

2207-770-CD

Westfield Ins et al vs Tammye Warneck et al

07-770-CD
Westfield Ins. vs Tammye Warnock

KRAFT & KRAFT, P.C.

BY: Robert E. Cherwony, Esquire
Identification No. 17623
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
1027 Park Avenue, Apt. 3G
Clearfield, PA 16830

CIVIL ACTION AT LAW

NO. 07-770-CD

CIVIL ACTION COMPLAINT

"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 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 other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

"YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

David Meholic
Court Administrator
1 N. 2nd Street
Clearfield, PA 16830

"AVISO"

"Le han demandado a usted en la corte. Si usted quiere defendarse de este demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demands y la notification. Hace falta asentar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notification. Ademas, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

"LLEVE ESTA DEMANDA A UN ABOGADO IMMEDIATAMENTE. SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFFICIENTE DE PAGAR TAL SERVICIO, VAYA EN PERSONA O LLAME POR TELEFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL."

FILED Atty pd. 85.00

May 10 2007
MAY 17 2007 3CC Sheriff

William A. Shaw
Prothonotary/Clerk of Courts

November 30, 2007 Document
Reinstated/Reissued to Sheriff/Attorney
for service.

William A. Shaw
Deputy Prothonotary

KRAFT & KRAFT, P.C.
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OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

v.

: CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER
1027 Park Avenue, Apt. 3G
Clearfield, PA 16830

: No.

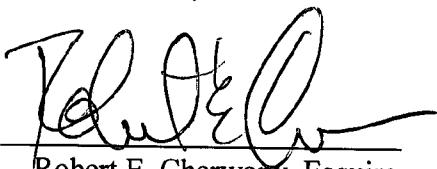
CIVIL ACTION

1. Plaintiff is a corporation with an address as set forth above.
2. Defendants are individuals who resides at the address set forth above.
3. On or about December 22, 2005 due to defendants' negligence and carelessness, plaintiff's insured sustained damages in the sum of \$5,746.49. Attached hereto, made a part hereof and marked Exhibit "A" is a true and correct copy of plaintiff's proof of liability.
4. Although demand has been made, defendants have failed and refused to compensate plaintiff.

WHEREFORE, plaintiff claims of the defendants the sum of \$5,746.49 plus interest in the amount of \$287.32, for a total of \$6,033.81 plus court costs, all of which are justly due and owing from the defendants to the plaintiff.

KRAFT & KRAFT, P.C.

BY:


Robert E. Chewony, Esquire
Attorney for Plaintiff

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

AA 500 1

Case Closed

 Yes No

Reportable Crash

 Yes No

Page

01

Crash Number

P0483494

Police Agency Data		Incident Number 200503801	Police Agency 17223	Patrol Zone			
Agency Name LAURENCE TWP. POLICE		Precinct	Investigation Date (MM-DD-YYYY) 12-22-2005				
Dispatch Time (mil) 1313		Arrival Time (mil) 1319	Investigator PHIL BROOKS	Badge Number 409			
Reviewer		Badge Number		Approval Date (MM-DD-YYYY)			
County 17		County Name CLEARFIELD	Municipality 223	Municipality Name LAURENCE TOWNSHIP			
Crash Date (MM-DD-YYYY) 12-22-2005		Crash Time (mil) 1313	No of Units 02	People 04	Injured 01		
Killed* 00		*If > 00 complete Form F					
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Loc Type		Intersection Type <input checked="" 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"/> 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				Day of Week <input type="checkbox"/> Sun <input checked="" type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk	
Route Number 0879		Segment (Optional)	Travel Lanes 04	Speed Limit 45	Orientation North South East West Unknown		House Number (if applicable)
Street Name		Street Ending				For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option	
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		Orientation North South East West Unknown				Principal Road Private Road Other/Unknown	
Route Number 1001		Segment (Optional)	Travel Lanes 02	Speed Limit 35	Orientation North South East West Unknown		Street Ending
Street Name		Orientation North South East West Unknown				T	
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		Orientation North South East West Unknown				Private Road Other/Unknown	
Use For Mid-Block Crashes Please Enter Information for BOTH Landmarks if Using This Option		Landmark 1	Intersecting Rt Num Or Mile Post _____	Or Segment Marker _____	St Ending _____	Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Feet _____
		Landmark 2	Intersecting Rt Num Or Mile Post _____	Or Segment Marker _____	St Ending _____	Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Or Miles _____
			Intersecting Rt Num Or Mile Post _____	Or Segment Marker _____	St Ending _____	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)
GPS		Degrees Latitude: _____	Minutes _____	Seconds _____	Degrees Longitude: _____	Minutes _____	Seconds _____
TCD		Traffic Control Device <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Traffic Signal <input type="checkbox"/> Flashing 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 type="checkbox"/> No Controls <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Not Functioning <input checked="" type="checkbox"/> Device Functioning Properly		
Lane Closure		Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown			Lane Closure Direction North South	East West	North and South All (N,S,E,W) East and West
Traffic Detoured		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Est. Time Closed < 30 Min. <input type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> 6-9 hrs <input type="checkbox"/> > 9 hours <input type="checkbox"/> Unknown				

Nettie David-prall
3476

11/05/2002 Office Visit

SUBJECTIVE: The patient entered for today's visit and related that she continues to experience persistent pain in the shoulder area. This is further described as frequent achy, dull and throbbing pain localized in the posterior left upper shoulder and posterior right upper shoulder. She also stated that her thoracic pain is feeling unchanged from last visit. Additionally, Ms. David-prall reports there hasn't been any significant improvement in the lumbar region pain.

OBJECTIVE: On examination of the spinal joints, fixation at T3 - T5, L5 and the left ilium was detected. Evaluation of the spine for tenderness elicited tenderness at T1, T2 and T6 on the right and T3 - T5, L5 and the ilium bilaterally. Palpation revealed hypertonicity of the upper thoracic muscles and mid thoracic muscles on the right and upper thoracic muscles and lumbar paraspinal muscles bilaterally.

ASSESSMENT: The patient has now entered a more intermediate stage.

The following was done today:

PLAN:

- 1) Aquatic therapy - each 15 minutes:
 - 1) Lumbar Spine
 - 2) Thoracic Spine
- 2) Therapeutic Exercise - each 15 minutes:
 - 1) Left Posterior Shoulder
 - 2) Right Posterior Shoulder
 - 3) Left Anterior Shoulder
 - 4) Right Anterior Shoulder
- 3) Adjustment 1-2 Areas:
 - 1) L5
 - 2) T8
- 4) Electrical Muscle Stim - 15min:
 - 1) Lumbar Paraspinal Muscles

AM LeBeouf DC

11/07/2002 Office Visit

SUBJECTIVE: Ms. David-prall indicated on her visit today that her pain in the shoulder is showing a distinct reduction in severity. This is further described as frequent achy, dull and throbbing pain localized in the posterior left upper shoulder and posterior right upper shoulder. She related that her upper back pain is showing some improvement. This is further described as occasional stiffness as well as achy pain localized in the posterior right upper shoulder. She states that her upper back pain is made worse by getting out of bed and arising from a chair. She also stated today that her low back pain has not shown any significant change. She further describes it as frequent achy pain. She finds that her low back pain feels a lot better by massaging by hand and seems to be aggravated by arising from a chair, getting out of bed and standing.

OBJECTIVE: Spinal evaluation revealed joint fixation at T3 - T5, L5 and the left ilium. Examination

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

Page: 02

Crash Number P0483494

AA 500 2

Police Use Only

10 Unit Info	Type Unit	<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	Commercial Vehicle
		<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)

(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)

Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)
01	TAMMIE	1	07 26 1967
Delete?	Last Name	Telephone Number	
<input type="checkbox"/>	WARNOCK	814 553-2669	
Address / City / State	LAWRENCE TOWNE VILLAGE, APT. 3-G CLEARFIELD, PA		Zip
16830			
Driver License Number	State	Class	
27942864	PA	C	

11 Vehicle Driver / Pedestrian Information	Alcohol/Drugs Suspected	Driver or Pedestrian Physical Condition			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Apparently Normal	<input type="checkbox"/> Illegal Drug Use	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Medication
	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Had Been Drinking	<input type="checkbox"/> Sick	<input type="checkbox"/> Asleep	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Alcohol and Drugs	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Alcohol Test Type	Primary Vehicle Code Violation	Charged?		
	<input checked="" type="checkbox"/> Test Not Given	<input type="checkbox"/> Breath	<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Unknown if Test Given		
	Alcohol Test Results	Driver Presence	1=Driver Operated	3=Driver Fled Scene	
	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Unknown Results	Vehicle	4=Hit and Run	
	<input type="checkbox"/> Test Given, Contaminated Results	<input type="checkbox"/> Unknown	2=No Driver	9=Unknown	

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
01	01=Private Vehicle Owned/Leased by Driver	03=Rented Vehicle	05=PENNDOT Vehicle	08=Other Municipal	98=Other
			06=Other State Gov Veh	Government Vehicle	99=Unknown

Same as Driver	Owner First Name	Owner Last Name or Business Name (If Pedestrian, skip this Section)
<input checked="" type="checkbox"/>	TAMMIE	MILLER
Address / City / State / Zip	1221 WOODLAND ROAD CLEARFIELD PA 16830	
VIN	Model Year	Vehicle Make *Make Code
3FARF15J3RR128276	1994	FORD 12
License Plate	Vehicle Model (see overlay)	
FFC5357	ESCORT	
Reg. State	Est. Speed	Vehicle Towed
PA	15	<input type="checkbox"/> Yes <input type="checkbox"/> No
		GILLS TOWING

12 Vehicle Information	Insurance	Insurance Company	Policy No					
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
Trailing Unit	No. of Trailing Units:	Type Unit	1=Towing Pass. Veh 2=Towing Truck 3=Towing Utility Trailer	4=Mobile/Modular Home 5=Camper 6=Full Trailer	7=Semi-Trailer 8=Other 9=Unknown	Tag No	Tag Year	Tag St

Direction of Travel	W	*Vehicle Position	04	*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 (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)	05=Large Truck 06=SUV 07=Van 10=Snowmobile 11=Farm Equip 12=Construction Equip 13=ATV 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 98=Other 99=Unknown		12=Commercial Passenger Carrier 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport
Initial Impact Point	05 00=Non-Collision 01-12=Clock Points 13=Top	Damage Indicator	0=None 1=Minor 2=Functional 3=Disabling 9=Unknown	Gradient	3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown	Road Alignment	1=Straight 2=Curved 9=Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

Page: 03

Crash Number

AA 500 2

Police Use Only

P0483494

10 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								<input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)											
11 Vehicle Driver / Pedestrian Information		Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)																
		02	ANN	M	11	17	1957														
		Delete?	Last Name					Telephone Number				814 856 3392									
		Address / City / State								Zip		15864									
		10495 KT 28 SUMMERTVILLE, PA																			
		Driver License Number				State		Class													
		17990991				PA		C													
12 Vehicle Information		Alcohol/Drugs Suspected				Driver or Pedestrian Physical Condition															
		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Illegal Drugs		<input type="checkbox"/> Medication		<input checked="" type="checkbox"/> Apparently Normal		<input type="checkbox"/> Illegal Drug Use		<input type="checkbox"/> Fatigue		<input type="checkbox"/> Medication							
		<input type="checkbox"/> Alcohol		<input type="checkbox"/> Alcohol and Drugs		<input type="checkbox"/> Unknown		<input type="checkbox"/> Had Been Drinking		<input type="checkbox"/> Sick		<input type="checkbox"/> Asleep		<input type="checkbox"/> Unknown							
		Alcohol Test Type				Primary Vehicle Code Violation															
		<input checked="" type="checkbox"/> Test Not Given		<input type="checkbox"/> Breath		<input type="checkbox"/> Other		<input type="checkbox"/> Unknown if Test Given		NONE											
		<input type="checkbox"/> Blood		<input type="checkbox"/> Urine						Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
		Alcohol Test Results				<input type="checkbox"/> Test Refused				<input type="checkbox"/> Unknown Results				Driver Presence							
		0.												1=Driver Operated Vehicle		3=Driver Fleed Scene					
														2=No Driver		4=Hit and Run					
														9=Unknown							
		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			
		01=Private Vehicle Owned/Leased by Driver				03=Rented Vehicle				05=PennDOT Vehicle		08=Other Municipal Government Vehicle		98=Other							
		01								06=Other State Gov Veh				99=Unknown							
		Same as Driver		Owner First Name				Owner Last Name or Business Name (If Pedestrian, skip this Section)													
		Address / City / State / Zip								Vehicle Make				*Make Code							
										DODGE				07							
		VIN				Model Year				Vehicle Model				(see overlay)							
		3B7KF2668XMS57132				1999				RAM 2500											
		License Plate				Reg. State	Est. Speed	Vehicle Towed				Towed By									
		YGE0544				PA	35	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	ROSS TOWING											
		Insurance				Insurance Company				Policy No											
		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		WESTFIELD COMPANIES				TBD									
13 Trailing Unit		No. of Trailing Units:	0	Type Unit	1=Towing Pass. Veh	2=Towing Truck	3=Towing Utility Trailer	4=Mobile/Modular Home	5=Camper	6=Full Trailer	7=Semi-Trailer	8=Other	9=Unknown	Tag No	Tag Year	Tag St					
		Direction of Travel				*Vehicle Position		*Movement		*See Overlay		Special Usage									
		E				01		01				<input checked="" type="checkbox"/> 00 12=Commercial Passenger Carrier 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport									
		Vehicle Color				Vehicle Type				05=Large Truck 06=SUV 07=Van 08=Bus 10=Snowmobile 11=Farm Equip 12=Construction Equip 13=ATV 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 98=Other 99=Unknown							
		02				04															
		01=Yellow 07=Silver 08=Gold 01=Blue 02=Red 03=White 04=Green 05=Black				01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 11=Purple 12=Other															
		10=Brown 10=Orange 11=Purple 12=Other 99=Unknown				14=Undercarriage 15=Towed Unit 99=Unknown															
		(If "02", Complete Form M, Section 26)				(If "20" or "21", Complete Form M, Section 27)															
		Initial Impact Point				Damage Indicator				Gradient				Road Alignment							
		12				3				<input type="checkbox"/> 0=Non-Collision 00=Non-Collision 01-12=Clock Points 13=Top				<input type="checkbox"/> 1=Level 14=Undercarriage 15=Towed Unit 99=Unknown				<input type="checkbox"/> 3=Downhill 3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown			

is now in a subacute phase.

The following was done today:

PLAN:

- 1) Aquatic therapy - each 15 minutes:
 - 1) Lumbar Spine
 - 2) Thoracic Spine
- 2) Therapeutic Exercise - each 15 minutes:
 - 1) Left Posterior Shoulder
 - 2) Right Posterior Shoulder
 - 3) Left Anterior Shoulder
 - 4) Right Anterior Shoulder
- 3) Adjustment 1-2 Areas:
 - 1) T8
 - 2) T7
 - 3) Left Sacroiliac
- 4) Electrical Muscle Stim - 15min:
 - 1) Lumbar Paraspinal Muscles

AM LeBeouf DC

11/01/2002 Office Visit

SUBJECTIVE: The patient enters the office today with a report that there is a continuous improvement in the degree of her shoulder pain. This is further described as frequent achy, dull and throbbing pain localized in the posterior left upper shoulder and posterior right upper shoulder. In addition, she states that there hasn't been any significant improvement in the thoracic pain. This patient further stated that there hasn't been any change in the lower back pain since the last treatment.

OBJECTIVE: On examination of the spinal joints, joint fixation at T8, T9, L5 and the left ilium was detected. In the spinal tissues, palpation revealed tenderness at T8, T9, L5 and the ilium bilaterally. Tonicity of the muscles was tested and increased tonicity of the mid thoracic muscles and lumbar paraspinal muscles bilaterally was found.

ASSESSMENT: The patient has now entered a more intermediate stage.

The following was done today:

PLAN:

- 1) Aquatic therapy - each 15 minutes:
 - 1) Lumbar Spine
 - 2) Thoracic Spine
- 2) Therapeutic Exercise - each 15 minutes:
 - 1) Left Posterior Shoulder
 - 2) Right Posterior Shoulder
 - 3) Left Anterior Shoulder
 - 4) Right Anterior Shoulder
- 3) Adjustment 1-2 Areas:

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

AA 500 4

Police Use Only

Page

05

Crash Number

P 0483494

15 General Crash Information
(If more than 2 Units, only complete once)

<u>Crash Description</u>	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 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

16 Unit(s) Event Information

Harm Event L/R Most? Utility Pole Number

Unit No	1	<input checked="" type="checkbox"/> 12	<input type="checkbox"/>					
	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Put Events in Sequential Order	3	<input type="checkbox"/>						
	4	<input type="checkbox"/>						

Harm Event L/R Most? Utility Pole Number

Unit No	1	<input checked="" type="checkbox"/> 01	<input type="checkbox"/>					
	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Put Events in Sequential Order	3	<input type="checkbox"/>						
	4	<input type="checkbox"/>						

17

<u>First Harmful Event in the Crash</u>	<u>Unit No</u>	<u>Harm Event</u>	<u>Most Harmful Event in the Crash</u>	<u>Unit No</u>	<u>Harm Event</u>
	01	12		01	12

Do not repeat this information on multiple pages

18 Contributing Information

<u>Environmental / Roadway Potential Factors (E/R)</u>	1	<input checked="" type="checkbox"/> 00	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
00=None		11=Slippery Road Conditions (Ice/Snow)					
01=Windy Conditions		12=Substance On Roadway					
02=Sudden Weather Conditions		13=Potholes					
03=Other Weather Conditions		14=Broken Or Cracked Pavement					
04=Deer In Roadway		15=TCD Obstructed					
05=Obstacle On Roadway		16=Soft Shoulder Or Shoulder Drop Off					
06=Other Animal In Roadway		28=Other Roadway Factor					
07=Glare		29=Other Environmental Factor					
08=Work Zone Related		99=Unknown					

19

<u>Possible Vehicle Failures (V)</u>	12=Wipers	13=Driver Seating/Control
00=None	06=Exhaust	14=Body, Doors, Hood, Etc
01=Tires	07=Headlights	15=Trailer Hitch
02=Brake System	08=Signal Lights	16=Wheels
03=Steering System	09=Other Lights	17=Airbags
04=Suspension	10=Horn	18=Trailer Overloaded
05=Power Train	11=Mirrors	19=Unsecure/Shifted Trailer Load
		20=Improper Towing
		21=Obstructed Windshield
		99=Unknown

<u>Indicated Prime Factor</u>	<u>Unit No</u>	<u>Factor Code</u>
Do not repeat this information on multiple pages.	01	05

<u>E/R</u>	<u>V</u>	<u>D</u>	<u>P</u>
<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

Harmful Events (Harm Event)

- 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

Driver Action (D)

- 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

Unit No: 01 1 05 2 [] 3 [] 4 []

Unit No: 02 1 00 2 [] 3 [] 4 []

Unit No: [] [] [] []

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Nettie David-prall
3476

10/30/2002 Office Visit

SUBJECTIVE: The patient stated that on today's visit that her pain in the shoulder is showing a slight improvement. She states that the upper back pain is feeling better. Ms. David-prall further stated that she's been feeling some degree of improvement in the severity of the low back pain. This is further described as frequent achy pain. The low back pain intensity is made less severe by massaging by hand. Ms. David-prall was asked to determine her opinion of her current condition status. Based on a 1 to 10 pain scale, Ms. David-prall estimated her shoulder pain at 6 and upper back pain at 6 and low back pain at 6.

OBJECTIVE: Spinal evaluation revealed joint fixation at T6 and the left ilium. Tenderness present at T2, T3, T5, T6, L3 - L5 and the ilium bilaterally was revealed by palpation examination. In checking for muscular hypertonicity, hypertonicity of the upper thoracic muscles and lumbar paraspinal muscles bilaterally was found.

ASSESSMENT: The patient's condition has reached an intermediate stage.

The following was done today:

PLAN:

- 1) Aquatic therapy - each 15 minutes:
 - 1) Lumbar Spine
 - 2) Thoracic Spine
- 2) Therapeutic Exercise - each 15 minutes:
 - 1) Left Posterior Shoulder
 - 2) Right Posterior Shoulder
 - 3) Left Anterior Shoulder
 - 4) Right Anterior Shoulder
- 3) Adjustment 1-2 Areas:
 - 1) T6
 - 2) Left Sacroiliac

AM LeBeouf DC

10/31/2002 Office Visit

SUBJECTIVE: On today's appointment, Ms. David-prall reported that she is experiencing a slight decrease of pain and discomfort of her shoulder. Additionally, she states that her pain in the upper back area is unchanged. This patient also reported that her lower back pain condition has not changed since the last visit. Ms. David-prall was requested to evaluate her perception of the current status of her condition. On a pain scale of 1 to 10, she reports her shoulder pain at 5 and upper back pain at 6 and low back pain at 6.

OBJECTIVE: The spinal joints were checked for aberrant motion and joint fixation at T7, T8 and the left ilium was noted. In the spinal tissues, palpation revealed tenderness present at T7, T8, L5, the ilium and the ilium and the right ilium bilaterally. In checking for muscular hypertonicity, hypertonicity of the mid thoracic muscles and lumbar paraspinal muscles bilaterally was found.

ASSESSMENT: The status of the patient's condition has changed as treatment progresses. The patient

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POLICE CRASH REPORT FORM

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Crash Number

P0483494

Diagram

SR 0879

SR 1001

W - WITNESS

Witness Name	Address	Phone
1 CAROL JOHNSON	184 BAD HILL ROAD, FRENCHVILLE PA	814.263.7262
2		

Narrative and additional witnesses:

Accident Investigation Notification Issued? Property Damage

Driver of UNIT 1 STATED SHE MADE A LEFT TURN FROM SR 0879 WEST, ONTO SR 1001. DRIVER OF UNIT 1 SAID SHE THOUGHT HER LIGHT WAS GREEN - AND THAT SHE DID NOT SEE UNIT 2 APPROACHING.

Driver of UNIT 2 STATED SHE WAS TRAVELING EAST ON SR 0879. DRIVER OF UNIT 2 SAID SHE WAS PROCEEDING THROUGH THE INTERSECTION ON A GREEN LIGHT WHEN UNIT 1 TURNED DIRECTLY IN FRONT OF HER VEHICLE.

Driver of UNIT 2 STATED Driver 1 told her after the crash that she had turned at the light changed from yellow. WITNESS - CAROL JOHNSON, STATED HER LIGHT WAS STEADY RED AND TRAFFIC ON SR 0879 EAST WAS REVIVING ON A PROTECTED LEFT SIGNAL.

SR 0879 EAST TRAFFIC AT SR 1001 RECEIVES A GREEN SIGNAL WITH PROTECTED LEFT, WHILE SR 0879 WEST TRAFFIC REMAINS RED.

Anice M LeBeouf DC

11/01/2002 Office Visit

SUBJECTIVE: On today's visit the patient reported the low back pain is showing an increase in severity. This is further described as achy and throbbing pain localized in the right lumbar, right medial lower thoracic region, right lateral lower thoracic region, left medial lower thoracic region, left lumbar and left lateral lower thoracic region. Ms. Davies states that she feels better by tub soaking but his low back pain is made worse by stress and emotional upset. The patient states that her neck pain is showing some improvement. This is achy pain. Turning the head left, turning the head right, stress, emotional upset and repetitious movements causes the neck pain to be aggravated. She further reports that she continues to feel symptomatic improvement in the degree of upper back pain. This is further described as achy pain. Ms. Davies's upper back pain is aggravated by repetitious movements, emotional upset and stress and her left shoulder pain is showing a distinct reduction severity. This is further described as achy pain localized in the posterior left upper shoulder and left deltoid area. She stated that she continues to feel symptomatic improvement in the degree of head pain. This is further described as frequent mild. Ms. Davies states that her headache is worsened by stress. Ms. Davies also states that the pain in her left WRIST region is showing a distinct reduction in pain severity. She further describes it as throbbing pain shooting into the left anterolateral forearm and left anterior elbow.

OBJECTIVE: There is spinal joint fixation at C4, C6, T5, T6 and the left ilium found on spinal evaluation. An analysis of the spinal tissues by digital palpation showed tenderness at C4, C6, T5, T6 and the ilium bilaterally. On palpation, hypertonicity of the semispinalis, trapezius and rhomboideus major and minor and gluteus maximus bilaterally was evident.

Examination of the right upper extremity was performed:
Inspection reveals mild discernible edema at the right hand.

ASSESSMENT: The acute phase of this patient's condition has passed. The condition has entered an intermediate stage.

The following was done today:

PLAN:

1) Intersegmental Traction:

- 1) Right Sacroiliac
- 2) Left Sacroiliac
- 3) Lumbar Spine
- 4) Thoracic Spine

2) Electrical Muscle Stim - 15min:

- 1) Lumbar Paraspinal Muscles

3) Adjustment 3-4 Areas:

- 1) Left Sacroiliac

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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Crash Number

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People Information	A Person Type:	D Seat Position:	E Safety Equipment One:	G Ejection:	
	1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown	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	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	0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown	
	B Sex:	F=Female M=Male U=Unknown	10=Sleeper Section of Truck/cab 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	F Safety Equipment Two:	H Ejection Path:
	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	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	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	

13	EMS Agency:	CFD-EMS	Medical Facility:	CFD. HOSPITAL
14	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I
	01	01	07-26-1967	1 F 9 0 1 0 3 1 2 0 0 0
	Name / Address / Phone			EMS Transport
	<input checked="" type="checkbox"/> Same as Operator			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I
	01	02	04-07-2001	2 F 4 0 6 0 4 0 0 0 0 0
	Name / Address / Phone			EMS Transport
	<input type="checkbox"/> Same as Operator			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I
	02	01	11-17-1957	1 F 0 0 1 0 3 1 0 0 0 0
	Name / Address / Phone			EMS Transport
	<input checked="" type="checkbox"/> Same as Operator			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I
	02	02	05-04-1933	2 F 0 0 3 0 3 1 0 0 0 0
	Name / Address / Phone			EMS Transport
	<input type="checkbox"/> Same as Operator			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I
	Name / Address / Phone			EMS Transport
	<input checked="" type="checkbox"/> Same as Operator			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I
	Name / Address / Phone			EMS Transport
	<input type="checkbox"/> Same as Operator			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5) Lumbar Spine

Dr. A M LeBeouf DC

VERIFICATION

I, the undersigned, in my capacity as *Claims Recovery Specialist* of *Westfield Ins. Co.*, plaintiff herein, that the facts set forth in the foregoing Complaint are true and correct to the best of his knowledge, information and belief. I make this Verification subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities, which provides that if I knowingly make false statements, I may be subject to criminal penalties.

11/17/06

Date

Karen L. Page

Name

In The Court of Common Pleas of Clearfield County, Pennsylvania

Service # 1 of 2 Services

Sheriff Docket # **102811**

WESTFIELD INSURANCE CO., Subrogee

Case # 07-770-CD

vs.

TAMMIE L. WARNOCK and TAMMIE MILLER

TYPE OF SERVICE COMPLAINT

SHERIFF RETURNS

NOW October 08, 2007 AFTER DILIGENT SEARCH IN MY BAILIWICK I RETURNED THE WITHIN COMPLAINT "NOT FOUND" AS TO TAMMIE L. WARNOCK, DEFENDANT. WHEREABOUTS UNKNOWN.

SERVED BY: /

FILED
03:55 PM
OCT 08 2007
WAM

William A. Shaw
Prothonotary/Clerk of Courts

In The Court of Common Pleas of Clearfield County, Pennsylvania

Service # 2 of 2 Services

Sheriff Docket # **102811**

WESTFIELD INSURANCE CO., Subrogee

Case # **07-770-CD**

vs.

TAMMIE L. WARNOCK and TAMMIE MILLER

TYPE OF SERVICE COMPLAINT

SHERIFF RETURNS

NOW October 08, 2007 AFTER DILIGENT SEARCH IN MY BAILIWICK I RETURNED THE WITHIN COMPLAINT "NOT FOUND" AS TO TAMMIE MILLER, DEFENDANT. WHEREABOUTS UNKNOWN.

SERVED BY: /

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 102811
NO: 07-770-CD
SERVICES 2
COMPLAINT

PLAINTIFF: WESTFIELD INSURANCE CO., Subrogee
vs.
DEFENDANT: TAMMIE L. WARNOCK and TAMMIE MILLER

SHERIFF RETURN

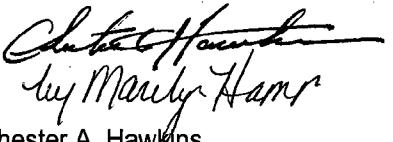
RETURN COSTS

Description	Paid By	CHECK #	AMOUNT
SURCHARGE	KRAFT	10415	20.00
SHERIFF HAWKINS	KRAFT	10415	21.00

Sworn to Before Me This

So Answers,

____ Day of _____ 2007


Chester A. Hawkins
Sheriff

KRAFT & KRAFT, P.C.

BY: Robert E. Cherwony, Esquire
Identification No. 17623
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
1027 Park Avenue, Apt. 3G
Clearfield, PA 16830

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

CIVIL ACTION AT LAW

NO. 07-770-CJ

CIVIL ACTION COMPLAINT

"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 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 other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

"YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.
David Meholic
Court Administrator
1 N. 2nd Street
Clearfield, PA 16830

"AVISO"

"Le han demandado a usted en la corte. Si usted quiere defenderse de este demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demands y la notification. Hace falta asentar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notification. Ademas, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

"LLEVE ESTA DEMANDA A UN ABOGADO IMMEDIATAMENTE. SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFFICIENTE DE PAGAR TAL SERVICIO, VAYA EN PERSONA O LLAME POR TELEFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL."

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAY 17 2007

Attest.

William L. Cherwony
Prothonotary/
Clerk of Courts

KRAFT & KRAFT, P.C.
BY: Robert E. Chewony, Esquire
Attorney No. 17623
1311 Spruce Street
Philadelphia PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

v.

CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER
1027 Park Avenue, Apt. 3G
Clearfield, PA 16830

: No.

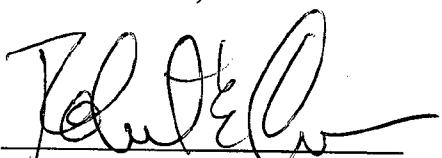
CIVIL ACTION

1. Plaintiff is a corporation with an address as set forth above.
2. Defendants are individuals who resides at the address set forth above.
3. On or about December 22, 2005 due to defendants' negligence and carelessness, plaintiff's insured sustained damages in the sum of \$5,746.49. Attached hereto, made a part hereof and marked Exhibit "A" is a true and correct copy of plaintiff's proof of liability.
4. Although demand has been made, defendants have failed and refused to compensate plaintiff.

WHEREFORE, plaintiff claims of the defendants the sum of \$5,746.49 plus interest in the amount of \$287.32, for a total of \$6,033.81 plus court costs, all of which are justly due and owing from the defendants to the plaintiff.

KRAFT & KRAFT, P.C.

BY:


Robert E. Chewony, Esquire
Attorney for Plaintiff

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

AA 500 1

Case Closed

 Yes No

Reportable Crash

 Yes No

Page

01

Crash Number

P0483494

Incident Number 200503801												Police Agency LAWRENCE TWP. POLICE	Patrol Zone 17223					
Agency Name LAWRENCE TWP. POLICE												Precinct	Investigation Date (MM-DD-YYYY) 12-22-2005					
Dispatch Time (mil) 1313 Arrival Time (mil) 1319 Investigator PRIN BROOKS												Badge Number 409						
Reviewer												Badge Number	Approval Date (MM-DD-YYYY)					
County 17 County Name CLEARFIELD Municipality 223 Municipality Name LAWRENCE TOWNSHIP												Day of Week						
Crash Date (MM-DD-YYYY) 12-22-2005												Crash Time (mil) 1313	No of Units 02	People 08	Injured 01	Killed* 00	* If > 00 complete Form F	<input type="checkbox"/> Sun <input checked="" type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Intersection Type <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> "Y" Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Middblock <input type="checkbox"/> "T" Intersection <input type="checkbox"/> Traffic Circle/Round About												Off Ramp <input type="checkbox"/>	Railroad Crossing <input type="checkbox"/>	*Special Location 00				
Route Number 0879 Segment (Optional)												Travel Lanes 04	Speed Limit 45	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	House Number (if applicable)			
Street Name												Street Ending	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option				
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												Private Road <input type="checkbox"/>	Other/Unknown <input type="checkbox"/>					
Route Number 1001 Segment (Optional)												Travel Lanes 02	Speed Limit 35	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	T			
Street Name												Street Ending	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown					
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												Private Road <input type="checkbox"/>	Other/Unknown <input type="checkbox"/>					
Landmark 1 Intersecting Rt Num Or Mile Post <input type="checkbox"/> Or Intersecting Street Name												St Ending	Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Feet <input type="checkbox"/> Or Miles <input type="checkbox"/>				
Landmark 2 Intersecting Rt Num Or Mile Post <input type="checkbox"/> Or Intersecting Street Name												St Ending	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)				
Degrees <input type="checkbox"/> Minutes <input type="checkbox"/> Seconds Latitude: <input type="checkbox"/> : <input type="checkbox"/> . <input type="checkbox"/>												Degrees <input type="checkbox"/> Minutes <input type="checkbox"/> Seconds Longitude: <input type="checkbox"/> : <input type="checkbox"/> . <input type="checkbox"/>						
TCD <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Traffic Signal <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Stop Sign												Yield Sign <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Passive RR Crossing Controls Police Officer or Flagman <input type="checkbox"/> Other Type TCD Unknown TCD Functioning <input type="checkbox"/> No Controls <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Not Functioning <input checked="" type="checkbox"/> Device Functioning Properly Emergency Preemptive Signal <input type="checkbox"/> Unknown						
Lane Closure <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown												Lane Closure Direction <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> North and South <input type="checkbox"/> All <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> East and West (N,S,E,W)						
Traffic Detoured <input type="checkbox"/> Yes <input type="checkbox"/> No Unknown Est. Time Closed <input type="checkbox"/> < 30 Min. <input type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> 6-9 hrs <input type="checkbox"/> > 9 hours Unknown																		

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

Page:

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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								<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)	
	Type Unit									

(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)

Vehicle Driver / Pedestrian Information

11

Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)
01	THAMMIE	1	07 26 1967
Delete?	Last Name	Telephone Number	
<input type="checkbox"/>	WARNOCK	814 553-2669	
Address / City / State		Zip	
LAURENCE PARK VILLAGE, APT. 3-G CLEARFIELD, PA		16830	
Driver License Number		State	Class
27942864		PA	C
Alcohol/Drugs Suspected		Driver or Pedestrian Physical Condition	
<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		Primary Vehicle Code Violation	
<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		Charged? VEHICLE TURNING LEFT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Alcohol Test Results		Driver Presence	
<input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results 0. <input type="checkbox"/> Test Given, Contaminated Results		1=Driver Operated 3=Driver Fled Scene Vehicle 4=Hit and Run 2=No Driver 9=Unknown	

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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
01	01=Private Vehicle Owned/Leased by Driver	03=Rented Vehicle	05=PENNDOT Vehicle	08=Other Municipal	98=Other
			06=Other State Gov Veh	Government Vehicle	99=Unknown

Vehicle Information

Same as Driver	Owner First Name	Owner Last Name or Business Name (If Pedestrian, skip this Section)						
	THAMMIE	MILLER						
Address / City / State / Zip		Vehicle Make		*Make Code				
1221 WOODLAND ROAD CLEARFIELD PA 16830		FORD		12				
VIN	Model Year			Vehicle Model (see overlay)				
3FARP15J3RR128276	1994			ESCORT				
License Plate	Reg. State	Est. Speed	Vehicle Towed	Towed By				
FP05357	PA	15	<input type="checkbox"/> Yes <input type="checkbox"/> No	GILLS TOWING				
Insurance	Insurance Company		Policy No					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown								
Trailing Unit	No. of Trailing Units	Type Unit	1=Towing Pass. Veh 2=Towing Truck 3=Towing Utility Trailer	4=Mobile/Modular Home 5=Camper 6=Full Trailer	7=Semi-Trailer 8=Other 9=Unknown	Tag No	Tag Year	Tag St
0	0							

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Direction of Travel	*Vehicle Position	*Movement	*See Overlay	Special Usage
W	09	12		00
Vehicle Color	Vehicle Type	05=Large Truck 20=Unicycle, Bicycle, Tricycle 06= SUV 07=Van 21=Other Pedalcycle 07=Silver 10=Snowmobile 22=Horse & Buggy 08=Gold 03=Bus 23=Horse & Rider 01=Blue 04=Small Truck 11=Farm Equip 24=Train 02=Red 12=Construction Equip 13=ATV 25=Trolley 03=White 13=Other 18=Other Type Spec Veh 98=Other 04=Green 11=Purple 19=Unk. Type Spec Veh 99=Unknown 05=Black 12=Other		
Initial Impact Point		Damage Indicator	Gradient	Road Alignment
05 00=Non-Collision 01-12=Clock Points 13=Top		3 0=None 2=Functional 1=Minor 3=Disabling 9=Unknown	1 3=Downhill 4=Bottom of Hill 5=Top of Hill 2=Uphill	1 1=Straight 2=Curved 9=Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

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Crash Number
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AA 500 2

Police Use Only

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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								<input type="checkbox"/> Commercial Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Complete Form C)	
	Type Unit	Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)					

(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)

Unit No 02 First Name ANN MI M Date of Birth (MM-DD-YYYY) 11 17 1957

Delete? Last Name THACHER Telephone Number 814 856 3392

Address / City / State 10495 KT 28 SUNNYSIDE, PA Zip 15864

Driver License Number 17990991 State PA Class C

Alcohol/Drugs Suspected	Driver or Pedestrian Physical Condition					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Alcohol	<input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Alcohol and Drugs	<input type="checkbox"/> Medication <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking	<input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Sick	<input type="checkbox"/> Fatigue <input type="checkbox"/> Asleep	<input type="checkbox"/> Medication <input type="checkbox"/> Unknown

Alcohol Test Type	Primary Vehicle Code Violation		
<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Blood	<input type="checkbox"/> Breath <input type="checkbox"/> Urine	<input type="checkbox"/> Other <input type="checkbox"/> Unknown if Test Given	Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No

Alcohol Test Results	<input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results	<input type="checkbox"/> Unknown Results	Driver Presence	1=Driver Operated	3=Driver Fled Scene
0.			1	Vehicle	4=Hit and Run
				2=No Driver	9=Unknown

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
01	01=Private Vehicle Owned/Leased by Driver	03=Rented Vehicle	05=PennDOT Vehicle	08=Other Municipal	98=Other Government Vehicle
			06=Other State Gov Veh		99=Unknown

Same as Driver <input checked="" type="checkbox"/>	Owner First Name	Owner Last Name or Business Name (If Pedestrian, skip this Section)		

Address / City / State / Zip	Vehicle Make	*Make Code
	DODGE	07

VIN	Model Year	(see overlay)
3B7KF2668XM557132	1999	

License Plate	Reg. State	Est. Speed	Vehicle Towed	Towed By
YGE0544	PA	35	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	KOSS TOWING

Insurance	Insurance Company	Policy No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	WESTFIELD COMPANIES	TBD

12

Trailing Unit	No. of Trailing Units: 0	Type Unit	1=Towing Pass. Veh 2=Towing Truck 3=Towing Utility Trailer	4=Mobile/Modular Home 5=Camper 6=Full Trailer	7=Semi-Trailer 8=Other 9=Unknown	Tag No	Tag Year	Tag St
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Direction of Travel	E	*Vehicle Position	01	*Movement	01	*See Overlay	Special Usage
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Vehicle Color	Vehicle Type	05=Large Truck 06=SUV 07=Van 08=Bus 09=Small Truck 10=Construction Equip 11=Farm Equip 12=ATV 13=Other Type Spec Veh 14=Unicycle, Bicycle, Tricycle 15=Snowmobile 16=Horse & Buggy 17=Horse & Rider 18=Train 19=Trolley 20=Other 21=Unknown	20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 26=Other 27=Unknown	28=Pupil Transport	29=Commercial Passenger Carrier 30=Not Applicable 31=Fire Veh 32=Ambulance 33=Police 34=Other Emergency Vehicle 35=Modified Veh 36=Unknown
02	04	01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 05=Construction Equip 06=Farm Equip 07=ATV 08=Other Type Spec Veh 09=Unicycle, Bicycle, Tricycle 10=Snowmobile 11=Horse & Buggy 12=Horse & Rider 13=Train 14=Trolley 15=Other 16=Unknown	17=Level 18=Uphill	19=Downhill 20=Bottom of Hill 21=Top of Hill 22=Unknown	

Initial Impact Point	Damage Indicator	Gradient	Road Alignment
12	0=Non-Collision 1=Clock Points 2=Undercarriage 3=Towed Unit 4=Top	1=Level 2=Uphill	1=Straight 2=Curved 3=Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

Page

Crash Number

AA 500 4

Police Use Only

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P 0483494

General Crash Information (If more than 2 Units only complete once)		Crash Description		<input checked="" type="checkbox"/> 0=Non-Collision <input type="checkbox"/> 1=Rear End	2=Head On <input type="checkbox"/> 3=Rear To Rear (Backing)	4=Angle <input type="checkbox"/> 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) <input type="checkbox"/> 7=Hit Fixed Object	8=Hit Pedestrian <input type="checkbox"/> 9=Other/Unknown													
		Relation to Roadway		<input checked="" type="checkbox"/> 1=On Travel Lanes <input type="checkbox"/> 2=Shoulder	3=Median <input type="checkbox"/> 4=Roadside	5=Outside Trafficway <input type="checkbox"/> 6=In Parking Lane	7=Gore (Ramp Intersection) <input type="checkbox"/> 9=Unknown														
		Illumination		<input checked="" type="checkbox"/> 1=Daylight <input type="checkbox"/> 2=Dark - No Street Lights	3=Dark - Street Lights <input type="checkbox"/> 4=Dusk	5=Dawn <input type="checkbox"/> 6=Dark - Unknown Roadway Lighting	8=Other														
		Weather Conditions		<input checked="" type="checkbox"/> 1=No Adverse Conditions <input type="checkbox"/> 2=Rain	3=Sleet (Hail) <input type="checkbox"/> 4=Snow	5=Fog <input type="checkbox"/> 6=Rain & Fog	7=Sleet & Fog <input type="checkbox"/> 8=Other	9=Unknown													
		Road Surface Conditions		<input checked="" type="checkbox"/> 0=Dry <input type="checkbox"/> 1=Wet	2=Sand, Mud, Dirt, Oil <input type="checkbox"/> 3=Snow Covered	4=Slush <input type="checkbox"/> 5=Ice	6=Ice Patches <input type="checkbox"/> 7=Water - Standing or Moving	8=Other													
Event Information		Harm Event	L/R	Most?	Utility Pole Number				Harmful Events (Harm Event)												
		Unit No	1	<input checked="" type="checkbox"/> 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30=Hit Fence Or Wall 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											
		Please Put Events in Sequential Order	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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											
		3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
		4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Contributing Information		Harm Event	L/R	Most?	Utility Pole Number				Driver Action (D)												
		Unit No	1	<input checked="" type="checkbox"/> 01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17=Careless Or Illegal Backing On Roadway 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=Illegal Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone 16=Driving The Wrong Way On 1-Way Street											
		Please Put Events in Sequential Order	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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											
		3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
		4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Environmental / Roadway		Environmental / Roadway Potential Factors (E/R)				Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event	Unit No	1 05	2	3	4						
		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=Glares	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	17=Wipers				
		09=Unsecure/Shifted Trailer Load	10=Improper Towing	20=Improper Towing	21=Obstructed Windshield	99=Unknown	18=Trailer Overloaded	19=Unsecure/Shifted Trailer Load	20=Improper Towing	21=Obstructed Windshield	13=Driver Seating/Control	14=Body, Doors, Hood, Etc	15=Trailer Hitch	16=Wheels	17=Airbags	18=Trailer Overloaded	19=Unsecure/Shifted Trailer Load				
		05=Power Train	06=Exhaust	07=Headlights	08=Signal Lights	09=Other Lights	10=Horn	11=Mirrors	12=Other Environmental Factor	99=Unknown	20=Improper Towing	21=Obstructed Windshield	22=Improper Towing	23=Obstructed Windshield	24=Improper Towing	25=Obstructed Windshield	26=Improper Towing				
		Unit No	01	1 00	2						27=Improper Towing	28=Obstructed Windshield	29=Improper Towing	30=Obstructed Windshield	31=Improper Towing	32=Obstructed Windshield	33=Improper Towing				
Unit No	02	1 00	2						34=Improper Towing	35=Obstructed Windshield	36=Improper Towing	37=Obstructed Windshield	38=Improper Towing	39=Obstructed Windshield	40=Improper Towing						
Indicated Prime Factor		Indicated Prime Factor				Unit No	Factor Code	Unit No	Factor Code	Unit No	Factor Code	Unit No	Factor Code	Unit No	Factor Code	Unit No	Factor Code				
		Do not repeat this information on multiple pages.				01	05	01	05	01	05	01	05	01	05	01	05	01	05		
		E/R	V	D	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		If E/R is the Prime Factor Type, leave Unit No blank																			

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POLICE CRASH REPORT FORM

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Police Use Only

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Crash Number

P0483494

AN

Diagram

20

SR0879

SR1001

CW

SR0879

2

2

2

WITNESS

Witness Name

Address

Phone

1 CAROL JOHNSON

184 BIRD HILL ROAD, FRENCHVILLE PA

814.263.7262

2

Narrative and additional witnesses:

Accident Investigation Notification Issued? Property Damage

21 DRIVER OF UNIT 1 STATED SHE MADE A LEFT TURN FROM SR0879 WEST ONTO SR1001. DRIVER OF UNIT 1 SAID SHE THOUGHT HER LIGHT WAS GREEN - AND THAT SHE DID NOT SEE UNIT 2 APPROACHING.

22 Witness and Narrative

DRIVER OF UNIT 2 STATED SHE WAS TRAVELING EAST ON SR0879. DRIVER OF UNIT 2 SAID SHE WAS PROCEEDING THROUGH THE INTERSECTION ON A GREEN LIGHT WHEN UNIT 1 TURNED DIRECTLY IN FRONT OF HER VEHICLE.

DRIVER OF UNIT 2 STATED DRIVER 1 RAN HER AFTER THE CRASH THAT SHE HAD TURNED AS THE LIGHT CHANGED FROM YELLOW. WITNESS - CAROL JOHNSON, STATED HER LIGHT WAS STEADY RED AND THAT SHE ON SR0879 EAST WAS DRIVING ON A PROTECTED LEFT SIGNAL.

SR0879 EAST TRAFFIC AT SR1001 RECEIVES A GREEN SIGNAL WITH PROTECTED LEFT, WHILE SR0879 WEST TRAFFIC RECEIVES RED.

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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P0483494

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, Unknown 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, Unknown 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 Root Opening (Convertible Top Up)
 9=Unknown

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

13	EMS Agency:	CFD-EMS	Medical Facility:	CFD. HOSPITAL							
14	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I							
	01	01	07-26-1967	1 F 9 0 1 0 3 1 2 0 0 0							
	Name / Address / Phone										
	<input checked="" type="checkbox"/> Same as Operator										
	EMS Transport	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No								
	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I							
	01	02	04-07-2001	2 F 4 0 6 0 4 0 0 0 0 0							
	Name / Address / Phone										
	<input checked="" type="checkbox"/> Same as Operator	EMILY MILLER - SAME ADDRESS AS DRIVER 1 -									
	EMS Transport	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No								
	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I							
	02	01	11-17-1957	1 F 0 0 1 0 3 1 0 0 0 0							
	Name / Address / Phone										
	<input checked="" type="checkbox"/> Same as Operator										
	EMS Transport	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No								
	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I							
	02	02	05-04-1933	2 F 0 0 3 0 3 1 0 0 0 0							
	Name / Address / Phone										
	<input checked="" type="checkbox"/> Same as Operator	PATRICIA MENDENHALL 2848 MENDENHALL RD. BROOKVILLE									
	EMS Transport	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No								
	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I							
	Name / Address / Phone										
	<input checked="" type="checkbox"/> Same as Operator										
	EMS Transport	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No								
	Unit No	Person No	Date of Birth (MM-DD-YYYY)	A B C D E F G H I							
	Name / Address / Phone										
	<input checked="" type="checkbox"/> Same as Operator										
	EMS Transport	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No								

VERIFICATION

I, the undersigned, in my capacity as *Claims Recovery Specialist* of *Westfield Ins. Co.*, plaintiff herein, that the facts set forth in the foregoing Complaint are true and correct to the best of his knowledge, information and belief. I make this Verification subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities, which provides that if I knowingly make false statements, I may be subject to criminal penalties.

11/17/06

Date

Karen L. Page

Name

KRAFT & KRAFT, P.C.
BY: Robert E. Cherwony, Esquire
Identification No. 17623
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
1027 Park Avenue, Apt. 3G
Clearfield, PA 16830

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

CIVIL ACTION AT LAW

NO. 07-770-CD

CIVIL ACTION COMPLAINT

"AVISO"

"Le han demandado a usted en la corte. Si usted quiere defenderse de este demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demands y la notification. Hace falta asentar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notification. Ademas, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

"LLEVE ESTA DEMANDA A UN ABOGADO IMMEDIATAMENTE. SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFFICIENTE DE PAGAR TAL SERVICIO, VAYA EN PERSONA O LLAME POR TELEFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL."

"YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.
David Meholic
Court Administrator
1 N. 2nd Street
Clearfield, PA 16830

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAY 17 2007

Attest.

William L. Lohr
Prothonotary/
Clerk of Courts

KRAFT & KRAFT, P.C.
BY: Robert E. Chewony, Esquire
Attorney No. 17623
1311 Spruce Street
Philadelphia PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

v.

CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER
1027 Park Avenue, Apt. 3G
Clearfield, PA 16830

: No.

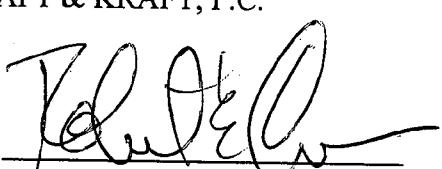
CIVIL ACTION

1. Plaintiff is a corporation with an address as set forth above.
2. Defendants are individuals who resides at the address set forth above.
3. On or about December 22, 2005 due to defendants' negligence and carelessness, plaintiff's insured sustained damages in the sum of \$5,746.49. Attached hereto, made a part hereof and marked Exhibit "A" is a true and correct copy of plaintiff's proof of liability.
4. Although demand has been made, defendants have failed and refused to compensate plaintiff.

WHEREFORE, plaintiff claims of the defendants the sum of \$5,746.49 plus interest in the amount of \$287.32, for a total of \$6,033.81 plus court costs, all of which are justly due and owing from the defendants to the plaintiff.

KRAFT & KRAFT, P.C.

BY:


Robert E. Chewony, Esquire
Attorney for Plaintiff

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

AA 500 1

Case Closed

 Yes No

Reportable Crash

 Yes No

Page

01

Crash Number

P0483494

Incident Number 200503801				Police Agency LAWRENCE TWP. POLICE	Patrol Zone 17223		
Agency Name LAWRENCE TWP. POLICE				Precinct	Investigation Date (MM-DD-YYYY) 12-22-2005		
Dispatch Time (mil) 1313 Arrival Time (mil) 1319 Investigator PRIM. BROOKS				Badge Number 409			Badge Number 409
Reviewer				Badge Number	Approval Date (MM-DD-YYYY)		
County 17		County Name CLEARFIELD	Municipality 223	Municipality Name LAWRENCE TOWNSHIP	Day of Week		
Crash Date (MM-DD-YYYY) 12-22-2005		Crash Time (mil) 1313	No of Units 02	People 08	Injured 01	Killed* 00	*If > 00 complete Form F
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Intersection Type <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> "Y" Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Midblock <input type="checkbox"/> "T" Intersection <input type="checkbox"/> Traffic Circle/ Round About		<input type="checkbox"/> Off Ramp <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover	<input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Other	*Special Location 00			
* See Overlay							
Principal Road	Route Number 0879	Segment (Optional)	Travel Lanes 04	Speed Limit 45	Orientation	House Number (if applicable)	
	Street Name				<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option	
Intersecting Road	Route Number 1001	Segment (Optional)	Travel Lanes 02	Speed Limit 35	Orientation		
	Street Name				<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown		
Landmark	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						
	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 <input type="checkbox"/> Or Intersecting Street Name	Or Segment Marker <input type="checkbox"/> St Ending			Ramp Use Only	Feet <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
Landmark 2	Intersecting Rt Num Or Mile Post <input type="checkbox"/> Or Intersecting Street Name	Or Segment Marker <input type="checkbox"/> St Ending			Ramp Use Only	Or Miles <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)	
GPS	Latitude: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Minutes	Seconds	Longitude: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Minutes	Seconds	
TCD	Traffic Control Device <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Traffic Signal <input type="checkbox"/> Flashing 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 type="checkbox"/> No Controls <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Not Functioning <input checked="" type="checkbox"/> Device Functioning Properly <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 type="checkbox"/> Fully <input type="checkbox"/> Unknown			Lane Closure Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> North and South <input type="checkbox"/> All (N,S,E,W)			
	<input type="checkbox"/> Traffic Detoured Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Est. Time Closed	<input type="checkbox"/> < 30 Min. <input type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> 6-9 hrs <input type="checkbox"/> > 9 hours <input type="checkbox"/> Unknown			

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

Crash Number

AA 500 2

Police Use Only

Page:

02

P0483494

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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								<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)	
	Type Unit									

(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)

Vehicle Driver / Pedestrian Information

11

Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)
---------	------------	----	----------------------------

01 TAMIIE L 07 26 1967

Delete? Last Name WARNOCK Telephone Number 814 553-2669 Zip 16830

Address / City / State

LAWRENCE PARK VILLAGE, APT. 3-G, CLEARFIELD, PA 16830

Driver License Number 27942864 State PA Class C

Alcohol/Drugs Suspected

No Illegal Drugs Medication
 Alcohol Alcohol and Drugs Unknown

Driver or Pedestrian Physical Condition

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

Alcohol Test Type

Test Not Given Breath Other
 Blood Urine Unknown if Test Given

Primary Vehicle Code Violation

VEHICLE TURNING LEFT Charged? Yes No

Alcohol Test Results

Test Refused Unknown Results
 0. Test Given, Contaminated Results

Driver Presence

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

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
 01=Private Vehicle Owned/Leased by Driver 03=Rented Vehicle 05=PennDOT Vehicle 08=Other Municipal Government Vehicle 98=Other
 0 09=Unknown

12

Same as Driver Owner First Name TAMIIE Owner Last Name or Business Name (If Pedestrian, skip this Section) MILLER

Address / City / State / Zip

1221 WOODLAND ROAD, CLEARFIELD, PA 16830 Vehicle Make FORD *Make Code 12

VIN

3FARP15J3RR128276 Model Year 1994 Vehicle Model (see overlay) ESCORT

License Plate

FFPC5357 Reg. State PA Est. Speed 15 Vehicle Towed Yes No Towed By GILLS TOWING

Insurance

Yes No Unknown Insurance Company Policy No

Vehicle Information

Trailing Unit No. of Trailing Units: 0 Type Unit 1=Towing Pass. Veh 4=Mobile/Modular Home 7=Semi-Trailer Tag No Tag Year Tag St
 2=Towing Truck 5=Camper 8=Other
 3=Towing Utility Trailer 6=Full Trailer 9=Unknown

Direction of Travel W *Vehicle Position 04 *Movement 12 *See Overlay Special Usage

Vehicle Color <input type="checkbox"/> 01	Vehicle Type <input type="checkbox"/> 01	05=Large Truck 06=SUV 07=Van 08=Snowmobile 09=Bus 10=Small Truck 11=Farm Equip 12=Construction Equip 13=ATV 14=Other Type Spec Veh 15=Unk. Type Spec Veh	20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown	<input type="checkbox"/> 00 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
---	--	--	---	--	---

(If "02", Complete Form M, Section 26)
 (If "20" or "21", Complete Form M, Section 27)

Initial Impact Point <input type="checkbox"/> 05	00=Non-Collision 01-12=Clock Points 13=Top	14=Undercarriage 15=Towed Unit 99=Unknown	Damage Indicator <input type="checkbox"/> 3	0=None 2=Functional 1=Minor 3=Disabling 9=Unknown	Gradient <input type="checkbox"/> 1	3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown	Road Alignment <input type="checkbox"/> 1	1=Straight 2=Curved 9=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								<input type="checkbox"/> Commercial Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Complete Form C)	
	(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)									

Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)
02	ANN	M	11 17 1857
Delete?	Last Name	Telephone Number	
<input type="checkbox"/>	THACHER	814 856 3392	
Address / City / State		Zip	
10495 KT 28 SUMMERTON, PA		15864	
Driver License Number		State	Class
17990991		PA	C

11

Alcohol/Drugs Suspected	Driver or Pedestrian Physical Condition
<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	Primary Vehicle Code Violation
<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	NONE
Alcohol Test Results	Driver Presence
<input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results 0. <input type="checkbox"/> Test Given, Contaminated Results	1=Driver Operated 3=Driver Fled Scene Vehicle 4=Hit and Run 2=No Driver 9=Unknown
Owner/Driver	Charged?
01	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
01	01=Private Vehicle Owned/Leased by Driver	03=Rented Vehicle	05=PENNDOT Vehicle	08=Other Municipal	98=Other
			06=Other State Gov Veh	Government Vehicle	99=Unknown

Same as Driver	Owner First Name	Owner Last Name or Business Name (If Pedestrian, skip this Section)	
Address / City / State / Zip		Vehicle Make	
		DODGE 07	
VIN	Model Year	*Make Code	
3B7KF2668XMS57132	1999	(see overlay)	
License Plate	Reg. State	Est. Speed	Vehicle Towed
YGE0544	PA	35	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Towed By			
ROSS TOWING			

12

Insurance	Insurance Company	Policy No						
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	WESTFIELD COMPANIES	TBD						
Trailing Unit	No. of Trailing Units	Type Unit	1=Towing Pass. Veh 2=Towing Truck 3=Towing Utility Trailer	4=Mobile/Modular Home 5=Camper 6=Full Trailer	7=Semi-Trailer 8=Other 9=Unknown	Tag No	Tag Year	Tag St
0	0							

Direction of Travel	*Vehicle Position	*Movement	*See Overlay	Special Usage
E	01	01		00
Vehicle Color	Vehicle Type	05=Large Truck 06=SUV 07=Van 08=Snowmobile 09=Farm Equip 10=Construction Equip 11=ATV 12=Other Type Spec Veh 13=Unicycle, Bicycle, Tricycle 14=Motorcycle 03=Bus 04=Small Truck	20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown	12=Commercial Passenger Carrier 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport
02	04	(If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)		13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown
01=Blue 02=Red 03=White 04=Green 05=Black	06=Yellow 07=Silver 08=Gold 10=Orange 11=Purple 12=Other 99=Unknown			

Initial Impact Point	Damage Indicator	Gradient	Road Alignment
12	0=Non-Collision 14=Undercarriage 15=Towed Unit 99=Unknown	1=Level 2=Uphill	3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

AA 500 4

Police Use Only

Page

03

Crash Number

P0483494

15
General Crash Information
(If more than 2 Units only complete once)

16
Unit(s) Event Information

17
Contributing Information

19
Indicated Prime Factor

Do not repeat this information on multiple pages.

E/R V D P

Unit No Factor Code

01 05

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

FORM # AA-500 (12/02)

POLICE COPY

Crash Description	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown	
Illumination	<input checked="" type="checkbox"/> 1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other	
Weather Conditions	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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

Harm Event L/R Most? Utility Pole Number		Harmful Events (Harm Event)
Unit No	1 <input checked="" type="checkbox"/> 12 <input type="checkbox"/>	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
Please Put Events in Sequential Order	2 <input type="checkbox"/>	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
3 <input type="checkbox"/>	4 <input type="checkbox"/>	
Harm Event L/R Most? Utility Pole Number		
Unit No	1 <input checked="" type="checkbox"/> 01 <input type="checkbox"/>	
Please Put Events in Sequential Order	2 <input type="checkbox"/>	
3 <input type="checkbox"/>	4 <input type="checkbox"/>	

First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event	Driver Action (D)
01	01	12	01	01	12	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

Environmental / Roadway Potential Factors (E/R)	1 <input checked="" type="checkbox"/> 00 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/>	Possible Vehicle Failures (V)	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	Contributing Information	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 Fleeting Police (Poi Chase) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 92=Affected By Physical Condition 98=Other Improper Driving Actions 99=Unknown
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=Gleare 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 17=Other Roadway Factor 29=Other Environmental Factor 99=Unknown	Unit No.	01 1 <input checked="" type="checkbox"/> 05 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/>		
Unit No	01 1 <input checked="" type="checkbox"/> 00 2 <input type="checkbox"/> <input type="checkbox"/>	Unit No	02 1 <input checked="" type="checkbox"/> 00 2 <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/>		

Pedestrian Action (P)	03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Working On Vehicle 07=Standing 98=Other 99=Unknown
Unit No	01 05
Unit No	02 00

Indicated Prime Factor	Unit No	Factor Code
Do not repeat this information on multiple pages.	01	05
E/R V D P	01	05
0 0 0 0		
If E/R is the Prime Factor Type, leave Unit No blank		
Unit No	01 05	
Unit No	02 00	

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

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06

Crash Number

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Diagram 20

21 Witness Name Address Phone

1 CAROL JOHNSON	184 BALD HILL RD, FRANCHVILLE PA	814.263.7262
2		

Narrative and additional witnesses: Accident Investigation Notification Issued? Property Damage

22 Witness and Narrative

DRIVER OF UNIT 1 STATED SHE MADE A LEFT TURN FROM SR 0879 (U/L) ONTO SR 1001. DRIVER OF UNIT 1 SAID SHE THOUGHT HER LIGHT WAS GREEN - AND THAT SHE DID NOT SEE UNIT 2 APPROACHING.

DRIVER OF UNIT 2 STATED SHE WAS TRAVELING EAST ON SR 0879. DRIVER OF UNIT 2 SAID SHE WAS PROCEEDING THROUGH THE INTERSECTION ON A GREEN LIGHT (U/L) WHEN UNIT 1 TURNED DIRECTLY IN FRONT OF HER VEHICLE.

DRIVER OF UNIT 2 STATED DRIVER 1 RAN HER AFTER THE CRASH THAT SHE HAD TURNED AS THE LIGHT CHANGED FROM YELLOW. WITNESS - CAROL JOHNSON, STATED HER LIGHT WAS STEADY RED AND TRAFFIC ON SR 0879 EAST WAS ROLLING ON A PROTECTED LEFT SIGNAL.

SR 0879 EAST TRAFFIC AT SR 1001 RECEIVES A GREEN SIGNAL WITH PROTECTED LEFT, WHILE SR 0879 WEST TRAFFIC REMAINS RED.

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

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Page

04

P0483494

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, Unknown 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, Unknown Switch Setting
 13=Air Bag Removed (Prior To Crash)
 19=Unknown If Air Bag Deployed
 99=Unknown

G Ejection:
 0=Not Ejected / 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=Freeed By Non - Mechanical Means
 8=Other
 9=Unknown

13 EMS Agency: CFD-EMS Medical Facility: CFD. HOSPITAL

14 Unit No Person No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I
 01 01 07-26-1967 1 F 9 0 1 0 3 1 2 0 0 0

Name / Address / Phone

EMS Transport
 Yes No

Unit No Person No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I
 01 02 04-07-2001 2 F 4 0 6 0 4 0 0 0 0 0

Name / Address / Phone

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 01 11-17-1957 1 F 0 0 1 0 3 1 0 0 0 0

Name / Address / Phone

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 05-04-1933 2 F 0 0 3 0 3 1 0 0 0 0

Name / Address / Phone

EMS Transport
 Yes No

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

Name / Address / Phone

EMS Transport
 Yes No

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

Name / Address / Phone

EMS Transport
 Yes No

VERIFICATION

I, the undersigned, in my capacity as *Claims Recovery Specialist* of *Westfield Ins. Co.* plaintiff herein, that the facts set forth in the foregoing Complaint are true and correct to the best of his knowledge, information and belief. I make this Verification subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities, which provides that if I knowingly make false statements, I may be subject to criminal penalties.

11/17/06

Date

Karie L. Sage

Name

KRAFT & KRAFT, P.C.
BY: Robert E. Cherwony, Esquire
Identification No. 17623
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

COPY

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
1027 Park Avenue, Apt. 3G
Clearfield, PA 16830

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

CIVIL ACTION AT LAW

NO. 07-770-CD

CIVIL ACTION COMPLAINT

"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 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 other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

"YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

David Meholic
Court Administrator
1 N. 2nd Street
Clearfield, PA 16830

"AVISO"

"Le han demandado a usted en la corte. Si usted quiere defenderse de este demandas expuestas en las páginas siguientes, usted tiene veinte (20) días de plazo al partir de la fecha de la demands y la notification. Hace falta asentar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notification. Ademas, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

"LLEVE ESTA DEMANDA A UN ABOGADO IMMEDIATAMENTE. SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFFICIENTE DE PAGAR TAL SERVICIO, VAYA EN PERSONA O LLAME POR TELEFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL."

I hereby certify this to be a true
and attested copy of the original
statement filed in this case.

MAY 17 2007

Attest.

William L. Scherzer
Prothonotary/
Clerk of Courts

KRAFT & KRAFT, P.C.
BY: Robert E. Chewony, Esquire
Attorney No. 17623
1311 Spruce Street
Philadelphia PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

v.

CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER
1027 Park Avenue, Apt. 3G
Clearfield, PA 16830

: No.

CIVIL ACTION

1. Plaintiff is a corporation with an address as set forth above.
2. Defendants are individuals who resides at the address set forth above.
3. On or about December 22, 2005 due to defendants' negligence and carelessness, plaintiff's insured sustained damages in the sum of \$5,746.49. Attached hereto, made a part hereof and marked Exhibit "A" is a true and correct copy of plaintiff's proof of liability.
4. Although demand has been made, defendants have failed and refused to compensate plaintiff.

WHEREFORE, plaintiff claims of the defendants the sum of \$5,746.49 plus interest in the amount of \$287.32, for a total of \$6,033.81 plus court costs, all of which are justly due and owing from the defendants to the plaintiff.

KRAFT & KRAFT, P.C.

BY:


Robert E. Chewony, Esquire
Attorney for Plaintiff

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

AA 500 1

Case Closed

 Yes No Yes No

Page

01

Crash Number

P0483494

Police Agency Data											
Incident Number 200503801 Agency Name LAWRENCE TWP. POLICE Precinct Dispatch Time (mil) 1313 Arrival Time (mil) 1319 Investigator PRIN. BROOKS Reviewer Badge Number Approval Date (MM-DD-YYYY)											
Police Agency 17223 Patrol Zone Investigation Date (MM-DD-YYYY) 12-28-2005 Badge Number 409 Badge Number - Approval Date (MM-DD-YYYY)											
Crash Data County 17 County Name CLEARFIELD Municipality 223 Municipality Name LAWRENCE TOWNSHIP Day of Week Crash Date (MM-DD-YYYY) 12-22-2005 Crash Time (mil) 1313 No of Units 02 People 04 Injured 01 Killed* 00 *If > 00 complete Form F 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Loc Type 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"/> 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 *Special Location 00 * See Overlay											
Principal Road Route Number 0879 Segment (Optional) 04 Travel Lanes 4 Speed Limit 45 House Number (if applicable) Street Name Orientation North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option											
Intersecting Road Route Number 1001 Segment (Optional) 02 Travel Lanes 3 Speed Limit 35 House Number (if applicable) Street Name Orientation North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option											
Landmark 1 Please Enter Information for BOTH Landmarks if Using This Option Intersecting Rt Num Or Mile Post Or Segment Marker St Ending Or Intersecting Street Name Landmark 2 Intersecting Rt Num Or Mile Post Or Segment Marker St Ending Or Intersecting Street Name Ramp Use Only Feet Or Miles Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)											
GPS Latitude: Degrees Minutes Seconds Longitude: Degrees Minutes Seconds 											
TCD Traffic Control Device Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Yield Sign <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> TCD Functioning Flashing Traffic Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Other Type TCD <input type="checkbox"/> No Controls <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Emergency Preemptive Signal											
Lane Closure Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) Not Applicable <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown Lane Closure Direction North <input type="checkbox"/> East <input type="checkbox"/> North and South <input type="checkbox"/> All (N,S,E,W) Lane Closed <input type="checkbox"/> Unknown <input type="checkbox"/> Est. Time Closed <input type="checkbox"/> < 30 Min. <input type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> 6-9 hrs <input type="checkbox"/> > 9 hours <input type="checkbox"/> Unknown											

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

Page:

Crash Number

AA 500 2

Police Use Only

02

P0483494

10

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>								<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If Yes, Complete Form C)</small>	
	Type Unit									

Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)			
01	TAMMIE	L	07	26	1967	
Delete?	Last Name					Telephone Number
	WARNOCK					814 553-2669

Address / City / State
LAWRENCE PARK VILLAGE, APT. 3-G, CLEARFIELD, PA 16830

Zip

Driver / Pedestrian Information

Driver License Number	State	Class
27942864	PA	C

11

Alcohol/Drugs Suspected	Driver or Pedestrian Physical Condition
<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	Primary Vehicle Code Violation	Charged?
<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	VEHICLE TURNING LEFT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Alcohol Test Results	Driver Presence	1=Driver Operated	3=Driver Fled Scene
0. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results	Vehicle <input type="checkbox"/> 1	4=Hit and Run <input type="checkbox"/> 2=No Driver <input type="checkbox"/> 9=Unknown

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
01	01=Private Vehicle Owned/Leased by Driver	03=Rented Vehicle	05=PennDOT Vehicle	08=Other Municipal Government Vehicle	98=Other
			06=Other State Gov Veh		99=Unknown

Same as Driver	Owner First Name	Owner Last Name or Business Name (If Pedestrian, skip this Section)
	TAMMIE	MILKLER

Address / City / State / Zip
1221 WOODLAND ROAD, CLEARFIELD, PA 16830

Vehicle Make *Make Code

FORD 12

12
Vehicle Information

VIN	Model Year
3FAPR15J3RR128276	1994

Vehicle Model (see overlay)

ESCAPE

License Plate	Reg. State	Est. Speed	Vehicle Towed
APCS357	PA	15	<input type="checkbox"/> Yes <input type="checkbox"/> No GILLS TOWING

Towed By

Insurance	Insurance Company	Policy No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

Vehicle Make

FORD 12

12

Trailing Unit	No. of Trailing Units:	Type Unit	1=Towing Pass. Veh	4=Mobile/Modular Home	7=Semi-Trailer	Tag No	Tag Year	Tag St
	0		2=Towing Truck	5=Camper	8=Other			
			3=Towing Utility Trailer	6=Full Trailer	9=Unknown			

Direction of Travel	*Vehicle Position	*Movement	*See Overlay	Special Usage
W	04	12		00

Special Usage

12=Commercial Passenger Carrier

Vehicle Color	Vehicle Type	05=Large Truck	20=Unicycle, Bicycle, Tricycle	12=Commercial Passenger Carrier
01=Yellow	01=Automobile	06=SUV	21=Other Pedalcycle	00=Not Applicable
07=Silver	02=Motorcycle	07=Van	22=Horse & Buggy	01=Fire Veh
08=Gold	03=Bus	10=Snowmobile	23=Horse & Rider	02=Ambulance
09=Brown	04=Small Truck	11=Farm Equip	24=Train	03=Police
01=Blue	(If "02", Complete Form M, Section 26)	12=Construction Equip	25=Trolley	08=Other Emergency Vehicle
02=Red	10=Orange	13=ATV	98=Other	11=Pupil Transport
03=White	11=Purple	18=Other Type Spec Veh	99=Unknown	99=Unknown
04=Green	12=Other	19=Unk. Type Spec Veh		
05=Black	99=Unknown			

13=Taxi

Initial Impact Point	Damage Indicator	Gradient	Road Alignment
05	0=None	3=Downhill	1=Straight
00=Non-Collision	14=Undercarriage	4=Bottom of Hill	2=Curved
01-12=Clock Points	15=Towed Unit	5=Top of Hill	9=Unknown
13=Top	99=Unknown	6=Uphill	

2=Curved

9=Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

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Crash Number
P 0483494

AA 500 2

Police Use Only

10 Unit Info	Type Unit	<input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc	<input type="checkbox"/> Illegally Parked <input type="checkbox"/> Disabled From Previous Crash	<input type="checkbox"/> Legally Parked <input type="checkbox"/> Train	<input type="checkbox"/> Non - Motorized <input type="checkbox"/> Phantom Vehicle	Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)
	(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)						

Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)
02	ANN	M	11/17/1957
Delete?	Last Name	Telephone Number	
<input type="checkbox"/>	THACHER	814 856 3392	
Address / City / State		Zip	
10495 KT 28 SUMMERTON, PA		15864	
Driver License Number		State	Class
17990991		PA	C

11 Vehicle Driver / Pedestrian Information	Alcohol/Drugs Suspected	Driver or Pedestrian Physical Condition					
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Alcohol	<input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Alcohol and Drugs	<input type="checkbox"/> Medication <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking	<input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Sick	<input type="checkbox"/> Fatigue <input type="checkbox"/> Asleep	<input type="checkbox"/> Medication <input type="checkbox"/> Unknown
	Alcohol Test Type	Primary Vehicle Code Violation	Charged?				
	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Blood	<input type="checkbox"/> Breath <input type="checkbox"/> Urine	<input type="checkbox"/> Other <input type="checkbox"/> Unknown if Test Given	NONE			
	Alcohol Test Results	Driver Presence	1=Driver Operated Vehicle 2=No Driver	3=Driver Fled Scene 4=Hit and Run 9=Unknown			
	<input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results	<input type="checkbox"/> Unknown Results					
	Owner/Driver	00=Not Applicable 01=Private Vehicle Owned/ Leased by Driver	02=Private Vehicle Not Owned/Leased by Driver 03=Rented Vehicle	04=State Police Vehicle 05=PennDOT Vehicle 06=Other State Gov Veh	07=Municipal Police Veh 08=Other Municipal Government Vehicle	09=Federal Gov Veh 98=Other 99=Unknown	
	01						

Same as Driver	Owner First Name	Owner Last Name or Business Name (If Pedestrian, skip this Section)	
Address / City / State / Zip		Vehicle Make	*Make Code
		DODGE	07
VIN	Model Year		
3B7KF2668XM557132	1999		
License Plate	Reg. State	Est. Speed	Vehicle Towed
YGE0544	PA	35	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Insurance	Policy No		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	TBD		
Insurance Company			
CVESTFIELD COMPANIES			

12 Vehicle Information	Trailing Unit	No. of Trailing Units:	Type Unit	1=Towing Pass. Veh 2=Towing Truck 3=Towing Utility Trailer	4=Mobile/Modular Home 5=Camper 6=Full Trailer	7=Semi-Trailer 8=Other 9=Unknown	Tag No	Tag Year	Tag St
---------------------------	---------------	------------------------	-----------	--	---	--	--------	----------	--------

Direction of Travel	E	*Vehicle Position	01	*Movement	01	*See Overlay	Special Usage
Vehicle Color	02	Vehicle Type	04	05=Large Truck 06=SUV 07=Van 08=Snowmobile 09=Bus 10=Small Truck 11=ATV 12=Construction Equip 13=Farm Equip 14=Police 15=Other 16=Unknown	20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 26=Other Type Spec Veh 27=Unk. Type Spec Veh	00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 04=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
01=Yellow 02=Silver 03=Gold 04=Blue 05=Red 06=White 07=Green 08=Black		09=Brown 10=Orange 11=Purple 12=Other 99=Unknown		(If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)			

Initial Impact Point	00=Non-Collision 01-12=Clock Points 13=Top	Damage Indicator	Gradient	Road Alignment
12	14=Undercarriage 15=Towed Unit 99=Unknown	3 0=None 1=Minor 2=Functional 3=Disabling 9=Unknown	1 3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown	1 1=Level 2=Uphill 3=Straight 2=Curved 9=Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

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Police Use Only

Page

03

Crash Number

P 0483494

15 General Crash Information
(If more than 2 units only complete once)

<u>Crash Description</u>	<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>	1=On Travel Lanes	3=Median	5=Outside Trafficway	7=Gore (Ramp Intersection)	
		2=Shoulder	4=Roadside	6=In Parking Lane	8=Unknown	
<u>Illumination</u>	<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>	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 checked="" type="checkbox"/>	0=Dry	2=Sand, Mud, Dirt, Oil	4=Slush	6=Ice Patches	
		1=Wet	3=Snow Covered	5=Ice	7=Water - Standing or Moving	8=Other

16 Units(s) Event Information

	Harm Event	L/R	Most?	Utility Pole Number	<u>Harmful Events (Harm Event)</u>
Unit No	1 <u>12</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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
	01 2		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	48=Hit Other Fixed Object 49=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object
Please Put Events in Sequential Order	3		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	52=Pot Holes Or Other Pavement Irregularities 53=Jackknife 54=Fire In Vehicle 58=Other Non-Collision 99=Unknown Harmful Event
	4		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Harm Event	L/R	Most?	Utility Pole Number	
Unit No	1 <u>01</u>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	02 2		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Please Put Events in Sequential Order	3		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	4		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

17

First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event
	01	12		01	12

Do not repeat this information on multiple pages

18 Contributing Information

<u>Environmental / Roadway Potential Factors (E/R)</u>	1	00	2		3	
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=Gleare						
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

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	
Unit No	02	1	00	2	

19

<u>Indicated Prime Factor</u>	Unit No	Factor Code
Do not repeat this information on multiple pages.	01	05

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

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-Driving The Wrong Way On
1-Street

Unit No. 01 1 05 2 3 4

Unit No. 02 1 00 2 3 4

Pedestrian Action (P)

00=None
01=Entering Or Crossing At
Specified Location
02=Walking, Running, Jogging,
Or Playing

Unit No. 2 3 4

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

AA 500 5

Police Use Only

Page

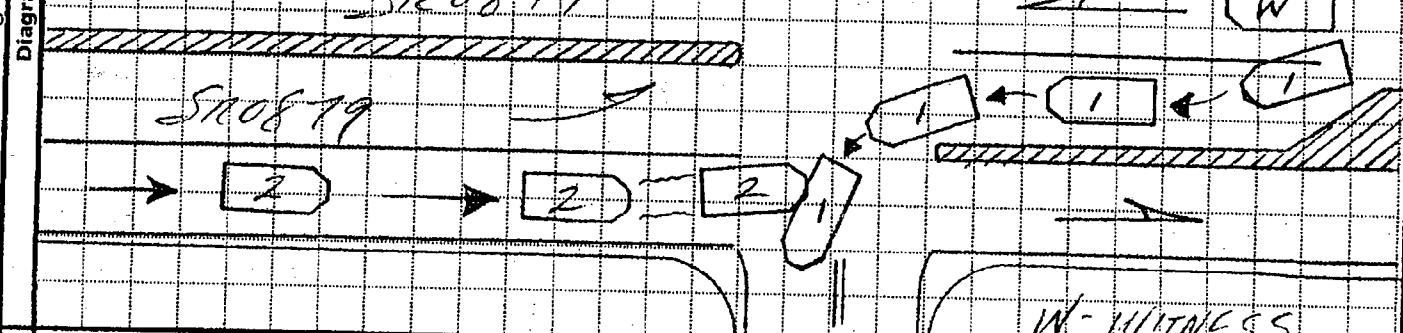
06

Crash Number

P0483494

A/N

Diagram



21

Witness Name	Address	Phone
1 CAROL JOHNSON	184 E 110 HILL ROAD, FRANCISVILLE PA	814.263.7262
2		

Narrative and additional witnesses:

Accident Investigation Notification Issued? Property Damage

22

Driver of UNIT 1 STATED SHE MADE A LEFT TURN FROM SR 0879 WEST ONTO SR 1001. DRIVER OF UNIT 1 SAID SHE THOUGHT HER LIGHT WAS GREEN - AND THAT SHE DID NOT SEE UNIT 2 APPROACHING.

Driver of UNIT 2 STATED SHE WAS TRAVELING EAST ON SR 0879. DRIVER OF UNIT 2 SAID SHE WAS PROCEEDING THROUGH THE INTERSECTION ON A GREEN LIGHT WHEN UNIT 1 TURNED DIRECTLY IN FRONT OF HER VEHICLE.

Driver of UNIT 2 STATED Driver 1 told her after the crash that she had turned as the light changed from yellow. WITNESS - CAROL JOHNSON, STATED HER LIGHT WAS STEADY RED AND TRAFFIC ON SR 0879 EAST WAS REVIVING ON A PROTECTED LEFT SIGNAL.

SR 0879 EAST TRAFFIC AT SR 1001 RECEIVES A GREEN SIGNAL UNIT 1 PROTECTED LEFT, WHILE SR 0879 WEST TRAFFIC REMAINS RED.

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

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Police Use Only

Page

04

P0483494

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, Unknown 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, Unknown 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=Freeed By Non - Mechanical Means
8=Other
9=Unknown

13 EMS Agency: CFD-EMS Medical Facility: CFD. HOSPITAL

14 Unit No Person No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I
01 01 07-26-1967 1 F 9 0 1 0 3 1 2 0 0 0

Name / Address / Phone
 Same as Operator Yes No

Unit No Person No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I
01 02 04-07-2001 2 F 4 0 6 0 4 0 0 0 0 0

Name / Address / Phone
 Same as Operator EMILY MILLER - SAME ADDRESS AS DRIVER 1 - Yes No

Unit No Person No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I
02 01 11-17-1957 1 F 0 0 1 0 3 1 0 0 0 0

Name / Address / Phone
 Same as Operator Yes No

Unit No Person No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I
02 02 05-04-1933 2 F 0 0 3 0 3 1 0 0 0 0

Name / Address / Phone
 Same as Operator PATRICIA MENDENHALL 2848 MENDENHALL RD. BROOKVILLE Yes No

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

Name / Address / Phone
 Same as Operator Yes No

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

Name / Address / Phone
 Same as Operator Yes No

VERIFICATION

I, the undersigned, in my capacity as *Claims Recovery Specialist* of *Westfield Ins. Co.*, plaintiff herein, that the facts set forth in the foregoing Complaint are true and correct to the best of his knowledge, information and belief. I make this Verification subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities, which provides that if I knowingly make false statements, I may be subject to criminal penalties.

11/17/06

Date

Karie L. Sage

Name

KRAFT & KRAFT, P.C.
BY: Robert E. Cherwony, Esquire
Attorney No. 17623
1311 Spruce Street
Philadelphia PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

WESTFIELD INSURANCE CO.,
SUBROGEE OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

COMMON PLEAS COURT OF
CLEARFIELD COUNTY, PA

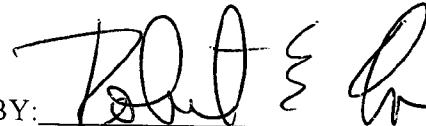
v.
TAMMIE L. WARNOCK and TAMMIE
MILLER
514 E. 5th Street
Clearfield, PA 16830-2608 : CIVIL ACTION AT LAW
: No. 07-770-CD

PRAECIPE TO REINSTATE COMPLAINT

TO THE CLERK OF THE SAID COURT:

Kindly reinstate the Civil Action in the above-captioned matter.

KRAFT & KRAFT, P.C.

BY: 

Attorney for Plaintiff

FILED *local*
m/1/32/07 Complaint
NOV 29 2007 Reinstated
to Sheriff
William A. Shaw
Prothonotary/Clerk of Courts
Atty pd. 7.00

KRAFT & KRAFT, P.C.

BY: Robert E. Cherwony, Esquire
Identification No. 17623
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

vs.

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

CIVIL ACTION AT LAW

TAMMIE L. WARNOCK and TAMMIE MILLER
514 E. 5th Street
Clearfield, PA 16830-2608

NO. 07-770-CD

REINSTATED CIVIL ACTION COMPLAINT

"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 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 other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

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

"AVISO"

"Le han demandado a usted en la corte. Si usted quiere defenderse de este demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demands y la notification. Hace falta asentar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notification. Ademas, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

"LLEVE ESTA DEMANDA A UN ABOGADO IMMEDIATAMENTE. SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFFICIENTE DE PAGAR TAL SERVICIO, VAYA EN PERSONA O LLAME POR TELEFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL."

David Meholic
Court Administrator
1 N. 2nd Street
Clearfield, PA 16830

KRAFT & KRAFT, P.C.
BY: Robert E. Cherwony, Esquire
Identification No. 17623
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
1027 Park Avenue, Apt. 3G
Clearfield, PA 16830

CIVIL ACTION AT LAW

NO. 07-770-CD

CIVIL ACTION COMPLAINT

"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 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 other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

"YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.
David Meholick
Court Administrator
1 N. 2nd Street
Clearfield, PA 16830

"AVISO"

"Le han demandado a usted en la corte. Si usted quiere defenderse de este demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demands y la notification. Hace falta asentar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notification. Ademas, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

"LLEVE ESTA DEMANDA A UN ABOGADO IMMEDIATAMENTE. SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFFICIENTE DE PAGAR TAL SERVICIO, VAYA EN PERSONA O LLAME POR TELEFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL."

CDY
OKED
MAY 17 2007

William A. Shaw
Prothonotary/Clerk of Courts

KRAFT & KRAFT, P.C.
BY: Robert E. Chewony, Esquire
Attorney No. 17623
1311 Spruce Street
Philadelphia PA 19107
(215) 546-5100

Attorney for Plaintiff(s)

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

v.

CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER
1027 Park Avenue, Apt. 3G
Clearfield, PA 16830

No.

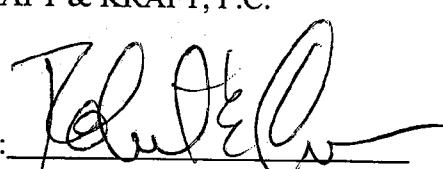
CIVIL ACTION

1. Plaintiff is a corporation with an address as set forth above.
2. Defendants are individuals who resides at the address set forth above.
3. On or about December 22, 2005 due to defendants' negligence and carelessness, plaintiff's insured sustained damages in the sum of \$5,746.49. Attached hereto, made a part hereof and marked Exhibit "A" is a true and correct copy of plaintiff's proof of liability.
4. Although demand has been made, defendants have failed and refused to compensate plaintiff.

WHEREFORE, plaintiff claims of the defendants the sum of \$5,746.49 plus interest in the amount of \$287.32, for a total of \$6,033.81 plus court costs, all of which are justly due and owing from the defendants to the plaintiff.

KRAFT & KRAFT, P.C.

BY:


Robert E. Chewony, Esquire
Attorney for Plaintiff

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

AA 500.1

Case Closed

Vegetable Crash

Page

01

Crash Number

P0483494

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

Crash Number

AA 500 2

Police Use Only

Page:

02

P0483494

10

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>								<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If Yes, Complete Form C)</small>	
	Type Unit									

Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)		
01	TAMMIE	L	07	26	1967
Delete?	Last Name				Telephone Number
	WARNOCK				814 553-2669

Address / City / State				Zip
LAURENCE YORK VILLAGE, APT. 3-G CLEARFIELD, PA				16830

11
Vehicle Driver / Pedestrian Information

Driver License Number	State	Class
27992864	PA	C
Alcohol/Drugs Suspected	Driver or Pedestrian Physical Condition	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Sick	<input type="checkbox"/> Fatigue <input type="checkbox"/> Asleep <input type="checkbox"/> Medication <input type="checkbox"/> Unknown
Alcohol Test Type	Primary Vehicle Code Violation	
<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown if Test Given	VEHICLE TURNING LEFT <input type="checkbox"/> Charged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Alcohol Test Results	Driver Presence	
<input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results <input type="checkbox"/> Unknown Results	1=Driver Operated Vehicle <input type="checkbox"/> 2=No Driver <input type="checkbox"/>	3=Driver Fled Scene <input type="checkbox"/> 4=Hit and Run <input type="checkbox"/> 9=Unknown <input type="checkbox"/>

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
01	01=Private Vehicle Owned/Leased by Driver	03=Rented Vehicle	05=PennDOT Vehicle	08=Other Municipal Government Vehicle	98=Other
			06=Other State Gov Veh		99=Unknown

Same as Driver	Owner First Name	Owner Last Name or Business Name (If Pedestrian, skip this Section)
	TAMMIE	MILKIER

Address / City / State / Zip	Vehicle Make	*Make Code
1221 WOODLAND ROAD CLEARFIELD PA 16830	FORD	12

VIN	Vehicle Model	(see overlay)
3FARPI5J3RR128276	ESCORT	

License Plate	Reg. State	Est. Speed	Vehicle Towed
APC5357	PA	15	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			GILLS TOWING

12
Vehicle Information

Trailing Unit	No. of Trailing Units:	Type Unit	1=Towing Pass. Veh 2=Towing Truck 3=Towing Utility Trailer	4=Mobile/Modular Home 5=Camper 6=Full Trailer	7=Semi-Trailer 8=Other 9=Unknown	Tag No	Tag Year	Tag St
0	0							

Direction of Travel	*Vehicle Position	*Movement	*See Overlay	Special Usage
W	04	12		<input type="checkbox"/> 00 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport
Vehicle Color	Vehicle Type	05=Large Truck 06=SUV 07=Van 08=Bus 09=Snowmobile 10=Farm Equip 11=Construction Equip 12=ATV 13=Unk. Type Spec Veh	20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown	12=Commercial Passenger Carrier 13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown
01=Blue 02=Red 03=White 04=Green 05=Black	06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown	(If "02", Complete Form M, Section 26) (If "00" or "21", Complete Form M, Section 27)		

Initial Impact Point	Damage Indicator	Gradient	Road Alignment
05	00=Non-Collision 01-12=Clock Points 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown	<input type="checkbox"/> 0=None <input type="checkbox"/> 1=Minor <input type="checkbox"/> 2=Functional <input type="checkbox"/> 3=Disabling <input type="checkbox"/> 9=Unknown	1=Level 2=Uphill 3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown

**COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM**

Crash Number

AA 500 2

Police Use Only

Page:

00

P0483494

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)			Telephone Number	Zip				
<input type="checkbox"/> 02 <input type="checkbox"/> ANN <input type="checkbox"/> M <input type="checkbox"/> 11 <input type="checkbox"/> 17 <input type="checkbox"/> 1957 <input type="checkbox"/> Delete? <input type="checkbox"/> THACHER <input type="checkbox"/>								814 856 3392	15864				
Address / City / State		10495 KT 28 SUMMERTVILLE, PA						State Class					
Driver License Number		17990991						PA	C				
Alcohol/Drugs Suspected		Illegal Drugs Medication			Apparently Normal Illegal Drug Use			Fatigue Medication					
<input type="checkbox"/> No <input type="checkbox"/> Alcohol		<input type="checkbox"/> Alcohol and Drugs Unknown			<input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick			<input type="checkbox"/> Asleep <input type="checkbox"/> Unknown					
Alcohol Test Type		Breath Other			Primary Vehicle Code Violation			Charged?					
<input type="checkbox"/> Test Not Given <input type="checkbox"/> Blood		<input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given			NONE			<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Alcohol Test Results		Test Refused Unknown Results			Driver Presence			1=Driver Operated Vehicle 3=Driver Fled Scene					
<input type="checkbox"/> 0. <input type="checkbox"/>		<input type="checkbox"/> Test Given, Contaminated Results			<input type="checkbox"/> 1			4=Hit and Run 9=Unknown					
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		<input type="checkbox"/> 01=Private Vehicle Owned/Leased by Driver		<input type="checkbox"/> 03=Rented Vehicle		<input type="checkbox"/> 05= PENNDOT Vehicle		<input type="checkbox"/> 08=Other Municipal Government Vehicle		<input type="checkbox"/> 98=Other			
<input type="checkbox"/> Same as Driver		Owner First Name		Owner Last Name or Business Name (If Pedestrian, skip this Section)									
<input type="checkbox"/> Address / City / State / Zip								Vehicle Make		*Make Code			
<input type="checkbox"/> VIN		3B7KF2668XM557132						Model Year		RAM 2500			
<input type="checkbox"/> License Plate		YGE0544		PA	35	<input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Model		(see overlay)			
<input type="checkbox"/> Towed By								<input type="checkbox"/> Towed By		ROSS TOWING			
Insurance		Insurance Company		Policy No									
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		WESTFIELD COMPANIES		TBD									
Trailing Unit		No. of Trailing Units:	Type Unit	1=Towing Pass. Veh		4=Mobile/Modular Home		7=Semi-Trailer		Tag No	Tag Year	Tag St	
<input type="checkbox"/> 0			<input type="checkbox"/> 1=Automobile <input type="checkbox"/> 2=Motorcycle <input type="checkbox"/> 3=Bus <input type="checkbox"/> 4=Small Truck <small>(If "02", Complete Form M, Section 26)</small>	<input type="checkbox"/> 5=Camper <input type="checkbox"/> 6=Full Trailer									
Direction of Travel		E	*Vehicle Position	01	*Movement	01	*See Overlay	Special Usage					
<input type="checkbox"/> Vehicle Color		02	Vehicle Type	04	05=Large Truck	20=Unicycle, Bicycle, Tricycle	<input type="checkbox"/> 12=Commercial Passenger Carrier						
01=Blue 02=Red 03=White 04=Green 05=Black		06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown	<input type="checkbox"/> 01=Automobile <input type="checkbox"/> 02=Motorcycle <input type="checkbox"/> 03=Bus <input type="checkbox"/> 04=Small Truck <small>(If "02", Complete Form M, Section 26)</small>	06=SUV 07=Van 08=Snowmobile 09=Farm Equip 10=Construction Equip 11=ATV 12=Other Type Spec Veh 13=Unk. Type Spec Veh	21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown	00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport							
Initial Impact Point		12	00=Non-Collision	14=Undercarriage	15=Towed Unit	16=None	17=Functional	18=Disabling	19=Unknown	20=Downhill	21=Bottom of Hill	22=Top of Hill	23=Unknown
01-12=Clock Points 13=Top		01-12=Clock Points	13=Top	99=Unknown	99=Unknown	99=Unknown	99=Unknown	99=Unknown	99=Unknown	99=Unknown	99=Unknown	99=Unknown	99=Unknown
Damage Indicator		3	Gradient	1	1=Level	2=Uphill	3=Downhill	4=Bottom of Hill	5=Top of Hill	6=Unknown	7=Unknown	8=Unknown	9=Unknown
Road Alignment		1	1=Straight	2=Curved	3=Unknown	4=Unknown	5=Unknown	6=Unknown	7=Unknown	8=Unknown	9=Unknown	10=Unknown	11=Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORT FORM

AA 500 4

Police Use Only

Page

Crash Number

P 0483494

General Crash Information (If more than 2 Units only complete once)		Crash Description		14	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		1	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		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		Harmful Events (Harm Event)				
		Unit No	1	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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			
			01	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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			
		Please Put Events in Sequential Order		3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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			
			4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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			
Contributing Information		Harm Event L/R Most?		Utility Pole Number		Driver Action (D)				
		Unit No	1	01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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			
			02	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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			
		Please Put Events in Sequential Order		3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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			
			4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Indicated Prime Factor		Environmental / Roadway Potential Factors (E/R)		Unit No Harm Event		Pedestrian Action (P)				
		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=Glares 08=Work Zone Related	1	00	2	<input type="checkbox"/>	00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Or Playing			
			01	12	3	<input type="checkbox"/>	03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Working On Vehicle 07=Standing 98=Other 99=Unknown			
		Unit No	01	1	00	2	<input type="checkbox"/>	Unit No	01	05
		Unit No	02	1	00	2	<input type="checkbox"/>	Unit No	02	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

06

Crash Number

P0483494

A/N

Diagram

20

SR0879

W

SR0879

W-WITNESSES



Witness Name

Address

Phone

1 CAROL JOHNSON 184 BROAD HILL ROAD, FRENCHVILLE PA 814-263-7262
2

Narrative and additional witnesses:

Accident Investigation Notification Issued? Property Damage

Driver of UNIT 1 STATED SHE MADE A LEFT TURN FROM SR0879 WEST ONTO SR1001. DRIVER OF UNIT 1 SAID SHE THOUGHT HER LIGHT WAS GREEN - AND THAT SHE DID NOT SEE UNIT 2 APPROACHING.

Witness and Narrative

22

Driver of UNIT 2 STATED SHE WAS TRAVELING EAST ON SR0879. DRIVER OF UNIT 2 SAID SHE WAS PROCEEDING THROUGH THE INTERSECTION ON A GREEN LIGHT WHEN UNIT 1 TURNED DIRECTLY IN FRONT OF HER VEHICLE.

Driver of UNIT 2 STATED DRIVER 1 TOLD HER AFTER THE CRASH THAT SHE HAD TURNED AT THE LIGHT (CHANGED FROM GREEN TO YELLOW). WITNESS - CAROL JOHNSON, STATED HER LIGHT WAS STEADY RED AND TRAFFIC ON SR0879 EAST WAS MOVING ON A PROTECTED LEFT SIGNAL.

SR0879 EAST TRAFFIC AT SR1001 RECEIVES A GREEN SIGNAL WITH PROTECTED LEFT, WHILE SR0879 WEST TRAFFIC REMAINS RED.

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

AA 500 3

Police Use Only.

Page

04

Crash Number

P0483494

People Information		A Person Type: 1=Driver 2=Passenger 7=Pedestrian 8=Other 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	G Ejection: 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown
		B Sex: F=Female M=Male U=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	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	
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	I Extrication: 0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Freed By Non - Mechanical Means 8=Other 9=Unknown				

13	EMS Agency:	CFD-EMS	Medical Facility:	CFD. HOSPITAL									
14	Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
	01	01	<input type="checkbox"/>	07-26-1967	1	F	4	01	03	12	0	0	0
	Name / Address / Phone												
	<input type="checkbox"/> Same as Operator												
	EMS Transport	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
	Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
	01	02	<input type="checkbox"/>	04-07-2001	2	F	4	06	04	00	0	0	0
	Name / Address / Phone												
	<input type="checkbox"/> Same as Operator												
	EMS Transport	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
	Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
	02	01	<input type="checkbox"/>	11-17-1957	1	F	0	01	03	10	0	0	0
	Name / Address / Phone												
	<input type="checkbox"/> Same as Operator												
	EMS Transport	<input type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/>	05-04-1933	2	F	0	03	03	10	0	0	0
	Name / Address / Phone												
	<input type="checkbox"/> Same as Operator												
	EMS Transport	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
	Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
			<input type="checkbox"/>										
	Name / Address / Phone												
	<input type="checkbox"/> Same as Operator												
	EMS Transport	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
	Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
			<input type="checkbox"/>										
	Name / Address / Phone												
	<input type="checkbox"/> Same as Operator												
	EMS Transport	<input type="checkbox"/> Yes	<input type="checkbox"/> No										

VERIFICATION

I, the undersigned, in my capacity as *Claims Recovery Specialist*
of *Trustfull Ins. Co.*, plaintiff herein, that the
facts set forth in the foregoing Complaint are true and correct to
the best of his knowledge, information and belief. I make this
Verification subject to the penalties of 18 Pa. C.S. Section 4904
relating to unsworn falsification to authorities, which provides
that if I knowingly make false statements, I may be subject to
criminal penalties.

11/17/06

Date

Karen R. Bege

Name

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 103485
NO: 07-770-CD
SERVICE # 1 OF 1
REINSTATED COMPLAINT & PRAECIPE

PLAINTIFF: WESTFIELD INSURANCE CO.
vs.
DEFENDANT: TAMMIE L. WARNOCK and TAMMIE MILLER

SHERIFF RETURN

NOW, December 06, 2007 AT 2:01 PM SERVED THE WITHIN REINSTATED COMPLAINT & PRAECIPE ON TAMMIE L. WARNOCK and TAMMIE MILLER (BARNEY) DEFENDANT AT 514 E. 5TH ST., CLEARFIELD, CLEARFIELD COUNTY, PENNSYLVANIA, BY HANDING TO CHARLES BARNEY, HUSBAND A TRUE AND ATTESTED COPY OF THE ORIGINAL REINSTATED COMPLAINT & PRAECIPE AND MADE KNOWN THE CONTENTS THEREOF.

SERVED BY: HUNTER /

FILED
01/31/2008
APR 11 2008
William A. Shaw
Prothonotary/Clerk of Courts

PURPOSE	VENDOR	CHECK #	AMOUNT
SURCHARGE	KRAFT	11858	10.00
SHERIFF HAWKINS	KRAFT	11858	11.00

Sworn to Before Me This

____ Day of _____ 2008

So Answers,

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

KRAFT & KRAFT, P.C.
By: Robert E. Cherwony
Attorney No. 17623
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

Attorney for Plaintiff

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

VS.

CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER
514 E. 5th Street
Clearfield, PA 16830-2608

NO. 07-770-CD

**PRAECEIPE FOR ENTRY OF JUDGMENT FOR WANT OF ANSWER,
ASSESSMENT OF DAMAGES AND VERIFICATION OF ADDRESS
AND NON MILITARY SERVICE**

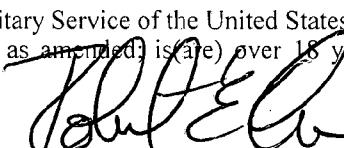
TO THE FROTHONOTARY:

Enter judgment by default for want of an answer in favor of plaintiff and against the above-named defendant(s) only and assess as follows:

Principal	\$ 5,746.49
Interest	<u>287.32</u>
Total	\$ 6,033.81

Understanding that false statement herein made are subject to penalty under 18Pa.C.S. Section 4904 relating to unsworn falsification to authority, I verify that:

1. The above are the precise last-known addresses of the judgment debtor(s) and creditor.
2. The annexed notice(s) of intention to file this praecipe was (were) mailed to all parties against whom judgment is to be entered and to their record attorneys, if any, after the default occurred, and at least ten days prior to the date of the filing of this praecipe.
3. The said defendant(s) is(are) not in the Military Service of the United States or its Allies or otherwise within the coverage of the Soldiers and Sailors Relief Act of 1940, as amended; is(are) over 18 years of age; and has(have) civilian occupation(s).


Robert E. Cherwony
Attorney for Plaintiff

JUDGMENT BY DEFALUT ENTERED AND
DAMAGES ASSESSED AS ABOVE:
NOTICE GIVEN UNDER PA.R.CIV.P.236


PRO PROTHONOTARY

4/21/08

FILED Atty pd. 20.00
M 10/3/08
APR 21 2008 ICC Notice
to Def.

William A. Shaw
Prothonotary/Clerk of Courts
Statement to
Atty

(60)

ЧИЯ ОТМЯТАЯ

卷之三

William A. Shaw
Prothonotary/Clerk of Courts

卷之三

KRAFT & KRAFT, P.C.
By: Robert E. Cherwony
Attorney No. 17623
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

Attorney for Plaintiff

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

: COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

VS.

: CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER
514 E. 5th Street
Clearfield, PA 16830-2608

: NO. 07-770-CD

**PRAECIPE FOR ENTRY OF JUDGMENT FOR WANT OF ANSWER,
ASSESSMENT OF DAMAGES AND VERIFICATION OF ADDRESS
AND NON MILITARY SERVICE**

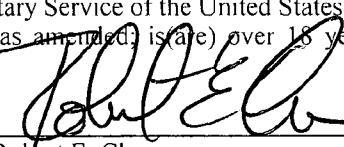
TO THE PROTHONOTARY:

Enter judgment by default for want of an answer in favor of plaintiff and against the above-named defendant(s) only and assess as follows:

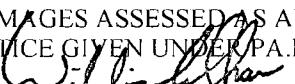
Principal	\$ 5,746.49
Interest	287.32
Total	\$ 6,033.81

Understanding that false statement herein made are subject to penalty under 18Pa.C.S. Section 4904 relating to unsworn falsification to authority, I verify that:

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2. The annexed notice(s) of intention to file this praecipe was (were) mailed to all parties against whom judgment is to be entered and to their record attorneys, if any, after the default occurred, and at least ten days prior to the date of the filing of this praecipe.
3. The said defendant(s) is(are) not in the Military Service of the United States or its Allies or otherwise within the coverage of the Soldiers and Sailors Relief Act of 1940, as amended; is(are) over 18 years of age; and has(have) civilian occupation(s).


Robert E. Cherwony
Attorney for Plaintiff

JUDGMENT BY DEFAULT ENTERED AND
DAMAGES ASSESSED AS ABOVE:
NOTICE GIVEN UNDER PA.R.CIV.P.236


By 4/21/08
PRO PROTHONOTARY

FILED Atty pd. 20.00
M 10:30 AM
APR 21 2008 ICCS Notice
to Def.

William A. Shaw
Prothonotary/Clerk of Courts
Statement to
Atty

(61)

Date of Notice: January 11, 2008

Tammie L. Warnock
514 E. 5th Street
Clearfield, PA 16830-2608

Caption: WESTFIELD INSURANCE CO., SUBROGEE OF ANN
THACHER v. TAMMIE L. WARNOCK and TAMMIE
MILLER
COMMON PLEAS COURT OF CLEARFIELD COUNTY, PA
CIVIL ACTION AT LAW No. 07-770-CD

IMPORTANT

YOU ARE IN DEFAULT BECAUSE YOU HAVE FAILED TO ENTER A WRITTEN APPEARANCE PERSONALLY OR BY ATTORNEY AND FILE IN WRITING WITH THE COURT YOUR DEFENSES OR OBJECTIONS TO THE CLAIMS SET FORTH AGAINST YOU. 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. YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

David Meholick
Court Administrator
1 N. 2nd Street
Clearfield, PA 16830

KRAFT & KRAFT, P.C.



Robert E. Cherwony, Esquire
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

YOU MAY SATISFY THIS MATTER BY PAYMENT BY RETURN MAIL IN THE ENCLOSED ENVELOPE.

Date of Notice: January 11, 2008

Tammie Miller
514 E. 5th Street
Clearfield, PA 16830-2608

Caption: WESTFIELD INSURANCE CO., SUBROGEE OF ANN
THACHER v. TAMMIE L. WARNOCK and TAMMIE
MILLER

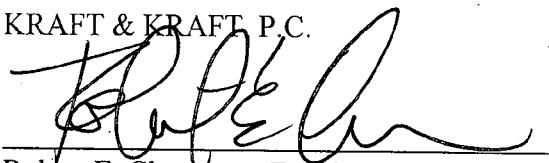
COMMON PLEAS COURT OF CLEARFIELD COUNTY, PA
CIVIL ACTION AT LAW No. 07-770-CD

IMPORTANT

YOU ARE IN DEFAULT BECAUSE YOU HAVE FAILED TO ENTER A WRITTEN APPEARANCE PERSONALLY OR BY ATTORNEY AND FILE IN WRITING WITH THE COURT YOUR DEFENSES OR OBJECTIONS TO THE CLAIMS SET FORTH AGAINST YOU. 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. YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

David Meholic
Court Administrator
1 N. 2nd Street
Clearfield, PA 16830

KRAFT & KRAFT, P.C.



Robert E. Cherwony, Esquire
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

YOU MAY SATISFY THIS MATTER BY PAYMENT BY RETURN MAIL IN THE ENCLOSED ENVELOPE.

(Rule of Civil Procedure No. 236)-Revised

COPY

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA
CIVIL ACTION AT LAW
NO. 07-770-CD

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER)
Plaintiff

VS.

TAMMIE L. WARNOCK
and TAMMIE MILLER)
Defendant

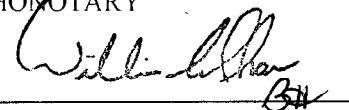
Notice is given that an Order in Judgment in the above-captioned matter has been entered against you on

April 21 , 2008.

PROTHONOTARY

BY: _____

Deputy



If you have any questions concerning the above, please contact:

KRAFT & KRAFT, P.C.
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

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

COPY

Westfield Insurance Co.

Ann Thacher

Plaintiff(s)

No.: 2007-00770-CD

Real Debt: \$6,033.81

Atty's Comm: \$

Vs.

Costs: \$

Int. From: \$

Tammie L. Warnock
and Tammie Miller
Defendant(s)

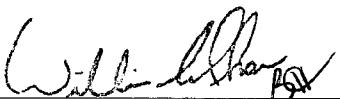
Entry: \$20.00

Instrument: Default Judgment

Date of Entry: April 21, 2008

Expires: April 21, 2013

Certified from the record this 21st day of April, 2008.



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

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

: COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

vs.

: CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER and
WACHOVIA BANK
Garnishee

: No. 07-770-CD

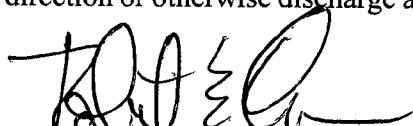
INTERROGATORIES IN ATTACHMENT

TO: WACHOVIA BANK, garnishee(s)

Your are required to file answers to the following Interrogatories within twenty (20) days after service upon you. Failure to do so may result in judgment against you.

1. At the time you were served or at any subsequent time did you owe the defendant(s) any money or were you liable to him, (her, them) or any negotiable or other written instrument, or did he (she, they) claim that you owe him (her, them) any money or were liable to him (her, them) for any reason?
2. At the time you were served or at any subsequent time there in your possession custody or control or in the joint possession, custody or control for yourself and one or more persons any property of any nature owned solely or in part by the defendant(s)? If so, how much?
3. At the time you were served or at any subsequent time did you hold legal title to any property of any nature owned solely or in part by the defendant(s) or in which defendant(s) held or claimed any interest?
4. At the time you were served or at any subsequent time did you hold as fiduciary any property in which the defendant(s) had any interest?
5. At any time before or after you were served did the defendant(s) transfer or deliver any property to you or to any person place pursuant to your direction or consent and what was the consideration therefor?
6. At any time after you were served did you pay, transfer or deliver any money or property to the defendant(s) or to any person or place pursuant to his (her, their) direction or otherwise discharge any claim of the defendant(s) against you?

Date 7/1/08


Robert E. Cherwony, Esquire
Attorney for Plaintiff

FILED *acc*
M 19 11 2008 Sheriff
JUL 07 2008
6P
William A. Shaw
Prothonotary/Clerk of Courts

FILED

JUL 07 2008

William A. Shaw
Prothonotary/Clerk of Courts

COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PA

NO. 07-770-CD

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

vs.

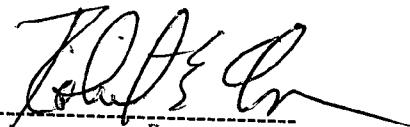
TAMMIE L. WARNOCK
and TAMMIE MILLER
514 E. 5th Street
Clearfield, PA 16830-2608
and

WACHOVIA BANK
203 Beaver Drive
DuBois, PA 15801

INTERROGATORIES IN ATTACHMENT

To the within named Garnishee:

Take notice that you are
required to answer the within
Interrogatories within twenty (20)
days after service thereof upon you.


Robert E. Cherwony, Esquire
Attorneys for Plaintiff
KRAFT & KRAFT, P.C.
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

: COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

vs.

: CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER and
CSB BANK, Garnishee

: No. 07-770-CD

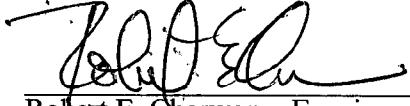
INTERROGATORIES IN ATTACHMENT

TO: CSB BANK, garnishee(s)

Your are required to file answers to the following Interrogatories within twenty (20) days after service upon you. Failure to do so may result in judgment against you.

1. At the time you were served or at any subsequent time did you owe the defendant(s) any money or were you liable to him, (her, them) or any negotiable or other written instrument, or did he (she, they) claim that you owe him (her, them) any money or were liable to him (her, them) for any reason?
2. At the time you were served or at any subsequent time there in your possession custody or control or in the joint possession, custody or control for yourself and one or more persons any property of any nature owned solely or in part by the defendant(s)? If so, how much?
3. At the time you were served or at any subsequent time did you hold legal title to any property of any nature owned solely or in part by the defendant(s) or in which defendant(s) held or claimed any interest?
4. At the time you were served or at any subsequent time did you hold as fiduciary any property in which the defendant(s) had any interest?
5. At any time before or after you were served did the defendant(s) transfer or deliver any property to you or to any person place pursuant to your direction or consent and what was the consideration therefor?
6. At any time after you were served did you pay, transfer or deliver any money or property to the defendant(s) or to any person or place pursuant to his (her, their) direction or otherwise discharge any claim of the defendant(s) against you?

Date 7/1/08


Robert E. Cherwony, Esquire
Attorney for Plaintiff

FILED acc
m7/10/2008 Sheriff
JUL 07 2008

William A. Shaw
Prothonotary/Clerk of Courts

610

FILED

JUL 07 2008

William A. Shaw
Prothonotary/Clerk of Courts

COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PA

NO. 07-770-CD

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
514 E. 5th Street
Clearfield, PA 16830-2608
and

CSB BANK
900 River Road
Clearfield, PA 16830

INTERROGATORIES IN ATTACHMENT

To the within named Garnishee:

Take notice that you are
required to answer the within
Interrogatories within twenty (20)
days after service thereof upon you.


Robert E. Cherwony, Esquire
Attorneys for Plaintiff
KRAFT & KRAFT, P.C.
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

: COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

vs.

: CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER and
CLEARFIELD BANK & TRUST COMPANY,
Garnishee

: No. 07-770-CD

INTERROGATORIES IN ATTACHMENT

TO: CLEARFIELD BANK & TRUST COMPANY, garnishee(s)

Your are required to file answers to the following Interrogatories within twenty (20) days after service upon you. Failure to do so may result in judgment against you.

1. At the time you were served or at any subsequent time did you owe the defendant(s) any money or were you liable to him, (her, them) or any negotiable or other written instrument, or did he (she, they) claim that you owe him (her, them) any money or were liable to him (her, them) for any reason?

2. At the time you were served or at any subsequent time there in your possession custody or control or in the joint possession, custody or control for yourself and one or more persons any property of any nature owned solely or in part by the defendant(s)? If so, how much?

3. At the time you were served or at any subsequent time did you hold legal title to any property of any nature owned solely or in part by the defendant(s) or in which defendant(s) held or claimed any interest?

4. At the time you were served or at any subsequent time did you hold as fiduciary any property in which the defendant(s) had any interest?

5. At any time before or after you were served did the defendant(s) transfer or deliver any property to you or to any person place pursuant to your direction or consent and what was the consideration therefor?

6. At any time after you were served did you pay, transfer or deliver any money or property to the defendant(s) or to any person or place pursuant to his (her, their) direction or otherwise discharge any claim of the defendant(s) against you?

Date 7/1/08


Robert E. Cherwony, Esquire
Attorney for Plaintiff

FILED *acc*
m 10:10 AM JUL 07 2008 Sheriff
JUL 07 2008

60
William A. Shaw
Prothonotary/Clerk of Courts

FILED

JUL 07 2008

William A. Shaw
Prothonotary/Clerk of Courts

COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PA

NO. 07-770-CD

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
514 E. 5th Street
Clearfield, PA 16830-2608

and

CLEARFIELD BANK & TRUST COMPANY
11 N. 2nd Street
Clearfield, PA 16830
0

INTERROGATORIES IN ATTACHMENT

To the within named Garnishee:

Take notice that you are
required to answer the within
Interrogatories within twenty (20)
days after service thereof upon you.


Robert E. Cherwony, Esquire
Attorneys for Plaintiff
KRAFT & KRAFT, P.C.
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

: COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

vs.

: CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER and
COUNTY NATIONAL BANK, Garnishee

: No. 07-770-CD

INTERROGATORIES IN ATTACHMENT

TO: COUNTY NATIONAL BANK, garnishee(s)

Your are required to file answers to the following Interrogatories within twenty (20) days after service upon you. Failure to do so may result in judgment against you.

1. At the time you were served or at any subsequent time did you owe the defendant(s) any money or were you liable to him, (her, them) or any negotiable or other written instrument, or did he (she, they) claim that you owe him (her, them) any money or were liable to him (her, them) for any reason?
2. At the time you were served or at any subsequent time there in your possession custody or control or in the joint possession, custody or control for yourself and one or more persons any property of any nature owned solely or in part by the defendant(s)? If so, how much?
3. At the time you were served or at any subsequent time did you hold legal title to any property of any nature owned solely or in part by the defendant(s) or in which defendant(s) held or claimed any interest?
4. At the time you were served or at any subsequent time did you hold as fiduciary any property in which the defendant(s) had any interest?
5. At any time before or after you were served did the defendant(s) transfer or deliver any property to you or to any person place pursuant to your direction or consent and what was the consideration therefor?
6. At any time after you were served did you pay, transfer or deliver any money or property to the defendant(s) or to any person or place pursuant to his (her, their) direction or otherwise discharge any claim of the defendant(s) against you?

Date 7/1/08


Robert E. Cherwony, Esquire
Attorney for Plaintiff

FILED
M.D. 10/01/2008 2:00 PM
JUL 07 2008 Sheriff
G

William A. Shaw
Prothonotary/Clerk of Courts

FILED

JUL 07 2008

William A. Shaw
Prothonotary/Clerk of Courts

COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PA

NO. 07-770-CD

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
514 E. 5th Street
Clearfield, PA 16830-2608

and

COUNTY NATIONAL BANK
1 S. 2nd Street
Clearfield, PA 16830

INTERROGATORIES IN ATTACHMENT

To the within named Garnishee:

Take notice that you are
required to answer the within
Interrogatories within twenty (20)
days after service thereof upon you.



Robert E. Cherwony, Esquire
Attorneys for Plaintiff
KRAFT & KRAFT, P.C.
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

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

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

vs.

TAMMIE L. WARNOCK and TAMMIE MILLER
Defendants, and COUNTY NATIONAL BANK,
CLEARFIELD BANK & TRUST COMPANY,
CSB BANK and WACHOVIA BANK, Garnishees

NO. 07-770-CD

PRAECIPE FOR WRIT OF EXECUTION - MONEY JUDGMENT

TO THE PROTHONOTARY:

ISSUE WRIT OF EXECUTION IN THE ABOVE MATTER.

- (1) Directed to the Sheriff of CLEARFIELD County, PA;
- (2) against TAMMIE L. WARNOCK and TAMMIE MILLER, Defendant(s);
- (3) and against COUNTY NATIONAL BANK, CLEARFIELD BANK & TRUST COMPANY, CSB BANK and WACHOVIA BANK, Garnishees;
- (4) and index this writ
 - (a) _____, Defendant(s) and
 - (b) _____, Garnishee(s),

as a lis pendens against the real property of the defendant(s) in the name of the Garnishee(s).
Specifically describe property per attached property description):

**Checking account, savings account, safe deposit box, or any other
personalty or realty which may be in the possession of the
garnishee belonging to the Defendant.**

(5) Amount Due: \$6,033.81



Signature of Attorney

Interest from: 4/21/08

Robert E. Cherwony, Esquire

Total:

Prothonotary costs 132.00

17623
ID Number

FILED Atty. pd. #20.00
M 19 2008 100-215 wnts
JUL 07 2008 to Sheriff

William A. Shaw
Prothonotary/Clerk of Courts



FILED

JUL 07 2008

William A. Shaw
Prothonotary/Clerk of Courts

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA
CIVIL ACTION AT LAW
NO. 07-770-CD

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
514 E. 5th Street
Clearfield, PA 16830-2608

and
COUNTY NATIONAL BANK
1 S. 2nd Street, Clearfield, PA 16830
CLEARFIELD BANK & TRUST COMPANY
11 N. 2nd Street, Clearfield, PA 16830
CSB BANK
900 River Road, Clearfield, PA 16830
WACHOVIA BANK
203 Beaver Drive, DuBois, PA 15801


Robert E. Cherwony, Esquire
KRAFT & KRAFT, P.C.
1311 Spruce Street
Philadelphia, PA 19107
215-546-5100


Robert E. Cherwony, Esquire
KRAFT & KRAFT, P.C.
1311 Spruce Street
Philadelphia, PA 19107
215-546-5100

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

COPY

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

vs.

TAMMIE L. WARNOCK and TAMMIE MILLER
Defendants, and COUNTY NATIONAL BANK,
CLEARFIELD BANK & TRUST COMPANY,
CSB BANK and WACHOVIA BANK, Garnishees

NO. 07-770-CD

WRIT OF EXECUTION

COMMONWEALTH OF PENNSYLVANIA, COUNTY OF CLEARFIELD

TO THE SHERIFF OF CLEARFIELD COUNTY, PA

To satisfy the judgment, interest and costs against TAMMIE L. WARNOCK and TAMMIE MILLER, Defendant(s);

(1) You are directed to levy upon the property of the defendant(s) and to sell his, her (or their) interest therein;

(2) You are also directed to attach the property of the defendant not levied upon in the possession of COUNTY NATIONAL BANK, CLEARFIELD BANK & TRUST COMPANY, CSB BANK and WACHOVIA BANK, as Garnishee(s) per property description attached:

Checking account, savings account, safe deposit box, or any other personality or realty which may be in the possession of the garnishee belonging to the Defendant.

and to notify the Garnishee(s) that

(a) an attachment has been issued;

(b) the garnishee(s) is enjoined from paying any debt to or for the account of the defendant(s) and from delivering any property of the defendant(s) or otherwise disposing thereof.

(3) If property of the defendant not levied upon and subject to attachment is found in the possession of anyone other than the named garnishee(s), you are directed to notify him that he has been added as a garnishee and is enjoined as above stated.

COSTS:

Amount due: \$6,033.81

Prothonotary: \$132.00

Interest from: 4/21/08

Sheriff: \$_____

Total: \$_____
Plus costs as per endorsement hereon.

(SEAL)

Prothonotary

Willie L. Thacher 7/7/08
Agent/Deputy

If Social Security or Supplemental Income Funds are directly deposited into an account of the defendant, the levy and attachment shall not include any funds that may be traced to Social Security direct deposits. In addition, the levy and attachment shall not include \$300.00 in the account of the defendant.

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA
CIVIL ACTION AT LAW
NO. 07-770-CD

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
514 E. 5th Street
Clearfield, PA 16830-2608

and

COUNTY NATIONAL BANK
1 S. 2nd Street, Clearfield, PA 16830
CLEARFIELD BANK & TRUST COMPANY
11 N. 2nd Street, Clearfield, PA 16830
CSB BANK
900 River Road, Clearfield, PA 16830
WACHOVIA BANK
203 Beaver Drive, DuBois, PA 15801



Robert E. Cherwony, Esquire
KRAFT & KRAFT, P.C.
1311 Spruce Street
Philadelphia, PA 19107
215-546-5100

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

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

vs.

TAMMIE L. WARNOCK and TAMMIE MILLER
Defendants, and COUNTY NATIONAL BANK,
CLEARFIELD BANK & TRUST COMPANY,
CSB BANK and WACHOVIA BANK, Garnishees

NO. 07-770-CD

WRIT OF EXECUTION NOTICE

This paper is a "Writ of Execution." It has been issued because there is a judgment against you. It may cause your property to be held or taken to pay the judgment. You have legal rights to prevent your property from being taken. A lawyer can advise you more specifically of these rights. If you wish to exercise your rights, you must act promptly.

The law provides that certain property cannot be taken. Such property is said to be exempt. There is a debtor's exemption of \$300.00. There are other exemptions which may be applicable to you. A summary of the Major Exemptions are listed below. You may have other exemptions or other rights.

MAJOR EXEMPTIONS UNDER PENNSYLVANIA AND FEDERAL LAW

- (1) \$300.00 statutory exemption;
- (2) Bibles, school books, sewing machines, uniforms and equipment;
- (3) Most wages and unemployment compensation;
- (4) Social Security benefits;
- (5) Certain retirement funds and accounts;
- (6) Certain veteran and armed forces benefits;
- (7) Certain insurance proceedings;
- (8) Such other exemptions as may be provided by law.

If you have an exemption, you should do the following promptly;

1. Fill out the attached "Claim for Exemption" form and demand a prompt hearing;
2. Deliver the form or mail it to the Sheriff's office at the address noted.

You should come to court to explain your exemption. If you do not come to court and prove your exemption, you may lose some of your property.

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.

David Meholick
Court Administrator
1 N. 2nd Street
Clearfield, PA 16830

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

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

vs.

TAMMIE L. WARNOCK and TAMMIE MILLER
Defendants, and COUNTY NATIONAL BANK,
CLEARFIELD BANK & TRUST COMPANY,
CSB BANK and WACHOVIA BANK, Garnishees

NO. 07-770-CD

CLAIM FOR EXEMPTION

TO THE SHERIFF:

I, the above-named defendant, claim exemption of property from levy or attachment:

(1) From my personal property in my possession which has been levied upon,

(a) I desire that my \$300.00 statutory exemption be
[] (1) set aside in kind (specify property to be set
aside in kind):

[] (11) paid in cash following the sale of the
property levied upon; or

(b) I claim the following exemption (specify property and
basis of exemption): _____

(2) From my property which is in the possession of a third party, I claim the following
exemptions:

(a) My \$300.00 statutory exemption: [] in cash; [] in kind (specify
property):

(b) Social Security benefits on deposit in the amount of
\$ _____.

(c) other (specify amount and basis of exemption): _____

I request a prompt court hearing to determine the exemption.
Notice of the hearing should be given to me at _____

(Address)

(Telephone Number)

I verify that the statements made in this Claim for Exemption are true and correct. I
understand that false statements herein are made subject to the penalties of 18 Pa. C.S.
Section 4904 relating to unsworn falsification to authorities.

Date: _____

Defendant: _____

THIS CLAIM TO BE FILED WITH:

Office of the Sheriff of Clearfield County
Courthouse Building
Clearfield, PA 16830

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

Westfield Insurance Co.
Plaintiff

v.
Tammie L Warnock and Tammie Miller
Defendant(s)

FILED

AUG 18 2008
m/ 8-18-08
William A. Shaw
Prothonotary/Clerk of Courts
w/o C/L (610)

NORTHWEST SAVINGS BANK,
Garnishee

Case No. 07-770-CD

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within Answers to Interrogatories in Attachment was mailed by first class mail, postage prepaid, or hand delivered this 13th day of August 2008, to unrepresented parties in the above captioned matter as follows:

Tammie L Warnock and Tammie Miller

Kraft & Kraft, P.C.
1311 Spruce Street
Philadelphia PA 19107

By Sabrina Schrecongost 8-13-08
Sabrina Schrecongost
Northwest Savings Bank
100 Liberty St
PO Box 128
Warren PA 16365
(814) 728-7389

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

: COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

vs.

: CIVIL ACTION AT LAW

TAMMIE L. WARNOCK
and TAMMIE MILLER and
CSB BANK, Garnishee

: No. 07-770-CD

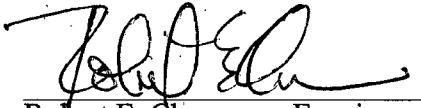
INTERROGATORIES IN ATTACHMENT

TO: CSB BANK, garnishee(s)

Your are required to file answers to the following Interrogatories within twenty (20) days after service upon you. Failure to do so may result in judgment against you.

1. At the time you were served or at any subsequent time did you owe the defendant(s) any money or were you liable to him, (her, them) or any negotiable or other written instrument, or did he (she, they) claim that you owe him (her, them) any money or were liable to him (her, them) for any reason? **NO**
2. At the time you were served or at any subsequent time there in your possession custody or control or in the joint possession, custody or control for yourself and one or more persons any property of any nature owned solely or in part by the defendant(s)? If so, how much? **NO** - Unable to locate with the information provided.
3. At the time you were served or at any subsequent time did you hold legal title to any property of any nature owned solely or in part by the defendant(s) or in which defendant(s) held or claimed any interest? **NO**
4. At the time you were served or at any subsequent time did you hold as fiduciary any property in which the defendant(s) had any interest? **NO**
5. At any time before or after you were served did the defendant(s) transfer or deliver any property to you or to any person place pursuant to your direction or consent and what was the consideration therefor? **NO**
6. At any time after you were served did you pay, transfer or deliver any money or property to the defendant(s) or to any person or place pursuant to his (her, their) direction or otherwise discharge any claim of the defendant(s) against you? **NO**

Date 7/1/08


Robert E. Cherwony, Esquire
Attorney for Plaintiff

I hereby certify this to be a true
and attested copy of the original
statement filed in this case.

JUL 07 2008

Attest.


William A. Thacher
Prothonotary/
Clerk of Courts

COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PA

NO. 07-770-CD

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER
1 Park Circle, P. O. Box 5001
Westfield Center, OH 44251-5001

vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
514 E. 5th Street
Clearfield, PA 16830-2608
and

CSB BANK
900 River Road
Clearfield, PA 16830

INTERROGATORIES IN ATTACHMENT

To the within named Garnishee:

Take notice that you are
required to answer the within
Interrogatories within twenty (20)
days after service thereof upon you.


Robert E. Cherwony, Esquire
Attorneys for Plaintiff
KRAFT & KRAFT, P.C.
1311 Spruce Street
Philadelphia, PA 19107
(215) 546-5100

Westfield Insurance Co.

Vs.

Tammie L Warnock and Tammie Miller
Commonwealth of Pennsylvania
County of Clearfield
Case No 07-770-CD

VERIFICATION

The undersigned does hereby verify under penalty of perjury, that he/she is the legal representative of Northwest Savings Bank, Garnishee herein, that he/she is duly authorized to make this Verification and that the facts set forth in the foregoing INTERROGATORIES are true and correct to the best of his/her knowledge, information and belief.

Sabrina Schrecongost

8-13-08

Please forward all future related documents from the above referenced case number to:

Northwest Savings Bank
Attn: Sabrina Schrecongost
100 Liberty St
PO Box 128
Warren PA 16365
PH: 814-728-7389

Thank you.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 20802
NO: 07-770-CD

PLAINTIFF: WESTFIELD INSURANCE CO., SUBROGEE OF ANN THACHER

vs.

DEFENDANT: TAMMIE L. WARNOCK AND TAMMIE MILLER

Execution PERSONAL PROPERTY / INTERROGATORIES

SHERIFF RETURN

DATE RECEIVED WRIT: 7/7/2008

LEVY TAKEN @

POSTED @

SALE HELD

SOLD TO

SOLD FOR AMOUNT PLUS COSTS

WRIT RETURNED 2/23/2009

DATE DEED FILED

PROPERTY ADDRESS 514 E. 5TH STREET CLEARFIELD, PA 16830

S
FILED
OPINION
FEB 23 2009
WM
William A. Shaw
Prothonotary/Clerk of Courts

SERVICES

SEE ATTACHED SHEET(S) OF SERVICES

SHERIFF HAWKINS \$95.82

SURCHARGE \$80.00 PAID BY ATTORNEY

Sworn to Before Me This

So Answers,

____ Day of 2009

Chester A. Hawkins
by Griffor Bitter-Ayler
Chester A. Hawkins
Sheriff

WESTFIELD INSURANCE CO., SUBROGEE OF ANN THACHER

vs
TAMMIE L. WARNOCK AND TAMMIE MILLER

1 @ SERVED TAMMIE L. WARNOCK

DEPUTIES UNABLE TO SERVE TAMMY L. WARNOCK, DEFENDANT, SHE IS IN JAIL AND HER HUSBAND OWNS ALL PROPERTY.

2 @ SERVED TAMMIE MILLER

3 7/24/2008 @ 10:45 AM SERVED WACHOVIA BANK

SERVED WACHOVIA BANK, GARNISHEE, BY HANDING TO MATTHEW MEZMAR, DIRECTOR -INVESTMENTS AT HIS PLACE OF EMPLOYMENT 201 B. BEAVER DRIVE, DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA

A TRUE AND ATTESTED COPY OF THE ORIGINAL WRIT OF EXECUTION AND INTERROGATORIES TO GARNISHEE.

4 7/31/2008 @ 10:30 AM SERVED CSB BANK

SERVED CSB BANK, NOW KNOWN AS NORTHWEST SAVINGS BANK, BY HANDING TO RANEA BREWER, MANAGER AT HER PLACE OF EMPLOYMENT NORTHWEST SAVINGS BANK, 900 RIVER ROAD, CLEARFIELD, CLEARFIELD

A TRUE AND ATTESTED COPY OF THE ORIGINAL WRIT OF EXECUTION AND INTERROGATORIES TO GARNISHEE.

5 7/31/2008 @ 10:41 AM SERVED CLEARFIELD BANK & TRUST COMPANY

SERVED CLEARFIELD BANK & TRUST COMPANY, GARNISHEE BY HANDING TO BONNIE ECKBERG, CUSTOMER SERVICE REP. AT HER PLACE OF EMPLOYMENT CB&T, 11 N. 2ND STREET, CLEARFIELD, CLEARFIELD COUNTY,

A TRUE AND ATTESTED COPY OF THE ORIGINAL WRIT OF EXECUTION AND INTERROGATORIES TO GARNISHEE.

6 7/31/2008 @ SERVED COUNTY NATIONAL BANK

SERVED COUNTY NATIONAL BANK, GARNISHEE BY HANDING TO CINDY PIERCE, SECRETARY AT HER PLACE OF EMPLOYMENT CNB, 1 S. 2ND STREET, CLEARFIELD, CLEARFIELD COUNTY, PENNSYLVANIA

A TRUE AND ATTESTED COPY OF THE ORIGINAL WRIT OF EXECUTION AND INTERROGATORIES TO GARNISHEE.

@ SERVED

NOW, FEBRUARY 23 2009 RETURN WRIT AS TIME EXPIRED.

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

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

vs.

TAMMIE L. WARNOCK and TAMMIE MILLER
Defendants, and COUNTY NATIONAL BANK,
CLEARFIELD BANK & TRUST COMPANY,
CSB BANK and WACHOVIA BANK, Garnishees

NO. 07-770-CD

WRIT OF EXECUTION

COMMONWEALTH OF PENNSYLVANIA, COUNTY OF CLEARFIELD

TO THE SHERIFF OF CLEARFIELD COUNTY, PA

To satisfy the judgment, interest and costs against **TAMMIE L. WARNOCK and TAMMIE MILLER**, Defendant(s);

- (1) You are directed to levy upon the property of the defendant(s) and to sell his, her (or their) interest therein;
- (2) You are also directed to attach the property of the defendant not levied upon in the possession of **COUNTY NATIONAL BANK, CLEARFIELD BANK & TRUST COMPANY, CSB BANK and WACHOVIA BANK**, as Garnishee(s) per property description attached:

Checking account, savings account, safe deposit box, or any other personality or realty which may be in the possession of the garnishee belonging to the Defendant.

and to notify the Garnishee(s) that

- (a) an attachment has been issued;
- (b) the garnishee(s) is enjoined from paying any debt to or for the account of the defendant(s) and from delivering any property of the defendant(s) or otherwise disposing thereof.

(3) If property of the defendant not levied upon and subject to attachment is found in the possession of anyone other than the named garnishee(s), you are directed to notify him that he has been added as a garnishee and is enjoined as above stated.

COSTS:

Amount due: \$6,033.81

Prothonotary: \$132.00

Interest from: 4/21/08

Sheriff: \$ _____

Total: \$ _____

Plus costs as per endorsement hereon.

Received this writ this 7th day
of May (SEAL) A.D. 2008
At 2:00 A.M. C.M.

Prothonotary

Charles A. Hendry
Sheriff's Captain, 6th Dist. Sheriff

Willie L. Thacher 7/17/08
Agent/Deputy

If Social Security or Supplemental Income Funds are directly deposited into an account of the defendant, the levy and attachment shall not include any funds that may be traced to Social Security direct deposits. In addition, the levy and attachment shall not include \$300.00 in the account of the defendant.

COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA
CIVIL ACTION AT LAW
NO. 07-770-CD

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

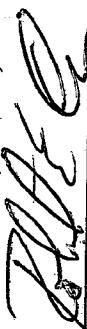
vs.

TAMMIE L. WARNOCK
and TAMMIE MILLER
514 E. 5th Street

Clearfield, PA 16830-2608
and

COUNTY NATIONAL BANK
1 S. 2nd Street, Clearfield, PA 16830
CLEARFIELD BANK & TRUST COMPANY
11 N. 2nd Street, Clearfield, PA 16830
CSB BANK

900 River Road, Clearfield, PA 16830
WACHOVIA BANK
203 Beaver Drive, DuBois, PA 15801



Robert E. Cherwony, Esquire
KRAFT & KRAFT, P.C.
1311 Spruce Street
Philadelphia, PA 19107
215-546-5100

right time and before
A _____
A _____

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

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

vs.

TAMMIE L. WARNOCK and TAMMIE MILLER
Defendants, and COUNTY NATIONAL BANK,
CLEARFIELD BANK & TRUST COMPANY,
CSB BANK and WACHOVIA BANK, Garnishees

NO. 07-770-CD

WRIT OF EXECUTION NOTICE

This paper is a "Writ of Execution." It has been issued because there is a judgment against you. It may cause your property to be held or taken to pay the judgment. You have legal rights to prevent your property from being taken. A lawyer can advise you more specifically of these rights. If you wish to exercise your rights, you must act promptly.

The law provides that certain property cannot be taken. Such property is said to be exempt. There is a debtor's exemption of \$300.00. There are other exemptions which may be applicable to you. A summary of the Major Exemptions are listed below. You may have other exemptions or other rights.

MAJOR EXEMPTIONS UNDER PENNSYLVANIA AND FEDERAL LAW

- (1) \$300.00 statutory exemption;
- (2) Bibles, school books, sewing machines, uniforms and equipment;
- (3) Most wages and unemployment compensation;
- (4) Social Security benefits;
- (5) Certain retirement funds and accounts;
- (6) Certain veteran and armed forces benefits;
- (7) Certain insurance proceedings;
- (8) Such other exemptions as may be provided by law.

If you have an exemption, you should do the following promptly;

1. Fill out the attached "Claim for Exemption" form and demand a prompt hearing;
2. Deliver the form or mail it to the Sheriff's office at the address noted.

You should come to court to explain your exemption. If you do not come to court and prove your exemption, you may lose some of your property.

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.

David Meholic
Court Administrator
1 N. 2nd Street
Clearfield, PA 16830

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

WESTFIELD INSURANCE CO., SUBROGEE
OF ANN THACHER

vs.

TAMMIE L. WARNOCK and TAMMIE MILLER
Defendants, and COUNTY NATIONAL BANK,
CLEARFIELD BANK & TRUST COMPANY,
CSB BANK and WACHOVIA BANK, Garnishees

NO. 07-770-CD

CLAIM FOR EXEMPTION

TO THE SHERIFF:

I, the above-named defendant, claim exemption of property from levy or attachment:

(1) From my personal property in my possession which has been levied upon,

- (a) I desire that my \$300.00 statutory exemption be
[] (1) set aside in kind (specify property to be set aside in kind):

[] (1) paid in cash following the sale of the property levied upon; or
- (b) I claim the following exemption (specify property and basis of exemption):

(2) From my property which is in the possession of a third party, I claim the following exemptions:

- (a) My \$300.00 statutory exemption: [] in cash; [] in kind (specify property):

- (b) Social Security benefits on deposit in the amount of
\$ _____.
(c) other (specify amount and basis of exemption):

I request a prompt court hearing to determine the exemption.
Notice of the hearing should be given to me at _____

(Address)

(Telephone Number)

I verify that the statements made in this Claim for Exemption are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Date: _____

Defendant: _____

THIS CLAIM TO BE FILED WITH:

Office of the Sheriff of Clearfield County
Courthouse Building
Clearfield, PA 16830

**PERSONAL PROPERTY SALE
SCHEDULE OF DISTRIBUTION**

NAME TAMMIE L. WARNOCK NO. 07-770-CD

NOW, February 21, 2009, by virtue of the Writ hereunto attached, after having given due and legal notice of time and place of sale by handbills posted on the premises setting forth the date, time and place of sale, I exposed the within described real estate of Tammie L. Warnock And Tammie Miller to public venue or outcry at which time and place I sold the same to he/she being the highest bidder, for the sum of and made the following appropriations, viz:

SHERIFF COSTS:

RDR SERVICE	9.00
MILEAGE LEVY	2.00
MILEAGE POSTING	
HANDBILLS	
COMMISSION	0.00
POSTAGE	0.59
HANDBILLS	
DISTRIBUTION	
ADVERTISING	
ADD'L SERVICE	36.00
ADD'L POSTING	
ADD'L MILEAGE	28.23
ADD'L LEVY	
BID/ SETTLEMENT AMOUNT	
RETURNS/DEPUTIZE	
COPIES	15.00
BILLING/PHONE/FAX	5.00
CONTINUED SALES	
MISCELLANEOUS	
TOTAL SHERIFF COSTS	\$95.82

PLAINTIFF COSTS, DEBT AND INTEREST:

DEBT-AMOUNT DUE	6,033.81
INTEREST @ %	0.00
FROM TO	
PROTH SATISFACTION	
LATE CHARGES AND FEES	
COST OF SUIT-TO BE ADDED	
FORECLOSURE FEES	
ATTORNEY COMMISSION	
REFUND OF ADVANCE	
REFUND OF SURCHARGE	80.00
SATISFACTION FEE	
ESCROW DEFICIENCY	
PROPERTY INSPECTIONS	
INTEREST	
MISCELLANEOUS	
TOTAL DEBT AND INTEREST	\$6,341.63
COSTS:	
ADVERTISING	0.00
TAXES - COLLECTOR	
TAXES - TAX CLAIM	
DUE	
LIEN SEARCH	
ACKNOWLEDGEMENT	
SHERIFF COSTS	95.82
LEGAL JOURNAL COSTS	0.00
PROTHONOTARY	
MORTGAGE SEARCH	132.00
MUNICIPAL LIEN	
TOTAL COSTS	\$227.82
TOTAL COSTS	\$6,341.63

COMMISSION 2% ON THE FIRST \$ 100,000 AND 1/2% ON ALL OVER THAT. DISTRIBUTION WILL BE MADE IN ACCORDANCE WITH THE ABOVE SCHEDULE UNLESS EXCEPTIONS ARE FILED WITH THIS OFFICE **WITHIN TEN (10) DAYS FROM THIS DATE.**

CHESTER A. HAWKINS, Sheriff

KRAFT & KRAFT, P.C.
BY: Steven Koplove, Esquire
Attorney No. 15665
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Philadelphia PA 19145
(215) 546-5100
kraft@andkraft.com

Attorney for Plaintiff *S* **FILED**
M/10/16 (203) 9:42 A
DEC 05 2016
7.00 pd. dec Atty Koplove
BRIAN K. SPENCER
PROTHONOTARY & CLERK OF COURTS

WESTFIELD INSURANCE CO.,
SUBROGEE OF ANN THACHER : COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PA

V. : CIVIL ACTION AT LAW

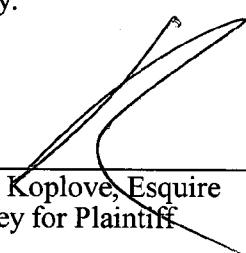
TAMMIE L. WARNOCK and TAMMIE
MILLER, Defendant and
NORTHWEST SAVINGS BANK
f/k/a CSB BANK, Garnishee : NO. 07-770-CD

ORDER TO DISCONTINUE ATTACHMENT

TO THE PROTHONOTARY:

Kindly mark the Attachment against the Garnishee, NORTHWEST SAVINGS BANK f/k/a
CSB BANK, discontinued, upon payment of your costs only.

November 30, 2016
Date


Steven Koplove, Esquire
Attorney for Plaintiff