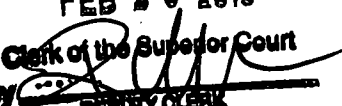


1 John Molloy  
2 1491 Sequoia Ave  
3 San Bruno, Ca. 94066  
4 650-539-9124  
5 Plaintiff in Pro Per

**FILED**  
**SAN MATEO COUNTY**

FEB 20 2013

Clerk of the Superior Court  
By   
DEPUTY CLERK

7 **SUPERIOR COURT OF CALIFORNIA**  
8 **COUNTY OF SAN MATEO**

9 400 County Center, Redwood City, CA. 94063

10 Jurisdiction: Action is an Unlimited Civil Case(exceeds \$25,000)

11  
12 **Plaintiffs:** JOHN MOLLOY, INDIVIDUALLY AND ) CASE NO. CIV 520065  
13 REPRESENTING PATRICK MOLLOY )  
14 vs. ) **COMPLAINT FOR DAMAGES**  
15 **Defendants:** KAISER FOUNDATION HOSPITALS,) **Medical Negligence Resulting in**  
16 THE PERMANENTE MEDICAL GROUP, INC., ) **Wrongful Death**  
17 DOES 1 through 50, inclusive )  
18 \_\_\_\_\_) **JURY TRIAL DEMANDED**

19  
20 **FACTS COMMON TO ALL CAUSES OF ACTION**

- 21 1) Plaintiff's decedent, BRIDGET MOLLOY(hereinafter also referred to as "BRIDGET" and "Mother") died on  
22 February 27, 2012.
- 23 2) Plaintiff JOHN MOLLOY(hereinafter also referred to as "JOHN") is son of decedent, BRIDGET MOLLOY.
- 24 3) Plaintiff PATRICK MOLLOY is widowed husband of BRIDGET MOLLOY. Plaintiff JOHN MOLLOY is  
25 representative and caretaker for father PATRICK MOLLOY.
- 26 4) Both Plaintiff JOHN MOLLOY and PATRICK MOLLOY are residents of the State of California and County  
27 of San Mateo and seek damages pursuant to Code of Civil Procedure 377.60-377.62(Wrongful Death).
- 28 5) At all times herein mentioned the defendants KAISER FOUNDATION HOSPITALS and THE

1 PERMANENTE MEDICAL GROUP, INC (hereinafter collectively referred to as "KAISER") are, and were,  
2 corporations conducting business in the County of San Mateo, in the State of California.

3 6) Plaintiff does not know all the true names or capacities, whether individual, corporate, associate, or  
4 otherwise, of Defendants sued herein as DOES 1 through 50, inclusive, and, therefore, sues said Defendants  
5 by the use of fictitious names, and Plaintiff prays leave that when all true names and capacities of said  
6 Defendants are ascertained, they may be inserted herein with appropriate allegations.

7 7) Defendants DOES 1 through 50, inclusive, and each of them, are individuals or other business entities  
8 who at all times stated in this complaint were and are involved with the management, evaluation and care of  
9 BRIDGET MOLLOY and were owners, operators, employees, agents or supervisors of KAISER.

10 8) Hereinafter DOES 1 through 50 are also referred to by their KAISER medical professional titles.

11 9) Hereinafter Defendants KAISER and DOES 1 through 50, are collectively referred to as the  
12 "Defendants".

13 10) Defendant KAISER owns and operates KAISER SOUTH SAN FRANCISCO hospital(hereinafter  
14 referred to as "KAISER SSF" and "the hospital") and is located at 1200 El Camino Real, South San  
15 Francisco, CA 94080 and the act alleged herein occurred at that location.

16 11) Hereinafter references to BRIDGET'S KAISER medical records are referred to as "KMR" and contain  
17 her last 5 years of medical treatment.

18 12) Plaintiff is filing this civil complaint in San Mateo County Superior Court since BRIDGET'S last signed  
19 health insurance application enrollment form did not meet section 1363.1 of the California Health and  
20 Safety Code which protects health care consumers from the consequences of unknowingly waiving their  
21 right to a jury trial.

22  
23 13) On February 22, 2012 around 2pm, PLAINTIFF JOHN accidentally woke his Mother BRIDGET from an  
24 afternoon nap she was taking in her living room recliner chair and discovered her with stroke symptoms:  
25 unable to move her left side and speaking in a slurred and confused voice. JOHN called 911 and within 10  
26 minutes 8 emergency responders arrived at BRIDGET'S home. JOHN was asked by one of the emergency  
27 responders what time BRIDGET started to have stroke symptoms. JOHN replied that BRIDGET was alone  
28 taking a nap when he discovered her and he said the last seen normal time of BRIDGET by either himself

P.J

1 or his elderly father PATRICK was the clock time of 12:30pm. This is considered the stroke onset time  
2 when a stroke patient wakes from a nap and is a critical time to record as a clock time since the stroke  
3 treatment drug is a time sensitive and risky drug.

4 14) BRIDGET was taken from her home for the last time by the ambulance to KAISER SSF. None of  
5 the emergency responders asked JOHN or PATRICK to go to the hospital to repeat the critical stroke  
6 onset time to KAISER or participate in any Family consent decision to give the stroke treatment drug. Nor  
7 did they informed either JOHN or PATRICK that a treatment drug with a deadly risk would be attempted to  
8 be given to BRIDGET. Multiple records indicate that BRIDGET was not alert when the ambulance left to  
9 take her to KAISER SSF.

10 15) At 2:38pm the KMR states that BRIDGET arrived at KAISER SSF.

11 16) At 2:42 pm the KMR indicates that the ambulance information given to KAISER states the Family said  
12 BRIDGET was last seen normal 1 hour ago which is a vague, confusing and an erroneous way of logging the  
13 critical clock time for a time sensitive treatment drug which which again has a deadly risk. Again, JOHN  
14 gave a clock time of 12:30pm back at BRIDGET'S home. The FDA has approved the stroke treatment drug  
15 for only a 3 hour time limit after the stroke onset time.

16 17) At 2:53pm the KMR states KAISER phoned BRIDGET'S home and the patient's husband PATRICK  
17 said that BRIDGET was last see normal at 1:30pm and directed all questions to son JOHN who was on his  
18 way down to the hospital. JOHN later asked his elderly father PATRICK if he ever told KAISER a last seen  
19 normal time and he said he did not. A later evening call from KAISER to PATRICK was logged in the KMR  
20 at 6:09pm and stated that husband PATRICK may be hard of hearing or slightly confused. PATRICK was  
21 also a KAISER member at this time taking a KAISER prescribed medication that had a side effect of  
22 causing confusion.

23 18) At 3:15pm the KMR states BRIDGET gave consent for the stroke treatment drug but no signed consent  
24 form was made even though BRIDGET's right side was functioning(she signs right handed). In additional there  
25 are several KMRs that indicate BRIDGET did not have an alert level to have the KAISER claimed verbal  
26 consent conversation for the stroke drug. The KMR also indicates that our Mother had moderate stroke scores  
27 which were making a dramatic and rapid improvement before the stroke drug could have caused the  
28 improvement. The KMR also states her blood pressure was over the safety limit to give the stroke treatment

1 drug and there was a delay until a blood pressure reduction drug, labetalol, was given to her to get her bp  
2 under KAISER'S stroke drug protocol maximum of 185.

3 19) At about 3:20pm JOHN arrives at KAISER'S SSF ER and the receptionist directs him to BRIDGET'S ER  
4 room. John arrives at the doorway of her ER room where he sees BRIDGET sitting up in her bed facing him  
5 with the foot of the bed about 10 feet from the door and a KAISER ER nurse giving her physical therapy.

6 BRIDGET appears to be in the same state as back at the house, no worst or better. The KAISER ER nurse  
7 quickly closes the privacy curtain around BRIDGET'S bed without saying anything or making eye contact  
8 with JOHN causing JOHN to walk down the ER hallway to a small sitting area where he reads a book for the  
9 next 30 minutes. JOHN figures the KAISER nurse wanted privacy and he has no knowledge yet of the stroke  
10 treatment drug.

11 20) At 3:41pm the KMR states that KAISER began the initial stroke drug infusion injection via IV. This is 11  
12 minutes passed the 3 hour FDA time limit to start the stroke drug which was the last seen normal time of  
13 12:30pm JOHN gave back at the BRIDGET'S home. The administration instructions for the stroke drug  
14 included the following condition to stop the infusion: **"...For acute deterioration in neurological status or  
15 worsening stroke, stop (stroke drug) and get STAT CT scan of head. Notify physician."**

16 21) At 3:46pm the KMR states that KAISER began the 1 hour main stroke drug infusion via IV.

17 22) At around 3:50pm JOHN returns to the doorway of BRIDGET'S ER room. This time the ER Nurse  
18 immediately makes eye contact with him and he introduces himself as JOHN, BRIDGET'S son, and the nurse  
19 says **"Oh, that was you?"**. The nurse then hands JOHN a KAISER information flyer sheet on the stroke  
20 drug. JOHN begins reading the stroke drug flyer and after about 15 seconds the nurse interrupts him from  
21 further reading by pointing to him and asking BRIDGET if she recognizes her son JOHN by saying:  
22 **"There's your son John, Do you recognize him?"** JOHN waved to his Mother and she slowly struggled  
23 with a slurred response that sounded like she did.

24 23) Just after this another KAISER medical person identified as the stroke coordinator in the KMR comes into  
25 the ER room and stands right next to JOHN which again distracts him from further reading the stroke drug flyer.  
26 At the end of the flyer is the drug's brain bleeding death risk which isn't prominently displayed to draw attention  
27 to it. The stroke coordinator begins to talk to me about general stroke information. JOHN quickly interrupts  
28 him and tells him what he knows about his Mother's stroke. The ER Nurse hears my conversation with the

1 stroke coordinator and logs the following in the KRM at 4:11pm(JOHN believes the actual conversation may  
2 have actually been before 4pm):

3 "Per son he woke her up from nap at 1400(2pm) seemed sluggish with I sided weakness and facial  
4 droop he then activated 911."

5 JOHN also tells the stroke coordinator the medications BRIDGET was on thinking it might help. The whole  
6 time in the ER neither the nurse or the stroke coordinator asked JOHN any questions. The stroke coordinator  
7 continues to stand right next to JOHN and continues talking to me about general information about stroke.  
8 The KMR contains no entries about his actions even though the KMR states he is the stroke coordinator.

9 24) JOHN allowed both the nurse and stroke coordinator to distract him from reading the stroke drug flyer  
10 because at this point KAISER has been treating his Mother for over an hour and JOHN assumes that any drug  
11 had already being given. At this point JOHN knew nothing about the lengthy stroke drug check lists or the 1  
12 hour drug infusion time or the 3 hour FDA drug time limit and that information wasn't even in the stroke drug  
13 flyer handed to him. There were no alarm bells going off yet for JOHN at this point because he assumed if the  
14 drug was a dangerous drug then somebody at KAISER would have informed him verbally by now and involved  
15 him in a drug consent decision as there were plenty of opportunities to do so.

16 25) At 4:14pm the KMR states that the ER nurse log that BRIDGET'S speech is improving and she's able to  
17 move her left side. The stroke drug clinical trial showed no benefit after 24 hours of taking it The improvement  
18 must have been due to the body's natural ability to recover from a moderate ischemic stroke and also from the  
19 physical therapy that the nurse was giving her.

20 26) At 4:49pm the KMR states that the 1 hour stroke infusion has completed. Some where between this  
21 time and 5pm JOHN sees his Mother looking like she's getting nauseated and the ER nurse gets a very  
22 concerned look on her face. A look of headache, nausea or worsening condition during or after the stroke  
23 drug infusion is a sign that the drug is starting to cause internal bleeding.

24 27) At 5pm the KMR states that the ER nurse logs that BRIDGET'S condition has now turned and gotten  
25 worst and that the patient is now unable to move left side and has become more lethargic and that the ER MD  
26 is informed.

27 28) At 5:02pm the KMR states that the ER MD logs that BRIDGET has a look of a headache and the ER MD  
28 request for a CT scan.

1 29) BRIDGET is taken out of the ER room and JOHN is not allowed to see her or receive any information on  
2 her for the next 5 hours.

3 30) At 5:15pm the KMR states that a CT scan was taken which later showed no brain bleeding but it is not  
4 unusual for a drug induced brain bleed to show on a CT scan this early after internal bleeding begins.

5 31) At around 5:30pm, John returns to the main ER waiting room when he finally gets the chance to  
6 completely read the stroke drug flyer without being interrupted and at the end of the flyer he reads about the  
7 brain bleeding risk that could lead to death. JOHN goes back up to the receptionist several times asking for  
8 information and if he could see his Mother and the receptionist can't help. At around 7pm John tells the  
9 receptionist to phone him when she was some information and JOHN returns home to care for his elderly  
10 Father PATRICK.

11 32) At 6:19pm the KMR states that prophylaxis(pepcid) is ordered. Prophylaxis can be used to prevent  
12 bleeding in the gastrointestinal tract.

13 33) At 6:24pm Zefran ordered is ordered for vomiting.

14 34) At 6:29pm the KMR states BRIDGET'S blood pressure is at 188 which is over the KAISER'S post drug  
15 limit of 185. The KMRs are missing vital sign checks for 1 hour and 31 minutes starting from 6:29pm to 8pm

16 35) At 6:38pm the KMR states that the blood pressure reduction drug Labetalol and Zofran for vomiting are  
17 given.

18 36) At 7:28pm the KMR states Labetalol is again given again for high blood pressure.

19 37) At 8pm the KMR states her BP is logged as 191 and her BP stays in the range of 188 to 224 until 10pm  
20 when it has been reduced to 160.

21 38) At 8:34pm the KMR states Labetalol is again given to reduce BP.

22 39) At 9:21pm the KMR states Reglan(for vomiting) is given.

23 40) At 9:46pm the KMR states a CT Scan is ordered by a KAISER MD.

24 41) At 10pm the KMR states her BP is finally lowered to 160 and about this time JOHN receives a phone call  
25 at home stating that BRIDGET is in very serious condition and come down to the hospital at once.

26 42) At 10:18pm the 2nd CT scan after stroke drug infusion is done.

27 43) At around 10:30pm PATRICK and JOHN arrived at the hospital and they are informed of BRIDGET'S  
28 critical condition and poor prognosis. KAISER told them that BRIDGET may not survive through the night. They

1 were asked about the DNR and they both discussed it and agreed to it and that was the only issue KAISER  
2 had asked an answer from them on; they were never consulted on any other interventions that may help her  
3 condition.

4 44) At 10:34pm the KMR states that the CT scan taken at 10:18pm reveals a large brain bleeding  
5 hemorrhage.

6 45) At around 11pm PATRICK and JOHN finally see BRIDGET, 6 hours after JOHN last saw her. BRIDGET  
7 is visibly in pain and occasionally vomits. They stay with her until about 2:30am.

8 46) Personal Observations on Family visits for the next 4 days(Thursday 2/23/12 to Sunday 2/26/12):  
9 For the next 4 days our Family visits our Mother twice a day: around the middle of the day and late in the  
10 evening. On 2/23(Thursday) our Mother continues to be in visible pain She can barely utter any words. She  
11 was able to murmur to us that she was cold and we had the nurse put some extra blankets over her. Our  
12 Mother was also treated with Mannitol in attempt to manage her brain swelling due to her brain bleeding. The  
13 first dose of 50g of Mannitol was given on 2/22 at 11:53pm. On Thursday(2/23) and Friday(2/24) several 25 mg  
14 doses of Mannitol were given to her. On 2/25/12(Saturday) Mannitol was tapered down to 12.5mg doses and  
15 this coincided with a significant deterioration in her condition when she became unconscious. Also subsequent  
16 CT scans showed increases in the brain bleeding hemorrhage.

17 47) On 2/23 at 7:28am the KMR states that the KAISER nuerologist who gave the go ahead for the stroke  
18 drug the day before stated: "Pt received (stroke drug) yesterday. Follow CT shows large bleeding with  
19 midline shift. HBS has talked to NS, not a good surgical candidate. She can answer yes to some  
20 questions. Lethargic. Moving right side, left side flaccid. A&P: Bleeding after (stroke drug)...:

21 48) On 2/23/12 at 8:58pm the KMR states another KAISER MD who had spoken to JOHN earlier in the day  
22 stated "...Discussed that decision for thrombolytic therapy was made by neurologist that considering  
23 all factors, benefits would outweigh risks for pt although clearly there is a risk for bleeding with  
24 thrombolytic tx."

25 49) On Sunday 2/26/12 at around 9pm JOHN received a call at our home from KAISER with information that  
26 BRIDGET had taken another turn for the worst and to come down to the hospital at once. Both JOHN and his  
27 brother head down to the hospital. When they arrived at KAISER SSF we were told our Mother had a serious  
28 respiratory problem that would likely lead to pneumonia and that our Mother would likely die in pain within

1 hours. Kaiser suggested comfort care. JOHN and host brother discussed the situation and agreed with  
2 Kaiser's recommendation.

3 50) JOHN held his MOTHER'S hand for 6 hours while increased comfort care was given to her all the  
4 while knowing that the stroke drug that was given to her while she was not alert was leading her to death.

5 51) At around 2am JOHN'S back was starting to give him pain and he asked the Nurse if he could bring a  
6 couple of armless chairs from the ICU waiting room into the ICU room so he could lay flat on his back while  
7 he continued to hold his Mother's hand while she died and the Nurse refused his request and the following  
8 was logged in KMR by the Nurse:

9 **"..He became very agitated and yelling "you people killed my mother with that damn medicine...  
10 He continue to state "They snuck in behind the curtain and gave her that damn medicine without  
11 my permission and now she is dead."**

12 The reference to the curtain was the privacy curtain around BRIDGET'S ER bed that the ER nurse closed  
13 in front of me back on Wednesday 2/22/12 at 3:20pm.

14 52) Just after 4am on Monday morning 2/27/12 JOHN's MOTHER stop breathing and died.  
15 John spent the next 30 minutes praying for her when a young KAISER MD came into the ICU room and stood  
16 across from his dead Mother and asked if there was anything he could do to help and JOHN turned to his  
17 dead Mother and asked the MD if could help her. JOHN then told him what he thought about KAISER'S  
18 stroke treatment and the MD logged in the KMR as follows: **".. Unfortunate case, patient developed  
19 stroke followed by hemorrhagic conversion after (stroke drug)... He is very frustrated by mother's  
20 condition and requests complete investigation into the healthcare that we provided. I told son that  
21 an appropriate investigation was already underway..."**

22  
23 53) KAISER failed to obtain written consent to give the stroke drug even though BRIDGET right writing hand  
24 was functioning. KAISER claimed they received verbal informed consent from BRIDIGET for the drug but that  
25 was not possible since there are multiple records indicating BRIDGET was not alert before the stroke drug  
26 was given.

27 54) KAISER failed to confirm the stroke onset time with JOHN even though he was in the ER 20 minutes  
28 before the stroke drug delivery started and during most for the 1 hour stroke drug infusion.



1 55) KAISER failed to log a clearly established time of stroke onset as KAISER'S stroke drug protocol  
2 requires. There are several different stroke onset times in the KMR none of which are the correct 12:30pm  
3 time JOHN gave the paramedics back at the house. KAISER knew JOHN was in the ER 20 minutes before  
4 the stroke drug delivery because of the earlier phone call to BRIDGET'S husband who told KAISER that his  
5 son JOHN is on his way down to the hospital and ask all questions to him. Both the ER receptionist and  
6 ER Nurse failed to confirm the stroke onset time with JOHN.

7  
8 56) KAISER failed to maintain blood pressure under KAISER limit of 185 and the stroke drug manufacturer  
9 states that there may be an increased risk of bleeding if blood pressure goes over 175 and patient's age is  
10 over 75.

11 57) KAISER failed to check blood pressure every 10 minutes as indicated in the KMR. About every 15  
12 minutes a BP reading was taken but the KMR indicates gaps in the interval including one critical 23 minute  
13 gap during the 1 hour drug infusion when the next reading taken was over the 185 limit.

14 58) The KMR states that early in the 1 hour stroke drug infusion at 4:11pm JOHN is quoted as saying in  
15 the ER "Per son he woke her up from nap at 1400(2pm)". Kaiser failed to confirm the stroke onset time  
16 or realize that a stroke patient waking up from sleep is an exclusion reason for giving the stroke drug. Also  
17 BRIDGET had a rapidly improving stroke score of 14 to 5 in the 38 minutes between 3:28pm and 4:06pm  
18 which started before the stroke drug was given and reached 5 before the half way point of the stroke drug's 1  
19 hour infusion. The NIH stroke score is on a scale is 0 to 42 with 0 being no symptoms and 42 being the most  
20 severe. The stroke durg is only is only advised for a medium ischemic stroke. A rapidly improving stroke score  
21 is an exclusion reason for not given the stroke drug and the stroke drug clinical trial test showed no  
22 improvement after 24 hours of the drug being given. BRIDGET's moderate stroke symptoms were not a  
23 life-threatening emergency. Brain cells die within minutes of being deprived of blood yet a person can make  
24 a significant natural improvement on their own and with no risk physical therapy and that's what BRIDGET  
25 was experiencing during this time of rapid stroke improvement. KAISER failed to realize the stroke drug  
26 delivery at this point was violating protocol rules and either the nurse or the stroke coordinator should have  
27 halted the delivery of the stroke drug preventing the fatal brain bleeding hemorrhage that was to follow.

28 59) In early June of 2011 several months before BRIDGET'S stroke, KAISER evaluated her for a possible mini

1 stroke and the KMR states that a CT scan was denied. A CT scan could have shown evidence of a mini  
2 stroke and KAISER could have given her a blood clot preventer like Warfarin to prevent any future stroke.  
3 Whether a CT scan was given or not, Kaiser suspected BRIDGET of having a mini stroke and therefore failed  
4 to use this as an appropriate time to inform BRIDGET and her Family of the stroke treatment drug and its  
5 claimed benefit and risk so that the Family could verify the claims as accurate and discover any controversy  
6 or alternative treatments like traditional natural recovery and physical therapies or other promising drugs like  
7 Enbrel which early tests show significant benefit and minimal risks.

8 60) KAISER is one of the largest health providers in San Mateo County and meets with the County Health  
9 Department several times a year. The Health Department takes the medical advice from local County  
10 hospitals to develop emergency response protocols which include stroke. KAISER has a partially  
11 responsibility for the County not having the 911 operators and emergency responders record a clock time for  
12 stroke onset time and having a Family member go down to the hospital with a stroke patient to confirm the  
13 critical stroke onset time and participate in a stroke drug consent decision.

14  
15 **CAUSE OF ACTION: Medical Negligence Resulting in Wrongful Death**

16 61) Plaintiffs JOHN and PATRICK MOLLOY hereby incorporates by reference Paragraphs 1 through 60 and  
17 realleges the same as though set forth in full herein.

18 62) Defendants had a duty to provide medical care to BRIDGET in accordance with the standards of the  
19 medical profession.

20 63) Defendants breached their duty of care owed to BRIDGET by, among other things, failing to obtain  
21 informed consent for the stroke drug and failing to administer the stroke drug within established protocols,  
22 failing to confirm the stroke onset time despite multiple opportunities to do so, failing to provide timely and  
23 complete information on the stroke drug in order for BRIDGET to make a possible future informed consent  
24 decision when a suspected mini stroke occurred to her several months prior, failing to advise the San Mateo  
25 County Health Department to have 911 operators and responding emergency paramedics record a clock time  
26 to stroke onset time (or last seen normal clock time when patient wakes from sleep) and failing to request a  
27 family member to go to hospital to confirm stroke onset time and participate in Family consent for the stroke  
28 drug.

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64) As a result of the Defendant's failure to provide BRIDGET with adequate and appropriate medical care, Defendants' negligently administered the stroke drug for her moderate, non-life-threatening stroke symptoms which caused her to have a massive brain bleeding hemorrhage which Defendants could not stop and as a result PATRICK'S husband and JOHNS Mother, BRIDGET, died at KAISER 4 1/2 days later.

65) As the direct and proximate result of the foregoing and the death of BRIDGET, PLAINTIFFS PATRICK MOLLOY and JOHN MOLLOY have been deprived of a kind and loving Spouse and Mother and of BRIDGET's care, comfort, society, protection, love, companionship, affection, solace, moral support, loss of marital consortium, physical assistance in the operation and maintenance of the home, and financial support. PLAINTIFFS also have suffered from extraordinary mental anguish, pain and suffering and also Compensatory Damages which include Medical expenses, Funeral expense and value of household services.

66) By reason of the foregoing, Defendants may have acted with malice, fraud or oppression as defined in Civil Code 3294 and the PLAINTIFFS may, therefore, also be entitled to recover punitive damages.

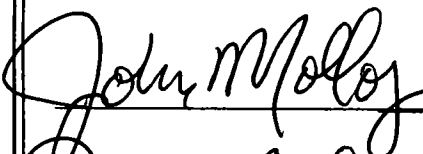
**PRAYER FOR RELIEF**

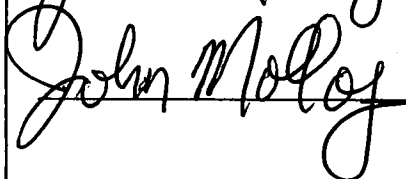
WHEREFORE, Plaintiffs pray judgment as follows:

As to the First Cause of Action:

1. For General Damages(Non Economic): mental anguish, pain and suffering, Father's loss of consortium with a spouse, loss of a loved one's companionship, comfort, care, affection, love, moral support, guidance, mentoring and society; amount to to be determined.
2. For Compensatory Damages(Economic, Special); Medical expenses, Funeral expense, value of household services, loss pension benefits; amount to to be determined.
3. For Punitive Damages pursuant to Civil Code section 3294-3296 according to proof at trail;
4. For Judgment Interest pursuant to Code of Civil Procedure section 685.010;
5. For Costs of Lawsuit and for such other and further relief as the Court may deem proper and just.

Respectfully submitted,

 (John Molloy, Plaintiff in Pro Per) Dated: 2/20/2013

 (John Molloy as Power of Attorney for father Patrick Molloy)

**Plaintiffs demands Jury Trial**