

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND
IN THE COURT OF COMMON PLEAS

CASE NUMBER: 2014-CP-40-002450

RECEIVED

Satara C Lopez

Jessica D Bush

Danielle R Ward

NOV 17 2014

PLAINTIFF(S)

DEFENDANT(S)

Submitted by: _____

Attorney for : Plaintiff Defendant or Self-Represented Litigant

SC Court of Appeals

DISPOSITION TYPE (CHECK ONE)

- JURY VERDICT. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- DECISION BY THE COURT. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ACTION DISMISSED (CHECK REASON): Rule 12(b), SCRPC; Rule 41(a), SCRPC (Vol. Nonsuit); Rule 43(k), SCRPC (Settled); Other _____
- ACTION STRICKEN (CHECK REASON): Rule 40(j), SCRPC; Bankruptcy; Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; Other _____
- DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX): Affirmed; Reversed; Remanded; Other _____

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: See attached order (formal order to follow) Statement of Judgment by the Court:

ORDER INFORMATION

Defendants' Motion to Dismiss is GRANTED. A contract was entered into between the parties when Plaintiff signed the Scheduled Release. See *Bowers v. Dep't of Transp.*, 360 S.C. 149, 600 S.E.2d 543 (2004). The terms of the document are clear and unambiguous and inform Plaintiff that by signing the Scheduled Release, she was agreeing to release any claims in exchange for \$3,000 and payment of medical expenses up to \$10,000. A check was tendered to Plaintiff, and although she decided not to cash it, the terms of the contract were executed. Therefore, this case is dismissed with prejudice.

This order ends does not end the case.

Additional Information for the Clerk :

INFORMATION FOR THE PUBLIC INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled
		\$
		\$
		\$

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.

Circuit Court Judge Ally Renee Lee Judge Code 2118 Date 10/23/2014

For Clerk of Court Office Use Only

This judgment was entered on the _____ day of _____, 20____ and a copy mailed first class or placed in the appropriate attorney's box on this 24 day of OCT, 2014 to attorneys of record or to parties (when appearing pro se) as follows:

Barry B. George

John Austin Hood

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

Court Reporter _____

Clerk of Court

SCRPC Form 4C (10/2011)

Jeanette W. McBride
SCANNED

Claims Information		Print Close			
Policyholder Name		Policy Number	Loss Type	Cat Code	Loss Date
JOHN HARPER		6139C 302335	AUTO	0000	4/29/2011
Claim Information					
Reported By:	ED MONTGOMERY	Reported Date:	5/2/2011	Status:	CLOSED
Is this loss chargeable?	Y	Has suit been filed?	N		
Loss Time:	4:49 AM	Loss Amount Paid:	\$13790.12		
Loss Location:	BOOKMAN RD, COLUMBIASC, SC, 29201				
Loss Description:	COV?*PER CLMT CARRIER*2 VEHICLES*V1 REAR-END V2*V2 SLOWING TO STOP AT CONTROLLED INTERSECTION V2 SLOWING TO TURN RIGHT WHEN STRUCK BY V2 *TWO NOTCH ROAD				
Vehicle Information					
Year: 00	Make: SATU	Model:	LS SEDAN		
VIN: 1G8JR52F9YY675068	Driver: JESSICA BUSH	Driver Violation:	Not Available		
Coverage Information					
Injury to others			for SATARA LOPEZ		
Claim Professional:	JENNIFER PENNETTI	Phone:	919-278-9283		
Manager:	MELISSA BRYANT	Manager Phone:	919-278-9297		
Payment Issued To:	Satara Lopez	Check Number:	000379558		
Payment Amount:	\$3305.00	Date of Payment:	02/22/2012		
Payment Issued To:	Satara Lopez	Check Number:	000834915		
Payment Amount:	\$3000.00	Date of Payment:	05/27/2011		
Payment Issued To:	BLUE CROSS BLUE SHIELD	Check Number:	000378939		
Payment Amount:	\$2341.89	Date of Payment:	02/20/2012		
Payment Issued To:	PROVIDENCE	Check Number:	000319925		
Payment Amount:	\$557.97	Date of Payment:	08/16/2011		
Payment Issued To:	PROVIDENCE ER SERVICES LLC	Check Number:	000309619		
Payment Amount:	\$316.00	Date of Payment:	07/15/2011		
Payment Issued To:	PALMETTO HEALTH	Check Number:	000900007		
Payment Amount:	\$145.00	Date of Payment:	06/17/2011		
Damage to property of others			for SATARA LOPEZ		
Claim Professional:	JOSH GONGLIK	Phone:	614-854-8816		
Manager:	GREG JERNIGAN	Manager Phone:	Not Available		
Shop Name:		Phone:			
Payment Issued To:	Not Available	Check Number:	000538523		
Payment Amount:	\$230.00	Date of Payment:	07/18/2011		
Payment Issued To:	Satara Lopez	Check Number:	000154899		
Payment Amount:	\$2970.10	Date of Payment:	05/25/2011		
Payment Issued To:	Not Available	Check Number:	000517024		
Payment Amount:	\$524.16	Date of Payment:	05/26/2011		
Sale of vehicle salvage - PD			for SATARA LOPEZ		
Claim Professional:	OPEN BAKER WITH CLAIMS	Phone:	877-413-9283		
Manager:	OPEN COVINGTON	Manager Phone:	614-854-5930		
Shop Name:		Phone:			
Total Gross Salvage:	-\$525.00				

SCHEDULED RELEASE

For and in consideration of the payment to or for me/us of the sum of Three thousand and 00/100 dollars (\$ 3,000.00) this date and the promise to or for me/us, by the insurance company accepting this agreement, of benefits in accordance with the Schedule of Benefits set forth below:

SCHEDULE OF BENEFITS

All reasonable expenses for necessary medical services related to the referenced accident actually incurred by me/us within one (1) year from the date of the loss described below, not to exceed Ten Thousand and no/100 Dollars (\$10,000.00) for any one person. Expenses are deemed "reasonable" if they conform to those charges of other medical providers in the area, and medical services are deemed "necessary" if the treatment is leading to maximum medical improvement and is being provided by a licensed medical provider.

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SC Court of Appeals

I/We, Satara Lopez, for myself/ourselves, my/our heirs, executors, administrators (Claimant and Spouse)

and assigns, do hereby release and forever discharge John Harper and Jessica Bush and any and all other persons, firms and corporations, whether herein named or referred to or not, of and from any and all past, present and future actions, causes of action, claims, demands, damages, costs, loss of services, expense, compensation, third-party actions, suits at law or in equity, including claims or suits for contribution and/or indemnity, of whatever nature, and all consequential damages on account of, or in any way growing out of any and all known and unknown bodily injuries

or death resulting or to result from an accident that occurred on or about the 29 day of April

20 11, at or near Bookman Road Columbia, SC 29201 Richland County

This agreement applies to bodily injury only. It does not apply to property damage.

I/We understand that this settlement is the compromise of a doubtful and disputed claim, and that the payment is not to be construed as an admission of liability on the part of the persons, firms, and corporations hereby released.

This Scheduled Release contains the entire agreement between the parties hereto, and the terms of this instrument are contractual and not a mere recital. The terms of this agreement shall be construed according to the laws of the State of South Carolina.

It is further agreed that all parties to this instrument have carefully read the contents thereof and the signatures below are the voluntary and free act of each.

In witness whereof we have hereunto set our hands this 27-11 day of May, 20 11.

IN THE PRESENCE OF

X [Signature]

X Satara Lopez
Claimant

Claimant

ACCEPTED BY:

(Name of Insurance Company)

6139 C 302335

Claim Number

By

[Signature]
Authorized Representative

COPY RECEIVED:

(Initial)

Claimant

Claimant

ccc received a copy