



FLORIDA DEPARTMENT OF INSURANCE  
FLORIDA MEDICAL PROFESSIONAL LIABILITY  
CLOSED CLAIM REPORTING FORM

unk

INSTITUTION CODE: unk

(See Table D)

11. NAME OF INSTITUTION: \_\_\_\_\_
12. LOCATION OF INSTITUTIONAL INJURY: (Check one)
- |                                                         |                                                      |                                              |
|---------------------------------------------------------|------------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> (01) Patient's Room | <input type="checkbox"/> (05) Physical Therapy Dept. | <input type="checkbox"/> (09) Radiology      |
| <input type="checkbox"/> (02) Operating Suite           | <input type="checkbox"/> (06) Nursery                | <input type="checkbox"/> (10) Emergency Room |
| <input type="checkbox"/> (03) Recovery Room             | <input type="checkbox"/> (07) Critical Care Unit     | <input type="checkbox"/> (11) Other _____    |
| <input type="checkbox"/> (04) Labor & Delivery Room     | <input type="checkbox"/> (08) Special Procedure Room | _____                                        |

3. DATE OF OCCURRENCE: 8/5/93

DATE REPORTED TO INSURER: 9/14/93

4. INJURED PERSON'S AGE: 31 Years (If less than one year, enter 00; if unknown, enter UNK.)

INJURED PERSON'S SEX:  M  F (Circle one)

4.1 INJURED PERSON'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

5. FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED: \_\_\_\_\_ (LEAVE BLANK)  
Psychiatric problems 15.

6. DESCRIBE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION: \_\_\_\_\_ 16.  
N/A

7. DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE: \_\_\_\_\_ 17.  
Patient sustained cardiac arrest leading to death

8. DESCRIBE THE OPERATION, DIAGNOSTIC OR TREATMENT PROCEDURE CAUSING THE INJURY. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE PROCEDURES USED. INCLUDE METHOD OF ANESTHESIA, OR NAME OF DRUG USED FOR TREATMENT, WITH DETAIL OF ADMINISTRATION: \_\_\_\_\_ 18.  
Alleged failure to monitor a patient with abnormal vital signs while weaning a patient from medications which contra-indicate each other (medications prescribed by another doctor)

9. DESCRIBE THE PRINCIPAL INJURY GIVING RISE TO THE CLAIM. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE INJURY. INCLUDE TYPE OF ADVERSE EFFECT FROM DRUGS WHERE APPLICABLE: \_\_\_\_\_ 19.  
Death due to cardiac arrest

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20. SEVERITY OF INJURY: (check only one -- rate most serious injury if several are involved.)

- (01) Emotional only - Fright, no physical damage.
- (02) Insignificant - Lacerations, contusions, minor scars, rash. No delay.
- Temp-  (03) Minor - - - - - Infections, misset fracture, fall in hospital. Recovery delayed.
- orary  (04) Major - - - - - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.
- (05) Minor - - - - - Loss of fingers, loss or damage to organs. Includes nondisabling injuries.
- Perma-  (06) Significant - - Deafness, loss of limb, loss of eye, loss of one kidney or lung.
- nent  (07) Major - - - - - Paraplegia, blindness, loss of two limbs, brain damage.
- (08) Grave - - - - - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.
- (09) Death

21. DATE OF SUIT, IF ANY:   N/A  

21.1 CIRCUIT COURT CASE NUMBER:           N/A          

21.2 COUNTY CODE OF COUNTY SUIT FILED IN:   N/A   (SEE TABLE B)

22. LIST OTHER DEFENDANTS INVOLVED IN THIS CLAIM, THE INSURER'S NUMBER AND THE COMPANION CLAIM FILE ID NUMBER:

	DEFENDANT'S NAME (Last Name, First Name)	INSURER CODE NO.	INSURER FILE ID.
1)	<u>Kessal, Richard, M.D.</u>	<u>UNIK.</u>	<u>UNIK.</u>
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

23. WAS PLAINTIFF REPRESENTED BY AN ATTORNEY? (Check one)  
 (01) Yes     (02) No

24. DATE OF FINAL CLAIM DISPOSITION:   8 / 30 / 95  

25. FINAL METHOD OF CLAIM DISPOSITION:

- (01) Settled by parties.
- (02) Disposed of by a court.
- (03) Disposed of by arbitration.

26. STAGE OF THE LEGAL SYSTEM AT WHICH SETTLEMENT WAS REACHED OR AWARD MADE: (Check one)

- (01) Within the presuit period as set forth in Section 76E.57, Florida Statute (usually within 90 days).
- (02) After arbitration is initiated or prior to suit being filed.
- (03) Within 90 days of suit being filed.
- (04) More than 90 days after suit filed and prior to or during the course of mandatory settlement conference.
- (05) During trial but before court verdict.
- (06) After court verdict and prior to filing of notice of appeal.
- (07) After notice of appeal is filed or post-judgment relief or action is required for recovery.
- (08) During appeal.
- (09) After appeal.
- (10) Claim or suit abandoned.

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COURT: (Check one)

- |                                                                                   |                                                                        |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> (01) No court proceedings.                    | <input type="checkbox"/> (07) Judgment for the defendant.              |
| <input type="checkbox"/> (02) Directed verdict for plaintiff.                     | <input type="checkbox"/> (08) Judgment for the plaintiff after appeal. |
| <input type="checkbox"/> (03) Directed verdict for defendant.                     | <input type="checkbox"/> (09) Judgment for the defendant after appeal. |
| <input type="checkbox"/> (04) Judgment notwithstanding the verdict for plaintiff. | <input type="checkbox"/> (10) Other                                    |
| <input type="checkbox"/> (05) Judgment notwithstanding the verdict for defendant. | <input type="checkbox"/> (11) Summary judgment for the plaintiff.      |
| <input type="checkbox"/> (06) Judgment for the plaintiff.                         | <input type="checkbox"/> (12) Summary judgment for the defendant.      |

ARBITRATION: (Check one)

- |                                                                                                      |                                                    |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> (01) Claim not subject to arbitration.                           | <input type="checkbox"/> (03) Award for plaintiff. |
| <input type="checkbox"/> (02) Claim subject to arbitration, but settlement reached in lieu of award. | <input type="checkbox"/> (04) Award for defendant. |

Was there an itemized verdict? (Check one)

- (01) Yes      (02) No (If yes, please attach copy of settlement or verdict.)

INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT: ----- \$   0  .00

AMOUNT OF DEDUCTIBLE PAID BY THIS DEFENDANT: ----- \$   0  .00

INDEMNITY PAID BY EXCESS CARRIER ON BEHALF OF THIS DEFENDANT: ----- \$   0  .00

LOSS ADJUSTMENT EXPENSE PAID TO DEFENSE COUNSEL: ----- \$ 4,157.00

ALL OTHER LOSS ADJUSTMENT EXPENSE PAID: ----- \$   0  .00

NUMBER OF DAYS OF INJURED PERSON'S WAGE LOSS PAID TO DATE: -----   0   days

ESTIMATED NUMBER OF FUTURE DAYS OF INJURED PERSON'S WAGE LOSS: -----   0   days

INJURED PERSON'S GROSS WEEKLY INCOME: ----- \$   0  .00

INJURED PERSON'S

TOTAL ECONOMIC LOSS:	<u>MEDICAL</u>	<u>WAGE LOSS</u>	<u>OTHER EXPENSES</u>
A) INCURRED TO DATE - - - -	\$ <u>  0  </u> .00	\$ <u>  0  </u> .00	\$ <u>  0  </u> .00
B) ESTIMATED FUTURE - - - -	\$ <u>  0  </u> .00	\$ <u>  0  </u> .00	\$ <u>  0  </u> .00

AMOUNT PAID FOR INJURED PERSON'S NON-ECONOMIC LOSS: ----- \$   0  .00

IF A STRUCTURED SETTLEMENT OR PERIODIC PAYMENTS USED IN THIS CLAIM:

- |                                                                                                               |                     |
|---------------------------------------------------------------------------------------------------------------|---------------------|
| A) PRESENT VALUE OF PERIODIC PAYMENTS - - - - -                                                               | \$ <u>  0  </u> .00 |
| B) COST TO THE INSURER OF THE PAYMENTS - - - - -                                                              | \$ <u>  0  </u> .00 |
| C) TOTAL EXPECTED PAYMENT TO PLAINTIFF - - - - -                                                              | \$ <u>  0  </u> .00 |
| D) DID YOU PURCHASE AN ANNUITY? <input type="checkbox"/> (01) Yes <input checked="" type="checkbox"/> (02) No |                     |

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10. BRIEFLY DESCRIBE THE STRUCTURED SETTLEMENT INCLUDING HOW IT IS FINANCED: N/A

11. TYPE OF NON-ECONOMIC DAMAGE LIMIT: (Check one)

- (01) No limit (neither party requests or agrees to voluntary binding arbitration).  
 (02) No limit (defendant refuses claimant's offer of voluntary binding arbitration).  
 (03) \$250,000 limit (both parties accept arbitration). (See Item 42 for exception.)  
 (04) \$350,000 limit (plaintiff rejects arbitration).  
 (05) Does not apply because occurrence happened before the 02-06-88 law.

12. IF (03) IS CHECKED IN ITEM 41 AND THE LIMIT ON NON-ECONOMIC DAMAGES IS DIFFERENT THAN \$250,000, THEN INDICATE THE MODIFIED LIMIT: ----- \$ N/A .00

13. COLLATERAL SOURCE INFORMATION:

ENTER TO THE NEAREST PERCENT (use no decimals) THE PERCENT RECOVERY FOR ECONOMIC LOSS FROM:

- A.  % Health  
B.  % Disability  
C.  % Workers' Compensation  
D.  % Automobile  
E.  % Medicare, Medicaid & Social Security  
F.  % Other sources, specify: N/A

14. SAFETY MANAGEMENT STEPS TAKEN BY INSURED TO MAKE SIMILAR OCCURRENCES LESS LIKELY: No medical negligence involved

CONTACT PERSON: Wayne L. Oliff ADDRESS: P.O. Box 12200  
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