

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

486LR T47 6748R  
FILE# \_\_\_\_\_

PRIMARY CARRIER

Company Code 09490 (Florida Certificate of Authority Number)

8460740

Company Name CHARTER OAK FIRE INSURANCE Co.

Policy Number 650-112B791-5-COF

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)

LOH

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Calendar Year Claim Closed 84 FCC MMI IAC 3

Insured Wilson C. Rippey Jr. MD.

Address 13518 N. FLA. AVE. TAMPA, FL 33612 County Code 03

(1) Surgery Code 1 Speciality PSYCHIATRY Code 19

(2) Date of Incident (Month, Day Year) 031574

(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) 010981

(6) Disposition of incident (check one):

(1)  Final Judgment (2)  Settlement

(3)  Final Disposition Not Resulting in Payment on Behalf of the Insured

(7) Date and amount of Judgment or Settlement (Month, Day, Year) 121483

A. Primary Indemnity \$ 2,500 C. Excess Indemnity \$ \_\_\_\_\_

B. Primary Defense \$ 2,533 D. Excess Defense Costs \$ \_\_\_\_\_

(8) Summary Judgment (1)  For Plaintiff (2)  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)     

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(12) Include brief summary of occurrence which created claim on back.

*Joseph P. Di Bruno*  
JOSEPH P. DI BRUNO

PLAINTIFF, A MINOR, ALLEGED THAT WHILE UNDER DR RIPPY'S TREATMENT HE:

- ① MADE SEXUAL ADVANCES
- ② ENGAGED IN SEXUAL ACTIVITY
- ③ UNDERTOOK ACTIONS DETRIMENTAL TO THE PATIENT'S HEALTH
- ④ PHOTOGRAPHED PLAINTIFF'S ANATOMY
- ⑤ IMPROPERLY USED RESTRAINTS
- ⑥ IMPROPERLY PRESCRIBED MEDICATION

THERE WERE SERIOUS COVERAGE QUESTIONS. THERE WAS A GOOD POSSIBILITY THAT THE STATUTE OF LIMITATIONS HAD RUN. WE SHARPLY COMPROMISED A SETTLEMENT FOR \$2500.



James O. Crowe  
Manager  
Claim Department

Tampa Office

The Travelers Companies  
5340 West Kennedy Boulevard  
P.O. Box 23766  
Tampa, FL 33630-3766  
Telephone: 813 879-0720

January 8, 1985

Florida Insurance Department  
Bureau of Rates,  
Larson Building  
Tallahassee, Florida 32301

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JAN 14 1985

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Subject: Florida Department of Insurance -  
Medical Malpractice Closed Claim Reporting Form

Gentlemen:

Enclosed is a copy of the Medical Malpractice Closed Claim Reporting form which we have completed on a medical malpractice file which we closed in 1984.

This is the only medical malpractice claim which we concluded in the Tampa Travelers Claim Office in 1984.

Very truly yours,

John A. DiLorenzo  
Associate Manager

JAD/rd - PAD

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