

# **Exhibit 1**

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IN THE THIRD JUDICIAL DISTRICT COURT – WEST JORDAN DEPARTMENT  
SALT LAKE COUNTY, STATE OF UTAH

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<p>STATE OF UTAH,</p> <p>Plaintiff,</p> <p>vs.</p> <p>MICHAEL KIRK MOORE, 2925 Lostwood Drive Sandy UT 84092 DOB: 04/29/1965</p> <p>Defendant.</p>	<p><b>INFORMATION</b></p> <p>IFD # 3659, 5020</p> <p>Case No:</p> <p>Judge:</p>
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THE STATE OF UTAH TO THE ABOVE NAMED DEFENDANT:

A Complaint has been made by Investigator JEFFREY REMUS, Department of Insurance  
(DOI), Fraud Division that you committed the crimes of:

**Count 1**

**FRAUDULENT INSURANCE ACT, a Second Degree Felony**, at Salt Lake County, Utah, between on or about August 14, 2012, through on or about February 5, 2013, in violation of Utah Code Ann. § 76-6-521(1)(b)(i)(A)(ii), 2004 and 31A-31-103, in that **MICHAEL KIRK MOORE**, a party to the offense, with the intent to defraud Farmers Mid Century Insurance, presented or caused to be presented, any oral or written statement or representation, as part of or in support of a claim for payment or other benefit pursuant to an insurance policy, certificate, or contract, knowing that the statement or representation contained false or fraudulent information concerning any fact or thing material to the claim, the value of which exceeded \$5,000.00; **to wit: The Defendant submitted a claim for loss to Farmers Insurance as a result of a 08/14/2012 accident, knowing the claim was fraudulent.** (IFD 5020)

**Count 2**

**FRAUDULENT INSURANCE ACT, a Second Degree Felony**, at Salt Lake County, Utah, between on or about January 16, 2013, through on or about May 14, 2015, in violation of Utah Code Ann. § 76-6-521(1)(b)(i)(A)(ii), 2004 and 31A-31-103, in that **MICHAEL KIRK MOORE**, a party to the offense, with the intent to defraud State Farm Insurance, presented or caused to be presented, any oral or written statement or representation, as part of or in support of a claim for payment or other benefit pursuant to an insurance policy, certificate, or contract, knowing that the statement or representation contained false or fraudulent information concerning any fact or thing material to the claim, the value of which exceeded \$5,000.00; **to wit: The Defendant submitted a claim for loss to State Farm Insurance as a result of an alleged theft on 1/16/13, knowing the claim was fraudulent.** (IFD 3659)

THIS INFORMATION IS BASED ON EVIDENCE OBTAINED FROM THE FOLLOWING WITNESSES: Investigator Jeffrey Remus, (State of Utah Insurance Fraud Division); SIU Stephen Streeter, (Mid-Century Insurance); Chip Borrego, (Farmers Insurance); Anje Alleman; Heather Nelson; Sheila Fkhrieh; Michelle Borghetti; Hillari Brandise.

**PROBABLE CAUSE STATEMENT:**

Having first been sworn upon my oath to tell the truth, I declare I have reason to believe, and do believe the following to be true:

1. On or about August 14, 2012, **MICHAEL KIRK MOORE** (Defendant) was struck by a vehicle driven by Denise Downs. **MOORE** was riding his bicycle at the time of the accident. Sandy Police responded and **MOORE** was taken to Alta View Hospital. He was released the same day. **MOORE**, a plastic surgeon, went to work after he was released from the hospital.
2. Downs was insured by Farmers Mid Century Insurance. **MOORE** filed a claim for loss on Downs' policy claiming that due to his injuries, he had missed work on the date of the accident and was only able to work half days for weeks following the accident. **MOORE's** attorney submitted a 91 page settlement demand to Farmers Insurance on behalf of **MOORE** stating that due to "significant injuries", **MOORE** would no longer be able to perform plastic surgery at the same level because he was unable to stand for long periods and was in "constant unbearable pain." **MOORE** also claimed the medical practice was devastated by the injuries he had sustained, claiming he was unable to sleep or walk and he would have to go through invasive surgeries on both ankles and his right knee.
3. In the settlement demand, **MOORE** listed medical costs he claimed were associated

with his injuries including future surgeries, in excess of \$22,244.66. **MOORE** also claimed loss of revenue, stating he normally performed five (5) to seven (7) surgeries a week, however, after his accident, **MOORE** stated he had to reschedule his surgeries for weeks after the accident to later date. **MOORE** claimed he was forced to work at a “significantly reduced capacity” as compared to before the accident. **MOORE** claimed damages in excess of \$552,644.55.

4. Subsequent investigation determined **MOORE** returned to work after he was released from the emergency room and saw patients that day. **MOORE** did not miss any scheduled appointment or surgeries, nor did he take any time off due to injuries. Witnesses did not see **MOORE** wearing any bandages or using boots, crutches, or a brace. However, witnesses overheard **MOORE** stating he would “make the lady pay and take her for everything.” **MOORE** instructed his staff to block out his schedule to look like he was not able to do surgery and further instructed staff members that if anyone asked, to state he did not do surgery because of his injured shoulder.
5. On May 28, 2015, Insurance Fraud investigators conducted a search warrant on **MOORE’s** office. Investigators recovered two log books from the practice including the Anesthesia log book and an OR nurse log book. The log books show **MOORE** performed thirteen (13) surgeries in the two weeks following the accident, and fail to show any decrease in surgeries in the weeks following the accident as **MOORE** had

claimed.

6. On or about January 16, 2013, **MOORE** offered to drive his employee Heather Nelson to the train station after work. On the drive to the station, **MOORE** pointed out to Nelson that his trailer was missing from the back of his business where he had stored it. Nelson was surprised when **MOORE** pointed out the trailer was gone because he did not get upset as he usually would. **MOORE** filed a police report with Sandy Police Department. During the report process, **MOORE** told the officer he was not certain exactly what was in the trailer, but stated the value of the items was \$3,000.00.
7. On or about January 16, 2013, **MOORE** filed a separate claim on his policy with State Farm Insurance. **MOORE** claimed a trailer full of office equipment had been stolen from behind his business office. **MOORE** submitted a detailed inventory of what he claimed was stolen from the trailer including furniture, medical charts, a safe, two TV/DVD combo, medical equipment and financial records. **MOORE** claimed loses totaling in excess of \$31,169.62.
8. On or about March 7, 2013, State Farm received information from an employee of **MOORE** that the claim was fraudulent and that none of the items reported as stolen were actually missing. The employee explained the practice was moving locations and she had been put in charge of organizing the move and had utilized other employees to help. The employee stated she helped load and unload the trailer and stated everything

had been taken out of the trailer and moved inside the building, except for an old couch. The employee continued to tell State Farm that she had personally been in charge of moving and organizing the medical charts.

9. Lincoln Wakamatsu, a special investigator for State Farm, started an investigation into the claim and found that **MOORE** had purchased several items online and submitted the receipts as proof of purchase in order to obtain reimbursement for the items, as required by the policy terms. **MOORE** submitted receipts for a new safe, two exam chairs and a new couch. Wakamatsu was able to determine from each company that the items were purchased, but the orders had been cancelled by **MOORE** the same day. Wakamatsu went to **MOORE**'s office to do an inspection, and photographed the location. Wakamatsu questioned **MOORE** about where the newly purchased items were and **MOORE** stated "they had been ordered but had not arrived yet."
10. Due to the new information that was collected in the investigation, Wakamatsu requested **MOORE** submit to an evaluation under oath as part of the claim process. **MOORE** failed to show up for the scheduled evaluation, and did not reschedule it.
11. On or about June 17, 2013, State Farm received information from a second employee who reported the claim as fraudulent. The employee provided information to State Farm regarding the items **MOORE** had claimed stolen, and stated that none of the items were missing and that some of the items reported missing by **MOORE** had

never existed.

12. On May 14, 2015, Insurance Fraud Investigators interviewed **MOORE** at his office and questioned him regarding his fraudulent claim. When asked why he had purchased items online, submitted the receipts for reimbursement, but then cancelled the orders, **MOORE** replied “he did not know.”
13. Insurance Fraud Investigators interviewed several employees that were working for **MOORE** at the time of the claim. Each employee all independently gave the same details, stating **MOORE** never had any of the items in the trailer with the exception of an old couch and love seat.
14. Subsequent investigation determined the claims made to Farmers Mid Century and State Farm Insurance by **MOORE** were false and that **MOORE** had fabricated claims and receipts to obtain payments for which he was not entitled.

WHEREFORE, THE AFFIANT PRAYS that a Summons be issued requiring the

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appearance of **MICHAEL KIRK MOORE** based on the above Information.

Pursuant to Utah Code Ann. § 78B-5-705 (2008)  
I declare under criminal penalty of the State of Utah that  
the foregoing is true and correct.

Executed on: 30th day of June 2015.

/s/ Jeffery Remus  
JEFFERY REMUS, Investigator  
Dept. of Insurance, Fraud Division

AUTHORIZED for presentment and filing this 30TH day of June, 2015.

By: /s/ SHELLEY A. COUDREAUT  
SHELLEY A. COUDREAUT  
Assistant Attorney General