| MARK HAGANMAN, D.O., |) |
|---|--|
| DI 1-3366 |) Case No. LACV015798 |
| Plaintiff, vs. |) |
| v 5. | ĵ |
| MITCHELL COUNTY REGIONAL | j , |
| HEALTH CENTER, MERCY MEDICAL |) |
| CENTER – NORTH IOWA, and |) VERDICT FORM 1 |
| MICHELLE M. RUSSELL, R.N., |) |
| |) |
| Defendants. |) |
| | |
| We, the Jury, find as follows on the | questions submitted to us: |
| | |
| OUESTION NO. 1: Has Dr. Haganman p | roven his claim that the Hospital wrongfully |
| terminated him from employment? | To ven me etam atau ate 1100ptan mengemiy |
| | |
| ANSWER: Yes NoX | |
| IIf your answer to Question No. 1 is "no," of | do not answer any further questions on this form.] |
| | |
| | |
| QUESTION NO. 2: State the amount of d | lamages sustained by Dr. Haganman that was caused |
| by the wrongful termination of his employ | ment 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 |
| | ll termination of his employment by the Hospital, |
| enter "0" for that item. 1. Past mental pain and sufferi | ng \$ |
| 2. Past loss of wages | \$ \$ |
| 3. Future mental pain and suff | |
| 4. Present value of loss of future | |
| . Tresent value of less of raise | |
| TOTAL | \$ |
| | |
| | |
| | 1 / |
| | Telus Al |
| | EODED DOM* |
| | FUKEVEKSUN |

*To be signed only if verdict is unanimous.

VERDICT FORM 1 – Page Two

| Juror** | Juror** | |
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| Juror** | Juror** | |
| Juror** | Juror** | |
| Iurar** | | |

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

| MARK HAGANMAN, D.O., |) |
|---|---|
| Plaintiff, | Case No. LACV015798 |
| vs. |) |
| MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N., Defendants. |)) VERDICT FORM 2)) |
| We, the Jury, find as follows on the q | uestions submitted to us: |
| QUESTION NO. 1: Has Dr. Haganman pro him from employment? | oven his claim that MercyOne wrongfully terminated |
| ANSWER: Yes No X | |
| [If your answer to Question No. 1 is "no," do | not answer any further questions on this form.] |
| by the wrongful termination of his employment of damage. If Dr. Haganman has failed to pr | \$ ing \$ |
| 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.

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| MARK HAGANMAN, D.O., |) | |
|--|---|---|
| 27.7.12 |) Case No. LACV01579 | 98 |
| Plaintiff, |) | |
| VS. |) | |
| |) | |
| MITCHELL COUNTY REGIONAL |) | |
| HEALTH CENTER, MERCY MEDICAL |) | |
| CENTER – NORTH IOWA, and |) VERDICT FORM 3 | |
| MICHELLE M. RUSSELL, R.N., |) | |
| 70228 9708 - 30 |) | |
| Defendants. |) | |
| QUESTION NO. 1: Has Dr. Haganman pr breached certain terms of an agreement betw was harmed as a result? | | |
| ANSWER: Yes No X | | |
| [If your answer to Question No. 1 is "no," d | lo not answer any further quest | ions on this form.] |
| QUESTION NO. 2: State the amount of days the breach of the Professional Services A of the following items of damage. If Dr. Has failed to prove any item of damage was Agreement by the Hospital and MercyOne, 1. Past loss of wages 2. Present value of loss of future. | Agreement by the Hospital and aganman has failed to prove an caused by the breach of the Prenter "0" for that item. | MercyOne as to each y item of damage or |
| 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.

| MARK HAGANMAN, D.O., |) |
|--|---|
| Plaintiff, |) Case No. LACV015798 |
| ys. | |
| MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N., Defendants. |)) VERDICT FORM 4)) |
| We, the Jury, find as follows on the | questions submitted to us: |
| QUESTION NO. 1: Has Dr. Haganman printerfered with the employment contract bet | roven his claim that the Hospital intentionally tween MercyOne and him? |
| ANSWER: Yes NoX_ | |
| | lo not answer any further questions on this form.] |
| by the Hospital intentionally interfering wit him as to each of the following items of dar of damage or has failed to prove any item o | amages sustained by Dr. Haganman that was caused the employment contract between MercyOne and mage. If Dr. Haganman has failed to prove any item of damage was caused by the Hospital intentionally etween MercyOne and him, enter "0" for that item. \$ |
| TOTAL | \$ |
| | FOREPERSON* *Toke signed only if verdict is unanimous |

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VERDICT FORM 4 – Page Two

| Juror** | Juror** |
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| Juror** | Juror** |
| Juror** | Juror** |
| Juror** | |

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

| MARK HAGANMAN, D.O., |) |
|---|---|
| Plaintiff, | Case No. LACV015798 |
| vs. | ,) |
| MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N., Defendants. |))) VERDICT FORM 5)) |
| We, the Jury, find as follows on the q | uestions submitted to us: |
| QUESTION NO. 1: Has Dr. Haganman pro interfered with the employment contract between | |
| ANSWER: Yes No X | |
| [If your answer to Question No. 1 is "no," do | not answer any further questions on this form.] |
| by Ms. Russell intentionally interfering with him as to each of the following items of dam of damage or has failed to prove any item of | mages sustained by Dr. Haganman that was caused the employment contract between MercyOne and age. If Dr. Haganman has failed to prove any item damage was caused by Ms. Russell intentionally ween MercyOne and him, enter "0" for that item. \$ |
| TOTAL | \$ |
| | |
| | FOREPERSON*/ |
| | *To be signed only if verdict is unanimous. |

MITCHELL Page 10 of 20

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.

Page 11 of 20

| MARK HAGANMAN, D.O., |) |
|--|--|
| Plaintiff, |) Case No. LACV015798 |
| vs. | j) |
| MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N., Defendants. |)) VERDICT FORM 6)) |
| We, the Jury, find as follows on the | questions submitted to us: |
| QUESTION NO. 1: Has Dr. Haganman pr interfered with the employment contract bet ANSWER: Yes No _X | roven his claim that Ms. Russell intentionally tween the Hospital and him? |
| [If your answer to Question No. 1 is "no," d | o not answer any further questions on this form.] |
| by Ms. Russell intentionally interfering with him as to each of the following items of dar of damage or has failed to prove any item o | amages sustained by Dr. Haganman that was caused in the employment contract between the Hospital and mage. If Dr. Haganman has failed to prove any item if damage was caused by Ms. Russell intentionally etween the Hospital and him, enter "0" for that item. S |
| 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.

| MARK HAG | ANMAN, D.O., |) | |
|----------------------------------|---|---|--|
| | Plaintiff, |) Case No. LACV0157 | 798 |
| VS. | , | ý | |
| HEALTH CE CENTER – N | COUNTY REGIONAL NTER, MERCY MEDICAL ORTH IOWA, and M. RUSSELL, R.N., Defendants. |)) VERDICT FORM 7)) | |
| We, th | e Jury, find as follows on the q | questions submitted to us: | |
| QUESTION | NO. 1: Has Dr. Haganman pro | oven his claim that Ms. Russo | ell defamed him? |
| ANSWER: | Yes _X No | | |
| | er to Question No. 1 is "no," do | o not answer any further ques | stions on this form.] |
| by the defama has failed to p | NO. 2: State the amount of dattion of Ms. Russell as to each or ove any item of damage or han of Ms. Russell, enter "0" for Past mental pain and suffering Past loss of wages Past damage to reputation Future mental pain and suffer Present value of loss of future Future damage to reputation | of the following items of dan as failed to prove any item of that item. | s D \$ 143,567,50 \$ 4,557 \$ 0 \$ 0 \$ 0 |
| | TOTAL | | \$ <u>148,124.50</u> |
| | | | |
| | | FOREPERSON* *To be signed only i | f verdict is unanimous. |

VERDICT FORM 7 - Page Two

Juror**

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Juror**

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

| MARK HAGANMAN, D.O., |) |
|---|--|
| Plaintiff, |) Case No. LACV015798) |
| 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 i Form 5, Verdict Form 6, or Verdict Form 7. | f you have found for Dr. Haganman on Verdict |
| We, the Jury, find as follows on the q | uestions submitted to us: |
| | ve by a preponderance of clear, convincing and Russell constituted willful and wanton disregard for not answer any further questions.] |
| QUESTION NO. 2: What amount of puniti | ve 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 | s. 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**

Iuror**

Juror**

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

| MARK HAGANMAN, D.O., |) G N I A GW015700 |
|--|---|
| Plaintiff, vs. |) Case No. LACV015798 |
| 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 dupl number of claims he has proven. You are to Haganman on more than one of his claims. | icate damages for the same loss, regardless of the complete this form only if you have found for Dr. |
| We, the Jury, find as follows on the | questions submitted to us: |
| QUESTION NO. 1: What is the total amorpast loss of wages on all of the claims he ha | unt of the damages sustained by Dr. Haganman for as proven? |
| ANSWER: \$ 143,567.50 | |
| QUESTION NO. 2: What is the present value of the pr | alue of the total amount of the damages sustained by pacity on all of the claims he has proven? |
| ANSWER: \$ | |
| QUESTION NO. 3: What is the total amo past mental pain and suffering on all of the | ount of the damages sustained by Dr. Haganman for claims he has proven? |
| ANSWER: \$ | |
| QUESTION NO. 4: What is the total among future mental pain and suffering on all of the | ount of the damages sustained by Dr. Haganman for the claims he has proven? |
| ANSWER: \$ | |
| | |
| | FOREPERSON* *To be signed only if verdict is unanimous. |

VERDICT FORM 9 - Page Two

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

| MARK HAGANMAN, D.O., Plaintiff, |) Case No. LACV015798 |
|---|---|
| MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N., Defendants. |))) VERDICT FORM 10)) |
| We, the Jury, find in favor of the Ho | 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.

| MARK HAGANMAN, D.O., |) Case No. LACV015798 |
|---|--|
| Plaintiff, |) Case No. LAC V013798 |
| /S. |) |
| MITCHELL COUNTY REGIONAL HEALTH CENTER, MERCY MEDICAL CENTER – NORTH IOWA, and MICHELLE M. RUSSELL, R.N., Defendants. |)) VERDICT FORM 11)) |
| We, the Jury, find in favor of Mercy | One and Ms. Russell on all of the claims brought |
| against them by Dr. Haganman. | |
| | FOREPERSON* |
| Juror** | *To be signed only if verdict is unanimous. Juror** |
| | |
| Juror** | Juror** |
| Juror** | Juror** |
| Juror** | |
| | |

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