

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 Att
M 1:05pm ICC Att
SEP - 2 2008

William A. Shaw
Prothonotary/Clerk of Courts

Original
upstairs

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ORPHAN'S DIVISION

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

Petitioners

No. 2008-1652-CD

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express restriction that no funds may be withdrawn until the Minor Petitioner achieves the age of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:

None

WAITING

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 CLAVICLE 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

Prepared: Thu Jul 19

Page: 1 of 4



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/LATERAL RESULT: 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 RIGHT RESULT: 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 RIGHT RESULT: 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

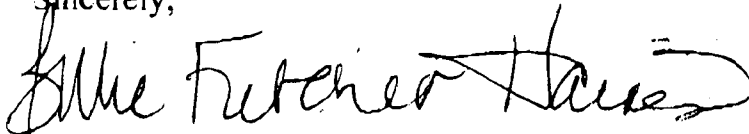
September 28, 2007

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
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
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

at up @ MVA pass / check in front of car
scar on BP but @ MVA not seen

Other Conditions:

☐ 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

Gastrointestinal

Endocrine

Genitourinary

Hematologic/Lymphatic

Nose/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 PULSE 85 Pulse Ox 95% Ht 56 1/2 Wt 80 1/2

Immunization/Injection:

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

ASSESSMENT	NML	ABNORMAL FINDINGS	ASSESSMENT	NML	ABNORMAL FINDINGS
HEENT: PERRL, EOMI, conjunctiva Pink, no eyelid edema, no icterus			MSK: No clubbing or edema of extremities. Nml. ROM and gait. No tenderness or deformity.		
CS, 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.		
SP: Lungs clear. No accessory muscle use. labored respirations. Symmetrical excursion.			Psychiatric: Alert, oriented x 3. Appears competent. Nml. Mood. Nml. affect.		
CV: Cardiovascular: Regular rate. No murmurs. rubs, no gallops. No JVD. No edema.			Heme/Lymph/(mm): No cervical, inguinal, axillary, supraclavicular adenopathy. No HSM.		
DI: Warm, dry. Turgor good. No cyanosis, ndice, or rashes.			Breasts: Grossly symmetrical. No nipple d/c. No skin changes. No LAD.		
AB: 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. Nm. sphincter tone.					

MEDICAL DECISION MAKING

Impression: (new, stable improved, worsening)

① MVA trauma
② Acute chlamydia
③ MVA

Plan/Diagnostics:

☐ EKG

☐ X Ray

Viewed by exam phys? Y N

Viewed by exam phys? Y N

☐ Labs

☐ Other

EXHIBIT

C

tabbles

P. 2/2/07

792 Gallitzin Road
Cresson, PA 16630
(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: ① Shoulder

ORDERED BY: Mr. Drummond

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

① skull

① study

05
②

SIGNATURE: Irene Plouns

B. DIGIACOBBE, M.D.

R.T. Mast

(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.

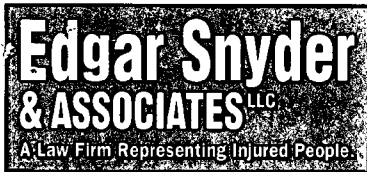
I hereby acknowledge receipt of a duplicate copy of this Power of Attorney.

 (SEAL)

____ (SEAL)

Date: 6/25/07





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

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

Web: www.edgarsnyder.com

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 *Daniel Stiver*

Date 8/28/08

Signature _____

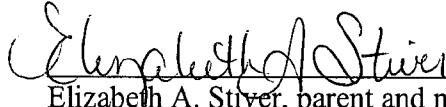
Date _____

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.

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

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

Date: 8/28/08

1A

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

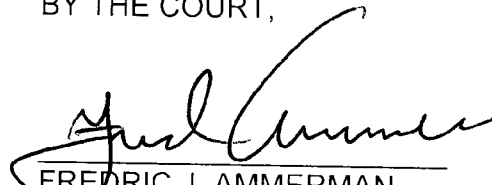
IN RE: DANIEL STIVER, a minor, by and
through his parent and natural guardian,
ELIZABETH A. STIVER,
Petitioners

*
* No. 08-1652-CD
*
*

ORDER

NOW, this 3rd 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 26th 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 3CC
014:0061 Amy Olsavick
SEP 03 2008

William A. Shaw
Prothonotary/Clerk of Courts

FILED

SEP 03 2008

NO 02-1032-CD

William A. Shaw
Prothonotary/Clerk of Courts

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
013:40/61
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.

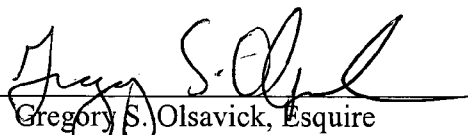
11. It is requested that this Honorable Court approve the settlement. The settlement monies will be deposited directly by the undersigned counsel into a federally insured bank of Petitioner's choosing. Further, the money will be placed in the Minor's own name with the express restriction that no withdrawals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

Age: 10 Male

Kg Weight: 41.7

Source: A. Private Residence

Physicians:

By: Patton

Urgency: ESI 3

None

Room: Emergency

WAITING

Vital Signs:

BP:107/85

P:90

R:18

T:98.2

Pain:0

Sat:99

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 CLAVICLE 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

Prepared: Thu Jul 19

Page: 1 of 4



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/LATERAL RESULT: 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 RIGHT RESULT: 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 RIGHT RESULT: 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

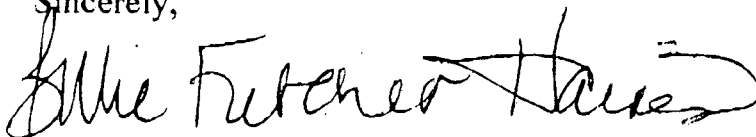
September 28, 2007

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
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
 Not up @ mouth / chest / in front of face
 scar on RD but @ mouth not even

Other Conditions:

☐ 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

Respiratory

Psychiatric

Gastrointestinal

Endocrine

Genitourinary

Hematologic/Lymphatic

Musculoskeletal

Allergic/Immunologic

MM: 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 PULSE 85 Pulse Ox 95% HT 56kg WT 89kg

Immunization/Injection:

GENERAL APPEARANCE: WDOWN 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.		
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.		
sp.: Lungs clear. No accessory muscle use. labored respirations. Symmetrical excursion.			Psychiatric: Alert, oriented x 3. Appears competent. Nml. Mood. Nml. affect.		
rdiovascular: Regular rate. No murmurs. rubs, no gallops. No JVD. No edema.			Heme/Lymph(lmm): No cervical, inguinal, axillary, supraclavicular adenopathy. No HSM.		
n: 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. Nm. sphincter tone.					

MEDICAL DECISION MAKING

Impression: (new, stable improved, worsening)

Plan/Diagnostics:

☐ EKG

☐ X Ray

Viewed by exam phys? Y N

Viewed by exam phys? Y N

☐ Labs

☐ Other

792 Gallitzin Road
Cresson, PA 16630
(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: ① Shoulder

ORDERED BY: Mr. Drummond

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

① shake

① study

SIGNATURE: Irene Klouna

B. DIGIACOBBE, M.D.

R.T. mas

(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.

 (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

Total Liens:

\$610.00

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
25.00%

\$3,750.00

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.

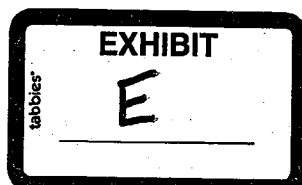
Signature _____

Date _____

Signature _____

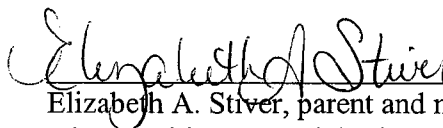
Date _____

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

FILED
0/3:40BN
SEP 11 2008

670

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

IN RE:

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

Petitioners

No. 08-1652-CD

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.

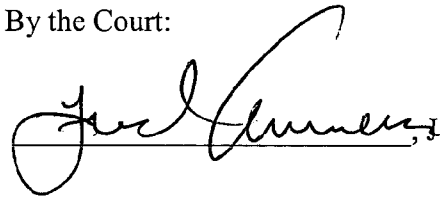
i. It is further Ordered that the sum of \$4,080.49 shall be paid to the law
firm of Edgar Snyder & Associates, LLC for its fee and costs in this matter;

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 "James J. Sullivan", is written over a horizontal line. The signature is fluid and cursive.

FILED

SEP 11 2008

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 9/11/08

X 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:

CM

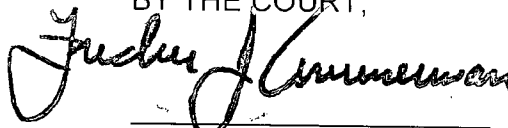
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

IN RE: DANIEL STIVER, a minor, by and * NO. 08-1652-CD
through his parent and natural guardian, *
ELIZABETH A. STIVER, *

ORDER

NOW, this 11th 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
0/2:30/50 Amy
SEP 12 2008

William A. Shaw
Prothonotary/Clerk of Courts

Olsavick

610

FILED

SEP 12 2008

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 9/12/08

X 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

Firm No. 1605

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

FILED ^{NO} _{CC}
m11:05 ^{BA}
NOV 17 2008
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,

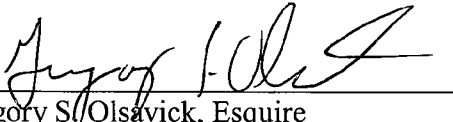
Petitioners

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, 16602-0000

Account Number: 0292502453

IRA Number:

Amount \$ 10,309.51

Date Opened 10/18/2008

Term 12 Month

Maturity Date 10/18/2009

Interest Rate 2.370 %

Annual Percentage Yield 2.390 %

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:

☐ mailed to the owner(s).

☒ added to principal (compounded).

☐ paid to _____ account No. _____

☐ _____



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 *ice*
11/10/09
NOV 25 2009 *Ang*
Olsavick
5 William A. Shaw
Prothonotary/Clerk of Courts *(S)*

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".

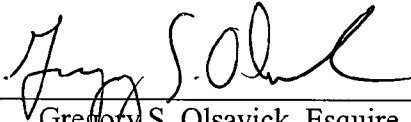
11. The expenses associated with this case total \$69.95 and the proposed attorney's fee on the settlement monies is \$5,000.00, resulting in net settlement proceeds of \$14,930.05. A copy of the reimbursable expenses and proposed settlement sheet are attached hereto as Exhibit "G".

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.

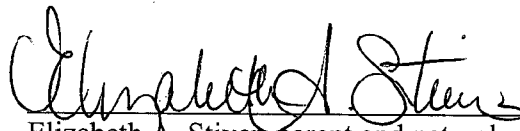
Respectfully submitted,

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

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:

None

WAITING

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 CLAVICLE FROM SEATBELT.

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

PATIENT: NAME: Daniel C Stiver, DOB: Fri Mar 19 2004

CURRENT, Current vaccinations:

EXHIBIT

tabbies

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/LATERAL RESULT: 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 RIGHT RESULT: 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 RIGHT RESULT: 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

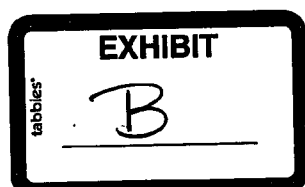
As per our previous detailed conversation to summarize that Daniel has been under my care since 6/25/07, specifically to deal with the trauma that he has experienced while he was a passenger in an MVA that killed his aunt on 6/14/07. His current diagnosis is Post Traumatic Stress Disorder. He will require 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



TE: 8-6-57 PATIENT NAME Daniel Stiver

Reason for consult:

location	duration	quality	timing	context	severity	modifier
at up @ madd	10 min	poor	1 chg	in jacobson	mod	not
for on ED	last	@ madd	not	even		

21 04 DRAFT

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

Mainline Medical

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: Ⓢ Shoulder

ORDERED BY: Mr. Hummons

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

Ⓢ skull

Ⓢ study

SIGNATURE: Jane Houns

B. DIGIACOBBE, M.D.

R.T. mas

(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 11th 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

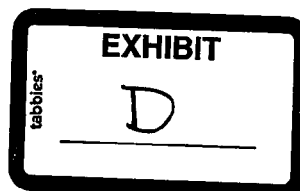
I hereby certify this to be a true
and attested copy of the original
statement filed in this case.

SEP 12 2008

Attest.



William D. Shaw
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

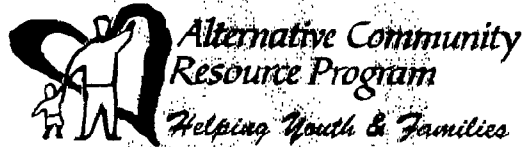
119 Spring Lane
Everett, PA 15537
(814) 623-1212

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

20 Years Helping Youth and Families

EXHIBIT

E

tabbies

.org

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
551 S. Center Avenue
Somerset, PA 15501
(814) 445-1717

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

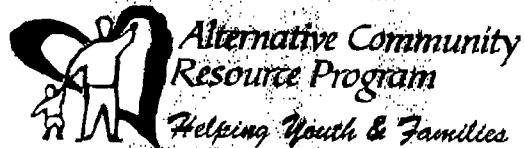
Bedford County

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

Blair / Clearfield Counties

ACRP Blair County Office
815 Valley View Boulevard
Johnstown, 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 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



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.

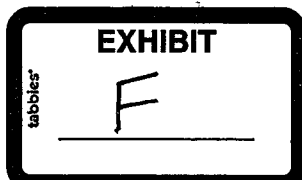
I recognize that my attorneys reserve the right to withdraw from my case if, after investigation, they determine that there is no merit to the claim.

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

 (SEAL)

(SEAL)

Date: 6/25/07



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 _____

EXHIBIT

G

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.D. S

FILED

NOV 30 2009

William A. Shaw
Prothonotary/Clerk of Courts

(610)

1 cert to App

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.

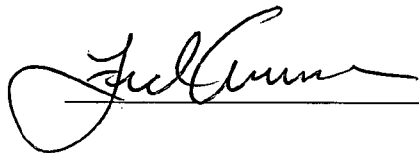
A. It is further Ordered that the settlement proceeds of \$14,930.05 shall be
distributed by payment of the sum of \$14,930.05 to Elizabeth A. Stiver, as parent[s] and natural
guardian[s] of DANIEL STIVER, and the bank of Elizabeth A. Stiver's choice. The settlement
proceeds will be forwarded directly 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:

 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

Firm No. 1605

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

FILED

DEC 17 2009

William A. Shaw
Prothonotary/Clerk of Courts

ICC
m. 11:00 AM
Att'y Olsavick
(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, Peitioner 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".

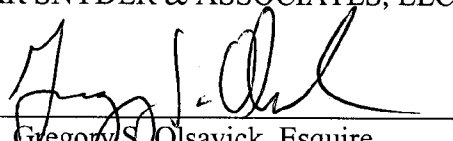
12. It is requested that this Honorable Court approve the settlement of the second level Uninsured Motorists claim. The settlement monies will be deposited directly by the undersigned counsel into a federally insured bank of Petitioner's choosing. Further, the money will be placed in the Minor's own 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,

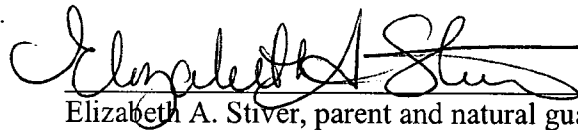
EDGAR SNYDER & ASSOCIATES, LLC

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.

A handwritten signature in black ink, appearing to read "Elizabeth A. Stiver", written over a horizontal line.

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:

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 CLAVICLE 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/LATERAL RESULT: 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 RIGHT RESULT: 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 RIGHT RESULT: 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

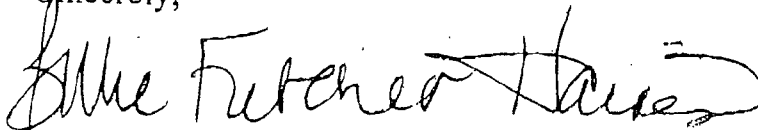
September 28, 2007

To: Edgar Snyder and Associates
Re: Daniel Stiver

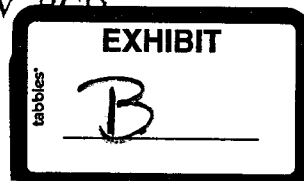
As per our previous detailed conversation to summarize that Daniel has been under my care since 6/25/07, specifically to deal with the trauma that he has experienced while he was a passenger in an MVA that killed his aunt on 6/14/07. His current diagnosis is Post Traumatic Stress Disorder. He will require 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

RE: 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
 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 10:00 AM, patient was found in the street, unresponsive, with a head injury. The patient was transported to the hospital and admitted to the ED. The patient's condition was stable at the time of admission.

Other Conditions:

☐ 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)

Institutional

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792 Gallitzin Road
Cresson, PA 1663
(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: 5-2-95

CHART #: 51352

PREGNANT: YES or NO

EXAM REQUESTED: ② Shoulder

ORDERED BY: Mr. Summons

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

① skull

② study

SIGNATURE: Jane Houns

B. DIGIACOBBE, M.D.

R.T. Mast

(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 11th 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. Shaw
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

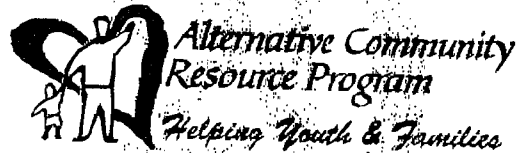
Bedford County

ACRP Bedford County Office
119 Spring Lane
Evoret, 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

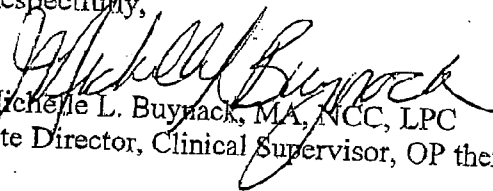
To whom it may concern:

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

.org

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
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ACRP Somerset County
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137 Somerset Avenue
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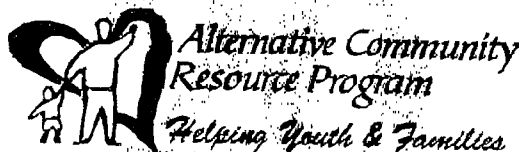
Bedford County

ACRP Bedford County Office
19 Spring Lane
Bedford, PA 15537
814) 623-1212

Blair / Clearfield Counties

ACRP Blair County Office
815 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 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

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,

*Subscribed and sworn to be a true
and correct copy of the original
Statement filed in this case.*

NOV 30 2009

Petitioners

No. 08-1652-CD

ORDER OF COURT

Attest.

William A. Shaw
Prothonotary/
Clerk of Court

AND NOW, to-wit, this 30th 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;

#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, 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.

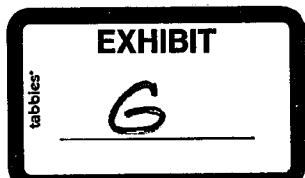
I recognize that my attorneys reserve the right to withdraw from my case if, after investigation, they determine that there is no merit to the claim.

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

 (SEAL)

____ (SEAL)

Date: 6/25/07



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:

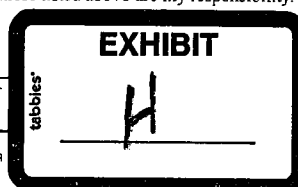
\$13,125.00

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 _____



(34)

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
01/4/00/014
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.

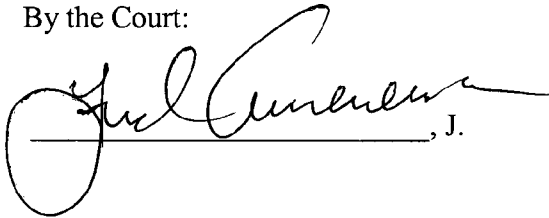
A. It is further Ordered that the settlement proceeds of \$13,125.00 shall be distributed by payment of the sum of \$13,125.00 to Elizabeth A. Stiver, as parent[s] and natural guardian[s] of DANIEL STIVER, and the bank of Elizabeth A. Stiver's choice. The settlement proceeds will be forwarded directly 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:


_____, J.

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

☐ 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.
10/11:48am
JAN 19 2010 (Cde)

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. Olavick, Esquire

Pa. I.D. 34620

Attorney for Plaintiffs

Savings

Account Number

0292502453

Statement Date

01/07/2010

Page 1

Date	Transaction Description	Amount	Ending Balance
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

Firm No. 1605

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

FILED *no*
01102387 CC
S MAR 11 2010 *(60)*
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

Date	Transaction Description	Amount	Ending Balance
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