# IN THE UNITED STATES DISTRICT COURT <br> DISTRICT OF NEW JERSEY <br> NEWARK DIVISION 

IN RE: PROTON-PUMP INHIBITOR PRODUCTS LIABILITY LITIGATION (NO. II)

This Document Relates to:
Marie Orcutt as personal representative of the Estate of Earl Orcutt Deceased

MDL No. 2789
Case No.: 2:17-md-2789 (CCC)(MF)

## FIRST AMENDED SHORT FORM COMPLAINT AND JURY DEMAND

The Plaintiff(s) n a m e d belo w file(s) this First Amended Short Form
Complaint and Demand for Jury Trial against Defendants named below by and through their undersigned counsel and as permitted by Case Management Order No. 7. Plaintiff(s) incorporate(s) by reference the allegations contained in Plaintiffs' Master Long Form Complaint and Jury Demand in In re: Proton-Pump Inhibitor Products Liability Litigation, MDL 2789, in the United States District Court for the District of New Jersey pursuant to Case Management Order No. 7.

In addition to those causes of action contained in Plaintiffs' Master Long Form Complaint and Jury Demand, where certain claims require specific pleadings and/or amendments, Plaintiff(s) shall add and include them herein.

## IDENTIFICATION OF PARTIES

## Identification of Plaintiff(s)

1. Name of individual injured/deceased due to the use of PPI Product(s): Earl Orcutt
$\qquad$
2. Consortium Claim(s): The following individual(s) allege damages for loss of
consortium: $\qquad$ .
3. Survival and/or Wrongful Death Claims:
a. Plaintiff, Marie Orcutt $\qquad$ , is filing this case in a representative capacity as the Executive $\qquad$ of the Estate of Earl Orcutt , deceased.
b. Survival Claim(s): The following individual(s) allege damages for survival claims, as permitted under applicable state laws: $\qquad$
4. As a result of using PPI Products, Plaintiff/Decedent suffered pain and suffering, emotional distress, mental anguish, and personal and economic injur(ies) that are alleged to have been caused by the use of the PPI Products identified in Paragraph 10, below, but not limited to the following:

| X | _injury to himself/herself |
| :---: | :---: |
|  | injury to the person represented |
| X | wrongful death |
| X | survivorship action |
| X | economic loss |
|  | loss of services |
| X | loss of consortium |
|  | other: |

## Identification of Defendants

5. Plaintiff(s)/Decedent is/are suing the following Defendant(s) (please check all that apply):

## Abbott Laboratories

$\checkmark \quad$ AstraZeneca Pharmaceuticals LP
AstraZeneca LP

GlaxoSmithKline Consumer Healthcare Holdings (US) LLC
GlaxoSmithKline Consumer Healthcare LP
GlaxoSmithKline Consumer Healthcare Holdings (US) IP LLC
Merck \& Co. Inc. d/b/a Merck, Sharp \& Dohme Corporation
Novartis Corporation
Novartis Pharmaceutical Corporation
Novartis Vaccines and Diagnostics, Inc.
Novartis Institutes for Biomedical Research, Inc.
Novartis Consumer Health, Inc.

Pfizer, Inc.
The Procter \& Gamble Company
Procter \& Gamble Manufacturing Company
Takeda Pharmaceuticals USA, Inc.
Takeda Pharmaceuticals America, Inc.

Takeda Pharmaceuticals LLC
Takeda Pharmaceuticals International, Inc.

Takeda California, Inc.
Takeda Development Center Americas, Inc. f/k/a Takeda Global Research \& Development Center, Inc.

Takeda Pharmaceutical Company Limited
TAP Pharmaceutical Products, Inc. f/k/a TAP Holdings Inc.

Wyeth Pharmaceuticals, Inc.
Wyeth-Ayerst Laboratories
Wyeth LLC
$\square \quad$ Other(s) Defendant(s) (please identify):
$\qquad$
$\qquad$
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$\qquad$

## JURISDICTION \& VENUE

## Jurisdiction:

6. Jurisdiction in this Short Form Complaint is based on:
$\checkmark \quad$ Diversity of Citizenship
Other (The basis of any additional ground for jurisdiction must be pled in sufficient detail as required by the applicable Federal Rules of Civil Procedure).

## Venue:

7.District Court(s) in which venue was proper where you might have otherwise filed this

Short Form Complaint absent Case Management Order No. 7 entered by this Court and/or to where remand could be ordered: United States District Court for the Northern District of Texas

## CASE SPECIFIC FACTS

8. Plaintiff(s) currently reside(s) in(City, State): Lubbock, Texas
9. To the best of Plaintiff's knowledge, Plaintiff/Decedent used PPI Product(s) during the following time period: Approximately 1994 to Approximately 2016
10. Plaintiff/Decedent used the following PPI Products, for which claims are being asserted:

Dexilant
Nexium

Nexium 24HR
Prevacid

Prevacid 24HR
$\checkmark \quad$ Prilosec

Protonix
Other (List All):
11. The injuries suffered by Plaintiff/Decedent as a result of the use of PPI Products include, among others that will be set forth in Plaintiff's discovery responses and medical records:
$\square \quad$ Acute Interstitial Nephritis (AIN)
$\square \quad$ Acute Kidney Injury (AKI)
$\square \quad$ Chronic Kidney Disease (CKD)
$\checkmark \quad$ End Stage Renal Disease (ESRD)
$\square$ Dialysis
$\square$ Death
$\square \quad$ Other(s) (please specify):
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12. At the time of the Plaintiff's/Decedent's diagnosis of injury, Plaintiff/Decedent resided in (City, State): Lubbock, Texas

## CAUSES OF ACTION

13. Plaintiff(s), again, hereby adopt(s) and incorporate(s) by reference the Master Long Form Complaint and Jury Demand as if fully set forthherein.
14. The following claims and allegations asserted in the Master Long Form

Complaint and Jury Demand are herein more specifically adopted and incorporated by reference by Plaintiff(s) please check all that apply):
$\checkmark \quad$ Count I: Strict Product Liability
$\checkmark \quad$ Count II: Strict Product Liability - Design Defect
$\checkmark \quad$ Count III: Strict Product Liability - Failure to Warn
$\checkmark \quad$ Count IV: Negligence
$\checkmark \quad$ Count V: Negligenc Per Se
$\checkmark \quad$ Count VI: Breach of Express Warranty
$\checkmark \quad$ Count VII: Breach of Implied Warranty
$\checkmark \quad$ Count VIII: Negligent Misrepresentation
$\checkmark \quad$ Count IX: Fraud and Fraudulent Misrepresentation
$\checkmark \quad$ Count X: Fraudulent Concealment
$\checkmark \quad$ Count XI: Violation of State Consumer Protection Laws of the State(s) of:
$\checkmark \quad$ Count XII: Loss of Consortium
$\checkmark$ Count XIII: Wrongful Death
$\checkmark \quad$ Count XIV: Survival Action
Furthermore, Plaintiff(s) assert(s) the following additional theories and/or Causes of Action against Defendant(s) identified in Paragraph five (5) above. If Plaintiff(s) includes additional theories of recovery, to the extent they require specificity in pleadings, the specific facts and allegations supporting these theories must be pled by Plaintiff(s) in a manner complying with the requirements of the Federal Rules of Civil Procedure:
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WHEREFORE, Plaintiff(s) pray(s) for relief and judgment against Defendants of compensatory damages, punitive damages, interest, costs of suit and such further relief as the Court deems equitable and just, and as set forth in the Master Long Form Complaint and Jury Demand, as appropriate.

## JURY DEMAND

Plaintiff(s) hereby demand a trial by jury as to all claims in this action.
Dated: July 3, 2018

Respectfully Submitted,

s/ Sejal K. Brahmbhatt<br>John T. Boundas, Texas Bar\#00793367<br>Sejal K. Brahmbhatt, Texas Bar\#24031873<br>Williams Kherkher Hart Boundas, LLP<br>8441GulfFreeway, Suite 600<br>Houston, TX 77017<br>Email:jboundas@williamskherkher.com<br>Email:sbrahmbhatt@williamskherkher.com<br>713-230-2287(Telephone)<br>713-643-6226(Facsimile)<br>Attorneys for the plaintiff(s)

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law，except as provided by local rules of court．This form，approved by the Judicial Conference of the United States in September 1974，is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet．（SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM．）
（ha）PLAANTIFFS Deceased
（b）County of Residence of First Listed Plaintiff Lubbock County （EXCEPT IN U．S．PLAINTIFF CASES）
（c）Attorneys（Firm Name，Address，and Telephone Number）
Williams Kherkher Hart Boundas
8441 Gulf Freeway，6th Floor
Houston，TX 7701

DEEENDANTS
AstraZeneca Pharmaceutical LP and AstraZenca LP

County of Residence of First Listed Defendant

## （IN U．S．PLAINTIFF CASES ONLY）

NOTE：IN LAND CONDEMNATION CASES，USE THE LOCATION OF THE TRACT OF LAND INVOLVED．

Attorneys（If Known）
Ice Miller LLP
One American Square，Suite 2900
Indianapolis，IN 46282－0200

| II．BASIS OF JURISDICTION（Place an＂$X$＂in One Box Only） |  |  |
| :--- | :--- | :--- |
| $\square$ |  |  |
| $\square$ | U．S．Government <br> Plaintiff | $\square 3$ |

III．CITIZENSHIP OF PRINCIPAL PARTIES（Place an＂$X$＂in One Box for Plaintiff （For Diversity Cases Only）and One Box for Defendant）

|  |  | DEF |  |  | PTF DEF |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Citizen of This State | ㄱ | 口 | 1 | Incorporated or Principal Place of Business In This State | $\square$ | 4 | （X 4 |
| Citizen of Another State | $\mathrm{X}_{2}$ | $\square$ | 2 | Incorporated and Principal Place of Business In Another State | $\square$ | 5 | ㄱ |
| Citizen or Subject of a | ㄱ 3 | $\square$ |  | Foreign Nation | $\square$ | 6 | ㄱ 6 |

itizen or Subject of a $\quad \begin{aligned} & \text { a }\end{aligned}$
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Click here for：Nature of Suit Code Descriptions．
IV．NATURE OF SUIT（Place an＂$x$＂in One Box Only）

| CONTRACT | TORTS |  |
| :---: | :---: | :---: |
| ㄱ 110 Insurance <br> ㄱ 120 Marine <br> ㄱ 130 Miller Act <br> ［］ 140 Negotiable Instrument <br> ［］ 150 Recovery of Overpayment <br> \＆Enforcement of Judgment <br> ㅁ 151 Medicare Act <br> ㄱ 152 Recovery of Defaulted <br> Student Loans <br> （Excludes Veterans） <br> ㄱ 153 Recovery of Overpayment <br> of Veteran＇s Benefits <br> ㄱ 160 Stockholders＇Suits <br> ㅁ 190 Other Contract <br> ㄱ 195 Contract Product Liability <br> ㄱ 196 Franchise | PERSONAL INJURY <br> 310 Airplane 315 Airplane Product Liability <br> 320 Assault，Libel \＆ Slander 330 Federal Employers＇ Liability 340 Marine 345 Marine Product Liability <br> 350 Motor Vehicle 355 Motor Vehicle Product Liability 7360 Other Personal Injury <br> ㄱ 362 Personal Injury－ Medical Malpractice | PERSONAL INJURY <br> 365 Personal Injury Product Liability <br> 367 Health Care／ <br> Pharmaceutical <br> Personal Injury <br> Product Liability <br> ㅁ 368 Asbestos Personal Injury Product Liability <br> PERSONAL PROPERTY <br> 370 Other Fraud <br> 371 Truth in Lending <br> 380 Other Personal Property Damage <br> － 385 Property Damage Product Liability |
| REAL PROPERTY | CIVIL RIGHTS | PRISONER PETITIONS |
| ］ 210 Land Condemnation <br> ㅁ 220 Foreclosure <br> － 230 Rent Lease \＆Ejectment <br> － 240 Torts to Land <br> － 245 Tort Product Liability <br> ㅁ 290 All Other Real Property | ㄱ 440 Other Civil Rights <br> 441 Voting <br> 442 Employment 443 Housing／ <br> Accommodations 445 Amer．w／Disabilities－ Employment <br> 口 446 Amer．w／Disabilities－ Other <br> － 448 Education | Habeas Corpus： <br> ㄱ 463 Alien Detainee <br> ㄱ 510 Motions to Vacate Sentence <br> ［ 530 General <br> ㅁ 535 Death Penalty <br> Other： <br> ㄱ 540 Mandamus \＆Other <br> － 550 Civil Rights <br> ㅁ 555 Prison Condition <br> － 560 Civil Detainee－ <br> Conditions of <br> Confinement |


| FORFEITURE／PENALTY | Click here for：Nature of Suit Code Descriptions． |
| :---: | :---: | :---: |

V．ORIGIN（Place an＂$X$＂in One Box Only）

| 又 | Original Proceeding | ㄱ 2 | Removed from State Court | $\square$ | 3 | Remanded from Appellate Court | ］ 4 | Reinstated or Reopened | $\square$ | 5 | Transferred from Another District （specify） | ㄱ 6 | Multidistrict Litigation－ Transfer | － 8 | Multidistrict Litigation－ Direct File |
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| VI．CAUSE OF ACTION | Cite the U．S．Civil Statute under which you are filing（Do not cite jurisdictional statutes unless diversity）：28 U．S．Code § 1332 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Brief description of cause： |  |  |  |  |
| VII．REQUESTED IN | $\square$ CHECK IF THIS IS A CLASS ACTION | DEMAND \＄ | CHECK YES only | anded | mpl |
| COMPLAINT： | UNDER RULE 23，F．R．Cv．P． |  | JURY DEMAND： | 又 Yes | $\square \mathrm{No}$ |

## VIII．RELATED CASE（S）

 IF ANY
## （See instructions）：

JUDGE
DOCKET NUMBER
DATE
SIGNATURE OF ATTORNEY OF RECORD

## FOR OFFICE USE ONLY

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