

INSURER: ST. PAUL FIRE & MARINE INSURANCE COMPANY
P.O. BOX 39600
PHOENIX, AZ 85069-9600
(602) 678-3400

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
P.O. Box 7238
Reno, NV 89510

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JAN 12 1998
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Claim No.: DM06624164-02A001 Date: JANUARY 8, 1998

Date of Loss: 06/01/94 Date of Claim: 06/10/97
Date Suit Filed: N/A Date Closed: _____

MLSP Complaint No.: R96-06-1173
Findings: MALPRACTICE
Other Dispositions: \$152,000

INSURED: DAMON STUTES, MD
Address: 5915 Tyrone Rd., Reno, NV 89502

Loss Description: Alleged inadequate performance of abortion.

Loss Location: Insured's office in Reno, NV

CLAIMANT: ROSEMARY TAVARES MAXFIELD
Patient: {Same as Claimant} DOB/Age: [REDACTED]
Address: c/o J. Martz, Esq., 440 Ridge St, #3, Reno, NV 89509

Person Making Report: Sean Petronzi, Claim Representative
Address: 300 S. Wells, Ave, Suite 4, Reno, NV 89502
Phone: (702) 329-2246

Summons & Complaint Attached. If Summons & Complaint not attached, Case No.: R96-06-1173

SP/tlj

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Voice: (800) 767-6732
FAX: (703) 802-4109
TDD: (703) 802-9395

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MEDICAL EXAMINERS

MALPRACTICE PAYMENT REPORT

A: REPORTING ENTITY IDENTIFICATION

Entity ID Number (EIN): 210042300000072
Entity Name: ST. PAUL FIRE & MARINE
Address: 8900 N. 22ND AVENUE, SUITE 300
PHOENIX, AZ 85069
Telephone: (602)678-3400

B: PRACTITIONER IDENTIFIED IN THE REPORT

Practitioner Name: STUTES, DAMON
Other Name Used:
Gender: MALE

Organization Name: WEST END WOMEN'S MEDICAL GROUP
Work Address: 5915 TYRONE RD
RENO, NV 89510

Home Address:

Social Security #:

Date of Birth: [REDACTED]

Deceased:

Professional School(s) & Grad. Year:

MICHIGAN STATE UNIVERSITY

1976

KAISER HOSPITAL UNIV- SACRAMENTO

1980

License #, State, Field Code:

5561

NV 010

Drug Enforcement #(DEA #):

[REDACTED]
Hospital Affiliation(s):

Voice: (800) 767-6732
FAX: (703) 802-4109
TDD: (703) 802-9395

MALPRACTICE PAYMENT REPORT

C: INFORMATION REPORTED TO THE NPDB

Date of Report: 01/08/1998
Date of Act/Omission: 06/01/1994
Act/Omission Code: OBSTETRICS - Wrongful life/birth (580)
Date of Act/Omission:
Act/Omission Code:

Payment Date: 08/29/1997
Multiple or Single Payment: Single
Amount of this Payment: \$150000.00
Total Amount of Judgment or Settlement: \$150000.00
Payment Result of: Settlement
Practitioners for whom Payment is made: 1
Relation of Entity to Practitioner: Insurance Company
Date of Judgment/Settlement: 08/29/1997
Adjudicative Case No.:
Adjudicative Body Name:
Court File No.:
Reporter's Description of the Act or Omission:
DM06624164-02A001/SP...ALLEGED BREACH OF CONTRACT.

Reporter's Description of the Judgment or Settlement:
ONE LUMP SUM \$150,000 SETTLEMENT WITH CLAIMANT.



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

1665 Hot Springs Road, No. 152
Carson City, Nevada 89706-0661
(702) 687-4270
Fax (702) 687-3937

January 20, 1998

Mr. Larry Lessly
Nevada State Board of Medical Examiners
P.O. Box 7238
Reno, NV 89510

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JAN 22 1998
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

Dear Mr. Lessly:

The following information concerning a medical professional liability claim has been reported to this office:

Insurer: St. Paul Fire and Marine Insurance Company
Date of closure: October 14, 1997
Physician's name: Damon Stutes, M.D.
Physician's address: 5915 Tyrone Road, Reno, NV 89502
Claimant's name: Rosemary T. Maxfield

Medical Dental Screening Panel case number: R96-06-1173
Medical Dental Screening Panel findings:

- No malpractice
- Malpractice and injury
- Unable to decide
- Settled before panel met
- Dismissed by panel

Settled, award or judgement amount: \$0

Please contact me at 687-7682 if you have any questions regarding this report.

Sincerely,

Vera A. Wungnema
Vera A. Wungnema
Program Assistant II