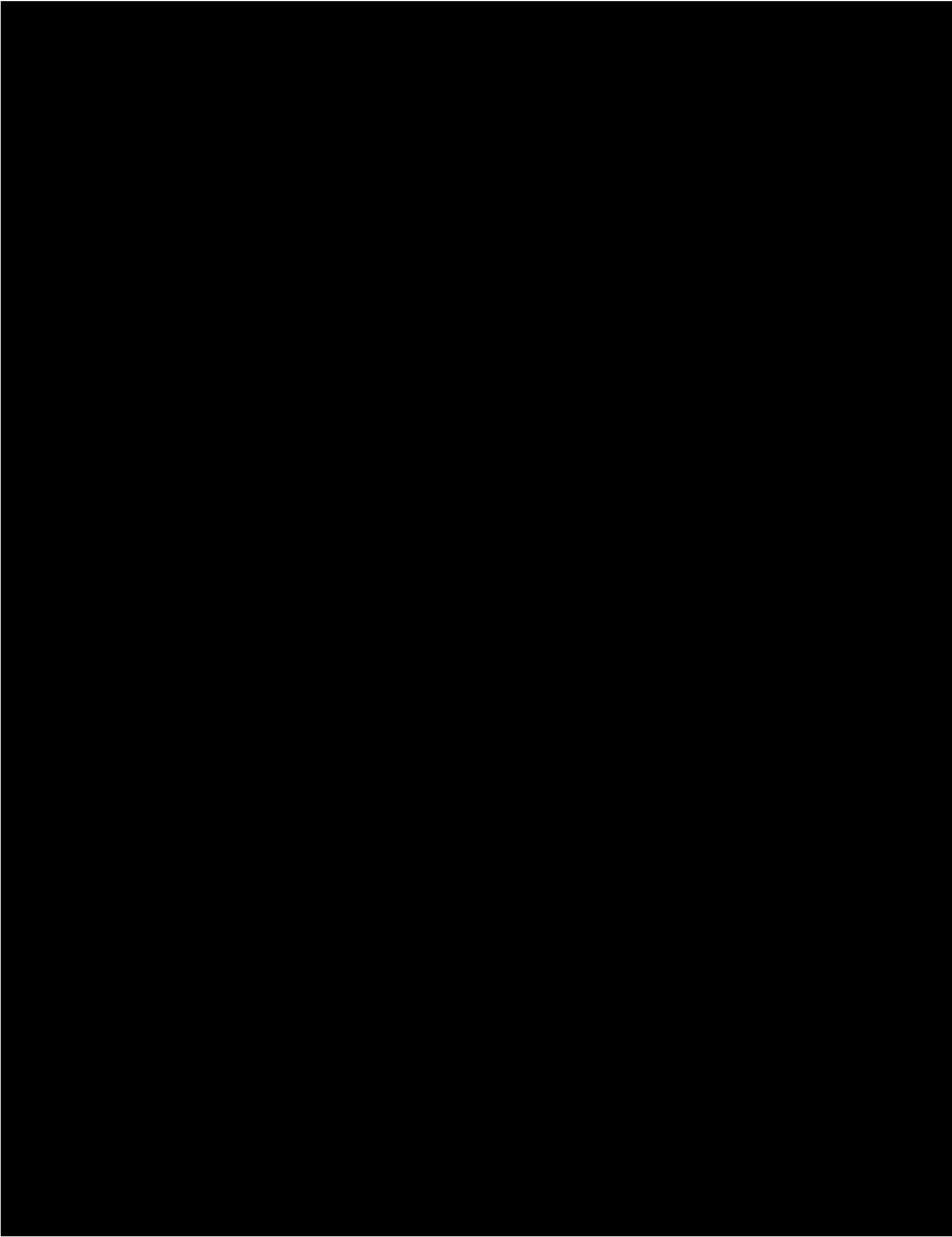


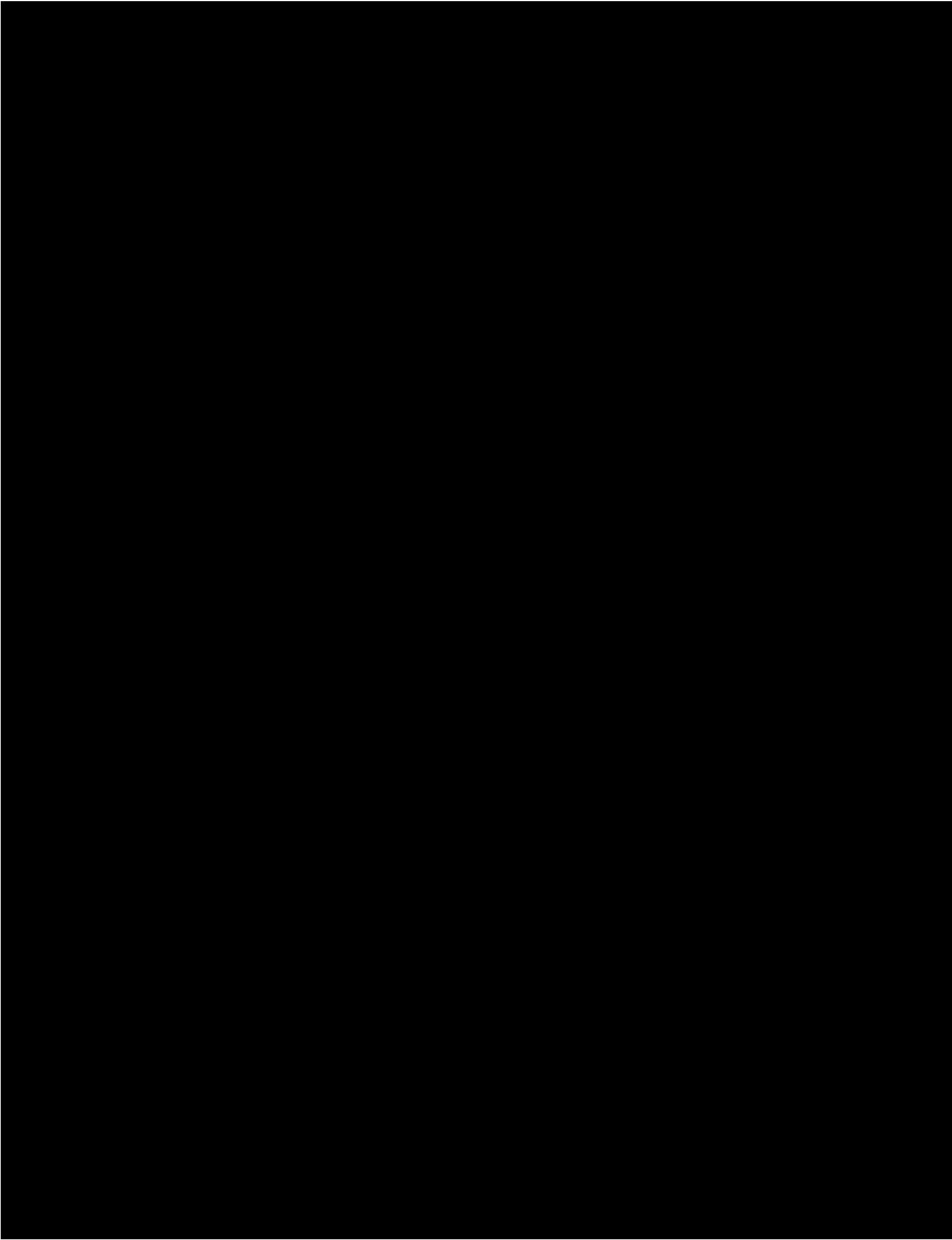


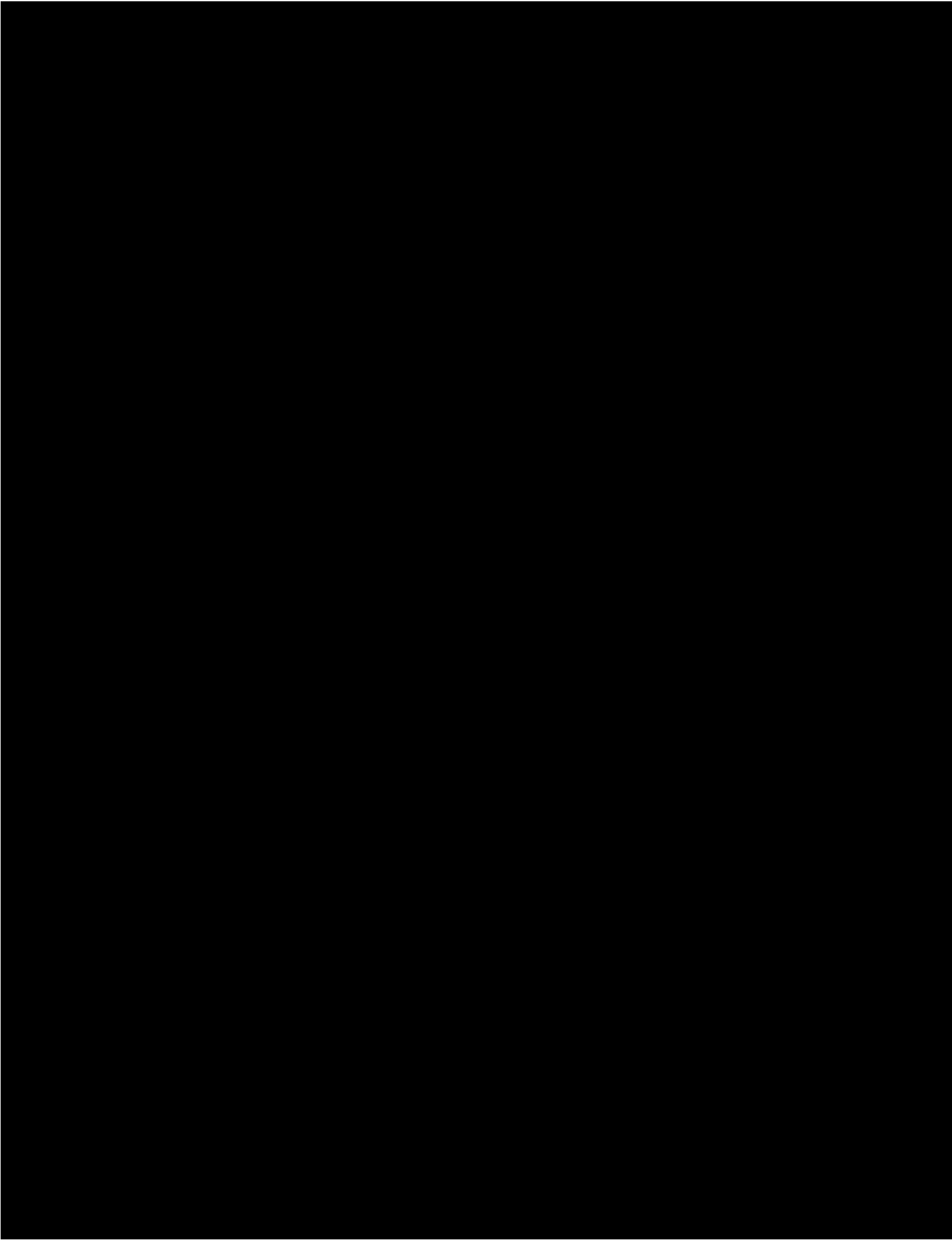


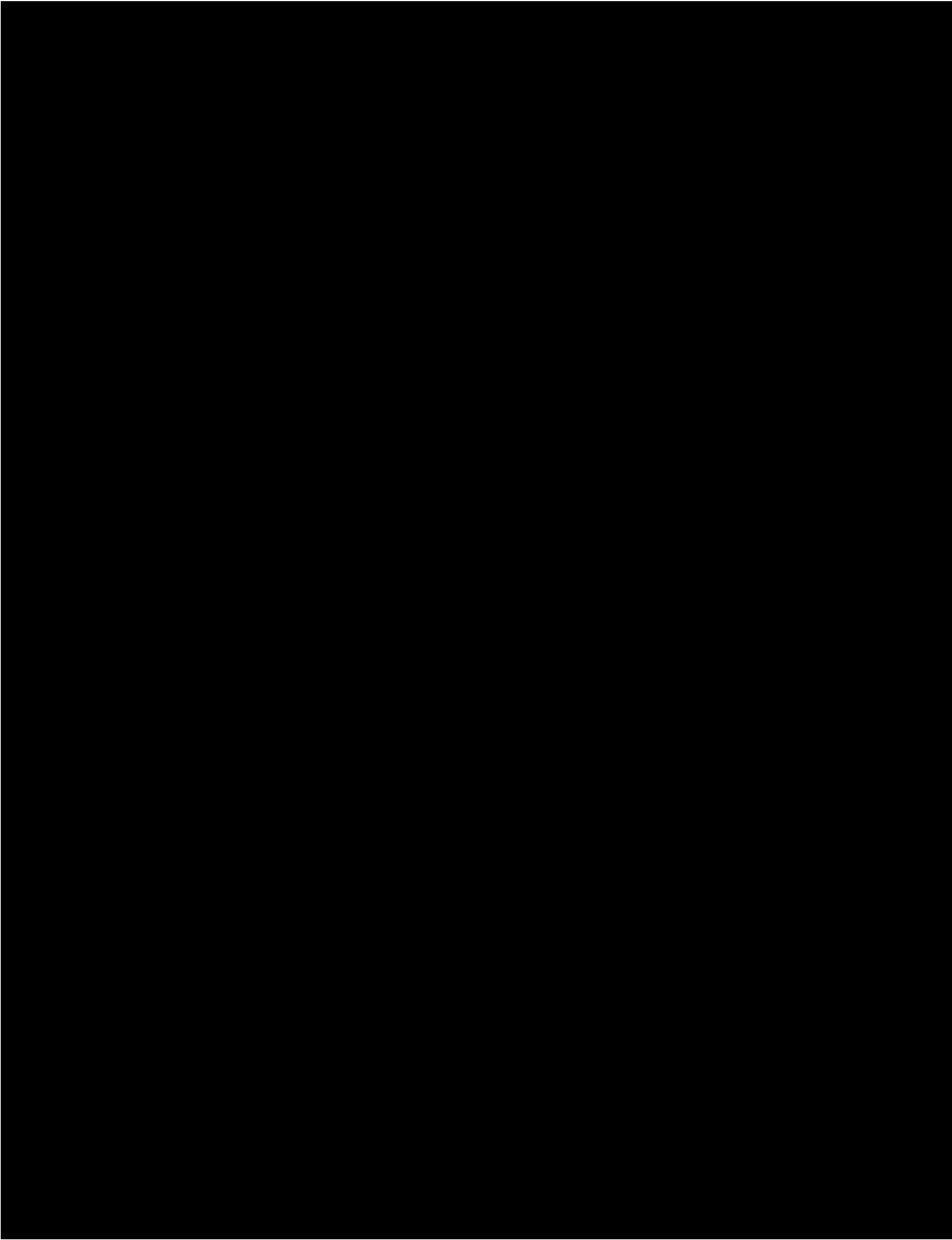


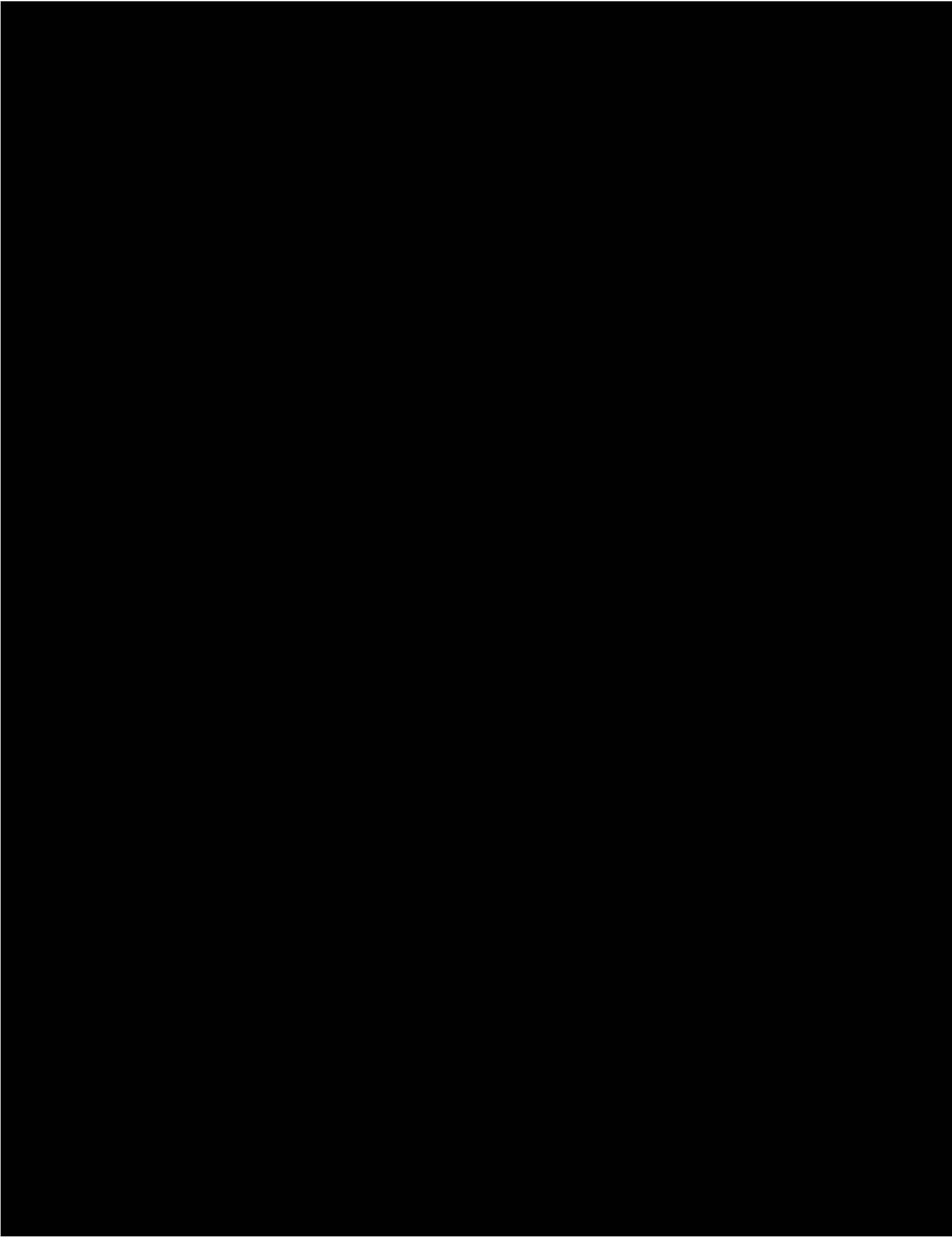


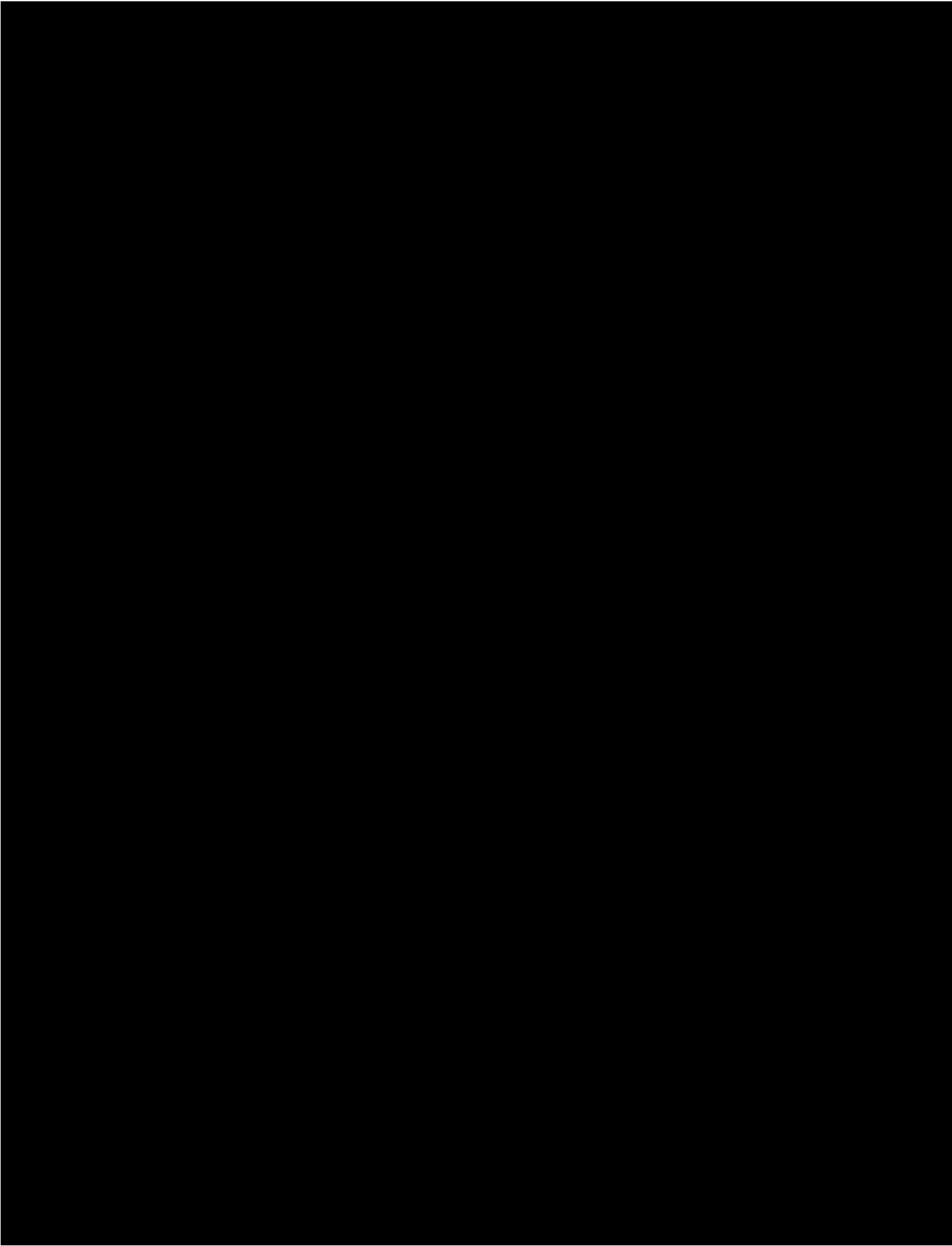


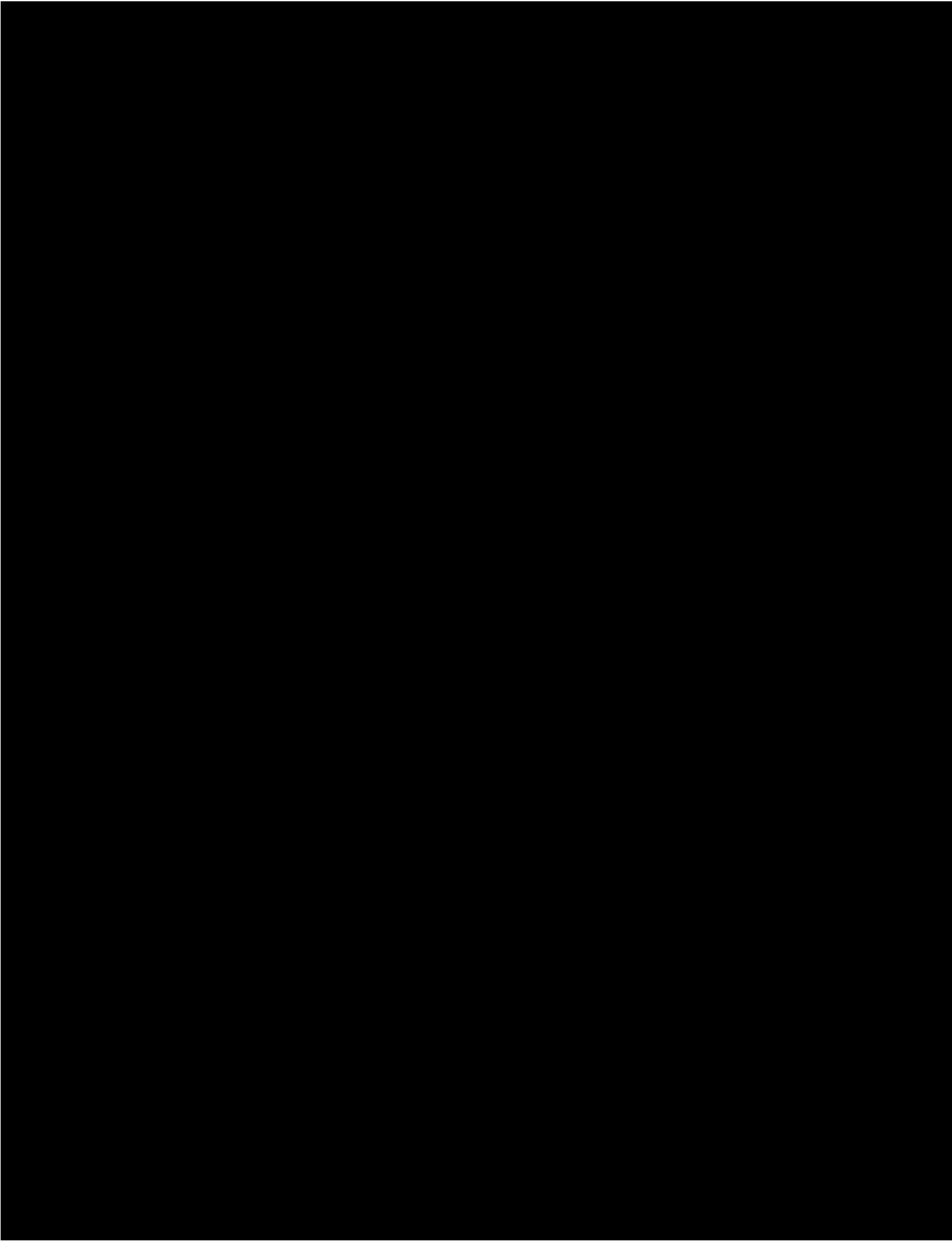


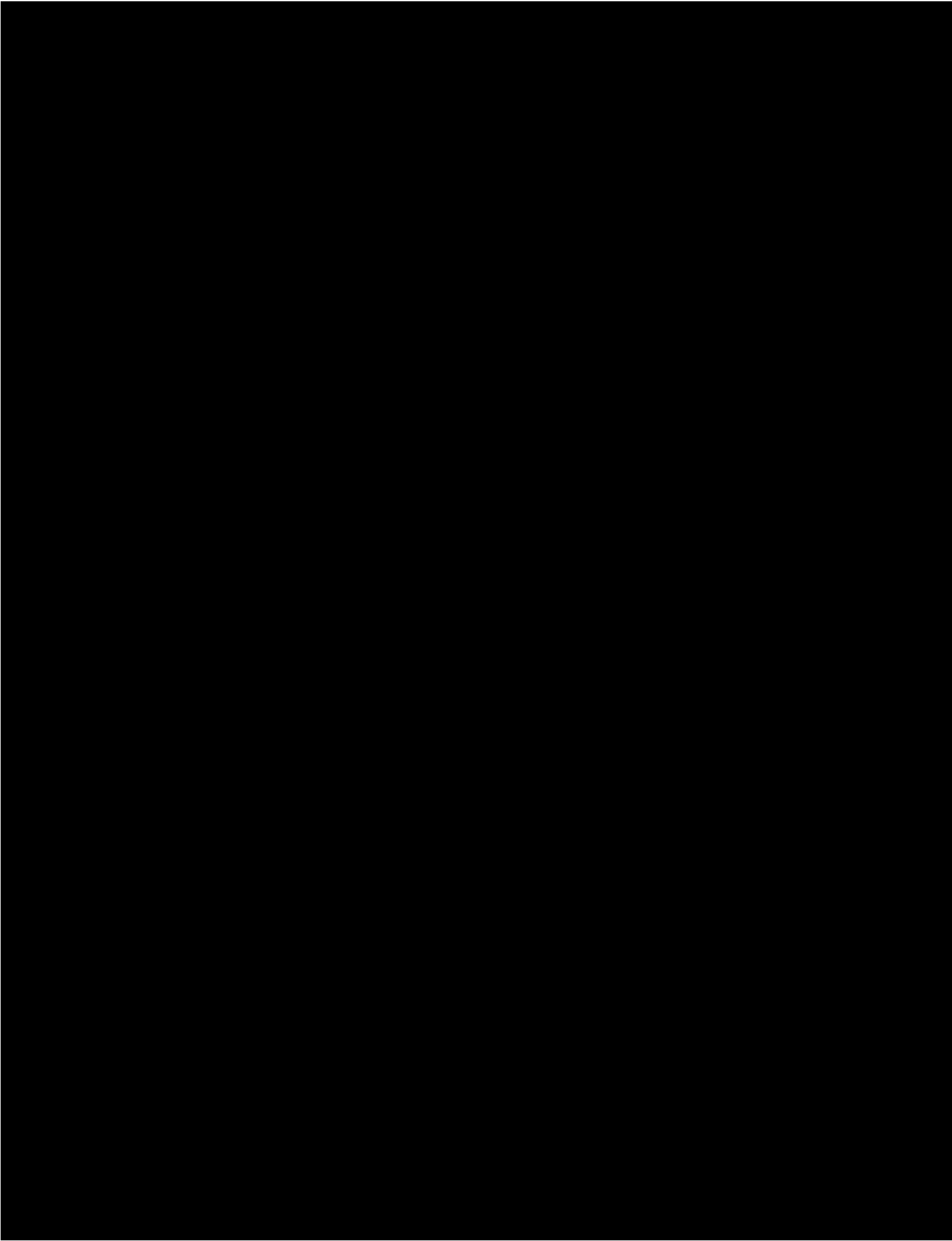


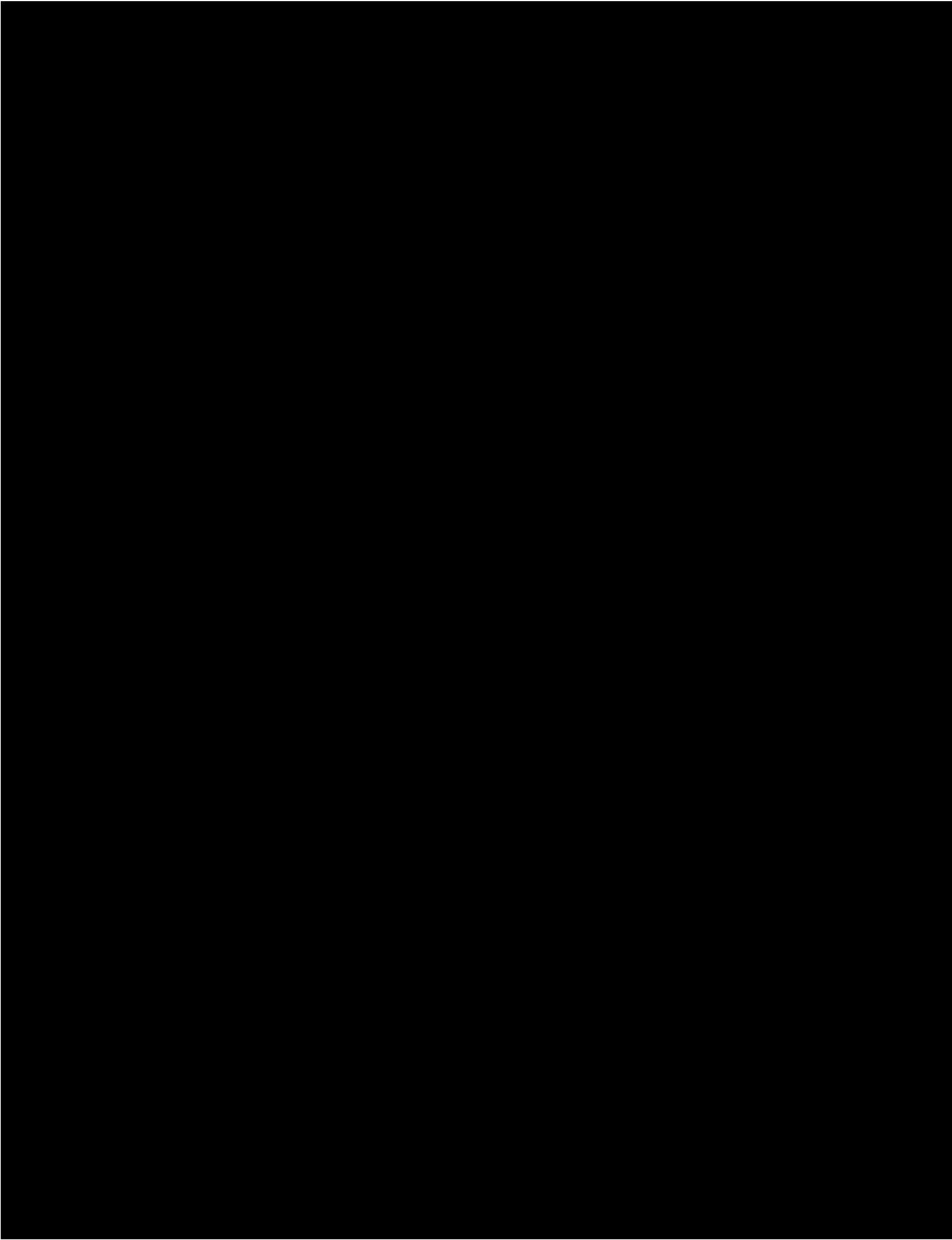


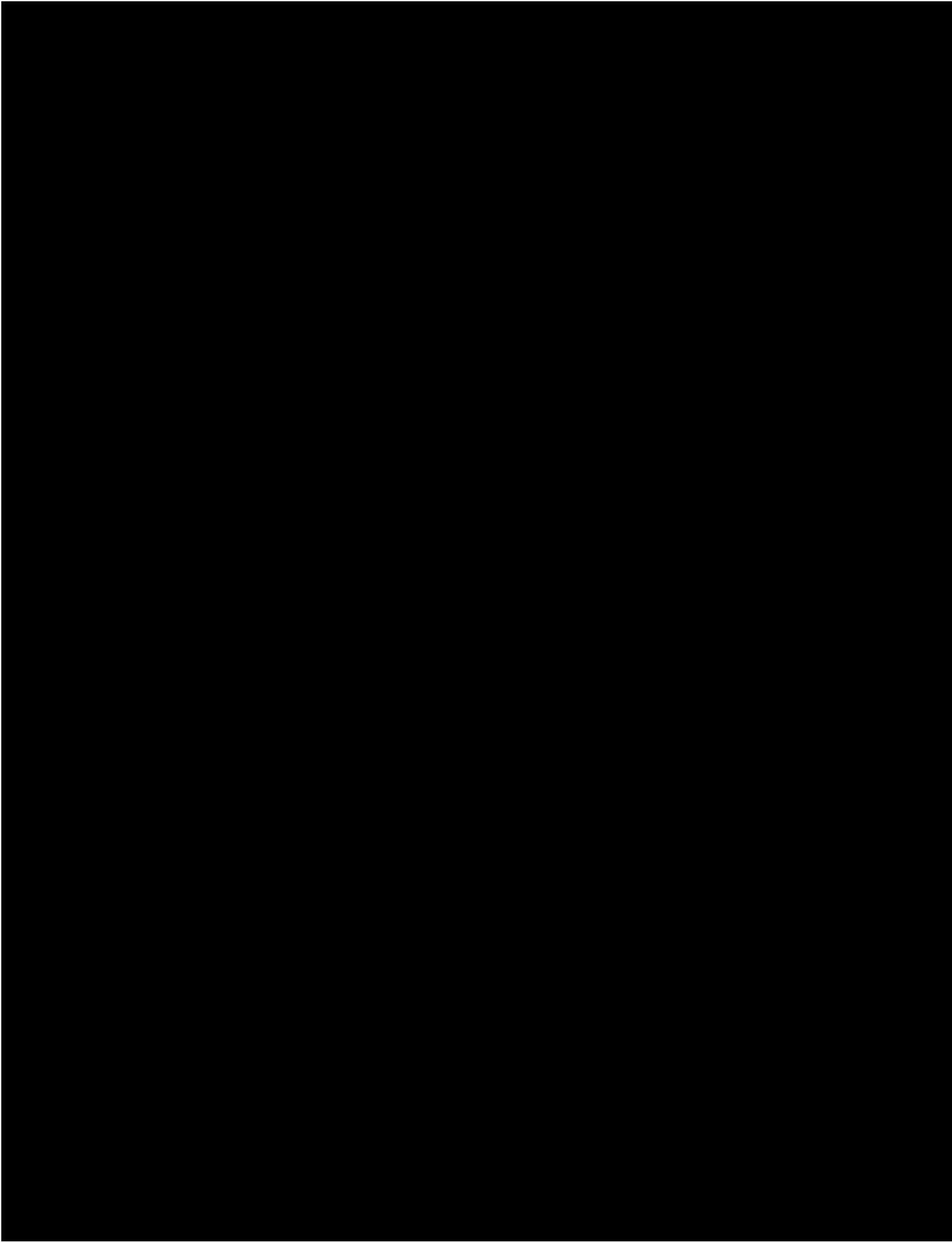


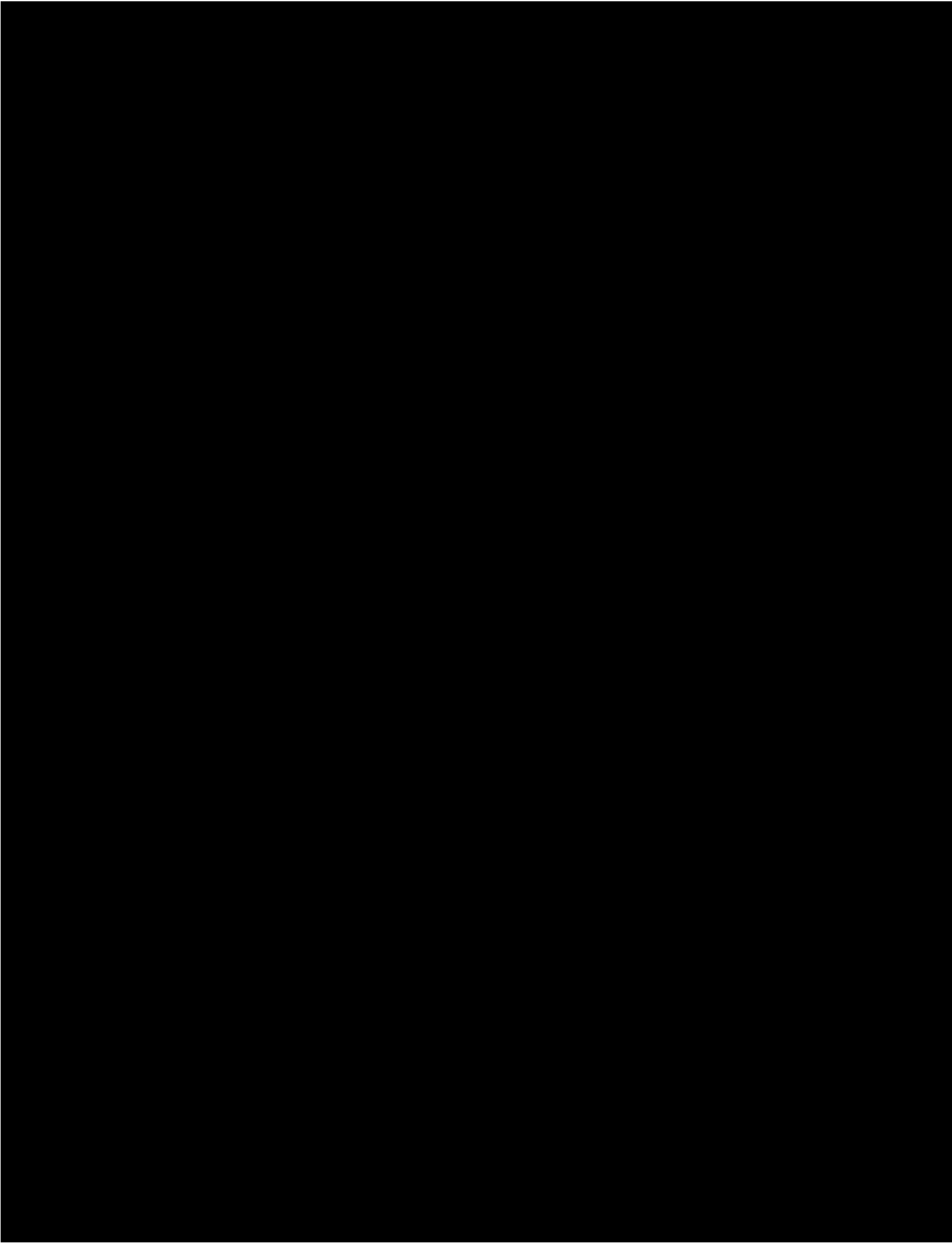


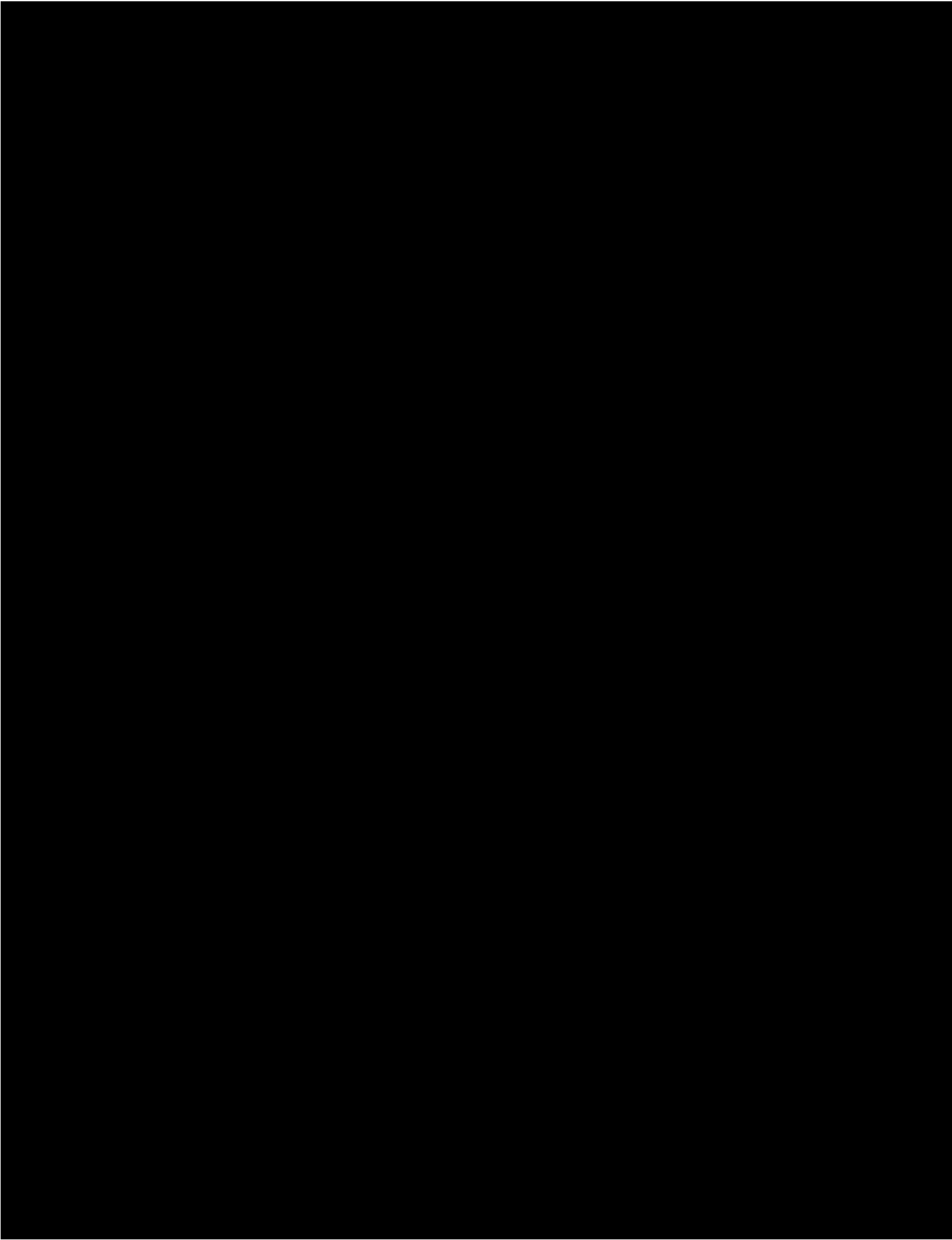


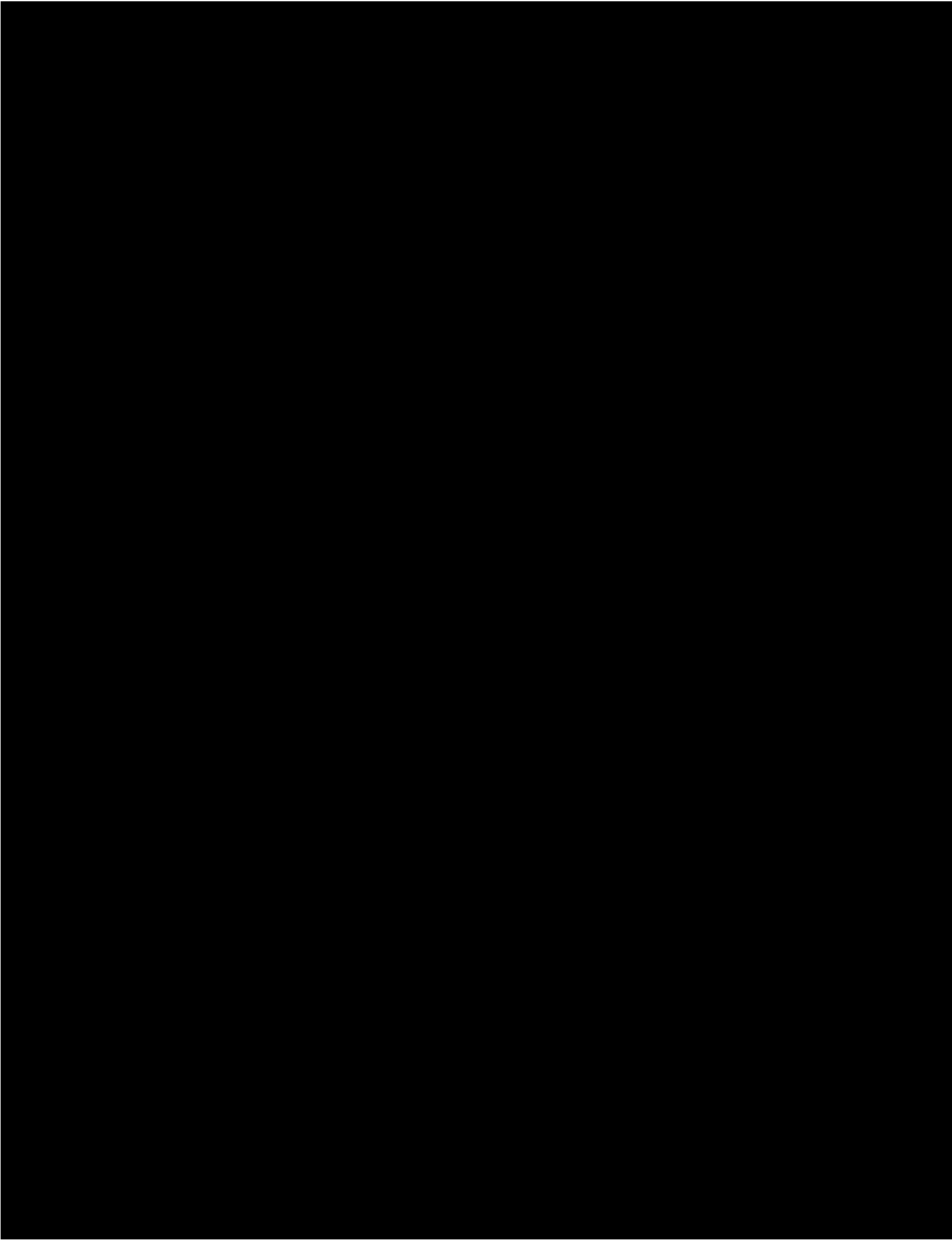


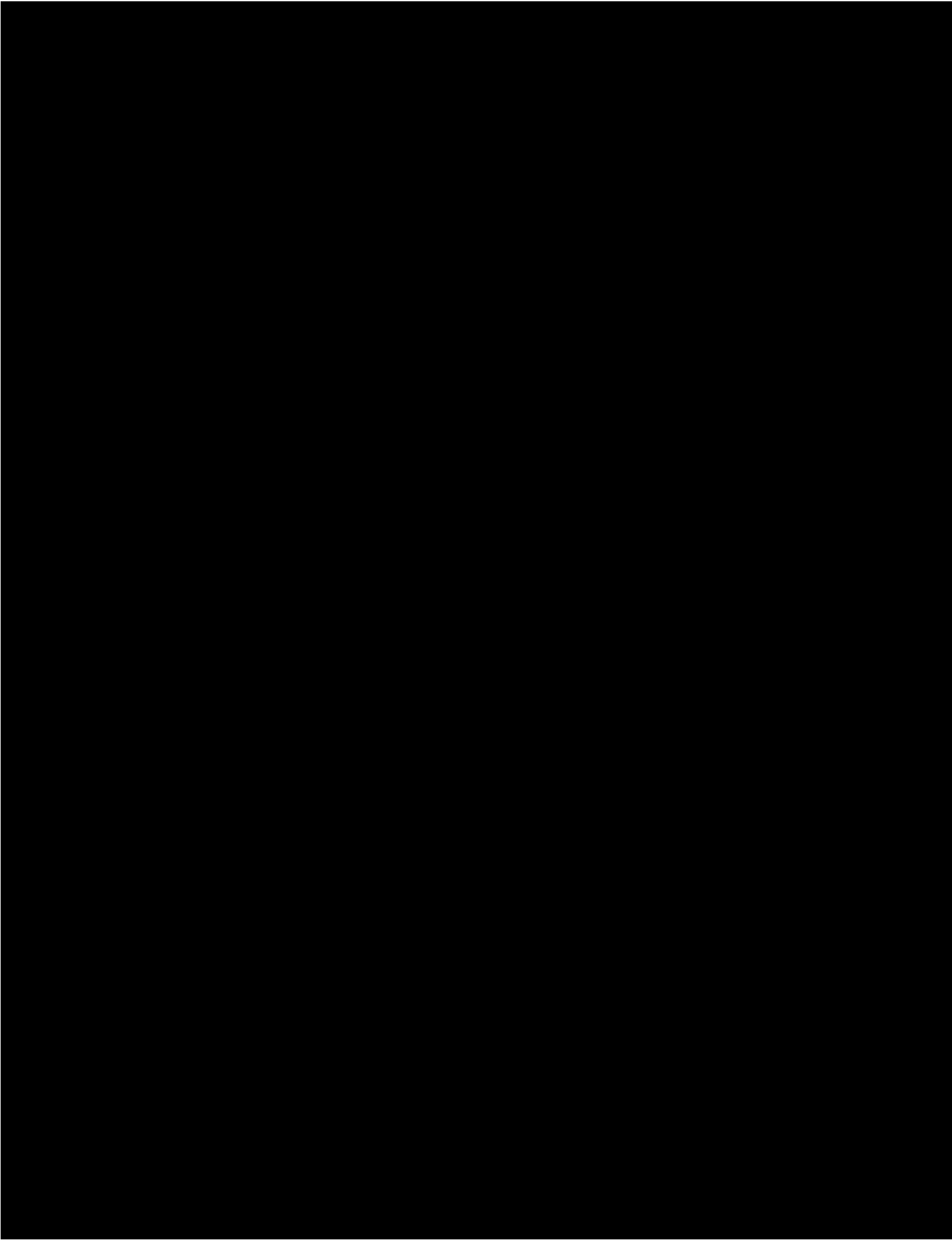


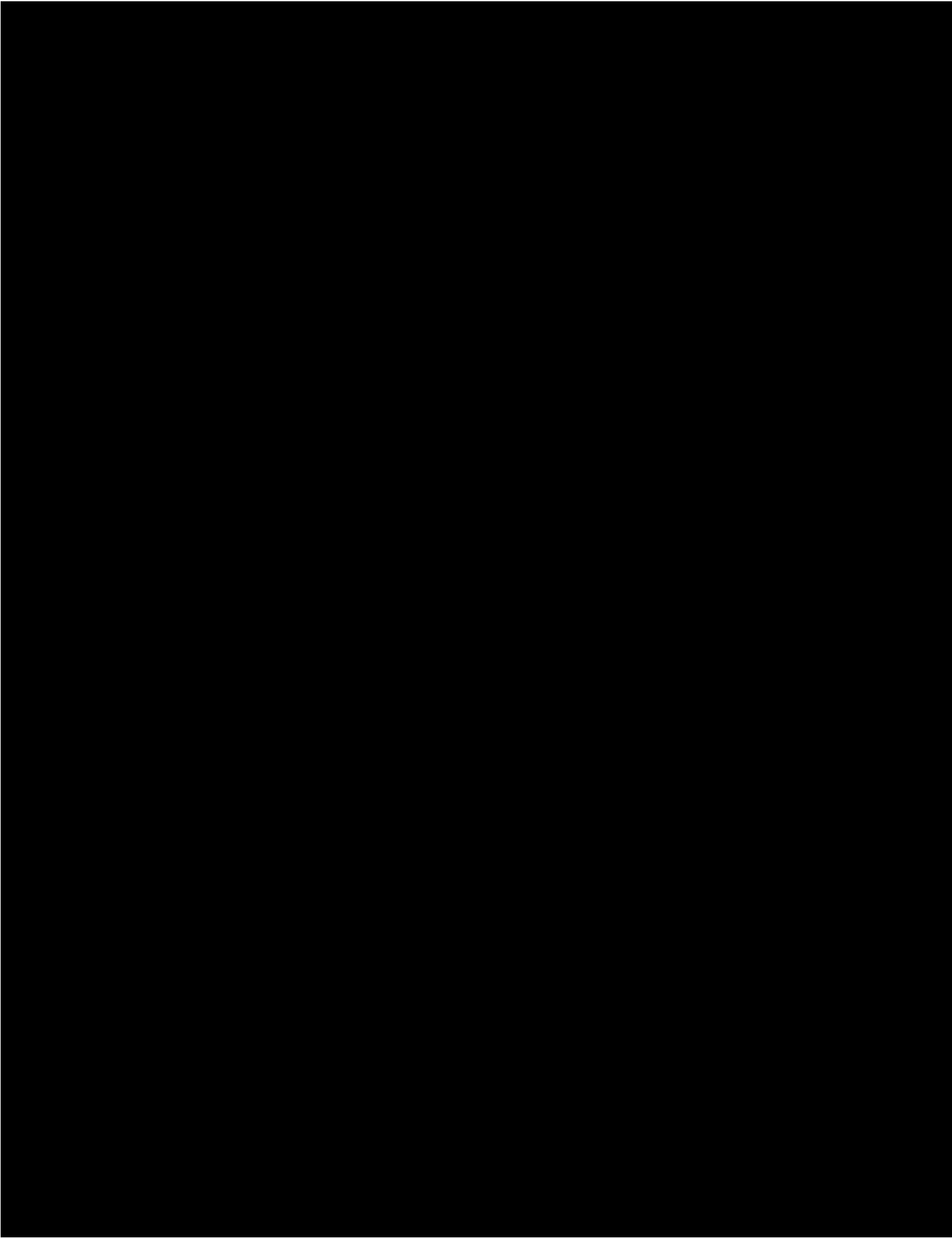


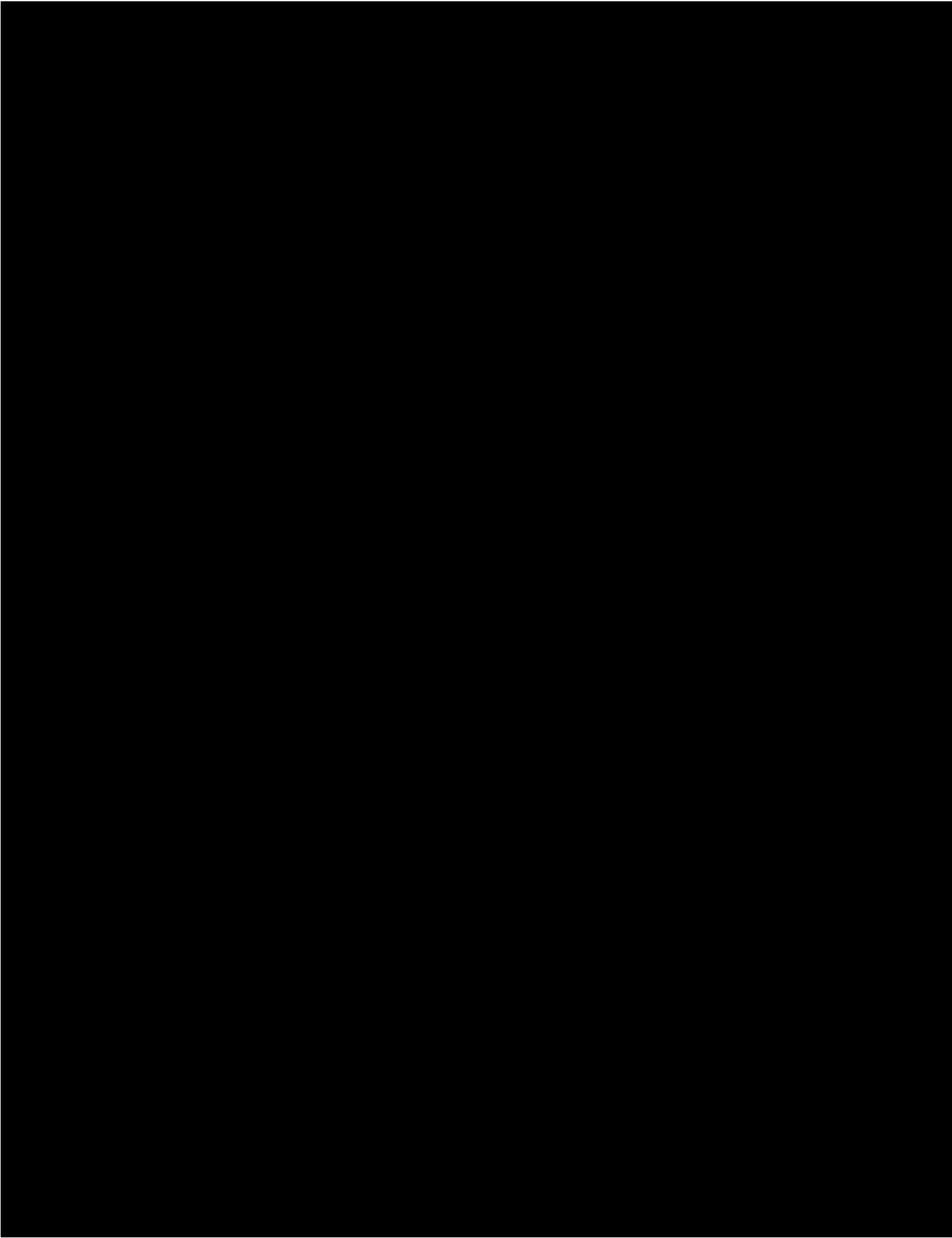


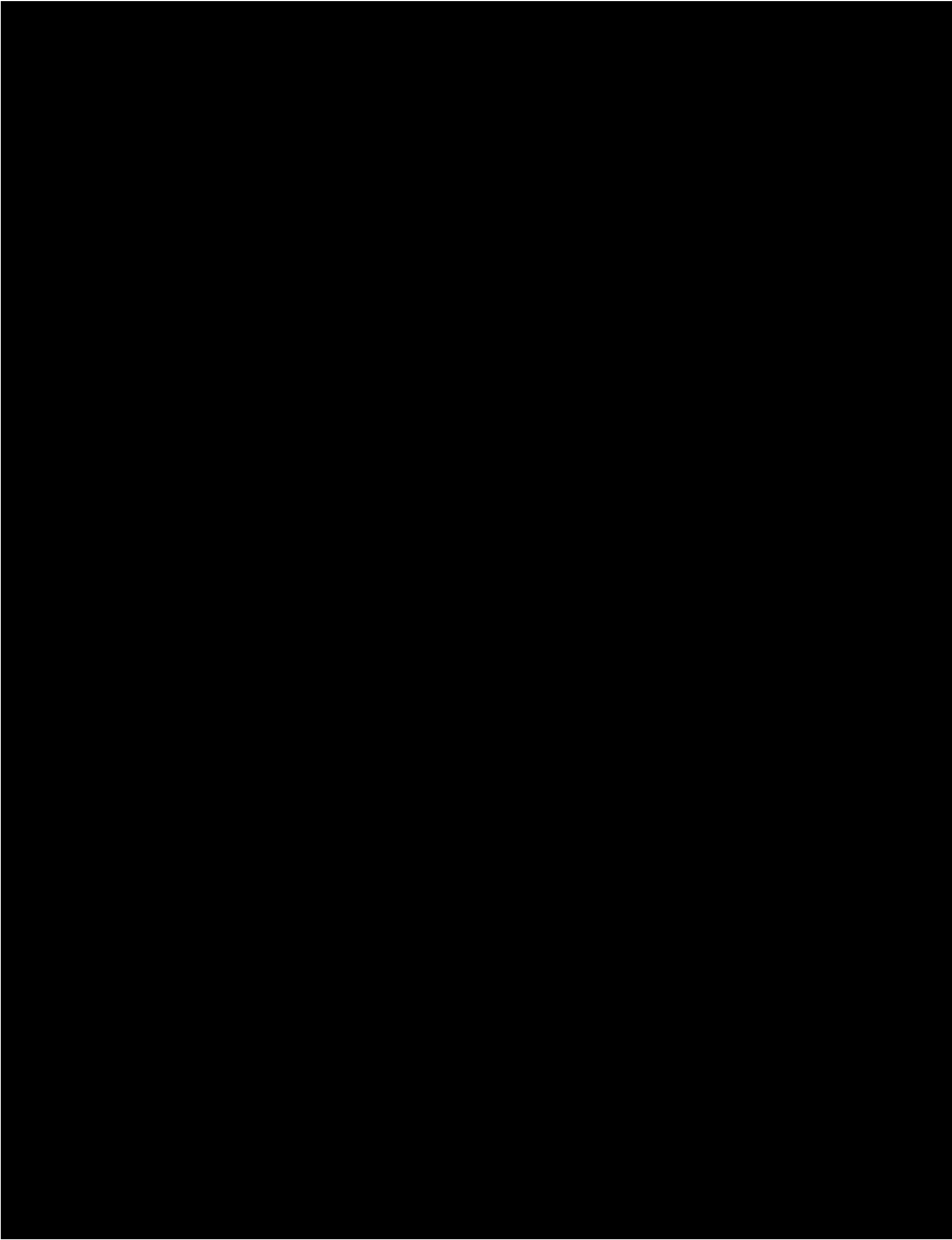


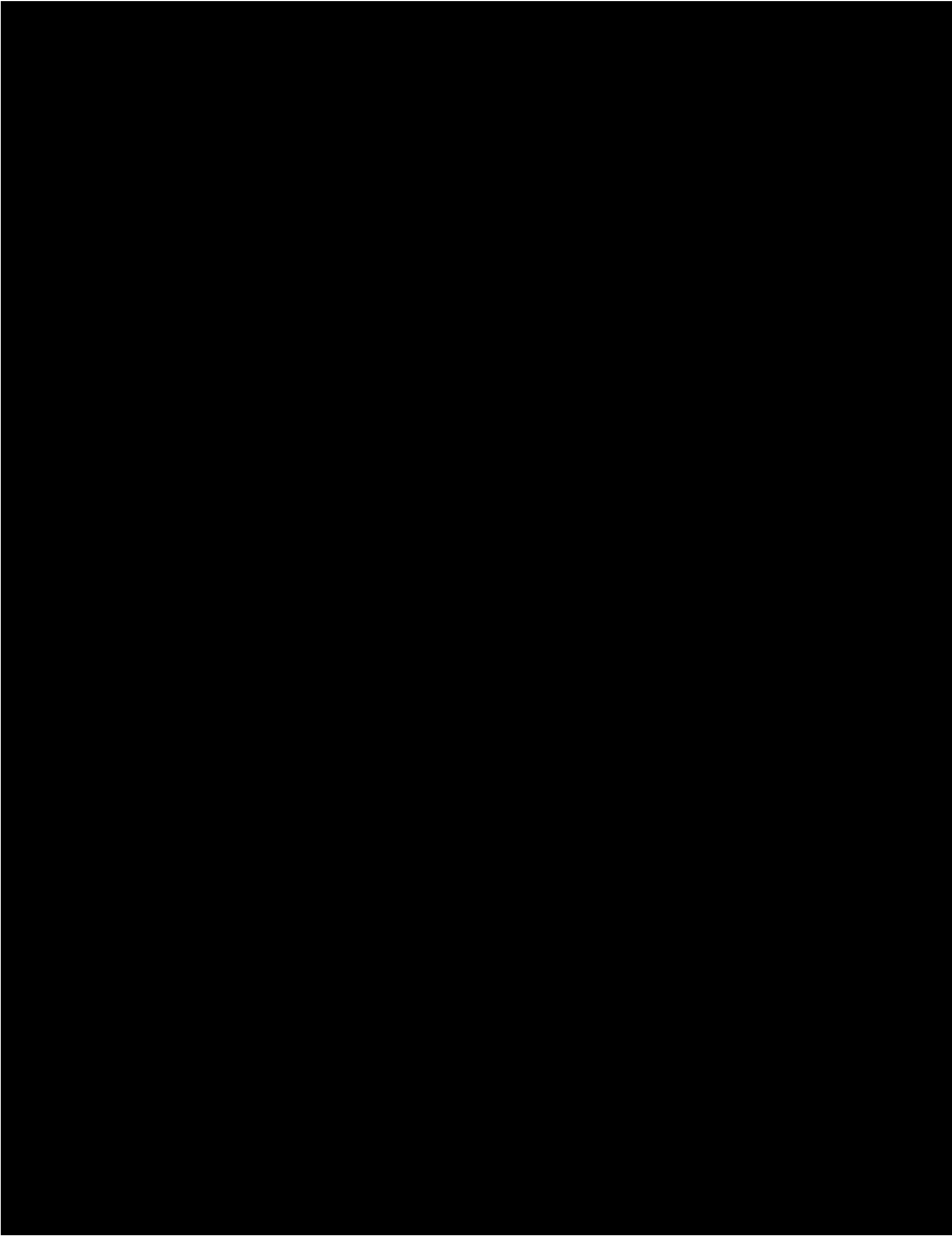


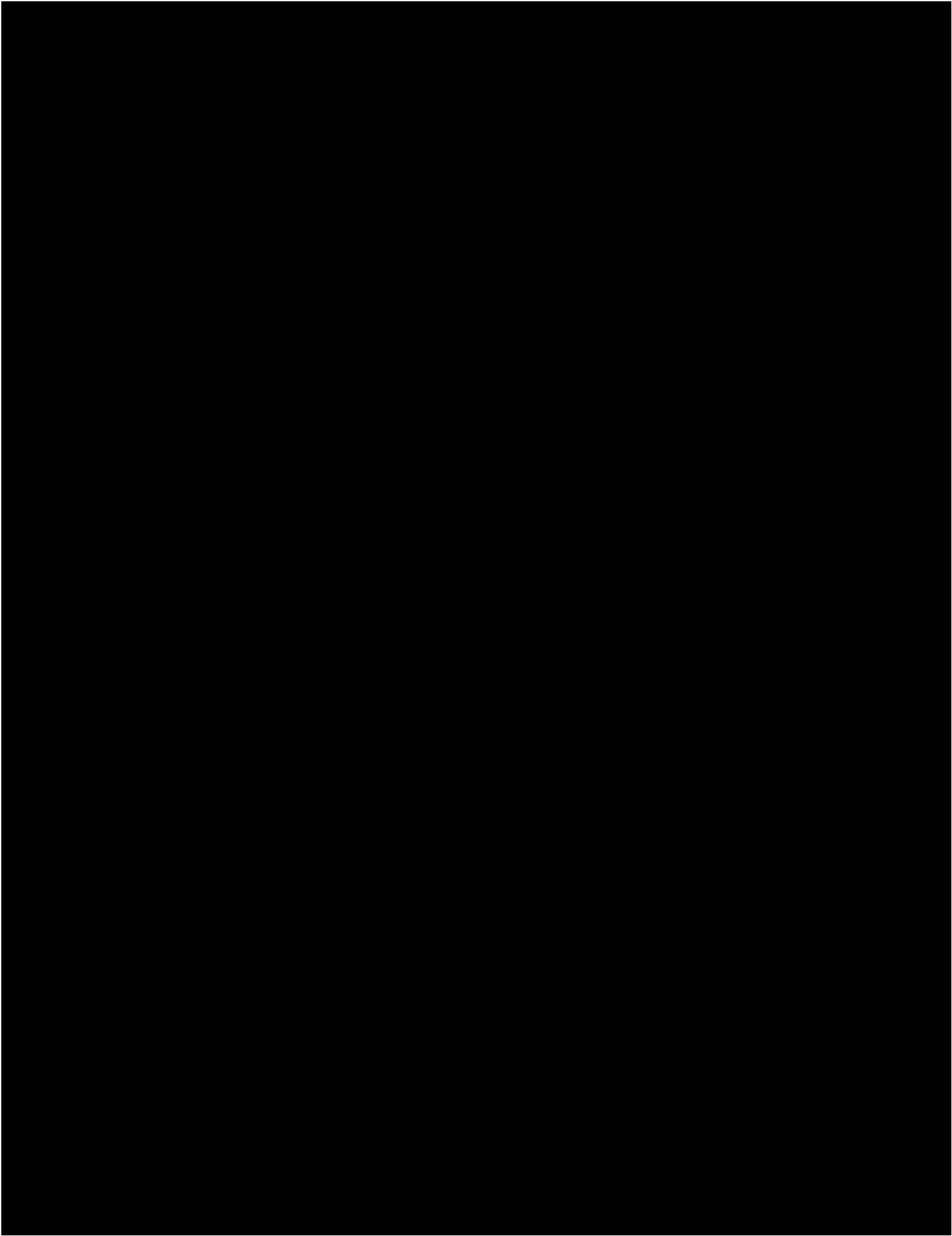


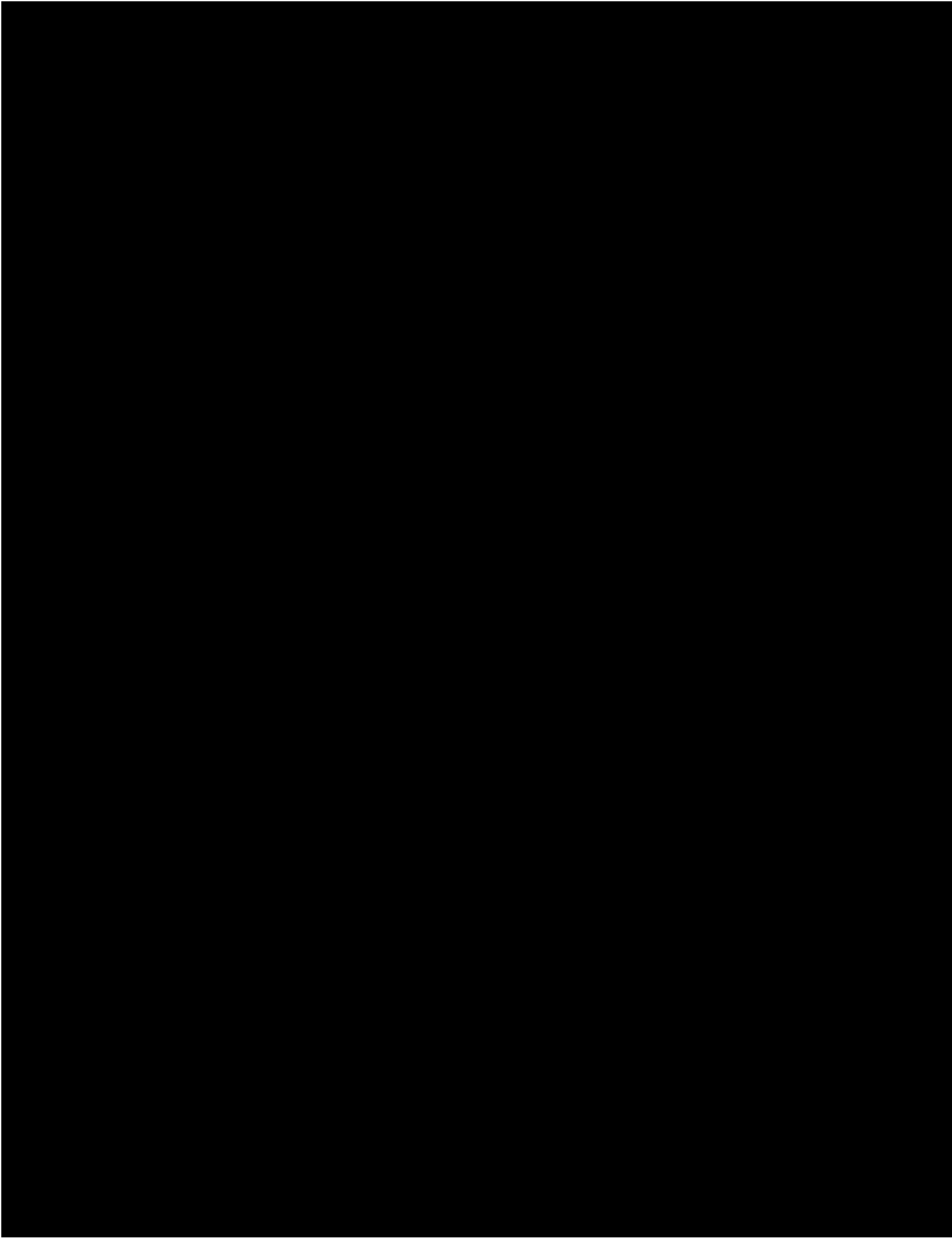


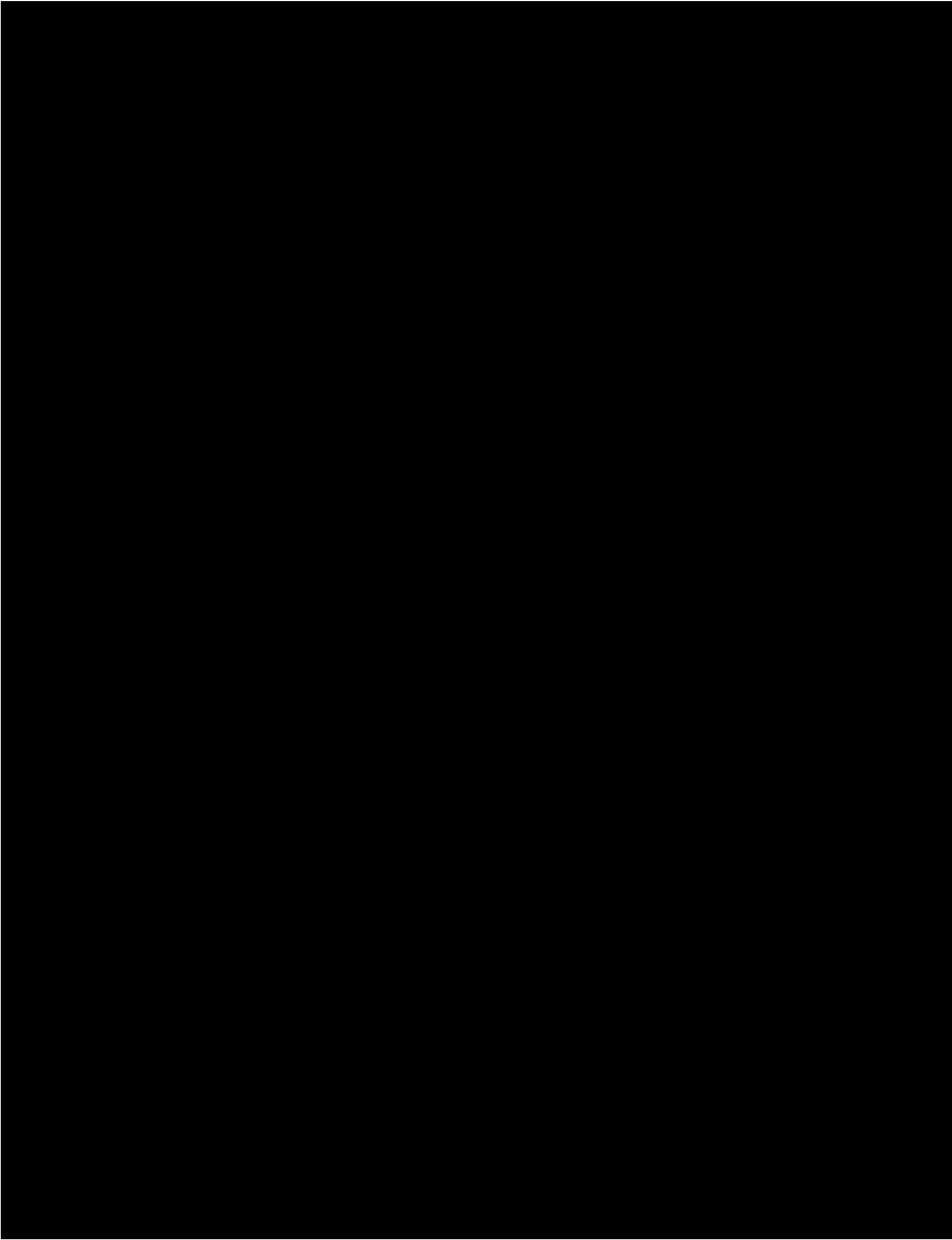


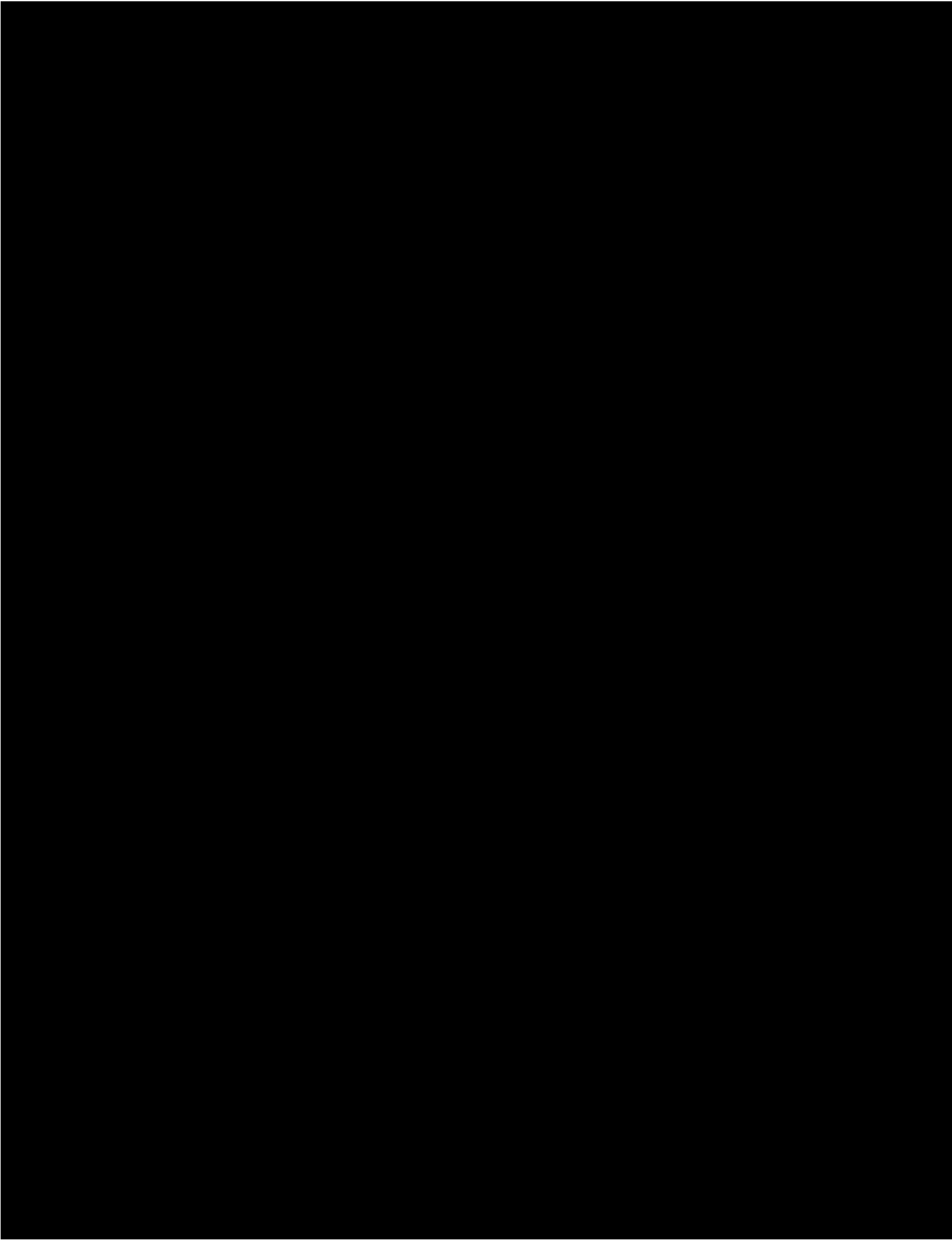


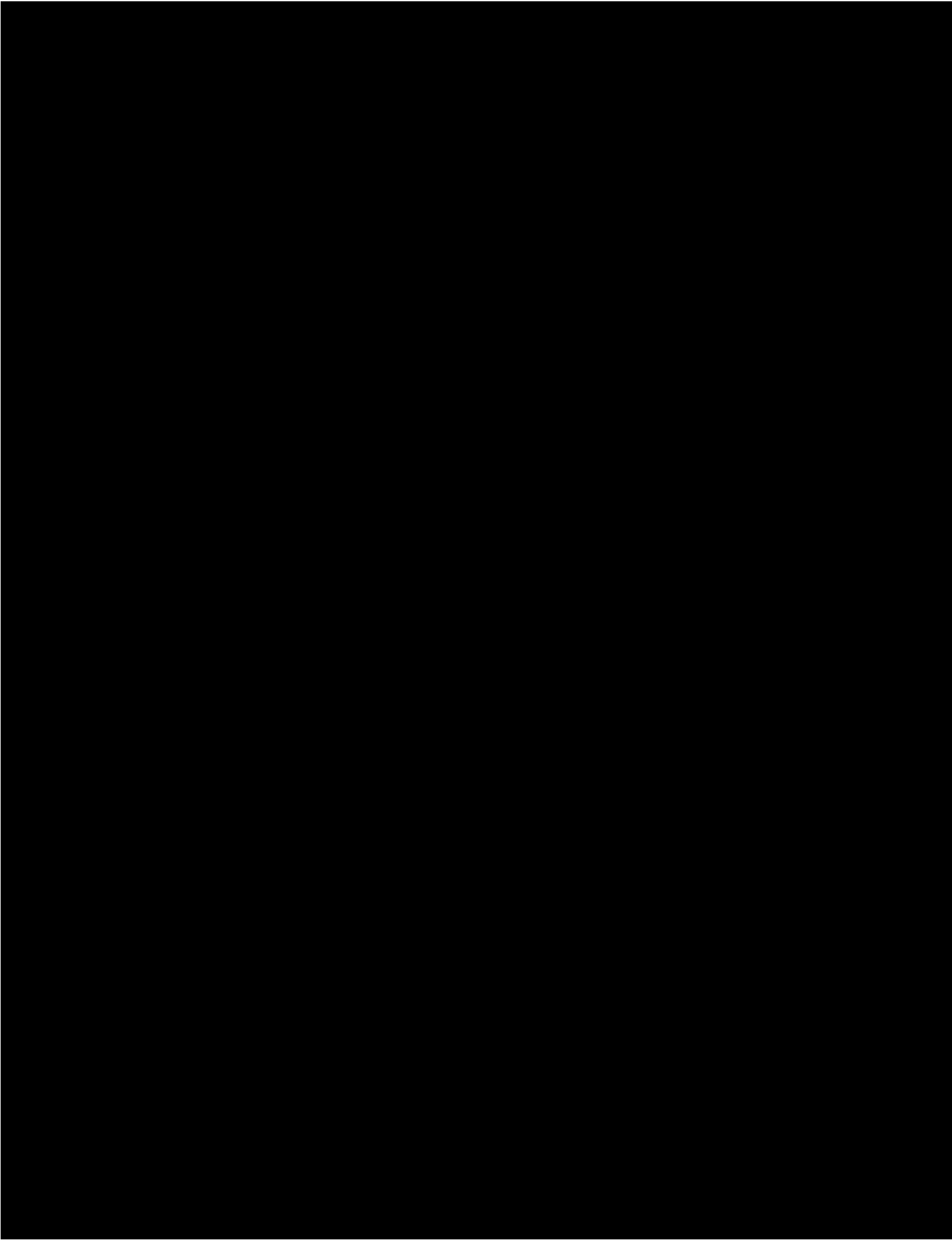


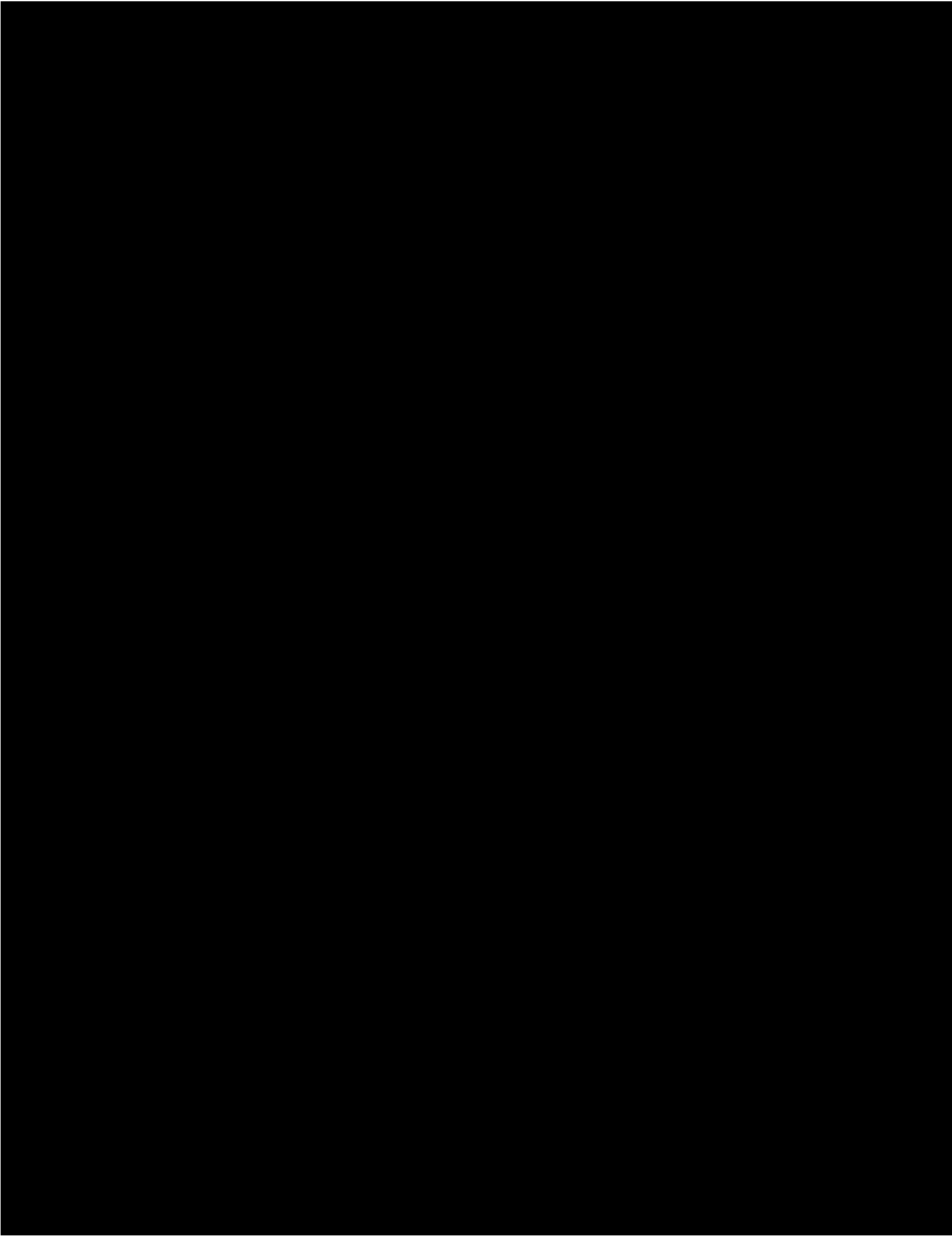


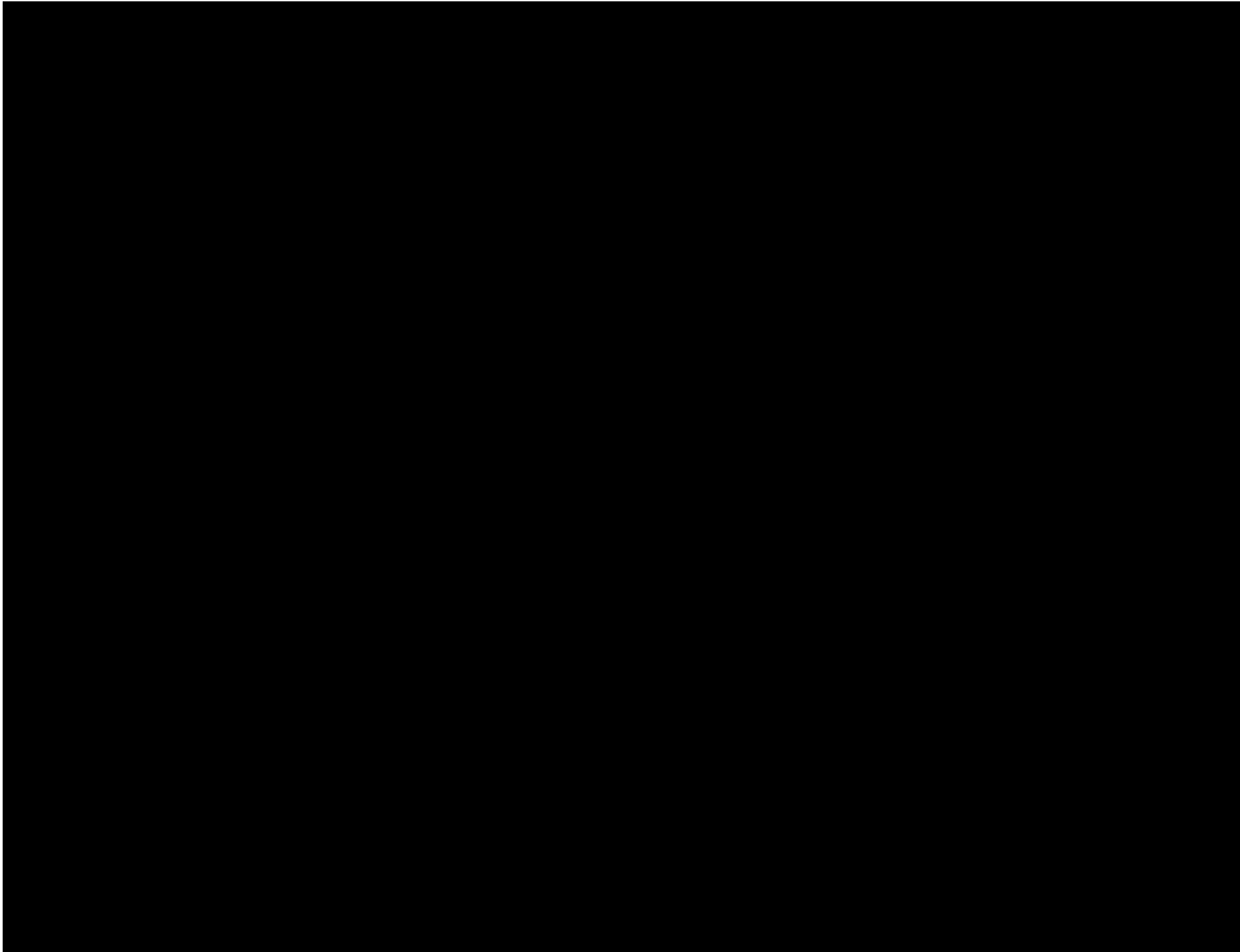


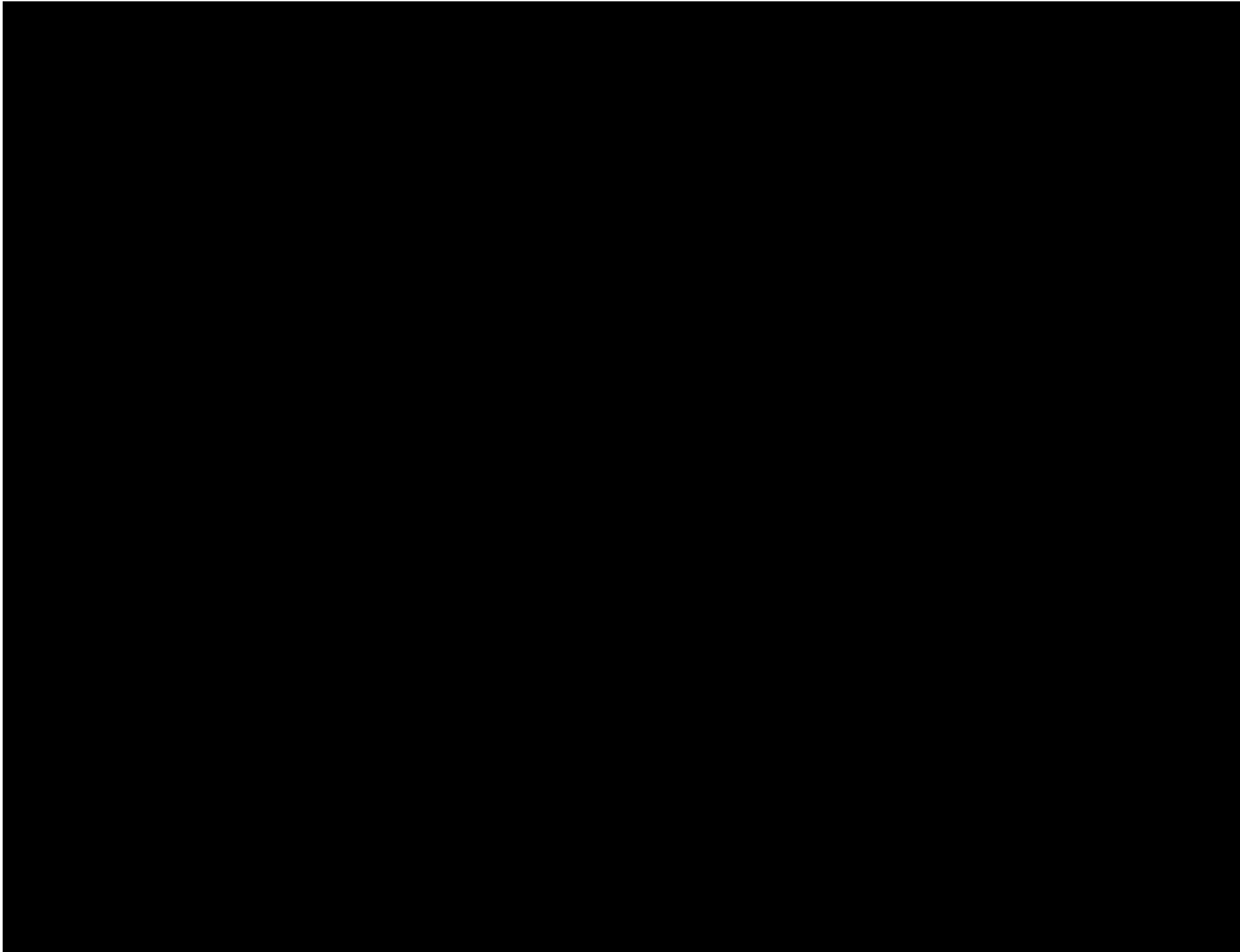


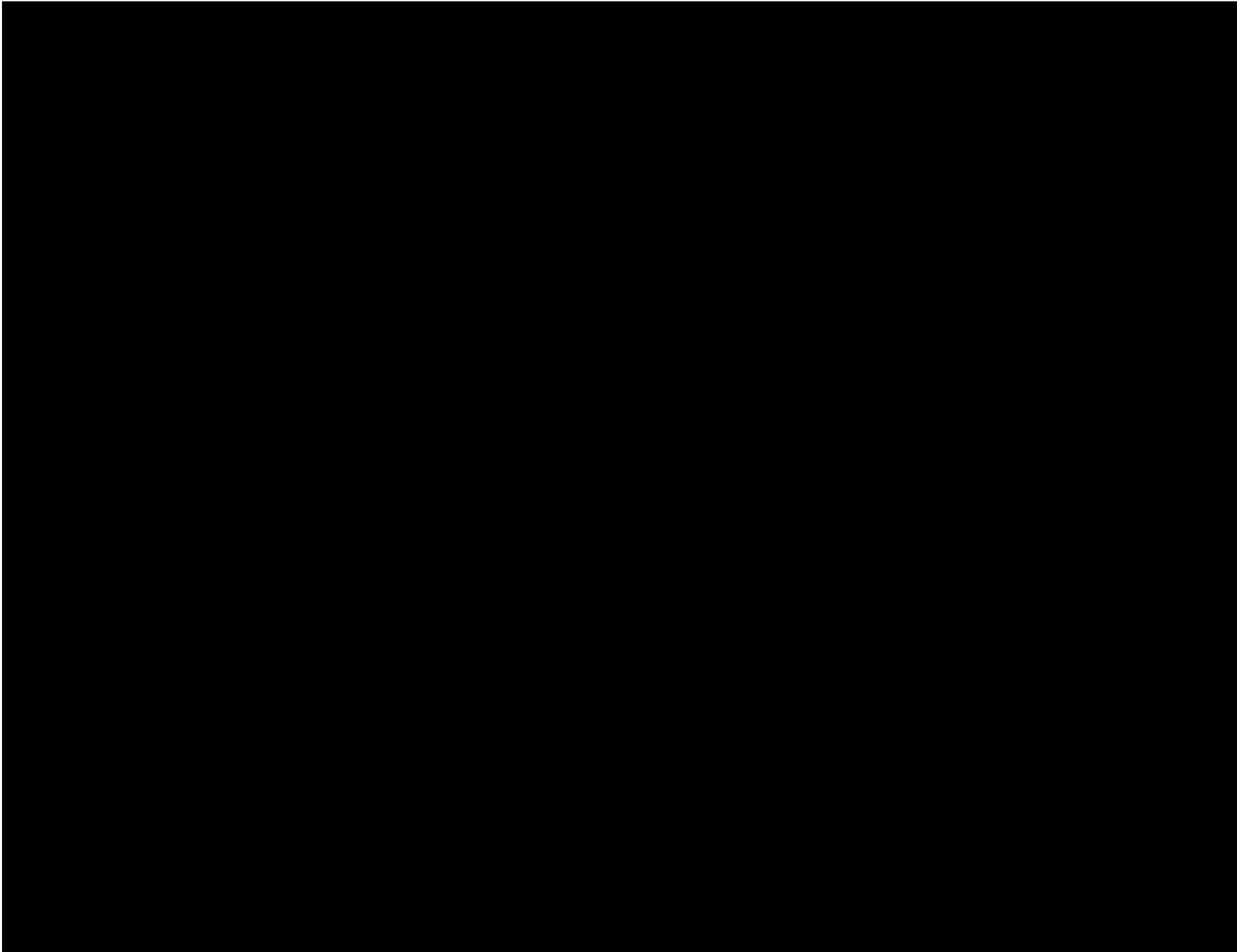


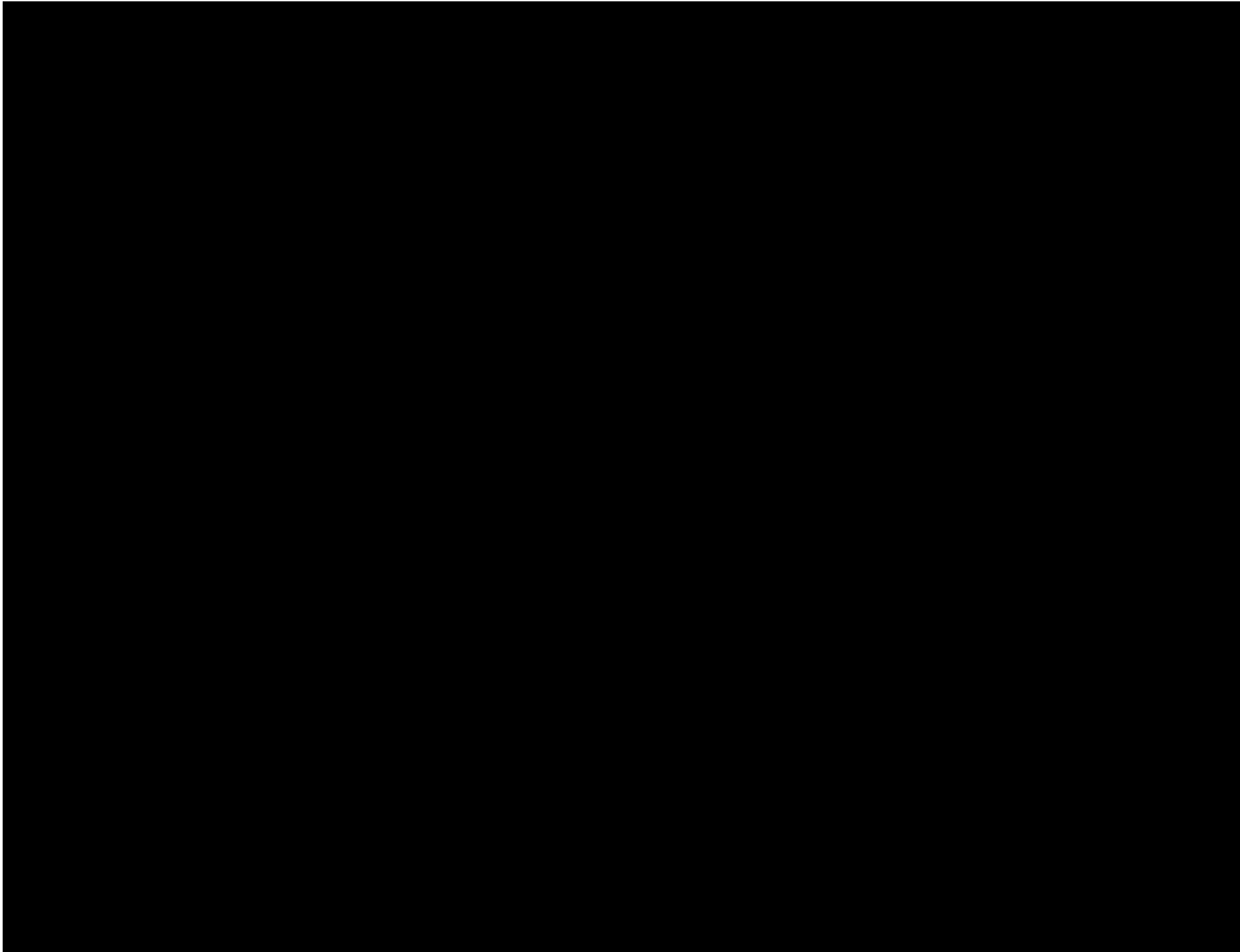


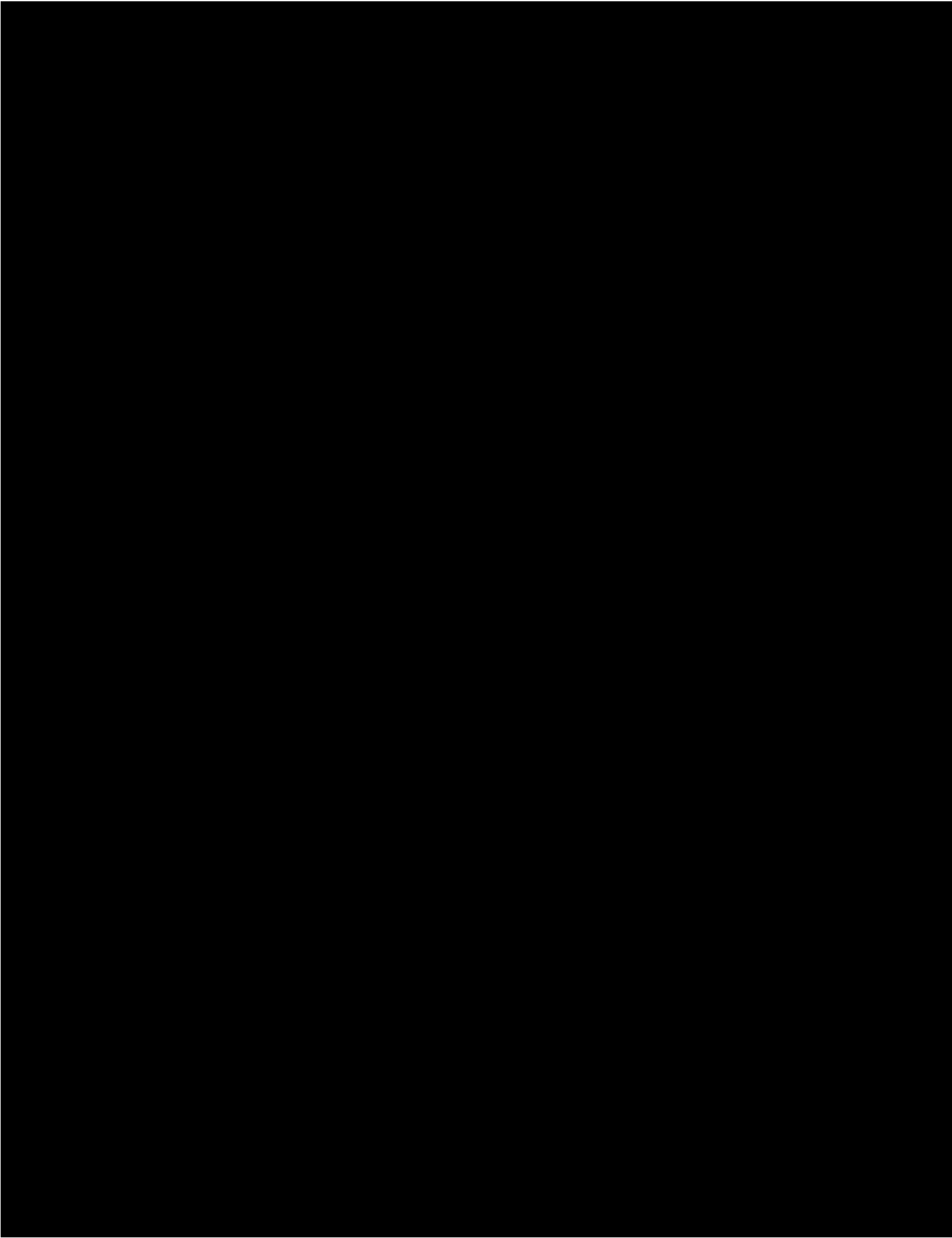


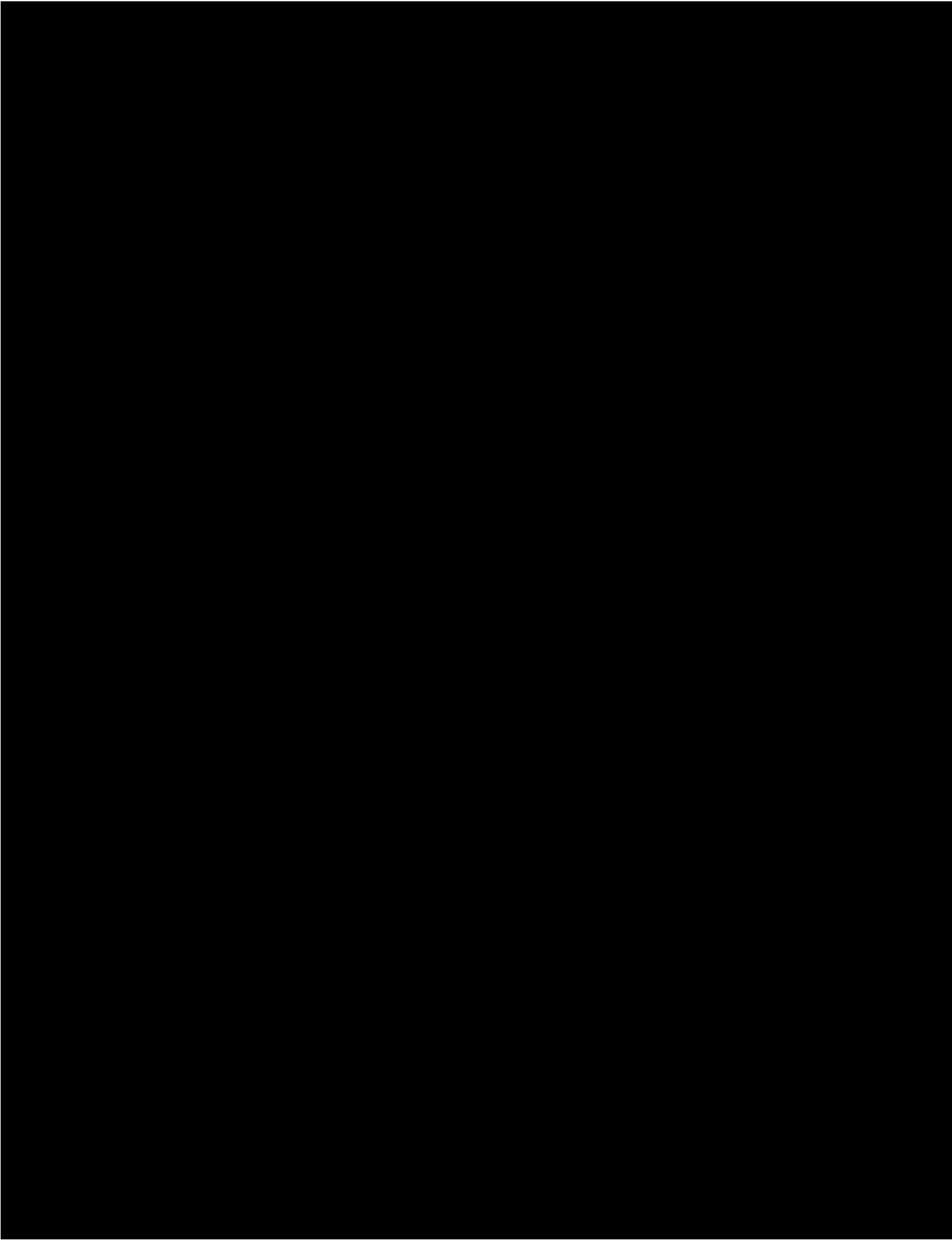


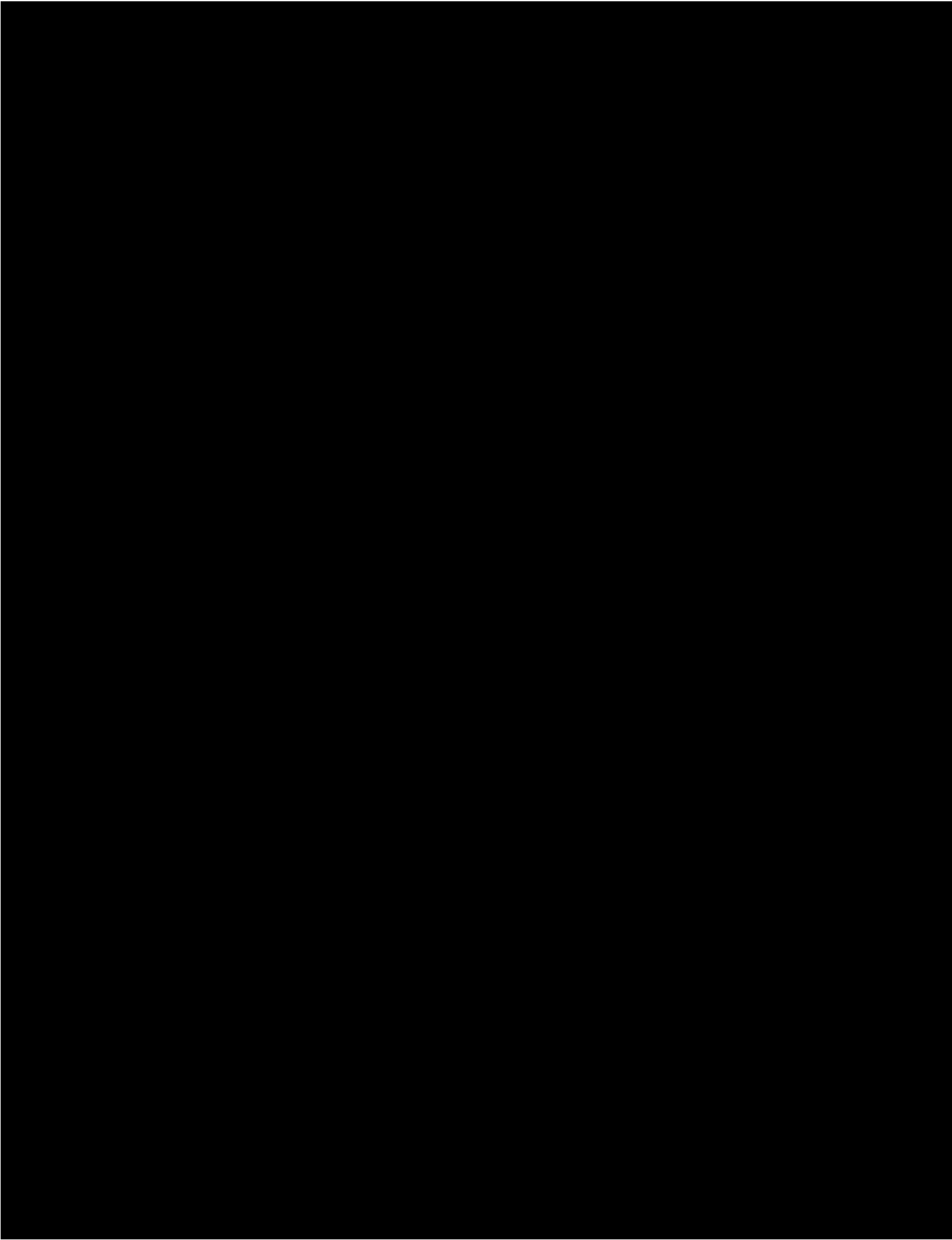


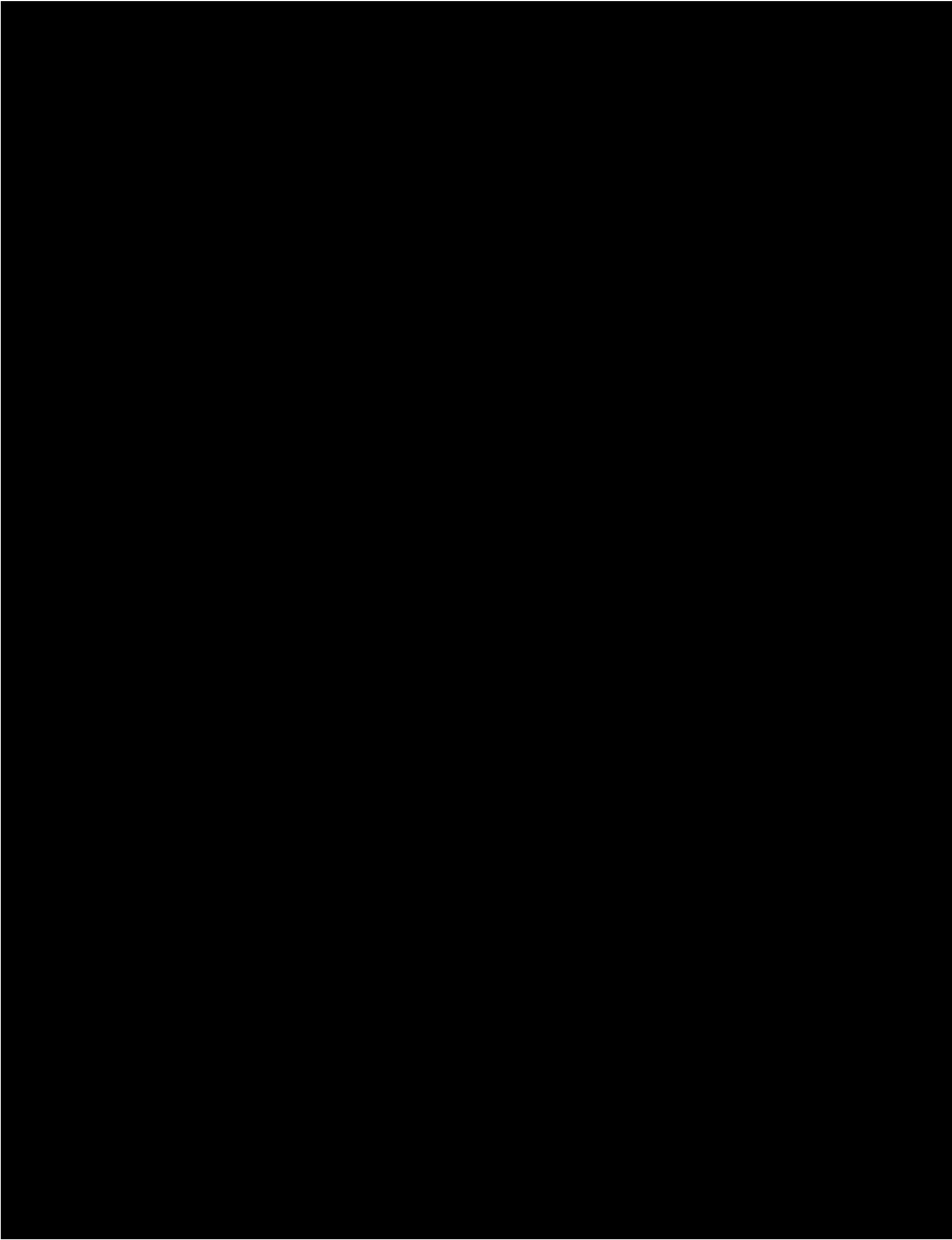


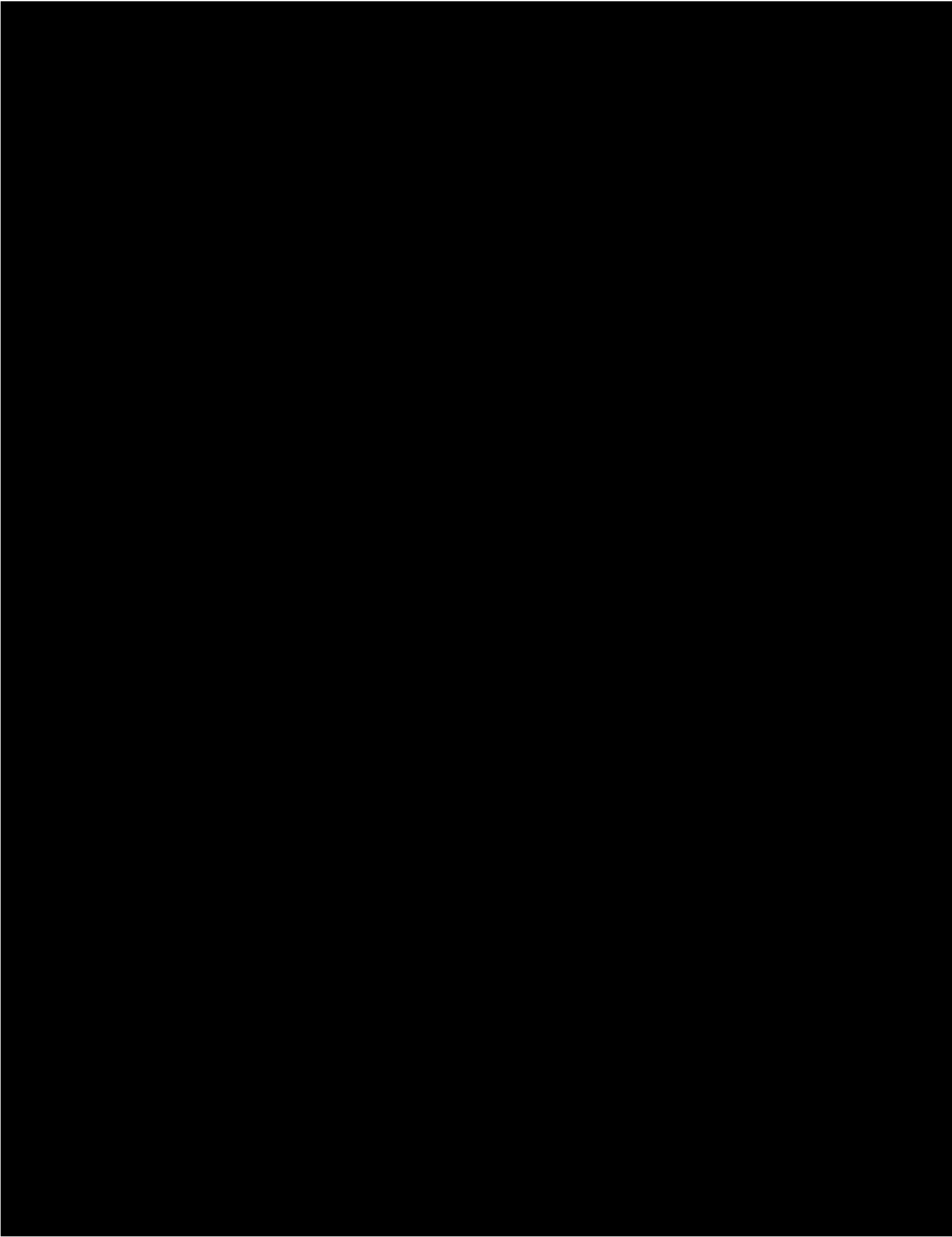


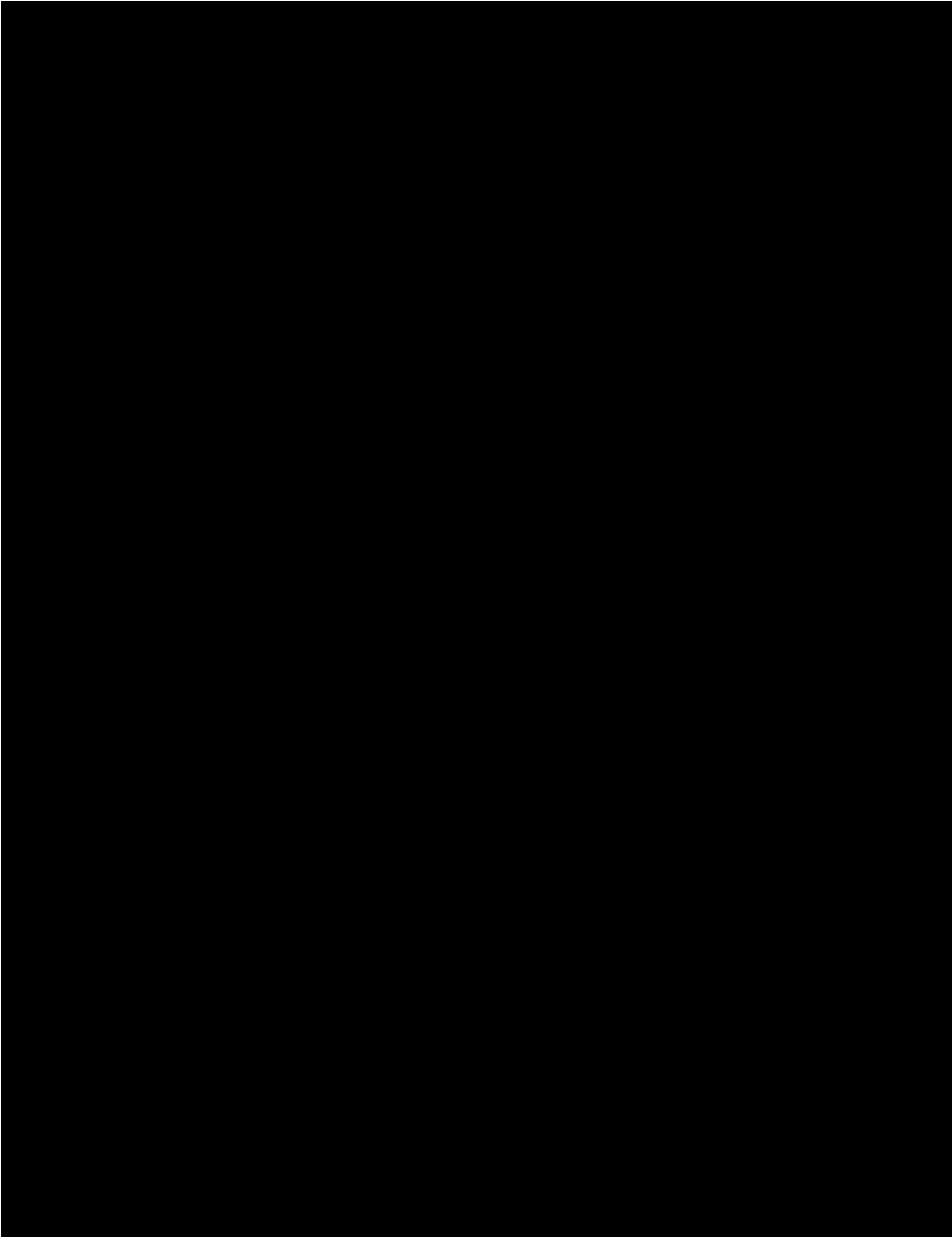


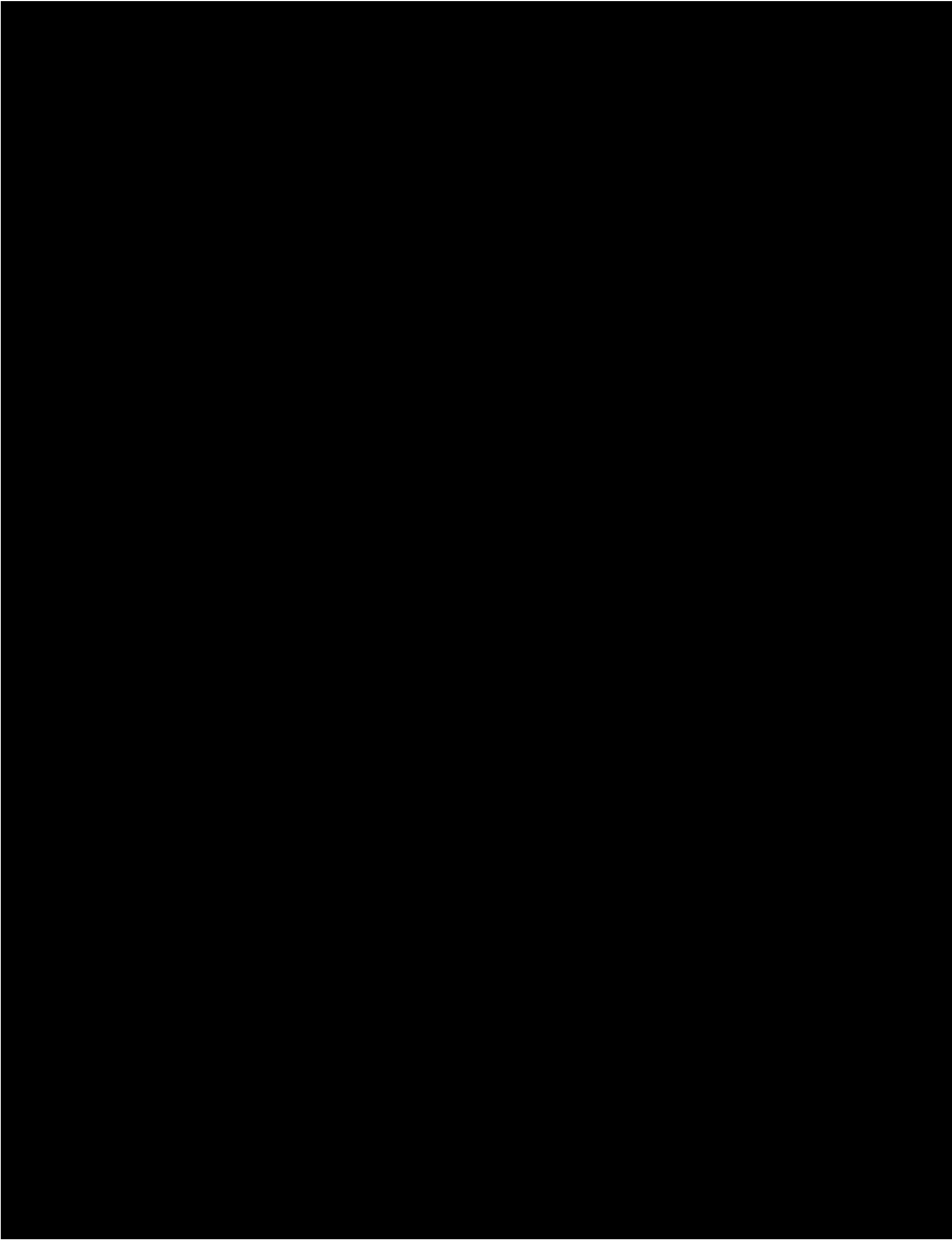


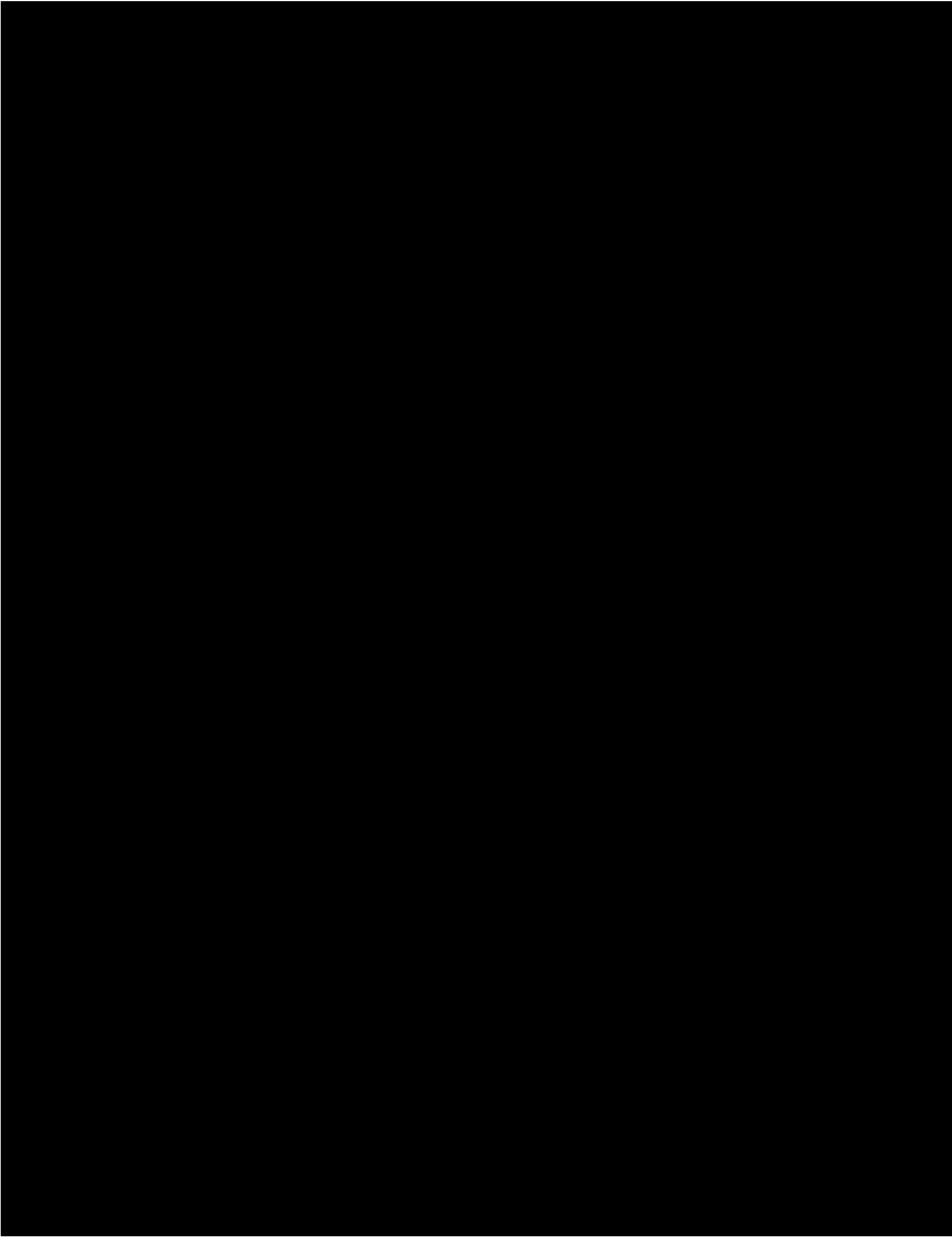


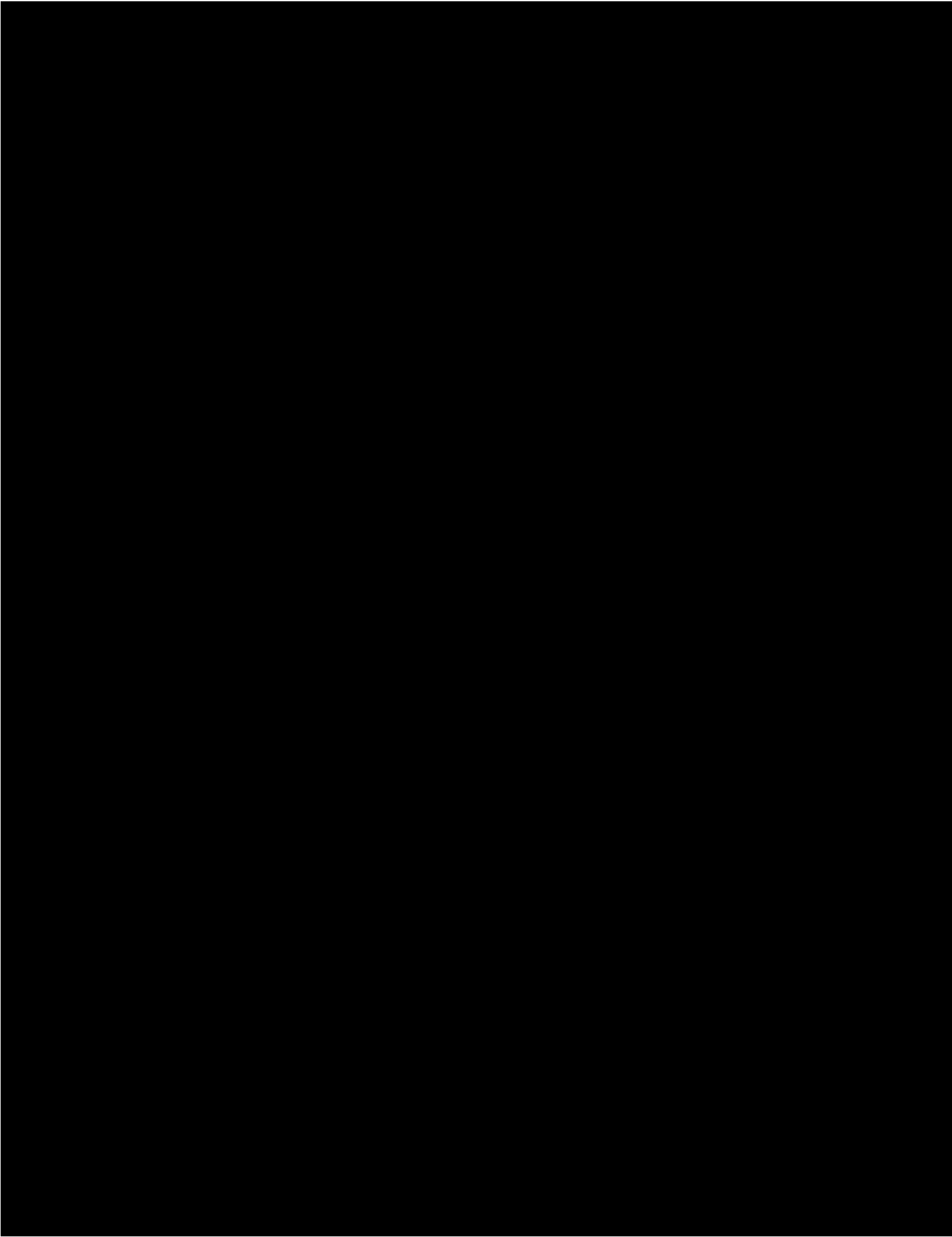


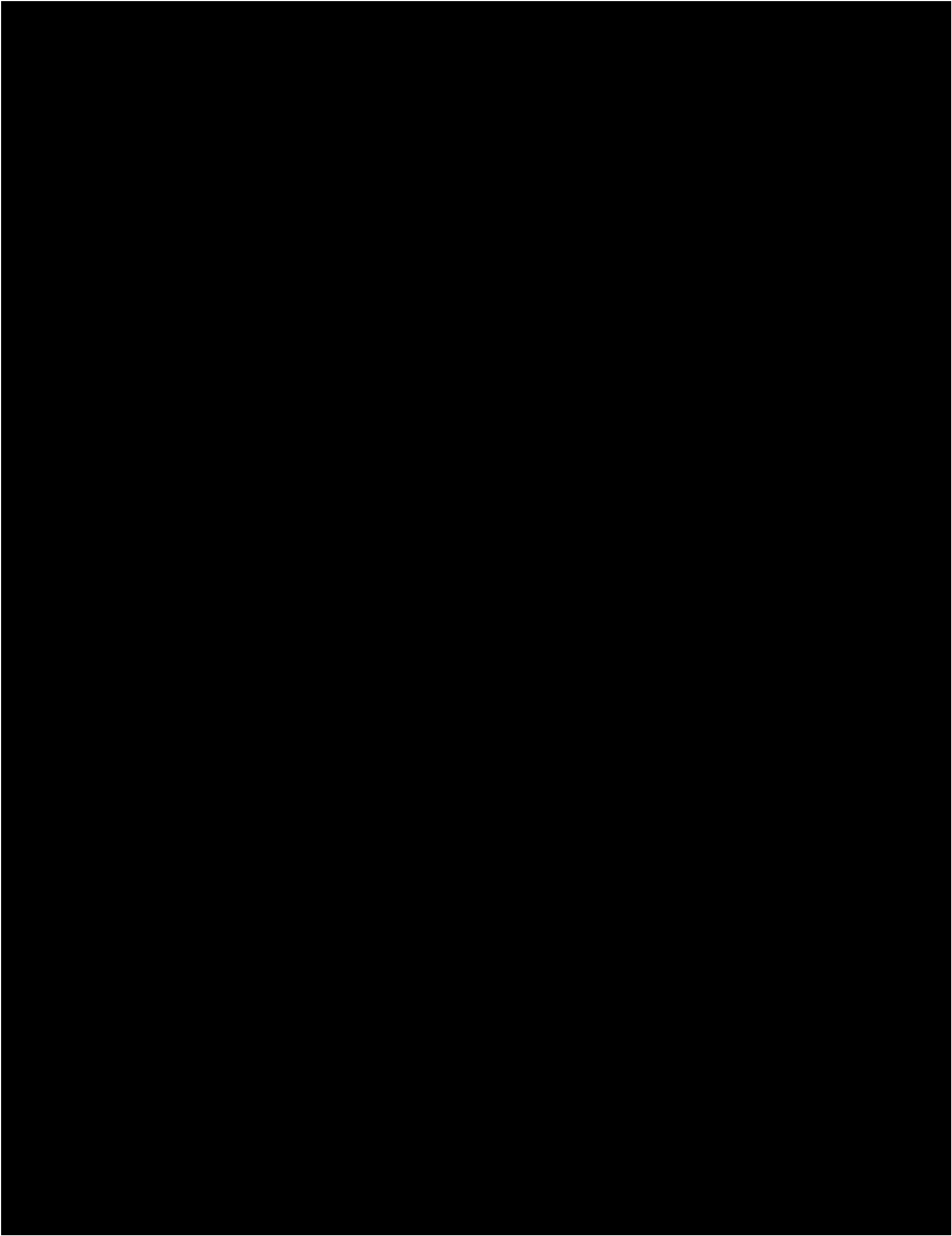


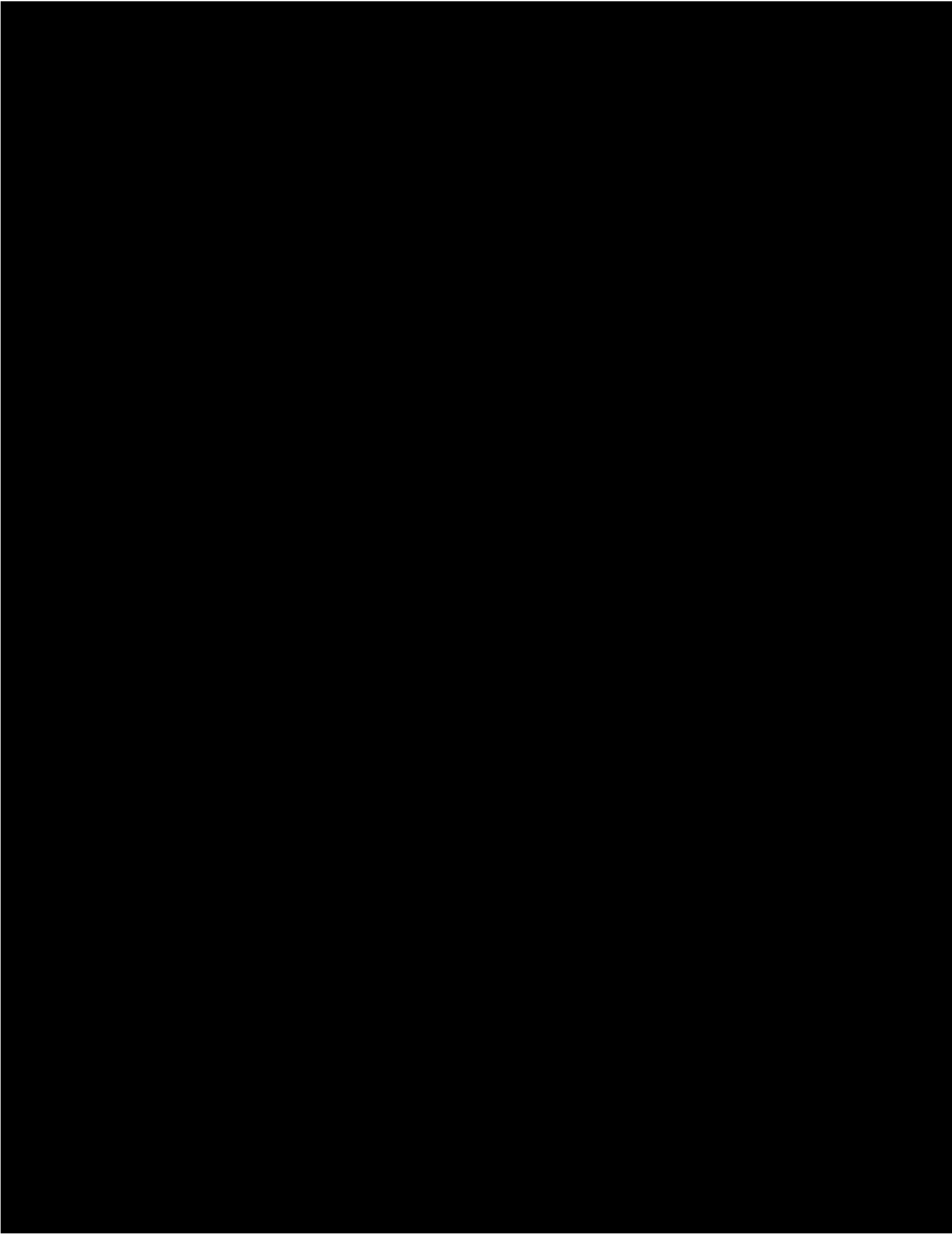


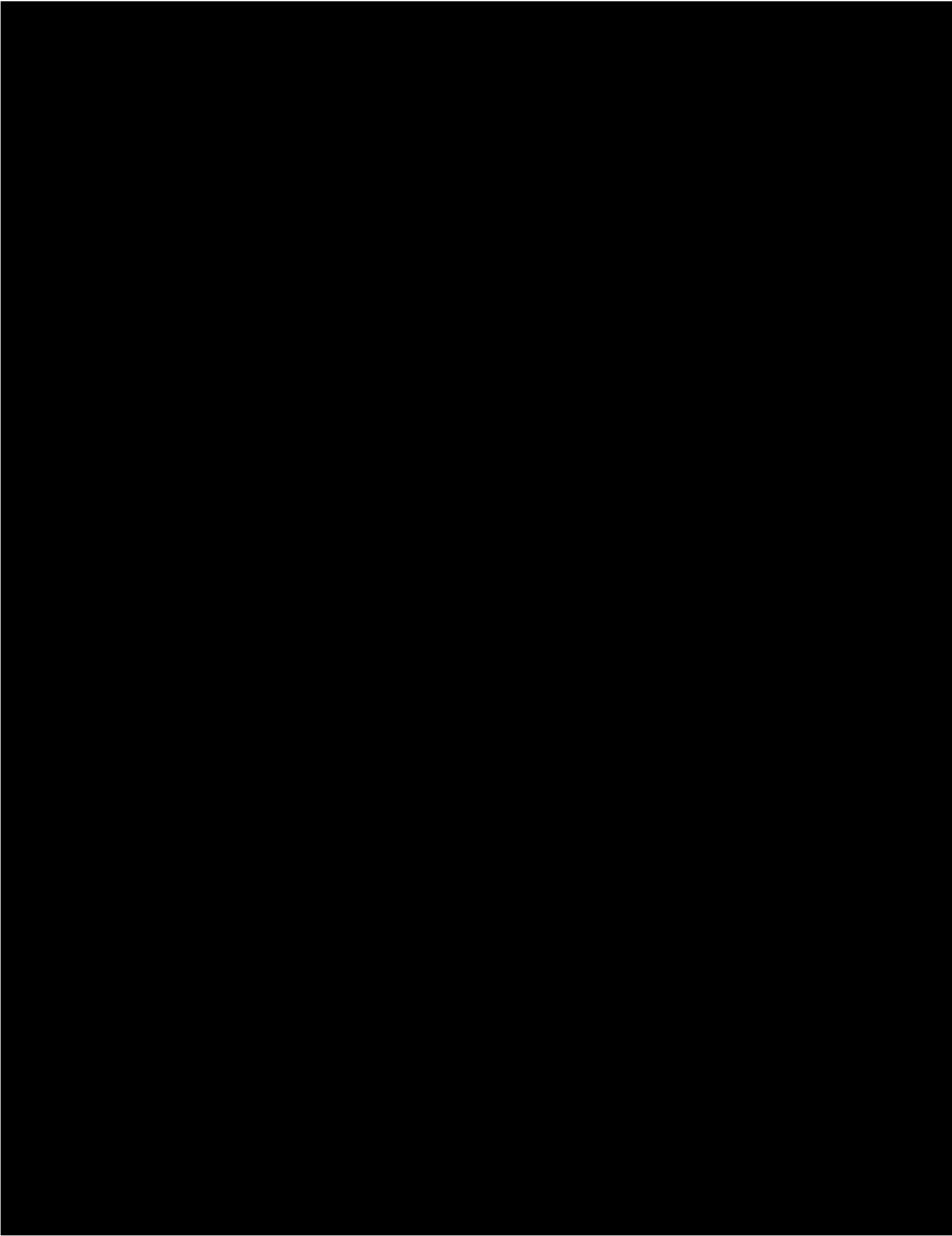


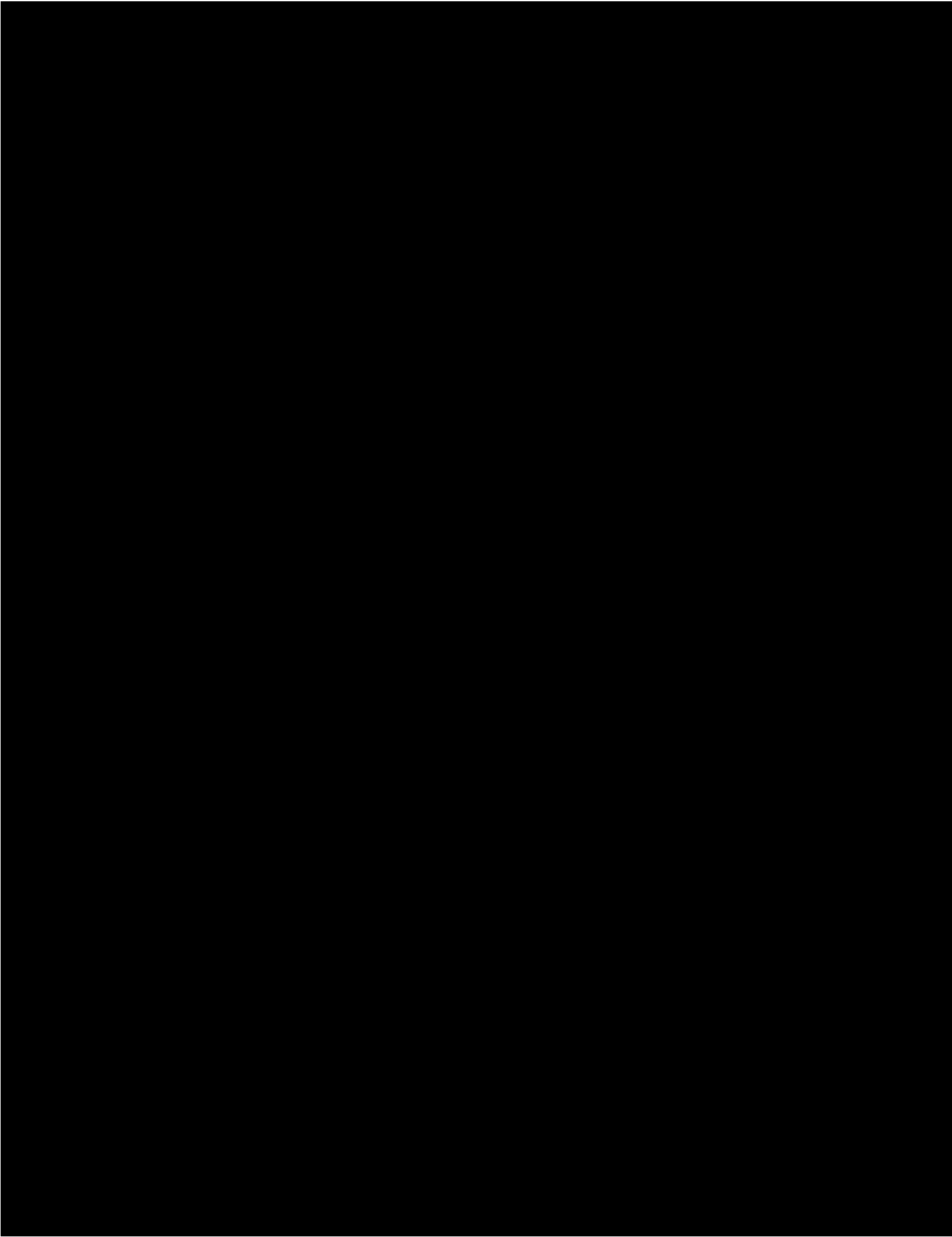


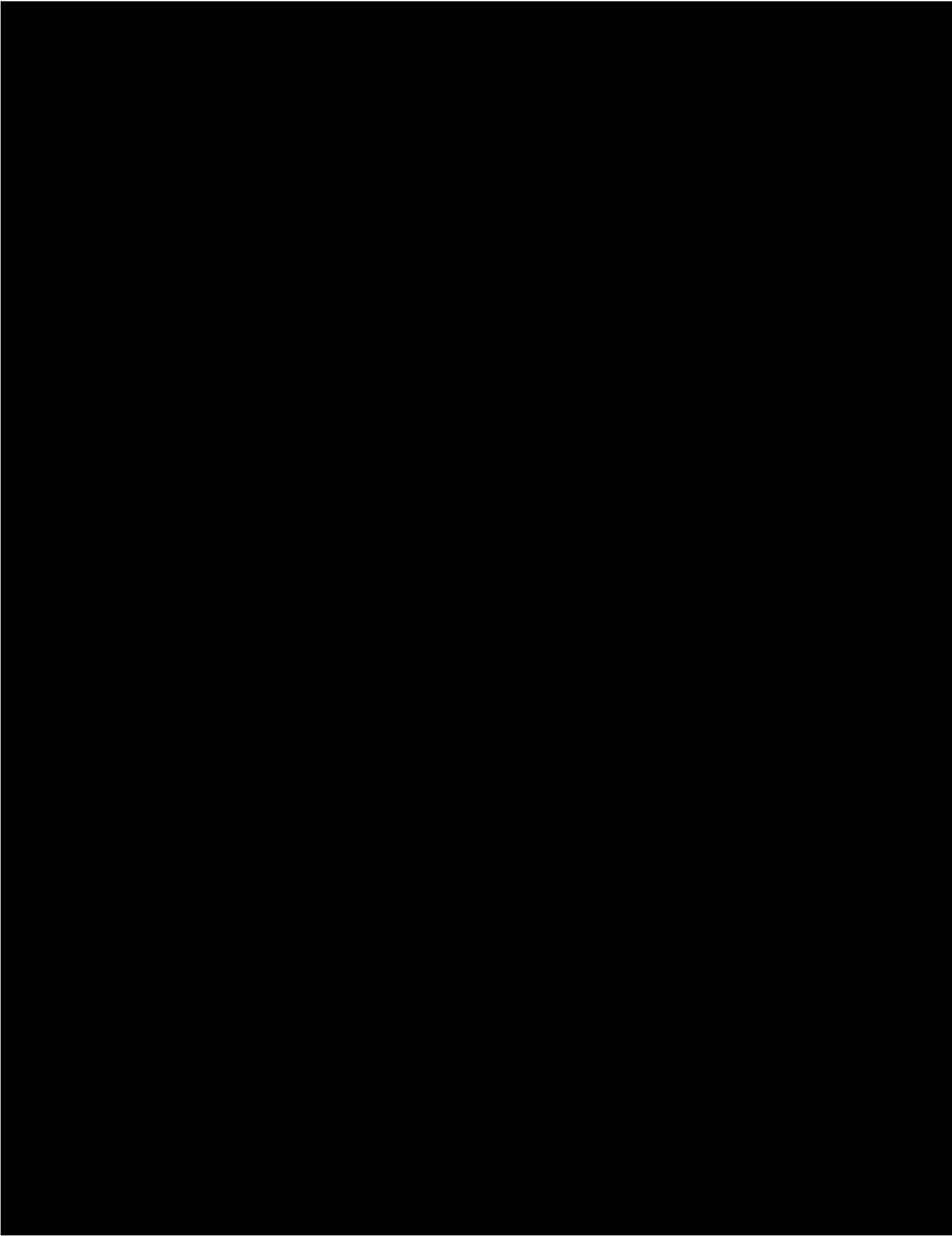


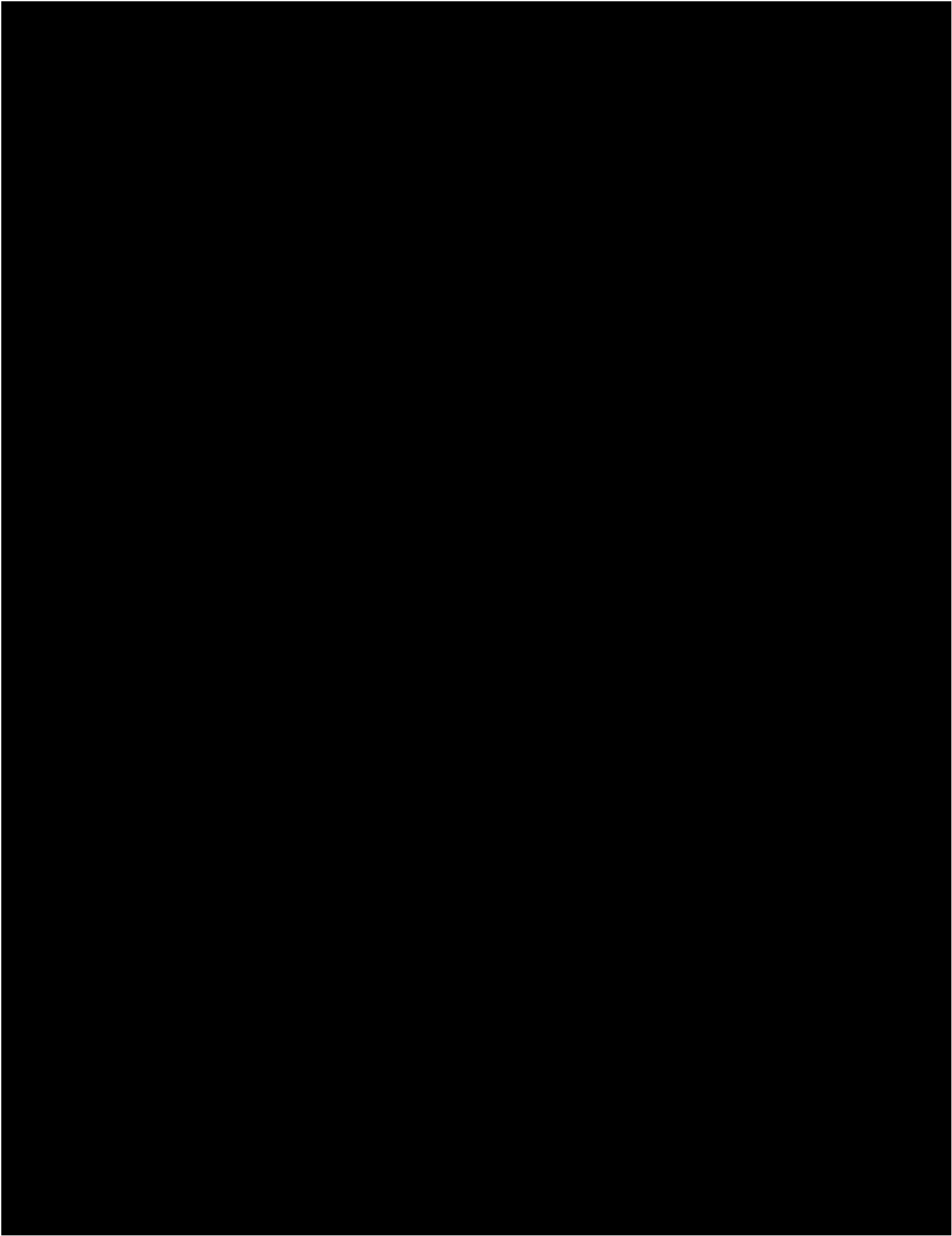


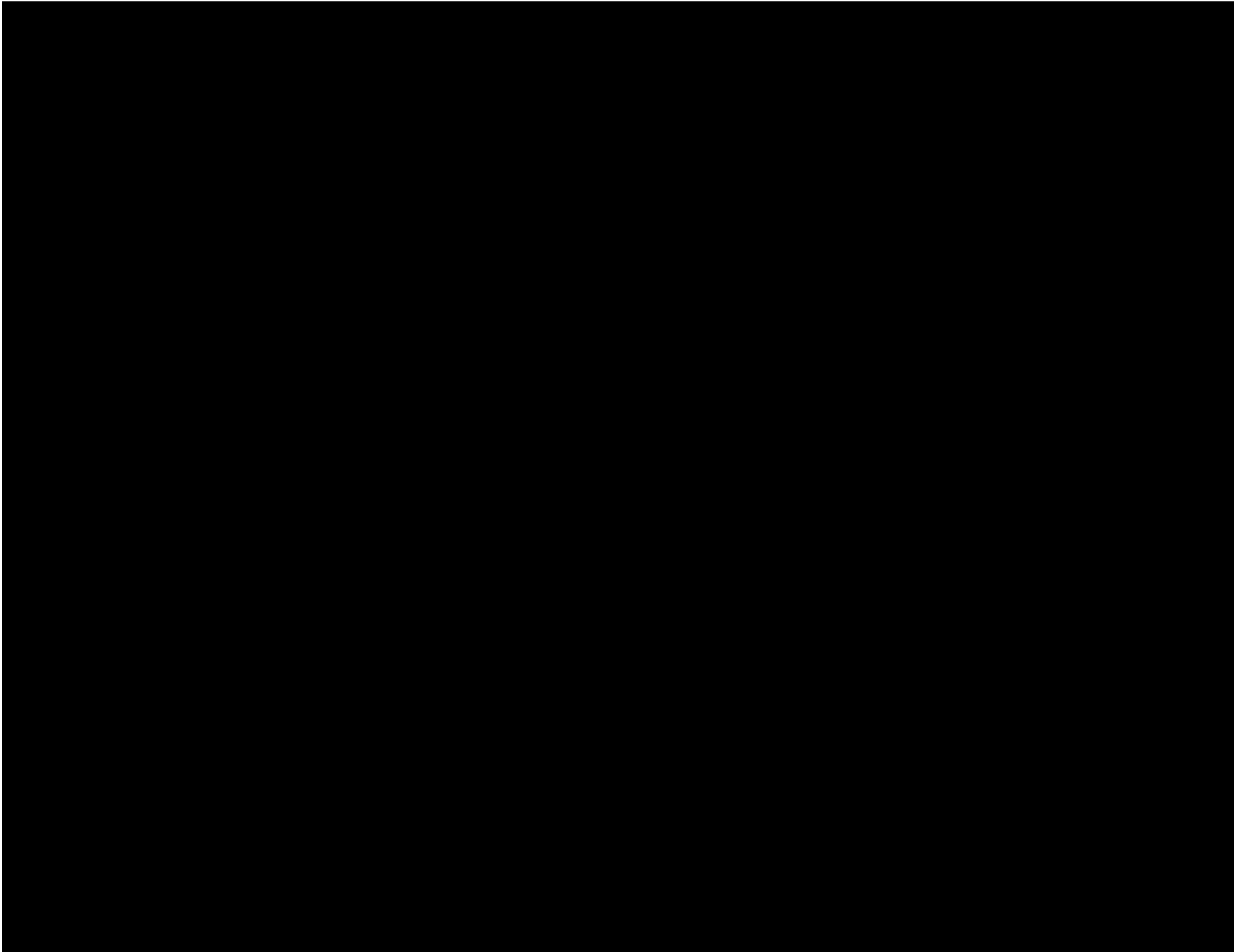


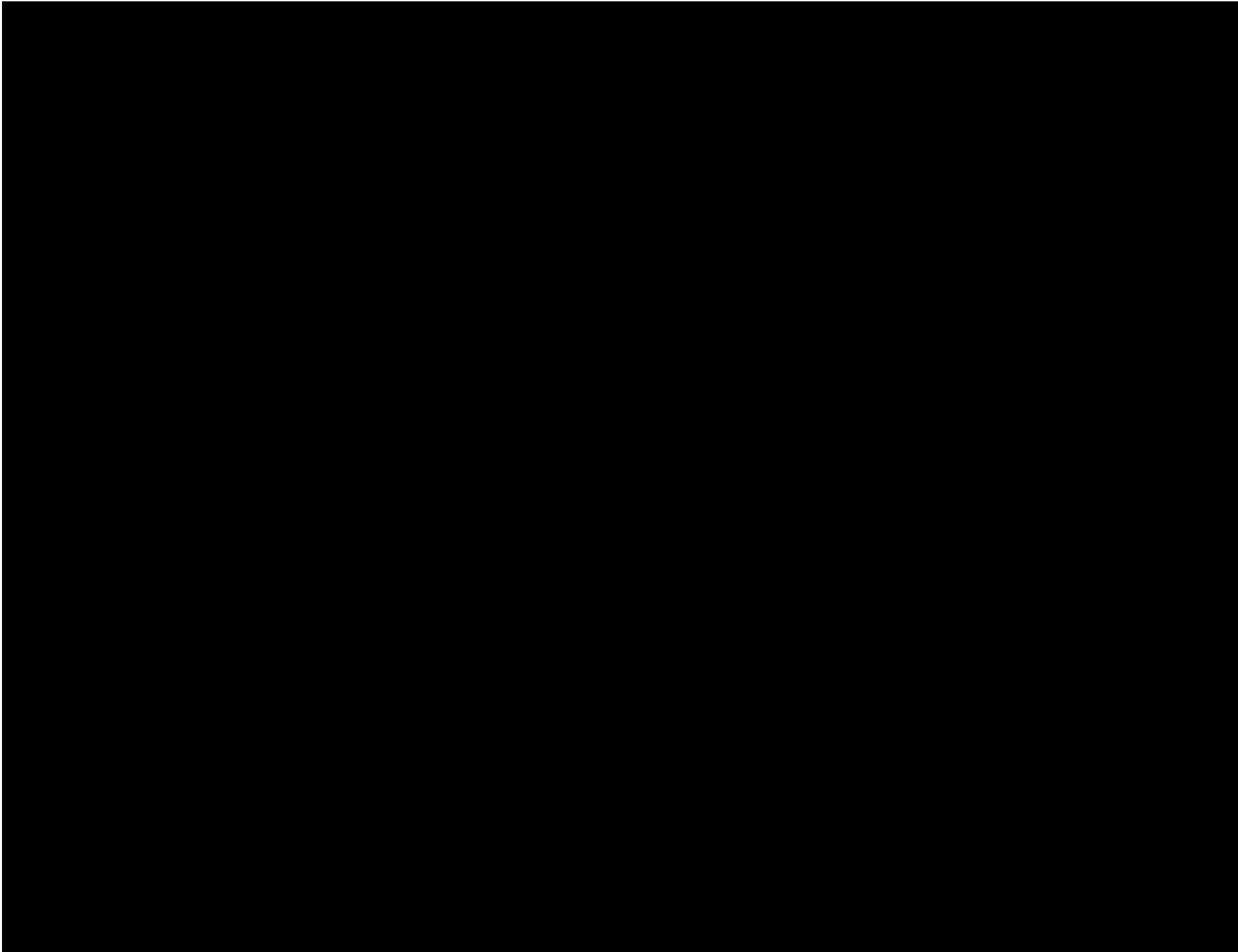


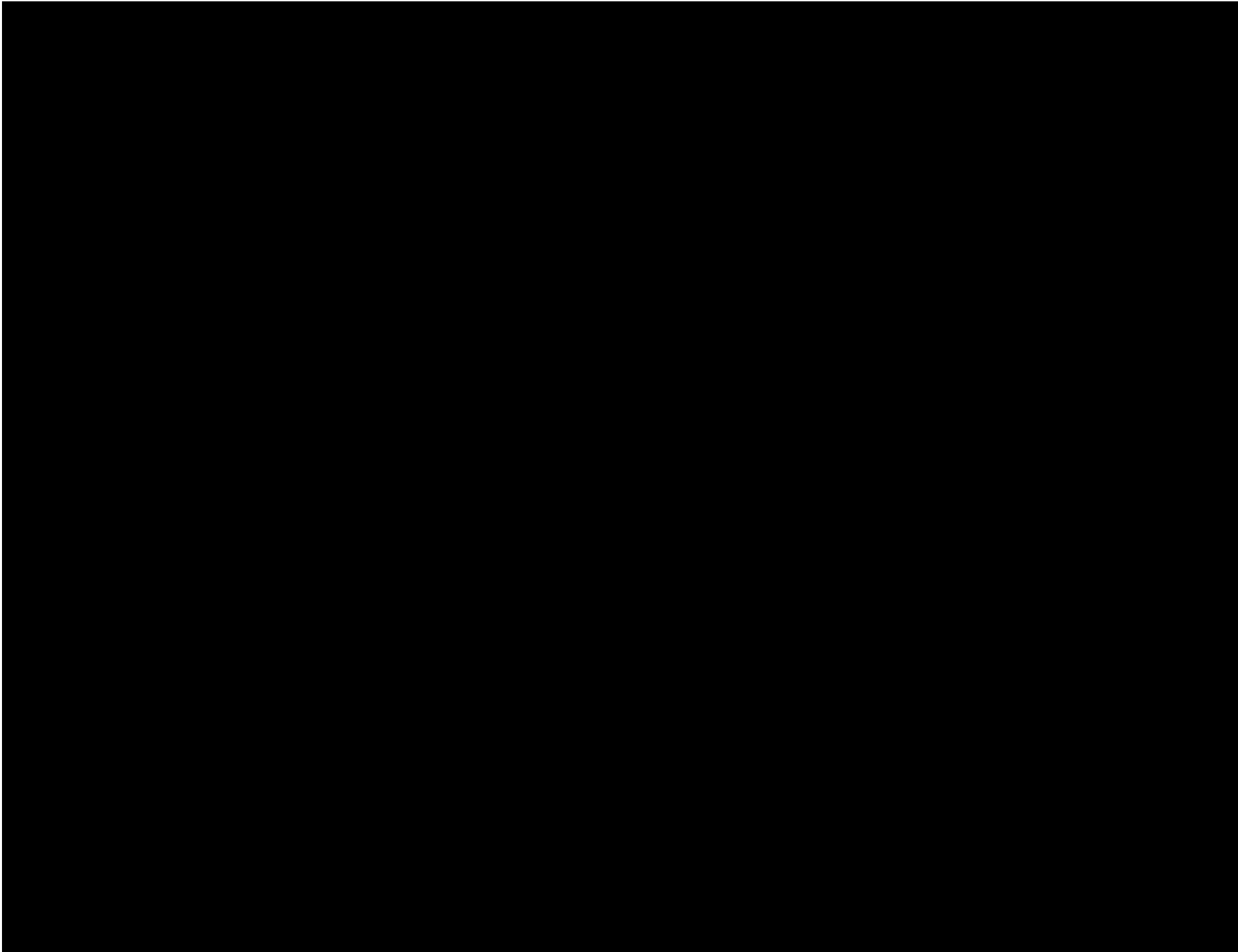


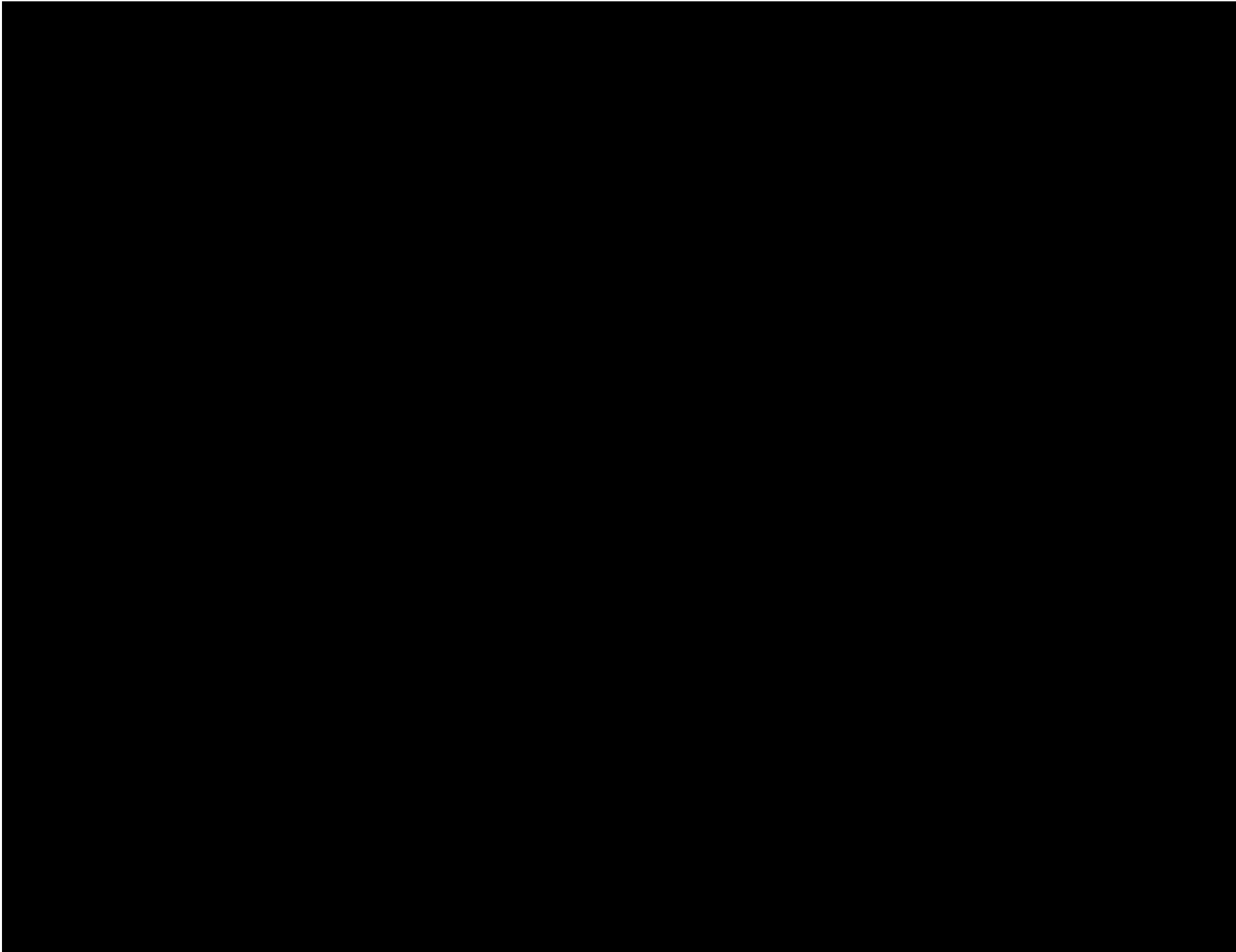


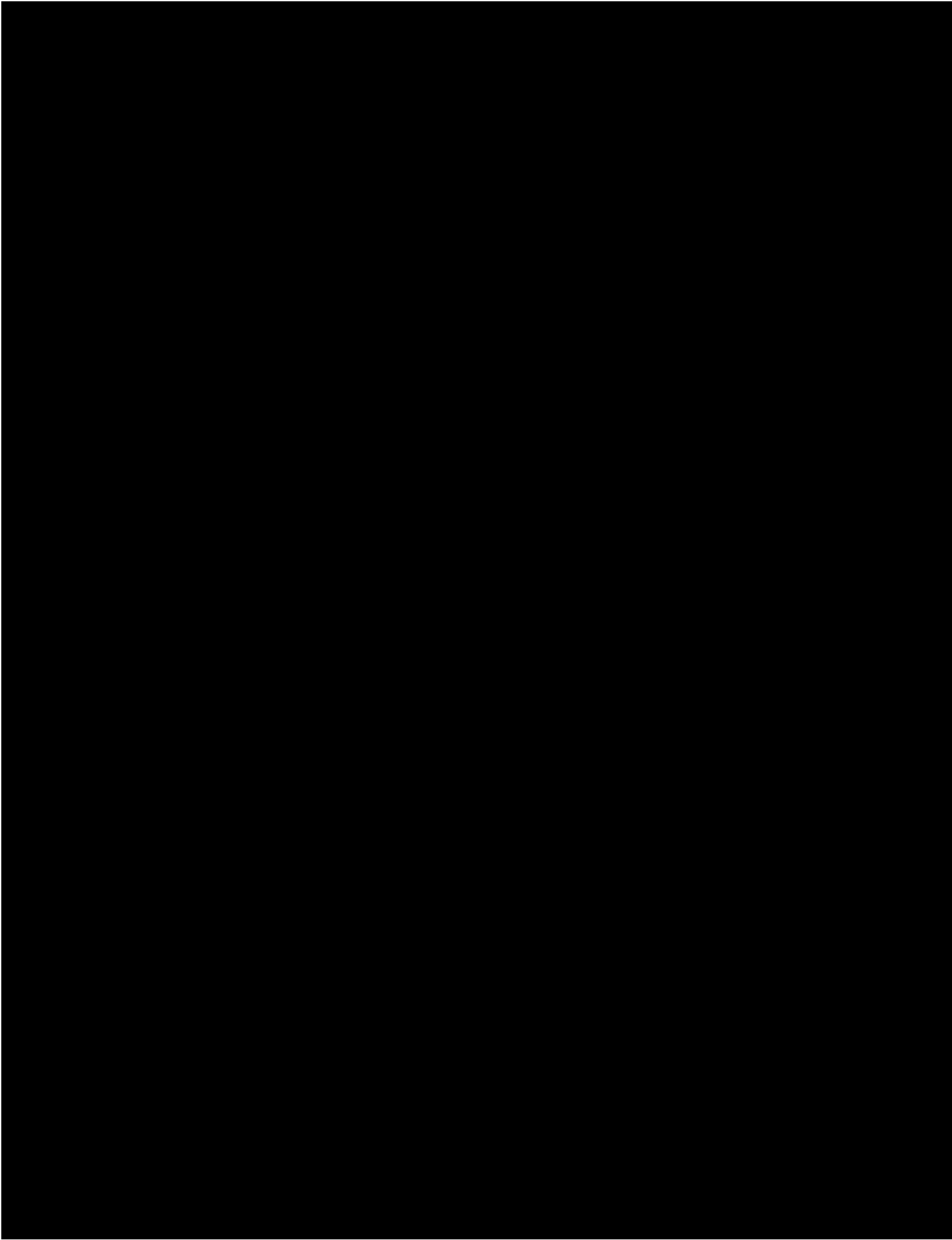


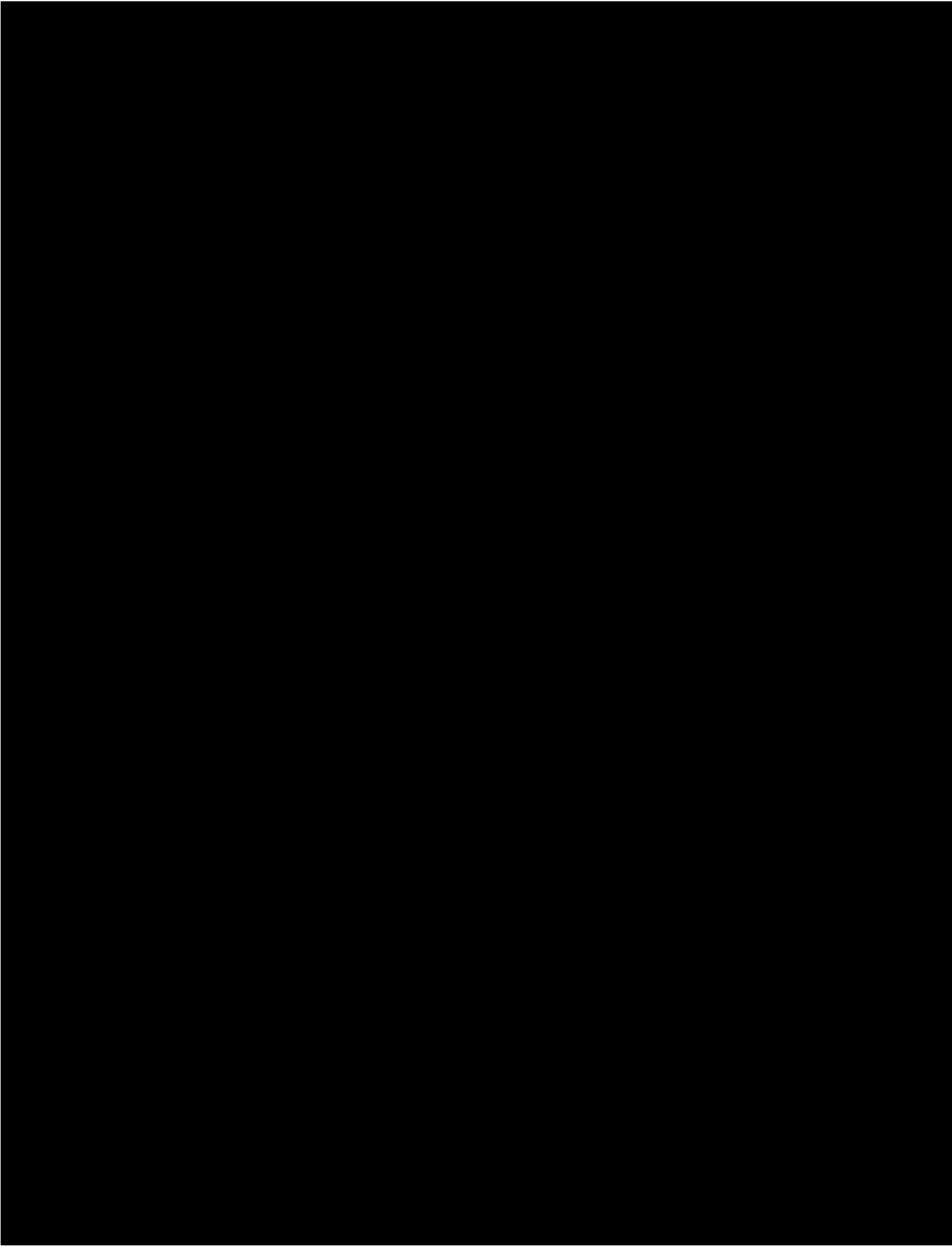


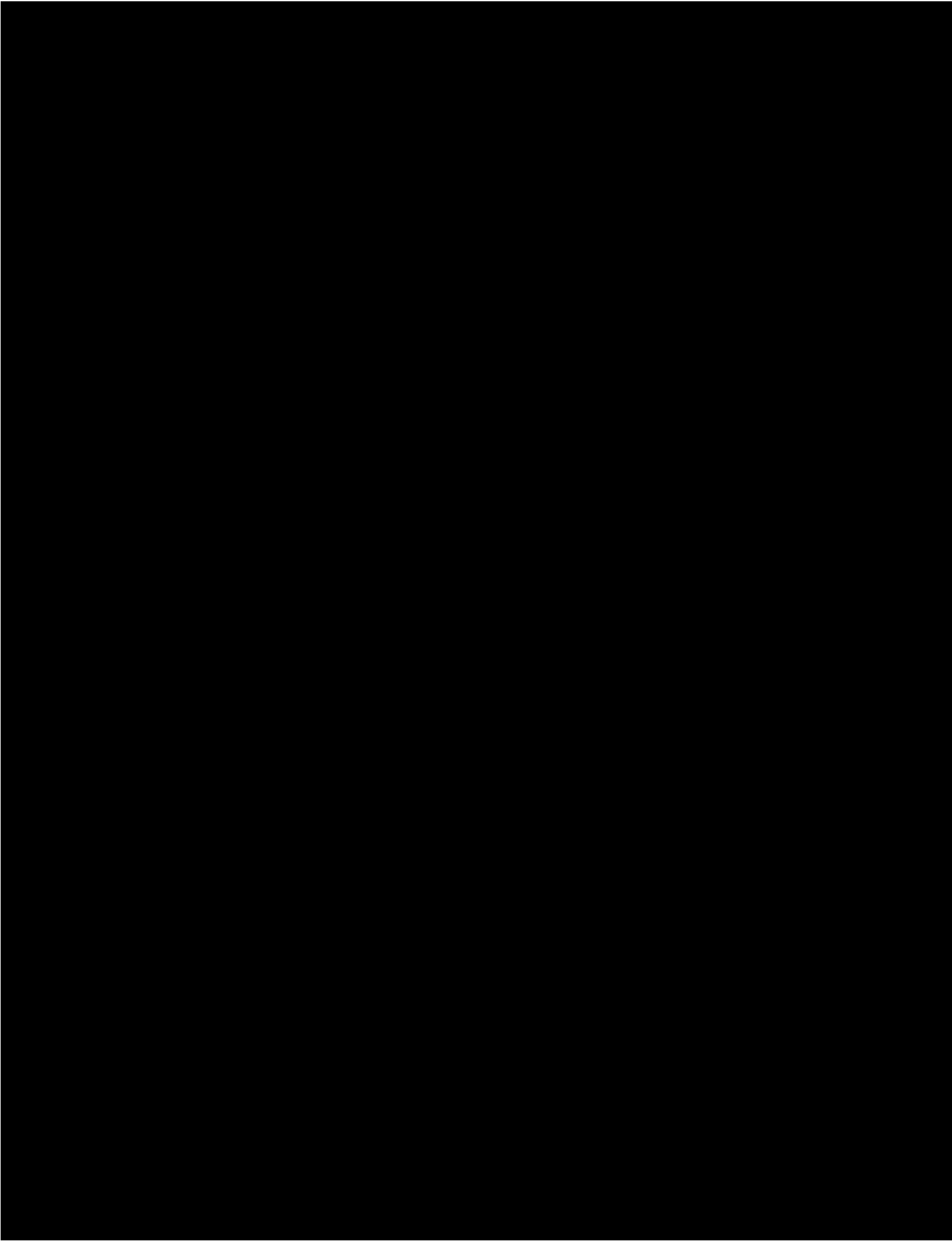


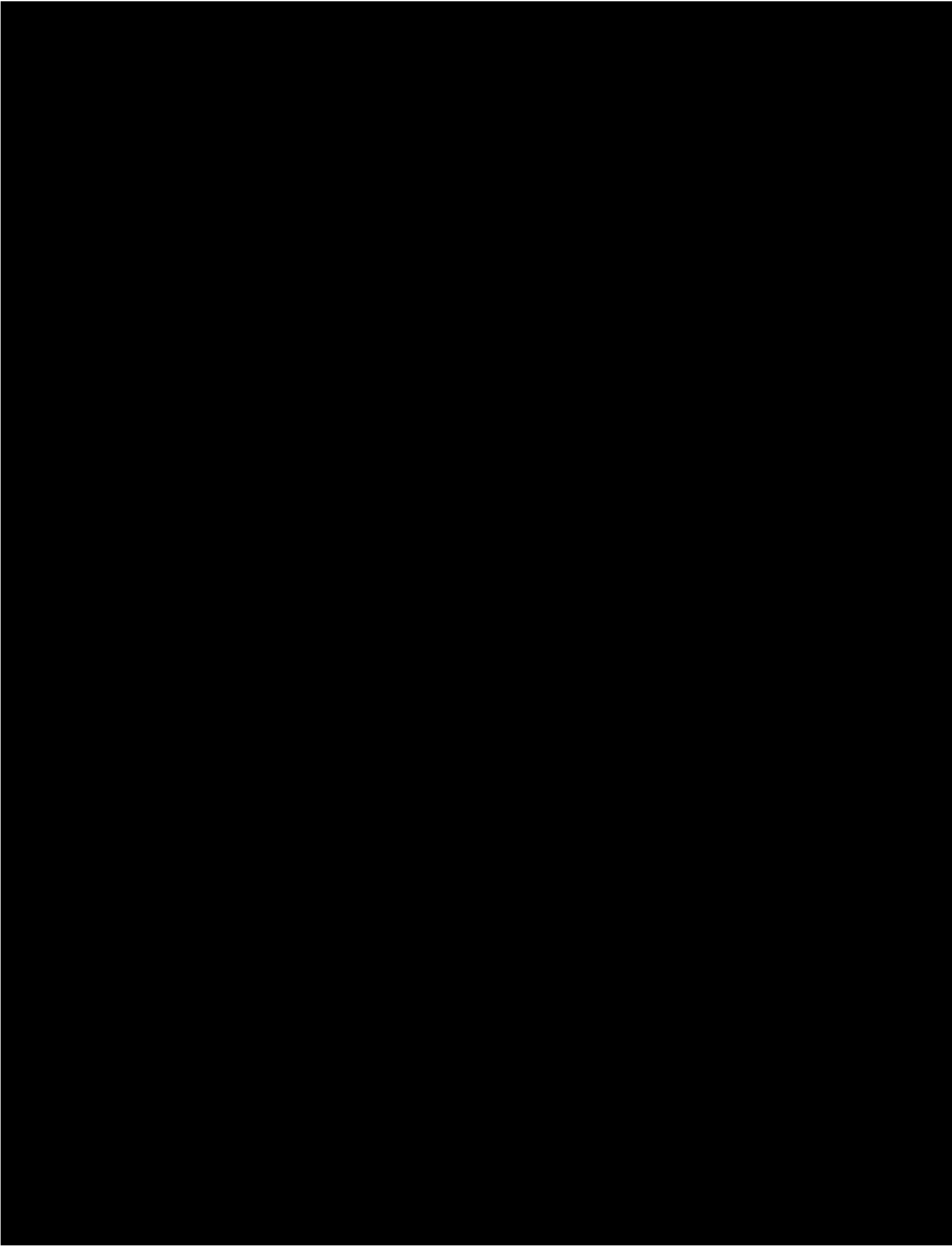


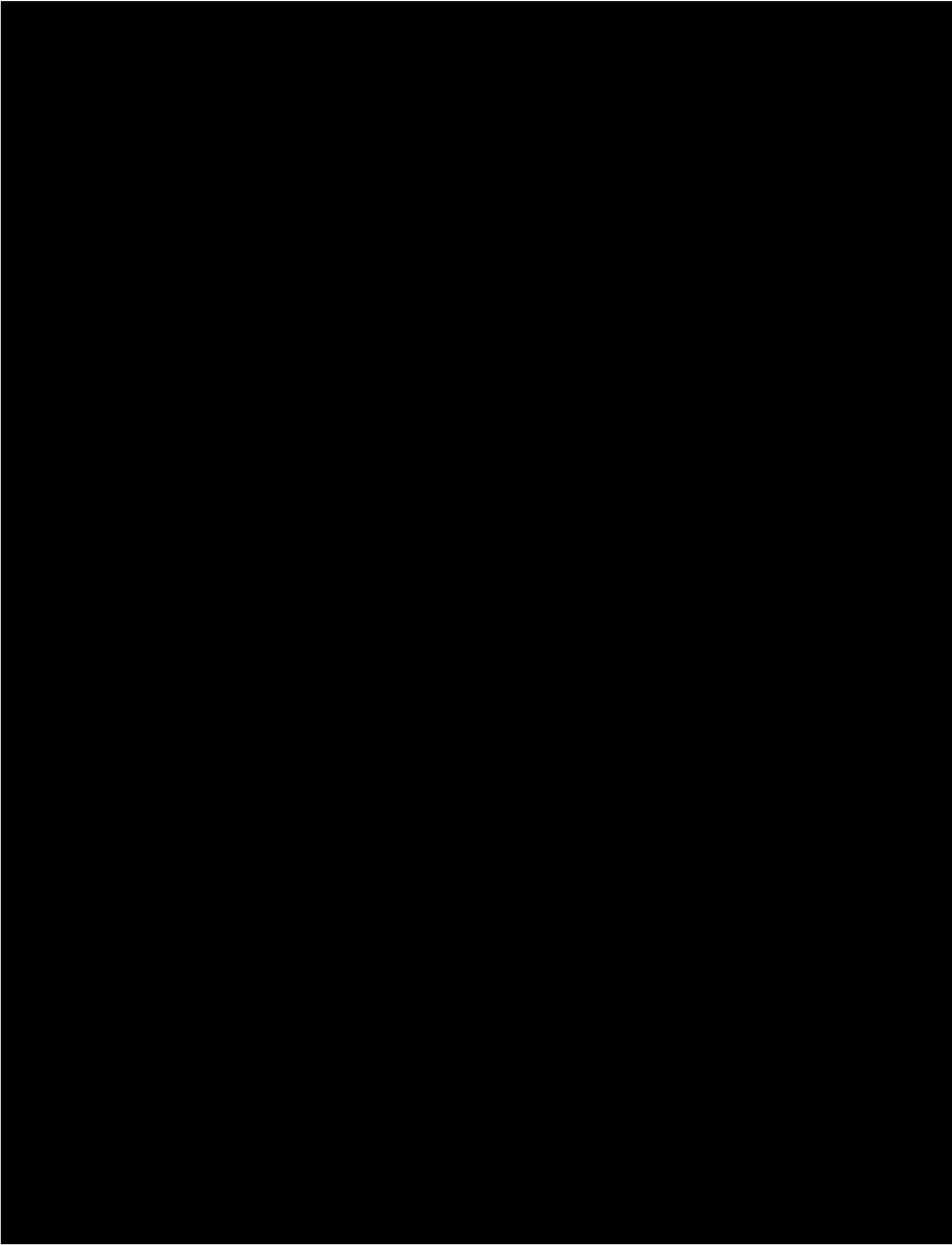


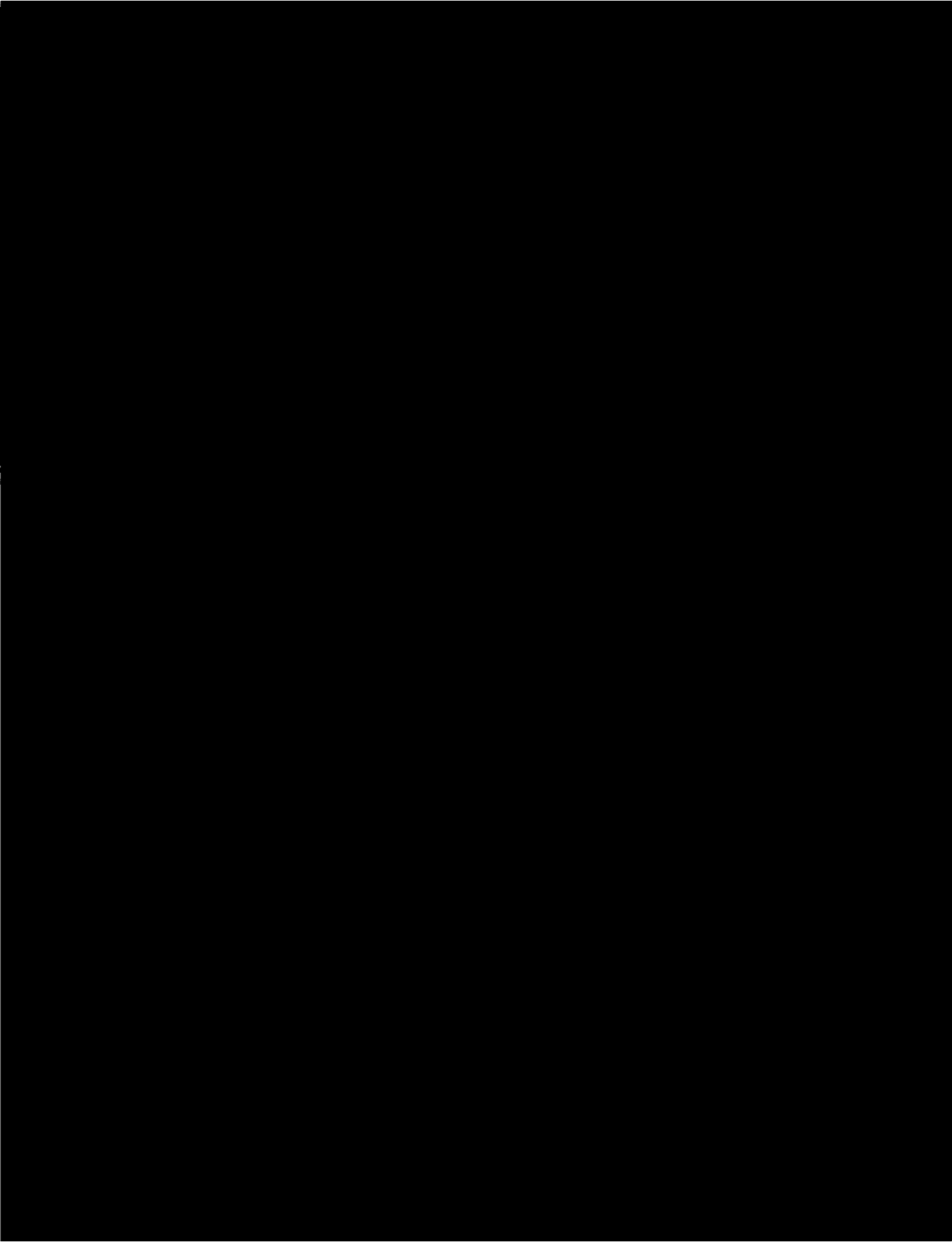


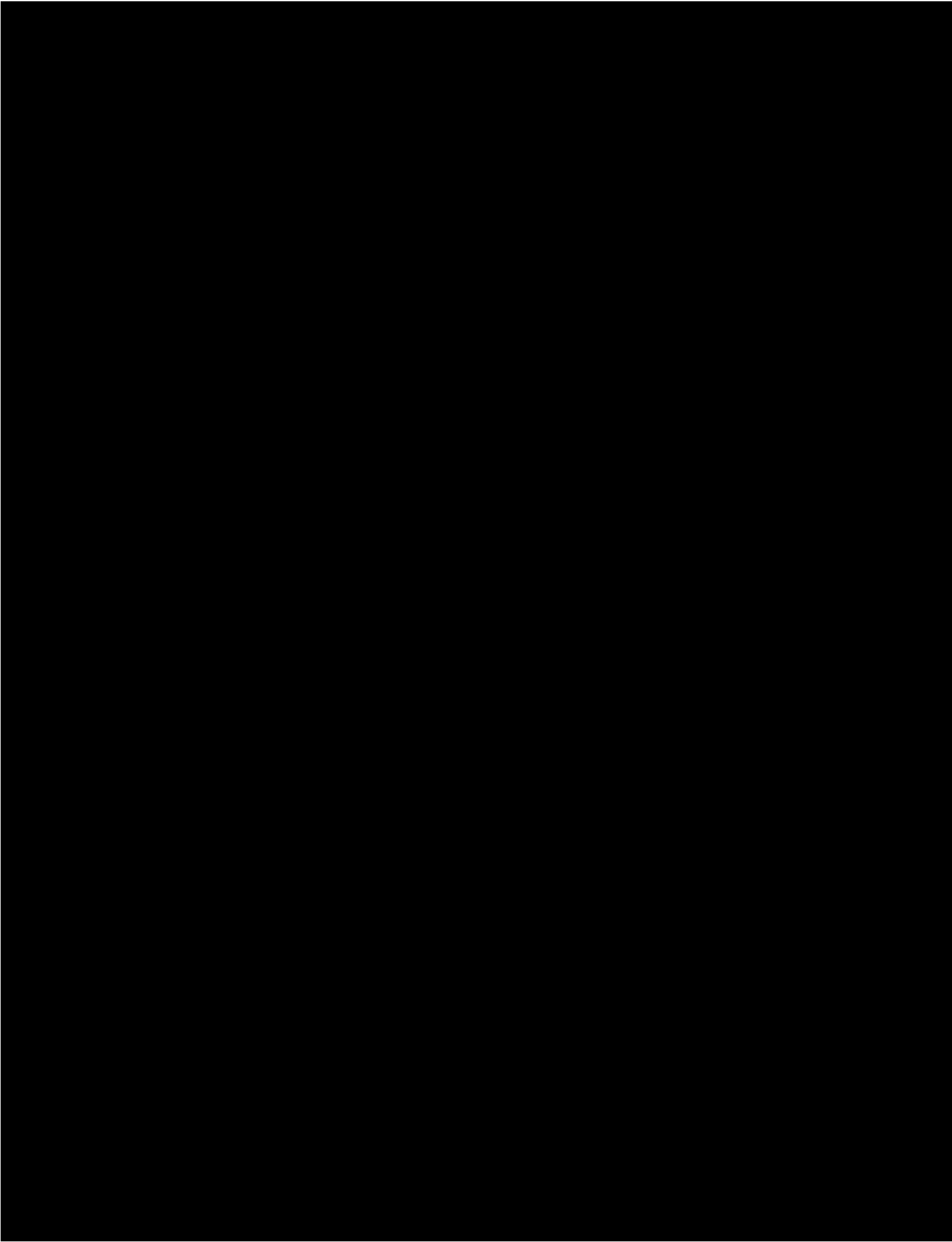


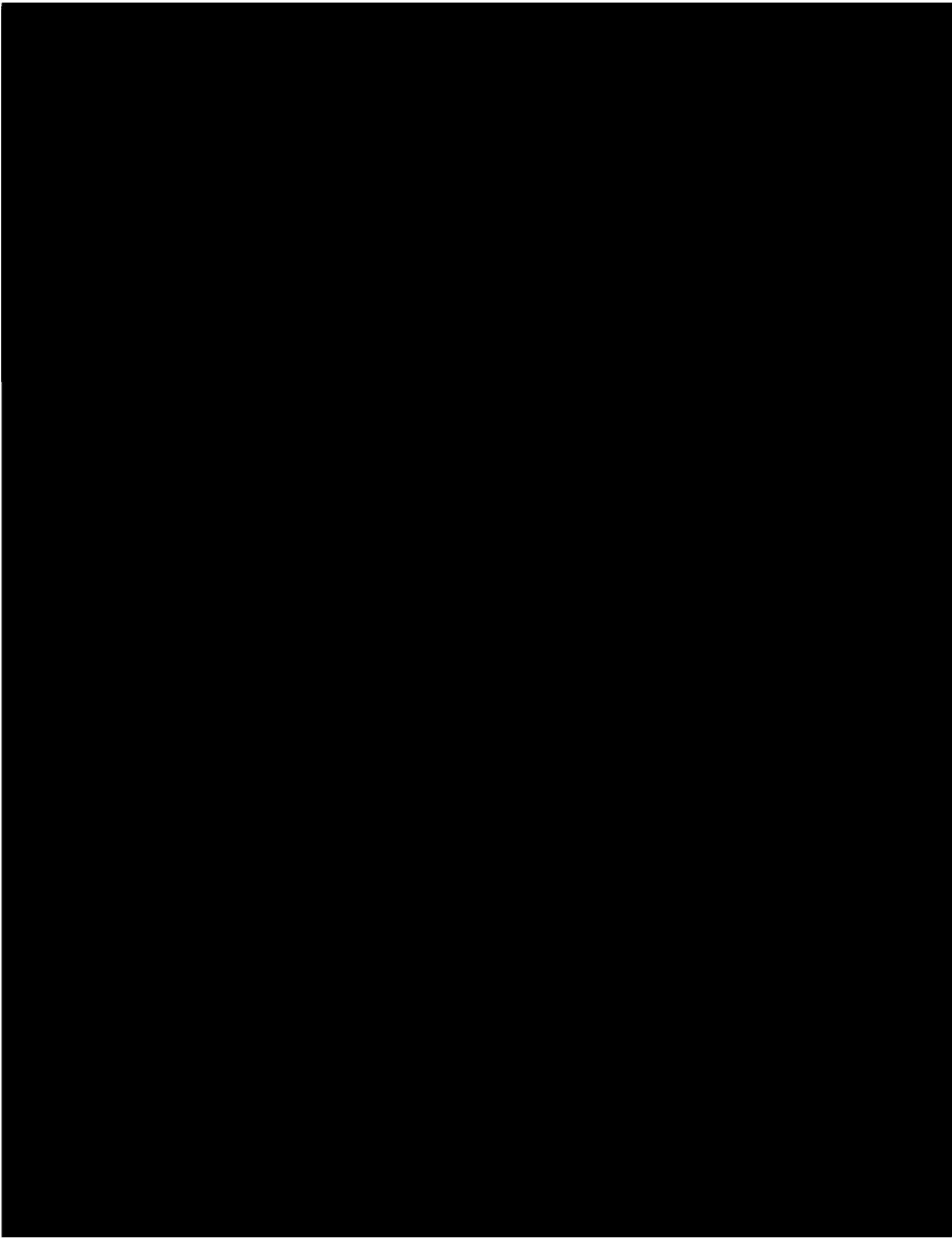


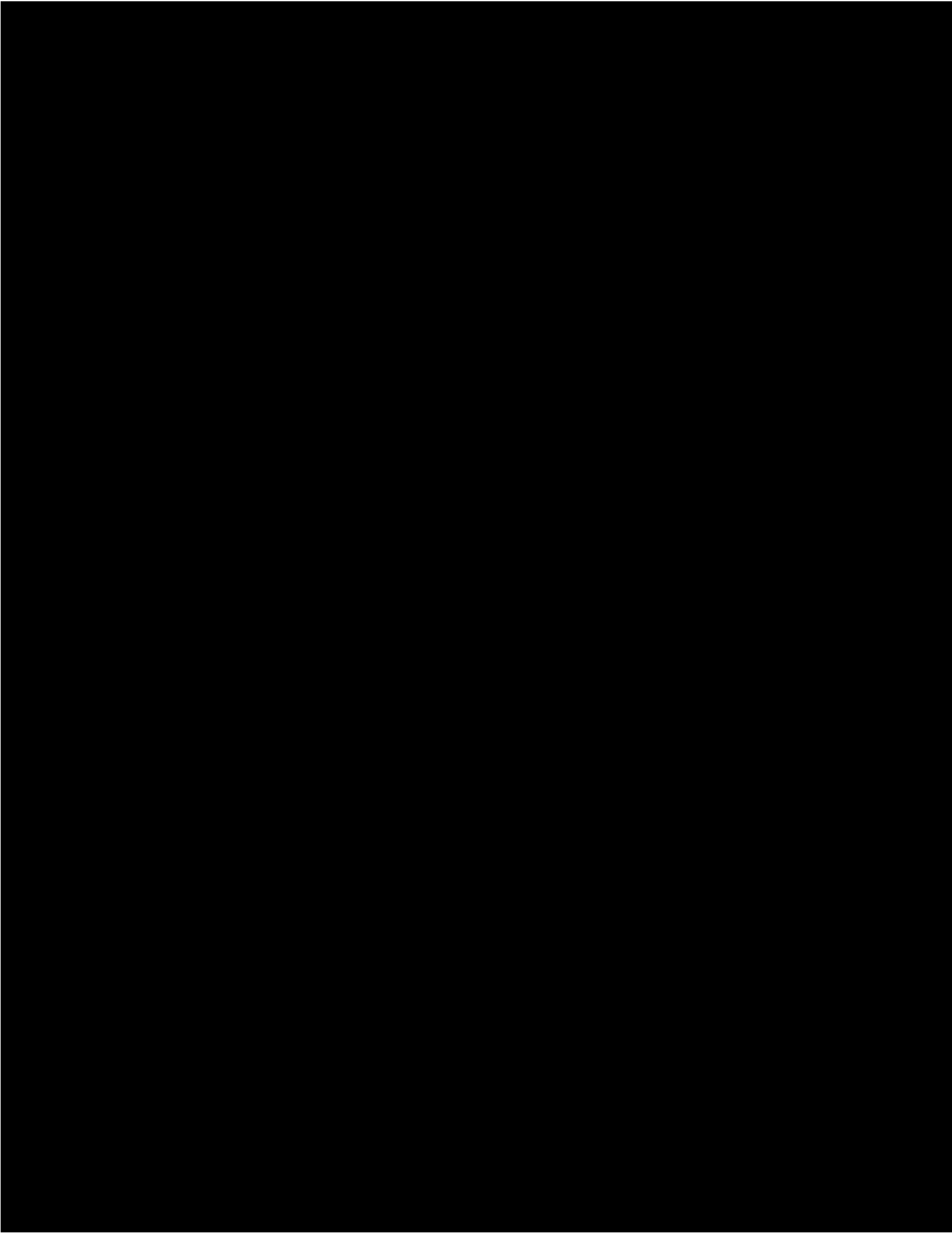


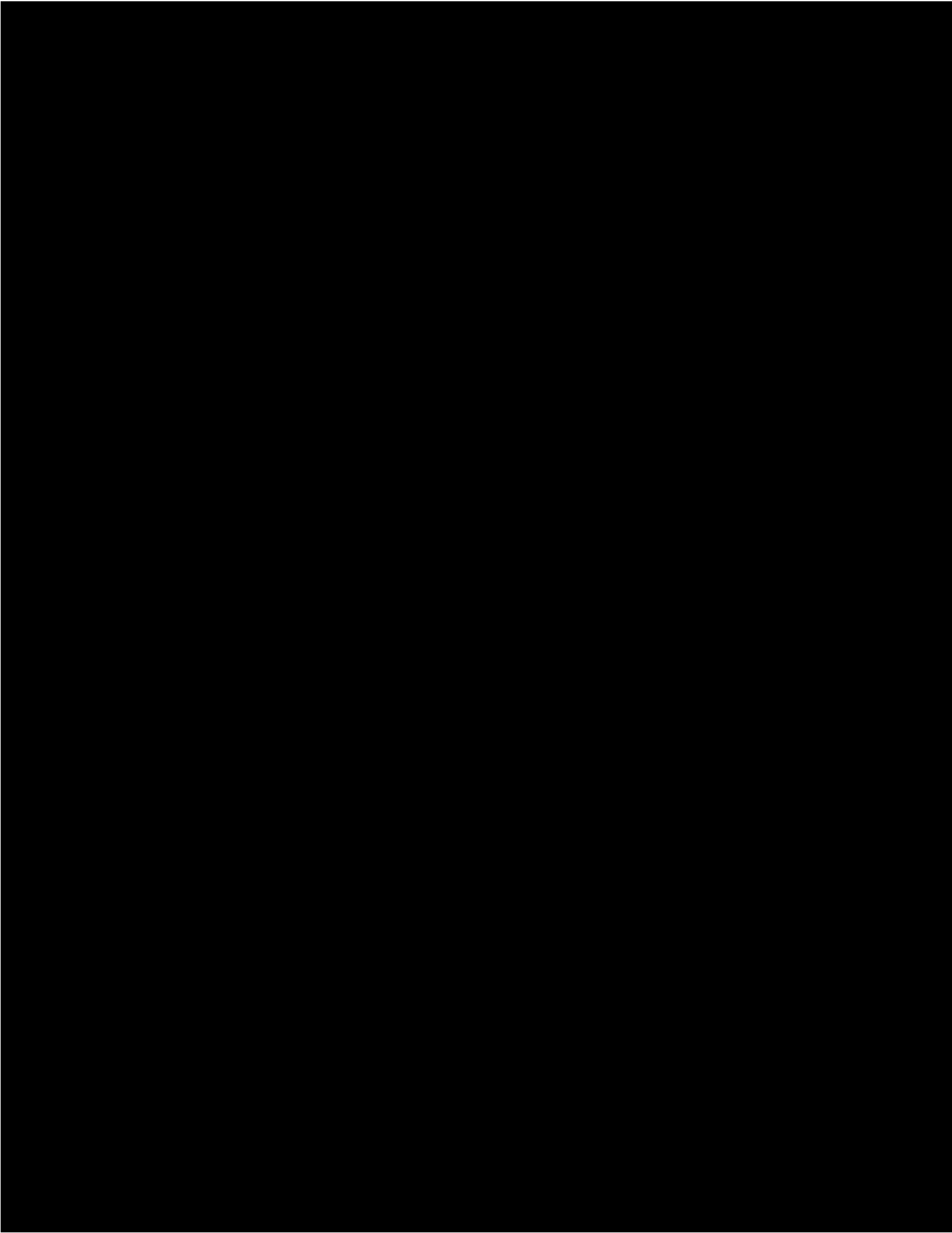


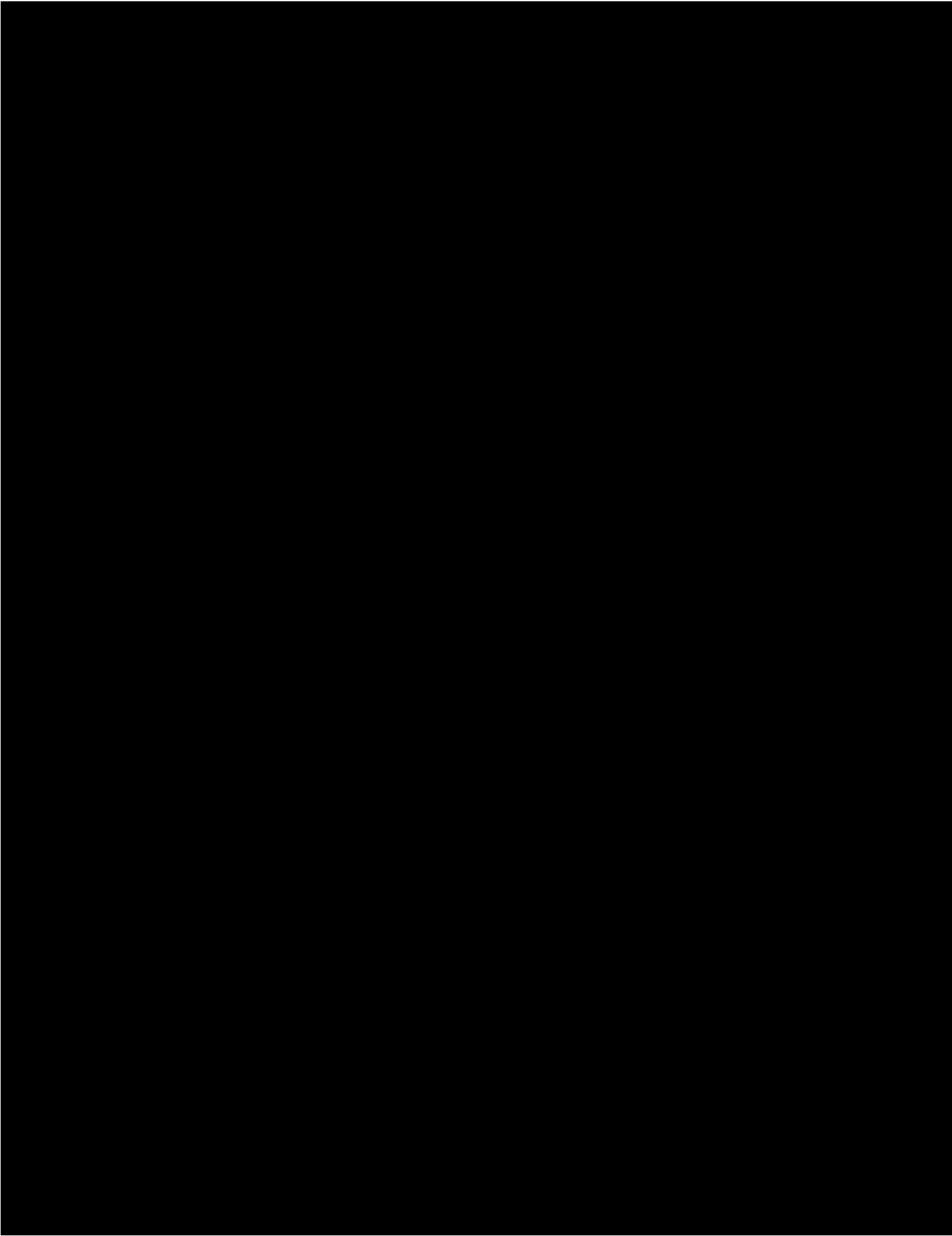


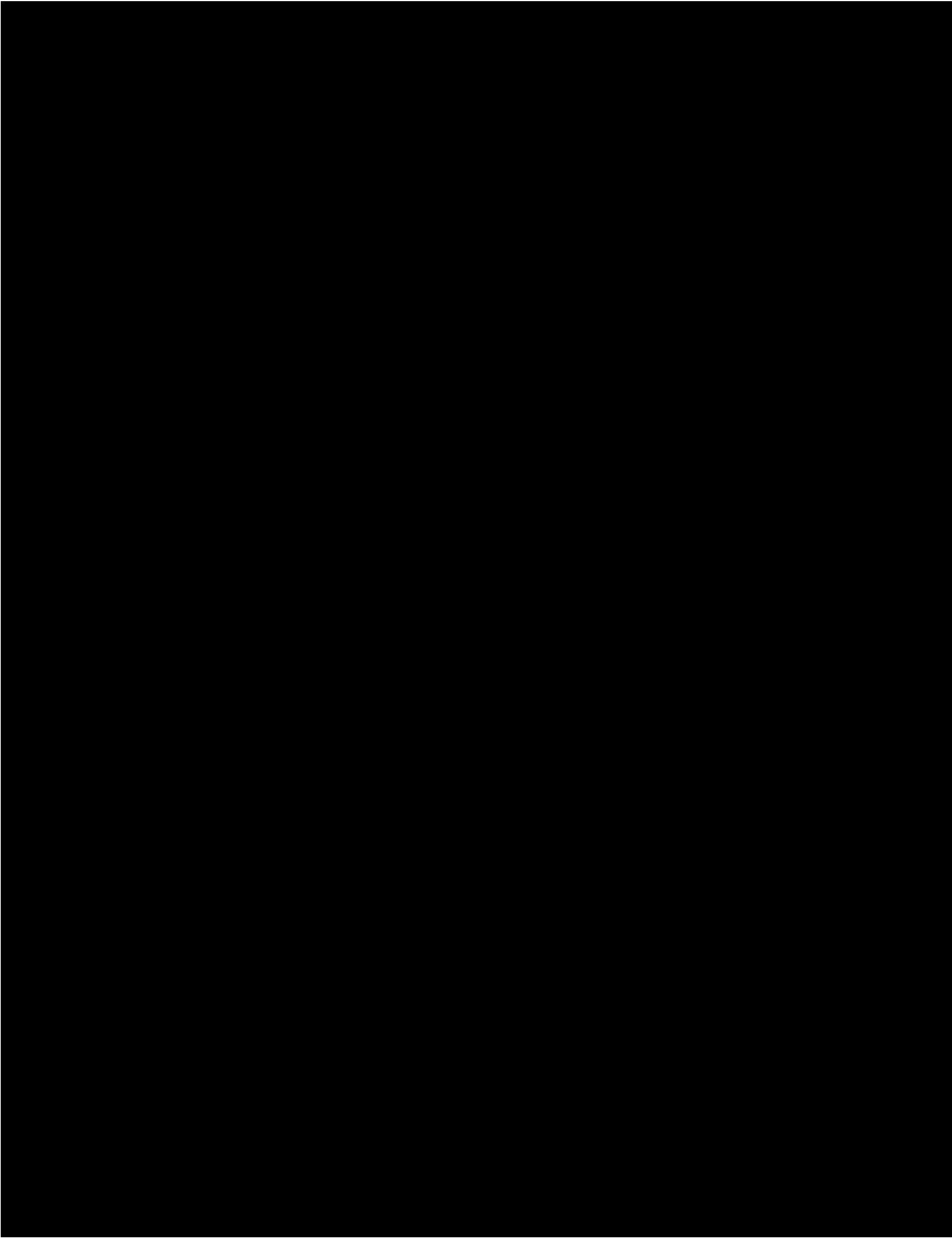


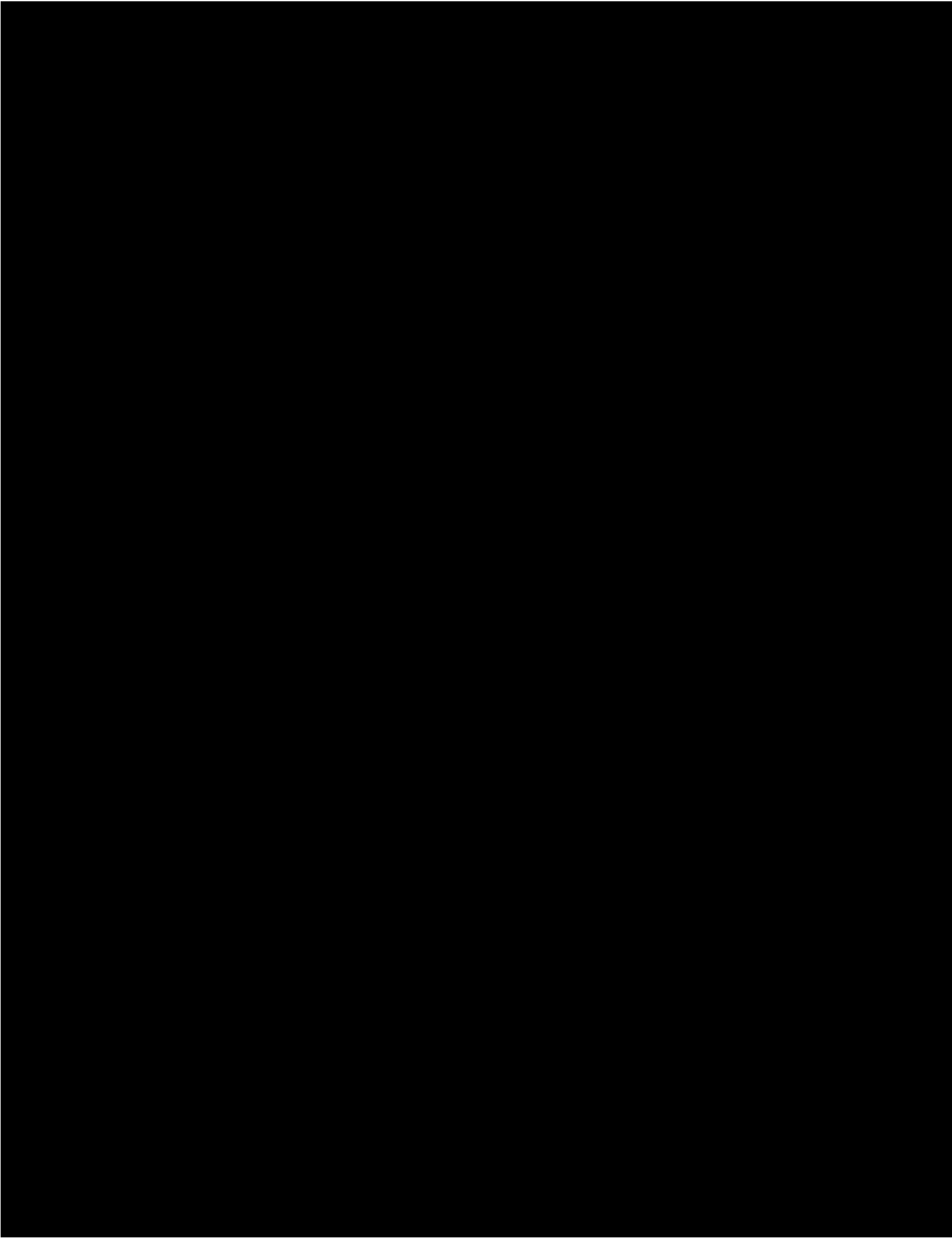


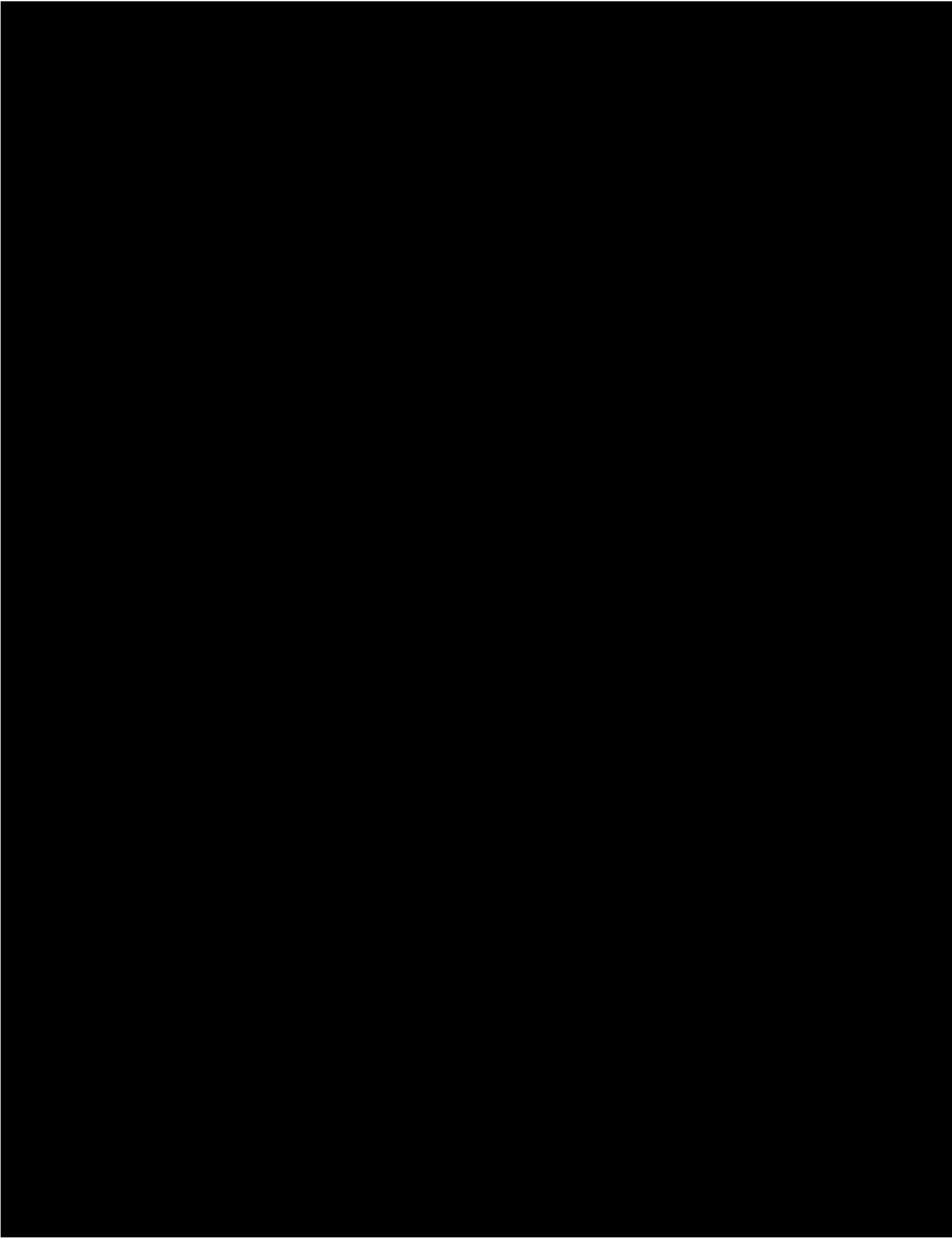


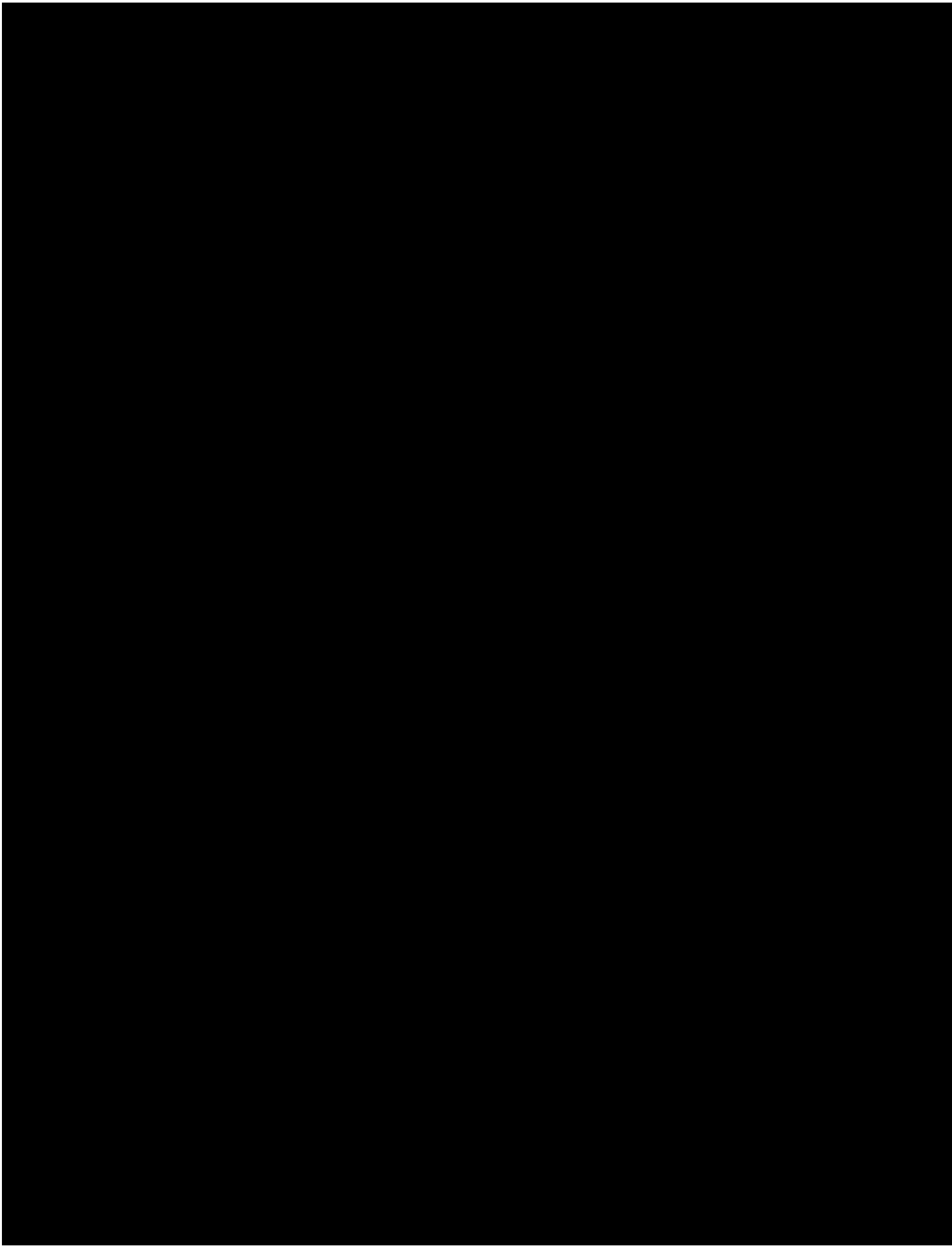


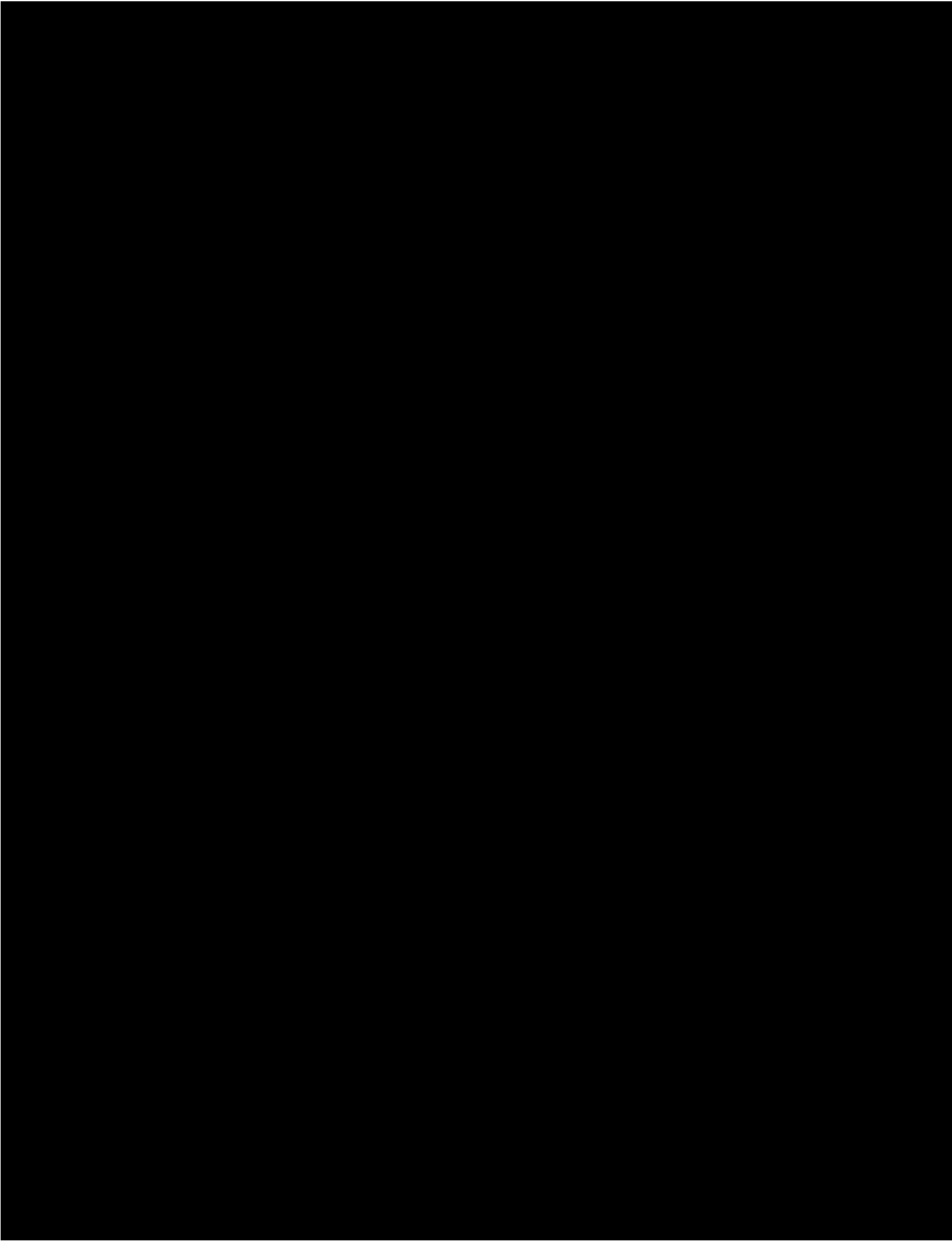


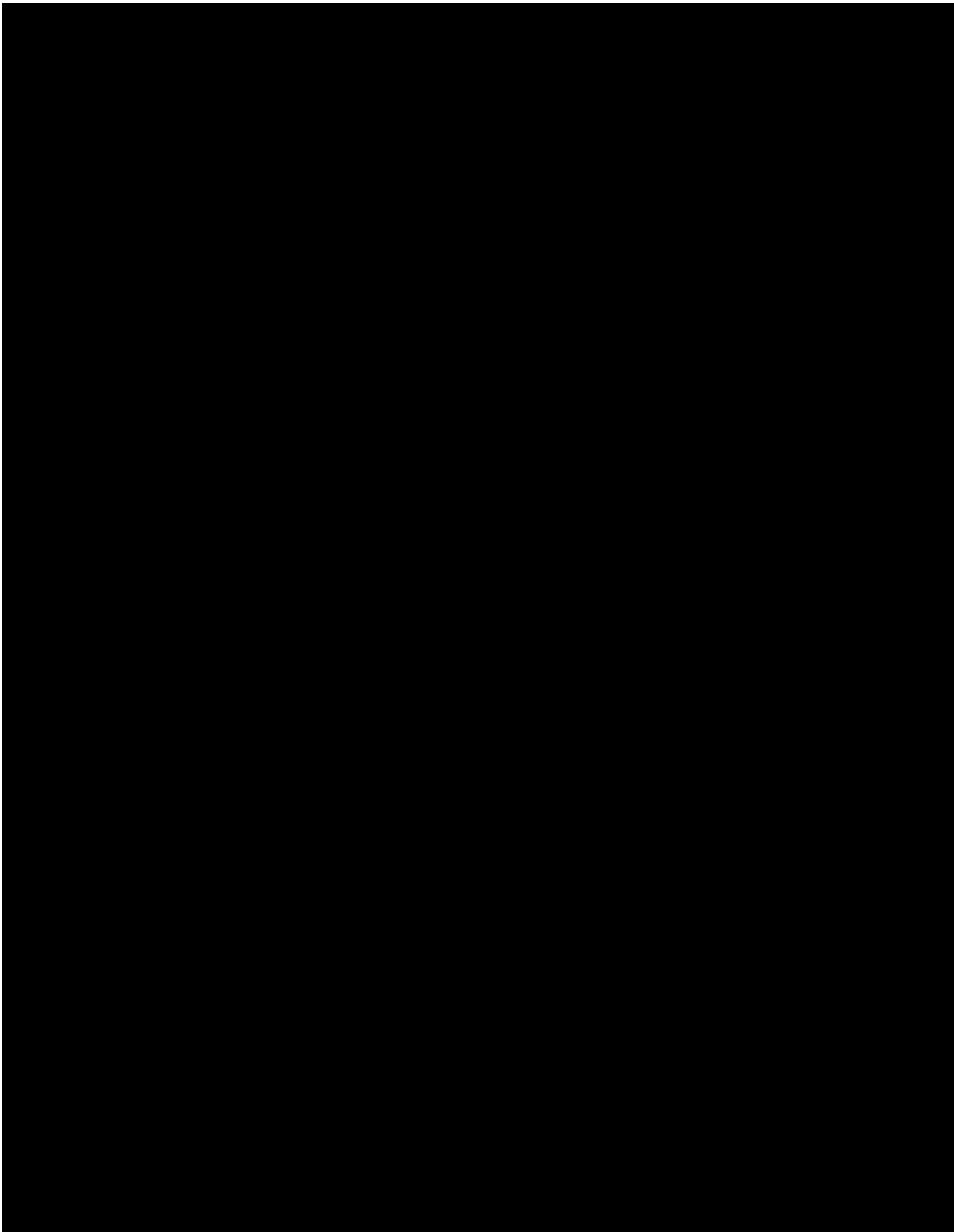


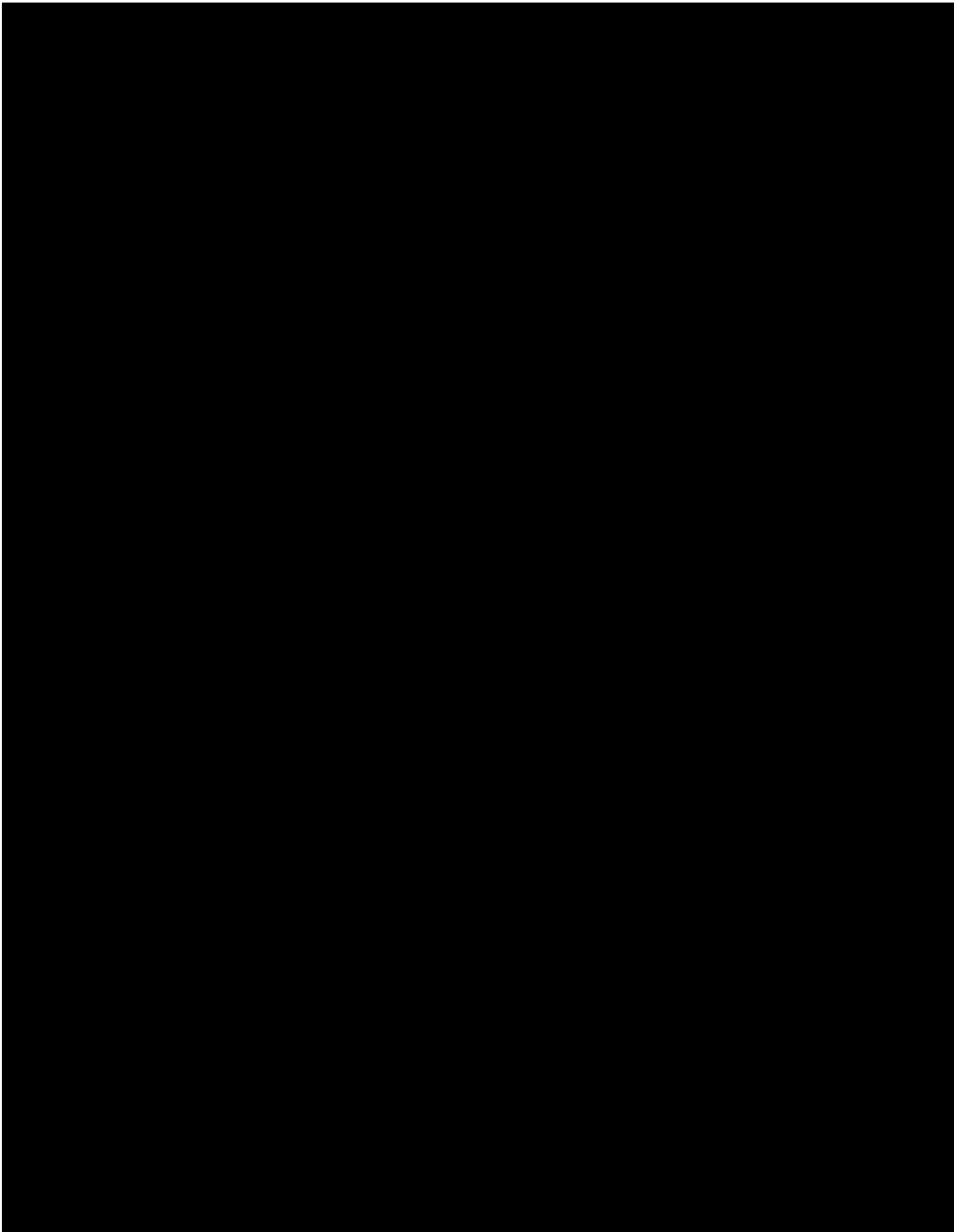


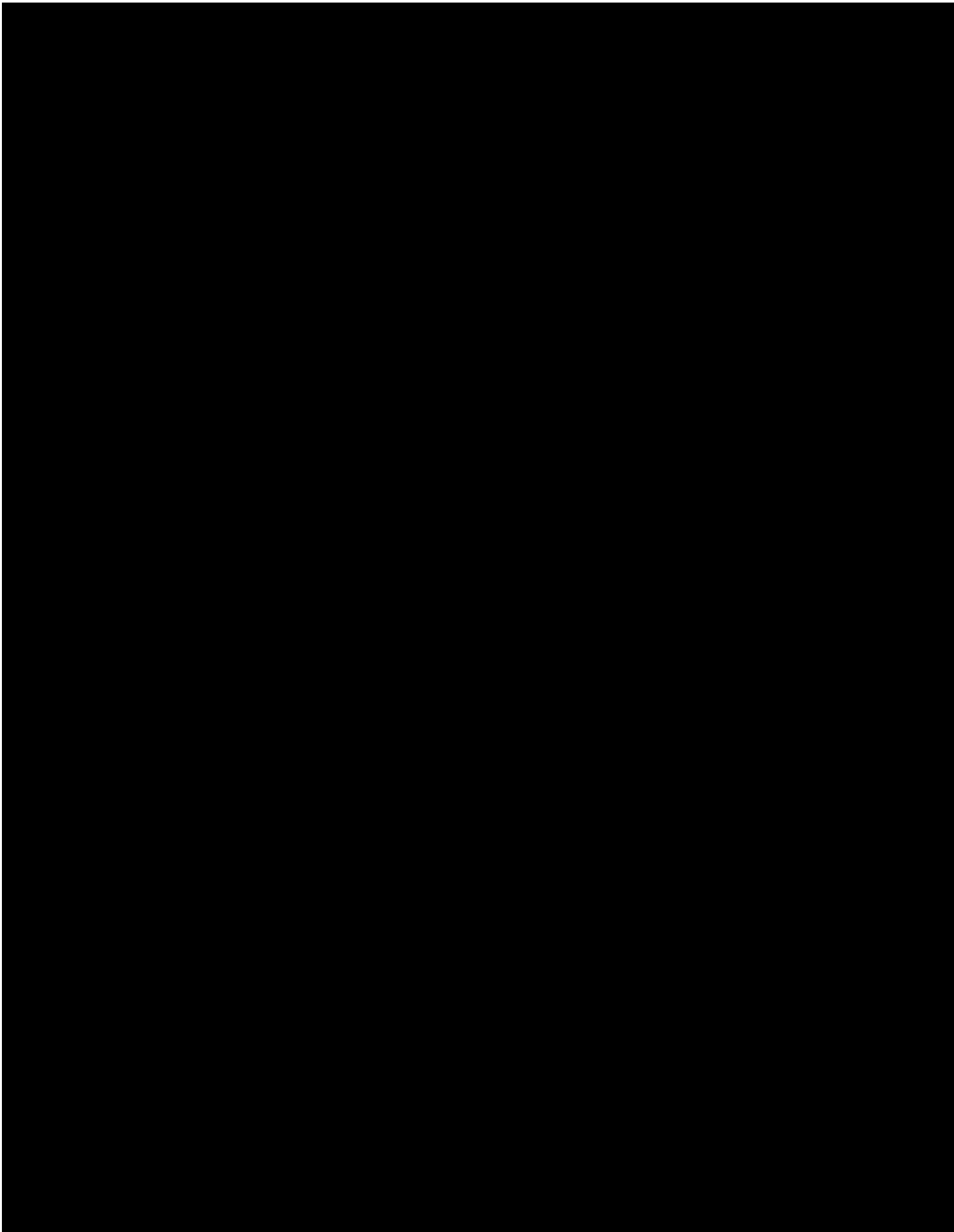


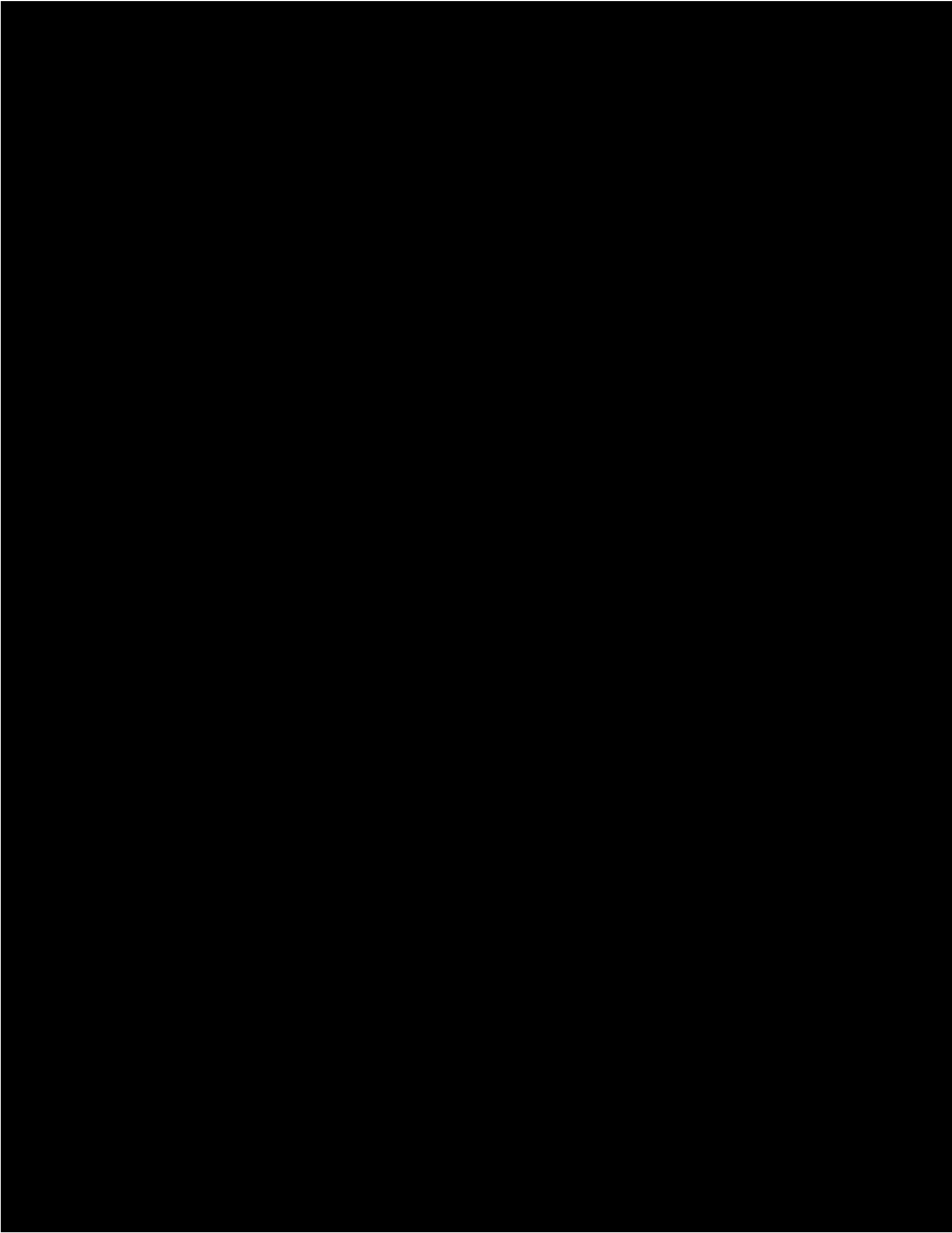


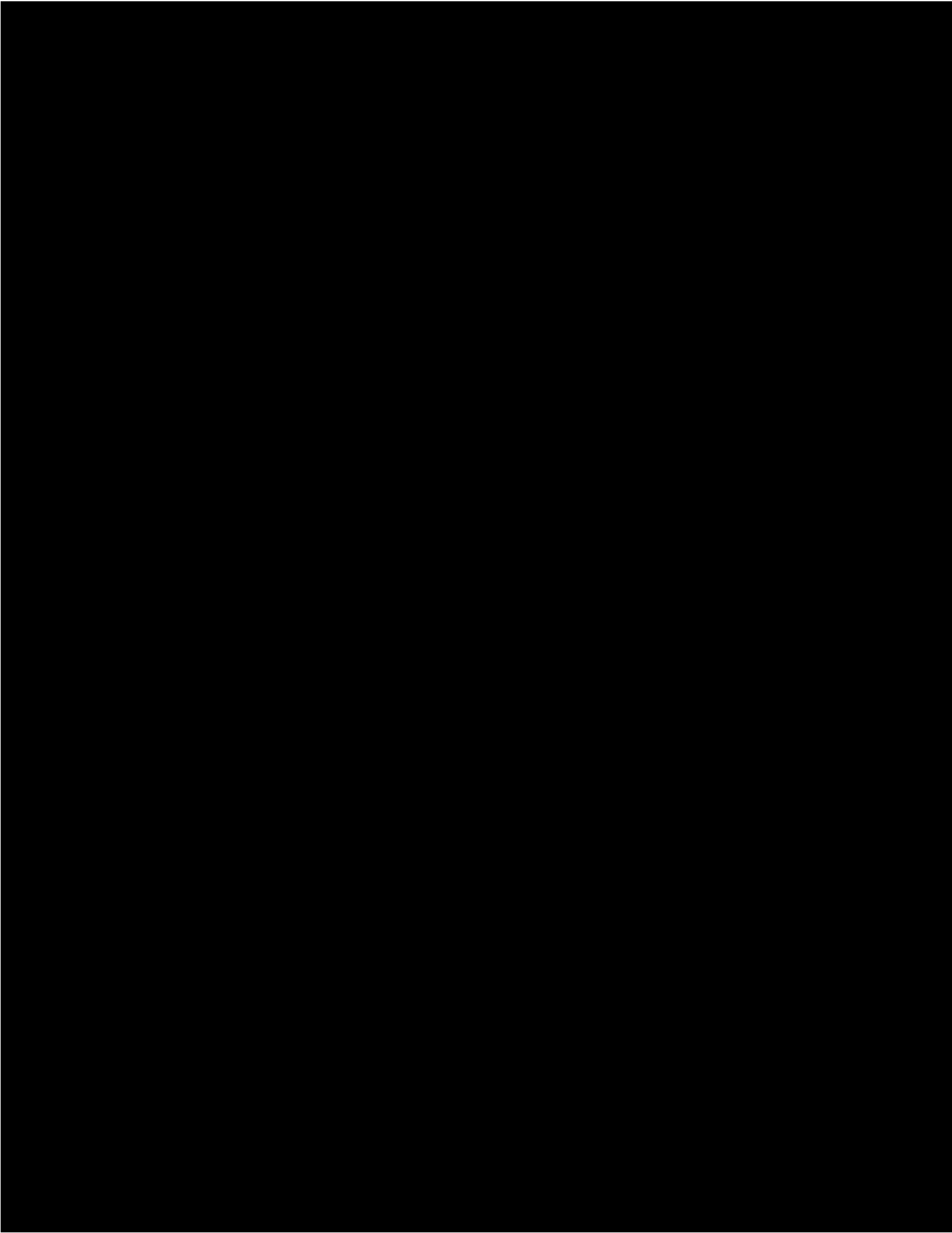


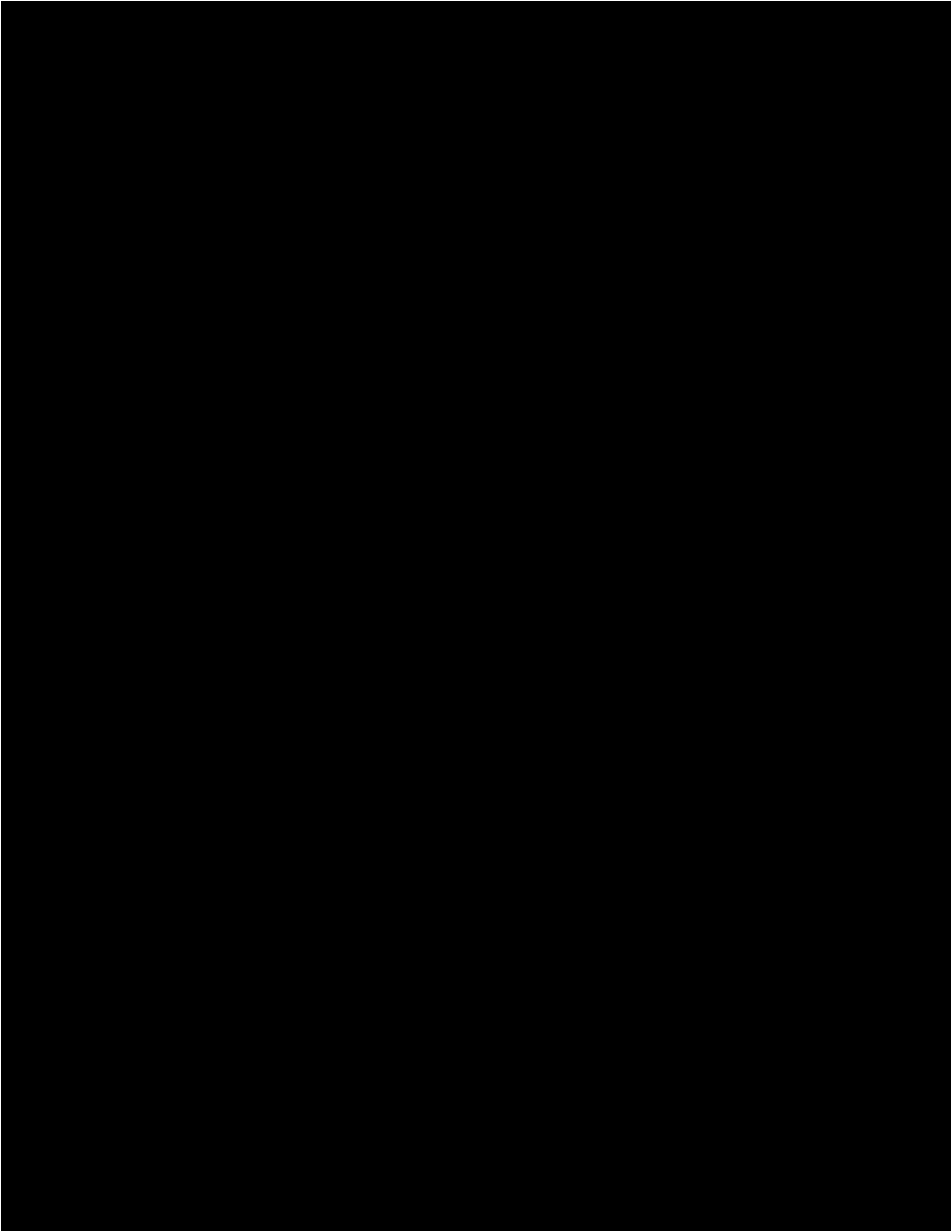


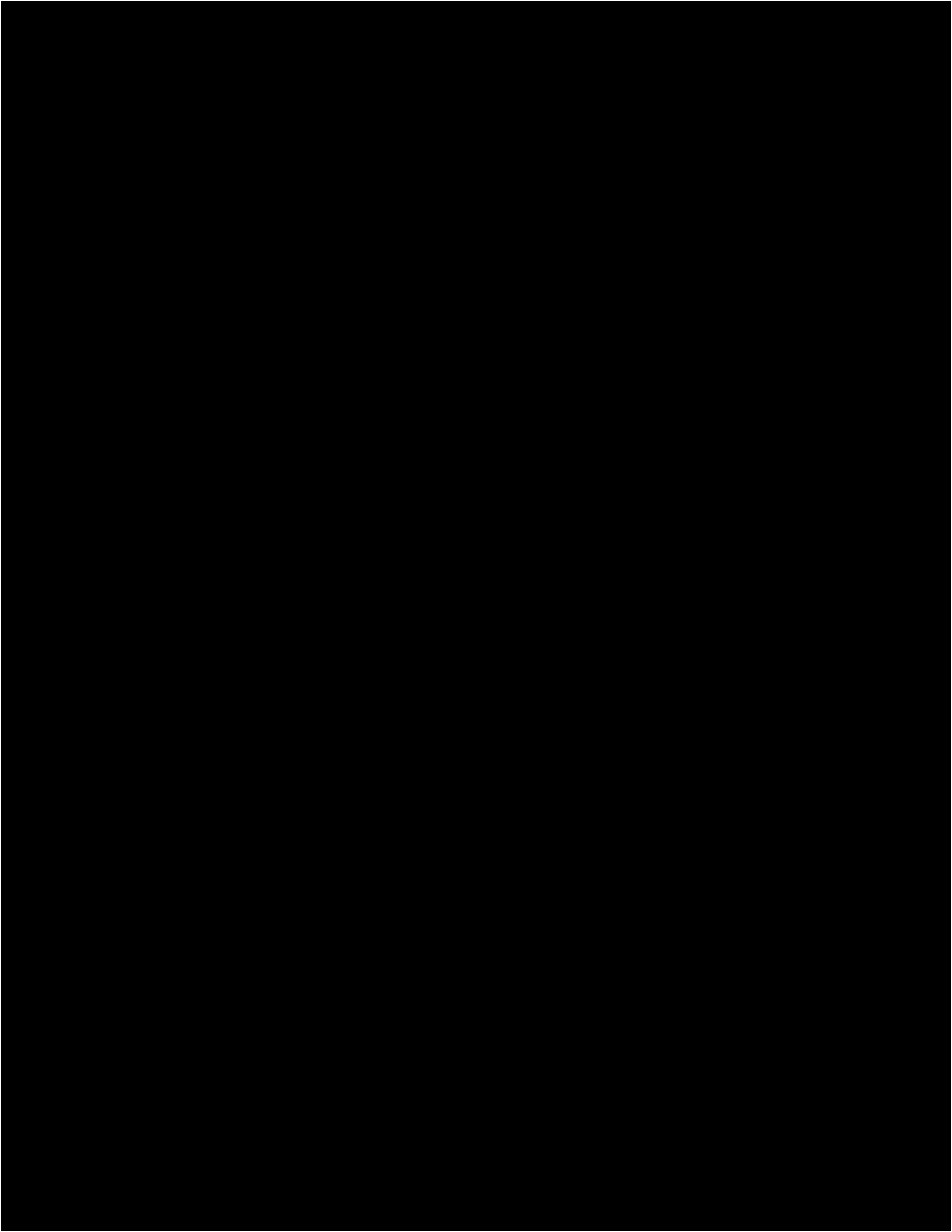


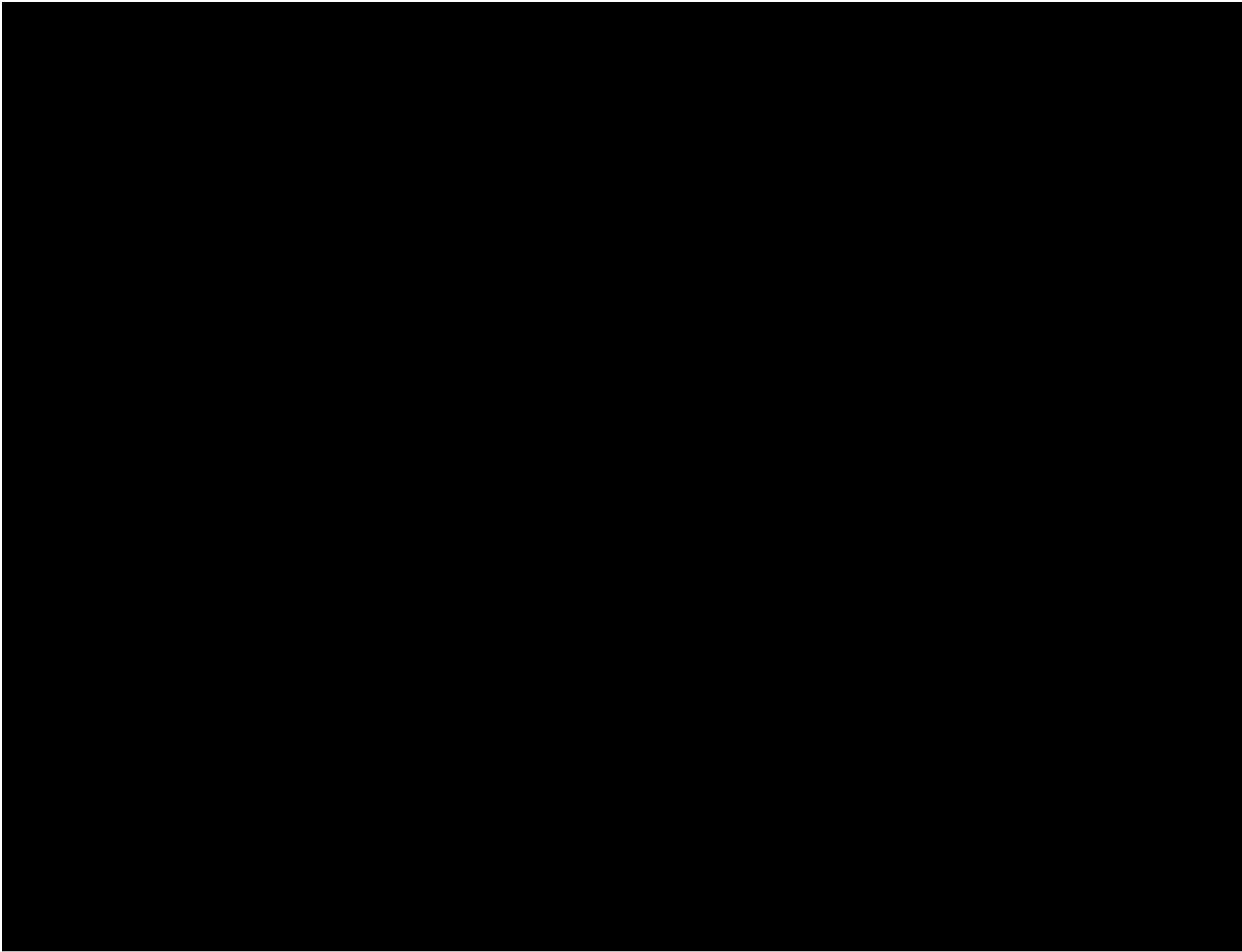


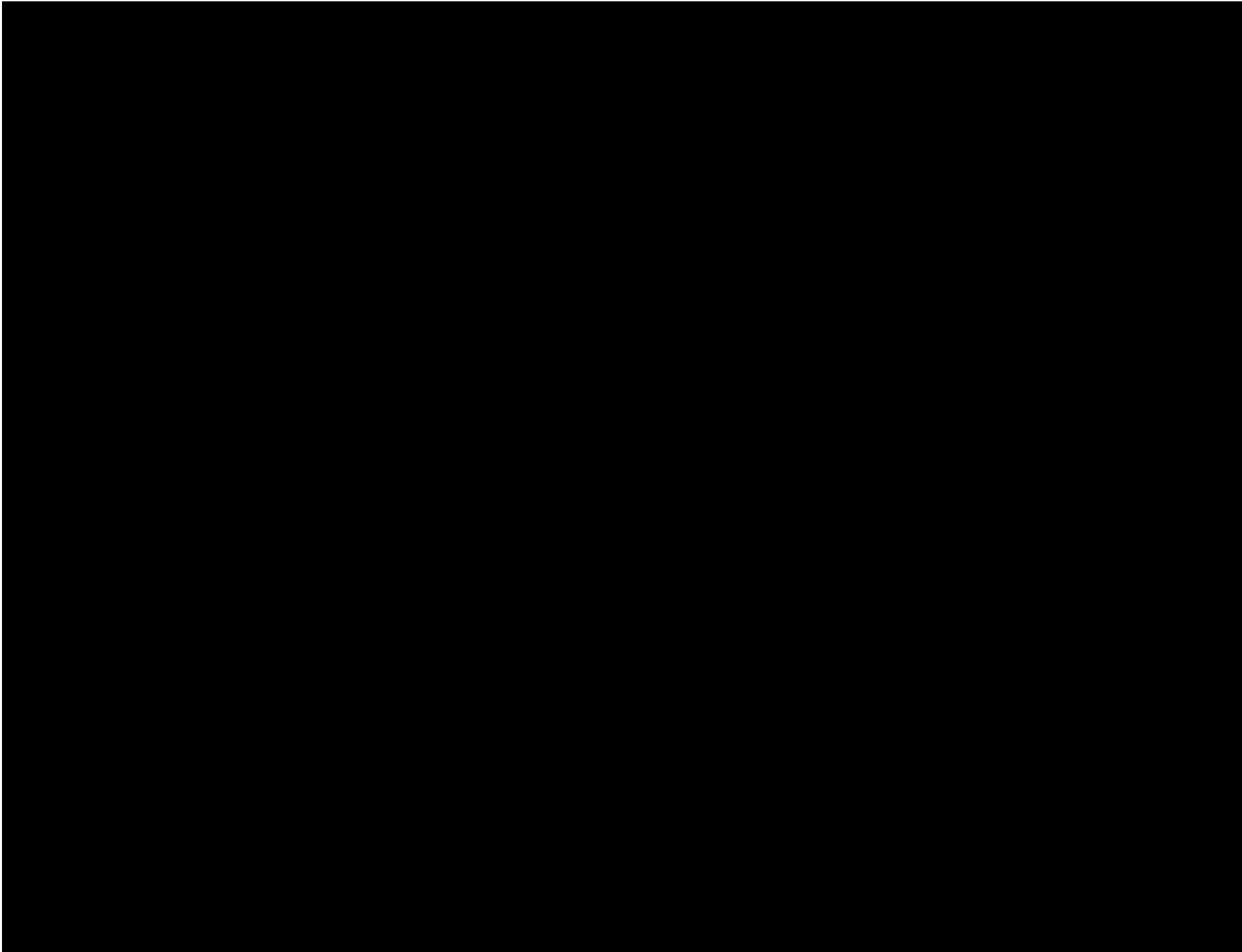


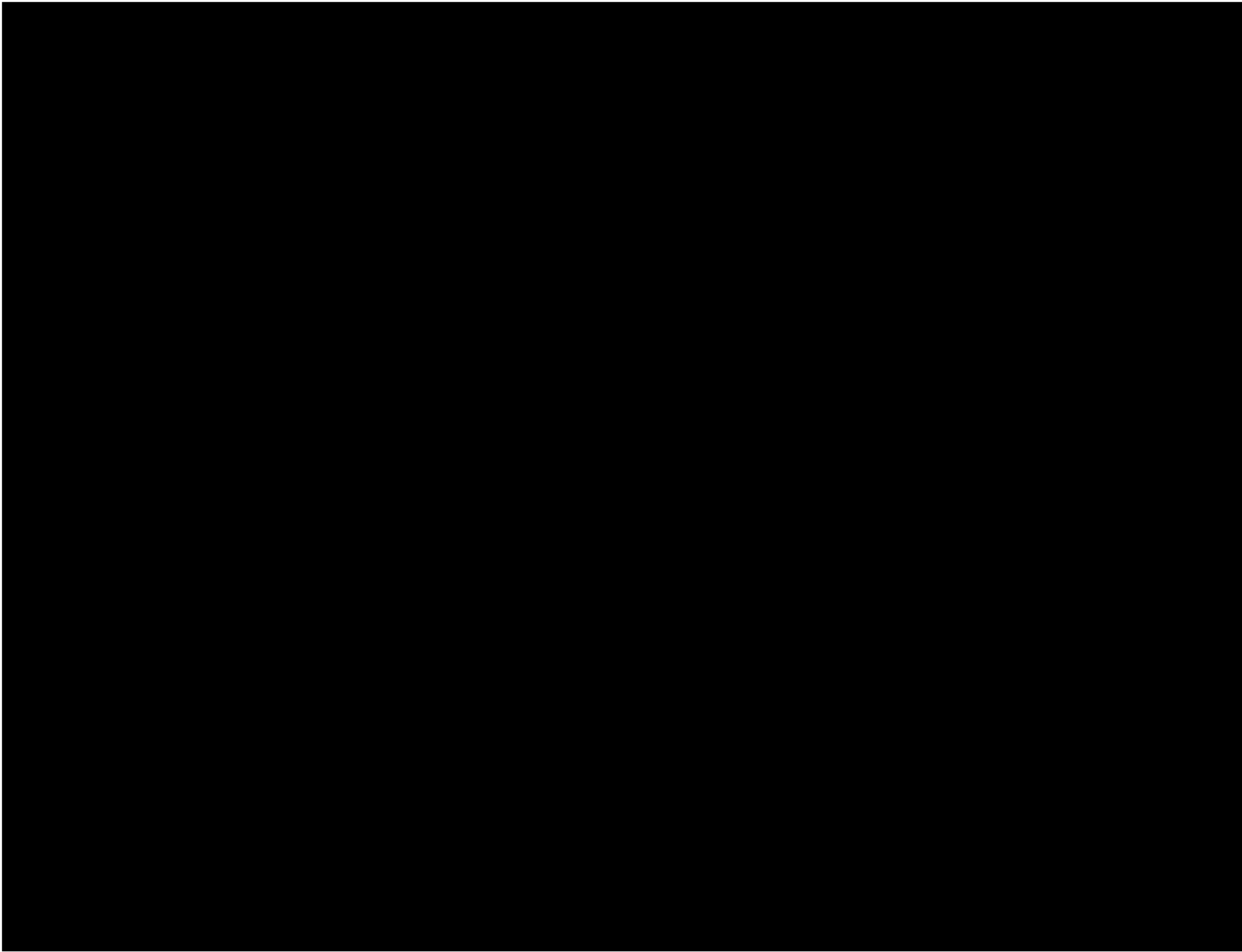


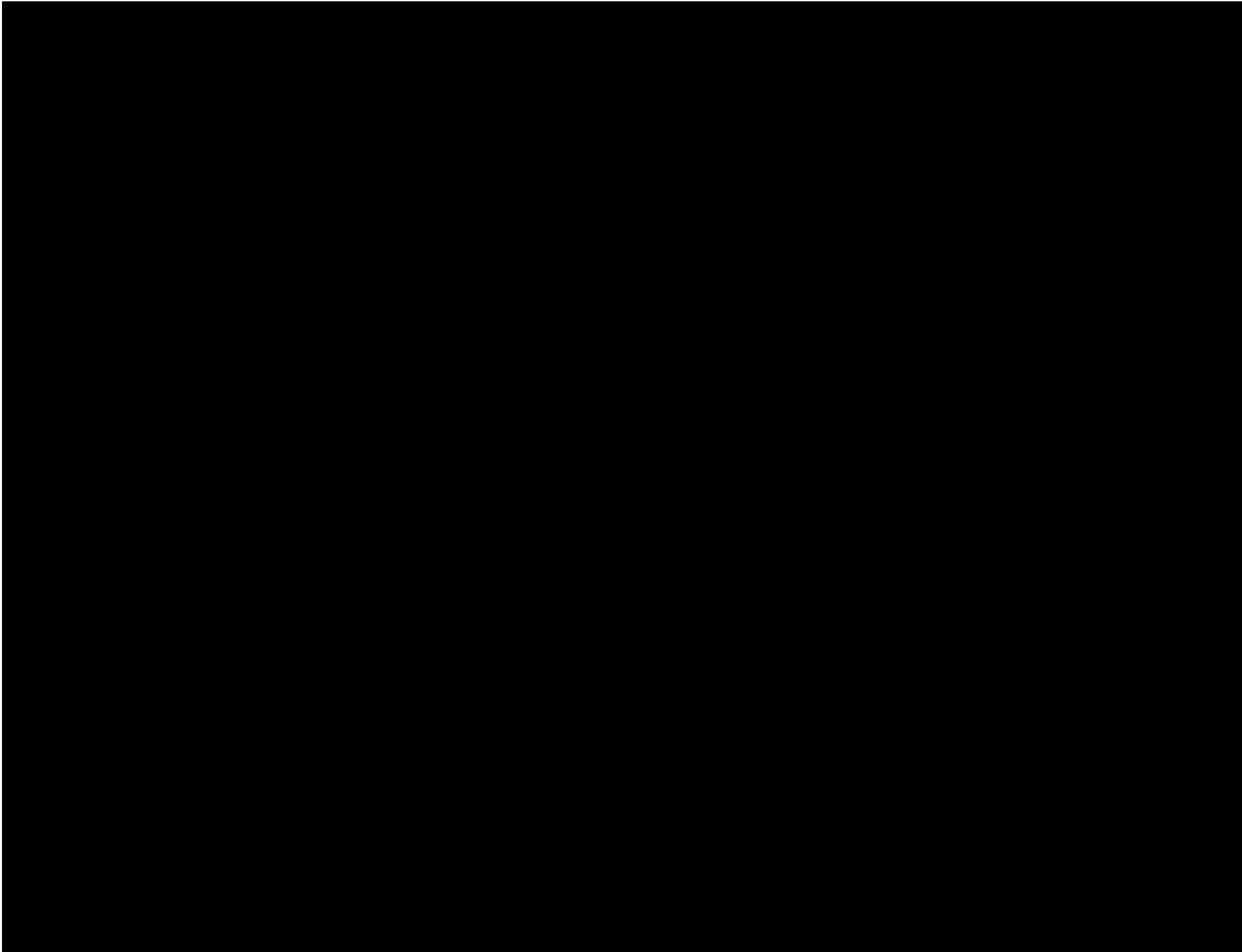


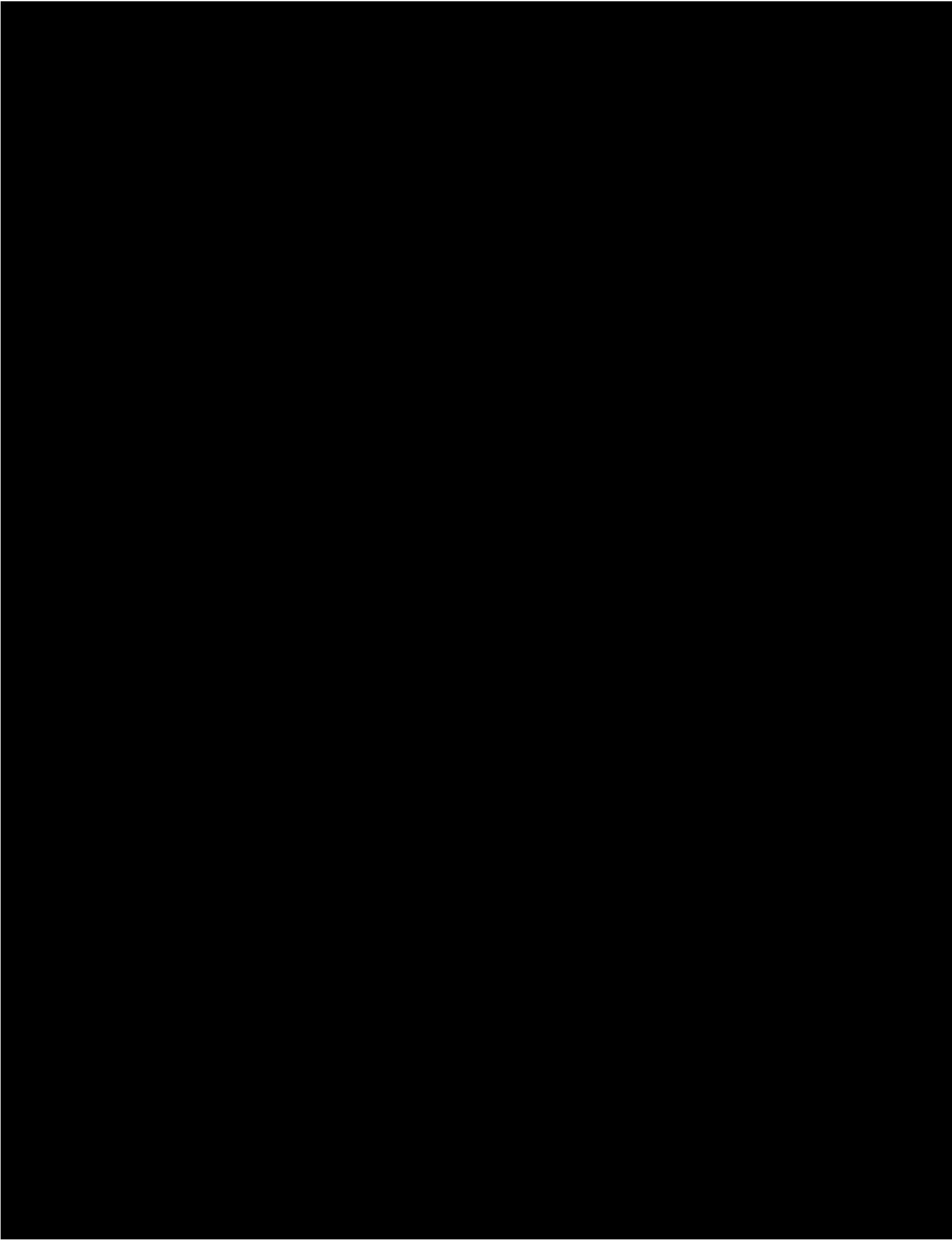


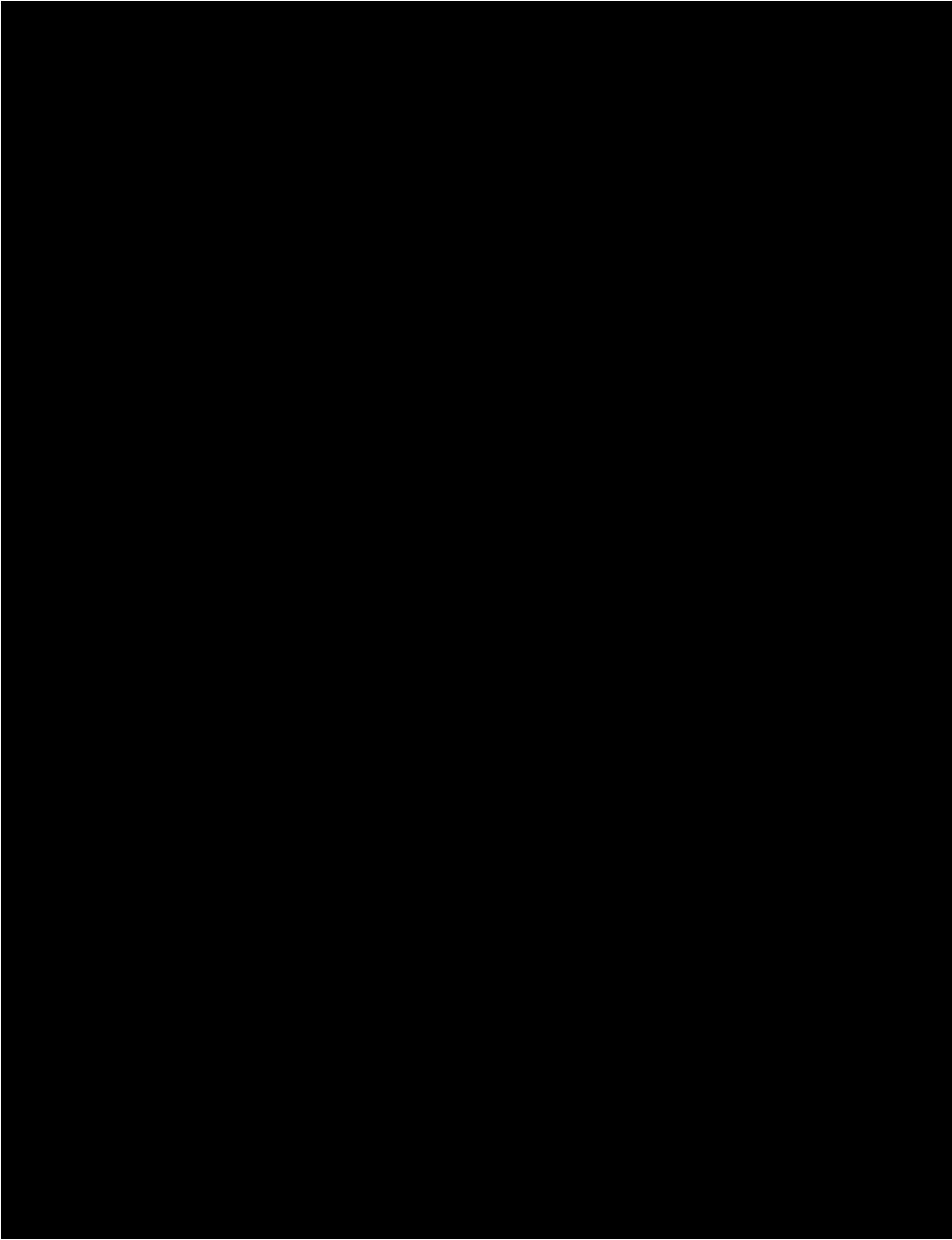


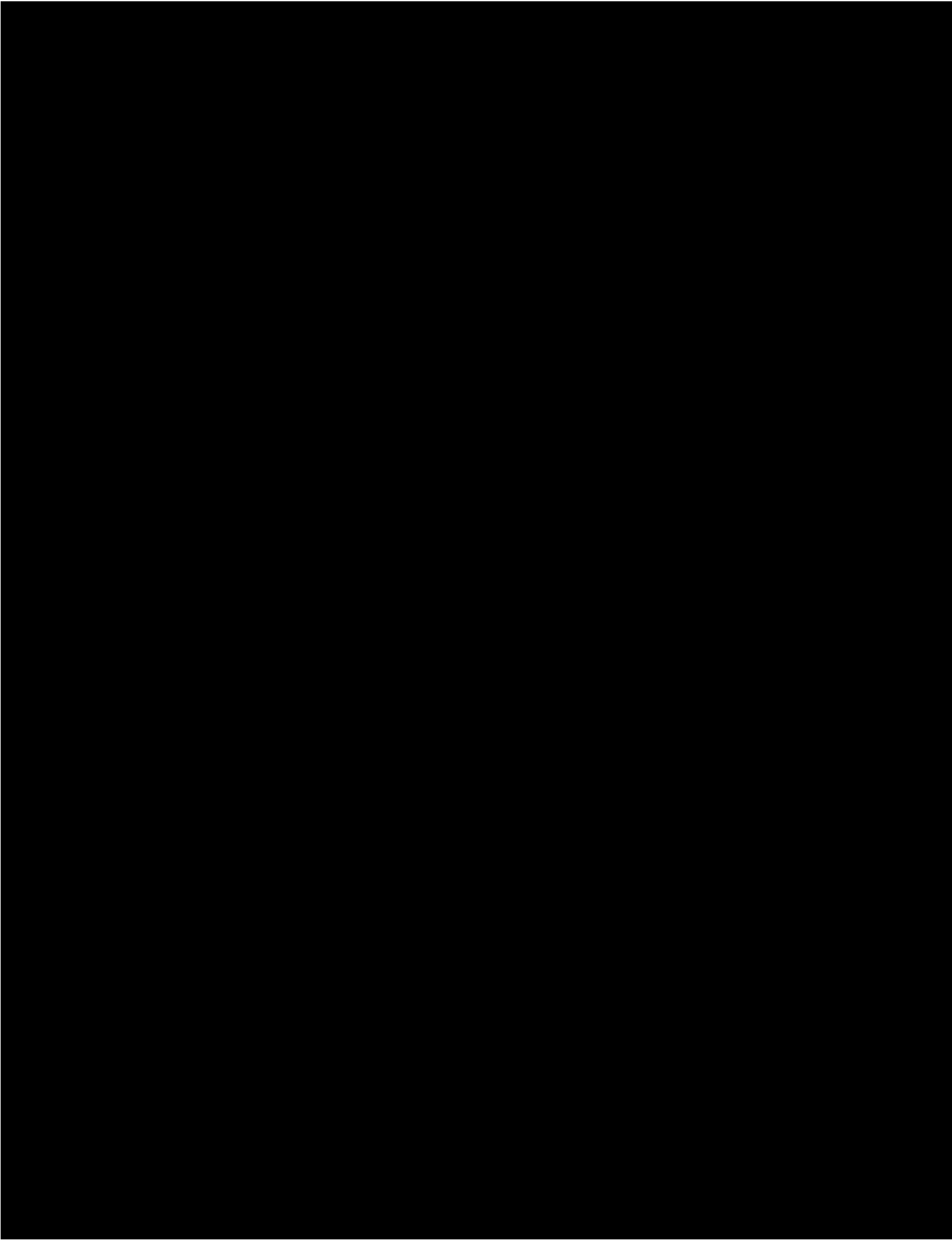


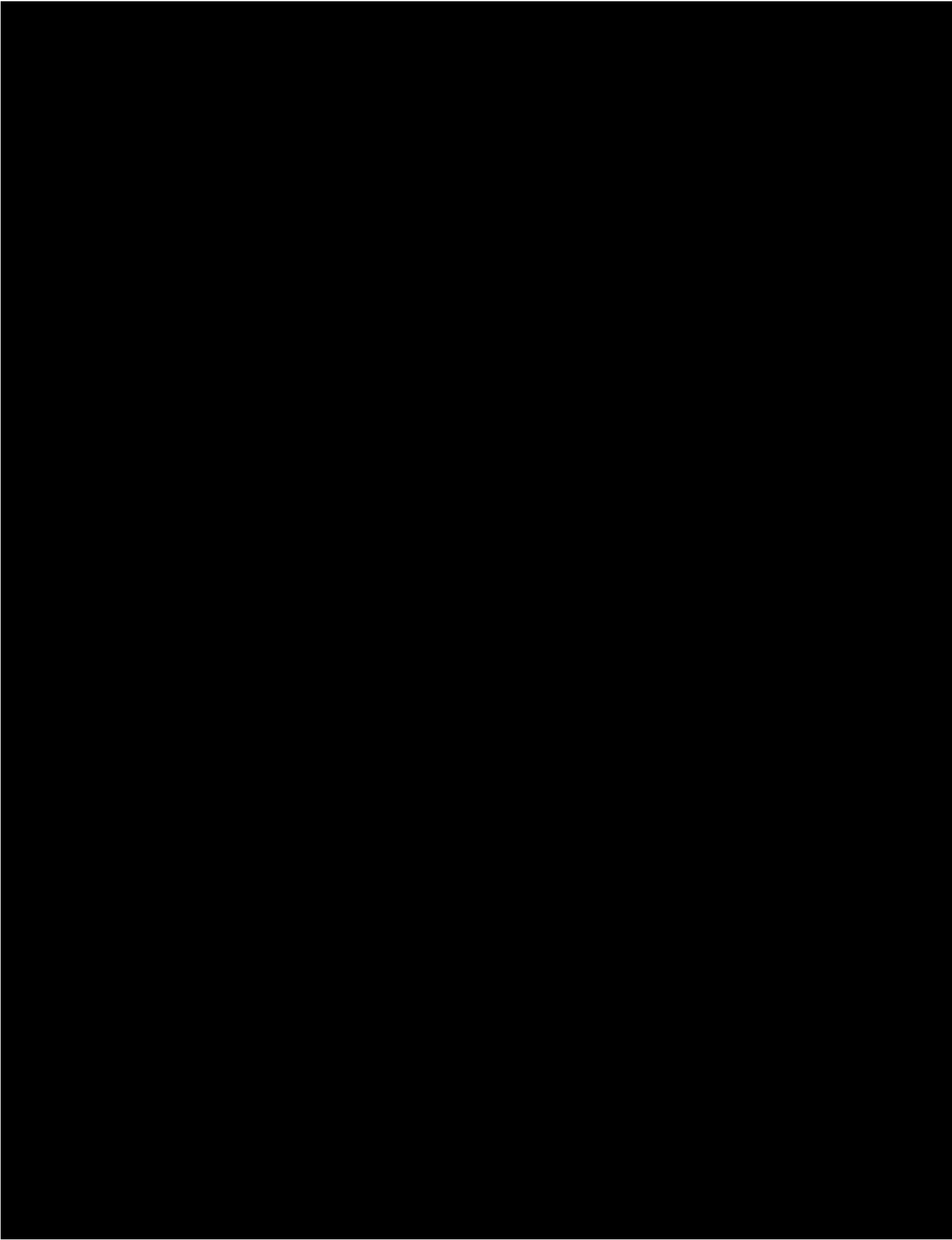


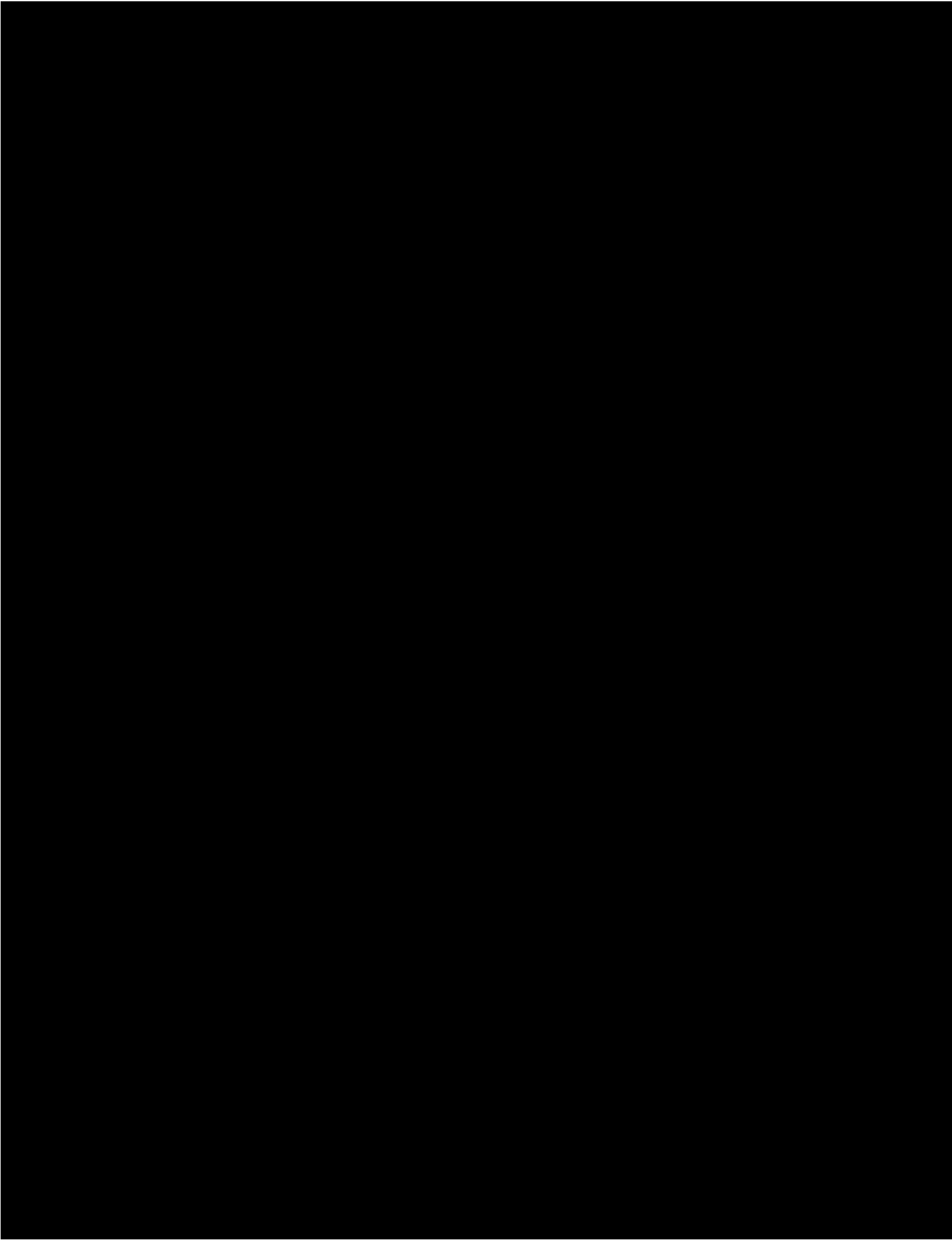


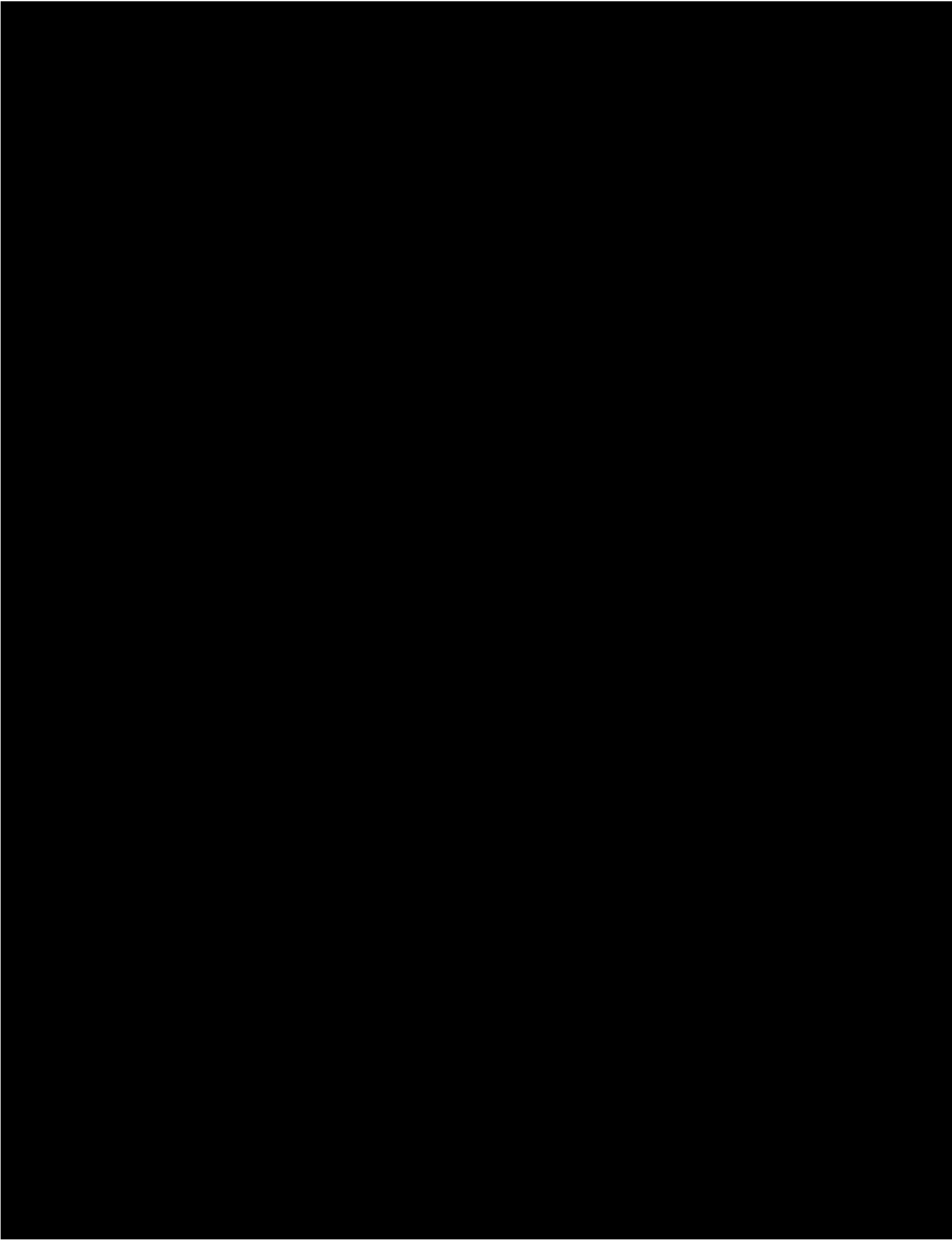


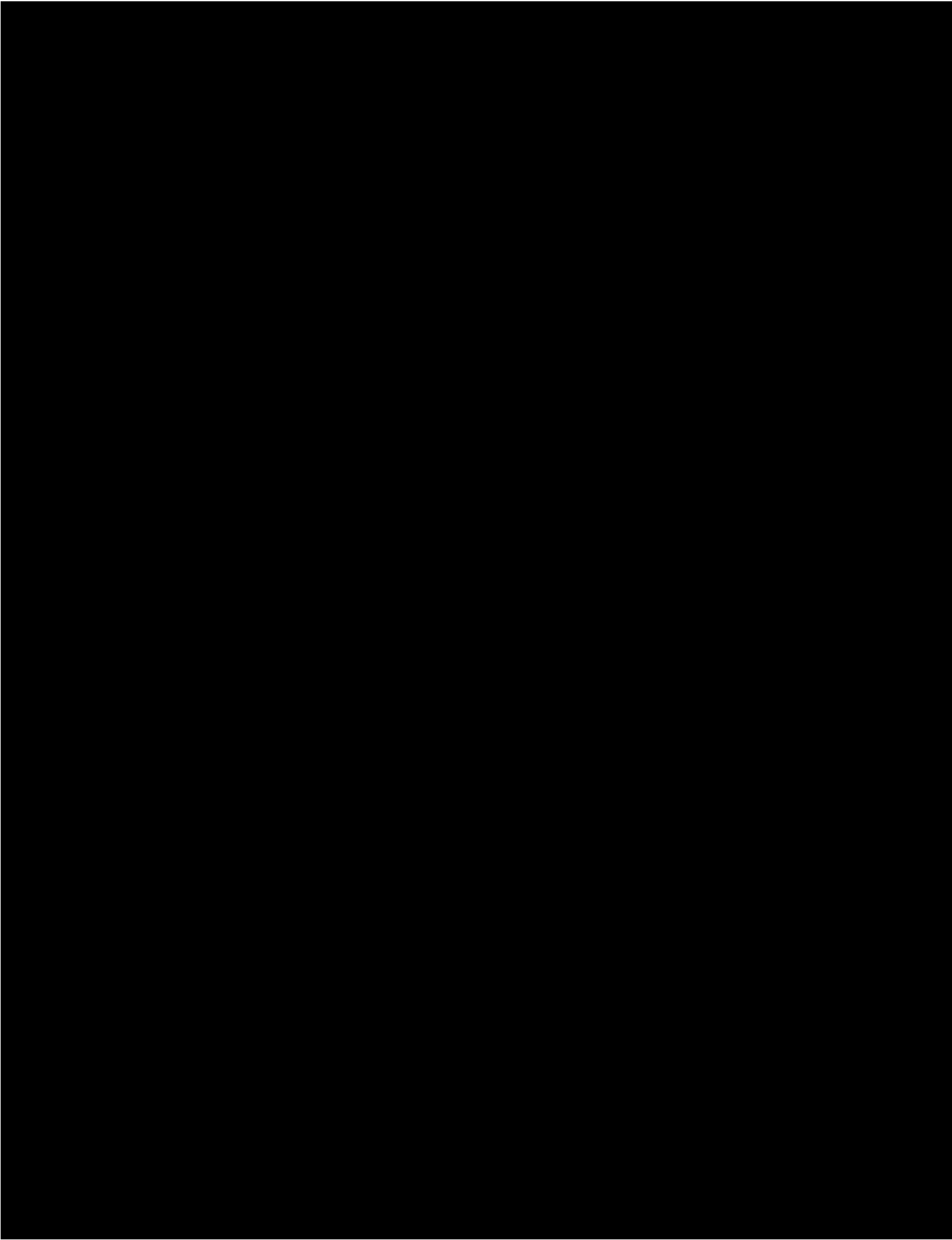


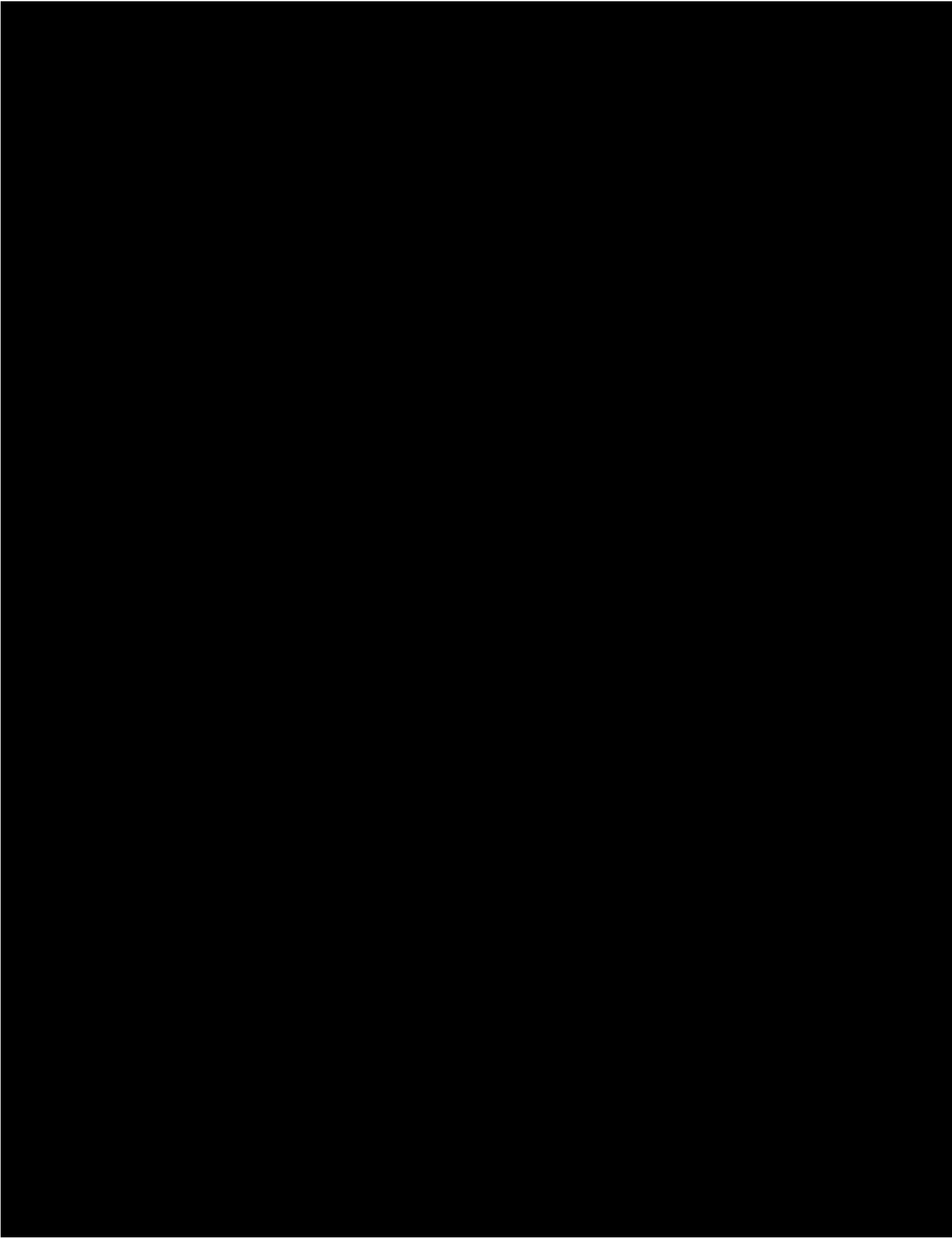


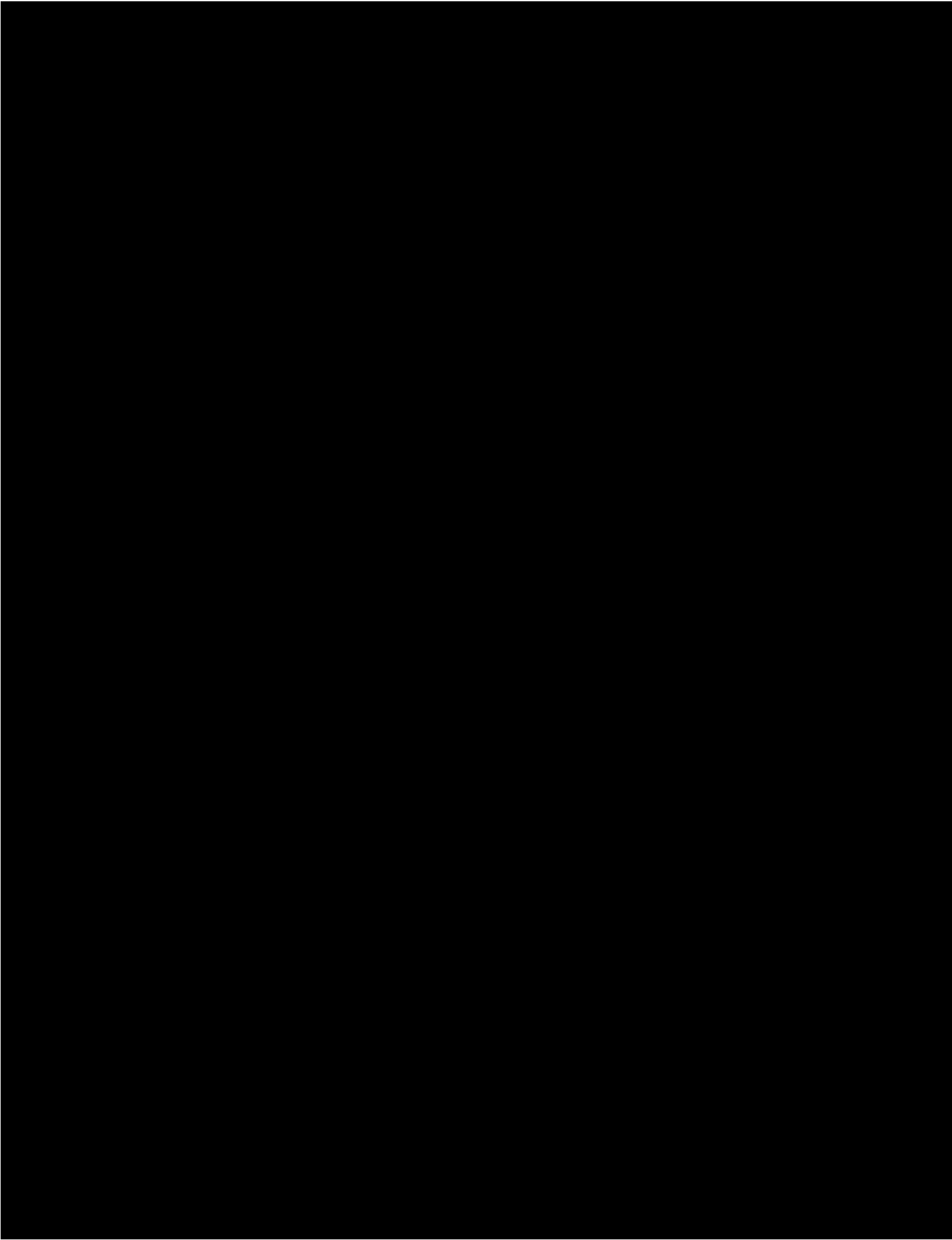


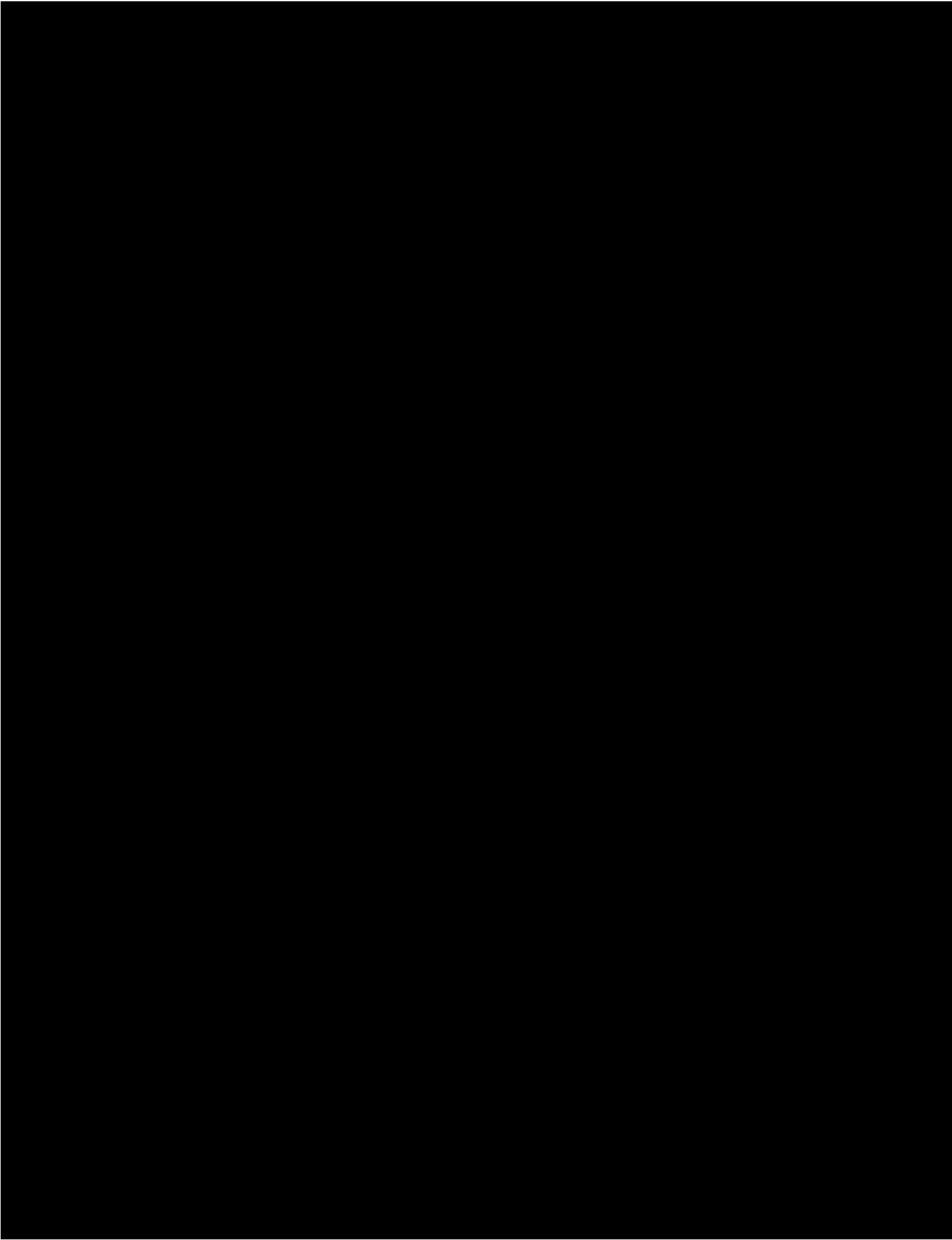


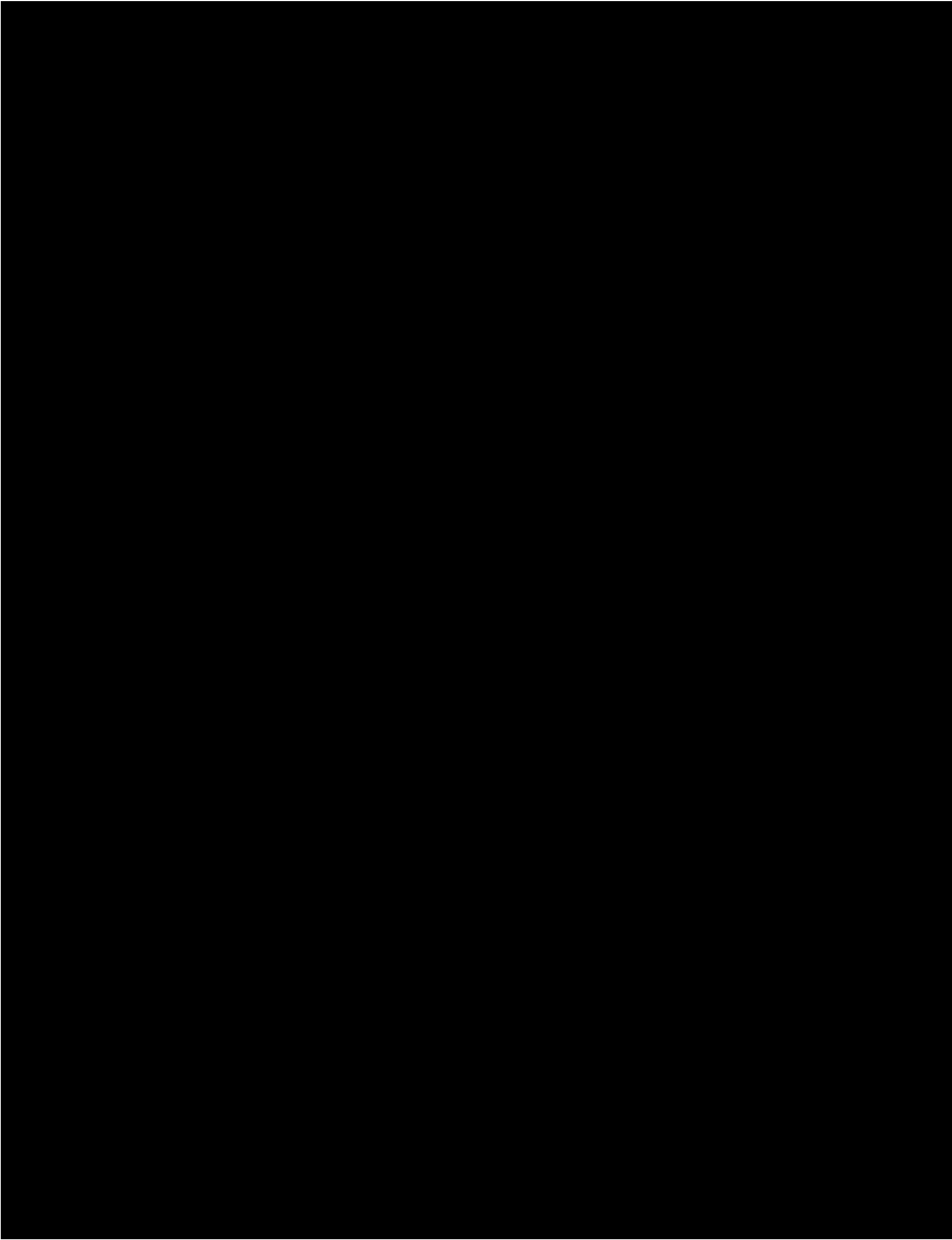


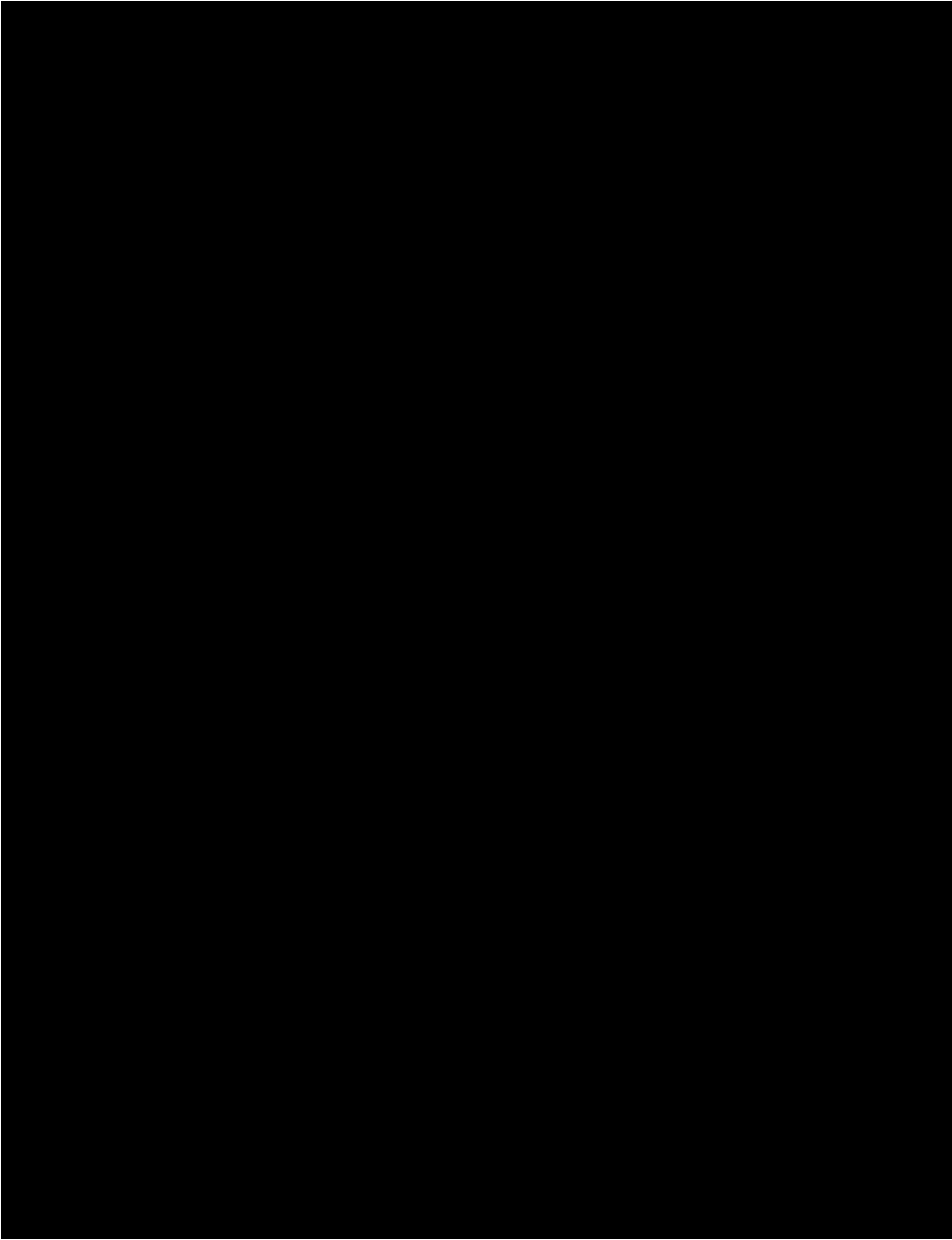


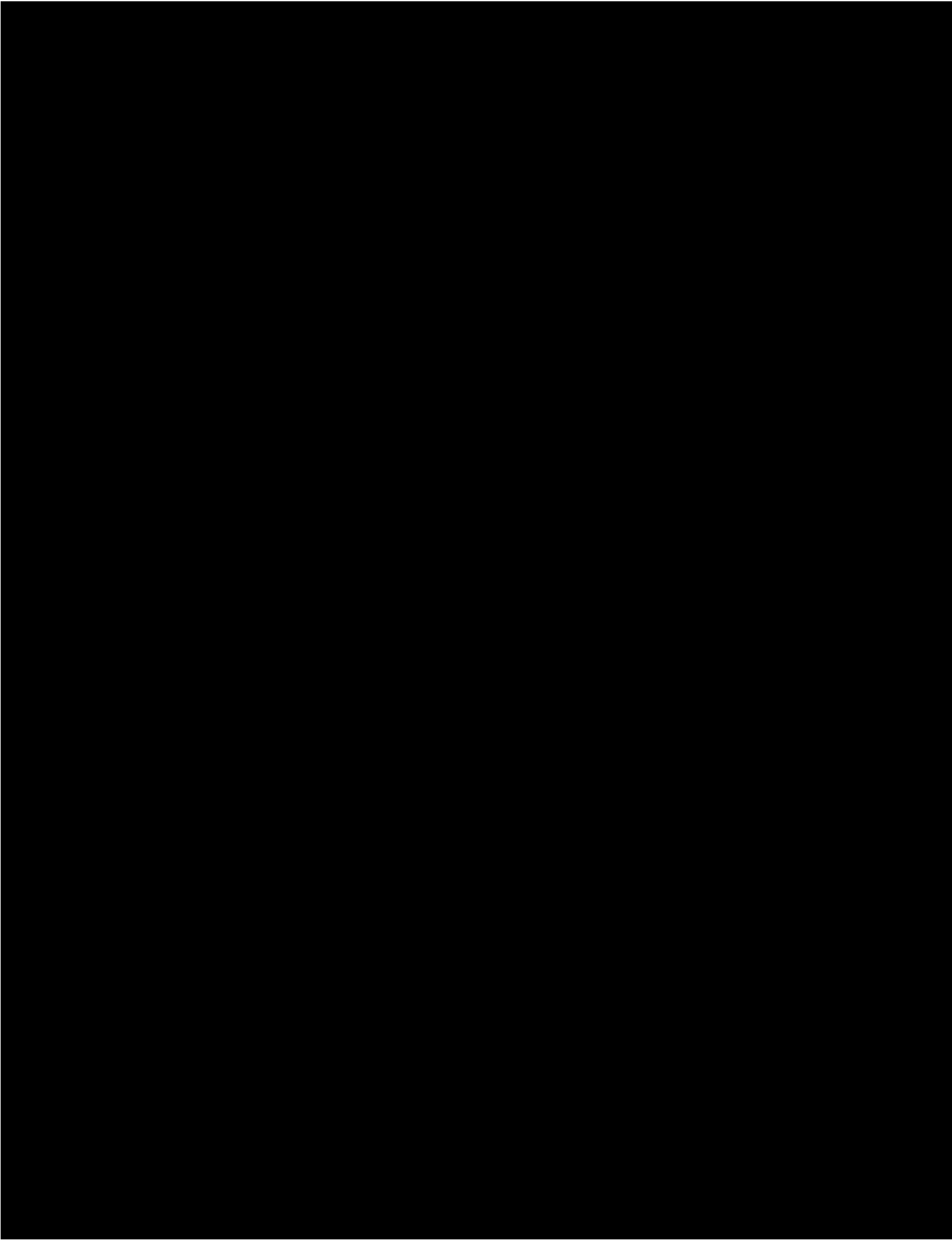


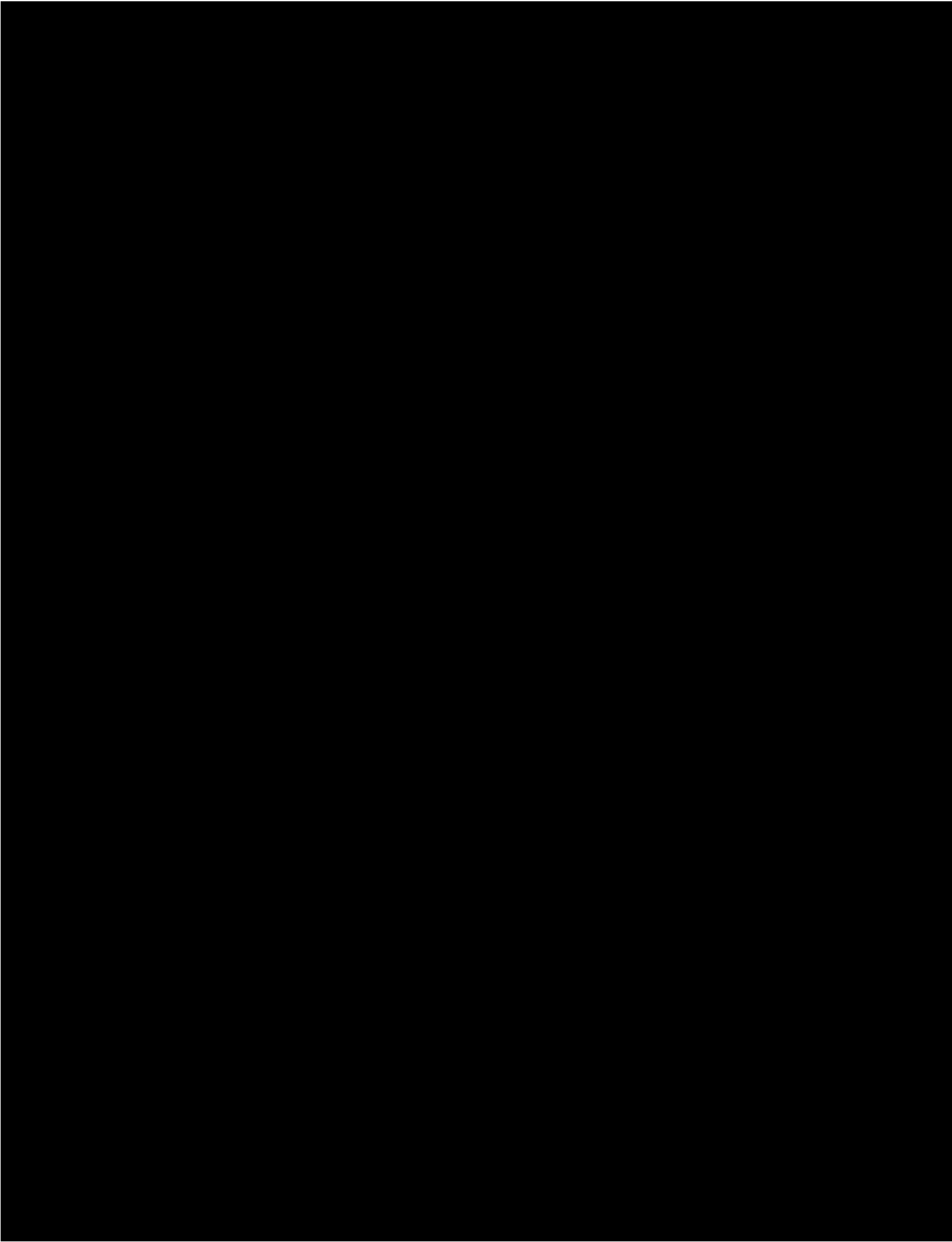


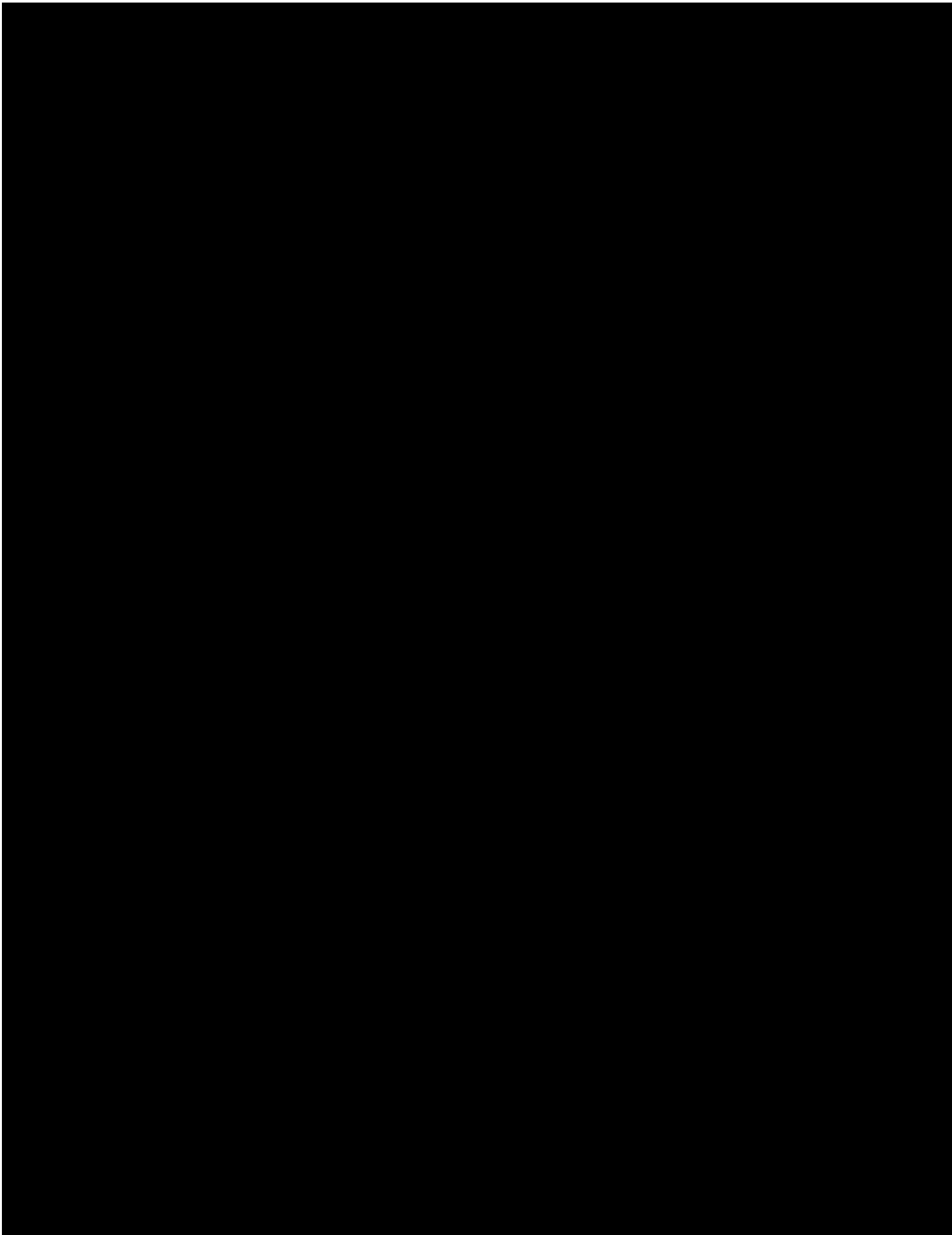


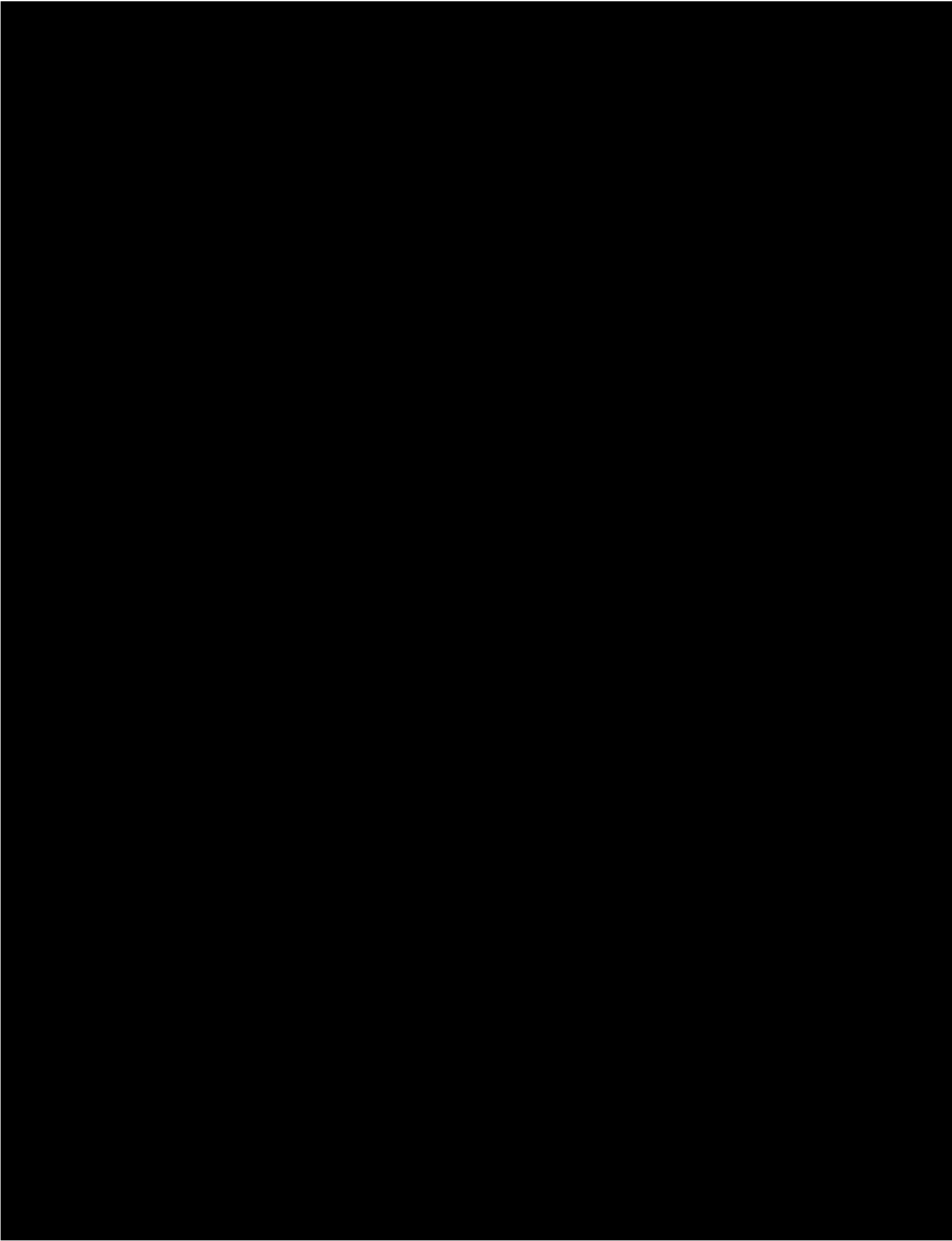


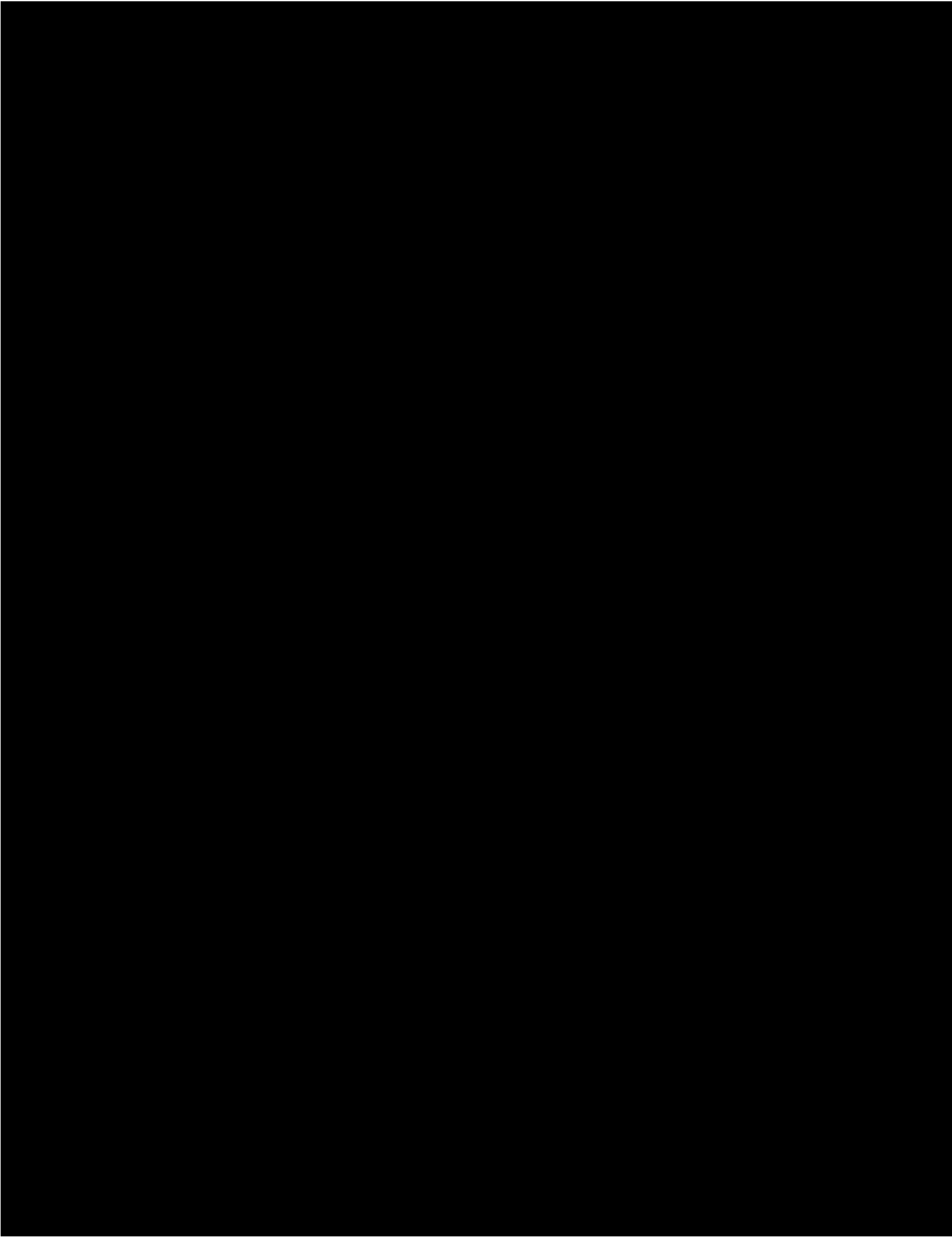


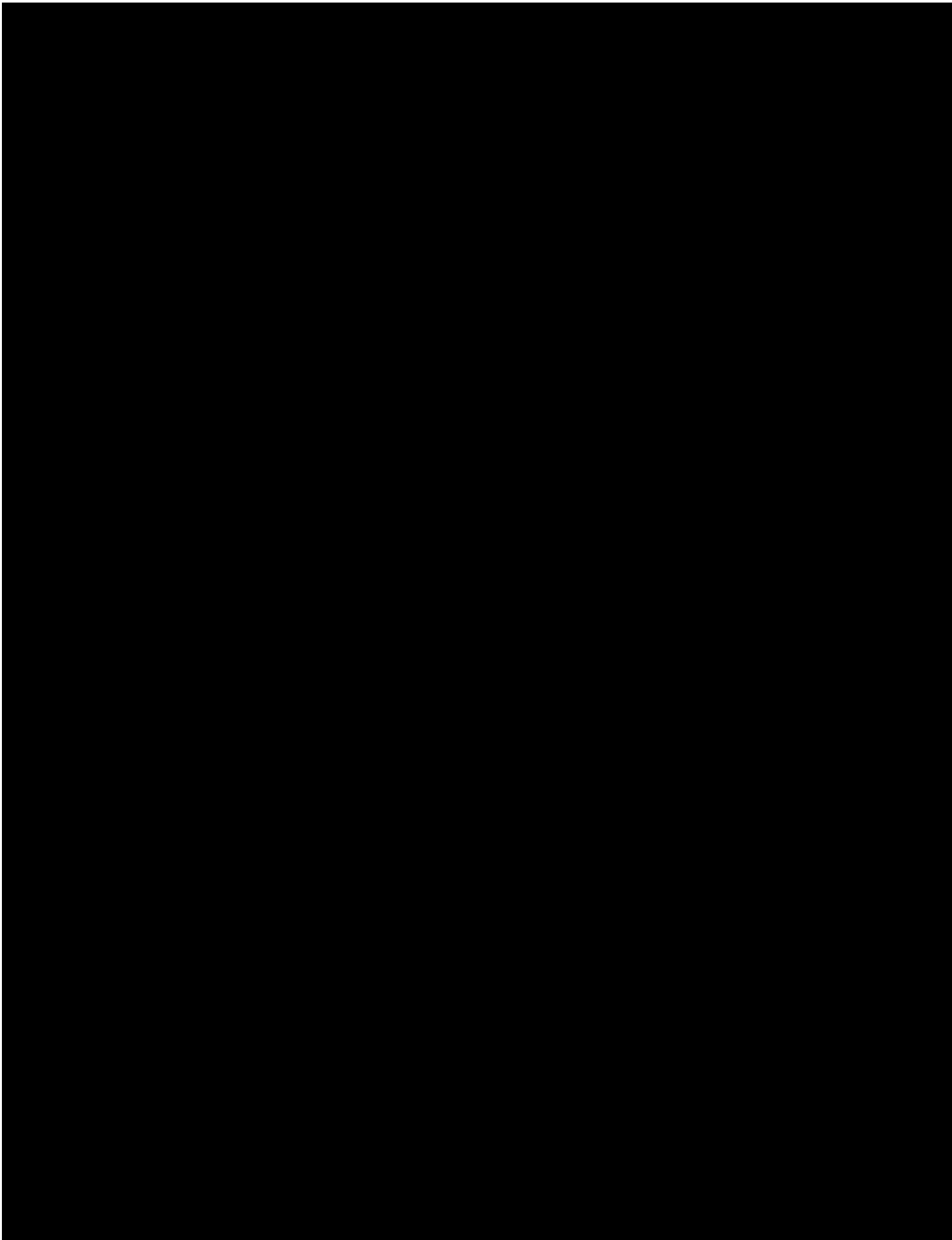


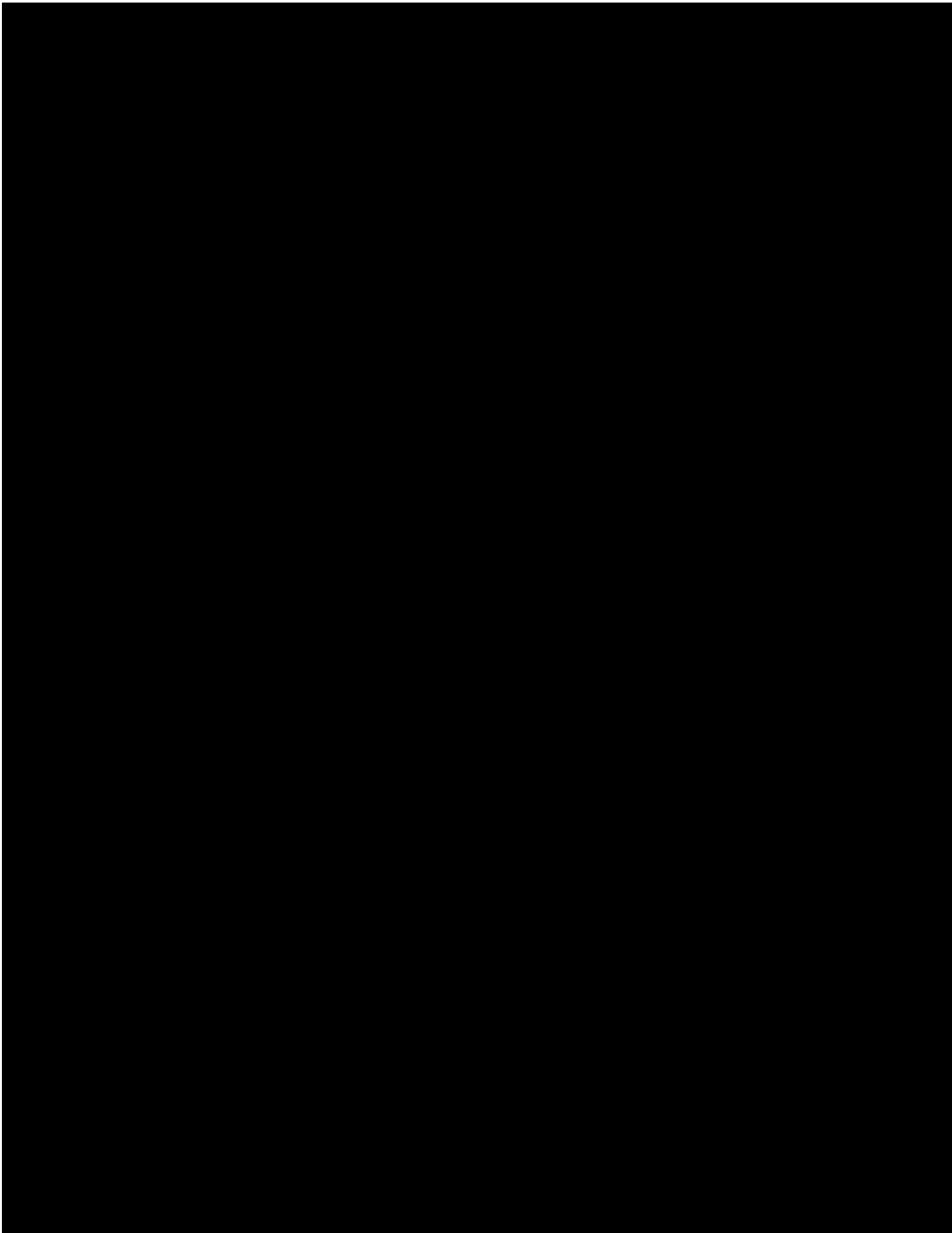


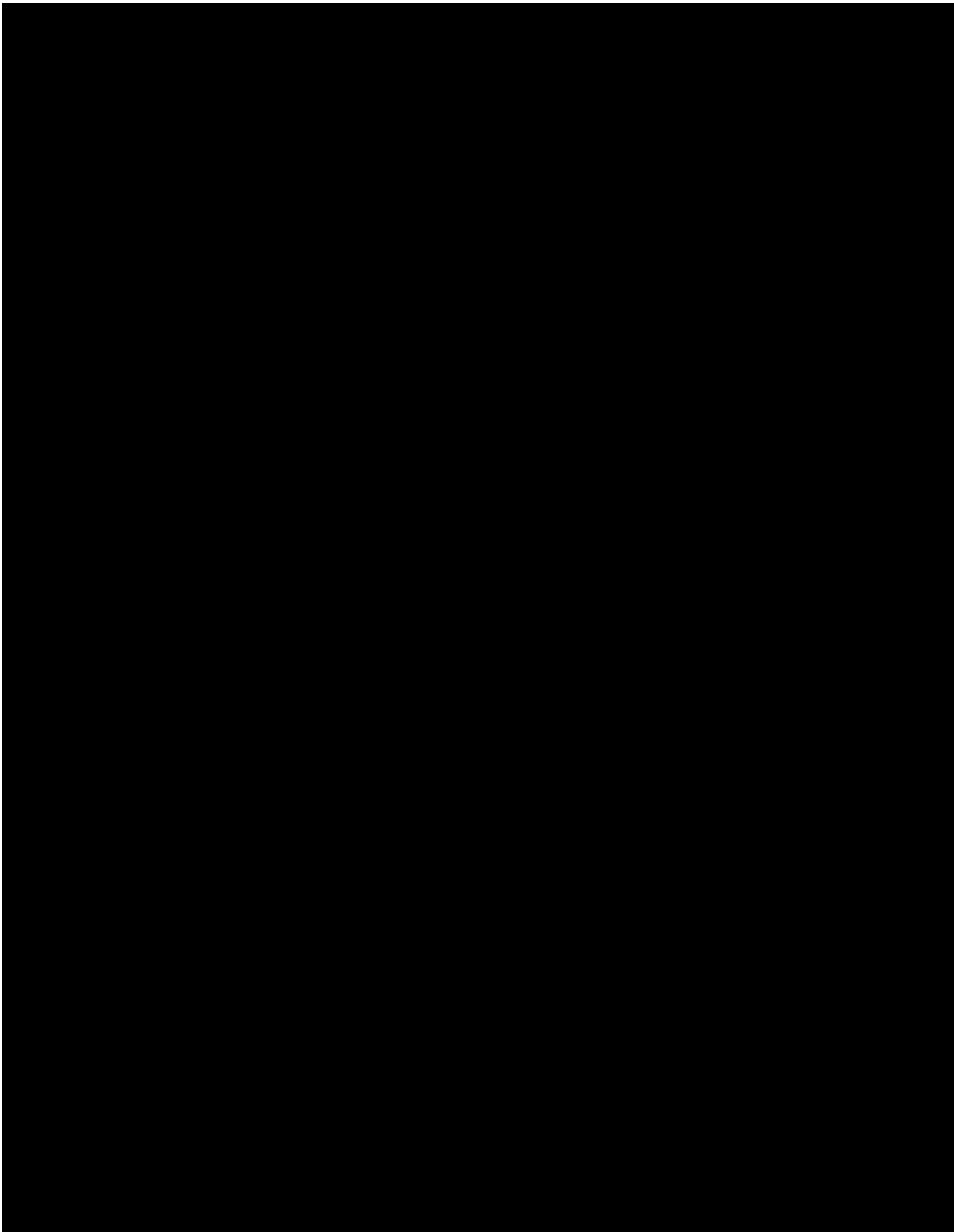


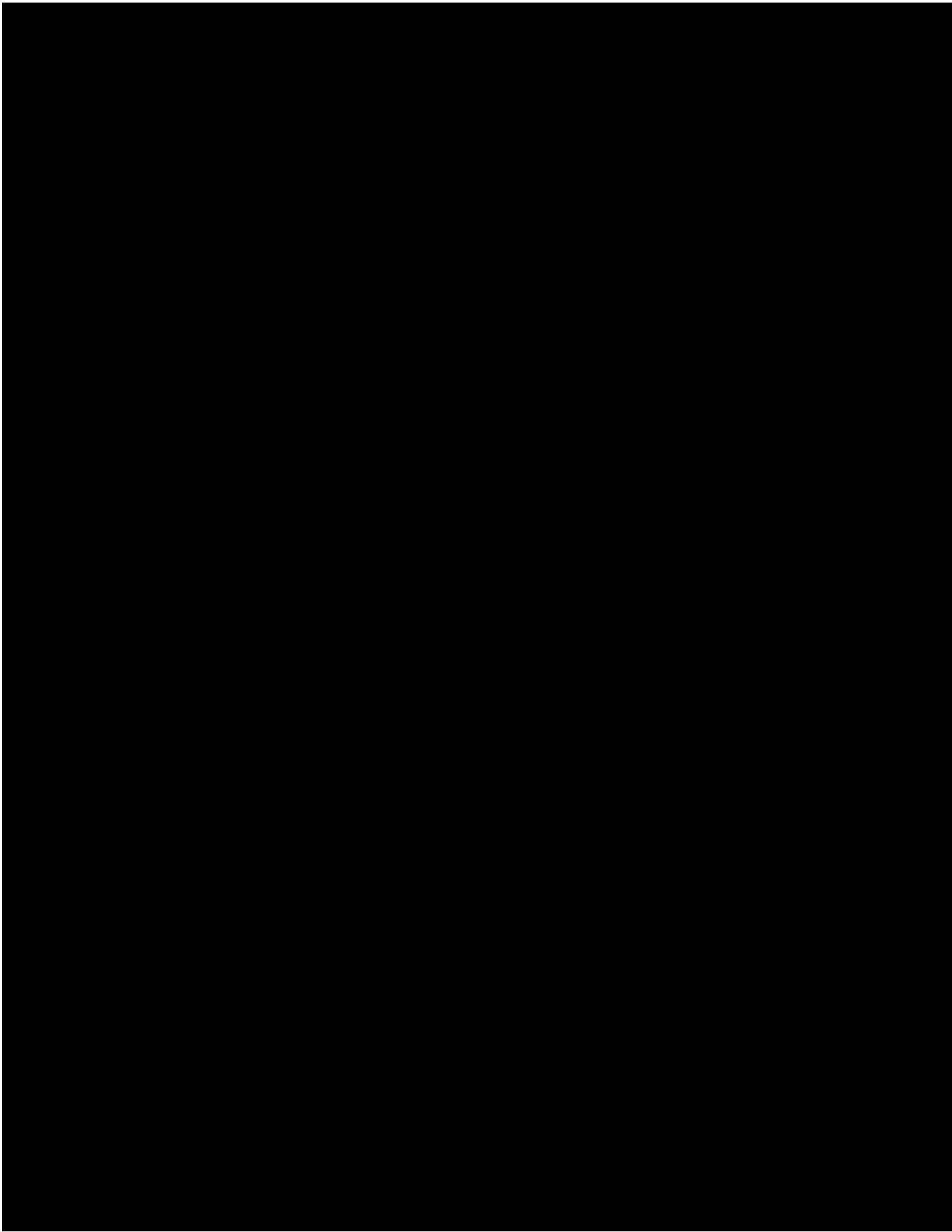


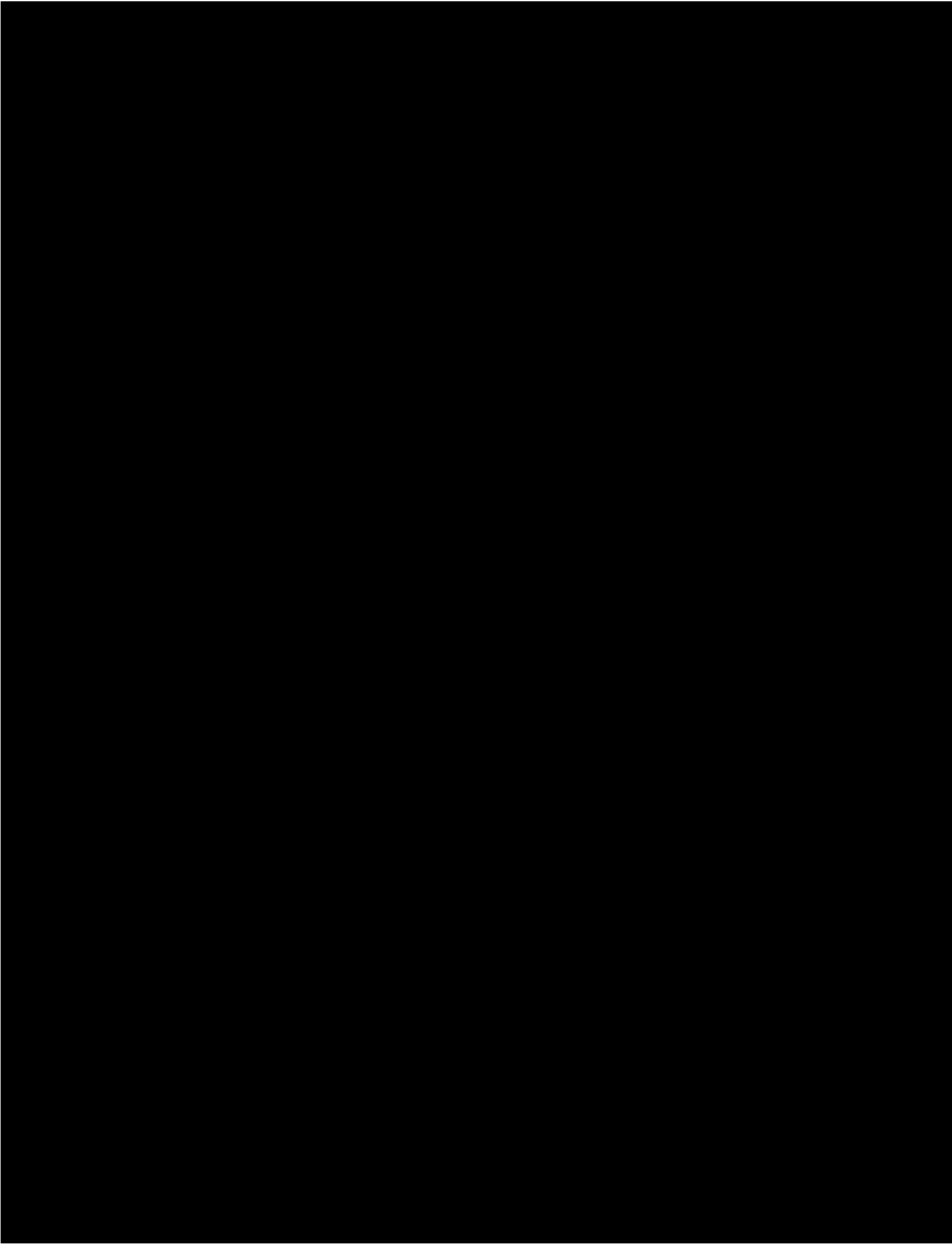


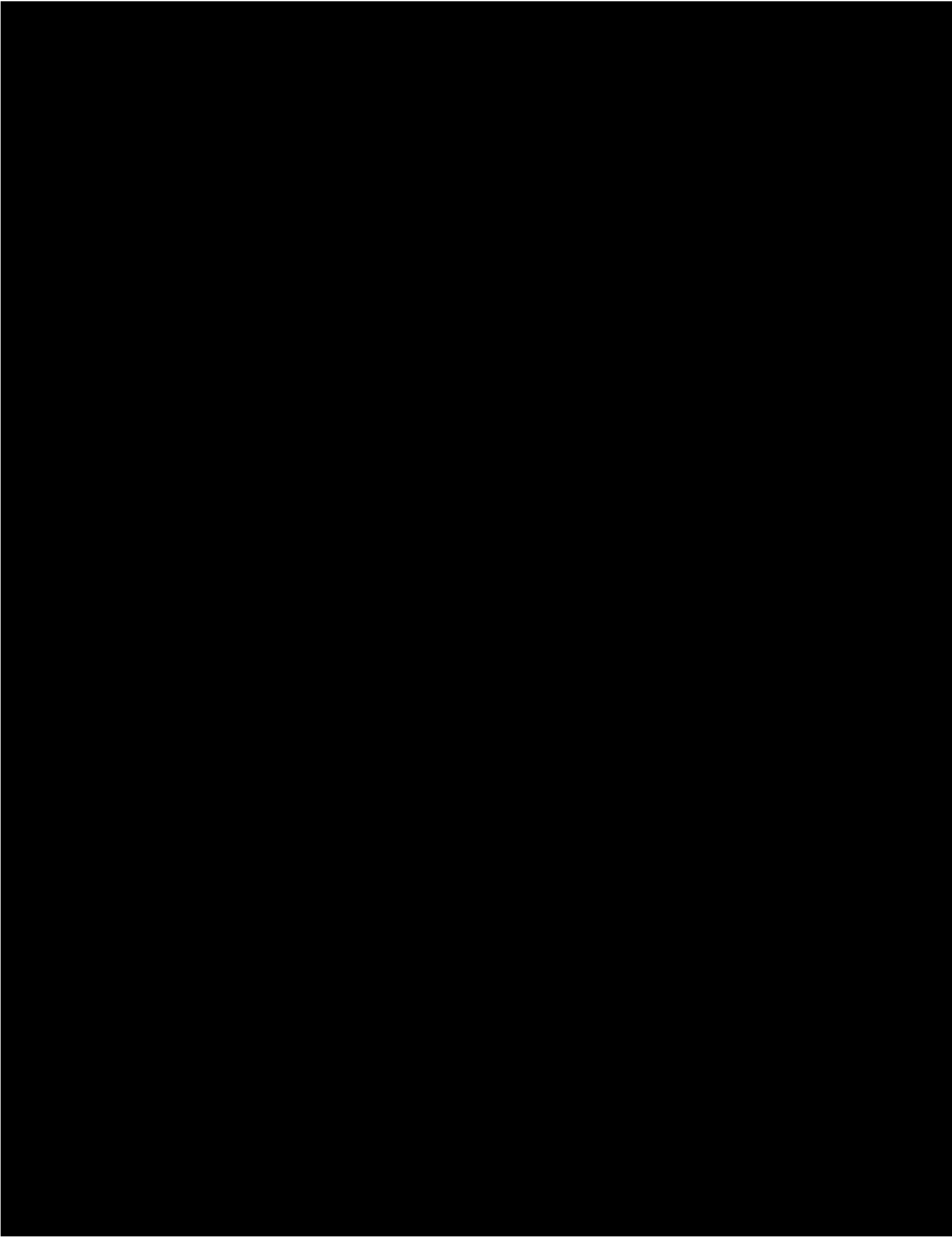


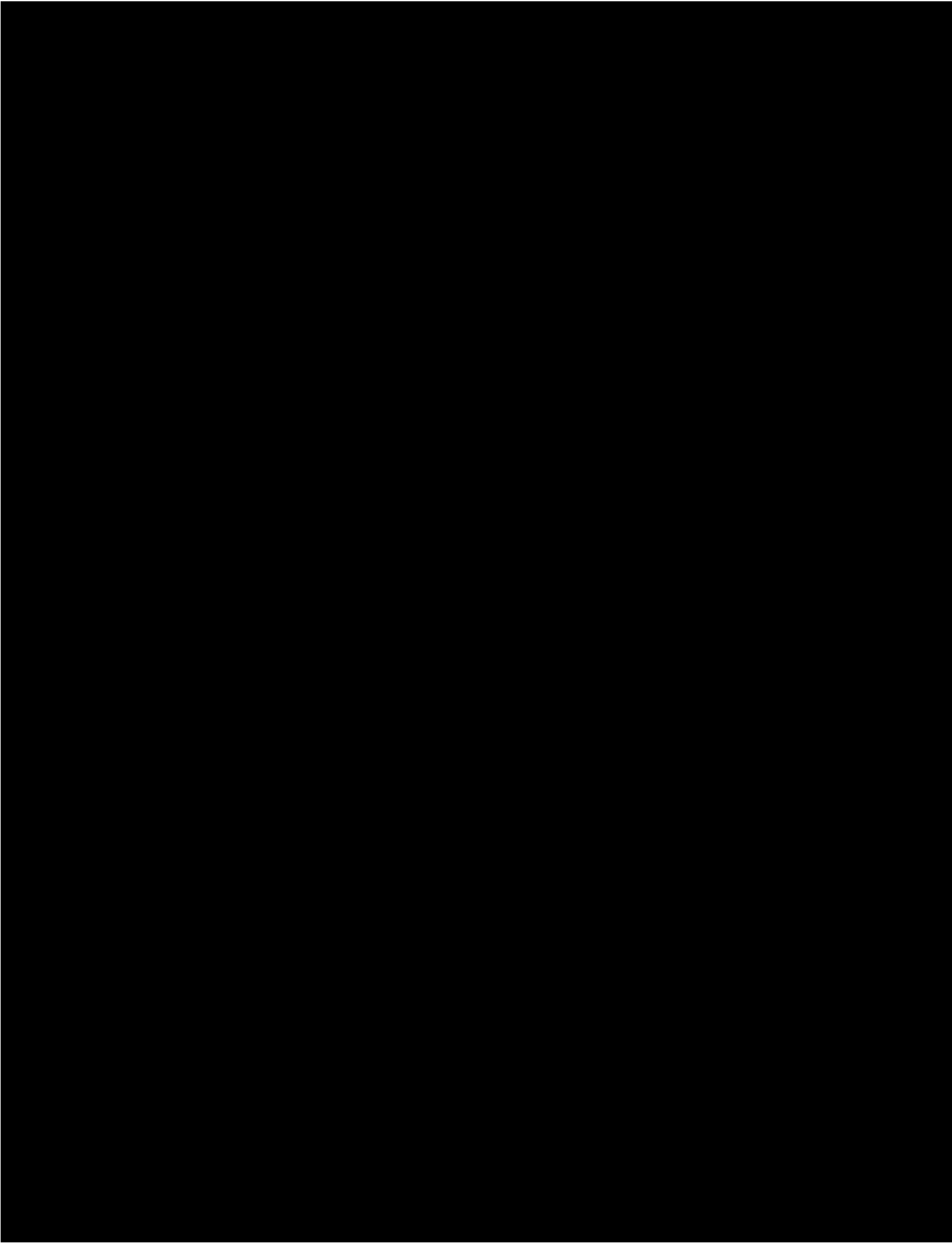


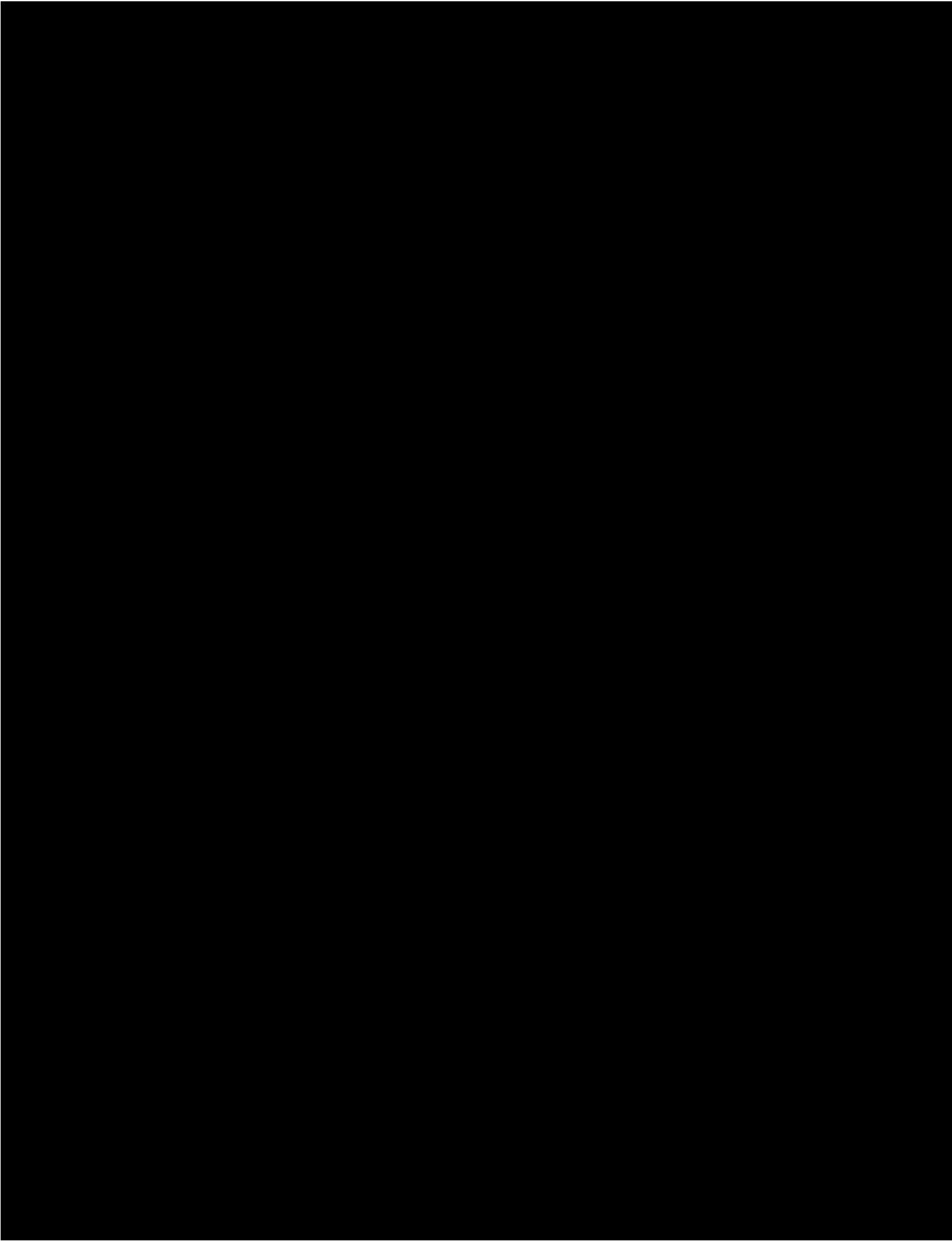


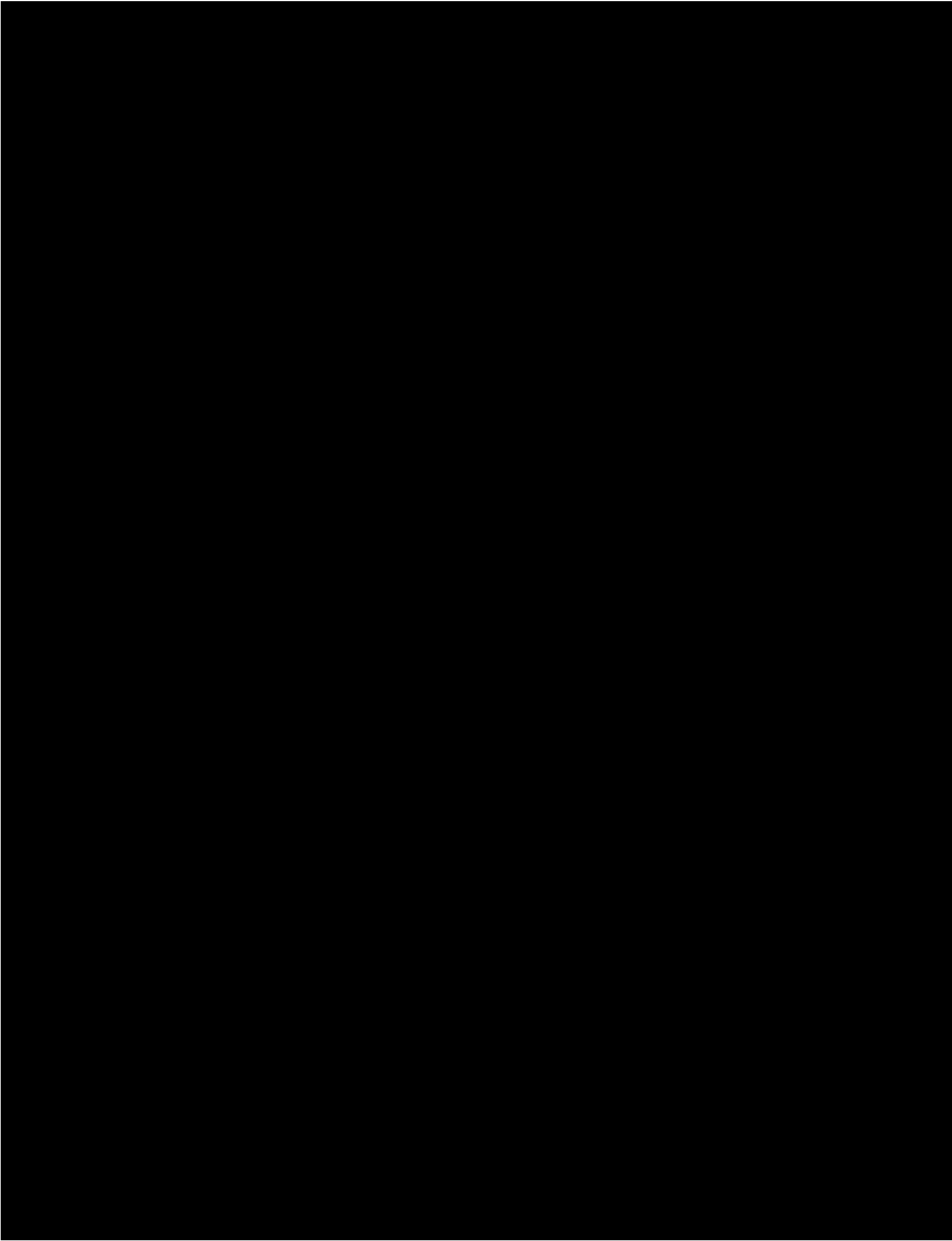


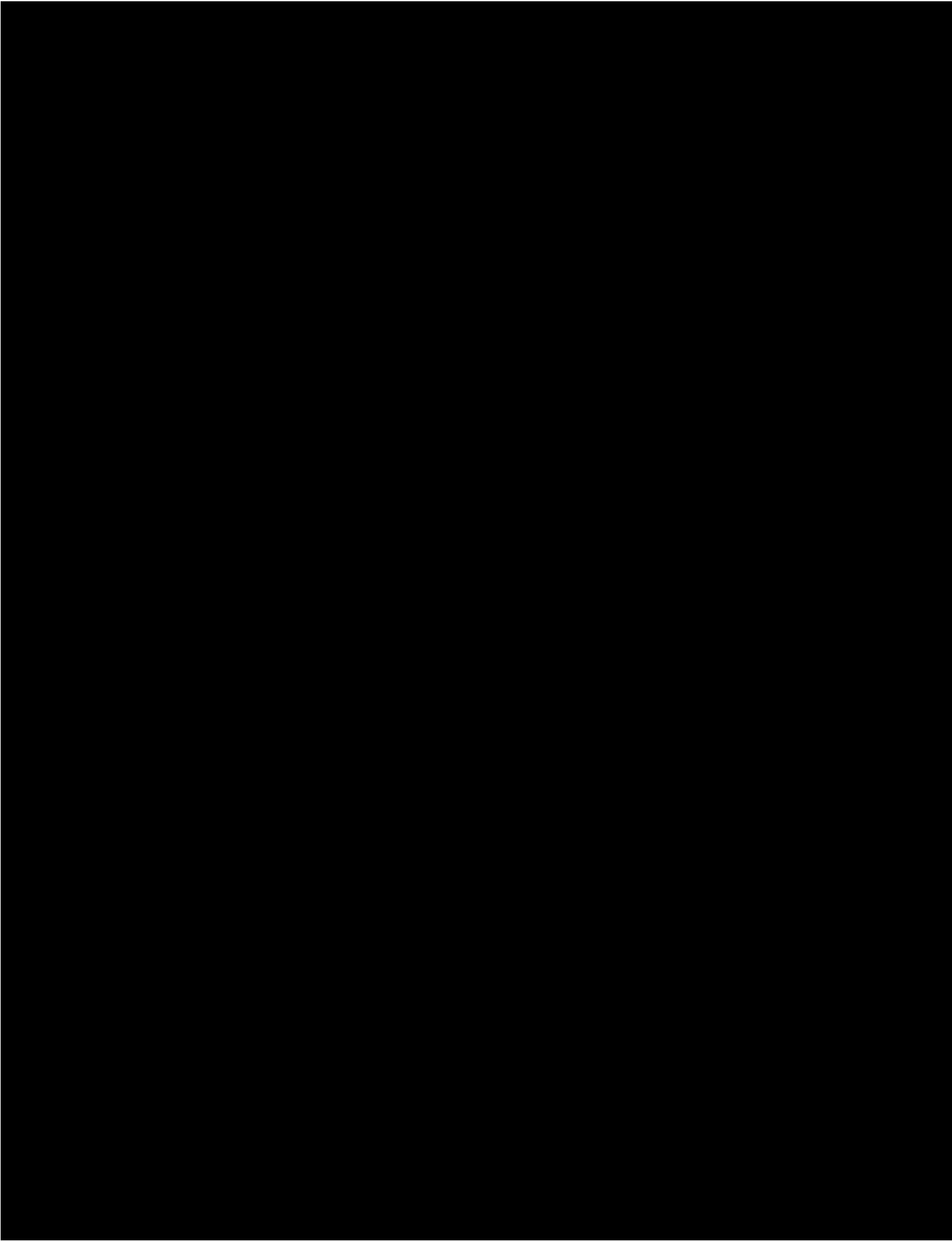


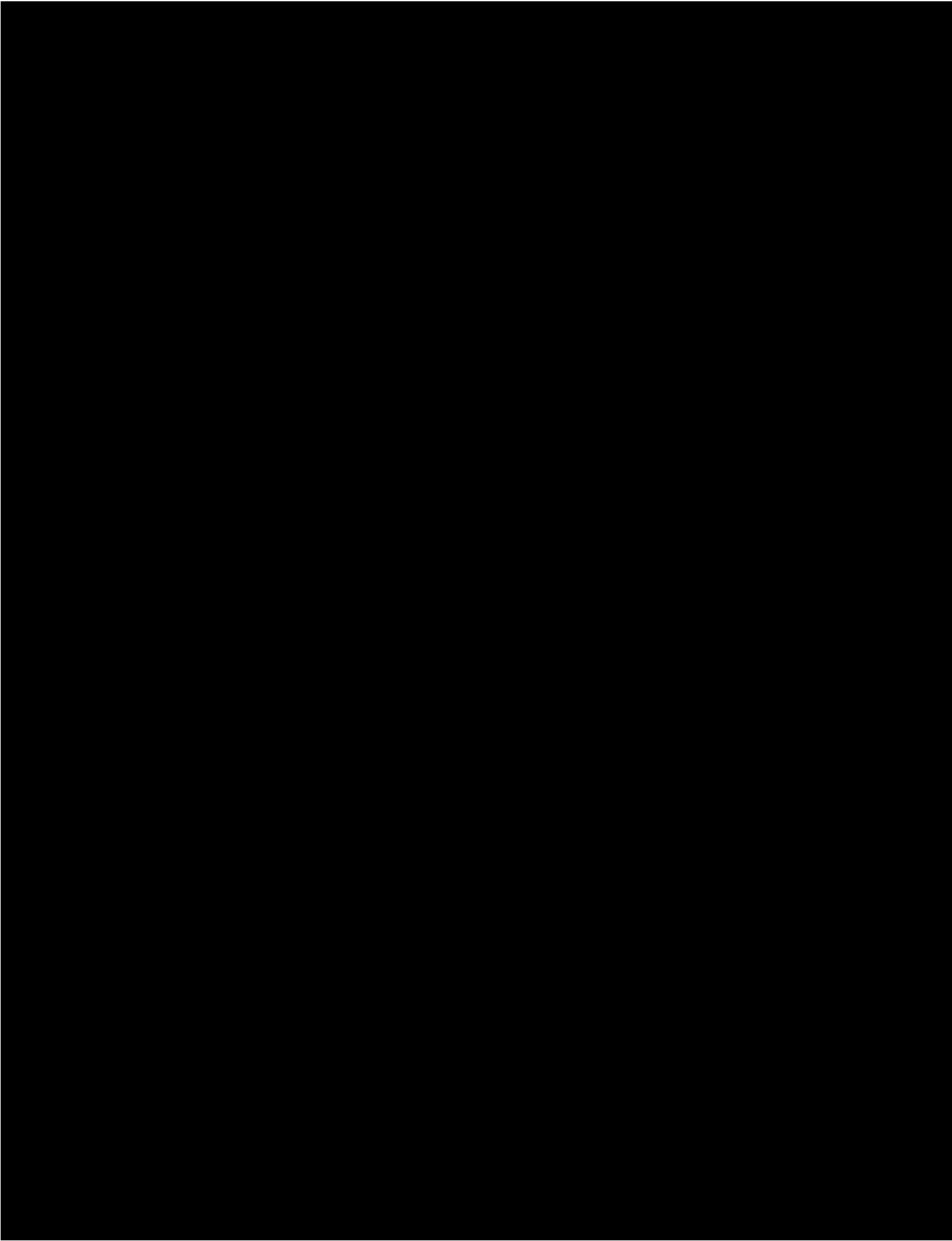


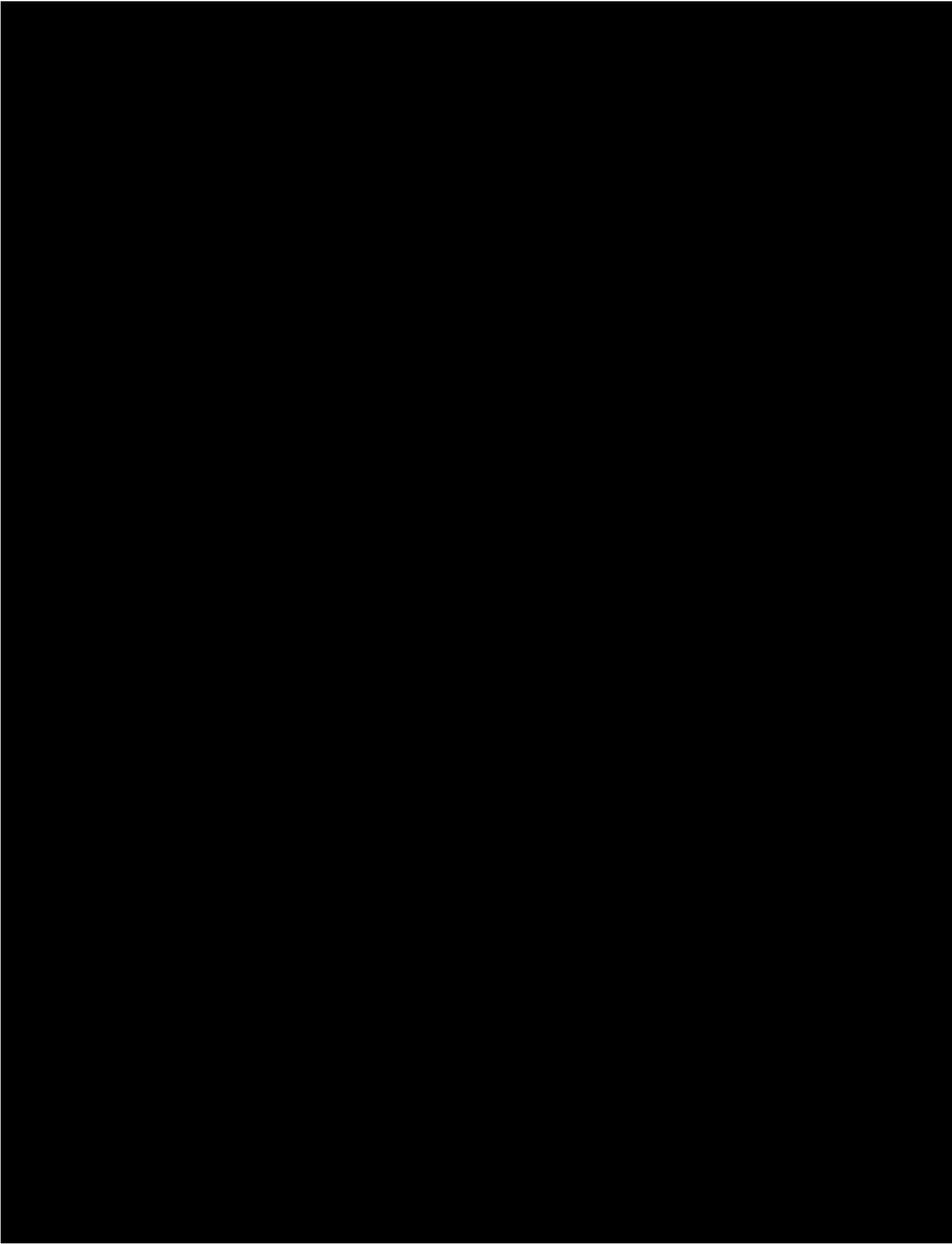


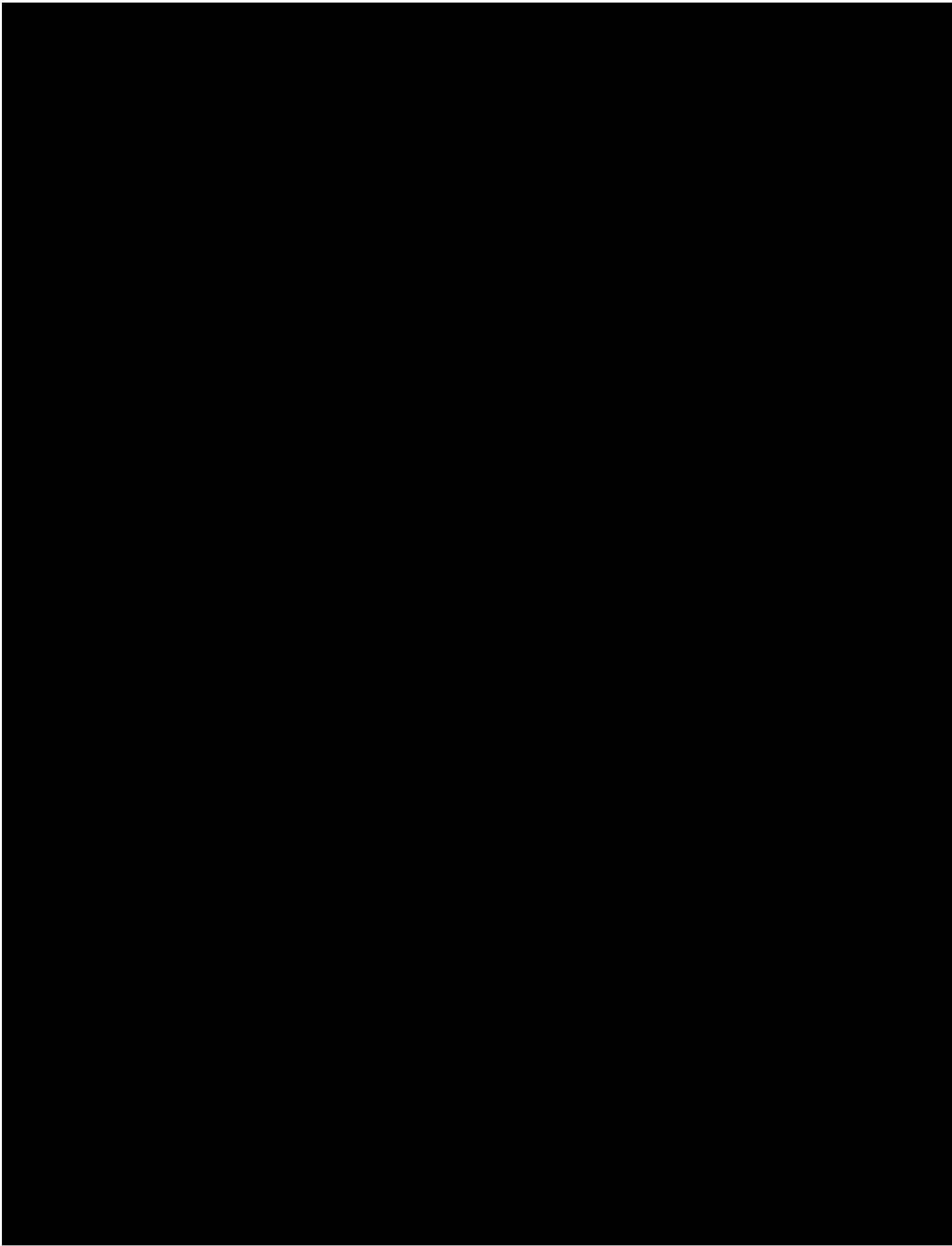


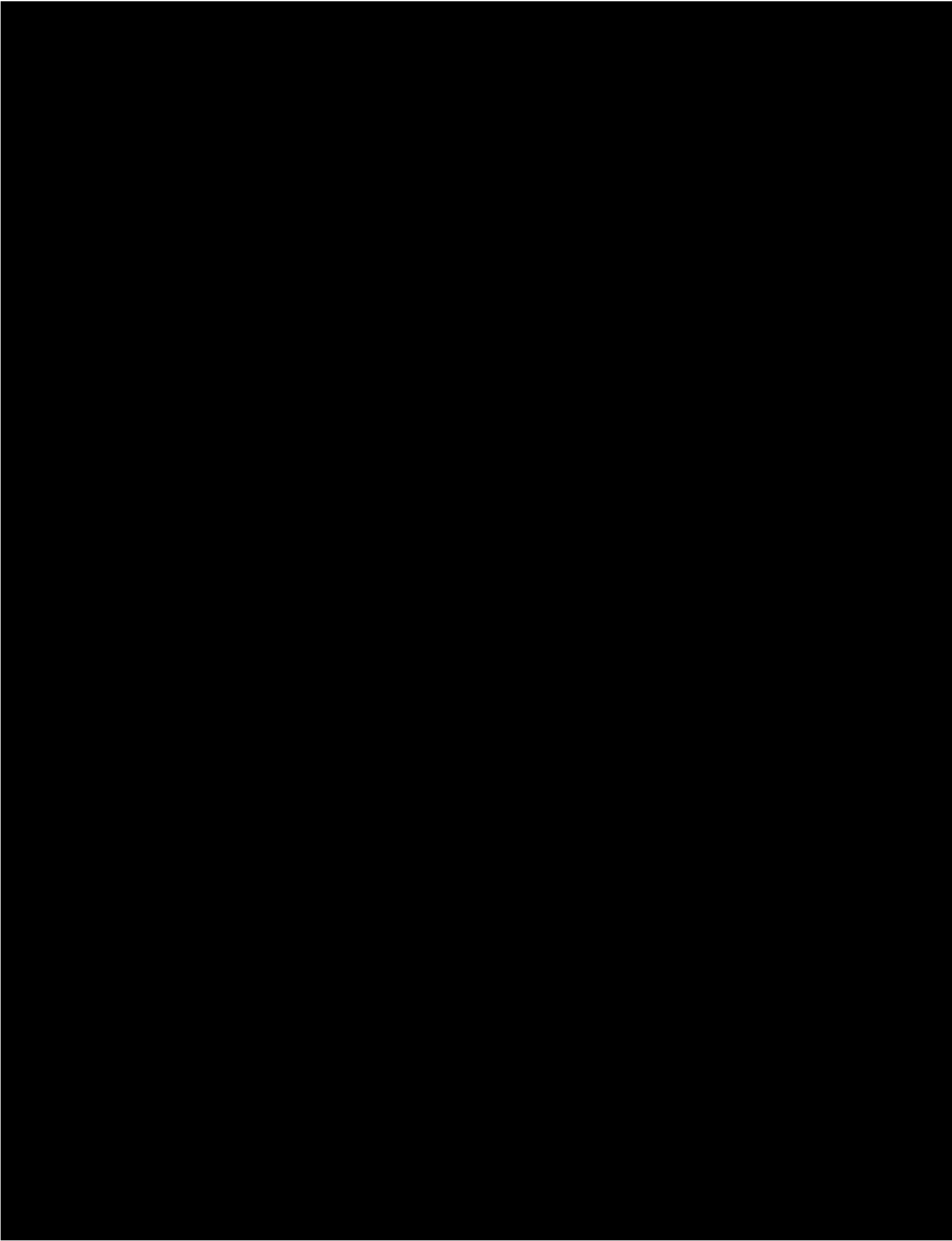


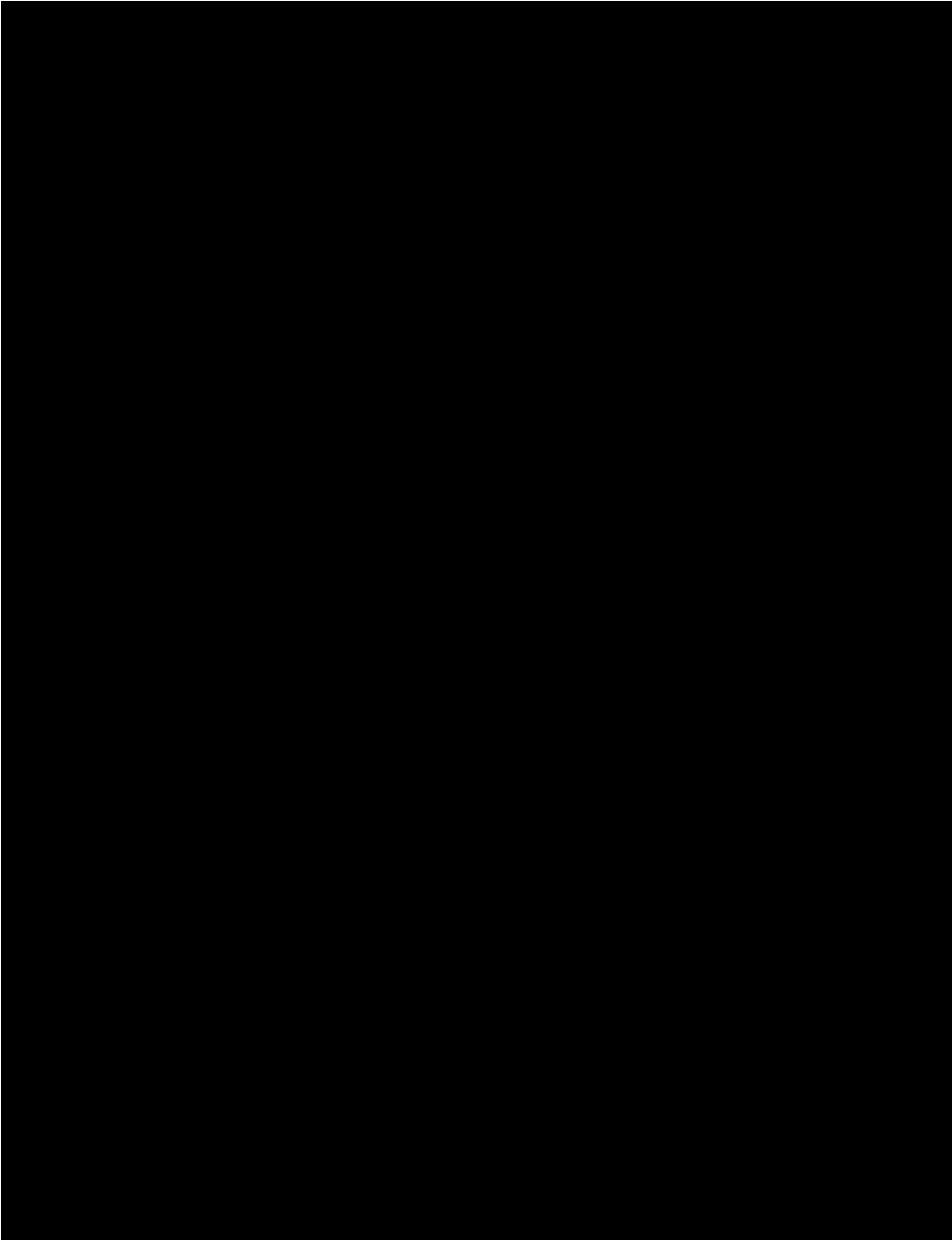


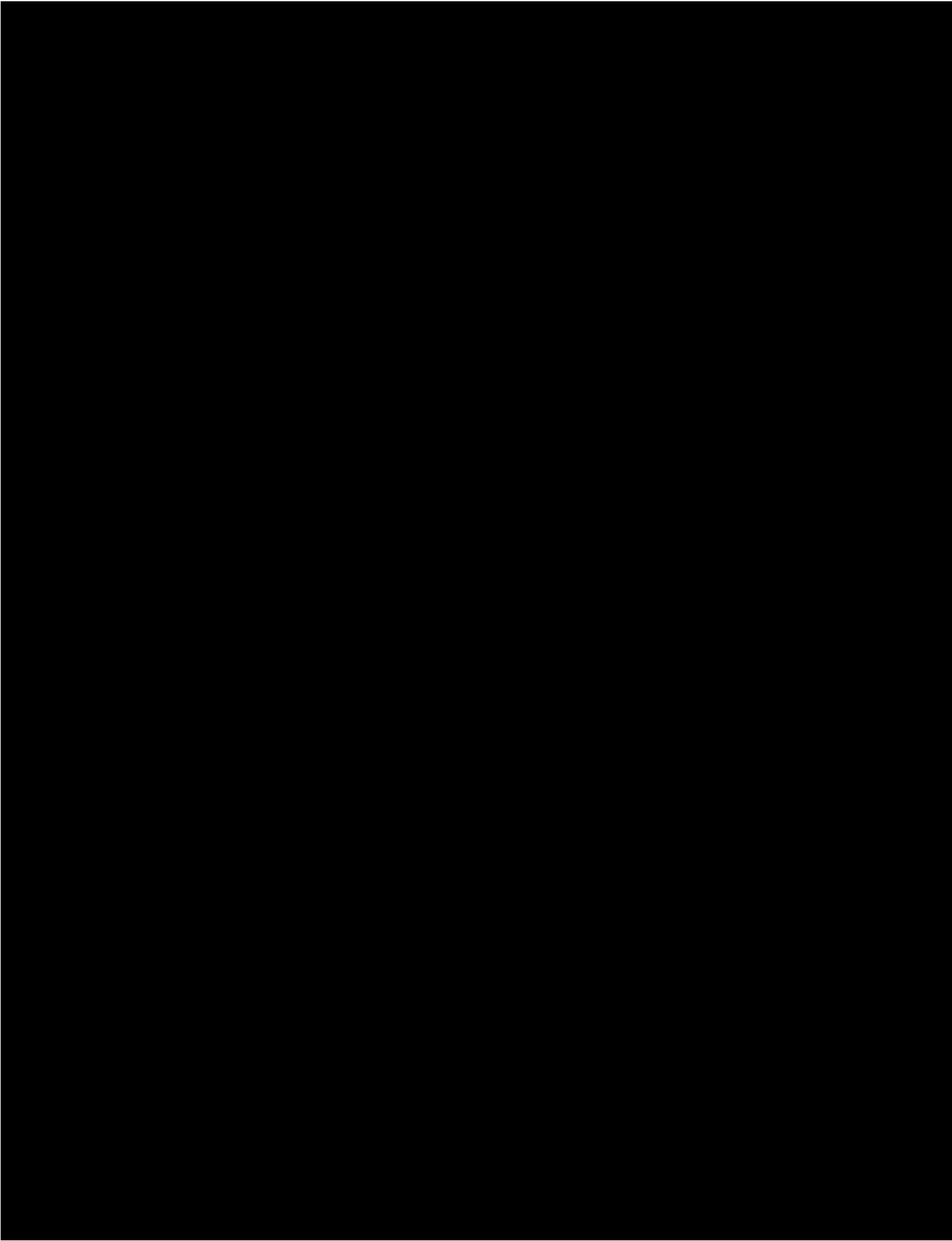


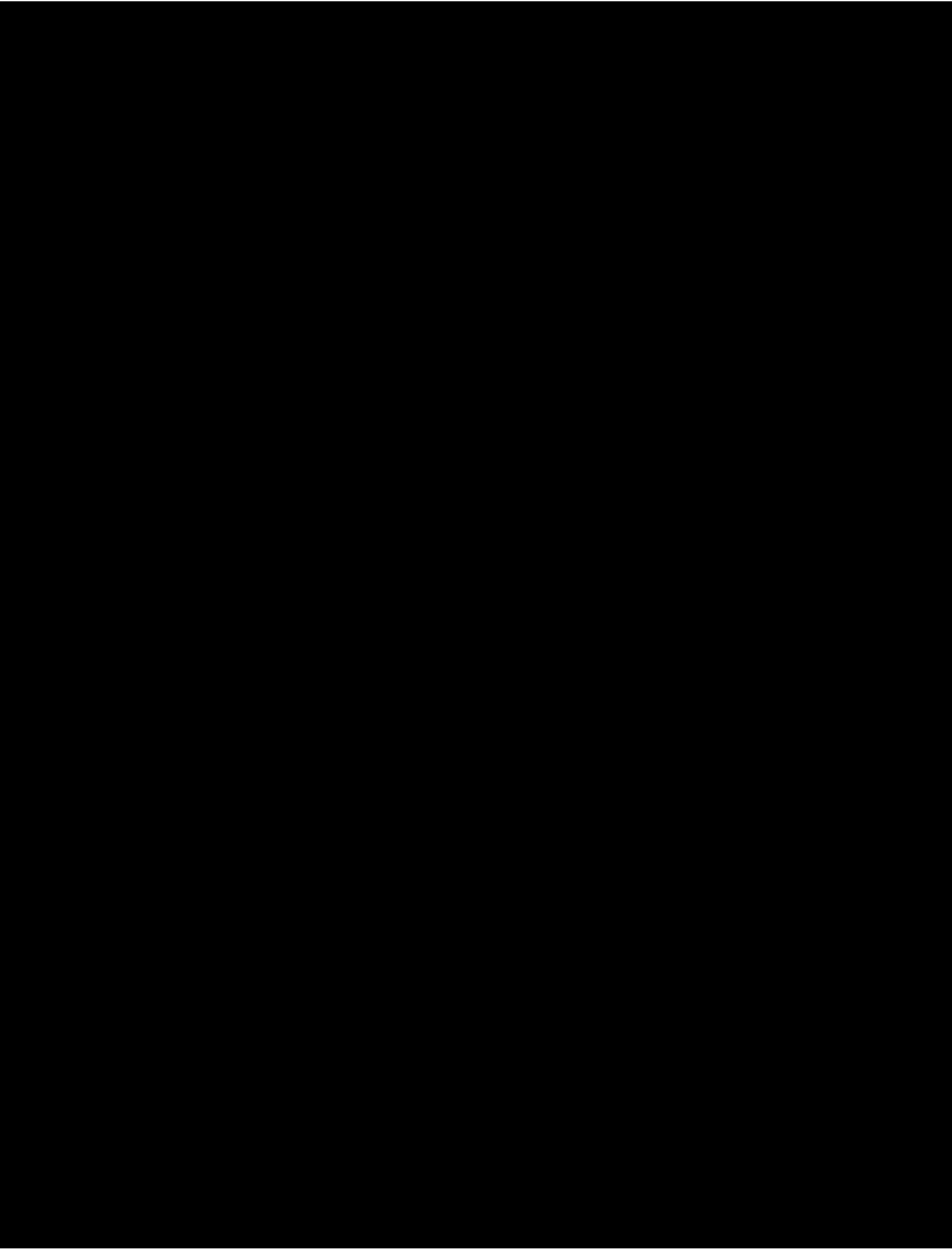


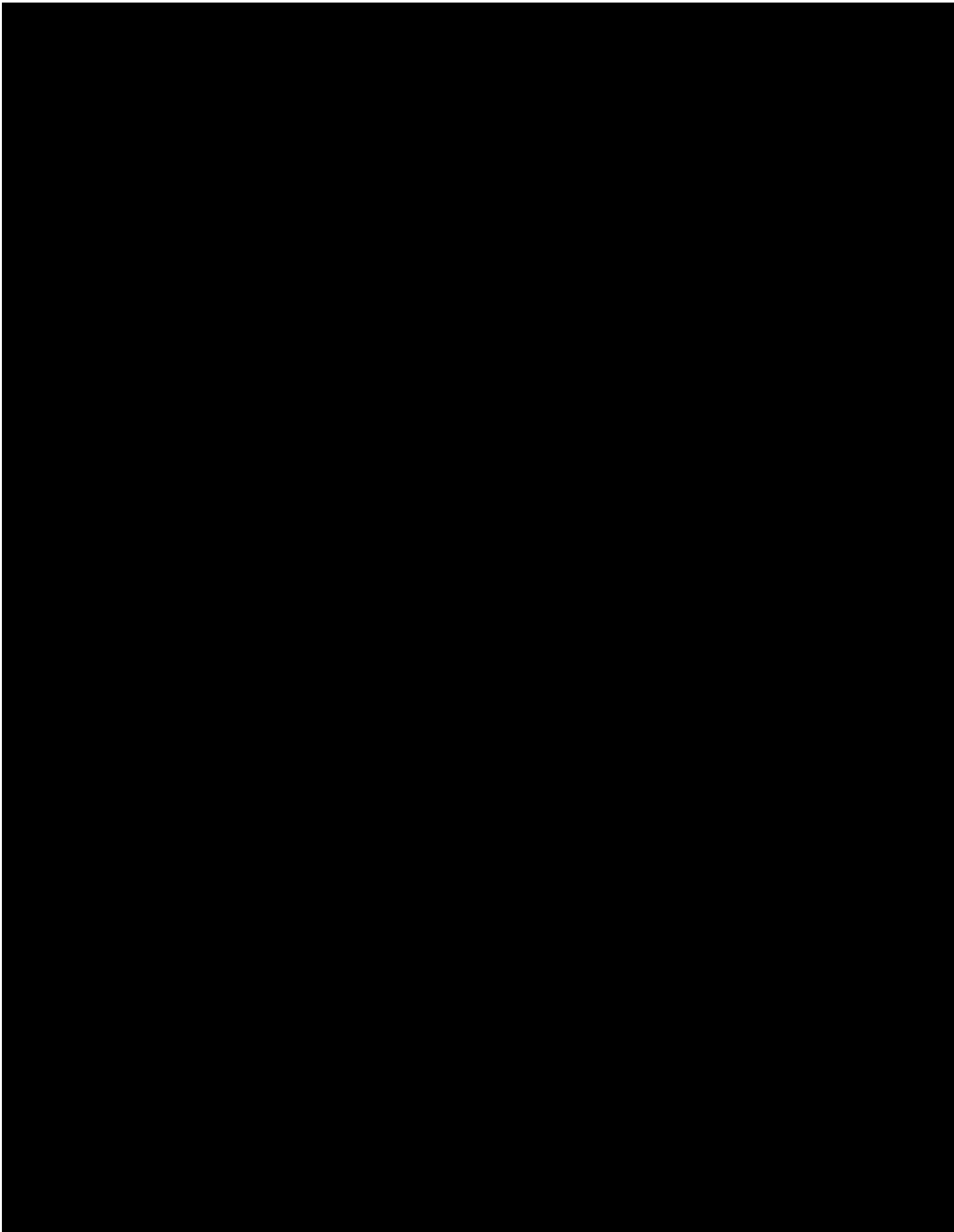


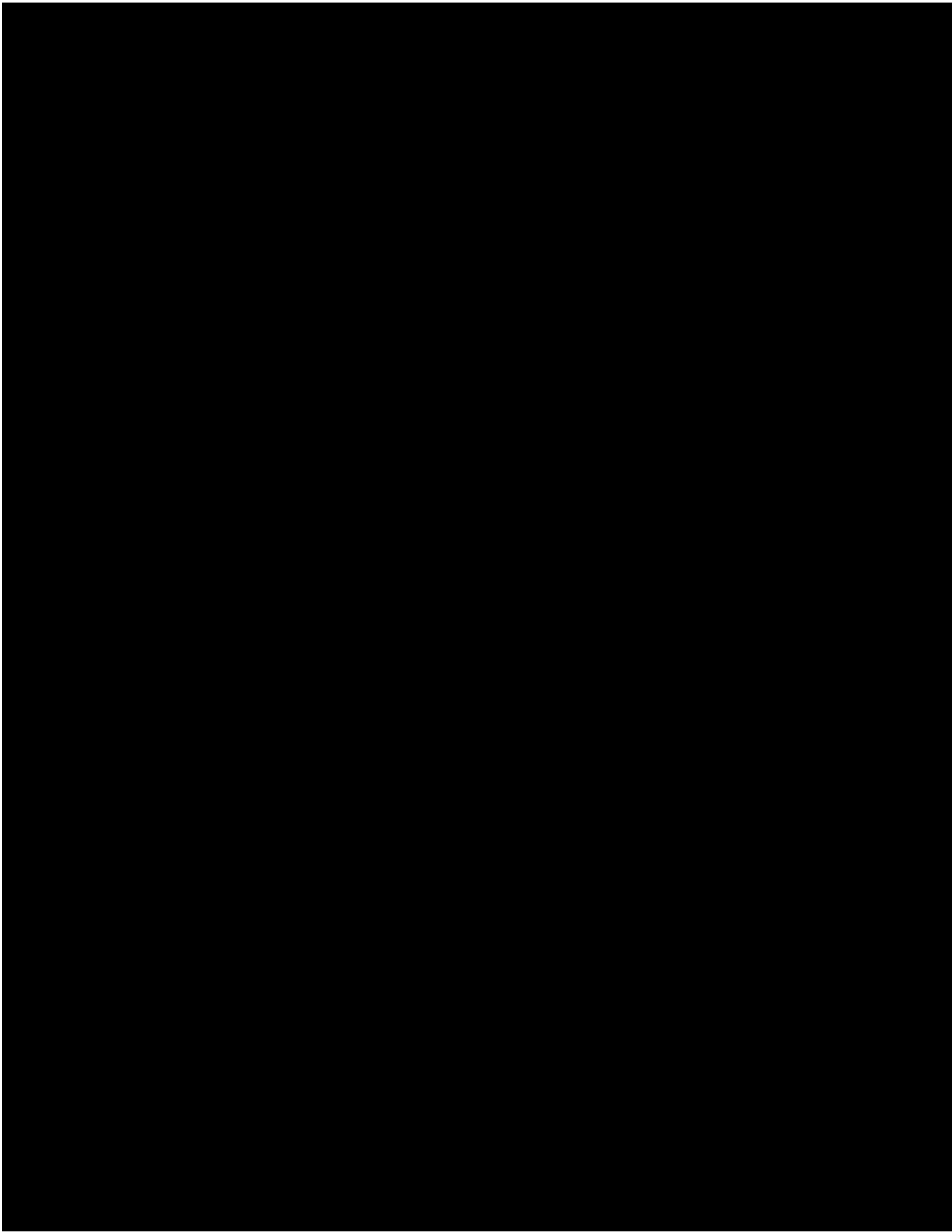


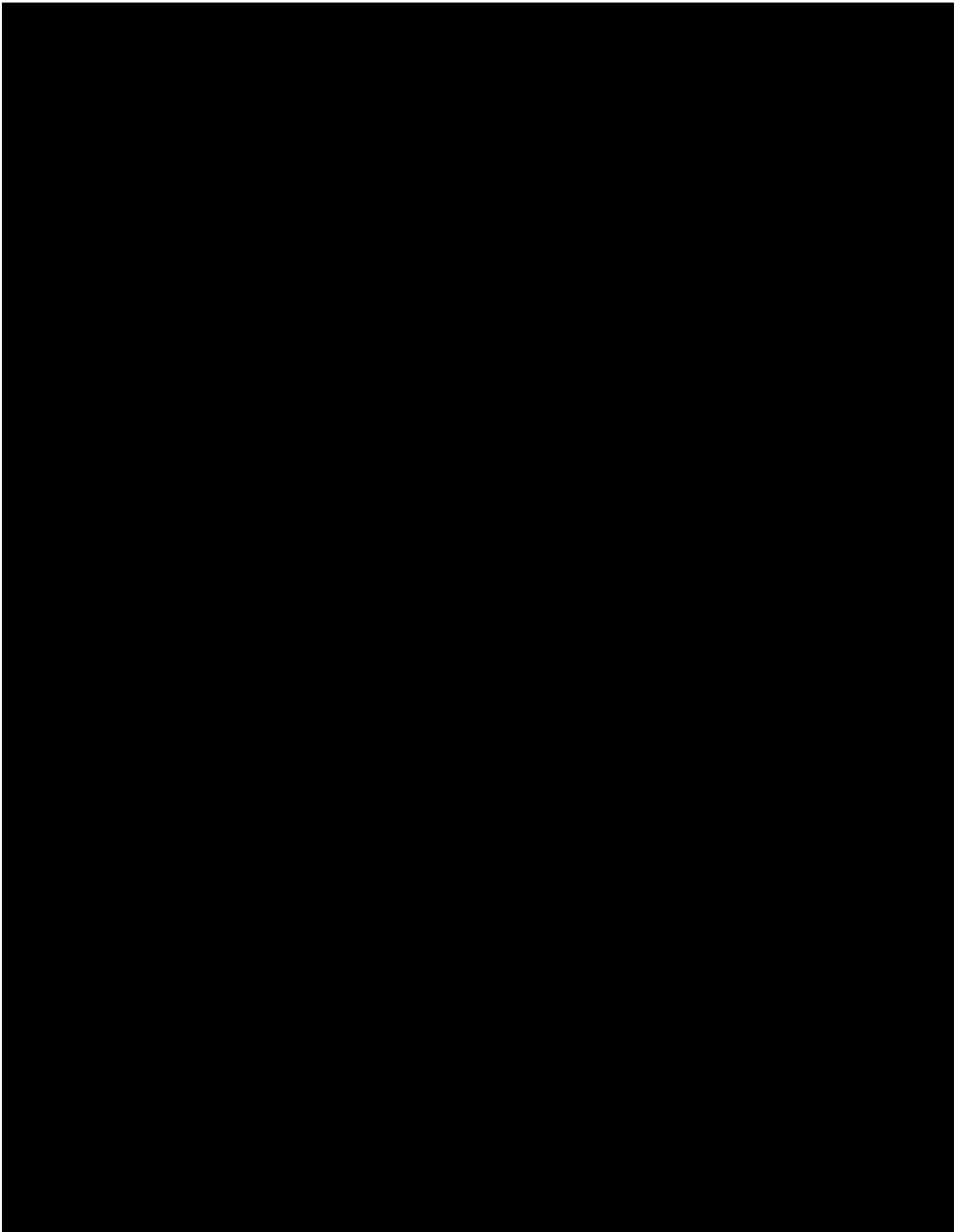


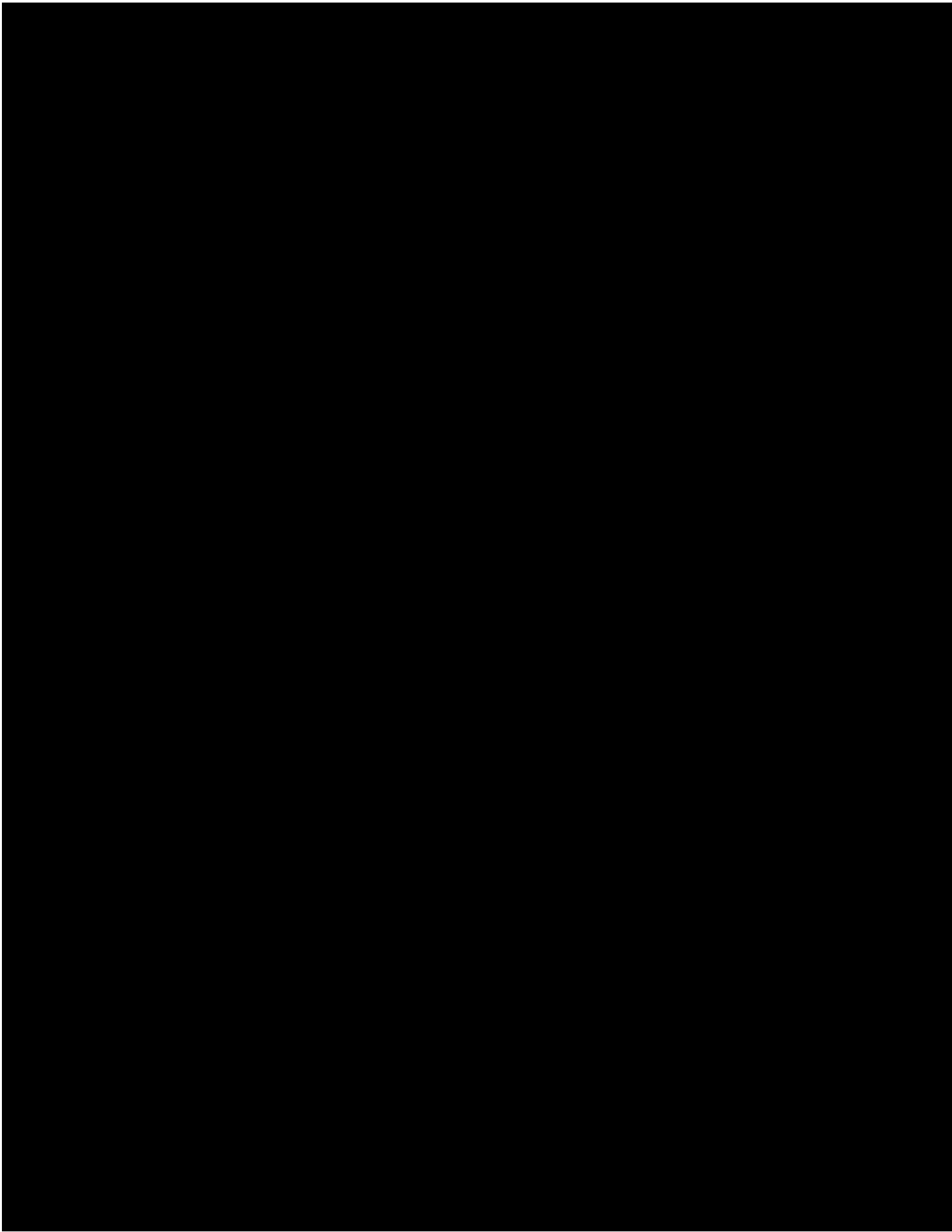


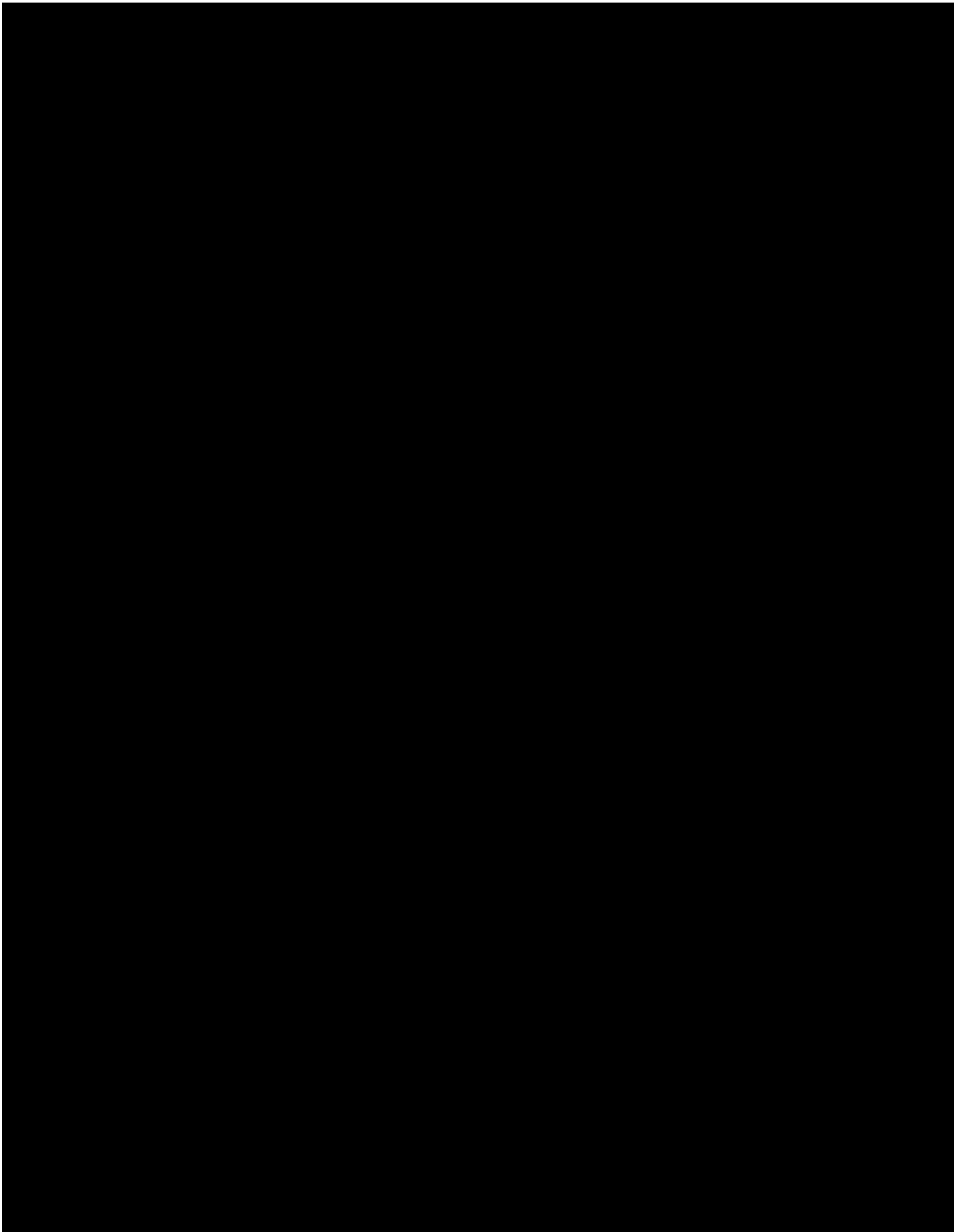


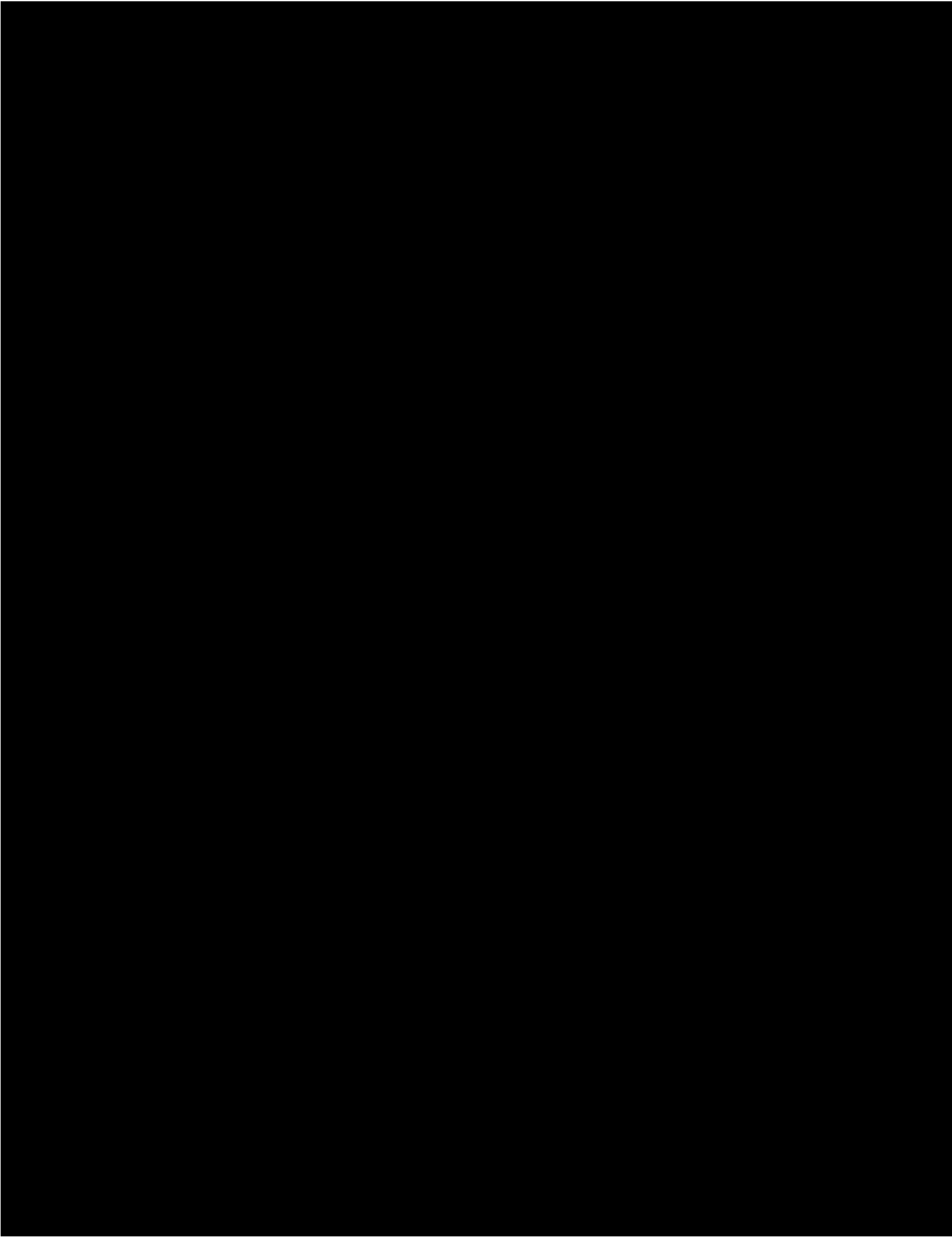


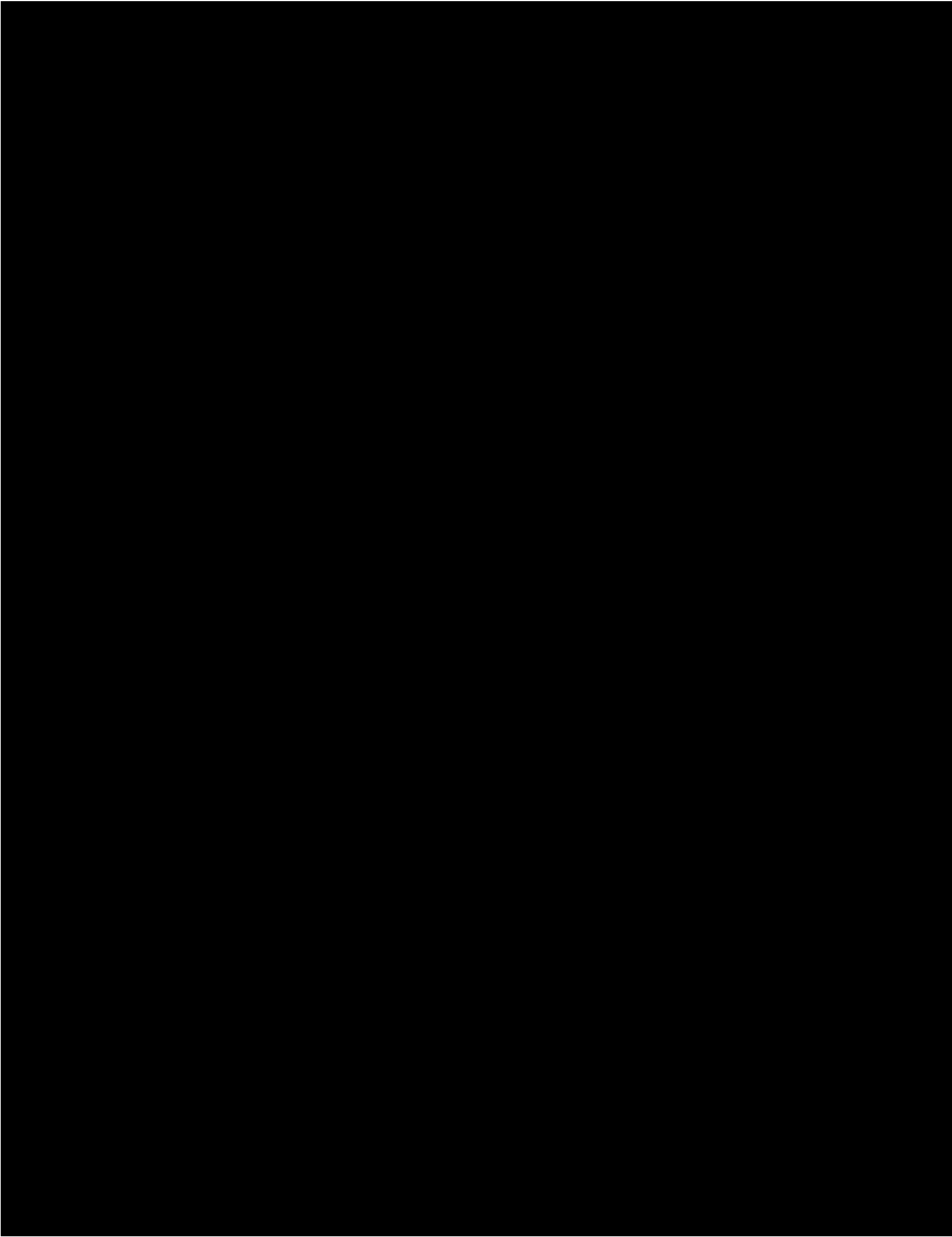


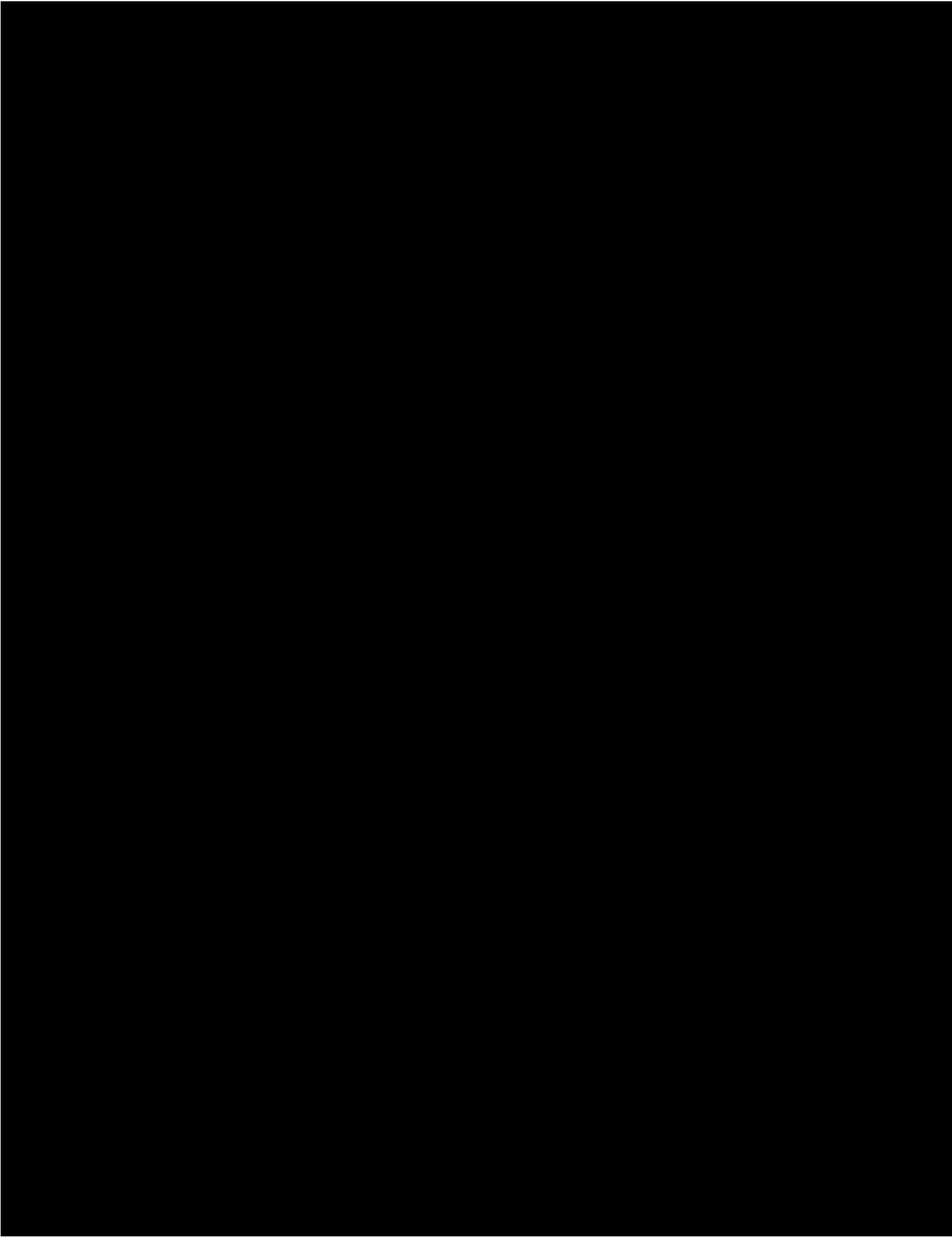


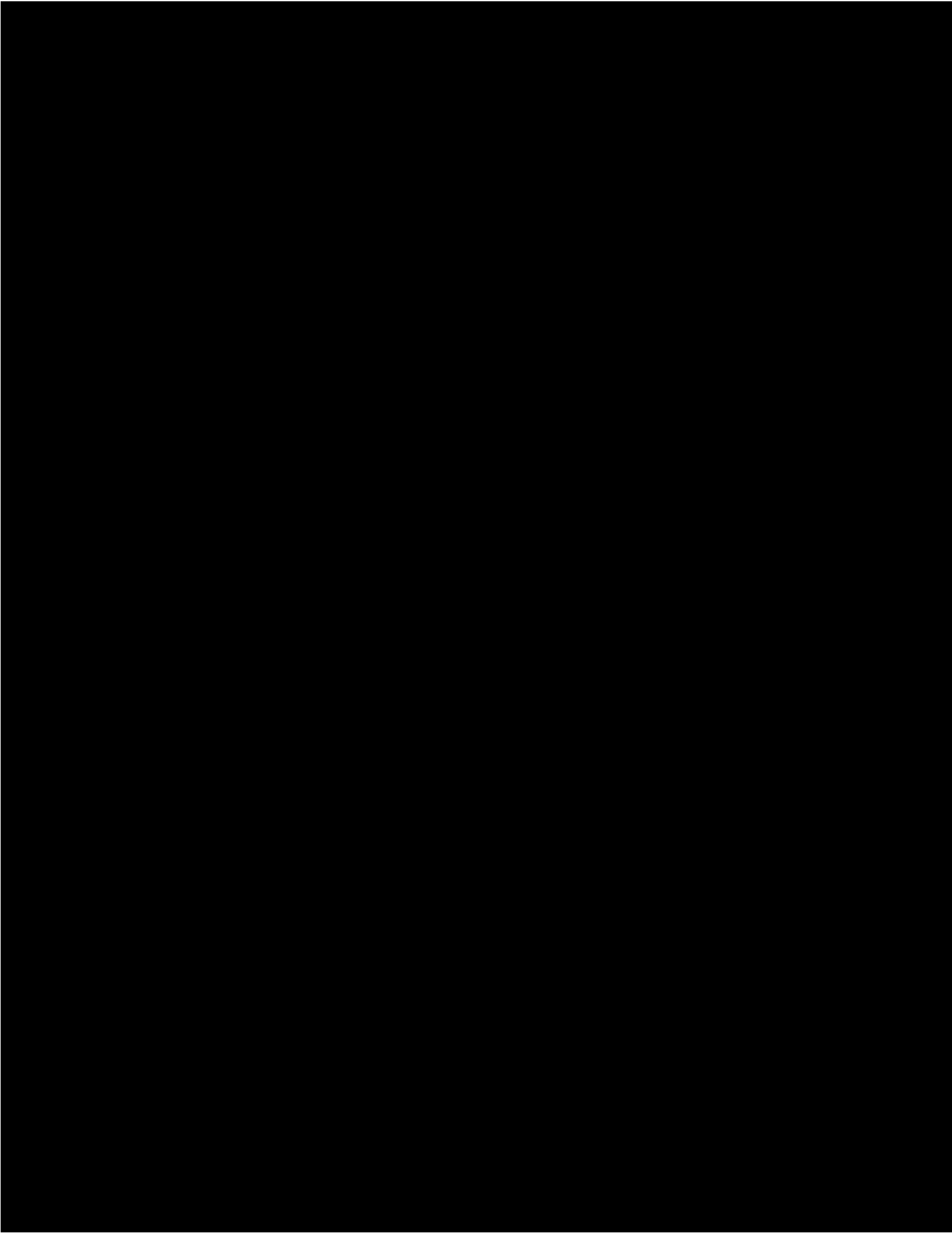


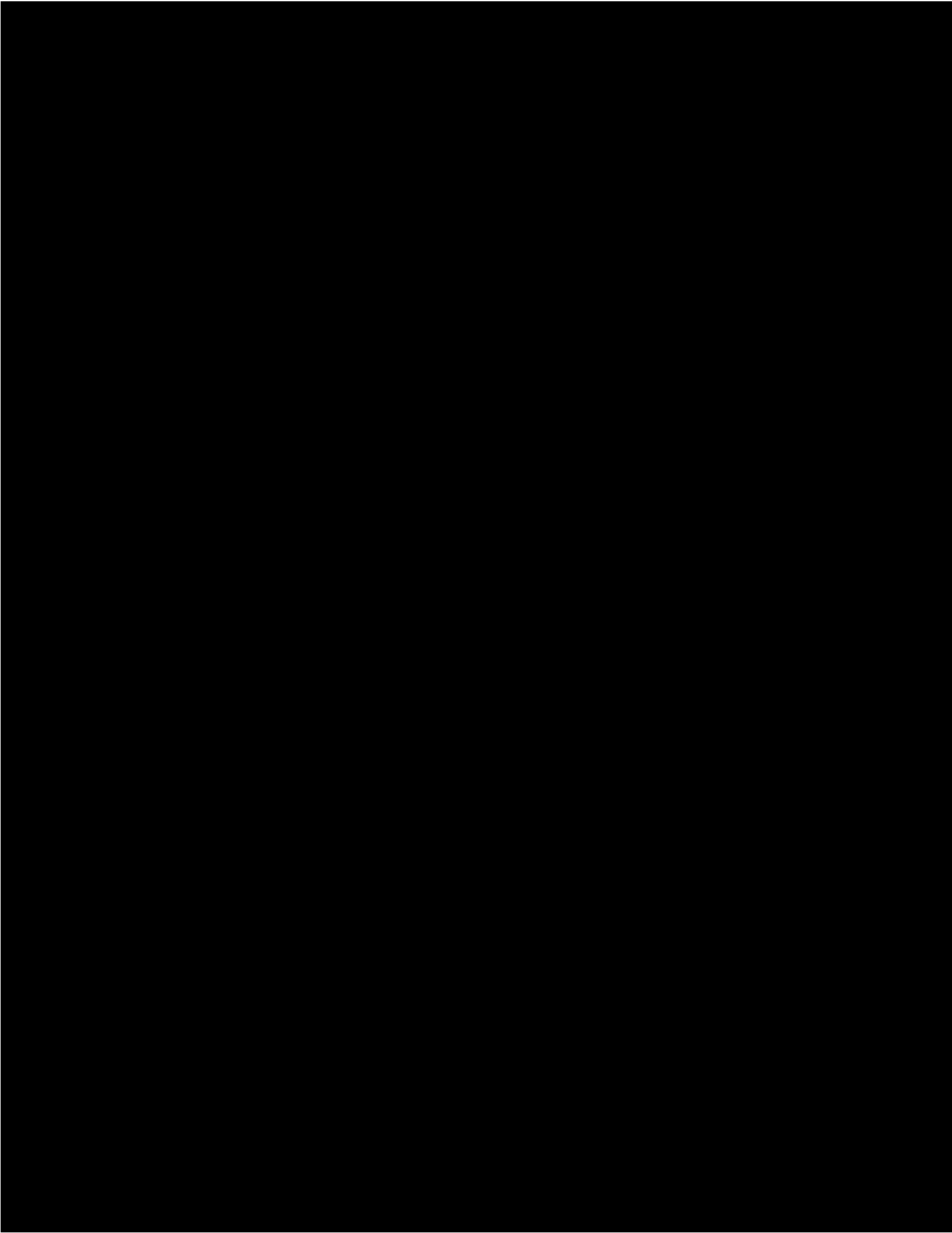


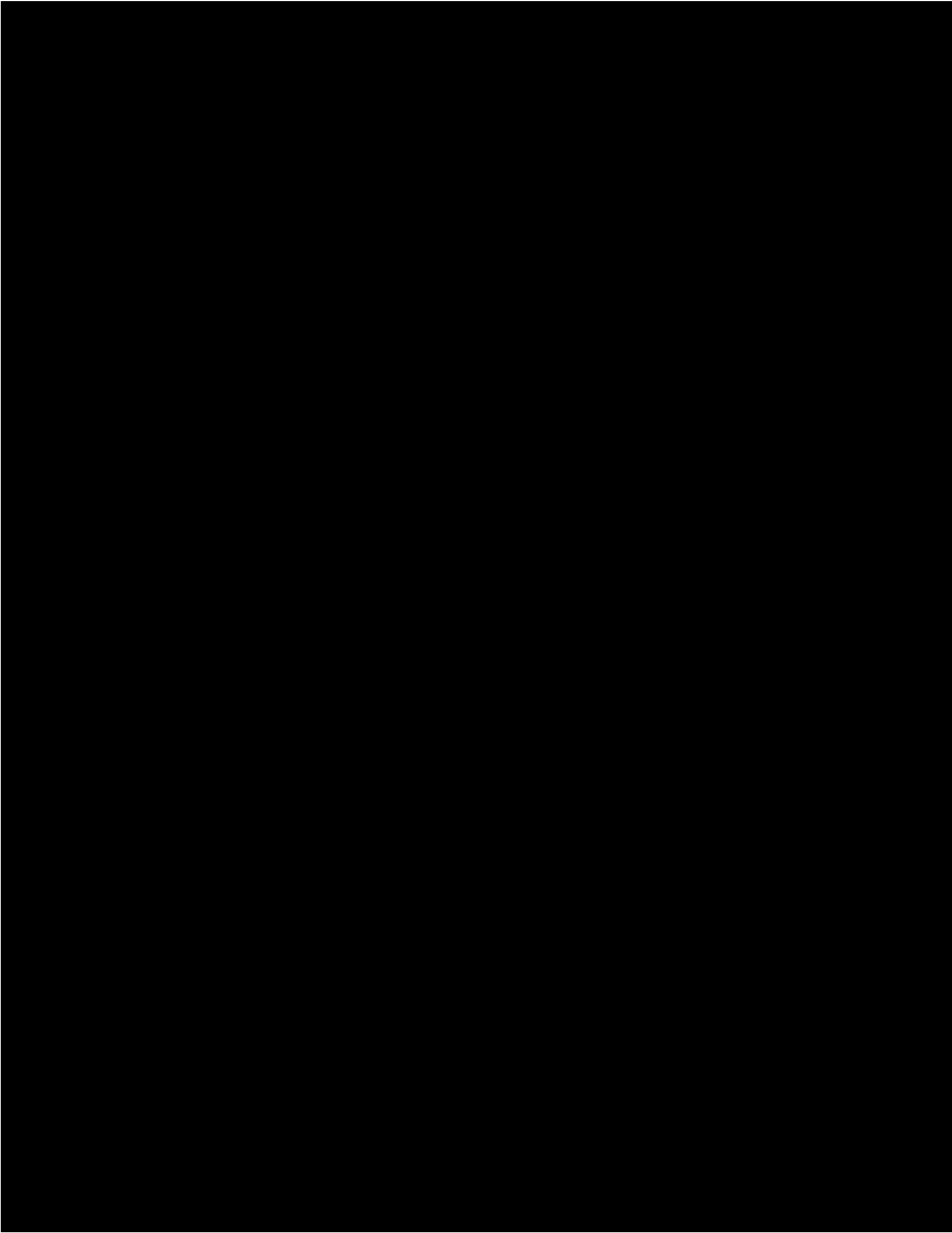


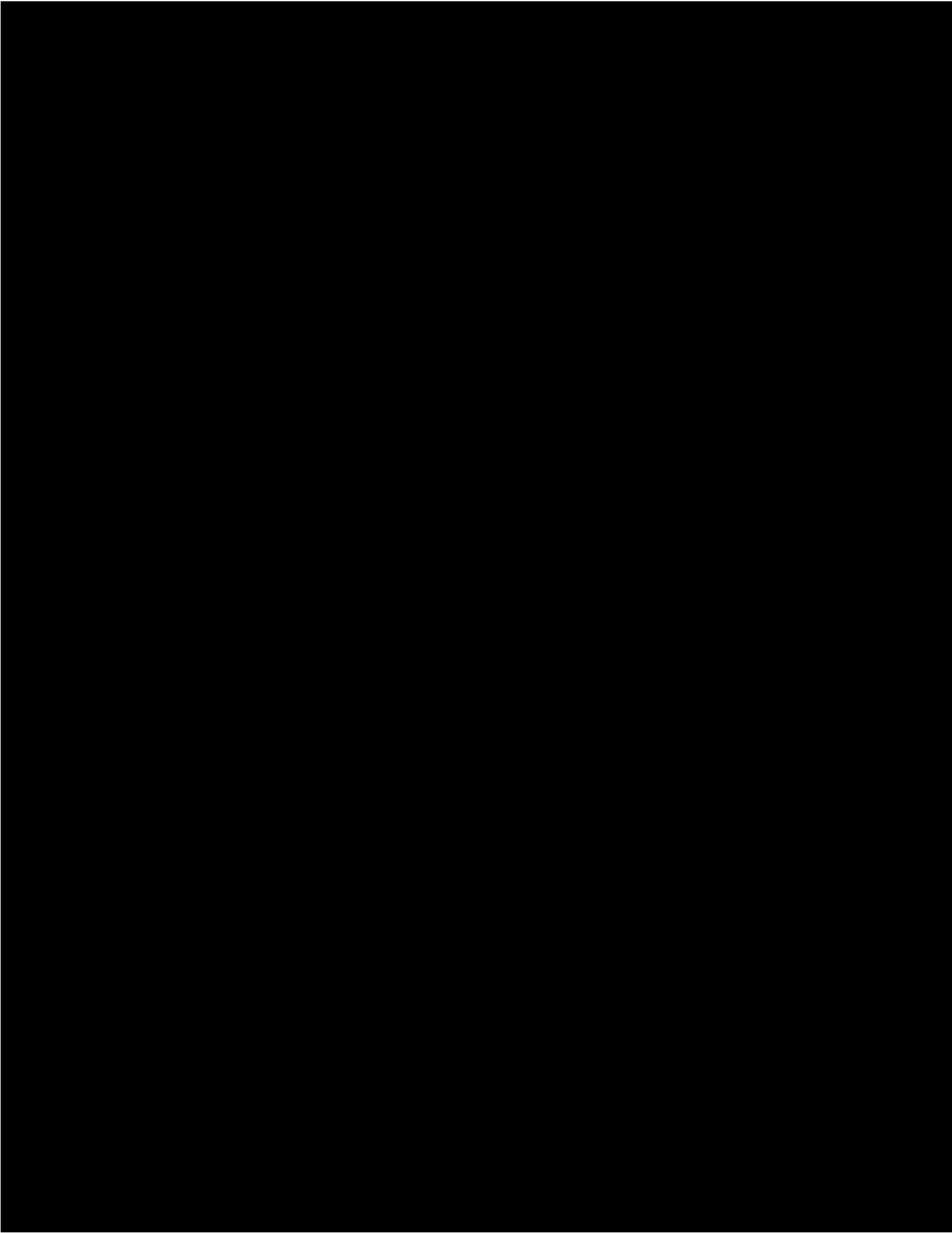


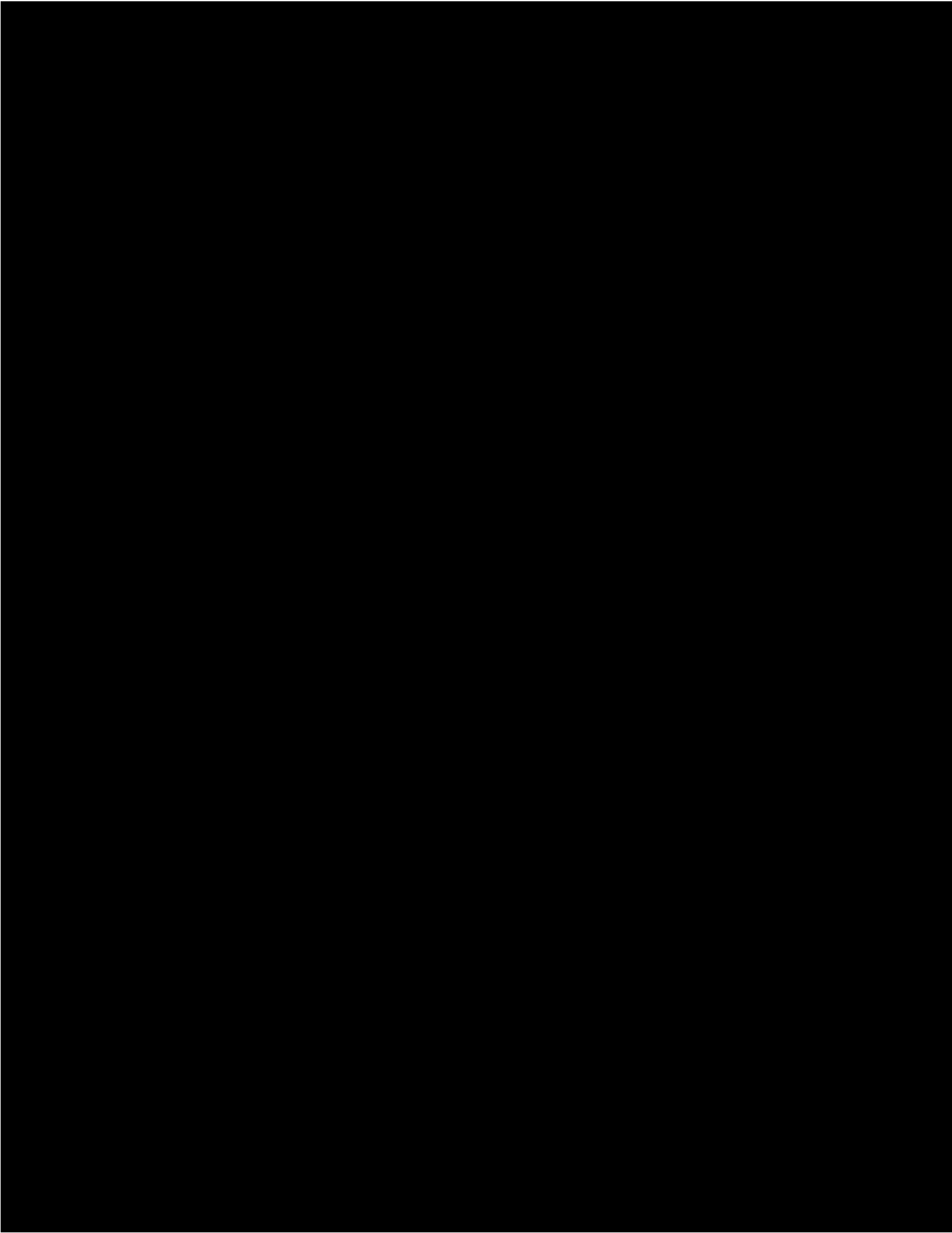


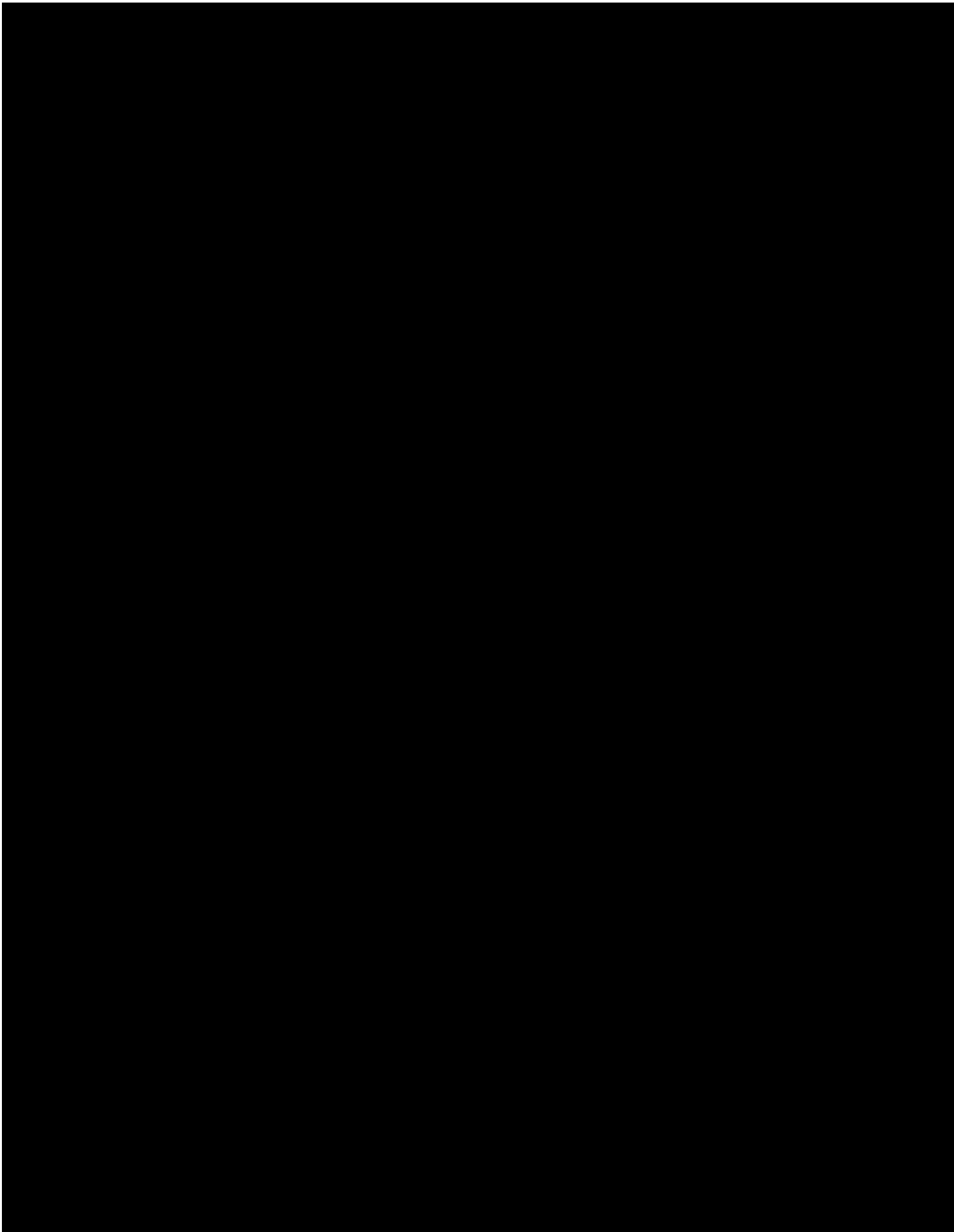


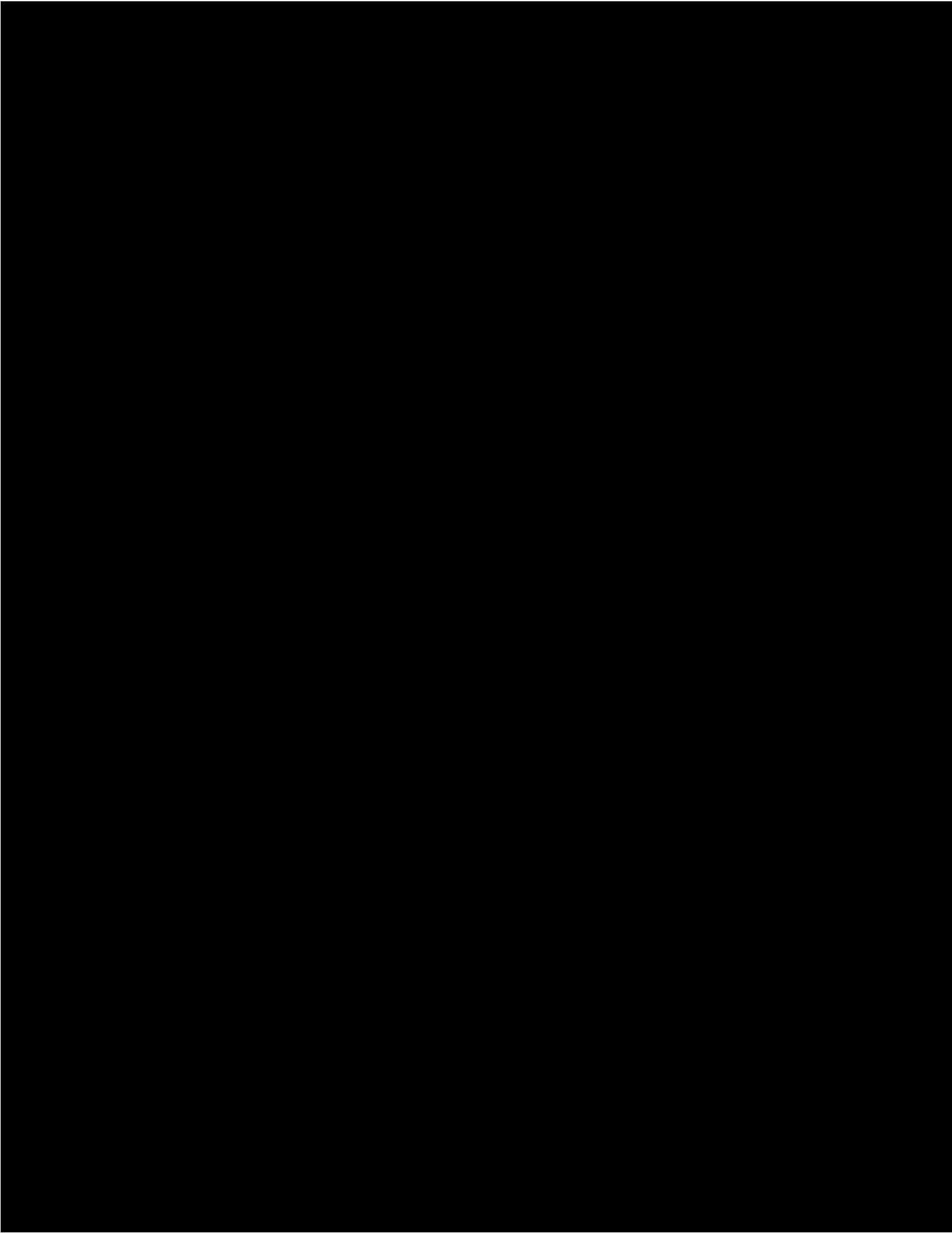


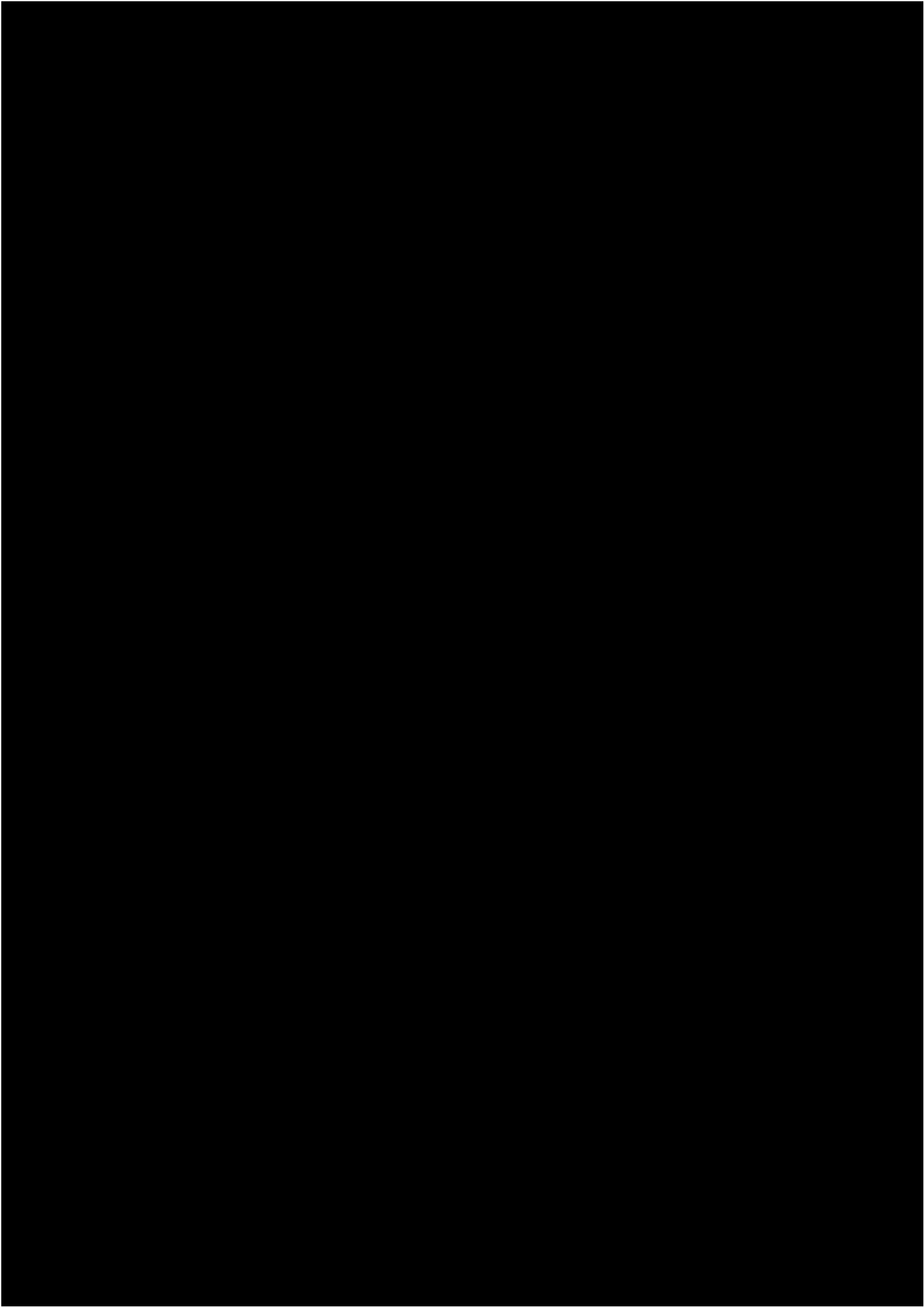


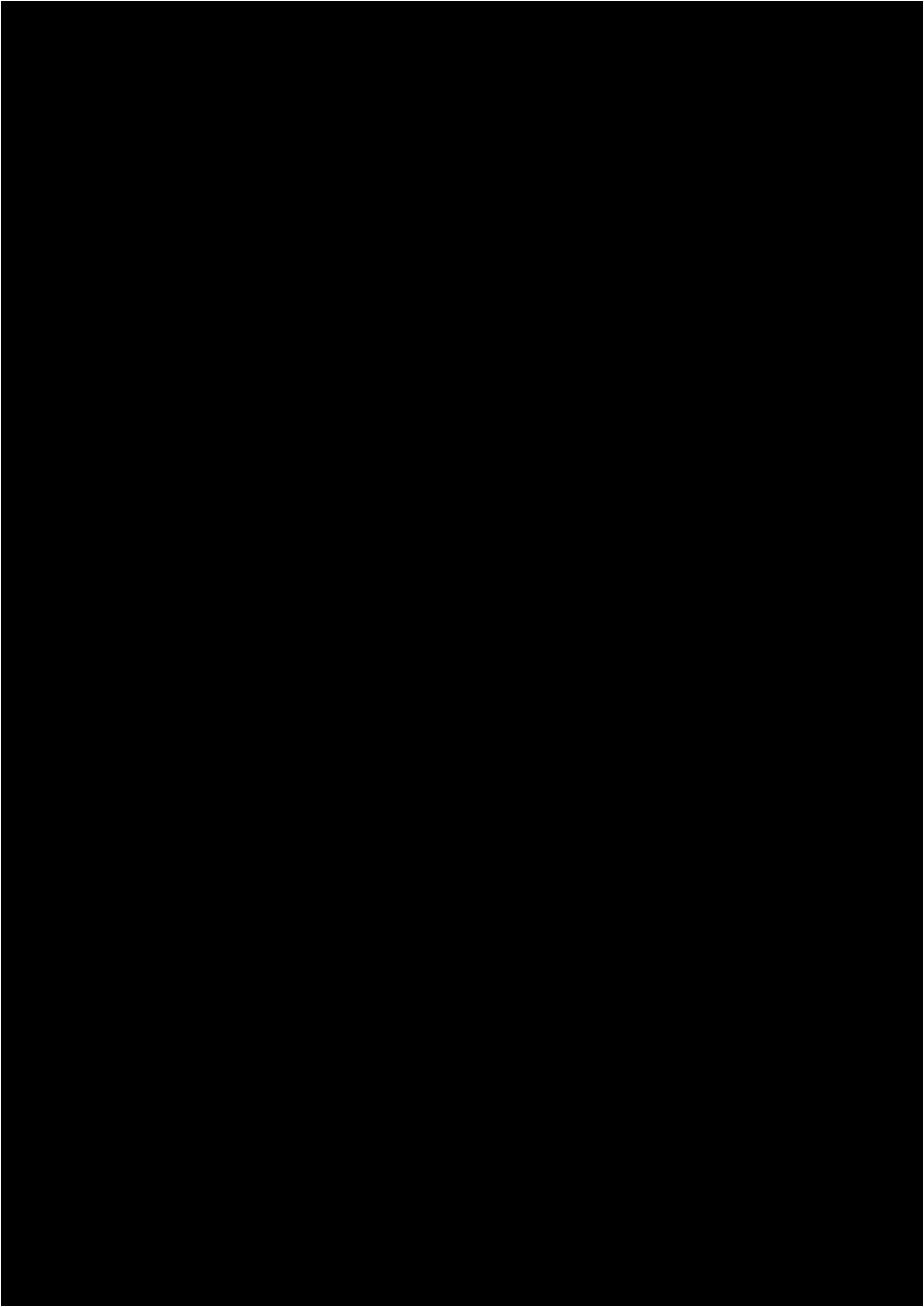


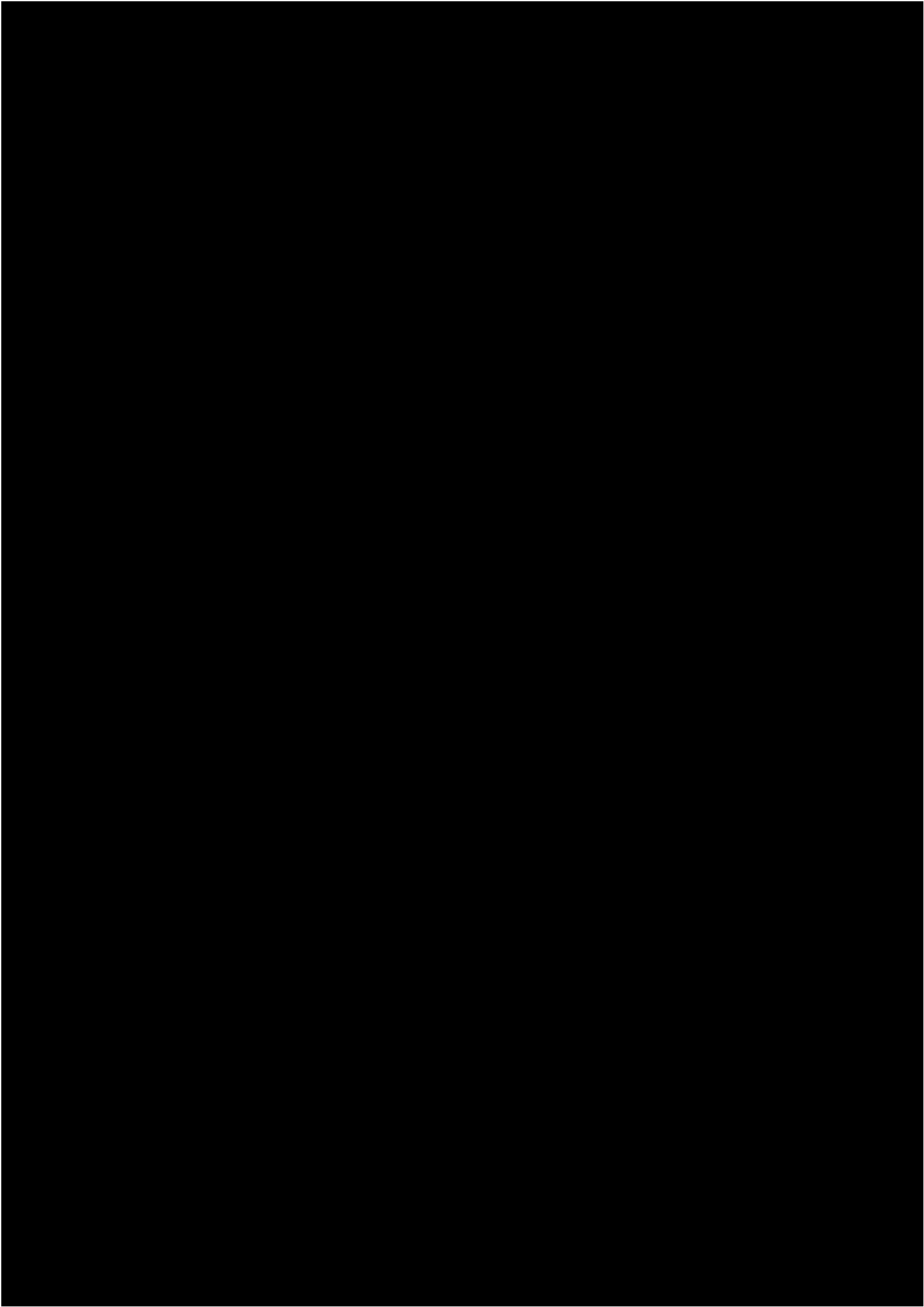


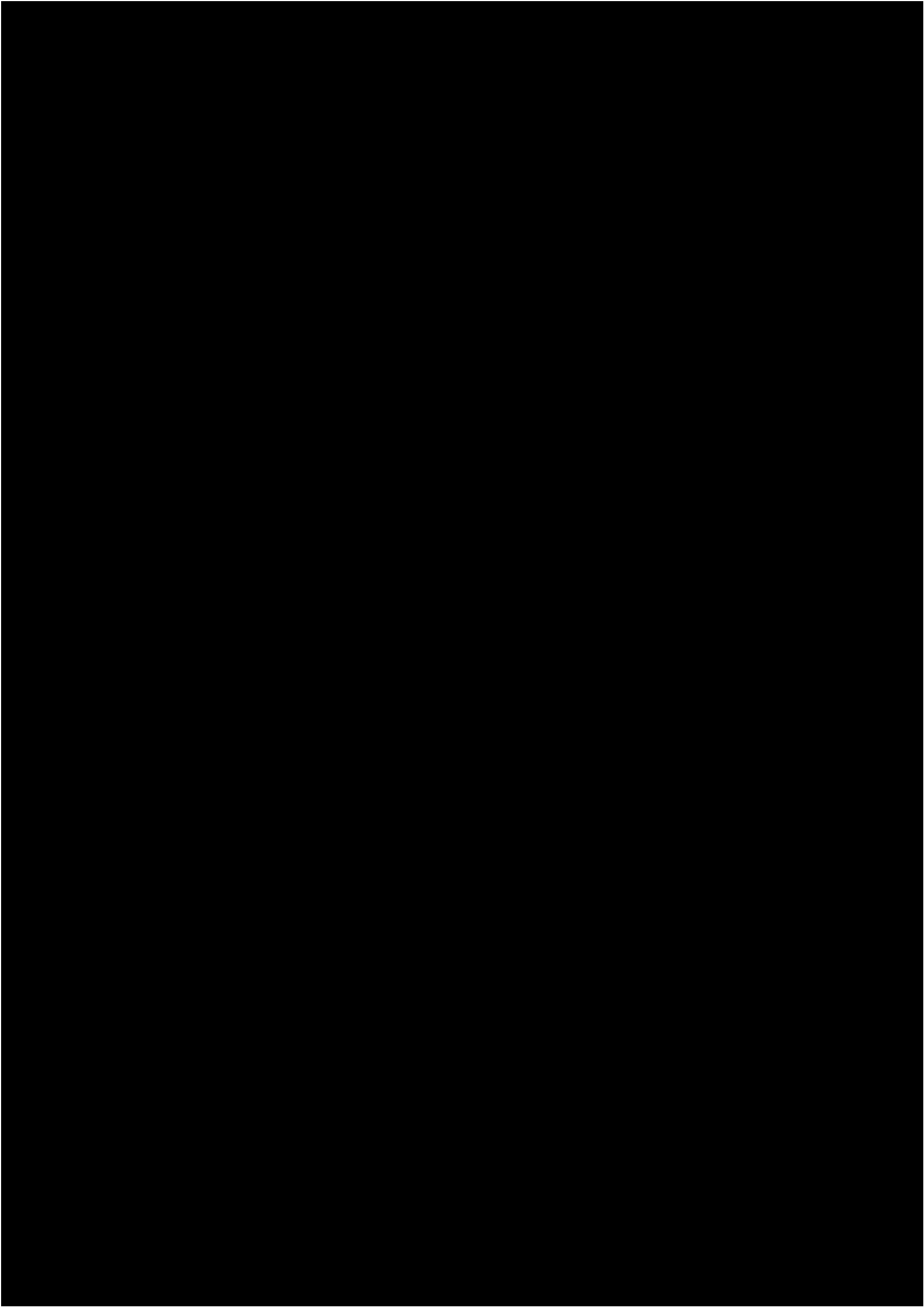


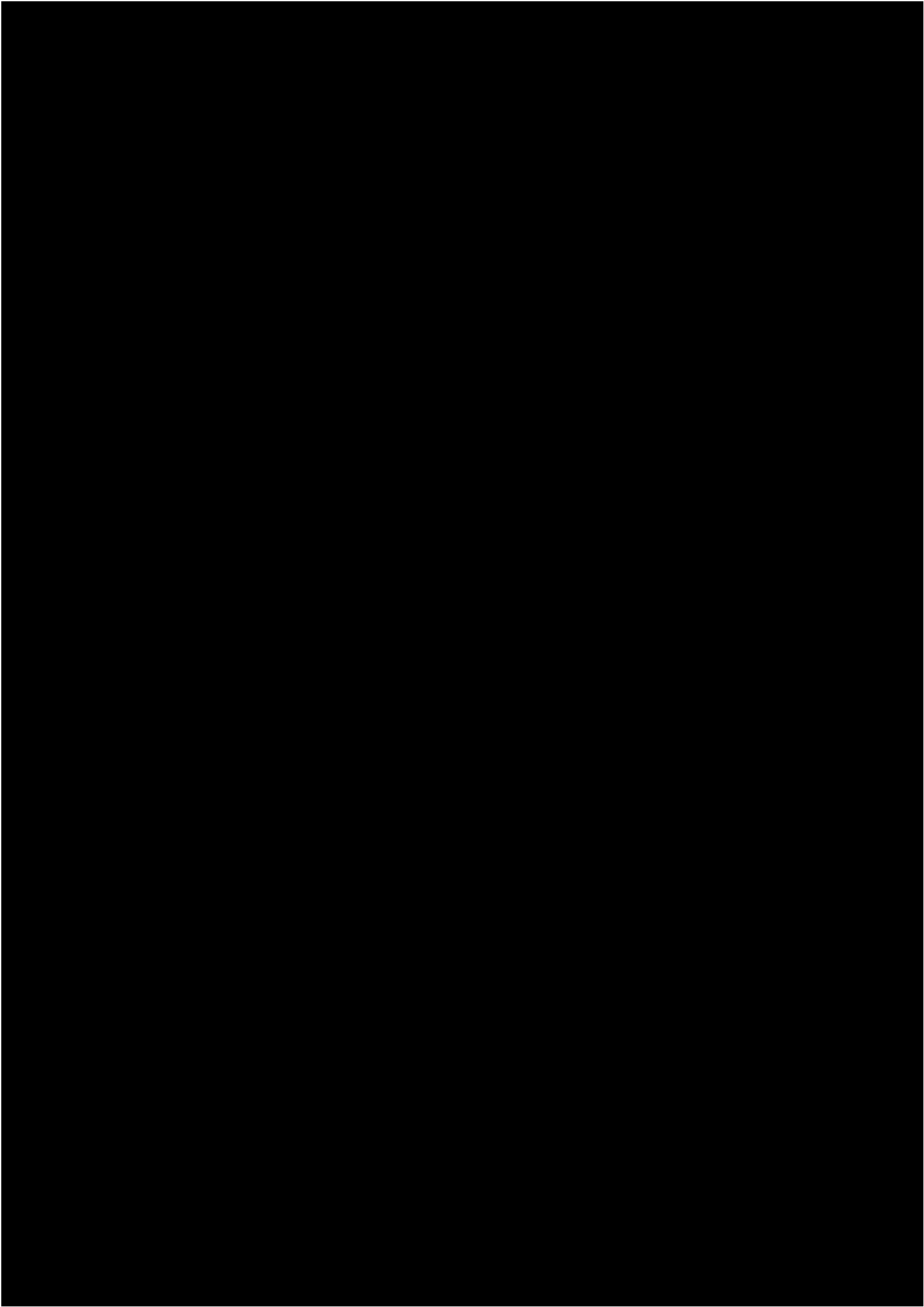


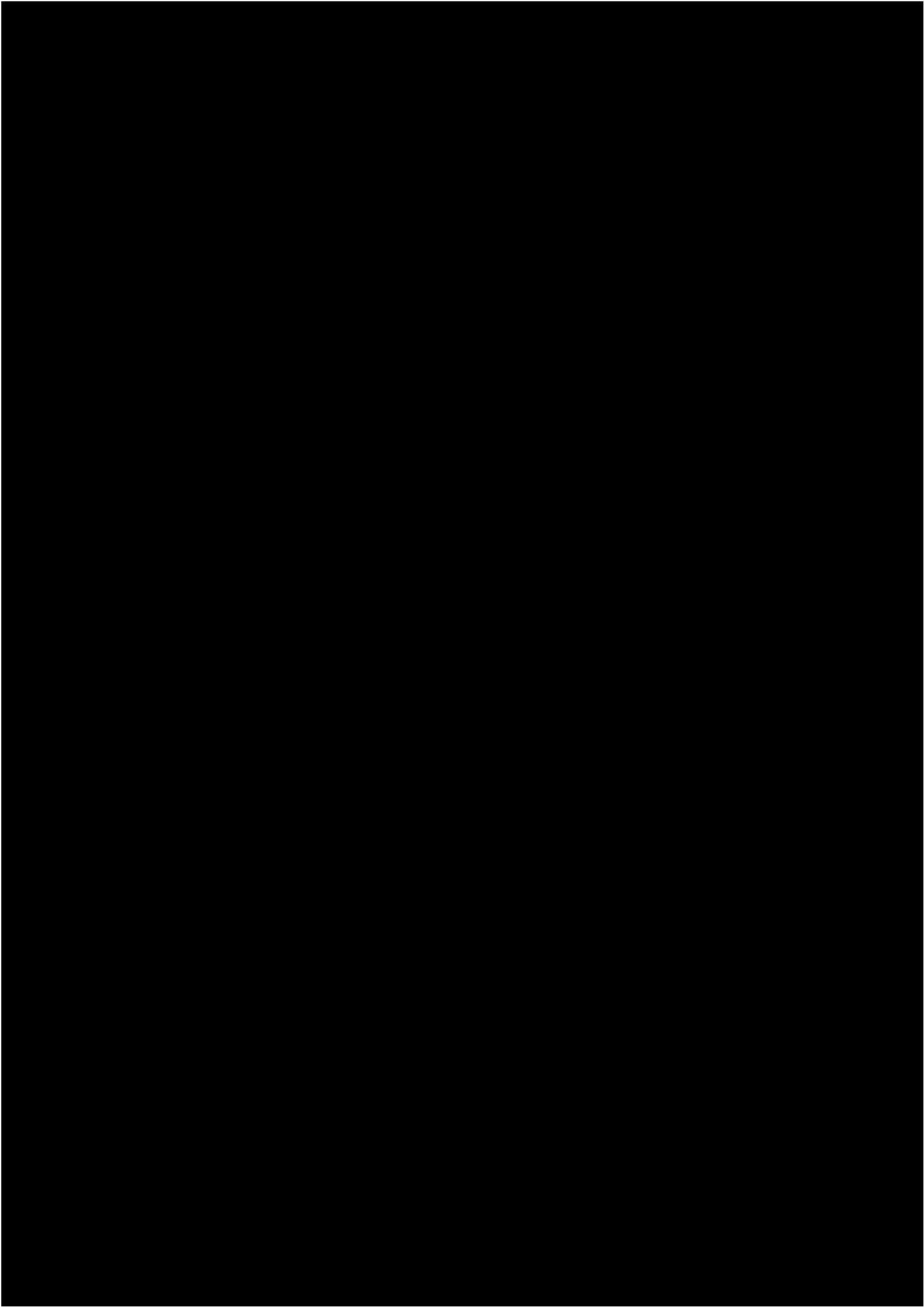


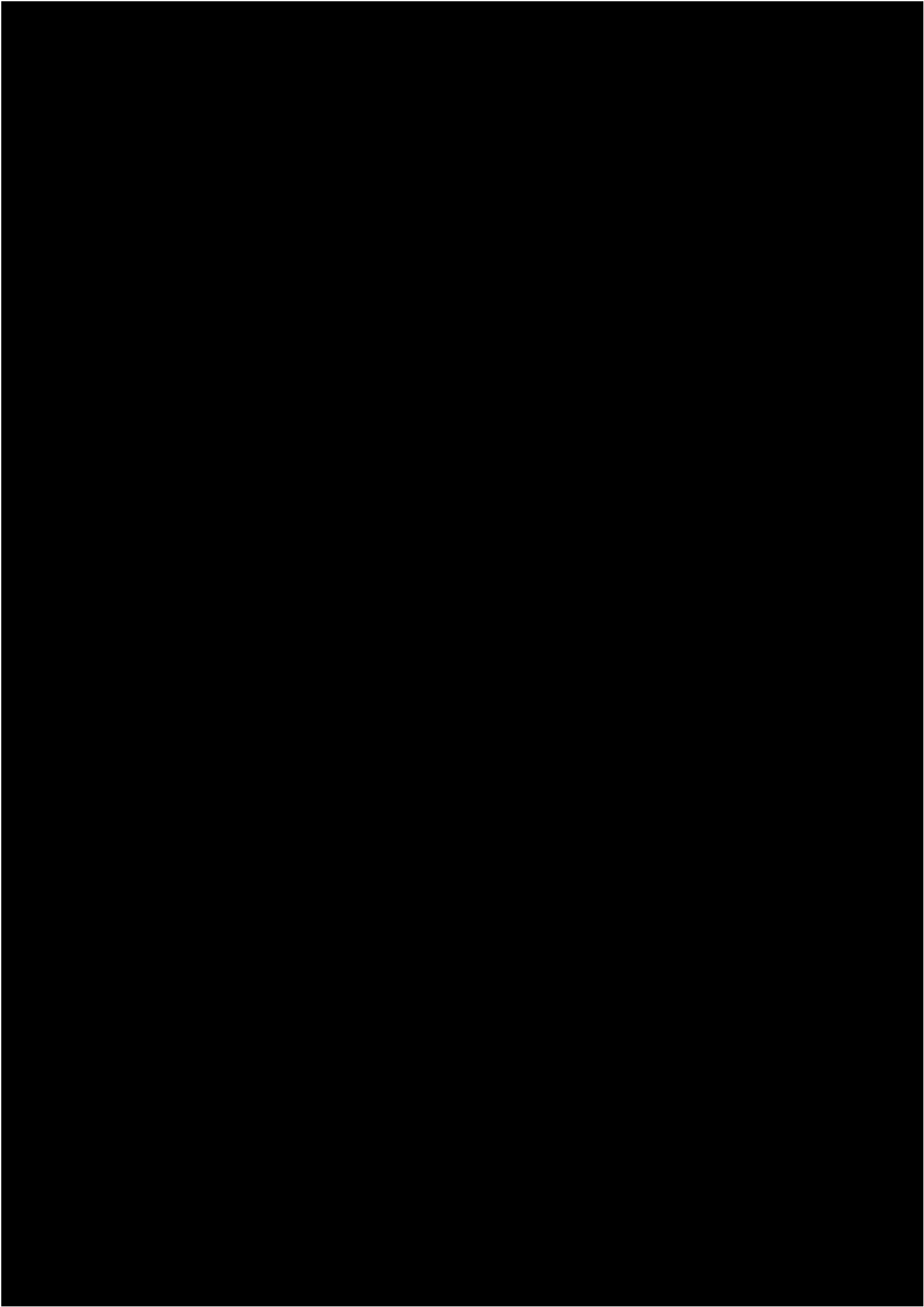


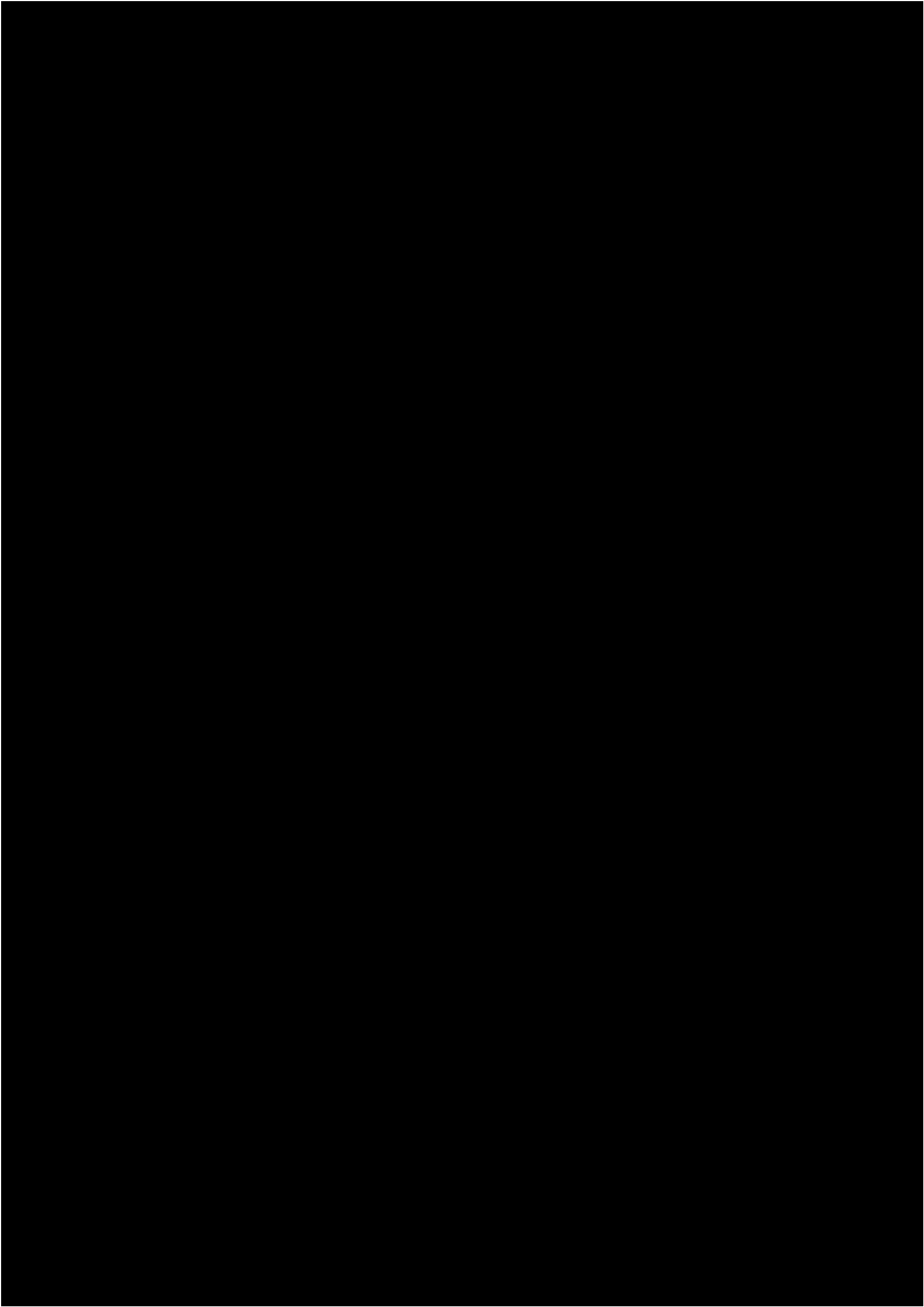


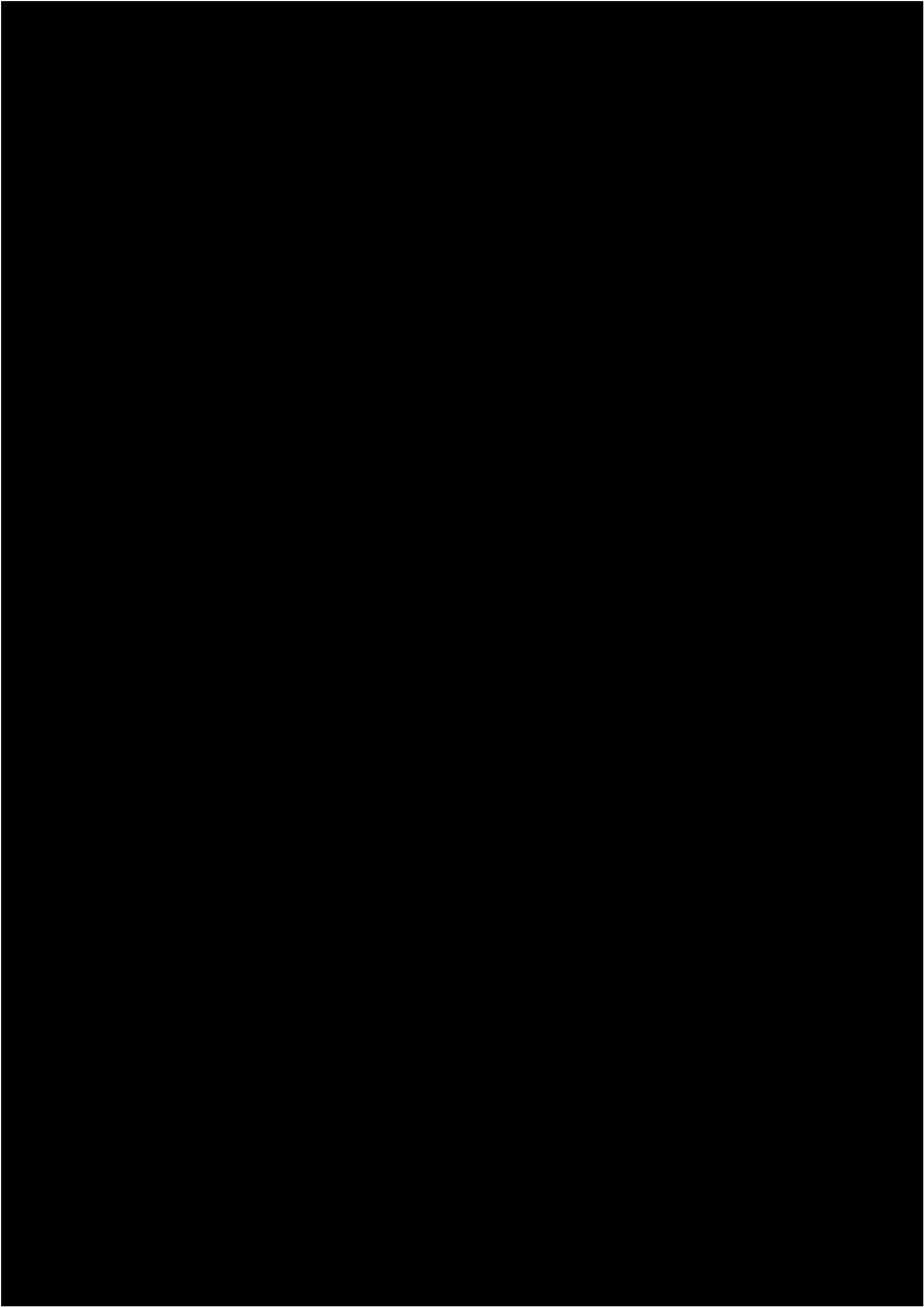


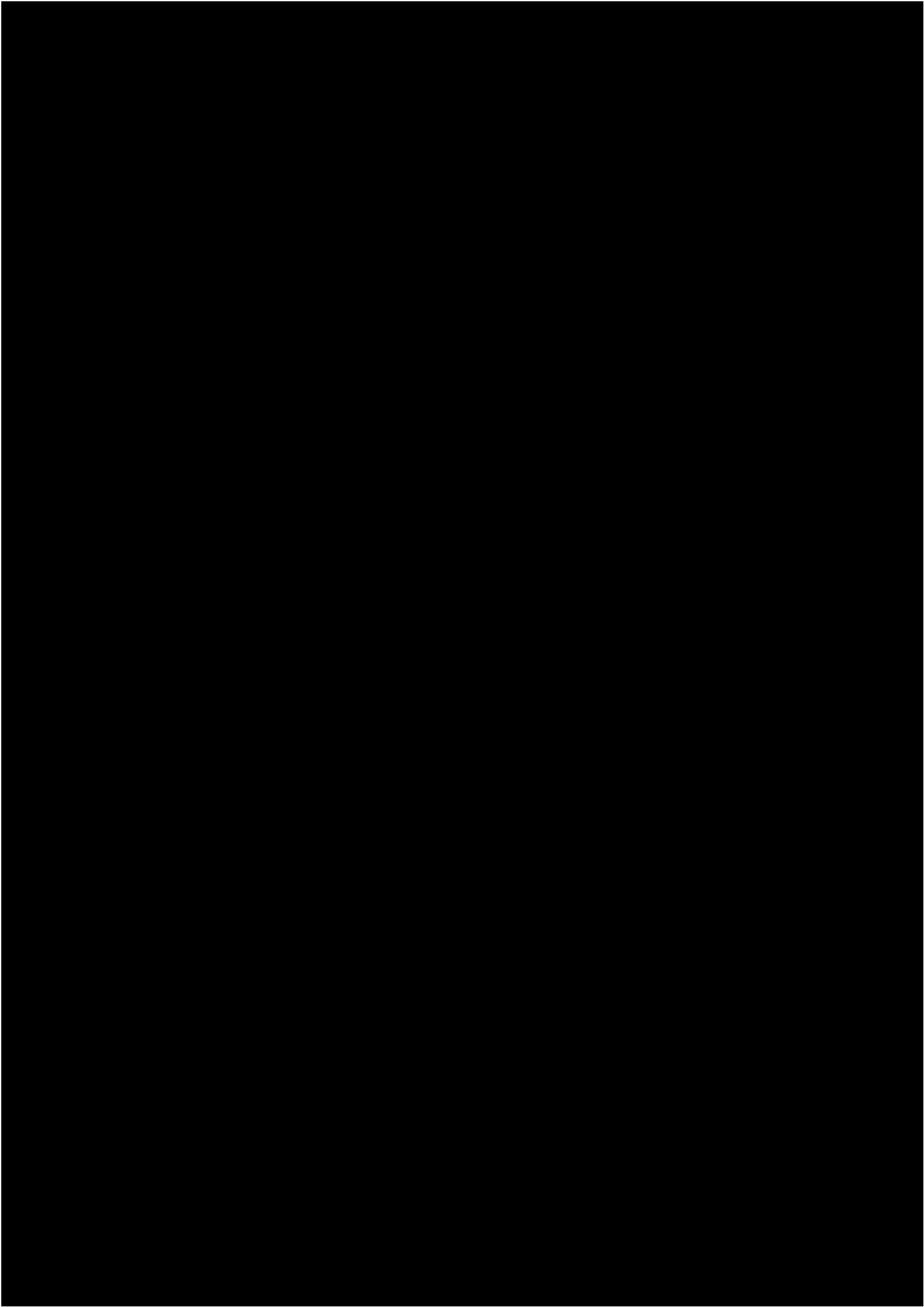


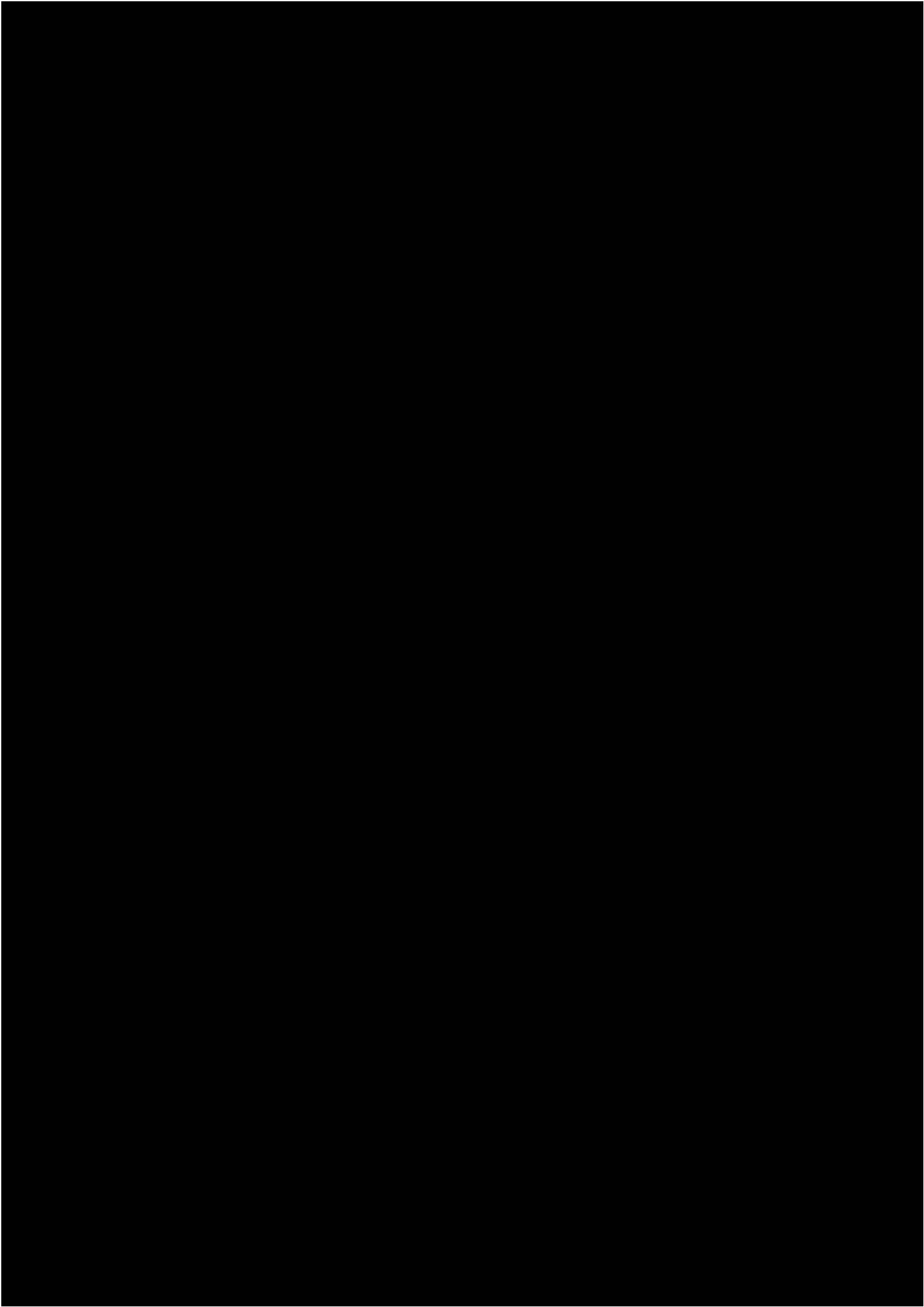


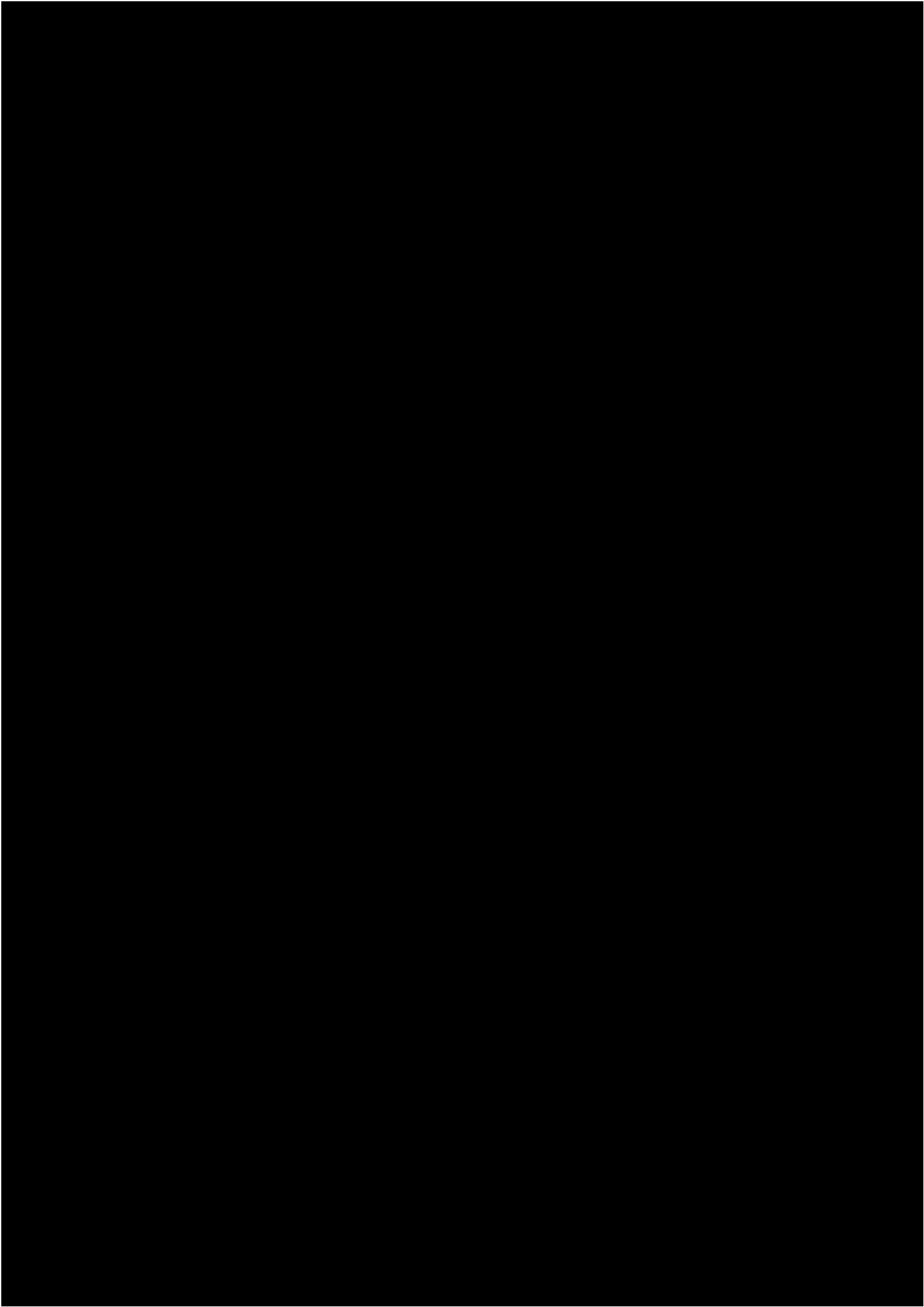


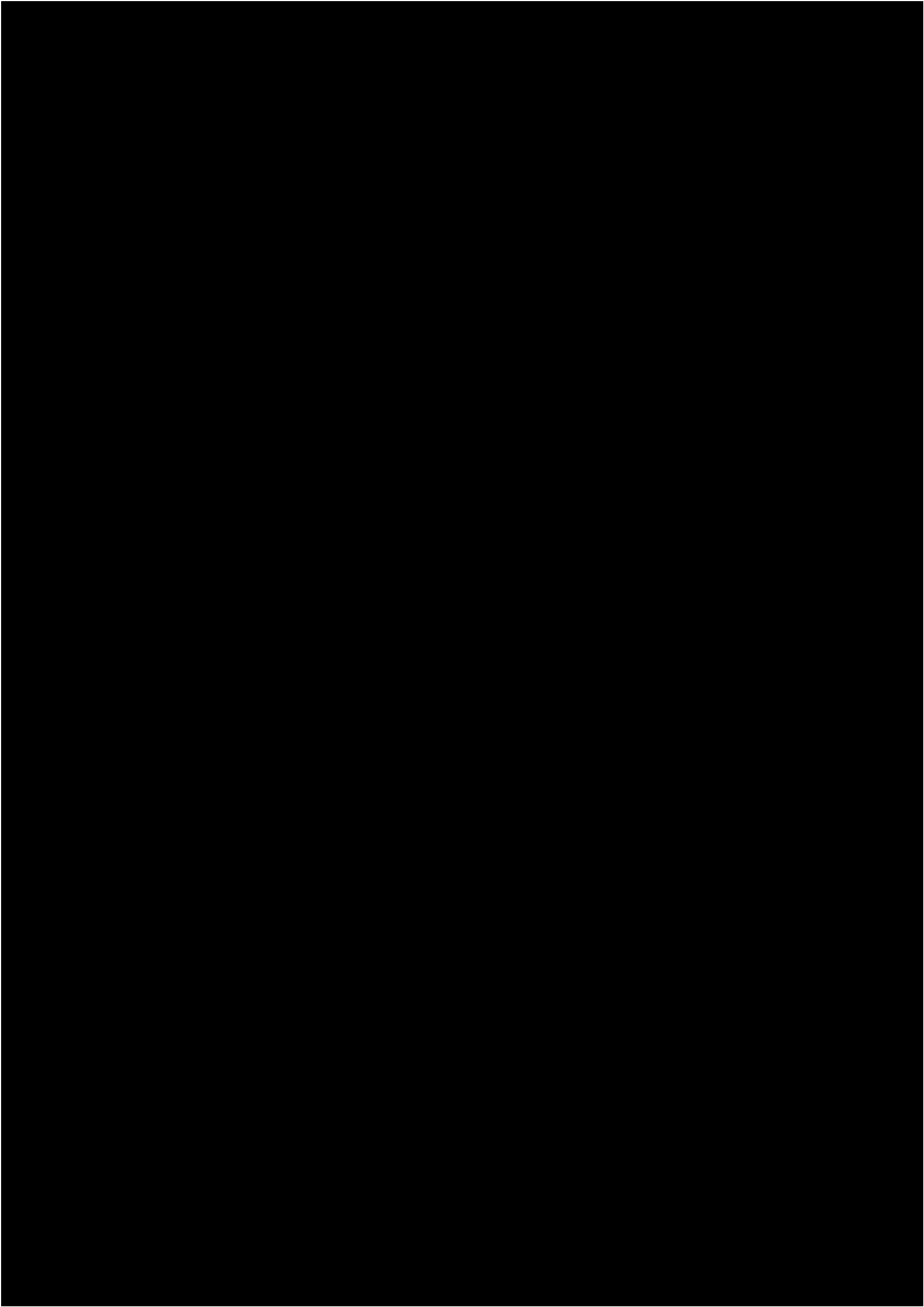


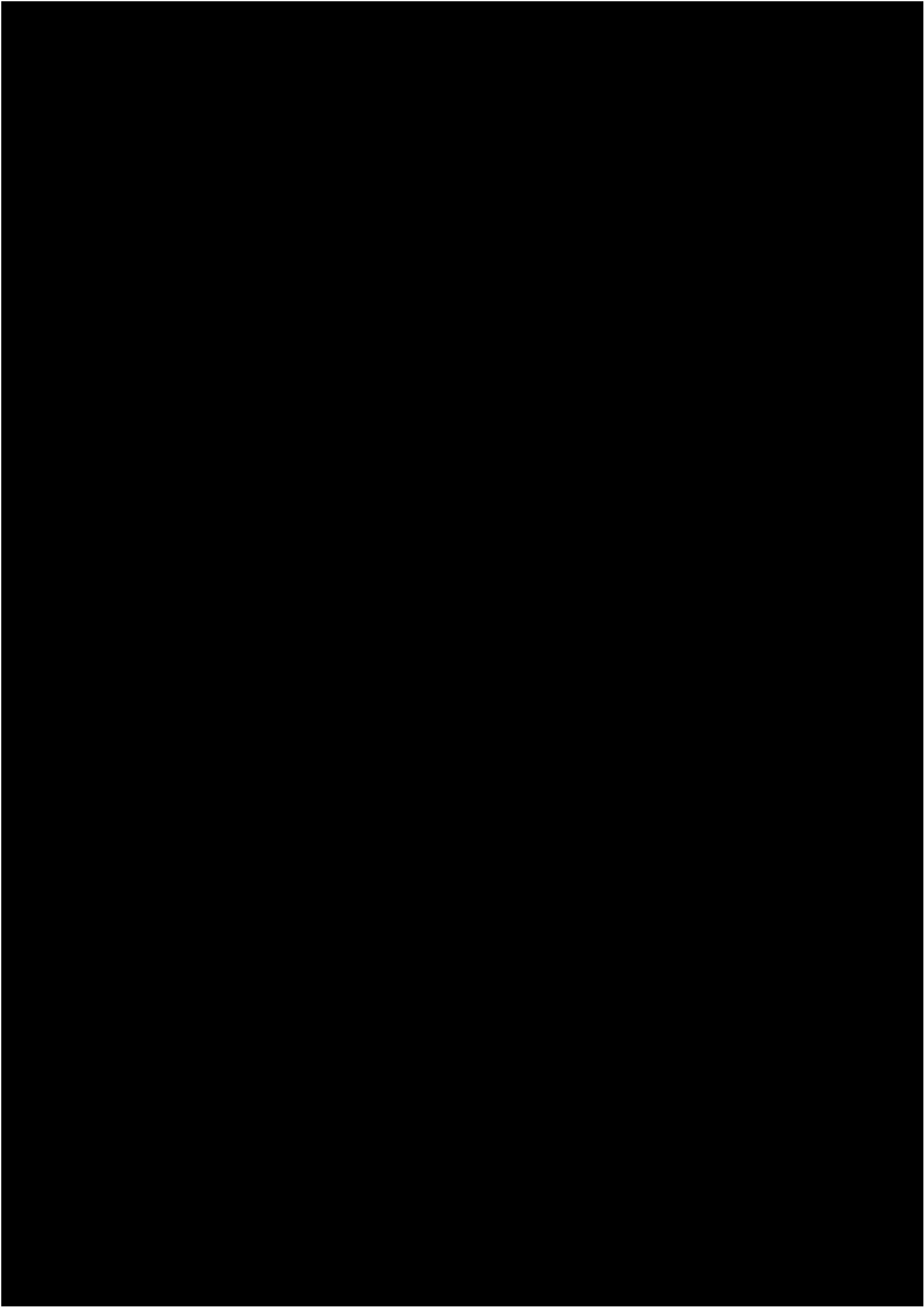


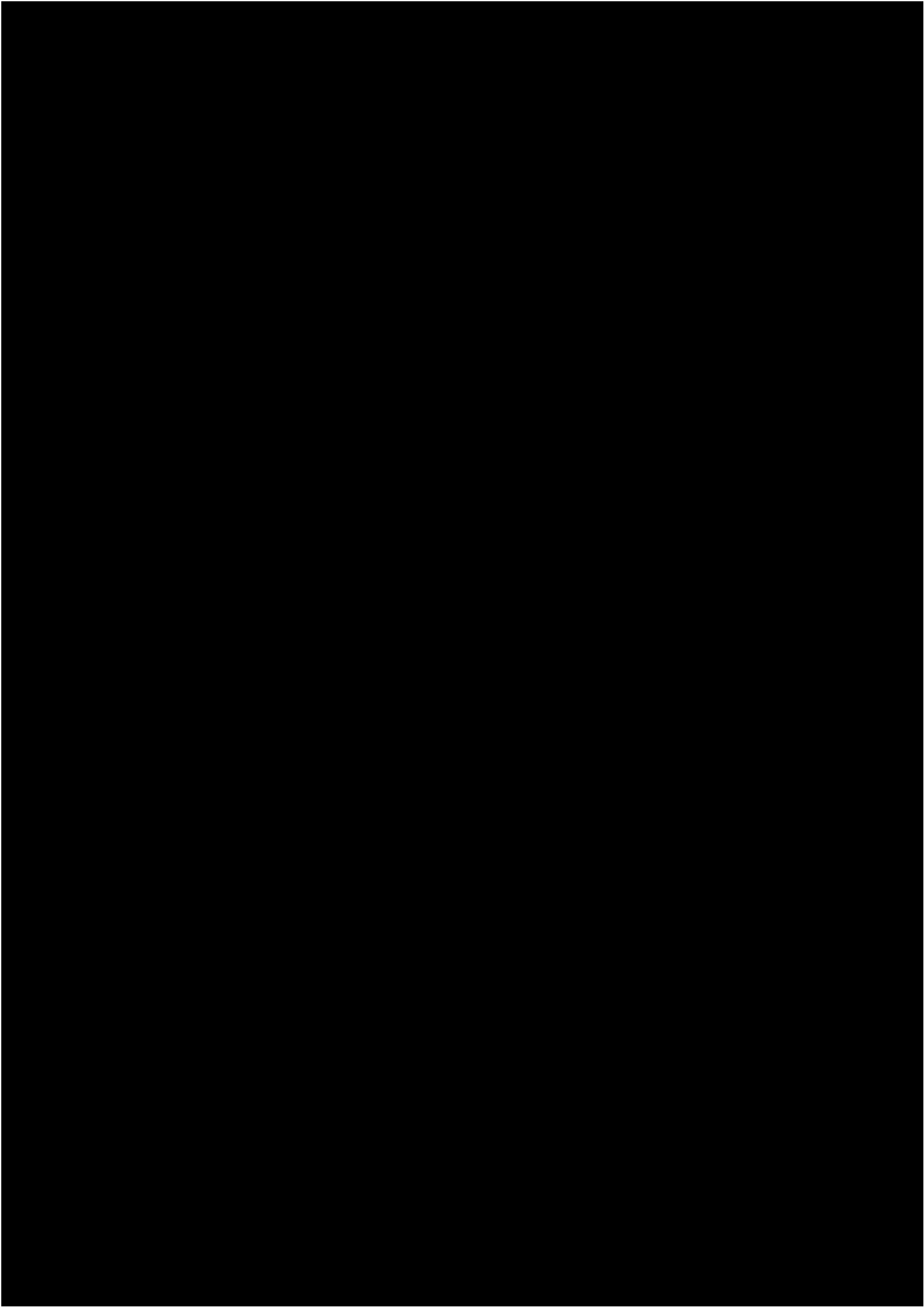


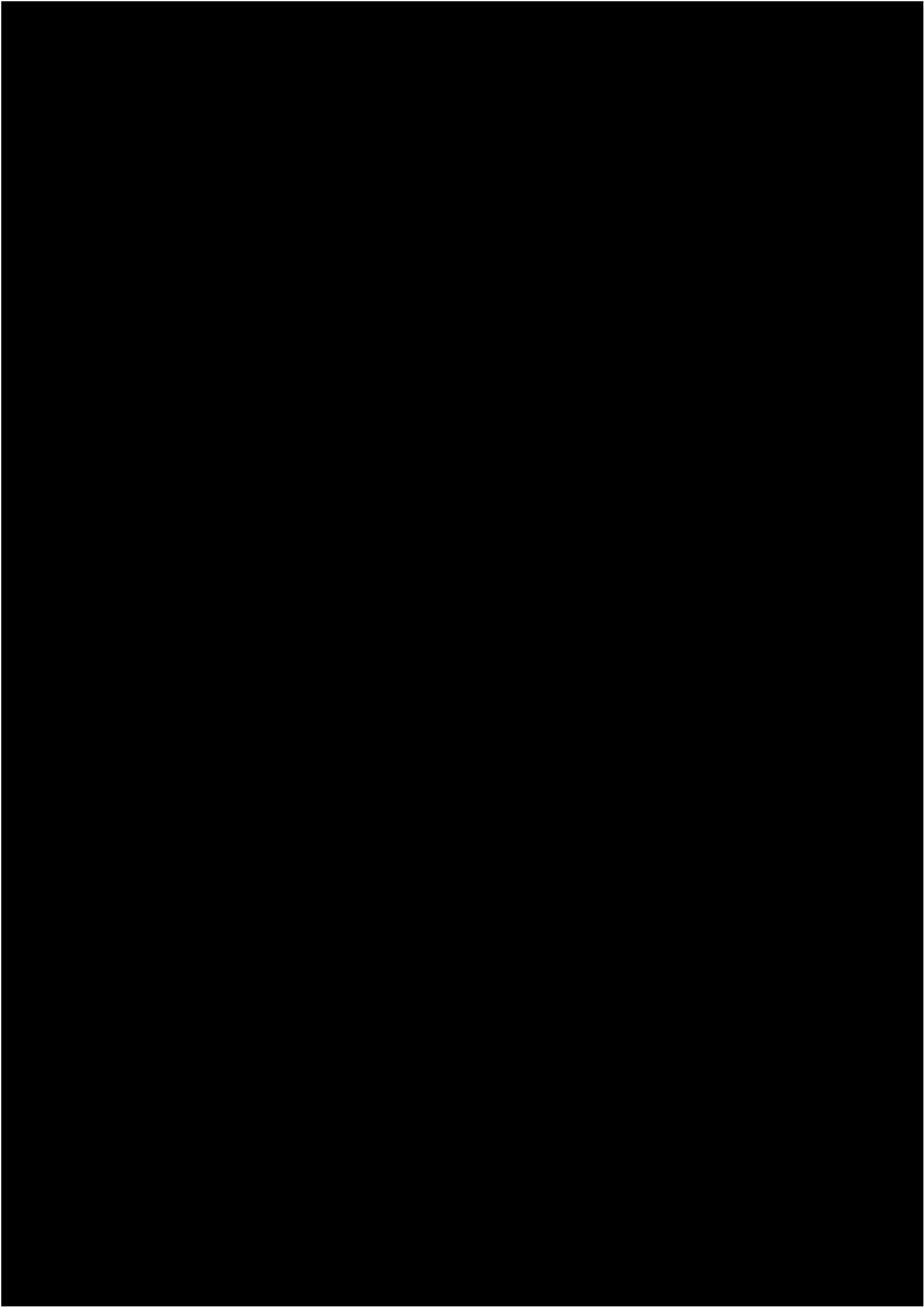


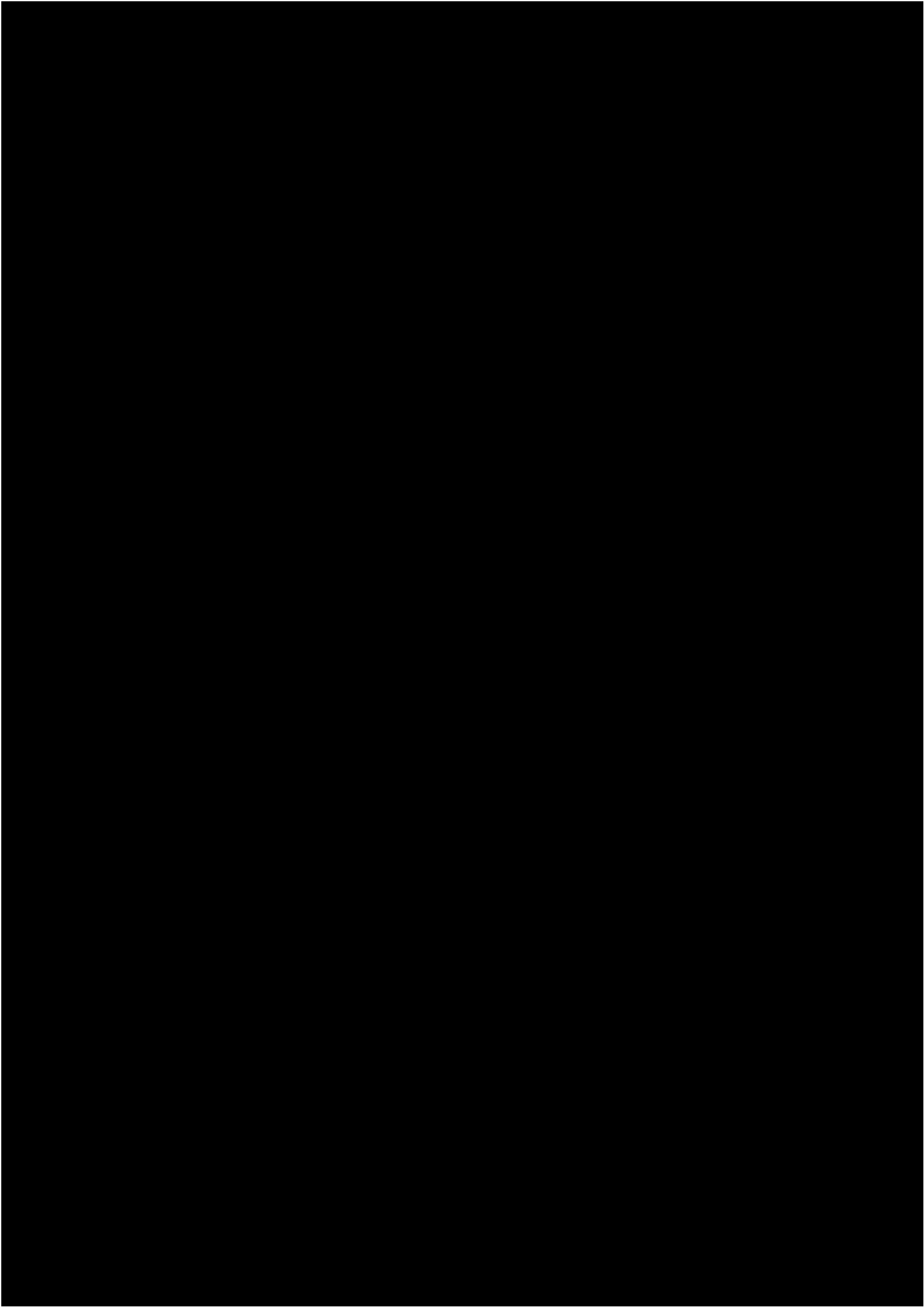


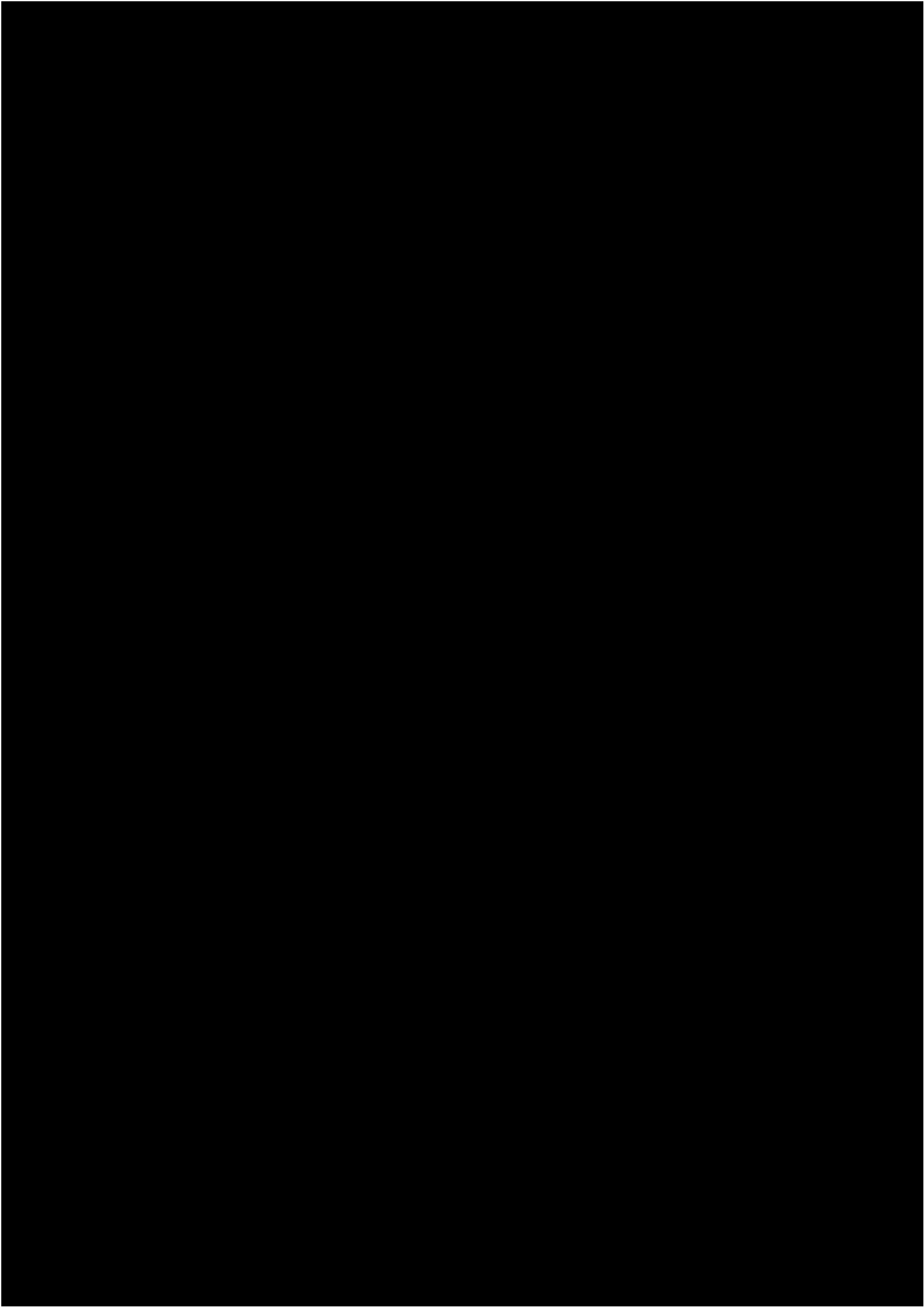


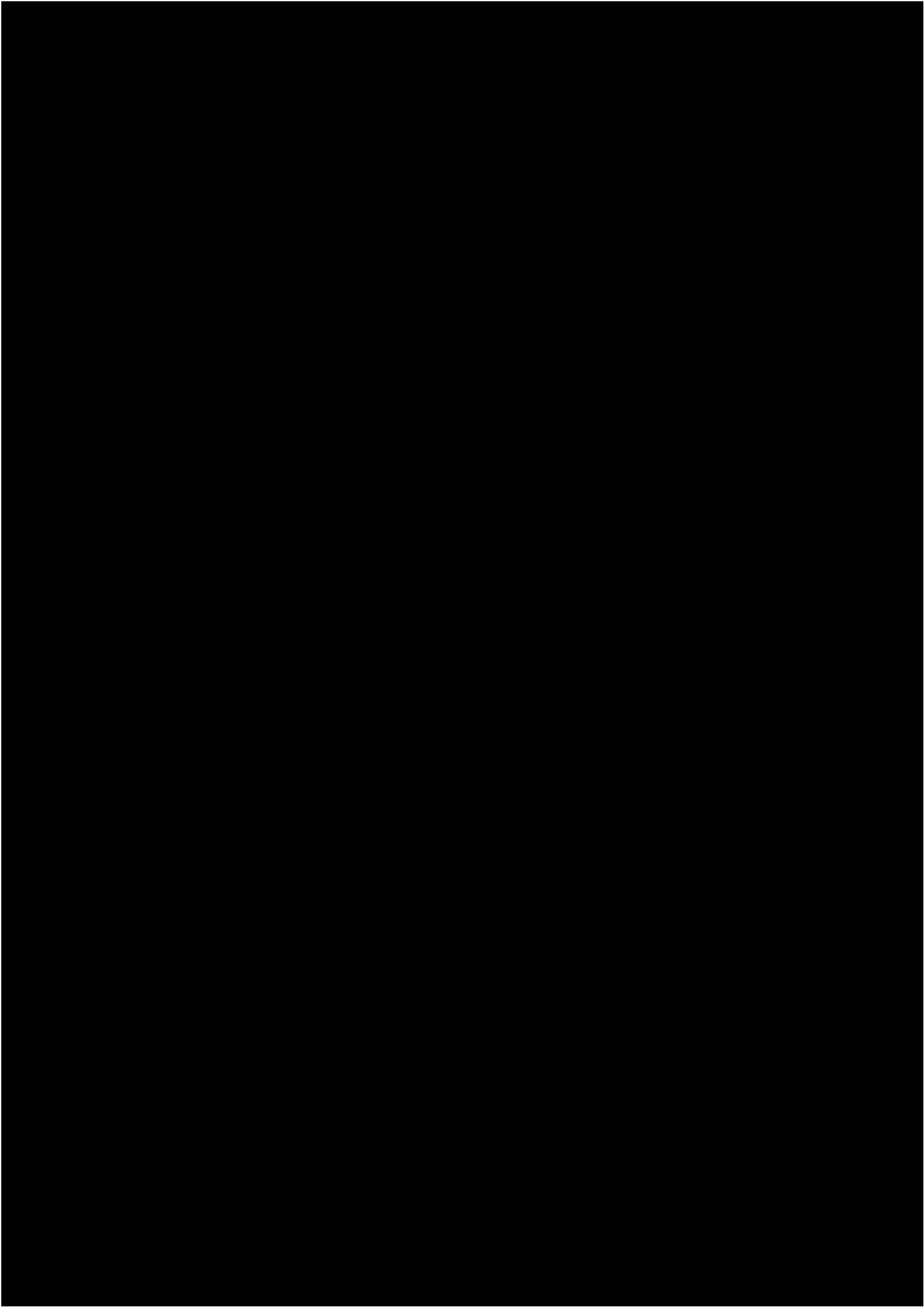


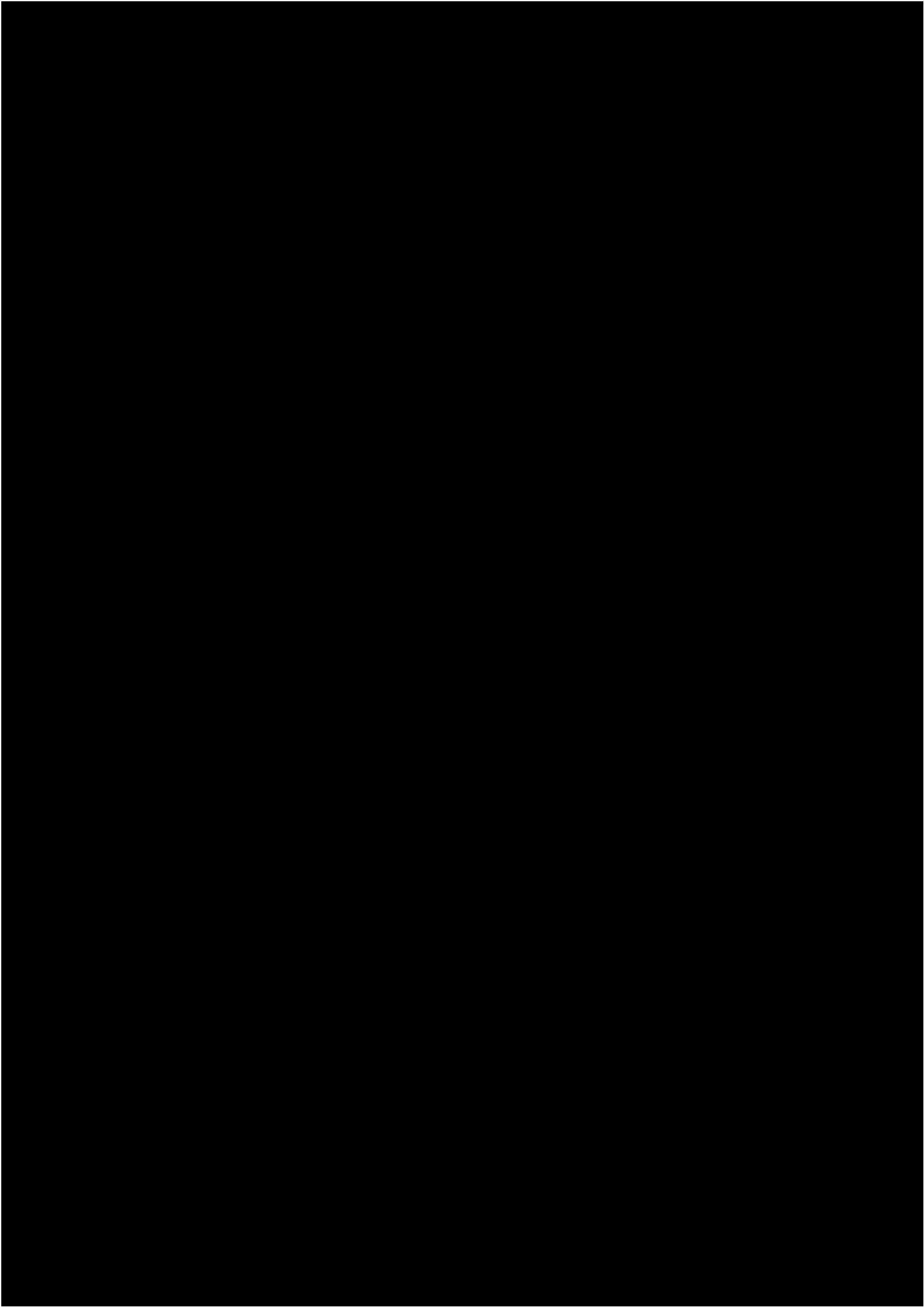


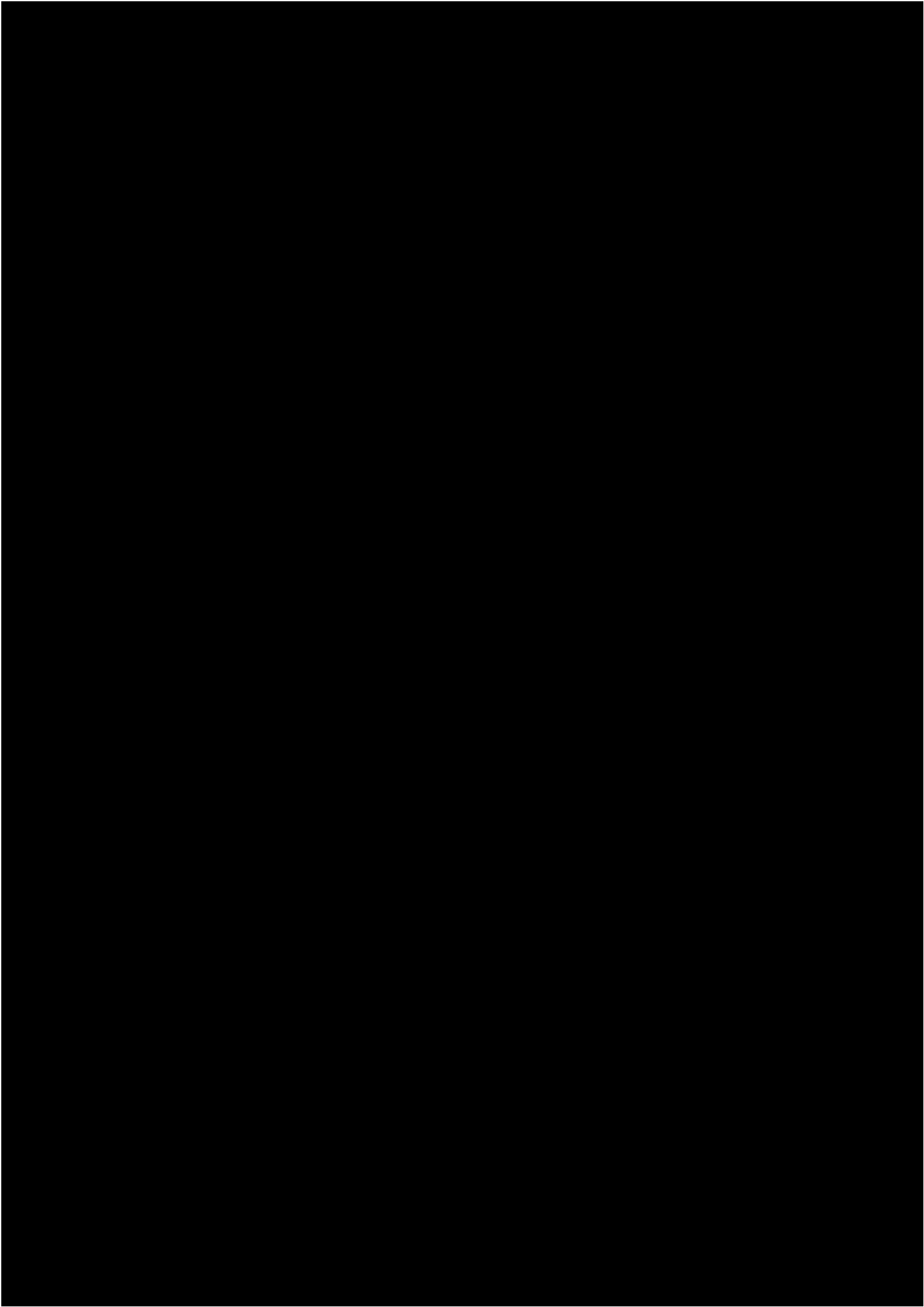


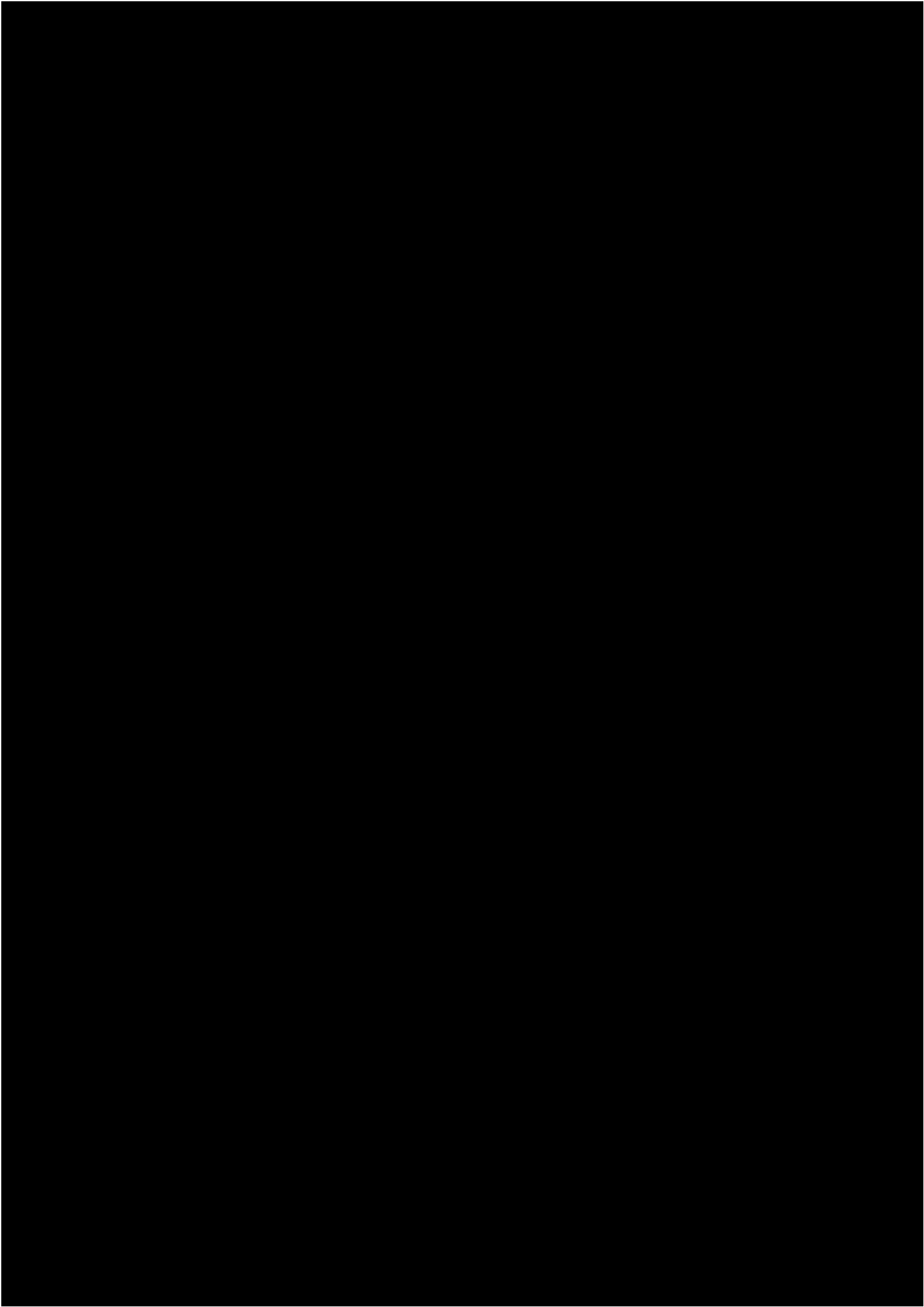


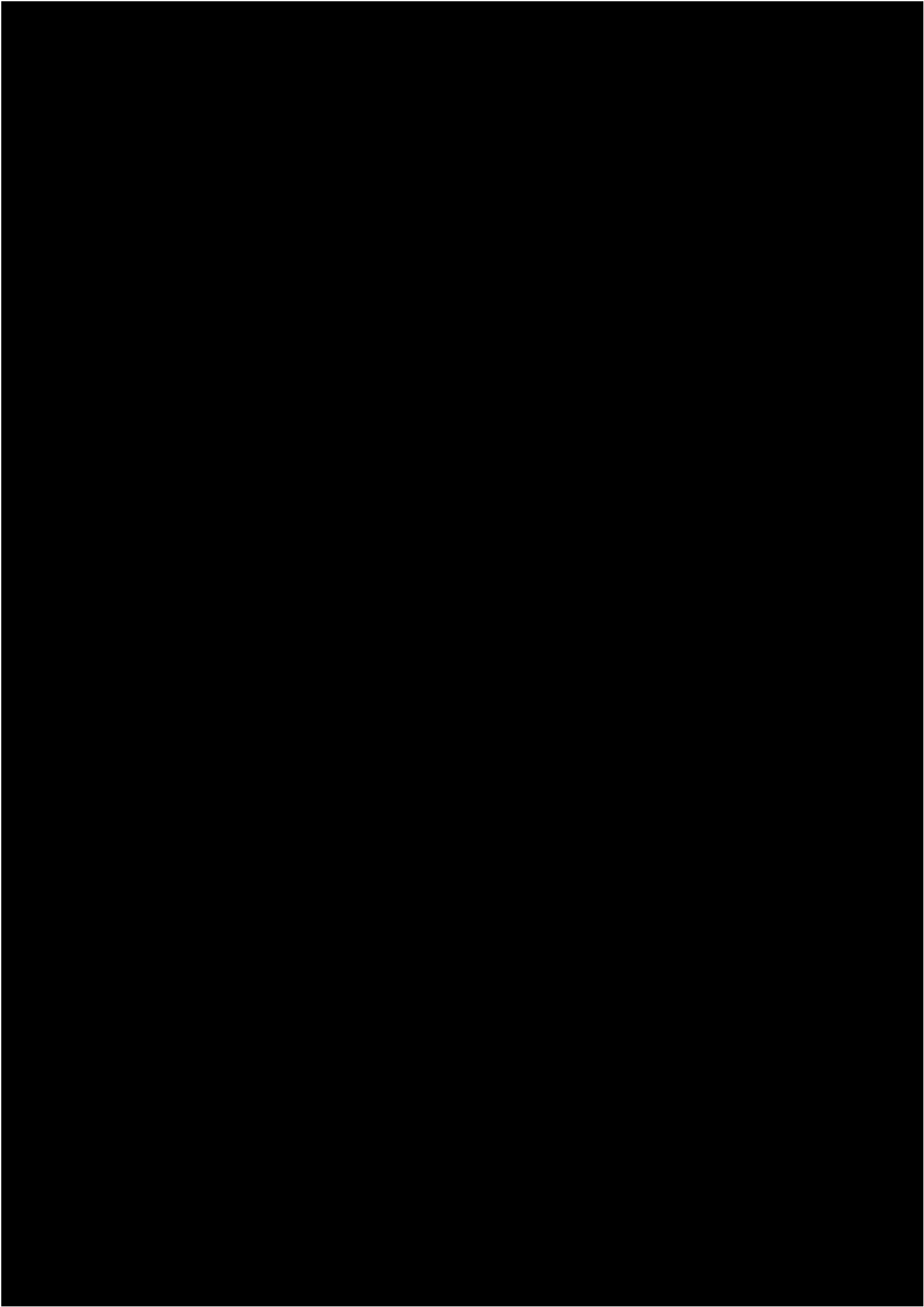


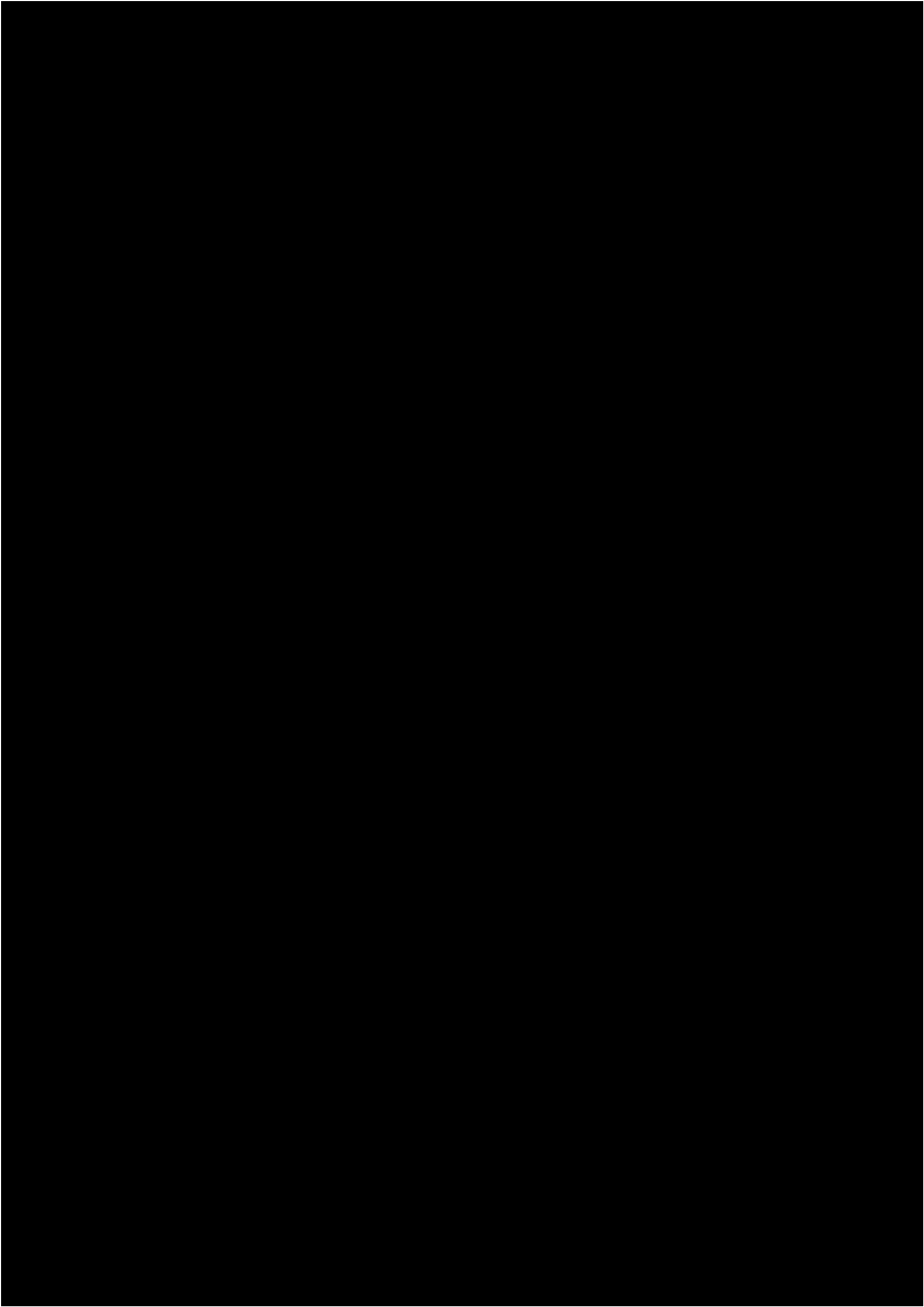


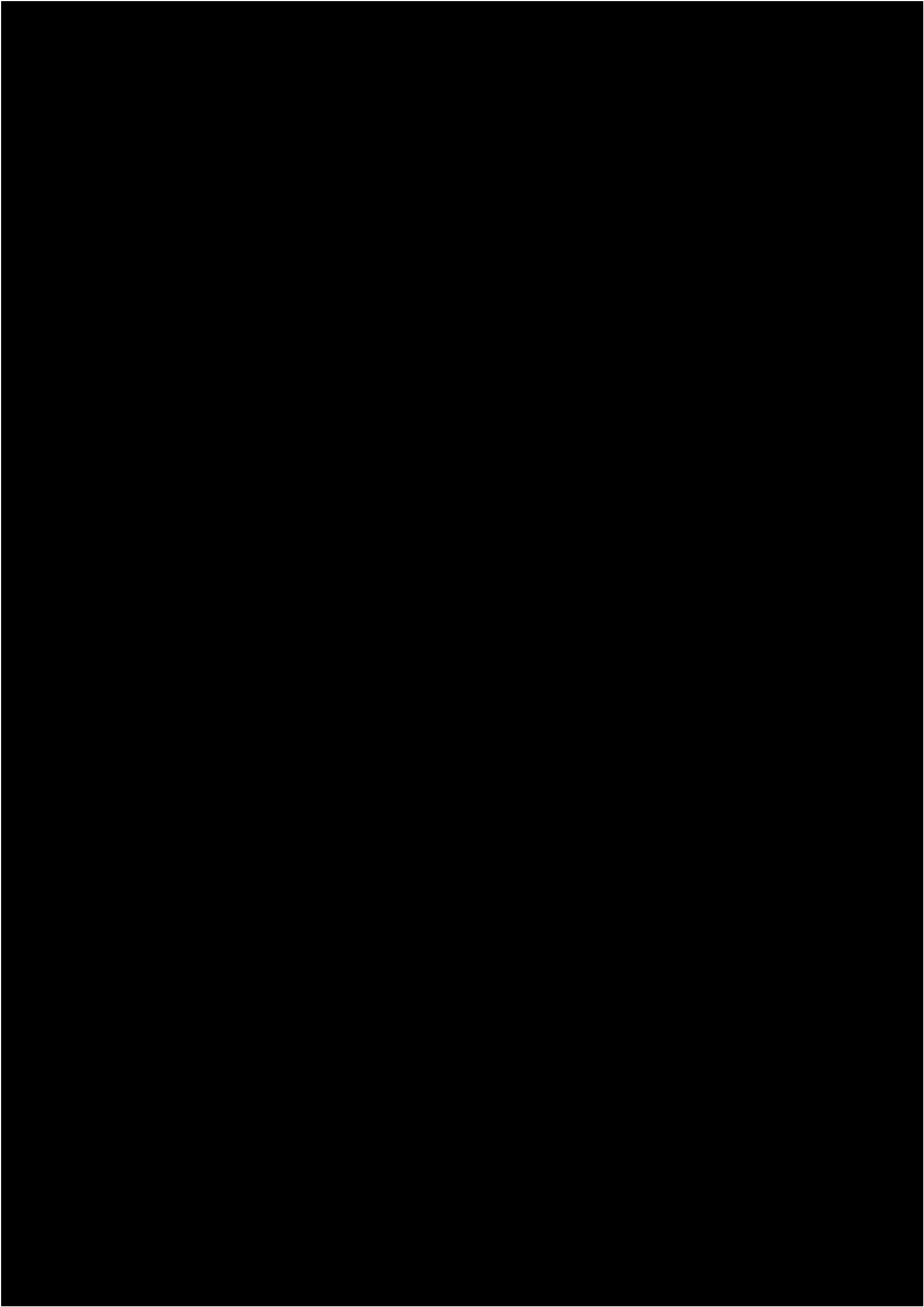


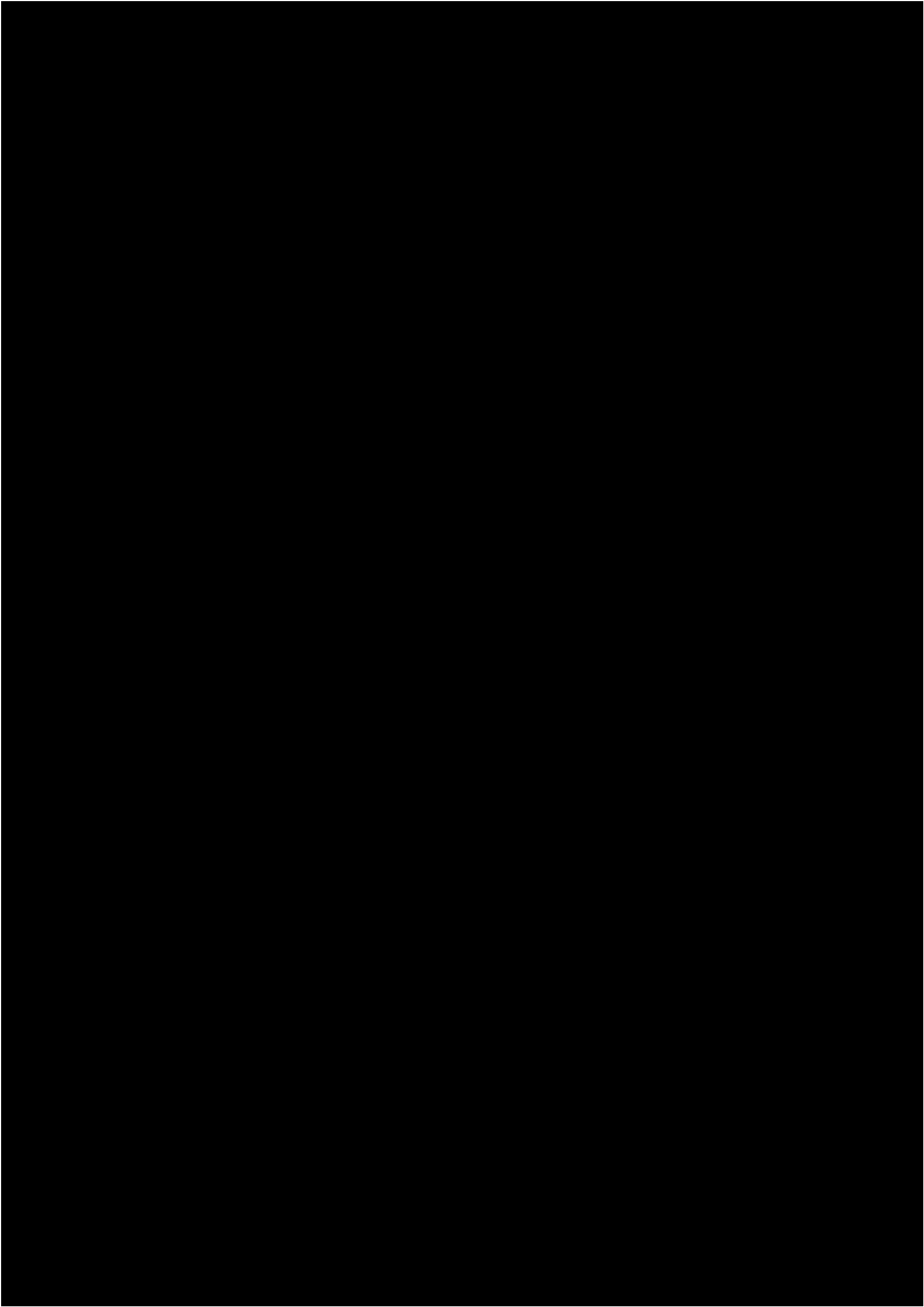


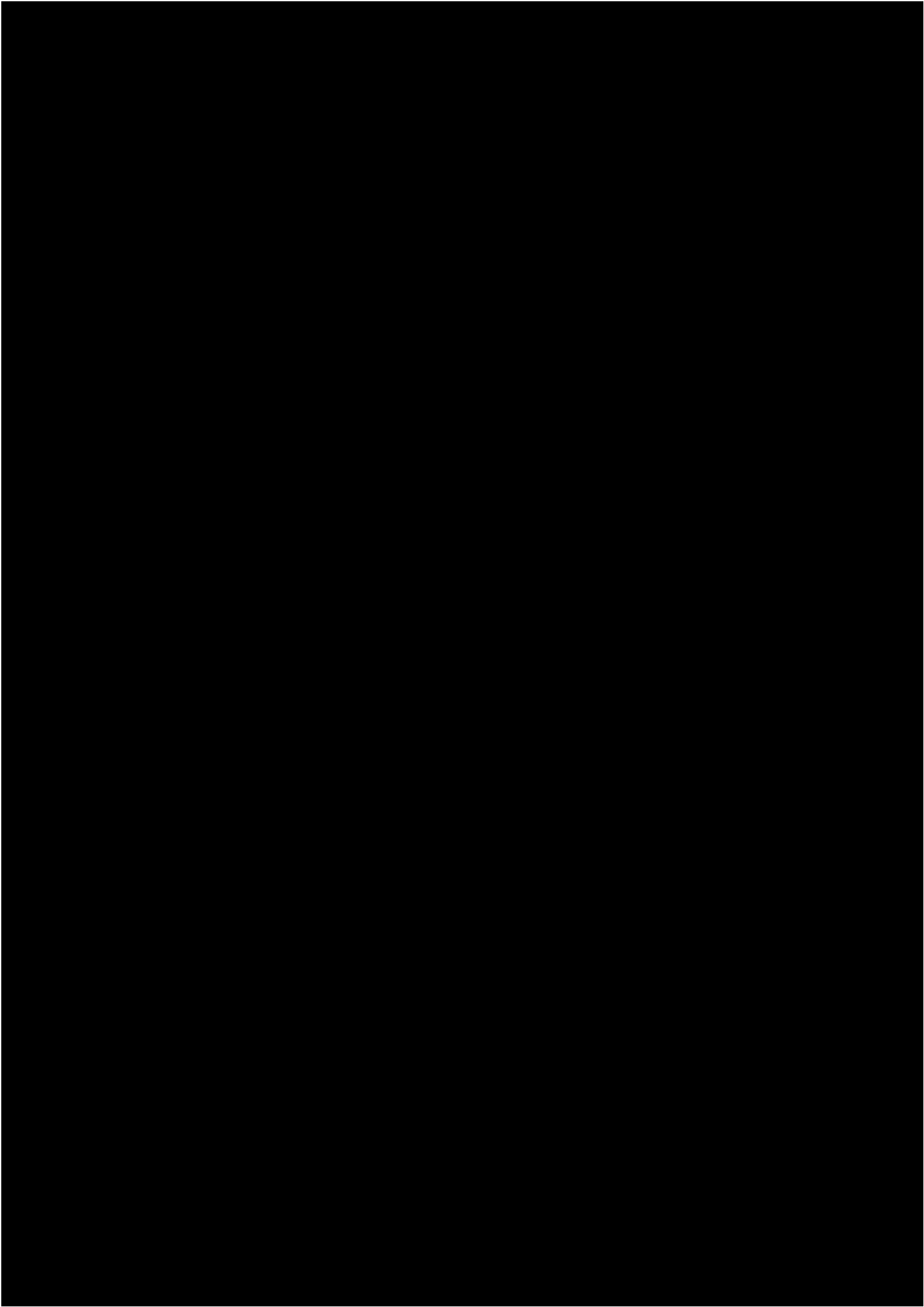


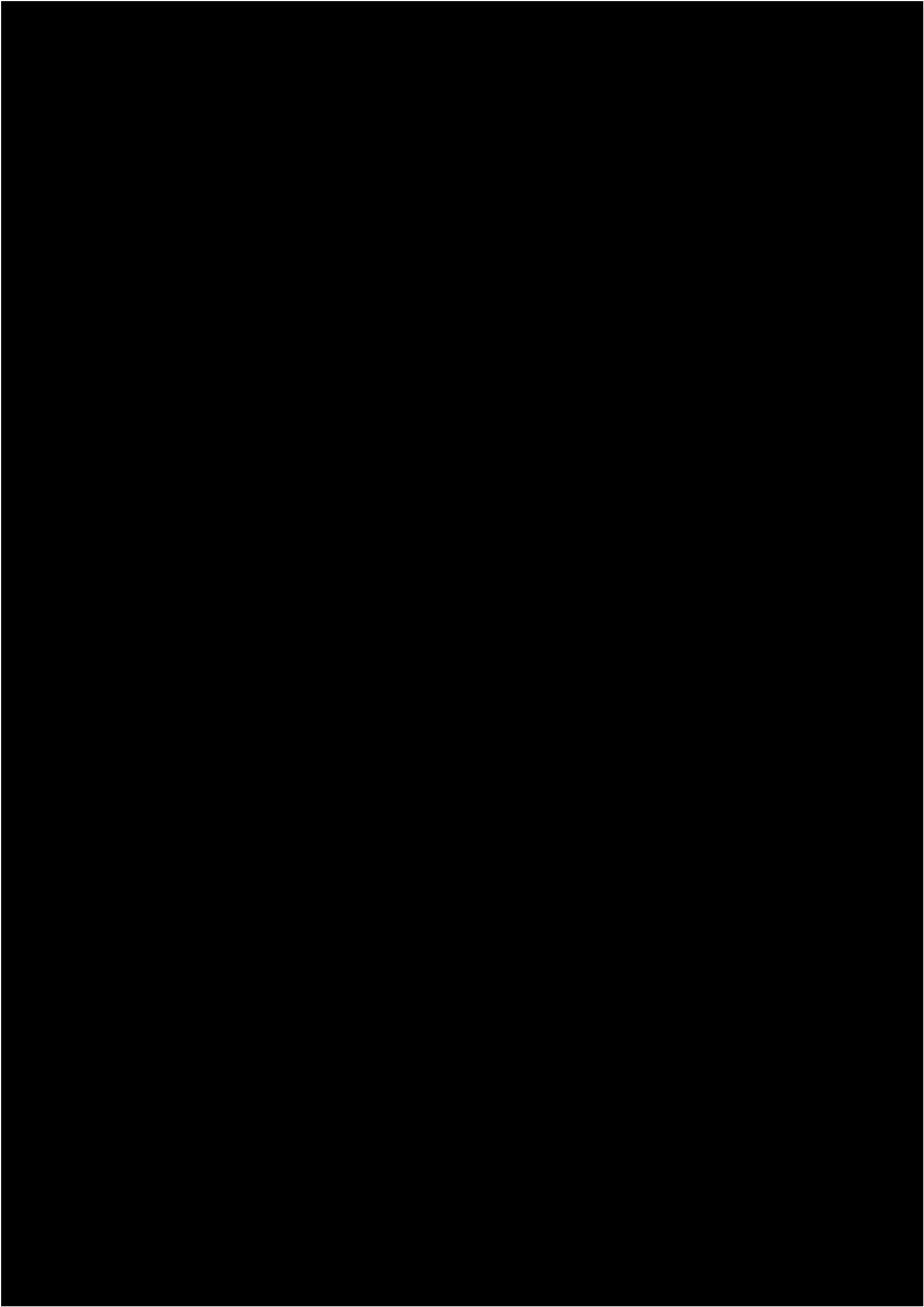


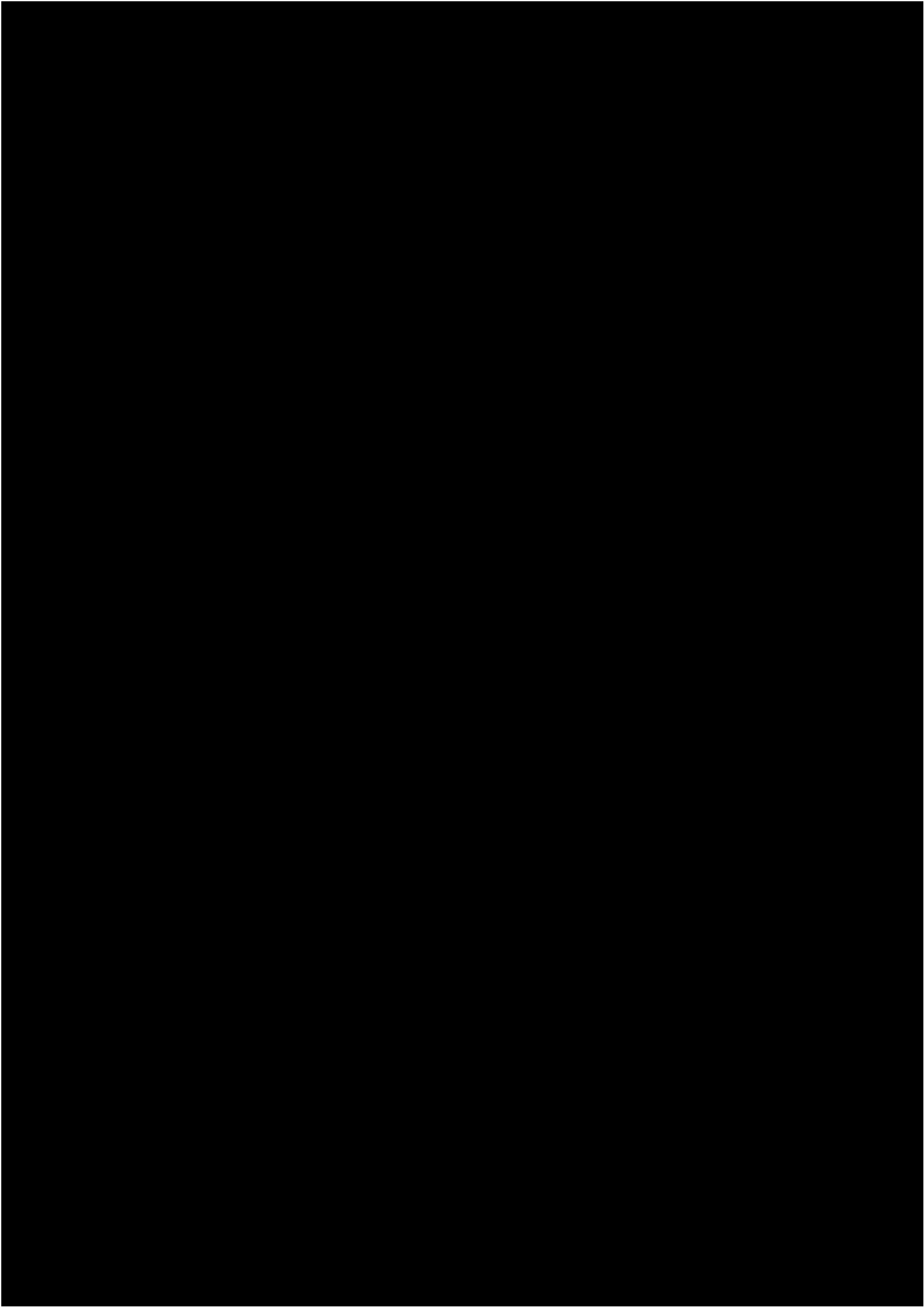


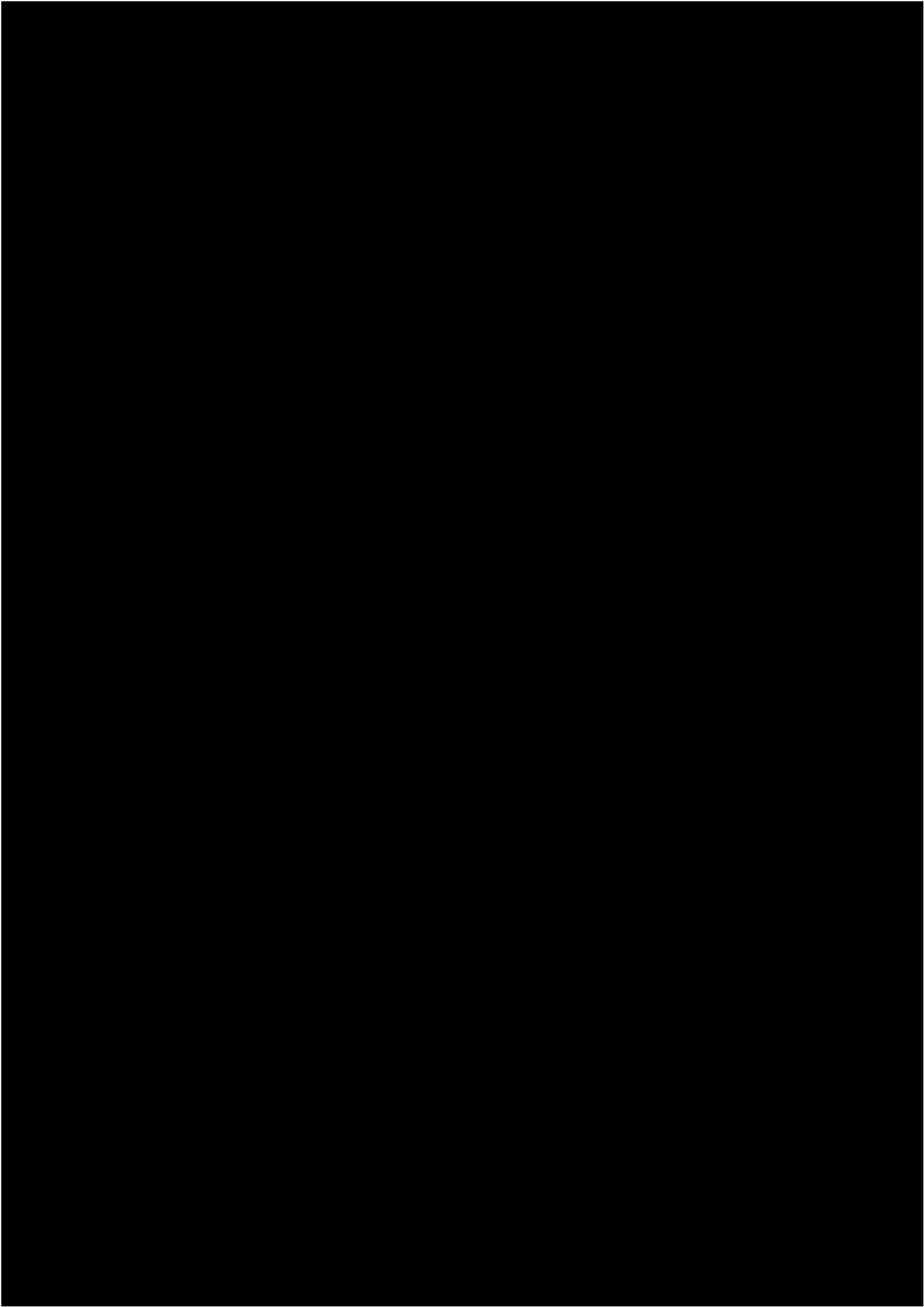


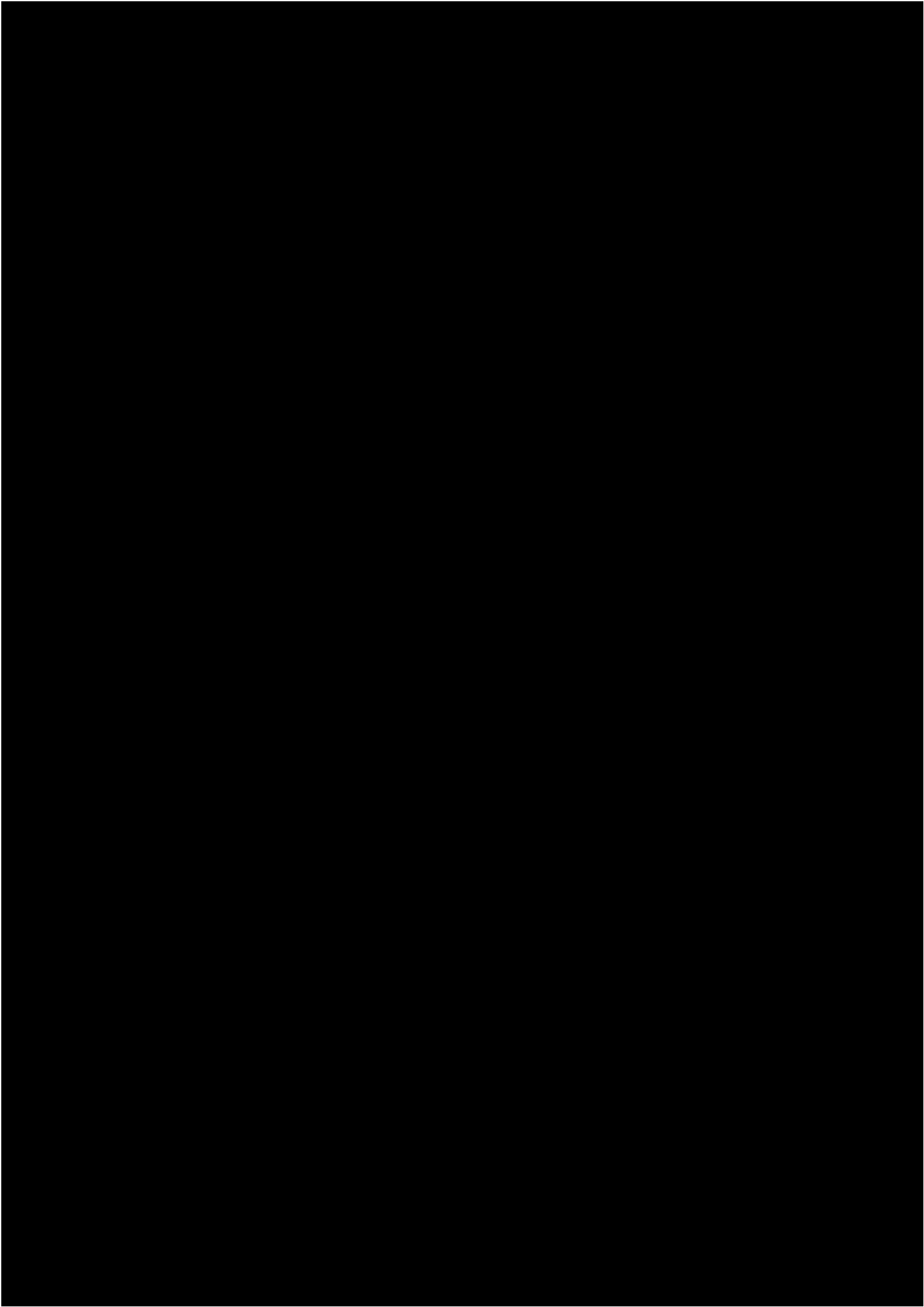


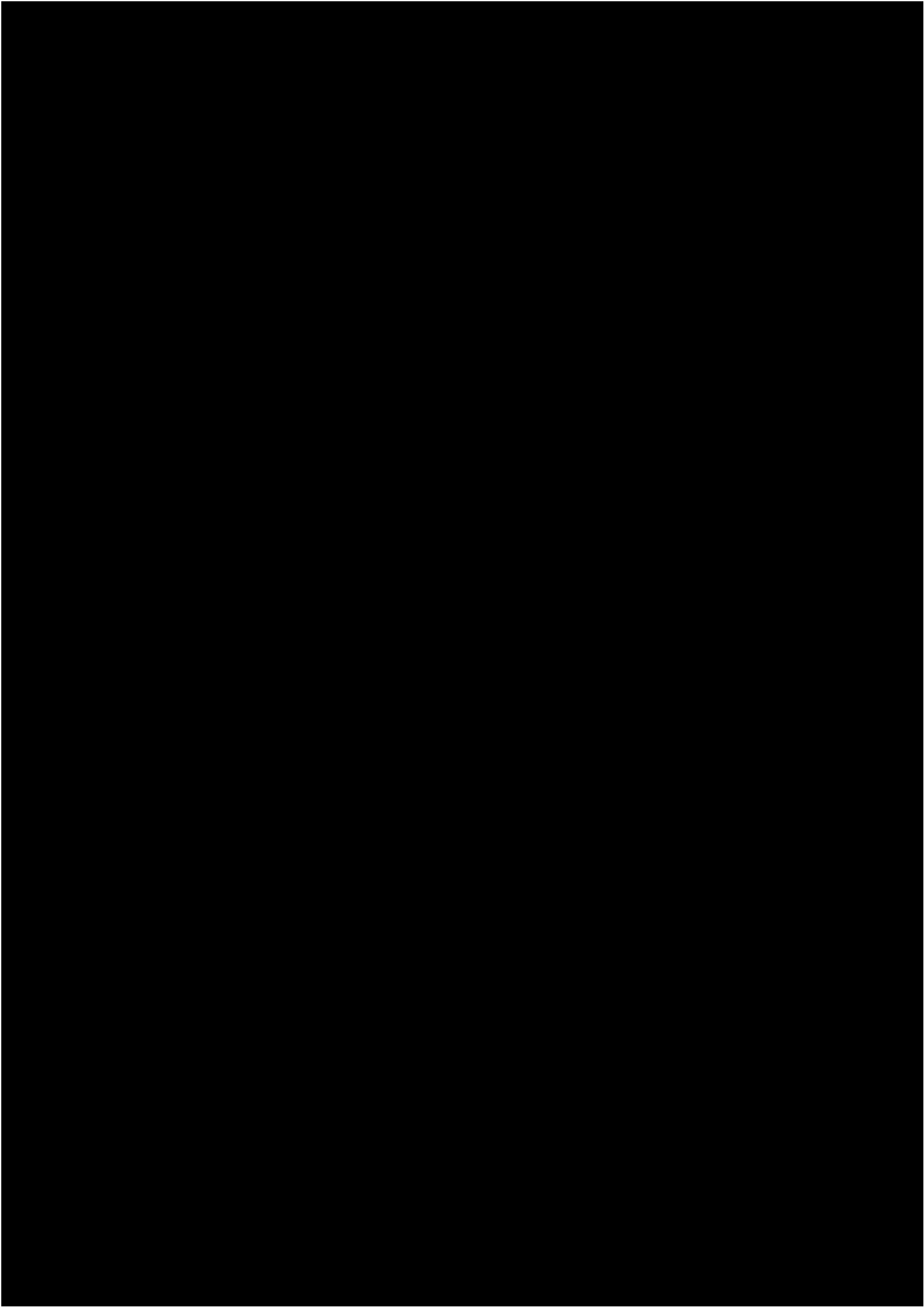


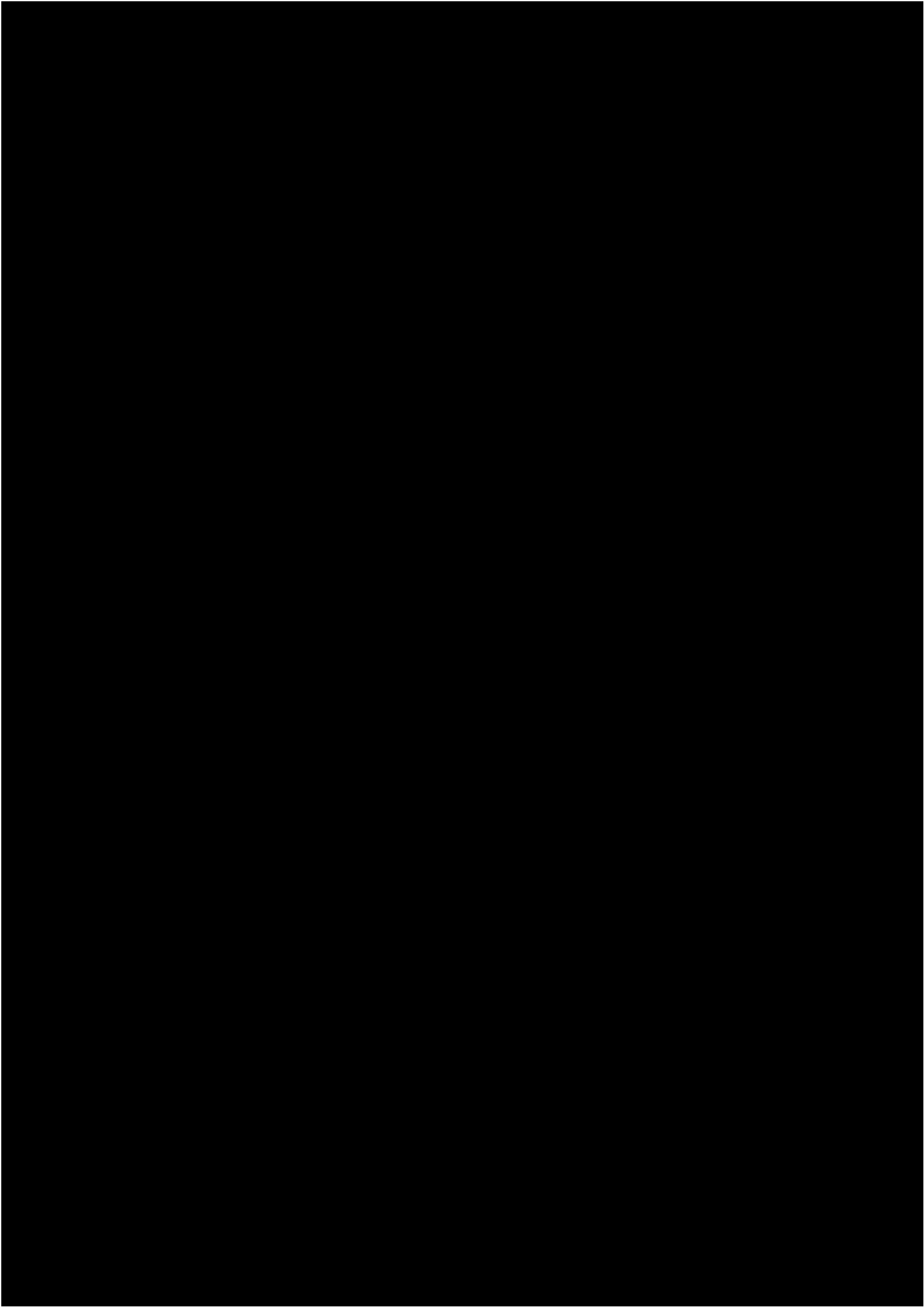


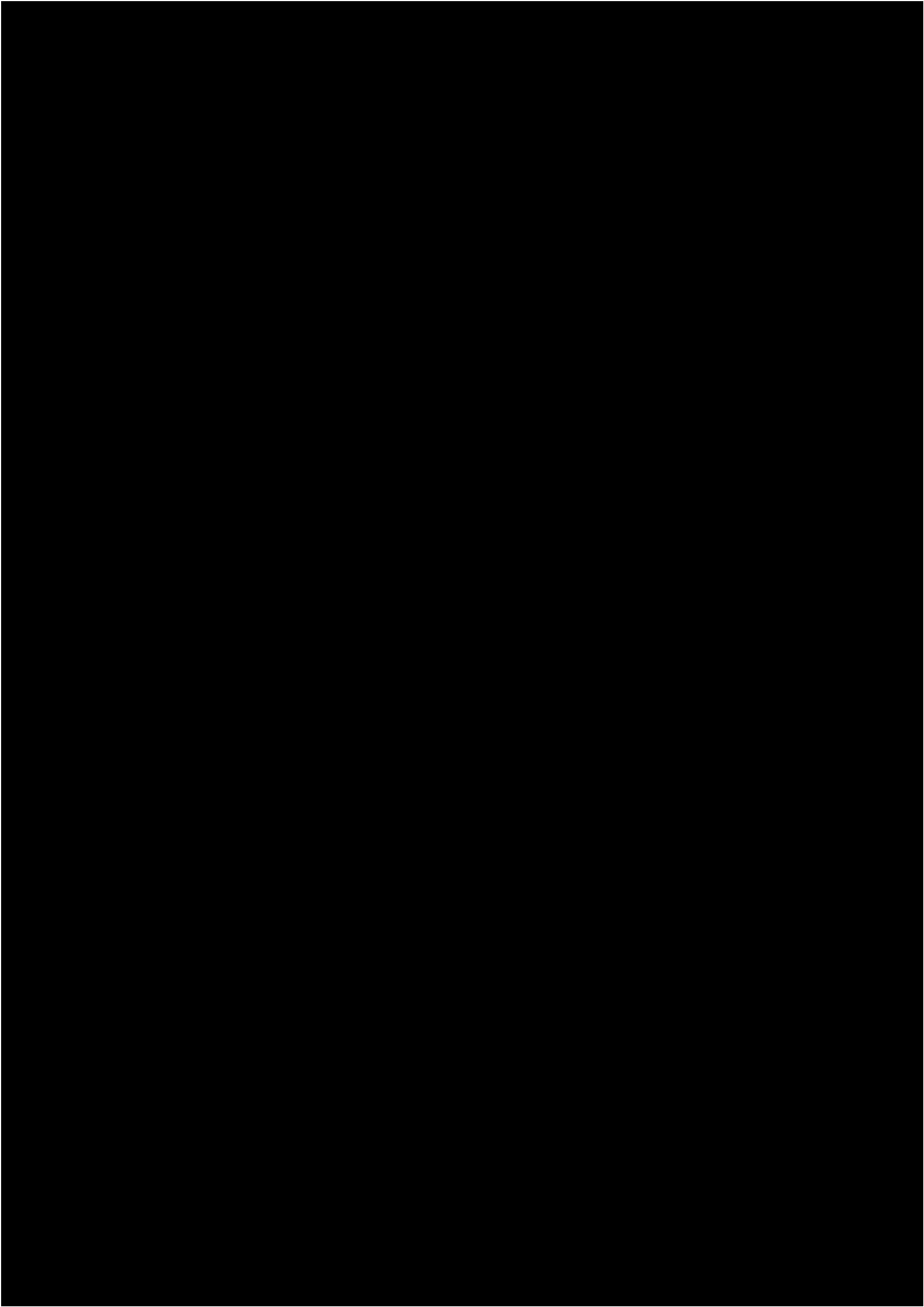


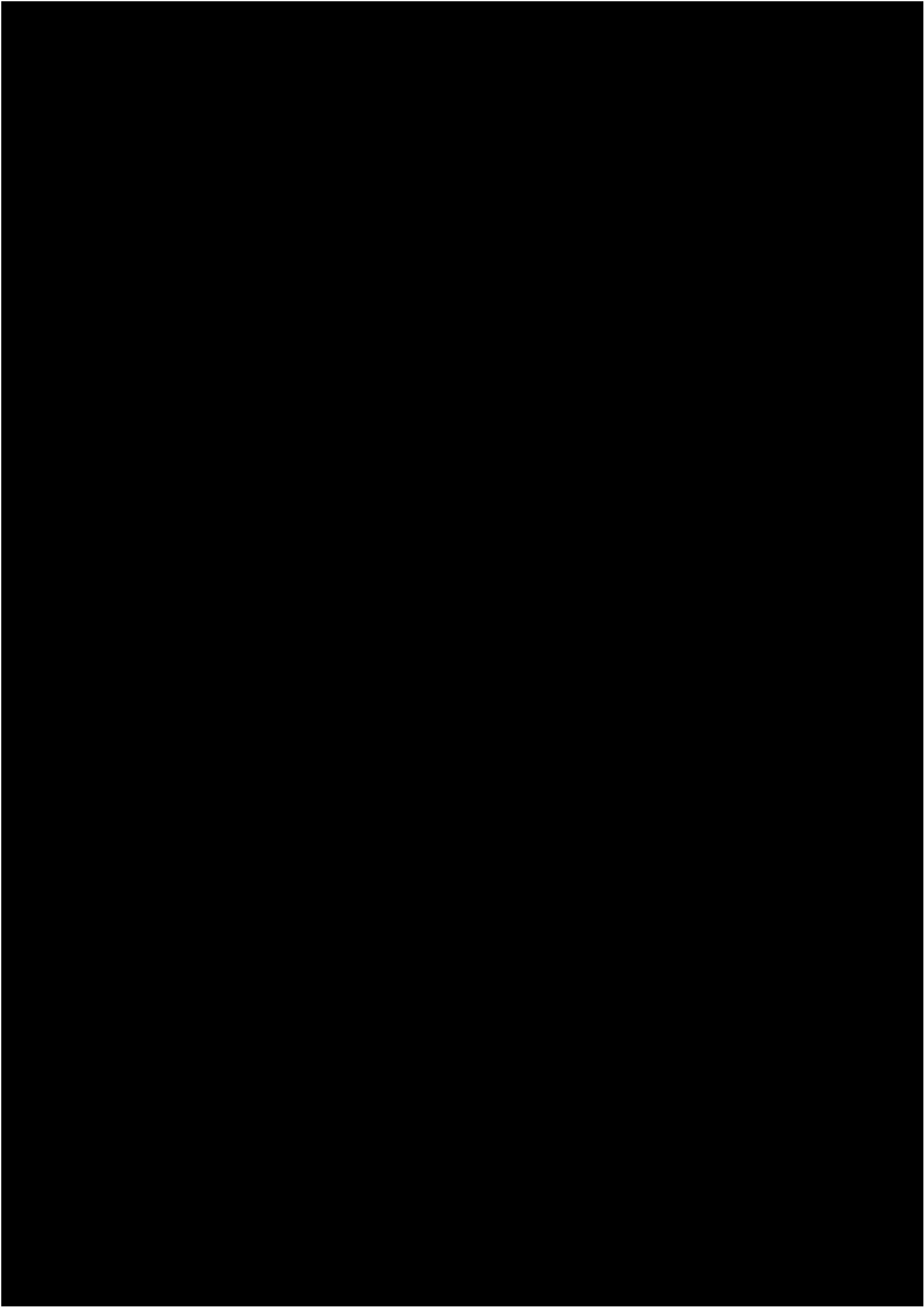


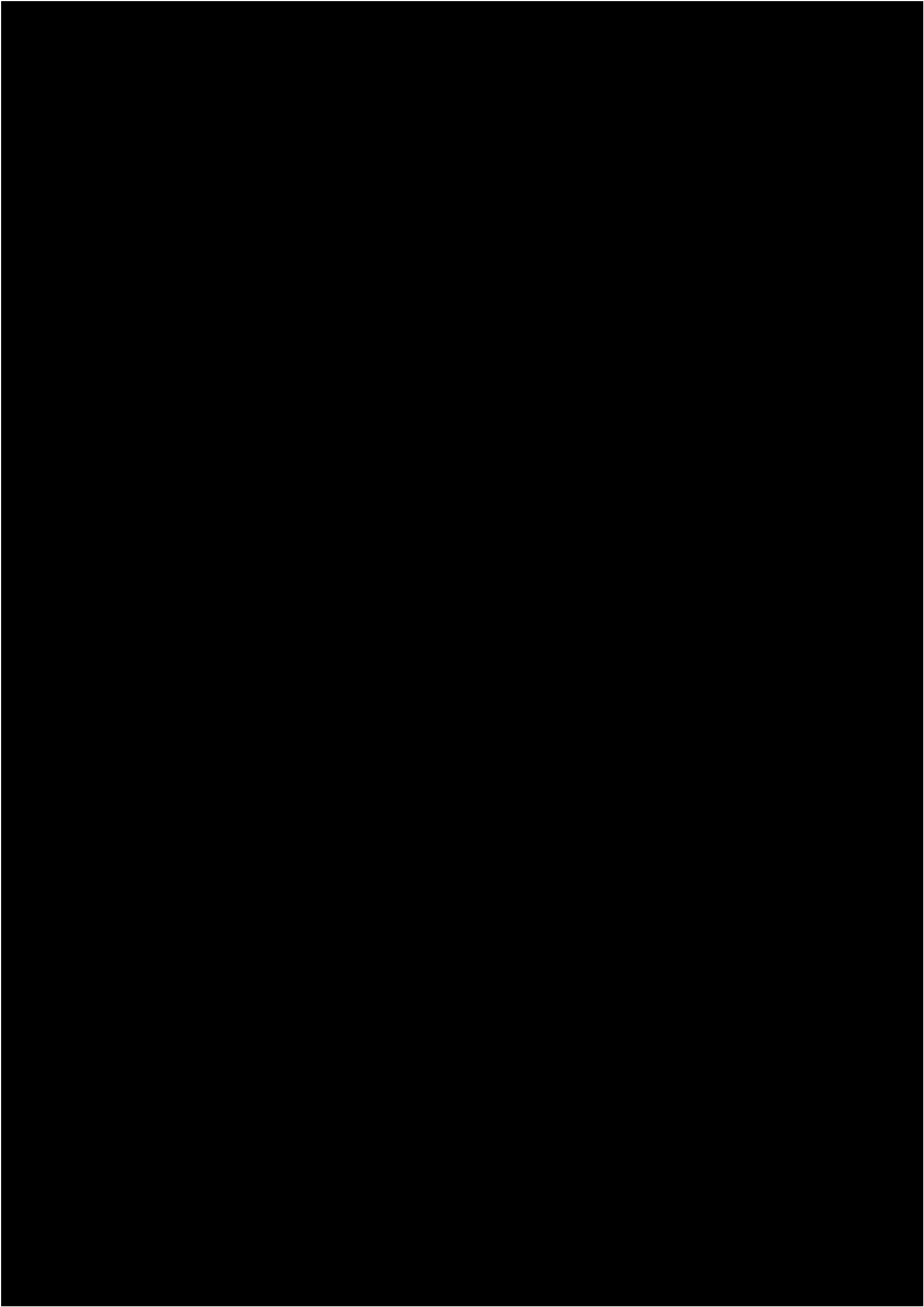


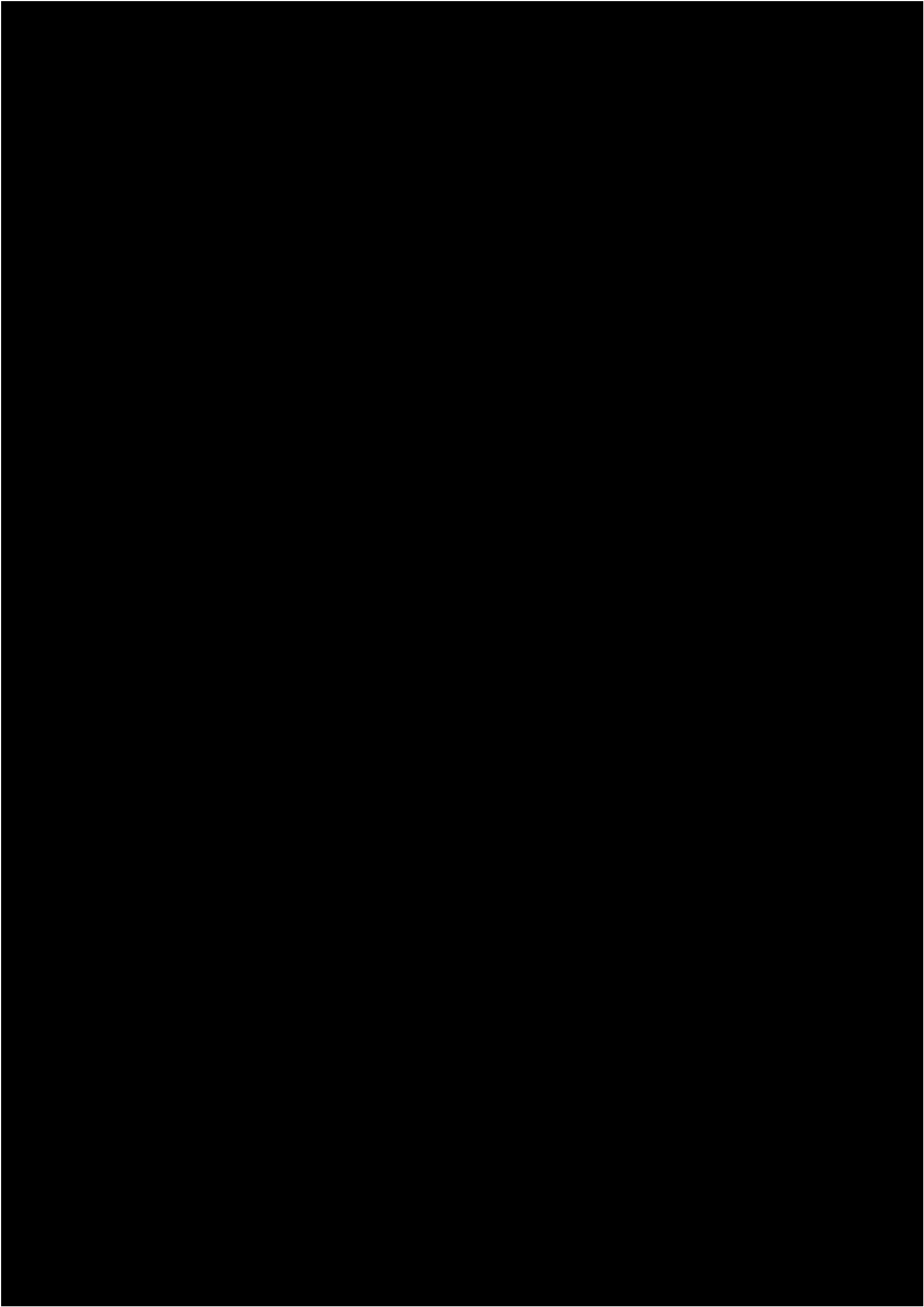


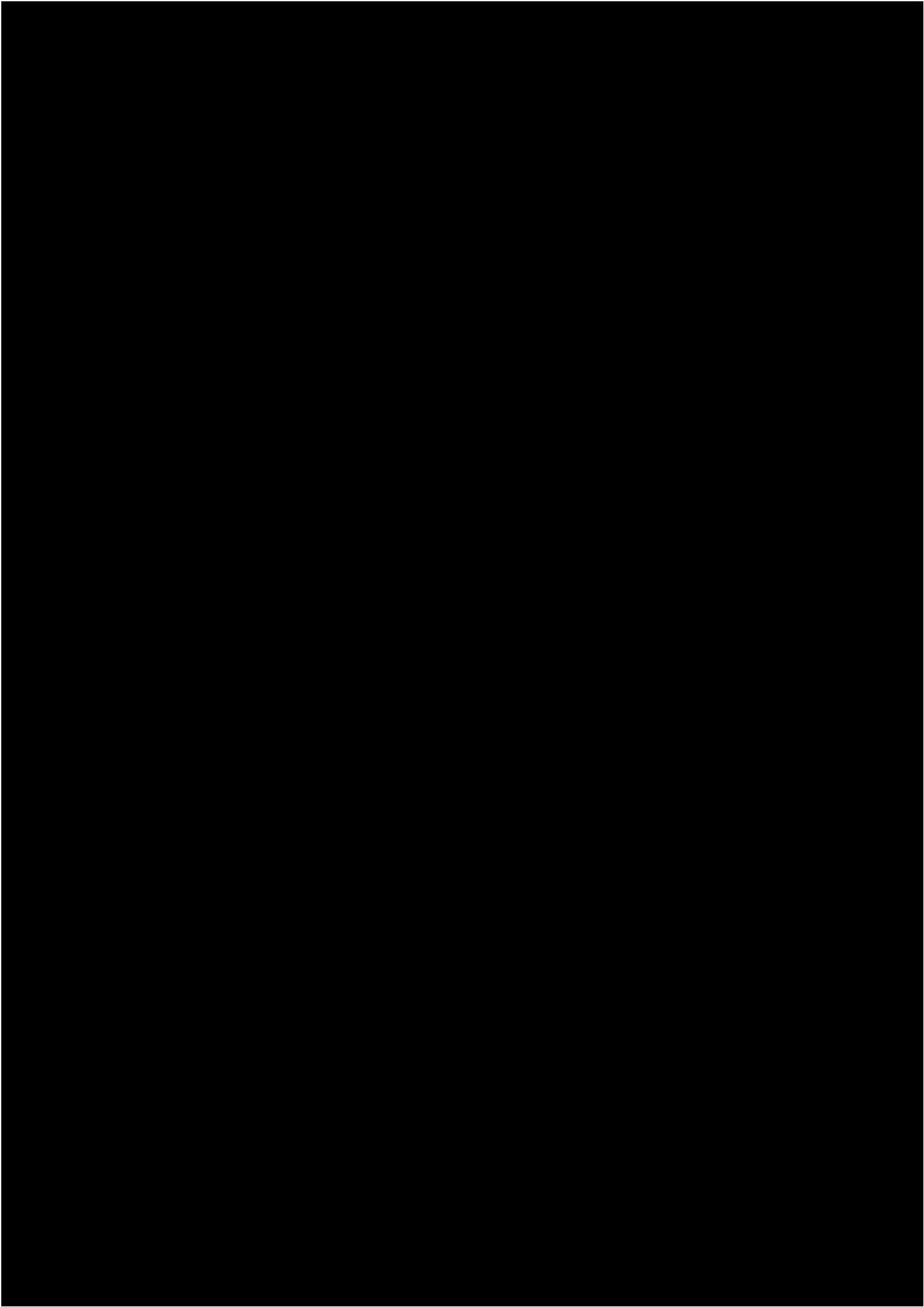


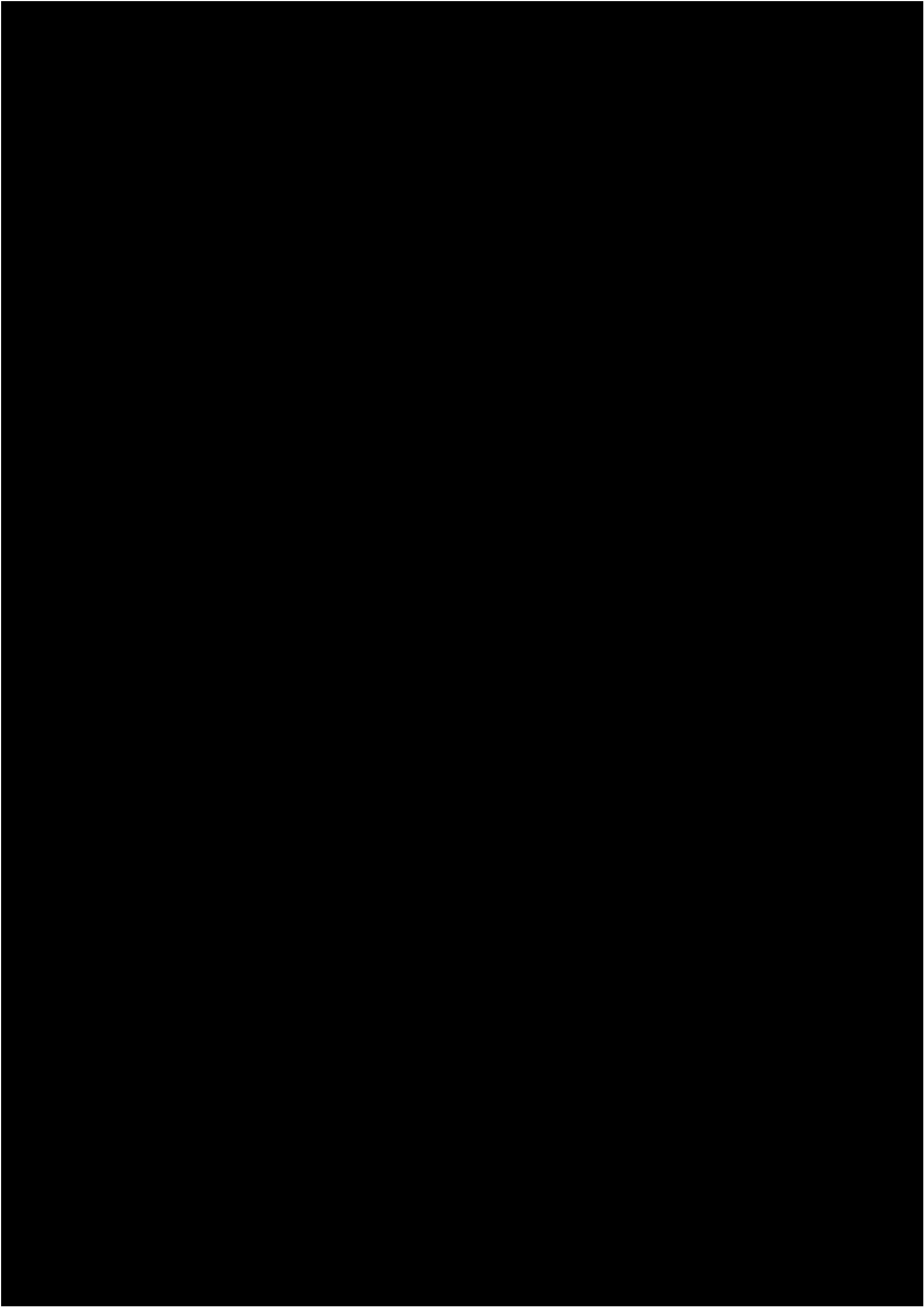


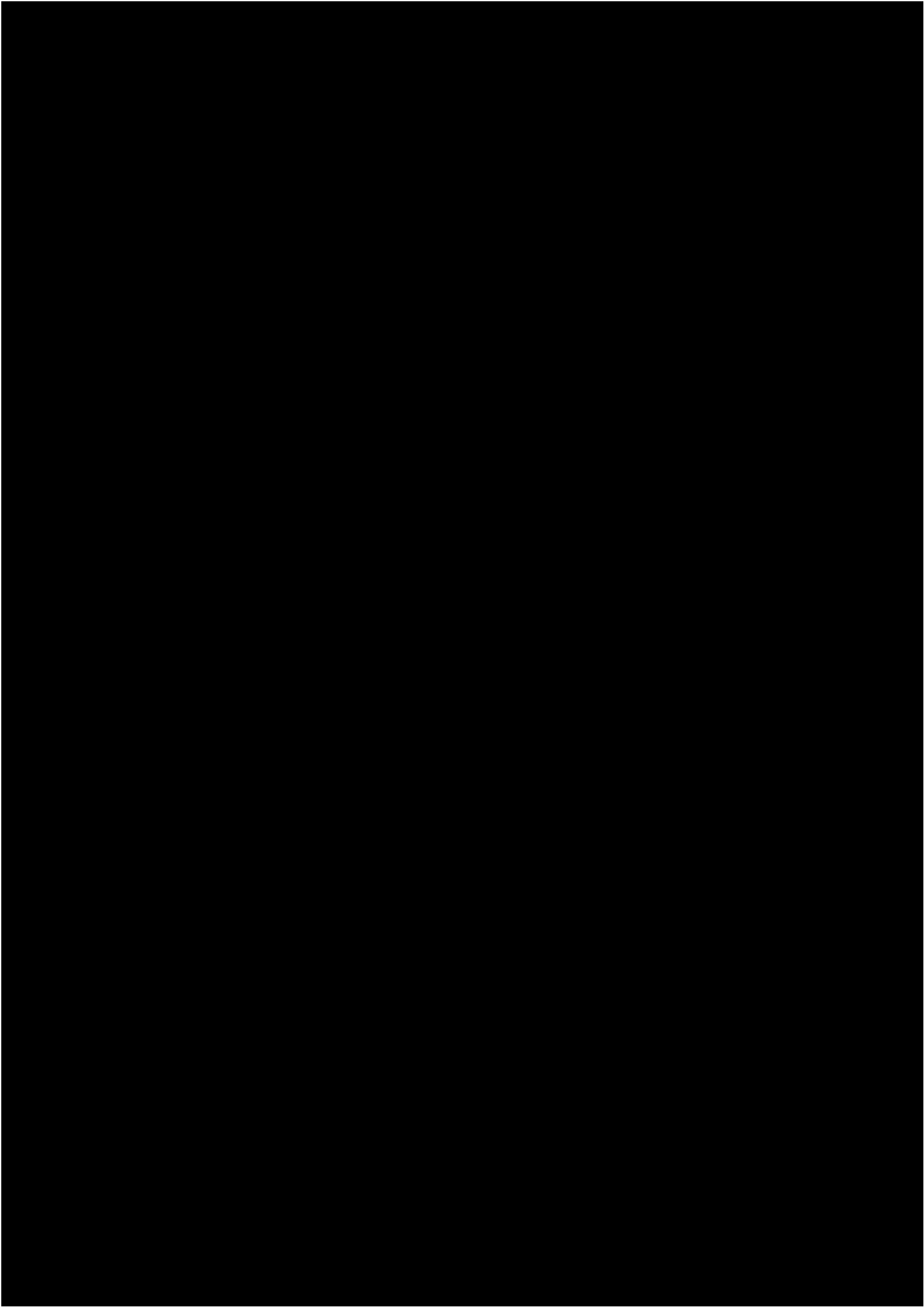


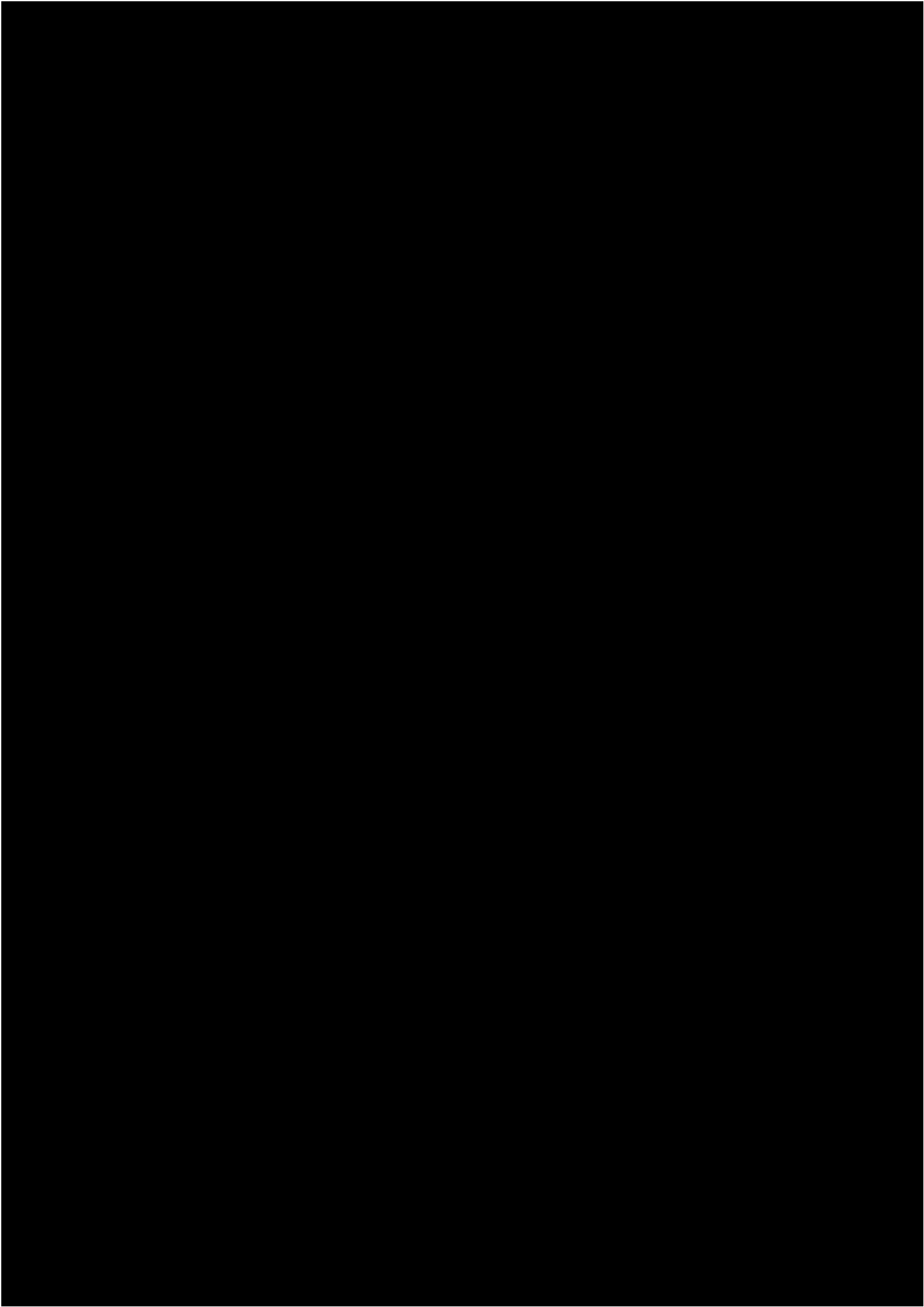


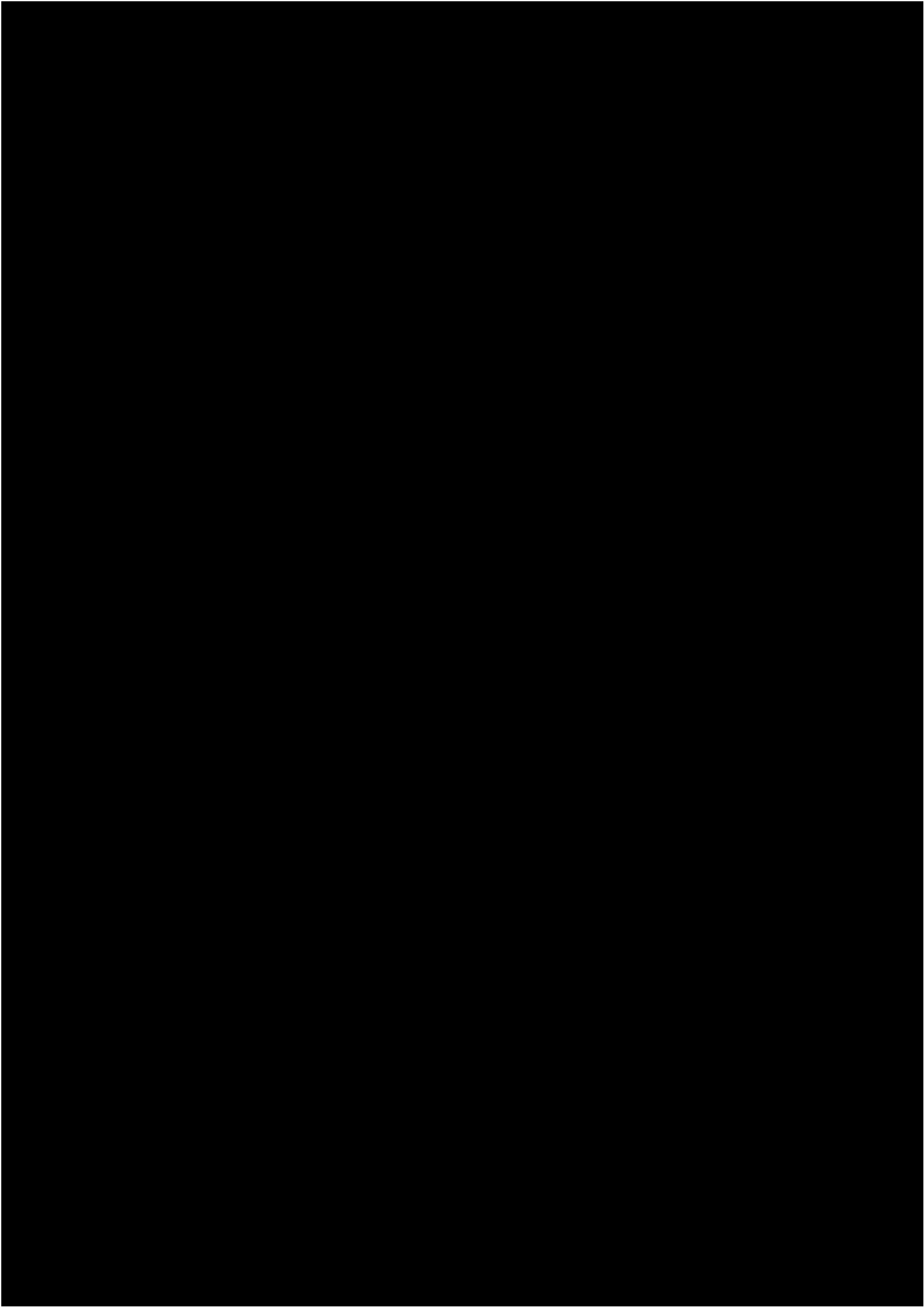


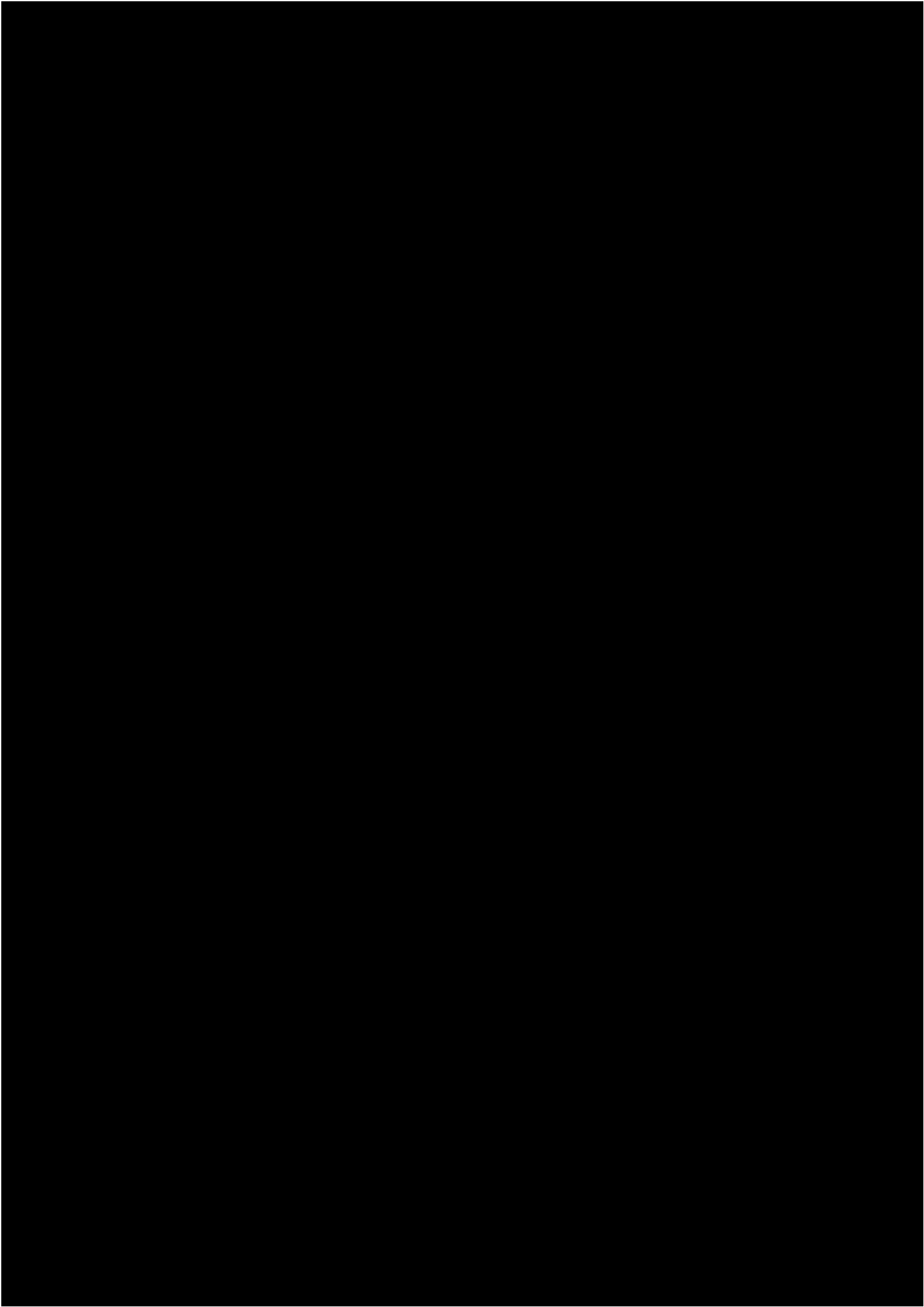


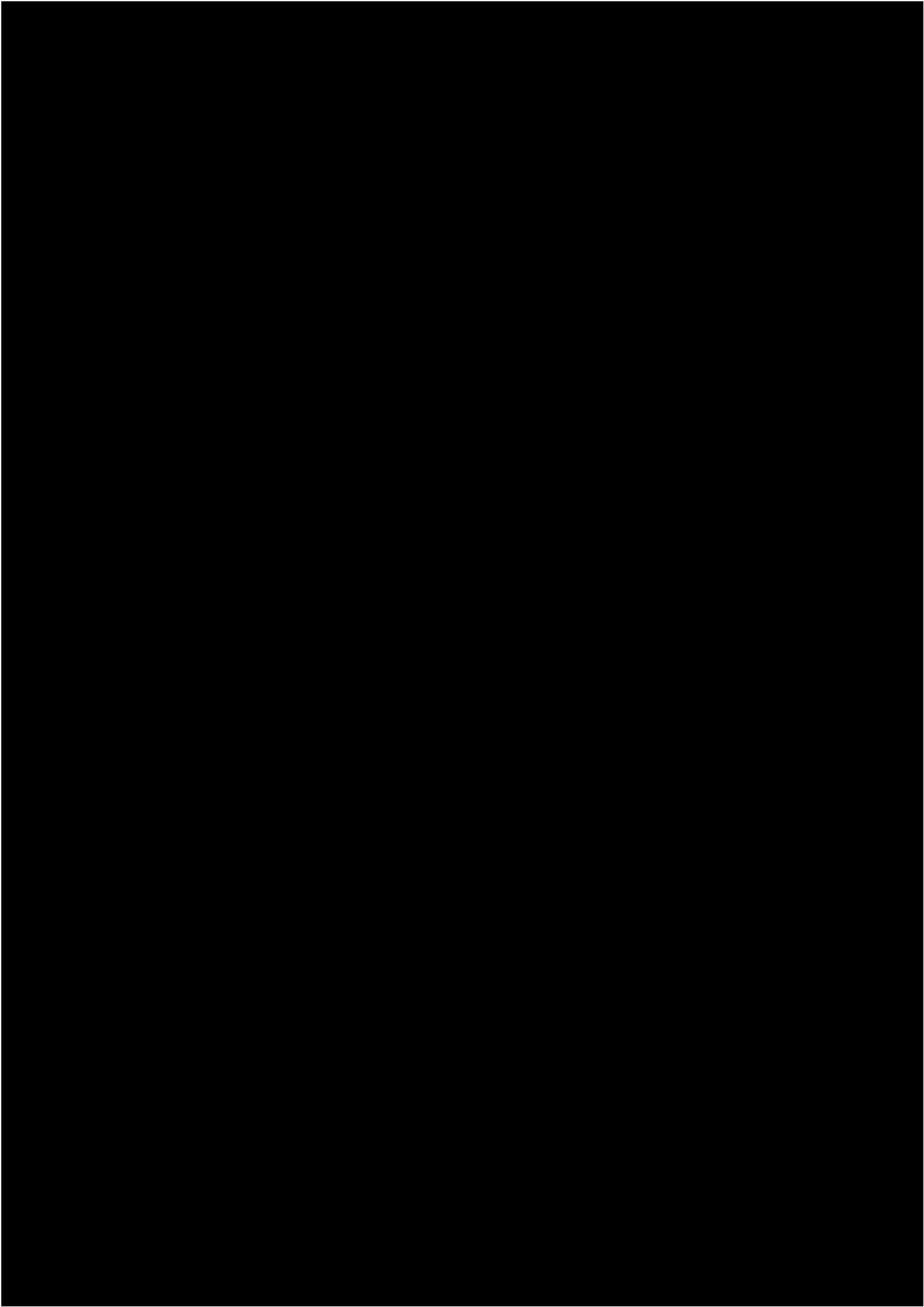


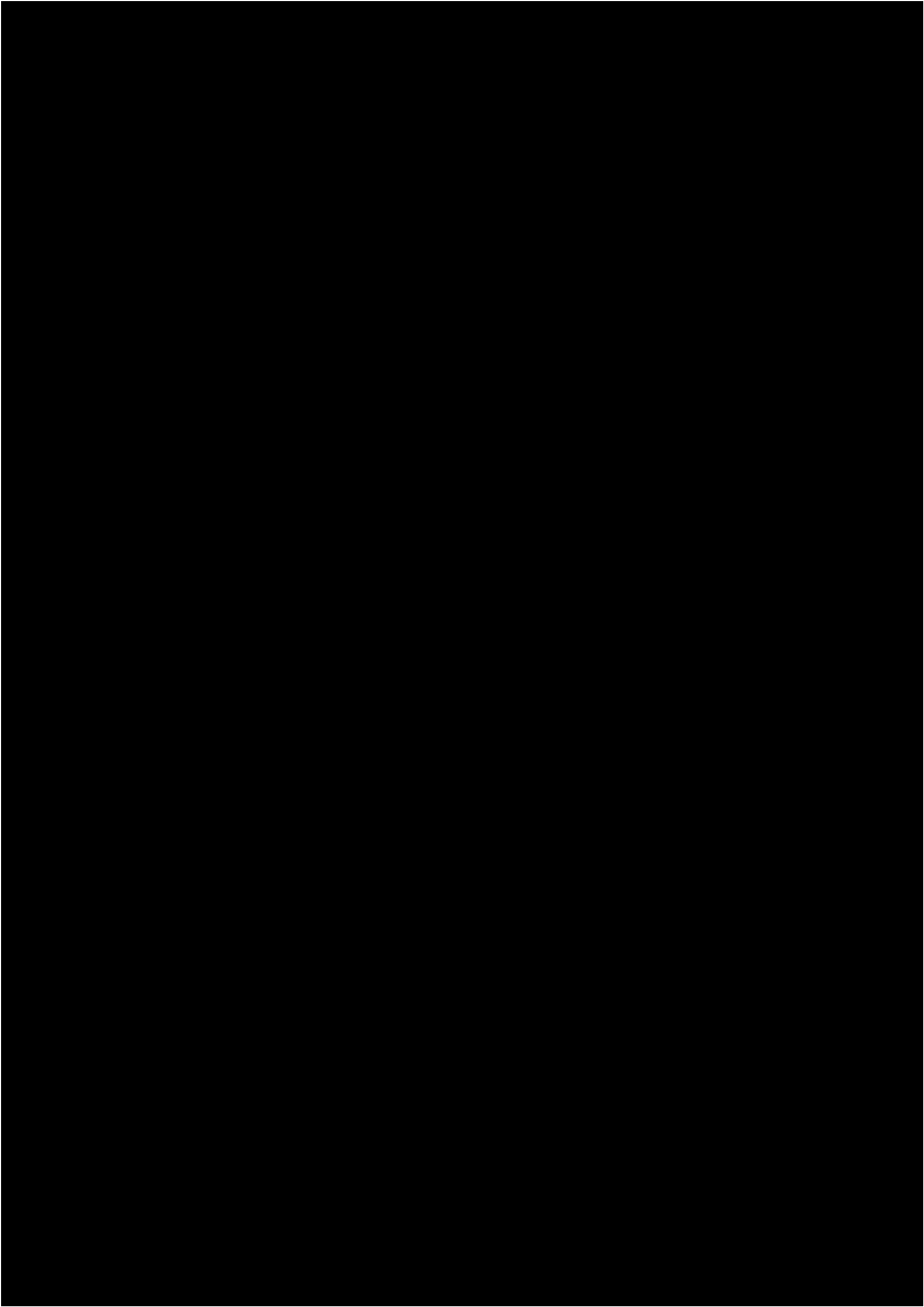


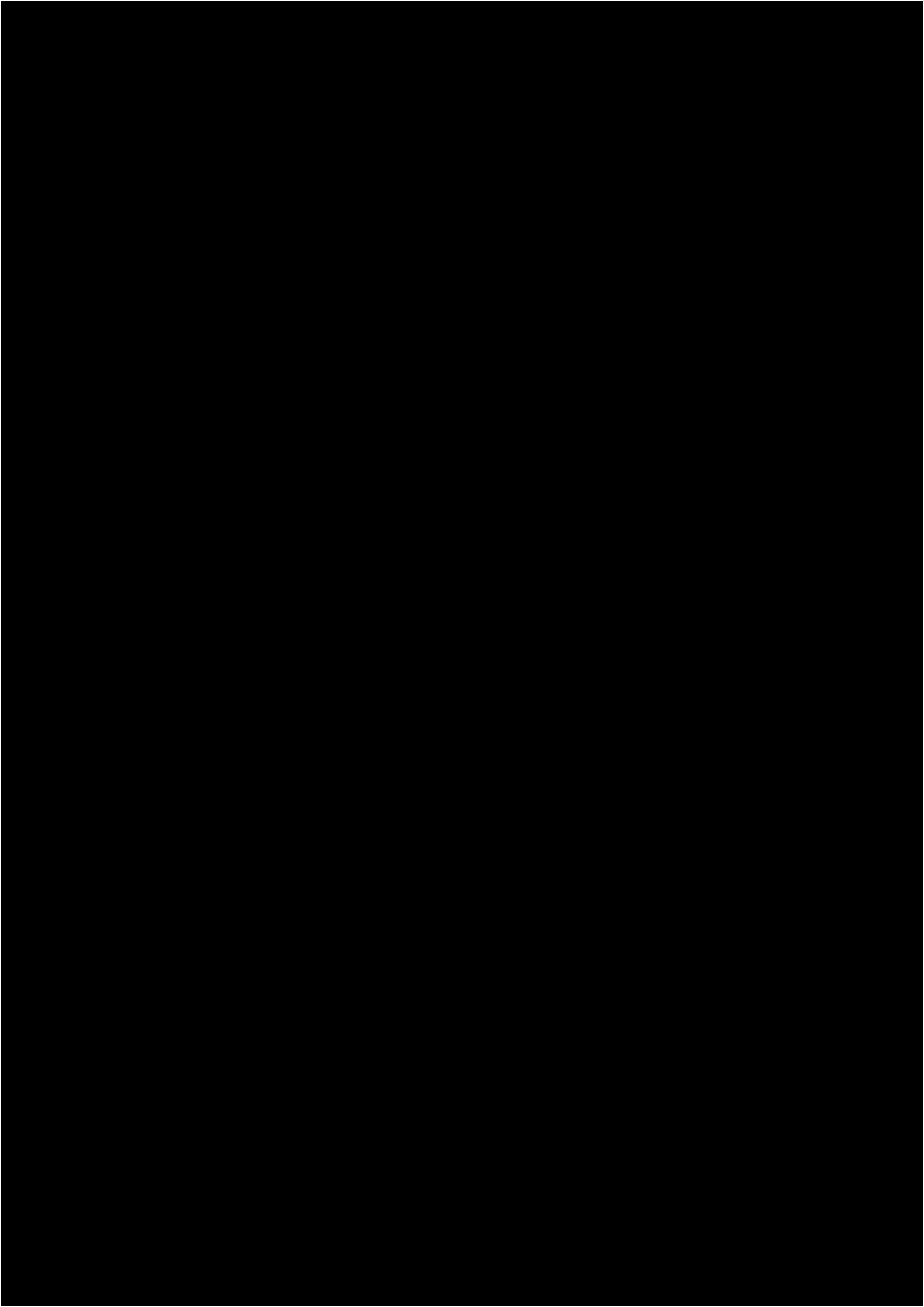


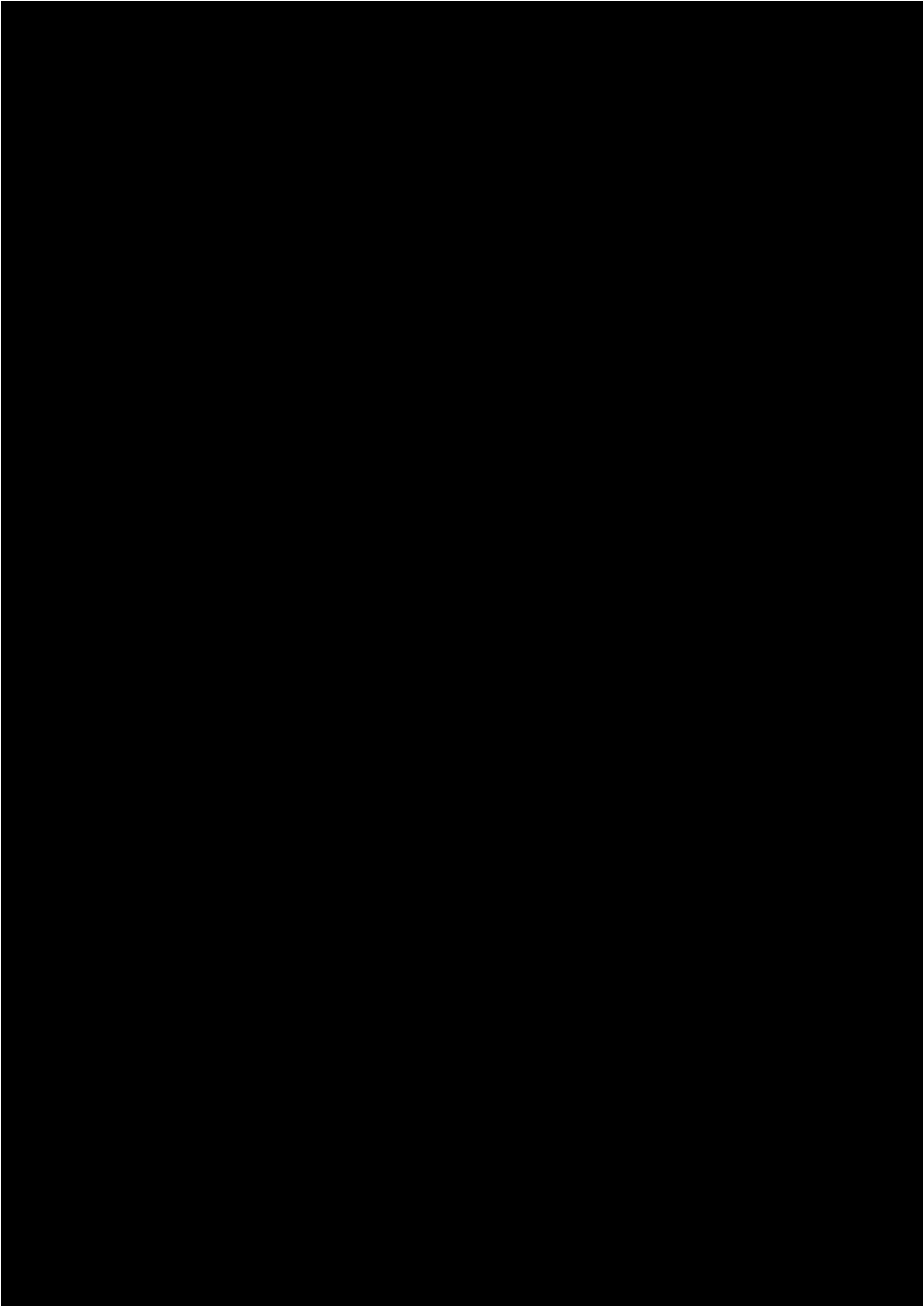


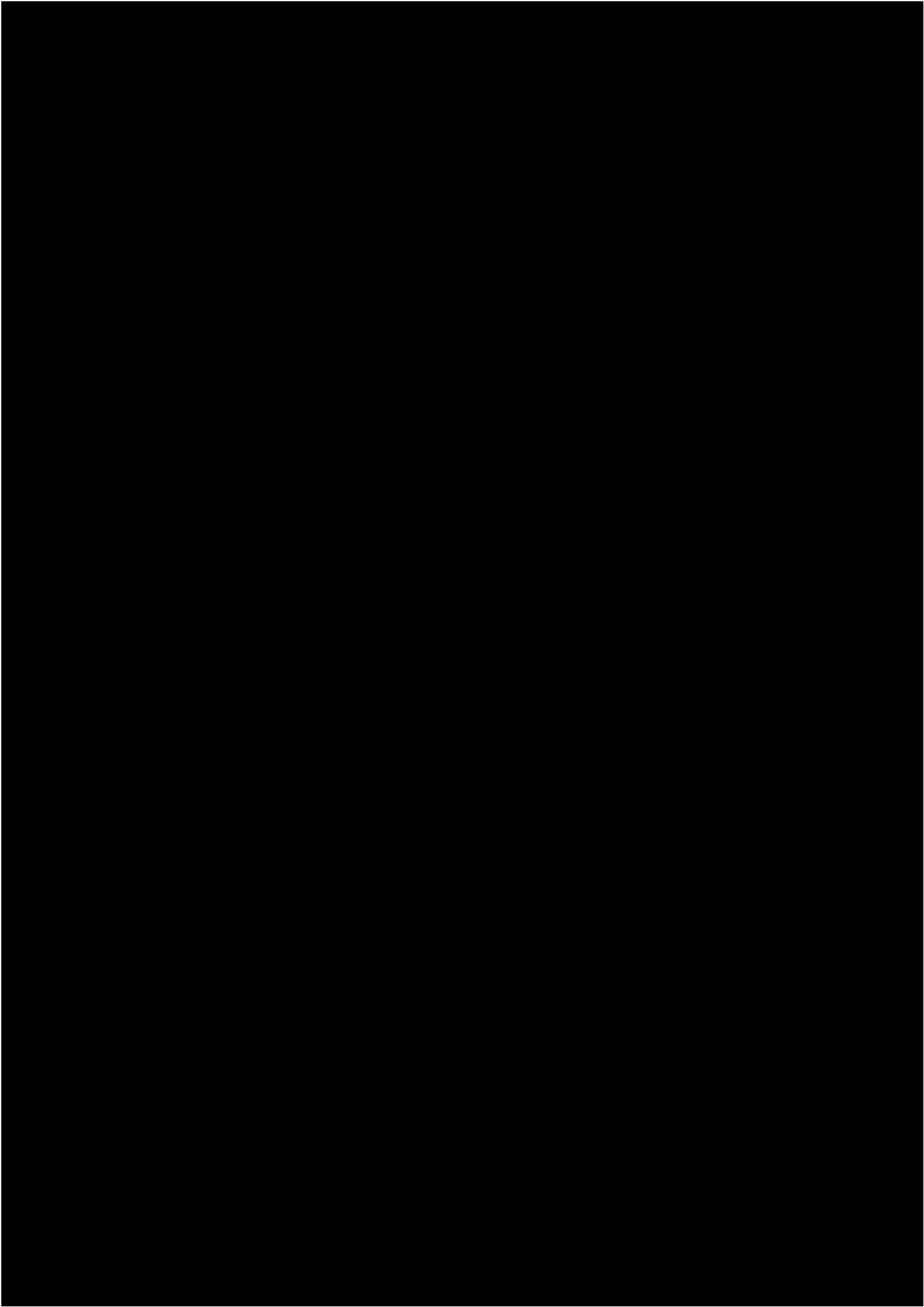


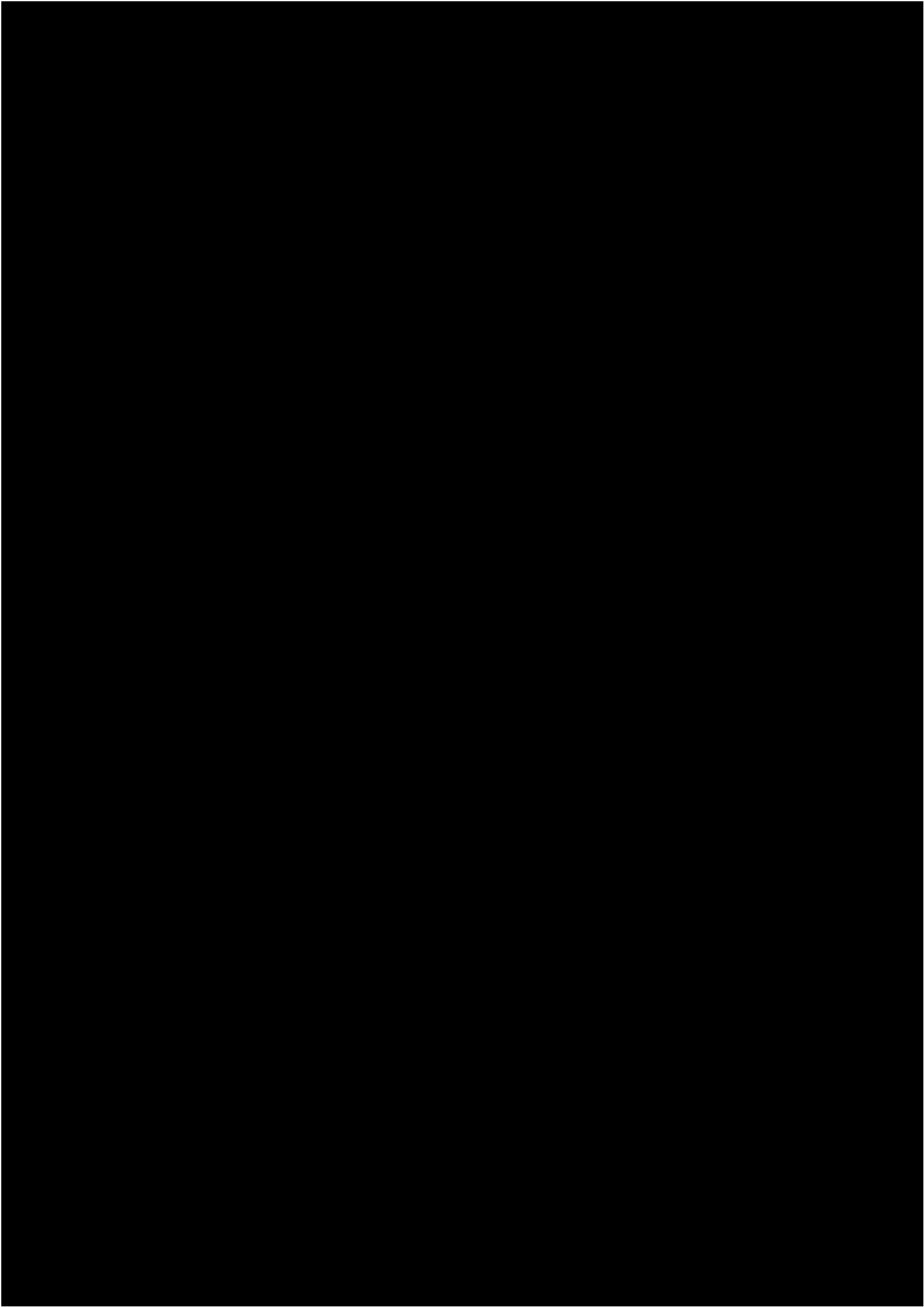


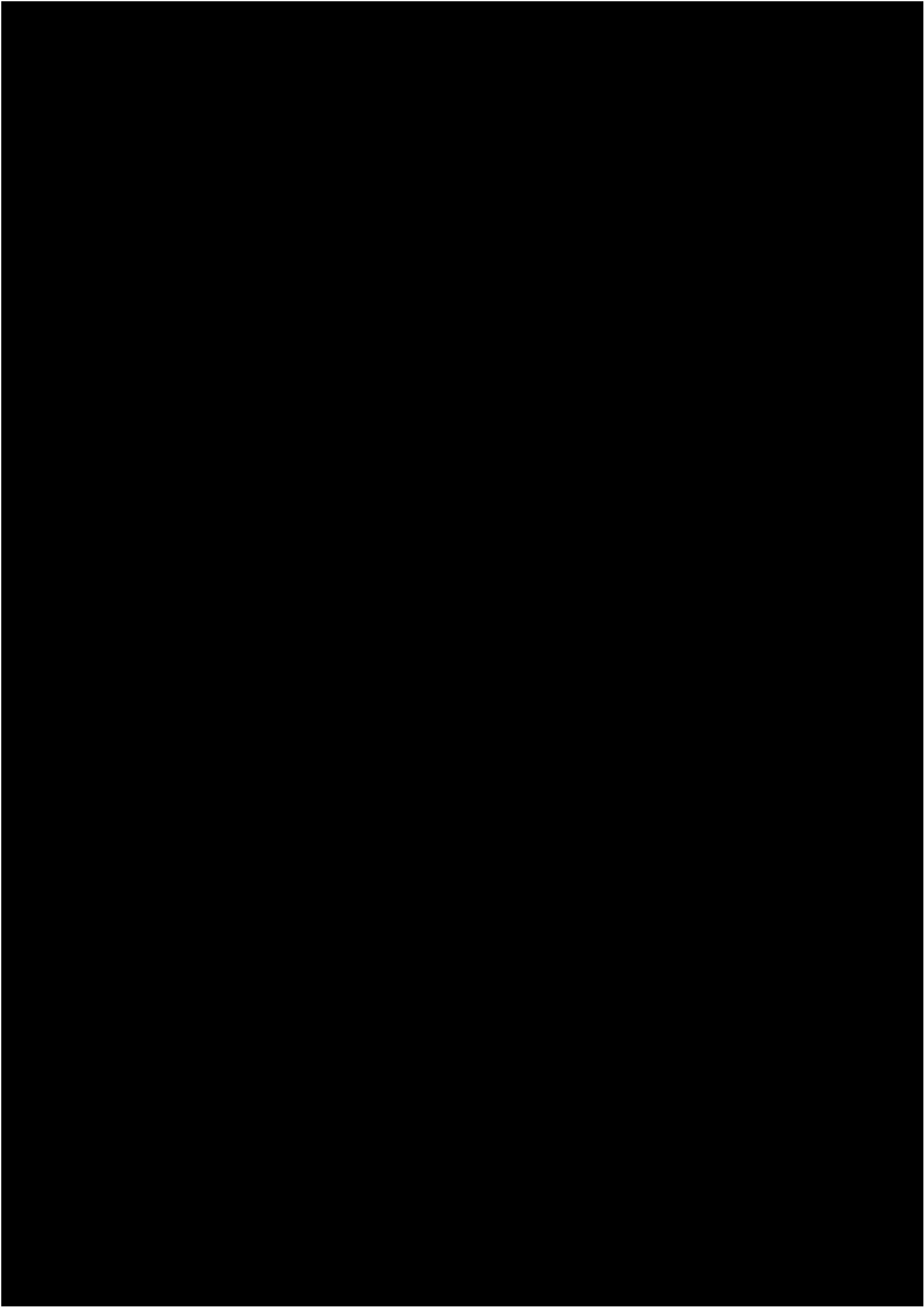


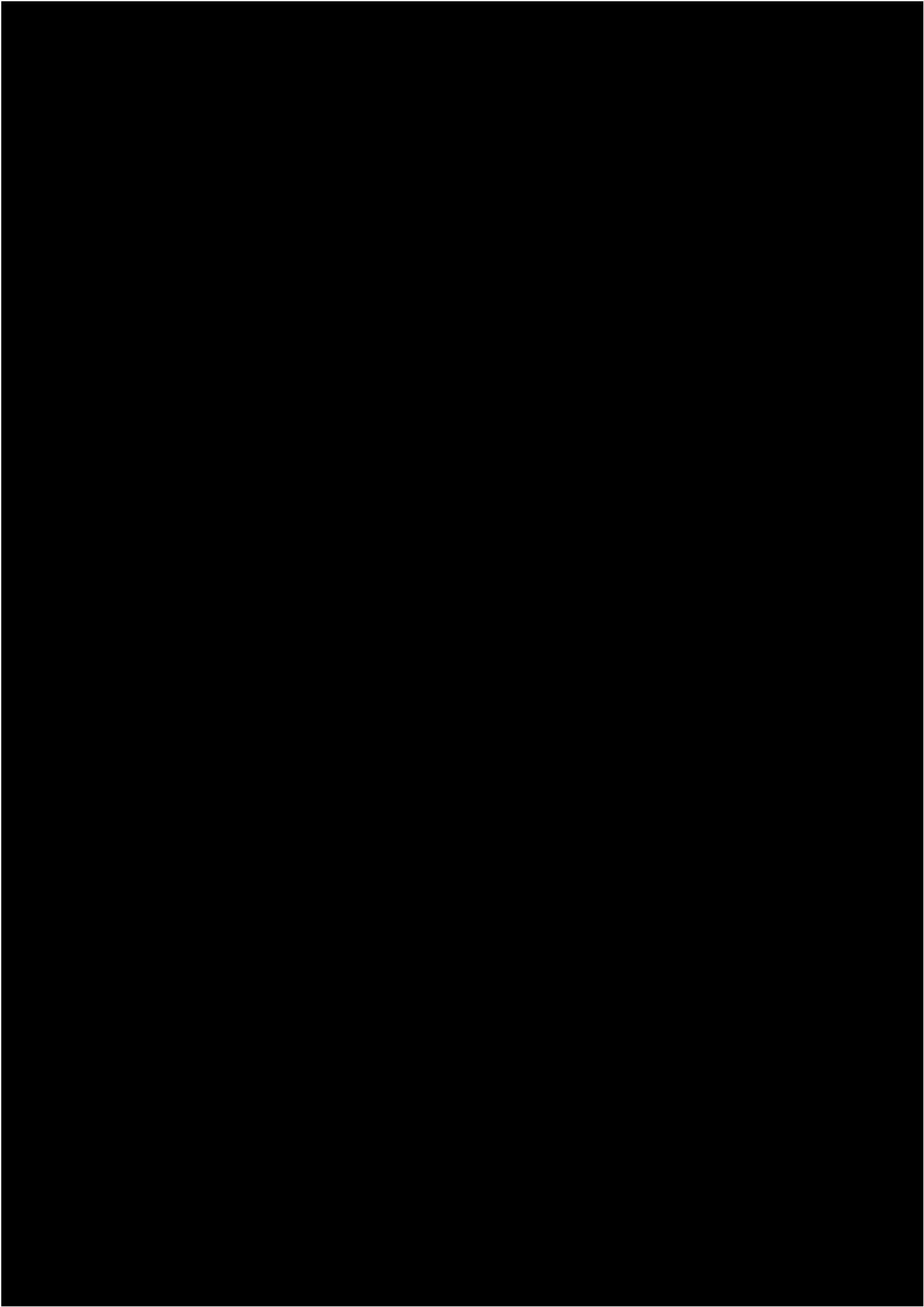












**Kathryn Irby**

---

**From:** Christy McCoy <mccoy@bruceflint.com>  
**Sent:** Tuesday, March 5, 2024 2:48 PM  
**To:** Andrews, Amanda J.; ASCC Pleadings  
**Cc:** Darla Crawford; Blakley, Sharon D.  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES to Respondent's First set Of Interrogatories and Request for Production  
**Attachments:** CLAIMANT'S RESPONSE TO RESPONDANT'S INTERROGATORIES AND REQUEST FOR PRODUCTION.pdf

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Good Afternoon,

Please find attached a Drop Box Link for the above referenced.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
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**From:** Andrews, Amanda J. <Amanda.Andrews@ardot.gov>  
**Sent:** Tuesday, March 5, 2024 2:21 PM  
**To:** Christy McCoy <mccoy@bruceflint.com>  
**Cc:** Darla Crawford <dcrawford@bruceflint.com>; Blakley, Sharon D. <Sharon.Blakley@ardot.gov>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES

Thank you, Christy. That will work perfectly.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)




---

**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>

**Sent:** Tuesday, March 5, 2024 2:18 PM

**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES

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Ok Thank You.

I will create a Dropbox Link and resend.

I was not sure if you would be able to access a link.

Have a great day.

Good Luck with Your case.

Sincerely,

*Christy McCoy*

Litigation Paralegal

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928

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**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Tuesday, March 5, 2024 2:14 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES

Christy,

I have received a number of emails from you, but I am not able to go through them all today to itemize each document that was attached. I am preparing for a wrongful death trial before the Claims Commission. I can confirm that I received 5 emails with attachments. I recommend sending the production via a link or put everything in a Dropbox folder that ARDOT staff and the Claims Commission can access.

Thank you,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



---

**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Sent:** Tuesday, March 5, 2024 2:09 PM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Cc:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Subject:** Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hey Amanda,  
Could you please verify for me EXACTLY which Documents you have received?  
Im having trouble sending large files to you.  
Sincerely,

*Christy McCoy*

Litigation Paralegal

Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road  
Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**Kathryn Irby**

---

**From:** Christy McCoy <mccoy@bruceflint.com>  
**Sent:** Thursday, June 6, 2024 8:57 AM  
**To:** Andrews, Amanda J.; Darla Crawford  
**Cc:** Kathryn Irby; Blakley, Sharon D.  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

You don't often get email from mccoy@bruceflint.com. [Learn why this is important](#)

Good Morning.

I am reaching out today to try to get depositions scheduled for the above referenced case.

Please provide some dates of availability so that we can depose the Respondent in this matter.

If you would like, we can schedule both the Claimant and Respondent THE SAME DAY.

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
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**From:** Misty Scott <Misty.Scott@arkansas.gov> **On Behalf Of** ASCC Pleadings  
**Sent:** Tuesday, March 5, 2024 3:47 PM  
**To:** Christy McCoy <mccoy@bruceflint.com>; Andrews, Amanda J. <Amanda.Andrews@ardot.gov>; Darla Crawford <dcrawford@bruceflint.com>  
**Cc:** ASCC Pleadings <ASCCPleadings@arkansas.gov>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Received.

---

**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Sent:** Tuesday, March 5, 2024 1:58 PM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

You don't often get email from [mccoy@bruceflint.com](mailto:mccoy@bruceflint.com). [Learn why this is important](#)

#### Email # 4 ATTACHMENTS

Remaining Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
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**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

#### Email # 3 ATTACHMENTS

Remaining Photos and Some Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
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**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

## ATTACHMENTS EMAIL # 2

Photos

Please find attached additional attachments to Claimant's Responses to Interrogatories and Request for Production.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
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**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

#### ATTACHMENTS EMAIL # 1

Claimant's Responses

Signed Authorizations



Lost Wage Verification Form

Police Report

(3) Witness Statements

Front and Back Copy of Health Insurance

Good Afternoon.

Please find attached the Claimant's Responses to Respondent's First Set of Interrogatories and Request for Production of Documents.

I will be sending a second and third email following this one with remaining attachments as the file is too large to send in one email.

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Monday, February 5, 2024 2:03 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Yes, absolutely. Please see attached Word version.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
 P.O. Box 2261  
 Little Rock, AR 72203-2261  
 Office: (501) 569-2278  
 Fax: (501) 569-2164  
 Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Sent:** Monday, February 5, 2024 1:25 PM  
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**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Amanda,  
 Could you please send the Word form for these?  
 Thank you

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road

Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
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---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Monday, February 5, 2024 1:18 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** Fwd: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Sent from my Verizon, Samsung Galaxy smartphone  
Get [Outlook for Android](#)

---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Monday, February 5, 2024 1:04:48 PM  
**To:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Good afternoon,

Please find ARDOT's first set of Interrogatories and Requests for Production of Documents to Claimant to be filed in the above matter. At your earliest convenience, please confirm your receipt of this filing.

Please let me know if you have any issues opening the attachment or have any questions.

Sincerely,

**Amanda J. Andrews, Staff Attorney**  
Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



**Kathryn Irby**

---

**From:** Kathryn Irby  
**Sent:** Tuesday, July 9, 2024 3:34 PM  
**To:** Darla Crawford; Davenport, Michelle L.  
**Cc:** Blakley, Sharon D.; Christy McCoy  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Ms. Crawford, Amanda Andrews is no longer with ArDOT. I'm copying Michelle Davenport, who is general counsel at ArDOT.

Kathryn Irby

---

**From:** Darla Crawford <dcrawford@bruceflint.com>  
**Sent:** Monday, July 8, 2024 3:08 PM  
**To:** Andrews, Amanda J. <Amanda.Andrews@ardot.gov>  
**Cc:** Kathryn Irby <Kathryn.Irby@arkansas.gov>; Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; Christy McCoy <mccoy@bruceflint.com>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Amanda,

I'm following up with you regarding the above-referenced case.  
It's my understanding that the trooper admitted fault at the scene.  
Is liability admitted? If so, then a depo of the trooper may not be necessary.

I've sent a demand, and can work to update that.

Written discovery appears to be complete, and my office has requested info for deposition dates with no response.

The PD demand sent 7/19/22 was for \$28,004.82. For BI, the meds were approximately \$12,726.07 as of 7/18/23 and lost wages are over \$60,000 as of 4/19/23.

Can you agree to the damage amount in the demands so we can request approval of a settlement agreement?

It's my understanding that since it will be over \$25,000.00 there will need to be legislative approval (which may be in 2025).

Please let me know so we can proceed in this case.

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Sent:** Thursday, June 6, 2024 8:57 AM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** [Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov); Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Good Morning.

I am reaching out today to try to get depositions scheduled for the above referenced case.

Please provide some dates of availability so that we can depose the Respondent in this matter.

If you would like, we can schedule both the Claimant and Respondent THE SAME DAY.

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
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**From:** Misty Scott <[Misty.Scott@arkansas.gov](mailto:Misty.Scott@arkansas.gov)> **On Behalf Of** ASCC Pleadings  
**Sent:** Tuesday, March 5, 2024 3:47 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>; Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Received.

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**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

You don't often get email from [mccoy@bruceflint.com](mailto:mccoy@bruceflint.com). [Learn why this is important](#)

#### Email # 4 ATTACHMENTS

Remaining Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
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Cc: 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

### Email # 3 ATTACHMENTS

Remaining Photos and Some Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

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**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

### ATTACHMENTS EMAIL # 2

Photos

Please find attached additional attachments to Claimant's Responses to Interrogatories and Request for Production.

Sincerely,

*Christy McCoy*

Litigation Paralegal

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road  
Texarkana, Texas 75503  
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Fax: 903.334.8853  
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**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

**ATTACHMENTS EMAIL # 1**

Claimant's Responses  
Signed Authorizations



Lost Wage Verification Form  
Police Report  
(3) Witness Statements  
Front and Back Copy of Health Insurance

Good Afternoon.

Please find attached the Claimant's Responses to Respondent's First Set of Interrogatories and Request for Production of Documents.

I will be sending a second and third email following this one with remaining attachments as the file is too large to send in one email.

Thank you.

Sincerely,

Litigation Paralegal  
Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road

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 Phone: 903.334.8928  
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**Sent:** Monday, February 5, 2024 2:03 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Yes, absolutely. Please see attached Word version.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
 P.O. Box 2261  
 Little Rock, AR 72203-2261  
 Office: (501) 569-2278  
 Fax: (501) 569-2164  
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**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Sent:** Monday, February 5, 2024 1:25 PM  
**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Amanda,  
 Could you please send the Word form for these?  
 Thank you

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Monday, February 5, 2024 1:18 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** Fwd: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Sent from my Verizon, Samsung Galaxy smartphone  
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---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Monday, February 5, 2024 1:04:48 PM  
**To:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Good afternoon,

Please find ARDOT's first set of Interrogatories and Requests for Production of Documents to Claimant to be filed in the above matter. At your earliest convenience, please confirm your receipt of this filing.

Please let me know if you have any issues opening the attachment or have any questions.

Sincerely,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Office: (501) 569-2278  
Fax: (501) 569-2164  
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



**Kathryn Irby**

---

**From:** Christy McCoy <mccoy@bruceflint.com>  
**Sent:** Monday, August 5, 2024 2:34 PM  
**To:** Darla Crawford; Kathryn Irby; Davenport, Michelle L.; angela.dodson@ardot.gov  
**Cc:** Blakley, Sharon D.  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents  
**Attachments:** [REDACTED]

You don't often get email from mccoy@bruceflint.com. [Learn why this is important](#)

Dear Ms. Dodson:

Please find attached a Demand with medical and attachments for the above referenced.

The medical bills and records are provided via Dropbox link below.

[REDACTED]

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Darla Crawford <dcrawford@bruceflint.com>  
**Sent:** Tuesday, July 9, 2024 5:24 PM  
**To:** Kathryn Irby <Kathryn.Irby@arkansas.gov>; Davenport, Michelle L. <Michelle.Davenport@ardot.gov>  
**Cc:** Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; Christy McCoy <mccoy@bruceflint.com>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Thanks so much!

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>

**Sent:** Tuesday, July 9, 2024 3:34 PM

**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Davenport, Michelle L. <[Michelle.Davenport@ardot.gov](mailto:Michelle.Davenport@ardot.gov)>

**Cc:** Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Ms. Crawford, Amanda Andrews is no longer with ArDOT. I'm copying Michelle Davenport, who is general counsel at ArDOT.

Kathryn Irby

---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Sent:** Monday, July 8, 2024 3:08 PM

**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

**Cc:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Amanda,

I'm following up with you regarding the above-referenced case.

It's my understanding that the trooper admitted fault at the scene.

Is liability admitted? If so, then a depo of the trooper may not be necessary.

I've sent a demand, and can work to update that.

Written discovery appears to be complete, and my office has requested info for deposition dates with no response.

The PD demand sent 7/19/22 was for \$28,004.82. For BI, the meds were approximately \$12,726.07 as of 7/18/23 and lost wages are over \$60,000 as of 4/19/23.

Can you agree to the damage amount in the demands so we can request approval of a settlement agreement?

It's my understanding that since it will be over \$25,000.00 there will need to be legislative approval (which may be in 2025).

Please let me know so we can proceed in this case.

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>

**Sent:** Thursday, June 6, 2024 8:57 AM

**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** [Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov); Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Good Morning.

I am reaching out today to try to get depositions scheduled for the above referenced case.

Please provide some dates of availability so that we can depose the Respondent in this matter.

If you would like, we can schedule both the Claimant and Respondent THE SAME DAY.

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Misty Scott <[Misty.Scott@arkansas.gov](mailto:Misty.Scott@arkansas.gov)> **On Behalf Of** ASCC Pleadings  
**Sent:** Tuesday, March 5, 2024 3:47 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>; Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Received.

---

**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Sent:** Tuesday, March 5, 2024 1:58 PM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

You don't often get email from [mccoy@bruceflint.com](mailto:mccoy@bruceflint.com). [Learn why this is important](#)

**Email # 4 ATTACHMENTS**  
 Remaining Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal  
Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road  
Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
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[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Christy McCoy  
**Sent:** Tuesday, March 5, 2024 1:56 PM  
**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

### Email # 3 ATTACHMENTS

Remaining Photos and Some Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal  
Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road  
Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
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**From:** Christy McCoy  
**Sent:** Tuesday, March 5, 2024 1:46 PM  
**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

## ATTACHMENTS EMAIL # 2

Photos

Please find attached additional attachments to Claimant's Responses to Interrogatories and Request for Production.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
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**From:** Christy McCoy  
**Sent:** Tuesday, March 5, 2024 1:41 PM  
**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

**ATTACHMENTS EMAIL # 1**

Claimant's Responses  
Signed Authorizations

[REDACTED]

Lost Wage Verification Form  
Police Report  
(3) Witness Statements  
Front and Back Copy of Health Insurance

Good Afternoon.

Please find attached the Claimant's Responses to Respondent's First Set of Interrogatories and Request for Production of Documents.

I will be sending a second and third email following this one with remaining attachments as the file is too large to send in one email.

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road  
Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
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---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

**Sent:** Monday, February 5, 2024 2:03 PM

**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Yes, absolutely. Please see attached Word version.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>**Sent:** Monday, February 5, 2024 1:25 PM**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

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Amanda,

Could you please send the Word form for these?

Thank you

Sincerely,

Litigation Paralegal

Flint, Crawford &amp; Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)[www.flintcrawford.com](http://www.flintcrawford.com)

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**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>**Sent:** Monday, February 5, 2024 1:18 PM

To: Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>

Subject: Fwd: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Sent from my Verizon, Samsung Galaxy smartphone

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---

From: Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

Sent: Monday, February 5, 2024 1:04:48 PM

To: ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

Cc: Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>

Subject: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Good afternoon,

Please find ARDOT's first set of Interrogatories and Requests for Production of Documents to Claimant to be filed in the above matter. At your earliest convenience, please confirm your receipt of this filing.

Please let me know if you have any issues opening the attachment or have any questions.

Sincerely,

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

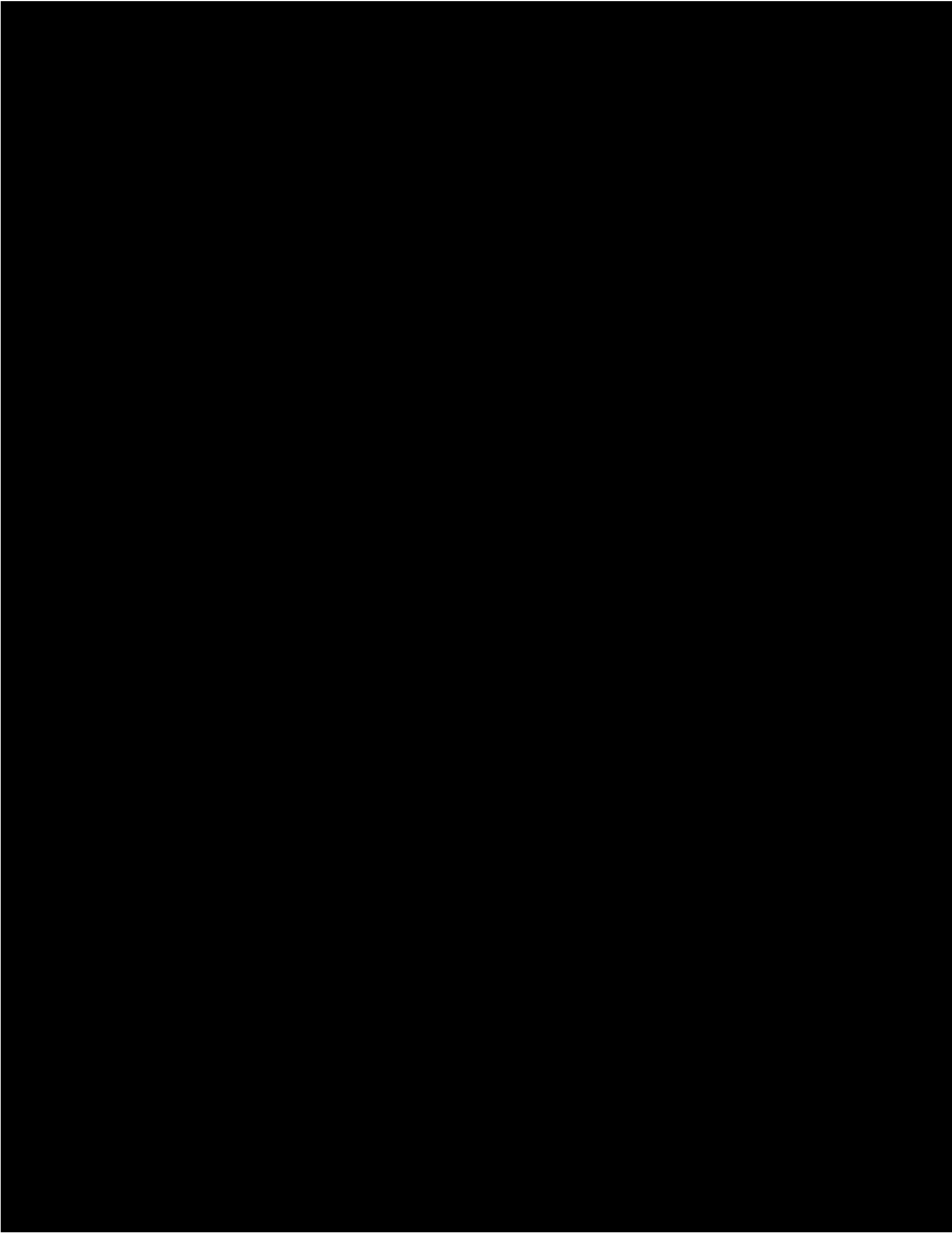
Little Rock, AR 72203-2261

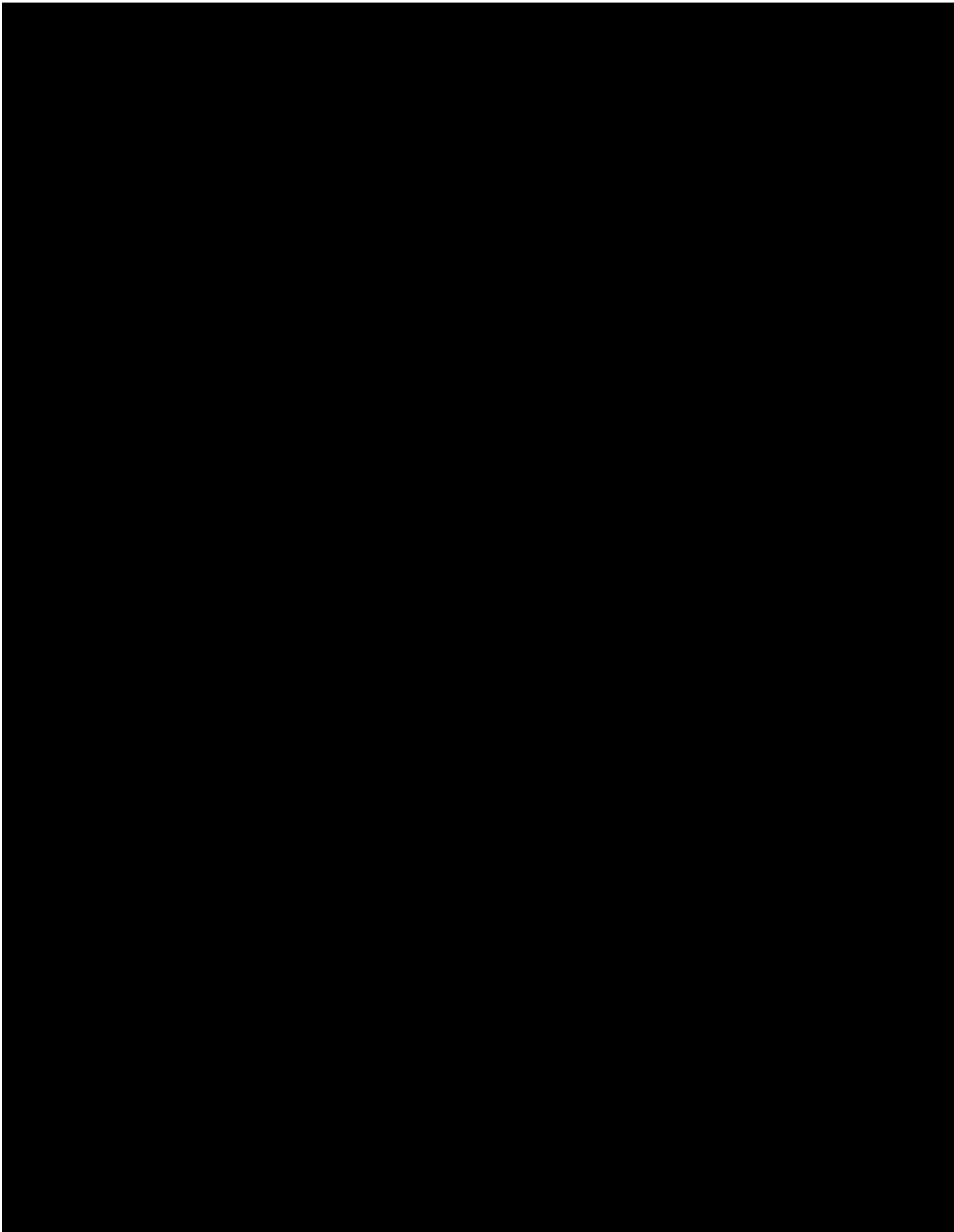
Office: (501) 569-2278

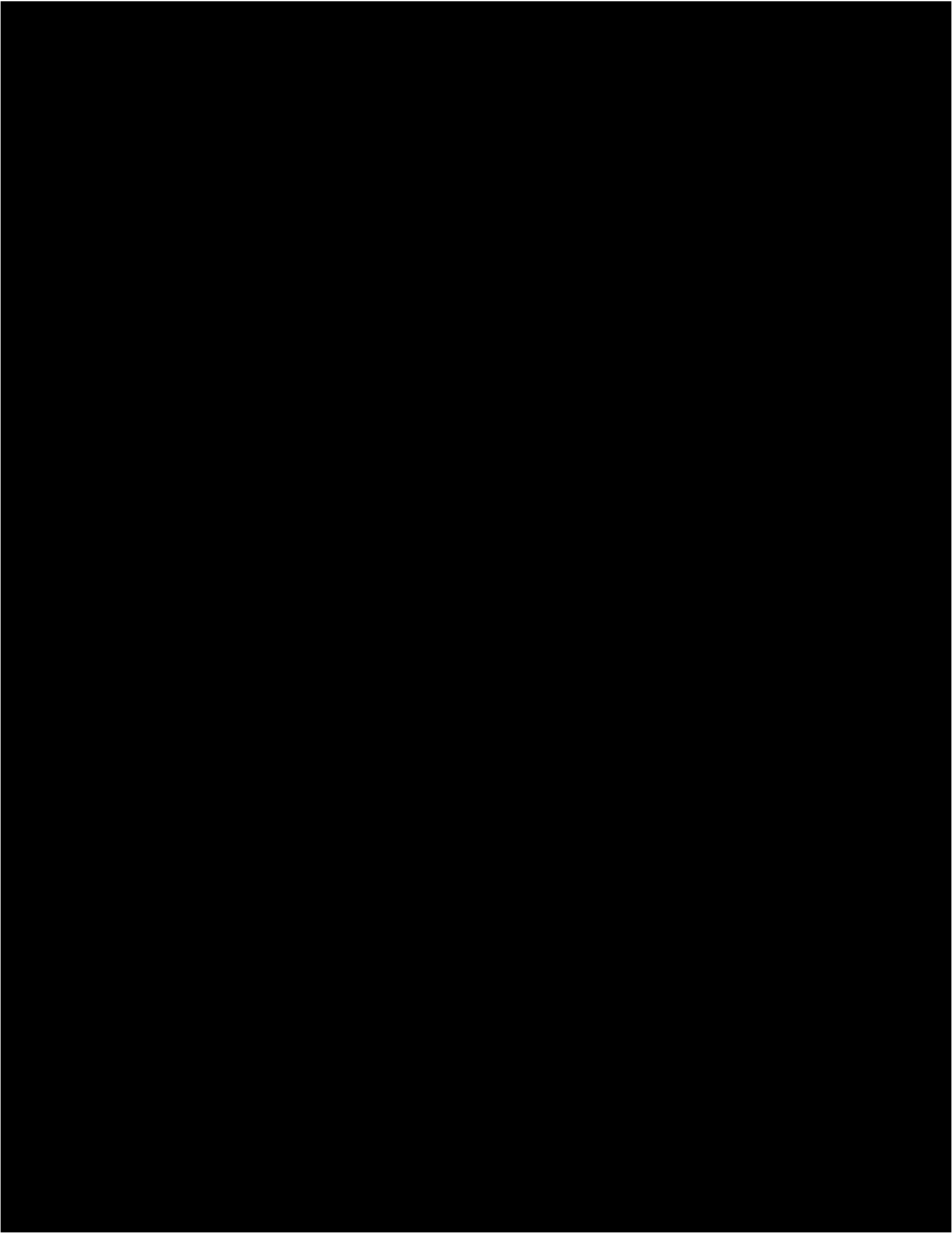
Fax: (501) 569-2164

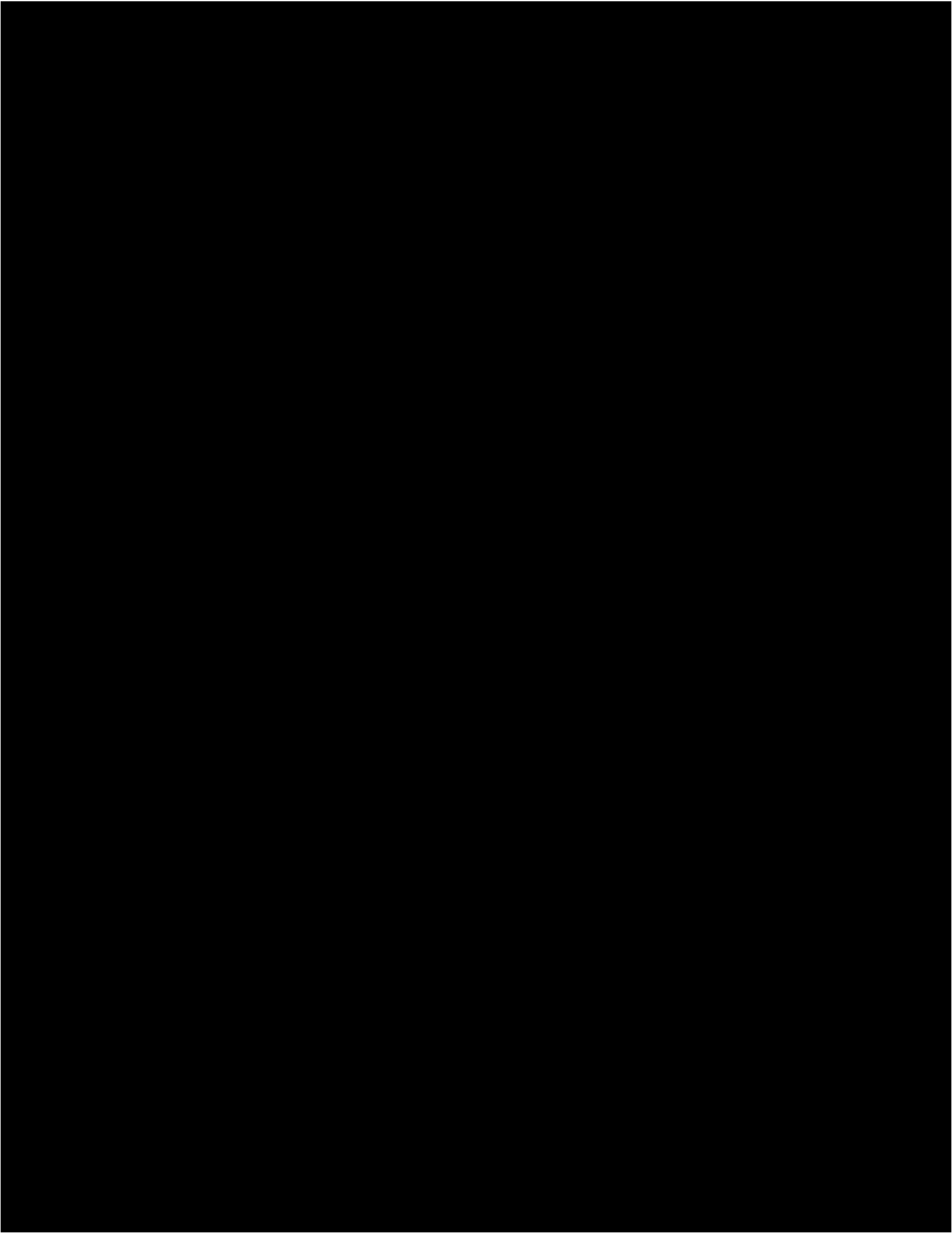
Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)

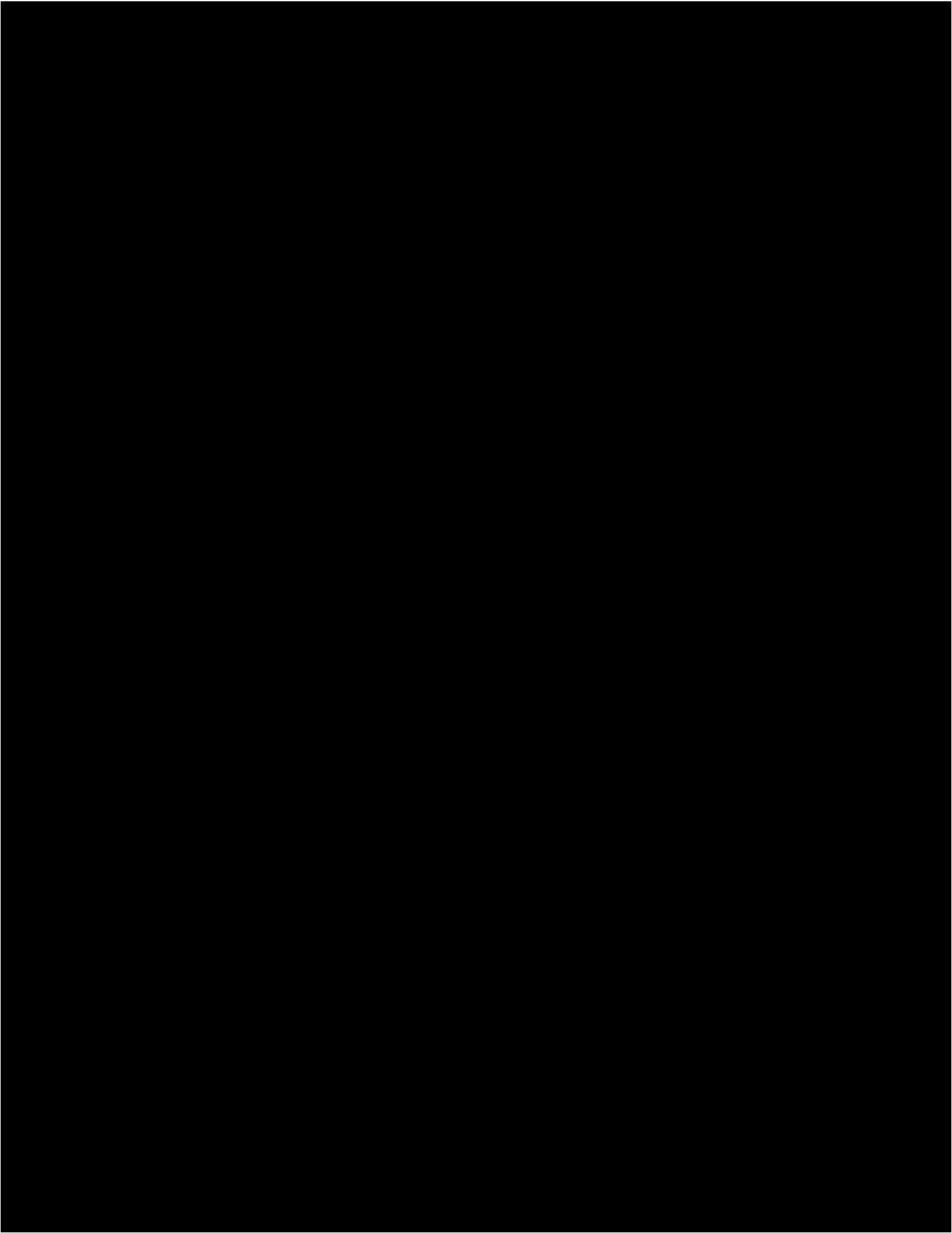












⊙ 01-04-2024 7:42 AM  
⊙ 01-04-2024 7:19 AM

Fax Services  
Fax Service

→ Darla  
→ Darla

pg 1 of 4  
pg 1 of 4

# FAX

**To:** Darla  
**Company:**  
**Fax:** 19033348928  
**Phone:**

**From:** Levi Pennington  
**Fax:**  
**Phone:**

---

## NOTES:

**Providers:** You are required to return, destroy or further protect any PHI received on this document pertaining to members that you are not currently treating. Providers are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or re-disclose such PHI.

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---

**Date and time of transmission: 01-04-2024 6:57 AM**  
**Number of pages including this cover sheet: 4**

Bruce A. Flint  
Attorney  
Licensed in TX, AR, LA, OK, & MA



Darla S. Crawford      Brandon C. Cogburn  
Attorney                      Attorney  
Licensed in AR & TX      Licensed in AR & TX

August 5, 2024

**Via E-mail:** [angela.dodson@ardot.gov](mailto:angela.dodson@ardot.gov)

Angela Dodson, Staff Attorney  
Arkansas Department of Transportation  
Arkansas Claims Commission

RE:    Your Driver:            Brian Sturdivant  
       Date of Loss:         6/15/22  
       Our Client:             Jonathan Boone

Dear Ms. Dodson:

The following is submitted to you without prejudice and for the purposes of settlement only. This demand consists of pertinent medical information and special damages incurred by our client, Jonathan Boone, resulting from the accident that occurred on June 15, 2022. Medical records are not to be re-disclosed to any other party pursuant to HIPAA. This letter is an offer to compromise and settle our client's claim against your insured.

**Facts:**

As you know, we represent Jonathan Boone with regard to property damage and injuries sustained as the result of an accident that occurred on the above date in Union County, Arkansas. The facts of this loss, as well as the negligence of Brian Sturdivant are well known to you. Our client, Jonathan Boone, was driving his 2016 Audi Q5 southbound on US Highway 167 on the inside lane of traffic a short distance behind Brian Sturdivant who was traveling the same direction in the outside lane. Brian Sturdivant attempted to make a U-turn crossing into Jonathan Boone's lane. Mr. Boone attempted to avoid the collision by swerving to the middle lane of traffic but was unable due to Mr. Sturdivant entering the turning lane as well. The front, right side of Jonathan Boone's vehicle collided with the left front side of Brian Sturdivant's vehicle. Jonathan Boone's vehicle travelled south across the northbound lanes of traffic and ran off the left side of the roadway approximately 86 feet south of the area of impact. Jonathan Boone was transported by ambulance to a local hospital.

On 7/19/22, we previously submitted a property damage demand of \$28,004.82. That amount will increase for storage fees and loss of use. The vehicle was picked up by the lien holder from the storage yard. I have included a copy of a letter dated 6/28/2022 from [REDACTED] indicating that Mr. Boone did not have auto insurance.

Flint, Crawford & Cogburn  
201 West 5<sup>th</sup> Street  
El Dorado, AR 71730-3847  
(870) 862-9400

2821 Richmond Road, Texarkana, TX 75503-2123  
(888) 793-5468 | (903) 334-8928 | (903) 334-8853  
www.flintcrawford.com  
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Flint, Crawford & Cogburn  
222 N. Hervey Street, Suite C  
Hope, AR 71801  
(870) 474-5071



**Medical Conditions:**

[REDACTED]

Listed below are medical bills included with this demand:

**MEDICAL BILLS TO DATE:**

PROVIDER	BILLED	PAID	BALANCE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>TOTALS</b>	[REDACTED]	[REDACTED]	[REDACTED]

Additionally, Mr. Boone has extensive lost wages [REDACTED]

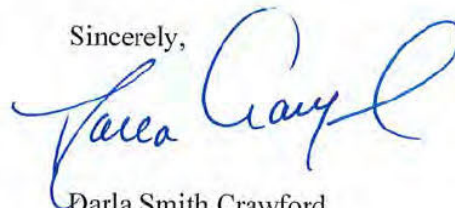
**Settlement Demand:**

Accordingly, this is a demand that he be compensated for the injuries and damages suffered as a result of your insured's negligence. Itemized statements and records of medical treatment are provided for your review in the Dropbox link supplied in my email.

In exchange for a full release of any and all claims against your insured and to compensate our client fairly, we are willing to accept \$300,000.00 for the bodily injury claim of Jonathan Boone. We have previously submitted a demand for property damage on 7/19/22 in the amount of \$28,004.82. That amount will increase due to increased storage fees and loss of use. We believe this to be a fair and reasonable demand, given information presented to date and the nature and extent of our client's injuries and treatment. This offer of settlement shall remain open for a period of two weeks from the date of receipt of this letter in the hopes of settling this matter without the necessity of litigation.

We look forward to your comments and acceptance of our client's offer on this claim as expeditiously as possible.

Sincerely,



Darla Smith Crawford  
Attorney at Law

Enclosures

**Kathryn Irby**

---

**From:** Kathryn Irby  
**Sent:** Wednesday, August 7, 2024 4:53 PM  
**To:** Darla Crawford  
**Cc:** Christy McCoy  
**Subject:** INFO NEEDED: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

**Attachments:** [REDACTED]

Ms. Crawford, I expect that I was copied to keep the Commission informed as to the ongoing discovery between the parties, and I have added the below email to the claim file. That said, I did not save the Dropbox documents separately, as I'm assuming that the parties will attach any relevant medical records to a motion or introduce them as an exhibit at an eventual hearing. Please let me know if any of these assumptions are incorrect.

Thanks,  
 Kathryn Irby

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

---

**From:** Christy McCoy <mccoy@bruceflint.com>  
**Sent:** Monday, August 5, 2024 2:34 PM  
**To:** Darla Crawford <dcrawford@bruceflint.com>; Kathryn Irby <Kathryn.Irby@arkansas.gov>; Davenport, Michelle L. <Michelle.Davenport@ardot.gov>; angela.dodson@ardot.gov  
**Cc:** Blakley, Sharon D. <Sharon.Blakley@ardot.gov>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

You don't often get email from [mccoy@bruceflint.com](mailto:mccoy@bruceflint.com). [Learn why this is important](#)

Dear Ms. Dodson:

Please find attached a Demand with medical and attachments for the above referenced.

The medical bills and records are provided via Dropbox link below.

[REDACTED]

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Tuesday, July 9, 2024 5:24 PM  
**To:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Davenport, Michelle L. <[Michelle.Davenport@ardot.gov](mailto:Michelle.Davenport@ardot.gov)>  
**Cc:** Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Thanks so much!

Thanks!

**Darla Crawford**

Attorney at Law  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Sent:** Tuesday, July 9, 2024 3:34 PM  
**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Davenport, Michelle L. <[Michelle.Davenport@ardot.gov](mailto:Michelle.Davenport@ardot.gov)>  
**Cc:** Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Ms. Crawford, Amanda Andrews is no longer with ArDOT. I'm copying Michelle Davenport, who is general counsel at ArDOT.

Kathryn Irby

---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Monday, July 8, 2024 3:08 PM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Cc:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Amanda,

I'm following up with you regarding the above-referenced case.  
It's my understanding that the trooper admitted fault at the scene.  
Is liability admitted? If so, then a depo of the trooper may not be necessary.

I've sent a demand, and can work to update that.

Written discovery appears to be complete, and my office has requested info for deposition dates with no response.

The PD demand sent 7/19/22 was for \$28,004.82. For BI, the meds were approximately \$12,726.07 as of 7/18/23 and lost wages are over \$60,000 as of 4/19/23.

Can you agree to the damage amount in the demands so we can request approval of a settlement agreement?

It's my understanding that since it will be over \$25,000.00 there will need to be legislative approval (which may be in 2025).

Please let me know so we can proceed in this case.

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928  
 Fax: 903.334.8853  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Sent:** Thursday, June 6, 2024 8:57 AM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** [Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov); Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Good Morning.

I am reaching out today to try to get depositions scheduled for the above referenced case.

Please provide some dates of availability so that we can depose the Respondent in this matter.

If you would like, we can schedule both the Claimant and Respondent THE SAME DAY.

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Misty Scott <[Misty.Scott@arkansas.gov](mailto:Misty.Scott@arkansas.gov)> **On Behalf Of** ASCC Pleadings  
**Sent:** Tuesday, March 5, 2024 3:47 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>; Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

Received.

---

**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Sent:** Tuesday, March 5, 2024 1:58 PM  
**To:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

You don't often get email from [mccoy@bruceflint.com](mailto:mccoy@bruceflint.com). [Learn why this is important](#)

#### Email # 4 ATTACHMENTS

Remaining Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Christy McCoy  
**Sent:** Tuesday, March 5, 2024 1:56 PM  
**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

**Email # 3 ATTACHMENTS**

Remaining Photos and Some Medical

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Christy McCoy  
**Sent:** Tuesday, March 5, 2024 1:46 PM  
**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

**ATTACHMENTS EMAIL # 2**

Photos

Please find attached additional attachments to Claimant's Responses to Interrogatories and Request for Production.

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Christy McCoy

**Sent:** Tuesday, March 5, 2024 1:41 PM

**To:** 'Andrews, Amanda J.' <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** 'ASCCPleadings@arkansas.gov' <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - CLAIMANT'S RESPONSES TO Respondent's Interrogatories and Requests for Production of Documents

**ATTACHMENTS EMAIL # 1**

Claimant's Responses

Signed Authorizations



Lost Wage Verification Form

Police Report

(3) Witness Statements

Front and Back Copy of Health Insurance

Good Afternoon.

Please find attached the Claimant's Responses to Respondent's First Set of Interrogatories and Request for Production of Documents.

I will be sending a second and third email following this one with remaining attachments as the file is too large to send in one email.

Thank you.

Sincerely,

*Christy McCoy*

Litigation Paralegal

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

**Sent:** Monday, February 5, 2024 2:03 PM

**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Yes, absolutely. Please see attached Word version.

**Amanda J. Andrews, Staff Attorney**

Arkansas Department of Transportation

P.O. Box 2261

Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



**From:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>

**Sent:** Monday, February 5, 2024 1:25 PM

**To:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>

**Cc:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>

**Subject:** RE: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Amanda,

Could you please send the Word form for these?

Thank you

Sincerely,

*Christy McCoy*

Litigation Paralegal

Flint, Crawford & Cogburn, P.L.L.C.  
2821 Richmond Road  
Texarkana, Texas 75503  
Phone: 903.334.8928  
Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Monday, February 5, 2024 1:18 PM  
**To:** Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** Fwd: Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

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---

**From:** Andrews, Amanda J. <[Amanda.Andrews@ardot.gov](mailto:Amanda.Andrews@ardot.gov)>  
**Sent:** Monday, February 5, 2024 1:04:48 PM  
**To:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Cc:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>; Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Subject:** Jonathan Boone v. ARDOT, ASCC Claim No. 230005 - Respondent's Interrogatories and Requests for Production of Documents to Claimant

Good afternoon,

Please find ARDOT's first set of Interrogatories and Requests for Production of Documents to Claimant to be filed in the above matter. At your earliest convenience, please confirm your receipt of this filing.

Please let me know if you have any issues opening the attachment or have any questions.

Sincerely,

**Amanda J. Andrews, Staff Attorney**  
Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261

Office: (501) 569-2278

Fax: (501) 569-2164

Email: [amanda.andrews@ardot.gov](mailto:amanda.andrews@ardot.gov)



**Kathryn Irby**

---

**From:** Blakley, Sharon D. <Sharon.Blakley@ardot.gov>  
**Sent:** Wednesday, September 4, 2024 1:04 PM  
**To:** ASCC Pleadings  
**Cc:** Martinez, Ivan; dcrawford@bruceflint.com  
**Subject:** Boone v ARDOT Claim 230005 2nd set of Interrogatories and Requests for Production of Documents  
**Attachments:** Boone.230005.2NDINT-RFPDtoClaimant.pdf; Boone.230005.cvrltr09042024.pdf

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

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



September 4, 2024

Darla Crawford  
Flint, Crawford, & Cogburn  
2821 Richmond Rd  
Texarkana, TX 75503

Re: *Jonathan Boone v. Arkansas Department of Transportation*  
Claim No. 230005

Dear Ms. Crawford:

Enclosed is the Second Set of Interrogatories and Requests for Production of Documents Propounded to the Claimant. I request that you acknowledge receipt at your earliest convenience.

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

Respectfully,



Iván Martínez  
Staff Attorney

IM\sdb  
Enclosures

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

**JONATHAN BOONE**

**CLAIMANT**

**VS.**

**CLAIM NO. 23005**

**ARKANSAS STATE HIGHWAY COMMISSION**

**RESPONDENT**

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

**COMES NOW**, Respondent, Arkansas Department of Transportation, and propounds its Second Set of Interrogatories and Requests for Production of Documents to Claimant, Jonathan Boone, pursuant to the Rules of Arkansas State Claims Commission and the Rules of Civil Procedure:

**INTERROGATORY NO. 1:** Please state the name, address, telephone number, and qualifications, both academic and nonacademic, of each of the healthcare providers that have provided treatment for injuries sustained in the claim in controversy.

**INTERROGATORY NO. 2:** Please provide the date on which treatment has concluded or an estimated timeframe for which treatment should conclude for the injuries sustained in the claim in controversy.

**REQUEST FOR PRODUCTION NO. 1:** Please attach hereto copies of written notes, work notes, documents, or other writings used in determining the treatment has concluded or to estimate the timeframe for which treatment should conclude for the injuries sustained in the claim in controversy.

**INTERROGATORY NO. 3:** Please provide any information given to Claimant by a healthcare provider as to the long-term effects of the injuries sustained in the claim in controversy.

**INTERROGATORY NO. 4:** Please provide the name, job title, job description, and salary of Claimant's employer at the time this claim was filed with the Commission.

**INTERROGATORY NO. 5:** Please provide the name, job title, job description, and salary of Claimant's current employer at the time this Second Set of Interrogatories and Requests for Production of Documents to Claimant was filed before the Commission.

**REQUEST FOR PRODUCTION NO. 2:** Please attach copies of termination letter from employer identified in Interrogatory No. 3 with the specific reason for termination.

**REQUEST FOR PRODUCTION OF DOCUMENTS NO. 3:** Please attach copies of tax returns for the three years prior to the filing of the claim in controversy.

**INTERROGATORY NO. 6:** Please provide information as to whether Claimant filed for protections under the Family and Medical Leave Act of 1993 (FMLA) with employer identified in Interrogatory No. 4. If he did not, please give a brief explanation as why he chose not to file for FMLA.

**INTERROGATORY NO. 7:** Please provide information as to whether Claimant received Short Term and Long-Term Disability. Please state total amounts received by Claimant from each respective benefit.

**REQUEST FOR PRODUCTION OF DOCUMENTS NO. 4:** Provide copies of each and every document evidencing or supporting your response to Interrogatory No. 7.

Respectfully submitted,  
Arkansas State Highway Commission

By: Ivan Martinez  
Iván Martínez, Ark Bar No. 2024003  
Staff Attorney  
Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
(501) 569-2158

**CERTIFICATE OF SERVICE**

I, Iván Martínez, certify that I have served the foregoing document upon the Claimant by sending a true copy of the same via electronic mail on this 4th of September, 2024, to the following:

Darla Crawford  
Flint, Crawford, & Cogburn  
2821 Richmond Rd  
Texarkana, TX 75503  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
*Counsel for Claimants*

Ivan Martinez  
Iván Martínez

**Kathryn Irby**

---

**From:** Blakley, Sharon D. <Sharon.Blakley@ardot.gov>  
**Sent:** Wednesday, September 4, 2024 1:16 PM  
**To:** Darla Crawford; ASCC Pleadings  
**Cc:** Martinez, Ivan; Christy McCoy  
**Subject:** RE: Boone v ARDOT Claim 230005 2nd set of Interrogatories and Requests for Production of Documents

Ms. Crawford,

That is 100% my error.  
There was not an Answer included in this emailed submission.  
My apologies to all.

Sharon Blakley

---

**From:** Darla Crawford <dcrawford@bruceflint.com>  
**Sent:** Wednesday, September 4, 2024 1:14 PM  
**To:** Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; ASCC Pleadings <ASCCPleadings@arkansas.gov>  
**Cc:** Martinez, Ivan <Ivan.Martinez@ardot.gov>; Christy McCoy <mccoy@bruceflint.com>  
**Subject:** RE: Boone v ARDOT Claim 230005 2nd set of Interrogatories and Requests for Production of Documents

**CAUTION:** This email originated from outside of ARDOT. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I acknowledge receipt of a cover letter (not an Answer) and Respondent's Second Set of Interrogatories and Requests for Production of Documents Propounded to the Claimant. I did not receive an Answer on this email.

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928

Fax: 903.334.8853

[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)

[www.flintcrawford.com](http://www.flintcrawford.com)



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---

**From:** Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>  
**Sent:** Wednesday, September 4, 2024 1:04 PM  
**To:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Cc:** Martinez, Ivan <[Ivan.Martinez@ardot.gov](mailto:Ivan.Martinez@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Subject:** Boone v ARDOT Claim 230005 2nd set of Interrogatories and Requests for Production of Documents

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

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



**Kathryn Irby**

---

**From:** Christy McCoy <mccoy@bruceflint.com>  
**Sent:** Wednesday, September 4, 2024 1:27 PM  
**To:** Blakley, Sharon D.; Darla Crawford; ASCC Pleadings  
**Cc:** Martinez, Ivan  
**Subject:** RE: Boone v ARDOT Claim 230005 2nd set of Interrogatories and Requests for Production of Documents

You don't often get email from mccoy@bruceflint.com. [Learn why this is important](#)

Hello.

Could you please send the Word Format for the Interrogatories and Request for Production.

Thank you

Sincerely,

*Christy McCoy*

Litigation Paralegal  
 Flint, Crawford & Cogburn, P.L.L.C.  
 2821 Richmond Road  
 Texarkana, Texas 75503  
 Phone: 903.334.8928  
 Fax: 903.334.8853  
[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Blakley, Sharon D. <Sharon.Blakley@ardot.gov>  
**Sent:** Wednesday, September 4, 2024 1:16 PM  
**To:** Darla Crawford <dcrawford@bruceflint.com>; ASCC Pleadings <ASCCPleadings@arkansas.gov>  
**Cc:** Martinez, Ivan <Ivan.Martinez@ardot.gov>; Christy McCoy <mccoy@bruceflint.com>  
**Subject:** RE: Boone v ARDOT Claim 230005 2nd set of Interrogatories and Requests for Production of Documents

Ms. Crawford,

That is 100% my error.  
 There was not an Answer included in this emailed submission.  
 My apologies to all.

Sharon Blakley

---

**From:** Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Sent:** Wednesday, September 4, 2024 1:14 PM  
**To:** Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>  
**Cc:** Martinez, Ivan <[Ivan.Martinez@ardot.gov](mailto:Ivan.Martinez@ardot.gov)>; Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** RE: Boone v ARDOT Claim 230005 2nd set of Interrogatories and Requests for Production of Documents

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Thanks!

**Darla Crawford**

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**FLINT, CRAWFORD & COGBURN**



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**Cc:** Martinez, Ivan <[Ivan.Martinez@ardot.gov](mailto:Ivan.Martinez@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>  
**Subject:** Boone v ARDOT Claim 230005 2nd set of Interrogatories and Requests for Production of Documents

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**Sharon D. Blakley**

ARDOT - Legal Administrator

(501) 569-2022 fax (501)569-2164  
[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)



**Kathryn Irby**

---

**From:** Martinez, Ivan <Ivan.Martinez@ardot.gov>  
**Sent:** Tuesday, February 4, 2025 2:54 PM  
**To:** ASCC Pleadings; Kathryn Irby  
**Cc:** Blakley, Sharon D.; Darla Crawford; Christy McCoy  
**Subject:** Boone v ARDOT Claim 230005  
**Attachments:** Boone.230005.SRcvltr(IXM).2025.02.04.pdf; FULL AND COMPLETE SETTLEMENT AND RELEASE.230005.2025.02.04.pdf

Please acknowledge receipt of the Full and Complete Settlement and Release for the referenced claim.

Kind Regards,  
**Iván Martínez**  
Staff Attorney  
Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
Phone: 501-569-2158





ARDOT.gov | Jared D. Wiley, P.E., Director  
 LEGAL DIVISION  
 Iván Martínez | Staff Attorney | Ivan.Martinez@ardot.gov  
 10324 Interstate 30 | P.O. Box 2261, Little Rock, AR 72203-2261  
 Phone: (501) 569-2158 | Fax: (501) 569-2164

February 4, 2025

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

(via email)

Re: *Jonathan Boone v. Arkansas Department of  
 Transportation Claim No. 230005*

Dear Ms. Irby:

The parties have come to a full and complete settlement of the above referenced claim and recommend the Claims Commission approve payment in the amount of One Hundred Fifty Thousand and 00/100 Dollars (\$150,000.00). Attached is the executed Full and Complete Settlement and Release.

Additionally, we understand that once an Order has been entered, the matter will be forwarded to the Bureau of Legislative Research to be referred to the Claims Review Subcommittee pursuant to Ark. Code Ann. § 19-10-211.

Thank you for your consideration. Please do not hesitate to contact me if you have any questions.

Sincerely,

Ivan Martinez, Ark. Bar No. 2024003  
 Staff Attorney, Arkansas Dept. of Transportation

IXM/sdb  
 Enclosure

cc: Darla Crawford  
 Attorney for Claimant  
 Flint, Crawford &  
 Cogburn, PLLC  
 2821 Richmond Road  
 Texarkana, TX 75503

**In Re: Jonathan Boone  
Claim No. 230005**

**FULL AND COMPLETE SETTLEMENT AND RELEASE**

**KNOW ALL MEN BY THESE PRESENTS** that the undersigned, being of lawful age, for and in consideration of the sum of One Hundred Fifty Thousand and 00/100 Dollars (\$150,000.00), to the undersigned in hand paid, and other good and valuable considerations, receipt whereof is hereby acknowledged, do hereby for themselves and executors, administrators, successors, and assigns their release, acquit and forever discharge:

The Arkansas Department of Transportation (ARDOT), The Arkansas State Highway Commission and Commissioners, their administrators, employees, agents, assigns, heirs, servants, and all other persons, firms or corporations liable, or who may be claimed to be liable, from any and all claims, demands, damages, actions, causes of actions or suits of any kind or nature whatsoever, including, but not limited to, any claim for bad faith, personal injury, wrongful death, injury to property, for any and all damages, known or unknown, which may have resulted or may result or develop in the future from the accident or occurrence which is the subject of the dispute in the claim filed before the Arkansas State Claims Commission - Claim No. 230005.

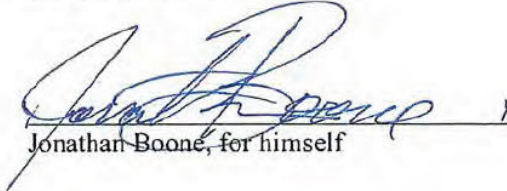
The undersigned hereby accepts ARDOT's unconditional promise not to dispute liability for said claim filed by the undersigned before the Arkansas State Claims Commission as full and complete consideration as described above. It is understood that tender of payment by warrant made payable to the undersigned in the amount of One Hundred Fifty Thousand and 00/100 Dollars (\$150,000.00), has been agreed to by the undersigned. This settlement, in accordance with Arkansas State Law, requires approval from the Arkansas State Claims Commission. The undersigned hereby accepts the aforementioned sum as full, sufficient, final consideration, and

final payment with respect to the above-mentioned claim before the Arkansas State Claims Commission for all claims past, present, and future.

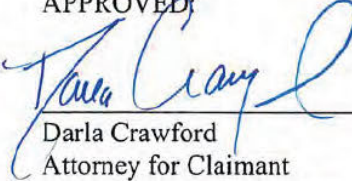
The undersigned, hereby declares the terms of this settlement have been completely read, are fully understood, and are voluntarily accepted for the purpose of making a full and final compromise, adjustment, and settlement of any and all claims, disputed or otherwise, for the express purpose of dismissing and precluding forever any and all claims, including further or additional claims arising out of the aforesaid matter.

EXECUTED on this the 3<sup>rd</sup> day of Feb, 2025.


BY CLAIMANT:

  
Jonathan Boone, for himself

APPROVED:

  
Darla Crawford  
Attorney for Claimant  
Flint, Crawford & Cogburn, PLLC  
2821 Richmond Road  
Texarkana, TX 75503  
Counsel for Claimant

BY RESPONDENT:

  
Ivan Martinez, Ark. Bar No. 2024003  
Arkansas Department of Transportation  
P.O. Box 2261  
Little Rock, AR 72203-2261  
(501) 569-2158  
Ivan.martinez@ardot.gov  
Counsel for Respondent

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**JONATHAN BOONE**

**CLAIMANT**

**V.**

**CLAIM NO. 230005**

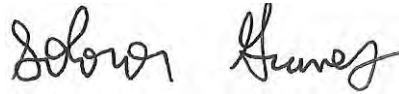
**ARKANSAS DEPARTMENT OF  
TRANSPORTATION**

**RESPONDENT**

**ORDER**

Now before the Arkansas State Claims Commission (the “Commission”) is the Full and Complete Settlement and Release (the “Agreement”) signed by Jonathan Boone (the “Claimant”), Claimant’s counsel, and counsel for the Arkansas Department of Transportation. Based upon a review of the claim file and the Agreement, the Commission hereby APPROVES the Agreement and REFERS the total award of \$150,000.00 to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION  
Solomon Graves



ARKANSAS STATE CLAIMS COMMISSION  
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION  
Henry Kinslow, chair

DATE: February 6, 2025

**Notice(s) which may apply to your claim**

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

**Kathryn Irby**

---

**From:** Kathryn Irby  
**Sent:** Thursday, February 6, 2025 5:49 PM  
**To:** Martinez, Ivan  
**Cc:** Blakley, Sharon D.; Darla Crawford; Christy McCoy  
**Subject:** ORDER: Boone v. ArDOT, Claim No. 230005  
**Attachments:** C60--Boone v. ArDOT, 230005.pdf

Counselors, please see attached order entered by the Commission. I will begin prepping this claim to send it to the Legislature for review, approval, and placement on an appropriations bill.

Thanks,  
 Kathryn Irby

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

---

**From:** Martinez, Ivan <Ivan.Martinez@ardot.gov>  
**Sent:** Tuesday, February 4, 2025 2:54 PM  
**To:** ASCC Pleadings <ASCCPleadings@arkansas.gov>; Kathryn Irby <Kathryn.Irby@arkansas.gov>  
**Cc:** Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; Darla Crawford <dcrawford@bruceflint.com>; Christy McCoy <mccoy@bruceflint.com>  
**Subject:** Boone v ARDOT Claim 230005

Please acknowledge receipt of the Full and Complete Settlement and Release for the referenced claim.

Kind Regards,  
**Iván Martínez**  
 Staff Attorney  
 Arkansas Department of Transportation  
 P.O. Box 2261  
 Little Rock, AR 72203-2261  
 Phone: 501-569-2158



**Kathryn Irby**

---

**From:** Kathryn Irby  
**Sent:** Tuesday, April 1, 2025 10:28 AM  
**To:** Darla Crawford; Martinez, Ivan  
**Cc:** Blakley, Sharon D.; Christy McCoy  
**Subject:** RE: ORDER: Boone v. ArDOT, Claim No. 230005

Ms. Crawford, we are in the process of prepping the claim file to go over to the Legislature. That should be complete in the next week or two. This claim, if approved by the Legislature, cannot be paid out until June 2026, so we have plenty of time before the 2026 fiscal session starts to get this one reviewed by the Legislature. (There is only one appropriation bill per year, and this one came in after the deadline to get it approved and included in the 2025 appropriation bill.) The Claims Review Subcommittee will likely take it up sometime this summer or fall.

When the claim is sent over the Legislature, I will copy you and Mr. Martinez on the email, so that you'll know that part is complete.

Thanks,  
 Kathryn Irby

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

---

**From:** Darla Crawford <dcrawford@bruceflint.com>  
**Sent:** Monday, March 24, 2025 10:51 AM  
**To:** Kathryn Irby <Kathryn.Irby@arkansas.gov>; Martinez, Ivan <Ivan.Martinez@ardot.gov>  
**Cc:** Blakley, Sharon D. <Sharon.Blakley@ardot.gov>; Christy McCoy <mccoy@bruceflint.com>  
**Subject:** RE: ORDER: Boone v. ArDOT, Claim No. 230005

Kathryn,

I wanted to check with you on this Order to see if you have any information on when the Legislature might review, approve and place on an appropriations bill. I keep checking on the Joint Budget – Claims committee agenda but haven't seen anything yet. Is it something that I need to reach out to the legislature to get it on the agenda?

Thanks so much for any information you can provide.

Thanks!

**Darla Crawford**

Attorney at Law

Flint, Crawford & Cogburn, P.L.L.C.

2821 Richmond Road

Texarkana, Texas 75503

Phone: 903.334.8928  
 Fax: 903.334.8853  
[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)  
[www.flintcrawford.com](http://www.flintcrawford.com)



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**From:** Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Sent:** Thursday, February 6, 2025 5:49 PM  
**To:** Martinez, Ivan <[Ivan.Martinez@ardot.gov](mailto:Ivan.Martinez@ardot.gov)>  
**Cc:** Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** ORDER: Boone v. ArDOT, Claim No. 230005

Counselors, please see attached order entered by the Commission. I will begin prepping this claim to send it to the Legislature for review, approval, and placement on an appropriations bill.

Thanks,  
 Kathryn Irby

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

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**From:** Martinez, Ivan <[Ivan.Martinez@ardot.gov](mailto:Ivan.Martinez@ardot.gov)>  
**Sent:** Tuesday, February 4, 2025 2:54 PM  
**To:** ASCC Pleadings <[ASCCPleadings@arkansas.gov](mailto:ASCCPleadings@arkansas.gov)>; Kathryn Irby <[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)>  
**Cc:** Blakley, Sharon D. <[Sharon.Blakley@ardot.gov](mailto:Sharon.Blakley@ardot.gov)>; Darla Crawford <[dcrawford@bruceflint.com](mailto:dcrawford@bruceflint.com)>; Christy McCoy <[mccoy@bruceflint.com](mailto:mccoy@bruceflint.com)>  
**Subject:** Boone v ARDOT Claim 230005

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Kind Regards,  
**Iván Martínez**  
 Staff Attorney  
 Arkansas Department of Transportation  
 P.O. Box 2261  
 Little Rock, AR 72203-2261

Phone: 501-569-2158

