



IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

KYLER KEPHART, a minor, by and  
through his parents and natural guardians,  
WILLIAM KEPHART and TRACY  
KEPHART,

Plaintiffs,

vs.

HEATHER CASHIER and RONALD  
BUMGARTER,

Defendants.

CIVIL DIVISION

No. 08-1636-CD

PETITION FOR APPROVAL OF MINOR'S  
SETTLEMENT CLAIM

Filed on behalf of:

Kyler Kephart, by and through his parents  
and natural guardians, William Kephart and  
Tracy Kephart, Plaintiffs

Counsel of record for Plaintiffs:

GREGORY S. OLSAVICK, ESQUIRE  
PA I.D. No. 34620

Email: golsavick@edgarsnyder.com

Firm No. 1605

EDGAR SNYDER & ASSOCIATES, LLC  
2900 OLD Route 220, Suite 201  
Altoona, PA 16601  
(814) 942-3699

**FILED** Atty pd. 95.00  
mtd: 2/1/08  
AUG 20 2008 No CC  
William A. Shaw  
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

KYLER KEPHART, a minor, by and through ) CIVIL DIVISION  
his parents and natural guardians, )  
WILLIAM KEPHART and TRACY KEPHART ) No. 08-1636-CD  
)  
Plaintiffs, )  
)  
vs. )  
)  
HEATHER CASHIER and RONALD )  
BUMGARTER )  
  
Defendants.

**ORDER OF COURT**

AND NOW, to-wit, this \_\_\_\_\_ day of \_\_\_\_\_, 2008, it is hereby Ordered  
that the claims on behalf of the Minor Petitioner, KYLER KEPHART, as to liability insurance  
may be settled for the sum of One-hundred Thousand (\$100,000.00) Dollars.

A. It is further Ordered that the allocation of the settlement monies in the amount of  
\$100,000.00 be approved and apportioned as follows:

Fee to the law firm of Edgar Snyder & Associates, LLC	\$33,333.33
Reimbursement of costs to the law firm of Edgar Snyder & Associates, LLC	\$ 1,626.47
Immediate cash payable to the PA Department of Public Welfare as full and final settlement of claim	\$6,177.76
Immediate cash payable to William and Tracy Kephart for expenses of a family vacation	\$4,000.00
Immediate cash payable to William Kephart for reimbursement of lost wages	\$2,700.00
Immediate cash payable to William Kephart and Tracy Kephart for purchase of a Dell Precision Workstation	\$2,628.00

Settlement proceeds to be placed into a structured  
settlement with American General Life Insurance  
Company

\$49,534.44

B. It is further Ordered that the settlement proceeds of \$49,534.44 shall be distributed by payment of the sum of \$49,534.44 to American General Life Insurance Company for placement in a structured settlement.

C. It is further Ordered that the sum of \$34,959.80 shall be paid to the law firm of Edgar Snyder & Associates, LLC for its fee and costs in this matter.

D. It is further Ordered that the sum of \$6,177.76 shall be paid directly to the Pennsylvania Department of Public Welfare as full and final settlement of any and all claims relative to the August 12, 2007 accident.

E. It is further Ordered that the sum of \$4,000.00 shall be paid directly to William Kephart and Tracy Kephart for expenses of a family vacation.

F. It is further Ordered that the sum of \$2,700.00 shall be paid directly to William Kephart for reimbursement of lost wages.

G. It is further Ordered that the sum of \$2,628.00 be paid directly to William and Tracy Kephart for purchase of a Dell Precision Workstation home computer.

H. Petitioners, William Kephart and Tracy Kephart, shall be the persons authorized to execute all necessary documents on behalf of Kyler Kephart, minor Petitioner to settle all claims to the liability insurance of Travelers Insurance Company.

I. Attorney Gregory Olsavick shall provide this Court with proof of deposit of funds within thirty days of deposit of said funds.

By the Court:

\_\_\_\_\_ J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

KYLER KEPHART, a minor, by and through	)	CIVIL DIVISION
his parents and natural guardians,	)	
WILLIAM KEPHART and TRACY KEPHART	)	No.
	)	
Plaintiffs,	)	
	)	
vs.	)	
	)	
HEATHER CASHIER and RONALD	)	
BUMGARTER	)	
Defendants.		

**PETITION FOR APPROVAL OF MINOR'S SETTLEMENT CLAIM**

AND NOW come Petitioners, KYLER KEPHART, a minor, by and through his parents and natural guardians, WILLIAM KEPHART and TRACY KEPHART, and by and through their attorneys, Edgar Snyder & Associates, LLC, and Gregory S. Olsavick, Esquire, and set forth the following Petition for Approval of Settlement of a Minor's Claim:

1. Minor Petitioner, KYLER KEPHART, at the time of the within accident resided with and continues to reside with his parents and natural guardians, WILLIAM KEPHART and TRACY KEPHART, at 37 Cotton Lane, P.O. Box 53, Woodland, PA 16881.
2. At the time of the within accident, KYLER KEPHART was ten (10) years old, with a date of birth of February 4, 1997.
3. On or about August 12, 2007, the minor Petitioner, KYLER KEPHART, was spending the day at the home of Ronald Bumgarter which is located at 388 Thompson Road, Woodland, PA. During his stay at the Bumgarter's, Kyler was riding an 80cc dirt bike owned by Ronald Bumgarter on the Bumgarter property. Another child was following Kyler in a go-cart. Brianna Cashier (10 years old at the time) was sitting in a stopped position on a quad-runner, talking with her mother, Heather Cashier. As the minor Petitioner, Kyler Kephart, approached

the Bumgarter house, Brianna Cashier pulled away from her stopped position and crashed into the left side of the dirt bike the Minor Petitioner was riding. The impact of the collision caused the minor Petitioner, Kyler Kephart, to be thrown from the dirt bike.

After the accident, Kyler Kephart was transported by Mr. Bumgarter to the Clearfield Hospital for treatment of his injuries.

4. Upon his arrival at the Emergency Department of Clearfield Hospital, Kyler was crying and complaining of pain in his left ankle/foot. Examination revealed severe swelling, an inability to move his toes or ankle on the left foot, ecchymotic abrasions to left medial ankle and weakness in the left dorsalis pedis pulse. Demerol and Ancef were administered to Kyler. An x-ray of the left foot was undertaken which revealed a fractured ankle. A splint was placed on Kyler's ankle and he was issued a pair of crutches to be used during ambulation. He was discharged to home with prescriptions of Vicodin and Keflex. He was further instructed to follow up the next day with Dr. Rodolfo Polintan. A copy of the August 12, 2007 Clearfield Hospital Emergency Department record is attached hereto as Exhibit "A".

5. The following day when Kyler's mother removed his splint so that Kyler could bathe, she noted that he had severe blistering to his foot. Mrs. Kephart tried to reach Dr. Polintan's office but was unsuccessful. In light of that, she decided to once again take Kyler to the Emergency Department of the Clearfield Hospital for treatment. Upon his arrival, the hospital called Dr. Polintan and scheduled an appointment for Kyler to see Dr. Polintan in the orthoclinic for intervention. Once Dr. Polintan examined Kyler, he discussed his condition with Dr. Nartatez. Both doctors determined that Kyler required more specialized treatment. Clearfield Hospital did not have the necessary equipment to treat Kyler's injury, and therefore, Geisinger Medical Center was contacted and a referral was made. Both Dr. Polintan and Dr. Nartatez recommended that Kyler be transferred to Geisinger Medical Center by Life Flight.

Attached as Exhibit "B" are the Clearfield Hospital Emergency Department records of August 13, 2007.

6. Kyler Kephart was admitted to Geisinger Medical Center on August 13, 2007 and remained a patient there until his date of discharge on August 28, 2007. During his stay, Kyler underwent four (4) operations on his left foot. A left foot fasciotomy was performed on August 13, 2007. On August 16, 19 and 22, 2007, Kyler underwent irrigation and debridement of the left foot. Additionally, on August 22, 2007, a skin graft was performed. Attached as Exhibit "C" is the August 28, 2007 Discharge Summary of Geisinger Medical Center.

7. Petitioners hired the firm of Edgar Snyder & Associates, LLC on a one-third contingency basis plus reimbursement of expenses. A copy of the September 18, 2007 Power of Attorney/Fee Agreement is attached hereto as Exhibit "D".

8. The law firm of Edgar Snyder & Associates, LLC proceeded to conduct an investigation of the accident which occurred on September 18, 2007.

9. The Defendant homeowner, Ronald Bumgarter, was insured under a homeowner policy written by Travelers Insurance Company. Following negotiations, Travelers Insurance Company has offered One-hundred Thousand (\$100,000.00) Dollars in settlement. Undersigned counsel has recommended to Petitioners that they accept this settlement offer.

10. Kyler Kephart's medical treatment costs were paid through the Pennsylvania Department of Public Welfare. A lien on behalf of Kyler Kephart has been asserted by the Department of Public Welfare in the amount of \$9,498.16. The April 15, 2008 Statement of Claim from the PA Department of Public Welfare is attached as Exhibit "E".

11. The expenses associated with this case total \$1,626.47 and the proposed attorney's fee on the settlement monies is \$33,333.33, pursuant to the Power of Attorney/Fee Agreement, resulting in net settlement proceeds of \$58,862.44. Attached as Exhibit "F" is an accounting of Edgar Snyder & Associates, LLC's reimbursable expenses and proposed Settlement Sheet.

12. The Petitioners' family had been scheduled to go on a vacation to the Outer Banks, NC in September 2007. Needless to say, due to Kyler's injuries in August 2007, the family could not make the trip. The money the Kepharts had saved for their 2007 vacation was subsequently used to pay for travel to/from Geisinger Medical Center and meals while the parents stayed at Geisinger during Kyler's August 2007 hospitalization. Now that Kyler is able to travel and participate in recreational activities, the Kepharts are hoping to go on a family vacation to the Outer Banks, NC in September 2008 and would request that \$4,000.00 of this settlement money be deducted and set aside for a family vacation. Attached as Exhibit "G" is a letter signed by the Minor Petitioner, Kyler Kephart, and his mother, Tracy Kephart. Included with the letter is an itemized list of estimated vacation expenses, which are self-explanatory.

13. While the Minor Petitioner, Kyler Kephart, was hospitalized at Geisinger Medical Center, his father, William Kephart, was unable to report to work due to his traveling back and forth from Geisinger to their home in Woodland to supervise and care for the other Kephart children. Therefore, Mr. Kephart incurred a wage loss of approximately \$2,700.00. Therefore, it is requested that monies be deducted from the settlement to reimburse Mr. Kephart for his lost wages. Mr. Kephart did not have disability benefits, or any other means to be reimbursed for these lost wages. Attached as Exhibit "H" is a letter from Mr. Kephart's employer, Denochick Logging, supporting Mr. Kephart's wage loss claim.



14. The Petitioners are also requesting that \$2,628.00 (\$2,573.00 cost +\$55.00 shipping) of the settlement proceeds be deducted and distributed to William and Tracy Kephart for the purchase of a Dell Precision Workstation for use by the minor Petitioner, Kyler Kephart. It is believed that Tyler's educational activities and pursuits will be greatly enhanced with a home computer for his use. A summary of the cost of the Dell computer is attached hereto as Exhibit "I".

15. Petitioners desire to have the proceeds of the minor's settlement placed into a structured settlement with American General Life Insurance Company. The settlement proceeds shall remain in the purchased annuity with American General Life Insurance Company. The structured settlement which will be entered into between Petitioners and American General Life Insurance Company is as follows:

Upfront cash:	\$ 0.00
Structured Settlement:	
\$ 7,500.00 at age 18 on February 4, 2015	
\$12,000.00 at age 21 on February 4, 2018	
\$20,000.00 at age 24 on February 4, 2021	
\$25,000.00 at age 27 on February 4, 2024	
\$52,800.00 at age 30 on February 4, 2027	
Guaranteed Payout:	\$117,300.00

A copy of the structured settlement proposal of American General Life Insurance Company is attached hereto as Exhibit "J".

16. It is proposed that the allocation of the settlement for the Minor Petitioner, Kyler Kephart, be approved and apportioned as follows:

Fee to the law firm of Edgar Snyder & Associates, LLC	\$33,333.33
Reimbursement of costs to the law firm of Edgar Snyder & Associates, LLC	\$ 1,626.47
Immediate cash payable to the PA Department of Public Welfare as full and final settlement of claim	\$6,177.76

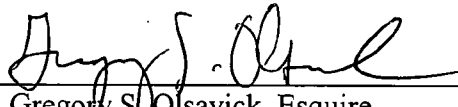
Immediate cash payable to William and Tracy Kephart for expenses of a family vacation	\$4,000.00
Immediate cash payable to William Kephart as reimbursement of lost wages	\$2,700.00
Immediate cash payable to William Kephart and Tracy Kephart for purchase of a Dell Precision Workstation	\$2,628.00
Settlement proceeds to be placed into a structured settlement through American General Life Insurance Company	\$49,534.44

17. It is requested that the Petitioners, WILLIAM KEPHART and TRACY KEPHART, be authorized to execute all documents on behalf of KYLER KEPHART, to settle all claims arising out of the August 12, 2006 accident.

WHEREFORE, it is requested this Honorable Court approve the settlement and distribution as set forth in the attached Order.

Respectfully submitted,

EDGAR SNYDER & ASSOCIATES, LLC

By   
 Gregory S. Olsavick, Esquire  
 Pa. I.D. 34620  
 Attorney for Petitioner

**Clearfield Hospital - Clearfield, PA 16830**

**Patient:** KEPHART, KYLER CLYDE      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
**8/12/2007 19:12 Painful ankle: traumatic**  
**MR #:** 153944      **Acct #:** 000001661411  
**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** Joy G. Harrison, MD

**CHIEF COMPLAINT:**

Painful ankle: traumatic

**Enc. Type:**

Initial

**ACUITY:**

Level I

**Additional Complaints:**

Painful foot: traumatic

**Physicians caring for patient:**

Joy G. Harrison, MD

**Height and Weight**

Weight: 58.1 kg. (128.0 lbs.) (est)

**TRIAGE****PCP: Sherri L. Sortor-Thompson, MD**

Patient arrived by wheelchair via private auto from Private Home with uncle &lt;TLP 08/12/2007 19:51&gt; and mother

**Chief complaint/quote: Wrecked dirt bike, c/o painful left ankle/foot, severe swelling**

Mental status: The patient is crying with an affect that is anxious. The patient is oriented x 3 and behaving in an age appropriate manner

Extremity pain: (+)

Extremity pain: (+)

Movement of extremities: Patient is unable to move left toes or ankle

Pulses, capillary refill: The left dorsalis pedis pulse is weak (1+). Capillary refill is normal

Mechanism of pain, location: Wrecked dirt bike. The left foot ankle(s) is/are very painful, markedly swollen and ecchymotic Abrasion to left medial ankle. Unable to test ROM because of pain elicited. A deformity is present.

Denies numb feet

**Medication allergies: No known allergies.****Allergies/food/environmental/animal: Pt has allergies doesn't remember names <TLP:08/12/2007 19:16>****Allergies/food/environmental/animal: Seasonal allergies****Latex Allergy (-)**

Medication information obtained from parent(s)

**Current meds: Advair 100/50 mcg 1 inhalation BID****Prilosec 20 mg po BID****Medications were not taken prior to arrival to the ED.**

Tetanus: Child UTD per Caregiver

Vaccinations are up to date

**Electronic Signature obtained**

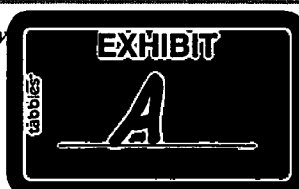
Consent has been obtained via Electronic patient signature

Growth and Development: Appropriate for age.

Triage interventions given to patient.

Ice pack applied.

Printed By



11:47 PM

**Clearfield Hospital - Clearfield, PA 16830**

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**Patient:** KEPHART, KYLER CLYDE      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
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**MR #:** 153944      **Acct #:** 000001661411  
**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** Joy G. Harrison, MD

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**Due to unavailability of the C-CER system all or a portion of the documentation for this patient is in written or scanned form. <TLP:08/12/2007 19:25>**

*TLP:Tracie L. Parks, RN 08/12/07 19:12*  
*TLP:Tracie L. Parks, RN 08/12/07 19:16*  
*TLP:Tracie L. Parks, RN 08/12/07 19:17*  
*TLP:Tracie L. Parks, RN 08/12/07 19:17*  
*TLP:Tracie L. Parks, RN 08/12/07 19:22*  
*TLP:Tracie L. Parks, RN 08/12/07 19:25*  
*TLP:Tracie L. Parks, RN 08/12/07 19:51*

**PAST HISTORY****Past Medical/Surgical History**

Asthma  
Allergies  
Stomach problems  
Fracture, forearm  
Tonsillectomy  
Adenoidectomy  
Rod implant  
Rod implant <TLP 08/12/2007 19:17>and removal

*TLP:Tracie L. Parks, RN 08/12/07 19:15*  
*TLP:Tracie L. Parks, RN 08/12/07 19:17*

**Past Social History**

Living arrangement: Patient lives with parent(s)

*TLP:Tracie L. Parks, RN 08/12/07 19:17*

**NURSING SYSTEMS REVIEW****Assessment**

*TLP:Tracie L. Parks, RN 08/12/07 19:24*

**Reassessment****Assessment****Notes:**

<LD 08-12-2007 20:08>1955 hr- Patient resting quietly. States that pain has decreased a lot. Parents at bedside.

*LD:LuAnn Dixon, RN 08/12/07 20:07*

**Assessment****Notes:**

<LD 08-12-2007 20:29>2020hr- patient states that pain is getting worse. Rates pain a 10/10. Physician made aware. Orders received.

*LD:LuAnn Dixon, RN 08/12/07 20:28*

**Assessment**

*LD:LuAnn Dixon, RN 08/12/07 21:34*

## Clearfield Hospital - Clearfield, PA 16830

**Patient:** KEPHART, KYLER CLYDE      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
 8/12/2007 19:12 Painful ankle: traumatic  
**MR #:** 153944      **Acct #:** 000001661411  
**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** Joy G. Harrison, MD

### Assessment

#### Notes:

<LD 08-12-2007 21:37> Left Posterior tibial and dorsalis pedal pulses obtained via doppler. Left foot elevated on two pillows. Ice pack refilled and applied to left foot and ankle.

LD:LuAnn Dixon, RN 08/12/07 21:35

### Assessment

Acuity level: III

Patient condition on reassessment: Patient found to be sleeping on reassessment. No obvious signs of distress noted. Family/S.O at bedside.

LD:LuAnn Dixon, RN 08/12/07 21:45

LD:LuAnn Dixon, RN 08/12/07 23:26

### FLWSHEETS

#### Input

Initials	Time	IV	Blood	PO	Total
LD	8/12/2007 22:22	100 ml			100 ml

### Medication Administration

Demerol 12.5 mg IV Transcribed order. Joy G. Harrison, MD 8/12/2007 19:18

Order completed after verification by 2nd RN Name: Tracie Parks, RN. Location: IVP. Infused over 2 minutes

LuAnn Dixon, RN 8/12/2007 19:24

No pain relief LuAnn Dixon, RN 8/12/2007 19:41

Demerol 12.5 mg IV Transcribed order. Joy G. Harrison, MD 8/12/2007 19:36

Order completed after verification by 2nd RN Name: Kristi Lawhead, RN. Location: IVP. Infused over 2 minutes

LuAnn Dixon, RN 8/12/2007 19:41

Positive response LuAnn Dixon, RN 8/12/2007 19:55

Demerol 12.5 mg IV Transcribed order. Joy G. Harrison, MD 8/12/2007 20:22

Order completed after verification by 2nd RN Name: Kimberly Smolko, RN. Location: IVP. Infused over 2 minutes

LuAnn Dixon, RN 8/12/2007 20:26

Moderate pain relief LuAnn Dixon, RN 8/12/2007 20:40

Vicodin 5/500 mg PO Joy G. Harrison, MD 8/12/2007 21:15

Medication given as ordered. Order completed after verification by 2nd RN Name: Jodi Britton, RN. Location: PO

LuAnn Dixon, RN 8/12/2007 21:24

Ancef 1 gram(s) IV Transcribed order. Joy G. Harrison, MD 8/12/2007 21:32

Order completed after verification by 2nd RN Name: Jodi Britton, RN IV med started as ordered LuAnn Dixon, RN 8/12/2007 21:55

IV Medication Infusion Completed. LuAnn Dixon, RN 8/12/2007 22:22

Dispense to home Vicodin 5/500mgs 4 tabs to go - take 1 tab every 4 hours for pain Transcribed order. Joy G. Harrison, MD 8/12/2007 22:41

# Clearfield Hospital - Clearfield, PA 16830

**Patient:** KEPHART, KYLER CLYDE      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
 8/12/2007 19:12 Painful ankle: traumatic  
**MR #:** 153944      **Acct #:** 000001661411  
**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** Joy G. Harrison, MD

Order Canceled Joy G. Harrison, MD 8/12/2007 23:21  
 Dispense to home VICODIN 5/500MGS 2 TABS TO GO - TAKE 1 TAB EVERY 4 HOURS FOR PAIN.  
 Transcribed order. Joy G. Harrison, MD 8/12/2007 23:21  
 Order completed after verification by 2nd RN Name: Kimberly M. Lucas, RN Dispensed to home per physician  
 order LuAnn Dixon, RN 8/12/2007 23:24

**Nursing Data electronically signed by: LuAnn Dixon, RN 8/12/2007 23:26**

## HISTORY OF PRESENT ILLNESS

### Note

**At the time of this signature, I have reviewed and agree with the Chief Complaint, Triage, and P.F.M.S. History.**

Pt. is a 10 year old male child brought to the ED after child was involved in an accident after child collided while riding his dirt bike with his cousin who was riding an MTV. injuring his left ankle, now with increased pain and swelling. Child denies any other injuries

JGH:Joy G. Harrison, MD 08/12/07 22:18

## REVIEW OF SYSTEMS

### All Other Systems Negative

As documented in HPI, all other systems are negative.

JGH:Joy G. Harrison, MD 08/12/07 22:22

## VITAL SIGNS

Initials/Date/Time	Temp(C)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/mi	Pain Sc
TLP 8/12/2007 19:06	36.4	O	102	24	164	109	S			10
TLP 8/12/2007 19:16			93	20	144	95	S	99	0	10
LD 8/12/2007 20:00										5
LD 8/12/2007 20:10			81	20	152	104	S			10
LD 8/12/2007 20:16			77	20	156	107	S	96	0	10
LD 8/12/2007 21:44			88	20	145	94	S	96	0	
LD 8/12/2007 22:10			84	20	152	86	S	97	0.	
LD 8/12/2007 23:00			86	20	154	108	S			10

## EXAM

**CONSTITUTIONAL:** Well-appearing; well-nourished; in apparent distress secondary to increasing pain in his left ankle.

**HEAD:** Normocephalic; atraumatic

**EYES:** PERRL; EOM intact

## Clearfield Hospital - Clearfield, PA 16830

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**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** Joy G. Harrison, MD

ENT: TM's normal; normal nose; no rhinorrhea; normal pharynx with no tonsillar hypertrophy  
 NECK: Supple; non-tender; no cervical lymphadenopathy, neg. for crepitations.  
 CARD: Normal S1, S2; no murmurs, rubs, or gallops  
 RESP: Normal chest excursion with respiration; breath sounds clear and equal bilaterally; no wheezes, rhonchi, or rales  
 ABD: Normal bowel sounds; non-distended; non-tender; no palpable organomegaly  
 EXT: increased swelling in the left lower extremity lateral and medial malleolus with overlying abrasions; tender to palpation; distal pulses are normal. decreased range of motion of the left lower extremity secondary to pain.  
 SKIN: Normal for age and race; warm; dry; good turgor; no apparent lesions or exudate [  
 skin: overlying abrasions of the lateral and medial malleolus.] <JGH 08-12-07 22:34>  
 JGH: Joy G. Harrison, MD 08/12/07 22:34

### PROCEDURES

#### Emergent

Splint: OCL splint was placed on the left ankle . Neurovascular exam was normal prior to treatment. Neurovascular exam was normal after placement. JGH 08/12/07 22:37  
 JGH: Joy G. Harrison, MD 08/12/07 22:37

#### Nursing

Labs drawn during IV insertion: The patient tolerated the procedure well. The procedure was done without complications. LD 08/12/07 19:22  
 Saline lock site # 1 : a/an 20 gauge jelco was inserted in the left antecubital area x 1 attempt. by LuAnn Dixon TLP 08/12/07 19:22  
 Wound care: Care for wound located on left ankle foot . Wound care with soap and water . Wound dressed with antibiotic ointment , adaptic, 4x4 sterile gauze dressing and sterile gauze cling applied to site. LD 08/12/07 21:35  
 IV discontinued with cathalon intact no erythema, no edema or site unremarkable. No obvious signs of infection. noted, pressure dressing securely applied. LD 08/12/07 23:00  
 TLP: Tracie L. Parks, RN 08/12/07 19:22  
 LD: LuAnn Dixon, RN 08/12/07 19:48  
 LD: LuAnn Dixon, RN 08/12/07 21:35  
 LD: LuAnn Dixon, RN 08/12/07 23:27

#### Consult

LD

LD

Lab: notified of orders. AAN 08/12/07 19:18  
 Radiology notified of order: Patient for xray in Imaging Department. transfered by PCA. AAN 08/12/07 19:58  
 Patient returns to the Emergency Department from Radiology.  
 AAN 08/12/07 20:11  
 Preliminary Reading interpreted by Emergency Department Physician scanned to chart.  
 AAN 08/12/07 20:14  
 AAN: Ashley A. Neeper, UC 08/12/07 19:18  
 AAN: Ashley A. Neeper, UC 08/12/07 19:58  
 LD: LuAnn Dixon, RN 08/12/07 20:07  
 AAN: Ashley A. Neeper, UC 08/12/07 20:11  
 AAN: Ashley A. Neeper, UC 08/12/07 20:14

## Clearfield Hospital - Clearfield, PA 16830

**Patient:** KEPHART, KYLER CLYDE      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
**8/12/2007 19:12 Painful ankle: traumatic**  
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**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** Joy G. Harrison, MD

### ORDERS

#### Medicine

Demerol 12.5 mg IV Transcribed order. < Joy G. Harrison, MD 8/12/2007 19:18>  
 Demerol 12.5 mg IV Transcribed order. < Joy G. Harrison, MD 8/12/2007 19:36>  
 Demerol 12.5 mg IV Transcribed order. < Joy G. Harrison, MD 8/12/2007 20:22>  
 Vicodin 5/500 mg PO < Joy G. Harrison, MD 8/12/2007 21:15>  
 Ancef 1 gram(s) IV Transcribed order. < Joy G. Harrison, MD 8/12/2007 21:32>  
 Dispense to home Vicodin 5/500mgs 4 tabs to go - take 1 tab every 4 hours for pain Transcribed order. < Joy G. Harrison, MD 8/12/2007 22:41> CANCELLED BY Joy G. Harrison, MD on 8/12/2007 23:21 REASON FOR CANCELLATION: Order entered in error.  
 Dispense to home VICODIN 5/500MGS 2 TABS TO GO - TAKE 1 TAB EVERY 4 HOURS FOR PAIN.  
 Transcribed order. < Joy G. Harrison, MD 8/12/2007 23:21>

#### Lab

APTT [Reference: 1] < Joy G. Harrison, MD 8/12/2007 19:18>  
 BASIC METABOLIC PANEL [Reference: 2] < Joy G. Harrison, MD 8/12/2007 19:18>  
 CBC W/DIFF [Reference: 3] < Joy G. Harrison, MD 8/12/2007 19:18>  
 PRO-TIME (INC INR) [Reference: 4] < Joy G. Harrison, MD 8/12/2007 19:18>

#### Radiology

ANKLE COMPLETE LEFT trauma Transcribed order. [Reference: 6] < Joy G. Harrison, MD 8/12/2007 19:19>

#### Treatment

Insert saline lock < Joy G. Harrison, MD 8/12/2007 19:18>

#### Prescriptions

VICODIN 5/500 mg(s) 1 tab PO every 4hr , PRN pain#20 < Joy G. Harrison, MD 8/12/2007 22:39>  
 KEFLEXTake 500 mg(s) PO four times per day #28 < Joy G. Harrison, MD 8/12/2007 22:42>

### RESULTS

#### Lab

APTT Joy G. Harrison, MD

Result 8/12/2007 19:44

#### APTT

Test	Flag	Value	Units	Ref Range	Status



# Clearfield Hospital - Clearfield, PA 16830

**Patient:** KEPHART, KYLER CLYDE      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
**8/12/2007 19:12 Painful ankle: traumatic**  
**MR #:** 153944      **Acct #:** 000001661411  
**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** Joy G. Harrison, MD

APTT      29.0      SEC      23.1-36.2      Z

## BASIC METABOLIC PANEL Joy G. Harrison, MD

Result 8/12/2007 19:57

### BASIC METABOLIC PANEL

Test	Flag	Value	Units	Ref. Range	Status
Glucose	H	142	mg/dl	65-99	Z
Sodium	L	137	mmol/L	138-145	Z
Potassium	L	3.1	mmol/L	3.6-5.2	Z
Chloride		103	mmol/L	98-107	Z
CO2	L	19.4	mmol/L	22.0-35.0	Z
BUN		13	mg/dl	5-25	Z
Calcium		9.8	mg/dl	8.8-10.8	Z
Creatinine		0.6	mg/dl	0.3-1.0	Z
Anion Gap		14.6			Z
OSMO (Calc)	L	276		280-295	Z
Bun/Cre Ratio		22			Z

## CBC W/DIFF Joy G. Harrison, MD

Result 8/12/2007 19:36

### CBC W/DIFF

Test	Flag	Value	Units	Ref. Range	Status
WBC		9.6	K/mcL	4.8-10.8	Z
RBC		5.46	M/mcL	3.80-5.50	Z
HGB	H	15.2	GM/dl	11.0-15.0	Z
HCT		42.1	%	30.0-43.0	Z
MCV	L	77.1	fL	80.0-94.0	Z
MCH		27.8	PG	27.0-31.0	Z
MCHC		36.1	GM/dl	33.0-37.0	Z
RDW		13.1	%	11.5-14.5	Z
Platelets		280	K/mcL	130-400	Z
Neutrophils		42.7	%	34.0-64.0	Z
Lymphocytes		44.6	%	25.0-45.0	Z
Monocytes	H	9.3	%	3.4-9.0	Z
Eosinophils		3.0	%	0.0-7.0	Z

# Clearfield Hospital - Clearfield, PA 16830

**Patient:** KEPHART, KYLER CLYDE      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
 8/12/2007 19:12 Painful ankle: traumatic  
**MR #:** 153944      **Acct #:** 000001661411  
**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** Joy G. Harrison, MD

Eosinophils	3.0	%	0.0-7.0	Z
Basophils	0.4	%	0.0-1.5	Z
Abs Neut	4.10	K/mcL	1.90-8.00	Z
Abs Lymph	4.28	K/mcL	0.90-5.20	Z
Abs Mono	0.89	K/mcL	0.16-1.00	Z
Abs Eos	0.29	K/mcL	0.00-0.80	Z
Abs Baso	0.04	K/mcL	0.00-0.20	Z

PRO-TIME (INC INR) Joy G. Harrison, MD

Result 8/12/2007 19:42

## PRO-TIME (INC INR)

Test	Flag	Value	Units	Ref. Range	Status
PT		11.8	SEC	10.8-13.4	Z
INR	L	0.97		2.00-3.50	Z

## Radiology

ANKLE COMPLETE LEFT trauma Transcribed order.

Result 8/12/2007 22:35

Interpreted by ED physician.

Reviewed By: Joy G. Harrison, MD 8/12/2007 22:35

## PROGRESS NOTES

Progress Note: Pt. remained stable complaining of increasing pain. However neurovascular is intact. Consultation was placed with Dr. Politan and parents will call office in the am for an appointment tomorrow. JGH 08/12/07 22:38  
 JGH: Joy G. Harrison, MD 08/12/07 22:38

## DIAGNOSIS

Fracture - ankle, right, closed

<JGH: Joy G. Harrison, MD 08/12/07 22:36>

## DISPOSITION

### Nursing

Discharge/Transfer occurs at: Sunday, August 12, 2007 23:00

Disposition - Discharged: The patient was discharged to home in stable condition via wheelchair accompanied by parent/guardian. The patient's diagnosis, condition, and treatment were explained to patient and/or parent/guardian. The patient/responsible party expressed understanding. A discharge plan has been developed. Aftercare instructions given to patient/staff/family member.

LD: LuAnn Dixon, RN 08/12/07 23:25

## Clearfield Hospital - Clearfield, PA 16830

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**Patient:** KEPHART, KYLER CLYDE      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
**8/12/2007 19:12** Painful ankle: traumatic  
**MR #:** 153944      **Acct #:** 000001661411  
**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** Joy G. Harrison, MD

---

### Physician

Rx

Disposition - Discharge from ED: The patient is discharged to home . Patient's condition is stable . The patient is to follow-up with their/the specialist . The patient is to follow-up with Dr. Polintan OFFICE: 765-8590 tomorrow . Stay off and elevate the leg. no weight bearing. cool compresses to the ankle

General discharge instructions given to patient in English.

*JGH:Joy G. Harrison, MD 08/12/07 22:38*

### AFTER CARE INSTRUCTIONS

Ankle Fracture- with Splint - English

Crutch Use - English

*JGH:Joy G. Harrison, MD 08/12/07 22:41*

### Bed Assignments:

TRAUMA4 TLP 8/12/2007 19:12

**Patient care transferred from Tracie L. Parks, RN to LuAnn Dixon, RN. The receiving Nurse accepted the transfer. 8/12/2007 19:26**

**Chart electronically signed by: Joy G. Harrison, MD 8/12/2007 22:41**

### Chart Documented By:

JGH: Joy G. Harrison, MD

LD: LuAnn Dixon, RN

TLP: Tracie L. Parks, RN

AAN: Ashley A. Neeper, UC

### Release Information:

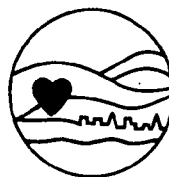
*Patient released 8/12/2007 23:30*

*Released by LuAnn Dixon, RN*

513439s

81007

56128952 153944  
KEPHART, KYLER C  
02/04/1997 10  
POLYNIA RODOLFO S  
02/12/07 ACU A



**Clearfield  
Hospital**

**DISCHARGE ORDERS  
HOME CARE INSTRUCTIONS**

RETURN TO PHYSICIAN'S OFFICE \_\_\_\_\_

CALL FOR APPOINTMENT \_\_\_\_\_

OTHER APPOINTMENT \_\_\_\_\_

*Sent by helicopter to Geisinger Hospital  
Lebanon*

REFERRAL: ☐ LAB \_\_\_\_\_

☐ OTHER (SPECIFY) \_\_\_\_\_

☐ HOME HEALTH

☐ TELEPHONE

☐ FAX

**DIAGNOSIS:** \_\_\_\_\_

**ACTIVITY ALLOWED**

☐ NO RESTRICTIONS

☐ BATHROOM-SAME FLOOR

☐ BATHROOM-UPSTAIRS

☐ STAIRS-1XDAY

☐ WALK ABOUT IN HOUSE

☐ WALK OUTSIDE IN YARD

☐ RIDE IN CAR

☐ LIGHT HOUSEWORK

☐ WORK/SCHOOL

☐ SEXUAL ACTIVITY

☐ DRIVING

☐ LIFTING

OTHER \_\_\_\_\_

DIETS: REGULAR \_\_\_\_\_

SPECIAL \_\_\_\_\_

DIET INSTRUCTIONS GIVEN TO PATIENTS ON SPECIAL DIET. ☐ YES ☐ NO

TREATMENTS/DRESSINGS \_\_\_\_\_

☐ Pneumovax given prior to discharge

☐ Pre Printed Discharge Instruction Sheet Provided Form # \_\_\_\_\_

☐ Own Medications Returned ☐ Medication Cards Given ☐ Food/Drug interaction information Given

I UNDERSTAND THESE INSTRUCTIONS:

*8-13-07*  
Date

\_\_\_\_\_  
Attending Physician Signature

*X Mary Kephan*  
Patient Signature  
*[Signature]*  
Nurse Signature

MY FAMILY PHYSICIAN IS: \_\_\_\_\_

IF MY PHYSICIAN DIRECTS, SEND A SUMMARY \_\_\_\_\_

(Address)  
LIZATION.



56128952 153944

KEPHART, KYLER C

02/04/1997 10

POLINTAN RODOLFO S

02/13/97 M ACU A

**OUT-PATIENT  
CASTING/SPLINTING**

369. 89 -

125/83

**DIAGNOSIS**

Accident with dirt bike

**PROCEDURE**

Cast

**ALLERGIES : environmental**

Seasonal

**medications**

NKA

**Latex**

yes

X no

Prepared for procedure

Yes

Instructions given and understanding indicated

Yes

Discharge instructions provided verbally and in writing

Sent wife/step flight.

**Nurse**

Adelle

Examined by Dr. Polintan. Had many blisters which doctor opened. Dressed & wrapped and are wrapped. Sent to X-ray for another film. Was also seen by Dr. Polintan to doctor Polintan. When he returned from X-ray a splint was applied to left leg.

8-1307 DR. POLINTAN talked to Pt. & family about helicopter transfer to Danville Geisinger medical center. Dr. Polintan R.

8-1307 1715 Transferred to Geisinger helicopter stable. X-ray films report & cast copies given. Parents to go by car.

**MEDICAL CONSENT**

Permission is hereby granted to Clearfield Hospital through Dr. Polintan or another physician who he may designate, to provide medical services as may be deemed necessary.

Witness (to signature only)

(If patient is unable to sign or is a minor, sign below)

X Kyler Kephart

Responsible Party Signature/Relationship

Patient's Signature

8-1307 @ 1400

Date/Time

56128952 153944  
KEPHART, KYLER C  
02/04/1997 10  
POLINTAN RODOLFO S  
02/13/07 M ACU A



**Clearfield Hospital**  
Clearfield, PA 16830

**Transfer Form  
Physician Certification  
And Authorization**

**Mode of Transfer:** ☒ **Helicopter** ☐ **Ambulance** ☐ **Private Vehicle**

**IF HELICOPTER TRANSFER:**

- ☒ The patient's condition is too unstable for local ground crew to transport the patient who requires the special skill of the helicopter transfer crew.
- ☒ The patient's condition is too critical to allow for longer transportation by ground.
- ☐ Weather/road conditions prohibit ground transfer.

**Accepting Hospital:** Geisinger Medical Center **Accepting Physician:** Dr. MAISH

**Notification Date:** 8/13/07 **Notification Time:** 4:15 pm

**BENEFIT OF TRANSFER:**

Physician specialist necessary for this patient's care is not available at this institution, but is at the accepting facility;

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Burn Specialist           | <input type="checkbox"/> Neonatologist | <input type="checkbox"/> Pediatric Sub Specialty   |
| <input type="checkbox"/> Cardiothoracic Surgery    | <input type="checkbox"/> Neurologist   | <input type="checkbox"/> Toxicologist              |
| <input type="checkbox"/> Intensive Care Specialist | <input type="checkbox"/> Neurosurgeon  | <input checked="" type="checkbox"/> Trauma Surgeon |
| <input type="checkbox"/> Interventional Cardiology | <input type="checkbox"/> Pediatric ICU |  |
| <input type="checkbox"/> Other: _____              |  |  |

Patient may require a specialized procedure not available at this institution, but is at the accepting facility.

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Dialysis  | <input type="checkbox"/> PTCA/CABG | <input checked="" type="checkbox"/> Emergency surgery not available here |
| <input checked="" type="checkbox"/> Intensive care expertise or technology required for this patient is not available at this institution, but is at the accepting facility. |                                    |  |
| <input type="checkbox"/> Other: _____  |                                    |  |

**RISKS OF TRANSFER:**

- ☒ Risks of transportation
- ☐ Other: \_\_\_\_\_
- ☒ The patient is stable for transfer and no deterioration is anticipated during the transfer process.
- ☐ The patient is unstable or potentially unstable at the time of transfer, however, the benefits of transfer outweigh the risks of transfer.

**PHYSICIAN CERTIFICATION**

I certify to the best of my ability that this patient requires transfer and that the medical benefits expected outweigh the risks of transfer and that this patient's condition warrants transfer by ☐ helicopter ☐ ambulance. I have notified the above accepting physician of the patient's condition and bed availability has been confirmed.

RSPOLINTM

(Print Physician Name)

[Signature]  
(Physician's Signature)

8/13/07  
(Date and Time)

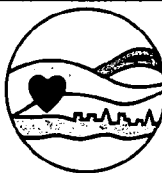
**INFORMED CONSENT TO TRANSFER**

I hereby consent to transfer to Kyler Kephart. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. I have been informed of the risks and benefits upon which this transfer is being made. I have been informed of the Hospital obligations under the law. I have considered the risks and benefits and consent to the transfer.

[Signature] Father  
(Signature of Patient or Responsible Person/Relationship)

[Signature]  
(Signature of Witness)

8/13/07 M ACU



CLEARFIELD, PA 16830

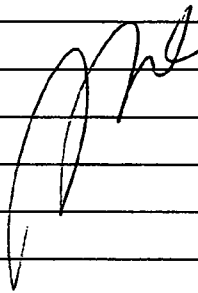
## PHYSICIAN'S ORDERS

(IMPRINT PATIENT'S PLATE IN THIS SPACE)

## ALLERGIES

**HEIGHT:**

WT.

ORDER NO.	DATE	TIME	ORDERS	SIGNATURE OF NURSE NOTING ORDER	DATE	TIME
8-1307	11/35		Transfer Pt. to Geisinger Medical Center via helicopter Notify Nursing Supervisor (Dore-Kim Zelenky RN) <u>Verbal Order DR. Polinton - repeated &amp; confirmed</u>		8-13-07	1135

# NURSING PROGRESS RECORD

DATE	TIME	
3/30/71	1755	<p>Travis Walker RN at Gersinger Emergency Room notified of helicopter departure. Pt. to be met in ER there &amp; transferred to Children's department. Last food &amp; fluid intake 12 noon today. Informed of Pt. hx. Yesterday's accident &amp; seen in ER to be further evaluated today. Ad. S. inserted &amp; Demerol 15mg IV &amp; time given and treatment done by DR Polintan. DR. Polintan spoke to Specialist at Gersinger earlier &amp; made arrangements. No questions after report. ————— Admirely</p>



CLEARFIELD HOSPITAL IMAGING DEPARTMENT  
P.O. BOX 992, CLEARFIELD, PA 16830  
(814) 768-2275

PATIENT:	KEPHART, KYLER C	MR#:	153944	
AGE:	10Y	SEX:	M	ADM #: 56128952 ACU
DOB:	02/04/1997	ROOM/BED:		
ORD DR:	POLINTAN, RODOLFO S	PT CLASS:	ED	
ATT: DR:	POLINTAN, RODOLFO S	PT TYPE:	U	FC: A
ALT DR:	SORTOR-THOMPSON, SHERRI	HOSP SVC:	ACU	ORDER#: 90025

\*\*\*Final Report\*\*\*

REFERRING DIAGNOSIS: EVAL SFT TISSUE DAMAGE DO NOT  
REMOVE BANDAGE PT RETURN ACU

HISTORY/COMMENTS: fx ankle soft tissue inj anterior foot  
ORDER #: 90025

**08/13/2007 FOOT COMPLETE LEFT 73630**

PROCEDURE ENDED: 08/13/2007 16:09 Initials: TP

**FULL RESULT:** Soft tissue swelling overlies the dorsum of the foot. Bones are in normal alignment and position. No acute fracture is identified.

**IMPRESSION:** No acute fracture.

**08/13/2007 TIBIA-FIBULA 2 VIEWS LEFT 73590**

PROCEDURE ENDED: 08/13/2007 16:09 Initials: TP

**FULL RESULT:** Examination demonstrates no evidence for bone injury or disease. The soft tissue structures are normal.

**IMPRESSION:** Normal.

READING DR: ALFRED B. COREN, M.D. Aug 13 2007 4:21PM  
ELECTRONICALLY SIGNED: ALFRED B. COREN, M.D. Aug 13 2007 4:37PM  
TRANSCRIBED: cah Aug 13 2007 4:37PM

**CLEARFIELD HOSPITAL, P.O. BOX 992, CLEARFIELD, PA 16830**  
**CONSULTATION REPORT**

**PATIENT:** KEPHART, KYLER  
**DOB:** 02/04/1997

**MR#** 153944

**HOSPITAL SERVICE:** ACU  
**CONSULTING PHYSICIAN:** RODOLFO S. POLINTAN, M.D.  
**DATE OF CONSULTATION:** 08/13/2007

**PATIENT NUMBER:** 56128952

**CHIEF COMPLAINT:** Pain on the left foot and left ankle.

**HISTORY:** The patient is a 10-year-old Caucasian male accompanied by the parents. According to the parents, the patient was riding a dirt bike when his left ankle and left foot were hit with a four-wheeler. This happened on the early evening of 08/12/07. He was evaluated by the ER physician. He had an x-ray of the left ankle which revealed a chip fracture on the medial and lateral malleolus and possible Salter I fracture. The ER physician talked to me last night and he referred the patient for orthopedic evaluation and treatment. The patient was given a posterior splint short-leg. According to the family, the patient continued to have pain. They elevated the left leg.

**EXAMINATION:** The parents told me that the degree of swelling on 08/13/07 when I saw the patient is similar to the degree of swelling when he came to the ER on 08/12/07. I'm not quite sure whether he had a lot of blisters on the night of 08/12/07, but on 08/13/07 on examination he has a lot of swelling and bruising of the left ankle. There is some abraded skin. Multiple blisters are noted on the ankle and foot, especially on the dorsal aspect and the dorsum of the left foot and the plantar surface of the left foot tense and swollen. He has mild tenderness on the calf of the leg with significant tenderness on the ankle. There is no obvious laxity. The patient can wiggle the toes but cannot dorsiflex the ankle. Pulse oximetry of the toes showed good reading. On the big toe was 98 and on the second toe 96. Dr. Nartatez saw the patient in consult while in the ACU for a second opinion and he did examine the patient and talk to the family extensively. He did a Doppler arterial exam and he said he could hear the dorsalis pedis and the posterior tibial artery.

**IMAGING STUDIES:** While in the ER, he had an x-ray of the left foot and the left tibia which shows no acute fracture on the foot or tibia. I did see the x-rays of the left ankle. Chip fracture on the lateral end medial malleolus and likely Salter I fracture, nondisplaced, of the distal tibia.

**RECOMMENDATIONS:** The degree of the swelling and ecchymosis is worrisome. We had a long discussion with the family in regards to the treatment, which is best for the patient. I discussed this extensively with Dr. Nartatez, as well. While in the ACU, I aspirated the blisters and put a sterile dressing and put a bulky dressing and a short-leg posterior splint.

After discussing this with Dr. Nartatez, we decided to send him to a tertiary hospital where they could give him more specialized treatment. We don't have the instrument to determine the compartment pressure. I talked to Dr. Maish in Geisinger Medical Center trauma service and he kindly accepted the patient in transfer and he recommended to transfer the patient on a helicopter. The family is agreeable with this treatment plan and we did discuss the possibility of the surgery being done tonight, depending on the findings at Geisinger Medical Center. We did discuss the possibility of skin graft, etc. I told the family if I can be of any further assistance, to call my office.

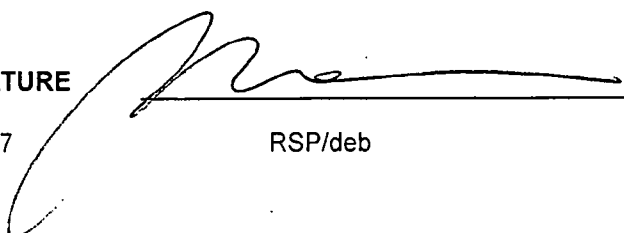
**IMPRESSION:**

1. Severe soft tissue trauma to the left ankle and left foot.
2. Avulsion chip fracture of the medial and lateral malleolus.
3. Possible Salter I fracture of the distal tibia.
4. Possible compartment syndrome of the left leg and left foot.

**DATE**

8/12/07

**SIGNATURE**



**D:** 08/13/2007  
**PR:** (\*RTE1)

**T:** 08/14/2007

**RSP/deb**

# PATIENT TRANSFER FORM

(INTER-AGENCY REFERRAL)

1. PATIENT'S LAST NAME <b>KEPHART</b>		FIRST NAME <b>Killer</b>		MI <b>C</b>	2. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	3. SOCIAL SECURITY NUMBER <b>203-76-0219</b>	
4. PATIENT'S ADDRESS (Street, City, State, Zip Code) <b>37 Cotton Lane Woodland PA 16881</b>					5. DATE OF BIRTH <b>02-04-1997</b>		6. RELIGION <b>NONE</b>
7. DATE OF THIS TRANSFER <b>08 13 07</b>		8. FACILITY NAME AND ADDRESS TRANSFERRING TO <b>Geisinger medical center</b>			9. PHYSICIAN IN CHARGE AT TIME OF TRANSFER <b>Dr. Polintan</b> <small>Will this physician care for patient after admission to new facility? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</small>		
10. DATES OF STAY AT FACILITY TRANSFERRING FROM  ADMISSION <b>08/13/07</b> DISCHARGE <b>SAME</b>		11. PAYMENT SOURCE FOR CHARGES TO PATIENT A. <input type="checkbox"/> SELF OR FAMILY      C. <input type="checkbox"/> BLUE CROSS BLUE SHIELD      E. <input type="checkbox"/> PUBLIC AGENCY (Give name) B. <input type="checkbox"/> PRIVATE INSURANCE      D. <input type="checkbox"/> EMPLOYER OR UNION      F. <input type="checkbox"/> OTHER (Explain)					
12-A. NAME AND ADDRESS OF FACILITY TRANSFERRING FROM <b>Clearfield Hospital 809 Turnpike Clearfield PA 16830</b>				12-B. NAME AND ADDRESSES OF ALL HOSPITALS AND EXTENDED CARE FACILITIES FROM WHICH PATIENT WAS DISCHARGED IN PAST 60 DAYS.  			
13. CLINIC APPOINTMENT DATE _____ TIME _____ <input type="checkbox"/> CLINIC APPOINTMENT CARD ATTACHED				14. DATE OF LAST PHYSICAL EXAMINATION _____			
15. RELATIVE OR GUARDIAN: <b>William Kephart</b>		Name <b>37 Cotton Lane Woodland PA 16881</b>		Address <b>85 54</b>		Phone Number	
16. DIAGNOSES AT TIME OF TRANSFER (a) Primary <b>Severe Trauma (L) foot &amp; (L) leg</b> (b) Secondary <b>Possible Compartment Syndrome</b>				EMPLOYMENT RELATED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Is Patient <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> aware of diagnosis? <input type="checkbox"/> YES <input type="checkbox"/> NO			
VITALS AT TIME OF TRANSFER T _____ P _____ R _____ B/P _____				DIET, DRUGS, AND OTHER THERAPY at Time of Discharge <b>Pt. Seen in ortho clinic, was determined he needed specialized care. Had X-ray of (L) foot &amp; tibia done. S.L.# 20 Critter was inserted (L) antitub and had Demerol 15mg IVP at 1653.</b>			
CHECK ALL THAT APPLY <u>Disabilities</u> <input type="checkbox"/> Amputation <input type="checkbox"/> Incontinence <input type="checkbox"/> Paralysis <input type="checkbox"/> Bladder <input type="checkbox"/> Contracture <input type="checkbox"/> Bowel <input type="checkbox"/> Pressure Ulcer. <b>p14</b> <input type="checkbox"/> Saliva <u>Activity Tolerance Limitations</u> <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <u>Impairments</u> <input type="checkbox"/> Mental <input type="checkbox"/> Patient knows diagnosis? <input type="checkbox"/> Speech <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing <b>for age</b> <input type="checkbox"/> Vision <u>Potential for Rehabilitation</u> <input type="checkbox"/> Sensation <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				(Physician, please sign below) Influenza vaccination: Date <b>11/2005</b> Pneumococcal (PPV 23) vaccination: Date <b>11/2006</b> Tetanus/Tetanus-Diphtheria vaccination: Date <b>11/2006</b> Last B.M.: Date <b>11/2006</b> TB Test: Date _____ Type _____ Result _____ Chest X-Ray: Date _____ Result _____ C.B.C.: Date <b>08/12/07</b> Result _____ Serology: Date _____ Result _____ Urinalysis: Date _____ Result _____			
IMPORTANT MEDICAL INFORMATION (State allergies if any)  ADVANCE DIRECTIVES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Copy Attached CODE STATUS							
SUGGESTIONS FOR ACTIVE CARE  <b>BED</b> Position in good body alignment and change position every _____ hrs. Avoid _____ position Prone position _____ times/day as tolerated.  <b>SITTING</b> _____ hrs. _____ times/day.				<b>WEIGHT BEARING</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None on _____ Leg  <b>EXERCISES</b> Range of motion _____ times/day. to _____ by <input type="checkbox"/> patient <input type="checkbox"/> nurse <input type="checkbox"/> family Stand _____ Min. times/day.			
				<b>LOCOMOTION</b> Walk _____ times/day.  <b>SOCIAL ACTIVITIES</b> Encourage <input type="checkbox"/> Group <input type="checkbox"/> Individual activities ( <input type="checkbox"/> within <input type="checkbox"/> outside) home.  Transportation: <input type="checkbox"/> Ambulance <input type="checkbox"/> Car <input type="checkbox"/> Car for handicapped <input type="checkbox"/> Bus			

Signature of Physician or Nurse

Date

# PATIENT INFORMATION

## SELF CARE STATUS

(Check level of ability. Write S in space if needs supervision only. Draw line across if inapplicable.)

		Independent	Needs Assistance	Unable To Do
<b>Bed Activity</b>	Turns	<input checked="" type="checkbox"/>		
	Sits	<input checked="" type="checkbox"/>		
<b>Personal Hygiene</b>	Face, Hair, Arms	<input checked="" type="checkbox"/>		
	Trunk & Perineum	<input checked="" type="checkbox"/>		
	Lower Extremities	<input checked="" type="checkbox"/>		
	Bladder Program	<input checked="" type="checkbox"/>		
	Bowel Program	<input checked="" type="checkbox"/>		
<b>Dressing</b>	Upper Extremities	<input checked="" type="checkbox"/>		
	Trunk	<input checked="" type="checkbox"/>		
	Lower Extremities	<input checked="" type="checkbox"/>		
	Appliance, Splint	<input checked="" type="checkbox"/>		
<b>Feeding</b>				
<b>Transfer</b>	Sitting	<input checked="" type="checkbox"/>		
	Standing	<input checked="" type="checkbox"/>		
	Tub	<input checked="" type="checkbox"/>		
	Toilet	<input checked="" type="checkbox"/>		
<b>Locomotion</b>	Wheelchair			
	Walking			
	Stairs			

BED ☒ Low Mattress: ☐ Firm ☐ Reg.

Other \_\_\_\_\_

Side Rails: ☐ Yes ☒ No

BEHAVIOR ☒ Cooperative ☐ Oriented X 3

☐ Disruptive ☐ Belligerent ☐ Combative

☐ Senile ☐ Suspicious ☐ Withdrawn

MENTAL STATUS

☐ Alert ☐ Forgetful ☐ Confused

COMMUNICATION ABILITY

	Yes	No
Able to make needs known	<input checked="" type="checkbox"/>	
Can speak	<input checked="" type="checkbox"/>	
Can hear	<input checked="" type="checkbox"/>	
Can write	<input checked="" type="checkbox"/>	
Understands speaking	<input checked="" type="checkbox"/>	
Understands writing	<input checked="" type="checkbox"/>	
Understands gestures	<input checked="" type="checkbox"/>	
Understands English	<input checked="" type="checkbox"/>	

If no, state language spoken or understood: \_\_\_\_\_

DIET

☒ Regular ☐ Low Salt ☐ Diabetic ☐ Bland

☐ Low Residue ☐ Other \_\_\_\_\_

☐ Feeds Self ☐ Needs Help

☐ Partial Assist ☐ Total Assist

## RESIDENT USES

☐ Appliance

☐ Catheter (date of last change \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

☐ Colostomy ☐ Cane ☐ Crutches ☐ Prosthesis

☐ Walker ☐ Chair ☐ Hearing Aid

☐ Dentures (Specify \_\_\_\_\_)

## OTHER EQUIPMENT

## ADDITIONAL PERTINENT INFORMATION

(Explain necessary details of care, diagnosis, medications, treatments, prognosis, teaching, habits, preferences, etc. Therapists and social workers add signature and title to notes.)

Pl seen in ACU DR. Polinton expressed blisters on @ ankle and applied Posterior Splint and ace wrap. @ leg/foot elevated, x-rays done, felt Pl. needed transferred due to severe trauma. (#) On 8-12-07 Pl was on dirt bike and was hit by a 4-wheeler ran into his @ side. Was seen in Emergency Room, had x-rays & bloodwork done. Sent home to be evaluated again on 8-13 then seen here today - See note above.. Pl treat Admuneef

## SOCIAL INFORMATION

(Adjustment to disability, emotional support from family, motivation for self-care, socializing ability, financial plan, family health problem, etc.)

# Clearfield Hospital - Clearfield, PA 16830

**Patient:** KEPHART, KYLER C      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
 8/13/2007 12:40 Painful ankle: traumatic  
**MR #:** 153944      **Acct #:** 000001661789  
**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** James P. DeSantis, DO

**CHIEF COMPLAINT:** Painful ankle: traumatic      **Enc. Type:** Unscheduled Return < 24      **ACUITY:** Level I

**Physicians caring for patient:**  
 James P. DeSantis, DO

**Height and Weight**  
 Weight: 57.6 kg. (127.0 lbs.) (est)

## TRIAGE

**PCP:** Sherri L. Sortor-Thompson, MD

Patient arrived by wheelchair via private auto from Private Home accompanied by parent(s)

**Chief complaint/quote:** Seen last night - Fx left lower leg - splint in place, larger blisters forming on the foot and ankle.

**Mental status:** The patient is alert . The patient is oriented x 3

## Notes:

<TDJ 08-13-2007 13:31>MOM STATES TRIED TO CALL DR. POLINTANS OFFICE TODAY AND WAS UNABLE TO GET THROUGH STATES TOOK SPLINT OFF TODAY SO PT. COULD GET A BATH AND BLISTERS ON FOOT ARE WORSE SO CAME BACK TO ED

Extremity pain: (+)

Movement of extremities: Patient is unable to move the right <TLP 08/13/2007 13:45> <TLP 08/13/2007 13:45>left ankle(s)

Pulses, capillary refill: Unable to palpate The right <TLP 08/13/2007 13:46> left dorsalis pedis pulse due to severe swelling of foot

**Medication allergies:**No known allergies.

**Allergies/food/environmental/animal:** Seasonal allergies

**Latex Allergy (-)**

Medication information obtained from previous medical record

**Current meds:** Advair 100/50 mcg 1 inhalation BID

**Prilosec 20 mg po BID**

**Medications were taken prior to arrival to the ED.**

Percocet prn, last dose 2 tabs at midnight

Tetanus: Child UTD per Caregiver

Vaccinations are up to date

**Electronic Signature obtained**

Consent has been obtained via Electronic patient signature

Growth and Development: Appropriate for age.

CJ:Carol Johnson, RN 08/13/07 13:11

CJ:Carol Johnson, RN 08/13/07 13:14

CJ:Carol Johnson, RN 08/13/07 13:14

CJ:Carol Johnson, RN 08/13/07 13:15

CJ:Carol Johnson, RN 08/13/07 13:15

CJ:Carol Johnson, RN 08/13/07 13:17

## Clearfield Hospital - Clearfield, PA 16830

---

**Patient:** KEPHART, KYLER C      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
**8/13/2007 12:40** Painful ankle: traumatic  
**MR #:** 153944      **Acct #:** 000001661789  
**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** James P. DeSantis, DO

---

*TDJ: Tracy Jozefick, RN 08/13/07 13:29*  
*TLP: Tracie L. Parks, RN 08/13/07 13:42*  
*TLP: Tracie L. Parks, RN 08/13/07 13:45*

### PAST HISTORY

#### Past Medical/Surgical History

Asthma  
Allergies  
Stomach problems  
Fracture, forearm  
Tonsillectomy  
Adenoidectomy  
Rod implant  
Rod implant

*CJ: Carol Johnson, RN 08/13/07 13:15*

#### Past Social History

Living arrangement: Patient lives with parent(s)

*CJ: Carol Johnson, RN 08/13/07 13:15*

### NURSING SYSTEMS REVIEW

#### Assessment

Acuity level: III

*TLP: Tracie L. Parks, RN 08/13/07 13:44*

*TLP: Tracie L. Parks, RN 08/13/07 13:53*

**Nursing Data electronically signed by: Tracie L. Parks, RN 8/13/2007 13:54**

---

**At the time of this signature, I have reviewed the Chief Complaint, Triage and P.F.M.S. History.**  
**James P. DeSantis, DO 8/13/2007 21:48**

### HISTORY OF PRESENT ILLNESS

#### Note

**At the time of this signature, I have reviewed and agree with the Chief Complaint, Triage, and P.F.M.S. History.**

Pt here for care of Fx to L ankle area seen in ED and referred to ortho . Dr Polintan states Pt / mom told to come to ACU at 1400 today . Pt sent up to ACU for Ortho after this phone c Dr Polintan contact

*JPD: James P. DeSantis, DO 08/13/07 21:42*

## Clearfield Hospital - Clearfield, PA 16830

---

Patient: KEPHART, KYLER C	DOB: 2/4/1997	Age/Gender: 10y M
8/13/2007 12:40 Painful ankle: traumatic		
MR #: 153944	Acct #: 000001661789	
Private Phys: Sherri L. Sortor-Thompson, MD	ED Phys: James P. DeSantis, DO	

---

### REVIEW OF SYSTEMS

#### Constitutional

Constitutional: No fever, unexplained weight change

Eyes: No visual changes, eye pain or discharge.

ENMT: No hearing changes, pain, discharge or infections.

Cardiac: No chest pain, SOB or edema.

Respiratory: No cough or respiratory distress.

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

GU: No dysuria, frequency or burning.

MS: + increase in ankle pain, c blistering noted and diffuse ecchymosis to ankle area

Neuro: No headache or weakness. No LOC.

Skin: No skin rash.

JPD:James P. DeSantis, DO 08/13/07 21:45

### VITAL SIGNS

Initials/Date/Time	Temp(C)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/mi	Pain Sc
CJ 8/13/2007 13:16	37.3	O	107	20	<u>122</u>	65	S	98	0	<u>6</u>
DW 8/13/2007 13:45			109	20	<u>125</u>	69	S	98		<u>6</u>

### EXAM

Pt A & O, VS noted. L ankle : checked for foot pulse present, and cap refill brisk, marked edema and ecchymosis and blistering to dorsal aspect of foot. xrays done yest reviewed and fxs noted -- discussed c Dr Polintan who will see Pt in ACU at 1400 hrs -- 15min from time of phone call. Pt sent up in wheelchair for ortho care.

JPD:James P. DeSantis, DO 08/13/07 21:45

### DIAGNOSIS

Fracture - ankle, bimalleolar, left, closed

Fracture - tibia, distal, left, closed

<JPD:James P. DeSantis, DO 08/13/07 13:47>

### DISPOSITION

#### Nursing

Disposition - Discharged: From ED to ACU for appointment with Dr. Polintan in stable condition via wheelchair accompanied by parent/guardian. The patient's diagnosis, condition, and treatment were explained to patient and/or parent/guardian. The patient/responsible party expressed understanding. A discharge plan has been developed. Aftercare instructions given to patient/staff/family member.

TLP:Tracie L. Parks, RN 08/13/07 13:53

#### Physician

Physician phone consult. Case discussed with Rodolfo S. Polintan MD. Agrees to see patient today in orthoclinic for definitive orthopedic intervention.

Disposition - Discharge from ED: The patient is discharged to an other's care --to see Dr Polintan now in ACU

## Clearfield Hospital - Clearfield, PA 16830

---

**Patient:** KEPHART, KYLER C      **DOB:** 2/4/1997      **Age/Gender:** 10y M  
8/13/2007 12:40 Painful ankle: traumatic  
**MR #:** 153944      **Acct #:** 000001661789  
**Private Phys:** Sherri L. Sortor-Thompson, MD      **ED Phys:** James P. DeSantis, DO

---

General discharge instructions given to patient in English.

*JPD: James P. DeSantis, DO 08/13/07 13:47*

**Old Charts Reviewed:**

*James P DeSantis, DO has reviewed this patients chart for encounter #13 of 8/12/2007 19:12*

*Mark R Shaw, DO has reviewed this patients chart for encounter #13 of 8/12/2007 19:12*

**Bed Assignments:**

WAIT5 RD 8/13/2007 12:40

CAST1 CJ 8/13/2007 13:13

**Chart electronically signed by: James P. DeSantis, DO 8/13/2007 21:48**

**Chart Documented By:**

JPD: James P. DeSantis, DO

TDJ: Tracy Jozefick, RN

CJ: Carol Johnson, RN

DW: Denise Williams, PCA

TLP: Tracie L. Parks, RN

**Release Information:**

*Patient released 8/13/2007 13:54*

*Released by Tracie L. Parks, RN*



Author  
Millie B Lapos Pa-C

Service  
(none)

Author Type  
Physician  
Assistant -  
Certified

Type  
D/C Summaries

D: Date/Time  
08/28/2007 0952

Document Id: GMC3912178-2

**Related Notes**

Original Note : LAPOS PA-C, MILLIE B at 09/05/2007 1110

**DISCHARGE SUMMARY**  
Geisinger Medical Center  
Danville, Pennsylvania 17822

Kephart, Kyler C  
MR #07-33-36-18  
Location: CHM3  
Page 1 of 1

ADMISSION DATE: 08/13/2007

DISCHARGE DATE: 08/28/2007

PRINCIPAL DIAGNOSIS: Left foot crush injury and left foot compartment syndrome.

SECONDARY DIAGNOSIS: Open wound, left foot, status post split-thickness skin graft to left foot.

OPERATIONS/PROCEDURES: Left foot fasciotomy and VAC application on 08/13/2007 with Dr. Maish; irrigation and debridement of the left foot and VAC dressing change on 08/16/2007 with Dr. Maish; irrigation and debridement of left foot wound and vacuum-assisted closure application, left foot, on 08/19/2007 with Dr. Feldmann; irrigation and debridement, left foot, split-thickness skin graft, left foot, on 08/22/2007 with Dr. Moya.

COMPLICATIONS: None.

ALLERGIES: None.

DISPOSITION: Home.

MEDICATIONS: The patient was sent home on previous home medication of Prilosec OTC, 1 tablet at bedtime PRN; also Albuterol inhaler 2 puffs PRN. He was sent home with Tylenol with codeine 3,300 mg, 1-2 tablets Q4H PRN pain.

FOLLOWUP: He will follow up on September 4 at 12 o'clock in the plastic surgery clinic for dressing change.

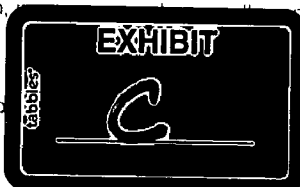
SPECIAL INSTRUCTIONS: Instructions were given to the patient on discharge. He is to keep his left lower leg elevated at all times. He will begin dangling the left lower leg starting today at 15 minutes QID. He will increase the dangling at Q30 minutes QID tomorrow, and at 15 minute intervals on the following days until he reaches dangling 2 hours QID. At this point, he will continue to restrict dangling to 2 hours QID until his followup visit. He is to keep his left lower leg dressing clean, dry, and intact. He may change the left leg donor site using Telfa and an ABD pad.

ACTIVITY: Nonweightbearing left lower leg, otherwise as tolerated. DIET: Regular as tolerated.

CONDITION ON DISCHARGE: Good.

HISTORY: The patient is a 10-year-old white male who was involved in a rollover ATV accident at approximately 08/12/2007. He presented initially to the Clearfield Hospital. He was then transferred on 08/13/2007 to Geisinger Medical Center for treatment. He was admitted on Orthopaedic Service and Dr. Maish performed fasciotomies of the left lower extremity. He was then transferred to Plastic Surgery Service for split-thickness skin graft of the left lower extremity. His recovery period was unremarkable. His pain was well managed, was at bedrest for a total of 6 days after the split-thickness skin graft application on 08/22/2007. The dressing was changed on 08/28/2007. The split-thickness skin graft appeared to be 100% take. The patient was sent home on 08/28/2007. His family was anxious for him to be home as they had a death of a family member. He will continue elevation of the left lower leg and begin dangling at home.

PHYSICAL EXAM: On discharge, the patient is a 10-year-old male in no acute distress. Heart has regular rate and rhythm, lungs are clear to auscultation. Lungs are clear to



auscultation bilaterally. Left lower leg: Split-thickness skin graft x3, 100% take. There are 2 what appear to be superficial eschars on the lateral aspect of the foot and 1 eschar on the medial aspect of the left foot. These were covered with bacitracin ointment, Xeroform, and the leg was re-wrapped with burn pads, Kerlix, splint, and Ace wraps. The donor site dressing was changed. Telfa was applied and an ABD. Left lower extremity: Toes are pink and warm and sensate. There were no signs of infection noted.

HOSPITAL COURSE: Please see above and history.

LABORATORY: Routine laboratory studies were drawn throughout the course of this day.

CONSULTANTS: Orthopaedics and Plastic Surgery.

REF. PHYSICIAN: Dr. Polintan.

Millie B Lapos, PA-C  
Physician Assistant - Certified

Alexander P Moya, MD  
Associate, Department of  
Plastic, Cosmetic, and Reconstructive Surgery  
Note: If you need to contact the physician involved in this patient's care,  
please call MedLink at 1-800-332-8901.

MBL/fjl; D: 08/28/2007 9:52 A; T: 08/28/2007 1:11 P; Doc #: 3912178 cc: David R Maish,  
MD

GMC, Mail Code 21-30

Rodolfo S Polintan, MD  
807 Turnpike Ave  
Clearfield PA 16830

Authenticated by LAPOS, MILLIE B PA-C on 9/5/2007 at 11:39 AM  
Authenticated by MOYA, ALEXANDER P MD on 9/6/2007 at 7:37 AM  
This document replaces document GMC3912178-1

A DRAFT discharge summary has been distributed to the persons already listed in this document.

Document History

Cosign Info Cosigner  
Not Required

Revision Details  
History



POWER OF ATTORNEY

I, the undersigned, do appoint the law firm of EDGAR SNYDER & ASSOCIATES to institute and maintain an action against ANY AND ALL RESPONSIBLE Parties

\_\_\_\_\_ and any other person, firm or corporation who may be responsible for damages sustained on AUGUST 12, 2007, and/or to effect an amicable settlement of claim, with my consent from all sources of recovery.

I agree that out of whatever sum secured from any responsible person, entity or insurance carrier, my attorneys shall receive 33 1/3 % of the total settlement as their fee, said fee to be calculated prior to deduction of costs and expenses, and shall also be reimbursed their costs and expenses, if the matter is resolved prior to filing a lawsuit or demanding arbitration. In the event that a lawsuit is filed or arbitration proceedings are demanded, my attorneys shall receive forty (40%) percent of the total sum secured from any responsible person, entity or insurance carrier as their fee, said fee to be calculated prior to deduction of costs and expenses, and shall also be reimbursed their costs and expenses.

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

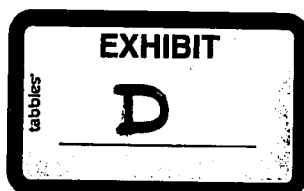
I recognize that my attorneys reserve the right to withdraw from my case if, after investigation, they determine that there is no merit to the claim.

I hereby acknowledge receipt of a duplicate copy of this Power of Attorney.

For my minor son Kyler Kephart  
Lucy Kephart (SEAL)

\_\_\_\_\_(SEAL)

Date: 9-18-07





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

April 15, 2008

STATEMENT OF CLAIM SUMMARY

NAME	KEPHART, KYLER
ID	960 136 376

MEDICAL	USUAL CHARGES	AMT APPROVED
CLAIMS	135,091.47	9,498.16

CASH	PERIOD COVERED	DOLLAR AMOUNT
CURRENT SOC	--	.00

REIMBURSEMENT TO DPW	9,498.16
----------------------	----------

EXHIBIT

E

PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# History Transaction Listing

by Project Reference / Transaction Date  
Edgar Snyder & Associates, LLC

Case	Cos S	Ref No.	Date	Doc No.	Description	Type	Units	Quantity	Type	Transaction	Amount
0421755_300_1	AP	000000173181	09/26/2007	000000173181	Bell, Mr. Will-Invst-ext	-		1.0000	M - Material		315.11
0421755_300_1	AP	000000173647	10/03/2007	000000173647	Fiserv Lending-Invest-ext	-		1.0000	M - Material		35.00
0421755_300_1	AP	000000174389	10/16/2007	000000174389	Investigative -Invest-ext	-		1.0000	M - Material		563.85
0421755_300_1	AP	000000174832	10/23/2007	000000174832	MEA Investigat-Invest-ext	-		1.0000	M - Material		400.00
		Costs: 300 - Investigation				Totals:		4.0000			1,313.96
0421755_500_1	AP	000000174065	10/11/2007	000000174065	Clearfield Hos-Medical Records	-		1.0000	M - Material		63.85
0421755_500_1	AP	000000175036	10/26/2007	000000175036	CharONE, Inc.-Medical Records	-		1.0000	M - Material		82.14
0421755_500_1	AP	000000178667	12/26/2007	000000178667	Polinhan, MDR-Medical Records	-		1.0000	M - Material		28.86
0421755_500_1	AP	000000186253	04/21/2008	000000186253	CharONE, Inc.-Medical Records	-		1.0000	M - Material		37.22
0421755_500_1	AP	000000188558	05/23/2008	000000188558	CHARTONE, INC.-REC	-		1.0000	M - Material		44.18
0421755_500_1	AP	000000188814	05/29/2008	000000188814	Clearfield Hos-Medical Records	-		1.0000	M - Material		48.26
		Costs: 500 - Medical Records				Totals:		6.0000			302.51
0421755_804_1	AP	000000184523	03/24/2008	000000184523	Geisinger Med-Photos	-		1.0000	M - Material		10.00
		Costs: 804 - Photos				Totals:		1.0000			10.00
		Case: 0421755 - Kephart, Kyler				Totals:		11.0000			1,626.47

Totals:

Unit Quantity: 11.0000  
Transaction Amount: 1,626.47  
Total Records Listed: 11

Submitted By: JENNIE

## Selections

Costs  
Case Key Range 0421755 0421755  
Costs Key Range 200 899  
Created : 08/12/2008 4:16:26PM



**SETTLEMENT SHEET**

**CLIENT** Kyler Kephart

**NUMBER** 421755

**TOTAL SETTLEMENT**

**Total Settlement:** \$100,000.00  
**Structured Settlement:** -\$49,534.44  
**Total Cash Due:** \$50,465.56

**Guaranteed Periodic Payouts:**

**American General Life Insurance Company**

The sum of Seven Thousand Five Hundred Dollars (\$7,500.00) at age 18 on February 4, 2015; the sum of Twelve Thousand Dollars (\$12,000.00) at age 21 on February 4, 2018; the sum of Twenty Thousand Dollars (\$20,000.00) at age 24 on February 4, 2021; the sum of Twenty-Five Thousand Dollars (\$25,000.00) at age 27 on February 4, 2024; and the sum of Fifty-Two Thousand Eight Hundred Dollars (\$52,800.00) at age 30 on February 4, 2027.

<u>Lienholder</u>	<u>Lien Amount</u>	<u>Reduced Amount</u>	<u>Amount Due:</u>
<b><u>Liens:</u></b> William & Tracy Kephart - Family Vacation			\$4,000.00
William Kephart - Lost Wages			\$2,700.00
William & Tracy Kephart - Dell Computer			\$2,628.00
Department of Public Welfare	\$9,498.16	\$ 3,320.40	\$6,177.76

**Total Liens and Escrowed Monies:**

\$15,505.76

**Costs Advanced:**

200 Medical Reports	\$0.00
300 Investigation	\$1,313.96
400 Administrative Charge	\$0.00
500 Medical Records	\$302.51
600 Consultant/Expert	\$0.00
700 Vehicle Report	\$0.00
800 Filing Fee/Other Expense	\$10.00

**Total Costs Advanced:** \$1,626.47

**Total Liens and Costs:** \$ 17,132.23

**Attorney's Fee 33.33%** \$33,333.33

**TOTAL DISBURSEMENT**

\$ 50,465.56

**BALANCE TO CLIENT:**

\$49,534.44

I hereby acknowledge and accept the above in settlement of my case. In accepting this settlement, I understand that any outstanding bills and/or outstanding claims for payment for medical care other than those listed above are my responsibility.

Signature William Kephart

Date 8-14-08

Signature Tracy Kephart

Date 8-14-08

June 18, 2008

This letter is to ask the court for money pertaining to Kyler Kephart's settlement. Kyler would like to go on vacation to the Outer Banks in North Carolina in September. We had a trip planned as a family last September but with his accident happening in August of 2007. All the trip money was spent on Hospital trips and staying in Danville for 15 days. Approxiamate cost of the vacation for a week is about \$4,000.00. Kyler deserves a vacation, and he hopes the court will grant him and his family the money for the trip.

Thank you,

*Tracy Kephart*  
*Kyler Kephart*  
Tracy Kephart  
Kyler Kephart



June 30,2008

Estimated Itemized list for Outerbanks Vacation:

One week house rental:	\$1500.00
Estimated Meals:	\$500.00
Transportaion:	\$500.00
Deep-sea fishing trip:	\$750.00
Dolphin watch trip:	\$200.00
Souvcniet/Shopping	\$550.00
 Total Cost:	 \$4000.00



June 2, 2008

William Kephart  
37 Cotton Lane  
Woodland, Pa 16881  
814-857-5490

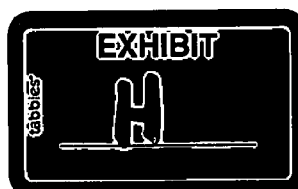
To whom it may concern:

This letter is to inform you that William Kephart did not report to work from 8-13-2007 to 9-4-2007. William did not report due to the accident of his son. He did not get paid for the days missed. William earns \$180.00/day as a sub-contractor for Denochick Logging. Total pay for a 40 hour week is \$900.00. Total wages missed from 8-13 to 9-4-2007 is \$2700.00.

Sincerely,



Greg Denochick  
Denochick Logging



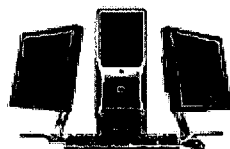


Print this page Close

Dell recommends Windows Vista® Business.

SHARI

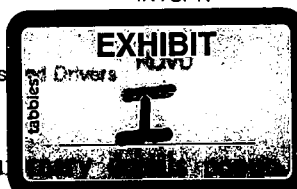
## Print Summary


**Dell Precision  
Workstation T7400 -  
64bit**
Price **\$2,573.00**Preliminary Ship Date: 7/21/2008<sup>1</sup>

My Selections All Options

**• Dell Precision Workstation T7400 - 64bit**

<b>Date</b>	7/14/2008 9:30:02 AM Central Standard Time			
<b>Catalog Number</b>	26 Retail rc1084719			
Catalog Number / Description	Product Code	Qty	SKU	Id
<b>Dell Precision Workstation T7400 - 64bit:</b> Quad Core Intel® Xeon® Processor E5405 (2.00GHz, 2X6M L2, 1333)	T6206	1	[223-4707]	1
<b>Operating System:</b> Genuine Windows Vista® Business 64 Edition Downgrade, XP 64 Installed	XP6VBDE	1	[420-7632]	11
<b>2nd Processor:</b> Quad Core Intel® Xeon® Processor E5405 (2.00GHz, 2X6M L2, 1333)	PR20QC	1	[311-8072]	2
<b>Memory:</b> 1GB, DDR2 SDRAM FBD Memory, 667MHz, ECC (2 DIMMS)	1G2E6	1	[311-7686]	3
<b>Keyboard:</b> USB Entry Quietkey, No Hot Keys	U	1	[310-7949]	4
<b>Graphic Cards:</b> 256MB PCIe x16 nVidia NVS 290, Dual Monitor DVI Capable	NV290	1	[320-5864]	6
<b>DVD and Read-Write Devices:</b> 16X DVD-ROM with Cyberlink Power DVD™	DVD16	1	[313-5710][420-8857]	16
<b>Floppy Drive and Media Card Reader Options:</b> 3.5 inch 1.44MB Floppy Drive	FD	1	[341-3690]	10
<b>Monitors:</b> Dell 17 inch E773c (16 inch viewable) Conventional CRT	E773C	1	[320-3877]	5
<b>Security Software:</b> Norton Internet Security™ 2008 36 Month Subscription	NIS83YE	1	[410-1494]	25
<b>Mouse:</b> Dell USB 2-Button Mechanical Mouse with Scroll	ELD	1	[310-7959]	12
<b>Speakers:</b> Internal Chassis Speaker, Dell	INTSPK	1	[313-5938]	18
<b>Resource DVD:</b> Resource DVD - Contains Diagnostics		1	[313-5674]	21



<b>Hard Drive Configuration:</b>				
C1 All SATA drives, Non-RAID, 1 drive total configuration	SATA1	1	[341-5369]	9
<b>Boot Hard Drive:</b>				
80GB SATA 3.0Gb/s, 7200 RPM Hard Drive with 8MB DataBurst Cache™	80ST	1	[341-5351]	8
<b>Productivity Software:</b>				
Microsoft® Office 2007 Basic and Adobe Acrobat 8.1 STD	BAS2764	1	[410-1099][420-6711]	22
<b>Labels:</b>				
Vista Premium Sticker	VPDGRD	1	[310-9161]	750
<b>Services:</b>				
3 Year ProSupport for IT and 3 Year NBD Onsite Service	U3IP	1	[983-8752][983-9152][984-5400][984-5800][988-6887][988-6888][989-3449]	29
<b>Installation Services:</b>				
No Onsite System Setup	NOINSTL	1	[900-9987]	32

 Print

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sn CFG5



**RINGLER ASSOCIATES®**

(610) 834-5553

(800) 869-9450

Fax (610) 834-5442 or (610) 834-8266

**Email: SWINSTEAD@EDGARSNYDER.COM**

August 4, 2008

**Sheila Winstead, Esquire**  
**Edgar Snyder & Associates**  
2900 Old Route 220, Suite 201  
Altoona, PA 16601

**RE: Kyler Kephart**  
**File: #UPR7951**

Dear Ms. Winstead:

Per your email request, enclosed is the revised structured settlement proposal with a cost of \$100,000 in regards to Kyler Kephart's claim. In said proposal, \$50,465.56 is paid in attorney fee, costs and lien. **This proposal is quoted through American General Life Insurance Company and expires on August 11, 2008, or the date of a life company rate change, if earlier.** These **tax-free** annuities are not available to the general public and can only be purchased in conjunction with a bodily injury settlement.

Please feel free to call if you should have any questions or if I could be of further assistance.

Sincerely,

June Ann Duffy for Michael P. Mullen  
RINGLER ASSOCIATES

Enclosure

cc: Paula Kosh, St. Paul Travelers (Via Email: PKosh@travelers.com)

OFFICE COURT AT WALTON POINT • 490 NORRISTOWN ROAD • SUITE 251 • BLUE BELL, PA 19422

MAILING ADDRESS: P.O. BOX 1252 • BLUE BELL, PA 19422

[www.RinglerAssociates.com](http://www.RinglerAssociates.com)

OFFICES IN

Member N

**EXHIBIT**

**J**

NATIONWIDE

Association

INDIVIDUALLY DESIGNED SETTLEMENT

NAME: Kyler Kephart

MALE: 02/04/1997

TAX-FREE GUARANTEE

I.

Attorney Fee, Costs and Lien:

50,465.56

Guaranteed Lump Sums:

\$ 7,500 at age 18 (2/4/15)

\$12,000 at age 21 (2/4/18)

\$20,000 at age 24 (2/4/21)

\$25,000 at age 27 (2/4/24)

\$52,800 at age 30 (2/4/27)

117,300.00

\$167,765.56

**Total Cost: \$100,000**

\*These proposals expire on 08/11/2008 or the date of a life company rate change, if earlier. \*\*This is an illustration, not a contract. Should it contain any clerical errors, we reserve the right to correct them.

**VERIFICATION**

I hereby verify that the foregoing averments of fact are true and correct and based upon my personal knowledge, information or belief. I understand that these averments of fact are made subject to the penalties of 18 Purdons Consolidated Statutes Section 4904, relating to unsworn falsification to authorities.

William Kephart

William Kephart, as parent and natural guardian  
of Kyler Kephart, a minor

Tracy Kephart

Tracy Kephart, as parent and natural guardian of  
Kyler Kephart, a minor

Date: 8-14-08

**FILED**

**AUG 29 2008**

William A. Shaw  
Prothonotary/Clerk of Courts

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA


KYLER KEPHART, a minor, by and through ) CIVIL DIVISION  
his parents and natural guardians, )  
WILLIAM KEPHART and TRACY KEPHART ) No. 08-1636-CD  
)  
Plaintiffs, )  
)  
vs. )  
)  
HEATHER CASHIER and RONALD )  
BUMGARTER )

Defendants.

RULE RETURNABLE

AND NOW, this 3<sup>rd</sup> day of September, 2008, upon consideration of the foregoing  
Petition, a Rule is issued to show cause why Plaintiffs' Petition should not be granted. Rule  
Returnable on the 26<sup>th</sup> day of September, 2008 at 2:00 P.m. in Courtroom No.  
1.

BY THE COURT:

  
Paul F. Cherry, Judge

FILED 400  
SEP 04 2008  
Arg Olsavick

William A. Shaw  
Prothonotary/Clerk of Courts

(60)



FILED

SEP 04 2008

William A. Shaw  
Prothonotary/Clerk of Courts

DATE: 9/4/08

☒ You are responsible for serving all appropriate parties.

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

☐ Plaintiff(s) ☐ Plaintiff(s) Attorney ☐ Other

☐ Defendant(s) ☐ Defendant(s) Attorney

☐ Special instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

KYLER KEPHART, a minor, by and  
through his parents and natural guardians,  
WILLIAM KEPHART and TRACY  
KEPHART,

Plaintiffs,

vs.

HEATHER CASHIER and RONALD  
BUMGARTER,

Defendants.

CIVIL DIVISION

No. 08-1636-CD

MOTION FOR CONTINUANCE

Filed on behalf of:

Kyler Kephart, by and through his parents  
and natural guardians, William Kephart and  
Tracy Kephart, Plaintiffs

Counsel of record for Plaintiffs:

GREGORY S. OLSAVICK, ESQUIRE  
PA I.D. No. 34620

Email: golsavick@edgarsnyder.com

Firm No. 1605

EDGAR SNYDER & ASSOCIATES, LLC  
2900 OLD Route 220, Suite 201  
Altoona, PA 16601  
(814) 942-3699

FILED <sup>NO CC</sup>  
M) 1028304  
SEP 10 2008 (60)

William A. Shaw  
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

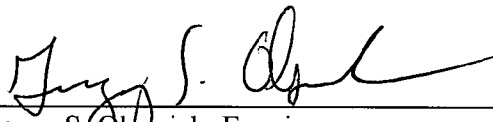
KYLER KEPHART, a minor, by and through	)	CIVIL DIVISION
his parents and natural guardians,	)	
WILLIAM KEPHART and TRACY KEPHART	)	No. 08-1636-CD
	)	
Plaintiffs,	)	
	)	
vs.	)	
	)	
HEATHER CASHIER and RONALD	)	
BUMGARTER	)	

Defendants.

**MOTION FOR CONTINUANCE**

1. This matter is presently scheduled for hearing on Friday, September 26, 2008 at 2:00 p.m. in Courtroom No. 1 of the Clearfield County Courthouse.
2. Counsel for Plaintiff requests that the above-captioned matter be continued.
3. The reason for this requested continuance is as follows:

Counsel for Plaintiffs, Gregory S. Olsavick, Esquire, is scheduled to attend a prior commitment in Elizabethtown, PA on Friday, September 26, 2008.

  
\_\_\_\_\_  
Gregory S. Olsavick, Esquire  
Attorney for Plaintiff  
Pa. I.D. 34620

**FILED**

**SEP 10 2008**

William A. Shaw  
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

KYLER KEPHART, a minor, by and through	)	CIVIL DIVISION
his parents and natural guardians,	)	
WILLIAM KEPHART and TRACY KEPHART	)	No. 08-1636-CD
	)	
Plaintiffs,	)	
	)	
vs.	)	
	)	
HEATHER CASHIER and RONALD	)	
BUMGARTER	)	
	)	
Defendants.		

ORDER OF COURT

AND NOW, this 15<sup>th</sup> day of September, 2008, upon consideration of the within Motion, it is hereby ORDERED and DECREED that the above captioned matter be continued to the 13<sup>th</sup> day of October, 2008 at 11:00 o'clock A M.

BY THE COURT:

*Judith J. Cunningham*

J.

FILED

SEP 15 2008

William A. Shaw  
Prothonotary/Clerk of Courts

FILED

SEP 15 2008

William A. Shaw  
Prothonotary/Clerk of Courts

DATE: 9/15/08

☒ You are responsible for serving all appropriate parties.

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

☐ Plaintiff(s) ☐ Plaintiff(s) Attorney ☐ Other

☐ Defendant(s) ☐ Defendant(s) Attorney

☐ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

KYLER KEPHART, a minor, by and through ) CIVIL DIVISION  
 his parents and natural guardians, )  
 WILLIAM KEPHART and TRACY KEPHART ) No. 08-1636-CD  
 )  
 Plaintiffs, )  
 )  
 vs. )  
 )  
 HEATHER CASHIER and RONALD )  
 BUMGARTER )

Defendants.

**FILED** *icc*  
*0110:5381 Amy*  
**OCT 20 2008** *Olsavick*  
*(without exhibit)*  
 William A. Shaw  
 Prothonotary/Clerk of Courts  
*(10)*

**ORDER OF COURT**

AND NOW, to-wit, this 17 day of October, 2008, it is hereby Ordered  
 that the claims on behalf of the Minor Petitioner, KYLER KEPHART, as to liability insurance  
 may be settled for the sum of One-hundred Thousand (\$100,000.00) Dollars.

A. It is further Ordered that the allocation of the settlement monies in the amount of  
 \$100,000.00 be approved and apportioned as follows:

Fee to the law firm of Edgar Snyder & Associates, LLC	\$25,000.00
Reimbursement of costs to the law firm of Edgar Snyder & Associates, LLC	\$ 1,626.47
Immediate cash payable to the PA Department of Public Welfare as full and final settlement of claim	\$6,177.76
Immediate cash payable to William and Tracy Kephart for expenses of a family vacation	\$4,000.00
Immediate cash payable to William Kephart for reimbursement of lost wages	\$2,700.00
Immediate cash payable to Eagle Haven Computers, Inc. for purchase of a computer system	\$2,605.32

Settlement proceeds to be placed into a structured  
settlement with American General Life Insurance  
Company

\$57,890.45

B. It is further Ordered that the settlement proceeds of \$57,890.45 shall be distributed by payment of the sum of \$57,890.45 to American General Life Insurance Company for placement in a structured settlement.

C. It is further Ordered that the sum of \$26,626.47 shall be paid to the law firm of Edgar Snyder & Associates, LLC for its fee and costs in this matter.

D. It is further Ordered that the sum of \$6,177.76 shall be paid directly to the Pennsylvania Department of Public Welfare as full and final settlement of any and all claims relative to the August 12, 2007 accident.

E. It is further Ordered that the sum of \$4,000.00 shall be paid directly to William Kephart and Tracy Kephart for expenses of a family vacation.

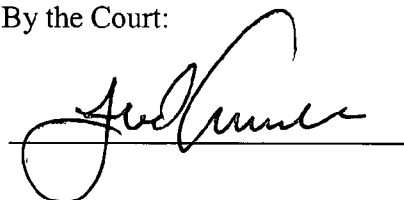
F. It is further Ordered that the sum of \$2,700.00 shall be paid directly to William Kephart for reimbursement of lost wages.

G. It is further Ordered that the sum of \$2,605.32 be paid directly to Eagle Haven Computers, Inc. for purchase of a home computer system.

H. Petitioners, William Kephart and Tracy Kephart, shall be the persons authorized to execute all necessary documents on behalf of Kyler Kephart, minor Petitioner to settle all claims to the liability insurance of Travelers Insurance Company.

I. Attorney Gregory Olsavick shall provide this Court with proof of deposit of funds within thirty days of deposit of said funds.

By the Court:

 J.



FILED

OCT 20 2008

William A. Shaw  
Prothonotary/Clerk of Courts

DATE: 10/20/08

☒ You are responsible for serving all appropriate parties.  
☐ The Prothonotary's office has provided service to the following parties:  
☐ Plaintiff(s) ☐ Plaintiff(s) Attorney ☐ Other  
☐ Defendant(s) ☐ Defendant(s) Attorney  
☐ Special Instructions:

# EAGLE HAVEN COMPUTERS, INC.



www.eaglehaven.com

5860 Clearfield Woodland Hwy  
CLEARFIELD, PA 16830

*Member of the Clearfield Chamber of Commerce*

Phone (814) 765-5779  
Fax (814) 765-8395

joecolna@eaglehaven.com

**To:** Edgar Snyder & Associates

**From:** Joe Colna

**Attn:** Gregory S. Olsavick

**Pages:** 2

**Fax:** 814-942-9337

**Phone:**

**Date:** 10/13/08

**Re:**

**CC:**

☐ Urgent    ☒ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

● Comments:

At the request of Tracy Kephart, 37 Cotton Lane, Woodland, PA 16881 (Phone 857-5490, Cell 814-762-2869) we are submitting this quote to you:

*Intel Core 2 Quad Q9550 2.83 Ghz Computer System .....	\$1,599.00
Vizio 32" VX32L HD TV/Monitor .....	599.00
MS Office Home & Student '07 .....	149.95
Norton Internet Security 2009 .....	59.95
Belkin 375VA UPS .....	49.95

\*specifications attached

Sub-total.....\$2,457.85

Tax..... 147.47

**Total.....\$2,605.32**

**EAGLE HAVEN COMPUTERS, INC.**5860 Clearfield Woodland Hwy  
CLEARFIELD, PA 16830*Member of the Clearfield Chamber of Commerce*Phone (814) 765-5779  
Fax (814) 765-8395Email: [joccolna@eaglehaven.com](mailto:joccolna@eaglehaven.com)  
[www.eaglehaven.com](http://www.eaglehaven.com)  
Serving Central PA Since 1996

---

**High-End System:****Intel Core 2 Quad Q9550 2.83Ghz****Black ATX Aluminum Case Lian-Li PC65B****4GB DDR2 Memory****750GB SATA Hard Drive****DVD-Dual Layer +/-RW w/Lightscribe****P4 Motherboard****Integrated Sound / LAN****Card Reader 13 in 1****Panit GeForce 9800GT 1GB Video Card****Diamond TV Tuner ATSC-NTSC TVW650PC****Microsoft Windows XP Professional OS***(Includes Free VISTA Business OS option on CD)***\$1599****Warranty: 3 Years on Parts, 1 Year on Labor** *(depot warranty)***Add-on Options:**

17" LCD Monitor +\$199.95    19" LCD Monitor +229.95

20" LCD Monitor + 249.95    22" LCD Monitor +299.95

Norton AntiVirus '09 oem +39.95

Norton Internet Security '09 oem + 59.95

MS Office Standard '07 aca +149.95

MS Office Pro '07 aca +199.95

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

KYLER KEPHART, a minor, by and  
through his parents and natural guardians,  
WILLIAM KEPHART and TRACY  
KEPHART,

Plaintiffs,

vs.

HEATHER CASHIER and RONALD  
BUMGARTER,

Defendants.

CIVIL DIVISION

No. *08-1636-CD*

PROOF OF DEPOSIT

Filed on behalf of:

Kyler Kephart, by and through his parents  
and natural guardians, William Kephart and  
Tracy Kephart, Plaintiffs

Counsel of record for Plaintiffs:

GREGORY S. OLSAVICK, ESQUIRE  
PA I.D. No. 34620

Email: golsavick@edgarsnyder.com

Firm No. 1605

EDGAR SNYDER & ASSOCIATES, LLC  
2900 OLD Route 220, Suite 201  
Altoona, PA 16601  
(814) 942-3699

**FILED** *NO CC*  
*m110:15/321*  
**NOV 25 2008** *EW*

William A. Shaw  
Prothonotary/Clerk of Courts

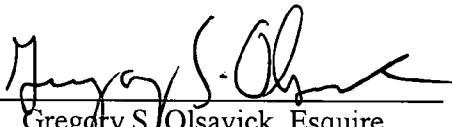
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

KYLER KEPHART, a minor, by and through	)	CIVIL DIVISION
his parents and natural guardians,	)	
WILLIAM KEPHART and TRACY KEPHART	)	No. 08-1636-CD
	)	
Plaintiffs,	)	
	)	
vs.	)	
	)	
HEATHER CASHIER and RONALD	)	
BUMGARTER	)	
	)	
Defendants.		

**PROOF OF DEPOSIT**

Kindly file the enclosed Proof of Deposit of settlement proceeds, which consists of a photocopy of the checks forwarded from Travelers Insurance Company to American General Life Insurance for the opening of a structured settlement account for Kyler Kephart. This Proof of Deposit is being filed pursuant to the October 17, 2009 Order of Court signed by the Honorable Fredric J. Ammerman.

EDGAR SNYDER & ASSOCIATES, LLC

By   
Gregory S. Olsavick, Esquire  
Attorney for Plaintiffs

THE TRAVELERS - PITTSBURGH PL CLAIM  
PO BOX 1538  
PITTSBURGH PA 15230-15.

88<sup>24</sup> 07038972

UC02490

RINGLER ASSOCIATES  
PO BOX 1252  
BLUE BELL PA 19422

TRAVELERS

DATE: 10/27/08  
LOSS DATE: 08/12/07  
FILE NUMBER: 279 LR UPR7951 M

CLAIMANT:  
KYLER C KEPHART

ACCOUNT NAME:  
RONALD BUMBARGER JR.

THE TRAVELERS INDEMNITY COMPANY

### EXPLANATION OF PAYMENT

PERSONAL LIABILITY \$8356.01  
TOTAL PAID \$8356.01.

PREMIUM CHECK KYLER KEPHART

FOR ADDITIONAL INFORMATION, CONTACT: PAULA KOSH AT (610)371-3725

301008087

DETACH CHECK

UNSUMM -050799  
OVRPUN2-121295  
DETACH CHECK

Citibank, N.A.  
One Penns Way  
New Castle DE 19720

TRAVELERS

PO BOX 1538  
PITTSBURGH PA 15230-1538  
(610)371-3725

883H 07038972  
THIS CHECK HAS A RED BACKGROUND

82-20  
311

DATE 10/27/08 ACCOUNT NUMBER J98 FILE NUMBER 279 LR UPR7951 M

VOID IF NOT PRESENTED WITHIN  
ONE YEAR AFTER DATE OF ISSUE

EIGHT THOUSAND THREE HUNDRED FIFTY SIX AND 01/100

PAY: \$\*\*\*\*8,356.01

PRK

PAY  
TO THE  
ORDER OF AMERICAN GENERAL ANNUITY SERVICE  
CORPORATION  
PO BOX 15367  
AMARILLO TX 79105-5367

002490  
UC02490

*Douglas H. Russell*  
AUTHORIZED SIGNATURE

⑈07038972⑈

⑈031100209⑈

38768306⑈

THE TRAVELERS - PITTSB 1 PL CLAIM  
PO BOX 1538  
PITTSBURGH PA 15230-1538

UD00262

8E H 03685905

RINGLER ASSOCIATES  
490 NORRISTOWN ROAD, STE  
BLUE BELL PA 19422


**TRAVELERS**

DATE: 08/12/08  
LOSS DATE: 08/12/07  
FILE NUMBER: 279 LR UPR7951 M

CLAIMANT:  
KYLER C KEPHART

ACCOUNT NAME:  
RONALD BUMBARGER JR.

THE TRAVELERS INDEMNITY COMPANY

**EXPLANATION OF PAYMENT**

PERSONAL LIABILITY \$49534.44  
TOTAL PAID \$49534.44

PREMIUM CHECK KYLER KEPHART

FOR ADDITIONAL INFORMATION, CONTACT: PAULA KOSH AT (610)371-3725

225008765

DETACH CHECK

UNSUMM -050799  
OVRPUNS2-121285

DETACH CHECK

Citibank, N.A.  
One Penns Way  
New Castle DE 19720


**TRAVELERS**

PO BOX 1538  
PITTSBURGH PA 15230-1538  
(610)371-3725

883H 03685905  
THIS CHECK HAS A RED BACKGROUND

62-20  
311

DATE 08/12/08 ACCOUNT NUMBER J98 FILE NUMBER 279 LR UPR7951 M

VOID IF NOT PRESENTED WITHIN  
ONE YEAR AFTER DATE OF ISSUE

FORTY NINE THOUSAND FIVE HUNDRED THIRTY FOUR AND 44/100

PAY: \$\*\*\*49,534.44

PRK

PAY  
TO THE  
ORDER OF AMERICAN GENERAL ANNUITY SERVICE  
CORPORATION  
PO BOX 15367  
AMARILLO, TX 79105-5367

000262  
UD00262

*Douglas H. Russell*  
AUTHORIZED SIGNATURE

⑈03685905⑈ ⑈031100209⑈

38768306⑈

**FILED**

**NOV 25 2008**

William A. Shaw  
Prothonotary/Clerk of Courts

---



IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

KYLER KEPHART, a minor, by and  
through his parents and natural guardians,  
WILLIAM KEPHART and TRACY  
KEPHART,

Plaintiffs,

vs.

HEATHER CASHIER and RONALD  
BUMGARTER,

Defendants.

CIVIL DIVISION

No. 08-1636-CD

PROOF OF PURCHASE

**FILED**

DEC 19 2008

W/ 10-30-08  
William A. Shaw  
Prothonotary/Clerk of Courts  
No. 16 (GL)

Filed on behalf of:  
Kyler Kephart, by and through his parents  
and natural guardians, William Kephart and  
Tracy Kephart, Plaintiffs

Counsel of record for Plaintiffs:

GREGORY S. OLSAVICK, ESQUIRE  
PA I.D. No. 34620

Email: golsavick@edgarsnyder.com

Firm No. 1605

EDGAR SNYDER & ASSOCIATES, LLC  
2900 OLD Route 220, Suite 201  
Altoona, PA 16601  
(814) 942-3699

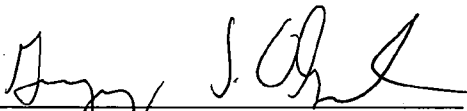
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

KYLER KEPHART, a minor, by and through	)	CIVIL DIVISION
his parents and natural guardians,	)	
WILLIAM KEPHART and TRACY KEPHART	)	No. 08-1036-CD
	)	
Plaintiffs,	)	
	)	
vs.	)	
	)	
HEATHER CASHIER and RONALD	)	
BUMGARTER	)	
	)	
Defendants.		

**PROOF OF PURCHASE**

Kindly file the enclosed Proof of Purchase of a computer system for Kyler Kephart, which consists of a photocopy of the November 19, 2008 paid invoice from Eagle Haven Computers, Inc. This Proof of Purchase is being filed pursuant to the October 17, 2009 Order of Court signed by the Honorable Fredric J. Ammerman.

EDGAR SNYDER & ASSOCIATES, LLC

By   
Gregory S. Olsavick, Esquire  
Attorney for Plaintiffs

***Celebrating our 12th year in business***

# Invoice

## EAGLE HAVEN COMPUTERS, INC.

5860 Clearfield Woodland Highway  
Clearfield, PA 16830

Date	Invoice #
11/19/2008	3949

Bill To

Mrs Tracy Kephart  
37 Cotton Lane  
Woodland, PA 16881

**PAID**

P.O. No.	Terms	Account #

Item	Description	Qty	Rate	Amount
Computer	Computer (custom) - Intel Core 2 Quad Q9550, 2,8Ghz	1	1,599.00	1,599.00T
Special Orders	Vizio 32" VX32L HDTV/Monitor	1	599.00	599.00T
Software	Software -MS Office Home & Student '07	1	149.95	149.95T
Software	Software - Norton Internet Security '09	1	59.95	59.95T
787 UPS	UPS Belkin 375VA	1	49.95	49.95T

**Subtotal**

\$2,457.85

**Sales Tax (6.0%)**

\$147.47

**Total**

\$2,605.32

**Payments/Credits**

\$-2,605.32

**Balance Due**

\$0.00

**FILED**

**DEC 19 2008**

William A. Shaw  
Prothonotary/Clerk of Courts