

CIVIL ACTION COVER SHEET

TRIAL COURT OF MASSACHUSETTS  
SUPERIOR COURT DEPARTMENT

DOCKET NO. 15-3356D

COUNTY SUFFOLK

OF  
Eeva Vasquez, PPA, Herica  
PLAINTIFF(S) Vasquez and Herica Vasquez,  
Individually

Brigham & Women's Hospital, Dr. David  
I. Shalowitz, Dr. Stephanie E.  
DEFENDANT(S) Dukhovny, Dr. Katherine D. Pocius, Dr.  
Julianna Schantz-Dunn, Dr. Doe, and

Type Plaintiff's Attorney name, Address, City/State/Zip  
Phone Number and BBO#

Type Defendant's Attorney Name, Address, City/State/Zip  
Phone Number (If Known)

David P. Angueira BBO #: 019610  
Swartz & Swartz, P.C.  
10 Marshall Street  
Boston, MA 02108  
(617) 742-1900

TYPE OF ACTION AND TRACK DESIGNATION (See reverse side)

CODE NO.	TYPE OF ACTION (specify)	TRACK	IS THIS A JURY CASE?
B06	Medical Malpractice - Average Track		<input checked="" type="radio"/> Yes <input type="radio"/> No

The following is a full, itemized and detailed statement of the facts on which plaintiff 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		
2. Total doctor expenses		
3. Total chiropractic expenses		
4. Total physical therapy expenses		
5. Total other expenses (describe)		
	Subtotal	\$ 47,551.77+
B. Documented lost wages and compensation to date		
C. Documented property damages to date		
D. Reasonably anticipated future medical expenses		
E. Reasonably anticipated lost wages and compensation to date		
F. Other documented items of damages (describe)		
G. Brief description of plaintiff's injury, including nature and extent of injury (describe)		
As a direct and proximate result of the negligence and carelessness of the Defendants, Plaintiff's Eeva and Herica Vasquez were caused to suffer pain, major injuries, and incurred medical expenses past and present.		Total \$ 47,551.77+

**CONTRACT CLAIMS**

(Attach additional sheets as necessary)

Provide a detailed description of claim(s):

TOTAL \$.....

PLEASE IDENTIFY, BY CASE NUMBER, NAME AND COUNTY, ANY RELATED ACTION PENDING IN THE SUPERIOR COURT DEPARTMENT

"I hereby certify that I have complied with the 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."

Signature of Attorney of Record  
A.O.S.C. 3-2007

*David P. Angueira*  
David P. Angueira, Esq.

Date: November 4, 2015