

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Department File Number :</b>	M200641992
<b>Claim Number :</b>	40-008354
<b>Date Submitted :</b>	8/18/2006

<b>Insurer Information</b>			
<b>Insurer Name</b>			<b>Coverage Type</b>
TRUCK INSURANCE EXCHANGE			Primary
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
95-2575892			
<u>Insurer Contact Information</u>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Richard	A	Jones
<b>Street Address</b>			
4680 Wilshire Blvd., 6th Floor			
<b>City</b>		<b>State</b>	<b>Zip</b>
Los Angeles		CA	90010
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(714) 633 - 8331		(714) 633 - 1226	rich.jones@farmersinsurance.com

<b>Insured Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	William	C	Walker
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	5101 4TH AVENUE CIR E		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
BRADENTON	FL	34208-5630	Manatee
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
0117776130000	\$1,000,000		\$3,000,000
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>		<b>Certification Number</b>
ME31287	Emergency Medicine - Including Major Surgery		

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
<b>City</b>		F	Manatee
		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Emergency Room			
<b>Name of Institution</b>		<b>Code</b>	
MANATEE MEMORIAL HOSPITAL		100035	
<b>Location of Institutional Injury</b>		<b>Other Location of Institutional Injury</b>	
Radiology, Emergency Room			
<b>Date of Occurrence</b>		<b>Date Reported to Insurer</b>	
6/9/2001		5/20/2003	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Multi- organ failure resulting from vertebral osteomyelitis, mediastinal abscess and perforated esophagus.
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Examination with x ray and CT scan.
<b>Diagnostic Code :</b>
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
Alleged failure to diagnose a foreign body in the esophagus.
<b>Principal Injury Giving Rise To The Claim</b>
Death.
<b>Severity Of Injury</b>
Permanent: Death.

## Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

<b>Legal Information</b>	
<b>Date of Suit</b> 10/21/2003	<b>Circuit Court Case Number</b> 2003CA6129B
<b>County Suit Filed in</b> Manatee	<b>Date of Final Disposition</b> 7/18/2006
<b>Other Defendants Involved in this Claim</b> Manatee Memorial Hospital Sheer Ahearn & Associates Dorman, Bruce P	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b> More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b> No Payment Made	
<b>Court Decision</b> No Court Proceedings.	<b>Other</b>
<b>Arbitration</b> Claim not subject to Arbitration.	
<b>Date of Payment</b>	

<b>Financial Information</b>													
<b>Was there a settlement Resulting in payment to the Plaintiff?</b>	No												
<b>Indemnity Paid by Insurer on behalf of Insured</b>	\$0												
<b>Loss Adjust Expense Paid to Defense Counsel</b>	\$42,543												
<b>All Other Loss Adjustment Expense Paid</b>	\$10,959												
<b>Injured Person's Total Non-Economic Loss</b>	\$0												
<b>Deductible</b>	\$0												
<b>Injured Person's Total Economic Loss</b>													
	<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Incurring to Date</th> <th style="text-align: center; border-bottom: 1px solid black;">Anticipated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><b>Medical Expense</b></td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;"><b>Wage Loss</b></td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> <tr> <td style="padding: 5px;"><b>Other Expenses</b></td> <td style="text-align: center; padding: 5px;">\$0</td> <td style="text-align: center; padding: 5px;">\$0</td> </tr> </tbody> </table>		Incurring to Date	Anticipated	<b>Medical Expense</b>	\$0	\$0	<b>Wage Loss</b>	\$0	\$0	<b>Other Expenses</b>	\$0	\$0
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<b>Medical Expense</b>	\$0	\$0											
<b>Wage Loss</b>	\$0	\$0											
<b>Other Expenses</b>	\$0	\$0											
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b> Insured does not purchase risk management services. No payment was made on behalf of this insured.													

<b>Updates</b>
No updates found.