

07-124-CD

Jerry Hughes vs Samantha Butzer

Jerry Hughes et vs Samantha Luzier-Butzer
2007-124-CD

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

Jerry A. HUGHES
(Plaintiff)

1217 W. 10TH Ave.
(Street Address)

Clearfield, PA 110830
(City, State ZIP)

CIVIL ACTION

No. 2007-124-C0

Type of Case: Civil

Type of Pleading: Pl. Justice Appear

vs.

Samantha Luzier/Butzer (Plaintiff/Defendant)
(Defendant)

993 Park Ave. Ext. Apt. 5C
(Street Address)

Clearfield, PA 110830
(City, State ZIP)

Filed on Behalf of:

Samantha Luzier/Butzer

FILED

JAN 25 2007
011115/wn

William A. Shaw
Prothonotary/Clerk of Courts

NOTICE TO

Samantha Luzier/Butzer MOJ Enc
(Filed by)

Jerry Huges

993 Park Ave. Ext. Apt. 5C
(Address) Clearfield, PA 110830

205-1324
(Phone)

Samantha Luzier/Butzer
(Signature)

COURT OF COMMON PLEAS
46TH
JUDICIAL DISTRICT
Clearfield County
Court House

NOTICE OF APPEAL

FROM
DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No. 2007-124-CD

NOTICE OF APPEAL

Notice is given that the appellant has filed in the above Court of Common Pleas an appeal from the judgment rendered by the District Justice on the date and in the case mentioned below.

NAME OF APPELLANT

Samantha Luzier - Butzer

MAG. DIST. NO. OR NAME OF D.J.

Richard Ireland

ADDRESS OF APPELLANT

993 Park Ave. Ext. APT. 5C

CITY

Clearfield

PA

ZIP CODE

16830

DATE OF JUDGMENT

IN THE CASE OF (Plaintiff)

12-28-06

Jerry A. Hughes

vs. SAMANTHA LUZIER - BUTZER

CLAIM NO.

CV 0000376-06
LT

SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT

Samantha B.

This block will be signed ONLY when this notation is required under Pa. R.C.P.J.P. No. 1008B.

This Notice of Appeal, when received by the District Justice, will operate as a SUPERSEDEAS to the judgment for possession in this case.

Signature of Prothonotary or Deputy

If appellant was CLAIMANT (see Pa. R.C.P.J.P. No. 1001(6) in action before District Justice, he MUST FILE A COMPLAINT within twenty (20) days after filing his NOTICE of APPEAL.

PRAECIPE TO ENTER RULE TO FILE COMPLAINT AND RULE TO FILE

(This section of form to be used ONLY when appellant was DEFENDANT (see Pa. R.C.P.J.P. No. 1001(7) in action before District Justice. IF NOT USED, detach from copy of notice of appeal to be served upon appellee).

PRAECIPE: To Prothonotary

Enter rule upon JERRY A. HUGHES, appellee(s), to file a complaint in this appeal
(Name of appellee(s))

(Common Pleas No. 2007-124-CD) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

Signature

Signature of appellant or his attorney or agent

RULE: To Jerry A. HUGHES, appellee(s).
(Name of appellee(s))

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS WILL BE ENTERED AGAINST YOU.

(3) The date of service of this rule if service was by mail is the date of mailing.

Date: JAN. 25, 2007

Signature

WILLIAM A. SHAW

Signature of Prothonotary or Deputy

FILED

JAN 25 2007

William A. Shaw
Prothonotary/Clerk of Courts

PROOF OF SERVICE OF NOTICE OF APPEAL AND RULE TO FILE COMPLAINT

(This proof of service MUST BE FILED WITHIN TEN (10) DAYS AFTER filing the notice of appeal. Check applicable boxes)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF Penns; SS 1234567890

AFFIDAVIT: I hereby swear or affirm that I served

a copy of the Notice of Appeal, Common Pleas No. _____, upon the District Justice designated therein on
(date of service) _____, by personal service by (certified) (registered) mail, sender's
receipt attached hereto, and upon the appellee, (name) _____, on
_____ by personal service by (certified) (registered) mail, sender's receipt attached hereto.
 and further that I served the Rule to File a Complaint accompanying the above Notice of Appeal upon the appellee(s) to whom
the Rule was addressed on _____, by personal service by (certified) (registered)
mail, sender's receipt attached hereto.

SWORN (AFFIRMED) AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____

Signature of affiant

Signature of official before whom affidavit was made

Title of official

My commission expires on _____

COURT OF COMMON PLEAS
46TH
JUDICIAL DISTRICT
Clearfield County
Court House

NOTICE OF APPEAL

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No. 2007-124-CO

NOTICE OF APPEAL

Notice is given that the appellant has filed in the above Court of Common Pleas an appeal from the judgment rendered by the District Justice on the date and in the case mentioned below.

NAME OF APPELLANT

Samantha Luzier - Butzer

MAG. DIST. NO. OR NAME OF D.J.

ADDRESS OF APPELLANT

993 Park Ave - EXT. APT 5C

CITY

Richard Ireland

ZIP CODE

DATE OF JUDGMENT

IN THE CASE OF (Plaintiff)

Clearfield

PA

11830

12-28-01a

Jerry A. Hughes

vs. SAMANTHA LUZIER - BUTZER

CLAIM NO.

SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT

CV
LT

000003710-06

Sam on the R

This block will be signed ONLY when this notation is required under Pa. R.C.P.J.P. No. 1008B.

This Notice of Appeal, when received by the District Justice, will operate as a SUPERSEDEAS to the judgment for possession in this case.

Signature of Prothonotary or Deputy

If appellant was CLAIMANT (see Pa. R.C.P.J.P. No. 1001(6) in action before District Justice, he MUST FILE A COMPLAINT within twenty (20) days after filing his NOTICE of APPEAL.

PRAECIPE TO ENTER RULE TO FILE COMPLAINT AND RULE TO FILE

(This section of form to be used ONLY when appellant was DEFENDANT (see Pa. R.C.P.J.P. No. 1001(7) in action before District Justice. IF NOT USED, detach from copy of notice of appeal to be served upon appellee).

PRAECIPE: To Prothonotary

Enter rule upon JERRY A. HUGHES, appellee(s), to file a complaint in this appeal
(Name of appellee(s))

(Common Pleas No. 2007-124-CO) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

Samantha Luzier
Signature of appellant or his attorney or agent

RULE: To Jerry A. HUGHES, appellee(s).
(Name of appellee(s))

NOTICE TO

M.O.T. Sec.

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

JERRY HUGHES

(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS WILL BE ENTERED AGAINST YOU.

(3) The date of service of this rule if service was by mail is the date of mailing.

Date: JAN. 25, 2007

W. A. Shaw
Signature of Prothonotary or Deputy

PROOF OF SERVICE OF NOTICE OF APPEAL AND RULE TO FILE COMPLAINT

(This proof of service MUST BE FILED WITHIN TEN (10) DAYS AFTER filing the notice of appeal. Check applicable boxes)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____; SS _____

AFFIDAVIT: I hereby swear or affirm that I served

a copy of the Notice of Appeal, Common Pleas No. _____, upon the District Justice designated therein on
(date of service) _____, by personal service by (certified) (registered) mail, sender's receipt attached hereto, and upon the appellee, (name) _____, on _____
 by personal service by (certified) (registered) mail, sender's receipt attached hereto.
 and further that I served the Rule to File a Complaint accompanying the above Notice of Appeal upon the appellee(s) to whom
the Rule was addressed on _____, _____, by personal service by (certified) (registered)
mail, sender's receipt attached hereto.

SWORN (AFFIRMED) AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____,

Signature of affiant

Signature of official before whom affidavit was made

Title of official

My commission expires on _____,

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.:

46-3-02

MDJ Name: Hon.

RICHARD A. IRELAND
Address: **650 LEONARD ST**
STE 113
CLEARFIELD, PA

Telephone: **(814) 765-5335** **16830**

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

PLAINTIFF:

NAME and ADDRESS

HUGHES, JERRY A.
121 W. 6TH AVE.
CLEARFIELD, PA 16830
L 765-4770

VS.

DEFENDANT:

NAME and ADDRESS

LUZIER-BUTZER, SAMANTHA E.
993 PARK AVE. EXT. APT/STE 5-C
CLEARFIELD, PA 16830

SAMANTHA E. LUZIER-BUTZER
993 PARK AVE. EXT. APT/STE 5-C
CLEARFIELD, PA 16830

Docket No.: **CV-0000376-06**
Date Filed: **11/17/06**



THIS IS TO NOTIFY YOU THAT:

DEFAULT JUDGMENT PLTF

Judgment: **DEFAULT JUDGMENT PLTF** (Date of Judgment) **12/28/06**

<input checked="" type="checkbox"/> Judgment was entered for: (Name) HUGHES, JERRY A.	
<input checked="" type="checkbox"/> Judgment was entered against: (Name) Luzier-Butzer, Samantha E. in the amount of \$ 4,130.02	
<input type="checkbox"/> Defendants are jointly and severally liable.	Amount of Judgment \$ 4,006.52
<input type="checkbox"/> Damages will be assessed on Date & Time _____	Judgment Costs \$ 123.50
<input type="checkbox"/> This case dismissed without prejudice.	Interest on Judgment \$.00
<input type="checkbox"/> Amount of Judgment Subject to Attachment/42 Pa.C.S. § 8127 \$ _____	Attorney Fees \$.00
<input type="checkbox"/> Portion of Judgment for physical damages arising out of residential lease \$ _____	Total \$ 4,130.02
	Post Judgment Credits \$ _____
	Post Judgment Costs \$ _____
	Certified Judgment Total \$ _____

ANY PARTY HAS THE RIGHT TO APPEAL WITHIN 30 DAYS AFTER THE ENTRY OF JUDGMENT BY FILING A NOTICE OF APPEAL WITH THE PROTHONOTARY/CLERK OF THE COURT OF COMMON PLEAS, CIVIL DIVISION. YOU MUST INCLUDE A COPY OF THIS NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH YOUR NOTICE OF APPEAL.

EXCEPT AS OTHERWISE PROVIDED IN THE RULES OF CIVIL PROCEDURE FOR MAGISTERIAL DISTRICT JUDGES, IF THE JUDGEMENT HOLDER ELECTS TO ENTER THE JUDGMENT IN THE COURT OF COMMON PLEAS, ALL FURTHER PROCESS MUST COME FROM THE COURT OF COMMON PLEAS AND NO FURTHER PROCESS MAY BE ISSUED BY THE MAGISTERIAL DISTRICT JUDGE.

UNLESS THE JUDGMENT IS ENTERED IN THE COURT OF COMMON PLEAS, ANYONE INTERESTED IN THE JUDGMENT MAY FILE A REQUEST FOR ENTRY OF SATISFACTION WITH THE MAGISTERIAL DISTRICT JUDGE IF THE JUDGMENT DEBTOR PAYS IN FULL, SETTLES, OR OTHERWISE COMPLIES WITH THE JUDGMENT.

DEC 28 2006 Date Ronald J. Giesler, Magisterial District Judge

I certify that this is a true and correct copy of the record of the proceedings containing the judgment.

Date _____, Magisterial District Judge

My commission expires first Monday of January, **2012**

SEAL

AOPC 315-06

DATE PRINTED: **12/28/06** **2:33:00 PM**

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.:

46-3-02

MDJ Name: Hon.

RICHARD A. IRELAND
Address: **650 LEONARD ST**
STE 113
CLEARFIELD, PA

Telephone: **(814) 765-5335** 16830

RICHARD A. IRELAND
650 LEONARD ST
STE 113
CLEARFIELD, PA 16830

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

PLAINTIFF:

HUGHES, JERRY A.
121 W. 6TH AVE.
CLEARFIELD, PA 16830

NAME and ADDRESS

DEFENDANT:

LUZIER-BUTZER, SAMANTHA E.
993 PARK AVE. EXT. APT/STE 5-C
CLEARFIELD, PA 16830

VS.

NAME and ADDRESS

2007-124-CD

Docket No.: **CV-0000376-06**
Date Filed: **11/17/06**



THIS IS TO NOTIFY YOU THAT:

Judgment: **DEFAULT JUDGMENT PLTF**

(Date of Judgment) **12/28/06**

<input checked="" type="checkbox"/> Judgment was entered for: (Name) HUGHES, JERRY A.	
<input checked="" type="checkbox"/> Judgment was entered against: (Name) LUZIER-BUTZER, SAMANTHA E. in the amount of \$ 4,130.02	
<input type="checkbox"/> Defendants are jointly and severally liable.	Amount of Judgment \$ 4,006.52
<input type="checkbox"/> Damages will be assessed on Date & Time _____	Judgment Costs \$ 123.50
<input type="checkbox"/> This case dismissed without prejudice.	Interest on Judgment \$.00
<input type="checkbox"/> Amount of Judgment Subject to Attachment/42 Pa.C.S. § 8127 \$ _____	Attorney Fees \$.00
<input type="checkbox"/> Portion of Judgment for physical damages arising out of residential lease \$ _____	Total \$ 4,130.02
	Post Judgment Credits \$ _____
	Post Judgment Costs \$ _____
	Certified Judgment Total \$ _____

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FILED

JAN 26 2007

m/1-70/07
William A. Shaw
Prothonotary/Clerk of Courts

DEC 28 2007 Date **Richard Ireland**, Magisterial District Judge

I certify that this is a true and correct copy of the record of the proceedings containing the judgment.

JAN 25 2007 Date **Richard Ireland**, Magisterial District Judge

My commission expires first Monday of January, **2012**

SEAL

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

MARSHA D. HUGHES AND
JERRY A. HUGHES,
Plaintiffs

*

-VS-

*

Docket No. 07-124-CD

SAMANTHA E. LUZIER-BUTZER,
Defendant

*

*

Type of pleading:
COMPLAINT

Filed on behalf of:
PLAINTIFFS, Marsha D.
Hughes and Jerry A.
Hughes

Counsel of record for
this party:

Dwight L. Koerber, Jr.,
Esquire
PA I.D. No. 16332

110 North Second Street
P. O. Box 1320
Clearfield, PA 16830
(814) 765-9611

FILED 3CC
02/13/07 Atty Koerber
FEB 13 2007
(GW)

William A. Shaw
Prothonotary/Clerk of Courts

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

MARSHA D. HUGHES AND
JERRY A. HUGHES,
Plaintiffs

*

*

-VS-

*

Docket No. 07-124-CD

SAMANTHA E. LUZIER-BUTZER,
Defendant

*

*

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action 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 within twenty (20) days. 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 relief claimed in the complaint by the plaintiff.

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

Court Administrator
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830
(814) 765-2641, Ext. 5982

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

MARSHA D. HUGHES AND
JERRY A. HUGHES,
Plaintiffs

*

-VS-

*

Docket No. 07-124-CD

SAMANTHA E. LUZIER-BUTZER,
Defendant

*

*

COMPLAINT

COME NOW, Plaintiffs Marsha D. Hughes and Jerry A. Hughes, by and through their attorney, Dwight L. Koerber, Jr., Esquire, and file the within Complaint against Defendant Samantha E. Luzier-Butzer. In support thereof, plaintiffs aver and show as follows:

1. Plaintiffs are Marsha D. Hughes and Jerry A. Hughes, husband and wife, who reside at 121 West Sixth Street, Clearfield, Clearfield County, PA 16830, referred to hereinafter as "plaintiffs" or "Hughes".
2. Defendant is Samantha E. Luzier-Butzer, an individual, who resides at 993 Park Avenue Extension, Lawrence Park Village, Apt. 5C, Clearfield, Clearfield County, PA 16830, referred to hereinafter as "defendant" or "Luzier-Butzer".
3. Plaintiffs are the owners of a 1992 Oldsmobile sedan, VIN

1G3WH54T2PD300209. Attached hereto as Appendix A is a copy of the Certificate of Title to the said vehicle, evidencing that the said vehicle is registered by the Commonwealth of Pennsylvania, Department of Transportation, in plaintiffs' names.

4. As further evidence of the ownership of the said 1993 Oldsmobile sedan, attached hereto as Appendix B is a copy of the registration credential issued by the Commonwealth of Pennsylvania, Department of Transportation, showing that the registration of the said vehicle was in full force and effect at the time of the accident described hereinbelow.

5. On October 27, 2006, plaintiffs' son, Timothy Hughes, with the consent of plaintiffs, was driving the said vehicle in a southerly direction on S.R. 153, in full obeyance of all traffic rules and regulations.

6. On that date, defendant, driving a 1992 Ford Probe, registered in the name of Michael Butzer, of the same address as defendant, negligently drove from the parking lot of Lawrence Park Village onto S.R. 153, without regard for the rules and regulations governing safe driving, and collided with the vehicle of Hughes.

7. The vehicle of Hughes that defendant's vehicle collided with was forceably spun and came to rest facing southeasterly in the northbound lane of traffic on S.R. 153.

8. As a result of the collision caused by defendant, a police report was issued pertaining to the accident. Attached hereto as Appendix C is a copy of that accident report. Plaintiffs hereby incorporate by reference the facts of that report.

9. As noted in the accident report, defendant and/or Michael Butzer did not have insurance coverage on the vehicle that collided with plaintiffs' vehicle.

10. As a result of defendant's negligent, reckless and careless actions which caused the collision with plaintiffs' vehicle, defendant was issued four citations, as follows:

- (a) Not having insurance coverage on her vehicle, Citation No. B3324054-6;
- (b) Driving with a suspended or revoked license, Citation No. B3324052-4;
- (c) Driving without proper restraint systems for a child, Citation No. B3324053-5; and
- (d) Unsafe entry onto a roadway, Citation No. B3324051-3.

11. Defendant pled guilty to three of the four citations, and not guilty to the citation involving a suspended or revoked license.

12. In operating her vehicle at the time that it collided with Plaintiffs' vehicle on October 27, 2006, defendant was negligent for the following reasons:

- (a) Failure to comply with the provisions of the vehicle code;
- (b) Unsafe entry onto a roadway;
- (c) Failure to yield the right of way to approaching traffic;
- (d) Failure to drive in a safe, careful and prudent fashion;
- (e) Failure to have proper control of her vehicle so as to avoid striking a vehicle properly operating on the highway.

13. Defendant's negligent, reckless and careless actions caused the vehicle

owned by plaintiffs to be so damaged that it was necessary to have the vehicle towed from the scene. Attached hereto as Appendix D is a copy of the towing receipt, showing a charge of \$85.00.

14. Defendant's negligent, reckless and careless actions have resulted in severe damage to the vehicle of plaintiffs. Attached hereto as Appendix E is a copy of an estimate for repair of the damages to plaintiff's vehicle in the amount of \$3,906.52.

15. Through defendant's negligent, reckless and careless actions, the plaintiffs lost use of their vehicle from the time of the incident on October 27, 2006 to the time of the filing of this complaint, during which time they had no suitable transportation available. Plaintiffs assert damages for loss of use of their vehicle for two weeks. This loss would amount to \$100.00 per week, for a total of \$200.00.

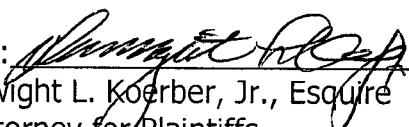
16. It is plaintiffs' position that defendant has willfully, recklessly, carelessly and negligently violated the provisions of the Motor Vehicle Code, as set forth in the citations issued against defendant, so as to cause damage to plaintiffs' vehicle through her actions, and so as to cause economic harm to plaintiffs.

17. Defendant's negligence has caused plaintiffs damages in the amount of \$4,192.52.

WHEREFORE, plaintiffs pray that judgment be entered in their favor and against defendant in the amount of \$3,906.52 for repair of the 1993 Oldsmobile sedan, \$85.00 for towing costs, and \$200.00 for two weeks of loss of their vehicle, resulting in a judgment in plaintiff's favor of \$4,191.52; that they be awarded legal costs; and that

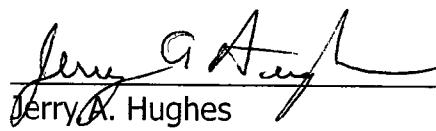
they be awarded such other relief as is reasonable and just.

Respectfully submitted,

By: 
Dwight L. Koerber, Jr., Esquire
Attorney for Plaintiffs,
MARSHA D. HUGHES AND
JERRY A. HUGHES

VERIFICATION

I certify that the statements made in the foregoing document are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.



Jerry A. Hughes



EXHIBIT A

Attached hereto is a copy of Certificate of Title to the 1993 Oldsmobile sedan owned by plaintiffs.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF TRANSPORTATION
CERTIFICATE OF TITLE FOR A VEHICLE

2,363

930550055001305-001

1G3WH54T2PD300209

VEHICLE IDENTIFICATION NUMBER

93

OLDSMOBILE

YEAR

45915848201 HU

TITLE NUMBER

SDN

0

SEAT CAP

UNLADEN WEIGHT

GVWR

GCWR

TITLE BRANDS

3/01/93

3/01/93

DATE PA TITLED

DATE OF ISSUE

PRIOR TITLE STATE

3/01/93

003037

0

ODOM. PROC'D. DATE

ODOM. MILES

ODOM. STATUS

ODOMETER STATUS
 0 = ACTUAL MILEAGE
 1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS
 2 = NOT THE ACTUAL MILEAGE
 3 = NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED
 4 = EXEMPT FROM ODOMETER DISCLOSURE

ACTUAL MILEAGE

REGISTERED OWNER(S)

MARSHA D & JERRY HUGHES
 121 W 6TH ST
 CLEARFIELD PA 16830

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED _____ DATE _____

If a second lienholder is listed, upon satisfaction of the first lien, the first lienholder must forward this Title to the Bureau of Motor Vehicles with the appropriate form and fee.

BY _____ AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED _____ DATE _____

MAILING ADDRESS

BY _____ AUTHORIZED REPRESENTATIVE

031007
 MARSHA D & JERRY HUGHES
 121 W 6TH ST
 CLEARFIELD PA 16830

I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.

Secretary of Transportation

D | APPLICATION FOR TITLE AND LIEN INFORMATION

SUBSCRIBED AND SWORN
TO BEFORE ME:

MO DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

SEAL

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth here.

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

When applying for title with a co-owner, other than your spouse, check one of these blocks. If no block is checked, title will be issued as "Tenants in Common".
 A Joint Tenants with Right of Survivorship (on death of one owner, title goes to the surviving owner).
 B Tenants in Common (on death of one owner, interest of deceased owner goes to his or her heirs or estate).

IF NO LIEN
CHECK BOX LIEN
DATE:

FIRST LIENHOLDER:

NAME

STREET

CITY

STATE

ZIP

IF NO LIEN
CHECK BOX LIEN
DATE:

SECOND LIENHOLDER:

NAME

STREET

CITY

STATE

ZIP

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

74024811

EXHIBIT B

Attached hereto is a copy of the registration credential issued for the vehicle of plaintiffs, showing that registration of the vehicle was in full force and effect, and up-to-date at the time of the accident.

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: SEP 30, 2007 VALID: 08/15/06

PLATE: DCPS5126
TITLE: 45915848201 HU
VIN: 1G3WM54T2PD300209
YR/MAKE: 1993 OLDSMOBILE
TYPE: SDN
WID: 06227 3901 222049-001

135336

MARSHA D & JERRY HUGHES
121 W 6TH AVE
CLEARFIELD PA
16830



*Marsha D. Hughes
Jerry C. Hughes*
I hereby acknowledge this day that I have received
notice of the provisions of Section 3705 of the Vehicle
Code.

Change your address online at: www.state.pa.us Pa Keyword "DMV"

EXHIBIT C

Attached hereto is a copy of the accident report issued in this matter.

**COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM**

AA 500 2

Police Use Only

Page

02

Crash Number

P 1208204

Unit Info		<input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Legally Parked <input type="checkbox"/> Non-Motorized <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc <input type="checkbox"/> Disabled From Previous Crash <input type="checkbox"/> Train <input type="checkbox"/> Phantom Vehicle <small>(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)</small>						Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If Yes, Complete Form C)</small>				
		Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)							
01		SAMANTHA		1	10	26	1985					
Delete?		Last Name						Telephone Number				
		LUZIER-BUTZER						761-1303				
Address / City / State		993 PARK AVE EXT APT 5C CLEARFIELD, PA						Zip				
Driver License Number		2729238			State	PA			Class			
Alcohol/Drugs Suspected		<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			Driver or Pedestrian Physical Condition							
					<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							
Alcohol Test Type		<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			Primary Vehicle Code Violation			Charged?				
					DRIVING WHILE SUSPENDED (1543)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Alcohol Test Results		<input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results			Driver Presence			1=Driver Operated 3=Driver Flew Scene Vehicle 4=Hit and Run 2=No Driver 9=Unknown				
Owner/Driver		00=Not Applicable 02=Private Vehicle Not Owned/Leased by Driver 01=Private Vehicle Owned/Leased by Driver 03=Rented Vehicle			04=State Police Vehicle 07=Municipal Police Veh 05=PENNDOT Vehicle 08=Other Municipal 06=Other State Gov Veh 09=Federal Gov Veh Government Vehicle 98=Other 99=Unknown							
Same as Driver		Owner First Name			Owner Last Name or Business Name (If Pedestrian, skip this Section)							
		MICHAEL			BUTZER							
Address / City / State / Zip		304 BOWMANS HILL PO BOX 66 C1FD, PA 16830			Vehicle Make			*Make Code				
VIN		12VPT200C4N5210314			Model Year			Vehicle Model				
License Plate		GGP 4161			Reg. State	Est. Speed	Vehicle Towed	Towed By				
					PA	35		A.J. RUSS TOWING				
Insurance		Insurance Company			Policy No							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		GEICO			4064-94-74-37							
Trailing Unit		No. of Trailing Units:	Type Unit	1=Towing Pass. Veh 4=Mobile/Modular Home 2=Towing Truck 5=Camper 7=Semi-Trailer 3=Towing Utility Trailer 6=Full Trailer 8=Other 9=Unknown					Tag No	Tag Year	Tag St	
Direction of Travel		S	*Vehicle Position	09	*Movement	12	*See Overlay	Special Usage				
Vehicle Color		06=Yellow 07=Silver 08=Gold 01=Blue 02=Red 03=White 04=Green 05=Black	Vehicle Type	01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 05=Large Truck 06=SUV 07=Van 08=Snowmobile 09=Farm Equip 10=Construction Equip 11=ATV 12=Construction Equip 13=ATV 14=Unk. Type Spec Veh 15=Towed Unit 16=Other Type Spec Veh 17=Unk. Type Spec Veh 18=Other Type Spec Veh 19=Unk. Type Spec Veh			20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 26=Other 27=Unknown			12=Commercial Passenger Carrier 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport 12=Commercial Passenger Carrier 13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown		
Initial Impact Point		00=Non-Collision 01-12=Clock Points 13=Top	14=Undercarriage 15=Towed Unit 99=Unknown	Damage Indicator			Gradient	3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown	Road Alignment			
				3	0=None 1=Minor 2=Functional 3=Disabling 9=Unknown		1	1=Level 2=Uphill	1=Straight 2=Curved 9=Unknown			

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

AA 500 1

Case Closed

 Yes No

Reportable Crash

 Yes No

Page

01

Crash Number

P 1208204

Police Agency Data	Incident Number	Police Agency					Patrol Zone			
	LTPD 20063631	17223								
	Agency Name	Precinct					Investigation Date (MM-DD-YYYY)			
	Lawrence Twp. Police Dept.							10-18-2006		
	Dispatch Time (mil)	Arrival Time (mil)	Investigator						Badge Number	
	0640	0647	PTLM.C.D. Panebianco						22305	
Reviewer	Badge Number					Approval Date (MM-DD-YYYY)				
Crash Data	County	County Name	Municipality	Municipality Name	Day of Week					
	17	Clearfield	223	Lawrence Twp.	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	
	Crash Date (MM-DD-YYYY)					Crash Time (mil) No of Units People Injured Killed* If > 00 complete Form F				
10-18-2006					0640	02	03	01	00	
Loc Type	Workzone (If Yes, Complete Form M, Section 29)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	School Bus Related	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	School Zone Related	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Notify PENNDOT Maintenance			
Principal Road	Intersection Type	<input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> "Y" Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Off Ramp <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Special Location								
	<input checked="" type="checkbox"/> Midblock	<input type="checkbox"/> "T" Intersection <input type="checkbox"/> Traffic Circle/Round About <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other								
	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	Orientation	House Number (if applicable)				
	5153		02	35	<input checked="" type="checkbox"/> North					
Intersecting Road	Street Name	Street Ending					South			
	PARK AVE.	EX					East			
	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	West		
							<input type="checkbox"/> Private Road	<input type="checkbox"/> Other Unknown		
Distance From Landmark	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	Orientation					
					<input type="checkbox"/> North					
	Street Name	Street Ending					<input type="checkbox"/> South			
	PARK AVE.	EX					<input type="checkbox"/> East			
Use For Mid-Block Crashes	Route Signing	<input type="checkbox"/> Interstate (Not Turnpike)	<input type="checkbox"/> Turnpike (East/West)	<input type="checkbox"/> Turnpike Spur	<input 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	
	Landmark 1	Intersecting Rt Num Or Mile Post	Or Segment Marker					<input type="checkbox"/> North	Feet	
		5153						<input checked="" type="checkbox"/> South		
		Or Intersecting Street Name					Or Miles			
	PARK AVE EXIT.									
Landmark 2	Intersecting Rt Num Or Mile Post	Or Segment Marker					<input type="checkbox"/> North	Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)		
		5879					<input checked="" type="checkbox"/> South			
	Or Intersecting Street Name	St Ending					<input type="checkbox"/> East			
	bypass						<input type="checkbox"/> West			
GPS	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds				
	Latitude:		:	Longitude:		:				
TCD	Traffic Control Device						TCD Functioning			
	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Traffic Signal	<input type="checkbox"/> Yield Sign	<input type="checkbox"/> Police Officer or Flagman	<input type="checkbox"/> No Controls	<input type="checkbox"/> Device Functioning Improperly	<input type="checkbox"/> Emergency Preemptive Signal			
Lane Closure	Flashing Traffic Signal	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Active RR Crossing Controls	<input type="checkbox"/> Other Type TCD	<input type="checkbox"/> Device Not Functioning	<input type="checkbox"/> Device Functioning Properly	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		
	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Partially	<input type="checkbox"/> Fully	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown			
	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section)	Lane Closure Direction					North	East	North and South	All (N,S,E,W)
	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Partially	<input type="checkbox"/> Fully	<input type="checkbox"/> Unknown	<input type="checkbox"/> South	<input type="checkbox"/> West	<input type="checkbox"/> East and West			
	Traffic Detoured	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Est. Time Closed	< 30 Min. 30-60 Min. 1-3 hrs. 3-6 hrs. 6-9 hrs. > 9 hours					Unknown	

**COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM**

Crash Number

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Unit Info		<input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Legally Parked <input type="checkbox"/> Non - Motorized <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc <input type="checkbox"/> Disabled From Previous Crash <input type="checkbox"/> Train <input type="checkbox"/> Phantom Vehicle <small>(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)</small>						Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If Yes, Complete Form C)</small>			
		Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)						
Vehicle Driver / Pedestrian Information	02	TIMOTHY	A	12	09	1983	Telephone Number		765-4770		
	Delete? <input type="checkbox"/>								Zip		16830
	Address / City / State		121 W. 6 th Ave. CLEARFIELD, PA						State		PA
	Driver License Number								Class		C
	Driver License Number			State			Class				
	Alcohol/Drugs Suspected			Driver or Pedestrian Physical Condition			Primary Vehicle Code Violation			Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<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 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							
	Alcohol Test Type			Driver Presence			Primary Vehicle Code Violation			Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<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"/> Test Refused <input type="checkbox"/> Unknown Results							
	Alcohol Test Results			Driver Presence			Primary Vehicle Code Violation			Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> 0. <input type="checkbox"/>			<input type="checkbox"/> 1								
Owner/Driver		00=Not Applicable		02=Private Vehicle Not Owned/Leased by Driver		04=State Police Vehicle		07=Municipal Police Veh		09=Federal Gov Veh	
<input type="checkbox"/> 01		01=Private Vehicle Owned/Leased by Driver		03=Rented Vehicle		05=PENNDOT Vehicle		08=Other Municipal		98=Other	
Same as Driver <input checked="" type="checkbox"/>		Owner First Name		Owner Last Name or Business Name (If Pedestrian, skip this Section)		06=Other State Gov Veh		Government Vehicle		99=Unknown	
Address / City / State / Zip											
VIN				Model Year		Vehicle Make		Vehicle Model		*Make Code (see overlay)	
1G3WH54T2PD300209				1993		GM		SUPREME SL		21	
License Plate		Reg. State		Est. Speed		Vehicle Towed		Towed By			
DCP 5126		PA		35		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ROSS TOWING			
Insurance		Insurance Company		Policy No							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known		Drive - Progressive Specialty		52869050-2							
Trailing Unit		Type Unit		1=Towing Pass. Veh		4=Mobile/Modular Home		7=Semi-Trailer		Tag No	
No. of Trailing Units: 0				2=Towing Truck		5=Camper		8=Other		Tag Year	
				3=Towing Utility Trailer		6=Full Trailer		9=Unknown		Tag St	
Direction of Travel		*Vehicle Position		03		*Movement		01		*See Overlay	
Vehicle Color		Vehicle Type		05=Large Truck		20=Unicycle, Bicycle, Tricycle		21=Other Pedalcycle		12=Commercial Passenger Carrier	
04		01=Automobile		06=SUV		22=Horse & Buggy		23=Horse & Rider		13=Taxi	
06=Yellow		02=Motorcycle		07=Van		24=Train		25=Trolley		21=Tractor Trailer	
07=Silver		03=Bus		10=Snowmobile		26=Other		27=Other		22=Twin Trailer	
08=Gold		04=Small Truck		11=Farm Equip		28=Other		29=Unknown		23=Triple Trailer	
01=Blue		05=Other		12=Construction Equip		30=Other		31=Modified Veh		32=Unknown	
02=Red		06=Other		13=ATV		32=Other		33=Unknown		34=Unknown	
03=White		07=Other		14=Undercarriage		34=Other		35=Unknown		36=Unknown	
04=Green		08=Other		15=Towed Unit		36=Other		37=Unknown		38=Unknown	
05=Black		09=Unknown		16=Other		38=Other		39=Unknown		40=Unknown	
Initial Impact Point		Damage Indicator		Gradient		Road Alignment					
01		03		1		1		1		1	
00=Non-Collision		14=Undercarriage		2		2		2		2	
01-12=Clock Points		15=Towed Unit		3		3		3		3	
13=Top		99=Unknown		9		9		9		9	

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

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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
8=Injury, Unk Severity
9=Unknown if Injury

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/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=Free By Non - Mechanical Means
8=Other
9=Unknown

13

EMS Agency: CLEARFIELD

Medical Facility: CLEARFIELD

14

Unit No	Person No	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
01	01	10-26-1985	1	F	4	0	1	0	3	0	0

Name / Address / Phone

EMS Transport
 Yes No

Same as Operator

Unit No	Person No	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
01	02	10-26-1985	2	M	0	0	3	0	3	0	0

Name / Address / Phone

EMS Transport
 Yes No

Same as Operator

JAY BUTZER (6)993 PARK AVE. EFT. APT 5C CIPD. PA

Unit No	Person No	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I

Name / Address / Phone

EMS Transport
 Yes No

Same as Operator

Unit No	Person No	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I

Name / Address / Phone

EMS Transport
 Yes No

Same as Operator

Unit No	Person No	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I

Name / Address / Phone

EMS Transport
 Yes No

Same as Operator

Unit No	Person No	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I

Name / Address / Phone

EMS Transport
 Yes No

Same as Operator

**COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM**

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Crash Number

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A small icon in the top right corner of the slide, consisting of a square divided into four quadrants with a diagonal line.

General Crash Information (if more than 2 Units, only complete once)	Crash Description		4	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																																																			
	Relation to Roadway		1	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown																																																				
	Illumination		3	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other																																																				
	Weather Conditions		1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown																																																			
	Road Surface Conditions		1	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																																																			
Units(s) Event Information	<table border="1"> <thead> <tr> <th></th> <th>Harm Event</th> <th>L/R</th> <th>Most?</th> <th>Utility Pole Number</th> </tr> </thead> <tbody> <tr> <td>Unit No</td> <td>1</td> <td>02</td> <td>L</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Please Put Events in Sequential Order</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Harm Event</th> <th>L/R</th> <th>Most?</th> <th>Utility Pole Number</th> </tr> </thead> <tbody> <tr> <td>Unit No</td> <td>1</td> <td>11</td> <td>R</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Please Put Events in Sequential Order</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>						Harm Event	L/R	Most?	Utility Pole Number	Unit No	1	02	L	<input type="text"/>		2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Please Put Events in Sequential Order	3	<input type="text"/>	<input type="text"/>	<input type="text"/>		4	<input type="text"/>	<input type="text"/>	<input type="text"/>		Harm Event	L/R	Most?	Utility Pole Number	Unit No	1	11	R	<input type="text"/>		2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Please Put Events in Sequential Order	3	<input type="text"/>	<input type="text"/>	<input type="text"/>		4	<input type="text"/>	<input type="text"/>	<input type="text"/>	Harmful Events (Harm Event) 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			
		Harm Event	L/R	Most?	Utility Pole Number																																																						
	Unit No	1	02	L	<input type="text"/>																																																						
		2	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
	Please Put Events in Sequential Order	3	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
		4	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
		Harm Event	L/R	Most?	Utility Pole Number																																																						
	Unit No	1	11	R	<input type="text"/>																																																						
		2	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
	Please Put Events in Sequential Order	3	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
	4	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																							
First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event	Driver Action (D) 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 (Pol Chase) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 92=Affected By Physical Condition 98=Other Improper Driving Actions 99=Unknown																																																					
Environmental / Roadway Potential Factors (E/R)	1	00	2	00	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 29=Other Environmental Factor 99=Unknown																																																									
Possible Vehicle Failures (V) 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	01	1	00	2	<input type="text"/>	Unit No	01	1	05	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>																																												
Unit No	02	1	00	2	<input type="text"/>	Unit No	02	1	00	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>																																												
Indicated Prime Factor Do not repeat this information on multiple pages.						Pedestrian Action (P) 00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Or Playing																																																					
E/R	V	D	P	<input type="text"/>	<input type="text"/>	Unit No	01	00	Unit No	02	00	Unit No	01	00																																													
						If E/R is the Prime Factor Type, leave Unit No blank																																																					

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

AA 500 5

Police Use Only

Page

016



Crash Number

P 1208204

Diagram

20

Witness Name	Address	Phone
1		
2		

21

Narrative and additional witnesses:

Accident Investigation Notification Issued? Property Damage

Operator of Unit #2 was traveling in a Southerly direction on SR 0153 when Unit #1 pulled out into the path of his vehicle. Unit #2 was unable to avoid a collision with Unit #1.

Witness and Narrative

22

Operator of Unit #1 was exiting Lawrence Park Village and pulling out onto SR 0153 when he failed to see Unit #2 approaching from the left. Unit #1 pulled out into the path of Unit #2 causing a collision. Unit #1 saw slightly to the right after the collision and came to rest to the right of the roadway in the grass.

Unit #2 came to rest facing South Easterly in the North bound lane of traffic on SR 0153.

NOTE ** BUTZER DID NOT HAVE INSURANCE COVERAGE AT THE TIME OF ACCIDENT

EXHIBIT D

Attached hereto is a copy of the towing receipt for towing plaintiffs' vehicle from the accident scene in the amount of \$85.00.



IDENT. REPORT

as required by Section 3746(c)
low identified accident was

Police Department

gated and a Police Accident
scribed by law. In the event a
e Department concerned for
Department of Transportation
pies of accident reports.

e of
sident

THE PARK AVE.
THE VILLAGE

CC Badge No. 535-05
No.

24

1 side

TOWING REPORT

卷之三

343 1/2 Spring Street, P.O. Box 655 • Clearfield, PA 16830
Day: (814) 765-9802 • After Hours 765-4158

CALL NO.	313 1/2 Spring Street, P.O. Box 655 • Clearfield, PA 16830									
CALL TIME	Day: (814) 765-9802 • After Hours 765-4158									
TYPE OF CALL	TOWING									
SERVICE TIME	10:00 AM - 12:00 PM									
EXTRA MAN										
MILEAGE FINISH	17575									
MILEAGE START	17525									
MILEAGE TOTAL	50									
TOWED FROM										
121 1/2 E. Main Street, Clearfield, PA 16830										
TOWED TO										
121 1/2 E. Main Street, Clearfield, PA 16830										
REMARKS										
Mechanic's Signature										
X										
AUTHORIZED SIGNATURE										
X										
SUB TOTAL										
TAX										
TOTAL										
85.00										

EXHIBIT E

Attached hereto is a copy of the estimate for repair of plaintiffs' vehicle in the amount of \$3,906.52.

C.A.R.S. PAINT & BODY SHOP

Auto, Light Truck Collision Repairs

1122 S. 2nd Street - Clearfield, PA 16830

Phone 814-765-4616 Fax 814-765-2902

Expert Body & Paint Work Since 1974

006323

ESTIMATE

Page of Pages

NAME	PHONE	DATE	TIME
✓ Martha Haug	765-4770		
ADDRESS			
✓ 121 Sixth Ave C			
YEAR	MAKE	MODEL	TAG NO
✓			
SERIAL NO	INSURANCE CO.	ADJUSTOR	
REPLACE	REPAIR	DESCRIPTION	PARTS LABOR REFINISH SUBLET
✓		rt / left top engine mfgs	82.40 1.0
		(dog bone style)	
✓		steering column assy	125 ⁰⁰ 250 ⁰⁰ 4.0
✓		frame rail & apron	8.0
✓		rad support	4.0
✓		cowel panel	250 ⁰⁰ 1.50
✓		clean / coat	3.0
✓		Paint & Mat	220 ⁰⁰
✓		Set / measure	375 1.5
✓		haz	100 ⁰⁰ 1.0
✓		cover	40 ⁰⁰
✓		ready used parts	125 ⁰⁰ 35 ⁰⁰ 3.0
(Shop suggest partial tear down for more thorough estimate)			

PROPOSED WORK COMPLETION DATE

ESTIMATE CHARGE \$

CUSTOMER INTENDED METHOD OF PAYMENT

TOTAL PARTS \$ 1765.40

DESCRIPTION OF CUSTOMER'S PROBLEM OR REQUEST FOR REPAIR WORK OR SERVICE

TOTAL LABOR \$ 1380⁰⁰

~~✓ Estimate subject to change~~
~~✓ Estimate subject to change~~
 Inspection only — — —

TOTAL REFINISH \$ 540⁰⁰

The above is an estimate based on our inspection and does not cover any additional parts or labor which may be required after the work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above prices are not guaranteed. Quotations on parts and labor are current and subject to change.

TOTAL SUBLET \$

AUTHORIZATION FOR REPAIR. You are hereby authorized to make the above repairs and to charge DAILY STORAGE in the amount of \$ beginning with the 4th day after your notification that the repair work has been completed.

TOWING \$ 3685.40

Signature:

Date:

TOTAL \$

EPA/WASTE DISPOSAL \$ 221.12

SALES TAX \$ 3906.52

ESTIMATE

Page _____ of _____ " Pages

PROPOSED WORK COMPLETION DATE: 12/15/2024 ESTIMATE CHARGE: \$ 1,200.00

DESCRIPTION OF CUSTOMER'S PROBLEM OR REQUEST FOR REPAIR WORK OR SERVICE

DESCRIPTION OF CUSTOMER'S PROBLEM OR REQUEST FOR REPAIR WORK OR SERVICE
all pieces subject to Divorce

The above is an estimate based on our inspection and does not cover any additional parts or labor which may be required after the work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above prices are not guaranteed. Quotations on parts and labor are current and subject to change.

AUTHORIZATION FOR REPAIR. You are hereby authorized to make the above repairs and to charge DAILY STORAGE in the amount of \$ beginning with the 4th day after your notification that the repair work has been completed.

Signature:

Date:

TOTAL

\$

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

MARSHA D. HUGHES AND
JERRY A. HUGHES,
Plaintiffs

-VS-

SAMANTHA E. LUZIER-BUTZER,
Defendant

*

*

*

*

Docket No. 07-124-CD

Type of pleading:
PRAECIPE TO ENTER
JUDGMENT

Filed on behalf of:
PLAINTIFFS, Marsha D.
Hughes and Jerry A.
Hughes

Counsel of record for
this party:

Dwight L. Koerber, Jr.,
Esquire
PA I.D. No. 16332

110 North Second Street
P. O. Box 1320
Clearfield, PA 16830
(814) 765-9611

FILED Atty PAID 20.00
3:45p.m GK
MAR 20 2007 no cc
1 NOTICE TO DEF.
1 STATEMENT TO ATTY
William A. Shaw
Prothonotary/Clerk of Courts *(CR)*

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

MARSHA D. HUGHES AND *
JERRY A. HUGHES, *
Plaintiffs *

-vs- * Docket No. 07-124-CD

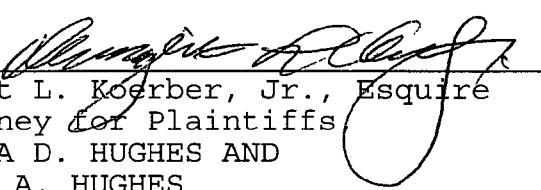
SAMANTHA E. LUZIER-BUTZER, *
Defendants *
*

PRAECIPE TO ENTER JUDGMENT

TO THE PROTHONOTARY:

Pursuant to the provisions of Pa.R.C.P. §237.1, please enter default judgment in favor of plaintiffs and against Defendant SAMANTHA E. LUZIER-BUTZER, in the amount of \$4,191.53, plus costs of suit. A Certificate of Service of Notice of Default Judgment is attached hereto.

Respectfully submitted,

By: 
Dwight L. Koerber, Jr., Esquire
Attorney for Plaintiffs
MARSHA D. HUGHES AND
JERRY A. HUGHES

DATE: March 20, 2007

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

MARSHA D. HUGHES AND *
JERRY A. HUGHES, *
Plaintiffs *

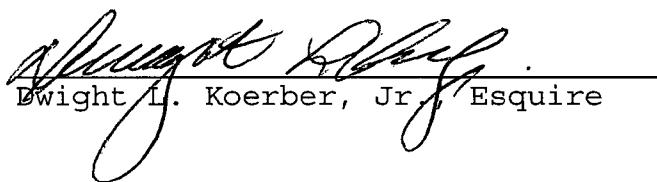
-VS- * Docket No. 07-124-CD

SAMANTHA E. LUZIER-BUTZER, *
Defendant *
*
*

CERTIFICATION OF SERVICE OF
NOTICE OF DEFAULT JUDGMENT

COMMONWEALTH OF PENNSYLVANIA:
:SS:
COUNTY OF CLEARFIELD :
:

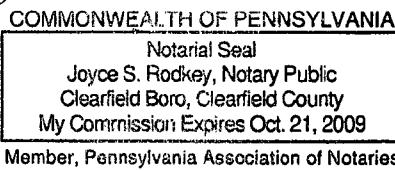
DWIGHT L. KOERBER, JR., ESQUIRE, counsel for plaintiffs
herein, being duly sworn according to law, deposes and states
that the Notice of Intention to Take Default Judgment was mailed
to Defendant Samantha E. Luzier-Butzer by United States First
Class Mail on March 7, 2007. Attached hereto is a copy of the
said notice.


Dwight L. Koerber, Jr., Esquire

Sworn to and subscribed
before me this 20th day
of March, 2007.



Notary Public



IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

MARSHA D. HUGHES AND
JERRY A. HUGHES,
Plaintiffs

*

-vs-

*

Docket No. 07-124-CD

SAMANTHA E. LUZIER-BUTZER,
Defendant

*

*

TO: SAMANTHA E. LUZIER-BUTZER
993 Park Avenue Extension
Lawrence Park Village, Apt. 5-C
Clearfield, PA 16830

DATE OF NOTICE: March 7, 2007

IMPORTANT NOTICE

YOU ARE IN DEFAULT BECAUSE YOU HAVE FAILED TO TAKE ACTION REQUIRED OF YOU IN THIS CASE. UNLESS YOU ACT WITHIN TEN (10) DAYS FROM THE DATE OF THIS NOTICE, A JUDGMENT MAY BE ENTERED AGAINST YOU WITHOUT A HEARING AND YOU MAY LOSE YOUR PROPERTY OR OTHER IMPORTANT RIGHTS.

Court Administrator
Clearfield County Courthouse
Second and Market Streets
Clearfield, PA 16830
(814) 765-2641

Dwight L. Koerber, Jr.
Dwight L. Koerber, Jr., Esquire
110 N. Second St., P.O. Box 1320
Clearfield, PA 16830
814-765-9611

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

Marsha D. Hughes and Jerry A. Hughes,

Plaintiffs

No. 07-124-CD

vs

Samantha E. Luzier-Butzer,

Defendant

Notice is given that a JUDGMENT in the above captioned matter has been entered against you in the amount of \$ 4,191.52 on March 20, ~~2007~~ ²⁰⁰⁷.

Prothonotary
by William L. Lusha ^{GK}
Deputy

COPY

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
STATEMENT OF JUDGMENT

Jerry A. Hughes
Marsha D. Hughes
Plaintiff(s)

No.: 2007-00124-CD

Real Debt: \$4,191.53

Atty's Comm: \$

Vs.

Costs: \$

Int. From: \$

Samantha E. Luzier-Butzer
Defendant(s)

Entry: \$20.00

Instrument: Default Judgment

Date of Entry: March 20, 2007

Expires: March 20, 2012

Certified from the record this 20th day of March, 2007.



William A. Shaw, Prothonotary

SIGN BELOW FOR SATISFACTION

Received on _____, _____, of defendant full satisfaction of this Judgment,
Debt, Interest and Costs and Prothonotary is authorized to enter Satisfaction on the same.

Plaintiff/Attorney