

00-1451-CD  
JAMES C. WOJTCOWICH et al -vs- JOSEPH SCHRAEFER et ux

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

JAMES C. WOJTOWICH and : No.: 00-1451 -CD  
KAY M. WOJTOWICH, on behalf : Type of Case: Civil  
of and parents of KATHRYN M. : Type of Pleading:  
WOJTOWICH, a minor, : Complaint  
Plaintiffs : Filed on behalf of:  
vs. : Plaintiffs  
: Counsel of Record for  
JOSEPH SCHRAEFER, and : this Party:  
LYNN SCHRAEFER, husband : Girard Kasubick, Esq.  
and wife, : Supreme Court No. 30109  
Defendants : LEHMAN & KASUBICK  
: 611 Brisbin Street  
: Houtzdale, PA 16651  
: (814) 378-7840

JURY TRIAL DEMANDED

FILED

NOV 21 2000

WILLIAM A. CROW

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

JAMES C. WOJTOWICH and :  
KAY M. WOJTOWICH, on behalf :  
of and parents of KATHRYN M. : No.: 00- -CD  
WOJTOWICH, a minor, :  
Plaintiffs :  
: vs. :  
: JOSEPH SCHRAEFER, and :  
LYNN SCHRAEFER, husband :  
and wife, :  
Defendants :  
:

NOTICE

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.

David Meholick  
Court Administrator's Office  
Clearfield County Court House  
Clearfield, PA 16830  
(814) 765-2641

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

JAMES C. WOJTOWICH and :  
KAY M. WOJTOWICH, on behalf :  
of and parents of KATHRYN M. : No.: 00- -CD  
WOJTOWICH, a minor, :  
Plaintiffs : JURY TRIAL DEMANDED  
vs. :  
JOSEPH SCHRAEFER, and :  
LYNN SCHRAEFER, husband :  
and wife, :  
Defendants :

COMPLAINT

AND NOW comes, James C. Wojtowich and Kay M. Wojtowich on behalf of Kathryn M. Wojtowich, Plaintiffs, by and through their attorney, Girard Kasubick, Esq., and files the following Complaint:

1. The Plaintiffs are James C. Wojtowich and Kay M. Wojtowich, his wife, who are the parents and guardian of the minor child, Kathryn M. Wojtowich, and all of whom resided at Star Route Box 150, Beccaria, PA 16616.

2. The Defendants are Joseph Schaefer and Lynn Schaefer, his wife, of HC 1, Box 158, Beccaria, PA 16616.

3. The Plaintiffs and the Defendants were neighbors on October 19, 1997 and still are neighbors in Gulich Township, Clearfield County, Pennsylvania.

4. On October 19, 1997, Kathryn M. Wojtowich was playing with the Defendants' children on the property of the Defendants'.

5. On October 19, 1997 at approximately 5:00 p.m. Tommy Schaefer, son of the Defendants', asked Kathryn M. Wojtowich to look inside at some new improvements to the Defendants' home.

6. When Kathryn M. Wojtowich went into the house of the Defendants' on October 19, 1997, she was attacked by the Defendants' dog which was a Great Dane weighing over 100 pounds.

7. On October 19, 1997, the Great Dane owned by the Defendants jumped upon, bit, and clawed Kathryn M. Wojtowich causing injuries, as follows:

- a). Cracked or broken ribs.
- b). Lacerations on her face and cheeks.
- c). Lacerations on her back, abdomen, and left side of her torso.

8. As a result of the attack by Defendants' dog, Kathryn M. Wojtowich spent several days in Geisinger Medical Center in Danville, Pennsylvania, and had to undergo surgery to repair injuries to her.

9. The child, Kathryn M. Wojtowich has undergone follow-up treatment for injuries, but she has permanent scarring on her face and torso.

10. The Great Dane owned by the Defendants', who attacked Kathryn M. Wojtowich on October 19, 1997 had vicious propensities and tendencies which were known to the Defendants.

11. The Defendants owed a duty to individuals such as the Plaintiff, Kathryn M. Wojtowich, to take precautions or keep the dog in an enclosed area when Defendants knew that this dog had aggressive or vicious tendencies.

12. The Defendants failed to use a reasonable duty of care in that the dog was not enclosed or restrained when others were visiting upon their property.

13. The Plaintiff, Kathryn M. Wojtowich, was an invitee and lawfully on the premises of the Defendant and Defendants' child, Tommy Schaefer, specifically invited Kathryn M. Wojtowich into the Defendants' house where the dog attack occurred.

14. The Plaintiff, Kathryn M. Wojtowich, has suffered great pain and suffering and mental stress of her appearance as a result of the injuries suffered from the attack of Defendants' dog.

WHEREFORE, Plaintiffs request your Honorable Court to enter judgment in favor of the Plaintiffs and against the Defendants for costs and expenses of Plaintiff and for pain and suffering and mental stress of Kathryn M. Wojtowich in an amount in excess of the limits of the jurisdiction of compulsory arbitration of the Local Rules and the Pennsylvania Rules of Civil Procedure, together with costs and interest.

  
\_\_\_\_\_  
Girard Kasubick, Esq.  
Attorney for Plaintiffs

VERIFICATION

I verify that the statements made in the foregoing Complaint are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

James C. Wojtowich  
James C. Wojtowich, parent  
and guardian of Kathryn M.  
Wojtowich

Kay M. Wojtowich  
Kay M. Wojtowich, parent  
and guardian of Kathryn M.  
Wojtowich

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JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and  
wife,

Defendants.

IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY, PA  
CIVIL ACTION - LAW

NO. 00-1451-CD

TYPE OF PLEADING:  
**ANSWER AND NEW MATTER**

FILED ON BEHALF OF DEFENDANTS:  
**JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and wife**

COUNSEL OF RECORD FOR THE NAMED  
PARTY:

PFAFF, McINTYRE, DUGAS, HARTYE &  
SCHMITT  
**STEPHEN L. DUGAS, ESQUIRE**  
PA I.D.#: 21351  
P. O. Box 533  
Hollidaysburg, PA 16648-0533  
(814) 696-3581  
FAX (814) 696-9399

I HEREBY CERTIFY THAT A TRUE  
AND CORRECT COPY OF THE WITHIN  
WAS MAILED TO ALL PARTIES OF  
RECORD THIS 12th DAY OF  
DECEMBER, 2000.

\_\_\_\_\_  
Atorneys for Named Defendant

FILED

DEC 13 2000

William A. Shaw  
Prothonotary

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband  
and wife,

Defendants.

IN THE COURT OF COMMON PLEAS  
OF CLEARFIELD COUNTY, PA  
CIVIL ACTION - LAW

No. 00-1451-CD

JURY TRIAL DEMANDED

**ANSWER AND NEW MATTER**

AND NOW, come the defendants, JOSEPH SCHAEFER and LYNN SCHAEFER,  
husband and wife, by and through their attorneys, PFAFF, MCINTYRE, DUGAS,  
HARTYE & SCHMITT, and files the following Answer and New Matter to the plaintiffs'  
Complaint, whereof the following is a statement:

1. After reasonable investigation defendants are without knowledge or  
information sufficient to form a belief as to the truth of the averments of Paragraph No. 1  
of the Complaint and strict proof is demanded at the time of trial.
2. Admitted.
3. Admitted.
4. Admitted.

5. After reasonable investigation defendants are without knowledge or information sufficient to form a belief as to the truth of the averments of Paragraph No. 5 of the Complaint and strict proof is demanded at the time of trial.

6. After reasonable investigation defendants are without knowledge or information sufficient to form a belief as to the truth of the averments of Paragraph No. 6 of the Complaint and strict proof is demanded at the time of trial.

7. After reasonable investigation defendants are without knowledge or information sufficient to form a belief as to the truth of the averments of Paragraph No. 7 of the Complaint and strict proof is demanded at the time of trial.

8. After reasonable investigation defendants are without knowledge or information sufficient to form a belief as to the truth of the averments of Paragraph No. 8 of the Complaint and strict proof is demanded at the time of trial.

9. After reasonable investigation defendants are without knowledge or information sufficient to form a belief as to the truth of the averments of Paragraph No. 9 of the Complaint and strict proof is demanded at the time of trial.

10. Denied as mere conclusions which are deemed denied and at issue by the applicable Rules of Pleading. Furthermore, after reasonable investigation defendants are without knowledge information sufficient to form a belief as to the truth of the averments of Paragraph No. 10 and strict proof is demanded at the time of trial.

11. Denied as mere conclusions which are deemed denied and at issue by the applicable Rules of Pleading. Furthermore, after reasonable investigation defendants are without knowledge information sufficient to form a belief as to the truth of the averments of Paragraph No. 11 and strict proof is demanded at the time of trial.

12. Denied as mere conclusions which are deemed denied and at issue by the applicable Rules of Pleading. Furthermore, after reasonable investigation defendants are without knowledge information sufficient to form a belief as to the truth of the averments of Paragraph No. 12 and strict proof is demanded at the time of trial.

13. Denied as mere conclusions which are deemed denied and at issue by the applicable Rules of Pleading. Furthermore, after reasonable investigation defendants are without knowledge information sufficient to form a belief as to the truth of the averments of Paragraph No. 13 and strict proof is demanded at the time of trial.

14. Denied as mere conclusions which are deemed denied and at issue by the applicable Rules of Pleading. Furthermore, after reasonable investigation defendants are without knowledge information sufficient to form a belief as to the truth of the averments of Paragraph No. 14 and strict proof is demanded at the time of trial.

WHEREFORE, defendants demand that the Complaint be dismissed with prejudice together with costs of suit awarded.

#### **NEW MATTER**

By way of further and more complete Answer to the plaintiffs' Complaint defendants incorporate the following New Matter whereof the following is a statement:

15. Plaintiffs' cause of action is barred by the expiration of the applicable statute of limitations.

WHEREFORE, defendants demand that the Complaint be dismissed with prejudice together with costs of suit awarded.

PFAFF, MCINTYRE, DUGAS, HARTYE  
& SCHMITT

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Attorney for Defendants

STEPHEN L. DUGAS, ESQUIRE  
PA. ID. No. 21351  
P.O. Box 533  
Hollidaysburg, PA 16648  
814/696-3581

TO THE WITHIN NAMED PARTIES

You are hereby notified to plead to the enclosed New Matter within twenty (20) days of service hereof or a default judgment may be entered against you.

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Attorney for Defendants

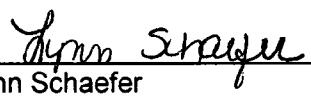
7957 OH

**VERIFICATION**

We, JOSEPH SCHAEFER and LYNN SCHAEFER, do hereby verify that we have read the foregoing **ANSWER AND NEW MATTER**. The statements therein are correct to the best of our personal knowledge or information and belief.

This statement and verification are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn fabrication to authorities, which provides that if we make knowingly false averments we may be subject to criminal penalties.

  
\_\_\_\_\_  
Joseph Schaefer

  
\_\_\_\_\_  
Lynn Schaefer

Date: 12/4/00

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and  
wife,

Defendants.

: IN THE COURT OF COMMON PLEAS  
: CLEARFIELD COUNTY, PA  
: CIVIL ACTION - LAW

: NO. 00-1451-CD

: TYPE OF PLEADING:  
**NOTICE OF SERVICE OF  
INTERROGATORIES AND REQUEST  
FOR PRODUCTION OF DOCUMENTS  
DIRECTED TO PLAINTIFFS DATED  
DECEMBER 12, 2000**

: FILED ON BEHALF OF DEFENDANTS:  
**JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and wife**

: COUNSEL OF RECORD:

: PFAFF, McINTYRE, DUGAS, HARTYE &  
: SCHMITT  
**STEPHEN L. DUGAS, ESQUIRE**  
**PA I.D.#: 21351**  
: P. O. Box 533  
: Hollidaysburg, PA 16648-0533  
: (814) 696-3581  
: FAX (814) 696-9399

I HEREBY CERTIFY THAT A TRUE  
AND CORRECT COPY OF THE WITHIN  
WAS MAILED TO ALL PARTIES OF  
RECORD THIS 12<sup>TH</sup> DAY OF  
DECEMBER, 2000.

\_\_\_\_\_  
Attn: Attorneys for Named Defendant

**FILED**

DEC 13 2000

William A. Shaw  
Prothonotary

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband  
and wife,

Defendants.

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA  
: CIVIL ACTION - LAW

: No. 00-1451-CD

: JURY TRIAL DEMANDED

**NOTICE OF SERVICE OF INTERROGATORIES  
AND REQUEST FOR PRODUCTION OF DOCUMENTS  
DIRECTED TO PLAINTIFFS DATED DECEMBER 12, 2000**

TO: PROTHONOTARY

You are hereby notified that on the **12<sup>TH</sup>** day of **DECEMBER, 2000**, Defendants,  
Joseph Schaefer and Lynn Schaefer, husband and wife, served Interrogatories and  
Request for Production of Documents Directed to Plaintiffs Dated December 12, 2000,  
by mailing the original of same via First Class U.S. Mail, postage prepaid, addressed to  
the following:

Girard Kasubick, Esquire  
LEHMAN & KASUBICK  
611 Brisbin Street  
Houtzdale, PA 16651

PFAFF, McINTYRE, DUGAS, HARTYE &  
SCHMITT

Atorneys for Defendants

STEPHEN L. DUGAS, ESQUIRE  
PA I.D #: 21351  
P.O. Box 533  
Hollidaysburg, PA 16648  
(814) 696-3581

In The Court of Common Pleas of Clearfield County, Pennsylvania

Sheriff Docket # 10423

WOJTOWICH, JAMES C. and KAY M. WOJTOWICH

00-1451-CD

VS.  
SCHRAEFER, JOSEPH

COMPLAINT

SHERIFF RETURNS

NOW NOVEMBER 27, 2000 AT 9:21 AM EST SERVED THE WITHIN COMPLAINT  
ON JOSEPH SCHRAEFER, DEFENDANT AT RESIDENCE, HC 1, BOX 158. BECCARIA,  
CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO JOSEPH SCHRAEFER  
A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN  
TO HIM THE CONTENTS THEREOF.

SERVED BY: MARSHALL

*BLW* FILED  
0/3/01 JP  
DEC 15 2000

NOW NOVEMBER 27, 2000 AT 9:21 AM EST SERVED THE WITHIN COMPLAINT  
ON LYNN SCHRAEFER, DEFENDANT AT RESIDENCE, HC 1, BOX 158, BECCARIA,  
CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO JOSEPH SCHRAEFER,  
DEFENDANT'S HUSBAND, A TRUE AND ATTESTED COPY OF THE ORIGINAL  
COMPLAINT AND MADE KNOWN TO HIM THE CONTENTS THEREOF.

SERVED BY: MARSHALL

William A. Shaw,  
Prothonotary

Return Costs

Cost	Description
38.37	SHFF. HAWKINS PAID BY: ATTY.
20.00	SURCHARGE PAID BY: ATTY.

Sworn to Before Me This

15 Day Of Dec 2000

*William A. Shaw*

So Answers,

*Chester A. Hawkins*  
by Marilyn Harris  
Chester A. Hawkins  
Sheriff

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

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

JAMES C. WOJTOWICH and : No.: 00-1451-CD  
KAY M. WOJTOWICH, on behalf : Type of Case: Civil  
of and parents of KATHRYN M. : Type of Pleading:  
WOJTOWICH, a minor, : Reply to New Matter  
Plaintiffs : Filed on behalf of:  
vs. : Plaintiffs  
JOSEPH SCHRAEFER, and : Counsel of Record For  
LYNN SCHRAEFER, husband : This Party:  
and wife, : Girard Kasubick, Esq.  
Defendants : Supreme Court No. 30109  
: LEHMAN & KASUBICK  
: 611 Brisbin Street  
: Houtzdale, PA 16651  
: (814) 378-7840

FILED

JAN 24 2001

William A. Shaw  
Prothonotary

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

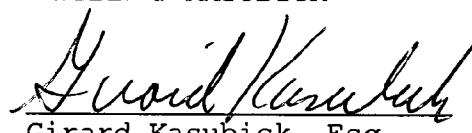
JAMES C. WOJTOWICH and :  
KAY M. WOJTOWICH, on behalf : No.: 00-1451-CD  
of and parents of KATHRYN M. :  
WOJTOWICH, a minor, :  
Plaintiffs :  
:  
vs. :  
:  
JOSEPH SCHRAEFER, and :  
LYNN SCHRAEFER, husband :  
and wife, :  
Defendants :  
:

REPLY TO NEW MATTER

AND NOW, comes JAMES C. WOJTOWICH and KAY M. WOJTOWICH on behalf of KATHRYN M. WOJTOWICH, Plaintiffs, by and through their attorney, Girard Kasubick, Esq., and files the following Reply to New Matter:

15. Denied. Kathryn M. Wojtowich for whom this matter is brought is a minor born on September 19, 1988. This Paragraph is further denied as a conclusion of law for which no responsive pleading is required.

LEHMAN & KASUBICK

  
\_\_\_\_\_  
Girard Kasubick, Esq.  
Attorney for Plaintiffs

VERIFICATION

I verify that the statements made in the foregoing Reply to New Matter are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

James Wojtowich  
James C. Wojtowich, Parent  
and Guardian of Kathryn M.  
Wojtowich

Kay M. Wojtowich  
Kay M. Wojtowich, Parent  
and Guardian of Kathryn M.  
Wojtowich

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

JAMES C. WOJTOWICH and	:	
KAY M. WOJTOWICH, on behalf	:	No.: 00-1451-CD
of and parents of KATHRYN M.	:	
WOJTOWICH, a minor,	:	
Plaintiffs	:	
vs.	:	
JOSEPH SCHRAEFER, and	:	
LYNN SCHRAEFER, husband	:	
and wife,	:	
Defendants	:	

**CERTIFICATE OF SERVICE**

I hereby certify that I forwarded a copy of the Reply to New Matter, Answer to Defendants' Interrogatories, and the Answer to Request for Production of Documents by United States mail, postage prepaid on this 24<sup>th</sup> day of January, 2001 addressed to the following:

Stephen L. Dugas, Esquire  
PFAFF, MCINTYRE, DUGAS, HARTYE & SCHMITT  
P.O. Box 533  
Hollidaysburg, PA 16648-0533

Girard Kasubick  
Girard Kasubick, Attorney  
for Plaintiffs

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

JAMES C. WOJTOWICH and : No.: 00-1451-CD  
KAY M. WOJTOWICH, on behalf : Type of Case: Civil  
of and parents of KATHRYN M. : Type of Pleading:  
WOJTOWICH, a minor, : Answer to Request for  
Plaintiffs : Production of  
vs. : Documents Directed  
JOSEPH SCHAEFER and : to Plaintiffs Dated  
LYNN SCHAEFER, husband : December 12, 2000  
and wife, : Filed on behalf of:  
Defendants : Plaintiffs  
: Counsel of Record For  
: This Party:  
: Girard Kasubick, Esq.  
: Supreme Court No. 30109  
: LEHMAN & KASUBICK  
: 611 Brisbin Street  
: Houtzdale, PA 16651  
: (814) 378-7840

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FEB 2 2001

JAN 24 2001

William A. Clary  
William A. Clary  
William A. Clary

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and  
wife,

Defendants.

IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY, PA  
CIVIL ACTION – LAW

NO. 00-1451-CD

TYPE OF PLEADING:  
**REQUEST FOR PRODUCTION OF  
DOCUMENTS DIRECTED TO PLAINTIFFS  
DATED DECEMBER 12, 2000**

FILED ON BEHALF OF DEFENDANTS:  
**JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and wife**

COUNSEL OF RECORD FOR THE NAMED  
PARTY:

PFAFF, McINTYRE, DUGAS, HARTYE &  
SCHMITT  
**STEPHEN L. DUGAS, ESQUIRE**  
**PA I.D.#: 21351**  
P. O. Box 533  
Hollidaysburg, PA 16648-0533  
(814) 696-3581  
FAX (814) 696-9399

I HEREBY CERTIFY THAT A TRUE  
AND CORRECT COPY OF THE WITHIN  
WAS MAILED TO ALL PARTIES OF  
RECORD THIS 12<sup>TH</sup> DAY OF  
DECEMBER, 2000.

\_\_\_\_\_  
Atorneys for Named Defendant

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband  
and wife,

Defendants.

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA  
: CIVIL ACTION - LAW

: No. 00-1451-CD

: JURY TRIAL DEMANDED

**REQUEST FOR PRODUCTION OF DOCUMENTS DIRECTED TO PLAINTIFFS**

AND NOW, come Defendants, JOSEPH SCHAEFER and LYNN SCHAEFER, husband and wife, by and through their attorneys, PFAFF, McINTYRE, DUGAS & HARTYE, and requests that the Plaintiffs produce the following documents for inspection and copying within thirty (30) days after service hereof:

**DEFINITIONS**

1. "Document(s)" when used herein shall be used in its broadest sense and shall mean and include any and all written, recorded, graphic or tangible matter, whether produced by hand, recorded, or reproduced, or whether electronically produced or reproduced, and without limiting the generality of the foregoing, shall include all correspondence, memoranda, whether external or internal, records, reports, graphs, brochures, technical data, contracts, agreements, diagrams, maps, accounting records, accounting ledgers, financial statements, financial journals, check records, checks, tax records, photographs, films, telegrams specifications, manuals, papers, letters, notes, notations, notebooks, minutes or summaries of meetings, schedules, transcripts, diaries, publications, directives, instructions, computations, purchase orders,

tabulations, invoices, bills, credit memos, receipts of delivery, mortgage documents, test records, laboratory reports, bills of lading, sketches, computer printouts, published sales aids, blueprints, plans, design drawings, product brochures, sales literature, records of shipment, advertisements, test films, laboratory notebooks, quality control tests, production records, and any drafts, revisions or amendments or copies of the above that are within the knowledge, possession, custody, control or subject to the control of the plaintiff, its representatives, its agents or its counsel.

2. In producing documents, please specify the paragraph to which such documents relate.

3. For each document otherwise falling within this Request which plaintiff contends is excludable from discovery, please note with the objection to production of the following:

- (a) The date of the document;
- (b) Its general nature (e.g. letter, memorandum, test results, etc.);
- (c) The name(s) of the author(s);
- (d) The name(s) of recipient(s) of the document and of any drafts or copies thereof;
- (e) The person(s) having present custody thereof;
- (f) The basis for such claim of privilege or exclusion.

The documents to be produced are the following:

ANSWER TO  
REQUESTS

1. All statements obtained from any party or witness, corresponding to your Answer to Interrogatory No. 4 if the Interrogatories propounded upon you contemporaneously with this Request for Production.

RESPONSE: Plaintiffs have none.

2. Any report, memoranda or testimony concerning the accident involved in this case, corresponding to your Answer to Interrogatory No. 5 of the Interrogatories propounded upon you contemporaneously with this Request for Production.

RESPONSE: Plaintiffs have none.

3. All written reports from any experts whom you anticipate will be called as a witness at the trial of this case, corresponding to your Answer to Interrogatory No. 7 of the Interrogatories propounded upon you contemporaneously with this Request for Production.

RESPONSE: These reports, currently in Plaintiffs possession, are attached to Plaintiffs' Answer to Interrogatories in Question 6.d. Plaintiffs are currently seeking additional reports from Geisinger Medical Center and will provide them when obtained.

4. All photographs of persons, objects or other matters or things involved in the accident which was the subject matter of this Complaint, corresponding to your Answer to Interrogatory No. 9 of the Interrogatories propounded upon you contemporaneously with this Request for Production.

RESPONSE: The copied photographs in Plaintiffs possession are attached to Plaintiffs' Answer to Interrogatories on Question 10.d. The originals on Question 10.d.(3). can be viewed upon request.

5. Copies of all medical records generated by or in connection with any examination, confinement to or treatment in any hospital, clinic or medical center which you contend was caused or necessitated by the accident complained of, corresponding to your Answer to Interrogatory No. 11 of the Interrogatories propounded upon you contemporaneously with this Request for Production.

RESPONSE: These records or reports are attached to Plaintiffs' Answer to Interrogatories on Question 6.d. Plaintiffs are currently seeking additional records from Geisinger Medical Center and will provide them when obtained.

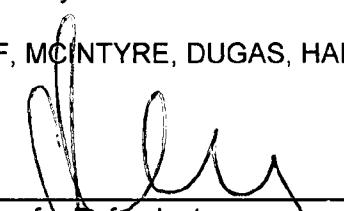
6. All office notes, records or reports generated by or maintained in the chart of each physician, chiropractor or other medical practitioner who has examined or treated plaintiffs subsequent to the accident complained of, corresponding to your Answer to Interrogatory No. 11 of the Interrogatories propounded upon you contemporaneously with this Request for Production.

**RESPONSE:** These records or reports are attached to Plaintiffs' Answer to Interrogatories on Question 6.d. Plaintiffs are currently seeking additional records from Geisinger Medical Center and will provide them when obtained.

This Request is deemed to be continuing and requires a supplemental response as you, your attorneys, or representatives obtain any additional documents concerning the categories requested prior to the time of trial.

Respectfully submitted:

PFAFF, MCINTYRE, DUGAS, HARTYE & SCHMITT

  
\_\_\_\_\_  
Attorney for Defendants  
STEPHEN L. DUGAS, ESQUIRE  
PA. ID. No. 21351  
P.O. Box 533  
Hollidaysburg, PA 16648  
814/696-3581

VERIFICATION

We, JAMES C. WOJTOWICH and KAY M. WOJTOWICH on behalf of and parents of KATHRYN M. WOJTOWICH, a minor, do hereby verify that we have read the foregoing **RESPONSES TO REQUEST FOR PRODUCTION OF DOCUMENTS DIRECTED TO PLAINTIFFS DATED DECEMBER 12, 2000**. The statements therein are correct to the best of our personal knowledge or information and belief.

This statement and verification are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn fabrication to authorities, which provides that if we make knowingly false averments we may be subject to criminal penalties.

James Wojtowich  
James C. Wojtowich on behalf of and parent of Kathryn M. Wojtowich, a minor

Kay M. Wojtowich  
Kay M. Wojtowich on behalf of and parent of Kathryn M. Wojtowich, a minor

Date: JAN 23 2000

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

JAMES C. WOJTOWICH and : No.: 00-1451-CD  
KAY M. WOJTOWICH, on behalf : Type of Case: Civil  
of and parents of KATHRYN M. : Type of Pleading:  
WOJTOWICH, a minor, : Answer to Interrog-  
Plaintiffs : atories Directed to  
vs. : Plaintiffs Dated  
December 12, 2000  
: Filed on behalf of:  
JOSEPH SCHAEFER and : Plaintiffs  
LYNN SCHAEFER, husband : Counsel of Record For  
and wife, : This Party:  
Defendants : Girard Kasubick, Esq.  
: Supreme Court No. 30109  
: LEHMAN & KASUBICK  
: 611 Brisbin Street  
: Houtzdale, PA 16651  
: (814) 378-7840

FILED

JAN 24 2001

William A. Clow  
Prothonotary

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and  
wife,

Defendants.

IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY, PA  
CIVIL ACTION - LAW

NO. 00-1451-CD

TYPE OF PLEADING:  
**INTERROGATORIES DIRECTED TO  
PLAINTIFFS DATED DECEMBER 12,  
2000**

FILED ON BEHALF OF DEFENDANTS:  
**JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and wife**

COUNSEL OF RECORD FOR THE NAMED  
PARTY:

PFAFF, McINTYRE, DUGAS, HARTYE &  
SCHMITT  
**STEPHEN L. DUGAS, ESQUIRE**  
**PA I.D.#: 21351**  
P. O. Box 533  
Hollidaysburg, PA 16648-0533  
(814) 696-3581  
FAX (814) 696-9399

I HEREBY CERTIFY THAT A TRUE  
AND CORRECT COPY OF THE WITHIN  
WAS MAILED TO ALL PARTIES OF  
RECORD THIS 12<sup>TH</sup> DAY OF  
DECEMBER, 2000.

Attnorneys for Named Defendant

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband  
and wife,

Defendants.

IN THE COURT OF COMMON PLEAS  
OF CLEARFIELD COUNTY, PA  
CIVIL ACTION - LAW  
No. 00-1451-CD  
JURY TRIAL DEMANDED

**INTERROGATORIES**

AND NOW, come Defendants, JOSEPH SCHAEFER and LYNN SCHAEFER, husband and wife, by their attorneys, PFAFF, McINTYRE, DUGAS, HARTYE & SCHMITT, and pursuant to the Pennsylvania Rules of Civil Procedure propounds the following Interrogatories to be answered by Plaintiffs, JAMES C. WOJTOWICH and KAY M. WOJTOWICH, on behalf of and parents of KATHRYN M. WOJTOWICH, within thirty (30) days after service hereof:

**INSTRUCTIONS FOR USE**

- A. All information is to be divulged which is in the possession of the individual or corporate party, his attorneys, investigators, agents, employees, or other representatives of the named parties or their attorney.
- B. A "medical practitioner" as used in these Interrogatories is meant to include any medical doctor, osteopathic physician, podiatrist, chiropractor, naturopathic physician or other person who performs any form of the healing art.
- C. Where an individual Interrogatory calls for an answer which involves more than one part, each part of the answer should be clearly set out so that it is understandable.
- D. Where the terms "you", "plaintiff", or "defendant" are used, they are meant to include every individual party and separate answers should be given for each person named as a party, if requested.

E. Where the term "accident" or "the accident" are used, they are meant to mean the incident which is the basis of this lawsuit, unless otherwise specified.

F. A space has been provided on the form of Interrogatories for your answer. Attach a verification and certificate of mailing.

In the event the space provided is not sufficient for your answer to any of the questions, please attach a separate sheet of paper with the additional information.

These Interrogatories are intended as continuing Interrogatories, requiring you to answer by supplemental answer, setting forth any information within the scope of the Interrogatories as may be acquired by you, your agents, attorneys, or representatives following your original answers.

ANSWER TO  
INTERROGATORIES

1. What is the name and present home address of each person known by plaintiffs, their attorneys, insurers or representatives:

- a. Who witnessed or may have witnessed the accident complained of in the plaintiffs' Complaint;
- b. Who witnessed or may have witnessed the events preceding the accident complained of in the plaintiffs' Complaint;
- c. Who witnessed or may have witnessed the events following the accident complained of in the plaintiffs' Complaint; and
- d. Any witnesses, or other than those described in sections (a), (b) and (c) above, who may be called by plaintiffs to testify on any question of liability in this case.

ANSWER:

- 1.a. Kathryn M. Wojtowich, Joey Schaefer, and at the end of the attack, Joseph Schaefer. The Complaint in Paragraph 5 incorrectly states Tommy Schaefer when it should state Joey Schaefer.
- b. Kathryn M. Wojtowich, Tommy Schaefer, and Joey Schaefer.
- c. Kathryn M. Wojtowich, Tommy Schaefer, Joey Schaefer, Joseph Schaefer, Lynn Schaefer, James C. Wojtowich, and Kay M. Wojtowich.
- d. None at this time, but if additional witnesses are used, the names will be provided in advance.

2. At what precise time of day did the accident complained of in the plaintiffs' Complaint occur?

ANSWER: About 4:50 p.m. to 5:00 p.m.

3. Describe in detail the happening of the accident complained of in the plaintiffs' Complaint.

ANSWER: Kathryn M. Wojtowich was riding horses with Tommy Schaefer at the Schaefer residence. When done riding, Joey Schaefer asked Kathryn M. Schaefer to see the new sky-light in the new addition to the Schaefer's house. Joey Schaefer and Kathryn M. Wojtowich walked into the new addition of the house. As soon as they walked into the new addition to the house, the Schaefer's dog came into the room and jumped on Kathryn M. Wojtowich, knocked her down and began biting and attacking her.

4. Do the plaintiffs have any statements defined by the Pennsylvania Rules of Civil Procedure from any witnesses describing the occurrence of the accident or the injuries incurred therein or any other information pertinent to this case?

ANSWER: None

5. If the plaintiffs' answer to the preceding Interrogatory is in the affirmative, please attach a copy of each such statement or memoranda to the answer to these Interrogatories to be filed by the plaintiffs.

ANSWER: Not Applicable.

6. Has the plaintiffs, or anyone acting on their behalf, obtained any report, statement, memoranda, or testimony concerning the accident involved in this cause of action? If so, state:

- a. The name and present address of such person giving such report, statement, memoranda or testimony;
- b. When, where and by whom was each such report, statement, memoranda or testimony obtained or made;
- c. Where is each such report, statement, memoranda or testimony located at this time; and
- d. Kindly attach a copy of each such report, statement, memoranda or testimony to your answer.

ANSWER: Yes

a.(1). Houtzdale-Ramey EMS report  
P.O. Box 224  
Houtzdale, PA 16651

(2). Philipsburg Area Hospital (PAH) Emergency Room report  
210 Loch Lomond Road  
Philipsburg, PA 16866

Continued - See Attached

7. Please state the name and present address of each person the plaintiffs expect to

call as an expert witness at the trial of this case?

ANSWER: (1). Bonnie Beers  
P.O. Box 7  
Smithmill, PA 16680

(2). Dr. James P. Herberg, M.D.  
2475 Upper Brush Valley Road  
Center Hall, PA 16828

(3). Dr. Rudy J. Nicolas, M.D.  
3 Medical Center Drive  
Philipsburg, PA 16866

(4). Dr. Mark Whitaker, M.D.  
or Dr. Michael Leicht, M.D.  
Geisinger Medical Center  
100 N. Academy Avenue  
Danville, PA 17822

Continued - See Attached

8. As to each person named in Answer to Interrogatory No. 8 hereinabove, please state:

ANSWER TO INTERROGATORIES

6. **ANSWER - *Continued below.***

- a. (3). Dr. Brad Millman, M.D.  
Geisinger Medical Center  
M.C. 1333  
100 North Academy Avenue  
Danville, PA 17822
- b. (1). Report by Bonnie Beers on October 19, 1997.
- (2). Reports by Dr. James P. Herberg, Dr. Rudy J. Nicolas, Nurse Carol J. Johnson, Dr. A. Nabil Saleh on October 19, 1997.
- (3). Reports and letter of Dr. Millman on various dates, as shown on copies attached.
- c. (1). Copies with Plaintiffs, Plaintiffs' Attorney, and the original with Houtzdale-Ramey E.M.S. records.
- (2). Copies with Plaintiffs' Attorney, and the original with PAH.
- (3). Original letter and copies of reports with Plaintiffs' Attorney and the original reports with Dr. Millman.
- d. (1). Copy of two (2) page report attached.
- (2). Copy of twelve (12) page report attached.
- (3). Copy of nine (9) pages attached.

497  
Use Blue/Black Ink - Press Firmly

SERVICE NAME

INCIDENT LOCATION

HOUTZDALE-RAMSEY EMS

DuBois Twp.

SERVICE #

17012

INCIDENT #

8161

TODAY'S DATE

10/11/97

PATIENT	PATIENT LAST NAME	FIRST	M.I.	PHONE	AGE	DATE OF BIRTH	SEX
STREET ADDRESS	108 1/2 E. Boylston			338-5557	9	09/19/88	F
CITY	BECCARRIA	STATE	ZIP CODE	SOCIAL SECURITY NUMBER			
PRIVATE PHYSICIAN				11191-1317-119514	MEMBERSHIP	(Y) YES	(N)
BILL TO (COMPANY or NAME)	JASINGER Health Plan			INSURANCE CODE #	MILEAGE		
ADDRESS	100 N Academy Ave			MEDICAID #			
CITY	Parville	STATE	ZIP CODE	MEDICARE #			
STREET				GROUP INSURANCE #			
ZIP CODE	PA	17822		OTHER INSURANCE #			
CHIEF COMPLAINT	Dog Bite						
CURRENT MEDICATIONS	(None Known)						
ALLERGIES (MEDS)	(None Known)						
PAST MEDICAL HISTORY	(None Known)	MI	CHF	COPD	BP	DIABETES	CANCER
(None Known)							

NARRATIVE  
 Upon arrival PI was on floor in supine position. PI was conscious & oriented x 3. PI has bitten several times by big dog (breed unknown) on right side face. Left side & back (several) puncture wounds. Placed bandage on wounds to control bleeding. Also 15-20% of your breathing - PI said it did not bother breathing. Put bandage on wounds. Transported to PAH. Vital: 110 2nd 92 P Respir: 28 Pulse: 114 Long 5 20SR. Past medical history: puncture lacerations to ALS. Released themselves. Medic 48.

Bonnie & Bear Crit 031261

Dog did have rabies  
SHOT

PI had lump on forehead & kept trying to fall asleep on the way to PAH.

O Narrative 1 of

TIME	P	R	B/P	RHYTHM	TREATMENT	PROVIDER ID #	RESPONSE/COMMENTS
17:15	114		110/70		02156	081261	
17:25	110/26		72 P		Rebreather	081261	
17:25							
					A0370 RH		
					110422		
					20224		
					A0390		
					(14)		

Crew Signatures:

A#1 Bonnie & Bear Crit 081261

Signature of Person Receiving Patient

Time

INCIDENT LOCATION		INCIDENT TYPE		SUSPECTED ILLNESS	
Bar/Restaurant	EMS Rendezvous	Assault	Pedestrian	Airway Obst.	GI Problem
Industrial	Other	Bicycle	Recreation Vehicle	Behavioral	Hemor
Mine		Bite/Sting	Shooting	Cardiac Arrest	Hypertim.
Office/Business		Fall	Stabbing	Cardiac Sym.	Hypothim
Farm		Fire	Vehicular	Dehydration	Nausea
Acute Care Facility	Was Incident Work Related?	Inter-Facility	Other	Diabetes	OB GYN
Clinic/Dr's Office	Yes	Medical		Dizziness	Pain
Extended Care Facility	No	Motorcycle		Drowning	Paralysis
	Unknown				

INITIAL VITAL SIGNS				GLASGOW COMA SCALE			SITUATION OF INJURY		INJURY SITE/TYPE					
SYSTOLIC	DIASTOLIC	PULSE	RESP	EYES	VERBAL	Motor			Flail Chest	Burns 10+ %/face/airway	Extrication 20+ minutes	Falls 20+ feet	Limb paralysis	Head
110	72	114	28	Spontan.	Oriented	Obey Comm.			Burns 10+ %/face/airway	Extrication 20+ minutes	Falls 20+ feet	Limb paralysis	Head	
				3 To Voice	Confused	Pain - Local.								
				2 To Pain	Inapprop.	Pain - Withdraw.								
				1 None	Garbled	Pain - Flexion								
					None	Pain - Extends								
						None								
SAFETY DEVICES				CONTRIBUTING FACTORS			INJURY SITE/TYPE					INJURY SITE/TYPE		
				Lap Belt	Hazardous Materials		INJURY SITE/TYPE					INJURY SITE/TYPE		
				Shoulder Belt	Hx of Cardiac/Resp. Dis.		INJURY SITE/TYPE					INJURY SITE/TYPE		
				Lap/Shoulder	Self Extricated		INJURY SITE/TYPE					INJURY SITE/TYPE		
				Airbag	Self Infliction		INJURY SITE/TYPE					INJURY SITE/TYPE		
				Helmet	StrWhl/Dsh/Wndsd Dam.		INJURY SITE/TYPE					INJURY SITE/TYPE		
				Safety Seat	Walking After Accident		INJURY SITE/TYPE					INJURY SITE/TYPE		
				Unknown	Co-Morbid factors		INJURY SITE/TYPE					INJURY SITE/TYPE		
				Not Avl/Used										

AMERICAN ADDRESS

WOJTOWICH, KATHRYN  
STAR RT BOX 150  
RECCARIA, PA 16616

S. NO.

EMPLOYER, OCCUPATION

STUDENT CHILD

PREV. NAME

PAT. PH. NO.

COUNTY

CILED

MEDICAL REC. NO.

HOSP. SERVICE

PAT. TYPE

FIN. CL

REGISTRATION DATE/TIME XXXXXXXX

10/19/97 1A 07

4160138

AGE BIRTHDATE

9 09/19/1988 PA

W F S SM

S. PLACE SEX MAR. REG. BY

R

CCIDENT/ACC/OTHER

RECCARIA

ME 17-30

ATE 10/19/97

INSURANCE CO./INSURER

SINGER HEALTH PLAN

POLICY # 255798-05

GROUP # 0024

SUBS. WOJTOWICH, KAT

ADDRESS 00 N ACADEMY AVENUE

DANVILLE, PA 17822

INSURANCE CO.

POLICY #

GROUP #

SUBS.

87311

8750

R

E9060

EMERGENCY CONTACT

PHONE

3785557

OHN/GRACE

ELATIONSHIP GRANDPARENTS

REGISTERING DOCTOR NAME

FERRERO JAMES

IME SEEN BY M.D.

1800

NO.

FAMILY DOCTOR NAME

BURKE ROBERT

NO.

TIME NOTIFIED

1

CURRENT MEDS

NONE

TIME 1800

TEMP. 98.2

PULSE 114

RESP. 28

B/P 130/85

WT. 65 LMP

TETANUS

ALLERGIES: NKA

S: 9 yr old WF brought to ER

by ambulance after dog

bites to L chest and R face.

O: Exam reveals the pt. in

much distress from wound.

PERL. There is a 5 cm

deep lacer. over R cheek.

Lck: Supp, no moles.

Lung: Clear &amp; equal.

There is a 10 cm dog lacer.

over L post thorax down

to intercostal suture line.

Plan: transfer to singer - Danville.

Discussed E Dr Stewart at 1803

Send to Danville, Disussed E Dr

Bayer at 18:20

IX: 1.

Severe dog bite injuries to

face &amp; thorax.

2.

Uncontrolled bleeding from

chest wound.

3.

ECG

PULSE OX

LACERATIONS: LENGTH CM

F.B.  YES  NO

ON: 10/19/97 TIME: 18:10

CONDITION ON DISPOSITION

1. SATISFACTORY  2. FAIR  3. POOR 

TUE AM DISPOSITION DATE RM# RETURN DATE

10/19/97 PM DISCHARGED ADMITTED

SENT HOME

RETURN TO WORK

DECEASED

TRANSFERRED

FOR FOLLOW-UP CARE

CONSULT:

TIME:

FOLLOW INSTRUCTIONS ON

PATIENTS INSTRUCTION COPY FOR:

X-RAY

MEDICAL

SPRAINS

EAR

NOSE

CAST

OTHER

THER

INSTRUCTIONS

Discussed E Dr Farber at 1810.

PHYSICIAN SIGNATURE

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

PATIENT SIGNATURE

MEDICAL RECORDS

PHILIPSBURG  
AREA  
HOSPITAL

PHILIPSBURG, PA 16866



LEVEL I \_\_\_\_\_  
LEVEL II \_\_\_\_\_  
LEVEL III \_\_\_\_\_  
LEVEL IV \_\_\_\_\_  
LEVEL V \_\_\_\_\_  
LEVEL VI \_\_\_\_\_

416753 26  
Wojtowicz, Katherine 12623  
5/19/98 373-5597  
HOPPER, JAMES 10/19/12  
HOPPER, JAMES ER-AD HOSP  
05 05

TIME: 1800

ARRIVED: ( ) WALK ( ) WC ( ) CARRY ( ) LITTER ( ) AMB ( ) OTHER

INITIALS VS: T 98.2 R 24 BP 104,85 PULSE OX 99% WT 185 TETANUS HX: Cervical

CHIEF COMPLAINT/HISTORY

4/19 Day Bites - Rt face Rt cheek - Lt Ribs anterior & posterior to spine - all puncture 1/2 cm deep. Able to open & close jaw without pain

RX PRIOR TO ARRIVAL:

MEDICATIONS:

ALLERGIES-REACTIONS

None

None

1 2 3 4 5 6 7 8  
RIGHT SIZE REACTION LEFT SIZE REACTION  
 BRISK  SLUGGISH  NORMAL

SUBJECTIVE:  
LOC ( ) YES  NO  
DURATION: \_\_\_\_\_

VISUAL DISTURBANCE: ( ) YES ( ) NO  
CHEST PAIN:  YES ( ) NO

LOCATION: \_\_\_\_\_  
DURATION: \_\_\_\_\_

RADIATION: \_\_\_\_\_

DYSPNEA: ( ) YES  NO

COUGH: ( ) YES  NO

PRODUCTIVE: ( ) YES  NO

SYNCOPE: ( ) YES  NO

DIAPHORESIS: ( ) YES  NO

VOMITTING: ( ) YES  NO ( ) BLOOD FREQUENCY: \_\_\_\_\_

LAST ORAL INTAKE: \_\_\_\_\_

DIARRHEA: ( ) YES  NO ( ) BLOOD FREQUENCY: \_\_\_\_\_

( ) URINARY FREQUENCY

( ) URINARY BURNING

*Confusion #1*

TRIAGE ASSESSMENT: OBJECTIVE

AIRWAY: ( ) PATENT ( ) NASAL ( ) ORAL ( ) ET TUBE # 02

BREATHING: ( ) SPONT ( ) ASSISTED BREATH SOUNDS: RT LT LT C/  
( ) RETRACTIONS \_\_\_\_\_ ( ) USE ACCESSORY MUSCLES \_\_\_\_\_

SKIN: ( ) WARM ( ) HOT ( ) COLD ( ) DRY ( ) MOIST ( ) DIAPHORETIC ( ) PALE ( ) CYANOTIC  
( ) MOTTLED ( ) PINK

CARDIO: ( ) JVD RHYTHM: Normal MONITOR:  YES ( ) NO ( ) ALARMS  
IV: Right 22 French DISTAL PULSES INTACT

SPEECH: ( ) CLEAR ( ) GARBED ( ) AGE APPROPRIATE ( ) NONE  
MUSCULOSKELETAL: ( ) LAC ( ) ABR ( ) PW ( ) STAB ( ) SPRAIN/STRAIN ( ) BURN

SENSATION PRESENT: ( ) YES ( ) NO ROM: ( ) FULL ( ) LIMITED  
( ) SWELLING ( ) DEFORMITY ( ) BRUISING ( ) BLEEDING CONTROLLED

GI/GU: ABD PAIN ( ) YES ( ) NO LOCATION: \_\_\_\_\_

ABD SOFT: ( ) YES ( ) RIGID ( ) DISTENDED BOWEL SOUNDS: ( ) PRESENT ( ) ABSENT ( ) DEC  
VAG BLEEDING: ( ) YES ( ) NO PADS/HR: \_\_\_\_\_

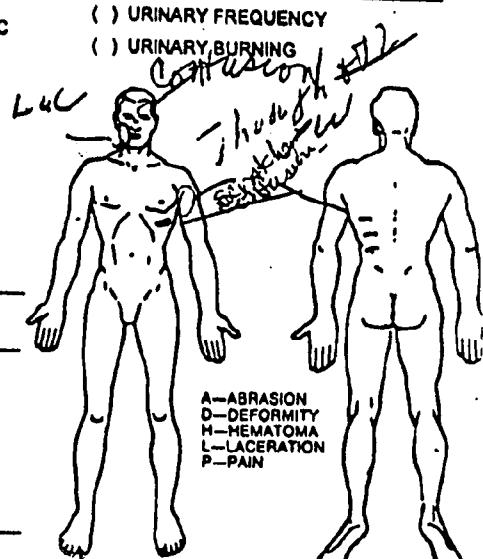
LMP: \_\_\_\_\_ ( ) HEMATURIA ( ) VAGINAL DISCHARGE ( ) PENILE DISCHARGE

PARA: \_\_\_\_\_ GRAVIDA: \_\_\_\_\_ FHT: ( ) YES ( ) NO

BIRTH CONTROL: ( ) YES ( ) NO TYPE: \_\_\_\_\_

PATIENT DISPOSITION:  ED ( ) CLINIC

NURSE SIGNATURE: Mosher



TIME	PULSE	RESP.	B/P	ECG	GSC/PULSE OX	COMMENTS	INITIALS
800	124					placed for purpose of Herberg into examine Bilateral lung sounds & gag and soft & tender. Apply direct pressure to puncture wound L & R hands Case of 5-cc used c Dr Herberg Sawed & Pt to be Rife Flight	
803	105					Dr Herberg consulted Dr et GM to Pt accepted for fasted chest done.	
810	16	123				10 AM - able to fly - present	
815	115	16	187			me & me a Dr Herberg's spot c Dr. Bay at Kingsbridge Street with 100% to GM - the wings & the of back wounds over main sulque dressing	
825	169	16	178			Med Star ETP 1805 min - attempted to - No bleeding pressure gather at bedside constantly.	
835	109	16	178			10 AM - equals break ends and remains soft to 1 & back area. Medicated & band- aged	
845	106	16	187			50mcg IV	
855	81	16	150			Med Star crew in TOE Jr. placed on their equipment To helicopter & amb.	
900	103	20	177			Report called to GMG in Danville, Va A doctor from GMG phoned advised They didn't have in helicopter & won't 200	
						TOTAL INTAKE:      OUTPUT:      MEDICATIONS 1000E Pay for, f/n I.V. FLUIDS	

TIME	SOLUTION & AMOUNT	GA	SITE	INIT	TIME	MEDICATION & DOSAGE	ROUTE/SITE	INIT.
805	Saline Lock #20 with KVO	1805	Entanaf 50mcg					
855	Saline Lock #22 with KVO	1850	Unitecyn 150					

PATIENT DISPOSITION:  HOME  HOME HEALTH  
 TRANSFER  SOCIAL SERVICES  
 ADMISSION  MMR

INITIALS  FMD  MRC

SIGNATURE  FMD  MRC

DISCHARGE INSTRUCTIONS TO: \_\_\_\_\_

BY: \_\_\_\_\_

DISCHARGED:  AMBULATORY  WHEELCHAIR  
 CARRIED  CRUTCHES  OTHER

HOME BY:  PRIVATE AUTO  AMBULANCE

Med Star  
GMC

PATIENT ID NUMBER: 416053/12623  
PATIENT NAME: Wojtowich, Kathryn  
DATE OF BIRTH: 09/19/88

EMERGENCY DEPARTMENT REPORT

ADMISSION DATE: 10/19/97  
ATTENDING PHYSICIAN: James P. Herberg, M.D.

PHILIPSBURG AREA HOSPITAL  
PHILIPSBURG, PA 16866

SUBJECTIVE: This is a 9-year-old white female who was brought to the ER by ambulance after being attacked by a dog. She sustained severe bite wounds to the right side of the face and left side of the chest. The patient was brought in by ambulance and arrived at PAH ER at approximately 1800.

OBJECTIVE: Her temperature was 98, pulse 114, respiratory rate 28 and blood pressure 124/85. She was found to be in great distress with deep bite wounds to the face on the right side where there was a 5cm. deep jagged laceration through the skin, subcutaneous tissue and some of the musculature of the cheek on the right side. Also, there were less severe lacerations and excoriations of the facial area. In addition the patient had a deep laceration, approximately 10 cms. long on the left posterior thorax area. This laceration was through the skin and subcutaneous tissue down to the musculature of the chest wall and when the skin edges one could see deep into the wound and at one time it looked like we were seeing bubbles and we were concerned about a pneumothorax. There were also other less severe lacerations and excoriations of the thoracic area.

Auscultation of the lungs revealed the breath sounds to be clear and equal on both sides. The heart was sinus tachycardia with a rate of approximately 110. There were no murmurs audible. The abdomen was soft and nontender.

ASSESSMENT: Severe dog bite injuries of the face and thorax.

PLAN: Upon the first observation of this patient it was obvious that the patient would not be able to be sutured in the Emergency Room but it looked like she would have to go to the Operating Room. She is a GHP patient so I then called Dr. Steward at approximately 18:03 and Dr. Steward advised me over the phone that with these severe wounds in a child of this age she would be better off to go to Geisinger in Danville where a plastic surgeon could debride and close the facial wounds and the other wounds. There upon I called Geisinger and talked to Dr. Folmar at approximately 18:10. Dr. Folmar then said that he would accept the patient there. While talking to Dr. Steward he understood that I was going to call Life Flight to transport the patient and this was agreed upon. When talking to Dr. Folmar he advised that his air ambulance was busy and would not be available for an hour or more and so in discussion we decided to send the patient either by ground or another air ambulance.

OVER PLEASE

PATIENT ID NUMBER: 416053/12623  
PATIENT NAME: Wojtowich, Kathryn  
DATE OF BIRTH: 09/19/88

EMERGENCY DEPARTMENT REPORT

I then called Dr. Bayer at Conemaugh at 18:20 and Dr. Bayer said that he could send his air ambulance to transport the patient and this was arranged. Also, at this time we were having trouble controlling the bleeding from the chest wound and eventually applied a pressure dressing with a large Ace bandage around the midthoracic region and compression dressings over the wound itself. Eventually we were able to stop the bleeding. The helicopter then arrived from Johnstown and the patient was transported to Geisinger Medical Center, Danville for further care. During the time the patient was in our ER she was given Fentanyl 15 micrograms IV and this was repeated times one. She was also given Unasyn 1.5 grams IV for infection prophylaxis. The patient did get some relief with the medications that we had administered.

D: 10-20-97  
T: 10-29-97  
JPH/cjs

James P. Herberg, M.D. 10-5-97  
James P. Herberg, M.D. /DATE

PHILIPSBURG AREA HOSPITAL  
 610 LOCH LOMOND ROAD  
 PHILIPSBURG, PA 16866  
 DR. A. NABIL SALEH MD

PATIENT INFORMATION		SAMPLE INFORMATION	
PATIENT ID:	416053-12623	SAMPLE ID:	10971018
PATIENT NAME:	WOJTOWICH, KATHRYN		
BIRTHDATE:	03/19/1988	AGE:	9Y
DOCTOR:	HERBERG, J.	SEX:	F
DOCTOR 2:		COLL:	10/19/97 18:40 ER
LOCATION:	ER	ROOM:	
SID COMMENT:		STAT:	Y

TEST NAME	PATIENT RESULTS	UNITS	LOW	-	HIGH	CODES
***** Panel: CBC						
WHITE BLOOD CELL	18.2	H	10 <sup>3</sup> /UL	4.8	-	10.8
RED BLOOD CELL	4.65		10 <sup>3</sup> /UL	4.20	-	5.40
HEMOGLOBIN	12.8		G/DL	12.0	-	16.0
HEMATOCRIT	38.4		%	37.0	-	47.0
MCV	82.6		FL	81.0	-	99.0
MCH	27.5		PG	27.0	-	31.0
MCHC	33.3		G/DL	33.0	-	37.0
RDW	11.9		%	11.5	-	14.5
PLATELET	335		10 <sup>3</sup> /UL	130	-	400
MPV	9.0		FL	7.4	-	10.4
***** Panel: MANUAL DIFF						
MANUAL NEUTROPHIL	68		%	42	-	75
MANUAL BAND	6	H	%	0	-	3
MANUAL LYMPHOCYTE	24		%	20	-	52
MANUAL MONOCYTE	1	L	%	2	-	9
MAN DIFF EOSINOPHIL	1		%	0	-	3
MANUAL BASOPHIL	0		%	0	-	1
***** Panel: CHEM 7						
SODIUM	135.8		MMOL/L	135.0	-	145.0
POTASSIUM	3.10	L	MMOL/L	3.60	-	5.00
CHLORIDE	107.3		MMOL/L	101.0	-	111.0
TOTAL CO2	23.6		MMOL/L	21.0	-	31.0
GLUCOSE	197	H	MG/DL	60	-	114
UREA NITROGEN	14		MG/DL	8	-	23
CREATININE	0.6		MG/DL	0.6	-	1.3
OSMOLALITY	278	L	MOSMO/L	280	-	295
ANION GAP	8.0				-	
BUN/CREAT RATIO	23.3				-	

416053 24 F

WILTON, ATHENA 12423  
CIV 18182 37-5557  
WILSON, JAMES 11612142  
WILSON, JAMES BURNS 11612142  
OS

*Tygo School*

NURSE/CLERK	<input type="checkbox"/> IN-PAT. <input type="checkbox"/> O.P. <input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> PRE-OP	<input type="checkbox"/> STAT <input type="checkbox"/> E.R.	
DIAGNOSIS			
COLLECTED BY	TIME COLLECTED	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. DATE OF SPECIMEN	
ER		10/19/97	
FILL OUT A SEPARATE FORM FOR EACH UNIT REQUIRED			
CROSSMATCH ONE UNIT	PACKED CELLS	PLATELET	
F.F. PLASMA	CRYOPRECIPITATE	PLATELET PHORESIS	
Rho Gam	ALBUMIN (HUMAN) 25% SOL. 50ML	D + W	
<input checked="" type="checkbox"/> PATIENT ABO	<input checked="" type="checkbox"/> PATIENT ANTIBODY SCREEN	PATIENT DIRECT COOMBS	
<input checked="" type="checkbox"/> PATIENT Rh	COLLECTION		
CROSSMATCHED BLOOD WILL BE HELD A MAXIMUM OF 48 HOURS UNLESS PHYSICIAN REQUESTS A LONGER PERIOD OF TIME.		UNIT/LOT NUMBER	
PATIENT	DONOR		
GROUP	Rh	GROUP	Rh
AB	Positive		
CROSSMATCH COMPATIBLE	PATIENT ANTIBODY SCREEN		
<input checked="" type="checkbox"/> CROSSMATCH PERFORMED BY NC	TIME 2030	DATE 10/17/97	
ISSUED BY	RECEIVED BY	TIME	DATE
STARTED BY	STOPPED BY		
DATE GIVEN	TIME STARTED	TIME FINISHED	
REACTION TO TRANSFUSION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, USE SEPARATE REPORT FORM
VOL. ADMINISTERED			
PRE TRANS.		POST TRANS.	
B/P			
TEMP.			
PULSE			
RESP.			
<input checked="" type="checkbox"/> STAT-NO CROSSMATCH KNOWN BLOOD TYPE			
I HEREBY ACCEPT RESPONSIBILITY FOR THE ISSUING OF GROUP AND TYPE OF SPECIFIC BLOOD WITHOUT CROSSMATCH.			

I (we) certify that, before starting transfusion, I (we) have checked the KEY TRANSFUSION numbers appearing on: (1) Recipient's Blood Band, (2) unit to be transfused, and (3) CROSSMATCH/TRANSFUSION REPORT. ALL HAVE IDENTICAL:

SIGNATURE CHART COPY BLOOD BANK SIGNATURE KEY TRANS. NO.

PHILIPSBURG AREA HOSPITAL  
PHILIPSBURG, PA 16666

INSTRUCTIONS

1 M.D. t report, pull off the two plastic by the arrows. Position report edges w/ top and side guide lines, then press the report down over the exposed adhesive.

The adhesive is pressure-sensitive: be sure to press the report over the two adhesive areas.

Press lightly to attach temporarily. Press firmly to attach securely and permanently.

STK: H3

7387

Philipsburg Area Hospital

ROUTINE	PHILIPSBURG AREA HOSPITAL PHILIPSBURG, PA 16866		
STAT	RADIOLOGY DEPARTMENT		
PORTABLE	DIAGNOSTIC I SERVICE REPORT		
WHEELCHAIR	X-RAY COPY		
STRETCHER	TECHNICIAN <u>D.K.</u>		
AMBULATORY			

CODES   REQUESTING PHYSICIAN: Herberg

INP-INPATIENT	OPT-OUTPATIENT	ER-EMERGENCY	CL-CLINIC
R 1 <u>PCXR</u>	6 _____	11 _____	
E 2 _____	7 _____	12 _____	
Q 3 _____	8 _____	13 _____	
U 4 _____	9 _____	14 _____	
S 5 _____	10 _____	15 _____	
T 6 _____			
D 7 _____			

X-RAY NO. 12623  
DATE TO BE DONE 10/19/97

PATIENT IDENTIFICATION (NAME, AGE, ADDRESS AND PATIENT NO.)

416053 74  
WOJTOWICH, KATHRYN 12623  
09/11/88 378-5557  
HERBERG, JAMES 10/19/97  
HERBERG, JAMES BURKE 10/19/97  
05 05

CLINICAL HISTORY PERTAINING TO SERVICE ORDERED

dog bite

PATIENT'S NAME

WOJTOWICH, Kathryn ER: Herberg/Burke DOB: 9/19/88  
ROENTGENOLOGISTS REPORT

X-RAY NUMBER

DATE

378-5557

12623

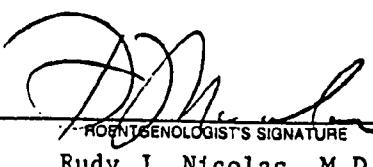
10/19/97

CHEST:

COMMENTS: An AP view of the chest was obtained. There are two fractures involving the left tenth rib. One is posteriorly and this is separated and displaced. The other one is at the anterior end which is in good position. The other ribs appear intact. There is air in the soft tissues in the lower chest laterally because of extensive laceration. There appears to be no evidence of pneumothorax.

CONCLUSION: Two fractures involving the left tenth ribs. Subcutaneous emphysema from extensive laceration.

SENT TO GN16  
DATE 10/19/97  
TIME 11:11 AM  
BY DRN

  
ROENTGENOLOGIST'S SIGNATURE  
Rudy J. Nicolas, M.D.

11/14/97  
11/14/97  
11/14/97

CHART COPY

ROENTGENOLOGIST'S REPORT

FORM #15030 9-93

Philipsburg  
Area  
Hospital

"air 10"  
ETT 40

416093 24 F  
WOJTCOWICH, KATHRYN 12522  
09/19/89 373-5557  
HEBEEFC JAMES 12/19/17  
HEBEEFC JAMES 12/19/17

## INTERHOSPITAL PATIENT TRANSFER CHECKLIST

I. Reason for Transfer: Chest trauma + facial trauma

Time of decision/order: 1815

Time Ambulance/County Control contacted: 1815 By: GJ Time of Arrival: 1910

II. Complete Current Medical Record including:

1. Emergency Department Record	( <input type="checkbox"/> )	No	( <input checked="" type="checkbox"/> ) Yes	( <input type="checkbox"/> ) NA
2. OR Record(s)	( <input type="checkbox"/> )	No	( <input type="checkbox"/> ) Yes	( <input type="checkbox"/> ) NA
3. Inpatient Record	( <input type="checkbox"/> )	No	( <input type="checkbox"/> ) Yes	( <input type="checkbox"/> ) NA
4. Diagnostic Tests/Reports	( <input type="checkbox"/> )	No	( <input type="checkbox"/> ) Yes	( <input type="checkbox"/> ) NA

III. Patient Initiated Request For Transfer Consent/Patient Initiated Request for Transfer

() No () Yes

IV. Physician Certification for Transfer/Consent to Transfer

() No () Yes

V. Treatment:

1. Airway ()

intubation: () Oral () Nasal () Size \_\_\_\_\_  
airway: () Oral () Nasal () Size \_\_\_\_\_  
Oxygen Route/Rate: 6L via NC

2. Breathing Spontaneous () Assisted

3. Circulation Saline Lock \_\_\_\_\_

IV# 1 BL 22g RT brach () No () Yes Flushed At: \_\_\_\_\_

IV# 2 BL 22g LT forearm \_\_\_\_\_

IV# 3 \_\_\_\_\_

MAST Inflation () No () Yes Specify \_\_\_\_\_ () Yes () No

4. Immobilization, type \_\_\_\_\_

5. Foley \_\_\_\_\_ Size \_\_\_\_\_ () Yes () No

6. NGT \_\_\_\_\_ Size \_\_\_\_\_ () Yes () No

7. Cardiac Monitor \_\_\_\_\_

8. Chest Tube () Left () Right Size \_\_\_\_\_

9. Burn Care \_\_\_\_\_

Type \_\_\_\_\_

10. Isolation () No () Yes Type \_\_\_\_\_

VI. Condition at Discharge: () Critical () Guarded () Stable

VII. Transfer:

1. Receiving Facility: GMC Notified By: Dr. Heiberg

2. Receiving Physician: Dr. Baer

3. Mode: () Personal Vehicle () Air Ambulance () Ground Ambulance () BLS () ALS

Paramedic \_\_\_\_\_ Paramedic & \_\_\_\_\_

4. Nursing Report Given to: GMC By: Ward 1925 Nurse \_\_\_\_\_

VIII. Patient Personal:

1. Belongings sent with Patient: \_\_\_\_\_ () No () Yes

If sent, includes: () Clothing () Dentures () Glasses/contact lenses

() Money () Jewelry () Wallet/Purse

2. Family/Responsible Party Notified: Time PRESENT IN ED No () Yes

3. Time of Departure: 1910

Form Completed By: Carol Johnson LPN 1900 10-19-97

Signature and Title

Date and Time

PAH: 10/92

Reviewed: 10/95

Revised: 10/95

Form #15165

# Philipsburg Area Hospital

416953 24. 24. F  
WOUTCHICK, KATHY 12620  
03/10/39 1 374-5557  
HERBERG JAMES 10/10/77  
HERBERG JAMES BOBBIE 10/10/77  
05 05

**PART 2: PHYSICIAN CERTIFICATION FOR TRANSFER/CONSENT TO TRANSFER**

In regard to the transfer from Philipsburg Area Hospital to the care of Dr. Walman

at Danville

(Name of receiving facility)

I hereby certify that based on the information available to me at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical care at another facility outweigh the increased risk to the individual, and in the case of labor, to the unborn child, from effecting the transfer.

The risks of the transfer are: Risks of travel

The benefits of transfer are: Cost of testing centre

All transfers have the inherent risks of traffic delays, accidents during transport, inclement weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle. I have informed the patient/responsible person of these risks and benefits.

10-19-97 J. Herberg DR. JAMES HERBERG, M.D.  
Date and Time Signature of Physician Physician Printed Name  
1820 MD 005334-5

Mode of transport required:  Land Ambulance - Level     BLS     ALS     Private Vehicle     Air Ambulance    Classification  
 Emergent     Urgent     Non-urgent

**CONSENT TO TRANSFER**

I hereby authorize and consent to transfer as above. I understand the medical benefits outweigh the risks of this transfer as advised by Dr. \_\_\_\_\_ . I have had the opportunity to ask questions and have those questions answered to my satisfaction.

10-19-97

X Jane Wojtowicz  
Signature of Patient or Responsi

John  
Witness

PAH: 10/92  
Reviewed: 10/95  
Revised: 10/95  
Form #15168

**Physician Certification for Transfer/Consent to Transfer**

J 16053  
WYATOWICH, KATHRYN 12623  
03/12/39 378-5557  
HIGGINS, JAMES 10/19/11  
HIGGINS, JAMES BURKE 10/19/11

## RECORD OF PATIENT BELONGINGS

### Kept at Bedside

Articles (Indicate quantity)	On Admission	On Transfer
Ring	3	silver colored
Watch		2 on child (L) 1 with Dad
Dentures		
Eye Glasses		
Contacts		
Purse		
Suitcase		
Hearing Aid		
Prosthesis		
Radio		
Other	Sneakers (black), shorts, underclothing and cut off shorts	

### BELONGINGS KEPT AT BEDSIDE

I understand that the patient takes full responsibility for all clothing and valuables, including dentures, kept in the room or at the bedside upon admission and including any articles added during the stay in the hospital.

Signature James Wyatowich  
(Patient or Responsible Person)

Witness Carol J. Johnson (LPN)

Date 10-19-97

### RECEIPT UPON DISCHARGE

I hereby acknowledge receipt of money, valuables and belongings and I release PHILIPSBURG AREA HOSPITAL from further liability having to do with these articles.

Signature \_\_\_\_\_  
(Patient or Responsible Person)

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

PENNSYLVANIA DEPARTMENT OF HEALTH  
STATE HEALTH CENTER  
ANIMAL BITE REPORT FORM

NAME OF VICTIM: Kathryn Wojtowich IF UNDER 18, GUARDIAN: James Wojtowich

PERMANENT ADDRESS OF VICTIM: Star Route Box 50

Buccaria, PA 16616

AGE 9 PHONE NUMBER (814) 378-5557 COUNTY Clearfield

ADDRESS OF VICTIM FOR NEXT 10 DAYS IF DIFFERENT THAN ABOVE: yes

DATE OF INCIDENT: 10-19-97 PART OF BODY BITTEN: R1 Chest, (1) under chest

PLACE OF OCCURRENCE: Neighbors Dr. office - 1st floor (A) and practice

DESCRIBE WOUND: 5cm deep laceration frontal

CIRCUMSTANCES OF BITE: Walked into friend's (no new addition)  
dog attacked

PHYSICIAN WHO TREATED PATIENT: Dr. Hulsey DATE OF TREATMENT 10-19-97

ADDRESS & TELEPHONE WHERE TREATED: PHILIPSBURG AREA HOSPITAL PHONE: (814) 342-7112  
210 LOCH LOMOND ROAD  
PHILIPSBURG, PA 16866

TYPE OF TREATMENT: IV, Fentanyl, Cinnarizine, dip.

Placed by Cunningham to Gmc

NAME OF ANIMAL OWNER: Joseph Johnson

PHONE NUMBER: (814) 342-7112

TYPE OF ANIMAL: Dog

DESCRIPTION OF ANIMAL: BREED: West Highland COLOR: tan SEX: unknown AGE: adult

DATE OF ANIMAL'S LAST RABIES VACCINE: Owner stated current

NAME OF PERSON REPORTING BITE: Carrie Johnson

ADDRESS AND PHONE NUMBER: PHILIPSBURG AREA HOSPITAL - EMERGENCY DEPT. 210 LOCH LOMOND  
ROAD, PHILIPSBURG, PA 16866 (814) 342-7112

DATE: 10-19-97 SIGNATURE: Carrie Johnson

COMMENTS:



# PennState Geisinger

---

## Health System

07/10/98

**Otolaryngology**  
**Head and Neck Surgery**  
**Facial Plastic Surgery**  
Geisinger Medical Center  
M.C. 1333  
100 North Academy Avenue  
Danville, PA 17822  
717 271 6000 Appts  
717 271 6428 Secretary  
717 271 6854 Fax

**Donald P. Vrabec, MD,**  
**FACS**  
Director

**Thomas L. Kennedy, MD,**  
**FACS**  
Residency Director

**Head & Neck Oncology**  
Donald P. Vrabec, MD  
Thomas L. Kennedy, MD  
Phillip K. Pellitteri, DO

**Nose & Sinus Surgery**  
Thomas L. Kennedy, MD  
Donald P. Vrabec, MD  
Phillip K. Pellitteri, DO  
Brad Millman, MD  
J. Scott Greene, MD

**Endocrine Surgery**  
Phillip K. Pellitteri, DO  
Donald P. Vrabec, MD  
Thomas L. Kennedy, MD

**Pediatric Otolaryngology**  
William S. Gibson, Jr, MD  
W. Edward Wood, MD

**Facial Plastic Surgery**  
Cosmetic Laser Surgery  
Brad Millman, MD

**Otology, Neurotology**  
Carl L. Reams, MD  
J. Scott Greene, MD

**Snoring & Sleep Apnea**  
**Laser Surgery**  
J. Scott Greene, MD  
Thomas L. Kennedy, MD  
Phillip K. Pellitteri, DO  
Donald P. Vrabec, MD

**Gerard Kasubick**  
611 Brisbin St  
Houtzdale PA 16651

**RE: Wojtowich, Kathryn**  
**MR#: 03-10-51-85**

Dear Mr. Kasubick:

I am having the opportunity today to reevaluate your client, Kathryn, who as you know is a young woman who was bite by a dog in October of 1997. She was initially closed at that time by Dr. Thomas Kennedy, but suffered traumatic loss of tissue at that time as well. Her followup care was transferred to myself, and I evaluated her for the first time on May 5, 1998. Her traumatic lacerations were healing well, but the scars were somewhat hypotrophic, erythematous, and immature and there is an area of tissue loss at the lower portion of the incision. At that visit, intralesional steroids were injected and massage therapy was started. Over the past two months, the hypotrophic portions, specifically the induration, are resolving nicely. The scars are still somewhat erythematous and reddened and still immature. The area of tissue loss is fading, but there are some dilated blood vessels within this area.

At this point, I cannot predict her future healing process; therefore, I cannot state specifically if these will improve to the point where a scar revision is or is not needed. I am going to see her back in approximately four to eight months when the lacerations will be approximately a year old and we will be able to

Gerard Kasubick  
RE: Wojtowich, Kathryn - MR# 03-10-51-85  
07/10/98  
Page 2

hopefully make some final decisions at that point. At that point, consideration for scar revision and/or dermabrasion will be discussed.

If you have any questions, please feel free to contact me at anytime.

Sincerely,



Brad Millman, M.D.  
Facial Plastic Surgery  
Department of Otolaryngology  
and Head and Neck Surgery

BM/bma; 07/12/98 6:48 P; Doc #: 1124767  
cc: Kathryn Wojtowich  
Star Rt Box 150  
Beccaria PA 16616

**CLINIC NOTES**  
Geisinger Medical Center  
Danville, Pennsylvania 17822

**Wojtowich, Kathryn**  
**MR #03-10-51-85**

Page 1 of 1

**ENT OUTPATIENT NOTES**  
07/10/98

Kathryn returns today for followup of right traumatic lacerations. Overall, she is doing well. On the last visit, Kenalog 0.4 cc of K-10 was injected into the right lower cheek and jawline scars. At this time, when she returns, the scars are softening very nicely. They almost consist of the surrounding tissue, but they are still pink and erythematous and immature. The area of tissue loss is fading and there is small telangiectasia within this area.

At this point, there has been a nice response to the Kenalog injection. Because this is soft today, I will not inject the Kenalog today. We will further observe her for an additional four to eight months to see if the erythema is resolving at that point. We will make our final decision on further revisional surgery and/or treatment at that time.



Brad Millman, M.D.

BM/bma; D: 07/10/98; T: 07/12/98 6:14 P; Doc #: 1124761

ORIGINAL

**CLINIC NOTES**  
Geisinger Medical Center  
Danville, Pennsylvania 17822

**Wojtowich, Kathryn**

**MR #03-10-51-85**

Page 1 of 1

**ENT OUTPATIENT NOTE**

10/19/98

Kathryn returns today as she is approximately one year status post a dog bite to the right jaw and side of the face. Overall she is doing well but she still has visible scarring in this area. She has been treated with a course of Kenalog steroid injections to help soften and help to mature the scar. At this point, the scar if softened, but there is still pinkness and erythema surrounding the area. At this point, I do not see the need for further Kenalog injection. It has softened very nicely. I would like to see her back in April for reevaluation. If the scar matures during this time, we will consider the possible options including scar revision to be performed after the school year.

  
Brad Millman, M.D.

BM/bml; D: 10/19/98; T: 10/21/98 2:42 P; Doc #: 1211048

cc: Family of Kathryn Wojtowich (two copies)  
Star Route Box 150  
Beccaria PA 16616

cc: Robert E. Burke, M.D.  
PSGHG-Moshannon Valley (55-00)  
Three Medical Center Drive  
Philipsburg, PA 16866

**ORIGINAL**

**CLINIC NOTES**  
Geisinger Medical Center  
Danville, Pennsylvania 17822

**Wojtowich, Kathryn**

**MR #03-10-51-85**

Page 1 of 1

**ENT OUTPATIENT NOTE**

04/19/1999

Kathryn returns today as she is nearly a year status post a dog bite to the right side of the mandibular angle region. Overall, she is healing very well. On several occasions in the past I have injected the indurated, erythematous scar and this has responded very nicely. The induration has nearly completely resolved. The area is soft and the erythema has changed to a pinkness which is also resolving as well. There are some slight telangiectasias located within the scar on the anterior portion.

At this point I do not feel that any type of scar revision would be of benefit. Though there is room for slight improvement she has healed very well and the chances of making the scar look worse are significant as well. I do believe that the remaining slight pinkness will fade in time. I also feel that she is a candidate though for augmenting the telangiectasias which I will perform on the next visit which will be in June.



Brad Millman, M.D.

BM/bml; D: 04/20/1999; T: 04/22/1999 3:02 P; Doc #: 1361388

cc: Family of Kathryn Wojtowich  
Star Route Box 150  
Beccaria PA 16616

Geisinger Medical Center  
Danville, PA 17822

CLINIC NOTES

03 10 51 85  
WOJTOWICH KATHRYN  
STAR RT BOX 150  
BECCARIA PA 16616  
GHC 09-19-1988 F

ENT OCT 2 1997 1140 C130 otos ot/Art

ENT MAY 06 1998 1015 C130 otos ot/Art  
by pt. 3 cc K-10 - manage  
no - 2 m/m

ENT JUL 10 1998

Noted

*M*

per prev page

ENT OCT 19 1998 1300 C130 otos ot/Art.

*Noted*

per prev page

ENT APR 19 1998 1420 General

Dry well  
skin - softened

per prev page

*Noted*

03 10 51 85

VOJTOUCH

STAR BT 808 150

KATHREE

DECISION

etc

TS 10075

09-19-1985

ENT JUN 14 1985

1105 C3 John 107

Telephone (R) chart

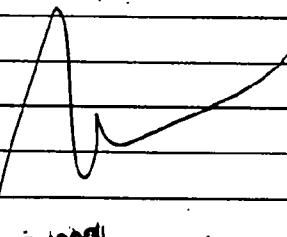
Curve & graph

Level + 3 mm

Curve Fwd.

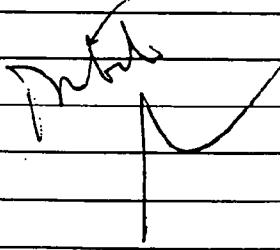
Curve

1-2th



ENT JUN 5 0 1985

1125 Glucomann



Red next page

**CLINIC NOTES**  
Geisinger Medical Center  
Danville, Pennsylvania 17822

**Wojtowich, Kathryn**  
**MR #03-10-51-85**  
Page 1 of 1

**ENT OUTPATIENT NOTES**  
06/30/1999

Kathryn returns today status post CO<sub>2</sub> laser for minor scar revision, right angle of mandible. The area is healing very nicely. The area is fading nicely with a new layer of collagen and skin. There is still one small telangiectasia.

Overall, the area is improved. There is a normal postlaser erythema and pinkness which will fade over the next several weeks to months. She will continue the Vaseline use and will watch avoidance, such as sun avoidance, in the future, this summer.

At this point, the area is healing well, but I cannot say if in the future a further revisional-type scar revision or laser will need to be performed for improvement. I will see her back in approximately three months for continued followup or PRN should she develop any difficulties.

Brad Millman, MD  
BM/kdl; D: 06/30/1999; T: 07/01/1999 3:01 P; Doc #: 1414602

cc: Mr & Mrs James Wojtowich  
HC Box 150  
Beccaria PA 16616

**CLINIC NOTES**  
Geisinger Medical Center  
Danville, Pennsylvania 17822

**Wojtowich, Kathryn**  
**MR #03-10-51-85**  
Page 1 of 1

**ENT OUTPATIENT NOTES**  
09/20/1999

The patient returns several months status post CO<sub>2</sub> laser for a traumatic scar revision, right angle of the jaw region. Overall the telangiectasias have responded very nicely and are completely gone at this point. The laser area has healed normally and is the color of the normal surrounding skin. The scar portion, which was lasered, is still slightly pink and has responded since the last visit.

At this point with the resolving mild pinkness, I do not feel any therapy is warranted. I do not feel that she will need any further type of revisional or additional-type surgery lasering for this.

I will see her back in approximately one year for followup or PRN should she develop any problems in the meantime.

**Brad Millman, MD**

BM/ljw; D: 09/20/1999; T: 09/22/1999 3:39 P; Doc #: 1477548

cc: The Family of Kathryn Wojtowich  
Star Rte Box 150  
Beccaria PA 16616

**COPY**

**ANSWER TO INTERROGATORIES**

7. **ANSWER - Continued below.**

(5). Dr. Thomas Kennedy, M.D.  
Geisinger Medical Center  
100 N. Academy Avenue  
Danville, PA 17822

(6). Dr. Brad Millman, M.D.  
Geisinger Medical Center  
M.C. 1333  
100 N. Academy Avenue  
Danville, PA 17822

(7). Michael McLaughlin  
307-309 East Pine Street  
Clearfield, PA 16830

- a. The substance of each fact to which he or she is expected to testify;
- b. The substance of each opinion to which he or she is expected to testify;
- c. The grounds for each opinion;
- d. The background, training, experience or other qualifications of each person named;
- e. Attach a copy of any report received by the plaintiffs for each such expert witness to your Answers to Interrogatories.

ANSWER: a. (1). The facts in the Houtzdale-Ramey EMS report and what she observed at the scene of the incident.

(2). The facts in the Philipsburg Area Hospital Emergency reports on the condition of Kathryn M. Wojtowich.

(3). What he found in his x-rays of Kathryn M. Wojtowich.

Continued - See Attached

9. Are the plaintiffs or any representatives of the plaintiffs in possession of any photographs of persons, objects or any other matters or things involved in the happening of the accident which is the subject matter of the Complaint?

ANSWER: Yes

10. If the plaintiffs' answer to the preceding Interrogatory is in the affirmative, please state:

- a. The date when such photographs were taken;
- b. The name and address of the person taking them;
- c. The objects or subjects depicted in each such photograph; and
- d. Please attach photocopies of each such photograph

**ANSWER TO INTERROGATORIES**

**8. ANSWER - *Continued below.***

- a. (4).** Facts on the treatment of Kathryn M. Wojtowich at Geisinger Medical Center at Danville, Pennsylvania.
- (5).** Facts on the treatment of Kathryn M. Wojtowich at Geisinger Medical Center at Danville, Pennsylvania.
- (6).** Facts on the follow-up treatment of Kathryn M. Wojtowich after her hospital stays, including laser surgery and on the treatment for the scarring and whether the scars can be eliminated by any treatment or whether they are permanent.
- (7).** Testify on photographs he took on August 23, 1999.
- b. (1).** That Kathryn M. Wojtowich was badly injured, but stable, and any further opinions are unknown.
- (2).** His opinions are unknown.
- (3).** His opinions are unknown.
- (4).** His opinions are unknown.
- (5).** His opinions are unknown.
- (6).** It is believed his opinion will be that the scarring from Kathryn M. Wojtowich's injuries are permanent. That plastic surgery may improve some of the scarring, but not completely eliminate it. The full extent of his opinion is unknown.
- (7).** His testimony is to establish a foundation for photographs taken and he may give an opinion on what he saw.
- c. (1).** Personal observations.
- (2).** Personal observations.

8. **ANSWER - Continued below.**

- c. (3). Performed tests.
- (4). Treatment of Kathryn.
- (5). Treatment of Kathryn.
- (6). Treatment of Kathryn and personal observations.
- (7). Personal observations and photographs.
- d. (1). Unknown by Plaintiff.
- (2). Unknown by Plaintiff.
- (3). Unknown by Plaintiff.
- (4). Unknown by Plaintiff.
- (5). Unknown by Plaintiff.
- (6). Unknown by Plaintiff.
- (7). Unknown by Plaintiff.
- e. (1). See copy attached in Answer to Question 6.d.
- (2). See copy attached in Answer to Question 6.d.
- (3). See copy attached in Answer to Question 6.d.
- (4). Plaintiff attempting to get reports and will provide to Defendant upon receipt.
- (5). Plaintiff attempting to get reports and will provide to Defendant upon receipt.
- (6). See copy attached in Answer to Question 6.d.
- (7). See photos attached in Answer to Question 10.d.

to your answers to these Interrogatories.

ANSWER: a.(1). November 21, 1997  
(2). May 6, 1998  
(3). August 23, 1999

b.(1). Edward J. Yocum  
E.L. Braid Claim Service, Inc.  
P.O. Box 946  
Clearfield, PA 16830

(2). Unknown, but by someone at Geisinger  
Medical Center

(3). Michael McLaughlin  
McLaughlin Photography  
307-309 East Pine Street  
Clearfield, PA 16830

Continued - See Attached

11. Were the plaintiffs examined, confined to or treated in any hospital, clinic or medical center as a result of this accident?

ANSWER: Yes

12. If the answer to the preceding Interrogatory is in the affirmative, kindly state:

- a. The name of the hospital, clinic or medical center;
- b. Dates of examination, treatment, or confinement, including the date treatment began and ended; and
- c. The amount of the bill for each such examination, confinement or treatment.

ANSWER: a.(1). Philipsburg Area Hospital (PAH)  
210 Loch Lomond Road  
Philipsburg, PA 16866

(2). Geisinger Medical Center or  
Penn State Geisinger Health System  
100 N. Academy Avenue  
Danville, PA 17822

Continued - See Attached

**ANSWER TO INTERROGATORIES**

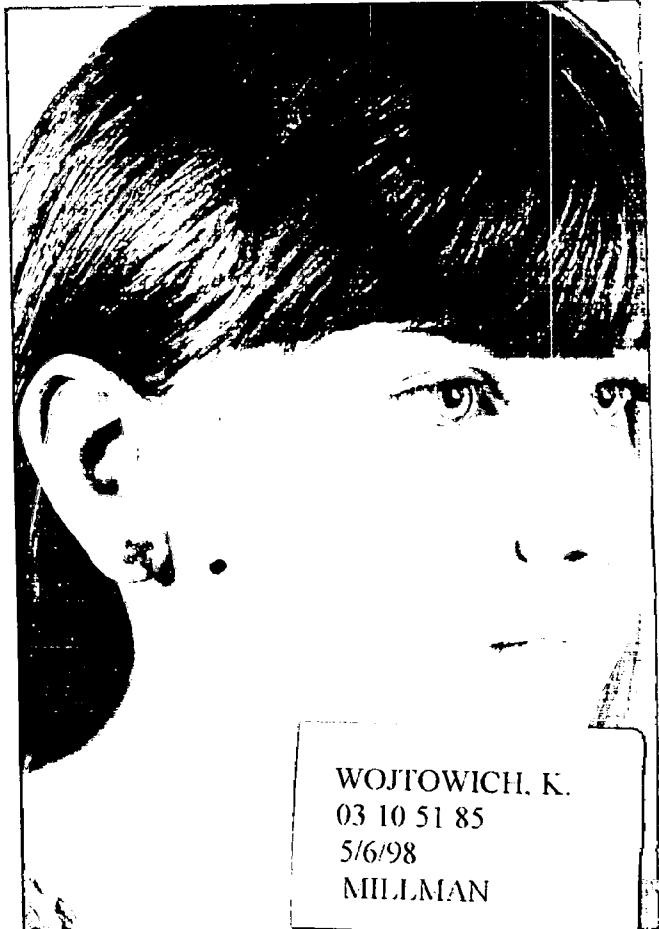
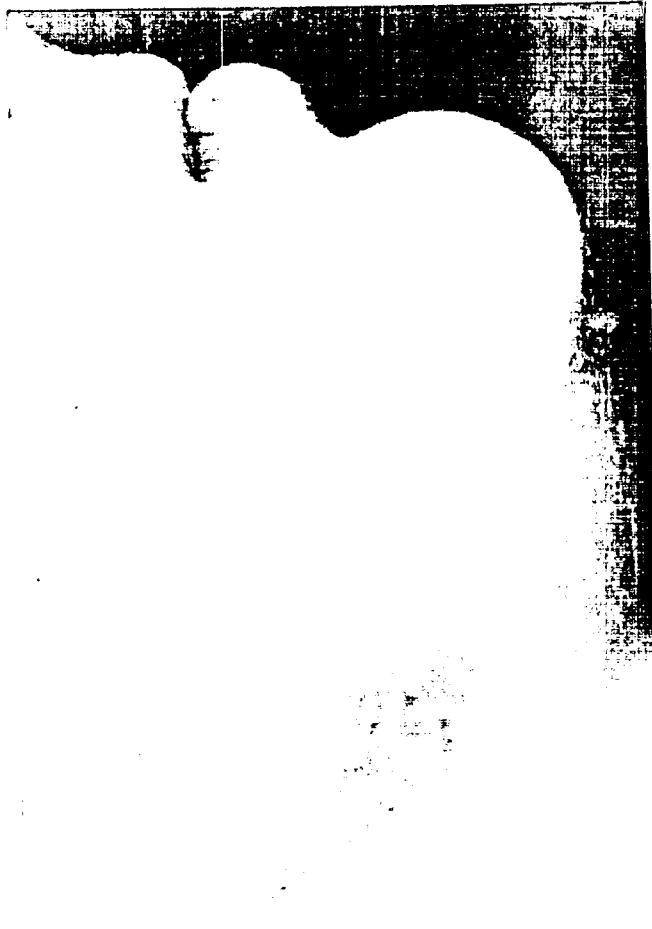
**10. ANSWER - *Continued below.***

- c. They all show either the face, back, abdomen, or torso area of Kathryn M. Wojtowich.
- d. (1). These photos are in possession of Defendants or their agent and Plaintiff does not have a copy.
- (2). Four (4) photographs attached.
- (3). Twelve (12) photographs attached.

**12. ANSWER - *Continued below.***

- a. (3). Philipsburg Medical Center - Geisinger  
3 Medical Center Drive  
Philipsburg, PA 16866
- (4). Conemaugh Valley Memorial Hospital  
1086 Franklin Street  
Johnstown, PA 15905
- (5). Houtzdale-Ramey EMS  
P.O. Box 224  
Houtzdale, PA 16651
- b. (1). October 19, 1997
- (2). Admitted October 19, 1997 to October 21, 1997.
- (3). October 27, 1997
- (4). October 19, 1997 for helicopter flight from  
Philipsburg to Danville.
- (5). October 19, 1997
- c. (1). \$1,291.09 - See copy of bill (two pages)  
attached.
- (2). \$3,317.89 - See copy of bill (four pages)  
attached.

- (3) . \$42.00 - See copy of bill (two pages) attached.
- (4) . \$7,879.13 - See copy of bill (one page) attached.
- (5) . \$724.00 - See copy of bill (one page - Insurance Claim Form) attached.



WOJTOWICH, K.  
03 10 51 85  
5/6/98  
MILLMAN

Print File

P.O. BOX 607038 • ORLANDO, FL 32860 • (407) 885-3100

STYLE NO. 35-8P

BIOMEDICAL COMMUNICATIONS  
PENN STATE GEISINGER HEALTH SYSTEM  
GEISINGER MEDICAL CENTER  
100 NORTH ACADEMY AVENUE  
DANVILLE, PA 17822-0105  
717-271-6450

**PHOTOGRAPHIC SERVICES BILL**

DATE October 18, 1999

REQUESTER James Wojtowich

BILL TO James Wojtowich

Starr Rt. Box 150

Beccaria, PA 16616

SUBJECT Kathryn Wojtowich

PSGHS #03 10 51 85

CHARGES 4 Black & White prints @ 4.00 \$16.00

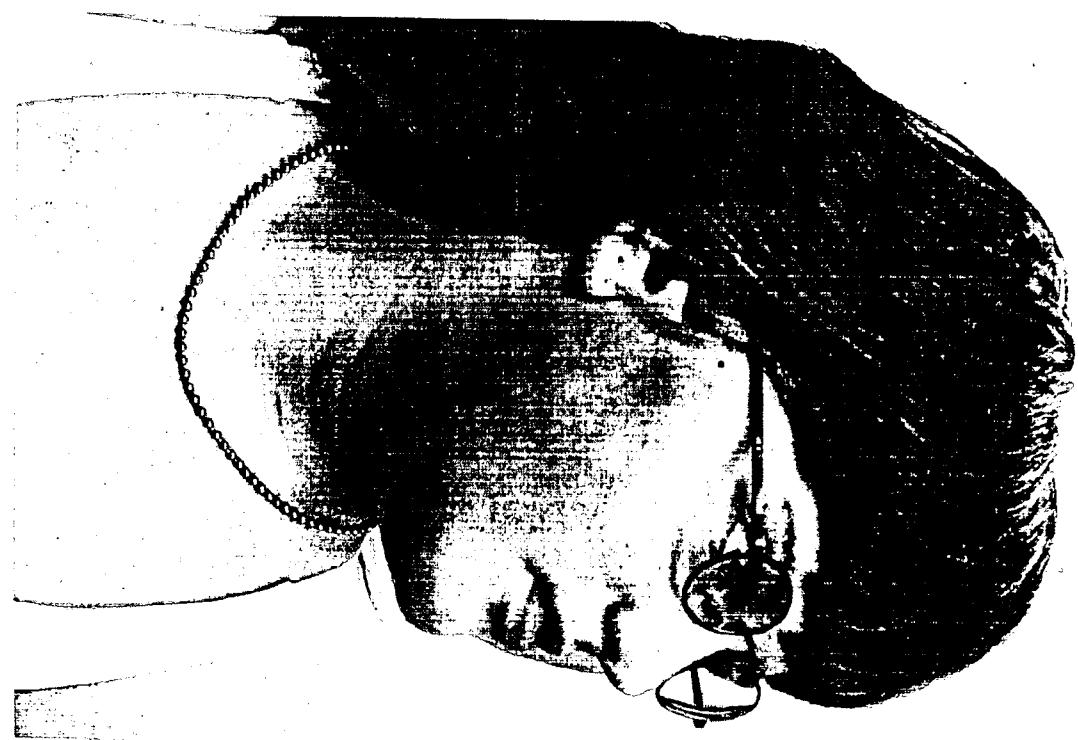
(I was unable to locate any other pictures

of Kathryn)

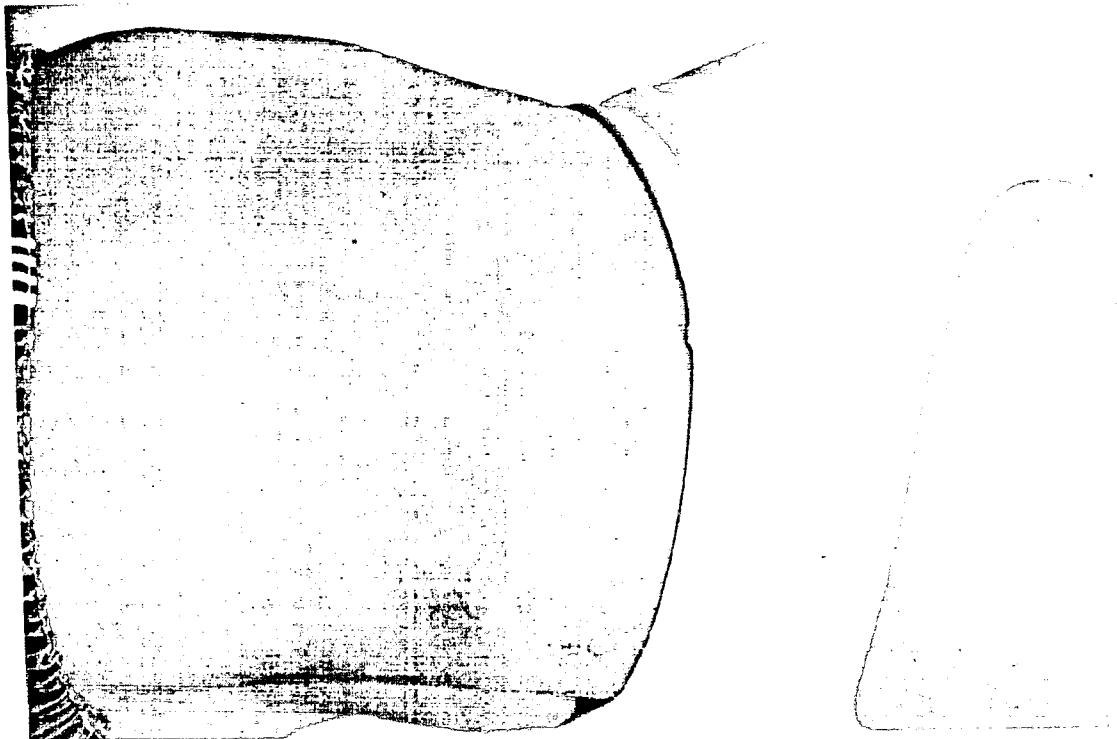
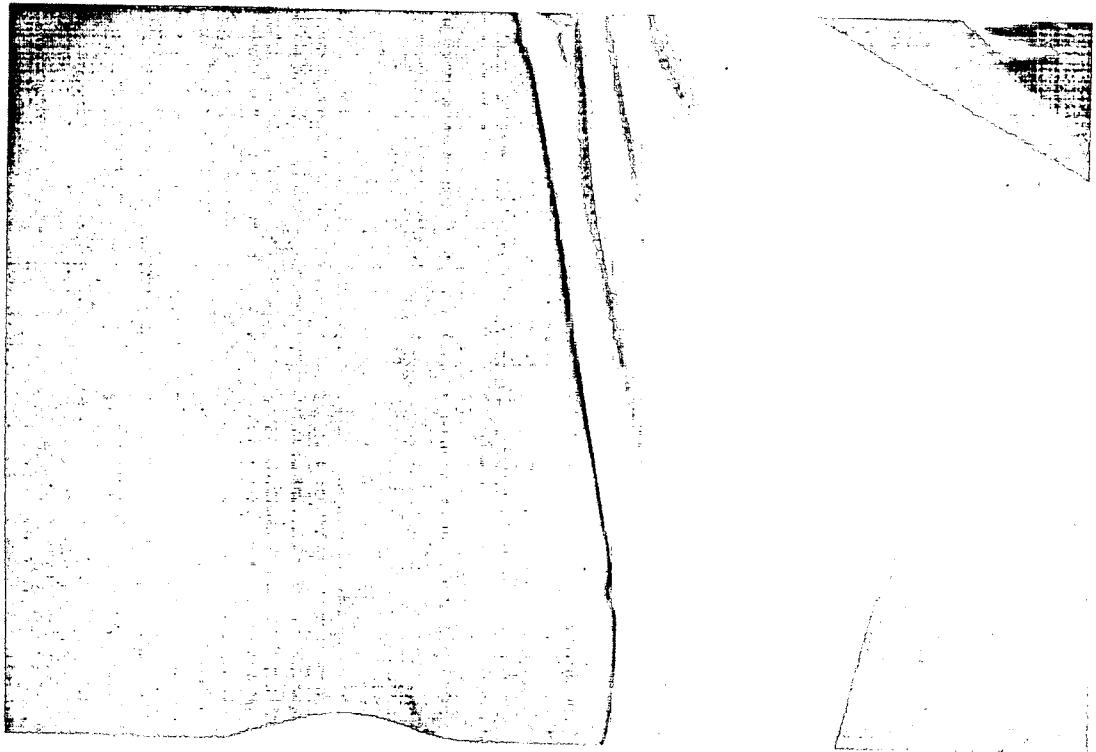
TOTAL CHARGES \$16.00

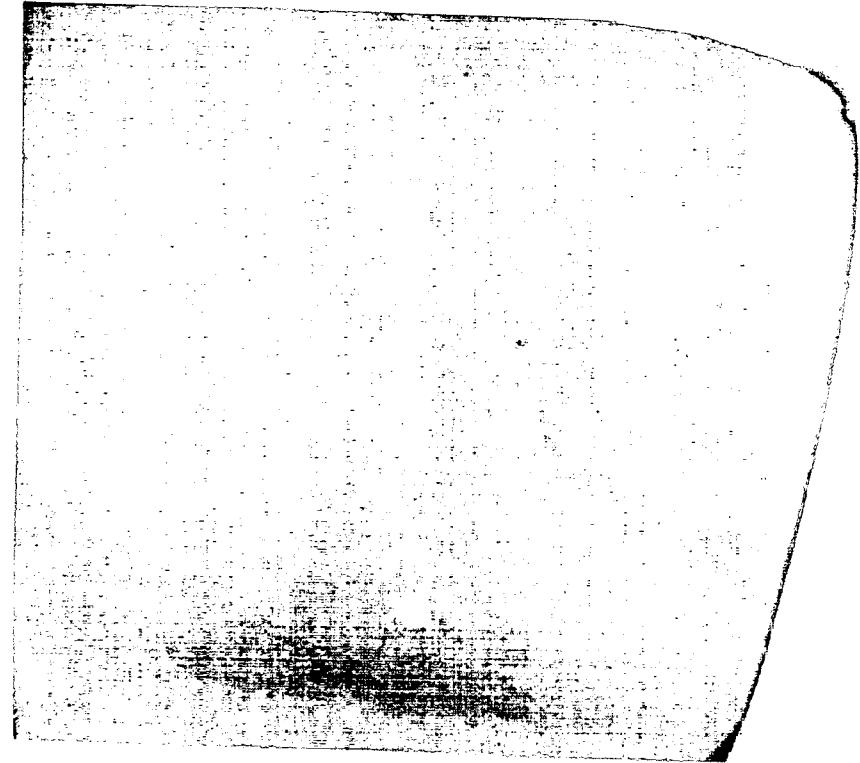
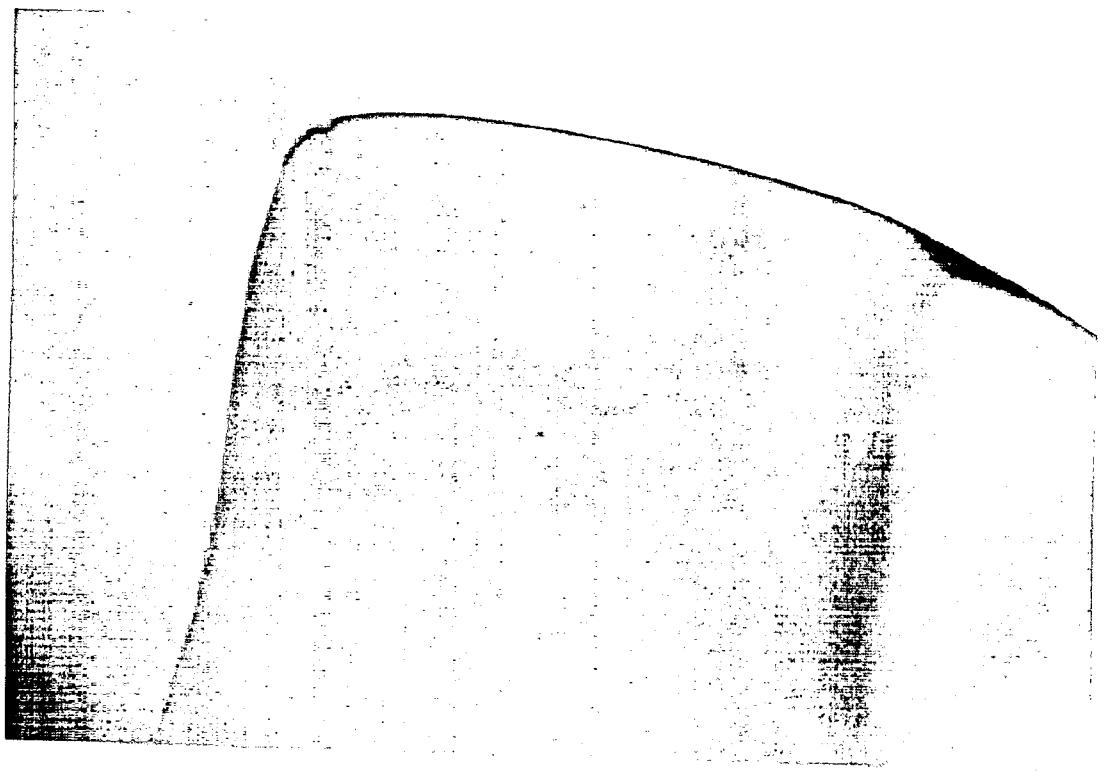
COMMENTS Make check payable to Biomedical Communications

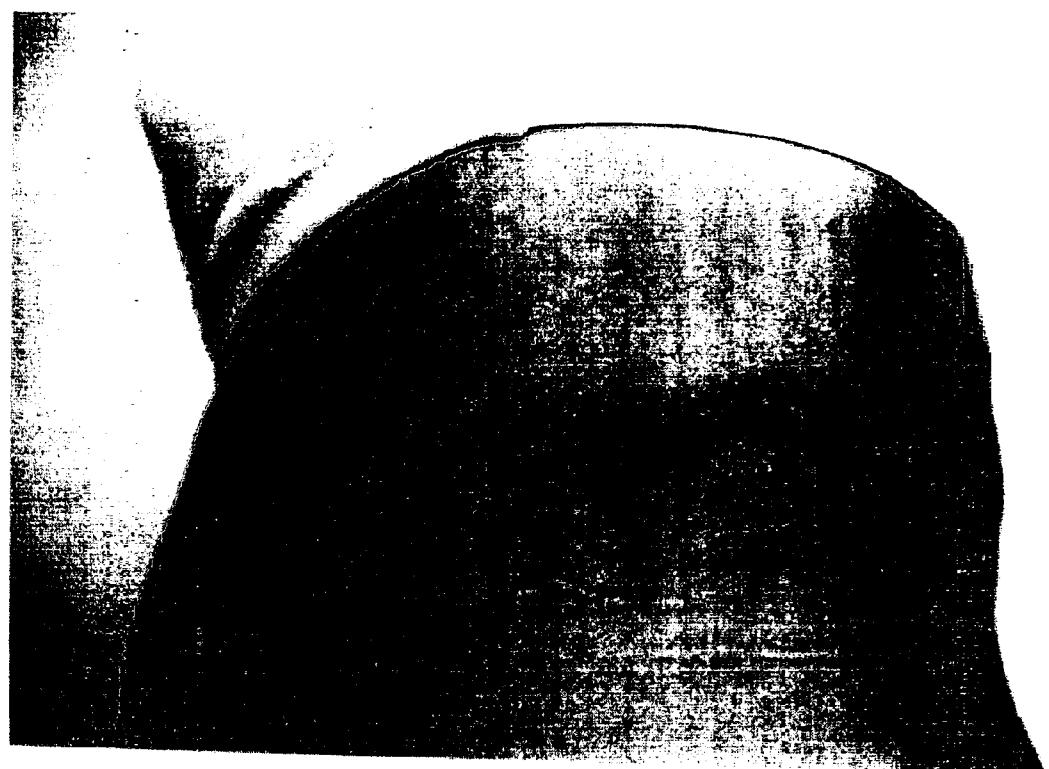
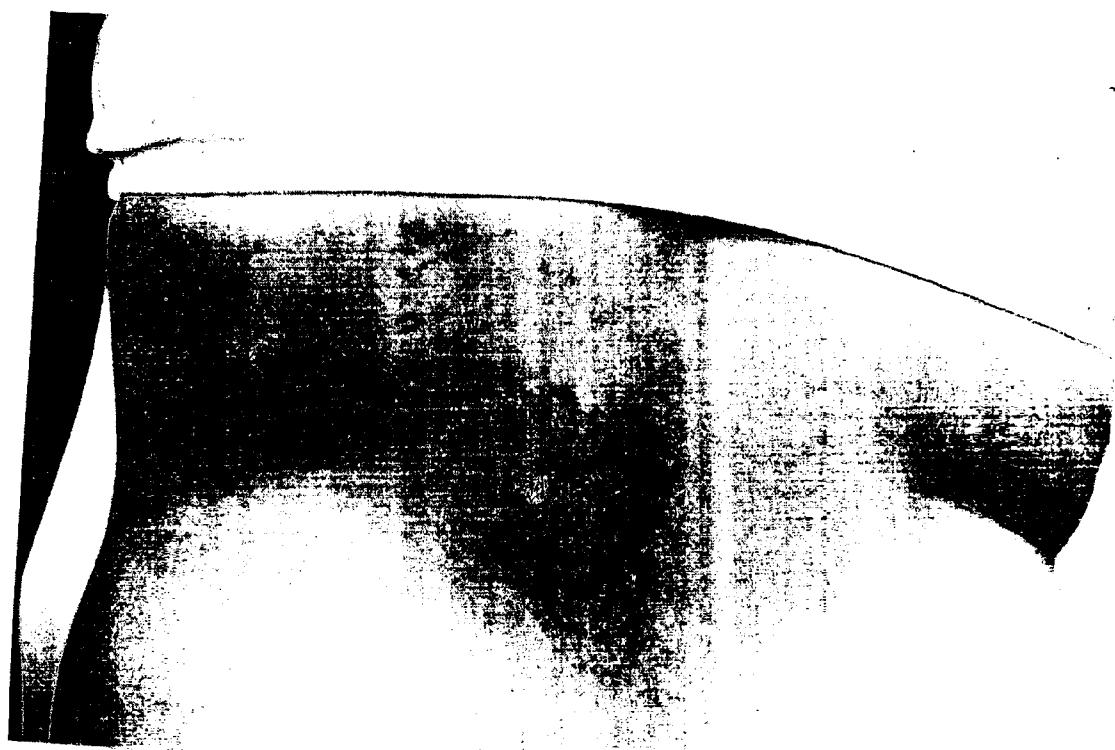
JOSEPH MENTRIKOSKI  
ASST. DIRECTOR TO BIOMEDICAL COMMUNICATIONS













DATE 01/09/98

## DEMAND BILL FROM HISTORY

PAGE : 1

PHILLIPSBURG AREA HOSPITAL  
 210 LOCH LOMOND ROAD  
 PHILLIPSBURG, PA 16866  
 814-342-7112

PATIENT/ADM# : 12623 /416053      WOJTOWICH, KATHRYN      ADMISSION DATE: 10/19/97  
 GUARANTOR# : 21523      WOJTOWICH, JAMES C      DISCHARGE DATE: 10/19/97  
 DOCTOR# : 59      HERBERG JAMES      PAT. AGE : 9  
 INS CODES: 05      BED# :      PATIENT TYPE: 24      DRG#:      LOS: 0

DATE	CHARGE#	DESCRIPTION	QTY	UNIT PRICE	CHARGE AMT
10/19/97	3760063	ELASTIC BANDAGE 6	1	20.350	20.35
10/19/97	3760064	CUFF SMALL ADULT 10.	1	11.000	11.00
10/19/97	3761540	ECG ELECTRODE ,3 PK	1	11.000	11.00
10/19/97	3762500	STIFF NK COLLAR, PEDI	1	80.950	80.95
10/19/97	3763680	OXISENSOR PEDS	1	51.600	51.60
10/19/97	3764107	DRESS 5X9	1	2.600	2.60
10/19/97	3764107	DRESS 5X9	1	2.600	2.60
10/19/97	3764315	IV CATH 20 GA	1	15.600	15.60
10/19/97	3764315	IV CATH 20 GA	1	15.600	15.60
10/19/97	3764315	IV CATH 20 GA	1	15.600	15.60
10/19/97	3764324	IV CATH 22 GA	1	15.600	15.60
10/19/97	3764324	IV CATH 22 GA	1	15.600	15.60
10/19/97	3764324	IV CATH 22 GA	1	15.600	15.60
10/19/97	3764723	IV PREP KIT	1	17.150	17.15
10/19/97	3764723	IV PREP KIT	1	17.150	17.15
10/19/97	3764723	IV PREP KIT	1	17.150	17.15
10/19/97	3769920	N.I. B.P.	1	107.900	107.90
10/19/97	3769925	MONITOR	1	107.900	107.90
CENTRAL SUPPLY		DEPT TOTAL	: 19		543.55
10/19/97	3780014	ER ROOM LEVEL V	1	177.850	177.85
10/19/97	3783275	ER PHYS COMPRE VISIT	1	134.750	134.75
EMERGENCY ROOM		DEPT TOTAL	: 2		312.60
10/19/97	4030008	CHEM 7	1	57.550	57.55
LABORATORY		DEPT TOTAL	: 1		57.55
10/19/97	4060001	CBC	1	30.550	30.55
10/19/97	4062006	BLOOD GROUP ABO	1	13.400	13.40
10/19/97	4062010	RHO D	1	13.400	13.40
10/19/97	4062013	AB SCREEN	1	29.300	29.30
10/19/97	4063000	VENTIPUNCTURE	1	8.550	8.55
LAB		DEPT TOTAL	: 5		95.20
10/19/97	4201012	CHEST 1 VIEW PA	1	43.250	43.25

DATE 01/09/98

## DEMAND BILL FROM HISTORY

PAGE : 2

PATIENT/ADMN: 12623 /416053  
 GUARANTOR#: 21523  
 DOCTOR#: 59  
 INS CODES: 05    BEDN:

WOJTOWICH, KATHRYN  
 WOJTOWICH, JAMES C  
 HERBERG JAMES  
 PATIENT TYPE: 24

ADMISSION DATE: 10/19/97  
 DISCHARGE DATE: 10/19/97  
 PAT AGE : 9  
 DRG#: LOS: 0

DATE	CHARGE#	DESCRIPTION	QTY	UNIT PRICE	CHARGE AMT
10/19/97	4201049	PORTABLE XRAY	1	83.150	83.15
		RADIOLOGY DEPT TOTAL	: 2		126.46
10/19/97	4302617	SUBLIMAZE INJ 2ML	1	12.750	12.75
10/19/97	4303407	AMPICILLIN/SULBACTAM	1	31.290	31.29
		PHARMACY DEPT TOTAL	: 2		44.04
10/19/97	4400072	LACTATED RINGERS 100	1	16.450	16.45
10/19/97	4400126	0.9% SOD. CH. 100CC	1	16.450	16.45
10/19/97	4400171	0.9% SOD CH. IRRIG.2	1	16.450	16.45
10/19/97	4401020	IV PRIMARY GRAVITY S	1	21.850	21.85
10/19/97	4401020	IV PRIMARY GRAVITY S	1	21.850	21.85
10/19/97	4401025	IV MALE ADAPTOR	1	9.350	9.35
10/19/97	4401025	IV MALE ADAPTOR	1	9.350	9.35
		IV THERAPY DEPT TOTAL	: 7		111.76
		PATIENT TOTAL	:		1291.00
		PAYMENT RECEIVED	:		.00
		BALANCE DUE	:		1291.00

GEISINGER MEDICAL CENTER  
100 N ACADEMY AVE  
DANVILLE, PA.  
717 271-6224  
FEI # 24-0795959

17822

PAGE NO.

1

BIRTH-DATE  
09/19/88

HOSP. NO.

006

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
FINAL	10/26/97	
IND.		

H	S	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
WOJTOWICH	KATHRYN	GUAR PH: 814-378-5557	1293238312	F	9	10/20/97	10/21/97	1

GUARANTOR NAME AND ADDRESS	JAMES WOJTOWICH STAR RT BOX 150 BECCARIA, PA 16616	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	PEBTF/HMO I/P G26		255798*05
GRAVES CYNTHIA					

CHECK HERE IF ABOVE ADDRESS IS INCORRECT - PLEASE MAKE CORRECTION ON REVERSE SIDE.  
PLEASE RETURN THIS PORTION WITH PAYMENT.  
SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

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								
10/19	NON-IONIC C	80610246	60.00	60.00				
10/19	CT THORAX W/CON	80609132	965.00	965.00				
10/19	CT ABDOMEN W/C	80609337	905.00	905.00				
10/19	FENTANYL 0.05MG	33306962	8.18	8.18				
10/19	MIDAZOLAM 1MG/2	33355947	9.81	9.81				
10/19	UAI	35707051	7.00	7.00				
10/20	ACETAMINOPHEN #	33217838	2.28	2.28				
10/20	ACETAMINOPHEN 5	33283113	3.57	3.57				
10/20	UNASYN 1.5GM IN	33216661	2.28	2.28				
10/20	UNASYN 1.5GM IN	33216661	46.55	46.55				
10/20	PROCHLRPZ 10MG/	33228660	5.59	5.59				
10/20	METOCLOPRAMIDE	33238193	12.52	12.52				
10/20	ROOM C388	15210010	562.00	562.00				
10/21	UNASYN 1.5GM IN	33216661	93.11	93.11				

PATIENT NUMBER	2682-89	2682-89	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	PAY THIS AMOUNT DUPLICATES WILL NOT BE PROVIDED	0.00
1293238312					

GEISINGER MEDICAL CENTER

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
FINAL	10/26/97	
INP.		

GEISINGER MEDICAL CENTER  
100 N ACADEMY AVE  
DANVILLE, PA.  
717 271-6224  
FEI # 24-0795959

17822

BIRTH-DATE  
09/19/88

PAGE NO.  
2  
HOS<sup>E</sup>. NO.  
006

H	S	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
WOJTOWICH		KATHRYN	1293238312	F	9	10/20/97	10/21/97	1
GUAR PH: 814-378-5552								

**GUARANTOR'S NAME AND ADDRESS**

JAMES WOJTOWICH  
STAR RT BOX 150  
BECCARIA, PA 16616

C.O.B	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
1	PEBTF/HMO I/P	G26	255798*05
	GRAVES CYNTHIA		

CHECK HERE IF ABOVE ADDRESS IS INCORRECT - PLEASE MAKE CORRECTIONS ON REVERSE SIDE.  
SEE REVERSE SIDE FOR IMPORTANT INFORMATION.  
PLEASE RETURN THIS PORTION WITH 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
	<b>SUMMARY OF CHARGES</b>							
	R&C 03SEMI- 1DAY\$@ 562.00		562.00	562.00				
	300 LABORATORY		7.00	7.00				
	320 RADIOLOGY		60.00	60.00				
	CATSCAN		1870.00	1870.00				
	250 PHARMACY		183.89	183.89				
	<b>SUB-TOTAL OF CHARGES</b>		2682.89	2682.89				
	GUAR RELATIONSHIP: 3		SEX:		GUAR NO: 3105185			
	ACC-DATE:	TYPE:	TIME:		PLACE: EMPL REL:			
	DSCH/FINAL DIAGNOSIS: 879.4							
	ADM. DIAGNOSIS: 879.5							
	PROCEDURE: 86.59 10/20/97							
	86.59 10/20/97							
	<b>THIS BILL IS FOR INPATIENT HOSPITAL SERVICES PROVIDED BY GEISINGER MEDICAL CENTER. IT DOES NOT INCLUDE PHYSICIAN CHARGES. QUESTIONS REGARDING THE BILL SHOULD BE DIRECTED TO 717-271-6224 OR IF OUT OF THE LOCAL CALLING AREA, DIAL 1-800-638-4050. PLEASE REMIT PATIENT BALANCE DUE PROMPTLY.</b>							
	<b>TOTALS</b>		2682.89	2682.89				

**T O T A L S** **2682.89** **2682.89**  
PATIENT NUMBER **1293238312** PLEASE REFER TO PATIENT  
NUMBER ON ALL INQUIRIES.  
ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR  
ANY CHARGES NOT PAID BY YOUR INSURANCE.

AND CORRESPONDENCE.  
**GEISINGER MEDICAL CENTER**

**DANVILLE, PA.**  
PLEASE RETAIN THIS STATEMENT FOR INSURANCE PURPOSES.

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES AND/OR TO FILE SECONDARY INSURANCE CLAIMS

GEISINGER MEDICAL CENTER  
100 N ACADEMY AVE  
DANVILLE, PA.  
717 271-6224  
FEI # 24-0795959

PAGE NO. 1  
HOSP. NO. 006

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	11/18/97	10/27
INP.	A/R	

17822

BIRTH-DATE  
09/19/88

H	S	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		WOJTOWICH, KATHRYN	1293238312	F	9	10/20/97	10/21/97	1
		GUAR PH: 814-378-5557						

GUARANTOR NAME AND ADDRESS	JAMES WOJTOWICH STAR RT BOX 150 BECCARIA, PA 16616	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	PEBTF/HMO I/P G26		255798*05
GRAVES CYNTHIA					

CHECK HERE IF ABOVE ADDRESS IS INCORRECT - PLEASE MAKE CORRECTION ON REVERSE SIDE.  
PLEASE RETURN THIS PORTION WITH PAYMENT.  
SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

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
<b>DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS</b>								
10/20	SPECIPAN	24302245	6.00	6.00				
10/20	MACRO PUMP VENT	24303080	68.00	68.00				
10/20	IV SOLUTION	24304116	74.25	74.25				
10/20	PATIENT SLIPPER	24301150	5.25	5.25				
10/20	SUTURE INSERT S	24301591	44.00	44.00				
10/20	TELEMETRY	37000965	151.25	151.25				
10/20	DAVOL FEMALE CA	37000663	4.00	4.00				
10/20	SHUR-CLENS	37000736	10.00	10.00				
10/20	LEVEL III EMR U	37000094	244.25	244.25				
10/20	PULSE OXIMETRY	37000612	28.00	28.00				
10/26	TPA IP ALW	00705039	1216.42	1216.42				
10/27	TPA L/C	00705136	69.60	69.60				
10/29	TPA L/C	00705136	218.31	218.31				
	BALANCE FORWARD		2682.89	2682.89				
<b>TOTALS</b>								
			1813.56	1813.56				

PATIENT NUMBER 1293238312	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. OF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE	PAY THIS AMOUNT 0.0
DUPLICATES WILL NOT BE PROVIDED			

GEISINGER MEDICAL CENTER  
DANVILLE, PA.

GEISINGER MEDICAL CENTER  
100 NORTH ACADEMY AVENUE  
DANVILLE, PA 17822-4321

DATE OF BILL	PAGE NO.
11/18/97	01
PATIENT ACCOUNT NO. PATIENT BALANCE	

PATIENT NAME	MEDICAL RECORD NO.
WOJTOWICH, KATHRYN	03105185

1293238312 .00

GUARANTOR NAME AND ADDRESS

4326  
JAMES WOJTOWICH  
STAR RT BOX 150  
BECCARIA, PA 16616

TOTAL BALANCE DUE	.00
AMOUNT PAID	

PLEASE USE DARK INK  
AND PRINT CLEARLY

ATTN DANVILLE CASH CONTROL  
GEISINGER MEDICAL CENTER  
100 NORTH ACADEMY AVENUE  
DANVILLE PA 17822-4321

CHECK HERE IF ABOVE ADDRESS IS INCORRECT. PLEASE MAKE CORRECTION ON REVERSE SIDE. PLEASE RETURN THIS PORTION WITH PAYMENT.  
SEE REVERSE SIDE FOR IMPORTANT INFORMATION

DATE OF SERVICE/ PAYMENT	DESCRIPTION OF SERVICE/PAYMENT/ADJUSTMENT	TOTAL CHARGES	AMOUNT DUE FROM INSURANCE	PATIENT BALANCE
ACCOUNT# 1293238312 PREVIOUS BALANCE		3,317.89		
IP ADMIT: 10/20/97 DSCH: 10/21/97				
10/26/97 TPA IP ALW		1,216.42-	1,216.42-	.00
10/27/97 TPA L/C		69.60-	69.60-	.00
10/29/97 TPA L/C		218.31-	218.31-	.00
F/C = H	CURRENT BALANCE	1,813.56	1,813.56	.00

INSURANCE	GROUP	POLICY	RETAIN THIS STATEMENT FOR YOUR RECORD	ESTIMATED INS.	DUF FROM YO
PEBTF/HMO I/		255798*05	WOJTOWICH, KATHRYN PLEASE CHECK INSURANCE FOR BILLING QUESTIONS. CALL (717) 271-6224 LOCALLY OR 1 (800) 638-4050 LONG DISTANCE. WE ACCEPT VISA, MASTERCARD, AND DISCOVER.	1,813.56	.00

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PENN STATE GEISINGER HEALTH SYSTEM

THIS IS A STATEMENT FOR PROFESSIONAL SERVICES RENDERED BY YOUR PHYSICIAN. YOU MAY RECEIVE A SEPARATE BILL FROM THE HOSPITAL FOR ITS SERVICES.

\*\* SEE REVERSE SIDE FOR AN IMPORTANT  
\*\* MESSAGE REGARDING HEALTH INSURANCE. \*\*

BECAUSE WE ARE A TEACHING FACILITY, THE PHYSICIAN NAME APPEARING ON THIS STATEMENT IS THE SUPERVISING PHYSICIAN. THIS NAME MAY DIFFER FROM THE ACTUAL PHYSICIAN YOU SAW.

CHECK HERE IF ADDRESS BELOW IS INCORRECT.  
PLEASE MAKE CORRECTION ON REVERSE SIDE.

PATIENT STATEMENT

OFFICE USE ONLY

27178113

PATIENT NAME	AMOUNT PAID
WOJTOWICH, KATHRYN	
BILL DATE	MEDICAL RECORD NO.
11/04/97	3105185

PLEASE USE DARK INK  
AND PRINT CLEARLY.

4332  
JAMES WOJTOWICH  
STAR RT BOX 150  
BECCARIA, PA 16616

ATTN CORPORATE BUSINESS OFFICE  
PENN STATE GEISINGER HEALTH SYSTEM  
100 NORTH ACADEMY AVENUE  
DANVILLE PA 17822-4322

▲ PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT ▲

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
10/27/97	3 / Inv Num: 27178113 ----- 99213 OFFICE VISIT, EST PT, LV3  SAWARDEKAR MD, SAT DIAGNOSIS: V58.3	42.00

STATEMENT DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT
11/04/97	WOJTOWICH, KATHRYN	3105185	42.00

PAYMENTS RECEIVED AFTER  
THIS DATE WILL APPEAR ON  
YOUR NEXT STATEMENT

WE ACCEPT MASTERCARD  
VISA, AND DISCOVER CARD  
TAX ID #  
23-6291113

MAKE CHECK PAYABLE  
AND FORWARD TO

PSGC  
100 N. ACADEMY AVENUE  
DANVILLE, PA 17822-4322

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

THANK YOU FOR CHOOSING A GEISINGER PHYSICIAN. PLEASE PAY THE AMOUNT SHOWN ABOVE WITHIN TEN (10) DAYS. NOTE: RETAIN THIS STATEMENT FOR YOUR RECORDS AS ADDITIONAL REQUESTS MAY RESULT IN A FEE.

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
10/27/97	3 / Inv Num: 27178113 ----- 99213 OFFICE VISIT,EST PT,LV3	
	SAWARDEKAR MD, SAT DIAGNOSIS:V58.3	42.00

12/13/97 - TPA/POS PAYMENT/ALLOWANCE

37.00CR

*Paid \$5.00 on JAN 7, 1998  
CK# 4321*

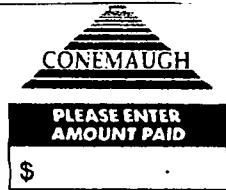
STATEMENT DATE 12/29/97	PATIENT NAME WOJTOWICH, KATHRYN	ACCOUNT NO. 3105185	PAY THIS AMOUNT 5.00
▲ PAYMENTS RECEIVED AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT		WE ACCEPT MASTERCARD VISA, AND DISCOVER CARD TAX ID # 23-6291113	MAKE CHECK PAYABLE AND FORWARD TO PSGC 100 N. ACADEMY AVENUE DANVILLE, PA 17822-4322
<b>IMPORTANT MESSAGE REGARDING YOUR ACCOUNT</b>			
<p>THANK YOU FOR CHOOSING A GEISINGER PHYSICIAN. PLEASE PAY THE ABOVE AMOUNT WITHIN TEN (10) DAYS. NOTE: RETAIN THIS STATEMENT FOR YOUR RECORDS AS ADDITIONAL REQUESTS MAY RESULT IN A FEE.</p>			

PENN STATE GEISINGER HEALTH SYSTEM

BUSINESS OFFICE (717) 271-6227  
IF CALLING LONG DISTANCE 1 (800) 638-4050

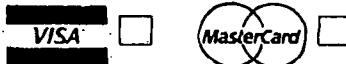
BILL TO: WOJTOWICH, JAMES C  
STAR RT BOX 150  
BECCARIA PA 16616

PATIENT NAME: KATHRYN WOJTOWICH



**YOU MAY PAY THIS AMOUNT ON YOUR VISA OR MASTERCARD**

<b>STATEMENT DATE</b>	<b>PATIENT REP.</b>
1/04/98	28
<b>ACCOUNT NUMBER</b>	
2728196	
<b>ADMISSION DATE</b>	<b>DISCHARGE DATE</b>
10/19/97	10/19/97



X

---

**CARDHOLDER SIGNATURE**

**STATEMENT OF ACCOUNT**  
814-533-1900

**MAKE CHECKS PAYABLE TO:**  
**Conemaugh Valley Memorial Hospital**

**PHYSICIAN OR OTHER SERVICES NOT PROVIDED  
BY THE HOSPITAL FOR WHICH WE DO NOT CHARGE  
MAY BE BILLED SEPARATELY.**

**Payment is due**

## Conemaugh Valley Memorial Hospital

## Conemaugh Valley Memorial Hospital

PHYSICIAN OR OTHER SERVICES NOT PROVIDED  
BY THE HOSPITAL FOR WHICH WE DO NOT CHARGE  
MAY BE BILLED SEPARATELY.

Payment is due  
within 10 days

STATEMENT DATE	ACCOUNT NUMBER	
1/04/98	2728196	
ADMISSION DATE	DISCHARGE DATE	PATIENT REP.
10/19/97	10/19/97	28

**DETACH AT PERFORATIONS AND RETURN THIS STUB WITH PAYMENT IN THE RETURN ENVELOPE PROVIDED**

DATE	DESCRIPTION	AMOUNT
	REGARDING AIR AMBUL. VISIT FOR KATHRYN WOJTOWICH ESTIMATED INSURANCE	7879.13 .00
	ADDITIONAL INFO. MAY BE OBTAINED BY CALLING 814- 533-1900. PLEASE PAY BALANCE DUE WITHIN 10 DAYS OR MAKE PAYMENT ARRANGEMENTS IF NOT PREVIOUSLY MADE.	

**PLEASE PAY  
THIS AMOUNT**

7879.13

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

GIRARD KASUBICK  
ATTORNEY AT LAW  
611 BRISBIN ST  
HOUTZDALE PA 16651

CARRIER

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE		MEDICAID		CHAMPUS		CHAMPVA		GROUP HEALTH PLAN		FECA		OTHER		1a. INSURED'S I.D. NUMBER		(FOR PROGRAM IN ITEM 1)											
<input type="checkbox"/> (Medicare #)		<input type="checkbox"/> (Medicaid #)		<input type="checkbox"/> (Sponsor's SSN)		<input type="checkbox"/> (VA File #)		<input type="checkbox"/> (SSN or ID)		<input type="checkbox"/> BLK LUNG (SSN)		<input type="checkbox"/> X (ID)		119381954													
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE						4. INSURED'S NAME (Last Name, First Name, Middle Initial)															
WOJTOWICH KATHRYN						MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/> X						SAME															
5. PATIENT'S ADDRESS (No., Street)						6. PATIENT RELATIONSHIP TO INSURED						7. INSURED'S ADDRESS (No., Street)															
STAR RTE BOX 150						Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>																					
CITY BECCARIA			STATE PA			8. PATIENT STATUS			CITY			STATE															
ZIP CODE 16616			TELEPHONE (Include Area Code) (814) 378-5557			Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>																					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:						11. INSURED'S POLICY GROUP OR FECA NUMBER															
SAME						a. EMPLOYMENT? (CURRENT OR PREVIOUS)						a. INSURED'S DATE OF BIRTH															
b. OTHER INSURED'S DATE OF BIRTH						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>															
MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>						b. AUTO ACCIDENT?						b. EMPLOYER'S NAME OR SCHOOL NAME															
c. EMPLOYER'S NAME OR SCHOOL NAME						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						c. INSURANCE PLAN NAME OR PROGRAM NAME															
NORTH ACAD DANVILLE PA 17822						c. OTHER ACCIDENT?						GIRARD KASUBICK															
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. RESERVED FOR LOCAL USE						d. IS THERE ANOTHER HEALTH BENEFIT PLAN?															
GEISINGER HEALTH PLAN												<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.															
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																											
SIGNATURE ON FILE									03/16/98																		
SIGNED									DATE																		
14. DATE OF CURRENT: MM DD YY						15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY						16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY															
ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)												FROM MM DD YY TO MM DD YY															
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE						17a. I.D. NUMBER OF REFERRING PHYSICIAN						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY															
												FROM MM DD YY TO MM DD YY															
19. RESERVED FOR LOCAL USE																											
20. OUTSIDE LAB? \$ CHARGES																											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)																											
1. 873 40 3. _____																											
2. _____ 4. _____																											
24. A						B		C		D		E		F		G		H		I		J		K			
DATE(S) OF SERVICE From MM DD YY To MM DD YY						Place of Service		Type of Service		PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		MODIFIER		DIAGNOSIS CODE		\$ CHARGES		DAYS OR UNITS		EPSDT Family Plan		EMG		COB		RESERVED FOR LOCAL USE	
10 19 97	10 19 97	9	9	A0370				1		425 00		1															
10 19 97	10 19 97	9	9	A0370		RH		1		0 00		1															
10 19 97	10 19 97	9	9	A0422				1		100 00		1															
10 19 97	10 19 97	9	9	Z0224				1		100 00		1															
10 19 97	10 19 97	9	9	A0390				1		99 00		11															
1	1	1	1																								
25. FEDERAL TAX I.D. NUMBER						SSN		EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE									
25-1460679						<input type="checkbox"/> X		497		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 724 00		\$ 0 00		\$ 724 00											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)						33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #															
						PHILIPSBURG AREA HOSPITAL						HOUTZDALE-RAMEY EMS PO BOX 224 HOUTZDALE PA 16651															
HOUTZDALE-RAMEY EMS						PHILIPSBURG PA 16866						PIN# 251460679															
SIGNED 03/16/98 DATE																											

PHYSICIAN OR SUPPLIER INFORMATION

13. Set forth the name and address of each physician, chiropractor or other medical practitioner who was examined or treated the plaintiffs subsequent to the accident, and state:

- a. Each date that the plaintiffs were examined or treated by any such medical practitioner;
- b. The amount of the bills from each of the medical practitioners identified in this Interrogatory;
- c. The nature of the examination or treatment of the plaintiffs by each such medical practitioner; and
- d. Whether the plaintiffs are still being treated by any of the medical practitioners identified in this Interrogatory.

ANSWER: a.(1). Dr. James P. Herberg, M.D., on October 19, 1997  
2475 Upper Brush Valley Road  
Center Hall, PA 16828

(2). Dr. Rudy J. Nicolas on October 19, 1997  
3 Medical Center Drive  
Philipsburg, PA 16866

Continued - See Attached

14. Describe with particularity all injuries claimed by the plaintiffs to have been suffered in the accident which is the subject of the Complaint.

ANSWER: Two broken ribs, lacerations and bites to the face, back abdomen, and chest. See objective in emergency room report attached to Answer to Question 6.b.(2).

15. Do the plaintiffs claim to still suffer from any of the injuries alleged to have been received in the accident, and if so, describe each injury in detail.

**ANSWER TO INTERROGATORIES**

**13. ANSWER - *Continued below.***

a. (3). Dr. A. Nabil Saleh on October 19, 1997  
Deceased

(4). Dr. Michael Leight, M.D., and  
Dr. Mark Whitaker, M.D., both on October 20, 1997  
Geisinger Medical Center  
100 N. Academy Avenue  
Danville, PA 17822

(5). Dr. Matthew Indeck, M.D., on October 20, 1997  
Geisinger Medical Center  
100 N. Academy Avenue  
Danville, PA 17822

(6). Dr. Thomas Kennedy, M.D., on October 20, 1997  
Geisinger Medical Center  
100 N. Academy Avenue  
Danville, PA 17822

(7). Dr. Satish Sawardekar, M.D., on October 27, 1997  
3 Medical Center Drive  
Philipsburg, PA 16866

(8). Dr. Brad Millman, M.D., on May 6, 1998, July 10, 1998, October 19, 1998, April 19, 1999, June 14, 1999, June 30, 1999, and maybe additional dates which do not have information on at this time.  
Geisinger Medical Center  
100 N. Academy Avenue  
Danville, PA 17822

b. (1). \$134.75 part of billing in Answer to 12c.(1).

(2). Unknown at this time, may have been separate billing.

(3). No charge according to PAH or in Answer to 12.c(1).

(4). \$285.00 - See Penn State Geisinger Health System statement of 9/16/1999 (four pages) attached.

- (5). \$635.00 - See Penn State Geisinger Health System statement of 9/16/1999 (four pages) attached.
- (6). \$1,110.00 - See Penn State Geisinger Health System statement of 9/16/1999 (four pages) attached.
- (7). \$42.00 - See bill to Answer to 12.c.(3). above.
- (8). \$543.00 - See Penn State Geisinger Health System statement of 9/16/1999 (four pages) attached. Maybe other charges which do not currently have information.

c. (1). Emergency room doctor.

(2). Emergency room radiologist.

(3). Emergency room doctor, who did blood work.

(4). Performed initial hospital care and ear assessment.

(5). Performed hospital care and assisted in repair of injuries.

(6). Performed repairs to injuries.

(7). Removed stitches from injuries.

(8). Performed after care and laser procedure.

d. Only Dr. Brad Millman, M.D.

X931473

## PENN STATE GEISINGER HEALTH SYSTEM

## PATIENT STATEMENT

THIS IS A STATEMENT FOR PROFESSIONAL SERVICES RENDERED BY YOUR PHYSICIAN. YOU MAY RECEIVE A SEPARATE BILL FROM THE HOSPITAL FOR ITS SERVICES.

SEE REVERSE SIDE FOR AN IMPORTANT MESSAGE REGARDING HEALTH INSURANCE.

CHECK HERE IF ADDRESS BELOW IS INCORRECT. PLEASE MAKE CORRECTION ON REVERSE SIDE.

PATIENT NAME	AMOUNT PAID
WOJTOWICH, KATHRYN	
BILL DATE	MEDICAL RECORD NUMBER
09/16/99	2105105

OFFICE USE ONLY

27195644  
27195654  
27276583  
27277430  
27277504  
27277515  
28896130  
28896170  
29448878

JAMES WOJTOWICH  
STAR RT BOX 150  
BECCARIA, PA 16616

PENN STATE GEISINGER HEALTH SYSTEM  
ATTN SELF PAY TEAM/CASH  
DANVILLE PA 17822-4322

↑ PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT ↑

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
10/20/97	6 / Inv Num: 27195644 / EM ----- W9023 EMERGENCY DEPARTMENT SERVICE, LEVEL 5 LEICHT MD, MICHAEL DIAGNOSIS: 873.40	240.00
	12/20/97 - TPA/POS PAYMENT/ALLOWANCE 03/07/98 - TPA/POS PAYMENT/ALLOWANCE 04/29/98 - TPA ALLOWANCE	240.00CR -240.00CR 240.00CR
10/20/97	6 / Inv Num: 27195654 / EM ----- 94760 EAR OXIMETRY ASSESSMENT LEICHT MD, MICHAEL DIAGNOSIS: 873.40	45.00
	12/20/97 - TPA/POS PAYMENT/ALLOWANCE 03/07/98 - TPA/POS PAYMENT/ALLOWANCE	45.00CR -45.00CR
10/20/97	6 / Inv Num: 27276583 / TRS ----- 99223 INITIAL HOSP CARE, LVL 3 INDECK MD, MATTHEW DIAGNOSIS: 873.59	268.00
	03/07/98 - TPA/POS PAYMENT/ALLOWANCE 04/29/98 - TPA ALLOWANCE	0.00CR 268.00CR
10/20/97	6 / Inv Num: 27277430 / OTO ----- 99253 CONSULT INPT, LVL 3, INITIAL	

STATEMENT DATE

PATIENT NAME

ACCOUNT NO.

PAY THIS AMOUNT

↑  
PAYMENTS RECEIVED AFTER  
THIS DATE WILL APPEAR ON  
YOUR NEXT STATEMENT

WE ACCEPT MASTERCARD,  
VISA, AND DISCOVER CARD.

TAX ID #  
23-6291113

MAKE CHECK PAYABLE  
AND FORWARD TO

PSGC  
100 N. ACADEMY AVENUE  
DANVILLE, PA 17822-4322

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

CONTINUED ON NEXT PAGE

X031473

## PENN STATE GEISINGER HEALTH SYSTEM

## PATIENT STATEMENT

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PATIENT NAME	AMOUNT PAID
WOJTOWICH, KATHRYN	
09/16/99	3105105

OFFICE USE ONLY  
 27195644  
 27195654  
 27276583  
 27277430  
 27277504  
 27277515  
 28896130  
 28896170  
 29448878

JAMES WOJTOWICH  
 STAR RT BOX 150  
 BECCARIA, PA 16616

PENN STATE GEISINGER HEALTH SYSTEM  
 ATTN SELF PAY TEAM/CASH  
 DANVILLE PA 17822-4322

↑ PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT ↑

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
10/20/97	KENNEDY MD, THOMAS DIAGNOSIS:873.59	148.00
	03/07/98 - TPA/POS PAYMENT/ALLOWANCE	0.00CR
	04/29/98 - TPA ALLOWANCE	148.00CR
	6 / Inv Num: 27277504 / OTO ----- 13132 REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK , AXILLAE, G	962.00
	KENNEDY MD, THOMAS DIAGNOSIS:873.59	0.00CR
	03/07/98 - TPA/POS PAYMENT/ALLOWANCE	962.00CR
	04/29/98 - TPA ALLOWANCE	962.00CR
	06/13/98 - TPA/POS PAYMENT/ALLOWANCE	-962.00CR
	06/17/98 - TPA ALLOWANCE	
10/20/97	6 / Inv Num: 27277515 / TRS ----- 13100 REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM.	367.00
	INDECK MD, MATTHEW DIAGNOSIS:873.59	0.00CR
	03/07/98 - TPA/POS PAYMENT/ALLOWANCE	367.00CR
	04/29/98 - TPA ALLOWANCE	
	6 / Inv Num: 28896130 / OTO ----- 99243 CONSULT OUTPT, LVL 3, INITIAL	
05/06/98	MILLMAN MD, BRAD	143.00

STATEMENT DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT

↑  
 PAYMENTS RECEIVED AFTER  
 THIS DATE WILL APPEAR ON  
 YOUR NEXT STATEMENT

WE ACCEPT MASTERCARD,  
 VISA, AND DISCOVER CARD.

TAX ID #  
 23-6291113

MAKE CHECK PAYABLE  
 AND FORWARD TO

PSGC  
 100 N. ACADEMY AVENUE  
 DANVILLE, PA 17822-4322

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

CONTINUED ON NEXT PAGE

## PENN STATE GEISINGER HEALTH SYSTEM

## PATIENT STATEMENT

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CHECK HERE IF ADDRESS BELOW IS INCORRECT. PLEASE MAKE CORRECTION ON REVERSE SIDE.

PATIENT NAME		AMOUNT PAID	
WOJTOWICH, KATHRYN			
BILL DATE	MEDICAL RECORD NUMBER		
09/16/98	3105185		

OFFICE USE ONLY
27195644
27195654
27276583
27277430
27277504
27277515
28896130
28896170
29448878

JAMES WOJTOWICH  
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BECCARIA, PA 16616

PENN STATE GEISINGER HEALTH SYSTEM  
ATTN SELF PAY TEAM/CASH  
DANVILLE PA 17822-4322

↑ PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT ↑

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
	DIAGNOSIS: 873.40	
05/07/98	05/07/98 - PAYMENT RECEIVED--THANK YOU	5.00CR
	05/18/98 - TPA/POS PAYMENT/ALLOWANCE 6 / Inv Num: 28896170 / OTO -----	138.00CR
05/06/98	11900 INJECTION, INTRALESIONAL; UP TO AND INCLUDING S EVEN LESIO MILLMAN MD, BRAD DIAGNOSIS: 873.40	40.00
07/10/98	05/18/98 - TPA/POS PAYMENT/ALLOWANCE 6 / Inv Num: 29448878 / OTO ----- 99212 OFFICE VISIT, EST PT, LV2 MILLMAN MD, BRAD DIAGNOSIS: 701.4	40.00CR
07/19/98	07/25/98 - TPA/POS PAYMENT/ALLOWANCE 10/22/98 - PAYMENT RECEIVED--THANK YOU 6 / Inv Num: 30325537 / OTO ----- 99212 OFFICE VISIT, EST PT, LV2 MILLMAN MD, BRAD DIAGNOSIS: 701.4	37.00CR 5.00CR 42.00
	10/23/98 - PAYMENT RECEIVED--THANK YOU 10/29/98 - TPA/POS PAYMENT/ALLOWANCE 6 / Inv Num: 31959804 / OTO -----	5.00CR 37.00CR

STATEMENT DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT

↑  
MENTS RECEIVED AFTER  
IS DATE WILL APPEAR ON  
YOUR NEXT STATEMENT

WE ACCEPT MASTERCARD,  
VISA, AND DISCOVER CARD.

TAX ID #  
23-6291113

MAKE CHECK PAYABLE  
AND FORWARD TO

PSGC  
100 N. ACADEMY AVENUE  
DANVILLE, PA 17822-4322

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

CONTINUED ON NEXT PAGE

7-11  
X031403

# PENN STATE GEISINGER HEALTH SYSTEM

# PATIENT STATEMENT

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CHECK HERE IF ADDRESS BELOW IS INCORRECT. PLEASE MAKE CORRECTION ON REVERSE SIDE.

PATIENT NAME	AMOUNT PAID
WOJTOWICH, KATHRYN	
BILL DATE	MEDICAL RECORD NUMBER
09/16/99	3105185

OFFICE USE ONLY  
27195644  
27195654  
27276583  
27277430  
27277504  
27277515  
28896130  
28896170  
29448878

JAMES WOJTOWICH  
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BECCARIA, PA 16616

PENN STATE GEISINGER HEALTH SYSTEM  
ATTN SELF PAY TEAM/CASH  
DANVILLE PA 17822-4322

↑ PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT ↑

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
04/19/99	99212 OFFICE VISIT, EST PT, LV2 MILLMAN MD, BRAD DIAGNOSIS: 701.4	42.00
	04/27/99 - PAYMENT RECEIVED--THANK YOU	5.00CR
	07/08/99 - TPA ALLOWANCE 6 / Inv Num: 32505026 / OTO -----	37.00CR
06/14/99	99212 OFFICE VISIT, EST PT, LV2 MILLMAN MD, BRAD DIAGNOSIS: 709.2	42.00
	07/15/99 - TPA ALLOWANCE 6 / Inv Num: 32505068 / OTO -----	37.00CR
06/14/99	17999 LASER TELE MILLMAN MD, BRAD DIAGNOSIS: 709.2	150.00
	08/24/99 - TPA ALLOWANCE 6 / Inv Num: 32587334 / OTO -----	0.00CR
06/30/99	99212 OFFICE VISIT, EST PT, LV2 MILLMAN MD, BRAD DIAGNOSIS: 709.2	42.00
	07/01/99 - PAYMENT RECEIVED--THANK YOU	5.00CR
	08/16/99 - TPA ALLOWANCE	37.00CR

STATEMENT DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT
09/16/99	WOJTOWICH, KATHRYN WE ACCEPT MASTERCARD, VISA, AND DISCOVER CARD.	3105185	300.00

PAYMENTS RECEIVED AFTER  
THIS DATE WILL APPEAR ON  
YOUR NEXT STATEMENT

TAX ID #  
23-6291113

MAKE CHECK PAYABLE  
AND FORWARD TO

PSGC  
100 N. ACADEMY AVENUE  
DANVILLE, PA 17822-4322

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

ANSWER: Kathryn M. Wojtowich has no remaining injuries which impede her from physically acting as a normal adolescent; however, she still suffers emotionally from the scars remaining from the injuries. Her face on the right side still has coloration and scars. Kathryn's back, side, abdomen and torso still have scars and coloration which are easily visible.

16. Do the plaintiffs claim that any of the injuries alleged to have been received in the accident are permanent, and if so, describe each such injury in detail.

ANSWER: Only the permanent scarring. See Answer to Question 15 above.

17. Do the plaintiffs claim that any of the injuries described hereinabove resulted in any disability, whether total or partial, either in the past, or continuing to the present time or in the future?

ANSWER: Permanent scarring.

18. If the answer to the preceding Interrogatory is in the affirmative, then set forth in detail:

- a. The nature of each such claimed disability and whether it is total or partial;
- b. The length of time which plaintiffs claim to have affected by each such claimed disability;
- c. Whether any of the claimed disabilities continue to the present time; and
- d. Whether any of the plaintiffs' disabilities are claimed to be permanent in nature, and if so, describe such disabilities in detail.

ANSWER: 

- a. Total permanent scarring in the areas set forth in Answer to Question 15 above.
- b. Since October 19, 1997 and permanently thereafter.
- c. Yes
- d. Yes. The scarring in the areas described in Answer to Question 15 above.

19. Did the plaintiffs suffer from any physical impairments or disabilities at the time of the accident complained of in the Complaint?

ANSWER: None

20. If the answer to the preceding Interrogatory is affirmative, set forth in detail the nature of each such physical impairment or disability.

ANSWER: Not applicable.

21. If the plaintiffs were examined, confined to or treated in any hospital, medical center or clinic subsequent to the accident complained of in the Complaint, and the examination, confinement or treatment is not already set forth hereinabove, please state:

- a. The date or dates of examination, confinement or treatment; and
- b. The names of the physicians or hospitals, medical centers or clinics involved.

ANSWER: a. None known at this time other than as noted in Answer to Questions 7, 12, and 13 above.

b. Not applicable.

22. Set forth the name and address of the plaintiffs' employer or employers at the time of the said accident.

ANSWER: James C. Wojtowich - Pennsylvania Liquor Control Board Clerk  
Sandy Plaza  
DuBois, PA 15801

Continued - See Attached

23. Set forth the nature of the business or occupation in which the plaintiffs were engaged at the time of the accident, and describe in detail the nature of the duties of each such business or operation.

ANSWER: James was store clerk at PLCB store.  
Kay was housekeeping and laundry aide.

ANSWER TO INTERROGATORIES

**22. ANSWER - *Continued below.***

Kay M. Wojtowich - Mountain Laurel Nursing and  
Rehabilitation Center  
700 Leonard Street  
Clearfield, PA 16830

Kathryn M. Wojtowich - Minor

24. State whether or not the plaintiffs lost any time from business or employment as a result of the accident, and if so, state the amount of time lost for each business or occupation, and the dates thereof.

ANSWER: They both had to use two (2) days each for vacation or family sick leave, but were paid for those days.

25. Did the plaintiffs suffer any wage or income losses as a result of the accident, and if so, state the amount of the loss and the method of computation.

ANSWER: Lost no pay, but had to use benefit days noted in Answer to Question 24. above.

26. State whether or not the plaintiffs are presently employed, and if so, the name and present address of each such employer.

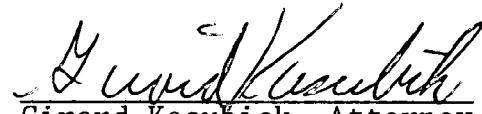
ANSWER: Yes. Both at the same employer and addresses as noted in Answer to Question 22. above.

27. List the name or names of the plaintiffs' employer or employers for the five (5) year period preceding the accident complained of in the plaintiffs' Complaint, and the business address of each such employer.

ANSWER: Both at the same employer and addresses as noted in Answer to Question 22 above.

28. State the yearly income of the plaintiffs for the five (5) year period preceding the accident complained of in the plaintiffs' Complaint, and for each complete year since the accident.

ANSWER: Plaintiffs combined currently gross approximately \$49,000.00 per year. Since Plaintiffs make no claim for lost wages, objection made to any further detail of this question on the grounds of relevancy.

  
\_\_\_\_\_  
Girard Kasubick, Attorney  
for Plaintiffs

29. State whether the plaintiffs had any private or public medical insurance, including but not limited to Blue Cross/Blue Shield or other private health insurance, Medicare, Medicaid or other public health insurance which did pay, or would provide payment for the medical bills incurred by plaintiffs for treatment referred to in Interrogatory No. 22 and 23 hereinabove.

ANSWER: Yes had insurance, but reference to Interrogatory No. 22 and 23 not understood in this Question.

30. If the answer to the preceding Interrogatory is in the affirmative to any extent, set forth the following:

- a. The name and address of each such provider or public or private insurance benefits;
- b. The amount of benefits provided for each medical bill incurred;
- c. Whether the medical care provider has accepted the amount received from such public or health insurance, and if not, the amount which each such medical provider claims is due on account of the medical service provided;
- d. The amount you have paid to each such provider out of your own pocket and the date of each such payment by you;
- e. Whether you have been placed on notice of any subrogation claims by or on behalf of any of the private or public medical insurance providers identified hereinabove.

ANSWER: a. Pennsylvania Employees Benefit Trust Fund - HMO  
Administered by Geisinger Health Options  
100 N. Academy Avenue  
Danville, PA 17822-3029  
Group No. 101665  
Insurance ID No. 0025579802

Continued - See Attached

31. State whether plaintiff had insurance which did, or would provide payment for any lost wages or other expenses incurred by the plaintiffs as a result of the said accident.

ANSWER: None

**ANSWER TO INTERROGATORIES**

**30. ANSWER - *Continued below.***

- b.** Provide all payments, except for \$5.00 co-payments on certain doctor appointments.
- c.** As far as Plaintiffs know, all have been accepted.
- d.**
  - 01/07/98 - \$5.00
  - 05/07/98 - \$5.00
  - 10/22/98 - \$5.00
  - 10/23/98 - \$5.00
  - 04/27/98 - \$5.00
  - 06/30/99 - \$5.00

Believe there has been some others, but none more than \$5.00 each.

- e.** Have not received any notice.

32. If any answer to any part of the preceding Interrogatory is in the affirmative, set forth the following:

- a. The name and address of each such provider of insurance benefits;
- b. The amount of benefits provided for each loss or expense claimed;
- c. Whether you have been placed on notice of any subrogation claims by or on behalf of any of the private or public medical insurance providers identified hereinabove.

ANSWER: Not applicable.

33. Did the Plaintiffs own any dogs at the time of the accident complained of, or within five years prior thereto? If so, state:

- a. The names, ages, and breed of each dog;
- b. The dates you owned each dog;
- c. Whether any of the dogs ever bit, mauled or attacked any other individual, including Plaintiffs;

ANSWER: Yes

- a.(1). Blu; age 11; Black Labrador
- (2). Blackie; age unknown; Akita
- (3). Moochie; age unknown; unknown - mixed breed
- (4). Kita; age 3; Akita - Black Labrador

Continued - See Attached

34. Have Plaintiffs acquired any dogs since the time of the accident complained of? If so, state:

- a. The name, age and breed of each such dog;
- b. The date of acquisition;

ANSWER TO INTERROGATORIES

33. *ANSWER - Continued below.*

- b. (1). Blu from 1986 to Present.
- (2). Blackie from 1990 until 1996.
- (3). Moochie from 1992 until 1998.
- (4). Kita from 1996 until 2000.

c. None ever did these.

c. Whether said dog ever bit, mauled or attacked any other individuals including the plaintiffs.

ANSWER: Yes.

a.(1). Coco; age 2; mixed breed

(2). Pepper; age 8 months; Black Labrador

Continued - See Attached

PFAFF, MCINTYRE, DUGAS & HARTYE

---

Attorney for Defendants  
STEPHEN L. DUGAS, ESQUIRE  
PA. ID. No. 21351  
P.O. Box 533  
Hollidaysburg, PA 16648  
814/696-3581

ANSWER TO INTERROGATORIES

34. **ANSWER - *Continued below.***

- b.** (1). Coco in September 1998.
- (2). Pepper in September 2000.
- c.** None ever did these.

VERIFICATION

We, **JAMES C. WOJTOWICH** and **KAY M. WOJTOWICH** on behalf of and parents of **KATHRYN M. WOJTOWICH**, a minor, do hereby verify that we have read the foregoing **ANSWERS TO INTERROGATORIES DIRECTED TO PLAINTIFFS DATED DECEMBER 12, 2000**. The statements therein are correct to the best of our personal knowledge or information and belief.

This statement and verification are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn fabrication to authorities, which provides that if we make knowingly false averments we may be subject to criminal penalties.

James C. Wojtowich  
James C. Wojtowich on behalf of and parent of Kathryn M. Wojtowich, a minor

Kay M. Wojtowich  
Kay M. Wojtowich on behalf of and parent of Kathryn M. Wojtowich, a minor

Date: JAN 23 2001

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and  
wife,

Defendants.

: IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY, PA  
CIVIL ACTION – LAW

: NO. 00-1451-CD

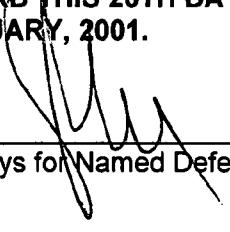
: TYPE OF PLEADING:  
**NOTICE OF DEPOSITION**

: FILED ON BEHALF OF DEFENDANTS:  
**JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and wife**

: COUNSEL OF RECORD FOR THE NAMED  
PARTY:

: PFAFF, McINTYRE, DUGAS, HARTYE &  
SCHMITT  
**STEPHEN L. DUGAS, ESQUIRE**  
**PA I.D.#: 21351**  
P. O. Box 533  
Hollidaysburg, PA 16648-0533  
(814) 696-3581  
: FAX (814) 696-9399

I HEREBY CERTIFY THAT A TRUE  
AND CORRECT COPY OF THE WITHIN  
WAS MAILED TO ALL PARTIES OF  
RECORD THIS 20TH DAY OF  
FEBRUARY, 2001.

  
\_\_\_\_\_  
Atorneys for Named Defendant

**FILED**

FFR 22 2001

William A. Shaw  
Prothonotary

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA  
: CIVIL ACTION - LAW

Plaintiffs,

: No. 00-1451-CD

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband  
and wife,

Defendants.

: JURY TRIAL DEMANDED

**NOTICE OF DEPOSITION**

TO: James and Kay Wojtowich  
c/o Girard Kasubick, Esquire  
611 Brisbin Street  
Houtzdale, PA 16651

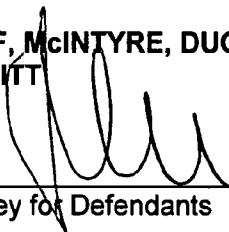
Sargent's Court Reporting Service  
210 Main Street  
Johnstown, PA 15901

Please take notice that the deposition of **James and Kay Wojtowich** shall be taken upon oral examination by an official Court Reporter at Sargent's Court Reporting Service, 106 North Second Street, Clearfield, PA, 16830 on the 12<sup>th</sup> day of April, 2001, commencing at 10:00 a.m.

The scope of said deposition testimony will include inquiry into all facts concerning the happening of the incident complained of and all other matters relevant to the issues raised in the case.

You are invited to attend and participate.

**PFAFF, McINTYRE, DUGAS, HARTYE &  
SCHMITT**

  
\_\_\_\_\_  
Attorney for Defendants

**STEPHEN L. DUGAS, ESQUIRE  
PA I.D.#: 21351  
P.O. Box 533  
Hollidaysburg, PA 16648-0533  
(814) 696-3581**

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband and  
wife,

Defendants.

: IN THE COURT OF COMMON PLEAS OF  
: CLEARFIELD COUNTY, PA  
: CIVIL ACTION - LAW

: NO. 00-1451-CD

: TYPE OF PLEADING:  
: NOTICE OF DEPOSITION

: FILED ON BEHALF OF DEFENDANTS:  
: JOSEPH SCHAEFER and  
: LYNN SCHAEFER, husband and wife

: COUNSEL OF RECORD FOR THE NAMED  
: PARTY:

: PFAFF, McINTYRE, DUGAS, HARTYE &  
: SCHMITT  
: STEPHEN L. DUGAS, ESQUIRE  
: PA I.D.#: 21351  
: P. O. Box 533  
: Hollidaysburg, PA 16648-0533  
: (814) 696-3581  
: FAX (814) 696-9399

I HEREBY CERTIFY THAT A TRUE  
AND CORRECT COPY OF THE WITHIN  
WAS MAILED TO ALL PARTIES OF  
RECORD THIS 23rd DAY OF  
FEBRUARY, 2001.

\_\_\_\_\_  
Atorneys for Named Defendant

FILED

FER 26 2001

William A. Shaw  
Prothonotary

JAMES C. WOJTOWICH and KAY M. WOJTOWICH, on behalf of and parents of KATHRYN M. WOJTOWICH, a minor,	: IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA CIVIL ACTION - LAW
Plaintiffs,	: No. 00-1451-CD
vs.	
JOSEPH SCHAEFER and LYNN SCHAEFER, husband and wife,	
Defendants.	: JURY TRIAL DEMANDED

**NOTICE OF DEPOSITION**

TO: Kathryn Wojtowich, a minor  
c/o Girard Kasubick, Esquire  
611 Brisbin Street  
Houtzdale, PA 16651

Sargent's Court Reporting Service  
210 Main Street  
Johnstown, PA 15901

Please take notice that the deposition of **Kathryn Wojtowich** shall be taken  
upon oral examination by an official Court Reporter at Sargent's Court Reporting Service, 106  
North Second Street, Clearfield, PA, 16830 on the 12<sup>th</sup> day of April, 2001, commencing at 10:00  
a.m.

The scope of said deposition testimony will include inquiry into all facts  
concerning the happening of the incident complained of and all other matters relevant to the  
issues raised in the case.

You are invited to attend and participate.

PFAFF, McINTYRE, DUGAS, HARTYE &  
SCHMITT

\_\_\_\_\_  
Attorney for Defendants

STEPHEN L. DUGAS, ESQUIRE  
PA I.D.#: 21351  
P.O. Box 533  
Hollidaysburg, PA 16648-0533  
(814) 696-3581

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

JAMES C. WOJTOWICH and : No.: 00-1451-CD  
KAY M. WOJTOWICH, on behalf : Type of Case: Civil  
of and parents of KATHRYN M. : Type of Pleading:  
WOJTOWICH, a minor, : Petition For Approval  
Plaintiffs : Of Settlement For Minor  
vs. : Filed on behalf of:  
Plaintiffs  
JOSEPH SCHAEFER and : Counsel of Record For  
LYNN SCHAEFER, husband : This Party:  
and wife, : Girard Kasubick, Esq.  
Defendants : Supreme Court No. 30109  
LEHMAN & KASUBICK  
611 Brisbin Street  
Houtzdale, PA 16651  
(814) 378-7840

FILED  
APR 10 2003  
APR 17 2003

William A. Shaw  
Prothonotary

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

JAMES C. WOJTOWICH and :  
KAY M. WOJTOWICH, on behalf :  
of and parents of KATHRYN M. : No.: 00-1451-CD  
WOJTOWICH, a minor, :  
Plaintiffs :  
vs. :  
JOSEPH SCHAEFER and :  
LYNN SCHAEFER, husband :  
and wife, :  
Defendants :  
:

ORDER OF COURT

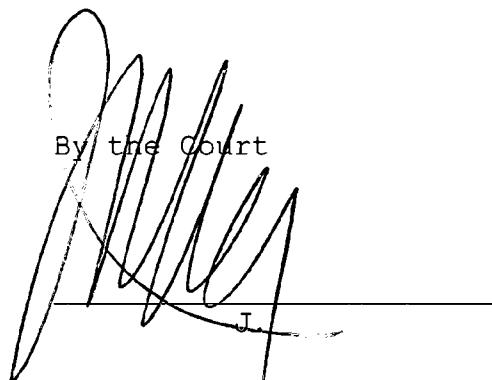
AND NOW this 17 day of April, 2003, a  
hearing is scheduled on the Petition For Approval of  
Settlement For Minor in the above captioned case in the  
Clearfield County Courthouse, Clearfield, Pennsylvania on  
May 16, 2003, in Courtroom No. 1 at  
1:30 P.M. M. o'clock.

By the Court

**FILED**

APR 17 2003

William A. Shaw  
Prothonotary



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

JAMES C. WOJTOWICH and	:	
KAY M. WOJTOWICH, on behalf	:	
of and parents of KATHRYN M.	:	No.: 00-1451-CD
WOJTOWICH, a minor,	:	
Plaintiffs	:	
vs.	:	
JOSEPH SCHAEFER and	:	
LYNN SCHAEFER, husband	:	
and wife,	:	
Defendants	:	

**PETITION FOR APPROVAL OF**  
**SETTLEMENT FOR MINOR**

AND NOW comes, Petitioners, James C. Wojtowich and  
Kay M. Wojtowich, parents and natural guardian of Kathryn  
M. Wojtowich, a minor, by and through their attorney,  
Girard Kasubick, Esq. and files the following Petition for  
Approval of Settlement for Minor:

1. The minor in this proceeding is Kathryn M. Wojtowich, who was born on September 19, 1988. She resides with her parents, James C. Wojtowich and Kay M. Wojtowich at 1106 Veterans Street, Beccaria, PA 16616.

2. The minor, Kathryn M. Wojtowich, while visiting with the children of the Defendants, Joseph Schaefer and Lynn Schaefer, on October 19, 1997 was attacked by a dog

owned by the Defendants, and the minor suffered injuries from the attack.

3. The minor, Kathryn M. Wojtowich, suffered two fractures in the ribs, lacerations to her face and cheeks, and to her back, abdomen and left side of her torso which required surgery and follow-up treatment.

4. The Defendants' homeowners insurance is with Tuscarora-Wayne Mutual Insurance Company and under their liability insurance the company has defended this action on behalf of the Defendants.

5. All of the minor's medical expenses have been paid under the first party medical benefits.

6. The Plaintiffs and Defendants through their attorneys have negotiated a settlement for the minor's claim for a gross settlement of \$50,00.00 on behalf of the minor.

7. Counsel for the Plaintiffs has gathered records and evidence for the Plaintiffs' claim, prepared documents for this claim, represented Plaintiffs in discovery, including depositions and prepared settlement documents in this case. Counsel for the Plaintiff has agreed on a fee of \$9,000.00 or eighteen (18%) percent of the gross settlement amount.

8. The minor's parents have chosen to place the minor's net settlement of \$41,000.00 in The Guaranteed Pennsylvania College Savings Program also called Pennsylvania's Tuition Account Program (TAP) with the Treasury Department of the Commonwealth of Pennsylvania at P.O. Box 2235, Harrisburg, PA 17105-2235.

9. The Petitioners agree that no withdrawal can be made from the TAP Account without court approval until the minor reaches the age of majority.

WHEREFORE, Petitioners respectfully request your Honorable Court to approve the settlement for \$50,000.00 for the minor and for a net settlement less counsel fees to be placed in the TAP Account as set forth in this Petition as set forth in the Order of Court attached hereto.

Respectfully submitted,

  
Girard Kasubick  
Girard Kasubick, Esq.,  
Attorney for Petitioners

VERIFICATION

I verify that the statements made in the foregoing Petition for Approval of Settlement for Minor are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

James C. Wojtowich  
James C. Wojtowich, Parent  
and Guardian of Kathryn M.  
Wojtowich

Kay M. Wojtowich  
Kay M. Wojtowich, Parent  
and Guardian of Kathryn M.  
Wojtowich

Date:

April 16, 2003

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

JAMES C. WOJTOWICH and :  
KAY M. WOJTOWICH, on behalf :  
of and parents of KATHRYN M. : No.: 00-1451-CD  
WOJTOWICH, a minor, :  
Plaintiffs :  
vs. :  
: FILED  
JOSEPH SCHAEFER and :  
LYNN SCHAEFER, husband : MAY 16 2003  
and wife, :  
Defendants : William A. Shaw  
Prothonotary

ORDER OF COURT

AND NOW this 16 day of May, 2003,  
after the hearing scheduled on the Petition For Approval  
of Settlement For Minor, it is hereby ORDERED and DECREED  
as follows:

1. The gross settlement with Tuscarora-Wayne Mutual Insurance Company for the liability claim of the minor is hereby approved in the amount of \$50,000.00.
2. The attorney fees of Girard Kasubick, Esq. in the amount of \$9,000.00 is hereby approved leaving a net settlement of \$41,000.00.
3. The net settlement of \$41,000.00 shall be placed in The Guaranteed Pennsylvania College Savings

Program also called Pennsylvania's Tuition Account Program (TAP) with the Treasury Department of the Commonwealth of Pennsylvania at P.O. Box 2235, Harrisburg, PA 17105-2235.

4. Prior to the minor reaching the age of 18 no withdrawal shall be made from the TAP Account set forth in Paragraph 3 above without petition being made and approval by order of this court.

BY THE COURT,

J.

JAMES C. WOJTOWICH and  
KAY M. WOJTOWICH, on behalf  
of and parents of KATHRYN M.  
WOJTOWICH, a minor,

Plaintiffs,

vs.

JOSEPH SCHAEFER and  
LYNN SCHAEFER, husband  
and wife,

Defendants.

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA  
: CIVIL ACTION - LAW

: No. 00-1451-CD

: JURY TRIAL DEMANDED

**PRAECIPE TO SETTLE AND DISCONTINUE**

To: PROTHONOTARY

Kindly mark the above-captioned action settled and discontinued with prejudice.

LEHMAN & KASUBIC

  
\_\_\_\_\_  
Atorneys for Plaintiffs

**Girard Kasubick, Esquire**  
PA I.D. No. 30109  
611 Brisbin Street  
Houtzdale, PA 16651  
(814) 378-7840

**FILED**

JUN 30 2003

  
\_\_\_\_\_  
William J. Shaw  
Pro. B. Shaw

**FILED**

2002 certificates

01/15/04

to Amy Kasabick

JUN 30 2003

Copy of Disc to CJA

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

CC 7-2007  
1

**James C. Wojtowich and  
Kay M. Wojtowich, on behalf of  
and parents of Kathryn M. Wojtowich,  
a minor**

Vs. No. 2000-01451-CD  
**Joseph Schraefer and  
Lynn Schraefer, husband  
and wife**

**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 June 30, 2003, marked:

Settled and Discontinued with Prejudice

Record costs in the sum of \$80.00 have been paid in full by Girard Kasubick, Esq.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 30th day of June A.D. 2003.

---

William A. Shaw, Prothonotary

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

JAMES C. WOJTOWICH and : No.: 00-1451-CD  
KAY M. WOJTOWICH, on behalf : Type of Case: Civil  
of and parents of KATHRYN M. : Type of Pleading:  
WOJTOWICH, a minor, : Proof of Deposit  
Plaintiffs :  
vs. : Filed on behalf of:  
Plaintiffs  
JOSEPH SCHAEFER and : Counsel of Record For  
LYNN SCHAEFER, husband : This Party:  
and wife, : Girard Kasubick, Esq.  
Defendants : Supreme Court No. 30109  
LEHMAN & KASUBICK  
611 Brisbin Street  
Houtzdale, PA 16651  
(814) 378-7840

**FILED**

OCT 06 2003  
11:20 AM  
William A. Shaw  
Prothonotary, Clerk of Courts

no cent.

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

JAMES C. WOJTOWICH and	:	
KAY M. WOJTOWICH, on behalf	:	
of and parents of KATHRYN M.	:	No.: 00-1451-CD
WOJTOWICH, a minor,	:	
Plaintiffs	:	
vs.	:	
JOSEPH SCHAEFER and	:	
LYNN SCHAEFER, husband	:	
and wife,	:	
Defendants	:	

**PROOF OF DEPOSIT**

Pursuant to Pa.R.C.P. 2039(b)(2), attached hereto is the Transaction Confirmation proving that \$41,000.00 has been placed in the Pennsylvania Tuition Account Program, TAP 529, Account No. 0006188773, and also attached is the New Account Profile for the program showing that this money has been placed for Kathryn M. Wojtowich, as Beneficiary.

Respectfully submitted,

Girard Kasubick  
Girard Kasubick, Esq.,  
Attorney for Plaintiffs



# PENNSYLVANIA TUITION ACCOUNT PROGRAM

Guaranteed College Savings Plan  
Commonwealth of Pennsylvania, Treasury Department

Barbara Hafer, Treasurer

**Transaction Confirmation**  
Statement Date: 09/26/2003

Telephone: 1-800-440-4000

JIM WOJTOWICH  
1106 VETERANS ST  
BECCARIA, PA 16616

Beneficiary : KATHRYN M WOJTOWICH  
Account # : 0006188773

Institution Code: 12041  
Residency Level: Resident of PA  
Tuition Level: Pennsylvania State University, Main Campus

TRANSACTION DATE	TRANSACTION DESCRIPTION	AMOUNT	CURRENT TAP CREDIT RATE	CREDITS ADDED	TOTAL CREDITS
09/25/2003	Application Fee (Enrollment Fee)	\$50.00			
09/25/2003	Cash / Check Contribution	\$41,000.00	\$419.39	97.761	97.761

The above statement acknowledges your most recent contributions and/or fee payments to the Pennsylvania Tuition Account Program. To make an additional contribution, detach the stub below, fill in an amount and return it with a check in the envelope provided. Please be sure to write your account number on the check.

*Pennsylvania Tuition Account  
Programs*

ADDITIONAL CONTRIBUTIONS / CHANGE OF ADDRESS  
(USE ONLY FOR GUARANTEED COLLEGE SAVINGS PLAN)

JIM WOJTOWICH  
1106 VETERANS ST  
BECCARIA, PA 16616

Account #: 0006188773

Make checks payable to: PA TAP

CONTRIBUTION AMOUNT: \$

Check this box if change of  
address is requested. Make  
changes on the reverse side.

Please do not send cash

PA TUITION ACCOUNT PROGRAM  
PO BOX 13549  
PHILADELPHIA PA 19101-3549

Check here if this is a  
rollover contribution.

XXXXXXXXXXXXXXXXXXXX

00061887736



## PENNSYLVANIA TUITION ACCOUNT PROGRAM

Guaranteed College Savings Plan  
Commonwealth of Pennsylvania, Treasury Department  
**Barbara Hafer, Treasurer**

Telephone: 1-800-440-4000

### ACCOUNT PROFILE - New Account

September 26, 2003

JIM WOJTOWICH  
1106 VETERANS ST  
BECCARIA, PA 16616

Account Number: 0006188773

Dear TAP Participant,

Please take a moment to review the information we have on file for your Account. If the information is correct, keep this Account Profile for your records. If any information is incorrect or missing, please make the changes on this form, sign, date, and return the corrected form to: **TAP529 Plan DI-Document Management PO Box 42529 Philadelphia, PA 19101-9932**

If you have any questions, please contact our office at 1-800-440-4000. A Customer Service Representative is available Monday through Friday between the hours of 8:00 a.m. and 8:00 p.m. to assist you.

<b>ACCOUNT OWNER</b>			
Name: Mr Jim Wojtowich	State: PA	ZIP Code: 16616	SSN: 190-38-1954
Address: 1106 Veterans St			Birth Date: 08/16/1949
City: Beccaria			County: Clearfield
Home Phone: (814) 378-5557	Business Phone: (814) 375-5950	E-mail: wajo@pennswoods.net	
<b>BENEFICIARY</b>			
Name: Kathryn M Wojtowich	State: PA	ZIP Code: 16616	SSN: 163-70-0720
Address: 1106 Veterans St			Birth Date: 09/19/1988
City: Beccaria			County: Clearfield
Relationship to Account Owner: Child	Projected Date of Enrollment: 9/2008		Home Phone: (814) 378-5557
<b>TUITION/RESIDENCY LEVELS</b>			
Tuition Level: Pennsylvania State University, Main Campus			Institution Code: 12041
Residency Level: PA Resident Rate			
<b>CONTINGENT OWNER (OPTIONAL)</b>			
Name: Mrs Kay M Wojtowich	State: PA	ZIP Code: 16616	SSN: 171-44-5602
Address: 1106 Veterans St			Birth Date: 04/20/1951
City: Beccaria			County: Clearfield
Home Phone: (814) 378-5557	Business Phone: (814) 765-7545	E-mail: wajo@pennswoods.net	
<b>ADDITIONAL INDIVIDUALS GRANTED ACCESS TO THIS ACCOUNT</b>			
Name: Kay M Wojtowich	Relationship: wife	PIN: 0420	
<b>OTHER OPTIONAL DESIGNATIONS</b>			
Date of SAGE Enrollment: 11/30/2000	SAGE Signing Bonus Earned: No	Permission given to contact for interview: No	

(Account Owner's Signature)

(Date)