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**CIVIL ACTION COVER SHEET**      **DOCKET NUMBER** 19-3156      **Trial Court of Massachusetts**  
**The Superior Court** 

**PLAINTIFF(S):** Amy Newcomb, Mother and Next Friend, Wallace Newcomb Rowe      **COUNTY:** Middlesex  
**ADDRESS:** \_\_\_\_\_

**DEFENDANT(S):** Cari Brown, M.D.

**ATTORNEY:** Susan M. Bourque, Esq. and Eric J. Parker, Esq.      **ADDRESS:** \_\_\_\_\_

**ADDRESS:** Parker Scheer, LLP  
One Constitution Center  
Boston, Massachusetts 02129  
**BBO:** 647195, 549513

**TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)**

<b>CODE NO.</b> <u>B06</u>	<b>TYPE OF ACTION (specify)</b> <u>Personal Injury - Medical Malpractice</u>	<b>TRACK</b> <u>A</u>	<b>HAS A JURY CLAIM BEEN MADE?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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\*If "Other" please describe: \_\_\_\_\_

**STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A**

The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.

**TORT CLAIMS**  
(attach additional sheets as necessary)

A. Documented medical expenses to date:			
1. Total hospital expenses .....		\$	<u>14,611.60</u>
2. Total doctor expenses .....		\$	<u>12,087.95</u>
3. Total chiropractic expenses .....		\$	
4. Total physical therapy expenses .....		\$	
5. Total other expenses (describe below) .....		\$	
	<b>Subtotal (A):</b>	\$	<u>26,699.55</u>
B. Documented lost wages and compensation to date .....		\$	
C. Documented property damages to dated .....		\$	
D. Reasonably anticipated future medical and hospital expenses .....		\$	
E. Reasonably anticipated lost wages .....		\$	
F. Other documented items of damages (describe below) .....		\$	

**FILED**  
 IN THE OFFICE OF THE  
**CLERK OF COURTS**  
 FOR THE COUNTY OF MIDDLESEX  
  
**OCT 28 2019**  
  
  
**CLERK**

G. Briefly describe plaintiff's injury, including the nature and extent of injury:  
Facial fractures, broken tooth requiring root canal treatment

**TOTAL (A-F):** \$ 26,699.55

**CONTRACT CLAIMS**  
(attach additional sheets as necessary)

Provide a detailed description of claims(s): \_\_\_\_\_ **TOTAL:** \$ \_\_\_\_\_

**Signature of Attorney/Pro Se Plaintiff: X** Susan M. Bourque      **Date:** 10/23/19

**RELATED ACTIONS:** Please provide the case number, case name, and county of any related actions pending in the Superior Court.

**CERTIFICATION PURSUANT TO SJC RULE 1:18**

I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.

**Signature of Attorney of Record: X** Susan M. Bourque      **Date:** 10/23/19