JESSE B. CALDWELL, III

ATTORNEY AT LAW

RETIRED NORTH CAROLINA SUPERIOR COURT JUDGE
NCDRC CERTIFIED SUPERIOR COURT MEDIATIOR

November 5, 2026

Lauren O. Newton, Esquire
Attorney at Law
301 East Park Avenue
Charlotte, North Carolina 28203
lnewton@tinfulton.com
ksolly@tinfulton.com

INVOICE

Frank Scott Haskall, Administrator of Estate of Irynn Zarutska v. City of Charlotte et. al.

Mecklenburg County File: 26-CV-047996-590

Mediation began at 9:30 a.m. on November 2, 2026 and concluded at 2:00 p.m.: **4.5 hours**

Mediator's Hourly Rate of Compensation: $250

Administrative Fee: $200

4.5 hours x $250 per hour = $1,125

Total Mediator's Fee: $1,325

Plaintiff and 2 Defendant's each to pay 1/3 of Mediator's fee.

Your share: $441.66

Please note, you will receive a hard copy of this invoice along with the Mediator's Report to the Court and a W-9 via US Mail.

Thanks!

POST OFFICE BOX 186 | GASTONIA, NORTH CAROLINA 28053
P: 704-854-2311 | F: 704-854-2311
EMAIL: caldwelljesse122@gmail.com

Electronically Filed Date: 11/13/2026 8:56 PM Mecklenburg County Clerk of Superior Court

STATE OF NORTH CAROLINA

Mecklenburg County

File No. 26 CV 047996-590

In The General Court Of Justice
Superior Court Division

Name Of Plaintiff(s): Frank Scott Haskell, Administrator of Estate of Tryon Zarutska

VERSUS

Name Of Defendant(s): City of Charlotte, et al

Name And Address Of Mediator: Jesse B. Caldwell, III
P.O. Box 186
Gastonia, NC 28053

REPORT OF MEDIATOR IN SUPERIOR COURT CIVIL ACTION

G.S. 7A-38.1: Rule 6(b)(4) of the Rules for Mediated Settlement Conferences and Other Settlement Procedures in Superior Court Civil Actions

Telephone No. Of Mediator: (704) 854-2311

Fax No. Of Mediator (if applicable): N/A

1. The undersigned mediator reports the following results of a mediated settlement conference either
   ☐ ordered or ☑ voluntarily conducted in this case:
   a. Conference ☑ was held. ☐ was not held.
   b. If held, date conference was completed: November 2, 2026
   c. If not held, the reasons were: _____
2. If the case was reported settled prior to or during a recess of the conference, provide the name(s) of the person(s) who reported the case settled: _____
3. The parties reached an: ☐ agreement on all issues. ☐ agreement on some issues. ☑ impasse.
4. ☐ If the case was settled, then, as required by MSC Rule 6(b)(4)(b), the mediator has advised the parties that MSC Rule 4(c) requires that closing documents be filed with the court within 30 days of settlement (or 90 days if a State or political subdivision is involved) or before expiration of the mediation deadline, whichever is longer. The following closing document is to be filed:
   a. ☐ consent judgment. ☐ voluntary dismissal with prejudice. ☐ voluntary dismissal without prejudice.
   b. Name, address, email, and telephone number of party or attorney who is to file the closing document:
      Name: _____
      Address: _____
      Telephone number: (_____) _____-_____ Email Address: _____
5. If a mediated settlement conference was held and a partial agreement was reached, state the claims for relief that were resolved.
6. If a mediated settlement conference was held and a partial agreement was reached, state the names of any parties that have no claims remaining for trial.
7. Names of those who attended the conference:

Name	Affiliation (e.g., party, attorney, insurance company representative, lienholder, or other)
Frank Scott Haskell	Plaintiff
Lauren Newton	Plaintiff's attorney
Megan Callahan	Plaintiff's attorney
Karleen Reid	Deputy Risk Chief officer, Defendant City of Charlotte

Original-File Copy-Senior Resident Superior Court Judge or his/her designee Copy-Plaintiff Copy-Defendant
(Over)

AOC-CV-813, Rev. 5/23
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Name	Affiliation (e.g., party, attorney, insurance company representative, lienholder, or other)
Norton Graves	Attorney for Defendant City of Charlotte
Lori Keaton	Attorney for Defendant City of Charlotte
Terry Wallace	Attorney for Defendant Professional Police Services
Shelley Coleman	Attorney for Defendant Professional Police Services
Trevor Fuller	

MEDIATOR'S FEE	Court-Appointed Mediator	Party-Selected Mediator
ADMINISTRATIVE FEE (MSC Rule 7(b) *or as privately agreed with party-selected mediator*)	$ 175.00	$ 200
MEDIATION FEE (MSC Rule 7(b): *$150.00 per hour for time spent in conference for court-appointed mediator, billed in quarter hour segments, or privately set fee for party-selected mediator*) 9:30 am - 2 pm	4.5 x $250 per hour = $1125	$ 1125
Total Time Spent in Mediated Settlement Conference(s): 4 Hours 30 Minutes		
POSTPONEMENT/CANCELLATION FEE (MSC Rule 7(e) *or as privately agreed with party-selected mediator*)	$	$
TOTAL FEE ▶	$ 175.00	$ 1325

All fees of the mediator have been paid, except as follows: Each of 3 parties to pay ⅓ of Mediator's Fee

Name Of Party Owing Balance	Address Of Party	Amount Of Balance
Frank Scott Haskell, Administrator	c/o Lauren Newton, 301 East Park Avenue, Charlotte, N.C. 28203	$ 441.66
City of Charlotte	c/o Norton Graves, 600 East 4th Street, Charlotte, NC 28202	$ 441.66
Professional Police Services, Inc.	c/o Shelley Coleman, 6752 Rock Spring Road Mayfair III, Suite 310, Wilmington NC 28405	$ 441.66
		$

Name of any party filing Petition For Relief From Obligation To Pay Mediator's Fee:

I have filed this report with the Court as required within ten (10) days after conclusion of the conference or within ten (10) days of being advised by a party that this case settled before the date scheduled for mediation or during a recess of the conference.

Date	Name Of Mediator (type or print)	Signature Of Mediator
11/3/26	Jesse B. Caldwell III	Jesse B. Caldwell III

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
JESSE B. CALDWELL, III

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☒ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.
P.O. BOX 186

Requester's name and address (optional)

6 City, state, and ZIP code
GASTONIA, NC 28053

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
___ - ___ - ____

or

Employer identification number
__ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** Jesse B. Caldwell III | **Date** 11/5/26

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they