

CIVIL ACTION COVER SHEET

DOCKET NUMBER

**Trial Court of Massachusetts
The Superior Court**



COUNTY Suffolk Superior Court (Boston)

Plaintiff Kiley Flammia	Defendant: Brighton Amigos, Inc. d/b/a Los Amigos Taqueria
ADDRESS: 2 Bowdoin Street	ADDRESS: 366 Washington Street
Everett, MA	Brighton, MA
Plaintiff Attorney: Brian P. Harris, Esq.	Defendant Attorney:
ADDRESS: Harris & Associates, P.C.	ADDRESS:
100 State Street, 10th Floor	
Boston, MA 02109 (617) 523-1100	
BBO: 223240	BBO:

TYPE OF ACTION AND TRACK DESIGNATION (see instructions section on next page)

CODE NO. B05	TYPE OF ACTION (specify) products liability	TRACK A	HAS A JURY CLAIM BEEN MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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*If "Other" please describe:

Is there a claim under G.L. c. 93A?

YES NO

Is there a class action under Mass. R. Civ. P. 23?

YES NO

STATEMENT OF DAMAGES REQUIRED BY G.L. c. 212, § 3A

The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff's counsel relies to determine money damages. (Note to plaintiff: for this form, do not state double or treble damages; indicate single damages only.)

TORT CLAIMS

A. Documented medical expenses to date

- | | |
|--|---------------|
| 1. Total hospital expenses | \$15,000.00 + |
| 2. Total doctor expenses | \$3,000.00 + |
| 3. Total chiropractic expenses | TBD |
| 4. Total physical therapy expenses | \$1,000.00 + |
| 5. Total other expenses (describe below) | TBD |

Subtotal (1-5): \$19,000.00 +

B. Documented lost wages and compensation to date

\$10,000.00 +

C. Documented property damages to date

D. Reasonably anticipated future medical and hospital expenses

E. Reasonably anticipated lost wages

F. Other documented items of damages (describe below)

TOTAL (A-F): \$29,000.00 +

G. Briefly describe plaintiff's injury, including the nature and extent of the injury:

Plaintiff developed Salmonella food poisoning after eating contaminated food. Injuries include reactive arthritis causing difficulty walking and inability to work; also, weight loss, high fevers, need for cortisone injections, etc.

CONTRACT CLAIMS

This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement. Mass. R. Civ. P. 8.1(a).

Item #	Detailed Description of Each Claim	Amount
1.		
Total		

Signature of Attorney/Self-Represented Plaintiff: X _____

Date: _____

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

CERTIFICATION UNDER S.J.C. RULE 1:18(5)

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

Signature of Attorney: X /s/ Brian P. Harris

Date: 11/29/23