

Florida State Medical Malpractice Closed Claim Report

1412

File # A78-1489-78

Primary Carrier Florida Physicians Insurance Reciprocal

Policy Number 7801-08642

Excess Carrier _____

Policy Number _____

Insured Eugene Freier, M. D.

Address PO Box 5727, Daytona Beach, Florida 32020

Specialty Six - ER Physician

Date of incident 3/19/78

Date of Suit _____

Disposition of incident: Settlement

Date 1-15-79

Settlement \$ 420⁰⁰

Defense Cost \$ 75⁰⁰

Summary Judgement _____

Directed Verdict _____

Let out by the jury _____

Volusia County

Reason for final disposition, if no settlement.

Summary of occurrence which created claim.

Pt. who was already a paraplegic was involved in auto accident. Pt. brought to ER with laceration to face & neck pain. X-rays of upper extremities were taken. There were no laceration on lower part of body & since pt. could feel no injuries, x-rays were not taken. Next day, pt.'s leg severely swollen. Pt. brought back & leg found to be fractured. Pt. has retained attorney.