

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

509JL 5668

FILE # 09J-00

85 (0707)

PRIMARY CARRIER

Company Code 01470 (Florida Certificate of Authority Number)

Company Name The St. Paul Companies

Policy Number 509JL 5668 Maitland

EXCESS CARRIER

Company Code     (Florida Certificate of Authority Number)

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

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

Calendar Year Claim Closed 85 FCC MMI IAC 3

Insured R.V. Radin, M.D., P.A.

Address 3619 20<sup>th</sup> St., Vero Beach, Fla. 32960 County Code 32

(1) Surgery Code 1 Speciality psychiatry Code 19

(2) Date of Incident (Month, Day Year) 07 24 84

(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)                      AUG 22 1985

(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)                     

A. Primary Indemnity \$ -0- C. Excess Indemnity \$ \_\_\_\_\_

B. Primary Defense \$ 805. 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) 08 16 85 No claim pursued

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

patient committed suicide by hanging herself while in hospital.