



**Oregon Negligence/Malpractice Claim Report Form**  
 Oregon Board of Chiropractic Examiners  
 3218 Pringle Road SE # 150 • Salem, Oregon 97302-6311  
 (503) 378-5816 • www.oregon.gov/OBCE

Per ORS 742.400 as amended by HB 2240, 2009 Oregon Legislature, claim "reporters" (chiropractic malpractice insurers) are required to submit claim information to the Oregon Board of Chiropractic Examiners within 30-days of notice to them, and again when the claim is resolved, including claims closed without payment. **The form below should be completed for every claim received by the reporting entity.** This form is designed for reporters to fill out electronically. Please send the printed, completed form to Oregon Board of Chiropractic Examiners, Attn. Dave McTeague, Executive Director, at the address above.

**Reporting Entity Information:**

Reporting Entity: NCMIC Insurance Company NAIC #: 263815865 Claim File ID: 74437  
 Contact Person: Michelle Gould Phone #: 515-313-4558  
 Mailing address: 14001 University Avenue City: Clive State: IA ZIP: 50325

**Covered Practitioner (Chiropractic Physician only):**

License #: 5717 Name: Jordan Peteson, DC Date of Birth: 11/7/1989  
 Address: 2112 NW Quimby Street #332 Phone: ( )  
 City: Portland State: OR Zip: 97210  
 Board certified (code): \_\_\_\_\_ Specialty (code): \_\_\_\_\_ Other spec. (code): \_\_\_\_\_

**Injury/Incident Data:**

Injured person's name: Jeff Gard Age: \_\_\_\_\_  M  F  
 Date of injury: 12/14/2017 Date reported to insurer: 12/10/2019 If re-opened, date re-opened: \_\_\_\_\_  
 Is Claim Court-Filed?  Yes  No If Yes, Date Filed in Court: 11/27/2019  
 Place where injury occurred (code): 5 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of clinic (if injury occurred in clinic): \_\_\_\_\_  
 Total defendants involved in claim: 1 Derivative claim (code): \_\_\_\_\_  
 Plaintiff attorney's name: Marc Johnston Address: 222 SW Columbia Ste 1111  
 City: Portland State: OR Zip: 97201  
 Severity of injury (code): 6 Misadventures in procedures (code): \_\_\_\_\_ Misadventures in diagnosis (code): \_\_\_\_\_  
 Others contributing to injury (code): \_\_\_\_\_ Associated issues (code): \_\_\_\_\_ Coverage (code): 1  
 Companion claim file identification: \_\_\_\_\_

**Allegations and reasons for claim. State patient's actual, original, abnormal condition and any material diagnosis, procedure, planning error, medical injury or other allegation: (Please be as detailed as possible, attach page if needed.)**  
Too early to determine - Update: Alleged CVA

**Closure Data:**

Closure date: 05/04/2022 Claim disposition (code): 2 Settlement (code): 2  
 Court (code): 9 Binding arbitration (code): \_\_\_\_\_ Review panel (code): \_\_\_\_\_

	Economic	Non-economic	Punitive	Unspecific
Indemnity insurer paid on behalf of defendant:	\$	\$	\$	\$ 0
Other indemnity paid by/on behalf of defendant:	\$	\$	\$	\$ 0
Indemnity paid by all parties (for all defendants):	\$ 0	Additional Comments:		
Loss adjustment expense paid to defense counsel:	\$ 55,286.33			
All other allocated loss adjustment expenses paid:	\$ 0			

Date Board Received Claim: \_\_\_\_\_