IN THE TENNESSEE CLAIMS COMMISSION MIDDLE DIVISION

In re: Darlene D. Eldridge)))
victim	No. 401148 Criminal Injuries Compensation
Claudia T. Eldridge) Putnam County)
claimant)

ORDER FOR AWARD OF CRIMINAL INJURY COMPENSATION

It is ordered that:

1. A total award of \$3,000.00 is made to the claimant(s) from the Criminal Injuries Compensation Fund to be paid to the individual (s) whose name and address follows:

Claudia T. Eldridge 1117 Belmont Drive Cookeville, Tennessee 38501 \$3,000 for funeral expenses

2.	(Place	"X"	' if	app.	lica	ble:) The	awa	rd ma	de	in
paragraph l	s apportio	hon	amono	1 511	rviv	ina	depende	nts	as to	TIOA	vs:
\$ to			adult	(s).		The	remain subject	iing	amou	II C	ΤĐ
apportioned t	.0	_, 1	minor	(S)	and	15	subject	LO F	aragi	apii	٠.

3. An award of \$ is made to the attorney for the claimant from the Criminal Injuries Compensation fund to be paid to the individual whose name and address follows:

because:

This claim came to be heard December 14th, 1995, before the Hon. W. R. Baker, Commissioner for the Middle Division of the Tennessee Claims Commission at Ashland City, Tennessee, on the petition filed by the claimant, report filed by the District Attorney General, oral testimony if a hearing was held, and the record as a whole. From these the Commission finds:

- A. The following information is accurate:
- 1. Criminal act: Arson/Murder
- 2. Date of criminal act: November 1st, 1992
 - County in which criminal act occurred: Putnam County
 - 4. Address or location which criminal act occurred: 500 State Street, Cookeville, Tennessee
 - 5. Name(s) of offender(s) (if known): n/a
 - 6. Address(es) of offender(s) (If known): n/a
 - 7. Name and address of victim if different from claimant: Darlene D. Eldridge, 500 State Street, Cookeville, Tennessee 38501
 - 8. Injury suffered: death

	 This criminal act was committed against the date and at the location indicated with T.C.A. 29-13-104. 	he victim on the him the meaning of					
f	B. The "Xed" subparagraph(x) describe the 1. The claimant is the visitim and T.C.A. 29-13-105(a)(1).	he claimant: d is eligible under					
	2The claimant was a dependent of eligible under T.C.A. 29-13-105(a)(2). The reclaimant to the victim was:sponse;c	lationship of the					
	3. \underline{x} The claimant is the legal representation's estate and is eligible for limited freezenses under T.C.A. 29-13-105(a)(3).	esentative of the meret and burial					
	4. The claimant is (was) responsible for the maintenance of the victim and is eligible under T.C.A. 29-13-105(a)(4).						
	C. If the claimant was a dependent of the spouse or a child, then these facts dependency:	victim but not a establish the					
,	D. The victim dld not contribute in an commission of the criminal act as per T.C.A. 29-	y respect to the 1.1-105961.					
	E. The criminal act was reported to the law enforcement officials within the time required by T.C.A. 29-13-108(a) and the victim or cleimant fully cooperated with these officials and the office of the district atterney general.						
1	F. (Place "X" if this paragraph is applicable) The criminal act was a sexually oriented drime described in T.C.A. 29-13-105(c), and an award of \$\frac{1}{2}\$ is made to the claimant for pain and suffering.						
	G. (Place "X" if applicable: If the to of the victim was caused by motor vehicle, subparagraphs are accurate (29-13-104(1) [A and B 1. Evidence submitted clearly shows that the motor vehicle or watercraft directly causing the was acting with criminal intent to intentionally death.	then the "Xed"): se operator of the death or injury inflict injury or					
	 The operator of the vehicle directed or injury was intoxicated by alcohol or druby 55-10-401. 	ctly causing the 198 as prohibited					
	H. Claimant is eligible to receive and/or has received benefits from a public (e.g., Medicare, Medicaid) or privata (e.g. medical insurance) source: x no yes 1. If "yes" is chacked, the name of the source and the dollar amount of benefits are: name:						
;							
	amonne;						
	I. 1. The claimant has actually incurred unreimbursed losses and expenses which are compensed 29-13-106 and for which written documentation of 10 provided:	able under T C A					
	a. Hooper And Huddleston	\$5,454.20					
	b	\$					
	¢	\$					

	d.		\$					
	€.		s					
	£.		\$					
		total losses and expenses	\$ <u>5,454.2</u> C					
	2.	The economic value of the victim's life	exceeds					
	3,	A supplemental award is made to the amount of \$	claimant in the					
	J.	The claimant has signed a subrocation required by T.C.A. 29-13-109(k), with x filed with the clerk.						
	κ.	The following information on the victim	is accurate:					
1.	1. RACE: White x Black Spanish American Asian American American Indian Other							
2.	NATIO	ONAL ORIGIN: U.S. x Other						
3. RELIGION: Agnostic/Atheist Catholic Jewish x Protestant (Baptist, Methodist, etc.) Islamic Other								
4.	HAND:	ICAP: Physical Yes No x No x	,					
5.	SEX:	Female <u>x</u> Male						
6.	AGE AT TIME OF VICTIMIZATION: 37							
7. MENTAL HEALTH COUNSELING: Does the award include expenses or mental health counselling? Yes Nox If yes, please give amount \$								
	L.	Additional findings:						
	Date: February 6th, 1996							
Commissioner								

I hereby certify that a true and exact copy of this document has been mailed to the District Attorney General, as well as either the attorney of record or the claimant.