

Aug - 12/16
Hold file - Attn to
submit letter of new order
for legal fees for FJA
to review.

04-1017-CD
COLEMAN PARK, et al VS ERIC LEAMER

Civil Other

Date		Judge
07/06/2004	XX Filing: Civil Complaint Paid by: Begley, William J. (attorney for Park, Coleman) Receipt number: 1882154 Dated: 07/06/2004 Amount: \$85.00 (Check) Two CC Sheriff	No Judge
07/14/2004	XX Sheriff Return, NOW, July 7, 2004, Complaint, Interrogatories, & Request for Production of Documents, served on Eric Leamer. By Deputizing Robert Fyock, Shff of Indians County. So Answers, Chester A. Hawkins, Sheriff by s/Marilyn Hamm	No Judge
09/09/2004	XX Answer and New Matter filed by Atty. Stofko. No CC.	No Judge
	XX Entry of Appearance and Demand for Jury Trial filed on behalf of Def. by Atty. Stofko.	No Judge
09/17/2004	XX Verification of Eric Leamer of facts set forth in the Answer and New Matter. No cc.	No Judge
09/29/2004	XX Reply To New Matter, on Behalf of Coleman Park, Clinton Park, Debra Welch and William Park, Plaintiffs, filed by s/William J. Begley, Esquire. Certificate of Service, upon Dennis J. Stofko by first class U.S. mail. No CC	No Judge
11/03/2004	XX Motion to Compel filed by Atty. Stofko. No CC.	No Judge
11/05/2004	XX Order, AND NOW this 4th day of November, 2004 upon consideration of the foregoing Motion to Compel, IT IS HEREBY ORDERED that the Plaintiffs shall have 20 days from the date of this order to respond to said discovery or suffer those sanctions deemed appropriate by the Court. BY THE COURT,/s/ Fredric J. Ammerman. 2CC Atty Stofko.	Fredric Joseph Ammerman
11/22/2004	XX Notice of Service of Answers to Interrogatories Directed to Clinton Park, the 17th of Nov. 2004, by 1st class mail to: Dennis J. Stofko, Esquire. Filed by William J. Begley, Esquire. No CC	Fredric Joseph Ammerman
	XX Notice of Service of Response to Request for Production of Documents Directed to Clinton Park, sent Nov. 17, 2004 to Dennis J. Stofko, Esquire.. filed by s/ William J. Begley, Esquire. No CC	Fredric Joseph Ammerman
	XX Notice of Service of Answers to Interrogatories Directed to Coleman Park, sent Nov. 17, 2004 to Dennis J. Stofko, Esquire. Filed by s/ William J. Begley, Esquire. No CC	Fredric Joseph Ammerman
	XX Notice of Service of Response to Request for Production of Documents Directed to Coleman Park, served the 19th of Nov. to Dennis J. Stofko, Esquire. No CC	Fredric Joseph Ammerman
	XX Notice of Service of Answers to Interrogatories Directed To Debra Welch, served Nov. 17, 2004 to: Dennis J. Stofko, Esquire. Filed by s/ William J. Begley, Esquire. No CC	Fredric Joseph Ammerman
	XX Notice of Service of Response to Request For Production of Documents Directed to Debra Welch, served Nov. 17, 2004 to Dennis J. Stofko, Esquire. Filed by s/ William J. Begley, Esquire. No CC	Fredric Joseph Ammerman
	XX Notice of Service Of Response To Request For Production of Documents Directed to William Park, served Nov. 17, 2004 upon Dennis J. Stofko, Esquire. Filed by s/ William J. Begley, Esquire. No CC	Fredric Joseph Ammerman
	XX Notice of Service of Answers to Interrogatories Directed to William Park, served Nov. 17, 2005 upon Dennis J. Stofko, Esquire. Filed by s/ William J. Begley, Esquire. No CC.	Fredric Joseph Ammerman
12/01/2005	XX Petition for Approval and Distribution of Minor's Personal Injury Recovery as to Clinton Park, filed by s/ William J. Begley Esq. No CC.	Fredric Joseph Ammerman

Civil Other

Date		Judge
12/01/2005	XX Petition for Approval and Distribution of Minor's Personal Injury Recovery as to Coleman Park, filed by s/ William J. Begley Esq. No CC.	Fredric Joseph Ammerman
12/07/2005	XX Scheduling Order AND NOW, this 5th day of December, 2005, it is hereby ORDERED that a hearing on the Petition for Approval and Distribution of Minor's Personal Injury Recovery shall be held on the 16th day of December 2005, in Courtroom #1 Court of Common Pleas of Clearfield County at 3:30 p.m. BY THE COURT: /s/ Fredric J. Ammerman, P. Judge. 2CC Atty Begley. (In Re: Clinton Park)	Fredric Joseph Ammerman
	XX Scheduling Order AND NOW, this 5th day of December, 2005, it is hereby ORDERED that a hearing on the Petition for Approval and Distribution on Minor's Personal Injury Recovery shall be held on the 16th day of December 2005 in Courtroom #1 Court of Common Pleas of Clearfield County at 3:30 p.m. BY THE COURT: /s/ Fredric J. Ammerman, P. Judge. 2CC Atty Begley. (In Re: Coleman Park)	Fredric Joseph Ammerman

12-21-05 ✓ Revised order of Court, dated 12-21-05

12-21-05 ✓ Revised order of Court, dated 12-21-05

1-18-06 ✓ Praecipe to settle & discontinue.

3-6-06 ✓ Proof of deposit - Coleman Park

3-9-06 ✓ Proof of deposit - Clinton Park.

9-28-07 ✓ Petition for approval & distribution of minors - Coleman Park

10-5-07 ✓ order, dated 10-5-07.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH
HIS PARENTS AND NATURAL
GUARDIANS, WILLIAM PARK
AND DEBRA WELCH; CLINTON PARK,
BY AND THROUGH HIS PARENTS
AND NATURAL GUARDIANS, WILLIAM
PARK AND DEBRA WELCH; DEBRA
WELCH, INDIVIDUALLY AND WILLIAM
PARK, INDIVIDUALLY,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No.: 04-1017-CD

COMPLAINT IN CIVIL
ACTION

Filed on Behalf of
Coleman Park, Clinton Park, Debra
Welch and William Park,
Plaintiffs

Counsel of Record for this
Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232
(412) 661-1400

JURY TRIAL DEMANDED

FILED

JUL 06 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH
HIS PARENTS AND NATURAL
GUARDIANS, WILLIAM PARK
AND DEBRA WELCH; CLINTON PARK,
BY AND THROUGH HIS PARENTS
AND NATURAL GUARDIANS, WILLIAM
PARK AND DEBRA WELCH; DEBRA
WELCH, INDIVIDUALLY AND WILLIAM
PARK, INDIVIDUALLY,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No.:

NOTICE TO DEFEND

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written appearance personally or by attorney and filing, in writing with the Court, your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the Court without further notice for any money claimed in the Complaint or for any 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 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
230 East Market Street
Clearfield, PA 16830
(814) 765-2641 ext. 1300

COMPLAINT IN CIVIL ACTION

AND NOW, comes the Plaintiffs, through their attorneys Berger and Green by William J. Begley, Esquire and set forth their Complaint in Civil Action as follows:

1. The Plaintiffs, William Park and Debra Welch, are adult individuals who are married to each other and are the parents of the Minor Plaintiffs, Clinton Park and Coleman Park, who all reside at 105 Pine Street, Burnside, Clearfield County, Pennsylvania 15721.

2. The Defendant, Eric Leamer, is an adult individual who resides at 40 South Main Street, Cherry Tree, Indiana County, Pennsylvania 15724.

3. On October 25, 2003 at approximately 10:00 p.m. the Plaintiff, William Park, was operating a 1993 Chevrolet motor vehicle owned by the Plaintiff, Debra Welch, in a southerly direction along State Route 219 at its intersection with Route 286 located in Burnside Township, Clearfield County, Pennsylvania.

4. At that time and place the Plaintiffs, Debra Welch, Clinton Park and Coleman Park, were occupants of the 1993 Chevrolet then operated by the Plaintiff, William Park.

5. At that time and place the Defendant, Eric Leamer, was operating a 1995 Pontiac motor vehicle in a northerly direction along State Route 219 when the Defendant suddenly without warning entered into the southbound lane of Route 219 directly into the path of the motor vehicle operated by the Plaintiff, William Park, causing the vehicles to strike head on.

6. The injuries and damages described in this Complaint were caused by and were the direct and proximate result of the negligence, willfulness and wantonness of the Defendant, Eric Leamer, as stated in general above and in particular as follows:

- (a) In operating his vehicle at a high, dangerous and excessive rate of speed;
- (b) In operating his vehicle at an excessive rate of speed under the circumstances;
- (c) In failing to keep and maintain a proper and adequate lookout;
- (d) In failing to keep and maintain his vehicle in proper and adequate control;
- (e) In operating his vehicle in the improper lane under the circumstances;
- (f) In failing to employ proper and adequate illuminating devices under the circumstances;
- (g) In failing to have said Defendant's vehicle in a safe, proper and adequate mechanical condition;
- (h) In violating the traffic signs and signals then and there existing;
- (i) In failing to yield the right of way to the Plaintiff;
- (j) In turning his vehicle from one traffic lane to another without determining that it was reasonably safe and without giving an appropriate signal in violation of 75 Pa. C.S. §3334;
- (k) In failing to give the Plaintiff's vehicle at least one half of the main traveled portion of the roadway in violation of 75 Pa. C.S. §3302;
- (l) In failing to yield the right of way to the Plaintiff's vehicle in the intersection in violation of 75 Pa. C.S. §3323;
- (m) In failing to yield the right of way to the Plaintiff's vehicle which was approaching on another roadway so closely as to constitute a hazard during the time the driver is moving across or within the intersection of roadways in violation of 75 Pa. C.S. §3323;
- (n) The Defendant failed to operate the brakes on the vehicle in such a manner so that the motor vehicle would be stopped before colliding with another vehicle;

- (o) The Defendant operated the vehicle with careless disregard for the safety of persons or property in violation of 75 Pa. C.S.A. §3714;
- (p) The Defendant failed to give an appropriate turn signal before moving into another lane of traffic in violation of 75 Pa. C.S.A. §3335;
- (q) In striking Plaintiff's vehicle while in the Plaintiff's lane of travel;
- (r) Operating a motor vehicle while under the influence of alcohol and/or other controlled substance.

COUNT I

DEBRA WELCH VS. ERIC LEAMER

7. Paragraphs 1 through 6 are incorporated by reference and made a part of this paragraph as if more fully set forth herein.

8. As a direct and proximate result of the negligence of the Defendant Eric Leamer, the Plaintiff Debra Welch was caused to suffer and sustain the following injuries:

- (a) Grade III concussion with positive loss of consciousness;
- (b) Closed head injury;
- (c) Left comminuted supracondylar femoral fracture requiring open reduction internal fixation;
- (d) Left proximal fibular fracture;
- (e) Right lateral comminuted tibial plateau fracture;
- (f) Fractures of the second, third, fourth and fifth ribs;
- (g) Injury to her neck;
- (h) Multiple lacerations, abrasions and contusions.

9. That as a direct and proximate result of the negligence of the Defendant, Eric Leamer, as hereinabove and hereinafter more particularly set forth, the Plaintiff, Debra Welch, has in the past and may for an indefinite period of time in the future suffer the following:

- (a) Pain, suffering and inconvenience;
- (b) Fright, shock, worry, humiliation, anxiety, irritation, annoyance and other forms of distress;
- (c) Limitation of the movement of various parts of her body;
- (d) Loss of earnings;
- (e) Impairment of her earning power;
- (f) Loss of future earnings;
- (g) Impairment of her general health, strength and vitality;
- (h) Inability to continue in her usual activities;
- (i) Loss of life's pleasures.

10. That the Plaintiff believes and avers that some or all of the aforesaid damages and injuries may be of a permanent and lasting character.

11. That further as a direct and proximate result of the negligence of the Defendant as hereinabove and hereinafter set forth, the Plaintiff has in the past and may for an indefinite period of time in the future be unable to engage in her usual activities.

12. That in addition thereto, as a direct and proximate result of the negligence of the Defendant as hereinabove and hereinafter more particularly set forth, the Plaintiff has in the past and may for an indefinite period of time in the future be required to expend substantial sums of money for hospital bills, doctor bills, and other medical

expenses and other incidental expenses in an attempt to effectuate a cure for herself as a result of the accident complained of.

WHEREFORE, the Plaintiff, Debra Welch, claims damages from the Defendant, Eric Leamer, in a sum in excess of the arbitration limits of this Court.

COUNT II

DEBRA WELCH VS. ERIC LEAMER

13. The averments of paragraphs 1 through 12 are incorporated by reference and made a part of this paragraph as if full set forth herein.

14. Due to the Defendant's negligent conduct in causing this collision, this Plaintiff, Debra Welch, was subjected to seeing and hearing injuries being inflicted upon her family, the other Plaintiffs herein.

WHEREFORE, the Plaintiff, Debra Welch, claims damages from the Defendant, Eric Leamer, in a sum in excess of the arbitration limits of this Court.

COUNT III

WILLIAM PARK VS. ERIC LEAMER

15. The averments of paragraphs 1 through 14 are incorporated by reference and made a part of this paragraph as if fully set forth herein.

16. As a further direct and proximate result of the negligent and reckless conduct of the Defendant as set forth above, the Plaintiff, William Park, has in the past

lost services and consortium of his wife, the Plaintiff, Debra Welch, all of which may continue for an indefinite period of time in the future.

17. In addition, as a direct and proximate result of the negligent conduct of the Defendant, as more fully set forth above, this Plaintiff has in the past and may be required in the future to expend substantial sums of money for hospital bills, doctors bills, medical expenses and other incidental expenses in an attempt to effectuate a cure for his wife, the Plaintiff, Debra Welch as a result of this accident.

WHEREFORE, the Plaintiff, William Park, claims damages from the Defendant, Eric Leamer, in a sum in excess of the arbitration limits of this court.

COUNT IV

WILLIAM PARK VS. ERIC LEAMER

18. The averments of paragraphs 1 through 17 are incorporated by reference and made a part of this paragraph as if full set forth herein.

19. As a direct and proximate result of the negligence of the Defendant, Eric Leamer, the Plaintiff, William Park, was caused to suffer and sustain the following injuries:

- (a) Left ulna fracture;
- (b) Right patella fracture;
- (c) Injury to right arm;
- (d) Injury to chest;
- (e) Multiple abrasions and contusions.

20. That as a direct and proximate result of the negligence of the Defendant, Eric Leamer, as hereinabove and hereinafter more particularly set forth, the Plaintiff, William Park, has in the past and may for an indefinite period of time in the future suffer the following:

- (f) Pain, suffering and inconvenience;
- (g) Fright, shock, worry, humiliation, anxiety, irritation, annoyance and other forms of distress;
- (h) Limitation of the movement of various parts of his body;
- (i) Loss of earnings;
- (j) Impairment of his earning power;
- (k) Loss of future earnings;
- (l) Impairment of his general health, strength and vitality;
- (m) Inability to continue in his usual activities;
- (n) Loss of life's pleasures.

21. That the Plaintiff believes and avers that some or all of the aforesaid damages and injuries may be of a permanent and lasting character.

22. That further as a direct and proximate result of the negligence of the Defendant as hereinabove and hereinafter set forth, the Plaintiff has in the past and may for an indefinite period of time in the future be unable to engage in his usual activities.

23. That in addition thereto, as a direct and proximate result of the negligence of the Defendant as hereinabove and hereinafter more particularly set forth, the Plaintiff has in the past and may for an indefinite period of time in the future be required to expend substantial sums of money for hospital bills, doctor bills, and other medical

expenses and other incidental expenses in an attempt to effectuate a cure for himself as a result of the accident complained of.

WHEREFORE, the Plaintiff, William Park, claims damages from the Defendant, Eric Leamer, in a sum in excess of the arbitration limits of this Court.

COUNT V

WILLIAM PARK VS. ERIC LEAMER

24. Paragraphs 1 through 23 are incorporated by reference and made a part of this paragraph as if fully set forth herein.

25. Due to the Defendant's conduct in causing this collision, the Plaintiff, William Park, was subjected to seeing and hearing injuries being inflicting upon his family, the other Plaintiffs herein.

WHEREFORE, the Plaintiff, William Park, claims damages from the Defendant, Eric Leamer, in a sum in excess of the arbitration limits of this court.

COUNT VI

DEBRA WELCH VS. ERIC LEAMER

26. The averments of paragraphs 1 through 25 are incorporated by reference and made a part of this paragraph as if fully set forth herein.

27. As a further direct and proximate result of the negligent and reckless conduct of the Defendant as set forth above, the Plaintiff, Debra Welch, has in the past

lost services and consortium of her husband, the Plaintiff, William Park, all of which may continue for an indefinite period of time in the future.

28. In addition, as a direct and proximate result of the negligent conduct of the Defendant, as more fully set forth above, this Plaintiff has in the past and may be required in the future to expend substantial sums of money for hospital bills, doctors bills, medical expenses and other incidental expenses in an attempt to effectuate a cure for her husband, the Plaintiff, William Park, as a result of this accident.

WHEREFORE, the Plaintiff, Debra Welch, requests that judgment be entered in her favor and against the Defendant in an amount in excess of the arbitration limits of this court.

COUNT VII

COLEMAN PARK THROUGH HIS PARENTS AND NATURAL GUARDIANS,

WILLIAM PARK AND DEBRA WELCH VS. ERIC LEAMER

29. Paragraphs 1 through 28 are incorporated by reference and made a part of this paragraph as if fully set forth herein.

30. As a direct and proximate result of the negligence of the Defendant, Eric Leamer, the Minor Plaintiff, Coleman Park, was caused to suffer and sustain serious injuries including:

- (o) Grade III concussion with loss of consciousness;
- (p) Closed left femur fracture requiring open reduction internal fixation;

- (q) Right mastoid contusion;
- (r) Injury to head with swelling of scalp and hematoma;
- (s) Injury to right leg;
- (t) Injury to right shoulder;
- (u) Loss of hearing;
- (v) Vertigo.

31. That as a direct and proximate result of the negligence of the Defendant, Eric Leamer, as hereinabove and hereinafter more particularly set forth, the Minor Plaintiff, Coleman Park, has in the past and may for an indefinite period of time in the future suffer the following:

- (w) Pain, suffering and inconvenience;
- (x) Fright, shock, worry, humiliation, anxiety, irritation, annoyance and other forms of distress;
- (y) Limitation of the movement of various parts of his body;
- (z) Loss of earnings;
- (aa) Impairment of his earning power;
- (bb) Loss of future earnings;
- (cc) Impairment of his general health, strength and vitality;
- (dd) Inability to continue in his usual activities;
- (ee) Loss of life's pleasures.

32. That the Plaintiff believes and avers that some or all of the aforesaid damages and injuries may be of a permanent and lasting character.

33. That further as a direct and proximate result of the negligence of the Defendant as hereinabove and hereinafter set forth, the Plaintiff has in the past and may for an indefinite period of time in the future be unable to engage in his usual activities.

34. That in addition thereto, as a direct and proximate result of the negligence of the Defendant as hereinabove and hereinafter more particularly set forth, the Plaintiff has in the past and may for an indefinite period of time in the future be required to expend substantial sums of money for hospital bills, doctor bills, and other medical expenses and other incidental expenses in an attempt to effectuate a cure for himself as a result of the accident complained of.

WHEREFORE, the Plaintiff, Coleman Park through his parents William Park and Debra Welch, claims damages from the Defendant, Eric Leamer, in a sum in excess of the arbitration limits of this Court.

COUNT VIII

COLEMAN PARK THROUGH HIS PARENTS AND NATURAL GUARDIANS, WILLIAM PARK AND DEBRA WELCH VS. ERIC LEAMER

35. Paragraphs 1 through 34 are incorporated by reference and made a part of this paragraph as if fully set forth herein.

36. Due to the Defendant's conduct in causing this collision, this Plaintiff, Coleman Park, was subjected to seeing and hearing injuries being inflicted on his family, the other Plaintiffs herein.

WHEREFORE, the Plaintiff, Coleman Park through his parents William Park and Debra Welch, claims damage from the Defendant, Eric Leamer, in a sum in excess of the arbitration limits of this court.

COUNT IX

WILLIAM PARK AND DEBRA WELCH VS. ERIC LEAMER

37. Plaintiffs hereby incorporate paragraphs 1 through 36 above as though the same were fully set forth at length herein.

38. As a result of the negligence of the Defendant as hereinabove alleged, William Park and Debra Welch, parents and natural guardians of the said Minor Plaintiff, Coleman Park, have in the past and may for an indefinite period in the future be obligated to spend substantial sums of money for hospital bills, doctor bills and other incidental expenses in an endeavor to treat and cure their minor child, Coleman Park, of the injuries sustained in the accident, which expenses are not within the recovery preclusion of 75 Pa. C.S. §1722.

39. By reason of their minor child's injuries, the earnings and services of the said minor child will be impaired during the age of his minority, to which earnings and services Plaintiffs are legally entitled, all of which has been and probably will be to their financial damage and loss.

WHEREFORE, Plaintiffs, William Park and Debra Welch, request this Court to enter Judgment for damages against Defendant, Eric Leamer, in an amount in excess of the arbitration jurisdictional limits of this court.

COUNT X

CLINTON PARK THROUGH HIS PARENTS AND NATURAL GUARDIANS,

WILLIAM PARK AND DEBRA WELCH VS. ERIC LEAMER

40. Paragraphs 1 through 39 are incorporated by reference and made a part of this paragraph as if fully set forth herein.

41. As a direct and proximate result of the negligence of the Defendant, Eric Leamer, the Plaintiff, Clinton Park, was caused to suffer and sustain serious injuries including the following:

- (ff) Multiple abrasions, contusions and lacerations;
- (gg) Injury to right leg with numbness.

42. That as a direct and proximate result of the negligence of the Defendant, Eric Leamer, as hereinabove and hereinafter more particularly set forth, the Minor Plaintiff, Clinton Park, has in the past and may for an indefinite period of time in the future suffer the following:

- (hh) Pain, suffering and inconvenience;
- (ii) Fright, shock, worry, humiliation, anxiety, irritation, annoyance and other forms of distress;
- (jj) Limitation of the movement of various parts of his body;
- (kk) Loss of earnings;
- (ll) Impairment of his earning power;
- (mm) Loss of future earnings;

- (nn) Impairment of his general health, strength and vitality;
- (oo) Inability to continue in his usual activities;
- (pp) Loss of life's pleasures.

43. That the Plaintiff believes and avers that some or all of the aforesaid damages and injuries may be of a permanent and lasting character.

44. That further as a direct and proximate result of the negligence of the Defendant as hereinabove and hereinafter set forth, the Plaintiff has in the past and may for an indefinite period of time in the future be unable to engage in his usual activities.

45. That in addition thereto, as a direct and proximate result of the negligence of the Defendant as hereinabove and hereinafter more particularly set forth, the Plaintiff has in the past and may for an indefinite period of time in the future be required to expend substantial sums of money for hospital bills, doctor bills, and other medical expenses and other incidental expenses in an attempt to effectuate a cure for himself as a result of the accident complained of.

WHEREFORE, the Plaintiff, Clinton Park, through his parents William Park and Debra Welch, claim damages from the Defendant, Eric Leamer, in a sum in excess of the arbitration limits of this Court.

COUNT XI

CLINTON PARK THROUGH HIS PARENTS AND NATURAL GUARDIANS

WILLIAM PARK AND DEBRA WELCH VS. ERIC LEAMER

46. Plaintiffs hereby incorporate paragraphs 1 through 45 above as though the same were set forth at length herein.

47. Due to the Defendant's conduct in causing this collision, the Plaintiff, Clinton Park was subjected to seeing and hearing injuries being inflicted upon his family, the other Plaintiffs herein.

WHEREFORE, the Plaintiff, Clinton Park through his parents William Park and Debra Welch, claim damages from the Defendant, Eric Leamer, in a sum in excess of the arbitration limits of this court.

COUNT XII

WILLIAM PARK AND DEBRA WELCH VS. ERIC LEAMER

48. Plaintiffs hereby incorporate paragraphs 1 through 47 above as though the same were fully set forth at length herein.

49. As a result of the negligence of the Defendant as hereinabove alleged, William Park and Debra Welch, parents and natural guardians of the said Minor Plaintiff, Clinton Park, have in the past and may for an indefinite period in the future be obligated to spend substantial sums of money for hospital bills, doctor bills and other incidental expenses in an endeavor to treat and cure their minor child, Clinton Park, of the injuries sustained in the accident, which expenses are not within the recovery preclusion of 75 Pa. C.S. §1722.

50. By reason of their minor child's injuries, the earnings and services of the said minor child will be impaired during the age of his minority, to which earnings and

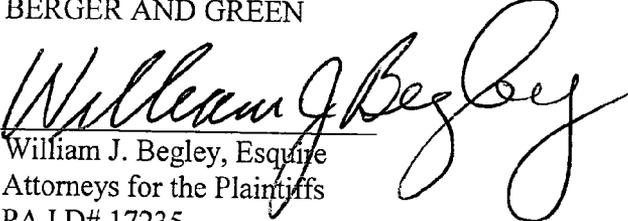
services Plaintiffs are legally entitled, all of which has been and probably will be to their financial damage and loss.

WHEREFORE, Plaintiffs, William Park and Debra Welch, request this Court to enter Judgment for damages against Defendant, Eric Leamer, in an amount in excess of the arbitration jurisdictional limits of this court.

JURY TRIAL DEMANDED

BERGER AND GREEN

By:


William J. Begley, Esquire
Attorneys for the Plaintiffs
PA I.D# 17235

BERGER AND GREEN

Firm #777

5850 Ellsworth Avenue

Suite 200

Pittsburgh, PA 15232

(412) 661-1400

VERIFICATION

We, William Park and Debra Welch, do hereby verify that the statements made herein are true and correct to the best of our knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A., Section 4904 relating to unsworn falsification to authorities.

William A Park
William Park

Debra Welch
Debra Welch

DATE: 5-17-04

FILED Accepted - 85.00

M 19:57/84
JUL 06 2004
see Sheriff

WAS
William A. Shaw
Prothonotary/Clerk of Courts

In The Court of Common Pleas of Clearfield County, Pennsylvania

PARK, COLEMAN by & through his parents

VS.

LEAMER, ERIC

Sheriff Docket # 15923

04-1017-CD

COMPLAINT; INTERROGATORIES; REQUEST FOR PRODUCTION

SHERIFF RETURNS

NOW JULY 6, 2004 ROBERT FYOCK, SHERIFF OF INDIANA COUNTY WAS DEPUTIZED BY CHESTER A. HAWKINS, SHERIFF OF CLEARFIELD COUNTY TO SERVE THE WITHIN COMPLAINT, INTERROGATORIES & REQUEST FOR PRODUCTION OF DOCUMENTS ON ERIC LEAMER, DEFENDANT.

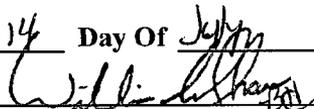
NOW JULY 7, 2004 SERVED THE WITHIN COMPLAINT, INTERROGATORIES & REQUEST FOR PRODUCTION OF DOCUMENTS ON ERIC LEAMER, DEFENDANT BY DEPUTIZING THE SHERIFF OF INDIANA COUNTY. THE RETURN OF SHERIFF FYOCK IS HERETO ATTACHED AND MADE A PART OF THIS RETURN.

Return Costs

Cost	Description
35.00	SHERIFF HAWKINS PAID BY: ATTY CK# 7961
10.00	SURCHARGE PAID BY: ATTY CK# 7962
61.00	INDIANA CO. SHFF. PAID BY: ATTY

Sworn to Before Me This

14 Day Of July 2004



WILLIAM A. SHAW

Prothonotary

My Commission Expires

1st Monday in Jan. 2006

Clearfield Co., Clearfield, PA

So Answers,





Chester A. Hawkins

Sheriff

FILED

0/3:49 pm

JUL 14 2004



William A. Shaw
Prothonotary

INDIANA COUNTY SHERIFF'S OFFICE

PLAINTIFF PARK COLEMAN ETAL

date received: 7/6/04 status: C

VS

case number: 041017CD

DEFENDANT LEAMER ERIC

paper type: COMPLAINT

ATTORNEY'S NAME: WILLIAM J BEGLEY ESQ

LAST DAY OF SERVICE: 8/6/04

ATTORNEY'S ADDRESS: 5850 ELLSWORTH AVENUE
STE 200 PGH PA 15232

of services: 1

ADVANCE CHARGED: \$61.00

RECEIVING DOCKETING: \$9.00

SURCHARGE: \$10.00

FOUND SERVICE: \$9.00

NOTARY FEE: \$0.00

NOT FOUND: \$0.00

MILEAGE: \$33.00

ADDITIONAL DEFENDANTS SERVED: \$0.00

POSTAGE: \$0.00

DEPUTIZATION: \$0.00

TOTAL COSTS: \$61.00

REFUND DUE: \$0.00

RETURN OF SERVICE

NOW 7/7/04 AT 1845 HRS PERSONAL SERVICE TO DEFENDANT ERIC
LEAMER AT 40 SOUTH MAIN STREET CHERRY TREE PA 15721
SHELLENBERGER

SWORN AND SUBSCRIBED BEFORE ME
THIS 9 DAY OF July 2004

Loretta J. Wissinger

Robert E. Fyock

ROBERT E. FYOCK, SHERIFF

BY: *Amy Shellenberger*
DEPUTY AMY SHELLENBERGER

NOTARIAL SEAL
LOHETTA J. WISSINGER, NOTARY PUBLIC
INDIANA, INDIANA CO
MY COMMISSION EXPIRES MARCH 6, 2006

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

COLEMAN PARK, by and through
his parents and natural guardians,
William Park and Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians,
William Park and Debra Welch; DEBRA
WELCH, individually and WILLIAM
PARK, individually,

Plaintiffs

vs.

No. 04-1017-CD

ERIC LEAMER,

Defendant

ANSWER and NEW MATTER
Counsel of record for this party:
Dennis J. Stofko, Esquire
P.O. Box 5500
Johnstown, Pa. 15904
814 262-0064
ID 27638

TO THE PARTIES:

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

FILED ^{NO} ^{cc}
m/1:5/04
SEP 09 2004

William A. Shaw
Prothonotary/Clerk of Courts

ANSWER AND NEW MATTER

NOW COMES the Defendant by and through counsel, Dennis J. Stofko and files the following Answer and New Matter.

1. Admitted.
2. Admitted.
3. Admitted.
4. Admitted.
5. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.
6. Denied. Paragraph 6 contains a conclusion of law to which no responsive pleading is required.
7. Denied. See previous Answers.
8. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.
9. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

10. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

11. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

12. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

13. Denied. See previous Answers.

14. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

15. Denied. See previous answers.

16. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

17. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

18. Denied. See previous Answers.

19. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

20. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

21. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

22. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

23. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

24. Denied. See previous Answers.

25. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

26. Denied. See previous Answers.

27. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

28. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

29. Denied. See previous Answers.

30. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

31. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

32. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

33. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

34. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

35. Denied. See previous Answers.

36. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

37. Denied. See previous Answers.

38. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

39. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

40. Denied. See previous Answers.

41. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

42. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

43. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

44. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

45. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

46. Denied. See previous Answers.

47. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

48. Denied. See previous Answers.

49. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

50. Denied. After reasonable investigation, Defendant is without sufficient knowledge or information to form a belief as to the truth of the averment and proof thereof is required at the time of trial.

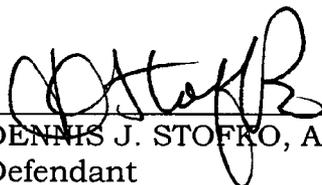
WHEREFORE, Defendant requests Plaintiffs' Complaint be dismissed.

NEW MATTER

51. The accident described in Plaintiffs' complaint occurred on October 25, 2003 which date was subsequent to the effective date of the Pennsylvania Motor Vehicle Financial Responsibility Law, 75 Pa. CSA Chapter 17.

52. The Defendant pleads the said Motor Vehicle Financial Responsibility Law as a defense to the extent that said law limits and controls Plaintiffs' right to recover damages in this action.

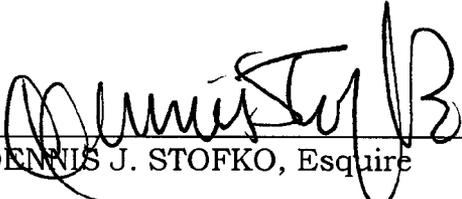
WHEREFORE, Defendant requests judgment on his behalf.



DENNIS J. STOFRO, Attorney for
Defendant

I, Dennis J. Stofko, do hereby state that I am the attorney for Defendant and that as such, being authorized to do so, state that the facts set forth in the foregoing Answer and New Matter are true and correct to the best of my knowledge, information and belief. This verification of counsel is being attached hereto in lieu of that of Defendant because of the inability to obtain a verification from Defendant in the time required to file this Answer. A verification of Defendant will be provided if requested.

This statement is made subject to the provisions of 18 Pa CSA 4904 relating to unsworn falsification to authorities.



DENNIS J. STOFKO, Esquire

Dated: 8 Sept 04

FILED

SEP 09 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

COLEMAN PARK, by and through
his parents and natural guardians,
William Park and Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians,
William Park and Debra Welch; DEBRA
WELCH, individually and WILLIAM
PARK, individually,

Plaintiffs

vs.

No. 04-1017-CD

ERIC LEAMER,

Defendant

ENTRY OF APPEARANCE

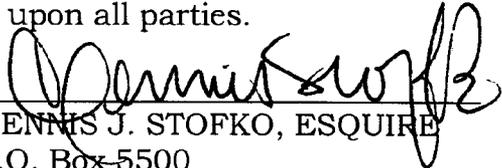
Please enter my appearance for Defendant in the above matter.

Papers may be served at the address listed below.

DEMAND FOR JURY TRIAL

Pursuant to Rule 1007.1 of the Pennsylvania Rules of Civil
Procedure, as amended, a Jury Trial is demanded on all issues raised by
the pleadings in this action.

I certify this Entry of Appearance and Demand for Jury Trial shall
be served forthwith by ordinary mail upon all parties.


DENNIS J. STOFKO, ESQUIRE
P.O. Box 5500
Johnstown, Pa. 15904
814 262-0064
ID 27638

FILED No CC
SEP 09 2004

William A. Shaw
Prothonotary/Clerk of Courts

FILED

SEP 09 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

COLEMAN PARK, by and through
his parents and natural guardians,
William Park and Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians,
William Park and Debra Welch; DEBRA
WELCH, individually and WILLIAM
PARK, individually,

Plaintiffs

vs.

No. 04-1017-CD

ERIC LEAMER,

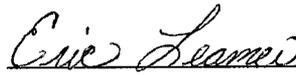
Defendant

FILED ^{N^o}cc
m/1:37/11
SEP 16 2004

William A. Shaw
Prothonotary/Clerk of Courts

I, Eric Leamer, do hereby swear or affirm the facts set forth in the Answer and New Matter are true and correct to the best of my knowledge, information and belief.

I understand that these averments of fact are made subject to the penalties of 18 Pa. CSA 4904 relating to unsworn falsification to authorities.



Eric Leamer

Dated: 9-9-04

FILED

SEP 16 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH
HIS PARENTS AND NATURAL
GUARDIANS, WILLIAM PARK
AND DEBRA WELCH; CLINTON PARK,
BY AND THROUGH HIS PARENTS
AND NATURAL GUARDIANS, WILLIAM
PARK AND DEBRA WELCH; DEBRA
WELCH, INDIVIDUALLY AND WILLIAM
PARK, INDIVIDUALLY,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

: CIVIL DIVISION

:
: No.: 04-1017-CD

: REPLY TO NEW MATTER

: Filed on Behalf of
: Coleman Park, Clinton Park, Debra
: Welch and William Park,
: Plaintiffs

: Counsel of Record for this
: Party:

: William J. Begley, Esquire
: PA I.D. #17235
: BERGER AND GREEN
: Firm #777
: 5850 Ellsworth Avenue
: Suite 200
: Pittsburgh, PA 15232
: (412) 661-1400

EGK
FILED
m/j: 40/60
SEP 29 2004
cc

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA WELCH; CLINTON PARK,	:	
BY AND THROUGH HIS PARENTS	:	
AND NATURAL GUARDIANS, WILLIAM	:	
PARK AND DEBRA WELCH; DEBRA	:	
WELCH, INDIVIDUALLY AND WILLIAM	:	
PARK, INDIVIDUALLY,	:	
	:	
	:	
Plaintiffs,	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
	:	
Defendant.	:	

REPLY TO NEW MATTER

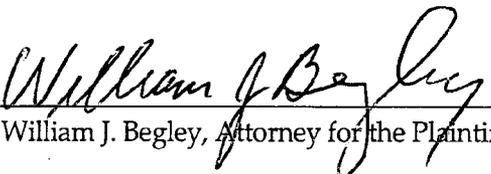
AND NOW, come the Plaintiffs through their attorneys, Berger and Green by William J. Begley, Esquire, and file their Reply to New Matter as follows:

51. Admitted

52. The allegations of paragraph 52 of the Defendants' New Matter are generally denied pursuant to Pa. R.C.P. 1029(e).

WHEREFORE, the Plaintiffs request that judgment be entered in their favor and against the Defendant.

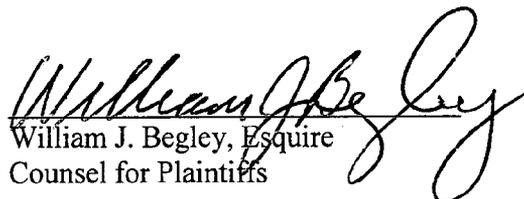
BERGER AND GREEN

By: 
William J. Begley, Attorney for the Plaintiffs

CERTIFICATE OF SERVICE

I, William J. Begley, Esquire hereby certify that the a true and correct copy of the foregoing Reply to New Matter in Civil Action has been mailed by U.S. Mail to counsel of record via first class mail, postage pre-paid, this 27th day of September, 2004.

Dennis J. Stofko
Stofko Law Offices
969 Eisenhower Boulevard, Suite E
P.O. Box 5500
Johnstown, PA 15904


William J. Begley, Esquire
Counsel for Plaintiffs

BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232

(412) 661-1400

VERIFICATION

We, William Park and Debra Welch, do hereby verify that the statements made herein are true and correct to the best of our knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A., Section 4904 relating to unsworn falsification to authorities.

✓ William Park
William Park

✓ Debra F. Welch
Debra Welch

DATE: ✓ 9-18-04

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

COLEMAN PARK, by and through
his parents and natural guardians,
William Park and Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians,
William Park and Debra Welch; DEBRA
WELCH, individually and WILLIAM
PARK, individually,

Plaintiffs

vs.

No. 04-1017-CD

ERIC LEAMER,

Defendant

MOTION TO COMPEL
Counsel of record for this party:
Dennis J. Stofko, Esquire
P.O. Box 5500
Johnstown, Pa. 15904
814 262-0064

FILED

M 1:51 BA NDC

NOV 03 2004

William A. Shaw
Prothonotary

MOTION TO COMPEL

NOW COMES the Defendant by and through counsel, Dennis J. Stofko and files the following Motion to Compel.

1. Plaintiffs initiated the above cause of action as a result of an accident occurring on October 25, 2003.

2. On September 9, 2004 Defendant forwarded interrogatories and a request for production of documents on plaintiffs' counsel with the notice to answer within 30 days.

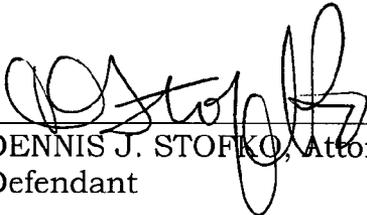
3. By letter dated October 19, 2004 counsel inquired as to the status of the discovery.

4. To date no response has been received.

5. The discovery requested is necessary and relevant with regard to claims being asserted by the plaintiffs to the within cause of action and are reasonable in scope.

6. Defendant is entitled to an order compelling Plaintiffs to answer the interrogatories and respond to the request pursuant to Rule 4019 of the Pennsylvania Rules of Civil Procedure.

WHEREFORE, Defendant requests that this Court compel Plaintiffs to answer said discovery as requested or to suffer such sanctions as the Court shall impose.



DENNIS J. STOFKO, Attorney for
Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA

COLEMAN PARK, by and through
his parents and natural guardians,
William Park and Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians,
William Park and Debra Welch; DEBRA
WELCH, individually and WILLIAM
PARK, individually,

Plaintiffs

vs.

No. 04-1017-CD

ERIC LEAMER,

Defendant

ORDER

AND NOW this 4th day of November, 2004 upon consideration of the
foregoing Motion to Compel,

IT IS HEREBY ORDERED, DIRECTED AND DECREED that the Plaintiffs
shall have twenty (20) days from the date of this order to respond to said
discovery or suffer those sanctions deemed appropriate by the Court.

BY THE COURT.

Judith J. Aronson

FILED ^{EBK}
09:09 AM 2004 atty. Hefko

NOV 05 2004

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his
parents and natural guardians, William Park
And Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians, William Park
and Debra Welch; DEBRA WELCH, individually
and WILLIAM PARK, individually,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No. 04-1017-CD

NOTICE OF SERVICE OF
ANSWERS TO
INTERROGATORIES
DIRECTED TO CLINTON PARK

Filed on Behalf of
Clinton Park, a minor Plaintiff

Counsel of Record for this Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232

FILED
m 19:00/1
NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his	:	CIVIL DIVISION
parents and natural guardians, William Park	:	
And Debra Welch;	:	No. 04-1017-CD
CLINTON PARK, by and through his	:	
parents and natural guardians, William Park	:	
and Debra Welch; DEBRA WELCH, individually	:	
and WILLIAM PARK, individually,	:	
	:	
Plaintiffs,	:	
	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
Defendant.	:	

NOTICE OF SERVICE OF ANSWERS TO INTERROGATORIES
DIRECTED TO CLINTON PARK

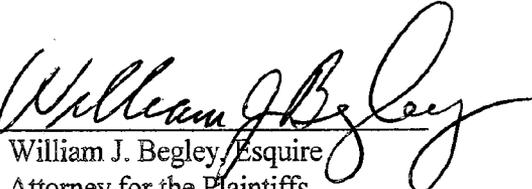
I hereby certify that true and correct copies of Answers to Interrogatories Directed to Clinton Park were served by first class, U.S. Mail, postage pre-paid, this 17th day of November, 2004, on the party listed below:

Dennis J. Stofko, Esquire
Stofko Law Offices
969 Eisenhower Boulevard, S. E
P. O. Box 5500
Johnstown, PA 15904

Respectfully submitted,

BERGER AND GREEN, P.C.

By:


William J. Begley, Esquire
Attorney for the Plaintiffs

FILED

NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his
parents and natural guardians, William Park
And Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians, William Park
and Debra Welch; DEBRA WELCH, individually
and WILLIAM PARK, individually,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No. 04-1017-CD

NOTICE OF SERVICE OF
RESPONSE TO REQUEST FOR
PRODUCTION OF DOCUMENTS
DIRECTED TO CLINTON PARK

Filed on Behalf of
Clinton Park, a minor Plaintiff

Counsel of Record for this Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232

602
FILED
m/q, 00/BJ
NOV 22 2004
no cc

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his	:	CIVIL DIVISION
parents and natural guardians, William Park	:	
And Debra Welch;	:	No. 04-1017-CD
CLINTON PARK, by and through his	:	
parents and natural guardians, William Park	:	
and Debra Welch; DEBRA WELCH, individually	:	
and WILLIAM PARK, individually,	:	
	:	
Plaintiffs,	:	
	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
Defendant.	:	

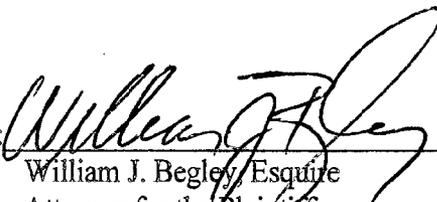
NOTICE OF SERVICE OF RESPONSE TO REQUEST FOR PRODUCTION OF
DOCUMENTS DIRECTED TO CLINTON PARK

I hereby certify that true and correct copies of Response to Request for Production of Documents Directed to Clinton Park were served by first class, U.S. Mail, postage pre-paid, this 17th day of November, 2004, on the party listed below:

Dennis J. Stofko, Esquire
Stofko Law Offices
969 Eisenhower Boulevard, S. E
P. O. Box 5500
Johnstown, PA 15904

Respectfully submitted,

BERGER AND GREEN, P.C.

By: 
William J. Begley, Esquire
Attorney for the Plaintiffs

FILED

NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his
parents and natural guardians, William Park
And Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians, William Park
and Debra Welch; DEBRA WELCH, individually
and WILLIAM PARK, individually,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No. 04-1017-CD

NOTICE OF SERVICE OF
ANSWERS TO
INTERROGATORIES
DIRECTED TO COLEMAN PARK

Filed on Behalf of
Coleman Park, a minor Plaintiff

Counsel of Record for this Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232

EGK
FILED
m/19:00/10
NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his	:	CIVIL DIVISION
parents and natural guardians, William Park	:	
And Debra Welch;	:	No. 04-1017-CD
CLINTON PARK, by and through his	:	
parents and natural guardians, William Park	:	
and Debra Welch; DEBRA WELCH, individually	:	
and WILLIAM PARK, individually,	:	
	:	
Plaintiffs,	:	
	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
Defendant.	:	

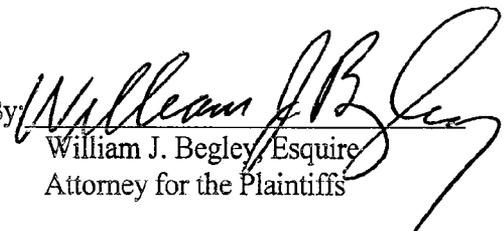
NOTICE OF SERVICE OF ANSWERS TO INTERROGATORIES
DIRECTED TO COLEMAN PARK

I hereby certify that true and correct copies of Answers to Interrogatories Directed to Coleman Park were served by first class, U.S. Mail, postage pre-paid, this 17th day of November, 2004, on the party listed below:

Dennis J. Stofko, Esquire
Stofko Law Offices
969 Eisenhower Boulevard, S. E
P. O. Box 5500
Johnstown, PA 15904

Respectfully submitted,

BERGER AND GREEN, P.C.

By: 
William J. Begley, Esquire
Attorney for the Plaintiffs

FILED

NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his
parents and natural guardians, William Park
And Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians, William Park
and Debra Welch; DEBRA WELCH, individually
and WILLIAM PARK, individually,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No. 04-1017-CD

NOTICE OF SERVICE OF
RESPONSE TO REQUEST FOR
PRODUCTION OF DOCUMENTS
DIRECTED TO COLEMAN PARK

Filed on Behalf of
Coleman Park, a minor Plaintiff

Counsel of Record for this Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232

ew
FILED *no cc*
m 10:00/14
NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his	:	CIVIL DIVISION
parents and natural guardians, William Park	:	
And Debra Welch;	:	No. 04-1017-CD
CLINTON PARK, by and through his	:	
parents and natural guardians, William Park	:	
and Debra Welch; DEBRA WELCH, individually	:	
and WILLIAM PARK, individually,	:	
	:	
Plaintiffs,	:	
	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
Defendant.	:	

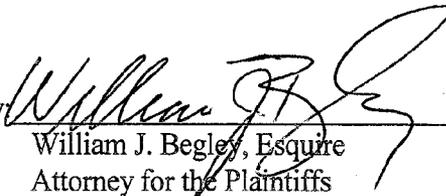
NOTICE OF SERVICE OF RESPONSE TO REQUEST FOR PRODUCTION OF DOCUMENTS DIRECTED TO COLEMAN PARK

I hereby certify that true and correct copies of Response to Request for Production of Documents Directed to Coleman Park were served by first class, U.S. Mail, postage pre-paid, this 17th day of November, 2004, on the party listed below:

Dennis J. Stofko, Esquire
Stofko Law Offices
969 Eisenhower Boulevard, S. E
P. O. Box 5500
Johnstown, PA 15904

Respectfully submitted,

BERGER AND GREEN, P.C.

By 
William J. Begley, Esquire
Attorney for the Plaintiffs

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his
parents and natural guardians, William Park
And Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians, William Park
and Debra Welch; DEBRA WELCH, individually
and WILLIAM PARK, individually,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No. 04-1017-CD

NOTICE OF SERVICE OF
ANSWERS TO
INTERROGATORIES
DIRECTED TO DEBRA WELCH

Filed on Behalf of
Debra Welch, a minor Plaintiff

Counsel of Record for this Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232

EGK **FILED** *NO CC*
M.F. 00/31
NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

FILED

NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his
parents and natural guardians, William Park
And Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians, William Park
and Debra Welch; DEBRA WELCH, individually
and WILLIAM PARK, individually,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No. 04-1017-CD

NOTICE OF SERVICE OF
RESPONSE TO REQUEST FOR
PRODUCTION OF DOCUMENTS
DIRECTED TO DEBRA WELCH

Filed on Behalf of
Debra Welch, a minor Plaintiff

Counsel of Record for this Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232

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NOV 22 2004 ^{CC}

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his	:	CIVIL DIVISION
parents and natural guardians, William Park	:	
And Debra Welch;	:	No. 04-1017-CD
CLINTON PARK, by and through his	:	
parents and natural guardians, William Park	:	
and Debra Welch; DEBRA WELCH, individually	:	
and WILLIAM PARK, individually,	:	
	:	
Plaintiffs,	:	
	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
Defendant.	:	

NOTICE OF SERVICE OF RESPONSE TO REQUEST FOR PRODUCTION OF DOCUMENTS DIRECTED TO DEBRA WELCH

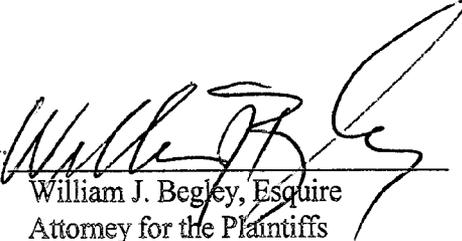
I hereby certify that true and correct copies of Response to Request for Production of Documents Directed to Debra Welch were served by first class, U.S. Mail, postage pre-paid, this 17th day of November, 2004, on the party listed below:

Dennis J. Stofko, Esquire
Stofko Law Offices
969 Eisenhower Boulevard, S. E
P. O. Box 5500
Johnstown, PA 15904

Respectfully submitted,

BERGER AND GREEN, P.C.

By:


William J. Begley, Esquire
Attorney for the Plaintiffs

FILED

NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his
parents and natural guardians, William Park
And Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians, William Park
and Debra Welch; DEBRA WELCH, individually
and WILLIAM PARK, individually,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No. 04-1017-CD

NOTICE OF SERVICE OF
RESPONSE TO REQUEST FOR
PRODUCTION OF DOCUMENTS
DIRECTED TO WILLIAM PARK

Filed on Behalf of
William Park, a minor Plaintiff

Counsel of Record for this Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232

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NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his	:	CIVIL DIVISION
parents and natural guardians, William Park	:	
And Debra Welch;	:	No. 04-1017-CD
CLINTON PARK, by and through his	:	
parents and natural guardians, William Park	:	
and Debra Welch; DEBRA WELCH, individually	:	
and WILLIAM PARK, individually,	:	
	:	
Plaintiffs,	:	
	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
Defendant.	:	

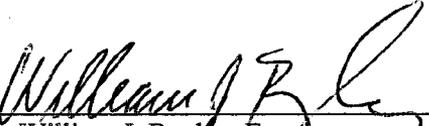
NOTICE OF SERVICE OF RESPONSE TO REQUEST FOR PRODUCTION OF DOCUMENTS DIRECTED TO WILLIAM PARK

I hereby certify that true and correct copies of Response to Request for Production of Documents Directed to William Park were served by first class, U.S. Mail, postage pre-paid, this 17th day of November, 2004, on the party listed below:

Dennis J. Stofko, Esquire
Stofko Law Offices
969 Eisenhower Boulevard, S. E
P. O. Box 5500
Johnstown, PA 15904

Respectfully submitted,

BERGER AND GREEN, P.C.

By: 
William J. Begley, Esquire
Attorney for the Plaintiffs

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NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his
parents and natural guardians, William Park
And Debra Welch;
CLINTON PARK, by and through his
parents and natural guardians, William Park
and Debra Welch; DEBRA WELCH, individually
and WILLIAM PARK, individually,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No. 04-1017-CD

NOTICE OF SERVICE OF
ANSWERS TO
INTERROGATORIES
DIRECTED TO WILLIAM PARK

Filed on Behalf of
William Park, a minor Plaintiff

Counsel of Record for this Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232

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NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through his	:	CIVIL DIVISION
parents and natural guardians, William Park	:	
And Debra Welch;	:	No. 04-1017-CD
CLINTON PARK, by and through his	:	
parents and natural guardians, William Park	:	
and Debra Welch; DEBRA WELCH, individually	:	
and WILLIAM PARK, individually,	:	
	:	
Plaintiffs,	:	
	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
Defendant.	:	

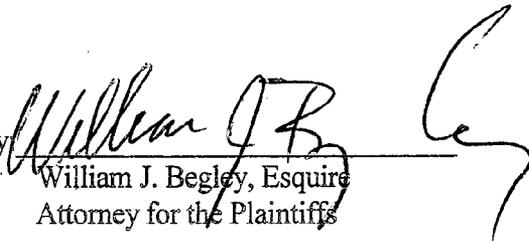
NOTICE OF SERVICE OF ANSWERS TO INTERROGATORIES
DIRECTED TO WILLIAM PARK

I hereby certify that true and correct copies of Answers to Interrogatories Directed to William Park were served by first class, U.S. Mail, postage pre-paid, this 17th day of November, 2004, on the party listed below:

Dennis J. Stofko, Esquire
Stofko Law Offices
969 Eisenhower Boulevard, S. E
P. O. Box 5500
Johnstown, PA 15904

Respectfully submitted,

BERGER AND GREEN, P.C.

By 
William J. Begley, Esquire
Attorney for the Plaintiffs

FILED

NOV 22 2004

William A. Shaw
Prothonotary/Clerk of Courts

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH
HIS PARENTS AND NATURAL
GUARDIANS, WILLIAM PARK
AND DEBRA WELCH; CLINTON PARK,
BY AND THROUGH HIS PARENTS
AND NATURAL GUARDIANS, WILLIAM
PARK AND DEBRA WELCH; DEBRA
WELCH, INDIVIDUALLY AND WILLIAM
PARK, INDIVIDUALLY,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No.: 04-1017-CD

PETITION FOR APPROVAL
AND DISTRIBUTION OF
MINOR'S PERSONAL
INJURY RECOVERY AS TO
COLEMAN PARK

Filed on Behalf of:

Coleman Park, Debra
Welch and William Park,
Petitioners

Counsel of Record for this
Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232
(412) 661-1400

FILED
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DEC 01 2005
NUCC
JS

William A. Shaw
Prothonotary

in the injuries to the Minor Petitioner, Coleman Park and Petitioners, Debra Welch and William Park shall make allocations of said settlement funds in the amount of Twelve Thousand Five Hundred (\$12,500.00) DOLLARS as follows:

\$4,474.93 to be deposited by Attorney William J. Begley in the minor's name in a savings account or certificate of deposit of an insured banking or savings and loan institution, said account to be marked "NOT TO BE WITHDRAWN WITHOUT LEAVE OF COURT OR UNTIL COLEMAN PARK BECOMES EIGHTEEN YEARS OF AGE;"

\$4,166.67 payable to Berger and Green representing attorney fees at thirty three and one third percent of the recovery;

\$167.39 payable to Berger and Green representing reimbursement of costs incurred;

\$3,691.01 payable to the Commonwealth of Pennsylvania, Department of Public Welfare representing reimbursement of medical assistance lien.

It is further ORDERED, ADJUDGED and DECREED, that the claims of Coleman Park and his parents the Petitioners, William Park and Debra Welch now Debra Park for underinsured motorist benefits as to the injuries sustained by Coleman Park, a minor arising from the motor vehicle collision of October 25, 2003 are specifically preserved.

Proof of Deposit to be filed with the Court by William J. Begley, Esquire

_____ J.

PETITION FOR APPROVAL AND DISTRIBUTION
OF MINOR'S PERSONAL INJURY RECOVERY

TO THE HONORABLE, THE JUDGES OF SAID COUNTY:

The Petition of William Park and Debra Welch now Debra Park respectfully represents as follows:

1. Your Petitioners are the parents and natural guardians of the Minor Petitioner, Coleman Park. Said minor was born on December 27, 1993 and resides with his parents at 105 Pine Street, Burnside, Clearfield County, Pennsylvania 15721. On July 1, 2005 the Petitioners were formally married and Debra Welch has taken the name Debra Park.

2. On October 25, 2003, the Minor Petitioner, Coleman Park was a rear seat passenger in a 1993 Chevrolet owned by Debra Welch and operated by William Park. His mother Debra Welch and his brother Clinton Park were also passengers in the vehicle being operated by his father, William Park. Mr. Park was traveling southbound on S.R. 219 when a 1995 Pontiac operated by Eric Leamer was traveling northbound on S.R. 219 and made a left turn into the path of the Welch vehicle. A copy of the Cherry Tree Police Department accident report is attached hereto and marked as Exhibit "A."

3. The Minor Petitioner, Coleman Park, was taken by life-flight helicopter to Conemaugh Memorial Hospital where he was admitted. The Minor Petitioner, Coleman Park sustained a grade three concussion with head pain, closed left femur fracture with complete displacement and open growth plates, right mastoid ecchymosis and multiple

contusions. On October 26, 2003, the Minor Petitioner, Coleman Park, underwent an open reduction internal fixation of the left femur fracture. On October 31, 2003, the Minor Petitioner, Coleman Park, was discharged by S. Lee Miller, M.D. a trauma surgeon with instructions to follow up with Richard Schroeder, M.D. the orthopedic surgeon and to undergo a cognitive screening due to his head injury. The Minor Petitioner was also instructed to do home physical therapy and was restricted to crutch ambulation for six to eight weeks. A wheelchair and youth walker was also prescribed. The admission sheet, operative report and discharge summary of Conemaugh Memorial Medical Center are attached hereto and marked as Exhibit "B."

4. The Minor Petitioner received follow up treatment with Richard D. Schroeder, M.D., the trauma clinic and underwent a course of physical therapy through Mahaffey's Home Care. The medical records of Richard D. Schroeder, M.D. and Mahaffey's Home Care are attached hereto and marked as Exhibits "C" and "D" respectively.

5. A listing of the medical expenses in the amount of \$45,652.83 incident to the care and treatment of said injuries are attached hereto and marked as Exhibit "E."

6. The medical expenses incurred for the care and treatment of the Minor Petitioner's injuries arising from the accident of October 25, 2003, including those set forth in Exhibit "E" have been paid by Travelers Insurance Company, under the first party benefit coverage available through a policy of insurance issued to Debra Welch. After this coverage exhausted the remaining medical expenses were paid by the Commonwealth of Pennsylvania, Department of Public Welfare. A statement of claim

from the Commonwealth of Pennsylvania, Department of Public Welfare is attached hereto and marked as Exhibit "F." The Commonwealth of Pennsylvania, Department of Public Welfare has agreed to accept the amount of \$3,691.01 as settlement in full of their lien. Correspondence from the Commonwealth of Pennsylvania, Department of Public Welfare agreeing to accept the amount of \$3,691.01 as payment in full of their lien, is attached hereto and marked as Exhibit "G."

7. Your Petitioners employed William J. Begley and the law firm of Berger and Green to represent them and their minor son and to institute such proceedings as might be necessary to recover damages and agreed to and with said attorneys to pay thirty-three and one-third of such sums as might be recovered by verdict or settlement as attorney fees. A copy of the retainer agreement is attached hereto and marked as Exhibit "H."

8. Said attorneys pursuant to said Power of Attorney, has investigated all of the facts and circumstances surrounding and involved in the occurrence of this accident, has conferred with your Petitioners, has conferred and corresponded with the doctors and hospital and obtained records; has researched the law; has filed a lawsuit; and has prepared and filed this action.

9. After considerable discussion and negotiation, Erie Insurance Group has offered the sum of \$25,000.00 per person/\$50,000.00 per accident, the limits of bodily injury liability coverage under the policy of insurance issued to Eric Leamer, for the injuries sustained by Coleman Park, Clinton Park, Debra Welch and William Park. Distribution of the liability limits are as follows:

A.	Debra Welch	\$25,000.00
B.	William Park	9,250.00
C.	Coleman Park	12,500.00
D.	Clinton Park	3,250.00

A copy of the Erie Insurance Group offer letter dated March 31, 2005 and the declarations page are attached hereto and marked as Exhibits "I" and "J." A copy of the proposed Release of All Claims and Parents' Release and Indemnity Agreement concerning the settlement of the liability coverage claims as to the injuries of Coleman Park is attached and marked as Exhibit "K."

10. The proposed pro-ration set forth in paragraph 9 takes into consideration the injuries sustained by the other plaintiffs who were also injured in this motor vehicle collision summarized as follows:

- A. Debra Welch now Debra Welch Park:
- (a) Grade III concussion with positive loss of consciousness;
 - (b) Closed head injury;
 - (c) Left comminuted supracondylar femoral fracture requiring open reduction internal fixation;
 - (d) Left proximal fibular fracture;
 - (e) Right lateral comminuted tibial plateau fracture;
 - (f) Fractures of the second, third, fourth and fifth ribs;
 - (g) Injury to her neck;

(h) Multiple lacerations, abrasions and contusions

B. William Park:

(a) Left ulna fracture;

(b) Right patella fracture;

(c) Injury to right arm;

(d) Injury to chest;

(e) Multiple abrasions and contusions

C. Clinton Park:

(a) Multiple abrasions, contusions and lacerations; including abrasion of forehead above right eye;

(b) 6 cm laceration of right leg with numbness;

(c) Emotional distress observing family member injured at time of collision.

11. A claim for underinsured motorist benefits was made against Travelers Insurance Company under a policy of insurance issued to Debra Welch providing underinsured motorist benefits of \$100,000.00 per person and \$300,000.00 per accident. By correspondence dated May 4, 2005, Travelers Insurance Company has provided written permission for the parents of the Minor Petitioner to enter into a release of the Minor Petitioner's claim against Eric Leamer and has waived its right of subrogation. Exhibit M attached hereto. Negotiations are still ongoing with Travelers Insurance Company regarding the settlement of the underinsured motorist benefits claim of the Minor Petitioner, Coleman Park and his father, William Park. The underinsured motorist benefit claim of Debra Welch has been settled for the per person limits of

\$100,000.00 and the underinsured motorist claim of Clinton Park is proposed to be settled for the amount of \$15,000.00.

12. In the course of the preparation and prosecution of said claim, said attorneys have incurred or will incur the following expenses:

Conemaugh Hospital Medical Records	\$118.90
Richard Schroeder, M.D. Office Notes	30.37
Citizens Ambulance Service Trip Report	15.00
Pittsburgh-Postmaster	3.12
 TOTAL	 \$167.39

13. Debra Welch and William Park in their own right and as parents and natural guardians of Coleman Park, a minor and their counsel, William J. Begley, believe that the settlement offer described in paragraph 9 should be accepted for the reason that it represents a reasonable and adequate settlement, given the limited coverage available and the multiple claims under the same policy.

14. William J. Begley, counsel for Debra Welch and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, believes and therefore avers that the settlement described is reasonable and adequate as set forth in the certification attached hereto and marked as Exhibit "L" and incorporated herein by reference as though the same were fully set forth at length herein.

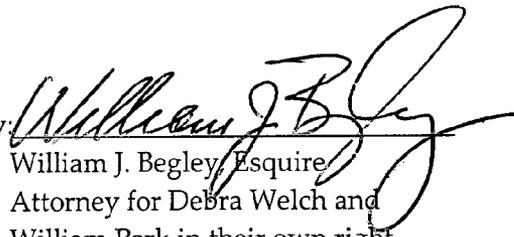
15. Debra Welch and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, believe and therefore aver that the settlement described is reasonable and adequate as set forth in the certification attached hereto and marked as Exhibit "M" and incorporated by reference as though the same were fully set forth at length herein.

WHEREFORE, Debra Welch and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, petition the Honorable Court to approve the settlement of the within action as stated above and to direct distribution of the proceeds of the settlement as set forth in the proposed Order of Court which is attached hereto.

Respectfully submitted,

BERGER AND GREEN, P.C.

By:



William J. Begley, Esquire
Attorney for Debra Welch and
William Park in their own right
and as parents and natural
guardians of Coleman Park, a
minor.

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0206536

New

AA 45 1 1

Case Closed
 Yes No

Page:

Change/
Continuation

Police Agency Data

Incident Number: 102503-1
 Police Agency: 32403
 Patrol Zone:
 Agency Name: Cherry Tree Police Dept
 Precinct: Burnside Twp.
 Investigation Date (MM-DD-YYYY): 10-25-2003
 Dispatch Time (mil): 2210
 Arrival Time (mil): 2220
 Investigator: Anthony Beltowski
 Badge Number: 001
 Reviewer: A. Beltowski
 Badge Number: 001
 Approval Date (MM-DD-YYYY): 10-26-2003

Crash Data

County: 17
 County Name: Chearfield
 Municipality:
 Municipality Name: Burnside Twp.
 Day of Week: Sun Thu
 Mon Fri
 Tue Sat
 Wed Unk
 Crash Date (MM-DD-YYYY): 10-25-2003
 Crash Time (Military): 2208
 No of Units: 02
 No of People: 05
 No Injured: 05
 No Killed: 00
 (If > 0, Complete Form: AA 45 F 1)
 Reportable Crash: Yes No
 Notify Highway Maintenance: Yes No
 School Bus Related: Yes No
 School Zone Related: Yes No
 PennDOT Property: Yes No

Unit Information

Unit Number: 01
 Delete?
 Type Unit: Motor Vehicle in Transport
 Pedestrian
 Hit & Run Vehicle
 Pedestrian on Skates, in Wheelchair, etc
 Illegally Parked
 Disabled From Previous Crash
 Legally Parked
 Train
 Non - Motorized
 Phantom Vehicle
 Owner Last Name (If Pedestrian, skip to Form AA 45 3 1): L e a m e r
 FI: L MI:
 Telephone Number: 814-743-5299
 Address: 40 South Main Street
 City: Cherry Tree
 State: Pa
 Zip: 15724
 VIN: 1G2WJ12M15F203447
 Model Year: 1995
 Vehicle Make*: 22
 License Plate: EJB0386
 Reg. State: PA
 Travel Speed: 45
 *Refer to List on Back of Overlay
 Insurance: Yes No Un-known
 Insurance Company: Erie Ins Co
 Policy No: Q03-6405604MP
 Insurance Company Phone:
 Vehicle Towed: Yes No
 Towed To: Bobs Auto
 Towed By: Bobs Auto
 Tow Agency Phone:
 Commercial Vehicle: Yes No
 (If Yes, Complete Form: AA 45 C 1)

Unit Information

Unit Number: 02
 Delete?
 Type Unit: Motor Vehicle in Transport
 Pedestrian
 Hit & Run Vehicle
 Pedestrian on Skates, in Wheelchair, etc
 Illegally Parked
 Disabled From Previous Crash
 Legally Parked
 Train
 Non - Motorized
 Phantom Vehicle
 Owner Last Name (If Pedestrian, skip to Form AA 45 3 1): W E L C H
 FI: 0 MI: F
 Telephone Number: 814-845-7816
 Address: 105 Pine St
 City: Burnside
 State: Pa
 Zip: 15721
 VIN: 1GNDT13W2P2106244
 Model Year: 1993
 Vehicle Make*: 20
 License Plate: F6W0098
 Reg. State: Pa
 Travel Speed: 45
 *Refer to List on Back of Overlay
 Insurance: Yes No Un-known
 Insurance Company: Travelers Property & Cas
 Policy No: 945235127-101-1
 Insurance Company Phone:
 Vehicle Towed: Yes No
 Towed To: Bobs Auto
 Towed By: Bobs Auto
 Tow Agency Phone:
 Commercial Vehicle: Yes No
 (If Yes, Complete Form: AA 45 C 1)

Exhibit "A":

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

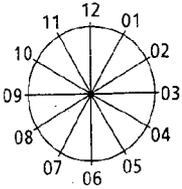
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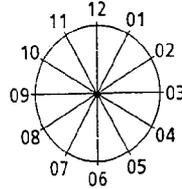
AA 45 2 1

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Vehicle Information	Unit Number <input type="text" value="01"/>	Trailing Unit(s) Number of Trailing Units: <input type="text" value="0"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <input type="text"/>	Tag Year <input type="text"/>	Tag State <input type="text"/>	
	Vehicle Color <input type="text" value="04"/>	Vehicle Type <input type="text" value="01"/>	Special Usage <input type="text" value="00"/>	12=Commercial Passenger Carrier 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport				
	Initial Impact Point  <input type="text" value="11"/>	Damage Indicator <input type="text" value="3"/>	Vehicle Role <input type="text" value="1"/>	Vehicle Position <input type="text" value="07"/>	00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane			
	Direction of Travel <input type="text" value="N"/>	Movement <input type="text" value="12"/>	07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn	14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 98=Other 99=Unknown	Gradient <input type="text" value="1"/>	3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown		
Alignment <input type="text" value="1"/>		1=Level Roadway 2=Uphill					1=Straight 2=Curved 9=Unknown	

Vehicle Information	Unit Number <input type="text" value="02"/>	Trailing Unit(s) Number of Trailing Units: <input type="text" value="0"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <input type="text"/>	Tag Year <input type="text"/>	Tag State <input type="text"/>	
	Vehicle Color <input type="text" value="02"/>	Vehicle Type <input type="text" value="01"/>	Special Usage <input type="text" value="00"/>	12=Commercial Passenger Carrier 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport				
	Initial Impact Point  <input type="text" value="11"/>	Damage Indicator <input type="text" value="3"/>	Vehicle Role <input type="text" value="2"/>	Vehicle Position <input type="text" value="06"/>	00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane			
	Direction of Travel <input type="text" value="S"/>	Movement <input type="text" value="01"/>	07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn	14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 98=Other 99=Unknown	Gradient <input type="text" value="1"/>	3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown		
Alignment <input type="text" value="1"/>		1=Level Roadway 2=Uphill					1=Straight 2=Curved 9=Unknown	

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0206536

New

Change/
Continuation

AA 45 3 1

Page:

	Unit Number	Last Name	FI	MI	Telephone Number
	01	Leamer	E	T	814-743-6299
	Address		City	State	Zip
	40 South Main St		Cherry Tree	PA	15721
	License Number		State		
	23318209		PA		
	If License Number is unknown or driver is not licensed, see manual				
Vehicle Driver/Pedestrian Information	<u>Alcohol/Drugs Suspected</u>		<u>Pedestrian Signal at Scene of Crash</u>		
	<input type="checkbox"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown		<input type="checkbox"/> No Pedestrian Signal <input type="checkbox"/> Not at Intersection <input type="checkbox"/> Pedestrian Signal		
	<u>Alcohol Test Type</u>		<u>Pedestrian Location</u>		
	<input type="checkbox"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given		<input type="checkbox"/> Marked Crosswalks at Intersection <input type="checkbox"/> In Roadway <input type="checkbox"/> < 10 Feet Off Road <input type="checkbox"/> At Intersection - No Crosswalks <input type="checkbox"/> Not in Roadway <input type="checkbox"/> > 10 Feet Off Road <input type="checkbox"/> Non-Intersection Crosswalks <input type="checkbox"/> Median <input type="checkbox"/> Outside Trafficway <input type="checkbox"/> Driveway Access <input type="checkbox"/> Island <input type="checkbox"/> Shared Paths/ Trails <input type="checkbox"/> <input type="checkbox"/> Shoulder <input type="checkbox"/> Unknown <input type="checkbox"/> <input type="checkbox"/> Sidewalk		
	<u>Alcohol Test Results</u>		<u>Vehicle Code</u> List any Vehicle Code Section this driver has violated and mark if they were charged. Charged with Violation?		
	0.13 <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results		<input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<u>Driver or Pedestrian Physical Condition</u>		<u>Driver Presence</u>		
	<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input checked="" type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown		1=Driver Operated Vehicle 3=Driver Fled Scene 2=No Driver 4=Hit and Run 9=Unknown		
	<u>Owner/Driver Code</u>	00=Not Applicable	03=Rented Vehicle	08=Other Municipal Government Vehicle	
	01=Private Vehicle Owned/ Leased by Driver	04=State Police Vehicle	05=PennDOT Vehicle	09=Federal Gov Vehicle	1
	02=Private Vehicle Not Owned/Leased by Driver	06=Other State Gov Vehicle	07=Municipal Police Vehicle	99=Unknown	

	Unit Number	Last Name	FI	MI	Telephone Number
	02	PARK	W		814-845-7816
	Address		City	State	Zip
	Rt. 219 P.O. Box 6		Burnside	PA	15721
	License Number		State		
	20758742		PA		
	If License Number is unknown or driver is not licensed, see manual				
Vehicle Driver/Pedestrian Information	<u>Alcohol/Drugs Suspected</u>		<u>Pedestrian Signal at Scene of Crash</u>		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown		<input type="checkbox"/> No Pedestrian Signal <input type="checkbox"/> Not at Intersection <input type="checkbox"/> Pedestrian Signal		
	<u>Alcohol Test Type</u>		<u>Pedestrian Location</u>		
	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given		<input type="checkbox"/> Marked Crosswalks at Intersection <input type="checkbox"/> In Roadway <input type="checkbox"/> < 10 Feet Off Road <input type="checkbox"/> At Intersection - No Crosswalks <input type="checkbox"/> Not in Roadway <input type="checkbox"/> > 10 Feet Off Road <input type="checkbox"/> Non-Intersection Crosswalks <input type="checkbox"/> Median <input type="checkbox"/> Outside Trafficway <input type="checkbox"/> Driveway Access <input type="checkbox"/> Island <input type="checkbox"/> Shared Paths/ Trails <input type="checkbox"/> <input type="checkbox"/> Shoulder <input type="checkbox"/> Unknown <input type="checkbox"/> <input type="checkbox"/> Sidewalk		
	<u>Alcohol Test Results</u>		<u>Vehicle Code</u> List any Vehicle Code Section this driver has violated and mark if they were charged. Charged with Violation?		
	0. <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results		<input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<u>Driver or Pedestrian Physical Condition</u>		<u>Driver Presence</u>		
	<input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown		1=Driver Operated Vehicle 3=Driver Fled Scene 2=No Driver 4=Hit and Run 9=Unknown		
	<u>Owner/Driver Code</u>	00=Not Applicable	03=Rented Vehicle	08=Other Municipal Government Vehicle	
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People Information

A Person Type:
1=Driver
2=Passenger
7=Pedestrian
8=Other
9=Unknown

B Sex:
F=Female
M=Male
U=Unknown

C Injury Severity:
0=Not Injured
1=Killed
2=Major Injury
3=Moderate Injury
4=Minor Injury
9=Unknown

D Seat Position:
00=Not A Passenger/Occupant
01=Driver - All Vehicles
02=Front Seat Middle Position
03=Front Seat Right Side
04=Second Row - Left Side Or
Motorcycle Passenger
05=Second Row - Middle Position
06=Second Row - Right Side
07=Third Row Or Greater -
Left Side
08=Third Row Or Greater -
Middle Position
09=Third Row Or Greater -
Right Side
10=Sleeper Section Of Truckcab
11=In Other Enclosed
Passenger Or Cargo Area
12=In Open Area
(Back Of Pickup, Etc.)
13=Trailing Unit
14=Riding On Vehicle Exterior
15=Bus Passenger
98=Other
99=Unknown

E Safety Equipment One:
00=None Used / Not Applicable
01=Shoulder Belt Used
02=Lap Belt Used
03=Lap And Shoulder Belt Used
04=Child Safety Seat Used
05=Motorcycle Helmet Used
06=Bicycle Helmet Used
10=Safety Belt Used Improperly
11=Child Safety Seat Used Improperly
12=Helmet Used Improperly
90=Restraint Used, Type Unknown
99=Unknown

F Safety Equipment Two:
00=None Used / Not Applicable
01=Front Air Bag Deployed (For This Seat)
02=Side Air Bag Deployed (For This Seat)
03=Other Type Air Bag Deployed
04=Multiple Air Bags Deployed
05=Motorcycle Eye Protection
06=Bicyclist Wearing Elbow/Knee/
Other Pads
10=Air Bag Not Deployed, Switch On
11=Air Bag Not Deployed, Switch Off
12=Air Bag Not Deployed,
Unk Switch Setting
13=Air Bag Removed (Prior To Crash)
19=Unknown If Air Bag Deployed
99=Unknown

G Ejection:
0=Not Applicable
1=Not Ejected
2=Totally Ejected
3=Partially Ejected
9=Unknown

H Ejection Path:
0=Not Ejected / Not Applicable
1=Through Side Door Opening
2=Through Side Window
3=Through Windshield
4=Through Back Door
5=Through Back Door Tailgate Opening
6=Through Roof Opening (Sunroof/
Convertible Top Down)
7=Through Roof Opening (Convertible
Top Up)
9=Unknown

I Extrication:
0=Not Applicable
1=Not Extricated
2=Extricated By Mechanical Means
3=Freed By Non - Mechanical Means
8=Other
9=Unknown

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
01	1	<input type="radio"/>	01-01-1970	1	M	3	0	1	9	9	0	4

Name / Address / Phone
Leamer Eric 40 South Main St Cherry Tree Pa 814-743-5299
EMS Transport Yes No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
02	1	<input type="radio"/>	07-15-1964	1	M	3	0	1	9	9	0	0

Name / Address / Phone
Puck W. Miam Rte 219 P.O. Box 6 Burnside PA 814-845-7816
EMS Transport Yes No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
02	02	<input type="radio"/>		2	F	2	0	3	9	9	9	9

Name / Address / Phone
Welch Debra 105 Pine St Burnside Pa 814-845-7816
EMS Transport Yes No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
02	03	<input type="radio"/>		2	M	4	0	4	9	9	9	9

Name / Address / Phone
Clinton Welch Rte 219 P.O. Box 6 Burnside PA 814-845-7816
EMS Transport Yes No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
02	04	<input type="radio"/>		2	M	2	0	6	9	9	9	9

Name / Address / Phone
Welch Coleman Rte 219 P.O. Box 6 Burnside Pa 814-845-7816
EMS Transport Yes No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="radio"/>										

Name / Address / Phone

EMS Transport Yes No

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Type Location	Intersection Type <input type="checkbox"/> Midblock <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> "T" Intersection <input checked="" type="checkbox"/> "Y" Intersection <input type="checkbox"/> Traffic Circle/Round About <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Other			Special Location <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Underpass <input type="checkbox"/> Ramp <input type="checkbox"/> Bridge <input type="checkbox"/> Tunnel <input type="checkbox"/> Toll Booth <input type="checkbox"/> Cross Over Related <input type="checkbox"/> Driveway/Parking Lot <input type="checkbox"/> Ramp & Bridge <input type="checkbox"/> Unknown <i>(If "Ramp" is indicated, please see manual)</i>			
	Complete the Principal Road Section for all type of crashes. For crashes at intersections, enter information in the Intersecting Road Section or the GPS Section. If you have a midblock crash, you should enter information in the "Distance from Landmark" Section, the GPS Section, or the House Number Section in the Principal Road area.						
Principal Road	County: <input type="text"/> <input type="text"/> <input type="text"/>	Route Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Segment (Optional): <input type="text"/> <input type="text"/> <input type="text"/>	Travel Lanes: <input type="text"/> <input type="text"/>	Speed Limit: <input type="text"/> <input type="text"/>	House Number (if applicable): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Street Name: <input type="text"/>					Street Ending: <input type="text"/> <input type="text"/>	
Route Signing <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input checked="" type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown							
Intersecting Road	County: <input type="text"/> <input type="text"/> <input type="text"/>	Route Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Segment (Optional): <input type="text"/> <input type="text"/> <input type="text"/>	Travel Lanes: <input type="text"/> <input type="text"/>	Speed Limit: <input type="text"/> <input type="text"/>	House Number (if applicable): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Street Name: <input type="text"/>					Street Ending: <input type="text"/> <input type="text"/>	
Route Signing <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input checked="" type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown							
Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option		Landmark 1 Intersecting Rt Num: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or Mile Post: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or Segment Marker: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Feet: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
			Or Intersecting Street Name: <input type="text"/>	St Ending: <input type="text"/> <input type="text"/>	Ramp Use Only: <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West	Or Miles: <input type="text"/> <input type="text"/>	
			Landmark 2 Intersecting Rt Num: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or Mile Post: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or Segment Marker: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ramp Use Only: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)
			Or Intersecting Street Name: <input type="text"/>	St Ending: <input type="text"/> <input type="text"/>	Ramp Use Only: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		
GPS	Latitude: <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Longitude: <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>					
	Degrees Minutes Seconds Degrees Minutes Seconds						
TCD	Traffic Control Device <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Passive RR Crossing Controls <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Unknown			TCD Functioning <input checked="" type="checkbox"/> No Controls <input type="checkbox"/> Device Not Functioning <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Functioning Properly <input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Unknown			
	Type of Work Zone (If "Not a Work Zone", skip rest of Work Zone section) <input checked="" type="checkbox"/> Not a Work Zone <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility Company <input type="checkbox"/> Other						
Work Zone	Work Zone Location <input type="checkbox"/> Before 1st Work Zone Warning Sign <input type="checkbox"/> Advance Warning Area <input type="checkbox"/> Transition Area <input type="checkbox"/> Activity Area <input type="checkbox"/> Termination Area <input type="checkbox"/> Other			Work Zone (Mark all that apply) <input type="checkbox"/> Lane Closure <input type="checkbox"/> Road Closed with Detour <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Flagger Control <input type="checkbox"/> Other			
	Work Zone Speed Limit <input type="text"/> <input type="text"/>			Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Lane Closure	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input checked="" type="checkbox"/> Fully <input type="checkbox"/> Unknown			Traffic Detoured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Lane Closure Direction <input checked="" type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> North and South <input checked="" type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> East and West			Estimated Time Closed <input checked="" type="checkbox"/> 1-3 hours <input type="checkbox"/> 9-12 hours <input type="checkbox"/> < 30 Minutes <input type="checkbox"/> 3-6 hours <input type="checkbox"/> > 12 hours <input type="checkbox"/> 30-60 Minutes <input type="checkbox"/> 6-9 hours <input type="checkbox"/> Unknown			



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General Crash Information (If more than 2 Units only complete once)	<u>Crash Description</u> <input type="text" value="2"/> 0=Non-Collision 2=Head On 4=Angle 6=Sideswipe (Opposite Direction) 8=Hit Pedestrian 1=Rear End 3=Rear to Rear (Backing) 5=Sideswipe (Same Direction) 7=Hit Fixed Object 9=Other/Unknown																														
	<u>Relation to Roadway</u> <input type="text" value="1"/> 1=On Travel Lanes 3=Median 5=Outside Trafficway 7=Gore (Ramp Intersection) 2=Shoulder 4=Roadside 6=In Parking Lane 9=Unknown																														
	<u>Illumination</u> <input type="text" value="2"/> 1=Daylight 3=Dark - Street Lights 5=Dawn 8=Other 2=Dark - No Street Lights 4=Dusk 6=Dark - Unknown Roadway Lighting																														
	<u>Weather Conditions</u> <input type="text" value="1"/> 1=No Adverse Conditions 3=Sleet (Hail) 5=Fog 7=Sleet & Fog 9=Unknown 2=Rain 4=Snow 6=Rain & Fog 8=Other																														
	<u>Road Surface Conditions</u> <input type="text" value="0"/> 0=Dry 2=Sand, Mud, Dirt, Oil 4=Slush 6=Ice Patches 8=Other 1=Wet 3=Snow Covered 5=Ice 7=Water - Standing or Moving																														
Unit(s) Event Information	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Unit No</th> <th>Harm Event</th> <th>L/R</th> <th>Most?</th> <th>Utility Pole Number</th> </tr> <tr> <td>1</td> <td><input type="text" value="02"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> </table>				Unit No	Harm Event	L/R	Most?	Utility Pole Number	1	<input type="text" value="02"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<p><u>Harmful Events (Harm Event)</u></p> <p>01=Hit Unit 1 30=Hit Fence Or Wall 02=Hit Unit 2 31=Hit Building 03=Hit Unit 3 32=Hit Culvert 04=Hit Unit 4 33=Hit Bridge Pier Or Abutment 05=Hit Unit 5 34=Hit Parapet End 06=Hit Other Traffic Unit 35=Hit Bridge Rail 07=Hit Deer 36=Hit Boulder Or Obstacle 08=Hit Other Animal On Roadway 09=Collision With Other Non-Fixed Object 37=Hit Impact Attenuator 11=Struck By Unit 1 38=Hit Fire Hydrant 12=Struck By Unit 2 39=Hit Roadway Equipment 13=Struck By Unit 3 40=Hit Mail Box 14=Struck By Unit 4 41=Hit Traffic Island 15=Struck By Unit 5 42=Hit Snow Bank 16=Struck By Other Traffic Unit 43=Hit Temporary Construction Barrier 21=Hit Tree Or Shrubbery 48=Hit Other Fixed Object 22=Hit Embankment 49=Hit Unknown Fixed Object 23=Hit Utility Pole 50=Overturn/Roll Over 24=Hit Traffic Sign 51=Struck By Thrown Or Falling Object 25=Hit Guard Rail 52=Pot Holes Or Other Pavement Irregularities 26=Hit Guard Rail End 53=Jackknife 27=Hit Curb 54=Fire In Vehicle 28=Hit Concrete Or Longitudinal Barrier 58=Other Non-Collision 29=Hit Ditch 99=Unknown Harmful Event</p>	
	Unit No	Harm Event	L/R	Most?	Utility Pole Number																										
	1	<input type="text" value="02"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																										
	2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																										
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																											
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																											
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Unit No	Harm Event	L/R	Most?	Utility Pole Number																											
1	<input type="text" value="01"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																											
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																											
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																											
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Unit No</th> <th>Harm Event</th> <th>L/R</th> <th>Most?</th> <th>Utility Pole Number</th> </tr> <tr> <td>1</td> <td><input type="text" value="01"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> </table>				Unit No	Harm Event	L/R	Most?	Utility Pole Number	1	<input type="text" value="01"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>			
Unit No	Harm Event	L/R	Most?	Utility Pole Number																											
1	<input type="text" value="01"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																											
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																											
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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0206536

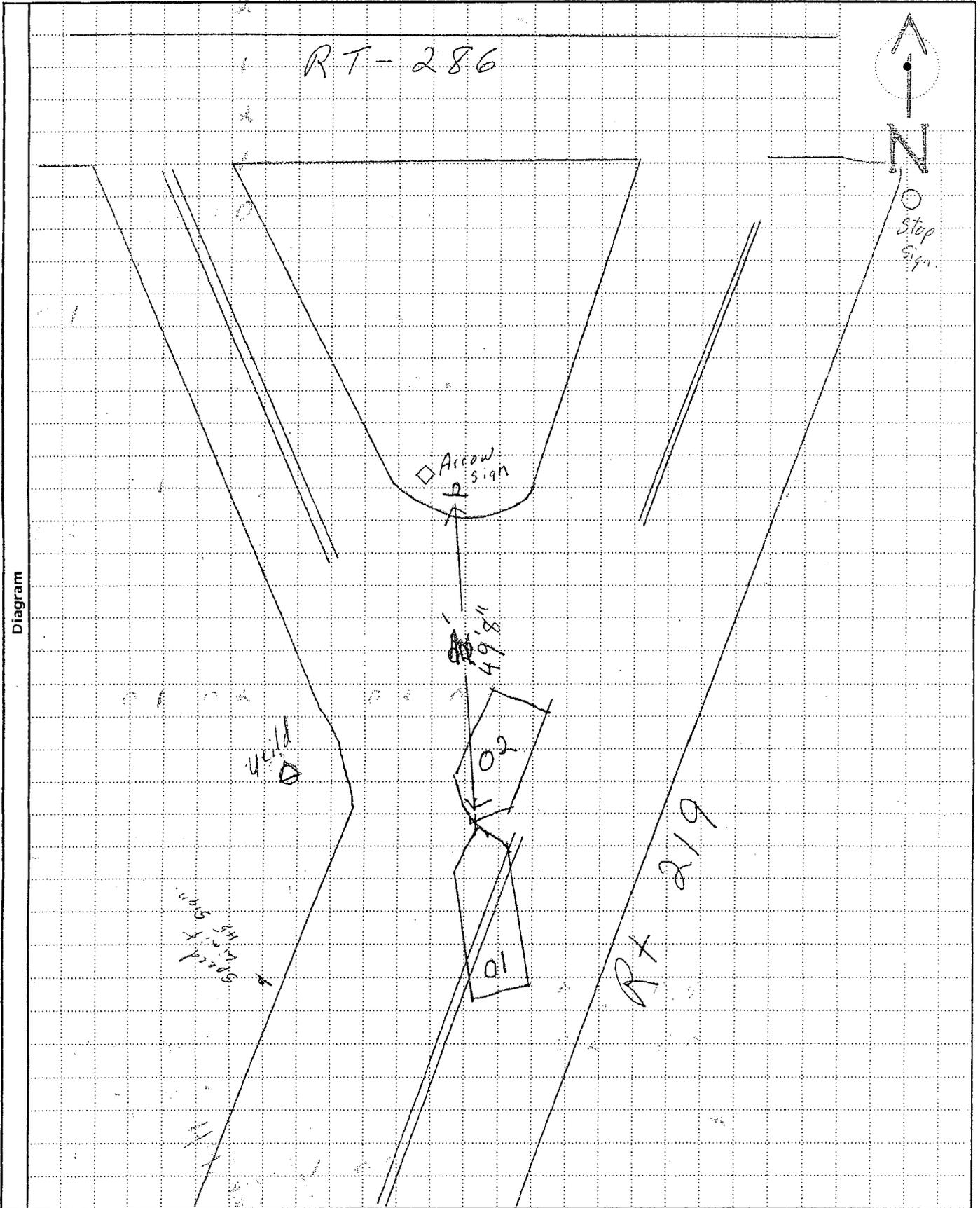
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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0206536

AA 45 8 1

Page:

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- Change/Continuation
- Delete Page

Place emergency transport, witness, and other information here. It is not required to restate information from the form.

Responding EMS Agency: *Citizens Ambulance / Mahanosp MB* Medical Facility: *Coneaugh / Mines Hospital / Pennsylvania Hospital*
Veterans Memorial Ambulance

Witness 1: *Bob Freno Jr* Address: *Burnside Pa* Phone: *814-845-7335*

Witness 2: *Debbi Freno* Address: *Burnside Pa* Phone: *814-845-7335*

Narrative: *This officer responded to a radio call at 2210 hrs on 10-25-03 about a Traffic Accident on 219 at the 286 Intersection in Burnside Township. Upon arrival this officer observed a green Pontiac Grand Prix severely damaged sitting sideways spanning the two travel lanes of Rte 219. I also observed a Red Chev Tahoe resting over the embankment on the west side.*

Witness Information and Narrative

Finally I interviewed the witnesses and attempted to interview the operators. The witnesses and operators indicated that Veh #1 traveling North and Attempted to turn Left (west), crossed the center line into the path of Veh #2 and struck Veh #2. The impact pushed Veh #2 off the roadway and over the embankment. Veh #1 came to rest Partway across the ~~west~~ Southbound lane of 219. Vehicle #2 was travelling South on 219 at the time of Impact.



CONEMAUGH MEMORIAL MEDICAL CENTER

PHYSICIAN ATTESTATION STATEMENT

MR# 000385395 PARK, COLEMAN S

ACCT# 9282310

Admit: 10/26/03 DOB: 12/27/93 I INJURED IN AUTO ATT:MILLER, S LEE

Gender : Male

Age : 9

Disposition: Home or Self Care

Disch Date : 10/31/2003

MDC

001 DISEASES & DISORDERS OF THE NERVOUS SYSTEM

Medicare DRG

468 * EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS *

Admit Diagnosis

82100 FRACTURE OF FEMUR, UNSPECIFIED PART, CLOSED

Principal Diagnosis

*85011 CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS

Secondary Diagnoses

#82101 FRACTURE OF FEMUR, SHAFT, CLOSED

E8191 MOTOR VEHICLE TRAFFIC ACCIDENT OF UNSPECIFIED NATURE, PASSENGER
(OTHER THAN MOTORCYCLE)

71941 PAIN IN JOINT, SHOULDER REGION

920 CONTUSION OF FACE/SCALP/NECK EXCEPT EYE

9248 CONTUSION OF MULTIPLE SITES, NOT ELSEWHERE CLASSIFIED

Procedures

*7935 ~ORIF OF FEMUR

10/26/2003 SCHROEDER

9346 ~BUCKS TRACTION

10/26/2003 MILLER

Total Charges: 25,772.58 Expected Payment 20,152.39

*** End of Report ***

CONEMAUGH VALLEY MEMORIAL HOSPITAL
Johnstown, PA 15905

DATE OF SURGERY: 10/26/2003 SURGEON: RICHARD SCHROEDER, M.D.

PREOPERATIVE DIAGNOSIS: Displaced fracture of the left femoral shaft.
POSTOPERATIVE DIAGNOSIS: Displaced fracture of the left femoral shaft.
OPERATION: ORIF left femoral shaft fracture.
ASSISTANT SURGEON: Michael Donesec, PAC
ANESTHESIA: General endotracheal anesthesia.
INDICATIONS: This is a 9-year-old white male who suffered the above injury in a motor vehicle accident. After discussion of treatment options with the patient's father we have elected to proceed with operative fixation. ORIF has been chosen after discussion with the family. Risks and benefits have been explained.

PROCEDURE: On 10/26/2003 the patient was brought to the operating room and given a satisfactory general endotracheal anesthetic. He had been given 125 mg of Vancomycin on call to surgery.

The patient was placed in the supine position on the AMSCO treatment table. Both legs were placed in longitudinal traction. They were scissored to allow lateral visualization of the left femoral shaft. The fracture was reduced with longitudinal traction. Length and alignment were confirmed with the image intensifier in the AP and lateral plains. The left leg was prepped with alcohol and Betadine. This was then draped in a sterile fashion. An incision was made over the midportion of the left thigh. This was carried down through the skin and subcutaneous tissue with hemostasis being obtained using electrocautery. The fascia lata was incised in line with the skin incision. The vastus lateralis fascia was incised. Blunt dissection was used to expose the fracture and minimally subperiosteal stripping was performed. Pointed Homan retractors were placed. The fracture site was identified. This was manipulated with two bone clamps into reduction. An 8 hole narrow LCDC plate large fragment was brought to the field. This was fixed proximally using two 4.5 cortical screws. The fracture was reduced on the plate and a bone holding clamp placed. The alignment was checked in the AP and lateral plain. This was noted to be satisfactory. The distal portion of the plate was affixed using the 4.5 cortical screws. The remaining holes in the plate were filled proximally and distally. Final construct was visualized. Slight posterior angulation was noted but this was acceptable.

The wound was irrigated. The small Hemovac drain was placed deep to the fascia. The fascia was closed with 0 Vicryl. The subcu with 2-0 Vicryl and the skin with a running subcuticular suture of 4-0 Biosyn. Half inch Steri-Strips were applied. A sterile dressing consisting of fluffs, ABDs and microfilm tape was applied.

The patient was placed into a knee immobilizer and taken to the recovery room in stable condition.

NAME: PARK, COLEMAN
MR#: 38-53-95 ACCOUNT#: 00009282310 ROOM#: R8 08432
SSN:
PHYSICIAN: S. LEE MILLER, M.D.

OPERATIVE REPORT

Original

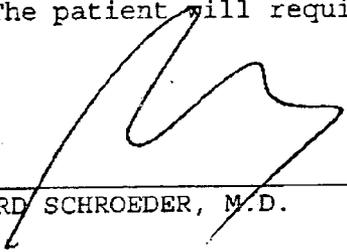
CONEMAUGH VALLEY MEMORIAL HOSPITAL
Johnstown, PA 15905

Final sponge and needle counts were correct.

ESTIMATED BLOOD LOSS: 200 cc.

INTEROPERATIVE FLUIDS: 700 cc of Crystalloid.

POSTOPERATIVE PLAN: The patient will require crutch ambulation for six to eight weeks.



RICHARD SCHROEDER, M.D.

RS/dy

D: 10/27/2003 6:54 A

T: 10/27/2003 7:49 A

000090256

cc: NOT AVAILABLE DR

S. LEE MILLER, M.D

RICHARD SCHROEDER, M.D.

NAME: PARK, COLEMAN

MR#: 38-53-95 ACCOUNT#: 00009282310

SSN:

PHYSICIAN: S. LEE MILLER, M.D

ROOM#: R8 08432

OPERATIVE REPORT

Original

Operation

ORIF left femur using AIO 8 hole plate #224.58
(4485354) 4.5 cortical screws 28mm #214.828 x 7
30mm #214.830 x 7

Preop. diagnosis

Application knee immobilizer left leg

Postop. diagnosis

left femur fracture

Same as preop

Instrument count

Sponge count

Blade count

Needle count

Cell saver processed blood:

Total cc processed

Remaining cell saver blood Y/N

Contaminated case

Total cc infused

Location

cc

Yes No

Packed cells

Whole blood

Plasma

Hespan

Albumin

Surgeon

1st assistant

2nd assistant

Anesthesiologist

Anesthetist

Relief

Time

1st circ. nurse

Scrub technologist

Scrub technologist

2nd circ. nurse

1st

Relief

Time

Circ. assistant

2nd

Relief

Time

3rd

Patient identification prior to surgery

Comments/complications

Nurse

Surgeon

X-rays: Yes No

Viewed by: Surgeon

and/or reading

Type:

Clupeo left femur

Specimens

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

2

Frozen section: Yes No

Number

Results of each

Report given by Dr.

PARK COLLEGE

47731

MA 1-639

MILLER, S LEE

BY M

000 00 0000 12/27/93 I TGA

O.R. Room #

CP8

Date 10/26/03

Time in

1323

Time out

1529

Scheduled

Scheduled/started on 3-11

STAT

Anesthesia method/agent

General Endo

CONEMAUGH

Operative Sheet - Chart Copy

CONEMAUGH VALLEY MEMORIAL HOSPITAL
Johnstown, PA 15905

ADMISSION DATE: 10/26/2003

DISCHARGE DATE: 10/31/2003

ADMISSION DIAGNOSIS: Status post motor vehicle crash.

DISCHARGE DIAGNOSIS:

1. Grade 3 concussion.
2. Closed left femur fracture.
3. Right mastoid ecchymosis.
4. Multiple contusions.

BRIEF HISTORY: Patient is a 9-year-old who was evaluated as a trauma alert on 10/25/03. He was apparently the unrestrained back seat passenger involved in a motor vehicle crash. He did have positive loss of consciousness, amnesia to the event. He did complain of headache and pain with palpation on the crown of his head in the resuscitative phase. He did have visible deformity of the left mid-thigh as well. Hemodynamically he was stable with a blood pressure of 134/80. He underwent a FAST ultrasound exam that was negative. He also underwent radiographic exam of the C-spine, chest and pelvis, as well as the left femur, and a CT of the head results are as above. He was admitted to the general med-surg floor for further observation and treatment.

CONSULTATIONS:

1. Dr. Schroeder.
2. Psych liaison.
3. Dr. Rundorff.
4. Physical, occupational and speech therapies.
5. Home Health.

PROCEDURE PERFORMED: In addition to the above include follow-up CT of the head because the initial one was read as normal, however, on AM radiology rounds, there was a questionable left temporal contusion on one cut. The follow-up CT of the head was within normal limits. He did have Buck's traction applied until he went to the OR and on 10/26 he had an ORIF of the left femur fracture.

HOSPITAL COURSE: Patient had progressed well neurologically. He is alert and oriented times three. He is 15 on the Glasgow Coma Scale. EOM's are intact. Cardiovascular: He has a regular rhythm with an adequate blood pressure of 122/80. Pulmonary: Lung sounds are clear to auscultation bilaterally. He has no chest wall tenderness. GI: Abdomen is soft, positive bowel sounds, no tenderness or guarding. He did have a bowel movement this morning after receiving a Dulcolax suppository. His diet is regular. His extremities: He does have positive CTS to that left lower

NAME: PARK, COLEMAN S

MR#: 38-53-95 ACCOUNT#: 00009282310

ROOM#:

SSN: 195-74-4702

PHYSICIAN: S. LEE MILLER, M.D

DISCHARGE SUMMARY

ORIGINAL

CONEMAUGH
Memorial Medical Center

extremity. He does have an immobilizer intact. His Hemovac was removed on 10/28 without difficulty, at which time the antibiotic was discontinued. He has been receiving physical and occupational therapies. Most recently, he had ambulated 20 feet before tiring and he has been receiving range of motion to the left knee. He does complain of discomfort in that right knee with the range of motion but states that his pain is controlled once he receives his pain medicines. The patient was initially started on Tylenol with codeine, however, he did not want the codeine because it made him feel "funny". He does require frequent reminders to use touch weightbearing rather than the non-weightbearing. He is considered stable and is able to be discharged to home on 10/31/03 after ambulating without difficulty, tolerating p.o. and pain controlled. He will follow-up with Dr. Schroeder as per his recommendation. Also Dr. _____ in one to two weeks. He will have a Home Health consult regarding a home safety evaluation. Trauma clinic November 18th at 1 PM. Cognitive screening November 18 at 10 AM. Diet is regular. Activity as tolerated with an immobilizer to the left lower extremity. He may not participate in contact sports until cleared by trauma and ortho.

MEDICATIONS:

1. Bacitracin topically b.i.d. to abrasions.
2. Ibuprofen 200 mg p.o. q. six hours.
3. Tylenol 650 mg p.o. q. four to six hours p.r.n. pain.

Patient will also be provided a copy of the closed head injury instruction sheet and the trauma office phone number in case there are any questions after discharge in the interim to follow-up.

ADDENDUM:

1. The patient's discharge date was changed to October 31, 2003 because of home issues and arranging for the patient to be able to be cared for at home.
2. His follow-up with Dr. Schroeder was scheduled for November 19 at 11 a.m.
3. He will also have home physical therapy.
4. Tylenol No.3 one p.o. q. 4-6h. p.r.n. severe pain with 60 to be dispensed was added to patient's medication regimen that he may try the Tylenol or the Tylenol No.3. However, not in conjunction with each other.

NAME: PARK, COLEMAN S

MR#: 38-53-95 **ACCOUNT#:** 00009282310

ROOM#:

SSN: 195-74-4702

PHYSICIAN: S. LEE MILLER, M.D

DISCHARGE SUMMARY

ORIGINAL

CONEMAUGH
Memorial Medical Center

5. Otherwise, homebound instruction sheets were completed for the patient and further discharge orders as already dictated.

TRACY STANKAN, CRNP

S. LEE MILLER, M.D
Electronically Signed
S. LEE MILLER, M.D 11/06/2003 16:58

TS/lo/lb

D: 10/29/2003 2:50 P

T: 11/05/2003 11:50 P

000091756

cc: NOT AVAILABLE DR
S. LEE MILLER, M.D
RICHARD SCHROEDER, M.D.

NAME: PARK, COLEMAN S
MR#: 38-53-95 ACCOUNT#: 00009282310
SSN: 195-74-4702
PHYSICIAN: S. LEE MILLER, M.D

ROOM#:

DISCHARGE SUMMARY

ORIGINAL



PATIENT DISCHARGE INSTRUCTIONS

Special Discharge Instructions (Care of Incision, Dressings, Blood Work, Etc.):

Cognitive Screening with O.T. / S.T.

Bacitracin to abrasions twice a day.

Orthopedic Dr Schroeder Nov 19th for dressing changes.

IF YOU HAVE SYMPTOMS OF: Fever > 101° ↑ in pain, any problems purulent drainage from wound.

Referrals: i.e., Home Health, Hospice, et c.

Home Health for safety evaluation

Home Physical Therapy - with ROM

CALL YOUR DOCTOR IMMEDIATELY! Phone: 534-9402 or ER

Call the Conemaugh Health Information Line at 1-(800)-587-5875 to talk with an RN about any health concerns.

Follow-up Appointments/Return to Physician/Clinic:

1. Physician: Dr Schroeder Nov 19 11:00 Phone: 255-6781

2. Physician: Dr. Sheffo (1-2 wks) → call for appt. if needed. Phone:

3. Physician: Cognitive Screening - Nov 18 10:00 F 3 with Gary Phone:

4. Trauma Clinic = Nov 18 at 1:00pm (534-9192)

Activity Restrictions:

No Restrictions on Activity

Household

Sports

Sitting

Heavy Lifting

Driving

Touching bearing leg.

TWB LL Ext.

Immobilizer LL Ext.

Return to school

Not till cleared by Trauma.

108432

Date/Time: 10/31/03

Addressograph

The above instructions have been explained to me so that I fully understand them.

Date/Time:

Nurse/Physician Instructing Signature: [Signature]

Patient/Significant Other Signature: [Signature]

Park Coleman MR385395 MILLER, S LEE 9Y M

Park Coleman MR385395

9282310

MILLER, S LEE

9Y M

Conemaugh Health System

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PRINT DT/TM: 11/05/2003 09:12 AM

PRINT BY: Debbie Brown

PATIENT NAME: Coleman S Park

DOB: 12/27/1993

MRN: 385395

PATIENT NAME: Park, Coleman S
AGE: 9y
GENDER: Male
MRN: 385395

ADMIT/VISIT DATE: 10/26/2003 12:10 AM
FACILITY:
LOCATION:
ATTENDING: Miller, S Lee

DOCUMENT TYPE: Operative Report
SOURCE SYSTEM: SMED
FACILITY:
ACCOUNT NUMBER: 9282310
EXTERN DOC NUMBER: U1221738

DICTATED BY: Physician, Default
DATE DICTATED:
DATE TRANSCRIBED: 10/27/2003 07:49 AM
SIGNED BY:
STATUS: Unreviewed

DATE OF SURGERY: 10/26/2003

SURGEON: RICHARD SCHROEDER, M.D.

PREOPERATIVE DIAGNOSIS: Displaced fracture of the left femoral shaft.

POSTOPERATIVE DIAGNOSIS: Displaced fracture of the left femoral shaft.

OPERATION: ORIF left femoral shaft fracture.

ASSISTANT SURGEON: Michael Doneseć, PAC

ANESTHESIA: General endotracheal anesthesia.

INDICATIONS: This is a 9-year-old white male who suffered the above injury in a motor vehicle accident. After discussion of treatment options with the patient's father we have elected to proceed with operative fixation. ORIF has been chosen after discussion with the family. Risks and benefits have been explained.

PROCEDURE: On 10/26/2003 the patient was brought to the operating room and given a satisfactory general endotracheal anesthetic. He had been given 125 mg of Vancomycin on call to surgery.

The patient was placed in the supine position on the AMSCO treatment table. Both legs were placed in longitudinal traction. They were scissored to allow lateral visualization of the left femoral shaft. The fracture was reduced with longitudinal traction. Length and alignment were confirmed with the image intensifier in the AP and lateral plains. The left leg was prepped with alcohol and Betadine. This was then draped in a sterile fashion. An incision was made over the midportion of the left thigh. This was carried down through the skin and subcutaneous tissue with hemostasis being obtained using electrocautery. The fascia lata was incised in line with the skin incision. The vastus lateralis fascia was incised. Blunt dissection was used to expose the fracture and minimally subperiosteal

Exhibit "C"

C. OSTRELICH NOV 10 2003

Conemaugh Health System

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PRINT DT/TM: 11/05/2003 09:12 AM

PRINT BY: Debbie Brown

PATIENT NAME: Coleman S Park

DOB: 12/27/1993

MRN: 385395

stripping was performed. Pointed Homan retractors were placed. The fracture site was identified. This was manipulated with two bone clamps into reduction. An 8 hole narrow LCDC plate large fragment was brought to the field. This was fixed proximally using two 4.5 cortical screws. The fracture was reduced on the plate and a bone holding clamp placed. The alignment was checked in the AP and lateral plain. This was noted to be satisfactory. The distal portion of the plate was affixed using the 4.5 cortical screws. The remaining holes in the plate were filled proximally and distally. Final construct was visualized. Slight posterior angulation was noted but this was acceptable.

The wound was irrigated. The small Hemovac drain was placed deep to the fascia. The fascia was closed with 0 Vicryl. The subcu with 2-0 Vicryl and the skin with a running subcuticular suture of 4-0 Biosyn. Half inch Steri-Strips were applied. A sterile dressing consisting of Iulls, ABDs and microfilm tape was applied.

The patient was placed into a knee immobilizer and taken to the recovery room in stable condition.

Final sponge and needle counts were correct.

ESTIMATED BLOOD LOSS: 200 cc.

INTEROPERATIVE FLUIDS: 700 cc of Crystalloid.

POSTOPERATIVE PLAN: The patient will require crutch ambulation for six to eight weeks.

RICHARD SCHROEDER, M.D.

RS/dy

D: 10/27/2003 6:54 A

T: 10/27/2003 7:49 A

000090256

cc: NOT AVAILABLE DR

C. OSTRELICH NOV 10 2003

Conemaugh Health System

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PRINT DT/TM: 11/07/2003 08:29 AM

PRINT BY: Sharon Paolillo

PATIENT NAME: Coleman S Park

DOB: 12/27/1993

MRN: 385395

PATIENT NAME: Park, Coleman S
AGE: 9y
GENDER: Male
MRN: 385395

ADMIT/VISIT DATE: 10/26/2003 12:10 AM
FACILITY:
LOCATION:
ATTENDING: Miller, S Lee

DOCUMENT TYPE: Emergency Room
SOURCE SYSTEM: SMED
FACILITY:
ACCOUNT NUMBER: 9282310
EXTERN DOC NUMBER: S1221317

Dictated by: Physician, Default
DATE Dictated:
DATE Transcribed: 10/26/2003 01:02 AM
Signed by:
STATUS: Signed

DATE OF VISIT: 10/26/2003

Resuscitation note.

HISTORY: This is a 9-year-old boy who apparently was an unrestrained back seat passenger in a motor vehicle accident. Per fifth-hand report, he was unrestrained in the back seat sleeping. The details of the accident are unknown at this point. The parents and family are scattered throughout the hitherland at different hospitals. Apparently none are significantly injured and will be discharged. We anticipate the parents to be here within the next several hours. He was transported by air medical ambulance as a trauma alert on long back board, Philly collar, HID, HIV. Throughout the transport he remained hemodynamically stable.

PAST MEDICAL HISTORY: It sounds significant, but we do not have any first-hand information. He has had troubles with chronic otitis media.

PAST SURGICAL HISTORY: He has bilateral ear tubes put in and apparently he has had lymph node biopsies for adenopathy.

MEDICATIONS: It is unknown what medications he is on currently.

ALLERGIES: He is apparently allergic to many medications. The only one we are aware of is penicillin, he gets hives with.

Hopefully once his parents are able to come here, we will get further information. Trying to get the information from the father over the phone was not successful.

NOV 17 2003

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PRINT DT/TM: 11/07/2003 08:29 AM

PRINT BY: Sharon Paolillo

PATIENT NAME: Coleman S Park

DOB: 12/27/1993

MRN: 385395

PHYSICAL EXAMINATION: Initial vital signs: Temperature 98.4, pulse 104, sinus rhythm on the monitor, respiratory rate 20 unlabored, blood pressure 134/80. O2 sat is 96% on room air oxygen. Physical examination reveals a young, obese male, complaining of head pain in the back of his head and left thigh pain. HEENT: Multiple minor abrasions across the face. The facial bones are grossly stable to palpation. Pupils were equal, round, react to light, TMs are clear. Manual palpation of the scalp reveals he is tender where he is laying on the board, but otherwise it seems to be unremarkable. Neck is nontender to firm palpation. Carotid pulses are bilaterally present. Trachea is midline. Chest stable to AP and lateral compression. Bilateral breath sounds are present. Heart tones are normal. Abdomen: Obese, soft, does not appear to be tender to firm palpation. Pelvis: Complains of pain over the left hip side but otherwise is stable. Genitalia: Normal external pre-adolescent male. Upper extremities appear to be grossly intact. Lower extremities: He has on the right lower extremity, he has a bruise on the proximal lower leg and is able to lift the leg against gravity and bend the knee. The left lower extremity, the thigh is swollen and tender, the lower leg he is externally rotated and foreshortened. The knee and lower leg and foot does not appear to be grossly tender. Peripheral pulses are all present and sensation seems to be grossly normal. Back is nontender to firm palpation. Glasgow Coma Score at this time is 15.

FAST examination: No free fluid in the pericardial, splenorenal, hepatorenal or pelvic areas.

Laboratory information: White blood cell count is 12.4, hemoglobin 13.2, hematocrit 39, platelet count is 345. Polys are 70, lymphs are 23, monos are 6, eosinophils are 1. PT 11, PTT 28. Electrolytes; sodium 141, potassium 3.4, chloride 108, CO2 21, BUN 18, creatinine 0.7, glucose 150. Urinalysis is pending. No ABG.

Radiograph evaluation: C-spine; C1 through the top of C7 with no gross fracture, subluxation or soft tissue swelling appreciated. Swimmers; gross normal alignment C7/T1. Chest x-ray; large heart but no obvious traumatic injuries. No rib, clavicle or scapular fractures noted. No pulmonary infiltrates, contusions or pneumothoraces appreciated. Pelvic film: No fractures appreciated. Left femur reveals a proximal third simple fracture with overriding ends of approximately 3 cm. Knee; lower leg and foot appear to be grossly intact. CT of the head; grossly normal to my review.

C. OSTRELICH NOV 10 2003

Conemaugh Health System

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PRINT DT/TM: 11/07/2003 08:29 AM

PRINT BY: Sharon Paolillo

PATIENT NAME: Coleman S Park

DOB: 12/27/1993

MRN: 385395

ASSESSMENT AND PLAN: This is a 9-year-old male who will be admitted to the pediatric floor with the following diagnoses:

1. Grade 3 concussion.
2. Rule out C-spine injury.
3. Left femur fracture, closed, simple.
4. Multiple contusions.
5. Obesity.

I have spoken with Dr. Schroeder at approximately 12:15 AM. We will place this young man in Buck's traction and he will evaluate him in the morning. We will continue ongoing search for occult injuries. At this time, I do not think he has any intraabdominal injuries and I did not wish to expose him to radiation and that is why a CT scan of the abdomen and pelvis was not performed. We will give him a PCA with morphine sulfate 1 mg per cc strength and patient administered dose of 0.25 mg q. 15 minutes, no four hour lockout. Parafon Forte 250 mg p.o. q. six hours p.r.n. for muscle spasm. I have spoken to the father, who is currently at Punxatawney hospital. The information from there is he will be discharged shortly. I related his son's injuries and tried to gather some medical history as possible.

At this point I have spent approximately an hour of critical care time at the patient's bedside and placed him in Buck's traction.

S. LEE MILLER, M.D.
Electronically Signed
S. LEE MILLER, M.D 10/26/2003 14:41

SLM/lo

D: 10/26/2003 12:52 A

T: 10/26/2003 1:02 A

000089953

cc: S. LEE MILLER, M.D

NOV 10 2003

Conemaugh Health System

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PRINT DT/TM: 11/07/2003 08:30 AM

PRINT BY: Sharon Paolillo

PATIENT NAME: Coleman S Park

DOB: 12/27/1993

MRN: 385395

PATIENT NAME: Park, Coleman S

ADMIT/VISIT DATE: 10/26/2003 12:10 AM

AGE: 9y

FACILITY:

GENDER: Male

LOCATION:

MRN: 385395

ATTENDING: Miller, S Lee

DOCUMENT TYPE: Operative Report

DICTATED BY: Physician, Default

SOURCE SYSTEM: SMED

DATE DICTATED:

FACILITY:

DATE TRANSCRIBED: 10/27/2003 07:49 AM

ACCOUNT NUMBER: 9282310

SIGNED BY:

EXTERN DOC NUMBER: U1221738

STATUS: Unreviewed

DATE OF SURGERY: 10/26/2003

SURGEON: RICHARD SCHROEDER, M.D.

PREOPERATIVE DIAGNOSIS: Displaced fracture of the left femoral shaft.

POSTOPERATIVE DIAGNOSIS: Displaced fracture of the left femoral shaft.

OPERATION: ORIF left femoral shaft fracture.

ASSISTANT SURGEON: Michael Donesecc, PAC

ANESTHESIA: General endotracheal anesthesia.

INDICATIONS: This is a 9-year-old white male who suffered the above injury in a motor vehicle accident. After discussion of treatment options with the patient's father we have elected to proceed with operative fixation. ORIF has been chosen after discussion with the family. Risks and benefits have been explained.

PROCEDURE: On 10/26/2003 the patient was brought to the operating room and given a satisfactory general endotracheal anesthetic. He had been given 125 mg of Vancomycin on call to surgery.

The patient was placed in the supine position on the AMSCO treatment table. Both legs were placed in longitudinal traction. They were scissored to allow lateral visualization of the left femoral shaft. The fracture was reduced with longitudinal traction. Length and alignment were confirmed with the image intensifier in the AP and lateral plains. The left leg was prepped with alcohol and Betadine. This was then draped in a sterile fashion. An incision was made over the midportion of the left thigh. This was carried down through the skin and subcutaneous tissue with hemostasis being obtained using electrocautery. The fascia lata was incised in line with the skin incision. The vastus lateralis fascia was incised. Blunt dissection was used to expose the fracture and minimally subperiosteal

C. OSTRELICH NOV 10 2003

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PATIENT NAME: Coleman S Park

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Final sponge and needle counts were correct.

ESTIMATED BLOOD LOSS: 200 cc.

INTEROPERATIVE FLUIDS: 700 cc of Crystalloid.

POSTOPERATIVE PLAN: The patient will require crutch ambulation for six to eight weeks.

RICHARD SCHROEDER, M.D.

RS/dy

D: 10/27/2003 6:54 A

T: 10/27/2003 7:49 A

000090256

cc: NOT AVAILABLE DR

C. OSTRELLICH NOV 10 2003

Conemaugh Health System

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PRINT DT/TM: 11/07/2003 08:30 AM

PRINT BY: Sharon Paolillo

PATIENT NAME: Coleman S Park

DOB: 12/27/1993

MRN: 385395

S. LEE MILLER, M.D.
RICHARD SCHROEDER, M.D.

C. OSTREICH NOV 10 2003

HOME HEALTH CERTIFICATION AND PLAN OF TREATMENT

1. Patient's HHA Claim No. 6201229132	2. Start of Care Date 11/1/2003	3. Certification Period From: 11/1/2003 To: 12/30/2003	4. Medical Record No. 000220000000029	5. Provider No. 0731471
------------------------------------------	------------------------------------	-----------------------------------------------------------	------------------------------------------	----------------------------

6. Patient's Name and Address Park Coleman S (814)845-7816 PO BOX 6 105 PINE ST Burnside, PA 15721	7. Provider Name, Address and Telephone Number Mahaffey Home Care (814)277-6684 2772 Cecil Hurd Highway P.O. Box 162 Mahaffey, PA 15757
----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

NOV 11 2003

8. Date of Birth 12/27/1993	9. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. Medications: Dose/Frequency/Route (New (Changed) Ibuprofen-200 MG TAB 1 Q 6 H W FOOD Oral(N) Tylenol-325 MG TAB 1 Q 4-6 H PRN FOR MILD PAIN Oral(N) Tylenol/Codeine #3-300-30 MG TAB 1 Q 4-6 H PRN FOR SEVERE PAIN Oral(N)
11. ICD-9-CM V57.1	Principle Diagnosis PHYSICAL THERAPY NEC(O) Date 11/1/2003	
12. ICD-9-CM	Surgical Procedure Date	
13. ICD-9-CM 781.2 E812.1 850.9	Other Pertinent Diagnoses ABNORMALITY OF GAIT(O) MV COLLISION NOS-PASNGR(O) CONCUSSION NOS(O) Date 11/1/2003 11/1/2003 10/26/2003	

14. DME and Supplies 1 X Walker, Folding; 1 X Wheelchair, semi recline; Sponge 4x3; Tape Micropore 1"	15. Safety Measures: WHEELCHAIR SAFETY, FALL PRECAUTIONS, CHILD SAFETY, SMOKING PRECAUTIONS(PARENT SMOKES), (Cont'd. Addendum)
-------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

16. Nutritional Req. REGULAR DIET, NO (Cont'd. Addendum)	17. Allergies: Amoxicillin, Morphine Sulfate, Penicillin V
-------------------------------------------------------------	---------------------------------------------------------------

18. A. Functional Limitations 1 <input type="checkbox"/> Amputation 2 <input type="checkbox"/> Dowel/Bladder (Incontinence) 3 <input type="checkbox"/> Contracture 4 <input type="checkbox"/> Hearing 5 <input type="checkbox"/> Paralysis 6 <input checked="" type="checkbox"/> Endurance 7 <input checked="" type="checkbox"/> Ambulation 8 <input type="checkbox"/> Speech 9 <input type="checkbox"/> Legally Blind A <input type="checkbox"/> Dyspnea With Minimal Exertion B <input type="checkbox"/> Other (Specify)	18. B. Activities Permitted 1 <input type="checkbox"/> Complete Bedrest 2 <input type="checkbox"/> Bedrest BRP 3 <input type="checkbox"/> Up As Tolerated 4 <input checked="" type="checkbox"/> Transfer Bed/Chair 5 <input type="checkbox"/> Exercises Prescribed 6 <input checked="" type="checkbox"/> Partial Weight Bearing 7 <input type="checkbox"/> Independent At Home 8 <input type="checkbox"/> Crutches 9 <input type="checkbox"/> Cane A <input checked="" type="checkbox"/> Wheelchair B <input checked="" type="checkbox"/> Walker C <input type="checkbox"/> No Restrictions D <input type="checkbox"/> Other (Specify)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

19. Mental Status: 1 <input checked="" type="checkbox"/> Oriented 2 <input type="checkbox"/> Comatose 3 <input type="checkbox"/> Forgetful 4 <input type="checkbox"/> Depressed 5 <input type="checkbox"/> Disoriented 6 <input type="checkbox"/> Lethargic 7 <input type="checkbox"/> Agitated 8 <input checked="" type="checkbox"/> Other See Addendum

20. Prognosis: 1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Guarded 3 <input type="checkbox"/> Fair 4 <input checked="" type="checkbox"/> Good 5 <input type="checkbox"/> Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)
OT 1X1WX1W:PT HAS SCRIPT:

PT 1X1WX1W:PROM LT KNEE,GAIT TR PWB L LEG, HAS SCRIPT 3XWX4:

RN 1-3X7DX28D:SN ASSESSMENT, SAFETY ADL STATUS CVP, INCISION:
Asses severity of LLE pain and effect of pain med, notify DR. PRN.;
Teach action, S/E, ADM of pain med, observe for s/e or interaction with meds. Neuro assessment sec to concussion.;
LT LAT THIGH INCISION .KEEP CLEAN AND DRY. CHANGE DSD PRN. STERI STRIPS INTACT, SUTURE AT BASE OF 7 IN INCISION.GOAL HEALING W/O COMP.;
Teach safety measures and instruct in use of appliance needed (wheelchair, jr walker, leg immobilizer); (Cont'd. Addendum)

22. Goals/Rehabilitation Potential/Discharge Plans
Goals: Pain controlled by compliance w/tx regimen within 4 weeks. (RN); Patient will be alert and pain free as possible within 4 weeks. (RN); Patient/so to understand limitations following ORIF lt leg w/lt wk (RN); Optimal function w/in limits of disease process w/in 4 wks. (RN); Patient environment will be safe, expected w/in 4 wk (RN)
Rehabilitation Potential: REHAB POTENTIAL GOOD FOR OPTIMAL MOBILITY AND HEALING OF INCISION WITHOUT COMPLICATIONS WITHIN 4 WK (C)

23. Nurse's Signature and Date of Verbal SOC Where Applicable: Hughes, Tammy L. 10/31/2003 <i>Tammy Hughes</i>	25. Date HHA Received Signed PQT: 11/3/03
-------------------------------------------------------------------------------------------------------------------	----------------------------------------------

24. Physician's Name and Address Schroeder MD, Richard D. 2 Celeste Drive Johnstown, PA 15905 (814)255-6781	26. I certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
-------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

27. Attending Physician's Signature and Date Signed	28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.
-----------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ADDENDUM TO:

PLAN OF TREATMENT

MEDICAL UPDATE

1. Patient's HI Claim No. 6201229132	2. SOC Date 11/1/2003	3. Certification Period From: 11/1/2003 To: 12/30/2003	4. Medical Record No. 000220000000029	5. Provider No. 0731471
-----------------------------------------	--------------------------	-----------------------------------------------------------	------------------------------------------	----------------------------

6. Patient's Name Park, Coleman S. (814)845-7816	7. Provider Name Mahaffey Home Care (814)277-6684
-----------------------------------------------------	------------------------------------------------------

8. Item No.

- 15. WOUND PRECAUTIONS.
- 16. RESTRICTIONS. ALLERGIC TO CHOCOLATE
- 19. 9 YR OLD
- 21. Referral to Physical Therapy;
Referral to Occupational Therapy for evaluation

22.

P.T. rehab potential: Regain sufficient ROM/strength/function of left knee, and LLE to perform ADL's independently, and ambulate with/without use of assistive device in 60 days.

Discharge Plans: PT WILL REMAIN IN OWN HOME W CAREGIVER (PARENTS), OPTIMAL LEVEL OF FUNCTION.

P.T. discharge: Remain in own home with assistance from parents, and function at optimal level of function.

Summary.

11/01/2003 TO SEE DR SHEFFO IN 2-3 WK. TO MAKE APPT.

DR SCHROEDER MD, PA LIC # 038262E. NOV 9 AT 11A, # 255-6781.

TRAUMA CLINIC NOV 18, 10AM, COGNITIVE SCREENING NOV 18 AT 1PM, PHONE 534-9192

PT HAS ACCESS CARD. TRAVLERS AUTO. ACCESS CARD NUMBERS OBTAINED. TRAVLERS INSURANCE #S NOT INCLUDED IN REFERRAL AND NOT AVAILABLE AT TIME OF VISIT. TRAVLERS LISTED AS PRIMARY ON REFERRAL

PT HAS PRESCRIPTIONS FOR PT AND OT.

11/01/2003 9 YR OLD MALE ADMITTED TO CONEMAUGH VALLEY MEMORIAL HOSPITAL, JOHNSTOWN. 10/26-10/31 FOLLOWING MVA FX FEMUR, MULTIPLE CONTSIONS, GR 3 CONCUSSION. ORIF FEMORAL SHAFT. HAS 7 IN INCISION LT LATERAL THIGH. STERI STRIPS INTACT

W VISABLE SUTURE AT BASE OF INCISION. STATES HE IS TO HAVE SUTURE REMOVED AT NEXT DR APPT. DRESSING REMOVED. NO FRESH DRAINAGE OR S/S INFECTION. INCISION IS DRY AND CRUSTED. INST S/S INFECTION TO REPORT. T 98. 6 P 110 R 20, B/P 100/50. LUNGS CLEAR. NO COUGH. PT HAS LEG IMMOBILIZER.

LT LEG. WHEELCHAIR, JR WALKER. REFERRED FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY. UNABLE TO BATH OR DRESS WITHOUT ASSISTANCE. PAIN LEVEL APPROX 5 ON PAIN SCALE. INCREASED W DRESSING CHANGE AND CHANGING CLOTHING. SPONGE BATH GIVEN DURING VISIT. PT FATHER REQUEST HHA FOR BATH ASSISTANCE BECAUSE HE HAS A FX WRIST AND PATELLA. WILL ADDRESS THIS ON 11/3. PMH, BILAT EAR SURGERY. ALLERGIC RHINITIS, SENSITIVE SKIN. PT MOTHER AT REHAB FACILITY DUE TO INJURIES FROM MVA.

9. Signature of Physician

10. Date

11. Optional Name/Signature of Nurse/Therapist

12. Date

Coleman Park

MEDICAL EXPENSE LIST

Citizens' Ambulance Service Inc.

Emergency Transportation, 10/25/03 \$941.00

AGH-Life Flight

Transportation from landing zone to
Conemaugh Memorial Medical Center, 10/25/03 9,107.00

Conemaugh Memorial Medical Center:

Inpatient Treatment, 10/25/03-10/31/03 \$25,772.58
Anesthesia Time, 10/26/03 \$630.00
Outpatient Treatment, 11/18/03 20.00
Outpatient Treatment, 11/25/03 398.00 26,820.58

Associated Anesthesiologists

Anesthesia Time, 10/26/03 845.00

Cambria Somerset Radiology

X-ray - Spine, 10/26/03 40.00
X-ray - Chest, 10/26/03 22.00
X-ray - Femur, 10/26/03 26.00
X-ray - Tibia & Fibula, 10/26/03 25.00
CT Scan - Head, 10/26/03 166.00
CT Scan - Head, 10/26/03 166.00
X-ray - Shoulder, 10/26/03 26.00
X-ray - Femur, 10/26/03 26.00
X-ray - Tibia & Fibula, 10/27/03 25.00 522.00

S. Lee Miller, M.D.

AHC Surgical Associates

Emergency Treatment, 10/26/03 582.00
Surgical Procedure - Insert Pin into Femur, 10/26/03 789.00
Inpatient Treatment, 10/27/03 158.00
Inpatient Treatment, 10/28/03 96.00
Follow-up Office Visit, 11/18/03 101.00
Follow-up Office Visit, 11/25/03 101.00 1,827.00

Michael P. Najarian, D.O.

AHC Surgical Associates

Inpatient Treatment, 10/29/03 192.00

Inpatient Treatment, 10/31/03	<u>201.00</u>	393.00
Richard D. Schroeder, M.D.		
Western Pennsylvania Orthopedics, Inc.		
Inpatient Consultation, 10/26/03	135.00	
Open Treatment of Femoral Shaft Fracture, 10/26/03	1,850.00	
X-ray - Femur, 11/19/03	56.00	
X-ray - Femur, 12/19/03	56.00	
Office visit, 2/12/04	50.00	
X-ray - Femur, 2/12/04	<u>56.00</u>	2,203.00
Michael Donesec, M.D.		
Open Treatment of Femoral Shaft Fracture, 10/26/03		325.00
Clearfield Hospital Home Health Agency		
Physical therapy, 11/1/03	127.00	
Physical therapy, 11/4/03	140.00	
Physical therapy, 11/14/03	560.00	
Physical therapy, 11/28/03	560.00	
Physical therapy, 12/1/03	840.00	
Physical therapy, 12/17/03	<u>140.00</u>	2,367.00
Watters Brothers Drug Store		
Ibuprofen, 10/31/03	3.65	
Acetaminophen/codenine, 10/31/03	24.35	
Biaxin, 2/17/04	<u>106.25</u>	134.25
Punxstawney Medical Supply		
Elevating leg rests, 10/31/03	24.00	
Standard wheelchair, 10/31/03	60.00	
Elevating leg rests, 11/30/03	24.00	
Standard wheelchair, 11/30/03	<u>60.00</u>	168.00
PARTIAL TOTAL		<u>\$45,652.83</u>



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF FINANCIAL OPERATIONS
TPL SECTION - CASUALTY UNIT
PO BOX - 8486
HARRISBURG PA 17105-8486

May 2, 2005

STATEMENT OF CLAIM SUMMARY

NAME	PARK, COLEMAN
ID	620 122 913

UPDATE TO PREVIOUS SOC DATED 12/15/2004

MEDICAL	USUAL CHARGES	AMT APPROVED
PREVIOUS SOC	41,579.83	5,366.01
CURRENT SOC	947.00	170.50
TOTAL	42,526.83	5,536.51

CASH	PERIOD COVERED	DOLLAR AMOUNT
PREVIOUS SOC	--	.00
CURRENT SOC	--	.00
TOTAL		.00

REIMBURSEMENT TO DPW	5,536.51
----------------------	----------

Exhibit "F"



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF FINANCIAL OPERATIONS
DIVISION OF THIRD PARTY LIABILITY
CASUALTY UNIT
P.O. BOX 8486
HARRISBURG, PA 17105-8486

September 30, 2005

BERGER & GREEN PC
SARA SKOKAN LEGAL ASSISTANT
5850 ELLSWORTH AVE STE 200
PITTSBURGH PA 15232

Re: COLEMAN PARK (minor)
CIS #: 620122913
Incident Date: 10/25/2003

Dear Ms Skokan:

The Department of Public Welfare maintains a lien in the amount of \$5,536.51 for the above-referenced incident.

The Department has agreed to reduce its lien by 33 1/3% and accept the net payment of \$3,691.01 to satisfy the total lien amount.

Checks should be made payable to the Department of Public Welfare and sent to my attention at the above address. **We request that with all transmittal of funds, you provide the Department with a copy of the final distribution sheet.**

In the event you have already brought or will bring any action resulting in a further recovery, we reserve the right to seek recovery of any additional unpaid portion of our medical/cash lien. This settlement in no way affects our future rights.

Thank you for your cooperation in this matter. If you have any further questions, please contact me.

Sincerely,

Brian M. Holler
Claims Investigation Agent
717-772-6607
717-705-8150 FAX

Exhibit "C"

BERGER AND GREEN

A Professional Corporation

ATTORNEYS AT LAW

SUITE 200

5850 ELLSWORTH AVENUE

PITTSBURGH, PENNSYLVANIA 15232

CYNTHIA C. BERGER

LAURENCE B. GREEN

WILLIAM J. REMALEY

WILLIAM J. BEGLEY

MARK F. BENNETT

MICHAEL W. ZIMECKI

PITTSBURGH, PA

412/661-1400

FAX: 412/661-9423

ERIE, PA

814/459-0522

JOHNSTOWN, PA

814/535-2224

SHARON, PA

724/981-7232

CASE EVALUATION RETAINER AGREEMENT

I do hereby appoint the law firm of Berger and Green to institute and maintain an action against _____ and any other person, firm or corporation who may be responsible for damages sustained on October 25, 2003, or to effect an amicable settlement of claim, with my consent.

I agree that out of whatever sum secured by my attorneys or by me from any responsible person, entity or insurance carrier, my attorneys shall retain 33 1/3% of the gross recovery, as well as their costs, if the matter is resolved prior to litigation or arbitration. In the event that litigation or arbitration proceedings are commenced, I agree that my attorneys shall receive 40% of the gross sum secured by them or by me from any responsible person, entity or insurance carrier, as well as their costs.

I understand that my attorneys will have no claim for any fees or costs if no money is recovered by means of settlement, litigation or arbitration for me.

I recognize that my attorneys reserve the right to withdraw from my case if, after investigation, they determine that there is no merit to the claim.

I hereby acknowledge receipt of a duplicate copy of the Case Evaluation Retainer Agreement.

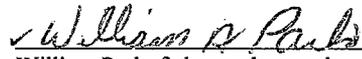
 (SEAL)
William Park, father and natural guardian on behalf
Of Coleman Park, a minor

Exhibit "H"

Date: 11-3-03

STOFKO LAW OFFICES

DENNIS J. STOFKO
ANDREW L. HORVATH

969 EISENHOWER BOULEVARD, SUITE E
P.O. BOX 5500
JOHNSTOWN, PENNSYLVANIA 15904

TELEPHONE 814-262-0064 or 814-262-7341
FAX 814-262-0905
E-MAIL stofkoesq@stofkolaw.com

March 31, 2005

William J. Begley, Esquire
5850 Ellsworth Avenue, Suite 200
Pittsburgh, Pennsylvania 15232

Re: Park, et al. vs. Leamer
No.04-1017 DC

Dear Mr. Begley:

Pursuant to your letter of March 23, 2005, I have been in contact with Erie Insurance and they have agreed to pay the policy limits of \$50,000 broken down according to your March 1, 2005 letter. If your clients are interested, we would be willing to consider sending you quotes for structured settlements on behalf of the minor children.

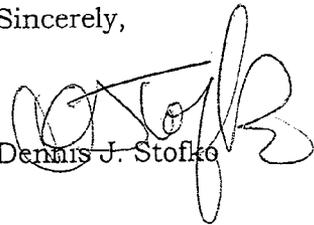
Also we are recognizant of the fact there is a Department of Public Welfare lien which we would insist that you provide us with documentation that the lien will be satisfied out of the proceeds of the settlement.

Also you will need to have Court approval of the minors' compromises. Upon receipt of the welfare satisfaction letter as well as the Court approval and satisfaction of the docket, we will forward to you the settlement proceeds.

I have enclosed the release for Debra Welch in the amount of \$25,000 and a release for William Park in the amount of \$9,250. Please have your clients sign and return to me.

Should you have any questions, please feel free to contact me.

Sincerely,


Dennis J. Stofko

DJS/dd
Enclosures

Exhibit "I"

ERIE INSURANCE COMPANY
PIONEER FAMILY AUTO POLICY

CONTINUATION NOTICE

AA6662 NELSON & ASSOCIATES INS 03/14/03 TO 03/14/04 Q03 6405604 MP

AS LISTED BELOW

ERIC T LEAMER
P O BOX 68
CHERRY TREE PA 15724-0068

AGENT - NELSON & ASSOCIATES INS

AGENT PHONE - (724) 254-9276

1080 FRANKLIN STREET
P. O. BOX 223
CLYMER PA 15728 1133

* CONGRATULATIONS! A PIONEER EXPERIENCE RATING CREDIT HAS *
* BEEN APPLIED TO YOUR POLICY PREMIUM. *

ITEM 4. AUTOS COVERED	VIN	ST TER SYM	RATING CLASS	DDP
AUTO YR MAKE			A1BS-M MS30	
1 95 PONT GR PRIX SE	1G2WJ12M1SF203447	PA 4U 7		

ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM, OR INCL, IS SHOWN FOR THE COVERAGE. COVERAGES, LIMITS AND ANNUAL PREMIUMS ARE AS FOLLOWS-

#1

--- THE LIMITED TORT OPTION APPLIES TO ALL PRIVATE PASSENGER VEHICLES. ---

LIABILITY PROTECTION-	
BODILY INJURY \$25M/PERSON \$50M/ACC	79
PROPERTY DAMAGE \$50M/ACC	97
FIRST PARTY BENEFITS-	
MEDICAL EXPENSE \$5M	51
INCOME LOSS \$1M/MONTH, \$5M MAXIMUM	9
ACCIDENTAL DEATH \$5M	2
FUNERAL BENEFIT \$2.5M	3
UNINSURED MOTORISTS COVERAGE-	
BOD INJ \$25M/PERSON \$50M/ACC-STACKED	16
UNDERINSURED MOTORISTS COVERAGE-	
BOD INJ \$25M/PERSON \$50M/ACC-STACKED	42
PHYSICAL DAMAGE COVERAGES-	
COMPREHENSIVE - \$100 DED	105
COLLISION - \$500 DED	174
OPTIONAL COVERAGES-	
ROAD SERVICE	6
TRANSP EXPENSES - COLL \$20/DAY, \$900/LOSS	12
TOTAL ANNUAL PREMIUM FOR EACH AUTO	596
TOTAL ANNUAL POLICY PREMIUM	\$ 596

ITEM 6. APPLICABLE POLICY, ENDORSEMENTS, EXCEPTIONS TO DECLARATIONS ITEMS
ALL AUTOS - FAP 04/97, UF2106 05/01, AFPN01 10/98, AFPA03 10/02*.

Exhibit "J"

1 - APPU01 04/99.

ANTI-THEFT DISCOUNT APPLIES-PASSIVE DISAB AUTO 1
PASSIVE RESTRAINT DISCOUNT APPLIES - DUAL AIRBAGS AUTO 1
ANTI-LOCK BRAKE DISCOUNT APPLIED AUTO 1

EXPLANATION OF ADULT &/OR YOUTHFUL DRIVER RATING CLASS

AUTO 1-TO WORK LESS THAN 6 MILES ONE WAY, UP TO 8,500 MILES ANNJALLY
MALE, SINGLE, AGE 30-34

MISCELLANEOUS INFORMATION

ND WFS

02/08/03

RELEASE OF ALL CLAIMS AND
PARENTS' RELEASE AND INDEMNITY AGREEMENT

In consideration of the payment to the undersigned of the sum of Twelve Thousand Five Hundred (\$12,500.00) Dollars, the receipt of which is hereby acknowledged, the undersigned as parents and natural guardians of Coleman Park, a minor, forever release, discharge and covenant to hold harmless Eric Leamer and Erie Insurance Group and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, belonging to said minor or to the undersigned arising out of any act or occurrence up to the present time, and particularly on account of all personal injury, disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained by the said minor or by the undersigned in consequence of an accident that occurred on or about the 25th day of October, 2003 at or near State Route 219 near Route 286 in Burnside Township, Clearfield County, Pennsylvania.

To procure the payment of the said sum, we hereby declare that no representations about the nature and extent of the said injuries, disabilities or damages made by any physician, attorney or agent of any party released, nor any representations regarding the nature and extent of legal liability or financial responsibility of any of the parties releases, have induced us to make this release and indemnity agreement; that in determining the amount of the said sum there has been taken into consideration not only the ascertained injuries, disabilities and damages, but also the possibility that the injuries sustained may be permanent and progressive and recovery therefrom uncertain and indefinite, so that consequences not now anticipated may result from the said accident.

The undersigned agree as a further consideration and inducement for this release and indemnity agreement, that it shall apply to all unknown and unanticipated injuries and damages directly and indirectly resulting from the said accident, as well as to those now disclosed.

The undersigned understand that the parties hereby released admit no liability of any sort by reason of said accident and that said payment in compromise is made to terminate further controversy respecting all claims for damages that said minor or the undersigned have heretofore asserted or might personally or through personal representatives hereafter assert because of said accident.

By this release, we, acknowledge that this settlement is in full satisfaction of all claims we may have against the parties being released and their insurers, including, but not limited to, claims for attorneys' fees, medical expense and wage loss and claims for liens that might be asserted by any

employer, insurer, health care provider, Medicare or any other federal governmental entity or state governmental entity or any other person whatsoever. Further we agree to indemnify, defend and hold harmless the parties being released and their insurers for any and all claims made by any other employer, insurer, health care provider, Medicare or other federal governmental entity or state governmental entity or others as it relates to any other types of claims directly or indirectly arising from the incident or settlement of the within matter.

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. It is agreed that this is not a release of First Party Benefits under the PA Motor Vehicle Financial Responsibility Law nor is it a release of Underinsured Motorists Benefits.

DISTRIBUTION OF SAID MONIES SHALL BE MADE ACCORDING TO THE ORDER OF COURT.

William Park, parent and natural guardian of Coleman Park

Debra Welch parent and natural guardian of Coleman Park

STATE OF PENNSYLVANIA
COUNTY OF

On this the ____ day of _____, 2005 before me personally appeared William Park and Debra Welch, as parents and natural guardians of Coleman Park, a minor, known to me to be the persons who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

Notary Public

CERTIFICATION

I, William J. Begley, Esquire, counsel for Debra Welch and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, hereby certify that it is my belief that the settlement of Petitioner's claim for payment as described in the within Petition is reasonable and fair.

BERGER AND GREEN

By:

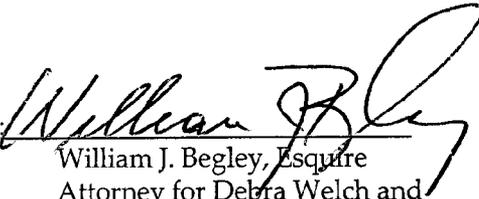

William J. Begley, Esquire
Attorney for Debra Welch and
William Park, in their own right
and as parents and natural guaricians
Coleman Park, a minor

EXHIBIT "L"

CERTIFICATION

I, Debra Welch and William Park, as parents and natural guardians of Coleman Park, a Minor, certify that it is our belief that the settlement of the claim of our son, Coleman Park, for payments as described in the within petition is reasonable and adequate.

Debra Welch Park.

Debra Welch, mother and natural
Guardian of Coleman Park, a minor

William Park

William Park, father and natural
Guardian of Coleman Park, a minor

Exhibit "M"

VERIFICATION

We, William Park and Debra Welch, do hereby verify that the statements made herein are true and correct to the best of our knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A., Section 4904 relating to unsworn falsification to authorities.

William Park
William Park

Debra Welch Park
Debra Welch

DATE: ✓ 10-4-05

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA WELCH; CLINTON PARK,	:	
BY AND THROUGH HIS PARENTS	:	PETITION FOR APPROVAL
AND NATURAL GUARDIANS, WILLIAM	:	AND DISTRIBUTION OF
PARK AND DEBRA WELCH; DEBRA	:	MINOR'S PERSONAL
WELCH, INDIVIDUALLY AND WILLIAM	:	INJURY RECOVERY AS TO
PARK, INDIVIDUALLY,	:	CLINTON PARK
	:	
	:	Filed on Behalf of:
	:	Clinton Park, Debra
	:	Welch and William Park
Plaintiffs,	:	Petitioners
vs.	:	
	:	Counsel of Record for this
ERIC LEAMER,	:	Party:
	:	
Defendant.	:	William J. Begley, Esquire
	:	PA I.D. #17235
	:	BERGER AND GREEN
	:	Firm #777
	:	5850 Ellsworth Avenue
	:	Suite 200
	:	Pittsburgh, PA 15232
	:	(412) 661-1400

FILED *Noce*

m/11:20cm
DEC 01 2005 ©

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA WELCH; CLINTON PARK,	:	
BY AND THROUGH HIS PARENTS	:	PETITION FOR APPROVAL
AND NATURAL GUARDIANS, WILLIAM	:	AND DISTRIBUTION OF
PARK AND DEBRA WELCH; DEBRA	:	MINOR'S PERSONAL
WELCH, INDIVIDUALLY AND WILLIAM	:	INJURY RECOVERY AS TO
PARK, INDIVIDUALLY,	:	CLINTON PARK
	:	
	:	Filed on Behalf of:
	:	Clinton Park, Debra
	:	Welch and William Park
	:	Petitioners
	:	
	:	Counsel of Record for this
	:	Party:
	:	
	:	William J. Begley, Esquire
	:	PA I.D. #17235
	:	BERGER AND GREEN
	:	Firm #777
	:	5850 Ellsworth Avenue
	:	Suite 200
	:	Pittsburgh, PA 15232
	:	(412) 661-1400

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

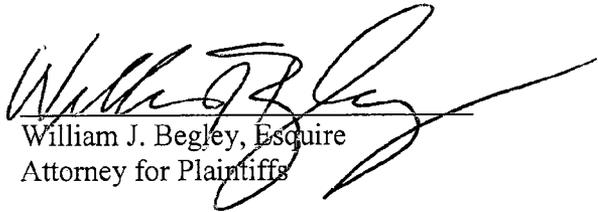
FILED *No cc*
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 DEC 01 2005 

William A. Shaw
Prothonotary

CERTIFICATE OF SERVICE

I, William J. Begley, Esquire hereby certify that the a true and correct copy of the foregoing Petition for Approval and Distribution of Minor's Personal Injury Recovery as to Coleman Park has been mailed by U.S. Mail to counsel of record via first class mail, postage pre-paid, this 30th day of November, 2005.

Dennis J. Stofko, Esquire
Stofko Law Offices
969 Eisenhower Boulevard, Suite E
P.O. Box 5500
Johnstown, PA 15904


William J. Begley, Esquire
Attorney for Plaintiffs

FILED

DEC 01 2005

William A. Shaw
Prothonotary

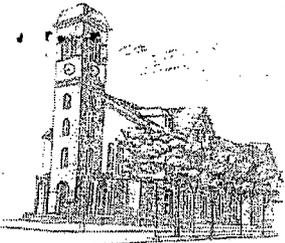
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA WELCH; CLINTON PARK,	:	
BY AND THROUGH HIS PARENTS	:	
AND NATURAL GUARDIANS, WILLIAM	:	
PARK AND DEBRA WELCH; DEBRA	:	
WELCH, INDIVIDUALLY AND WILLIAM	:	
PARK, INDIVIDUALLY,	:	
	:	
	:	
	:	
	:	
Plaintiffs,	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
	:	
Defendant.	:	

ORDER OF COURT

AND NOW, this _____ day of _____, 2005, upon consideration of the Petition for Approval and Distribution of Minor's Personal Injury Recovery, it is hereby ORDERED, ADJUDGED AND DECREED as follows:

That the Petitioners, Debra Welch and William Park, in their own right and as parents and natural guardians of Clinton Park, a minor, are hereby authorized to settle the liability claim and execute the Release of All Claims and Parents' Release and Indemnity Agreement. Petitioners are hereby authorized to receive from Erie Insurance Group the sum of Three thousand two hundred fifty (\$3,250.00) DOLLARS in full satisfaction of all liability claims arising out of the accident of October 25, 2003 resulting



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw
Prothonotary/Clerk of Courts

David S. Ammerman
Solicitor

Jacki Kendrick
Deputy Prothonotary

Bonnie Hudson
Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

Date: September 19, 2005

Over the past several weeks, it has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

You are responsible for serving all appropriate parties.

The Prothonotary's office has provided service to the following parties:

Plaintiff(s)/Attorney(s)

Defendant(s)/Attorney(s)

Other

Special Instructions:

in the injuries to the Minor Petitioner, Clinton Park and Petitioners, Debra Welch and William Park shall make allocations of said settlement funds in the amount of Three thousand two hundred fifty (\$3,250.00) DOLLARS as follows:

\$2,111.44 to be deposited by Attorney William J. Begley in the minor's name in a savings account or certificate of deposit of an insured banking or savings and loan institution, said account to be marked "NOT TO BE WITHDRAWN WITHOUT LEAVE OF COURT OR UNTIL CLINTON PARK BECOMES EIGHTEEN YEARS OF AGE;"

\$1,083.33 payable to Berger and Green representing attorney fees at thirty three and one third percent of the recovery;

\$55.23 payable to Berger and Green representing reimbursement of costs incurred;

That the Petitioners, Debra Welch and William Park, in their own right and as parents and natural guardians of Clinton Park, a minor, are hereby authorized to settle the underinsured motorist benefits claim and execute the Release and Settlement Agreement Underinsured Motorist. Petitioners are hereby authorized to receive from Travelers Insurance Company the sum of Fifteen thousand (\$15,000.00) DOLLARS in full satisfaction of all underinsured motorist benefit claims arising out of the accident of October 25, 2003 resulting in the injuries to the Minor Petitioner, Clinton Park and Petitioners, Debra Welch and William Park shall make allocations of said settlement funds in the amount of Fifteen thousand (\$15,000.00) DOLLARS as follows:

\$10,000.00 to be deposited by Attorney William J. Begley in the minor's name in a savings account or certificate of deposit of an insured banking or savings and loan institution, said account to be marked "NOT TO BE WITHDRAWN WITHOUT LEAVE OF COURT OR UNTIL CLINTON PARK BECOMES EIGHTEEN YEARS OF AGE;"

\$5,000.00 payable to Berger and Green representing attorney fees at thirty three and one third percent of the recovery;

Proof of Deposit to be filed with the Court by William J. Begley, Esquire

_____J.

PETITION FOR APPROVAL AND DISTRIBUTION
OF MINOR'S PERSONAL INJURY RECOVERY

TO THE HONORABLE, THE JUDGES OF SAID COUNTY:

The Petition of William Park and Debra Welch now Debra Welch Park respectfully represents as follows:

1. Your Petitioners are the parents and natural guardians of the Minor Petitioner, Clinton Park. Said minor was born on October 28, 1991 and resides with his parents at 105 Pine Street, Burnside, Clearfield County, Pennsylvania 15721. On July 1, 2005 the Petitioners were formally married and Debra Welch has taken the name Debra Park.

2. On October 25, 2003, the Minor Petitioner, Clinton Park was a rear seat passenger in a 1993 Chevrolet owned by Debra Welch and operated by William Park. His mother Debra Welch and his brother Coleman Park were also passengers in the vehicle being operated by his father, William Park. Mr. Park was traveling southbound on S.R. 219 when a 1995 Pontiac operated by Eric Leamer was traveling northbound on S.R. 219 and made a left turn into the path of the Welch vehicle. A copy of the Cherry Tree Police Department accident report is attached hereto and marked as Exhibit "A."

3. The Minor Petitioner, Clinton Park, was taken by ambulance to Punxsutawney Hospital. The Minor Petitioner, Clinton Park sustained an abrasion on the forehead area above his right eye and a six centimeter laceration to the anterior area of his right leg. The Minor Petitioner, Clinton Park, was discharged from Punxsutawney

Area Hospital with instructions to follow up with his family doctor. A copy of the medical records of Punxsutawney Area Hospital are attached hereto and marked as Exhibit "B."

4. The Minor Petitioner received follow up treatment with Gregory Sheffo, M.D., his pediatrician, at the Clearfield Center for Children's Care, for numbness in his right leg below the knee, which had significant bruising from the accident. Dr. Sheffo diagnosed the Minor Petitioner, Clinton Park, with post-traumatic decreased sensation of the right shin and advised that the numbness should resolve in time. The medical records of Gregory Sheffo, M.D. are attached hereto and marked as Exhibit "C."

5. A listing of the medical expenses in the amount of \$1,030.00 incident to the care and treatment of said injuries are attached hereto and marked as Exhibit "D."

6. The medical expenses incurred for the care and treatment of the Minor Petitioner's injuries arising from the accident of October 25, 2003, including those set forth in Exhibit "D" have been paid by Travelers Insurance Company, under the first party benefit coverage available through a policy of insurance issued to Debra Welch.

7. Your Petitioners employed William J. Begley and the law firm of Berger and Green to represent them and their minor son and to institute such proceedings as might be necessary to recover damages and agreed to and with said attorneys to pay thirty-three and one-third of such sums as might be recovered by verdict or settlement as attorney fees. A copy of the retainer agreement is attached hereto and marked as Exhibit "E."

8. Said attorneys pursuant to said Power of Attorney, has investigated all of the facts and circumstances surrounding and involved in the occurrence of this accident, has conferred with your Petitioners, has conferred and corresponded with the doctors and hospital and obtained records; has researched the law; has filed a lawsuit; and has prepared and filed this action.

9. After considerable discussion and negotiation, Erie Insurance Group has offered the sum of \$25,000.00 per person/\$50,000.00 per accident, the limits of bodily injury liability coverage under the policy of insurance issued to Eric Leamer, for the injuries sustained by Coleman Park, Clinton Park, Debra Welch and William Park.

Distribution of the liability limits are as follows:

A.	Debra Welch	\$25,000.00
B.	William Park	9,250.00
C.	Coleman Park	12,500.00
D.	Clinton Park	3,250.00

A copy of the Erie Insurance Group offer letter dated March 31, 2005 and the declarations page are attached hereto and marked as Exhibits "F" and "G." A copy of the proposed Release of all Claims and Parents' Release and Indemnity Agreement concerning the settlement of the liability coverage claim as to the injuries of Clinton Park is attached and marked as Exhibit "H."

10. The proposed pro-ration set forth in paragraph 9 takes into consideration the injuries sustained by the other plaintiffs who were also injured in this motor vehicle collision summarized as follows:

A. Debra Welch now Debra Welch Park:

- (a) Grade III concussion with positive loss of consciousness;
- (b) Closed head injury;
- (c) Left comminuted supracondylar femoral fracture requiring open reduction internal fixation;
- (d) Left proximal fibular fracture;
- (e) Right lateral comminuted tibial plateau fracture;
- (f) Fractures of the second, third, fourth and fifth ribs;
- (g) Injury to her neck;
- (h) Multiple lacerations, abrasions and contusions

B. William Park:

- (a) Left ulna fracture;
- (b) Right patella fracture;
- (c) Injury to right arm;
- (d) Injury to chest;
- (e) Multiple abrasions and contusions.

C. Coleman Park:

- (a) Grade III concussion with loss of consciousness;
- (b) Closed left femur fracture requiring open reduction internal fixation.

11. A claim for underinsured motorist benefits was made against Travelers Insurance Company under a policy of insurance issued to Debra Welch providing underinsured motorist benefits of \$100,000.00 per person and \$300,000.00 per accident. The underinsured motorist claim of Clinton Park is proposed to be settled for the amount of \$15,000.00 as set forth in the letter of Travelers Insurance Company dated October 27, 2005 and Release and Settlement Agreement - Underinsured Motorist Exhibit "I" attached hereto.

By correspondence dated May 4, 2005, Travelers Insurance Company has provided written permission for the parents of the Minor Petitioner to enter into a release of the Minor Petitioner's claim against Eric Leamer and has waived its right of subrogation, Exhibit "J" attached hereto. Negotiations are still ongoing with Travelers Insurance Company regarding the settlement of the underinsured motorist benefits claim of the Minor Petitioner, Coleman Park and his father, William Park. The underinsured motorist benefit claim of Debra Welch has been settled for the per person limits of \$100,000.00.

12. In the course of the preparation and prosecution of said claim, said attorneys have incurred or will incur the following expenses:

Punxsutawney Hospital Medical Records	\$ 30.17
Clearfield Hospital Medical Records	21.94
Pittsburgh-Postmaster	3.12
TOTAL	\$ 55.23

13. Debra Welch and William Park in their own right and as parents and natural guardians of Clinton Park, a minor and their counsel, William J. Begley, believe that the settlement offer described in paragraph 9 should be accepted for the reason that it represents a reasonable and adequate settlement, given the limited coverage available and the multiple claims under the same policy.

14. William J. Begley, counsel for Debra Welch and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, believes and therefore avers that the settlement described is reasonable and adequate as set forth in the certification attached hereto and marked as Exhibit "K" and incorporated herein by reference as though the same were fully set forth at length herein.

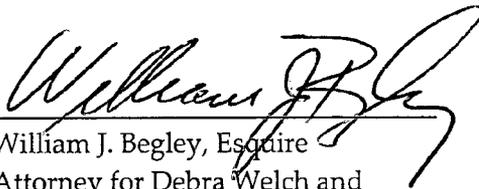
15. Debra Welch and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, believe and therefore aver that the settlement described is reasonable and adequate as set forth in the certification attached hereto and marked as Exhibit "L" and incorporated by reference as though the same were fully set forth at length herein.

WHEREFORE, Debra Welch and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, petition the Honorable Court to

the proceeds of the settlement as set forth in the proposed Order of Court which is attached hereto.

Respectfully submitted,

BERGER AND GREEN, P.C.

By: 
William J. Begley, Esquire
Attorney for Debra Welch and
William Park in their own right
and as parents and natural
guardians of Clinton Park, a
minor.

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0206536

New

Change/
Continuation

AA 45 1 1

Case Closed
 Yes No

Page:

Police Agency Data

Incident Number: 102503-1
 Police Agency: 32403
 Patrol Zone:
 Agency Name: Cherry Tree Police Dept
 Precinct: Burnside Twp.
 Investigation Date (MM-DD-YYYY): 10-25-2003
 Dispatch Time (mil): 2210
 Arrival Time (mil): 2220
 Investigator: Anthony Beltowski
 Badge Number: 001
 Reviewer: A. Beltowski
 Badge Number: 001
 Approval Date (MM-DD-YYYY): 10-26-2003

Crash Data

County: 17
 County Name: Chesterfield
 Municipality:
 Municipality Name: Burnside Twp.
 Day of Week: Sun Thu
 Mon Fri
 Tue Sat
 Wed Unk
 Crash Date (MM-DD-YYYY): 10-25-2003
 Crash Time (Military): 2208
 No of Units: 02
 No of People: 05
 No Injured: 05
 No Killed: 00
 (If > 00, Complete Form: AA 45 F 1)
 Reportable Crash: Yes No
 Notify Highway Maintenance: Yes No
 School Bus Related: Yes No
 School Zone Related: Yes No
 PennDOT Property: Yes No

Unit Information

Unit Number: 01
 Delete?
 Type Unit: Motor Vehicle in Transport
 Pedestrian
 Hit & Run Vehicle
 Illegally Parked
 Legally Parked
 Non - Motorized
 Pedestrian on Skates, in Wheelchair, etc
 Disabled From Previous Crash
 Train
 Phantom Vehicle
 Owner Last Name (If Pedestrian, skip to Form AA 45 3 1): Leamer
 FI: L MI:
 Telephone Number: 814-743-5299
 Address: 40 South Main Street
 City: Cherry Tree
 State: Pa
 Zip: 15724
 VIN: 1G2WJ12M1SF203447
 Model Year: 1995
 Vehicle Make*: 22
 License Plate: EJB0386
 Reg. State: PA
 Travel Speed: 45
 *Refer to List on Back of Overlay
 Insurance: Yes No Un-known
 Insurance Company: Erie Ins Co
 Policy No: Q03-6405604MP
 Insurance Company Phone:
 Vehicle Towed: Yes No
 Towed To: Bobs Auto
 Towed By: Bobs Auto
 Tow Agency Phone:
 Commercial Vehicle: Yes No
 (If Yes, Complete Form: AA 45 C 1)

Unit Information

Unit Number: 02
 Delete?
 Type Unit: Motor Vehicle in Transport
 Pedestrian
 Hit & Run Vehicle
 Illegally Parked
 Legally Parked
 Non - Motorized
 Pedestrian on Skates, in Wheelchair, etc
 Disabled From Previous Crash
 Train
 Phantom Vehicle
 Owner Last Name (If Pedestrian, skip to Form AA 45 3 1): WELCH
 FI: D MI: F
 Telephone Number: 814-845-7816
 Address: 105 Pine St
 City: Burnside
 State: Pa
 Zip: 15721
 VIN: 1GNDT13W2P2106244
 Model Year: 1993
 Vehicle Make*: 20
 License Plate: FGW0098
 Reg. State: Pa
 Travel Speed: 45
 *Refer to List on Back of Overlay
 Insurance: Yes No Un-known
 Insurance Company: Travelers Property & Cas
 Policy No: 945235127-101-1
 Insurance Company Phone:
 Vehicle Towed: Yes No
 Towed To: Bobs Auto
 Towed By: Bobs Auto
 Tow Agency Phone:
 Commercial Vehicle: Yes No
 (If Yes, Complete Form: AA 45 C 1)

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

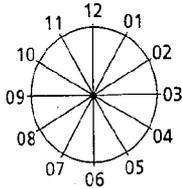
P0206536

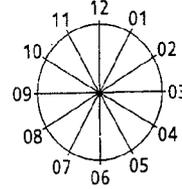
AA 45 2 1

Page:

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Change/
Continuation

Vehicle Information	Unit Number <input type="text" value="01"/>	Trailing Unit(s) Number of Trailing Units: <input type="text" value="0"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <input type="text"/>	Tag Year <input type="text"/>	Tag State <input type="text"/>	
	Vehicle Color <input type="text" value="04"/>	Vehicle Type <input type="text" value="01"/>	Special Usage <input type="text" value="00"/>	12=Commercial Passenger Carrier 13=Taxi 14=Tractor Trailer 15=Twin Trailer 16=Triple Trailer 17=Modified Veh 18=Unknown			
	Initial Impact Point  <input type="text" value="11"/>	Damage Indicator <input type="text" value="3"/>	Vehicle Role <input type="text" value="1"/>	Vehicle Position <input type="text" value="02"/>	00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane 08=Left of Trafficway 09=Right of Trafficway 10=HOV Lane 11=Shoulder Right 12=Shoulder Left 13=One Lane Road 14=Other 15=Unknown		
	Direction of Travel <input type="text" value="N"/>	Movement <input type="text" value="12"/>	07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn	14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 18=Other 19=Unknown	Gradient <input type="text" value="1"/>	3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 6=Unknown	

Vehicle Information	Unit Number <input type="text" value="02"/>	Trailing Unit(s) Number of Trailing Units: <input type="text" value="0"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <input type="text"/>	Tag Year <input type="text"/>	Tag State <input type="text"/>	
	Vehicle Color <input type="text" value="02"/>	Vehicle Type <input type="text" value="01"/>	Special Usage <input type="text" value="00"/>	12=Commercial Passenger Carrier 13=Taxi 14=Tractor Trailer 15=Twin Trailer 16=Triple Trailer 17=Modified Veh 18=Unknown			
	Initial Impact Point  <input type="text" value="11"/>	Damage Indicator <input type="text" value="3"/>	Vehicle Role <input type="text" value="2"/>	Vehicle Position <input type="text" value="06"/>	00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane 08=Left of Trafficway 09=Right of Trafficway 10=HOV Lane 11=Shoulder Right 12=Shoulder Left 13=One Lane Road 14=Other 15=Unknown		
	Direction of Travel <input type="text" value="S"/>	Movement <input type="text" value="01"/>	07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn	14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 18=Other 19=Unknown	Gradient <input type="text" value="1"/>	3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 6=Unknown	

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Vehicle Driver/Pedestrian Information

Unit Number Last Name FI MI Telephone Number

Address City State Zip

License Number State If License Number is unknown or driver is not licensed, see manual

Alcohol/Drugs Suspected

No Illegal Drugs Medication
 Alcohol Alcohol and Drugs Unknown

Alcohol Test Type

Test Not Given Breath Other
 Blood Urine Unknown if Test Given

Alcohol Test Results

Test Refused Unknown Results
 Test Given, Contaminated Results

Driver or Pedestrian Physical Condition

Apparently Normal Illegal Drug Use Fatigue Medication
 Had Been Drinking Sick Asleep Unknown

Pedestrian Signal at Scene of Crash

No Pedestrian Signal Not at Intersection
 Pedestrian Signal

Pedestrian Location

In Roadway < 10 Feet Off Road
 Marked Crosswalks at Intersection Not in Roadway > 10 Feet Off Road
 At Intersection - No Crosswalks Median Outside Trafficway
 Non-Intersection Crosswalks Island Shared Paths/ Trails
 Driveway Access Shoulder Sidewalk Unknown

Vehicle Code List any Vehicle Code Section this driver has violated and mark if they were charged. Charged with Violation?

Yes No
 Yes No

Owner/Driver Code 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle
 01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle
 02=Private Vehicle Not Owned/Leased by Driver 05=PennDOT Vehicle 98=Other
 06=Other State Gov Vehicle 99=Unknown
 07=Municipal Police Vehicle

Driver Presence 1=Driver Operated Vehicle 3=Driver Fled Scene 4=Hit and Run
 2=No Driver 9=Unknown

Vehicle Driver/Pedestrian Information

Unit Number Last Name FI MI Telephone Number

Address City State Zip

License Number State If License Number is unknown or driver is not licensed, see manual

Alcohol/Drugs Suspected

No Illegal Drugs Medication
 Alcohol Alcohol and Drugs Unknown

Alcohol Test Type

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 Yes No

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 07=Municipal Police Vehicle

Driver Presence 1=Driver Operated Vehicle 3=Driver Fled Scene 4=Hit and Run
 2=No Driver 9=Unknown

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Type Location	Intersection Type <input type="checkbox"/> Midblock <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> "T" Intersection <input checked="" type="checkbox"/> "Y" Intersection <input type="checkbox"/> Traffic Circle/ Round About <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Other			Special Location <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Underpass <input type="checkbox"/> Ramp <input type="checkbox"/> Bridge <input type="checkbox"/> Tunnel <input type="checkbox"/> Toll Booth <input type="checkbox"/> Cross Over Related <input type="checkbox"/> Driveway/Parking Lot <input type="checkbox"/> Ramp & Bridge <input type="checkbox"/> Unknown <i>(If "Ramp" is indicated, please see manual)</i>							
	Complete the <i>Principal Road</i> Section for all type of crashes. For crashes at intersections, enter information in the Intersecting Road Section or the GPS Section. If you have a midblock crash, you should enter information in the "Distance from Landmark" Section, the GPS Section, or the House Number Section in the Principal Road area.										
Principal Road	County: <input type="text"/> <input type="text"/> <input type="text"/>	Route Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Segment (Optional): <input type="text"/> <input type="text"/> <input type="text"/>	Travel Lanes: <input type="text"/> <input type="text"/>	Speed Limit: <input type="text"/> <input type="text"/>	House Number (if applicable): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	Street Name: <input type="text"/>					Street Ending: <input type="text"/> <input type="text"/>	Orientation: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown				
Intersecting Road	Route Signing <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input checked="" type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown										
	County: <input type="text"/> <input type="text"/> <input type="text"/>	Route Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Segment (Optional): <input type="text"/> <input type="text"/> <input type="text"/>	Travel Lanes: <input type="text"/> <input type="text"/>	Speed Limit: <input type="text"/> <input type="text"/>	Orientation: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown					
Distance From Landmark	Use For Mid-Block Crashes: Please Enter Information for BOTH Landmarks if Using This Option										
	Landmark 1 Intersecting Rt Num: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or Mile Post: <input type="text"/> <input type="text"/> <input type="text"/>	Or Segment Marker: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Street Name: <input type="text"/>		St Ending: <input type="text"/> <input type="text"/>	Ramp Use Only: <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West				
Landmark 2 Intersecting Rt Num: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						Or Mile Post: <input type="text"/> <input type="text"/> <input type="text"/>	Or Segment Marker: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Street Name: <input type="text"/>		St Ending: <input type="text"/> <input type="text"/>	Ramp Use Only: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2) Feet: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						Or Miles: <input type="text"/> <input type="text"/>					
GPS	Latitude: Degrees <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/> Seconds <input type="text"/> <input type="text"/>			Longitude: Degrees <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/> Seconds <input type="text"/> <input type="text"/>							
	Type of Work Zone (If "Not a Work Zone", skip rest of Work Zone section)										
TCD	Traffic Control Device <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Other			Passive RR Crossing Controls <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Unknown							
	TCD Functioning <input checked="" type="checkbox"/> No Controls <input type="checkbox"/> Device Not Functioning <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Functioning Properly <input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Unknown										
Work Zone	Work Zone Location <input type="checkbox"/> Before 1st Work Zone Warning Sign <input type="checkbox"/> Advance Warning Area <input type="checkbox"/> Transition Area <input type="checkbox"/> Activity Area <input type="checkbox"/> Termination Area <input type="checkbox"/> Other			Work Zone (Mark all that apply) <input type="checkbox"/> Lane Closure <input checked="" type="checkbox"/> Road Closed with Detour <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Flagger Control <input type="checkbox"/> Other							
	Type of Work Zone: <input checked="" type="checkbox"/> Not a Work Zone <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility Company <input type="checkbox"/> Other			Work Zone Speed Limit: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Workers Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
Lane Closure	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input checked="" type="checkbox"/> Fully <input type="checkbox"/> Unknown			Traffic Detoured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	Lane Closure Direction: <input checked="" type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> North and South <input checked="" type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> East and West			Estimated Time Closed: <input checked="" type="checkbox"/> 1-3 hours <input type="checkbox"/> 3-6 hours <input type="checkbox"/> 6-9 hours <input type="checkbox"/> < 30 Minutes <input type="checkbox"/> 30-60 Minutes <input type="checkbox"/> 9-12 hours <input type="checkbox"/> > 12 hours <input type="checkbox"/> Unknown							



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General Crash Information (If more than 7 Units only complete once)	<u>Crash Description</u>	<input type="text" value="2"/>	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown
	<u>Relation to Roadway</u>	<input type="text" value="1"/>	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown	
	<u>Illumination</u>	<input type="text" value="2"/>	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other	
	<u>Weather Conditions</u>	<input type="text" value="1"/>	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown
	<u>Road Surface Conditions</u>	<input type="text" value="0"/>	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other

Unit(s) Event Information	Harm Event		L/R	Most?	Utility Pole Number		<u>Harmful Events (Harm Event)</u> 01=Hit Unit 1 02=Hit Unit 2 03=Hit Unit 3 04=Hit Unit 4 05=Hit Unit 5 06=Hit Other Traffic Unit 07=Hit Deer 08=Hit Other Animal 09=Collision With Other Non Fixed Object 11=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Other Traffic Unit 21=Hit Tree Or Shrubbery 22=Hit Embankment 23=Hit Utility Pole 24=Hit Traffic Sign 25=Hit Guard Rail 26=Hit Guard Rail End 27=Hit Curb 28=Hit Concrete Or Longitudinal Barrier 29=Hit Ditch 30=Hit Fence Or Wall 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pier Or Abutment 34=Hit Parapet End 35=Hit Bridge Rail 36=Hit Boulder Or Obstacle On Roadway 37=Hit Impact Attenuator 38=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Snow Bank 43=Hit Temporary Construction Barrier 48=Hit Other Fixed Object 49=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object 52=Pot Holes Or Other Pavement Irregularities 53=Jackknife 54=Fire In Vehicle 58=Other Non-Collision 99=Unknown Harmful Event
	Unit No	<input type="text" value="02"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
	<input type="text" value="01"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
	Please Put Events in Sequential Order	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Unit No	<input type="text" value="02"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		
<input type="text" value="01"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		
Please Put Events in Sequential Order	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		

<u>First Harmful Event in the Crash</u>	Unit No	Harm Event	<u>Most Harmful Event in the Crash</u>	Unit No	Harm Event
	<input type="text" value="01"/>	<input type="text" value="02"/>		<input type="text" value="02"/>	<input type="text" value="01"/>

Do not repeat this information on multiple pages

Contributing Information	<u>Environmental / Roadway Potential Factors (EIR)</u>		1	<input type="text" value="00"/>	2	<input type="text"/>	3	<input type="text"/>
	00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer in Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related 11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCD Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 99=Unknown							
	<u>Possible Vehicle Failures (V)</u>							
	00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train 06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors 12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecure/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown							
Unit No	<input type="text" value="01"/>	1	<input type="text" value="00"/>	2	<input type="text"/>			
Unit No	<input type="text" value="02"/>	1	<input type="text" value="00"/>	2	<input type="text"/>			

<u>Driver Action (D)</u>	Unit No	1	<input type="text" value="05"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Careless Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone 16=Driving The Wrong Way On 1-Way Street 17=Careless Or Illegal Backing On Roadway 18=Driving On The Wrong Side of Road 19=Making Improper Entrance to Highway 20=Making Improper Exit From Highway 21=Careless Parking/Unparking 22=Over/Under Compensation At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Fleeing Police (Police Chase) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 98=Other Improper Driving Actions									
Unit No	<input type="text" value="01"/>	1	<input type="text" value="05"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
Unit No	<input type="text" value="02"/>	1	<input type="text" value="00"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>

<u>Pedestrian Action (P)</u>	Unit No	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Playing, Or Cycling 03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Playing Or Working On Vehicle 07=Standing 98=Other									
Unit No	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
Unit No	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>

<u>Indicated Prime Factor</u>	Unit No	Factor Code
Do not repeat this information on multiple pages	<input type="text" value="01"/>	<input type="text" value="05"/>
EIR	V	D
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If E/R is the Prime Factor Type, leave Unit No blank

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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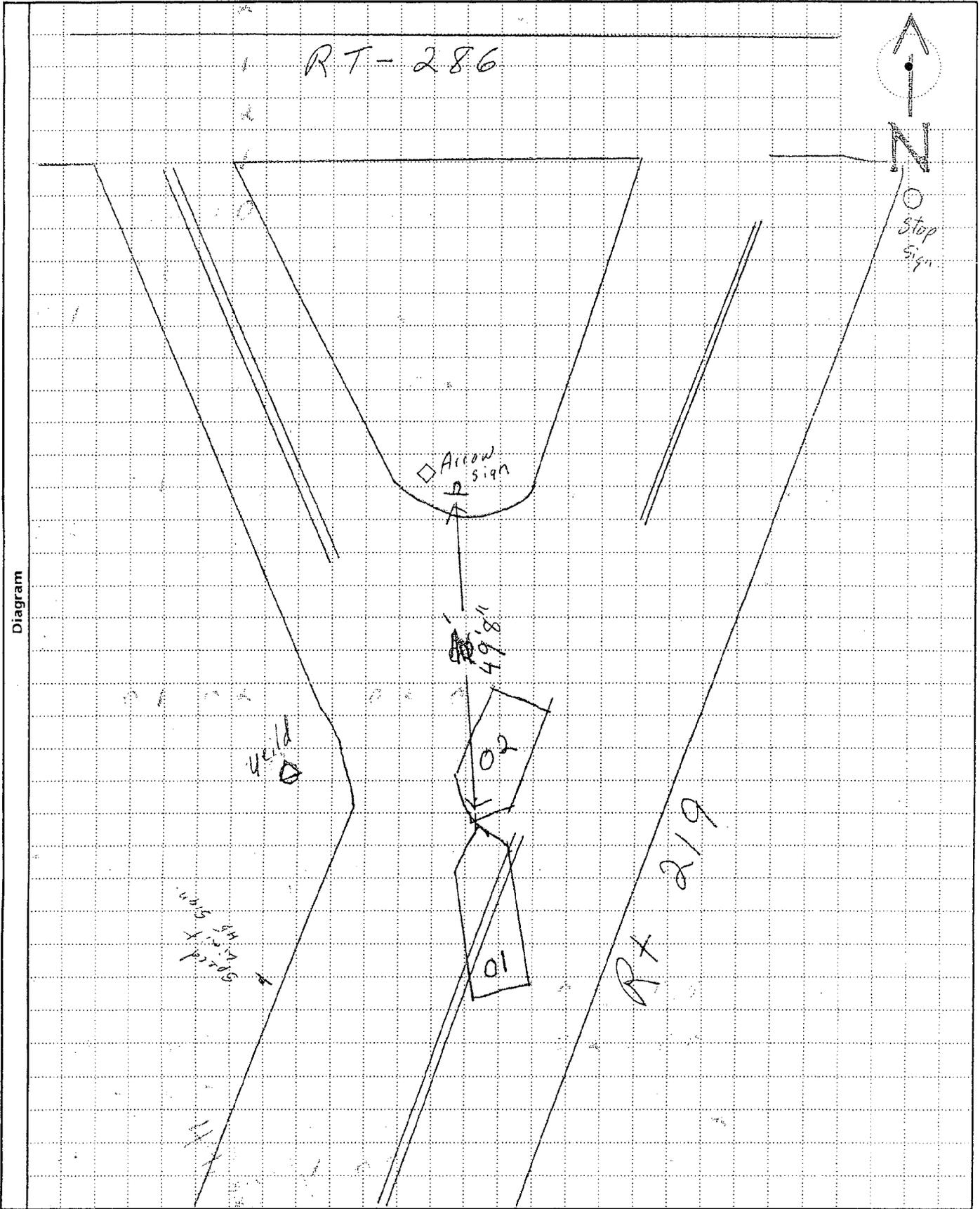
AA 45 7 1

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- New
- Change/Continuation
- Delete Page

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<input type="text"/>							
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Place emergency transport, witness, and other information here. It is not required to restate information from the form.

Responding EMS Agency: Citizens Ambulance / Ambulance #118 Medical Facility: Conemaugh / Mines Hospital / Pennsylvania Hospital

Veterans Memorial Ambulance

Witness 1: Bob Frone Jr Address: Burnside Pk Phone: 814-845-7335

Witness 2: Dabbi Frone Address: Burnside Pk Phone: 814-845-7335

Narrative: This officer responded to a radio call at 2210 hrs on 10-25-03 about a Traffic Accident on 219 at the 286 Intersection in Burnside Township.
Upon arrival this officer observed a green Pontiac Gaze Prix severely damaged sitting sideways spanning the two travel lanes of Rte 219. I also observed a Red Chev Tahoe resting over the embankment on the west bound.
Finally I interviewed the witnesses and attempted to interview the operators.
The witnesses and operators indicated that Veh #1 traveling North and Attempted to turn Left (west) crossed the center line into the path of Veh #2 and struck Veh #2. The impact pushed Veh #2 off the roadway and over the embankment. Veh #1 came to rest Partway across the ~~west~~ Southbound Lane of 219. Vehicle #2 was travelling South on 219 at the time of Impact.

Witness Information and Narrative

NIC

EMERGENCY ROOM FORM

Punxsutawney Area Hospital - Punxsutawney, Pa. 15767-2616

(Auto)

RAD NUM:

Telephone: (814) 938-1800

FC: SELF-PAY

UNIT #: M00034409 D&T: 10/25/03 2336 ARR MODE: AMBULANCE ACCT #: G006910194
 PATIENT: PARK, CLINTON ANDREW BIRTHDATE: 10/28/91 AGE: 11 SEX: M MS: SINGLE
 ADDRESS: 105 PINE STREET PO BOX 6 BURNSIDE, PA 15721 RELIGION: CHRISTIAN MISSIONARY A RACE: CAUCASIAN
 PHONE NO: 814-845-7816 SS #: 208-72-4602
 PAT OCC: EMP: UNEMPLOYED PH:
 NOK: WELCH, DEBRA REL: MOTHER CLK: FM HMM
 ADDRESS/PHONE: 105 PINE STREET PO BOX 6, BURNSIDE, PA 15721 H: 814-845-781 LST ER VST: 0 DAYS
 FAM PHY: *Chambers* EMERG PHY: FLIPSE, SCOTT MD

ACCIDENT INFORMATION DESCRIPT: ACCIDENT, AUTO
 NATURE OF INJURY:
 CHIEF COMPLAINT: MVA NO KNOWN INJURIES

PLACE:
 DATE & TIME: 10/25/03 2300

PHYSICIAN'S ASSESSMENT	ALLERGIES in RED:	CURRENT MEDICATIONS
History and Physical:	1. NO KNOWN DRUG ALLE 2. <i>NKDA</i>	<i>clonidine</i>
	3. 4. 5. 6.	
	Time <i>2335</i> Temp <i>98.8</i> Pulse <i>104</i> Resp. <i>18</i> B.P. <i>118/90</i> Pulse OX O2	

Treatment:

DIAGNOSTIC TESTING

LAB

<input type="checkbox"/> CBC	<input type="checkbox"/> Urine
<input type="checkbox"/> P8	<input type="checkbox"/> CCU Labs
<input type="checkbox"/> Cardiac	<input type="checkbox"/> ERLP
<input type="checkbox"/> Enzymes	<input type="checkbox"/> PTT
<input type="checkbox"/> PT	<input type="checkbox"/> DIG Level

Impression:
*W/ 20 mmHg
 Conscious + ASAD*

CARDIOPULMONARY

<input type="checkbox"/> EKG	<input type="checkbox"/>
<input type="checkbox"/> ABG's	<input type="checkbox"/>

Disposition:

X-RAY

<input type="checkbox"/> Chest	<input type="checkbox"/>
<input type="checkbox"/> C-Spine	<input type="checkbox"/>
<input type="checkbox"/> Head CT	<input type="checkbox"/>

Splint Applied

Repeat evaluation after placement shows good fit with no neurovascular compromise
 Physician's Initials: _____

PHY Signature: _____ Disposition: *Home*
 Condition: Good Fair Serious DOA
 Discharge Nurse: *William H. LPD*
 Discharge Date and Time: *10/26/03 0025*

PUNXSUTAWNEY AREA HOSPITAL

EMERGENCY ROOM REPORT

Name: PARK, CLINTON ANDREW
Dictating Physician: FLIPSE, SCO
Family Physician: Chambers
Date of Birth: 10/28/91

Age: 11
Unit Number: M00034409
Account Number: G006910194
Date of Service: 10/25/03

Report Dictated But Not Reviewed Unless Signature is Present.

Document Id: 00081739

CHIEF COMPLAINT: INVOLVEMENT IN MOTOR VEHICLE ACCIDENT

HISTORY OF PRESENT ILLNESS: This is an 11-year-old male was transported to the Emergency Department by ambulance after having been involved as a restrained back seat passenger in a motor vehicle accident. He accompanied his father who was injured. The child states he is fine and walks into the Emergency Department. There are three other family members involved in this accident and these are his primary concerns at this time.

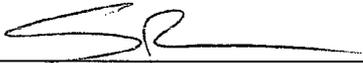
CURRENT MEDICATIONS: Claritin.

ALLERGIES: None that he knows about.

PHYSICAL EXAMINATION: He is alert. He is very cooperative. He is very composed. There is some redness to the right side of his face but no abrasion. No soft tissue swelling. No cervical tenderness or scalp tenderness or hematoma. He is fully alert. Neurologically fully intact. Chest is clear and nontender. Abdomen nontender. Extremities show just an abrasion to the anterior aspect of the right.

IMPRESSION: INJURIES SECONDARY TO MOTOR VEHICLE ACCIDENT
MINOR CONTUSION AND ABRASION

DISPOSITION: No treatment. He was discharged.



SCOTT FLIPSE, MD

D 10/26/03
T 10/26/03

FLISC/RMW

Date / Time	Meds, IV, Vitals, Special Procedures	Nurses Notes
10/26/03 0605		Dr. Flipse enters exam.
0025		Discharged home to
		instr to family. <i>[Signature]</i>
		<i>[Signature]</i>

SCREENING CRITERIA PLEASE CHECK ALL THAT APPLY

★ Nurse's Signature *[Signature]*

Patient Home Phone Number: _____

- Suspected Abuse:
- Failure to thrive (Home / environmental / i.e. nutritional needs)
 - Unusual / Suspicious marks (i.e. burns, bruises, welts, lacerations, punctures)
 - Sexual abuse
 - Drug / Alcohol Abuse

- Domestic Abuse:
- Patient verbalizes need for assistance
 - No identified needs

Initial Visit:
 Date: _____ Time: _____
 Signature: _____
 Follow up:
 None See Progress Notes

FOLLOW PUNXSUTAWNEY AREA HOSPITAL ABUSE POLICY, ORDER SOCIAL SERVICE CONSULT

- Discharge Planning:
- Additional Supportive services needed upon d/c (med. equip., Home Health)
 - Alternate living arrangements (i.e. isolation, inability to care for self)
 - Financial assistance required to follow treatment

- No identified needs

Initial Visit:
 Date: _____ Time: _____
 Signature: _____
 Follow up:
 None See Progress Notes

If indicated, ORDER SOCIAL SERVICE CONSULT

Intake: PO: _____
IV: _____

Signature / Initials: *[Signature]*

Output: _____

Signature / Initials: _____



Punxsutawney Area Hospital

81 Hillcrest Drive, Punxsutawney, PA 15767 (814) 938-1800
IS FORM 240.CDR MIS.CMS 09/08/97 REVISED FM.TOP 12/21/00

H00034409

G006910194

10/25/03

PANK, CLINTON ANDREW

DOB 10/28/91 11 H

FL1SC

CP-EM

Addressograph

Emergency Room Nursing Assessment Form

★ Indicates sections that MUST be completed.

★ ENVIRONMENTAL		★ PSYCHOSOCIAL	
Lives With: <u>parents</u>		Hygiene: <input type="checkbox"/> Normal <input type="checkbox"/> Unkempt	
★ SELF CARE	★ SAFETY MEASURES	Overall Appearance: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Obese <input type="checkbox"/> Frail	
<input type="checkbox"/> Independent <input checked="" type="checkbox"/> Child	<input checked="" type="checkbox"/> Siderails Up <input type="checkbox"/> Call Bell	Affect: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate	
<input type="checkbox"/> Total Assist <input type="checkbox"/> Partial Assist	<input type="checkbox"/> Family at Bedside <input type="checkbox"/> NA	Identified Stressors: _____ <input type="checkbox"/> None	
★ MENTAL STATUS		Ideations: <input type="checkbox"/> Harmful to Self <input type="checkbox"/> Harmful to Others <input type="checkbox"/> NA	
<input checked="" type="checkbox"/> Conscious <input type="checkbox"/> Uncooperative	<input checked="" type="checkbox"/> None <input type="checkbox"/> Language	★ EYES	
<input type="checkbox"/> Lethargic <input type="checkbox"/> Combative	<input type="checkbox"/> Auditory <input type="checkbox"/> Mobility	Acuity: OD ___ OS ___ OU ___	
<input type="checkbox"/> Confused <input checked="" type="checkbox"/> Anxious	<input type="checkbox"/> Visual <input type="checkbox"/> Other: _____	Pupils: _____	
<input type="checkbox"/> Unconscious <input type="checkbox"/> Relaxed	Accompanied by: <u>paramedics</u>	Lacrimation: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Oriented <input type="checkbox"/> In Pain		Sclera Color: _____	
<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Irritable		Conjunctiva: _____	
Other: _____		Other: _____	
★ SKIN		★ RESPIRATORY	
Color: <u>pale</u> Temp: <u>WID</u>	Location: <u>Right</u>	Lungs	
Rash: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Description: <u>abrasion</u>	Clear: <u>MC</u> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Type: _____		Wheeze: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Location: _____		Rales / Rhonchi: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Itch: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Neuro Intact: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cough: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Petechiae: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Circ. Adequate: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Expectorating: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Turgor: _____	ROM: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Color: _____	
Other: _____	Other: _____	Dyspnea: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
★ PEDIATRIC		★ NEURO	
Immunizations:	<input checked="" type="checkbox"/> Coherent <input type="checkbox"/> Hysterical	Headache: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	
Current <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Incoherent <input type="checkbox"/> Slurred	LOC: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	
Stated Age: <u>11</u>	<input type="checkbox"/> Silent <input type="checkbox"/> Crying	Nausea / Vomiting: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	
Development Appears: <u>Normal</u>	<input type="checkbox"/> Aphasic <input type="checkbox"/> Approp for Age	Sensory intact: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Weight: _____	<input type="checkbox"/> Other: _____	Motor Intact: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Birthweight (< 2 yrs.): _____		PEARL: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Head Circ.: _____		Other: _____	
★ ABD		★ GYN	
Pain: _____	Pain: <u>Right</u> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Vaginal Discharge: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Location: _____	Location: <u>Right</u>	Vaginal Bleeding: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Duration: _____	Swelling: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	LMP: _____	
Radiation: _____	Ecchymosis: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Normal: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Nausea/Vomiting: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Neuro Intact: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Poss. Pregnant: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Anorexia: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cir. Adequate: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Method of Birth Control: _____	
BM: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Deformity: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Other: _____	
Peristalsis: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	ROM: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Other: _____	Other: _____		
★ GU			
Retention: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Frequency: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A			
Dysuria: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Hematuria: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Incontinence: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Other: _____			

Pain: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PAIN ASSESSMENT		Onset During: _____
Location: <u>Right</u>	Character: _____	Exacerbated by: _____	
Severity: 0-10 <u>7</u>	Pressure: _____	Burning: _____	Relieved by: _____
If pain assessment > 7 see intervention on Flow Sheet	Tightness: _____	Sharp: _____	Chronic pain: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dull: <input checked="" type="checkbox"/>	Continuous: _____	If yes, physician providing care: _____
	Brief: _____	Other: _____	Discharge: _____
	Intermittent: <u>MC</u>		Pain severity at discharge: _____
			Intervention in place: _____
			See D/C Inst. <input type="checkbox"/>
			Rx given: <input type="checkbox"/>

Nurse's Signature: Smith, PA

N00034409 G0069101
 10/25/03
 PARK, CLINTON ANDREW
 DOB 10/28/91 M
 FLISC
 Addressograph



**PUNXSUTAWNEY
 AREA HOSPITAL**
 81 Hillcrest Drive
 Punxsutawney, PA 15767
 (814) 938-1800

Pediatric Trauma Sheet

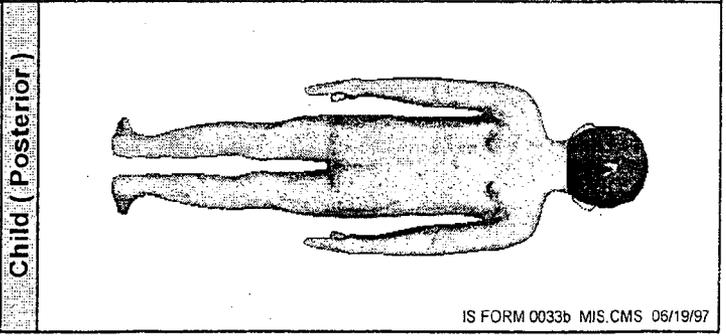
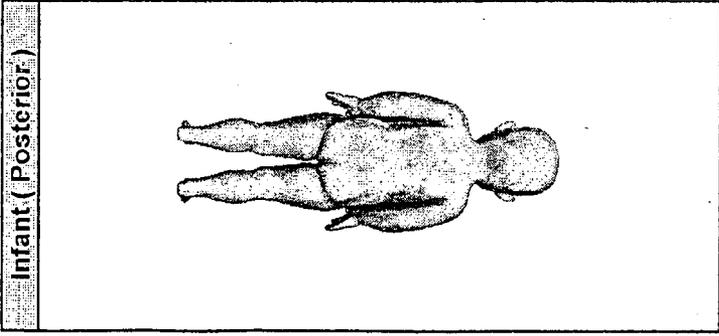
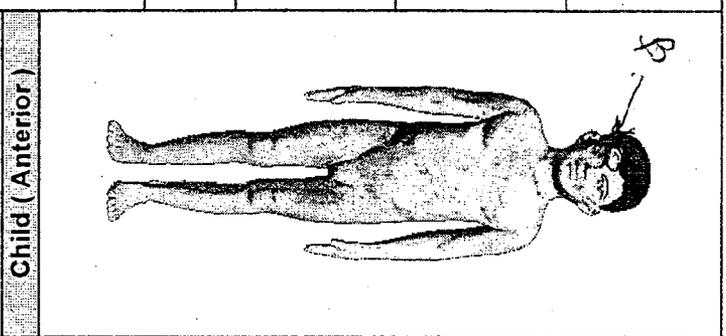
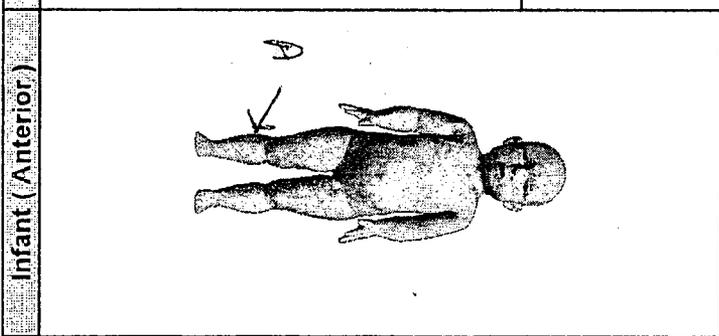
IS FORM 0033 MIS.CMS 06/18/97

Glasgow Coma Scale			DOCUMENT DATE AND TIME OF ASSESSMENT													
Infant		Child		2335	2400											
Eye Response	Spontaneously	Spontaneously	4	✓	✓											
	To Speech	To Command	3													
	To Pain	To Pain	2													
	No Response	No Response	1													
Verbal Response	Coos, Babbles, Smiles	Oriented	5	✓	✓											
	Irritable, Crying	Confused	4													
	Cries, Screams to Pain	Inappropriate Words	3													
	Moans, Grunts	Incomprehensible	2													
Motor Response	No Response	No Response	1													
	Spontaneous	Obeys Command	6	✓	✓											
	Withdraws from Touch	Localizes Pain	5													
	Withdraws from Pain	Withdraws from Pain	4													
	Flexion (decorticate)	Flexion (decorticate)	3													
Extension (decerebrate)	Extension (decerebrate)	2														
No Response	No Response	1														
Total Glasgow Coma Score		14 - 15 points = 5 11 - 13 points = 4 8 - 10 points = 3 5 - 7 points = 2 3 - 4 points = 1		5	5											
Pupil Size	1mm • 5mm	Pupils	Right	Size	7	7										
	2mm • 6mm			Response	5	5										
	3mm • 7mm		Left	Size	7	7										
	4mm • 8mm			Response	5	5										
Miscellaneous Procedures	1. _____	Other Patient Information	Height: _____ Weight: _____ Ate Last: _____													
	2. _____		Family Notified: _____													
	3. _____		Belongings Disposition: _____													
	4. _____		Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Removed													
	5. _____		Minor OR: <input type="checkbox"/> Yes <input type="checkbox"/> No Start: _____ Stop: _____													
	6. _____		Input: _____ cc IV Output: _____ cc Urine													
	7. _____		_____ cc Blood _____ cc EBL													
	8. _____		_____ cc Other _____ cc Other													
	9. _____		_____ cc Total _____ cc Total													
	10. _____															
Signature		Date	Signature		Date	Signature		Date								
<i>Wm. H. ...</i>		10/25/03														

Procedure	On/Off	Nu	IV Solution	Time	Type/Size	Pump	Nurse
Monitor	/		1.				
Oxygen	/						
N:BP	/		2.				
Pulse Ox	/						
EKG	/		3.				
C-Collar	/						
LSB	/		4.				
CID	/						
	/		5.				
	/						

Labs	Drawn	Returned					
CBC			6.				
P-7							
ABG's			7.				
Type & Screen							
PT/PTT			8.				
UA							

			Medication	Dose	Route	Time	Nurse
			1.				
			2.				
Key	(Use Key for Figures)		3.				
	A. Abrasion	L. Laceration	4.				
	A-1. Amputation	P. Pain	5.				
	B. Bruising	S. Scar	6.				
	C. Contusion	T. Tenderness					



Use Blue/Black Ink - Press Firmly

SERVICE NAME Mansfield Community Ambulance		SERVICE # 3003-1A	INCIDENT # 4411	TODAY'S DATE 10/18/03			
INCIDENT LOCATION Intersect of 29+286 Burnside Twp.							
PATIENT ID	PATIENT LAST NAME Kirk	FIRST Clinton	MI A	PHONE 814-845-7816	AGE 11	DATE OF BIRTH 10/18/91	SEX M
	STREET ADDRESS 105 Pine St. P.O. Box 6		SOCIAL SECURITY NUMBER 21081-1721-416108		MEMBERSHIP <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MILEAGE
	CITY Burnside	STATE PA	ZIP CODE 15781	INSURANCE CODE #	MILEAGE		
	PRIVATE PHYSICIAN Unknown	MEDICAID #		OUT		45809	
	<input type="checkbox"/> BILL TO (COMPANY or NAME)	PHONE	MEDICARE #	SCENE		45804	
	ADDRESS	STREET	GROUP INSURANCE #	DEST		45844	
CITY	STATE	ZIP CODE	OTHER INSURANCE #	IN			

CHIEF COMPLAINT: MVA

CURRENT MEDICATIONS: NONE KNOWN None

ALLERGIES (MEDS): NONE KNOWN None

PAST MEDICAL HISTORY: MI CHF COPD TB DIABETES CANCER NONE KNOWN OTHER

NARRATIVE: Dispatched at 0845 for MVA at Burnside Intersection (29+286) involving 2 autos, Roads dry, no fog, Major damage to vehicle. PT was restrained backseat passenger. He was out walking upon arrival on scene at 0858, PT walked to ambulance with father. Took one set of vitals. Did Initial Assessment. Upon assessment of the head noted red mark above right eye on forehead. Continued assessment revealed approx. 6cm laceration to anterior portion of lower right leg. Bleeding was controlled. CAOx4. Eyes were pearl. Lung sounds were clear bilaterally. Skin was warm and dry. Minus SVD. Tracia was midline. No pedal edema. Transported at 0906. Vitals were BP was 100/60 regular, Pulse was 94 strong and regular. Respers were regular and not labored, did not get count. PT was seat belted sitting in ambulance.

Written by J. Edwards dictated by B. Miller (008075)

Narrative 1 of _____

TIME	P	R	BP	RHYTHM	TREATMENT	PROVIDER ID #	RESPONSE/COMMENTS
0906	94		100/60				

Signature of Person Receiving Patient: _____ Time: _____
 Command Physician: Dr. Floss ID#: _____

Crew Signatures:
 A#1 [Signature] 008045
 A#2 [Signature]
 A#3 _____
 A#4 _____

Hospital Copy

16580454

Use Blue/Black Ink

Press Firmly

PENNSYLVANIA EMS REPORT

© 1998 EMS DATA SYSTEMS, INC.

AFFILIATE/UNIT NUMBER		INCIDENT LOCATION MCD CODE		DATE	ATTENDANT #1	ATTENDANT #2	ATTENDANT #3	ATTENDANT #4
171000		17113		253	R Miller	S Edwards	D Wright	
MONTH		DAY		YR				
Jan		25		3	8008075A			
Feb								
Mar								
Apr								
May								
Jun								
Jul								
Aug								
Sep								
Oct								
Nov								
Dec								

RESPONSE/TRANSPORT MODE	DISPATCH	ENROUTE	ARRIVE SCENE	DEPART SCENE	ARRIVE DEST	AVAILABLE	IN QUARTERS	RESPONSE OUTCOME	SERVICE INCIDENT
Emergency Non-Emerg.	1	1	1	1	1	1	1	Transported Care Transferred Cancelled Refused False Call No Patient Found P.O.V. Treat/No Transp. Standby D.O.A. Other	1003100
TO SCENE:									
FROM SCENE:									
MILITARY TIME									

INCIDENT LOCATION		INCIDENT TYPE		SUSPECTED ILLNESS	
<input type="checkbox"/> Residence	<input type="checkbox"/> Bar/Restaurant	<input type="checkbox"/> Assault	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Airway Obst.	<input type="checkbox"/> GI Problem
<input type="checkbox"/> Traffic Way 55+ MPH	<input type="checkbox"/> Industrial	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Recreation Vehicle	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Hemor.
<input type="checkbox"/> Other Traffic Way	<input type="checkbox"/> Mine	<input type="checkbox"/> Bite/Sting	<input type="checkbox"/> Shooting	<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Hyperthrm.
<input type="checkbox"/> Public Place	<input type="checkbox"/> Office/Business	<input type="checkbox"/> Fall	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Cardiac Sym.	<input type="checkbox"/> Hypothr.
<input type="checkbox"/> Recreation Area	<input type="checkbox"/> Farm	<input type="checkbox"/> Fire	<input checked="" type="checkbox"/> Vehicular	<input type="checkbox"/> Dehydration	<input type="checkbox"/> Nausea
<input type="checkbox"/> Waterway	<input type="checkbox"/> Acute Care Facility	<input type="checkbox"/> Inter-Facility	<input type="checkbox"/> Other	<input type="checkbox"/> Diabetes	<input type="checkbox"/> OB/GYN
<input type="checkbox"/> Wilderness	<input type="checkbox"/> Clinic/Dr's Office	<input type="checkbox"/> Medical		<input type="checkbox"/> Dizziness	<input type="checkbox"/> Pain
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Extended Care Facility	<input type="checkbox"/> Motorcycle		<input type="checkbox"/> Drooping	<input type="checkbox"/> Paralysis

SEX	INITIAL VITAL SIGNS				GLASGOW COMA SCALE			SITUATION OF INJURY		INJURY SITE/TYPE				
M	SYSTOLIC	DIASTOLIC	PULSE	RESP	EYES	VERBAL	MOTOR	Flail Chest	Burns 10+%/face/airway	Annuate				
	110	70	60	9	3	4	5	Extrication 20+ minutes	Falls 20+ feet	Head				
					1	2	1	Limb paralysis	20+ speed change	Face				
					1	2	1	Deformity 20+	Intrusion 12"	Eye				
					1	2	1	Roll over	Death same MV	Neck/Spine				
					1	2	1	Ejection	Pedest. vs. MV 5+ mph	Chest				
					1	2	1	Co-Morbid factors	Pedest. thrown/run over	Back/Spine				
					1	2	1		Mtcycle 20+ mph/sep.	Abdomen				
					1	2	1			Pelv/Groin				
					1	2	1			Arm				
					1	2	1			Hand				
					1	2	1			Thigh				
					1	2	1			Leg/Foot				

ALS TREATMENT		EKG/INITIAL/LAST		MEDICATIONS		PATIENT RECEIVED BY		RESEARCH CODE	
Abdominal Thrust	A1 A2 A3 A4	O2 1-9 lpm	A1 A2 A3 A4	Nrml. Sin.	Albuterol	Heparin			
Back Blows	A1 A2 A3 A4	O2 10-15 lpm	A1 A2 A3 A4	Sin. Tach	Aminophylline	Hydrocortisone			
Manual	A1 A2 A3 A4	OTHER	A1 A2 A3 A4	Sin. Brady	Atropine	Isoproterenol			
Nasopharyngeal	A1 A2 A3 A4	Auto Defib.	A1 A2 A3 A4	Asystole	Bicarb	Lidocaine			
Oropharyngeal	A1 A2 A3 A4	Bandage	A1 A2 A3 A4	Atrial Fib	Calcium	Metaproterenol			
VENTILATION	CPR		A1 A2 A3 A4	Atrial Flut	Dexameth	Morphine			
Pocket Mask	A1 A2 A3 A4	Hot Pack	A1 A2 A3 A4	EMD	D50	Naloxone			
Demand Valve	A1 A2 A3 A4	Cold Pack	A1 A2 A3 A4	Junctional	Diazepam	Nitroglycerine			
Bag Valve Mask	A1 A2 A3 A4	Delivery (OB)	A1 A2 A3 A4	Paced	Diphenhyd.	Nitrous Oxide			
IMMOBILIZATION	Extrication		A1 A2 A3 A4	PVC's	Dobutamine	Oxytocin			
C-Spine Stabilize	A1 A2 A3 A4	Injunc	A1 A2 A3 A4	SV Tach	Dopamine	Procainamide			
Cervical Collar	A1 A2 A3 A4	Immobilization	A1 A2 A3 A4	Ventricular	Epinephrine	Terbutaline			
C-Spine Imm. Dev.	A1 A2 A3 A4	MAST Appl'd	A1 A2 A3 A4	Vent Fib	Furosemide	Verapamil			
Board - Long	A1 A2 A3 A4	MAST Inflated	A1 A2 A3 A4	Other	Glucagon	Other			
Board - Short	A1 A2 A3 A4	Oral Glucose	A1 A2 A3 A4					ON SCENE AT FACILITY	
Splint - Extremity	A1 A2 A3 A4	Suctioning	A1 A2 A3 A4					Life Threat. Improved	
Splint - Traction	A1 A2 A3 A4	Tourniquet	A1 A2 A3 A4					Mod. Stable	
								Minor Unstable	
								Worse	

ALS TREATMENT		CPR INFORMATION		MEDICAL COMMAND	
Peripheral IV	A1 A2 A3 A4	Defib/Cardiovert	A1 A2 A3 A4	(Minutes)	Telephone
EKG	A1 A2 A3 A4	EOA	A1 A2 A3 A4	<4 4-10 >10 Unk	Cellular
EndoTrach. Intub.	A1 A2 A3 A4	Intraosseous IV	A1 A2 A3 A4	Arrest to CPR	Radio
Med. Admin.	A1 A2 A3 A4	Needle Thorac.	A1 A2 A3 A4	Arrest to Defib	Protocol
Blood Draw	A1 A2 A3 A4	Pacing	A1 A2 A3 A4	Arrest to ALS	MD On-Scene
Central Ven. IV	A1 A2 A3 A4	Urinary Cath	A1 A2 A3 A4	Witnessed Arrest?	None Required
Cricot.otomy	A1 A2 A3 A4			Bystander CPR?	

16580454

PLEASE DO NOT MARK IN THIS AREA

Patient: CLINTON PARK, Date: 10/25/2003 Time: 23:54

Discharge Instructions

IMPORTANT: We examined and treated CLINTON today on an emergency basis only. This was not a substitute for or an effort to provide complete medical care. In most cases, you must let your doctor check CLINTON again. Tell your doctor about any new or lasting problems that CLINTON has. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If CLINTON has special tests, such as X-rays, we will review them within a day. We will call you if there are new suggestions. After you leave, follow the instructions below.

CLINTON was treated today by SCOTT FLIPSE, MD.

This Information Is About CLINTON's Follow Up Care

Call your doctor if CLINTON does not get better. Call sooner if CLINTON feels worse. You can reach the doctor by calling their clinic phone number.

This Information Is About CLINTON's Illness or Diagnosis

CONTUSIONS (Bruises).

Bruises are caused by blunt injury to a body part. The injury breaks some of the blood vessels under the skin. Leaking blood from these broken vessels causes swelling and a blue color. As the bruise heals, the swelling will go away. The color will change as the old blood dissolves away. It will change from blue to yellow-green, and later to a faint brown. It should go away completely in about 3 weeks.

Do the following:

- Apply ice packs to keep the swelling down in the first 2 to 3 days after this injury. Put a piece of cloth between the skin and the ice pack. This prevents frostbite.
- After 3 days, use warm packs or a heating pad several times a day until the pain is gone.

Call your doctor if:

- there is still pain in 1 week.
- CLINTON has any new or severe symptoms.

ABRASIONS.

CLINTON has scraped a thin layer off the surface of the skin. The scrape should heal quickly. There is a chance it might get infected.

Do the following:

- Wash your hands before and after touching the scrape.
- Use a clean cloth to wash the scrape daily with soap and water.
- Keep the scrape open to the air.

Call your doctor if CLINTON has:

- increased redness, swelling or pain.
- pus, drainage or red streaks from the scrape.
- fever.
- any new or severe symptoms.

You and CLINTON are the most important factor in CLINTON's recovery. Follow the above instructions carefully. Give CLINTON the medicines exactly as prescribed. Most important, see a doctor again as discussed. If CLINTON has problems that we did not discuss, call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department. If you have questions, call us.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

Mickelle Zimaglio

Responsible Person for CLINTON PARK

Responsible Person for CLINTON PARK has received this information and tells me that all questions have been answered.

J. Smith LPN

RN Staff Signature



Clearfield Hospital
Clearfield, PA 16830

Clearfield Center For Childrens Care



Name Clinton Park

Date 2/19/04 Time 1:57

DOB 10/28/91 Age 12yr.

Parent's Name William

Phone 845-7816

Chief Complaint: front of (R) leg numb 80

Persistent "numbness" @ (R) skin

S/P burning 2" to MVA Oct 03.

∅ paraesthesia ∅ motor dys-

function of (R) leg

ROS:

of w healthy.

PMHx:

Family / Social Hx:

Medications: ∅

Allergies: NKOA

Immunizations Current? (Circle one)

Yes No Not Assessed

Temp 97.0 (Rectal VS: Temporal)

Heart Rate _____

Respirations _____

Pressure _____ / _____

Height _____

Weight 112#

Head _____ Inches

Vision Screen: Normal Abnormal

Hearing Screen: Normal Abnormal

Hgb	
PPD	
Lead	
Strep (rapid)	
U / A (dip)	

Unit dose Neb. (Albuterol Atrovent)

Pulse Ox (pre / post) = _____

PEF (est. _____) = _____

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

∅ palp. abnl. (R) tibia

mildly ↓d sensation @
(R) skin (pinprick & 2-point discrimination)
c/w (L) skin; NL sensation to droplets &
fine hairs stroking.

Other Orders:

Diagnosis and Plan:

① post-traumatic ↓d sensation (R) skin - discussed
with ~~parent~~ father; anticipate eventual
return of normal sensation. Observe.

[Signature]

Calls	
RTC In:	<u>PRN</u>
RTC At:	Of Age



Clearfield Hospital
Clearfield, PA 16830

Clear Med Provider Corp.
Adolescent Age 12-18 Year Well Child Exam

Name: Clinton Park

Phone #: 845-7816

Date/Time: 12-11-03 Accompanied by: William

Parent's Name: _____

Age 12 yr DOB 10-28-91 Height 5'3 1/4 in. (____ cm) Weight 108 1/2 lb.
Temp 97.7 F Oral Tympanic B.P. 114, 68 Pulse 72 Res 20 HLTH Tech Initials So

Interval Hx/Concerns: FRONT OF (R) LEG NUMB - AUTO ACCIDENT X 1 MONTH AGO. S.O. -> had ecchymosis prominently.
ROS: (C) C/O H/A's at school -> sport. resolve (discussed) observe
PMH: healthy. AR (C) current sx's

Physical Exam:	N	AB	Describe if Abnormal
General			
Blood Pressure			
Head			
Eyes			
Vision			R 20/25 L 20/25 2 glasses
Ears			Passed all freq @ 20db? (Y)
Audiometry			
Nose			
Pharynx			
Teeth			
Neck			
Nodes			
Breasts (Tanner Stg)			(N/A)
Lungs			
Cardiac			
Abdomen			(I)
Genitals (Tanner Stg)			
Extremities			
Skin			
Neuro			
Speech/Language			
Scoliosis			
Pelvic Exam:			(N/A)

Nutrition:

Bowel/Bladder:

Home:

Education: 6th grade > does well.

Activities/sports: (+) baseball

Drugs/ETOH/Cig: _____

Depression/Stressors: (N/A)

Sex Hx/Menst Hx/Menarche: _____

Meds: (N/A) Allergy: NKDA

Screening Labs / Procedures:

Hgb: _____ PPD: _____

UA: _____ Date read _____

Chol: _____ Reviewed TB risk factor questionnaire? Y N

Anticipatory Guidance:

- Injury Prevention: Guns, Seat Belts, Driving, Passive Smoke
- Nutrition: Fast Food, Snacks, Exercise & Sports
- Dental Visit Every Year
- Sex Ed: Puberty, Contacts, AIDS, STD, Contraception
- Social: Friends, Dating, Parents
- School: Academics, Goals, Socialization
- Substance Use: ETOH, Drugs, Cigarettes

IMM	DR	NSG	Immunizations UTD (Y) N
(DT)	(G)	(S)	VIS provided (Y)
MMR			Risks/Benefits/Mgmt Discussed (Y) N
HEP			Tylenol 160 mg/5ml: (P)

Assessment and Plan: (1) well child

Return to Clinic in: _____

Purpose: Adol WCC ; Other: _____

Form No. 685-36-16(P) Rev. 12/01 M.R. 12/01

Signature: _____

Attending Signature: (Signature)

Consolidated Graphic Communications

Clinton Park

MEDICAL EXPENSE LIST

Mahaffey Community Ambulance Service

Emergency Medical Services, 10/25/03 \$620.00

Punxsutawney Area Hospital

Emergency Treatment, 10/25/03 242.00

Gregory S. Sheffo, M.D.

Clearfield Center for Children's Care

Office Visit, 12/11/03 \$87.00

Tetanus Shot, 12/11/03 16.00

Office Visit, 02/19/04 65.00 168.00

PARTIAL TOTAL

\$1,030.00

PLEASE
DO NOT
STAPLE
IN THIS
AREA

Travelers
PO Box 1538
Pittsburgh PA 15230

APPROVED OMB-0938-0008

LLW

HEALTH INSURANCE CLAIM FORM

1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) CHAMPUS <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (VA File #) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) FECA BLK LUNG <input type="checkbox"/> (SSN) OTHER <input checked="" type="checkbox"/> (ID)	1a. INSURED'S I.D. NUMBER (FOR PROGRAM # EM 1) C14 LAG 8880																																																																																																																																																																																
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Park Clinton A.																																																																																																																																																																																	
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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on file DATE 10-25-03																																																																																																																																																																																	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED Signature on file																																																																																																																																																																																	
14. DATE OF CURRENT: <input checked="" type="checkbox"/> ILLNESS (First symptom) OR <input type="checkbox"/> INJURY (Accident) OR <input type="checkbox"/> PREGNANCY (LMP) MM DD YY 10 25 03																																																																																																																																																																																	
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33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # Mahaflay Community Club P.O. Box 32 Mahaflay GRP# PA15757																																																																																																																																																																																	

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION



**PUNXSUTAWNEY
AREA HOSPITAL**

81 HILLCREST DRIVE
PUNXSUTAWNEY, PENNSYLVANIA 15767-2616
(814) 938-1812

AMOUNT ENCLOSED	TYPE
\$	FINAL

PLEASE DETACH AT PERFORATION AND RETURN WITH YOUR REMITTANCE

PATIENT NAME PARK, CLINTON ANDREW	PATIENT ACCOUNT NUMBER G006910194	ADMISSION DATE 10/25/03	DISCHARGE DATE 10/26/03	BILLING DATE 11/02/03
GUARANTOR PARK, WILLIAM 105 PINE STREET PO BOX 6 BURNSIDE PA 15721	INSURANCE COVERAGE			POLICY NUMBER

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
10/25/03	093021 ER VISIT LEVEL THREE PROF COMP	1	97.00
10/25/03	099283 ER VISIT LEVEL THREE TECHNICAL	1	145.00
	*** SUMMARY BY SERVICE ***		
	EMERGENCY ROOM	1	145.00
	PROFEE/EMERGENCY ROOM	1	97.00

ACCOUNT NUMBER G006910194

TOTAL	242.00
TOTAL CREDITS	0.00
TOTAL DUE	242.00
ESTIMATED INSURANCE COVERAGE	0.00
ESTIMATED PATIENT DUE	242.00

PLEASE
DO NOT
STAPLE
IN THIS
AREA



TO PT-PLEASE FORWARD
THIS FORM TO YOUR INS CO
WITH A COMPLETED CLAIM
FORM THANK YOU

CARRIER PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

PICA <input type="checkbox"/> <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input checked="" type="checkbox"/> OTHER (ID) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 208724602																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PARK CLINTON					3. PATIENT'S BIRTH DATE MM DD YY 10 28 1991 M <input checked="" type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME																			
5. PATIENT'S ADDRESS (No., Street) RT 219 PO BOX 6					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street)																			
CITY BURNSIDE			STATE PA		8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>			CITY			STATE																		
ZIP CODE 15721		TELEPHONE (Include Area Code) (814) 845-7816			Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>			ZIP CODE			TELEPHONE (INCLUDING AREA CODE) ()																		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) SAME					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					11. INSURED'S POLICY GROUP OR FECA NUMBER																			
a. OTHER INSURED'S POLICY OR GROUP NUMBER 6201146807					b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State)					a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>																			
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>					c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					b. EMPLOYER'S NAME OR SCHOOL NAME																			
c. EMPLOYER'S NAME OR SCHOOL NAME PO BOX 8 HARRISBURG PA 17105					10d. RESERVED FOR LOCAL USE					c. INSURANCE PLAN NAME OR PROGRAM NAME TO PT-PLEASE FORWARD																			
d. INSURANCE PLAN NAME OR PROGRAM NAME MEDICAL ASSISTANCE					12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE 07 30 2004					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.																			
14. DATE OF CURRENT: MM DD YY 10 30 2004					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE GREG SHEFFO					17a. I.D. NUMBER OF REFERRING PHYSICIAN G49818					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. RESERVED FOR LOCAL USE					20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> \$ CHARGES					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																			
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2. V06 5										4. L959 7																			
24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY										B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EFSDT Family Plan I EMG J COB K RESERVED FOR LOCAL USE																			
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6																													
25. FEDERAL TAX I.D. NUMBER SSN EIN 251657668					26. PATIENT'S ACCOUNT NO. 1717					27. ACCEPT ASSIGNMENT? (For govt. claims see back) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					28. TOTAL CHARGE \$ 168 00					29. AMOUNT PAID \$ 168 00					30. BALANCE DUE \$ 0 00				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) GREGORY S SHEFFO MD SIGNED 07 30 2004 DATE										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) CLEARFIELD CTR FOR CHILD 1033 TURNPIKE AVE STE 300 CLEARFIELD PA 16830										33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # CLEAR MED PROVIDERS PO BOX 1260 CLEARFIELD PA 16830 PIN # GRP # 251657668									

BERGER AND GREEN

A Professional Corporation

ATTORNEYS AT LAW

SUITE 200

5850 ELLSWORTH AVENUE

PITTSBURGH, PENNSYLVANIA 15232

CYNTHIA C. BERGER

LAURENCE B. GREEN

WILLIAM J. REMALEY

WILLIAM J. BEGLEY

MARK F. BENNETT

MICHAEL W. ZIMECKI

PITTSBURGH, PA

412/661-1400

FAX: 412/661-9423

ERIE, PA

814/459-0522

JOHNSTOWN, PA

814/535-2224

SHARON, PA

724/981-7232

CASE EVALUATION RETAINER AGREEMENT

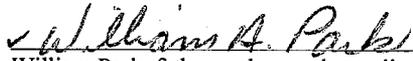
I do hereby appoint the law firm of Berger and Green to institute and maintain an action against _____ and any other person, firm or corporation who may be responsible for damages sustained on October 25, 2003, or to effect an amicable settlement of claim, with my consent.

I agree that out of whatever sum secured by my attorneys or by me from any responsible person, entity or insurance carrier, my attorneys shall retain 33 1/3% of the gross recovery, as well as their costs, if the matter is resolved prior to litigation or arbitration. In the event that litigation or arbitration proceedings are commenced, I agree that my attorneys shall receive 40% of the gross sum secured by them or by me from any responsible person, entity or insurance carrier, as well as their costs.

I understand that my attorneys will have no claim for any fees or costs if no money is recovered by means of settlement, litigation or arbitration for me.

I recognize that my attorneys reserve the right to withdraw from my case if, after investigation, they determine that there is no merit to the claim.

I hereby acknowledge receipt of a duplicate copy of the Case Evaluation Retainer Agreement.

 (SEAL)
William Park, father and natural guardian on behalf
of Clinton Park, a minor

Date: 11-3-03

STOFKO LAW OFFICES

DENNIS J. STOFKO
ANDREW L. HORVATH

969 EISENHOWER BOULEVARD, SUITE E
P.O. BOX 5500
JOHNSTOWN, PENNSYLVANIA 15904

TELEPHONE 814-262-0064 or 814-262-7341
FAX 814-262-0905
E-MAIL stofkoesq@stofkolaw.com

March 31, 2005

William J. Begley, Esquire
5850 Ellsworth Avenue, Suite 200
Pittsburgh, Pennsylvania 15232

Re: Park, et al. vs. Leamer
No.04-1017 DC

Dear Mr. Begley:

Pursuant to your letter of March 23, 2005, I have been in contact with Erie Insurance and they have agreed to pay the policy limits of \$50,000 broken down according to your March 1, 2005 letter. If your clients are interested, we would be willing to consider sending you quotes for structured settlements on behalf of the minor children.

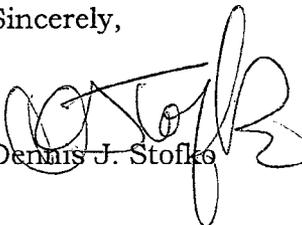
Also we are recognizant of the fact there is a Department of Public Welfare lien which we would insist that you provide us with documentation that the lien will be satisfied out of the proceeds of the settlement.

Also you will need to have Court approval of the minors' compromises. Upon receipt of the welfare satisfaction letter as well as the Court approval and satisfaction of the docket, we will forward to you the settlement proceeds.

I have enclosed the release for Debra Welch in the amount of \$25,000 and a release for William Park in the amount of \$9,250. Please have your clients sign and return to me.

Should you have any questions, please feel free to contact me.

Sincerely,



Dennis J. Stofko

DJS/dd
Enclosures

CONTINUATION NOTICE

AA6662 NELSON & ASSOCIATES INS. 03/14/03 TO 03/14/04 Q03 6405604 MP

AS LISTED BELOW

ERIC T LEAMER
 P O BOX 68
 CHERRY TREE PA 15724-0068

AGENT - NELSON & ASSOCIATES INS

 AGENT PHONE - (724) 254-9276

1080 FRANKLIN STREET
 P. O. BOX 223
 CLYMER PA 15728 1133

 * CONGRATULATIONS! A PIONEER EXPERIENCE RATING CREDIT HAS *
 * BEEN APPLIED TO YOUR POLICY PREMIUM! *

ITEM 4. AUTOS COVERED									
AUTO YR MAKE	VIN	ST	TER	SYM	RATING CLASS	DDP			
1 95 PONT GR PRIX SE	1G2WJ12M1SF203447	PA	4U	7	A1BS-M MS30				

ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM, OR INCL, IS SHOWN FOR THE COVERAGE. COVERAGES, LIMITS AND ANNUAL PREMIUMS ARE AS FOLLOWS-

#1

--- THE LIMITED TORT OPTION APPLIES TO ALL PRIVATE PASSENGER VEHICLES. ---

LIABILITY PROTECTION-	79
BODILY INJURY \$25M/PERSON \$50M/ACC	97
PROPERTY DAMAGE \$50M/ACC	
FIRST PARTY BENEFITS-	51
MEDICAL EXPENSE \$5M	9
INCOME LOSS \$1M/MONTH, \$5M MAXIMUM	2
ACCIDENTAL DEATH \$5M	3
FUNERAL BENEFIT \$2.5M	
UNINSURED MOTORISTS COVERAGE-	16
BOD INJ \$25M/PERSON \$50M/ACC-STACKED	
UNDERINSURED MOTORISTS COVERAGE-	42
BOD INJ \$25M/PERSON \$50M/ACC-STACKED	
PHYSICAL DAMAGE COVERAGES-	105
COMPREHENSIVE - \$100 DED	174
COLLISION - \$500 DED	
OPTIONAL COVERAGES-	6
ROAD SERVICE	12
TRANSP EXPENSES - COLL \$20/DAY, \$900/LOSS	
TOTAL ANNUAL PREMIUM FOR EACH AUTO	596
TOTAL ANNUAL POLICY PREMIUM	\$ 596

ITEM 6. APPLICABLE POLICY, ENDORSEMENTS, EXCEPTIONS TO DECLARATIONS ITEMS
 ALL AUTOS - FAP 04/97, UF2106 05/01, AFPN01 10/98, AFPA03 10/02*.

1 - AFPU01 04/99.

ANTI-THEFT DISCOUNT APPLIES-PASSIVE DISAB AUTO 1
PASSIVE RESTRAINT DISCOUNT APPLIES - DUAL AIRBAGS AUTO 1
ANTI-LOCK BRAKE DISCOUNT APPLIED AUTO 1

EXPLANATION OF ADULT &/OR YOUTHFUL DRIVER RATING CLASS

AUTO 1-TO WORK LESS THAN 6 MILES ONE WAY, UP TO 8,500 MILES ANNUALLY
MALE, SINGLE, AGE 30-34

MISCELLANEOUS INFORMATION

ND WFS

02/08/03

RELEASE OF ALL CLAIMS AND
PARENTS' RELEASE AND INDEMNITY AGREEMENT

In consideration of the payment to the undersigned of the sum of Three Thousand Two Hundred Fifty (\$3,250.00) Dollars, the receipt of which is hereby acknowledged, the undersigned as parents and natural guardians of Clinton Park, a minor, forever release, discharge and covenant to hold harmless Eric Leamer and Erie Insurance Group and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, belonging to said minor or to the undersigned arising out of any act or occurrence up to the present time, and particularly on account of all personal injury, disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained by the said minor or by the undersigned in consequence of an accident that occurred on or about the 25th day of October, 2003 at or near State Route 219 near Route 286 in Burnside Township, Clearfield County, Pennsylvania.

To procure the payment of the said sum, we hereby declare that no representations about the nature and extent of the said injuries, disabilities or damages made by any physician, attorney or agent of any party released, nor any representations regarding the nature and extent of legal liability or financial responsibility of any of the parties releases, have induced us to make this release and indemnity agreement; that in determining the amount of the said sum there has been taken into consideration not only the ascertained injuries, disabilities and damages, but also the possibility that the injuries sustained may be permanent and progressive and recovery therefrom uncertain and indefinite, so that consequences not now anticipated may result from the said accident.

The undersigned agree as a further consideration and inducement for this release and indemnity agreement, that it shall apply to all unknown and unanticipated injuries and damages directly and indirectly resulting from the said accident, as well as to those now disclosed.

The undersigned understand that the parties hereby released admit no liability of any sort by reason of said accident and that said payment in compromise is made to terminate further controversy respecting all claims for damages that said minor or the undersigned have heretofore asserted or might personally or through personal representatives hereafter assert because of said accident.

By this release, we, acknowledge that this settlement is in full satisfaction of all claims we may have against the parties being released and their insurers, including, but not limited to, claims for attorneys' fees, medical expense and wage loss and claims for liens that might be asserted by any

employer, insurer, health care provider, Medicare or any other federal governmental entity or state governmental entity or any other person whatsoever. Further we agree to indemnify, defend and hold harmless the parties being released and their insurers for any and all claims made by any other employer, insurer, health care provider, Medicare or other federal governmental entity or state governmental entity or others as it relates to any other types of claims directly or indirectly arising from the incident or settlement of the within matter.

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. It is agreed that this is not a release of First Party Benefits under the PA Motor Vehicle Financial Responsibility Law nor is it a release of Underinsured Motorists Benefits.

DISTRIBUTION OF SAID MONIES SHALL BE MADE ACCORDING TO THE ORDER OF COURT.

William Park, parent and natural guardian of Clinton Park

Debra Welch parent and natural guardian of Clinton Park

STATE OF PENNSYLVANIA
COUNTY OF

On this the _____ day of _____, 2005 before me personally appeared William Park and Debra Welch, as parents and natural guardians of Clinton Park, a minor, known to me to be the persons who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

Notary Public



Pittsburgh Claim Service Center
P.O. Box 1538
Pittsburgh, PA 15230
Phone: 1-800-238-6285
Fax: (412) 281-2427

October 28, 2005

Attorney William J. Begley
5850 Ellsworth Avenue, Suite 200
Pittsburgh, PA 15232

Dear Mr. Begley:

Re: Insured: Debra Welch
Claim Number: LAG8880
Date of Loss: 10/25/03
Your Client: Clinton Park, a minor

This letter will confirm our telephone conversation of yesterday, at which time we discussed settlement of the underinsured motorist claim of your client, Clinton Park, a minor. At that time, you indicated that you would be willing to accept our offer of \$15,000 to settle Clinton Park's underinsured motorist bodily injury claim, pending court approval. I have enclosed a proposed release for you to incorporate into your petition. Please let me know if it meets with your approval.

When I receive the signed release and the court order approving the settlement, I will send you the settlement check. Please call me if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Norbert J. Johnston'.

Norbert J. Johnston
Senior Technical Specialist
(412) 338-4285

**RELEASE AND SETTLEMENT AGREEMENT
UNDERINSURED MOTORIST**

Whereas, Debra Welch and William Park, as parents and guardians of Clinton Park, a minor of 14 years of age, and **Travelers Personal Insurance Company**, hereinafter referred to as **Travelers**, wish to enter into a **FINAL RELEASE** and **SETTLEMENT AGREEMENT** whereby Debra Welch and William Park, as parents and guardians of Clinton Park, release all of Clinton Park's rights and make certain promises in connection with a personal injury claim pursuant to insurance policy number 945235127-101-1 issued to Debra Welch, resulting, or to result, from an accident to Clinton Park which occurred on or about the 25th day of October, 2003, by reason of an automobile accident which occurred at the intersection of Rt. 219 and Rt. 286 in Burnside Township, Clearfield County, Pennsylvania, wherein Clinton Park was injured. The consideration for this release and agreement is the hereinafter stated payment made by **Travelers**;

IT IS UNDERSTOOD AND AGREED, that Debra Welch and William Park, as parents and guardians of Clinton Park, a minor, being of full legal age and sound mind, for and in consideration of the sum of Fifteen Thousand and no/100 (\$15,000.00) DOLLARS lawful money of the United State of America in hand ---- paid to Debra Welch and William Park, as parents and guardians of Clinton Park, a minor, by **Travelers**, a receipt whereof is hereby acknowledged; does hereby release and forever discharge **Travelers** in satisfaction of any and all disputed claims, and from all demands, damages or expenses under the Underinsured Motorist coverage of said policy, because of any known, unknown or unforeseen bodily injury and property damage, sickness, disease or death, loss of service or expenses, that now exist or may develop hereafter, sustained as a result of the above-

mentioned accident as to injuries sustained by Clinton Park. **This is not a release of any claims that Debra Welch or William Park have concerning injuries sustained by William Park and Coleman Park.**

Travelers agrees to waive its subrogation rights as to Eric Leamer. It is understood and agreed that this is a complete **RELEASE AND SETTLEMENT AGREEMENT** and that there are no written or oral understandings or agreements directly or indirectly with this **RELEASE AND SETTLEMENT AGREEMENT** that are not incorporated herein.

The parties hereto declare that they have read and fully understand this **RELEASE AND SETTLEMENT AGREEMENT**. It is agreed that this is not a release of First Party Benefits under the PA Motor Vehicle Financial Responsibility Law.

IN WITNESS HEREOF, _____

hereby set forth his/her/their hand(s) and seal (s) this _____ day of _____, 200____, intending to be legally bound hereby.

WITNESS:

_____ (SEAL)

Debra Welch

_____ (SEAL)

William Park



Pittsburgh Claim Service Center
P.O. Box 1638
Pittsburgh, PA 15230
Phone: 1-800-238-6285
Fax: (412) 281-2427

May 4, 2005

Attorney William J. Begley
5850 Ellsworth Avenue, Suite 200
Pittsburgh, PA 15232

Dear Mr. Begley:

Re: Insured: Debra Welch
Claim Number: LAG8880
Date of Loss: 10/25/03
Your Clients: Debra Welch, William Park, Coleman Park and
Clinton Park

I am writing in response to your letter of 4/22/05 to Deborah Lowery of our office, and to confirm my telephone conversation with your assistant Barb. Please be advised that the above captioned claims have been reassigned to me for handling. Please direct all correspondence to my attention.

With regard the proposed settlements with Erie Insurance, who insures the responsible party in this action, Travelers consents to your clients' proposed settlement with Erie Insurance. Your clients may sign releases or settlement agreements that release liability against Eric Leamer and Erie Insurance. We agree to waive our rights of subrogation against Eric Leamer for any underinsured motorist payments that we make to Debra Welch, William Park, Coleman Park and Clinton Park. Please send us copies of the signed releases.

In addition, you requested approval of additional language in the underinsured motorist release and settlement agreement for the claim of Debra Welch. Inasmuch as the release and settlement agreement relates specifically to the bodily injury claim of Debra Welch, and not for her claims for damages due to bodily injury for her family members, I agree with the proposed additional language. Please forward the fully executed release along with your federal tax identification number and I will process the settlement check for settlement of Debra Welch's claim.

Currently, we have offers outstanding to resolve the injury claims of William Park, Coleman Park and Clinton Park. We have offered \$40,000 to settle William Park's claim, \$60,000 to settle Coleman Park's claim \$15,000 to settle Clinton Park's claim. These offers are made inclusive of all liens. It is also anticipated that you will file the necessary probate documents on the minors claims should we reach a settlement. With that being said, it seems that we should at least have agreement on Clinton Park's claim. I am interested in any counter demands that you may have for William Park and Coleman Park as we are interested in negotiating settlements on these claims.

Page Two
Attorney William J. Begley

I look forward to receiving your response.

Sincerely,



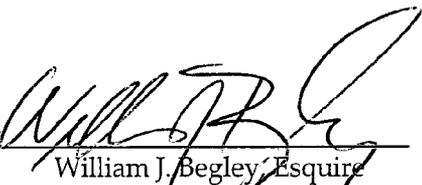
Norbert J. Johnston
Senior Technical Specialist
(412) 338-4285

CERTIFICATION

I, William J. Begley, Esquire, counsel for Debra Welch and William Park, in their own right and as parents and natural guardians of Clinton Park, a minor, hereby certify that it is my belief that the settlement of Petitioner's claim for payment as described in the within Petition is reasonable and fair.

BERGER AND GREEN

By



William J. Begley, Esquire
Attorney for Debra Welch and
William Park, in their own right
and as parents and natural guardians
Clinton Park, a minor

EXHIBIT "K"

CERTIFICATION

I, Debra Welch and William Park, as parents and natural guardians of Clinton Park, a Minor, certify that it is our belief that the settlement of the claim of our son, Clinton Park, for payments as described in the within petition is reasonable and adequate.

Debra Welch Park

Debra Welch, mother and natural
Guardian of Clinton Park, a minor

William Park

William Park, father and natural
Guardian of Clinton Park, a minor

Exhibit "L"

VERIFICATION

We, William Park and Debra Welch, do hereby verify that the statements made herein are true and correct to the best of our knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A., Section 4904 relating to unsworn falsification to authorities.

William Park
William Park

Debra Welch Park
Debra Welch

DATE: ✓ 10-4-05

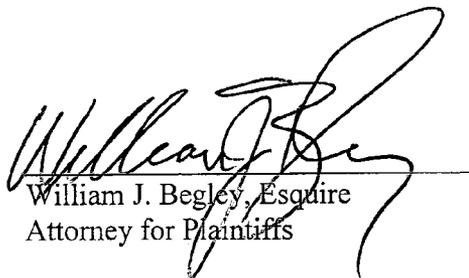
D . . .

CERTIFICATE OF SERVICE

I, William J. Begley, Esquire hereby certify that the a true and correct copy of the foregoing Petition for Approval and Distribution of Minor's Personal Injury Recovery as to Clinton Park has been mailed by U.S. Mail to counsel of record via first class mail, postage pre-paid, this 30th day of November, 2005.

Dennis J. Stofko, Esquire
Stofko Law Offices
969 Eisenhower Boulevard, Suite E
P.O. Box 5500
Johnstown, PA 15904

Norbert J. Johnston
St. Paul Travelers
Pittsburgh Claim Service Center
P. O. Box 1538
Pittsburgh, PA 15230


William J. Begley, Esquire
Attorney for Plaintiffs

77

...

...

FILED

DEC 01 2005

William A. Shaw
Prothonotary



BERGER AND GREEN

Attorneys at Law

Cynthia C. Berger
Laurence B. Green
William J. Remaley
William J. Begley
Mark F. Bennett
Michael W. Zimecki

November 30, 2005

2 New Complaints

Prothonotary of Clearfield County
P. O. Box 549
Clearfield, PA 16830

**In Re: Coleman Park, a minor et al vs. Eric Leamer
Case No.: 04-1017-CD and
Clinton Park, a minor et al vs. Eric Leamer
Case No.: 04-1017-CD**

Dear Prothonotary:

Enclosed please find a Petition for Approval and Distribution of a Minor's Personal Injury Recovery as to Clinton Park and a Petition for Approval and Distribution of a Minor's Personal Injury Recovery as to Coleman Park, both of which I am hereby filing with your office, which consists of the proposed Order of Court, Certificate, Scheduling Order and Petition with exhibits attached.

Also enclosed is this firm's check made payable to the Prothonotary of Clearfield County in the amount of \$170.00, which we have been advised is the necessary filing fee as to the enclosed petitions.

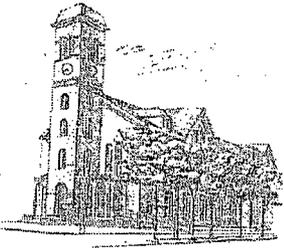
We have also been informed by your office that your office will forward the enclosed Petitions to the Court Administrators Office for review by the Judge.

Thank you in advance for your prompt and courteous attention to this matter and I ask that if you have any questions concerning it, please let me know.

Sincerely,

William J. Begley

WJB/cl
Enclosures



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw
Prothonotary/Clerk of Courts

David S. Ammerman
Solicitor

Jacki Kendrick
Deputy Prothonotary

Bonnie Hudson
Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

Date: September 19, 2005

Over the past several weeks, it has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

X You are responsible for serving all appropriate parties.

_____ The Prothonotary's office has provided service to the following parties:

_____ Plaintiff(s)/Attorney(s)

_____ Defendant(s)/Attorney(s)

_____ Other

_____ Special Instructions:

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA WELCH; CLINTON PARK,	:	
BY AND THROUGH HIS PARENTS	:	
AND NATURAL GUARDIANS, WILLIAM	:	
PARK AND DEBRA WELCH; DEBRA	:	
WELCH, INDIVIDUALLY AND WILLIAM	:	
PARK, INDIVIDUALLY,	:	

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

FILED ^{CR} 2cc
 012:1861 Atty
 DEC 21 2005 Begley
 William A. Snow
 Prothonotary Clerk of Courts

REVISED ORDER OF COURT

AND NOW, this 21 day of December, 2005, upon

consideration of the Petition for Approval and Distribution of Minor's Personal Injury Recovery, it is hereby ORDERED, ADJUDGED AND DECREED as follows:

That the Petitioners, Debra Welch and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, are hereby authorized to settle the liability claim and execute the Release of All Claims and Parents Release and Indemnity Agreement. Petitioners are hereby authorized to receive from Erie Insurance Group the sum of Twelve Thousand Five Hundred (\$12,500.00) DOLLARS in full satisfaction of all liability claims arising out of the accident of October 25, 2003 resulting

in the injuries to the Minor Petitioner, Coleman Park and Petitioners, Debra Welch and William Park shall make allocations of said settlement funds in the amount of Twelve Thousand Five Hundred (\$12,500.00) DOLLARS as follows:

\$6,141.60 to be deposited by Attorney William J. Begley in the minor's name in a savings account or certificate of deposit of an insured banking or savings and loan institution, said account to be marked "NOT TO BE WITHDRAWN WITHOUT LEAVE OF COURT OR UNTIL COLEMAN PARK BECOMES EIGHTEEN YEARS OF AGE;"

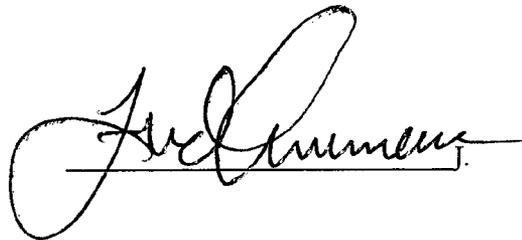
\$2,500.00 payable to Berger and Green representing attorney fees at twenty percent of the recovery;

\$167.39 payable to Berger and Green representing reimbursement of costs incurred;

\$3,691.01 payable to the Commonwealth of Pennsylvania, Department of Public Welfare representing reimbursement of medical assistance lien.

It is further ORDERED, ADJUDGED and DECREED, that the claims of Coleman Park and his parents the Petitioners, William Park and Debra Welch now Debra Park for underinsured motorist benefits as to the injuries sustained by Coleman Park, a minor arising from the motor vehicle collision of October 25, 2003 are specifically preserved.

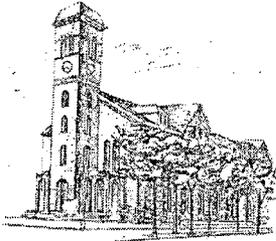
Proof of Deposit to be filed with the Court by William J. Begley, Esquire

A handwritten signature in black ink, appearing to read "William J. Begley", is written over a horizontal line. The signature is cursive and includes a large loop at the end.

FILED

DEC 21 2005

Walter A. Shea,
Prothonotary Clerk of Courts



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw
Prothonotary/Clerk of Courts

David S. Ammerman
Solicitor

Jacki Kendrick
Deputy Prothonotary

Bonnie Hudson
Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

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Sincerely,

William A. Shaw
Prothonotary

DATE: 12/21/05

You are responsible for serving all appropriate parties.

The Prothonotary's office has provided service to the following parties:

Plaintiff(s)/Attorney(s)

Defendant(s)/Attorney(s)

Other

Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA WELCH; CLINTON PARK,	:	
BY AND THROUGH HIS PARENTS	:	
AND NATURAL GUARDIANS, WILLIAM	:	
PARK AND DEBRA WELCH; DEBRA	:	
WELCH, INDIVIDUALLY AND WILLIAM	:	
PARK, INDIVIDUALLY,	:	

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

FILED *2cc*
0/2:18/05 *Ang Begley*
 DEC 21 2005 *@*

William A. Shaw
 Prothonotary/Clerk of Courts

REVISED ORDER OF COURT

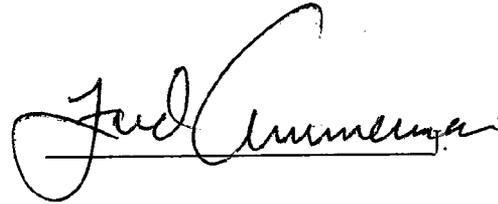
AND NOW, this 21 day of December, 2005, upon

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That the Petitioners, Debra Welch and William Park, in their own right and as parents and natural guardians of Clinton Park, a minor, are hereby authorized to settle the liability claim and execute the Release of All Claims and Parents' Release and Indemnity Agreement. Petitioners are hereby authorized to receive from Erie Insurance Group the sum of Three thousand two hundred fifty (\$3,250.00) DOLLARS in full satisfaction of all liability claims arising out of the accident of October 25, 2003 resulting

\$3,000.00 payable to Berger and Green representing attorney fees at twenty percent of the recovery;

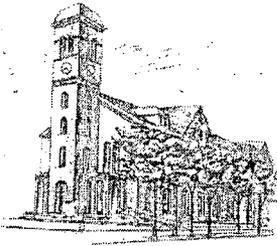
Proof of Deposit to be filed with the Court by William J. Begley, Esquire

A handwritten signature in cursive script, appearing to read "Fred Crumley", written over a horizontal line.

FILED

DEC 21 2005

William A. Shaw
Prothonotary/Clerk of Courts



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw
Prothonotary/Clerk of Courts

David S. Ammerman
Solicitor

Jacki Kendrick
Deputy Prothonotary

Bonnie Hudson
Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

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Sincerely,

William A. Shaw
Prothonotary

DATE: 12/21/05

You are responsible for serving all appropriate parties.

The Prothonotary's office has provided service to the following parties:

Plaintiff(s)/Attorney(s)

Defendant(s)/Attorney(s)

Other

Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, by and through :
his parents and natural guardians, :
William Park and Debra Welch; : No. 04-1017-CD
CLINTON PARK, by and through his :
parents and natural guardians, : PRAECIPE TO SETTLE
William Park and Debra Welch; DEBRA : AND DISCONTINUE
WELCH, individually and WILLIAM :
PARK, individually, :
:
Plaintiffs : Filed on Behalf of
:
vs. : Plaintiffs
:
ERIC LEAMER, : Counsel of Record for this
:
Defendant : Party:
:
William J. Begley, Esquire
:
PA I.D. #17235
:
BERGER AND GREEN, P.C.
:
5850 Ellsworth Avenue
:
Suite 200
:
Pittsburgh, PA 15232
:
(412) 661-1400

FILED
m/j:37cm No CC.
Cert of disc issued
to Atty. W. Begley
JAN 18 2006 + copy to CIA
WS

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

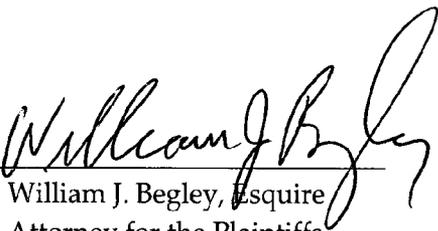
COLEMAN PARK, by and through	:	
his parents and natural guardians,	:	
William Park and Debra Welch;	:	No. 04-1017-CD
CLINTON PARK, by and through his	:	
parents and natural guardians,	:	PRAECIPE TO SETTLE
William Park and Debra Welch; DEBRA	:	AND DISCONTINUE
WELCH, individually and WILLIAM	:	
PARK, individually,	:	
	:	
Plaintiffs	:	
	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
Defendant	:	

PRAECIPE TO SETTLE AND DISCONTINUE

TO THE PROTHONOTARY:

Please mark the above captioned settled and discontinued of record.

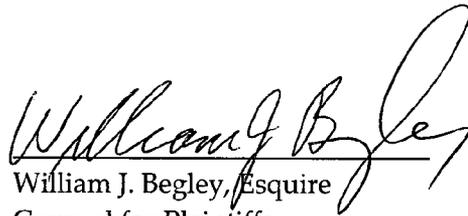
BERGER AND GREEN, P.C.

By: 
William J. Begley, Esquire
Attorney for the Plaintiffs

CERTIFICATE OF SERVICE

I, William J. Begley, Esquire hereby certify that a true and correct copy of the foregoing Praecipe to Settle and Discontinue has been mailed by U.S. Mail to counsel of record via first class mail, postage pre-paid, this 12th day of January, 2006.

Dennis J. Stofko
Stofko Law Offices
969 Eisenhower Boulevard, Suite E
P.O. Box 5500
Johnstown, PA 15904


William J. Begley, Esquire
Counsel for Plaintiffs

FILED

JAN 18 2006

William A. Shaw
Prothonotary



BERGER AND GREEN

Attorneys at Law

Cynthia C. Berger
Laurence B. Green
William J. Remaley
William J. Begley
Mark F. Bennett
Michael W. Zimecki

January 12, 2006

Prothonotary of Clearfield County
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830

In Re: Park, et al v. Leamer
Case No. 04-1017 CD

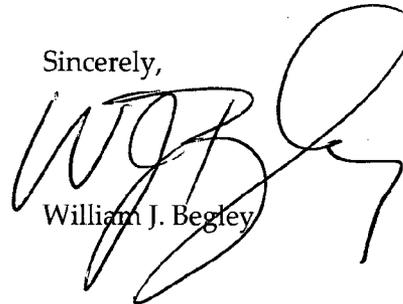
Dear Sir/Madam:

Enclosed is a Praecipe to Settle and Discontinue which we are hereby filing with your office.

We have enclosed an additional face sheet which we ask that you date stamp and send back to us in the self addressed stamped envelope which we have also enclosed.

Naturally if you have any questions whatsoever, please feel free to contact me at this office.

Sincerely,



William J. Begley

WJB/cl

Enclosures

cc: Dennis J. Stofko, Esquire w/enclosures

Suite 200
5850 Ellsworth Avenue
Pittsburgh, PA 15232

412 661-1400 FAX 412 661-9423

Erie, PA 814 459-0522

Johnstown, PA 814 535-2224

Sharon, PA 724 981-7232

www.bergerandgreen.com A Professional Corporation

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

CIVIL DIVISION

COPY

**Coleman Park
William Park
Debra Welch
Clinton Park**

**Vs.
Eric Leamer**

No. 2004-01017-CD

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 18, 2006, marked:

Settled and Discontinued

Record costs in the sum of \$85.00 have been paid in full by Attorney William J. Begley Jr.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 18th day of January A.D. 2006.

William A. Shaw, Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH
HIS PARENTS AND NATURAL
GUARDIANS, WILLIAM PARK
AND DEBRA WELCH; CLINTON PARK,
BY AND THROUGH HIS PARENTS
AND NATURAL GUARDIANS, WILLIAM
PARK AND DEBRA WELCH; DEBRA
WELCH, INDIVIDUALLY AND WILLIAM
PARK, INDIVIDUALLY,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No.: 04-1017-CD

PROOF OF DEPOSIT
OF MINOR'S PERSONAL
INJURY RECOVERY AS TO
COLEMAN PARK

Filed on Behalf of:
Coleman Park, Debra
Welch and William Park,
Petitioners

Counsel of Record for this
Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232
(412) 661-1400

FILED^{NO} CC
m1058/61
MAR 06 2006

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

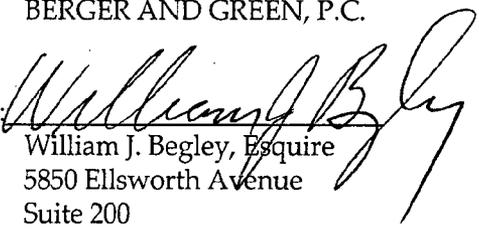
COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA WELCH; CLINTON PARK,	:	
BY AND THROUGH HIS PARENTS	:	
AND NATURAL GUARDIANS, WILLIAM	:	
PARK AND DEBRA WELCH; DEBRA	:	
WELCH, INDIVIDUALLY AND WILLIAM	:	
PARK, INDIVIDUALLY,	:	
	:	
Plaintiffs,	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
Defendant.	:	

PROOF OF DEPOSIT OF MINOR'S PERSONAL INJURY

I, William J. Begley, counsel for William Park and Debra Welch, in their own right and as parents and natural guardians of Coleman Park, a minor, hereby certify that I have made deposit of the Minor's Personal Injury Recovery in conformity with the Order of Court issued the 21st day of December 2005. A copy of the certificate of deposit of First Commonwealth Bank evidencing proof of deposit is attached hereto and marked as Exhibit "A."

BERGER AND GREEN, P.C.

By:


William J. Begley, Esquire
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232
(412) 661-1400



FIRST Commonwealth

FARMERS & MERCHANTS OFFICE
CHERRY TREE PA 15724
814 743-0011

COPY

Certificate of Deposit

Non Transferable – Non Negotiable
Automatically Renewable

24 - 29 MONTH CERTIFICATE

REPRESENTATIVE GAN	BRANCH 009	CD TYPE 425	CERTIFICATE NUMBER 01009900010257	AMOUNT \$6,141.60
------------------------------	----------------------	-----------------------	---------------------------------------------	-----------------------------

MATURITY PERIOD 28 MONTH	ISSUE DATE: February 22, 2006	MATURITY DATE June 22, 2008
------------------------------------	-----------------------------------------	---------------------------------------

INTEREST RATE PAYABLE: 4.650%	ANNUAL PERCENTAGE YIELD: 4.75%
--------------------------------------	---------------------------------------

ISSUED TO: COLEMAN S PARK NOT TO BE W/DRAWN W/OUT LEAVE OF COURT OR UNTIL COLEMAN BECOMES 18 YRS OF AGE	CUSTOMER NUMBER: 1009900010257	ADDRESS 106 PINE ST PO BOX 8 BURNSIDE PA 15721	TELEPHONE: 814 845-7818
---------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------	------------------------------------------------------------------------------	--------------------------------

INTEREST PAYMENTS WILL BE DISBURSED:
MONTHLY AND ADDED TO THE PRINCIPAL BALANCE

EARLY WITHDRAWAL POLICY
IF THE DEPOSIT IS WITHDRAWN BEFORE THE MATURITY DATE, A PENALTY EQUAL TO 180 days SIMPLE INTEREST WILL BE ASSESSED. ALL PENALTIES ARE ASSESSED AT THE RATE BEING PAID ON THE ACCOUNT AT THE TIME OF WITHDRAWAL. EARLY WITHDRAWAL MAY RESULT IN A REDUCTION IN THE PRINCIPAL AMOUNT ORIGINALLY DEPOSITED. NO PENALTY WILL BE ASSESSED ON WITHDRAWALS RESULTING FROM THE DEATH OR MENTAL INCAPACITY OF A DEPOSITOR. NO PENALTY WILL BE ASSESSED ON NORMAL DISTRIBUTIONS.

RENEWAL POLICY
THE ACCOUNT IS AUTOMATICALLY RENEWABLE. UNLESS WE RECEIVE WRITTEN INSTRUCTIONS TO THE CONTRARY WITHIN TEN (10) CALENDAR DAYS AFTER THE MATURITY DATE, THE ACCOUNT WILL BE RENEWED FOR AN ADDITIONAL 28 MONTH TERM. THE INTEREST RATE AND ANNUAL PERCENTAGE YIELD FOR THE NEXT MATURITY PERIOD WILL BE WHAT THE BANK IS OFFERING ON FIXED RATE 28 MONTH CERTIFICATES AS OF THE MATURITY DATE. RENEWAL WILL BE EFFECTIVE AND INTEREST WILL BE EARNED AS OF THE MATURITY DATE. FUNDS MAY BE WITHDRAWN WITHIN THE TEN (10) CALENDAR DAYS AFTER ANY MATURITY DATE BY SURRENDERING THE CERTIFICATE AND COMPLETING A WRITTEN REQUEST. NO INTEREST WILL BE PAID AFTER THE MATURITY DATE ON FUNDS WITHDRAWN DURING THE TEN (10) DAY PERIOD.

COPY

cdc_cf.nr.doc
11/27/02

TAX REPORTING INFORMATION

TAX INFORMATION FOR THIS ACCOUNT WILL BE REPORTED USING YOUR NAME AS LISTED ABOVE AND THE FOLLOWING TAXPAYER IDENTIFICATION NUMBER:
TAXPAYER NAME: **COLEMAN S PARK**
TAXPAYER IDENTIFICATION NUMBER: **195-74-4702**

DISCLOSURE OF ACCOUNT TERMS

BY SIGNING THE BANK'S COPY OF THE CERTIFICATE AT THE TIME THE ACCOUNT WAS OPENED, EACH SIGNER:
(1) ACKNOWLEDGED THAT THE DEPOSIT ACCOUNT AGREEMENT, CERTIFICATES OF DEPOSIT, AND THE DISCLOSURE OF ACCOUNT TERMS WERE RECEIVED BEFORE THE ACCOUNT WAS OPENED, AND (2) AGREED THAT THE TERMS AND CONDITIONS CONTAINED THEREIN WILL GOVERN THE OPERATION OF THE ACCOUNT.

Bank Signature > *Meghan Nagle* <SEAL> Date > *2-22-06*

CLIENT COPY

FILED

MAR 06 2006

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH
HIS PARENTS AND NATURAL
GUARDIANS, WILLIAM PARK
AND DEBRA WELCH; CLINTON PARK,
BY AND THROUGH HIS PARENTS
AND NATURAL GUARDIANS, WILLIAM
PARK AND DEBRA WELCH; DEBRA
WELCH, INDIVIDUALLY AND WILLIAM
PARK, INDIVIDUALLY,

Plaintiffs,

vs.

ERIC LEAMER,

Defendant.

CIVIL DIVISION

No.: 04-1017-CD

PROOF OF DEPOSIT
OF MINOR'S PERSONAL
INJURY RECOVERY AS TO
CLINTON PARK

Filed on Behalf of:
Clinton Park, Debra
Welch and William Park,
Petitioners

Counsel of Record for this
Party:

William J. Begley, Esquire
PA I.D. #17235
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232
(412) 661-1400

FILED NO
m10:1761 CC
MAR 09 2008

William A. Shaw
Prothonotary/Clerk of Courts

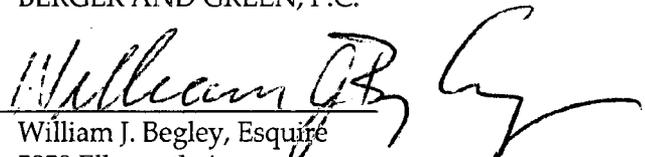
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA WELCH; CLINTON PARK,	:	
BY AND THROUGH HIS PARENTS	:	
AND NATURAL GUARDIANS, WILLIAM	:	
PARK AND DEBRA WELCH; DEBRA	:	
WELCH, INDIVIDUALLY AND WILLIAM	:	
PARK, INDIVIDUALLY,	:	
	:	
	:	
Plaintiffs,	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
	:	
Defendant.	:	

PROOF OF DEPOSIT OF MINOR'S PERSONAL INJURY

I, William J. Begley, counsel for William Park and Debra Welch, in their own right and as parents and natural guardians of Clinton Park, a minor, hereby certify that I have made deposit of the Minor's Personal Injury Recovery in conformity with the Order of Court issued the 21st day of December 2005. A copy of the certificate of deposit of First Commonwealth Bank evidencing proof of deposit is attached hereto and marked as Exhibit "A."

BERGER AND GREEN, P.C.

By: 
William J. Begley, Esquire
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232
(412) 661-1400



FIRST Commonwealth

FARMERS & MERCHANTS OFFICE
CHERRY TREE PA 15724
814 743-6611

COPY

Certificate of Deposit

Non Transferable - Non Negotiable
Automatically Renewable

24 - 29 MONTH CERTIFICATE

REPRESENTATIVE GAN	BRANCH 009	CD TYPE 425	CERTIFICATE NUMBER 01009900010258	AMOUNT \$14,544.77
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MATURITY PERIOD 28 MONTH	ISSUE DATE: February 22, 2006	MATURITY DATE June 22, 2008
------------------------------------	-----------------------------------------	---------------------------------------

INTEREST RATE PAYABLE: 4.650%	ANNUAL PERCENTAGE YIELD: 4.75%
--------------------------------------	---------------------------------------

ISSUED TO: CLINTON A PARK NOT TO BE W/DRAWN W/OUT LEAVE OF COURT OR UNTIL CLINTON BECOMES 18 YRS OF AGE	CUSTOMER NUMBER: 1009900010258	ADDRESS 106 PINE ST PO BOX 8 BURNSIDE PA 15721	TELEPHONE: 814 845-7816
---------------------------------------------------------------------------------------------------------------------------------------	--------------------------------	------------------------------------------------------------------------------	-------------------------

INTEREST PAYMENTS WILL BE DISBURSED:
MONTHLY AND ADDED TO THE PRINCIPAL BALANCE

EARLY WITHDRAWAL POLICY
IF THE DEPOSIT IS WITHDRAWN BEFORE THE MATURITY DATE, A PENALTY EQUAL TO 190 days SIMPLE INTEREST WILL BE ASSESSED. ALL PENALTIES ARE ASSESSED AT THE RATE BEING PAID ON THE ACCOUNT AT THE TIME OF WITHDRAWAL. EARLY WITHDRAWAL MAY RESULT IN A REDUCTION IN THE PRINCIPAL AMOUNT ORIGINALLY DEPOSITED. NO PENALTY WILL BE ASSESSED ON WITHDRAWALS RESULTING FROM THE DEATH OR MENTAL INCAPACITY OF A DEPOSITOR. NO PENALTY WILL BE ASSESSED ON NORMAL DISTRIBUTIONS.

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COPY

cdc_cr.nr.doc
11/27/02

TAX INFORMATION FOR THIS ACCOUNT WILL BE REPORTED USING YOUR NAME AS LISTED ABOVE AND THE FOLLOWING TAXPAYER IDENTIFICATION NUMBER:

TAXPAYER NAME: CLINTON A PARK
TAXPAYER IDENTIFICATION NUMBER: 208-72-4802

BY SIGNING THE BANK'S COPY OF THE CERTIFICATE AT THE TIME THE ACCOUNT WAS OPENED, EACH SIGNER:

(1) ACKNOWLEDGED THAT THE DEPOSIT ACCOUNT AGREEMENT, CERTIFICATES OF DEPOSIT, AND THE DISCLOSURE OF ACCOUNT TERMS WERE RECEIVED BEFORE THE ACCOUNT WAS OPENED, AND (2) AGREED THAT THE TERMS AND CONDITIONS CONTAINED THEREIN WILL GOVERN THE OPERATION OF THE ACCOUNT.

Bank Signature > *Ms. A. Neale* <SEAL> Date > *2-22-06*

CLIENT COPY

FILED

MAR 09 2006

William A. Shaw
Prothonotary/Clerk of Courts

LA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH
HIS PARENTS AND NATURAL
GUARDIANS, WILLIAM PARK
AND DEBRA PARK AND DEBRA
PARK, INDIVIDUALLY AND
WILLIAM PARK, INDIVIDUALLY,

Petitioners

: CIVIL DIVISION
:
: No.: 04-1017-CD
:
: PETITION FOR APPROVAL
: AND DISTRIBUTION OF
: MINOR'S PERSONAL
: INJURY RECOVERY AS TO
: COLEMAN PARK
:
: Filed on Behalf of:
: Coleman Park, Debra
: Park and William Park,
: Petitioners
:
: Counsel of Record for this
: Party:
:
: William J. Begley, Esquire
: PA I.D. #17235
: BERGER AND GREEN
: Firm #777
: 5850 Ellsworth Avenue
: Suite 200
: Pittsburgh, PA 15232
: (412) 661-1400

FILED
m/jl:3/10/07
SEP 28 2007
cc
@

William A. Shaw
Prothonotary/Clerk of Courts

PETITION FOR APPROVAL AND DISTRIBUTION
OF MINOR'S PERSONAL INJURY RECOVERY

TO THE HONORABLE, THE JUDGES OF SAID COUNTY:

The Petition of William Park and Debra Park respectfully represents as follows:

1. Your Petitioners are the parents and natural guardians of the Minor Petitioner, Coleman Park. Said minor was born on December 27, 1993 and resides with his parents at 105 Pine Street, Burnside, Clearfield County, Pennsylvania 15721.
2. On October 25, 2003, the Minor Petitioner, Coleman Park was a rear seat passenger in a 1993 Chevrolet owned by Debra Park and operated by William Park. His mother Debra Park and his brother Clinton Park were also passengers in the vehicle being operated by his father, William Park. Mr. Park was traveling southbound on S.R. 219 when a 1995 Pontiac operated by Eric Leamer was traveling northbound on S.R. 219 and made a left turn into the path of the Welch vehicle. A copy of the Cherry Tree Police Department accident report is attached hereto and marked as Exhibit "A."
3. The Minor Petitioner, Coleman Park, was taken by life-flight helicopter to Conemaugh Memorial Hospital where he was admitted. His injuries were a grade three concussion with head pain, closed left femur fracture with complete displacement and open growth plates, right mastoid ecchymosis and multiple contusions. On October 26, 2003, he underwent an open reduction and internal fixation of the left femur fracture. On October 31, 2003, Coleman Park, was discharged by S. Lee Miller, M.D. a trauma surgeon with instructions to follow up with Richard Schroeder, M.D. the orthopedic surgeon and to undergo a cognitive screening due to his head injury. He was also

instructed to do home physical therapy and was restricted to crutches for six to eight weeks. A wheelchair and youth walker was also prescribed.

4. The Minor Petitioner received follow up treatment with Richard D. Schroeder, M.D., of Western Pennsylvania Orthopedics and underwent a course of physical therapy through Mahaffey's Home Care.

5. The Minor Petitioner also had a consultation with Lawrence D. Bell, M.D. regarding his left femur fracture. A copy of the office notes of Lawrence D. Bell, M.D. are attached hereto and marked as Exhibit "B."

6. A listing of the medical expenses in the amount of \$46,841.83 incident to the care and treatment of said injuries are attached hereto and marked as Exhibit "C."

7. The medical expenses incurred for the care and treatment of the Minor Petitioner's injuries arising from the accident of October 25, 2003, including those set forth in Exhibit "C" have been paid by Travelers Insurance Company, under the first party benefit coverage available through a policy of insurance issued to Debra Welch. After this coverage exhausted the remaining medical expenses were paid by the Commonwealth of Pennsylvania, Department of Public Welfare.

8. Your Petitioners, through their attorneys Berger and Green by William J. Begley, instituted the above action which was settled with the approval of this Court by Order dated December 21, 2005 a true and correct copy of which is attached hereto and marked as Exhibit "D" for the Courts convenience. As part of that settlement the lien of the Pennsylvania Department of Public Welfare in the amount of \$3,691.01 was paid. Since then the Department of Public Welfare has paid an additional \$84.22 in medical

benefits. A copy of the statement of claim dated August 23, 2007 is attached hereto and marked as Exhibit "E". The Department of Public Welfare had agreed to reduce its lien and accept the amount of \$56.15 as payment in full.

9. Said attorneys pursuant to said Power of Attorney, has investigated all of the facts and circumstances surrounding and involved in the occurrence of this accident, has conferred with your Petitioners, has conferred and corresponded with the doctors and hospital and obtained records; has researched the law; has filed a lawsuit; pursued and negotiated this underinsured motorist benefit claim and has prepared and filed this petition.

10. After considerable discussion and negotiation, Erie Insurance Group offered the sum of \$25,000.00 per person/\$50,000.00 per accident, the limits of bodily injury liability coverage under the policy of insurance issued to Eric Leamer, for the injuries sustained by Coleman Park, Clinton Park, Debra Welch and William Park.

Distribution of the liability limits were as follows:

A.	Debra Welch	\$25,000.00
B.	William Park	9,250.00
C.	Coleman Park	12,500.00
D.	Clinton Park	3,250.00

A copy of the Order of Court signed by the Honorable Judge Frederic Ammerman on December 21, 2005 and copy of the Release of All Claims and Parents' Release and Indemnity Agreement executed by William Park and Debra Welch (Park), parent and natural guardian of Coleman Park accepting the settlement of the liability

claims as to the injuries of Coleman Park is attached and marked as Exhibit "D and F" respectively.

11. Coleman Park was last seen for his injuries on June 23, 2006. At that time he was seen by Lawrence D. Bell, M.D. who opined that his symptoms would resolve over time and that surgery to remove the hardware would not be necessary. Attached hereto is the June 23, 2006 office note of Dr. Bell and his report of June 27, 2006 marked as Exhibit "G" and "H" respectively.

12. A claim for underinsured motorist benefits was made against Travelers Insurance Company under a policy of insurance issued to Debra Welch (Park) providing underinsured motorist benefits of \$100,000.00 per person and \$300,000.00 per accident. After considerable discussion and negotiation, Travelers Insurance Company has offered the sum of \$85,000.00 to settle the underinsured motorist benefits claim of Coleman Park. A copy of the proposed Release and Settlement Agreement Underinsured Motorist is attached hereto and marked as Exhibit "I."

13. In the course of the preparation and prosecution of the underinsured motorist benefits claim, said attorneys have incurred or will incur the following expenses:

Clearfield Hospital Medical Records	\$ 31.57
Richard Schroeder, M.D. Medical Records	43.76
Lawrence Bell, M.D. Medical Records	25.68

Prothonotary of Clearfield County	
Fee to file Petition	85.00
TOTAL	\$186.01

14. Debra Park and William Park in their own right and as parents and natural guardians of Coleman Park, a minor and their counsel, William J. Begley, believe that the settlement offer described in paragraph 12 should be accepted for the reason that it represents a reasonable and adequate settlement, given the limited coverage available and the multiple claims under the same policy.

15. William J. Begley, counsel for Debra Park and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, believes and therefore avers that the settlement described is reasonable and adequate as set forth in the certification attached hereto and marked as Exhibit "J" and incorporated herein by reference as though the same were fully set forth at length herein.

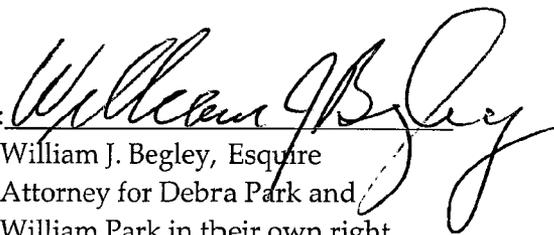
16. Debra Park and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, believe and therefore aver that the settlement described is reasonable and adequate as set forth in the certification attached hereto and marked as Exhibit "K" and incorporated by reference as though the same were fully set forth at length herein.

WHEREFORE, Debra Park and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, petition the Honorable Court to approve the settlement of the within action as stated above and to direct distribution of

the proceeds of the settlement as set forth in the proposed Order of Court which is attached hereto.

Respectfully submitted,

BERGER AND GREEN, P.C.

By: 
William J. Begley, Esquire
Attorney for Debra Park and
William Park in their own right
and as parents and natural
guardians of Coleman Park, a
minor.

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0206536

New

Change/
Continuation

AA 45 1 1

Case Closed
 Yes No

Page:

Police Agency Data

Incident Number: 102503-1
 Police Agency: 32405
 Patrol Zone:

Agency Name: Cherry Tree Police Dept
 Precinct: Burnside Twp.
 Investigation Date (MM-DD-YYYY): 10-25-2003

Dispatch Time (mil): 2210
 Arrival Time (mil): 2220
 Investigator: Anthony Beltowski
 Badge Number: 001

Reviewer: A. Beltowski
 Badge Number: 001
 Approval Date (MM-DD-YYYY): 10-26-2003

Crash Data

County: 17
 County Name: Clearfield
 Municipality:

Municipality Name: Burnside Twp.
 Day of Week: Sun Thu
 Mon Fri
 Tue Sat
 Wed Unk

Crash Date (MM-DD-YYYY): 10-25-2003
 Crash Time (Military): 2208
 No of Units: 02
 No of People: 05
 No Injured: 05
 No Killed: 00
 (If > 00, Complete Form: AA 45 F 1)

Reportable Crash: Yes No
 Notify Highway Maintenance: Yes No
 School Bus Related: Yes No
 School Zone Related: Yes No
 PennDOT Property: Yes No

Unit Information

Unit Number: 01
 Delete?
 Type Unit: Motor Vehicle in Transport
 Pedestrian
 Hit & Run Vehicle
 Pedestrian on Skates, in Wheelchair, etc
 Illegally Parked
 Disabled From Previous Crash
 Legally Parked
 Train
 Non - Motorized
 Phantom Vehicle

Owner Last Name (If Pedestrian, skip to Form AA 45 3 1): Leamer
 FI: L MI:
 Telephone Number: 814-743-5299

Address: 40 South Main Street
 City: Cherrytree
 State: Pa
 Zip: 15724

VIN: 1G2WJ12M1SF203447
 Model Year: 1995
 Vehicle Make*: 22

License Plate: EJB0386
 Reg. State: PA
 Travel Speed: 45
 *Refer to List on Back of Overlay

Insurance: Yes No Un-known
 Insurance Company: Erie Ins Co
 Policy No: Q03-6405604MP
 Insurance Company Phone:

Vehicle Towed: Yes No
 Towed To: Bobs Auto
 Towed By: Bobs Auto
 Tow Agency Phone:

Commercial Vehicle: Yes No
 (If Yes, Complete Form: AA 45 C 1)

Unit Information

Unit Number: 02
 Delete?
 Type Unit: Motor Vehicle in Transport
 Pedestrian
 Hit & Run Vehicle
 Pedestrian on Skates, in Wheelchair, etc
 Illegally Parked
 Disabled From Previous Crash
 Legally Parked
 Train
 Non - Motorized
 Phantom Vehicle

Owner Last Name (If Pedestrian, skip to Form AA 45 3 1): WELCH
 FI: D MI: F
 Telephone Number: 814-845-7816

Address: 105 Pine St
 City: Burnside
 State: Pa
 Zip: 15721

VIN: 1GNDT13W2P2106244
 Model Year: 1993
 Vehicle Make*: 20

License Plate: FGW0098
 Reg. State: Pa
 Travel Speed: 45
 *Refer to List on Back of Overlay

Insurance: Yes No Un-known
 Insurance Company: Travelers Property & Cas
 Policy No: 945235127-101-1
 Insurance Company Phone:

Vehicle Towed: Yes No
 Towed To: Bobs Auto
 Towed By: Bobs Auto
 Tow Agency Phone:

Commercial Vehicle: Yes No
 (If Yes, Complete Form: AA 45 C 1)

Exhibit "A"

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

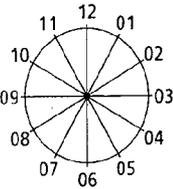
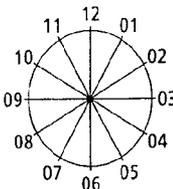
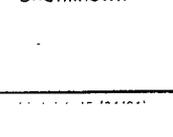
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Continuation

Vehicle Information	Unit Number <input type="text" value="01"/>	Trailing Unit(s) Number of Trailing Units: <input type="text" value="0"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	<input type="checkbox"/>	Tag No <input type="text"/>	Tag Year <input type="text"/>	Tag State <input type="text"/>	
	Vehicle Color <input type="text" value="04"/> 01=Blue 02=Red 03=White 04=Green 05=Black 06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 19=Unknown				Vehicle Type <input type="text" value="01"/> 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 05=Large Truck 10=Snowmobile 11=Farm Equip 12=Construction Equip 18=Other Type Special Veh 19=Unknown Type Special Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle			Special Usage <input type="text" value="00"/> 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport	
Vehicle Information	Initial Impact Point <input type="text" value="11"/> 		Damage Indicator <input type="text" value="3"/> 0=None 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown		Vehicle Role <input type="text" value="1"/> 0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck		Vehicle Position <input type="text" value="07"/> 00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane		
	Direction of Travel <input type="text" value="N"/> N=North S=South E=East W=West U=Unknown		Movement <input type="text" value="12"/> 01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked		07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn		Gradient <input type="text" value="1"/> 1=Level Roadway 2=Uphill		3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown
Vehicle Information	Unit Number <input type="text" value="02"/>	Trailing Unit(s) Number of Trailing Units: <input type="text" value="0"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	<input type="checkbox"/>	Tag No <input type="text"/>	Tag Year <input type="text"/>	Tag State <input type="text"/>	
	Vehicle Color <input type="text" value="02"/> 01=Blue 02=Red 03=White 04=Green 05=Black 06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 19=Unknown				Vehicle Type <input type="text" value="01"/> 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 05=Large Truck 10=Snowmobile 11=Farm Equip 12=Construction Equip 18=Other Type Special Veh 19=Unknown Type Special Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle			Special Usage <input type="text" value="00"/> 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport	
Vehicle Information	Initial Impact Point <input type="text" value="11"/> 		Damage Indicator <input type="text" value="3"/> 0=None 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown		Vehicle Role <input type="text" value="2"/> 0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck		Vehicle Position <input type="text" value="06"/> 00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane		
	Direction of Travel <input type="text" value="S"/> N=North S=South E=East W=West U=Unknown		Movement <input type="text" value="01"/> 01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked		07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn		Gradient <input type="text" value="1"/> 1=Level Roadway 2=Uphill		3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown
Vehicle Information	Unit Number <input type="text" value="02"/>	Trailing Unit(s) Number of Trailing Units: <input type="text" value="0"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	<input type="checkbox"/>	Tag No <input type="text"/>	Tag Year <input type="text"/>	Tag State <input type="text"/>	
	Vehicle Color <input type="text" value="02"/> 01=Blue 02=Red 03=White 04=Green 05=Black 06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 19=Unknown				Vehicle Type <input type="text" value="01"/> 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 05=Large Truck 10=Snowmobile 11=Farm Equip 12=Construction Equip 18=Other Type Special Veh 19=Unknown Type Special Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle			Special Usage <input type="text" value="00"/> 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport	
Vehicle Information	Initial Impact Point <input type="text" value="11"/> 		Damage Indicator <input type="text" value="3"/> 0=None 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown		Vehicle Role <input type="text" value="2"/> 0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck		Vehicle Position <input type="text" value="06"/> 00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane		
	Direction of Travel <input type="text" value="S"/> N=North S=South E=East W=West U=Unknown		Movement <input type="text" value="01"/> 01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked		07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn		Gradient <input type="text" value="1"/> 1=Level Roadway 2=Uphill		3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown

**COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM**

Crash Number

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Continuation

General Crash Information (If more than 2 Units only complete once)	<u>Crash Description</u>	<input type="text" value="2"/>	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown
	<u>Relation to Roadway</u>	<input type="text" value="1"/>	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown	
	<u>Illumination</u>	<input type="text" value="2"/>	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other	
	<u>Weather Conditions</u>	<input type="text" value="1"/>	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown
	<u>Road Surface Conditions</u>	<input type="text" value="0"/>	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other

Unit(s) Event Information	Harm Event	L/R	Most?	Utility Pole Number	<u>Harmful Events (Harm Event)</u> 01=Hit Unit 1 02=Hit Unit 2 03=Hit Unit 3 04=Hit Unit 4 05=Hit Unit 5 06=Hit Other Traffic Unit 07=Hit Deer 08=Hit Other Animal 09=Collision With Other Non Fixed Object 11=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Other Traffic Unit 21=Hit Tree Or Shrubbery 22=Hit Embankment 23=Hit Utility Pole 24=Hit Traffic Sign 25=Hit Guard Rail 26=Hit Guard Rail End 27=Hit Curb 28=Hit Concrete Or Longitudinal Barrier 29=Hit Ditch 30=Hit Fence Or Wall 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pier Or Abutment 34=Hit Parapet End 35=Hit Bridge Rail 36=Hit Boulder Or Obstacle On Roadway 37=Hit Impact Attenuator 38=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Snow Bank 43=Hit Temporary Construction Barrier 48=Hit Other Fixed Object 49=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object 52=Pot Holes Or Other Pavement Irregularities 53=Jackknife 54=Fire In Vehicle 58=Other Non-Collision 99=Unknown Harmful Event	
	Unit No	<input type="text" value="02"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
	Please Put Events in Sequential Order	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
Unit No	<input type="text" value="01"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
Please Put Events in Sequential Order	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

<u>First Harmful Event in the Crash</u>	Unit No	Harm Event	<u>Most Harmful Event in the Crash</u>	Unit No	Harm Event
	<input type="text" value="01"/>	<input type="text" value="02"/>		<input type="text" value="02"/>	<input type="text" value="01"/>
Do not repeat this information on multiple pages					

Contributing Information	<u>Environmental / Roadway Potential Factors (EIR)</u>	1	<input type="text" value="00"/>	2	<input type="text"/>	3	<input type="text"/>
	00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer in Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related	11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCD Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 99=Unknown					
	<u>Possible Vehicle Failures (V)</u>	00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train	06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors	12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecure/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown			
	Unit No	<input type="text" value="01"/>	1	<input type="text" value="00"/>	2	<input type="text"/>	
Unit No	<input type="text" value="02"/>	1	<input type="text" value="00"/>	2	<input type="text"/>		

<u>Indicated Prime Factor</u>	Unit No	Factor Code							
	<input type="text" value="01"/>	<input type="text" value="05"/>							
Do not repeat this information on multiple pages									
EIR	V	D	P						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
If E/R is the Prime Factor Type, leave Unit No blank									
<u>Driver Action (D)</u>	Unit No	1	<input type="text" value="05"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
00=None Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Careless Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone									
<u>Pedestrian Action (P)</u>	Unit No	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Playing, Or Cycling									
03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Playing Or Working On Vehicle 07=Standing 98=Other									

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

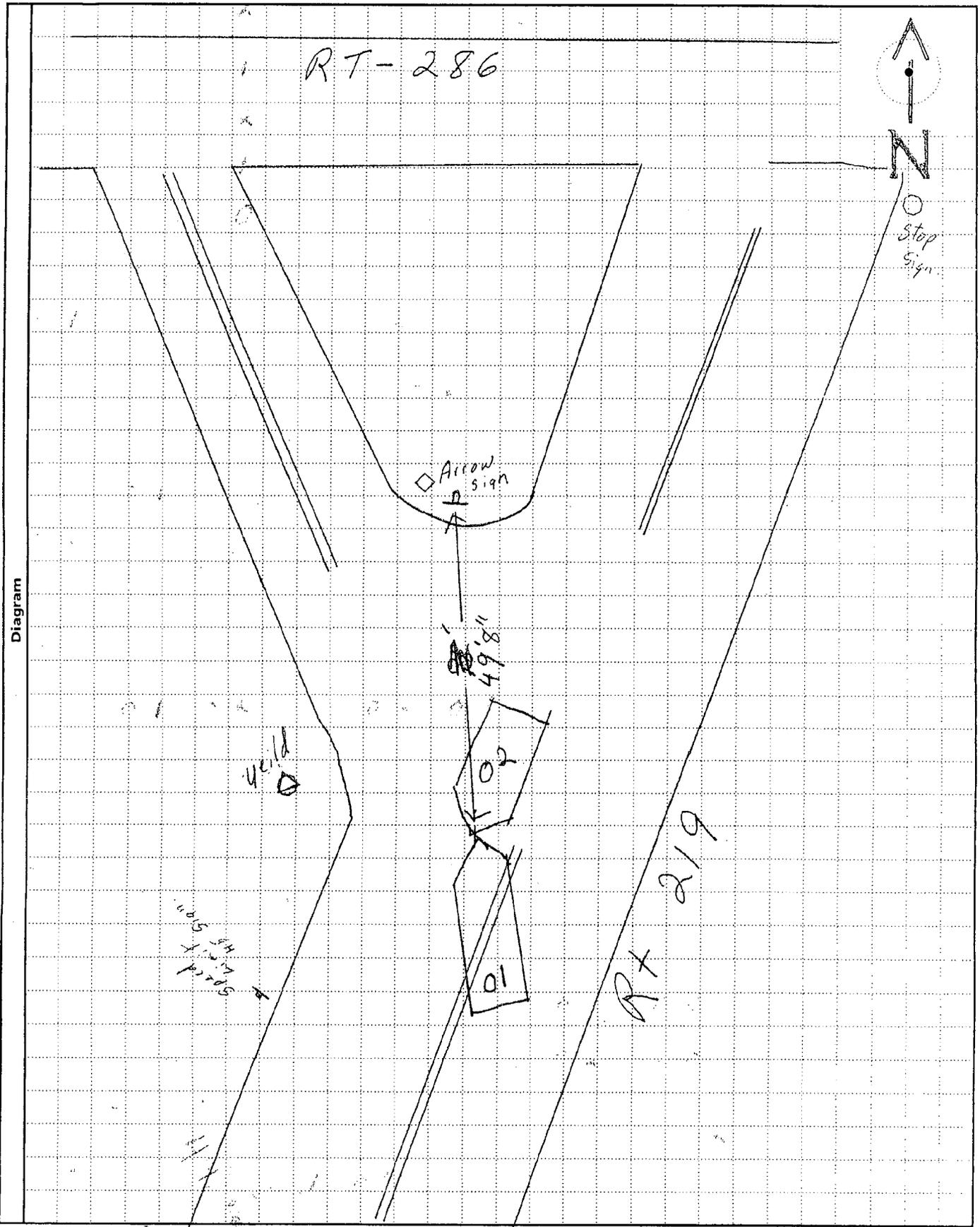
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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0206536

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- Change/Continuation
- Delete Page

Place emergency transport, witness, and other information here. It is not required to restate information from the form.

Responding EMS Agency: *Citizens Ambulance / Mohrville AHB* Medical Facility: *Conemaugh / Mission Hospital / Veterans Memorial Hospital*
Veterans Memorial Ambulance

Witness 1: *Bob Freno Jr* Address: *Burnside Pq* Phone: *814-845-7335*

Witness 2: *Debbie Freno* Address: *Burnside Pq* Phone: *814-845-7335*

Narrative: *This officer responded to a radio call at 2210 hrs on 10-25-03 about a Traffic Accident on 219 at the 286 Intersection in Burnside Township. Upon arrival this officer observed a green Pontiac Grand Prix severely damaged sitting sideways spanning the two travel lanes of Rte 219. I also observed a Red Chev Tahoe resting over the embankment on the west Boro.*

Finally I interviewed the witnesses and attempted to interview the operators.

The witnesses and operators indicated that Veh #1 travelling North and Attempted to turn Left (west) crossed the center line into the path of Veh #2 and struck Veh #2. The impact pushed Veh #2 off the roadway and over the embankment. Veh #1 came to rest partway across the ~~west~~ South bound lane of 219. Vehicle #2 was travelling south on 219 at the time of Impact.

Witness Information and Narrative

LAWRENCE D. BELL, M.D., P.C.

807 TURNPIKE AVENUE
CLEARFIELD, PA 16830
—
TELEPHONE (814) 765-8590

June 27, 2006

Mr. and Mrs. William A. Park
105 Pine Street
P.O. Box 6
Burnside, PA 15721

RE: Coleman Park

Dear Mr. and Mrs. Park:

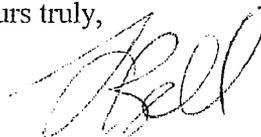
I just wanted to write to you to let you know that I did look at Coleman's x-rays. The x-rays of the left femur were taken the day of his appointment with me. The films show good solid healing of the femur fracture. There is a lateral plate and multiple screws. The hardware is not loose and the hardware does not look excessively prominent.

I would expect his symptoms to resolve over time and I would not think that surgery to remove the hardware would be necessary.

It might be helpful to have him do strengthening exercises for his hip and knee since this might allow the symptoms to resolve faster.

I am including a prescription for physical therapy but whether he actually goes for formal physical therapy or not is optional; that would be one way to show him what exercises to do, and then he could work on the exercises on his own. If there are any further problems, you could make another appointment if you wish.

Yours truly,



Lawrence D. Bell, M.D.

LDB/jed
Enclosure

Exhibit "B"

COLEMAN PARK

BD: 12/27/93

06-23-2006

This patient is here for a second opinion regarding his left thigh. He was in a motor vehicle accident on 10-25-03 in which he sustained a left femur fracture. He had ORIF of the left femur with a plate and screws around that time by Dr. Shrader in Johnstown at Connemaugh. Since that time his fracture has healed apparently but he still has some symptoms. He can run and play sports a little but then he gets aching pain over his lateral hip and thigh with increased activities.

EXAM: It was somewhat difficult because the patient was a bit uncooperative but I was able to ultimately get a good exam. He has nearly full range of motion in his left hip, perhaps lacking the last 10 degrees of full flexion. He can do this without any pain or any problems. There is no crepitus over the trochanteric bursa or over the hardware. There is a long lateral scar from about the greater trochanter distally to about just above the supracondylar area. He has full range of motion in his knee. Good hip rotation. No tenderness when palpating over the hardware and no crepitus. Gait is normal and he is able to squat and duck walk.

No x-rays are available.

IMPRESSION: He most likely has a little bursitis overlying the hardware but not severe enough to produce swelling or crepitus.

RECOMMENDED: ^{will} We get x-rays of the left femur and if hardware is present that is highly prominent or if any screws are backing out, then it might make sense to remove hardware, otherwise strengthening exercises would be the best approach. Will check his films later and then get in touch with them.

LDB/jed

cc: Dr. Sheffo

ADDENDUM: This young man had his x-rays and dropped them off at the office. I reviewed the x-rays of his left femur and they show a solidly healed femur fracture with a lateral plate and multiple screws. None of the hardware is loose. None of the hardware looks prominent. Everything looks very good.

I would just recommend exercises for strengthening of the hip and knee and I would expect these symptoms to resolve with time.

LDB/jed cc: Dr. Sheffo

NAME Coleman Park

SD# 12/27/93



FAMILY DR. Sheffo

REFERRED _____

ALLERGIES 0

PRESENT MEDS 0

WORK D.O.I. _____ EMPLOYER _____

AUTO _____

LIABILITY _____

6/23/06 ~~N.P~~ N.P

Oct 25, 2003

Car Accident Plate (L) Leg

when lifting heavy items c/o pain

Can't play contact sport

want's 2nd opinion

Dr. Schreder Johnstown treated him

X-rays

XR (L) femur

CLEARFIELD HOSPITAL IMAGING DEPARTMENT
P.O. BOX 992, CLEARFIELD, PA 16830
(814) 768-2275

PATIENT:	PARK, COLEMAN STAUFFE	MR#:	141112			
AGE:	12Y	SEX:	M	ADM #:	54453915	OP
DOB:	12/27/1993	ROOM/BED:				
ORD DR:	BELL, LAWRENCE D	PT CLASS:	OUT			
ATT: DR:	BELL, LAWRENCE D	PT TYPE:	R	FC:	F	
ALT DR:	BELL, LAWRENCE D	HOSP SVC:	IMG	ORDER#:	90001	

Final Report

REFERRING DIAGNOSIS: POST FX

HISTORY/COMMENTS: MVA 3 YRS AGO; NO COMPLAINTS

IS PATIENT PREGNANT?

LMP:

SHIELDED:

NO. OF FILMS: 4

FLUORO TIME:

CONTRAST:

AMOUNT:

BY:

IV#:

SUCCESSFUL SITE:

ATTEMPTS:

BY:

UNSUCCESSFUL ATTEMPT SITE:

ATTEMPTS:

BY:

UNSUCCESSFUL ATTEMPT SITE:

ATTEMPTS:

BY:

ORDER #: 90001

06/23/2006 FEMUR 2 VIEWS LEFT 73550

PROCEDURE ENDED: 06/23/2006 12:08 Initials: SF

FULL RESULT: The patient has a remote internal plate and screw fixation device along the proximal shaft of the left femur. No previous studies are available for comparison. No acute process is otherwise identified at this time.

READING DR: RICHARD G. WILLIAMS, M.D.
ELECTRONICALLY SIGNED: RICHARD G. WILLIAMS, M.D.
TRANSCRIBED: cah Jun 25 2006 1:25PM



LAWRENCE D. BELL, M.D., P.C.

807 TURNPIKE AVENUE
CLEARFIELD, PA 16830

TELEPHONE (814) 765-8590

DEA REG. No. _____

LIC. No. MD031394E

NAME Coleman Park AGE 1
ADDRESS _____ DATE 6/23/6

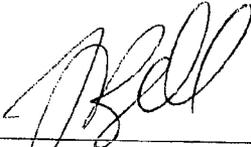
R

PT 1 or 2 VISITS
to instruct in
strengthening exercises
① hip & knee
Dr. Aron Fx Coleman

LABEL

REFILL _____ TIMES

SUBSTITUTION PERMISSIBLE _____, M.D.



IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE
PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

Coleman Park

MEDICAL EXPENSE LIST

Citizens' Ambulance Service Inc.

Emergency Transportation, 10/25/03 \$941.00

AGH-Life Flight

Transportation from landing zone to
Conemaugh Memorial Medical Center, 10/25/03 9,107.00

Conemaugh Memorial Medical Center

Inpatient Treatment, 10/25/03-10/31/03 \$26,831.58
Anesthesia Time, 10/26/03 \$630.00
Outpatient Treatment, 11/18/03 20.00
Outpatient Treatment, 11/25/03 398.00 27,879.58

Associated Anesthesiologists

Anesthesia Time, 10/26/03 845.00

Cambria Somerset Radiology

X-ray - Spine, 10/26/03 40.00
X-ray - Chest, 10/26/03 22.00
X-ray - Femur, 10/26/03 26.00
X-ray - Tibia & Fibula, 10/26/03 25.00
CT Scan - Head, 10/26/03 166.00
CT Scan - Head, 10/26/03 166.00
X-ray - Shoulder, 10/26/03 26.00
X-ray - Femur, 10/26/03 26.00
X-ray - Tibia & Fibula, 10/27/03 25.00 522.00

S. Lee Miller, M.D.

AHC Surgical Associates

Emergency Treatment, 10/26/03 582.00
Surgical Procedure - Insert Pin into Femur, 10/26/03 789.00
Inpatient Treatment, 10/27/03 158.00
Inpatient Treatment, 10/28/03 96.00
Follow-up Office Visit, 11/18/03 101.00
Follow-up Office Visit, 11/25/03 101.00 1,827.00

Michael P. Najarian, D.O.

AHC Surgical Associates

Inpatient Treatment, 10/29/03 192.00

Coleman Park

Page 2

Inpatient Treatment, 10/31/03	<u>201.00</u>	393.00
Richard D. Schroeder, M.D.		
Western Pennsylvania Orthopedics, Inc.		
Inpatient Consultation, 10/26/03	135.00	
Open Treatment of Femoral Shaft Fracture, 10/26/03	1,850.00	
X-ray - Femur, 11/19/03	56.00	
X-ray - Femur, 12/19/03	56.00	
Office visit, 2/12/04	50.00	
X-ray - Femur, 2/12/04	<u>56.00</u>	2,203.00
Michael Donesec, M.D.		
Open Treatment of Femoral Shaft Fracture, 10/26/03		325.00
Clearfield Hospital Home Health Agency		
Physical therapy, 11/1/03	127.00	
Physical therapy, 11/4/03	140.00	
Physical therapy, 11/14/03	560.00	
Physical therapy, 11/28/03	560.00	
Physical therapy, 12/1/03	840.00	
Physical therapy, 12/17/03	<u>140.00</u>	2,367.00
Watters Brothers Drug Store		
Ibuprofen, 10/31/03	3.65	
Acetaminophen/codenine, 10/31/03	24.35	
Biaxin, 2/17/04	<u>106.25</u>	134.25
Punxstawney Medical Supply		
Elevating leg rests, 10/31/03	24.00	
Standard wheelchair, 10/31/03	60.00	
Elevating leg rests, 11/30/03	24.00	
Standard wheelchair, 11/30/03	<u>60.00</u>	168.00
Lawrence D. Bell, M.D.		
Consultation, 6/23/06		130.00
PARTIAL TOTAL		<u>\$46,841.83</u>

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA WELCH; CLINTON PARK,	:	
BY AND THROUGH HIS PARENTS	:	
AND NATURAL GUARDIANS, WILLIAM	:	
PARK AND DEBRA WELCH; DEBRA	:	
WELCH, INDIVIDUALLY AND WILLIAM	:	
PARK, INDIVIDUALLY,	:	
	:	
	:	
	:	
	:	
Plaintiffs,	:	
vs.	:	
	:	
ERIC LEAMER,	:	
	:	
Defendant.	:	

REVISED ORDER OF COURT

AND NOW, this 21 day of December, 2005, upon

consideration of the Petition for Approval and Distribution of Minor's Personal Injury Recovery, it is hereby ORDERED, ADJUDGED AND DECREED as follows:

That the Petitioners, Debra Welch and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, are hereby authorized to settle the liability claim and execute the Release of All Claims and Parents Release and Indemnity Agreement. Petitioners are hereby authorized to receive from Erie Insurance Group the sum of Twelve Thousand Five Hundred (\$12,500.00) DOLLARS in full satisfaction of all liability claims arising out of the accident of October 25, 2003 resulting

Exhibit "D"

in the injuries to the Minor Petitioner, Coleman Park and Petitioners, Debra Welch and William Park shall make allocations of said settlement funds in the amount of Twelve Thousand Five Hundred (\$12,500.00) DOLLARS as follows:

\$6,141.60 to be deposited by Attorney William J. Begley in the minor's name in a savings account or certificate of deposit of an insured banking or savings and loan institution, said account to be marked "NOT TO BE WITHDRAWN WITHOUT LEAVE OF COURT OR UNTIL COLEMAN PARK BECOMES EIGHTEEN YEARS OF AGE;"

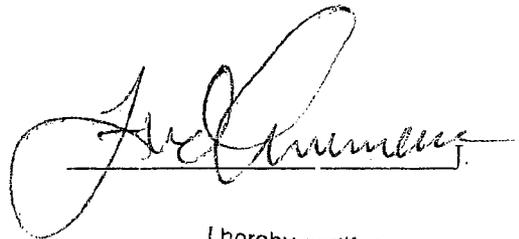
\$2,500.00 payable to Berger and Green representing attorney fees at twenty percent of the recovery;

\$167.39 payable to Berger and Green representing reimbursement of costs incurred;

\$3,691.01 payable to the Commonwealth of Pennsylvania, Department of Public Welfare representing reimbursement of medical assistance lien.

It is further ORDERED, ADJUDGED and DECREED, that the claims of Coleman Park and his parents the Petitioners, William Park and Debra Welch now Debra Park for underinsured motorist benefits as to the injuries sustained by Coleman Park, a minor arising from the motor vehicle collision of October 25, 2003 are specifically preserved.

Proof of Deposit to be filed with the Court by William J. Begley, Esquire



I hereby certify this to be a true and attested copy of the original statement filed in this case.

DEC 21 2005

Attest.

William J. Begley
Prothonotary/
Clerk of Courts



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF FINANCIAL OPERATIONS
 DIVISION OF THIRD PARTY LIABILITY
 CASUALTY UNIT
 P.O. BOX 8486
 HARRISBURG, PA 17105-8486

August 23, 2007

BERGER AND GREEN PC
 WILLIAM J BEGLEY ESQUIRE
 5850 ELLSWORTH AVE STE 200
 PITTSBURGH PA 15232

Re: COLEMAN PARK (minor)
 CIS #: 620122913
 Incident Date: 10/25/2003

Dear Attorney Begley:

The Department of Public Welfare maintains a lien in the amount of \$84.22 for the above-referenced incident.

The Department has agreed to reduce its lien by 33 1/3% and accept the net payment of \$56.15 to satisfy the total lien amount.

Checks should be made payable to the Department of Public Welfare and sent to my attention at the above address. We request that with all transmittal of funds, you provide the Department with a copy of the final distribution sheet.

In the event you have already brought or will bring any action resulting in a further recovery, we reserve the right to seek recovery of any additional unpaid portion of our medical/cash lien. This settlement in no way affects our future rights.

Thank you for your cooperation in this matter. If you have any further questions, please contact me.

Sincerely,

Terri M. Smith
 Claims Investigation Agent
 717-772-6961
 717-772-6553 FAX

Exhibit "E"

Aug/23/2007/THU 02:22 PM TPL, Referral Unit

FAX No. 717 705 8150

P. 004/004



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF FINANCIAL OPERATIONS
DIVISION OF THIRD PARTY LIABILITY
CASUALTY UNIT
P.O. BOX 8486
HARRISBURG, PA 17105-8486

August 23, 2007

BERGER AND GREEN PC
WILLIAM J BEGLEY ESQUIRE
5850 ELLSWORTH AVE STE 200
PITTSBURGH PA 15232

Re: COLEMAN PARK (minor)
CIS #: 620122913
Incident Date: 10/25/2003

Dear Attorney Begley:

Enclosed please find the updated statement of claim you have requested.

It is essential that we keep our records current and, therefore, would appreciate a response regarding the status of this claim.

If you have any further questions, please contact me. Thank you for your cooperation in this matter.

Sincerely,

Terri M. Smith
Claims Investigation Agent
717-772-6961
717-772-6553 FAX

Enclosure

AUG/23/2007/THU 02:22 PM TPL, Referral Unit

FAX No. 717 705 8150

P. 002/004



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF FINANCIAL OPERATIONS
 TPL SECTION - CASUALTY UNIT
 PO BOX - 8486
 HARRISBURG PA 17105-8486

August 23, 2007

STATEMENT OF CLAIM SUMMARY

NAME	PARK, COLEMAN
ID	620 122 913

UPDATE TO PREVIOUS SOC DATED 08/20/2007

MEDICAL	USUAL CHARGES	AMT APPROVED
PREVIOUS SOC	45,700.53	2,951.22
CURRENT SOC	.00	.00
PRIOR REIMB/ADJ		(2,867.00)
TOTAL	45,700.53	84.22

CASH	PERIOD COVERED	CLEAR AMOUNT
PREVIOUS SOC	--	.00
CURRENT SOC	--	.00
TOTAL		.00

REIMBURSEMENT TO DPW	84.22
-----------------------------	--------------

AUG/23/2007/THU 02:22 PM

TPL, Referral Unit

FAX No. 717 705 8150

P. 003/004

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF PUBLIC WELFARE
 EN 7-23-003113

RELEASE OF ALL CLAIMS AND
PARENTS' RELEASE AND INDEMNITY AGREEMENT

In consideration of the payment to the undersigned of the sum of Twelve Thousand Five Hundred (\$12,500.00) Dollars, the receipt of which is hereby acknowledged, the undersigned as parents and natural guardians of Coleman Park, a minor, forever release, discharge and covenant to hold harmless Eric Leamer and Erie Insurance Group and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, belonging to said minor or to the undersigned arising out of any act or occurrence up to the present time, and particularly on account of all personal injury, disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained by the said minor or by the undersigned in consequence of an accident that occurred on or about the 25th day of October, 2003 at or near State Route 219 near Route 286 in Burnside Township, Clearfield County, Pennsylvania.

To procure the payment of the said sum, we hereby declare that no representations about the nature and extent of the said injuries, disabilities or damages made by any physician, attorney or agent of any party released, nor any representations regarding the nature and extent of legal liability or financial responsibility of any of the parties releases, have induced us to make this release and indemnity agreement; that in determining the amount of the said sum there has been taken into consideration not only the ascertained injuries, disabilities and damages, but also the possibility that the injuries sustained may be permanent and progressive and recovery therefrom uncertain and indefinite, so that consequences not now anticipated may result from the said accident.

The undersigned agree as a further consideration and inducement for this release and indemnity agreement, that it shall apply to all unknown and unanticipated injuries and damages directly and indirectly resulting from the said accident, as well as to those now disclosed.

The undersigned understand that the parties hereby released admit no liability of any sort by reason of said accident and that said payment in compromise is made to terminate further controversy respecting all claims for damages that said minor or the undersigned have heretofore asserted or might personally or through personal representatives hereafter assert because of said accident.

By this release, we, acknowledge that this settlement is in full satisfaction of all claims we may have against the parties being released and their insurers, including, but not limited to, claims for attorneys' fees, medical expense and wage loss and claims for liens that might be asserted by any

employer, insurer, health care provider, Medicare or any other federal governmental entity or state governmental entity or any other person whatsoever. Further we agree to indemnify, defend and hold harmless the parties being released and their insurers for any and all claims made by any other employer, insurer, health care provider, Medicare or other federal governmental entity or state governmental entity or others as it relates to any other types of claims directly or indirectly arising from the incident or settlement of the within matter.

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. It is agreed that this is not a release of First Party Benefits under the PA Motor Vehicle Financial Responsibility Law nor is it a release of Underinsured Motorists Benefits.

DISTRIBUTION OF SAID MONIES SHALL BE MADE ACCORDING TO THE ORDER OF COURT.

William A. Park
William Park, parent and natural guardian of Coleman Park

Debra Welch
Debra Welch parent and natural guardian of Coleman Park

STATE OF PENNSYLVANIA
COUNTY OF

On this the 21st day of Dec., 2005 before me personally appeared William Park and Debra Welch, as parents and natural guardians of Coleman Park, a minor, known to me to be the persons who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

Beverly E. Reagle
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Beverly E. Reagle, Notary Public
Gaskill Twp., Jefferson County
My Commission Expires June 23, 2009
Member, Pennsylvania Association of Notaries

COLEMAN PARK

BD: 12/27/93

06-23-2006

This patient is here for a second opinion regarding his left thigh. He was in a motor vehicle accident on 10-25-03 in which he sustained a left femur fracture. He had ORIF of the left femur with a plate and screws around that time by Dr. Shrader in Johnstown at Connemaugh. Since that time his fracture has healed apparently but he still has some symptoms. He can run and play sports a little but then he gets aching pain over his lateral hip and thigh with increased activities.

EXAM: It was somewhat difficult because the patient was a bit uncooperative but I was able to ultimately get a good exam. He has nearly full range of motion in his left hip, perhaps lacking the last 10 degrees of full flexion. He can do this without any pain or any problems. There is no crepitus over the trochanteric bursa or over the hardware. There is a long lateral scar from about the greater trochanter distally to about just above the supracondylar area. He has full range of motion in his knee. Good hip rotation. No tenderness when palpating over the hardware and no crepitus. Gait is normal and he is able to squat and duck walk.

No x-rays are available.

IMPRESSION: He most likely has a little bursitis overlying the hardware but not severe enough to produce swelling or crepitus.

RECOMMENDED: ^{will} ~~We~~ get x-rays of the left femur and if hardware is present that is highly prominent or if any screws are backing out, then it might make sense to remove hardware, otherwise strengthening exercises would be the best approach. Will check his films later and then get in touch with them.

LDB/jed

cc: Dr. Sheffo

ADDENDUM: This young man had his x-rays and dropped them off at the office. I reviewed the x-rays of his left femur and they show a solidly healed femur fracture with a lateral plate and multiple screws. None of the hardware is loose. None of the hardware looks prominent. Everything looks very good.

I would just recommend exercises for strengthening of the hip and knee and I would expect these symptoms to resolve with time.

LDB/jed cc: Dr. Sheffo

LAWRENCE D. BELL, M.D., P.C.

807 TURNPIKE AVENUE
CLEARFIELD, PA 16830

TELEPHONE (814) 765-8590

June 27, 2006

Mr. and Mrs. William A. Park
105 Pine Street
P.O. Box 6
Burnside, PA 15721

RE: Coleman Park

Dear Mr. and Mrs. Park:

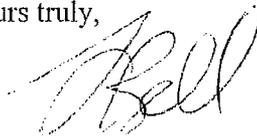
I just wanted to write to you to let you know that I did look at Coleman's x-rays. The x-rays of the left femur were taken the day of his appointment with me. The films show good solid healing of the femur fracture. There is a lateral plate and multiple screws. The hardware is not loose and the hardware does not look excessively prominent.

I would expect his symptoms to resolve over time and I would not think that surgery to remove the hardware would be necessary.

It might be helpful to have him do strengthening exercises for his hip and knee since this might allow the symptoms to resolve faster.

I am including a prescription for physical therapy but whether he actually goes for formal physical therapy or not is optional; that would be one way to show him what exercises to do, and then he could work on the exercises on his own. If there are any further problems, you could make another appointment if you wish.

Yours truly,



Lawrence D. Bell, M.D.

LDB/jed
Enclosure

Exhibit "H"

NAME Coleman Park
SD# 12/27/93



FAMILY DR. Sheffo
REFERRED _____
ALLERGIES SO
PRESENT MEDS SO

WORK D.O.I. _____ EMPLOYER _____
AUTO _____
LIABILITY _____

6/23/06 ~~N.P.~~ N.P.

Oct 25, 2003
Car Accident Plate (L) Leg
when lifting heavy items c/o pain
Can't play contact sport
Wants 2nd opinion
Dr. Schreder Johnstown treated him
X-rays

XR (L) femur

CLEARFIELD HOSPITAL IMAGING DEPARTMENT
P.O. BOX 992, CLEARFIELD, PA 16830
(814) 768-2275

PATIENT: **PARK, COLEMAN STAUFFE** MR#: **141112**
AGE: **12Y** SEX: **M** ADM #: **54453915** OP
DOB: **12/27/1993** ROOM/BED:
ORD DR: **BELL, LAWRENCE D** PT CLASS: **OUT**
ATT: DR: **BELL, LAWRENCE D** PT TYPE: **R** FC: **F**
ALT DR: **BELL, LAWRENCE D** HOSP SVC: **IMG** ORDER#: **90001**

Final Report

REFERRING DIAGNOSIS: **POST FX**

HISTORY/COMMENTS: **MVA 3 YRS AGO; NO COMPLAINTS**

IS PATIENT PREGNANT?

LMP:

SHIELDED:

NO. OF FILMS: **4**

FLUORO TIME:

CONTRAST:

AMOUNT:

BY:

IV#:

SUCCESSFUL SITE:

ATTEMPTS:

BY:

UNSUCCESSFUL ATTEMPT SITE:

ATTEMPTS:

BY:

UNSUCCESSFUL ATTEMPT SITE:

ATTEMPTS:

BY:

ORDER #: **90001**

06/23/2006 FEMUR 2 VIEWS LEFT 73550

PROCEDURE ENDED: **06/23/2006 12:08** Initials: **SF**

FULL RESULT: The patient has a remote internal plate and screw fixation device along the proximal shaft of the left femur. No previous studies are available for comparison. No acute process is otherwise identified at this time.

READING DR: **RICHARD G. WILLIAMS, M.D.**
ELECTRONICALLY SIGNED: **RICHARD G. WILLIAMS, M.D.**
TRANSCRIBED: **cah Jun 25 2006 1:25PM**



LAWRENCE D. BELL, M.D., P.C.

807 TURNPIKE AVENUE
CLEARFIELD, PA 16830

TELEPHONE (814) 765-8590

DEA REG. NO. _____

LIC. NO. MD031394E

NAME Coleman Park AGE _____

ADDRESS _____ DATE 6/23/6

R

PT 1 or 2 VISITS
TO INSTRUCT IN
STRENGTH EXERCISES
@ Hip & Knee
Dr. Anov Fx Coleman

LABEL

REFILL _____ TIMES

SUBSTITUTION PERMISSIBLE _____  M.D.

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE
PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

**RELEASE AND SETTLEMENT AGREEMENT
UNDERINSURED MOTORIST**

Whereas, Debra Welch and William Park, as parents and guardians of Coleman Park, a minor of 13 years of age, and **Travelers Personal Insurance Company**, hereinafter referred to as **Travelers**, wish to enter into a **FINAL RELEASE and SETTLEMENT AGREEMENT** whereby Debra Welch and William Park, as parents and guardians of Coleman Park, release all of Coleman Park's rights and make certain promises in connection with a personal injury claim pursuant to insurance policy number 945235127-101-1 issued to Debra Welch, resulting, or to result, from an accident to Coleman Park which occurred on or about the 25th day of October, 2003, by reason of an automobile accident which occurred at the intersection of Rt. 219 and Rt. 286 in Burnside Township, Clearfield County, Pennsylvania, wherein Coleman Park was injured. The consideration for this release and agreement is the hereinafter stated payment made by **Travelers**;

IT IS UNDERSTOOD AND AGREED, that Debra Welch and William Park, as parents and guardians of Coleman Park, a minor, being of full legal age and sound mind, for and in consideration of the sum of EIGHTY FIVE THOUSAND AND NO/100 (\$85,000.00) DOLLARS lawful money of the United State of America in hand ---- paid to Debra Welch and William Park, as parents and guardians of Coleman Park, a minor, by **Travelers**, a receipt whereof is hereby acknowledged; does hereby release and forever discharge **Travelers** in satisfaction of any and all disputed claims, and from all demands, damages or expenses under the Underinsured Motorist coverage of said policy, because of any known, unknown or unforeseen bodily injury and property damage, sickness, disease or death, loss of service or "It is agreed that this is not a release of first-party income loss benefits under the Pennsylvania Financial Responsibility Law."

expenses, that now exist or may develop hereafter, sustained as a result of the above-mentioned accident as to injuries sustained by Coleman Park.

Travelers agrees to waive its subrogation rights as to Eric Leamer. It is understood and agreed that this is a complete **RELEASE AND SETTLEMENT AGREEMENT** and that there are no written or oral understandings or agreements directly or indirectly with this **RELEASE AND SETTLEMENT AGREEMENT** that are not incorporated herein.

The parties hereto declare that they have read and fully understand this **RELEASE AND SETTLEMENT AGREEMENT**.

IN WITNESS WHEREOF, _____

hereby set forth his/her/their hand(s) and seal (s) this _____ day of _____, 200_____, intending to be legally bound hereby.

WITNESS:

✓

_____ (SEAL)

Debra Welch

✓

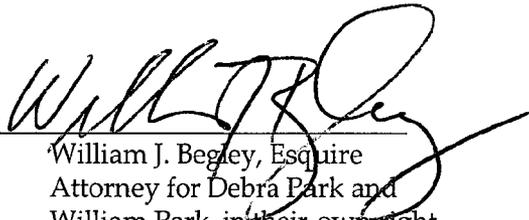
_____ (SEAL)

William Park

CERTIFICATION

I, William J. Begley, Esquire, counsel for Debra Park and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, hereby certify that it is my belief that the settlement of Petitioner's claim for payment as described in the within Petition is reasonable and fair.

BERGER AND GREEN

By: 

William J. Begley, Esquire
Attorney for Debra Park and
William Park, in their own right
and as parents and natural guardians
Coleman Park, a minor

EXHIBIT "J"

CERTIFICATION

I, Debra Park and William Park, as parents and natural guardians of Coleman Park, a Minor, certify that it is our belief that the settlement of the claim of our son, Coleman Park, for payments as described in the within petition is reasonable and adequate.

- Debra Park 8-6-07
Debra Park, mother and natural
Guardian of Coleman Park, a minor

- William A Park
William Park, father and natural
Guardian of Coleman Park, a minor

Exhibit "K"

VERIFICATION

We, William Park and Debra Park, do hereby verify that the statements made herein are true and correct to the best of our knowledge, information and belief and that these statements are made subject to the penalties of 13 Pa. C.S.A., Section 4904 relating to unsworn falsification to authorities.

William A Park
William Park

Debra Park
Debra Park

DATE: ✓ 8-6-07

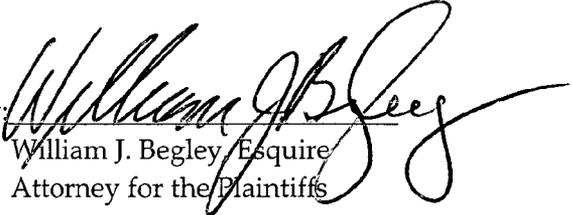
CERTIFICATE OF SERVICE

I, William J. Begley, Esquire hereby certify that the a true and correct copy of the foregoing Petition for Approval and Distribution of Minor's Personal Injury Recovery has been mailed by U.S. Mail to counsel of record via first class mail, postage pre-paid, this 26th day of September, 2007.

Norbert J. Johnston
Travelers Insurance Company
P. O. Box 1538
Pittsburgh, PA 15230

BERGER AND GREEN, P.C.

By:


William J. Begley, Esquire
Attorney for the Plaintiffs

FILED

SEP 28 2007

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA PARK; AND WILLIAM PARK,	:	
INDIVIDUALLY AND DEBRA PARK	:	
INDIVIDUALLY,	:	
	:	
Petitioners	:	

SCHEDULING ORDER

AND NOW, this 5th day of October, 2007, it is hereby

ORDERED that a hearing on the Petition for Approval and Distribution of Minor's

Personal Injury Recovery shall be held on the 26th day of November, 2007, in

Courtroom # 1, Court of Common Pleas of Clearfield County. @ 1:30 p.m.

BY THE COURT

Justice J. Ammerman
 _____ J.

FILED ^{ICC}
 0/4:00/01 Amy Begley
 OCT 05 2007

Shaw
 William A. Shaw
 Prothonotary/Clerk of Courts

FILED

OCT 05 2007

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 10/5/07

You are responsible for serving all appropriate parties.
 The Prothonotary's office has provided service to the following parties:
____ Plaintiff(s) _____ Plaintiff(s) Attorney _____ Other
____ Defendant(s) _____ Defendant(s) Attorney _____
____ Special Instructions:



un

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA PARK AND DEBRA	:	
PARK, INDIVIDUALLY AND WILLIAM	:	
PARK, INDIVIDUALLY,	:	
	:	
Petitioners	:	

FILED 200
 01:45 PM
 NOV 26 2007
 Atty Begley
 (CR)

ORDER OF COURT

William A. Shaw
 Prothonotary/Clerk of Courts

AND NOW, this 26 day of November, 2007, upon

consideration of the Petition for Approval and Distribution of Minor's Personal Injury Recovery, it is hereby ORDERED, ADJUDGED AND DECREED as follows:

That the Petitioners, Debra Park and William Park, in their own right and as parents and natural guardians of Coleman Park, a minor, are hereby authorized to settle the underinsured motorist benefits claim and execute the Release and Settlement Agreement Underinsured Motorist. Petitioners are hereby authorized to receive from Travelers Insurance Company the sum of Eighty five thousand (\$85,000.00) DOLLARS in full satisfaction of all claims arising out of the accident of October 25, 2003 resulting in the injuries to the Minor Petitioner, Coleman Park and Petitioners, Debra Park and William Park shall make allocations of said settlement funds in the amount of Eighty Five thousand (\$85,000.00) DOLLARS as follows:

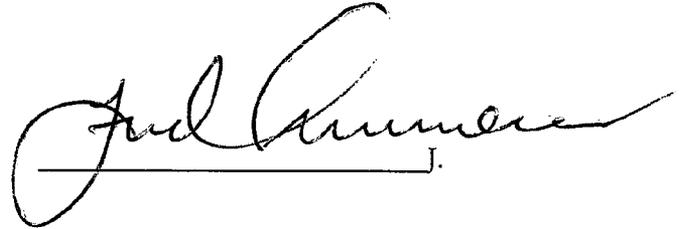
\$63,507.84 to be deposited by Attorney William J. Begley in the minor's name in a savings account or certificate of deposit of an insured banking or savings and loan institution, said account to be marked "NOT TO BE WITHDRAWN WITHOUT LEAVE OF COURT OR UNTIL COLEMAN PARK BECOMES EIGHTEEN YEARS OF AGE;"

\$21,250.00 payable to Berger and Green representing attorney fees at twenty five percent of the recovery;

\$186.01 payable to Berger and Green representing reimbursement of costs incurred;

\$56.15 payable to the Department of Public Welfare representing reimbursement of medical assistance lien.

Proof of Deposit to be filed with the Court by William J. Begley, Esquire



A handwritten signature in cursive script, appearing to read "William J. Begley", is written over a horizontal line. The signature is fluid and extends to the right of the line.

FILED

NOV 26 2007

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH
HIS PARENTS AND NATURAL
GUARDIANS, WILLIAM PARK
AND DEBRA PARK AND DEBRA
PARK, INDIVIDUALLY AND
WILLIAM PARK, INDIVIDUALLY,

Petitioners

CIVIL DIVISION

No.: 04-1017-CD

PROOF OF DEPOSIT
OF MINOR'S PERSONAL
INJURY RECOVERY

Filed on Behalf of:
Coleman Park, Debra
Park and William Park,
Petitioners

Counsel of Record for this
Party:

Mark E. Milsop, Esquire
PA I.D. #66069
BERGER AND GREEN, P.C.
Firm #777
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232
(412) 661-1400

FILED *no cc*
m1103361
JAN 14 2008 *(6K)*

William A. Shaw
Prothonotary/Clerk of Courts

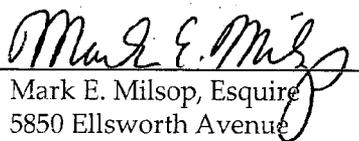
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

COLEMAN PARK, BY AND THROUGH	:	CIVIL DIVISION
HIS PARENTS AND NATURAL	:	
GUARDIANS, WILLIAM PARK	:	No.: 04-1017-CD
AND DEBRA PARK AND DEBRA	:	
PARK, INDIVIDUALLY AND	:	
WILLIAM PARK, INDIVIDUALLY,	:	
	:	
	:	
Petitioners	:	

PROOF OF DEPOSIT OF MINOR'S PERSONAL INJURY

I, Mark E. Milsop, counsel for William Park and Debra Welch, in their own right and as parents and natural guardians of Coleman Park, a minor, hereby certify that I have made deposit of the Minor's Personal Injury Recovery in conformity with the Order of Court issued the 26th day of November 2007. A copy of the certificate of deposit of First Commonwealth Bank evidencing proof of deposit is attached hereto and marked as Exhibit "A."

BERGER AND GREEN, P.C.

By: 
Mark E. Milsop, Esquire
5850 Ellsworth Avenue
Suite 200
Pittsburgh, PA 15232
(412) 661-1400



FIRST Commonwealth

FARMERS & MERCHANTS OFFICE
CHERRY TREE PA 15724

Certificate of Deposit

Non Transferable - Non Negotiable
Automatically Renewable

182 - 364 DAY CERTIFICATE

COPY

REPRESENTATIVE GAN	BRANCH 009	CD TYPE 410	CERTIFICATE NUMBER 01009900013007	AMOUNT \$63,507.84
------------------------------	----------------------	-----------------------	---------------------------------------------	------------------------------

MATURITY PERIOD 270 DAY	ISSUE DATE: January 2, 2008	MATURITY DATE September 28, 2008
-----------------------------------	---------------------------------------	--------------------------------------------

INTEREST RATE PAYABLE: 4.480%	ANNUAL PERCENTAGE YIELD: 4.55%
--------------------------------------	---------------------------------------

ISSUED TO: COLEMAN S PARK NOT TO BE W/DRAWN W/OUT LEAVE OF COURT OR UNTIL COLEMAN BECOMES 18 YRS OF AGE	CUSTOMER NUMBER: 1008900013007	ADDRESS 105 PINE ST PO BOX 8 BURNSIDE PA 15721	TELEPHONE: 814 846-7816
---------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------	------------------------------------------------------------------------------	--------------------------------

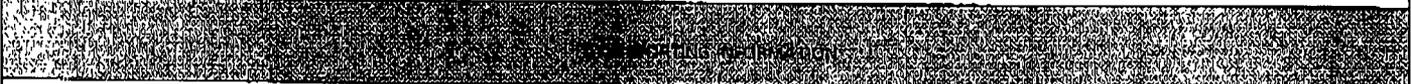
INTEREST PAYMENTS WILL BE DISBURSED:
MONTHLY AND ADDED TO THE PRINCIPAL BALANCE

EARLY WITHDRAWAL POLICY
IF THE DEPOSIT IS WITHDRAWN BEFORE THE MATURITY DATE, A PENALTY EQUAL TO 90 days SIMPLE INTEREST WILL BE ASSESSED. ALL PENALTIES ARE ASSESSED AT THE RATE BEING PAID ON THE ACCOUNT AT THE TIME OF WITHDRAWAL. EARLY WITHDRAWAL MAY RESULT IN A REDUCTION IN THE PRINCIPAL AMOUNT ORIGINALLY DEPOSITED. NO PENALTY WILL BE ASSESSED ON WITHDRAWALS RESULTING FROM THE DEATH OR MENTAL INCAPACITY OF A DEPOSITOR. NO PENALTY WILL BE ASSESSED ON NORMAL DISTRIBUTIONS.

RENEWAL POLICY
THE ACCOUNT IS AUTOMATICALLY RENEWABLE, UNLESS WE RECEIVE WRITTEN INSTRUCTIONS TO THE CONTRARY WITHIN TEN (10) CALENDAR DAYS AFTER THE MATURITY DATE. THE ACCOUNT WILL BE RENEWED FOR AN ADDITIONAL 270 DAY TERM. THE INTEREST RATE AND ANNUAL PERCENTAGE YIELD FOR THE NEXT MATURITY PERIOD WILL BE WHAT THE BANK IS OFFERING ON FIXED RATE 270 DAY CERTIFICATES AS OF THE MATURITY DATE. RENEWAL WILL BE EFFECTIVE AND INTEREST WILL BE EARNED AS OF THE MATURITY DATE. FUNDS MAY BE WITHDRAWN WITHIN THE TEN (10) CALENDAR DAYS AFTER ANY MATURITY DATE BY SURRENDERING THE CERTIFICATE AND COMPLETING A WRITTEN REQUEST. NO INTEREST WILL BE PAID AFTER THE MATURITY DATE ON FUNDS WITHDRAWN DURING THE TEN (10) DAY PERIOD.

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4/28/07



TAX INFORMATION FOR THIS ACCOUNT WILL BE REPORTED USING YOUR NAME AS LISTED ABOVE AND THE FOLLOWING TAXPAYER IDENTIFICATION NUMBER:
TAXPAYER NAME: **COLEMAN S PARK**
TAXPAYER IDENTIFICATION NUMBER: **195-74-4702**



BY SIGNING THE BANK'S COPY OF THE CERTIFICATE AT THE TIME THE ACCOUNT WAS OPENED, EACH SIGNER:
(1) ACKNOWLEDGED THAT THE DEPOSIT ACCOUNT AGREEMENT, CERTIFICATES OF DEPOSIT, AND THE DISCLOSURE OF ACCOUNT TERMS WERE RECEIVED BEFORE THE ACCOUNT WAS OPENED, AND (2) AGREED THAT THE TERMS AND CONDITIONS CONTAINED THEREIN WILL GOVERN THE OPERATION OF THE ACCOUNT.
1 Signature(s) required for any transaction(s) on this account.



Bank Signature > *Meg A. [Signature]* <SEAL> Date > *1-2-08*

CLIENT COPY

Exhibit "A"

FILED

JAN 14 2008

William A. Shaw
Prothonotary/Clerk of Courts