

Commonwealth of Massachusetts

MUNICIPAL COURT OF THE CITY OF BOSTON FOR CIVIL BUSINESS

Suffolk, ss Claim for Compensation for Victims of Violent Crime (G. L. c. 258A)

Civil No. 073202 BHC CIVIL BUSINESS

THOMAS L. SHAY

(Claimant)

CLAIM FOR COMPENSATION

(Rule 150(a))

Name of Claimant Thomas L. Shay Soc. Sec. No. 046-16-7255 Date of Birth 9/13/21
Address 491 Huntington Avenue, Boston, MA 02115 Tel. No. No Home phone reached at 232-63
Name of Victim Thomas L. Shay Soc. Sec. No. 046-16-7255 Date of Birth 9/13/21
Address 491 Huntington Avenue, Boston, MA 02115
Name and address of Victim's employer None

Relationship of Claimant to Victim Same person
Date of crime 7/18/83 Place Symphony Station MBTA - Outbound

To whom was the crime reported? MBTA Police; Boston Police Date reported 7/18/83 Time reported 11:30 AM

Name and address of attending physician

Name and address of hospital where Victim was treated Boston City Hospital, 818 Harrison Avenue, Boston, Mass. 02118

Claimant's attorney's name Address Tel. No.

Total amount of medical bills and other expenses claimed: \$ 4,949.24

Total amount of lost wages or support claimed: \$

Has the Claimant received or is the Claimant entitled to receive reimbursement from any other source for the amount herein claimed? Yes No If the answer is "yes," please state:

- 1. From whom reimbursement has been received or is expected to be received:
2. Amount of such reimbursement or expected reimbursement: \$

If the Victim died as a result of the crime, please state whether the Victim was covered by life insurance, the name of the insurance company and the face amount of the policy:

Statement of Claimant as to Circumstances of Crime and Damages (attach extra sheets as needed): See Attached.

Name and address of witnesses (if any):

Signed under the pains and penalties of perjury. Thomas L. Shay (Claimant or parent or guardian)

Date of receipt by court (to be completed by the Clerk) 7/16/89 (Assistant) Clerk

*You need not disclose your Social Security Number. G. L. c. 258A, s. 1, authorizes the Attorney General to investigate claims for compensation for victims of violent crime. Your Social Security Number will be used by the Attorney General to verify your relationship to the victim and other sources of compensation available to you. Disclosure of this information will speed this process.

White copy for court
Pink copy for A.G.

Commonwealth of Massachusetts

MUNICIPAL COURT OF THE CITY OF BOSTON FOR CIVIL BUSINESS

Suffolk, ss Claim for Compensation
for Victims of Violent
Crime (G. L. c. 258A)

Civil No.

073202

Thomas L. Shay
(Claimant)

DISMISSAL OF CLAIM

(Rule 150(c))

Judgment of dismissal of the above-captioned claim of Thomas L. Shay
(name)
has been entered based on claimant's failure to make a timely response to questions sent to claimant by the Attorney General.

March 5, 1987
(date)

[Signature]
(Assistant Clerk)

A true copy: Attest

(Assistant Clerk)

White copy for court
Pink copy for A.G.
Yellow copy for claimant

73202

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS.

BOSTON MUNICIPAL COURT

C.A. NO. 07302

_____)
THOMAS L. SHAY)
VS.)
COMMONWEALTH OF MASSACHUSETTS)
_____)

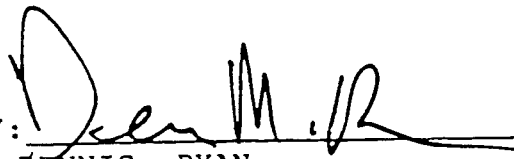
DEFENDANT'S ANSWER

Now comes the Attorney General on behalf of the Commonwealth of Massachusetts and says that pending further investigation the Commonwealth of Massachusetts neither admits nor denies the allegations of the claim at this time.

And further answering, the defendant says the cause of action is barred by reason of the Statute of Limitations; petition was not brought within the time allowed by M.G.L. c. 258A, §4.

By its attorney,

FRANCIS X. BELLOTTI
Attorney General

BY: 
 DENNIS RYAN
 Assistant Attorney General
 One Ashburton Place
 Boston, MA 02108
 Tel. No. (617) 727-2232

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS.

BOSTON MUNICIPAL COURT
C.A. NO. 073202

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THOMAS L. SHAY

vs.

COMMONWEALTH OF MASSACHUSETTS

DEFENDANT'S INTERROGATORIES
TO BE ANSWERED UNDER OATH
BY THE PLAINTIFF

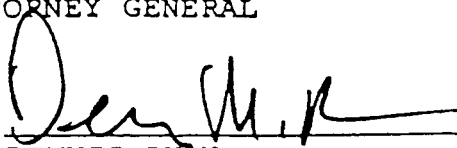
Each question must be answered in writing. Within thirty days after you receive these questions you must mail your written answers to the court and mail a copy of those written answers to the Attorney General. This 30-day time limit may be modified by a written agreement with the Attorney General, filed in court, upon motion, for good cause shown. If you fail to send answers within the time allowed, your claim may be dismissed.

1. Please state your full name, date of birth, residence address, occupation, social security number and business address.
2. Describe fully and completely how you were injured including as part of your answer the date, place, time and a description of the incident which caused you to be injured.
3. If there were any witnesses to the alleged crime, please so state, giving their names and address.
4. If you are able to identify the alleged offender, please so state giving name and address.
5. If the crime was reported to a police department, please state:
 - (a) who reported the offense?
 - (b) the date the offense was reported?
 - (c) to which police department was the offense reported?
6. Were you working in the course of your employment at the time that you were injured?
7. With reference to your injuries, please state:
 - (a) the dates and time when you were absent from work on account of the injuries suffered.
 - (b) the name and address of your employers, if self-employed, describe fully the nature of your occupation and usual place of business.
 - (c) the total amount of earnings lost as a result of your absence from work.
 - (d) did you receive any income whatsoever from your employer or if you are self-employed from your business on account of or during your absence from work; if so, please explain.

8. With reference to your injuries, please state:
- (a) the nature and extent of your injuries;
 - (b) the names and addresses of your physicians or physician;
 - (c) the date and nature of each treatment;
 - (d) the amount of physiciain's bills and charges;
 - (e) if you required x-rays, please state the date thereof;
 - (f) if you required treatment at a hospital, please state the name and address of the hospital, date of admission, date of discharge, treatment received and the total amounts of the hospital bill;
 - (g) if you received out-patient treatment at a hospital please state the dates of treatment, and the total amounts of the hospital bill;
 - (h) if you required dental treatment, please state:
 - (a) the name and address of your dentist, dates of treatment, treatment received and the total amount of the dentist's bill.
9. Please list all out-of-pocket expenses, including drugs, and nursing expenses that you incurred.
10. Please list all reimbursements that you received or that you may receive, or that were paid in your behalf on account of lost wages, medical and other expenses, from public or private insurance programs, such as Workman's Compensation, Blue Cross, Blue Shield, Life and Accident and Health Insurance or from union and fraternal organization or from Welfare or the Veteran's Aministration, giving the dates of receipt, the amounts received and from whom the monies were received. If the claimant was or is receiving Veteran's Benefits be sure and include the VA file number.
11. Did you receive any monies from or on behalf of the offender (alleged criminal)?
12. If you are related to the offender, please state your relationship.
13. Have you ever lived with or been married to the offender:

By its attorney,

FRANCIS X. BELLOTTI
ATTORNEY GENERAL

BY: 
DENNIS RYAN
Assistant Attorney General
Civil Bureau
One Ashburton Place
Boston, MA 02108
(617) 727-2232

COMMONWEALTH OF MASSACHUSETTS
DISTRICT COURTS OF MASSACHUSETTS

Suffolk

SS. BUSINESS

Boston Municipal Court

Claim for Compensation for
Victims of Violent Crime
(G.L. c. 258A)

SEP 22 10 45 AM '86

Docket No: 073202

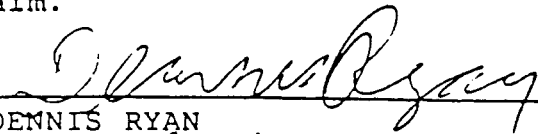
Thomas L. Shay
Claimant

APPLICATION FOR JUDGMENT OF DISMISSAL
(RULE 150 (c))

The Attorney General for the Commonwealth of Massachusetts states that on July 24, 1984 questions were sent to the claimant, Thomas L. Shay of 491 Huntington Avenue Boston, MA involving the claim captioned above, that a copy thereof was duly filed in court, and that allowing a reasonable time for transit in the mail, the claimant has failed to make a timely response to those questions.

The 30-day period allowed for answer (or such other period as was specified by written agreement of the parties or by order of the court) expired on August 24, 1984.

WHEREFORE application is made that final judgment be entered dismissing the above-captioned claim.


DENNIS RYAN
Attorney for the Comm. of Massachusetts
Torts, Claims & Collections
One Ashburton Place, 18th floor
Boston, MA. 02108

September 18, 1986
(date)

STATEMENT OF THOMAS L. SHAY as to Circumstances of Crime and Damages:

On July 18, 1983 I was coming home from shopping, with a bag of groceries. I went to Symphony Station (Outbound) to go home. There was one black man sitting on the bench and I sat beside him. No one else was in the station. The man asked me for the time. As I looked at my watch he hit me in the face and stunned me. We struggled, he grabbed my arm and threw me on the cement platform. He ripped my pants pocket, stealing my wallet with Driver's license, MBTA card, and seven dollars. He stole my ring and then took off out of the station.

I was taken to Boston City Hospital by ambulance and kept there for x-rays and treatment until 5:00 P.M. My nose was broken. I had to go back to the hospital for follow-up several times and may have to have more surgery on my nose.

As a result of assault and robbery, I suffered a broken nose (medical bills listed below) and loss of my personal property - ring, wallet, license, MBTA pass, \$7.00, and pair of pants. I also had to get my eyeglasses fixed and incurred travel costs to the doctors/hospital.

The following is a list of my medical bills as a result of this crime:

7/18/83	Boston City Hospital --- Ambulance	\$ 200.00
	Associated Radiologists of Boston, Inc. -- X-Rays	15.00
	Boston City Hospital -- Emergency Floor Visit	300.00
7/20/83	Boston City Hospital -- Nasal Bones - 3 Views	374.00
7/22/83	Boston City Hospital -- ENT Clinic plus other charges	510.00
8/12/83	Boston City Hospital -- Primary Care Clinic and other charges	817.50
	Boston City Hospital -- ENT Clinic plus other charges	1,343.60
	Associated Radiologists of Boston, Inc. -- X-Rays	19.00
8/23/83	Boston City Hospital -- Balance at Discharge	1,370.14
	Total	<hr/> \$4,949.24

Signed under the pains and penalties of perjury,

Thomas L. Shay
Thomas L. Shay