

08-1652-CD

In Re: Daniel Stiver et al

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 2008-1652-CD

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

Filed on behalf of:  
Petitioners

Counsel of record for this party:  
Gregory S. Olsavick, Esquire

PA I.D. No. 34620  
golsavick@edgarsnyder.com

Firm No. 1605

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

FILED pd \$95.00 Atty  
M 1.05um 1CC Atty  
SEP -2 2008

William A. Shaw  
Prothonotary/Clerk of Courts

Original  
upstairs

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PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 2008-1652-C0

**ORDER OF COURT**

AND NOW, to-wit, this \_\_\_\_\_ day of \_\_\_\_\_, 2008, it is hereby Ordered  
that the claims on behalf of the Minor, DANIEL STIVER, as to liability insurance may be settled  
for the sum of Fifteen Thousand (\$15,000.00) Dollars.

A. It is further Ordered that the settlement proceeds of \$9,059.51 shall be distributed  
by payment of the sum of \$9,059.51 to Elizabeth A. Stiver, as parent[s] and natural guardian[s]  
of DANIEL STIVER, and the bank of Elizabeth A. Stiver's choice. The settlement proceeds will  
be forwarded directly by Gregory S. Olsavick, Esquire, to the bank which must be federally  
insured or whose deposits are backed by the full faith and credit of the United States  
Government, and said funds must be deposited in an account in the Minor's own name with an  
express restriction that no funds may be withdrawn until the Minor Petitioner achieves the age of  
18, unless otherwise authorized by an Order of the Orphan's Court of Common Pleas of  
Clearfield County.

- i. It is further Ordered that the sum of \$5,330.49 shall be paid to the law  
firm of Edgar Snyder & Associates, LLC for its fee and costs in this matter;
- ii. It is further Ordered that the sum of \$610.00 shall be paid to Jacob's Oil  
Company for the heating/fuel oil contract.

B. Petitioner, Elizabeth A. Stiver, shall be the person authorized to execute all necessary documents on behalf of minor Petitioner DANIEL STIVER to settle all claims relative to the liability insurance of Geico Direct;

C. Attorney Gregory S. Olsavick shall provide this Court with proof of deposit of the settlement proceeds received by the Minor within thirty days of deposit of said funds.

By the Court:

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

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners No.

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

AND NOW come Petitioners, DANIEL STIVER, a minor, by and through his parent and legal guardian, ELIZABETH A. STIVER, by and through their attorneys, Edgar Snyder & Associates, LLC, and Gregory S. Oslavick, Esquire, and set forth the following Petition for Approval of Settlement of a Minor's Claim:

1. Minor Petitioner, DANIEL STIVER, at the time of the within accident, resided with and continues to reside with his mother, ELIZABETH A. STIVER, at 240 Pine Street, P.O. Box 96, Coalport, PA 16627.

2. At the time of the within accident, DANIEL STIVER was ten (10) years of age with a date of birth of May 2, 1997.

3. On or about June 14, 2007, the minor Petitioner, DANIEL STIVER, was a restrained front seat passenger in a car driven by his now deceased aunt, Heather Bouch. The Bouch vehicle was traveling northbound on State Route 53 in Beccaria Township, Clearfield County, when a truck operated by Ronald Mack, traveling southbound on State Route 53 at a high rate of speed, traveled onto the western berm of the road, struck the guiderail and re-entered the roadway, traveling into the northbound lane, colliding with the Bouch vehicle. The Mack vehicle then flipped onto its roof, coming to rest facing north in the northbound lane of the

roadway. The Bouch vehicle also came to rest facing north in the northbound lane. At the time of impact, Heather Bouch's body was thrown into the lap of the minor Petitioner, DANIEL STIVER, where she spoke her last words and took her last breath. Heather Bouch died as a result of the accident.

4. DANIEL STIVER was transported by ambulance from the scene of the accident to the Altoona Regional Health System Emergency Department for treatment. After a thorough physical examination and diagnostic X-rays of the right clavicle, right shoulder and cervical spine, DANIEL was diagnosed with contusions and abrasions to his right clavicle. He was discharged to home with instructions to ice and elevate his bruised areas and take Advil or Tylenol for pain. A copy of the Altoona Regional Emergency Department notes is attached hereto as Exhibit "A".

5. DANIEL STIVER underwent psychotherapy for Post Traumatic Stress Disorder following the accident. DANIEL was experiencing mood swings, sleeping difficulties, and a fear of riding in a car. He was also becoming easily agitated. Additionally, he was experiencing auditory hallucinations. Daniel underwent 12 therapy sessions with Billie Fletcher-Haines, LCSW, BCD between June 25, 2007 and October 2, 2007. A copy of Ms. Fletcher-Haines' September 28, 2007 report is attached hereto as Exhibit "B".

6. DANIEL STIVER began experiencing left shoulder pain after the motor vehicle accident. He was treated by his family physician, Dr. Patrick Lenz of Mainline Medical Associates, who diagnosed DANIEL as having left shoulder tendonitis. A diagnostic X-ray of DANIEL'S left shoulder was performed on August 6, 2007. A copy of office notes from DANIEL's August 6, 2007 visit with Dr. Lenz is attached hereto as Exhibit "C".

7. Defendant Ronald Mack was insured under a policy written by Geico Direct. After negotiations, Geico Direct has offered \$15,000.00 in settlement. Undersigned counsel has recommended to Petitioners that they accept this settlement offer.

8. Petitioners hired the firm of Edgar Snyder & Associates, LLC on a one-third (33 1/3%) contingency basis plus reimbursement of expenses. A copy of the signed Power of Attorney/Fee Agreement is attached hereto as Exhibit "D". The law firm of Edgar Snyder & Associates, LLC investigated the accident, June 25, 2007.

9. The expenses associated with this case total \$330.49 and the proposed attorney's fee on the settlement monies is \$5,000.00, resulting in net settlement proceeds of \$9,669.51. A copy of the reimbursable expenses and proposed settlement sheet are attached hereto as Exhibit "D".

10. Petitioner Elizabeth Stiver is a single parent with whom Minor Daniel Stiver has and continues to reside. Recently, Elizabeth Stiver's work/employment has slowed down considerably, which has resulted in a significant loss of income. Elizabeth operates a truck for Magnum Industries hauling coal, etc., and the slow down in work has been attributable to a shut down at the Seward Power Plant. Elizabeth has had to contract with Jacobs Oil Company for heating/fuel oil, in the amount of \$610.00, which amount is presently due and owing for purposes of heating the residence. Unfortunately, Elizabeth does not qualify for fuel assistance per the income guidelines. Accordingly, Petitioner Elizabeth Stiver is requesting that the sum of \$610.00 be deducted from the net settlement proceeds and distributed to Jacob's Oil Company for purposes of the heating/fuel oil contract, for purposes of heating needs at the residence of Elizabeth and Daniel Stiver.

11. It is requested that this Honorable Court approve the settlement. The settlement monies will be deposited directly by the undersigned counsel into a federally insured bank of Petitioner's choosing. Further, the money will be placed in the Minor's own name with the express restriction that no withdrawals be made until the Minor achieves the age of 18 years unless this Court so orders.

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  
Attorney for Petitioners



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

### TRIAGE DATA

Complaint: MVC

Triage Time: Thu Jun 14 2007 21:56  
Source: A. Private Residence  
By: Patton  
Urgency: ESI 3  
Room: Emergency

Age: 10 Male

Kg Weight: 41.7  
Physicians:

WAITING

None

### Vital Signs:

BP:107/85  
T:98.2

Pain:0

P:90

Sat:99

R:18

### DIAGNOSIS (22:51 HT)

FINAL: PRIMARY: MVC, ADDITIONAL: CONTUSION/ABRASION RIGHT CLAVICLE.

### PAST MEDICAL HISTORY

PEDIATRIC HISTORY (Thu Jun 14 2007 21:56 HM): Immunizations up to date. No history of maternal infection.

PED SOCIAL HISTORY (Fri Jun 15 2007 01:34 HT): Lives at home with family.

FAMILY HISTORY (Fri Jun 15 2007 01:34 HT): Family history is not contributory to this case.

NOTES (Fri Jun 15 2007 01:34 HT): Nursing records reviewed, Agree with nursing records.

### ALLERGY (21:56 HM)

PEN V K.

### KNOWN ALLERGIES

Pen v k.

### NURSING PROCEDURE: TRANSPORT TO TESTS (22:38 HM)

TIME: Indications for test: facilitate diagnosis, Procedure was performed at 2205. Patient transported to, X-ray, Patient transported via, cart, After procedure, patient returned to ED at 2235.

### NURSING PROCEDURE: DISCHARGE NOTE (23:16 HM)

TIME: Patient discharged at 2315. Patient discharged to, home, Discharge instructions given to, patient, Above Person(s) verbalized understanding of discharge instructions and follow-up care.

### NURSING ASSESSMENT: SKIN (21:58 HM)

TIME ASSESSED: Patient was assessed at 2145.

NOTES: SEE TRIAGE NOTE.

CONSTITUTIONAL PED: Patient is alert and oriented.

SKIN PED: Patient denies pain to skin, Inspection: abrasion, to RIGHT CLAVICL FROM SEATBELT.

### ADDITIONAL TRIAGE (Thu Jun 14 2007 21:56 HM)

PATIENT: NAME: Daniel C Stiver, DOB: Fri May 02 1997, TETANUS: CURRENT, Current vaccinations:

EXHIBIT

A



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

None, Ambulance Patients: Ambulance Patient, SSN: 999999999, ZIP CODE: 16627, PHONE: 814672-3701, MEDICAL RECORD NUMBER: 000000287445, ACCOUNT NUMBER: 000303486740, IBEX NUMBER: 20070614215632ADT.

### GREET TIME

PRION DISEASE ASSESSMENT: Patient has No Progressive Dementia or Dementia of unknown cause. No family history of CJD, GSS or FFI.

### ADMISSION

### VITAL SIGNS

### COMPLAINT

TRIAGE TIME: 2145..

MENTAL STATUS: GCS Eye Opening: 4, GCS Verbal Response: 5, GCS Motor Response: 6, The GCS total is 15.

PAIN: Triage assessment performed.

NOTES: PT WAS IN MVC FRONT SEAT PASSENGER RESTRAINED, DENIES ANY LOC, HAS ABRASION TO RIGHT CLAVICLE, DENIES ANY PAIN OR DISCOMFORT.

### CURRENT MEDICATIONS (21:56 HM)

Zyrtec:

### RESULTS (Sat Jun 16 2007 09:47 JLW)

RADIOLOGY: SPINE CERV AP/ODONTOID/LATERAL Jun 14 2007 22:42, 180GDT DIA 0180 SPINE CERV AP/ODONTOID/LATERALRESULT: Cervical spine: 3 views. CLINICAL HISTORY: Injury There was no evidence of fracture. The bones are normal in texture and form. No soft tissue abnormalities are noted. There is normal alignment of the cervical spine. CONCLUSION: Normal study. Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:06A.

: SHOULDER RIGHT Jun 14 2007 22:42, 430GDT DIA 0430 SHOULDER RIGHTRESULT: Right shoulder: 3 views and right clavicle: 2 views. CLINICAL HISTORY: Injury There was no evidence of fracture or dislocation. The bones are normal in texture and form. No soft tissue abnormalities are noted. CONCLUSION: Normal study. Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:05A.

: CLAVICLE RIGHT Jun 14 2007 22:42, 433GDT DIA 0433 CLAVICLE RIGHTRESULT: Right clavicle. Please refer to the right shoulder and right clavicle x-ray report. Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:04A.

: SPINE CERV AP/ODONTOID/LATERAL Jun 14 2007 22:42, SPINE CERV AP/ODONTOID/LATERAL SPINE CERV AP/ODONTOID/LATERAL\*\*\* FILM DONE \*\*\*.

: CLAVICLE RIGHT Jun 14 2007 22:42, CLAVICLE RIGHT CLAVICLE RIGHT\*\*\* FILM DONE \*\*\*.

: SHOULDER RIGHT Jun 14 2007 22:42, SHOULDER RIGHT SHOULDER RIGHT\*\*\* FILM DONE \*\*\*.

### HPI MVA-MVC (Fri Jun 15 2007 01:34 HT)

CHIEF COMPLAINT: Patient was involved in motor vehicle crash, was driver, Head on collision, Patient was wearing lap/shoulder belt, Severe amount of vehicular damage, Patient



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

arrived with cervical spine immobilization in place, arrived on backboard.

HISTORIAN: History obtained from patient, EMS.

OCCURRED: Just prior to presentation.

LOCATION: Neck pain: None, Back pain: None, Chest pain: None, Abdominal pain: None, Contusion/Abrasion: neck, shoulder.

ASSOCIATED WITH: Patient denies clavicle pain. **Patient states clavicle pain is present, shoulder pain is present**, Patient denies elbow pain, Patient denies wrist pain, hand pain, finger pain, hip pain, knee pain, ankle pain, foot pain, distal neuro c/o, proximal injury, distal injury, Alcohol: Denies, LOC: None, GCS: 15, On scene GCS: 15.

NOTES: **CHILD WAS FRONT SEAT PASSENGER. DRIVER WAS A DOS. CHILD HAS NO OTHER COMPLAINTS. COVERED IN BLOOD FROM THE DOS..**

### ROS (Fri Jun 15 2007 01:34 HT)

ALL SYSTEMS NEGATIVE: All relevant systems reviewed and all negative except for the above.

### PHYSICAL EXAM (Fri Jun 15 2007 01:36 HT)

CONSTITUTIONAL PED: Patient is afebrile, Triage vital signs reviewed, Well appearing, Alert and oriented appropriate to age, Regards examiner, Appears well hydrated, General exam normal except as noted.

HEAD PED: Atraumatic, Normocephalic.

EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light. No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.

ENT PED: Ears and nose normal to inspection, Oropharynx normal. Mucous membranes pink and moist. No stridor, Tympanic membranes normal.

NECK PED: Trachea midline. No masses, lymphadenopathy, **ABRASION/CONTUSION RIGHT LATERAL NECK. NO CREPITUS..**

RESPIRATORY CHEST PED: Breath sounds clear and equal bilaterally. No respiratory distress, accessory muscle use, retractions.

CARDIOVASCULAR PED: RRR, Heart sounds normal, Capillary refill less than 2 seconds, Pulses 2+, equal bilaterally. No murmurs.

ABDOMEN PED: Abdomen is soft, non-tender. No distension, masses, Bowel sounds normal, Liver and spleen normal.

BACK: There is no CVA Tenderness, There is no tenderness to palpation. Normal inspection.

UPPER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion, **ABRASION/CONTUSION RIGHT CLAVICLE/SHOULDER.**

LOWER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion, No calf tenderness.

NEURO PED: Awake, alert appropriate for age, GCS Modified for age. No focal motor deficits, focal sensory deficits, Speech normal, Gait normal, Memory normal.

SKIN: Skin is warm, Skin is dry, Skin is normal color.

### IMAGING

COMMAND (23:21 JN1): Image captured from scanner.

DEMO (Fri Jun 15 2007 02:43 ED1): Image captured from scanner.

DISCHARGE (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

TRIAGE (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.

(Fri Jun 15 2007 02:44 ED1): Page 002 added|Image captured from scanner.

DEMO (Fri Jun 15 2007 02:44 ED1): Page 002 added|Image captured from scanner.

CONSENT (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.

TRIP SHEET (Sun Jun 17 2007 04:02 JCF): Image uploaded.

(Sun Jun 17 2007 04:03 JCF): Page 002 added|Image uploaded.

(Sun Jun 17 2007 04:03 JCF): Page 003 added|Image uploaded.

(Sun Jun 17 2007 04:03 JCF): Page 004 added|Image uploaded.

(Sun Jun 17 2007 04:04 JCF): Page 005 added|Image uploaded.

### ORDERS

RT SHOULDER by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:05 Comment: BAY 19.

RT CLAVICLE by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:04 Comment: BAY 19.

SPINE CERV AP/ODONTOID/LAT by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:06 Comment: BAY 19.

Reason: NO LOCAL FMD.

### DISPOSITION

PATIENT (22:51 HT): Disposition: A. Home, Condition: Stable, Acuity: 3.

(23:16 HM): TRANSFER IN: NO, Hold Patient: No, IV d/cd @ discharge: , Campus: AH, Remove from ER.

### INSTRUCTION (22:52 HT)

DISCHARGE: CONTUSION , ABRASION (PEDS) .

SPECIAL: Follow up with primary care physician

Continue your own medications

Return if worse

Ice and elevate ANY BRUISED/TENDER AREAS

Tylenol or Advil for Pain.

### PRESCRIPTION: No Documented Prescriptions

### KEY:

ED1=Deneen, Emily HM=Malay, Heather HT=Thompson, Holly JCF=Fisher, Julie  
JLW=Weigand, Jaime JN1=Noye, Joyce RAA=Adams, Rhonda

**Billie Fletcher Haines, LCSW, BCD**  
**2229 Broad Avenue**  
**Altoona, Pa. 16601**  
**(814) 935-6920**

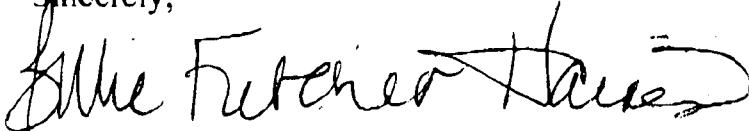
September 28, 2007

To: Edgar Snyder and Associates  
Re: Daniel Stiver

As per our previous detailed conversation to summarize that Daniel has been under my care since 6/25/07, specifically to deal with the trauma that he has experienced while he was a passenger in an MVA that killed his aunt on 6/14/07. His current diagnosis is Post Traumatic Stress Disorder. He will require continued psychotherapy for an indefinite period of time. Prior to the accident I did see Daniel at my previous employer, Nulton Diagnostic and Treatment Center to deal with adjusting to his parents divorce and anger issues. His previous issues in counseling were mild in comparison to the recent trauma that he has experienced.

After the MVA he began to experience a multitude of trauma related symptoms. His mood fluctuated greatly. He became easily agitated and had difficulty sleeping at night due to fear and nightmares. He has at times been experiencing some auditory hallucinations. This, however, has stabilized. Daniel also experiences fears around riding in a car and perceives danger in situations where there may be none. With all the above said, Daniel will need to be closely monitored in the future as he may have difficulty handling new situations in a healthy way. Daniel was initially being seen weekly for treatment. He is now being seen every 2-3 week. He can be seen more often when needed. He continues to experience some mood instability. If you have any further questions in regards to Daniel's care please do not hesitate to contact me.

Sincerely,



Billie Fletcher Haines, LCSW, BCD



# PATIENT VISIT RECORD

TE: 8-6-07

PATIENT NAME Daniel Stiver

Chief Complaint: MVA  
able to obtain History due to:

Consulted by:

Reason for consult:

SH: (See face sheet)	New Pt: (or consult) 0 hx areas=L1,2; 1-2=L3; 3=L4 or 5	Est. Pt: 0 hx areas=L1,2,3; 1=L4 2=L5
SI: (or consult) 1-3 elements=L1,2; 4 or more=L3, 4,5	New Pt: (or consult) 1-3 elements=L1,2,3 4 or more=L4,5	Est. Pt: 1-3 elements=L1,2,3 4 or more=L4,5
<p><i>At up @ Nally Dr 000/1 click in neck on R side ear on R side @ Nally not down</i></p>		

Review of Systems:

Face sheet of \_\_\_\_\_ reviewed  
and confirmed by physician. Additions/supplements as noted.

New Pt: (or consult) No systems=L1; 1=L2; 2-9=L3; 10 or more=L4,5	Est. Pt: No systems=L1,2; 1=L3; 2-9=L4; 10 or more=L5
<input type="checkbox"/> Elaborate Positive Findings or Pertinent Negatives	<input type="checkbox"/> Cardiovascular <input type="checkbox"/> Neurological
<input type="checkbox"/> Institutional	<input type="checkbox"/> Respiratory <input type="checkbox"/> Psychiatric
<input type="checkbox"/> II	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Endocrine
<input type="checkbox"/> 15	<input type="checkbox"/> Genitourinary <input type="checkbox"/> Hematologic/Lymphatic
<input type="checkbox"/> nose/mouth/throat	<input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Allergic/Immunologic

U/M: New Pt/Cor: 1=Level 1, 2-7=Level 2, 4x4=Level 3, 8 or more=Level 4, 5 Est. Pt.: 1=Level 2, 2-7=Level 3, 4x4=Level 4, 8 or more =Level 5  
 NML=Assessment items as listed except those indicated in "abnormal findings". Slash=not assessed or as noted in "abnormal findings".

INSTITUTIONAL: TEMP 98.3 BP 100/60 RESP 12 PULSE 85 Pulse Ox 95% Ht 5'6" Wt 89kg

Immunization/Injection:

GENERAL APPEARANCE:	WDWN	NAD	COOPERATIVE	OTHER:	SITE:	LOT #:
ASSESSMENT	NML	ABNORMAL FINDINGS	ASSESSMENT	NML	ABNORMAL FINDINGS	
as: PERRL, EOMI, conjunctiva Pink, no eyelid edema, no icterus			MSK: No clubbing or edema of extremities. Nml. ROM and gait. No tenderness or deformity.		<i>Conjunctiva pink</i>	
ts. nose, throat: TMs clear, ext. ear nml. nasal DC. Mouth and throat clear, No exudate.			Neurological: No focal deficits. Neck supple. DTRs symmetrical. Speech clear.		<i>No sinus pastetis</i>	
sp: Lungs clear. No accessory muscle use. labored respirations. Symmetrical excursion.			Psychiatric: Alert, oriented x 3. Appears competent. Nml. Mood. Nml. affect.		<i>PTD muscle strong</i>	
cardiovascular: Regular rate. No murmurs. rubs, no gallops. No JVD. No edema.			Heme/Lymph/(mm): No cervical, inguinal, axillary, supraclavicular adenopathy. No HSM.			
q: Warm, dry. Turgor good. No cyanosis, discice, or rashes.			Breasts: Grossly symmetrical. No nipple d/c. No skin changes. No LAD.			
Abdomen soft. No tenderness organomegaly, Nml. bowel sounds.			Gyne: No CMT. No adnexal fullness or tenderness. Nml. Vaginal vault.			
OSTATE: Non boggy, NT, nml size. No masses			Gu: External Genitalia nml. No tenderness or fullness of bladder. No CVA tenderness. No discharge.			
CTAL: Hemo negative. No masses. Nml. sphincter tone.						

## EDICAL DECISION MAKING

Impression: (new, stable improved, worsening)

*① Nally stab  
② Adm child a day  
③ N/A*

## Plan/Diagnostics:

EKG

X Ray

Viewed by exam phys? Y N

Viewed by exam phys? Y N

Labs

Other

# MainlineMedical ASSOCIATES

792 Gallitzin Road  
Cresson, PA 16630  
(814) 886-8161

1400 9th Ave.  
Altoona, PA 16602  
(814) 941-8811

## RADIOLOGIC CONSULTATION

DATE: 8-6-07

PATIENT NAME: Daniel Stiver

DOB: 5-2-97

CHART #: 51352

PREGNANT: YES or NO

EXAM REQUESTED: ① Shoulder

ORDERED BY: Mr. Scummond

CLINICAL HISTORY: MVA 6-14-07 struck by drunk driver has had shoulder pain & clicking/creaking in left shoulder area.

D shulde

D study

07  
0

SIGNATURE:

Jane Blouns

B. DIGIACOBBE, M.D.

R.T. Max

(PATIENT OR PERSON AUTHORIZED TO CONSENT FOR PATIENT)



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 \_\_\_\_\_, 20\_\_\_\_\_, 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.

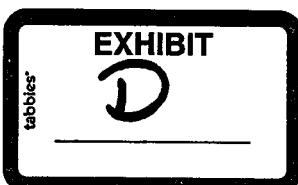
I recognize that my attorneys reserve the right to withdraw from my case if, after investigation, they determine that there is no merit to the claim.

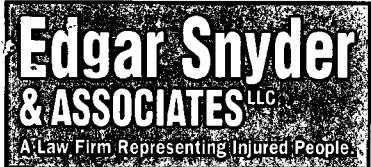
I hereby acknowledge receipt of a duplicate copy of this Power of Attorney.

Elizabeth A. Stein (SEAL)

(SEAL)

Date: 4/25/07





Regency Square  
2900 Old Route 220 • Suite 201  
Altoona, PA 16601

Telephone: 814-942-3699  
Fax: 814-942-9337

Web: [www.edgarsnyder.com](http://www.edgarsnyder.com)

## Settlement Sheet

Client Daniel Stiver

Case: 418210

**TOTAL SETTLEMENT:**

\$15,000.00

**Costs Advanced**

500 Medical Records	\$235.49
800 Filing Fee/Other Expenses	\$95.00

*Total Costs Advanced:* \$330.49

**Total Costs :**

\$330.49

**Attorney Fee**

33.33%

\$5,000.00

**TOTAL DISBURSEMENT:**

**\$5,330.49**

**BALANCE TO CLIENT:**

**\$9,669.51**

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

Signature

Date

Date

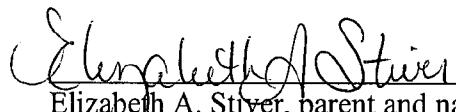
8/28/08



Tuesday, August 19, 2008

**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.



Elizabeth A. Stiver, parent and natural guardian of  
minor Petitioner, Daniel Stiver

Date: 8/28/08

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

IN RE: DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A . STIVER,  
Petitioners

\* \* \* \* \* No. 08-1652-CD

ORDER

NOW, this 3<sup>rd</sup> day of September, 2008, the Court being in receipt of and  
having reviewed the Petition for Approval of Settlement of a Minor's Claim filed by  
Gregory S. Olsavick, Esquire, it is the ORDER of this Court that the hearing on the  
said Petition be and is hereby scheduled for the 26<sup>th</sup> day of September, 2008,  
at 2:30 P m. in Courtroom No. 1 of the Clearfield County Courthouse, Clearfield,  
Pennsylvania.

BY THE COURT,

  
FREDRIC J. AMMERMAN  
President Judge

FILED <sup>3CC</sup>  
014:00pm Atty Olsavick  
SEP 03 2008

William A. Shaw  
Prothonotary/Clerk of Courts

**FILED**

**SEP 03 2008**

William A. Shaw  
Prothonotary/Clerk of Courts

MC 0P-CCB-CD

DATE: 9/3/08

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

IN RE:

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652- CD

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

Filed on behalf of:  
Petitioners

Counsel of record for this party:  
Gregory S. Olsavick, Esquire

PA I.D. No. 34620  
golsavick@edgarsnyder.com

Firm No. 1605

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

**FILED**

03:40 PM  
SEP 11 2008

William A. Shaw  
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners No.

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

AND NOW come Petitioners, DANIEL STIVER, a minor, by and through his parent and legal guardian, ELIZABETH A. STIVER, by and through their attorneys, Edgar Snyder & Associates, LLC, and Gregory S. Oslavick, Esquire, and set forth the following Petition for Approval of Settlement of a Minor's Claim:

1. Minor Petitioner, DANIEL STIVER, at the time of the within accident, resided with and continues to reside with his mother, ELIZABETH A. STIVER, at 240 Pine Street, P.O. Box 96, Coalport, PA 16627.

2. At the time of the within accident, DANIEL STIVER was ten (10) years of age with a date of birth of May 2, 1997.

3. On or about June 14, 2007, the minor Petitioner, DANIEL STIVER, was a restrained front seat passenger in a car driven by his now deceased aunt, Heather Bouch. The Bouch vehicle was traveling northbound on State Route 53 in Beccaria Township, Clearfield County, when a truck operated by Ronald Mack, traveling southbound on State Route 53 at a high rate of speed, traveled onto the western berm of the road, struck the guiderail and re-entered the roadway, traveling into the northbound lane, colliding with the Bouch vehicle. The Mack vehicle then flipped onto its roof, coming to rest facing north in the northbound lane of the

roadway. The Bouch vehicle also came to rest facing north in the northbound lane. At the time of impact, Heather Bouch's body was thrown into the lap of the minor Petitioner, DANIEL STIVER, where she spoke her last words and took her last breath. Heather Bouch died as a result of the accident.

4. DANIEL STIVER was transported by ambulance from the scene of the accident to the Altoona Regional Health System Emergency Department for treatment. After a thorough physical examination and diagnostic X-rays of the right clavicle, right shoulder and cervical spine, DANIEL was diagnosed with contusions and abrasions to his right clavicle. He was discharged to home with instructions to ice and elevate his bruised areas and take Advil or Tylenol for pain. A copy of the Altoona Regional Emergency Department notes is attached hereto as Exhibit "A".

5. DANIEL STIVER underwent psychotherapy for Post Traumatic Stress Disorder following the accident. DANIEL was experiencing mood swings, sleeping difficulties, and a fear of riding in a car. He was also becoming easily agitated. Additionally, he was experiencing auditory hallucinations. Daniel underwent 12 therapy sessions with Billie Fletcher-Haines, LCSW, BCD between June 25, 2007 and October 2, 2007. A copy of Ms. Fletcher-Haines' September 28, 2007 report is attached hereto as Exhibit "B".

6. DANIEL STIVER began experiencing left shoulder pain after the motor vehicle accident. He was treated by his family physician, Dr. Patrick Lenz of Mainline Medical Associates, who diagnosed DANIEL as having left shoulder tendonitis. A diagnostic X-ray of DANIEL'S left shoulder was performed on August 6, 2007. A copy of office notes from DANIEL's August 6, 2007 visit with Dr. Lenz is attached hereto as Exhibit "C".

7. Defendant Ronald Mack was insured under a policy written by Geico Direct. After negotiations, Geico Direct has offered \$15,000.00 in settlement. Undersigned counsel has recommended to Petitioners that they accept this settlement offer.

8. Petitioners hired the firm of Edgar Snyder & Associates, LLC on a one-third (33 1/3%) contingency basis plus reimbursement of expenses. However, in the best interests of the Minor Petitioner, Edgar Snyder & Associates, LLC has voluntarily agreed to reduce their fee to 25% of the settlement figure. A copy of the signed Power of Attorney/Fee Agreement is attached hereto as Exhibit "D". The law firm of Edgar Snyder & Associates, LLC investigated the accident, June 25, 2007.

9. The expenses associated with this case total \$330.49 and the proposed attorney's fee on the settlement monies is \$3,750.00, resulting in net settlement proceeds of \$10,309.51. A copy of the reimbursable expenses and proposed settlement sheet are attached hereto as Exhibit "D".

10. Petitioner Elizabeth Stiver is a single parent with whom Minor Daniel Stiver has and continues to reside. Recently, Elizabeth Stiver's work/employment has slowed down considerably, which has resulted in a significant loss of income. Elizabeth operates a truck for Magnum Industries hauling coal, etc., and the slow down in work has been attributable to a shut down at the Seward Power Plant. Elizabeth has had to contract with Jacobs Oil Company for heating/fuel oil, in the amount of \$610.00, which amount is presently due and owing for purposes of heating the residence. Unfortunately, Elizabeth does not qualify for fuel assistance per the income guidelines. Accordingly, Petitioner Elizabeth Stiver is requesting that the sum of \$610.00 be deducted from the net settlement proceeds and distributed to Jacob's Oil Company

for purposes of the heating/fuel oil contract, for purposes of heating needs at the residence of Elizabeth and Daniel Stiver.

11. It is requested that this Honorable Court approve the settlement. The settlement monies will be deposited directly by the undersigned counsel into a federally insured bank of Petitioner's choosing. Further, the money will be placed in the Minor's own name with the express restriction that no withdrawals be made until the Minor achieves the age of 18 years unless this Court so orders.

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  
Attorney for Petitioners



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

### TRIAGE DATA

Complaint: MVC

Triage Time: Thu Jun 14 2007 21:56  
Source: A. Private Residence  
By: Patton  
Urgency: ESI 3  
Room: Emergency

Age: 10 Male

Kg Weight: 41.7  
Physicians:

WAITING

None

#### Vital Signs:

BP:107/85  
T:98.2

Pain:0

P:90  
Sat:99

R:18

### DIAGNOSIS (22:51 HT)

FINAL: PRIMARY: MVC, ADDITIONAL: CONTUSION/ABRASION RIGHT CLAVICLE.

### PAST MEDICAL HISTORY

PEDIATRIC HISTORY (Thu Jun 14 2007 21:56 HM): Immunizations up to date. No history of maternal infection.

PED SOCIAL HISTORY (Fri Jun 15 2007 01:34 HT): Lives at home with family.

FAMILY HISTORY (Fri Jun 15 2007 01:34 HT): Family history is not contributory to this case.

NOTES (Fri Jun 15 2007 01:34 HT): Nursing records reviewed, Agree with nursing records.

### ALLERGY (21:56 HM)

PEN V K.

### KNOWN ALLERGIES

Pen v k.

### NURSING PROCEDURE: TRANSPORT TO TESTS (22:38 HM)

TIME: Indications for test: facilitate diagnosis, Procedure was performed at 2205. Patient transported to, X-ray, Patient transported via, cart, After procedure, patient returned to ED at 2235.

### NURSING PROCEDURE: DISCHARGE NOTE (23:16 HM)

TIME: Patient discharged at 2315. Patient discharged to, home, Discharge instructions given to, patient, Above Person(s) verbalized understanding of discharge instructions and follow-up care.

### NURSING ASSESSMENT: SKIN (21:58 HM)

TIME ASSESSED: Patient was assessed at 2145.

NOTES: SEE TRIAGE NOTE.

CONSTITUTIONAL PED: Patient is alert and oriented.

SKIN PED: Patient denies pain to skin, Inspection: **abrasion**, to **RIGHT CLAVICL FROM SEATBELT**.

### ADDITIONAL TRIAGE (Thu Jun 14 2007 21:56 HM)

PATIENT: NAME: Daniel C Stiver, DOB: Fri May 02 1997, TETANUS: CURRENT, Current vaccinations:

EXHIBIT

A



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

None, Ambulance Patients: Ambulance Patient, SSN: 999999999, ZIP CODE: 16627, PHONE: 814672-3701, MEDICAL RECORD NUMBER: 000000287445, ACCOUNT NUMBER: 000303486740, IBEX NUMBER: 20070614215632ADT.

### GREET TIME

PRION DISEASE ASSESSMENT: Patient has No Progressive Dementia or Dementia of unknown cause. No family history of CJD, GSS or FFI.

### ADMISSION

### VITAL SIGNS

### COMPLAINT

TRIAGE TIME: 2145.,

MENTAL STATUS: GCS Eye Opening: 4, GCS Verbal Response: 5, GCS Motor Response: 6, The GCS total is 15.

PAIN: Triage assessment performed.

NOTES: PT WAS IN MVC FRONT SEAT PASSENGER RESTRAINED, DENIES ANY LOC, HAS ABRASION TO RIGHT CLAVICLE, DENIES ANY PAIN OR DISCOMFORT.

### CURRENT MEDICATIONS (21:56 HM)

Zyrtac:

### RESULTS (Sat Jun 16 2007 09:47 JLW)

RADIOLOGY: SPINE CERV AP/ODONTOID/LATERAL Jun 14 2007 22:42,

180GDT DIA 0180 SPINE CERV AP/ODONTOID/LATERALRESULT:Cervical spine: 3 views.CLINICAL HISTORY: InjuryThere was no evidence of fracture. The bones are normal in texture and form. No soft tissue abnormalities are noted. There is normal alignment of the cervical spine.CONCLUSION:Normal study. Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:06A.

: SHOULDER RIGHT Jun 14 2007 22:42,

430GDT DIA 0430 SHOULDER RIGHTRESULT:Right shoulder: 3 views and right clavicle: 2 views.CLINICAL HISTORY: InjuryThere was no evidence of fracture or dislocation. The bones are normal in texture and form. No soft tissue abnormalities are noted.CONCLUSION:Normal study. Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:05A.

: CLAVICLE RIGHT Jun 14 2007 22:42,

433GDT DIA 0433 CLAVICLE RIGHTRESULT:Right clavicle. Please refer to the right shoulder and right clavicle x-ray report. Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:04A.

: SPINE CERV AP/ODONTOID/LATERAL Jun 14 2007 22:42,

SPINE CERV AP/ODONTOID/LATERAL SPINE CERV AP/ODONTOID/LATERAL\*\*\* FILM DONE \*\*\*.

: CLAVICLE RIGHT Jun 14 2007 22:42,

CLAVICLE RIGHT CLAVICLE RIGHT\*\*\* FILM DONE \*\*\*.

: SHOULDER RIGHT Jun 14 2007 22:42,

SHOULDER RIGHT SHOULDER RIGHT\*\*\* FILM DONE \*\*\*.

### HPI MVA-MVC (Fri Jun 15 2007 01:34 HT)

CHIEF COMPLAINT: Patient was involved in motor vehicle crash, was driver, Head on collision, Patient was wearing lap/shoulder belt, Severe amount of vehicular damage, Patient



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

arrived with cervical spine immobilization in\ place, arrived on backboard.

HISTORIAN: History obtained from patient, EMS.

OCCURRED: Just prior to presentation.

LOCATION: Neck pain: None, Back pain: None, Chest pain: None, Abdominal pain: None, Contusion/Abrasion: **neck, shoulder.**

ASSOCIATED WITH: Patient denies clavicle pain. **Patient states clavicle pain is present, shoulder pain is present**, Patient denies elbow pain, Patient denies wrist pain, hand pain, finger pain, hip pain, knee pain, ankle pain, foot pain, distal neuro c/o, proximal injury, distal injury, Alcohol: Denies, LOC: None, GCS: 15, On scene GCS: 15.

NOTES: **CHILD WAS FRONT SEAT PASSENGER. DRIVER WAS A DOS. CHILD HAS NO OTHER COMPLAINTS. COVERED IN BLOOD FROM THE DOS..**

### ROS (Fri Jun 15 2007 01:34 HT)

ALL SYSTEMS NEGATIVE: All relevant systems reviewed and all negative except for the above.

### PHYSICAL EXAM (Fri Jun 15 2007 01:36 HT)

CONSTITUTIONAL PED: Patient is afebrile, Triage vital signs reviewed, Well appearing, Alert and oriented appropriate to age, Regards examiner, Appears well hydrated, General exam normal except as noted.

HEAD PED: Atraumatic, Normocephalic.

EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light. No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.

ENT PED: Ears and nose normal to inspection, Oropharynx normal. Mucous membranes pink and moist. No stridor, Tympanic membranes normal.

NECK PED: Trachea midline. No masses, lymphadenopathy, **ABRASION/CONTUSION RIGHT LATERAL NECK. NO CREPITUS.**

RESPIRATORY CHEST PED: Breath sounds clear and equal bilaterally. No respiratory distress, accessory muscle use, retractions.

CARDIOVASCULAR PED: RRR, Heart sounds normal, Capillary refill less than 2 seconds, Pulses 2+, equal bilaterally. No murmurs.

ABDOMEN PED: Abdomen is soft, non-tender. No distension, masses, Bowel sounds normal, Liver and spleen normal.

BACK: There is no CVA Tenderness, There is no tenderness to palpation. Normal inspection.

UPPER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion, **ABRASION/CONTUSION RIGHT CLAVICLE/SHOULDER.**

LOWER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion, No calf tenderness.

NEURO PED: Awake, alert appropriate for age, GCS Modified for age. No focal motor deficits, focal sensory deficits, Speech normal, Gait normal, Memory normal.

SKIN: Skin is warm, Skin is dry, Skin is normal color.

### IMAGING

COMMAND (23:21 JN1): Image captured from scanner.

DEMO (Fri Jun 15 2007 02:43 ED1): Image captured from scanner.

DISCHARGE (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

TRIAGE (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.

(Fri Jun 15 2007 02:44 ED1): Page 002 added|Image captured from scanner.

DEMO (Fri Jun 15 2007 02:44 ED1): Page 002 added|Image captured from scanner.

CONSENT (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.

TRIP SHEET (Sun Jun 17 2007 04:02 JCF): Image uploaded.

(Sun Jun 17 2007 04:03 JCF): Page 002 added|Image uploaded.

(Sun Jun 17 2007 04:03 JCF): Page 003 added|Image uploaded.

(Sun Jun 17 2007 04:03 JCF): Page 004 added|Image uploaded.

(Sun Jun 17 2007 04:04 JCF): Page 005 added|Image uploaded.

### ORDERS

RT SHOULDER by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:05 Comment: BAY 19.

RT CLAVICLE by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:04 Comment: BAY 19.

SPINE CERV AP/ODONTOID/LAT by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:06 Comment: BAY 19.

Reason: NO LOCAL FMD.

### DISPOSITION

PATIENT (22:51 HT): Disposition: A. Home, Condition: Stable, Acuity: 3.

(23:16 HM): TRANSFER IN: NO, Hold Patient: No, IV d/cd @ discharge: , Campus: AH, Remove from ER.

### INSTRUCTION (22:52 HT)

DISCHARGE: CONTUSION , ABRASION (PEDS) .

SPECIAL: Follow up with primary care physician

Continue your own medications

Return if worse

Ice and elevate ANY BRUISED/TENDER AREAS

Tylenol or Advil for Pain.

### PRESCRIPTION: No Documented Prescriptions

### KEY:

ED1=Deneen, Emily HM=Malay, Heather HT=Thompson, Holly JCF=Fisher, Julie  
JLW=Weigand, Jaime JN1=Noye, Joyce RAA=Adams, Rhonda

**Billie Fletcher Haines, LCSW, BCD**  
**2229 Broad Avenue**  
**Altoona, Pa. 16601**  
**(814) 935-6920**

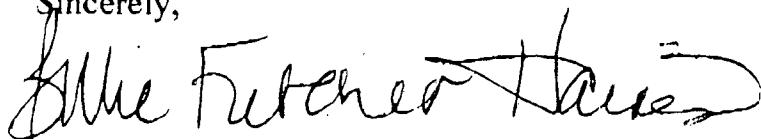
September 28, 2007

To: Edgar Snyder and Associates  
Re: Daniel Stiver

As per our previous detailed conversation to summarize that Daniel has been under my care since 6/25/07, specifically to deal with the trauma that he has experienced while he was a passenger in an MVA that killed his aunt on 6/14/07. His current diagnosis is Post Traumatic Stress Disorder. He will require continued psychotherapy for an indefinite period of time. Prior to the accident I did see Daniel at my previous employer, Nulton Diagnostic and Treatment Center to deal with adjusting to his parents divorce and anger issues. His previous issues in counseling were mild in comparison to the recent trauma that he has experienced.

After the MVA he began to experience a multitude of trauma related symptoms. His mood fluctuated greatly. He became easily agitated and had difficulty sleeping at night due to fear and nightmares. He has at times been experiencing some auditory hallucinations. This, however, has stabilized. Daniel also experiences fears around riding in a car and perceives danger in situations where there may be none. With all the above said, Daniel will need to be closely monitored in the future as he may have difficulty handling new situations in a healthy way. Daniel was initially being seen weekly for treatment. He is now being seen every 2-3 week. He can be seen more often when needed. He continues to experience some mood instability. If you have any further questions in regards to Daniel's care please do not hesitate to contact me.

Sincerely,



Billie Fletcher Haines, LCSW, BCD



# PATIENT VISIT RECORD

TE: 8-6-07

PATIENT NAME David Stiver

Chief Complaint: MVA  
able to obtain History due to:

Consulted by:

Reason for consult:

SH: (See face sheet)	New Pt: (or consult)	0 hx areas=L1,2; 1-2=L3; 3=L4 or 5	Est. Pt: 0 hx areas=L1,2,3; 1=L4 2=L5
I: (1)	New Pt: (or consult)	1-3 elements=L1,2; 4 or more=L3, 4,5	Est. Pt: 1-3 elements=L1,2,3 4 or more=L4,5
location duration quality timing context severity modifying factor assoc. s/s At up O pain/pain/aching in neck/jaw scar on ED part O Numb/numb			
OC Conditions:		<input type="checkbox"/> Face sheet of _____ reviewed and confirmed by physician. Additions/supplements as noted.	
New Pt: (or consult) No systems=L1; 1=L2; 2-9=L3; 10 or more=L4,5 Est. Pt: No systems=L1,2; 1=L3; 2-9=L4; 10 or more=L5			
Elaborate Positive Findings or Pertinent Negatives		Cardiovascular	Neurological
Institutional		Respiratory	Psychiatric
e		Gastrointestinal	Endocrine
S		Genitourinary	Hematologic/Lymphatic
ose/mouth/throat		Musculoskeletal	Allergic/Immunologic

**CM:** New Pt/Cor: 1=Level 1, 2-7=Level 2, 4x4=Level 3, 8 or more=Level 4, 5 **Est. Pt.:** 1=Level 2, 2-7=Level 3, 4x4=Level 4, 8 or more =Level 5  
 NML=Assessment items as listed except those indicated in "abnormal findings". Slash=not assessed or as noted in "abnormal findings".

**INSTITUTIONAL:** TEMP 98.3 BP 100/62 RESP 12 PULSE 85 Pulse Ox 95% Ht 5'6" Wt 89kg  
 Immunization/Injection:

GENERAL APPEARANCE:	WDWN	NAD	COOPERATIVE	OTHER:	Site:	Lot #:
ASSESSMENT	NML	ABNORMAL FINDINGS	ASSESSMENT		NML	ABNORMAL FINDINGS
as: PERRL, EOMI, conjunctiva Pink, no eyelid edema, no icterus			MSK: No clubbing or edema of extremities. Nml. ROM and gait. No tenderness or deformity.			<i>Clubbing P</i>
rs. nose, throat: TMs clear, ext. ear nml. nasal DC. Mouth and throat clear, No exudate.			Neurological: No focal deficits. Neck supple. DTRs symmetrical. Speech clear.			<i>sinusitis</i>
sp.: Lungs clear. No accessory muscle use. labored respirations. Symmetrical excursion.			Psychiatric: Alert, oriented x 3. Appears competent. Nml. Mood. Nml. affect.			<i>PTD muscle spasm</i>
rdiovascular: Regular rate. No murmurs. rubs, no gallops. No JVD. No edema.			Heme/Lymph/(mm): No cervical, inguinal, axillary, supraclavicular adenopathy. No HSM.			
o: Warm, dry. Turgor good. No cyanosis, edema, or rashes.			Breasts: Grossly symmetrical. No nipple d/c. No skin changes. No LAD.			
Abdomen soft. No tenderness organomegaly, Nml. bowel sounds.			Gyne: No CMT. No adnexal fullness or tenderness. Nml. Vaginal vault.			
OSTATE: Non Bogg, NT, nml size. No masses			Gu: External Genitalia nml. No tenderness or fullness of bladder. No CVA tenderness. No discharge.			
CTAL: Hemo negative. No masses. Nml. sphincter tone.						

## EDICAL DECISION MAKING

pression: (new, stable improved, worsening)

*(2) Numb/jaw  
 (1) Adm. child a diff  
 (1) N/A*

## Plan/Diagnostics:

EKG

X Ray

Viewed by exam phys? Y N

Viewed by exam phys? Y N

Labs

Other

# MainlineMedical ASSOCIATES

792 Gallitzin Road  
Cresson, PA 16630  
(814) 886-8161

1400 9th Ave.  
Altoona, PA 16602  
(814) 941-8811

## RADIOLOGIC CONSULTATION

DATE: 8-6-07

PATIENT NAME: Daniel Stover

DOB: 5-2-97

CHART #: 51352

PREGNANT: YES or NO

EXAM REQUESTED: ④ Shoulder

ORDERED BY: Mr. Deummond

CLINICAL HISTORY: MVA 6-14-07 struck by drunk driver has had shoulder pain & clicking since proximal shoulder area.

D shulde

D study

\_\_\_\_\_

D  
D

SIGNATURE: Jene Blouns

B. DIGIACOBBE, M.D.

R.T. Max (PATIENT OR PERSON AUTHORIZED TO CONSENT FOR PATIENT)



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 \_\_\_\_\_, 20\_\_\_\_\_, 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.

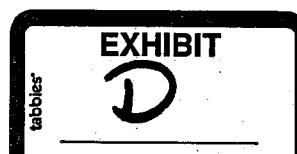
I recognize that my attorneys reserve the right to withdraw from my case if, after investigation, they determine that there is no merit to the claim.

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

Elizabeth A. Sturz (SEAL)

(SEAL)

Date: 4/25/07



## Settlement Sheet

Client Daniel Stiver

Case: 418210

**TOTAL SETTLEMENT:**

**\$15,000.00**

### *Liens*

	<i>Total Bill</i>	<i>Reduced By</i>	<i>Balance Due</i>
Jacobs Oil Company	\$610.00	\$0.00	\$610.00
<b>Total Liens:</b>			<b><u>\$610.00</u></b>

### **Costs Advanced**

500 Medical Records	\$235.49
800 Filing Fee/Other Expenses	\$95.00

**Total Costs Advanced:** **\$330.49**

**Total Costs and Liens:**

**\$940.49**

**Attorney Fee** **\$3,750.00**  
25.00%

**TOTAL DISBURSEMENT:** **\$4,690.49**

**BALANCE TO CLIENT:** **\$10,309.51**

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 \_\_\_\_\_ Date \_\_\_\_\_

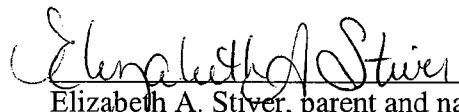
Signature \_\_\_\_\_ Date \_\_\_\_\_

Tuesday, September 09, 2008



**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.



Elizabeth A. Stiver, parent and natural guardian of  
minor Petitioner, Daniel Stiver

Date: 8/28/08

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652-CD

FILED  
of 3:40 PM  
SEP 11 2008

William A. Shaw  
Prothonotary/Clerk of Courts  
2CC Atty Olsavick  
610

ORDER OF COURT

AND NOW, to-wit, this 11 day of Sept, 2008, it is hereby Ordered  
that the claims on behalf of the Minor, DANIEL STIVER, as to liability insurance may be settled  
for the sum of Fifteen Thousand (\$15,000.00) Dollars.

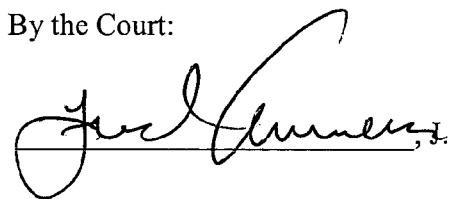
A. It is further Ordered that the settlement proceeds of \$10,309.51 shall be  
distributed by payment of the sum of \$10,309.51 to Elizabeth A. Stiver, as parent[s] and natural  
guardian[s] of DANIEL STIVER, and the bank of Elizabeth A. Stiver's choice. The settlement  
proceeds will be forwarded directly by Gregory S. Olsavick, Esquire, to the bank which must be  
federally insured or whose deposits are backed by the full faith and credit of the United States  
Government, and said funds must be deposited in an account in the Minor's own name with an  
express restriction that no funds may be withdrawn until the Minor Petitioner achieves the age of  
18, unless otherwise authorized by an Order of the Orphan's Court of Common Pleas of  
Clearfield County.

- i. It is further Ordered that the sum of \$4,080.49 shall be paid to the law  
firm of Edgar Snyder & Associates, LLC for its fee and costs in this matter;
- ii. It is further Ordered that the sum of \$610.00 shall be paid to Jacob's Oil  
Company for the heating/fuel oil contract.

B. Petitioner, Elizabeth A. Stiver, shall be the person authorized to execute all necessary documents on behalf of minor Petitioner DANIEL STIVER to settle all claims relative to the liability insurance of Geico Direct;

C. Attorney Gregory S. Olsavick shall provide this Court with proof of deposit of the settlement proceeds received by the Minor within thirty days of deposit of said funds.

By the Court:

A handwritten signature in black ink, appearing to read "Hon. [illegible]".

**FILED**

**SEP 11 2008**

**William A. Shaw**  
Prothonotary/Clerk of Courts

DATE: 9/11/08

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  
CIVIL DIVISION

IN RE: DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

\* NO. 08-1652-CD  
\*  
\*

ORDER

NOW, this 11<sup>th</sup> day of September, 2008, the Court being in receipt of and having  
signed the Amended Petition for Approval of Settlement of a Minor's Claim, it is the  
ORDER of this Court that the hearing scheduled for September 26, 2008 at 2:30 p.m.  
be and is hereby canceled.

BY THE COURT,



FREDRIC J. AMMERMAN  
President Judge

FILED 400  
09/12/2008 Atty  
SEP 12 2008  
William A. Shaw  
Prothonotary/Clerk of Courts  
Olsavick  
60

**FILED**

**SEP 12 2008**

William A. Shaw  
Prothonotary/Clerk of Courts

DATE: 07/12/08

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

IN RE:

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652- CD

**PROOF OF DEPOSIT**

Filed on behalf of:  
Petitioners

Counsel of record for this party:  
Gregory S. Olsavick, Esquire

PA I.D. No. 34620  
[golsavick@edgarsnyder.com](mailto:golsavick@edgarsnyder.com)

Firm No. 1605

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

FILED NO CC  
m11:05 AM  
NOV 17 2008  
SAC  
William A. Shaw  
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

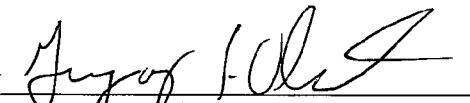
Petitioners

No. 08-1652-CD

**PROOF OF DEPOSIT**

Kindly file the enclosed Proof of Deposit of settlement proceeds, which consists of a photocopy of the Certificate of Deposit Receipt from Reliance Bank, opening Account No. 0292502453 on behalf of the minor, Daniel Stiver. This Proof of Deposit is being filed pursuant to the Order of Court dated September 11, 2008 signed by Judge Fredric Ammerman.

EDGAR SNYDER & ASSOCIATES, LLC

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

## Certificate of Deposit Receipt

**COPY**

This receipt is issued to:

DANIEL C STIVER by  
ELIZABETH STIVER custodian  
  
240 PINE STREET  
COALPORT, PA 16627-0000  
(814)672-3701

RELIANCE BANK - PRO  
226 W. PLANK RD  
ALTOONA PA, 16602-00

No withdrawals shall be made until Daniel Stiver achieves the age of 18 years on May 2, 2015, unless otherwise ordered by the court.

The account evidenced by this receipt is subject to and further explained in the terms and conditions contained in the account agreement and account disclosures. The account is Not Negotiable and Not Transferable. Only the items checked apply.

**Fixed Interest Rate**       **Variable Interest Rate**  
 **Additions Permitted**  
 **Automatically Renewable**       **Single Maturity (not automatically renewable)**       **Callable**       **Notice Account**

Interest will be:

I mailed to the owner(s).

☒ added to principal (compounded).

1 paid to

(page 1 of 1)

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652- CD

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

Filed on behalf of:  
Petitioners

Counsel of record for this party:  
Gregory S. Olsavick, Esquire

PA I.D. No. 34620  
golsavick@edgarsnyder.com

Firm No. 1605

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

FILED  
NOV 25 2009  
cc  
Attn  
Olsavick  
William A. Shaw  
Prothonotary/Clerk of Courts  
(98)

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652-CD

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

AND NOW come Petitioners, DANIEL STIVER, a minor, by and through his parent and legal guardian, ELIZABETH A. STIVER, and by and through their attorneys, Edgar Snyder & Associates, LLC, and Gregory S. Olsavick, Esquire, and set forth the following Petition for Approval of Supplemental Settlement of a Minor's Claim:

1. Minor Petitioner, DANIEL STIVER, at the time of the within accident, resided with and continues to reside with his mother, ELIZABETH A. STIVER, at 240 Pine Street, P.O. Box 96, Coalport, PA 16627.

2. At the time of the within accident, DANIEL STIVER was ten (10) years of age with a date of birth of May 2, 1997.

3. On or about June 14, 2007, the minor Petitioner, DANIEL STIVER, was a restrained front seat passenger in a car driven by his now deceased aunt, Heather Bouch. The Bouch vehicle was traveling northbound on State Route 53 in Beccaria Township, Clearfield County, when a truck operated by Ronald Mack, traveling southbound on State Route 53 at a high rate of speed, traveled onto the western berm of the road, struck the guiderail and re-entered the roadway, traveling into the northbound lane, colliding with the Bouch vehicle. The Mack vehicle then flipped onto its roof, coming to rest facing north in the northbound lane of the

roadway. The Bouch vehicle also came to rest facing north in the northbound lane. At the time of impact, Heather Bouch's body was thrown into the lap of the minor Petitioner, DANIEL STIVER, where she spoke her last words and took her last breath. Heather Bouch died as a result of the accident.

4. DANIEL STIVER was transported by ambulance from the scene of the accident to the Altoona Regional Health System Emergency Department for treatment. After a thorough physical examination and diagnostic X-rays of the right clavicle, right shoulder and cervical spine, DANIEL was diagnosed with contusions and abrasions to his right clavicle. He was discharged to home with instructions to ice and elevate his bruised areas and take Advil or Tylenol for pain. A copy of the Altoona Regional Emergency Department notes is attached hereto as Exhibit "A".

5. DANIEL STIVER underwent psychotherapy for Post Traumatic Stress Disorder following the accident. DANIEL was experiencing mood swings, sleeping difficulties, and a fear of riding in a car. He was also becoming easily agitated. Additionally, he was experiencing auditory hallucinations. Daniel underwent 12 therapy sessions with Billie Fletcher-Haines, LCSW, BCD between June 25, 2007 and October 2, 2007. A copy of Ms. Fletcher-Haines' September 28, 2007 report is attached hereto as Exhibit "B".

6. DANIEL STIVER began experiencing left shoulder pain after the motor vehicle accident. He was treated by his family physician, Dr. Patrick Lenz of Mainline Medical Associates, who diagnosed DANIEL as having left shoulder tendonitis. A diagnostic X-ray of DANIEL'S left shoulder was performed on August 6, 2007. A copy of office notes from DANIEL's August 6, 2007 visit with Dr. Lenz is attached hereto as Exhibit "C".

7. Defendant Ronald Mack was insured under a policy written by Geico Direct. After negotiations, Geico Direct offered \$15,000.00 in settlement. This liability settlement claim was previously approved by this Honorable Court on September 11, 2008. A copy of the September 11, 2008 Court Order signed by Judge Ammerman is attached hereto as Exhibit "D".

8. Minor Petitioner, Daniel Stiver, currently receives individual therapy at the Alternative Community Resource Program and he will continue to receive therapy for an undetermined amount of time for treatment of emotional and psychological problems stemming from the within traumatic accident. A copy of letters written by his therapist, Michelle Buynack, are attached hereto as Exhibit "E".

9. Subsequently, Petitioner Elizabeth A. Stiver pursued a first level Underinsured Motorists claim through Erie Insurance on behalf of her minor son, Daniel Stiver. After negotiating with the insurance company, counsel for the Petitioners received a settlement offer of Twenty Thousand (\$20,000.00) Dollars from Erie Insurance, who insured Petitioner Elizabeth Stiver at the time of the within accident. This amount represents settlement of the first level claim for underinsured motorists benefits on behalf of the minor Petitioner, Daniel Stiver. A second level underinsured motorists claim is being pursued through Nationwide Insurance. At the time of the within filing, the Nationwide claim remains unresolved.

10. Petitioners hired the firm of Edgar Snyder & Associates, LLC on a one-third (33 1/3%) contingency basis plus reimbursement of expenses. However, in the best interests of the Minor Petitioner, Edgar Snyder & Associates, LLC has voluntarily agreed to reduce their fee to 25% of the settlement figure. A copy of the signed Power of Attorney/Fee Agreement is attached hereto as Exhibit "F".

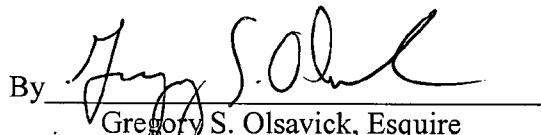
11. The expenses associated with this case total \$69.95 and the proposed attorney's fee on the settlement monies is \$5,000.00, resulting in net settlement proceeds of \$14,930.05. A copy of the reimbursable expenses and proposed settlement sheet are attached hereto as Exhibit "G".

12. It is requested that this Honorable Court approve the settlement of the first level Uninsured Motorists claim. The settlement monies will be deposited directly by the undersigned counsel into a federally insured bank of Petitioner's choosing. Further, the money will be placed in the Minor's own name with the express restriction that no withdrawals be made until the Minor achieves the age of 18 years unless this Court so orders.

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

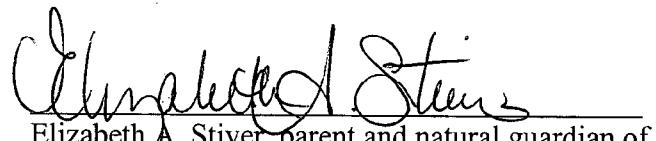
Respectfully submitted,

EDGAR SNYDER & ASSOCIATES, LLC

By   
\_\_\_\_\_  
Gregory S. Olsavick, Esquire  
Attorney for Petitioners

**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.



Elizabeth A. Stiver, parent and natural guardian of minor Petitioner, Daniel Stiver

Date: 11/19/09





## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

None, Ambulance Patients: Ambulance Patient, SSN: 999999999, ZIP CODE: 16627, PHONE: 814672-3701, MEDICAL RECORD NUMBER: 000000287445, ACCOUNT NUMBER: 000303486740, IBEX NUMBER: 20070614215632ADT.

### GREET TIME

PRION DISEASE ASSESSMENT: Patient has No Progressive Dementia or Dementia of unknown cause. No family history of CJD, GSS or FFI.

### ADMISSION

### VITAL SIGNS

### COMPLAINT

TRIAGE TIME: 2145..

MENTAL STATUS: GCS Eye Opening: 4, GCS Verbal Response: 5, GCS Motor Response: 6, The GCS total is 15.

PAIN: Triage assessment performed.

NOTES: PT WAS IN MVC FRONT SEAT PASSENGER RESTRAINED, DENIES ANY LOC , HAS ABRASION TO RIGHT CLAVICLE, DENIES ANY PAIN OR DISCOMFORT.

### CURRENT MEDICATIONS (21:56 HM)

Zyrtec:

### RESULTS (Sat Jun 16 2007 09:47 JLW)

RADIOLOGY: SPINE CERV AP/ODONTOID/LATERAL Jun 14 2007 22:42,

180GDT DIA 0180 SPINE CERV AP/ODONTOID/LATERALRESULT:Cervical spine: 3 views.CLINICAL HISTORY: InjuryThere was no evidence of fracture. The bones are normal in texture and form. No soft tissue abnormalities are noted. There is normal alignment of the cervical spine.CONCLUSION:Normal study.Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:06A.

: SHOULDER RIGHT Jun 14 2007 22:42,

430GDT DIA 0430 SHOULDER RIGHTRESULT:Right shoulder: 3 views and right clavicle: 2 views.CLINICAL HISTORY: InjuryThere was no evidence of fracture or dislocation. The bones are normal in texture and form. No soft tissue abnormalities are noted.CONCLUSION:Normal study.Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:05A.

: CLAVICLE RIGHT Jun 14 2007 22:42,

433GDT DIA 0433 CLAVICLE RIGHTRESULT:Right clavicle.Please refer to the right shoulder and right clavicle x-ray report.Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:04A.

: SPINE CERV AP/ODONTOID/LATERAL Jun 14 2007 22:42,

SPINE CERV AP/ODONTOID/LATERAL SPINE CERV AP/ODONTOID/LATERAL \*\*\* FILM DONE \*\*\*.

: CLAVICLE RIGHT Jun 14 2007 22:42,

CLAVICLE RIGHT CLAVICLE RIGHT\*\*\* FILM DONE \*\*\*.

: SHOULDER RIGHT Jun 14 2007 22:42,

SHOULDER RIGHT SHOULDER RIGHT\*\*\* FILM DONE \*\*\*.

### HPI MVA-MVC (Fri Jun 15 2007 01:34 HT)

CHIEF COMPLAINT: Patient was involved in motor vehicle crash, was driver, Head on collision, Patient was wearing lap/shoulder belt, Severe amount of vehicular damage, Patient



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

arrived with cervical spine immobilization in place, arrived on backboard.

HISTORIAN: History obtained from patient, EMS.

OCCURRED: Just prior to presentation.

LOCATION: Neck pain: None, Back pain: None, Chest pain: None, Abdominal pain: None, Contusion/Abrasion: neck, shoulder.

ASSOCIATED WITH: Patient denies clavicle pain. **Patient states clavicle pain is present, shoulder pain is present**, Patient denies elbow pain, Patient denies wrist pain, hand pain, finger pain, hip pain, knee pain, ankle pain, foot pain, distal neuro c/o, proximal injury, distal injury, Alcohol: Denies, LOC: None, GCS: 15, On scene GCS: 15.

NOTES: **CHILD WAS FRONT SEAT PASSENGER. DRIVER WAS A DOS. CHILD HAS NO OTHER COMPLAINTS. COVERED IN BLOOD FROM THE DOS..**

### ROS (Fri Jun 15 2007 01:34 HT)

ALL SYSTEMS NEGATIVE: All relevant systems reviewed and all negative except for the above.

### PHYSICAL EXAM (Fri Jun 15 2007 01:36 HT)

CONSTITUTIONAL PED: Patient is afebrile, Triage vital signs reviewed, Well appearing, Alert and oriented appropriate to age, Regards examiner, Appears well hydrated, General exam normal except as noted.

HEAD PED: Atraumatic, Normocephalic.

EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light. No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.

ENT PED: Ears and nose normal to inspection, Oropharynx normal. Mucous membranes pink and moist. No stridor, Tympanic membranes normal.

NECK PED: Trachea midline. No masses, lymphadenopathy, **ABRASION/CONTUSION RIGHT LATERAL NECK. NO CREPITUS..**

RESPIRATORY CHEST PED: Breath sounds clear and equal bilaterally. No respiratory distress, accessory muscle use, retractions.

CARDIOVASCULAR PED: RRR, Heart sounds normal, Capillary refill less than 2 seconds, Pulses 2+, equal bilaterally. No murmurs.

ABDOMEN PED: Abdomen is soft, non-tender. No distension, masses, Bowel sounds normal, Liver and spleen normal.

BACK: There is no CVA Tenderness, There is no tenderness to palpation. Normal inspection.

UPPER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion, **ABRASION/CONTUSION RIGHT CLAVICLE/SHOULDER.**

LOWER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion, No calf tenderness.

NEURO PED: Awake, alert appropriate for age, GCS Modified for age. No focal motor deficits, focal sensory deficits, Speech normal, Gait normal, Memory normal.

SKIN: Skin is warm, Skin is dry, Skin is normal color.

### IMAGING

COMMAND (23:21 JN1): Image captured from scanner.

DEMO (Fri Jun 15 2007 02:43 ED1): Image captured from scanner.

DISCHARGE (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

TRIAGE (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.  
(Fri Jun 15 2007 02:44 ED1): Page 002 addedImage captured from scanner.  
DEMO (Fri Jun 15 2007 02:44 ED1): Page 002 addedImage captured from scanner.  
CONSENT (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.  
TRIP SHEET (Sun Jun 17 2007 04:02 JCF): Image uploaded.  
(Sun Jun 17 2007 04:03 JCF): Page 002 addedImage uploaded.  
(Sun Jun 17 2007 04:03 JCF): Page 003 addedImage uploaded.  
(Sun Jun 17 2007 04:03 JCF): Page 004 addedImage uploaded.  
(Sun Jun 17 2007 04:04 JCF): Page 005 addedImage uploaded.

### ORDERS

RT SHOULDER by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:05 Comment: BAY 19.  
RT CLAVICLE by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:04 Comment: BAY 19.  
SPINE CERV AP/ODONTOID/LAT by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:06 Comment: BAY 19.  
Reason: NO LOCAL FMD.

### DISPOSITION

PATIENT (22:51 HT): Disposition: A. Home, Condition: Stable, Acuity: 3.  
(23:16 HM): TRANSFER IN: NO, Hold Patient: No, IV d/cd @ discharge: , Campus: AH, Remove from ER.

### INSTRUCTION (22:52 HT)

DISCHARGE: CONTUSION , ABRASION (PEDS) .  
SPECIAL: Follow up with primary care physician  
Continue your own medications  
Return if worse  
Ice and elevate ANY BRUISED/TENDER AREAS  
Tylenol or Advil for Pain.

### PRESCRIPTION: No Documented Prescriptions

#### KEY:

ED1=Deneen, Emily HM=Malay, Heather HT=Thompson, Holly JCF=Fisher, Julie  
JLW=Weigand, Jaime JN1=Noye, Joyce RAA=Adams, Rhonda

**Billie Fletcher Haines, LCSW, BCD**  
**2229 Broad Avenue**  
**Altoona, Pa. 16601**  
**(814) 935-6920**

September 28, 2007

To: Edgar Snyder and Associates  
Re: Daniel Stiver

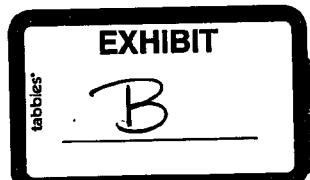
As per our previous detailed conversation to summarize that Daniel has been under my care since 6/25/07, specifically to deal with the trauma that he has experienced while he was a passenger in an MVA that killed his aunt on 6/14/07. His current diagnosis is Post Traumatic Stress Disorder. He will require continued psychotherapy for an indefinite period of time. Prior to the accident I did see Daniel at my previous employer, Nulton Diagnostic and Treatment Center to deal with adjusting to his parents divorce and anger issues. His previous issues in counseling were mild in comparison to the recent trauma that he has experienced.

After the MVA he began to experience a multitude of trauma related symptoms. His mood fluctuated greatly. He became easily agitated and had difficulty sleeping at night due to fear and nightmares. He has at times been experiencing some auditory hallucinations. This, however, has stabilized. Daniel also experiences fears around riding in a car and perceives danger in situations where there may be none. With all the above said, Daniel will need to be closely monitored in the future as he may have difficulty handling new situations in a healthy way. Daniel was initially being seen weekly for treatment. He is now being seen every 2-3 week. He can be seen more often when needed. He continues to experience some mood instability. If you have any further questions in regards to Daniel's care please do not hesitate to contact me.

Sincerely,



Billie Fletcher Haines, LCSW, BCD



# PATIENT VISIT RECORD

TE: 8-6-07

PATIENT NAME

Daniel Stiver

Chief Complaint: MVA  
ble to obtain History due to:

Consulted by:

Reason for consult:

SH: (See face sheet)	New Pt: (or consult) 0 hx areas=L1,2; 1-2=L3; 3=L4 or 5	Est. Pt: 0 hx areas=L1,2,3; 1=L4 2=L5
P: (location duration quality timing context severity modifying factor assoc. s/s)	New Pt: (or consult) 1-3 elements=L1,2; 4 or more=L3, 4,5 Est. Pt: 1-3 elements=L1,2,3 4 or more=L4,5	
<p>At ep @ Walks poorly/ichy in face/neck scar on PS but @ Walks well</p>		
<p>nic Conditions: <input type="checkbox"/> Face sheet of _____ reviewed and confirmed by physician. Additions/supplements as noted.</p>		
<p>1. New Pt: (or consult) No systems=L1; 1=L2; 2-9=L3; 10 or more=L4,5 Est. Pt: No systems=L1,2; 1=L3; 2-9=L4; 10 or more=L5</p>		
<p>2. Elaborate Positive Findings or Pertinent Negatives)      <b>Cardiovascular</b>      <b>Neurological</b></p>		
<p>3. <b>Institutional</b>      <b>Respiratory</b>      <b>Psychiatric</b></p>		
<p>4. <b>Intestinal</b>      <b>Gastrointestinal</b>      <b>Endocrine</b></p>		
<p>5. <b>Genitourinary</b>      <b>Hematologic/Lymphatic</b></p>		
<p>6. <b>Nose/mouth/throat</b>      <b>Musculoskeletal</b>      <b>Allergic/Immunologic</b></p>		

COM: New Pt/Cor: 1=Level 1, 2-7=Level 2, 4x4=Level 3, 8 or more=Level 4, 5      Est. Pt.: 1=Level 2, 2-7=Level 3, 4x4=Level 4, 8 or more =Level 5  
 NML=Assessment items as listed except those indicated in "abnormal findings". Slash=not assessed or as noted in "abnormal findings".

CONSTITUTIONAL: TEMP 98.3 BP 100/62 RESP PULSE 85 Pulse Ox 96% Ht 56% Wt 89%  
 Immunization/Injection:

GENERAL APPEARANCE: WDWN NAD COOPERATIVE OTHER: Site: Lot #:

ASSESSMENT	NML	ABNORMAL FINDINGS	ASSESSMENT	NML	ABNORMAL FINDINGS
as: PERRL, EOMI, conjunctiva Pink, no eyelid edema, no icterus			MSK: No clubbing or edema of extremities. Nml. ROM and gait. No tenderness or deformity.		<i>Clubbing P</i>
ts. nose, throat: TMs clear, ext. ear nml. nasal DC. Mouth and throat clear, No exudate.			Neurological: No focal deficits. Neck supple. DTRs symmetrical. Speech clear.		<i>Neurological</i>
sp.: Lungs clear. No accessory muscle use. labored respirations. Symmetrical excursion.			Psychiatric: Alert, oriented x 3. Appears competent. Nml. Mood. Nml. affect.		<i>Alert, oriented</i>
rdiovascular: Regular rate. No murmurs. rubs, no gallops. No JVD. No edema.			Heme/Lymph/mm: No cervical, inguinal, axillary, supraclavicular adenopathy. No HSM.		
o: Warm, dry. Turgor good. No cyanosis, ndice, or rashes.			Breasts: Grossly symmetrical. No nipple d/c. No skin changes. No LAD.		
Abdomen soft. No tenderness organomegaly, Nml. bowel sounds.			Gyne: No CMT. No adnexal fullness or tenderness. Nml. Vaginal vault.		
OSTATE: Non Boggy, NT, nml size, No masses			Gu: External Genitalia nml. No tenderness or fullness of bladder. No CVA tenderness. No discharge.		
CTAL: Hemo negative. No masses. Nml. sphincter tone.					

## EDICAL DECISION MAKING

pression: (new, stable improved, worsening)

*① No history of  
② Admit child to a stable  
③ NO*

## Plan/Diagnostics:

EKG       X Ray  
 Viewed by exam phys? Y N      Viewed by exam phys? Y N  
 Labs       Other

EXHIBIT

C

*D/P. Ley*

792 Gallitzin Road  
Cresson, PA 16631  
(814) 886-8161

# MainlineMedical

ASSOCIATES

1400 9th Ave.  
Altoona, PA 16602  
(814) 941-8811

## RADIOLOGIC CONSULTATION

DATE: 8-6-07

PATIENT NAME: Daniel Stover

DOB: 5-2-97

CHART #: 51352

PREGNANT: YES or NO

EXAM REQUESTED: ④ Shoulder

ORDERED BY: M. Scummon

CLINICAL HISTORY: MVA 6-14-07 struck by drunk driver has had shoulder pain & clicking since proximal shoulder area.

D shulde

R study

\_\_\_\_\_

07  
0

SIGNATURE: Jene Blouns

B. DIGIACOBBE, M.D.

R.T. Mase

(PATIENT OR PERSON AUTHORIZED TO CONSENT FOR PATIENT)

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

IN RE: DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

\* NO. 08-1652-CD

\*

\*

O R D E R

NOW, this 11<sup>th</sup> day of September, 2008, the Court being in receipt of and having  
signed the Amended Petition for Approval of Settlement of a Minor's Claim, it is the  
ORDER of this Court that the hearing scheduled for September 26, 2008 at 2:30 p.m.  
be and is hereby canceled.

BY THE COURT,

/S/ Fredric J Ammerman

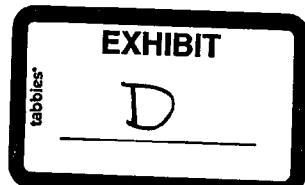
FREDRIC J. AMMERMAN  
President Judge

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

SEP 12 2008

Attest.

*William L. Ammerman*  
Prothonotary/  
Clerk of Courts



Cambria County  
 Corporate Office, Behavioral  
 Health Rehabilitative Services  
 Outpatient Clinic, Family  
 Based Mental Health Services  
 131 Market Street  
 Johnstown, PA 15901  
 (814) 535-2277

Family Preservation Services  
 726 Franklin Street  
 Johnstown, PA 15901  
 (814) 536-6141

Children & Adolescent Partial  
 Hospitalization Program  
 188 Gilbert Street  
 Johnstown, PA 15906  
 (814) 539-7339

ACRP Alternative School—  
 Johnstown  
 317 Power Street  
 Johnstown, PA 15906  
 (814) 361-2414

ACRP Northern Cambria  
 County Alternative School  
 PO Box 564  
 280 Beaver Street  
 Hastings, PA 16646  
 (814) 247-8192

Ebensburg Office  
 Outpatient Satellite Office  
 118 W. High Street  
 Ebensburg, PA 15931  
 (814) 472-9330

The Family Center  
 538 Park Avenue  
 Johnstown, PA 15902  
 (814) 536-1555

ACRP Recreation Park  
 R. 34 Knox Street  
 Johnstown, PA 15906  
 814-361-6177

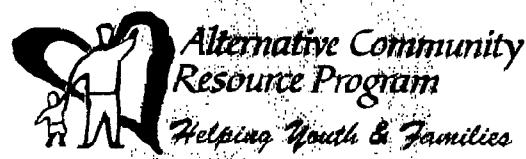
Somerset County  
 ACRP Somerset County Office  
 651 S. Center Avenue  
 Somerset, PA 15501  
 (814) 445-1717

ACRP Somerset County  
 Alternative School  
 437 Somerset Avenue  
 Rockwood, PA 15557  
 (814) 926-3708

Bedford County  
 ACRP Bedford County Office  
 119 Spring Lane  
 Everett, PA 15537  
 (814) 623-1212

Blair / Clearfield Counties  
 ACRP Blair County Office  
 1815 Valley View Boulevard  
 Altoona, PA 16602  
 (814) 942-9425

Frank J. Janakovic  
 Executive Director



1989-2009  
 ACRP

May 13, 2009

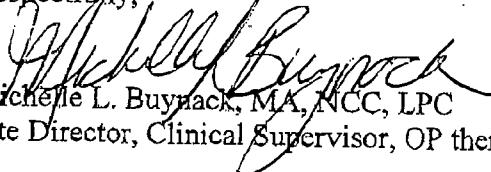
To whom it may concern:

I am writing this correspondence at the request of Daniel Stiver's mother Beth. Daniel has been receiving individual therapy on a weekly basis beginning on March 3, 2008. Daniel attends weekly individual therapy sessions on a consistent basis.

Daniel originally began therapy to attempt to resolve underlying issues due to being involved in a car accident in which he witnessed the death of his aunt. Daniel continues to attempt to work through these issues during therapy sessions.

Daniel will need to continue to attend therapy sessions for an undetermined amount of time in order to continue work through his thoughts and feelings related to the accident.

Respectfully,

  
 Michelle L. Buynack, MA, NCC, LPC  
 Site Director, Clinical Supervisor, OP therapist

20 Years EXHIBIT E Youth and Families

Cambria County  
 Corporate Office, Behavioral Health Rehabilitative Services  
 Outpatient Clinic, Family Based Mental Health Services  
 131 Market Street  
 Johnstown, PA 15901  
 (814) 535-2277

**Family Preservation Services**  
 726 Franklin Street  
 Johnstown, PA 15901  
 (814) 536-6141

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 Johnstown, PA 15906  
 814-361-6177

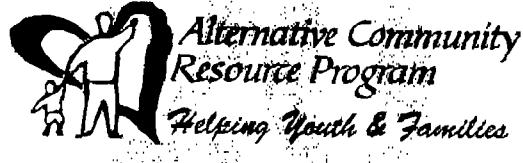
Somerset County  
**ACRP Somerset County Office**  
 551 S. Center Avenue  
 Somerset, PA 15501  
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*Frank J. Janakovic*  
*Executive Director*



**1989-2009**  
**ACRP**

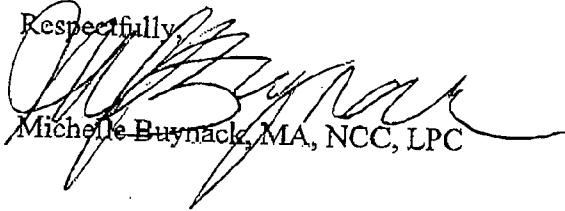
May 13, 2009

To whom it may concern:

I am writing this correspondence at the request of Daniel Stiver's mother Beth. Daniel has been receiving individual therapy on a weekly basis beginning on March 3, 2008. Daniel attends individual therapy sessions on a consistent basis.

Daniel has received services from ACRP on the following dates: 3-3-08, 3-17-08, 3-25-08, 4-28-08, 5-2-08, 5-9-08, 5-16-08, 5-21-08, 5-28-08, 6-4-08, 6-23-08, 7-2-08, 7-18-08, 7-25-08, 7-27-08, 8-1-08, 8-15-08 8-22-08, 9-10-08, 9-19-08, 9-24-08, 10-01-08, 10-22-08, 11-03-08, 11-12-08, 11-21-08, 12-04-08, 12-11-08, 1-15-09, 1-19-09, 2-5-09, 2-11-09, 3-11-09, 3-23-09, 4-3-09, 4-14-09, 4-23-09, for a total of 38 individual therapy sessions.

Respectfully,

  
 Michelle Buynack, MA, NCC, LPC

**20 Years of Helping Youth and Families**

[www.acrpkids.org](http://www.acrpkids.org)



## *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 \_\_\_\_\_, 20\_\_\_\_, 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.

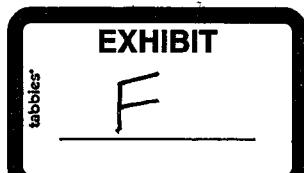
I recognize that my attorneys reserve the right to withdraw from my case if, after investigation, they determine that there is no merit to the claim.

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

Elizabeth A. Stein (SEAL)

(SEAL)

Date: 4/25/07



# Edgar Snyder & ASSOCIATES<sup>LLC</sup>

A Law Firm Representing Injured People.

Regency Square  
2900 Old Route 220 • Suite 201  
Altoona, PA 16601

Telephone: 814-942-3699  
Fax: 814-942-9337

Web: [www.edgarsnyder.com](http://www.edgarsnyder.com)

## SETTLEMENT SHEET

**CLIENT:** Daniel Stiver, a minor

**NUMBER:** 418210

**TOTAL SETTLEMENT:**

\$20,000.00

**COSTS ADVANCED:**

500 Medical Records \$69.95

**TOTAL COSTS ADVANCED:** \$69.95

**ATTORNEY'S FEE 25%:**

\$5,000.00

**TOTAL DISBURSEMENT:**

\$5,069.95

**BALANCE TO CLIENT:**

\$14,930.05

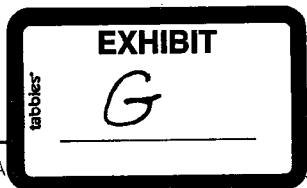
I hereby acknowledge and accept the above in settlement of my case. In accepting this settlement, I understand that any outstanding bills and/or outstanding claims for payment for medical care other than those listed above are my responsibility.

Signature \_\_\_\_\_  
Elizabeth Stiver, as parent and natural guardian of Daniel Stiver, a minor

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Pennsylvania Office Locations: A

Johnstown • Pittsburgh

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652-C

FILED

NOV 30 2009

William A. Shaw  
Prothonotary/Clerk of Courts

1 Court T Attorney

ORDER OF COURT

AND NOW, to-wit, this 30 day of Nov., 2009, it is hereby Ordered  
that the first level underinsured motorists claim on behalf of the Minor, DANIEL STIVER, may  
be settled for the sum of Twenty Thousand (\$20,000.00) Dollars.

A. It is further Ordered that the settlement proceeds of \$14,930.05 shall be  
distributed by payment of the sum of \$14,930.05 to Elizabeth A. Stiver, as parent[s] and natural  
guardian[s] of DANIEL STIVER, and the bank of Elizabeth A. Stiver's choice. The settlement  
proceeds will be forwarded directly by Gregory S. Olsavick, Esquire, to the bank which must be  
federally insured or whose deposits are backed by the full faith and credit of the United States  
Government, and said funds must be deposited in an account in the Minor's own name with an  
express restriction that no funds may be withdrawn until the Minor Petitioner achieves the age of  
18, unless otherwise authorized by an Order of the Orphan's Court of Common Pleas of  
Clearfield County;

B. It is further Ordered that the sum of \$5,069.95 shall be paid to the law firm of  
Edgar Snyder & Associates, LLC for its fee and costs in this matter;

C. Petitioner, Elizabeth A. Stiver, shall be the person authorized to execute all necessary documents on behalf of minor Petitioner DANIEL STIVER to settle all claims relative to the underinsured motorists insurance claim of Erie Insurance;

D. Attorney Gregory S. Olsavick shall provide this Court with proof of deposit of the settlement proceeds received by the Minor within thirty days of deposit of said funds.

By the Court:



Jack Gunn, J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652- CD

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

Filed on behalf of:  
Petitioners

Counsel of record for this party:  
Gregory S. Olsavick, Esquire

PA I.D. No. 34620  
[golsavick@edgarsnyder.com](mailto:golsavick@edgarsnyder.com)

Firm No. 1605

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

**FILED**  
MT 104601  
DEC 17 2009  
Atty Olsavick  
S  
William A. Shaw  
Prothonotary/Clerk of Courts  
(610)

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652-CD

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

AND NOW come Petitioners, DANIEL STIVER, a minor, by and through his parent and legal guardian, ELIZABETH A. STIVER, and by and through their attorneys, Edgar Snyder & Associates, LLC, and Gregory S. Olsavick, Esquire, and set forth the following Petition for Approval of Supplemental Settlement of a Minor's Claim:

1. Minor Petitioner, DANIEL STIVER, at the time of the within accident, resided with and continues to reside with his mother, ELIZABETH A. STIVER, at 240 Pine Street, P.O. Box 96, Coalport, PA 16627.

2. At the time of the within accident, DANIEL STIVER was ten (10) years of age with a date of birth of May 2, 1997.

3. On or about June 14, 2007, the minor Petitioner, DANIEL STIVER, was a restrained front seat passenger in a car driven by his now deceased aunt, Heather Bouch. The Bouch vehicle was traveling northbound on State Route 53 in Beccaria Township, Clearfield County, when a truck operated by Ronald Mack, traveling southbound on State Route 53 at a high rate of speed, traveled onto the western berm of the road, struck the guiderail and re-entered the roadway, traveling into the northbound lane, colliding with the Bouch vehicle. The Mack vehicle then flipped onto its roof, coming to rest facing north in the northbound lane of the

roadway. The Bouch vehicle also came to rest facing north in the northbound lane. At the time of impact, Heather Bouch's body was thrown into the lap of the minor Petitioner, DANIEL STIVER, where she spoke her last words and took her last breath. Heather Bouch died as a result of the accident.

4. DANIEL STIVER was transported by ambulance from the scene of the accident to the Altoona Regional Health System Emergency Department for treatment. After a thorough physical examination and diagnostic X-rays of the right clavicle, right shoulder and cervical spine, DANIEL was diagnosed with contusions and abrasions to his right clavicle. He was discharged to home with instructions to ice and elevate his bruised areas and take Advil or Tylenol for pain. A copy of the Altoona Regional Emergency Department notes is attached hereto as Exhibit "A".

5. DANIEL STIVER underwent psychotherapy for Post Traumatic Stress Disorder following the accident. DANIEL was experiencing mood swings, sleeping difficulties, and a fear of riding in a car. He was also becoming easily agitated. Additionally, he was experiencing auditory hallucinations. Daniel underwent 12 therapy sessions with Billie Fletcher-Haines, LCSW, BCD between June 25, 2007 and October 2, 2007. A copy of Ms. Fletcher-Haines' September 28, 2007 report is attached hereto as Exhibit "B".

6. DANIEL STIVER began experiencing left shoulder pain after the motor vehicle accident. He was treated by his family physician, Dr. Patrick Lenz of Mainline Medical Associates, who diagnosed DANIEL as having left shoulder tendonitis. A diagnostic X-ray of DANIEL'S left shoulder was performed on August 6, 2007. A copy of office notes from DANIEL's August 6, 2007 visit with Dr. Lenz is attached hereto as Exhibit "C".

7. Defendant Ronald Mack was insured under a policy written by Geico Direct. After negotiations, Geico Direct offered \$15,000.00 in settlement. This liability settlement claim was previously approved by this Honorable Court on September 11, 2008. A copy of the September 11, 2008 Court Order signed by Judge Ammerman is attached hereto as Exhibit "D".

8. Minor Petitioner, Daniel Stiver, currently receives individual therapy at the Alternative Community Resource Program and he will continue to receive therapy for an undetermined amount of time for treatment of emotional and psychological problems stemming from the within traumatic accident. A copy of letters written by his therapist, Michelle Buynack, are attached hereto as Exhibit "E".

9. Subsequently, Petitioner Elizabeth A. Stiver pursued a first level Underinsured Motorists claim through Erie Insurance on behalf of her minor son, Daniel Stiver. After negotiating with the insurance company, counsel for the Petitioners received a settlement offer of Twenty Thousand (\$20,000.00) Dollars from Erie Insurance, who insured Heather Bouch at the time of the within accident. This amount represents settlement of the first level claim for underinsured motorists benefits on behalf of the minor Petitioner, Daniel Stiver. This settlement was approved by this Honorable Court on November 30, 2009. A copy of the November 30, 2009 Court Order signed by Judge Ammerman is attached hereto as Exhibit "F".

10. Additionally, Petitioner Elizabeth A. Stiver pursued a second level Underinsured Motorists claim through Nationwide Insurance on behalf of her minor son, Daniel Stiver. After negotiating with the insurance company, counsel for the Petitioners received a settlement offer of Seventeen Thousand Five-Hundred (\$17,500.00) Dollars from Nationwide Insurance Company who insured Elizabeth Stiver at the time of the within accident.

10. Petitioners hired the firm of Edgar Snyder & Associates, LLC on a one-third (33 1/3%) contingency basis plus reimbursement of expenses. However, in the best interests of the Minor Petitioner, Edgar Snyder & Associates, LLC has voluntarily agreed to reduce their fee to 25% of the settlement figure. A copy of the signed Power of Attorney/Fee Agreement is attached hereto as Exhibit "G".

11. The proposed attorney's fee on the settlement monies is \$4,375.00, resulting in net settlement proceeds of \$13,125.00. A copy of the proposed settlement sheet is attached hereto as Exhibit "H".

12. It is requested that this Honorable Court approve the settlement of the second level Uninsured Motorists claim. The settlement monies will be deposited directly by the undersigned counsel into a federally insured bank of Petitioner's choosing. Further, the money will be placed in the Minor's own name with the express restriction that no withdrawals be made until the Minor achieves the age of 18 years unless this Court so orders.

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  
Attorney for Petitioners

**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.



Elizabeth A. Stiver, parent and natural guardian of minor Petitioner, Daniel Stiver

Date: 12/12/09



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

### Complaint: MVC

### TRIAGE DATA

Triage Time: Thu Jun 14 2007 21:56  
Source: A. Private Residence  
By: Patton  
Urgency: ESI 3  
Room: Emergency

Age: 10 Male

Kg Weight: 41.7  
Physicians:

WAITING

None

### Vital Signs:

BP:107/85  
T:98.2

Pain:0

P:90  
Sat:99

R:18

### DIAGNOSIS (22:51 HT)

FINAL: PRIMARY: MVC, ADDITIONAL: CONTUSION/ABRASION RIGHT CLAVICLE.

### PAST MEDICAL HISTORY

PEDIATRIC HISTORY (Thu Jun 14 2007 21:56 HM): Immunizations up to date. No history of maternal infection.

PED SOCIAL HISTORY (Fri Jun 15 2007 01:34 HT): Lives at home with family.

FAMILY HISTORY (Fri Jun 15 2007 01:34 HT): Family history is not contributory to this case.

NOTES (Fri Jun 15 2007 01:34 HT): Nursing records reviewed, Agree with nursing records.

### ALLERGY (21:56 HM)

PEN V K.

### KNOWN ALLERGIES

Pen v k.

### NURSING PROCEDURE: TRANSPORT TO TESTS (22:38 HM)

TIME: Indications for test: facilitate diagnosis, Procedure was performed at 2205. Patient transported to, X-ray, Patient transported via; cart, After procedure, patient returned to ED at 2235.

### NURSING PROCEDURE: DISCHARGE NOTE (23:16 HM)

TIME: Patient discharged at 2315. Patient discharged to, home, Discharge instructions given to, patient, Above Person(s) verbalized understanding of discharge instructions and follow-up care.

### NURSING ASSESSMENT: SKIN (21:58 HM)

TIME ASSESSED: Patient was assessed at 2145.

NOTES: SEE TRIAGE NOTE.

CONSTITUTIONAL PED: Patient is alert and oriented.

SKIN PED: Patient denies pain to skin, Inspection: abrasion, to RIGHT CLAVICL FROM SEATBELT.

### ADDITIONAL TRIAGE (Thu Jun 14 2007)

PATIENT: NAME: Daniel C Stiver, DOB: Fri M

EXHIBIT

A

CURRENT, Current vaccinations:



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

None, Ambulance Patients: Ambulance Patient, SSN: 999999999, ZIP CODE: 16627, PHONE: 814672-3701, MEDICAL RECORD NUMBER: 000000287445, ACCOUNT NUMBER: 000303486740, IBEX NUMBER: 20070614215632ADT.

GREET TIME

PRION DISEASE ASSESSMENT: Patient has No Progressive Dementia or Dementia of unknown cause. No family history of CJD, GSS or FFI.

ADMISSION

VITAL SIGNS

COMPLAINT

TRIAGE TIME: 2145.

MENTAL STATUS: GCS Eye Opening: 4, GCS Verbal Response: 5, GCS Motor Response: 6, The GCS total is 15.

PAIN: Triage assessment performed.

NOTES: PT WAS IN MVC FRONT SEAT PASSENGER RESTRAINED, DENIES ANY LOC, HAS ABRASION TO RIGHT CLAVICLE, DENIES ANY PAIN OR DISCOMFORT.

### CURRENT MEDICATIONS (21:56 HM)

Zyrtec:

### RESULTS (Sat Jun 16 2007 09:47 JLW)

RADIOLOGY: SPINE CERV AP/ODONTOID/LATERAL Jun 14 2007 22:42,

180GDT DIA 0180 SPINE CERV AP/ODONTOID/LATERALRESULT:Cervical spine: 3 views.CLINICAL HISTORY: InjuryThere was no evidence of fracture. The bones are normal in texture and form. No soft tissue abnormalities are noted. There is normal alignment of the cervical spine.CONCLUSION:Normal study.Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:06A.

: SHOULDER RIGHT Jun 14 2007 22:42,

430GDT DIA 0430 SHOULDER RIGHTRESULT:Right shoulder: 3 views and right clavicle: 2 views.CLINICAL HISTORY: InjuryThere was no evidence of fracture or dislocation. The bones are normal in texture and form. No soft tissue abnormalities are noted.CONCLUSION:Normal study.Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:05A.

: CLAVICLE RIGHT Jun 14 2007 22:42,

433GDT DIA 0433 CLAVICLE RIGHTRESULT:Right clavicle.Please refer to the right shoulder and right clavicle x-ray report.Electronically signed by: E R KARUNARATNE, M.D. On: Jun 15 2007 8:04A.

: SPINE CERV AP/ODONTOID/LATERAL Jun 14 2007 22:42,

SPINE CERV AP/ODONTOID/LATERAL SPINE CERV AP/ODONTOID/LATERAL\*\*\* FILM DONE \*\*\*.

: CLAVICLE RIGHT Jun 14 2007 22:42,

CLAVICLE RIGHT CLAVICLE RIGHT\*\*\* FILM DONE \*\*\*.

: SHOULDER RIGHT Jun 14 2007 22:42,

SHOULDER RIGHT SHOULDER RIGHT\*\*\* FILM DONE \*\*\*.

### HPI MVA-MVC (Fri Jun 15 2007 01:34 HT)

CHIEF COMPLAINT: Patient was involved in motor vehicle crash, was driver, Head on collision, Patient was wearing lap/shoulder belt, Severe amount of vehicular damage, Patient



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

arrived with cervical spine immobilization in place, arrived on backboard.  
HISTORIAN: History obtained from patient, EMS.

OCCURRED: Just prior to presentation.

LOCATION: Neck pain: None, Back pain: None, Chest pain: None, Abdominal pain: None, Contusion/Abrasion: neck, shoulder.

ASSOCIATED WITH: Patient denies clavicle pain. Patient states clavicle pain is present, shoulder pain is present, Patient denies elbow pain, Patient denies wrist pain, hand pain, finger pain, hip pain, knee pain, ankle pain, foot pain, distal neuro c/o, proximal injury, distal injury, Alcohol: Denies, LOC: None, GCS: 15, On scene GCS: 15.

NOTES: CHILD WAS FRONT SEAT PASSENGER. DRIVER WAS A DOS. CHILD HAS NO OTHER COMPLAINTS. COVERED IN BLOOD FROM THE DOS..

### ROS (Fri Jun 15 2007 01:34 HT)

ALL SYSTEMS NEGATIVE: All relevant systems reviewed and all negative except for the above.

### PHYSICAL EXAM (Fri Jun 15 2007 01:36 HT)

CONSTITUTIONAL PED: Patient is afebrile, Triage vital signs reviewed, Well appearing, Alert and oriented appropriate to age, Regards examiner, Appears well hydrated, General exam normal except as noted.

HEAD PED: Atraumatic, Normocephalic.

EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light. No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.

ENT PED: Ears and nose normal to inspection, Oropharynx normal. Mucous membranes pink and moist. No stridor, Tympanic membranes normal.

NECK PED: Trachea midline. No masses, lymphadenopathy, ABRASION/CONTUSION RIGHT  
LATERAL NECK. NO CREPITUS..

RESPIRATORY CHEST PED: Breath sounds clear and equal bilaterally. No respiratory distress, accessory muscle use, retractions.

CARDIOVASCULAR PED: RRR, Heart sounds normal, Capillary refill less than 2 seconds, Pulses 2+, equal bilaterally. No murmurs.

ABDOMEN PED: Abdomen is soft, non-tender. No distension, masses, Bowel sounds normal, Liver and spleen normal.

BACK: There is no CVA Tenderness, There is no tenderness to palpation. Normal inspection.

UPPER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion, ABRASION/CONTUSION RIGHT CLAVICLE/SHOULDER.

LOWER EXTREMITY: Inspection normal. No cyanosis, clubbing, edema. Normal range of motion, No calf tenderness.

NEURO PED: Awake, alert appropriate for age, GCS Modified for age. No focal motor deficits, focal sensory deficits, Speech normal, Gait normal, Memory normal.

SKIN: Skin is warm, Skin is dry, Skin is normal color.

### IMAGING

COMMAND (23:21 JN1): Image captured from scanner.

DEMO (Fri Jun 15 2007 02:43 ED1): Image captured from scanner.

DISCHARGE (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.



## ALTOONA REGIONAL EMERGENCY RECORD

Name: Stiver, Daniel C  
Age: M10 Wt: 41.7 Kg  
MedRec: 000000287445  
AcctNum: 000303486740

TRIAGE (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.  
(Fri Jun 15 2007 02:44 ED1): Page 002 added|Image captured from scanner.  
DEMO (Fri Jun 15 2007 02:44 ED1): Page 002 added|Image captured from scanner.  
CONSENT (Fri Jun 15 2007 02:44 ED1): Image captured from scanner.  
TRIP SHEET (Sun Jun 17 2007 04:02 JCF): Image uploaded.  
(Sun Jun 17 2007 04:03 JCF): Page 002 added|Image uploaded.  
(Sun Jun 17 2007 04:03 JCF): Page 003 added|Image uploaded.  
(Sun Jun 17 2007 04:03 JCF): Page 004 added|Image uploaded.  
(Sun Jun 17 2007 04:04 JCF): Page 005 added|Image uploaded.

### ORDERS

RT SHOULDER by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:05 Comment: BAY 19.  
RT CLAVICLE by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:04 Comment: BAY 19.  
SPINE CERV AP/ODONTOID/LAT by RAA for HT on Thu Jun 14 2007 21:58 Status: Done Fri Jun 15 2007 08:06 Comment: BAY 19.  
Reason: NO LOCAL FMD.

### DISPOSITION

PATIENT (22:51 HT): Disposition: A. Home, Condition: Stable, Acuity: 3.  
(23:16 HM): TRANSFER IN: NO, Hold Patient: No, IV d/cd @ discharge: , Campus: AH, Remove from ER.

### INSTRUCTION (22:52 HT)

DISCHARGE: CONTUSION , ABRASION (PEDS) .  
SPECIAL: Follow up with primary care physician  
Continue your own medications  
Return if worse  
Ice and elevate ANY BRUISED/TENDER AREAS  
Tylenol or Advil for Pain.

### PRESCRIPTION: No Documented Prescriptions

### KEY:

ED1=Deneen, Emily HM=Malay, Heather HT=Thompson, Holly JCF=Fisher, Julie  
JLW=Weigand, Jaime JN1=Noye, Joyce RAA=Adams, Rhonda

**Billie Fletcher Haines, LCSW, BCD**  
**2229 Broad Avenue**  
**Altoona, Pa. 16601**  
**(814) 935-6920**

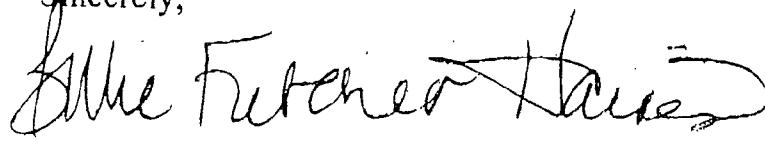
September 28, 2007

To: Edgar Snyder and Associates  
Re: Daniel Stiver

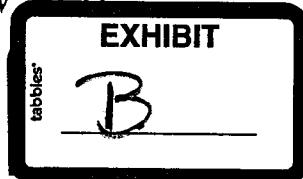
As per our previous detailed conversation to summarize that Daniel has been under my care since 6/25/07, specifically to deal with the trauma that he has experienced while he was a passenger in an MVA that killed his aunt on 6/14/07. His current diagnosis is Post Traumatic Stress Disorder. He will require continued psychotherapy for an indefinite period of time. Prior to the accident I did see Daniel at my previous employer, Nulton Diagnostic and Treatment Center to deal with adjusting to his parents divorce and anger issues. His previous issues in counseling were mild in comparison to the recent trauma that he has experienced.

After the MVA he began to experience a multitude of trauma related symptoms. His mood fluctuated greatly. He became easily agitated and had difficulty sleeping at night due to fear and nightmares. He has at times been experiencing some auditory hallucinations. This, however, has stabilized. Daniel also experiences fears around riding in a car and perceives danger in situations where there may be none. With all the above said, Daniel will need to be closely monitored in the future as he may have difficulty handling new situations in a healthy way. Daniel was initially being seen weekly for treatment. He is now being seen every 2-3 week. He can be seen more often when needed. He continues to experience some mood instability. If you have any further questions in regards to Daniel's care please do not hesitate to contact me.

Sincerely,



Billie Fletcher Haines, LCSW, BCD



# PATIENT VISIT RECORD

TE: 8-6-07

PATIENT NAME David Stiver

Chief Complaint: MVA  
able to obtain History due to:

Consulted by:

Reason for consult:

SH: (See face sheet)	New Pt: (or consult)	0 hx areas=L1,2; 1-2=L3; 3=L4 or 5	Est. Pt: 0 hx areas=L1,2,3; 1=L4 2=L5
PI:	New Pt: (or consult)	1-3 elements=L1,2; 4 or more=L3,4,5	Est. Pt: 1-3 elements=L1,2,3 4 or more=L4,5

location      duration      quality      timing      context      severity      modifying factor      assoc. s/s

At up @ night popping/clicking in joints/neck  
 ear on ED but O/R did not down

Other Conditions:

Face sheet of \_\_\_\_\_ reviewed  
and confirmed by physician. Additions/supplements as noted.

20: New Pt: (or consult) No systems=L1; 1=L2; 2-9=L3; 10 or more=L4,5 Est. Pt: No systems=L1,2; 1=L3; 2-9=L4; 10 or more=L5

Elaborate Positive Findings or Pertinent Negatives)      **Cardiovascular**

**Neurological**

Institutional      **Respiratory**

**Psychiatric**

Environmental      **Gastrointestinal**

**Endocrine**

Trauma      **Genitourinary**

**Hematologic/Lymphatic**

Nose/mouth/throat      **Musculoskeletal**

**Allergic/Immunologic**

21: **CM:** New Pt/Cor: 1=Level 1, 2-7=Level 2, 4x4=Level 3, 8 or more=Level 4, 5      **Est. Pt.:** 1=Level 2, 2-7=Level 3, 4x4=Level 4, 8 or more =Level 5

NML=Assessment items as listed except those indicated in "abnormal findings". Slash-not assessed or as noted in "abnormal findings".

INSTITUTIONAL: TEMP 98.3 BP 120/62 RESP 10 PULSE 85 Pulse Ox 95% Ht 5'6" Wt 89kg  
Immunization/Injection:

GENERAL APPEARANCE:	WDWN	NAD	COOPERATIVE	OTHER:	Site:	Lot #:
ASSESSMENT	NML	ABNORMAL FINDINGS	ASSESSMENT	NML	ABNORMAL FINDINGS	
as: PERRL, EOMI, conjunctiva pink, no eyelid edema, no icterus			MSK: No clubbing or edema of extremities. Nml. ROM and gait. No tenderness or deformity.		complaints	
rs. nose, throat: TMs clear, ext. ear nml. nasal DC. Mouth and throat clear, No exudate.			Neurological: No focal deficits. Neck supple. DTRs symmetrical. Speech clear.		sinus opacities	
sp.: Lungs clear. No accessory muscle use. labored respirations. Symmetrical excursion.			Psychiatric: Alert, oriented x 3. Appears competent. Nml. Mood. Nml. affect.		pt. nml. sym.	
cardiovascular: Regular rate. No murmurs. rubs, no gallops. No JVD. No edema.			Heme/Lymph/mm: No cervical, inguinal, axillary, supraclavicular adenopathy. No HSM.			
o: Warm, dry. Turgor good. No cyanosis, edema, or rashes.			Breasts: Grossly symmetrical. No nipple d/c. No skin changes. No LAD.			
Abdomen soft. No tenderness organomegaly, Nml. bowel sounds.			Gyne: No CMT. No adnexal fullness or tenderness. Nml. Vaginal vault.			
oSTATE: Non boggy, NT, nml size. No masses			Gu: External Genitalia nml. No tenderness or fullness of bladder. No CVA tenderness. No discharge.			
oCTAL: Hemo negative. No masses. Nml. sphincter tone.						

## EDICAL DECISION MAKING

Impression: (new, stable improved, worsening)

① Numbness in hands  
 ② Headache a little  
 ③ No

## Plan/Diagnostics:

EKG

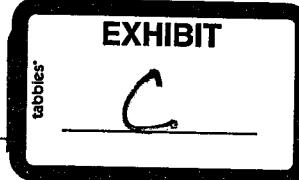
Viewed by exam phys? Y N

X Ray

Viewed by exam phys? Y N

Labs

Other



D/P. Ley

792 Gallitzin Roa  
Cresson, PA 16633  
(814) 886-8161

# MainlineMedical

ASSOCIATES

1400 9th Ave.  
Altoona, PA 16602  
(814) 941-8811

## RADIOLOGIC CONSULTATION

DATE: 8-6-07

PATIENT NAME: Daniel Stiver

DOB: 5-2-97

CHART #: 51352

PREGNANT: YES or NO

EXAM REQUESTED: ① Shoulder

ORDERED BY: Mr. Scummon

CLINICAL HISTORY: MVA 6-14-07 struck by drunk driver has had shoulder pain & clicking since proximal shoulder area.

D shulde

A study

\_\_\_\_\_

07  
07

SIGNATURE:

Deene Blouns

B. DIGIACOBBE, M.D.

R.T. Mase

(PATIENT OR PERSON AUTHORIZED TO CONSENT FOR PATIENT)

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

IN RE: DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

\* NO. 08-1652-CD

\*

ORDER

NOW, this 11<sup>th</sup> day of September, 2008, the Court being in receipt of and having  
signed the Amended Petition for Approval of Settlement of a Minor's Claim, it is the  
ORDER of this Court that the hearing scheduled for September 26, 2008 at 2:30 p.m.  
be and is hereby canceled.

BY THE COURT,

/S/ Fredric J Ammerman

FREDRIC J. AMMERMAN  
President Judge

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

SEP 12 2008

Attest.

*William L. Bunn*  
Prothonotary/  
Clerk of Courts



Cambria County  
 Corporate Office, Behavioral  
 Health Rehabilitative Services  
 Outpatient Clinic, Family  
 Based Mental Health Services  
 131 Market Street  
 Johnstown, PA 15901  
 (814) 535-2277

Family Preservation Services  
 726 Franklin Street  
 Johnstown, PA 15901  
 (814) 536-6141

Children & Adolescent Partial  
 Hospitalization Program  
 188 Gilbert Street  
 Johnstown, PA 15906  
 (814) 539-7339

ACRP Alternative School—  
 Johnstown  
 317 Power Street  
 Johnstown, PA 15906  
 (814) 361-2414

ACRP Northern Cambria  
 County Alternative School  
 PO Box 564  
 280 Beaver Street  
 Hastings, PA 16646  
 (814) 247-8192

Ebensburg Office  
 Outpatient Satellite Office  
 118 W. High Street  
 Ebensburg, PA 15931  
 (814) 472-9330

The Family Center  
 538 Park Avenue  
 Johnstown, PA 15902  
 (814) 536-1555

ACRP Recreation Park  
 R. 34 Knox Street  
 Johnstown, PA 15906  
 814-361-6177

Somerset County  
 ACRP Somerset County Office  
 651 S. Center Avenue  
 Somerset, PA 15501  
 (814) 445-1717

ACRP Somerset County  
 Alternative School  
 437 Somerset Avenue  
 Rockwood, PA 15557  
 (814) 926-3708

Bedford County  
 ACRP Bedford County Office  
 119 Spring Lane  
 Everett, PA 15537  
 (814) 623-1212

Blair / Clearfield Counties  
 ACRP Blair County Office  
 1815 Valley View Boulevard  
 Altoona, PA 16602  
 (814) 942-9425

Frank J. Janakovic  
 Executive Director



1989-2009  
 ACRP

May 13, 2009

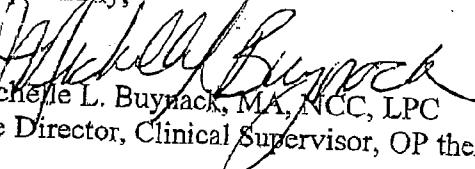
To whom it may concern:

I am writing this correspondence at the request of Daniel Stiver's mother Beth. Daniel has been receiving individual therapy on a weekly basis beginning on March 3, 2008. Daniel attends weekly individual therapy sessions on a consistent basis.

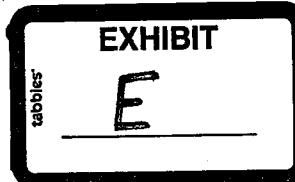
Daniel originally began therapy to attempt to resolve underlying issues due to being involved in a car accident in which he witnessed the death of his aunt. Daniel continues to attempt to work through these issues during therapy sessions.

Daniel will need to continue to attend therapy sessions for an undetermined amount of time in order to continue work through his thoughts and feelings related to the accident.

Respectfully,

  
 Michelle L. Buynack, MA, NCC, LPC  
 Site Director, Clinical Supervisor, OP therapist

20 Years



Youth and Families

.org

Cambria County  
 Corporate Office, Behavioral  
 Health Rehabilitative Services  
 Outpatient Clinic, Family  
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 Executive Director



**1989-2009**  
**ACRP**

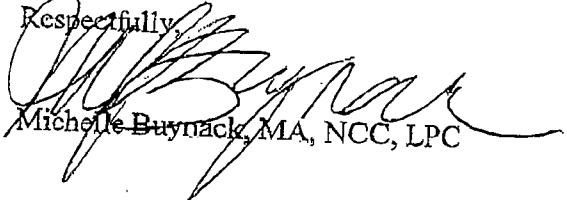
May 13, 2009

To whom it may concern:

I am writing this correspondence at the request of Daniel Stiver's mother Beth. Daniel has been receiving individual therapy on a weekly basis beginning on March 3, 2008. Daniel attends individual therapy sessions on a consistent basis.

Daniel has received services from ACRP on the following dates: 3-3-08, 3-17-08, 3-25-08, 4-28-08, 5-2-08, 5-9-08, 5-16-08, 5-21-08, 5-28-08, 6-4-08, 6-23-08, 7-2-08, 7-18-08, 7-25-08, 7-27-08, 8-1-08, 8-15-08, 8-22-08, 9-10-08, 9-19-08, 9-24-08, 10-01-08, 10-22-08, 11-03-08, 11-12-08, 11-21-08, 12-04-08, 12-11-08, 1-15-09, 1-19-09, 2-5-09, 2-11-09, 3-11-09, 3-23-09, 4-3-09, 4-14-09, 4-23-09, for a total of 38 individual therapy sessions.

Respectfully,

  
 Michelle Buynack, MA, NCC, LPC

**20 Years of Helping Youth and Families**

[www.acrpkids.org](http://www.acrpkids.org)

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

*I certify this to be a true  
copy of the original  
document filed in this case.*

NOV 30 2009

Petitioners

No. 08-1652-CD

ORDER OF COURT

*Request*

*William L. Her*  
Prothonotary/  
Clerk of Court

AND NOW, to-wit, this 30<sup>th</sup> day of Nov., 2009, it is hereby Ordered  
that the first level underinsured motorists claim on behalf of the Minor, DANIEL STIVER, may  
be settled for the sum of Twenty Thousand (\$20,000.00) Dollars.

A. It is further Ordered that the settlement proceeds of \$14,930.05 shall be  
distributed by payment of the sum of \$14,930.05 to Elizabeth A. Stiver, as parent[s] and natural  
guardian[s] of DANIEL STIVER, and the bank of Elizabeth A. Stiver's choice. The settlement  
proceeds will be forwarded directly by Gregory S. Olsavick, Esquire, to the bank which must be  
federally insured or whose deposits are backed by the full faith and credit of the United States  
Government, and said funds must be deposited in an account in the Minor's own name with an  
express restriction that no funds may be withdrawn until the Minor Petitioner achieves the age of  
18, unless otherwise authorized by an Order of the Orphan's Court of Common Pleas of  
Clearfield County;

B. It is further Ordered that the sum of \$5,069.95 shall be paid to the law firm of  
Edgar Snyder & Associates, LLC for its fee and costs in this matter;

EXHIBIT

F

tabbed

#1061071

C. Petitioner, Elizabeth A. Stiver, shall be the person authorized to execute all necessary documents on behalf of minor Petitioner DANIEL STIVER to settle all claims relative to the underinsured motorists insurance claim of Erie Insurance;

D. Attorney Gregory S. Olsavick shall provide this Court with proof of deposit of the settlement proceeds received by the Minor within thirty days of deposit of said funds.

By the Court:

/S/ Fredric J Ammerman, J.



*POWER OF ATTORNEY*

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.

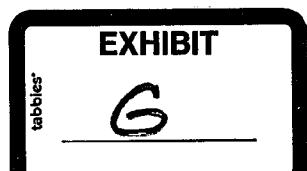
I recognize that my attorneys reserve the right to withdraw from my case if, after investigation, they determine that there is no merit to the claim.

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

Elizabeth A. Stein (SEAL)

(SEAL)

Date: 4/25/07



# Edgar Snyder & ASSOCIATES<sup>LLC</sup>

A Law Firm Representing Injured People.

Regency Square  
2900 Old Route 220 • Suite 201  
Altoona, PA 16601

Telephone: 814-942-3699  
Fax: 814-942-9337

Web: [www.edgarsnyder.com](http://www.edgarsnyder.com)

## SETTLEMENT SHEET

**CLIENT:** Daniel Stiver, a minor

**NUMBER:** 418210

**TOTAL SETTLEMENT:** \$17,500.00

**ATTORNEY'S FEE 25%:** \$4,375.00

**TOTAL DISBURSEMENT:** \$4,375.00

**BALANCE TO CLIENT:** \$13,125.00

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

Elizabeth Stiver, as parent and natural guardian of Daniel Stiver, a minor

Date \_\_\_\_\_

EXHIBIT

H

Pennsylvania Office Locations: Altoona

wn • Pittsburgh

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

ORPHAN'S DIVISION

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652-CD

FILED

014-00054  
DEC 21 2009

William A. Shaw  
Prothonotary/Clerk of Courts  
ICE Atty Olsavick

ORDER OF COURT

AND NOW, to-wit, this 21 day of December, 2009, it is hereby Ordered  
that the second level underinsured motorists claim on behalf of the Minor, DANIEL STIVER,  
may be settled for the sum of Seventeen Thousand Five-Hundred (\$17,500.00) Dollars.

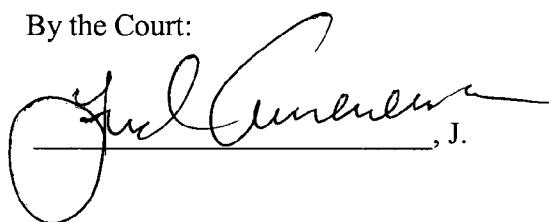
A. It is further Ordered that the settlement proceeds of \$13,125.00 shall be  
distributed by payment of the sum of \$13,125.00 to Elizabeth A. Stiver, as parent[s] and natural  
guardian[s] of DANIEL STIVER, and the bank of Elizabeth A. Stiver's choice. The settlement  
proceeds will be forwarded directly by Gregory S. Olsavick, Esquire, to the bank which must be  
federally insured or whose deposits are backed by the full faith and credit of the United States  
Government, and said funds must be deposited in an account in the Minor's own name with an  
express restriction that no funds may be withdrawn until the Minor Petitioner achieves the age of  
18, unless otherwise authorized by an Order of the Orphan's Court of Common Pleas of  
Clearfield County;

B. It is further Ordered that the sum of \$4,375.00 shall be paid to the law firm of  
Edgar Snyder & Associates, LLC for its fee in this matter;

C. Petitioner, Elizabeth A. Stiver, shall be the person authorized to execute all necessary documents on behalf of minor Petitioner DANIEL STIVER to settle all claims relative to the underinsured motorists insurance claim of Nationwide Insurance;

D. Attorney Gregory S. Olsavick shall provide this Court with proof of deposit of the settlement proceeds received by the Minor within thirty days of deposit of said funds.

By the Court:



A handwritten signature in black ink, appearing to read "John C. Cuneen, J.", is written over a horizontal line. A small circle is drawn to the left of the signature.

**FILED**

**DEC 21 2009**

**William A. Shaw  
Prothonotary/Clerk of Courts**

**DATE: 12/21/09**

**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  Other**

**Special Instructions:**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652- CD

**PROOF OF DEPOSIT**

Filed on behalf of:  
Petitioners

Counsel of record for this party:  
Gregory S. Olsavick, Esquire

PA I.D. No. 34620  
golsavick@edgarsnyder.com

Firm No. 1605

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

FILED No CC  
1/11/48cm JAN 19 2010 (60)

5  
William A. Shaw  
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652-CD

**PROOF OF DEPOSIT**

Kindly file the enclosed Proof of Deposit of settlement proceeds, which consists of a photocopy of the Statement of Account from Reliance Bank Account No. 0292502453 showing a deposit on January 7, 2010 in the amount of \$14,930.05 from UIM settlement proceeds obtained on behalf of the minor, Daniel Stiver. This Proof of Deposit is being filed pursuant to the Order of Court dated November 30, 2009 signed by Judge Fredric Ammerman.

EDGAR SNYDER & ASSOCIATES, LLC

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

**Savings** **Account Number** 0292502453  
**Statement Date** 01/07/2010 **Page** 1

<b>Date</b>	<b>Transaction Description</b>	<b>Amount</b>	<b>Ending Balance</b>
01/24/2009	Interest Deposit - INTEREST PAID 01/01 THROUGH 01/31	16.53	10,369.89
02/21/2009	Interest Deposit - INTEREST PAID 02/01 THROUGH 02/28	14.95	10,384.84
03/21/2009	Interest Deposit - INTEREST PAID 03/01 THROUGH 03/31	16.58	10,401.42
04/25/2009	Interest Deposit - INTEREST PAID 04/01 THROUGH 04/30	16.07	10,417.49
05/23/2009	Interest Deposit - INTEREST PAID 05/01 THROUGH 05/31	16.63	10,434.12
06/27/2009	Interest Deposit - INTEREST PAID 06/01 THROUGH 06/30	12.77	10,446.89
07/25/2009	Interest Deposit - INTEREST PAID 07/01 THROUGH 07/31	10.98	10,457.87
08/29/2009	Interest Deposit - INTEREST PAID 08/01 THROUGH 08/31	10.92	10,468.79
09/26/2009	Interest Deposit - INTEREST PAID 09/01 THROUGH 09/30	10.58	10,479.37
10/19/2009	Interest Deposit - INTEREST PAID 10/01 THROUGH 10/18	6.35	10,485.72
11/21/2009	Interest Deposit - INTEREST PAID 11/01 THROUGH 11/30	12.86	10,498.58
12/26/2009	Interest Deposit - INTEREST PAID 12/01 THROUGH 12/31	8.91	10,507.49
01/07/2010	Check Deposit	14,930.05	25,437.54

DANIEL C STIVER BY  
ELIZABETH STIVER GUARDIAN  
PO BOX 96  
COALPORT PA 16627-0096

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

Petitioners

No. 08-1652- CD

**PROOF OF DEPOSIT**

Filed on behalf of:  
Petitioners

Counsel of record for this party:  
Gregory S. Olsavick, Esquire

PA I.D. No. 34620  
[golsavick@edgarsnyder.com](mailto:golsavick@edgarsnyder.com)

Firm No. 1605

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

FILED NO  
M 102384 CC  
S MAR 11 2010

William A. Shaw  
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

DANIEL STIVER, a minor, by and  
through his parent and natural guardian,  
ELIZABETH A. STIVER,

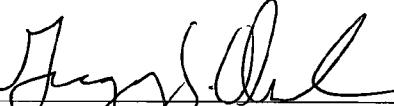
Petitioners

No. 08-1652-CD

**PROOF OF DEPOSIT**

Kindly file the enclosed Proof of Deposit of settlement proceeds, which consists of a photocopy of the Statement of Account from Reliance Bank Account No. 0292502453 showing a deposit on March 8, 2010 in the amount of \$13,125.00 from second level UIM settlement proceeds obtained on behalf of the minor, Daniel Stiver. This Proof of Deposit is being filed pursuant to the Order of Court dated December 21, 2009 signed by Judge Fredric Ammerman.

EDGAR SNYDER & ASSOCIATES, LLC

By   
Gregory S. Olsayick, Esquire  
Pa. I.D. 34620  
Attorney for Plaintiffs

**Savings****Account Number**

0292502453

**Statement Date**

03/08/2010

**Page** 1

<b>Date</b>	<b>Transaction Description</b>	<b>Amount</b>	<b>Ending Balance</b>
03/21/2009	Interest Deposit - INTEREST PAID 03/01 THROUGH 03/31	16.58	10,401.42
04/25/2009	Interest Deposit - INTEREST PAID 04/01 THROUGH 04/30	16.07	10,417.49
05/23/2009	Interest Deposit - INTEREST PAID 05/01 THROUGH 05/31	16.63	10,434.12
06/27/2009	Interest Deposit - INTEREST PAID 06/01 THROUGH 06/30	12.77	10,446.89
07/25/2009	Interest Deposit - INTEREST PAID 07/01 THROUGH 07/31	10.98	10,457.87
08/29/2009	Interest Deposit - INTEREST PAID 08/01 THROUGH 08/31	10.92	10,468.79
09/26/2009	Interest Deposit - INTEREST PAID 09/01 THROUGH 09/30	10.58	10,479.37
10/19/2009	Interest Deposit - INTEREST PAID 10/01 THROUGH 10/18	6.35	10,485.72
11/21/2009	Interest Deposit - INTEREST PAID 11/01 THROUGH 11/30	12.86	10,498.58
12/26/2009	Interest Deposit - INTEREST PAID 12/01 THROUGH 12/31	8.91	10,507.49
01/07/2010	Check Deposit	14,930.05	25,437.54
01/23/2010	Interest Deposit - INTEREST PAID 01/01 THROUGH 01/31	18.74	25,456.28
02/20/2010	Interest Deposit - INTEREST PAID 02/01 THROUGH 02/28	19.52	25,475.80
03/08/2010	Check Deposit	13,125.00	38,600.80

DANIEL C STIVER BY  
ELIZABETH STIVER GUARDIAN  
PO BOX 96  
COALPORT PA 16627-0096

# Certificate of Deposit Receipt

This receipt is issued to:

DANIEL C STIVER BY  
ELIZABETH STIVER GUARDIAN

240 PINE ST  
COALPORT, PA 16627-8405  
(814)672-3701

RELIANCE BANK - PRO  
226 W. PLANK RD

ALTOONA, PA 16602-0000

Account Number: 0292502453

IRA Number: \_\_\_\_\_

Amount \$ 38,600.80

Date Opened 10/18/2009

Term 12 MONTH VARIABLE

Maturity Date 10/18/2010

Interest Rate 1.000 %

Annual Percentage Yield 1.000 %

The account evidenced by this receipt is subject to and further explained in the terms and conditions contained in the account agreement and account disclosures. The account is Not Negotiable and Not Transferable. Only the items checked apply.

Fixed Interest Rate       Variable Interest Rate  
 Additions Permitted  
 Automatically Renewable       Single Maturity (not automatically renewable)       Callable       Notice Account

Interest will be:

mailed to the owner(s).  
 added to principal (compounded).  
 paid to \_\_\_\_\_ account No. \_\_\_\_\_  
 \_\_\_\_\_  
\_\_\_\_\_



(page 1 of 1)

**NO WITHDRAWALS SHALL BE MADE UNTIL DANIEL STIVER ACHIEVES THE AGE OF 18 YEARS ON MAY, 2, 2015.  
UNLESS OTHERWISE ORDERED BY THE COURT**