

00-192-CD

CLIFFORD CALDWELL -vs- RUDNEY F. FRANCE et al.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

① CLIFFORD CALDWELL, :
Plaintiff :
VS. : NO. 00- 192 -CD
② ③ RODNEY W. BOYCE and :
COMMONWEALTH OF :
PENNSYLVANIA, DEPARTMENT OF :
TRANSPORTATION, :
Defendants :
:

CASE NUMBER: 00- 192 -CD

TYPE OF CASE: Civil

TYPE OF PLEADING: COMPLAINT

FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE
Supreme Court I.D. #26540
215 East Locust Street
Clearfield, PA 16830
(814) 765-1581

FILED

FEB 15 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

CLIFFORD CALDWELL, :
Plaintiff :
VS. : NO. 00- -CD
: :
RODNEY W. BOYCE and :
COMMONWEALTH OF :
PENNSYLVANIA, DEPARTMENT OF :
TRANSPORTATION, :
Defendants :
:

NOTICE TO DEFEND

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the Court without further notice for any money claimed in the complaint or for any other claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

Court Administrator's Office
Clearfield County Courthouse
Clearfield, PA 16830
814-765-2641 Ext. 50-51

**IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)**

| | | | |
|--|---|----------------|------------|
| CLIFFORD CALDWELL, Plaintiff | : | | |
| VS. | : | NO. 00- | -CD |
| RODNEY W. BOYCE and COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF TRANSPORTATION, | : | | |
| Defendants | : | | |

COMPLAINT

AND NOW, comes CLIFFORD CALDWELL, by and through his attorney, R. DENNING GEARHART, ESQUIRE, who avers as follows:

1. That Plaintiff, CLIFFORD CALDWELL, is an adult individual, with an address of 312 Daisy Street, Clearfield, Clearfield County, Pennsylvania 16830.
2. That Defendant, RODNEY W. BOYCE, is an adult individual, with an address of Elizabeth Street, Clearfield, Clearfield County, Pennsylvania.
3. That Defendant, COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF TRANSPORTATION, has an office at Daisy Street, Route 322, Clearfield, Clearfield County, Pennsylvania.
4. That on or about October 4, 1999, Defendant, Rodney W. Boyce was operating a motor vehicle through a construction area located where Lawrence Township Road 971 intersects with S.R. 153 (322) when it struck the vehicle owned and operated by the Plaintiff. This area is in Lawrence Township, Clearfield County, Pennsylvania.

5. That as a result of that collision, Plaintiff was injured as follows:
 - a. Lumbosacral Strain;
 - b. Left eye corneal abrasion;
 - c. Aggravation of arthritic condition in hips and knees;
 - d. Numerous contusions;

All of which resulted in the Plaintiff suffering severe pain, anguish and inconvenience.

COUNT I - Clifford Caldwell v. Rodney W. Boyce

6. Paragraphs One (1) through Five (5) of the Complaint hereto are incorporated herein as though set forth in full.
7. That the above-mentioned injuries would not have occurred to the Plaintiff but for the negligence and unlawful operation of a motor vehicle by the Defendant, Rodney W. Boyce.
8. That specifically, said negligence and unlawful operation was:
 - a. Failure to yield to right-of-way;
 - b. Failure to be attentive to other traffic;
 - c. Failure to follow directional signals.

WHEREFORE, Plaintiff seeks damages against the Defendant, Rodney W. Boyce, in the amount in excess of \$20,000.00

**COUNT II - Clifford Caldwell v. Commonwealth of Pennsylvania,
Department of Transportation**

9. Paragraphs One (1) through Eight (8) of the Complaint hereto are incorporated herein as though set forth in full.

10. That at the time of said accident, the Commonwealth of Pennsylvania, Department of Transportation was performing road construction in the location where the accident occurred.

11. That the road construction caused the road to be closed in certain areas and disrupted the normal flow of traffic in unexpected and unusual ways.

12. That the Commonwealth failed to provide adequate traffic control signs.

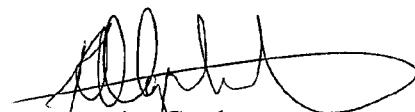
13. That this failure to provide adequate traffic control resulted in confusion of the Defendant Boyce and caused, or contributed to the accident occurring on October 4, 1999.

14. That, the injuries to the Plaintiff caused by the accident would not have occurred if not for the failure of the Commonwealth to provide adequate traffic control.

15. Pursuant to 42 Pa.C.S.A.5522, notice was sent to the Commonwealth of Pennsylvania, Department of Transportation on November 15, 1999 at the above-referenced address.

WHEREFORE, Plaintiff seeks damages against the Defendant, Commonwealth of Pennsylvania, Department of Transportation in the amount in excess of \$20,000.00.

Respectfully Submitted,



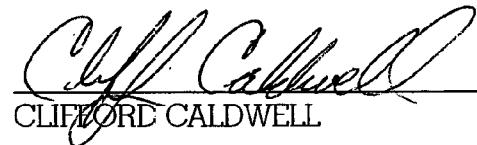
R. Denning Gearhart
Attorney for Plaintiff
Supreme Court I. D. #26540
215 East Locust Street
Clearfield, PA 16830
(814) 765-1581 (v); (814) 765-6745 (fax)

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CLEARFIELD

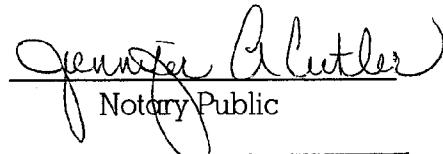
: SS:

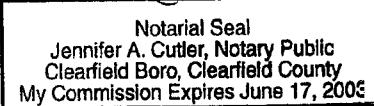
AFFIDAVIT

Before me, the undersigned officer, personally appeared, CLIFFORD CALDWELL who being duly sworn according to law deposes and says that the facts set forth in the foregoing Complaint are true and correct to the best of his knowledge, information, and belief.


CLIFFORD CALDWELL

Sworn to and subscribed
before me this 15th day
of February, 2000.


Notary Public



IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)
NO. 00-
-CD

CLIFFORD CALDWELL,
Plaintiff

VS.

RODNEY W. BOYCE, et al.,
Defendants

COMPLAINT

FILED

1000 FEB 15 2000
O A 313 cc acly
William A. Shaw
Prothonotary
R. Denning Gearhart
CITY OF CLEARFIELD
Pd \$80.00

R. DENNING GEARHART
ATTORNEY AT LAW
CLEARFIELD, PA 16830

COMMERCIAL PRINTING CO., CLEARFIELD, PA

05 May 00 Document
Reinstated/Resigned to ~~Sub~~ Attorney
for service. *John H. Shaw*
Deputy Attorney General

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISON)

CLIFFORD CALDWELL, :
Plaintiff :
VS. : NO. 00-192-CD
: :
RODNEY W. BOYCE, and :
COMMONWEALTH OF PENNSYLVANIA :
DEPARTMENT OF TRANSPORTATION, :
Defendants :
:

PRAECIPE TO REINSTATE

TO THE PROTHONOTARY OF SAID COURT:

Please reinstate the Complaint filed in the above captioned action.



R. DENNING GEARHART, ESQUIRE

Dated: May 5, 2000

FILED

MAY 05 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)
NO. 00-192-CD

CLIFFORD CALDWELL,
Plaintiff

VS.
RODNEY W. BOYCE, et al
Defendants

PRAECIPE TO REINSTATE

FILED

JULY 05 2000
Off 36/Acty
William A. Shaw
Prothonotary
Sheriff

pd \$7.00

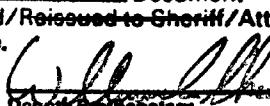
3 Complained

Constated to

Atty/Deankont

R. DENNING GEARHART
ATTORNEY AT LAW
CLEARFIELD, PA. 16830

55.00 Document
Reinstated/Reissued to Sheriff/Attorney
for service.


Deputy Prothonotary

R. DENNING GEARHART

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CALDWELL, CLIFFORD
VS
BOYCE, RODNEY W.

00-192-CD

COMPLAINT

SHERIFF RETURNS

NOW MAY 22, 2000 AT 8:57 AM DST SERVED THE WITHIN COMPLAINT ON COMMONWEALTH OF PENNSYLVANIA, DEPT. OF TRANSPORTATION, DEFENDANT AT EMPLOYMENT, DAISY ST. RT. 322, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO DENNIS PRESTASH, RISK MANAGEMENT ENG. A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO HIM THE CONTENTS THEREOF.
SERVED BY: DAVID/MORGILLO.

NOW MAY 24, 2000 AT 11:47 AM DST SERVED THE WITHIN COMPLAINT ON RODNEY W. BOYCE, DEFENDANT AT RESIDENCE, LATIMER ST., CLEARFIELD, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO JULIE MERRY, STEP DAUGHTER A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO HER THE CONTENTS THEREOF.
SERVED BY: DAVIS/MORGILLO.

NOW MAY 19, 2000 PETER DEFAZIO, SHERIFF OF ALLEGHENY COUNTY WAS DEPUTIZED BY CHESTER A. HAWKINS, SHERIFF OF CLEARFIELD COUNTY TO SERVE THE WITHIN COMPLAINT ON ATTORNEY GENERAL, WESTERN REGION OFFICE, DEFENDANT.

NOW MAY 24, 2000 SERVED THE WITHIN COMPLAINT ON ATTORNEY GENERAL, DEFENDANT BY DEPUTIZING THE SHERIFF OF ALLEGHENY COUNTY. THE RETURN OF SHERIFF DEFAZIO IS HERETO ATTACHED AND MADE A PART OF THIS RETURN STATING THAT HE SERVED PATRICIA CLEAVER.

FILED

JUN 12 2000
012:32pm
William A. Shaw
Prothonotary
Rec

41.88 SHFF. HAWKINS PAID BY: ATTY.
28.00 SHFF. DEFAZIO PAID BY: ATTY.
3.00 NOTARY PAID BY: ATTY.
30.00 SURCHARGE PAID BY: ATTY.

SWORN TO BEFORE ME THIS

12th DAY OF June 2000

WILLIAM A. SHAW

Prothonotary
My Commission Expires
1st Monday in Jan. 2002
Clearfield Co., Clearfield, PA.

SO ANSWERS,

Chester A. Hawkins
by Marilyn Shaw

CHESTER A. HAWKINS
SHERIFF

PETER R. DEFAZIO
Sheriff

ALLEGHENY COUNTY SHERIFF'S DEPARTMENT
436 GRANT STREET
PITTSBURGH, PA 15219-2496
PHONE (412) 350-4700


DENNIS SKOSNIK
Chief Deputy

PLAINTIFF CLIFFORD CALDWELL

VS.

DEFT. RODNEY W. BOYCE al

ADD. DEFT. SERVE: ATTORNEY GENERAL, Western Region Office

ADD. DEFT. 564 Forbes Ave., 6th Floor

GARNISHEE Manor Complex

ADDRESS Pittsburgh, Pa. 15219

MUNICIPALITY or CITY WARD

DATE: 19

ATTY'S Phone 814-765-1581

CASE# 00-192-CD

EXPIRES 6/4/00

SUMMONS/PRAECIPE

SEIZURE OR POSSESSION

NOTICE AND COMPLAINT

REVIVAL of SCI FA

INTERROGATORIES

EXECUTION - LEVY OR GARNISHEE

OTHER

R. Denning Gearhart

215 E. Locust ST.

Clearfield, Pa 16830

INDICATE TYPE OF SERVICE: PERSONAL PERSON IN CHARGE DEPUTIZE CERT. MAIL POSTED OTHER LEVY SEIZED & STORE

Now May 19 2000, I, SHERIFF OF ~~Allegheny~~ COUNTY, PA do hereby depose the Sheriff of Clearfield County to execute this Writ and make return thereof according to law

NOTE: ONLY APPLICABLE ON WRIT OF EXECUTION: N.B. WAIVER OF WATCHMAN - Any deputy sheriff levying upon or attaching any property under within writ may leave same without a watchman, in custody of whomsoever is found in possession, after notifying person or attachment without liability on the part of such deputy herein for any loss, destruction or removal of any property before sheriff's sale thereof.

Seize, levy, advertise and sell all the personal property of the defendant on the premises located at: _____

MAKE

MODEL

MOTOR NUMBER

SERIAL NUMBER

LICENSE NUMBER

SHERIFF'S OFFICE USE ONLY

I hereby CERTIFY AND RETURN that on the 24 day of May, 2000, at 10:00 A.M. o'clock A.M./P.M. Address Above/Address Below. County of Allegheny, Pennsylvania

I have served in the manner described below:

Defendant(s) personally served.
 Adult family member with whom said Defendant(s) reside(s). Name & Relationship _____
 Adult in charge of Defendant's residence who refused to give name or relationship.
 Manager/Clerk of place of lodging in which Defendant(s) reside(s).
 Agent or person in charge of Defendant(s) office or usual place of business.
 Other PATRICIA CLEARY
 Property Posted _____
Defendant not found because: Moved Unknown No Answer Vacant Other _____
 Certified Mail Receipt _____ Envelope Returned _____ Neither receipt or envelope returned: writ expired _____
 Regular Mail Why _____

Notarial Seal
Sheila B. O'Brien, Notary Public
Pittsburgh, Allegheny County
My Commission Expires June 19, 2000
Member, Pennsylvania Association of Notaries

JUN 02 2000
Shelia B. O'Brien

You are hereby notified that on _____, 19_____, levy was made in the case of _____
Possession/Sale has been set for _____, 19_____, at _____ o'clock.

YOU MUST CALL DEPUTY ON THE MORNING OF SALE/POSSESSION BETWEEN 8:30 - 9:30 A.M.

ATTEMPTS _____ / _____ / _____ / _____ / _____ / _____ / _____

PETER R. DEFAZIO, Sheriff

By Deputy
District _____

Additional Costs Due \$ _____, This is placed
on writ when returned to Prothonotary. Please check before
satisfying case.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

COPY

CLIFFORD CALDWELL,
Plaintiff

VS.

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT OF
TRANSPORTATION,
Defendants

NO. 00- 192 -CD

CASE NUMBER: 00- -CD

TYPE OF CASE: Civil

TYPE OF PLEADING: COMPLAINT

FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE
Supreme Court I.D. #26540
215 East Locust Street
Clearfield, PA 16830
(814) 765-1581

I hereby certify this to be a true-
and attested copy of the original
statement filed in this case.

FEB 15 2000

Attest:

William J. Shaw
Prothonotary

55.00 Document
Reinstated/Reissued to Sheriff/Attorney
for service

Deputy Prothonotary

**IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)**

| | | | |
|------------------------------------|---|---|----------------|
| CLIFFORD CALDWELL, | : | | |
| Plaintiff | | : | |
| VS. | : | | NO. 00- |
| -CD | | | |
| RODNEY W. BOYCE and | : | | |
| COMMONWEALTH OF | | : | |
| PENNSYLVANIA, DEPARTMENT OF | | : | |
| TRANSPORTATION, | | : | |
| Defendants | | : | |

NOTICE TO DEFEND

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the Court without further notice for any money claimed in the complaint or for any other claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

Court Administrator's Office
Clearfield County Courthouse
Clearfield, PA 16830
814-765-2641 Ext. 50-51

**IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)**

CLIFFORD CALDWELL, :
Plaintiff :
VS. : NO. 00- : -CD
RODNEY W. BOYCE and :
COMMONWEALTH OF :
PENNSYLVANIA, DEPARTMENT OF :
TRANSPORTATION, :
Defendants :
:

COMPLAINT

AND NOW, comes CLIFFORD CALDWELL, by and through his attorney, R. DENNING GEARHART, ESQUIRE, who avers as follows:

1. That Plaintiff, CLIFFORD CALDWELL, is an adult individual, with an address of 312 Daisy Street, Clearfield, Clearfield County, Pennsylvania 16830.
2. That Defendant, RODNEY W. BOYCE, is an adult individual, with an address of Elizabeth Street, Clearfield, Clearfield County, Pennsylvania.
3. That Defendant, COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF TRANSPORTATION, has an office at Daisy Street, Route 322, Clearfield, Clearfield County, Pennsylvania.
4. That on or about October 4, 1999, Defendant, Rodney W. Boyce was operating a motor vehicle through a construction area located where Lawrence Township Road 971 intersects with S.R. 153 (322) when it struck the vehicle owned and operated by the Plaintiff. This area is in Lawrence Township, Clearfield County, Pennsylvania.

5. That as a result of that collision, Plaintiff was injured as follows:
 - a. Lumbosacral Strain;
 - b. Left eye corneal abrasion;
 - c. Aggravation of arthritic condition in hips and knees;
 - d. Numerous contusions;

All of which resulted in the Plaintiff suffering severe pain, anguish and inconvenience.

COUNT I - Clifford Caldwell v. Rodney W. Boyce

6. Paragraphs One (1) through Five (5) of the Complaint hereto are incorporated herein as though set forth in full.

7. That the above-mentioned injuries would not have occurred to the Plaintiff but for the negligence and unlawful operation of a motor vehicle by the Defendant, Rodney W. Boyce.

8. That specifically, said negligence and unlawful operation was:
 - a. Failure to yield to right-of-way;
 - b. Failure to be attentive to other traffic;
 - e. Failure to follow directional signals.

WHEREFORE, Plaintiff seeks damages against the Defendant, Rodney W. Boyce, in the amount in excess of \$20,000.00.

**COUNT II - Clifford Caldwell v. Commonwealth of Pennsylvania,
Department of Transportation**

9. Paragraphs One (1) through Eight (8) of the Complaint hereto are incorporated herein as though set forth in full.

10. That at the time of said accident, the Commonwealth of Pennsylvania, Department of Transportation was performing road construction in the location where the accident occurred.

11. That the road construction caused the road to be closed in certain areas and disrupted the normal flow of traffic in unexpected and unusual ways.

12. That the Commonwealth failed to provide adequate traffic control signs.

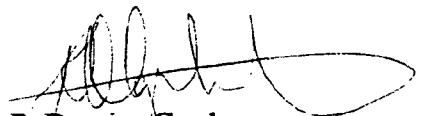
13. That this failure to provide adequate traffic control resulted in confusion of the Defendant Boyce and caused, or contributed to the accident occurring on October 4, 1999.

14. That the injuries to the Plaintiff caused by the accident would not have occurred if not for the failure of the Commonwealth to provide adequate traffic control.

15. Pursuant to 42 Pa.C.S.A.5522, notice was sent to the Commonwealth of Pennsylvania, Department of Transportation on November 15, 1999 at the above-referenced address.

WHEREFORE, Plaintiff seeks damages against the Defendant, Commonwealth of Pennsylvania, Department of Transportation in the amount in excess of \$20,000.00.

Respectfully Submitted,



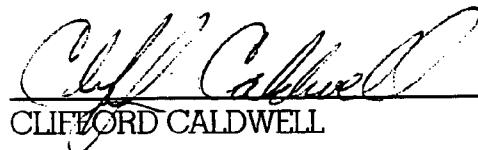
R. Denning Gearhart
Attorney for Plaintiff
Supreme Court I. D. #26540
215 East Locust Street
Clearfield, PA 16830
(814) 765-1581 (v); (814) 765-6745 (fax)

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CLEARFIELD

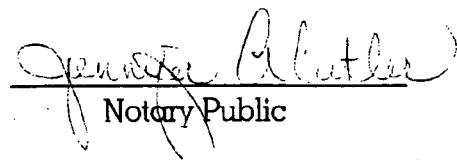
: SS:

AFFIDAVIT

Before me, the undersigned officer, personally appeared, CLIFFORD CALDWELL who being duly sworn according to law deposes and says that the facts set forth in the foregoing Complaint are true and correct to the best of his knowledge, information, and belief.


CLIFFORD CALDWELL

Sworn to and subscribed
before me this 15th day
of February, 2000.


Notary Public

Notarial Seal
Jennifer A. Cutler, Notary Public
Clearfield Boro, Clearfield County
My Commission Expires June 17, 2003

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

COPY

CLIFFORD CALDWELL,
Plaintiff

VS.

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT OF
TRANSPORTATION,
Defendants

NO. 00- 192 -CD

CASE NUMBER: 00- -CD

TYPE OF CASE: Civil

TYPE OF PLEADING: COMPLAINT

FILED ON BEHALF OF: Plaintiff

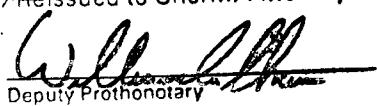
COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE
Supreme Court I.D. #26540
215 East Locust Street
Clearfield, PA 16830
(814) 765-1581

I hereby certify this to be a true
and attested copy of the original
statement filed in this case.

FEB 15 2000

55.00 Document

Reinstated/Reissued to Sheriff/Attorney
for service.


William L. Gearhart
Deputy Prothonotary

Attest:


William L. Gearhart
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

CLIFFORD CALDWELL, :
Plaintiff :
VS. : NO. 00- -CD
: :
RODNEY W. BOYCE and :
COMMONWEALTH OF :
PENNSYLVANIA, DEPARTMENT OF :
TRANSPORTATION, :
Defendants :
:

NOTICE TO DEFEND

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the Court without further notice for any money claimed in the complaint or for any other claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

Court Administrator's Office
Clearfield County Courthouse
Clearfield, PA 16830
814-765-2641 Ext. 50-51

**IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)**

CLIFFORD CALDWELL, :
Plaintiff :
VS. :
NO. 00- :
-CD
RODNEY W. BOYCE and :
COMMONWEALTH OF :
PENNSYLVANIA, DEPARTMENT OF :
TRANSPORTATION, :
Defendants :
:

COMPLAINT

AND NOW, comes CLIFFORD CALDWELL, by and through his attorney, R. DENNING GEARHART, ESQUIRE, who avers as follows:

1. That Plaintiff, CLIFFORD CALDWELL, is an adult individual, with an address of 312 Daisy Street, Clearfield, Clearfield County, Pennsylvania 16830.
2. That Defendant, RODNEY W. BOYCE, is an adult individual, with an address of Elizabeth Street, Clearfield, Clearfield County, Pennsylvania.
3. That Defendant, COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF TRANSPORTATION, has an office at Daisy Street, Route 322, Clearfield, Clearfield County, Pennsylvania.
4. That on or about October 4, 1999, Defendant, Rodney W. Boyce was operating a motor vehicle through a construction area located where Lawrence Township Road 971 intersects with S.R. 153 (322) when it struck the vehicle owned and operated by the Plaintiff. This area is in Lawrence Township, Clearfield County, Pennsylvania.

5. That as a result of that collision, Plaintiff was injured as follows:

- a. Lumbosacral Strain;
- b. Left eye corneal abrasion;
- c. Aggravation of arthritic condition in hips and knees;
- d. Numerous contusions;

All of which resulted in the Plaintiff suffering severe pain, anguish and inconvenience.

COUNT I - Clifford Caldwell v. Rodney W. Boyce

6. Paragraphs One (1) through Five (5) of the Complaint hereto are incorporated herein as though set forth in full.

7. That the above-mentioned injuries would not have occurred to the Plaintiff but for the negligence and unlawful operation of a motor vehicle by the Defendant, Rodney W. Boyce.

8. That specifically, said negligence and unlawful operation was:

- a. Failure to yield to right-of-way;
- b. Failure to be attentive to other traffic;
- c. Failure to follow directional signals.

WHEREFORE, Plaintiff seeks damages against the Defendant, Rodney W. Boyce, in the amount in excess of \$20,000.00.

**COUNT II - Clifford Caldwell v. Commonwealth of Pennsylvania,
Department of Transportation**

9. Paragraphs One (1) through Eight (8) of the Complaint hereto are incorporated herein as though set forth in full.

10. That at the time of said accident, the Commonwealth of Pennsylvania, Department of Transportation was performing road construction in the location where the accident occurred.

11. That the road construction caused the road to be closed in certain areas and disrupted the normal flow of traffic in unexpected and unusual ways.

12. That the Commonwealth failed to provide adequate traffic control signs.

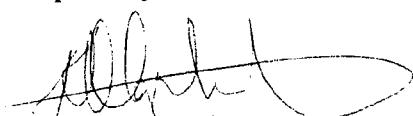
13. That this failure to provide adequate traffic control resulted in confusion of the Defendant Boyce and caused, or contributed to the accident occurring on October 4, 1999.

14. That, the injuries to the Plaintiff caused by the accident would not have occurred if not for the failure of the Commonwealth to provide adequate traffic control.

15. Pursuant to 42 Pa.C.S.A.5522, notice was sent to the Commonwealth of Pennsylvania, Department of Transportation on November 15, 1999 at the above-referenced address.

WHEREFORE, Plaintiff seeks damages against the Defendant, Commonwealth of Pennsylvania, Department of Transportation in the amount in excess of \$20,000.00.

Respectfully Submitted,



R. Denning Gearhart
Attorney for Plaintiff
Supreme Court I. D. #26540
215 East Locust Street
Clearfield, PA 16830
(814) 765-1581 (v); (814) 765-6745 (fax)

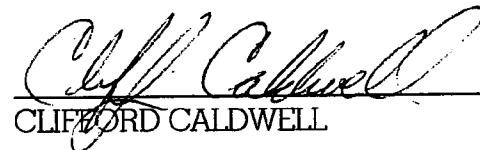
COMMONWEALTH OF PENNSYLVANIA

: SS:

COUNTY OF CLEARFIELD

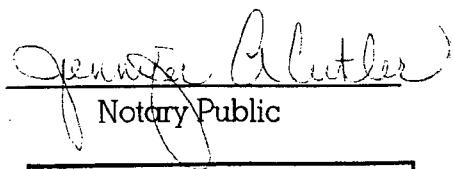
AFFIDAVIT

Before me, the undersigned officer, personally appeared, CLIFFORD CALDWELL who being duly sworn according to law deposes and says that the facts set forth in the foregoing Complaint are true and correct to the best of his knowledge, information, and belief.



CLIFFORD CALDWELL

Sworn to and subscribed
before me this 15th day
of February, 2000.



Jennifer A. Cutler
Notary Public

Notarial Seal

Jennifer A. Cutler, Notary Public
Clearfield Boro, Clearfield County
My Commission Expires June 17, 2003

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

CLIFFORD CALDWELL, CIVIL DIVISION

Plaintiff

CASE NO. 00-192-CD

vs.

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,

PRAECIPE FOR APPEARANCE

FILED ON BEHALF OF DEFENDANT:
Rodney W. Boyce

Defendants.

COUNSEL OF RECORD FOR THIS
PARTY:

MICHAEL C. MASELLI, ESQUIRE
PA No. 62178

LAW OFFICE OF MARIANNE C. MNICH
TWO MELLON BANK CENTER
SUITE 405, 501 GRANT STREET
PITTSBURGH, PA 15219-4403

Telephone: 412-255-4110

JURY TRIAL DEMANDED

FILED

JUN 19 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

CLIFFORD CALDWELL,

CIVIL DIVISION

Plaintiff

CASE NO. 00-192-CD

vs.

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,

Defendants.

PRAECIPE FOR APPEARANCE

TO THE PROTHONOTARY:

Please enter my appearance on behalf of Defendant, Rodney W. Boyce, in reference to the above captioned case.

Michael C. Masielli

MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

CERTIFICATE OF SERVICE

I do hereby certify that I have served a copy of the
Praecipe for Appearance upon all other parties or their attorney
of record by First Class Mail on this 15th day of June, 2000.

R. Denning Gearhart
215 East Locust Street
Clearfield, PA 16830

Commonwealth of Pennsylvania
Department of Transportation
1924-30 Daisy Street
PO BOX 342
Clearfield, PA 16830

Michael C. Masse
MICHAEL C. MASSELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

FILED

JUN 19 2000
M 1100 / NO CC
William A. Shaw
Prothonotary
E. H. Cole

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

CLIFFORD CALDWELL,

CIVIL DIVISION

Plaintiff

CASE NO. 00-192-CD

vs.

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,

**ANSWER TO COMPLAINT
AND NEW MATTER**

FILED ON BEHALF OF DEFENDANT:
Rodney W. Boyce

Defendants.

COUNSEL OF RECORD FOR THIS
PARTY:

MICHAEL C. MASELLI, ESQUIRE
PA No. 62178

LAW OFFICE OF MARIANNE C. MNICH
TWO MELLON BANK CENTER
SUITE 405, 501 GRANT STREET
PITTSBURGH, PA 15219-4403

Telephone: 412-255-4110

JURY TRIAL DEMANDED

FILED

JUN 21 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

CLIFFORD CALDWELL, CIVIL DIVISION
Plaintiff CASE NO. 00-192-CD

vs.

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,

Defendants.

NOTICE TO PLEAD

TO: Clifford Caldwell
c/o R. Denning Gearhart, Esquire

You are notified to Plead to the enclosed Answer, New Matter, and New Matter Pursuant to 2252(d) within 20 days from the date of service or a judgment may be entered against you.


MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

CLIFFORD CALDWELL, CIVIL DIVISION
Plaintiff CASE NO. 00-192-CD

vs.

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,

Defendants.

NOTICE TO PLEAD

TO: Commonwealth of Pennsylvania, Department of Transportation

You are notified to Plead to the enclosed Answer, New Matter, and New Matter Pursuant to 2252(d) within 20 days from the date of service or a judgment may be entered against you.

Michael C. MASELLI
MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

CLIFFORD CALDWELL, CIVIL DIVISION
Plaintiff CASE NO. 00-192-CD

vs.

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,

Defendants.

DEFENDANT'S ANSWER TO COMPLAINT

AND NOW, comes the Defendant, Rodney W. Boyce, by and through the undersigned counsel, Michael C. Maselli, Esquire and files the following Answer and New Matter upon a cause of action whereof the following is a statement:

1. DENIED. After reasonable investigation, this Defendant is without knowledge or information sufficient to form a belief as to the truth of the averments contained in this paragraph.

2. DENIED. The allegations contained in this paragraph are denied pursuant to Pennsylvania Rule of Civil Procedure 1029(e). By way of further response, the Defendant, Rodney W. Boyce, now resides at 109 Latimer Street, Clearfield, PA 16830.

3. DENIED. After reasonable investigation, this Defendant is without knowledge or information sufficient to form a belief as to the truth of the averments contained in this paragraph.

4. Admitted in part and denied in part. It is admitted that the Defendant, Rodney W. Boyce was operating a motor vehicle near a construction area at the intersection of Lawrence Township Road 971 and S.R. 153(322), in Lawrence Township, Clearfield County, Pennsylvania, on or about October 4, 1999. It is denied that Rodney W. Boyce's vehicle struck the vehicle operated by the Plaintiff, to the extent that such allegation infers negligence on the part of Rodney W. Boyce.

5. DENIED. The allegations contained in this paragraph are denied pursuant to Pennsylvania Rule of Civil Procedure 1029(e).

COUNT I

6. DENIED. Defendant incorporates by reference his responses to the averments set forth in previous paragraphs as though same were fully set forth at length.

7. DENIED. The allegations contained in this paragraph are denied pursuant to Pennsylvania Rule of Civil Procedure 1029(e). By way of further response, it is specifically denied that this Defendant was in any way negligent, reckless, or careless. To the contrary, at all times material hereto, this

answering Defendant acted reasonably and prudently and with due care.

8. DENIED. The allegations contained in this paragraph are denied pursuant to Pennsylvania Rule of Civil Procedure 1029(e). By way of further response, it is specifically denied that this Defendant was in any way negligent, reckless, or careless. To the contrary, at all times material hereto, this answering Defendant acted reasonably and prudently and with due care.

COUNT II

9. DENIED. Defendant incorporates by reference his responses to the averments set forth in previous paragraphs as though same were fully set forth at length.

10. The allegation contained in this paragraph is not directed to this answering Defendant, but instead, to other parties, and therefore does not require a response.

11. The allegation contained in this paragraph is not directed to this answering Defendant, but instead, to other parties, and therefore does not require a response.

12. The allegation contained in this paragraph is not directed to this answering Defendant, but instead, to other parties, and therefore does not require a response.

13. The allegation contained in this paragraph is not directed to this answering Defendant, but instead, to other parties, and therefore does not require a response.

14. The allegation contained in this paragraph is not directed to this answering Defendant, but instead, to other parties, and therefore does not require a response.

15. The allegation contained in this paragraph is not directed to this answering Defendant, but instead, to other parties, and therefore does not require a response.

WHEREFORE, Defendant demands of this Honorable Court Judgment in his favor and against Plaintiff.

DEFENDANT'S NEW MATTER

1. All negligence causes of action and/or claims asserted against answering Defendant are limited, governed, barred and/or restricted, by the terms of the Pennsylvania Comparative Negligence Act, 42 Pa. C.S.A. Section 7102, the relevant terms of which are incorporated by reference herein.

2. All causes of action and/or claims as set forth in all Civil Action(s)/Complaints(s) are limited, governed, barred, and/or restricted by the terms of the Pennsylvania Motor Vehicle Financial Responsibility Law of 1984, 75 Pa. C.S.A. 1701, et seq., as amended by Act 6 of 1990, the relevant provisions of

which are incorporated by reference herein as though the same were fully set forth at length.

3. All causes of action and/or claims as set forth in all Civil Actions/Complaints are limited, governed, barred, and/or restricted by the terms of the Pennsylvania Motor Vehicle Financial Responsibility Law of 1984, 75 Pa. C.S.A. 1701, et seq., as amended by Act 6 of 1990, the relevant provisions of which are incorporated by reference herein as though the same were fully set forth at length, including but not limited to the "limited tort" provisions of Section 1705, and in accordance with the "tort option" chosen and/or elected in the policy of insurance purportedly providing coverage for the accident in question.

4. The injuries/damages allegedly suffered by the Plaintiff as set forth in the Civil Actions/Complaints were caused solely by the acts, conduct, negligence, carelessness, and/or recklessness of individuals and/or entities over whom answering Defendant has no control, nor the right to control, nor the duty to control.

5. The Civil Actions/Complaints of the Plaintiff(s) fail to set forth a cause of action upon which relief can be granted.

6. Answering Defendant, reserves the right to assert at the time of trial any and all affirmative defenses revealed through discovery.

WHEREFORE, Defendant demands of this Honorable Court Judgment in his favor and against Plaintiff.

**DEFENDANTS NEW MATTER PURSUANT TO PENNSYLVANIA
RULE OF CIVIL PROCEDURE 2252(D)**

Defendant, Rodney W. Boyce avers that the accident referred to in Plaintiff's Civil Action was caused solely by the negligence and carelessness of the Defendant, Commonwealth of Pennsylvania, Department of Transportation and that Defendant, Commonwealth of Pennsylvania, Department of Transportation is alone liable to the Plaintiff or jointly and severally liable or liable over to Defendant, by way of contribution and/or indemnity for any sums which may be awarded to the Plaintiff.



MICHAEL C. MASELLI
MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

VERIFICATION

MICHAEL C. MASELLI, ESQUIRE, states that he is the attorney for the within named Defendant, Rodney W. Boyce, and the facts set forth in the foregoing pleading are true and correct to the best of his knowledge, information, and belief; and this statement is made subject to the penalties of 18 Pa. C. §4904, relating to unsworn falsification to authorities.



MICHAEL C. MASELLI
MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

CERTIFICATE OF SERVICE

I do hereby certify that I have served a copy of DEFENDANTS ANSWER, NEW MATTER, AND NEW MATTER PURSUANT TO 2252(d) upon all other parties or their attorney of record by First Class Mail on this 19th day of June, 2000.

R. Denning Gearhart
215 East Locust Street
Clearfield, PA 16830

Commonwealth of Pennsylvania
Department of Transportation
1924-30 Daisy Street
PO BOX 342
Clearfield, PA 16830

MICHAEL C. MASELLI

MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

FILED

JUN 21 2000
M 12:07 PM
William A. Shaw
Prothonotary
E
RCA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CLIFFORD CALDWELL,

CIVIL ACTION

Plaintiff,

No. 00-192 CD

vs.

RODNEY W. BOYCE and
COMMONWEALTH OF PENNSYLVANIA,
DEPARTMENT OF TRANSPORTATION

PRAECIPE FOR APPEARANCE

Defendant.

Filed on behalf of Defendant:

Commonwealth of Pennsylvania,
Department of Transportation

Counsel of Record for This
Party:

John G. Eidemueler, Jr.
Sr. Deputy Attorney General
Pa. I.D. #00535

Commonwealth of Pennsylvania
Office of Attorney General
Tort Litigation Unit
Manor Complex
564 Forbes Avenue
Pittsburgh, PA 15219

(412) 565-3579

FILED

JUN 22 2000

William A. Shaw
Prothonotary

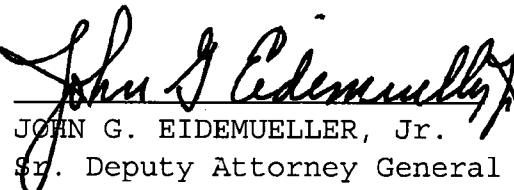
PRAECIPE FCR APPEARANCE

TO THE PROTHONOTARY:

Please enter my appearance in the above-referenced case on behalf of the defendant, the Commonwealth of Pennsylvania, Department of Transportation. The defendant, the Commonwealth of Pennsylvania, Department of Transportation, hereby demands a trial by a jury of twelve.

D. MICHAEL FISHER
Attorney General

BY:


JOHN G. EIDEMUELLER, Jr.
Sr. Deputy Attorney General

CERTIFICATE OF SERVICE

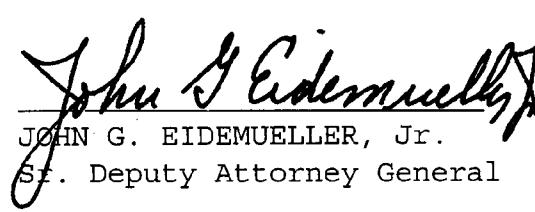
I hereby certify that a true and correct copy of the foregoing PRAECIPE FOR APPEARANCE was served upon the following counsel of record, via first-class mail, postage pre-paid on June 20, 2000:

R. Denning Gearhart, Esq.
215 East Locust Street
Clearfield, PA 16830

Rodney W. Boyce
Elizabeth Street
Clearfield, PA 16830

D. MICHAEL FISHER
Attorney General

BY:


JOHN G. EIDEMUELLER, Jr.
Sr. Deputy Attorney General

FILED

JUN 22 2000
MJA:bs
William A. Shaw
Prothonotary
8/6/00

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

CILFFORD CALDWELL,
Plaintiff

VS.

NO. 00-192-CD

RODNEY W. BOYCE and
COMMONWEALTH OF PA/DEPT. OF
TRANSPORTATION,
Defendants

CASE NUMBER: 00-192-CD

TYPE OF CASE: Civil

TYPE OF PLEADING: **ANSWER TO DEFENDANT, RODNEY W. BOYCE's
NEW MATTER**

FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE
Supreme Court I.D. #26540
215 East Locust Street
Clearfield, PA 16830
(814) 765-1581

FILED

JUN 29 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

| | |
|-----------------------------|---------------|
| CILFFORD CALDWELL, | |
| Plaintiff | |
| VS. | NO. 00-192-CD |
| RODNEY W. BOYCE and | |
| COMMONWEALTH OF PA/DEPT. OF | |
| TRANSPORTATION, | |
| Defendants | |

ANSWER TO DEFENDANT,
RODNEY W. BOYCE's, NEW MATTER

AND NOW, comes CLIFFORD CALDWELL, Plaintiff in the above captioned action, who answers Defendant, Rodney W. Boyce's New Matter as follows:

1. Calls for a conclusion of law, and therefore, no answer required.
2. Calls for a conclusion of law, and therefore, no answer required.

Further, to the extent that there is a factual issue, the Plaintiff was covered through his insurance at Penn National Insurance and has exercised the full tort option.

3. Calls for a conclusion of law, and therefore, no answer required.

Further, to the extent that there is a factual issue, the Plaintiff was covered through his insurance at Penn National Insurance and has exercised the full tort option.

4. Calls for a conclusion of law, and therefore, no answer required.
5. Calls for a conclusion of law, and therefore, no answer required.

WHEREFORE, Plaintiff requests this Honorable Court enter judgment in his favor and against Defendant, Rodney W. Boyce.

Respectfully submitted,



R. Denning Gearhart
Attorney for Plaintiff

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CLEARFIELD

:
: SS:
:

AFFIDAVIT

Before me, the undersigned officer, personally appeared, CLIFFORD CALDWELL who being duly sworn according to law deposes and says that the facts set forth in the foregoing Answer to New Matter are true and correct to the best of his knowledge, information, and belief.

Clifford Caldwell
CLIFFORD CALDWELL

Sworn to and subscribed
before me this 29th day
of June, 2000.

Jennifer A. Cutler
Notary Public

Notarial Seal
Jennifer A. Cutler, Notary Public
Clearfield Boro, Clearfield County
My Commission Expires June 17, 2003

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)
NO. 00-192-CD

CLIFFORD CALDWELL,
Plaintiff

VS.

RODNEY W. BOYCE, et al.,
Defendants

ANSWER TO DEFENDANT,
RODNEY W. BOYCE's NEW MATTER

FILED

JUN 29 2000
3:00pm
William A. Shaw
Prothonotary
R. Denning Gearhart
Denning
EAS

R. DENNING GEARHART
ATTORNEY AT LAW
CLEARFIELD, PA, 16830

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CLIFFORD CALDWELL,

CIVIL ACTION

Plaintiff,

No. 00-192 CD

vs.

RODNEY W. BOYCE and
COMMONWEALTH OF PENNSYLVANIA,
DEPARTMENT OF TRANSPORTATION

Defendant.

**NOTICE OF SERVICE OF
INTERROGATORIES AND REQUEST
FOR PRODUCTION OF DOCUMENTS
DIRECTED TO PLAINTIFF**

Filed on behalf of Defendant:

Commonwealth of Pennsylvania,
Department of Transportation

Counsel of Record for This
Party:

John G. Eidemueler, Jr.
Sr. Deputy Attorney General
Pa. I.D. #00535

Commonwealth of Pennsylvania
Office of Attorney General
Tort Litigation Unit
Manor Complex
564 Forbes Avenue
Pittsburgh, PA 15219

(412) 565-3579

FILED

AUG 31 2000

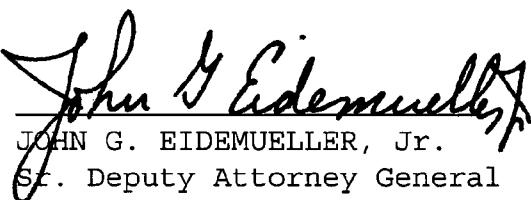
William A. Shaw
Prothonotary

NOTICE OF SERVICE

Please take note that the undersigned has served
Interrogatories and Request for Production of Documents Directed
to Plaintiff and copies sent to all counsel of record, on behalf
of Commonwealth of Pennsylvania, Department of Transportation in
the above-referenced case.

D. MICHAEL FISHER
Attorney General

BY:


JOHN G. EIDEMUELLER, Jr.
Sr. Deputy Attorney General

CERTIFICATE OF SERVICE

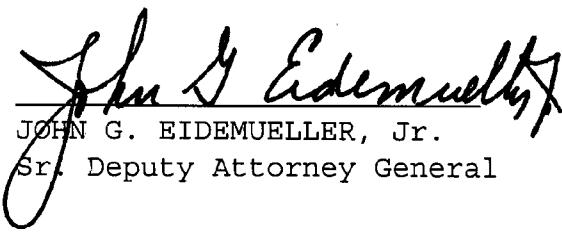
I hereby certify that a true and correct copy of the foregoing Notice of Service of Interrogatories and Request for Production of Documents Directed to Plaintiff was served upon the following counsel of record, via first-class mail, postage prepaid on August 29, 2000:

R. Denning Gearhart, Esq.
215 East Locust Street
Clearfield, PA 16830
(Counsel for Plaintiff)

Michael C. Maselli, Esq.
Two Mellon Bank Center
Suite 405
Pittsburgh, PA 15219
(Counsel for Boyce)

D. MICHAEL FISHER
Attorney General

BY:


JOHN G. EIDEMUELLER, Jr.
Sr. Deputy Attorney General

FILED
SAC
AUG 3 1 2000
8/12/00
William A. Shaw
Prothonotary

CERTIFICATE OF SERVICE

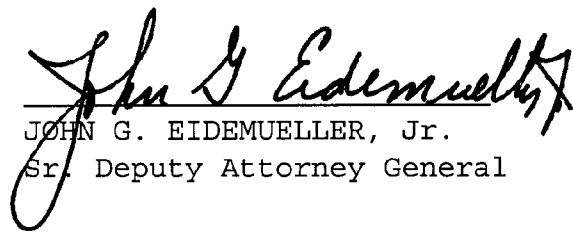
I hereby certify that a true and correct copy of the foregoing Notice of Service of Interrogatories and Request for Production of Documents Directed to Plaintiff was served upon the following counsel of record, via first-class mail, postage prepaid on August 29, 2000:

R. Denning Gearhart, Esq.
215 East Locust Street
Clearfield, PA 16830
(Counsel for Plaintiff)

Michael C. Maselli, Esq.
Two Mellon Bank Center
Suite 405
Pittsburgh, PA 15219
(Counsel for Boyce)

D. MICHAEL FISHER
Attorney General

BY:


JOHN G. EIDEMUELLER, Jr.
Sr. Deputy Attorney General

FILED

SS
AUG 3 1 2000

12/18/00
William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CLIFFORD CALDWELL,

CIVIL ACTION

Plaintiff,

No. 00-192 CD

vs.

RODNEY W. BOYCE and
COMMONWEALTH OF PENNSYLVANIA,
DEPARTMENT OF TRANSPORTATION

ANSWER AND NEW MATTER
TO PLAINTIFF'S COMPLAINT

Defendant.

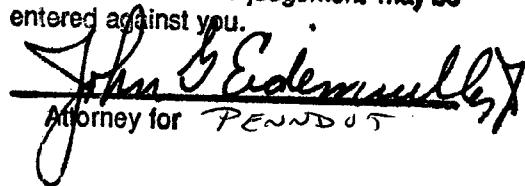
Filed on behalf of Defendant:

Commonwealth of Pennsylvania,
Department of Transportation

Counsel of Record for This
Party:

John G. Eidemueler, Jr.
Sr. Deputy Attorney General
Pa. I.D. #00535

Commonwealth of Pennsylvania
Office of Attorney General
Tort Litigation Unit
Manor Complex
564 Forbes Avenue
Pittsburgh, PA 15219



John G. Eidemueler
Attorney for PENNDOT

FILED

AUG 31 2000

William A. Shaw
Prothonotary

(412) 565-3579

ANSWER AND NEW MATTER TO PLAINTIFF'S COMPLAINT

Defendant, Commonwealth of Pennsylvania, Department of Transportation, by and through the Office of Attorney General, files the following Answer to Plaintiff's Complaint:

1. Admitted.
2. Admitted.
3. Admitted.
4. Admitted, based solely on information obtained from the police accident report.
5. Denied. After reasonable investigation, the Commonwealth Defendant is without such knowledge or information because the means of proof are within the exclusive control of an adverse party or hostile person. Strict proof thereof is demanded at the time of trial.

Count I

6. The Commonwealth Defendant incorporates herein by reference its answers to paragraphs 1 through 5 of Plaintiff's Complaint as though fully set forth herein at length.

7-8. Require no answer from the Commonwealth Defendant as they contain allegations of negligence directed to a Defendant other than the Commonwealth Defendant.

WHEREFORE, Commonwealth of Pennsylvania, Department of Transportation, respectfully requests that judgment be entered in

its favor and against all other parties.

Count II

9. The Commonwealth Defendant incorporates herein by reference its answers to paragraphs 1 through 8 of Plaintiff's Complaint as though fully set forth herein at length.

10. Denied. On the contrary, it is averred that construction was being performed by an independent contractor.

11. Admitted.

12. Denied. To the contrary, at all times material to the happening of the events set forth in Plaintiff's Complaint, the roadway in question was in a reasonably safe condition for use by reasonably prudent motorists.

13. Denied. To the contrary, at all times material to the happening of the events set forth in Plaintiff's Complaint, the roadway in question was in a reasonably safe condition for use by reasonably prudent motorists.

14. Denied. To the contrary, at all times material to the happening of the events set forth in Plaintiff's Complaint, the roadway in question was in a reasonably safe condition for use by reasonably prudent motorists.

15. Denied.

WHEREFORE, Commonwealth of Pennsylvania, Department of Transportation, respectfully requests that judgment be entered in

its favor and against all other parties.

New Matter

16. The present action is controlled by the provisions of 1 Pa. C.S. §2310 and Act No. 1980-142, set forth in 42 Pa. C.S. §§8501, et seq., which Acts are incorporated herein and pled by reference. The Commonwealth Defendant asserts all the defenses contained therein.

17. The Commonwealth Defendant did not have notice, written or otherwise, of the allegedly dangerous condition, or in the alternative, if said notice was received, it was not received in sufficient time prior to the alleged accident for the Commonwealth Defendant to have corrected or to have warned the traveling public of the allegedly dangerous condition.

18. The Commonwealth Defendant did not have actual written notice of the allegedly dangerous condition, or in the alternative, if said written notice was received, it was not received in sufficient time prior to the alleged accident for the Commonwealth Defendant to have corrected or to have warned the traveling public of the allegedly dangerous condition.

19. The Commonwealth party has immunity for any claims premised upon theories of apparent or ostensible agency and/or corporate liability, as immunity has not been waived for either of these classes of claims.

20. There is no cause of action based upon a failure to inspect or improper inspection in that sovereign immunity has not been waived for such claims.

21. The Commonwealth party is immune from claims grounded upon negligence of independent contractors.

22. The Commonwealth of Pennsylvania, Department of Transportation, is immune from claims alleging conditions on rather than of the highway.

23. The location of the alleged accident is not under the jurisdiction or control of the Commonwealth Defendant, and as such, the Commonwealth is not responsible for said roadway.

24. At all times relevant hereto, a contractual relationship existed between one or more of the Commonwealth Defendants and contractor.

25. By virtue of this contractual relationship, it was agreed that the Commonwealth Defendant would be indemnified for and held harmless from any judgments or actions described or set forth in the present case.

26. The Commonwealth Defendant maintains that it cannot be sued for discretionary functions, and therefore these causes of action are barred.

27. The Commonwealth Defendant avers that recovery cannot be had against it for the exercise of authorized discretion.

28. The Commonwealth Defendant had no duty with respect to the Plaintiff.

29. The Commonwealth of Pennsylvania, Department of Transportation, has no duty to maintain beyond curblines.

30. Should liability be found on the part of the Commonwealth Defendant, the amounts and types of damages recoverable in the present action are limited and controlled by 42 Pa. C.S. §8528.

31. The Judicial Code at 42 Pa. C.S. §5522(a), which section is incorporated herein and pled by reference, provides that the Commonwealth and the Attorney General must have received written notice of intent to sue within six (6) months from the date the cause of action accrues. In the absence of such notice, this action is barred.

32. The Commonwealth Defendant asserts all defenses available to it under the Motor Vehicle Financial Responsibility Law, 75 Pa. C.S.A. §1701, et seq., and any successor statute and claims any defenses which may be available pursuant to said Act.

33. This Defendant is advised, believes and, therefore, avers that any and all affirmative defenses as may be determined applicable herein through discovery hereinafter must be raised within this pleading in order to preserve this Defendant's rights. In order to preserve such defenses, PennDOT

affirmatively pleads:

a. To the extent Plaintiff(s) elected a limited tort remedy pursuant to Plaintiff(s)' auto insurance coverage applicable herein, any and all claims for pain and suffering are barred;

b. To the extent Plaintiff(s) elected a limited tort remedy, it is specifically denied that any alleged injuries as a result of the subject accident are "serious injuries" and any and all claims for pain and suffering are, therefore, barred;

c. To the extent Plaintiff(s)' medical bills, as pled, are covered pursuant to PIP benefits applicable under Plaintiff(s)' automobile insurance policy and/or other insurance applicable thereto, Plaintiff(s)' recovery of said medical damages are barred;

d. To the extent any medical bills pled by Plaintiff(s) were covered by any collateral source, Plaintiff(s) are barred from recovery and under the case law of this Commonwealth is further barred from admission of same at the time of

trial;

e. To the extent Plaintiff(s) recover wage loss under Plaintiff(s)' PIP coverage and/or any collateral source, Plaintiff(s) are barred from recovery of said sums;

f. To the extent Plaintiff(s) recover wage loss under Plaintiff(s)' PIP coverage and/or from any collateral source, such amounts are barred from evidence at the time of trial;

g. Any medical damages which Plaintiff(s) are entitled to recover are limited pursuant to said Act, both in nature and amount. This Defendant affirmatively pleads such limitations hereto.

34. The alleged conduct of the Commonwealth Defendant, standing alone, did not cause the Plaintiff's harm; therefore, the Commonwealth Defendant cannot be held liable for the Plaintiff's alleged injuries.

35. The accident as pleaded, if true, was caused by the negligence of Defendant, Rodney W. Boyce, as more fully set forth within the Plaintiff's Complaint, which is incorporated herein by reference without admission or adoption.

36. If the accident occurred as alleged, then the condition complained of did not cause the accident or the injuries complained of.

37. Plaintiff's injuries, as alleged, were caused by other persons or parties which were contributory and/or intervening, superseding causes of Plaintiff's alleged injuries.

38. The Commonwealth Defendant may not be held responsible for injuries incurred by third parties which were allegedly caused by the acts of another.

39. The Commonwealth Defendant avers that if negligence is found to exist on its part, said negligence was not the proximate cause of Plaintiff's injuries.

40. If the accident occurred as alleged, then the condition complained of did not create a reasonably foreseeable risk of the accident or the injuries complained of.

41. The Commonwealth party is absolved from liability because any negligence alleged on its part merely facilitated the Plaintiff's injuries.

42. The aforesaid collision and resultant injuries were caused by the negligent, reckless, wanton, careless and/or grossly negligent conduct of Defendant, Rodney W. Boyce, which consisted of the following:

- a. operating his vehicle at a speed in excess of

the posted speed limit;

b. operating his vehicle at a speed which was too fast for conditions then and there existing;

c. operating his motor vehicle at a speed which was greater than would permit him to bring the vehicle to a stop within the assured clear distance ahead;

d. operating his motor vehicle with a careless and reckless disregard for the rights and safety of others;

e. failing to keep a proper lookout for other lawful users of the highway;

f. failing to keep his vehicle under proper control;

g. failing to operate his vehicle with due care under existing circumstances;

h. operating his vehicle so as to create an unreasonable risk of bodily harm to another to a degree of probability that substantial harm would result;

i. failing to observe the rules of the road, Acts of Assembly and local ordinances, in such cases made and provided;

43. Plaintiff knowingly and consciously assumed the risk leading to his injuries in accordance with that set forth above,

and is therefore barred from recovery.

44. The causal negligence of the Plaintiff is greater than any negligence on the part of the Commonwealth Defendant, and Plaintiff's recovery is therefore barred, or, in the alternative, must be diminished in accordance with the Pennsylvania Comparative Negligence Act.

45. Plaintiff was contributorily negligent in that he was operating his motor vehicle in a careless manner and at a speed too fast for conditions as well as without awareness of other motor vehicles occupying the roadway, and therefore his claim against the Commonwealth Defendant should be either dismissed or diminished in accordance with the Pennsylvania Comparative Negligence Act.

46. The causal negligence of the Plaintiff included, without limitation, the following:

- a. failing to keep a careful and diligent watch on the highway;
- b. failing to have his motor vehicle under adequate and proper control;
- c. inattentively operating the motor vehicle;
- d. negligence per se for driving a vehicle at a speed greater than what was reasonable and prudent under the conditions and having disregard for the

actual and potential hazards then existing in violation of 75 Pa. C.S.A. §3361;

e. negligence per se for driving at a speed greater than what was safe and appropriate when approaching and going around a curve in violation of 75 Pa. C.S.A. §3361;

f. negligence per se for driving a vehicle at a speed greater than that which would permit him to bring the vehicle to a stop within the assured clear distance ahead;

g. negligence per se for driving at a speed greater than what was safe and appropriate under the weather conditions then existing in violation of 75 Pa. C.S.A. §3361.

47. The causal negligence of the Plaintiff is greater than any negligence on the part of the Commonwealth Defendant, or the combined negligence of the Defendants, and therefore Plaintiff's recovery is barred pursuant to 42 Pa. C.S. §7102; in the alternative, any recovery must be diminished in accordance with the Pennsylvania Comparative Negligence Act.

New Matter Under Pennsylvania Rule 2252(d)
Against Rodney W. Boyce

48. If the Plaintiff is entitled to damages in this case, then the Plaintiff's injuries and damages were the direct and

proximate result of the negligence of the Defendant, Rodney W. Boyce, for the reasons advanced in paragraphs 7 and 8 of Plaintiff's Complaint against the Defendant, Rodney W. Boyce, which allegations are incorporated herein by reference as though set forth fully herein at length for the purpose of this new matter only and any allegations of negligence against the answering Defendant, PennDOT, is specifically denied.

49. The Defendant, PennDOT, avers that if the accident occurred as alleged in Plaintiff's Complaint, then any injuries and damages sustained by the Plaintiff were due to the active and primary negligence of the Defendant, Rodney W. Boyce, and the answering Defendant specifically denies that it was negligent in any manner whatsoever which was the proximate cause of Plaintiff's injuries.

50. The Defendant, Rodney W. Boyce, is solely liable to the Plaintiff or liable over to the Defendant, PennDOT. In the alternative, it is averred that the Defendant, Rodney W. Boyce, is liable to the Defendant, PennDOT, for contribution in the event that it is judicially determined that said Defendant is jointly liable, although the existence of any liability on the part of the Defendant, PennDOT, is expressly denied.

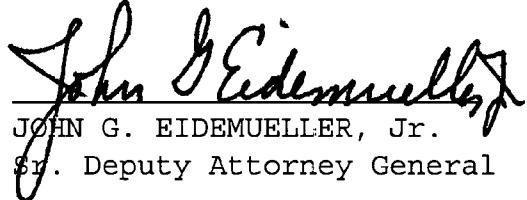
WHEREFORE, Defendant, Rodney W. Boyce, is alone liable to the Plaintiff. If it is proven that the Defendant, PennDOT, is

liable to the Plaintiff, which is specifically denied, then the Defendant, Rodney W. Boyce, is jointly and/or severally liable to the Plaintiff with the Defendant, PennDOT, or liable over to the Defendant, PennDOT, on the cause of action declared upon.

Respectfully Submitted,

D. MICHAEL FISHER
Attorney General

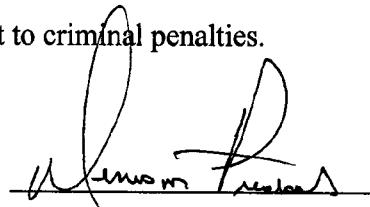
BY:


JOHN G. EIDEMUELLER, Jr.
Sr. Deputy Attorney General

VERIFICATION

I, Dennis M. Prestash, have read the foregoing Answer and New Matter to Plaintiff's Complaint. The statements therein are correct to the best of my personal knowledge or information and belief.

This statement and verification is made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities, which provides that if I make knowingly false averments, I may be subject to criminal penalties.

A handwritten signature in black ink, appearing to read "Dennis M. Prestash". The signature is written in a cursive style with a horizontal line underneath it.

DATED: August 25, 2000

CERTIFICATE OF SERVICE

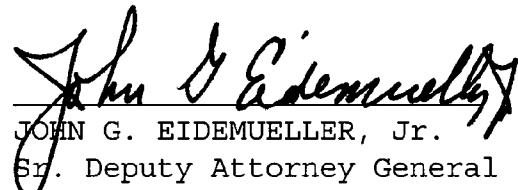
I hereby certify that a true and correct copy of the foregoing Answer and New Matter to Plaintiff's Complaint was served upon the following counsel of record, via first-class mail, postage pre-paid on August 29, 2000:

R. Denning Gearhart, Esq.
215 East Locust Street
Clearfield, PA 16830
(Counsel for Plaintiff)

Michael C. Maselli, Esq.
Two Mellon Bank Center
Suite 405
Pittsburgh, PA 15219
(Counsel for Boyce)

D. MICHAEL FISHER
Attorney General

BY:


JOHN G. EIDEMUELLER, Jr.
Sr. Deputy Attorney General

FILED

SA
AUG 31 2000

NOCC
OCT 18 2000

William A. Shaw

Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

CLIFFORD CALDWELL,

CIVIL DIVISION

Plaintiff

CASE NO. 00-192-CD

vs.

DEFENDANT, RODNEY W. BOYCE'S
REPLY TO NEW MATTER AND NEW
MATTER JOINDER OF THE
COMMONWEALTH OF PENNSYLVANIA,
DEPARTMENT OF TRANSPORTATION

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,

FILED ON BEHALF OF DEFENDANT:
Rodney W. Boyce

Defendants.

COUNSEL OF RECORD FOR THIS
PARTY:

MICHAEL C. MASELLI, ESQUIRE
PA No. 62178

LAW OFFICE OF MARIANNE C. MNICH
TWO MELLON BANK CENTER
SUITE 405, 501 GRANT STREET
PITTSBURGH, PA 15219

Telephone: 412-255-4110

JURY TRIAL DEMANDED

FILED

SEP 11 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

CLIFFORD CALDWELL, CIVIL DIVISION
Plaintiff CASE NO. 00-192-CD

vs.

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,

Defendants.

DEFENDANT, RODNEY W. BOYCE'S REPLY TO NEW MATTER AND NEW
MATTER JOINDER OF THE COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF TRANSPORTATION

AND NOW, comes the Defendant, Rodney W. Boyce, avers the following in Reply to New Matter and New Matter Joinder of the Commonwealth of Pennsylvania, Department of Transportation:

1. Paragraphs 16 through 34 of the above-indicated New Matter require no reply as they are directed to another party and they constitute legal conclusions. To the extent that a reply is necessary, the allegations contained in this paragraph are denied pursuant to Pennsylvania Rule of Civil Procedure 1029(e).

2. Paragraph 35 of the above-indicated New Matter are denied pursuant to Pennsylvania Rule of Civil Procedure 1029(e). By way of further response, it is specifically denied that

Defendant was in any way negligent, reckless, or careless. To the contrary, at all times material hereto, Defendant acted reasonably and prudently and with due care.

3. Paragraphs 36 through 41 of the above-indicated New Matter require no reply as they are directed to another party and they constitute legal conclusions. To the extent that a reply is necessary, the allegations contained in this paragraph are denied pursuant to Pennsylvania Rule of Civil Procedure 1029(e).

4. Paragraph 42 of the above-indicated New Matter are denied pursuant to Pennsylvania Rule of Civil Procedure 1029(e). By way of further response, it is specifically denied that Defendant was in any way negligent, reckless, or careless. To the contrary, at all times material hereto, Defendant acted reasonably and prudently and with due care.

5. Paragraphs 43 through 47 of the above-indicated New Matter require no reply as they are directed to another party and they constitute legal conclusions. To the extent that a reply is necessary, the allegations contained in this paragraph are denied pursuant to Pennsylvania Rule of Civil Procedure 1029(e).

REPLY TO NEW MATTER UNDER PA R.C.P. 2252 (d)

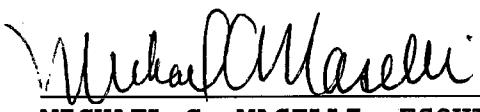
1. The allegations of Paragraph 48 of the above-indicated New Matter Under Pa. R.C.P. 2252(d), are denied pursuant to Pa.R.C.P. 1029(e). By way of further response, it is

specifically denied that Defendant was in any way negligent, reckless, or careless. To the contrary, at all times material hereto, Defendant acted reasonably and prudently and with due care.

2. The allegations of Paragraph 49 of the above-indicated New Matter Under Pa. R.C.P. 2252(d), are denied pursuant to Pa.R.C.P. 1029(e). By way of further response, it is specifically denied that Defendant was in any way negligent, reckless, or careless. To the contrary, at all times material hereto, Defendant acted reasonably and prudently and with due care.

3. The allegations of Paragraph 50 of the above-indicated New Matter Under Pa. R.C.P. 2252(d), are denied pursuant to Pa.R.C.P. 1029(e). By way of further response, it is specifically denied that Defendant was in any way negligent, reckless, or careless. To the contrary, at all times material hereto, Defendant acted reasonably and prudently and with due care.

WHEREFORE, Defendant demands of this Honorable Court Judgment in his favor and against Plaintiff.



MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

VERIFICATION

MICHAEL C. MASELLI, ESQUIRE, states that he is the attorney for the within named Defendant, Rodney W. Boyce, and the facts set forth in the foregoing pleading are true and correct to the best of his knowledge, information, and belief; and this statement is made subject to the penalties of 18 Pa. C. §4904, relating to unsworn falsification to authorities.


MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

CERTIFICATE OF SERVICE

I do hereby certify that I have served a copy of **DEFENDANT, RODNEY W. BOYCE'S REPLY TO NEW MATTER AND NEW MATTER JOINDER OF THE COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF TRANSPORTATION** upon all other parties or their attorney of record by First Class Mail on this 8th day of September, 2000.

R. Denning Gearhart, Esquire
215 East Locust Street
Clearfield, PA 16830

John G. Eidemueller, Esquire
Sr. Deputy Attorney General
Tort Litigation Unit
Manor Complex
564 Forbes Avenue
Pittsburgh, PA 15219


MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

FILED

SEP 11 2000
M 134 MOC
William A. Shaw
Prothonotary
E
KDL

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

CLIFFORD CALDWELL :
Plaintiff : No. 00-192-CD
VS. :
: RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT :
OF TRANSPORTATION :
Defendants :
: **ANSWERS TO**
: **INTERROGATORIES**
: Filed on behalf of:
Plaintiff
: Counsel for this party:
R. Denning Gearhart, Esquire
: Supreme Court No. 26540
: 215 East Locust Street
: Clearfield, Pa., 16830
: (814) 765-1581

FILED

JAN 02 2002

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

CLIFFORD CALDWELL, :
Plaintiff :
VS. : NO. 00-192-CD
: :
RODNEY W. BOYCE and :
COMMONWEALTH OF :
PENNSYLVANIA, DEPARTMENT :
OF TRANSPORTATION, :
Defendants : :

ANSWERS TO INTERROGATORIES

TO: Defendant, Rodney W. Boyce
c/o Michael C. Maselli, Esquire

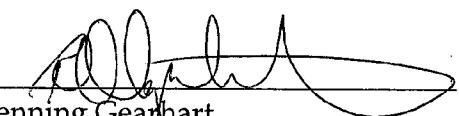
COMES NOW, Plaintiff, Clifford Caldwell, by and through his Attorney, R. Denning Gearhart, and Answers the Interrogatories filed by Defendant Boyce as follows:

1. 41
7/24/59
Clearfield County, Pa.
Single
Single
312 Daisy Street, Clearfield, Pa., 16830
178-52-5417
2. (A) Plaintiff Clifford Caldwell, 312 Daisy St., Clearfield, Pa., 16830
Defendant Rodney W. Boyce, Elizabeth St., Clearfield, Pa., 16830
B) Same as A
C) Same as A
3. This information is contained in the Police Report attached hereto.
4. This information is contained in the medical reports attached hereto.
5. This information is contained in the medical reports attached hereto.
6. This information is contained in the medical reports attached hereto.

7. This information is contained in the medical reports attached hereto.
8. This information is contained in the medical reports attached hereto.
9. This information is contained in the medical reports attached hereto.
10. October 4, 1999-November 5, 1999
11.
 - A) Self-employed
Hauler
\$1,497.96 per month wages
\$3,000.00 per month revenue from truck (now demolished)
 - B) N/A
 - C) Approximately \$10,500.00 - wages
Approximately \$21,000.00 - revenue from truck
 - D) 10/4/99-11/5/99
 - E) 11/5/99
12.
 - A) No
 - B) No
13. Not applicable.
14. Plaintiff still has pain in multiple areas of his body.
15. Not applicable.
16. This information is contained in the Police Report attached.
17. This information is contained in the Police Report attached.
18. Plaintiff participated in and taught karate weekly.
19.
 - A) Plaintiff participated in and taught karate weekly.
 - B) From the date of the accident.
 - C) Neil Caldwell, Karate Master, Curwensville, Pa..

20. Not applicable.
21. Each and all of the medical personnel in the medical reports attached.
22. All information contained in the medical reports attached.
23. None.
24. Not applicable.
25. Not applicable.
26. Yes; all information is contained in the insurance binder attached.
27. See insurance binder attached.
28. See insurance binder attached.
29. See prior answers.
30. See prior answers.

Date: 1-2-02



R. Denning Gearhart
Attorney for Plaintiff

V E R I F I C A T I O N

Clifford Caldwell has answered the foregoing Interrogatories. The statements therein are correct to the best of my personal knowledge or information and belief.

This statement and verification is made subject to the penalties of 18 PA. C. Sec. 4904, relating to unsworn falsification to authorities, which provides that if I make knowingly false statements, I may be subject to criminal penalties.

DATE:

7/21/2000

Clifford Caldwell
Clifford Caldwell
PLAINTIFF

COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

(XX) REFER TO OVERLAY SHEETS



REPORTABLE NON-REPORTABLE

PENNDOT USE ONLY

| | | | | | | | | | | | |
|---|--|---|---|------------------------------------|---|------------------------------------|---|-----------------------------|-----------------------|-----------------------|---|
| POLICE INFORMATION | | | | ACCIDENT LOCATION | | | | | | | |
| 1. INCIDENT NUMBER | 86-99 | | | 20. COUNTY | CODE CLEARFIELD 17 | | | | | | |
| 2. AGENCY NAME | LAWRENCE TOWNSHIP POLICE | | | 21. MUNICIPALITY | CODE LAWRENCE TOWNSHIP 023 | | | | | | |
| 3. STATION/ PRECINCT | 223 | 4. PATROL ZONE | | PRINCIPAL ROADWAY INFORMATION | | | | | | | |
| 5. INVESTIGATOR | PLM, JEFFERY L. FINK | | | 22. ROUTE NO. OR STREET NAME | S.R. 153/322 | | | | | | |
| 6. APPROVED BY | | | | 23. SPEED LIMIT | 40 | 24. TYPE HIGHWAY | 1 | | | | |
| 7. INVESTIGATION DATE | 10/04/99 | 8. ARRIVAL TIME | 0630 | 25. ACCESS CONTROL | | INTERSECTING ROAD: | | | | | |
| ACCIDENT INFORMATION | | | | 26. ROUTE NO. OR STREET NAME | T-471 | | | | | | |
| 9. ACCIDENT DATE | 10/04/99 | 10. DAY OF WEEK | MONDAY | 27. SPEED LIMIT | 35 | 28. TYPE HIGHWAY | 0 | | | | |
| 11. TIME OF DAY | 0625 | 12. NUMBER OF UNITS | 2 | 29. ACCESS CONTROL | | IF NOT AT INTERSECTION: | | | | | |
| 13. # KILLED | 0 | 14. # INJURED | 1 | 30. CROSS STREET OR SEGMENT MARKER | | | | | | | |
| 16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE? | UNIT 1 Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | UNIT 2 Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | 17. VEHICLE DAMAGE 0 - NONE 1 - LIGHT 2 - MODERATE 3 - SEVERE | UNIT 1 3 | 31. DIRECTION FROM SITE | N S E W | 32. DISTANCE FROM SITE | FT. MI. | | | |
| 18. HAZARDOUS MATERIALS | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | 19. PENNDOT PROPERTY | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | 33. DISTANCE WAS | MEASURED <input type="checkbox"/> | ESTIMATED <input type="checkbox"/> | PRINCIPAL INTERSECTING DEVICE | 0 3 | | | |
| UNIT #1 | | | | UNIT #2 | | | | | | | |
| 36. LEGALLY PARKED? | Y <input type="checkbox"/> N <input type="checkbox"/> | 37. REG. PLATE | ZR 67135 | 38. STATE | PA. | 36. LEGALLY PARKED? | Y <input type="checkbox"/> N <input type="checkbox"/> | 37. REG. PLATE | ZT 00536 | 38. STATE | PA. |
| 39. PA TITLE OR OUT-OF-STATE VIN | 51924736002 | | | 39. PA TITLE OR OUT-OF-STATE VIN | TEMP. TAC. | | | 40. OWNER | JIMS AUTO SALES | | |
| 40. OWNER ADDRESS | RODNEY W. BOYCE / BONNIE L. MERREY 626 BARCLAY STREET | | | 41. OWNER ADDRESS | P.O. BOX 187 101 LOCHLOMARD ROAD | | | 42. CITY, STATE & ZIPCODE | PHILPSBURG, PA. 16866 | | |
| 43. YEAR | 1998 | 44. MAKE | DODGE | 43. YEAR | 87 | 44. MAKE | GMC | 45. MODEL - (NOT BODY TYPE) | DAKOTA | 46. INS. | Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input checked="" type="checkbox"/> |
| 47. BODY TYPE | 50 | 48. SPECIAL USAGE | 0 | 49. VEHICLE OWNERSHIP | 1 | 47. BODY TYPE | 70 | 48. SPECIAL USAGE | 0 | 49. VEHICLE OWNERSHIP | 10 |
| 50. INITIAL IMPACT POINT | 01 | 51. VEHICLE STATUS | 0 | 52. TRAVEL SPEED | 99 | 50. INITIAL IMPACT POINT | 12 | 51. VEHICLE STATUS | 0 | 52. TRAVEL SPEED | 99 |
| 53. VEHICLE GRADIENT | 1 | 54. DRIVER PRESENCE | 1 | 55. DRIVER CONDITION | 1 | 53. VEHICLE GRADIENT | 1 | 54. DRIVER PRESENCE | 1 | 55. DRIVER CONDITION | 1 |
| 56. DRIVER NUMBER | 15 721 032 | | | 57. STATE | PA. | | | 56. DRIVER NUMBER | 18 618 958 | | |
| 58. DRIVER NAME | RODNEY WAYNE BOYCE | | | 58. DRIVER NAME | CLIFFORD CALDWELL | | | 57. STATE | PA. | | |
| 59. DRIVER ADDRESS | 626 BARCLAY STREET | | | 59. DRIVER ADDRESS | 1211 WOODLAND ROAD | | | 60. CITY, STATE & ZIPCODE | CLEARFIELD, PA. 16830 | | |
| 61. SEX | 1 | 62. DATE OF BIRTH | 04/18/52 | 63. PHONE | | 61. SEX | 1 | 62. DATE OF BIRTH | 07/24/59 | 63. PHONE | |
| 64. COMM. VEH. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | 65. DRIVER CLASS | | | | 64. COMM. VEH. Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | 65. DRIVER CLASS | | | | | |
| 67. CARRIER | | | | 67. CARRIER | | | | | | | |
| 68. CARRIER ADDRESS | | | | 68. CARRIER ADDRESS | | | | | | | |
| 69. CITY, STATE & ZIPCODE | | | | 69. CITY, STATE & ZIPCODE | | | | | | | |
| 70. USDOT # | ICC # | PUC # | | | 70. USDOT # | ICC # | PUC # | | | | |
| 72. VEH. CONFIG. | 73. CARGO BODY TYPE | 74. GVWR | | | 72. VEH. CONFIG. | 73. CARGO BODY TYPE | 74. GVWR | | | | |
| 75. NO. OF AXLES | 76. HAZARDOUS MATERIALS | 77. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input type="checkbox"/> UNK | | | 75. NO. OF AXLES | 76. HAZARDOUS MATERIALS | 77. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input type="checkbox"/> UNK | | | | |



VEHICLE GENERAL CHANGE ENDORSEMENT - SCHEDULE

| POLICY NUMBER | FROM | POLICY PERIOD | TO | COVERAGE IS PROVIDED IN THE | AGENCY | P |
|---------------|----------|---------------|----|-------------------------------|-----------|---|
| AU9 0056614 | 12/18/98 | 12/18/99 | | PA NATIONAL MUTUAL CAS INS CO | b12169852 | |

UNITS ADDED TO YOUR POLICY

| TO ST TER | YR | DESCRIPTION | SERIAL NUMBER | AGE | COST SYM | CLASS | STATED AMOUNT | CHANGE DATE |
|-----------|----|----------------------|-------------------|-----|----------|-------|---------------|-------------|
| 011 | PA | 049 87 GMC CHFV DUMP | 1GDL7D187HV508525 | G | 14000 | 21179 | | 08/21/98 |

| AUTO | RAD | USE | SIZE/ SFAT | LIMIT | LIABILITY | PREM | PIP PREM | ADDED PIP |
|------|-----|-----|---------------|---------|-----------|-------|-------------|--------------|
| 011 | LC | SER | M | 100,000 | | \$181 | \$29 | INCLU |

| AUTO | MEDICAL PAYMENTS LIMIT | PREM | UNINSURED MTRST LIMIT | PREM | UNDERINSURED MTRST LIMIT | PREM | COMPREHENSIVE DEDUCTIBLE | PREM |
|------|---------------------------|------|--------------------------|--------|-----------------------------|------|-----------------------------|------|
| 011 | 35,000 | NS | \$6 | 35,000 | NS | \$10 | 250 | \$40 |

| AUTO | SPECIFIED PREM | COLLISION DEDUCTIBLE | PREM | TOWING & LABOR LIMIT | PREM | OTHER PREM | TOTAL PREMIUM |
|------|-------------------|-------------------------|------|-------------------------|------|---------------|------------------|
| 011 | | 500 | \$98 | | | | \$364 |

Superior Services, Inc.

Greentree Landfill

635 Toby Road
Kersey, PA 15846
(814)265-1744

Environ Biol Fish (2003) 67:139–143

Dates: 09/18/1999

Time In: 7:52 AM
Time Out: 7:52 AM

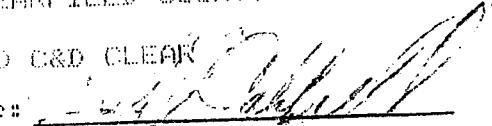
Driver Signatures

Enc. Nbr. 9903192

Thank you for your business!

Superior Services, Inc.

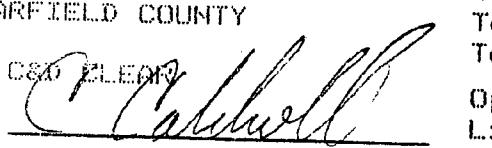
Greentree Landfill
635 Toby Road
Kersey, PA 15846
(814)265-1744

| | | | | | |
|-------------------|--|-------|------------|------------|--------------|
| Ticket No: | 129396 | Date: | 09/15/1999 | Time In: | 7:30 AM |
| | | | | Time Out | |
| Customer: | SUPERIOR LANDFILL-COD | | | Gross Wt: | 18,220 |
| Cust Ref No: | | | | Tare Wt: | 12,440 |
| Veh Owner: | SUPERIOR COD | | | Net Wt: | 5,780 |
| Vehicle No: | CC2 | Type: | DUM | Qty: | 2.09 UOM:TON |
| Supp Equip1: | | Type: | | Site Cell: | N13100E115 |
| Supp Equip2: | | Type: | | | |
| Supp Equip3: | | Type: | | | |
| Tran Type: | Tipping Fee | | | Unit Chg: | \$30.65 |
| Materials: | Construction & Demo | | | Base Chg: | \$60.58 |
| Waste Gen: | CLEARFIELD COUNTY | | | Total Tax: | \$15.46 |
| SP Waste No: | | | | Total Chg: | \$104.04 |
| Profile No: | COD C&D CLEAR | | | Operators: | BN |
| Driver Signature: |  | | | | Lic Nbrs: |

Thank you for your business!

Superior Services, Inc.

Greentree Landfill
635 Toby Road
Kersey, PA 15846
(814)265-1744

| | | | | | |
|-------------------|--|-------|------------|------------|-----------------|
| Ticket No: | 129394 | Date: | 09/15/1999 | Time In: | 3:49 PM |
| | | | | Time Out | 3:49 PM |
| Customer: | SUPERIOR LANDFILL-COD | | | Gross Wt: | 16,200 |
| Cust Ref No: | | | | Tare Wt: | 12,440 |
| Veh Owner: | SUPERIOR COD | | | Net Wt: | 3,760 |
| Vehicle No: | CC2 | Type: | DUM | Qty: | 1.88 UOM: TN |
| Supp Equip1: | | Type: | | Site Cell: | N13100E115 |
| Supp Equip2: | | Type: | | | |
| Supp Equip3: | | Type: | | | |
| Tran Type: | Tipping Fee | | | Unit Chg: | \$30.65 |
| Materials: | Construction & Demo | | | Base Chg: | \$57.62 |
| Waste Gen: | CLEARFIELD COUNTY | | | Total Tax: | \$10.06 |
| SP Waste No: | | | | Total Chg: | \$67.68 |
| Profile No: | COD C&D CLEAR | | | Operators: | JG |
| Driver Signature: |  | | | | Lic Nbrs: 21795 |

Thank you for your business!

Greentree Landfill
635 Toby Road
Kersey, PA 15846
(814)265-1744

Ticket No: 128196 Date: 09/09/1999 Time In: 6:53 AM
Time Out: 6:54 AM

Customer: SUPERIOR LANDFILL-COD Gross Wt: 18,360
Cust Ref No: Tare Wt: 12,440
Veh Owner: SUPERIOR COD Net Wt: 5,920
Vehicle No: CCE Type: DUM Qty: 2.96 UOM: TN
Supp Equip1: Type: Site Cell: N13100E115
Supp Equip2: Type: *L. H. Weil*
Supp Equip3: Type: *L. H. Weil*
Tran Type: Tipping Fee Unit Chg: \$30.65
Materials: Construction & Demo Base Chg: \$90.72
Waste Gen: CLEARFIELD COUNTY Total Tax: \$15.84
SP Waste No: COD C&D-CLEAR Total Chg: \$106.56
Profile No: Operators: RH
Driver Signatures: *L. H. Weil* Lic Nbr: 17086

Thank you for your business!

Greentree Landfill
635 Toby Road
Kersey, PA 15846
(814)265-1744

Ticket No: 128879 Date: 09/13/1999 Time In: 6:19 AM
Time Out: 6:19 AM

Customer: SUPERIOR LANDFILL-COD Gross Wt: 17,040
Cust Ref No: Tare Wt: 12,440
Veh Owner: SUPERIOR COD Net Wt: 4,600
Vehicle No: CCE Type: DUM Qty: 2.30 UOM: TN
Supp Equip1: Type: Site Cell: N13100E115
Supp Equip2: Type: *L. H. Weil*
Supp Equip3: Type: *L. H. Weil*
Tran Type: Tipping Fee Unit Chg: \$30.65
Materials: Construction & Demo Base Chg: \$70.50
Waste Gen: CLEARFIELD COUNTY Total Tax: \$12.30
SP Waste No: COD C&D-CLEAR Total Chg: \$82.80
Profile No: Operators: LH
Driver Signatures: *L. H. Weil* Lic Nbr: 58319

Thank you for your business!

Superior Services, Inc.
Greentree Landfill
635 Toby Road
Kersey, PA 15846
(814)265-1744

Ticket No: 131535

Date: 09/25/1999

Time In: 6:45 AM
 Time Out: 6:45 AM

Customer: SUPERIOR LANDFILL-COD
 Cust Ref No:
 Veh Owner: SUPERIOR COD
 Vehicle No: CC2 Type: DUM
 Supp Equip1: Type:
 Supp Equip2: Type:
 Supp Equip3: Type:
 Tran Type: Tipping Fee
 Materials: Construction & Demo
 Waste Gen: CLEARFIELD COUNTY
 SP Waste No:
 Profile No: COD C&D CLEAR *Calibet*
 Driver Signature: *Calibet*

| | |
|------------|--------------|
| Gross Wt: | 14,060 |
| Tare Wt: | 12,440 |
| Net Wt: | 2,420 |
| Qty: | 1.21 UOM: TN |
| Site Cell: | N13100E115 |
| Unit Chg: | \$30.65 |
| Base Chg: | \$37.09 |
| Total Tax: | \$6.47 |
| Total Chg: | \$43.56 |
| Operator: | RG |
| Lic Nbr: | 21795 |

Thank you for your business!

Superior Services, Inc.
Greentree Landfill
635 Toby Road
Kersey, PA 15846
(814)265-1744

Ticket No: 127929

Date: 09/06/1999

Time In: 6:40 AM
 Time Out: 6:39 AM

Customer: SUPERIOR LANDFILL-COD
 Cust Ref No:
 Veh Owner: SUPERIOR COD
 Vehicle No: CC2 Type: DUM
 Supp Equip1: Type:
 Supp Equip2: Type:
 Supp Equip3: Type:
 Tran Type: Tipping Fee
 Materials: Construction & Demo
 Waste Gen: CLEARFIELD COUNTY
 SP Waste No:
 Profile No: COD C&D CLEAR *Calibet*
 Driver Signature: *Calibet*

| | |
|------------|--------------|
| Gross Wt: | 17,000 |
| Tare Wt: | 12,440 |
| Net Wt: | 4,560 |
| Qty: | 2.28 UOM: TN |
| Site Cell: | 1340111800 |
| Unit Chg: | \$30.65 |
| Base Chg: | \$69.88 |
| Total Tax: | \$12.20 |
| Total Chg: | \$82.08 |
| Operator: | LH |
| Lic Nbr: | 58319 |

Thank you for your business!

Superior Services, Inc.

Greentree Landfill
635 Toby Road
Kersey, PA 15846
(814)265-1744

| | | | |
|---------------------------------|------------------|----------------|--------------|
| Ticket No: 130161 | Date: 09/20/1999 | Time In: | 6:16 AM |
| | | Time Out | 6:15 AM |
| Customer: SUPERIOR LANDFILL-COD | | Gross Wt: | 15,600 |
| Cust Ref No: | | Tare Wt: | 12,440 |
| Own Owner: SUPERIOR COD | | Net Wt: | 3,160 |
| Vehicle No: CC2 | Type: DUM | Qty: | 1.56 UOM: TN |
| Supp Equip1: | Type: | | |
| Supp Equip2: | Type: | | |
| Supp Equip3: | Type: | | |
| Tran Types: Tipping Fee | | Unit Chgs: | \$30.65 |
| Materials: Construction & Demo | | Base Chgs: | \$48.43 |
| Waste Gen: CLEARFIELD COUNTY | | Total Tax: | \$8.45 |
| SP Waste No: | | Total Chg: | \$56.88 |
| Profile No: COD C&D/CLEAR | | Operator: LH | |
| Driver Signature: <u>Robert</u> | | Lic Nbr: 56319 | |

Thank you for your business!

Superior Services, Inc.

Greentree Landfill
635 Toby Road
Kersey, PA 15846
(814)265-1744

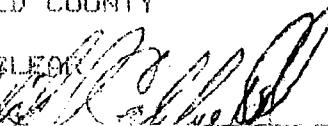
| | | | |
|---------------------------------|------------------|----------------|--------------|
| Ticket No: 131295 | Date: 09/24/1999 | Time In: | 8:13 AM |
| | | Time Out | 8:13 AM |
| Customer: SUPERIOR LANDFILL-COD | | Gross Wt: | 19,380 |
| Cust Ref No: | | Tare Wt: | 12,440 |
| Own Owner: SUPERIOR COD | | Net Wt: | 6,940 |
| Vehicle No: CC2 | Type: DUM | Qty: | 3.47 UOM: TN |
| Supp Equip1: | Type: | | |
| Supp Equip2: | Type: | | |
| Supp Equip3: | Type: | | |
| Tran Types: Tipping Fee | | Unit Chgs: | \$30.65 |
| Materials: Construction & Demo | | Base Chgs: | \$106.36 |
| Waste Gen: CLEARFIELD COUNTY | | Total Tax: | \$18.56 |
| SP Waste No: | | Total Chg: | \$124.92 |
| Profile No: COD C&D/CLEAR | | Operator: LH | |
| Driver Signature: <u>Robert</u> | | Lic Nbr: 56319 | |

Thank you for your business!

Superior Services, Inc.

Greentree Landfill

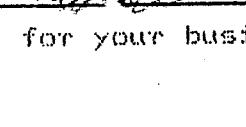
635 Toby Road
Kersey, PA 15846
(814)265-1744

| | | | | | |
|---|---|-------|------------|------------|--------------|
| Ticket No: | 127580 | Date: | 09/04/1999 | Time In: | 8:34 AM |
| | | | | Time Out | 8:34 AM |
| Customer: | SUPERIOR LANDFILL-COD | | | Gross Wt: | 16,220 |
| Cust Ref No: | | | | Tare Wt: | 12,440 |
| Veh Owner: | SUPERIOR COD | | | Net Wt: | 5,780 |
| Vehicle No: | CC2 | Type: | DUM | Qty: | 2.69 UOM: TN |
| Supp Equip1: | | Type: | | Site Cell: | 1340111800 |
| Supp Equip2: | | Type: | | | |
| Supp Equip3: | | Type: | | | |
| Tran Type: | Tipping Fee | | | Unit Chg: | \$30.65 |
| Material: | Construction & Demo | | | Base Chg: | \$88.58 |
| Waste Gen: | CLEARFIELD COUNTY | | | Total Tax: | \$15.46 |
| SP Waste No: | | | | Total Chg: | \$104.04 |
| Profile No: | COD C&D | | | Operator: | JG |
| Driver Signature: |  | | | | |
| Driver Signature:  | | | | | |
| Thank you for your business! | | | | | |

Superior Services, Inc.

Greentree Landfill

635 Toby Road
Kersey, PA 15846
(814)265-1744

| | | | | | |
|---|---|-------|------------|------------|--------------|
| Ticket No: | 127311 | Date: | 09/03/1999 | Time In: | 7:44 AM |
| | | | | Time Out | 7:44 AM |
| Customer: | SUPERIOR LANDFILL-COD | | | Gross Wt: | 20,040 |
| Cust Ref No: | | | | Tare Wt: | 12,440 |
| Veh Owner: | SUPERIOR COD | | | Net Wt: | 7,600 |
| Vehicle No: | CC2 | Type: | DUM | Qty: | 3.80 UOM: TN |
| Supp Equip1: | | Type: | | Site Cell: | 1340111800 |
| Supp Equip2: | | Type: | | | |
| Supp Equip3: | | Type: | | | |
| Tran Type: | Tipping Fee | | | Unit Chg: | \$30.65 |
| Material: | Construction & Demo | | | Base Chg: | \$116.47 |
| Waste Gen: | CLEARFIELD COUNTY | | | Total Tax: | \$20.33 |
| SP Waste No: | | | | Total Chg: | \$136.80 |
| Profile No: | COD C&D | | | Operator: | LH |
| Driver Signature: |  | | | | |
| Driver Signature:  | | | | | |
| Thank you for your business! | | | | | |

Greentree Landfill

635 Toby Road
Kersey, PA 15846
(814)265-1744

| | | |
|---------------------------------|-----------------------|-------------------|
| Ticket No: 132662 | Date: 10/01/1999 | Time In: 6:46 AM |
| | | Time Out: 6:46 AM |
| Customer: SUPERIOR LANDFILL-COD | Gross Wt: 19,900 | |
| Cost Ref No: | Tare Wt: 12,440 | |
| Own Owner: SUPERIOR COD | Net Wt: 7,460 | |
| Vehicle No: C02 | Qty: 3:73 UOM: TN | |
| Supp Equip1: | Site Cell: N13100E115 | |
| Supp Equip2: | | |
| Supp Equip3: | | |
| Supp Equip4: | | |
| Trip Type: | Unit Chg: \$30.65 | |
| Materials: | Base Chg: \$114.32 | |
| Waste Gen: | Total Tax: \$19.96 | |
| SP Waste No: | Total Chg: \$134.28 | |
| profile No: | | |
| COD CAD CLEAR | Operator: LH | |
| | Lic Nbr: 58319 | |

Thank you for your business!

Thank you for your busi-

Leibniz Supercomputer at Wuppertal, Germany

| | | |
|--------------|--------------|--------------------|
| TYPE OF BILL | DATE OF BILL | DATE OF PREV. BILL |
| CYCLE | 10/18/99 | |
| OUTP. | | |

A
CLEARFIELD HOSPITAL
P.O. BOX 992
CLEARFIELD, PA.
814 765-5341
FEI # 250979346

16830-0992

| |
|----------|
| PAGE NO. |
| 1 |
| HOSP NO. |
| 0066 |

| F | E | PATIENT NAME | PATIENT NUMBER | SEX | AGE | ADMISSION DATE | DISCHARGE DATE | DAYS | |
|---|---|-------------------------|----------------|-----|-----|----------------|----------------|------|--|
| | | CALDWELL, CLIFFORD LYNN | 46707436 | M | | 10/04/99 | | | |

| GUARANTOR NAME AND ADDRESS | C.O.B. | INSURANCE COMPANY NAME | GROUP NUMBER | POLICY NUMBER |
|---|--------|------------------------|--------------|---------------|
| CLIFFORD L CALDWELL PO BOX 1234 CLEARFIELD PA 16830 | | 1 AUTO ACCIDENT | | 00 |
| SMOLARCZYK PRZEMYS LAW | | | | |

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

| AMOUNT OF PAYMENT | \$ |
|-------------------|----|
| | |

| DATE OF SERVICE | DESCRIPTION OF HOSPITAL SERVICES | SERVICE CODE | TOTAL CHARGES | EST. COVERAGE INS. CO. NO. 1 | EST. COVERAGE INS. CO. NO. 2 | EST. COVERAGE INS. CO. NO. 3 | EST. COVERAGE INS. CO. NO. 4 | PATIENT AMOUNT |
|---|----------------------------------|--------------|---------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|
| DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS | | | | | | | | |
| 10/04 | 001ERYTHROMYCIN | 43117652 | 5.82 | 5.82 | | | | |
| 10/04 | 001SPINE LUMBAR | 42010553 | 203.00 | 203.00 | | | | |
| 10/04 | 001JELCO IV | 37510864 | 3.00 | 3.00 | | | | |
| 10/04 | 001ADAPTER MALE | 37510880 | 3.00 | 3.00 | | | | |
| 10/04 | 001PAD OVAL EYE | 37512183 | 3.00 | 3.00 | | | | |
| 10/04 | 002SPONGE 2 X 2 | 37515426 | 6.00 | 6.00 | | | | |
| 10/04 | 001LEVEL 3 ROOM | 37810058 | 140.00 | 140.00 | | | | |
| 10/04 | 001LEVEL 3 EXAM | 47910021 | 85.00 | 85.00 | | | | |
| 10/04 | 001MORPHINE 10MG | 43106251 | 5.00 | 5.00 | | | | |
| 10/04 | 003NS FLUSH | 43106400 | 15.00 | 15.00 | | | | |
| 10/04 | 001TORADOL 60MG | 43123199 | 20.01 | 20.01 | | | | |
| 10/04 | 001CHEST TWO VIE | 42010314 | 106.00 | 106.00 | | | | |
| 10/06 | 001TETANUS/DIPHT | 43123603 | 8.63 | 8.63 | | | | |
| BALANCE FORWARD | | | | | | | | |
| 0.00 | | | | | | | | |
| SUMMARY OF CURRENT CHARGES | | | | | | | | |
| | E/R FEE | | 140.00 | 140.00 | | | | |
| | E/R PHYSICIAN FEE | | 85.00 | 85.00 | | | | |
| | PHARMACY | | 5.82 | 5.82 | | | | |
| | RADIOLOGY | | 309.00 | 309.00 | | | | |
| | MED & SURG SUPPLY | | 15.00 | 15.00 | | | | |
| | RX INJECTION | | 48.64 | 48.64 | | | | |
| SUB-TOTAL OF CURR. CHARGES | | | | | | | | |
| | | | 603.46 | 603.46 | | | | |
| DIAGNOSIS: | | | | | | | | |
| | 846.0 | | | SPRAIN LUMBOSACRAL | | | | |
| | 724.2 | | | LUMBAGO | | | | |
| TOTALS | | | | | | | | |
| | | | 603.46 | 603.46 | | | | |

| | | |
|----------------------------|--|---|
| PATIENT NUMBER 46707436 | PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE | ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE. |
|----------------------------|--|---|

U5A

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

| | | | | | | |
|----------------|--------------|--------------------|---------------------|--|--|------------|
| A | | | CLEARFIELD HOSPITAL | | | PAGE NO. |
| TYPE OF BILL | DATE OF BILL | DATE OF PREV. BILL | P.O. BOX 992 | | | 1 |
| CYCLE 10/18/99 | | | CLEARFIELD, PA. | | | 16830-0992 |
| OUTP. | | | 814 765-5341 | | | HOSP NO. |
| | | | FEI # 250979346 | | | 0066 |

| | | | | | | | | |
|-------------------------|---|--------------|----------------|-----|-----|----------------|----------------|------|
| F | R | PATIENT NAME | PATIENT NUMBER | SEX | AGE | ADMISSION DATE | DISCHARGE DATE | DAYS |
| CALDWELL, CLIFFORD LYNN | | | 46720496 | M | | 10/07/99 | | |

| | | | | | |
|----------------------------|---|--------|------------------------|--------------|---------------|
| GUARANTOR NAME AND ADDRESS | CLIFFORD L CALDWELL PO BOX 1234 CLEARFIELD PA 16830 | C.O.B. | INSURANCE COMPANY NAME | GROUP NUMBER | POLICY NUMBER |
| | | | 1 AUTO ACCIDENT | | 00 |

CONRAD DONALD E

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

AMOUNT OF PAYMENT \$

| DATE OF SERVICE | DESCRIPTION OF HOSPITAL SERVICES | SERVICE CODE | TOTAL CHARGES | EST. COVERAGE INS. CO. NO. 1 | EST. COVERAGE INS. CO. NO. 2 | EST. COVERAGE INS. CO. NO. 3 | EST. COVERAGE INS. CO. NO. 4 | PATIENT AMOUNT |
|-----------------|----------------------------------|--------------|---------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|
|-----------------|----------------------------------|--------------|---------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|

DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS

| | | | |
|------------------------|----------|--------|--------|
| 10/07/001HIP COMPLETE | 42010819 | 102.00 | 102.00 |
| 10/07/001KNEE =/4 VIE | 42010876 | 127.00 | 127.00 |
| 10/07/001URINALYSIS NO | 40200016 | 15.00 | 15.00 |

| | |
|-----------------|------|
| BALANCE FORWARD | 0.00 |
|-----------------|------|

SUMMARY OF CURRENT CHARGES

| | | |
|------------|--------|--------|
| RADIOLOGY | 229.00 | 229.00 |
| LABORATORY | 15.00 | 15.00 |

| | | |
|----------------------------|--------|--------|
| SUB-TOTAL OF CURR. CHARGES | 244.00 | 244.00 |
|----------------------------|--------|--------|

DIAGNOSIS: 719.46 JOINT PAIN-LOW LE

| | | | |
|--------|--|--------|--------|
| TOTALS | | 244.00 | 244.00 |
|--------|--|--------|--------|

| | | | |
|----------------------------|--|---|--|
| PATIENT NUMBER 46720496 | PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE | ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE. | |
|----------------------------|--|---|--|

| | |
|--|-----|
| CLEARFIELD HOSPITAL CLEARFIELD, PA. | U5A |
|--|-----|

| | | | | |
|--------------|--------------|---------------------|--|-------------------|
| A | | CLEARFIELD HOSPITAL | | PAGE NO. |
| TYPE OF BILL | DATE OF BILL | DATE OF PREV. BILL | P.O. BOX 992 CLEARFIELD, PA. 814 765-5341 FEI # 250979346 | 16830-0992 |
| CYCLE | 11/05/99 | | | 1 |
| OUTP. | | | | HOSP. NO. 0066 |

| F | R | PATIENT NAME | PATIENT NUMBER | SEX | AGE | ADMISSION DATE | DISCHARGE DATE | DAYS | |
|---|---|-------------------------|----------------|-----|-----|----------------|----------------|------|--|
| | | CALDWELL, CLIFFORD LYNN | 46778726 | M | | 10/27/99 | | | |

| | | | | | |
|----------------------------|---|--------|------------------------|--------------|---------------|
| GUARANTOR NAME AND ADDRESS | CLIFFORD L CALDWELL PO BOX 1234 CLEARFIELD PA 16830 | C.O.B. | INSURANCE COMPANY NAME | GROUP NUMBER | POLICY NUMBER |
| | | | 1 AUTO ACCIDENT | | 0000000000 |
| CONRAD DONALD E | | | | | |

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

AMOUNT OF PAYMENT \$

| DATE OF SERVICE | DESCRIPTION OF HOSPITAL SERVICES | SERVICE CODE | TOTAL CHARGES | EST. COVERAGE INS. CO. NO. 1 | EST. COVERAGE INS. CO. NO. 2 | EST. COVERAGE INS. CO. NO. 3 | EST. COVERAGE INS. CO. NO. 4 | PATIENT AMOUNT |
|---|----------------------------------|--------------|---------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------|
| DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS | | | | | | | | |
| 10/27 | 001ELBOW COMPLET 42010744 | | 94.00 | 94.00 | | | | |
| 10/27 | 001ANKLE COMPLET 42012997 | | 95.00 | 95.00 | | | | |
| BALANCE FORWARD | | | | | | | | |
| | | | 0.00 | | | | | |
| SUMMARY OF CURRENT CHARGES | | | | | | | | |
| | RADIOLOGY | | 189.00 | 189.00 | | | | |
| SUB-TOTAL OF CURR. CHARGES | | | | | | | | |
| | | | 189.00 | 189.00 | | | | |
| DIAGNOSIS: 924.8 MULTIPLE CONTUSIONS NEC | | | | | | | | |
| T O T A L S | | | | | | | | |
| | | | 189.00 | 189.00 | | | | |

| | | |
|----------------------------|--|---|
| PATIENT NUMBER 46778726 | PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE | ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE. |
|----------------------------|--|---|

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

U5A

| | | |
|--------------|--------------|--------------------|
| TYPE OF BILL | DATE OF BILL | DATE OF PREV. BILL |
| CYCLE | 11/20/99 | |

A
CLEARFIELD HOSPITAL
P.O. BOX 992
CLEARFIELD, PA.
814 765-5341
FEI # 250979346

16830-0992

| |
|------------------|
| PAGE NO. |
| 1 |
| HOSP NO. 0066 |

| F | R | PATIENT NAME | PATIENT NUMBER | SEX | AGE | ADMISSION DATE | DISCHARGE DATE | DAYS | |
|---|---|-------------------------|----------------|-----|-----|----------------|----------------|------|--|
| | | CALDWELL, CLIFFORD LYNN | 46818738 | M | | 11/10/99 | | | |

| GUARANTOR NAME AND ADDRESS | CLIFFORD L CALDWELL PO BOX 1234 CLEARFIELD PA 16830 | C.O.B. | INSURANCE COMPANY NAME | GROUP NUMBER | POLICY NUMBER |
|----------------------------|---|--------|------------------------|--------------|---------------|
| | | | 1 AUTO ACCIDENT | | |
| POLINTAN RODOLFO S | | | | | |

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

AMOUNT OF PAYMENT \$

| DATE OF SERVICE | DESCRIPTION OF HOSPITAL SERVICES | SERVICE CODE | TOTAL CHARGES | EST. COVERAGE INS. CO. NO. 1 | EST. COVERAGE INS. CO. NO. 2 | EST. COVERAGE INS. CO. NO. 3 | EST. COVERAGE INS. CO. NO. 4 | PATIENT AMOUNT |
|--|-----------------------------------|---------------|-------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------|
| DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS | | | | | | | | |
| 11/10 | 001TIBIA-FIBULA | 42010884 | 101.00 | 101.00 | | | | |
| 11/10 | 001ANKLE COMPLET | 42010900 | 95.00 | 95.00 | | | | |
| | BALANCE FORWARD | | 0.00 | | | | | |
| SUMMARY OF CURRENT CHARGES | | | | | | | | |
| | RADIOLOGY | | 196.00 | 196.00 | | | | |
| | SUB-TOTAL OF CURR. CHARGES | | 196.00 | 196.00 | | | | |
| | DIAGNOSIS: | 719.47 | JOINT PAIN-ANKLE | | | | | |
| TOTALS | | | | | | | | |
| | | | 196.00 | 196.00 | | | | |

PATIENT NUMBER
46818738 PLEASE REFER TO PATIENT
NUMBER ON ALL INQUIRIES
AND CORRESPONDENCE

ADDITIONAL PATIENT BILLING MAY BE NECESSARY
FOR ANY CHARGES NOT POSTED WHEN THIS BILL
WAS PREPARED, OR IF INSURANCE CARRIERS DO
NOT PAY ANY PART OF THE AMOUNTS SHOWN
UNDER ESTIMATED INSURANCE COVERAGE.

USA

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

BODIES IN BALANCE
 607 McBRIDE ST.
 CLEARFIELD, PA 16830
 (814) 765-3970
 FED TAX ID# 25-1718465

Robert J. Mollica P.T.

CLIFF CALDWELL
 P.O. BOX 1234
 CLEARFIELD PA 16830

STATEMENT DATE: 01/27/2000
 PATIENT: CLIFF CALDWELL
 INJURED: 10/04/1999
 PHYSICIAN: CONRAD
 ID NO: 005000004291191
 EMPLOYER:

ACCT 2A0611 11 AA R1 DIAGNOSIS: ENTHESOPATHY, HIP REGION - 726.5
 PAIN SHOULDER REGION
 Cervical Strain/Sprain 847.0
 OLECRANON BURSITIS - 726.33

| DATE | RVS/CPT | DESCRIPTION | CHARGES | PAID | ADJUSTS | BALANCE |
|----------|---------------|---------------------------------|---------|-------|---------|---------|
| | | BALANCE FORWARD | | | | 0.00 |
| 10/19/99 | 97010 | MOIST HEAT 15 MIN. | 22.00 | 17.60 | -4.40 | 0.00 |
| 10/19/99 | 97035 | ULTRASOUND TO 15 MIN. | 24.00 | 12.63 | -11.37 | 0.00 |
| 10/19/99 | 97140 | MANUAL THERAPY TECHNIQUES | 40.00 | 23.13 | -16.87 | |
| 10/19/99 | 97530 | KINETIC/DYNAMIC ACT 15MIN | 36.00 | 23.24 | -12.76 | 0.00 |
| 10/19/99 | 97001 | PHYSICAL THERAPY EVAL. | 120.00 | 70.45 | -49.55 | 0.00 |
| 10/20/99 | 97010 | MOIST HEAT 15 MIN. | 22.00 | 17.60 | -4.40 | 0.00 |
| 10/20/99 | 97014 | INTERFERENTIAL STIM 15MIN | 24.00 | 14.31 | -9.69 | 0.00 |
| 10/20/99 | 97035 | ULTRASOUND TO 15 MIN. | 24.00 | 12.63 | -11.37 | |
| 10/20/99 | 97140 | MANUAL THERAPY TECHNIQUES | 40.00 | 23.13 | -16.87 | |
| 10/20/99 | 97530 | KINETIC/DYNAMIC ACT 15MIN | 36.00 | 23.24 | -12.76 | 0.00 |
| 10/21/99 | 97010 | MOIST HEAT 15 MIN. | 22.00 | 17.60 | -4.40 | 0.00 |
| 10/21/99 | 97035 | ULTRASOUND TO 15 MIN. | 24.00 | 12.63 | -11.37 | 0.00 |
| 10/21/99 | 97140 | MANUAL THERAPY TECHNIQUES | 40.00 | 23.13 | -16.87 | |
| 10/21/99 | 97530 | KINETIC/DYNAMIC ACT 15MIN | 36.00 | 23.24 | -12.76 | 0.00 |
| 10/28/99 | PENN NATIONAL | billed 390.00 for 10/19-10/21/9 | | | | |
| 10/28/99 | 97010 | MOIST HEAT 15 MIN. | 22.00 | 12.92 | -9.08 | 0.00 |
| 10/28/99 | 97035 | ULTRASOUND TO 15 MIN. | 24.00 | 14.09 | -9.91 | |
| 10/28/99 | 97140 | MANUAL THERAPY TECHNIQUES | 40.00 | 23.48 | -16.52 | |
| 10/28/99 | 97530 | KINETIC/DYNAMIC ACT 15MIN | 36.00 | 21.13 | -14.87 | 0.00 |
| 11/05/99 | 97010 | MOIST HEAT 15 MIN. | 22.00 | 12.92 | -9.08 | 0.00 |
| 11/05/99 | 97035 | ULTRASOUND TO 15 MIN. | 24.00 | 14.09 | -9.91 | |
| 11/05/99 | 97140 | MANUAL THERAPY TECHNIQUES | 40.00 | 23.48 | -16.52 | |
| 11/05/99 | 97530 | KINETIC/DYNAMIC ACT 15MIN | 36.00 | 21.13 | -14.87 | 0.00 |
| 11/12/99 | PENN NATIONAL | billed 364.00 for 10/19-11/05/9 | | | | |
| 11/15/99 | penn national | pd.\$76.60 FOR 10/21-10/21/9 | | | | |
| 11/15/99 | penn national | cr.\$45.40 FOR 10/21-10/21/9 | | | | |
| 11/15/99 | penn national | pd.\$167.51 FOR 10/19-10/20/9 | | | | |
| 11/15/99 | penn national | cr.\$100.49 FOR 10/19-10/20/9 | | | | |
| 11/16/99 | 97010 | MOIST HEAT 15 MIN. | 22.00 | 13.65 | -8.35 | 0.00 |
| 11/16/99 | 97035 | ULTRASOUND TO 15 MIN. | 24.00 | 14.89 | -9.11 | |
| 11/16/99 | 97140 | MANUAL THERAPY TECHNIQUES | 40.00 | 24.82 | -15.18 | |

CONTINUED ON NEXT PAGE

BODIES IN BALANCE
 607 McBRIDE ST.
 CLEARFIELD, PA 16830
 (814) 765-3970
 FED TAX ID# 25-1718465

Robert J. Mollica P.T.

CLIFF CALDWELL
 P.O. BOX 1234
 CLEARFIELD PA 16830

STATEMENT DATE: 01/27/2000
 PATIENT: CLIFF CALDWELL
 INJURED: 10/04/1999
 PHYSICIAN: CONRAD
 ID NO: 005000004291191
 EMPLOYER:

ACCT 2A0611 11 AA R1 DIAGNOSIS: ENTHESOPATHY, HIP REGION - 726.5
 PAIN SHOULDER REGION
 Cervical Strain/Sprain 847.0
 OLECRANON BURSITIS - 726.33

| DATE | RVS/CPT | DESCRIPTION | CHARGES | PAID | ADJUSTS | BALANCE |
|----------|-------------------|--------------------------------|---------|----------|------------|---------|
| | | BALANCE FORWARD | | | | 0.00 |
| 11/24/99 | PENN NATIONAL | billed 86.00 for 11/16-11/16/9 | | | | |
| 12/06/99 | penn national | pd.\$213.69 FOR 10/19-11/05/9 | | | | |
| 12/06/99 | MOTOR VEHICLE ACT | cr.\$150.31 - 10/19-11/05/9 | | | | |
| 12/20/99 | PENN NATIONAL | pd.\$53.36 FOR 11/16-11/16/9 | | | | |
| 12/20/99 | MOTOR VEHICLE ACT | cr.\$32.64 - 11/16-11/16/9 | | | | |
| | | | TOTALS | 840.00 | 511.16 | -328.84 |
| CURRENT | OVER 30 | OVER 60 | OVER 90 | OVER 120 | | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | PLEASE PAY | |

**CLEARFIELD HOSPITAL
IMAGING DEPARTMENT**

(814) 768 - 2275

| | | | |
|----------|--------------------------------|-----------|--------------------|
| PATIENT: | CALDWELL, CLIFFORD LYNN | MR #: | 096596 |
| AGE: | 40 SEX: M | ADM#: | 46707436 |
| DOB: | 07/24/1959 | ROOM/BED: | EMR |
| ORD DR: | SMOLARCZYK, PRZEMYSLAW | PT CLASS: | ED |
| ATT DR: | SMOLARCZYK, PRZEMYSLAW | PT TYPE: | E FC: F |
| ALT DR: | CONRAD, DONALD E | HOSP SVC: | E/D ORDER #: 90001 |

REFERRING DIAGNOSIS: MVA; LOW BACK PAIN, LEG PAIN
C3

CONTRAST DOCUMENTATION:
BRAND: AMT: BY:

HISTORY/ COMMENTS: PAIN DOWN LEFT LEG MID CHEST PAIN

IS PATIENT PREGNANT? NA

LMP:

SHIELDED: N

NO. OF FILMS: 10

FLUORO TIME:

ORDER #: 90001

10/04/1999 CHEST TWO VIEW FRONTAL/LATERAL 71020

PROCEDURE ENDED: 10/04/1999 08:05 Initials: SLL JCS MAL

PA and lateral views of the chest demonstrate the lung fields to be clear and normally expanded. The cardiovascular markings and pulmonary vascular pattern appear normal. The mediastinal structures and hila are normal. The bones and soft tissues are normal.

IMPRESSION: Normal chest.

10/04/1999 SPINE LUMBAR COMP W/OBLIQUES 72110

PROCEDURE ENDED: 10/04/1999 08:05 Initials: SLL JCS MAL

Vertebral bodies and disc spaces are normal. Posterior elements are intact. Normal lumbar lordosis is maintained. No evidence for spondylolysis or spondylolisthesis is seen. Soft tissue structures are normal.

IMPRESSION: Normal lumbosacral spine.

READING DOCTOR: ALFRED B. COREN, M.D.
ELECTRONICALLY SIGNED: **ALFRED B. COREN, M.D.**
TRANSCRIBED BY: BSK 10/04/1999 09:07AM

CLEARFIELD HOSPITAL, PO BOX 992, CLEARFIELD, PA 16830
EMERGENCY DEPARTMENT RECORD

PATIENT: CALDWELL, CLIFFORD **MR #:**0000096596
DATE OF SERVICE: 10/04/99
PHYSICIAN: Przemyslaw P. Smolarczyk, M.D.
TIME DICTATED: 09:24:24 **TIME TRANSCRIBED:** 06:11:06

TIME SEEN: On arrival.

The patient arrived by ambulance. History taken from the patient and ambulance crew.

CHIEF COMPLAINT: Motor vehicle accident.

HISTORY OF PRESENT ILLNESS: This is a 40-year-old black male who was the restrained driver of a dump truck who lost control and rolled over. The patient denies loss of consciousness. He complains of pain mostly in the lower back and feeling like a scratch in the left eye. Patient denies pain in the neck. Patient was brought by paramedics immobilized on the board. Patient denies any chest pain or shortness of breath but is complaining of some achy feeling in both sides of his chest which radiates to his lower back when he takes a deep breath.

PAST MEDICAL HISTORY: Unremarkable. Last tetanus was more than five years ago.

MEDICATION(S): None.

ALLERGIES: None.

PHYSICAL EXAMINATION:

VITAL SIGNS: Stable.

GENERAL: The patient is awake, alert, and oriented times three, in no acute distress.

HEENT: There is a small bruise on the right side of the forehead that is very mildly tender. Pupils were equal and reactive to light. Extraocular muscles are intact. Sclerae anicteric. Further examination of the eye was deferred because patient is fully immobilized.

NECK: Supple, non-tender. No tenderness over the spinous processes.

LUNGS: Clear to auscultation. Good respiratory effort.

CHEST: Non-tender to palpation.

HEART: Regular rate and rhythm.

ABDOMEN: Soft, non-tender. Positive bowel sounds.

BACK: There is tenderness across his lower back. Back of the chest non-tender at the thoracic spine.

EXTREMITIES: Full range of motion.

NEUROLOGIC: Non-focal.

EMERGENCY DEPARTMENT COURSE: After giving patient pain medication of Toradol 45 mg and Morphine 5 mg IV, the patient was sent for x-ray of the chest and lumbosacral spine which came back normal. The patient was able to ambulate, and patient walked to be checked for his visual acuity. Right eye 20/25, left 20/50, and both 20/20. Patient was then placed in the

CLEARFIELD HOSPITAL, PO BOX 992, CLEARFIELD, PA 16830
EMERGENCY DEPARTMENT RECORD

PAGE 2

PATIENT: CALDWELL, CLIFFORD MR #:0000096596

eye room and left eye examined. After using first anesthetic, the eye was examined. No foreign body noticed on the cornea, sclera, or under the eyelid. Fluorescein was then applied and eye examined under the slit lamp. There is a small corneal abrasion just in the front of the pupil. Patient was stating that he felt much better after the anesthetic applied to his left eye. Anterior chamber intact.

TREATMENT: The patient is supposed to receive diphtheria-tetanus toxoid. Patient also had Erythromycin applied to the left eye and eye patch.

DIAGNOSIS(ES):

1. Status post motor vehicle accident.
2. Lumbosacral strain.
3. Left eye corneal abrasion.

DISCHARGE INSTRUCTIONS: Percocet one every four to six hours, prescription given for 30. Advil 800 mg every eight hours. Rest, follow with family doctor, and follow with eye doctor. Erythromycin ointment every eight hours to the left eye. Off work for two days and light duty for five.

DATE: 10/15/92 PHYSICIAN'S SIGNATURE: Przemyslaw P. Smolarczyk, M.D.

PPS/cah

DD: 10/04/99

DT: 10/05/99

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DISCHARGE INSTRUCTIONS.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DISCHARGE INSTRUCTIONS.

NURSE SIGNATURE
 NON-EMERGENCY

TIME

PHYSICIAN ASSISTANT SIGNATURE

CALDWELL, CLIFFORD

PATIENT SIGNATURE

10/04/99 07:01

PHYSICIAN SIGNATURE

Clearfield Hospital

EMERGENCY DEPARTMENT RECORD

Patient: Cliff Caldwell Age: _____ Caller: _____
Phone: 765-720-2 Pharmacy: _____
Date/time: 11/2/99 10:41 By: SC

Test results _____ Appointment/Rx _____ Rx Reaction _____
Requests Dr./Nurse to call _____ Returning Dr./Nurse call _____
Message/symptoms: has been off work since 10/4-11/1/99 (MVA)
needs something to write for Insurance Receipts
Doctor's instructions: can DEC give him something?
Action taken: yes
notified 11/2/99 SC

11/99 Pt no show for follow up thtst @ 11:00 — SK

11/99 Called pt bc above messid Appt.
Did R/S for 12/6/99 @ 11:15 — SK

SC

19 RTO 3 mo. - No complaints — SV Raynor

② hip stiff
→ saw Dr. Palmer

ache/pain improving slowly
- continue c DAspro

back not bad
no calc f.

no participant tenderness

③ Fibrer (L)

neg SLE

SC: ① hip DSD
Sx MVA, multiple contusion
→ RTO 3 months 3/1/00 Q/S
pm DAspro

SC

PATIENT NAME

Cliff Caldwell

HOME PHONE

705-7202

WORK PHONE

PHARMACY

ALLERGIES: NKA

HGT: 5'11" IBW: _____

Clifford. Caldwell
10/19/99 - Rev 2 wks - (L) elbow swollen. sore to touch. (R) ankle swollen
(L) knee hurting. — numbness in (R) flank side memorandum

(L) elbow → swollen over olecranon
— never x-rayed at time of injury
still multiple aches → (L) knee aches, (R) ankle
— feels better, may be L
Continuous D'Ayres
(L) best knee pain in certain twist motion

curr 222
cycle

(L) olecranon bursa swelling
good ROM, no subacute
(L) knee, tend to lock
(R) ankle, modullary
non-lead

→ tip Sjögren's, multiple centroses
(L) olecranon bursitis

→ XR (L) elbow

✗ (R) ankle

→ ortho visit - Dr Polkotin 11/10/99
9:30

centro therapy

centro D'Ayres - simple

PTO therapy

✓

10/29/99. Pt notified per Dec (L) elbow (R) ankle (L) arthritis memorandum

Jeff Caldwell

11/1/99 Flu and cold - states Daypro helping a lot - = Cerebytan - much improved - having normal
3m's. (JR Ray)

UA - neg for blood

(L) knee x-ray → normal

(L) hip → severe OA (R) hip
mild DDD (R) hip

Daypro helping

not as constipated

(no parentheses - number) (R) postural changes

→ 1/2 dozen → (R) 2nd

neg SLE

no palp tenderness L-S spine

Top: L-S contusion
- multiple contusions.

→ PT and Rx 10/21/99
Ner 2-wk
10/26/99
10/30/99

**CLEARFIELD HOSPITAL
IMAGING DEPARTMENT**

(814) 768 - 2275

| | | | |
|----------|--------------------------------|-----------|--------------------|
| PATIENT: | CALDWELL, CLIFFORD LYNN | MR #: | 096596 |
| GE: | 40 SEX: M | ADM#: | 46778726 OP |
| OB: | 07/24/1959 | ROOM/BED: | |
| RD DR: | CONRAD, DONALD E | PT CLASS: | OUT |
| IT DR: | CONRAD, DONALD E | PT TYPE: | R FC: F |
| LT DR: | POLINTAN, RODOLFO S | HOSP SVC: | IMG ORDER #: 90003 |

REFERRING DIAGNOSIS: MULTIPLE CONTUSION
S/P MVA

CONTRAST DOCUMENTATION:

BRAND: AMT: BY:

HISTORY/ COMMENTS: MVA 10/4/99 PAIN @2050

IS PATIENT PREGNANT? LMP:

SHIELDED: NO. OF FILMS: 4

FLUORO TIME:

ORDER #: 90003

10/27/1999 ELBOW COMPLETE LEFT 73080

PROCEDURE ENDED: 10/27/1999 20:51 Initials: MJB

Degenerative spurring is seen. No fracture, dislocation or posterior fat pad sign is noted.

IMPRESSION: Degenerative joint disease.

10/27/1999 ANKLE COMPLETE RIGHT 73610

PROCEDURE ENDED: 10/27/1999 20:51 Initials: MJB

Degenerative spurring is seen. No fracture, dislocation or destructive lesion is noted.

IMPRESSION: Degenerative joint disease.

READING DOCTOR: DAVID L. OBLEY, M.D.
ELECTRONICALLY SIGNED: RICHARD G. WILLIAMS, M.D.
TRANSCRIBED BY: MAP 10/28/1999 10:32AM

orth
10/29/99

notified 10/29/99
MWB

Clifford Caldwell

8/98- Pt "no show" for todays Appt C 9⁴⁵ — SMC
1/99- Called pt about above missed Appt. Did R/S
for 2/2/99 C 9⁴⁵ — SMC

2/99- Pt "no show" for ~~✓~~ todays Appt C 9⁴⁵ — SK
1/5/99- Called pt about above missed Appt. LM
to call to R/S — SK

3/6/99- ER. F/w from MVA. Pain in \odot back, numbs, pain in \textcircled{L} knee.
Bowels not working well. 1 BM since Monday. ER. gave percocet
mem low

MVA - 10/4 - flipped truck over $\times 3$ (12 ton truck c load)
to ER - had x-ray - told no fracture.

$\% \textcircled{R}$ funk; \textcircled{L} knee pain + hip

\uparrow C weight bearing

- copy lof - neg C&L
normal L-S spine

ER Rx'd percocet

tender \textcircled{R} paralumbar spine

neg SLR, no midline spine tenderness

\textcircled{L} back/knee tender

no effusion

abd soft, nontend

(+)**BS**

\leftarrow multiple contusions
S/P MVA

✓ \textcircled{L} knee + hip $\times 2$ x-ray Hosp.

Rx Colace 1-2 po qd (H. 30 RT)
+ percocet use

✓ UA R/o 1 bc Hosp.

5 Daypa 600mg 2qd

N-10/11 10^{30}

\leftarrow

**CLEARFIELD HOSPITAL
IMAGING DEPARTMENT**

(814) 768 - 2275

| | | | |
|----------|--------------------------------|-----------|--------------------|
| PATIENT: | CALDWELL, CLIFFORD LYNN | MR #: | 096596 |
| AGE: | 40 | SEX: | M |
| DOB: | 07/24/1959 | ADM#: | 46720496 |
| ORD DR: | CONRAD, DONALD E | ROOM/BED: | OP |
| ATT DR: | CONRAD, DONALD E | PT CLASS: | OUT |
| ALT DR: | CONRAD, DONALD E | PT TYPE: | R FC: F |
| | | HOSP SVC: | OPT ORDER #: 90002 |

REFERRING DIAGNOSIS: LT KNEE/HIP PAIN

CONTRAST DOCUMENTATION:

BRAND: AMT: BY:

HISTORY/ COMMENTS: PAIN LT HIP/KNEE MVA 10/4/99 AM @11:10

IS PATIENT PREGNANT? NA LMP:

SHIELDED: Y NO. OF FILMS: 9 FLUORO TIME:

ORDER #: 90002

10/07/1999 HIP COMPLETE LEFT 73510

PROCEDURE ENDED: 10/07/1999 11:15 Initials: MAL

Severe osteoarthritis is seen in the left hip joint with asymmetric joint space narrowing and osteophyte formation. In addition, subchondral cystic change is seen in the femoral head and in the acetabulum.

Mild degenerative change is seen in the right hip.

No fractures are identified.

IMPRESSION: Severe osteoarthritis of the left hip.
Mild degenerative change in the right hip.

10/07/1999 KNEE => 4 VIEWS LEFT 73564

PROCEDURE ENDED: 10/07/1999 11:15 Initials: MAL

Routine radiographs including a merchants projection are available which demonstrate the bones and soft tissues to appear normal. The joint space is normally maintained. The patella is normally aligned within the femoral condyles.

No evidence for joint effusion is seen.

IMPRESSION: Normal knee.

READING DOCTOR: ALFRED B. COREN, M.D.
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.
TRANSCRIBED BY: MMB 10/07/1999 02:23PM

pull back
SB

**CLEARFIELD HOSPITAL
IMAGING DEPARTMENT**
(814) 768 - 2275

PATIENT: **CALDWELL, CLIFFORD LYNN** MR #: **096596**
GE: 40 SEX: M ADM#: 46707436 EMR
OB: 07/24/1959 ROOM/BED:
RD DR: SMOLARCZYK, PRZEMYSLAW PT CLASS: ED
TT DR: SMOLARCZYK, PRZEMYSLAW PT TYPE: E FC: F
LT DR: CONRAD, DONALD E HOSP SVC: E/D ORDER #: 90001

REFERRING DIAGNOSIS: MVA; LOW BACK PAIN, LEG PAIN
C3
CONTRAST DOCUMENTATION:
BRAND: AMT: BY:

HISTORY/ COMMENTS: PAIN DOWN LEFT LEG MID CHEST PAIN

IS PATIENT PREGNANT? NA LMP:
SHIELDED: N NO. OF FILMS: 10 FLUORO TIME:
ORDER #: 90001

10/04/1999 CHEST TWO VIEW FRONTAL/LATERAL 71020

PROCEDURE ENDED: 10/04/1999 08:05 Initials: SLL JCS MAL

PA and lateral views of the chest demonstrate the lung fields to be clear and normally expanded. The cardiovascular markings and pulmonary vascular pattern appear normal. The mediastinal structures and hila are normal. The bones and soft tissues are normal.

IMPRESSION: Normal chest.

10/04/1999 SPINE LUMBAR COMP W/OBLIQUES 72110

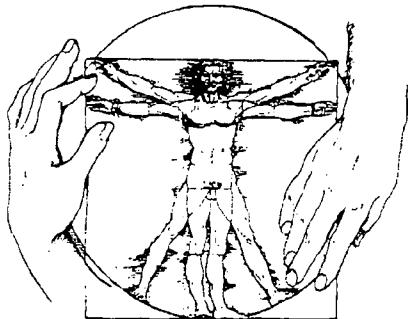
PROCEDURE ENDED: 10/04/1999 08:05 Initials: SLL JCS MAL

Vertebral bodies and disc spaces are normal. Posterior elements are intact. Normal lumbar lordosis is maintained. No evidence for spondylolysis or spondylolisthesis is seen. Soft tissue structures are normal.

IMPRESSION: Normal lumbosacral spine.

READING DOCTOR: ALFRED B. COREN, M.D.
ELECTRONICALLY SIGNED: ALFRED B. COREN, M.D.
TRANSCRIBED BY: BSK 10/04/1999 09:07AM





BODIES IN BALANCE

Robert J. Mollica P.T.

607 McBride Street

Clearfield, PA 16830

814-765-3970 - (Fax) 814-765-3980

INITIAL EVALUATION

BODIES IN BALANCE

RE: Clifford Caldwell

DATE: 10-19-1999

Physician: Dr. Conrad

SUBJECTIVE

Clifford was seen for initial evaluation today secondary to a MVA sustained 10-4-99. As you know, Clifford was involved in an accident in which he was struck from the drivers side and flipped his 10 ton truck several times. He was tossed around the cabin and sustained several contusions. Clifford's chief complaint is pain in the back and pain in the left hip. He demonstrates an antalgic gait this day. The right lower quadrant of the back and hip is described as being numb. He also has complaints of neck and shoulder pain as well as left elbow pain and swelling. He feels "all banged up."

Hip symptoms are reported as a deep dull ache which gets sharp with prolonged ambulation. Back and neck symptoms are described as dull aches like deep muscles bruises after a football game. Stiffness and soreness with movement is noted, but no sharp pain. There is notation of a numb like sensation in the right lower quadrant of the lumbar and hip region. The left elbow hurts to touch and is needle like when he rests his arm on an armrest.

OBJECTIVE

Observation: Clifford ambulates with an antalgic gait. He has a noticeable contusion on his forehead. The left elbow is slightly swollen.

Posture: A slight kyphotic posture is noted. There is a weight shift to the right and subsequent pelvic obliquity. The head is held side bent to the left. The pelvis is unlevel with a left upslip and right anterior innominate noted.

ROM: Hip ROM is reduced in Flexion and Internal rotation secondary to pain. Scouring the hip creates pain especially in flexion, abduction and Internal Rotation. Trunk ROM is WFL all planes. The cervical spine is reduced in rotation right and side bending left and right secondary to stiffness in end ranges only. The left elbow has slight limitation of extension due to pain.

Strength: No significant signs of weakness noted.

Neurological: No paresthesia or radiating pain is noted, however a numb like sensation of the right lower quadrant is present. This area is reduced to light touch.

Palpation: Localized tenderness and muscle soreness is noted in the upper traps bilaterally, the left lower back and thigh, and left elbow. The left elbow is slightly swollen.

Caldwell 2

ASSESSMENT

The objective findings and symptoms correlate with the diagnosis of left hip contusion with capsular pain, multiple contusions of the trunk, strain of the cervical spine and numbness of the right lower quadrant secondary to cutaneous nerve trauma. Left elbow maybe olecranon bursitis Vs bone chip.

Goals: Decrease complaints if pain from 5/10 to 0-1/10 in the hip and 3/10 to 0/10 for the trunk and cervical spine.

Improve painfree ROM of the hip and cervical spine.

Reduce swelling and restore ROM to the left elbow.

Restore myofascial mobility and osseous balance to the pelvis and left hip.

Return to a physiological state of rest posture.

Restore muscular balance to eliminate biomechanical deviations in movement.

Return to maximum functional status with independent home program.

TREATMENT PLAN

Thermal and electrical modalities to control pain and spasm.

Myofascial, CranioSacral, soft tissue and osseous mobilization/manipulation techniques to restore mobility and postural balance.

Active ROM and postural correction exercises to restore muscular balance and movement awareness.

Education in proper body mechanics and biomechanical function in order to prevent recurrent musculoskeletal dysfunction.

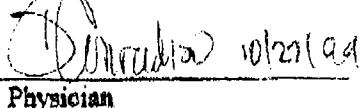
Independent home exercises for reconditioning and self correction of osseous and soft tissue imbalances as well as to promote wellness.

I plan to initiate P.T. treatments 2 times per week for 5 weeks in order to first balance the myofascial and osseous components, restore physiological state of rest posture and then educate the patient in a home exercise program.

If you feel physical therapy would benefit this patient as outlined above please sign below and I will keep you informed of this patients progress. I thank you very much for this referral.

I certify that the Treatment Plan outlined above is medically necessary and in accordance with usual and customary services associated with this patients diagnosis.


Roben J. Mollica PT Date


Physician

Daily Progress Note

5-1718465

Clifford Caldwell

Patient Name

10-19-96
Date

JECTIVE pain rating: intensity 2/5 frequency 17 duration 124

Sore in (L) hip (L) elbow and (L) upper back.

ECTIVE: Range of motion deficit End range (L) hip movement limited 2° to pain

Movement dysfunction (L) elbow swelling 2° to "bursa"?

Postural dysfunction

Special Tests

TMENT ADMINISTERED: Hands on treatment by 2 or 3 therapists, today's maximum circled.

ILIZATION: Joint mob/ muscle energy Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other

AAROM with stretch Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other

Grade five mobilization Cervical/Thoracic/Lumbar/ Sacral-Iliac/Segments

Arm pull

FASCIAL RELEASE: occ traction O-A decomp LS decomp SI decomp resp. diaph pelvic floor thoracic inlet

| DEEP RELEASES: | anterior | posterior | L lateral | R lateral | rotation |
|----------------|----------|-----------|-----------|-----------|----------|
| cervical | C | C | C | C | C |
| thoracic | T | T | T | T | T |
| lumbar | L | L | L | L | L |

leg pull with gluts, hams, Adduct, Abduct, rotators, quad lumb, lats R L

arm pull with pecs, traps, lats, teres, scap Adductors, c-ant, c-post, c-lat R L

SOFT TISSUE MOBILIZATION:

sub occ SCM (L / R) U. Trap Lev. Scap (L / R) pecs (L / R) lats (L / R) subscap (L / R) P'spinal (C, T, L)

psoas quad lumb p-formis TFL (L / R) ITB (L / R) hams (L / R) gastrocs (L / R) foot (L / R) hand (L / R)

CRANIAL/INTRA-ORAL:

occ pariet temp sphen mand max vomer frontal zygoma ear pull pterygoid masseter digastric

Adductor Spasm

ETIC ACTIVITY: ADL's Postural Awareness Neuromotor Re-ed Structural Integration Closed Chain Activity

THERAPEUTIC EXERCISES: assisted / unassisted

HOME PROGRAM: initial review modify

ALITIES: MH ice US E-Stim Probe ionto back track inversion relax tapes

TMENT DURATION: ATTENDED 15 30 45 60 UNATTENDED 15 30 45 TOTAL 30 45 60 75 90 120

ESSMENT: Sore are less - (L) hip feels loose at movement
free

AN: Cut an outlet - 3x ml.

Tx's

Physical Therapist:

Robert J. M. P. D.

Daily Progress Note

Cliff Caldwell 10-21-99
Patient Name Date

ID# 25-1718465

SUBJECTIVE pain rating intensity 2/5 frequency 1/7 duration 1/24

SKs remained but noted improvement in hip + Ribs L5/S1 still tender

OBJECTIVE Range of motion deficit End range hip + L5/S1
Movement dysfunction
Postural dysfunction
Special Tests pelvis level = leg length

TREATMENT ADMINISTERED: Hands on treatment by 1 (2 or 3 therapists, today's maximum circled).

Mobilization: Joint mob/ muscle energy Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other
AAROM with stretch Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other
Grade five mobilization Cervical/Thoracic/Lumbar/ Sacral-Hiatal Segments

MYOFASCIAL RELEASE: pre traction Q-A decomp LS decomp SI decomp resp decomp pelvic floor thoracic inlet

| DEEP RELEASES: | anterior | posterior | L lateral | R lateral | rotation | ITB/guad |
|--|----------|-----------|-----------|-----------|----------|-------------|
| cervical | C | C | C | C | C | guad lumbar |
| thoracic | T | T | T | T | T | ITB/guad |
| lumbar | L | L | L | L | L | L |
| leg pull with gluts, hamns, Adduct, Abduct, rotators, quad lat R, lat R L | | | | | | |
| arm pull with pecs, traps, lats, teres, scap Adductors, c-ant, c-post, c-lat R L | | | | | | |

SOFT TISSUE MOBILIZATION:

sub occ SCM (L/R) LI Trap Lev Scap (L/R) pecs (L/R) lats (L/R) subscap (L/R) P'spinal C, T, L
pecs (quad/lumb) p-formis TFL (L/R) ITB (L/R) hamns (L/R) gastrocs (L/R) foot (L/R) hand (L/R)

CRANIAL/INTRA-ORAL:

occ pariet temp sphen mand max vomer frontal zygoma ear pull pterygoid masseter digastric

KINETIC ACTIVITY: ADE's Postural Awareness Neuromotor Rx ed Structural Integration Shared Chain Activity

THERAPEUTIC EXERCISES assisted / unassisted HOME PROGRAM: initial review modify

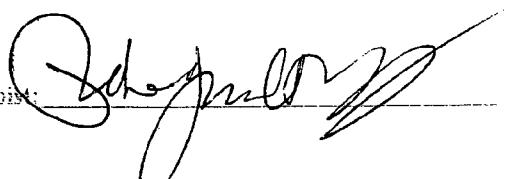
MODALITIES MH ice US E-Stim Probe Ionto back track inversion relax tapes

TREATMENT DURATION: ATTENDED 15 30 45 60 UNATTENDED 15 30 45 TOTAL 30 45 60 75 90 120

ASSESSMENT: Cont'd to demonstrate improvement

PLAN: Cont'd P.T. progress to x

Physical Therapist:



Daily Progress Note

Cliff Caldwell

Patient Name

10-20-99

D# 25-1718465

Date

SUBJECTIVE: pain rating: intensity 2 / 5 frequency 7/7 duration 1/24

See @ hip very sore - limping this day

OBJECTIVE: Range of motion deficit hip flexor are tight
Movement dysfunction neck + shoulder + (L) elbow
Postural dysfunction _____
Special Tests _____

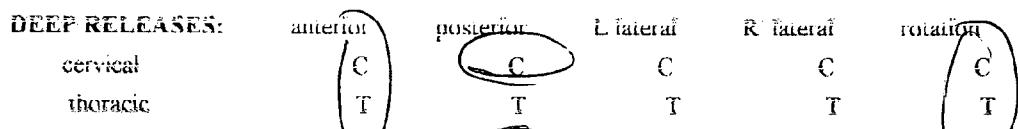
TREATMENT ADMINISTERED: Hands on treatment by 1 or 3 therapists, today's maximum circled.

MOBILIZATION: Joint mob/ muscle energy Pelvis/Trunk/Rib/Neck/UE/Shoulder/LF/Hip/Other

AAROM with stretch Pelvis/Trunk/Rib/Neck/UE/Shoulder/LF/Hip/Other

Grade five mobilization Cervical/Thoracic/Lumbar/Sacral-Thiac/Segments

MYOFASCIAL RELEASE: occ traction O-A decomp LS decomp SI decomp resp. diaph pelvic floor thoracic inlet



leg pull with gluts, ham's Adduct, Adduct, rotators, quad lumb, lats R L

arm pull with pecs, traps, lats, teres, scap Adductors, c-ant, c-post, c-lat R L

SOFT TISSUE MOBILIZATION:

sub-occ. SCM (L / R) U Trap Lev Scap (L / R) pecs (L / R) lats (L / R) subscap (L / R) P spinal C, T, L
psoas quad lumb p-formis TFL (L / R) ITB (L / R) ham's (L / R) gastroc (L / R) foot (L / R) hand (L / R)

CRANIAL/INTRA-ORAL:

occ pariet temp sphen mand max vomer frontal zygoma ear pull pterygoid masseter digastric

KINETIC ACTIVITY: ADL's Postural Awareness Neuromotor Rept Structural Integration Closed Chain Activity

THERAPEUTIC EXERCISES: assisted / unassisted HOME PROGRAM: initial review modify

MODALITIES: MH ice US E-Stim Probe ionto back track inversion relax tapes

TREATMENT DURATION: ATTENDED 15 30 45 60 UNATTENDED 15 30 45 TOTAL 30 45 60 75 90 120

ASSESSMENT: rehir more fluid. - Easier Spine more mobile
"hip feels looser"

PLAN: rest

Physical Therapist:

Adam Jankus

Daily Progress Note

25-1718465

Cliff Caldwell
Patient Name10/28/99
Date

OBJECTIVE pain rating: intensity 2/5 frequency 1/7 duration 1/24

LBO pain rd 2+ inc, hip & knee still feel better but hip hurts

SUBJECTIVE: Range of motion deficit hip Closed position of pain: LSO stability +/ Movement dysfunction Postural dysfunction Special Tests pelvis nonparallel

TREATMENT ADMINISTERED: Hands on treatment by 1, 2 or 3 therapists, today's maximum circled.

MOBILIZATION: Joint mob/ muscle energy Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/OtherAAROM with stretch Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/OtherGrade five mobilization Cervical/Thoracic/Lumbar/ Sacral-Iliac/SegmentsMYOFASCIAL RELEASE: occ traction Q-A decomp LS decomp SI decomp resp. diaph pelvic floor thoracic inletDEEP RELEASES: anterior posterior L lateral R lateral rotation L40 Transverse
cervical C C C C C
thoracic T T T T T
lumbar L L L L L

leg pull with gluts, hamns. Adduct. Abduct. rotators, quad lumb. lats R. L.

arm pull with pecs, traps, lats, teres, scap Adductors, c-anti, c-post, c-lat R. L.

SOFT TISSUE MOBILIZATION:

sub occ. SCM (L/R) U. Trap Lev. Scap (L/R) pecs (L/R) lats (L/R) subscap (L/R) P'spinal C. T. L
psoas quad lumb p-formis SFL (L/R) ILE (L/R) hamns (L/R) gastrocs (L/R) foot (L/R) hand (L/R)

CRANIAL/INTRA-ORAL:

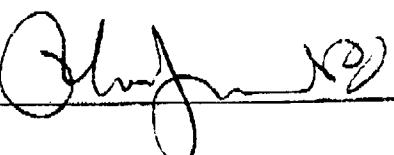
occ pariet temp sphen mand max vomer frontal zygoma ear pull pterygoid masseter digastric

INTEGRATIVE ACTIVITY: ADL's Postural Awareness Neuromotor Re-ed Structural Integration Closed Chain ActivityTHERAPEUTIC EXERCISES assisted / unassisted HOME PROGRAM: initial review modify Clay SticksQUALITIES: MH ice US E-Stim Probe ionto back track inversion relax tapes hip

TREATMENT DURATION: ATTENDED 15 30 45 60 UNATTENDED 15 30 45 TOTAL 30 45 60 75 90 120

ASSESSMENT: Cervical segment pelvis level L45 Rom 75-85
hip arm legPLAN: Cervical

Physical Therapist:



Daily Progress Note

D# 25-1718465

C. Caldwell 11-5-99
Patient Name Date

SUBJECTIVE pain rating 2 intensity / 5 frequency / 7 duration / 24

hip pain less. Elbow feels a little better

OBJECTIVE Range of motion deficit End range J+1 L60 - plus buck.

Movement dysfunction

Postural dysfunction

Special Tests

TREATMENT ADMINISTERED: Hands on treatment by 1, 2 or 3 therapists, today's maximum circled.

MOBILIZATION: Joint mob/ muscle energy Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other

AAROM with stretch

Grade five mobilization

Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other

Cervical/Thoracic/Lumbar/ Sacral-Iliac/Segments

MYOFASCIAL RELEASE: occ traction O-A decomp LS decomp SI decomp resp. diaph pelvic floor thoracic inlet

DEEP RELEASES: anterior posterior L lateral R lateral rotation

cervical C C C

thoracic T T T

lumbar L L L

leg pull with glute, ham, Adductor, Abductor, rotators, quad, lumb, lats R, L

arm pull with pecs, traps, lat, teres, scap, Adductors, c-ant, c-post, c-lat, R, L

SOFT TISSUE MOBILIZATION:

sub occ. SCM (L / R) L trap Lev. Scap (L / R) pecs (L / R) lats (L / R) subscap (L / R) P'spinal C, T, L psoas quad lumb p-tornis TFL (L / R) ITB (L / R) hams (L / R) gastrocs (L / R) foot (L / R) hand (L / R)

CRANIAL/INTRA-ORAL:

occ pariet temp spheno mand max vomer frontal zygoma ear pull pterygoid masseter digastric

KINETIC ACTIVITY: ADL's Postural Awareness Neuromotor Re-ed Structural Integration Closed Chain Activity

THERAPEUTIC EXERCISES: assisted / unassisted HOME PROGRAM: initial review modify

MODALITIES: MH ice US E-Stim Probe ionto back track inversion relax tapes

TREATMENT DURATION: ATTENDED 15 30 45 60 UNATTENDED 15 30 45 TOTAL 30 45 60 75 90 120

ASSESSMENT: Still can't do his present best 5+0 both.

ROM good - Congolatera.

PLAN: Cast

Physical Therapist

John J. Jernigan

Daily Progress Note

ID# 25-1718465

Cliff Caldwell

Patient Name

11-16-99

Date

SUBJECTIVE pain rating: intensity 2/5 frequency 1/7 duration 1/24

Dear pain - 1st activity + working then pain -

OBJECTIVE Range of motion deficit LSO OK ✓ - L1 Babinski left - End range Movement dysfunction Postural dysfunction Special Tests

TREATMENT ADMINISTERED: Hands on treatment by 1 or 3 therapists, today's maximum circled.

Mobilization: Joint mob/ muscle energy Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other
 AAROM with stretch Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other
 Grade five mobilization Cervical/Thoracic/Lumbar/ Sacral-Iliac/Segments

Myofascial Release: occ traction O-A decomp LS decomp SI decomp resp. diape pelvic floor thoracic inlet

| DEEP RELEASES: | anterior | posterior | L lateral | R lateral | rotation | imp |
|---|----------|-----------|-----------|-----------|----------|-----|
| cervical | C | C | C | C | C | |
| thoracic | T | T | T | T | T | |
| lumbar | L | L | L | L | L | |
| leg pull with gluts, hamns. Adduct, Abduct, rotators, quad lumb, lats R, L | | | | | | |
| arm pull with pecs, traps, lats, teres, scap Adductors, c-ant, c-post, c-lat R, L | | | | | | |

SOFT TISSUE MOBILIZATION:

sub occ. SCM (L / R) L. Trap Lev.Scap (L / R) pecs (L / R) lats (L / R) subscap (L / R) P'spinal C. T. L
 psoas quad lumb p-fermis ITFL (L / R) ITB (L / R) hamns (L / R) gastrocs (L / R) foot (L / R) hand (L / R)

CRANIAL/INTRA-ORAL:

nas: pariet temp sphen mand max vomer frontal zygoma ear pull pterygoid masseter digastric

PNF LE D102

KINETIC ACTIVITY: ADL's Postural Awareness Neuromotor Re-ed Structural Integration Closed Chain Activity

HERAPEUTIC EXERCISES assisted / unassisted HOME PROGRAM: initial review modify

MODALITIES: MH ice US E-Stim Probe ionto back track inversion relax tapes

TREATMENT DURATION: ATTENDED 15 30 45 60 UNATTENDED 15 30 45 TOTAL 30 45 60 75 90 120

ASSESSMENT: See box - Box 2nd - Smelly mil

PLAN: Cut to program to xth on ball.

Physical Therapist: 

BODIES IN BALANCE

Physical Therapy

607 McBride St
Clearfield, PA 16830

Date 1-27-00

TO: jennifer/Denning/Gearhart

RE: Clifford Caldwell

FROM: Robert Mollica PT

Phone 814-765-3970

Fax 814-765-3980

Number of pages including cover 3



Confidentiality Note: The documents accompanying this FAX transmission contain information which is confidential. This information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this information is strictly prohibited, and that the documents should be returned to **BODIES IN BALANCE** immediately. In this regard, if you have received this FAX in error, please notify me by telephone immediately so that I can arrange for the return of the original documents to me at no cost to you.

CLEARFIELD HOSPITAL, PO BOX 992, CLEARFIELD, PA 16830
EMERGENCY DEPARTMENT RECORD

PATIENT: CALDWELL, CLIFFORD **MR #:**0000096596
DATE OF SERVICE: 10/04/99
PHYSICIAN: Przemyslaw P. Smolarczyk, M.D.
TIME DICTATED: 09:24:24 **TIME TRANSCRIBED:** 06:11:06

TIME SEEN: On arrival.

The patient arrived by ambulance. History taken from the patient and ambulance crew.

CHIEF COMPLAINT: Motor vehicle accident.

HISTORY OF PRESENT ILLNESS: This is a 40-year-old black male who was the restrained driver of a dump truck who lost control and rolled over. The patient denies loss of consciousness. He complains of pain mostly in the lower back and feeling like a scratch in the left eye. Patient denies pain in the neck. Patient was brought by paramedics immobilized on the board. Patient denies any chest pain or shortness of breath but is complaining of some achy feeling in both sides of his chest which radiates to his lower back when he takes a deep breath.

PAST MEDICAL HISTORY: Unremarkable. Last tetanus was more than five years ago.

MEDICATION(S): None.

ALLERGIES: None.

PHYSICAL EXAMINATION:

VITAL SIGNS: Stable.

GENERAL: The patient is awake, alert, and oriented times three, in no acute distress.

HEENT: There is a small bruise on the right side of the forehead that is very mildly tender. Pupils were equal and reactive to light. Extraocular muscles are intact. Sclerae anicteric. Further examination of the eye was deferred because patient is fully immobilized.

NECK: Supple, non-tender. No tenderness over the spinous processes.

LUNGS: Clear to auscultation. Good respiratory effort.

CHEST: Non-tender to palpation.

HEART: Regular rate and rhythm.

ABDOMEN: Soft, non-tender. Positive bowel sounds.

BACK: There is tenderness across his lower back. Back of the chest non-tender at the thoracic spine.

EXTREMITIES: Full range of motion.

NEUROLOGIC: Non-focal.

EMERGENCY DEPARTMENT COURSE: After giving patient pain medication of Toradol 45 mg and Morphine 5 mg IV, the patient was sent for x-ray of the chest and lumbosacral spine which came back normal. The patient was able to ambulate, and patient walked to be checked for his visual acuity. Right eye 20/25, left 20/50, and both 20/20. Patient was then placed in the

ED 11/11/99 10/04/99

CLEARFIELD HOSPITAL, PO BOX 992, CLEARFIELD, PA 16830
EMERGENCY DEPARTMENT RECORD

PAGE 2

PATIENT: CALDWELL, CLIFFORD MR #:0000096596

eye room and left eye examined. After using first anesthetic, the eye was examined. No foreign body noticed on the cornea, sclera, or under the eyelid. Fluorescein was then applied and eye examined under the slit lamp. There is a small corneal abrasion just in the front of the pupil. Patient was stating that he felt much better after the anesthetic applied to his left eye. Anterior chamber intact.

TREATMENT: The patient is supposed to receive diphtheria-tetanus toxoid. Patient also had Erythromycin applied to the left eye and eye patch.

DIAGNOSIS(ES):

1. Status post motor vehicle accident.
2. Lumbosacral strain.
3. Left eye corneal abrasion.

DISCHARGE INSTRUCTIONS: Percocet one every four to six hours, prescription given for 30. Advil 800 mg every eight hours. Rest, follow with family doctor, and follow with eye doctor. Erythromycin ointment every eight hours to the left eye. Off work for two days and light duty for five.

DATE: _____ PHYSICIAN'S SIGNATURE: _____
Przemyslaw P. Smolarczyk, M.D.

PPS/cah DD: 10/04/99 DT: 10/05/99

DICTATED, NOT READ
Copy Only

Daily Progress Note

N 25-1718485

Cliff Caldwell
Patient Name10-28-99
DateOBJECTIVE pain rating: intensity 2/5 frequency 1/7 duration 1/24

LBO pain rd 2 to use, hip & knee still feel better but hip hurts

SUBJECTIVE: Range of motion deficit hip Closed post posture 9 pain: 450 S.I. 1/

Movement dysfunction

Postural dysfunction

Special Tests

pelvis nonparallelTREATMENT ADMINISTERED: Hands on treatment by 1, 2 3 therapists, today's maximum circled.OBILIZATION: Joint mob/ muscle energy Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/OtherNAROM with stretch Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/OtherGrade Five mobilization Cervical/Thoracic/Lumbar/Sacral-Iliac/SegmentsYOFASCIAL RELEASE: occ traction D-A decomp LS decomp SI decomp resp. diaph pelvic floor thoracic inletDEEP RELEASES: anterior posterior L lateral R lateral rotation LBO Transverse plane
cervical C C C C C C hip -
thoracic T T T T T T
lumbar L L L L L L

leg pull with gluts, hams, Adduct, Abduct, rotators, quad lumb, lats R, L

arm pull with pecs, traps, lats, teres, scap Adductors, c-ant, c-post, c-lat R, L

SOFT TISSUE MOBILIZATION:

sub occ, SCM (L/R), U. Trap Lev. Scap (L/R), pecs (L/R), lats (L/R), subscap (L/R), P'spinal C. T. L
pscap, quad lumb, p-formis, AFD (L/R), TIE (L/R), hams (L/R), gastrocs (L/R), foot (L/R), hand (L/R)

CRANIAL/INTRA-ORAL:

occ pariet temp sphen mand max vomer frontal zygoma ear pull pterygoid masseter digastric

KINETIC ACTIVITY: ADL's Postural Awareness Neuromotor Re-ed Structural Integration Closed Chain ActivityTHERAPEUTIC EXERCISES assisted / unassisted HOME PROGRAM: initial review modify Elbow/Shoulder hip

QUALITIES: MH ice US E-Stim Probe ionto back track inversion relax tapes

TREATMENT DURATION: ATTENDED 15 30 45 60 UNATTENDED 15 30 45 TOTAL 30 45 60 75 90 120

ASSESSMENT: Can't squat pelvis level - L6/L7 down & L5 up
hip flex in flexionPLAN: Cat walkPhysical Therapist: John J. X. O'Donnell

Daily Progress Note

D# 25-1718465

Patient Name

Date

SUBJECTIVE pain rating 2 intensity 15 frequency 17 duration 124

hip pain less. Elbow feels a little better

OBJECTIVE Range of motion deficit End range 1+/L60 - plus bad.

Movement dysfunction

Postural dysfunction

Special Tests

TREATMENT ADMINISTERED: Hands on treatment by 1, 2 or 3 therapists, today's maximum circled

MOBILIZATION: Joint mob/muscle energy Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other

AAROM with stretch Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other

Grade five mobilization Cervical/Thoracic/Lumbar/Sacral/Iliac Segments

MYOFASCIAL RELEASE: occ traction O-A decomp LS decomp SI decomp resp diaph pelvic floor thoracic inlet

DEEP RELEASES:

anterior

posterior

L lateral

R lateral

rotation

Sudbjg Objin

cervical C

C

C

C

C

thoracic T

T

T

T

T

lumbar L

L

L

L

L

leg pull with glute, ham, Adduct, Abduct, rotators, quad, lumb, lats R, L

arm pull with pecs, traps, latiss, teres, scap, Adductors, comb, c post, c lat, R, L

SOFT TISSUE MOBILIZATION:

sub occ SCM (L / R) C trapezius Lev Scap (L / R) pecs (L / R) lats (L / R) subscap (L / R) P'spinal C, T, L psoas quad lumb p-femoris TFL (L / R) ITB (L / R) ham (L / R) gastrocs (L / R) foot (L / R) hand (L / R)

CRANIAL/INTRA-ORAL:

occ pariet temp sphen mand max vomer frontal zygoma ear pull pterygoid masseter digastric

Johns

KINETIC ACTIVITY: ADL's Postural Awareness

Neuromotor Re-ed

Structural Integration

Closed Chain Activity

THERAPEUTIC EXERCISES: assisted / unassisted

HOME PROGRAM:

initial

review

modify

MODALITIES: MH ice US E-Stim Probe ionto back track inversion relax tapes

TREATMENT DURATION: ATTENDED 15 30 45 60 UNATTENDED 15 30 45 TOTAL 30 45 60 75 90 120

ASSESSMENT: Still can't do leg press but 5+0 better.

Roma good - complete ROM.

PLAN: Cast

Physical Therapist

Johns

Daily Progress Note

ID# 25-1718465

Cliff Caldwell

11-16-99

Patient Name

Date

SUBJECTIVE pain rating: intensity 2 / 5 frequency 17 duration 124Dear pain - ↑ 1st Activity + walking then pain -OBJECTIVE: Range of motion deficit L60 02 1 - 11 Back + hip left - End range
Movement dysfunction Squat + lunge
Postural dysfunction
Special Tests TREATMENT ADMINISTERED: Hands on treatment by 1 or 3 therapists, today's maximum circled.MOBILIZATION: Joint mob/ muscle energy Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other
AROM with stretch Pelvis/Trunk/Rib/Neck/UE/Shoulder/LE/Hip/Other
Grade five mobilization Cervical/Thoracic/Lumbar/ Sacro-Iliac/SegmentsMYOFASCIAL RELEASE: occ traction O-A decomp LS decomp SI decomp resp. dia phl pelvic floor thoracic int

| DEEP RELEASES: | anterior | posterior | L lateral | R lateral | rotation | |
|--|----------|-----------|-----------|-----------|----------|----|
| cervical | C | C | C | C | C | up |
| thoracic | T | T | T | T | T | |
| lumbar | L | L | L | L | L | |
| leg pull with gluts, hamns. Adduct, Abduct, rotators, quad lumb, lats R L | | | | | | |
| arm pull with pecs, traps, lats, teres, scap Adductors, c-anl, c-post, c-lat R L | | | | | | |

SOFT TISSUE MOBILIZATION:

sub occ. SCM (L/R) U Trap Lev Scap (L/R) pecs (L/R) lats (L/R) subscap (L/R) P'spinal C. T. L
psoas quad lumb p-fermis ITFL (L/R) ITB (L/R) hamns (L/R) gastrocs (L/R) foot (L/R) hand (L/R)

CRANIAL/INTRA-ORAL:

occ pariet temp sphen mand max vomer frontal zygoma ear pull prarygoid masseter digastric

PNF LE D102

KINETIC ACTIVITY: ADL's Postural Awareness Neuromotor Re-ed Structural Integration Closed Chain Activity

THERAPEUTIC EXERCISES: assisted / unassisted HOME PROGRAM: initial review modify

MODALITIES: MH ice US E-Stim Probe ionto back track inversion relax tapesTREATMENT DURATION: ATTENDED 15 30 45 60 UNATTENDED 15 30 45 TOTAL 30 45 60 75 90 120ASSESSMENT: See box - Pain 1st - Somewhat mildPLAN: Cast to progress to X" on ball.Physical Therapist: John J. Danner

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)
NO. 00-192-CD

CLIFFORD CALDWELL,
Plaintiff
VS.

RODNEY W. BOYCE, et al.,
Defendants

ANSWERS TO INTERROGATORIES

FILED

JAN 02 2002
Q324170C
William A. Shaw
Prothonotary

R. DENNING GEARHART
ATTORNEY AT LAW
CLEARFIELD, PA. 16830

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

CLIFFORD CALDWELL, :
Plaintiff :
VS. : NO. 00-192-CD

RODNEY W. BOYCE and :
COMMONWEALTH OF PENNSYLVANIA :
DEPARTMENT OF TRANSPORTATION, :
Defendant :

CASE NUMBER: 00-192-CD

TYPE OF CASE: Civil

TYPE OF PLEADING: **ANSWERS BY PLAINTIFF TO REQUEST FOR
PRODUCTION OF DOCUMENTS**

FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE
Supreme Court I.D. #26540
215 East Locust Street
Clearfield, PA 16830
(814) 765-1581

FILED

FEB 13 2002

**William A. Shaw
Prothonotary**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

CLIFFORD CALDWELL, :
Plaintiff :
VS. : NO. 00-192-CD
:
RODNEY W. BOYCE and :
COMMONWEALTH OF PENNSYLVANIA :
DEPARTMENT OF TRANSPORTATION, :
Defendant :
:

**ANSWERS BY PLAINTIFF TO REQUEST FOR PRODUCTION
OF DOCUMENTS**

(a) See Police Report and photostatic copies of pictures taken which are attached to the Answers to Interrogatories forwarded on January 2, 2002.

(b) See medical bills and records attached to Answers to Interrogatories forwarded January 2, 2002.

(c) None

(d) See medical bills and records attached to Answers to Interrogatories forwarded January 2, 2002.

(e) See income statements attached to Answers to Interrogatories forwarded January 2, 2002.

(f). None

(g). None.

(h). None.

(i). None.

(j). See photostatic copies of pictures attached to Answers to Interrogatories forwarded January 2, 2002.

(k). None.

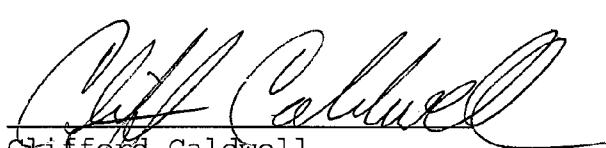
(l). See Income Tax Returns attached hereto. Further, see income statements attached to Answers to Interrogatories forwarded January 2, 2002.

VERIFICATION

I, Clifford Caldwell, have answered the foregoing **RESPONSES** **TO NOTICE OF PRODUCTION OF DOCUMENTS**. The statements therein are correct to the best of my personal knowledge or information and belief.

This statement and verification is made subject to the penalties of 18 PA C. S. 4904 relating to unsworn falsification to authorities, which provides that if I make knowingly false statements, I may be subject to criminal penalties.

Date


Clifford Caldwell
Plaintiff

Form 1040

Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return 2001

(99) IRS use only — Do not write or staple in this space.

OMB No. 1545-0074

Label
(See instructions.)

| | | | | |
|--|--|----------------------------|----|--|
| For the year Jan 1 - Dec 31, 2001, or other tax year beginning | | 2001, ending | 20 | Your Social Security Number 178-52-5417 |
| Your First Name MI Last Name Clifford A Caldwell | | | | Spouse's Social Security Number |
| If a Joint Return: Spouse's First Name MI Last Name | | | | |
| Home Address (number and street). If You Have a P.O. Box, See Instructions. 312 Daisy St. | | Apartment No. | | ▲ Important! ▲ You must enter your social security number(s) above. |
| City, Town or Post Office. If You Have a Foreign Address, See Instructions. Clearfield | | State ZIP Code PA 16830 | | |

Use the IRS label.
Otherwise, please print or type.Presidential Election Campaign
(See instructions.)

► Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► Yes No Yes No

Filing Status

1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's SSN above & full name here ► _____
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ► Seth A Caldwell
5 Qualifying widow(er) with dependent child (year spouse died ► _____). (See instructions.)

Exemptions

| | | | | | |
|--|--|--|---|------------------|---|
| 6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a | No. of boxes checked on 6a and 6b 1 | | | | |
| b <input type="checkbox"/> Spouse | No. of your children on 6c who: | | | | |
| c Dependents: | (2) Dependent's social security number (1) First name Last name | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs) | | |
| <table border="1"> <tr> <td>• lived with you</td> </tr> <tr> <td>• did not live with you due to divorce or separation (see instrs)</td> </tr> </table> | | | | • lived with you | • did not live with you due to divorce or separation (see instrs) |
| • lived with you | | | | | |
| • did not live with you due to divorce or separation (see instrs) | | | | | |
| d Total number of exemptions claimed | | Dependents on 6c not entered above | | | |
| | | Add numbers entered on lines above ► 1 | | | |

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | |
|--|-------------------------------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 |
| 8a Taxable interest. Attach Schedule B if required | 8a |
| b Tax-exempt interest. Do not include on line 8a | 8b |
| 9 Ordinary dividends. Attach Schedule B if required | 9 |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 |
| 11 Alimony received | 11 |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 - 6,604. |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> | 13 |
| 14 Other gains or (losses). Attach Form 4797 | 14 |
| 15a Total IRA distributions 15a 2,099. | b Taxable amount (see instrs) |
| 16a Total pensions & annuities 16a | b Taxable amount (see instrs) |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 |
| 18 Farm income or (loss). Attach Schedule F | 18 |
| 19 Unemployment compensation | 19 |
| 20a Social security benefits 20a | b Taxable amount (see instrs) |
| 21 Other income | 21 |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► | 22 - 4,505. |

Adjusted Gross Income

| | |
|--|-------------|
| 23 IRA deduction (see instructions) | 23 |
| 24 Student loan interest deduction (see instructions) | 24 |
| 25 Archer MSA deduction. Attach Form 8853 | 25 |
| 26 Moving expenses. Attach Form 3903 | 26 |
| 27 One-half of self-employment tax. Attach Schedule SE | 27 |
| 28 Self-employed health insurance deduction (see instructions) | 28 |
| 29 Self-employed SEP, SIMPLE, and qualified plans | 29 |
| 30 Penalty on early withdrawal of savings | 30 |
| 31a Alimony paid b Recipient's SSN ► | 31a |
| 32 Add lines 23 through 31a | 32 |
| 33 Subtract line 32 from line 22. This is your adjusted gross income ► | 33 - 4,505. |

Tax and Credits**Standard Deduction for -**

• People who checked any box on line 35a or 35b or who can be claimed as a dependent, see instructions.

• All others: Single: \$4,550

Head of household, \$6,650

Married filing jointly or Qualifying widow(er), \$7,600

Married filing separately, \$3,800

| | | | | |
|-----|--|-----|--------------------------|---------|
| 34 | Amount from line 33 (adjusted gross income) | 34 | 34 | -4,505. |
| 35a | Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here | 35a | | |
| b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here | 35b | <input type="checkbox"/> | |
| 36 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 36 | 6,650. | |
| 37 | Subtract line 36 from line 34 | 37 | -11,155. | |
| 38 | If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions | 38 | 2,900. | |
| 39 | Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- | 39 | 0. | |
| 40 | Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 40 | 0. | |
| 41 | Alternative minimum tax (see instructions). Attach Form 6251 | 41 | | |
| 42 | Add lines 40 and 41 | 42 | 0. | |
| 43 | Foreign tax credit. Attach Form 1116 if required | 43 | | |
| 44 | Credit for child and dependent care expenses. Attach Form 2441 | 44 | | |
| 45 | Credit for the elderly or the disabled. Attach Schedule R | 45 | | |
| 46 | Education credits. Attach Form 8863 | 46 | | |
| 47 | Rate reduction credit. See the worksheet | 47 | | |
| 48 | Child tax credit (see instructions) | 48 | | |
| 49 | Adoption credit. Attach Form 8839 | 49 | | |
| 50 | Other credits from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) | 50 | | |
| 51 | Add lines 43 through 50. These are your total credits | 51 | | |
| 52 | Subtract line 51 from line 42. If line 51 is more than line 42, enter 0- | 52 | 0. | |

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

| | | | | |
|-----|---|-----|------|--|
| 53 | Self-employment tax. Attach Schedule SE | 53 | | |
| 54 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 54 | | |
| 55 | Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required | 55 | 0. | |
| 56 | Advance earned income credit payments from Form(s) W-2 | 56 | | |
| 57 | Household employment taxes. Attach Schedule H | 57 | | |
| 58 | Add lines 52-57. This is your total tax | 58 | 0. | |
| 59 | Federal income tax withheld from Forms W-2 and 1099 | 59 | 420. | |
| 60 | 2001 estimated tax payments and amount applied from 2000 return | 60 | | |
| 61a | Earned income credit (EIC) | 61a | | |
| b | Nontaxable earned income | 61b | | |
| 62 | Excess social security and RRTA tax withheld (see instrs) | 62 | | |
| 63 | Additional child tax credit. Attach Form 8812 | 63 | | |
| 64 | Amount paid with request for extension to file (see instructions) | 64 | | |
| 65 | Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 | 65 | | |

FDIA0112 12/10/01

| | | | | |
|----|---|----|------|--|
| 66 | Add lines 59, 60, 61a, and 62 through 65. These are your total payments | 66 | 420. | |
|----|---|----|------|--|

Refund

Direct deposit? See instructions and fill in 68b, 68c, and 68d.

| | | | | |
|-----|---|-----|--|--|
| 67 | If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid | 67 | 420. | |
| 68a | Amount of line 67 you want refunded to you | 68a | 420. | |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |

| | |
|---|----------------------|
| d | Account number |
|---|----------------------|

| | | | | |
|----|---|----|--|--|
| 69 | Amount of line 67 you want applied to your 2002 estimated tax | 69 | | |
|----|---|----|--|--|

Amount You Owe

| | | | | |
|----|--|----|--|--|
| 70 | Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions | 70 | | |
|----|--|----|--|--|

| | | | | |
|----|--|----|--|--|
| 71 | Estimated tax penalty. Also include on line 70 | 71 | | |
|----|--|----|--|--|

Third Party Designee

| | | |
|---|---|--|
| Do you want to allow another person to discuss this return with the IRS (see instructions)? | <input type="checkbox"/> Yes. Complete the following. | <input type="checkbox"/> No |
| Designee's Name | Phone No. | Personal Identification Number (PIN) |

Sign Here

Joint return? See instructions.

Keep a copy for your records.

| | | | |
|---|------------|---|------------------------------|
| Your Signature | Date | Your Occupation | Daytime Phone Number |
| Spouse's Signature. If a Joint Return, Both Must Sign. | Date | Spouse's Occupation | |
| Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |

| | | |
|---|---------------------|-----------------|
| Firm's Name (or yours if self-employed) | Self-Prepared | EIN |
| Address and ZIP Code | | Phone No. |

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2000

(99) IRS use only — Do not write or staple in this space.

| | | | | |
|---|--|--|----|--|
| For the year Jan 1-Dec 31, 2000, or other tax year beginning | | 2000, ending | 20 | OMB No. 1545-0074 |
| Label (See instructions.) Use the IRS label. Otherwise, please print or type. | | Your First Name MI Last Name Clifford Caldwell If a Joint Return, Spouse's First Name MI Last Name Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No. P0 Box 1234 City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code Clearfield PA 16830 | | Your Social Security Number 178-52-5417 Spouse's Social Security Number |
| Presidential Election Campaign (See instructions.) | | Important! You must enter your social security number(s) above. | | |
| Filing Status Check only one box. | | Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Exemptions If more than six dependents, see instructions. | | 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above & full name here ► _____ 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ► _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ► _____). (See instructions.) 6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. <input type="checkbox"/> Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions) Lesa M Litzinger 163-58-2620 Other Justin A Kanouff 187-74-5038 Other Seth Caldwell 181-78-6033 Son <input checked="" type="checkbox"/> d Total number of exemptions claimed _____ | | |
| Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions. | | 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a. <input type="checkbox"/> 8b 9 Ordinary dividends. Attach Schedule B if required 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a Total IRA distributions <input type="checkbox"/> 15a b Taxable amount (see instrs) 16a Total pensions & annuities <input type="checkbox"/> 16a b Taxable amount (see instrs) 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits <input type="checkbox"/> 20a b Taxable amount (see instrs) 21 Other income. List type & amount (see instrs) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► <input type="checkbox"/> 22 6,327. | | |
| Adjusted Gross Income | | 23 IRA deduction (see instructions) <input type="checkbox"/> 23 24 Student loan interest deduction (see instructions) <input type="checkbox"/> 24 25 Medical savings account deduction. Attach Form 8853 <input type="checkbox"/> 25 26 Moving expenses. Attach Form 3903 <input type="checkbox"/> 26 27 One-half of self-employment tax. Attach Schedule SE <input type="checkbox"/> 27 447. 28 Self-employed health insurance deduction (see instructions) <input type="checkbox"/> 28 29 Self-employed SEP, SIMPLE, and qualified plans <input type="checkbox"/> 29 30 Penalty on early withdrawal of savings <input type="checkbox"/> 30 31a Alimony paid b Recipient's SSN ► <input type="checkbox"/> 31a 32 Add lines 23 through 31a <input type="checkbox"/> 32 447. 33 Subtract line 32 from line 22. This is your adjusted gross income <input type="checkbox"/> 33 5,880. | | |

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2000)

Tax and Credits**Standard Deduction for Most People**

Single: \$4,400

Head of household: \$6,450

Married filing jointly or Qualifying widow(er): \$7,350

Married filing separately: \$3,675

34 Amount from line 33 (adjusted gross income) 34 5,880.

35a Check if: You were 65/older, Blind; Spouse was 65/older, Blind. Add the number of boxes checked above and enter the total here ► 35a

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ► 35b

36 Enter your **itemized deductions** from Schedule A, line 28, or **standard deduction** shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent 36 6,450.

37 Subtract line 36 from line 34 37 -570.

38 If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet in the instructions for the amount to enter 38 11,200.

39 **Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 0.40 Tax (see instrs). Check if any tax is from a Form(s) 8814 b Form 4972 40 0.

41 Alternative minimum tax. Attach Form 6251 41

42 Add lines 40 and 41 ► 42 0.

43 Foreign tax credit. Attach Form 1116 if required 43

44 Credit for child and dependent care expenses. Attach Form 2441 44

45 Credit for the elderly or the disabled. Attach Schedule R 45

46 Education credits. Attach Form 8863 46

47 Child tax credit (see instructions) 47 0.

48 Adoption credit. Attach Form 8839 48

49 Other. Check if from a Form 3800 b Form 8396c Form 8801 d Form (specify) 4950 Add lines 43 through 49. These are your **total credits** 50 0.

51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- ► 51 0.

52 Self-employment tax. Attach Schedule SE 52 894.

53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 53

54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required 54

55 Advance earned income credit payments from Form(s) W-2 55

56 Household employment taxes. Attach Schedule H 56

57 Add lines 51-56. This is your **total tax** ► 57 894.**Payments**

If you have a qualifying child, attach Schedule EIC.

58 Federal income tax withheld from Forms W-2 and 1099 58

59 2000 estimated tax payments and amount applied from 1999 return 59

60a **Earned income credit (EIC)** 60a 1,998.

b Nontaxable earned income: amount ► 61

and type ► 62

61 Excess social security and RRTA tax withheld (see instrs) 61

62 Additional child tax credit. Attach Form 8812 62

63 Amount paid with request for extension to file (see instructions) 63

64 Other payments. Check if from a Form 2439b Form 4136 6465 Add lines 58, 59, 60a, and 61 through 64. These are your **total payments** ► 65 1,998.**Refund**

Have it directly deposited! See instructions and fill in 67b, 67c, and 67d.

66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you **overpaid** 66 1,104.67a Amount of line 66 you want **refunded to you** ► 67a 1,104.b Routing number ► c Type: Checking Savings

d Account number ► 68

68 Amount of line 66 you want applied to your 2001 estimated tax ► 68

Amount You Owe69 If line 57 is more than line 65, subtract line 65 from line 57. This is the **amount you owe**. For details on how to pay, see instructions ► 69

70 Estimated tax penalty. Also include on line 69 70

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature Date Your Occupation Daytime Phone Number FDIA0112 10/30/00

Costruction

Spouse's Signature. If a Joint Return, Both Must Sign. Date Spouse's Occupation

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Preparer's SSN or PTIN

Paid Preparer's Use OnlyPreparer's Signature ► Date Check if self-employed

Firm's Name (or yours if self-employed), Address, and ZIP Code ► Self-prepared

EIN

Phone No.

FILED

FEB 19 2002

0111611CL *Attn: A. Dechant*
William A. Shaw
Prothonotary
WAD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

CLIFFORD CALDWELL, :
Plaintiff :
VS. : NO. 00-192-CD
: :
RODNEY W. BOYCE and :
COMMONWEALTH OF PENNSYLVANIA :
DEPARTMENT OF TRANSPORTATION, :
Defendant :
:

CASE NUMBER: 00-192-CD

TYPE OF CASE: Civil

TYPE OF PLEADING: **ANSWERS BY PLAINTIFF TO REQUEST FOR
PRODUCTION OF DOCUMENTS**

FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE
Supreme Court I.D. #26540
215 East Locust Street
Clearfield, PA 16830
(814) 765-1581

FILED

FEB 14 2002

0111431 NO. 0
William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
(CIVIL DIVISION)

CLIFFORD CALDWELL, :
Plaintiff :
VS. : NO. 00-192-CD
: :
RODNEY W. BOYCE and :
COMMONWEALTH OF PENNSYLVANIA :
DEPARTMENT OF TRANSPORTATION, :
Defendant :
:

**ANSWERS BY PLAINTIFF TO REQUEST FOR PRODUCTION
OF DOCUMENTS DIRECTED TO PLAINTIFF**

1. See medical reports attached to Answers to Interrogatories forwarded
January 2, 2002.

2. See medical bills attached to Answers to Interrogatories forwarded
January 2, 2002.

3. See attachments to Answers to Interrogatories forwarded January 2,
2002.

4. See attachments to Answers to Interrogatories forwarded January 2,
2002.

5. See Income Tax Returns attached hereto.

6. See Police Report attached to Answers to Interrogatories forwarded
January 2, 2002.

7. Executed Authorizations attached hereto.

8. None.

9. See Police Report attached to Answers to Interrogatories forwarded
January 2, 2002.

10. None.
11. None.
12. See attachments to Answers to Interrogatories forwarded January 2, 2002.
13. See Police Report attached to Answers to Interrogatories forwarded January 2, 2002.
14. See Police Report attached to Answers to Interrogatories forwarded January 2, 2002.
15. See Police Report attached to Answers to Interrogatories forwarded January 2, 2002.

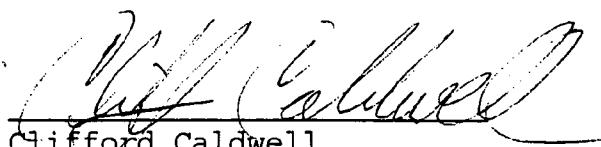
VERIFICATION

I, Clifford Caldwell, have answered the foregoing **RESPONSES** TO **NOTICE OF PRODUCTION OF DOCUMENTS**. The statements therein are correct to the best of my personal knowledge or information and belief.

This statement and verification is made subject to the penalties of 18 PA C. S. 4904 relating to unsworn falsification to authorities, which provides that if I make knowingly false statements, I may be subject to criminal penalties.

5-13-02

Date


Clifford Caldwell
Plaintiff

AUTHORIZATION FOR EXAMINATION AND PRODUCTION OF MEDICAL RECORDS
DATE _____

From:

OFFICE OF ATTORNEY GENERAL
Tort Litigation Unit
Manor Complex
564 Forbes Avenue
Pittsburgh, PA 15219
(412) 565-3579

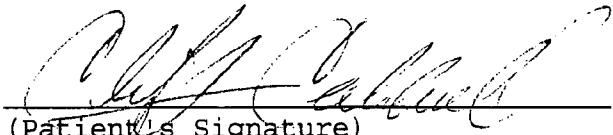
To:

I hereby authorize and direct you to permit the bearer hereof, an authorized representative of the Commonwealth of Pennsylvania, to examine and make copies of all records in connection with any treatment, consultation, including x-rays, blood alcohol and/or drug screening information, records and confinement of CLIFFORD CALDWELL.

This form constitutes authority for you to produce and make complete photocopies of all such records, and to forward the same by mail to the above-mentioned law office. This authorization herein entitles the Commonwealth defendant to open, examine and review the documents provided immediately upon receipt from the medical provider.

A photocopy of this form is as acceptable as the original signed Authorization.

Witness:

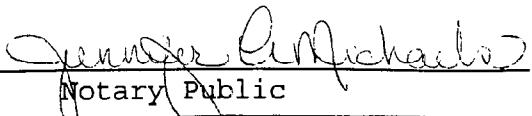

(Patient's Signature)

Social Security No. 178-52-5417

312 Daupin Street
Clearfield PA 16830
(Address)

Commonwealth of Pennsylvania)
County of Clearfield)

Personally subscribed and acknowledged before me this 13th day of February 2002 to be the true and correct signature of the above-named party.


Jennifer A. Michaels
Notary Public

NOTARIAL SEAL
JENNIFER A. MICHAELS, NOTARY PUBLIC
CLEARFIELD BORO., CLEARFIELD CO.
MY COMMISSION EXPIRES JUNE 17, 2003

AUTHORIZATION FOR EXAMINATION AND PRODUCTION OF INSURANCE RECORDS
DATE _____

From:

OFFICE OF ATTORNEY GENERAL
Tort Litigation Unit
Manor Complex
564 Forbes Avenue
Pittsburgh, PA 15219
(412) 565-3579

To:

I hereby authorize and direct you to permit the bearer hereof, an authorized representative of the Commonwealth of Pennsylvania, to examine and make copies of all records regarding claims for or against CLIFFORD CALDWELL.

This form constitutes authority for you to produce and make complete photocopies of all such records, and to forward the same by mail to the above-mentioned law office. This authorization further entitles the Commonwealth defendant to open examine and review the documents provided immediately upon receipt from the insurance carrier.

A photocopy of this form is as acceptable as the original signed Authorization.

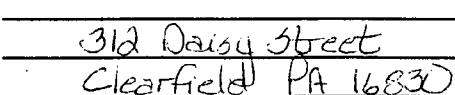
Witness:



(Signature)

Social Security No. 178-52-5417

Commonwealth of Pennsylvania)
County of Clearfield)



312 Daisy Street
Clearfield, PA 16830

(Address)

Personally subscribed and acknowledged before me this 13th day of February 2002, to be the true and correct signature of the above-named party.



Jennifer A. Michaels
Notary Public

NOTARIAL SEAL
JENNIFER A. MICHAELS, NOTARY PUBLIC
CLEARFIELD BORO., CLEARFIELD CO.
MY COMMISSION EXPIRES JUNE 17, 2003

AUTHORIZATION FOR EXAMINATION AND PRODUCTION OF EMPLOYMENT
RECORDS
DATE _____

From:

OFFICE OF ATTORNEY GENERAL
Tort Litigation Unit
Manor Complex
564 Forbes Avenue
Pittsburgh, PA 15219
(412) 565-3579

To:

I hereby authorize and direct you to permit the bearer hereof, an authorized representative of the Commonwealth of Pennsylvania, to examine and make copies of all records of CLIFFORD CALDWELL. This form constitutes authority for you to produce and make complete photocopies of all such records, and to forward the same by mail to the above-mentioned law office. This authorization further entitles the Commonwealth defendant to open, examine and review the produced documents immediately upon receipt of the same from the aforestated institution.

A photocopy of this form is as acceptable as the original signed Authorization.

Witness:


(Signature)

Social Security No. 178-32-5417

Commonwealth of Pennsylvania
County of Clearfield)

312 Daisy Street
Clearfield PA 16830

(Address)

Personally subscribed and acknowledged before me this 13th day of February 2002, to be the true and correct signature of the above-named party.



Notary Public

NOTARIAL SEAL
JENNIFER A. MICHAELS, NOTARY PUBLIC
CLEARFIELD BORO., CLEARFIELD CO.
MY COMMISSION EXPIRES JUNE 17, 2003

U.S. Individual Income Tax Return 2001

(99) IRS use only — Do not write or staple in this space.

Form 1040

label
(see instructions.)use the
TS label.
otherwise,
lease print
r type.residential
lection
ampaign
(see instructions.)

| | | | | | | |
|---|--|----|-----------|---------------|---------------------------------|--|
| For the year Jan 1 - Dec 31, 2001, or other tax year beginning | | | | 2001, ending | 20 | OMB No. 1545-0074 |
| Your First Name | | MI | Last Name | | Your Social Security Number | |
| Clifford | | A | Caldwell | | 178-52-5417 | |
| If a Joint Return Spouse's First Name | | MI | Last Name | | Spouse's Social Security Number | |
| Home Address (number and street). If You Have a P.O. Box, See Instructions. | | | | Apartment No. | | ▲ Important! ▲ You must enter your social security number(s) above. |
| 312 Daisy St. | | | | | | |
| City, Town or Post Office. If You Have a Foreign Address. See Instructions. | | | | State | ZIP Code | |
| Clearfield | | | | PA | 16830 | |

► Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► Yes No Yes No

Filing Status

1 Single
 2 Married filing joint return (even if only one had income)
 3 Married filing separate return. Enter spouse's SSN above & full name here ►
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ► Seth A Caldwell
 5 Qualifying widow(er) with dependent child (your spouse died ►). (See instructions.)

Exemptions

| | | | | |
|--|--------------------------------------|--|-------------------------------------|---|
| 6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a | No. of boxes checked on 6a and 6b | | | |
| b <input type="checkbox"/> Spouse | No. of your children on 6c who: | | | |
| c Dependents: | (1) First name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs) |
| | Last name | | | |
| | | | | |
| | | | | |
| | | | | |
| d Total number of exemptions claimed | Add numbers entered on lines above ► | | | |

Income

Attach Forms
1-2 and W-2G
etc. Also attach
Form(s) 1099-R if
it was withheld.you did not
get a W-2, see
instructions.Enclose, but do
not attach, any
payment. Also,
lease use
Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9 Ordinary dividends. Attach Schedule B if required

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►

14 Other gains or (losses). Attach Form 4797

15a Total IRA distributions

15a 15a 2,099

b Taxable amount (see instrs)

16a Total pensions & annuities

16a 16a

b Taxable amount (see instrs)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a 20a

b Taxable amount (see instrs)

21 Other income

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►

Adjusted
Gross
Income

23 IRA deduction (see instructions)

23

24 Student loan interest deduction (see instructions)

24

25 Archer MSA deduction. Attach Form 8853

25

26 Moving expenses. Attach Form 3903

26

27 One-half of self-employment tax. Attach Schedule SE

27

28 Self-employed health insurance deduction (see instructions)

28

29 Self-employed SEP, SIMPLE, and qualified plans

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid

b Recipient's SSN ►

31a

32 Add lines 23 through 31a

32

33 Subtract line 32 from line 22. This is your adjusted gross income ►

33

| | | | | |
|--|--|---|---|--|
| tax and credits Standard deduction or — People who checked any box in line 35a or 35b or who can be claimed as a dependent, see instructions. All others: Single: 4,550 Lead of household, 6,650 Married filing jointly or qualifying widow(er), 7,600 Married filing separately, 3,800 | 34 | Amount from line 33 (adjusted gross income) | 34 | -4,505. |
| | 35a | Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ► 35a | | |
| | b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ► 35b | | |
| | 36 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 36 | 6,650. |
| | 37 | Subtract line 36 from line 34 | 37 | -11,155. |
| | 38 | If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions | 38 | 2,900. |
| | 39 | Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- | 39 | 0. |
| | 40 | Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 40 | 0. |
| | 41 | Alternative minimum tax (see instructions). Attach Form 6251 | 41 | |
| | 42 | Add lines 40 and 41 | 42 | 0. |
| 43 | Foreign tax credit. Attach Form 1116 if required | 43 | | |
| 44 | Credit for child and dependent care expenses. Attach Form 2441 | 44 | | |
| 45 | Credit for the elderly or the disabled. Attach Schedule R | 45 | | |
| 46 | Education credits. Attach Form 8863 | 46 | | |
| 47 | Rate reduction credit. See the worksheet | 47 | | |
| 48 | Child tax credit (see instructions) | 48 | | |
| 49 | Adoption credit. Attach Form 8839 | 49 | | |
| 50 | Other credits from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) | 50 | | |
| 51 | Add lines 43 through 50. These are your total credits | 51 | | |
| 52 | Subtract line 51 from line 42. If line 51 is more than line 42, enter 0- | 52 | 0. | |
| 53 | Self-employment tax. Attach Schedule SE | 53 | | |
| 54 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 54 | | |
| 55 | Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required | 55 | 0. | |
| 56 | Advance earned income credit payments from Form(s) W-2 | 56 | | |
| 57 | Household employment taxes. Attach Schedule H | 57 | | |
| 58 | Add lines 52-57. This is your total tax | 58 | 0. | |
| Payments you have a qualifying child, attach Schedule EIC. | 59 | Federal income tax withheld from Forms W-2 and 1099 | 59 | 420. |
| | 60 | 2001 estimated tax payments and amount applied from 2000 return | 60 | |
| | 61a | Earned income credit (EIC) | 61a | |
| | b | Nontaxable earned income | 61b | |
| | 62 | Excess social security and RRTA tax withheld (see instrs) | 62 | |
| | 63 | Additional child tax credit. Attach Form 8812 | 63 | |
| | 64 | Amount paid with request for extension to file (see instructions) | 64 | |
| | 65 | Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 | 65 | |
| HA0112 12/10/01 | 66 | Add lines 59, 60, 61a, and 62 through 65. These are your total payments | 66 | 420. |
| Refund irect deposit? See instructions and fill in 68b, 3c, and 68d. | 67 | If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid | 67 | 420. |
| | 68a | Amount of line 67 you want refunded to you | 68a | 420. |
| | b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account number | | |
| | 69 | Amount of line 67 you want applied to your 2002 estimated tax | 69 | |
| Amount you Owe | 70 | Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions | 70 | |
| | 71 | Estimated tax penalty. Also include on line 70 | 71 | |
| Third Party Designee | Do you want to allow another person to discuss this return with the IRS (see instructions)? | | <input type="checkbox"/> Yes. | Complete the following. <input checked="" type="checkbox"/> No |
| | Designee's Name ► | Phone No. ► | Personal Identification Number (PIN) ► | |
| Sign here oint return? See instructions. ► | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| Keep a copy for your records. ► | Your Signature | Date | Your Occupation | Daytime Phone Number |
| | Spouse's Signature. If a Joint Return, Both Must Sign. | Date | Spouse's Occupation | |
| Preparer's aid reparer's use Only | Preparer's Signature ► | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
| | Firm's Name (or yours if self-employed) ► | Self-Prepared | | EIN |
| | Address, and ZIP Code | | | Phone No. |

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2000

(99) IRS use only — Do not write or staple in this space.

Label
(see instructions.)Use the
RS label.
Otherwise,
please print
r type.residential
lection
ampaign
(see instructions.)

Filing Status

Check only
one box.

Exemptions

more than
ix dependents,
(see instructions.)

Income

Attach Forms
W-2 and W-2G
here. Also attach
Form(s) 1099-R if
tax was withheld.you did not
get a W-2, see
instructions.Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.Adjusted
gross
income

| | | | | |
|---|--|---------------------------------|----------|-------------------|
| For the year Jan 1-Dec 31, 2000, or other tax year beginning | | 2000, ending | 20 | OMB No. 1545-0074 |
| Your First Name MI Last Name | | Your Social Security Number | | |
| Clifford Caldwell | | 178-52-5417 | | |
| If a Joint Return, Spouse's First Name MI Last Name | | Spouse's Social Security Number | | |
| Home Address (number and street). If You Have a P.O. Box, See Instructions. | | Apartment No. | | |
| PO Box 1234 | | | | |
| City, Town or Post Office. If You Have a Foreign Address. See Instructions. | | State | ZIP Code | |
| Clearfield | | PA | 16830 | |

▲ **Important!** ▲
You must enter your social
security number(s) above.

► Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► Yes No Yes No

1 Single
 2 Married filing joint return (even if only one had income)
 3 Married filing separate return. Enter spouse's SSN above & full name here ►
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►
 5 Qualifying widow(er) with dependent child (year spouse died ►). (See instructions.)

| | | |
|--|--|---|
| 6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a | No. of boxes checked on 6a and 6b | 1 |
| b <input type="checkbox"/> Spouse | | |
| c Dependents: | (2) Dependent's social security number | (3) Dependent's relationship to you |
| (1) First name Last name | | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions) |
| Lesa M Litzinger | 163-58-2620 | Other |
| Justin A Kanouff | 187-74-5038 | Other |
| Seth Caldwell | 181-78-6033 | Son <input checked="" type="checkbox"/> |
| | | Dependents on 6c not entered above |
| d Total number of exemptions claimed | | 2 |
| | | Add numbers entered on lines above ► 4 |

| | | | |
|--|-----------|-------------------------------|-----|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | | |
| 8a Taxable interest. Attach Schedule B if required | 8a | | |
| b Tax-exempt interest. Do not include on line 8a | 8b | | |
| 9 Ordinary dividends. Attach Schedule B if required | 9 | | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | | |
| 11 Alimony received | 11 | | |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 6,327. | | |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> | 13 | | |
| 14 Other gains or (losses). Attach Form 4797 | 14 | | |
| 15a Total IRA distributions | 15a | b Taxable amount (see instrs) | 15b |
| 16a Total pensions & annuities | 16a | b Taxable amount (see instrs) | 16b |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | | |
| 18 Farm income or (loss). Attach Schedule F | 18 | | |
| 19 Unemployment compensation | 19 | | |
| 20a Social security benefits | 20a | b Taxable amount (see instrs) | 20b |
| 21 Other income. List type & amount (see instrs) | 21 | | |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► | 22 6,327. | | |

| | |
|--|-----------|
| 23 IRA deduction (see instructions) | 23 |
| 24 Student loan interest deduction (see instructions) | 24 |
| 25 Medical savings account deduction. Attach Form 8853 | 25 |
| 26 Moving expenses. Attach Form 3903 | 26 |
| 27 One-half of self-employment tax. Attach Schedule SE | 27 447. |
| 28 Self-employed health insurance deduction (see instructions) | 28 |
| 29 Self-employed SEP, SIMPLE, and qualified plans | 29 |
| 30 Penalty on early withdrawal of savings | 30 |
| 31a Alimony paid b Recipient's SSN ► | 31a |
| 32 Add lines 23 through 31a | 32 447. |
| 33 Subtract line 32 from line 22. This is your adjusted gross income | 33 5,880. |

Tax and Credits

Standard Deduction for Most People

Single: \$4,400

Head of household: \$6,450

Married filing jointly or Qualifying widow(er): \$7,350

Married filing separately: \$3,675

Other Taxes

Payments
If you have a qualifying child, attach Schedule EIC.Refund
Have it directly deposited! See instructions and fill in 67b, 67c, and 67d.

Amount You Owe

Sign Here

Joint return?
See instructions.

Keep a copy for your records.

| | | | |
|-----|---|--|---------|
| 34 | Amount from line 33 (adjusted gross income) | 34 | 5,880. |
| 35a | Check if: <input type="checkbox"/> You were 65/older; <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here | 35a | |
| b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here | 35b | |
| 36 | Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent | 36 | 6,450. |
| 37 | Subtract line 36 from line 34 | 37 | -570. |
| 38 | If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet in the instructions for the amount to enter | 38 | 11,200. |
| 39 | Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- | 39 | 0. |
| 40 | Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 40 | 0. |
| 41 | Alternative minimum tax. Attach Form 6251 | 41 | |
| 42 | Add lines 40 and 41 | 42 | 0. |
| 43 | Foreign tax credit. Attach Form 1116 if required | 43 | |
| 44 | Credit for child and dependent care expenses. Attach Form 2441 | 44 | |
| 45 | Credit for the elderly or the disabled. Attach Schedule R | 45 | |
| 46 | Education credits. Attach Form 8863 | 46 | |
| 47 | Child tax credit (see instructions) | 47 | 0. |
| 48 | Adoption credit. Attach Form 8839 | 48 | |
| 49 | Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify) | 49 | |
| 50 | Add lines 43 through 49. These are your total credits | 50 | 0. |
| 51 | Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- | 51 | 0. |
| 52 | Self-employment tax. Attach Schedule SE | 52 | 894. |
| 53 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 53 | |
| 54 | Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required | 54 | |
| 55 | Advance earned income credit payments from Form(s) W-2 | 55 | |
| 56 | Household employment taxes. Attach Schedule H | 56 | |
| 57 | Add lines 51-56. This is your total tax | 57 | 894. |
| 58 | Federal income tax withheld from Forms W-2 and 1099 | 58 | |
| 59 | 2000 estimated tax payments and amount applied from 1999 return | 59 | |
| 60a | Earned income credit (EIC) | 60a | 1,998. |
| b | Nontaxable earned income: amount | | |
| 61 | Excess social security and RRTA tax withheld (see instrs) | 61 | |
| 62 | Additional child tax credit. Attach Form 8812 | 62 | |
| 63 | Amount paid with request for extension to file (see instructions) | 63 | |
| 64 | Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 | 64 | |
| 65 | Add lines 58, 59, 60a, and 61 through 64. These are your total payments | 65 | 1,998. |
| 66 | If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid | 66 | 1,104. |
| 67a | Amount of line 66 you want refunded to you | 67a | 1,104. |
| b | Routing number | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| 68 | Account number | | |
| 69 | Amount of line 66 you want applied to your 2001 estimated tax | 69 | |
| 70 | Estimated tax penalty. Also include on line 69 | 70 | |

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

FDIA0112 10/30/00

| | | | |
|--|------|-----------------|---|
| Your Signature | Date | Your Occupation | Daytime Phone Number |
| | | Construction | |
| | | | |
| Spouse's Signature. If a Joint Return, Both Must Sign. | | Date | Spouse's Occupation |
| | | | May the IRS discuss this return with the preparer shown below (see instructions)? |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|------|------------------------|------------------------|
| Preparer's Signature | Date | Check if self-employed | Preparer's SSN or PTIN |
| Firm's Name (or yours if self-employed), Address, and ZIP Code | | EIN | |
| | | Phone No. | |
| Self-prepared | | | |

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

CLIFFORD CALDWELL,
Plaintiff,

v.

NO. 00-192-CD

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,
Defendants.

CASE NUMBER: 00-192-CD

TYPE OF PLEADING: **PRAECIPE TO SETTLE
AND DISCONTINUE**

FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE
Supreme Court I.D. #26540
207 East Market Street
Clearfield, PA 16830
(814) 765-1581

④
FILED ^{NO} _{CC}
10:47 ④ OCT 05 2004 Certificate
to Atty Gearhart
William A. Jaworski
Prothonotary Clerk of Courts
Copy to CIA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

CLIFFORD CALDWELL,
Plaintiff,

v.

NO. 00-192-CD

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,
Defendants.

PRAECIPE TO SETTLE AND DISCONTINUE

TO THE PROTHONOTARY:

Please mark the above-captioned matter settled and discontinued.



R. Denning Gearhart
Attorney for Plaintiff

Date: **October 5, 2004**

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

CLIFFORD CALDWELL,
Plaintiff,

v.

RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,
Defendants.

00-192-CD

PRAECIPE TO SETTLE AND DISCONTINUE

FILED

OCT 05 2004

William A. Shaw
Prothonotary/Clerk of Courts

R. DENNING GEARHART
ATTORNEY AT LAW
CLEARFIELD, PA. 16830

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

Clifford L. Caldwell

Vs. No. 2000-00192-CD
Rodney W. Boyce
Commonwealth of Pennsylvania

CERTIFICATE OF DISCONTINUATION

Commonwealth of PA
County of Clearfield

I, William A. Shaw, Prothonotary of the Court of Common Pleas in and for the County and Commonwealth aforesaid do hereby certify that the above case was on October 5, 2004, marked:

Settled and Discontinued

Record costs in the sum of \$87.00 have been paid in full by R. Denning Gearhart.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 5th day of October A.D. 2004.

William A. Shaw, Prothonotary