

## COMPLAINT FOR DAMAGES

COME NOW the Plaintiffs SEAN LYNN (“Lynn”), Pro se, and LAURA HAMMETT (“Hammett”), Pro se, who in complete alignment as to the facts and law in their claims, join to state as follows:

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The Parties, Including Credentials for Each Named Clinician Defendant

1. Plaintiff Sean Lynn is a resident of Pulaski County. Plaintiff Laura Hammett is a student at a University of Arkansas campus in Pulaski County, is Lynn’s mother and accommodator for Lynn’s communication disabilities.

2. Defendant University of Arkansas, acting through its Board of Trustees, a state agency, is named solely for purposes of equitable relief.

3. The following defendants are named as individuals. They are referred to as clinicians to distinguish them from the state and from the security and police department defendants. In the body of the complaint, each is named by only their last name, unless there are two defendants with the same last name. Credentials are rarely used because the conduct complained of falls below the standard of reasonable prudence expected of an ordinary adult. All individual defendants are adults. Each was an active participant in the negligent or unlawful conduct that occurred at UAMS Medical Center on January 13 to 27, 2024 from which this complaint arose. Each was on the payroll for the UAMS unit of University of Arkansas:

Karrar Aljiboori, MD; Natalie J. Applebaum, MD; Timothy J. Baer, MA; Jarred M. Baxter, PCT; Alexis Beavers, PCT; Rebekah Danielle Beene, RN; Britney M. Beumeler, APRN, CNP; Jennings R. Boyette, MD; Carol Brizzolara, RN; Cejae Brown, RN; Elizabeth Brown, MD; Nolan R. Bruce, MD; Amber Bryant, OT; Elizabeth Cate, RD; Christopher S. Cathcart, PT; Kizzie M. Cleveland, PLMSW; Shannon Cobb, RN; Benjamin L. Davis, MD; Prashanth Reddy Damalcheruvu, MD; Rebekah Davis, RN; Joseph P. Deloach, MD; Amanda Diehl, LCSW; Jaicey

Dowd, RN; Nathan Ernst, RN; James Fitsimones, RN; Chrystal T. Fullen, PsyD; Macall Gilmartin, RN; Tyler Gray, RN; Emily Gray, CCC-SLP; Jordan W. Greer, MD; Shannon Hankins, APRN, CNP; Brandon Hearn, RN; Rachel Hill, RN; Mi-Ran Kim, RN; Mary Katherine “Katie” Kimbrough, M.D.; Alyssa Kirkpatrick, RN; Jacob Langston, RN; Eric Lambert, PCT; Payton D. Lea, M.D; Ariana Limon, RN; Noah Lloyd, RN; Joseph F. Margolick, MD; Sarah E. Martin, MD; Jordan Millsapps, PCT; Tyree McClure, RN; Elizabeth McNulty, PCT; Derrick C. Nichols, RN; Mason Noble, PCT; Kristina Ong, RN; Na’Kika Perkins, PCT; Erika A. Petersen, MD; Brittany Presson, RN; Nathan Redding, MD; Edward Reece, RN; Arthur Rezayev, MD; Brenda Roberts, RN; Tyler K. Rose, MD; Christian Rosenbaum, RN; Kristen Rosenbaum, PCT; Frida Ruiz Rivera, RRT; Tonya R. Sanders, PCT; Jackson Sargent, RN; Hannah Scimenti, RN; Christian Spallino, MD; Caroline Steele, RN; Krista J. Stephenson, MD; Jordan M. Takasugi, MD; Evelyn Tipton, RN; Marisa D. Tran, MD; Julien P. Vinas, RN; Charles Waters, RN; Adam S. Watkins, MD; Derrick Wilkes, PCT; Lyrex Williams, RN; Kesley M. Winn, MD; Leslie Witt, RN; Susan Zaleski, RN.; Clinician Doe Defendants 1-5.

4. Security and Police Doe Defendants 1-5 were employees of University of Arkansas who worked on the UAMS Medical Center complex between January 13 and January 27, 2024. Their job duties included monitoring the campus for suspicious, unsafe and illegal activities and to protect staff, students, and the general public.

5. Security and Police Doe Defendants 1-5 had a heightened duty of care toward persons who were held against their will, such as Lynn.

#### Venue and Jurisdiction

6. Venue is proper under Ark. Code Ann. § 16-60-104 because this action involves multiple Defendants, and a substantial part of the events and omissions giving rise to the claims occurred in Pulaski County.

7. Venue is additionally proper under Ark. Code Ann. § 16-60-103(2) because Defendants, while acting under color of their positions as employees and agents of a state agency, University of Arkansas, committed the acts and omissions complained of herein in Pulaski County.

8. This Court has subject matter jurisdiction over this action pursuant to Article 80, § 6 of the Arkansas Constitution and Ark. Code Ann. § 16-13-201, because this is a civil action seeking legal relief for torts committed in Arkansas, including ordinary negligence and medical injury pursuant to Ark. Code Ann. § 16-114-201 et seq. This Court also has jurisdiction to decide the equitable claim for permanent injunction pursuant to Ark. Code Ann. § 16-111-101.

9. This Court shall have personal jurisdiction of all parties to this action, and all causes of action or claims for relief, because all parties purposefully availed themselves of Arkansas law and protections by working for or contracting with UAMS and had minimum contacts such that

maintenance of the suit does not offend traditional notions of fair play and substantial justice. Ark. Code Ann. § 16-4-101.

Lynn was “hurt a little bit” after jumping ten feet from a falling ladder and hitting his head on the ground.

10. On January 13, 2024 at about 4:23 p.m. , Lynn sustained a head injury when he jumped approximately 10 feet from a falling ladder.

11. Little Rock Fire Department personnel arrived at the scene first. Metropolitan Emergency Medical Services personnel arrived at the scene at 4:28 p.m.

12. Lynn told Fire Department personnel that he was standing partway up the ladder when he jumped. MEMS employee Taylor Ogle erroneously wrote that Lynn fell 30 to 35 feet.

13. Ogle also erroneously wrote that the injury was at “Home.” Lynn’s home address was on his driver’s license, which was apparently reviewed to find Lynn’s date of birth.

14. Lynn remembers exactly where he was standing and what he thought as he abandoned the falling ladder.

15. The true homeowner and Ogle both reported the ladder fell onto the power lines. Ogle also wrote, “No signs of electric involvement.”

16. Lynn landed within feet of the house. The physics of falling 30 to 35 feet from a falling ladder, calculating for inertia, would have caused Lynn to land further from the house, on a steep slope. The equal and opposite force of jumping changed the angle at which the ladder fell, which is why the ladder did not fall down the slope.

17. On the recorded 911 call, the true homeowner said Lynn was talking to another man not far away from the phone. There was no screaming recorded.

18. During transport to the UAMS Medical Center, the EMT recorded a Glasgow Coma Scale of greater than or equal to 13 and a Revised Trauma Scale of 12. These scores indicate mild injury. The only intervention by the EMTs was supplemental oxygen and inserting an IV with fluid. Ogle’s report said, "IV therapy: 18 ga; forearm left; saline lock; total fluid:10; Patient response: Unchanged; Successful; Complication: None"

19. Plaintiffs did not name MEMS or the EMT as defendants because the care rendered was appropriate and timely. The EMT did not attribute his erroneous statement height of the fall. His erroneous statement about the expensive house in a desirable neighborhood should not have affected how the defendants proceeded with Lynn.

20. Upon evaluation at UAMS Medical Center, imaging revealed fractures and intracranial findings that did not require surgical intervention. Medical staff informed Lynn that no surgery was planned and that observation was the primary course of care.

21. Initial test results showed healthy vitals. Of note, on January 13 at 5:16 p.m., Lynn's sodium level was 139. A juror of ordinary intelligence can comprehend that this score is not in a dangerous range without expert testimony, because the test results indicate any abnormalities with an exclamation point, red font or other obvious communication, and this score was not flagged.

22. An initial toxicology screening verified that at entry to UAMS Medical Center, Lynn was negative for all tested substances, including: THC, opiate, methadone, cocaine, labbenz (benzodiazepines), barbiturate, labamph, (amphetamines), and ethanolpl (blood alcohol).

23. Upon entry to the ED, according to notes by Triage Nurse Nathan Ernst, Lynn had blood pressure 120/70, heart rate 60, Glasgow Coma Scale 14, where 13 – 15 is a "mild" TBI. GCS evaluates three key responses: Eye Opening- Spontaneous, to voice, to pain, or none; Verbal Response- Oriented, confused, inappropriate words, incomprehensible sounds, or none; and Motor Response- Obeys commands, localizes pain, withdraws, abnormal flexion, extension, or none. According to Ernst, Lynn had top score on all metrics but one, and that one was second best.

24. The only one of 37 Primary Scene Trauma Level 1, 2 and 3 Activation criteria Lynn met was "fall greater than 20 feet" – which was an error written by a non-witness.

25. Neither "Emergency Physician Discretion" nor "MD/Charge RN discretion" were checked off on the chart. Objectively, no clinician defendant recorded a condition that warranted trauma scene activation.

26. Ernst noted on the Behavior & Suicide Screen that Lynn said that over the past two weeks he had not felt down, depressed, hopeless, nor had thoughts of killing himself, and, in fact, never had thoughts of killing himself.

27. There was no indication that Lynn "refused" to answer, was "unable to complete" or "was not assessed due to severity of illness."

28. Earnst noted that Lynn's sensory, motor, and circulatory systems were intact.

29. iSTAT blood test results at 17:22 showed:

sodium: 141 mmol/L [Ref Range: 135 - 145];

potassium: 3.8 mmol/L [Ref Range: 3.5 - 5.0];

chloride: 106 mmol/L [Ref Range: 98 - 109];

CO2: 23 mmol/L [Ref Range: 22 - 31];

BUN: 13 mg/dL [Ref Range: 6 - 20];  
Glucose: 155 mg/dL [Ref Range: 70-105];  
Hct: 47 % [Ref Range: 40 - 52];  
Hb: 16.0 g/dL [Ref Range: 14.0 - 18.0];  
pH: 7.34 [Ref Range: 7.31 - 7.41];  
PCO2: 41.2 mmHg [Ref Range: 41.0 - 51.0];  
HCO3: 22.2 mmol/L [Ref Range: 23.0 - 28.0];  
BE: -4 mmol/L [Ref Range: -2 - 3]

30. Rose noted “no lacerations” and “no acute surgical intervention” required in electronic notes made at 5:54 p.m.

31. Lynn had fractures in his skull and stable bleeds in and around his brain. There was no active bleeding noted and no CSF (Cerebral Spinal Fluid) noted.

32. Petersen and Aljiboori noted “No neurosurgical intervention is warranted at this time.” 5:54 p.m.

33. Rose documented that gastrointestinal prophylaxis was “not indicated” and that anticoagulation could safely be delayed until after a follow-up CT scan confirmed stability. Deep Vein Thrombosis prophylaxis (blood clot prevention) would be started on January 15 at 10:21 a.m., indicating both that the medical defendants knew the brain bleeds were stable and acknowledging that DVT problems are often caused by confinement to an ICU bed.

34. In general, Dr. Rose said Lynn was in “NAD,” meaning no acute distress.

35. The medical record created by the emergency room clinicians contains the following notes, though sometimes in shorthand.

36. Pain Assessment using the Wong-Baker FACES Pain Rating: Hurts little bit.

37. Mental Status: Alert to 2 spheres: person, place, time and situation. There was no indication on the record to which spheres Lynn was oriented. Lynn remembers and told Hammett several times since leaving the hospital that he knew who he was and that he was at a hospital, but he didn’t know where the hospital was or the time, unless he could see a clock.

38. Lynn had never been to UAMS. As Lynn got just a mile from the hospital on January 27, he said “I knew I was in a hospital, but I thought it was in the middle of nowhere.”

39. Ernst reported:

Behavior: Calm

Chronic Deficits: None

Living Situation: Home with family/friends

Speech: Clear

Nutrition: Well Developed, Well Nourished

Skin: Warm; Dry

Mucous Membranes: Moist; Pink

Height and Weight

Height: 182.9 cm (6')

Height Method: Estimated

Weight: 99.8 kg (220 lb)

Weight Method: Estimated

Mobility: No Limitations

Behavior: No Issues

ED HDS Fall Risk: No Fall Risk

CAM (Confusion Assessment Method)

Feature 1: Acute Onset and Fluctuating Course: No

Feature 2: Inattention: No

Feature 3: Disorganized Thinking: No

Feature 4: Altered Level of Consciousness: Normal

CAM-Short Result:

CAM negative: Delirium NOT suggested

CAM-S Short Notification

CAM-S Short Provider Notification: No

Education Assessment

Learner: Patient

Learning Style: Audiovisual

Motivation: Motivated

Barriers to Patient Learning: None

Domestic Issues D.V. Screen

Are you in a relationship which causes you fear, pain or injury?: No

Do you need information on how to get help if you have been abused either physically, emotionally, and/or sexually?: No

Nursing Diagnoses

Nursing Diagnoses: Knowledge Deficit; Altered Comfort; Impaired Mobility

Cardiac

Cardiac Rhythm: Sinus rhythm

Cardiac Regularity: Regular

Other flowsheet entries

How confident are you filling out medical forms by yourself?: Extremely

40. Lynn had no broken bones, other than skull fractures. Some of the skull fractures, as defendants admit, might be pre-existing.

41. At 6:43 p.m., Damalcheruvu noted no evidence of ossicular disruption. Ossicles are tiny middle-ear bones.

42. The claim that Lynn fell 30 to 35 feet was unattributed and bore no logical relationship to Lynn's condition on arrival. Reasonable triage and emergency department staff therefore should have relied on their own independent assessment, rather than defaulting to an unsupported assumption made by an EMT.

43. At 10:16 p.m., Bruce acknowledged that "CT looks worse than his exam with SDH and sizeable IPH. Suspect his exam will get worse - ICU for close monitoring and low threshold to intubate if declines." A suspicion that a patient's condition will deteriorate is not imminent threat of death.