

BEFORE THE MEDICAL LICENSING
BOARD OF INDIANA
CAUSE NO: 2023 MLB 0003

IN THE MATTER OF THE LICENSE OF :)
)
BAMIDELE ADEKUNLE ADEAGBO)
LICENSE NO.: 01080723A (Active))

ADMINISTRATIVE COMPLAINT



The State of Indiana (“Petitioner”), by counsel, Deputy Attorney General Ian Mathew, pursuant to Ind. Code ch. 25-1-7 and Ind. Code ch. 4-21.5-3, submits this Administrative Complaint before the Medical Licensing Board of Indiana (“the Board”) against the physician license of Bamidele Adekunle Adeagbo (“Respondent”) for violations of Ind. Code § 25-1-9-4. In support, Petitioner alleges and states the following:

FACTS

Parties

1. The Office of the Indiana Attorney General (“OAG”) is empowered under Ind. Code § 25-1-7-7 to prosecute this action on behalf of Petitioner against Respondent’s license.
2. Respondent holds physician license 01080723A, which was issued by the Board on June 29, 2018, and will expire on October 31, 2023.
3. Respondent’s address on file with the Indiana Professional Licensing Agency (“IPLA”) is 124 Lakeshore Drive, Terre Haute, Indiana 47803.

Jurisdiction

4. On June 4, 2020, the OAG received a consumer complaint filed against Respondent, and an investigation was then conducted as authorized by Ind. Code § 25-1-7-5(b)(4).

5. After investigating, the OAG determined that the complaint had merit, and, accordingly, a copy of that consumer complaint is being submitted to the Board herewith as Exhibit A.

6. The OAG having tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1).

7. Further, at all times relevant, Respondent was a “practitioner” as that term is defined by Ind. Code § 25-1-9-2.

8. As such, the Board has authority to hear this case and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

Respondent’s Misconduct

9. On May 27, 2020, Respondent, while driving on Highway 41 outside of Terre Haute, rear-ended another car.

10. The only occupant of the other car was Nancy Hall.

11. Hall was in the left lane preparing to turn left when she was struck from behind by Respondent’s car.

12. Hall was later transported to a local hospital to be cleared for injuries.

13. On the scene, police gave Respondent a preliminary breath test to measure his blood alcohol content.

14. Respondent's blood alcohol content was measured at .112 grams of alcohol per 210 liters of breath.

15. Respondent was arrested and taken for a certified chemical test, which resulted in a blood alcohol content of .091.

16. On May 28, 2020, the State of Indiana charged Respondent in the Vigo County Superior Court with the following:

- a. Count 1 – Causing serious bodily injury when operating a motor vehicle with an ACE of .08 or more, a Level 5 felony;
- b. Count 2 – Operating a vehicle while intoxicated endangering a person, a Class A misdemeanor; and,
- c. Count 3 – Operating a vehicle with an ACE of .08 or more, a Class C misdemeanor.

17. On December 16, 2022, Respondent pleaded guilty to Count 2, and Counts 1 and 3 were dismissed.

18. The same day, Respondent was sentenced to one year in jail, but with two days of credit time, this was suspended to 363 days of informal probation.

19. As part of his probation, Respondent was ordered to complete 120 hours of community service, to continue and complete any and all alcohol/drug counseling treatment, and to attend a Mothers Against Drunk Driving Victim Impact Panel.

Subsequent Lawsuit

20. Nancy Hall passed away on or about October 14, 2021.

21. On April 19, 2022, the personal representatives of the estate of Nancy Hall, Kimberly A. Brown and Larry A. Higgins, Jr., filed a civil complaint in the Vigo County

Superior Court against Respondent alleging wrongful death and other claims, in a cause docketed as 84D02-2204-CT-002417.

22. That action remains pending as of the date of this filing.

CHARGES

23. Paragraphs one (1) through twenty-two (22) are incorporated by reference.

Count 1 Conviction of a Crime Harmful to the Public

24. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(2)(B) in that he was convicted of a crime that is harmful to the public. More specifically, Respondent violated Ind. Code § 25-1-9-4(a)(2)(B) by pleading guilty to and being convicted of operating a vehicle while intoxicated endangering a person, a Class A misdemeanor, on December 16, 2022.

REQUESTED RELIEF

ACCORDINGLY, Petitioner requests that the Board issue an order against Respondent that:

- I. Imposes one or more of the disciplinary sanctions authorized by Ind. Code § 25-1-9-9;
- II. Directs Respondent to pay all of the costs incurred in the prosecution of this case, as authorized by Ind. Code § 25-1-9-15;
- III. Directs Respondent to pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and,

IV. Provides any other relief the Board deems just and proper.

Respectfully submitted,

THEODORE E. ROKITA
Indiana Attorney General
Attorney No. 18857-49

By: 

Ian Mathew
Deputy Attorney General
Attorney No.: 36392-49

Office of Attorney General Todd Rokita
302 West Washington Street
Indiana Government Center South, 5th Floor
Indianapolis, IN 46204
Email: ian.mathew@atg.in.gov

CERTIFICATE OF SERVICE

I hereby certify that on the 8th day of February, 2023, a true and correct copy of this

Administrative Complaint was served upon the below-listed party or parties:

Bamidele Adekunle Adeagbo
124 Lakeshore Drive
Terre Haute, Indiana 47803
deleaa@gmail.com
By U.S. Mail and E-Mail

Holly A. Reedy
Reminger Co., LPA
8909 Purdue Road, Suite 200
Indianapolis, Indiana 46268
hreeedy@reminger.com
Counsel for Respondent
By U.S. Mail and E-Mail



Ian Mathew
Deputy Attorney General
Attorney No.: 36392-49

**CONSUMER COMPLAINT**Office of the Indiana Attorney General
(R5 / 12-17)

INSTRUCTIONS: To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Section 1: Your Information			
Salutation ☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr. ☐ Miss ☐ Rev.		Street Address 402 W. Washington St., Room W072	
Full Name or Organization/Agency Donna Moran, Litigation Specialist		City Indianapolis	State IN
If an Organization/Agency provide a Primary Contact Name Medical Licensing Board of Indiana		County Marion	Zip Code 462204
Age Group ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-59 ☐ 60+		Daytime Phone	
Email Address			
May we contact you by email? If yes, we will not contact you by regular mail		☐ Yes ☒ No	
Are you or your spouse active military?		☐ Yes ☒ No	

Section 2: Who is the Complaint Against?			
Individual/Business Bamidele Adekunle Adeagbo, MD 01080723A		Name of Individual/Representative you dealt with	
Street Address 1893 Cobblestone AV		City Terre Haute	State IN
County Vigo		Zip Code 47802	Daytime Phone
Email Address			

Section 3: Transaction/Incident Details			
3-A: Date of Transaction/Incident		3-B: If a Transaction, what was the Transaction for? ☐ My business ☐ My family/household ☐ My farm ☐ Non-Profit/Church	
3-C: Where did the Transaction/Incident occur? (check box where applicable) ☐ My home ☐ By Internet/Email ☐ At the location of the business ☐ By Telephone ☐ Away from the location of the business (work, convention, etc.) ☐ By Social Media ☐ By Mail ☐ Other _____			
3-D: What was the very first contact between you and the Individual/Business? ☐ I telephoned the individual/business ☐ I received information in the mail ☐ I responded to a printed advertisement ☐ I responded to a TV/radio ad ☐ I went to the location of the business ☐ Other, describe below: ☐ A person came to my home ☐ I received a phone call from the business ☐ I received information by email ☐ I responded to an offer on the internet _____			
3-E: How did you Pay? ☐ Cash ☐ Credit Card/Pre-Pay ☐ Medicaid ☐ Pay-Pal ☐ Wire Transfer ☐ Check ☐ Installment Loan ☐ Medicare ☐ Private Insurance ☐ Other _____			
3-F: What, if any, is the Dollar amount associated with your loss?		\$	

Section 4 Actions Taken by Consumer			
☐ Yes ☐ No	4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.		
☐ Yes ☐ No	4-B: Have you hired a private attorney?		
☐ Yes ☐ No	4-C: Have you started a court action? If yes, please attach a copy of all court papers.		
☐ Yes ☐ No	4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.		

Section 4 Actions Taken by Consumer - *continued*

- ☐ Yes ☐ No 4-E: Have you complained to the Individual/Business?
- ☐ Yes ☐ No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:

Section 5 Transaction/Incident Details – *attach additional pages if necessary*

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above, please include those details also with your description of the Transaction/Incident.

Self-report see attached.

Section 6 How would you like your Complaint resolved?**Section 7 WHAT HAPPENS NEXT?**

The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

Section 8 Mail Completed Forms to:

Office of the Indiana Attorney General
Consumer Protection Division
Government Center South, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204
317-232-6330 (phone) • 317-233-4393 (fax)
www.IndianaConsumer.com

Section 9 Consent and Verification

Do you consent to disclosing the following information to the public? →

- | | | |
|---|--|--|
| ☒ Yes | ☐ No | The nature of the complaint and the individual/business name |
| ☒ Yes | ☐ No | Your name |
| ☐ Yes | ☒ No | Your phone number |

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

Your signature

Date

Moran, Donna

From: Group 03
Sent: Friday, May 29, 2020 3:42 PM
To: Moran, Donna
Subject: FW: SELF REPORT

From: Bamidele.Adeagbo [mailto:]
Sent: Friday, May 29, 2020 2:08 PM
To: Group 03 <pla3@pla.IN.gov>
Subject: SELF REPORT

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Dear,

I Will like to self-report a personal incidence that took place on the night of May 27, 2020 on a highway in Terre Haute. I had a vehicular collision and I was charged with driving over 0.8 causing serious bodily injury.

License #: 01080723A

Regional Hospital
Department of Pathology and Laboratory Medicine
3901 S. Seventh Street
Terre Haute, IN 47802

Bamidele Adeagbo, MD, MBBS
[REDACTED]

