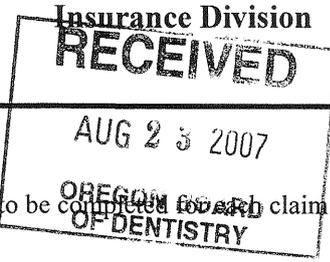




Department of Consumer & Business Services

TYPE 1



Oregon Medical/Dental Negligence Claim Report Form

A separate form for each claimant-insured pair is to be completed for each claim within 30 days of notice to insurer and again when closed, including claims closed without payment.

Send completed forms to the appropriate licensing boards: Board of Medical Examiners, Oregon Board of Optometry, Oregon Board of Dentistry, or Board of Naturopathic Examiners. ORS 742.400

Physician/Dentist

License no.: 4855 Name: George Noland Age:
Address: 511 SW 10th Ave, Suite 914 Phone: 503-223-4775
City: Portland State: OR ZIP: 97205

Injury Data

Injured person's name: Cheryl Edwards Age:

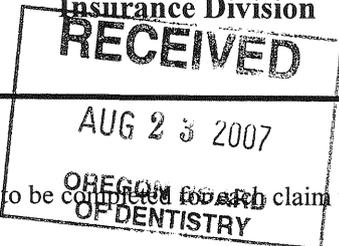
Allegations and reasons for claim. State patient's actual, original, abnormal condition and any material diagnosis, procedure, or planning error, medical injury or other allegation. PT ALLEGING IMPLANTS FAILED

Closure Data



Department of Consumer & Business Services

Insurance Division



Oregon Medical/Dental Negligence Claim Report Form

A separate form for each claimant-insured pair is to be completed for each claim within 30 days of notice to insurer and again when closed, including claims closed without payment.

Send completed forms to the appropriate licensing boards: Board of Medical Examiners, Oregon Board of Optometry, Oregon Board of Dentistry, or Board of Naturopathic Examiners. ORS 742.400

NAIC no.: 18813 Claim file ID: 04-2328

Physician/Dentist

License no.: 4855 Name: George Noland Age: 63
Address: 511 SW 10th Ave, Suite 914 Phone: 503-223-4775
City: Portland State: OR ZIP: 97205
Profession/business (code): 3 Specialty (code):
Board certified (code): 4 Other spec. (code):
Practice type (code): 3 Foreign medical graduate? Yes No Country (if yes):

Injury Data

Injured person's name: Cheryl Edwards Age: 53 M F
Date of injury: 12152001 Date reported to insurer: 02122004 Date reopened:
Place where injury occurred (code): 5 City: Portland State: OR ZIP: 97205
Name of institution (if injury occurred in institution): Location in institution (code):
Total defendants involved in claim: 1 Derivative claim (code):
Plaintiff attorney's name: Peggy Foraker
City: Portland State: OR ZIP: 97205
Severity of injury (code): 3 Misadventures in procedures (code): 5 Misadventures in diagnosis (code): 99
Others contributing to injury (code): 99 Associated issues (code): 8 Coverage (code): 1
Companion claim file identification:

Allegations and reasons for claim. State patient's actual, original, abnormal condition and any material diagnosis, procedure, or planning error, medical injury or other allegation. PT ALLEGING IMPLANTS FAILED

Closure Data

Closure date: 08082007 Claim disposition (code): 1 Settlement (code): 2
Court (code): 9 Binding arbitration (code): 0 Review panel (code): 99

Table with 4 columns: Economic, Non-economic, Punitive, Unspecific. Rows for Indemnity you paid on behalf of defendant and Other indemnity paid by/on behalf of defendant.

Indemnity paid by all parties (for all defendants): \$ 25000.00
Loss adjustment expense paid to defense counsel: \$ 98000.00
All other allocated loss adjustment expense you paid: \$ 0

Type or print name of contact person: Robert Petty Phone: 503.765.3514
Mailing address: 10505 SE 17th Ave City: Milwaukie State: OR ZIP: 97222



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