

**DCN:** 5500000194690053 Process Date: 08/17/2022

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KRAUTSACK, KEVIN WILLIAM

For authorized use by:

OR STATE BOARD OF CHIROPRACTIC

EXAMINERS

# KRAUTSACK, KEVIN WILLIAM

## LIBERTY SURPLUS INSURANCE CORPORATION

MEDICAL MALPRACTICE PAYMENT REPORT Date of Action: 08/30/2021

Initial Action Basis for Initial Action

- SETTLEMENT - SEXUAL MISCONDUCT

A. REPORTING ENTITY

Entity Name: LIBERTY SURPLUS INSURANCE CORPORATION

Address: 175 BERKELEY ST

City, State, Zip: BOSTON, MA 02116-5066

Country:

Name or Office: JULIE HAMILTON
Title or Department: CLAIM MANAGER

Telephone: (321) 972-0121

Entity Internal Report Reference: NEWSPC000245050

Customer Use: 1928955
Type of Report: INITIAL

B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)

Subject Name: KRAUTSACK, KEVIN WILLIAM

Other Name(s) Used:

Gender: MALE

Date of Birth: 08/28/1988

Organization Name:

Work Address:

City, State, ZIP:

Home Address: 2969 NORKENZIE RD City, State, ZIP: EUGENE, OR 97408-1681

Deceased: NO

Social Security Numbers (SSN): \*\*\*-\*\*-5593 National Provider Identifiers (NPI): 1992230932

Professional School(s) & Year(s) of Graduation: LIFE UNIVERSITY (2015)

Occupation/Field of Licensure: CHIROPRACTOR
State License Number, State of Licensure: 5780, OR

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 08/17/2022

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 50,000.00 Date of This Payment: 08/30/2021

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

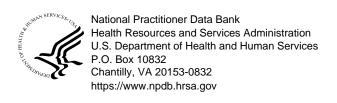
This Payer for This Practitioner: \$ 50,000.00

Payment Result of: SETTLEMENT

Date of Settlement, if Any: 08/27/2021

Adjudicative Body Case Number: 6:21-CV-00580-AA

**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY** 



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Adjudicative Body Name: US DISTRICT COURT, DISTRICT OF OREGON, EUGENE DIVISION

. . .

Court File Number:

Description of Settlement and Any

Conditions, Including Terms of Payment: This is a case of disputed liability and was

settled in order to avoid legal fees.

#### PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 50,000.00

Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

### **PAYMENTS BY OTHERS FOR THIS PRACTITIONER**

Did (or will) a State Guaranty or Excess Fund
Make a Payment for This Practitioner in This Case?:
Amount Paid or Expected to Be Paid by the State Fund:
Did (or will) a Self-Insured Organization and/or Other Insurance
Company Make a Payment for This Practitioner in This Case?:
Amount Paid or Expected to Be Paid by Self-Insured
Organization(s) and/or Other Insurance Company/Companies:

### **CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: UNKNOWN

Patient's Gender: FEMALE
Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: No underlying condition. Routine chiropractic

adjustment.

 $\label{lem:procedure Performed: Chiropractic adjustment.} Description of the Procedure Performed: \\ \texttt{Chiropractic adjustment.}$ 

Nature of Allegation: OTHER MISCELLANEOUS (090) Specific Allegation: SEXUAL MISCONDUCT (717)

Date of Event Associated With Allegation or Incident: 07/03/2019

Outcome: EMOTIONAL INJURY ONLY (01)

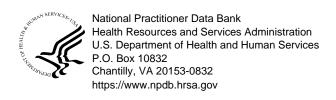
Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

It is alleged the insured grabbed the plaintiff and pulled her onto his lap and attempted to kiss her neck and touch her inner thigh and buttocks during an adjustment. Plaintiff claims the insured's negligence caused her distress,

sleeplessness, anxiety, and terror.

D. SUBJECT STATEMENT	If the subject identified in Section B of this report has submitted a statement, it appears in this section.
E. REPORT STATUS	Unless a box below is checked, the subject of this report identified in Section B has not contested this report.  This report has been disputed by the subject identified in Section B.
	At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.



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	At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.  At the request of the subject identified in Section B, this report was reviewed by the Secretary of the
	U.S. Department of Health and Human Services. The Secretary's decision is shown below:
	Date of Original Submission: 08/17/2022
	Date of Most Recent Change: 08/17/2022
F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK	The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.
	National Provider Identifiers (NPI): 1992230932
This report is maintained under the provisions of: Title IV	

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT =