



# Oregon Negligence/Malpractice Claim Report Form

## Oregon Board of Optometry

1500 Liberty Street SE, Suite 210 • Salem, Oregon 97302

(503) 399-0662 • \_\_\_\_\_

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Per ORS 742.400, claim "reporters" are required to submit claim information to the Oregon Board of Optometry 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 the Oregon Board of Optometry at the address above.

### Reporting Entity Information:

Reporting Entity: Farmers Insurance NAIC #: 21709 Claim File ID: 3006145701  
Contact Person: Heidi Arule Phone #: 9259248218  
Mailing address: PO Box 268994 City: Oklahoma City State: OK ZIP: 73126

### Covered Practitioner (O.D. only):

License #: 3001ATI Name: Demy J. Delplanche Date of Birth: 5/25/1966  
Address: 4280 SW Cedar Hills Blvd. Phone: (503)6445665  
City: Beaverton State: OR Zip: 97005  
Board certified (code): \_\_\_\_\_ Specialty (code): \_\_\_\_\_ Other spec. (code): \_\_\_\_\_

### Injury/Incident Data:

Injured person's name: Francisco Acosta Villalta Age: 23  M  F  
Date of injury: 10/29/15 Date reported to insurer: 5/9/16 If re-opened, date re-opened: \_\_\_\_\_  
Is Claim Court-Filed?  Yes  No If Yes, Date Filed in Court: \_\_\_\_\_  
Place where injury occurred (code): \_\_\_\_\_ City: Beaverton State: OR Zip: 97005  
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: North West Law Center Address: 405 NW 18th Ave  
City: Portland State: OR Zip: 97209  
Severity of injury (code): \_\_\_\_\_ Misadventures in procedures (code): \_\_\_\_\_ Misadventures in diagnosis (code): \_\_\_\_\_  
Others contributing to injury (code): \_\_\_\_\_ Associated issues (code): \_\_\_\_\_ Coverage (code): \_\_\_\_\_  
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)

Patient had vision exam for glasses. Doctor placed wrong eye drops to dilate patient's eyes (drops were too strong). Patient's eyes were dilated for 5-7 days. Patient had blurry vision and couldnt comb.

### Closure Data:

Closure date: 10/21/16 Claim disposition (code): \_\_\_\_\_ Settlement (code): \_\_\_\_\_  
Court (code): \_\_\_\_\_ Binding arbitration (code): \_\_\_\_\_ Review panel (code): \_\_\_\_\_

	Economic	Non-economic	Punitive	Unspecific
Indemnity insurer paid on behalf of defendant:	\$ <u>6500</u>	\$	\$	\$
Other indemnity paid by/on behalf of defendant:	\$	\$	\$	\$
Indemnity paid by all parties (for all defendants):	Additional Comments:			
Loss adjustment expense paid to defense counsel:	\$			
All other allocated loss adjustment expenses paid:	\$			