

Florida State Medical Malpractice Closed Claim Report

File # A78-1445-78

Primary Carrier Florida Physicians Insurance Reciprocal

Policy Number 7801-06804

Excess Carrier ----- ~~---~~ **781259**

Policy Number -----

Insured C. Brooks Henderson, M.D.

Address 2 South West 12th Street, Ocala, Florida 32670

Specialty One - Psychiatrist

Date of incident 4/22/78

Date of Suit -----

Disposition of incident:

Date 7/25/78

Settlement \$ ---

Defense Cost \$ ---

Summary Judgement ---

Directed Verdict ---

Set out by the jury ---

*Marion County*

Reason for final disposition, if no settlement.

*No claim pursued.*

Summary of occurrence which created claim.

Pt was admitted to hosp on 4/22/78 under Baker Act and was seen primarily by insd. On 4/27 judge heard case, pt threatened judge and he sent him back to jail.