

**SMITH, BRAD G**

**TRUCK INSURANCE EXCHANGE**

**MEDICAL MALPRACTICE PAYMENT REPORT**

Date of Action: 06/12/2013

**Initial Action**

**Basis for Initial Action**

- SETTLEMENT

- FAILURE TO DIAGNOSE  
- FAILURE/DELAY IN REFERRAL OR CONSULTATION

**A. REPORTING ENTITY**

Entity Name: TRUCK INSURANCE EXCHANGE  
Address: 2245 SEQUOIA DRIVE  
City, State, Zip: AURORA, IL 60506  
Country:  
Name of Office: LORRAINE CASADOS  
Title or Department: DEPARTMENT COORDINATOR  
Telephone: (630) 907-3567  
Entity Internal Report Reference: 1021726180  
Type of Report: INITIAL

**B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)**

Subject Name: SMITH, BRAD G  
Other Name(s) Used:  
Gender: MALE  
Date of Birth: 09/06/1962  
Organization Name: TIGARD VISION CENTER  
Work Address: 9169 SW BURHAM  
City, State, ZIP: TIGARD, OR 97223  
Home Address: 7500 NE DOGRIDGE ROAD  
City, State, ZIP: NEWBERG, OR 97132  
Deceased: NO  
Social Security Numbers (SSN): \*\*\*-\*\*-9851  
Professional School(s) & Year(s) of Graduation: PACIFIC UNIVERSITY (1987)  
Occupation/Field of Licensure (Code): OPTOMETRIST  
State License Number, State of Licensure: 146ATI, OR  
Drug Enforcement Administration (DEA) Numbers:  
Hospital Affiliation(s):

**C. INFORMATION REPORTED**

Date of Report: 06/18/2013  
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER  
**PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER**  
Amount of This Payment for This Practitioner: \$ 232,500.00  
Date of This Payment: 06/12/2013  
This Payment Represents: A SINGLE FINAL PAYMENT  
Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 232,500.00  
Payment Result of: SETTLEMENT  
Date of Judgment or Settlement, if Any: 06/06/2013  
Adjudicative Body Case Number:  
Adjudicative Body Name:

Court File Number: C124062CV

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: SETTLEMENT WAS PAID TO PLAINTIFF IN THE AMOUNT OF \$232,500 ON BEHALF OF ALL DEFENDANTS. TIGARD VISION CENTER, BRADLEY SMITH AND JACK SMITH (WHO IS NOW RETIRED AND NO LONGER PRACTICING) THERE WERE NO BREAKDOWN OF THE TOTAL SETTLEMENT.

**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: \$ 232,500.00  
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 2

**PAYMENTS BY OTHERS FOR THIS PRACTITIONER**

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: NO  
Amount Paid or Expected to Be Paid by the State Fund:  
Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: 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: 41 YEARS  
Patient's Gender: FEMALE  
Patient Type: OUTPATIENT

Description of the Medical Condition With Which the Patient Presented for Treatment: PLAINTIFF HAD A BEEN A LONGTIME PATIENT OF BRADLEY SMITH AND HAD BEEN DIAGNOSED WITH A VITREOUS DEGENERATION AND SUBSEQUENT VITREOUS DETAATCHMENT. PLAINTIFF COMPLAINED OF CHANGES IN HER VISION, DOME SHAPED BLACK CURTAIN IN THE LOWER PERIPHERY.

Description of the Procedure Performed: PATIENT WAS EXAMINED AND SENT HOME WITH COUNSELING TO WATCH FOR SYMPTOMS OF RETINAL DETACHMENT. FOLLOWING CORRECT DIAGNOSE BY SUBSEQUENT DOCTOR, PATIENT HAD SURGERY TO RE ATTACH THE RETINA.

Nature of Allegation: DIAGNOSIS RELATED (001)  
Specific Allegation: FAILURE TO DIAGNOSE (101)  
Date of Event Associated With Allegation or Incident: 08/27/2010  
Specific Allegation: FAILURE/DELAY IN REFERRAL OR CONSULTATION (601)  
Date of Event Associated With Allegation or Incident: 08/27/2010  
Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: PERMANENT DISTORTED VISION.

**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.

If box is checked, this report has been disputed by the subject identified in Section B.

DCN: 5500000082775862  
Process Date: 06/18/2013  
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SMITH, BRAD G  
For authorized use by:  
OREGON BOARD OF OPTOMETRY

- If box is checked, 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.
- If box is checked, 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: 06/18/2013  
Date of Most Recent Change: 06/18/2013

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**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.

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**END OF REPORT**

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