

02-1593-CD
ANNA WRIGLESWORTH, et al. vs. MARIA CORRES

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ANNA WRIGLESWORTH, an individual,
And ANNA WRIGLESWORTH and
MICHAEL WRIGLESWORTH, as
Parents and natural guardians of BENTON
WRIGLESWORTH, A MINOR; KAYLA
WRIGLESWORTH, A MINOR and
JESSE POORMAN, A MINOR.

Plaintiffs,

Vs.

MARIA CORTES, an individual,

Defendant.

CIVIL DIVISION

No. 02-1583-Q

COMPLAINT

CODE: 001

Filed on behalf of Plaintiffs

Counsel of Record for this Party:
Patrick J. DeMay, Esquire
PA ID# 30694

DeMay, DeMay & Donnelly, P.C.
Firm #: 520

4800 Library Road
Bethel Park, PA 15102

(412) 833-2900

FILED

OCT 10 2002

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ANNA WRIGLESWORTH, an individual,) CIVIL DIVISION
And ANNA WRIGLESWORTH and)
MICHAEL WRIGLESWORTH, as)
Parents and natural guardians of BENTON)
WRIGLESWORTH, A MINOR; KAYLA)
WRIGLESWORTH, A MINOR and)
JESSE POORMAN, A MINOR.)
)
Plaintiffs,)
)
Vs.) NO.
)
MARIA CORTES, an individual,)
)
Defendant.)

NOTICE TO DEFEND

You have been sued in court. If you wish to defend against the claims in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the Complaint or for any claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE OR KNOW A LAWYER, THEN YOU SHOULD GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

COURT ADMINISTRATOR'S OFFICE
1 North Second Street
Clearfield, PA 16830

814-765-2641, extension 51 or 52

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ANNA WRIGLESWORTH, an individual,)	CIVIL DIVISION
And ANNA WRIGLESWORTH and)	
MICHAEL WRIGLESWORTH, as)	
Parents and natural guardians of BENTON)	
WRIGLESWORTH, A MINOR; KAYLA)	
WRIGLESWORTH, A MINOR and)	
JESSE POORMAN, A MINOR.)	
)	
Plaintiffs,)	
)	
Vs.)	NO.
)	
MARIA CORTES, an individual,)	
)	
Defendant.)	

COMPLAINT

AND NOW, come the Plaintiffs, above named, by and through their attorneys, DeMay, DeMay & Donnelly, P.C. and Patrick J. DeMay, Esquire, and for their Complaint, do set forth as follows:

1. Parents and children reside together and have a mailing address at P. O. Box 273, Grampian, PA 16838.
2. The Defendant is Maria Cortes, an individual, who resides at 2541 West 38th Street, Lorain, OH 44053.
3. The accident, which is the subject of this lawsuit, occurred on April 28, 2002, at approximately 9:20 A.M. on State Route 219, Greenwood Township, Clearfield County, PA.
4. At all times pertinent hereto, Plaintiffs were an insured of the Selective Insurance Company, policy number F1423680, and had elected the Full Tort Option.
5. On or about April 28, 2002, Plaintiffs were travelling generally north on State Route 219.
6. The Defendant was travelling generally south on State Route 219.
7. As the Defendant rounded a curve in the highway, Defendant lost control of her vehicle, crossed over the centerline and struck the Plaintiffs' vehicle head-on.

8. The Defendant was negligent and her negligence was the direct and proximate cause of the Plaintiffs' injuries and losses in the following respects:

- A. In driving at a high, dangerous and reckless speed under the circumstances;
- B. In failing to pay attention to the roadway ahead;
- C. In failing to maintain control of her vehicle;
- D. In failing to maintain her vehicle within the lines designated for southbound traffic;
- E. In crossing over the double yellow line and entering the lanes for the northbound traffic;
- F. In driving at a speed in excess of the posted speed limit;
- G. In driving at a speed too fast for conditions;

H. In violating laws of the Commonwealth of Pennsylvania, rules of the road and local ordinances.

9. As a direct result of the negligence of the Defendant as set forth, Plaintiffs sustained the following injuries and losses:

A. ANNA WRIGLESWORTH

1. A concussion;
2. Blunt force trauma to the left arm with severe bruising;
3. Severe bruising about the chest and hip;
4. Lacerations and bruising of the face;
5. Crush injury to the right knee;
6. Severe swelling of the right leg;
7. A fractured right patella;
8. A right infrapatellar tendon rupture;
9. She required extrication from the vehicle and transferred by ambulance to an emergency room;

10. She required in-patient and out-patient hospitalizations;
11. She required a surgical procedure under general anesthesia for an open reduction and internal fixation of the patella and the patellar tendon;
12. She required extensive physical therapy which is continuing and may require additional therapy in the future;
13. She required the services of orthopedic surgeons, nurses, physical therapists and may require additional medical care in the future;
14. She sustained a permanent loss of strength and range of motion;
15. She is at an increased risk for arthritis and knee replacement;
16. She experienced profound pain, suffering and inconvenience which will continue into the future;
17. She sustained a loss of earning capacity;
18. She has been unable to perform her normal and routine daily activities from the date of the accident to the present and continuing.

B. BENTON WRIGLESWORTH:

1. He required transport by ambulance from the scene of the accident to the hospital and required treatment in the emergency room;
2. He sustained pain and bruising of the right leg;
3. He sustained a bloody nose and progressed to develop black eyes;
4. He missed several days from school;
5. He experienced mental anguish secondary to observations of his mother's injuries and her extrication from the vehicle.

C. KAYLA WRIGLESWORTH:

1. She required transport by ambulance from the scene of the accident to the emergency room where she was treated and released;
2. She experienced mental anguish secondary to observations of her mother's injuries and her extrication from the vehicle.

D. JESSE POORMAN:

1. He required transport by ambulance from the scene of the accident to the hospital and required treatment in the emergency room;

2. He experienced abdominal pain and headaches;
3. He sustained an abrasion and hematoma of the forehead;
4. He sustained scarring of the forehead secondary to a laceration;
5. He went on to develop black eyes secondary to the hematoma;
6. He missed several days from school;
7. He experienced mental anguish secondary to observations of his mother's injuries and her extrication from the vehicle.

WHEREFORE, Plaintiffs demand judgment in their favor and against the Defendant for an amount in excess of \$25,000.00, together with interest and costs of suit.

JURY TRIAL DEMANDED

DeMay, DeMay & Donnelly, P.C.



Patrick J. DeMay, Esquire
Attorney for Plaintiffs

AFFIDAVIT

We verify that the statements made in this **COMPLAINT** are true and correct to the best of our knowledge, information and belief.

We understand that false statements made herein are made subject to the penalties of 18 Pa. C.S.A., Section 4904, relating to unsworn falsification to authorities.

10/3/02
Date

Anna Wriglesworth
Anna Wriglesworth

10/3/02
Date

Michael Wriglesworth
Michael Wriglesworth

FILED
U.S. DISTRICT COURT
OCT 10 2002
80 00

William A. Shaw
Prothonotary

CP
No. 02-1583-CD

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Plaintiffs,

Vs.

MARIA CORTES, an individual,

Defendant.

CIVIL DIVISION

No. 02-1583-CD

**PETITION TO COMPROMISE THE
CLAIMS OF MINORS**

CODE: 001

Filed on behalf of Plaintiffs

Counsel of Record for this Party:

Patrick J. DeMay, Esquire

PA ID# 30694

DeMay, DeMay & Donnelly, P.C.
Firm #: 520

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JESSE POORMAN, A MINOR.)
)
Plaintiffs,)
)
Vs.) NO. 02-1583-CD
)
MARIA CORTES, an individual,)
)
Defendant.)

PETITION TO COMPROMISE THE CLAIMS OF MINORS

AND NOW, comes the Plaintiffs, above named, by and through their attorneys, DeMay, DeMay & Donnelly, P.C. and Patrick J. DeMay, Esquire and for their Petition to this Court, do set forth as follows:

1. The Minor Plaintiffs are Kayla Wriglesworth, whose birth date is November 23, 1993; Benton Wriglesworth, whose birth date is December 2, 1992 and Jesse Poorman, whose birth date is July 18, 1991. All minor Plaintiffs currently resides with their parents and natural guardians, Anna and Michael Wriglesworth, at P. O. Box 273, Grampian, PA 16838

2. The incident here involved occurred April 28, 2002 at approximately 9:30 A.M. on S.R. 219, Clearfield, PA.

3. On the date, time and location above mentioned, the Minor Plaintiffs were restrained passengers in the vehicle driven by their mother, Anna Wriglesworth. The Defendant rounded a curve in the highway, lost control of her vehicle, crossed over the centerline and struck the Plaintiffs' vehicle head-on.

4. The Minor Plaintiff, Kayla Wriglesworth, was taken to Clearfield Hospital to make certain she was not injured. After examination, she was released to continue with her normal routine. She received no follow up care after that initial evaluation. The hospital record for Kayla Wriglesworth is attached as Exhibit "1".

5. The Minor Plaintiff, Benton Wriglesworth, was taken to Clearfield Hospital. After examination, he was diagnosed with contusions to his forehead, face and nose. He was released to continue with his normal routine and received no follow up care after that initial evaluation. The hospital record for Benton Wriglesworth is attached as Exhibit "2".

6. The Minor Plaintiff, Jesse Poorman, was taken to Clearfield Hospital. After examination, he was diagnosed with contusions to his forehead and abdominal wall. The contusions were cleansed and he was released. The hospital record for Jesse Poorman is attached as Exhibit "3".

7. The Minor Plaintiff, Jesse Poorman, complained of headaches and was taken to his Pediatrician, Gregory S. Shaffo, M.D. on May 3, 2002. The office note of Dr. Shaffo is attached as Exhibit "4". After an examination, Dr. Shaffo ordered a CT Scan of the Facial Bones to rule out any fractures. The CT Scan showed no evidence of bone fractures. The CT Scan Report is attached as Exhibit "5".

8. The Minor Plaintiff, Jesse Poorman, has received no follow-up treatment at all since the CT Scan and is in good physical condition at the present time.

9. Selective Insurance Company, the first party benefits carrier of the vehicle owner, has paid the medical bills of the Minor Plaintiffs.

10. At the present time, Plaintiff has received offers of settlement from Nationwide Insurance Company, the liability carrier, as follows:

- A. \$500.00 as Settlement for Kayla Wriglesworth, a minor;
- B. \$800.00 as Settlement for Benton Wriglesworth, a minor;
- C. \$3,000.00 as Settlement for Jesse Poorman, a minor.

11. Proposed distribution is as follows:

FOR KAYLA WRIGLESWORTH

- A. Total Settlement \$ 500.00
- B. Less Attorney's fee (33 1/3%) \$ 166.66
- C. Less: Costs Advanced \$ 23.54
- D. Balance to Minor Plaintiff, Kayla Wriglesworth
(The balance due the Minor Plaintiff shall be deposited within 30 days by Attorney Patrick J. DeMay into a federally insured account or certificate of deposit containing the following restriction: "No withdrawals are permitted until the Minor Plaintiff attains the age of eighteen (18) or upon further Order of Court."

FOR BENTON WRIGLESWORTH

- A. Total Settlement \$ 800.00
- B. Less Attorney's fee (33 1/3%) \$ 266.66
- C. Less: Costs Advanced \$ 24.70
- D. Balance to Minor Plaintiff, Benton Wriglesworth
(The balance due the Minor Plaintiff shall be deposited within 30 days by Attorney Patrick J. DeMay into a federally insured account or certificate of

deposit containing the following restriction: "No withdrawals are permitted until the Minor Plaintiff attains the age of eighteen (18) or upon further Order of Court."

FOR JESSE POORMAN

A.	Total Settlement	\$ 3,000.00
B.	Less Attorney's fee (33 1/3%)	\$ 1,000.00
C.	Less: Costs Advanced	\$ 51.71
D.	Balance to Minor Plaintiff, Jesse Poorman (The balance due the Minor Plaintiff shall be deposited within 30 days by Attorney Patrick J. DeMay into a federally insured account or certificate of deposit containing the following restriction: "No withdrawals are permitted until the Minor Plaintiff attains the age of eighteen (18) or upon further Order of Court."	\$ 1,948.29

12. Counsel for the Minor Plaintiffs has fully investigated the liability and damages aspects of these claims. Based on that investigation, it is the recommendation of counsel that the offers as identified are fair and reasonable and should be accepted. The Affidavit of Counsel is attached hereto as Exhibit "6".

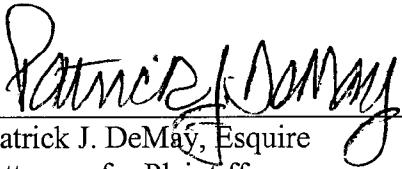
13. The parents and natural guardians of the Minor Plaintiffs have reviewed the foregoing Petition and assert that the facts set forth therein are true and correct. The parents have been advised of the offers of settlement and believe that the offers as set forth are fair and

reasonable and in the best interest of their children and should be accepted. The Affidavit of Parental Consent is attached hereto as Exhibit "7".

WHEREFORE, Your Honorable Court is respectfully requested to enter an Order approving settlement and distribution as set forth.

Respectfully submitted,

DeMay, DeMay & Donnelly, P.C.



Patrick J. DeMay, Esquire
Attorney for Plaintiffs

No. 02-1583-CD

EXHIBIT "1"

REGISTRATION
NUMBER

NAME AND ADDRESS		REGISTRATION DATE/TIME														
WRIGLESWORTH, KAYLA RR 2 BOX 326 CURWENSVILLE PA 16833 RES. CODE 033085 S.S. NO. 192-74-4531		04/28/2002 10:46 4941922														
REGISTERING DOCTOR NAME DESGANTIS JAMES P		NO. 021683	PAT. PH. NO. 814-277-4447		FAMILY DOCTOR NAME SHEFFO GREGORY S		NO. 013037	AGE 8		BIRTHDATE 11/23/1993	F.C. F	RACE I	SEX F	MAR. S	REG. HM	
TIME SEEN: O/A After X-ray		C.C.		RECORD DICTATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ORDER TAKEN <input type="checkbox"/> ORDER TAKEN O												
MODE ARR: EMS Auto		Additional Hx. from: FAMILY EMS NURSING HOME		PRIOR RECORD OF												
HPI:																
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: <input type="checkbox"/> None							Allergy: <input type="checkbox"/> None			Immunizations Current: Y N						
SOCIAL /OCCUP. Hx:							FAMILY Hx:									
ROS:																
PHY. EX.:																
ORDERS	ABG	O ₂ 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										
	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	SPECIAL															
	CT Head															
	CT Neck															
	CT Chest															
	CT Abd															
CT Pelvis																
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	<i>SP DVA No injury</i>					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 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 URI Head Inj. Concussion Flu Mononucleosis Croup Nosebleed Eye Injury																
Conjunctivitis Kidney Stone Tick Bite Back Pain Cast Sprain/Fracture Ectopic Threatened AB DH V71.4																
<input type="checkbox"/> If your symptoms progress, worsen, or if you develop new symptoms, return to the emergency department.																
<input type="checkbox"/> Follow instruction sheet[s] given.																
<input type="checkbox"/> New Medication list:																
<input type="checkbox"/> Follow up with <input type="checkbox"/> your Doctor <input type="checkbox"/> Other: <i>Continue Normal Routines</i>																
<input type="checkbox"/> Special instructions:																
<input type="checkbox"/> OFF WORK / SCHOOL / GYM FOR							<input type="checkbox"/> WORK RESTRICTIONS GIVEN									
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DISCHARGE INSTRUCTIONS																

NURSE SIGNATURE
 NON-EMERGENCY

TIME

PHYSICIAN ASSISTANT SIGNATURE

PATIENT SIGNATURE

04/28/02 10:46

PHYSICIAN SIGNATURE

Clearfield Hospital

EMERGENCY DEPARTMENT RECORD

Clearfield Hospital - Clearfield , PA 16830

Patient: WRIGLESWORTH, KAYLA MARIE

DOB: 11/23/1993

Age/Gender: 8 F

4/28/2002 10:34 MVC

MR#: 140763

Acct#: 000000984085

ED Phys.:

CHIEF COMPLAINT:

MVC

Enc. Type: Initial

ACUITY: Level III

Physicians caring for patient:

James P. DeSantis, DO

VITAL SIGNS

Initials/Date/Time	Temp(C)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/min	Pain Scale
LDS 4/28/2002 10:38	37.5	O	91	24	102	<u>58</u>				

TRIAGE

PCP/private physician: Gregory S. Sheffo, MD

Patient arrived by stretcher via ambulance

Chief complaint/quote: restrained back seat no complaints fully immobilized

Mental status: . The patient is oriented x 3

Medication allergies: No known allergies.

Allergies/food/environmental/animal: No known allergies.

Latex Allergy (-)

Current meds: none

Vaccinations are up to date

Growth and Development: Appropriate for age.

LDS:Lowell D.Satterfield, RN 04/28/02 10:35

LDS:Lowell D.Satterfield, RN 04/28/02 11:03

PAST HISTORY**PAST MEDICAL, SURGICAL HISTORY**

No pertinent PMH

No pertinent past surgical history.

LDS:Lowell D.Satterfield, RN 04/28/02 10:39

NURSING SYSTEMS REVIEW**ASSESSMENT**

LDS:Lowell D.Satterfield, RN 04/28/02 10:39

At the time of this signature, I have reviewed and agree with the Chief Complaint, Triage and Past History.

James P.DeSantis, DO 5/6/2002 14:51

HISTORY OF PRESENT ILLNESS**HPI Text**

I have reviewed the history taken in triage and agree with the findings.

JPD:James P.DeSantis, DO 05/06/02 14:51

REVIEW OF SYSTEMS

Clearfield Hospital - Clearfield, PA 16830

Patient: WRIGLESWORTH, KAYLA MARIE

DOB: 11/23/1993

Age/Gender: 8 F

4/28/2002 10:34 MVC

MR#: 140763

Acct#: 000000984085

ED Phys.:

CONSTITUTIONAL

JPD:James P.DeSantis, DO 05/06/02 14:52

Notes:

<JPD 05-06-02 14:52> restrained rear seat passenger c no inj.

EXAM

CONSTITUTIONAL: Well-appearing; well-nourished; in no apparent distress

HEAD: Normocephalic; atraumatic

EYES: PERRL; EOM intact

ENT: TM's normal; normal nose; no rhinorrhea; normal pharynx with no tonsillar hypertrophy

NECK: Supple; non-tender; no cervical lymphadenopathy

CARD: Normal S1, S2; no murmurs, rubs, or gallops

RESP: Normal chest excursion with respiration; breath sounds clear and equal bilaterally; no wheezes, rhonchi, or rales

ABD: Normal bowel sounds; non-distended; non-tender; no palpable organomegaly

EXT: Normal ROM in all four extremities; non-tender to palpation; distal pulses are normal

SKIN: Normal for age and race; warm; dry; good turgor; no apparent lesions or exudate

JPD:James P.DeSantis, DO 05/06/02 14:52

DIAGNOSIS

Motor vehicle accident (MVA) - unspecific injury

JPD:James P.DeSantis, DO 05/06/02 14:52

Notes:

<JPD 05-06-02 14:52>No injury.

DISPOSITION

Nursing

Disposition - Discharged: The patient was discharged to home in stable condition ambulatory accompanied by family member

JDM:Joanne D.Magnuson, RN 04/28/02 11:34

Bed Assignments:

TRAUMA1 <LDS 4/28/2002 10:34>

CAST1 <LDS 4/28/2002 10:41>

Chart electronically signed by: James P.DeSantis, DO 5/6/2002 14:53

Patient released 4/28/2002 11:35

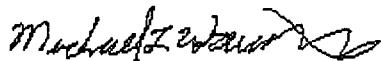
Released by Joanne D. Magnuson, RN

CLEARFIELD HOSPITAL EMERGENCY DEPARTMENT CONSENT

Date: 28-Apr-2002

I, WRIGLESWORTH, KAYLA MARIE (or ANNA WRIGLESWORTH for WRIGLESWORTH, KAYLA MARIE), request emergency care or medical treatment and care at Clearfield Hospital. I consent to all medical care and treatment including diagnostic procedures, surgical treatment, and blood transfusions, which may be deemed necessary in the judgment of .

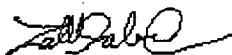
Permission is hereby granted to release the information on this form to the family physician and the insurance company listed on the front of this record. Permission is also granted to obtain medical information from other facilities as necessary to provide continuing care to the above named patient in the Emergency Department of Clearfield Hospital.



Patient Signature

<RepSig>

Representative Signature



Staff Signature

Patient is unable to consent for him/herself under existing law and the signature above is that of the closest relative or legal guardian.
Although the patient is not 18 she/he has made representation under which Pennsylvania Law entitles him/her to consent to medical, dental, or health services without the consent of his/her parents or legal guardian as follows:

I graduated from _____ High School in 19 _____. Yes No
I am requesting treatment for conditions which are related to sexually transmitted disease/pregnancy/contraception. Yes No
I am or have been married. Yes No
I am or have been pregnant. Yes No

VERBAL OR PHONE AUTHORIZATION FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT

AM
Date 04/28/02 Time _____ PM

Verbal Authorization

Phone Authorization to provide emergency medical and/or surgical treatment to WRIGLESWORTH, KAYLA MARIE was obtained from

(Authorized Name)

(Relationship)

<StaffSig>

Staff Signature

No. 02-1583-CD

EXHIBIT "2"

NAME AND ADDRESS		REGISTRATION NUMBER	
WRIGLESWORTH BENTON RR 2 BOX 326 CURWENSVILLE PA 16833 RES. CODE 033085 S.S. NO. 176-74-0012		REGISTRATION DATE/TIME 04/28/2002 10:51 4941923 AGE 9 BIRTHDATE 12/02/1992 F.C. 1 RACE 1 MAR. 6 REG 6 BMI	
REGISTERING DOCTOR NAME DESGANTIS JAMES P NO. 021683		FAMILY DOCTOR NAME SHEFFO GREGORY S NO. 013037 MED. REC. NO. 136151 CIRCLE REQUESTS TESTS	
TIME SEEN: O/A After X-ray C.C.		RECORD DICTATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ORDER TAKEN OF	
MODE ARR: EMS Auto Additional Hx. from: FAMILY EMS NURSING HOME PRIOR RECORD OF		Card. PRT. EKG	
HPI:		Amylase PT, PT	
		CBC DIF TR 12	
		Chem 7,12+CO ₂ UA Mi	
		Hepatic Panel U C8	
PMH: NONE ASTHMA COPD CAD MI CHF ↑ BP, LAST STRESS TEST DIABETES 1 2 CVA / TIA CANCER		CK MB Cath U	
PSH: NONE APP. CHOLY. TUBAL LIG. HYST CABG PTCA CATARACTS		Troponin I Gc-Chl Probe	
MEDS: <input type="checkbox"/> None Allergy: <input type="checkbox"/> None Immunizations Current: Y N		Digoxin Blood C	
SOCIAL /OCCUP. Hx: FAMILY Hx:		Theo 1 2	
ROS:		Dilantin Strep	
PHY. EX.:		HCG Qual Sputum	
		HCG Quan	
		Urine Tox	
		Abd. Ser/Kub Hand	
		Chest P. C. Wrist	
		Ribs 4 Arm	
		Face / Nose Elbow	
		Orbit/mand. Humeru	
		C. Sp. P. C. Should	
		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 Scroti	
		US Retroperitoneal Renal US Veno	
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		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 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 URI Head Inj. Concussion Flu Mononucleosis Croup Nosebleed Eye Injury			
Conjunctivitis Kidney Stone Tick Bite Back Pain Cast Sprain/Fracture Ectopic Threatened AB		DA 959.09	
<input type="checkbox"/> If your symptoms progress, worsen, or if you develop new symptoms, return to the emergency department.		DF 920	
<input type="checkbox"/> Follow instruction sheet[s] given.		E 819.1	
<input type="checkbox"/> New Medication list:			
<input type="checkbox"/> Follow up with <input type="checkbox"/> your Doctor <input type="checkbox"/> Other:		Wound care + normal routines 2	
<input type="checkbox"/> Special instructions:			
<input type="checkbox"/> OFF WORK / SCHOOL / GYM FOR		<input type="checkbox"/> WORK RESTRICTIONS GIVEN	
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DISCHARGE INSTRUCTIONS			

NURSE SIGNATURE

 NON-EMERGENCY

TIME

PHYSICIAN ASSISTANT SIGNATURE

PATIENT SIGNATURE

Clearfield Hospital - Clearfield, PA 16830

Patient: WRIGLESWORTH, BENTON WILLIAM

DOB: 12/2/1992

Age/Gender: 9 M

4/28/2002 10:41 MVC

MR#: 136151

Acct#: 000000984086

ED Phys.:

CHIEF COMPLAINT:

MVC

Enc. Type: Initial

ACUITY: Level III

Physicians caring for patient:

James P. DeSantis, DO

VITAL SIGNS

Initials/Date/Time	Temp(C)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/min	Pain Scale
LDS 4/28/2002 10:46	37.7	O	95	22	115	65				

TRIAGE

PCP/private physician: Gregory S. Sheffo, MD

Patient arrived by stretcher via ambulance

Chief complaint/quote: restrained back seat fully immobilized dried blood around mouth from bloody nose no bleeding at this time abrasion right lower leg

Mental status: . The patient is oriented x 3

Medication allergies: No known allergies.

Allergies/food/environmental/animal: No known allergies.

Latex Allergy (-)

Current meds: Depakote

Notes:

<LDS 04-28-02 10:45>takes a med for bi-polar

Vaccinations are up to date

Growth and Development: Appropriate for age.

LDS:Lowell D.Satterfield, RN 04/28/02 10:42

LDS:Lowell D.Satterfield, RN 04/28/02 11:02

PAST HISTORY

PAST MEDICAL, SURGICAL HISTORY

Bi-polar disorder

No pertinent past surgical history.

LDS:Lowell D.Satterfield, RN 04/28/02 10:47

NURSING SYSTEMS REVIEW

ASSESSMENT

LDS:Lowell D.Satterfield, RN 04/28/02 10:47

MUSCULOSKELETAL

Extremity pain: (+)

Mechanism of pain, location, findings: Patient states the pain is due to an auto accident. Pain located in the right lower leg(s). abraded

LDS:Lowell D.Satterfield, RN 04/28/02 10:47

ReAssessment

ASSESSMENT

Clearfield Hospital - Clearfield , PA 16830

Patient: WRIGLESWORTH, BENTON WILLIAM

DOB: 12/2/1992

Age/Gender: 9 M

4/28/2002 10:41 MVC

MR#: 136151

Acct#: 000000984086

ED Phys.:

LDS:Lowell D.Satterfield, RN 04/28/02 11:02

At the time of this signature, I have reviewed and agree with the Chief Complaint, Triage and Past History.
 James P.DeSantis, DO 5/6/2002 14:54

HISTORY OF PRESENT ILLNESS**HPI Text**

I have reviewed the history taken in triage and agree with the findings.

JPD:James P.DeSantis, DO 05/06/02 14:55

REVIEW OF SYSTEMS**CONSTITUTIONAL**

Constitutional: No fever, unexplained weight change or malaise.No neck pain

Eyes: No visual changes, eye pain or discharge.

ENMT: No hearing changes, discharge or infections. + bruise to nose c nosebleed at scene --resolved spontaneously.

Cardiac: No chest pain, SOB or edema.

Respiratory: No cough or respiratory distress.

GI: No nausea, vomiting, diarrhea or abdominal pain.

GU: No dysuria, frequency or burning.

MS: No myalgia, muscle weakness, joint pain or back pain., sl abrasions to knees c no impairment

Neuro: + contusion to forehead c loczalized pain no localized weakness. No LOC.

Skin: No skin rash.

JPD:James P.DeSantis, DO 05/06/02 14:58

EXAM

CONSTITUTIONAL: Well-appearing; well-nourished; in no apparent distress

HEAD: Normocephalic; contusion c sl abrasionto L forehead-no bleeding

EYES: PERRL; EOM intact, clear, CN 2-12 intact

ENT: TM's normal; sl sts/contusion to bridge of nose c no septal deviation, no septal hematoma, no active epistaxis ; no rhinorrhea; normal pharynx with no tonsillar hypertrophy

NECK: Supple; non-tender; no cervical lymphadenopathy

CARD: Normal S1, S2; no murmurs, rubs, or gallops, no chest wall tend

RESP: Normal chest excursion with respiration; breath sounds clear and equal bilaterally; no wheezes, rhonchi, or rales

ABD: Normal bowel sounds; non-distended; non-tender; no palpable organomegaly, no back tend

EXT: Normal ROM in all four extremities; non-tender to palpation; distal pulses are normal, sl abrasion over patellae bilat

SKIN: Normal for age and race; warm; dry; good turgor; no apparent lesions or exudate

JPD:James P.DeSantis, DO 05/06/02 15:02

DIAGNOSIS

Contusion - forehead

Contusion - face

JPD:James P.DeSantis, DO 05/06/02 15:05

Clearfield Hospital - Clearfield , PA 16830

Patient: WRIGLESWORTH, BENTON WILLIAM

DOB: 12/2/1992

Age/Gender: 9 M

4/28/2002 10:41 MVC

MR#: 136151

Acct#: 000000984086

ED Phys.:

Notes:

<JPD 05-06-02 15:05>contusion to nose

DISPOSITION

Nursing

Disposition - Discharged: The patient was discharged to home in stable condition ambulatory accompanied by parent/guardian. The patient's diagnosis, condition, and treatment were explained to patient and/or parent/guardian. The patient/responsible party expressed understanding.

JDM:Joanne D.Magnuson, RN 04/28/02 11:36

Old Charts Reviewed

James P DeSantis , DO has reviewed this patients chart for encounter # 1 of 4/28/2002 10:41

Bed Assignments:

CAST2 <LDS 4/28/2002 10:41>

Chart electronically signed by: James P.DeSantis, DO 5/6/2002 15:06

Addendum(s):

<JPD 05-06-02 17:39>I made an error on this documentation. I saw 2 ~ 10 yo boys in MVA approx 30 min apart. This pt in fact did not have a forehead contusion. Therefore these changes are in order: 1. ROS Strike thru forehead contusion.2. PE: Strike thru All comments about forehead contusion/forehead inj . 3. DX: Strike thru forehead contusion and retain facial/nose contusionn

Patient released 4/28/2002 11:36

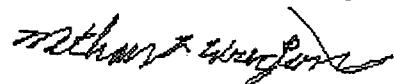
Released by Joanne D. Magnuson, RN

CLEARFIELD HOSPITAL EMERGENCY DEPARTMENT CONSENT

Date: 28-Apr-2002

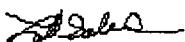
I, WRIGLESWORTH, BENTON WILLIAM (or MICHAEL WRIGLESWORTH for WRIGLESWORTH, BENTON WILLIAM), request emergency care or medical treatment and care at Clearfield Hospital. I consent to all medical care and treatment including diagnostic procedures, surgical treatment, and blood transfusions, which may be deemed necessary in the judgment of.

Permission is hereby granted to release the information on this form to the family physician and the insurance company listed on the front of this record. Permission is also granted to obtain medical information from other facilities as necessary to provide continuing care to the above named patient in the Emergency Department of Clearfield Hospital.



Patient Signature

<RepSig>
Representative Signature



Staff Signature

Patient is unable to consent for him/herself under existing law and the signature above is that of the closest relative or legal guardian.
Although the patient is not 18 she/he has made representation under which Pennsylvania Law entitles him/her to consent to medical, dental, or health services without the consent of his/her parents or legal guardian as follows:

I graduated from _____ High School in 19_____. Yes No
I am requesting treatment for conditions which are related to sexually transmitted disease/pregnancy/contraception. Yes No
I am or have been married. Yes No
I am or have been pregnant. Yes No

VERBAL OR PHONE AUTHORIZATION FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT

Date 04/28/02 Time _____ AM

PM

Verbal Authorization

Phone Authorization to provide emergency medical and/or surgical treatment to
WRIGLESWORTH, BENTON WILLIAM was obtained from

(Authorized Name)

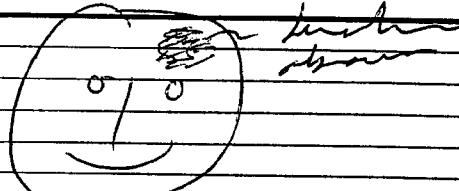
_____ (Relationship)

<StaffSig>

Staff Signature

No. 02-1583-CD

EXHIBIT "3"

NAME AND ADDRESS POORMAN JESSE MAIDEN										REGISTRATION DATE/TIME 04/28/2002 10:35				REGISTRATION NUMBER 4941917	
CURWENSVILLE PA 16833 PAT.PH. NO. 814-277-4447										AGE 10	BIRTHDATE 07/18/1991	F.C. F	RACE 1	SEX M	MAR. REG S HM
RES. CODE 033105 S.S. NO. 200-72-5049 TWP. FERGUSON TWP. CLFD CO										NO. 021683	FAMILY DOCTOR NAME SHEFFO GREGORY S	NO. 013037	MED. REC. NO. 127882	CIRCLE REQUESTED TESTS	
REGISTERING DOCTOR NAME DESGANTIS JAMES P										RECORD DICTATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				ORDER TAKEN <input checked="" type="checkbox"/>	
TIME SEEN: O/A After X-ray C.C.														Card. P.R.T. EKG	
MODE ARR: EMS Auto Additional Hx. from: FAMILY EMS NURSING HOME PRIOR RECORD OF														Amylase PT, PT	
HPI:														CBC DIF TR 1	
PMH: NONE ASTHMA COPD CAD MI CHF ↑ BP, LAST STRESS TEST										DIABETES 1 2 CVA / TIA CANCER				Chem 7.12-CO ₂ UA M	
PSH: NONE APP. CHOLY. TUBAL LIG. HYST CABG PTCa CATARACTS														Hepatic Panel U Cr	
MEDS: <input type="checkbox"/> None Allergy: <input type="checkbox"/> None										Immunizations Current: Y N				CK MB Cath U	
SOCIAL /OCCUP. Hx:										FAMILY Hx:				Troponin I Gc-Chi Probe	
ROS:														Digoxin Blood C	
PHY. EX.:														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. Humeru	
														C. Sp. P. C. Should	
														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 Retrop. Renal	
														US Veno	
RESULTS	HERPES - Nothropocar. Lesions 7/16/02														
ORDERS	ABG O ₂ 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 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:														
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	SF MVA mild claud. back injury & jawline fracture					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 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 URI Head Inj. Concussion Flu Mononucleosis Croup Nosebleed Eye Injury														
CONJUNCTIVITIS	Kidney Stone Tick Bite Back Pain Cast Sprain/Fracture Ectopic Threatened AB										DA 9/20				
<input type="checkbox"/> If your symptoms progress, worsen, or if you develop new symptoms, return to the emergency department.											DF 9/20				
<input type="checkbox"/> Follow instruction sheet[s] given.											9/10/02				
<input type="checkbox"/> New Medication list:											9/22/02				
<input type="checkbox"/> Follow up with <input type="checkbox"/> your Doctor <input type="checkbox"/> Other:											9/19/1				
<input type="checkbox"/> Special instructions:											3				
<input type="checkbox"/> OFF WORK / SCHOOL / GYM FOR											<input type="checkbox"/> WORK RESTRICTIONS GIVEN				
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DISCHARGE INSTRUCTIONS															
NURSE SIGNATURE <input type="checkbox"/> NON-EMERGENCY					TIME 					PHYSICIAN ASSISTANT SIGNATURE POORMAN, JESSE					
										PATIENT SIGNATURE 04/28/02 10:35					
PHYSICIAN SIGNATURE Clearfield Hospital															
EMERGENCY DEPARTMENT RECORD															

Clearfield Hospital - Clearfield, PA 16830

Patient: POORMAN, JESSE MICHAEL

DOB: 7/18/1991

Age/Gender: 10 M

4/28/2002 10:15 Muscle pain

MR#: 127882

Acct#: 000000984080

ED Phys.:

CHIEF COMPLAINT: Muscle pain **Enc. Type:** Initial **ACUITY:** Level II
Physicians caring for patient:

James P. DeSantis, DO

VITAL SIGNS

Initials/Date/Time	Temp(C)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/min	Pain Scale
LDS 4/28/2002 10:17	36.7	O	68	20	113	67				

TRIAGE

PCP/private physician: Gregory S. Sheffo, MD

Patient arrived by stretcher via ambulance

Chief complaint/quote: back seat restrained head pain abrasion and hematoma on forehead

Mental status: . The patient is oriented x 3 and

Medication allergies: No known allergies.

Allergies/food/environmental/animal: Chocolate

Latex Allergy (-)

Current meds: Unknown medication

Carbatrol 400 mg QAM

Carbatrol 500 mg @ suppertime

Notes:

<LDS 04-28-02 10:17>seizure meds

Vaccinations are up to date

Weight: 67

Growth and Development: Appropriate for age.

LDS:Lowell D.Satterfield, RN 04/28/02 10:15

LDS:Lowell D.Satterfield, RN 04/28/2002 11:16

PAST HISTORY**PAST MEDICAL, SURGICAL HISTORY**

Seizures

No pertinent past surgical history.

LDS:Lowell D.Satterfield, RN 04/28/02 10:21

NURSING SYSTEMS REVIEW**ASSESSMENT**

LDS:Lowell D.Satterfield, RN 04/28/02 10:21

MUSCULOSKELETAL

Head pain: (+)

Location and mechanism of pain: Patient complains of pain to forehead. Patient states the injury was due to an auto accident. in size. The area effected is/has markedly swollen and abrasion(s)

LDS:Lowell D.Satterfield, RN 04/28/02 10:21

FLOWsheets

Clearfield Hospital - Clearfield , PA 16830

Patient: POORMAN, JESSE MICHAEL

DOB: 7/18/1991

Age/Gender: 10 M

4/28/2002 10:15 Muscle pain

MR#: 127882

Acct#: 000000984080

ED Phys.:

MEDICATION ADMINISTRATION RECORD

Tegretol 200mg tab 2 PO ; (V. O.) James P. DeSantis, DO Lowell D. Satterfield, RN 4/28/2002 11:14

Medication given as ordered.

LDS 4/28/2002 11:15

At the time of this signature, I have reviewed and agree with the Chief Complaint, Triage and Past History.
James P.DeSantis, DO 5/6/2002 17:44

HISTORY OF PRESENT ILLNESS**HPI Text**

MVA-- hit forehead on seat back--bruised ,also c/o abd pain
 JPD:James P.DeSantis, DO 05/06/02 17:45

REVIEW OF SYSTEMS**CONSTITUTIONAL**

Constitutional: No fever, unexplained weight change or malaise., no neck pain
 Eyes: No visual changes, eye pain or discharge.
 ENMT: No hearing changes, pain, discharge or infections., + forehead contusion c hematoma
 Cardiac: No chest pain, SOB or edema.
 Respiratory: No cough or respiratory distress.
 GI: No nausea, vomiting, diarrhea + abdominal pain.--diffuse.
 GU: No dysuria, frequency or burning.
 MS: No myalgia, muscle weakness, joint pain or back pain.
 Neuro: No headache or weakness. No LOC.
 Skin: No skin rash.
 JPD:James P.DeSantis, DO 05/06/02 17:46

EXAM

CONSTITUTIONAL: well-nourished; iimmobilized, no resp compromise
 HEAD: Normocephalic; L forehead contusionc sl abrasion and hematoma, c-spine/neck nontend to palp
 EYES: PERRL; EOM intact, clear. CN 2-12 intact
 ENT: TM's normal; normal nose; no rhinorrhea; normal pharynx with no tonsillar hypertrophy
 NECK: Supple; non-tender; no cervical lymphadenopathy
 CARD: Normal S1, S2; no murmurs, rubs, or gallops
 RESP: Normal chest excursion with respiration; breath sounds clear and equal bilaterally; no wheezes, rhonchi, or rales
 ABD: Normal bowel sounds; non-distended; + diffuse tenderness c no guarding/rebound; no palpable organomegaly
 EXT: Normal ROM in all four extremities; non-tender to palpation; distal pulses are normal
 SKIN: Normal for age and race; warm; dry; good turgor; no apparent lesions or exudate
 JPD:James P.DeSantis, DO 05/06/02 17:50

Clearfield Hospital - Clearfield , PA 16830

Patient: POORMAN, JESSE MICHAEL

DOB: 7/18/1991

Age/Gender: 10 M

4/28/2002 10:15 Muscle pain

MR#: 127882

Acct#: 000000984080

ED Phys.:

PROCEDURES

PROCEDURES - NURSING

Patient to imaging department: JDM

Consult

Radiology notified of order: Patient for xray in Imaging Department. KAR 04/28/02 10:43

Patient back from CT department. KAR 04/28/02 10:49

ORDERS

MEDICATIONS

Tegretol 200mg tab 2 PO ; (V. O.) James P. DeSantis, DO Lowell D. Satterfield, RN 4/28/2002 11:14

RADIOLOGY

CT ABDOMEN W/O CONTRAST MVA James P. DeSantis, DO Karen A. Rupprecht, UC 4/28/2002 10:38

Cancelled by Karen A. Rupprecht, UC on 4/28/2002 10:40

CT HEAD/BRAIN W/O CONTRAST MVA James P. DeSantis, DO Karen A. Rupprecht, UC 4/28/2002 10:40

DIAGNOSIS

Contusion - abdominal wall

Contusion - forehead

JPD:James P.DeSantis, DO 05/06/02 17:53

DISPOSITION

Nursing

Disposition - Discharged: The patient was discharged to home in stable condition ambulatory accompanied by parent/guardian. The patient's diagnosis, condition, and treatment were explained to patient and/or parent/guardian. The patient/responsible party expressed understanding.

JDM:Joanne D.Magnuson, RN 04/28/02 11:36

Bed Assignments:

CLINIC3 <LDS 4/28/2002 10:15>

Chart electronically signed by: James P.DeSantis, DO 5/6/2002 17:53

Patient released 4/28/2002 11:37

Released by Joanne D. Magnuson, RN

CLEARFIELD HOSPITAL EMERGENCY DEPARTMENT CONSENT

Date: 28-Apr-2002

I, poorman, jesse (or for poorman, jesse), request emergency care or medical treatment and care at Clearfield Hospital. I consent to all medical care and treatment including diagnostic procedures, surgical treatment, and blood transfusions, which may be deemed necessary in the judgment of .

Permission is hereby granted to release the information on this form to the family physician and the insurance company listed on the front of this record. Permission is also granted to obtain medical information from other facilities as necessary to provide continuing care to the above named patient in the Emergency Department of Clearfield Hospital.



Patient Signature



<RepSig>

Representative Signature



Staff Signature

____ Patient is unable to consent for him/herself under existing law and the signature above is that of the closest relative or legal guardian.
____ Although the patient is not 18 she/he has made representation under which Pennsylvania Law entitles him/her to consent to medical, dental, or health services without the consent of his/her parents or legal guardian as follows:

I graduated from _____ High School in 19 _____. Yes No

I am requesting treatment for conditions which are related to sexually transmitted disease/pregnancy/contraception.

I am or have been married. Yes No

I am or have been pregnant. Yes No

VERBAL OR PHONE AUTHORIZATION FOR EMERGENCY MEDICAL
AND/OR SURGICAL TREATMENT

Date 04/28/02 Time _____ AM
PM

Verbal Authorization

Phone Authorization to provide emergency medical and/or surgical treatment to poorman, jesse was obtained from

(Authorized Name)

(Relationship)



<StaffSig>

Staff Signature

(Witness)

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

PATIENT:	POORMAN, JESSE MICHAEL	MR #:	127882
AGE:	10	SEX:	M
DOB:	07/18/1991	ADM#:	49419179
ORD DR:	DESGANTIS, JAMES P	ROOM/BED:	
ATT DR:	DESGANTIS, JAMES P	PT CLASS:	ED
ALT DR:	SHEFFO, GREGORY S	PT TYPE:	E FC: F
		HOSP SVC:	E/D ORDER #: 90002

REFERRING DIAGNOSIS: MVA

CONTRAST DOCUMENTATION:

BRAND: AMT: BY:

HISTORY/ COMMENTS: BUMP FRONTAL AREA

IS PATIENT PREGNANT? NA

LMP:

SHIELDED:

NO. OF FILMS: 2

FLUORO TIME:

ORDER #: 90002

04/28/2002 CT HEAD/BRAIN W/O CONTRAST 70450

PROCEDURE ENDED: 04/28/2002 10:50 Initials: JCS

Sequential axial unenhanced images were obtained. No intracranial mass or hemorrhage is identified. There is no shift of the midline structures. No intracranial extra-axial fluid collection is seen. The fourth ventricle is intact.

The bony calvarium is intact.

There is a soft tissue bump just to the left of midline of the forehead.

IMPRESSION: No intracranial abnormality.

READING DOCTOR: ALFRED B. COREN, M.D.
ELECTRONICALLY SIGNED: ALFRED B. COREN, M.D.
TRANSCRIBED BY: PAR 04/28/2002 01:11PM

CAT SCAN.

Imaging Results

POORMAN, JESSE MICHAEL
Atn Dr: DESANTIS JAMES P
Adm Dt: 04/28/02 EA

M 10

Text Results Display
/ E/D
EMR
Isol:

04/30/02 0925
Pt#: 49419179

MR#: 127882

Obsv Code: CT HEAD WO

Page 2 Down, Across 1 of 1

Abnormal Ind:

Date/Time: 04/28/02 10:50

Critical Ind:

Body Site:

Normal Desc:

Body Position:

Comment:

04/28/2002 CT HEAD/BRAIN W/O CONTRAST 70450

PROCEDURE ENDED: 04/28/2002 10:50 INITIALS: JCS

SEQUENTIAL AXIAL UNENHANCED IMAGES WERE OBTAINED. NO INTRACRANIAL MASS OR HEMORRHAGE IS IDENTIFIED. THERE IS NO SHIFT OF THE MIDLINE STRUCTURES. NO INTRACRANIAL EXTRA-AXIAL FLUID COLLECTION IS SEEN. THE FOURTH VENTRICLE IS INTACT.

----- TEXT CONTINUED ON NEXT PAGE -----

! F1 Pt List
! F2 Main Menu
! F3 Results
! F13 Prev Pt

! F7 PAGE UP
! F8 PAGE DWN
! F11 Signoff

! F14 Next Pt

ZMDRTG02

CAT SCAN

Imaging Results
POORMAN, JESSE MICHAEL M 10 Text Results Display 04/30/02 0925
Attn Dr: DESANTIS JAMES P / E/D Pt#: 49419179
Adm Dt: 04/28/02 EA EMR
Isol: MR#: 127882
-----Page 3 Down, Across 1 of 1
Obsv Code: CT HEAD WO Date/Time: 04/28/02 10:50
Abnormal Ind: Body Site:
Critical Ind: Body Position:
Normal Desc:
Comment:

THE BONY CALVARIUM IS INTACT.

THERE IS A SOFT TISSUE BUMP JUST TO THE LEFT OF MIDLINE OF THE FOREHEAD.

IMPRESSION: NO INTRACRANIAL ABNORMALITY.

----- TEXT CONTINUED ON NEXT PAGE -----

! F1 Pt List ! F7 PAGE UP
! F2 Main Menu ! F8 PAGE DWN ! F11 Signoff
! F3 Results
! F13 Prev Pt ! F14 Next Pt
ZMDRTG02

No. 02-1583-CD

EXHIBIT "4"

DeMay, DeMay & Donnelly, P.C.

Attorneys at Law

John A. DeMay

Patrick J. DeMay
David T. Donnelly

4800 Library Road
Bethel Park, PA 15102
Telephone 412/833-2900
1-800-326-8380
Fax 412/831-5270

May 15, 2002

Gregory S. Sheffo, M.D.
807 Doctors Drive
Clearfield, PA 16830

Re: My Client:
Date of Accident:

Jesse Poorman, a minor
April 28, 2002

Dear Dr. Sheffo:

Enclosed herewith is an Authorization signed by my client, Anna Wriglesworth, mother of Jesse Poorman, a minor. Would you please forward a complete copy of Jesse's office notes and bills from April 28, 2002 to date? *radiology studies, ER report, clinic note.*

If there is a charge for this information, please advise the amount you require and a check will be issued immediately.

Thank you.

Sincerely,

Patrick J. DeMay

PJD:jj
Enclosure

OK
Gregg Jones

10663
DM
5-22-02

Clearfield Hospital - Clearfield, PA 16830

Patient: POORMAN, JESSE MICHAEL

DOB: 7/18/1991

Age/Gender: 10 M

4/28/2002 10:15 Muscle pain

MR#: 127882

Acct#: 000000984080

ED Phys.:

CHIEF COMPLAINT:

Muscle pain

Enc. Type: Initial

ACUITY: Level II

Physicians caring for patient:

James P. DeSantis, DO

VITAL SIGNS

Initials/Date/Time	Temp(C)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/min	Pain Scale
LDS 4/28/2002 10:17	36.7	O	68	20	113	67				

TRIAGE

PCP/private physician: Gregory S. Sheffo, MD

Patient arrived by stretcher via ambulance

Chief complaint/quote: back seat restrained head pain abrasion and hematoma on forehead

Mental status: The patient is oriented x 3 and

Medication allergies: No known allergies.

Allergies/food/environmental/animal: Chocolate

Latex Allergy (-)

Current meds: Unknown medication

Carbatrol 400 mg QAM

Carbatrol 500 mg @ suppertime

Notes:

<LDS 04-28-02 10:17>seizure meds

Vaccinations are up to date

Weight: 67

Growth and Development: Appropriate for age.

LDS:Lowell D.Satterfield, RN 04/28/02 10:15

LDS:Lowell D.Satterfield, RN 04/28/2002 11:16

PAST HISTORY

PAST MEDICAL, SURGICAL HISTORY

Seizures

No pertinent past surgical history.

LDS:Lowell D.Satterfield, RN 04/28/02 10:21

NURSING SYSTEMS REVIEW

ASSESSMENT

LDS:Lowell D.Satterfield, RN 04/28/02 10:21

MUSCULOSKELETAL

Head pain: (+)

Location and mechanism of pain: Patient complains of pain to forehead. Patient states the injury was due to an auto accident, in size. The area effected is/has markedly swollen and abrasion(s)

LDS:Lowell D.Satterfield, RN 04/28/02 10:21

FLOWSHEETS

Clearfield Hospital - Clearfield , PA 16830

Patient: POORMAN, JESSE MICHAEL

DOB: 7/18/1991

Age/Gender: 10 M

4/28/2002 10:15 Muscle pain

MR#: 127882

Acct#: 000000984080

ED Phys.:

MEDICATION ADMINISTRATION RECORD

Tegretol 200mg tab 2 PO ; (V. O.) James P. DeSantis, DO Lowell D. Satterfield, RN 4/28/2002 11:14

Medication given as ordered.

LDS 4/28/2002 11:15

At the time of this signature, I have reviewed and agree with the Chief Complaint, Triage and Past History.
 James P.DeSantis, DO 5/6/2002 17:44

HISTORY OF PRESENT ILLNESS

HPI Text

MVA-- hit forehead on seat back--bruised ,also c/o abd pain

JPD:James P.DeSantis, DO 05/06/02 17:45

REVIEW OF SYSTEMS

CONSTITUTIONAL

Constitutional: No fever, unexplained weight change or malaise., no neck pain

Eyes: No visual changes, eye pain or discharge.

ENMT: No hearing changes, pain, discharge or infections., + forehead contusion c hematoma

Cardiac: No chest pain, SOB or edema.

Respiratory: No cough or respiratory distress.

GI: No nausea, vomiting, diarrhea + abdominal pain.--diffuse.

GU: No dysuria, frequency or burning.

MS: No myalgia, muscle weakness, joint pain or back pain.

Neuro: No headache or weakness. No LOC.

Skin: No skin rash.

JPD:James P.DeSantis, DO 05/06/02 17:46

EXAM

CONSTITUTIONAL: well-nourished; immobilized, no resp compromise

HEAD: Normocephalic; L forehead contusionc sl abrasion and hematoma, c-spine/neck nontend to palp

EYES: PERRL; EOM intact, clear. CN 2-12 intact

ENT: TM's normal; normal nose; no rhinorrhea; normal pharynx with no tonsillar hypertrophy

NECK: Supple; non-tender; no cervical lymphadenopathy

CARD: Normal S1, S2; no murmurs, rubs, or gallops

RESP: Normal chest excursion with respiration; breath sounds clear and equal bilaterally; no wheezes, rhonchi, or rales

ABD: Normal bowel sounds; non-distended; + diffuse tenderness c no guarding/rebound; no palpable organomegaly

EXT: Normal ROM in all four extremities; non-tender to palpation; distal pulses are normal

SKIN: Normal for age and race; warm; dry; good turgor; no apparent lesions or exudate

JPD:James P.DeSantis, DO 05/06/02 17:50

Clearfield Hospital - Clearfield , PA 16830

Patient: POORMAN, JESSE MICHAEL

DOB: 7/18/1991

Age/Gender: 10 M

4/28/2002 10:15 Muscle pain

MR#: 127882

Acct#: 000000984080

ED Phys.:

PROCEDURES

PROCEDURES - NURSING

Patient to imaging department: JDM

Consult

Radiology notified of order: Patient for xray in Imaging Department. KAR 04/28/02 10:43

Patient back from CT department. KAR 04/28/02 10:49

ORDERS

MEDICATIONS

Tegretol 200mg tab 2 PO ; (V. O.) James P. DeSantis, DO Lowell D. Satterfield, RN 4/28/2002 11:14

RADIOLOGY

CT ABDOMEN W/O CONTRAST MVA James P. DeSantis, DO Karen A. Rupprecht, UC 4/28/2002 10:38

Cancelled by Karen A. Rupprecht, UC on 4/28/2002 10:40

CT HEAD/BRAIN W/O CONTRAST MVA James P. DeSantis, DO Karen A. Rupprecht, UC 4/28/2002 10:40

DIAGNOSIS

Contusion - abdominal wall

Contusion - forehead

JPD:James P.DeSantis, DO 05/06/02 17:53

DISPOSITION

Nursing

Disposition - Discharged: The patient was discharged to home in stable condition ambulatory accompanied by parent/guardian. The patient's diagnosis, condition, and treatment were explained to patient and/or parent/guardian. The patient/responsible party expressed understanding.

JDM:Joanne D.Magnuson, RN 04/28/02 11:36

Bed Assignments:

CLINIC3 <LDS 4/28/2002 10:15>

Chart electronically signed by: James P.DeSantis, DO 5/6/2002 17:53

Patient released 4/28/2002 11:37

Released by Joanne D. Magnuson, RN

DOB
7-18-91

TELEPHONE CALLS

PATIENT Jessie Poorman
DATE 4-30-02
AGE
PHARMACY

PHONE 527-4447

TIME til 11 Am

CALLER

Anna

804

TIME

DR G S ST

RETURN CALL / RX REFILL / LAB RESULTS

805 fine busy Lm

812 fine busy Lm

826 Returned call - Sunday was in a car accident
has confusion + swollen eye - needs followup
to CDPd ER - to get report + call mom back Lm

838 med record called for report Lm

All x-rays (skull films, CT scan head)

all OK, no specific need for flu unless
"required" (legal issue) or unusual x's (may
still have some H/A → OK to use tylenol).

10:55 - Above message given to mom
insisting on appt later this week
appt 5/3/02 10:40



Name Jesse Poorman
Parent's Name Michael

Date 05-03-02 Time 10:55 DOB 07-18-91 Age 10 1/2 y
Phone 277-4447

Chief Complaint:	<u>CHI - FU E</u>	Medications:	Allergies:
<p><u>S/P CHI 20 to MVA 4/28/02 → restrained (seatbelt which apparently unlatched on impact) → "head-on" collision (pt in mid-size SUV struck while stationary by larger SUV).</u></p> <p><u>S/P E/F eval (CT head wnl). No prolonged LOC. Ø vomiting. Persistent CT frontal H/A in spite of OTC analgesics.</u></p> <p><u>Family / Social Hx: NC gait.</u></p>		<u>Carbotrol</u>	<u>UKDA</u>
		Immunizations Current? (Circle one)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Assessed <input type="checkbox"/>
		Temp <u>97.5</u> (Rectal VS Tympanic)	Heart Rate _____
		Respirations _____	Pressure _____ / <u>P</u>
		Height _____	Weight <u>68</u> <u>20/40</u> Inches
		Vision Screen: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Hearing Screen: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal
		Hgb _____	PPD _____
		Lead _____	Strep (rapid) _____
		U/A (dip) _____	
		<input type="checkbox"/> Unit dose Neb. (Albuterol Atrovent) <input type="checkbox"/> Pulse Ox (pre / post) = _____ <input type="checkbox"/> PEF (est. _____) = _____	
		Other Orders: <u>NC gait, DTR's 2+; EOMI</u>	

wnl		abn
<input checked="" type="checkbox"/>	General	
	Head / Font.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Eyes	
<input checked="" type="checkbox"/>	Nose / Ears	
<input checked="" type="checkbox"/>	Mouth / Throat	
<input checked="" type="checkbox"/>	Neck / Thyroid	
<input checked="" type="checkbox"/>	Extremities	
<input checked="" type="checkbox"/>	Chest / Lungs	
<input checked="" type="checkbox"/>	C-V / Pulses	
	Abdomen	
	Genital / Anus	
	Spine / Back	
<input checked="" type="checkbox"/>	Neuro	
	Skin	

appropriate mental status

swelling mid forehead & infraorbital areas
 blist (⊕ ecchymosis)
 tenderness to palp. Cephalus @ mid forehead & medial aspect superior orbit

Calls _____	PM _____
RTC At: <u>Clearfield</u>	Of Age <u>PN</u>

Diagnosis and Plan:

CHI - Pto bony (orbital ⊕) occult fracture →
 discussed w/ radiology → recommend CT scan
 focused on maxillofacial bones. 20tab elixir
 if sp no 9id / pern - pain (H240 ml).
 will notify of results.

**CLEARFIELD HOSPITAL
IMAGING DEPARTMENT**

(814) 768 - 2275

PATIENT:	POORMAN, JESSE MICHAEL	MR #:	127882
AGE:	10	SEX:	M
DOB:	07/18/1991		
ORD DR:	SHEFFO, GREGORY S	ROOM/BED:	
ATT DR:	SHEFFO, GREGORY S	PT CLASS:	OUT
ALT DR:	SHEFFO, GREGORY S	PT TYPE:	R FC: F
		HOSP SVC:	IMG ORDER #: 90004

REFERRING DIAGNOSIS: S/P CHI MVA 4-28-0 EVAL
FACIAL BONES

CONTRAST DOCUMENTATION:
BRAND: AMT: BY:

HISTORY/ COMMENTS: FRONTAL HEADACHES LG CONTUSION FRONTAL F/U FROM 4-28-MVA

IS PATIENT PREGNANT? NA

LMP:

SHIELDED: N

NO. OF FILMS: 5

FLUORO TIME:

ORDER #: 90004

05/06/2002 CT MAXILLOFACIAL W/O CON 70486

PROCEDURE ENDED: 05/06/2002 12:11 Initials: DRG

With the patient in the supine position, axial images were obtained, as well as with the patient in the prone position, coronal images were obtained.

CT FINDINGS: The frontal sinuses are underdeveloped. There is evidence of mucosal thickening in the maxillary sinus on the right and near complete opacification of the left maxillary sinus. There appears to be no definite evidence of bone fracture at this time. The medial wall and lateral wall of the orbits appear intact. There is swelling of the nasal turbinates. The sphenoid sinus is unremarkable.

IMPRESSION: Extensive maxillary and ethmoid sinusitis. No definite evidence of bone fracture at this time. No orbital fracture or orbital floor fracture is suspected.

READING DOCTOR: RICHARD G. WILLIAMS, M.D.
ELECTRONICALLY SIGNED: RICHARD G. WILLIAMS, M.D.
TRANSCRIBED BY: HGR 05/06/2002 01:21PM

65

5/8/02 - let parents know that CT shows no bone fractures but Jesse does have sinusitis. Will treat w/ Augmentin (500mg) + tab po bid x 14d (#28). RV mn. The sinusitis may be contributing to his HA's. G Sheffo

5-8-02 11:35 called left message C Maywood -
4:00 Mom called back notified above call of
to City drug CH
ORDERING DR BATCH

No. 02-1583-CD

EXHIBIT "5"

**CLEARFIELD HOSPITAL
IMAGING DEPARTMENT**

(814) 768 - 2275

PATIENT:	POORMAN, JESSE MICHAEL	MR #:	127882
AGE:	10 SEX: M	ADM#:	49445117 OP
DOB:	07/18/1991	ROOM/BED:	
ORD DR:	SHEFFO, GREGORY S	PT CLASS:	OUT
ATT DR:	SHEFFO, GREGORY S	PT TYPE:	R FC: F
ALT DR:	SHEFFO, GREGORY S	HOSP SVC:	IMG ORDER #: 90004

REFERRING DIAGNOSIS: S/P CHI MVA 4-28-0 EVAL
FACIAL BONES

CONTRAST DOCUMENTATION:

BRAND: AMT: BY:

HISTORY/ COMMENTS: FRONTAL HEADACHES LG CONTUSION FRONTAL F/U FROM 4-28-MVA

IS PATIENT PREGNANT? NA LMP:

SHEIELDED: N NO. OF FILMS: 5

FLUORO TIME:

ORDER #: 90004

05/06/2002 CT MAXILLOFACIAL W/O CON 70486

PROCEDURE ENDED: 05/06/2002 12:11 Initials: DRG

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READING DOCTOR: RICHARD G. WILLIAMS, M.D.
ELECTRONICALLY SIGNED: RICHARD G. WILLIAMS, M.D.
TRANSCRIBED BY: HGR 05/06/2002 01:21PM

4738

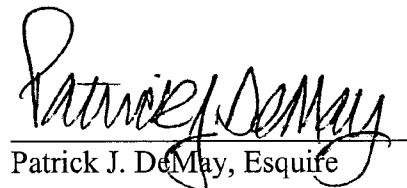
AFFIDAVIT OF COUNSEL

I, Patrick J. DeMay, Esquire, Attorney for Plaintiff, state that I fully investigated the liability damage aspects of this case, that I received offers of settlement as set forth in the Petition and that it is my opinion that the offers are fair, in the best interest of the minor children and should be approved.

I understand that false statements made herein are made subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification of authorities.

11-25-02

Date



Patrick J. DeMay, Esquire

AFFIDAVIT OF PARENTAL CONSENT

We, Anna and Michael Wriglesworth, parents and natural guardians of Kayla Wriglesworth, Benton Wriglesworth and Jesse Poorman, minors, do hereby state that we read and understand this Petition including the details of the proposed settlements and distribution, that it is our opinion that the settlement offers are fair, in the best interest of our children and that they should be approved.

We understand that false statements made herein are made subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification of authorities.

11/16/02

Date

Anna Wriglesworth
Anna Wriglesworth

11/16/02

Date

Michael Wriglesworth
Michael Wriglesworth

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ANNA WRIGLESWORTH, an individual,) CIVIL DIVISION
And ANNA WRIGLESWORTH and)
MICHAEL WRIGLESWORTH, as)
Parents and natural guardians of BENTON)
WRIGLESWORTH, A MINOR; KAYLA)
WRIGLESWORTH, A MINOR and)
JESSE POORMAN, A MINOR.)
Plaintiffs,)
Vs.) NO. 02-1583-CD
MARIA CORTES, an individual,)
Defendant.)

FILED

DEC 27 2002

William A. Shaw
Prothonotary

ORDER OF COURT

AND NOW, to wit, this 20th day of December, 2002, upon
consideration of the foregoing Petition, IT IS HEREBY ORDERED that the following settlements
are approved and that distributions shall be as follows:

1. **FOR KAYLA WRIGLESWORTH**

A.	Total Settlement	\$ 500.00
B.	Less Attorney's fee (33 1/3%)	\$ 166.66
C.	Less: Costs Advanced	\$ 23.54
D.	Balance to Minor Plaintiff, Kayla Wriglesworth (The balance due the Minor Plaintiff shall be deposited within 30 days by Attorney	\$ 309.80

Patrick J. DeMay into a federally insured account or certificate of deposit containing the following restriction: "No withdrawals are permitted until the Minor Plaintiff attains the age of eighteen (18) or upon further Order of Court."

2. FOR BENTON WRIGLESWORTH

A.	Total Settlement	\$ 800.00
B.	Less Attorney's fee (33 1/3%)	\$ 266.66
C.	Less: Costs Advanced	\$ 24.70
D.	Balance to Minor Plaintiff, Benton Wriglesworth (The balance due the Minor Plaintiff shall be deposited within 30 days by Attorney Patrick J. DeMay into a federally insured account or certificate of deposit containing the following restriction: "No withdrawals are permitted until the Minor Plaintiff attains the age of eighteen (18) or upon further Order of Court."	\$ 508.64

3. FOR JESSE POORMAN

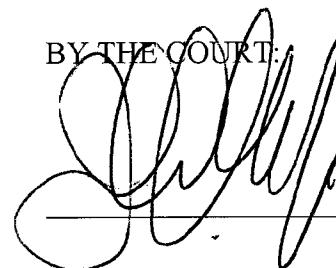
A.	Total Settlement	\$ 3,000.00
B.	Less Attorney's fee (33 1/3%)	\$ 1,000.00
C.	Less: Costs Advanced	\$ 51.71
D.	Balance to Minor Plaintiff, Jesse Poorman (The balance due the Minor Plaintiff shall be deposited within 30 days by Attorney Patrick J. DeMay into a federally insured account or certificate of deposit containing the following	\$ 1,948.29

No. 02-1583-CD

restriction: "No withdrawals are permitted until the Minor Plaintiff attains the age of eighteen (18) or upon further Order of Court."

4. Proofs of Deposit shall be filed by Attorney Patrick J. DeMay within thirty (30) days of the date of this Order.

BY THE COURT:



J.

A handwritten signature in black ink, appearing to read "Patrick J. DeMay", is written over a horizontal line. To the right of the signature is a small handwritten "J.".

FILED
12:45 PM
DEC 27 2002
44y Derry
C
R2

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ANNA WRIGLESWORTH, an individual,
And ANNA WRIGLESWORTH and
MICHAEL WRIGLESWORTH, as
Parents and natural guardians of BENTON
WRIGLESWORTH, A MINOR; KAYLA
WRIGLESWORTH, A MINOR and
JESSE POORMAN, A MINOR.

Plaintiffs,

Vs.

MARIA CORTES, an individual,

Defendant.

CIVIL DIVISION

No. 02-1583-CD

**PRAECIPE TO SETTLE AND
DISCONTINUE**

CODE: 001

Filed on behalf of Plaintiffs

Counsel of Record for this Party:
Patrick J. DeMay, Esquire
PA ID# 30694

DeMay, DeMay & Donnelly, P.C.
Firm #: 520

4800 Library Road
Bethel Park, PA 15102

(412) 833-2900

FILED

JAN 10 2003

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

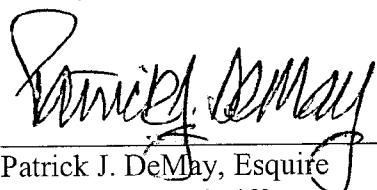
ANNA WRIGLESWORTH, an individual,) CIVIL DIVISION
And ANNA WRIGLESWORTH and)
MICHAEL WRIGLESWORTH, as)
Parents and natural guardians of BENTON)
WRIGLESWORTH, A MINOR; KAYLA)
WRIGLESWORTH, A MINOR and)
JESSE POORMAN, A MINOR.)
)
Plaintiffs,)
)
Vs.) NO. 02-1583-CD
)
MARIA CORTES, an individual,)
)
Defendant.)

PRAECIPE TO SETTLE AND DISCONTINUE

TO THE PROTHONOTARY:

Please mark the docket in this case "Settled and Discontinued".

DeMay, DeMay & Donnelly, P.C.



Patrick J. DeMay, Esquire
Attorney for Plaintiffs

FILED

No cc

ML3:0267
JAN 10 2003

Cert. of Dec.

to Atty
William A. Shaw
Prothonotary
Copy to CJA

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

Anna Wriglesworth, an individual, and
Anna Wriglesworth and Michael Wriglesworth,
as parents and natural guardians of Benton
Wriglesworth, a minor; Kayla Wriglesworth,
a minor, and Jesse Poorman, a minor

Vs. No. 2002-01583-CD
Maria Cortes, an individual

CERTIFICATE OF DISCONTINUATION

Commonwealth of PA
County of Clearfield

I, William A. Shaw, Prothonotary of the Court of Common Pleas in and for the County and Commonwealth aforesaid do hereby certify that the above case was, on January 10, 2003, marked:

Settled and Discontinued

Record costs in the sum of \$80.00 have been paid in full by Patrick J. DeMay, Esq.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 10th day of January A.D. 2003.

William A. Shaw, Prothonotary

No. 02-1583-CD

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ANNA WRIGLESWORTH, an individual,
And ANNA WRIGLESWORTH and
MICHAEL WRIGLESWORTH, as
Parents and natural guardians of BENTON
WRIGLESWORTH, A MINOR; KAYLA
WRIGLESWORTH, A MINOR and
JESSE POORMAN, A MINOR.

Plaintiffs,

Vs.

MARIA CORTES, an individual,

Defendant.

CIVIL DIVISION

No. 02-1583-CD

**PROOF OF PURCHASE OF CERTIFICATE
OF DEPOSIT AND PROOF OF OPENING
OF SAVINGS ACCOUNTS**

CODE: 001

Filed on behalf of Plaintiffs

Counsel of Record for this Party:

Patrick J. DeMay, Esquire

PA ID# 30694

DeMay, DeMay & Donnelly, P.C.
Firm #: 520

4800 Library Road
Bethel Park, PA 15102

(412) 833-2900

12/10/03

A. Shaw
DeMay, DeMay & Donnelly, P.C.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ANNA WRIGLESWORTH, an individual,) CIVIL DIVISION
And ANNA WRIGLESWORTH and)
MICHAEL WRIGLESWORTH, as)
Parents and natural guardians of BENTON)
WRIGLESWORTH, A MINOR; KAYLA)
WRIGLESWORTH, A MINOR and)
JESSE POORMAN, A MINOR.)
)
Plaintiffs,)
)
Vs.) NO. 02-1583-CD
)
MARIA CORTES, an individual,)
)
Defendant.)

PROOF OF PURCHASE OF CERTIFICATE OF DEPOSIT
AND PROOF OF OPENING OF SAVINGS ACCOUNTS

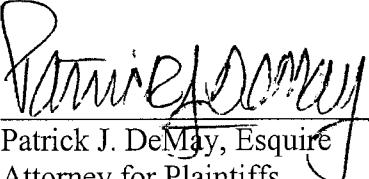
Attached for filing are copies of the following per the Court Order of December 20, 2002:

1. Proof of Purchase of National City Bank Certificate of Deposit No. 9021868413 for Jesse Poorman, a Minor;
2. Proof of Opening of National City Statement Savings Account No. 9042084975 for Benton Wriglesworth, a Minor;

3. Proof of Opening of National City Statement Savings Account No. 9042084946 for Kayla Wriglesworth, a Minor;

Respectfully submitted,

DeMay, DeMay & Donnelly, P.C.



Patrick J. DeMay, Esquire
Attorney for Plaintiffs



Certificate Of Deposit Receipt

Certificate No.

9021868413

Primary Owner

ANNA WRIGLESWORTH CUSTODIAN

Secondary Owner

JESSE POORMAN A MINOR

NO WITHDRAWAL PERMITTED UNTIL MINOR
ATTAINS AGE OF 18 OR UPON FURTHER ORDER
OF COURT

Certificate of Deposit

Retail

Retirement

Fixed Rate

Variable Rate

Initial Deposit

Additional Deposit

Date 01/30/2003

Amount 1,948.29

Maturity Date 01/30/2008

Interest Rate 3.44 %

Term 060 MONTHS

Annual Percentage Yield 3.50 %

Interest Disbursement Method ACCRUE AT MATURITY

Official Signature

National City

Member FDIC

Subject to terms and conditions set forth in Bank's Rules and Disclosures for Time Deposits, as amended.
A penalty will be imposed for early withdrawal.

NON-NEGOTIABLE AND NON-TRANSFERABLE TIME DEPOSIT

00910

City Bank or Pennsylvania ~~winning~~ from time to time. A copy of these rules and regulations are furnished to depositors upon request.

WHEN

Please inform us of any change of address. If this passbook is lost or stolen, notify the bank immediately.

REGULAR STATEMENT
SAVINGS
ACCOUNT

National City Bank of Pennsylvania

Bethel Park

Office

Account No. 9042084975

Name Anna Wriglesworth, Custodian

Benton Wriglesworth, A MINOR

Address _____

National City®

Need Money?
Ask About Home Equity Loans.
The Smart way to borrow.



250004 190 279,904.50 34,975 990 500.00
JAN 30 03 15:27

001 02 123 12 [123456789] CKG DEP
PRINT LINE
DESCRIPTION
OPR# CSR TRANS
[Jan 01 01] [1500]
TIME

100.00
AMOUNT

PRINT LINE
DESCRIPTION
OPR# CSR TRANS
[Jan 01 01] [1500]
TIME

71-0608-00 (Rev. 09/01)

FDIC

City bank or Pennsylvania which may be changed from time to time. A copy of these rules and regulations are furnished to depositors upon request.

**WHEN
S.**

Please inform us of any change of address. If this passbook is lost or stolen, notify the bank immediately.

**PASSBOOK STATEMENT
SAVINGS
ACCOUNT**

National City Bank of Pennsylvania

Bethel Park

Office

Account No. 9042084946

Name Anna Wriglesworth, Custodian
Kayla Wriglesworth, A Minor

Address _____

National City

Need Money?
Ask About Home Equity Loans.
The Smart way to borrow.



266004 129 25>9042084946 990 30100
JAN 30 03 15:27

PRINT LINE
DESCRIPTION

001 02 1231
OFFICE# CSR TRANS#
Jan 01 01

12 123456789
SORT ITEM# ACCOUNT#
15:00

100.00
AMOUNT