

IN THE CIRCUIT COURT OF BOLIVAR COUNTY, MISSISSIPPI
SECOND JUDICIAL DISTRICT

DEDRA PETERSON, as Surviving Daughter
and Administratrix of the Estate of
VELTHA LEE PETERSON, Deceased, and
on Behalf of all Wrongful Death Beneficiaries

PLAINTIFF

VS.

NO. 2019-0056

PHC-CLEVELAND, INC. d/b/a BOLIVAR
MEDICAL CENTER, BLAKE SURGICAL
ASSOCIATION, PLLC, and ROGER BLAKE, MD

DEFENDANTS

PRE-TRIAL ORDER

The above case appearing to be ready for trial, and the undersigned Circuit Judge having dispensed with formal pre-trial conference and entered an Order requiring that the parties submit the following pre-trial statement.

1. Counsel with full authority to speak for the parties in this cause have entered into this pre-trial statement. The parties are bound by the representations contained in this pre-trial statement.
2. In this pre-trial statement, counsel represent to the Court:
 - a. They have stipulated all relevant and material facts not genuinely at issue.
 - b. All information contained herein was prepared by counsel after preparation with the same thoroughness as for trial in order to conserve the time of counsel and the Court.
3. The following claims (including claims stated in the complaint and counter claims, if any) have been filed: Plaintiffs' Complaint against Defendants
4. There is the following jurisdictional and/or venue question: None

5. There are pending motions as follows:

- a. Plaintiff's Motion *in Limine*
- b. Defendants' Motion *in Limine*

The parties anticipate submitting an Agreed Order to the Court on these motions.

6. The following is a concise summary of the ultimate facts as claimed by:

- a. Plaintiff:

Ms. Peterson presented to the emergency department at Bolivar Medical Center on June 28, 2017 with complaints of lower abdominal pain. She was subsequently diagnosed with acute appendicitis. She was taken to the operating room urgently later that evening for a laparoscopic appendectomy to be performed by Dr. Blake.

Dr. Blake opted to convert Ms. Peterson's procedure from laparoscopic to open after noting dense intraabdominal adhesions and a 5 mm colotomy. Ms. Peterson's appendix was removed.

Ms. Peterson developed hypotension postoperatively and exhibited signs and symptoms of severe sepsis. She also developed renal failure secondary to sepsis and hypotension.

Dr. Blake examined Ms. Peterson on June 29, 2017 and recommended that she be moved to the Intensive Care Unit. Dr. Blake noted that "we will have a low index of suspicion to re-explore for intra-abdominal infection or leak".

Ms. Peterson nonetheless continued to decline, progressing into shock with hypotension that was unresponsive to vasopressors.

Ms. Peterson was transferred to Saint Francis Hospital in Memphis, Tennessee for a higher level of care on June 29, 2017 at 5:22 p.m. Upon admission to Saint Francis, Ms. Peterson was diagnosed with septic shock, likely related to abdominal infection.

On June 30, 2017, Ms. Peterson was taken for an exploratory laparotomy by Dr. Gibson. Dr. Gibson noted that "Patient had a small round full thickness defect found in the mid-transverse

colon with exposed stool at the defect and diffuse peritonitis. The appendiceal staple line was intact. There were no other defects identified. Specifically the site of the primary two layer closure as documented in her prior operative report was not identified. In any event no other areas of spillage were found, and throughout the procedure no additional areas of stool or intraluminal contents were identified.”

Ms. Peterson continued to decline post-surgery and ultimately died on July 1, 2017 as a result of the medical negligence of Dr. Blake, including his causing a perforation of Ms. Peterson’s small bowel during the June 28, 2017 surgical procedure and failing to repair the perforation and/or failing to repair a pre-existing perforation; failing to timely recognize the perforation had not been resolved during the June 28, 2017 procedure; failing to properly treat the perforation and allowing the decedent’s condition to deteriorate; and failing to repair the colotomy identified during the surgical procedure, leading to continued exposure of stool at the defect.

b. Defendants:

On June 28, 2017, Ms. Peterson presented to Bolivar Medical Center with complaints of lower abdominal pain. A CT scan showed findings consistent with appendicitis. Ms. Peterson was taken to the operating room for a laparoscopic appendectomy. During the procedure, Dr. Blake noted dense intraabdominal adhesion as well as a colotomy that had occurred while gaining laparoscopic access, a recognized complication of the procedure. He then converted the procedure to an open appendectomy procedure and repaired the colotomy. Dr. Blake then removed Ms. Peterson’s appendix. There were no further intra-operative issues. Ms. Peterson was admitted to the hospital after recovery.

Ms. Peterson’s blood pressure began to drop that next morning. She was immediately transferred to the ICU by the hospitalist. She was started on vasopressors and given additional fluids with broadened antibiotic coverage. Appropriate consults were obtained, and Ms. Peterson

was transferred to St. Francis Hospital in Memphis for a higher level of care. She underwent surgery the following day but subsequently died.

Dr. Blake acted reasonably in his care of Ms. Peterson.

7. The following facts are established by the pleadings or by stipulation of admission: None

8. The contested issues of fact are as follows:

a. Plaintiff:

- 1) Was there any breach of the standard of care by Roger Blake, M.D. that caused Ms. Peterson's death.
- 2) If so, what compensatory damages are the Plaintiffs entitled to.
- 3) Any questions of law listed below.

b. Defendants:

- 1) Was there any breach of the standard of care by Roger Blake, M.D. that caused Ms. Peterson's death.
- 2) Any questions of law listed below.

9. The contested issues of law are as follows:

a. Plaintiff:

- 1) All questions of fact listed above.

b. Defendants:

- 1) All questions of fact listed above.
- 2) Whether defendant is entitled to a ruling that Roger Blake, M.D. is not guilty of negligence as a matter of law.

10. The following is a list and brief description of all exhibits (except documents to be used for impeachment only) to be offered in evidence by the respective parties. Each exhibit has been marked for identification and examined by all counsel:

a. TO BE OFFERED BY THE PLAINTIFF:

- P-1 C.V. of Jeffrey W. Allen, M.D.
- P-2 Funeral Bill from Byas Funeral Home, Inc.
- P-3 Medical billing for St. Francis Hospital
- P-4 Medical billing for Dr. Gibson
- P-5 United States Life Tables (2017)
- P-6 Certificate of death
- P-7 Bolivar Medical Center records
- P-8 St. Francis Hospital records
- P-9 Dr. Gibson records

The authenticity and admissibility in evidence of these exhibits has been stipulated. If the authenticity and/or admissibility of any exhibit is objected to, the exhibit must be identified in the following space, together with a statement of the specific ground or grounds for the objection.

b. TO BE OFFERED BY THE DEFENDANTS:

- D-1 Bolivar Medical Center records
- D-2 St. Francis Hospital records
- D-3 C.V. of Roger Blake, M.D.
- D-4 C.V. of Claude Minor, M.D.
- D-5 C.V. of Steven Stogner, M.D.

The authenticity and admissibility in evidence of these exhibits has been stipulated. If the authenticity and/or admissibility of any exhibit is objected to, the exhibit must be identified in the following space, together with a statement of the specific ground or grounds for the objection.

11. The following is a list and brief description of any charts, graphs, models, schematic diagrams, and similar objects which will be used in opening statements or closing arguments, but which will not be offered into evidence.

a. Plaintiff:

Plaintiffs reserve the right to use blow-ups of any documents admitted into evidence. Plaintiffs also reserve the right to anatomical models or depictions of the surgical area or the surgery.

b. Defendants:

Defendant reserves the right to use blow-ups of any documents admitted into evidence. Defendant also reserves the right to anatomical models or depictions of the surgical area or the surgery.

With respect to the items listed above, objections are made to their use as follows:

If any other objects are to be used by any party, they will be submitted to opposing counsel at least three business days prior to trial. If there is then any objection to their use, the dispute will be submitted to the Court at least one business day prior to trial.

12. (A) EXPERT WITNESSES TO BE CALLED BY PLANTIFF: The following is a list of expert witnesses Plaintiff anticipates calling live at trial (excluding witnesses used solely for impeachment):

<u>NAME</u>	<u>WILL CALL/MAY CALL</u>
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None

The qualifications of the above listed expert witnesses are admitted by Defendants except as follows:

(B) EXPERT WITNESSES TO BE CALLED BY PLAINTIFF V/A DEPOSITION: The following expert witnesses will/may testify in the trial of this matter for the Plaintiff *via* deposition:

<u>NAME</u>	<u>WILL CALL/MAY CALL</u>
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Jeffery Allen, M.D.	Will Call
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All objections to depositions and/or testimony contained in depositions, evidentiary or otherwise, and including objections reserved during the taking of the deposition, must be presented to the undersigned trial judge in writing no later than 30 days prior to the scheduled date of trial.

Failure to present such objections as required herein shall constitute a waiver of such objections.

(C) EXPERT WITNESSES TO BE CALLED BY DEFENDANTS: The following is a list of expert witnesses Defendants anticipate calling live at trial (excluding witnesses used solely for impeachment):

<u>NAME</u>	<u>WILL CALL/MAY CALL</u>
Claude Minor, M.D.	May Call
Steven Stogner, M.D.	May Call

The qualifications of the above listed expert witnesses are admitted by Plaintiffs except as follows:

(D) EXPERT WITNESSES TO BE CALLED BY DEFENDANTS VIA DEPOSITION:

The following expert witnesses will/may testify in the trial of this matter for the Plaintiff *via* deposition:

<u>NAME</u>	<u>WILL CALL/MAY CALL</u>
None	

All objections to depositions and/or testimony contained in depositions, evidentiary or otherwise, and including objections reserved during the taking of the deposition, must be presented to the undersigned trial judge in writing no later than 30 days prior to the scheduled date of trial. Failure to present such objections as required herein shall constitute a waiver of such objections.

13. (A) LAY WITNESSES TO BE CALLED BY PLAINTIFF: Those witnesses whom the Plaintiff will/may call live to testify in the trial of this matter, excluding those expert witnesses identified in ¶ 12 above, are as follows:

<u>NAME</u>	<u>WILL CALL/MAY CALL</u>	<u>LIABILITY/DAMAGES</u>
Dedra Peterson	May Call	Liability/Damages
Jermaine Peterson	May Call	Liability/Damages
Marilyn Peterson	May Call	Liability/Damages

Plaintiff reserves the right to call any witness listed by the Defendants.

(B) LAY WITNESSES TO BE CALLED BY PLAINTIFF VIA DEPOSITION: Those witnesses whom the Plaintiff will/may call *via* deposition to testify in the trial of this matter, excluding those expert witnesses identified in ¶ 12 above, are as follows:

<u>NAME</u>	<u>WILL CALL/MAY CALL</u>	<u>LIABILITY/DAMAGES</u>
David Gibson, M.D.	May Call	Liability/Damages

Any testimony offered by a physician identified as a fact witness may also be considered as expert testimony.

All objections to depositions and/or testimony contained in depositions, evidentiary or otherwise, and including objections reserved during the taking of the deposition, must be presented to the undersigned trial judge in writing no later than 30 days prior to the scheduled date of trial. Failure to present such objections as required herein shall constitute a waiver of such objections.

14. (A) LAY WITNESSES TO BE CALLED BY DEFENDANT: Those witnesses whom the Defendants will/may call live to testify in the trial of this matter, excluding those expert witnesses identified in ¶ 12 above, are as follows:

<u>NAME</u>	<u>WILL CALL/MAY CALL</u>	<u>LIABILITY/DAMAGES</u>
Roger Blake, M.D.	May Call	Liability/Damages

Any testimony offered by a physician identified as a fact witness may also be considered as expert testimony.

Defendants reserve the right to call any witness listed by the Plaintiffs.

(B) LAY WITNESSES TO BE CALLED BY DEFENDANTS VIA DEPOSITION:

Those witnesses whom the Defendants will/may call *via* deposition to testify in the trial of this matter, excluding those expert witnesses identified in ¶ 12 above, are as follows:

<u>NAME</u>	<u>WILL CALL/MAY CALL</u>	<u>LIABILITY/DAMAGES</u>
None		

All objections to depositions and/or testimony contained in depositions, evidentiary or otherwise, and including objections reserved during the taking of the deposition, must be presented to the

undersigned trial judge in writing no later than 30 days prior to the scheduled date of trial.
Failure to present such objections as required herein shall constitute a waiver of such objections.

15. Counsel suggest the following additional matters and/or preliminary hearings to aid in disposition of the action: None

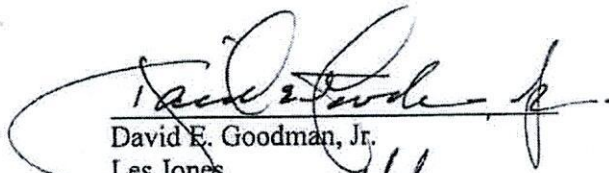
16. Counsel estimates the length of the trial will be 3 days.

17. The e-mail addresses for all lead counsel are as follows:

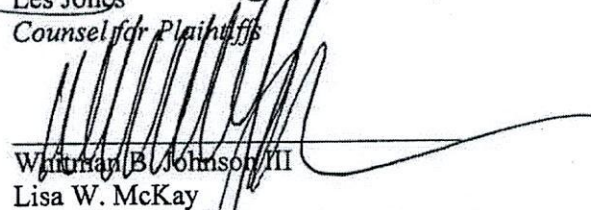
Plaintiffs: dgoodman@bpjlaw.com

Defendants: wjohnson@curriejohnson.com

This Pre-Trial Statement is hereby submitted this the 11th day of December, 2025.




David E. Goodman, Jr.
Les Jones
Counsel for Plaintiffs



Whitman B. Johnson III
Lisa W. McKay
*Counsel for Defendants Roger Blake, M.D.
and Blake Surgical Association, PLLC*

Approved for filing this the 16 day of December, 2025.



Charles E. Webster
Circuit Judge