IN THESTATE	OURT OF COUNTY F
Petitioner/Plaint Vs. Respondent/Defenda)) NO))
	OMPLAINT
	
	AUSE OF ACTION
	nistrator of the Estate of, deceased, allege
	,, A, B
and C, as follows:	
1. On or about the	lay of, 20, underwen
coronary bypass surgery at	ospital.
2. On or about this date, wh	e was under the care of the defendants
said defendants incorrectly or improperly	passed an endotracheal tube into'
esophagus.	
3. As a proximate of	nsequence of the actions of the defendant
, as set forth hereinabo	e, suffered deprivation of

to her brain for a period of time and a full cardiopulmonary arrest which
resulted in her death on the day of, 20
4. Plaintiff further avers that the defendants were guilty of negligence in one o
more of the following ways:
a. Negligently failing to provide with adequate and timely medica
care and treatment;
b. Negligently failing to attend and treat;
c. Negligently inserting or placing an endotracheal tube into
esophagus so as to deprive her brain of oxygen and cause the
aforementioned damages;
d. Negligently failing to diagnose the incorrect placement of the endotrachea
tube and to correct the placement in the trachea before brain damage and
death occurred.
5. Further, the defendants,, A, B, and/or
C, are vicariously liable for the actions of the defendant, who was
employed by Hospital,, A, B, and/or C, and who was
acting as agent of said defendants at the time he negligently rendered care to
WHEREFORE, the plaintiff,, as Administrator of the Estate o
deceased, demands judgment against the defendants,
A, B, and C, for general damages plus interest and cost.

Respectfully submitted,	
Dated:	
Name: Title: Address: Address: City, State, Zip: Phone: Fax: E-Mail: Attorney No.:	
CERTIFICATE OF SERVICE	
I,, do hereby certify that I have this day mai	led,
U.S. Mail, postage prepaid, a true and correct copy of the above and foregoing	to
, at the following addi	ess;
THIS the day of, 20	