IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF OKLAHOMA

CHENESE LYNETTE ROSEBROCK, Plaintiff, v. CHRIS ELLIOTT, in his official capacity as Sheriff of Wagoner County, and CHRIS ELLIOTT, individually, Defendant.	)))))))))	Case No. 6:26-cv-00376-DES

FIRST AMENDED COMPLAINT

COMES NOW Plaintiff Chenese Lynette Rosebrock (Plaintiff) and hereby submits her First Amended Complaint (FAC) against Defendant Chris Elliott in his official and individual capacities. In support, Plaintiff alleges as follows:

PARTIES, JURISDICTION, AND VENUE

1. Plaintiff is a citizen of Oklahoma.

2. Chris Elliott was at all relevant times the elected Sheriff of Wagoner County, Oklahoma, acting under color of state law.

3. Elliott is sued in his official capacity on the claim under 42 U.S.C. § 1983 and individually on the separate Oklahoma tort claim. Count I is brought against Elliott in his official capacity as Sheriff of Wagoner County. As Sheriff, Elliott is the final policymaker for the operation of the Wagoner County Jail (the "Jail"), including medical care for detainees. A claim against the Sheriff in his official capacity is treated as a claim against Wagoner County, and municipal-liability law governs it. *Rodriguez v. Bd. of Cnty. Comm'rs of Wagoner Cnty.*, No. CIV-20-037-RAW, slip op. at 2, 6 (E.D. Okla. Mar. 3, 2022) [Doc. 98] (citing *Rodriguez v. Bd. of Cnty. Comm'rs,* 2020 WL 1979329, at *2 (E.D. Okla. 2020)).

4. This Court has jurisdiction under 28 U.S.C. §§ 1331 and 1343 and supplemental jurisdiction under 28 U.S.C. § 1367. Venue is proper in the Eastern District of Oklahoma under

28 U.S.C. § 1391(b)(2) because the events giving rise to these claims occurred in Wagoner County.

5. Plaintiff files this FAC pursuant to the Court's Minute Order of October 22, 2026 [Doc. 8], inviting Plaintiff to file a FAC by October 30, 2026.

6. Under Oklahoma law and the responsibilities of his office, Elliott exercised authority over jail operations, including the adoption or approval of operational policies, staffing decisions, and training and supervision relating to detainee medical access.

7. Under Oklahoma law, the Sheriff has charge of the county jail and of the persons confined in it. 19 O.S. §§ 513, 547(A); *see Rodriguez*, slip op. at 6.

FACTUAL ALLEGATIONS — PLAINTIFF'S AUGUST 2024 DETENTION

8. Plaintiff has multiple sclerosis (MS), uses a walker, and has other documented medical conditions, including scoliosis and gastroesophageal reflux disease. She also has a history of complex post-traumatic stress disorder. On the day of her arrest, Plaintiff told the emergency physician that her one routine daily medication was baclofen, 20 mg four times a day. Baclofen is a muscle relaxant prescribed to treat spasticity caused by MS, and its manufacturer's labeling warns that abrupt discontinuation can cause hallucinations and seizures and that the dose should be reduced gradually. Mavenclad (cladribine) is a disease-modifying therapy for MS. Hydrocodone-acetaminophen and celecoxib were prescribed for her pain.

9. On August 11, 2024, after an arrest involving an alleged protective-order violation, law enforcement transported Plaintiff to Wagoner Community Hospital before booking her into the Wagoner County Jail. At all times during her confinement in the Jail, Plaintiff was a pretrial detainee who had not been convicted of any offense arising from that arrest.

10. At approximately 4:00 p.m., the hospital recorded Plaintiff's complaints of diffuse MS-related pain rated 10 out of 10 and documented a heart rate of 133 beats per minute.

The emergency physician assessed a suspected MS flare and ordered intravenous steroid treatment and laboratory testing. Plaintiff reported that she had fallen that day and had tremors and imbalance. The hospital documented that she was alert, oriented, and ambulating normally with a steady gait.

11. The hospital discharged Plaintiff to law enforcement for transport to the Jail at approximately 5:45 p.m. The discharge summary described her condition as good and listed medications to continue, including baclofen, celecoxib, hydrocodone-acetaminophen, Mavenclad, and Altavera. The discharge record stated: "Patient being discharged to jail. Sister to bring meds to jail." It also stated that no medication needed to be stopped.

12. Plaintiff was screened at the Jail beginning approximately 7:37 p.m. The intake screen listed hydrocodone-acetaminophen, baclofen 20 mg, and celecoxib as her prescribed medications; recorded her emergency-room visit that afternoon for "flare up pain"; and documented MS, use of a walker, hypoglycemia, asthma, swelling of the legs, bruising to her legs, nausea or vomiting, and loss of appetite. Plaintiff's sister brought medications to the facility.

13. At approximately 7:50 p.m., L. Stockman, a licensed practical nurse employed at the Jail, recorded in the section of Plaintiff's screen headed "Anything else the doctor should know about?": "Due to type of meds and policy in place, none of patient meds started." This notation identifies an institutional medication restriction as the reason her existing prescription regimen was not initiated. The screen does not reflect that any provider reviewed that decision, the hospital's discharge instructions, or the medications Plaintiff's sister brought.

14. Stockman's accompanying comment states: "Provider J. Valencia contacted about pain chronic pain issues, order given for Tylenol 500mg Q6 and IBU 800mg Q8. Inmate refusing meds at this time. Will attempt when she calms." The provider was contacted only about

pain. The record reflects no provider review of baclofen, Mavenclad, or Plaintiff's MS. Acetaminophen and ibuprofen do not treat spasticity and are not MS therapy, and ibuprofen is an anti-inflammatory drug of the same general class as the celecoxib she was already prescribed. The medications noted as refused were these substitutes, not her prescribed medications.

15. At approximately 9:33 p.m., Stockman documented a nurse visit with the focus "Agitation." The note recorded that Plaintiff "states that she wants her meds" and documented Plaintiff yelling and banging her head against the wall, rolling from a mattress to the floor, and sustaining a small scrape near her forehead. The note states: "Inmate refuses to stand up or sit up on her own, she is depending on staff to assist with transfers, etc. Inmate curled on mat at this time." Plaintiff could not stand or sit up on her own; the note recorded that loss of function as a refusal. Less than four hours earlier, the hospital had documented that she was ambulating normally with a steady gait.

16. The same note recorded that Plaintiff complained of pain and cold and would not permit certain vital-sign measurements. Only her temperature was recorded; no blood pressure, pulse, oxygen saturation, or blood glucose was obtained. The note left unchecked the entries for "Vital signs within normal range," "Does not appear to be in distress," and "Gait is even and steady." It identified officers Jones, Benton, and Dodson as present. Stockman contacted a remote provider identified as Jalyssa, who ordered a single oral dose of haloperidol (Haldol) 5 mg. The provider section states: "Does Not Need to Be Seen," with a notation to review the notes and agree with the plan. No provider examined Plaintiff, the note reflects no physical or neurological assessment, and none of her prescribed medications was ordered.

17. Her observable physical impairment, recent hospital treatment, known MS diagnosis, and repeated requests for her prescribed medication called for timely individualized medical

assessment, including assessment of neurological symptoms and the risks of interrupting prescribed treatment. No such assessment was performed.

18. Plaintiff was placed on suicide watch because she answered yes to the screening question asking whether she felt suicidal or had a history of suicide attempts; the form directs suicide watch for any yes answer. On suicide watch she continued to experience severe pain, spasms, sweating, and difficulty functioning. She requested her prescribed medications from at least five jail employees. She heard staff say that "she is just going to keep complaining for medication and she does not get any medication," and one employee told her: "You're in jail, you don't get your medication."

19. No physician examined her in person during her confinement, although she was told a doctor had been called.

20. Plaintiff was released on or about August 13, 2024. While confined, the denial of her medications caused her severe and unnecessary pain, spasms, sweating, loss of physical function, and emotional distress, and aggravated her complex post-traumatic stress disorder. In the weeks after her release, she fell, injuring her wrist and head; required emergency-room treatment for weakness and pain on three occasions; and was hospitalized for approximately one week for complications of MS. On information and belief, the abrupt interruption of her medications in the Jail contributed to those injuries.

POLICIES, PRACTICES, AND PRIOR NOTICE

21. The decision not to initiate Plaintiff's medications was expressly attributed in the contemporaneous Stockman screening to "type of meds and policy in place." The challenged medication-management policy or custom was applied without adequate individualized consideration of her diagnosed MS, hospital discharge medication list, or the risks and alternatives associated with interrupting particular medications. The restriction was applied to all

of Plaintiff's medications, including celecoxib, an anti-inflammatory, and Mavenclad, an MS therapy, neither of which is a narcotic, sedative, or sleep medication.

22. Prior litigation concerning the detention and death of Angela Liggans at the same Jail disclosed historical practices relevant to medical assessment, medication access, and escalation of serious physical symptoms. The litigation, *Dalton v. Elliott,* No. 6:23-cv-00139 (E.D. Okla.), was filed in 2023, before Plaintiff's detention. Plaintiff relies on the underlying events, testimony, and pre-injury notice, not on the subsequent settlement as an admission of liability.

23. In a recorded investigative interview discussed during her July 12, 2024 deposition, former jail physician Ashley Aldrich described a booking practice under which the jail's medical assistant reviewed booking screens and automatically did not continue narcotics, sedatives, or sleep medications. On information and belief, that practice remained in effect after Aldrich's departure in June 2024 and is the "policy in place" Stockman applied to Plaintiff on August 11, 2024, without any physician review of her hospital discharge medications.

24. In prior sworn testimony, former detention officer Blake Bode described a historical practice of detention officers classifying symptoms as behavioral or psychiatric and documenting changes for subsequent medical review, with immediate escalation depending in part on officers' own assessment of the urgency. Other testimony described medical information being conveyed to off-site providers through staff reports and telephone communications. Former jail medical assistant Haley Longshore testified that she reported Liggans to the jail physician as physically well with mental-health problems, and could not identify the assessment supporting that classification; Aldrich testified that such physical-versus-mental classification by the medical assistant was consistent with what she permitted. Former detention officer Jonathan Villavicencio testified that a detainee who did not answer was logged as refusing.

25. In sworn testimony on May 17, 2024, before Plaintiff's detention, Elliott acknowledged knowing of instances in which a jail physician made decisions not to transport inmates to a hospital without personally examining them, including circumstances in which no nurse was present, and permitted it to continue. Aldrich testified that deciding not to transport without examining the patient was her common practice and that Elliott knew of it.

26. Elliott also acknowledged a written emergency medical transport policy that required medical authorization before calling EMS for a responsive inmate, subject to an exception when medical personnel could not be reached within an appropriate time. Former physician Aldrich testified that she considered certain written emergency-transport restrictions unsafe and knew of no rescission before leaving in June 2024. Longshore testified that she trained officers to follow that rule, and Villavicencio testified that it matched his training and how supervisors implemented it. These matters placed Elliott on notice of failures in timely assessment and escalation. On information and belief, those provisions remained in effect in August 2024.

27. Elliott testified that the medical-care system in place during Liggans's detention had failed and characterized the care as inappropriate, while attributing the failure to personnel not following instructions. He had reviewed investigative material and was questioned about these deficiencies before Plaintiff's August 2024 detention.

28. The Jail's staffing and medical-provider arrangements changed after the Liggans events, and Aldrich departed before Plaintiff's detention. Despite those changes, materially similar deficiencies in medication access, individualized assessment, and escalation remained in effect, as demonstrated by the contemporaneous Stockman notation and Plaintiff's own medical course.

29. Elliott, with pre-injury notice of the risks associated with inadequate jail medical assessment and escalation, maintained or failed adequately to correct policies, practices, training, and oversight within his policymaking authority that foreseeably exposed detainees with serious medical needs to unnecessary pain and delayed care.

COUNT I — 42 U.S.C. § 1983: FOURTEENTH AMENDMENT DENIAL OF MEDICAL CARE (ELLIOTT IN HIS OFFICIAL CAPACITY)

30. Plaintiff incorporates the foregoing factual allegations.

31. As a pretrial detainee, Plaintiff was protected by the Due Process Clause of the Fourteenth Amendment, which entitles pretrial detainees to at least the same standard of medical care that the Eighth Amendment guarantees convicted prisoners. *Estate of Beauford v. Mesa County*, 35 F.4th 1248, 1262 (10th Cir. 2022). Plaintiff had a right not to be subjected to deliberate indifference to her objectively serious medical needs. Plaintiff alleges both objectively serious medical needs and subjective awareness and disregard of a substantial risk by responsible jail personnel.

32. Plaintiff's documented MS, emergency hospital treatment, prescribed regimen, dependence on staff to stand, sit, or transfer, repeated requests, and visible distress plausibly presented serious medical needs. The intake and nursing notes document information available to jail personnel about those needs.

33. Jail medical personnel consciously disregarded the risk of substantial pain and physical deterioration by applying a medication restriction without adequate individualized review and failing to obtain a timely and adequate physical assessment after observing her deterioration. Stockman knew of Plaintiff's MS, her hospital discharge instructions, and the medications her sister brought, and withheld all of them under the Jail's policy. Less than two hours later, Stockman observed Plaintiff in visible distress, asking for her medications, and

unable to stand or sit up without staff, in the presence of Officers Jones, Benton, and Dodson. The provider then ordered an antipsychotic by telephone, marked "Does Not Need to Be Seen," without any physical or neurological assessment and without restoring any of Plaintiff's prescribed medications.

34. An official medication policy, or alternatively a persistent custom of restricting medication access without adequate individualized review, was a moving force behind the deprivation. The contemporaneous Stockman notation expressly identifies policy as a reason no existing medications were initiated.

35. Policies or persistent practices, and deliberately indifferent failures of training, supervision, and correction, concerning recognition of physical deterioration, classification of physical symptoms as behavioral or psychiatric, communication of serious symptoms to qualified providers, and prompt escalation of medical care were also a moving force behind the deprivation. Prior incidents and Elliott's pre-August 2024 sworn testimony supplied notice of the potential consequences of such deficiencies.

36. The challenged policies, customs, and deliberately indifferent failures were a moving force behind Plaintiff's inadequate medical assessment, interruption of treatment, and resulting pain and injuries, for which she seeks compensatory relief under § 1983.

COUNT II — OKLAHOMA TORT CLAIM: WILLFUL AND WANTON NEGLIGENCE (ELLIOTT INDIVIDUALLY)

37. Plaintiff incorporates the foregoing factual allegations insofar as they concern Elliott's own conduct, knowledge, and decisions, and asserts this claim against him only in his individual capacity.

38. Elliott personally participated in maintaining or approving aspects of the Jail's medical-care system, including relevant operational policies and decisions concerning medical oversight and escalation, despite pre-injury notice of significant risks to detainees with serious

medical needs. Specifically, Elliott personally approved the Jail's operational policies, including the emergency medical transport policy requiring medical authorization before calling EMS; knew before August 2024 that jail physicians decided not to transport detainees without examining them, and allowed that practice to continue; and, after reviewing the Liggans investigation and testifying in May 2024 that the system had failed, on information and belief did not change the medication and escalation practices applied to Plaintiff.

39. Elliott's own conscious or reckless disregard of those known risks, through his personally attributable decisions and omissions, contributed to the continued operation of materially deficient medical-access and escalation practices that harmed Plaintiff. This claim is not based solely on respondeat superior or the fact that Elliott held the office of Sheriff.

40. Elliott's conduct described in this Count was willful, wanton, and in bad faith, and therefore outside the scope of employment as defined in 51 O.S. § 152(12). Because 51 O.S. § 163(C) bars naming an employee individually only for acts within the scope of employment, Elliott is properly named in his individual capacity on this Count.

41. Plaintiff seeks compensatory damages and, if permitted by Oklahoma law and supported by proof, punitive damages on this individual-capacity claim.

CONCLUSION

WHEREFORE, Plaintiff requests judgment in her favor for (a) compensatory damages in an amount proven at trial; (b) punitive damages against Elliott individually on Count II only if legally authorized and supported by proof; (c) reasonable attorney fees and costs under 42 U.S.C. § 1988 on Count I; (d) pre- and post-judgment interest as authorized by law; and (e) such other relief as the Court deems just and proper.

Respectfully submitted,

s/Brendan M. McHugh
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CERTIFICATE OF SERVICE

This is to certify that on October 29th, 2026, I electronically transmitted the foregoing document to the following ECF registrants:

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s/Brendan M. McHugh

JURY TRIAL DEMANDED
ATTORNEY LIEN CLAIMED