

CIVIL ACTION COVER SHEET	DOCKET NUMBER 22-2121H	Trial Court of Massachusetts The Superior Court
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PLAINTIFF(S): Massachusetts Department of Transportation ADDRESS: 10 Park Plaza Boston, MA 02116	COUNTY: Suffolk DEFENDANT(S): Joseph Quill
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ATTORNEY: Patrick Johnston ADDRESS: Johnston Law Office 141 Tremont Street, 3rd Floor Boston, MA 02111	ADDRESS: 318 Esperance Rd Esperance, NY 12066
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BBO: 634415

CODE NO.	TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)	TRACK	HAS A JURY CLAIM BEEN MADE?
AB1	Tortious Action Involving Commonwealth	A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

*If "Other" please describe:

YES NO Is there a claim under G.L. c. 93A?
 YES NO Is this a class action under Mass. R. Civ. P. 23?

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's 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 | \$ _____ |
| 2. Total doctor expenses | \$ _____ |
| 3. Total chiropractic expenses | \$ _____ |
| 4. Total physical therapy expenses | \$ _____ |
| 5. Total other expenses (describe below) | \$ _____ |
| Subtotal (A): | \$ _____ |
- B. Documented lost wages and compensation to date \$ _____
- C. Documented property damages to date \$ 850,000
- D. Reasonably anticipated future medical and hospital expenses \$ _____
- E. Reasonably anticipated lost wages \$ _____
- F. Other documented items of damages (describe below) \$ _____

G. Briefly describe plaintiff's injury, including the nature and extent of injury:
 Substantial damage to support beams of Interstate 90 overpass bridge.

TOTAL (A-F): \$1,850,000

CONTRACT CLAIMS

(attach additional sheets as necessary)

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

TOTAL: \$ _____

Signature of Attorney/ Unrepresented Plaintiff: X Date: Sep 14, 2022

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 Date: Sep 14, 2022