Case No.: 22-3904

UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT

KELSEA MERCER, AS ADMINISTRATOR OF THE ESTATE OF JENNIFER OHLINGER, DECEASED

Plaintiff-Appellant

-v-

JAMES GRAY, II, RN, et al.

Defendants-Appellees

On Appeal from the United States District Court
for the Southern District of Ohio
Eastern Division

BRIEF OF APPELLANT KELSEA MERCER

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CORPORATE DISCLOSURE

Plaintiff-Appellant Kelsea Mercer, as Administrator of the Estate of Jennifer Ohlinger, deceased, is an individual and not a corporation. She is also not an affiliate or a subsidiary of any publicly owned corporation. There is not a publicly owned corporation, not a party to this appeal, that has a financial interest in the outcome.

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STATEMENT IN SUPPORT OF ORAL ARGUMENT

Oral argument is requested. Specific facts are often outcome determinative in cases like this one. The trial court did not hold a hearing on the Appellees' motion for summary. Therefore, Appellant respectfully requests that oral arguments be heard in this case so Appellant is given the opportunity to further discuss and explain why the specific facts in this case call for a different result than what the trial court decided.

JURISDICTIONAL STATEMENT

The District Court's jurisdiction arose under 28 U.S.C. §§ 1331, 1343, and 1367. The District Court entered final judgment on September 22, 2022, granting Appellees' motion for summary judgment. [Opinion and Order granting summary judgment, RE 45, Page ID # 1077.] Appellant filed a notice of appeal on October 20, 2022. [Notice of Appeal, RE 47, Page ID # 1095.] This Court has jurisdiction over the District Court's final judgment pursuant to 28 U.S.C. § 1291.

STATEMENT OF THE ISSUES PRESENTED

1. Whether the District Court erred in finding Appellees Gray, Lowery, and Jarvis did not demonstrate deliberate indifference to Jennifer Ohlinger's serious medical needs when they knew she had fallen and hit her head, lost consciousness, had seizures, was unsteady on her feet, had a headache, and urinated on herself but then failed to contact a doctor, timely transfer her to the

hospital, check on her neurological status frequently, follow jail policies and guidelines, and contact their supervisors.

2. Whether the District Court erred in finding Appellees Gray, Lowery, and Jarvis did not act recklessly when they knew she had fallen and hit her head, lost consciousness, had seizures, was unsteady on her feet, had a headache, and urinated on herself but then failed to contact a doctor, timely transfer her to the hospital, check on her neurological status frequently, follow jail policies and guidelines, and contact their supervisors.

STATEMENT OF THE CASE

On September 22, 2022, the United States District Court for the Southern District of Ohio Eastern Division granted summary judgment in favor of Appellees James Gray, II, Charity Lowery, and Amista Jarvis (collectively, the "Appellees"), finding Appellees did not demonstrate deliberate indifference to a serious medical need and did not act recklessly. [Opinion and Order granting summary judgment, RE 45, Page ID # 1077.] It is from this ruling that Appellant initiated this timely appeal.

STATEMENT OF THE FACTS

I. SEORJ policies concerning medical care for inmates were not followed.

Jennifer Ohlinger was brought to SEORJ as a pre-trial detainee on June 20, 2018. At that time, SEORJ had a nursing guideline that stated the jail nurse **should**

consult a physician or transfer the inmate to the Emergency Department if the inmate has a loss of consciousness and/or demonstrates unusual behavior and/or has a seizure after injury. [Exhibits to Deposition of James Gray, II, RN, RE 36-5, Page ID # 403]. SEORJ had another nursing guideline in place that stated if an inmate experiences a seizure for the first time, then that inmate needs to be assessed by a doctor. *Id.* at Page ID # 396]. Further, if the inmate has a seizure disorder, then the patient needs to be referred to a doctor for medication management. *Id.*

SEORJ also had a policy and procedure in effect that stated in the event of a medical emergency, the staff on site will notify the Shift Commander immediately. *Id.* at Page ID # 414]. The Shift Commander will contact medical staff on duty or on call, then while awaiting instructions about interim medical care, notify the Warden, Deputy Warden, and Lieutenant Staff if the medical emergency is of an extreme nature. *Id.* If the situation is life threatening, the Shift Commander will authorize (without awaiting the advice of medical staff) the notification of appropriate emergency resources (e.g., emergency medical services and hospitals). *Id.* "Medical emergency" is defined in the policy as when an inmate has a "loss of consciousness" or when there is a seizure when there is no history of seizures. *Id.*

II. The first time Jennifer's right to medical care was violated.

Sadly, neither the guidelines nor the policy were followed by Gray, Lowery and Jarvis on June 25, 2018. On that morning, security camera video depicts Jennifer Ohlinger walked out of her cell and into the inmate common area at SEORJ. [Security Camera Video, RE 40]. Jennifer sat down on a bench in the common area, but then fell over and hit her head hard on the floor. *Id.* Jennifer laid flat on the floor for a significant period of time. *Id.* Other inmates summoned Officer Lowery who came over and examined Jennifer. *Id.* Lowery asked Officer Jarvis to go and get the jail nurse, James Gray, II.[Deposition of Charity Lowery, RE 36-2, Page ID # 250].

Nurse Gray arrived in the common area and performed a quick examination of Jennifer. [Security Camera Video, RE 40]. During this first interaction with Jennifer, it is undisputed Nurse Gray and Officers Lowery and Jarvis were all aware of the following: 1) Jennifer had fallen; 2) she had hit her head hard; and 3) she had experienced a seizure. Nurse Gray admitted Jennifer told him she had passed out, blacked out, and experienced a loss of consciousness. [Deposition of James Gray, II, RE 36-4, Page ID # 318, 349]. In addition, he admitted that hitting your head; a concussion; and a seizure can all lead to life threatening injuries. *Id.* at Page ID # 334. Nurse Gray also admitted during his deposition that he should have consulted with a physician in light of the fact that Jennifer had experienced a loss of consciousness. *Id.* at Page ID # 349-350. However, despite the nursing

guidelines, the policy, his admissions, and knowing this information, Nurse Gray did not call a doctor; did not call 911; and did not call the warden. *Id.* at Page ID # 327-328. Instead, he instructed the officers to take Jennifer back to bed. *Id.* at Page ID # 328. The security camera video demonstrates Jennifer was staggering and had to be led back to her bed by Officer Jarvis. [Security Camera Video, RE 40]. Officers Lowery and Jarvis never called a doctor, 911, or their supervisor, despite the fact Jarvis admitted hitting your head; having a concussion; and having a seizure can all cause a life -threatening injury. [Deposition of Amista Jarvis, RE 36-6, Page ID # 446-447].

III. The second time Jennifer's right to medical care was violated.

Approximately fifteen minutes later, Officer Lowery was summoned to Jennifer's bed by another inmate because the inmate thought Jennifer was having another seizure. [Deposition of Charity Lowery, RE 36-2, Page ID # 252-253]. The security camera demonstrates, and Officer Lowery admits, Jennifer was unsteady on her feet as Lowery and Jarvis lead Jennifer out of her cell and to the medical unit to see Nurse Gray again. *Id.* at Page ID # 268]. Nurse Gray admits he was informed Jennifer had urinated on herself. [Deposition of James Gray, II, RE 36-4, Page ID # 256]. Officer Lowery testified Nurse Gray was also aware Jennifer had had another seizure and she also heard Jennifer complaining to Nurse Gray about a headache. [Deposition of Charity Lowery, RE 36-2, Page ID # 256].

Nurse Gray stated he took Jennifer's vital signs, did another neurological exam, and collected her urine based on an alleged standing order from the prison doctor. [Deposition of James Gray, II, RE 36-4, PAGE ID # 322-323]. However, despite all the information he had from his first interaction with Jennifer and the **new** information relayed to him by the officers and Jennifer (e.g., another seizure, headache, urinated on herself), Nurse Gray **still** did not call a doctor; did not call 911; and did not call the warden. *Id.* at PAGE ID # 324, 331. Instead, he instructed the officers to take Jennifer back to bed again. *Id.* at PAGE ID # 331. Officers Lowery and Jarvis similarly never called a doctor, 911, or their supervisor after this second interaction with Jennifer.

Two hours later, Officer Lowery was called back to Jennifer's cell. [Deposition of Charity Lowery, RE 36-2, PAGE ID # 257]. An inmate told her Jennifer was dead. *Id.* Jennifer was laying on her back; had foamy spit coming out of her mouth; and was not breathing. *Id.* Nurse Gray was summoned to Jennifer's cell because she was found not breathing. *Id.* 911 was called and he performed CPR on Jennifer until the ambulance arrived and took Jennifer to the hospital. [Deposition of James Gray, II, RE 36-4, PAGE ID # 325-326]. During those two hours between sending Jennifer back to her cell for a second time and finding her not breathing, he did not check on Jennifer. *Id.* at PAGE ID # 332.

Jennifer was taken to a local hospital and then was life flighted to a trauma center in Columbus. [Affidavit of Dr. William Gormley, RE 41-1]. A CT scan detected a subarachnoid hemorrhage. *Id.* Jennifer died the next morning. *Id.* The coroner ruled the cause of death as seizure activity as a consequence of subarachnoid hemorrhage and subdural hemorrhage. *Id.*

IV. Calling a doctor and getting Jennifer to the hospital earlier was very important and would have saved her life.

Dr. William Gormley is board certified in neurosurgery and surgical critical care and is also an associate professor in neurosurgery at Harvard Medical School. [Affidavit of Dr. William Gormley, RE 41-1]. In his opinion, Jennifer's medical needs on the morning of June 25, 2018 were serious and she needed medical care from a doctor. *Id.* Dr. Gormley states it was "inexcusable" for Nurse Gray to not send Jennifer to the hospital or even pick up the phone and call a doctor. *Id.* Nurse Gray's actions were indicative of him being deliberately indifferent to Jennifer's serious medical needs. *Id.* In his opinion, more likely than not, earlier intervention by the nurse and corrections officers would have prevented Jennifer's death. *Id.*

SUMMARY OF THE ARGUMENT

Appellant has proven the three things required to support her claim that Jennifer Ohlinger's constitutional rights were violated by the denial of adequate medical care. First, it is undisputed she had an objective serious medical need while she was a detainee at SEORJ. Second, a reasonable jail official, knowing

what Nurse Gray and Officers Lowery and Jarvis knew, would have understood that Jennifer's medical needs subjected her to an excessive risk of harm. They all knew Jennifer had fallen and hit her head, lost consciousness, had suffered seizures, had a headache, was unsteady on her feet, and had urinated on herself. Further, Nurse Gray and Officer Jarvis admitted during their depositions that losing consciousness and hitting your head can lead to a life-threatening injury.

Finally, these jail officials, especially Nurse Gray who had the most medical training and experience, knew that their failure to have Jennifer seen by a doctor and taken to a hospital for evaluation and treatment posed a serious risk to her and they ignored that risk. Nurse Gray ignored the policies and guidelines in place that called for him to contact a doctor regarding Jennifer's condition or to send her to the hospital. Instead of acting on this life-threatening situation, he sent her back to her cell, not once, but twice and never even called a doctor. Similarly, the officers never notified their supervisors of this medical emergency, even though they were required to do so. Their conduct meets the standard required for Appellant's Section 1983 claim and it similarly meets the reckless standard required under Ohio state law to overcome immunity for their actions. Therefore, this Court should reverse the decision of the trial court and remand this case for further action.

ARGUMENT

I. Standard of Review – When Reviewing a Motion for Summary Judgment, this Court Reviews the District Court's Decision *De Novo.*

Sixth Circuit law is well settled that an appellate court must review a trial court's decision to grant or deny summary judgment *de novo* without any deference to the trial court's judgment. *GMA v. Lanard Toys, Inc.,* 468 F.3d 405 (6th Cir. 2006) *citing Bennett v. City of Eastpointe*, 410 F.3d 810, 817 (6th Cir. 2005); *Aparicio v. Norfolk & Western Ry. Co.,* 84 F.3d 803, 806 (6th Cir. 1996). Summary judgment is only appropriate "if the movant shows that there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law." Fed. R. Civ. Pro. 56. In evaluating a motion for summary judgment, the court must view the evidence in the light most favorable to the nonmoving party, with all reasonable inferences drawn in the non-moving party's favor. *United States Sec. & Exch. Comm'n v. Sierra Brokerage Servs., Inc.,* 712 F.3d 321, 327(6th Cir. 2013) *citing Tysinger v. Police Dep't of City of Zanesville,* 463 F.3d 569, 572 (6th Cir. 2006).

As the moving party, Appellees bore the initial burden of proving the absence of a triable, substantial or real issue of fact. In turn, Appellant's burden was only to produce evidence that could support a jury verdict. *Celotex Corp. v. Catrett,* 484 U.S. 1006, 1008 S. Ct 1028 98 L. Ed 2d 992 (1986). The question

before this Court, then, is not whether Appellant has proven her case at this point, but whether Appellant has made a sufficient showing as to the existence of a triable issue of material fact.

II. The District Court erred in granting summary judgment to Appellees Gray, Lowery, and Jarvis on Appellant's denial of adequate medical care claim pursuant to 42 U.S.C. § 1983.

Appellees violated their constitutional obligation to provide medical care to Jennifer Ohlinger while she was a pre-trial detainee. A plaintiff must satisfy three elements for an inadequate-medical-care care under the Fourteenth Amendment: 1) the plaintiff had an objectively serious medical need; 2) a reasonable jail official at the scene (knowing what the particular jail official knew at the time of the incident) would have understood that the detainee's medical needs subjected the detainee to an excessive risk of harm; and 3) the prison official knew that his/her failure to respond would pose a serious risk to the pretrial detainee and ignored that risk. *Trozzi v. Lake Cnty.*, 29 F.4th 745 (6th Cir. 2022). Appellant has evidence that establishes each of these three elements.

A. Jennifer Ohlinger had an objectively serious medical need.

A serious medical need is one that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor's attention. *Jones v. Muskegon County*, 625 F.3d 835, 941 (6th Cir. 2010).

Like an asthma attack, delirium tremens, a seizure, or severed tendons in an arm, the evidence is overwhelming Jennifer Ohlinger had an objectively serious medical need on the morning in question. The security camera video demonstrates her shakily exiting her cell, sitting down on the bench, falling and hitting her head on the hard floor. [Security Camera Video, RE: 40]. Nurse Gray and the corrections officers were informed Jennifer had hit her head hard on the floor and had suffered a seizure. Nurse Gray admitted during his deposition Jennifer told him she had passed out/blacked out/lost consciousness. [Deposition of James Gray, II, RE 36-4, PAGE ID # *Id.* at 318, 349].

Later, there is more evidence she had an objective serious medical need. They learned Jennifer had another seizure, was having a headache, security video showed she was unsteady on her feet again, and she urinated on herself. SEORJ's own policy defines a "medical emergency" as when an inmate has a "loss of consciousness" or when there is a seizure when there is no history of seizures. [Exhibits to Deposition of James Gray, II, RN, RE 36-5, Page ID # 414]. Finally, a highly credentialed neurosurgeon from Harvard University Medical School reviewed the evidence in this case and determined Jennifer's medical needs on the morning of June 25, 2018 were serious. [Affidavit of Dr. William Gormley, RE 41-1]. The trial court agreed Jennifer had an "objectively serious medical need," stating the following in its opinion:

> "The SEORJ Defendants do not dispute that Ms. Ohlinger suffered an "objectively serious medial need" on the day she died. Nor could they realistically do so, as there is no universe where a lethal brain hemorrhage – known or not – constitutes a less-than-serious injury."

Therefore, viewing this evidence in a light most favorable to Appellant, a jury could find Jennifer Ohlinger had an objectively serious medical need.

B. A reasonable jail official at the scene would have understood that Jennifer Ohlinger's medical needs subjected her to an excessive risk of harm.

There is more than sufficient evidence to establish that Nurse Gray and Officers Lowery and Jarvis understood Jennifer Ohlinger's medical needs subjected her to an excessive risk of harm. By the time Jennifer was taken back to her cell for the second time, these jail officials knew the following: 1) Jennifer was unsteady on her feet; 2) she had fallen and hit her head on the hard floor; 3) she had suffered seizures; 4) Jennifer told Nurse Gray that she had passed out/blacked out/lost consciousness; 5) was suffering from a headache; and 6) had urinated on herself. Further, Nurse Gray and Officer Jarvis specifically admitted that losing consciousness, seizures, and hitting your head can lead to a life-threatening injury. [Deposition of James Gray, II, RE 36-4, PAGE ID # 334][Deposition of Amista Jarvis, RE 36-6, PAGE ID #446-447]. Therefore, considering this evidence, Appellant has provided more than sufficient evidence to meet this element.

C. Nurse Gray and Officers Lowery and Jarvis knew that his/her/their failure to respond would pose a serious risk to Jennifer Ohlinger and ignored that risk.

Finally, Appellant has presented sufficient evidence to establish that Nurse Gray and Officers Lowery and Jarvis knew their failure to respond would pose a serious risk to Jennifer Ohlinger and they still ignored that risk. The evidence as it relates to Nurse Gray, the jail official who had the most medical training and experience, is particularly compelling. The detainee must demonstrate the defendant possessed a sufficiently culpable state of mind in denying medical care. A defendant has a sufficiently capable state of mind if he "knows of and disregards an excessive risk to inmate health or safety." *Farmer v. Brennan*, 511 U.S. 825, 837 (1994).

For example, in *Dominguez v. Corr. Med. Servs.*, 555 F.3d 543 (6th Cir. 2009), an inmate pursued an inadequate medical care claim against a jail nurse. The jail nurse called a doctor at least twice, but never sent the inmate to the hospital for evaluation and treatment despite witnessing the inmate being light headed, dizzy, vomiting, being told his condition was getting worse. *Id.* Instead, she just told him to rest, drink water, and sent him back to his cell. *Id.* The trial court denied the nurse's motion for summary judgment. *Id.* This Court affirmed that decision, finding that a reasonable jury could determine that totality of the circumstances demonstrates deliberate indifference on the part of the jail nurse. *Id.*

In *Padula v. Trumbull County*, 2012 U.S. Dist. LEXIS 111629 (N.D. Ohio 2012), summary judgment to a medical assistant was denied because there was

evidence the medical assistant never informed the jail doctor the inmate had blood in his ear which would have suggested a possible head injury that would have triggered a trip to the hospital and that the inmate was refusing to take his medication to treat delirium tremens. That evidence satisfied the subjective component of the deliberate indifference test. *Id.*

In *Marcum v. Scioto County*, 2013 U.S. Dist. LEXIS 188503 (S.D. Ohio, Nov. 21, 2013), the plaintiff claimed the jail doctor was deliberately indifferent to his serious medical need (asthma) which resulted in the inmate's death. The jail doctor was prescribing an inhaler for the inmate, but never saw the inmate or monitored his vital signs. *Id.* The court denied the jail doctor's motion for summary judgment and found the subjective test was met because there was evidence a doctor should at least examine the patient and monitor vital signs if medication is going to be ordered for a serious medical condition like asthma. *Id.*

In *Johnson v. Karnes*, 398 F.3d 868, (6th Cir. 2005), the plaintiff injured several tendons in his right hand immediately before going into the Franklin County Jail. During his 31 days confinement, he was given antibiotics by a nurse, but his bandages were only changed once, his wound was not checked on any regular basis, and, at best, he only spoke to the jail doctor once. *Id.* The trial court's decision to grant summary judgment for the jail doctor was reversed because there

was sufficient evidence to satisfy the subjective component that the jail doctor had disregarded the risk of not treating the inmate's hand injury sooner. *Id.*

Finally, in *Clutters v. Sexton*, 2007 U.S. Dist. LEXIS 84025 (S.D. Ohio 2007), an inmate who was having withdrawal symptoms from a medication slipped and fell and struck his head on the concrete floor. The inmate was not seen by a doctor and there was a delay in the transport of him to the hospital where it was later determined he had suffered a subdural hematoma. *Id.* The judge found this evidence met the subjective evidence and summary judgment to the jail officers was denied. *Id.*

Like the plaintiffs in *Dominguez*, *Padulla*, *Marcum*, *Johnson*, and *Clutters*, Kelsea Mercer has similarly presented sufficient evidence for a reasonable jury to find Nurse Gray, Officer Lowery, and Officer Jarvis knew Jennifer Ohlinger had a serious medical need and consciously disregarded it. Jennifer hit her head; lost consciousness; suffered multiple seizures; was unsteady on her feet; had a headache; and soiled herself. Jail guidelines and policy required a doctor be consulted or the inmate be taken to the hospital when the inmate has a loss of consciousness; has a seizure; or acts unusually. They were also required to notify their supervisor when these things happened, but they never did it.

Dr. Gormley stated in his affidavit and report that the neurologic outcome of a patient is directly related to the condition of the patient when they reach

treatment. If Jennifer had been seen by an actual doctor while she was still awake and alert, her outcome would likely have been one of full recovery. [Affidavit of Dr. William Gormley, RE 41-1]. However, despite all of this, these three jail employees never called 911, never contacted a doctor, and never even called their supervisor. Nurse Gray is not allowed to make a medical diagnosis, not allowed to write a prescription; not allowed to order tests, and is not allowed to order medical treatment, yet he unilaterally made the decision to not call a doctor or even call the warden. In *Dominguez*, a case where summary judgment was denied for the jail official, at least the nurse called the doctor for guidance. In this case, Nurse Gray did not even call the doctor! Therefore, the trial court erred in granting summary judgment to Appellees and that decision should be reversed.

III. The District Court erred in granting summary judgment to Appellees Gray, Lowery, and Jarvis on Appellant's wrongful death claim pursuant to O.R.C. § 2125.02.

It is true an employee of a political subdivision generally is immune from liability from a civil action to recover damages for injury or death pursuant to O.R.C. § 2744.03. However, that immunity does not apply if "the employee's acts or omission were with malicious purpose, in bad faith, or in a wanton or reckless manner." O.R.C. 2744.03(A)(6). In Ohio, "malicious purpose" is defined as "the willful and intentional design to do injury, or the intention or desire to harm another, usually seriously, through conduct that is unlawful or unjustified. *Caruso*

v. State, 136 Ohio App. 3d, 616, 737 N.E.2d 563, 567 (10th Dist. 2000). "Wanton" misconduct is the failure to exercise any care toward those to whom a duty of care is owed in circumstances in which there is great probability that harm will result. *Anderson v. Massillon*, 134 Ohio St.3d 380, 983 N.E.2d 266, 2012-Ohio-5711 (2012). "Reckless" conduct is characterized by the conscious disregard of or indifference to a known or obvious risk of harm to another that is unreasonable under the circumstances and is substantially greater than negligent conduct. *Id.*

Based on the facts viewed in the light most favorable to Appellant and for the same reasons discuss above concerning Jennifer Ohlinger's right to medical care claim, a reasonable jury could conclude that the Appellees acted in a "reckless manner." They consciously disregarded the known risk of not getting Jennifer to a doctor after demonstrating all the signs and symptoms of a serious medical need. Therefore, the trial court erred in granting the motion for summary judgment and that decision should be reversed.

CONCLUSION

In summary, Jennifer Ohlinger had an objectively serious medical need; a reasonable jail nurse and reasonable jail officer would have understood Jennifer's medical needs subjected her to an excessive risk of harm considering they knew she had hit her head, lost consciousness, suffered seizures, and had urinated on herself; and they knew their failure to respond would pose a serious risk to her, yet

they chose to ignore that risk and never contacted a doctor or notified their supervisors. In addition, their conduct rises to the level of recklessness that precludes them from having immunity in this case. Therefore, Appellant requests that the trial court's decision be reversed, and this case be remanded for further action.

Respectfully submitted,

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CERTIFICATE OF COMPLIANCE
WITH TYPE-VOLUME LIMITATION, TYPEFACE REQUIREMENTS,
AND TYPE STYLE REQUIREMENT

1. This brief complies with the type-volume limitation of Fed. R. App. P. 32(a)(7)(B) and 6th Cir. R 32(b) because it contains 4,290 words, as determined by the word-count function of Microsoft Word, excluding the parts of the brief exempted by Fed. R. App. P. 32.

2. This brief complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type style requirements of Fed. R. App. P. 32(a)(6) because it has been prepared in a proportionally spaced typeface using Microsoft Word in 14-point Times New Roman font.

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CERTIFICATE OF SERVICE

I hereby certify that on the 6th day of December, 2022, an electronic copy of the foregoing Brief of Appellant Kelsea Mercer was filed with the Clerk of Court for the U.S. Court of Appeals for the Sixth Circuit, using the appellate CM/ECF system. I further certify that all parties in this case who are registered CM/ECF users will receive service through the appellate CM/ECF system.

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ADDENDUM: DESIGNATION OF RELEVANT DISTRICT COURT DOCUMENTS

Record Entry No.	Description	Page ID #
36-2	Deposition of Charity Lowery	250, 252-253, 257, 268
36-4	Deposition of James Gray, II	256, 318, 322-328, 331-332, 334, 349-350
36-5	Exhibits to Deposition of James Gray, II	396, 403, 414
36-6	Deposition of Amista Jarvis	446-447
40	Security Camera Video	N/A
41-1	Affidavit of Dr. William Gormley	N/A
45	Opinion and Order granting summary judgment	1077
47	Notice of Appeal	1095