## FLORIDA DEPARTMENT OF INSURANCE MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM FILE# 80-1785

PRIMARY CARRIER  Company Code 4 4 0 5 0 (Florida Certificate of Authority Number)	0320
Company Name Physicians Protective Trust Fund	90 <b>~</b>
Policy Number 2242	
EXCESS CARRIER Company Code [ ] [ [ Florida Certificate of Authority Number)	
Company Name :	
Policy Number	
Calendar Year Claim Closed 8 2 FCC HM1 IAC 3	
Insured Oscar Papazian	inty Codi
Address 9155 SW 87th Avenue, Miami, FL.	
(1) Speciality Pediatric Neurology Code 16	
(2) Date of Incident (Month, Day, Year) 0 1 0 9 7 8	
(3) Date submitted for mediation (Month, Day, Year)	
(4) Disposition of mediation (check one):	
(1) Plaintiff (2) Defendant (3) No final conclusion	
(5) Date of suit, if filed (Month, Day, Year) 0 428 76	
(6) Disposition of incident (check one):	
(1) X Final Judgment (2) Settlement	
(3) X Final Disposition Not Resulting in Payment on Behalf of the I	nsured
[7] Date and amount of Judgment or Settlement (Month, Day, Year)	
A.Primary Indemnity \$ 0 C.Excess Indemnity \$	<del></del>
B.Primary Defense \$ 13,278.	·
8) Summary Judgment (1) For Plaintiff (2) X For Defendant	
9) Directed Verdict (1) For Plaintiff (2) For Defendant	
10) Trial (1) YES (2) NO	
11) Date and reason for final disposition, if no settlement or judgment:	
(Month, Day, Year) 06 1 0 8 2 Summary Judgment for defendant	
2) Include brief summary of occurrence which created claim on back.	
1)1-01/80 Prepared by Sergio Moreno	

Malig. cereb. edema from cranial trauma