CIVIL ACTION COVER SHEET

DOCKET NUMBER: 2177CV00858D

Trial Court of Massachusetts
The Superior Court

COUNTY: Essex

PLAINTIFF(S):	JAMES MONTAGNINO
ADDRESS:	186 MAIN STREET GLOUCESTER, MA 01930
ATTORNEY:	Orestes G. Brown
ADDRESS:	Metaxas Brown Pidgeon LLP 900 Cummings Center, Suite 207T Beverly, MA 01915
BBO:	566431
DEFENDANT(S):	NICHOLAS OSGOOD (5 Partridgeberry Lane, South Hamilton, MA); SHAWN HYNES (5 Elmlawn Road, Braintree, MA); DAVID HYNES (526 West St., Braintree, MA); NSDJ REAL ESTATE, LLC (613 Pleasant St., Weymouth, MA); ADDRESS: NSD SEAFOOD, INC. (159 East Main St., Gloucester, MA)

RECEIVED
8/20/2021

TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)

CODE NO.	TYPE OF ACTION (specify)	TRACK	HAS A JURY CLAIM BEEN MADE?
B99	Other tortious action	F	☐ YES ☒ NO

*If "Other" please describe:

Is there a claim under G.L. c. 93A? ☒ YES ☐ NO

Is this a class action under Mass. R. Civ. P. 23? ☐ YES ☒ NO

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 $2,500,000
D. Reasonably anticipated future medical and hospital expenses ..... $
E. Reasonably anticipated lost wages ..... $
F. Other documented items of damages (describe below) ..... $

Loss of Income: $320,000

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

TOTAL (A-F): $2,820,000.00

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:**

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:** Aug 19, 2021