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| **STATE OF MAINE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LIABILITY CLAIM REPORT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Email Report to**  **Research and Statistics Division**  **Email: Barbra.L.Garboski@maine.gov** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name and Address of Insurance Company** | | | | | | | | | | | | | | | | | | | | | | | | | | | Contact Person: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | Title: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone & Extension: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | E-Mail Address: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Pressing the F1 key on your keyboard will bring up HELP for the selected field** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **REPORT OF CLAIM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Report: | | | | | |  | | | | Check here if this is a reopened claim: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| **Claim Number:** | | | | | | | | | | | | **Policy Number:** | | | | | | | | | | | | | | | **Insured’s Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Class Description/Specialty:** | | | | | | | | | | | | **Classification of risk:** | | | | | | | | | | | | | | | Affiliation: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | (ISO or Insurer Code No.) | | | | | | | | | | | | | | | Address 1 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | Address 2 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Occurrence:** | | | | | | | **Place of Occurrence:** | | | | | | | | | | | | | | | | | | | | City: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Description of Occurrence:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date Claim Asserted:** | | | | | | | **Amount Claimed:** (if stated) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is wrongful death asserted as a claim? | | | | | | | | | | | | | Yes | | | |  | | No | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Professional License Number:** | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check If: | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MD |  | | | | DO | | | | | |  | | | PA | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dentist | | | Podiatrist | | | | | | | | Hospital | | | | Other | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Known Codefendant(s) and Claim Number(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | Known Codefendant(s) and Claim Number(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | |  | | | | | | | | | | | | | | | | | | | | | | | | | No. | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | |  | | | | | | | | | | | | | | | | | | | | | | | | | No. | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | |  | | | | | | | | | | | | | | | | | | | | | | | | | No. | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **REPORT OF DISPOSITION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Report: | | | |  | | | | Check here if this is a reopened Disposition: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Date Suit Filed: | | | | Docket Number: | | | | | | | | Reviewed by pre-litigation screening panel? | | | | | | | | | | | | | | | | | | | | | | |  | | | If NO, why? (Reason #) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | |  | | | | Yes | | | | |  | | | | No | | |  |  | | | | | |  | | | 1 | | |  | | 2 | |  | | | 3 | | |  | 4 | | |  | | 5 | | |  | |
| Date of settlement, judgment, | | | | | | | | | | | | **Outcome of pre-litigation screening panel:** | | | | | | | | | | | | | | | | | | | | | Standard of Care: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| award, or closing of file: | | | | | | | | | | | | Decision Date: | | | | | | | |  | | | | | | | | | | | | | Causation: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | § 2855(1)(A) Deviation from Standard of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | No | | | | |  | | | |
|  | | | | | | | | | | | | § 2855(1)(B) Proximate Cause | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | No | | | | |  | | | |
| Amount of award / settlement | | | | | | | | | | | | § 2855(1)(C) Comparative Negligence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | No | | | | |  | | | |
|  | | | | | | | | | | | | If case was dismissed by panel chair, check here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | Reason for disposition (Place an X beside applicable number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | 1. Settlement | | | | | | | | | |  | | 2. Dismissal | | | | | | |  | | | 3. Judgment for defendant | | | | | | | | | | | | |  | | 4. Withdrawal | | | | | | | | | | | |  |
| Allocated claims expense: | | | | | | | | | | | | 5. Abandonment | | | | | | | | | | |  | | | 6. Judgment for Plaintiff | | | | | | | | | |  | | | 7. Other | | | | | explain in comments below | | | | | | | | | | | | | | | | | |
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| **Comments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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