

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

File # A82-6056-82

WR

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)

Company Name Florida Physician's Insurance Reciprocal

Policy Number 8201-20707

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name N/A

Policy Number

8200997

Calendar Year Claim Closed 82 FCC MMI IAC 3

Insured Gary Hankins, M.D.

Address 720 Southwest 2nd Avenue Gainsville, Florida 32601

County Code 11

(1) Specialty Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 06/22/82

(3) Date submitted for mediation (Month, Day, Year) N/A

(4) Disposition of mediation (check one): N/A

(1) Plaintiff (2) Defendant (3) No final conclusion N/A

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

(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 \$ 0 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) 10/26/82 No testimony

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

Pt was admitted to Alachua General ER on 6-14-82 in a lethargic state. Exam revealed history of depressive illness w/ multiple suicide attempts in the past. Pt was transferred to the Psychiatric Care Unit on 6-16-82 & on 6-20-82 pt req. to be transferred to the open care unit. Lt pt agreed w/ insd not to leave the hosp or to harm herself but the next day at the change of shifts, pt jumped from the 7th floor and lt expired.