

IN THE CIRCUIT COURT FOR BALTIMORE CITY, MARYLAND

ANTOWAN GREEN, JR., a minor,
by and through his Parents and Next Friends,
NAKISHA GARDNER and ANTOWAN GREEN
4015 Oswego Court
Baltimore, Maryland 21215

and

NAKISHA GARDNER, Individually
4015 Oswego Court
Baltimore, Maryland 21215

and

ANTOWAN GREEN, Individually
4015 Oswego Court
Baltimore, Maryland 21215

Plaintiffs

v.

JUDE P. CRINO, M.D.
600 N. Wolfe Street
Baltimore, Maryland 21287

and

JILL EDWARDSON, M.D.
600 N. Wolfe Street
Baltimore, Maryland 21287

and

SANGINI SHETH, M.D.
600 N. Wolfe Street
Baltimore, Maryland 21287

FILED

MAR 22 2012

CIVIL DIV.
CIRCUIT COURT FOR
BALTIMORE CITY

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Case No. 12-0000000000
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Case No.

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and *

MICHELLE KAHN, M.D. *
600 N. Wolfe Street *
Baltimore, Maryland 21287 *

and *

NANCY A. HEUPPCHEN, M.D. *
600 N. Wolfe Street *
Baltimore, Maryland 21287 *

and *

CYNTHIA IMPERATO, R.N. *
600 N. Wolfe Street *
Baltimore, Maryland 21287 *

Defendants *

* * * * *

COMPLAINT AND DEMAND FOR JURY TRIAL

Plaintiffs, Antowan Green, Jr., a minor, by and through his parents and next friends, Nakisha Gardner and Antowan Green, and Nakisha Gardner and Antowan Green, individually, by and through their attorneys, H. Briggs Bedigian, Keith D. Forman, and Wais, Vogelstein & Bedigian, LLC, hereby sue Jude P. Crino, M.D., Jill Edwardson, M.D., Sangini Sheth, M.D., Michelle Kahn, M.D., Nancy A. Heuppchen, M.D., and Cynthia Imperato, R.N. In support of their claims, Plaintiffs state as follows:

JURISDICTION AND VENUE

1. This medical negligence claim is instituted pursuant to Md. Cts. & Jud. Proc. Art. §3-2A-01, §3-2A-10, for the recovery of damages in excess of Thirty Thousand Dollars (\$30,000.00). All conditions precedent to the filing of this lawsuit have been satisfied, including

the filing of a Statement of Claim, Certificate of Merit and Expert Report and Waiver of Arbitration in the Health Care Alternative Dispute Resolution Office of Maryland.

2. Venue is proper in Baltimore City, Maryland.

3. Plaintiffs hereby attach, as if fully stated herein, a Certificate of Merit and Expert Report of Michael S. Cardwell, M.D.

4. Defendant Jude P. Crino, M.D. is, and at all times relevant hereto was, a physician licensed to practice medicine, including obstetrics and gynecology, in the State of Maryland. At all times material hereto, Dr. Crino acted individually and/or as the actual and/or apparent agent, servant and/or employee of The Johns Hopkins Hospital and/or The Johns Hopkins Health Systems Corporation.

5. Defendant Sangini Sheth, M.D. is, and at all times relevant hereto was, a physician licensed to practice medicine, including obstetrics and gynecology, in the State of Maryland. At all times material hereto, Dr. Sheth acted individually and/or as the actual and/or apparent agent, servant and/or employee of The Johns Hopkins Hospital and/or The Johns Hopkins Health Systems Corporation.

6. Defendant Michelle Kahn, M.D. is, and at all times relevant hereto was, a physician licensed to practice medicine, including obstetrics and gynecology, in the State of Maryland. At all times material hereto, Dr. Kahn acted individually and/or as the actual and/or apparent agent, servant and/or employee of The Johns Hopkins Hospital and/or The Johns Hopkins Health Systems Corporation.

7. Defendant Nancy A. Heuppchen, M.D. is, and at all times relevant hereto was, a physician licensed to practice medicine, including obstetrics and gynecology, in the State of

Maryland. At all times material hereto, Dr. Heuppchen acted individually and/or as the actual and/or apparent agent, servant and/or employee of The Johns Hopkins Hospital and/or The Johns Hopkins Health Systems Corporation.

8. Defendant Cynthia Imperato, R.N. is, and at all times relevant hereto was, a registered nurses licensed to practice nursing in the State of Maryland. At all times material hereto, Nurse Imperato acted individually and/or as the actual and/or apparent agent, servant and/or employee of The Johns Hopkins Hospital and/or The Johns Hopkins Health Systems Corporation.

STATEMENT OF FACTS

9. According to the medical records, Nakisha Gardner reported to The Johns Hopkins Hospital at approximately 1:00 a.m. on September 7, 2010 with complaints consistent with labor. At the time, she was 41 weeks pregnant.

10. At approximately 1:04 a.m., Ms. Gardner was hooked up to an electronic fetal monitor. The initial fetal heart monitoring showed a baseline of 140 with minimal beat-to-beat variability. An initial sterile vaginal exam was performed around this time which showed that Ms. Gardner's cervix was 6 cm dilated and 90 percent effaced, and remote from a vaginal delivery.

11. From approximately 1:00 a.m. to 4:30 a.m., the fetal heart rate monitoring still showed periods of minimal beat-to-beat variability, and the tocodynamometer demonstrated uterine activity in the form of contractions.

12. Ms. Gardner's membranes were artificially ruptured at approximately 4:30 a.m. At 4:38 a.m., Dr. Sheth performed a sterile vaginal exam. The vaginal exam showed that Ms.

Gardner's cervix had not dilated, and was recorded as 6 cm dilated and 80 percent effaced.

Thus, despite nearly 3 hours of contractions, Ms. Gardner's cervix had not changed

13. Pitocin was started at 5:06 a.m. at 2 mu.

14. At 5:27 a.m., the Pitocin was increased to 4 mu. Throughout this time period, the fetal heart tracing continued to show minimal beat-to-beat variability.

15. At or around 6:50 a.m., another sterile vaginal was performed by Dr. Edwardson. This vaginal exam was recorded by Dr. Edwardson as showing that Ms. Gardner's cervix was still 6 cm dilated and 90 percent effaced. By this point, Ms. Gardner had been in the hospital for over 5 hours, with painful contractions, but no cervical change. Despite these findings, the Defendants violated applicable standards of care by failing to diagnose arrest of labor, and by failing to order a timely cesarean section.

16. At 7:01, the Pitocin was increased to 6 mu.

17. At or around 7:30 a.m. the fetal heart baseline began to elevate, which is a concerning finding.

18. At 7:46, Nurse Imperato initiated intrauterine resuscitative measures in the form of position change, and oxygen, which was done in response to rising fetal heart rate baseline and significant decelerations of the fetal heart rate. Also in this time period, the tocodynamometer began showing evidence of tachysytole, or greater than 5 contractions in 10 minutes. Again, despite these findings, the Defendants violated applicable standards of care by failing to diagnose arrest of labor, and by failing to order a timely cesarean section.

19. The second year resident made a note on the labor and delivery flowsheet at 9:22 a.m. indicating that Dr. Hueppchen had performed a sterile vaginal exam showing that Ms.

Gardner's cervix had only progressed 1 cm to 7 cm, and was still 90 percent effaced. The plan at the time, according to the second year resident's note, was: "1. MWB: start A/G for chorio; 2. FWB: vtx, GBS negative, Cat 2 tracing; 3. Labor: continue pitocin AOL, IPUS for adequate ctxns." This plan, however, was in violation of applicable standards of care because arrest of labor, in addition to chorioamnionitis, with a category 2 tracing, warrants a timely cesarean section. However, Ms. Gardner's baby was not delivered for approximately 12 more hours.

20. At approximately 10:30 a.m., the fetal heart rate tracing exhibited clear signs of tachycardia, with the fetal heart rate approaching 200 bpm.

21. At 10:50, Dr. Kahn performed another vaginal exam, which showed that Ms. Gardner's cervix was still 7 cm dilated and 90 percent effaced.

22. At 11:30 a.m., the Pitocin was increased to 7 mu.

23. At 12:05 a.m., the medical records indicate that Ms. Gardner was febrile with a temperature of 101.8 degrees.

24. At 12:07 p.m., the Pitocin was increased to 8 mu.

25. At 12:56 p.m., the Pitocin was increased to 9 mu.

26. At 1:34 p.m., the Pitocin was increased to 10 mu.

27. Another sterile vaginal exam was performed at 1:50 p.m., and Ms. Gardner's cervix had not changed. Despite this finding, the Defendants continued to negligently proceed with the labor and failed to perform a timely cesarean section within the applicable standards of care.

28. At 2:09 p.m., the Pitocin was increased to 11 mu.

29. At 3:09 p.m., the Pitocin was increased to 14 mu.

30. At 3:32 p.m., the Pitocin was increased to 16 mu.

31. At 4:05 p.m., the Pitocin was increased to 18 mu.

32. At 4:25 p.m., the Pitocin was increased 20 mu. Throughout these time periods, the fetal heart monitoring showed absent to minimal beat-to-beat variability.

33. According to the medical records, Dr. Kahn was informed at or around 5:08 p.m. that the uterine activity was showing a "dysfunctional pattern" with 6 uterine contractions in a row, followed by a 5-7 minute break. In response, Dr. Kahn negligently, and in violation of the applicable standards of care, ordered the nursing staff to "pit through" the irregular contractions.

33. From 5:12 p.m. to approximately 7:00 p.m., the Pitocin was gradually increased to 30 mu.

34. At or around 7:00 p.m., a vaginal exam was performed by Dr. Crino, which showed that Ms. Gardner was only 8 cm dilated and 80 percent effaced. Again, the Defendants negligently failed to order a timely cesarean section.

35. Instead of performing a timely cesarean section, Ms. Gardner was allowed to labor after 7:00 p.m. Around this time period, the fetal heart rate monitoring began to deteriorate. Eventually, the health care providers called a cesarean section at some time shortly before 8:45 p.m.

36. According to the medical records, Ms. Gardner was in the operating room at 8:45 p.m. and the anesthesia was ready at 9:00 p.m.

37. At or around 9:00 p.m., there were "3 prolonged decels. One for five minutes to the 60's. One for 4 minutes to the 80's. One to 4 minutes to the 70's."

38. Despite all of the above, it was not until 9:12 p.m. that Antowan Green, Jr. was

delivered. At birth, he required resuscitation and the arterial cord blood gas was as follows: pH 7.1, pCO₂ 75, pO₂ 16, HCO₃ 22.00 and base excess -11.

39. While in the NICU, Antowan was diagnosed with seizures and a large middle cerebral artery distribution stroke. Furthermore, Antowan suffered from respiratory distress and required NG tube placement in the neonatal period.

40. The Defendant Healthcare Providers deviated from the applicable standards of care by failing to diagnose arrest of labor, by failing to timely recognize signs of fetal distress, by failing to appropriately administer Pitocin to a patient in labor, and by failing to timely deliver Antowan Green, Jr. by cesarean section.

41. With reasonable medical probability, had the Defendant Healthcare Providers complied with the applicable standards, Antowan Green, Jr. would not have suffered from an intrauterine cerebral artery distribution stroke and its sequelae, including, but not limited to, seizures, respiratory distress and NG tube placement.

42. As a direct and proximate result of the Defendant Healthcare Providers' deviations from the applicable standards of care, Antowan Green, Jr. has severe and permanent global developmental delays, severe and permanent brain damage, multiple physical and mental disabilities, and will likely develop cerebral palsy. Had the Defendant Healthcare Providers complied with the standards of care, Antowan Green, Jr. would not have suffered the above-referenced injuries.

COUNT I

Antowan Green, Jr., a minor, by and through his parents and next friends, Nakisha Gardner and Antowan Green, and by and through his undersigned attorneys, hereby sues all of the Defendant Healthcare Providers and for his cause of action states as follows:

43. The Plaintiff incorporates herein by this reference and re-alleges paragraphs 1-42 of this Statement of Claim as if fully stated herein.

44. In their care and treatment of Antowan Green, the Defendant Healthcare Providers, acting individually and/or as the actual and/or apparent agent, servant and/or employee of The Johns Hopkins Hospital and/or The Johns Hopkins Health Systems Corporation, owed Antowan Green, Jr. the duty to exercise that degree of care and skill which a reasonably competent physician, nurse, hospital and/or similar health care provider would have exercised under the same or similar circumstances.

45. The Defendant Healthcare Providers, acting individually and/or in the scope of their agency, servancy and/or employment with The Johns Hopkins Hospital and/or The Johns Hopkins Health System Corporation, breached the aforesaid duty of care owed to Antowan Green, Jr. and were negligent in the following ways among others:

- (A) Failure to take a thorough medical history;
- (B) Failure to conduct appropriate and careful examinations;
- (C) Failure to utilize appropriate ancillary procedures;
- (D) Failure to timely and adequately recognize Nakisha Gardner's and Antowan Green, Jr.'s serious medical condition(s);
- (E) Failure to timely and adequately treat Nakisha Gardner's and Antowan

Green, Jr.'s serious medical condition(s);

- (F) Failure to appropriately react to symptoms, signs and findings which were illustrative of Antowan Green, Jr.'s true condition;
- (G) Failure to take appropriate precautions in monitoring and treating Nakisha Gardner's condition;
- (H) Failure to obtain appropriate consultations and/or appropriately utilize the information made available to them;
- (I) Failure to react to positive symptoms, signs, physical findings, and/or other data which were illustrative of Nakisha Gardner's or Antowan Green, Jr.'s true condition;
- (J) Failure to react to the positive symptoms, signs, physical findings, and other data which were illustrative of the fetus' true condition;
- (K) Failure to properly and timely monitor and respond to (the fetus') Antowan Green, Jr.'s true condition;
- (L) Failure to diagnose arrest of labor;
- (M) Failure to timely and appropriately diagnose fetal distress;
- (N) Failure to appropriately administer Pitocin to Nakisha Gardner; and
- (O) Failure to timely perform a cesarean section delivery upon Nakisha Gardner.

46. As a direct and proximate result of the above-mentioned deviations from the applicable standards of care by the Defendant Healthcare Providers, Antowan Green, Jr. has suffered and/or will suffer the following permanent injuries, among others:

- (A) Neurobehavioral abnormalities and neurological injuries;
- (B) Reduced cognitive and mental capabilities;
- (C) Receptive language and expressive language delay;
- (D) He has incurred and will continue to incur substantial expenses for medical and other care and treatment of his medical condition for which he and his parents are incapable, unwilling and unable to pay;
- (E) His earning capacity has been severely diminished;
- (F) He has and will continue to suffer great pain and suffering;
- (G) Significant developmental disabilities and delays;
- (H) He has suffered cerebral artery stroke and its effects;
- (I) He has suffered seizures and their effects;
- (J) Respiratory distress syndrome;
- (K) Perinatal depression;
- (L) Birth asphyxia and/or hypoxia; and
- (M) He will likely develop cerebral palsy.

WHEREFORE, Antowan Green, Jr., a minor, by and through parents and next friends, Nakisha Gardner and Antowan Green, brings this action against the Defendant Healthcare Providers and seeks damages that will adequately and fairly compensate him, costs, and such other and further relief as may be deemed appropriate.

COUNT II

Plaintiffs, Nakisha Gardner, individually, and Antowan Green, individually, by and through their undersigned attorneys, hereby sue the Defendants and for their cause of action states as follows:

47. The Plaintiffs incorporates herein by this reference and re-alleges paragraphs 1-46 of this Statement of Claim as if fully stated herein.

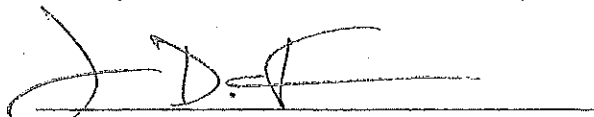
48. As a further direct and proximate result of the above-mentioned deviations from the applicable standard of care by the Defendants, Nakisha Gardner and Antowan Green have suffered and/or will suffer the following injuries, among others:

- (A) Ms. Gardner and Mr. Green have incurred and will continue to incur substantial expenses for medical treatment and other care of Antowan Green, Jr.;
- (B) Ms. Gardner and Mr. Green have suffered and will continue to suffer the loss of services, companionship, labor, assistance, etc. from their child, Antowan Green, Jr.; and
- (C) Ms. Gardner and Mr. Green have suffered and will continue to suffer great emotional anguish and pain and suffering as a consequence of the Defendants Healthcare Providers' negligence as described above.

WHEREFORE, Plaintiffs, Nakisha Gardner and Antowan Green, bring this action against the Defendant Healthcare Providers and seek damages that will adequately compensate them, costs, and such other and further relief as may be deemed appropriate.

Respectfully submitted,

WAIS, VOGELSTEIN & BEDIGIAN, LLC



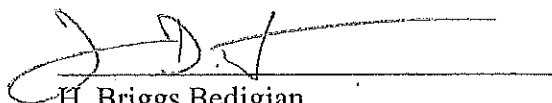
H. Briggs Bedigian
Keith D. Forman
1829 Reisterstown Road
Suite 425
Baltimore, Maryland 21208
(410) 998-3600 Tele
(410) 998-3680 Fax
Attorneys for Plaintiffs

DEMAND FOR JURY TRIAL

Plaintiffs, by and through their undersigned counsel, hereby by demand a trial by jury on all issues raised herein.

Respectfully submitted,

WAIS, VOGELSTEIN & BEDIGIAN, LLC



H. Briggs Bedigian
Keith D. Forman
1829 Reisterstown Road, Suite 425
Baltimore, MD 21208
(410) 998-3600
Attorneys for Plaintiffs

IN THE HEALTH CARE ALTERNATIVE DISPUTE
RESOLUTION OFFICE OF MARYLAND

ANTOWAN GREEN, JR., a minor, et al. *

Claimants *

v. * HCA No. _____

JUDE P. CRINO, M.D., et al. *

Defendant Health Care Providers *

* * * * *

CERTIFICATE OF MERIT

I, MICHAEL S. CARDWELL, M.D., hereby certify that the following statements are true and accurate:

1. I, MICHAEL S. CARDWELL, am a board-certified obstetrician and maternal fetal medicine specialist licensed to practice medicine in the State of Texas.

2. In addition to being board-certified in obstetrics and gynecology and maternal fetal medicine, I have clinical experience, have provided consultation relating to clinical practice, and/or taught medicine in the Defendant Health Care Providers' specialty and/or sub-specialties of medicine, or the specialty and/or sub-specialties of medicine practiced by the Defendant Health Care Providers' agents, servants and/or employees, or a related field of health care, within five (5) years of the date of the alleged act or omission giving rise to the underlying cause of action.

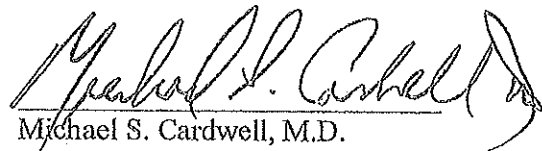
3. From my review of the pertinent medical records, I have concluded with reasonable medical probability that there were deviations from the accepted and applicable standards of care on the part of the Defendant Health Care Providers, Jude P. Crino, M.D., Jill Edwardson, M.D., Sangini Sheth, M.D., Michelle Kahn, M.D., Nancy A. Hueppchen, M.D. and

Cynthia Imperato, R.N.

4. I have also concluded with reasonable medical probability that these deviations were the direct and proximate cause of the Claimants' alleged injuries and damages.

5. Attached is a brief statement of my opinions in this matter.

6. Less than twenty percent (20%) annually of my professional activities involves testimony in personal injury claims.



Michael S. Cardwell, M.D.

Keith D. Forman
Wais, Vogelstein & Bedigian, LLC
1829 Reisterstown Road
Suite 425
Baltimore, Maryland 21208

Re: Nakisha Gardner/Antowan Green v. The Johns Hopkins Hospital

Dear Mr. Forman:

I have had the opportunity to review the medical records of Nakisha Gardner and Antowan Green, Jr., including medical records from The Johns Hopkins Hospital. Based on my review of the medical records, I have determined that there were deviations from the applicable standards of care by the Defendant Health Care Providers in their care and treatment of the Claimants. It is also my opinion to a reasonable degree of medical certainty that the deviations discussed below were the direct and proximate cause of Antowan Green, Jr.'s alleged injuries and damages.

According to the medical records, Nakisha Gardner reported to The Johns Hopkins Hospital at approximately 1:00 a.m. on September 7, 2010 with complaints consistent with labor. At the time, she was 41 weeks pregnant. At approximately 1:04 a.m., Ms. Gardner was hooked up to the electronic fetal monitor. The initial fetal heart monitoring showed a baseline of 140 with minimal beat-to-beat variability. An initial sterile vaginal exam was performed which showed that Ms. Gardner's cervix was 6 cm dilated and 90 percent effaced, and remote from a vaginal delivery.

From approximately 1:00 a.m. to 4:30 a.m., the fetal heart rate monitoring still showed periods of minimal beat-to-beat variability, and the tocodynamometer demonstrated uterine activity in the form of contractions. Ms. Gardner's membranes were artificially ruptured at approximately 4:30 a.m. At 4:38 a.m., Dr. Sheth performed a sterile vaginal exam. The vaginal exam showed that Ms. Gardner's cervix had not dilated, and was recorded as 6 cm dilated and 80 percent effaced. Thus, despite nearly 3 hours of contractions, Ms. Gardner's cervix had not changed.

Pitocin was started at 5:06 a.m. at 2 mu. At 5:27 a.m., the Pitocin was increased to 4 mu. Throughout this time period, the fetal heart tracing continued to show minimal beat-to-beat variability.

At or around 6:50 a.m., another sterile vaginal was performed by Dr. Edwardson. This vaginal exam was recorded by Dr. Edwardson as showing that Ms. Gardner's cervix was still 6 cm dilated and 90 percent effaced. By this point, Ms. Gardner had been in the hospital for over 5 hours, with painful contractions, but no cervical change. Despite these findings, the Defendant Health Care Providers violated applicable standards of care by failing to diagnose arrest of labor, and by failing to order a timely cesarean section.

At 7:01, the Pitocin was increased to 6 mu. At or around 7:30 a.m. the fetal heart baseline began to elevate. At 7:46, Nurse Imperato initiated intrauterine resuscitative measures in the form of position change, and oxygen, which was done in response to rising fetal heart rate baseline and significant decelerations of the fetal heart rate. Also in this time period, the tocodynamometer began showing evidence of tachysytole, or greater than 5 contractions in 10 minutes. Again, despite these findings, the Defendant Health Care Providers violated applicable standards of care by failing to diagnose arrest of labor, and by failing to order a timely cesarean section.

The second year resident made a note on the labor and delivery flowsheet at 9:22 a.m. indicating that Dr. Hueppchen had performed a sterile vaginal exam showing that Ms. Gardner's cervix had only progressed 1 cm to 7 cm, and that was still 90 percent effaced. The plan at the time, according to the second year resident's note, was: "1. MWB: start A/G for chorio; 2. FWB: vtx, GBS negative, Cat 2 tracing; 3. Labor: continue pitocin AOL, IPUS for adequate ctxns." This plan, however, was in violation of applicable standards of care because arrest of labor, in addition to chorioamniotitis, with a category 2 tracing, warrants a timely cesarean section. However, Ms. Gardner's baby was not delivered for approximately 12 more hours.

At approximately 10:30 a.m., the fetal heart rate tracing exhibited clear signs of tachycardia, with the fetal heart rate approaching 200 bpm. At 10:50, Dr. Kahn performed another vaginal exam, which showed that Ms. Gardner's cervix was still 7 cm dilated and 90 percent effaced.

At 11:30 a.m., the Pitocin was increased to 7 mu. At 12:05 a.m., the medical records indicate that Ms. Gardner was febrile with a temperature of 101.8 degrees. At 12:07 p.m., the Pitocin was increased to 8 mu. At 12:56 p.m., the Pitocin was increased to 9 mu. At 1:34 p.m., the Pitocin was increased to 10 mu. Another sterile vaginal exam was performed at 1:50 p.m., and Ms. Gardner's cervix had not changed. Yet, the Defendant Health Care Providers continued to negligently proceed with the labor and failed to perform a timely cesarean section within the applicable standards of care.

At 2:09 p.m., the Pitocin was increased to 11 mu. At 3:09 p.m., the Pitocin was increased to 14 mu. At 3:32 p.m., the Pitocin was increased to 16 mu. At 4:05 p.m., the Pitocin was increased to 18 mu. At 4:25 a.m., the Pitocin was increased 20 mu. Throughout these time periods, the fetal heart monitoring showed absent to minimal beat-to-beat variability.

According to the medical records, Dr. Kahn was informed at or around 5:08 p.m. that the uterine activity was showing a "dysfunctional pattern" with 6 uterine contractions in a row, followed by a 5-7 minute break. In response, Dr. Kahn negligently, and in violation of the applicable standards of care, ordered the nursing staff to "pit through" the irregular contractions.

From 5:12 p.m. to approximately 7:00 p.m., the Pitocin was gradually increased to 30 mu. At or around 7:00 p.m., a vaginal exam was performed by Dr. Crino, which showed that Ms. Gardner was only 8 cm dilated and 80 percent effaced. Again, the Defendant Health Care Providers negligently failed to order a timely cesarean section.

Instead of performing a timely cesarean section, Ms. Gardner was allowed to labor after 7:00 p.m. Around this time period, the fetal heart rate monitoring began to deteriorate. Eventually, the health care providers called a cesarean section at some time shortly before 8:45 p.m. According to the medical records, Ms. Gardner was in the operating room at 8:45 p.m. and the anesthesia was ready at 9:00 p.m. At or around 9:00 p.m., there were "3 prolonged decels. One for five minutes to the 60's. One for 4 minutes to the 80's. One to 4 minutes to the 70's."

Despite all of the above, it was not until 9:12 p.m. that Antowan Green was delivered. At birth, he required resuscitation and the arterial cord blood gas was as follows: ph 7.1, pCO₂ 75, pO₂ 16, HCO₃ 22.00 and base excess -11. While in the NICU, Antowan was diagnosed with seizures and a large middle cerebral artery distribution stroke. Furthermore, Antowan suffered from respiratory distress and required NG tube placement in the neonatal period.

It is my opinion to a reasonable degree of medical probability that the Defendant Health Care Providers were required, in accordance with the applicable standards of care, to timely and appropriately diagnose arrest of labor, appropriately administer Pitocin to a labor patient, and to timely deliver Antowan Green, Jr. However, the Defendant Health Care Providers violated applicable standards of care by failing to timely and/or appropriately diagnosed arrest of labor, by using excessive Pitocin, and by not delivering Antowan Green, Jr. until 9:12 p.m. on September 7, 2010. It is also my opinion to a reasonable degree of medical probability that the above-referenced deviations from the standards of care directly and proximately resulted in Antowan Green, Jr.'s alleged injuries and damages, including his MCA stroke and its sequelae.

This report is not, nor is it intended to be, an exhaustive description of all my opinions, conclusions and/or their basis. My opinions, stated above, are given with a reasonable degree of medical probability and/or certainty and may be modified and/or supplemented upon review of additional information and/or documents.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael S. Cardwell". The signature is fluid and cursive, with a large, stylized initial "M" and "C".

Michael S. Cardwell, M.D.

Circuit Court for Baltimore City

City or County

CIVIL-NON-DOMESTIC CASE INFORMATION REPORT

Directions:

Plaintiff: This Information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111(a). A copy must be included for each defendant to be served.

Defendant: You must file an Information Report as required by Rule 2-323(h).

THIS INFORMATION REPORT CANNOT BE ACCEPTED AS AN ANSWER OR RESPONSE.

FORM FILED BY: [X] PLAINTIFF [] DEFENDANT CASE NUMBER: (Clerk to insert)
CASE NAME: Antowan Green, Jr., a minor, et al. v Jude P. Crino, M.D., et al.
JURY DEMAND: [X] Yes [] No Anticipated length of trial: hours or days
RELATED CASE PENDING? [] Yes [X] No If yes, Case #(s), if known:
Special Requirements? [X] Interpreter/communication impairment Which language
(Attach Form I-332 if Accommodation or Interpreter Needed) Which dialect
[] ADA accommodation:

NATURE OF ACTION (CHECK ONE BOX) DAMAGES/RELIEF
TORTS: [X] Motor Tort, [X] Premises Liability, [X] Assault & Battery, [X] Product Liability, [X] Professional Malpractice, [X] Wrongful Death, [X] Business & Commercial, [X] Libel & Slander, [X] False Arrest/Imprisonment, [X] Nuisance, [X] Toxic Torts, [X] Fraud, [X] Malicious Prosecution, [X] Lead Paint, [X] Asbestos, [X] Other
LABOR: [X] Workers' Comp., [X] Wrongful Discharge, [X] EEO, [X] Other
CONTRACTS: [X] Insurance, [X] Confessed Judgment, [X] Other
REAL PROPERTY: [X] Judicial Sale, [X] Condemnation, [X] Landlord Tenant, [X] Other
OTHER: [X] Civil Rights, [X] Environmental, [X] ADA, [X] Other
A. TORTS: Actual Damages [X] Under \$7,500, [X] \$7,500 - \$50,000, [X] \$50,000 - \$100,000, [X] Over \$100,000; [X] Medical Bills, [X] Property Damages, [X] Wage Loss
B. CONTRACTS: [X] Under \$10,000, [X] \$10,000 - \$20,000, [X] Over \$20,000
C. NONMONETARY: [X] Declaratory Judgment, [X] Injunction, [X] Other

ALTERNATIVE DISPUTE RESOLUTION INFORMATION
Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)
A. Mediation [X] Yes [] No C. Settlement Conference [X] Yes [] No
B. Arbitration [X] Yes [] No D. Neutral Evaluation [X] Yes [] No

TRACK REQUEST
With the exception of Baltimore County and Baltimore City, please fill in the estimated LENGTH OF TRIAL. THIS CASE WILL THEN BE TRACKED ACCORDINGLY.
[X] 1/2 day of trial or less [X] 3 days of trial time
[X] 1 day of trial time [X] More than 3 days of trial time
[X] 2 days of trial time

PLEASE SEE PAGE TWO OF THIS FORM FOR INSTRUCTIONS PERTAINING TO THE BUSINESS AND TECHNOLOGY CASE MANAGEMENT PROGRAM AND ADDITIONAL INSTRUCTIONS IF YOU ARE FILING YOUR COMPLAINT IN BALTIMORE COUNTY, BALTIMORE CITY, OR PRINCE GEORGE'S COUNTY.
Date 3/21/12 Signature [Handwritten Signature]

BUSINESS AND TECHNOLOGY CASE MANAGEMENT PROGRAM

For all jurisdictions, if Business and Technology track designation under Md. Rule 16-205 is requested, attach a duplicate copy of complaint and check one of the tracks below.

Expedited
Trial within 7 months of
Defendant's response

Standard
Trial - 18 months of
Defendant's response

EMERGENCY RELIEF REQUESTED _____

Signature

Date

IF YOU ARE FILING YOUR COMPLAINT IN BALTIMORE COUNTY, BALTIMORE CITY, OR PRINCE GEORGE'S COUNTY PLEASE FILL OUT THE APPROPRIATE BOX BELOW.

CIRCUIT COURT FOR BALTIMORE CITY (check only one)

- Expedited Trial 60 to 120 days from notice. Non-jury matters.
- Standard-Short Trial seven months from Defendant's response. Includes torts with actual damages up to \$7,500; contract claims up to \$20,000; condemnations; injunctions and declaratory judgments.
- Standard-Medium Trial 12 months from Defendant's response. Includes torts with actual damages over \$7,500 and under \$50,000, and contract claims over \$20,000.
- Standard-Complex Trial 18 months from Defendant's response. Includes complex cases requiring prolonged discovery with actual damages in excess of \$50,000.
- Lead Paint Fill in: Birthdate of youngest plaintiff _____
- Asbestos Events and deadlines set by individual judge.
- Protracted Cases Complex cases designated by the Administrative Judge.

CIRCUIT COURT FOR PRINCE GEORGE'S COUNTY

To assist the Court in determining the appropriate Track for this case, check one of the boxes below. This information is not an admission and may not be used for any purpose other than Track Assignment.

- Liability is conceded.
- Liability is not conceded, but is not seriously in dispute.
- Liability is seriously in dispute.

CIRCUIT COURT FOR BALTIMORE COUNTY

- Expedited (Trial Date-90 days) Attachment Before Judgment, Declaratory Judgment (Simple), Administrative Appeals, District Court Appeals and Jury Trial Prayers, Guardianship, Injunction, Mandamus.
- Standard (Trial Date-240 days) Condemnation, Confessed Judgments (Vacated), Contract, Employment Related Cases, Fraud and Misrepresentation, Intentional Tort, Motor Tort, Other Personal Injury, Workers' Compensation Cases.
- Extended Standard (Trial Date-345 days) Asbestos, Lender Liability, Professional Malpractice, Serious Motor Tort or Personal Injury Cases (medical expenses and wage loss of \$100,000, expert and out-of-state witnesses (parties), and trial of five or more days), State Insolvency.
- Complex (Trial Date-450 days) Class Actions, Designated Toxic Tort, Major Construction Contracts, Major Product Liabilities, Other Complex Cases.

ONE LIBERTY PLACE
1650 MARKET STREET, 36TH FLOOR
PHILADELPHIA, PA 19103
PHONE: 267.386.4940
FAX: 267.386.4942



2717 13TH STREET, NW
WASHINGTON, D.C. 20009
PHONE: 1.888.952.9669
FAX: 410.998.3680

◆ ATTORNEYS AT LAW ◆

1829 REISTERSTOWN ROAD, SUITE 425
BALTIMORE, MARYLAND 21208
PHONE: 410.998.3600
FAX: 410.998.3680
WWW.WVBLEGAL.COM

March 21, 2012

Civil Clerk
Circuit Court for Baltimore City
111 N. Calvert Street
Baltimore, MD 21202

Re: *Antowan Green, Jr., a minor, et al. v. Jude P. Crino, M.D., et al.*

Dear Clerk:

Enclosed please find an original and 7 copies of the Civil Non-Domestic Case Information Sheet and Complaint and Demand for Jury Trial along with a check in the amount of \$155.00 to cover costs of filing same. Please date stamp the extra copy and return to me in the enclosed, self-addressed, stamped envelope.

Kindly return the summons to this office for service via private process.

Thank you for your assistance in this regard.

Very truly yours,

A handwritten signature in black ink that reads 'Keith D. Forman' with a stylized flourish at the end.

Keith D. Forman

KDF/pls
Enclosures