

00-192-30

CLIFFORD CALDWELL -vs- RODNEY FENCE et al

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

21 CLIFFORD CALDWELL,
Plaintiff

VS.

NO. 00- 192 -CD

20 RODNEY W. BOYCE and
20 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
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814-765-2641 Ext. 50-51

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(CIVIL DIVISION)**

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Plaintiff	:		
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	:		
RODNEY W. BOYCE and	:		
COMMONWEALTH OF	:		
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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.

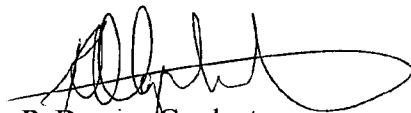
13. That this failure to provide adequate traffic control resulted in confusion of the Defendant Boyce and caused, or contributed to the accident occurring on October 4, 1999.

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

:
: SS:
:

COUNTY OF CLEARFIELD

AFFIDAVIT

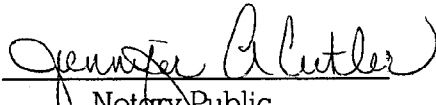
Before me, the undersigned officer, personally appeared, CLIFFORD CALDWELL who being duly sworn according to law deposes and says that the facts set forth in the foregoing Complaint are true and correct to the best of his knowledge, information, and belief.


CLIFFORD CALDWELL

Sworn to and subscribed

before me this 15th day

of February, 2000.


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- -CD	
CLIFFORD CALDWELL, Plaintiff VS.	RODNEY W. BOYCE, et al, Defendants
COMPLAINT	
<div style="text-align: center;"> <p>FILED</p> <p> <i>Rec'd</i> FEB 15 2000 02:0313 cc atty Gearhart William A. Shaw Prothonotary </p> <p><i>Att'y Gearhart</i> Pd \$80.00</p> </div>	
R. DENNING GEARHART ATTORNEY AT LAW CLEARFIELD, PA. 16830	

05 May 00 Document
 Reinstated/~~Reinstated~~ to ~~3~~ Att/Attorney
 for service.

Cliff Caldwell
 Deputy Prothonotary

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

CLIFFORD CALDWELL,	:	
	:	
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 JUL 05 2000 011126/CH William A. Shaw Prothonotary	
R. DENNING GEARHART ATTORNEY AT LAW CLEARFIELD, PA. 16830	

COMMERCIAL PRINTING CO., CLEARFIELD, PA

3 Complanted
reinstated to
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pd \$7.00

5-5-00 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

00-192-CD

VS

BOYCE, RODNEY W.

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
02:32pm
William A. Shaw
Prothonotary
ESL

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

SO ANSWERS,

Chester A. Hawkins
by Marilyn Harris
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

ATTY. _____

ADDRESS 215 E. Locust St.
Clearfield, Pa 16830

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 deputize the Sheriff of ALLEGHENY 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 whomever 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, 19 2000 at 12:35 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 CLEAVELAND

☐ Property Posted

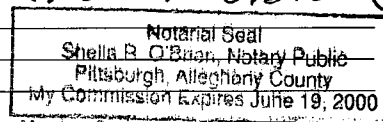
Defendant not found because: ☐ Moved ☐ Unknown ☐ No Answer ☐ Vacant ☐ Other _____

☐ Certified Mail ☐ Receipt ☐ Envelope Returned

☐ Neither receipt or envelope returned: writ expired

☐ Regular Mail Why _____

JUN 02 2000



Member, Pennsylvania Association of Notaries

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.

White Copy - Sheriff

Yellow - Sheriff

Pink Copy - Attorney

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

COPY

CLIFFORD CALDWELL,
Plaintiff

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NO. 00- 192 -CD

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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

5:50 Document
Reinstated/ Reissued to Sheriff/ Attorney
for service

Deputy Prothonotary

Attest:

William L. Shaw
Prothonotary

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	:		
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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;
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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,
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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.

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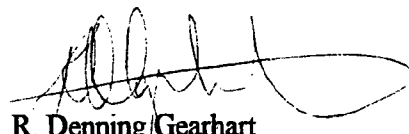
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15. Pursuant to 42 Pa.C.S.A. 5522, notice was sent to the Commonwealth of Pennsylvania, Department of Transportation on November 15, 1999 at the above-referenced address.

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

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Notary Public

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

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Supreme Court I.D. #26540
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5:50:00 Document
Reinstated/Reissued to Sheriff/Attorney
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Deputy Prothonotary

Attest:


Prothonotary

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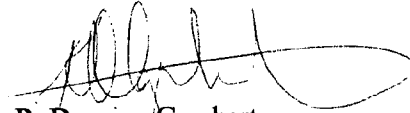
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Respectfully Submitted,



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


COMMONWEALTH OF PENNSYLVANIA

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AFFIDAVIT

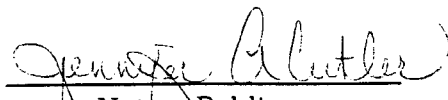
Before me, the undersigned officer, personally appeared, CLIFFORD CALDWELL who being duly sworn according to law deposes and says that the facts set forth in the foregoing Complaint are true and correct to the best of his knowledge, information, and belief.


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

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,

Plaintiff

CIVIL DIVISION
CASE NO. 00-192-CD

vs.

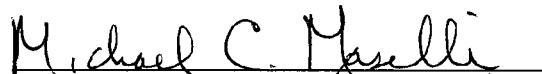
RODNEY W. BOYCE and
COMMONWEALTH OF
PENNSYLVANIA, DEPARTMENT
OF TRANSPORTATION,

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.

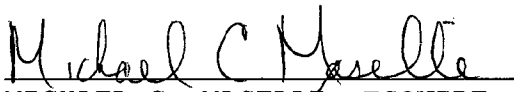

MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

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. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

FILED

JUN 19 2000
M/1100/1100 CC
William A. Shaw
Prothonotary
2/10/00

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,

Plaintiff

CIVIL DIVISION

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,

Plaintiff

CIVIL DIVISION

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, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

CLIFFORD CALDWELL,

Plaintiff

CIVIL DIVISION

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.

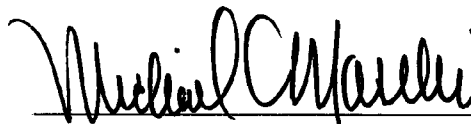
5. The Civil Actions/Complaints of the Plaintiff(s) fail to set forth a cause of action upon which relief can be granted.

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.

A handwritten signature in black ink, appearing to read "Michael C. Maselli", is written over a horizontal line.

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.

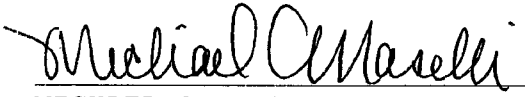

MICHAEL C. MASELLI, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

CERTIFICATE OF SERVICE

I do hereby certify that I have served a copy of 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, ESQUIRE
Attorney for Defendant
Rodney W. Boyce

FILED

JUN 21 2000
m/a:07/ndcc
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

PRAECIPE FOR APPEARANCE

Defendant.

Filed on behalf of Defendant:

Commonwealth of Pennsylvania,
Department of Transportation

Counsel of Record for This
Party:

John G. Eidemueller, 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 FOR 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

MJD: B/10cc

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

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,

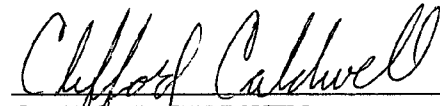


R. Denning Gearhart
Attorney for Plaintiff

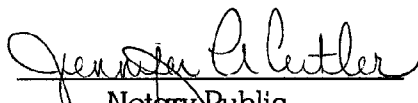
COMMONWEALTH OF PENNSYLVANIA :
 : SS:
COUNTY OF CLEARFIELD :

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 Answer to New Matter are true and correct to the best of his knowledge, information, and belief.


CLIFFORD CALDWELL

Sworn to and subscribed
before me this 29th day
of June, 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) NO. 00-192-CD	
CLIFFORD CALDWELL, Plaintiff VS. RODNEY W. BOYCE, et al, Defendants	
ANSWER TO DEFENDANT, RODNEY W. BOYCE'S NEW MATTER	
<div>FILED</div> <div>JUN 29 2000 306/3cc-atty William A. Shaw Prothonotary</div> <div>Denhart GAS</div>	
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. Eidemueller, 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 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
AUG 31 2000
013181 MCC
William A. Shaw
Prothonotary



CERTIFICATE OF SERVICE

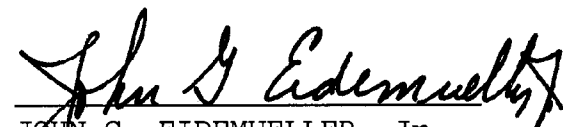
I hereby certify that a true and correct copy of the foregoing Notice of Service of Interrogatories and Request for Production of Documents Directed to Plaintiff was served upon the following counsel of record, via first-class mail, postage pre-paid on August 29, 2000:

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

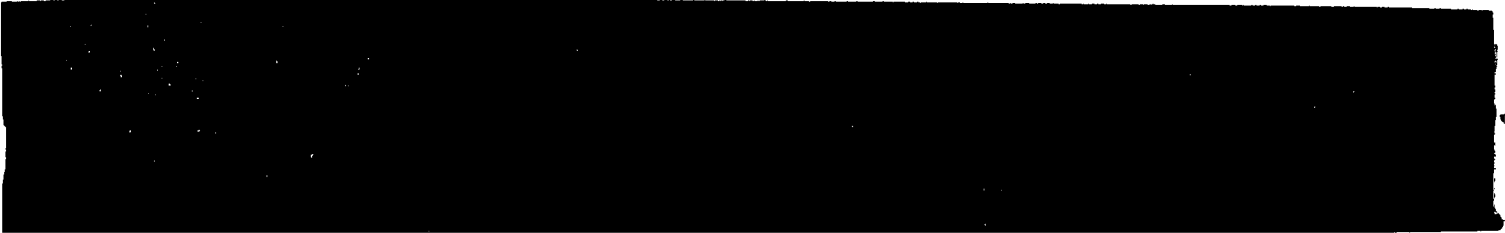
BY:


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

FILED

W.A. AUG 31 2000

01218/MOC
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:

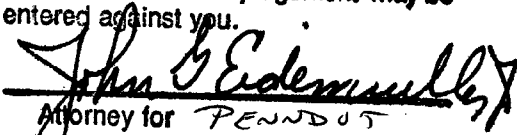
Commonwealth of Pennsylvania,
Department of Transportation

Counsel of Record for This
Party:

John G. Eidemueller, 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

You are hereby notified to plead to the
within pleading within twenty (20) days
hereof or a default judgement may be
entered against you.


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

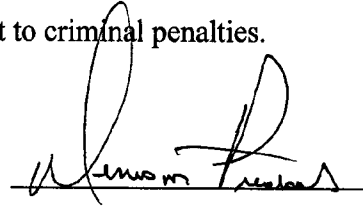
BY:


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", is written over a horizontal line.

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

AUG 31 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

CLIFFORD CALDWELL,

Plaintiff

CIVIL DIVISION
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

FILED ON BEHALF OF DEFENDANT:
Rodney W. Boyce

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,

Plaintiff

CIVIL DIVISION

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)

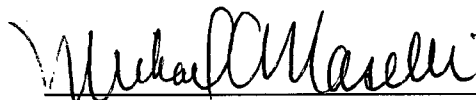
1. The allegations of Paragraph 48 of the above-indicated New Matter Under Pa. R.C.P. 2252(d), are denied pursuant to Pa.R.C.P. 1029(e). By way of further response, it is

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.

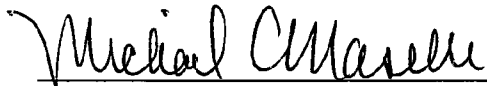
3. The allegations of Paragraph 50 of the above-indicated New Matter Under Pa. R.C.P. 2252(d), are denied pursuant to Pa.R.C.P. 1029(e). By way of further response, it is specifically denied that Defendant was in any way negligent, reckless, or careless. To the contrary, at all times material hereto,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

A handwritten signature in cursive script, reading "Michael C. Maselli", written in black ink.


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
M1134/MCC
William A. Shaw
Prothonotary
EAT
KAT

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**

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

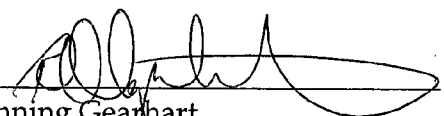
COMES NOW, Plaintiff, Clifford Caldwell, by and through his Attorney, R. Denning Gearhart, and Answers the Interrogatories filed by Defendant Boyce as follows:

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



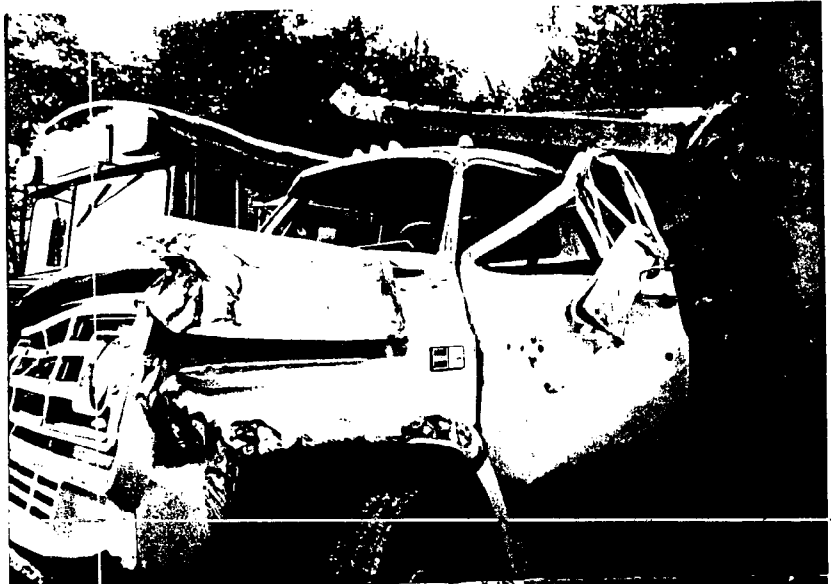
COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

(XX) REFER TO OVERLAY SHEETS

REPORTABLE ☒ NON - REPORTABLE ☐

PENNDOT USE ONLY

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER 86-99		2. AGENCY NAME LAWRENCE TOWNSHIP POLICE		20. COUNTY CLEARFIELD		CODE 17	
3. STATION/ PRECINCT 223		4. PATROL ZONE		21. MUNICIPALITY LAWRENCE TOWNSHIP		CODE 223	
5. INVESTIGATOR PILM, JEFFERY L. FINK		BADGE NUMBER 223-05		22. ROUTE NO. OR STREET NAME S.R. 153/322			
6. APPROVED BY		BADGE NUMBER		23. SPEED LIMIT 40		24. TYPE HIGHWAY 1	
7. INVESTIGATION DATE 10/04/99		8. ARRIVAL TIME 0630		25. ACCESS CONTROL 1			
ACCIDENT INFORMATION				INTERSECTING ROAD:			
9. ACCIDENT DATE 10/04/99		10. DAY OF WEEK MONDAY		26. ROUTE NO. OR STREET NAME T-971		27. SPEED LIMIT 35	
11. TIME OF DAY 0625		12. NUMBER OF UNITS 2		28. TYPE HIGHWAY 0		29. ACCESS CONTROL 1	
13. # KILLED 0		14. # INJURED 1		15. PRIV. PROP. ACCIDENT Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		IF NOT AT INTERSECTION:	
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 UNIT 1 3 1 - LIGHT 2 - MODERATE 3 - SEVERE UNIT 2 3		30. CROSS STREET OR SEGMENT MARKER		31. DIRECTION FROM SITE N S E W	
18. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		19. PENNDOT PROPERTY Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		32. DISTANCE FROM SITE FT. MI.		33. DISTANCE WAS MEASURED <input type="checkbox"/> ESTIMATED <input type="checkbox"/>	
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"/>	
39. PA TITLE OR OUT-OF-STATE VIN 51924736002		40. OWNER RODNEY W. BOYCE / BONNIE L. MERREY		39. PA TITLE OR OUT-OF-STATE VIN TEMP. TAG		40. OWNER JIMS AUTO SALES	
41. OWNER ADDRESS 626 BARCLAY STREET		42. CITY, STATE & ZIPCODE CLEARFIELD PA. 16830		41. OWNER ADDRESS 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 checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		45. MODEL - (NOT BODY TYPE)		46. INS. Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input checked="" type="checkbox"/>	
47. BODY TYPE 50		48. SPECIAL USAGE 0		47. BODY TYPE 70		48. SPECIAL USAGE 0	
49. VEHICLE OWNERSHIP 1		50. INITIAL IMPACT POINT 01		49. VEHICLE OWNERSHIP 10		50. INITIAL IMPACT POINT 12	
51. VEHICLE STATUS 0		52. TRAVEL SPEED 99		51. VEHICLE STATUS 0		52. TRAVEL SPEED 99	
53. VEHICLE GRADIENT 1		54. DRIVER PRESENCE 1		53. VEHICLE GRADIENT 1		54. DRIVER PRESENCE 1	
55. DRIVER CONDITION 1		56. DRIVER NUMBER 15 721 032		55. DRIVER CONDITION 1		56. DRIVER NUMBER 18 618 958	
57. STATE PA.		58. DRIVER NAME RODNEY WAYNE BOYCE		57. STATE PA.		58. DRIVER NAME CLIFFORD CALDWELL	
59. DRIVER ADDRESS 626 BARCLAY STREET		60. CITY, STATE & ZIPCODE CLEARFIELD PA. 16830		59. DRIVER ADDRESS 1211 WOODLAND ROAD		60. CITY, STATE & ZIPCODE CLEARFIELD PA. 16830	
61. SEX M		62. DATE OF BIRTH 04/18/52		61. SEX M		62. DATE OF BIRTH 07/24/59	
63. PHONE		64. COMM. VEH. Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		63. PHONE		64. COMM. VEH. Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
65. DRIVER CLASS		66. CARRIER		65. DRIVER CLASS		66. CARRIER	
67. CARRIER ADDRESS		68. CARRIER ADDRESS		67. CARRIER ADDRESS		68. CARRIER ADDRESS	
69. CITY, STATE & ZIPCODE		69. CITY, STATE & ZIPCODE		69. CITY, STATE & ZIPCODE		69. CITY, STATE & ZIPCODE	
70. USDOT #		70. USDOT #		70. USDOT #		70. USDOT #	
71. ICC #		71. ICC #		71. ICC #		71. ICC #	
72. PUC #		72. PUC #		72. PUC #		72. PUC #	
73. VEH. CONFIG.		73. CARGO BODY TYPE		73. VEH. CONFIG.		73. CARGO BODY TYPE	
74. GVWR		74. GVWR		74. GVWR		74. GVWR	
75. NO. OF AXLES		75. NO. OF AXLES		75. NO. OF AXLES		75. NO. OF AXLES	
76. HAZ ARDOUS MATERIALS		76. HAZ ARDOUS MATERIALS		76. HAZ ARDOUS MATERIALS		76. HAZ ARDOUS MATERIALS	
77. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		77. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		77. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		77. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	



VEHICLE GENERAL CHANGE ENDORSEMENT - SCHEDULE

POLICY NUMBER	FROM	POLICY PERIOD	TO	COVERAGE IS PROVIDED IN THE	AGENCY	P
AUG 0056614	12/18/98	12/18/99		PA NATIONAL MUTUAL CAS INS CO	5121698	52

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 CHEV DUMP	1GDL7D167HV508525	6	14000	21179		08/21/99

AUTO	RAD	USE	SIZE/ SEAT	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

Ticket No: 138101

Date: 09/18/1999

Time In: 7:52 AM

Time Out: 7:52 AM

Customer: SUPERIOR LANDFILL-COD

Cust Ref No:

Van Owner: SUPERIOR COD

Vehicle No: CC2 Type: DUM

Supp Equip1: Type:

Supp Equip2: Type:

Supp Equip3: Type:

Tran Fees: Lipping Fee

Materials: Construction & Demol

Waste Gen: CLEARFIELD COUNTY

SP Waste No:

Profile No: COD C&D CLEAR

Driver Signature:

Gross Wt: 19,760

Tare Wt: 12,440

Net Wt: 7,320

Qty: 3.66 UOM: TN

Site Cell: N13100E113

Unit Cost: \$30.65

Base Chg: \$112.18

Total Tax: \$19.58

Total: \$131.76

Open:

Lic Nbr: 3319

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

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

Material: Construction & Demo

Waste Gen: CLEARFIELD COUNTY

SP Waste No:

Profile No: COD C&D CLEAR

Driver Signature:

Gross Wt: 18,220
Tare Wt: 12,440
Net Wt: 5,780
Qty: 2.89 UOM: TON
Site Cell: N13100E115

Unit Chg: \$30.65
Base Chg: \$68.58
Total Tax: \$15.46
Total Chg: \$104.69

Operator: R
Lic Nbr:

Thank you for your business!

Superior Services, Inc.

Greentree Landfill

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

Ticket No: 129594

Date: 09/15/1999

Time In: 3:49 PM
Time Out: 3:49 PM

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

Material: Construction & Demo

Waste Gen: CLEARFIELD COUNTY

SP Waste No:

Profile No: COD C&D CLEAR

Driver Signature:

Gross Wt: 16,200
Tare Wt: 12,440
Net Wt: 3,760
Qty: 1.88 UOM: TN
Site Cell: N13100E115

Unit Chg: \$30.65
Base Chg: \$57.62
Total Tax: \$10.06
Total Chg: \$67.65

Operator: JG
Lic Nbr: 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

Cust Ref No:

Veh Owner: SUPERIOR COD

Vehicle No: CC2 Type: DUM

Supp Equip1: Type:

Supp Equip2: Type:

Supp Equip3: Type:

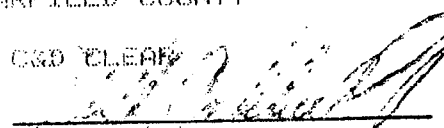
Tran Type: Tipping Fee

Material: Construction & Demo

Waste Gen: CLEARFIELD COUNTY

SP Waste No:

Profile No: COD C&D-CLEAR

Driver Signature: 

Gross Wt: 18,360

Tare Wt: 12,440

Net Wt: 5,920

Qty: 2.96 UOM: TN

Site Cell: N13100E115

Unit Chg: \$30.65

Base Chg: \$90.72

Total Tax: \$15.84

Total Chg: \$106.56

Operator: BP

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

Cust Ref No:

Veh Owner: SUPERIOR COD

Vehicle No: CC2 Type: DUM

Supp Equip1: Type:

Supp Equip2: Type:

Supp Equip3: Type:

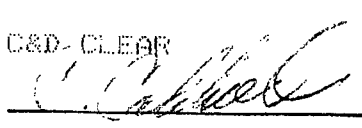
Tran Type: Tipping Fee

Material: Construction & Demo

Waste Gen: CLEARFIELD COUNTY

SP Waste No:

Profile No: COD C&D-CLEAR

Driver Signature: 

Gross Wt: 17,040

Tare Wt: 12,440

Net Wt: 4,600

Qty: 2.30 UOM: TN

Site Cell: N13100E115

Unit Chg: \$30.65

Base Chg: \$70.50

Total Tax: \$12.30

Total Chg: \$82.80

Operator: LH

Lic Nbr: 50319

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

Material: Construction & Demo

Waste Gen: CLEARFIELD COUNTY

SP Waste No:

Profile No: COD C&D CLEAR

Gross Wt: 14,060

Tare Wt: 12,440

Net Wt: 2,420

Qty: 1.21 UOM: TN

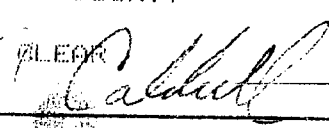
Site Cell: N13100E115

Unit Chg: \$30.65

Base Chg: \$37.09

Total Tax: \$6.47

Total Chg: \$43.56

Driver Signature: 

Operator: IG

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: 09/08/1999

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

Material: Construction & Demo

Waste Gen: CLEARFIELD COUNTY

SP Waste No:

Profile No: COD C&D CLEAR

Gross Wt: 17,000

Tare Wt: 12,440

Net Wt: 4,560

Qty: 2.28 UOM: TN

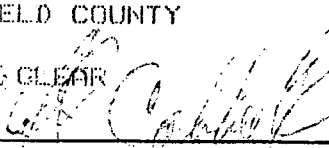
Site Cell: 1340111000

Unit Chg: \$30.65

Base Chg: \$69.88

Total Tax: \$12.20

Total Chg: \$82.08

Driver Signature: 

Operator: LH

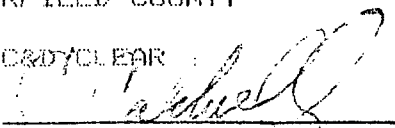
Lic Nbr: 58319

Thank you for your business!

Superior Services, Inc.

Greentree Landfill

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

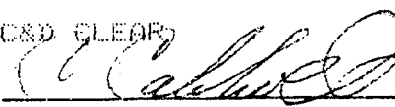
Ticket No: 130161	Date: 09/20/1999	Time In: 6:16 AM
		Time Out: 6:15 AM
Customer: SUPERIOR LANDFILL-COD	Gross Wt: 15,600	
Cust Ref No:	Tare Wt: 12,440	
Van Owner: SUPERIOR COD	Net Wt: 3,160	
Vehicle No: CC2 Type: DUM	Qty: 1.58 UOM: TN	
Supp Equip1: Type:	Site Cell: N13100E115	
Supp Equip2: Type:		
Supp Equip3: Type:		
Tran Type: Tipping Fee	Unit Chg: \$30.65	
Material: Construction & Demo	Base Chg: \$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: 	Lic Nbr: 58319	

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	
Van Owner: SUPERIOR COD	Net Wt: 6,940	
Vehicle No: CC2 Type: DUM	Qty: 3.47 UOM: TN	
Supp Equip1: Type:	Site Cell: N13100E115	
Supp Equip2: Type:		
Supp Equip3: Type:		
Tran Type: Tipping Fee	Unit Chg: \$30.65	
Material: Construction & Demo	Base Chg: \$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: 	Lic Nbr: 58319	

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

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

Material: Construction & Demo

Waste Gen: CLEARFIELD COUNTY

SP Waste No:

Profile No: COD C&D TLEOR

Driver Signature:

Gross Wt: 18,220

Tare Wt: 12,440

Net Wt: 5,780

Qty: 2.89 UOM: TN

Site Cell: 1340111800

Unit Chg: \$30.65

Base Chg: \$88.58

Total Tax: \$15.46

Total Chg: \$104.04

Operator: JG

Lic Nbr: 21795

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

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

Material: Construction & Demo

Waste Gen: CLEARFIELD COUNTY

SP Waste No:

Profile No: COD C&D

Driver Signature:

Gross Wt: 20,040

Tare Wt: 12,440

Net Wt: 7,600

Qty: 3.80 UOM: TN

Site Cell: 1340111800

Unit Chg: \$30.65

Base Chg: \$116.47

Total Tax: \$20.33

Total Chg: \$136.80

Operator: LH

Lic Nbr: 58319

Thank you for your business!

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

Ticket No: 132562

Date: 10/01/1999

Time In: 6:46 AM
Time Out: 6:46 AM

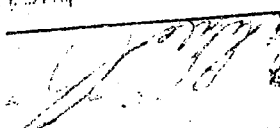
Customer: SUPERIOR LANDFILL-COD
Cust Ref No:
Veh Owner: SUPERIOR COD
Vehicle No: CCL2 Type: DUM
Supp Equip1: Type:
Supp Equip2: Type:
Supp Equip3: Type:
Tran Type: Tipping Fee
Materials: Construction & Demo
Waste Gen: CLEARFIELD COUNTY
SP Waste No:
Profile No: COD C&D CLEAR

Gross Wt: 19,900
Tare Wt: 12,440
Net Wt: 7,460
Qty: 31.73 UOM: TN
Site Cell: N13100E115

Unit Chg: \$30.65
Base Chg: \$114.32
Total Tax: \$19.96
Total Chg: \$134.28

Operator: LH
Lic Nbr: 58319

Thank you for your business!

Greentree Landfill
635 Toby Road
Kersey, PA 15846
(814)265-1744
Date: 10/02/1999
Ticket No: 132903
Customer: SUPERIOR LANDFILL-COD
Cust Ref No: SUPERIOR COD
Veh Owner: CCL2 Type: DUM
Vehicle No: CCL2
Supp Equip1: Type:
Supp Equip2: Type:
Supp Equip3: Type:
Tran Type: Tipping Fee
Materials: Construction & Demo
Waste Gen: CLEARFIELD COUNTY
SP Waste No: COD C&D CLEAR
Profile No: COD C&D CLEAR
Driver Signature: 
Thank you for your business!

Time In: 6:02 AM
Time Out: 6:07 AM
Gross Wt: 17,040
Tare Wt: 12,440
Net Wt: 4,600
Qty: 2.30 UOM: TN
Site Cell: N13100E115
Unit Chg: \$30.65
Base Chg: \$70.50
Total Tax: \$12.30
Total Chg: \$82.80
Operator: LH
Lic Nbr: 58319

Superior Services, Inc.

Greentree Landfill

635 Toby Road

Kersey, PA 15846

(814)265-1744

Customer: SUPERIOR LANDFILL-COO

Date: 09/29/1999

Time In: 6:43 AM

Time Out: 6:42 AM

Customer: SUPERIOR LANDFILL-COO

Order Ref: 001

Gross Wt: 14,960

Vehicle: SUPERIOR COO

Tare Wt: 12,440

Vehicle No: 002 Type: DUM

Net Wt: 2,520

Equip: 001 Type:

Qty: 1.26 UOM: TN

Equip: 002 Type:

Site Cell: N13100E115

Equip: 003 Type:

Equip: 004 Type: Flipping Fee

Unit Chg: \$30.65

Equip: 005 Type: Construction & Demo

Base Chg: \$36.62

Equip: 006 Type: CLEARFIELD COUNTY

Total Tax: \$6.74

Equip: 007 Type: COO C&D CLEAR

Total Chg: \$45.36

Equip: 008 Type: COO C&D CLEAR

Operator: LH

Equip: 009 Type: COO C&D CLEAR

Lic Hbr: 53319

Thank you for your business

Superior Services, Inc.

Greentree Landfill

635 Toby Road

Kersey, PA 15846

(814)265-1744

Customer: SUPERIOR LANDFILL-COO

Date: 09/30/1999

Time In: 6:30

Time Out: 6:30

Customer: SUPERIOR LANDFILL-COO

Order Ref: 001

Gross Wt: 23,200

Vehicle: SUPERIOR COO

Tare Wt: 12,440

Vehicle No: 002 Type: DUM

Net Wt: 10,760

Equip: 001 Type:

Qty: 3.40 UOM: TN

Equip: 002 Type:

Site Cell: N13100E115

Equip: 003 Type:

Equip: 004 Type: Flipping Fee

Unit Chg: \$30

Equip: 005 Type: Construction & Demo

Base Chg: \$165

Equip: 006 Type: CLEARFIELD COUNTY

Total Tax: \$20

Equip: 007 Type: COO C&D CLEAR

Total Chg: \$195

Equip: 008 Type: COO C&D CLEAR

Operator: LH

Equip: 009 Type: COO C&D CLEAR

Lic Hbr: 53319

Thank you for your business!

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

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

16830-0992

PAGE NO.
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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	CLIFFORD L CALDWELL	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
	PO BOX 1234		1 AUTO ACCIDENT		00
	CLEARFIELD PA 16830		SMOLARCZYK PRZEMYSŁAW		

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	43117852	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/DIPHTH	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					
T O T A L S			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.

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

U5A

TYPE OF BILL: A
DATE OF BILL: 10/18/99
DATE OF PREV. BILL: OUTP.

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

16830-0992

PAGE NO.
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HOSP NO.
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
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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.

USA

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	11/05/99	
OUTP.		

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	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	\$
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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	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE
46778726	

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

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

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	11/20/99	
OUTP.		

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	11	00500000429
POLINTAN RODOLFO S					

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

AMOUNT OF PAYMENT	\$
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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					
T O T A L S			196.00	196.00				

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

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

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

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 BURSTIS - 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 natinal pd.\$167.51 FOR 10/19-10/20/9				
11/15/99		penn natinal 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: 003000004291191
 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	
						0.00
CURRENT	OVER 30	OVER 60	OVER 90	OVER 120		
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	EMR
DOB:	07/24/1959	ROOM/BED:		
ORD DR:	SMOLARCZYK, PRZEMYSŁAW	PT CLASS:	ED	
ATT DR:	SMOLARCZYK, PRZEMYSŁAW	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

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

NAME AND ADDRESS		CLIFFORD		MAIDEN		REGISTRATION DATE/TIME		46707436	
Caldwell		PA 16830		PAT. PH. NO. 814-765-7202		10/04/1999 07:01			
PO BOX 1234		CLEARFIELD		CLEARFIELD BORO CLFD C		AGE 40		BIRTHDATE 07/24/1959	
RES. CODE 033065		S.S. NO. 178-52-5417		TWP.		F.C. F		RACE SEX MAR REG. BY 2 M B MRC	
REGISTERING DOCTOR NAME		NO.		FAMILY DOCTOR NAME		NO.		MED. REC. NO.	
SMOLARCZYK PRZEMYSŁAW		021303		CONRAD DONALD E		011577		096596	
TIME SEEN:		C.C.		RECORD DICTATED:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> ORDER TAKEN OFF	
MODE ARR: EMS Auto		Additional Hx. from:		FAMILY EMS NURSING HOME		PRIOR RECORD OF		Card. PRT. EKG	
HPI:								Amylase PT, PTT	
								CBC DIF TR 1 2	
								Chem 7,12+CO ₂ UA Mic	
								Hepatic Panel U C&S	
PMH: NONE ASTHMA COPD CAD MI CHF ↑ BP, LAST STRESS TEST				DIABETES 1 2 CVA / TIA CANCER				CK MB Cath UA	
								Troponin I Gc-Chl Probe	
PSH: NONE APP. CHOLY. TUBAL LIG. HYST CABG PTCA CATARACTS								Digoxin Blood C	
MEDS: <input type="checkbox"/> None		Allergy: <input type="checkbox"/> None		Immunizations Current: Y N				Theo Strep	
SOCIAL / OCCUP. Hx:		FAMILY Hx:						HCG Qual	
ROS:								HCG Quan	
								Urine Tox	
PHY. EX.:									
								Abd. Ser/Kub Hand	
								Chest P.C. Wrist	
								Ribs 4 Arm	
								Face / Nose Elbow	
								Orbit / Mand. Humerus	
								C. Sp. P. C. Shoulder	
								Clavicle Scapula	
								Th / sp.	
								CS sp.) Pelvis	
								Hip	
								CT Head Femur	
								CT Neck Knee	
								CT Chest Tib-Fib	
								CT Abd Ankle	
								Heel	
								IVP Foot	
								V/O	
								US Abdomen	
								US Arterial	
								US Cardiac	
								US Pelvic OB US Scrotum	
								US Retrop Renal US Venous	
RESPONSE									
EVENTS &									
PROCEDURES									
SERVICES: Crit Care		Med Com		Independent visualization of <input type="checkbox"/> x-rays <input type="checkbox"/> EKG <input type="checkbox"/> Discussion of imaging tests with Radiologist					
DIAGNOSIS		Admit Dr. <input type="checkbox"/> reg. <input type="checkbox"/> 23 hr.		TIME: Room #: <input type="checkbox"/> ICU <input type="checkbox"/> Telm					
		Discharge Cond: <input type="checkbox"/> Improved <input checked="" type="checkbox"/> Stable		Transfer to: <input type="checkbox"/> AMA					
		<input type="checkbox"/> DOA: <input type="checkbox"/> Exp ED <input type="checkbox"/> LWBS		Discussed with Dr. at					
		Consult/Record Copy to:							
Instruction sheets: Temp Lacerations V & D URI Head Inj. Concussion Flu Mononucleosis Croup Nosebleed Eye Injury									
Conjunctivitis Kidney Stone Tick Bite Back Pain Cast Sprain/Fracture Ectopic Threatened AB									
<p>ALL PATIENTS: All elements of an illness or injury may not be apparent at this time. Your illness may progress and change. Your response to treatment may be unpredictable. If your symptoms persist, worsen, if new symptoms develop, or if you feel you are having a problem with medication, contact your Private Physician or return to the Hospital. If you have received an instruction sheet, read it carefully now and ask any questions that you may have.</p> <p><input type="checkbox"/> Your managed care provider has not approved payment for this visit.</p>									
<p>OFF WORK / SCHOOL / GYM FOR x 2 days</p> <p>WORK RESTRICTIONS GIVEN light duty & 5 days</p> <p>I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DISCHARGE INSTRUCTIONS</p>									
NURSE SIGNATURE		TIME		PHYSICIAN ASSISTANT SIGNATURE		PATIENT SIGNATURE			
NON-EMERGENCY		Caldwell		CLIFFORD		10/04/99 07:01			
PHYSICIAN SIGNATURE									

Patient: Cliff Caldwell Age: Caller:

Phone: 765-230-2 Pharmacy:

Date/time: 11/2/99 10⁴⁵ By: SK

 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, is waiting for Insurance purposes

can DEC give him something?

Doctor's instructions:

 yes

 notified 11/2/99 9

Action taken:

8/99. Pt no show for today's throt @ 11⁰⁰ — SK.

1/99. Called pt re: above missed Appt.

Did R/s for 12/6/99 @ 11¹⁵ — SK.

79 R/O 3 mol. - No complaints - SK SK Regan

② hip arthritis

→ Saw Dr. Palmer

2 chel/pain improving slowly

- continue c Daypro

bed rest and

massage ft.

no persant tender

① Fibres ②

neg sup

f: ② hip DSD
Sx MVA, multiple contusion

→ R/O Znuity 3/7/00
945
pm Daypro

SK

ALLERGIES: NKA

HGT: 5'11" IBW:

Blifford, Caldwell

10/29/99 - Rev 2 wks - (L) elbow swollen, sore to touch, & (R) ankle swollen
(L) knee hurting. — numbness in (R) flank side ————— memo

(L) elbow → swollen over olecranon

— never xrayed @ time of injury

still multiple aches → (L) knee aches, (R) ankle

— feels better, more better

Continue c Daypro

(L) latest knee pain c certain twisting motion

cur 2002

cycle

(L) olecranon bursal swelling
good ROM, no rubor

(L) knee, feels better

(R) ankle, mod swell
non tend

Tip: sip MVA, multiple contusions
(L) olecranon bursa

→ xray (L) elbow
x (R) ankle

→ ortho eval - Dr Polunin

11/10/99
9:30

continue therapy

continue Daypro - simple

pro 1 month



10/29/99. Pt notified per Dec (L) Elbow (R) ankle (L) arthritis — memo

Jeff Caldwell

4/11/99 Jlu rev 10d. - states Daypo helping alot. - Constipation - much improved - having normal
3m's. (V.Rug)

UA - neg for blood

(L) knee xray → normal

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

Daypo helping

not as constipated

no prethens - numbness (R) peroneal nerve

7/2 distal → (R) 2nd

neg SUR

no poly tenderness L-S spine

~~Tip:~~ L-S contusion
- multiple contusions.

→ PT eval & Rx 10/21/99
rev 2 w/s 300

10/26/99
10/30



**CLEARFIELD HOSPITAL
IMAGING DEPARTMENT**

(814) 768 - 2275

ATIENT:	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

artifacts
[Signature]
10/29/99

notified 10/29/99
mm

ORDERING DR BATCH

(1) elbow (R) ankle 10/27/99

Clifford Caldwell

8/99. Pt 'no show' for today's Appt @ 9⁴⁵ ——— SMK

1/99. Called pt about above missed Appt. via Rls
for 2/2/99 @ 9⁴⁵ ——— SMK

2/99. Pt 'no show' for today's Appt @ 9⁴⁵ ——— SK

1/5/99. Called pt about above missed Appt. LM
to call to Rls ——— SK

01/14/99 - ER. F/U from MVA - Pain in ② back, numb, pain in ① knee.
Bowels not working well. 1 BM since Monday - ER. gave peracet
MEMPH

MVA - 10/4 - flipped truck over x 3 (12 ton truck load.)
to ER - had xray - old no fractures

% ② flank, ① knee pain & hip

↑ c weight bearing

— copy 10/4 - no cxs
normal L-S spine

ER: R & peracet

tender ② paraspinal spine
neg SLR, no midline spine tenderness

① knee/knee tender

no effusion

abd soft, nondist

(+) BS

fp multiple contusions
S/P MVA

✓ ① knee & hip xray Hosp
R^{peri} Coobe: 1-2 po qd (#.30 R⁺)
+ peracet use

✓ UA R/O hct Hosp.

⑤ Daypro 600mg 2 qd

N - 10/4

10³⁰
✱

**CLEARFIELD HOSPITAL
IMAGING DEPARTMENT**

(814) 768 - 2275

PATIENT:	CALDWELL, CLIFFORD LYNN	MR #:	096596	
AGE:	40	SEX:	M	
DOB:	07/24/1959	ADM#:	46720496	OP
ORD DR:	CONRAD, DONALD E	ROOM/BED:		
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

ORDERING DR BATCH

10/11/99

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

PATIENT:	CALDWELL, CLIFFORD LYNN	MR #:	096596	
AGE:	40 SEX: M	ADM#:	46707436	EMR
OB:	07/24/1959	ROOM/BED:		
RD DR:	SMOLARCZYK, PRZEMYSŁAW	PT CLASS:	ED	
TT DR:	SMOLARCZYK, PRZEMYSŁAW	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.

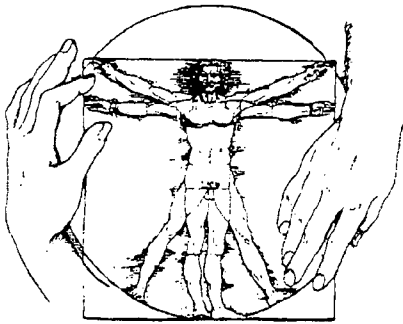
IMPRESSION: Normal lumbosacral spine.

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

[Handwritten signature]
10/4/99

ALTERNATE DOCTOR BATCH

CR/LS x-ray 10/4/99



BODIES IN BALANCE

Robert J. Mollica P.T.

607 McBride Street

Clearfield, PA 16830

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

BODIES IN BALANCE

RE: ~~Clifford~~ Caldwell

DATE: 10-19-1999

INITIAL EVALUATION

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.

 PT. 10-11-99
Robert J. Moillica PT Date

 10/27/99
Physician

Daily Progress Note

15-1718465

Clifford Caldwell

Patient Name

10-19-99
Date

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

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

OBJECTIVE: 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

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

BILIZATION: 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. diaphragm 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

FUNCTIONAL ACTIVITY: ADL's Postural Awareness Adductor Squeeze 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: Sw in lumb - (L) hip feels looser and movement is free

PLAN: Cx on ordered - 3x wk

T x 10

Physical Therapist: [Signature]

Daily Progress Note

ID# 25-1718465

Cliff Caldwell 10-21-99
Patient Name Date

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

SKs remain but noted improvement in hip + ribs LBO still swollen

OBJECTIVE Range of motion deficit End Range hip + LBO

Movement dysfunction

Postural dysfunction

Special Tests pelvic 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-thorac Segments

MYOFASCIAL RELEASE: occ traction O-A decom LS decom SI decom 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 fem b, 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 TTL (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

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: Cont to demonstrate improvement

PLAN: Cont & P.T. progress to x

Physical Therapist:

[Signature]

Daily Progress Note

D# 25-1718465

Cliff Caldwell

10-20-99

Patient Name

Date

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

Str @ Hip very sore - limping this day

OBJECTIVE: Range of motion deficit hip Flexion at Abductor

Movement dysfunction Neck + Shoulder (L) elbow

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
cervical	<u>C</u>	<u>C</u>	C	C	<u>C</u>
thoracic	<u>T</u>	<u>T</u>	T	T	<u>T</u>
lumbar	<u>L</u>	<u>L</u>	L	L	<u>L</u>

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

psaos quad lumb p-formis TTL (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

KINETIC ACTIVITY: ADL's Postural Awareness Neuromotor Re-act 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

REMARKS: rehin me level. - Cervical Spine more mobile
"hip feels looser"

PLAN: rest

Physical Therapist:

[Signature]

Daily Progress Note

25-1718485

Cliff Caldwell
Patient Name1028-99
Date

SUBJECTIVE: pain rating intensity 2/5 frequency 1/7 duration 1/24
LBO pain rth 2/5 one, hip stands still feel better but hip hurts

OBJECTIVE: Range of motion deficit hip closed posterior 9 pain L50 sitting
 Movement dysfunction _____
 Postural dysfunction _____
 Special Tests pelvis response level

TREATMENT ADMINISTERED: Hands on treatment by 1, 2 of 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
cervical	C	C	C	C	C
thoracic	T	T	T	T	T
lumbar	L	L	L	L	L

L50 Transverse plane

hip -

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

psos quad lumb p-formis AFL (L/R) TIB (L/R) hams (L/R) gastrocs (L/R) feet (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 Activity

THERAPEUTIC EXERCISES: assisted / unassisted **HOME PROGRAM:** initial review modify Eligible Still

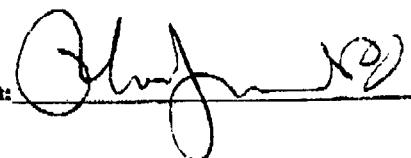
MODALITIES: MH ice US E-Stim Probe ionto back track inversion relax tapes

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

ASSESSMENT: Cut & treatment pelvis level - L50 Rom rth 2/5
hip pain & sitting

PLAN: Cut & treat

Physical Therapist:



Daily Progress Note

ID# 25-1718465

C. Caldwell 11-5-99
Patient Name Date

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

happy less. Elbow fairly a little better

OBJECTIVE Range of motion deficit End range 1+1 LBS - pelvic incl.

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	C	C
thoracic	T	T	T	T	T
lumbar	L	L	L	L	L

leg pull with glute hams Adduct. Abduct. rotators, quad lumb, lats R/L

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

SOFT TISSUE MOBILIZATION:

sub occ. SCM (L/R) C. 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

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: Skin cut to be present but 5+0 better.

PLAN: Cast

Physical Therapist

Daily Progress Note

ID# 25-1718485

Cliff Caldwell

11-16-99

Patient Name

Date

SUBJECTIVE pain rating: intensity 2-5 frequency 17 duration 124Low pain - 1st activity + walking thru pain -OBJECTIVE Range of motion deficit L40 OK 1 - 1 1/2" Back + hip w/lt - End RangeMovement dysfunction 5 spots sharp pain

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. diaph pelvic floor thoracic inler

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, Larm pull with pecs, traps, lats, teres, scap Adductors, c-mil, 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

PNE LE DID 2

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 120ASSESSMENT: See lms - Pain 7-10 - Smelly milPLAN: Cut to program to x" 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 10/11/99 10/16/99

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

M 25-1718485

Cliff Caldwell
Patient Name10-28-99
Date

SUBJECTIVE: pain rating intensity 2/5 frequency 1/7 duration 1/24
LBO pain rth 2nd 4th one, hip feels still feel better but hip hurts

OBJECTIVE: Range of motion deficit hip closed posture 9 pain L50 Sully
 Movement dysfunction _____
 Postural dysfunction _____
 Special Tests pelvis response level

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 Q-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

L50 Transverse plane

hip -

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
psaos quad lumb p-formis AFI (L/R) IEB (L/R) hams (L/R) gastrocs (L/R) feet (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 Activity

THERAPEUTIC EXERCISES: assisted / unassisted **HOME PROGRAM:** initial review modify change stretch

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: Cut & Tension pelvis level L50 low rth 2nd 4th
hip pain & Sully

PLAN: Cut & Tension

Physical Therapist:

[Signature]

Daily Progress Note

D# 25-1718465

C. Caldwell 11-5-99
Patient Name Date

SUBJECTIVE pain rating 2 intensity 1.5 frequency 1.7 duration 1.24

happier less. Elbow fully a little better

OBJECTIVE Range of motion deficit End range 1+/ L6-S1 - pelvic limb.
Movement dysfunction
Postural dysfunction
Special Tests

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

MOBILIZATION: Joint mobil 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/Sacro-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	C	C
thoracic	T	T	T	T	T
lumbar	L	L	L	L	L

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

arm pull with pectorals/lats/lumbar/ham Arduous, c-arm, c-post, c-lat R/L

Surgery oblique
+ ITB
A

SOFT TISSUE MOBILIZATION:

sub occ: SCM (L/R) U trap Lev Scap (L/R) pector (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

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: Skin cut for knee present but 5+0 better.

Rome good. Complete less.

PLAN: Cast

Physical Therapist

Daily Progress Note

ID# 25-1718465

Cliff Caldwell 11-16-99
Patient Name DateSUBJECTIVE pain rating: intensity 2-5 frequency 17 duration 124Same pain - 7th activity + walking thru pain -OBJECTIVE Range of motion deficit L60 OK 1 - 1" / Back + hip with - End Range
Movement dysfunction Spinal Pain
Postural dysfunction
Special TestsTREATMENT 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/SegmentsMYOFASCIAL RELEASE: occ traction O-A decomp LS decomp SI decomp resp. diaph pelvic floor thoracic interDEEP RELEASES: anterior posterior L lateral R lateral rotation hip
cervical C C C C C
thoracic T T T T T
lumbar L L L L Lleg pull with gluts, hams, Adduct, Abduct, rotators, quad lumb, lats R Larm pull with pees, 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) pees (L/R) lats (L/R) subscap (L/R) P/spinal C T Lpees 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 digastricPNF LE DID 2KINETIC 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 lms - Poor 7th - Smelly nailPLAN: Cut to proper fit Xth on ball.Physical Therapist: [Signature]

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

Q32X noc

William A. Shaw d
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.

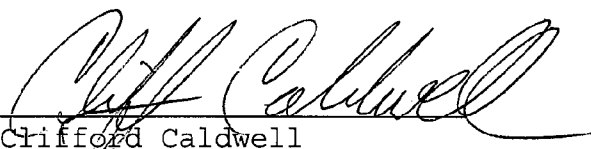
(l). See Income Tax Returns attached hereto. Further, see income statements attached to Answers to Interrogatories forwarded January 2, 2002.

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.

Label
(See instructions.)**Use the IRS label.**
Otherwise, please print or type.**Presidential Election Campaign**
(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 Clifford	MI A	Last Name Caldwell
Your Social Security Number 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. 312 Daisy St.		Apartment No.
City, Town or Post Office. If You Have a Foreign Address, See Instructions. Clearfield		State ZIP Code 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? **You** ☒ Yes ☐ No **Spouse** ☐ Yes ☐ No

Filing Status

Check only one box.

- 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

If more than six dependents, 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				No. of your children on 6c who:
c Dependents:				• lived with you
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	• did not live with you due to divorce or separation (see instrs)
				Dependents on 6c not entered above
d Total number of exemptions claimed				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	13	
14 Other gains or (losses). Attach Form 4797	14	
15a Total IRA distributions 15a 2,099.	b Taxable amount (see instrs) 15b	2,099.
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	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	-4,505.
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.

Adjusted Gross Income**BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.**Form **1040** (2001)

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	-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.

Other Taxes**Payments**

If 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	
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)? ☐ Yes. Complete the following. ☒ No

Designee's Name _____ Phone No. _____ Personal Identification Number (PIN) _____

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 Contractor	Daytime Phone Number _____
Spouse's Signature. If a Joint Return, Both Must Sign. _____	Date _____	Spouse's Occupation _____	

Paid Preparer'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. _____

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.

Presidential Election Campaign
(See instructions.)

Your First Name Clifford	MI	Last Name Caldwell	Your Social Security Number 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. P0 Box 1234			▲ Important! ▲ You must enter your social security number(s) above.
City, Town or Post Office. If You Have a Foreign Address, See Instructions. Clearfield			
Apartment No.			
State ZIP Code 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

Check only one box.

- 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.)

Exemptions

If more than six dependents, 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				No. of your children on 6c who:	
c Dependents:				(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)	
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	<input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instructions)	
Lesa M Litzinger		163-58-2620	Other		1
Justin A Kanouff		187-74-5038	Other		
Seth Caldwell		181-78-6033	Son	<input checked="" type="checkbox"/>	
				Dependents on 6c not entered above	2
d Total number of exemptions claimed				Add numbers entered on lines above	4

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	6,327.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here	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.

Adjusted Gross Income

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:
\$4,400Head of household:
\$6,450Married filing jointly or Qualifying widow(er):
\$7,350Married filing separately:
\$3,675

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	
35b	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.

Other Taxes**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 and type		
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.

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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
68	Amount of line 66 you want applied to your 2001 estimated tax	68	

Amount You Owe

69	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 Costruction	
Daytime Phone Number FDIA0112 10/30/00	
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	

Paid Preparer'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), Address, and ZIP Code	Self-prepared		EIN
		Phone No.	

FILED

FEB 13 2002

William A. Shaw
Prothonotary

W. A. Shaw

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 ncc
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.
-

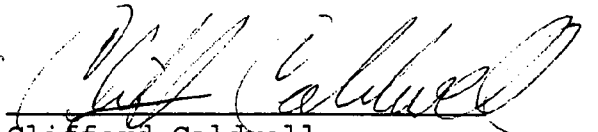
VERIFICATION

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.

2-13-02

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

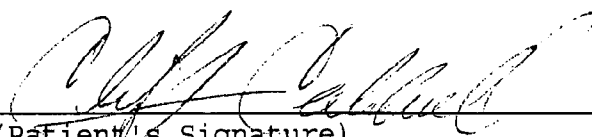
To:

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:



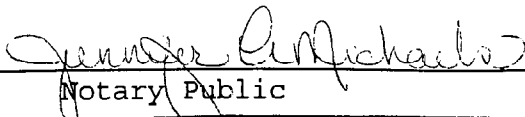
(Patient's Signature)

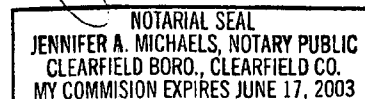
Social Security No. 178-52-5417

Commonwealth of Pennsylvania)
County of Clearfield)

312 Daugh 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



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:

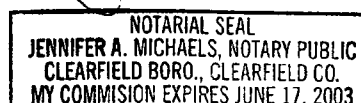
Commonwealth of Pennsylvania)
County of Clearfield)

Cliff Caldwell
(Signature)
Social Security No. 178-52-5417

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



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:

Cliff Caldwell
(Signature)

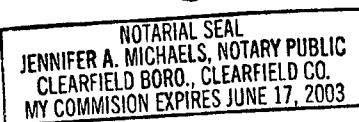
Social Security No. 178-52-5417

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



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.

Label
(see instructions.)Use the
label.
Otherwise,
please print
in type.Residential
election
campaign
(see instructions.)

Filing Status

Check only
one box.

Exemptions

More than
4 dependents.
(see instructions.)

Income

Attach Forms
1-2 and W-2G
if required. 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.Adjusted
gross
income

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

Form 1040 (2001)

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 Clifford A Caldwell		Your Social Security Number 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. 312 Daisy St.		▲ Important! ▲ You must enter your social security number(s) above.	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 <u>Seth A Caldwell</u>			
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		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)	
		• lived with you	
		• did not live with you due to divorce or separation (see instrs)	
		Dependents on 6c not entered above	
d Total number of exemptions claimed		Add numbers entered on lines above 1	
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) 15b 2,099	
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		21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income		22 -4,505	
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	34 Amount from line 33 (adjusted gross income)	34	-4,505.
Standard Deduction or — People who checked any box in line 35a or 5b 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	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.
Other Taxes	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	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	
	66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	420.
Refund	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	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
	Spouse's Signature. If a Joint Return, Both Must Sign.		Date
	Spouse's Occupation		Daytime Phone Number
Preparer's Information	Preparer's Signature	Date	Preparer's SSN or PTIN
	Firm's Name (or yours if self-employed)	Check if self-employed <input type="checkbox"/>	EIN
	Address, and ZIP Code	Phone No.	

Department of the Treasury — Internal Revenue Service
1040 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 RS label. Otherwise, please print in type. Residential election Campaign (see instructions.)	Your First Name MI Last Name Clifford Caldwell	Your Social Security Number 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. P0 Box 1234		▲ Important! ▲ You must enter your social security number(s) above.
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? **You** ☐ Yes ☒ No **Spouse** ☐ 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 ...

5 ☐ Qualifying widow(er) with dependent child (year spouse died ...). (See instructions.)

Exemptions

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b ☐ **Spouse**

c Dependents:		(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)	No. of boxes checked on 6a and 6b	No. of your children on 6c who: <input checked="" type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instructions)
(1) First name	Last name					
Lesa M	Litzinger	163-58-2620	Other			1
Justin A	Kanouff	187-74-5038	Other			
Seth	Caldwell	181-78-6033	Son	X		
						2
d Total number of exemptions claimed						4

Income

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 13

14 Other gains or (losses). Attach Form 4797 14

15a Total IRA distributions 15a 15b Taxable amount (see instrs)

16a Total pensions & annuities 16a 16b 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 20b Taxable amount (see instrs)

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.

Adjusted Gross Income

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.

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

Form 1040 (2000)

Tax and Credits**Standard Deduction for Most People**Single:
\$4,400Head of household:
\$6,450Married filing jointly or Qualifying widow(er):
\$7,350Married filing separately:
\$3,675

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.

Other Taxes**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 and type		
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.

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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
68	Amount of line 66 you want applied to your 2001 estimated tax	68	

Amount You Owe

69	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.		FDIA0112 10/30/00
Your Signature	Date	Your Occupation
		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)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's Signature	Date	Preparer's SSN or PTIN
Check if self-employed <input type="checkbox"/>		

Paid Preparer's Use Only

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

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

FILED^{NO CC}

0/10:47:01 Certificate
OCT 05 2004 to Atty Gearhart
William A. Law
Prothonotary Clerk of Courts
Copy to CIA

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

CLIFFORD CALDWELL,
Plaintiff,

v.

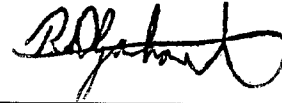
NO. 00-192-CD

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

Copy

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