

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# 097

85 001

PRIMARY CARRIER

Company Code 01470 (Florida Certificate of Authority Number)

00723

Company Name The St. Paul Companies

Policy Number 509TH8915

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name none

Policy Number none

Calendar Year Claim Closed 85 FCC MMI IAC 3

Insured Timothy Boyd MD

Address 2 S.W. 12TH St. Ocala, FL 32671 County Cod 14

(1) Surgery Code 1 Speciality psychiatry Code 19

(2) Date of Incident (Month, Day Year) 07/5/83

(3) Date submitted for mediation (Month, Day, Year) n/a

(4) Disposition of mediation (check one):
(1) Plaintiff (2) Defendant (3) No final conclusion n/a

(5) Date of suit, if filed (Month, Day, Year)

(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 \$ 0

B. Primary Defense \$ 75 D. Excess Defense Costs \$ 0

(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) 07/24/85 initial claim
dropped by claimant - file closed "no claim"

(12) Include brief summary of occurrence which created claim on ORLANDO SERVICE CENTER

Claimant alleged improper
psychiatric incarceration + confinement
city dropped the case.