

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

83 (2540

FILE# _____

996L 122523.5

PRIMARY CARRIER

Company Code 01420 (Florida Certificate of Authority Number)

Company Name INSURANCE CO. OF NORTH AMERICA

Policy Number FML 550022

EXCESS CARRIER

Company Code (Florida Certificate of Authority Number)

Company Name _____

Policy Number _____

Calendar Year Claim Closed 83 ~~82~~ FCC M M L IAC B

Insured ROBERT JAMES MAC MURRAY, M.D.

Address 106 BOSTON AVE.
ALTAMONTE SPRINGS, FL. 32701

County Code 07

(1) Speciality GENERAL PRACTICE Code 06

(2) Date of Incident (Month, Day, Year) 09 28 83

(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)

(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 \$ C. Excess Indemnity \$

B. Primary Defense \$ 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) 02 16 84 Plaintiff Attorney filed
Notice of Voluntary Abandonment.

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

Clemson had amputation of lower leg due
to diabetes. The attorney initiated the
petition due to statute falling on claim.
Later dismissed.