



National Practitioner Data Bank
 Health Resources and Services Administration
 U.S. Department of Health and Human Services
 P.O. Box 10832
 Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000194690053
Process Date: 08/17/2022
Page: 1 of 3
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



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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?: NO
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?: NO
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.
Description of the Procedure Performed: 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