

00-1451-CD
JAMES C. WOJTONICH etal -vs- JOSEPH SCHRAEFER etux

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: |
| | : | Plaintiffs |
| vs. | : | Counsel of Record for |
| | : | this Party: |
| JOSEPH SCHRAEFER, and | : | Girard Kasubick, Esq. |
| LYNN SCHRAEFER, husband | : | Supreme Court No. 30109 |
| and wife, | : | LEHMAN & KASUBICK |
| Defendants | : | 611 Brisbin Street |
| | : | Houtzdale, PA 16651 |
| | : | (814) 378-7840 |

JURY TRIAL DEMANDED

FILED

NOV 21 2000

WILLIAM A. CROW
CLERK OF COURT

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.

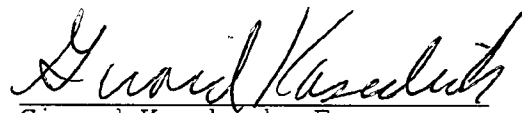
11. The Defendants owed a duty to individuals such as the Plaintiff, Kathryn M. Wojtowich, to take precautions or keep the dog in an enclosed area when Defendants knew that this dog had aggressive or vicious tendencies.

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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KZ

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.

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

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.

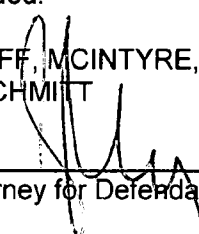
NEW MATTER

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



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.




Attorney for Defendants

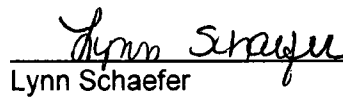
VERIFICATION

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
: 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 12TH 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

Attorneys 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

Shaw
FILED
0/3:01 2P
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

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

So Answers,

Chester A. Hawkins
by Marilyn Hays
Chester A. Hawkins
Sheriff

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: |
| | : | Plaintiffs |
| vs. | : | Counsel of Record For |
| | : | This Party: |
| JOSEPH SCHRAEFER, and | : | Girard Kasubick, Esq. |
| LYNN SCHRAEFER, husband | : | Supreme Court No. 30109 |
| and wife, | : | LEHMAN & KASUBICK |
| Defendants | : | 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

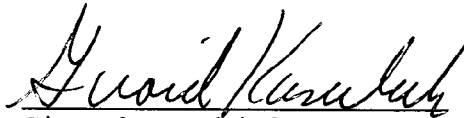
| | | |
|------------------------------|---|-----------------|
| JAMES C. WOJTOWICH and | : | |
| KAY M. WOJTOWICH, on behalf | : | No.: 00-1451-CD |
| of and parents of KATHRYN M. | : | |
| WOJTOWICH, a minor, | : | |
| Plaintiffs | : | |
| | : | |
| vs. | : | |
| | : | |
| JOSEPH SCHRAEFER, and | : | |
| 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 24th 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 |
| | : | Documents Directed |
| vs. | : | to Plaintiffs Dated |
| | : | December 12, 2000 |
| JOSEPH SCHAEFER and | : | Filed on behalf of: |
| LYNN SCHAEFER, husband | : | Plaintiffs |
| and wife, | : | Counsel of Record For |
| Defendants | : | This Party: |
| | : | Girard Kasubick, Esq. |
| | : | Supreme Court No. 30109 |
| | : | LEHMAN & KASUBICK |
| | : | 611 Brisbin Street |
| | : | Houtzdale, PA 16651 |
| | : | (814) 378-7840 |

FILED

JAN 24 2001

William A. Shaw
Clerk

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 12TH DAY OF
DECEMBER, 2000.



Attorneys 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.

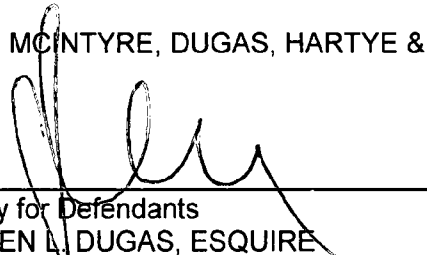
6. All office notes, records or reports generated by or maintained in the chart of each physician, chiropractor or other medical practitioner who has examined or treated plaintiffs subsequent to the accident complained of, corresponding to your Answer to Interrogatory No. 11 of the Interrogatories propounded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

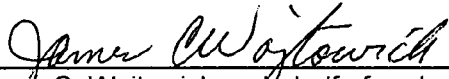


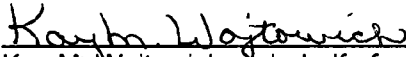
Attorney for Defendants
STEPHEN L. DUGAS, ESQUIRE
PA. ID. No. 21351
P.O. Box 533
Hollidaysburg, PA 16648
814/696-3581

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


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

Date: JAN 23 2001

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 |
| | : | Plaintiffs Dated |
| vs. | : | 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. Siew
Houtzdale, PA

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 12TH DAY OF
DECEMBER, 2000.



Attorneys 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 resident. 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: HOUTZDALE-RAHEBY EMS
INCIDENT LOCATION: Quinch Sup.
SERVICE #: 17012
INCIDENT #: 8161
TODAY'S DATE: 08/19/97

| | | | | | | |
|----------------------|---------------------------|------|--|------------|------------------------|---------|
| PATIENT LAST NAME | FIRST | M.I. | PHONE | AGE | DATE OF BIRTH | SEX |
| WATKINS | KATHY | | 828-5557 | 9 | 09/17/88 | F |
| STREET ADDRESS | CITY | | STATE | ZIP CODE | SOCIAL SECURITY NUMBER | |
| STUART BOX 150 | DOCCARRIA | | PA | 16616 | 11191-1317-1119514 | |
| PRIVATE PHYSICIAN | BILL TO (COMPANY or NAME) | | PHONE | MEMBERSHIP | | MILEAGE |
| Unknown | Sainsinger Health Plan | | | YES | | 13222 |
| ADDRESS | CITY | | STATE | ZIP CODE | OTHER INSURANCE # | |
| 100 N Academy Ave | Danville | | PA | 17822 | 255 298 05 | |
| CHIEF COMPLAINT | | | Dog Bite | | | |
| CURRENT MEDICATIONS | | | NONE KNOWN | | | |
| ALLERGIES (MEDS) | | | NONE KNOWN | | | |
| PAST MEDICAL HISTORY | | | <input type="checkbox"/> MI <input type="checkbox"/> CHF <input type="checkbox"/> COPD <input type="checkbox"/> BP <input type="checkbox"/> DIABETES <input type="checkbox"/> CANCER <input type="checkbox"/> NONE KNOWN <input checked="" type="checkbox"/> OTHER | | | |

NARRATIVE

Upon arrival PT was on floor in supine position. PT was conscious, oriented x3. PT was bitten several times by dog (Great Dane) on right side face. Left side of back (several puncture wounds). Placed bandage on wounds to control bleeding. Also 15L O2 by non-rebreather. PT said it did hurt when breathing but bandage on wounds. Transported to P.A.H. Vitals 110/50 2nd 92 P Resp: 28 Pulse 114 Lungs clear. Past medical history: Puncture wound etc. to ALS. Released themselves. Medic 48.

Dog Did Have Rabies Shot

Dominic J. Beers EMT
081261

PT. HAD Lump on Forehead & Kept trying to Fall Asleep on the way to P.A.H.

☐ Narrative 1 of

| TIME | P | R | B/P | RHYTHM | TREATMENT | PROVIDER ID # | RESPONSE/COMMENTS |
|-------|-----|-----|------|--------|-----------------|---------------|-------------------|
| 17:15 | 114 | 110 | 70 | | 02 15L REBREATH | 081261 | |
| 17:25 | 110 | 28 | 72 P | | | 081261 | |
| 17:35 | | | | | | | |
| | | | | | A0370 RH | | |
| | | | | | A0422 | | |
| | | | | | 20224 | | |
| | | | | | A0390 | | |

(4)

Crew Signatures:

Signature of Person Receiving Patient

Time

A#1 Dominic J. Beers 081261

12504905

PLEASE DO NOT MARK IN THIS AREA

| | | | | | | | |
|--|--|---|--|---|--|-------------------------------|--|
| NAME ADDRESS WOJTOWICH, KATHRYN STAR RT BOX 150 RECCARIA, PA 16616 | | PREV. NAME PAT. PH. NO. 378-5557 | | REGISTRATION DATE/TIME XXXXXXXX 10/19/97 1A.07 | | REGISTRATION NUMBER 416053 | |
| S. NO. EMPLOYER, OCCUPATION STUDENT CHILD | | MEDICAL REC. NO. 12623 | | HOSP. SERVICE PAT. TYPE 24 | | FIN. CL. 05 | |
| INSURANCE CO. GEISINGER HEALTH PLAN POLICY 25579805 GROUP 6004 SUBS. WOJTOWICH, KAT ADDRESS 100 N ACADEMY AVENUE DANVILLE, PA 17822 | | INSURANCE CO. POLICY # GROUP # ADDRESS | | SUBS. | | 8731 8750 E9060 | |
| EMERGENCY CONTACT JOHN/GRACE RELATIONSHIP GRANDPARENTS REGISTERING DOCTOR NAME FERRER JAMES | | PHONE 378-5557 RECCARIA, PA 16616 | | COMPLAINT DOG BITE | | NO. 1 TIME NOTIFIED | |
| FAMILY DOCTOR NAME BURKE ROBERT | | NO. 59 | | | | | |

| | | | | | | | | |
|-------------------------------------|------------------------------------|--|----------------------------------|-------------------------------|-------------------------------|-----------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> AMBULATORY | <input type="checkbox"/> STRETCHER | <input type="checkbox"/> PRIVATE VEHICLE | <input type="checkbox"/> POLICE | <input type="checkbox"/> GOOD | <input type="checkbox"/> POOR | <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III |
| <input type="checkbox"/> WHEELCHAIR | <input type="checkbox"/> CARRIED | <input type="checkbox"/> INSURANCE | <input type="checkbox"/> CORONER | <input type="checkbox"/> FAIR | <input type="checkbox"/> DOG | <input type="checkbox"/> IV | <input type="checkbox"/> V | <input type="checkbox"/> VI |

TIME SEEN BY M.D.

1800

S: 9 y old WF brought to ER by ambulance after dog bites to @ chest and @ face.

O: Exam reveals the pt. in much distress from wounds.

PERRL: There is a 5 cm deep lacer. over @ cheek.

Neck: Supple, no masses.

Lungs: Clear & equal.

There is a 10 cm deep lacer. over @ post throat down to intercostal musculature.

Plan: transfer to Geisinger - Danville.

Discussed E. W. Steward at 1803

Send to Danville, Discussed E. W. Steward at 18:20

1. Severe dog bite injuries to face & throat

3. Uncontrolled bleeding from chest wound.

| | | | | | | | | | | | |
|--------------------------|------|------|------|-------------|------|-----|-------------|-----------|----------------|----------|--|
| CONDITION ON DISPOSITION | FAIR | POOR | TIME | DISPOSITION | DATE | RM# | RETURN DATE | SENT HOME | RETURN TO WORK | DECEASED | PLEASE SEE PERSONAL PHYSICIAN FOR FOLLOW-UP CARE |
| ONSULT: | | | | | | | | | | | |

| | | | | | | |
|--|--------------------------------|----------------------------------|----------------------------------|------------------------------|-------------------------------|--------------------------------|
| ALLOW INSTRUCTIONS ON PATIENTS INSTRUCTION COPY FOR: | <input type="checkbox"/> X-RAY | <input type="checkbox"/> MEDICAL | <input type="checkbox"/> SPRAINS | <input type="checkbox"/> EAR | <input type="checkbox"/> NOSE | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> LAB | <input type="checkbox"/> WOUND | <input type="checkbox"/> HEAD | <input type="checkbox"/> EYE | <input type="checkbox"/> CAST | |

OTHER INSTRUCTIONS
Discussed E. W. Furlan at 1810.

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

PHYSICIAN SIGNATURE

PATIENT SIGNATURE

MEDICAL RECORDS

PHILIPSBURG AREA HOSPITAL

PHILIPSBURG, PA 16866



LEVEL I _____
LEVEL II _____
LEVEL III _____
LEVEL IV _____
LEVEL V _____
LEVEL VI _____

416053 26
MOUTONICH, KATHA 12623
02/19/88 373-5557
HEPPERC JAMES 12/19/17
HEPPERC JAMES ED-NE 10504
05 05

TIME: 1800

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

INITIALS VS: T 182114 R 24 BP 124/85 PULSE OX 99% WT 150 TETANUS HX: Current

CHIEF COMPLAINT/HISTORY

Max Dog Bites - Rt face Rt cheek - Lt ribs
Anterior & posterior Lt leg - all
puncture wounds. B able to open & close
jaw without pain

RX PRIOR TO ARRIVAL:

MEDICATIONS:

ALLERGIES-REACTIONS

None

NKDK

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: _____

OD _____ OS _____

OU _____

CONTACTS/GLASSES _____

GLASGOW COMA SCALE

| EYES | VERBAL | MOTOR |
|--------------|--------------|------------------|
| (1) SPONTAN | (3) ORIENTED | (6) OBEYS COMM |
| (3) TO VOICE | (4) CONFUSED | (5) PAIN-LOCAL |
| (2) TO PAIN | (3) INAPPROP | (4) PAIN-WITHDR |
| (1) NONE | (2) GARBLED | (3) PAIN-FLEXION |
| | (1) NONE | (2) PAIN-EXTENDS |
| | | (1) NONE |

TRIAGE ASSESSMENT: OBJECTIVE

AIRWAY: () PATENT () NASAL () ORAL () ET TUBE # 02
BREATHING: () SPONT () ASSISTED BREATH SOUNDS: RT CT LT C1
() RETRACTIONS () USE ACCESSORY MUSCLES

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

CARDIO: () JVD RHYTHM: Stable MONITOR: () YES () NO () ALARMS
IV: RL # 22 Bland

() PEDAL EDEMA () DISTAL PULSES INTACT

SPEECH: () CLEAR () GARBLED () AGE APPROPRIATE () NONE

MUSCULOSKELETAL () LAC () ABR () PW () STAB () SPRAIN/STRAIN () BURN

SENSATION PRESENT: () YES () NO ROM: () FULL () LIMITED

() SWELLING () DEFORMITY () BRUISING () BLEEDING CONTROLLED

G/GU: ABD PAIN () YES NO LOCATION: _____

ABD SOFT: () YES () RIGID () DISTENDED BOWEL SOUNDS: () PRESENT () ABSENT () DEC

VAG BLEEDING: () YES () NO PADS/HR: _____

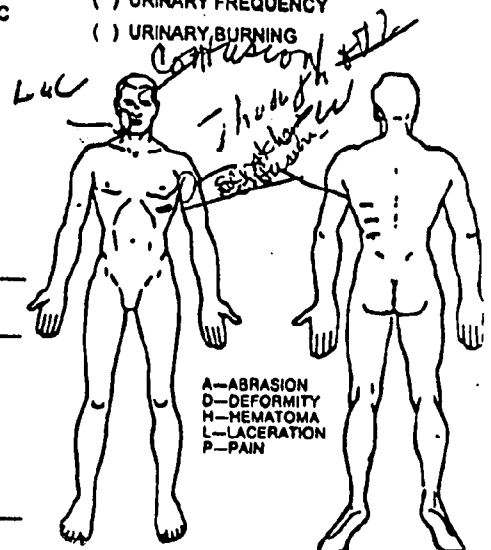
LMP: _____ () HEMATURIA () VAGINAL DISCHARGE () PENILE DISCHARGE

PARA: _____ GRAVIDA: _____ FHT: () YES () NO

BIRTH CONTROL: () YES () NO TYPE: _____

PATIENT DISPOSITION: ED () CLINIC

NURSE SIGNATURE: _____



A-ABRASION
D-DEFORMITY
H-HEMATOMA
L-LACERATION
P-PAIN

EMERGENCY DEPARTMENT NURSING FLOW SHEET

HOME BY: () PRIVATE AUTO () AMBULANCE

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. 12-5-97
James P. Herberg, M.D./DATE

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

PATIENT INFORMATION

SAMPLE INFORMATION

PATIENT ID: 416053-12623
PATIENT NAME: WOJTOWICH, KATHRYN
BIRTHDATE: 09/19/1988 AGE: 9Y SEX: F COLL: 10/19/97 18:40 ER
DOCTOR: HERBERG, J. STAT: Y
DOCTOR 2:
LOCATION: ER ROOM:
SID COMMENT:

| TEST NAME | PATIENT RESULTS | UNITS | LOW | HIGH | CODES |
|--------------------------------|-----------------|-------|---------------------|---------------|-------|
| ***** Panel: CBC ***** | | | | | |
| WHITE BLOOD CELL | 18.2 | H | 10 ³ /UL | 4.8 - 10.8 | |
| RED BLOOD CELL | 4.65 | | 10 ³ /UL | 4.20 - 5.40 | |
| HEMOGLOBIN | 12.8 | | G/DL | 12.0 - 16.0 | |
| HEMATOCRIT | 39.4 | | % | 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 ³ /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 - 110 | |
| 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 | | | | |

416553
HOUTCHICK, KATHARINE 17423
07/11/97 370-5557
HAROLD JAMES 10/10/97
05-055 JAMES BOWNE

HORIZONTAL

MOUNT H-3

TENT 3,043,734
AN PATENT 1964

NURSE/CLERK ☐ IN-PAT. ☐ O.P. ☐ ROUTINE ☐ TODAY ☐ STAT
☐ E.R. ☐ PRE-OP

DIAGNOSIS

COLLECTED BY ER TIME COLLECTED 8 P.M. DATE OF SPECIMEN 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 | <input type="checkbox"/> 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

Negative

CROSSMATCH PERFORMED BY AC

TIME 2030 DATE 10/19/97

ISSUED BY

RECEIVED BY

TIME

DATE

STARTED BY

STOPPED BY

DATE GIVEN

TIME STARTED

TIME FINISHED

REACTION TO TRANSFUSION

☐ YES

☐ NO

IF YES, USE SEPARATE REPORT FORM

VOL. ADMINISTERED

PRE TRANS.

POST TRANS.

B/P

TEMP.

PULSE

RESP.

☒ STAT-NO CROSSMATCH KNOWN BLOOD TYPE

I HEREBY ACCEPT RESPONSIBILITY FOR THE ISSUING OF GROUP AND TYPE OF SPECIFIC BLOOD WITHOUT CROSSMATCH.

M.D.

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:

INSTRUCTIONS

SIGNATURE
CHART COPY

BLOOD BANK

PHILIPSBURG AREA HOSPITAL
PHILIPSBURG, PA 16866

report, pull off the two plastic by the arrows. Position report edges to 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

LABORATORY REPORTS

Philipsburg Area Hospital

| | |
|------------|-------------------------------------|
| ROUTINE | |
| STAT | <input checked="" type="checkbox"/> |
| PORTABLE | <input checked="" type="checkbox"/> |
| WHEELCHAIR | |
| STRETCHER | |
| AMBULATORY | |

**PHILIPSBURG AREA HOSPITAL
PHILIPSBURG, PA 16866
RADIOLOGY DEPARTMENT
DIAGNOSTIC I SERVICE REPORT**

X-RAY COPY

TECHNICIAN D.K.

X-RAY NO.

12623

DATE TO BE DONE

10/19/97
DATE DONE

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

(2)

416053
WOJTOWICH, KATHRYN 12623
09/12/88 378-5557
HERBERG JAMES 10/10/88
BURKE JAMES 05 05

CODES

| | | |
|--|--|--|
| | | |
|--|--|--|

REQUESTING
PHYSICIAN:

Herberg

INP-INPATIENT

OPT-OUTPATIENT

ER-EMERGENCY

CL-CLINIC

| | | | | | | |
|---|---|-------------|----|--|----|--|
| R E Q U E S T E D | 1 | <u>POXR</u> | 6 | | 11 | |
| | 2 | | 7 | | 12 | |
| | 3 | | 8 | | 13 | |
| | 4 | | 9 | | 14 | |
| | 5 | | 10 | | 15 | |
| | 6 | | | | | |

CLINICAL HISTORY PERTAINING TO SERVICE ORDERED

dog bite

PATIENT'S NAME

X-RAY NUMBER

DATE

WOJTOWICH, Kathryn ER: Herberg/Burke DOB: 9/19/88 378-5557

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 G076
DATE 11-14-97
TIME 4:11
BY JMN

Rudy J. Nicolas
ROENTGENOLOGIST'S SIGNATURE

Rudy J. Nicolas, M.D.

11/14/97

11/14/97

als

CHART COPY

ROENTGENOLOGIST'S REPORT

FORM #15090 9-93

Philipsburg
Area
Hospital

"in air 10"
ETT 40

416053 24
WOUTWICH, KATHY 12623
30/10/89 373-5557
HEBERG JAMES 12/10/77
HEBERG JAMES

INTERHOSPITAL PATIENT TRANSFER CHECKLIST

I. Reason for Transfer: Chest trauma & facial trauma
Time of decision/order: 1815

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

II. Complete Current Medical Record including:

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

2. Breathing (☒) Spontaneous () Assisted

3. Circulation Saline Lock () No () Yes Flushed At: _____
IV#1 B5 22g RT arm
IV#2 A2 #22 LT forearm
IV#3 _____

MAST Inflation () No () Yes Specify _____ () Yes () No

4. Immobilization, type _____ () Yes () No

5. Foley _____ Size _____ () Yes () No

6. NGT _____ Size _____ () Yes () No

7. Cardiac Monitor _____ () Yes () No

8. Chest Tube () Left () Right Size _____ () Yes () No

9. Burn Care _____
Type _____

10. Isolation () No () Yes Type _____

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

VIII. Transfer:

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

2. Receiving Physician: A. Bae

3. Mode: () Personal Vehicle (☒) Air Ambulance (☒) Ground Ambulance () BLS () ALS
Paramedic Paramedic & Nurse

4. Nursing Report Given to: GMC By: Wood At: 1925

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: Card J Johnson CA 1900 10-19-97
Signature and Title Date and Time

**Philipsburg
Area
Hospital**

416853 24
WOJTSWICK, KATHY 10623
09/19/99 374-5557
HERBERG JAMES 10/19/97
HERBERG JAMES 50646 416853
05 05

PHYSICIAN CERTIFICATION FOR TRANSFER/CONSENT TO TRANSFER

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

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: Care of tertiary center

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 Dr. James Herberg DR. JAMES HERBERG, M.D.
Date and Time Signature of Physician Physician Printed Name
1620

Mode of transport required: () Land Ambulance - Level () BLS () ALS Classification
() Private Vehicle (X) Air Ambulance (X) Emergent
() 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. Walton. I have had the opportunity to ask questions and have those questions answered to my satisfaction.

10-19-97 X James Wojtowick
Date and Time Signature of Patient or Responsible Person
James
Witness

J16053
 WYTCWICH, KATHA 12623
 02/10/89 378-5537
 HERBERT JAMES
 HERBERT JAMES
 05 05

RECORD OF PATIENT BELONGINGS

Kept at Bedside

| Articles (Indicate quantity) | On Admission | On Transfer |
|--|---------------------|-----------------------|
| Ring <u>3</u> | <u>silver color</u> | <u>2 on child (L)</u> |
| Watch <u>-</u> | | <u>1 watch band</u> |
| Dentures <u>-</u> | | |
| Eye Glasses <u>-</u> | | |
| Contacts <u>-</u> | | |
| Purse <u>-</u> | | |
| Suitcase <u>-</u> | | |
| Hearing Aid <u>-</u> | | |
| Prosthesis <u>-</u> | | |
| Radio <u>-</u> | | |
| Other <u>sneakers (black), sweats, underclothing all cut off chest</u> | | |

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 Wytovich
 (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
Beccaria, 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: R) Cheek, (L) under cheek

PLACE OF OCCURRENCE: Neighbors' property - R) floor (L) and porch

DESCRIBE WOUND: 5cm deep laceration backhead

CIRCUMSTANCES OF BITE: walked into house to see new addition
+ dog attached

PHYSICIAN WHO TREATED PATIENT: D. Heberg 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: 10^{cc} pentanyl, amoxicillin, diaz
fluor. by cannula to GME

NAME OF ANIMAL OWNER: Joseph Johoff

PHONE NUMBER ()

TYPE OF ANIMAL: Dog

DESCRIPTION OF ANIMAL: BREED Great Dane COLOR: tan SEX: unknown AGE: adult

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

NAME OF PERSON REPORTING BITE: Carol 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: Carol 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,

A handwritten signature in black ink, appearing to be 'Brad Millman', with a stylized, cursive script.

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 is 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

ORIGINAL

Geisinger Medical Center
Danville, PA 17822

CLINIC NOTES

03 10 51 85

WOJTOWICH

STAR RT BOX 150

KATHRYN

BECCARIA
GNC

PA 16616
09-19-1988 F

ENT OCT 24 1997 1140 CSD takes of Ast

ENT MAY 06 1998 1015 CSD takes of Ast
Bynt - 3 cc K-10 - mmmmm
Rgt - 2 mmm

ENT JUL 10 1998

Noted

[Signature]

see prev page

ENT OCT 19 1998 1300 CSD takes of Ast

Noted

see prev page

ENT APR 19 1998

1420 J. H. H. H. H.

Dig well
Skin is softened

see prev page

[Signature]

03 10 51 85

HOJTONICH

KATHARIS

STAR BT 804 130

DECEMBER

24C

FE 10483

07-17-1985

ENT JUN 14 1999

1105 C. B. Jones to H. H. Jones

Telegraph @ Dubuque

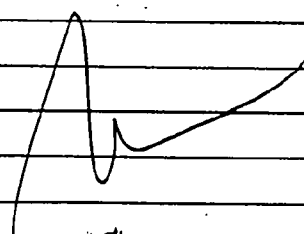
Can to 649

Level 3 m

Curli Futh

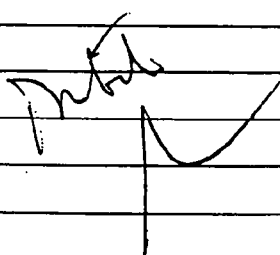
Good uni

1-24



ENT JUN 5 0 1999

1125 G. H. Jones to H. H. Jones



see 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 CO₂ 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

ORIGINAL

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 CO₂ 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

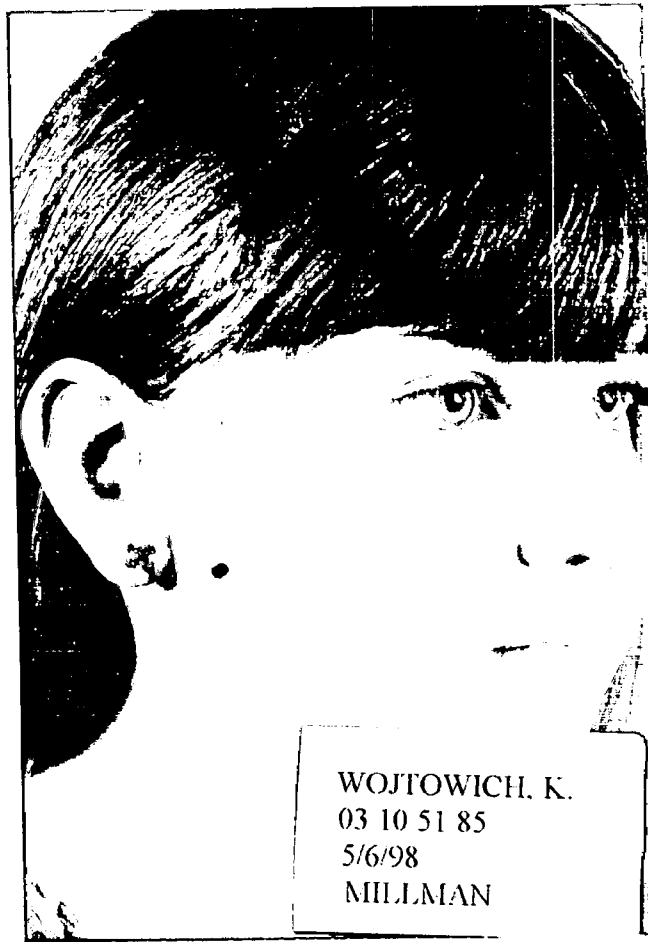
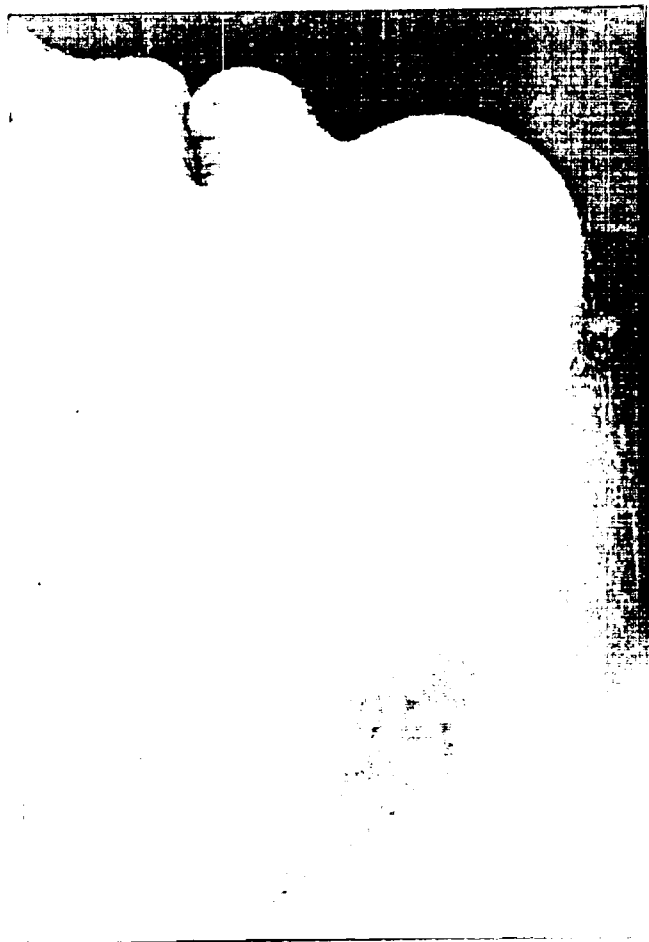
10. ANSWER - Continued below.

- 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

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

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

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

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

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

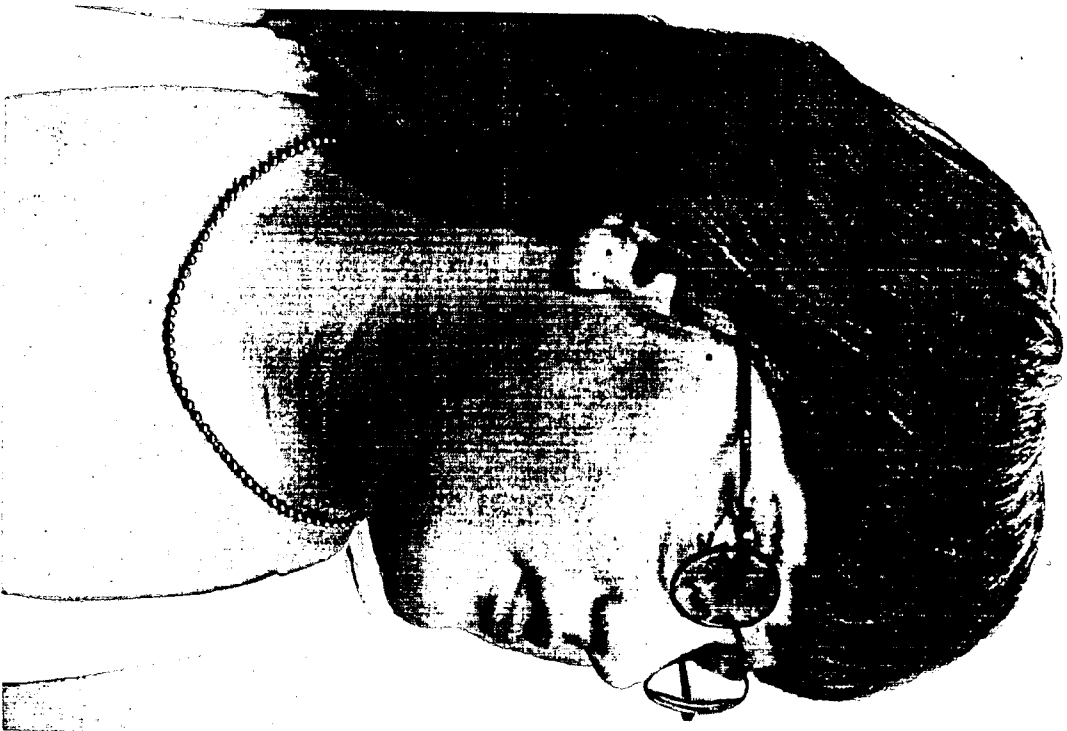
SUBJECT Kathryn Wojtowich
PSGHS #03 10 51 85

CHARGES 4 Black & White prints @ 4.00 \$16.00
(I was unable to locate any other pictures
of Kathryn)

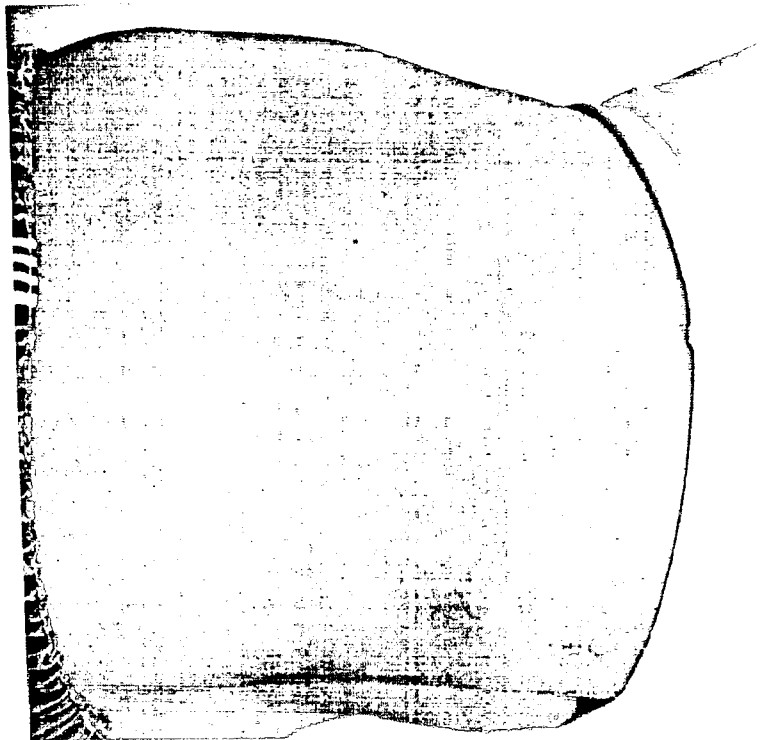
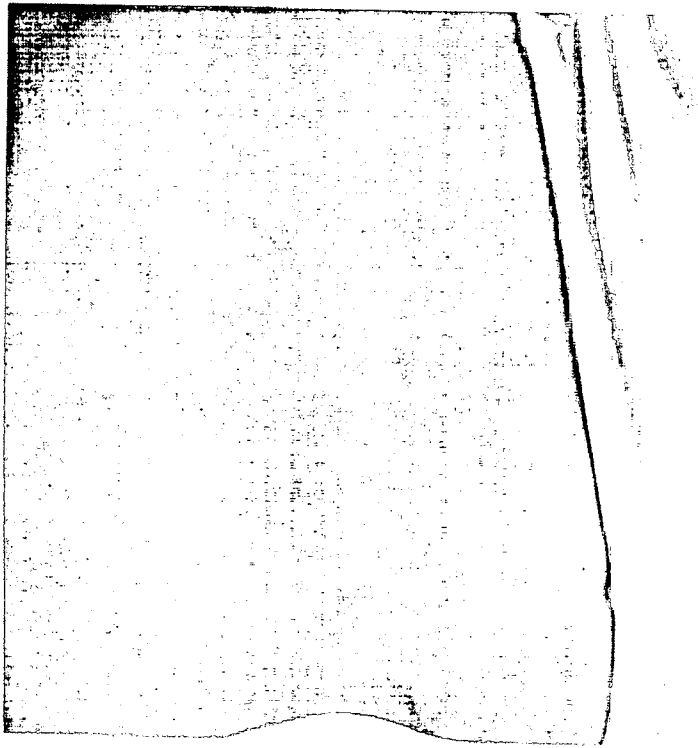
TOTAL CHARGES \$16.00

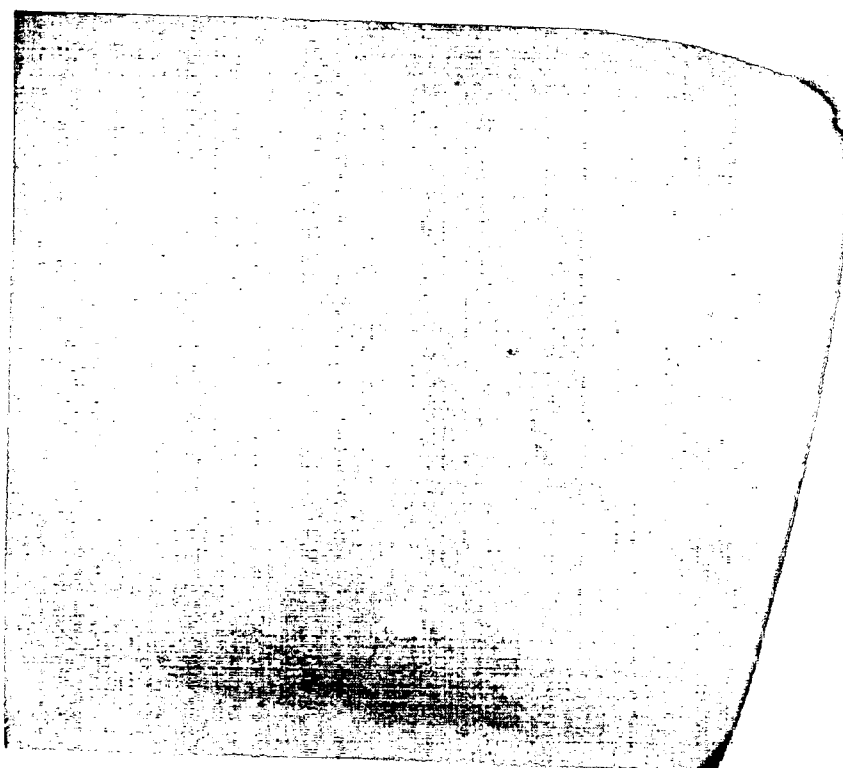
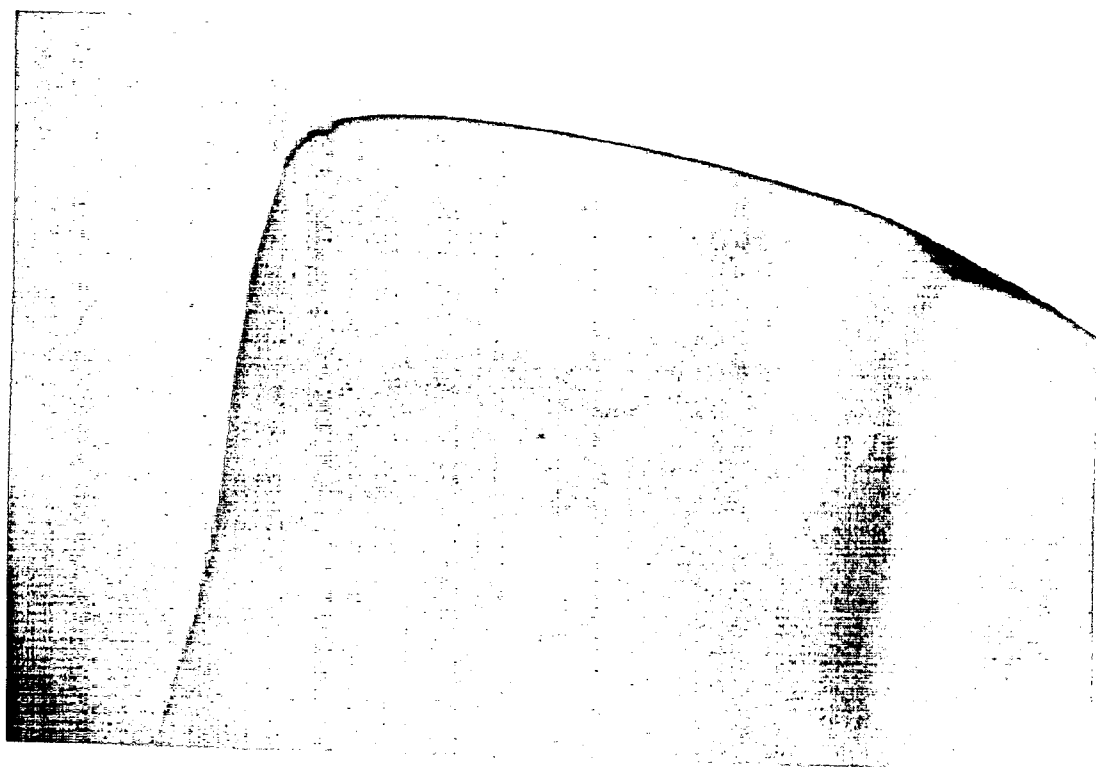
COMMENTS Make check payable to Biomedical Communications

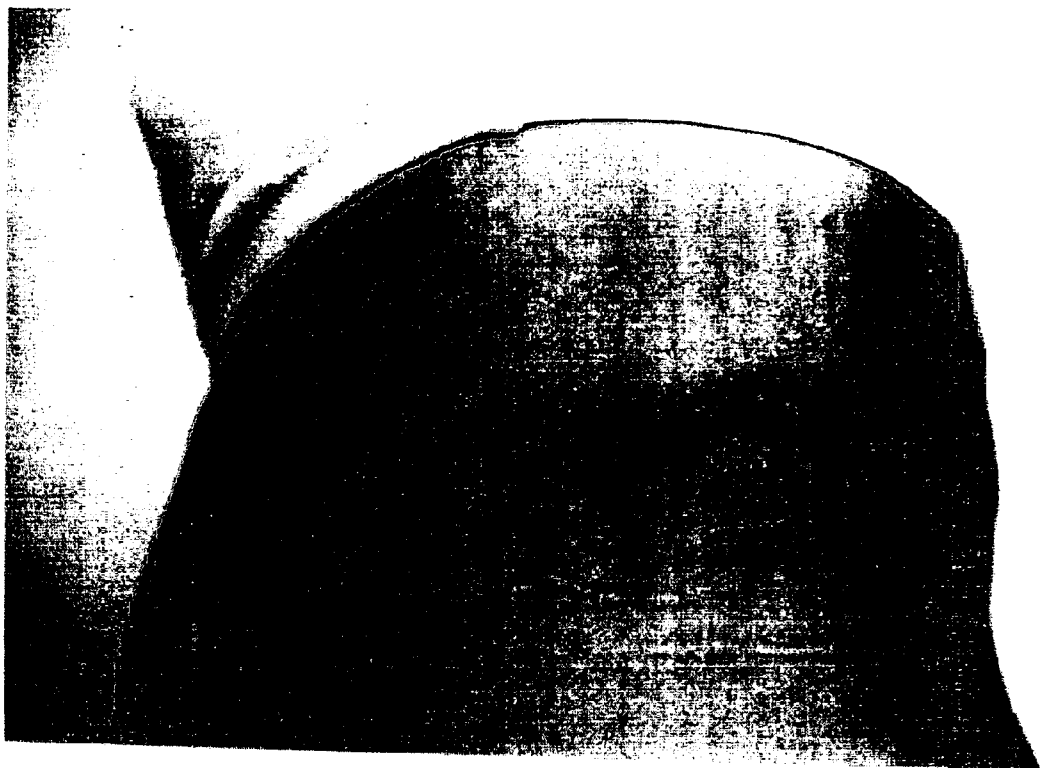
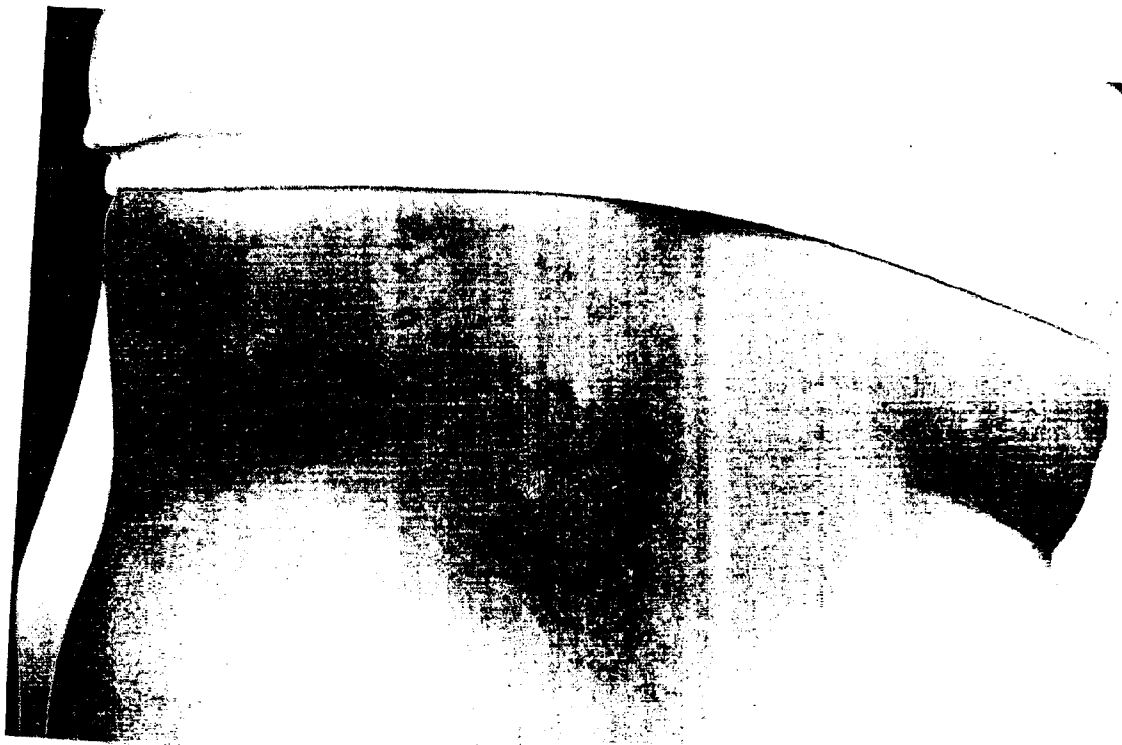
JOSEPH MENTRIKOSKI
ASST. DIRECTOR TO BIOMEDICAL COMMUNICATIONS

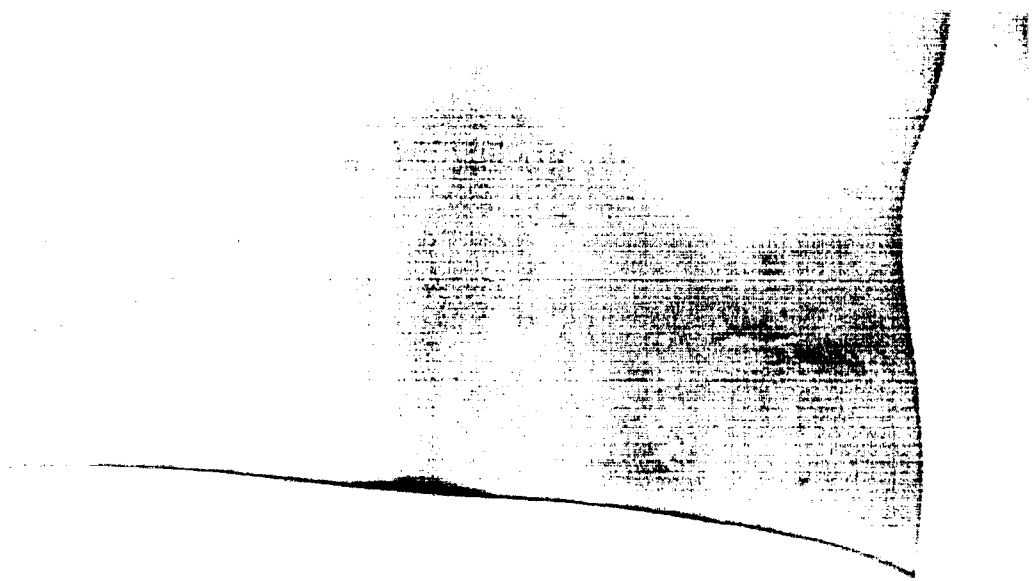
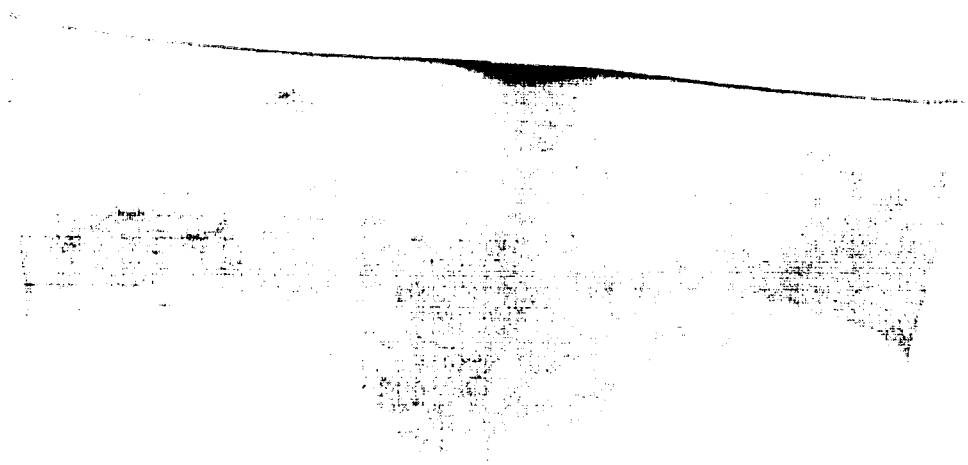












DATE 01/09/98

DEMAND BILL FROM HISTORY

PAGE : 1

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

PATIENT/ADM#: 12623 /416053

GUARANTOR#: 21523

DOCTOR#: 59

INS CODES: 05

RED#:

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 | 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 | 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 | VENIPUNCTURE | 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/ADM#: 12623 /416053

GUARANTOR#: 21523

DOCTOR#: 59

INS CODES: 05

BED#: 0

WOJTOWICH, KATHRYN

WOJTOWICH, JAMES C

HERBERG JAMES

ADMISSION DATE: 10/19/97

DISCHARGE DATE: 10/19/97

PAT AGE : 9

DRGH: LOS: 0

PATIENT TYPE: 24

| DATE | CHARGE# | DESCRIPTION | QTY | UNIT PRICE | CHARGE AMT |
|------------------|---------|----------------------|-----|------------|------------|
| 10/19/97 | 4201049 | PORTABLE XRAY | 1 | 83.150 | 83.15 |
| RADIOLOGY | | DEPT TOTAL | 2 | | 126.40 |
| 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 | | 111.75 |
| PATIENT TOTAL | | | | | 1291.00 |
| PAYMENT RECEIVED | | | | | .00 |
| BALANCE DUE | | | | | 1291.00 |

| | | |
|--------------|--------------|--------------------|
| TYPE OF BILL | DATE OF BILL | DATE OF PREV. BILL |
| FINAL | 10/26/97 | |
| TNP | | |

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

17822

BIRTH-DATE
09/19/88

PAGE NO.
1

HOSP. 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: 814-378-5557 | | | | | | | | |

| | | | | | |
|----------------------------|--|----------------|------------------------|--------------|---------------|
| 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 |
|---|----------------------------------|--------------|---------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|
| 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 | | | | |
| TOTALS | | | 2682.89 | 2682.89 | | | | |

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, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE

PAY THIS AMOUNT 0.00

GEISINGER MEDICAL CENTER

DUPLICATES WILL NOT BE PROVIDED

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

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

17822

BIRTH-DATE
09/19/88

PAGE NO.
2

HOSP. NO.
006

| H | S | PATIENT NAME | PATIENT NUMBER | SEX | AGE | ADMISSION DATE | DISCHARGE DATE | DAYS |
|---|---|-------------------|----------------|-----|-----|----------------|----------------|------|
| | | WOJTWICH, KATHRYN | 1293238312 | F | 9 | 10/20/97 | 10/21/97 | 1 |

GUAR PH: 814-378-5557

GUARANTOR NAME AND ADDRESS

JAMES WOJTWICH
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 |
|---|----------------------------------|--------------|---------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|
| SUMMARY OF CHARGES | | | | | | | | |
| R&C 03 | SEMI- 1 DAYS@ | 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 | | | | |
| SUB-TOTAL OF CHARGES | | | 2682.89 | 2682.89 | | | | |
| <p>GUAR RELATIONSHIP: 3 SEX: GUAR NO: 3105185</p> <p>ACC-DATE: TYPE: TIME: PLACE: EMPL REL:</p> <p>DSCH/FINAL DIAGNOSIS: 879.4</p> <p>ADM. DIAGNOSIS: 879.5</p> <p>PROCEDURE: 86.59 10/20/97</p> <p>86.59 10/20/97</p> | | | | | | | | |
| <p>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.</p> | | | | | | | | |
| T O T A L S | | | 2682.89 | 2682.89 | | | | |

PATIENT NUMBER
1293238312

GEISINGER MEDICAL CENTER
DANVILLE, PA.

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

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 0.0
DUPLICATES WILL NOT BE PROVIDED

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

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

17822

BIRTH-DATE
09/19/88

PAGE NO.
1

HOSP. 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: 814-378-5557 | | | | | | | | |

| | | | | | |
|----------------------------|--|----------------|------------------------|--------------|---------------|
| 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 |
|---|----------------------------------|--------------|---------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|
| DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS | | | | | | | | |
| 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 | | | | |
| TOTALS | | | 1813.56 | 1813.56 | | | | |

| | |
|----------------|---|
| PATIENT NUMBER | PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE. |
| 1293238312 | |

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

PAY THIS AMOUNT

0.0

GEISINGER MEDICAL CENTER
DANVILLE, PA.

DUPLICATES WILL NOT BE PROVIDED

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

DATE OF BILL 11/18/97 PAGE NO. 01
PATIENT ACCOUNT NO. 1293238312 PATIENT BALANCE .00

| PATIENT NAME | MEDICAL RECORD NO. |
|--------------------|--------------------|
| WOJTOWICH ,KATHRYN | 03105185 |

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 | GEISINGER MEDICAL CENTER DESCRIPTION OF SERVICE/PAYMENT/ADJUSTMENT | TOTAL CHARGES | AMOUNT DUE FROM INSURANCE | PATIENT BALANCE |
|-----------------------------|---|------------------|------------------------------|--------------------|
| | ACCOUNT# 1293238312 PREVIOUS BALANCE IP ADMIT: 10/20/97 DSCH: 10/21/97 | 3,317.89 | | |
| 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 RECORDS | ESTIMATED INS. | DUE FROM YOU |
|--------------|-------|-----------|---|----------------|--------------|
| 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 |

PENN STATE GEISINGER HEALTH SYSTEM

PATIENT STATEMENT

OFFICE USE ONLY

27178113

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.

| PATIENT NAME | | AMOUNT PAID |
|--------------------|--------------------|--|
| WOJTOWICH, KATHRYN | | |
| BILL DATE | MEDICAL RECORD NO. | |
| 11/04/97 | 3105185 | PLEASE USE DARK INK AND PRINT CLEARLY. |

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

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 | <p>3 /Inv Num: 27178113 ----- 99213 OFFICE VISIT, EST PT, LV3</p> <p>SAWARDEKAR MD, SAT DIAGNOSIS: V58.3</p> | 42.00 |

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

PENN STATE GEISINGER HEALTH SYSTEM

BUSINESS OFFICE (717) 271-6224
IF CALLING LONG DISTANCE 1 (800) 638-4050

| 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 CHK# 4321 | |

| STATEMENT DATE | PATIENT NAME | ACCOUNT NO. | PAY THIS AMOUNT |
|----------------|--------------------|-------------|-----------------|
| 12/29/97 | WOJTOWICH, KATHRYN | 3105185 | 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

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

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.

PENN STATE GEISINGER HEALTH SYSTEM



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

CONEMAUGH

**PLEASE ENTER
AMOUNT PAID**

\$.

YOU MAY PAY THIS AMOUNT ON YOUR VISA OR MASTERCARD

 ☐  ☐

CREDIT CARD NO. ▼ EXPIRATION DATE ► / /

[illegible]

X

CARDHOLDER SIGNATURE

MAKE CHECKS PAYABLE TO:
Conemaugh Valley Memorial Hospital

**Payment is due
within 10 days**

| ADMISSION DATE | DISCHARGE DATE | PATIENT REP. |
|----------------|----------------|--------------|
| 10/19/97 | 10/19/97 | 28 |

| 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

HEALTH INSURANCE CLAIM FORM

| | | | |
|---|--|--|--|
| PICA | | PICA | |
| 1. MEDICARE (Medicare #) <input type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> CHAMPUS (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (VA File #) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input checked="" type="checkbox"/> OTHER (ID) <input type="checkbox"/> | | 1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 119381954 | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) WOJTOWICH KATHRYN | | 3. PATIENT'S BIRTH DATE MM DD YY 09 19 88 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/> | |
| 5. PATIENT'S ADDRESS (No., Street) STAR RTE BOX 150 | | 6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | |
| CITY BECCARIA | | CITY STATE PA | |
| ZIP CODE 16616 | | TELEPHONE (Include Area Code) (814) 378-5557 | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) SAME | | 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 10d. RESERVED FOR LOCAL USE | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER 255798*05 | | a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/> | |
| b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/> | | b. EMPLOYER'S NAME OR SCHOOL NAME NORTH ACAD DANVILLE PA 17822 | |
| c. EMPLOYER'S NAME OR SCHOOL NAME NORTH ACAD DANVILLE PA 17822 | | c. INSURANCE PLAN NAME OR PROGRAM NAME GIRARD KASUBICK | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME GEISINGER HEALTH PLAN | | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d. | |
| 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 SIGNED _____ DATE 03/16/98 | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNED _____ | |
| 14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY | |
| 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE | | 17a. I.D. NUMBER OF REFERRING PHYSICIAN | |
| 19. RESERVED FOR LOCAL USE | | 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 873 40 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000. | | 20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 22. MEDICAID RESUBMISSION CODE | | ORIGINAL REF. NO. | |
| 23. PRIOR AUTHORIZATION NUMBER | | | |
| 24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EPSDT Family Plan I EMG J COB K RESERVED FOR LOCAL USE | | | |
| 1 10 19 97 10 19 97 9 9 A0370 1 425 00 1 | | | |
| 2 10 19 97 10 19 97 9 9 A0370 RH 1 0 00 1 | | | |
| 3 10 19 97 10 19 97 9 9 A0422 1 100 00 1 | | | |
| 4 10 19 97 10 19 97 9 9 Z0224 1 100 00 1 | | | |
| 5 10 19 97 10 19 97 9 9 A0390 1 99 00 11 | | | |
| 6 | | | |
| 25. FEDERAL TAX I.D. NUMBER SSN EIN 25-1460679 | | 26. PATIENT'S ACCOUNT NO. 497 | |
| 27. ACCEPT ASSIGNMENT? (For govt. claims see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 28. TOTAL CHARGE \$ 724 00 | |
| 29. AMOUNT PAID \$ 0 00 | | 30. BALANCE DUE \$ 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.) HOUTZDALE-RAMEY EMS SIGNED 03/16/98 DATE | | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) PHILIPSBURG AREA HOSPITAL PHILIPSBURG PA 16866 | |
| 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # HOUTZDALE-RAMEY EMS PO BOX 224 HOUTZDALE PA 16651 PIN# GRP# 251460679 | | | |

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.

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 | 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 | 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 | 240.00CR |
| | 03/07/98 - TPA/POS PAYMENT/ALLOWANCE | -240.00CR |
| | 04/29/98 - TPA ALLOWANCE | 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 | 45.00CR |
| | 03/07/98 - TPA/POS PAYMENT/ALLOWANCE | -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 | 0.00CR |
| | 04/29/98 - TPA ALLOWANCE | 268.00CR |
| 10/20/97 | 6 /Inv Num: 27277430 / OTD ----- 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

PENN STATE GEISINGER HEALTH SYSTEM

BUSINESS OFFICE (717) 271-6224
IF CALLING LONG DISTANCE 1 (800) 638-4050

PENN STATE GEISINGER HEALTH SYSTEM

PATIENT STATEMENT

OFFICE USE ONLY

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

| | | | |
|--------------------|-----------------------|-------------|--|
| PATIENT NAME | | AMOUNT PAID | |
| WOJTOWICH, KATHRYN | | | |
| BILL DATE | MEDICAL RECORD NUMBER | | |
| 09/16/99 | 3105105 | | |

27195644
27195654
27276583
27277430
27277504
27277515
28896130
28896170
29448878

SEE REVERSE SIDE FOR AN IMPORTANT MESSAGE REGARDING HEALTH INSURANCE.

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

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

| | | | |
|----------------|--------------|-------------|-----------------|
| STATEMENT DATE | PATIENT NAME | ACCOUNT NO. | PAY THIS AMOUNT |
| | | | |

↑
PAYMENTS RECEIVED AFTER
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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

BUSINESS OFFICE (717) 271-6224
IF CALLING LONG DISTANCE 1 (800) 638-4050

2 1111
Y031403

PENN STATE GEISINGER HEALTH SYSTEM

PATIENT STATEMENT

OFFICE USE ONLY

27195644
27195654
27276583
27277430
27277504
27277515
28896130
28896170
29448878

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

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

SEE REVERSE SIDE FOR AN IMPORTANT
MESSAGE REGARDING HEALTH INSURANCE.

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

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

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

PENN STATE GEISINGER HEALTH SYSTEM

BUSINESS OFFICE (717) 271-6224
IF CALLING LONG DISTANCE 1 (800) 638-4050

2 7 11
X031403

PENN STATE GEISINGER HEALTH SYSTEM

PATIENT STATEMENT

OFFICE USE ONLY

27195644
27195654
27276583
27277430
27277504
27277515
28896130
28896170
29448878

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

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

SEE REVERSE SIDE FOR AN IMPORTANT
MESSAGE REGARDING HEALTH INSURANCE.

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

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 |
|-----------------|---|---------|
| 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 | 37.00CR |
| | 6 / Inv Num: 32505026 / OTO ----- | |
| 06/14/99 | 99212 OFFICE VISIT, EST PT, LV2 MILLMAN MD, BRAD DIAGNOSIS: 709.2 | 42.00 |
| | 07/15/99 - TPA ALLOWANCE | 37.00CR |
| | 6 / Inv Num: 32505068 / OTO ----- | |
| 06/14/99 | 17999 LASER TELE MILLMAN MD, BRAD DIAGNOSIS: 709.2 | 150.00 |
| | 08/24/99 - TPA ALLOWANCE | 0.00CR |
| | 6 / Inv Num: 32587334 / OTO ----- | |
| 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

09/16/99

PATIENT NAME

WOJTOWICH, KATHRYN

ACCOUNT NO.

3105185

**PAY THIS
AMOUNT**

300.00

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

PENN STATE GEISINGER HEALTH SYSTEM

BUSINESS OFFICE (717) 271-6224
IF CALLING LONG DISTANCE 1 (800) 638-4050

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.

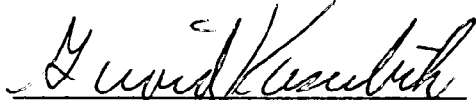
ANSWER: Yes. Both at the same employer and addresses as noted in Answer to Question 22. above.

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.

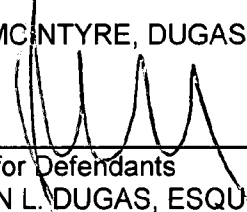
ANSWER: Yes.

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.*

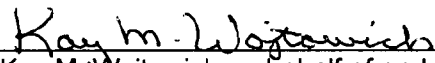
- b.(1). Coco in September 1998.
- (2). Pepper in September 2000.
- c. None ever did these.

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


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.

Attorneys for Named Defendant

FILED

FEB 22 2001

William A. Shaw
Prothonotary

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

: No. 00-1451-CD

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: JURY TRIAL DEMANDED

OF DEPOSITION

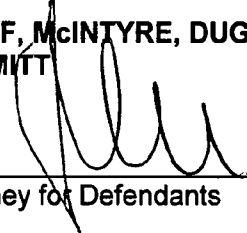
Sargent's Court Reporting Service
210 Main Street
Johnstown, PA 15901

Please take notice that the deposition of **James and Kay Wojtowich** shall be

The scope of said deposition testimony will include inquiry into all facts

You are invited to attend and participate.

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

A handwritten signature in black ink, appearing to be 'S. Dugas', written over a horizontal line.

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.

Attorneys for Named Defendant

FILED

FEB 26 2001

William A. Shaw
Prothonotary

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

: No. 00-1451-CD

.....

: JURY TRIAL DEMANDED

NOTICE OF DEPOSITION

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

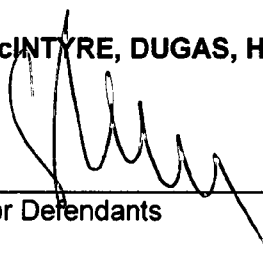
Sargent's Court Reporting Service
210 Main Street
Johnstown, PA 15901

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 12th 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 |
| | : | Filed on behalf of: |
| vs. | : | Plaintiffs |
| | : | Counsel of Record For |
| JOSEPH SCHAEFER and | : | This Party: |
| LYNN SCHAEFER, husband | : | Girard Kasubick, Esq. |
| and wife, | : | Supreme Court No. 30109 |
| Defendants | : | LEHMAN & KASUBICK |
| | : | 611 Brisbin Street |
| | : | Houtzdale, PA 16651 |
| | : | (814) 378-7840 |

FILED
AKO 10.25 BA
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. 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,

A handwritten signature in cursive script, reading "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

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

JOSEPH SCHAEFER and :
LYNN SCHAEFER, husband :
and wife, :
Defendants :

William A. Shaw
Prothonotary

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


Attorneys for Plaintiffs

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

FILED

JUN 30 2003

William F. Shaw
Prothonotary

FILED

2009 Affidavits

01/03/15 ~~2014~~
JUN 30 2003

to Atty Kasubick

Copy of Disc to C/A

William A. Shaw &
Prothonotary ~~2014~~

**IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA**

CC 17

CIVIL DIVISION

**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 | : | |
| | : | Filed on behalf of: |
| vs. | : | Plaintiffs |
| | : | Counsel of Record For |
| JOSEPH SCHAEFER and | : | This Party: |
| LYNN SCHAEFER, husband | : | Girard Kasubick, Esq. |
| and wife, | : | Supreme Court No. 30109 |
| Defendants | : | LEHMAN & KASUBICK |
| | : | 611 Brisbin Street |
| | : | Houtzdale, PA 16651 |
| | : | (814) 378-7840 |

FILED

OCT 06 2003
William A. Shaw
Prothonotary, Clerk of Courts
No CENS.


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, 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.



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.

| <u>ACCOUNT OWNER</u> | | | |
|----------------------|------------------|-------------|---------------------|
| Name: | Mr Jim Wojtowich | SSN: | 190-38-1954 |
| Address: | 1106 Veterans St | Birth Date: | 08/16/1949 |
| City: | Beccaria | State: | PA |
| | | ZIP Code: | 16616 |
| Home Phone: | (814) 378-5557 | County: | Clearfield |
| Business Phone: | (814) 375-5950 | E-mail: | wajo@pennswoods.net |

| <u>BENEFICIARY</u> | | | |
|--------------------------------|---------------------|-------------------------------|----------------|
| Name: | Kathryn M Wojtowich | SSN: | 163-70-0720 |
| Address: | 1106 Veterans St | Birth Date: | 09/19/1988 |
| City: | Beccaria | State: | PA |
| | | ZIP Code: | 16616 |
| Relationship to Account Owner: | Child | County: | Clearfield |
| | | Projected Date of Enrollment: | 9 /2008 |
| | | Home Phone: | (814) 378-5557 |

| <u>TUITION/RESIDENCY LEVELS</u> | |
|---------------------------------|--|
| Tuition Level: | Pennsylvania State University, Main Campus |
| Residency Level: | PA Resident Rate |
| Institution Code: | 12041 |

| <u>CONTINGENT OWNER (OPTIONAL)</u> | | | |
|------------------------------------|---------------------|-------------|---------------------|
| Name: | Mrs Kay M Wojtowich | SSN: | 171-44-5602 |
| Address: | 1106 Veterans St | Birth Date: | 04/20/1951 |
| City: | Beccaria | State: | PA |
| | | ZIP Code: | 16616 |
| Home Phone: | (814) 378-5557 | County: | Clearfield |
| Business Phone: | (814) 765-7545 | E-mail: | wajo@pennswoods.net |

| <u>ADDITIONAL INDIVIDUALS GRANTED ACCESS TO THIS ACCOUNT</u> | | | |
|--|-----------------|---------------|------|
| Name: | Kay M Wojtowich | Relationship: | wife |
| | | PIN: | 0420 |

| <u>OTHER OPTIONAL DESIGNATIONS</u> | | | |
|------------------------------------|------------|--|----|
| Date of SAGE Enrollment: | 11/30/2000 | SAGE Signing Bonus Earned: | No |
| | | Permission given to contact for interview: | No |

(Account Owner's Signature)

(Date)