

02-942-CD

Kenneth Bell al vs Aaron J. Wisor

02

02-942-CD.
KENNETH L. BELL 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

Plaintiffs

vs.

AARON J. WISOR,

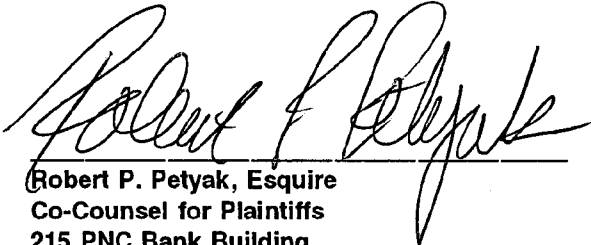
Defendant

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

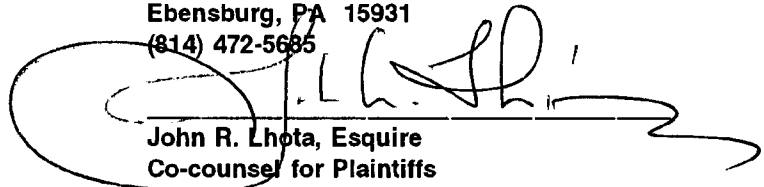
NO. 2002- 942 CD

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 \$80.00
Prothonotary
icc & writ
to Shaw
HPL

**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 19 2002

O/12.C.3/1a.Hy Petyak
William A. Shaw
Prothonotary

3cc City

1cc

Shaw w/Wr.

ROBERT P. PETYAK
ATTORNEY & COUNSELLOR AT LAW
215 P. N. C. BANK BUILDING
EBBENSBERG, PENNSYLVANIA 15981

Plaintiffs

VS.

Defendant

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

* NO. 2002-942 CO

* 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,
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- 942-CO

:

:

:

ORDER

AND NOW, this 16 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

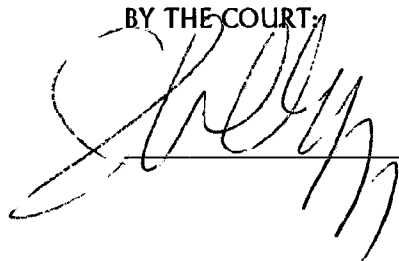
JUN 14 2002

0154913ccatty Lhotka
William A. Shaw
Prothonotary *WAS*

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
Total		\$1,100.00

Costs advanced by Robert P. Petyak, Esquire, for the filing fee for the Praeipce 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>
TOTAL		141.92

Costs advanced by Robert P. Petyak, Esquire, for the filing fee for the Praecipe 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".

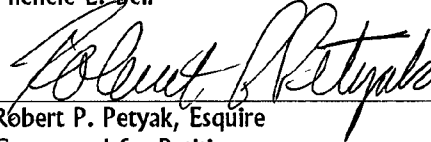
WHEREFORE, Petitioners request that this Court enter an Order approving the settlement and compromise, allowing counsel fees and Ordering distribution as set forth in the attached Order.



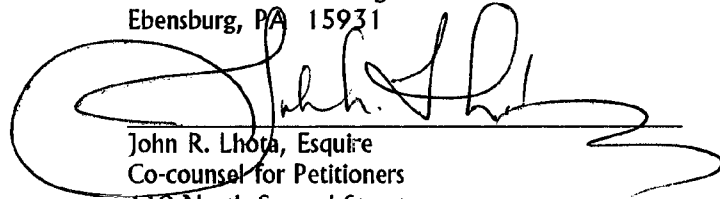
Kenneth L. Bell



Michele L. Bell



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



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.

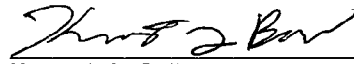
AARON J. WISOR,

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.



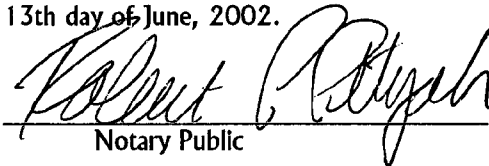
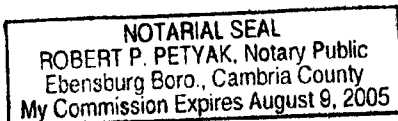
Kenneth L. Bell



Michele L. Bell

SWORN to and subscribed before me this

13th day of June, 2002.


Notary Public

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

vs.

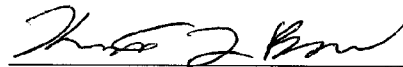
AARON J. WISOR,

Defendant

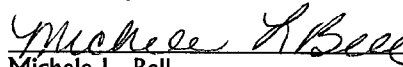
: IN THE COURT OF COMMON PLEAS
: OF CLEARFIELD COUNTY, PENNSYLVANIA
:
: Plaintiffs
:
: NO. 2002-
:
:
:

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.



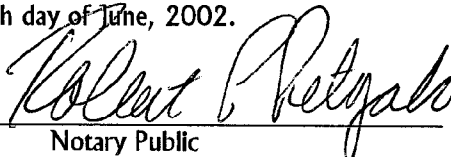
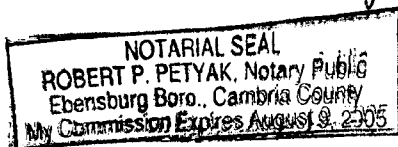
Kenneth L. Bell



Michele L. Bell

SWORN to and subscribed before me this

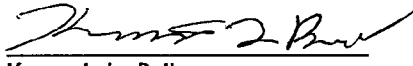
13th day of June, 2002.


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.

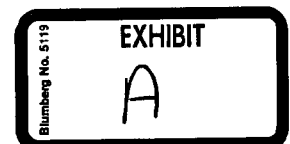
We do hereby agree with our said attorneys to pay them an amount equal to thirty-three and one-third (33 1/3) percent of verdict or settlement had in said action.

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



NAME AND ADDRESS
 BELL JUSTIN MAIDEN
 RD 1 BOX 323 B WEST DECATUR GA 30040
 RES. CODE 023000 S.S. NO. 000-00-0000 TYPE 1 EABFIELD CO UNKNOWN
 REGISTERING DOCTOR NAME NO. FAMILY DOCTOR NAME NO. MED. REC. NO.
 PAWLOWSKI IREK 021691 SHEFFO GREGORY S 013037 158058

REGISTRATION NUMBER
 47477526

REGISTRATION DATE/TIME
 06/30/2000 20:54

AGE 1 **BIRTHDATE** 08/27/1998 **F.C.** F **RACE** M **SEX** M **MAR.** S **REG. B** M

TIME SEEN: O/A After X-ray C.C. RECORD DICTATED: ☒ YES ☐ NO

MODE ARR: ☒ EMS ☐ Auto ☐ Additional Hx. from: FAMILY EMS NURSING HOME PRIOR RECORD OF

HPI: MVA Rear seat in car. Can seat

PMH: NONE ASTHMA COPD CAD MI CHF ↑ BP, LAST STRESS TEST DIABETES 1 2 CVA/TIA CANCER

PSH: NONE APP. CHOLY. TUBAL LIG. HYST CABG PTCA CATARACTS

MEDS: ☐ None Allergy: ☐ None Immunizations Current: Y N

SOCIAL /OCCUP. Hx: FAMILY Hx:

ROS:

PHY. EX.:

ABG	O ₂ Sat	PF	Td	Foley	Ng	BP ↑→	NPO	MD/PF Instr.	Home Hlth 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:				

ORDERS

RESULTS

RESPONSE

EVENTS &

PROCEDURES

SERVICES: Crit Care Med Command Independent visualization of ☐ x-rays ☐ EKG ☐ Discussion of imaging tests with Radiologist

DIAGNOSIS

Admit Dr. ☐ reg. ☐ 23 hr.
 TIME: Room #: ☐ ICU ☐ Telm
 Discharge Cond: ☐ Improved ☒ Stable ☐ Elopel
 Transfer to: ☐ AMA
☐ DOA: ☐ Exp ED ☐ LWBS
 Discussed with Dr. at

Referred to:

Instruction sheets: Temp Lacerations V & D 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.
☒ Follow instruction sheet[s] given.
☐ New Medication list:
☐ Follow up with ☒ your Doctor ☐ Other: Observe chest return as needed
☐ Special instructions:

☐ OFF WORK / SCHOOL / GYM FOR ☐ WORK RESTRICTIONS GIVEN

2150

NURSE SIGNATURE: [Signature] TIME: 2150

PHYSICIAN SIGNATURE: [Signature] BELL, JUSTIN

PHYSICIAN ASSISTANT SIGNATURE: [Signature]

06/30

EXHIBIT B

Clearfield Hospital

EMERGENCY DEPARTMENT RECORD

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

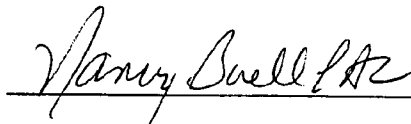
PATIENT: BELL, JUSTIN
DATE OF SERVICE: 06/30/00
PHYSICIAN: Irek Pawlowski, M.D.

MR #:0000158058

TIME DICTATED: 22:24:14

TIME TRANSCRIBED: 15:49:57

Dictated by Nancy Buell, P.A.-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: 
Irtek Pawlowski, M.D.

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

cc: Gregory Sheffo, M.D.

47477526 158058

BELL

06/27/1998 000-00-0000

PILLOWSKI IREK

Justin H E/D F

CATEGORY TRANSPORT

I

Ambulatory

II

Ambulance

III

BLS/ALS

IV

Carried

Other

Clearfield
HospitalEMERGENCY
DEPARTMENT
NURSING FLOW SHEETNo access to PCP
(Primary Care Physician)

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>98/58</u>	<input type="checkbox"/> Uncorrected
	O2 Sat _____	<input type="checkbox"/> Corrected
	Tilts <u>0 0 0</u>	<input type="checkbox"/> pinhole
	B/P _____	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
	Pulse _____	Growth & Development
	Tetanus _____	<input checked="" type="checkbox"/> Appropriate For Age
	L.M.P. _____ Weight _____	<input type="checkbox"/> Inappropriate For Age
	Allergies <u>None</u>	Peds Immunizations Current
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Triage
		Nurse
		Signature <u>P. H. H. H.</u>
		Time to Rm. <u>2050</u>
		Room # <u>C-3</u>
		Signature <u>P. H. H. H.</u>
	Latex Allergy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ASSESSMENT: CHECK ALL APPROPRIATE AREAS.

N/A = NOT APPLICABLE

NEUROLOGICAL			EENT		
<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Uncooperative <input type="checkbox"/> Confused <input type="checkbox"/> Combative <input type="checkbox"/> Lethargic <input type="checkbox"/> Baby <input type="checkbox"/> Unresponsive <input type="checkbox"/> Oriented			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Drainage <input type="checkbox"/> Reddened <input type="checkbox"/> Teary <input type="checkbox"/> Foreign Body <input type="checkbox"/> Pain <input type="checkbox"/> Swollen		
Patient States: LOC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Witnessed <input type="checkbox"/> Unwitnessed			Comments _____ Ear Pain <input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes <input type="checkbox"/> R <input type="checkbox"/> L Other _____		
Dizzy <input type="checkbox"/> Yes <input type="checkbox"/> No Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No Visual Disturbances <input type="checkbox"/> Yes <input type="checkbox"/> No Blurred Vision <input type="checkbox"/> Yes <input type="checkbox"/> No Double Vision <input type="checkbox"/> Yes <input type="checkbox"/> No Headache <input type="checkbox"/> Yes <input type="checkbox"/> No Pupils <input type="checkbox"/> N/A <input type="checkbox"/> Equal <input type="checkbox"/> Unequal R L <input type="checkbox"/> Reactive R L <input type="checkbox"/> Non-reactive R L <input type="checkbox"/> Dilated & Fixed R L			Hearing Acuity <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Audioscope Nose <input type="checkbox"/> Deformity <input type="checkbox"/> Bleeding <input type="checkbox"/> N/A <input type="checkbox"/> Congestion <input type="checkbox"/> Other		
Eyes Open _____ Best Verbal Response _____ Best Motor Response _____			Oral Sore Throat <input type="checkbox"/> Yes <input type="checkbox"/> No Dysphagia <input type="checkbox"/> Yes <input type="checkbox"/> No Drooling <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____		
Spontaneous = 4 To Voice = 3 To Pain = 2 None = 1 Oriented = 5 Confused = 4 Inapprop. Words = 3 Incompreh. Sounds = 2 None = 1 Obeys Commands = 6 Localizes to Pain = 5 Normal Flexion = 4 Abn. Flex-decorticate = 3 Abn. Ext.-decerebrate = 2 No Response = 1			INTEGUMENTARY Color <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Rash Describe _____ <input type="checkbox"/> Burn Describe _____ <input type="checkbox"/> Insect Bite _____ <input type="checkbox"/> Other _____		
GCS TOTAL _____ Extremity Movement <input type="checkbox"/> No <input type="checkbox"/> Yes Deficit <input type="checkbox"/> Where: _____ Handgrasp Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Describe: _____ Gait <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady			PAIN SCALES VAS (0-10) _____ WONG-BAKER (0-5) _____ Location _____ Onset _____		

DATE: _____

NURSES NOTES	
--------------	--

[illegible][illegible]

DISPOSITION	
1	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

~~Discharged~~

Time
2045

Performed By P. Lightner

☐ **Transfer To:**☐ Air

☐ Ground

☐ **Admit**

☐ LWBS / AMA

Clothing/Valuables:

☐ With Patient☐ To Police

☐ Given to

☐ **Disposed**☐ Safe☐ Envelope #☐ Funeral Dir. Sheet

Notification Of:

Family

☐ Police

☐ Clergy

☐ Poison Control

☐ MH /MR

☐ Home Health

☐ Patient/Family Services

☐ Discharge Planning

☐ Funeral Home

☐ Coroner

Name:

Time:

☐ Nursing Home

Signature

Pat Lighter

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 Arrived at patient.

0/

Coma=15 (B4, 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 #)

EMERGENCY DEPARTMENT RECORD

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

PATIENT: BELL, MATTHEW
DATE OF SERVICE: 06/30/00
PHYSICIAN: Irek Pawlowski, M.D.

MR #:0000151443

TIME DICTATED: 22:21:02

TIME TRANSCRIBED: 11:46:26

Dictated by Nancy Buell, P.A.-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.

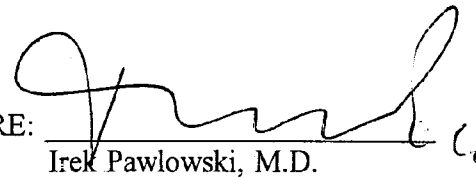
TREATMENT: Patient's face was cleansed. Bacitracin ointment was applied. He was given an ice pack to hold here.

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.

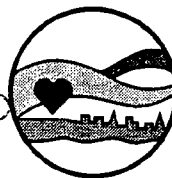
47477518 151443

BELL, MATTHEW
04/02/1996 187-76-9046
PAWLOWSKI IREK

Matthew

CATEGORY TRANSPORT

- I Ambulatory
II Ambulance
III BLS/ALS
IV Carried
Other



Clearfield
Hospital

No access to PCP
(Primary Care Physician)

EMERGENCY
DEPARTMENT
NURSING FLOW SHEET

Time: 2050 Chief Complaint: MVA - restrained (R) cheek/neck
abrasion 40 pain in that area. - NO LOC

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

ASSESSMENT CHECK ALL APPROPRIATE AREAS.

N/A = NOT APPLICABLE

NEUROLOGICAL			EENT		
<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Uncooperative <input type="checkbox"/> Combative <input type="checkbox"/> Baby <input type="checkbox"/> Oriented	Patient States: LOC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Witnessed <input type="checkbox"/> Unwitnessed	COM 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 Inapprop. Words = 3 Incompreh. Sounds = 2 None = 1 Obeys Commands = 6 Localizes to Pain = 5 Normal Flexion = 4 Abn. Flex-decorticate = 3 Abn. Ext.-decerebrate = 2 No Response = 1	Eye: <input type="checkbox"/> Drainage <input type="checkbox"/> Foreign Body <input type="checkbox"/> Reddened <input type="checkbox"/> Pain <input type="checkbox"/> N/A <input type="checkbox"/> Teary <input type="checkbox"/> Swollen Comments	Ear Pain <input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes <input type="checkbox"/> R <input type="checkbox"/> L Other Hearing Acuity <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Audioscope
Dizzy <input type="checkbox"/> Yes <input type="checkbox"/> No Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No Visual Disturbances <input type="checkbox"/> Yes <input type="checkbox"/> No Blurred Vision <input type="checkbox"/> Yes <input type="checkbox"/> No Double Vision <input type="checkbox"/> Yes <input type="checkbox"/> No Headache <input type="checkbox"/> Yes <input type="checkbox"/> No Pupils <input type="checkbox"/> N/A <input type="checkbox"/> Equal <input type="checkbox"/> Unequal R L <input type="checkbox"/> Reactive R L <input type="checkbox"/> Non-reactive R L <input type="checkbox"/> Dilated & Fixed R L	GCS TOTAL Extremity Movement <input type="checkbox"/> No <input type="checkbox"/> Yes Deficit <input type="checkbox"/> Where: Handgrasp Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Describe: Gait <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady	Nose <input type="checkbox"/> Deformity <input type="checkbox"/> Bleeding <input type="checkbox"/> N/A <input type="checkbox"/> Congestion <input type="checkbox"/> Other Oral Sore Throat <input type="checkbox"/> Yes <input type="checkbox"/> No Dysphagia <input type="checkbox"/> Yes <input type="checkbox"/> No Drooling <input type="checkbox"/> Yes <input type="checkbox"/> No Other	INTEGUMENTARY Color <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Rash Describe <input type="checkbox"/> Burn Describe <input type="checkbox"/> Insect Bite <input type="checkbox"/> Other		
PAIN SCALES VAS (0-10) WONG-BAKER (0-5) Location Onset					

NURSES NOTES

[illegible]

DISPOSITION

☐ Discharged 2145 ^{Time}
☒ Inst. Reviewed With: ☐ Pt. ☐ Parent ☐ Other Performed By: [Signature]
☐ Transfer To: _____ ☐ Air ☐ Ground ☐ Admit ☐ LWBS / AMA
 Clothing/Valuables: ☐ With Patient ☐ To Police ☐ Given to _____ ☐ Disposed
☐ Safe ☐ Envelope # _____ ☐ Funeral Dir. Sheet
 Notification Of: ☐ Family ☐ Police ☐ Clergy ☐ Poison Control ☐ MH /MR ☐ Home Health ☐ Patient/Family Services
☐ Discharge Planning ☐ Funeral Home ☐ Coroner Name: _____ Time: _____
☐ Nursing Home

Signature Patterson

Clearfield E.M.S.
Patient Information Form

Time: 6/30/00 Incident #: 6666 Incident Location: BIGLER BLINKER LIGHT
Patient Name: Cogley/Beiges/F DeHAVER Age: 4 SSN: 187-76-9046
Street Address: MATTHEW DELL Unit #: 51 Command Physician: PALWOSKI

Chief Complaint: MVA - REAR ENDED BY PICK UP Onset time: _____
Mechanism of Injury: RESTRAINED PASSENGER - FRONT SEAT IN MVA
Injury: FACIAL & NECK ABRASION

Medical History: ☒ None Known ☐ MI ☐ CHF ☐ HTN ☐ COPD
☐ Diabetes ☐ Cancer ☐ CVA ☐ Other: _____
Allergies: ☒ None Known ☐ Brought with patient. _____

Medications: ☒ None Known ☐ PCN ☐ ASA ☐ Sulfu ☐ Other: _____

Initial Status: Initial: ☒ Alert ☐ Oriented X 4 ☐ Confused ☐ Voleo ☐ Painful ☐ Unresponsive
Last: ☒ Alert ☐ Oriented X 4 ☐ Confused ☐ Voleo ☐ Painful ☐ Unresponsive

Signs: Pulse 116 100 _____
Respirations 24 24 _____
Blood Pressure 62/40 76/40 _____
Pulse ox _____
Temp _____
☒ 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 ☐ Rhales L/R ☐ Rhonchi L/R

ECG Rhythm: Initial: _____ Last: _____ ☐ Strip attached

pertinent physical findings: EXCELLENT PULSES/MOVEMENT & FOLLOWED
COMMANDS

Management: IMMOBILIZED w/ C-COLLAR & PEDALS

Signature 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 (MCDCode-42905)
DISPATCHED AT: 20:05 June 30, 2000 NATURE OF DISPATCH: BLS Emergency

PATIENT INFO:			
PATIENT LAST NAME:	FIRST:	ML:	PHONE:
BELL	MATTHEW		(814)342-0246
STREET ADDRESS:			AGE: 4
RD1 BOX 323B			DATE OF BIRTH: 04/02/1996
CITY:			SEX: M
West Decatur	STATE: PA	ZIP CODE: 16878	SOCIAL SECURITY #: 187-76-9046
PRIVATE PHYSICIAN:			SIGNATURE TO BILL DIRECT: No
SHEFFO			RELEASE INFO OBTAINED: No
BILL TO (COMPANY OR NAME):			MILEAGE
MICHELE BELL			OUT: 510
ADDRESS:			SCENE: 515
RD1 BOX 323 B.			DEST: 521
CITY:			IN: 522
West Decatur	STATE: PA	ZIP CODE: 16878	BILLED: 6
INSUR #1:			TOTAL: 12
BC CAPITAL OP			
Group #: 671179010			
Policy #: QAC185580655			
INSUR #2:			
AUTO ACCIDENT			
Group #:			
Policy #: 000000			

NARRATIVE:

Clearfield EMS, Inc., Medic 151 was dispatched at 20:05 on Jun 30, 2000 to Bradford Township, PA and arrived at scene (an 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:

		X

<- front of vehicle
<- rear

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

00066666
(Service Inc. #)

96627025
(State Form #)

EMS Form Number: 96627025

Print Date: 07/01/2000

Following 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: DeHaven, Frank (010101)

00066666
(Service Inc. #)

96627025
(State Form #)

--	--	--	--

ROBERT P. PETYAK
ATTORNEY & COUNSELLOR AT LAW
215 P. N. C. BANK BUILDING
EBENSBURG, PENNSYLVANIA 15981

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- 942-CD

*
*
*

* 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
m11:14/2cc atty Petyak
William A. Shaw
Prothonotary *WAS*

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

:
:
:
:
:
:
:

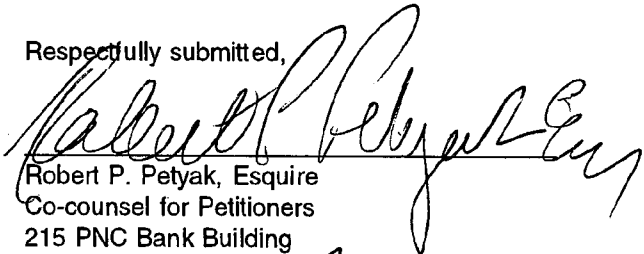
: NO. 2002- 942-CD

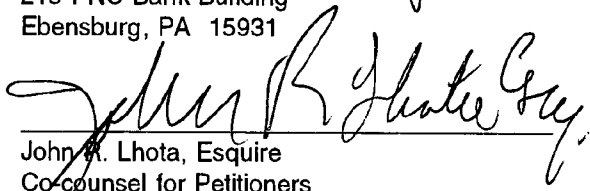
CERTIFICATION OF DEPOSIT IN SAVINGS ACCOUNT

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

\$ _____
AMOUNT WITHDRAWN
DOLLARS

SIGN HERE

SIGNATURE OF ACCOUNT OWNER



Main Office
11 North 2nd Street
Clearfield, PA 16830

New Account

CASH	CURRENCY		
	COIN		
DEPOSIT			
TOTAL FROM OTHER SIDE			
TOTAL			
LESS CASH RECEIVED			
NET DEPOSIT		<i>331</i>	<i>86</i>

⑆031306294⑆ 000⑆208353⑆

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 _____ \$ _____ AMOUNT WITHDRAWN _____ DOLLARS

SIGN HERE _____

SIGNATURE OF ACCOUNT OWNER

New Post pe

CASH	CURRENCY		
	COIN		
TOTAL FROM OTHER SIDE			
TOTAL			
LESS CASH RECEIVED			
NET DEPOSIT		<i>259.</i>	<i>56</i>



Main Office
11 North 2nd Street
Clearfield, PA 16830

⑆031306294⑆ 000⑈208345⑈

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

Return Costs

Cost	Description
21.59	SHFF. HAWKINS PAID BY; ATTY.
10.00	SURCHARGE PAID BY; ATTY.

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
Sgt. Mandy Harn

Chester A. Hawkins
Sheriff

FILED

AUG 12 2002
014:00
William A. Shaw
Prothonotary