

02-942-CD

Kenneth Bell al vs Aaron J. Wisor

02

02-942-CD.  
KENNETH L. BERL et al -vs- AARON J. WISOR

KENNETH L. BELL and MICHELE L. BELL,  
as parents and natural guardians of  
JUSTIN BELL and MATTHEW BELL,  
minor children

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

Plaintiffs

vs.

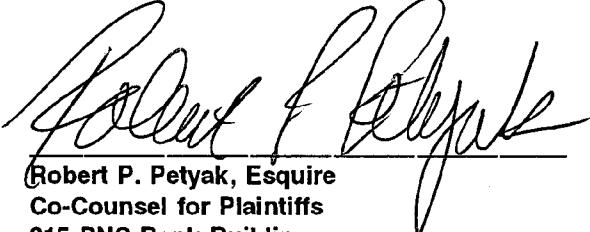
: NO. 2002- 942 CD

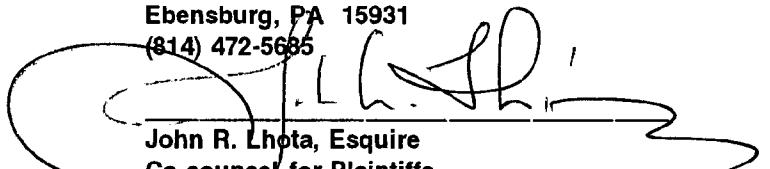
AARON J. WISOR,

Defendant

**PRAECIPE FOR WRIT OF SUMMONS**

Please issue a Writ of Summons in Civil action for service as per the enclosed Sheriff's  
Instructions.

  
Robert P. Petyak, Esquire  
Co-Counsel for Plaintiffs  
215 PNC Bank Building  
Ebensburg, PA 15931  
(814) 472-5685

  
John R. Lhota, Esquire  
Co-counsel for Plaintiffs  
110 North Second Street  
Clearfield, PA 16830  
(814) 765-9611

Date: June 13, 2002

**FILED**

JUN 13 2002  
0111561 atty Petyak  
William A. Shaw pd \$30.00  
Prethonotary  
cc w/rt  
E to Shaw  
RPL

IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY PENNSYLVANIA  
CIVIL ACTION

COPY

SUMMONS

**Kenneth Bell and Michele L. Bell,  
as parents and natural guardians of  
Justin Bell and Matthew Bell,  
minor children**

Vs.

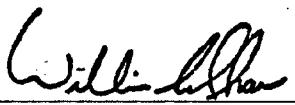
NO.: 2002-00942-CD

**Aaron J Wisor**

TO: AARON J WISOR

To the above named Defendant(s) you are hereby notified that the above named Plaintiff(s) has/have commenced a Civil Action against you.

Date: 06/13/2002

  
\_\_\_\_\_  
William A. Shaw  
Prothonotary

Issuing Attorney:

Robert P. Petyak, Esquire  
215 PNC Bank Building  
Ebensburg, PA 15931  
,

**FILED**

JUN 13 2002

O 12.C.3/Act. 12th, 2002  
William A. Shaw  
Presbyterian

3cc 6th

LC 5/16 2002

**ROBERT P. PETYAK**  
**ATTORNEY & COUNSELLOR AT LAW**  
215 P. N. C. BANK BUILDING  
**EBENSBURG, PENNSYLVANIA 15931**

KENNETH L. BELL and MICHELE L. BELL,  
as parents and natural guardians of  
JUSTIN BELL and MATTHEW BELL,  
minor children

Plaintiffs

vs.

AARON J. WISOR,

Defendant

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

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\* PETITION FOR LEAVE TO COMPROMISE  
\* MINORS' ACTION

\*

\*

\* Counsel of Record for Petitioners

\*

\* Robert P. Petyak, Esquire  
\* 215 PNC Bank Building  
\* Ebensburg, PA 15931  
\* Telephone: (814) 472-5685  
\* I.D. #21770

\*

\* John R. Lhota, Esquire  
\* 110 North Second Street  
\* Clearfield, PA 16830  
\* Telephone: (814) 765-9611  
\* I.D. #22492

**FILED**

JUN 13 2002

William A. Shaw  
Prothonotary

KENNETH L. BELL and MICHELE L. BELL, : IN THE COURT OF COMMON PLEAS  
as parents and natural guardians of : OF CLEARFIELD COUNTY, PENNSYLVANIA  
JUSTIN BELL and MATTHEW BELL, :  
minor children :  
Plaintiffs :  
vs. : NO. 2002- 942-CO  
AARON J. WISOR, :  
Defendant :

ORDER

AND NOW, this 14 day of June, 2002, upon consideration of the foregoing Petition, it is Ordered that the settlement in compromise of this action for the gross sum of \$1,100.00 is approved. Counsel fees and expenses are also approved as set forth below. This distribution is directed as follows:

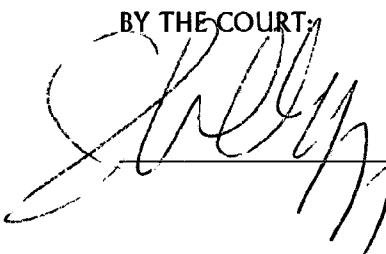
1.	To be paid to Petitioners, Kenneth L. Bell and Michele L. Bell, parents and natural guardians of minor-Plaintiff, Justin Bell and to be invested in an insured interest bearing certificate of deposit, to be marked, "not to be redeemed except for renewal in its entirety, nor to be withdrawn, assigned, negotiated or otherwise alienated before August 27, 2016 (date of minor's majority) except on Order of a Court of competent jurisdiction	\$ 259.56
2.	To be paid to Petitioners, Kenneth L. Bell and Michele L. Bell, parents and natural guardians of minor-Plaintiff, Matthew Bell and to be invested in an insured interest bearing certificate of deposit, to be marked, "not to be redeemed except for renewal in its entirety, nor to be withdrawn, assigned, negotiated or otherwise alienated before April 2, 2014 (date of minor's majority) except on Order of a Court of competent jurisdiction	331.86

**FILED**

JUN 14 2002  
013491 Sec Atty Lhota  
William A. Shaw  
Prothonotary EKA

3.	Robert P. Petyak, Esquire counsel fee	183.33
4.	John R. Lhota, Esquire counsel fee	183.33
5.	Robert P. Petyak, Esquire costs advanced	70.96
6.	John R. Lhota, Esquire costs advanced	70.96
	<b>Total</b>	<b>\$1,100.00</b>

Costs advanced by Robert P. Petyak, Esquire, for the filing fee for the Praeclipe for Writ of Summons in the amount of \$80.00 and Sheriff's costs of \$85.00 for service of the Writ of Summons and a true and correct copy of this Petition on Defendant are to be reimbursed to Robert P. Petyak, Esquire, by the third party insurance carrier, State Farm Insurance.

BY THE COURT:  
 J.

KENNETH L. BELL and MICHELE L. BELL,  
as parents and natural guardians of  
JUSTIN BELL and MATTHEW BELL,  
minor children

Plaintiffs

vs.

AARON J. WISOR,

Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PENNSYLVANIA  
:  
:  
:  
:  
: NO. 2002-  
:  
:  
:  
:

**PETITION FOR LEAVE TO COMPROMISE MINORS' ACTION**

Pursuant to Pa. R.C.P. No. 2039, Kenneth L. Bell and Michele L. Bell, the parents and natural guardians of minors Justin Bell and Matthew Bell, by their attorneys, John R. Lhota, Esquire and Robert P. Petyak, Esquire, petition this Court to enter an Order permitting settlement in compromise of this action, and in support aver the following:

1. Kenneth L. Bell and Michele L. Bell are the parents and natural guardians of minor-Plaintiffs, Justin Bell, who was born on August 27, 1998, who is presently three years of age; and Matthew Bell, who was born on April 2, 1996, who is presently six years of age.
2. Minor-Plaintiffs were injured on June 30, 2000, when they were passengers in a vehicle driven by their mother, Michele L. Bell, whose vehicle was struck by a vehicle driven by Defendant and were injured as a result of the collision with Defendant.
3. The injuries sustained by minor-Plaintiff Justin Bell were abrasion to right cheek and neck sprain. The injuries sustained by minor-Plaintiff Matthew Bell were abrasions to face and neck and small lacerations to right ear canal. Minor-Plaintiffs, Justin and Matthew Bell, have recovered fully from all of their injuries.
4. Petitioners have incurred the following medical expenses for treatment of the minor-plaintiffs: All medicals paid through Petitioners' first party auto insurance coverage.
5. Counsel was retained by the Petitioners to represent the minor-Plaintiffs on a contingent fee basis. A copy of the fee agreement is attached hereto and marked as Exhibit "A". In prosecuting this action on behalf of minor-Plaintiffs, counsel has incurred the following expenses:

**Medical Records:**

Justin Bell's Clearfield Hospital records	\$ 26.49	
Justin Bell's treatment records from Dr. Gregory Sheffo	<u>47.29</u>	\$ 73.78
Matthew Bell's Clearfield Hospital records	28.76	
Matthew Bell's treatment records from Dr. Gregory Sheffo	<u>39.38</u>	<u>68.14</u>
<b>TOTAL</b>		<b>141.92</b>

Costs advanced by Robert P. Petyak, Esquire, for the filing fee for the Praeclipe for Writ of Summons in the amount of \$80.00 and Sheriff's costs of \$85.00 for service of the Writ of Summons and a true and correct copy of this Petition on Defendant are to be reimbursed to Robert P. Petyak, Esquire, by the third party insurance carrier, State Farm Insurance.

6. Petitioners and counsel seek approval of the settlement on behalf of minor-Plaintiffs in the amount of \$500.00 for Justin Bell and \$600.00 for Matthew Bell negotiated with Defendant, because they believe that it represents a full and fair settlement of the cases, equal to or greater than that which may be obtained should the matter be fully litigated.

7. Petitioners approve the proposed settlement because they consider it fair and reasonable and it adequately compensates minor-Plaintiffs for the injuries sustained and expenses incurred.

8. Petitioners further approve the proposed distribution contained in the form Order attached.

9. A copy of the Clearfield Hospital emergency room records for Justin Bell and Matthew Bell setting forth the minor-plaintiffs' collision-related injuries are attached hereto and collectively marked as Exhibit "B".

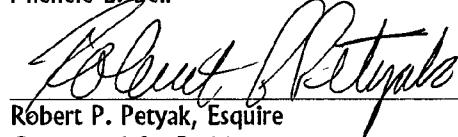
WHEREFORE, Petitioners request that this Court enter an Order approving the settlement and compromise, allowing counsel fees and Ordering distribution as set forth in the attached Order.



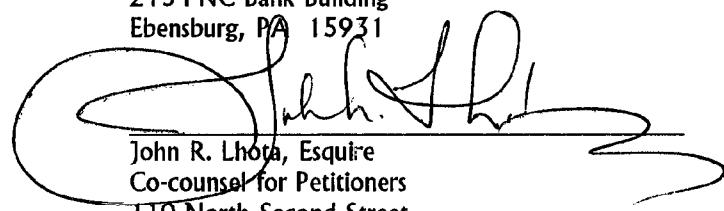
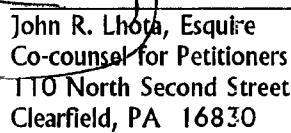
Kenneth L. Bell



Michele L. Bell



Robert P. Petyak  
Robert P. Petyak, Esquire  
Co-counsel for Petitioners  
215 PNC Bank Building  
Ebensburg, PA 15931



John R. Lhota  
John R. Lhota, Esquire  
Co-counsel for Petitioners  
110 North Second Street  
Clearfield, PA 16830

KENNETH L. BELL and MICHELE L. BELL,  
as parents and natural guardians of  
JUSTIN BELL and MATTHEW BELL,  
minor children

vs.

AARON J. WISOR,  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PENNSYLVANIA  
:  
: Plaintiffs :  
:  
: NO. 2002- :  
:  
:

**AFFIDAVIT OF GUARDIAN**

Kenneth L. Bell and Michele L. Bell, being duly sworn according to law, depose and say that they are the parents and natural guardians of minor-Plaintiff, Justin Bell, presently 3 years of age; that minor-Plaintiff Justin Bell has recovered from the injuries he sustained in the accident of June 30, 2000; that he has no permanent injury; that he is no longer under the care of any medical practitioner; that Petitioners have reviewed the facts set forth in the attached Petition for Minors' Compromise and that those facts are true and correct to the best of their knowledge, information and belief; and that Petitioners have reviewed the proposed settlement with counsel and recommend same to the court.

Kenneth L. Bell  
Kenneth L. Bell

Michele L. Bell  
Michele L. Bell

SWORN to and subscribed before me this

13th day of June, 2002.

Robert P. Petyak  
Notary Public

NOTARIAL SEAL  
ROBERT P. PETYAK, Notary Public  
Ebensburg Boro., Cambria County  
My Commission Expires August 9, 2005

KENNETH L. BELL and MICHELE L. BELL,  
as parents and natural guardians of  
JUSTIN BELL and MATTHEW BELL,  
minor children

vs.

AARON J. WISOR,

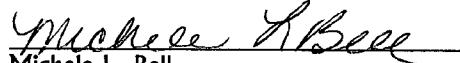
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PENNSYLVANIA  
:  
: Plaintiffs  
:  
: NO. 2002-  
:  
:

**AFFIDAVIT OF GUARDIAN**

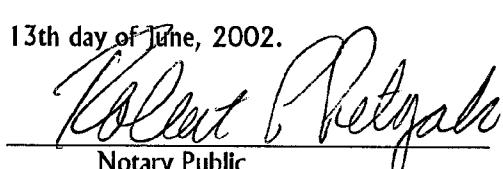
Kenneth L. Bell and Michele L. Bell, being duly sworn according to law, depose and say that they are the parents and natural guardians of minor-Plaintiff, Matthew Bell, presently 6 years of age; that minor-Plaintiff Matthew Bell has recovered from the injuries he sustained in the accident of June 30, 2000; that he has no permanent injury; that he is no longer under the care of any medical practitioner; that Petitioners have reviewed the facts set forth in the attached Petition for Minors' Compromise and that those facts are true and correct to the best of their knowledge, information and belief; and that Petitioners have reviewed the proposed settlement with counsel and recommend same to the court.

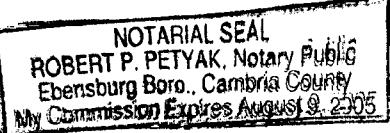
  
Kenneth L. Bell

  
Michele L. Bell

SWORN to and subscribed before me this

13th day of June, 2002.

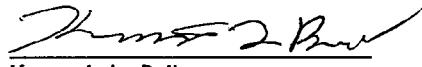
  
Notary Public



**VERIFICATION BASED UPON PERSONAL**  
**KNOWLEDGE AND INFORMATION SUPPLIED BY COUNSEL**

I/we, **Kenneth L. Bell and Michele L. Bell, individually and as parents and natural guardians of Justin Bell and Matthew Bell**, verify that I/we are the Plaintiffs in the foregoing action and that the attached Petition for Leave to Compromise Minors' Action is based upon the information which has been gathered by my/our counsel in preparation of this lawsuit. The language of the Petition is that of counsel and is not mine/ours. I/we have read the Petition and to the extent that it is based upon information which I/we have given to my/our counsel, it is true and correct to the best of my/our knowledge, information and belief. To the extent that the contents of the Petition are that of counsel, I/we have relied upon counsel in making this Verification.

I/we understand that intentional false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsifications made to authorities.

  
Kenneth L. Bell

  
Michele L. Bell

DATED: June 13, 2002

CONTRACT FOR LEGAL SERVICES

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that we, **MICHELE L. BELL** and **KENNETH L. BELL**, parents and legal guardians of **JUSTIN BELL** and **MATTHEW BELL**, minor children, do hereby employ and retain **JOHN R. LHOTA, P.C.**, **ROBERT P. PETYAK**, Attorney at Law, to institute legal proceedings on behalf of our minor children, **JUSTIN BELL** and **MATTHEW BELL**, against **AARON J. WISOR** and all other proper **Defendants** or any proper defendant or defendants to recover damages sustained on or about **June 30, 2000**, or to effect an amicable settlement.

We do hereby agree with our said attorneys to pay them an amount equal to thirty-three and one-third (33 1/3) percent of verdict or settlement had in said action.

We hereby agree with our said attorneys not to make any settlement unless they are present and we do hereby grant to our said attorneys full power to act for us in bringing about a compromise or settlement of our case, the same as if we were present and to sign for us.

If this contractual relationship ends before the contingent event occurs, **JOHN R. LHOTA, P.C.** and **ROBERT P. PETYAK**, Attorney at Law, are entitled to quantum meruit for value of services and expenses.

Should no money be recovered by suit or settlement, said attorneys shall have no claim against us for services rendered.

We hereby agree to make immediate payment of all bills submitted to us for costs of the suit including, but not limited



to court costs, witness fees, pre-trial discovery.

Said attorneys reserve the right to withdraw if, after complete investigation, they determine that there is no merit to the claim.

We hereby authorize the said attorneys to pay bills for medical and hospital treatment by payment directly to physicians or hospitals concerned.

By this Contract for Legal Services/Power of Attorney we hereby bind our heirs, executors, and legal representatives.

WE HAVE READ AND FULLY UNDERSTAND THIS CONTRACT FOR LEGAL SERVICES/POWER OF ATTORNEY.

WITNESS:

William A. Donow

Michele L. Bell

Michele L. Bell, as parent and legal guardian of Matthew and Justin Bell

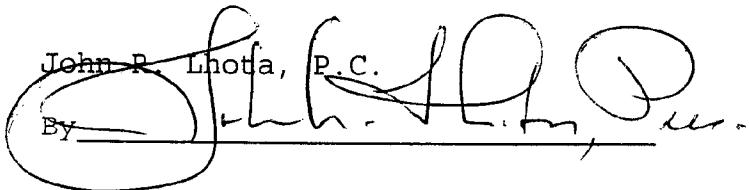
William A. Donow

Kenneth L. Bell

Kenneth L. Bell, as parent and legal guardian of Matthew and Justin Bell

Stacia J. English  
Robert P. Petyak

Robert P. Petyak, Esquire

John R. Lhotka, P.C.  
By 

Robert P. Petyak, Attorney at Law  
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

DATED: 1-16, 2002

REGISTRATION  
NUMBER

NAME AND ADDRESS		MAIDEN		REGISTRATION DATE/TIME	
BELL RD 1 BOX 323 B WEST DECATUR PA 16878 RES. CODE 033000 S.S. NO. 000-00-0000		PAT. PH. NO. 814-342-0246 TWP. CLEARFIELD CO UNKNOWN		04/30/2000 20:54	47477524
REGISTERING DOCTOR NAME PAWLowski TREK		NO.	FAMILY DOCTOR NAME SHEFFO GREGORY S	AGE 1 BIRTHDATE 08/27/1928	F C M S M R E G B
TIME SEEN: O/A MODE ARR: EMS Auto		NO.	NO.	MED. REC. NO. 013037	CIRCLE REQUESTED TESTS 158058
After X-ray		C.C.	RECORD DICTATED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Additional Hx. from: FAMILY EMS NURSING HOME		PRIOR RECORD OF			✓ ORDER TAKEN OF

HPI: MVA Rear seat in chair.		Card. PRT. EKG		
		Amylase PT, PTT		
		CBC DIF TR 1 2		
		Chem 7,12+CO <sub>2</sub> UA Mc		
		Hepatic Panel U C&S		
		CK MB Cath UA		
		Troponin I Gc-Chl Proh		
		Digoxin Blood C		
		Theo 1 2		
		Dilantin Strep		
		HCG Qual Sputum		
		HCG Quan		
		Urine Tox		
		Abd. Ser/Kub Hand		
		Chest P. C. Wrist		
		Ribs 4 Arm		
		Face / Nose Elbow		
		Orbit/mand. Humerus		
		C. Sp. P. C. Shoulders		
		Clavicle Scapula		
		Th. sp.		
		LS sp.		
		Pelvis		
		SPECIAL Hip		
		CT Head Femur		
		CT Neck Knee		
		CT Chest Tib-Fib		
		CT Abd Ankle		
		CT Pelvis Heel		
		IVP Foot		
		V/Q		
		US Abdomen		
		US Arterial		
		US Cardiac		
		US Pelvic OB		
		US Scrotal		
		US Retroperitoneal		
		US Veno		

ORDERS	ABG	O <sub>2</sub> Sat	PF	Td	Foley	Ng	BP ↑→	NPO	MDI/PF Instr.	Home Hlth R
	ALBUTEROL	mg X 1 2 3 4					CONT: mg./hr.	ATRV 250 / 500 ug x 1 2 3		
RESULTS	PROTOCOLS: <input type="checkbox"/> NTG <input type="checkbox"/> TPA MI <input type="checkbox"/> RETAVASE <input type="checkbox"/> GIBLEED <input type="checkbox"/> RAPID TRANSFUSION <input type="checkbox"/> STROKE TRANSFER <input type="checkbox"/> TPA STROKE									
	1.	4:								
	2.	5:								
	3.	6:								
SPECIAL										
Hip										
CT Head Femur										
CT Neck Knee										
CT Chest Tib-Fib										
CT Abd Ankle										
CT Pelvis Heel										
IVP Foot										
V/Q										
US Abdomen										
US Arterial										
US Cardiac										
US Pelvic OB										
US Scrotal										
US Retroperitoneal										
US Veno										

RESPONSE		
EVENTS &		
PROCEDURES		
SERVICES: Crit Care	Med Command	Independent visualization of <input type="checkbox"/> x-rays <input type="checkbox"/> EKG <input type="checkbox"/> Discussion of imaging tests with Radiologist

DIAGNOSIS	Abrasion to Cheek + neck		Admit Dr. <input type="checkbox"/> reg. <input type="checkbox"/> 23 hr.
	SP must		TIME: Room #: <input type="checkbox"/> ICU <input type="checkbox"/> Telm
		Discharge Cond: <input type="checkbox"/> Improved <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Eloped	
		Transfer to: <input type="checkbox"/> AMA	
		<input type="checkbox"/> DOA: <input type="checkbox"/> Exp ED <input type="checkbox"/> LWBS	
Referred to:	Discussed with Dr. at		

Instruction sheets: Temp Lacerations V & D <input type="checkbox"/> Head Inj. Concussion Flu Mononucleosis Croup Nosebleed Eye Injury
Conjunctivitis Kidney Stone Tick Bite Back Pain <input type="checkbox"/> Cast Sprain/Fracture Ectopic Threatened AB

If your symptoms progress, worsen, or if you develop new symptoms, return to the emergency department.

Follow instruction sheet[s] given.

New Medication list:

Follow up with  your Doctor  Other: *Observe child - return as needed*

Special instructions:

OFF WORK / SCHOOL / GYM FOR  WORK RESTRICTIONS GIVEN

NURSE SIGNATURE <i>M. Hightower</i> TIME <i>2:50</i>		PHYSICIAN ASSISTANT SIGNATURE <i>H. Bell</i>		HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DISCHARGE INSTRUCTIONS	
NON-EMERGENCY <i>PHSC 2/26</i>					
PHYSICIAN SIGNATURE <i>Justin</i>					
				06/30/2000	
				B	

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

PATIENT: BELL, JUSTIN MR #:0000158058  
DATE OF SERVICE: 06/30/00  
PHYSICIAN: Irek Pawlowski, M.D.  
  
TIME DICTATED: 22:24:14 TIME TRANSCRIBED: 15:49:57

Dictated by Nancy Buell, P.A.-C.

Nancy Buell PA-C

CHIEF COMPLAINT: Motor vehicle accident.

HISTORY OF PRESENT ILLNESS: The patient is a 22-month-old male who was in a two-vehicle motor vehicle accident just a short time ago. He was in the rear seat restrained in a regular child safety seat, and he did not move from this seat. His mother's vehicle was struck on the passenger rear side by another vehicle as she was going through an intersection. There was no loss of consciousness. The child got out, and mom was holding him at the scene. The child was walking. The EMS personnel transported this child to the hospital. They said he was not crying much and not complaining of much at all, but the only thing they noticed was a small red mark on his cheek.

PAST MEDICAL HISTORY: Immunizations are up to date.

MEDICATIONS: None.

ALLERGIES: None.

REVIEW OF SYSTEMS: There has been no vomiting. No loss of consciousness.

PHYSICAL EXAMINATION:

GENERAL: The patient is a well-nourished 22-month-old male. He is in no distress.

VITAL SIGNS: Temperature 97.2. Pulse 123. Respirations 20. Blood pressure 98/58.

HEENT: Head - There is no trauma to the patient's scalp. Face - There is a slightly reddened area to the patient's cheek that extends down to the patient's right neck. This is minor. The skin really is not broken on the face at all but seems a little abraded on the neck area. The patient appears non-tender when I palpate the bony prominences of his face. He does not wince. He does not cry. He acts appropriately. He is responsive. Ears - No hemotympanum. Eyes - Pupils were equal, round and reactive to light. Extraocular motion intact. Nose - No epistaxis. Mouth - Tongue midline. No trauma to the oral cavity.

NECK: Supple. The patient moves his head well. No complaints of pain.

LUNGS: Respirations are unlabored. Lungs are clear to auscultation.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs.

ABDOMEN: Soft and non-tender to palpation.

NEUROLOGIC: The patient's gait is intact. Muscle strength feels well. Neurologic examination is appropriate for age.

The patient was also seen by Dr. Pawlowski.

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

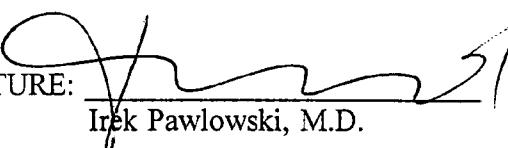
PAGE 2

PATIENT: BELL, JUSTIN MR #:0000158058

TREATMENT: The patient's face is cleansed, and some ointment was applied to his right cheek.

DISCHARGE INSTRUCTIONS: Per chart and instruction sheet.

DIAGNOSIS: Abrasion to right cheek and neck status post motor vehicle accident.

DATE: 7/02/2000 PHYSICIAN'S SIGNATURE:   
Irrek Pawlowski, M.D.

IP/th DD: 06/30/00 DT: 07/01/00

cc: Gregory Sheffo, M.D.

47477526 158058

BELL JUSTIN  
06/27/1938 000-00-0000

PAULOWSKIIREK

Justin H E/D F

CATEGORY	TRANSPORT
I	Ambulatory
II	Ambulance
III	BLS/ALS
IV	Carried Other

Clearfield  
Hospital
**EMERGENCY  
DEPARTMENT  
NURSING FLOW SHEET**

Time: 2050 Chief Complaint: MVA - too young to verbalize

Complaints - Restrained in baby car seat - Reddened area (R)  
NECK, cheek - seat belt (?)

Current Medicines / Prescriptions / Over the Counter  <u>None</u>	Vital Signs			Visual Acuity		
	Time	<u>2100</u>		OD		
	Temp	<u>97.2</u>		OS		
	Pulse	<u>123</u>		OU		
	Resp	<u>26</u>		<input type="checkbox"/> Blind		
	B/P	<u>86/58</u>		<input type="checkbox"/> Uncorrected		
	O2 Sat			<input type="checkbox"/> Corrected		
	tilts	<u>0</u>	<u>0</u>	<input type="checkbox"/> pinhole		
	B/P			<input type="checkbox"/> glasses	<input type="checkbox"/> contacts	
	Pulse					
Tetanus						Growth & Development
L.M.P. Weight						<input checked="" type="checkbox"/> Appropriate For Age
Allergies <u>None</u>						<input type="checkbox"/> Inappropriate For Age
						Peds Immunizations Current
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Latex Allergy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Triage
						Nurse
						Signature <u>Patricia</u>
						Time to Rm. <u>2050</u>
						Room # <u>C-3</u>
						Signature <u>Pearl</u>

**ASSESSMENT: CHECK ALL APPROPRIATE AREAS. N/A = NOT APPLICABLE.**

NEUROLOGICAL			ENT		
<input type="checkbox"/> Alert	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Eyes Open	Spontaneous = 4	N/A	
<input type="checkbox"/> Confused	<input type="checkbox"/> Combative	To Voice = 3		<input type="checkbox"/> Drainage	<input type="checkbox"/> N/A
<input type="checkbox"/> Lethargic	<input type="checkbox"/> Baby	To Pain = 2		<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Teary
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Oriented	None = 1		<input type="checkbox"/> Pain	<input type="checkbox"/> Swollen
Comments			Comments		
Patient States:			Ear		
LOC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No; If Yes <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> N/A
<input type="checkbox"/> Witnessed	<input type="checkbox"/> Unwitnessed			Other	
Dizzy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing Acuity	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Audioscope	
Visual Disturbances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nose	<input type="checkbox"/> Deformity	<input type="checkbox"/> Bleeding
Blurred Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Congestion	<input type="checkbox"/> Other
Double Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oral	N/A	
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sore Throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pupils	<input type="checkbox"/> N/A		Dysphagia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Equal			Drooling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Unequal	R	L	Other		
<input type="checkbox"/> Reactive	R	L	INTEGUMENTARY		
<input type="checkbox"/> Non-reactive	R	L	Color	<input checked="" type="checkbox"/> Pink	<input type="checkbox"/> Pale
<input type="checkbox"/> Dilated & Fixed	R	L		<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Mottled
VAS (0-10) _____					
WONG-BAKER (0-5) _____					
Location _____ Onset _____					

MUSCULOSKELETAL INJURY WOUNDS <input type="checkbox"/> N/A		CARDIOPULMONARY <input type="checkbox"/> N/A		GASTROINTESTINAL <input type="checkbox"/> N/A																
A - ABRASIONS B - BRUISE C - BURNS D - FOREIGN BODY E - LACERATION F - PUNCTURE G - POSSIBLE FX	H - C/O PAIN I - REDDENED J - HEMATOMA K - AVULSION L - OTHER M - SWELLING N - AMPUTATION	Chest Pain <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____ Radiation: _____ Onset & Duration: _____ <input type="checkbox"/> Pain Scale _____ 0 - 10 Character: _____ Nausea & Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No Dyspnea <input type="checkbox"/> Yes <input type="checkbox"/> No Cough <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Non-productive <input type="checkbox"/> Smoker Syncope <input type="checkbox"/> Yes <input type="checkbox"/> No Diaphoresis <input type="checkbox"/> Yes <input type="checkbox"/> No  Breath Sounds <table border="0"> <tr> <td><input type="checkbox"/> Retraction</td> <td>R</td> <td>L</td> </tr> <tr> <td><input type="checkbox"/> Shallow</td> <td><input type="checkbox"/> Clear</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Nasal Flaring</td> <td><input type="checkbox"/> Rales</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Rhonchi/Weezing</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Diminished</td> <td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> O2 <input type="checkbox"/> Non Rebreather <input type="checkbox"/> Cannula <input type="checkbox"/> Simple Face L/Min./Time _____  Monitor <input type="checkbox"/> Yes <input type="checkbox"/> No Rhythm _____ Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No Edema <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____  Signature <i>Pat Feighen</i>		<input type="checkbox"/> Retraction	R	L	<input type="checkbox"/> Shallow	<input type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Rales	<input type="checkbox"/>		<input type="checkbox"/> Rhonchi/Weezing	<input type="checkbox"/>		<input type="checkbox"/> Diminished	<input type="checkbox"/>	Last Oral Intake _____ Nausea <input type="checkbox"/> No <input type="checkbox"/> Yes Vomiting <input type="checkbox"/> No <input type="checkbox"/> Yes X's Color _____ Last BM _____ Diarrhea <input type="checkbox"/> No <input type="checkbox"/> Yes X's Color _____ Hemoccult heme+ heme- Control _____ Pain <input type="checkbox"/> No <input type="checkbox"/> Yes Where _____ Abdomen <input type="checkbox"/> Distended/Firm <input type="checkbox"/> Soft <input type="checkbox"/> Nontender <input type="checkbox"/> Tender <input type="checkbox"/> N/A Bowel Sounds <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> N/A  GENITOURINARY <input type="checkbox"/> N/A Frequency <input type="checkbox"/> Retention <input type="checkbox"/> Burning <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Foley # <input type="checkbox"/> Bleeding <input type="checkbox"/> Penile Discharge <input type="checkbox"/> Incontinent <input type="checkbox"/> Decreased Output <input type="checkbox"/>  GYNECOLOGICAL <input type="checkbox"/> N/A Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date _____ Fetal Tones _____ <input type="checkbox"/> N/A Fetal Movement <input type="checkbox"/> Yes <input type="checkbox"/> No Gravida _____ Para _____ AB _____ Vaginal Bleeding or Discharge _____ Pads Per Hr. _____ Birth Control <input type="checkbox"/> Yes <input type="checkbox"/> No Method _____	
<input type="checkbox"/> Retraction	R	L																		
<input type="checkbox"/> Shallow	<input type="checkbox"/> Clear	<input type="checkbox"/>																		
<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Rales	<input type="checkbox"/>																		
	<input type="checkbox"/> Rhonchi/Weezing	<input type="checkbox"/>																		
	<input type="checkbox"/> Diminished	<input type="checkbox"/>																		
<b>Therapeutics</b>																				
GASTROINTESTINAL		WOUND CARE		GENITOURINARY																
NGT # _____	Time _____	Performed By _____	Time _____	Performed By _____	Time _____	Performed By _____														
<input type="checkbox"/> Heme + <input type="checkbox"/> Heme - Control _____ Contents _____  Returns <input type="checkbox"/> Clear <input type="checkbox"/> Pink <input type="checkbox"/> Gross Blood Enema _____  Type _____ Results _____			Cleansing _____ Sutured _____ Steri Strips _____ Dressing _____ <input type="checkbox"/> Polysporin <input type="checkbox"/> Neosporin <input type="checkbox"/> Bactitracin <input type="checkbox"/> Silvadene			Foley <input type="checkbox"/> # _____ St. Cath <input type="checkbox"/> (Fem. Cath) Color _____ <input type="checkbox"/> Heme + <input type="checkbox"/> Heme -														
			<b>INTAKE</b>			<b>OUTPUT</b>														
			Oral _____	IV _____		Urine _____	Emesis _____	NG _____												
			Irrigant _____	Total _____		Total _____														
MUSKULOSKELETAL																				
Splinting _____		Sling _____																		
Type _____ App. By _____		Crutch _____																		
Ace _____		C. Collar _____																		
Immobilizer _____		To P.T. For Training <input type="checkbox"/>																		
Time	Solution & Amount	Gauge	Site	Init.	Time	Medication & Dosage	Route	Site	Init.											
						dT 0.5 cc														
NURSES SIGNATURE _____																				



EMS Form Number: 96627024

Print Date: 07/01/2000

**PAST MEDICAL HISTORY:**

There were no known factors in the patient's medical history.

**MEDICATIONS:**

There are no known current medications.

**ALLERGIES:**

There are no known allergies to medications.

There was no information as to medical command.

Response outcome was: transported by this unit. Transport mode from scene was 'No lights or sirens'. Patient condition

prior to transport was mod.

Patient condition at facility was stable. The receiving facility was Clearfield Hospital (02913).

**LOG:**

Time Pul Resp BP EKG

20:05		Dispatched.
20:06		Enroute.
20:14		Arrived at scene.
20:15	0/	Arrived at patient. Coma=15 (E4,V5,M6), [VITALS NOT TAKEN DUE TO OTHER PATIENTS AND PATIENT WAS STABLE WITH NO COMPLAINTS. PATIENT WAS TRANSPORTED TO REMAIN WITH MOTHER AND BROTHER.] Weight:20 lbs, Skin Color:Normal Temp-Normal, Lungs:Equal Clear, [GOOD AIRWAY. PATIENT HAD STRONG CRY.] Immobilization-C-Spine Stabilize, Treated By-Other, [Other attendant was: QRS ATTENDANT EMT. PATIENT WAS IMMobilized IN CAR SEAT AND TRANSPORTED IN SUCH.]
20:29		Departed scene.
20:42		Arrived at facility.
21:00		Available.
21:45		In quarters.

TRIPSHEET COMPLETED BY EMT PATRICK L. COOLEY.

Trip is CLOSED. Any information below was added to this narrative after the trip was closed.

**Crew Signatures:**

[Crew Chief] A#1: Electronically Signed \*Cooley, Patrick (E132829)

A#2: Electronically Signed Briggs, Scott (P069709)

0006666  
(Service Inc. #)

96627024  
(state form #)

## NAME AND ADDRESS

## REGISTRATION NUMBER

BELL		MATTHEW		MAIDEN		REGISTRATION DATE/TIME			
RD 1 BOX 323 B WEST DECATUR PA 16878 RES. CODE 023030 S.S. NO. 187-76-2044		PAT.PH. NO. 814-342-0246		06/30/2000 20:52		47477518			
REGISTERING DOCTOR NAME PAWLOWSKI IREK		NO. 021491	FAMILY DOCTOR NAME SHEFFO GREGORY S	NO. 013037	MED. REC. NO. 151443	F	RACE M	SEX S	MAR. CRW

REGISTERING DOCTOR NAME PAWLOWSKI IREK	NO. 021491	FAMILY DOCTOR NAME SHEFFO GREGORY S	NO. 013037	MED. REC. NO. 151443	CIRCLE REQUEST TESTS
TIME SEEN: O/A	After X-ray	C.C.	RECORD DICTATED:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ORDER TAKEN OF

MODE ARR: EMS	Auto	Additional Hx. from: FAMILY EMS NURSING HOME	PRIOR RECORD OF	Card. PRT.	EKG
---------------	------	--	-----------------	------------	-----

HPI:	Front seat passenger Redford M. USA				
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PMH: NONE	ASTHMA	COPD	CAD	MI	CHF ↑ BP, LAST STRESS TEST	DIABETES 1 2	CVA / TIA	CANCER
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PSH: NONE	APP.	CHOLY.	TUBAL LIG.	HYST	CABG	PTCA	CATARACTS
-----------	------	--------	------------	------	------	------	-----------

MEDS: <input type="checkbox"/> None	Allergy: <input type="checkbox"/> None	Immunizations Current: Y N
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SOCIAL /OCCUP. Hx:	FAMILY Hx:
--------------------	------------

ROS:	
------	--

PHY. EX.:	
-----------	--

ABG	O <sub>2</sub> Sat	PF	Td	Foley	Ng	BP ↑→	NPO	MDI/PF Instr.	Home Hth R
-----	--------------------	----	----	-------	----	-------	-----	---------------	------------

ALBUTEROL	mg X 1 2 3 4	CONT:	mg./hr.	ATRV 250 / 500 ug x 1 2 3					
-----------	--------------	-------	---------	---------------------------	--	--	--	--	--

PROTOCOLS: <input type="checkbox"/> NTG	<input type="checkbox"/> TPA MI	<input type="checkbox"/> RETAVASE	<input type="checkbox"/> GI BLEED	<input type="checkbox"/> RAPID TRANSFUSION	<input type="checkbox"/> STROKE TRANSFER	<input type="checkbox"/> TPA STROKE
---	---------------------------------	-----------------------------------	-----------------------------------	--	--	-------------------------------------

1.	4:
2.	5:
3.	6:

RESULTS	
---------	--

RESPONSE	
EVENTS &	
PROCEDURES	

SERVICES: Crit Care	Med Command	Independent visualization of <input type="checkbox"/> x-rays <input type="checkbox"/> EKG <input type="checkbox"/> Discussion of imaging tests with Radiologist
---------------------	-------------	---

DIAGNOSIS	Admits to P/Face + Neck	Admit Dr.	<input type="checkbox"/> reg. <input type="checkbox"/> 23 hr.
-----------	-------------------------	-----------	---

TIME:	Room #:	<input type="checkbox"/> ICU <input type="checkbox"/> Telm
-------	---------	--

Discharge Cond: <input type="checkbox"/> Improved <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Eloped	Transfer to:	<input type="checkbox"/> AMA
--	--------------	------------------------------

DOA:	<input type="checkbox"/> Exp ED <input type="checkbox"/> LWBS
------	---

Referred to:	Discussed with Dr.	at
--------------	--------------------	----

Instruction sheets: Temp	Lacerations	V & D	URI	Head Inj.	Concussion	Flu	Mononucleosis	Croup	Nosebleed	Eye Injury
--------------------------	-------------	-------	-----	-----------	------------	-----	---------------	-------	-----------	------------

Conjunctivitis	Kidney Stone	Tick Bite	Back Pain	Cast	Sprain/Fracture	Ectopic	Threatened AB
----------------	--------------	-----------	-----------	------	-----------------	---------	---------------

If your symptoms progress, worsen, or if you develop new symptoms, return to the emergency department. DA 9/10/0

Follow instruction sheet[s] given. DF 9/10/0

New Medication list: *Keep Face clean, Ice, antibiotic ointment. E 8/2/1*

Follow up with  your Doctor  Other: *Observe child - Return if needed*

Special instructions: *Observe child - Return if needed*

OFF WORK / SCHOOL / GYM FOR  WORK RESTRICTIONS GIVEN

*Latright in 2150 Nancy Howell PA X Thos 2 P.M.*

*NURSE SIGNATURE TIME PHYSICIAN ASSISTANT SIGNATURE PATIENT SIGNATURE*

NON-EMERGENCY *PAWLOWSKI* *BELL* *MATTHEW* *06/30/00 20:52*

PHYSICIAN SIGNATURE

Clearfield Hospital

EMERGENCY DEPARTMENT RECORD

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

PATIENT: BELL, MATTHEW MR #:0000151443  
DATE OF SERVICE: 06/30/00  
PHYSICIAN: Irek Pawlowski, M.D.  
TIME DICTATED: 22:21:02 TIME TRANSCRIBED: 11:46:26

Dictated by Nancy Buell, P.A.-C.

*Nancy Buell PA-C*

CHIEF COMPLAINT: Motor vehicle accident.

HISTORY OF PRESENT ILLNESS: Patient is a 4-year-old male who was involved in a two-vehicle motor vehicle accident a short time ago. He was a front seat restrained passenger in a car driven by his mother. They were going through an intersection and another car hit them on the passenger rear side. There was no loss of consciousness to the child, but the child does complain of pain to the right side of his face and abrasions here, possibly from the seat belt. He did get out and walk at the scene. He was transported to the hospital by EMS personnel, fully boarded and collared.

PAST MEDICAL HISTORY: Immunizations are up-to-date.

MEDICATION(S): None.

ALLERGIES: None.

REVIEW OF SYSTEMS: The child tells me his face hurts, but he says he has no headache or neck pain or difficulty breathing or abdominal pain. Ambulance personnel also confirmed this.

PHYSICAL EXAMINATION:

GENERAL: The patient is a well-nourished 4-year-old male. He is in no distress.

VITAL SIGNS: Temperature 97, pulse 102, respirations 22, blood pressure 104/54.

HEENT: Head - I do not see any trauma to the child's scalp, face. Patient has a large abraded area to the right cheek, right jaw, and down into the right neck. This is moderately abraded, but I do not see any active bleeding here. The child is tender to palpation diffusely over this but really does not even flinch when I palpate the bony prominences of his face. He can open and close his mouth without difficulty. Eyes - pupils were equal, round and reactive to light. Extraocular motions intact. Nose - no epistaxis or rhinorrhea. Mouth - tongue is midline. No trauma. Ears - left ear reveals no hemotympanum. Canal clear. The right ear reveals there is small amount of fresh blood in the canal. I can look past this and see the tympanic membrane intact, gray, no hemotympanum at all. Dr. Pawlowski was able to remove this blood from the canal and was able to see two very small lacerations here. There will be no suturing required here.

NECK: The cervical spine was cleared clinically. Patient is non-tender to palpation over the cervical spine. He had full range of motion without difficulty.

LUNGS: Respirations are unlabored. Lungs are clear to auscultation.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs.

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

PAGE 2

PATIENT: BELL, MATTHEW MR #:0000151443

ABDOMEN: Soft. Non-tender to palpation.

MUSCULOSKELETAL: Full range of motion of the upper and lower extremities. Non-tender to palpation to the spine.

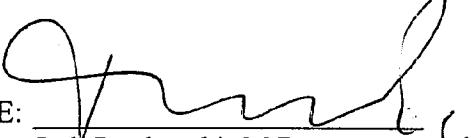
NEUROLOGIC: Gait intact. Muscle strength is good. Reflexes are +2/4 and symmetrical. Patient was also seen by Dr. Pawlowski.

TREATMENT: Patient's face was cleansed. Bacitracin ointment was applied. He was given an ice pack to hold here.

DISCHARGE INSTRUCTIONS: Per chart and instruction sheet.

DIAGNOSIS(ES): Abrasions to face and neck and small lacerations to right ear canal status post motor vehicle accident.

DATE: 7/01/2000 PHYSICIAN'S SIGNATURE:



Irek Pawlowski, M.D.

IP/jlf

DD: 06/30/00

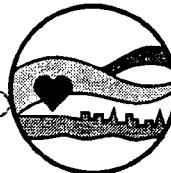
DT: 07/01/00

cc: Gregory Sheffo, M.D.

47477518 151443

BELL MATTHEW  
04/02/1996 187-76-9046PASLOWSKI TREK  
05/01/00 M E/D F  
Matthew

CATEGORY	TRANSPORT
I	Ambulatory
II	Ambulance
III	BLS/ALS
IV	Carried
	Other

Clearfield  
HospitalEMERGENCY  
DEPARTMENT  
NURSING FLOW SHEETTime: 2050 Chief Complaint: MVA - restrained (R) check neck  
abrasion & pain in that area. - no loc.

Current Medicines / Prescriptions / Over the Counter None	Vital Signs	Visual Acuity
	Time 2050	OD
	Temp 97	OS
	Pulse 102	OU
	Resp 22	<input type="checkbox"/> Blind
	B/P 104/64	<input type="checkbox"/> Uncorrected
	O2 Sat	<input type="checkbox"/> Corrected
	Tilts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> pinhole
	B/P	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
	Pulse	
	Tetanus	Growth & Development
	L.M.P. Weight	<input checked="" type="checkbox"/> Appropriate For Age
	Allergies None	<input type="checkbox"/> Inappropriate For Age
		Peds Immunizations Current
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Triage
		Nurse Signature Matthew
		Time to Rm. 2050
		Room # C-3
		Signature Freightex

## ASSESSMENT: CHECK ALL APPROPRIATE AREAS.

N/A = NOT APPLICABLE

## NEUROLOGICAL

Alert  Uncooperative  
 Confused  Combative  
 Lethargic  Baby  
 Unresponsive  Oriented

Patient States:  
 LOC  Yes  No  
 Witnessed  Unwitnessed

Dizzy  Yes  No  
 Vomiting  Yes  No

Visual Disturbances  Yes  No  
 Blurred Vision  Yes  No

Double Vision  Yes  No  
 Headache  Yes  No

Pupils  N/A  
 Equal

Unequal R L

Reactive R L

Non-reactive R L

Dilated & Fixed R L

C  
O  
M  
M  
A  
S  
C  
A  
L  
E

Eyes Open  
Best Verbal Response  
Best Motor Response

Spontaneous = 4  
To Voice = 3  
To Pain = 2  
None = 1

Oriented = 5  
Confused = 4  
Inprop. Words = 3  
Incompreh. Sounds = 2  
None = 1

Chebs Commands = 6  
Localizes to Pain = 5  
Normal Flexion = 4  
Abn. Flex-decorticate = 3  
No Response = 1

## GCS TOTAL

Extremity Movement  No  Yes

Deficit  Where: \_\_\_\_\_

Handgrasp Equal  Unequal

Describe: \_\_\_\_\_

Gait  Steady  Unsteady

PAIN SCALES

VAS (0-10) \_\_\_\_\_

WONG-BAKER (0-5) \_\_\_\_\_

Location \_\_\_\_\_ Onset \_\_\_\_\_

## ENT

N/A

Eye:  Drainage  Reddened  Teary  
 Foreign Body  Pain  Swollen  
 Comments: \_\_\_\_\_

Ear  N/A  
 Pain  Yes  No; If Yes  R  L  
 Other: \_\_\_\_\_

Hearing Acuity  Normal  Abnormal  
 Audioscope

Nose  Deformity  Bleeding  N/A  
 Congestion  Other

Oral  N/A  
 Sore Throat  Yes  No  
 Dysphagia  Yes  No  
 Drooling  Yes  No  
 Other: \_\_\_\_\_

## INTEGUMENTARY

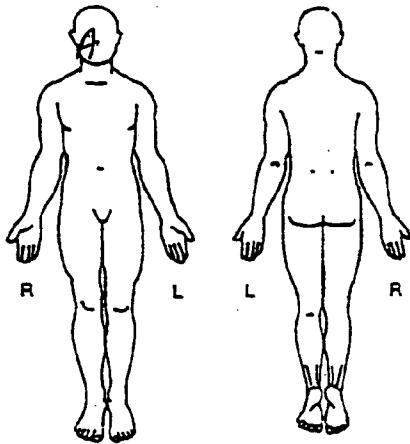
Color  Pink  Pale  Mottled  
 Cyanotic  Flushed

Rash Describe: \_\_\_\_\_

Burn Describe: \_\_\_\_\_

Insect Bite: \_\_\_\_\_

Other: \_\_\_\_\_

MUSCULOSKELETAL INJURY WOUNDS <input type="checkbox"/> N/A		CARDIOPULMONARY <input type="checkbox"/> N/A		GASTROINTESTINAL <input type="checkbox"/> N/A	
A - ABRASIONS B - BRUISE C - BURNS D - FOREIGN BODY E - LACERATION F - PUNCTURE G - POSSIBLE FX	H - C/O PAIN I - REDDENED J - HEMATOMA K - AVULSION L - OTHER M - SWELLING N - AMPUTATION	Chest Pain <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____ Radiation: _____ Onset & Duration: _____ <input type="checkbox"/> Pain Scale _____ 0 - 10 Character: _____  Nausea & Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No Dyspnea <input type="checkbox"/> Yes <input type="checkbox"/> No Cough <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Non-productive <input type="checkbox"/> Smoker Syncope <input type="checkbox"/> Yes <input type="checkbox"/> No Diaphoresis <input type="checkbox"/> Yes <input type="checkbox"/> No  Breath Sounds R L <input type="checkbox"/> Retraction <input type="checkbox"/> Clear <input type="checkbox"/> Shallow <input type="checkbox"/> Rales <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Rhonchi/Weezing <input type="checkbox"/> Diminished <input type="checkbox"/> Diminished  <input type="checkbox"/> O2 <input type="checkbox"/> Non Rebreather <input type="checkbox"/> Cannula <input type="checkbox"/> Simple Face L/Min./Time _____  Monitor <input type="checkbox"/> Yes <input type="checkbox"/> No Rhythm _____ Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No Edema <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____  Signature <i>Pattergalt</i>		Last Oral Intake _____ Nausea <input type="checkbox"/> No <input type="checkbox"/> Yes Vomiting <input type="checkbox"/> No <input type="checkbox"/> Yes X's _____ Color _____ Last BM _____ Diarrhea <input type="checkbox"/> No <input type="checkbox"/> Yes X's _____ Color _____ Hemoccult heme+ heme - Control _____ Pain <input type="checkbox"/> No <input type="checkbox"/> Yes Where _____ Abdomen <input type="checkbox"/> Distended/Firm <input type="checkbox"/> Soft <input type="checkbox"/> Nontender <input type="checkbox"/> Tender <input type="checkbox"/> N/A Bowel Sounds <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> N/A	
 Pulses Present <input type="checkbox"/> Yes <input type="checkbox"/> No Capillary Refill <input type="checkbox"/> Over 2 sec. <input type="checkbox"/> Under 2 sec.  Wound Visualized <input type="checkbox"/> Yes <input type="checkbox"/> No Bleeding Controlled <input type="checkbox"/> Yes <input type="checkbox"/> No Interventions <input type="checkbox"/> Splint <input type="checkbox"/> Elevation <input type="checkbox"/> Sterile Dressing <input type="checkbox"/> Ice Bag <input type="checkbox"/> Fully Immobilized		Frequency <input type="checkbox"/> Retention <input type="checkbox"/> Burning <input type="checkbox"/> Urgency <input type="checkbox"/> Pain <input type="checkbox"/> Foley # <input type="checkbox"/> Bleeding <input type="checkbox"/> Penile Discharge <input type="checkbox"/> Incontinent <input type="checkbox"/> Decreased Output <input type="checkbox"/>  <b>GYNECOLOGICAL</b> <input type="checkbox"/> N/A		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date _____  Fetal Tones _____ <input type="checkbox"/> N/A Fetal Movement <input type="checkbox"/> Yes <input type="checkbox"/> No Gravida _____ Para _____ AB _____ Vaginal Bleeding or Discharge _____ Pads Per Hr. _____ Birth Control <input type="checkbox"/> Yes <input type="checkbox"/> No Method _____	

### Therapeutics

GASTROINTESTINAL		WOUND CARE		GENITOURINARY					
NGT # _____	Time	Performed By	Cleansing C _____	Time	Performed By				
<input type="checkbox"/> Heme + <input type="checkbox"/> Heme - Control _____ Contents _____  Returns <input type="checkbox"/> Clear <input type="checkbox"/> Pink <input type="checkbox"/> Gross Blood Enema _____ Type _____ Results _____			Sutured _____ Steri Strips _____ Dressing _____ <input type="checkbox"/> Polysporin <input type="checkbox"/> Neosporin <input type="checkbox"/> Bactitracin <input type="checkbox"/> Silvadene						
			Foley <input type="checkbox"/> # _____ St. Cath <input type="checkbox"/> (Fem. Cath) Color _____ <input type="checkbox"/> Heme + <input type="checkbox"/> Heme -						
			INTAKE		OUTPUT				
			Oral _____	Urine _____					
			IV _____	Emesis _____					
			Irrigant _____	NG _____					
			Total _____	Total _____					
MUSKULOSKELETAL									
Splinting _____	Time	Performed By	Sling _____	Time	Performed By				
Type _____	App. By _____		Crutch _____						
Ace _____			C. Collar _____						
Immobilizer _____			To P.T. For Training <input type="checkbox"/>						
Time	Solution & Amount	Gauge	Site	Init.	Time	Medication & Dosage	Route	Site	Init.
						dT 0.5 cc			
NURSES SIGNATURE									



Clearfield L.A.S.  
Patient Information Form

Incident #: 6666 Incident Location: BIGGER BLDN KCR 4 EHT

Unit name: Cogley/Briggs/F Det HVA Age: 4 Unit: 182-26-9044

Unit Name: MATTHEW BECK Unit: 51 Command Physician: PALUSKI

Complaint: MVA - Rear Ended by Pick up

etiology: Restrained Passenger - FRONT SEAT IN MVA  
FACIAL & NECK ABRASION

Medical History:  Known  MI  CHF  HTN  COPD  
 Diabetes  Cancer  CVA  Other

Interventions:  Known  brought with patient

glas:  Known  PON  ASA  Sulfa  Other

status: Initial:  Alert  Oriented X  4  Confused  Voice  Painful  Unresponsive  
Last:  Alert  Oriented X  4  Confused  Voice  Painful  Unresponsive

Signs: Pulse 116 100 — — —

Respirations 24 24 — — —

Blood Pressure 62/1 P 76/1 P — — —

Pulse ox — — — — —

Time — — — — —

Reactive L/R  Equal  Constricted L/R

Non-reactive L/R  Unequal  Dilated L/R

Clear L/R  Decreased L/R  Absent L/R

Wheezes L/R  Rhonchi L/R  Rhonchi L/R

Rhythm: Initial: Last:  strip attached

Current physical findings: EXCELEN T PULSES/MOVEMENT & FOLLOWED  
COMMANDS

Management: IMMobilized w/ C-COLLAR & PODIAC

of person receiving patient

Preparer's signature

**EMS Form Number:** 96627025

Print Date: 07/01/2000

**SERVICE NAME:** Clearfield EMS, Inc. (17002) **UNIT ID:** 51 **INCIDENT #:** 0006666  
**INCIDENT LOCATION:** Bradford Township (MCDCoce-42905)  
**DISPATCHED AT:** 20:05 June 30, 2000 **NATURE OF DISPATCH:** BLS Emergency

**0006666**  
(Service Inc. #)

**PATIENT INFO:**

PATIENT LAST NAME:	FIRST:	MI:	PHONE:	AGE:	DATE OF BIRTH	SEX:
BELL	MATTHEW		(814)342-0246	4	04/02/1996	M
STREET ADDRESS: RD1 BOX 323B			SOCIAL SECURITY #: 137-76-9046 RESIDENT OF CITY/MUNIC: Yes			
CITY: West Decatur	STATE: PA	ZIP CODE: 16878	SIGNATURE TO BILL DIRECT: No RELEASE INFO OBTAINED: No			
PRIVATE PHYSICIAN: SHEFFO			MEDICARE #: MILEAGE MEDICAID #: OUT: \$10 INSUR #1: SCENE: 515 BC CAPITAL OP DEST: 521 Group #: 671179010 IN: 522 Policy #: QAC185580655 BILLED: 6 INSUR #2: TOTAL: 12 AUTO ACCIDENT Group #: 000000 Policy #: 000000			
BILL TO (COMPANY OR NAME): MICHELE BELL						
ADDRESS: RD1 BOX 323 B.						
CITY: West Decatur	STATE: PA	ZIP CODE: 16878				

**NARRATIVE:**

Clearfield EMS, Inc., Medic 151 was dispatched at 20:05 on Jun 30, 2000 to Bradford Township, PA and arrived at scene (in other traffic) at 20:14 in response to a vehicular accident. Response mode to scene was 'Emergency'.

There was a QRS at scene: BJW Fire Department (Station 16).

A Fire responder arrived at 20:05.

Patient was a 4 year old male weighing 50 LBS with a chief complaint of abrasion. Patient condition on scene was moderate.

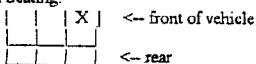
The following illness was suspected: pain. An injury was sustained as follows: soft, open wound to the face. Incident was NOT work related.

**HISTORY OF PRESENT ILLNESS:**

MEDIC 151 ARRIVED ON SCENE TO FIND A MOTOR VEHICLE ACCIDENT WITH MID SIZE SEDAN WITH SEVERE REAR END DAMAGE, VS A MID SIZE PICK-UP WITH SEVERE FRONT END DAMAGE. PATIENT WAS RESTRAINED PASSENGER IN SEDAN. PATIENT WAS WALKING AFTER ACCIDENT AND QRS EMT WAS HOLDING STABILIZATION WITH C-COLLAR IN PLACE UPON ARRIVAL. PATIENT WAS IMMOBILIZED ON A PEDI-PAC AND EXTRICATED TO AMBULANCE. PATIENT WAS MONITORED DURING TRANSPORT. PATIENT WAS CAOX3, WITH NO SOB OR CHEST PAIN. ONLY COMPLAINT WAS ABRASION ON RIGHT CHEEK, POSSIBLY FROM SEATBELT. PATIENT STATED PAIN UPON PALPATION ALL OVER, BUT THERE WAS NO EVIDENCE OF INJURY AND THIS MAY HAVE BEEN FROM FEAR FROM MVA. PATIENT HAD GOOD PULSES AND MOVED ALL EXTREMITIES WITH VIGOR. PATIENT REMAINED STABLE THROUGHOUT TRANSPORT. NO ALOC OR LOSS OF CONSCIOUSNESS ACCORDING TO MOTHER. HX PROVIDED BY MOTHER. PATIENT WAS RELEASED TO CLEARFIELD ED WITH DR. POLWOSKI ON DUTY.

The situation of the injury was: motor vehicle deformity of over 20 inches.

MVA Seating:



A lap/shoulder belt was used as a safety device.

**96627025**  
(State Form #)

EMS Form Number: 96627025

Print Date: 07/01/2000

willing after the accident and co-morbid factors were contributing factors.

- Pre-existing medical problems -

PAST MEDICAL HISTORY:

There were no known factors in the patient's medical history.

MEDICATIONS:

There was no information as to any current medications.

ALLERGIES:

Allergy to .

There was no information as to medical command.

Response outcome was: transported by this unit. Transport mode from scene was 'No lights or sirens'. Patient condition prior to transport was mod.

Patient condition at facility was stable. The receiving facility was Clearfield Hospital (02913)

LOG:

Time	Pul	Resp	BP	EKG	
20:05					Dispatched.
20:06					Enroute.
20:14					Arrived at scene.
20:15					Arrived at patient
20:29					Departed scene.
20:32	116	24	62/p		P= Strong Regular, R= Normal Regular, Coma=15 (B4,V5,M6)
20:38	100	24	70/p		P= Strong Regular, R= Normal Regular, Coma=15 (B4,V5,M6)
					Weight: 50 kgs, Pupils: Equal Midposition Reactive, Skin: Color-Normal
					Temp-Normal, Lungs: Equal Clear
					Immobilization-C-Spine Stabilize, Treated By-A1,A3,Other, [USING PEDI-PACOther attendant was: QRS EMT 16.]
					Immobilization-Cervical Collar, Treated By-A1,A3,Other, [USING PEDI-PACOther attendant was: QRS EMT 16.]
					Immobilization-C-Spine Imm. Dev., Treated By-A1,A3,Other, [USING PEDI-PACOther attendant was: QRS EMT 16.]
					Immobilization-Board - Long, Treated By-A1,A3,Other, [USING PEDI-PACOther attendant was: QRS EMT 16.]
20:42					Arrived at facility.
21:00					Available.
21:45					In quarters.

TRIPSHEET COMPLETED BY EMT PATRICK L. COOLEY #132829

Trip is CLOSED. Any information below was added to this narrative after the trip was closed.

Crew Signatures:

[Crew Chief] A#1: Electronically Signed \*Cooley, Patrick (E132829)  
A#2: Electronically Signed Briggs, Scott (P069709)  
A#3: Electronically Signed DeHaven, Frank (010101)

0006666  
(Service Inc. #)

96627025  
(State Form #)

**ROBERT P. PETYAK**  
**ATTORNEY & COUNSELLOR AT LAW**  
215 P. N. C. BANK BUILDING  
**EBENSBURG, PENNSYLVANIA 16921**

KENNETH L. BELL and MICHELE L. BELL,  
as parents and natural guardians of  
JUSTIN BELL and MATTHEW BELL,  
minor children

Plaintiffs

vs.

AARON J. WISOR,

Defendant

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

\*

\*

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\* NO. 2002- 942-CD

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\* CERTIFICATION OF DEPOSIT IN SAVINGS ACCOUNT

\*

\*

\* Counsel of Record for Petitioners

\*

\* Robert P. Petyak, Esquire

\* 215 PNC Bank Building

\* Ebensburg, PA 15931

\* Telephone: (814) 472-5685

\* I.D. #21770

\*

\* John R. Lhota, Esquire

\* 110 North Second Street

\* Clearfield, PA 16830

\* Telephone: (814) 765-9611

\* I.D. #22492

FILED

JUN 20 2002

mjl:1412cc atty petyak

William A. Shaw  
Prothonotary

KENNETH L. BELL and MICHELE L. BELL,  
as parents and natural guardians of  
JUSTIN BELL and MATTHEW BELL,  
minor children

vs.

AARON J. WISOR,

Plaintiffs

Defendant

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

NO. 2002- 942-CD

:

:

CERTIFICATION OF DEPOSIT IN SAVINGS ACCOUNT

AND NOW, comes Robert P. Petyak, Esquire, and John R. Lhota, Esquire, attorneys for Kenneth L. Bell and Michele L. Bell, as parents and natural guardians of Justin Bell and Matthew Bell, minor children, and set forth the following:

1. Because the settlement amounts attributable to each of the above-stated minor children were less than \$500.00, certificates of deposit were not available.
2. The \$331.86 settlement attributable to Matthew Bell and the \$259.56 settlement attributable to Justin Bell were placed in individual savings accounts per Court Order.
3. A copy of the deposit slip for each child's account is attached hereto and collectively marked as Exhibit "A".

Respectfully submitted,

Robert P. Petyak, Esquire  
Co-counsel for Petitioners  
215 PNC Bank Building  
Ebensburg, PA 15931

John R. Lhota, Esquire  
Co-counsel for Petitioners  
140 North Second Street  
Clearfield, PA 16830

# WITHDRAWAL ← SAVINGS → DEPOSIT

60-629/313

Matthew Bell

6/24/02

DATE 01/29/02 \$    AMOUNT WITHDRAWN    DOLLARS

<b>CASH</b>	CURRENCY	
	COIN	
<b>CHECKS</b>		
TOTAL FROM OTHER SIDE		
<b>TOTAL</b>		
LESS CASH RECEIVED		
<b>NET DEPOSIT</b>		
		331.86

*New Fleet Inc*



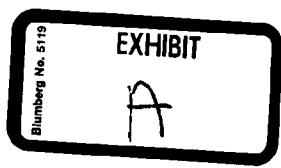
Main Office  
11 North 2nd Street  
Clearfield, PA 16830

**RECEIVED  
SIGN HERE**

**SIGNATURE OF ACCOUNT OWNER**

10313062940 000 20835310

ALL ITEMS ARE ACCEPTED SUBJECT TO OUR RULES AND REGULATIONS APPLICABLE TO THIS ACCOUNT.



**WITHDRAWAL** ← **SAVINGS** → **DEPOSIT**

60-629/313

Justin Bell

6/24/02

DATE 10/14/77 AMOUNT 10.00 DOLLARS ONE  
SCHOOL WILSON SIGN HERE WILSON SIGNATURE OF ACCOUNT OWNER

CASH	CURRENCY		
	COIN		
CHECKS			
TOTAL FROM OTHER SIDE			
<b>TOTAL</b>			
LESS CASH RECEIVED			
<b>NET DEPOSIT</b>		254.	56

DELUXE SIGN HERE



Main Office  
11 North 2nd Street  
Cleartfield, PA 16830

NEW Act be

10313062940 000 2083451

ALL ITEMS ARE ACCEPTED SUBJECT TO OUR RULES AND REGULATIONS APPLICABLE TO THIS ACCOUNT.

**In The Court of Common Pleas of Clearfield County, Pennsylvania**

Sheriff Docket # 12636

BELL, KENNETH & MICHELE L. as parents et al

02-942-CD

VS.

WISOR, AARON J.

**SUMMONS & PETITION FOR LEAVE TO COMPROMISE MINORS' ACTION**

**SHERIFF RETURNS**

**NOW JUNE 21, 2002 AT 1:40 PM DST SERVED THE WITHIN SUMMONS & PETITION FOR LEAVE TO COMPROMISE MINORS' ACTION ON AARON J. WISOR, DEFENDANT AT RESIDENCE, RR31 BOX 133, WOODLAND, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO REBECCA LUZIER, GRANDMOTHER A TRUE AND ATTESTED COPY OF THE ORIGINAL SUMMONS & PETITION AND MADE KNOWN TO HER THE CONTENTS THEREOF.**

**SERVED BY: RYEN**

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**Return Costs**

<b>Cost</b>	<b>Description</b>
<b>21.59</b>	<b>SHFF. HAWKINS PAID BY; ATTY.</b>
<b>10.00</b>	<b>SURCHARGE PAID BY; ATTY.</b>

**Sworn to Before Me This**

12th Day Of August 2002  
William A. Shaw

WILLIAM A. SHAW  
Prothonotary  
My Commission Expires  
1st Monday in Jan. 2006  
Clearfield Co., Clearfield, PA

**So Answers,**

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

**FILED**

AUG 12 2002

014:00

*E*  
William A. Shaw  
Prothonotary