IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O., Plaintiff, vs. MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N., Defendants.	)	Case No. LACV015798 VERDICT FORM 1

We, the Jury, find as follows on the questions submitted to us:

QUESTION NO. 1: Has Dr. Haganman proven his claim that the Hospital wrongfully terminated him from employment?

ANSWER: Yes _____ No X

[If your answer to Question No. 1 is "no," do not answer any further questions on this form.]

QUESTION NO. 2: State the amount of damages sustained by Dr. Haganman that was caused by the wrongful termination of his employment by the Hospital as to each of the following items of damage. If Dr. Haganman has failed to prove any item of damage or has failed to prove any item of damage was caused by the wrongful termination of his employment by the Hospital, enter "0" for that item.

1.	Past mental pain and suffering	$_____
2.	Past loss of wages	$_____
3.	Future mental pain and suffering	$_____
4.	Present value of loss of future earning capacity	$_____
	TOTAL	$_____

_____
FOREPERSON*
*To be signed only if verdict is unanimous.

VERDICT FORM 1 – Page Two

_____ Juror**	_____ Juror**
_____ Juror**	_____ Juror**
_____ Juror**	_____ Juror**
_____ Juror**	

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.

IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O.,	)	
	)	Case No. LACV015798
Plaintiff,	)	
vs.	)	
	)	
MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N.,	)	VERDICT FORM 2
	)	
Defendants.	)	

We, the Jury, find as follows on the questions submitted to us:

QUESTION NO. 1: Has Dr. Haganman proven his claim that MercyOne wrongfully terminated him from employment?

ANSWER: Yes _____ No X

[If your answer to Question No. 1 is "no," do not answer any further questions on this form.]

QUESTION NO. 2: State the amount of damages sustained by Dr. Haganman that was caused by the wrongful termination of his employment by MercyOne as to each of the following items of damage. If Dr. Haganman has failed to prove any item of damage or has failed to prove any item of damage was caused by the wrongful termination of his employment by MercyOne, enter "0" for that item.

1. Past mental pain and suffering $_____
2. Past loss of wages $_____
3. Future mental pain and suffering $_____
4. Present value of loss of future earning capacity $_____

TOTAL $_____

_____
FOREPERSON*
*To be signed only if verdict is unanimous.

VERDICT FORM 2 – Page Two

_____	_____
Juror**	Juror**
_____	_____
Juror**	Juror**
_____	_____
Juror**	Juror**
_____	
Juror**	

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.

IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O.,	)	
	)	Case No. LACV015798
Plaintiff,	)	
vs.	)	
	)	
MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N.,	)	VERDICT FORM 3
	)	
Defendants.	)	

We, the Jury, find as follows on the questions submitted to us:

QUESTION NO. 1: Has Dr. Haganman proven his claim that the Hospital and MercyOne breached certain terms of an agreement between them, which provided benefits to him, and he was harmed as a result?

ANSWER: Yes _____ No X

[If your answer to Question No. 1 is "no," do not answer any further questions on this form.]

QUESTION NO. 2: State the amount of damages sustained by Dr. Haganman that was caused by the breach of the Professional Services Agreement by the Hospital and MercyOne as to each of the following items of damage. If Dr. Haganman has failed to prove any item of damage or has failed to prove any item of damage was caused by the breach of the Professional Services Agreement by the Hospital and MercyOne, enter "0" for that item.

1. Past loss of wages $_____
2. Present value of loss of future earning capacity $_____

TOTAL $_____

VERDICT FORM 3 – Page Two

QUESTION NO. 3: Using 100% as the total combined fault which caused the damages sustained by Dr. Haganman due to the breach of the Professional Services Agreement by the Hospital and MercyOne, what percentage of fault do you attribute to each Defendant? If you find that either Defendant was not liable or was not a cause of the damages sustained by Dr. Haganman on this claim, enter 0% for that Defendant.

ANSWER:

The Hospital	_____ %
MercyOne	_____ %
TOTAL	100 %

FOREPERSON*
*To be signed only if verdict is unanimous.

Juror** Juror**

Juror** Juror**

Juror** Juror**

Juror**

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.

IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O., Plaintiff, vs. MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N., Defendants.	)	Case No. LACV015798 VERDICT FORM 4

We, the Jury, find as follows on the questions submitted to us:

QUESTION NO. 1: Has Dr. Haganman proven his claim that the Hospital intentionally interfered with the employment contract between MercyOne and him?

ANSWER: Yes _____ No X

[If your answer to Question No. 1 is "no," do not answer any further questions on this form.]

QUESTION NO. 2: State the amount of damages sustained by Dr. Haganman that was caused by the Hospital intentionally interfering with the employment contract between MercyOne and him as to each of the following items of damage. If Dr. Haganman has failed to prove any item of damage or has failed to prove any item of damage was caused by the Hospital intentionally interfering with the employment contract between MercyOne and him, enter "0" for that item.

1. Past loss of wages $_____
2. Present value of loss of future earning capacity $_____

TOTAL $_____

_____
FOREPERSON*
*To be signed only if verdict is unanimous.

VERDICT FORM 4 – Page Two

_____	_____
Juror**	Juror**
_____	_____
Juror**	Juror**
_____	_____
Juror**	Juror**
_____	
Juror**	

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.

IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O.,	)	
	)	Case No. LACV015798
Plaintiff,	)	
vs.	)	
	)	
MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N.,	)	VERDICT FORM 5
	)	
Defendants.	)	

We, the Jury, find as follows on the questions submitted to us:

QUESTION NO. 1: Has Dr. Haganman proven his claim that Ms. Russell intentionally interfered with the employment contract between MercyOne and him?

ANSWER: Yes _____ No X

[If your answer to Question No. 1 is "no," do not answer any further questions on this form.]

QUESTION NO. 2: State the amount of damages sustained by Dr. Haganman that was caused by Ms. Russell intentionally interfering with the employment contract between MercyOne and him as to each of the following items of damage. If Dr. Haganman has failed to prove any item of damage or has failed to prove any item of damage was caused by Ms. Russell intentionally interfering with the employment contract between MercyOne and him, enter "0" for that item.

1. Past loss of wages $_____
2. Present value of loss of future earning capacity $_____

TOTAL $_____

_____
FOREPERSON*
*To be signed only if verdict is unanimous.

VERDICT FORM 5 – Page Two

_____	_____
Juror**	Juror**
_____	_____
Juror**	Juror**
_____	_____
Juror**	Juror**
_____	
Juror**	

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.

IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O.,	)	
	)	Case No. LACV015798
Plaintiff,	)	
vs.	)	
	)	
MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N.,	)	VERDICT FORM 6
	)	
Defendants.	)	

We, the Jury, find as follows on the questions submitted to us:

QUESTION NO. 1: Has Dr. Haganman proven his claim that Ms. Russell intentionally interfered with the employment contract between the Hospital and him?

ANSWER: Yes _____ No X

[If your answer to Question No. 1 is "no," do not answer any further questions on this form.]

QUESTION NO. 2: State the amount of damages sustained by Dr. Haganman that was caused by Ms. Russell intentionally interfering with the employment contract between the Hospital and him as to each of the following items of damage. If Dr. Haganman has failed to prove any item of damage or has failed to prove any item of damage was caused by Ms. Russell intentionally interfering with the employment contract between the Hospital and him, enter "0" for that item.

1. Past loss of wages $_____
2. Present value of loss of future earning capacity $_____

TOTAL $_____

FOREPERSON*

*To be signed only if verdict is unanimous.

VERDICT FORM 6 – Page Two

_____	_____
Juror**	Juror**
_____	_____
Juror**	Juror**
_____	_____
Juror**	Juror**
_____	
Juror**	

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.

IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O.,	)	
	)	Case No. LACV015798
Plaintiff,	)	
vs.	)	
	)	
MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N.,	)	VERDICT FORM 7
	)	
Defendants.	)	

We, the Jury, find as follows on the questions submitted to us:

QUESTION NO. 1: Has Dr. Haganman proven his claim that Ms. Russell defamed him?

ANSWER: Yes X No _____

[If your answer to Question No. 1 is "no," do not answer any further questions on this form.]

QUESTION NO. 2: State the amount of damages sustained by Dr. Haganman that was caused by the defamation of Ms. Russell as to each of the following items of damage. If Dr. Haganman has failed to prove any item of damage or has failed to prove any item of damage was caused by the defamation of Ms. Russell, enter "0" for that item.

1.	Past mental pain and suffering	$ 0
2.	Past loss of wages	$ 143,567.50
3.	Past damage to reputation	$ 4,557
4.	Future mental pain and suffering	$ 0
5.	Present value of loss of future earning capacity	$ 0
6.	Future damage to reputation	$ 0
	TOTAL	$ 148,124.50

_____
FOREPERSON*
*To be signed only if verdict is unanimous.

VERDICT FORM 7 – Page Two

Juror**

Juror**

Juror**

Juror**

Juror**

Juror**

Juror**

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.

IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O.,	)	
	)	Case No. LACV015798
Plaintiff,	)	
vs.	)	
	)	
MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N.,	)	VERDICT FORM 8
	)	
Defendants.	)	

NOTE: You are to complete this form **only if** you have found for Dr. Haganman on Verdict Form 5, Verdict Form 6, or Verdict Form 7.

We, the Jury, find as follows on the questions submitted to us:

QUESTION NO. 1: Did Dr. Haganman prove by a preponderance of clear, convincing and satisfactory evidence that the conduct of Ms. Russell constituted willful and wanton disregard for his rights?

ANSWER: Yes X No _____

[If your answer to Question No. 1 is "no," do not answer any further questions.]

QUESTION NO. 2: What amount of punitive damages, if any, do you award?

ANSWER: $ 14,812.45

[If your answer to Question No. 2 is "$0" or "none," do not answer Question No. 6]

QUESTION NO. 3: Was the conduct of Ms. Russell directed specifically at Dr. Haganman?

ANSWER: Yes X No _____

_____
FOREPERSON*
*To be signed only if verdict is unanimous.

VERDICT FORM 8 – Page Two

Juror**

Juror**

Juror**

Juror**

Juror**

Juror**

Juror**

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.

IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O.,	)	
	)	Case No. LACV015798
Plaintiff,	)	
vs.	)	
	)	
MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N.,	)	VERDICT FORM 9
	)	
Defendants.	)	

NOTE: Dr. Haganman cannot recover duplicate damages for the same loss, regardless of the number of claims he has proven. You are to complete this form **only if** you have found for Dr. Haganman on more than one of his claims.

We, the Jury, find as follows on the questions submitted to us:

QUESTION NO. 1: What is the total amount of the damages sustained by Dr. Haganman for past loss of wages on all of the claims he has proven?

ANSWER: $ 143,567.50

QUESTION NO. 2: What is the present value of the total amount of the damages sustained by Dr. Haganman for loss of future earning capacity on all of the claims he has proven?

ANSWER: $ 0

QUESTION NO. 3: What is the total amount of the damages sustained by Dr. Haganman for past mental pain and suffering on all of the claims he has proven?

ANSWER: $ 0

QUESTION NO. 4: What is the total amount of the damages sustained by Dr. Haganman for future mental pain and suffering on all of the claims he has proven?

ANSWER: $ 0

_____
FOREPERSON*
*To be signed only if verdict is unanimous.

VERDICT FORM 9 – Page Two

Juror**

Juror**

Juror**

Juror**

Juror**

Juror**

Juror**

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.

IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O., Plaintiff, vs. MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N., Defendants.	)	Case No. LACV015798 VERDICT FORM 10

We, the Jury, find in favor of the Hospital on all of the claims brought against it by Dr. Haganman.

FOREPERSON*
*To be signed only if verdict is unanimous.

Juror** Juror**

Juror** Juror**

Juror** Juror**

Juror**

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.

IN THE IOWA DISTRICT COURT FOR MITCHELL COUNTY

MARK HAGANMAN, D.O., Plaintiff, vs. MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N., Defendants.	)	Case No. LACV015798 VERDICT FORM 11

We, the Jury, find in favor of MercyOne and Ms. Russell on all of the claims brought against them by Dr. Haganman.

_____
FOREPERSON*
*To be signed only if verdict is unanimous.

_____ _____
Juror** Juror**

_____ _____
Juror** Juror**

_____ _____
Juror** Juror**

_____
Juror**

**To be signed by the jurors agreeing thereto after six hours or more of deliberation.