CL-10934818-8495

INVOICE

501 7919942

O'BRIAN HEALTHCARE, INC.
4318 WEST MARKHAM
SUITE 2
LITTLE ROCK, AR 72205
(501) 570-0461

Farmers

INVOICE NO. : [redacted]
CUSTOMER ID : [redacted]
SALES REP : ROBERT

In Farmers Gra

BILL TO: [redacted]

SHIP TO:

1800 435 7764

MAR - 3 2017

INVOICE DATE	DUE DATE	PURCHASE ORDER NUMBER	OUR ORDER NUMBER	ORDER DATE
08/18/2015			[redacted]	08/18/2015

SKU	DESCRIPTION	TYPE	SERVICE DATE	QTY	UNIT PRICE	EXTEND	TAX
_PO4963_2553	FOAM RING CUSHION	SALE	08/18-08/18/15	1 EA	24.95	24.95	2.12
_PO5517_2941	TOILET SAFETY RAIL	SALE	08/18-08/18/15	1 EA	59.95	59.95	5.10
_PO5231_2768	QUAD CANE SMALL BASE	SALE	08/18-08/18/15	1 EA	23.95	23.95	2.04
822383222066	BATH CHAIR, WITH BACK	SALE	08/18-08/18/15	1 EA	49.95	49.95	4.25

I [redacted] Paid for all equipment out of my own money. Still using these equipment also need the Chair to help lift me up and to help me tail bone and back also leg + knees

no Insurance Paided for this or pmt from Farmers Insurance

PAYMENTS:	BY PAT	BY INS		
CASH:	172.31	0.00	SUBTOTAL:	158.80
CHECK:	0.00	0.00	TOTAL TAX:	13.51
CREDIT CARD:	0.00	0.00	GRAND TOTAL:	172.31
DEPOSIT:	0.00	0.00	PAYMENT / CREDITS:	172.31
STORE CREDIT:	0.00	0.00	REFUND:	0.00
GIFT CERT:			BALANCE:	0.00
			TENDERED:	172.31
			CHANGE:	0.00

Thank you for your business !

NM 3/3/17 GUD

Page 1 of 4

ARKANSAS MOTOR VEHICLE CRASH REPORT

(Rev. 1/07)

Report # [redacted] Unit Assigned 4748 Premises _____ Lat/Long _____ District _____

Mo/Day/Yr	Day of Week	Time Of Crash	No. Of Vehicles	Time Notified	Time Arrived	Hit & Run	Direction Of Travel	Official Use Only
02/23/2015	Mon	1235 ☐AM ■PM	2	1239 ☐AM ■PM	1244 ☐AM ■PM	☐ Yes ■ No	V# 1 W; V# 2 N	

County	City	Not In City, But	Distance	Direction	Of	City Limits	Speed Limit
Pulaski	NLR						30

Road / Street / Highway	Section	Log Mile	At Intersection With	Posted
BISHOP LINDSEY			MAGNOLIA	■ Yes ☐ No

Not At Intersection, But _____ Distance ☐ N ☐ S ☐ E ☐ W _____ Reference Point

VEHICLE # 1 (PEDESTRIAN # ___)

Also Complete Truck and Bus Crash Report for each qualifying vehicle, if crash involves fatality, injury or tow.

Driver's Name (First/MI/Last Name): [redacted] | Inj. Code: 4 | Safety Equip: 3 | Air Bag: 6 | Eject: 0

City: NLR | State: AR | Zip Code: [redacted]

Additional Information: [redacted]

DOB: [redacted] | Race: B | Sex: F | Driver's License State: AR | Class: D | # [redacted] | End.: NONE

Test Req ☐ | Blood ☐ | Breath ☐ | Urine ☐ | Toxicology ☐ | Results: _____ | None Req. ■

Vehicle Owner's Name (First/MI/Last Name): [redacted]

City: NLR | State: AR | Zip Code: [redacted]

Vehicle Description: Year 2001 | Make DODGE | Model DURANGO | Body Style UT | Color BLU

Vehicle Identification Number: 1B4HR28Z51F[redacted] | Estimated Damage: $3,000.00

Vehicle License Plate ☐ None | Year 2015 | State AR | Number [redacted]

Trailers	# Of Units	Reg. State	Plate #
☐ Yes ■ No			

Prior Vehicle Damage? ☐ Yes ■ No | If Yes, Describe Damage & Location

Vehicle Damage As Result Of Crash: ☐ Disabled ☐ Other Damage ■ Functional ☐ No Damage

Towed? ☐ Yes ■ No | Name of Tow Service

Address Vehicle Removed To

City | State | Zip Code

Additional Information

Insurance Company: INTERSTATE SPEC. INS. SERVIC | Policy # [redacted]

EMS Notified 1239 ☐ AM ■ PM | Transported By: MEMS

EMS Arrived 115 ☐ AM ■ PM

☐ No Injury/Transport

Injured Transported To (Hospital Name/City/State): BAPTIST SPRINGHILL

VEHICLE # 2 (PEDESTRIAN # ___)

Also Complete Truck and Bus Crash Report for each qualifying vehicle, if crash involves fatality, injury or tow.

Driver's Name (First/MI/Last Name): [redacted] | Inj. Code: 5 | Safety Equip: 3 | Air Bag: 6 | Eject: 0

City: NLR | State: AR | Zip Code: [redacted]

Additional Information: [redacted]

DOB: [redacted] | Race: W | Sex: M | Driver's License State: AR | Class: D | # [redacted] | End.: NONE

Test Req ☐ | Blood ☐ | Breath ☐ | Urine ☐ | Toxicology ☐ | Results: _____ | None Req. ■

Vehicle Owner's Name (First/MI/Last Name): [redacted]

City: NLR | State: AR | Zip Code: [redacted]

Vehicle Description: Year 2011 | Make DODGE | Model Q15 | Body Style T | Color GRY

Vehicle Identification Number: 1D7RV1GP3BS[redacted] | Estimated Damage: $2,000.00

Vehicle License Plate ☐ None | Year 2015 | State AR | Number [redacted]

Trailers	# Of Units	Reg. State	Plate #
☐ Yes ■ No			

Prior Vehicle Damage? ☐ Yes ■ No | If Yes, Describe Damage & Location

Vehicle Damage As Result Of Crash: ☐ Disabled ☐ Other Damage ■ Functional ☐ No Damage

Towed? ☐ Yes ■ No | Name of Tow Service

Address Vehicle Removed To

City | State | Zip Code

Additional Information

Insurance Company: FARMERS | Policy # [redacted]

EMS Notified _____ ☐ AM ☐ PM | Transported By

EMS Arrived _____ ☐ AM ☐ PM

■ No Injury/Transport

Injured Transported To (Hospital Name/City/State)

RECEIVED FEB 25 2015

Report Number: [redacted]

Vehicle # 1 Point Of Initial Contact	Vehicle # 2 Point Of Initial Contact
Trailer - Top > ☐ Undercarriage	Trailer - Top > ☐ Undercarriage
- Top > ☐ Undercarriage	- Top > ☐ Undercarriage

Damage To Property Other Than Vehicle	Object Struck	Owner's Name	Damage Estimate
■ Yes ☐ No	HOUSE	[redacted]	$1,000.00
		Address (City/State/Zip Code) [redacted] NLR, AR [redacted]	Owner Notified ■ Yes ☐ No

Witness Name(s) (First/MI/Last Name)	Address (City/State/Zip Code)
None Located	

Citation(s) Issued To (First/MI/Last Name)	Charge(s) And Statute Number(s)	Citation Number
[redacted]	[redacted] Unsafe Driving	

Narrative

V1 [redacted] was traveling west on [redacted] through its intersection with [redacted]

V2 [redacted] was traveling north on [redacted] through its intersection with [redacted]

V2 driver said he did not see V1 as a result of heavy snow. As a result, he proceeded north through the intersection and the passenger front of his vehicle collided with the driver front of V1. This collision caused V1 to leave the north side of [redacted] and collide with the south east corner of the house at [redacted] causing damage to the bricks. V1 driver complained of pain in her neck and was transported to Baptist Springhill for further evaluation. AOI 1 was approximately 8 feet west of the east curbline of [redacted] and 8 feet south of the north curbline of [redacted]. AOI 2 was approximately 20 feet north of the north curbline of [redacted] and 20 feet west of the west curbline of [redacted]

Officer's Name (Rank/First/MI/Last Name)	Badge No.	Department	Reviewing Officer	Date Filed	Photos
Officer Jarod L. Maynard	4748	North Little Rock Police Department	Kim M. Almond 02/24/2015	02/23/2015	☐ Yes ■ No

Report Number: [redacted]

ATMOSPHERIC CONDITIONS (3)
0 Clear; 1 Rain; 2 Sleet; 3 Snow; 4 Fog; 5 High Winds; 6 Smoke; 7 Smog; 8 Dust; 9 Mist; 98 Other; 99 Unknown

RELATION TO JUNCTION (2)
0 Non-Junction; 1 Intersection; 2 Intersection Related; 3 Driveway; 4 Alley; 5 Exit Lane; 6 Entrance Lane; 7 R.R. Crossing; 8 Crossover Lane; 98 Other; 99 Unknown

LIGHT CONDITIONS (1)
1 Daylight; 2 Dark; 3 Dawn; 4 Dusk; 5 Dark /But Lighted; 6 Dark /Light Not Functional; 98 Other; 99 Unknown

TRAFFIC CONTROLS (3)
0 No Traffic Controls; 1 Flashing Beacon; 2 Traffic Signal; 3 Stop Sign; 4 Yield Sign; 5 R.R. Crossing W/Gate & Signals; 6 R.R. Crossing W/Flashing Signals Only; 7 R.R. Crossing W/Crossbuck Only; 8 School Zone; 9 Pedestrian Signal; 10 Lane Symbols Painted on Roadway; 11 Traffic Lanes Marked; 12 No Passing Signal; 13 Slow Or Warning Sign; 14 Officer Or Flagman; 98 Other; 99 Unknown

ACCIDENT LOCALE (2)
1 Rural; 2 Urban; 99 Unknown

TRAFFIC CONTROL DEVICE (2)
0 Device Not Present; 1 Device Not Functioning; 2 Device Functioning Properly; 3 Device Not Functioning Properly

ROADWAY SURFACE CONDITION (2)
1 Dry; 2 Wet; 3 Ice; 4 Sand; 5 Dirt; 6 Oil; 98 Other; 99 Unknown

TYPE OF COLLISION (3)
0 Single Vehicle / Non Collision With Motor Vehicle In Transport; 1 Head On; 2 Rear End; 3 Angle; 4 Sideswipe Same Direction; 5 Sideswipe Opp. Direction; 6 Backing; 98 Other

ROAD SYSTEM (5)
1 Interstate; 2 U.S. Highway; 3 State Highway; 4 County Road; 5 City Street; 6 Frontage Road; 7 Ramp; 99 Unknown

CONTRIBUTING FACTORS (0 / V1)
0 None; 1 Too Fast For Conditions; 2 Failure To Yield; 3 Driving Without Lights; 4 Failure To Dim Headlights; 5 Disregard Stop Sign; 6 Disregard Yield Sign; 7 Disregard Traffic Signal; 8 Wrong Side Of Road; 9 Wrong Way/One Way Traffic; 10 Following Too Close; 11 Improper Right Turn; 12 Improper Left Turn; 13 Improper Lane Change; 14 Improper Passing; 15 Prohibited U Turn; 16 Defective Lights; 17 Defective Brakes; 18 Other Defective Equipment; 19 Improper Backing; 20 Failure Or Improper Signal; 21 Disregard Officer/Flagman; 22 Cutting In; 23 Impeding Traffic; 24 Improperly Parked; 25 Crowded Off Road; 26 Alcohol; 27 Drugs; 28 Careless/Prohibited Driving; 29 Crossing Median; 98 Other; 99 Unknown

ROAD SURFACE (2)
1 Concrete; 2 Asphalt; 3 Gravel; 4 Dirt; 98 Other; 99 Unknown

ROAD ALIGNMENT (1)
1 Straight; 2 Curve

ROAD PROFILE (1)
1 Level; 2 Grade; 3 Hillcrest; 4 Sag; 98 Other; 99 Unknown

CONSTRUCTION/MAINTENANCE ZONE (2)
1 Yes; 2 No

VEHICLE ACTION (1 / V1 / 1 / V2)
1 Going Straight; 2 Negotiating Curve; 3 Slowing; 4 Stopped In Traffic Lane; 5 Merging; 6 Enter Parked Position; 7 Exiting Parked Position; 8 Parked; 9 Making Right Turn; 10 Making Right Turn On Red; 11 Making Left Turn; 12 Making Left Turn On Red; 13 Making U Turn; 14 Backing; 15 Avoiding Vehicle; 16 Avoiding Pedestrian; 17 Avoiding Animal; 18 Avoiding Other Object; 19 Passing; 20 Changing Lanes; 21 Ran Off Road-Right; 22 Ran Off Road-Left; 23 Crossing Median; 98 Other; 99 Unknown

TRAFFIC FLOW (2)
1 Not Divided; 2 Divided By Median - No Barrier; 3 Divided By Perm. Barrier; 4 Divided By Temp Barrier; 5 One Way Traffic; 98 Other; 99 Unknown

NUMBER OF TRAFFIC LANES (4)
1. 1; 2. 2; 3. 3; 4. 4; 5. 5; 6. 6; 7. 7; 8. 8

FIRST HARMFUL EVENT COLLISION WITH / NON COLLISION (4 / V1 / 4 / V2)
1 Pedestrian; 2 Pedalcycle; 3 Train; 4 MV In Transport; 5 MV In Other Roadway; 6 Parked Vehicle; 7 Animal; 8 Other Object Not Fixed; 9 Unknown Obj. Not Fixed; 10 Overturned; 11 Fire; 12 Immersion; 13 Fell From Vehicle; 14 Jackknife; 15 Bank or Ledge; 16 Tree(s); 17 Utility Pole; 18 Fence or Fence Post; 19 Guard Rail or Post; 20 Bridge or Underpass; 21 Sign/Traffic Signal; 22 Impact Cushion Device; 23 House/Building; 24 Light/Luminary Pole; 25 Concrete Barrier; 26 Culvert/Ditch; 27 Bridge Rail; 28 Other Fixed Object; 98 Other; 99 Unknown

ROADWAY DEFECTS (0)
0 No Defects; 1 Obstruction Warning; 2 Obstruction No Warning; 3 Loose Materials On Surface; 4 Holes; 5 Ruts; 6 Bumps; 7 Defective Shoulder; 8 No Markings; 9 Reduced Width; 98 Other; 99 Unknown

FIRST HARMFUL EVENT LOCATION (1 / V1 / 1 / V2)
1 On Roadway; 2 Shoulder; 3 Median; 4 Roadside; 5 Outside Trafficway; 99 Unknown

DRIVER DISTRACTION (0 / V1 / 0 / V2)
0 Not Distracted; 1 Electronic Communication Device (cell phone, pager, etc.); 2 Other Electronic Device (navigation device, palm pilot, etc.); 3 Other Inside the Vehicle; 4 Other Outside the Vehicle; 99 Unknown

FIRE OCCURRENCE (0)
0 No Fire Occurrence; 1 Fire Occurrence

OCCUPANCY
0 Non-Motorist; 1-999 Vehicle Number of Occupant

POSITION IN/ON VEH (10)

X	2	3
4	5	6
7	8	9

10 Riding Or Hanging Outside; 11 Bed Of Pickup; 12 Trailing Unit; 13 Sleeper Section; 98 Other Enclosed; 99 Unknown

INJURY CODE
1 Fatal Injury; 2 Incapacitating Injury; 3 Non-Incapacitating Injury; 4 Possible Injury; 5 No Injury/Property Damage Only

DRIVER VISION OBSCURED (0 / V1)
0 Not Obscured; 1 Rain/Snow/Sleet On Windshield; 2 Fog; 3 Sunlight; 4 Headlights; 5 Building; 6 Billboard; 7 Trees/Shrub/Etc.; 8 Parked Vehicle(s); 9 Moving Vehicle(s); 10 Broken Windshield; 11 Dirty Windshield; 12 Obscured By Vehicle Load; 13 Hillcrest; 98 Other; 99 Unknown

SAFETY EQUIPMENT USED
0 None Used; 1 Shoulder Belt; 2 Lap Belt; 3 Lap & Shoulder Belt; 4 Child Restraint; 7 Helmet; 8 Helmet W/Faceshield; 9 Eye Protection; 98 Other; 99 Unknown

VEHICLE DEFECTS (0 / V1)
0 No Defects; 1 Defective Lights; 2 Defective Brakes; 3 Defective Steering; 4 Worn/Slick Tires; 5 Motor Trouble; 6 Windshield/Mirrors; 98 Other; 99 Unknown

AIR BAG
0 Not Applicable; 5 Deployed Air Bag; 6 No Air Bag Deployment

PEDESTRIAN ACTION/LOCATION (1 / V2)
1 Crossing At Intersection With Signal; 2 Crossing At Intersection Against Signal; 3 Crossing At Intersection No Signal; 4 Crossing At Intersection Diagonally; 5 Crossing Not At Intersection/Rural; 6 Crossing Not at Intersection/Urban; 7 Coming from Behind Parked Car; 8 Unloading/Loading on School Bus; 9 Playing in Roadway; 10 Unloading/Loading on Other; 11 Lying in Roadway; 12 Walking on Roadway with Traffic/ Sidewalks Available; 13 Walking On Roadway With Traffic/ Sidewalks Not Available; 14 Walking On Roadway Against Traffic/ Sidewalks Available; 15 Walking On Roadway Against Traffic/ Sidewalks Not Available; 16 Working In Roadway; 17 Standing In Roadway; 18 Not In Roadway; 98 Other; 99 Unknown

CONDITION OF DRIVERS AND PED (1 / V1 / 1 / V2 / Ped)
1 Appeared Normal; 2 Illness; 3 Fatigued; 4 Fell Asleep; 5 Physical Disability / Disease/Disorder; 6 Mental Disability / Disease/Disorder; 7 Defective Sight; 8 Defective Hearing; 9 Seizure / Blackout; 98 Other; 99 Unknown

EJECTION FROM VEHICLE
0 Not Ejected; 1 Totally Ejected; 2 Partially Ejected; 99 Unknown

ALCOHOL/DRUGS IMPAIRMENT (1 / V1 / 1 / V2 / Ped)
1 None; 2 Impaired; 3 Not Impaired; 4 Unknown

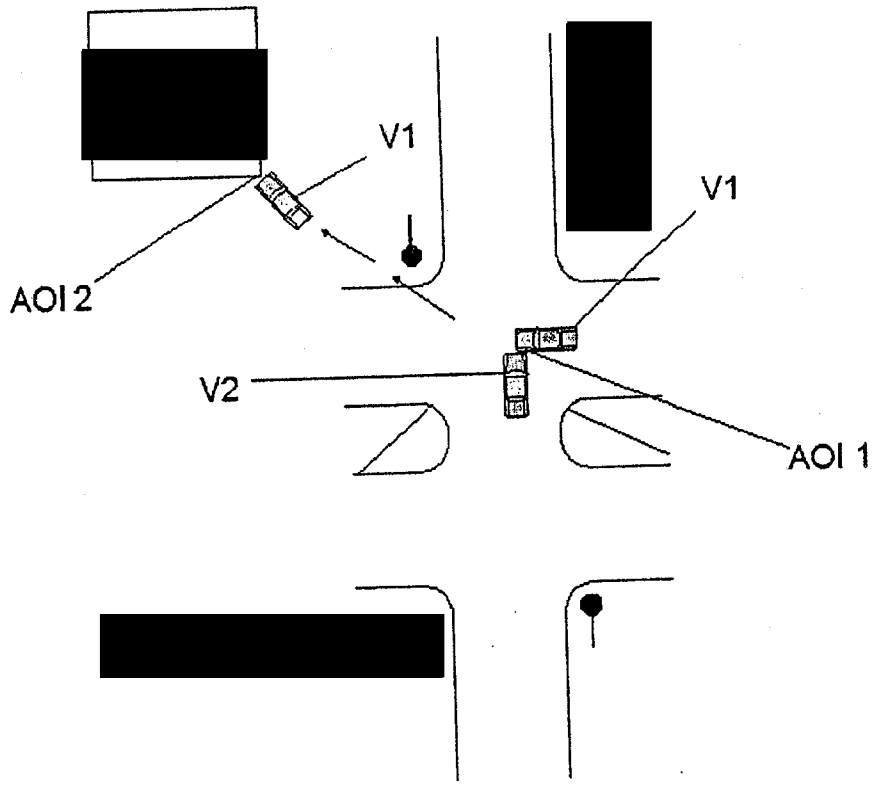
PASSENGER/PEDESTRIAN

13	14	15	16	17	18 Race	19 Sex	20 Age	21	22	23 Name Of Passenger(s)/Pedestrian(s) Address, City, State, Zip Code

DIAGRAM

Report Number [redacted]

[redacted] Check this box if diagram depicted is from driver/witness statements and/or vehicles were moved prior to investigators arrival.



N

Indicate North By Arrow

NOT TO SCALE

2/10/2017

When to get
this Accident
Report. The Air
bag came out &
Seat belt did
not work. I could
not pull my
face at all
hands, arms or
knee, or Legs
Still going to

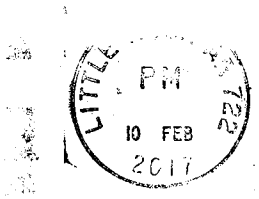
Several Doctors
because of this
accident

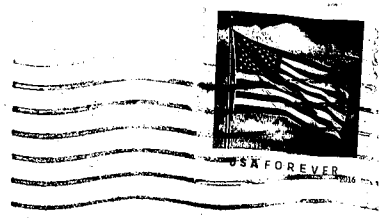
Sincerely Yours

[redacted]

P.S. Feel free to call
me [redacted]

[redacted]
North Little Rock, Ark
[redacted]





WH1-306

U.S. Department of Transportation
National Highway
Traffic Safety
Administration
1200 New Jersey Avenue SE
Washington DC
20590